Executive Report

2015 Community Health Needs Assessment

Little Company of Mary Hospital Service Area
Cook County, Illinois

Prepared for:

METROPOLITAN CHICAGO HEALTHCARE COUNCIL (MCHC)

On Behalf of Little Company of Mary Hospital

By:

Professional Research Consultants, Inc.
11326 P Street Omaha, NE 68136-2316
www.PRCCustomResearch.com

2015-0404-02

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Introduction

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Project Overview

Project Goals

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

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

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

This assessment was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Sponsorship

This study has been facilitated by the Metropolitan Chicago Healthcare Council (MCHC) on behalf of participating member hospitals and health systems. These hospitals and **health systems** include: **Alexian Brothers Health System/Amita Health** (Alexian Brothers Behavioral Health Hospital, Alexian Brothers Medical Center, St. Alexius Medical Center); **Amita Health** (Adventist Bolingbrook Hospital, Adventist GlenOaks Hospital, Adventist Hinsdale Hospital, Adventist LaGrange Memorial Hospital); **Edward–Elmhurst Healthcare** (Edward Hospital & Health Services, Elmhurst Memorial Hospital); **Franciscan Alliance** (Franciscan St. James Health); **Ingalls Health System** (Ingalls Memorial Hospital); Little Company of Mary Hospital and Health Care Centers; Loretto Hospital; **Northwest Community Healthcare** (Northwest Community Hospital, Northwestern Memorial Hospital); **Northwestern Medicine** (Central DuPage Hospital, Northwestern Lake Forest Hospital); Palos Community Hospital; **Rush System for Health** (Rush Oak Park Hospital, Rush University Medical Center); Saint Anthony Hospital; St. Bernard Hospital and Health Care Center; Swedish Covenant Hospital; Thorek Memorial Hospital; and the University of Chicago Medicine.

Methodology

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

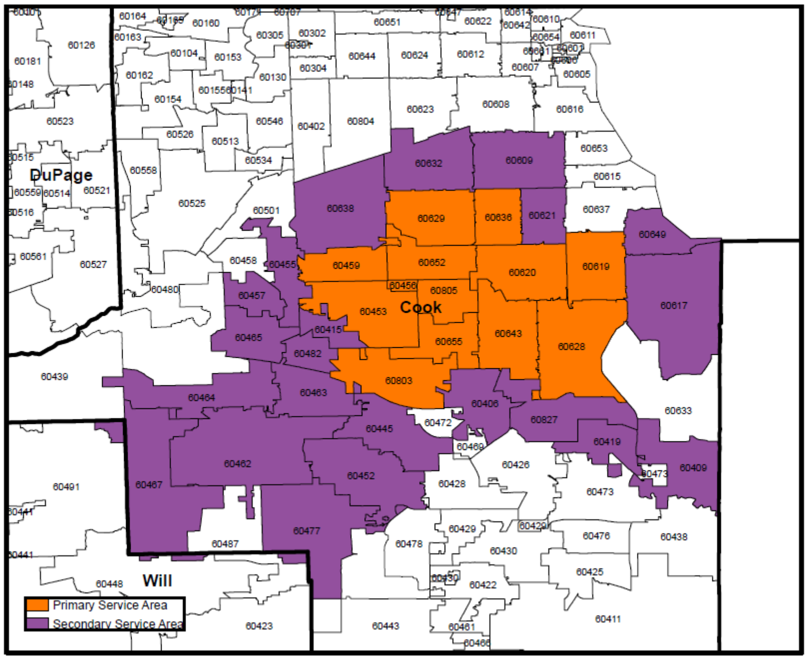
PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

The study area for the survey effort (referred to as the “Little Company of Mary Hospital Service Area” or “LCMH Service Area” in this report) includes the service area of the hospital, defined at the ZIP Code level. This definition is illustrated in the following map.



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC-MCHC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

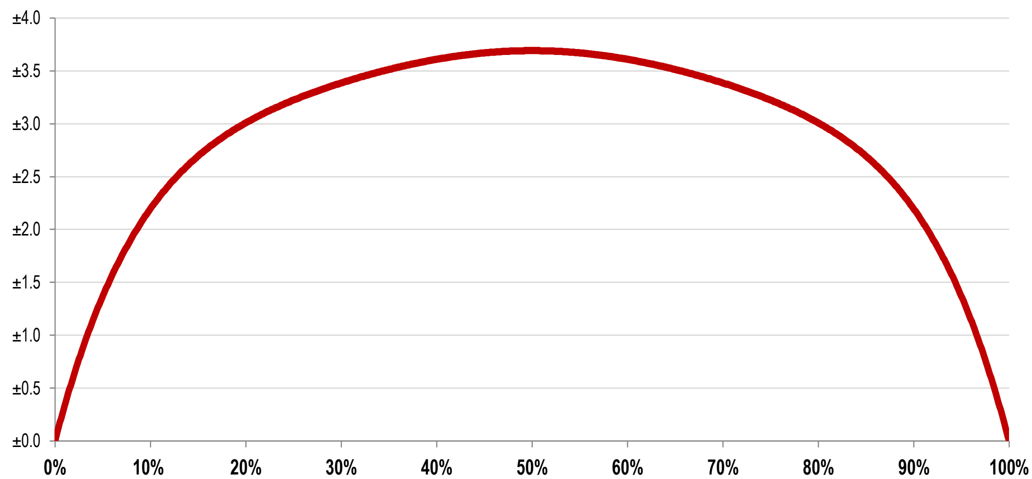
The sample design used for this effort was designed to provide meaningful results for the various ZIP Code–configured service areas of the participating hospitals. To achieve this, the overall sample of 676 individuals age 18 and older in the Little Company of Mary Hospital Service Area was stratified as follows:

- **313 interviews in the Primary Service Area**
- **363 interviews in the Secondary Service Area**

Again, these sampling levels were determined so as to make the most efficient use of resources while yielding meaningful samples for the various geographies of interest. Interviews were administered among a random sample of households within each strata. Once the interviews were completed, these were weighted in proportion to the actual population distribution at the ZIP Code level so as to appropriately represent the Little Company of Mary Hospital Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 676 respondents is ±3.7% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 676 Respondents at the 95 Percent Level of Confidence



Note: • The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

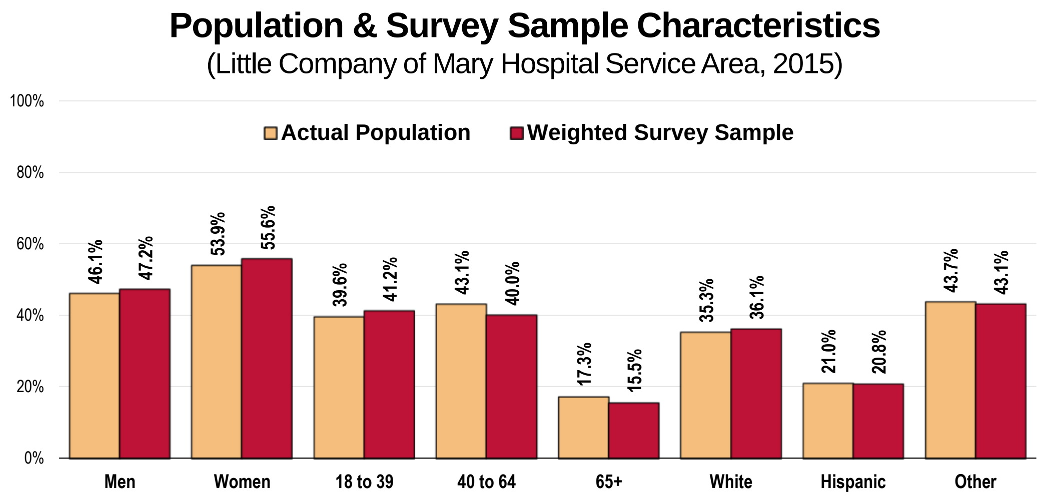
Examples: • If 10% of the sample of 676 respondents answered a certain question with a "yes," it can be asserted that between 7.8% and 12.2% (10% ± 2.2%) of the total population would offer this response.

• If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.3% and 53.7% (50% ± 3.7%) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

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



Sources:
- Census 2010, Summary File 3 (SF 3). US Census Bureau.
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2014 guidelines place the poverty threshold for a family of four at $23,850 annual household income or lower).* In sample segmentation: "**very low income**" refers to community members living in a household with defined poverty status; "**low income**" refers to households with incomes just above the poverty level, earning up to twice the poverty threshold; and "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

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

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 38 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Community/Business Leader	71	12
Other Health Provider	25	8
Physician	25	5
Public Health Expert	6	4
Social Service Representative	34	9

Final participation included representatives of the organizations outlined below.

- Better Health Network
- Chicago Family Health Center
- Dominican University Health Services
- EverThrive Illinois
- Governors State University Department of Health Administration
- Grand Prairie Services
- Growing Home, Inc.
- Housing Forward
- La Rabida Children's Hospital
- Metropolitan Chicago Healthcare Council
- Oak Park Elementary School District
- Oak Park Township Senior Services
- PLOWS Council on Aging
- Respond Now
- Saint Anthony Hospital
- Southland Ministerial Health Network
- St. Bernard Hospital and Health Care Center
- Stickney Public Health Department
- Teamwork Englewood

- Universidad Popular
- West Side Women

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations (*including African-American, Arabic, Asian, Caucasian, disabled, Haitian, Hispanic, the homeless, immigrants, LGBT population, low-income residents, Middle Eastern, Native American, non-English speaking, Polish, undocumented*) or other medically underserved populations (*including African-Americans, the disabled, elderly, foreign-born residents, Hispanic, homeless, immigrants, LGBT community, low-income, Medicaid/Medicare, the mentally ill, non-English speaking adults, undocumented, uninsured/underinsured, veterans, women, young adults, youth*).

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

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

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- Illinois Department of Public Health
- Illinois State Police
- National Cancer Institute, State Cancer Profiles

- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect county-level data.

Benchmark Data

Trending

Because this study is part of a larger, regional assessment, trending for survey-derived indicators is available based on past CHNAs conducted for the Metropolitan Chicago Healthcare Council (MCHC) in 2009 and 2012. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Illinois Risk Factor Data

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

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2013 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

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

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), “significance,” for the purpose of this report, is determined by a 5% variation from the comparative measure.

Information Gaps

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

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

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

IRS Form 990, Schedule H Compliance

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

IRS Form 990, Schedule H	See Report Page(s)
Part V Section B Line 1a *A definition of the community served by the hospital facility*	9
Part V Section B Line 1b *Demographics of the community*	48
Part V Section B Line 1c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	285
Part V Section B Line 1d *How data was obtained*	9
Part V Section B Line 1f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 1g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	21-22
Part V Section B Line 1h *The process for consulting with persons representing the community's interests*	12
Part V Section B Line 1i *Information gaps that limit the hospital facility's ability to assess the community's health needs*	16

Summary of Findings

Significant Health Needs of the Community

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

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	• Specific Source of Ongoing Medical Care • Routine Medical Care (Children)
Cancer	• Cancer Deaths ○ Including Prostate Cancer, Female Breast Cancer, Colorectal Cancer Deaths • Cancer Incidence ○ Including Prostate Cancer, Cervical Cancer, Colorectal Cancer Incidence • Female Breast Cancer Screening • Colorectal Cancer Screening
Chronic Kidney Disease	• Kidney Disease Deaths • Kidney Disease Prevalence
Diabetes	• Prevalence of Borderline/Pre-Diabetes • *Diabetes ranked as a top concern in the Online Key Informant Survey.*
Hearing & Vision Problems	• Blindness/Vision Trouble • Regular Eye Care
Heart Disease & Stroke	• Heart Disease Deaths • Blood Pressure Screening • High Blood Pressure Prevalence • High Blood Cholesterol Prevalence
HIV/AIDS	• HIV Prevalence
Immunization & Infectious Diseases	• Pneumonia/Influenza Deaths • Flu Vaccination [65+] • Hepatitis B Vaccination
Infant Health & Family Planning	• Low-Weight Births • Infant Mortality • Unwed Mothers
Injury & Violence	• Bicycle Helmet Usage [Children] • Firearm-Related Deaths • Firearm Prevalence ○ Including in Homes With Children • Homicide Deaths • Violent Crime Rate • Violent Crime Experience

Areas of Opportunity Identified Through This Assessment (continued)	
Mental Health	• "Fair/Poor" Mental Health • Suicide Deaths • Seeking Help for Mental Health • *Mental Health ranked as a top concern in the Online Key Informant Survey.*
Nutrition, Physical Activity & Weight	• Fruit/Vegetable Consumption • Overweight & Obesity [Adults] • *Nutrition & Weight ranked as a top concern in the Online Key Informant Survey.* • *Physical Activity ranked as a top concern in the Online Key Informant Survey.*
Oral Health	• Regular Dental Care
Respiratory Diseases	• Asthma Attacks
Sexually Transmitted Diseases	• Gonorrhea Incidence • Chlamydia Incidence
Substance Abuse	• Illicit Drug Use • Seeking Help for Alcohol/Drug Issues • *Substance Abuse ranked as a top concern in the Online Key Informant Survey.*

Tobacco Use	• Environmental Tobacco Smoke Exposure at Home
	  ○ Including Among Households With Children
	  ○ Including Among Non-Smokers
	• Cigar Smoking Prevalence
	• Smoking Cessation
	• *Tobacco Use ranked as a top concern in the Online Key Informant Survey.*

Prioritization of Health Needs

On February 16, 2015, approximately 9 internal and external stakeholders of Little Company of Mary Hospital met to evaluate, discuss and prioritize health issues for the community, based on findings of the 2015 PRC Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. A hospital representative also provided guidance to the group, describing existing activities, initiatives, resources, etc., relating to the Areas of Opportunity. Finally, participants were provided an overview of the prioritization exercise that followed.

