# COMMUNITY HEALTH NEEDS ASSESSMENT

## MCLEAN COUNTY/ILLINOIS

2016

McLean County Health Department
Partners in Prevention

OSF St. Joseph Medical Center

Advocate BroMenn Medical Center
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# I. Introduction from the McLean County Community Health Council's Executive Steering Committee

The formation of the McLean County Community Health Council marked an important milestone for community health in McLean County. Prior to this collaborative assessment, the two hospitals in McLean County and the McLean County Health Department each conducted their own community health needs assessment which resulted in three community health plans for the County. During the same time, United Way of McLean County conducted a broad-based community needs assessment.

## a) Philosophy and Development of Collaborative

All four organizations are dedicated to improving the health of the community and strongly believe in the philosophy of collaboration. Collaborating together in a more effective manner was identified as the primary learning opportunity from the previous community health needs assessments. The involved organizations determined that the community health needs assessment for McLean County could be conducted more efficiently and effectively by pooling resources. Collaborating together was also identified as the key for a successful implementation plan that would make impactful and sustainable community health improvements in McLean County. For all of the above reasons, the McLean County Community Health Council was formed in April, 2015. The result is the production of a collaborative community health needs assessment followed by one community health implementation plan for McLean County.

## b) Community Feedback from Previous Assessments

Both hospitals provided a mechanism for community members to provide feedback from the 2013 Community Health Needs Assessment and made the reports available to community members. Each hospital Community Health Needs Assessment report was also posted on their respective websites. The McLean County Health Department also posted the McLean County 2012-2017 IPLAN on their website. Although feedback was not given by individuals in the community via the available mechanisms, verbal feedback was provided from key stakeholders from community service organizations. Consistently, stakeholders inquired as to why McLean County had four different community health needs assessments and three different implementation plans.

## c) Community Health Needs Assessment Report Approval

BroMenn Medical Center and St. Joseph Medical Center are utilizing this joint report in conjunction with the McLean County Health Department and United Way of McLean County to meet their 2016 Community Health Needs Assessment requirements reportable to the Internal Revenue Service as

outlined by the Patient Protection and Affordable Care Act. The McLean County Health Department will also utilize this report and subsequent community health implementation plan to meet IPLAN requirements for local health department certification by the Illinois Department of Public Health. United Way of McLean County is not required to perform a community health needs assessment; however, they are collaborating with the above organizations and adopting this joint report in order to better serve the health needs of McLean County.

BroMenn Medical Center, the McLean County Health Department, St. Joseph Medical Center and United Way of McLean County are the primary organizations responsible for guiding implementation plans that will be developed as a result of this community health needs assessment. Implementation plans will be developed in partnership with other community social service agencies and organizations.

This plan was approved by United Way of McLean County's Board of Directors on June 10th, 2016, Advocate BroMenn Medical Center and Eureka Hospital's Governing Council on July 19, 2016, the McLean County Board of Health on July 13, 2016 and OSF Healthcare System's Board of Directors on July 25, 2016.

# II. Executive Summary

BroMenn Medical Center, the McLean County Health Department, OSF St. Joseph Medical Center and United Way of McLean County collaborated together for the first time for the 2016 McLean County Community Health Needs Assessment. This exciting and unique opportunity was possible, according to the final rules of the Patient Protection and Affordable Care Act, as all four entities define their service area as McLean County. The goals of the collaborative are as follows:

- Establish the McLean County Community Health Council
- Analyze data collectively
- Prioritize and select the top three health needs for McLean County
- Generate one community health needs assessment for McLean County
- Work collaboratively on a community health implementation plan addressing each of the top three health priorities with other key community stakeholders

At least one member from each of the four organizations made up the Executive Steering Committee. The steering committee analyzed an extensive quantity of both primary and secondary data from July, 2015 to February, 2016. Due to the availability of new datasets, the steering committee was able to analyze data at a more detailed level and identify health disparities for gender, age, race/ethnicity, and zip code for a variety of health outcomes.

In February, 2016, the Executive Steering Committee presented 13 health issues to the McLean County Community Health Council that the data suggested were health problems. The McLean County Community Health Council consists of 33 individuals from 13 organizations in McLean County representing public entities, faith-based and private organizations, social service organizations, healthcare facilities and city and regional planning. Although a standard prioritization methodology was not utilized at this stage in the process, the following factors were taken into consideration in the decision making process when analyzing the data:

- Trending unfavorably overall
- Worse than state, national, and/or Healthy People 2020 goals
- Demonstrating significant local disparities

The 13 issues that rose to the top as potential health concerns for McLean County are listed below in alphabetical order:

- Alzheimer's and Dementia
- Birth Outcomes
- Cancer
- Cesarean Section
- Heart Disease
- Mental Health
- Obesity
- Oral Health
- Radon
- Respiratory Disease
- Sexually Transmitted Diseases
- Substance Abuse
- Violent Crime

During the first McLean County Community Health Council meeting robust data was presented on the 13 health issues which were then narrowed down to six health issues to be prioritized during the next meeting. It is important to note that although it was not presented as one of the 13 health concerns, access to appropriate healthcare continually came up as an important issue during group discussion. It was decided upon by the group that this would be added as one of the health issues to be voted on in addition to the 13 issues presented. Additionally, council members were informed that they could combine any issues they felt were appropriate. For example, council members could vote for mental health or they could combine mental health and substance abuse and vote for behavioral health. Discussion also occurred during the meeting that diabetes, cancer and heart disease could all fall under obesity if selected as one of the six priorities on which to vote because reducing obesity could positively impact the incidence of each of the above diseases. After council members voted, the results of the top six issues prioritized at the next meeting were as follows:

- Access to Appropriate Healthcare for the Underserved and Areas of High Socioeconomic Needs
- Behavioral Health (Mental Health and Substance Abuse)
- Birth Outcomes
- Obesity
- Oral Health
- Respiratory Disease

The Hanlon Method was utilized during the prioritization meeting to select the top three health priorities for McLean County. The following three health priorities were selected by the McLean County Community Health Council for the 2016 McLean County Community Health Needs Assessment:

- Access to Appropriate Healthcare for the Underserved and Areas of High Socioeconomic Need
- Behavioral Health (including Mental Health and Substance Abuse)
- Obesity

The three health issues that were not selected were birth outcomes, oral health and respiratory disease. The council acknowledged the importance of all three of these issues, but the prioritization scores for the three selected issues were higher than those for the issues not selected.

After identification of the top three health priorities, the next step in the process included pulling key stakeholders together to set high level goals for each health priority. A separate meeting was held for each health priority, during the month of April, 2016, to discuss appropriate community goals for each initiative. The goals for each of the health priorities identified are listed below:

Access to Appropriate Healthcare Goal: By 2020, decrease barriers to utilizing primary care in 61701 in order to reduce use of hospital emergency departments for non-emergent conditions.

Behavioral Health Goal #1: By 2020, increase coping skills to reduce deaths due to suicide and emergency room visits due to self-inflicted injury and alcohol abuse.

Behavioral Health Goal #2: By 2020, reduce behavioral health stigma to increase earlier access to care.

Obesity Goal: By 2020, pursue policy, system and environmental changes to maintain or increase the percentage of people living at a healthy body weight in McLean County.

In the fall of 2016, the community health implementation plan will be developed as implementation groups begin working on setting specific objectives towards achieving the goals and identifying intervention strategies. Notably, the partners involved in the Executive Steering Committee and the City of Bloomington Community Development Division were recently awarded the "Invest Health" grant funded by the Robert Wood Johnson Foundation and Reinvestment Fund. Through this grant, the Invest Health team will bring together disparate sectors of the community to identify and create built environment changes in Bloomington to increase access to healthcare and access healthy foods. McLean County is well poised to make meaningful progress due to the innovative collaboration among BroMenn Medical Center, the McLean County Health Department, St. Joseph Medical Center and United Way of McLean County, all of whom are eager to continue their mission and journey in helping to improve the health and well-being of the individuals in McLean County.

# III. Acknowledgements

## a) McLean County Community Health Executive Steering Committee

Representatives from the four organizations listed below comprise the McLean County Community Health Council's Executive Steering Committee:

### Advocate BroMenn Medical Center: Sally Gambacorta, MS, MA, Community Health Manager

BroMenn Medical Center has been serving and caring for the people of central Illinois for nearly 120 years. A 221-bed not-for-profit facility located in Bloomington-Normal, IL, BroMenn Medical Center and its employees are part of faith-based Advocate Health Care, the largest fully integrated health care delivery system in Illinois. Advocate's mission is to serve the health needs of individuals, families and communities through a holistic approach to health care that provides quality care and service, and treats each patient with respect, integrity and dignity.

Sally Gambacorta is the Community Health Manager at Advocate BroMenn Medical Center in Normal, Illinois. She has worked for Advocate Healthcare for 22 years in Wellness and Community Health. Sally hold a Bachelor's of Science degree in Business Administration from Augustana College, a Master's of Science degree in Industrial/Organizational Science from Illinois State University and a Master's of Arts degree in Leisure Studies with a concentration in Corporate Fitness and Health Promotion from the University of Iowa. Sally is the Community Health site leader for both BroMenn Medical Center as well as Advocate Eureka Hospital in Eureka, Illinois. She is responsible for the Community Health Needs Assessment and Community Benefits at both hospitals. She has extensive experience in collaborating with community partners to improve the health of the community. Sally is a member of the McLean County Community Health Needs Assessment Collaborative, serves on the leadership committee for the McLean County Wellness Coalition, is a member of the McLean County Mental Health First Aid Collaborative and serves on the United Way Collective Impact Strategic Council.

### McLean County Health Department: Cathy Coverston Anderson, RN, BSN, SM, Assistant Administrator and Nicole Aune, MPH, Health Promotion Manager

Since 1946, the McLean County Health Department has worked to protect the health and wellness of McLean County residents. The department serves the largest geographic county in Illinois, with more than 165,000 residents. Many residents may never walk through the doors of the health department, but they will benefit in some way from the various programs and services offered. The purpose of the McLean County Health Department is to fulfill the public interest in assuring conditions conducive to good health and providing leadership in promoting and protecting the health of county residents.

Cathy Coverston Anderson is a registered nurse and has been the Assistant Administrator for the McLean County Health Department since 2009. She also currently serves as a member of BroMenn Medical Center's and Eureka Hospital's governing council. Cathy has a graduate degree in public health from Harvard University School of Public Health and a Bachelor's of Science degree in Nursing as well as a Bachelor of Arts degree from the University of Minnesota. She oversees the community health needs assessment process, OSHA, the emergency preparedness program, and the functions of many of the health department clinics, including dental, sexually transmitted infections/HIV, tuberculosis, flu outreach, and immunizations.

Nicole Aune is the Health Promotion Program Manager at the McLean County Health Department. She received her Master's degree in Public Health from the Colorado School of Public Health and has a background in community needs assessments, program planning and implementation, and development and coordination of collaborative efforts. Her responsibilities at the health department include overseeing six grant programs, the County Government Employee Wellness Program, and delivery of health education in McLean County. Nicole also serves as the Chair of the McLean County Wellness

Coalition, a coalition of over 60 partners working together to prevent obesity through policy, system, and environmental change.

### OSF St. Joseph Medical Center: Meridith Nelson, MHA, MBA, Director of Strategic Planning

OSF St. Joseph Medical Center is a 149-licensed bed, not for profit, acute care, and Level II Trauma Center facility, fully accredited by the Joint Commission and designated a Magnet Hospital, most recently in 2014. St. Joseph Medical Center is part of the OSF Healthcare System, an integrated system serving central and northern Illinois as well as northern Michigan. In the spirit of Christ and the example of Francis of Assisi, the Mission of OSF HealthCare is to serve persons with the greatest care and love in a community that celebrates the Gift of Life. OSF HealthCare has been a participant in the CMS Pioneer Accountable Care Organization demonstration project since 2012 and has been selected as a Next Generation Affordable Care Organization.

Meridith Nelson is the Director of Strategic Planning at St. Joseph Medical Center in Bloomington, Illinois. With nearly 20 of experience in health care in not-for-profit, for-profit, and government settings, she has spent the last ten years focused in health care business development, strategic planning, and decision support in not-for-profit, faith-based health systems. She holds a Bachelor of Science degree in Pharmacy from the University of Kansas and Master's degree in Health Administration and Master's degree in Business Administration from The University of Iowa. Current areas of responsibility and oversight for Meridith include strategic planning, program development, decision support, community health needs assessment and planning, community benefit reporting and managed care contracting.

### United Way of McLean County: Holly Ambuehl, MSW, Vice President of Impact

United Way improves lives by mobilizing the caring power of communities around the world to advance the common good. Founded locally in 1935, United Way of McLean County's employer-based campaigns raise $3.5 to $4.5 million annually. Those dollars fund local solutions in health, income stability, education, and community strengthening that almost exclusively target low-income residents.

Holly Ambuehl serves as the Vice President of Impact for United Way of McLean County. Holly directs the Collective Impact/Cradle-to-Career project in McLean County, Community Impact in the areas mentioned above, policy and demographic research, community stakeholder projects, and serves on the McLean County Collaborative Health Needs Assessment team and on the John M. Scott Health Commission. Holly received her Bachelor of Arts degree in Family Counseling from Anderson University and a Masters in Social Work from Boston College, with a concentration in Community Organizing, Policy, Planning, and Administration. Before United Way of McLean County, Holly worked as a nonprofit Program Director in Romania, as a budget advocate for children's services in Massachusetts, as a legislative aide to former State Senator David Magnani, as Senior Budget Analyst for the Department of Health Services under former Governor Janet Napolitano, as Director of Public Policy for the Southwest Autism Research and Resource Center, as Director of Health Policy for the Children's Action Alliance, and as Senior Policy Advisor to the Minority Caucus at the Arizona House of Representatives. Holly's prior volunteer work includes Habitat for Humanity, Younglife, March of Dimes, and various hospitals and food banks.

### Additional Executive Steering Council Members

The 2016 Community Health Needs Assessment could not have been possible without the additional contributions from the following individuals: Logan Frederick, Operations Improvement Leader,

BroMenn Medical Center; Dawn Irion, Strategic Reimbursement Analyst, OSF Healthcare; Melissa Johnston-Gross, Stevenson Fellow, United Way of McLean County; Katie McHugh, Health Promotion Specialist, McLean County Health Department. In addition to the above, Dr. Laurence G. Weinzimmer was contracted for assistance during the community health needs assessment. Larry has a Ph.D. and is the Caterpillar Inc. Professor of Strategic Management in the Foster College of Business at Bradley University in Peoria, IL. An internationally recognized thought leader in organizational strategy and leadership, he is a sought-after consultant to numerous Fortune 100 companies and not-for-profit organizations. Dr. Weinzimmer has authored over 100 academic papers and four books, including two national best sellers. His work appears in 15 languages, and he has been widely honored for his research accomplishments by many prestigious organizations, including the Academy of Management. Dr. Weinzimmer has served as principle investigator for numerous community assessments, including the United Way, Economic Development Council and numerous hospitals. His approach to Community Health Needs Assessments was identified by the Healthcare Financial Management Association (HFMA) as a Best-in-Practice methodology.

## b) 2016 McLean County Community Health Council Members

The Executive Steering Committee would like to acknowledge and thank the following individuals and organizations that contributed their time as members of the McLean County Community Health Council to this joint CHNA report for McLean County.

| Name | Organization | Stakeholder Role |
|---|---|---|
| Holly Ambuehl | United Way of McLean County | Convener; funder; collective impact |
| Kim Anderson | McLean County Health Department | Public health; maternal & child health |
| Nicole Aune | McLean County Health Department | Public health; health education |
| Laura Beavers | McLean County Health Department | Public health; mental health |
| Dayna Brown | McLean County Unit District No. 5 | Schools; youth |
| Bonnie Condon | Advocate Health Care | Healthcare |
| Barb Giloth | Advocate Health Care | Healthcare |
| Cathy Coverston Anderson | McLean County Health Department | Public health; communicable disease |
| Tom Dabareiner | City of Bloomington | City planning |
| Renee Donaldson | BroMenn Medical Center | Healthcare; behavioral health |
| Logan Frederick | BroMenn Medical Center | Healthcare |
| Sally Gambacorta | BroMenn Medical Center | Healthcare |
| Sue Grant | McLean County Health Department | Public health; oral health & vaccinations |
| Leslie Hanson | Bloomington School District 87 | Schools; youth |
| John Hesse | BroMenn Medical Center | Healthcare |
| Walt Howe | McLean County Health Department | Public Health; systems & policy |
| Aimee Ingalls | Economic Development Council | Business; demographics |
| Dawn Irion | OSF Healthcare System | Healthcare |

| | | |
|---|---|---|
| Michelle Carrothers | OSF Healthcare System | Healthcare |
| Paula Corrigan | OSF Saint James Hospital | Healthcare |
| Cheree Johnson | BroMenn Medical Center | Healthcare; faith-based community |
| Erin Kennedy | OSF St. Joseph Medical Center | Healthcare; worksite wellness |
| Christy Kosharek | Marcfirst SPICE | Developmental disabilities; early childhood |
| Dietra Kulicke | Chestnut Health Systems | Mental health; FQHC |
| Katie McHugh | McLean County Health Department | Health Promotion |
| Angie McLaughlin | Community Health Care Clinic | Underserved; uninsured |
| Megan Moser | McLean County Center for Human Services | Mental health |
| Meridith Nelson | OSF St. Joseph Medical Center | Healthcare |
| Vasu Pinnamaraju | McLean County Regional Planning Commission | Planning |
| Trina Scott | Immanuel Health Center | Underserved |
| Katie Simpson | City of Bloomington | City planning |
| Deborah Skillrud | Bloomington Township; John M. Scott Health Commission | Underserved |
| Karen Stipp | Illinois State University School of Social Work | Social work & health research |
| David Taylor | United Way of McLean County | Convener; funder; collective impact |
| Diane Wolf | Regional Office of Education | Schools; youth |

# IV. Summary of Previously Selected Priorities and Update on Implementation Plans for Past McLean County Community Health Needs Assessments

## a) Previously Selected Health Priorities

### BroMenn Medical Center 2011-2013 CHNA

BroMenn Medical Center selected mental health and obesity as its two health priorities for the 2011-2013 CHNA. This is consistent with two of the three health priorities selected by the McLean County Community Health Advisory Committee for the 2012-2017 McLean County Community Health Improvement Plan through the IPLAN process..

### McLean County Health Department 2012-2017 IPLAN

The McLean County Community Health Advisory Committee selected mental health, oral health, and obesity as the health priorities for the 2012-2017 McLean County Community Health Improvement Plan through the IPLAN process. Three task forces were formed to address these issues in McLean County. Both hospitals and United Way had representatives serving on the task forces.

### St. Joseph Medical Center 2011-2013 CHNA

St. Joseph Medical Center selected mental health, risky behaviors-substance abuse, obesity, healthy behaviors, access to health services, and dental for the 2011-2013 CHNA. Three of the six selected priorities: 1) obesity; 2) mental health; and, 3) dental are consistent with the three health priorities identified by the McLean County Community Health Advisory Committee for the 2012-2017 McLean County Community Health Improvement Plan through the IPLAN process.

### United Way of McLean County 2014 Community Assessment

United Way of McLean County conducted a comprehensive community needs assessment in 2014.

Although health was a key component of the assessment process, the priority selected for McLean County's Collective Impact was declining graduation rates. Mental health and obesity were identified as key health issues in McLean County, however the Collective Impact Steering Council felt and literature supports that declining graduation rates was a more suitable issue to focus on for its collective impact efforts. The United Way Collective Impact Steering Council has met on a nearly monthly basis since August, 2015 to establish the strategy, provide education by subject matter experts, and to discuss the formation of work groups for this effort.

## b) Previous Implementation Plan Key Accomplishments

Although the two hospitals in McLean County and the McLean County Health Department each conducted separate CHNA's for the previous cycle, they collaborated together for mental health, oral health, and obesity implementation efforts in McLean County via task forces led by the McLean County Health Department for mental health and oral health and the McLean County Wellness Coalition for obesity. Below are some highlights of the key accomplishments for the selected priorities listed below.

**Mental Health:** Health priority for BroMenn Medical Center, McLean County Health Department and St. Joseph Medical Center

There are several significant accomplishments in the area of mental health. An overview of these is explained below.

- As a result of mental health being identified as a key health priority for both hospitals and the health department, the McLean County Mental Health First Aid Collaborative was formed in the spring of 2014. Since its inception, 654 community members have become certified in Mental Health First Aid due to courses offered by partners in the collaborative.
- As a part of the McLean County Mental Health First Aid Collaborative, the McLean County Health Department received a grant for $8,500 from the Women to Women's Giving Circle of the Illinois Prairie Community Foundation in 2015 and a $10,000 grant in 2016. The grant allowed members of the collaborative, such as BroMenn Medical Center and St. Joseph's Medical Center to offer Mental Health First Aid courses for a reduced fee of $10 per course. Each hospital also provided in-kind advertising, space and food for courses hosted at their

hospitals. The McLean County Health Department provided coordination, support, and training materials for all courses offered.

- McLean County Board officials, supported by key community stakeholders from BroMenn Medical Center, McLean County Health Department and St. Joseph Medical Center developed a
- McLean County Mental Health Action Plan. As a result, in April, 2015, Chestnut Health Systems opened a Crisis Stabilization Unit which was identified as a community need. In addition, in May 2016, 16 individuals were appointed to the Behavioral Health Coordinating Council, which will serve as an advisory body to the McLean County Board of mental health policy decisions.
- A Community Crisis Planning Group was established in January 2015 to improve community crisis services and serve individuals in the most appropriate setting. The goal of the group is to save lives and reduce inappropriate emergency room visits and incarcerations. Both hospitals and the health department have key staff serving on this planning group.

**Obesity:** Health priority for BroMenn Medical Center, McLean County Health Department and St. Joseph Medical Center

The McLean County Wellness Coalition serves as the group which focuses on decreasing the prevalence of obesity in the county. Representatives from BroMenn Medical Center, St. Joseph's Medical Center and the McLean County Health Department serve on the leadership committee of the McLean County Wellness Coalition. Its goal is to increase the number of people in McLean County living at a healthy body weight through policy, system, and environmental changes (PSE's). Some of the key accomplishments of the McLean County Wellness Coalition include:

- In January, 2015 Ridgeview Custodial District #19 purchased 26 Polar Active Heart Rate Monitors due to an in-kind donation by BroMenn Medical Center. The heart rate monitors are being utilized in conjunction with an evidenced-based P.E. program entitled SPARK (Sports, Play, and Active Recreation for Kids) for approximately one hundred 6$^{th}$ and 7$^{th}$ grade students. The heart rate monitors will assist students in receiving immediate feedback on exercise and the health benefits of exercising in different heart rate zones.
- Ridgeview P.E. teachers received professional training, curriculum, and equipment for SPARK P.E. through their partnership with the McLean County Health Department and the Illinois Department of Public Health's We Choose Health Initiative (made possible by the Centers for Disease Control and Prevention).
- St. Joseph Medical Center created a community garden on the hospital campus and partnered with Home Sweet Home Ministries for distribution of nearly 500 pounds of produce through the Bread for Life Co-op.
- Established four new community gardens.
- Promoted Walk/Bike to School Day with over 600 participants.
- From 2014-2016, over 1,000 individuals participated in Live Healthy Central Illinois wellness challenges that focused on physical activity, healthy eating, and weight management.
- Managed volunteers for the Veggie Oasis, which provides locally-grown produce donated by farmers from the Downtown Bloomington Association's Farmers' Market, to low-income

neighborhoods in Bloomington. Approximately 4,200 pounds of produce were distributed to 697 people in 2015.

The following was accomplished in addition to the activities conducted by the McLean County Wellness Coalition:

- Eight patients of the Community Health Care Clinic participated and completed a four week diabetes education class offered twice in 2013 and once in 2014 at BroMenn Medical Center. Twelve patients of the Community Health Care Clinic participated in a similar class in 2013 held at St. Joseph Medical Center.

**Oral Health:** Health priority for McLean County Health Department and St. Joseph Medical Center

- The Oral Health Task Force was established in January of 2013 as the result of the McLean County Health Department's 2012-2017 IPLAN and is comprised of 11 agencies and organizations with a stake in oral health. The purpose of the Oral Health Task Force is to implement and maintain outcome objectives outlined in the 2012-2017 IPLAN.
- Illinois State University Mennonite College of Nursing students piloted an America's Promise School program during 2012 and 2013 in a select number of McLean County's first grade classrooms. The objectives of the pilot program were to: identify the effect of oral health disease among children in our local schools; determine if there was an association between poor oral health and increased school absenteeism and decreased school performance; and, to implement standardized oral health education and promote preventive behaviors to decrease the risk of oral health disease. The program consisted of daily onsite tooth brushing, oral health education and messaging directed toward parents and guardians.
- The McLean County Health Department partnered with District 87's Summer Feeding Program to provide a 10-week oral health education program modeled after the American Dental Association's Smile Smarts curriculum. The program reached over 100 students and their families.
- In 2015, pamphlets discussing the importance of infant oral health were distributed to each new parent at St. Joseph Medical Center and BroMenn Medical Center, reaching at least 2,500 individuals.
- Purchased and obtained donations of pediatric toothbrushes for distribution through primary care offices.
- United Way of McLean County convened a regularly recurring meeting among oral health stakeholders to identify the major local challenges and gaps, and specifically solicited oral health grant proposals for their FY17-19 grant cycle.

**Risky Behaviors-Substance Abuse**: Health priority for St. Joseph Medical Center

- Collaborated with local organizations to produce a video and educational materials aimed at discouraging underage drinking and distributed them to local schools for use in classroom settings.

**Healthy Behaviors:** Health priority for St. Joseph Medical Center

- Offered smoking cessation programs in partnership with community organizations.

**Access to Health Services:** Health priority for St. Joseph Medical Center

- Established an Emergency Department Navigator position to assist patients, who frequently visit the emergency department, in connecting to resources in the community that can help proactively manage health issues.

# V. Community Health Needs Assessment

## a) Methodology

The 2016 Community Health Needs Assessment was conducted using a mixed methodological

approach. Secondary statistical data were collected from over 30 different sources and used to assess the community profile, morbidity and mortality rates, as well as other aspects of health of McLean County. Additionally, based on a sample of 834 survey respondents (25 respondents used a version translated into Spanish) from McLean County, a Community Health Survey was administered to examine perceptions of community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to healthcare.

When available, each section of the report provides prevalence rates, comparisons to state, national, and Healthy People 2020 data, trend and disparities data. Key findings can be found at the end of each major data category.

### Secondary Data

Existing secondary data was used to develop an overall assessment of health-related issues in the community. The most recent data available at the time of data collection and presented to the McLean County Community Health Council during the prioritization process for this community health needs assessment is included in the report. Data prior to 2006 was not included unless utilized for trend comparisons.

Much of the secondary data used for this assessment was acquired via Healthy Communities Institute, a centralized data platform purchased by Advocate Health Care to help drive community health improvement efforts. Healthy Communities Institute operates as a repository for publicly available secondary data and hospital emergency room visits and hospitalization rates. The platform includes dashboards, GIS maps, disaggregation at the zip code level, disparities information and effective practices for over 100 health-related issues. Healthy Communities Institute also supplies a colorful gauge to depict comparisons between McLean County, Illinois counties, Illinois and U.S. counties.

**Green (Good):** When a high value is good, community value is equal to or higher than the 50th percentile (median) **-- OR –** When a low value is good, community value is equal to or lower than 50th percentile

**Yellow (Fair):** When a high value is good, community value is between 50th and 25th percentile -- **OR –** When a low value is good, community value is between 50th and 75th percentiles

**Red (Poor):** When a high value is good, community value is less than 25th percentile **-- OR –** When a low value is good, community value is greater than 75th percentile

Other frequently cited secondary data sources are as follows:

Illinois Behavioral Risk Factor Surveillance System: A county-level, self-report survey conducted every five years that gathers information on risk factors among Illinois adults 18 and over through monthly telephone surveys.

Illinois Youth Survey: A county-level, self-report survey administered in school settings and designed to gather information about a variety of health and social indicators including substance use patterns and attitudes of Illinois youth.

Illinois Department of Public Health: State data repositories, such as iQuery, Illinois Project for Local Assessment of Need data set, birth and death records, and Vital Statistics.

A comprehensive list of secondary data sources can be found in Appendix 1.

### Primary Data

In addition to existing secondary data sources, it was also important to utilize primary survey data to collect current information and ask questions not asked elsewhere, such as ratings of health issues in the community. A community health survey (Appendix 2) consisting of 36 demographic and health-related questions was administered from July through September 2015 and yielded a total of 834 responses from McLean County residents.

#### Survey Development

The survey development began with a review of instruments used in health needs assessments across the U.S. to identify common themes. Interviews with clinical teams and focus groups in the community were used to gather additional information about the types of questions to include. Five specific sets of items were included in the final survey: 1) Ratings for health issues in the community; 2) Ratings of unhealthy behaviors in the community; 3) Ratings of issues concerning well-being; 4) Accessibility to health care; and, 5) Healthy behaviors. After the initial survey was designed, a pilot study was implemented to test the psychometric properties and statistical validity of the survey instrument. The

pilot study was conducted at the Heartland Community Health Clinic facilities and the results were used to finalize the survey questionnaire.

### Data Collection and Sample Size

To collect the survey data, two techniques were used. Online and paper versions of the survey were available in English and Spanish and were distributed through organizations in the community. To specifically target the at-risk population (defined as low income residents in this case), surveys were distributed at social service organizations, food pantries and soup kitchens. While 834 surveys were collected, study authors reduced the number of responses to produce a sample that was more representative of the total population in McLean County. First, surveys of those individuals living in poverty were identified. There were 297 persons living in poverty who had responded to the survey, a number much larger than their percentage within the county because of purposeful oversampling. However, for a more in-depth analysis of the responses of this population, a sample size of at least 271 was required.

To provide a more representative sample of the general population of McLean County, the non-poverty population (537) was combined with a portion of the population living in poverty. A random-number generator was used to select at-risk cases (89) to include in the general sample matching the proportion of population living in poverty for the whole county (14.2 percent). The total sample for nearly all of the analyses was therefore 626 respondents. Exhibit 11, McLean County At-Risk Percentages for Choice of Medical Care, further analyzes the answers of all 297 respondents living in poverty.

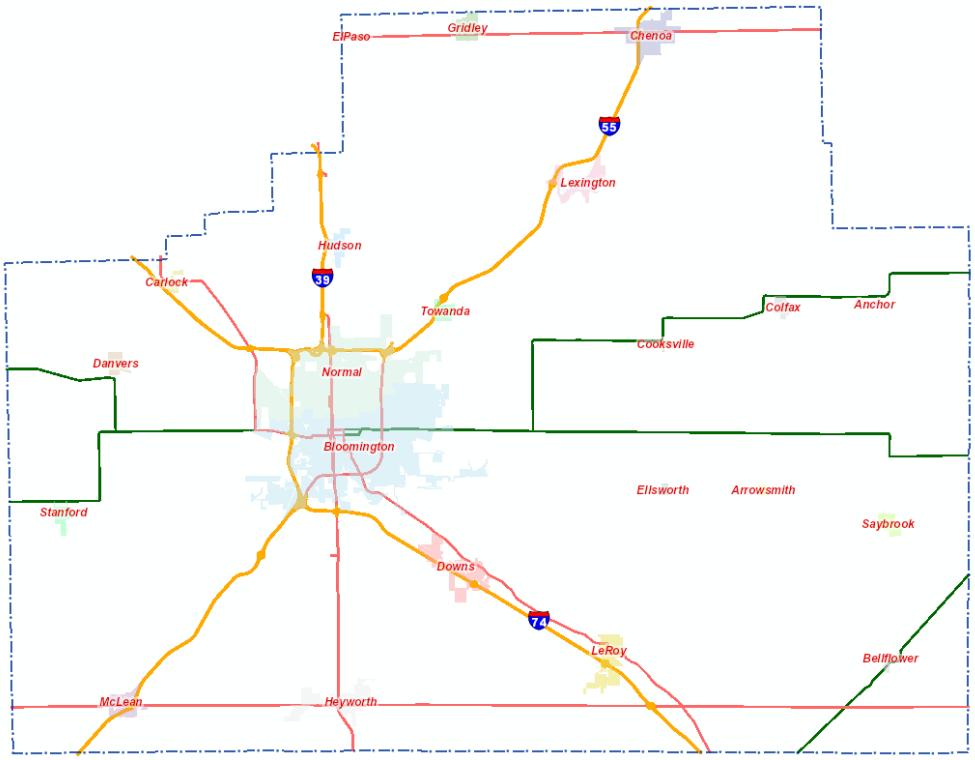
### Comparisons with 2013 Community Health Needs Assessment Survey

Throughout the report, the 2015 McLean County Community Health survey is compared to the 2013 McLean County Community Health Survey. The two surveys were nearly identical with only one additional question added in 2015 related to flu vaccines. The resulting samples were also quite comparable on various demographic variables. A comparison of the 2015 sample and key demographics for McLean County reveals that the survey sample included a higher proportion of women respondents than their percentage in the population and a higher proportion of individuals with a Bachelors or a graduate degree. While these differences may cause a small bias in some analyses, the size of the sample and the comparability of other demographic variables suggest that the bias will be minimal.

## b) Community Description

The McLean County Community Health Council defined the community as McLean County, the primary service area for BroMenn Medical Center, the McLean County Health Department, St. Joseph Medical Center and United Way of McLean County. This area includes the following cities and towns: Anchor, Arrowsmith, Bellflower, Bloomington, Carlock, Chenoa, Colfax, Cooksville, Danvers, Downs, Ellsworth, Gridley, Heyworth, Hudson, Le Roy, Lexington, McLean, Merna, Normal, Saybrook, Stanford and Towanda.

**Exhibit 1: McLean County Community Wellness Council Community Map – McLean County**




Source: McLean County Regional Planning Commission, 2016

## Population

McLean County consists of a total population of 174,879 (Healthy Communities Institute, Claritas, 2016). According to the 2014 US Census Bureau, Bloomington has the largest population in the county with 78,730 and Normal has the second largest population with 54,594. The population in McLean County increased by 3.1 percent from 2010 to 2016 (Healthy Communities Institute, Claritas, 2016).

## Social Determinants of Health: Socioneeds

Social and economic factors are strong determinants of health outcomes. Six factors are utilized by Healthy Communities Institute to create socioneeds county rankings (1-5) and national index values (1-100) for all of the zip codes in McLean County. The six factors include:

- Poverty
- Education
- Unemployment
- Occupation

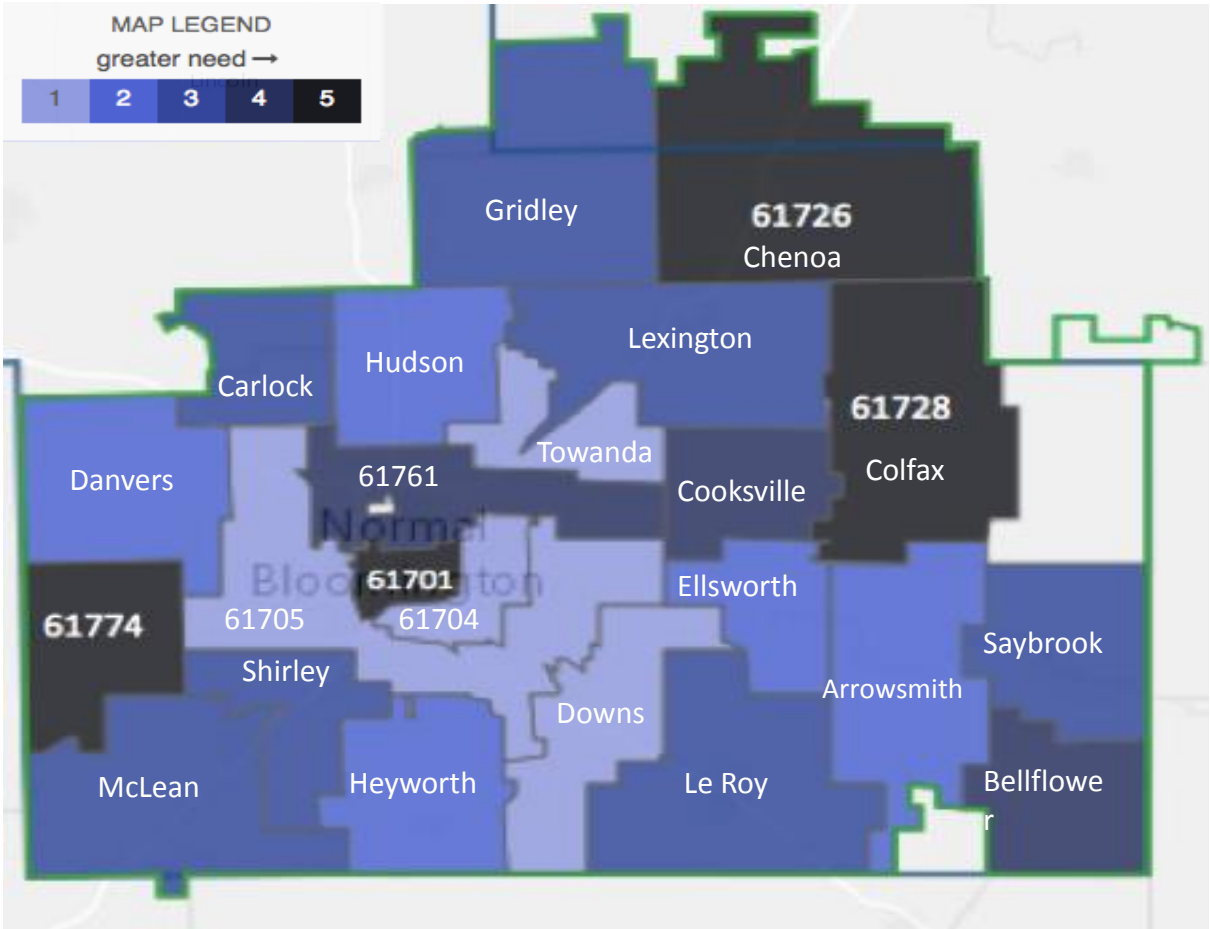
- Income
- Language

High values are associated with the highest socioeconomic need, which is correlated with preventable hospitalizations and premature death. The socioneeds map for McLean County is illustrated below in Exhibit 2. McLean County has four zip codes with a ranking of five, which represents the areas with the highest socioeconomic needs in McLean County:

- Bloomington – 61701: 36,197 residents
- Chenoa – 61726: 2,678 residents
- Colfax – 61728: 1486 residents
- Stanford – 61774: 952 residents

In addition to 61701, Bloomington has two other zip codes, 61704 and 61705, which both have a socioneeds ranking of one (low socioeconomic need). See Appendix 3 for county rankings and the national indexes for all of the zip codes in McLean County. Normal has one zip code, 61761, which has a county ranking of four and a population of 54,431. Bellflower and Cooksville also have a county ranking of four. Both towns, however, have a population less than 500 residents.

