

# Community Health Needs Assessment 2013

Saint Francis Medical Center

Peoria County, Tazewell County, Woodford County

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# Executive Summary

The *Tri-County Community Health-Needs Assessment (CHNA)* is a collaborative undertaking by Methodist Medical Center of Illinois, OSF Saint Francis Medical Center and Proctor Hospital to highlight the health needs and well-being of residents in Peoria, Tazewell, and Woodford counties.

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

Specifically, team members included two representatives from each of the three Peoria hospitals, Administrators from the three County Health Departments, physicians/administrators from clinics serving the at-risk population, representation from the University of Illinois College of Medicine and the Heart of Illinois United Way.

## Why Focus on the Health Needs of the Tri-County Region?

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

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

Specifically, this assessment provides a detailed analysis of:

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

# Methodology

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

## PHASE I

*Focuses on the collection of existing secondary data to develop a comprehensive health profile and identify strategic inferences.*

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

## PHASE II

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

To collect data in this study, three surveying techniques were used. First, an online version of the survey was created. The online survey produced 469 responses. Additionally paper surveys were used. This yielded another 904 surveys. However, there was also a segment of the population that had either difficulty reading and/or comprehending the survey, so structured interviews were also performed, yielding a total of 274 responses. To specifically target the at-risk population, surveys were distributed at all homeless shelters and soup kitchens. A total of 1,647 residents were surveyed.

## PHASE III

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

The identification and prioritization of the most important health-related issues in the Tri-County region are identified in Phase III. After summarizing all of the issues in the Community Health Needs Assessment, a comprehensive assessment of existing community resources was performed to identify the efficacy to which health-related issues were already being addressed. Over 50 organizations that serve the needs of the Tri-County region were identified. Finally a collaborative effort of leaders in the healthcare community used an importance/urgency methodology to identify the most critical issues in the area.

# Phase 1: Demographics

## Demographics

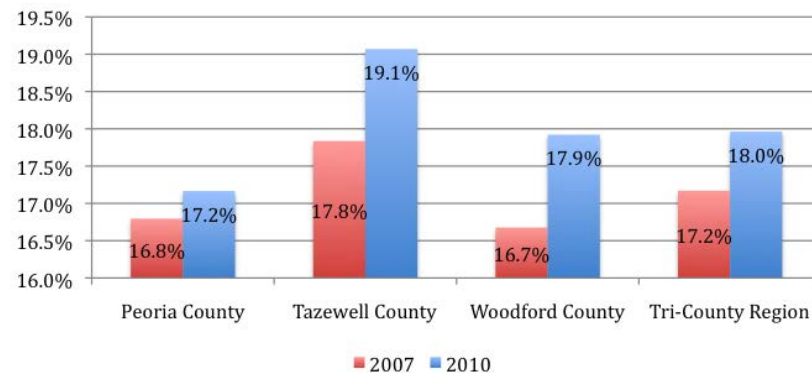
including increasing of the elderly population, depression, risky behaviors, and poverty will have significant impact on the health needs of the Tri-County Region

### *Increasing Elderly Population -*

Growth in the 85 and older category is experiencing the highest growth rate in the Tri-County region, and the 62 and older population has seen a significant increase in all three counties. Forecasts indicate that individuals over age 65 will increase by one-third in the next 10 years. In addition, advances in medical technology and medicine may enable individuals to live longer, thus requiring extensive medical care.

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

**Population of Tri-County Region 62 Years of Age and Over, 2007 vs. 2010**



# Phase 1: Demographics

## *Mental Health*

Approximately 25% of residents in the Tri-County region reported they had experienced 1-7 days with poor mental health per month between 2007 and 2009.

These percentages are greater than the State of Illinois average for the same time frame and represent a modest increase compared to 2006.

Approximately 10% of Tri-County residents reported 8-30 days with poor mental health per month during the same time period.

In particular, Woodford County experienced a 3.6% increase from 2006 to 2009.

## *Risky Behaviors*

In the Tri-County region, among 8th graders, the average age at first use of alcohol, tobacco and marijuana is 13, 11.5 and 12.4 years respectively.