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

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

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

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

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

1. **Heart Disease & Stroke**
2. **Cancer**
3. **Diabetes**

4. **Nutrition, Physical Activity & Weight**

5. **Mental Health**

6. **Injury & Violence**

7. **Substance Abuse**

8. **Access to Healthcare Services**

9. **Respiratory Diseases**

10. **Chronic Kidney Disease**

11. **Infant Health & Family Planning**

12. **Sexually Transmitted Diseases & HIV/AIDS**

While the hospital will likely not implement strategies for all of these health issues, the results of this prioritization exercise will be used to inform the development of Little Company of Mary's Implementation Strategy to address the top health needs of the community in the coming years.

Summary Tables: Comparisons With Benchmark Data

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

TREND SUMMARY (Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2009 (or 2012 if the indicator was not surveyed in 2009). Note that survey data reflect the ZIP Code-defined Little Company of Mary Service Area.

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

Reading the Summary Tables

In the following charts, Little Company of Mary Hospital Service Area results are shown in the larger, blue column.

The green columns [to the left of the service area column] provide comparisons between the 2 subareas, identifying differences for each as "better than" (), "worse than" (), or "similar to" () the opposing area.

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

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

Social Determinants	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
Linguistically Isolated Population (Percent)			8.5	7.6	5.1	4.8		
Population in Poverty (Percent)			16.9	14.8	14.1	15.4		
Population Below 200% FPL (Percent)			36.0	32.3	31.5	34.2		
Children Below 200% FPL (Percent)			47.9	42.6	40.8	43.8		
No High School Diploma (Age 25+, Percent)			15.5	14.1	12.7	14.0		
Unemployment Rate (Age 16+, Percent)			6.3	5.9	5.6	5.3		6.7

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

better similar worse

	Each Sub-Area vs. Other			Little Company of Mary vs. Benchmarks				
Overall Health	**PSA**	**SSA**	**Little Company of Mary**	**vs. MCHC Region**	**vs. IL**	**vs. US**	**vs. HP2020**	**TREND**
% "Fair/Poor" Physical Health	20.6	25.1	**22.9**	16.6	16.9	15.3		24.1
% Activity Limitations	20.0	20.4	**20.2**	21.4	17.0	21.5		17.1

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

better similar worse

Access to Health Services	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	8.4	9.5	**9.0**	8.1	19.4	15.1	0.0	21.8
% [Insured] Went Without Coverage in Past Year	7.3	9.0	**8.2**	7.1		8.1		8.5
% Difficulty Accessing Healthcare in Past Year (Composite)	37.6	35.7	**36.6**	37.6		39.9		42.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	15.4	20.1	**17.9**	18.6		15.4		17.4
% Cost Prevented Getting Prescription in Past Year	15.4	8.1	**11.5**	12.6		15.8		22.5
% Cost Prevented Physician Visit in Past Year	13.6	12.2	**12.9**	12.0		18.2		18.4
% Difficulty Getting Appointment in Past Year	15.3	16.1	**15.7**	15.1		17.0		22.6
% Difficulty Finding Physician in Past Year	11.3	13.5	**12.5**	9.9		11.0		14.7
% Transportation Hindered Dr Visit in Past Year	10.8	9.1	**9.9**	8.5		9.4		11.5
% Skipped Prescription Doses to Save Costs	11.2	15.2	**13.3**	12.7		15.3		19.8
% Difficulty Getting Child's Healthcare in Past Year	6.5	1.0	**3.5**	3.6		6.0		0.8

	Each Sub-Area vs. Other			Little Company of Mary vs. Benchmarks				
Access to Health Services (continued)	**PSA**	**SSA**	**Little Company of Mary**	**vs. MCHC Region**	**vs. IL**	**vs. US**	**vs. HP2020**	**TREND**
Primary Care Doctors per 100,000			**91.9**	98.6	79.0	74.5		
% [Age 18+] Have a Specific Source of Ongoing Care	66.9	73.3	**70.3**	73.9		76.3	95.0	77.5
% [Age 18-64] Have a Specific Source of Ongoing Care	68.8	72.8	**71.0**	74.4		75.6	89.4	75.0
% [Age 65+] Have a Specific Source of Ongoing Care	56.0	74.1	**65.4**	71.5		80.0	100.0	90.9
% Have Had Routine Checkup in Past Year	81.5	73.1	**77.1**	72.7	66.5	65.0		75.3
% Child Has Had Checkup in Past Year	84.4	92.4	**88.8**	91.8		84.1		95.6
% Two or More ER Visits in Past Year	10.4	7.1	**8.6**	7.5		8.9		13.5
% Rate Local Healthcare "Fair/Poor"	20.8	9.1	**14.6**	13.5		16.5		22.5

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

better similar worse

Arthritis, Osteoporosis & Chronic Back Conditions	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
% [50+] Arthritis/Rheumatism	35.4	37.1	36.3	36.3		37.3		40.8
% [50+] Osteoporosis	8.0	6.9	7.4	10.0		13.5	5.3	9.6
% Sciatica/Chronic Back Pain	17.6	15.9	16.7	18.3		18.4		18.0

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

better similar worse

	Each Sub-Area vs. Other			Little Company of Mary vs. Benchmarks				
Cancer	PSA	SSA	Little Company of Mary	vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)			174.5	169.2	174.2	166.2	161.4	196.5
Lung Cancer (Age-Adjusted Death Rate)			43.9		47.5	44.7	45.5	
Prostate Cancer (Age-Adjusted Death Rate)			23.1		20.5	19.8	21.8	
Female Breast Cancer (Age-Adjusted Death Rate)			24.2		22.8	21.3	20.7	
Colorectal Cancer (Age-Adjusted Death Rate)			16.7		15.9	14.9	14.5	
Prostate Cancer Incidence per 100,000			159.8	156.2	149.4	142.3		
Female Breast Cancer Incidence per 100,000			126.5	129.4	127.4	122.7		
Lung Cancer Incidence per 100,000			66.1	64.8	70.6	64.9		
Colorectal Cancer Incidence per 100,000			50.2	48.1	48.6	43.3		
Cervical Cancer Incidence per 100,000			10.2	9.2	8.4	7.8		
% Skin Cancer	2.0	2.5	2.2	3.6	4.6	6.7		2.0

Cancer (continued)	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
% Cancer (Other Than Skin)	4.2	8.5	6.5	5.2	6.3	6.1		6.7
% [Men 50+] Prostate Exam in Past 2 Years	67.8	67.9	67.9	69.2		75.0		77.8
% [Women 50-74] Mammogram in Past 2 Years	85.0	72.1	78.0	79.1	76.4	83.6	81.1	86.9
% [Women 21-65] Pap Smear in Past 3 Years	88.4	69.6	78.8	84.6	77.3	83.9	93.0	82.6
% [Age 50-75] Colorectal Cancer Screening	72.8	68.3	70.5	70.4		75.1	70.5	66.5

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

better similar worse

Chronic Kidney Disease	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)			17.2	16.2	17.1	13.2		20.9
% Kidney Disease	4.2	4.6	4.4	2.7	2.4	3.0		1.8

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

better similar worse

Dementias, Including Alzheimer's Disease	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)			15.8	16.4	20.0	24.0		17.7

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

better similar worse

Diabetes	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
Diabetes Mellitus (Age-Adjusted Death Rate)			20.6	19.3	19.4	21.3	20.5	24.5
% Diabetes/High Blood Sugar	16.0	10.9	13.3	11.5	9.9	11.7		14.0
% Borderline/Pre-Diabetes	5.8	6.5	6.2	6.9		5.1		1.0
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	57.9	45.4	51.1	53.8		49.2		

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

better similar worse

Educational & Community-Based Programs	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
% Attended Health Event in Past Year	22.0	18.6	20.2	21.1		23.8		20.1

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

better similar worse

Family Planning	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
% Unwed Mothers			43.7	40.3	40.2	40.7		45.6
% Teen Births			7.9	7.2	7.6	7.8		10.7

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

better similar worse

Hearing & Other Sensory or Communication Disorders	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
% Deafness/Trouble Hearing	5.8	9.0	7.5	6.7		10.3		8.2

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

better similar worse

Heart Disease & Stroke	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)			183.4	172.0	173.9	171.3	156.9	233.0
Stroke (Age-Adjusted Death Rate)			36.8	35.4	37.7	37.0	34.8	46.4
% Heart Disease (Heart Attack, Angina, Coronary Disease)	5.1	6.8	6.0	5.4		6.1		6.8
% Stroke	2.2	3.2	2.7	3.0	2.8	3.9		4.0
% Blood Pressure Checked in Past 2 Years	91.9	93.3	92.6	95.4		91.0	92.6	96.0
% Told Have High Blood Pressure (Ever)	43.0	35.0	38.7	34.6	30.1	34.1	26.9	36.5
% [HBP] Taking Action to Control High Blood Pressure	97.8	95.4	96.6	93.5		89.2		96.5
% Cholesterol Checked in Past 5 Years	90.7	85.7	88.1	92.4	74.0	86.6	82.1	90.6
% Told Have High Cholesterol (Ever)	33.9	34.9	34.4	31.2	36.6	29.9	13.5	29.9
% [HBC] Taking Action to Control High Blood Cholesterol	90.5	93.4	92.1	89.7		81.4		82.2

Heart Disease & Stroke (continued)	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
% 1+ Cardiovascular Risk Factor	88.8	81.2	84.8	80.9		82.3		84.6

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

better similar worse

HIV	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
HIV/AIDS (Age-Adjusted Death Rate)			2.7	2.2	1.6	2.2	3.3	
HIV Prevalence per 100,000			558.5	449.1	300.1	340.4		
% [Age 18-44] HIV Test in the Past Year	42.1	26.4	33.6	28.0		19.3		32.7

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

better similar worse

Immunization & Infectious Diseases	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
% [Age 65+] Flu Vaccine in Past Year	51.8	45.6	48.7	56.6	58.6	57.5	70.0	62.7
% [High-Risk 18-64] Flu Vaccine in Past Year	56.3	41.5	49.1	45.3		45.9	70.0	33.6
% [Age 65+] Pneumonia Vaccine Ever	65.1	56.2	60.6	68.9	64.6	68.4	90.0	64.5
% [High-Risk 18-64] Pneumonia Vaccine Ever	34.9	43.5	39.1	37.3		41.9	60.0	32.9
% Have Completed Hepatitis B Vaccination Series	38.4	37.9	38.1	41.8		44.7		35.5

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

better similar worse

Injury & Violence Prevention	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)			26.6	25.7	32.9	39.2	36.4	31.3
Motor Vehicle Crashes (Age-Adjusted Death Rate)			5.8	5.4	7.9	10.7	12.4	8.7
% "Always" Wear Seat Belt	87.8	85.6	86.6	89.4		84.8	92.0	88.9
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	89.1	92.7	91.2	91.7		92.2		91.4
% Child [Age 5-17] "Always" Wears Bicycle Helmet	7.4	40.7	29.1	37.6		48.7		45.6
% [Child 5-17] Missed School for Safety Reasons Last Month	0.0	1.7	1.0	1.9				1.3
Firearm-Related Deaths (Age-Adjusted Death Rate)			11.2	9.6	8.8	10.4	9.3	11.0
% Firearm in Home	15.2	11.2	13.1	12.4		34.7		8.3
% [Homes With Children] Firearm in Home	17.7	9.8	13.4	11.9		37.4		5.6
% [Homes With Firearms] Weapon(s) Unlocked & Loaded		14.0	14.5	11.7		16.8		12.5
Homicide (Age-Adjusted Death Rate)			10.5	8.6	6.3	5.3	5.5	11.5

Injury & Violence Prevention (continued)	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
% Perceive Neighborhood to be "Not At All Safe" from Crime	7.3	8.8	8.1	3.8				12.4
Violent Crime per 100,000			630.9	507.9	403.2	380.9		829.7
% Victim of Violent Crime in Past 5 Years	6.3	8.3	7.4	4.6		2.8		7.9
% Victim of Domestic Violence (Ever)	14.1	8.1	10.9	10.7		15.0		16.9

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

better similar worse

Maternal, Infant & Child Health	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
No Prenatal Care in First Trimester (Percent)			5.6	5.5	5.4	17.3	22.1	
Low Birthweight Births (Percent)			8.9	8.6	4.0	8.0	7.8	9.1
Infant Death Rate			6.7	6.3	6.3	6.0	6.0	8.6

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

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Mental Health & Mental Disorders	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
% 3+ Days Without Enough Sleep in the Past Month	☁ 59.0	☁ 63.0	61.1	☁ 62.5				☁ 62.4
% "Fair/Poor" Mental Health	☁ 15.3	☁ 17.4	16.4	🌧 13.2		🌧 11.9		☁ 12.9
% Diagnosed Depression	☀ 11.2	🌧 16.8	14.2	☁ 15.5		☀ 20.4		☁ 10.5
% Symptoms of Chronic Depression (2+ Years)	☁ 30.2	☁ 26.8	28.4	☁ 26.0		☁ 30.4		☁ 25.4
Suicide (Age-Adjusted Death Rate)			7.8	☁ 8.1	☀ 9.7	☀ 12.5	☀ 10.2	🌧 7.0
% Have Ever Sought Help for Mental Health	☁ 18.1	☁ 17.8	17.9			🌧 23.7		☁ 23.1
% [Those With Diagnosed Depression] Seeking Help		☁ 71.0	75.4	☁ 81.8		☁ 76.6		☀ 49.6
% Typical Day Is "Extremely/Very" Stressful	☀ 7.7	🌧 13.2	10.6	☁ 11.8		☁ 11.9		☁ 9.1

