

2018 Community Health Needs Assessment Report

Little Company of Mary Hospital and Health Care Centers Service Area

Prepared for:

Little Company of Mary Hospital and Health Care Centers

By:

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Introduction



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Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2009, 2012, and 2015, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Little Company of Mary Hospital and Health Care Centers. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Little Company of Mary Hospital and Health Care Centers by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

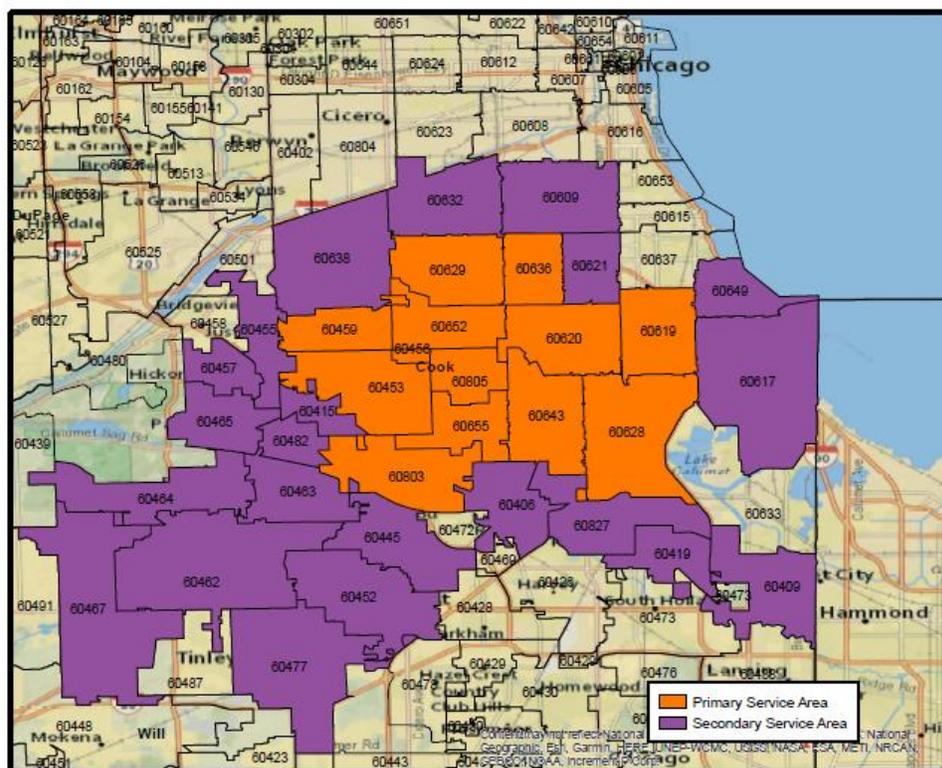
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Little Company of Mary Hospital and PRC and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “Little Company of Mary Hospital Service Area” or “LCMH Service Area” in this report) is comprised of 35 residential ZIP Codes based on patient origination. This area is illustrated in the following map.



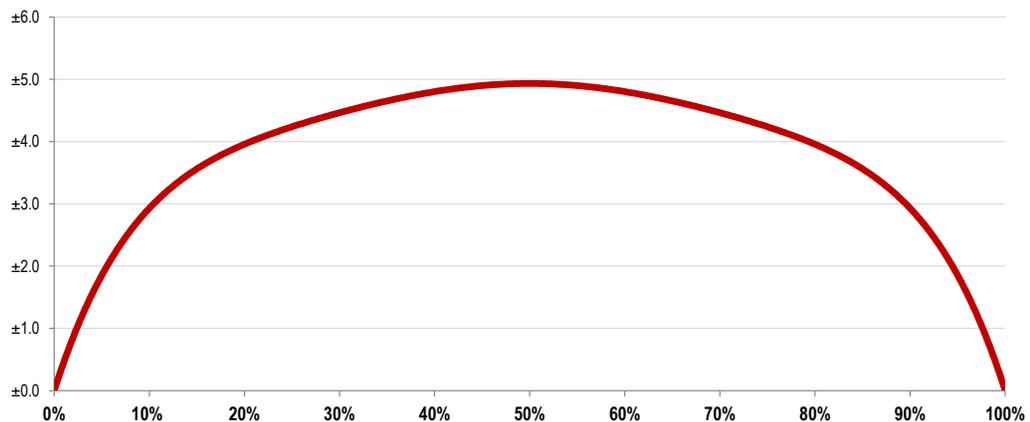
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a stratified random sample of 400 individuals age 18 and older in the LCMH Service Area, including 199 in the Primary Service Area (or "PSA") and 201 in the Secondary Service Area (or "SSA"). Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Little Company of Mary Hospital Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is $\pm 4.9\%$ at the 95 percent confidence level.

Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% ($10\% \pm 2.9\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% ($50\% \pm 4.9\%$) of the total population would respond "yes" if asked this question.

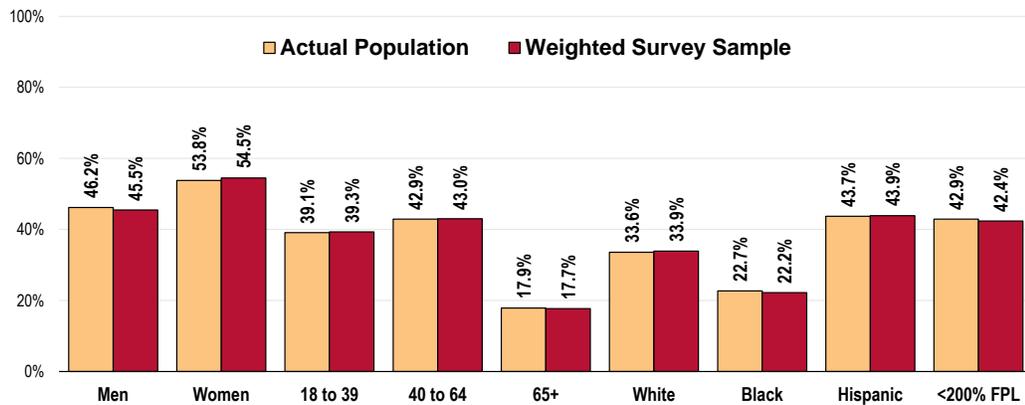
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely

sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the LCMH Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics (LCMH Service Area, 2018)



Sources: • Census 2010, Summary File 3 (SF 3). US Census Bureau.
• 2018 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2018 guidelines place the poverty threshold for a family of four at \$25,100 annual household income or lower). In sample segmentation: “**low income**” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “**mid/high income**” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Little Company of Mary Hospital and Health Care Centers; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 17 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Physicians	10	5
Public Health Representatives	1	1
Other Health Providers	1	0
Community Service Provider	2	0
Senior Services Representative	2	0
Social Services Providers	7	4
Business Leader	1	1
Other Community Leaders	20	6

Final participation included representatives of the organizations outlined below.

- A Healthier Evergreen, Inc.
- Bethlehem Evangelical Lutheran Church
- Crisis Center for South Suburbia
- Evergreen Park Fire Department
- Evergreen Park Recreation Department
- Little Company of Mary Hospital and Health Care Centers
- Mother McAuley High School
- Trinity UCC, Child Care Centers Inc.
- World Data Systems

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

Minority/medically underserved populations represented:

African American, Asian, disabled, domestic violence victims, Hispanic, homeless, low-income, pregnant, uninsured

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for LCMH Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect Cook County data.

Benchmark Data

Trending

Similar surveys were administered in the service area in 2009, 2012, and 2015 by PRC on behalf of Little Company of Mary Hospital and Health Care Centers. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Illinois Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2017 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:



- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Little Company of Mary Hospital and Health Care Centers made its prior Community Health Needs Assessment (CHNA) report publicly available in 2016 through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Little Company of Mary had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Little Company of Mary Hospital and Health Care Centers will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H (2017)	See Report Page
Part V Section B Line 3a <i>A definition of the community served by the hospital facility</i>	8
Part V Section B Line 3b <i>Demographics of the community</i>	10
Part V Section B Line 3c <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>	234
Part V Section B Line 3d <i>How data was obtained</i>	8
Part V Section B Line 3e <i>The significant health needs of the community</i>	16
Part V Section B Line 3f <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	Addressed Throughout
Part V Section B Line 3g <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>	18
Part V Section B Line 3h <i>The process for consulting with persons representing the community's interests</i>	11
Part V Section B Line 3i <i>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</i>	236

Summary of Findings

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> ● Barriers to Access <ul style="list-style-type: none"> ○ Inconvenient Office Hours ○ Cost of Prescriptions ○ Cost of Physician Visits ○ Finding a Physician ○ Lack of Transportation ○ Culture/Language ● Skipping/Stretching Prescriptions ● Difficulty Accessing Children’s Healthcare ● Low Health Literacy ● Specific Source of Ongoing Medical Care ● Routine Medical Care (Adults & Children) ● Emergency Room Utilization ● Health Professional Shortage Area Designation
Cancer	<ul style="list-style-type: none"> ● Cancer is a leading cause of death. ● Prostate Cancer Deaths ● Female Breast Cancer Screening [Age 50-74] ● Cervical Cancer Screening [Age 21-65] ● Colorectal Cancer Screening [Age 50-75]
Dementia, Including Alzheimer’s Disease	<ul style="list-style-type: none"> ● Alzheimer’s Disease Deaths
Diabetes	<ul style="list-style-type: none"> ● Prevalence of Borderline/Pre-Diabetes ● <i>Diabetes ranked as a top concern in the Online Key Informant Survey.</i>

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Areas of Opportunity (continued)	
Heart Disease & Stroke	<ul style="list-style-type: none"> • Cardiovascular disease is a leading cause of death. • Blood Pressure Screening • High Blood Pressure Prevalence • High Blood Pressure Management • Blood Cholesterol Screening • Overall Cardiovascular Risk • <i>Heart Disease & Stroke ranked as a top concern in the Online Key Informant Survey.</i>
Injury & Violence	<ul style="list-style-type: none"> • Firearm-Related Deaths • Homicide Deaths • Violent Crime Rate • Violent Crime Experience • Neighborhood Safety from Crime • Domestic Violence Experience • Bike Helmets [Children Age 5-17] • Seat Belts/Car Seats [Children Age 0-17]
Kidney Disease	<ul style="list-style-type: none"> • Kidney Disease Deaths • Kidney Disease Prevalence
Mental Health	<ul style="list-style-type: none"> • “Fair/Poor” Mental Health • Symptoms of Chronic Depression • Stress • Seeking Professional Help • Difficulty Obtaining Mental Health Services • <i>Mental Health ranked as a top concern in the Online Key Informant Survey.</i>
Nutrition, Physical Activity, & Weight	<ul style="list-style-type: none"> • Difficulty Accessing Fresh Produce • Worried About Food Running Out • Healthy Weight [Children] • Children’s Physical Activity • <i>Nutrition, Physical Activity & Weight ranked as a top concern in the Online Key Informant Survey.</i>
Oral Health	<ul style="list-style-type: none"> • Regular Dental Care [Adults & Children]
Potentially Disabling Conditions	<ul style="list-style-type: none"> • Activity Limitations • Caregiving • Eye Exams
Sexually Transmitted Diseases	<ul style="list-style-type: none"> • Gonorrhea Incidence • Chlamydia Incidence • HIV/AIDS Deaths • HIV Prevalence

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Areas of Opportunity (continued)	
Substance Abuse	<ul style="list-style-type: none"> • Excessive Drinking • Drinking & Driving • Unintentional Drug-Related Deaths • Illicit Drug Use • <i>Substance Abuse ranked as a top concern in the Online Key Informant Survey.</i>
Tobacco Use	<ul style="list-style-type: none"> • Cigarette Smoking Prevalence • Environmental Tobacco Smoke Exposure at Home <ul style="list-style-type: none"> ◦ Including Among Households With Children • Use of Vaping Products • Cigar Smoking Prevalence

Community Feedback on Prioritization of Health Needs

On February 7, 2019, Little Company of Mary Hospital and Health Care Centers convened a group of 15 internal staff and community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions and provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
 - How many people are affected?
 - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
 - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

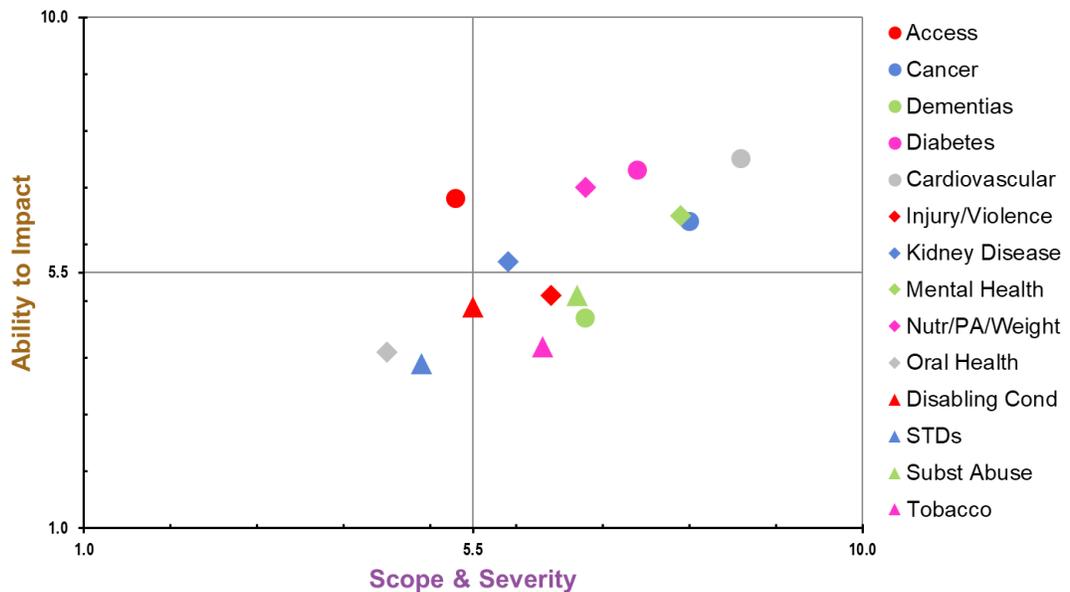
Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. Heart Disease & Stroke
2. Diabetes
3. Mental Health
4. Cancer
5. Nutrition, Physical Activity & Weight
6. Access to Healthcare
7. Substance Abuse
8. Kidney Disease
9. Dementias, Including Alzheimer's Disease
10. Injury & Violence
11. Tobacco Use
12. Potentially Disabling Conditions
13. Sexually Transmitted Diseases
14. Oral Health

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right quadrant represent health needs rated as most severe, with the greatest ability to impact.



Hospital Implementation Strategy

Little Company of Mary Hospital and Health Care Centers will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Little Company of Mary Hospital Service Area, including comparisons between the individual communities, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

■ In the following charts, LCMH Service Area results are shown in the larger, blue column. For survey-derived indicators, this column represents the ZIP Code–defined hospital service area; for data from secondary sources, this column represents findings for Cook County as a whole. *Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

■ The green columns [to the left of the LCMH Service Area column] provide comparisons between the primary and secondary service areas, identifying differences for each as “better than” (☀), “worse than” (☹), or “similar to” (☺) the opposing area.

■ The columns to the right of the service area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the service area compares favorably (☀), unfavorably (☹), or comparably (☺) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

TREND SUMMARY

(Current vs. Baseline Data)

Survey Data Indicators:

Trends for survey-derived indicators represent significant changes since 2009 (or the earliest year in which a question was asked). Note that survey data reflect the ZIP Code-defined LCMH Service Area.

Other (Secondary) Data

Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

Note that secondary data reflect Cook County data.

Social Determinants	Disparity Between PSA/SSA	
	PSA	SSA
Linguistically Isolated Population (Percent)		
Population in Poverty (Percent)		
Population Below 200% FPL (Percent)		
Children Below 200% FPL (Percent)		
No High School Diploma (Age 25+, Percent)		
Unemployment Rate (Age 16+, Percent)		
% Low Health Literacy	 28.9	 32.6
<small>Note: In the green section, each subarea is compared against the opposing area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
7.5	 4.6	 4.5		
16.7	 14.0	 15.0		
35.2	 30.9	 33.6		
46.7	 40.1	 43.3		
14.2	 11.7	 13.0		
4.4	 4.4	 4.1	 4.8	
30.9		 23.3		
		 better	 similar	 worse

Overall Health	Disparity Between PSA/SSA	
	PSA	SSA
% "Fair/Poor" Overall Health	15.2	15.1
% Activity Limitations	26.3	23.7
% Caregiver to a Friend/Family Member	29.4	25.6
<small>Note: In the green section, each subarea is compared against the opposing area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
15.1	18.0	18.1	24.1	
24.9	17.6	25.0	17.1	
27.3		20.8		
better similar worse				

Access to Health Services	Disparity Between PSA/SSA	
	PSA	SSA
% [Age 18-64] Lack Health Insurance	9.1	9.5
% Difficulty Accessing Healthcare in Past Year (Composite)	49.7	51.0
% Difficulty Finding Physician in Past Year	22.3	15.6
% Difficulty Getting Appointment in Past Year	22.0	21.4

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
9.3	10.7	13.7	0.0	21.8
50.5		43.2		42.8
18.6		13.4		14.7
21.7		17.5		22.6

Access to Health Services (continued)	Disparity Between PSA/SSA	
	PSA	SSA
% Cost Prevented Physician Visit in Past Year	 25.1	 16.0
% Transportation Hindered Dr Visit in Past Year	 19.4	 17.4
% Inconvenient Hrs Prevented Dr Visit in Past Year	 22.9	 20.4
% Language/Culture Prevented Care in Past Year	 8.7	 7.6
% Cost Prevented Getting Prescription in Past Year	 21.3	 20.4
% Skipped Prescription Doses to Save Costs	 25.4	 23.2
% Difficulty Getting Child's Healthcare in Past Year	 17.7	 13.2
% Insurance Not Accepted in the Past Year	 24.4	 19.3
% Member of HH Had Difficulty Seeing a Specialist/Past Yr	 17.3	 12.9
% Could Rely on Public Transportation for Work, Appts, Shopping	 73.9	 64.8

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
20.0	 11.2	 15.4	 18.4	
18.3		 8.3	 11.5	
21.5		 12.5	 17.4	
8.1		 1.2		
20.8		 14.9	 22.5	
24.2		 15.3	 19.8	
15.4		 5.6	 0.8	
21.6				
14.9		 17.5		
68.8				

Access to Health Services (continued)	Each Sub-Area vs. Others	
	PSA	SSA
Primary Care Doctors per 100,000		
% Have a Specific Source of Ongoing Care	 66.8	 63.7
% Feel the Need to Leave the Area for Medical Care	 25.8	 19.0
% Have Had Routine Checkup in Past Year	 70.6	 58.9
% Child Has Had Checkup in Past Year	 70.1	 69.2
% Two or More ER Visits in Past Year	 15.7	 18.2
% Rate Local Healthcare "Fair/Poor"	 13.5	 15.5
% Attended Health Event in Past Year	 23.7	 19.6
Live in a Health Professional Shortage Area (Percent)		

Note: In the green section, each subarea is compared against the opposing area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
123.2	 96.9	 87.8		 118.2
65.1		 74.1	 95.0	 77.5
22.0				
64.1	 70.0	 68.3		 75.3
69.6		 87.1		 95.6
17.1		 9.3		 13.5
14.6		 16.2		 22.5
21.5				 20.1
43.0	 44.7	 33.1		
	 better	 similar	 worse	

Cancer	Disparity Between PSA/SSA		LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)			167.4	166.7	158.5	161.4	187.1
Lung Cancer (Age-Adjusted Death Rate)			40.0	43.6	40.3	45.5	
Prostate Cancer (Age-Adjusted Death Rate)			24.2	20.3	19.0	21.8	
Female Breast Cancer (Age-Adjusted Death Rate)			22.8	21.5	20.3	20.7	
Colorectal Cancer (Age-Adjusted Death Rate)			16.2	15.2	14.1	14.5	
Female Breast Cancer Incidence Rate			129.5	130.0	123.5		
Prostate Cancer Incidence Rate			123.1	119.4	114.8		
Lung Cancer Incidence Rate			62.0	66.8	61.2		
Colorectal Cancer Incidence Rate			46.2	44.5	39.8		
Cervical Cancer Incidence Rate			8.9	7.7	7.6		

Cancer (continued)	Disparity Between PSA/SSA	
	PSA	SSA
% Cancer (Other Than Skin)	4.9	6.6
% Skin Cancer	2.2	6.1
% [Women 50-74] Mammogram in Past 2 Years	76.1	70.4
% [Women 21-65] Pap Smear in Past 3 Years	72.3	67.1
% [Men 50+] Prostate Exam in Past 2 Years		
% [Age 50-75] Colorectal Cancer Screening	59.9	72.5
<small>Note: In the green section, each subarea is compared against the opposing area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
5.8	7.0	7.1	6.7	
4.3	4.9	8.5	2.0	
72.6	78.0	77.0	81.1	
69.3	83.8	73.5	93.0	
46.7				
66.6	63.5	76.4	70.5	
	better	similar	worse	

Dementias, Including Alzheimer's Disease	Disparity Between PSA/SSA	
	PSA	SSA
Alzheimer's Disease (Age-Adjusted Death Rate)		
<small>Note: In the green section, each subarea is compared against the opposing area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
22.7	23.9	28.4	16.8	
	better	similar	worse	

Diabetes	Disparity Between PSA/SSA	
	PSA	SSA
Diabetes (Age-Adjusted Death Rate)		
% Diabetes/High Blood Sugar	 20.0	 14.9
% Borderline/Pre-Diabetes	 5.9	 4.8
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	 49.9	 50.9
<small>Note: In the green section, each subarea is compared against the opposing area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
20.3	 18.9	 21.1	 20.5	 23.2
17.2	 10.4	 13.3		 14.0
5.3		 9.5		 1.0
50.5		 50.0		 51.1
	 better	 similar	 worse	

Heart Disease & Stroke	Disparity Between PSA/SSA	
	PSA	SSA
Diseases of the Heart (Age-Adjusted Death Rate)		
Stroke (Age-Adjusted Death Rate)		
% Heart Disease (Heart Attack, Angina, Coronary Disease)	8.3	6.4
% Stroke	9.0	2.8
% Blood Pressure Checked in Past 2 Years	85.2	83.8
% Told Have High Blood Pressure (Ever)	45.5	42.8
% [HBP] Taking Action to Control High Blood Pressure	89.7	81.4
% Cholesterol Checked in Past 5 Years	80.3	78.2
% Told Have High Cholesterol (Ever)	30.2	35.5
% [HBC] Taking Action to Control High Blood Cholesterol	86.2	89.5
% 1+ Cardiovascular Risk Factor	90.0	89.9

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
175.2	169.0	167.0	156.9	204.1
38.8	37.9	37.1	34.8	41.2
7.3		8.0		6.8
5.6	3.1	4.7		4.0
84.4		90.4	92.6	96.0
44.0	30.8	37.0	26.9	36.5
84.9		93.8		96.5
79.1	78.2	85.1	82.1	90.6
33.1		36.2	13.5	29.9
88.2		87.3		82.2
89.9		87.2		84.6

HIV	Disparity Between PSA/SSA	
	PSA	SSA
HIV/AIDS (Age-Adjusted Death Rate)		
HIV Prevalence Rate		
<small>Note: In the green section, each subarea is compared against the opposing area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
2.5	1.4	1.9	3.3	
602.0	322.9	353.2		
			better similar worse	

Immunization & Infectious Diseases	Disparity Between PSA/SSA	
	PSA	SSA
% [Age 65+] Flu Vaccine in Past Year		
% [High-Risk 18-64] Flu Vaccine in Past Year		
% [Age 65+] Pneumonia Vaccine Ever		
% [High-Risk 18-64] Pneumonia Vaccine Ever		
<small>Note: In the green section, each subarea is compared against the opposing area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
67.1	56.4	76.8	70.0	62.7
50.7		55.7	70.0	33.6
69.7	69.6	82.7	90.0	64.5
46.3		39.9	60.0	32.9
			better similar worse	

Infant Health & Family Planning	Disparity Between PSA/SSA	
	PSA	SSA
No Prenatal Care in First Trimester (Percent)		
Low Birthweight Births (Percent)		
Infant Death Rate		
Births to Teenagers Under Age 20 (Percent)		

Note: In the green section, each subarea is compared against the opposing area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
23.9	21.3		22.1	24.8
8.9	8.3	8.1	7.8	9.1
6.9	6.4	5.9	6.0	8.2
5.7	5.6	5.8		10.7
	better	similar	worse	

Injury & Violence	Disparity Between PSA/SSA	
	PSA	SSA
Unintentional Injury (Age-Adjusted Death Rate)		
Motor Vehicle Crashes (Age-Adjusted Death Rate)		
[65+] Falls (Age-Adjusted Death Rate)		
Firearm-Related Deaths (Age-Adjusted Death Rate)		
Homicide (Age-Adjusted Death Rate)		
Violent Crime Rate		
% Victim of Violent Crime in Past 5 Years	 8.4	 6.0
% Neighborhood is "Not At All Safe" from Crime	 14.6	 8.5
% Victim of Domestic Violence (Ever)	 17.2	 21.4
% Child [Age 5-17] "Always" Wears Bicycle Helmet		
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	 74.7	 78.7

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
31.4	 37.1	 43.7	 36.4	 27.3
5.5	 8.1	 11.0	 12.4	
36.0	 47.1	 60.6	 47.0	
13.7	 10.1	 11.0	 9.3	
13.1	 7.4	 5.7	 5.5	 11.2
586.7	 397.0	 379.7		
7.1		 3.7		 7.9
11.2		 3.6		 12.4
19.5		 14.2		 16.9
23.2		 48.8		 45.6
76.8		 85.6		 91.4

Kidney Disease	Disparity Between PSA/SSA	
	PSA	SSA
Kidney Disease (Age-Adjusted Death Rate)		
% Kidney Disease	 7.6	 6.8
<small>Note: In the green section, each subarea is compared against the opposing area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
17.0	 17.2	 13.2		 21.3
7.2	 3.7	 3.8		 1.8
	 better	 similar	 worse	

Mental Health	Disparity Between PSA/SSA	
	PSA	SSA
% "Fair/Poor" Mental Health	 14.0	 22.8
% Diagnosed Depression	 20.4	 17.7
% Symptoms of Chronic Depression (2+ Years)	 33.3	 45.4
% Typical Day Is "Extremely/Very" Stressful	 18.1	 17.8
Suicide (Age-Adjusted Death Rate)		
% Insurance Covers Mental Health Services at Least Partially	 60.7	 59.2

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
18.8		 13.0		 12.9
19.0	 16.5	 21.6		 14.2
40.0		 31.4		 25.4
18.0		 13.4		 9.1
8.1	 10.5	 13.0	 10.2	 7.7
59.9				

Mental Health (continued)	Disparity Between PSA/SSA	
	PSA	SSA
% Have Ever Sought Help for Mental Health	 23.8	 23.2
% [Those With Diagnosed Depression] Seeking Help		
% Unable to Get Mental Health Svcs in Past Yr	 12.1	 12.1
% 3+ Days Without Enough Sleep in the Past Month	 49.3	 65.6
<small>Note: In the green section, each subarea is compared against the opposing area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
23.5		 30.8	 23.1	
67.2		 87.1	 75.4	
12.1		 6.8		
58.4			 62.4	
 better  similar  worse				

Nutrition, Physical Activity & Weight	Disparity Between PSA/SSA	
	PSA	SSA
% Eat 5+ Servings of Fruit or Vegetables per Day	 32.3	 39.5
% "Very/Somewhat" Difficult to Buy Fresh Produce	 27.5	 31.9
Population With Low Food Access (Percent)		
% Worried About Food in the Past Year	 41.6	 38.7

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
36.2		 33.5	 36.4	
29.9		 22.1	 24.6	
7.5	 19.4	 22.4		
39.9		 25.4		

Nutrition, Physical Activity & Weight (continued)	Disparity Between PSA/SSA	
	PSA	SSA
% No Leisure-Time Physical Activity	 18.8	 25.3
% Meeting Physical Activity Guidelines	 25.2	 26.0
Recreation/Fitness Facilities per 100,000		
% Overweight (BMI 25+)	 68.9	 65.6
% Healthy Weight (BMI 18.5-24.9)	 26.0	 27.7
% [Overweights] Trying to Lose Weight	 60.1	 57.4
% Obese (BMI 30+)	 44.1	 28.4
% Medical Advice on Weight in Past Year	 35.3	 24.2
% [Overweights] Counseled About Weight in Past Year	 38.1	 27.5
% Child [Age 5-17] Healthy Weight		
% Children [Age 5-17] Overweight (85th Percentile)		

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
22.4	 23.9	 26.2	 32.6	 27.8
25.6	 21.3	 22.8	 20.1	
10.3	 10.9	 11.0		
67.1	 65.0	 67.8		 66.8
26.9	 32.9	 30.3	 33.9	 33.0
58.6		 61.3		 37.5
35.6	 31.6	 32.8	 30.5	 38.4
29.2		 24.2		 23.5
32.4		 29.0		 37.7
50.4		 58.4		 66.7
39.0		 33.0		 33.3

Nutrition, Physical Activity & Weight (continued)	Disparity Between PSA/SSA	
	PSA	SSA
% Children [Age 5-17] Obese (95th Percentile)		
% Child [Age 2-17] Physically Active 1+ Hours per Day	 23.7	 31.2
<small>Note: In the green section, each subarea is compared against the opposing area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
29.6		 20.4	 14.5	 25.4
27.8		 50.5		 53.1
	 better	 similar	 worse	

Oral Health	Disparity Between PSA/SSA	
	PSA	SSA
% Have Dental Insurance	 67.4	 69.0
% [Age 18+] Dental Visit in Past Year	 45.7	 56.0
% Child [Age 2-17] Dental Visit in Past Year	 68.7	 66.8
<small>Note: In the green section, each subarea is compared against the opposing area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
68.3		 59.9		 59.7
51.4	 65.5	 59.7	 49.0	 61.6
67.6		 87.0	 49.0	 82.9
	 better	 similar	 worse	

Potentially Disabling Conditions	Disparity Between PSA/SSA	
	PSA	SSA
% [50+] Arthritis/Rheumatism	 43.6	 48.4
% [50+] Osteoporosis	 11.1	 11.1
% Sciatica/Chronic Back Pain	 17.2	 25.3
% Eye Exam in Past 2 Years	 55.1	 56.8
% Multiple Chronic Conditions	 60.1	 57.2
<small>Note: In the green section, each subarea is compared against the opposing area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
46.3		 38.3	 40.8	
11.1		 9.4	 5.3	
21.7		 22.9	 18.0	
56.1		 55.3	 64.6	
58.5		 56.8		
		 better	 similar	 worse

Respiratory Diseases	Disparity Between PSA/SSA	
	PSA	SSA
CLRD (Age-Adjusted Death Rate)		
Pneumonia/Influenza (Age-Adjusted Death Rate)		
% [Adult] Currently Has Asthma	 12.3	 7.2
% [Child 0-17] Currently Has Asthma	 13.3	 15.9
% COPD (Lung Disease)	 9.3	 11.4
<small>Note: In the green section, each subarea is compared against the opposing area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
29.7	 38.5	 40.9	 31.2	
15.8	 15.7	 14.6	 20.3	
9.4	 8.9	 11.8	 12.2	
14.7		 9.3	 12.1	
10.4	 6.2	 8.6	 12.1	
 better  similar  worse				

Sexually Transmitted Diseases	Disparity Between PSA/SSA	
	PSA	SSA
Chlamydia Incidence Rate		
Gonorrhea Incidence Rate		
<small>Note: In the green section, each subarea is compared against the opposing area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
713.1	 515.6	 456.1		
198.2	 124.0	 110.7		
 better  similar  worse				

Substance Abuse	Disparity Between PSA/SSA	
	PSA	SSA
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)		
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)		
% Current Drinker	59.4	57.8
% Excessive Drinker	34.0	29.7
% Drinking & Driving in Past Month	13.0	11.7
% Illicit Drug Use in Past Month	10.0	11.1
% Used Prescription Opiates in the Past Year (Prescribed or Not)	12.0	16.0
% Would Know Where to Seek Substance Abuse Help	47.7	45.5
% Ever Sought Help for Alcohol or Drug Problem	4.4	6.9
% Life Negatively Affected by Substance Abuse	39.0	45.2
<small>Note: In the green section, each subarea is compared against the opposing area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
13.6	13.4	14.3	11.3	8.9
9.3	9.1	10.6	8.2	9.0
58.6	58.4	55.0		52.2
31.6		22.5	25.4	19.3
12.3	3.8	5.2		1.7
10.6		2.5	7.1	1.3
14.2				
46.5				
5.8		3.4		3.1
42.4		37.3		
better similar worse				

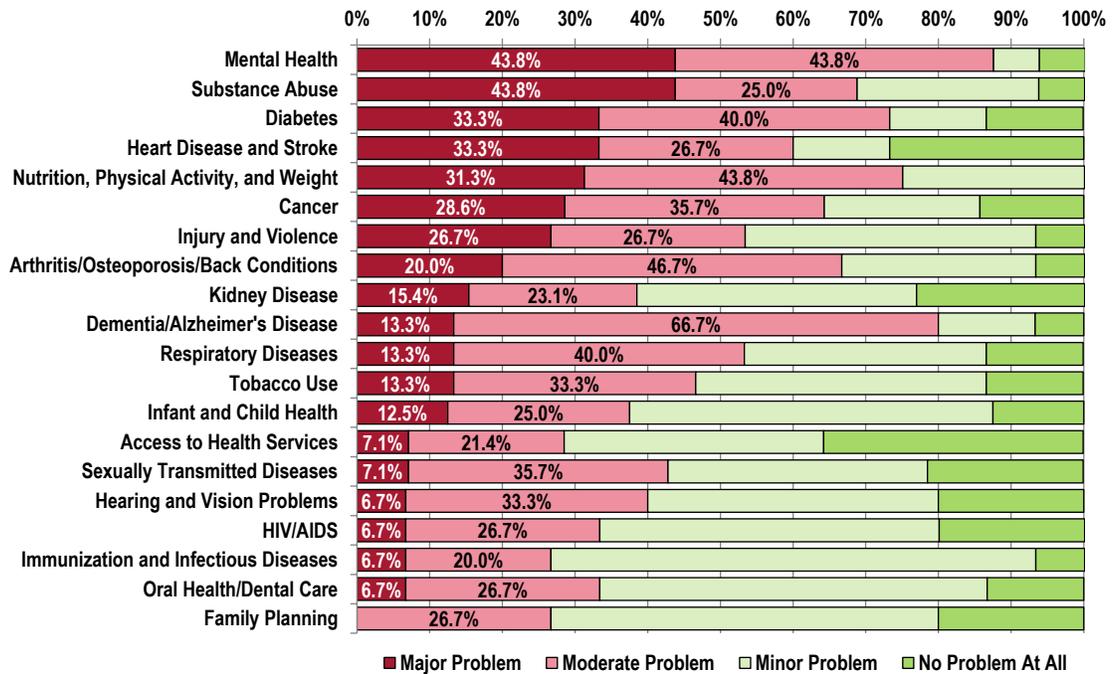
Tobacco Use	Disparity Between PSA/SSA	
	PSA	SSA
% Current Smoker	22.7	25.5
% Someone Smokes at Home	27.4	23.6
% [Nonsmokers] Someone Smokes in the Home	14.0	9.9
% [Household With Children] Someone Smokes in the Home	39.8	34.5
% [Smokers] Received Advice to Quit Smoking		
% Currently Use Vaping Products	14.4	10.9
% Smoke Cigars	16.3	10.7
<small>Note: In the green section, each subarea is compared against the opposing area. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

LCMH Service Area	LCMH Service Area vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
24.3	15.8	16.3	12.0	19.8
25.3		10.7		25.8
11.8		4.0		15.4
37.0		7.2		28.3
64.2		58.0		74.3
12.5	4.3	3.8		
13.2		7.5	0.2	5.5
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> better</div> <div style="text-align: center;"> similar</div> <div style="text-align: center;"> worse</div> </div>				

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community



General Health Status



Professional Research Consultants, Inc.

Overall Health Status

Evaluation of Health Status

Half (49.8%) of LCMH Service Area adults rate their overall health as “excellent” or “very good.”

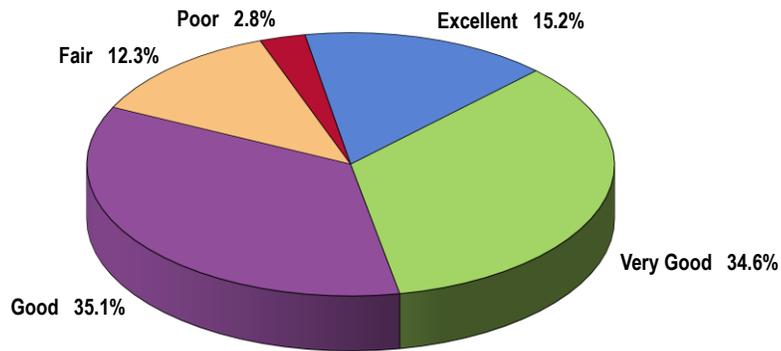
- Another 35.1% gave “good” ratings of their overall health.

The initial inquiry of the PRC Community Health Survey asked respondents the following:

“Would you say that in general your health is: excellent, very good, good, fair, or poor?”

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

Self-Reported Health Status
(LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 15.1% of LCMH Service Area adults believe that their overall health is “fair” or “poor.”

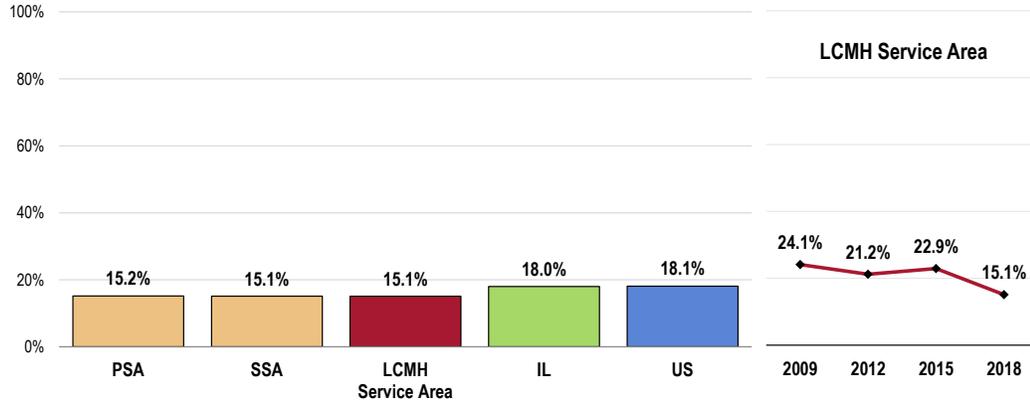
NOTE:

Differences noted in the text represent significant differences determined through statistical testing.

Where sample sizes permit, community-level data are provided.

- Comparable to statewide and national findings.
- Comparable findings by service area.
- TREND: Note the statistically significant decrease that has occurred when comparing “fair/poor” overall health reports to previous survey results.

Experience “Fair” or “Poor” Overall Health



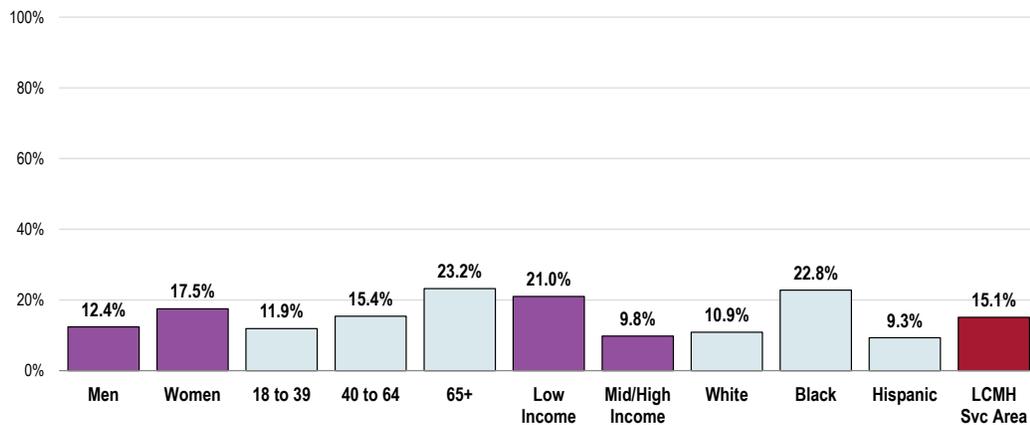
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Adults more likely to report experiencing “fair” or “poor” overall health include:

- Seniors (correlates with age).
- Residents living at lower incomes.
- Blacks.

Experience “Fair” or “Poor” Overall Health (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by sex, age groupings, income (based on poverty status), and race/ethnicity.

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

- Healthy People 2020 (www.healthypeople.gov)

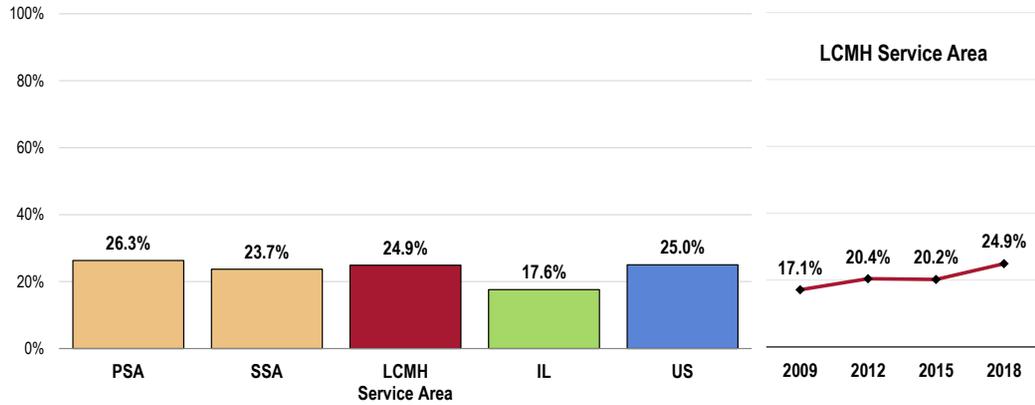
A total of 24.9% of LCMH Service Area adults are limited in some way in some activities, due to a physical, mental, or emotional problem.

- Less favorable than the prevalence statewide.
- Similar to the national prevalence.
- Similar findings by service area.
- TREND: Marks a statistically significant increase in activity limitations since 2009.

RELATED ISSUE:

See also *Potentially Disabling Conditions in the Death, Disease, & Chronic Conditions* section of this report.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



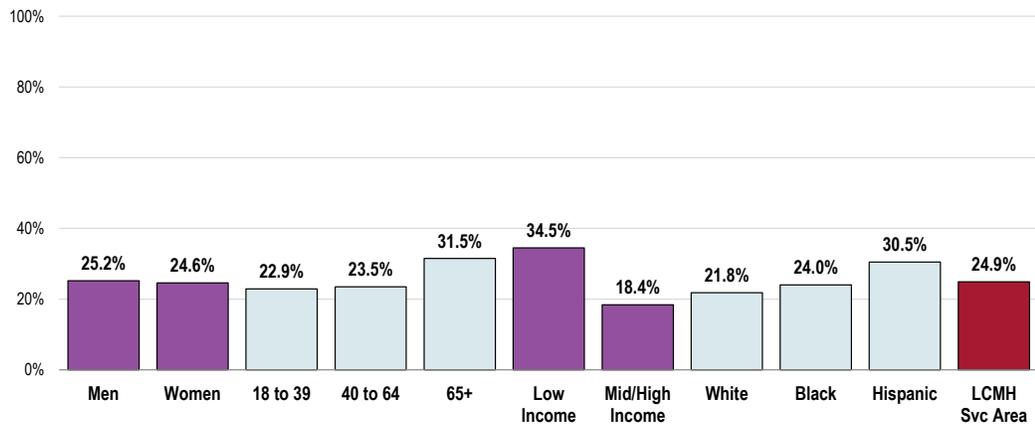
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

In looking at responses by key demographic characteristics, these adults are statistically more likely to report some type of activity limitation:

- Seniors (age 65+).
- Adults in low-income households.
- Hispanics.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (LCMH Service Area, 2018)

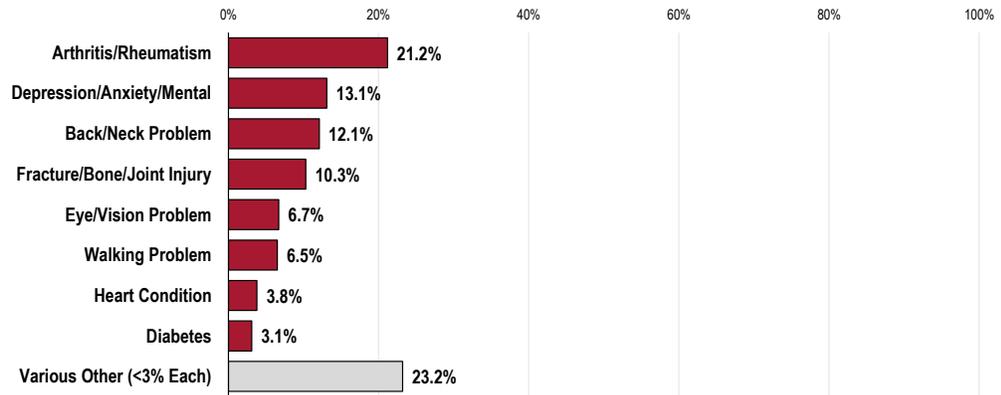


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as arthritis/rheumatism, back/neck problems, fractures or bone/joint injuries, or difficulty walking.

Other limitations noted with some frequency include those related to mental health (depression, anxiety), eye/vision problems, heart conditions, and diabetes.

Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
Notes: • Asked of those respondents reporting activity limitations.

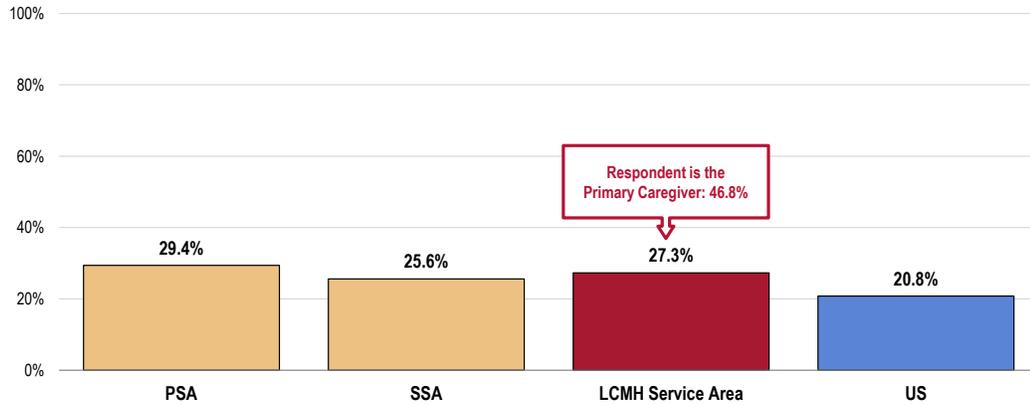
Caregiving

A total of 27.3% of LCMH Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- Higher than the national finding.
- Statistically similar by service area.

Of these adults, 46.8% are the **primary** caregiver for the individual receiving care.

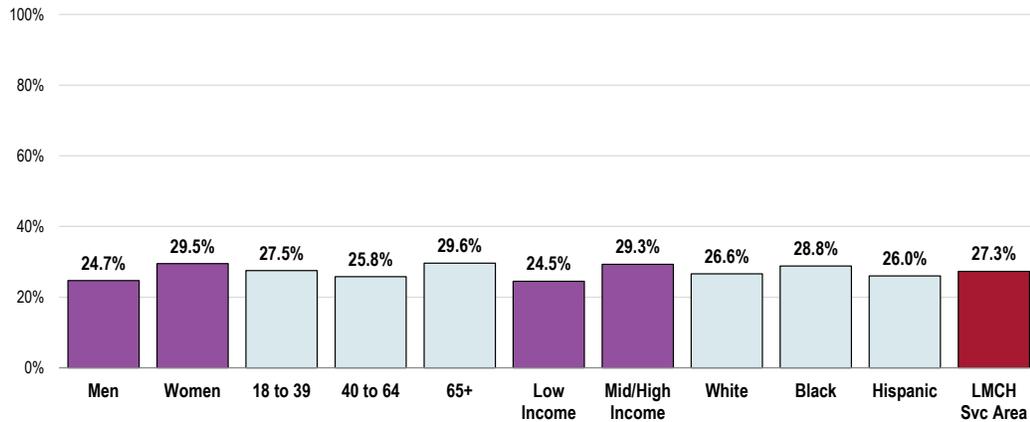
Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111, 113]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- The prevalence of caregivers in the community does not vary significantly by demographic characteristics.

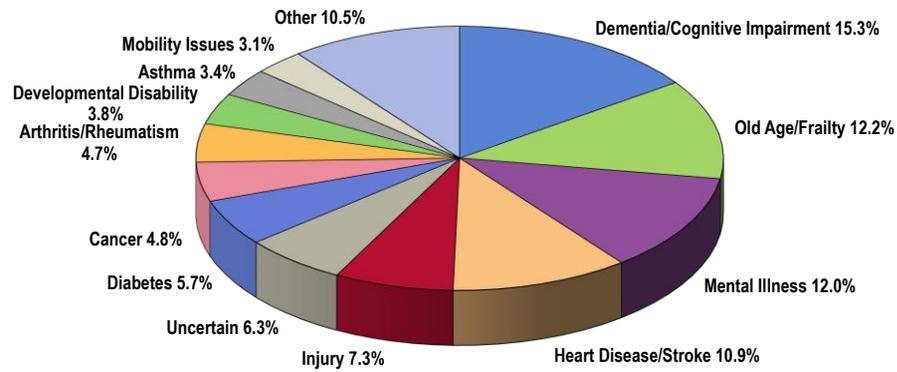
Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

For those who provide care or assistance (n = 100), the top health issues affecting those receiving their care include **dementia/cognitive impairment** (15.3%), **old age/frailty** (12.2%), **mental illness** (12.0%), **heart disease/stroke** (10.9%), and **injury** (7.3%).

Primary Health Issue of Person Receiving Care or Assistance
 (Among Caregivers Providing Regular Care to a Friend/Family Member;
 LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
 Notes: • Asked of those respondents reporting providing regular care or assistance to a friend or family member with a health problem, long-term illness, or disability.

Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

• Healthy People 2020 (www.healthypeople.gov)

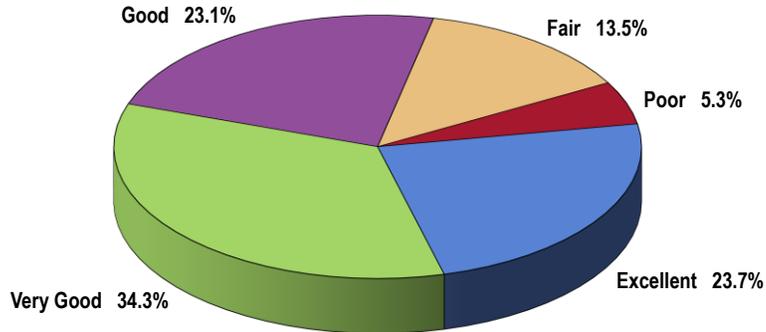
Evaluation of Mental Health Status

A total of 58.0% of LCMH Service Area adults rate their overall mental health as “excellent” or “very good.”