**Exhibit 2: McLean County Socioneeds Map**




Source: Healthy Communities Institute, 2016

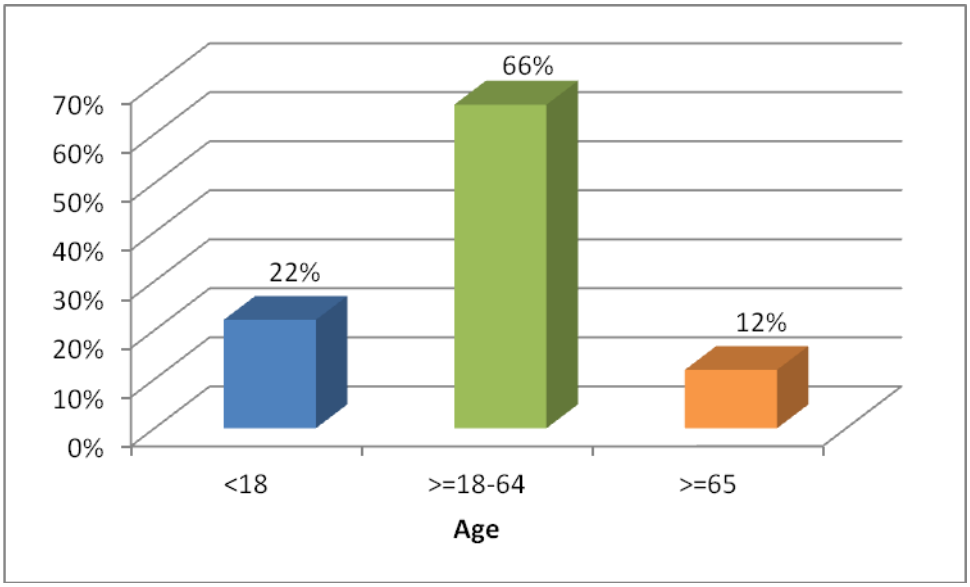
Throughout this report, available social disparities will be highlighted for the zip codes with the highest socioneeds county rankings or high socioeconomic needs. While it is important for each county to identify its own highest scoring zip codes, it is also important to compare McLean County to other counties around the US. For example, the zip codes with the highest socioeconomic needs in McLean County do not exceed a 45.9 value, which is half the value of many zip codes on the west and south sides on Chicago. In other words, McLean County's worst scoring zip code is still in the top or best 50th percentile of all US zip codes.

## Demographics

### Age and Gender

The median age in McLean County is 33.2 years of age, which is younger than the national median age of 37.2. Twenty-two percent of persons in McLean County are less than 18 years of age, 23.6 percent are 45 to 64 years of age. Twelve percent of persons are over the age of 65. Forty-nine percent of the population in McLean County is male and 51 percent is female. Exhibit 3 depicts population by age group according to Claritas, 2016.

**Exhibit 3: Population by Age for McLean County, 2016**




Source: Healthy Communities Institute, Claritas, 2016

## Race and Ethnicity

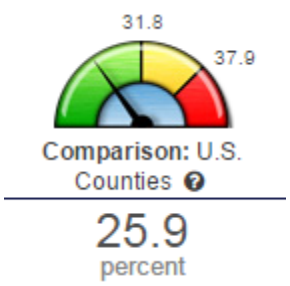
The population of McLean County is 82 percent White, 7.7 percent Black or African American, 5.7 percent Asian, 5.0 percent Hispanic or Latino and 0.26 percent American Indian and Alaska Native and .04 percent Native Hawaiian or Pacific Islander (Healthy Communities Institute, Claritas, 2016).

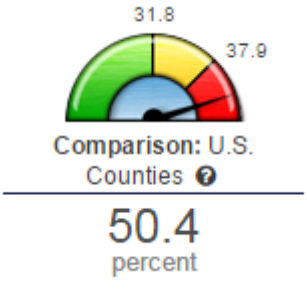
## Household/Family

The average household size in McLean County is 2.44 with 67,400 residents living as a part of a household. Thirty-two percent of people in a household are under 18 years of age (Healthy Communities Institute, Claritas, 2016). Twenty-six percent of the households in McLean County are single parent households. In comparison to other counties in the United States, the McLean County single parent household value is in the best 0-50$^{th}$ percentile range (green indicator). However, as noted in Exhibit 4 below, the percentage of single parent households in 61701, one of the areas of high socioeconomic needs in McLean County, is 50.4 percent which is in the worst fourth quartile range (red indicator) compared to other counties in the United States.

**Exhibit 4: Percent of Single Parent Households in McLean County Versus Bloomington – 61701, 2016**

McLean County Bloomington - 61701



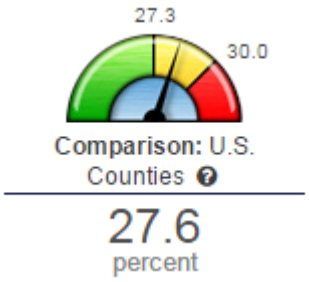




Source: Healthy Communities Institute. American Community Survey, 2010-2014.

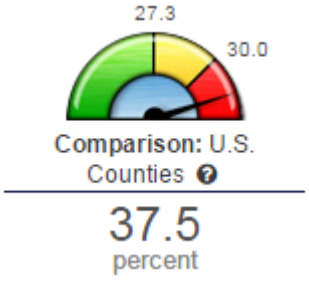
Exhibit 5 below illustrates the difference in the number of people greater than 65 living alone in McLean County in comparison to 61701. Consistent with single parent households, the percent of people greater than 65 years living alone in 61701 is in the worst fourth quartile range (red indicator) in comparison to other counties in the United States.

**Exhibit 5: People 65+ Living Alone in McLean County versus Bloomington – 61701, 2010- 2014**

McLean County




Bloomington - 61701



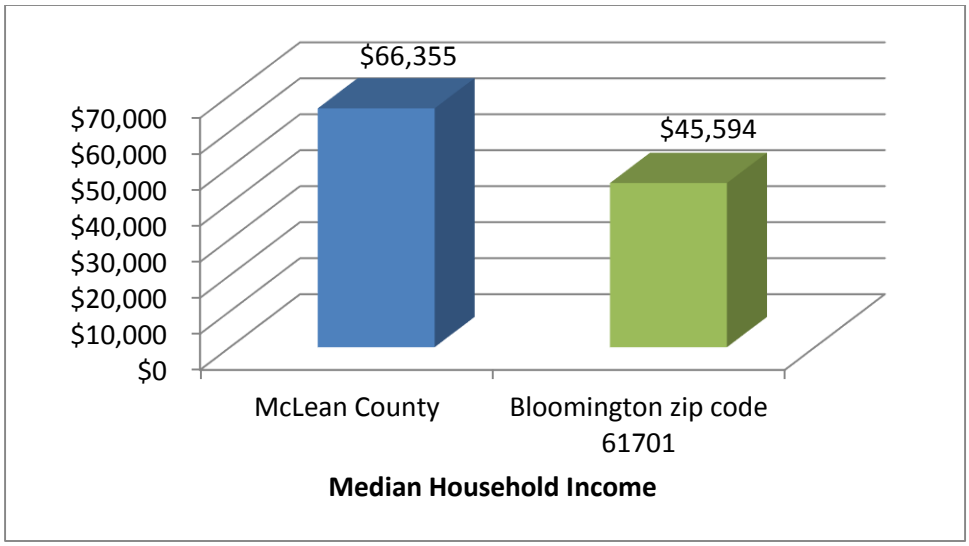

Source: Healthy Communities Institute. American Community Survey, 2010-2014.

## Economics

**Income**

Exhibit 6 below compares the median household income for McLean County and zip code 61701 in Bloomington which is an area of high socioeconomic needs.

**Exhibit 6: Comparison of Median Household Income for McLean County and Bloomington – 61701, 2010-2014**




Source: Healthy Communities Institute, American Community Survey, 2010-2014.

In addition to the median household income being lower in Bloomington – 61701 than McLean County, the percent of people living below the poverty level is also higher. In McLean County, the percent of people living below the federal poverty line is 14.7 percent compared to 22.3 percent for Bloomington – 61701.

**Employment**

The percent of the civilian labor force that is unemployed in McLean County is 5.5 percent, lower than Illinois at 9.9 percent. The percent of the civilian labor force that is unemployed in Bloomington zip code 61701 is 8.5 percent. The three common industries of employment are the financial or insurance industry at 21.6 percent, educational services at 13.2 percent and health care at 10.8 percent (Healthy Communities Institute, Claritas, 2016).

## Education

**Educational Level**

Ninety-five percent of the population over the age of 25 in McLean County possesses a high school diploma or higher and 43.4 percent have a bachelor's degree or higher (Healthy Communities Institute, Claritas, 2016). The state average for a bachelor's degree or higher is 32 percent (Town Charts, 2016). Illinois State University, Illinois Weslyan University, Heartland Community College and Lincoln College are all located in McLean County.

**High School Graduation Rates**

The 2015 four year high school graduation rate for McLean County is 88 percent (Illinois State Board of Education, 2015). This is higher than the graduation rate for Illinois of 86 percent. The graduation rate

for low-income students at various high schools in McLean County, however, is lower than the county graduation rate with percentages ranging from a low of 61 percent to a high of 83 percent.

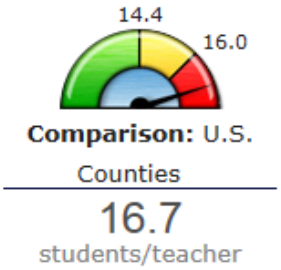
**Truancy Rate**

The 2015 truancy rate for McLean County is 2.5 percent compared to the truancy rate in Illinois of 8.7 percent (Illinois State Board of Education, 2015).

**Student-to-Teacher Ratio**

This indicator shows the average number of public school students per teacher in the region. It does not measure class size. According to the National Center for Education Statistics, larger schools tend to have higher student-teacher ratios. There are 16.7 students per teacher in McLean County (Healthy Communities Institute, National Center for Education Statistics, 2013-2014). This is in the worst fourth quartile range (red indicator) compared to other counties in the U.S. and has increased slightly from 15.4 students per teacher since 2011-2012.

**Exhibit 7: Student to Teacher Ratio for McLean County, 2013-2014**




Source: Healthy Communities Institute, National Center for Education Statistics, 2013-2014

### Health Care Resources in the Defined Community

| Name of Facility | Type of Facility | Location |
|---|---|---|
| BroMenn Medical Center | Hospital | Normal |
| OSF St. Joseph Medical Center | Hospital | Bloomington |
| Chestnut Family Health Center | Community Health Center (FQHC) | Bloomington |
| Community Health Care Clinic | Community Clinic | Normal |
| John M. Scott Health Resources Center | Community Clinic | Bloomington |
| Immanuel Health Center | Community Clinic | Bloomington |
| McLean County Center for Human Services | Community Clinic | Bloomington |
| Community Cancer Center | Community Clinic | Normal |
| McLean County Health Department | County Clinic | Bloomington |

## *Key findings: Community Description*

- McLean County is a predominately white community with a large proportion of the residents falling between the ages of 18 and 65 years.
- McLean County is above the state average in terms of level of education.
- Overall, McLean County residents fare better in terms of median household income in comparison to other counties in Illinois; however, the median household income for residents in Bloomington zip code 61701 is much lower than both the county and the state. The percent of families living below the poverty line is also greater in Bloomington zip code 61701 than the county and state.
- The percent of single parent households and people over the age of 65 years living alone in Bloomington zip code 61701 are both higher than the county and Illinois percentages.

## c) Health Status

### Mortality

McLean County's premature age-adjusted mortality rate (deaths occurring under the age of 75) is 290 per 100,000 compared to Illinois' rate of 320 per 100,000 (Centers for Disease Control and Prevention WONDER, 2011-2013).

Exhibit 8 below shows the top 20 causes of death for McLean County. Heart disease is the leading cause of death in McLean County, making up 24.5 percent of the total deaths in 2015. The second leading cause of death is malignant neoplasms or cancers (21.8 percent), followed by acute and chronic respiratory diseases (15.5 percent; McLean County Health Department Vital Records, January 2015-October 2015).

**Exhibit 8: Top 20 Causes of Death for McLean County Residents, January 2015 – October 2015.**

| Rank | Cause of Death | Number of Deaths | Percent of Total Deaths |
|---|---|---|---|
| **1** | Heart Diseases | 249 | 24.5% |
| **2** | Malignant Neoplasm | 222 | 21.8% |
| **3** | Respiratory Diseases | 158 | 15.5% |
| **4** | Dementia | 91 | 8.9% |
| **5** | Cerebrovascular Diseases | 70 | 6.9% |
| **6** | Septicemia | 45 | 4.4% |
| **7** | Kidney Diseases | 39 | 3.8% |
| **8** | Unintentional Accident | 37 | 3.6% |
| **9** | Abdominal Emergencies | 26 | 2.6% |
| **10** | Liver Disease | 22 | 2.2% |
| **11** | Drug-Induced Death | 13 | 1.3% |
| **12** | Diabetes Mellitus | 8 | 0.8% |
| **13** | Intentional Harm | 8 | 0.8% |
| **14** | Motoneuron Diseases | 5 | 0.5% |
| **15** | Cardiac Arrest | 3 | 0.3% |
| **16** | Failure To Thrive | 3 | 0.3% |
| **17** | Anemia | 2 | 0.2% |
| **18** | Carbon Monoxide Intoxication | 2 | 0.2% |
| **19** | Chronic Alcoholism | 2 | 0.2% |
| **20** | Dehydration | 2 | 0.2% |

Source: McLean County Health Department Vital Statistics, January 2015-October 2015.

### Life Expectancy at Birth

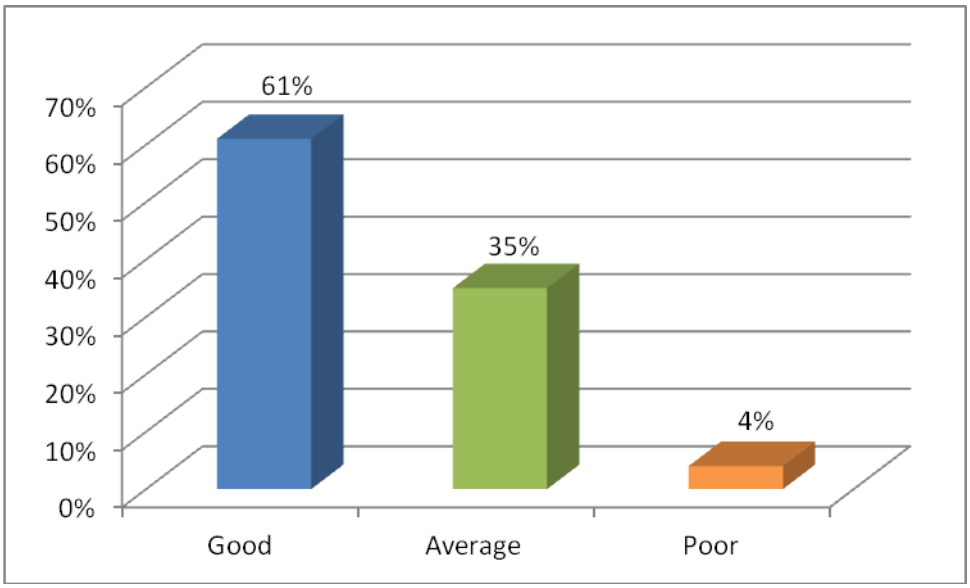
Females are expected to live longer than males in McLean County. Male life expectancy at birth is 77.2 for McLean County, slightly higher than Illinois (76.4), and female life expectancy is 81.4 for both McLean County and Illinois (Healthy Communities Institute, Institute for Health Metrics and Evaluations, 2009). McLean County's mean age of death was 75.7 in 2015 (McLean County Health Department Vital Records, January 2015-October 2015). Years of Potential Life Lost before the age of 75 is 5,500 per 100,000 population for McLean County (2011-2013) compared to 6,300 per 100,000 population for Illinois.

### Self-Perceptions of Overall Health

In 2013, 67.5 percent of McLean County adults reported zero days of physical health rated "not good" per month, which is higher than the state average of 60.1 percent. The percentage of adults reporting zero days of physical health rated "not good" per month has increased from 55.7 percent (2007-2009) to 67.5 percent (2013; Illinois Behavioral Risk Factor Surveillance System, 2013).

Just over 60 percent of respondents to the 2015 McLean County Community Health Survey reported having good overall physical health, while four percent rated themselves as having poor physical health. Perceptions of physical health tend to be higher for those with higher education and income.

**Exhibit 9: Self-perception of Overall Physical Health for McLean County, 2015**




Source: McLean County Community Health Survey, 2015

**Comparison to the 2013 McLean County Community Health Survey**

Compared to the 2013 McLean County Community Health Survey, there was an increase in the percentage of people reporting "good" physical health (from 51 percent in 2013 to 61 percent in 2015) and a decrease in the percentage of people reporting "poor" physical health (from 11 percent in 2013 to four percent in 2015).

### *Key findings: Health Status*

- Heart disease is the leading cause of death in McLean County.
- Life expectancy for McLean County males and females is similar to that of Illinois.
- More McLean County residents perceive themselves to be in good physical health than Illinois overall and the percentage of McLean County residents who rated zero days of poor health has increased since 2007-2009.

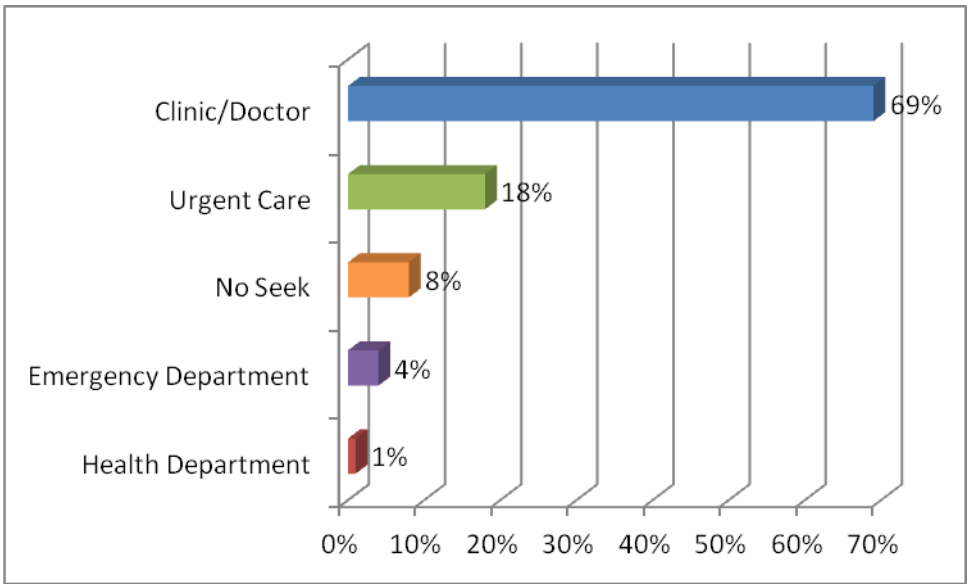
## d) Access to Care

## Choice of Medical Care

2015 McLean County Community Health Survey respondents were asked to choose the type of health care they use when they are sick. Six options were available to select from including clinic/doctor's office, urgent care, health department, I don't seek medical attention or other. Sixty-nine percent of respondents selected clinic or doctor's office as their choice of medical care followed by urgent care at 18 percent.

Emergency Department tends to be selected as a response for Choice of Medical Care more often by people with the following characteristics: younger, non-White, less educated and lower income. Do Not Seek Medical Care was selected as a response more often for Choice of Medical Care by people with the following characteristics: males, younger age and lower income.

**Exhibit 10: McLean County General Population Choice of Medical Care, 2015**




Source: McLean County Community Health Survey, 2015.

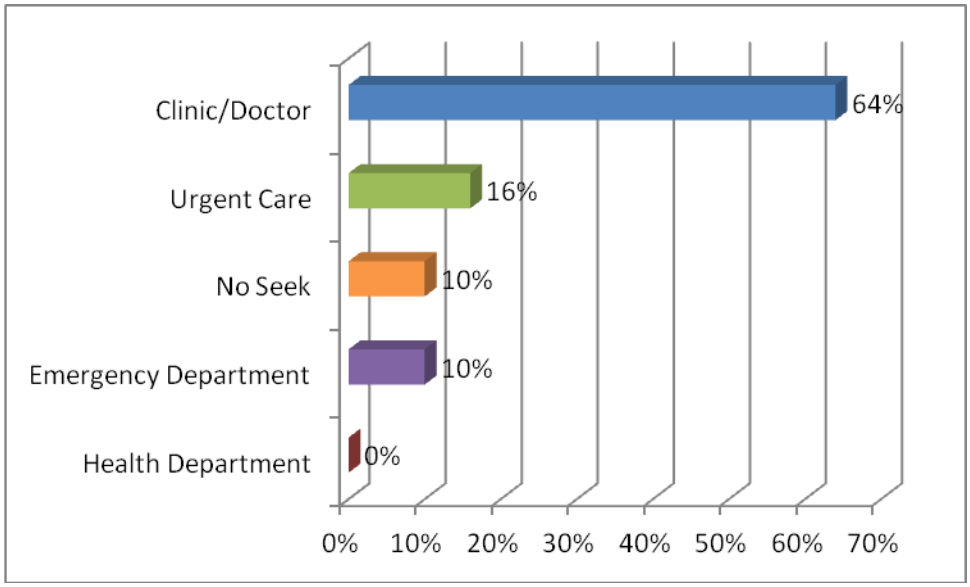
Comparison to the 2013 McLean County Community Health Survey

Compared to the 2013 McLean County Community Health Survey for the general population, there was an increase in use of clinic/doctor's office, from 59 percent to 69 percent. There was also an increase in urgent care usage from nine percent to 18 percent. This resulted in a lower use of emergency rooms from 11 percent to four percent. There was no change in the percentage of individuals who choose not to seek medical attention.

## Choice of Medical Care for At-Risk Population

At-risk survey respondent's choice of medical care was slightly lower than the general population for clinic or doctor at 64 percent compared to 69 percent. The most significant difference in responses was that the at-risk population reported the emergency room as their choice of medical care at 10 percent versus four percent for the general population.

**Exhibit 11: McLean County At-Risk Percentages for Choice of Medical Care, 2015**




Source: McLean County Community Health Survey, 2015.

Comparison to the 2013 McLean County Community Health Survey

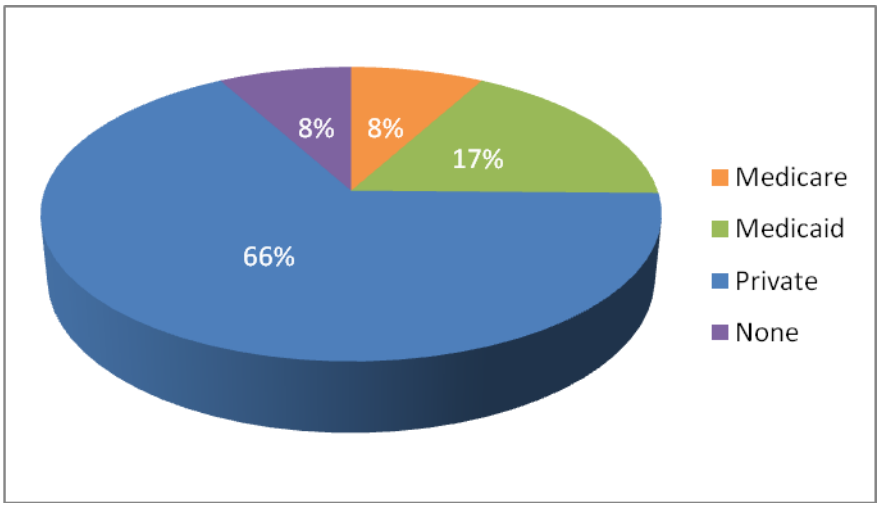
Compared to the 2013 McLean County Community Health Survey, there was an increase in urgent care usage from five percent to 16 percent, resulting in a reduction of emergency department usage from 24 percent to 10 percent for the at-risk population. There was also a reduction in people that did not seek medical attention when needed from 16 percent in 2013 to 10 percent in 2015 for the at-risk population.

### Health Care Coverage

The total number of Medicaid beneficiaries has increased by 50.2 percent from 2007 to 2014. There were 4,499 individuals who gained Medicaid coverage in 2014 due to the Affordable Care Act (Illinois Department of Healthcare and Family Services). Additionally, 12.7 percent of McLean County residents are enrolled in Medicare (Centers for Medicare and Medicaid, 2014).

Ninety-one percent of respondents of the 2015 McLean County Community Health Survey reported having either private insurance, Medicaid or Medicare while eight percent reported having no insurance. No Insurance was selected as a response to type of insurance more frequently by people with the following characteristics: younger age, Hispanic or Latino, and homelessness.

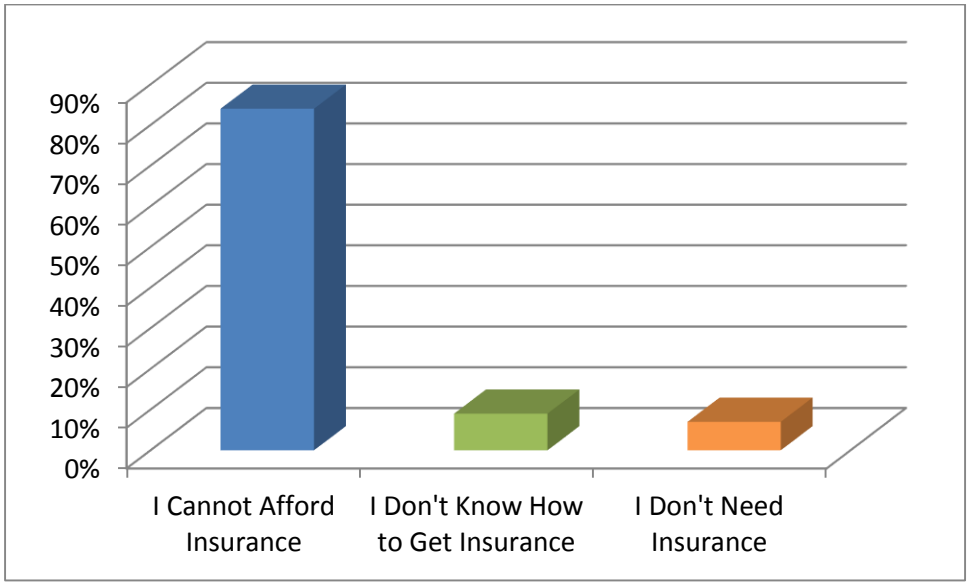
**Exhibit 12: Type of Insurance Coverage for McLean County Respondents, 2015**




Source: McLean County Community Health Survey, 2015

The number one reason for those respondents that reported that they do not have insurance is that they cannot afford insurance (84 percent).

**Exhibit 13: Percentages for Reason Respondent did not have any Insurance, 2015**




Source: McLean County Community Health Survey, 2015

Comparison to the 2013 McLean County Community Health Survey

Compared to survey data from the 2013 McLean County Community Health Survey, there has been an increase in those with private insurance from 43 percent to 66 percent and a decrease in those individuals who have no insurance, from 21 percent to eight percent.

### Personal Physician

Of the 2015 survey respondents, 80 percent indicated that they had a personal physician while 20 percent stated that they do not have a personal physician (McLean County Community Health Survey, 2015).

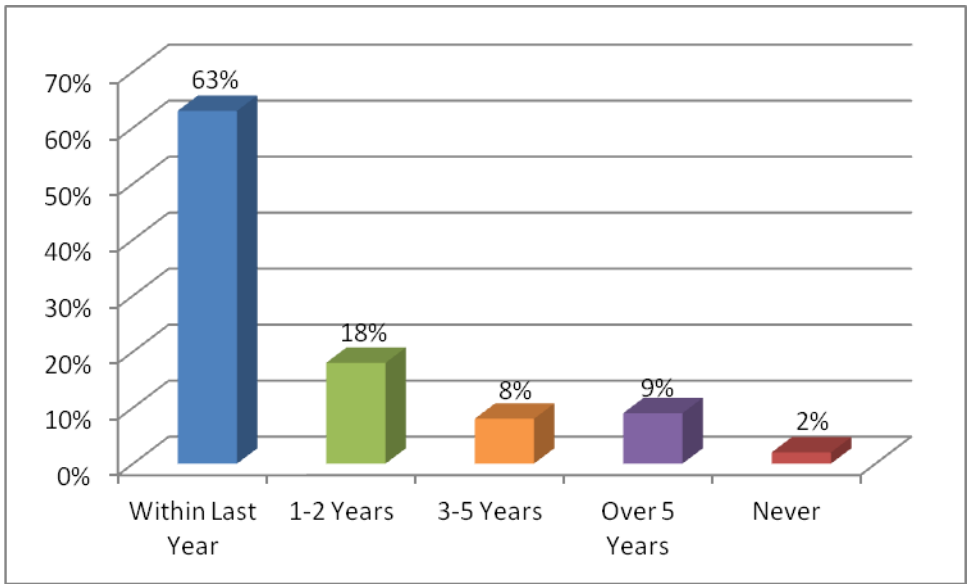
Comparison to the 2013 McLean County Community Health Survey

The survey results for having a personal physician are higher for the 2015 McLean County Community Health Survey compared to the results of the 2013 McLean County Community Health Survey. In 2013, 73 percent of residents indicated they had a personal physician, compared to 80 percent in 2015.

### Time since Last Check Up

Having an annual physical is an important part of overall health. Sixty-three percent of the 2015 McLean County Community Health Survey Respondents reported that they have had a check-up within the last year.

**Exhibit 14: Time Since Last Check Up by McLean County Respondents, 2015**




Source: McLean County Community Health Survey, 2015

Comparison to the 2013 McLean County Community Health Survey

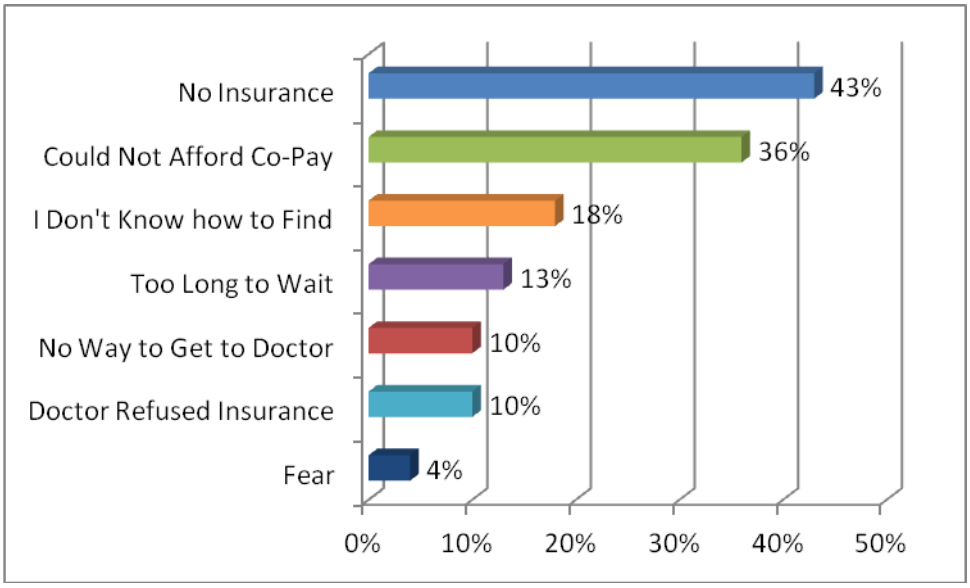
There are no significant differences in the percent of McLean County respondents from the 2013 to the 2015 McLean County Community Health Survey, who reported that they have had a check-up in the past year.

### Access to Medical Care

2015 McLean County Community Health Survey data show that 87 percent of McLean County respondents reported having access to medical care while 13 percent reported that they do not have access to medical care.

For the survey respondents that reported that they do not have access to medical care, 43 percent reported that they do not have insurance and 36 percent reported that they cannot afford the co-pay.

**Exhibit 15: Responses for "Why weren't you able to get medical care?" for McLean County, 2015**




Source: McLean County Community Health Survey, 2015

Comparison to the 2013 McLean County Community Health Survey

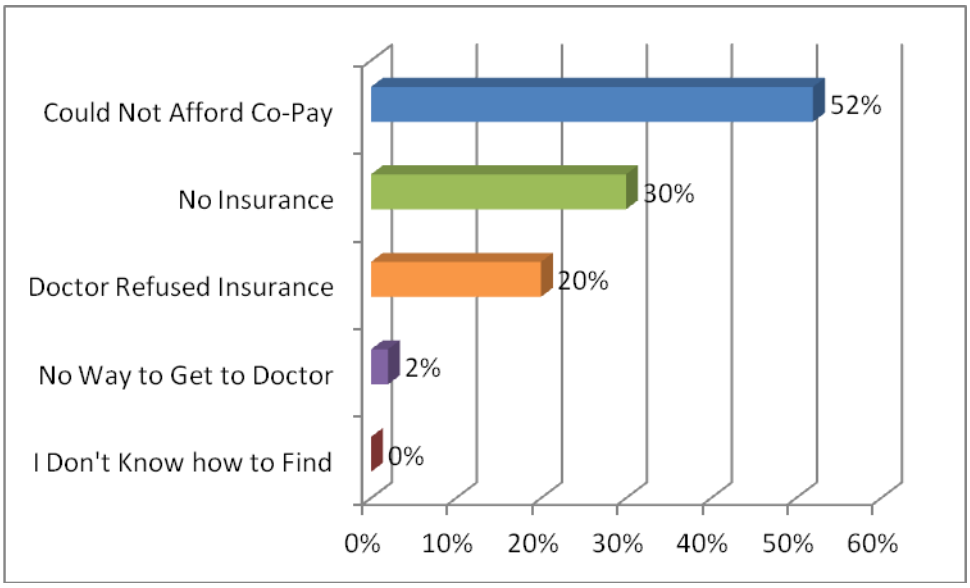
Compared to data from the 2013 McLean County Community Health Survey, there has been an increase in those that were able to get medical care when they needed it. In 2013, 75 percent of residents were able to get medical care when needed. The percentage increased to 87 percent in 2015.

### Access to Prescription Medication

2015 McLean County Community Health Survey data show that 85 percent of McLean County residents have access to prescription medication while 15 percent reported that they do not have access to prescription medication (McLean County Community Health Survey, 2015).

For the 2015 McLean County Survey respondents that reported that they do not have access to prescription medication, 52 percent reported that they could not afford the co-pay and 30 percent reported that they do not have insurance.

**Exhibit 16: Responses for "Why weren't you able to get prescription medicine?" for McLean County, 2015**




Source: McLean County Community Health Survey, 2015

Comparison to the 2013 McLean County Community Health Survey

Compared to the 2013 McLean County Community Health Survey, there has been an increase in those that were able to obtain prescription medications when needed. In 2013, 73 percent of residents were able to obtain prescription medications when needed. The percentage increased to 85 percent in 2015.

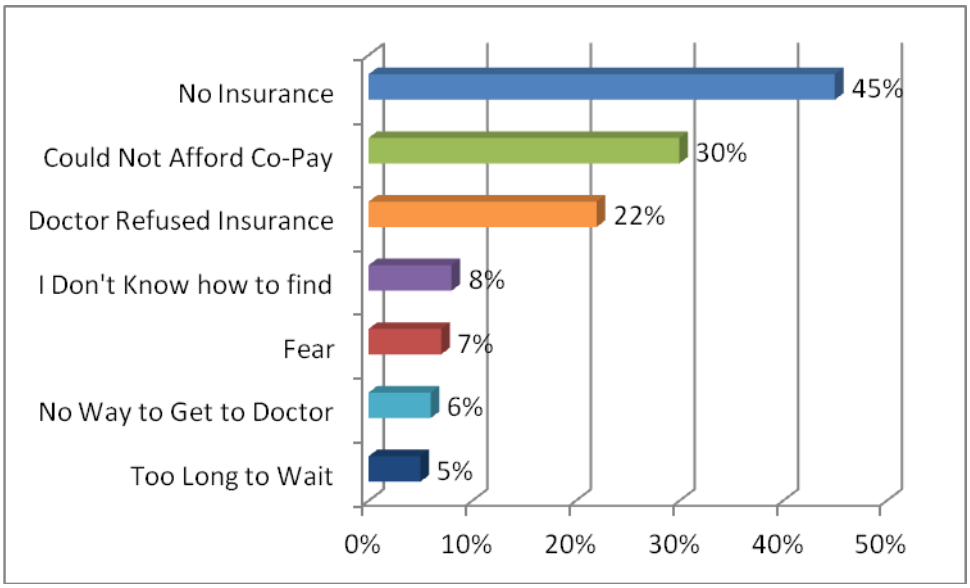
### Access to Dental Care

In McLean County, there is a ratio of one dentist per 1,679 population or 60 dentists per 100,000 population. This ratio is worse than the state overall (1:1,453), but in the best 0-50th percentile range with compared to other U.S. counties. McLean County's ratio of dentists per population has improved over time, from 51 dentists per 100,000 in 2007 to 60 dentists per 100,000 in 2013 (Healthy Communities Institute, County Health Rankings, 2013).

According to United Way of McLean County's 2014 Community Needs Assessment, 39.1 percent of McLean County residents are without dental insurance. Medicare does not cover dental services and Medicaid does not cover preventive oral health services for adults. Medicaid reimbursement is low overall and decreasing for children (decreased 16.8 percent from 2003-2013); therefore, a limited number of private practices accept Medicaid as payment (Health Policy Institute, "Are Medicaid and Private Dental Insurance Payment Rates for Pediatric Dental Care Services Keeping up with Inflation,"

2014). Seventy-seven percent of the 2015 McLean County Community Health Survey respondents reported that they have access to dental care. Twenty-three percent indicated that they do not have access to dental care (McLean County Community Health Survey, 2015). The primary reason reported by respondents from the 2015 McLean County Community Health Survey that they were not able to get dental care was that they do not have insurance (45 percent) followed by they could not afford the co-pay (30 percent; see Exhibit 17).