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

☀ better ☁ similar 🌧 worse

Nutrition, Physical Activity & Weight	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	25.4	27.0	**26.2**	39.6		39.5		36.4
% "Very/Somewhat" Difficult to Buy Fresh Produce	20.0	19.9	**20.0**	16.2		24.4		24.6
Population With Low Food Access (Percent)			**8.3**	13.6	20.4	23.6		
% Medical Advice on Nutrition in Past Year	54.8	40.5	**47.2**	47.1		39.2		44.0
% Healthy Weight (BMI 18.5-24.9)	26.8	31.6	**29.3**	31.8	33.0	34.4	33.9	33.0
% Overweight (BMI 25+)	71.9	66.9	**69.2**	66.4	64.7	63.1		66.8
% Obese (BMI 30+)	39.6	28.6	**33.7**	30.1	29.4	29.0	30.5	38.4
% Medical Advice on Weight in Past Year	32.1	28.1	**30.0**	30.0		23.7		23.5
% [Overweights] Counseled About Weight in Past Year	41.2	34.4	**37.7**	37.6		31.8		30.9
% [Obese Adults] Counseled About Weight in Past Year	55.9	54.3	**55.2**	53.4		48.3		47.8
% [Overweights] Trying to Lose Weight Both Diet/Exercise	45.5	46.7	**46.2**	42.6		39.5		37.5

Nutrition, Physical Activity & Weight (continued)	Each Sub-Area vs. Other		Little Company of Mary	Little Company of Mary vs. Benchmarks				
	PSA	SSA		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
% Child [Age 5-17] Healthy Weight	57.3	39.0	47.9	55.9		56.7		66.7
% Children [Age 5-17] Overweight (85th Percentile)	32.3	36.4	34.3	31.6		31.5		33.3
% Children [Age 5-17] Obese (95th Percentile)	18.6	15.2	16.8	18.1		14.8	14.5	25.4
% No Leisure-Time Physical Activity	24.9	18.5	21.5	17.5	25.1	20.7	32.6	27.8
% Meeting Physical Activity Guidelines	42.7	51.0	47.1	50.7		50.3		42.5
% Moderate Physical Activity	23.3	30.1	26.9	29.1		30.6		25.0
% Vigorous Physical Activity	30.1	39.3	34.9	39.4		38.0		30.9
% "Very/Somewhat" Difficult to Access a Place for Exercise	17.5	18.3	17.9	15.4				24.3
Recreation/Fitness Facilities per 100,000			9.4	10.8	10.2	9.7		
% Medical Advice on Physical Activity in Past Year	59.2	46.5	52.5	52.6		44.0		48.8

Nutrition, Physical Activity & Weight (continued)	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
% Child [Age 2-17] Physically Active 1+ Hours per Day	43.1	61.2	53.1	48.8		48.6		

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

better similar worse

Oral Health	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	56.2	58.8	57.6	69.8	66.9	65.9	49.0	61.6
% Child [Age 2-17] Dental Visit in Past Year	85.3	88.8	87.2	86.5		81.5	49.0	82.9
% Have Dental Insurance	73.4	61.7	67.2	71.9		65.6		59.7

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

better similar worse

Respiratory Diseases	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)			31.1	31.0	39.3	42.0		30.9
Pneumonia/Influenza (Age-Adjusted Death Rate)			17.1	16.6	16.8	15.3		21.6
% [Asthmatics] Asthma Attack in the Past Year			54.1	47.7				36.8
% COPD (Lung Disease)	8.1	8.6	8.4	7.8	5.0	8.6		12.1
% [Adult] Currently Has Asthma	9.9	8.9	9.4	8.9	7.6	9.4		12.2
% [Child 0-17] Currently Has Asthma	7.0	7.5	7.3	8.6		7.1		12.1

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

better similar worse

Sexually Transmitted Diseases	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
Gonorrhea Incidence per 100,000			**230.8**	184.7	141.0	107.5		
Chlamydia Incidence per 100,000			**727.3**	619.6	526.1	456.7		
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	9.5	14.5	**12.1**	12.9		11.7		10.1
% [Unmarried 18-64] Using Condoms	47.9	51.0	**49.5**	50.1		33.6		50.0

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

better similar worse

Sickle-Cell Anemia	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
% Sickle-Cell Anemia	3.6	0.1	**1.7**	0.8				1.1

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

better similar worse

Substance Abuse	Each Sub-Area vs. Other: PSA	Each Sub-Area vs. Other: SSA	Little Company of Mary	Little Company of Mary vs. Benchmarks: vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)			8.8	8.3	8.5	9.9	8.2	9.5
% Liver Disease	1.2	2.8	2.0	1.6				2.0
% Current Drinker	50.4	59.9	55.4	60.6	57.2	56.5		52.2
% Chronic Drinker (Average 2+ Drinks/Day)	5.8	4.2	5.0	4.5		5.2		2.7
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	18.1	16.6	17.3	18.4		19.5	24.4	16.7
% Drinking & Driving in Past Month	2.4	0.5	1.4	1.4		5.0		1.7
Drug-Induced Deaths (Age-Adjusted Death Rate)			11.2	11.1	12.1	14.1	11.3	11.7
% Illicit Drug Use in Past Month	9.1	4.8	6.8	4.7		4.0	7.1	1.3
% Ever Sought Help for Alcohol or Drug Problem	1.4	3.2	2.4	3.4		4.9		3.1

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

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Tobacco Use	Each Sub-Area vs. Other		Little Company of Mary	Little Company of Mary vs. Benchmarks				
	PSA	SSA		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
% Current Smoker	18.0	14.7	16.2	12.6	18.0	14.9	12.0	19.8
% Someone Smokes at Home	22.6	23.1	22.9	13.7		12.7		25.8
% [Non-Smokers] Someone Smokes in the Home	11.4	17.6	14.7	7.7		6.3		15.4
% [Household With Children] Someone Smokes in the Home	23.5	20.1	21.7	11.1		9.7		28.3
% [Smokers] Received Advice to Quit Smoking	67.6	79.2	73.2	71.8		67.8		
% [Smokers] Have Quit Smoking 1+ Days in Past Year			43.4	55.1		55.9	80.0	75.5
% Smoke Cigars	9.6	5.8	7.6	4.7		4.1	0.2	5.5
% Use Smokeless Tobacco	0.1	1.0	0.6	1.5	2.6	4.0	0.3	2.4

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

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	Each Sub-Area vs. Other			Little Company of Mary vs. Benchmarks				
Vision	**PSA**	**SSA**	**Little Company of Mary**	**vs. MCHC Region**	**vs. IL**	**vs. US**	**vs. HP2020**	**TREND**
% Blindness/Trouble Seeing	9.4	13.3	**11.5**	8.7	3.9	8.5		11.4
% Eye Exam in Past 2 Years	55.6	50.6	**52.9**	58.1		56.8		64.6

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

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Community Description

Professional Research Consultants, Inc.

Population Characteristics

Total Population

The Little Company of Mary Hospital Service Area (or Cook County, in the case of data derived from secondary sources), the focus of this Community Health Needs Assessment, encompasses 945.08 square miles and houses a total population of 5,212,372 residents, according to latest census estimates.

Total Population

(Estimated Population, 2009-2013)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Cook County	5,212,372	945.08	5,515.29
MCHC Region	6,837,274	1,716.04	3,984.33
Illinois	12,848,554	55,504.25	231.49
United States	311,536,591	3,530,997.6	88.23

Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Population Change 2000-2010

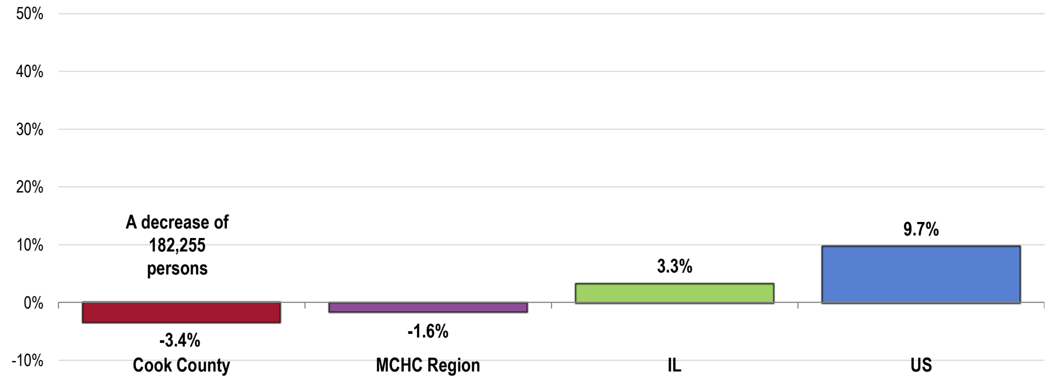
A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of Cook County decreased by 182,255 persons, or 3.4%.

- A greater proportional decrease than seen across the MCHC Region.

Change in Total Population

(Percentage Change Between 2000 and 2010)

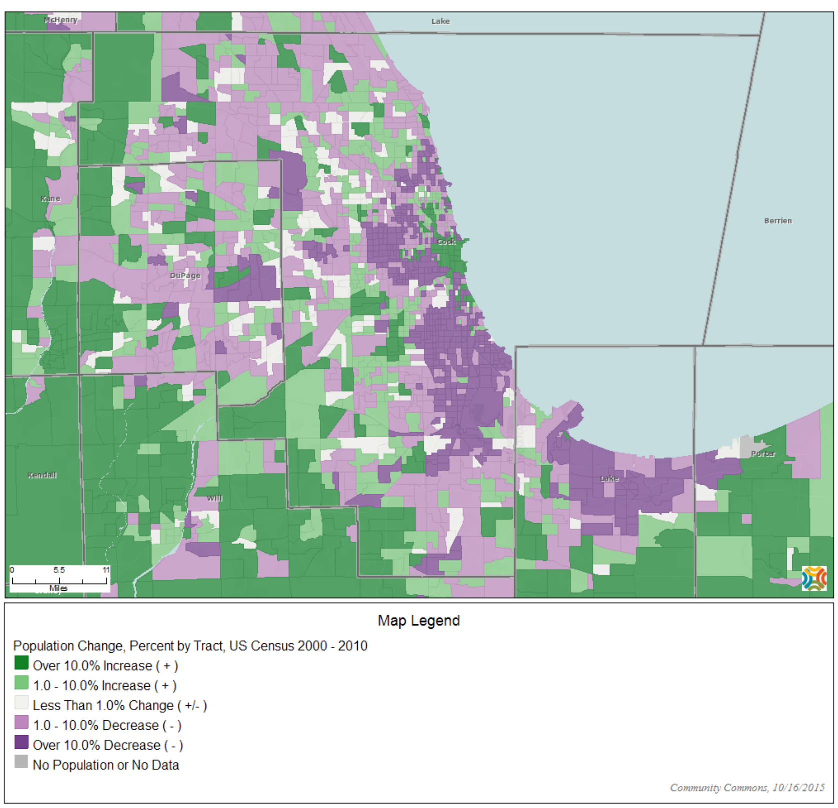


Sources:
- Retrieved August 2015 from Community Commons at http://www.chna.org.
- US Census Bureau Decennial Census (2000-2010).

Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Despite the overall decrease, note that certain pockets in Cook County have increased over the past decade.

Population Change, Percent by Tract, US Census 2000-2010



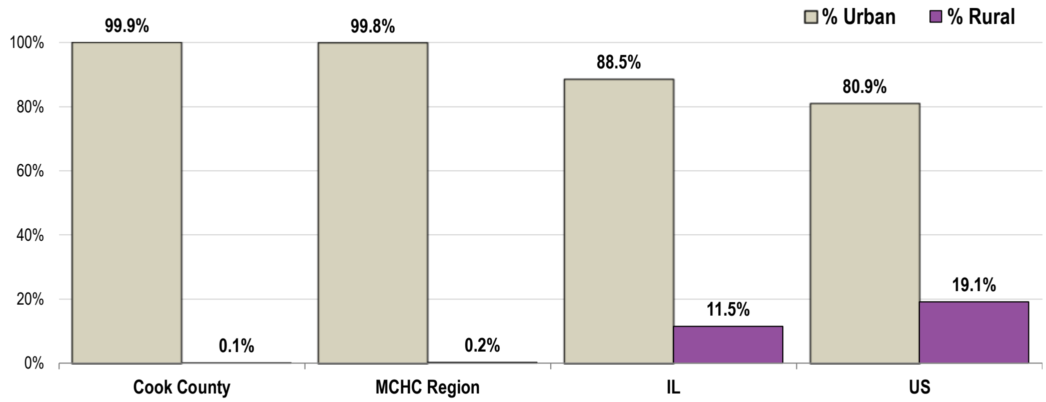
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Cook County is predominantly urban, with nearly 100% of the population living in areas designated as urban.

- The proportion of urban population in Cook County mirrors the MCHC Region.
- Across Illinois and the US, populations are less urban.