- Another 23.1% gave “good” ratings of their own mental health status.

“Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?”

Self-Reported Mental Health Status (LCMH Service Area, 2018)

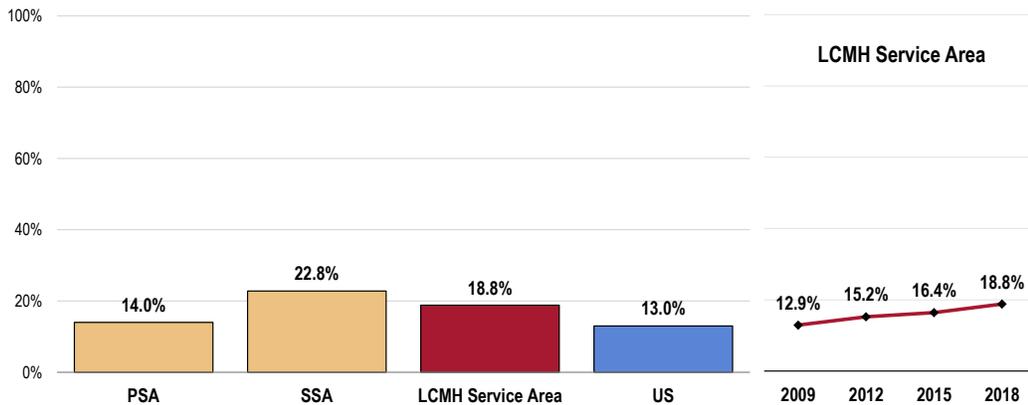


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: • Asked of all respondents.

A total of 18.8% of LCMH Service Area adults, however, believe that their overall mental health is “fair” or “poor.”

- Worse than the “fair/poor” response reported nationally.
- Unfavorably high in the Secondary Service Area.
- TREND: Marks a statistically significant increase since 2009.

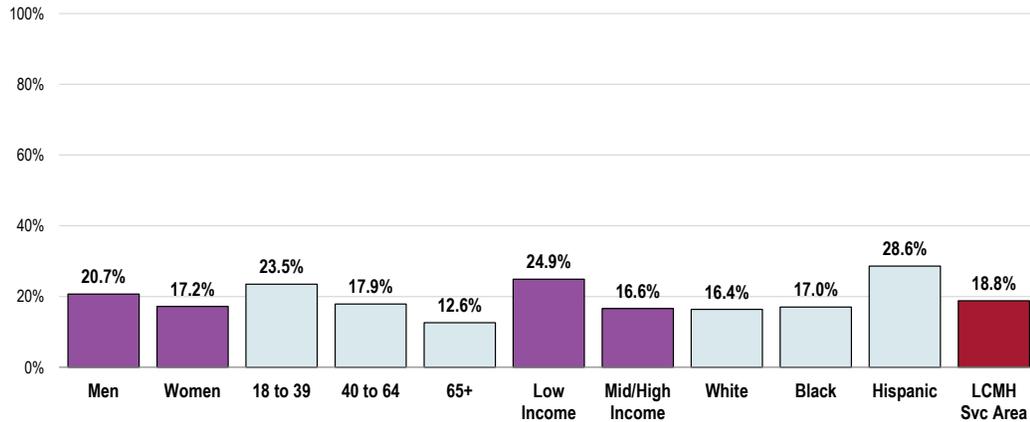
Experience “Fair” or “Poor” Mental Health



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Young adults, low-income residents, and Hispanics are **much more likely** to report experiencing “fair/poor” mental health than their demographic counterparts.

Experience “Fair” or “Poor” Mental Health (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

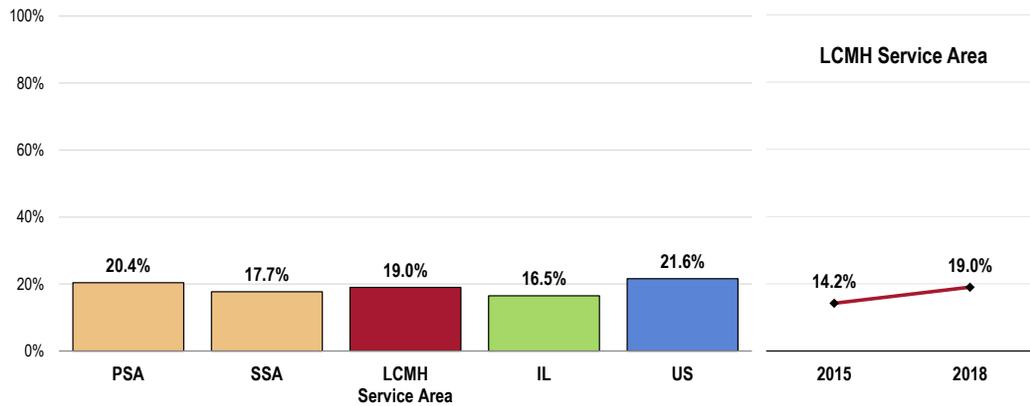
Depression

Diagnosed Depression

A total of 19.0% of LCMH Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Similar to the Illinois and US findings.
- Statistically similar by service area.
- TREND: Statistically unchanged from 2015 survey findings (not asked in earlier survey administrations).

Have Been Diagnosed With a Depressive Disorder



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

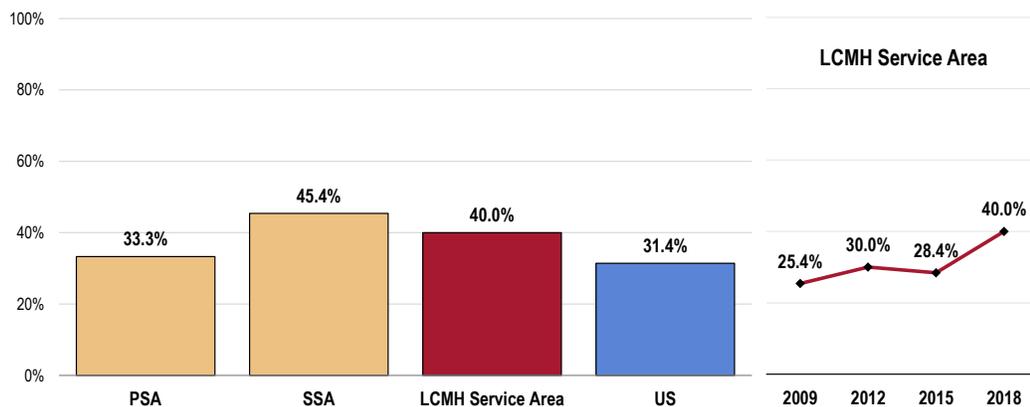
Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 40.0% of LCMH Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Worse than national findings.
- Higher in the Secondary Service Area.
- TREND: Denotes a statistically significant increase since 2009.

Have Experienced Symptoms of Chronic Depression



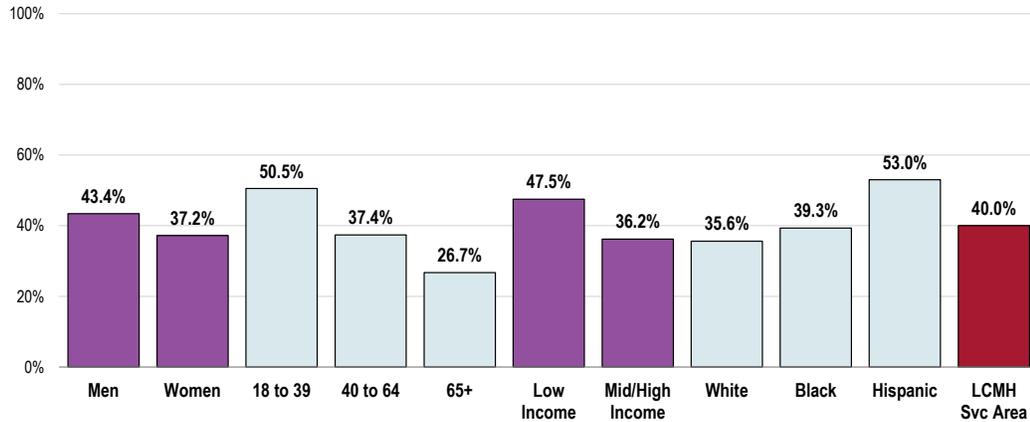
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

- Adults under age 65 (correlates with age).
- Adults with lower incomes.
- Hispanics.

Have Experienced Symptoms of Chronic Depression (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

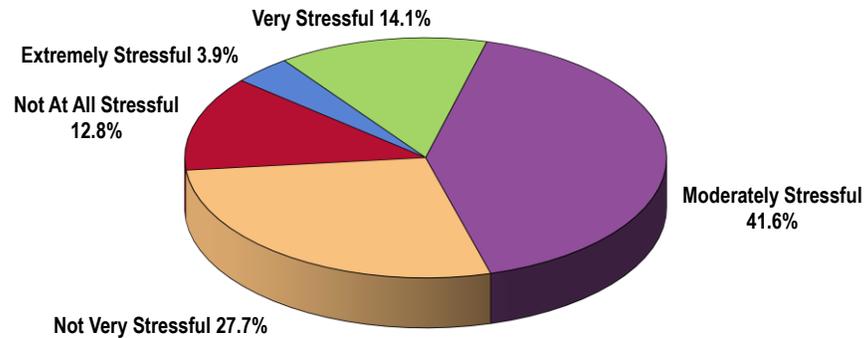
A total of 4 in 10 LCMH Service Area adults consider their typical day to be "not very stressful" (27.7%) or "not at all stressful" (12.8%).

RELATED ISSUE:

See also *Substance Abuse* in the *Modifiable Health Risks* section of this report.

- Another 41.6% of respondents say their typical day is "moderately stressful."

Perceived Level of Stress On a Typical Day (LCMH Service Area, 2018)

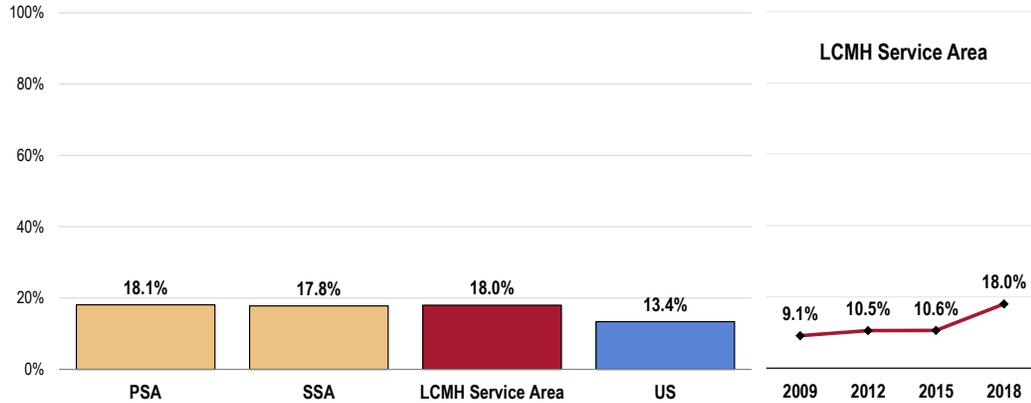


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 Notes: • Asked of all respondents.

In contrast, 18.0% of LCMH Service Area adults experience “very” or “extremely” stressful days on a regular basis.

- Worse than national findings.
- Similar percentages by service area.
- TREND: Denotes a statistically significant increase from previous survey findings.

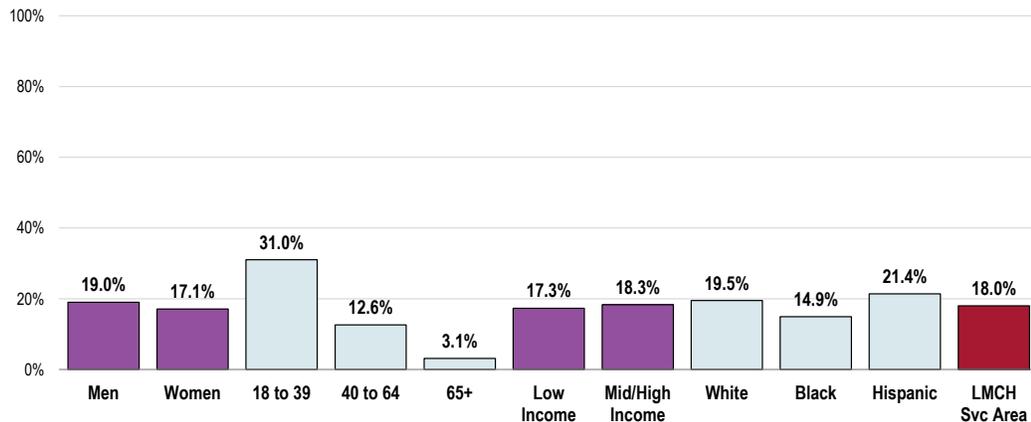
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Note that high stress levels correlate directly with age among adults in the LCMH Service Area.

Perceive Most Days as “Extremely” or “Very” Stressful (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Sleep

Sleep

Sleep is an important part of good health, but an estimated 35% of US adults do not get enough sleep. Approximately 83 million US adults report usually sleeping less than 7 hours in a 24-hour period. According to professional sleep societies, adults aged 18 to 60 years should sleep at least 7 hours each night for the best health and wellness.

Sleeping less than 7 hours per night is linked to increased risk of chronic diseases such as diabetes, stroke, high blood pressure, heart disease, obesity, and poor mental health, as well as early death. Not getting the recommended amount of sleep can affect one's ability to make good decisions and increases the chances of motor vehicle crashes.

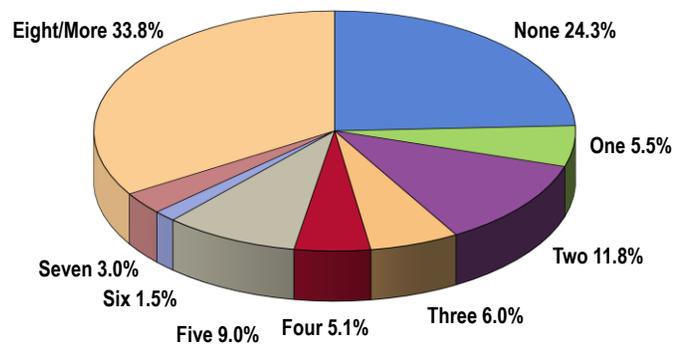
Habits for improving sleep health can include:

- Be consistent. Go to bed at the same time each night and get up at the same time each morning, including on the weekends.
- Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature.
- Remove electronic devices, such as TVs, computers, and smart phones, from the bedroom.
- Avoid large meals, caffeine, and alcohol before bedtime.
- Avoid tobacco/nicotine.
- Get some exercise. Being physically active during the day can help you fall asleep more easily at night.

• Institute of Medicine (US) Committee on Sleep Medicine and Research; 2014 Behavioral Risk Factor Surveillance System (BRFSS), CDC

While 24.3% of survey respondents did not experience any days in the past month on which they did not get enough sleep, the majority (58.4%) reports experiencing three or more days in the past month on which they did not get enough rest or sleep.

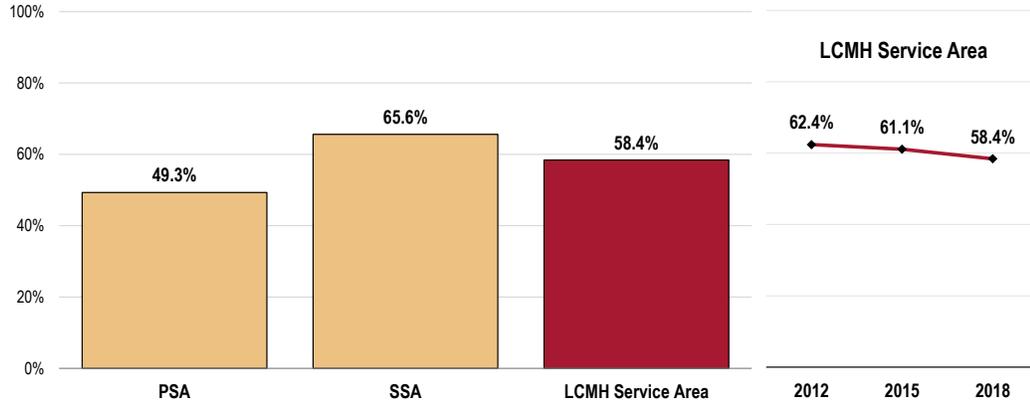
Number of Days in the Past Month Without Enough Sleep
(LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
Notes: • Asked of all respondents.

- The percentage reporting 3+ days without enough sleep is much higher in the Secondary Service Area.
- TREND: Statistically unchanged from 2012 survey results.

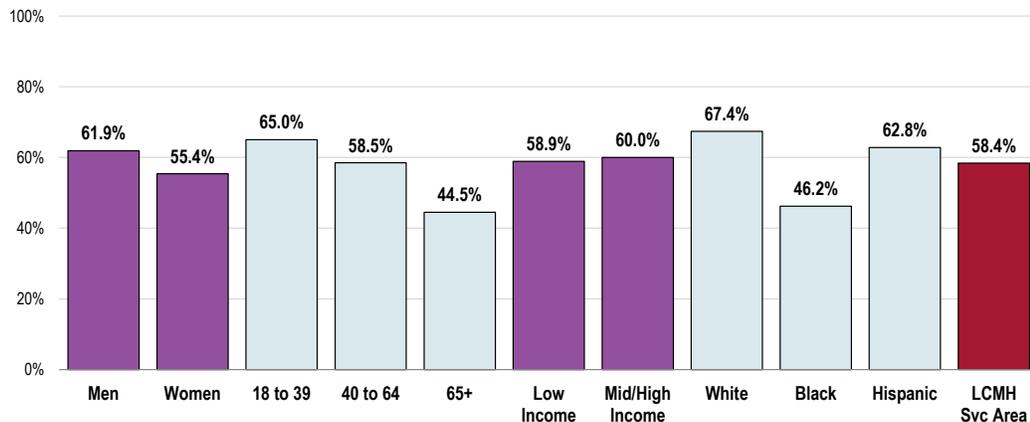
Had Three or More Days in the Past Month Without Enough Sleep



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
 Notes: • Asked of all respondents.

- Adults more likely to report 3+ days of poor sleep in the past month include young adults (negative correlation with age), Whites, and Hispanics.

Had Three or More Days in the Past Month Without Enough Sleep (LCMH Service Area, 2018)



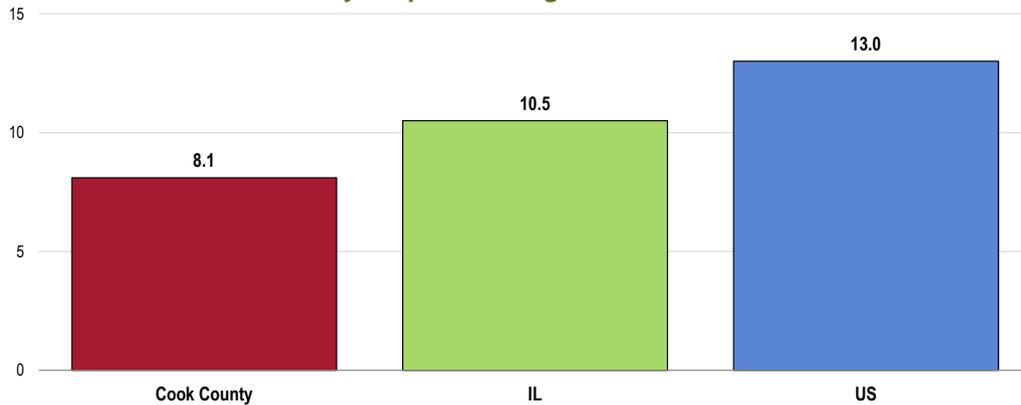
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide

Between 2014 and 2016, Cook County reported an annual average age-adjusted suicide rate of 8.1 deaths per 100,000 population.

- Lower than the statewide and national rates.
- Satisfies the Healthy People 2020 target of 10.2 or lower.

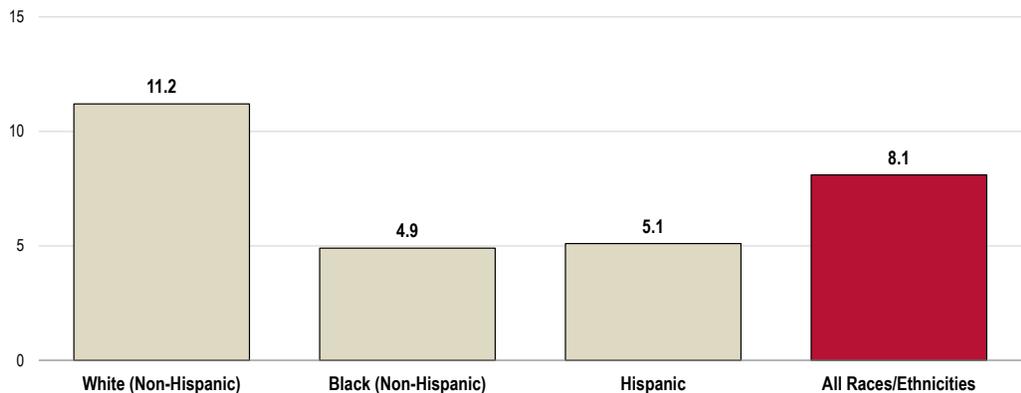
Suicide: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The county suicide rate is dramatically higher among Non-Hispanic Whites than among Non-Hispanic Blacks and Hispanics.

Suicide: Age-Adjusted Mortality by Race
(2014-2016 Annual Average Deaths per 100,000 Population; Cook County)
Healthy People 2020 Target = 10.2 or Lower



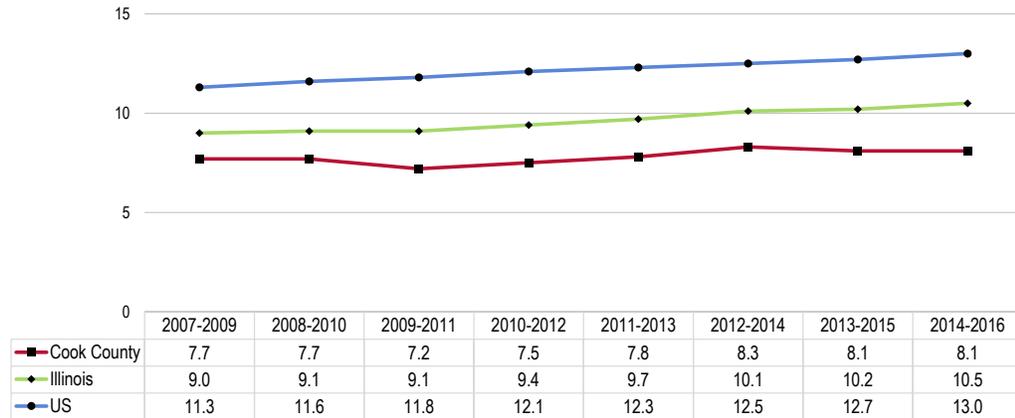
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The Cook County suicide rate has not changed significantly over the past decade, while Illinois and US rates have slowly increased.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

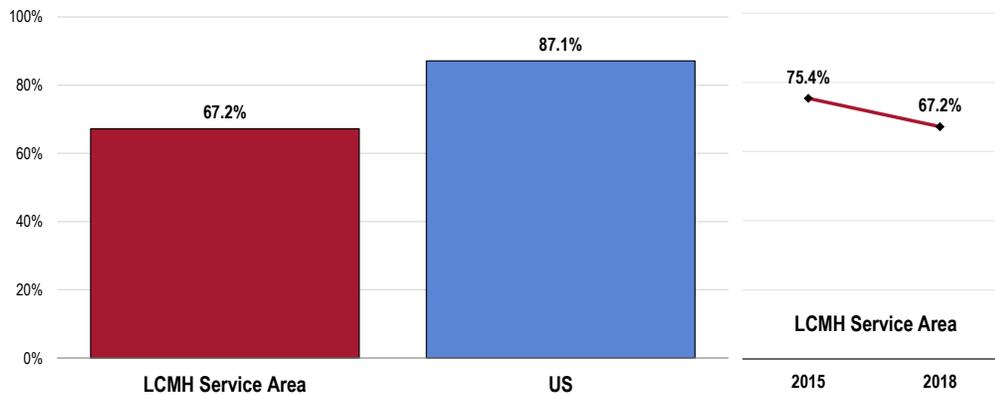
Mental Health Treatment

Among service area adults who have been diagnosed with major depressive disorder, 67.2% have sought professional help for their mental or emotional problems.

- Below the US prevalence.
- **TREND:** Note that the change from 2015 survey results is not statistically significant.

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem

(Among Adults With Diagnosed Depressive Disorder)



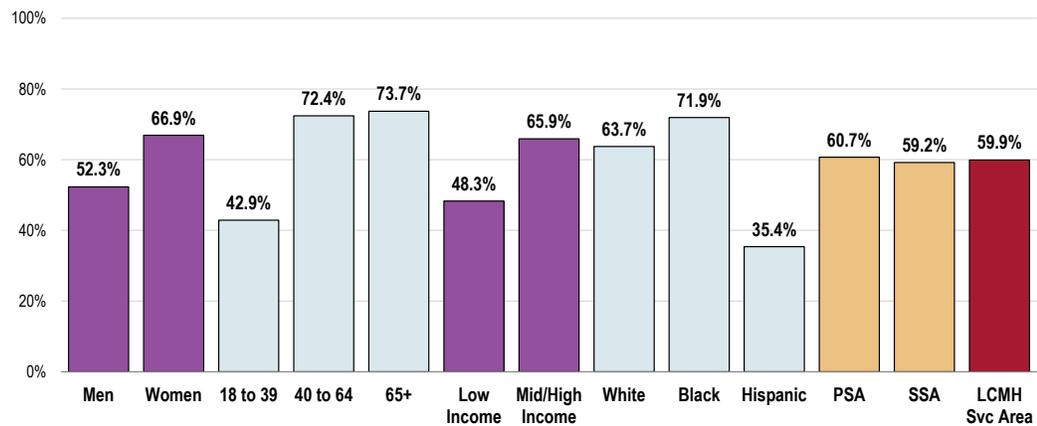
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).

Insurance Coverage

A total of 59.9% of survey respondents report that their insurance covers mental health services at least partially.

- Similar findings by service area.
- Lower among these population samples: men, young adults, low-income residents, and Hispanics.

Insurance Covers Mental Health Services at Least Partially (LCMH Service Area, 2018)



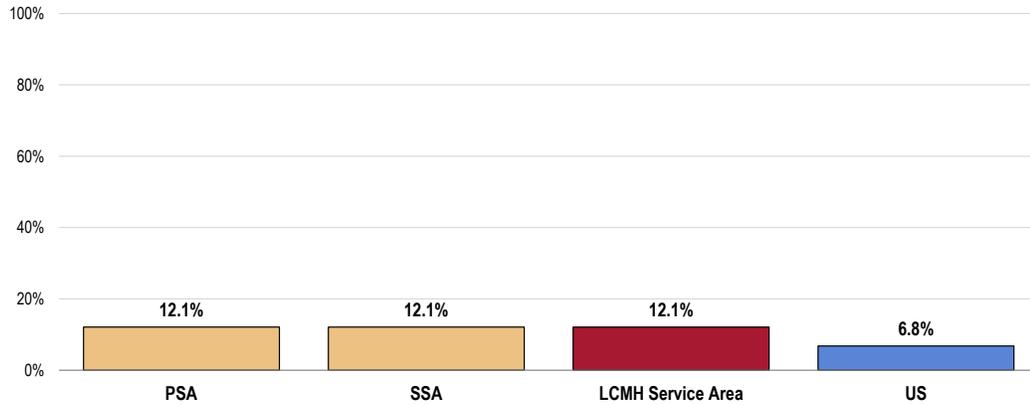
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulty Accessing Mental Health Services

A total of 12.1% of LCMH Service Area adults report a time in the past year when they needed mental health services but were not able to get them.

- Worse than the national finding.
- No difference by service area.

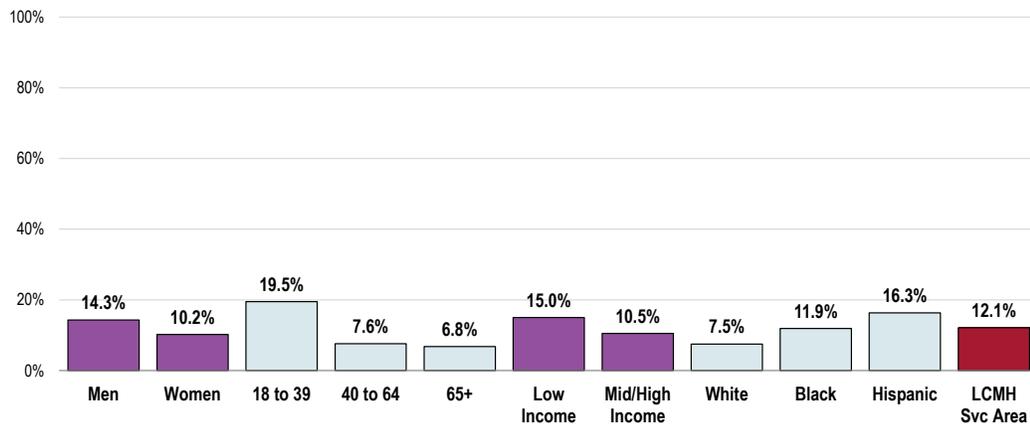
Unable to Get Mental Health Services When Needed in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Access difficulty is statistically more prevalent among adults under 40.

Unable to Get Mental Health Services When Needed in the Past Year (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons citing difficulties accessing mental health services in the past year, these are predominantly attributed to **cost or insurance issues** (mentioned by 26.1%), followed by "didn't want to go" (16.4%), "don't know" (12.9%), "poor quality" (9.2%), "didn't know where to look" (8.2%), and "transportation" (8.0%).

Key Informant Input: Mental Health

Key informants taking part in an online survey were equally likely to characterize *Mental Health* as a “major problem” and a “moderate problem” in the community.

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

They need assistance in obtaining counseling and affordable medication as well as inpatient services for adults and children. – Social Services Representative

The counseling aspect and/or psychiatrist is in short supply with limited insurance coverage. Facilities are closing with little choice left. The choices left are understaffed and over-burdened. – Public Health Expert

Prevalence/Incidence

As a high school administrator, we are seeing a significant increase in students with severe anxiety and depression. This often leads to physical manifestation of symptoms, extended hospitalization, and/or school refusal. Students, parents, and teachers could use more support in ways to prevent and also treat this uptick. – Community Leader

Denial/Stigma

The stigma of suffering from mental health issues is still very prevalent in our community. Having the correct referral to access care, and consistency in treatment continues to challenge our community. – Community Leader

Suicide Rates

Our small congregation experienced two deaths by suicide in the past year. – Social Services Representative

Funding

Lack of state funding. – Community Leader

Death, Disease, & Chronic Conditions



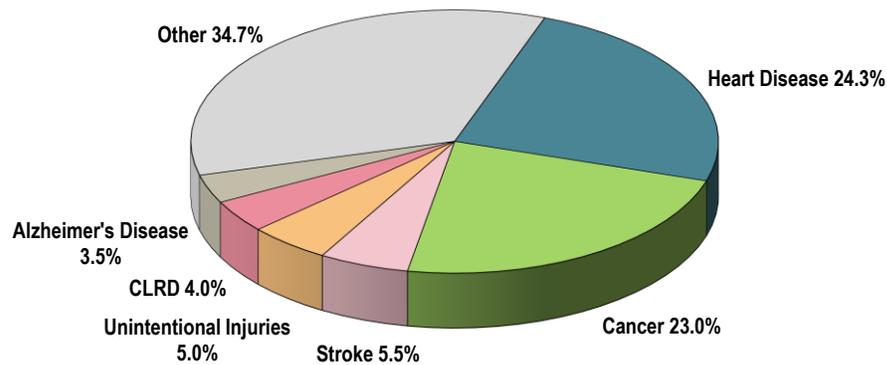
Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for over half of all Cook County deaths in 2016.

Leading Causes of Death
(Cook County, 2016)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, Illinois and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2014-2016 annual average age-adjusted death rates per 100,000 population for selected causes of death in Cook County.

Each of these is discussed in greater detail in subsequent sections of this report.

For infant mortality data, see [Birth Outcomes & Risks](#) in the [Births](#) section of this report.

Age-Adjusted Death Rates for Selected Causes (2014-2016 Deaths per 100,000 Population)

	Cook County	Illinois	US	HP2020
Diseases of the Heart	175.2	169.0	167.0	156.9*
Malignant Neoplasms (Cancers)	167.4	166.7	158.5	161.4
Cerebrovascular Disease (Stroke)	38.8	37.9	37.1	34.8
Motor Vehicle Deaths	36.0	47.1	60.6	12.4
Fall-Related Deaths (65+)	36.0	47.1	60.6	47.0
Unintentional Injuries	31.4	37.1	43.7	36.4
Chronic Lower Respiratory Disease (CLRD)	29.7	38.5	40.9	n/a
Alzheimer's Disease	22.7	23.9	28.4	n/a
Diabetes Mellitus	20.3	18.9	21.1	20.5*
Kidney Diseases	17.0	17.2	13.2	n/a
Pneumonia/Influenza	15.8	15.7	14.6	n/a
Firearm-Related	13.7	10.1	11.0	9.3
Unintentional Drug-Induced	13.6	13.4	14.3	11.3
Homicide	13.1	7.4	5.7	5.5
Cirrhosis/Liver Disease	9.3	9.1	10.6	8.2
Intentional Self-Harm (Suicide)	8.1	10.5	13.0	10.2
HIV/AIDS	2.5	1.4	1.9	3.3

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.

- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.

Note:

- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.

- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

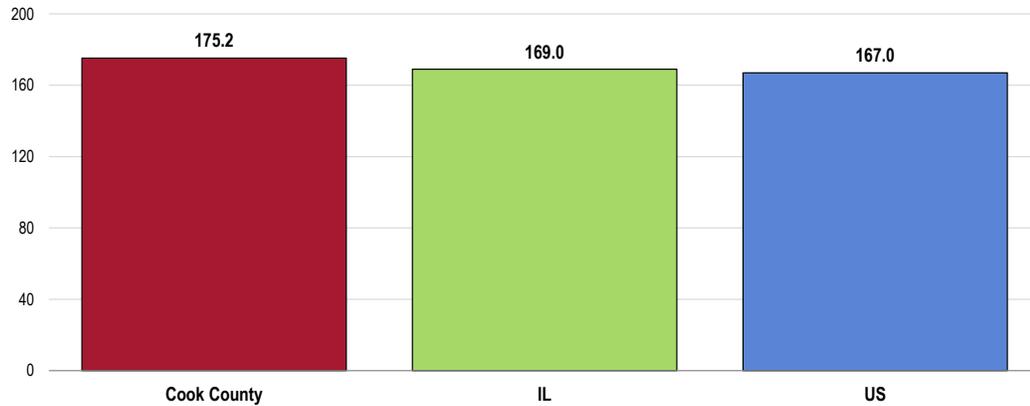
Heart Disease Deaths

Between 2014 and 2016 there was an annual average age-adjusted heart disease mortality rate of 175.2 deaths per 100,000 population in Cook County.

- Similar to the statewide and national rates.
- Similar to the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).

The greatest share of cardiovascular deaths is attributed to heart disease.

Heart Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:

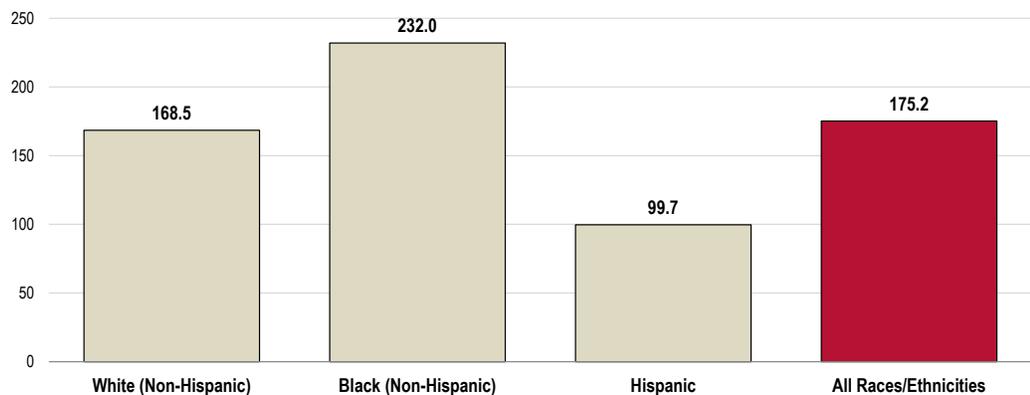
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- By race, the county heart disease mortality rate is notably higher among Blacks when compared with Whites and Hispanics.

Heart Disease: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population; Cook County) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

Notes:

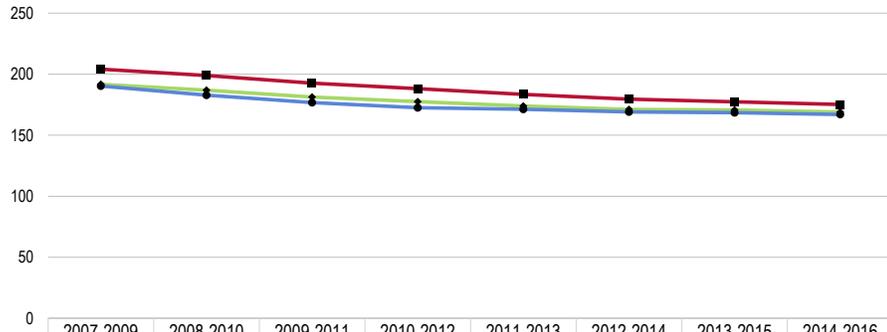
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- TREND: The heart disease mortality rate has decreased in Cook County, echoing the decreasing trends across Illinois and the US overall.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Cook County	204.1	198.9	192.7	188.1	183.4	179.5	177.4	175.2
Illinois	191.7	186.9	181.3	177.5	173.9	171.1	170.7	169.0
US	190.3	182.9	176.7	172.6	171.3	169.1	168.4	167.0

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

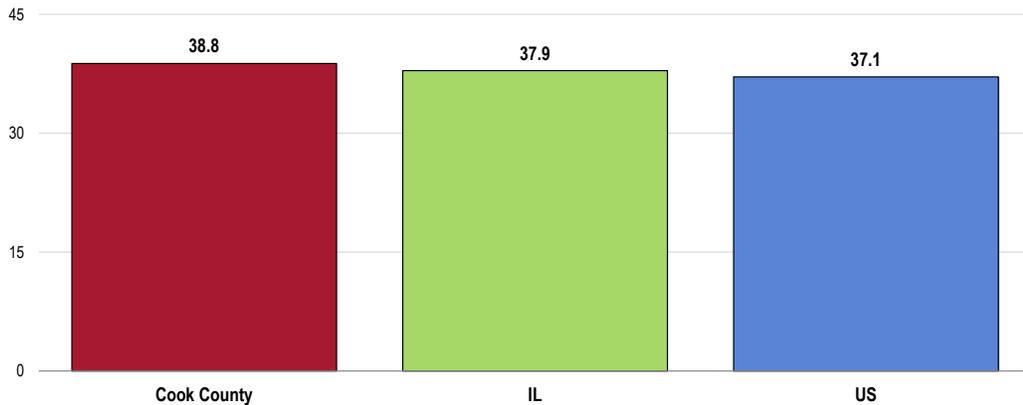
Between 2014 and 2016, Cook County reported an annual average age-adjusted stroke mortality rate of 38.8 deaths per 100,000 population.

- Similar to the Illinois and national rates.
- Similar to the Healthy People 2020 target of 34.8 or lower.

Stroke: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



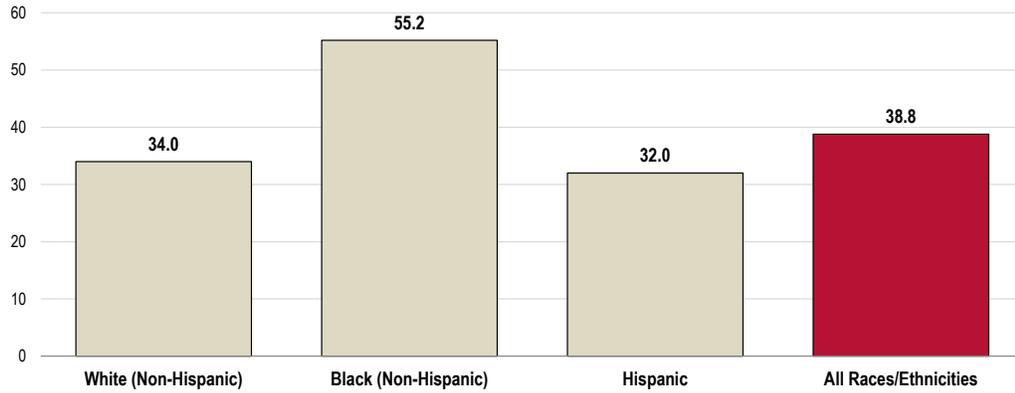
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- Stroke mortality is higher among Blacks than Whites and Hispanics in Cook County.

Stroke: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population; Cook County)

Healthy People 2020 Target = 34.8 or Lower



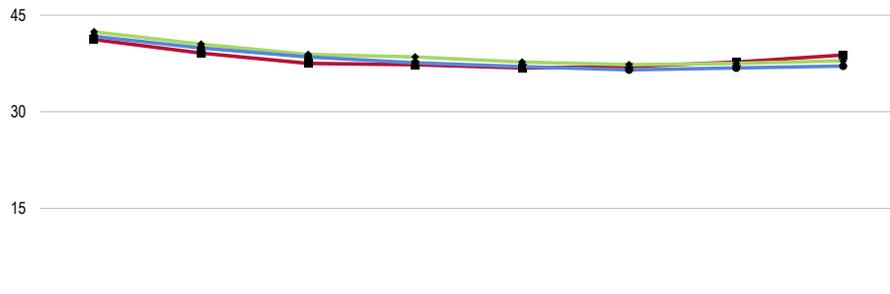
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Stroke mortality has not shown a clear trend in recent years.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
■ Cook County	41.2	39.1	37.5	37.3	36.8	37.0	37.7	38.8
◆ Illinois	42.4	40.5	38.9	38.5	37.7	37.3	37.5	37.9
● US	41.7	39.9	38.5	37.6	37.0	36.5	36.8	37.1

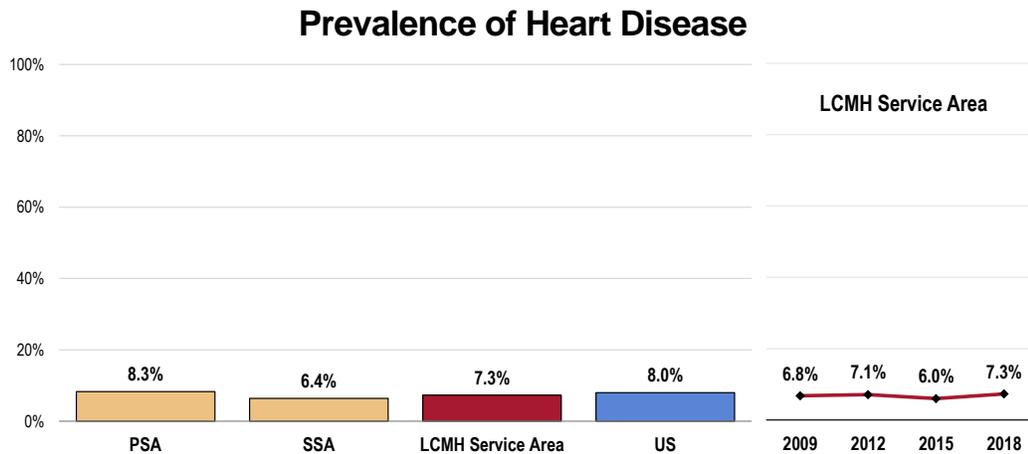
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 7.3% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- Similar to the national prevalence.
- Similar findings by service area.
- TREND: Statistically unchanged over time.

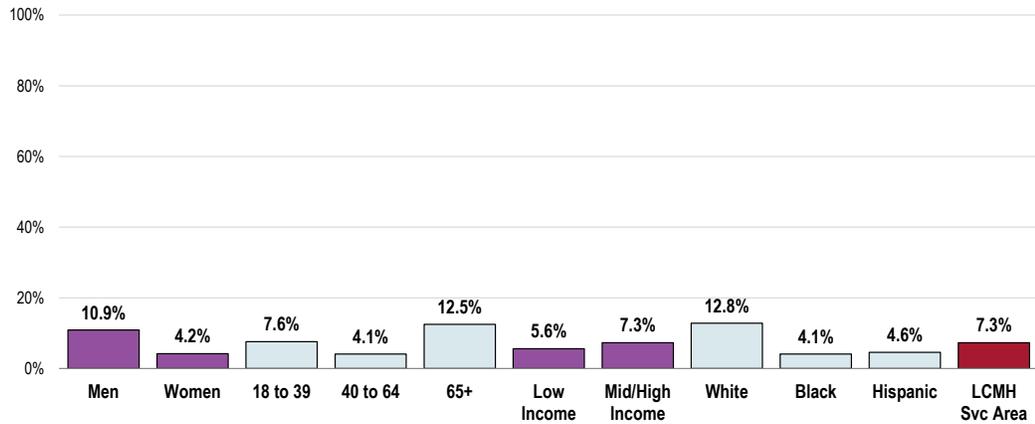


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina, or coronary heart disease.

Adults more likely to have been diagnosed with chronic heart disease include:

- Men.
- Seniors (age 65+).
- Whites.

Prevalence of Heart Disease (LCMH Service Area, 2018)



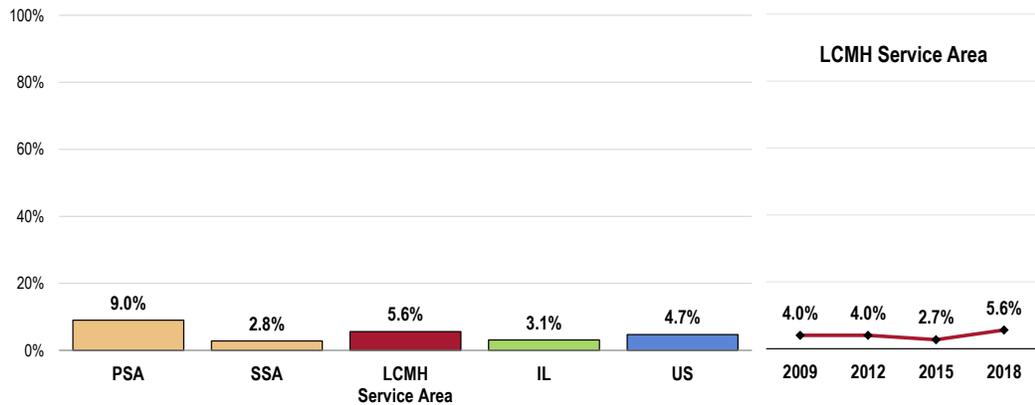
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina, or coronary heart disease.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 5.6% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Higher than statewide findings.
- Similar to national findings.
- Unfavorably high in the Primary Service Area.
- TREND: Statistically unchanged over time.

Prevalence of Stroke



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure

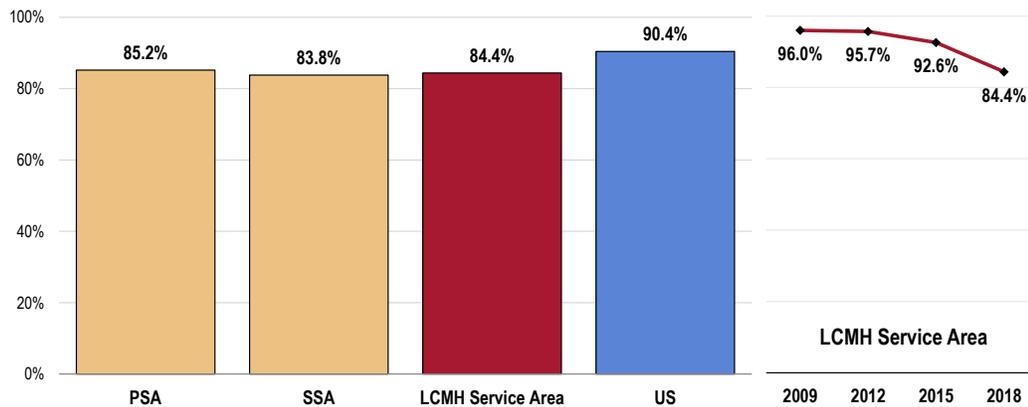
High Blood Pressure Testing

A total of 84.4% of LCMH Service Area adults have had their blood pressure tested within the past two years.

- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target (92.6% or higher).
- Similar findings by service area.
- TREND: Marks a statistically significant decrease since 2009.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



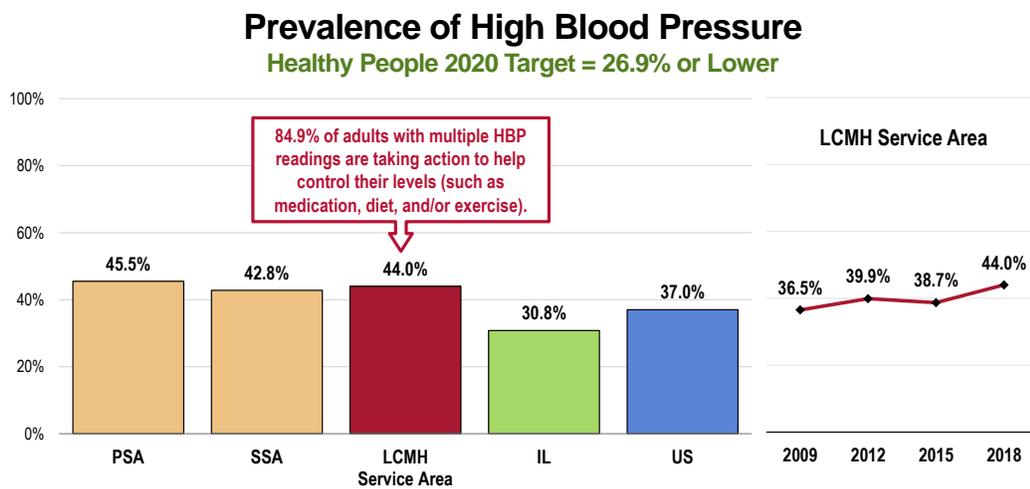
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]
- Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure

A total of 44.0% of LCMH Service Area adults have been told at some point that their blood pressure was high.

- Less favorable than the Illinois and US figures.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Similar findings by service area.
- TREND: Marks a statistically significant increase since 2009.