**Exhibit 17: Responses for "Why weren't you able to get dental care?" for McLean County, 2015**




Source: McLean County Community Health Survey, 2015

Comparison to McLean County Community Health Survey, 2013

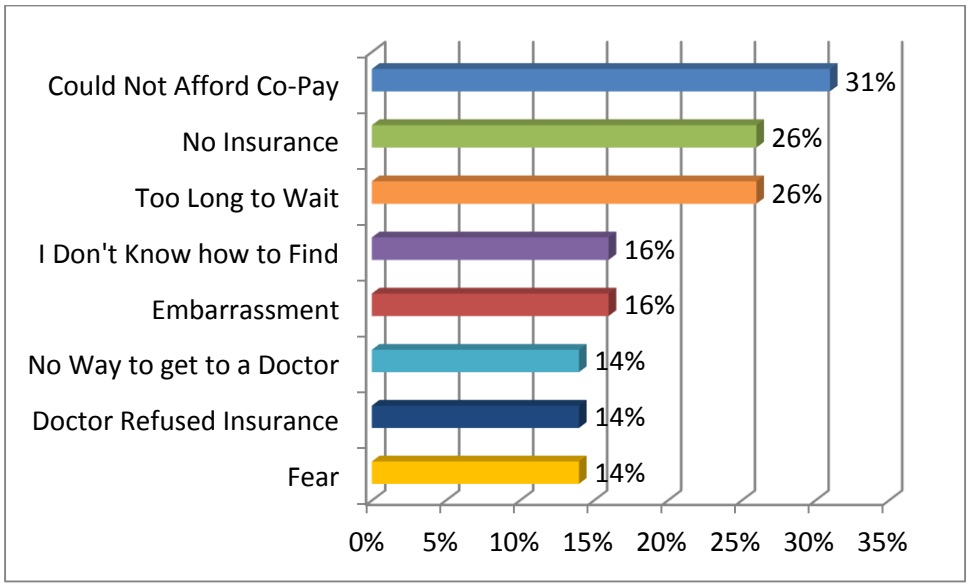
Compared to the 2013 McLean County Community Health Survey, there has been an increase in those that were able to access dental care when needed. In 2013, 70 percent of residents were able to get dental care when needed. This increased to 77 percent in 2015.

### Access to Counseling Services

2015 McLean County Community Health Survey data show that 90 percent of McLean County residents reported that they have access to counseling services and 10 percent reported that they do not have access to counseling services.

A follow-up question was asked to survey respondents who answered they were not able to get counseling when needed. Exhibit 18 below shows the primary reasons respondents did not have access to counseling. Note that total percentages do not equal 100 percent as respondents could choose more than one answer.

**Exhibit 18: Responses for "Why weren't you able to get counseling?" for McLean County, 2015**




Source: McLean County Community Health Survey, 2015

Comparison to the 2013 McLean County Community Health Survey

Compared to the 2013 McLean County Community Health Survey, there was a slight increase in access to counseling services from 86 percent in 2013 to 90 percent in 2015.

## *Key Findings: Access to Care*

- Compared to 2013 McLean County Community Health Survey:
  - There was a modest increase in use of clinic/doctor's office, a significant increase in urgent care usage and a lower use of ED's for both the general and at-risk population.
  - There has been an increase in the percent of survey respondents that have private insurance and a personal physician and are able to get medical and dental care when needed from 2013 to 2015.
  - There has been a decrease in those individuals who have no insurance from 2013 to 2015.
- Emergency Department tends to be selected as a response for Choice of Medical Care more often by people with the following characteristics: younger, non-White, less educated, and lower incomes.
- Do Not Seek Medical Care was selected as a response more often for Choice of Medical Care by people with the following characteristics: males, younger age, and lower income.
- No Insurance was selected as a response to Type of Insurance more frequently by people with the following characteristics: younger age, Latino ethnicity, and homelessness.

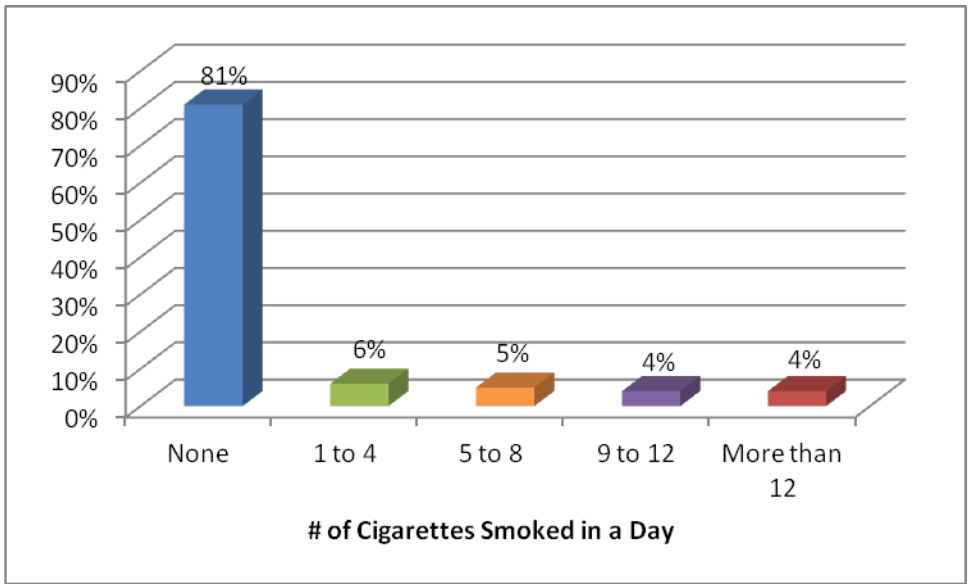
## e) Modifiable Health Behaviors

### Tobacco Use

The percentage of adults claiming a positive smoking status in McLean County has declined from 20.8 percent (2004-2006) to 11.6 percent in 2013 (Illinois Behavioral Risk Factor Surveillance System). Fewer McLean County adults claim to be a smoker than the state (18 percent) and nation (19 percent). Further, McLean County has exceeded the Healthy People 2020 Goal to "reduce regular cigarette smoking by adults to 12 percent" (Office of Disease Prevention and Health Promotion, Healthy People 2020, 2016.).

McLean County Community Health Survey data show 81 percent of McLean County respondents do not smoke and only four percent state they smoke more than 12 cigarettes or "vape" (see Exhibit 19).

**Exhibit 19: Frequency of Respondents in McLean County Smoking and/or "Vaping", 2015**




Source: McLean County Community Health Survey, 2015

Frequency of smoking or vaping tends to be rated higher by women, with frequency lower among people of Hispanic or Latino ethnicity, and lower education and income (McLean County Community Health Survey, 2015). According to the Illinois Behavioral Risk Factor Surveillance System, however, residents earning less than $35,000 per year are more likely to claim to be a smoker (27.8 percent).

In 2014, 12 percent of 12th graders in McLean County had smoked a cigarette in the last 30 days, a 45 percent decrease since 2010. Of those who had smoked a cigarette, the average age of initiation was 15, higher than the state average age of 14.2 (Illinois Youth Survey, 2014).

## Substance Abuse

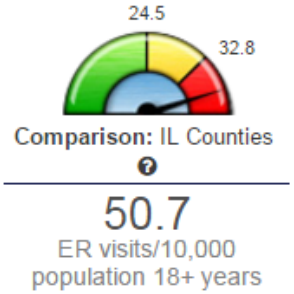
### Alcohol Use

The percentage of McLean County adults at risk for acute/binge drinking is 26.9, higher than the percentage at risk for the state (21.8 percent). McLean County adults at risk for acute/binge drinking has increased from 19.0 percent in 2007-09 to 26.9 percent (Illinois Behavioral Risk Factor Surveillance System, 2013). Men are more at risk for acute/binge drinking at 34.4 percent compared to women at 5.1 percent (Illinois Behavioral Risk Factor Surveillance System, 2007-2009).

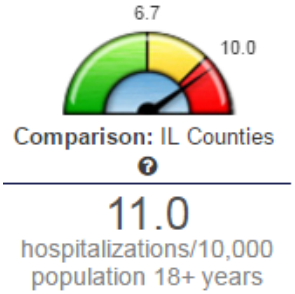
The age-adjusted emergency room rate due to alcohol abuse is 50.7 visits per 10,000 population for McLean County. This rate is in the worst fourth quartile range when compared to other Illinois counties (see Exhibit 20) and has increased 40 percent since 2009-2011. McLean County's age-adjusted hospitalization rate due to alcohol abuse is 11.0 per 10,000 population, also in the worst fourth quartile range (red indicator; see Exhibit 20). This rate has increased 30.9 percent since 2009-2011.

**Exhibit 20: Age-adjusted Emergency Room and Hospitalization Rates due to Alcohol Abuse for McLean County Compared to Other IL Counties, 2012-2014**

Emergency Room Rates Due to Alcohol Abuse




Hospitalization Rates due to Alcohol Abuse




Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014.

The highest emergency room rates due to alcohol abuse are seen in:

- individuals aged 18-19 (96.4 emergency room visits per 10,000 population)
- males (70.3 emergency room visits per 10,000 population)
- Blacks or African Americans (140.2 emergency room visits per 10,000 population)
- those living in 61701 (119.1 emergency room visits per 10,000 population)

The highest hospitalizations rates due to alcohol abuse are seen in:

- individuals aged 45-64 (18.1 hospitalizations per 10,000 population)
- males (16.3 hospitalizations per 10,000 population)
- those living in 61701 (21.5 hospitalization per 10,000 population)

The percent of motor vehicle crash deaths with alcohol involvement in McLean County is 39.3 percent. This rate is in the worst 50$^{th}$ – 75$^{th}$ percentile range (yellow indicator) compared to other U.S. counties (County Health Rankings, 2015).

### Other Substances

Drug-induced deaths accounted for 1.3 percent of the total deaths in McLean County in 2015. No single substance attributed to more deaths than others (McLean County Health Department Vital Records, 2015).

Compared to other Illinois counties, the age-adjusted emergency room rate for substance abuse is in the best 0-50$^{th}$ percentile range (green indicator) at 10.0 emergency room visits per 10,000 population. Similar to alcohol abuse, this rate is almost double for 61701 (19.3 per 10,000 population; Healthy Communities Institute, Illinois Hospital Association, 2012-2014).

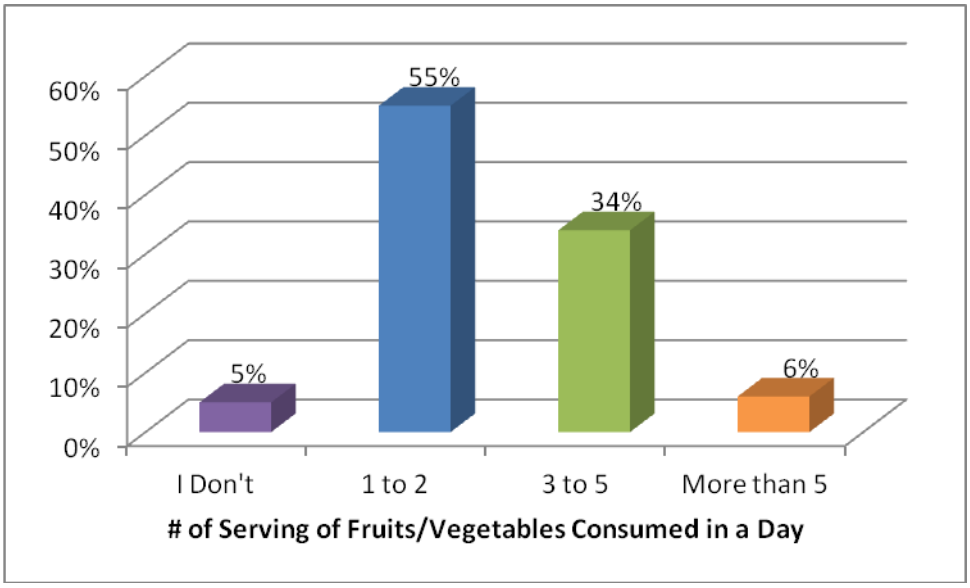
Overall, 30 percent of McLean County 8$^{th}$ graders and 65 percent of 12$^{th}$ graders report using any substance (including alcohol, cigarettes, inhalants, and marijuana) in the past year. Similarly, 26 percent of McLean County 8$^{th}$ graders and 64 percent of 12$^{th}$ graders reported using alcohol within the past year. Twelfth grade alcohol usage is comparable to the State (64.8 percent), whereas 8$^{th}$ grade usage is lower than the State (34.5 percent; Illinois Youth Survey, 2012).

## Nutrition

According to the Illinois Behavioral Risk Factor Surveillance System, 13.7 percent of McLean County adults consume five or more servings of fruits and vegetables per day, fewer than the state (22.6 percent) and nation (23.4 percent; 2007-2009). Nineteen percent of 6$^{th}$ graders eat four or more fruits per day and 15 percent eat four or more vegetables per day (Illinois Youth Survey, 2014). Adult consumption of fruits and vegetables has decreased 36.3 percent since 2001-2003, whereas youth consumption of fruits and vegetables has increased (18.8 percent for fruits; 66.7 percent for vegetables) since 2010.

The 2015 McLean County Community Health Survey data show over half (60 percent) of McLean County residents report no consumption or low consumption (one to two servings per day) of fruits and vegetables (see Exhibit 21). Frequency of fruit and vegetable consumption tends to be higher by people with the following characteristics: women, higher education and higher income.

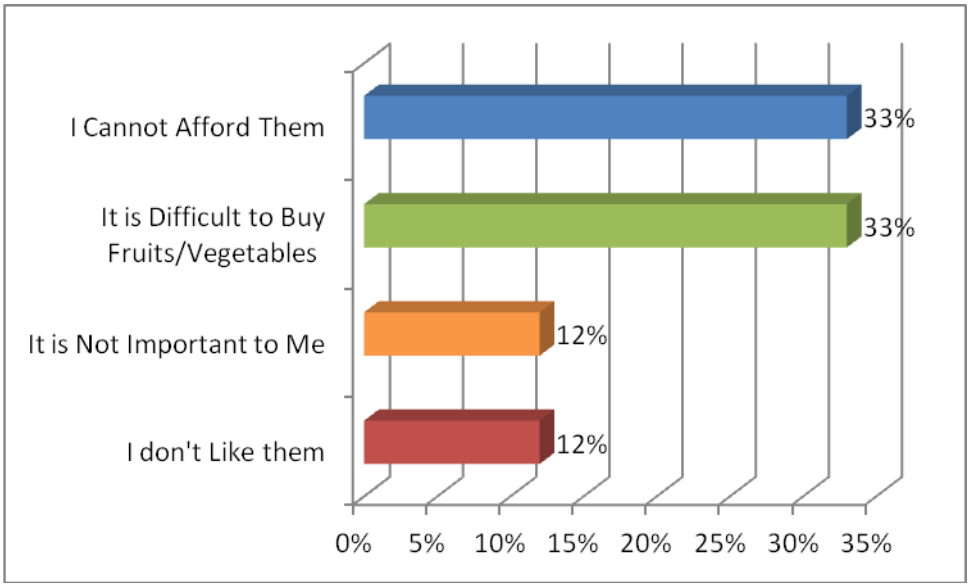
**Exhibit 21: Responses for "On a typical day, how many servings of fruits and/or vegetables do you eat?" for McLean County, 2015**




Source: McLean County Community Health Survey, 2015

For the 2015 McLean County Community Health Survey respondents who indicated not eating fruits or vegetables, difficulty buying fruits and vegetables and the inability to afford fruits and vegetables were the two most frequently cited reasons for failing to consume fruits and vegetables (see Exhibit 22).

**Exhibit 22: Responses for "On a typical day, why don't you eat fruits and/or vegetables?" for McLean County, 2015**




Source: McLean County Community Health Survey, 2015

Comparison to the 2013 McLean County Community Health Survey

Contrary to trend data from the Illinois Behavioral Risk Factor Surveillance System, 2015 McLean County Community Health Survey data show an improvement in adult consumption of fruits and vegetables, from 66 percent consuming one to two servings per day or fewer in 2013 to 60 percent in 2015.

### Physical Activity and Inactivity

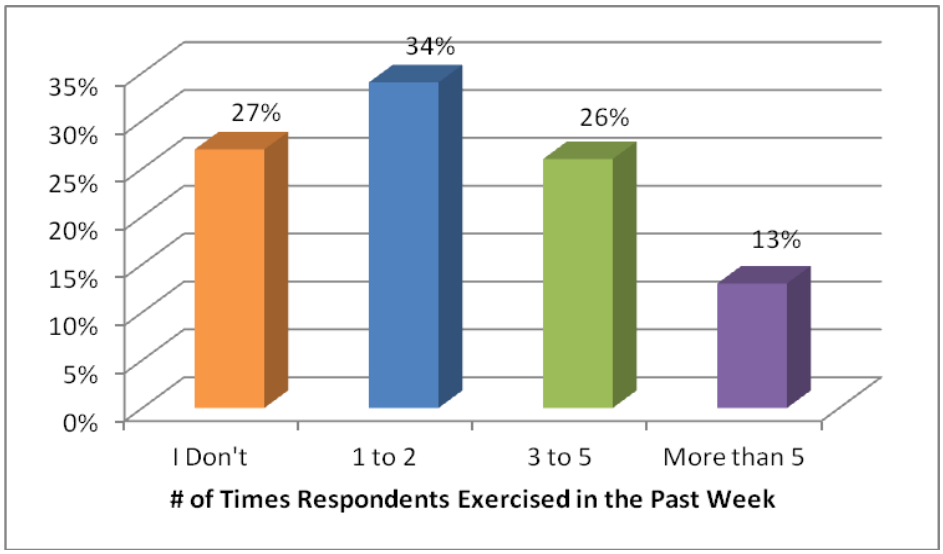
According to the 2013 Illinois Behavioral Risk Factor Surveillance System, 69.0 percent of McLean County residents indicated they participated in physical activity or exercise within the past month. The percentage of individuals in McLean County exceeds that of the State of Illinois (51.7 percent). The percentage of McLean County residents participating in regular exercise for the past six months or longer, however, decreased from 39.3 percent in 2004-2006 to 31.3 percent in 2007-2009. In 2007-2009, 5.7 percent of residents had not exercised and exhibited no intent to exercise.

The percentage of McLean County adults (ages 20 and up) who did not participate in any leisure-time activities (physical activities other than their regular job) during the past month is 22.3 percent. This rate is in the best 50th percentile (green indicator) when compared to other U.S. counties (Centers for Disease Control and Prevention, 2012).

In 2014, 41 percent of McLean County 6th graders were physically active for at least 60 minutes every day during the past seven days, a 12.8 percent decrease from 2012. The percent of McLean County 6th graders watching five or more hours of TV has also decreased over time, from nine percent in 2012 to five percent in 2014 (Illinois Youth Survey).

The 2015 McLean County Community Health Survey data provide a more fine-grain assessment of exercise. Specifically, 27 percent of respondents indicated that they do not exercise at all, while the vast majority of residents (73 percent) exercise one to two times per week or more (see Exhibit 23).

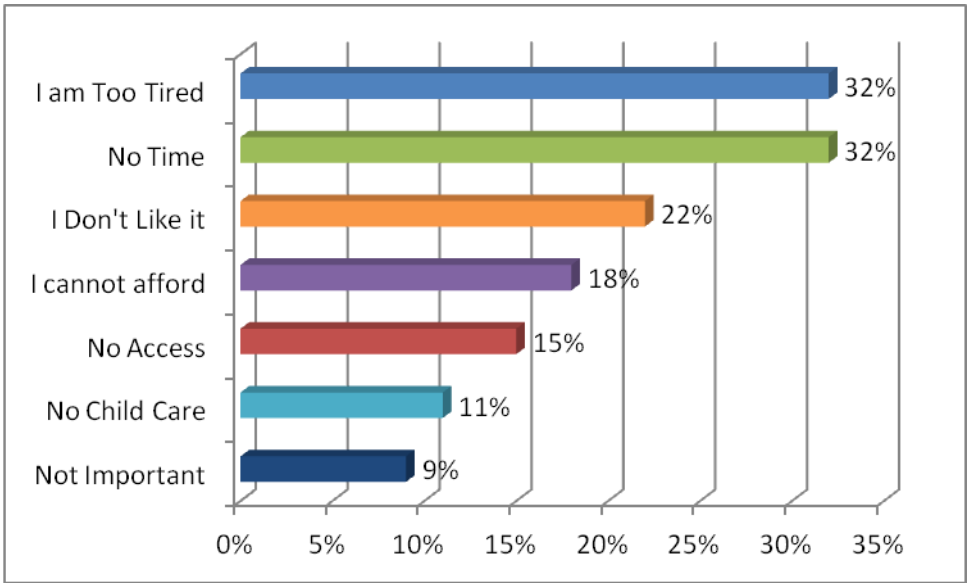
**Exhibit 23: McLean County Residents' Exercise Frequency, 2015**




Source: McLean County Community Health Survey, 2015

Respondents who indicated that they do not exercise were asked to cite their reasons for not exercising. The most common reasons for not exercising are not enough time and being too tired (see Exhibit 24).

**Exhibit 24: Reasons for Not Exercising in the Last Week for McLean County Residents, 2015**




Source: McLean County Community Health Survey, 2015

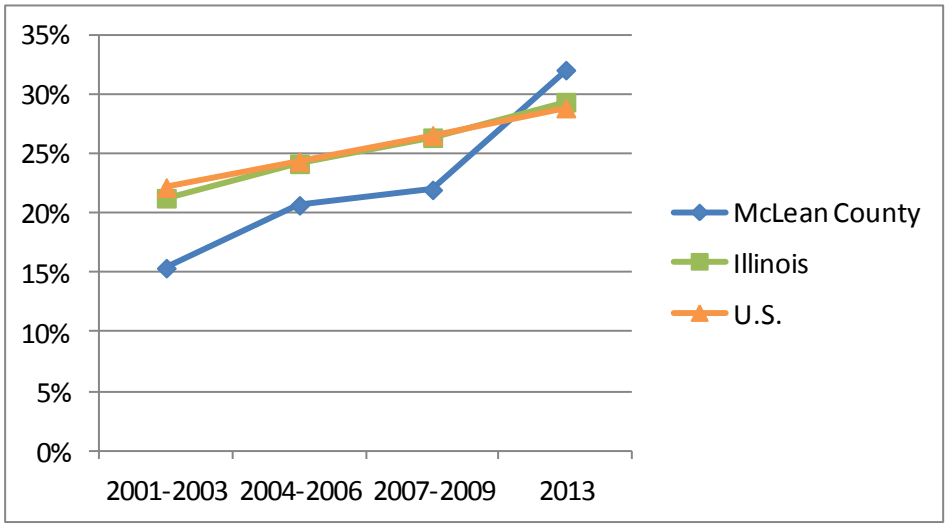
Comparison to the 2013 McLean County Community Health Survey

Dissimilar from Illinois Behavioral Risk Factor Surveillance System data trends, data from the 2013 McLean County Community Health Survey show an increase in percentage of adults participating in physical activity from 64 percent in 2013 to 73 percent in 2015.

### Weight Status

In 2013, 32.7 percent of McLean County residents were classified as overweight and 32.1 percent were classified as obese. A total of 64.8 percent of McLean County residents are either overweight or obese. McLean County's obesity rate is higher than the state (29.4 percent) and national rates (29.4 percent). As shown in Exhibit 25, the obesity rate in McLean County has more than doubled since 2001-2003 when the rate was 15.4 percent (Illinois Behavioral Risk Factor Surveillance System, 2013) and is rising faster than the state and national obesity rates.

**Exhibit 25: McLean County's Obesity Rate Trend, 2001 - 2013**




Sources: Illinois Behavioral Risk Factor Surveillance System, 2001-2013; Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System, 2001-2013.

## *Key findings: Modifiable Health Behaviors*

- Fewer McLean County adults identify as smokers than adults in Illinois and in the U.S. and the percentage of smokers has declined 44.2 percent since 2004-2006.
- More McLean County adults are at-risk for acute/binge drinking than adults in Illinois and the percentage has increased 41.6 percent since 2007-2009.
- The age-adjusted emergency room visit rate and hospitalization rate due to alcohol abuse are in the worst fourth quartile range when compared to other Illinois counties.
- Emergency room visit rates due to alcohol abuse are almost double for 18-19 year olds, 177% for Blacks or African Americans in comparison to other race/ethnicities and more than double for 61701. Emergency room visit rates due to substance abuse are almost double in 61701.
- Fewer McLean County adults consume five or more servings of fruits and vegetables than Illinois and the U.S. and the percentage for McLean County has decreased 36.3 percent since 2001-2003. Youth consumption, however, has increased.
- A greater percentage of McLean County residents participated in physical activity over the past month than the State of Illinois. The percentage of McLean County adults participating in regular exercise for six months decreased 20.3 percent from 2004-2006 to 2007-2009.
- McLean County's obesity rate is higher than the state and national rates and has more than doubled since 2001-2003.

## f) Environment

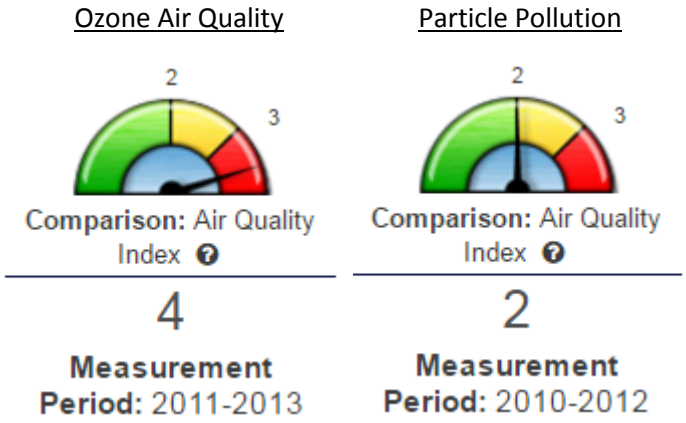
### Physical Environment

Air

Poor air quality can lead to asthma, emphysema, lung cancer, congestive heart disease and other serious health conditions (Centers for Disease Control and Prevention Outdoor Air, 2013). The Air Quality Index is the national standard method for reporting air pollution levels to the general public. The Air Quality Index is based on the short-term federal National Ambient Air Quality Standards for the following criteria pollutants: ozone, sulfur dioxide, carbon monoxide, particulate matter and nitrogen dioxide. One air quality monitoring station is located in McLean County at Illinois State University's Power Plant and monitors ozone and particulate matter. In 2013, this air quality station recorded an Air Quality Index of 0-50, in the "Good" range, 74.9 percent of the time and an Air Quality Index of 51-100, in the "Moderate" range, 25.1 percent of the time. In 2013, there were 25 percent more "Good" days than recorded in 2005.

The American Lung Association assigns grades A-F to counties (A=1; B=2; C=3; D=4; F=5), based on the average annual number of days that ozone levels exceeded U.S. standards during a three year measurement period. For the measurement period of 2011-2013, McLean County received a D grade for its annual ozone air quality (see Exhibit 26). Using the same scale, McLean County received a B rating for the average number of days particle air pollution exceeded U.S. standards for the measurement period of 2010-2012 (see Exhibit 26).

**Exhibit 26: McLean County Annual Ozone Air Quality and Particle Pollution, 2010-2012 and 2011-2013**




Source: Healthy Communities Institute, American Lung Association, 2010-2013

The nearest carbon monoxide monitoring site is located in Bondville, Illinois. According to this site, McLean County is estimated to produce 234.7 tons of carbon monoxide emissions per year. The state of Illinois produced 64,915 tons in 2013.

According to the U.S. Environmental Protection Agency, 3,656 pounds of recognized carcinogens were released into the air in McLean County during 2014.

### Water

Illinois Department of Public Health monitors the fluoride level of community water supplies. In order to protect the dental health of all citizens, community water supplies are required to adjust the fluoride level to between .9-1.2 milligrams per liter (Ill. Compiled Statute, Act 40(7a)). Less than one percent (1,186 out of 133,230 residents on public water supply) of McLean County residents on community water supply receives water that does not meet the current standards for optimally fluoridated water (Centers for Disease Control and Prevention My Water's Fluoride). McLean County exceeds the Healthy People 2020 goal of "increasing the proportion of the U.S. population served by community water systems with optimally fluoridated water to 79.6 percent" with 99 percent of its population receiving optimally fluoridated water.

Private water wells are tested on a yearly basis by the McLean County Health Department for Nitrate/Nitrite and Total Coliform/E-coli**.** In 2014, 40.7 percent of private water wells inspected by McLean County Health Department in 2014 were in violation**.**

### Radon

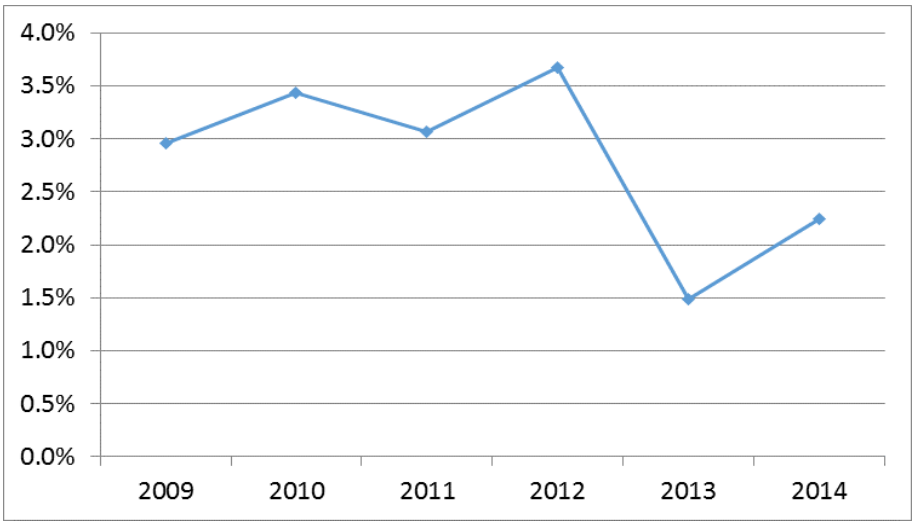
Radon is the second leading cause of lung cancer after cigarette smoking (Centers for Disease Control and Prevention, 2016). The average indoor radon level for homes in McLean County was 5.7 pCi/L in 2014, higher than state (4.9 pCi/L) and national (1.3 pCi/L) levels. Half of McLean County homes tested for radon had levels above 4pCi/L (Illinois Emergency Management Agency, 2014).

Currently, radon testing is not required to buy or sell a home in Illinois. McLean County has a radon task force. The goal of the task force is to educate the citizens of McLean County about the dangers of radon gas and strongly encourage residents to get their homes tested (Ecology Action Center, 2016).

### Lead

Exposure to lead can pose serious health risks for children, such as brain damage, slowed growth and development, behavioral issues and hearing and speech problems (Centers for Disease Control and Prevention Lead, 2016). Of the children (aged 6 months to 5 years) tested at the McLean County Health Department in 2014, 2.24 percent had blood lead levels of five or higher. This is a 24 percent reduction from 2009.

**Exhibit 27: Percentage of Children Tested with Blood Lead Levels Outside of Normal Limits, 2009 – 2014**




Source: McLean County Health Department, 2014

Over half of owner-occupied and rental units in Bloomington (53 percent) were built before 1980, and therefore have the potential to present lead based paint hazards. Roughly 33 percent of units built before 1980 house children. Renters in Bloomington are more likely to be exposed to Lead Based Paint Hazards as 60 percent of rental units were built before 1980 compared to 49 percent of owner-occupied units. The Centers for Disease Control and Prevention recommends monitoring children with blood lead levels of five micrograms per deciliter or higher; however, the state of Illinois sets the monitoring level at 10 micrograms per deciliter or higher (City of Bloomington Consolidated Plan, 2015-2019).

### Hazardous Waste

From 1998-2015, McLean County hosted nine household hazardous waste events and collected 3,043 55-gallon drums of Household Hazardous Waste. Over this time, the amount of household hazardous waste collected has increased by 163 percent, from 189 55-gallon drums in 1998 to 498 55-gallon drums in 2015 (Ecology Action Center, 2015). Efforts to properly dispose of hazardous waste have grown in McLean County over the past decade.

## Built Environment

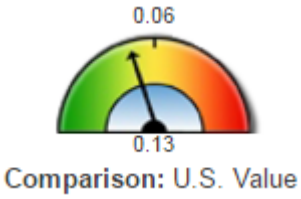
### Physical Activity

According to the Robert Wood Johnson Foundation, “the built environment describes physical or manmade features such as sidewalks, streetlights, traffic and parks that may promote or discourage activity.” The built environment is important to consider when assessing physical activity as there is strong evidence suggesting an association between access to recreational resources, bikability and walkability of neighborhoods as well as safe, esthetically pleasing environments with increased physical activity and reduced obesity rates (Robert Wood Johnson Foundation, Built Environment and Physical Activity, 2007).

In McLean County, 78.2 percent of residents have access to exercise opportunities, meaning they live reasonably close to a park or recreational facility. McLean County falls in the best 50th percentile when compared to other U.S. counties for access to exercise opportunities despite the county's rural expanse (Healthy Communities Institute, County Health Rankings, 2015).

According to the U.S. Department of Agriculture Food Environment Atlas, 2012, there are .13 recreation and fitness centers per 1,000 population in McLean County, slightly more than the national average of .06 per 1,000 population (see Exhibit 28). Since 2008, there has been a 30 percent increase in the number of recreation and fitness facilities in McLean County.

**Exhibit 28: Number of Recreation and Fitness Centers per 1,000 population in McLean County,**




Source: Healthy Communities Institute, U.S. Department of Agriculture Food Environment Atlas, 2012

Nationally, only 0.6 percent of the American population commutes to work by bicycle (U.S. Census Bureau Survey of Communities, 2008-2012). According to a survey conducted by the McLean County Regional Planning Commission, eight percent of respondents indicated using a bicycle as their mode of transportation for location-based trips. Respondents noted they would ride their bicycle more often if they felt safer on the streets, there were more on-road bike lanes and shared lane markings and there were more off-road trails.

Bike Blono recently conducted a bicycle crash analysis, in which it discovered that 37 percent of bicycle crashes in McLean County occur when the cyclist was reported as located on the sidewalk immediately prior to the crash. Riding a bicycle on the sidewalk presents an 80 percent higher risk of a crash compared to riding on the road and obeying the same traffic laws as motorists (McLean County Bike Safety Bicycle Crash Analysis, 2014-2015).

## Food Security and Access to Healthy Foods

### Food Insecurity

The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. The percentage of the population that experienced food insecurity in McLean County at some point during 2013 is 13.2 percent. This rate is in the best 0-50th percentile range (green indicator) compared to other counties in the United States. The percentage of children (under 18 years of age) living in households that experienced food insecurity at some point during 2013 is 18 percent (Healthy Communities Institute, Feeding America, 2013).

**Grocery Store Density**

McLean County falls at the 50th percentile in comparison to other counties in the United States for grocery store density with .20 supermarkets and grocery stores per 1,000 in McLean County (Healthy Communities Institute, US Department of Agriculture – Food Environment Index, 2012).

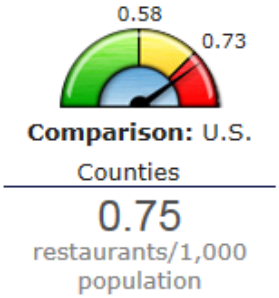
**Access to a Grocery Store for Low-income Adults**

Low access is defined as living more than one mile from a supermarket or large grocery store if in an urban area and more than 10 miles from a supermarket or large grocery store if in a rural area. The percentage of low-income adults who do not have adequate access to a grocery store or supermarket in McLean County is 8.2 percent. McLean County is in the worst 50th to 75th percentile range (yellow indicator) for this measure when compared to other counties in the United States (Healthy Communities Institute, US Department of Agriculture – Food Environment Index, 2010). An area located west of Main St. in Bloomington in zip code 61701 was designated by the U.S. Department of Agriculture as a food desert (City of Bloomington Existing Conditions Report, 2014).

**Fast Food Restaurant Density**

The fast food restaurant density is in the worst fourth quartile range (red indicator) compared to other counties in the United States (see Exhibit 29) with .75 fast food restaurants per 1,000 in McLean County.

**Exhibit 29: Fast Food Restaurant Density for McLean County, 2012**

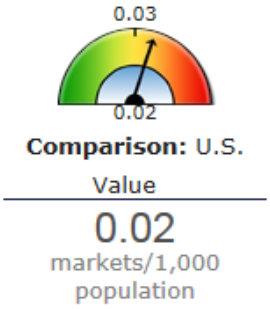



Source: Healthy Communities Institute, US Department of Agriculture – Food Environment Atlas, 2012.

**Farmers Market Density**

There are .02 Farmers Markets per 1,000 population in McLean County (Healthy Communities Institute, US Department of Agriculture – Food Environment Index, 2013). This rate falls in the worst 50th to 75th percentile range (yellow indicator) compared to other counties in the United States.

**Exhibit 30: Farmer's Market Density, 2013**




Source: Healthy Communities Institute, US Department of Agriculture – Food Environment Atlas, 2013.

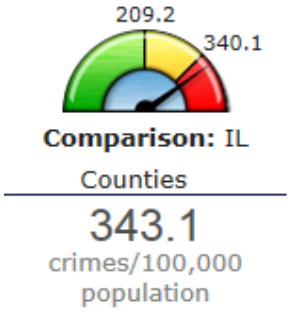
## Social Environment

### Intentional Injury

**Crime Rates**

The crime rate in McLean County for the measurement period of 2010-2012 was 343.1 crimes per 100,000 population. This is in the worst fourth quartile range (red indicator) compared to other counties in Illinois. Violent crimes include homicide, forcible rape, robbery, and aggravated assault (Healthy Communities Institute, County Health Rankings, Uniform Crime Reporting Program, 2010-2012).

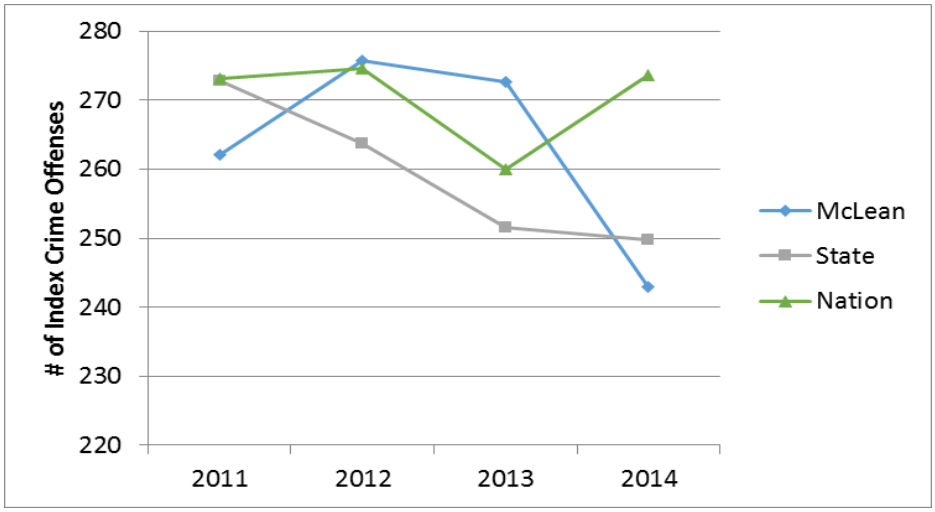
**Exhibit 31: Violent Crime Rate, 2010-2012**




Source: Healthy Communities Institute, County Health Rankings, 2010-2012.