Urban and Rural Population
(2010)

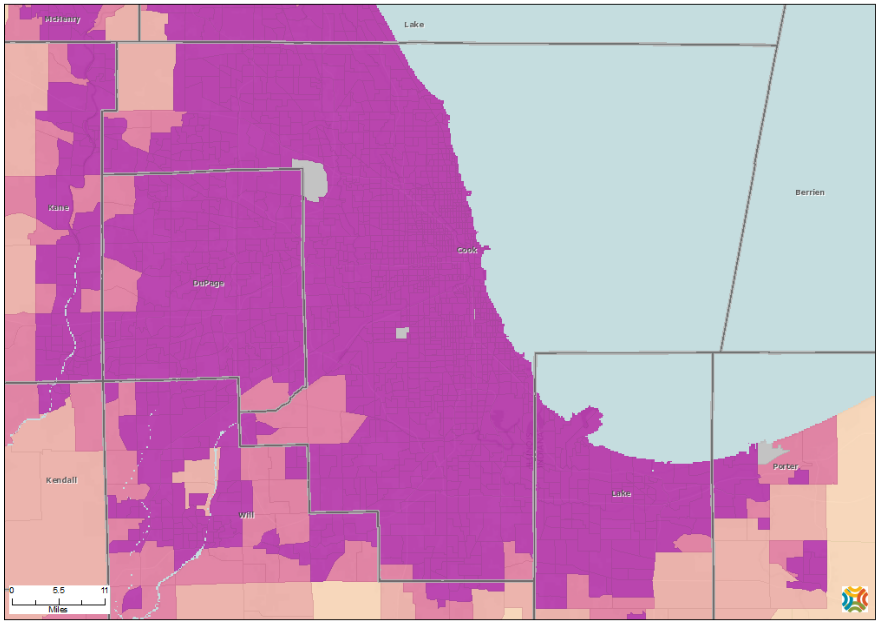


Sources:
- US Census Bureau Decennial Census (2010).
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

- Note the following map outlining the urban population in the Cook County census tracts as of 2010.

Urban Population, Percent by Tract, US Census 2010



Map Legend

Urban Population, Percent by Tract, US Census 2010
- 100% Urban Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Urban Population
- No Data or Data Suppressed

Community Commons, 10/16/2015

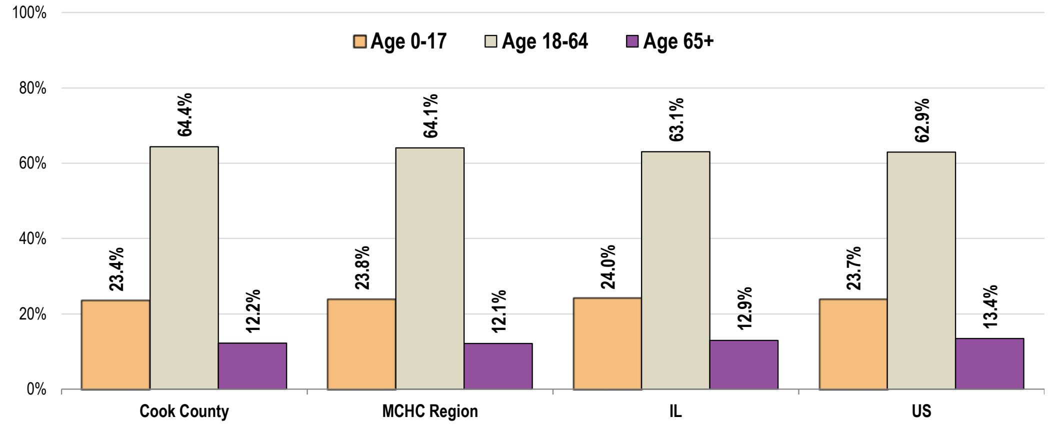
Age

It is important to understand the age distribution of the population as different age groups have unique health needs which should be considered separately from others along the age spectrum.

In Cook County, 23.4% of the population are infants, children or adolescents (age 0-17); another 64.4% are age 18 to 64, while 12.2% are age 65 and older.

- The proportional breakdown by age is similar to that found regionally.
- The breakdown by age is similar to that found statewide.
- The percentage of older adults (65+) is lower than the US figure.

Total Population by Age Groups, Percent
(2009-2013)

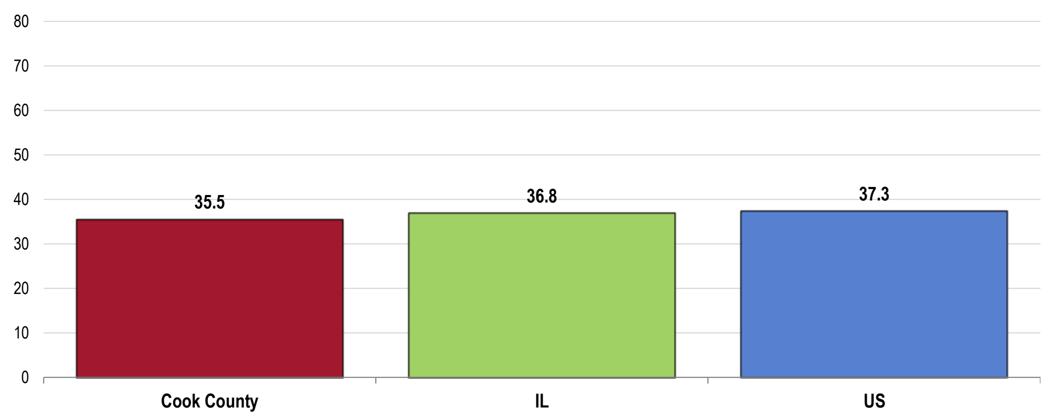


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Median Age

Cook County is "younger" than the state and the nation in that the median age is lower.

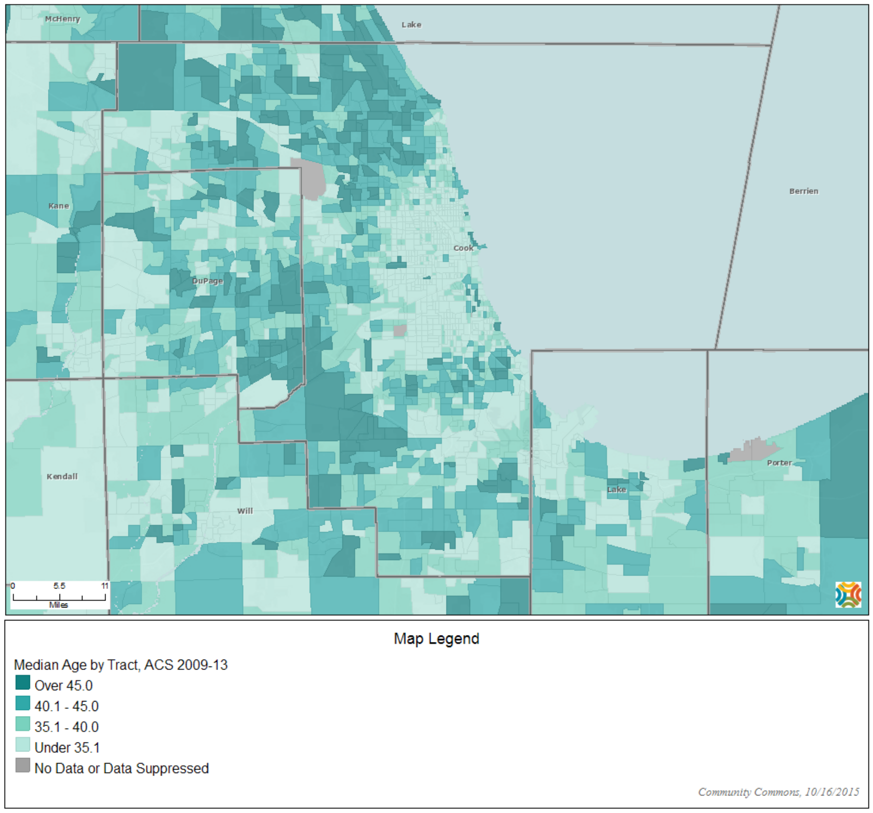
Median Age
(2009-2013)



Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at http://www.chna.org.

- The following map provides an illustration of the median age in Cook County, segmented by census tract.

Median Age, Percent by Tract, ACS 2009-2013



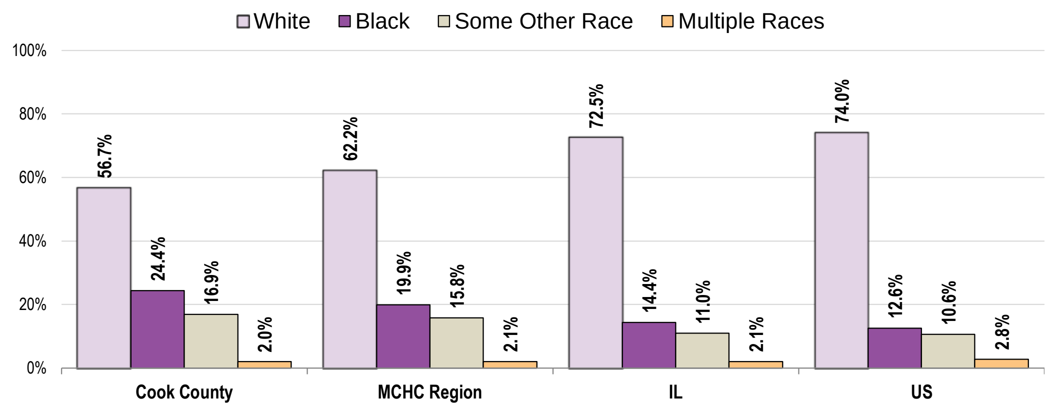
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 56.7% of residents of Cook County are White and 24.4% are Black.

- The county exhibits a similar breakdown of race to that reported regionally.
- The area has a lower proportion of White residents and higher proportions of Black and "Other Race" residents than the state and US in general.

Total Population by Race Alone, Percent
(2009-2013)



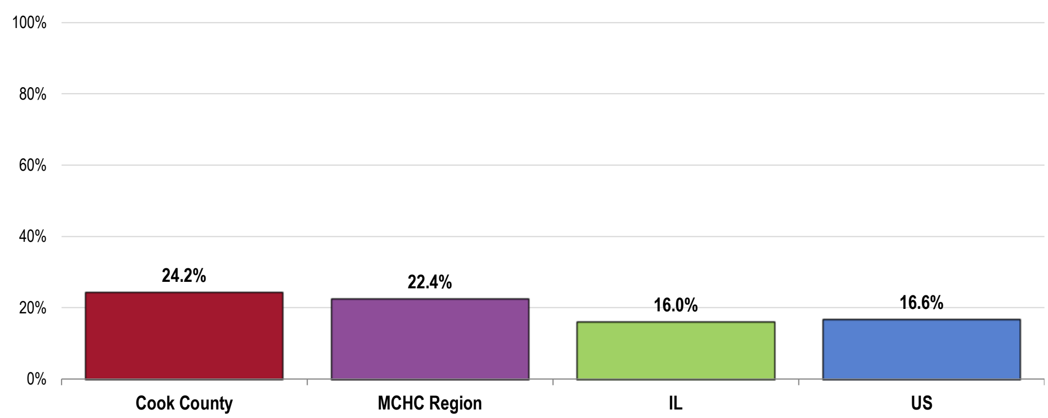
Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
• Retrieved August 2015 from Community Commons at http://www.chna.org.

Ethnicity

A total of 24.2% of Cook County residents are Hispanic or Latino.

- Similar to the MCHC Region.
- Higher than found statewide.
- Higher than found nationally.

Percent Population Hispanic or Latino
(2009-2013)

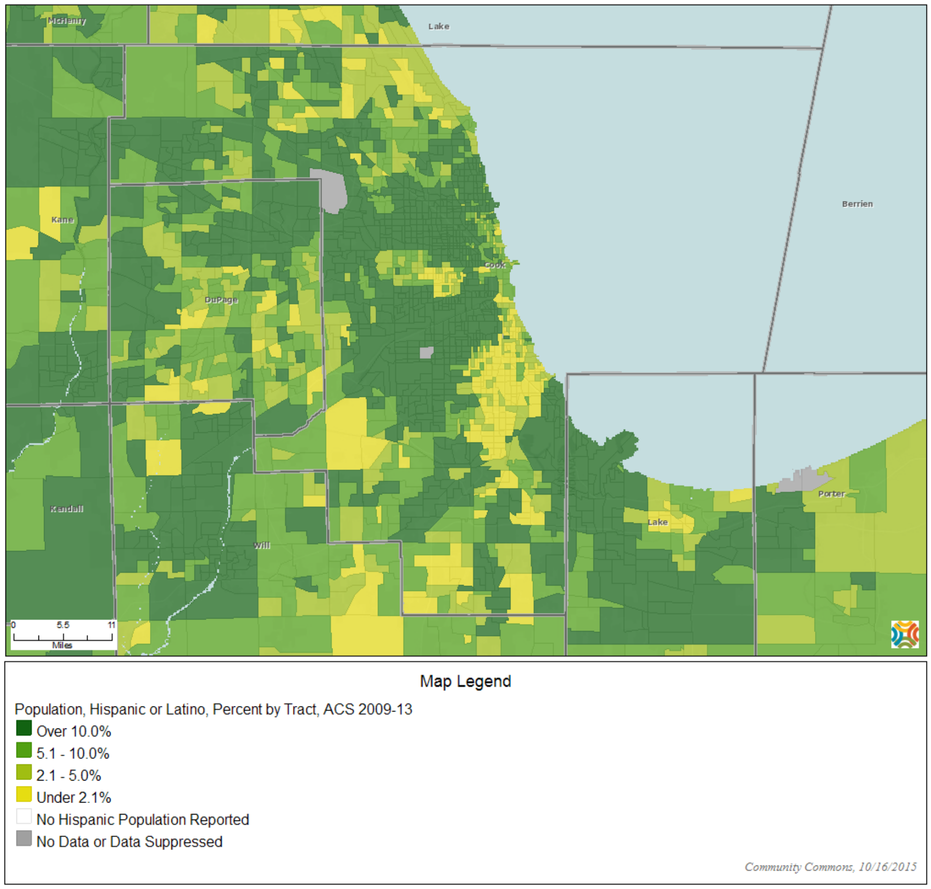


Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
• Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes: • Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

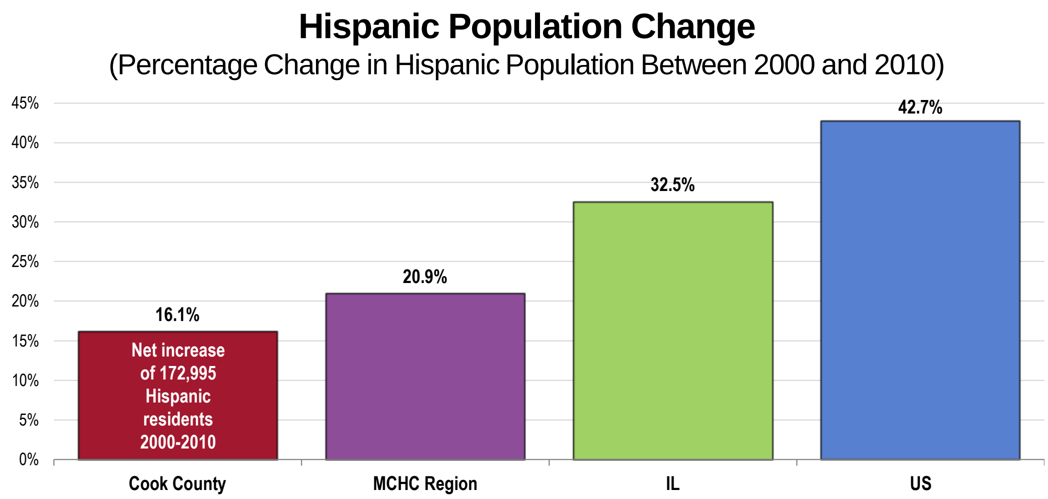
- The following map provides an illustration of the Hispanic concentration in Cook County.