Among adults with multiple high blood pressure readings, 84.9% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 41, 129]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

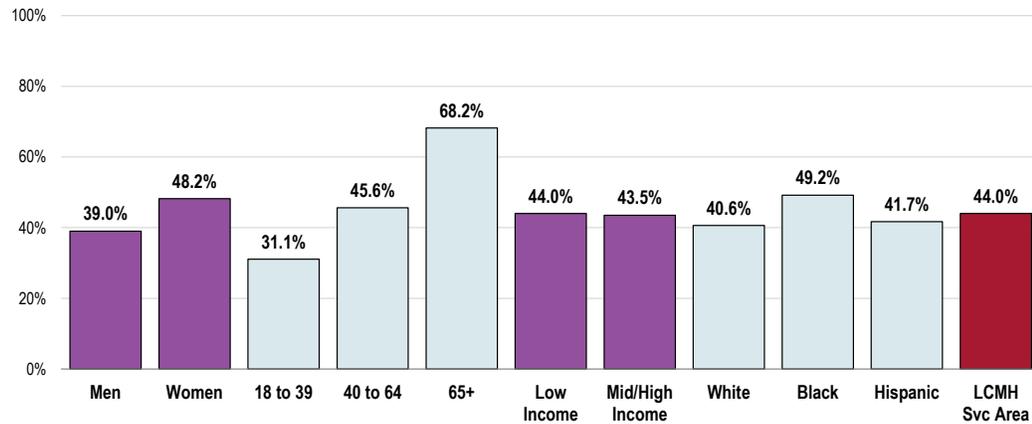
Notes: • Asked of all respondents.

- Note the correlation between age and high blood pressure among service area adults.

Prevalence of High Blood Pressure

(LCMH Service Area, 2018)

Healthy People 2020 Target = 26.9% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Blood Cholesterol

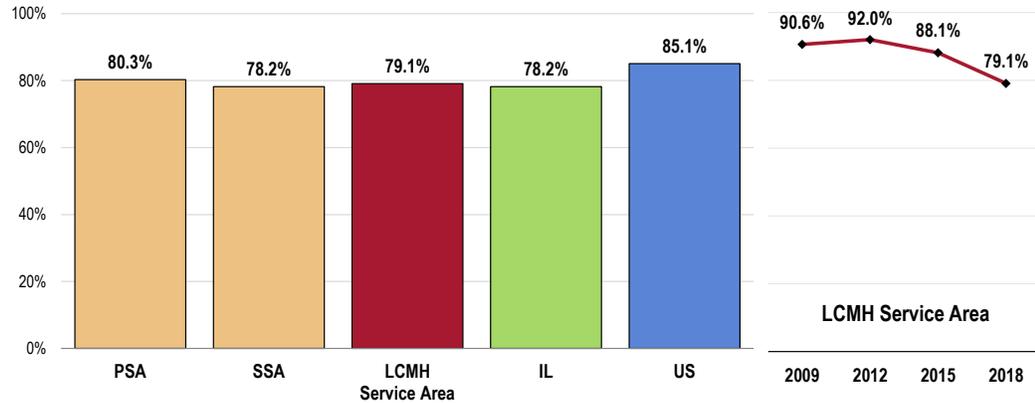
Blood Cholesterol Testing

A total of 79.1% of LCMH Service Area adults have had their blood cholesterol checked within the past five years.

- Similar to the Illinois figure.
- Lower than the national findings.
- Similar to the Healthy People 2020 target (82.1% or higher).
- Similar findings by service area.
- TREND: Denotes a statistically significant decrease since 2009.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]

Notes: • Asked of all respondents.

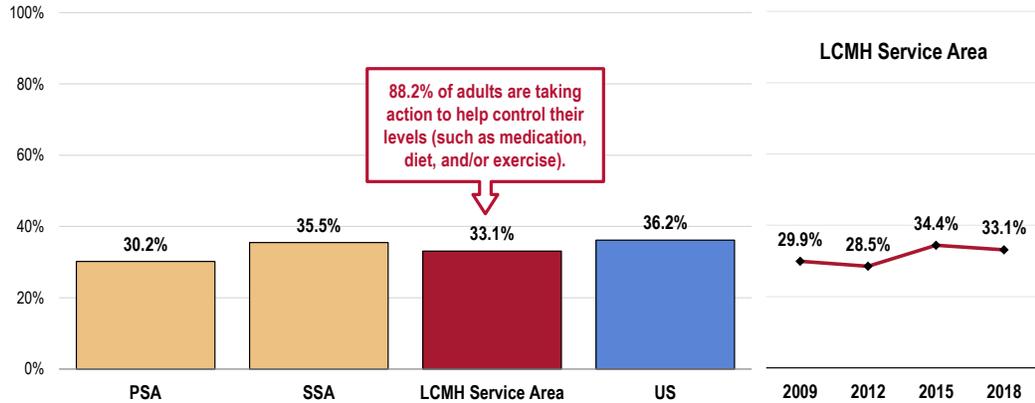
Prevalence of High Blood Cholesterol

A total of 33.1% of adults have been told by a health professional that their cholesterol level was high.

- Similar to the national prevalence.
- Over twice the Healthy People 2020 target (13.5% or lower).
- Similar service area percentages.
- TREND: Statistically unchanged since 2009.

Among adults with high blood cholesterol readings, 88.2% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

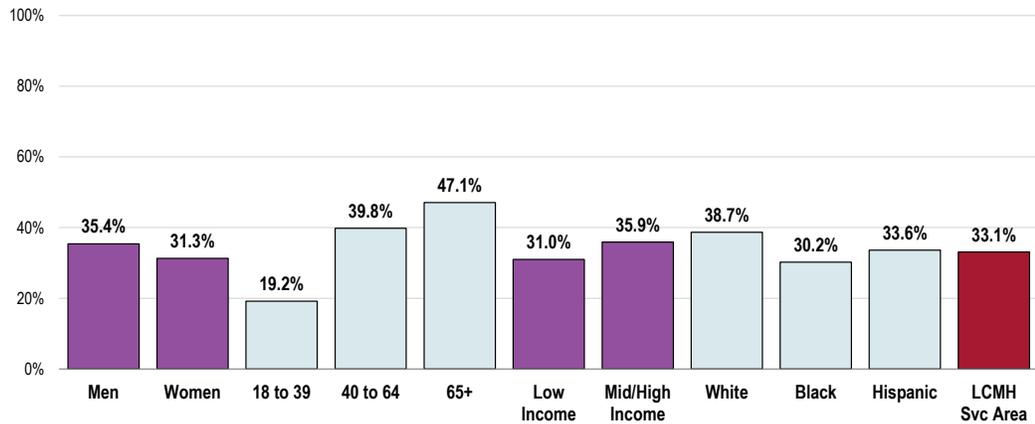
Prevalence of High Blood Cholesterol Healthy People 2020 Target = 13.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 44, 130]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.

- There is a positive correlation between age and high blood cholesterol.

Prevalence of High Blood Cholesterol (LCMH Service Area, 2018) Healthy People 2020 Target = 13.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
 - High Blood Cholesterol
 - Tobacco Use
 - Physical Inactivity
 - Poor Nutrition
 - Overweight/Obesity
 - Diabetes
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

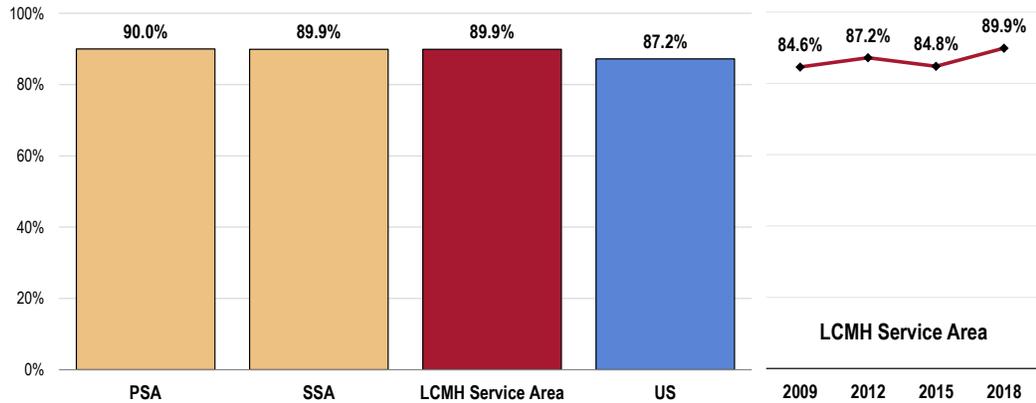
Total Cardiovascular Risk

A total of 89.9% of LCMH Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Similar to the national findings.
- Similar findings by service area.
- TREND: Denotes a statistically significant increase from the 2009 findings.

RELATED ISSUE:
See also *Nutrition, Physical Activity, Weight Status, and Tobacco Use* in the **Modifiable Health Risks** section of this report.

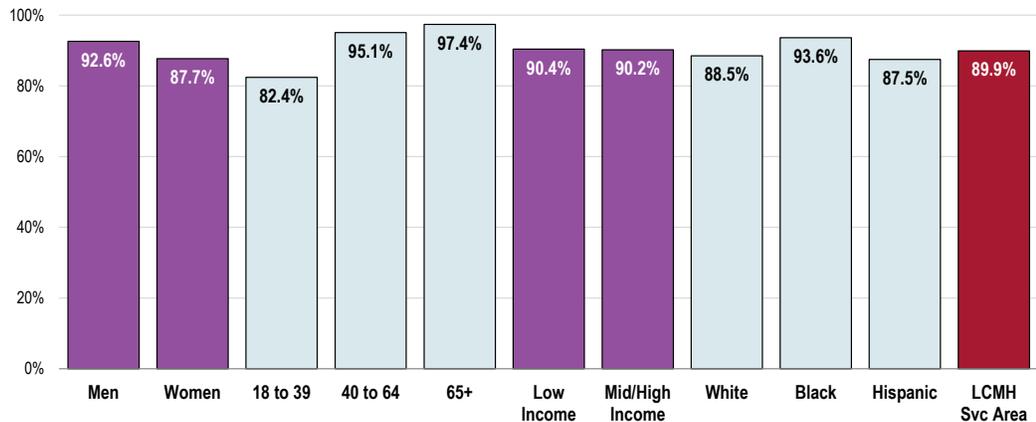
Present One or More Cardiovascular Risks or Behaviors



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

- The prevalence correlates with age in the service area, as shown.

Present One or More Cardiovascular Risks or Behaviors (LCMH Service Area, 2018)

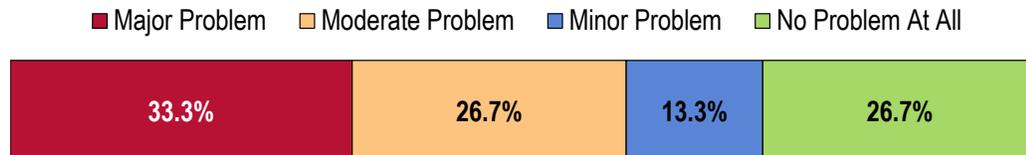


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “major problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

Working in the healthcare sector, I am keenly aware of the majority of our business, heart disease and stroke being in the top three. – Community Leader

Hypertensive heart disease is on the rise in young and old which increases the chance for stroke and heart disease. Stress levels and eating habits must be included in this multifaceted problem. – Public Health Expert

High incidence. – Physician

So many people and families are affected by them. – Community Leader

Many of the residents we pick up with the ambulance are sick with heart ailments. Many reasons for this. – Community Leader

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
 - Cervical cancer (using Pap tests)
 - Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2014 and 2016, there was an annual average age-adjusted cancer mortality rate of 167.4 deaths per 100,000 population in Cook County.

- Similar to the statewide and national rates.
- Similar to the Healthy People 2020 target of 161.4 or lower.

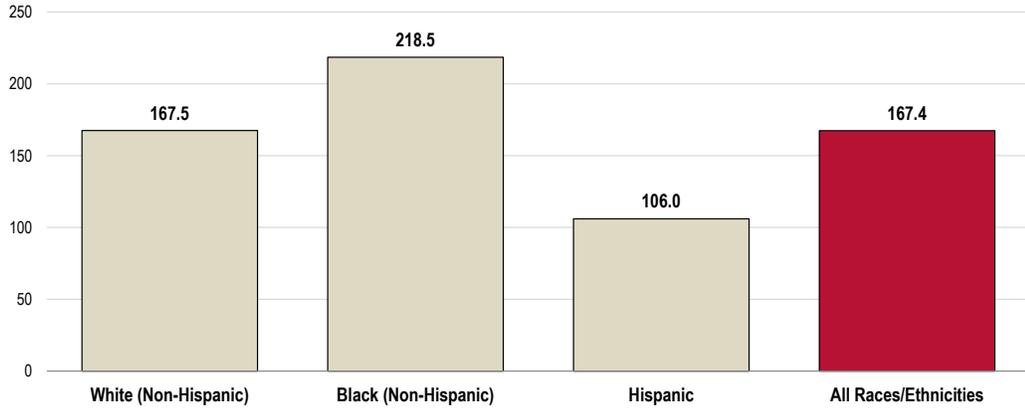
Cancer: Age-Adjusted Mortality
 (2014-2016 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 161.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The cancer mortality rate is notably higher among Blacks in Cook County.

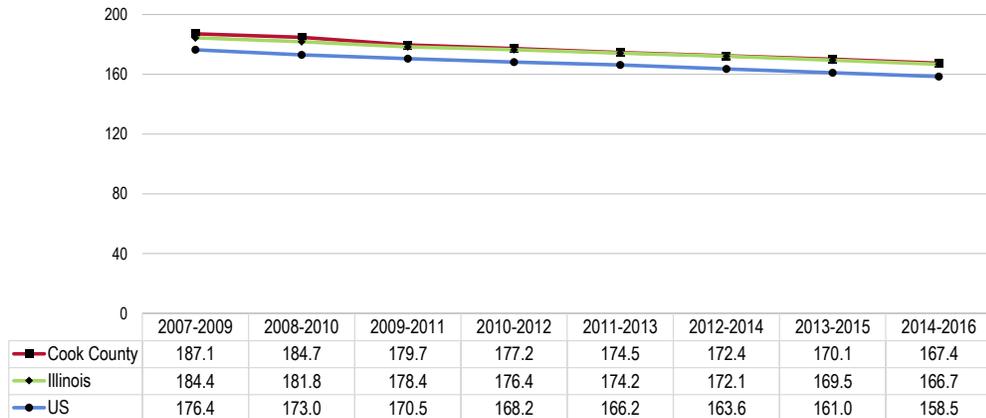
Cancer: Age-Adjusted Mortality by Race
 (2014-2016 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 161.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Cancer mortality is on a slow decline in Cook County.

Cancer: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 161.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in Cook County.

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both sexes).

As evident in the following chart (referencing 2014-2016 annual average age-adjusted death rates):

- The Cook County **lung, female breast, and colorectal cancer** death rates are similar to both the state rate and national rates.
- On the other hand, the county's **prostate cancer** death rate is higher than both the state and national rates.
- Note that **each** of the Cook County cancer death rates detailed below is similar to the related Healthy People 2020 target.

Age-Adjusted Cancer Death Rates by Site (2014-2016 Annual Average Deaths per 100,000 Population)

	Cook County	Illinois	US	HP2020
ALL CANCERS	167.4	166.7	158.5	161.4
Lung Cancer	40.0	43.6	40.3	45.5
Prostate Cancer	24.2	20.3	19.0	21.8
Female Breast Cancer	22.8	21.5	20.3	20.7
Colorectal Cancer	16.2	15.2	14.1	14.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted.

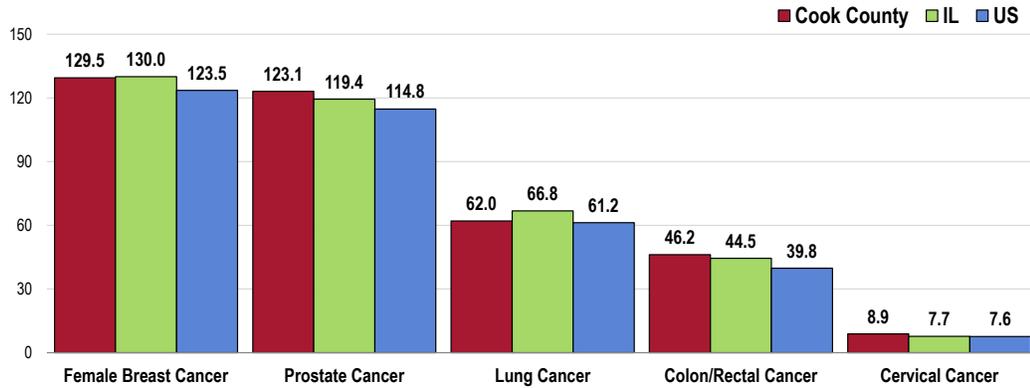
Each of the 2009-2014 Cook County annual average age-adjusted cancer incidence rates is similar to Illinois and US rates.

Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2009-2014)



Sources:

- State Cancer Profiles.
- Retrieved September 2018 from Community Commons at <http://www.chna.org>.

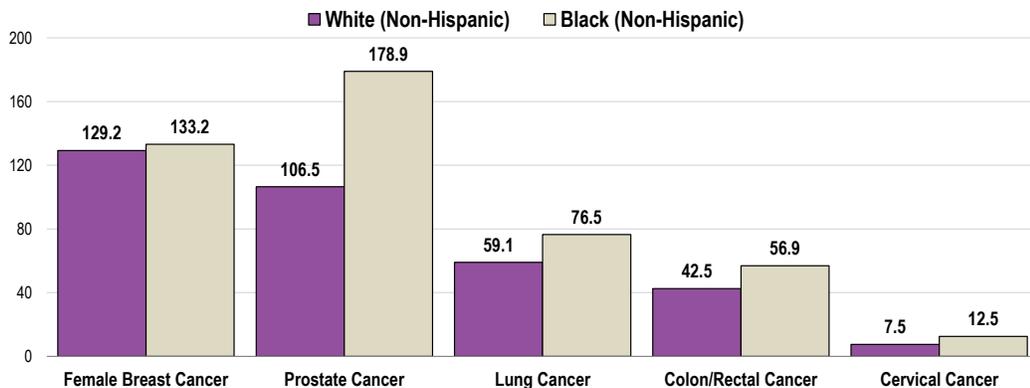
 Notes:

- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

- By available race data, Blacks experience a notably higher prostate cancer incidence than Whites in Cook County.
- Blacks also report higher cancer incidence rates for lung, colorectal, cervical, and female breast cancer in Cook County.

Cancer Incidence Rates by Site and Race/Ethnicity

(Annual Average Age-Adjusted Incidence per 100,000 Population, Cook County 2009-14)



Sources:

- State Cancer Profiles.
- Retrieved September 2018 from Community Commons at <http://www.chna.org>.

 Notes:

- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

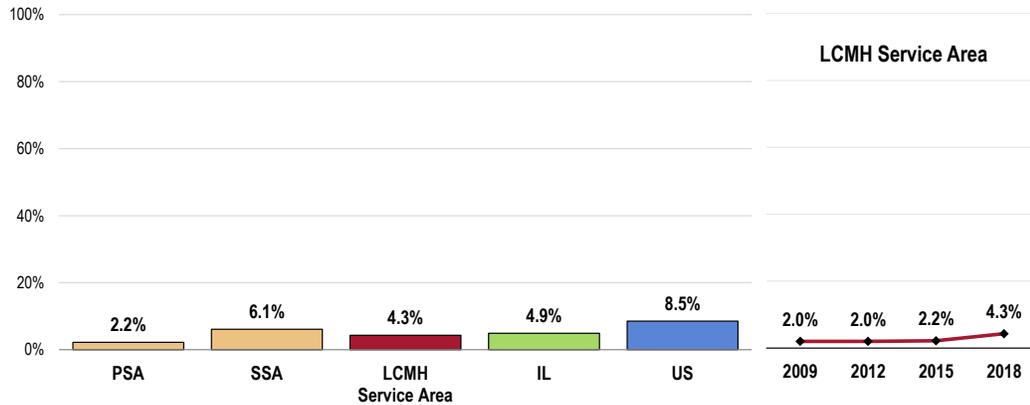
Prevalence of Cancer

Skin Cancer

A total of 4.3% of surveyed LCMH Service Area adults report having been diagnosed with skin cancer.

- Similar to what is found statewide.
- Lower than the national average.
- Higher in the Secondary Service Area.
- TREND: The prevalence of skin cancer has remained statistically unchanged over time.

Prevalence of Skin Cancer



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

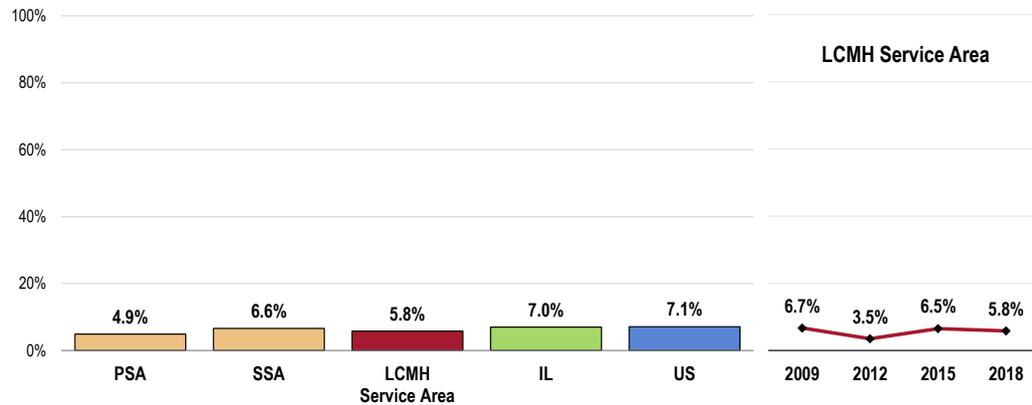
Notes: • Asked of all respondents.

Other Cancer

A total of 5.8% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide and national percentages.
- Similar findings by service area.
- TREND: The prevalence of cancer has remained unchanged over time.

Prevalence of Cancer (Other Than Skin Cancer)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

RELATED ISSUE:
 See also *Nutrition, Physical Activity, Weight Status, and Tobacco Use* in the **Modifiable Health Risks** section of this report.

Cancer Risk

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

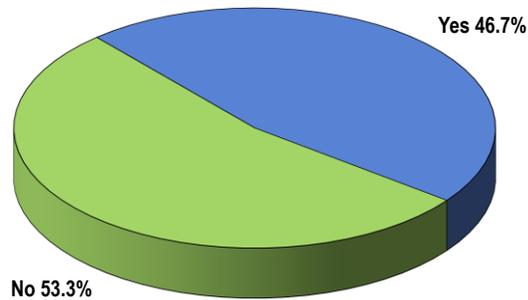
The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to four cancer sites: prostate cancer; female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Prostate Cancer Screening

Among men age 50 and older, 46.7% have had a PSA (prostate-specific antigen) test for prostate problems in the past two years.

Have Had a Prostate Screening in the Past Two Years (Among Men 50+)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]
Notes: • Reflects male respondents age 50+.

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

• US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Mammography

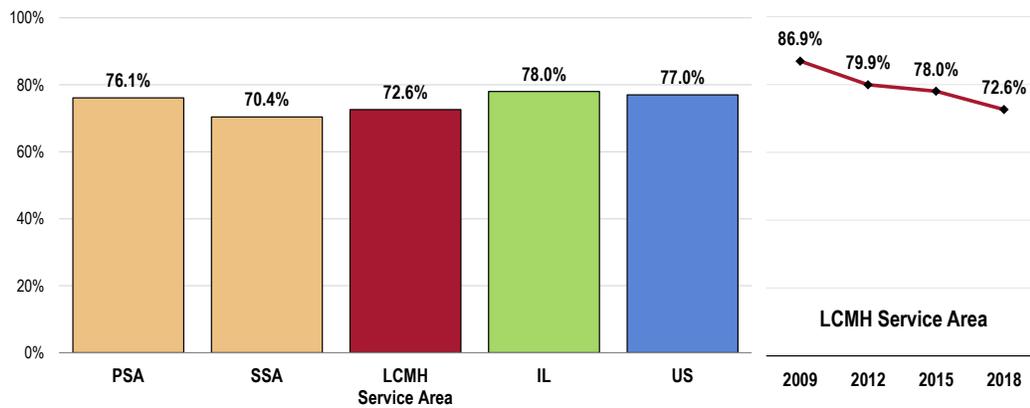
Among women age 50-74, 72.6% have had a mammogram within the past 2 years.

- Similar to statewide and national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Similar findings by service area.
- TREND: Marks a statistically significant decrease since 2009.

Have Had a Mammogram in the Past Two Years

(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]

Notes: • Reflects female respondents 50-74.

Cervical Cancer Screening

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

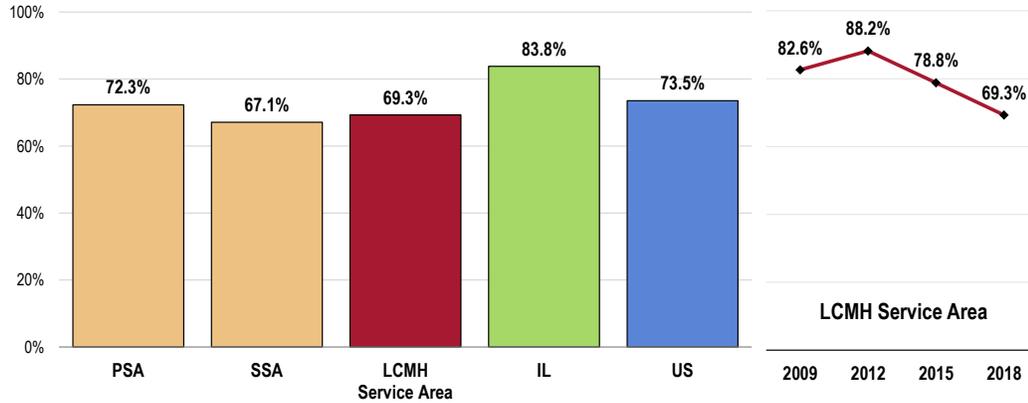
Pap Smear Testing

Among LCMH Service Area women age 21 to 65, 69.3% have had a Pap smear within the past 3 years.

- Below the Illinois figure.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Similar service area percentages.
- TREND: Marks a statistically significant decrease from previous survey findings.

Have Had a Pap Smear in the Past Three Years (Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]

Notes: • Reflects female respondents age 21 to 65.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (fecal occult blood testing, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

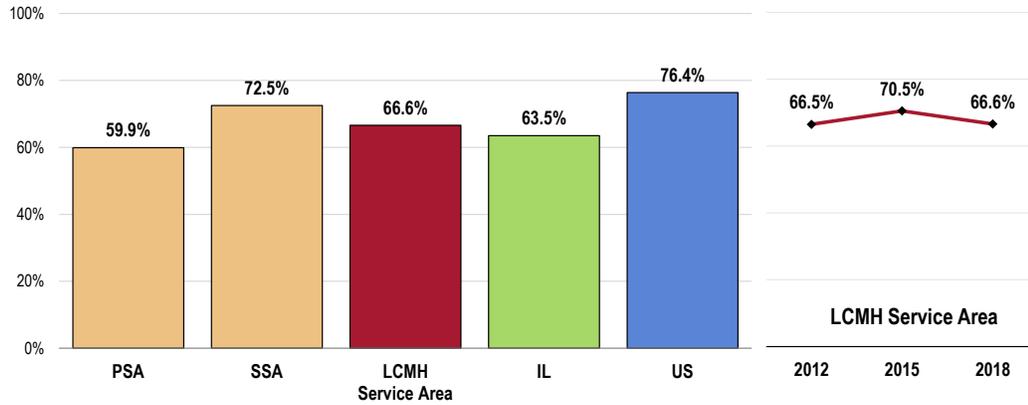
Among adults age 50-75, 66.6% have had an appropriate colorectal cancer screening.

- Comparable to the Illinois figure.
- Lower than national findings.
- Comparable to the Healthy People 2020 target (70.5% or higher).
- Statistically comparable findings by service area.
- TREND: Statistically unchanged over time.

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Have Had a Colorectal Cancer Screening (Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



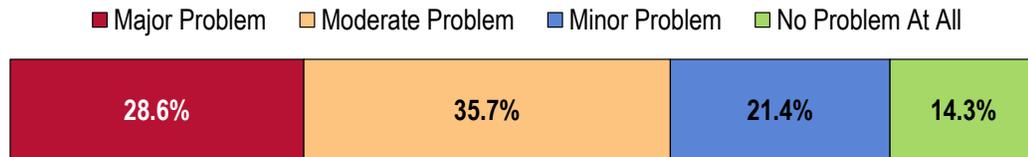
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]

Notes: • Asked of all respondents age 50 through 75.
 • In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized **Cancer** as a “moderate problem” in the community.

Perceptions of Cancer as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

Working in the healthcare sector, I am keenly aware of the majority of our business, cancer diagnoses being in the top three. – Community Leader

I continue to hear from more and more individuals the many types of cancers affecting their loved ones. – Social Services Representative

Incidence is high and early intervention and treatment is critical. – Physician

Because it affects so many people. – Community Leader

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

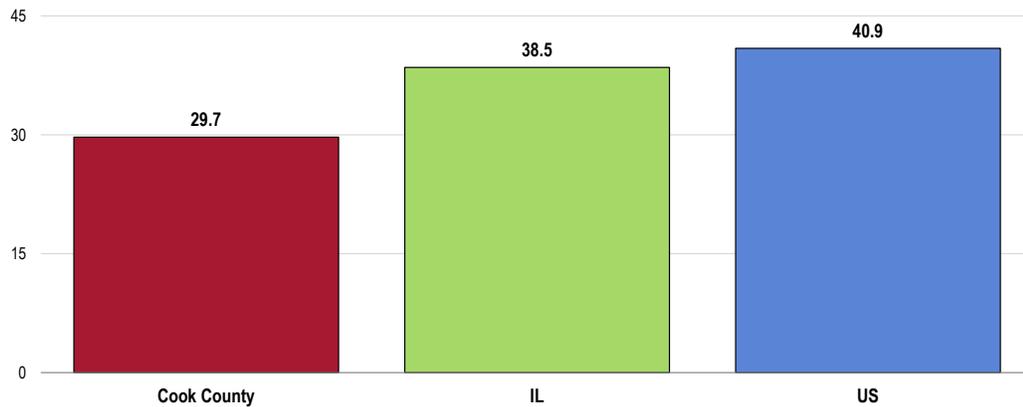
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2014 and 2016, Cook County reported an annual average age-adjusted CLRD mortality rate of 29.7 deaths per 100,000 population.

- Well below the state and US rates.

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

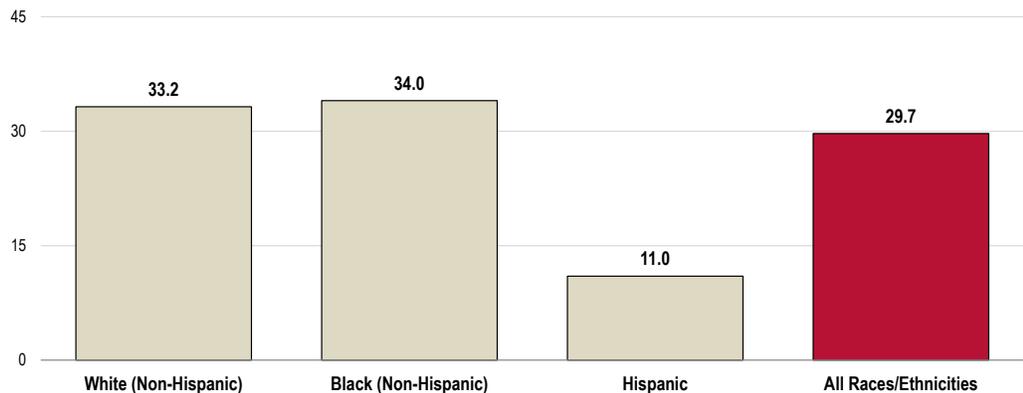
CLRD: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - CLRD is chronic lower respiratory disease.

- CLRD mortality is notably low in the Cook County Hispanic population.

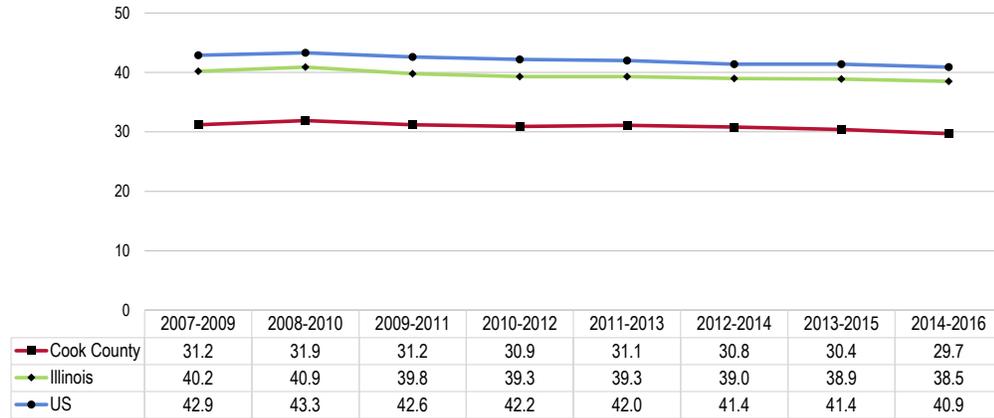
CLRD: Age-Adjusted Mortality by Race
(2014-2016 Annual Average Deaths per 100,000 Population; Cook County)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - CLRD is chronic lower respiratory disease.

- TREND: The decrease in CLRD mortality over time is not statistically significant.

CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - CLRD is chronic lower respiratory disease.

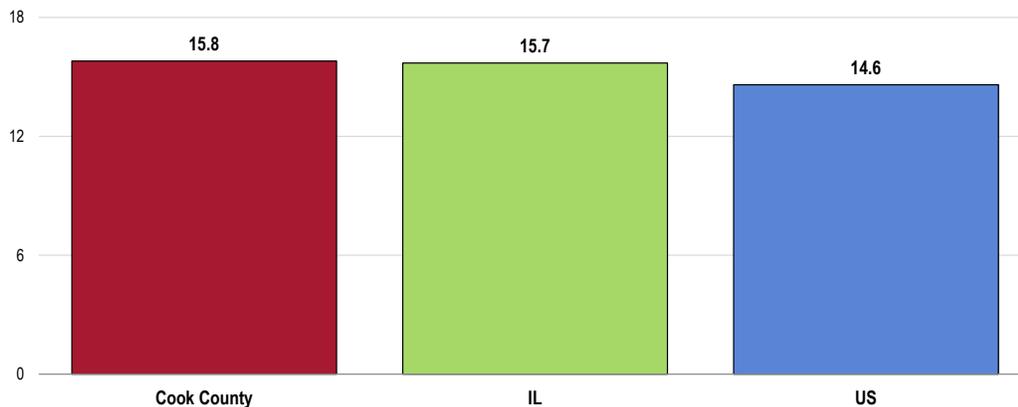
Pneumonia/Influenza Deaths

Between 2014 and 2016, the county reported an annual average age-adjusted pneumonia influenza mortality rate of 15.8 deaths per 100,000 population.

- Similar to the rates found statewide and nationally.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Diseases* in the **Infectious Disease** section of this report.

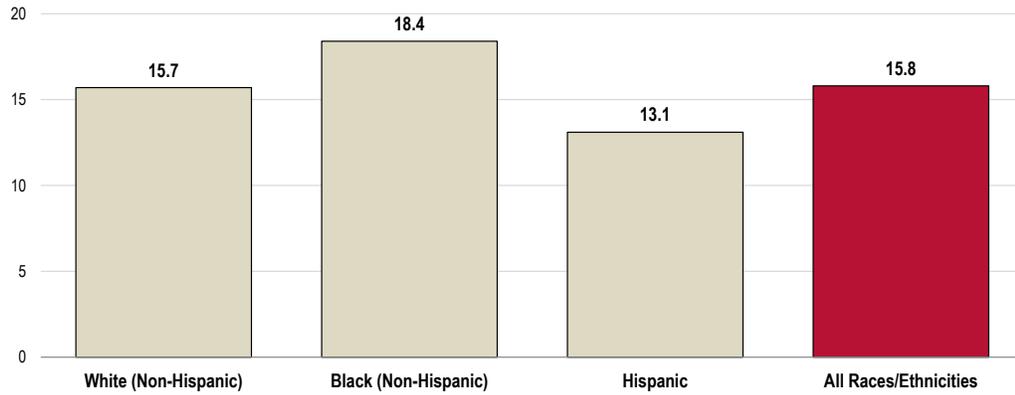
Pneumonia/Influenza: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The pneumonia/flu mortality rate in Cook County is higher among Blacks than Whites or Hispanics.

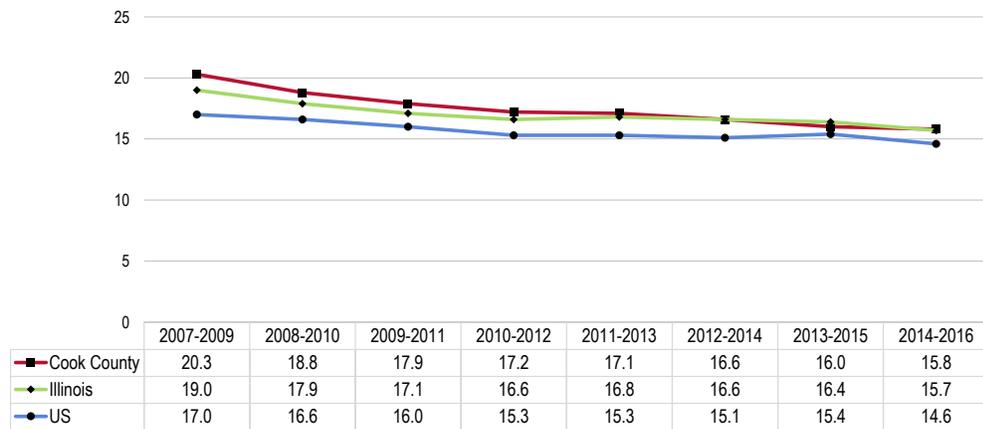
Pneumonia/Influenza: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population; Cook County)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate has decreased over time in the county, echoing the state and national trends.

Pneumonia/Influenza: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Asthma

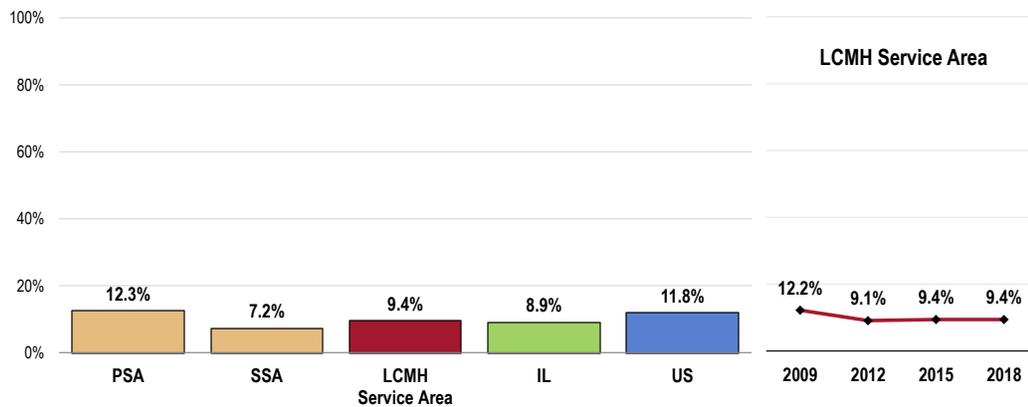
Adults

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 9.4% of LCMH Service Area adults currently suffer from asthma.

- Similar to the statewide and national percentages.
- Statistically similar by service area.
- **TREND:** The prevalence of adults with asthma has not changed significantly since 2009.

Adult Asthma: Current Prevalence

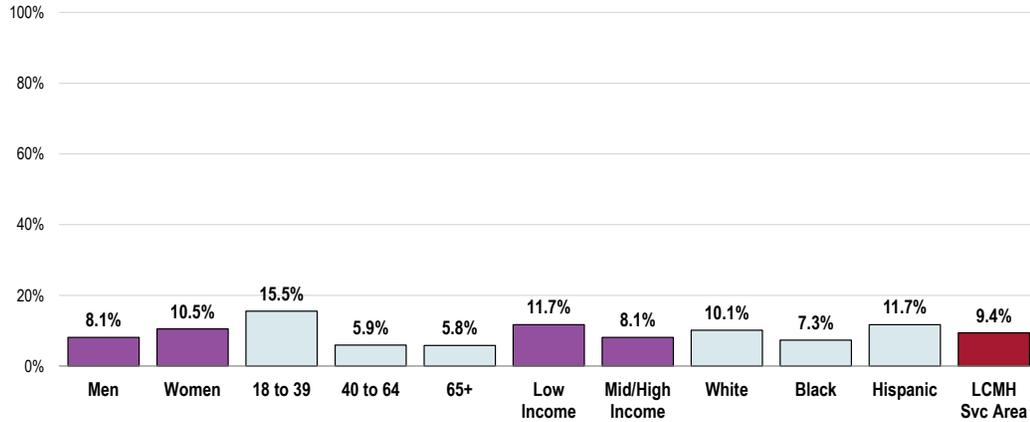


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois data.

Notes: • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

- Adults under 40 are more likely to suffer from asthma.

Currently Have Asthma (LCMH Service Area, 2018)



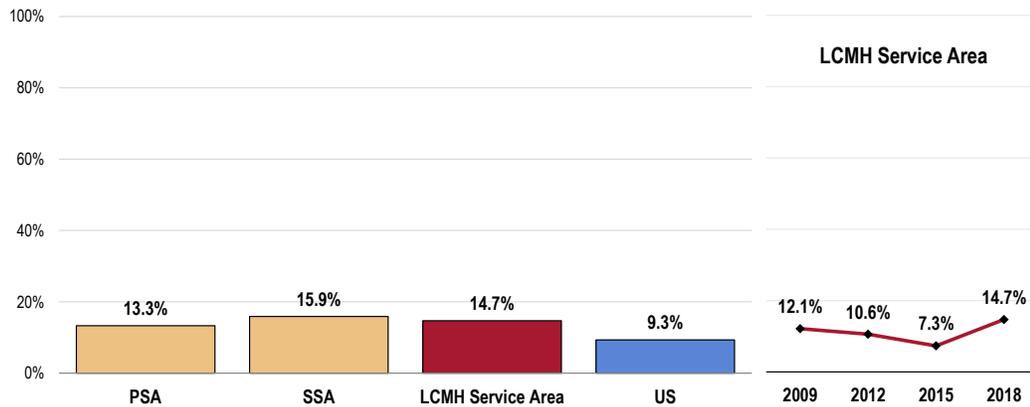
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among LCMH Service Area children under age 18, 14.7% currently have asthma.

- Statistically similar to the national figure.
- Similar by service area.
- TREND: Statistically unchanged from 2009 survey findings (but increasing significantly from 2015 survey results).

Childhood Asthma: Current Prevalence (Among Parents of Children Age 0-17)

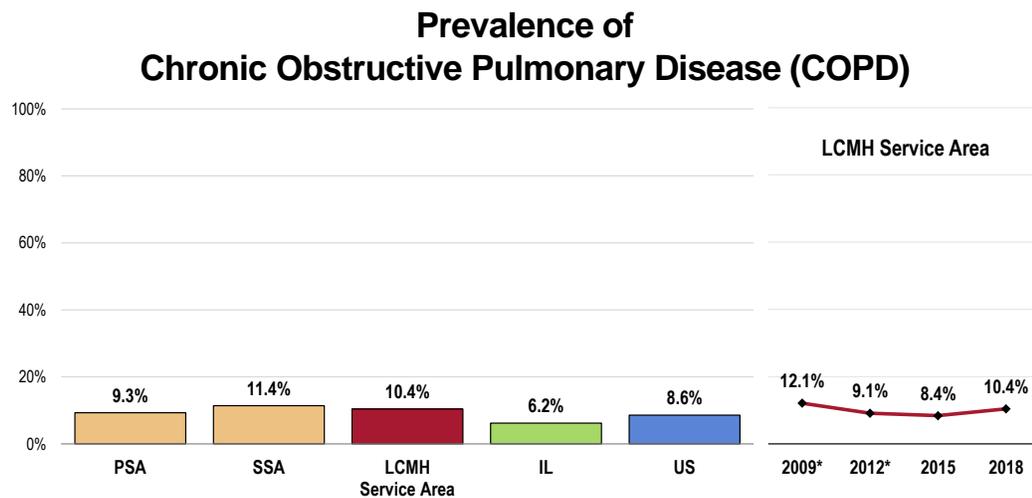


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 10.4% of LCMH Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Worse than the state prevalence.
- Similar to the US prevalence.
- Similar by service area.
- TREND: Statistically unchanged over time.
- *NOTE: In prior data, this question was asked slightly differently — respondents in 2009 and 2012 were asked if they had ever been diagnosed with “chronic lung disease, including bronchitis or emphysema,” rather than “COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema,” as is asked currently and in 2015.*



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
 - *In prior data, the term “chronic lung disease” was used, which also included bronchitis or emphysema.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a “moderate problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

People are suffering from respiratory problems. – Community Leader

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

- Healthy People 2020 (www.healthypeople.gov)

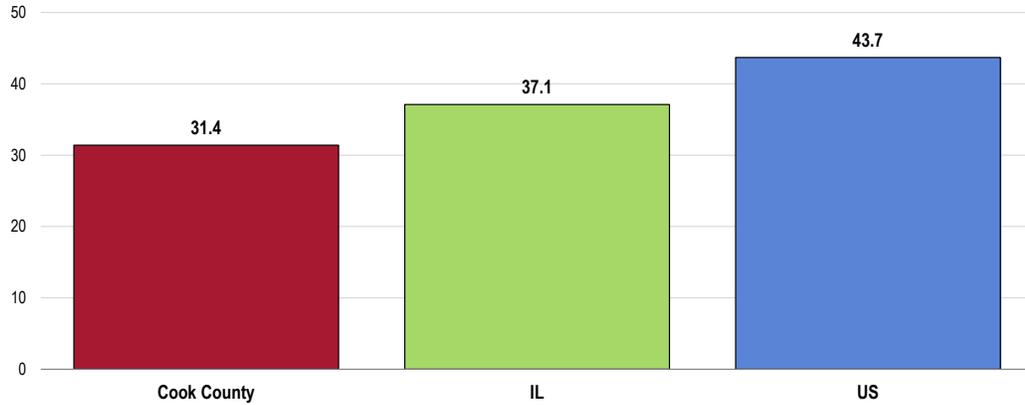
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2014 and 2016, there was an annual average age-adjusted unintentional injury mortality rate of 31.4 deaths per 100,000 population in Cook County.

- Lower than the Illinois and US rates.
- Satisfies the Healthy People 2020 target (36.4 or lower).

Unintentional Injuries: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower



Sources:

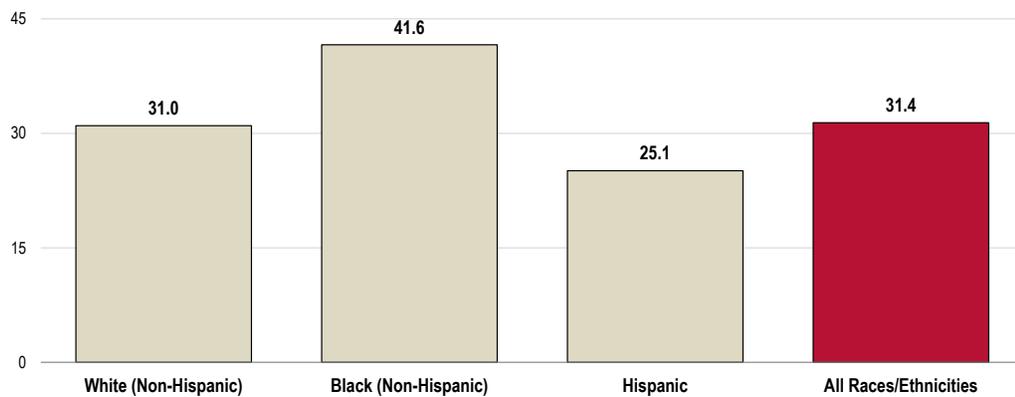
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The mortality rate is notably higher among Blacks when compared with Whites and Hispanics in Cook County.

Unintentional Injuries: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population; Cook County) Healthy People 2020 Target = 36.4 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

Notes:

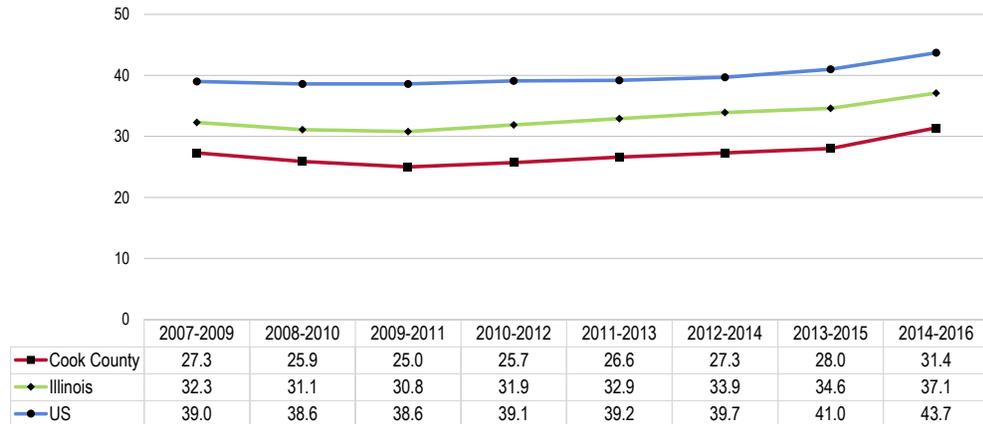
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Unintentional injury mortality appears to be increasing in recent years.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



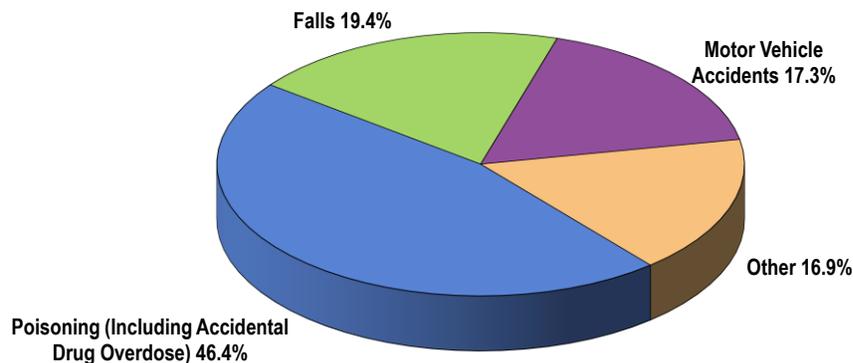
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Leading Causes of Accidental Death

Poisoning (including accidental drug overdose), falls, and motor vehicle accidents accounted for most accidental deaths in Cook County between 2014 and 2016.