However, when "robbery" is excluded from the definition of violent crime, McLean County's rate drops to 243 index crime offenses per 100,000 population (Illinois State Police Uniform Crime Reporting Program and FBI Uniform Crime Reporting Program, 2011-2014). Exhibit 32 below illustrates the number of index crime offenses in McLean County in comparison to the state and the nation. The number of index crime offenses has been decreasing since 2012.

**Exhibit 32: Index Crime Offenses, 2011-2014**

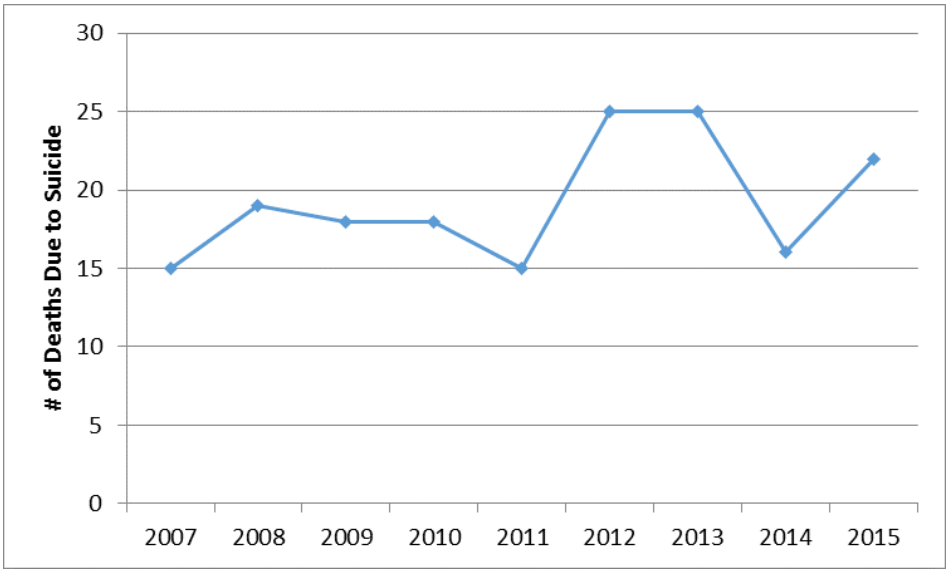



Source: Illinois State Police Uniform Crime Reporting Program and FBI Uniform Crime Reporting Program, 2011-2014.

**Suicide**

The number of suicides in McLean County is trending unfavorably. In 2007 there were 15 suicides and in 2015 this number increased to 22. Exhibit 33 below lists the number of suicides in McLean County from 2007 – 2015. For additional information about suicides, please refer to the mental health section in this report.

**Exhibit 33: Deaths Due to Suicide, 2007-2015**




Source: McLean County Coroner, 2015.

Unintentional Injury

**Motor Vehicle Deaths**

The number of deaths attributable to motor vehicle traffic collisions in McLean County in 2013 was 10 (Healthy Communities Institute, Fatality Analysis Reporting System, 2013). This is lower than the number of deaths for the previously measured year.

**Pedestrian Deaths**

The number of pedestrians killed in traffic collisions in McLean County during 2013 was 1.2 deaths per 100,000 population (Healthy Communities Institute, Fatality Analysis Reporting System, 2013). This is in the worst 50th to 75 percentile (yellow indicator) compared to other counties in Illinois.

**Falls**

The number of patients with an outpatient falls diagnosis in McLean County is 98.5 patients per 1,000 population. This is higher than the number of patients with an outpatient falls diagnosis for Illinois which is 71.3 patients per 1,000 population (Illinois Hospital Association COMPdata, Oct 2014 - Sept 2015).

The number of McLean County residents that had a fall requiring admission to a hospital is 37 patients per 1000 population. This is higher than the state of Illinois rate of 30.6 patients per 1,000 population (Illinois Hospital Association COMPdata, Oct 2014 - Sept 2015).

## *Key findings: Environment*

- The fast food restaurant density in McLean County is in the worst fourth quartile range (red indicator) compared to other counties in the United States.
- The violent crime rate for McLean County is in the worst 25th percentile (red indicator) compared to other counties in Illinois, however, the rate has been trending favorably since 2012.
- The number of community residents being treated for falls in McLean County on both an outpatient and inpatient basis is higher than the number for the state.

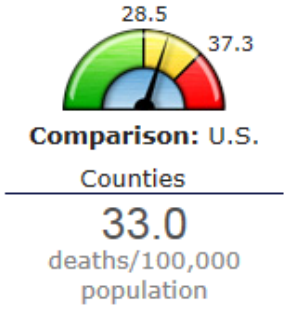
## g) Disease and Chronic Conditions

### Alzheimer's Disease and Dementia

Alzheimer's disease is the most common form of dementia among the geriatric population, accounting for 50 to 80 percent of dementia cases. It is a progressive and irreversible disease where memory and cognitive abilities are slowly destroyed making it impossible to carry out even simple, daily tasks. Alzheimer's disease typically manifests after the age of 60. According to the Centers for Disease Control and Prevention, Alzheimer's disease is the fifth leading cause of death among adults aged 65 and older. The Alzheimer's Association notes that the number of people age 65 and older with Alzheimer's disease is estimated to reach 7.1 million by 2025, a 40 percent increase from the estimated 5 million age 65 and older currently affected by the disease. Medicare costs for those with Alzheimer's and other dementias are estimated to be $107 billion dollars in 2013 (Healthy Communities Institute, 2016).

The age-adjusted death rate due to Alzheimer's disease in McLean County is 33 deaths per 100,000 population (Healthy Communities Institute, Centers for Disease Control and Prevention, 2011-2013). This rate is in the worst 50th – 75th percentile range (yellow indicator) compared to other counties in Illinois. There has been a slight decrease from 40.5 deaths in 2007-2009. The rate is higher for females (37.6 deaths per 100,000 population) than males (25.3 deaths per 100,000 population).

**Exhibit 34: Age-Adjusted Death Rate due to Alzheimer's Disease for McLean County, 2011-2013**




Source: Healthy Communities Institute, Centers for Disease Control and Prevention, 2011-2013

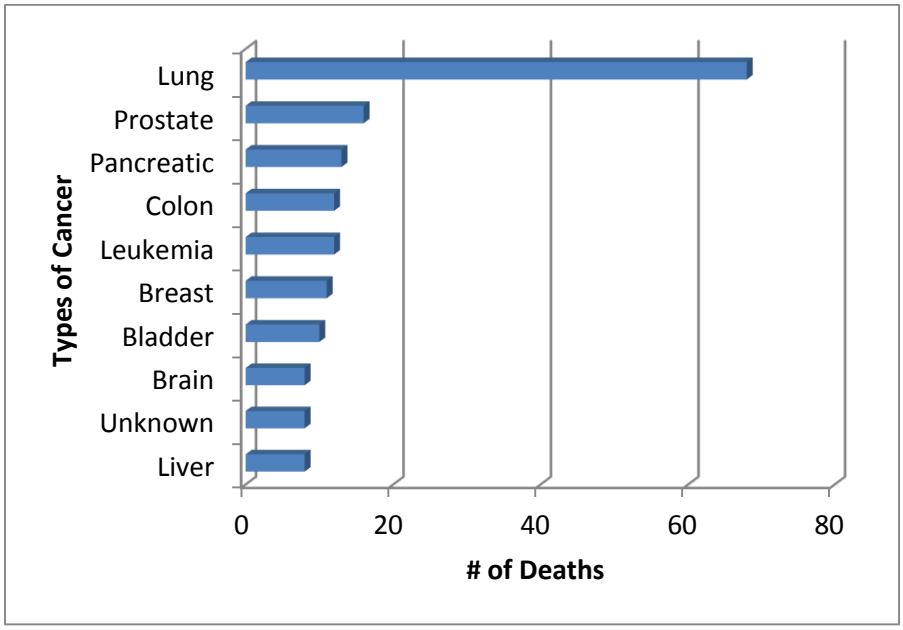
The percent of Medicare beneficiaries being treated for Alzheimer's Disease or dementia in McLean County is 8.6 percent (Healthy Communities Institute, Centers for Medicare and Medicaid Services 2012). This rate is in the best 0-50th percentile range (green indicator) compared to other counties in Illinois and has decreased slightly from 10 percent in 2010. Dementia is the fourth leading cause of death in McLean County according to McLean County death certificates from January 1 – October 31, 2015. There are higher incidence rates of mortality due to dementia in females.

### Cancer

Cancer is the second leading cause of death overall and the leading cause of death for males in McLean County. From January through October, 2015, cancer accounted for 21.7 percent of all deaths (McLean County Health Department Vital Statistics).

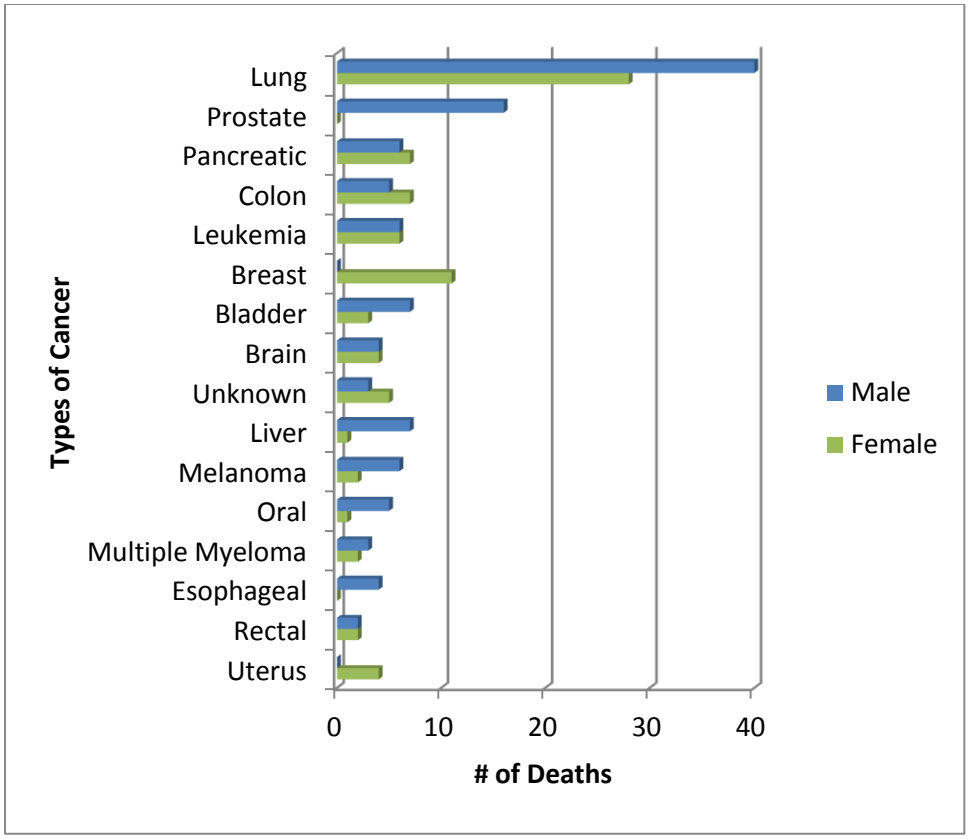
Exhibit 35 shows the leading causes of cancer deaths in McLean County from January 1 through October 31, 2015 and Exhibit 36 depicts the distribution of cancer deaths by gender.

**Exhibit 35: McLean County Number of Cancer Deaths, January – October, 2015**




Source: McLean County Health Department Vital Statistics, January – October 2015.

**Exhibit 36: McLean County Number of Cancer Deaths by Gender, January – October, 2015**




Source: McLean County Health Department Vital Statistics, January – October 2015.

In 2012, 9.4 percent of McLean County Medicare beneficiaries were being treated for cancer. This percentage is in the worst fourth quartile range (red indicator) when compared to other U.S. counties and has increased slightly from 9.1 percent in 2011 (Healthy Communities Institute, Centers for Medicare and Medicaid Services).

## Prostate Cancer

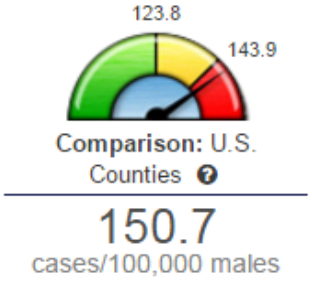
Prostate cancer is the second leading cause of cancer deaths for men in McLean County and accounted for 1.6 percent of all deaths in McLean County from January through October, 2015 (McLean County Health Department Vital Statistics).

McLean County's age-adjusted death rate due to prostate cancer is 20.1 deaths per 100,000 population, which falls in the best 0-50$^{th}$ percentile range (green indicator) when compared to other U.S. counties and is lower than the Healthy People 2020 goal of 21.8 deaths per 100,000. This rate has decreased 29.7 percent since 2005-2009 (Healthy Communities Institute, National Cancer Institute, 2008-2012).

The prostate cancer incidence rate for McLean County males is 150.7 cases per 100,000, placing McLean County in the worst fourth quartile range (red indicator) when compared to other U.S. counties for this

measure (see Exhibit 37). This rate has decreased since 2005-2009 by 7.1 percent, but the change is not statistically significant.

**Exhibit 37: McLean County Prostate Cancer Incidence Rate, 2008-2012**




Source: Healthy Communities Institute, National Cancer Institute, 2008-2012

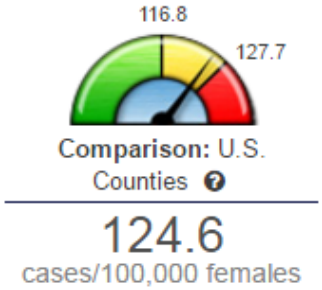
Breast Cancer

Breast cancer is the second leading cause of cancer deaths for women in McLean County and accounted for 1.1 percent of all deaths in McLean County from January through October, 2015 (McLean County Health Department Vital Statistics).

McLean County's age-adjusted death rate due to breast cancer is 23.9 deaths per 100,000 population, which falls in the worst 50th to 75th percentile range (yellow indicator) when compared to other U.S. Counties and is higher than the Healthy People 2020 goal of 20.7 deaths per 100,000. This rate has increased three percent since 2005-2009, but the change is not statistically significant (Healthy Communities Institute, National Cancer Institute, 2008-2012).

The breast cancer incidence rate for McLean County females is 124.6 cases per 100,000, placing McLean County in the worst 50th to 75th percentile range (yellow indicator) when compared to other U.S. counties (see Exhibit 38) for this measure. This rate has decreased by 1.3 percent since 2005-2009, but the change is not statistically significant (Healthy Communities Institute, National Cancer Institute, 2008-2012).

**Exhibit 38: McLean County Breast Cancer Incidence Rate, 2008-2012**




Source: Healthy Communities Institute, National Cancer Institute, 2008-2012

In 2007-2009, 71.5 percent of McLean County females aged 40 or over had received a mammogram

within the past year. This percentage is higher than the state (64.5 percent) but lower than the Healthy People 2020 goal of 81.1 percent and has decreased 18.6 percent since 2004-2006 (Illinois Behavioral Risk Factor Surveillance System). The percent of Medicare beneficiaries who have received a mammogram in the past two years, however, is 78 percent, which is in the best 0-50th percentile range (green indicator) when compared to other U.S. counties (Healthy Communities Institute, County Health Rankings, 2013).

### Colorectal Cancer

Colon cancer is the fourth leading cause of cancer deaths in McLean County and accounted for 1.2 percent of all deaths in McLean County from January through October, 2015. Rectal cancer is the fifteenth leading cause of cancer deaths (McLean County Health Department Vital Statistics).

The age-adjusted death rate due to colorectal cancer is 15.3 deaths per 100,000 population in McLean County (2008-2012). This rate is in the best 0-50th percentile range (green indicator) when compared to other U.S. counties and has decreased 13.1 percent since 2006-2010. Males experience a higher death rate (20.2) versus females (11.6; Healthy Communities Institute, National Cancer Institute, 2008-2012).

McLean County's colorectal cancer incidence rate is 42.5 cases per 100,000 population (2008-2012), which is in the best 0-50th percentile range (green indicator) when compared to other U.S. counties but higher than the Healthy People 2020 goal of 39.9 cases per 100,000. This rate has decreased seven percent since 2006-2010. Similar to the death rate, the incidence rate is higher for males (51.3) than females (35.8).

McLean County residents have higher rates of having had a colon cancer screening (65.5 percent) than both Illinois (55.6 percent) and the nation (57.1 percent). The percentage of males who have ever had a digital rectal exam in McLean County is 78.5 percent, also higher than the state at 73.1 percent (Illinois Behavioral Risk Factor Surveillance System, 2007-2009).

### Cervical Cancer

Cervical cancer only accounted for 0.2 percent of all deaths in McLean County from January through October, 2015 (McLean County Health Department Vital Statistics).

The cervical cancer incidence rate in McLean County is 4.5 cases per 100,000 females, which is in the best 0-50th percentile range (green indicator) when compared to other U.S. counties and lower than the Healthy People 2020 goal of 7.1 cases per 100,000 females. This rate has remained relatively unchanged since 2006-2010 (Healthy Communities Institute, National Cancer Institute, 2008-2012).

In 2007-2009, 75 percent of McLean County females had a pap smear within the past year, which is lower than the state (83.8 percent), nation (82.9 percent), and Healthy People 2020 goal of 93 percent. The percent of women getting screened for cervical cancer in McLean County has decreased from 81.5 percent in 2001-2003 to 75 percent in 2007-2009 (Illinois Behavioral Risk Factor Surveillance System).

### Lung Cancer

Lung cancer is the leading cause of cancer deaths in McLean County and accounted for 6.7 percent of all deaths in McLean County from January through October, 2015 (McLean County Health Department Vital Statistics).

The age-adjusted death rate due to lung cancer is 48.3 deaths per 100,000 population in McLean County (2008-2012). This rate is in the best 0-50$^{th}$ percentile range (green indicator) when compared to other U.S. counties but slightly higher than the Healthy People 2020 goal of 45.5 deaths per 100,000. The death rate due to lung cancer has decreased 8.7 percent since 2006-2010. Males experience a higher death rate (59.2) compared to females (41.4; Healthy Communities Institute, National Cancer Institute, 2008-2012).

McLean County's lung and bronchus cancer incidence rate is 66.4 cases per 100,000 population (2008-2012), which is in the best 0-50$^{th}$ percentile range (green indicator) when compared to other U.S. counties and has remained relatively unchanged since 2006-2010. Blacks or African Americans experience higher lung or bronchus cancer incidence rates than Whites (84.8 and 67.1 respectively; Healthy Communities Institute, National Cancer Institute, 2008-2012).

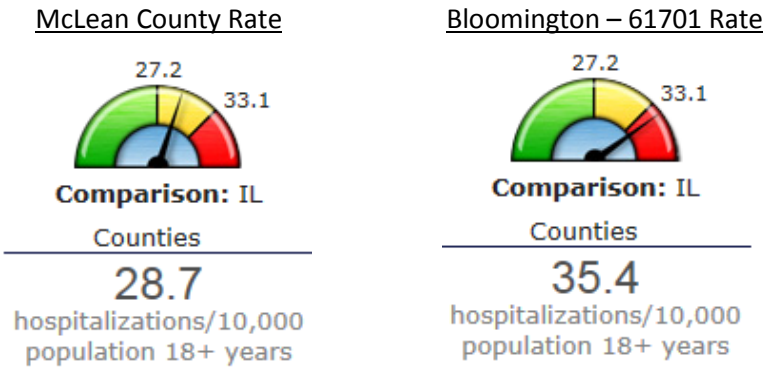
### Cardiovascular Disease

According to the Centers for Disease Control and Prevention, coronary heart disease is the most common type of heart disease, causing nearly 400,000 deaths per year and costing over $100 billion in health services, medication, and lost productivity (Healthy Communities Institute, 2016).

Cardiac disorders are consistently the primary reason for visits to both BroMenn Medical Center and St. Joseph Medical Center. Cardiac disorders were either the first or second reason for patient visits to BroMenn Medical Center's emergency room from 2011 - 2014. The number of visits for 2011-2014 respectively are as follows: 2,693, 2,654, 2,521 and 2,654 (BroMenn Medical Center, Top ICD-9 Diagnosis, 2011 -2014). Cardiac disorders was also the number one reason for patient visits to St. Joseph Medical Center's emergency room from 2012 - 2014. The number of visits for 2012-2014 respectively is 2839, 2753, and 2788 (St. Joseph Medical Center, Top ICD-9 Diagnosis, 2012-2014).

The rate for age-adjusted hospitalizations due to heart failure in McLean County is 28.7 per 10,000 population (Healthy Communities Institute, Illinois Hospital Association, 2012 – 2014). This is in the worst 50$^{th}$ to 75$^{th}$ percentile range (yellow indicator) compared to other counties in Illinois. The rate for McLean County has remained the same as the rate for 2009-2011. In contrast to McLean County, the rate for Bloomington – 61701 (35.4 hospitalizations per 10,000 population) is in the worst fourth quartile range (red indicator) compared to other counties in Illinois. In addition to Bloomington – 61701, shown below in Exhibit 39, the rates for Chenoa - 61726 and Stanford - 61774 are also in the worst fourth quartile range (red indicator) compared to other Illinois counties.

**Exhibit 39: Age-Adjusted Hospitalization Rate due to Heart Failure for McLean County versus Bloomington – 61701, 2012-2014**

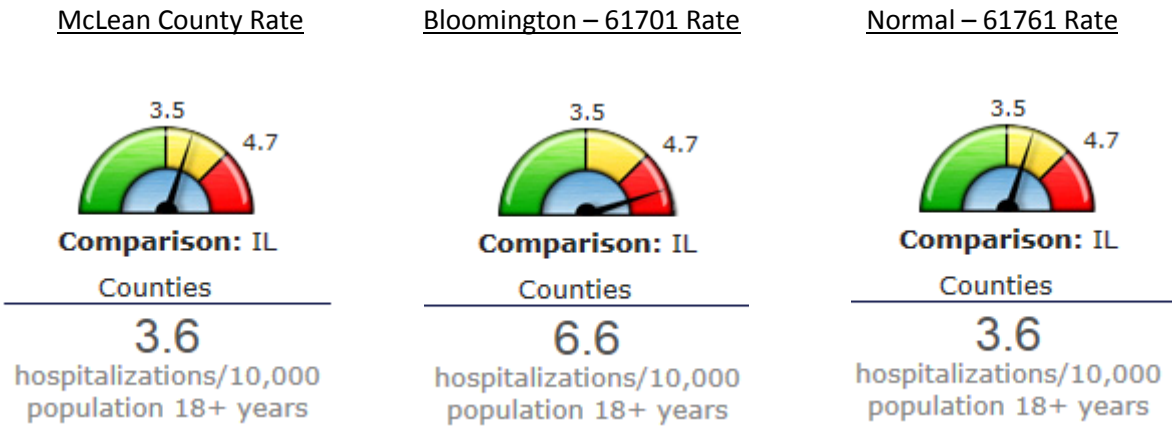



Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014.
The highest hospitalization rates occur in:

- individuals greater than or equal to 85 years old (367.3 hospitalizations per 10,000 population)
- Black or African-Americans (73.8 hospitalizations per 10,000 population)
- males (33.1 hospitalizations per 10,000 population

The age-adjusted hospitalization rate for hypertension in McLean County is 3.6 hospitalizations per 10,000 population (Healthy Communities Institute, Illinois Hospital Association, 2012-2014). This is in the worst 50th to 75th percentile range (yellow indicator) compared to other counties in Illinois. The rate has remained relatively unchanged since 2009-2011 (3.7 hospitalizations per 10,000 population). The rate for Bloomington – 61701 (6.6 hospitalizations per 10,000) is in the worst fourth quartile range (red indicator) compared to other counties in Illinois. The rate for Normal – 61761 (3.6 hospitalizations per 10,000) is in the worst 50th – 75th percentile (yellow indicator). Exhibit 40 shows the comparison for McLean County, Bloomington – 61701 and Normal - 61761

**Exhibit 40: Age Adjusted Hospitalization Due to Hypertension, Bloomington – 61701 and Normal - 61761 2012-2014**




Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014.

The highest hospitalization rates due to hypertension occur in individuals over the age of 65 years.

The age-adjusted emergency room rate due to heart failure is 7.9 emergency room visits per 10,000 population for McLean County (Healthy Communities Institute, Illinois Hospital Association, 2012-2014). The rate has increased slightly from the 2009-2011 rate (6.2 emergency room visits). The highest emergency room rates occur in:

- individuals 85 years and older (77.7 emergency room visits per 10,000 population)
- Blacks or African Americans (33.6 emergency room visits per 10,000 population). This is 325 percent higher than the rate of other races/ethnicities.

The age-adjusted emergency room visit rate due to hypertension is 23.9 visits per 10,000 population for McLean County (Healthy Communities Institute, Illinois Hospital Association, 2012-2014). This rate is in the best 0-50$^{th}$ percentile range (green indicator) compared to other counties in Illinois although it has increased from the 2009-2011 rate (18 emergency room visits per 10,000 population). The rate for Bloomington – 61701 (33.5 emergency room visits per 10,000 population) is in the worst 50$^{th}$ – 75$^{th}$ percentile (yellow indicator) compared to other counties in Illinois.
The highest emergency room rates occur in:

- individuals ages 85 years and older (111.6 emergency room visits per 10,000 population)
- Black or African-Americans (100.5 emergency room visits per 10,000 population). This rate is 320% higher than rate for other races/ethnicities.

The percent of Medicare beneficiaries receiving treatment for hyperlipidemia (high cholesterol) in McLean County is 49.4 percent (Healthy Communities Institute, Center for Medicare and Medicaid Services, 2012). This places the percent of Medicare beneficiaries receiving treatment in the worst fourth quartile range (red indicator) in comparison to other counties in the United States. The percentages of Medicare beneficiaries receiving treatment for atrial fibrillation and stroke are in the worst 50$^{th}$ to 75$^{th}$ percentile range (yellow indicator). All other diseases or conditions listed below in Exhibit 41 are in the best 0-50$^{th}$ percentile range (green indicator) in comparison to other counties in the United States.

**Exhibit 41: Medicare Beneficiaries Receiving Treatment for Cardiovascular Diseases/Conditions in McLean County, 2012**

| Disease or Condition | Percent Being Treated (2012) | Indicator Color (Comparison to U.S. Counties) | Trend Direction from 2010 |
|---|---|---|---|
| Hyperlipidemia | 49.4 | Red | Increased from 47.9 |
| Atrial fibrillation | 8.8 | Yellow | Increased from 8.4 |
| Stroke | 4.0 | Yellow | Decreased from 4.3 |
| Hypertension | 55.6 | Green | Insignificant change |
| Ischemic heart disease | 26.8 | Green | Decreased from 28.5 |
| Heart failure | 12.1 | Green | Insignificant change |

Source: Healthy Communities Institute, Center for Medicare and Medicaid Services, 2012.

In comparison to other counties in Illinois, McLean County residents are doing better than Illinois for the questions listed below in Exhibit 42. However, the results for McLean County survey participants are worse than the Healthy People 2020 goals for both high blood pressure and high cholesterol (Office of Disease Prevention and Health Promotion, Healthy People 2020, 2016).

**Exhibit 42: Illinois Behavioral Risk Factor Surveillance System Cardiovascular Related Questions and County, State and Healthy People 2020 Comparisons, 2013**

| Question/Topic | McLean County Percent | Illinois Percent | Healthy People 2020 | Trend Direction |
|---|---|---|---|---|
| Told by a Physician that Blood Pressure is High | 29.4 | 30.1 | 26.9 | Increasing (76% increase since 1996) |
| Told by a Physician that Cholesterol is High | 30.9 | 36.6 | 13.5 | NA |
| Has Had Cholesterol Checked at some Point in Lifetime | 80.6 | 78.3 | NA | NA |
| Has Had Cholesterol Checked within the Past Year | 68.8 | NA | NA | NA |

Source: Illinois Risk Factor Surveillance System, 2013

The age-adjusted death rate due to coronary heart disease in McLean County is 89 deaths per 100,000 population (Healthy Communities Institute, Centers for Disease Control and Prevention, 2011-2013). This is in the best 0-50$^{th}$ percentile range (green indicator) compared to other counties in Illinois. The rate, however, has decreased since 2007-2009 (107.1 deaths per 100,000 population). The rate is higher for males (123.3 deaths per 100,000 population) and lower than the Healthy People 2020 national health target to reduce the coronary heart disease death rate to 103.4 deaths per 100,000 population (Office of Disease Prevention and Health Promotion, Healthy People 2020, 2016)..

The age-adjusted death rate due to cerebrovascular disease (stroke) in McLean County is 32.1 deaths per 100,000 population (Healthy Communities Institute, Centers for Disease Control and Prevention, 2011-2013). This is in the best 0-50th percentile range (green indicator) compared to other counties in Illinois. The rate has also decreased from the 2007-2009 rate (36.9 deaths per 100,000 population) and is currently lower than the Healthy People 2020 national health target to reduce the stroke death rate to 34.8 deaths per 100,000 population (Office of Disease Prevention and Health Promotion, Healthy People 2020, 2016).

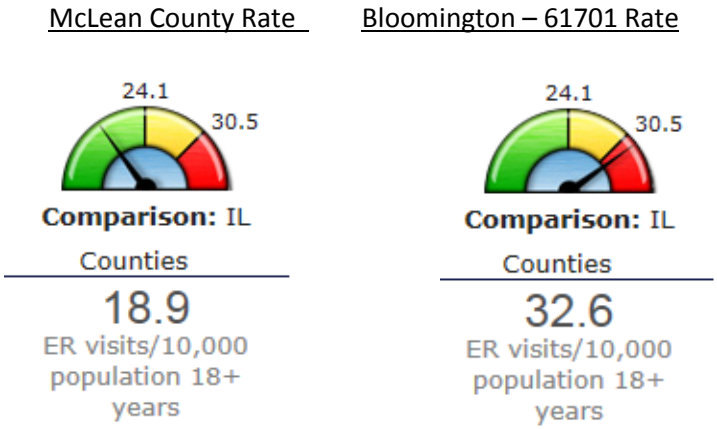
### Diabetes

The Center for Disease Control estimates the direct economic cost of diabetes in the United States to be about $100 billion per year (Healthy Communities Institute, Center for Disease Control, 2016). This figure does not take into account the indirect economic costs attributable to potential work time lost to diabetes- related illness or premature death. The data applicable to diabetes in McLean County is outlined below.

The average annual age-adjusted emergency room visit rate due to diabetes for individuals aged 18 years and older (cases of gestational diabetes are excluded) is 18.9 per 10,000 population (Healthy Communities Institute, Illinois Hospital Association, 2012-2014). This is in the best 0-50th percentile

range (green indicator) compared to other counties in Illinois. The rate is slightly lower than the rate of 19.5 visits per 10,000 population is 2009-2011. The rate for McLean County is green, however, the rate for Bloomington – 61701 (Exhibit 43) is in the worst fourth quartile range (red indicator) compared to other counties in Illinois with a rate of 32.6 visits per 10,000 population.

**Exhibit 43: Age-Adjusted Emergency Room Visit Rate due to Diabetes for McLean County, 2012-2014**

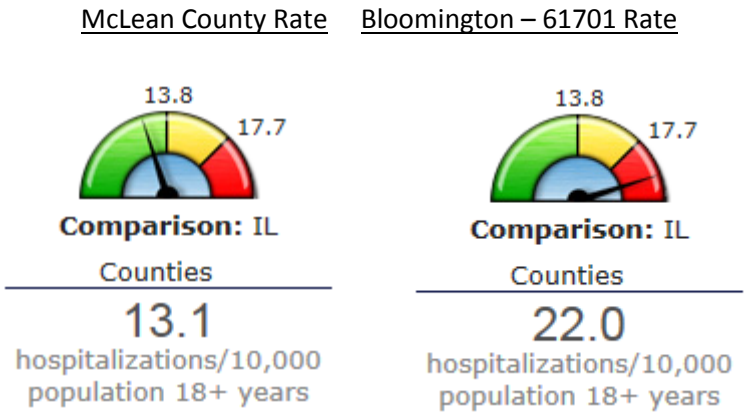



Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014

In addition to Bloomington – 61701 having a higher emergency room visit rate for diabetes than McLean County, Blacks or African Americans visit the emergency room due to diabetes four times more than any other race/ethnicity and are hospitalized due to diabetes (36.9 hospitalizations/10,000 population) more than any other race or ethnicity (Healthy Communities Institute, Illinois Hospital Association, 2012-2014).

The average annual age-adjusted hospitalization rate due to diabetes for individuals aged 18 years and older (cases of gestational diabetes are excluded) is 13.1 hospitalizations per 10,000 population (Healthy Communities Institute, Illinois Hospital Association, 2012-2014). This is in the best 0-50th percentile range (green indicator) compared to other counties in Illinois. The hospitalization rate has increased slightly from the 2009-2011 rate (12.2 hospitalizations per 10,000 population). Although the hospitalization rate for McLean County is green, the rate for Bloomington – 61701 (Exhibit 44) is in the worst fourth quartile range (red indicator) compared to other counties in Illinois with a rate of 22 visits per 10,000 population.

**Exhibit 44: Age-Adjusted Hospitalization Rate due to Diabetes for McLean County, 2012-2014**



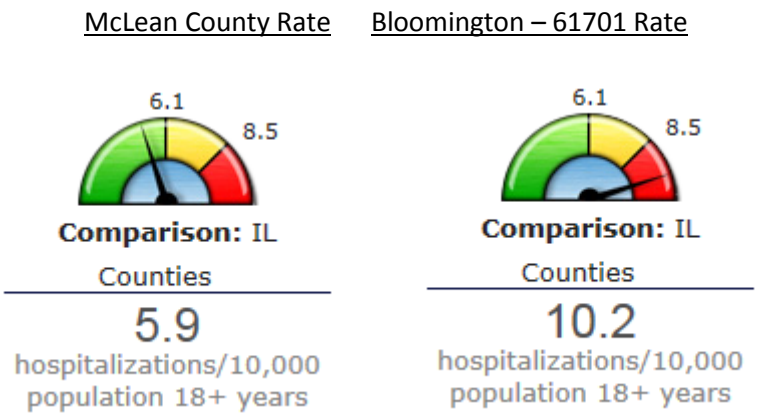

Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014

The highest hospitalization rates due to diabetes occur in:

- Blacks or African Americans are hospitalized due to diabetes (36.9 hospitalizations per 10,000 population)
- individuals aged 65-84 years old

The average annual age-adjusted hospitalization rate due to the short-term complications of diabetes for individuals aged 18 years and older is 5.9 hospitalizations per 10,000 population (Healthy Communities Institute, Illinois Hospital Association, 2012-2014). Short-term or acute complications of diabetes can include hyper- or hypoglycemia, diabetic ketoacidosis, and hyperosmolar nonketotic coma. Cases of gestational diabetes were excluded. This is in the best 0-50$^{th}$ percentile range (green indicator) compared to other counties in Illinois. The rate has decreased from the 2009-2011 rate (6.7 hospitalizations per 10,000 population). Although the hospitalization rate for McLean County is green, the rate for Bloomington – 61701 (Exhibit 45) is in the worst fourth quartile range (red indicator) compared to other counties in Illinois with a rate of 10.2 hospitalizations per 10,000 population. This is nearly double the rate for McLean County.

**Exhibit 45: Age-Adjusted Hospitalization Rate due to the Short-term Complications of Diabetes for McLean County, 2012-2014**



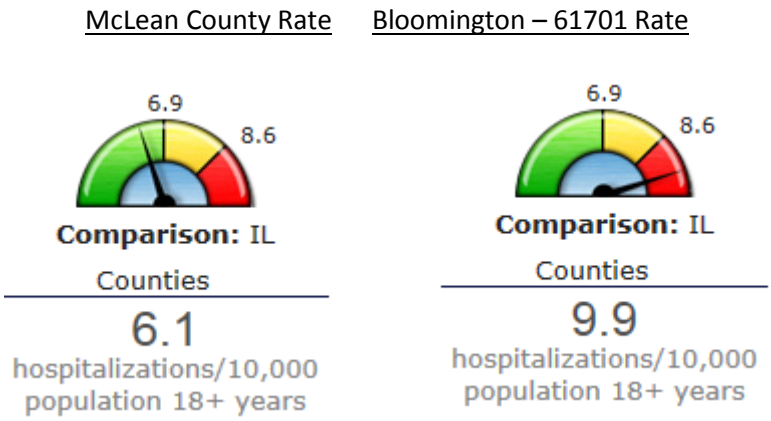

Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014

The highest hospitalization rates due to the short-term complications of diabetes occur in:

- Blacks or African Americans (11.5 hospitalizations per 10,000 population)
- females (7.3 hospitalizations per 10,000 population
- individuals between the ages of 25-44 years (7.8 hospitalizations per 10,000 population)

The average annual age-adjusted hospitalization rate due to long-term complications of diabetes for individuals aged 18 years and older is 6.1 hospitalizations per 10,000 population (Healthy Communities Institute, Illinois Hospital Association, 2012-2014). Long-term complications of diabetes may include heart disease, stroke, blindness, amputations, kidney disease, and nerve damage. Cases of gestational diabetes were excluded. The rate for McLean County is in the best 0-50$^{th}$ percentile range (green indicator) compared to other counties in Illinois. However, the rate has increased from the 2009-2011 rate (4.5 hospitalizations per 10,000 population). Although the hospitalization rate for McLean County is green, the rate for Bloomington – 61701 (Exhibit 46) is in the worst fourth quartile range (red indicator) compared to other counties in Illinois with a rate of 9.9 hospitalizations per 10,000 population.

**Exhibit 46: Age-Adjusted Hospitalization Rate due to the Long-term Complications of Diabetes for McLean County, 2012-2014**




Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014

The highest rates due to the long-term complications of diabetes occurs in:

- Blacks or African Americans (20.4 hospitalizations per 10,000 population)
- males (8.3 hospitalizations per 10,000 population)
- individuals between the ages of 65-84 (15.7 hospitalizations per 10,000 population)

The age-adjusted emergency room visit rate due to the long-term complications of diabetes is 8.3 emergency room visits per 10,000 population for McLean County (Healthy Communities Institute, Illinois Hospital Association, 2012-2014). This rate is in the best 0-50$^{th}$ percentile range (green indicator) compared to other counties in Illinois. The rate has decreased slightly from the 2009-2011 rate (10.8 emergency room visits per 10,000 population). In comparison to the rate for McLean County, the rate for Bloomington – 61701 (12.3 emergency room visits per 10,000 population) is in the worst 50$^{th}$ – 75$^{th}$ percentile (yellow indicator) compared to other counties in Illinois. The highest emergency room visit rates occur in:

- individuals 85 years and older (31.3 emergency room visits per 10,000 population)
- Blacks or African Americans (33.6 emergency room visits per 10,000 population). This rate is more than four times the rate of any other race or ethnicity.
- males (10.5 emergency room visits per 10,000 population)

The age-adjusted emergency room visit rate due to uncontrolled diabetes is 1.7 emergency room visits per 10,000 population for McLean County (Healthy Communities Institute, Illinois Hospital Association, 2012-2014). This is in the best 0-50$^{th}$ percentile range (green indicator) compared to other counties in

Illinois. The rate has increased from the 2009-2011 rate (.8 emergency room visits per 10,000 population). The highest rates occur in:

- individuals ages 45 -64 years (2.6 emergency room visits per 10,000 population)
- Blacks or African Americans (8.3 emergency room visits per 10,000 population). This rate is nearly five times the rate of any other race or ethnicity.