Population Hispanic or Latino, Percent by Tract, ACS 2009-2013



Between 2000 and 2010, the Hispanic population in Cook County increased by 172,995 residents, or 16.1%.

- Lower (in terms of percentage growth) than found regionally.
- Lower than found statewide.
- Much lower (in terms of percentage growth) found nationally.

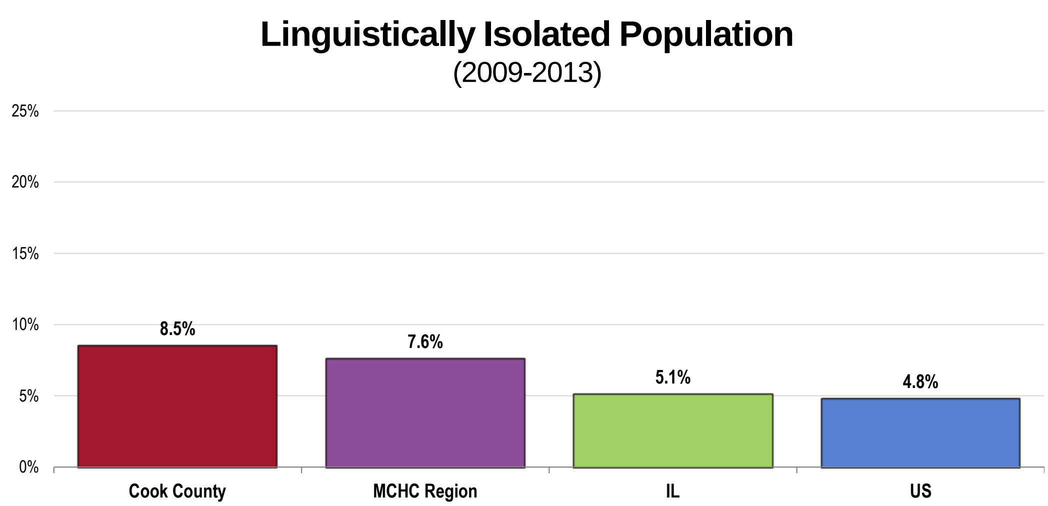


Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Linguistic Isolation

A total of 8.5% of the Cook County population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English "very well").

- Higher than found in the MCHC Region.
- Higher than found statewide.
- Higher than found nationally.

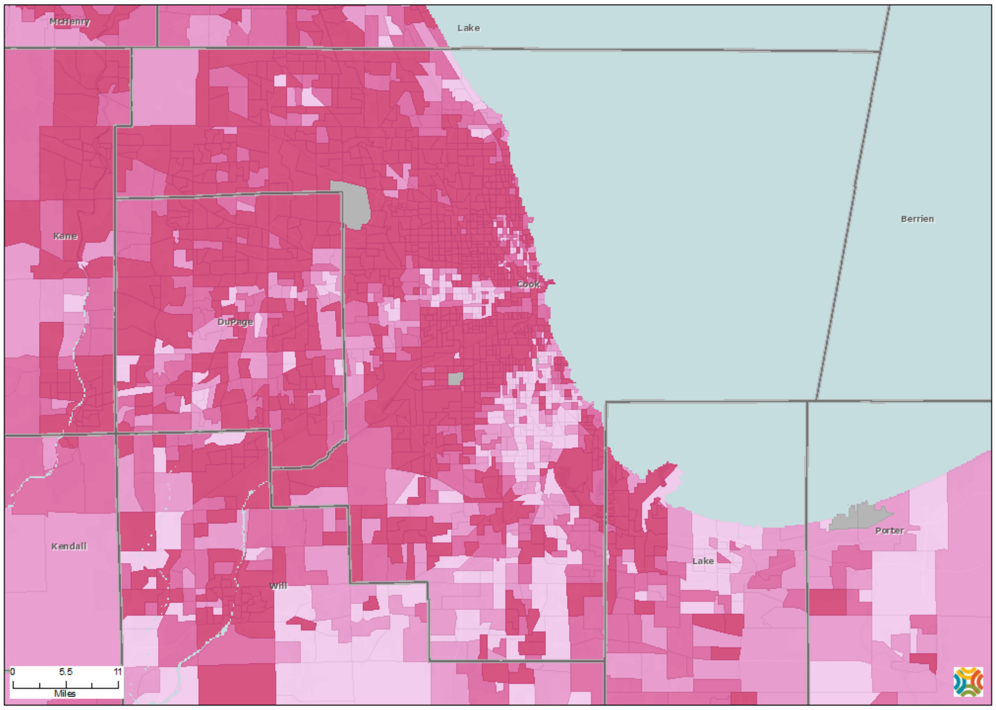


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English "very well."

- Note the following map illustrating linguistic isolation in Cook County.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2009-2013



Map Legend

Population in Linguistically Isolated Households, Percent by Tract, ACS 2009-13

- Over 3.0%
- 1.1 - 3.0%
- 0.1 - 1.1%
- No Population in Linguistically Isolated Households
- No Data or Data Suppressed

Community Commons, 10/16/2015

Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

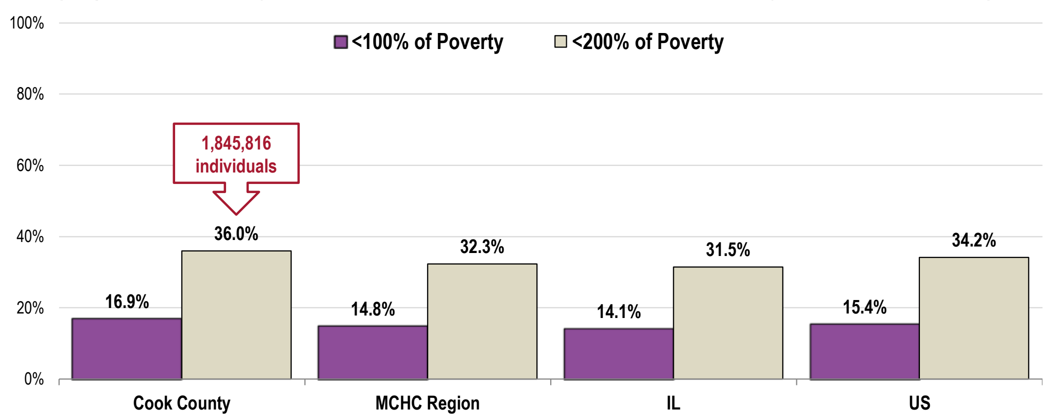
The latest census estimate shows 16.9% of the Cook County population living below the federal poverty level.

In all, 36.0% of Cook County residents (an estimated 1,845,816 individuals) live below 200% of the federal poverty level.

- Higher than the regional percentage.
- Higher than the proportion reported statewide.
- Higher than found nationally.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2009-2013)

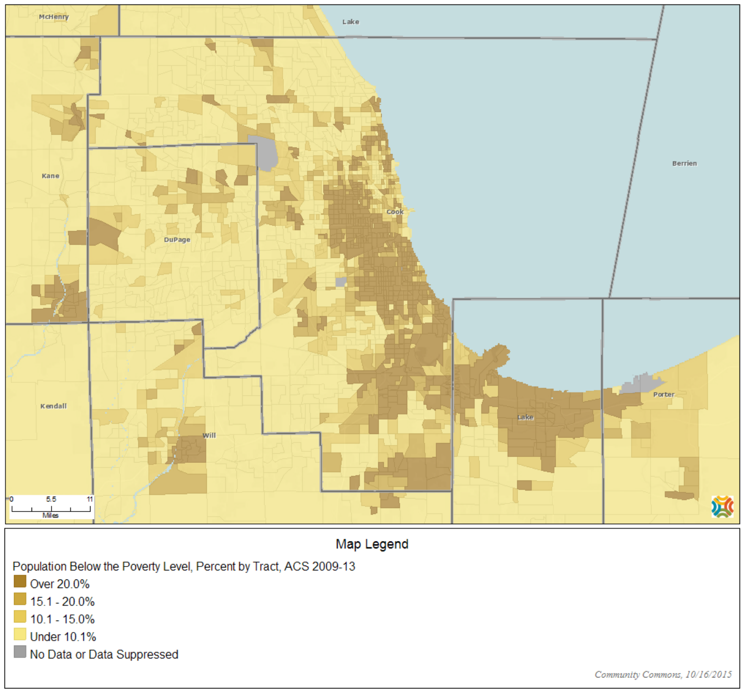


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at http://www.chna.org.

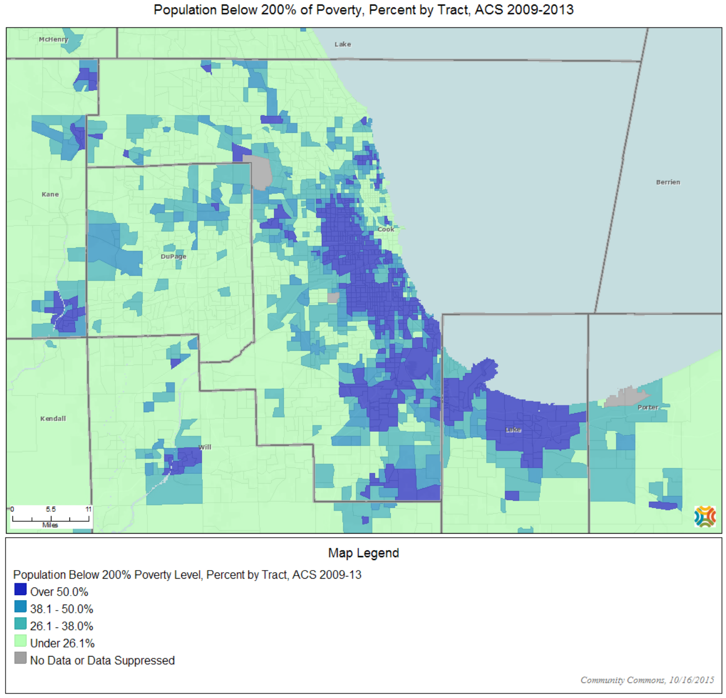
Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- The following maps provide a visual distribution of residents by poverty level in Cook County.

Population Below the Poverty Level, Percent by Tract, ACS 2009-2013



Population Below 200% of Poverty, Percent by Tract, ACS 2009-2013



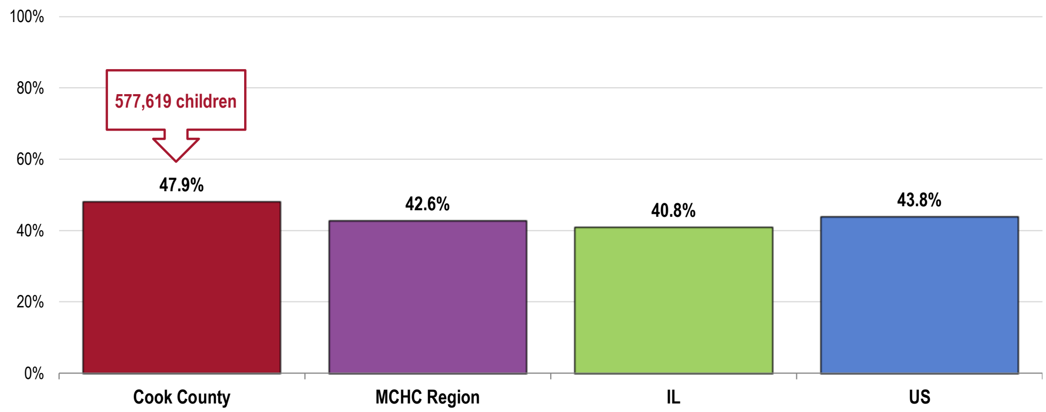
Children in Low-Income Households

Additionally, 47.9% of Cook County children age 0-17 (representing an estimated 577,619 children) live below the 200% poverty threshold.

- Higher than the proportion found regionally.
- Higher than the proportion found statewide.
- Higher than the proportion found nationally.