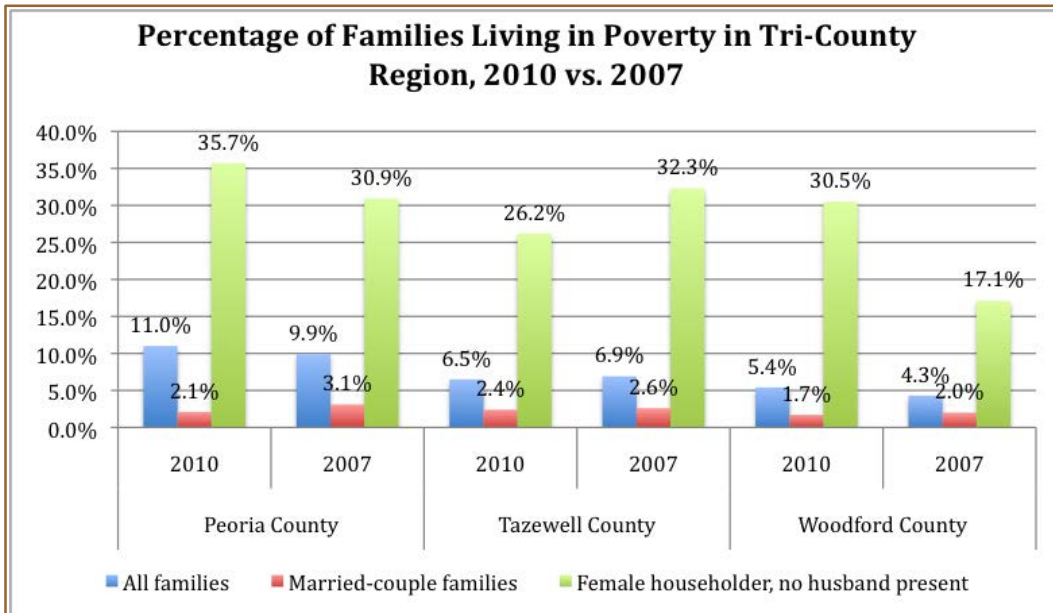
The same average age for 12th graders is 15.9, 14 and 14.9 years respectively. Peoria County is much higher for marijuana use compared to state averages, especially among 12th graders (33% vs. 21%).

# Phase 1: Demographics

## Poverty

The Tri-County region has seen a significant increase in families living in poverty from 2007 to 2010. Poverty has a significant impact on the development of children and youth.

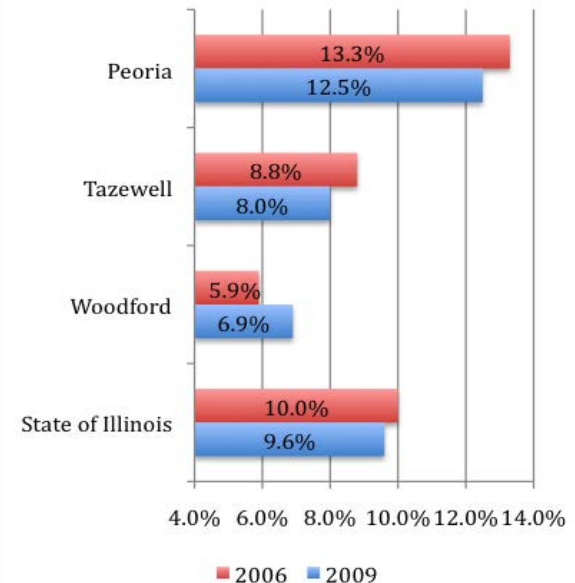
Poverty rates in each of the three counties are significantly higher for single-mother led households compared to married-couple families and all families. In Peoria and Woodford Counties, the percentage of single-mother led households living in poverty increased between 2007 and 2010.



## Early Sexual Activity

While birth rates to teenage mothers are decreasing in Peoria County, they are still significantly higher than the State of Illinois averages.

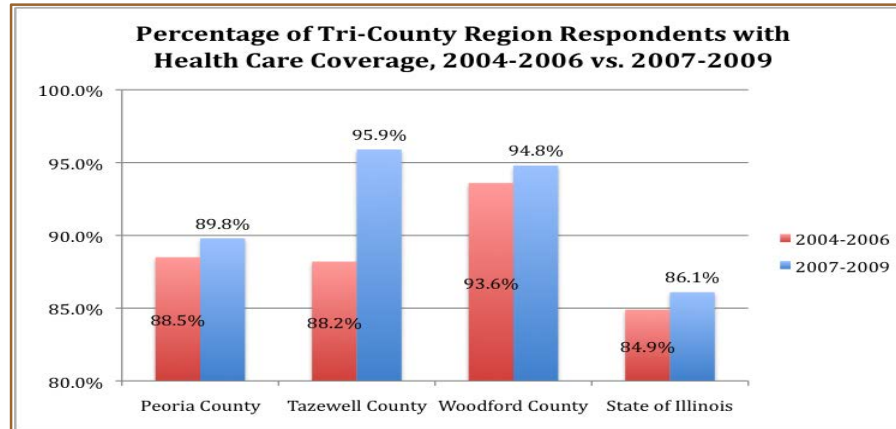
### Births to Teenage Mothers in Tri-County Region vs. State of Illinois, 2006 vs. 2009