Leading Causes of Accidental Death

(Cook County, 2014-2016)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

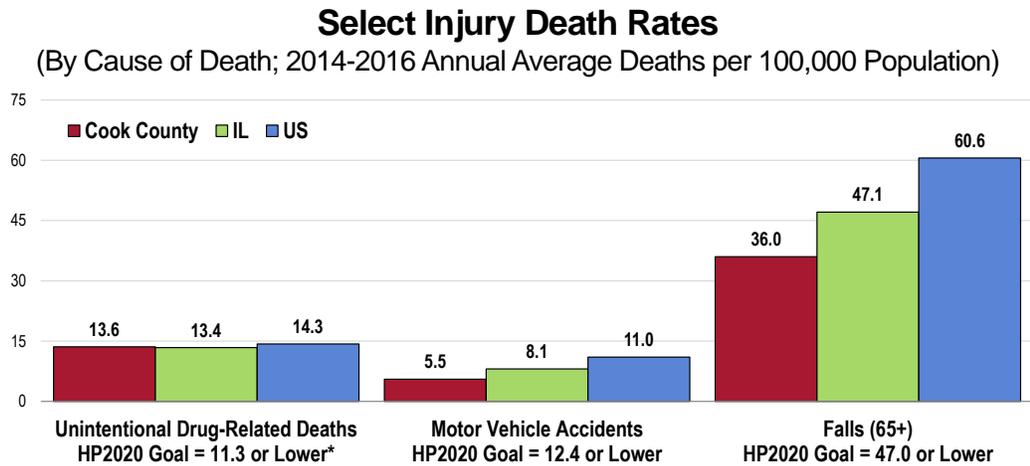
Selected Injury Deaths

The following chart outlines mortality rates for unintentional drug-related deaths, motor vehicle crashes, and falls (among adults age 65 and older).

These Cook County annual average age-adjusted mortality rates are similar to Illinois and US rates:

- Motor vehicle accidents.
- Drug-related deaths.

The Cook County fall-related death rate (among seniors) is lower than the related Illinois and US rate.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1, IVP-23.2, SA-12]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • *Healthy People 2020 goal reflects all drug-induced deaths, both intentional and unintentional.

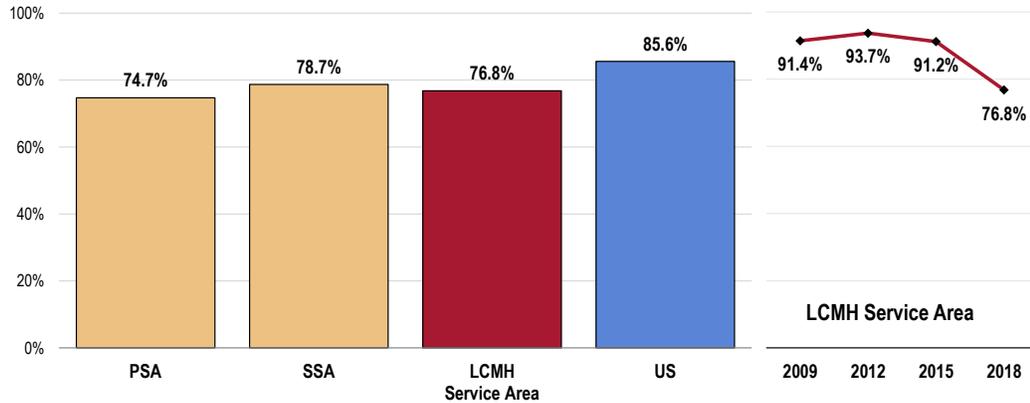
Safety Belt/Car Seat Usage in Children

A total of 76.8% of service area parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Lower than the US prevalence.
- Similar by service area.
- TREND: Denotes a statistically significant decrease since 2009.

Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Among Parents of Children Age 0-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 317]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children under 18 at home.

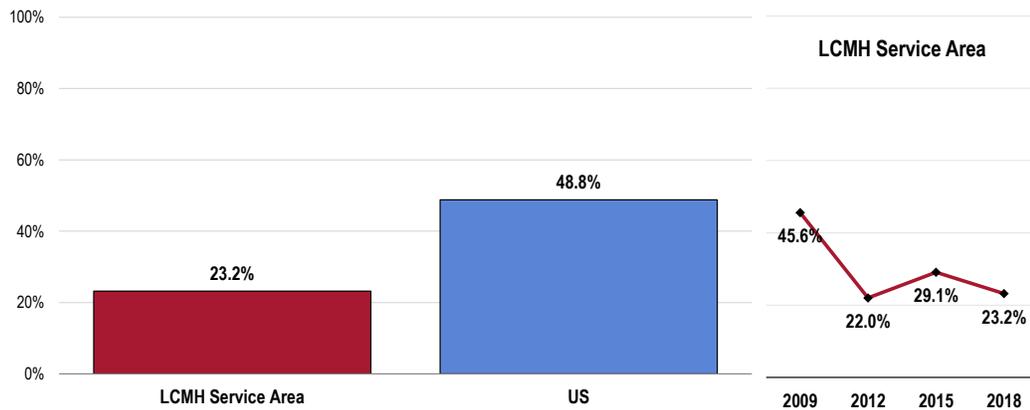
Bicycle Safety

Less than one-fourth (23.2%) of LCMH Service Area children age 5 to 17 are reported to “always” wear a helmet when riding a bicycle.

- Well below the US prevalence.
- TREND: Denotes a statistically significant decrease since 2009.

Child “Always” Wears a Helmet When Riding a Bicycle

(Among Parents of Children Age 5-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 5 to 17 at home.

Firearm Safety

Age-Adjusted Firearm-Related Deaths

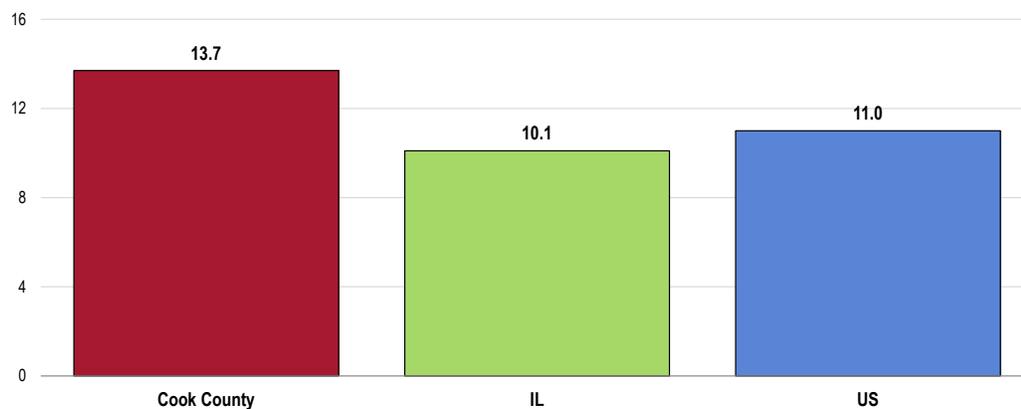
Between 2014 and 2016 in Cook County, firearms contributed to an annual average age-adjusted 13.7 deaths per 100,000 population.

- Worse than found statewide and nationally.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

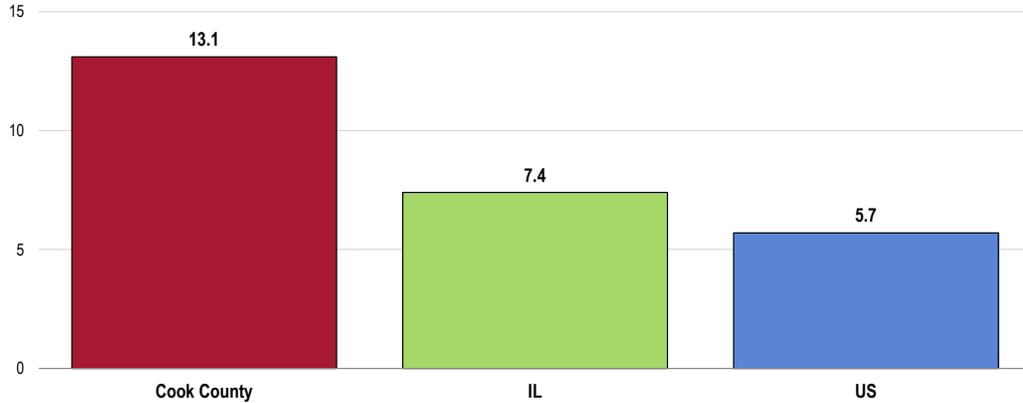
Between 2014 and 2016, Cook County reported an annual average age-adjusted homicide rate of 13.1 deaths per 100,000 population.

- Much worse than Illinois and US rates.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.

RELATED ISSUE:

See also *Mental Health: Suicide* in the **General Health Status** section of this report.

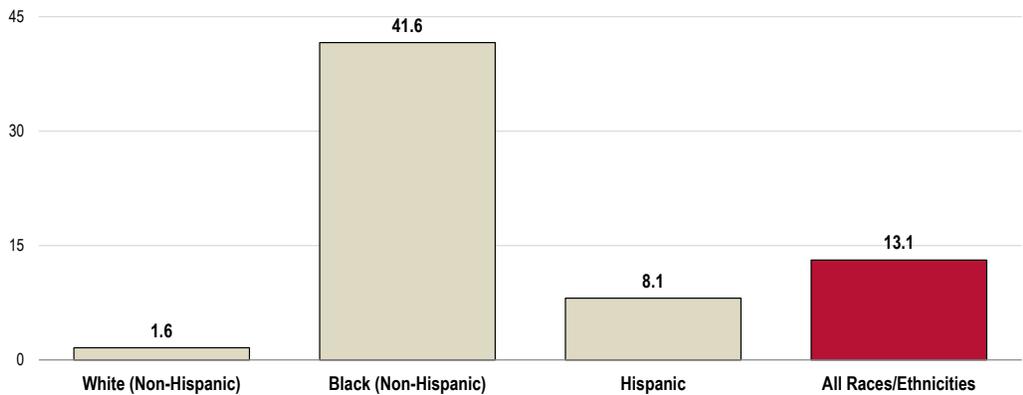
Homicide: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 5.5 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The homicide rate is dramatically higher in the county's Black population.

Homicide: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population; Cook County) Healthy People 2020 Target = 5.5 or Lower



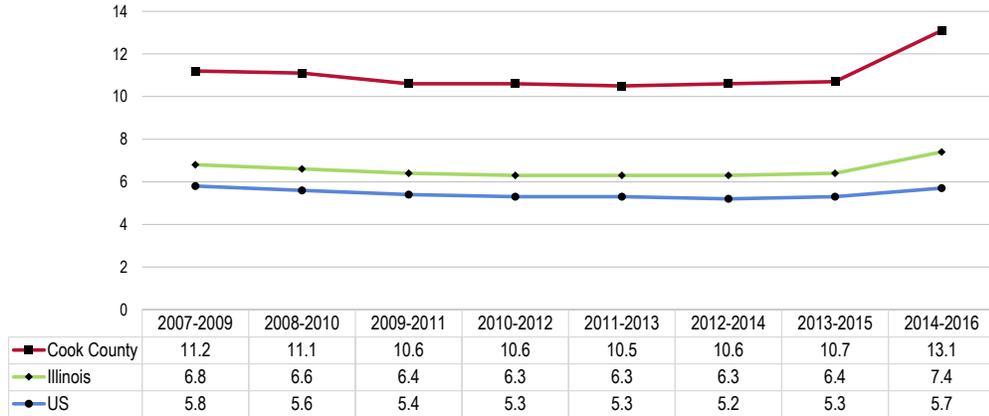
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Though similar to the baseline rate, note the recent uptick in Cook County homicides.

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Violent Crime

Violent Crime Rates

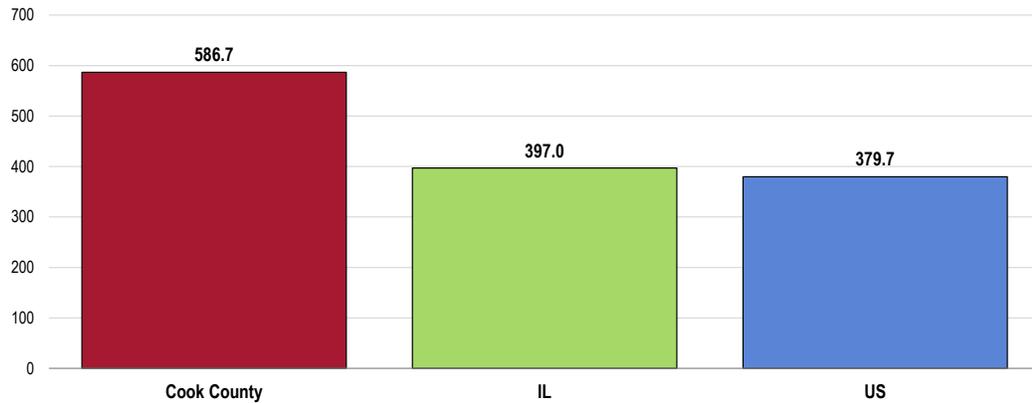
Between 2012 and 2014, Cook County reported 586.7 violent crimes per 100,000 population.

- Well above the state and US crime rates.

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Violent Crime (Rate per 100,000 Population, 2012-2014)



Sources:

- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved September 2018 from Community Commons at <http://www.chna.org>.

Notes:

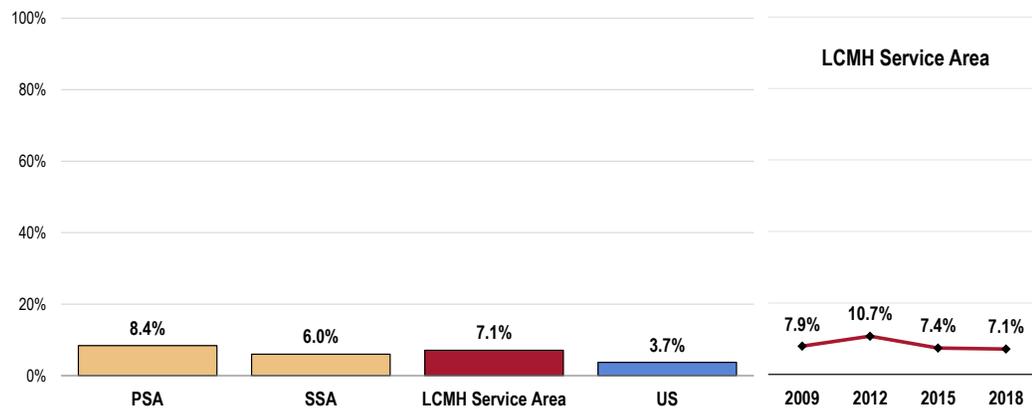
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Community Violence

A total of 7.1% of surveyed LCMH Service Area adults acknowledge being the victim of a violent crime in the area in the past five years.

- Worse than the national prevalence.
- Similar findings by service area.
- TREND: Statistically unchanged over time.

Victim of a Violent Crime in the Past Five Years



Sources:

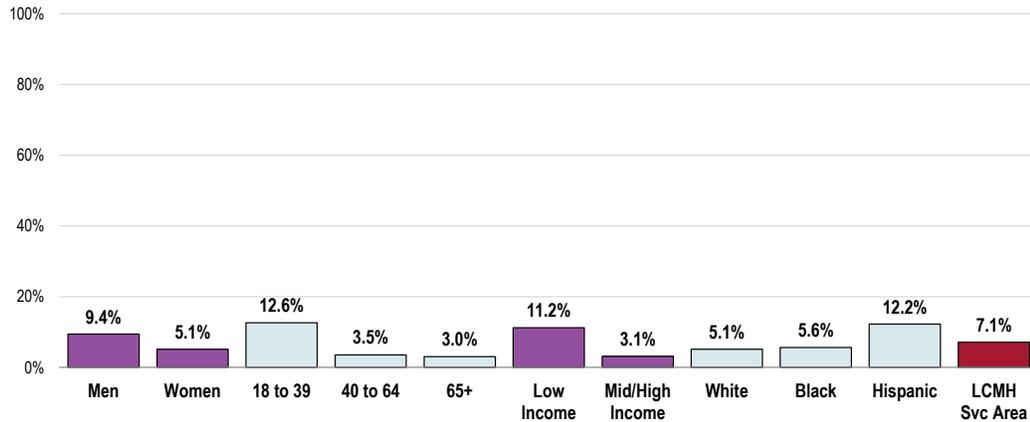
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

- Reports of violence are notably higher among men, adults under 40, residents living in the lower income category, and Hispanics.

Victim of a Violent Crime in the Past Five Years (LCMH Service Area, 2018)

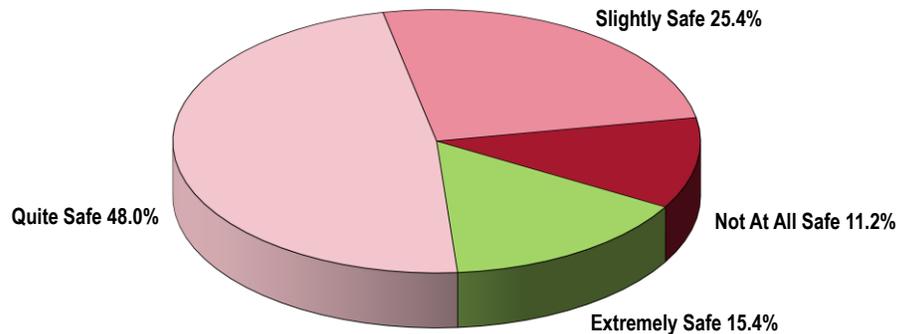


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Perceived Neighborhood Safety

While most service area adults consider their own neighborhoods to be "extremely safe" or "quite safe," 25.4% consider it only "slightly safe" and 11.2% say their neighborhood is "not at all safe."

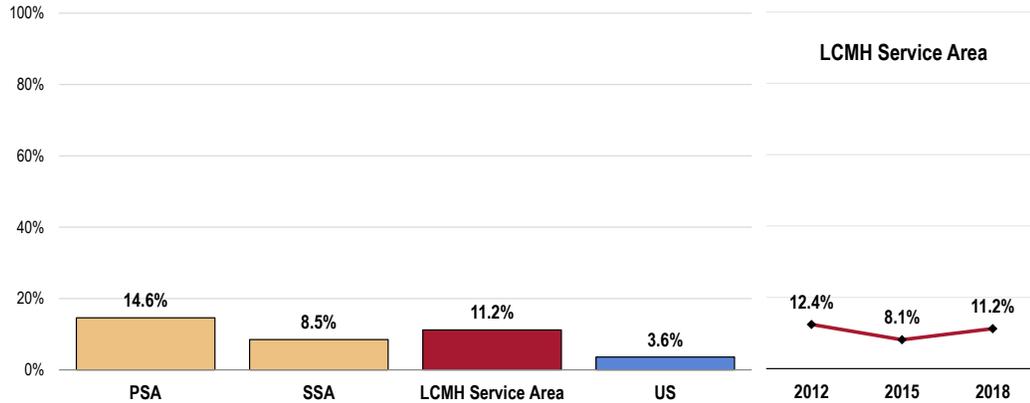
Perception of Neighborhood's Safety from Crime (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]
 Notes: • Asked of all respondents.

- Compared with the US prevalence, local adults are much more likely to consider their neighborhood to be “not at all” safe.
- The prevalence is statistically similar by service area.

Perceive Neighborhood to be “Not At All Safe” from Crime

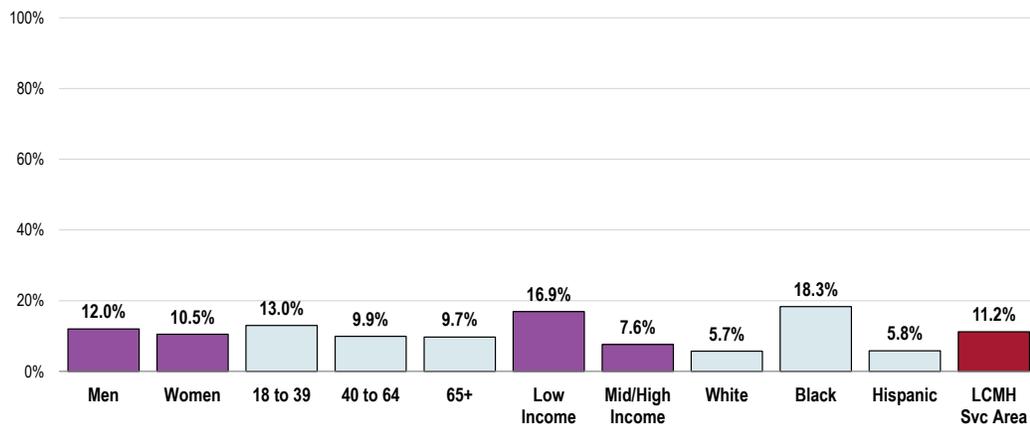


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Reports of unsafe neighborhoods are notably higher among these residents:

- Lower income.
- Blacks.

Perceive Neighborhood to be “Not At All Safe” from Crime (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Family Violence

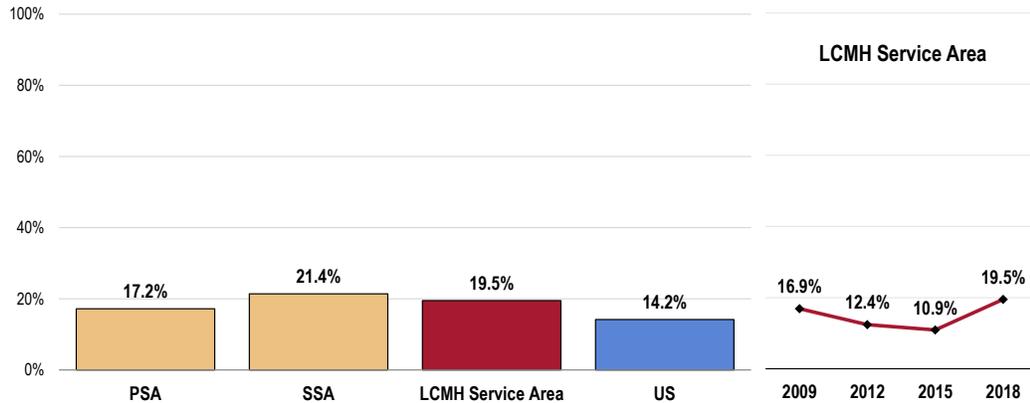
A total of 19.5% of LCMH Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

Respondents were read:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

- Worse than national findings.
- Statistically similar by service area.
- **TREND:** Statistically similar to the 2009 survey findings (but increasing significantly from 2012 and 2015 results).

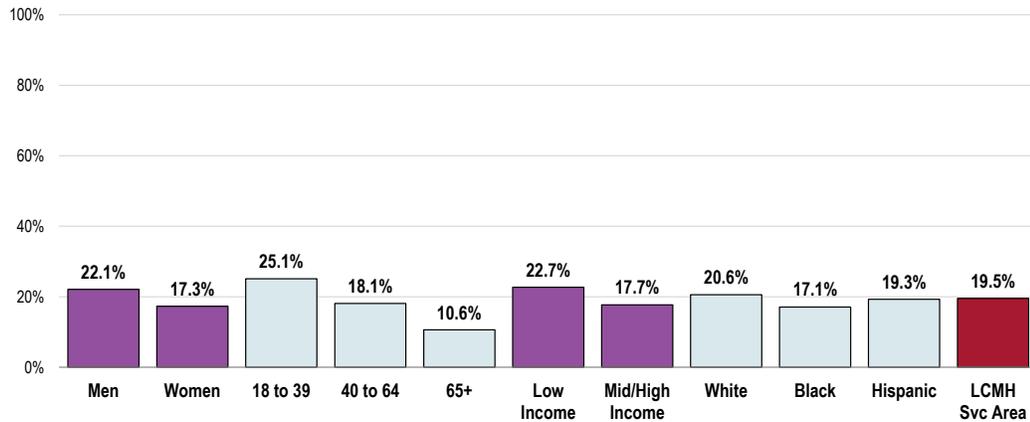
Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Note the correlation between age and domestic violence in the service area.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (LCMH Service Area, 2018)



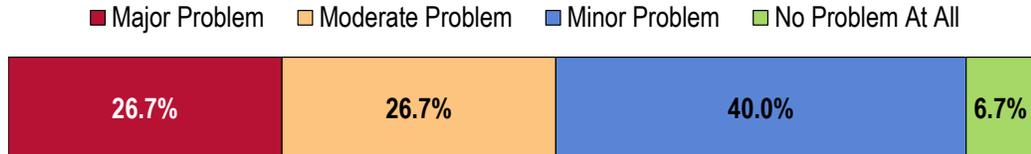
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a “minor problem” in the community.

Perceptions of Injury and Violence as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

Statistically one in four women and one in seven men are abused on a daily basis. – Social Services Representative

Not necessarily in my neighborhood but within five miles of my home there is significant violence. Shooting and robberies. People are confined to their homes in the evenings in these areas just to avoid being caught in the crossfire. Even then they are still killed sometimes in their own homes. – Social Services Representative

People are dying. – Community Leader

Gun Violence

Chicago leads the national trend in gun violence and weapon-related injury. Being located on the margins of a blue collar community and a predominantly low-income, poverty-stricken community to the east, our ED sees its share of violence and injury cases. The cases we cannot treat are sent to the next closest trauma center at Advocate Christ Medical Center. – Community Leader

Education/Awareness

My focus is on domestic violence victims not being able to access healthcare services because they are not aware of where they can go or they are not being allowed to access it by their abuser. – Social Services Representative

Gang Violence

Gang violence, rising rates of drug abuse. – Physician

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

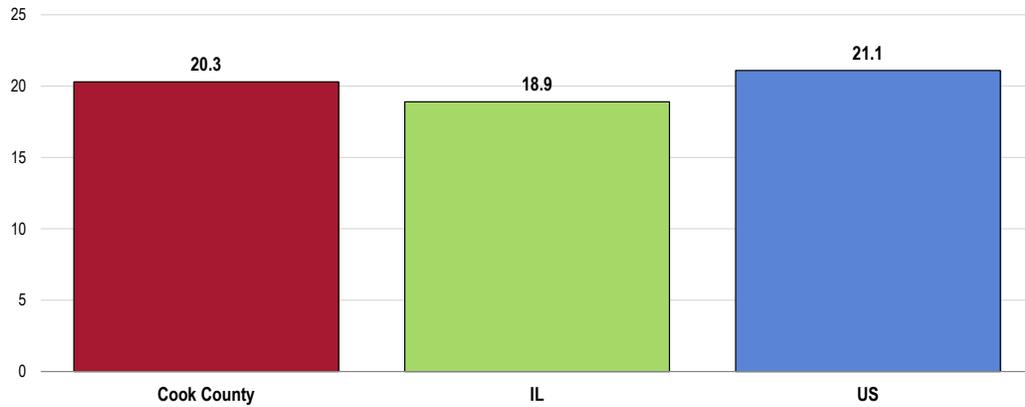
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2014 and 2016, there was an annual average age-adjusted diabetes mortality rate of 20.3 deaths per 100,000 population in Cook County.

- Comparable to that found statewide or nationally.
- Comparable to the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).

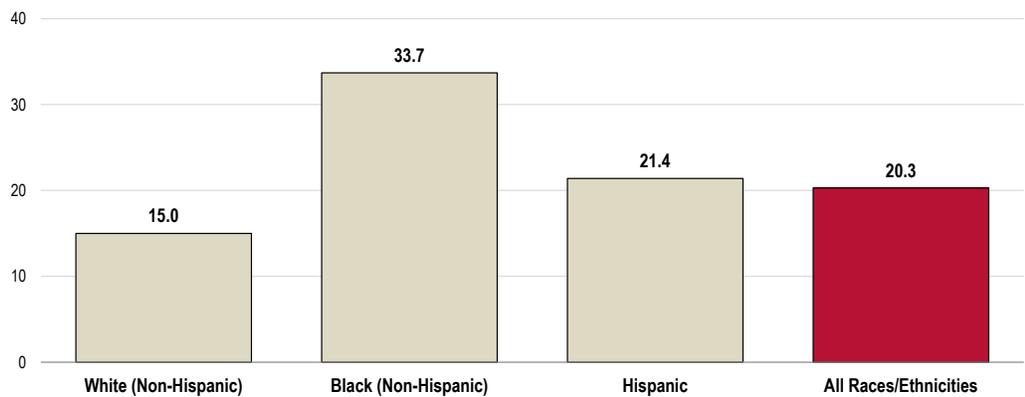
Diabetes: Age-Adjusted Mortality
 (2014-2016 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- The Cook County diabetes mortality rate is notably higher among Blacks than among Whites and Hispanics.

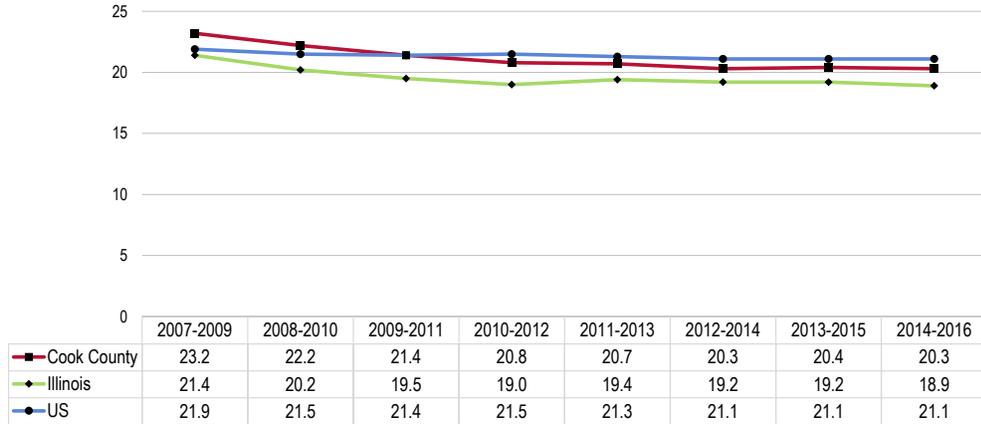
Diabetes: Age-Adjusted Mortality by Race
 (2014-2016 Annual Average Deaths per 100,000 Population; Cook County)
 Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- **TREND:** The decreasing trend in Cook County diabetes mortality, which echoes the state trend, is not statistically significant.

Diabetes: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

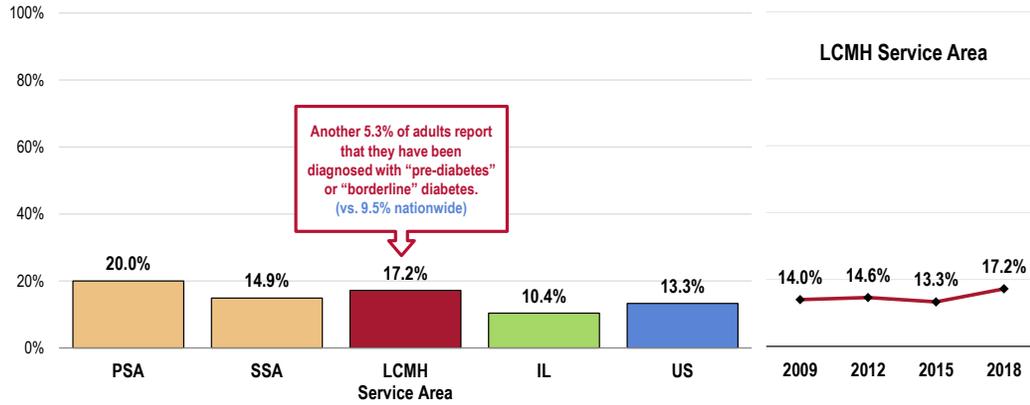
A total of 17.2% of LCMH Service Area adults report having been diagnosed with diabetes.

- Worse than the statewide proportion.
- Similar to the national proportion.
- Similar findings by service area.
- **TREND:** Statistically unchanged since 2009.

In addition to the prevalence of diagnosed diabetes referenced above, another 5.3% of LCMH Service Area adults report that they have “pre-diabetes” or “borderline diabetes.”

- Below the US prevalence.
- Similar findings by area (not shown).

Prevalence of Diabetes



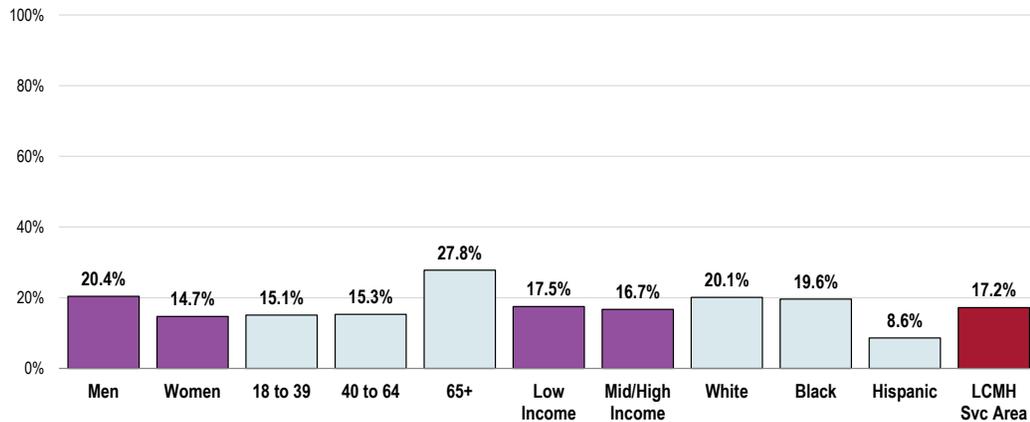
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Older adults (note the 27.8% of seniors diagnosed with diabetes)
- Whites.
- Blacks.

Prevalence of Diabetes (LCMH Service Area, 2018)



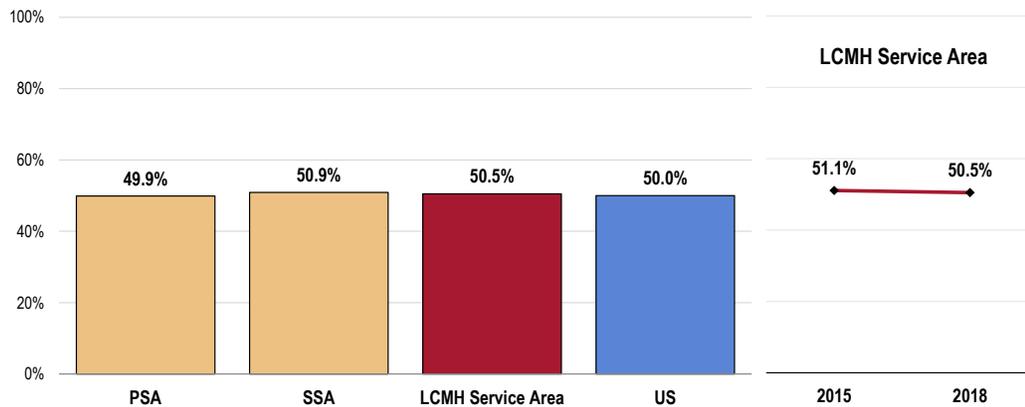
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Excludes gestational diabetes (occurring only during pregnancy).

Diabetes Testing

Of area adults who have not been diagnosed with diabetes, 50.5% report having had their blood sugar level tested within the past three years.

- Similar to the national proportion.
- Statistically similar by service area.
- TREND: Statistically unchanged since 2015.

Have Had Blood Sugar Tested in the Past Three Years (Among Nondiabetics)



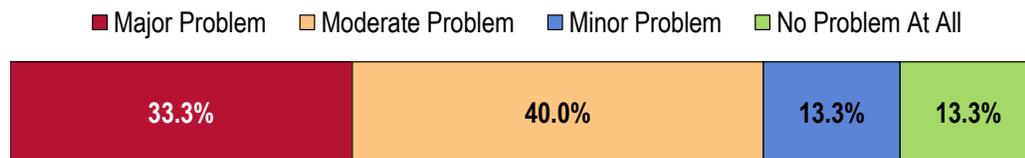
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

A high percentage of key informants taking part in an online survey characterized *Diabetes* as a “moderate problem” in the community.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Disease Management

Challenges for diabetics in our community would be treatment, insulin adherence, information about healthy choices and lifestyles, consistent access to wound care. – Community Leader

Maintaining blood sugar levels. – Community Leader

Education/Awareness

In this area it is a challenge to provide diabetes education and assist people to change unhealthy lifestyles. People in this community find it challenging to afford what is required to properly treat their diabetes. – Physician

Nutrition

They lack self-control over what they eat. Then when they contract diabetes they are usually are so much over weight and have such low energy levels they just give a halfhearted attempt at cutting back on consumption and sticking to an exercise regime. – Social Services Representative

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

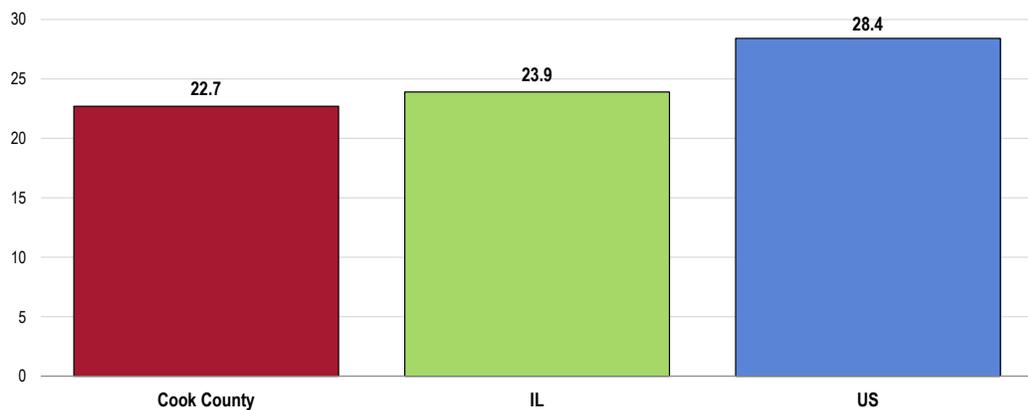
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted Alzheimer's disease mortality rate of 22.7 deaths per 100,000 population in Cook County.

- Comparable to the statewide rate.
- Lower than the national rate.

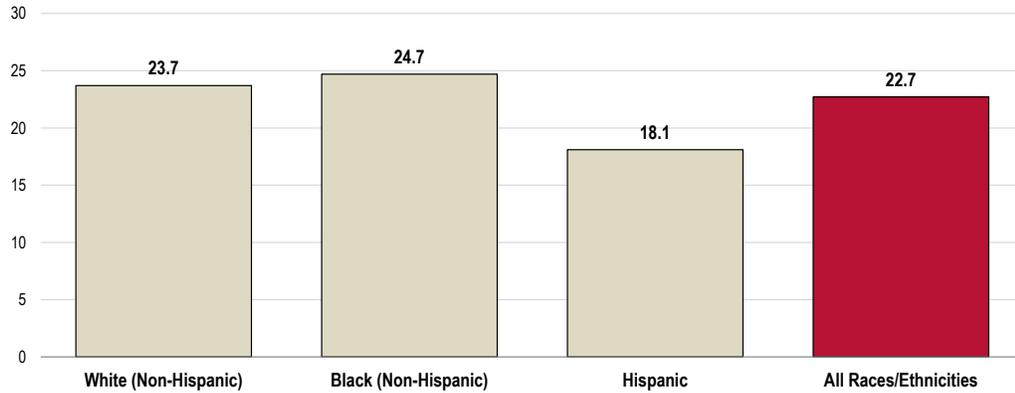
Alzheimer's Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The Alzheimer's disease mortality rate is lower among Cook County Hispanics.

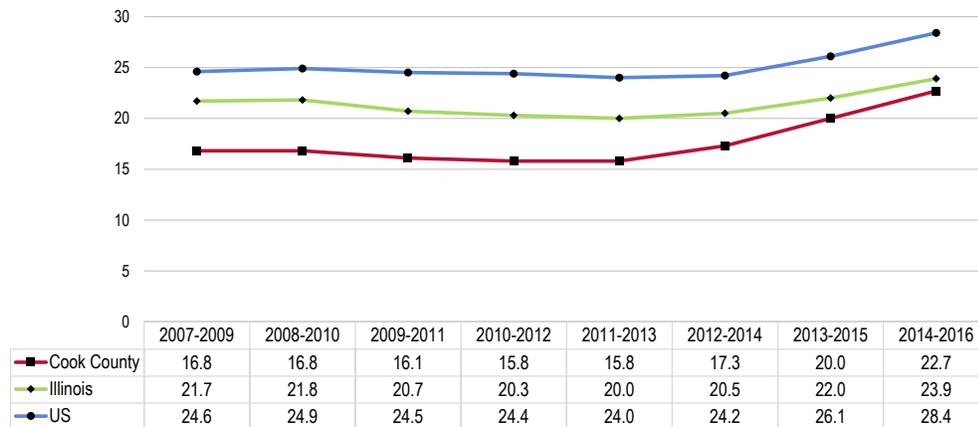
Alzheimer's Disease: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population; Cook County)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Alzheimer's mortality has increased in recent years, echoing the state and national trends.

Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Dementias, Including Alzheimer's Disease

Two in three key informants taking part in an online survey consider *Dementias, Including Alzheimer's Disease* to be a “moderate problem” in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

Every week we hear about someone's parent or relative who has been newly diagnosed and/or going into a facility for care. Additionally, given the aging demographic of our community, age-related diseases are typically higher in these types of communities. – Community Leader

It affects so many people and their families. – Community Leader

Access to Care/Services

The wait to see a quality neurologist is not acceptable. – Physician

Kidney Disease

About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

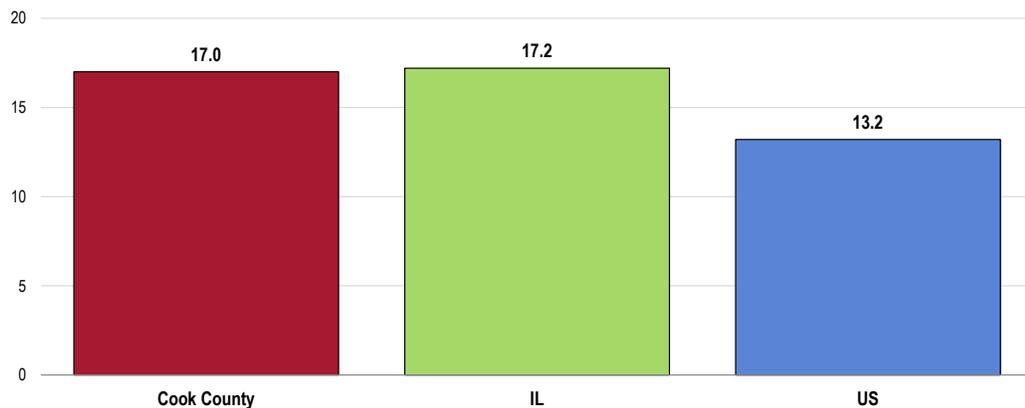
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted kidney disease mortality rate of 17.0 deaths per 100,000 population in Cook County.

- Similar to the rate found statewide.
- Higher than the national rate.

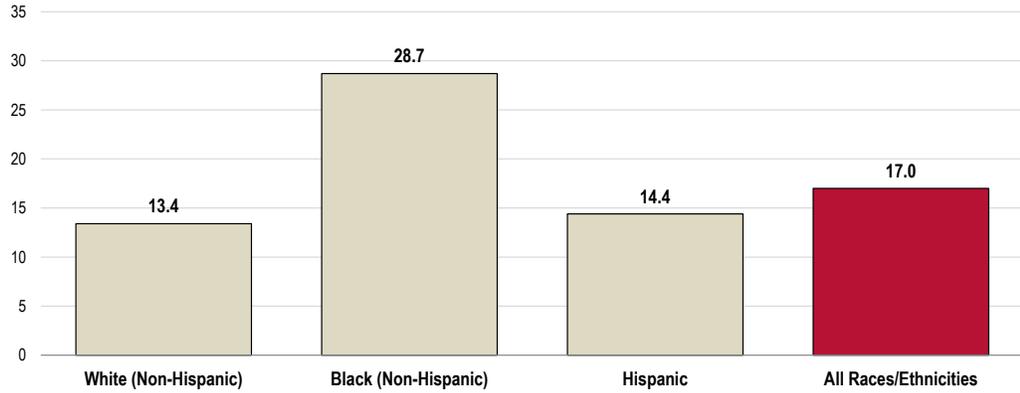
Kidney Disease: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The kidney disease mortality rate in Cook County is much higher in the Black population.

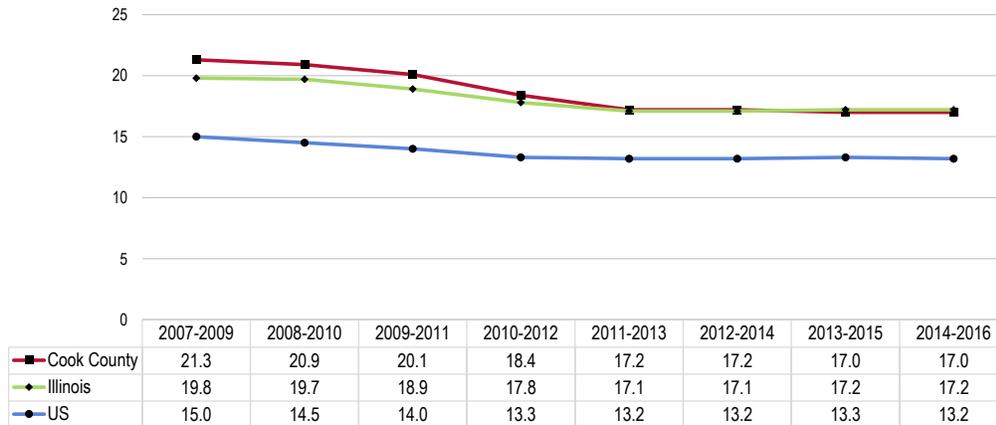
Kidney Disease: Age-Adjusted Mortality by Race
(2014-2016 Annual Average Deaths per 100,000 Population; Cook County)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The county death rate has decreased over the past decade.

Kidney Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



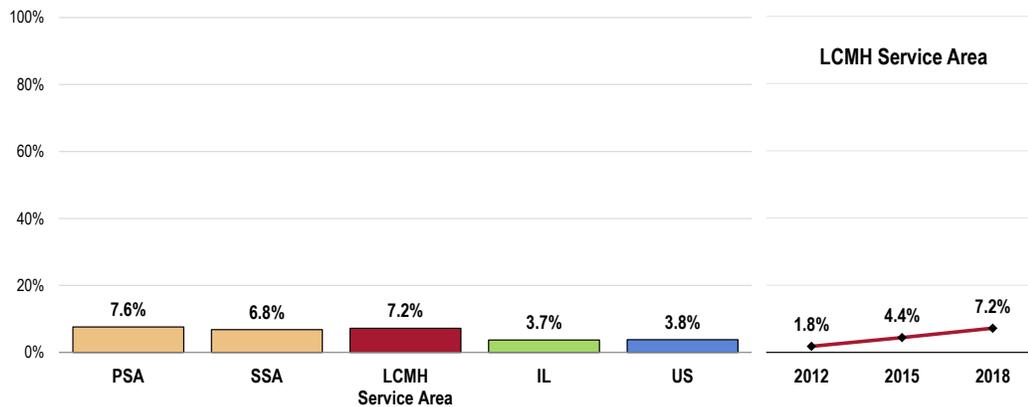
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 7.2% of LCMH Service Area adults report having been diagnosed with kidney disease.

- Well above the state and national proportions.
- Statistically similar by service area.
- TREND: Denotes a statistically significant increase since 2012.

Prevalence of Kidney Disease

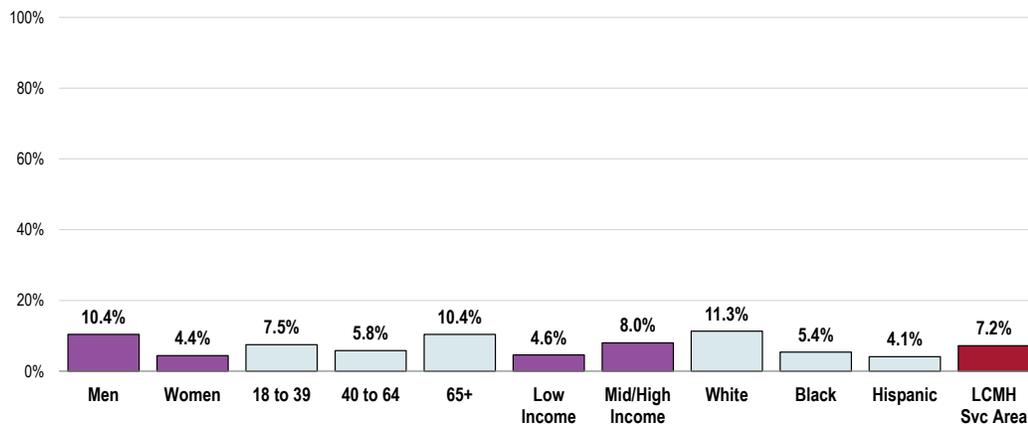


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- A higher prevalence of kidney disease is reported among male respondents and Whites in the LCMH Service Area.

Prevalence of Kidney Disease (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a “minor problem” in the community.

Perceptions of Kidney Disease as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

High prevalence. – Physician

It affects so many people. – Community Leader

Potentially Disabling Conditions

Arthritis, Osteoporosis, & Chronic Back Conditions

About Arthritis, Osteoporosis, & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

A total of 46.3% of LCMH Service Area adults age 50 and older report suffering from arthritis or rheumatism.

- Comparable to that found nationwide.
- Comparable findings by service area.

A total of 11.1% LCMH Service Area adults age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- No difference in prevalence by service area.

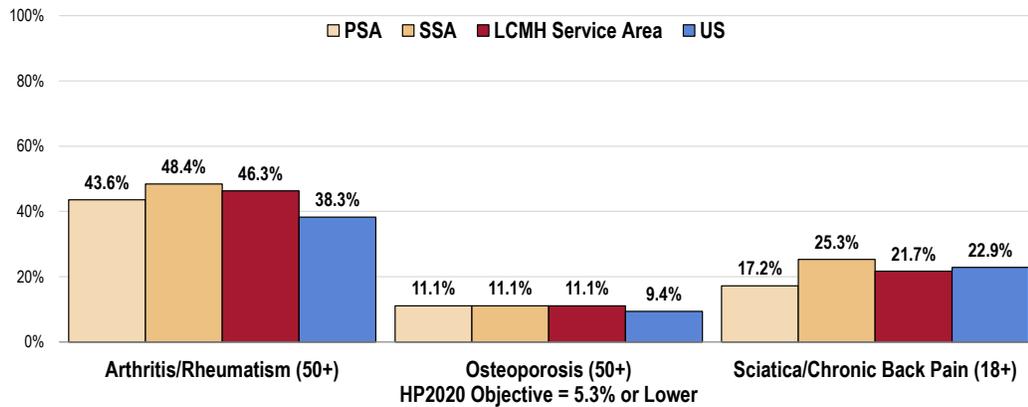
RELATED ISSUE:

See also *Overall Health Status: Activity Limitations* in the **General Health Status** section of this report.

A total of 21.7% of LCMH Service Area adults (18 and older) suffer from chronic back pain or sciatica.

- Comparable to that found nationwide.
- Unfavorably high in the Secondary Service Area.