The age-adjusted emergency room visit rate due to the short-term complications of diabetes is .7 emergency room visits per 10,000 population for McLean County (Healthy Communities Institute, Illinois Hospital Association, 2012-2014). This rate is in the best 0-50$^{th}$ percentile range (green indicator) compared to other counties in Illinois. The rate has increased slightly from the 2009-2011 rate (.4 emergency room visits per 10,000 population). The highest rates occur in females (.9 emergency room visits per 10,000 population).

The age-adjusted hospitalization rate due to uncontrolled diabetes is .9 hospitalizations per 10,000 population for McLean County (Healthy Communities Institute, Illinois Hospital Association, 2012-2014). This is in the best 0-50$^{th}$ percentile range (green indicator) compared to other counties in Illinois. The rate has increased slightly from the 2007 – 2009 rate (.6 hospitalizations per 10,000 population). In comparison to the rate for McLean County, the rate for Bloomington – 61701 is in the worst 50$^{th}$ – 75$^{th}$ percentile (yellow indicator) compared to other counties in Illinois.

The percent of Medicare beneficiaries receiving treatment for diabetes in McLean County is 23.1 percent (Healthy Communities Institute, Center for Medicare and Medicaid Services, 2012). The rate has increased slightly from 22.9 percent in 2010.

The percent of adults in McLean County aged 20 and over that have ever been diagnosed with diabetes is 7.6 percent. This is in the best 0-50th percentile range (green indicator) compared to other U.S. counties. The rate decreased from 8.5 percent in 2011 to 7.6 percent in 2012. (Healthy Communities Institute, Center for Disease Control and Prevention, 2012).

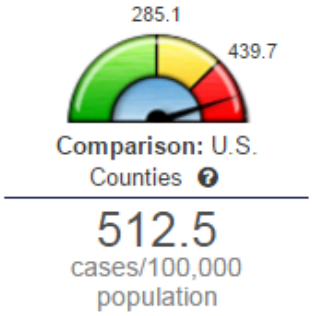
## Infectious Disease

### Sexually Transmitted Diseases

**Chlamydia**

In 2013, there were 540.4 cases of Chlamydia diagnosed per 100,000 population in McLean County. This rate is in the worst fourth quartile range (red indicator) compared to other U.S. Counties (see Exhibit 47) and above the Illinois rate of 495.4 and the national rate of 446.6. Since 2000, the Chlamydia incidence rate in McLean County has risen 104 percent (Healthy Communities Institute, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, 2013; IPLAN Data Set, 2000-2006).

**Exhibit 47: McLean County's Chlamydia Incidence Rate, 2013**

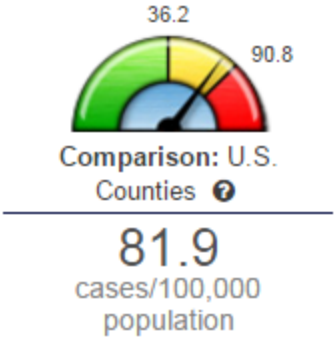



Source: Healthy Communities Institute, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2013

**Gonorrhea**

McLean County's incidence rate for gonorrhea was 81.9 cases per 100,000 population in 2013. This rate is in the worst 50th – 75th quartile (yellow indicator) compared to other U.S. counties (see Exhibit 48) but lower than the state rate of 127.9. Since 2008, McLean County's gonorrhea incidence rate has fluctuated, from 140.9 in 2008 to 69.1 in 2009 to 81.9 in 2013 (Healthy Communities Institute, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2013; IPLAN Data Set, 2000-2009).

**Exhibit 48: McLean County's Gonorrhea Incidence Rate, 2013**




Source: Healthy Communities Institute, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2013

**Syphilis**

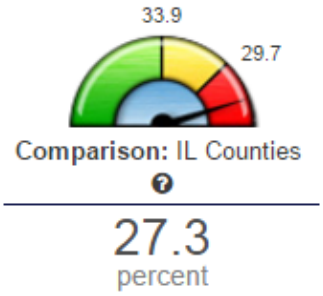
In 2013, there were 1.7 cases of syphilis per 100,000 population in McLean County, which is below the Illinois rate (6.2 cases per 100,000) and national rate (5.5 cases per 100,000). McLean County's syphilis incidence rate includes both male and female cases, and is below the Healthy People 2020 target for males (6.7 cases per 100,000) but above the rate for female (1.3 cases per 100,000). The incidence rate in McLean County has decreased since 2011, when the rate was 4.1 per 100,000 (Healthy Communities Institute, National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention, 2013).

Vaccine Preventable Diseases

**Pneumonia and Influenza**

In 2013, 27.3 percent of McLean County adults had received a pneumonia vaccine at some point in their lifetime. This percentage is lower than the state (29.2 percent) and places McLean County in the worst fourth quartile range (red indicator) when compared to other Illinois counties (see Exhibit 49).

**Exhibit 49: McLean County Adults Who Have Ever Received a Pneumococcal Vaccine, 2013**

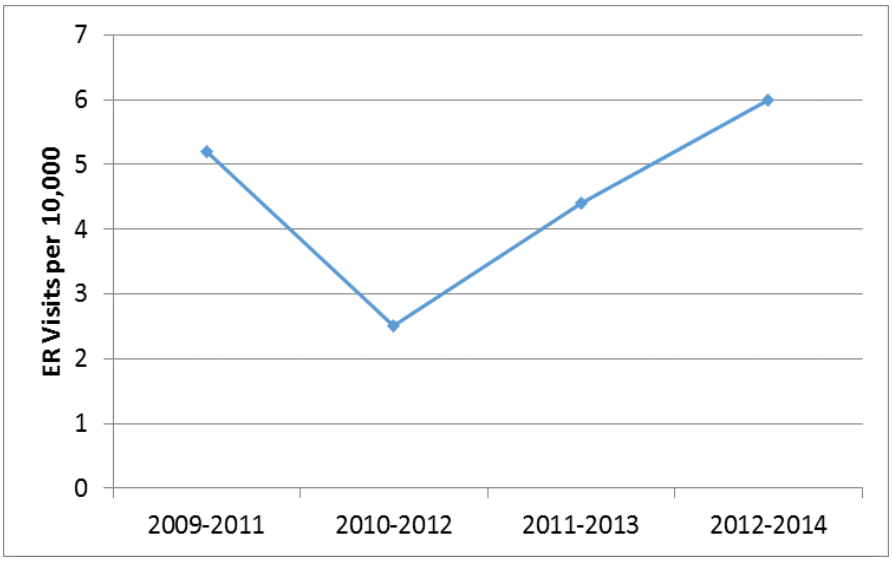



Source: Healthy Communities Institute, Illinois Behavioral Risk Factor Surveillance System, 2013

According to the Illinois Behavioral Risk Factor Surveillance System, 38.5 percent of McLean County adults received an influenza vaccination in the past 12 months, matching the state percentage but lower than the Healthy People 2020 goal of 70 percent. When compared to other Illinois counties, McLean County falls in the worst 50th – 75th percentile (yellow indicator) for this measure; however, the percentage of individuals receiving an influenza vaccine within the past year has increased 30.5 percent since 2004-2005 (Healthy Communities Institute, Illinois Behavioral Risk Factor Surveillance System, 2004-2013).

The annual age-adjusted emergency room visit rate due to immunization-preventable pneumonia and influenza for 2012-2014 was 6.0 visits per 10,000 population (18 years or older). When compared to other U.S. counties, this measure falls in the best 0-50th percentile range (green indicator) for McLean County; however the rate has increased 140 percent since 2010-2012 (see Exhibit 50).

**Exhibit 50: Age-adjusted Emergency Room Rate due to Immunization Preventable Pneumonia and Influenza, 2009-2014**




Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014.

McLean County's age-adjusted death rate due to influenza and pneumonia is 12.6 per 100,000 population, which is in the best 0-50th percentile range (green indicator) when compared to other U.S. counties. The rate has remained relatively unchanged since 2007 (Healthy Communities Institute, Centers for Disease Control and Prevention, 2007-2014).

**Other Vaccine Preventable Diseases**

Since 2010, there have been no cases reported of measles or rubella in McLean County. In 2012, there was one probable case of mumps. McLean County experienced a mumps outbreak in 2015, resulting in 71 probable and confirmed cases (McLean County Health Department).

In 2012, there were 25 total cases of varicella in McLean County, 12 of which were amongst children 17 years of age and under.

In 2014, there were nine cases of pertussis reported in McLean County. Nineteen percent of cases occurred in children under the age of one and 27 percent occurred in individuals 11 to 18 years of age from 2010 to 2014. Pertussis cases in McLean County and Illinois have declined 33 percent and 38 percent, respectively (Illinois Department of Public Health iQuery, 2010-2014).

HIV and AIDS

In 2014, there were nine newly diagnosed cases of HIV in McLean County and four newly diagnosed cases of AIDS. McLean County's average HIV incidence rate for the years 2007-2014 is 5.2 per 100,000 population, which is lower than the state rate of 13.7 per 100,000. McLean County's incidence rate for AIDS during the same time range is 2.3 per 100,000 population, also lower than the state rate (7.6 per 100,000). Eighty-one individuals are living with HIV in McLean County (Illinois Department of Public Health HIV Surveillance, 2014).

In 2012, there were four deaths due to HIV in McLean County. Deaths due to HIV do not rank in the top 10 leading causes of death in McLean County but were in the top 25 for at least five years (between 2000 – 2013; IPLAN Data Set, 2000-2013).

## Tuberculosis

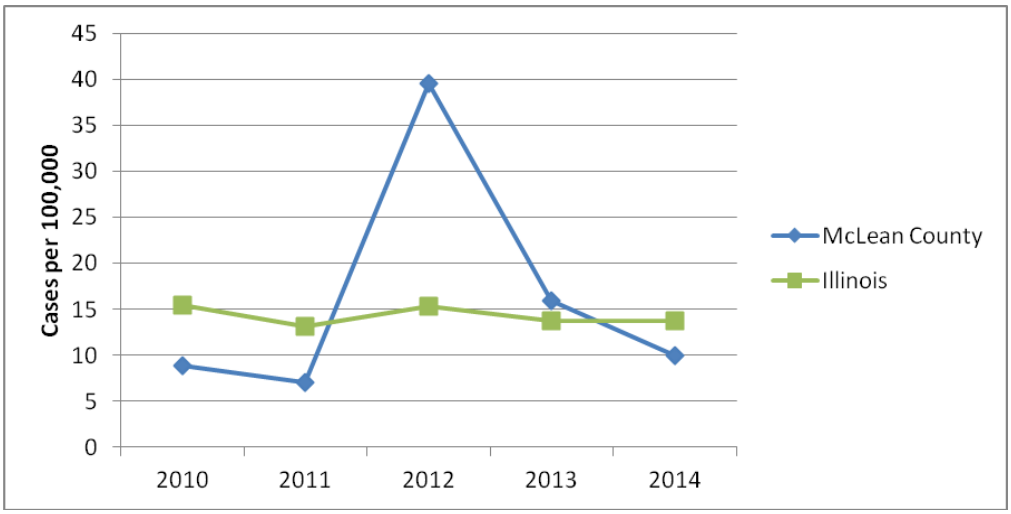
In 2015, McLean County had zero cases of active tuberculosis and 22 cases of latent tuberculosis. McLean County has not exceeded the Healthy People 2020 of one new case per 100,000 population for at least the past six years (Healthy Communities Institute, Illinois Department of Public Health, 2010-2015).

## Food Borne Illnesses and Other Pathogens

### Salmonella

The salmonella incidence rate in McLean County is 10 cases per 100,000 population, which is lower than the state rate (13.8), national rate (15.5) and Healthy People 2020 goal of 11.4 cases per 100,000 (Illinois Department of Public Health iQuery, 2014). In 2012, McLean County experienced a spike in cases with an incidence rate of 39.5 per 100,000, but has otherwise remained relatively unchanged since 2010 (see Exhibit 51).

**Exhibit 51: McLean County Salmonella Incidence Rate, 2010 - 2014**




Source: Illinois Department of Public Health iQuery, 2010-2014.

### E. Coli

The E. coli incidence rate in McLean County is 2.35 cases per 100,000 population, which is higher than the state rate (1.51), national rate (0.92) and Healthy People 2020 goal of 0.6 cases per 100,000. The rate of new cases has increased since 2010, when the rate was 0.58 per 100,000 (Illinois Department of Public Health iQuery, 2014).

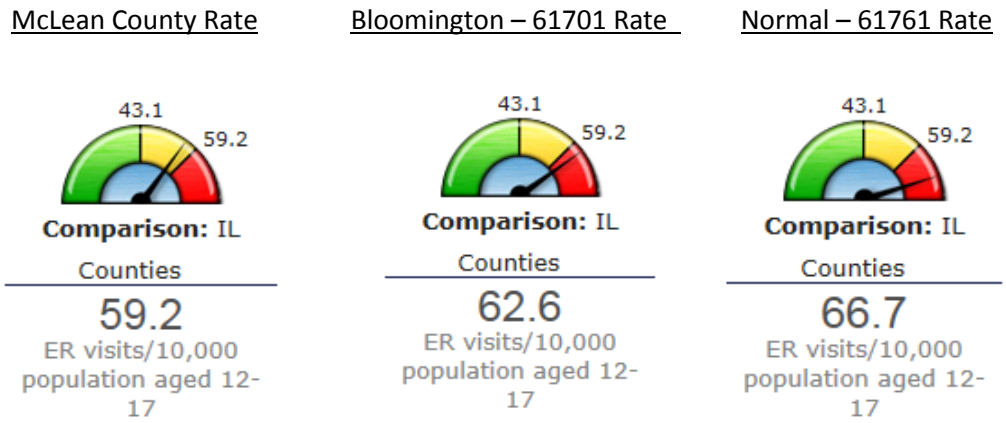
## Mental Health

Mental illnesses are one of the leading causes of disability in the United States. In any given year, approximately 13 million American adults have a seriously debilitating mental illness. Furthermore, unstable mental health can lead to suicide, which accounts for the death of approximately 30,000 Americans every year (Healthy Communities Institute, 2016).

Psychiatric visits were the second most common reason for patient visits to BroMenn Medical Center's emergency room in 2012, 2013 and 2014 and the fourth most common reason in 2011 (Advocate BroMenn Medical Center, Top ICD-9 Diagnosis, 2011-2014). The number of psychiatric visits has increased 13.6 percent from 2011 (1,682 visits) to 2014 (1911 visits). BroMenn Medical Center has the only in-patient mental health unit in McLean County. This is one reason why St. Joseph Medical Center does not see similar numbers of patients due for psychiatric visits in their emergency room. From 2012-2014, psychiatric visits were the 19th most common reason for visits to St. Joseph Medical Center's emergency room (St. Joseph Medical Center, Top ICD-0 Diagnosis, 2012-2014) with visits numbering 630, 652 and 704 in 2012, 2013 and 2014 respectively. Although St. Joseph Medical Center had less psychiatric visits in their emergency room than BroMenn Medical Center, both hospitals saw the numbers increase every year.

The rate for age-adjusted emergency room visits due to adolescent suicide and intentional self-inflicted injury for in McLean County is 59.2 emergency room visits per 10,000 population for under 18 years (Healthy Communities Institute, Illinois Hospital Association, 2012 – 2014). This is in the worst 50th to 75th percentile range (yellow indicator) compared to other counties in Illinois. The rate for McLean County has increased from 33.6 emergency room visits per 10,000 population since 2009-2011. The rates for both for Bloomington – 61701 (62.6 emergency room visits per 10,000 population) and Normal – 61761 (66.7 emergency room visits per 10,000 population) are in the worst fourth quartile range (red indicators) compared to other counties in Illinois.

**Exhibit 52: Age-Adjusted Emergency Room Rate due to Adolescent Suicide and Intentional Self-Inflicted Injury for McLean County versus Bloomington – 61701 and Normal, 61761, 2012-2014**



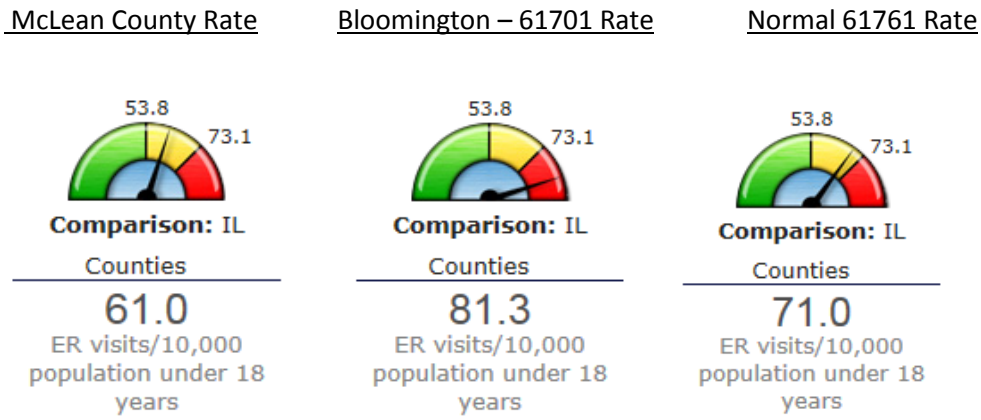

Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014.

The highest emergency room visit rates for adolescent suicide and intentional self-inflicted injury occur in:

- individuals 15-17 years old (75.2 emergency room visits per 10,000 population
- females (81 emergency room visits per 10,000 population)
- White/non-Hispanic 64.3 emergency room visits per 10,000 population)

The rate for age-adjusted emergency room visits due to pediatric mental health (aged 18 years and under) for McLean County is 61 emergency room visits per 10,000 population (Healthy Communities Institute, Illinois Hospital Association, 2012 – 2014). This is in the worst 50th to 75th percentile range (yellow indicator) compared to other counties in Illinois. The rate for McLean County has increased from 51.2 emergency room visits per 10,000 population since 2009-2011. The rate for Bloomington – 61701 (81.3 emergency room visits per 10,000 population) is the worst fourth quartile range (red indicator) compared to other counties in Illinois. For Normal – 61761, the rate of 71 emergency room visits per 10,000 population is in the worst 50th – 75th percentile range (yellow indicator) in comparison to other counties in Illinois.

**Exhibit 53: Age-Adjusted Emergency Room Rate due to Pediatric Mental Health for McLean County versus Bloomington – 61701, 2012-2014**




Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014.

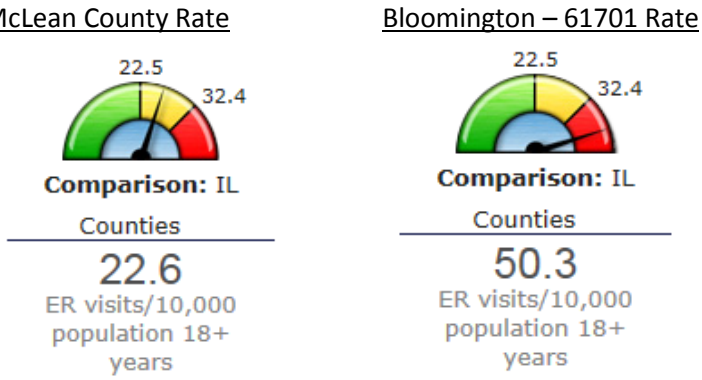
The highest emergency room visit rates due to pediatric mental health occur in:

- individuals 12-14 years old (123.1 emergency room visits per 10,000 population)
- 15-17 year olds (177.9 emergency room visits per 10,000 population).
- females (66.3 emergency room visits per 10,000 population)
- Black or African-Americans (82.6 emergency room visits per 10,000 population)

The rate for age-adjusted emergency room visits for adults due to suicide and intentional self-inflicted injury in McLean County is 22.6 emergency room visits per 10,000 population 18 years and older (Healthy Communities Institute, Illinois Hospital Association, 2012 – 2014). This is in the worst 50th to 75th percentile range (yellow indicator) compared to other counties in Illinois. The emergency room visit rate for McLean County has increased from 11.1 emergency room visits per 10,000 population since

2009-2011. Additionally, the rate for Bloomington – 61701 (50.3 emergency room visits per 10,000 population) is the worst fourth quartile range (red indicator) compared to other counties in Illinois.

**Exhibit 54: Age-Adjusted Emergency Room Rate due to Suicide and Intentional Self-Inflicted Injury for Population 18 + Years for McLean County versus Bloomington – 61701, 2012-2014**



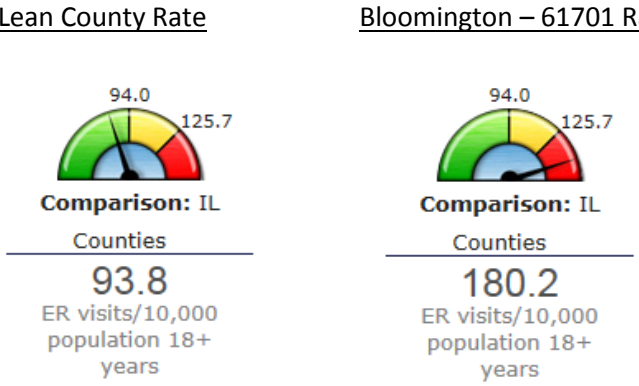

Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014.

The highest emergency room visit rates due to suicide and intentional self-inflicted injury occur in:

- individuals 25-34 years old (36.5 emergency room visits per 10,000 population)
- males (24.8 emergency room visits per 10,000 population)
- Black or African-Americans (47.5 emergency room visits per 10,000 population).

The rate for age-adjusted emergency room visits due to mental health in McLean County is 93.8 emergency room visits per 10,000 population 18 years and older (Healthy Communities Institute, Illinois Hospital Association, 2012 – 2014). This is in the best 0-50th percentile range (green indicator) compared to other counties in Illinois. The rate for McLean County has increased from 74.6 emergency room visits per 10,000 population since 2009-2011. In contrast to McLean County, the rate for Bloomington – 61701 (180.2 emergency room visits per 10,000 population) is the worst fourth quartile range (red indicator) compared to other counties in Illinois.

**Exhibit 55: Age-Adjusted Emergency Room Rate due to Mental Health for McLean County versus Bloomington – 61701, 2012-2014**




Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014.

The highest rates occur in:

- individuals 25-34 years old (130.1 emergency room visits per 10,000 population)
- females (107.6 emergency room visits per 10,000 population)
- Black or African-Americans (177 emergency room visits per 10,000 population).

The percent of Medicare beneficiaries receiving treatment for depression in McLean County is 16.6 percent (Healthy Communities Institute, Center for Medicare and Medicaid Services, 2012). This is in worst 50th to 75th percentile range (yellow indicator) in comparison to other counties in the United States.

The percent of McLean County residents with days of mental health rated "Not Good" per month are as follows: 63.1.percent of Mclean County residents experienced zero days of poor mental health in the last 30 days, 23.0 percent experienced one to seven days and 13.9 percent experience eight or more poor mental health days (Illinois Behavioral Risk Factor Surveillance System, 2013). Exhibit 56 below illustrates the comparison of days of mental health rated "Not Good" per month for McLean County and the state of Illinois.

**Exhibit 56: Days of Mental Health Rated "Not Good" per Month for McLean County, 2013**

| | McLean County | Illinois |
|---|---|---|
| **None** | 63.1% | 60.8% |
| **1-7 Days** | 23.0% | 24.4% |
| **8-30 Days** | 13.9% | 14.8% |

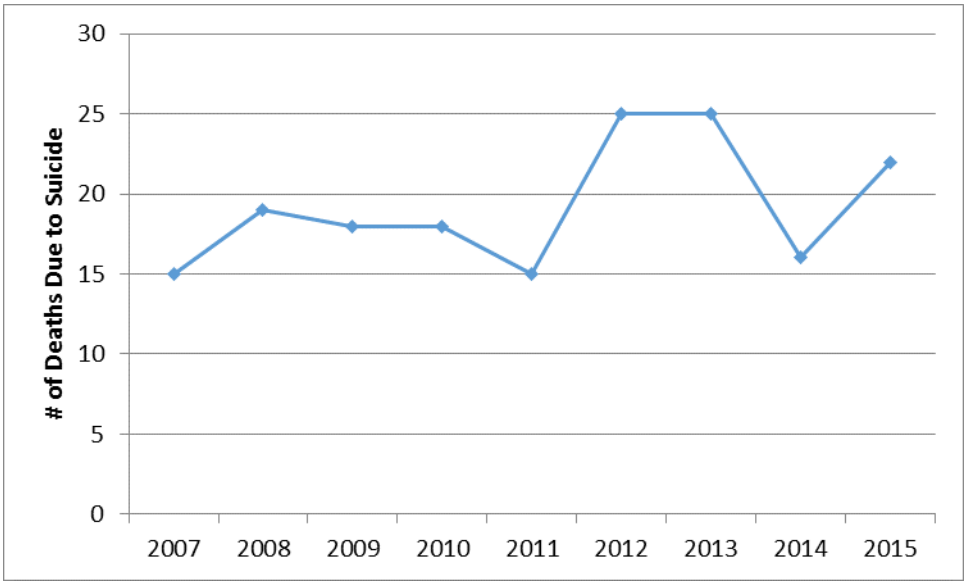
Source: Illinois Behavioral Risk Factor Surveillance System, 2013

Higher percentages are found for the following groups: 25.5 percent of single adults experience eight or more days of poor mental health compared to 9.2 percent of married, 20.9 percent of widowed, and 18.6 percent of divorced adults. In addition, individuals who rent are more than 200 percent more likely to experience eight or more days of poor mental health than their home owner counterparts. Eighteen and three tenths percent of individuals with an income level of $15,000-$35,000 and 25.5 percent of individuals with an income level of $35,000-$50,000 experience eight or more days of poor mental compared to 7.5 percent of those with an income of $75,000 or more.

The age-adjusted death rate due to suicide in McLean County is 11.7 deaths per 100,000 population (Healthy Communities Institute, Center for Disease Control and Prevention, 2011-2013). This is higher than the Healthy People 2020 goal to reduce the suicide rate to 10.2 deaths per 100,000 population (Office of Disease Prevention and Health Promotion, Healthy People 2020, 2016).

There were 22 suicides in McLean County in 2015 (McLean County Coroner, 2015). As show below in Exhibit 57, this has increased from 15 deaths due to suicide in 2007.

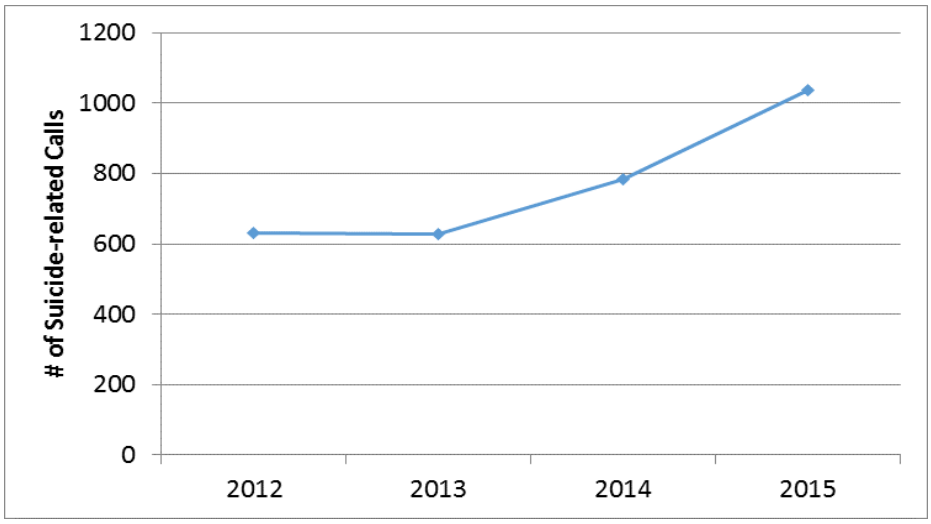
**Exhibit 57: Deaths Due to Suicide, 2007-2015**




Source: McLean County Coroner, 2015.

The number of suicide-related calls to Providing Access to Help (PATH) from residents in McLean County has also increased, nearly doubling, from 632 calls in 2012 to 1,036 calls in 2015 (PATH, 2012-2015). The increase in suicide related calls from 2014 (784 calls) to 2015 (1036 calls) could partially be attributed to heavier promotion of the National Suicide Prevention Hotline in 2015.

**Exhibit 58: Number of Suicide-Related Calls to PATH in McLean County**

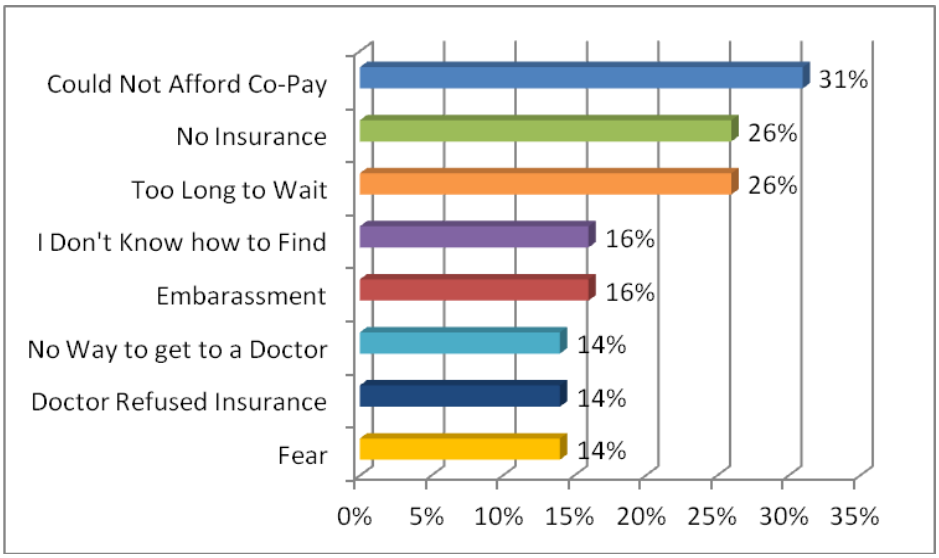



Source: PATH, 2012 – 2015.

Ninety percent of the 2015 McLean County Community Health Survey respondents reported that they have access to counseling services. Access to counseling tends to be rated higher by people with higher

income. Exhibit 59 below shows the leading causes of why someone did not have access to counseling. Note that total percentages do not equal 100 percent as respondents could choose more than one answer (McLean County Community Health Survey, 2015).

**Exhibit 59: Responses for "Why weren't you able to get counseling?" for McLean County, 2015**




Source: McLean County Community Health Survey, 2015

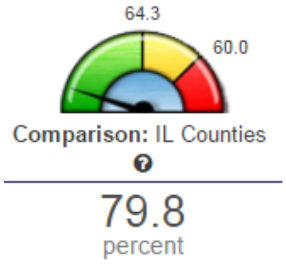
Comparison to 2013 McLean County Community Health Survey

Compared to the 2013 McLean County Community Health Survey, there was a slight increase in access to counseling with 86 percent of respondents in 2013 reporting having access to counseling when needed compared to 90 percent in 2015.

### Oral Health

In 2007-2009, 79.8 percent of McLean County residents visited a dentist or dental clinic within the past year. This percentage is higher than the state (67.6 percent), nation (71.2 percent), and is in the best 0-50$^{th}$ percentile range (green indicator) when compared to other Illinois counties (see Exhibit 60). No trend data are available for this indicator.

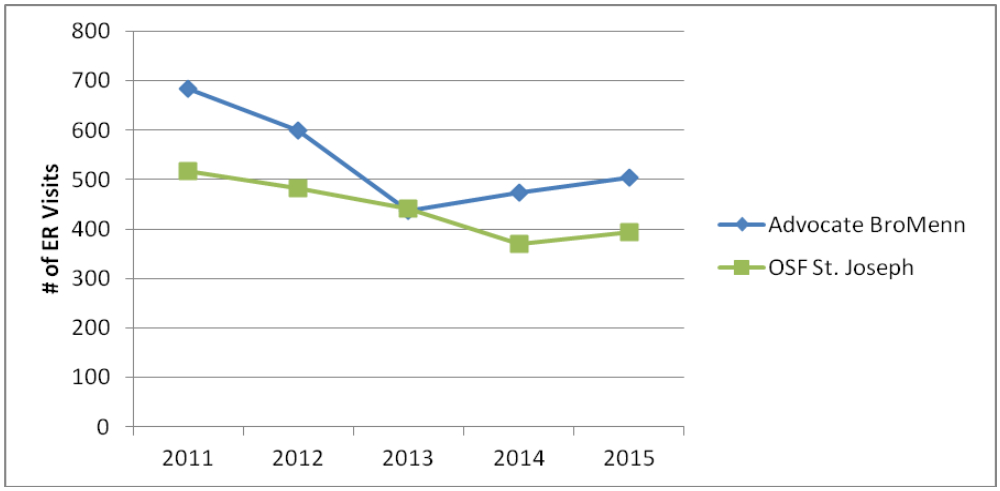
**Exhibit 60: Percentage of McLean County Residents Who Visited a Dentist or Dental Clinic within Past Year, 2007-2009**




Source: Healthy Communities Institute, Illinois Behavioral Risk Factor Surveillance System, 2007-2009

Two percent of emergency room visits in McLean County are related to oral health. Between 2011 and 2015, the number of patients presenting at BroMenn Medical Center's emergency room decreased by 26 percent and the number of patients presenting at St. Joseph's Medical Center emergency room decreased by 23.9 percent (see Exhibit 61).

**Exhibit 61: Number of Emergency Room Visits Related to Oral Health, 2011-2015**




Source: BroMenn Medical Center and St. Joseph Medical Center Top ICD-9 Diagnoses. 2011-2015

For the 2013 to 2014 school year, 17.0 percent of kindergarteners, 16.5 percent of second graders, and 10.5 percent of sixth graders had untreated dental caries. All three of these percentages are lower than the Healthy People 2020 goal (21.4 percent, 25.9 percent and 15.3 percent respectively). In kindergarten, the average McLean County school district reports a 93.4 percent compliance with oral health exams; in second grade that figures drops to 83.5 percent, and in sixth grade, drops again to 79.3 percent (Illinois State Board of Education, 2013-2014).

### Respiratory Disease

Currently in the United States, more than 23 million people have asthma. Additionally, approximately 13.6 million adults have been diagnosed with COPD. Because of the cost to the health care 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 health care expenditures for asthma alone are estimated at $20.7 billion (Office of Disease Prevention and Health Promotion, Healthy People 2020, 2016).

Upper respiratory infections/symptoms and pneumonia/bronchitis visits were in the top 10 reasons for patient visits to BroMenn Medical Center's emergency room for 2011 – 2014 (Advocate BroMenn Medical Center, Top ICD-9 Diagnosis, 2011-2014) and St. Joseph's Medical Center's emergency room from 2012-2014 (St. Joseph Medical Center, Top ICD-9 Diagnosis). See Exhibit 62 and Exhibit 63 below for the number of respiratory related visits at both hospitals in McLean County.

**Exhibit 62: Number of Upper Respiratory Infections/Symptoms Visits at BroMenn Medical Center and St. Joseph Medical Center's Emergency Rooms, 2011-2014**

| | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|
| **BroMenn Medical Center** | 1763 | 1567 | 1198 | 1270 |
| **St. Joseph Medical Center** | NA | 1362 | 1447 | 1189 |

Source: BroMenn Medical Center, ICD-9's 2011-2014; St.Joseph Medical Center ICD-9's 2012-2014

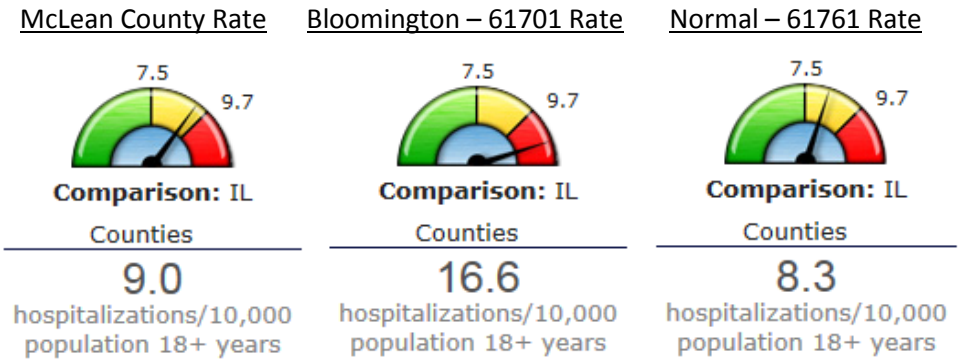
**Exhibit 63: Number of Pneumonia/Bronchitis Visits at BroMenn Medical Center and St. Joseph Medical Center's Emergency Rooms, 2011-2014**

| | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|
| **BroMenn Medical Center** | 1460 | 1441 | 1453 | 1405 |
| **St. Joseph Medical Center** | NA | 573 | 1690 | 1441 |

Source: BroMenn Medical Center, ICD-9's 2011-2014; St.Joseph Medical Center ICD-9's 2012-2014

The rate for age-adjusted hospitalizations due to adult asthma in McLean County is 9.0 hospitalizations per 10,000 population aged 18 years and older (Healthy Communities Institute, Illinois Hospital Association, 2012-2014). This is in the worst 50$^{th}$ to 75$^{th}$ percentile range (yellow indicator) compared to other counties in Illinois. The rate for McLean County has increased 22 percent from 7.4 hospitalizations per 10,000 population in 2009-2011. The adult asthma hospitalization rate for Bloomington – 61701 (16.6 hospitalizations per 10,000 population) is worse than the rate for McLean County. This is in the worst fourth quartile range (red indicator) compared to other counties in Illinois. Normal – 61761 (8.3 hospitalizations per 10,000) is in the worst 50$^{th}$ - 75th percentile range (yellow indicator) compared to other counties in Illinois. See exhibit 64 below for an illustration of the comparison of rates for McLean County, Bloomington – 61710 and Normal – 61761.