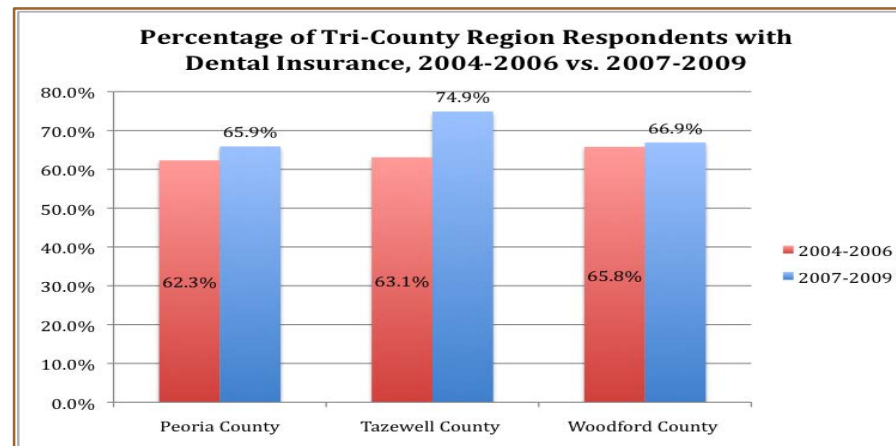
# Phase 1: Access to Health Services

## Accessibility to Health Care

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



Dental insurance coverage is lower across Tri-County region residents, as only 66% of Peoria County residents, 75% of Tazewell County residents, and 67% of Woodford County residents possess dental insurance coverage.



Research suggests that private health insurance companies cover nearly 1/3 of national health expenditures. Medicare covered approximately 20.2% of national health expenditures in 2010, up nearly 4% since 2000. According to the Illinois BRFS, nearly 1/3 of Tri-County Region residents rely on Medicare coverage as their primary insurance coverage. Recent data suggest nearly 90% of Peoria County residents, 96% of Tazewell County residents, and 95% of Woodford County residents possess medical health care coverage. These percentages are well above the 86% response rate for the State of Illinois.

# Phase 1: Predictors of Morbidity and Mortality

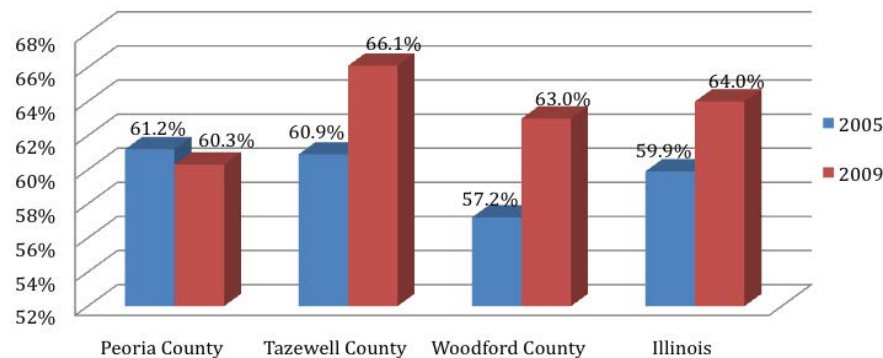
## Predictors of Morbidity and Mortality

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

**Obesity** – Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within the Tri-County region. In terms of obesity, the Tri-County region as a whole is slightly higher than the state average. Considering Illinois has the 6th highest obesity rate in the United States, this is an important issue. The U.S. Surgeon General has characterized obesity as “the fastest-growing, most threatening disease in America today.”

According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. Data from 2010 indicate 64% of Illinois adults are obese or overweight, with a disproportionate number of obese or overweight individuals living in rural areas. The financial costs of obesity is staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded \$3.4 billion.

**Percentage of People Who Are Overweight or Obese in Peoria Tri-County and Illinois**



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

With regard to nutrition, evidence suggests residents in the Tri-County region are not eating enough fruits and vegetables. Between 2007 and 2009, only 16% of Peoria County residents, 13.6% of Tazewell County residents, and 11.6% of Woodford County residents consumed 5 or more servings of fruits and vegetables per day.

These figures are considerably less than the 22.6% of Illinois residents who eat more than 5 servings per day. Furthermore, approximately 50% of Tri-County residents consume 0-2 servings of fruits and vegetables per day.