Prevalence of Potentially Disabling Conditions



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 26, 141-142]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]

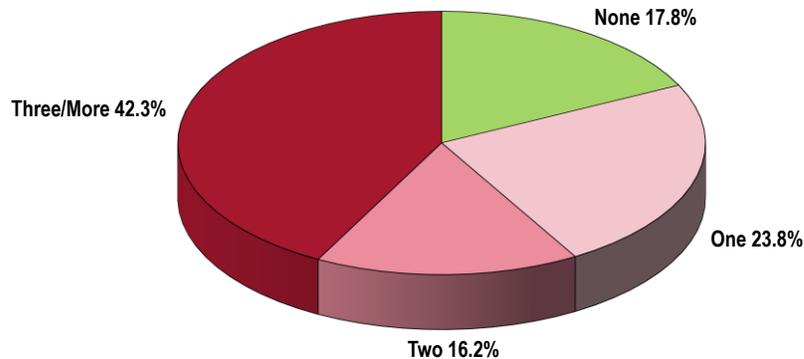
Notes: • The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Multiple Chronic Conditions

Among survey respondents, most report currently having at least one chronic health condition, including 23.8% with one condition, 16.2% with two conditions, and 42.3% with three or more chronic conditions.

For the purposes of this assessment, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression. Multiple chronic conditions are concurrent conditions.

Number of Current Chronic Conditions (LCMH Service Area, 2018)

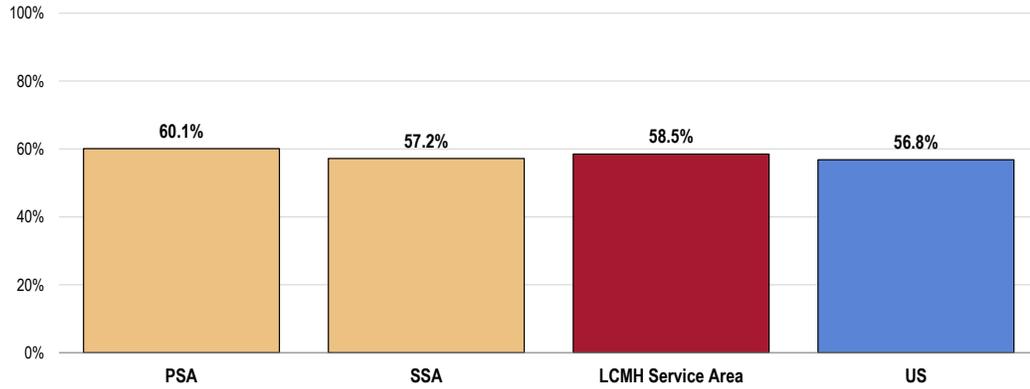


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]

Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

- The prevalence of multiple chronic conditions among LCMH Service Area residents (58.5%) is similar to the US prevalence.
- Similar findings by service area.

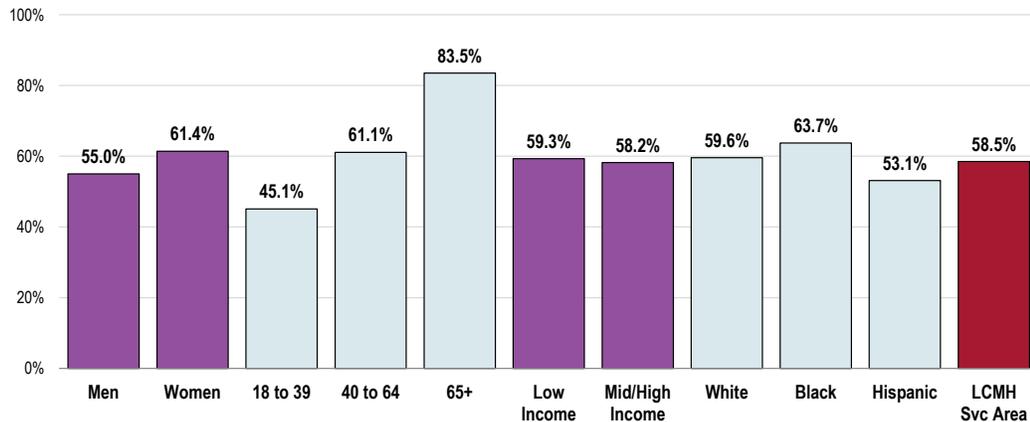
Currently Suffer From Multiple Chronic Conditions



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

- Note the correlation between age and the prevalence of multiple chronic conditions in the service area.

Currently Suffer From Multiple Chronic Conditions (LCMH Service Area, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

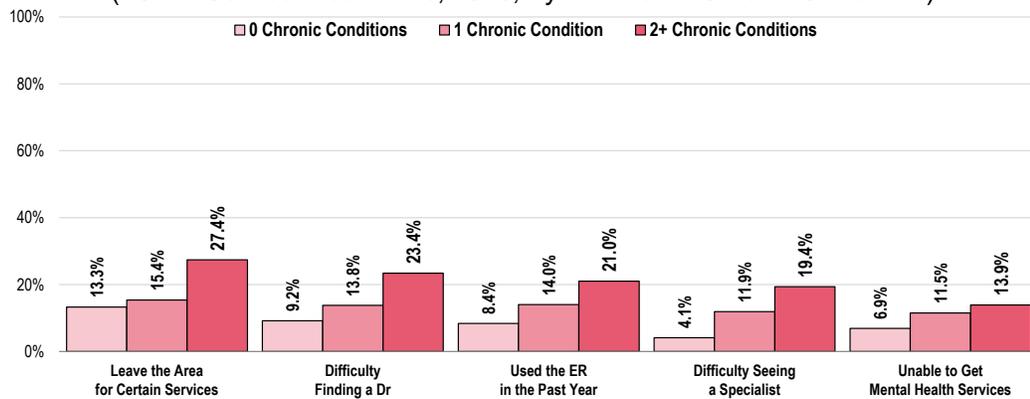
Chronic Conditions & Healthcare Access

Adults with chronic conditions often go without needed medical care or prescription drugs due to cost, and uninsured adults with common chronic conditions suffer serious, identifiable gaps in needed medical care.

Note these correlations between the number of chronic conditions among LCMH Service Area adults and various barriers to healthcare access:

- Leaving the local area for services
- Difficulty finding a physician
- Using the emergency room
- Difficulty seeing a specialist
- Difficulty accessing mental health services

Chronic Conditions and Healthcare Access
(LCMH Service Area Adults, 2018; By Number of Chronic Conditions)



Sources:

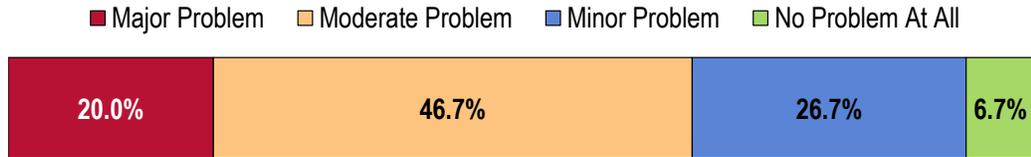
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7, 22, 105, 143, 302, 303]
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

A plurality of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a “moderate problem” in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2018)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Aging Population

My congregation is an aging community. Many have experienced reduced mobility and chronic pain due to arthritis, osteoporosis and back conditions. Many have had joint replacements; others have avoided the surgery for financial and other medical reasons. Others have not been helped by surgery.
– Social Services Representative

Aging population, people living longer. They do not always seek medical attention until the condition has progressed. – Physician

Access to Care/Services

There are not enough quality rheumatologists nor back surgeons who can see patients in a timely fashion. – Physician

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

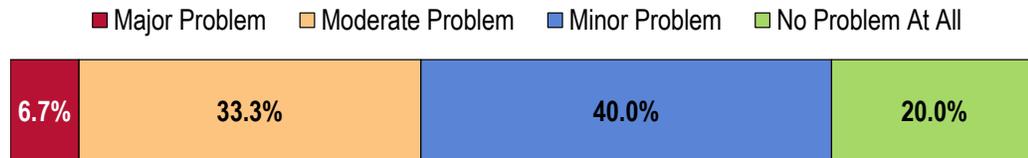
- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Vision & Hearing

Key informants taking part in an online survey most often characterized *Vision & Hearing* as a “minor problem” in the community.

Perceptions of Vision and Hearing as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Affordable Care/Services

I know a number of seniors who are hard of hearing and yet do not seek assistance from a hearing aid due to cost and perceived effectiveness. This has taken a toll on communication, relationships, and community building. – Social Services Representative

Infectious Disease



Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccination

Among LCMH Service Area seniors, 67.1% received a flu shot within the past year.

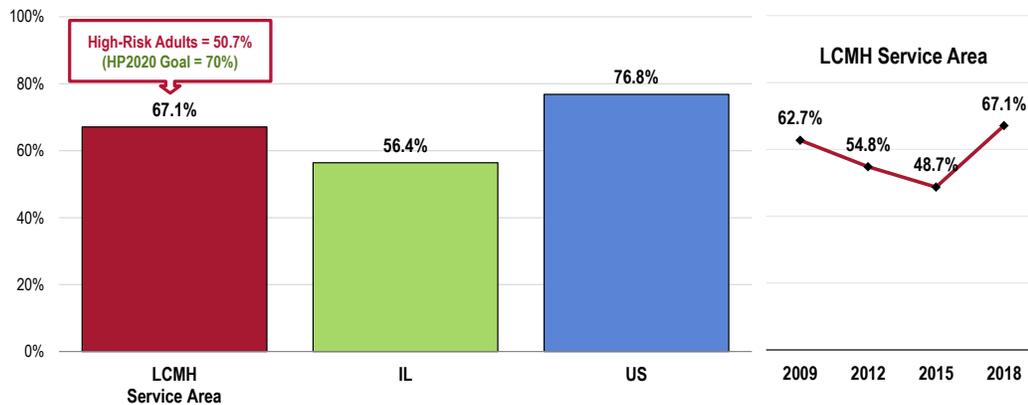
- Higher than the Illinois finding.
- Similar to the national finding.
- Similar to the Healthy People 2020 target (70% or higher).
- TREND: Statistically unchanged since 2009 (but increasing significantly from 2012 and 2015 findings).

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes, or respiratory disease.

A total of 50.7% of high-risk adults age 18 to 64 received a flu shot within the past year.

Older Adults: Have Had a Flu Vaccination in the Past Year (Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144-145]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Illinois data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects respondents 65 and older.
 - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes, or respiratory disease.

Pneumonia Vaccination

Among LCMH Service Area adults age 65 and older, 69.7% have received a pneumonia vaccination at some point in their lives.

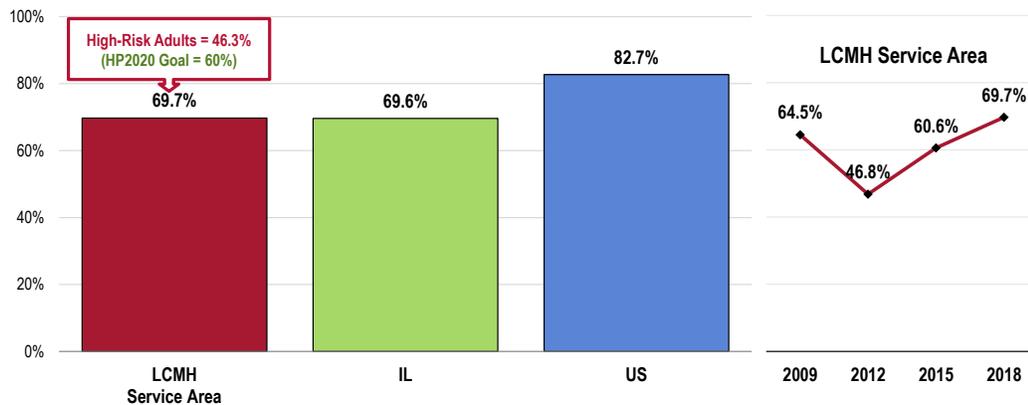
- Nearly identical to the Illinois finding.
- Lower than the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- TREND: Statistically unchanged since 2009 (but increasing significantly from 2012 and 2015 findings).

A total of 46.3% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 146-147]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Illinois data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives IID-13.1, IID-13.2]
- Notes:
- Reflects respondents 65 and older.
 - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About Human Immunodeficiency Virus (HIV)

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

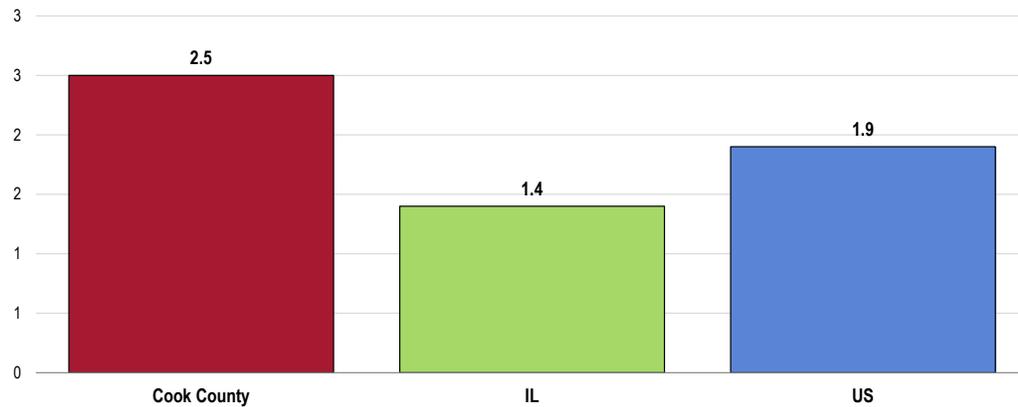
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

Between 2014 and 2016, there was an annual average age-adjusted HIV/AIDS mortality rate of 2.5 deaths per 100,000 population in Cook County.

- Higher than found statewide and nationally.
- Satisfies the Healthy People 2020 target (3.3 or lower).

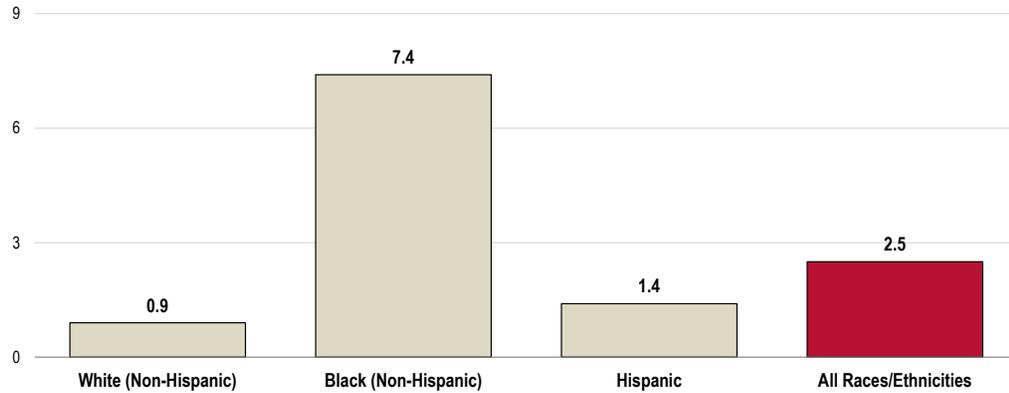
HIV/AIDS: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 3.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The Cook County HIV mortality rate is dramatically higher in the Black population when compared with Whites and Hispanics.

HIV/AIDS: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population; Cook County) Healthy People 2020 Target = 3.3 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]

Notes:

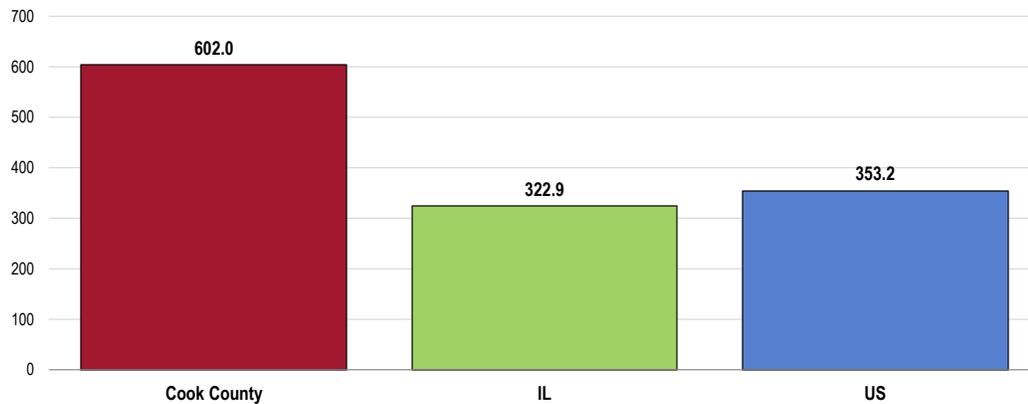
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

HIV Prevalence

In 2013, the county reported a prevalence of 602.0 HIV cases per 100,000 population.

- Much higher than the Illinois and US rates.

HIV Prevalence (Prevalence Rate of HIV per 100,000 Population, 2013)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved September 2018 from Community Commons at <http://www.chna.org>.

Notes:

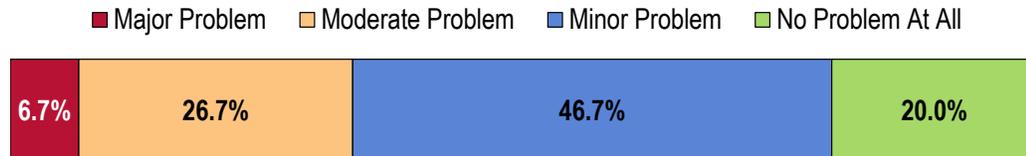
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Key Informant Input: HIV/AIDS

Key informants taking part in an online survey most often characterized *HIV/AIDS* as a “minor problem” in the community.

Perceptions of HIV/AIDS as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Note this comment from a respondent rating this issue as a “major problem”:

Prevalence/Incidence

People can die from AIDS. – Community Leader

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

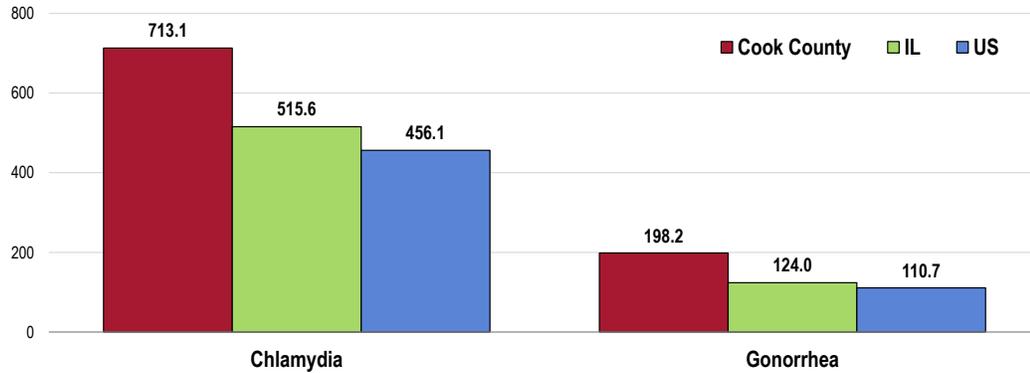
In 2014, the Cook County chlamydia incidence rate was 713.1 cases per 100,000 population.

- Notably higher than the Illinois and US incidence rates.

The Cook County gonorrhea incidence rate in 2014 was 198.2 cases per 100,000 population.

- Higher than the state and US rates.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2014)

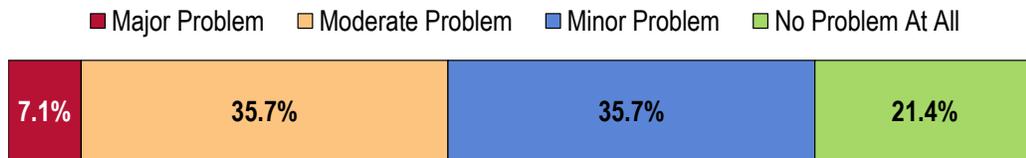


Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 • Retrieved September 2018 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

Key informants taking part in an online survey were equally likely to characterize *Sexually Transmitted Diseases* as a “moderate problem” or a “minor problem” in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among one respondent rating this issue as a “major problem,” the reason related to the following:

Domestic/Family Violence

Many domestic violence victims are being sexually abused and forced to have unprotected sex with their abusers, who are already infected with an STD or HIV in general. – Social Services Representative

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Two in three key informants taking part in an online survey most often characterized *Immunization & Infectious Diseases* as a “minor problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Births



Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Early and continuous prenatal care is the best assurance of infant health.

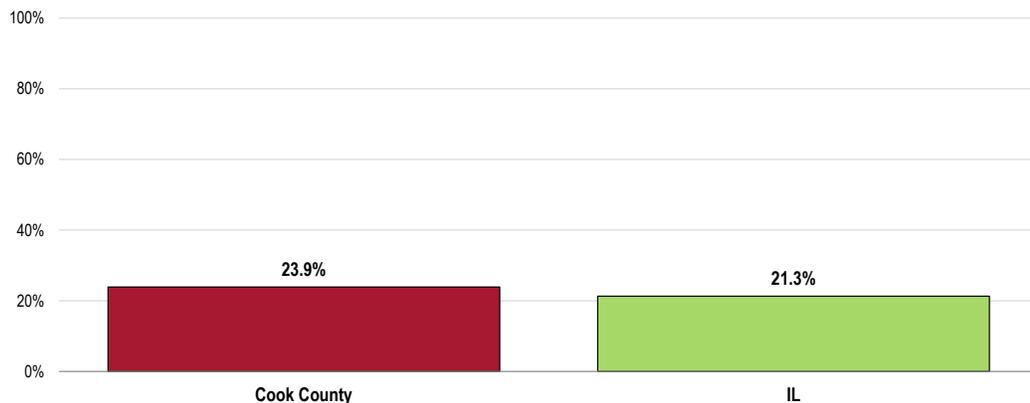
Between 2014 and 2016, 23.9% of all Cook County births did not receive prenatal care in the first trimester of pregnancy.

- Comparable to the state proportion.
- Comparable to the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2014-2016)

Healthy People 2020 Target = 22.1% or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted October 2018.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
 Note: • This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

- TREND: Cook County lack of prenatal care has not changed significantly over the past decade.

Lack of Prenatal Care in the First Trimester (Percent of Live Births)

Healthy People 2020 Target = 22.1% or Lower



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
■ Cook County	24.8%	23.8%	22.7%	22.8%	23.9%
◆ Illinois	23.4%	23.0%	21.9%	21.4%	21.3%

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
- Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

Low-Weight Births

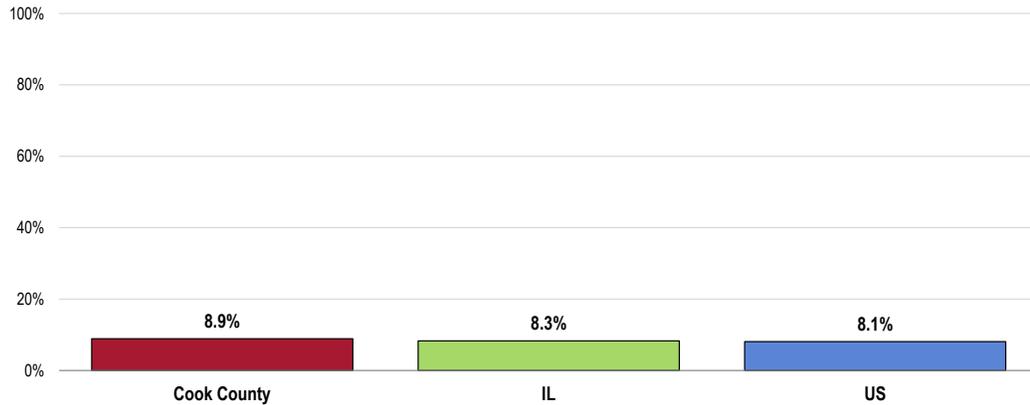
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 8.9% of 2014-2016 Cook County births were low-weight.

- Comparable to the state and national percentages.
- Comparable to the Healthy People 2020 target (7.8% or lower).

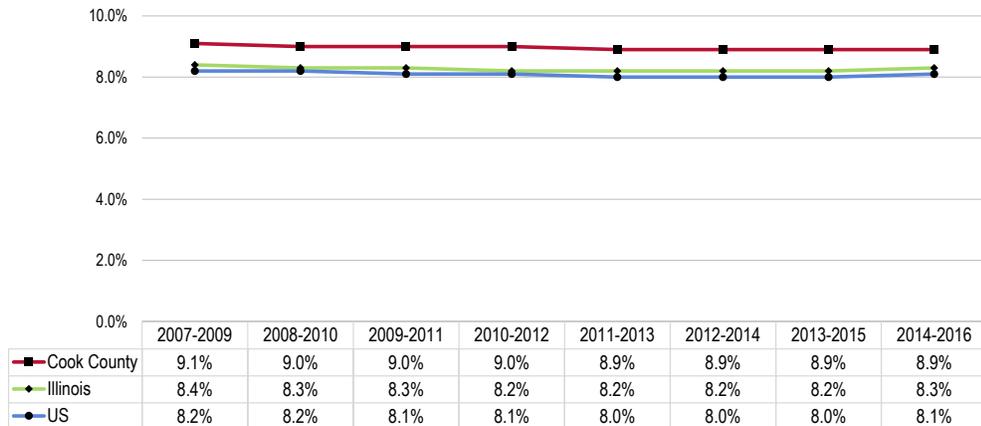
Low-Weight Births
(Percent of Live Births, 2014-2016)
Healthy People 2020 Target = 7.8% or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted October 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
 Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- **TREND:** This prevalence in Cook County has been stable over time.

Low-Weight Births
(Percent of Live Births)
Healthy People 2020 Target = 7.8% or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted October 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
 Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

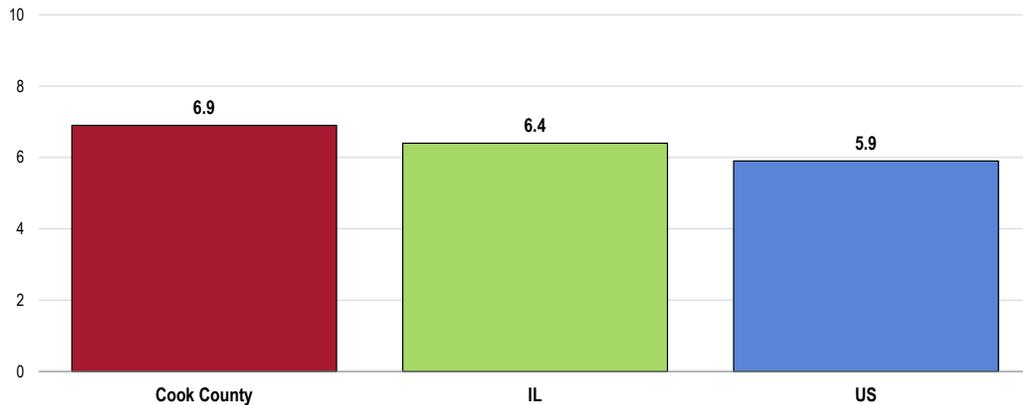
Between 2014 and 2016, there was an annual average of 6.9 infant deaths per 1,000 live births in Cook County.

- Relatively close to state and national rates.
- Comparable to the Healthy People 2020 target of 6.0 per 1,000 live births or lower.

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2014-2016)
Healthy People 2020 Target = 6.0 or Lower

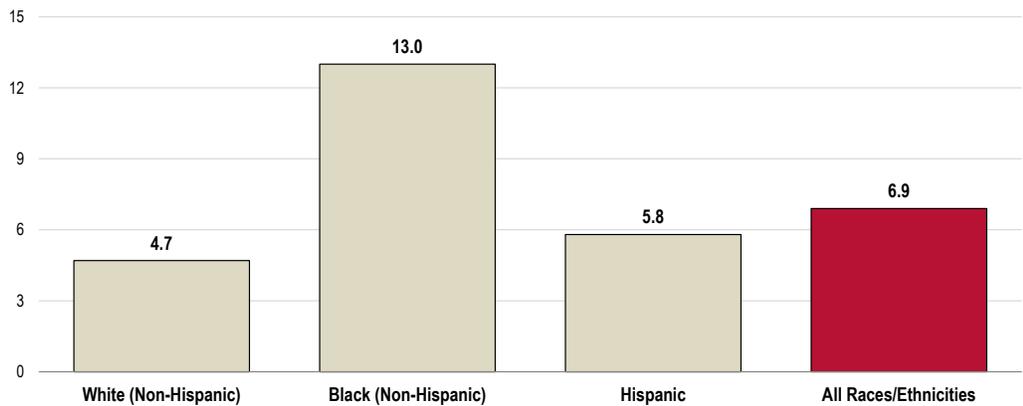


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- The infant mortality rate is notably higher among births to Black mothers.

Infant Mortality by Race/Ethnicity

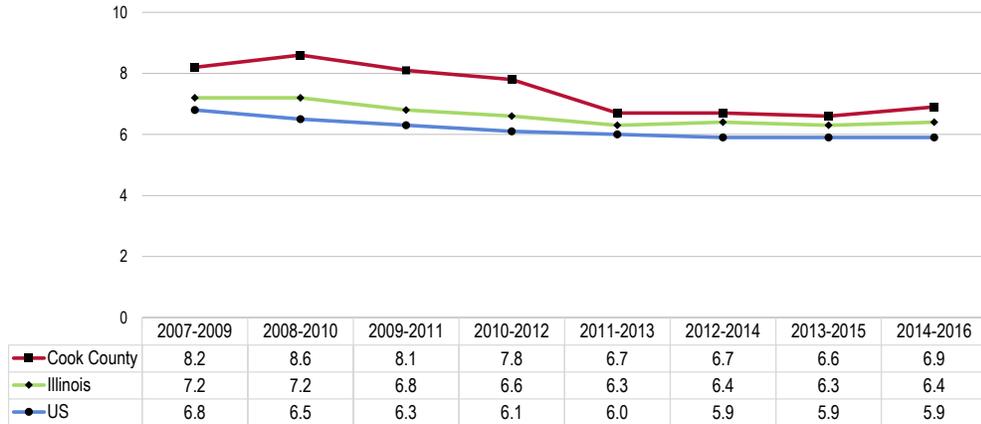
(2014-2016 Annual Average Infant Deaths per 1,000 Live Births; Cook County)
Healthy People 2020 Target = 6.0 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- **TREND:** While stable in recent years, the Cook County infant mortality rate has decreased since the 2007-2009 reporting period.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2020 Target = 6.0 or Lower

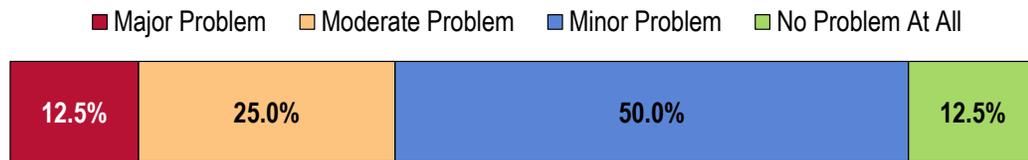


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted October 2018.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
 Notes: • Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

Half of key informants taking part in an online survey generally characterized *Infant & Child Health* as a “minor problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community
(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among one respondent rating this issue as a “major problem,” the reason related to:

Early Diagnosis/Prevention

Growing population— some not seeking out prenatal care and not compliant with pediatric care for children. Hope Children has a focus on subspecialty pediatrics. Many are unhappy with wait times and lack of personal attention for pediatric patients receiving treatment there. – Physician

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents.

Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income.

Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

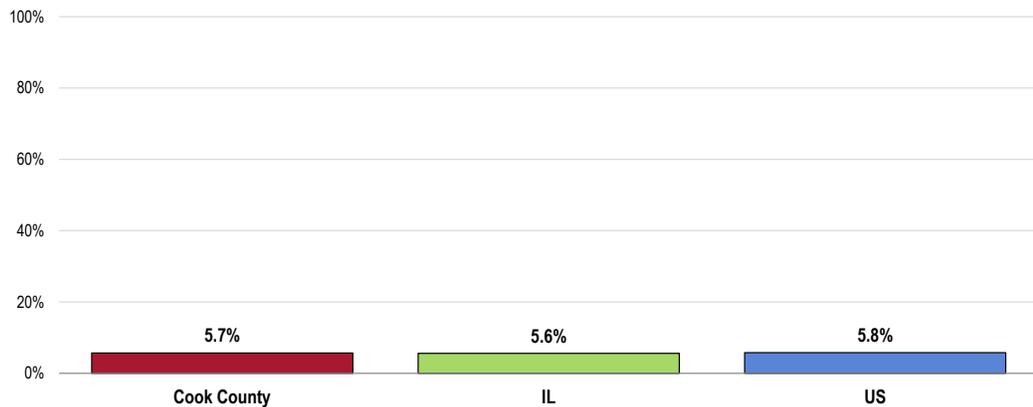
- Healthy People 2020 (www.healthypeople.gov)

Between 2014 and 2016, the county reported a 5.7% teen birth prevalence (females age 15 to 19).

- Similar to state and US percentages.

Teen Births

(Percent of Births to Females Age 15-19 per 1,000 Females Age 15-19, 2014-2016)



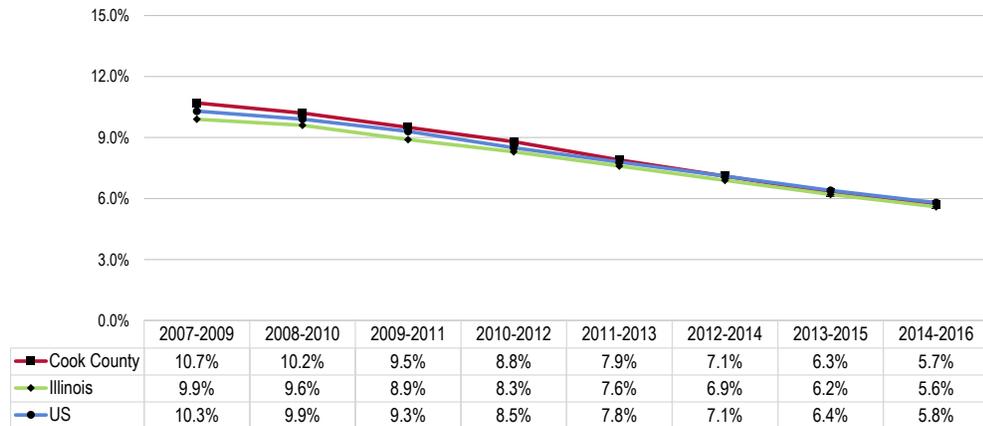
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted October 2018.

Note: • This indicator reports the percentage of births to females age 15-19 per 1,000 females age 15-19.

- **TREND:** Note the downward trend in teen births reported for Cook County, Illinois, and the US overall.

Teen Births

(Percent of Births to Females Age 15-19 per 1,000 Females Age 15-19)



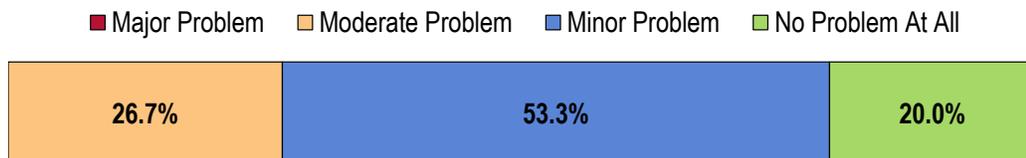
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted October 2018.

Note: • This indicator reports the percentage of births to females age 15-19 per 1,000 females age 15-19.

Key Informant Input: Family Planning

Over half of key informants taking part in an online survey largely characterized *Family Planning* as a “minor problem” in the community.

Perceptions of Family Planning as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Modifiable Health Risks



Professional Research Consultants, Inc.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

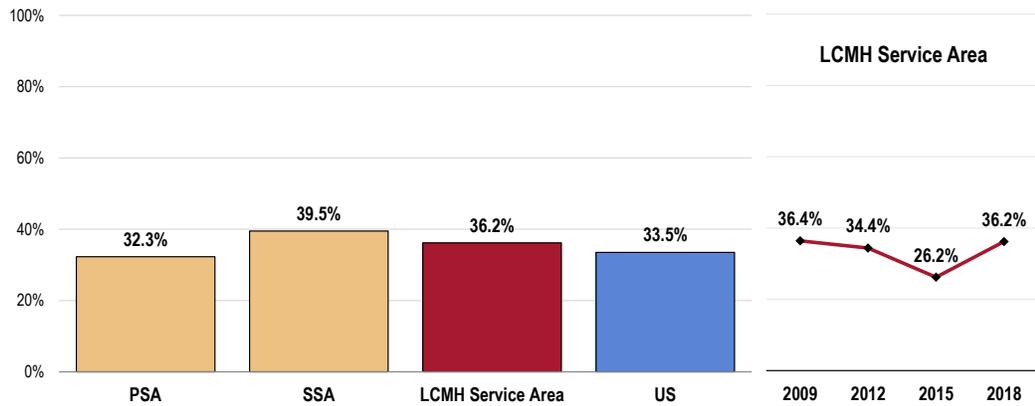
Daily Recommendation of Fruits/Vegetables

A total of 36.2% of LCMH Service Area adults report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

- Similar to national findings.
- Similar findings by service area.
- TREND: Fruit/vegetable consumption is similar to that reported in 2009 (but increasing significantly since 2015).

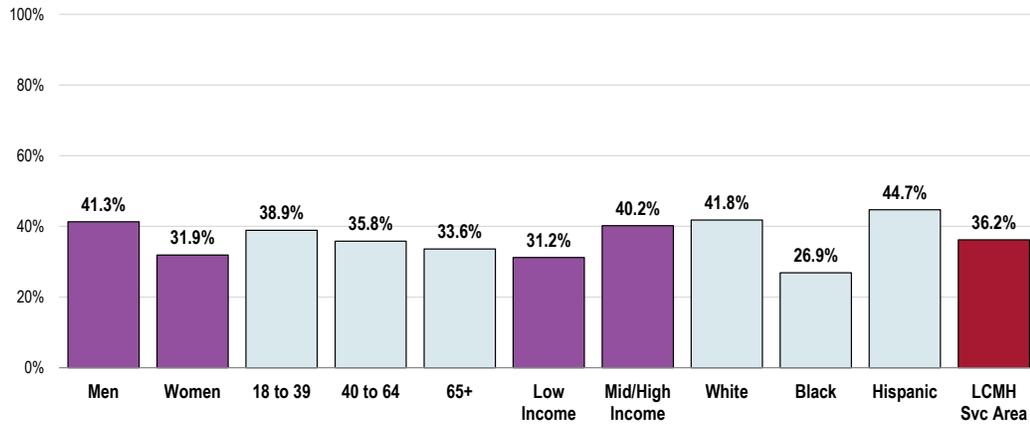
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

- Black respondents are less likely to get the recommended servings of daily fruits/vegetables.

Consume Five or More Servings of Fruits/Vegetables Per Day (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

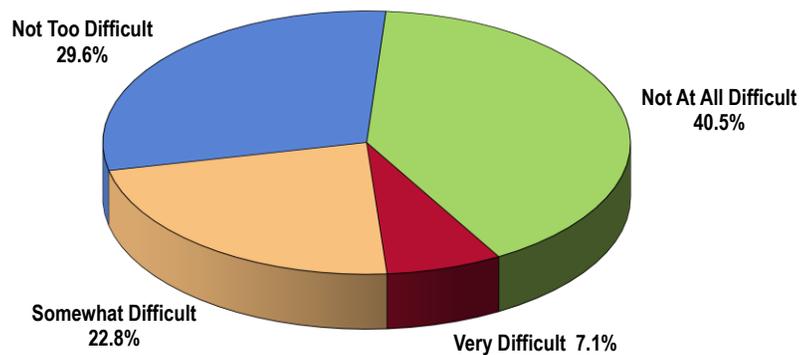
Difficulty Accessing Fresh Produce

While most report little or no difficulty, 29.9% of LCMH Service Area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

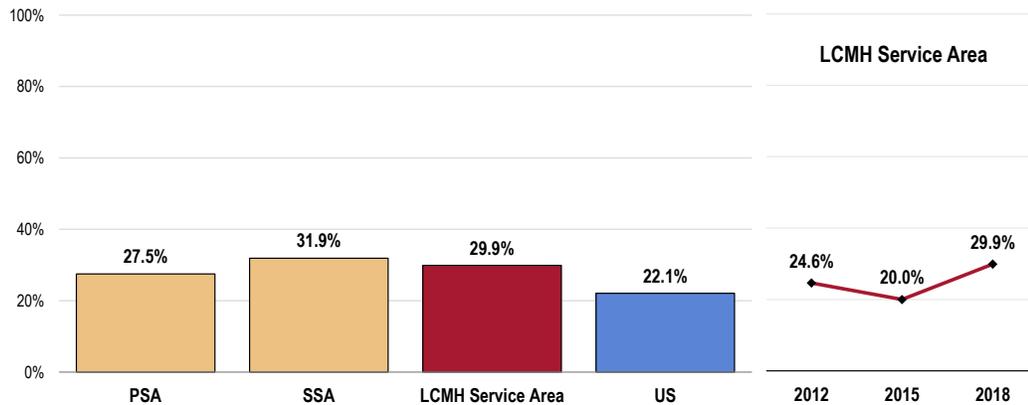
Level of Difficulty Finding Fresh Produce at an Affordable Price (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
 Notes: • Asked of all respondents.

- Worse than national findings.
- Similar findings by service area.
- TREND: Has not changed significantly since 2012.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

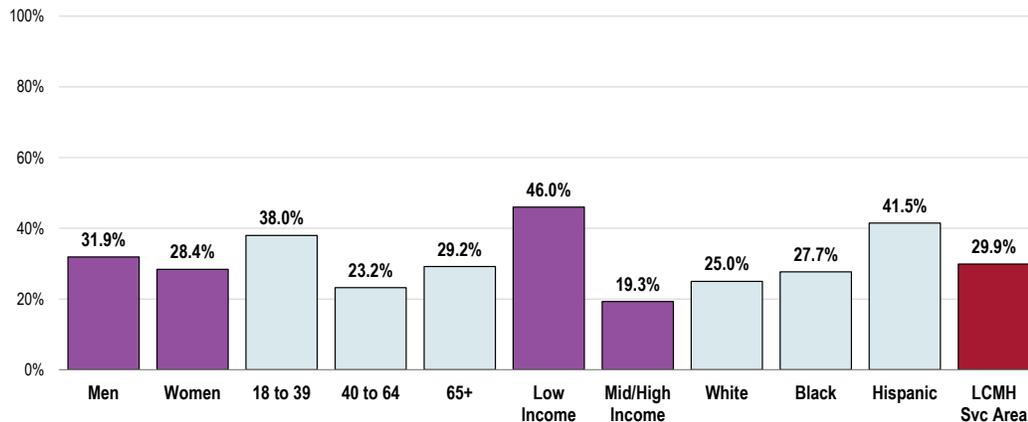


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Lower-income residents.
- Hispanics.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

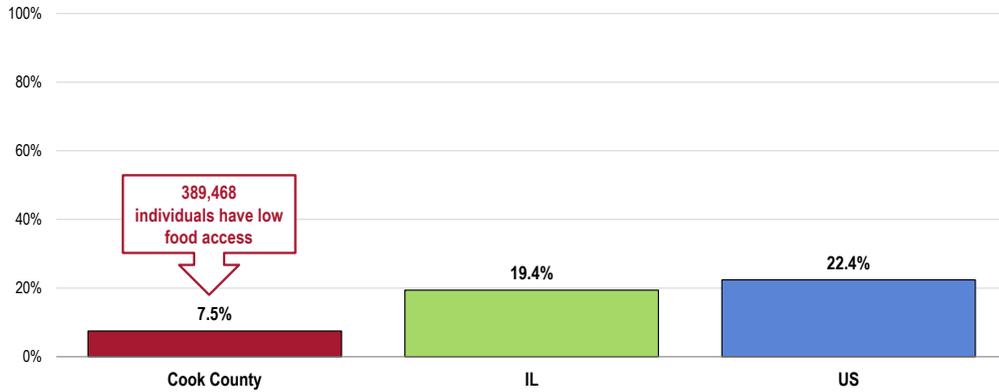
Low Food Access (Food Deserts)

US Department of Agriculture data show that 7.5% of Cook County residents (representing over 389,000 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

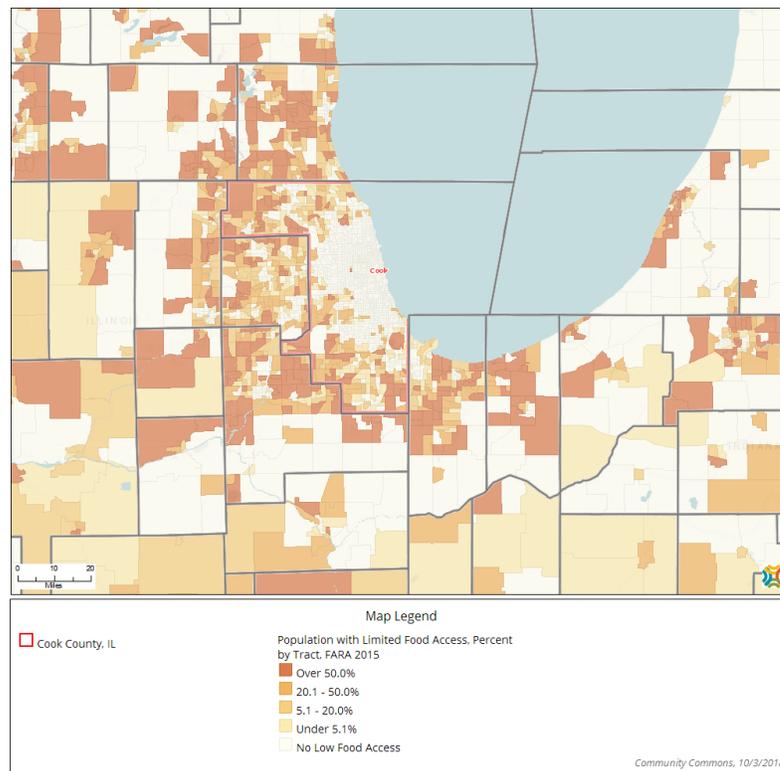
- More favorable than statewide and US findings.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 - Retrieved September 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.



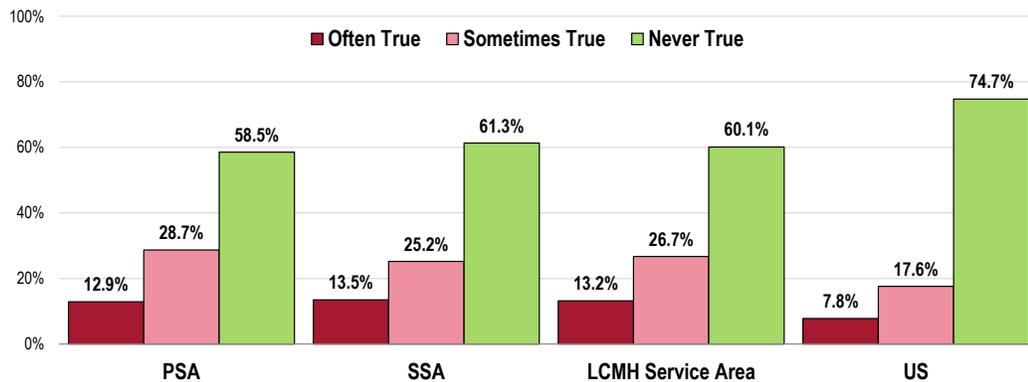
Food Insecurity

Survey results found that 39.9% of LCMH Service Area adults “often” or “sometimes” worried about whether their food would run out in the past year before they had money to buy more.

- Much less favorable than US findings.
- Viewed by service area, the percentages are statistically comparable.

“In the Past Year, I Worried That Our Food Would Run Out Before There Was Money for More”

(LCMH Service Area, 2018)



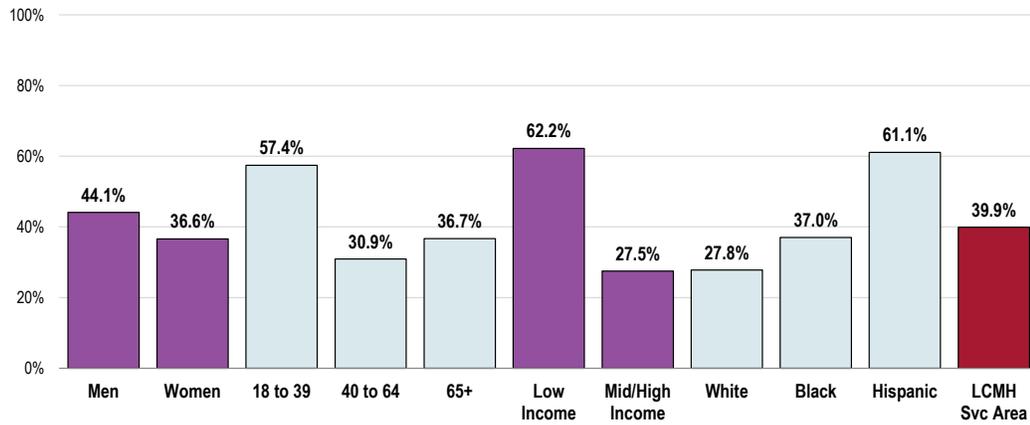
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects the total sample of respondents.

Adults more likely to have worried about running out of food include:

- Young adults.
- Residents living at lower incomes.
- Hispanics.

“In the Past Year, I Worried That Our Food Would Run Out Before There Was Money for More”
 (LCMH Service Area, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Includes adults who "often" or "sometimes" worried about running out of food in the past year.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

A total of 22.4% of LCMH Service Area adults report no leisure-time physical activity in the past month.

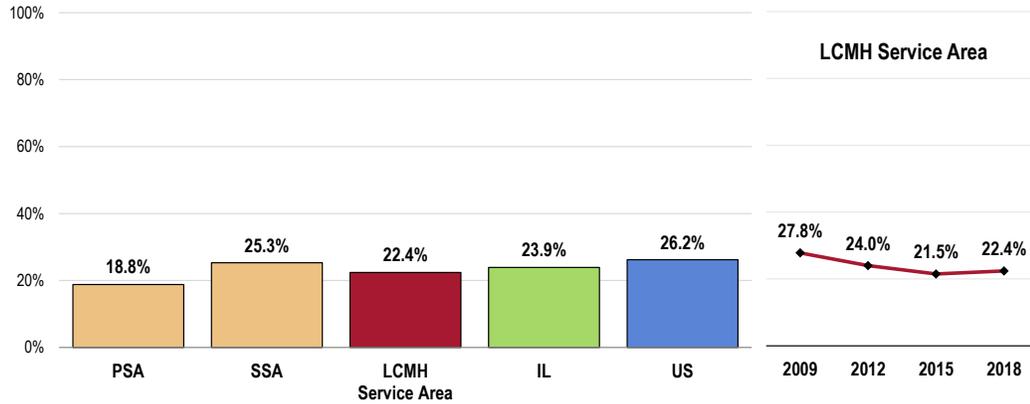
- Similar to state and US findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

- Similar findings by service area.
- TREND: Statistically unchanged since 2009.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.