**Exhibit 64: Age-Adjusted Hospitalization Rate due to Adult Asthma for McLean County, Bloomington – 61701 and Normal 61761, 2012-2014**



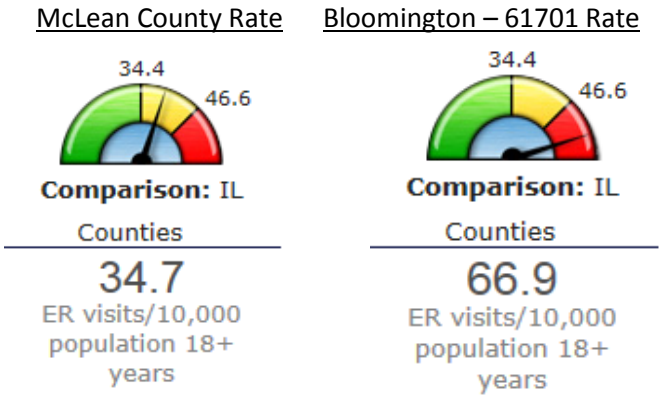

Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014

The highest adult asthma hospitalization rates occur in:

- 65-84 year olds (21.8 hospitalizations per 10,000 population).
- greater than 85 years of age (22.6 hospitalizations per 10,000 population)
- females (12.6 hospitalizations per 10,000 population)
- Black or African-Americans (26 hospitalizations per 10,000 population)

The age-adjusted emergency room rate due to adult asthma in McLean County is 34.7 emergency room visits per 10,000 population aged 18 years and older (Healthy Communities Institute, Illinois Hospital Association 2012-2014). This is in the worst 50th - 75th percentile range (yellow indicator) compared to other counties in Illinois. The rate has increased from 2009-2011 (29.6 emergency room visits per 10,000 population). The rate for Bloomington – 61701 (66.9 emergency room visits per 10,000 population) is in the worst fourth quartile range (red indicator) compared to other counties in Illinois.

**Exhibit 65: Age-Adjusted Emergency Room Rate due to Adult Asthma for McLean County versus Bloomington – 61701, 2012-2014**



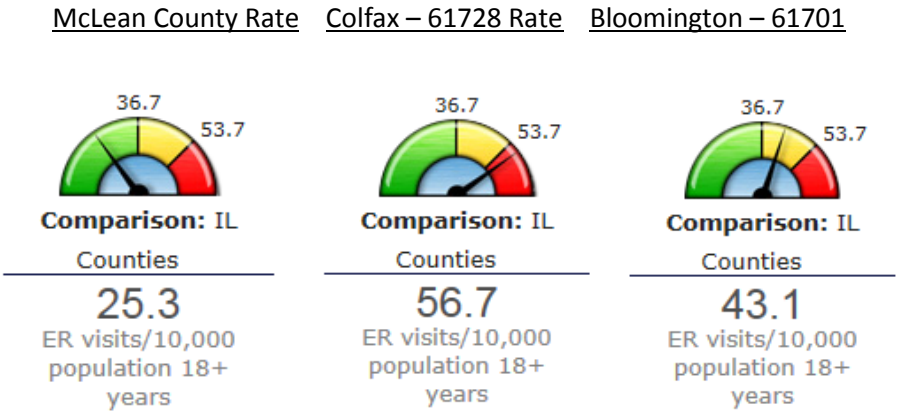

Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014

The highest emergency room rates occur in:

- individuals ages 25-44 years (44.8 emergency room visits per 10,000 population)
- females (40 emergency room visits per 10,000 population)
- Blacks or African Americans (207.5 emergency room visits per 10,000 population). Emergency room rates due to adult asthma are 498 percent higher for Blacks or African Americans.

The age-adjusted emergency room rate due to chronic obstructive pulmonary disease in McLean County is 25.3 emergency room visits per 10,000 population aged 18 years and older (Healthy Communities Institute, Illinois Hospital Association 2012-2014). This is in the best 0-50th percentile range (green indicator) compared to other counties in Illinois. The rate has increased from 2009-2011 (22.1 emergency room visits per 10,000 population). The rate for Colfax - 61728 (56.7 emergency room visits per 10,000 population) is in the worst fourth quartile range (red indicator) compared to other counties in Illinois. The rate for Bloomington – 61701 (43.1 emergency room visits per 10,000 population) is in the worst 50th to 75th percentile range (yellow indicator) compared to other counties in Illinois. See Exhibit 66 below for a comparison of McLean County, Colfax – 61728 and Bloomington - 61701 rates.

**Exhibit 66: Age-Adjusted Emergency Room Rate due to Chronic Obstructive Pulmonary Disease for McLean County, Colfax – 61728 and Bloomington – 61701, 2012-2014**



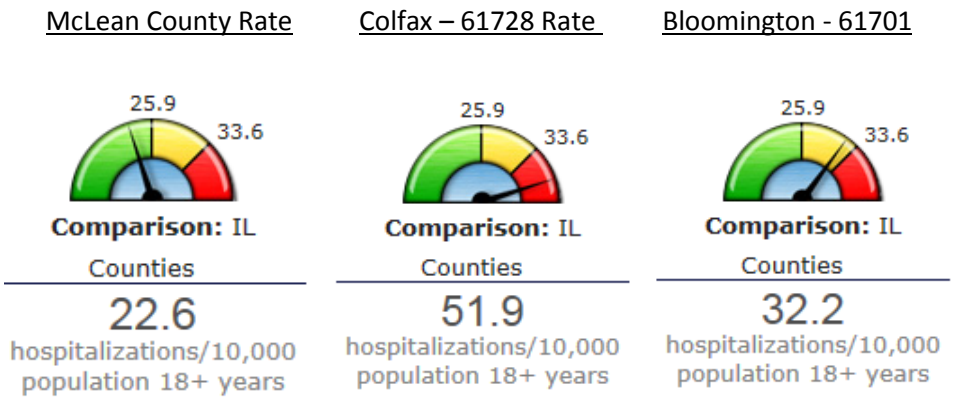

Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014

The highest emergency room rates due to chronic obstructive pulmonary disease occur in:

- individuals ages 65-84 years (81.1 emergency room visits per 10,000 population)
- Blacks or African Americans (40.6 emergency room visits per 10,000 population)

The age-adjusted hospitalization rate due to chronic obstructive pulmonary disease in McLean County is 22.6 hospitalizations per 10,000 population aged 18 years and older (Healthy Communities Institute, Illinois Hospital Association 2012-2014). This is in the best 0-50th percentile range (green indicator) compared to other counties in Illinois. The rate has remained relatively unchanged from 2009-2011 (21.3 hospitalizations per 10,000 population). The rate for Colfax - 61728 (51.9 hospitalizations per 10,000 population) is in the worst fourth quartile range (red indicator) compared to other counties in Illinois. The rate for Bloomington – 61701 is in the worst 50$^{th}$ to 75$^{th}$ percentile range (yellow indicator) compared to other counties in Illinois. See Exhibit 67 below for a comparison of McLean County, Colfax – 61728 and Bloomington 61701 rates.

**Exhibit 67: Age-Adjusted Hospitalization Rate due to Chronic Obstructive Pulmonary Disease for McLean County ,Colfax - 61728 and Bloomington – 61701, 2012-2014**

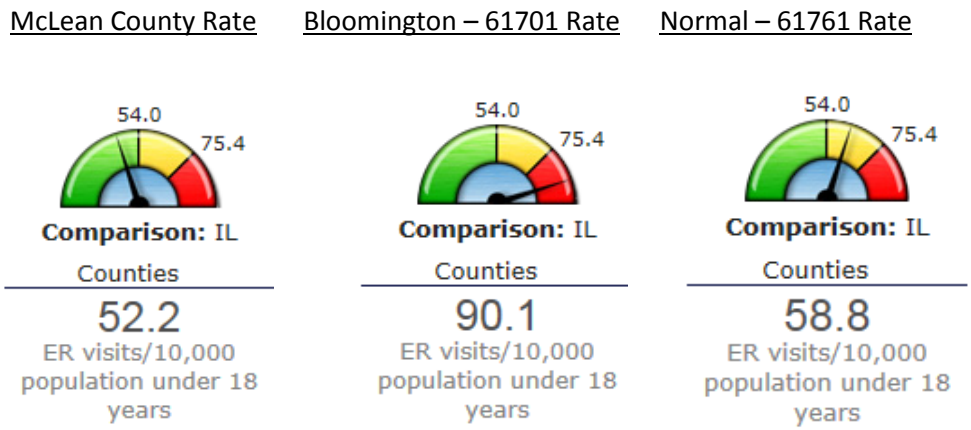



Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014
The highest hospitalization rates due to chronic obstructive pulmonary disease occur in:

- individuals ages 65-84 years (94 hospitalizations per 10,000 population)
- females (25 hospitalizations per 10,000 population)

The age-adjusted emergency room rate due to pediatric asthma in McLean County is 52.2 emergency room visits per 10,000 population aged under 18 years (Healthy Communities Institute, Illinois Hospital Association 2012-2014). This is in the best 0-50$^{th}$ percentile range (green indicator) compared to other counties in Illinois. The rate has decreased from 60.3 emergency room visits per 10,000 population since 2009-2011. The rate for Bloomington – 61701 (90.1 emergency room visits per 10,000 population) is in the worst fourth quartile range (red indicator) compared to other counties in Illinois. The rate for Normal - 61761 (71 emergency room visits per 10,000 population) is in the worst 50$^{th}$ – 75$^{th}$ percentile range (yellow indicator) compared to other counties in Illinois.

**Exhibit 68: Age-Adjusted Emergency Rate due to Pediatric Asthma for McLean County, Bloomington – 61701 and Normal – 61761, 2012-2014**




Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014

The highest emergency room rates occur in:

- ages zero to four years old (65.1 emergency room visits per 10,000 population)
- males (61.6 emergency room visits per 10,000 population)
- Blacks or African Americans (201 emergency room visits per 10,000 population); a rate that is 285 percent higher than the rate for other races/ethnicities.

The age-adjusted hospitalization rate due to pediatric asthma in McLean County is 4.9 hospitalizations per 10,000 population aged 18 years and older (Healthy Communities Institute, Illinois Hospital Association 2012-2014). This is in the best 0-50$^{th}$ percentile range (green indicator) compared to other counties in Illinois. The rate has decreased from 2009-2011 (11.0 hospitalizations per 10,000 population). The rates for Bloomington – 61701 (10.4 hospitalizations per 10,000 population) and Normal – 61761 (7.3 hospitalizations per 10,000) are in the worst 50$^{th}$ – 75$^{th}$ percentile range (yellow indicators) compared to other counties in Illinois. The highest rates occur in:

- individuals ages zero to four years (9.7 hospitalizations per 10,000 population)
- males (5.6 hospitalizations per 10,000 population)
- Blacks or African Americans (13.8 hospitalizations per 10,000 population).

The percent of Medicare beneficiaries being treated for asthma in McLean County is 5.3 percent (Healthy Communities Institute, Center for Medicare and Medicaid Services, 2012). This is in the worst fourth quartile range (red indicator) compared to other counties in Illinois.

The percent of Medicare beneficiaries being treated for chronic obstructive pulmonary disease in McLean County is 11.5 percent (Healthy Communities Institute, Center for Medicare and Medicaid Services, 2012). This is in the best 0-50$^{th}$ percentile range (green indicator) compared to other counties in Illinois.

The percent of residents who have asthma in McLean County is 8.1 percent. This rate is higher than Illinois (7.6 percent), but lower than the national average (nine percent) (Illinois Behavioral Risk Factor Surveillance System Round 5 Data, 2013). The percentage for McLean County has decreased from 18 percent in 2007-2009. In McLean County, 11.5 percent of individuals within the $15-35,000 income range had asthma, compared to 7.2 percent at $35 – 50,000, 7.8 percent at $50-75,000 and 5.9 percent at $75,000+. In 2014, 11.8 percent of women in Illinois had asthma compared to 6.2 percent of men, but that disparity did not exist in McLean County (both at 8.1 percent).

The percent of residents with a child in the household with asthma in McLean County is 13.9 percent (Illinois Behavioral Risk Factor Surveillance System Round 5, 2007-2009). The percent of McLean County residents reporting having a child in the home with asthma has decreased from 16.9 percent in 2004-2006.

## *Key findings: Disease and Chronic Conditions*

### Alzheimer's Disease and Dementia

- Dementia is the fourth leading cause of death in McLean County.

- The age-adjusted death rate due to Alzheimer's disease in McLean County is in the worst 50th – 75th percentile range (yellow indicator) compared to other counties in Illinois and the rate is higher for females than males.

## Cancer

- Cancer is the leading cause of death for males in McLean County.
- A higher percentage of Medicare beneficiaries are being treated for cancer in McLean County than other comparative U.S. counties.
- The incidence rate for prostate cancer is higher in McLean County than other comparative U.S. counties.
- The incidence rate and death rate for breast cancer is slightly higher in McLean County than other comparative U.S. counties.

## Cardiovascular Disease

- Cardiac conditions were the 1st or 2nd reason for patient emergency room visits from 2012-2014.
- McLean County has a higher percentage of Medicare beneficiaries being treated for atrial fibrillation and hyperlipidemia than other comparative U.S. counties.
- Age-adjusted hospitalization rates for heart failure are 166 percent higher in Stanford (61774) and 157 percent higher for Blacks or African Americans than for any other race or ethnicity.
- Age-adjusted emergency room visits due to hypertension and heart failure are respectively 320 and 325 percent higher for Blacks or African Americans than for any other race or ethnicity.
- The age-adjusted death rate for coronary heart disease is more than double for males than females.
- Age-adjusted emergency room visits and hospitalizations due to hypertension and hospitalizations due to heart failure are higher in 61701 than any other area in McLean County.

## Diabetes

- Age-adjusted emergency room visits and hospitalizations due to diabetes are higher in 61701 than any other area in McLean County.
- Blacks or African Americans visit the emergency room due to diabetes four times more than any other race or ethnicity and are hospitalized due to diabetes more than any other race or ethnicity.
- Males tend to visit the emergency room and be hospitalized more than females due to diabetes. Emergency room visits due to diabetes increase with age.

## Infectious Disease

- McLean County's Chlamydia incidence rate is higher than state and national rates and is trending unfavorably.
- The percentage of McLean County adults who received a flu vaccine in the past year is lower than the state and other comparative U.S. counties and far below the Healthy People 2020 goal.

## Mental Health

- The number of suicide calls to PATH has increased since 2012.

- Psychiatric visits are in the top four reasons for visits to BroMenn Medical Center's emergency room for 2011-2014.
- Age-adjusted emergency room visits due to adolescent suicide and intentional self-inflicted injury and harm is in the worst fourth quartile range (red indicator) compared to other counties in Illinois for both Bloomington – 61701 and Normal – 61761.
- Bloomington – 61701 is also in the worst fourth quartile range (red indicator) compared to other counties in Illinois for age-adjusted emergency room visits due to pediatric mental health, suicide and intentional self-inflicted injury and mental health for population 18+ years.
- The highest rates for age-adjusted emergency room visits due to adolescent suicide and self-inflicted injury occur in individuals 15-17 years old, females and White/non-Hispanic.
- The highest rates for age-adjusted emergency room visits due to pediatric mental health occur in 12-14 and 15–17 year olds, females and Black or African Americans.
- The highest rates for age-adjusted emergency room visits due to suicide and intentional self-inflicted injury occur in 25-34 year olds, males and Blacks or African Americans.
- The highest rates for age-adjusted emergency room visits due to mental health occur in individuals 25-34 years old, females and Blacks or African Americans.
- Ten percent of 2015 McLean County Community Health Survey respondents needed mental health counseling but were unable to access it.

### Oral Health

- A higher percentage of McLean County residents visit the dentist than the state, nation, and other comparative Illinois counties.
- Emergency Room visits due to oral health issues have declined since 2011.
- McLean County has fewer untreated dental caries in kindergarteners, second graders, and sixth graders than the Healthy People 2020 goals.

### Respiratory Disease

- Age-adjusted emergency room visits due to adult asthma are nearly double in 61701 and 498 percent higher for Blacks or African-Americans than any other race or ethnicity.
- Age-adjusted emergency room visits due to pediatric asthma are 72.6 percent higher in Bloomington – 61701 and 285 percent higher for Blacks or African Americans than any other race or ethnicity.
- Age-adjusted emergency room visits and hospitalizations due to chronic obstructive pulmonary disease are more than double for Colfax compared to the rates for McLean County.
- McLean County has a higher percentage of Medicare beneficiaries being treated for asthma than other comparative counties in the United States.
- Upper respiratory infections and pneumonia/bronchitis were in the top 10 reasons for emergency room visits to both BroMenn Medical Center and St. Joseph Medical Center.

## h) Maternal and Child Health

### Pre- and Post-Natal Care

Mothers Who Smoked During Pregnancy

The percentage of births that were to mothers that smoked and/or used tobacco products during pregnancy in McLean County is 10.8 percent. Compared to other Illinois Counties, McLean County is in the best 0-50th percentile range for this measure; however, this percentage is higher than the Healthy People 2020 goal to "decrease the percentage of women who gave birth and who smoked cigarettes during pregnancy to 1.4 percent" (Healthy Communities Institute, Illinois Department of Public Health, 2008; Office of Disease Prevention and Health Promotion, Healthy People 2020, 2016).

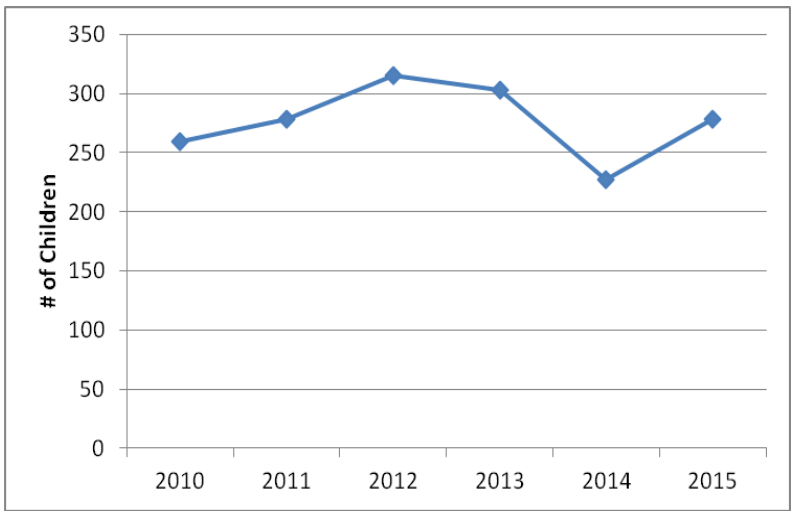
Breastfeeding

Aggregate data is not available for breastfeeding rates for McLean County residents. However, in 2014, 82.9 percent of women who delivered at BroMenn Medical Center and 88.0 percent of women who delivered at St Joseph Medical Center initiated breastfeeding (Illinois Hospital Report Card, 2014). This percent has increased from previous years. Also, the breastfeeding rate for McLean County Women, Infants and Children participants is 86 percent, a 96 percent increase since 2000 (McLean County Health Department Cornerstone System, 2014). These percentages within McLean County exceeded the state (77.4 percent) and national rate (79.2 percent) for breastfeeding initiation as well as the Healthy People 2020 target of 81.9 percent. Data is currently not available on average length of time mothers' are breastfeeding.

Child Abuse and Neglect

In 2015, 278 McLean County children were in state custody with the Illinois Department of Child and Family Services and the number has remained steady since 2010 (see Exhibit 69).

**Exhibit 69: McLean County Children in Illinois Department of Child and Family Services' Care, 2010 – 2015**




Source: Illinois Department of Child and Family Services, 2010-2015.

McLean County's child abuse rate (number of children under the age of 18 that experienced abuse or neglect) is 9.4 cases per 1,000 children (2014). This rate is in the best 0-50th percentile range when compared to other Illinois counties and has decreased 26.5 percent since 2011 (Healthy Communities Institute, Illinois Department of Children and Family Services, 2014).

### Birth Characteristics

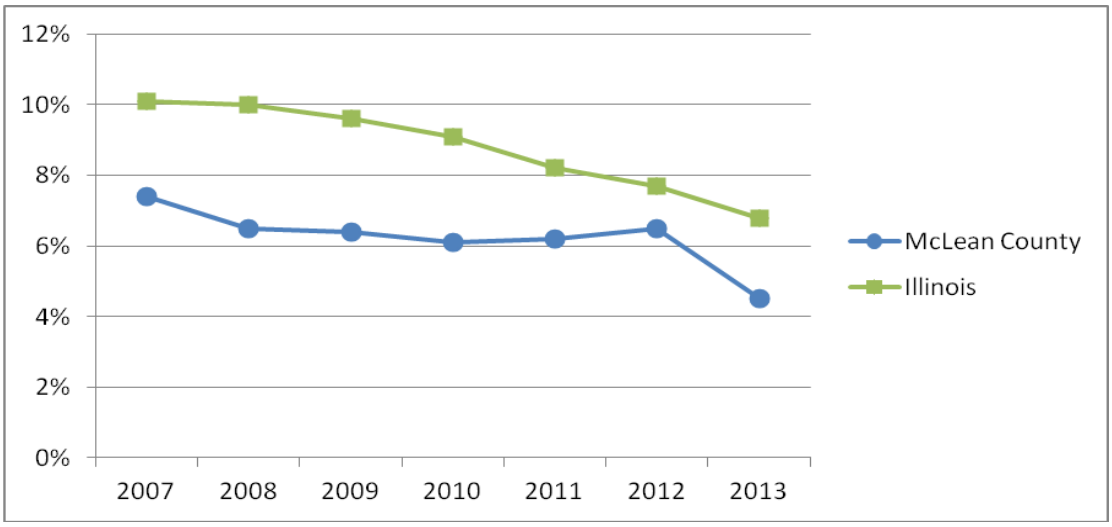
#### Live Births

In 2013, there were 2,140 live births in McLean County. The majority of births (64.6 percent) occurred to mothers between the ages of 25 and 34. Just over 75 percent of births were White, 11.2 percent were Black or African American, 5.8 percent were of Hispanic origin and 13.6 percent were "other." The number of live births has remained relatively unchanged since 2009 (Illinois Department of Public Health Vital Statistics, 2009-2013).

#### Births to Teenage Mothers

In 2013, there were eight births to teenage mothers ages 15 to 17 per 1,000 live births in McLean County, which is lower than the state rate at 19.1 per 1,000 live births. For teenage mothers ages 18 to 19, there were 36 births per 1,000 live births in McLean County, also lower than Illinois' rate of 48 per 1,000 live births. Exhibit 70 below shows the percentage of births to teenage mothers in McLean County has been decreasing over time but has remained consistently lower than the state percentage (Illinois Department of Public Health Vital Statistics, 2007-2013).

**Exhibit 70: Percentage of Births to Teenage Mothers in McLean County, 2007 - 2013**




Source: Illinois Department of Public Health Vital Statistics, 2007 – 2013.

#### Method of Delivery

In 2013, 38.8 percent of women who gave birth in McLean County had a cesarean section. This percentage is higher than Illinois (31.7 percent), the U.S. (32.7 percent) and the Healthy People 2020 Goal of 23.9 percent and has increased 17.9 percent since 2009 (Illinois Department of Public Health

Vital Statistics, 2009-2013). Exhibit 71 below includes the overall, primary, and repeat cesarean section rates for BroMenn Medical Center and St. Joseph Medical Center.

**Exhibit 71: BroMenn Medical Center and St. Joseph Medical Center Cesarean Section Rates, 2014–2015**

| | Overall csection rate 2014 | Overall csection rate 2015 | Primary csection rate 2014 | Primary csection rate 2015 | Repeat csection rate 2014 | Repeat csection rate 2015 |
|---|---|---|---|---|---|---|
| **Advocate BroMenn** | 38.62% | 37.70% | 18.68% | 18.28% | 19.94% | 19.42% |
| **St. Joseph** | 37.70% | 32.3% | 18.7% | 18.6% | 14.7% | 13.7% |

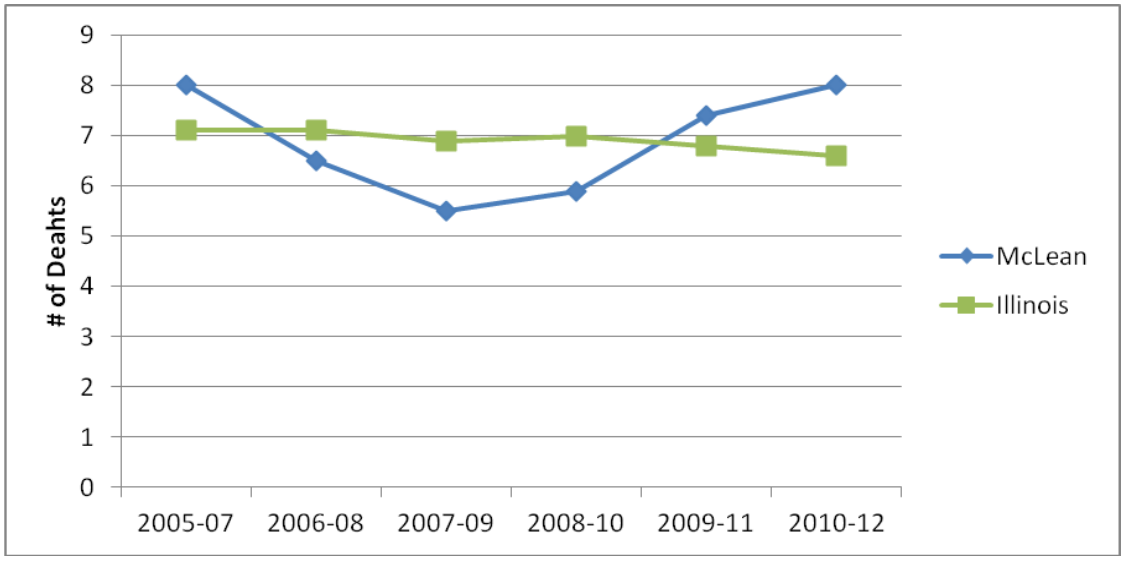
Source: BroMenn Medical Center and St. Joseph Medical Center, 2014 – 2015

### Birth Outcomes

#### Infant Mortality

According to the Illinois Department of Public Health, there are eight infant deaths for every 1,000 live births in McLean County (2010-2012). This rate is in the worst 50th to 75th percentile when compared to other Illinois counties and higher than the Healthy People 2020 goal of six per 1,000 births. The number of infant deaths experienced in McLean County has increased since 2009 and remained higher than the Illinois number or total (see Exhibit 72).

**Exhibit 72: Number of Infant Deaths per 1,000 live births, 2005 - 2012**




Source: Healthy Communities Institute, Illinois Department of Public Health, 2005 – 2012

The leading causes of infant mortality in Illinois are short gestation or low birth weight, congenital malformations, newborn affected by maternal complications of pregnancy, newborn affected by complications of placenta, cord and membranes and Sudden Infant Death Syndrome (Illinois Department of Public Health, 2011). No data are available on the leading causes of infant mortality for McLean County.

### Low Birth Weight and Very Low Birth Weight

In McLean County, 6.8 percent of the babies are considered to have low birth weight, which is in the best 0-50th percentile range compared to other Illinois counties and exceeds the Healthy People 2020 goal of 7.8 percent.

In 2014, 0.38 percent of infants were born with very low birth weight at BroMenn Medical Center and 0.47 percent at St. Joseph Medical Center (see Exhibit 73). Both of these percentages are lower than the Healthy People 2020 goal to reduce very low birth weight to 1.4 percent of live births.

**Exhibit 73: Number and Percentage of Very Low Birth Weight Infants (<1500 grams or 3.3 pounds) born in McLean County Hospitals, 2012 – 2014**

| | Advocate BroMenn | | | St. Joseph | | |
|---|---|---|---|---|---|---|
| | 2012 | 2013 | 2014 | 2012 | 2013 | 2014 |
| **# VLBW Infants** | 3 | 4 | 6 | 1 | 2 | 4 |
| **# Live Births** | 1,413 | 1,576 | 1,565 | 1,037 | 904 | 846 |
| **% VLBW Infants** | 0.21% | 0.25% | 0.38% | 0.10% | 0.22% | 0.47% |

Source: BroMenn Medical Center and St. Joseph Medical Center, 2012 – 2014

### Pre-term Births (Less than 37 Weeks Gestation)

In McLean County, 9.1 percent of the births are pre-term, which is in the best 0-50th percentile range when compared to other Illinois counties and lower than the Healthy People 2020 goal of 11.4 percent (Healthy Communities Institute, Illinois Department of Public Health, 2012).

### Congenital Anomalies

McLean County ranks in the top 10 for three specific congenital anomaly prevalence rates: cardiovascular system defects, major genitourinary defects and major musculoskeletal defects. McLean County has the ninth highest prevalence rate in Illinois for cardiovascular system defects at 206.5 defects per 10,000 live births, the ninth highest prevalence rate for major genitourinary defects at 74.9 defects per 10,000 live births and the third highest prevalence rate for major musculoskeletal defects at 22.8 defects per 10,000 live births (Illinois Department of Public Health Birth Defects and Other Adverse Pregnancy Outcomes in Illinois, 2005 – 2009).

## *Key findings: Maternal and Child Health*

- Breastfeeding initiation is higher in McLean County than the state, nation, and Healthy People 2020 goal.

- A higher percentage of women deliver by c-section in McLean County than in Illinois and the nation.
- McLean County has fewer preterm births and births to teenage mothers than other Illinois counties.
- McLean County's infant mortality rate is higher than Illinois' rate, the Healthy People 2020 goal and falls in the worst 50th to 75th percentile compared to other Illinois counties.
- McLean County ranks in the top 10 for three specific congenital anomaly prevalence rates: cardiovascular system defects, major genitourinary defects and major musculoskeletal defects.

# VI. Prioritization of Health-Related Issues

## a) Community Health Survey: Perceptions of Health Issues, Unhealthy Behaviors and Issues Impacting Quality of Life

To aid in identifying the high priority health issues in McLean County, the 2015 McLean County Community Health Survey asked respondents to report on their perceptions of the three most important health issues, unhealthy behaviors and factors that contribute to well-being in the community.

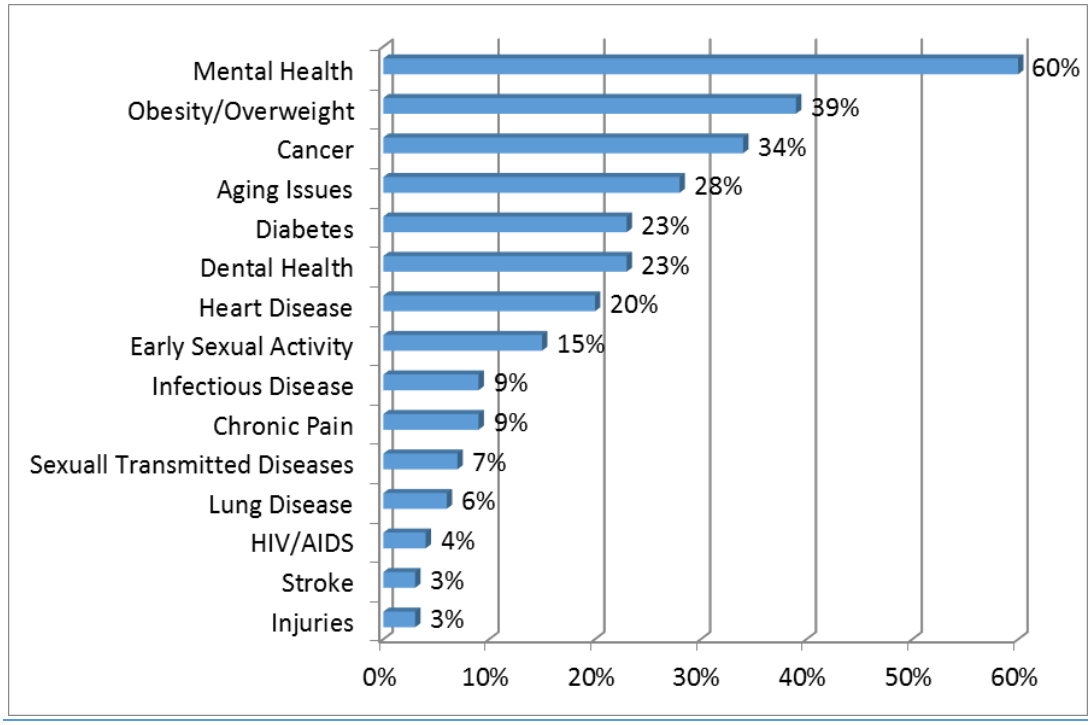
### Perceptions of Health Issues

The 2015 McLean County Community Health Survey asked respondents to rate the three most important health issues in the community out of 15 choices (see Exhibit 74).

The health issue that rated highest was mental health. It was identified 60 percent of the time and was significantly higher than other categories based on t-tests between sample means. Mental health tended to be rated with higher importance by people who are White and with higher education and income. Mental health was rated of lower importance by Blacks or African Americans.

Mental health was followed by obesity and cancer. Obesity was rated of higher importance by people who are White, more educated and have a higher income. Obesity was rated of lower importance by people with Latino ethnicity.

**Exhibit 74: Survey Respondents' Perception of the Most Important Health Issues in McLean County, 2015**



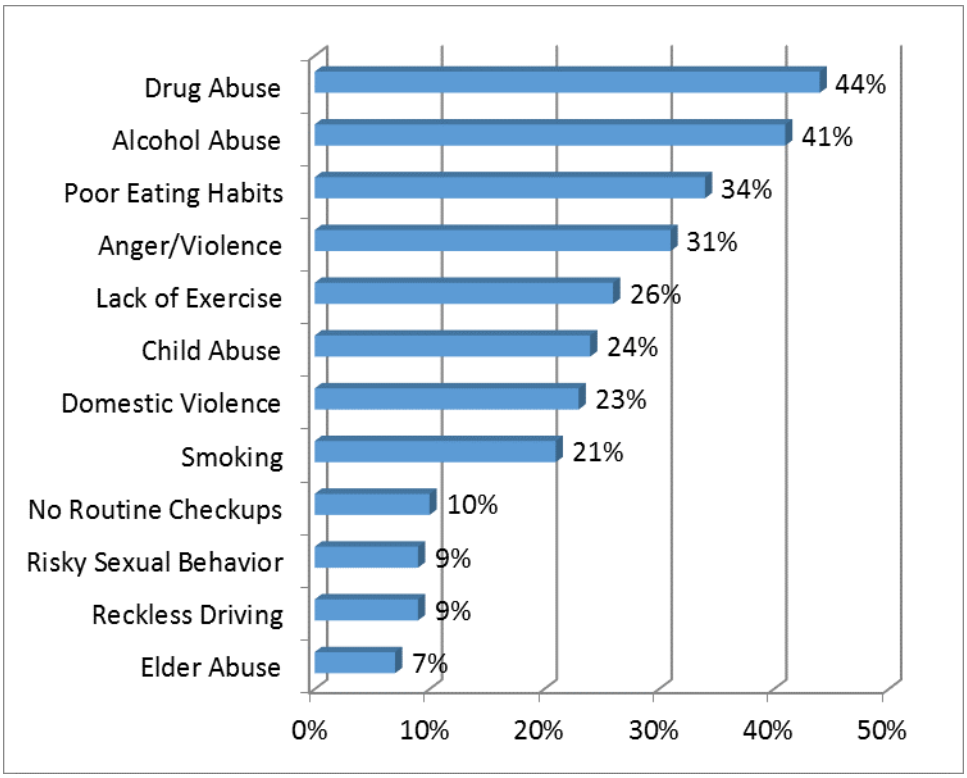

Source: McLean County Community Health Survey, 2015

### Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices (see Exhibit 75).

The three unhealthy behaviors that rated highest were drug abuse, alcohol abuse and poor eating habits. Drug abuse was rated of higher importance by people who are younger, less educated and with lower incomes. Alcohol abuse was rated higher by people who are of lower income and homeless. Poor eating habits was rated higher by people with the following characteristics: men, Whites, higher income and higher education.

**Exhibit 75: Survey Respondents' Perception of the Most Important Unhealthy Behaviors in the McLean County, 2015**



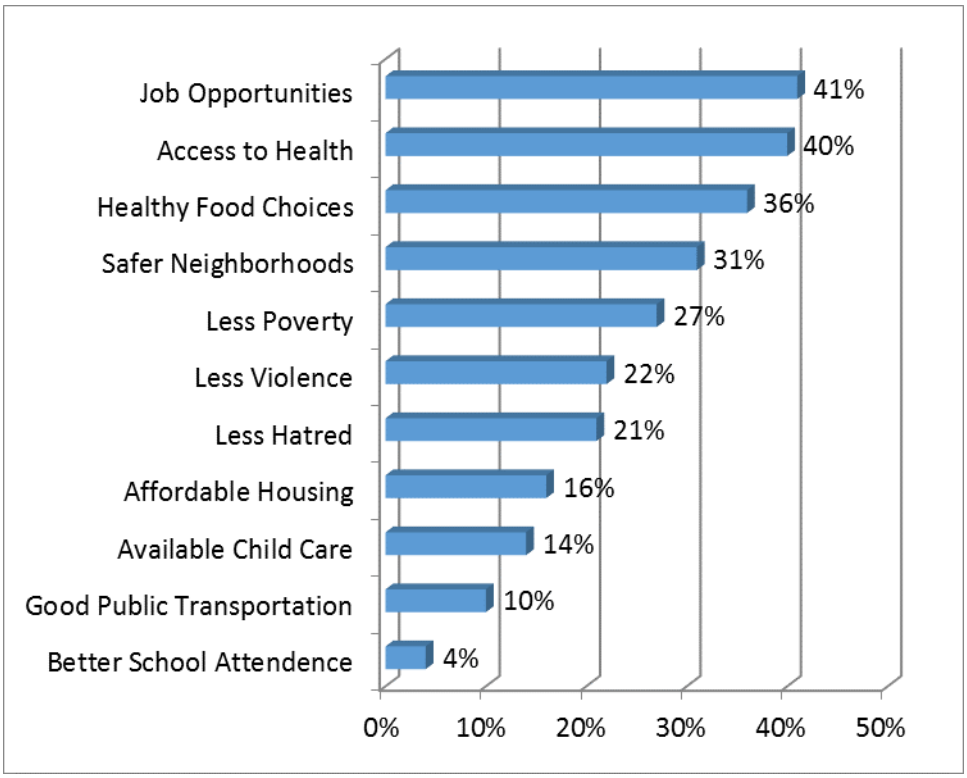

Source: McLean County Community Health Survey, 2015

### Perceptions of Issues Impacting Quality of Life

Respondents were asked to select the three most important issues impacting well-being in the community out of a total of 11 choices (see Exhibit 76).

The issue impacting well-being that rated highest was job opportunities. Job opportunities was rated of higher importance by Blacks or African Americans and homeless individuals. Job opportunities was followed by access to health services and healthy food choices. Access to health services was rated higher by Whites and people who are older. Healthy food choices was rated higher by Whites and people with higher incomes.