# Phase 1: Predictors of Morbidity and Mortality

## *Consequences of Obesity for Children...*

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

## *...and Adults*

With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

# Phase 1: Morbidity and Mortality Issues

## Morbidity and Mortality Issues

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

### *Related Cardiovascular Issues -*

There has been a significant increase in several areas related to cardiac disease, including significant increases in the following:

**Hypertension** – High blood pressure, which is also known as hypertension, is dangerous because it forces the heart to work extra hard to pump blood out to the rest of the body and contributes to the development of the hardening of arteries and heart failure. Cases of hypertension complication at the four Peoria-Area hospitals (defined as Methodist Medical Center, Pekin Hospital, Proctor Hospital and OSF Saint Francis Medical Center) have increased significantly between 2008 and 2011 for inpatient admissions. Of particular interest, cases of hypertension in individuals 65 years of age and older have increased the most.

**Congenital cardiac anomalies** – Defined as any structural or functional abnormality or defect of the heart, congenital heart anomalies are a major cause of neonatal distress and the most common cause of death in the newborn other than problems related to prematurity. There has been a significant increase in the number of treated cases of congenital cardiac anomaly at the four Peoria-Area hospitals between 2008-2011.

**Arterial embolisms** – Blood clots are often defined as arterial embolisms. Cases of arterial embolism in the Tri-County region have increased significantly between 2008 and 2011. Of particular interest, cases of arterial embolism in individuals 65 years of age and older have increased and cases in individuals age 45 to 64 have increased significantly during the same time frame.

**Dysrhythmia and cardiac arrest** – Cases of dysrhythmia (irregular heart beat) and cardiac arrest in the Tri-County Region have increased significantly between 2008 and 2011. Of particular interest, cases of dysrhythmia and cardiac arrest in individuals age 45 to 64 have increased and cases in individuals 18 to 44 years of age increased the most during the same time frame.

**Heart Failure** – While heart failure has decreased slightly in the number of treated cases in the Tri-County region between 2008-2011 it is still a leading cause disease, accounting for more cases treated than any other category for inpatient admissions. The number of cases for individuals 18-44 years of age increased significantly.

**Cases of stroke** – Cases of stroke in the Tri-County region have increased between 2008 and 2011 for inpatient admissions. Cases of brain tumor have increased slightly during the same time. Of particular interest, cases of stroke in individuals 44-64 years of age have increased the most.

# Phase 1: Morbidity and Mortality Issues

Other prevalent issues in the Tri-County Region include:

**Asthma** – Cases of asthma in the Tri-County Region have increased between 2008 and 2011 for inpatient admissions at the Peoria-area hospitals. Of particular interest, cases of asthma in individuals 0-17 years of age have increased substantially for inpatient admissions. However, according to the Illinois BRFSS, asthma rates in the Tri-County Region are lower than the average rate for the State of Illinois.

**Diabetes** – Diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks. It is estimated that 90-95% of individuals with diabetes have Type II diabetes (previously known as adult-onset diabetes). Data suggest that there is a growing prevalence of Type II Diabetes in the Tri-County Region, as the overall number of treated cases increased between 2008 and 2011 for inpatient admissions at the Peoria-Area hospitals. The number of individuals aged 45-64 with Type II Diabetes increased during the same time frame. The overall number of treated cases of Type I Diabetes increased substantially between 2008 and 2011 for inpatient admissions at the Peoria-Area hospitals. Data from the Illinois BRFSS indicate that nearly 10% of Tri-County Region residents have diabetes. Compared to data from the State of Illinois, the prevalence of diabetes is increasing in all three counties and now exceeds the state average.

**Cancer** – Cancer is one of the leading causes of death in the Tri-County Region. While breast cancer and colorectal cancer have remained relatively stable, there has been an increase in lung cancer over the last 23 years. In the last three years (between 2008 and 2011), while cases of breast cancer treated have decreased and cases of colorectal cancer have decreased, cases of lung cancer have increased for inpatient admissions at the Peoria-Area hospitals. The number of cases for individuals aged 65 and over for lung cancer has increased significantly during the same period.

**Sexual Health** – Multiple factors can lead to sexually transmitted infections (STIs), including early sexual activity and multiple sexual partners without condom use. While the rates for both Chlamydia and Gonorrhea have declined in Peoria County, they are still almost twice and three times higher, respectively, than the state average.

Overall, *the leading causes of death* in the Tri-County Region include diseases of the heart at 25%, malignant neoplasm at 23%, followed by stroke and cerebrovascular disease at 6% and chronic lower respiratory disease at 5%.