Percent of Children in Low-Income Households

(Children 0-17 Living Below 200% of the Poverty Level, 2009-2013)

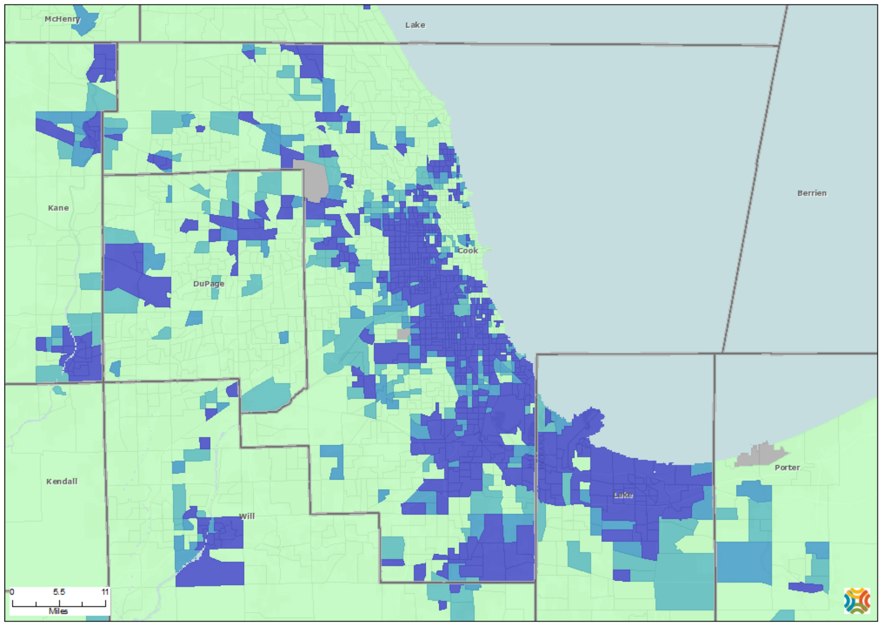


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Note the following geographic breakdown of county children in lower-income households in Cook County.

Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2009-2013



Map Legend

Population Below 200% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2009-13

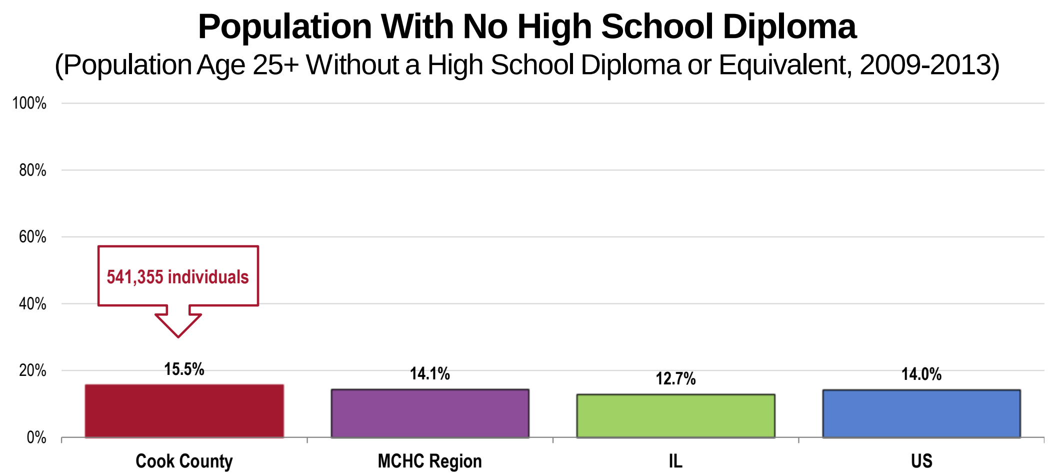
- Over 56.0%
- 47.1 - 56.0%
- 38.1 - 47.0%
- Under 38.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

Community Commons, 10/16/2015

Education

Among the county population age 25 and older, an estimated 15.5% (over 541,000 people) do not have a high school education.

- Less favorable than the MCHC Region.
- Less favorable than found statewide.
- Less favorable than that found nationally.

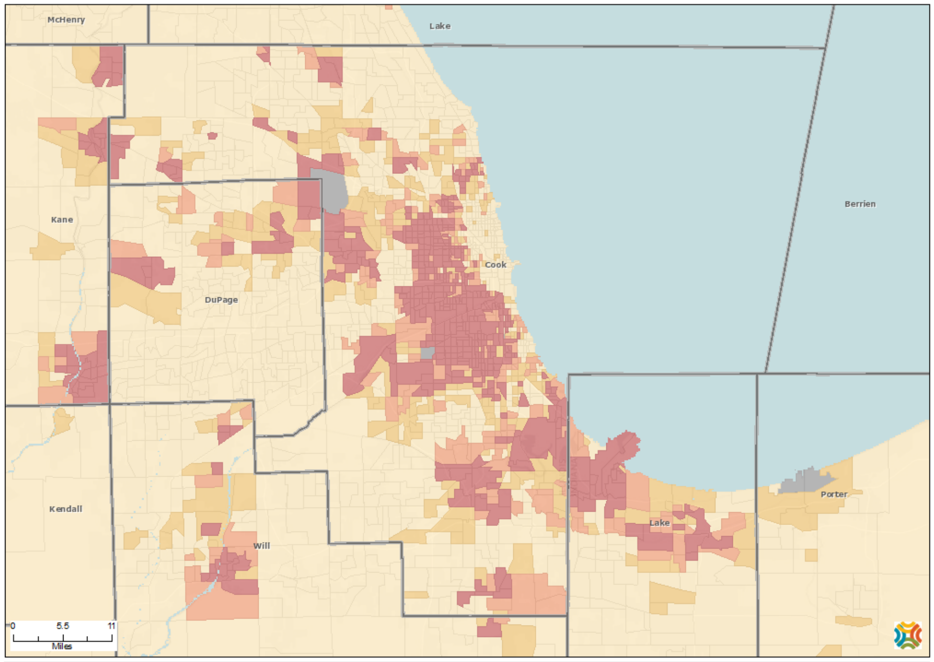


Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
• Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes: • This indicator is relevant because educational attainment is linked to positive health outcomes.

- Note the following map illustrating the county population (age 25+) without a high school diploma.

Population With No High School Diploma, Percent by Tract, ACS 2009-2013



Map Legend

Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2009-13

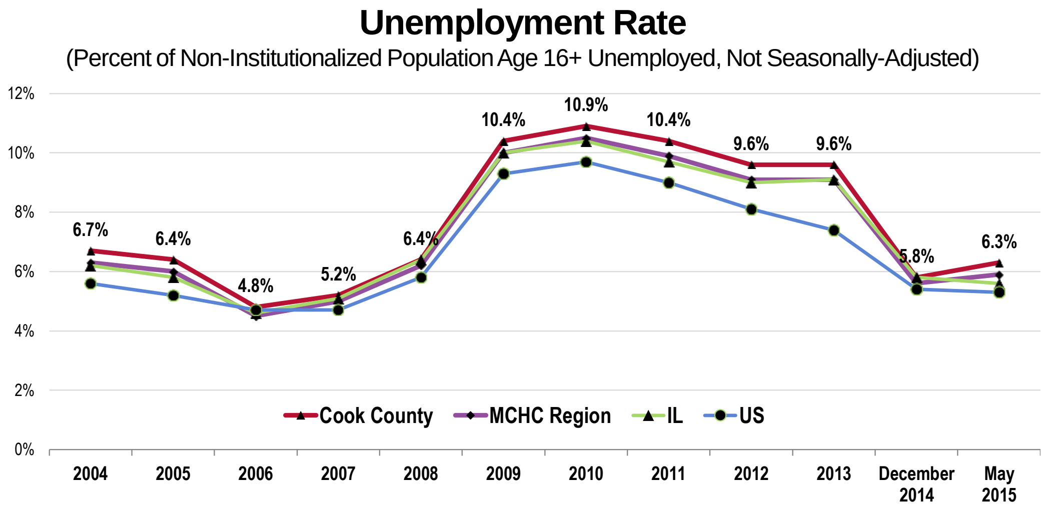
- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed

Community Commons, 10/16/2015

Employment

According to data derived from the US Department of Labor, the unemployment rate in Cook County in May 2015 was 6.3%.

- Less favorable than the regional unemployment rate.
- Less favorable than the statewide unemployment rate.
- Less favorable than the national unemployment rate.
- TREND: Unemployment for the county trended downward after peaking in 2010, echoing the state and national trends.



Sources: ● US Department of Labor, Bureau of Labor Statistics.
● Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes: ● This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

General Health Status

Professional Research Consultants, Inc.

Overall Health Status

Self-Reported Health Status

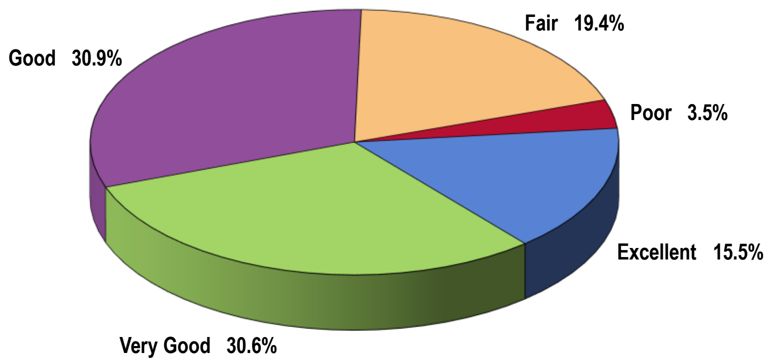
The initial inquiry of the PRC Community Health Survey asked respondents the following:

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

A total of 46.1% of Little Company of Mary Hospital Service Area adults rate their overall health as "excellent" or "very good."

- Another 30.9% gave "good" ratings of their overall health.

Self-Reported Health Status
(Little Company of Mary Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

NOTE:

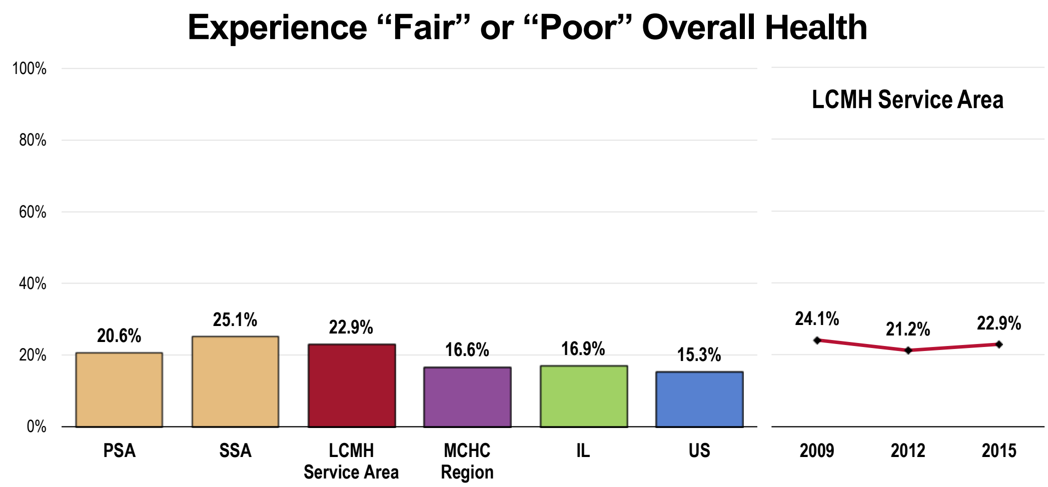
Differences noted in the text represent significant differences determined through statistical testing.

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

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

However, 22.9% of Little Company of Mary Hospital Service Area adults believe that their overall health is "fair" or "poor."

- Less favorable than MCHC Region findings.
- Less favorable than statewide findings.
- Less favorable than the national percentage.
- Similar by service area.
- TREND: No statistically significant change has occurred when comparing "fair/poor" overall health reports to previous survey results.



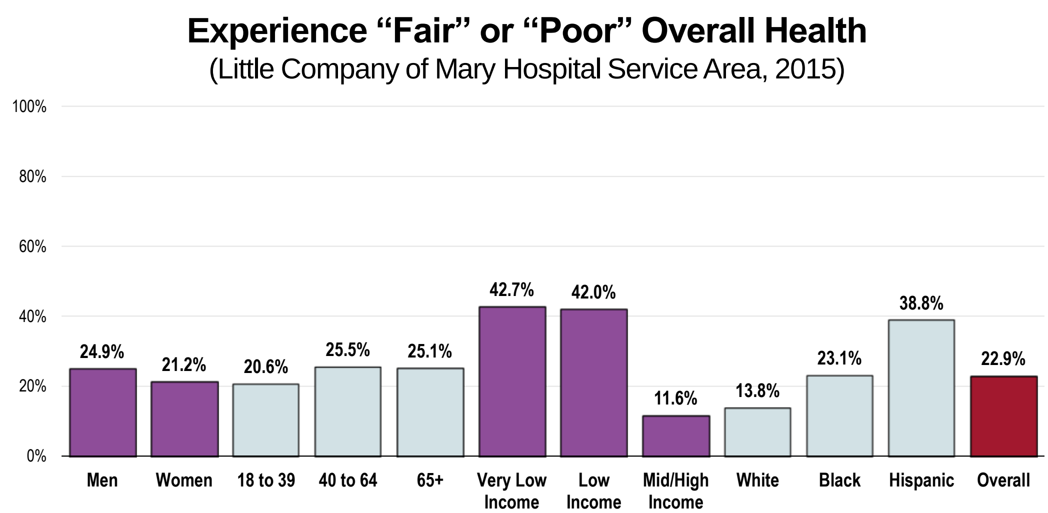
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

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

- Residents living at lower incomes.
- Blacks and Hispanics.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

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



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

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

About Disability & Health

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

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

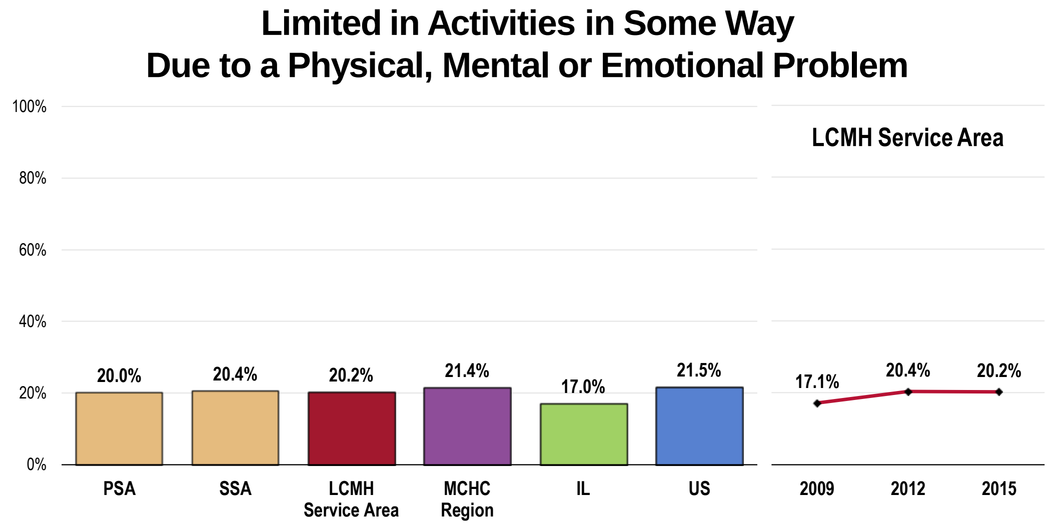
There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO)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

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

- Healthy People 2020 (www.healthypeople.gov)

A total of 20.2% of Little Company of Mary Hospital Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Similar to the MCHC Region.
- Less favorable than the prevalence statewide.
- Similar to the national prevalence.
- Similar by service area.
- TREND: Statistically unchanged over time.