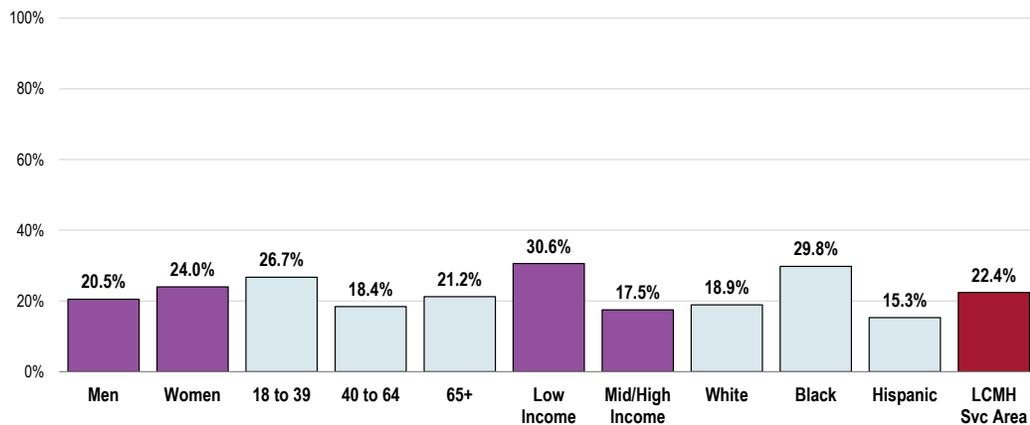
Lack of leisure-time physical activity in the area is higher among:

- Lower-income residents.
- Black respondents.

No Leisure-Time Physical Activity in the Past Month

(LCMH Service Area, 2018)

Healthy People 2020 Target = 32.6% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Adults

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
- Learn more about CDC's efforts to promote walking by visiting <http://www.cdc.gov/vitalsigns/walking>.

Aerobic & Strengthening Physical Activity

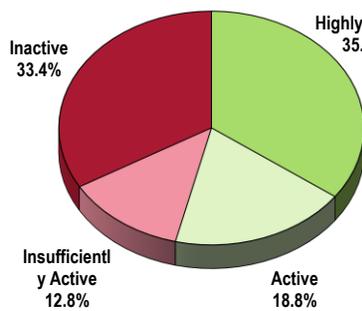
Based on reported physical activity intensity, frequency, and duration over the past month, **46.2% of LCMH Service Area adults are found to be “insufficiently active” or “inactive.”**

A total of 47.9% of LCMH Service Area adults do not participate in any types of physical activities or exercises to strengthen their muscles.

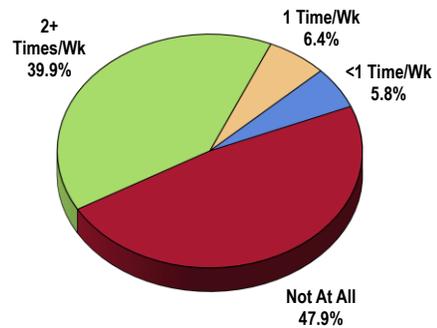
Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

- “Inactive” includes those reporting no aerobic physical activity in the past month.
- “Insufficiently active” includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.
- “Active” includes those with 150-300 minutes of weekly aerobic physical activity.
- “Highly active” includes those with >300 minutes of weekly aerobic physical activity.

Participation in Physical Activities (LCMH Service Area, 2018)



Aerobic Activity



Strengthening Activity

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 96, 150]

Notes: • Reflects the total sample of respondents.

• In this case, “inactive” aerobic activity represents those adults participating in no aerobic activity in the past week; “insufficiently active” reflects those respondents with 1–149 minutes of aerobic activity in the past week; “active” adults are those with 150–300 minutes of aerobic activity per week; and “highly active” adults participate in 301+ minutes of aerobic activity weekly.

Recommended Levels of Physical Activity

A total of 25.6% of LCMH Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

- Comparable to state and national figures.
- Satisfies the Healthy People 2020 target (20.1% or higher)
- Comparable findings by service area.

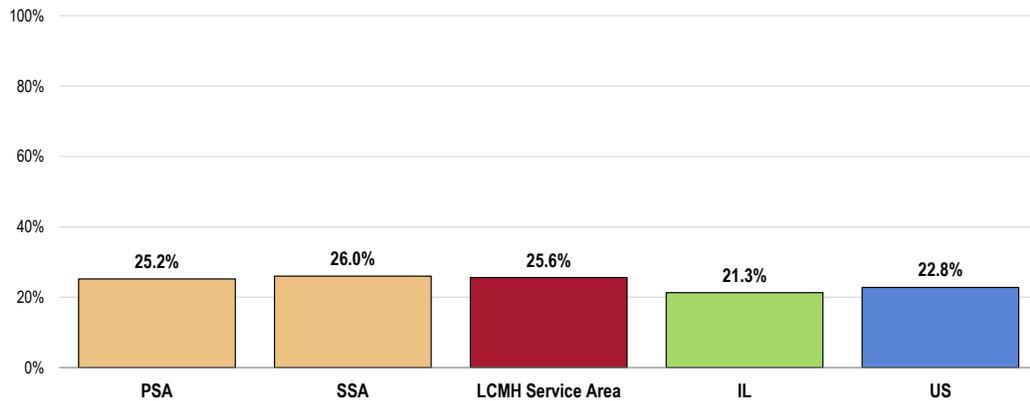
"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

Meets Physical Activity Recommendations

Healthy People 2020 Target = 20.1% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Illinois data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
- Notes:
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

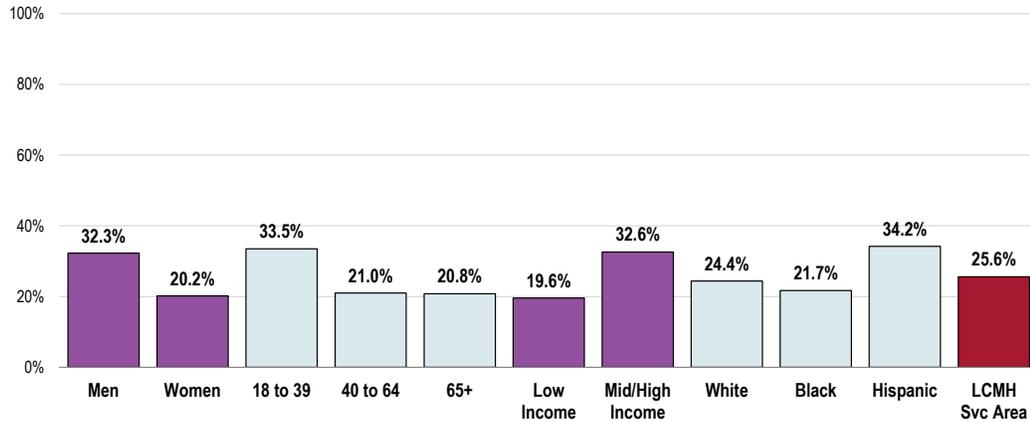
Those less likely to meet physical activity requirements include:

- Women.
- Adults age 40 and older.
- Low-income residents.
- Whites.
- Blacks.

Meets Physical Activity Recommendations

(LCMH Service Area, 2018)

Healthy People 2020 Target = 20.1% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

Recommended Levels of Physical Activity

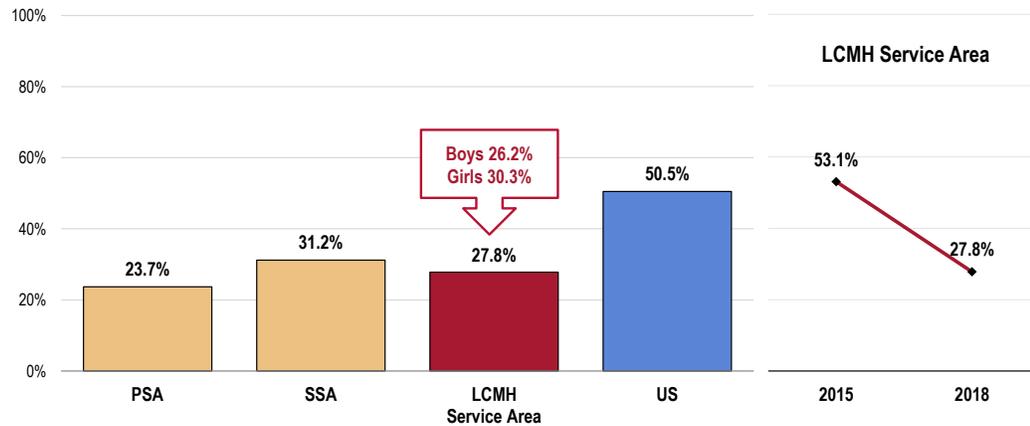
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among LCMH Service Area children age 2 to 17, 27.8% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Much lower than found nationally.
- Statistically similar findings by service area.
- TREND: Marks a statistically significant decrease from 2015 survey findings.
- Statistically similar findings by gender.

Child Is Physically Active for One or More Hours per Day (Among Children Age 2-17)



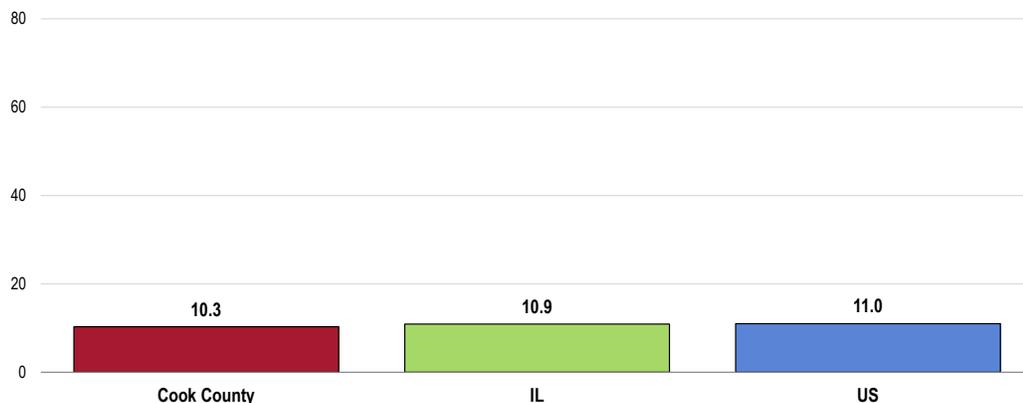
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity

In 2016, there were 10.3 recreation/fitness facilities for every 100,000 population in Cook County.

- Comparable to the state and US percentages.

Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2016)



Sources: • US Census Bureau, County Business Patterns. Additional data analysis by CARES.
 • Retrieved September 2018 from Community Commons at <http://www.chna.org>.
 Notes: • Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities"*. Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

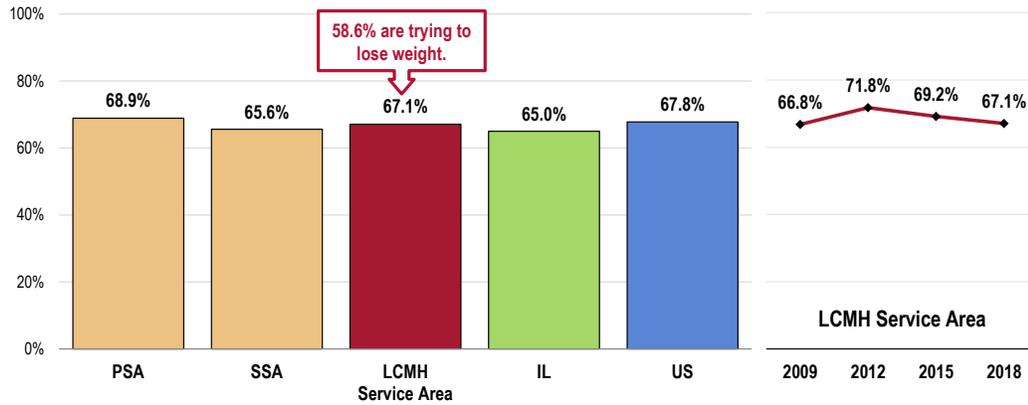
A total of 67.1% of LCMH Service Area adults are overweight.

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

- Comparable to the Illinois and US prevalence.
- Comparable findings by service area.
- TREND: Statistically unchanged since 2009.

Note that 58.6% of overweight adults are currently trying to lose weight.

Prevalence of Total Overweight (Overweight or Obese) (Percent of Adults With a Body Mass Index of 25.0 or Higher)



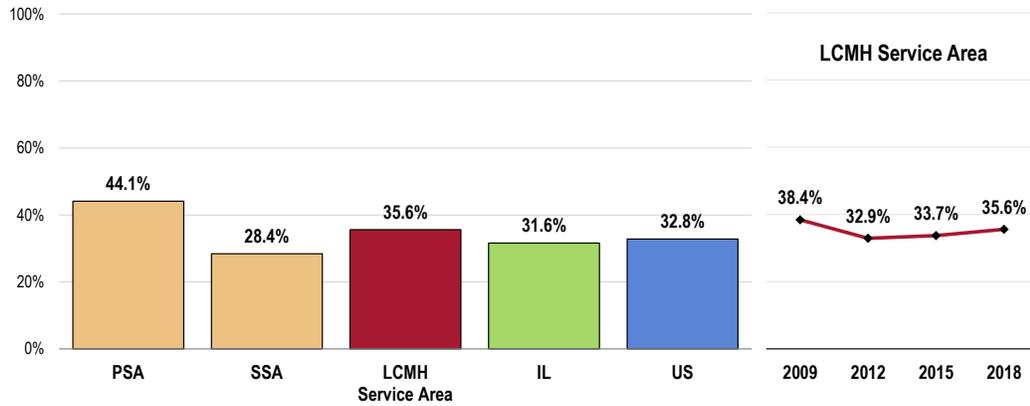
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 154-155]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Illinois data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 35.6% of LCMH Service Area adults are obese.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

- Similar to Illinois and US findings.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- Unfavorably high in the Primary Service Area.
- TREND: Statistically unchanged over time.

Prevalence of Obesity (Percent of Adults With a Body Mass Index of 30.0 or Higher) Healthy People 2020 Target = 30.5% or Lower

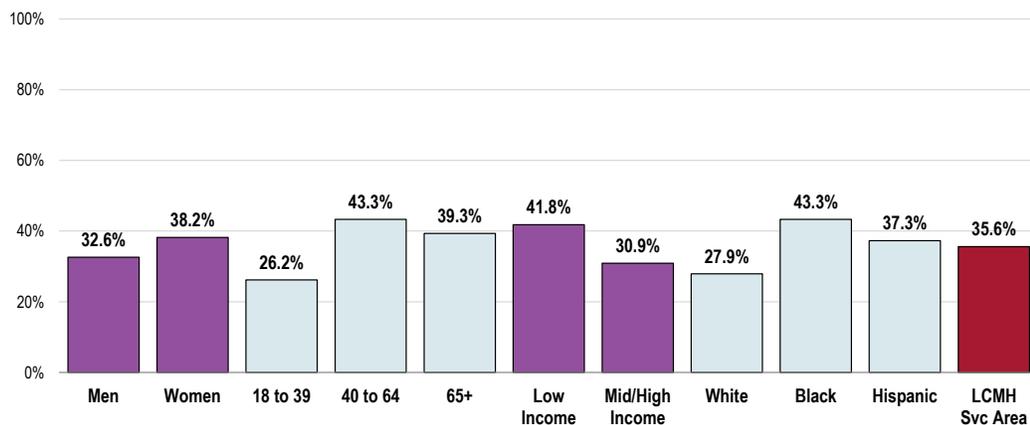


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is notably more prevalent among:

- Adults age 40 and older.
- Those in low-income households.
- Black residents.

Prevalence of Obesity (Percent of Adults With a BMI of 30.0 or Higher; LCMH Service Area, 2018) Healthy People 2020 Target = 30.5% or Lower



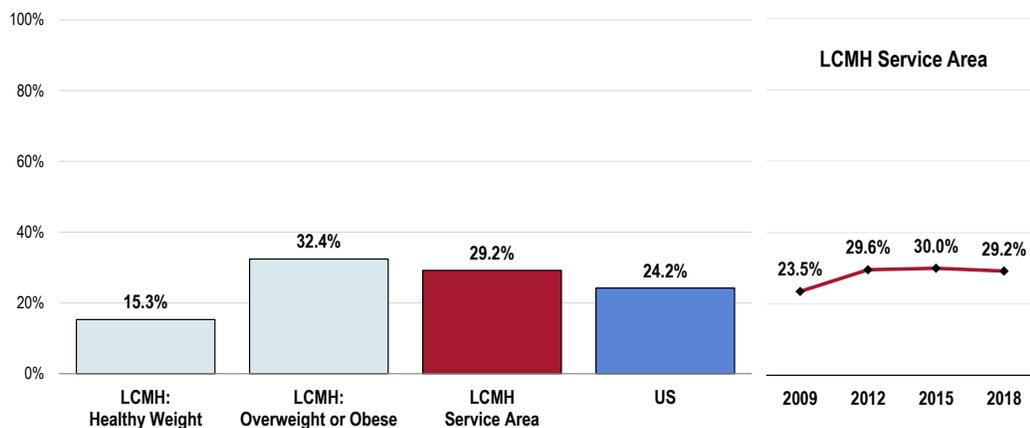
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 Notes: • Based on reported heights and weights, asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Health Advice

A total of 29.2% of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year.

- Statistically similar to the national findings.
- TREND: Statistically unchanged from that reported in previous assessments.
- Note that 32.4% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while most have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 98, 156-157]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Relationship of Overweight With Other Health Issues

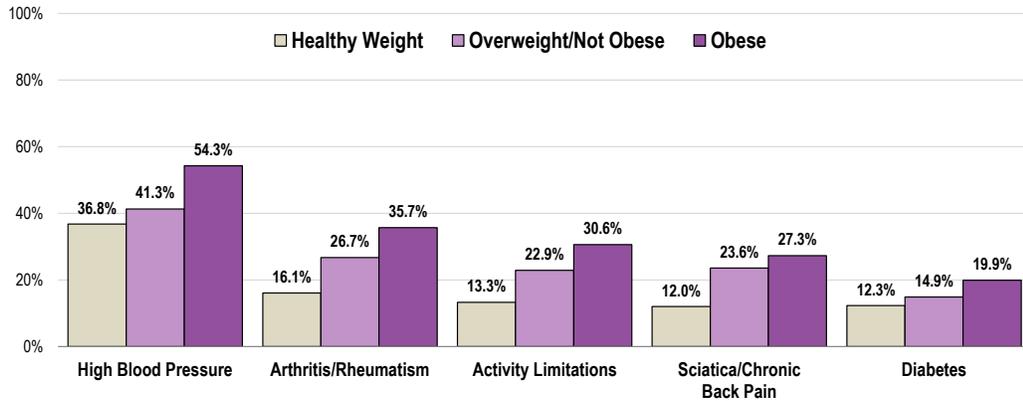
Overweight and obese adults are more likely to report a number of adverse health conditions.

Among these are:

- High blood pressure.
- Arthritis/rheumatism.
- Activity limitations.
- Sciatica/chronic back pain.
- Diabetes.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues (By Weight Classification; LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 25, 26, 109, 129, 140.]
 Notes: • Based on reported heights and weights, asked of all respondents.

Children’s Weight Status

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child’s BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

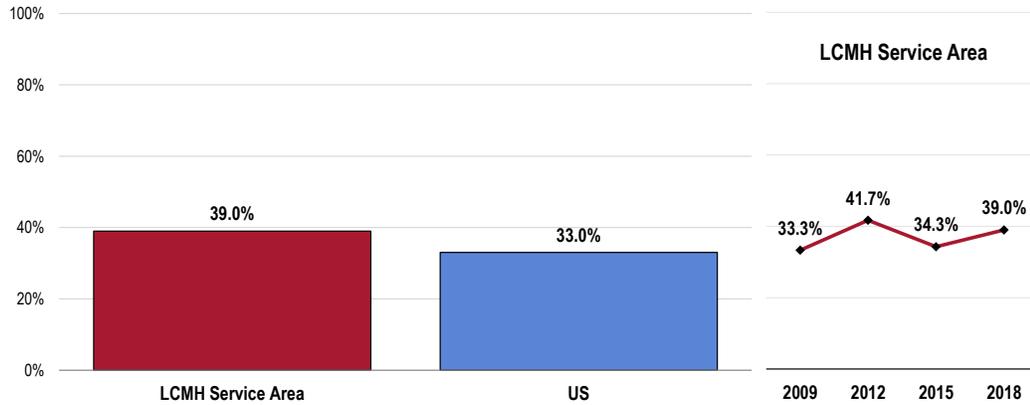
• Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 39.0% of LCMH Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Similar to that found nationally.
- TREND: Despite fluctuations, statistically unchanged from previous results.

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5-17 at home.
 • Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

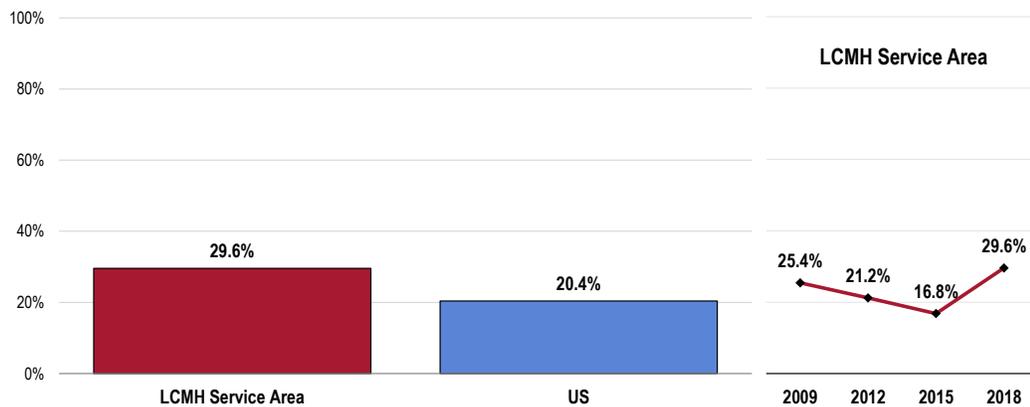
Further, 29.6% of area children age 5 to 17 are obese (≥95th percentile).

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Similar to 2009 baseline findings (but a significant increase from 2015 results).

Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 • Asked of all respondents with children age 5-17 at home.
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity, & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity, & Weight* as a “moderate problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Obesity

Obesity is on the rise nationwide, and especially in lower income communities of color. Access to healthy affordable food is not an issue in our community. Educating people on making healthy choices and the consequences of not making those choices needs to be emphasized. – Community Leader

Population of adult and pediatric are faced with increasing rates of obesity and consequences of unhealthy lifestyle. – Physician

Insufficient Physical Activity

People don't exercise enough. – Community Leader

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

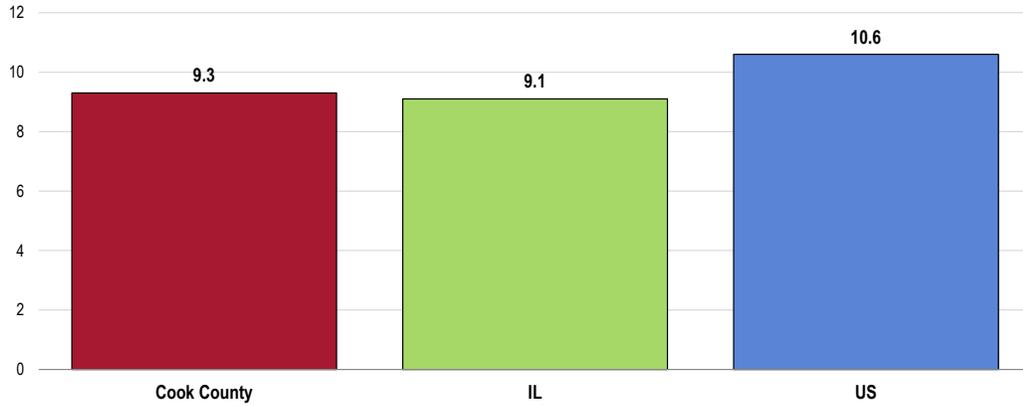
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2014 and 2016, Cook County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 9.3 deaths per 100,000 population.

- Similar to the statewide and US rates.
- Similar to the Healthy People 2020 target (8.2 or lower).

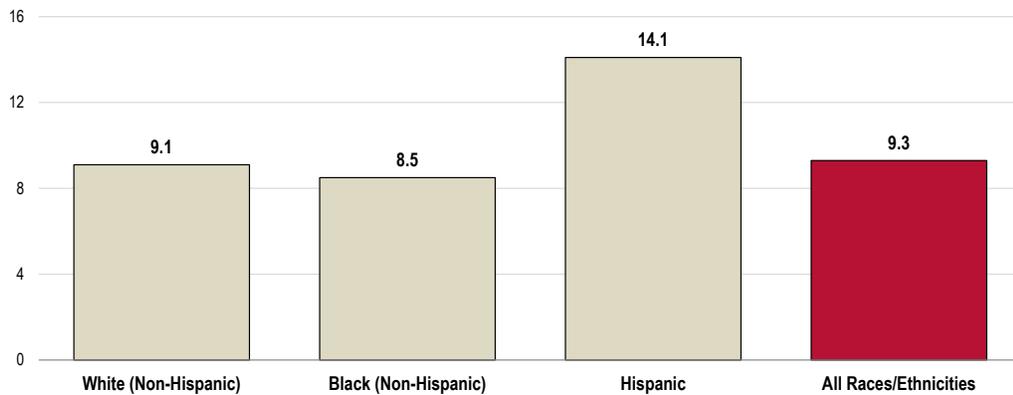
Cirrhosis/Liver Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The cirrhosis mortality rate is much higher among Cook County Hispanics when compared with Whites and Blacks.

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population; Cook County) Healthy People 2020 Target = 8.2 or Lower

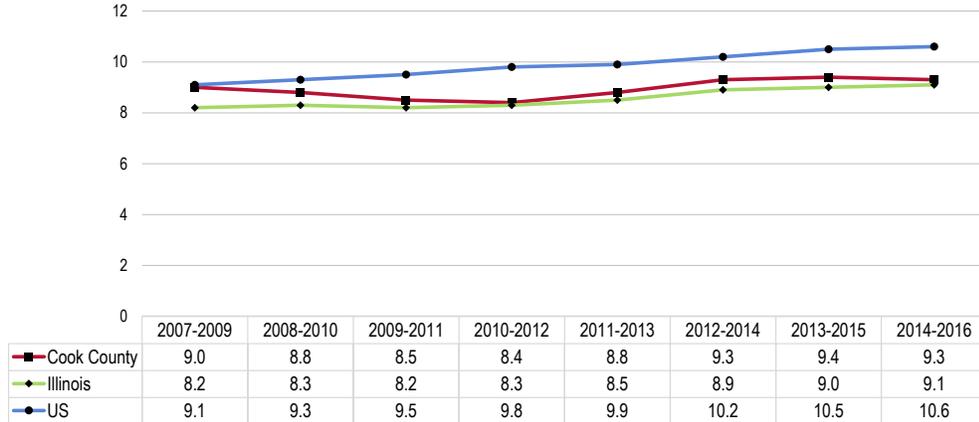


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The county death rate has not changed significantly over the past decade.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alcohol Use

Excessive Drinking

A total of 31.6% of area adults are excessive drinkers (heavy and/or binge drinkers).

“Excessive drinking” includes heavy and/or binge drinkers:

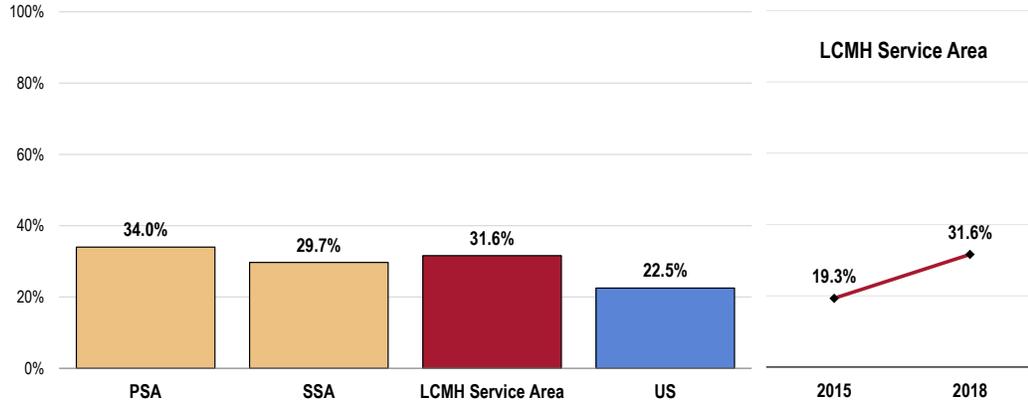
- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

- Worse than the national proportion.
- Fails to satisfy the Healthy People 2020 target (25.4% or lower).
- Similar findings by service area.
- TREND: Marking a statistically significant increase from 2015 findings.

RELATED ISSUE:
 See also *Mental Health: Stress* in the **General Health Status** section of this report.

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



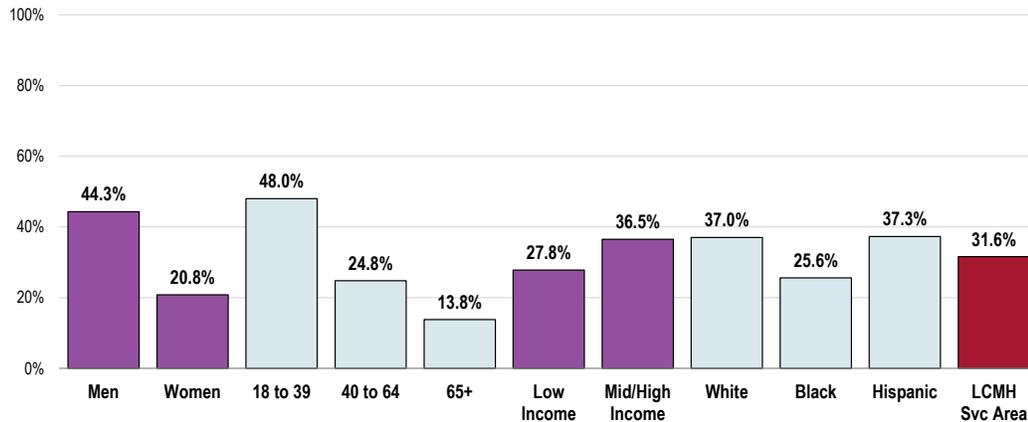
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
- Notes:
- Asked of all respondents.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

- Excessive drinking is more prevalent among men, young adults, Whites, and Hispanics.

Excessive Drinkers

(LCMH Service Area, 2018)

Healthy People 2020 Target = 25.4% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

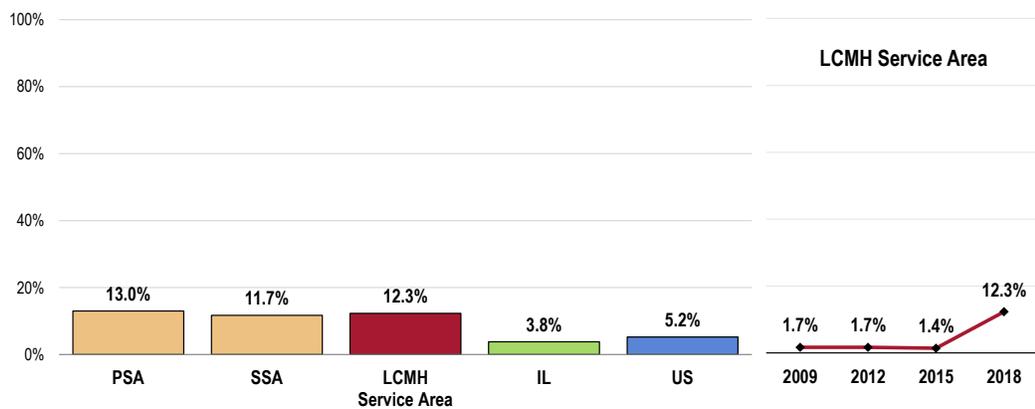
Drinking & Driving

A total of 12.3% of LCMH Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

- Much higher than the Illinois and US findings.
- Similar findings by service area.
- **TREND:** The drinking and driving prevalence has increased significantly from previous survey findings.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

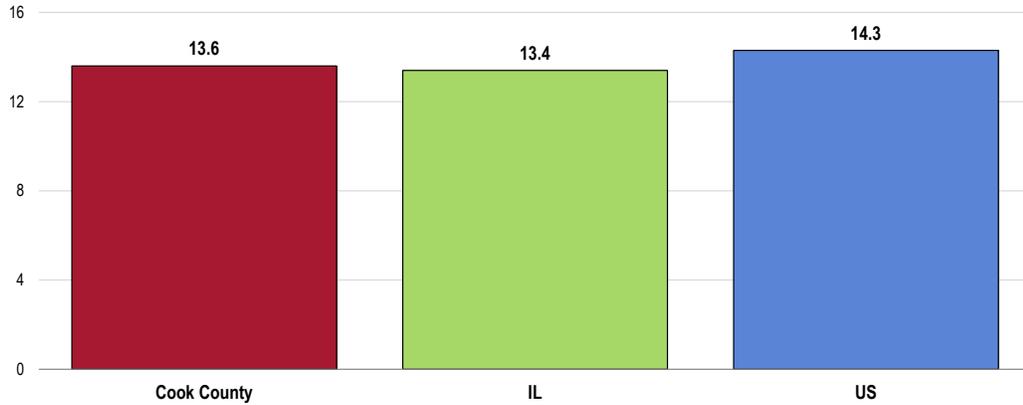
Notes: • Asked of all respondents.

Age-Adjusted Unintentional Drug-Related Deaths

Between 2014 and 2016, there was an annual average age-adjusted unintentional drug-related mortality rate of 13.6 deaths per 100,000 population in Cook County.

- Similar to the statewide and US rates.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).

Unintentional Drug-Related Deaths: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower



Sources:

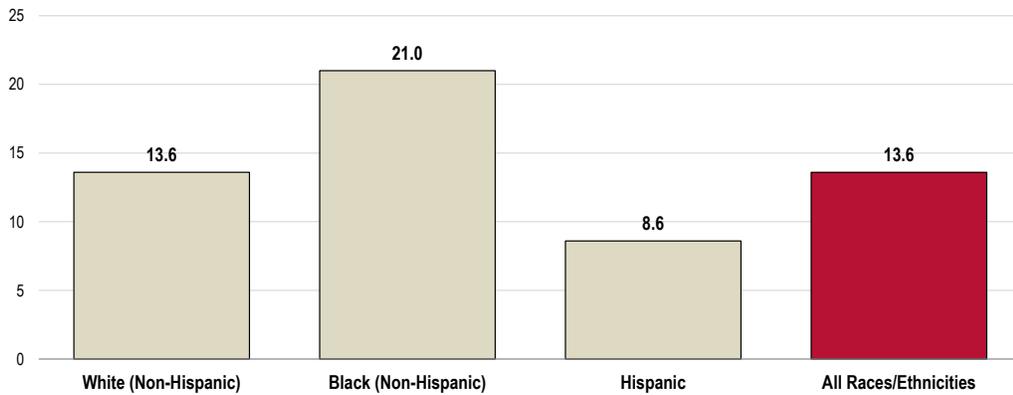
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The drug-related mortality rate is much higher among Blacks than Whites and Hispanics in the county.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population; Cook County) Healthy People 2020 Target = 11.3 or Lower



Sources:

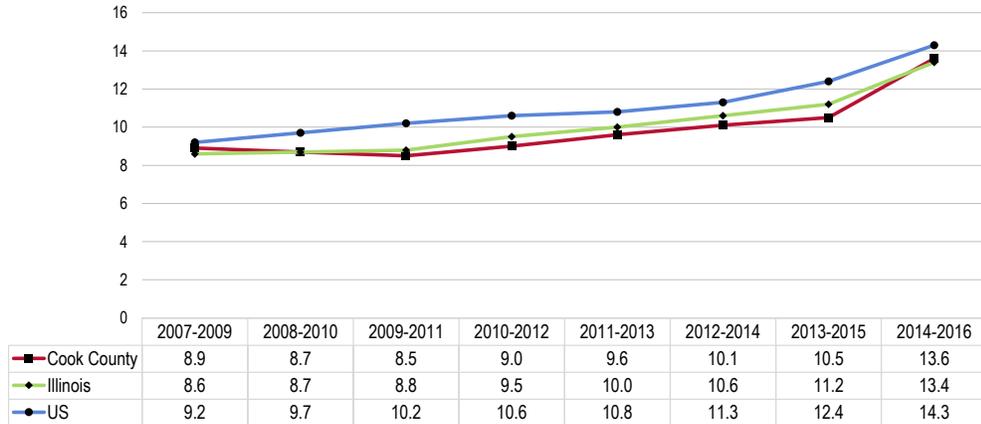
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The mortality rate has increased in the county, echoing the state and national trends.

**Unintentional Drug-Related Deaths:
Age-Adjusted Mortality Trends**
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2018.
 • UD Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12].

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Illicit Drug Use

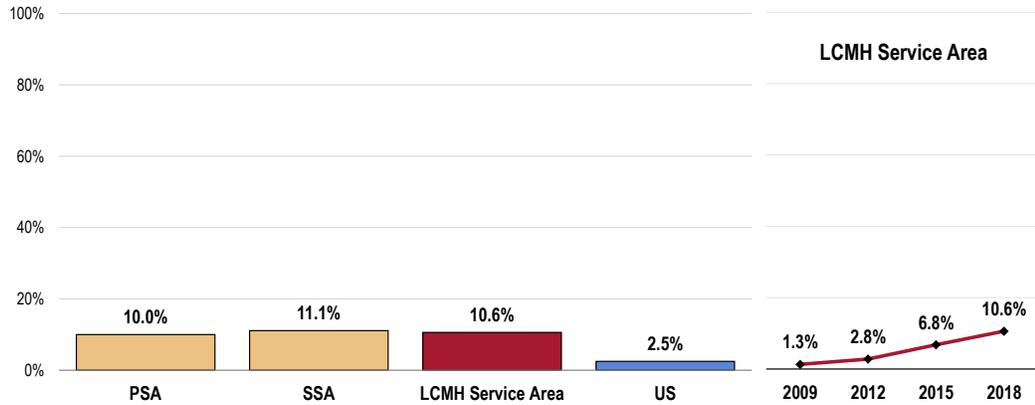
A total of 10.6% of LCMH Service Area adults acknowledge using an illicit drug in the past month.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

- Worse than the proportion found nationally.
- Fails to satisfy the Healthy People 2020 target of 7.1% or lower.
- Similar findings by service area.
- **TREND:** Marks a statistically significant increase over time.

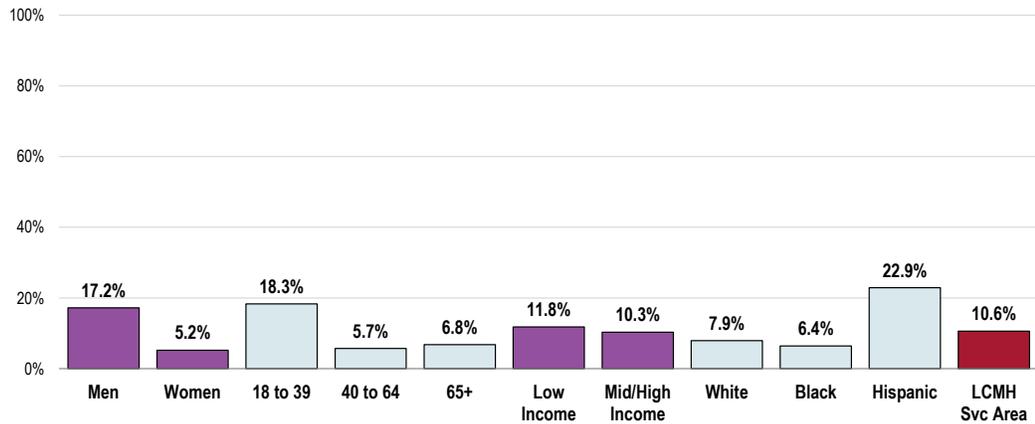
Illicit Drug Use in the Past Month Healthy People 2020 Target = 7.1% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all respondents.

- Illicit drug use is more prevalent among men, young adults, and Hispanics.

Illicit Drug Use in the Past Month (LCMH Service Area, 2018) Healthy People 2020 Target = 7.1% or Lower



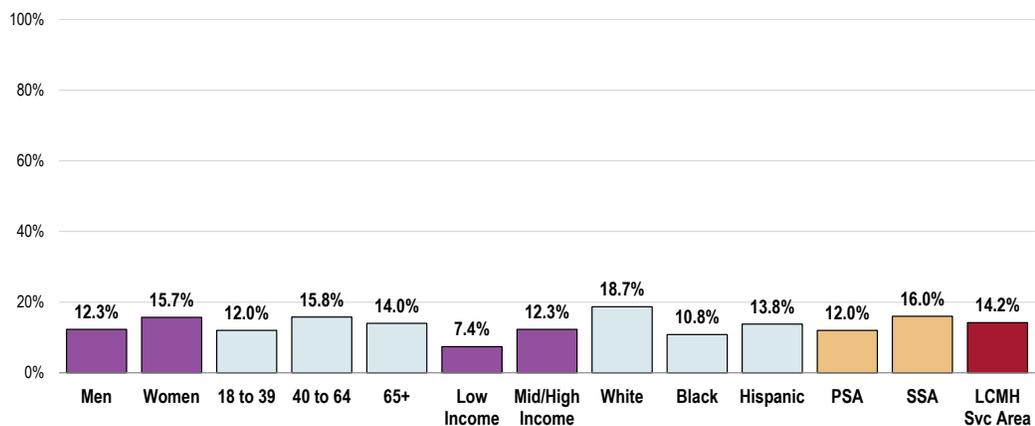
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prescription Opiates

Among survey respondents, 14.2% used prescription opiates (whether prescribed to them or not) at some point in the past year.

- Similar findings by service area.
- Viewed by demographic characteristics, the prevalence is highest in the White population.

**Used Prescription Opiates
(Whether Prescribed or Not) in the Past Year
(LCMH Service Area, 2018)**



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]

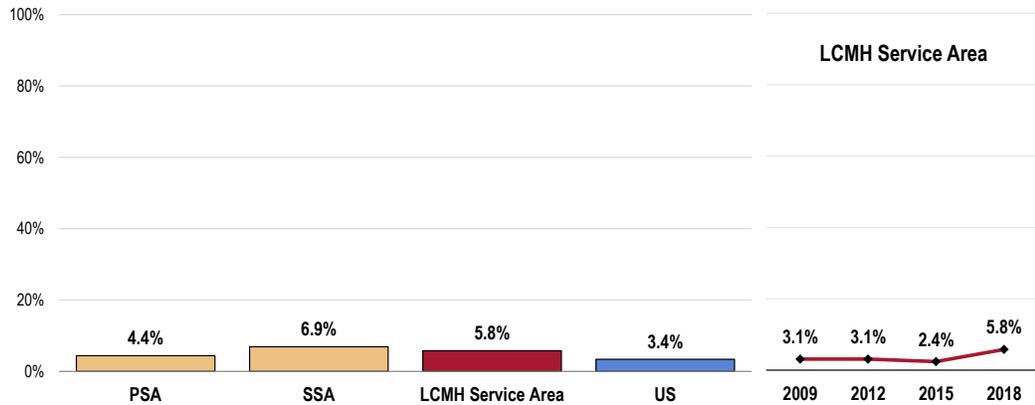
- Notes:
- Asked of all respondents.
 - Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Alcohol & Drug Treatment

A total of 5.8% of LCMH Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- Similar findings by service area.
- TREND: Statistically unchanged over time.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



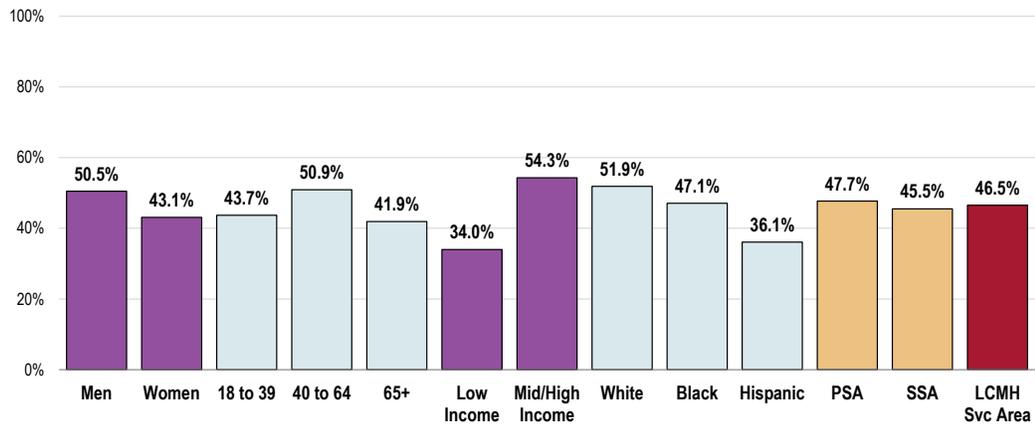
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Know Where to Seek Treatment

A total of 46.5% of service area adults say that they would know where to seek treatment for substance abuse problems if they needed it.

- Similar findings by service area.
- Viewed by demographic characteristics, the prevalence is lowest among respondents in low-income households and Hispanics.

Would Know Where to Seek Treatment for Substance Abuse (LCMH Service Area, 2018)



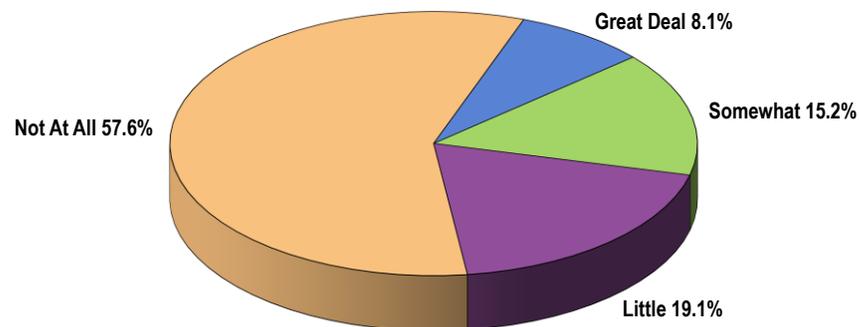
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Personal Impact of Substance Abuse

Area adults were also asked to what degree their lives have been negatively affected by substance abuse (whether their own abuse or that of another).

In all, most respondents have not been negatively affected (57.6% “not at all” responses).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other’s) (LCMH Service Area, 2018)

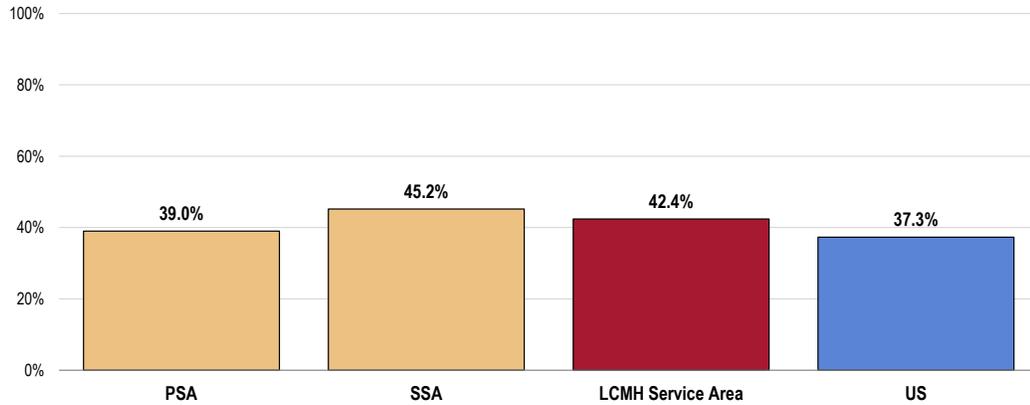


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
Notes: • Asked of all respondents.

In contrast, 42.4% of survey respondents indicate that their lives have been negatively affected by substance abuse, including 8.1% who report having been affected “a great deal.”

- Similar to the US figure.
- Similar service area percentages.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

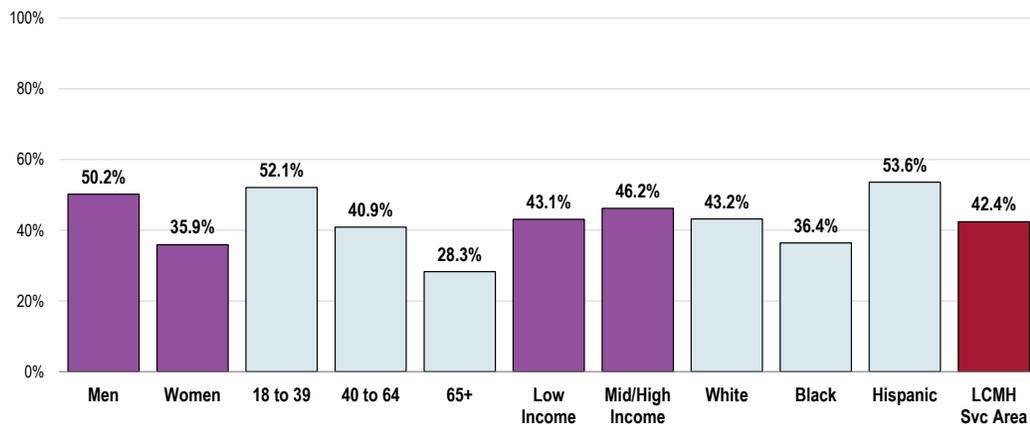


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Includes response of "a great deal," "somewhat," and "a little."

The prevalence of survey respondents whose lives have been negatively impacted by substance abuse, whether their own abuse or that of another, is higher among the following:

- Men.
- Young adults (correlates strongly with age).
- Hispanics.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (LCMH Service Area, 2018)

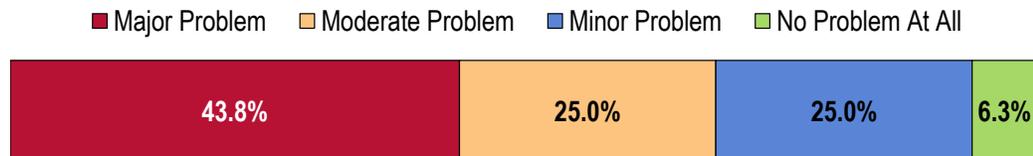


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
 Notes: • Asked of all respondents.
 • Includes response of "a great deal," "somewhat," and "a little."
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a “major problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Denial/Stigma

The greatest is the client themselves. Need to admit they have an issue. Second is cost. Many do not have insurance to help with the cost of a program. – Public Health Expert

I think it is a challenge because those who need treatment will not seek it out. – Physician

Not all patients want help. – Community Leader

Comorbidities

Many domestic violence victims are being abused by their abusers that already are substance abusers and refuse to go to get help. Many victims develop negative coping mechanisms and become substance abusers or are forced to use by their abusers. They are ashamed to come forward and get help and many don't know where to go. Some assistance many be too expensive. – Social Services Representative

Poverty

Again being on the fringes of low-income, poverty-ridden communities, we see daily the ravages of substance abuse, primarily alcohol and heroin. Getting people to admit there is a problem and seek treatment is the most difficult first step. Treatment programs do exist in our community. – Community Leader

Access to Care/Services

Narcotics/overdose victims are placed in recovery facilities that do not specialize in this area. The patients are mingled with alcoholics of various ages and our young people dying from overdose cannot get the specialized care they need. – Social Services Representative

Funding

State funding. – Community Leader

Most Problematic Substances

Key informants (who rated this as a “major problem”) identified **heroin/other opioids** and **alcohol** as the most problematic substances abused in the community, followed by **prescription medications** and **cocaine/crack**.