# Phase 2: Survey Results

## Misperceptions of Community Health Issues

Inconsistencies exist  
between peoples'  
perception of health  
issues and actual  
data

***Heart Disease*** – Residents in the Tri-County region rate heart disease relatively low compared to actual causes of mortality. Specifically, younger people and men tend to have the largest misperceptions regarding the importance of understanding heart disease in the community. While heart disease is the most common cause of mortality in the Tri-County Region, often times, it did not make the top-five perceived health issues for survey respondents.

***Sexual Health***– Early sexual behavior appears to be rated relatively low by survey respondents in terms of unhealthy behaviors. Given the high rate of STIs, particularly in Peoria County, early sexual activity is one of several factors contributing to these issues.

# Phase 2: Survey Results

## Perceptions of the Importance of Access to Health Services

Access to health services was the second most important determinant to quality of life (after availability of jobs) across all demographic categories. However, there is a perception from the at-risk population that access to health care is limited.

**Physical Exercise** – Men, younger people and educated people are more likely to engage in physical exercise, while homeless residents are not. Note however, that only 15% of the population engages in exercise at least 5 times a week.

**Healthy Eating** – Less than 5% of the population consumes at least the minimum recommended servings of fruits/vegetables in a day. Those that are more likely to have healthy eating habits include women, people with higher educations and more income, and older people.

**Decrease Smoking** – Smoking is on the decline, however, less educated people, men, younger people, Black residents and homeless people are still more likely to smoke.

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

## Healthy Behaviors

Several issues relating to healthy behaviors were identified

# Phase 2: Survey Results

## Access to Medical Services

Several issues relating to health service access were identified

*Choice of Medical Care* - Only half of people living in deep poverty seek medical services at a clinic or doctor's office. For this segment of the population, it is very common to seek medical services from an emergency department, or even more concerning is that 13% of this segment of the population will not seek any medical services at all.

*Access to Medical Care and Prescription Medications* - Over 1/3 of the population living in deep poverty indicated there was a time in the last year when they were not able to get medical care when needed. The leading causes were lack of insurance and inability to afford a copayment or deductible. Similar results were found for access to prescription medication.

*Access to Dental Care* - While significant research exists linking dental care to numerous diseases, including heart disease, less than 50% of the aggregate Tri-County population had a checkup in the last year. Specifically, men, those with lower incomes and less-educated people were less likely to visit a dentist.

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

*Access to Information* - Across categories, residents of the Tri-County Region get most of their medical information from doctors and the next most prevalent source is the Internet.

*Type of Insurance* - Across all three counties, the most prevalent type of insurance is private or commercial, however, those living in poverty and Peoria County residents are disproportionately more reliant on Medicaid. Also for those living in poverty, 1/3 do not have any type of insurance at all.

# Phase 3: Prioritization of Community Health-Related Issues

Specific criteria used to identify these issues included:

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

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

## *Access to Healthcare*

Access to medical care, dental care, prescription medication and counseling is limited for those living in deep poverty. Only half of people living in deep poverty seek medical services at a clinic or doctor's office. For this segment of the population, it is very common to seek medical services from an emergency department.

## *Risky Behaviors - Substance Abuse*

In the Tri-County region, among 8th graders, the average age at first use of alcohol, tobacco and marijuana is 13, 11.5 and 12.4 years respectively. The same average age for 12th graders is 15.9, 14 and 14.9 years respectively. Peoria County is much higher for marijuana use compared to state averages, especially among 12th graders (33% vs. 21%).

## *Asthma*

Inpatient admissions to the Peoria area hospitals including Methodist, Saint Francis Medical Center, Proctor, and Pekin, increased by 26.7%.

## *Diabetes*

Type I and Type II Diabetes are increasing and all three counties are higher than state averages.

# Phase 3: Prioritization of Community Health-Related Issues

## *Healthy Behaviors*

Only 15% of the population engages in exercise at least 5 times a week. Less than 5% of the population consumes at least the minimum recommended servings of fruits/vegetables in a day. Yet, in terms of self-perceptions of physical and mental health, almost 90% of the population indicated that they were in average or good physical health.

## *Lung Cancer*

While some types of cancer have experienced decreased growth rates in recent years, lung cancer has been steadily increasing.

## *Mental Health*

Approximately 25% of residents in the Tri-County region reported they had experienced 1-7 days with poor mental health per month between 2007 and 2009. These percentages are greater than the State of Illinois average for the same time frame and represent a modest increase compared to 2006.

## *Obesity*

Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within the Tri-County region. In terms of obesity, the Tri-County area as a whole is significantly higher than the state average. Considering that Illinois has the 6th highest obesity rate in the U.S., this is an important issue.



# Collaborative Team and Facilitators

## Collaborative Team

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