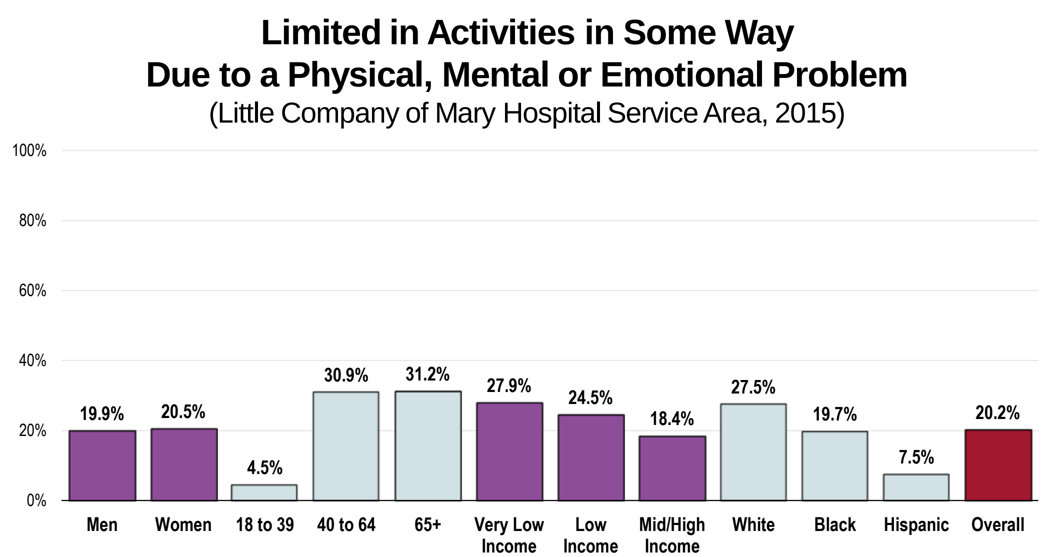


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- Adults age 40 and older are much more often limited in activities.
- Non-Hispanic Whites are more likely to report activity limitations.

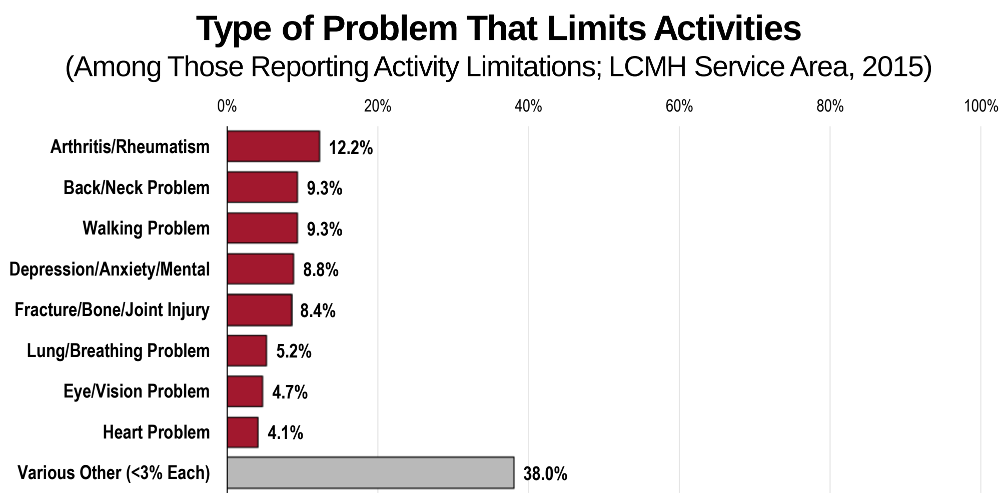


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]

Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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

Other limitations reported with some frequency include mental health issues (depression, anxiety, etc.), lung/breathing problems, vision problems, and cardiac conditions.



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: ● Asked of those respondents reporting activity limitations.

Mental Health

RELATED ISSUE:

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

About Mental Health & Mental Disorders

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

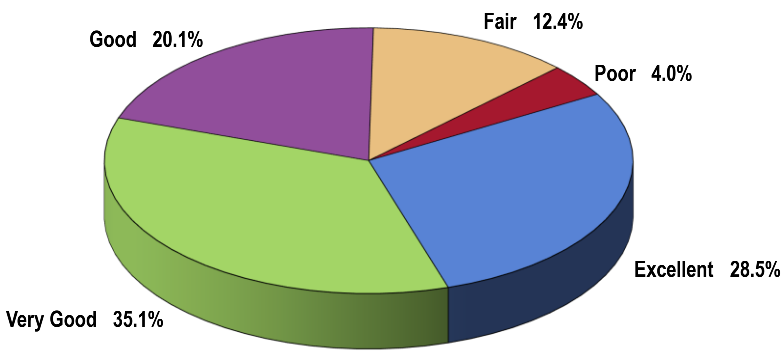
Self-Reported Mental Health Status

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

A total of 63.6% of Little Company of Mary Hospital Service Area adults rate their overall mental health as "excellent" or "very good."

- Another 20.1% gave "good" ratings of their own mental health status.

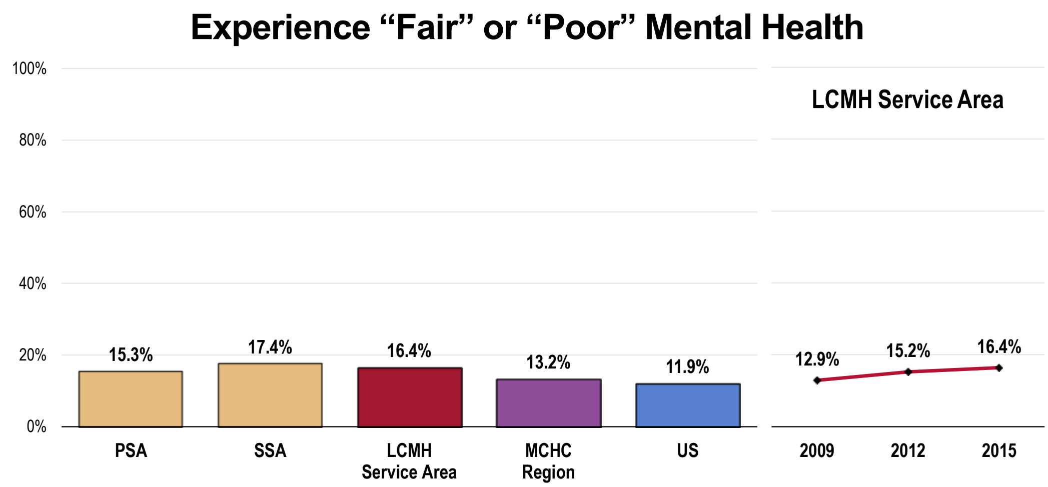
Self-Reported Mental Health Status
(Little Company of Mary Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: • Asked of all respondents.

A total of 16.4% of Little Company of Mary Hospital Service Area adults, however, believe that their overall mental health is "fair" or "poor."

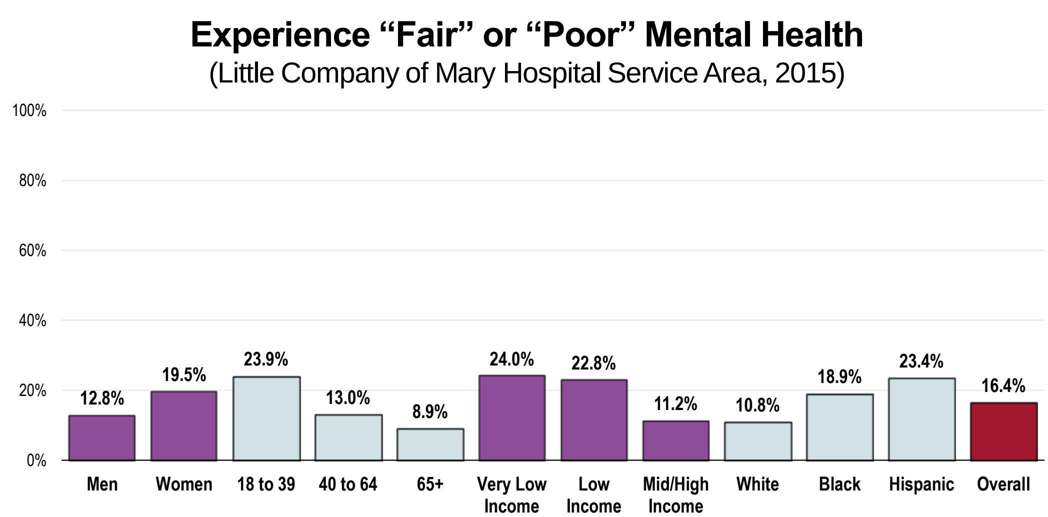
- Higher than the "fair/poor" response reported in the MCHC Region.
- Higher than that reported nationally.
- Similar by service area.
- TREND: Statistically similar to previous studies.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

- Note the <u>negative</u> correlations between poor mental health and both age and income.
- Women, Non-Hispanic Blacks, and Hispanics are <u>more likely</u> to report experiencing "fair/poor" mental health than their demographic counterparts.



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

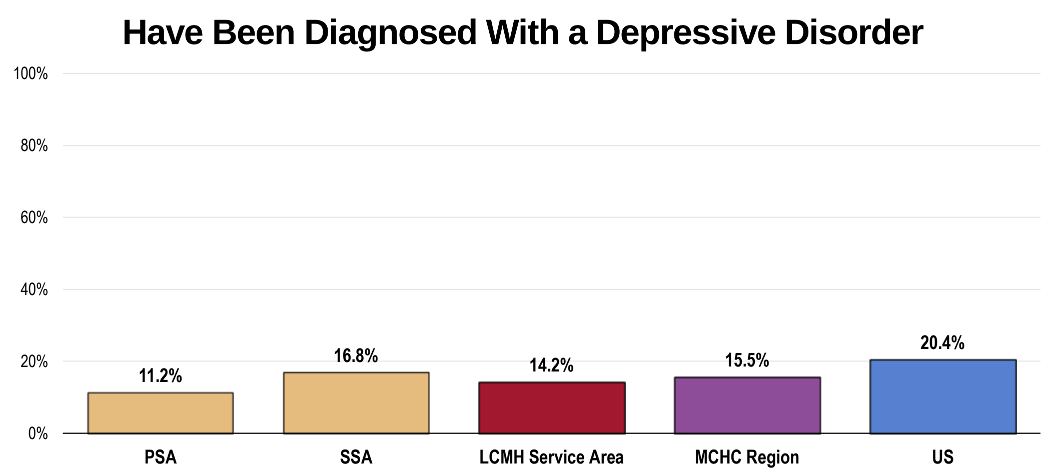
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Depression

Diagnosed Depression

A total of 14.2% of Little Company of Mary Hospital Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Similar to the MCHC Region.
- Better than the national finding.
- Higher in the Secondary Service Area.



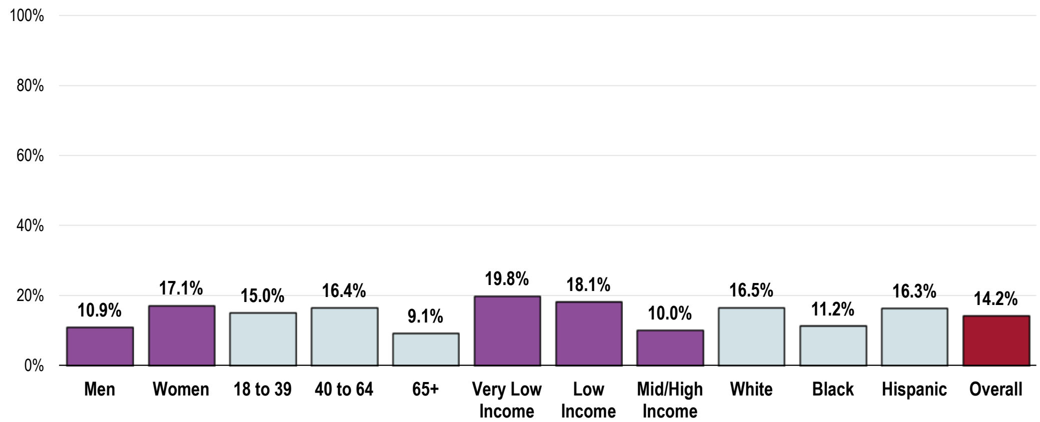
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

The prevalence of diagnosed depression is notably higher among:

- Women.
- Adults younger than 65.
- Community members with lower incomes.