**Exhibit 76: Survey Respondents' Perception of the Most Important Factors Impacting Quality of Life in McLean County, 2015**




Source: McLean County Community Health Survey, 2015

## b) Summary of Health Disparities

When a health behavior or health outcome is seen to a greater or lesser extent between populations, it is considered a health disparity. Health disparities are often the result of social inequities related to geography, race or ethnicity, income, educational attainment, age, gender and other social factors (Office of Disease Prevention and Health Promotion, Healthy People 2020, 2016). This section highlights the key health disparities that emerged for McLean County.

### Geographic Disparities

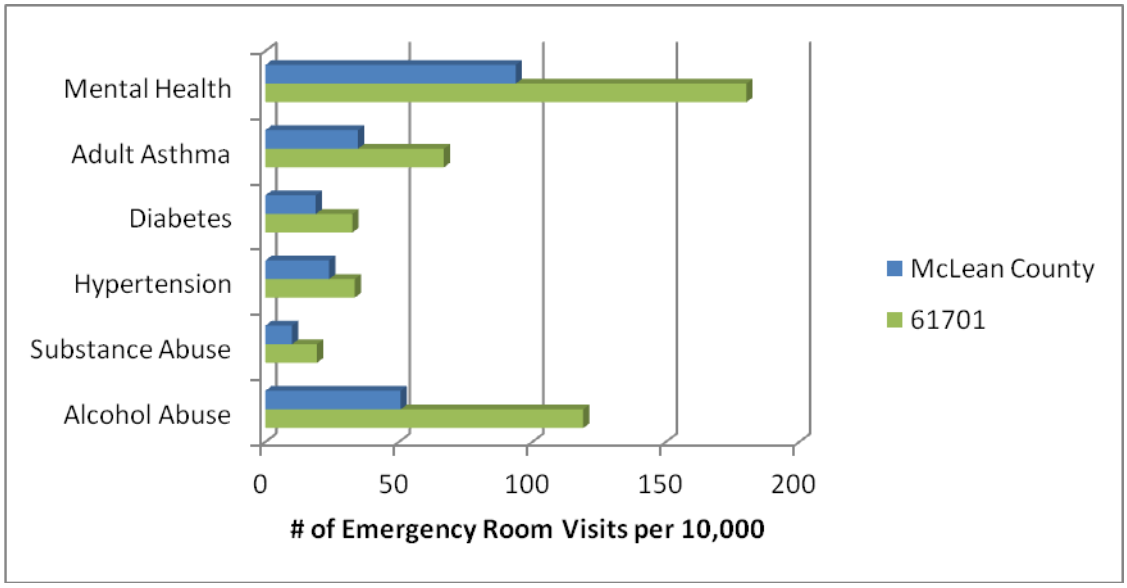
Individuals living in specific geographic areas of McLean County experience worse health outcomes than individuals living in other geographic areas.

The zip codes that were identified through Healthy Communities Institute's SocioNeeds Index as having the highest socioeconomic needs in McLean County (Bloomington – 61701, Stanford – 61774, Chenoa – 61726 and Colfax – 61728) were also the communities with higher emergency room visit rates and hospitalization rates for numerous health outcomes.

The most significant geographic disparities are evident between Bloomington -61701 and McLean County overall. Exhibit 77 below shows that emergency room visits due to alcohol, substance abuse,

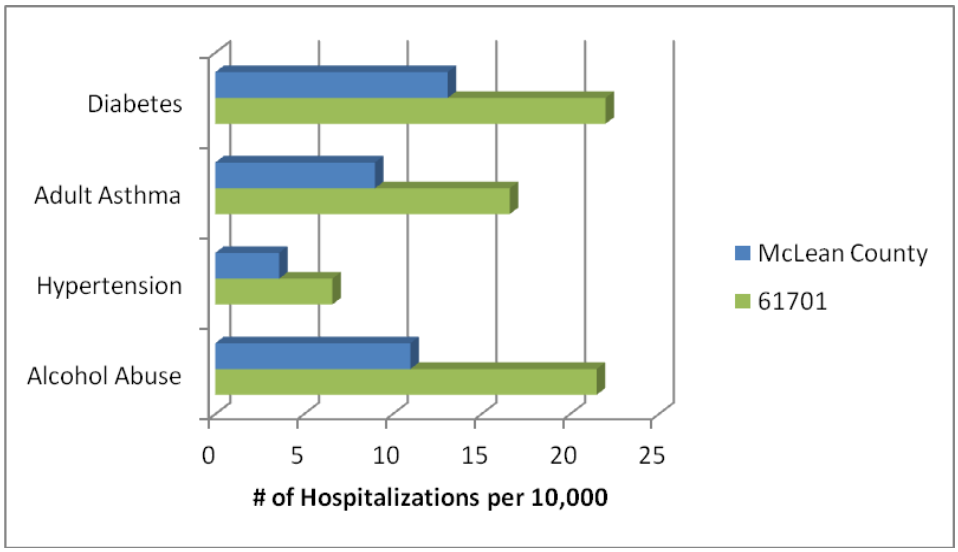
mental health, hypertension, diabetes and adult asthma are higher for Bloomington - 61701 than the rates for McLean County overall. Hospitalization rates for diabetes, adult asthma, hypertension and alcohol abuse are also higher for Bloomington – 61701 than McLean County overall (see Exhibit 78).

**Exhibit 77: Age-adjusted Emergency Room Visit Rates per 10,000 Population in McLean County versus Bloomington - 61701, 2012-2014**




Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014.

**Exhibit 78: Age-adjusted Hospitalization Rates per 10,000 Population in McLean County versus Bloomington - 61701, 2012-2014**



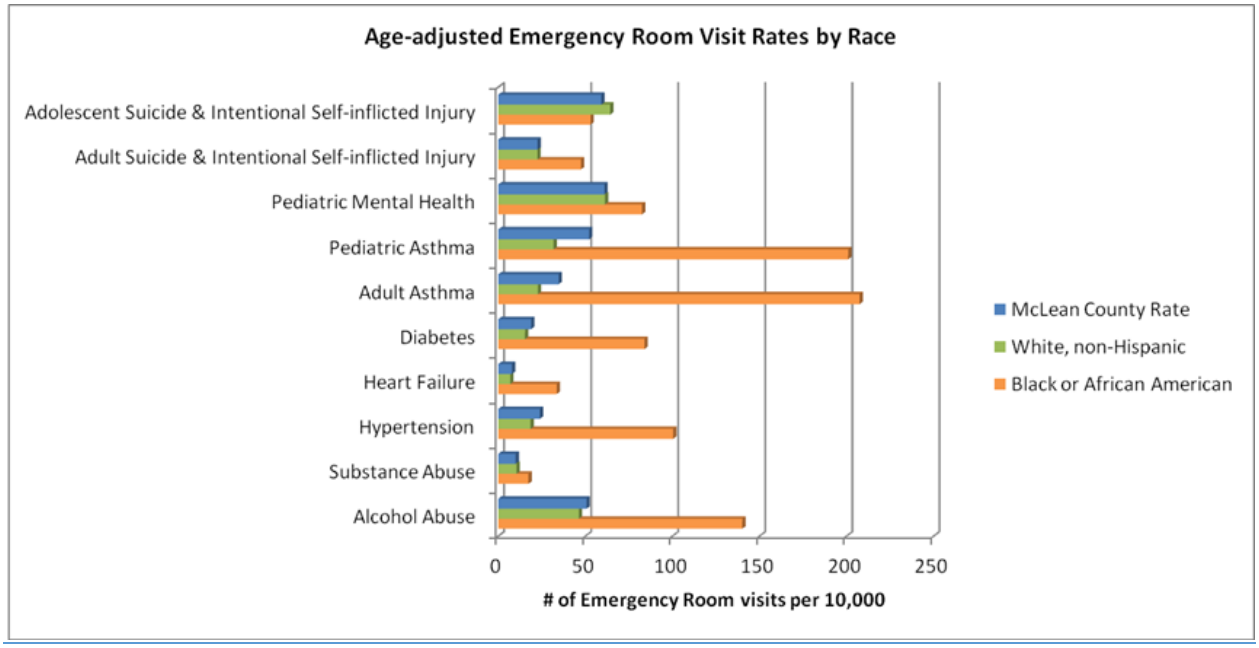

Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014.

The hospitalization rate due to heart failure is 166 percent higher in Stanford – 61774, and 46 percent higher in Chenoa – 61726, than the McLean County overall rate. Emergency room and hospitalization rates for COPD are 124 percent and 130 percent higher respectively in Colfax – 61728.

### Racial and Ethnic Disparities

In McLean County, Blacks or African Americans visit the emergency room at higher rates than McLean County overall for almost all age-adjusted emergency room visit rates available through Healthy Communities Institute (see Exhibit 79).

**Exhibit 79: Age-adjusted Emergency Room Visits per 10,000 Population by Race in McLean County, 2012-2014**




Source: Healthy Communities Institute, Illinois Hospital Association, 2012-2014.

According to the 2015 McLean County Community Health Survey, Blacks or African Americans tend to report lower access to prescription medication and are more likely to be on Medicaid.

Hispanics also experience health disparities as they tend to report less access to dental care and are less likely to report having a personal physician. Hispanics are more likely to be uninsured in McLean County (McLean County Community Health Survey, 2015). Emergency room visits for hypertension are also 98 percent higher for Hispanics than the overall McLean County rate and 154 percent higher than the rate for Whites (Healthy Communities Institute, Illinois Hospital Association, 2012-2014).

### Other Disparities

Many other social factors contribute to health disparities, such as age, gender, income level, educational attainment, and employment status.

According to the 2015 McLean County Community Health Survey, individuals with a higher income tend to have private insurance, use a clinic or doctor's office more often and report ease of access to medical care, dental care and counseling. Individuals with lower incomes are less likely to seek medical care, report higher usage of the emergency department and experience more poor mental health days.

Similarly, individuals with higher educational attainment tend to have private insurance and a personal physician and report ease of access to medical and dental care. Individuals with lower educational attainment report a higher frequency of smoking and/or vaping and are more likely to be obese (McLean County Community Health Survey, 2015; Illinois Behavioral Risk Factor Surveillance System, 2013).

Younger people report higher usage of the emergency department and are less likely to have insurance, whereas older people report higher usage of the clinic or doctor's office and ease of access to medical care (McLean County Community Health Survey, 2015).

Men are at a higher risk of acute/binge drinking but are more likely to exercise than women. Women report a higher frequency of fruit and vegetable consumption than men (Illinois Behavioral Risk Factor Surveillance System, 2013; McLean County Community Health Survey, 2015).

After analyzing the data and disparities in McLean County, it became apparent that disparities in McLean County were an important issue that needed to be taken into consideration throughout the prioritization process explained in detail below.

## c) Priority Setting Process

In order to maximize the effectiveness of the community health implementation plan that will result from this Community Health Needs Assessment, it is necessary for the health issues presented above to be prioritized and narrowed to a select few. By determining the most important health issues, it is hoped that more significant advances can be made in a shorter amount of time.

The McLean County Community Health Council held its first meeting on April 27, 2015. A second meeting was held on June 1, 2015. The purpose of the first two meetings was to explain the collaborative nature of the 2016 community health needs assessment with BroMenn Medical Center, the McLean County Health Department, St. Joseph Medical Center and United Way in addition to the end goal of producing a joint community health plan for McLean County.

The Executive Steering Committee of the McLean County Community Health Council, consisting of at least one leadership member from each organization listed above, met every other week from July - December, 2015 and weekly in January and February, 2016 to collect and analyze data to present to the McLean County Community Health Council for the prioritization of key health needs.

The Executive Steering Committee analyzed all of the primary and secondary data presented in this report. Any issue that was identified as a potential health concern for McLean County was presented to the McLean County Community Health Council at the February 11, 2016 data sharing meeting. Although a standard prioritization methodology was not utilized at this stage in the process, the following factors were taken into consideration in the decision making process when analyzing the data:

- Trending unfavorably overall
- Worse than state, national, and/or Healthy People 2020 goals
- Demonstrating significant local disparities

The thirteen issues that rose to the top as potential health concerns for McLean County are listed below in alphabetical order:

- Alzheimer's and Dementia
- Birth Outcomes
- Cancer
- Cesarean Section
- Heart Disease
- Mental Health
- Obesity
- Oral Health
- Radon
- Respiratory Disease
- Sexually Transmitted Diseases
- Substance Abuse
- Violent Crime

### McLean County Community Health Council Data Sharing Meeting: February 11, 2016

After the Executive Steering Committee identified the health concerns for McLean County, the next steps in the prioritization process included the following:

1. Reviewing the data for the 13 health concerns with the McLean County Community Health Council;
2. Facilitating group discussion on the health concerns presented; and,
3. Voting by Council members in attendance (see Appendix 4 for Top Six Issues Voting Ballot) to narrow down the 13 health concerns to six health concerns to prioritize via the Hanlon Method at the February 25, 2016 prioritization meeting.

It is important to note that although it was not presented as one of the 13 health concerns, access to appropriate healthcare continually came up as an important issue during group discussion. The group decided that this would be added as one of the issues to be voted on in addition to the 13 issues presented. Additionally, council members were informed that they could combine any issues they felt were appropriate. For example, council members could vote for mental health or they could combine mental health and substance abuse and vote for behavioral health. Discussion also occurred during the meeting that diabetes, cancer and heart disease could all fall under obesity if selected as one of the six priorities to vote on because reducing obesity could positively impact the incidence of each of the above diseases. The results from the Top Six Issues Voting Ballot that would be prioritized at the next meeting

are as follows:

- Access to Appropriate Healthcare for the Underserved and Areas of High Socioeconomic Needs
- Behavioral Health (Mental Health and Substance Abuse)
- Birth Outcomes
- Obesity
- Oral Health
- Respiratory Disease

### McLean County Community Health Council Prioritization Meeting: February 25, 2016

The McLean County Community Health Council reached a consensus on the top six health issues to prioritize at the completion of the data sharing meeting on February 11, 2016. The goal of the next meeting was to apply a prioritization method to the six health issues and select the top three health priorities obtained from the 2016 McLean County Community Health Needs Assessment and around which the community health implementation plan will be developed.

The Hanlon Method, developed by J.J. Hanlon, was the prioritization method utilized by the McLean County Community Health Council to select the top three health priorities for McLean County. The Hanlon Method is a well-respected quantitative technique by the National Association of County and City Health Officials. Prioritization ratings are based on the size of the health problem, seriousness of the health problem and effectiveness of available interventions. As shown in Exhibit 80, prioritization ratings are given on a scale of zero to 10.

**Exhibit 80: Hanlon Method Criteria**

| Rating | Size of the Health Problem (% of population w/ health problem) | Seriousness of the Health Problem | Effectiveness of Available Interventions |
|---|---|---|---|
| **9 or 10** | >25% | Very serious | 80% - 100% effective |
| **7 or 8** | 10% - 24.9% | Relatively serious | 60% - 80% effective |
| **5 or 6** | 1% - 9.9% | Serious | 40% - 60% effective |
| **3 or 4** | 0.1 % - 0.9% | Moderately serious | 20% - 40% effective |
| **1 or 2** | 0.01% - 0.09% | Relatively not serious | 5% - 20% effective |
| **0** | <.01% | Not serious | <5% effective |

Source: National Association of City and County Health Officials, First Things First: Prioritizing Health Problems, 2009.

The following guidelines helped determine the ratings for each criterion:

- Size of the health problem or percent of the population with the health problem
    - The average size rating of numerous indicators for each health issue was calculated to arrive at an overall size rating.
    - The midpoint of the range for percent of population with a health problem was used to determine a single size rating per indicator. For example, .61 percent of the population visits the emergency room due to pediatric mental health. This percentage falls in the range of 0.1 percent to 0.9 percent for a size rating of three or four. The midpoint for this range is .5 percent. Since 0.61 percent is greater than the midpoint of 0.5 percent, it is given a size rating of four.
- Seriousness of the health problem; the following questions were taken into consideration when rating seriousness:
    - Does it require immediate attention?
    - Is there public demand to address the issue?
    - What is the economic impact?
    - What is the impact on quality of life?
    - Is there a high hospitalization and death rate?
    - Are there severe disparities associated with this issue?
        - Is the issue more prevalent in certain populations or zip codes?
        - Is the morbidity burden greater in certain populations?
        - Are certain populations more likely to die of this condition?
- Effectiveness of available interventions

McLean County Community Health Council members were provided with an explanation of the Hanlon Method from the National Association of County and City Health Officials (Appendix 5) to assist with rating the seriousness and effectiveness of each health problem. The size ratings were pre-populated by the Executive Steering Committee in the Hanlon Method Table and provided to the council (Appendix 6) to decrease subjectivity. See Appendix 7 for specifics about each size rating estimation. To assist with rating the seriousness of the health problem and the effectiveness of available interventions, the Executive Steering Committee provided the McLean County Community Health Council with a summary handout of health disparities (Appendix 8), examples of effective and evidenced-based interventions (Appendix 9) and the economic impact of the top six health priorities (Appendix 10).

Once the six health problems had been rated by the Council members for all criteria, the 'PEARL' test was applied. The 'PEARL' test is used to screen out health problems based on the following feasibility factors:

- **P**ropriety: Is the program for the health problem suitable?
- **E**conomics: Does it make economic sense to address the problem? Are there economic consequences if a problem is not addressed?
- **A**cceptability: Will a community accept the program? Is it wanted?
- **R**esources: Is funding available or potentially available for a program?
- **L**egality: Do current laws allow program activities to be implemented?

If the answer to any of the questions above is no for any of the health problems, then it is eliminated as a choice for prioritization. The council did not answer no to any questions for any of the six health problems.

The next step in the process was to calculate the priority scores for each of the health problems. Exhibit 81 below illustrates the results of the scoring with behavioral health, access to appropriate healthcare for the underserved or in areas of high socioeconomic needs and obesity receiving the top scores.

**Exhibit 81: Hanlon Method Prioritization Results**

| Health Concern | A | B | C | D |
|---|---|---|---|---|
| | Size | Seriousness | Effectiveness of Interventions | Priority Score (A+2B)C |
| **Behavioral Health** | 6.3 | 8.5 | 7.5 | **175.7** |
| **Access to Appropriate Healthcare for the Underserved and Areas of High Socioeconomic Needs** | 7.5 | 7.6 | 7.0 | **158.6** |
| **Obesity** | 7.6 | 8.1 | 6.5 | **153.8** |
| **Oral Health** | 6.8 | 6.9 | 7.2 | **148.4** |
| **Respiratory Disease** | 6 | 6.4 | 6.5 | **121.0** |
| **Birth Outcomes** | 5.2 | 5.7 | 6.5 | **106.9** |

## d) Health Needs Selected

As illustrated in Exhibit 81 above, Access to Appropriate Healthcare for the Underserved and Areas of High Socioeconomic Needs, Behavioral Health, and Obesity received the top three priority scores according to the Hanlon method calculations with scores of 175.7, 158.6 and 153.8. Oral health followed closely in third place with a score of 148.4. Following a group discussion, the McLean County Community Health Council agreed to select the top three health priorities as the ones with the highest priority scores. They are listed below:

### Access to Appropriate Care for the Underserved and Areas of High Socioeconomic Needs

Access to appropriate care for the underserved and areas of high socioeconomic needs was selected as a health priority by the McLean County Community Health Council not only because of its high priority score (158.6), but for several other reasons. Access to appropriate care is an important issue that affects many health outcomes. Improving access in certain areas and for certain populations can have a widespread impact on a variety of health outcomes ranging from oral health to behavioral health. Data

presented to the council also indicated that there are significant geographic and racial/ethnic disparities in McLean County that may be related to access to care. Research and subject matter expertise suggested that there are a variety of factors that can improve access to appropriate care ranging from increased hours of operation for urgent care clinics and primary care offices, transportation and education of both consumers and providers.

### Behavioral Health (Mental Health and Substance Abuse)

Behavioral health was selected as a health priority by the McLean County Community Health Council for several reasons. Behavioral health received the highest priority score (175.7) clearly indicating the need to further improvements in this area in McLean County. In addition, there are numerous health disparities in Bloomington – 61701 and Normal – 61761 for both mental health and substance abuse. There is also a great deal of public support and momentum behind mental health in McLean County and has been for the last few years. McLean County is well situated to collaborate on mental health due to the on-going efforts of numerous organizations. Mental health was also previously selected as a key health priority by both hospitals and the health department during the previous community health needs assessments, giving further momentum to the efforts of improving mental health for county residents.

### Obesity

Obesity was selected as one of the three top health priorities by the McLean County Community Health Council because it ranked as number three according to its priority score of 153.8. Additionally, the council felt that by improving obesity, many other health outcomes such as heart disease, cancer and diabetes may also positively be impacted. It was also selected because obesity is a widespread issue affecting so many people and does not discriminate. There are also many significant efforts underway in the community related to obesity through the efforts of the McLean County Wellness Coalition. The health department and both hospitals are a part of the wellness coalition as are 28 other community organizations in McLean County.

## e) Health Needs Not Selected

### Birth Outcomes

Birth outcomes was not selected as a health priority since it was rated sixth according to its priority score. Although the seriousness of the problem and the long term consequence were taken into consideration by the McLean County Community Health Council, it was agreed that the three health issues selected were greater in both size and seriousness in McLean County. The council also felt that there are several positive efforts currently underway to improve birth outcomes. For example, there is a No Elective Inductions Less than 39 Weeks initiative with the March of Dimes and both hospitals. In addition, the McLean County Health Department has three programs available which promote healthy pregnancies and connect pregnant women to health and wellness services: the All Our Kids Early Childhood Network, family case management and Women, Infants, and Children (WIC).

### Oral Health

There was some discussion in the prioritization meeting about selecting oral health as one of the three health priorities in place of one of the three highest priority scoring health concerns. Oral health ranked closely behind obesity (153.8) with a priority score of 148.4. Although oral health is deemed as an extremely important issue in McLean County, the McLean County Community Health Council agreed to proceed with the three issues that received the highest priority scores. This is partially due to the efforts currently in place to assist individuals without dental insurance or Medicaid to receive care. For example, the McLean County Health Department provides a dental clinic with intervention care for adults (no pregnant women) and preventive care and intervention for kids. Heartland Head Start coordinates referrals to dental care for kids six weeks to five years as well as pregnant women. The America's Promise Project provide oral health education and onsite toothbrushing in schools and extraction clinics are held twice per year at a local oral surgeon's office.

### Respiratory Disease

One of the reasons respiratory disease was not selected as one of the top three health priorities for McLean County was that it ranked fifth according to its priority score of 121 and the McLean County Community Health Council did not feel that there was a compelling reason to eliminate one of the health concerns that ranked in the top three. The council did discuss that improving access to appropriate healthcare may possibly also improve health outcomes for respiratory disease, particularly in areas of high socioeconomic needs.

# VII. Overview of Implementation Plan Goals and Community Resources

In April of 2016, three meetings were held with groups of community stakeholders, one around each of the prioritized health issues, to establish high-level outcome goals. Individuals and organizations with a particular stake in the health issue were invited to the meeting.

Each meeting consisted of a review of the Community Health Needs Assessment process and data pertaining to the health issue. The attendees then discussed key takeaways and further explored additional contributing factors and current efforts in place to address the health issue. Next, the attendees utilized a goal-setting worksheet, which was informed by the Mobilizing for Action through Planning and Partnership (MAPP) goal-setting process and can be found in Appendix 11.

## a) Access to Appropriate Healthcare for the Underserved and Areas of High Socioeconomic Needs

The Access to Appropriate Healthcare goal-setting meeting, held on April 12th, 2016, comprised of individuals from healthcare, transportation, city planning, social service organizations, and the faith-based community. Each brought a unique insight on access issues in McLean County, particularly related to residents living in 61701 and non-Whites.

As access to appropriate healthcare had not been selected as a health priority as a result of previous community health needs assessments and few efforts are currently in place to address the issue, significant time was spent discussing barriers to accessing primary care and factors contributing to usage of emergency departments for non-emergent health conditions. Exhibit 82 below captures the discussion.

**Exhibit 82: Barriers to Accessing Primary Care in McLean County**

| | Barriers to Accessing Primary Care |
|---|---|
| **Insurance & Payment** | Some don't accept Medicaid and/or are not welcoming of Medicaid patients |
| | Require payment upfront |
| | Difficulty knowing who primary care provider is when insurance is restrictive or constantly changing |
| **Convenience** | Typically not open on nights and weekends |
| | Transportation to primary care facilities |
| **Knowledge & Awareness** | Patients not always aware of options outside of primary care options |
| | Not familiar with primary care provider or primary care setting |
| **Health Behaviors** | Low income population is focusing on meeting immediate needs rather than preventing health issues from occurring down the road; therefore, making and keeping PCP appointments is low priority |
| | Lack of emphasis on prevention by patients, providers, and the community overall |
| | Lack of awareness of the connection between current behaviors and chronic disease |
| | |

The following outcome-driven goal was established as a result of the meeting:

**Access to Appropriate Healthcare Goal: By 2020, decrease barriers to utilizing primary care in 61701 in order to reduce use of hospital emergency departments for non-emergent conditions.**

Barriers to accessing and utilizing primary care were most often cited as the reason for overutilization of hospital emergency departments for non-emergent conditions. Few coordinated efforts have been in place to address access to appropriate healthcare for the underserved and areas of high socioeconomic needs; however, new opportunities have risen since the start of this community health needs assessment.

The partners involved in the Executive Steering Committee and the City of Bloomington Community Development Division recently applied for and received an Invest Health grant funded by the Robert Wood Johnson Foundation and Reinvestment Fund. Through this grant, the Invest Health team will bring together disparate sectors of the community to identify and plan for built environment changes in Bloomington to increase access to healthcare and access to healthy foods.

The Executive Steering Committee will be directly involved in the Invest Health initiative and continue to engage the stakeholders who attended this meeting and other key community partners that surface to

establish specific objectives and interventions to decrease barriers to utilizing primary care in 61701. See Appendix 12 and Appendix 13 for a complete list of community resources and stakeholders.

## b) Behavioral Health

Unlike Access to Appropriate Healthcare, Behavioral Health (mental health, in particular) had been identified as a priority health issue in McLean County by the McLean County Health Department's 2012-

2017 Community Health Improvement Plan, St. Joseph Medical Center's 2013 Community Health Needs Assessment and BroMenn Medical Center's 2011-2013 Community Health Needs Assessment. In addition, the McLean County Board Executive Committee convened two workgroups in early 2014, one tasked to identify community mental health needs and one to identify best practices. The product of these workgroups was a comprehensive Mental Health Action Plan for McLean County.

As a result of the abovementioned needs assessments and improvement plans, many task forces, committees, programs and efforts have been underway to address the behavioral health needs in our community since 2012. The Behavioral Health goal-setting meeting, held on April 26th, 2016, consisted of representatives from each of the active behavioral health groups as well as schools, law enforcement, court services and mental health service providers. The following behavioral health groups were represented:

- Behavioral Health Coordinating Council
- Bloomington-Normal Community Campus Committee
- Crisis Planning Group
- Infant, Toddler and Preschool Mental Health
- IPLAN Mental Health Task Force
- McLean County Board
- Mental Health Advisory Board
- Mental Health First Aid Collaborative
- Mental Health in Schools

Four major themes emerged from the goal-setting discussion: 1) the need for stigma reduction; 2) the need for coordination of current efforts and funding streams; 3) the need for coordination of behavioral health services; and, 4) the need to develop coping skills as a prevention mechanism. As the Behavioral Health Coordinating Council will be exploring the coordination of current efforts and funding streams and other groups are already tackling the coordination of behavioral health services, the high-level goals were developed around stigma reduction and coping skills development.

**Behavioral Health Goal #1: By 2020, increase coping skills to reduce deaths due to suicide and ER visits due to self-inflicted injury and alcohol abuse.**

Increasing coping skills was identified as a mechanism to prevent mental health and substance abuse crises from occurring in the first place. Some local schools have social and emotional wellness programming that touches on developing life skills, including coping skills, but funding to continue and expand upon these programs is limited.

The Executive Steering Committee will work collaboratively to engage local school districts, college campuses, mental health and substance abuse service providers and other social service organizations to identify specific objectives and interventions to increase coping skills. See Appendix 12 and Appendix 13 for a complete list of community resources and stakeholders.

**Behavioral Health Goal #2: By 2020, reduce behavioral health stigma to increase earlier access to care.**

Stigma around mental health and substance abuse was recognized as an issue in McLean County and in need of further interventions. Mental Health First Aid, an evidence-based training that helps people recognize signs and symptoms of mental illness and connect them with the appropriate care, was implemented in McLean County as a result of the hospital's and health department's previous community health implementation plans. By increasing awareness of mental health, the training reduces stigma. Since May, 2014, 654 individuals have received Mental Health First Aid training and 9 individuals from McLean County have become trained to be a Mental Health First Aid trainer. One of the instructor trainers is from the McLean County Health Department and one is from BroMenn Medical Center. Additionally, Project Oz received a new grant, Ending the Silence, that aims to end stigmatization around behavioral health in junior and senior high schools.

The Executive Steering Committee will capitalize upon existing efforts, such as Mental Health First Aid and Project Oz's Ending the Silence program, and continue to engage the key stakeholders involved in the Behavioral Health goal-setting meeting to establish specific objectives and interventions to reduce behavioral health stigma. See Appendix 12 and Appendix 13 for a complete list of community resources and stakeholders.

## c) Obesity

Obesity was also selected as a health priority in past community health needs assessments. In late 2009, the McLean County Wellness Coalition was established to address the alarming rates of obesity in a collective and coordinated manner. The McLean County Wellness Coalition's mission is to make the healthy choice the easy choice by enacting policy, system, and environmental changes. Over 60 community stakeholders representing over 28 different community organizations are engaged in the McLean County Wellness Coalition and efforts to reduce obesity.

The Obesity goal-setting meeting, held on April 28th, 2016, was conducted with the Leadership Committee of the McLean County Wellness Coalition as the coalition already engages many of the necessary stakeholders for addressing obesity. Individuals attending the meeting represented local hospitals, city and regional planning, universities, and local recreational businesses.

The McLean County Wellness Coalition recently completed a strategic planning process through which specific objectives and strategies were identified to increase the number of people living at a healthy body weight in McLean County. Rather than draft new goals, the following goal was developed to match the McLean County Wellness Coalition strategic plan:

**Obesity Goal: By 2020, pursue policy, system and environmental changes to maintain or increase the percentage of people living at a healthy body weight in McLean County.**

Those attending the Obesity goal-setting meeting highlighted the importance of creating a culture of prevention in McLean County and doing so through policy, system and environmental changes. According to Tom Frieden's Health Impact Pyramid changing policies, systems and environments to make individuals' default decisions healthy is the second most effective intervention method, right behind directly addressing socioeconomic factors (American Journal of Public Health, April 2010).

Since conception, the McLean County Wellness Coalition has been enacting policy, system and environmental change to increase physical activity and increase consumption of healthy foods and beverages. For example, Veggie Oasis, a collaboration between West Bloomington Revitalization Project, Downtown Bloomington Farmers Market and the McLean County Wellness Coalition, gleans fresh

produce from the farmers market and distributes it for free in West Bloomington. The coalition has also established multiple community gardens, worked with local businesses to create worksite wellness programs and policies, and encouraged use of alternative modes of transportation. Further, one of the focuses of the Invest Health initiative is to identify built environment changes to increase access to healthy foods.

The Executive Steering Committee will be directly involved in the Invest Health initiative and will continue to work with the McLean County Wellness Coalition Leadership Committee to identify objectives and interventions that corroborate the coalition's strategic plan.

# VIII. Vehicle for Community Feedback

Thank you for reading this Community Health Needs Assessment Report. If you would like to provide comments to us related to the contents of this report, please click on the link below.

2016 Community Health Needs Assessment Feedback Form

If you experience any issues with the link to our feedback form or have any questions, please click below to send an email to us at:

health@mcleancountyil.gov

A paper copy of this report may be requested by contacting the public affairs and marketing departments within United Way of McLean County, BroMenn Medical Center, St. Joseph Medical Center or the McLean County Health Department.

# IX. Appendices

### Appendix 1

**2014 – 2016 Community Health Needs Assessment Data Sources**

Advocate BroMenn Medical Center, Top ICD-9 Diagnosis. 2011-2014.

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## Appendix 2

**COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY**

**INSTRUCTIONS**

We want to know how you view our community, so we are inviting you to participate in a research study for community health-needs. Your opinions are important. This questionnaire will take approximately 10 minutes to complete. All of your individual responses are confidential. We will use results of the surveys to improve our understanding of health needs in the community.

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

### I. Important Health Issues in Our Community

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

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

_____

### II. Unhealthy Behaviors

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

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

## III. Issues with Your Well Being

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

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

## IV. Access to Health Care

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10. In the last year, was there a time when you needed mental-health counseling but could not get it?

☐ No (please go to question 12) ☐ Yes (please go to the next question)

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

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

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

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

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

- ☐ I don't have any time to exercise.
- ☐ It is not important to me.
- ☐ I don't have access to an exercise facility.
- ☐ I don't have child care while I exercise.
- ☐ Other _____
- ☐ I don't like to exercise.
- ☐ I can't afford the fees to exercise.
- ☐ I am too tired.
- ☐ I have a physical disability.

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

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

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

- ☐ It is difficult to buy fruits and/or vegetables
- ☐ It is not important to me.
- ☐ Other _____
- ☐ I don't like fruits/vegetables
- ☐ I can't afford fruits/vegetables.

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

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

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

☐ Doctor ☐ Friends/family ☐ Internet ☐ Pharmacy ☐ Nurse at my church

18. Do you have a personal physician? ☐ No ☐ Yes

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

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

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

- ☐ Within the last year
- ☐ 1-2 years ago
- ☐ 3-5 years ago
- ☐ 5 or more years ago
- ☐ I have never had a flu shot

## V. Background Information

What county do you live in?

☐ McLean ☐ Other

What type of insurance do you have?

☐ Medicare ☐ Medicaid ☐ Private/commercial ☐ None

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

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

What is your gender? ☐ Male ☐ Female

What is your age?

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

What is your race?

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

What is your highest level of education?

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

What was your total income last year, before taxes?

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

Do you: ☐ Rent ☐ Own ☐ Other

How many people live in your home? _____

What is your job status?

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

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

_____
_____

**Thank you very much for sharing your views with us!**

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

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## Appendix 3

**McLean County Socioneeds Index and National Rankings**

| Zip Code | Index | Rank | Population | County | Town |
|---|---|---|---|---|---|
| 61701 | 45.9 | 5 | 36,197 | McLean | Bloomington |
| 61774 | 40.5 | 5 | 952 | McLean | Stanford |
| 61726 | 36.8 | 5 | 2,678 | McLean | Chenoa |
| 61728 | 36.2 | 5 | 1,486 | McLean | Colfax |
| 61761 | 27.3 | 4 | 54,431 | McLean | Normal |
| 61730 | 26.1 | 4 | 349 | McLean | Cooksville |
| 61724 | 25.7 | 4 | 500 | McLean | Bellflower |
| 61752 | 19.8 | 3 | 4,374 | McLean | Le Roy |
| 61754 | 19.8 | 3 | 1,184 | McLean | McLean |
| 61753 | 18.5 | 3 | 3,054 | McLean | Lexington |
| 61770 | 18.3 | 3 | 1,065 | McLean | Saybrook |
| 61772 | 15.7 | 3 | 429 | McLean | Shirley |
| 61725 | 15.4 | 3 | 1,464 | McLean | Carlock |
| 61744 | 15.1 | 3 | 2,099 | McLean | Gridley |
| 61745 | 13.3 | 2 | 4,599 | McLean | Heyworth |
| 61722 | 11.9 | 2 | 566 | McLean | Arrowsmith |
| 61737 | 10.6 | 2 | 515 | McLean | Ellsworth |
| 61732 | 9.7 | 2 | 2,157 | McLean | Danvers |
| 61748 | 8.6 | 2 | 3,014 | McLean | Hudson |
| 61776 | 6.3 | 1 | 1,185 | McLean | Towanda |
| 61736 | 5.7 | 1 | 2,031 | McLean | Downs |
| 61704 | 3.7 | 1 | 39,624 | McLean | Bloomington |
| 61705 | 3.7 | 1 | 13,841 | McLean | Bloomington |

## Appendix 4

**Top Six Issues Voting Ballot**

**Instructions:** Please list the top 5 or 6 health issues you think the McLean County Community Health Council should prioritize at the next meeting to obtain the top 3 health issues for McLean County.

Please turn in this sheet at the conclusion of the meeting. You DO NOT need to write your name on this ballot.

| Top 13 Health Issues | Steering Council's Top 6 Health Issues | Your Top 6 Health Issues |
|---|---|---|
| Alzheimer's Disease and Dementia | | |
| Birth Outcomes | | |
| Caesarean Section | | |
| Cancer | | |
| Heart Disease | | |
| Mental Health | | |
| Obesity | | |
| Oral Health | | |
| Radon | | |
| Respiratory Diseases | | |
| Sexually Transmitted Diseases | | |
| Substance Abuse | | |
| Violent Crime | | |

NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

## *The Hanlon Method* [vi]

Developed by J.J. Hanlon, the *Hanlon Method for Prioritizing Health Problems* is a well respected technique which objectively takes into consideration explicitly defined criteria and feasibility factors. **Though a complex method, the Hanlon Method is advantageous when the desired outcome is an objective list of health priorities based on baseline data and numerical values**.

Step-by-Step Instructions:

1. **Rate against specified criteria –** Once a list of health problems has been identified, on a scale from zero through ten, rate each health problem on the following criteria: *size of health problem, magnitude of health problem, and effectiveness of potential interventions*. It is important to remember that this step requires the collection of baseline data from the community such as from a community health assessment. **Table 4.1** illustrates an example numerical rating system for rating health problems against the criteria.

**Table 4.1**

| **The Hanlon Method: Sample Criteria Rating** | | | |
|---|---|---|---|
| **Rating** | **Size of Health Problem** *(% of population w/health problem)* | **Seriousness of Health Problem** | **Effectiveness of Interventions** |
| 9 or 10 | >25% (STDs) | Very serious (e.g. HIV/AIDS) | 80% - 100% effective (e.g. vaccination program) |
| 7 or 8 | 10% - 24.9% | Relatively Serious | 60% - 80% effective |
| 5 or 6 | 1% - 9.9% | Serious | 40% - 60% effective |
| 3 or 4 | .1% - .9% | Moderately Serious | 20% - 40% effective |
| 1 or 2 | .01% - .09% | Relatively Not Serious | 5% - 20% effective |
| 0 | < .01% (Meningococcal Meningitis) | Not Serious (teen acne) | <5% effective (access to care) |
| **Guiding considerations when ranking health problems against the 3 criteria** | • Size of health problem should be based on baseline data collected from the individual community. | • Does it require immediate attention?<br>• Is there public demand?<br>• What is the economic impact?<br>• What is the impact on quality of life?<br>• Is there a high hospitalization rate? | • Determine upper and low measures for effectiveness and rate health problems relative to those limits.<br>• For more information on assessing effectiveness of interventions, visit http://www.communityguide.org to view CDC's Guide to *Community Preventive Services.* |

**Note: The scales in Table 1 are arbitrary models of how numerical scales are established and are not based on real epidemiological data; LHDs should establish scales that are appropriate for the community being served.*

2. **Apply the 'PEARL' test** - Once health problems have been rated by criteria, use the 'PEARL' Test, to screen out health problems based on the following feasibility factors:

   - **P**ropriety – Is a program for the health problem suitable?
   - **E**conomics – Does it make economic sense to address the problem? Are there economic consequences if a problem is not carried out?
   - **A**cceptability – Will a community accept the program? Is it wanted?
   - **R**esources – Is funding available or potentially available for a program?
   - **L**egality – Do current laws allow program activities to be implemented?