Problematic Substances as Identified by Key Informants				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Heroin or Other Opioids	57.1%	28.6%	14.3%	7
Alcohol	42.9%	28.6%	14.3%	6
Prescription Medications	0.0%	28.6%	14.3%	3
Cocaine or Crack	0.0%	0.0%	28.6%	2
Over-The-Counter Medications	0.0%	0.0%	14.3%	1
Marijuana	0.0%	14.3%	0.0%	1
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	0.0%	14.3%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

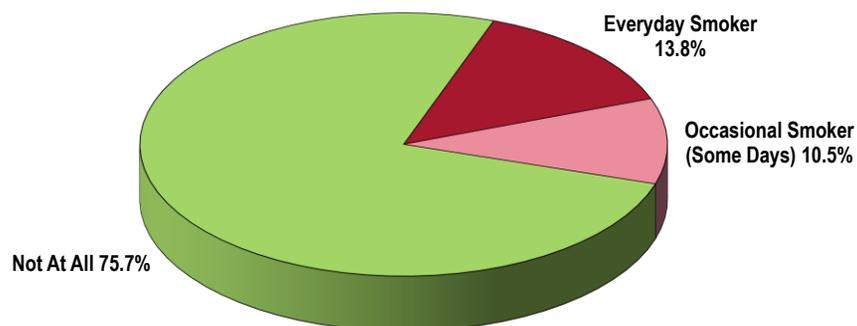
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 24.3% of LCMH Service Area adults currently smoke cigarettes, either regularly (13.8% every day) or occasionally (10.5% on some days).

Cigarette Smoking Prevalence
(LCMH Service Area, 2018)



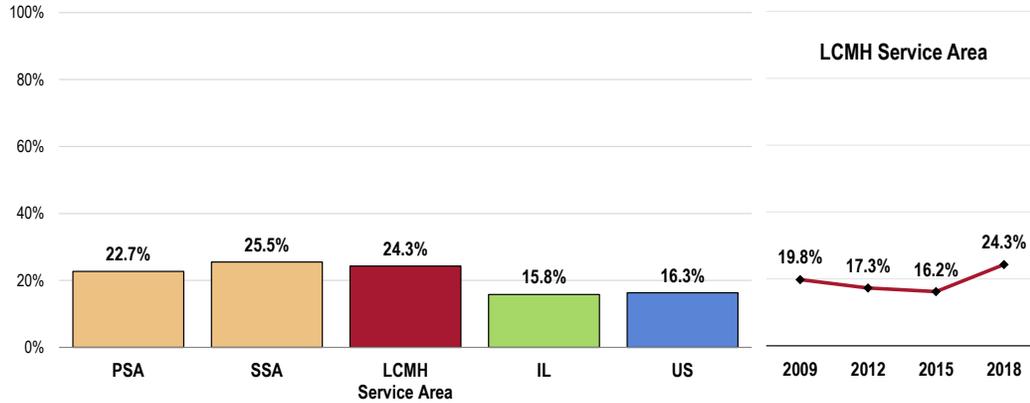
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
Notes: • Asked of all respondents.

- Much less favorable than state and national figures.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Similar findings by service area.

- TREND: The percentage is statistically unchanged since 2009.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

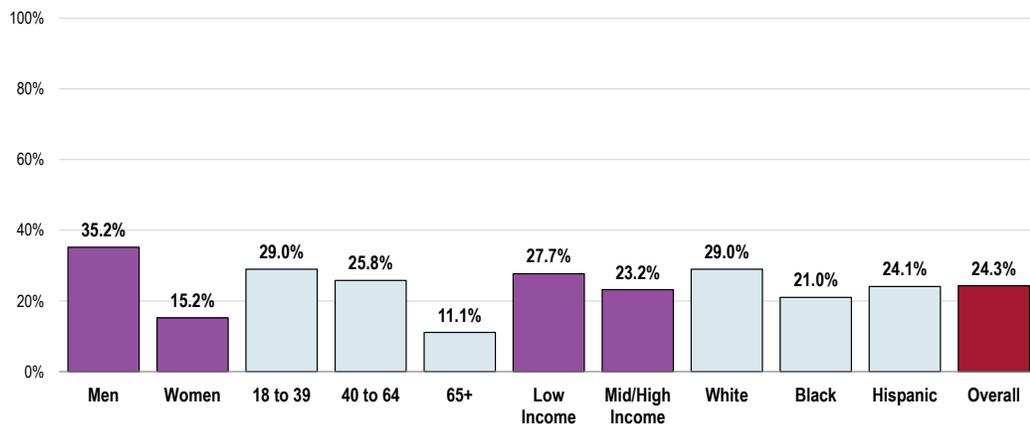
Cigarette smoking is more prevalent among:

- Men.
- Adults under age 65.

Current Smokers

(LCMH Service Area, 2018)

Healthy People 2020 Target = 12.0% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

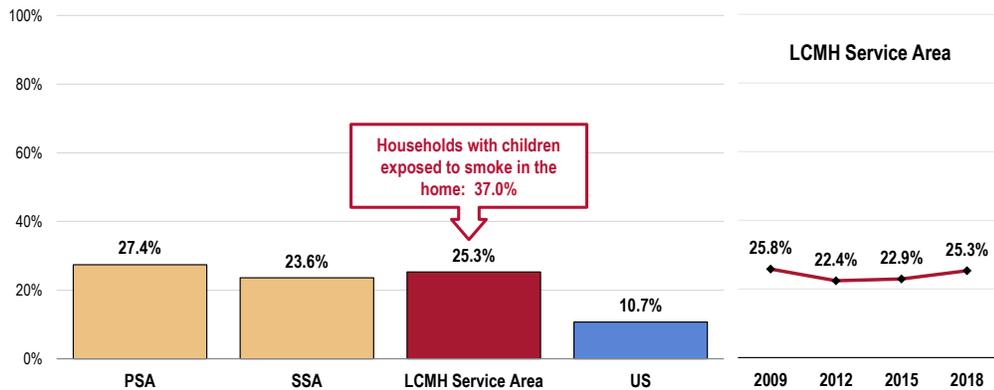
Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Includes regular and occasion smokers (every day and some days).

Environmental Tobacco Smoke

A total of 25.3% of survey respondents report that a member of their household smoked cigarettes in the home an average of 4+ times per week over the past month.

- Much less favorable than national findings.
- Comparable findings by service area.
- TREND: Statistically unchanged over time.
- Note that 37.0% of LCMH Service Area children are exposed to cigarette smoke at home, much higher than what is found nationally.

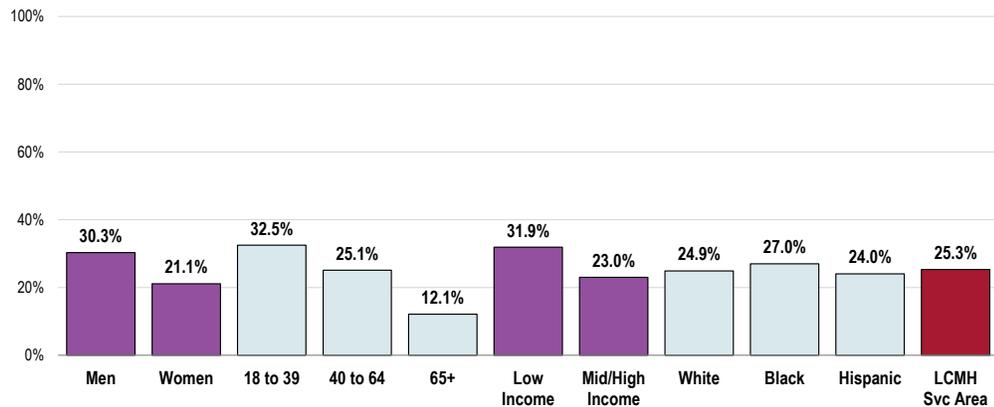
Member of Household Smokes at Home



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 162]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- The prevalence of smoke in the home correlates strongly with age in the service.

Member of Household Smokes At Home (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

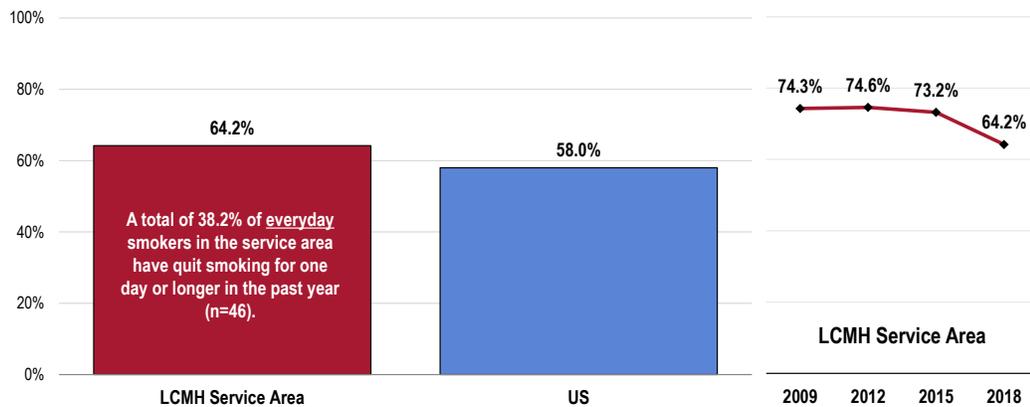
- Healthy People 2020 (www.healthypeople.gov)

Smoking Cessation

Nearly two in three current smokers (64.2%) have been advised by a healthcare professional in the past year to quit smoking.

- Similar to the national percentage.
- TREND: The decrease since 2009 is not statistically significant.
- Of the 46 everyday smokers surveyed, 38.2% have quit smoking for one day or longer in the past year because they were trying to quit smoking.

Advised by a Healthcare Professional in the Past Year to Quit Smoking (Among Current Smokers)



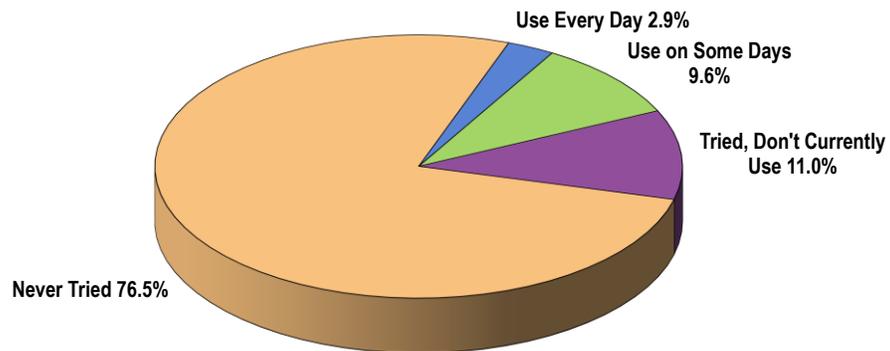
- Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 50-51]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes: • Asked of respondents who smoke cigarettes every day or on occasion.

Other Tobacco Use

Use of “Vaping” Products

A total of 12.5% of LCMH Service Area adults currently use electronic cigarettes (e-cigarettes) or other electronic vaping products either regularly (2.9% every day) or occasionally (9.6% on some days).

Use of Vaping Products
(LCMH Service Area, 2018)

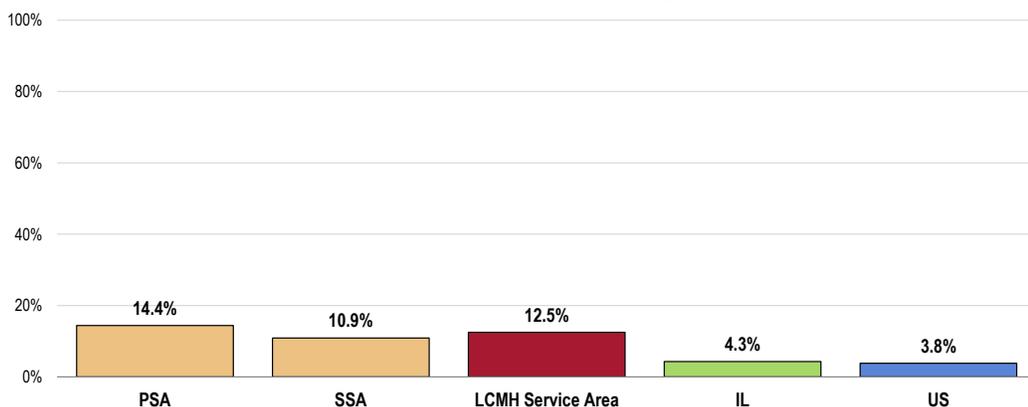


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
Notes: • Asked of all respondents.

- Much higher than Illinois and US findings.
- Similar findings by service area.

Currently Use Vaping Products

(Every Day or on Some Days)

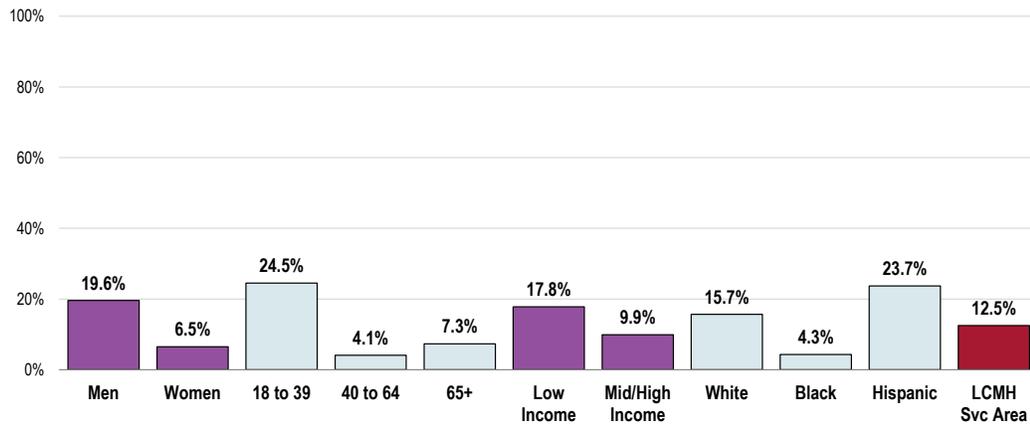


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois data.
Notes: • Asked of all respondents.
• Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Electronic cigarette/other vaping product use is more prevalent among:

- Men.
- Adults under age 40.
- Low-income residents.
- Whites.
- Hispanics.

Currently Use Vaping Products (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

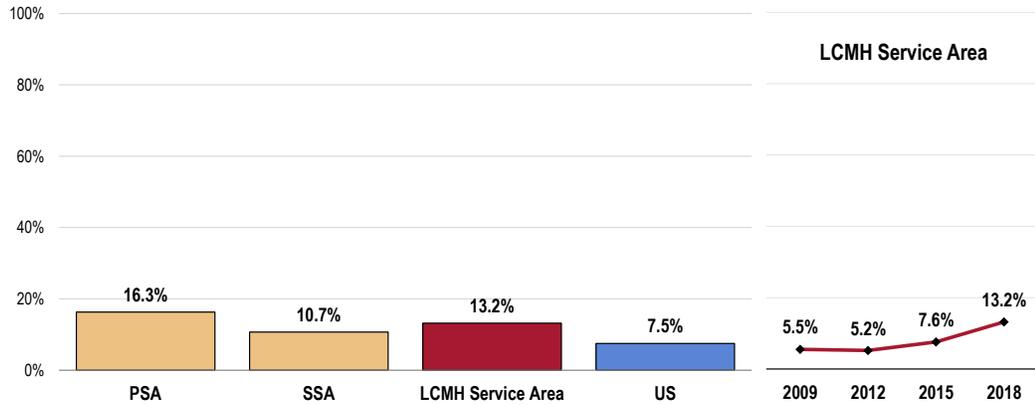
Cigars

A total of 13.2% of LCMH Service Area adults use cigars every day or on some days.

- Much higher than the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- Similar findings by service area.
- TREND: Marks a statistically significant increase since 2009.

Use of Cigars

Healthy People 2020 Target = 0.2% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.3]
 Notes: • Asked of all respondents.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “minor problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

One respondent rating this issue as a “major problem” stated:

Prevalence/Incidence

People are still smoking. – Community Leader

Access to Health Services



Professional Research Consultants, Inc.

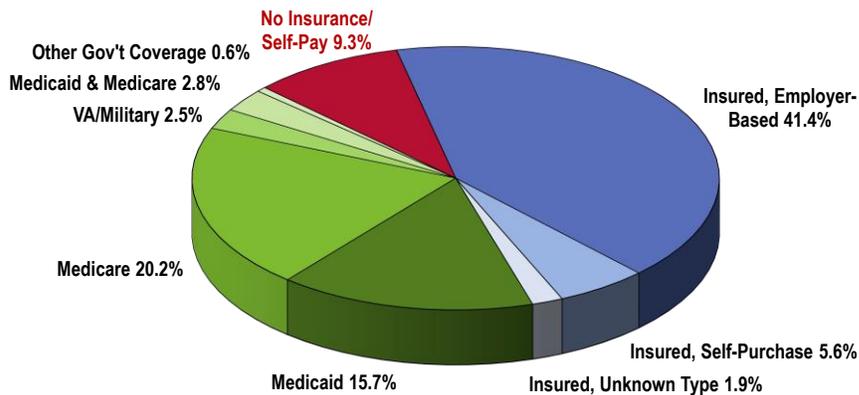
Health Insurance Coverage

Type of Healthcare Coverage

A total of 48.9% of LCMH Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 41.8% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Healthcare Insurance Coverage
(Among Adults Age 18-64; LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 9.3% report having no insurance coverage for healthcare expenses.

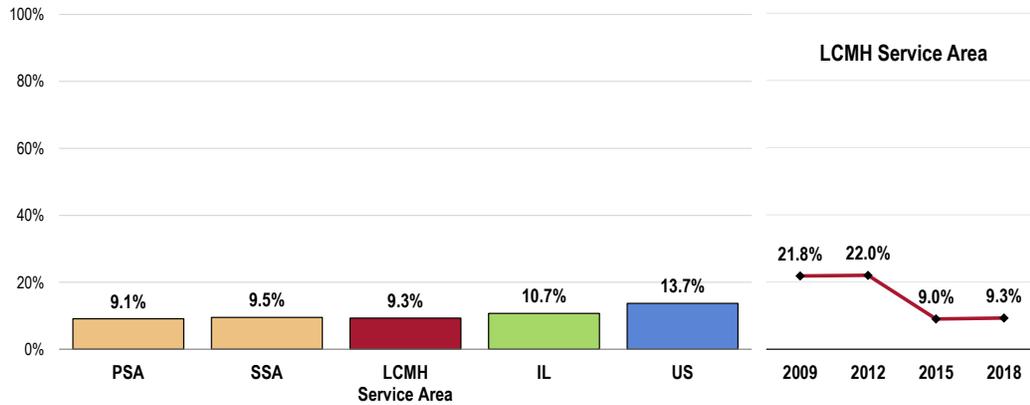
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Similar to the state finding.
- Lower than the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Similar findings by service area.
- TREND: Marks a statistically significant decrease from 2009 (and 2012) survey findings.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



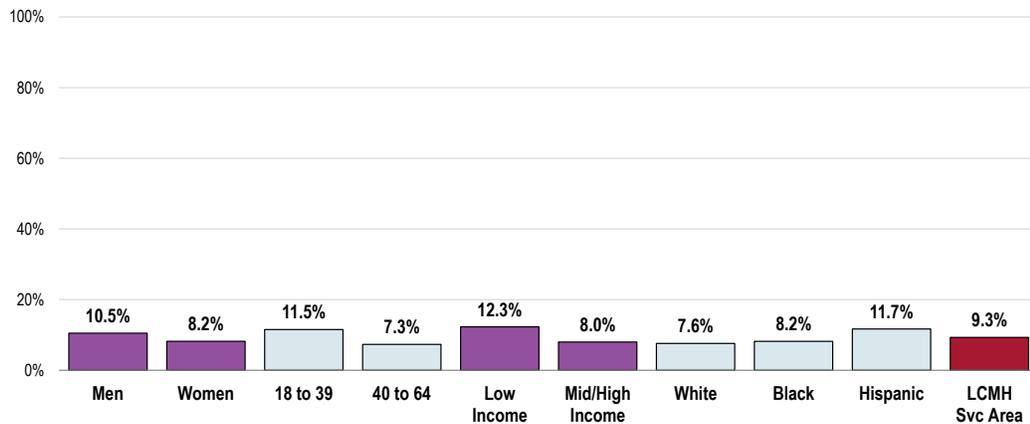
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Illinois data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
- Notes:
- Asked of all respondents under the age of 65.

- Lack of healthcare coverage does not vary by basic demographic characteristics in the LCMH Service Area.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; LCMH Service Area, 2018)

Healthy People 2020 Target = 0.0% (Universal Coverage)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
- Notes:
- Asked of all respondents under the age of 65.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

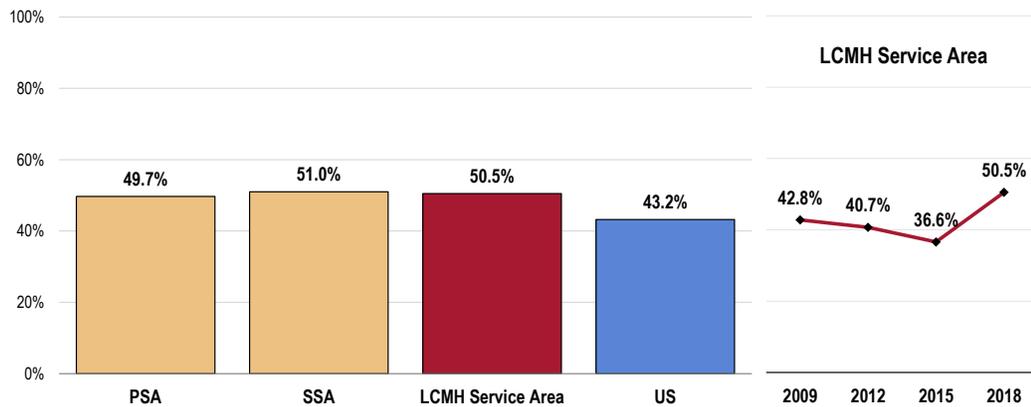
Difficulties Accessing Services

A total of 50.5% of LCMH Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

- Higher than national findings.
- Statistically similar by service area.
- TREND: Denotes a statistically significant increase from previous survey findings.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

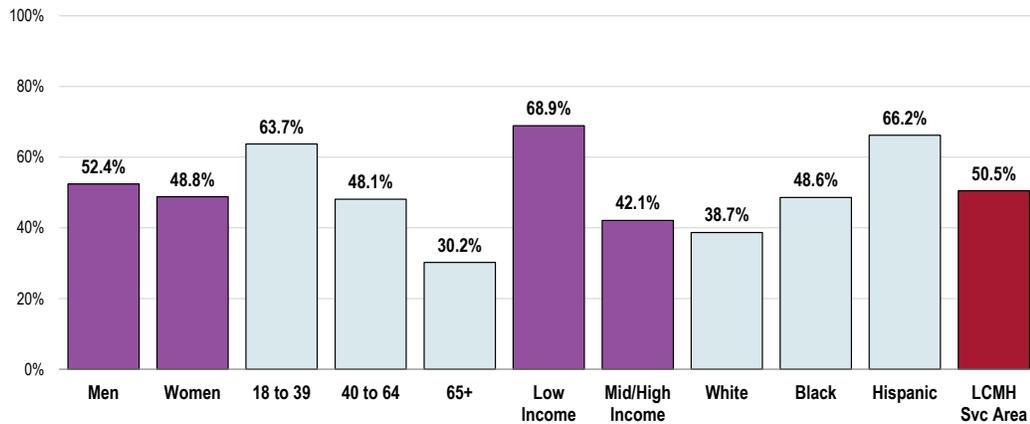


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Note that the following demographic groups much more often report difficulties accessing healthcare services:

- Adults under age 65 (strong correlation with age).
- Lower-income residents.
- Blacks.
- Hispanics.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
 Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

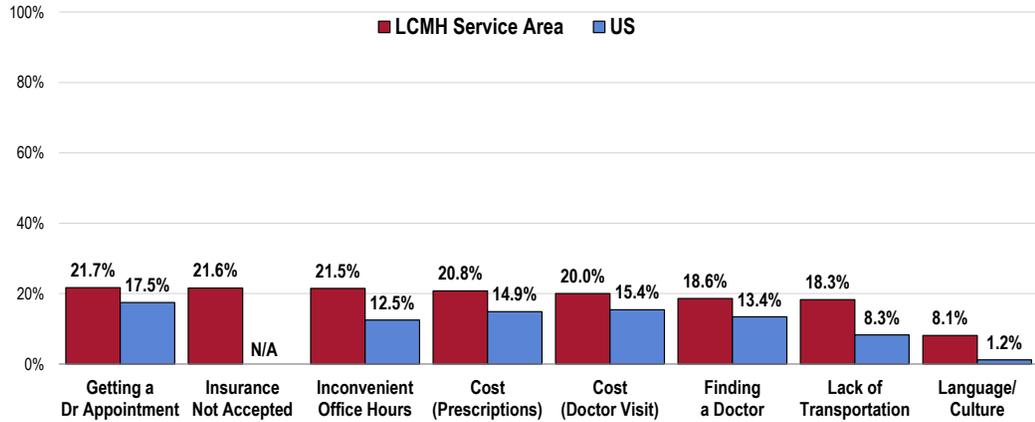
Of the tested barriers, the most prevalent in the LCMH Service Area were difficulty getting a doctor's appointment (21.7% say that they had difficulty obtaining a visit to a physician in the past year), followed closely by insurance not being accepted (21.6%).

- The proportion of impacted LCMH Service Area adults is statistically worse than that found nationwide for each of the tested barriers, with the exceptions of difficulty getting an appointment (the prevalence is similar) and problems with insurance issues (no US comparison).

To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year



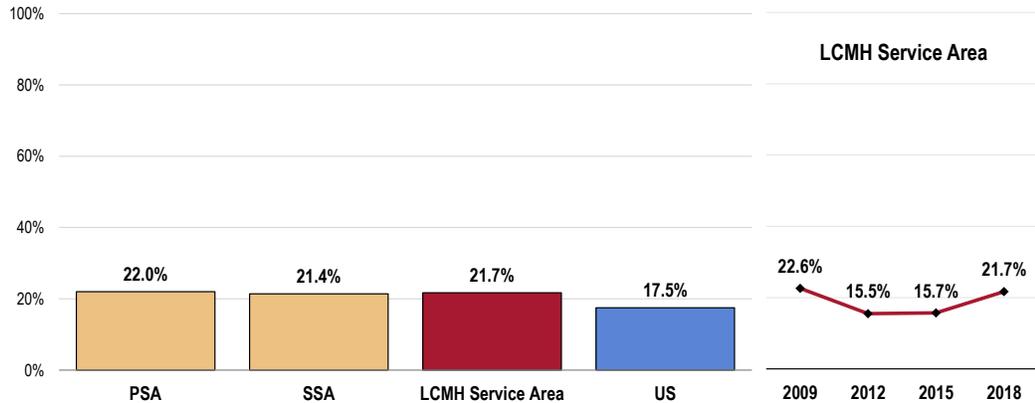
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13, 301]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Obtaining a Medical Appointment

Among all LCMH Service Area adults, 21.7% had some kind of difficulty getting a medical appointment in the past year.

- Similar to national findings.
- Similar findings by service area.
- TREND: Statistically similar to 2009 findings (but increasing from 2012 and 2015 survey findings).

Experienced Difficulty Getting a Medical Appointment in the Past Year



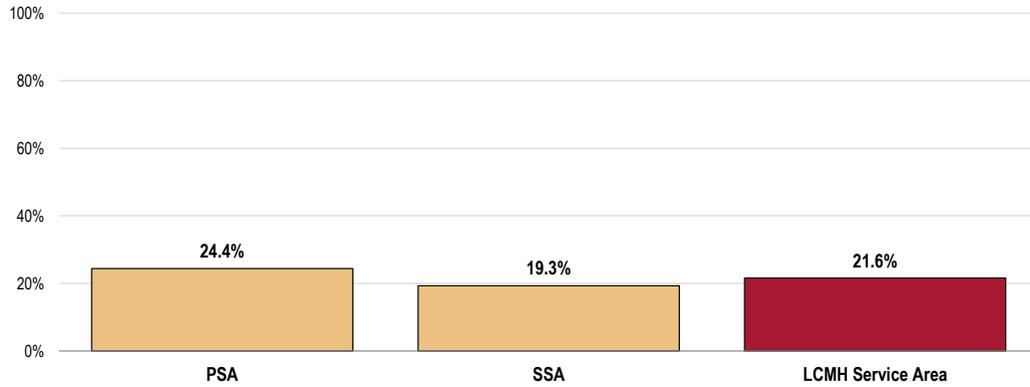
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 8]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Insurance Issues

A total of 21.6% of survey respondents report that at some point in the past year, their doctor's office didn't accept their insurance coverage.

- Similar findings by service area.

Doctor's Office Didn't Accept Insurance At Some Point in the Past Year



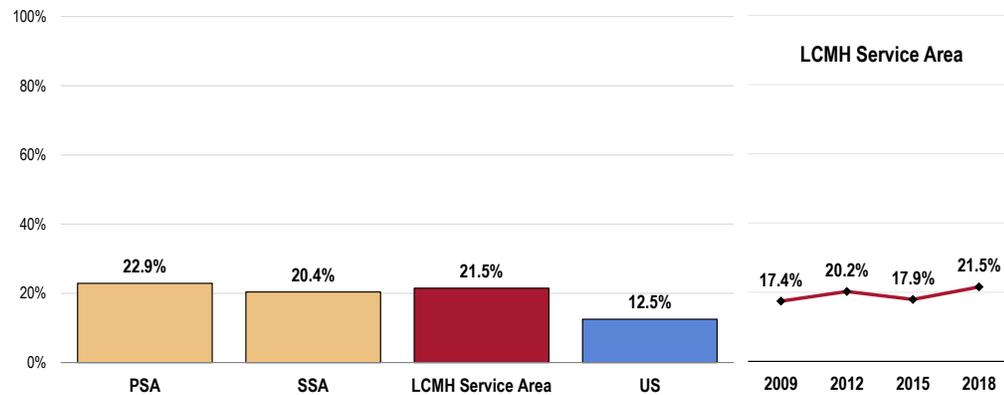
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
 Notes: • Asked of all respondents.

Inconvenient Office Hours

Among all service area adults, 21.5% say that inconvenient office hours prevented their medical care at some point in the past year.

- Much higher than national findings.
- Similar findings by service area.
- TREND: Statistically similar to previous findings.

Inconvenient Office Hours Prevented a Physician Visit in the Past Year



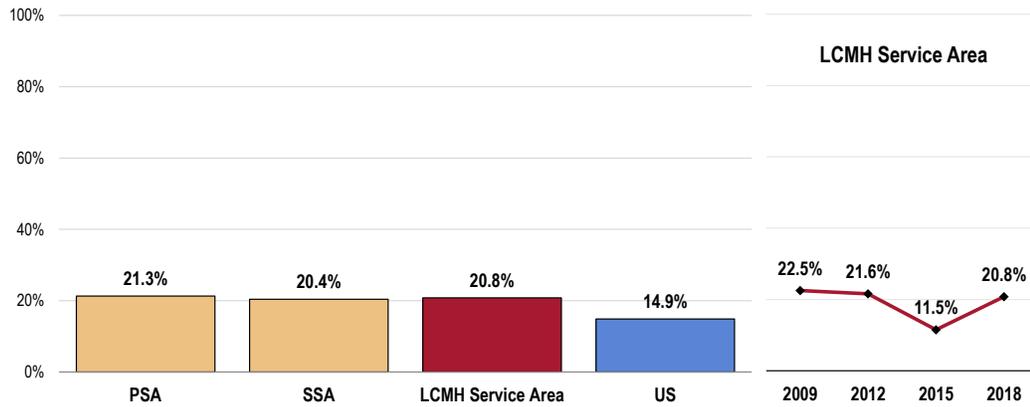
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Cost of Prescription Medication

Among service area residents, 20.8% report that cost prevented them from obtaining a prescription medication in the past year.

- Much higher than national findings.
- Similar findings by service area.
- TREND: Statistically similar to 2009 findings (but increasing since 2015 findings).

Cost Prevented a Prescription Medication in the Past Year



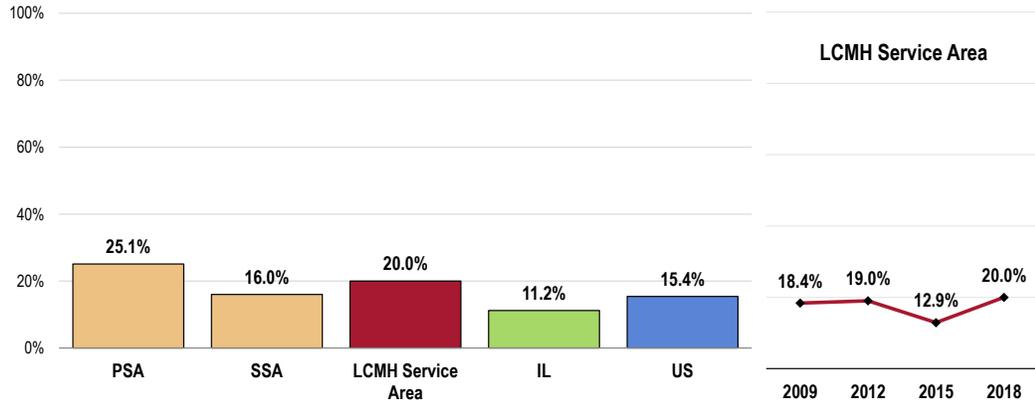
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Cost of Physician Visits

Among all Little Company of Mary Hospital Service Area adults, 20.0% say that cost prevented a doctor’s visit for them in the past year.

- Higher than the state and national percentages.
- Unfavorably high in the Primary Service Area.
- TREND: Statistically similar to 2009 findings (although higher than 2015 survey findings).

Cost Prevented a Physician Visit in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 9]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois data.

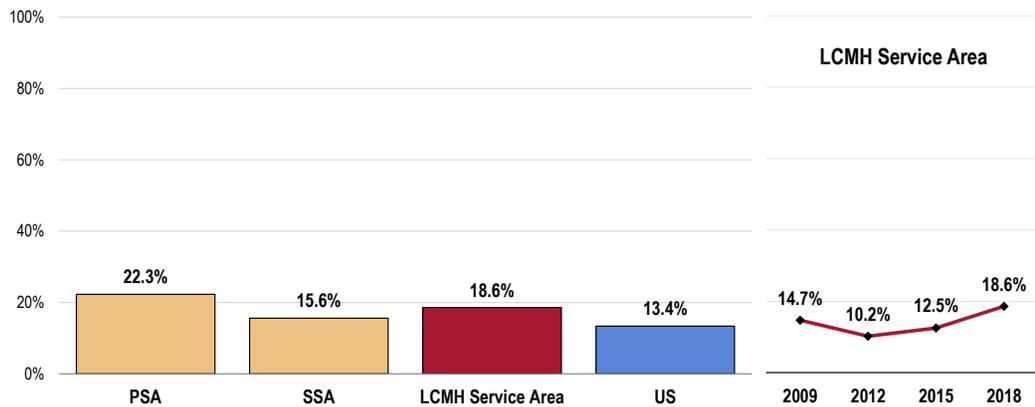
Notes: • Asked of all respondents.

Finding a Physician

A total of 18.6% of survey respondents experienced difficulty finding a physician in the past year.

- Higher than the US figure.
- Similar findings by service area.
- TREND: Statistically similar to 2009 findings (but increasing from 2012 and 2015 survey findings).

Experienced Difficulty Finding a Doctor in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

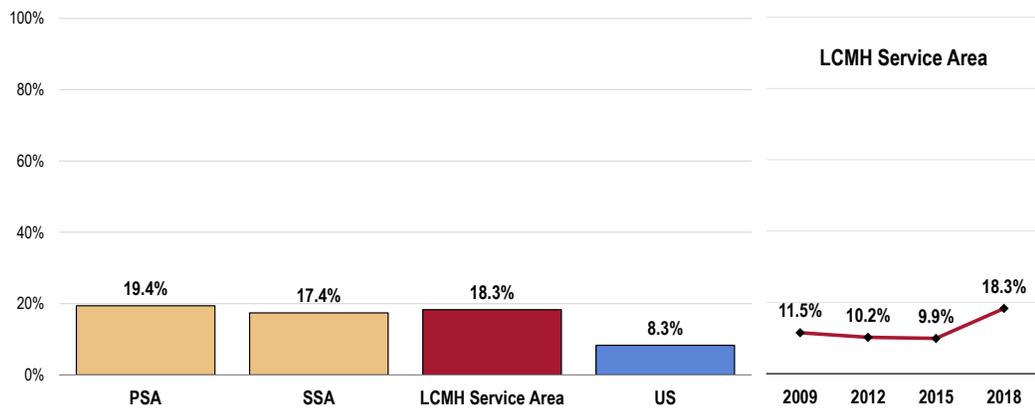
Notes: • Asked of all respondents.

Lack of Transportation

Among all Little Company of Mary Hospital Service Area adults, 18.3% note that a lack of transportation prevented their medical care in the past year.

- Much higher than national findings.
- Similar findings by service area.
- TREND: Denotes a statistically significant increase from previous survey findings.

Lack of Transportation Prevented Medical Care in the Past Year



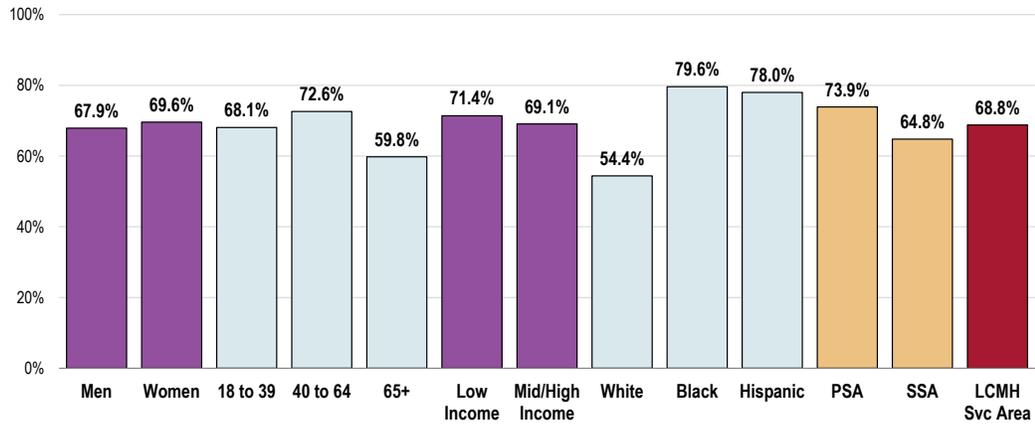
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 10]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Public Transportation

In a related inquiry, 68.8% of survey respondents feel they can rely on public transportation for work, appointments, and shopping if needed.

- Favorably higher in the Primary Service Area.
- Viewed by demographic characteristics, the prevalence is lower among seniors and White respondents.

Can Rely on Public Transportation for Work, Appointments, and Shopping If Needed (LCMH Service Area, 2018)



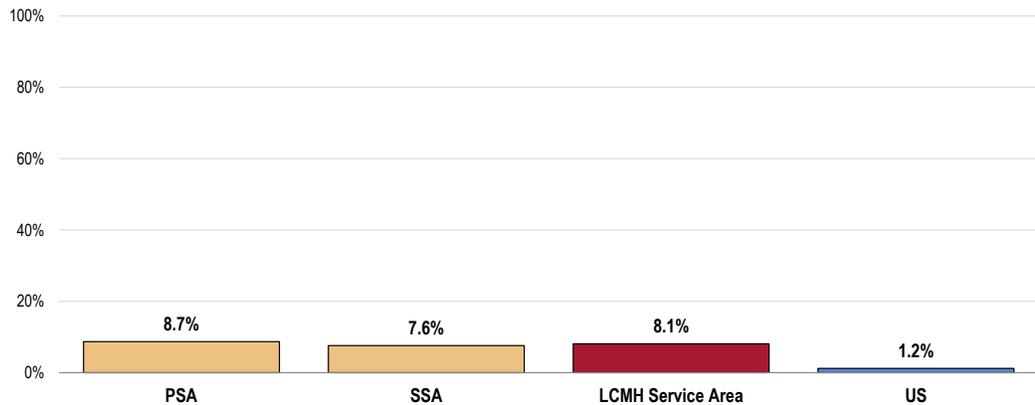
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
 Notes: • Asked of all respondents.
 • Represents the total sample of respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Language/Culture

A total of 8.1% of survey respondents indicate that language or culture was a barrier to receiving medical care in the past year.

- Much higher than national findings.
- Comparable findings by service area.

Language or Culture Was a Barrier to Medical Care in the Past Year



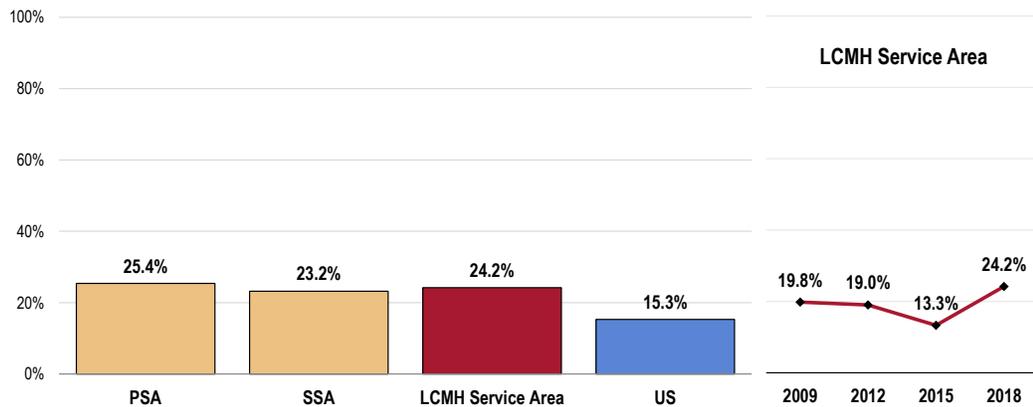
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Prescriptions

Among all LCMH Service Area adults, 24.2% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Worse than national findings.
- Comparable findings by service area.
- TREND: Statistically similar to baseline findings (although increasing since 2015).

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

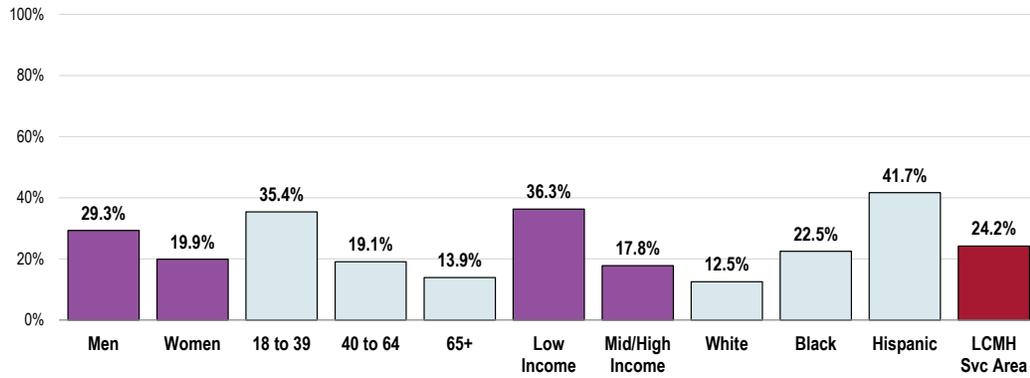


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Men.
- Young adults (correlates with age).
- Respondents with lower incomes.
- Hispanics.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (LCMH Service Area, 2018)



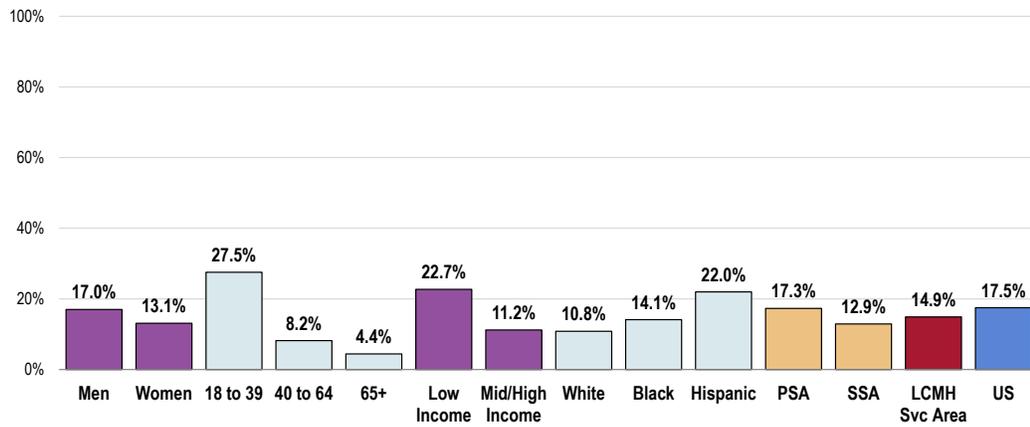
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulty Seeing Specialists

Among survey respondents, 14.9% say that they or a member of their household had difficulty seeing a specialist in the past year.

- Similar to the US prevalence.
- Similar findings by service area.
- Viewed by demographic characteristics, the percentage is higher among young adults and low-income residents.

Respondent or Member of Household Had Difficulty Seeing a Specialist in the Past Year (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

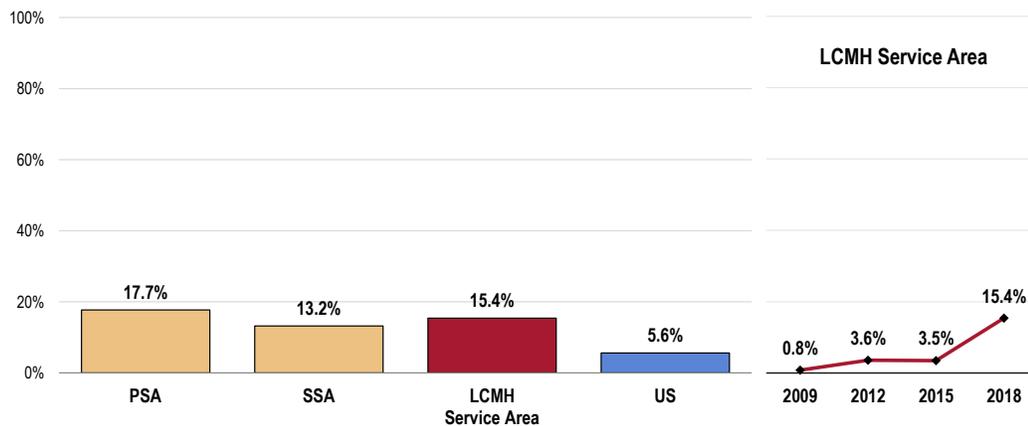
Accessing Healthcare for Children

A total of 15.4% of surveyed parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

- Much higher than what is reported nationwide.
- Similar findings by service area.
- TREND: Denotes a statistically significant increase from previous survey findings.

Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118-119]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited health-related issues and inconvenient office hours.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey were equally likely to characterize *Access to Healthcare Services* as a “minor problem” or “no problem at all” in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

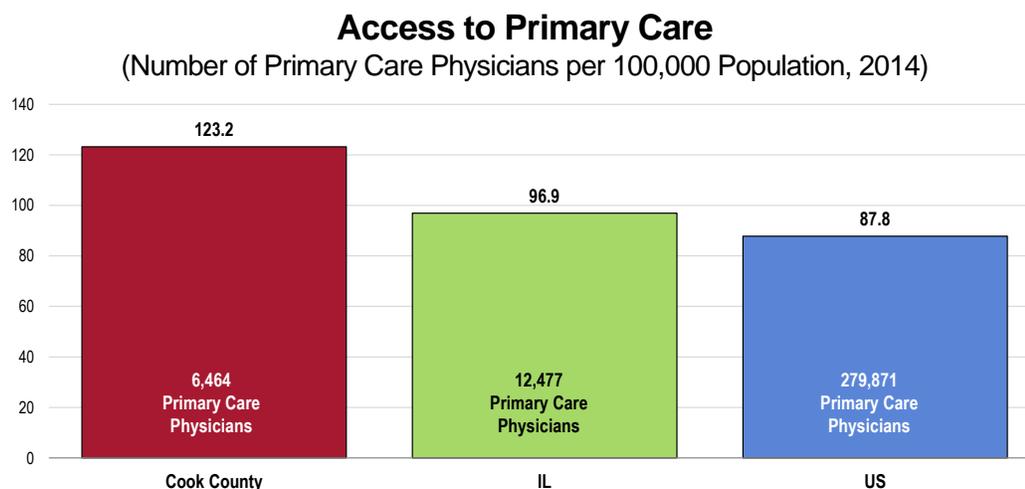
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In Cook County in 2014, there were 6,464 primary care physicians, translating to a rate of 123.2 primary care physicians per 100,000 population.

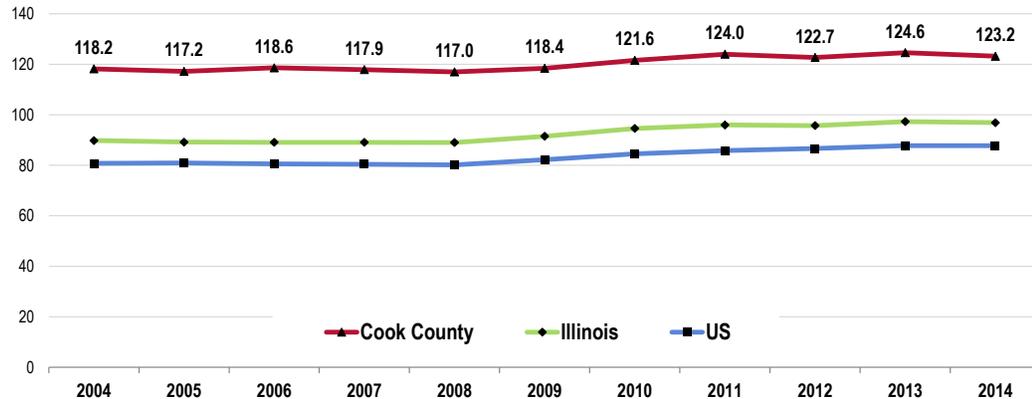
- Well above what is found statewide and nationally.



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 - Retrieved September 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- **TREND:** Access to primary care (in terms of the rate of primary care physicians to population) has not changed significantly over the past decade in Cook County.

Trends in Access to Primary Care (Number of Primary Care Physicians per 100,000 Population)



Sources:

- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved September 2018 from Community Commons at <http://www.chna.org>.