   Eliminate any health problems which receive an answer of "No" to any of the above factors or proceed with corrective action to ensure that potential health priorities meet all five of the feasibility factors.

3. **Calculate priority scores –** Based on the three criteria rankings assigned to each health problem in Step 1 of the Hanlon Method, calculate the priority scores using the following formula:

   **D = [A + (2 x B)] x C**

   Where: D = Priority Score
   A = Size of health problem ranking
   B = Seriousness of health problem ranking
   C = Effectiveness of intervention ranking

   **Note: Seriousness of health problem is multiplied by two because according to the Hanlon technique, it is weighted as being twice as important as size of health problem.*

4. **Rank the health problems –** Based on the priority scores calculated in Step 3 of the Hanlon Method, assign ranks to the health problems with the highest priority score receiving a rank of '1,' the next high priority score receiving a rank of '2,' and so on.

## Appendix 6

**Hanlon Method Prioritization Table Pre-populated with Size Estimates**

| Health Concern | A<br>Size | B<br>Seriousness | C<br>Effectiveness of Interventions |
|---|---|---|---|
| **Access to Appropriate Healthcare for the Underserved and Areas of High Socioeconomic Needs** | 7.5 | | |
| **Behavioral Health** | 6.3 | | |
| **Birth Outcomes** | 5.2 | | |
| **Obesity** | 7.6 | | |
| **Oral Health** | 6.8 | | |
| **Respiratory Disease** | 6.0 | | |

Appendix 7

# Size Estimates for the Hanlon Method for Top Six Health Priorities

## Access to Appropriate Healthcare for the Underserved and Areas of High Socioeconomic Needs

| Indicator | % of Population w/ Health Problem | Rating on Size Scale |
|---|---|---|
| 2015 Community Survey: No access to Dental Care | 23% | **8** |
| 2015 Community Survey: No access to counseling services | 10% | **7** |
| 2014 United Way Community Assessment: McLean County residents without dental insurance | 39.1% | **10** |
| 2015 Community Survey: McLean County residents with no insurance | 8% | **6** |
| 2015 Community Survey: McLean County residents unable to access medical care when needed | 13% | **7** |
| McLean County children with untreated caries | 10.5 – 17% | **7** |
| **Recommended size rating for Access to Healthcare: high socioneeds zip codes and the underserved** | | **7.5** |

## Behavioral Health

| Indicator | % of Population w/ Health Problem | Rating on Size Scale |
|---|---|---|
| **Mental Health** | | Subtotal = 6.5 |
| Age-adjusted ER rate due to Adolescent Suicide and Self-inflicted injury | 0.59% | *4* |
| Age-adjusted ER rate due to Pediatric Mental Health | 0.61% | *4* |
| Age-adjusted ER rate due to Mental Health | 0.93% | *4* |
| Age-adjusted ER rate due to Suicide and Self-inflicted Injury | 0.22% | *3* |
| ***Totals for Mental Health COMPdata** | **1.5%** | **5** |
| | | |
| Survey: McLean County respondents without access to counseling | 10% | **7** |
| BRFSS: Residents with mental health days rated “not good” | 13.9% | **7** |
| Suicide calls to PATH in 2015 | 0.59% | **4** |

| | | |
|---|---|---|
| SAMHSA 2014: IL adults living with a mental illness | 18% | **8** |
| NAMI 2016: Approximately 1 in 5 IL youth aged 13–18 (21.4%) experiences a severe mental disorder at some point during their life. | 21.4% | **8** |
| **Substance Abuse** | | Subtotal = 6.0 |
| Age-adjusted ER rate due to Alcohol Abuse | 0.51% | 3 |
| Age-adjusted ER rate due to Substance Abuse | 0.1% | 3 |
| Age-adjusted hospitalization rate due to Alcohol Abuse | 0.1% | 3 |
| ***Totals for Substance Abuse COMPdata** | **0.72%** | **4** |
| | | |
| BRFSS 2013: At risk for acute/binge drinking | 26.9% | **9** |
| BRRSS 2013: At risk for chronic drinking | 2.1% | **5** |
| **Recommended size rating for Mental Health and Substance Abuse** | | **6.3** |

**Birth Outcomes**

| Indicator | % of Population w/ Health Problem | Rating on Size Scale |
|---|---|---|
| Infant mortality | 0.83% | **4** |
| Babies with low birth weight | 6.8% | **6** |
| Babies with very low birth weight (St. Joseph and BroMenn) | 0.38 - 0.47% | **3** |
| Pre-term births | 9.1% | **6** |
| Mothers who Smoked During Pregnancy | 10.8% | **7** |
| **Recommended size rating for Birth Outcomes** | | **5.2** |

**Obesity**

| Indicator | % of Population w/ Health Problem | Rating on Size Scale |
|---|---|---|
| BRFSS 2013: McLean County residents that are obese | 32.1% | **9** |
| 6th grade obesity | 8% | **6** |
| Low-income preschool obesity | 14.3% | **7** |

| | | |
|---|---|---|
| Food insecurity rate | 13.2% | **7** |
| Child food insecurity rate | 18% | **8** |
| Adults that are sedentary | 22.3% | **8** |
| 2015 Community Survey: McLean County adults who eat less than 3-5 servings of fruits/vegetables per day | 60% | **10** |
| Low-income adults who do not have access to a grocery store | 8.2% | **6** |
| **Recommended size rating for Obesity** | | **7.6** |

**Oral Health**

| Indicator | % of Population w/ Health Problem | Rating on Size Scale |
|---|---|---|
| BRFSS: 2013 -McLean County residents that did not visit a dentist within the past year | 20.2% | **8** |
| 2015 Community Survey: McLean County residents without access to dental care | 23% | **8** |
| Average percent of non-compliance for school oral health examinations | 14.6% | **7** |
| Oral health visits to ER: St. Joseph or BroMenn | 0.51% | **4** |
| **Recommended size rating for Oral Health** | | **6.8** |

**Respiratory Diseases**

| Indicator | % of Population w/ Health Problem | Rating on Size Scale |
|---|---|---|
| Age-adjusted ER rate due to Pediatric Asthma | 0.52% | 4 |
| Age-adjusted ER rate due to Asthma | 0.39% | 3 |
| Age-adjusted ER rate due to Adult Asthma | 0.35% | 3 |
| Age-adjusted ER rate due to COPD | 0.25% | 3 |
| Age-adjusted hospitalization rate due to Pediatric Asthma | 0.05% | 2 |
| Age-adjusted hospitalization rate due to Asthma | 0.08% | 2 |
| Age-adjusted hospitalization rate due to Adult Asthma | 0.09% | 2 |

| | | |
|---|---|---|
| Age-adjusted hospitalization rate due to COPD | 0.23% | 3 |
| ***Totals for Respiratory Diseases COMPdata** | **1.6%** | **5** |
| | | |
| BRFSS 2013: McLean County residents that have asthma | 8.1% | **6** |
| BRRSS 2013: McLean County residents that report having a child in the household with asthma | 13.9% | **7** |
| Medicare beneficiaries being treated with asthma | 5.3% | **5** |
| Medicare beneficiaries being treated with COPD | 11.5% | **7** |
| **Recommended size rating for Respiratory Diseases** | | **6.0** |

***To calculate the number of visits and corresponding percent for 2012-2014 COMPdata, the average population of 2012 and 2014 for <18 and >1***

Appendix 8

# Disparities for Top Six Health Priorities

**ACCESS TO APPROPRIATE HEALTHCARE**

- Use of a **Clinic/Doctor's office** tends to be rated higher by people who are older, White, higher income, and more educated
- **ER usage** tends to be higher among people who are younger, White, less educated, and lower incomes
- **Medicaid** tends to be utilized at higher rates by people who are younger, Black, and homeless
- People who are younger, Latino, or homeless tend to be **uninsured**
- Blacks or African Americans tend to report **lower access to prescription medication**
- **Latinos** tend to report less access to dental care and are less likely to report having a personal physician

Note: see other health priorities for additional disparities data (e.g., ER visits and hospitalizations rates)

**BEHAVIORAL HEALTH:**

**Mental Health**

- ER visits due to adult suicide & intentional self-inflicted injury and pediatric mental health is **double for Blacks or African Americans**
- ER visits due to adolescent suicide & intentional self-inflicted injury is slightly higher in **non-Hispanic whites** and **double for females**
- Overall, ER visits are higher for **61701 and 61761**
- Low-income individuals & renters experience more poor mental health days

**Substance Abuse**

- ER rates due to alcohol
  - Almost **double for 18-19** year olds
  - **177%** higher for Blacks or African Americans
  - More than double for 61701
- Hospitalization rates due to alcohol are higher for 25-64 year olds, males, non-Hispanic whites, and 61701
- ER rates due to substance abuse are **almost double in 61701**
- Men (34.4%) are at a much higher risk for acute/binge drinking than women (5.1%)

**BIRTH OUTCOMES:**

No local disparity information available

**OBESITY (Diabetes and Heart Disease):**

- ER visits due to heart failure are **325% higher for Blacks or African Americans**
- ER visits due to hypertension
  - **320%** higher for Blacks or African Americans
  - 98% higher for Hispanics
  - 40% higher in 61701
- Hospitalization rate for heart failure is **166% higher in Stanford** (61774) and 157% higher for Blacks or African Americans
- Death rate for coronary heart disease is more than double for males than females
- ER visits due to diabetes are 72% higher in 61701
- Blacks or African Americans visit the ER due to diabetes **4 times** more often than any other race/ethnicity
- Recreational facilities and grocery stores are abundant compared to other U.S. counties, however, West Bloomington is declared a **food desert** by USDA
- Exercise is higher among men and those with higher income
- Those with a high school graduate degree are **42% more obese**

**ORAL HEALTH**

- Individuals with higher education and income have greater access to dental care
- Barriers to access:
  - No insurance
  - Inability to afford copayments or deductibles
  - Doctor refusal of insurance
  - **50%** of Medicaid clients never see a dentist
- The largest school districts, Unit 5 and D87, have the highest rates of non-compliance with oral exams at every grade level

**RESPIRATORY DISEASE:**

- Hospitalization rates due to asthma are higher for >65, women, and Blacks or African Americans

- ER rates due to adult asthma are double in 61701 and **498% higher** for Blacks or African Americans
- ER rates due to pediatric asthma are **285% higher** for Blacks or African Americans
- ER and hospitalization rates for COPD are more than **double for Colfax**

Appendix 9

# Effective and Evidenced Based Interventions

**ACCESS TO APPROPRIATE HEALTHCARE**

- **108** Promising Practices identified by HCI
- Examples:
  - Hospital Diversion Initiative: Connects individuals who chronically utilize the inpatient and emergency rooms with outpatient care.
  - ACCESS to Healthcare Information for Culturally Diverse Populations Project: Reduces health disparities for culturally and linguistically diverse populations within the community.

**BEHAVIORAL HEALTH**

- **262** Promising Practices identified by HCI
- Examples:
  - Be a Star: Helps preadolescents gain the knowledge and skills necessary to resist drugs.
  - Pathways to Housing, Inc.: Provides independent housing, treatment services for physical and mental health, and employment to mentally ill individuals who are chronically homeless.
  - CDC COMMUNITY GUIDE: Preventing Excessive Alcohol Consumption: Maintaining Limits on Hours of Sale
  - Sources of Strength Suicide Prevention Program: Enhances protective factors associated with reducing suicide among high school students.

**BIRTH OUTCOMES**

- **45** Promising Practices identified by HCI
- Examples**:**
  - Centering Pregnancy Program: Improves perinatal outcomes for low-income women and their infants through group prenatal care.
  - SIDS Risk Reduction Training for Child Care Providers: Increases knowledge of SIDS risk reduction strategies, including sleep position, use of cribs (instead of adult beds and couches), and elimination of bedding.
  - Healthy Start: Reduces infant mortality by 50 percent and generally improve maternal and infant health in at-risk communities.

**OBESITY**

- **192** Promising Practices identified by HCI
- Examples:
  - CDC COMMUNITY GUIDE: Environmental and Policy Approaches to Increase Physical Activity: Community-Scale Urban Design Land Use Policies
  - Coordinated Approach to Child Health (CATCH): Improves nutrition, increases physical activity, and reduces obesity in preschool, elementary, and middle school aged children.
  - National Diabetes Prevention Program: Encourages collaboration to prevent or delay the onset of type 2 diabetes among people with prediabetes in the United States.

**ORAL HEALTH**

- **20** Promising Practices identified by HCI
- Examples:
  - CDC COMMUNITY GUIDE: Preventing Dental Caries: School-Based or -Linked Sealant Delivery Programs
  - Access to Baby and Child Dentistry (ABCD): Improves access to early pediatric preventative dental care for Medicaid-covered children.
  - My Mouth Matters: Raises dental health awareness, improve knowledge, and reduce plaque.
  - The Community Dental Facilitator Project: Facilitates access to oral health services among low income, urban children.

**RESPIRATORY DISEASE**

- **40** Promising Practices identified by HCI
- Examples:
  - Reducing Environmental Triggers of Asthma: Improves asthma control by removing

environmental allergens and irritants from the home.

- Asthma Basics for Children (ABC): Provides a multi-layered asthma management program for parents, children, and staff of early childhood centers.

Appendix 10

# Economic Impact of the Top Six Health Priorities

## ACCESS TO APPROPRIATE HEALTHCARE

- Nationally, the average E.R. visit costs **$383,** whereas the average doctor's office visit costs **$60** (BCBS).

## BEHAVIORAL HEALTH:

### Mental Health

Each year, serious mental illness costs Americans **$193 billion** in lost earnings (American Journal of Psychiatry).

- Much of the economic burden of mental illness is not the cost of care, but the loss of income due to unemployment, expenses for social supports, and a range of indirect costs due to a chronic disability that begins early in life (NIH).
- Suicide costs society over **$44.6 billion** a year in combined medical and work loss costs. The average suicide costs **$1,164,499** (CDC).

### Substance Abuse

- Alcohol abuse costs the U.S. **$191.6 billion** and drug abuse costs **$151.4 billion** (SAMSHA).
- Excessive alcohol consumption cost the U.S. $223.5 billion in 2006, or about $1.90 per drink. Binge drinking is 76% of the costs (CDC).

## BIRTH OUTCOMES:

- Premature birth costs the nation **$26.2 billion** each year (March of Dimes).
- Low birth weight & very low birth weight babies that survive the first year incur medical bills averaging **$93,800** (March of Dimes).
- An increase of 250 grams (about 1/2 pound) in birth weight saves an average of $12,000 to $16,000 in first year medical expenses. Prenatal interventions that result in a normal birth (over 2500 grams or 5.5 pounds) saves $59,700 in medical expenses in the infant's first year (March of Dimes).

## OBESITY (Diabetes and Heart Disease):

- The estimated annual medical cost of obesity in the U.S. was **$147 billion** in 2008 U.S. dollars (CDC).
- The medical costs for people who are obese were **$1,429 higher** than those of normal weight (CDC).
- Obesity costs the Illinois health care system and taxpayers nearly **$3.4 billion** per year (Illinois Alliance to Prevent Obesity).

## ORAL HEALTH

The average cost of a Medicaid enrollee's inpatient hospital treatment for dental problems is nearly **10 times more expensive** than the cost of preventive care delivered in a dentist's office (PEW: A Costly Destination)

- Illinois children with poor oral health are almost three times more likely to **miss school days** due to pain than children with good oral health (Healthy Smiles, Healthy Growth report, 2013-2014).
- Nationally, employed adults **lose more than 164 million hours of work** each year due to oral health problems or dental visits (CDC).

## RESPIRATORY DISEASE:

The yearly cost of asthma in the U.S. is around **$56 billion**. The direct costs make up almost **$50.1 billion**. Hospital stays are the largest part of that cost. Indirect costs make up **$5.9 billion**. This includes lost pay from sickness or death and lost work output from missed school or work days (EPA).

- Nationally, children with asthma **miss 2.48 more days of school** each year than children without asthma.
- In 2010, COPD resulted in **$49.9 billion** in direct and indirect costs. Total costs incurred by COPD

patients are approximately $6000 higher than non-COPD patients (COPD Foundation)

## Appendix 11

McLean County Community Health Council (MCCHC)

**Meeting Type/Purpose: Small Group Meetings with Community Stakeholders to Set High Level Goals**

*McLean County Health Department, Room 322*

*Tuesday, April 12th, 8:00 am – 10:00 am*

**Goals:** broad, long-term aims that define the desired result associated with identified strategic issues (patterns of action, decisions, policies that guide toward a goal); goals and strategies provide the connection between the current reality (what the health priority looks like now) and the vision (what we want it to look like in the future); goals set a common direction and an understanding of the anticipated end result; goal statements come from two sources—the vision and strategic issues; having clear goals provides focus for [later] strategy development. (Source: MAPP Process guidance)

Key Questions to Assist with the Development of **GOALS** for Each Health Priority:

1. What do we want to achieve when this health priority is resolved? (What is our vision?)
2. Which categories of needs assessment data for this health priority indicate a particular area of concern that needs addressing or resolution?
3. Once a goal has been identified: Will we have the resources to identify potential strategies/interventions for achieving each goal?

| **HEALTH PRIORITY: Access to Healthcare** | | | | |
|---|---|---|---|---|
| **Target Date** | **Action Verb** | **Goal/Outcome Objective (a measureable health outcome covering a 3-5 year time frame)** | **"so that" "which" "because" or "to"** | **Reason/Problem Statement** |
| *By 2019* | *increase* | *compliance with school oral health examinations* | *to* | *prevent dental caries before the age of five.* |
| | | | | |
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## Appendix 12

### Matrix of McLean County Community Resources for Identified Health Concerns

| | Organization name | Access to Appropriate Healthcare | Alzheimer's Disease and Dementia | Birth Outcomes | Cancer | C-Section | Heart Disease and Stroke | Mental Health | Obesity | Oral Health | Radon | Respiratory Disease | STDs | Substance Abuse | Violent Crime |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Recreational Facilities** | Bloomington-Normal YMCA | | | | | | | | x | | | | | | |
| | Local municipality parks & recreation departments | | | | | | | | x | | | | | | |
| **Health Department** | McLean County Health Department | x | | x | x | x | | x | x | x | x | x | x | x | |
| **Community Agencies** | Alcoholics Anonymous | | | | | | | | | | | | | x | |
| | Al-Anon/Alateen | | | | | | | | | | | | | x | |
| | Alzheimer's Association | | x | | | | | | | | | | | | |
| | America's Promise School Project | | | | | | | | | x | | | | | |
| | American Cancer Society | | | | x | | | | | | | | | | |
| | American Heart Association | | | | | | x | | | | | | | | |
| | Center for Youth and Family Solutions | | | | | | | x | | | | | | | |
| | Chestnut Health Systems | x | | | | | | x | | x | | | | x | |
| | Collaborative Solutions Institute | | | | | | | x | | | | | | | |
| | Community Cancer Center | | | | x | | | | | | | | | | |
| | Community Health Care Clinic | x | | | | | x | x | x | | | x | x | x | |
| | Connect Transit | x | | | | | | | | | | | | | |
| | Depression and Bipolar Support Alliance | | | | | | | x | | | | | | | |

| | Organization name | Access to Appropriate Healthcare | Alzheimer's Disease and Dementia | Birth Outcomes | Cancer | C-Section | Heart Disease and Stroke | Mental Health | Obesity | Oral Health | Radon | Respiratory Disease | STDs | Substance Abuse | Violent Crime |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ecology Action Center Radon Task Force | | | | | | | | | | x | | | | |
| | Gary S. Johnson Dental Clinic | x | | | | | | | | x | | | | | |
| | Heart of Illinois HIV/AIDS Center (HIHAC) | | | | | | | | | | | | x | | |
| | Heartland Head Start | | | | | | | | | x | | | | | |
| | Illinois Breast and Cervical Cancer Program | x | | | x | | | | | | | | | | |
| | Illinois Institute for Addiction Recovery | | | | | | | | | | | | | x | |
| | Illinois State University Student Health Services | | | | | | | x | x | | | | x | | |
| | Illinois Wesleyan University Student Health Services | | | | | | | | x | | | | x | | |
| | Immanuel Health Center | x | | | | | x | x | x | | | x | x | x | |
| | John M. Scott Health Care Commission | x | | | | | | x | | x | | | | | |
| | Lutheran Child and Family Services of Illinois | | | | | | | x | | | | | | | |
| | Local Law Enforcement Agencies and Court Services | | | | | | | x | | | | | | x | x |
| | Local School Districts | | | | | | | x | x | x | | | | | |
| | March of Dimes | | | x | | x | | | | | | | | | |
| | Marcfirst | | | | | | | x | | | | | | | |

| | Organization name | Access to Appropriate Healthcare | Alzheimer's Disease and Dementia | Birth Outcomes | Cancer | C-Section | Heart Disease and Stroke | Mental Health | Obesity | Oral Health | Radon | Respiratory Disease | STDs | Substance Abuse | Violent Crime |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | McLean County Center for Human Services | | | | | | | x | | | | | | | |
| | National Alliance on Mental Illness | | | | | | | x | | | | | | | |
| | Oxford House | | | | | | | | | | | | | x | |
| | PATH 211 | x | | | | | | x | | | | | | | |
| | Planned Parenthood | | | | | | | | | | | | x | | |
| | Project Oz | | | | | | | x | | | | | | x | |
| | The Baby Fold | | | x | | | | x | | | | | | x | |
| | University of Illinois Extension | | | | | | | | x | | | | | | |
| **Community Coalitions** | All Our Kids (AOK) Childhood Network | | | x | | | | x | | | | | | | |
| | Behavioral Health in Schools | | | | | | | x | | | | | | x | |
| | Bike Blono | x | | | | | | | x | | | | | | |
| | Bloomington Normal Campus Community Committee | | | | | | | | | | | | | x | |
| | Community Crisis Planning Group | | | | | | | x | | | | | | x | |
| | Infant, Toddler & Preschool Mental Health | | | | | | | x | | | | | | | |
| | IPLAN Mental Health Task Force | | | | | | | x | | | | | | | |
| | Juvenile Justice Council | | | | | | | x | | | | | | x | x |
| | League of Women Voters | | | | | | | x | | | | | | | |
| | McLean County Behavioral Health | | | | | | | x | | | | | | x | |

| | Organization name | Access to Appropriate Healthcare | Alzheimer's Disease and Dementia | Birth Outcomes | Cancer | C-Section | Heart Disease and Stroke | Mental Health | Obesity | Oral Health | Radon | Respiratory Disease | STDs | Substance Abuse | Violent Crime |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Coordinating Council | | | | | | | | | | | | | | |
| | McLean County Criminal Justice Coordinating Council | | | | | | | x | | | | | | x | x |
| | McLean County Wellness Coalition | | | | | | | | x | | | | | | |
| **Hospitals / Clinics** | Sugar Creek Alzheimer's Special Care Center | | x | | | | | | | | | | | | |
| | Community medical and dental providers | x | x | x | x | x | x | x | x | x | | x | x | x | |
| | Advocate BroMenn Medical Center | x | x | x | x | x | x | x | x | | | x | x | x | |
| | OSF St. Joseph Medical Center | x | x | x | x | x | x | x | x | | | x | x | x | |
| **Local Employers** | Worksite wellness programs | | | | x | | x | x | x | | | | | | |

## Appendix 13

**Narrative of McLean County Community Resources**

**RECREATIONAL FACILITIES**

**Local Municipality Parks & Recreation Departments**

*Obesity, Heart Disease*

**Four Seasons Association**

*Obesity, Heart Disease*

The Four Seasons Association is a family oriented not-for-profit health club in the community that plays an active role in acknowledging various health issues and providing opportunities to combat these concerns. Resources/programs include healthy eating every day, active living every day, dietician programs and services, and corporate outreach program.

**Bloomington-Normal YMCA**

*Obesity, Heart Disease*

The Bloomington Normal YMCA offers high quality after-school programs, swimming and gymnastics instruction, youth sports, teen programs, Day Camp and a variety of recreational experience for children and adults of all ages.

**HEALTH DEPARTMENT**

**McLean County Health Department**

*Access to Appropriate Healthcare, Birth Outcomes, Cancer, Mental Health, Oral Health, Obesity, Radon, Respiratory Disease, Sexually Transmitted Disease, Substance Abuse*

The McLean County Health Department seeks to fulfill the public interest in assuring conditions conducive to good health and providing leadership in promoting and protecting the health of county residents. The Health Department provides services promoting healthy birth outcomes and appropriate nutrition for mothers and children through its Women, Infants and Children (WIC) and Family Case Management/Better Birth Outcomes programs, which also link pregnant women to obstetricians and provide support throughout pregnancy and the first years of life through educational sessions, home visits, behavioral health screenings and linkages to other health and wellness services. Cancer prevention messages are promoted through several breast health and smoking prevention/cessation grants and activities. Respiratory disease is addressed through an asthma grant, smoking restrictions enforcement, smoking cessation programs and Illinois Quitline access. Prevention information at a variety of venues, as well as health-related data, is provided through the Health Promotion Program. Grant funding is distributed to local agencies through the department's Behavioral Health Division to support mental health, substance abuse and developmental disability programming in McLean County. In addition to environmental health programming, multiple clinics, on-site and off-site, provide direct services and appropriate health care to all ages in the community, including: dental, immunizations, sexually transmitted infections and tuberculosis.

**COMMUNITY AGENCIES**

**Al-Anon / Alateen**

*Substance Abuse*

Al-Anon and Alateen are peer support groups for friends and families of problem drinkers.

**Alcoholics Anonymous**

*Substance Abuse*

Alcoholics Anonymous helps individuals achieve and maintain sobriety.

**Alzheimer's Association**

*Alzheimer's Disease and Dementia*

Provide support groups, care navigation, and community resources.

**American Cancer Society**

*Cancer*

Resources on cancer and patient navigator program for people with cancer.

**American Heart Association**

*Heart Disease and Stroke*

Resources related to heart disease and CPR training guidelines.

**America's Promise School Project**

*Oral Health*

America's Promise School Project works with local schools via nursing students from Illinois State University to bring oral health education and supplies to students.

**Bloomington Normal Treatment Center**

*Substance Abuse*

The Bloomington Normal Treatment Center is a methadone clinic that treats opioid dependence.

**Center for Youth and Family Solutions**

*Mental Health*

The Center for Youth and Family Solutions sponsors Screening, Assessment and Support Services (SASS). SASS provides intensive mental health services for children and youth experiencing a mental health crisis. The center also offers outpatient therapy as part of its comprehensive behavioral health counseling program.

**Chestnut Health Systems**

*Access to Appropriate Healthcare, Substance Abuse, Mental Health*

Chestnut Health Systems provides outpatient and residential mental health services; adult and adolescent addiction treatment; and crisis stabilization, including medically monitored detoxification.

**Collaborative Solutions Institute**
*Mental Health*
The Collaborative Solutions Institute offers mental health evaluation and treatment, abuse counseling (spouse/domestic partner), anger management, and adolescent/youth counseling.

**Community Cancer Center**
*Cancer*
The Community Cancer Center offers the care of multiple physician specialties, the latest drug therapies, radiation treatment, research protocols and support services for patients with cancer.

**Community Health Care Clinic**
*Access to Appropriate Healthcare, Heart Disease and Stroke, Mental Health, Obesity, Respiratory Disease, Sexually Transmitted Disease, Substance Abuse*
The Community Health Care Clinic provides quality healthcare to the medically underserved population of McLean County through the operation of a free medical clinic. In partnership with Home Sweet Home Ministries, they also operate a mobile healthcare unit.

**Connect Transit**
*Access to Appropriate Healthcare*
Connect Transit's mission is to provide: independence through transportation to live, learn, work and play; added economic value, through transportation opportunities, to McLean County that is environmentally and economically sustainable; and, service to customers that is safe, affordable, reliable, accessible and valued.

**Depression and Bipolar Support Alliance**
*Mental Health*
The Depression and Bipolar Support Alliance sponsors support groups for families/friends of mentally ill individuals and individuals with mental illness/emotional disabilities.

**Ecology Action Center Radon Task Force**
*Radon*
Promotes radon testing and mitigation to reduce the health risks of radon in the community.

**Gary S. Johnson Dental Clinic**
*Access to Appropriate Healthcare, Oral Health*
Free extraction clinic held twice a year at local oral surgeons' office.

**Heart of Illinois HIV/AIDS Center**
*Sexually Transmitted Disease*
Case management, advocacy and medical care for those diagnosed with HIV.

**Heartland Head Start**
*Oral Health*
Heartland Head Start is a unique program providing comprehensive educational, health and social services for low-income pre-school age children and their families, including a dental care program that provides referrals to prevention and intervention services for kids six weeks to five years of age as well as pregnant mothers.

**Heartland Community College**
*Mental Health*
Heartland Community College offers counseling services to students.

**Illinois Breast and Cervical Cancer Program**
*Access to Appropriate Healthcare, Cancer*
Offers free mammograms, breast exams, pelvic exams and Pap tests to eligible women.

**Illinois Institute for Addiction Recovery**
*Substance Abuse*
Hospital-based addiction treatment services for adults and adolescents with chemical and/or behavioral addictions, as well as those individuals struggling with related at-risk behaviors.

**Illinois State University Student Health Services**
*Mental Health, Obesity, Sexually Transmitted Disease*
ISU Student Health Services provides counseling and outpatient psychiatric services, dietician consultation and testing for sexually transmitted infections to students.

**Illinois Wesleyan University—Arnold Health Services**
*Obesity, Sexually Transmitted Disease*
IWU offers students dietician consultation and limited testing for sexually transmitted infections.

**Immanuel Health Center**
*Access to Appropriate Healthcare, Heart Disease and Stroke, Mental Health, Obesity, Respiratory Disease, Sexually Transmitted Disease, Substance Abuse*
Immanuel Health Center offers affordable medical services, primarily to Medicaid or Medicare patients and those who are uninsured or underinsured.

**John M. Scott Health Care Commission**
*Access to Appropriate Healthcare, Mental Health, Oral Health*
The John M. Scott Health Care Commission provides some assistance with the high cost of medications, including short-term provision of psychiatric medications for those individuals recently released from prison. Assistance is also offered with expenses related to oral health care.

**Local Law Enforcement Agencies**
*Mental Health, Substance Abuse, Violent Crime*

**Local School Districts**
*Mental Health, Obesity, Oral Health*

**March of Dimes**
*Birth Outcomes*
Offers programs and grants to support efforts that reduce birth defects and infant mortality, including the Less than 39 Weeks initiative, in which both local hospitals participate.

**Marcfirst**
*Mental Health*
Marcfirst's mission is to connect families and people with developmental disabilities to their community through a lifetime of meaningful supports.

**McLean County Center for Human Services**
*Mental Health, Substance Abuse*
The McLean County Center for Human Services offers a Crisis Response Team to attend to urgent mental health issues and administer the Indigent Drug Program

**National Alliance on Mental Illness**
*Mental Health*
The National Alliance on Mental Illness (NAMI) is a self-help, non-profit organization dedicated to improving the quality of life for persons with neuro-biological brain disorders.

**Oxford House**
*Substance Abuse*
The Oxford House provides recovery homes and halfway houses for men and women addressing substance use problems.

**PATH 211**
*Access to Appropriate Healthcare, Mental Health*
PATH 211 offers suicide prevention services and support to help individuals locate health and human service assistance including: food, shelter, rent and utility assistance, physical and mental health resources, employment supports, volunteer opportunities and support resources for children, older Americans and people with disabilities.

**Planned Parenthood**

*Sexually Transmitted Disease*
Provides testing for sexually transmitted infections.

**Project Oz**
*Mental Health, Substance Abuse*
Project Oz is a not-for-profit human service agency with a focus on preventing drug abuse, empowering youth and young adults, assisting homeless and runaway youth, and helping teens stay in school. The Youth Action Board provides youth substance use prevention and education, alcohol and drug prevention classes. Project Oz also provides training, called STEPS, for sellers/servers of alcohol on how to stay within the law.

**The Baby Fold**
*Mental Health*
The Baby Fold offers a Residential Treatment Center for children ages three through thirteen with a variety of severe and complex mental health problems who need intensive supervision and treatment 24 hours a day.

**University of Illinois Extension**
*Obesity*
U of I Extension offers nutritional education programming and resources.

**Western Avenue Community Center**
*Mental Health*
Western Avenue Community Centers, through its Hispanic Outreach program, offers Individual, child, family and couples general counseling; counseling in the areas of codependency, grief and loss, anger management, conflict resolution, parenting education and domestic violence; and crisis intervention.

**COMMUNITY COALITIONS**

**All Our Kids Early Childhood Network**
*Birth Outcomes*
Promotes healthy pregnancies and works to assure a system of services for children from birth to five years of age.

**Behavioral Health in Schools**
*Mental Health, Substance Abuse*
The Behavioral Health in Schools group formulated out of need to establish effective communication between behavioral health service providers and schools.

**Bike Blono**

*Access to Appropriate Healthcare, Obesity*

Bike Blono's main cause is to promote the bicycle for everyday transportation in Bloomington-Normal. Bike Blono's main community contributions come in the form of three methods: advocacy, awareness and education.

**Bloomington Normal Community Campus Committee**

*Substance Abuse*

The Bloomington Normal Community Campus Committee is a coalition to counter binge drinking through campus and community partnerships.

**Community Crisis Planning Group**

*Mental Health, Substance Abuse*

The Community Crisis Planning Group was formulated out of a need to establish a unified and consistent crisis response to mental illness in McLean County.

**Infant, Toddler and Preschool Mental Health**

*Mental Health*

The Infant, Toddler and Preschool Mental Health group is currently exploring how preschools and Head Start can be better supported through collaborative mental health consultants.

**IPLAN Mental Health Task Force**

*Mental Health*

The IPLAN Mental Health Task Force resulted from the 2012 IPLAN, in which Access to Mental Health was established as one of the top three health priorities in McLean County. Objectives center around increasing the proportion of children and adults with mental health problems who receive treatment.

**Juvenile Justice Council**

*Mental Health, Substance Abuse, Violent Crime*

Formerly known as Youth Impact, the Juvenile Justice Council was formed to encourage the initiation and or the support of ongoing interagency cooperation and programs to address juvenile delinquency and juvenile crime.

**League of Women Voters**

*Mental Health*

The League of Women Voters has been an integral part of the political and civic life of McLean County. The League recently completed a study on mental health services in our community and is currently working on a housing study.

**McLean County Behavioral Health Coordinating Council**

*Mental Health, Substance Abuse*

The McLean County Behavioral Health Coordinating Council resulted from the McLean County Mental Health Action Plan and will serve to advise the McLean County Board on mental health policy decisions.

**McLean County Criminal Justice Coordinating Council and Juvenile Justice Council**

*Mental Health, Substance Abuse, Violent Crime*

The McLean County Criminal Justice Coordinating Council fosters collaboration and communication between criminal justice agencies and partners who educate, inform, and explore best practices together to continually improve the administration of justice.

**McLean County Wellness Coalition**

*Obesity*

McLean County Wellness Coalition has developed a community action plan focused on reducing obesity and chronic disease and improving the overall health of the community through the promotion and adoption of policy, system and environmental change. The goal outlined for obesity aligns with the Wellness Coalition's community action plan. There are over 23 agencies/organizations represented on the Wellness Coalition.

**HOSPITALS/CLINICS**

**Advocate BroMenn Medical Center**

*Alzheimer's Disease and Dementia, Birth Outcomes, Cancer, Caesarean Section, Heart Disease and Stroke, Mental Health, Obesity, Respiratory Disease, Sexually Transmitted Disease, Substance Abuse.*

With a medical staff of nearly 370 physicians, representing more than 40 specialties, Advocate BroMenn Medical Center is a 221-bed full-service, acute care, not-for-profit hospital located in Normal. Advocate BroMenn has several active joint ventures with other organizations, including a cancer center, an Advanced MRI site, a sleep center, an addiction recovery unit, a recovery care center, an orthopedics & sports medicine center and assisted living facilities. Advocate BroMenn offers the region's only inpatient mental health unit, adult day services and hyperbaric oxygen treatment for wound care. Other services of interest include inpatient substance abuse program, Advocate for Young Hearts Program (EKG screenings for teens), Heartcaring Initiative, weight-loss and diabetes initiatives, substance abuse detox facilities, community wellness screenings, bariatric support group, heart health education events, and women's imaging services for breast cancer.

**OSF St. Joseph Medical Center**

*Alzheimer's Disease and Dementia, Birth Outcomes, Cancer, Caesarean Section, Heart Disease and Stroke, Mental Health, Obesity, Respiratory Disease, Sexually Transmitted Disease, Substance Abuse.*

OSF St. Joseph Medical Center (SJMC) is a 149-licensed bed, not for profit, acute care, and Level II Trauma Center facility. OSF St. Joseph Medical Center offers complete acute inpatient care, occupational medicine and health services, wellness, prevention, and diagnostic services, a full range of outpatient and rehabilitative services, cardiac surgery and rehabilitation, and three PromptCare sites for the treatment of minor illnesses and injuries. Specific centers of interest include weight-loss and diabetes initiatives, the OSF SJMC Weight Management Center, the OSF Center for Healthy Lifestyles, a grief support group through OSF Homecare Services, Cardiac Rehabilitation services, community wellness screenings, the outpatient Diabetes Center, heart health education events, and women's imaging services for breast cancer.

**Sugar Creek Alzheimer's Special Care Center**
*Alzheimer's Disease and Dementia*
Residential services for individuals with Alzheimer's Disease.

**Community medical and dental providers**
*Alzheimer's Disease and Dementia, Birth Outcomes, Cancer, Caesarean Section, Heart Disease and Stroke, Mental Health, Obesity, Oral Health, Respiratory Disease, Sexually Transmitted Disease, Substance Abuse.*

**LOCAL EMPLOYERS**

**Worksite Wellness Programs**
*Cancer, Heart Disease & Stroke, Obesity, Mental Health*
Local employers offer wellness challenges, education, exercise programs and screenings to engage and improve the health of their employees.