 Notes:

- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Specific Source of Ongoing Care

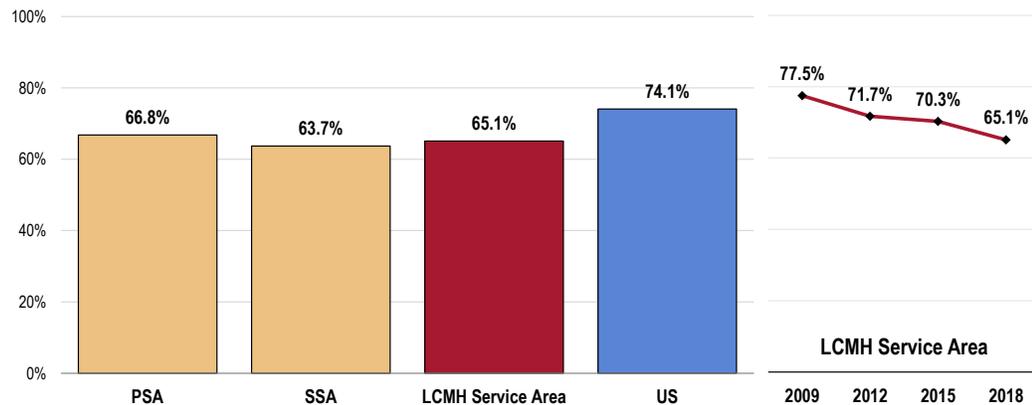
A total of 65.1% of LCMH Service Area adults were determined to have a specific source of ongoing medical care.

- Below the national prevalence.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Similar findings by service area.
- TREND: Marks a statistically significant decrease since 2009.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care Healthy People 2020 Target = 95.0% or Higher



Sources:

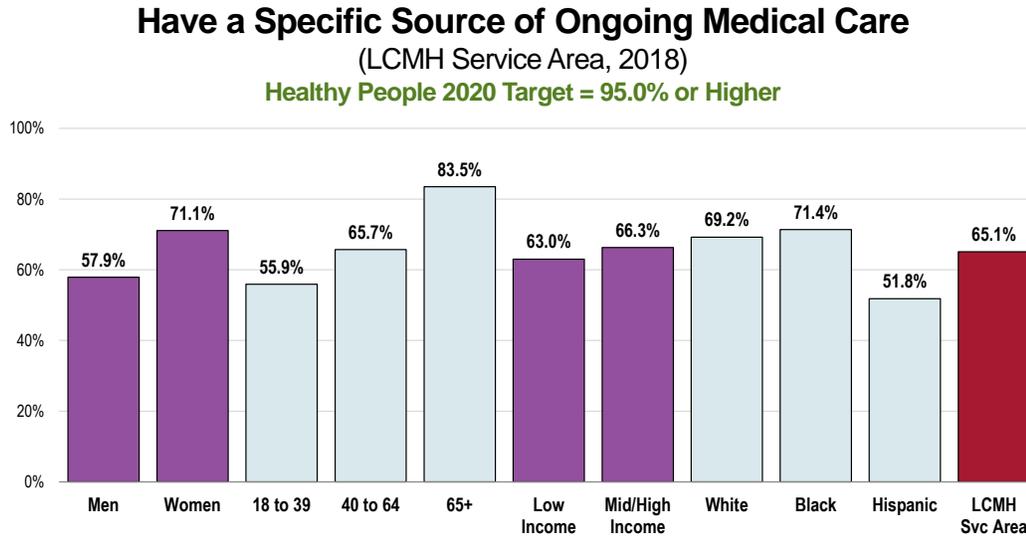
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]

 Notes:

- Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under age 65.
- Hispanics.



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]

Notes:

- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

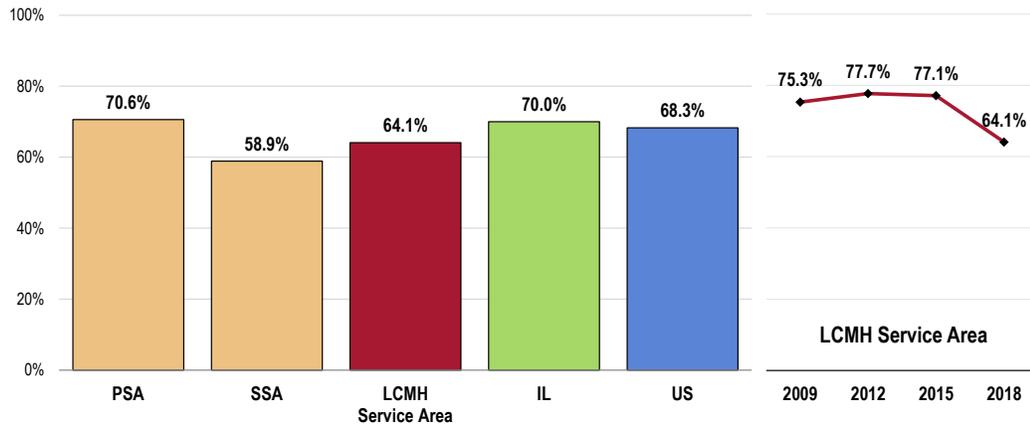
Utilization of Primary Care Services

Adults

A total of 64.1% of adults visited a physician for a routine checkup in the past year.

- Lower than state findings.
- Similar to national findings.
- Higher in the Primary Service Area.
- TREND: Marks a statistically significant decrease from previous survey findings.

Have Visited a Physician for a Checkup in the Past Year

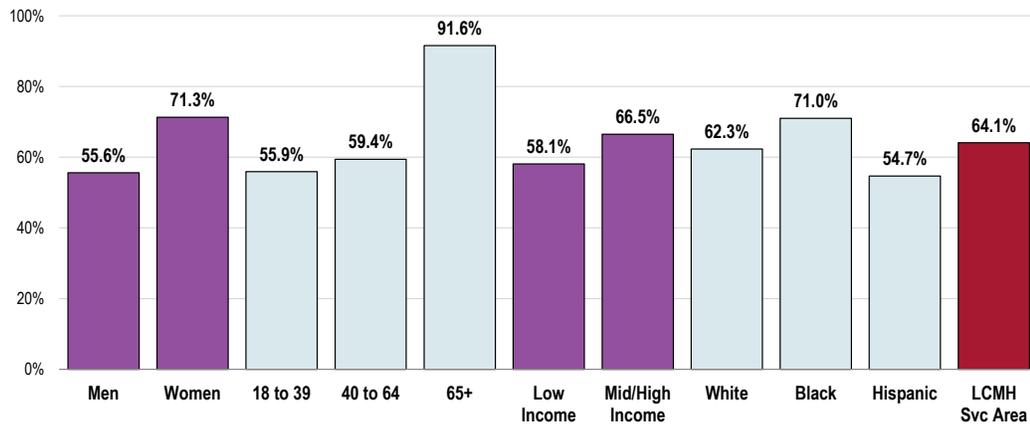


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Men and adults under age 65 are less likely to have received routine care in the past year, as are Hispanics in the service area.

Have Visited a Physician for a Checkup in the Past Year (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]

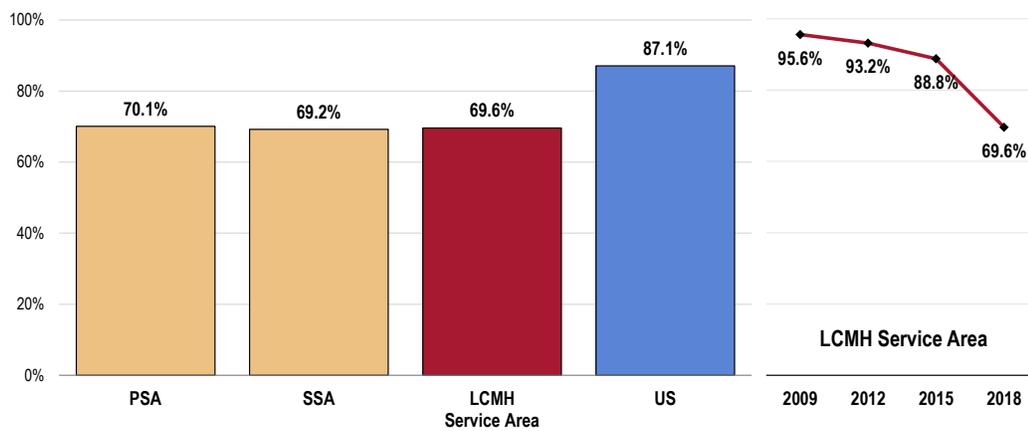
Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 69.6% report that their child has had a routine checkup in the past year.

- Well below the national findings.
- Comparable findings by service area.
- TREND: Marks a statistically significant decrease over time.

Child Has Visited a Physician for a Routine Checkup in the Past Year
(Among Parents of Children 0-17)



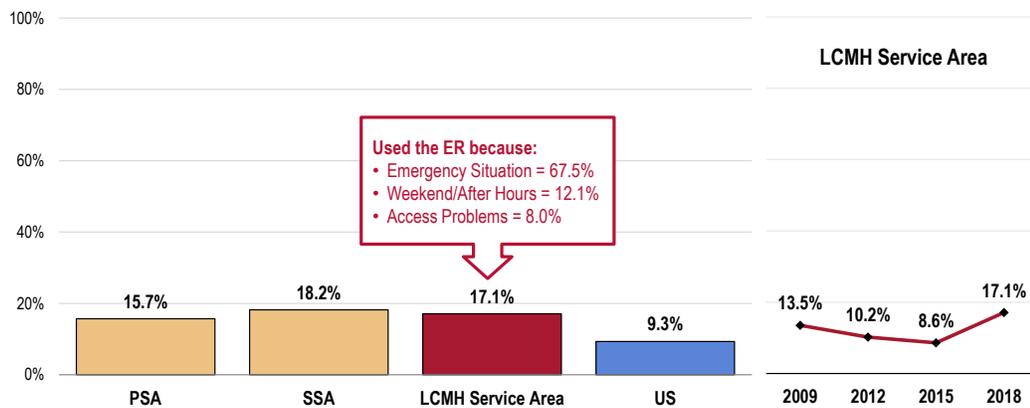
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 17.1% of LCMH Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Nearly twice the national findings.
- Similar findings by service area.
- TREND: Statistically unchanged from 2009 survey findings (increasing significantly from 2012 and 2015 survey results).

Have Used a Hospital Emergency Room More Than Once in the Past Year



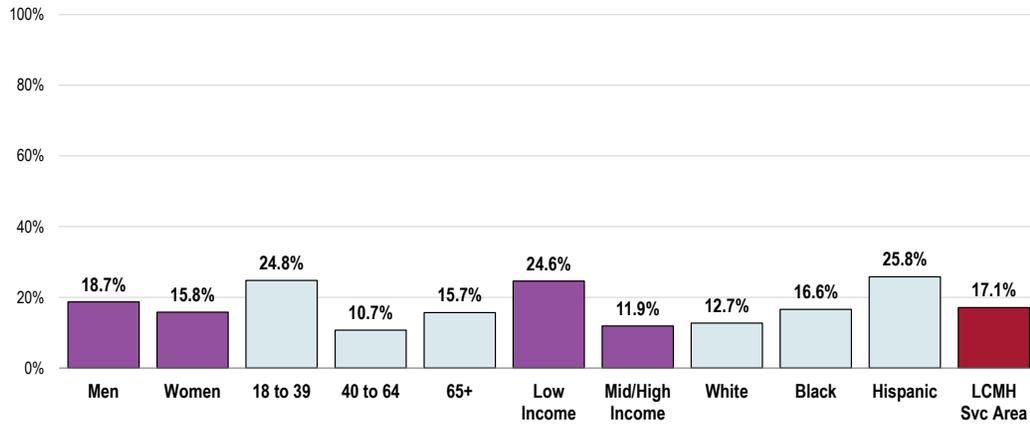
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Of those using a hospital ER, 67.5% say this was due to an **emergency or life-threatening situation**, while 12.1% indicated that the visit was during **after-hours or on the weekend**. A total of 8.0% cited **difficulties accessing primary care** for various reasons.

These population segments are more likely to have used an ER for their medical care more than once in the past year:

- Young adults (under age 40).
- Residents in low-income households.
- Hispanics.

Have Used a Hospital Emergency Room More Than Once in the Past Year (LCMH Service Area, 2018)



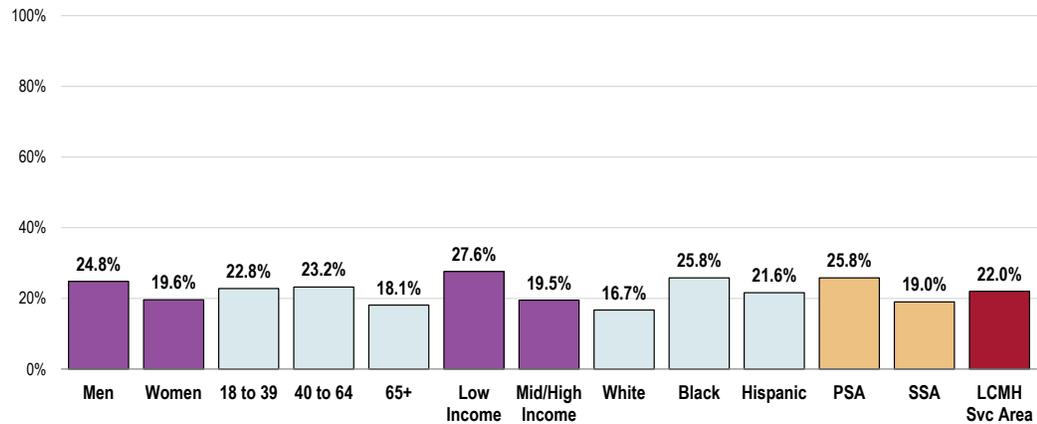
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Outmigration for Services

Among survey respondents, 22.0% report that they feel the need to leave the local area for certain medical services.

- The prevalence is statistically similar by service area.
- Viewed by demographic characteristics, there are no statistically significant disparities.

Feel the Need to Leave the Area for Certain Medical Care (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]

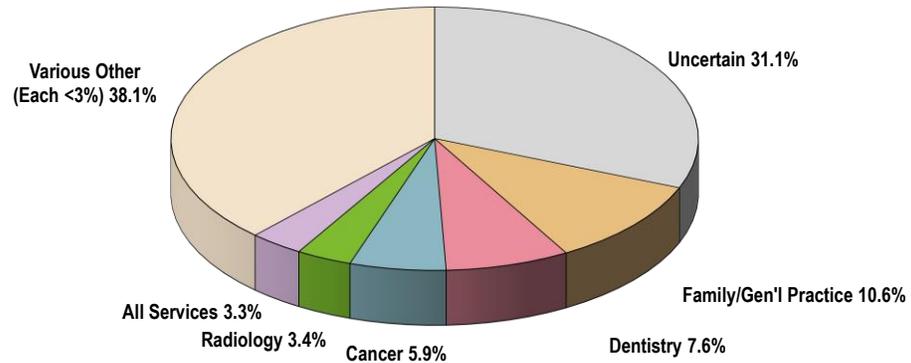
Notes: • Asked of all respondents.
• Represents the total sample of respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Asked to name the specific healthcare services for which respondents leave the area, many were uncertain (31.1%).

- A total of 10.6% of these respondents mentioned **family or general practice**, followed by services for **dentistry** (7.6%), **cancer** (5.9%), and **radiology** (3.4%).
- A total of 3.3% of these respondents mentioned leaving for **all services**.
- The balance (38.1%) identified a wide variety of other specialties and services, none of which received more than 3% of the total responses.

Specific Healthcare Services for Which Respondent Leaves the Area

(LCMH Service Area Adults Who Feel the Need to Leave the Area for Medical Care, 2018)



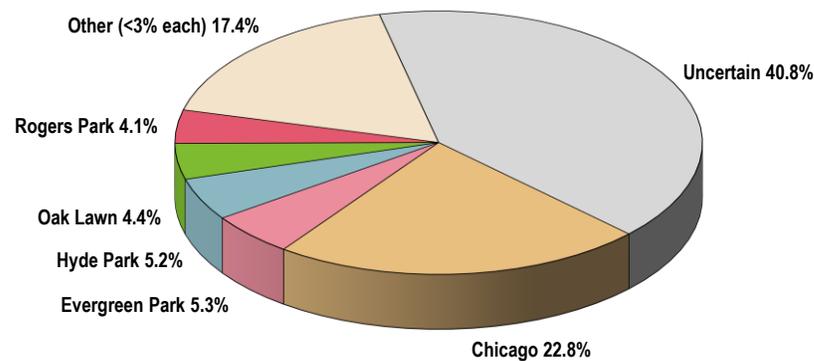
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
 Notes: • Reflects those respondents who leave the area for certain medical services.

When asked about the specific community they visit for the services outside the community, 40.8% of these respondents were uncertain and 22.8% mentioned Chicago.

- Fewer respondents mentioned **Evergreen Park (5.3%)**, **Hyde Park (5.2%)**, **Oak Lawn (4.4%)**, and **Rogers Park (4.1%)**.

Specific Community Visited for Services Outside the Local Area

(LCMH Service Area Adults Who Feel the Need to Leave the Area for Medical Care, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]
 Notes: • Reflects those respondents who leave the area for certain medical services.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

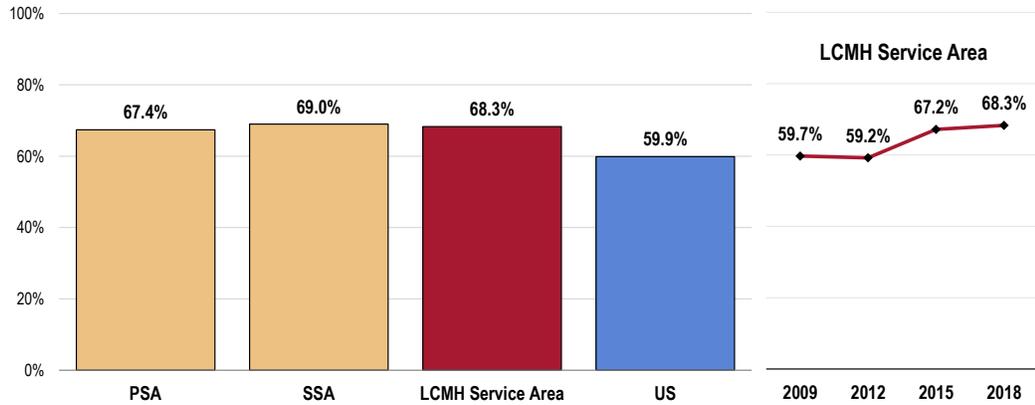
- Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Over two in three LCMH Service Area adults (68.3%) have dental insurance that covers all or part of their dental care costs.

- Higher than the national finding.
- Similar findings by service area.
- TREND: Marks a statistically significant increase from 2009 (and 2012) survey findings.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

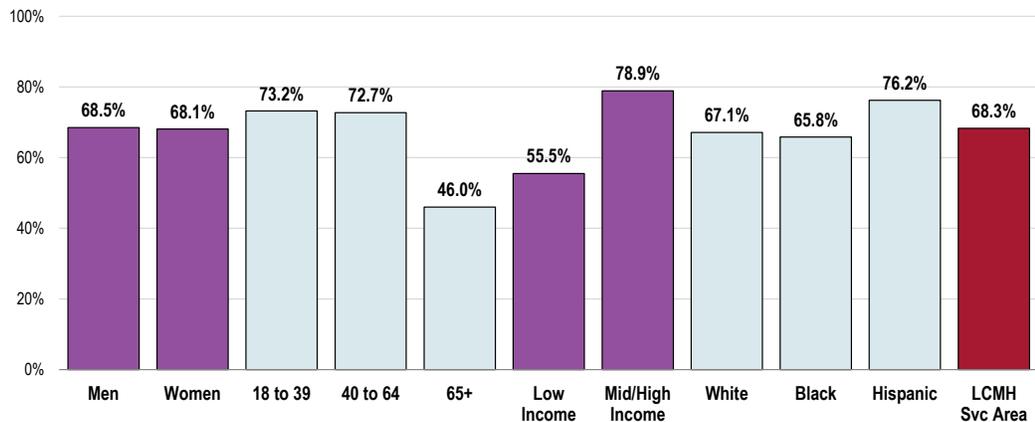


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

These adults are less likely to be covered by dental insurance:

- Seniors.
- Low-income residents.

Have Insurance Coverage That Pays All or Part of Dental Care Costs (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Care

Adults

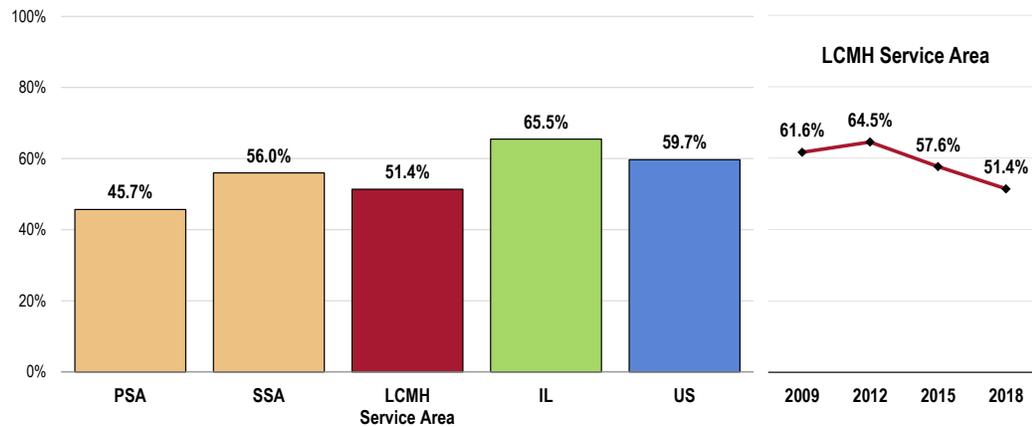
A total of 51.4% of LCMH Service Area adults have visited a dentist or dental clinic (for

any reason) in the past year.

- Well below the state and national figures.
- Similar to Healthy People 2020 target (49% or higher).
- Especially low in the Primary Service Area.
- TREND: Denotes a statistically significant decrease from 2009 (and 2012) survey findings.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



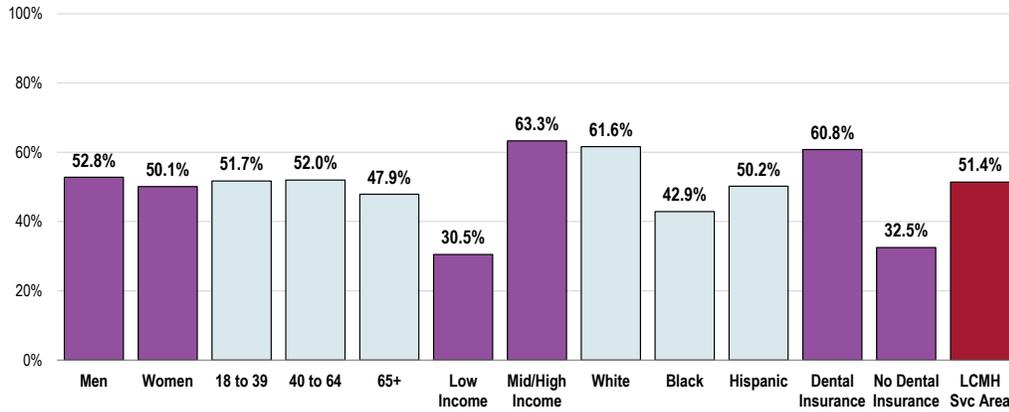
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Illinois data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes: • Asked of all respondents.

These population segments are less likely to have visited a dentist or dental clinic in the past year:

- Persons living in the lower income category (failing to satisfy the Healthy People 2020 target).
- Blacks and Hispanics.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year (LCMH Service Area, 2018) Healthy People 2020 Target = 49.0% or Higher



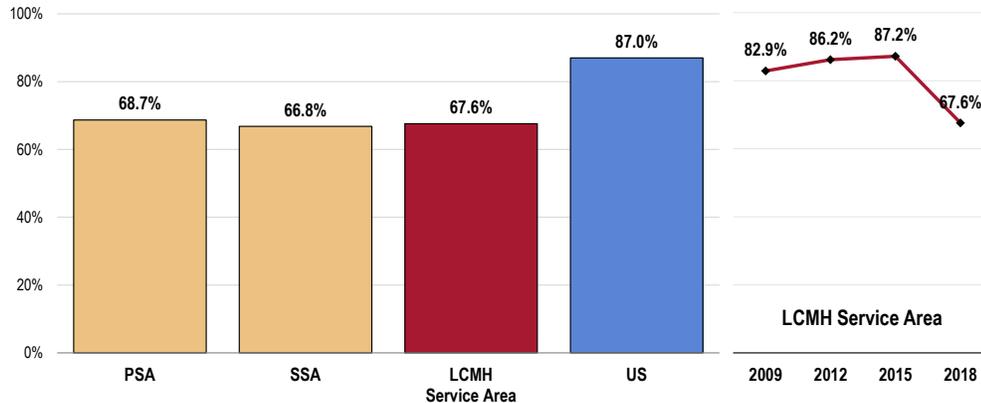
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

A total of 67.6% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Well below the national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Similar findings by service area.
- TREND: Marks a statistically significant decrease from previous survey findings.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Among Parents of Children Age 2-17) Healthy People 2020 Target = 49.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “minor problem” in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

One respondent rating this issue as a “major problem” commented:

Early Diagnosis/Prevention

People need regular checkups with their dentist. – Community Leader

Vision Care

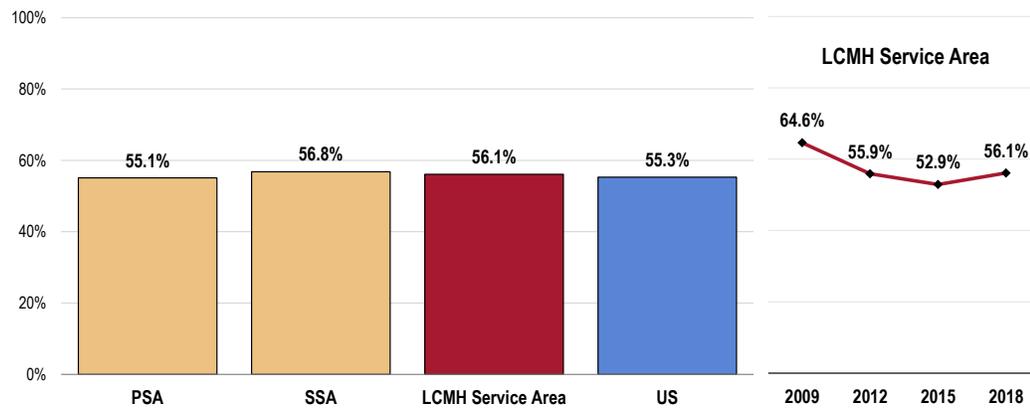
A total of 56.1% of LCMH Service Area residents had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE:

See also *Potentially Disabling Conditions: Vision & Hearing Impairment in the Death, Disease, & Chronic Conditions* section of this report.

- Statistically comparable to national findings.
- Comparable findings by service area.
- TREND: Denotes a statistically significant decrease from 2009 survey findings.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

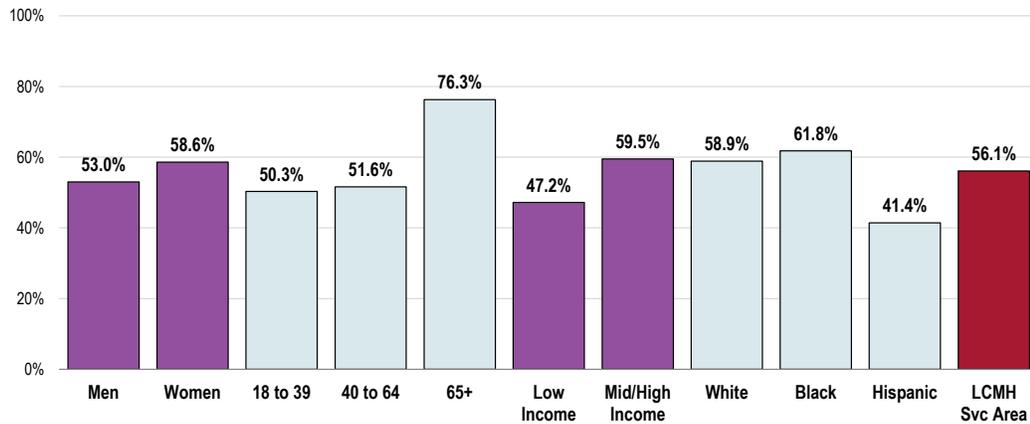


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Recent vision care in the LCMH Service Area is less often reported among:

- Adults under age 65.
- Residents with lower incomes.
- Hispanics.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (LCMH Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
 Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Health Education & Outreach



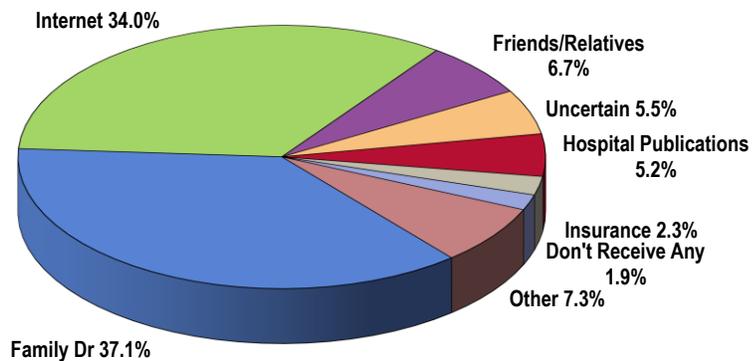
Professional Research Consultants, Inc.

Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 37.1% of service area adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response (34.0%).

Primary Source of Healthcare Information
(LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
Notes: • Asked of all respondents.

Participation in Health Promotion Events

About Educational & Community-Based Programs

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

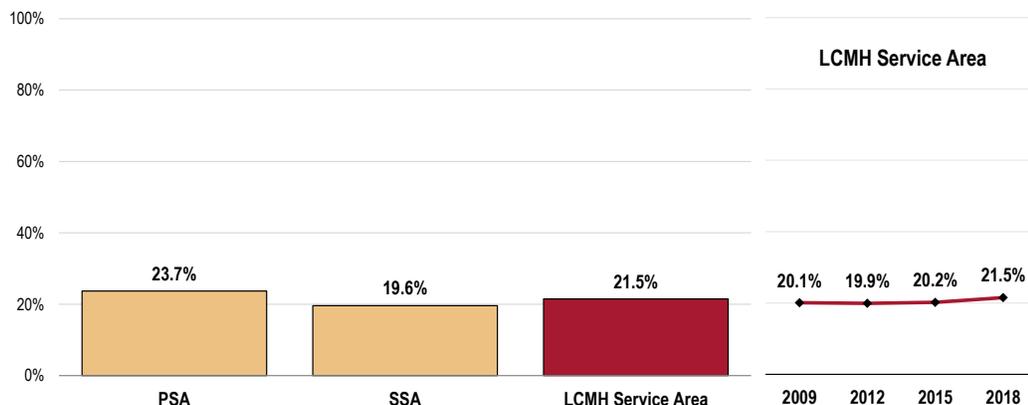
Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

- Healthy People 2020 (www.healthypeople.gov)

A total of 21.5% of Little Company of Mary Service Area adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Similar results by service area.
- TREND: Statistically constant over time.

Participated in a Health Promotion Activity in the Past Year

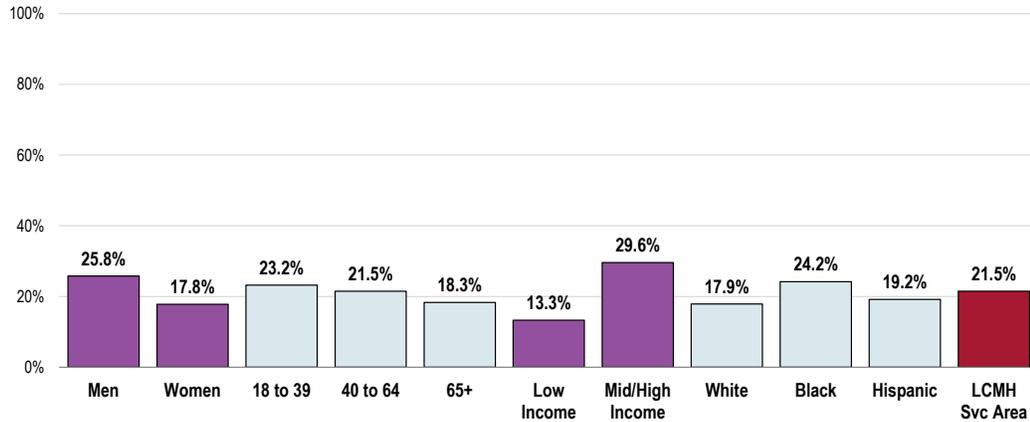


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 315]
 Notes: • Asked of all respondents.

These adults are less likely to report participation in a health promotion activity in the past year:

- Women.
- Adults in low-income households.

Participated in a Health Promotion Activity in the Past Year (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 315]

- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Health Literacy

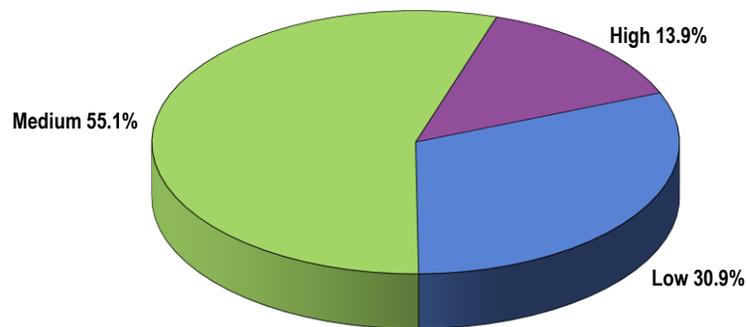
Population With Low Health Literacy

A total of 30.9% LCMH Service Area adults are found to have low health literacy.

- Higher than national findings.
- Similar percentages by service area.

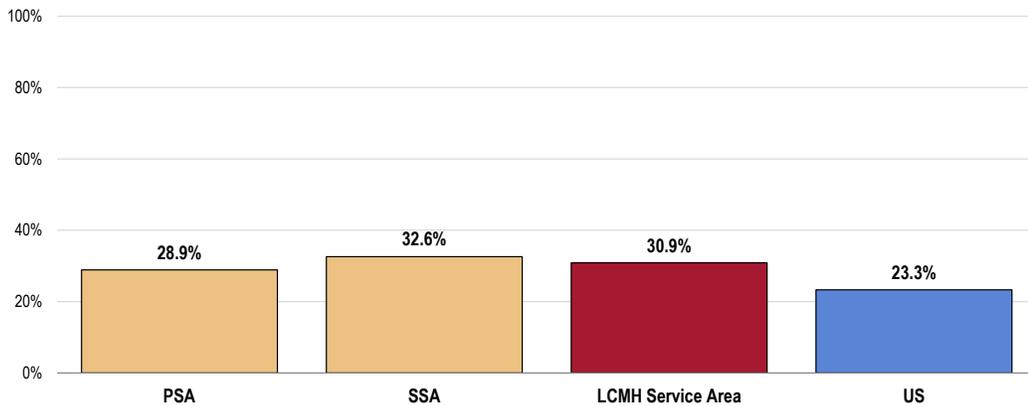
Low health literacy is defined as those respondents who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms.

Level of Health Literacy
(LCMH Service Area, 2018)



- Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 Notes: • Asked of all respondents.
 • Respondents with low health literacy are those who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms.

Low Health Literacy

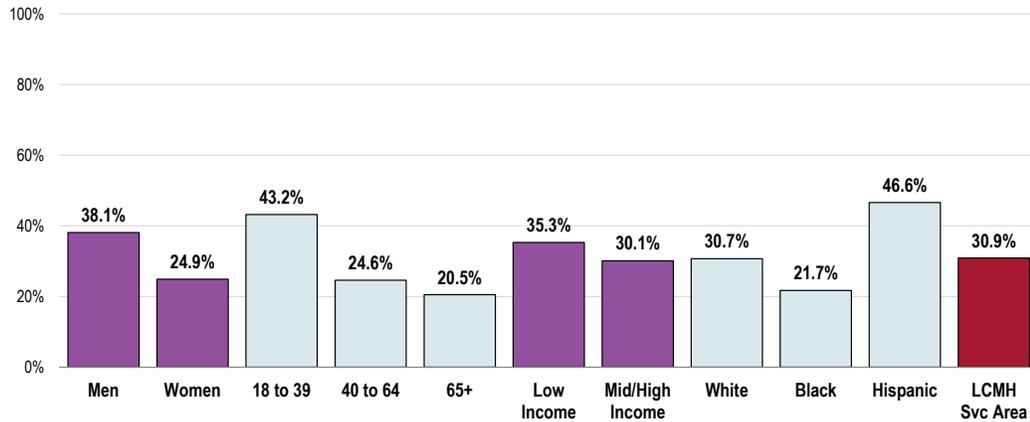


- Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Respondents with low health literacy are those who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms.

These local adults are more likely to have low levels of health literacy:

- Men.
- Young adults.
- Hispanics.

Low Health Literacy (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Understanding Health Information

Respondents were read:

"You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places.

How often is health information written in a way that is easy for you to understand?

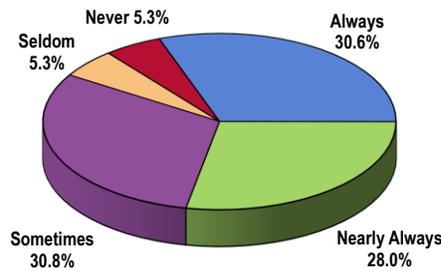
How often is health information spoken in a way that is easy for you to understand?"

The following individual measures are used to determine the health literacy levels described above.

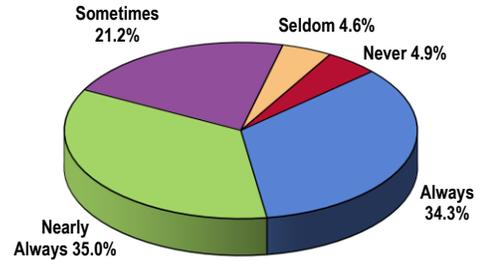
Written & Spoken Information

While a majority of LCMH Service Area adults generally find health information to be easy to understand, 10.6% experience some difficulty with written health information and 9.5% experience some difficulty with spoken health information (responding "seldom" or "never" easy to understand).

Frequency With Which Health Information Is _____ in a Way That is Easy to Understand (LCMH Service Area, 2018)



Written



Spoken

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 74, 76]
 Notes: • Asked of all respondents.

Reading Health Information & Completing Health Forms

Respondents were read:

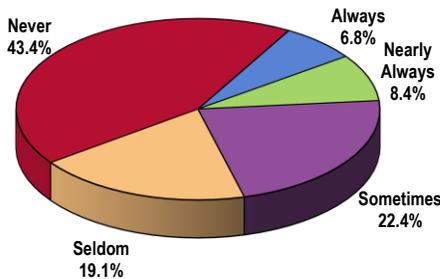
"People who might help you read health information include family members, friends, caregivers, doctors, nurses, or other health professionals. How often do you need to have someone help you read health information?"

A total of 15.2% of LCMH Service Area adults "always" or "nearly always" need to have someone help them read health information.

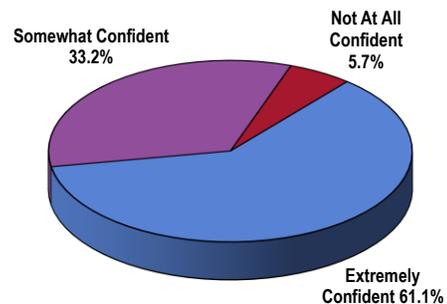
A total of 5.7% of adults are "not at all confident" in their ability to fill out health forms by themselves.

"Health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and health care. In general, how confident are you in your ability to fill out health forms yourself?"

Frequency of Needing Help Reading Health Information (LCMH Service Area, 2018)



Confidence in Ability to Fill Out Health Forms (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 75, 77]
 Notes: • Asked of all respondents.
 • In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

Local Resources



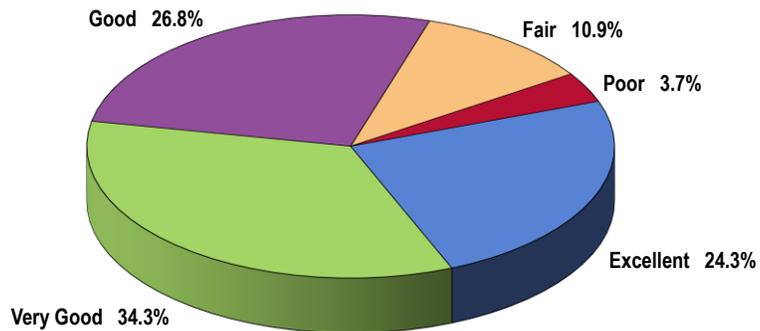
Professional Research Consultants, Inc.

Perceptions of Local Healthcare Services

A total of 58.6% of LCMH Service Area adults rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 26.8% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community
(LCMH Service Area, 2018)

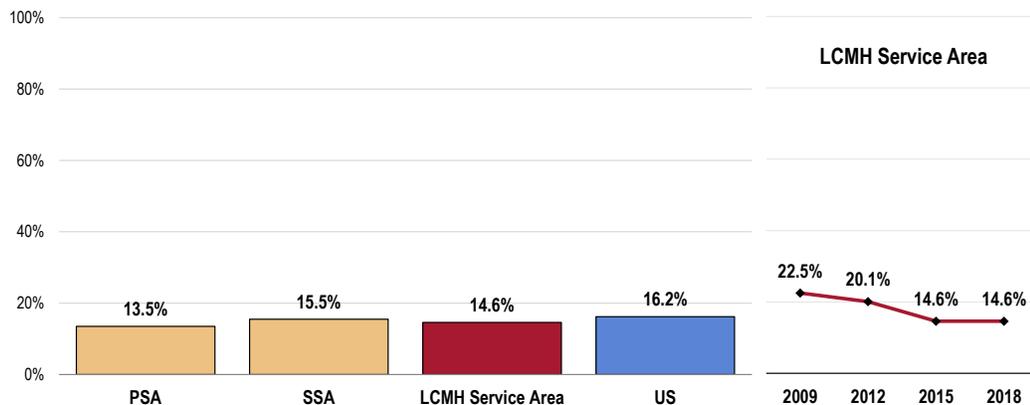


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 14.6% of residents characterize local healthcare services as “fair” or “poor.”

- Similar to that reported nationally.
- Similar findings by service area.
- TREND: Marks a statistically significant improvement in ratings since 2009.

Perceive Local Healthcare Services as “Fair/Poor”

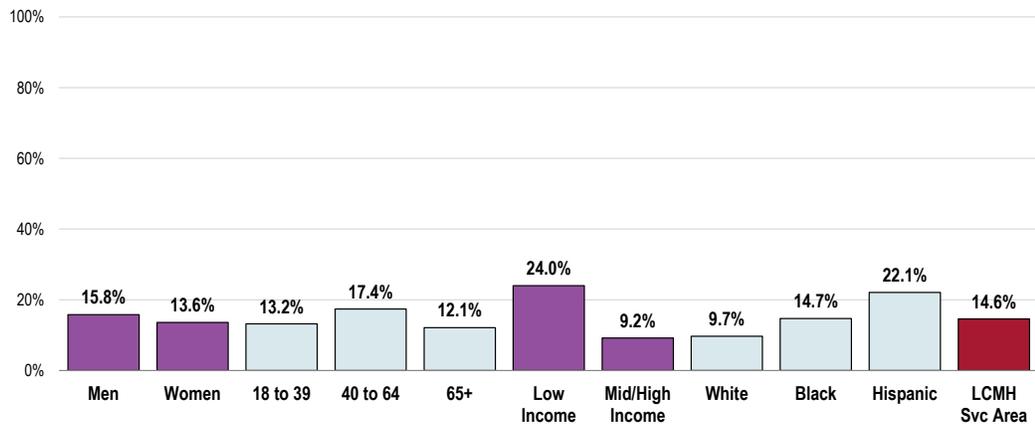


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- Residents with lower incomes.
- Hispanics.

Perceive Local Healthcare Services as “Fair/Poor” (LCMH Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 - Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access Problems

- Crisis Center for South Suburbia*

Arthritis/Osteoporosis/Back Conditions

- Medications*
- Orthopedic Surgery/Intervention*

Cancer

- Christ Advocate Hospital*
- Little Company of Mary Hospital*
- Metro South Medical Center*
- Palos Community Hospital*
- Rush Hospital*

Chronic Kidney Disease

- Christ Advocate Hospital*
- Little Company of Mary Hospital*
- Palos Community Hospital*
- Rush Hospital*

Dementia/Alzheimer's Disease

- Christ Advocate Hospital*
- Little Company of Mary Hospital*
- Palos Community Hospital*
- Rush Hospital*
- Smith Village Senior Center*
- The Villas of Evergreen*

Diabetes

- Christ Advocate Hospital*
- Fitness Centers/Gyms*
- Jen Care*
- Library*
- Little Company of Mary Hospital*
- Palos Community Hospital*
- Parks and Recreation*
- Rush Hospital*

Hearing and Vision Problems

- Doctor's Offices*

Heart Disease and Stroke

- American Heart Association*
- Cardiac Rehab Programs*
- Christ Advocate Hospital*
- Doctor's Offices*
- Hospitals*
- Little Company of Mary Hospital*
- Palos Community Hospital*
- Rush Hospital*
- University of Chicago Hospital*

HIV/AIDS

- Christ Advocate Hospital*
- Little Company of Mary Hospital*
- Palos Community Hospital*
- Rush Hospital*

Injury and Violence

- A New Direction*
- Chicago Police Department*
- Churches*
- Crisis Center for South Suburbia*
- Guardian Angel*
- Little Company of Mary Hospital*
- Mount Sinai Hospital*
- School Systems*
- South Suburban Family Shelter*
- Stroger Hospital*

Mental Health Issues

- Center for Self-Actualization*
- Churches*
- Grand Prairie Services*
- Greater Lawn Mental Health*
- Hospitals*

Little Company of Mary Hospital
Mental Health Services
Metropolitan Family Services
State Legislature
Suicide Hotline

Nutrition, Physical Activity, and Weight

LA Fitness
Parks and Recreation

Oral Health/Dental Care

Dentist's Offices

Respiratory Diseases

Doctor's Offices

Sexually Transmitted Diseases

Planned Parenthood

Substance Abuse

AA/NA
Churches
Drug Treatment Centers
Evergreen Park Police Department

Tobacco Use

Medications

Appendix



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Evaluation of Past Activities

Access to Care

The Health Education Center provided access to health awareness programs, health screenings and lifestyle enhancement programs to over 108,000 community members. A focus on cardiovascular disease, the primary cause of mortality/morbidity of adults in the community included a comprehensive stroke screening called the Wake Up Call and Healthy Heart Screenings. These screenings provided hospital-grade health screenings such as lab tests, ultrasounds, peripheral vascular and heart rhythm screenings along with access to a wellness nurse educator who discusses personal risk factors individually with each client.

Other programs included podiatric and orthopedic screenings, skin cancer screening. Prostate and colorectal cancer screenings. Many screenings provided are at no cost to the participants. Lab, radiology and heart rhythm screenings provided are at a significantly discounted fee with scholarship support as needed to increase access to care for under and uninsured members of the community.

Participants with health concerns identified receive referrals to primary care providers. Physician Match services are available for those without provider. These programs allow the hospital to educate the community about the availability of primary care at LCMH.

In addition to LCMH Health Education Center programs and services, LCMH collaborated with Stickney and Palos Townships to provide access to screenings and services. A Health Education Center Wellness Nurse Educator provides Healthy Heart, Thyroid and Vitamin D screenings to local townships. Awareness programs related to a variety of health and wellness topics including heart health, cancer prevention, healthy lifestyle, thyroid function, diabetes and blood pressure were offered for community members, staff and employees including the hospital, the local townships, primary and secondary schools, churches and childcare centers. The center also is actively involved with A Healthier Evergreen, Inc. – a community-based organization that focuses on health and wellbeing of residents in the village.

To communicate LCMHs availability as a source of primary care, programs led by hospital providers were offered to the community through the Health Ed Center, school district, and townships. These programs covered a variety of health topics including cardiovascular, healthy aging, bone and joint health, cancer prevention, diabetes, thyroid health and general health and fitness.

The Health Education Center also produces a Community Resource Directory each year to provide a source of referral opportunities within the metropolitan Chicago area for a variety of needs including social determinants of health such as housing, violence, and poverty which is distributed widely in the neighborhood.

Cancer

The following programs were offered in response to the needs identified in the Community Health Needs assessment related to cancer: Lung Cancer Screening was provided to 269 community members in accordance with the screening criteria from the American Cancer Society and the Lung Cancer Alliance. Physician led prevention and awareness programs related to lung cancer were offered at the hospital, local school District 124, and the American Legion Hall. Breast prevention programs were offered by the surgical oncology breast surgeon. Prostate cancer screening and awareness programs were provided to 242 men in the community. These screenings do not require a referral from a physician. Skin cancer screenings with education on personal risk factors were provided to 375 community members along with four awareness/educational seminars to senior groups, the American Legion Hall in Evergreen Park and the hospital. Take home colon rectal screening kits were given to over 500 community members through the Adult Health Fair and Men's Wellness Events. Hospital physicians provided colon cancer awareness and prevention seminars to senior groups and at the American Legion Hall in Evergreen Park and the hospital.

Diabetes

The Health Education Center continues to work with the Diabetes Center to increase awareness of diabetes risk factors and management. Two programs are offered on a regular basis— one at the hospital and the other at Stickney Township - along with programs for individual community groups through the school district. The medical director of the Diabetes Center gave an update on new treatments for diabetes at a community forum at the hospital.

Heart Disease & Stroke

Comprehensive screening programs for identification of personal risk factors for cardiovascular disease are provided at substantially discounted fees to enhance access for underinsured and uninsured community members. The wellness nurse educators provided over 1700 screenings along with education about personal risk factors to each client. In addition to screenings, physician led education programs focused on cardiovascular health were offered at the hospital and to various community groups. The Community Health Needs Assessment indicated a need for increased blood pressure screenings. Free blood pressure screenings are offered twice a week, at with all lab screening programs, health fairs at the hospital and community venues with over 3,000 blood pressure screenings completed.

Mental Health

The Health Academy lecture series offers a mental health awareness program each January. Behavioral Health specialists spoke about bipolar disorder, post-traumatic stress disorder, and depression. A monthly program to support positive mental health among people with chronic illness resulted in 609 community participants learning coping strategies that support positive mental health. The Health Education Center continues to bring massage and tai chi to the community to support physical and mental health.

Tobacco Use

Hypnosis for smoking cessation is offered on a regular basis. During the month of November, smoking cessation support is offered to employees and a special activity for The Great American Smoke Out is held. The lung cancer screening program provides an opportunity to share information about individual risk factors for lung disease related to smoking along with a referral process to smoking cessation programs. A new evidence-based program – Courage to Quit - was added in 2017 to support smoking cessation.