Have Been Diagnosed With a Depressive Disorder
(Little Company of Mary Hospital Service Area, 2015)



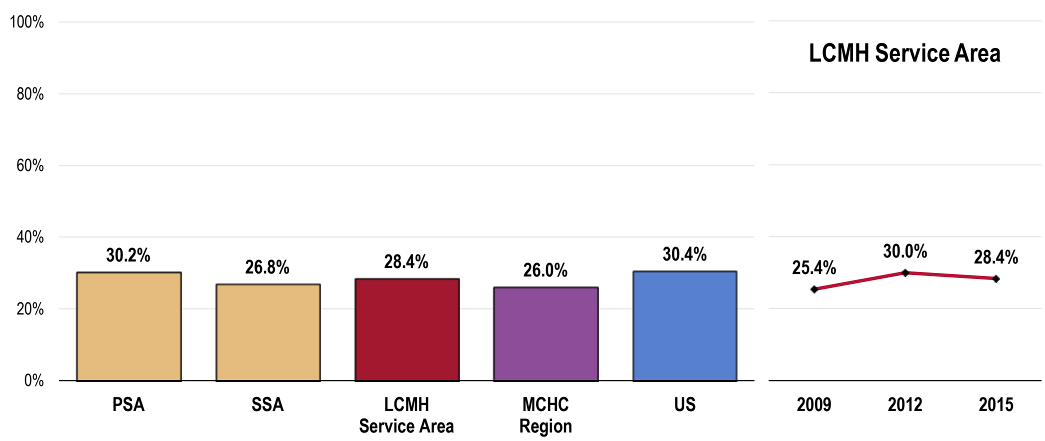
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: • Asked of all respondents.
• Depressive disorders include depression, major depression, dysthymia, or minor depression.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 28.4% of Little Company of Mary Hospital Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

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

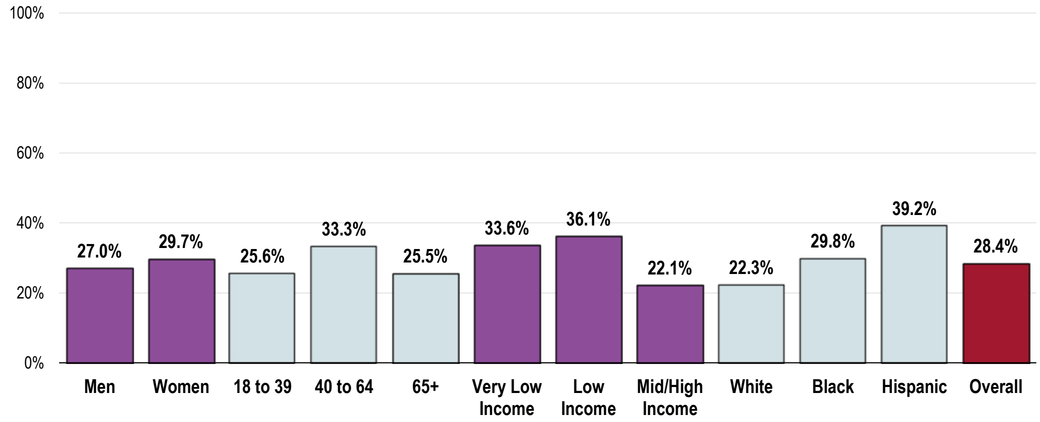
Have Experienced Symptoms of Chronic Depression



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

- The prevalence of chronic depression is notably higher among adults ages 40 to 64, those with lower incomes, and Hispanics.

Have Experienced Symptoms of Chronic Depression
(Little Company of Mary Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: • Asked of all respondents.
• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

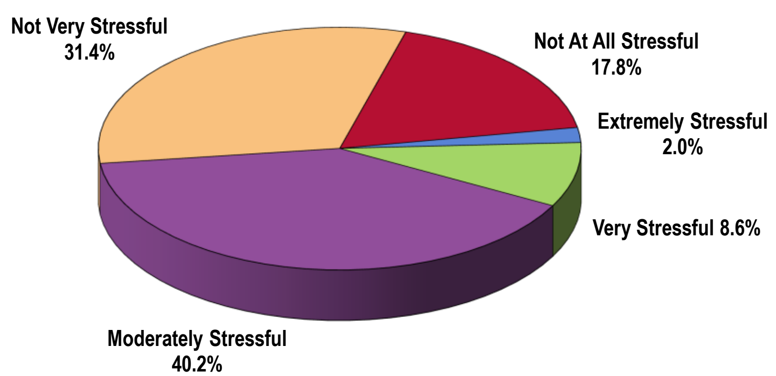
Nearly half of regional adults consider their typical day to be "not very stressful" (31.4%) or "not at all stressful" (17.8%).

RELATED ISSUE:

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

- Another 40.2% of respondents say their typical day is "moderately stressful."

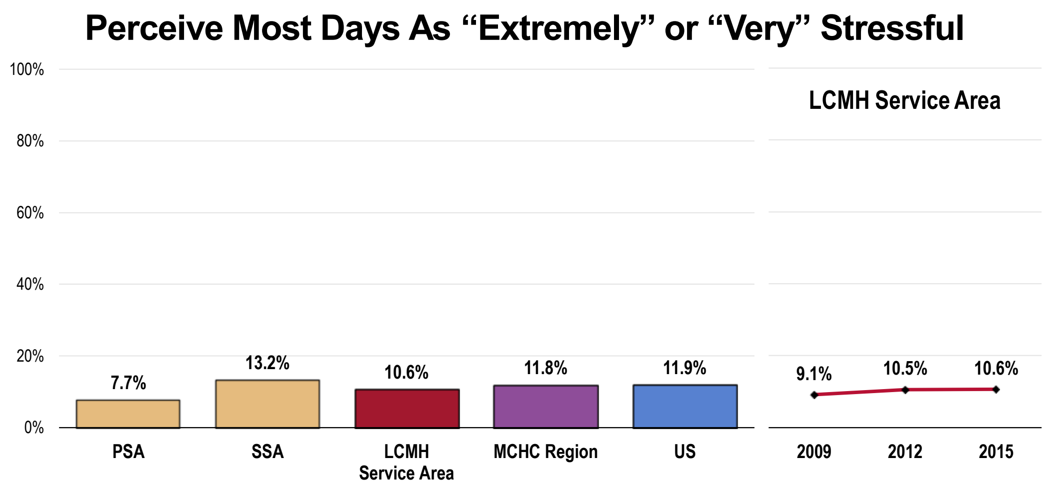
Perceived Level of Stress On a Typical Day
(Little Company of Mary Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: • Asked of all respondents.

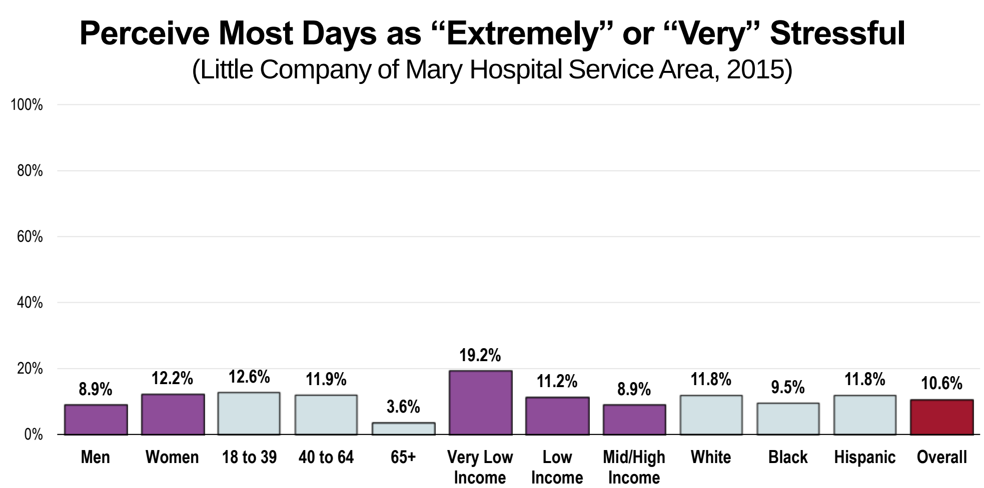
In contrast, 10.6% of Little Company of Mary Hospital Service Area adults experience "very" or "extremely" stressful days on a regular basis.

- Similar to the MCHC Region.
- Similar to the national findings.
- Higher in the Secondary Service Area.
- TREND: Statistically similar to the 2009 findings.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 102]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Note that high stress levels are less prevalent among older residents and higher-income adults (negative correlations with age and income).



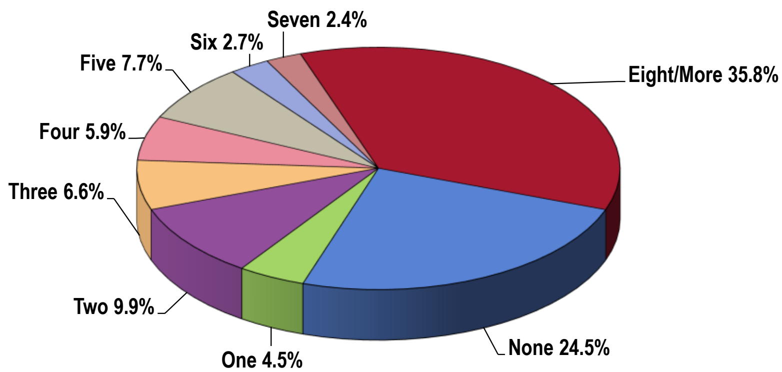
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Sleep

While 24.5% of survey respondents did not experience any days in the past month on which they did not get enough sleep, the majority (61.1%) reports experiencing 3 or more days in the past month on which they did not get enough rest or sleep.

Number of Days in the Past Month Without Enough Sleep

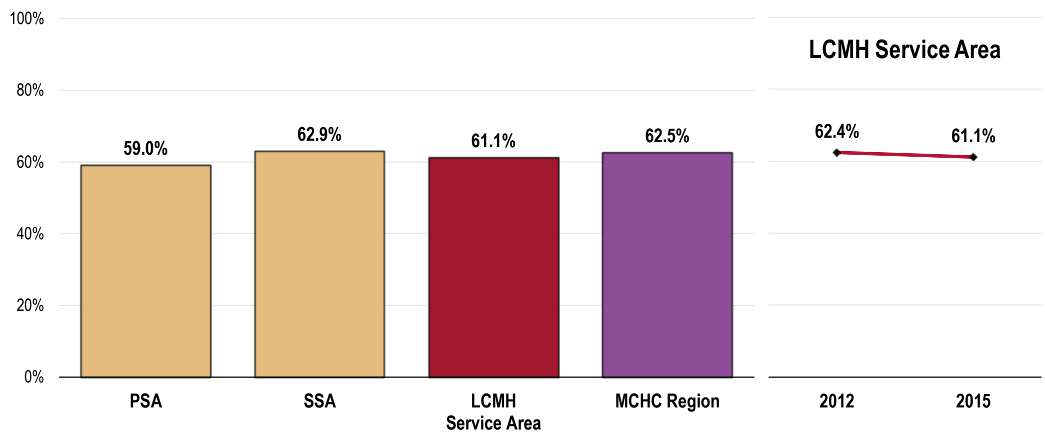
(Little Company of Mary Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
Notes: • Asked of all respondents.

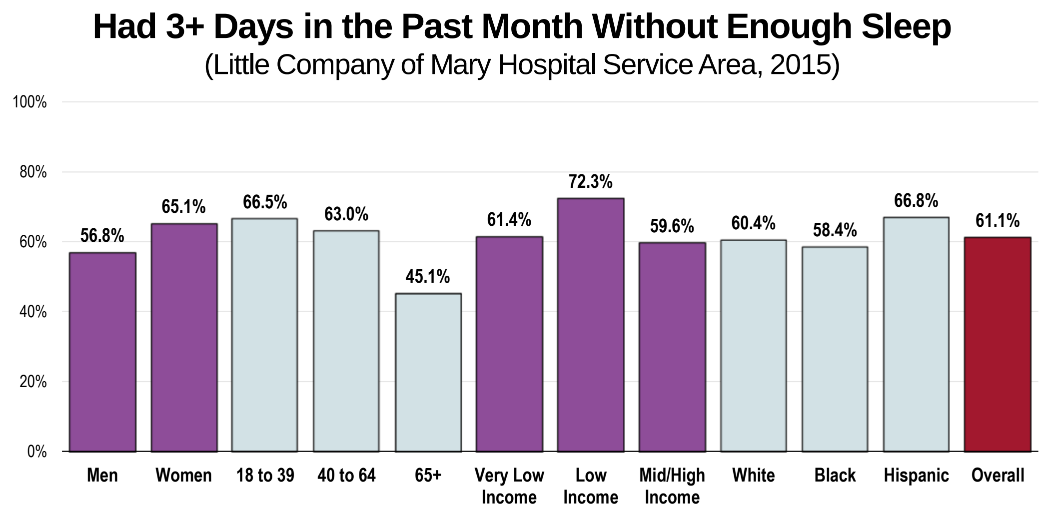
- The percentage of area adults reporting 3+ days is similar to the MCHC Region.
- Similar by service area.
- TREND: Statistically unchanged from 2012.

Had 3+ Days in the Past Month Without Enough Sleep



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 179]
Notes: • Asked of all respondents.

- Adults more likely to report 3+ days of poor sleep in the past month include women, those younger than 65 (negative correlation with age) and low-income adults.



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 179]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide

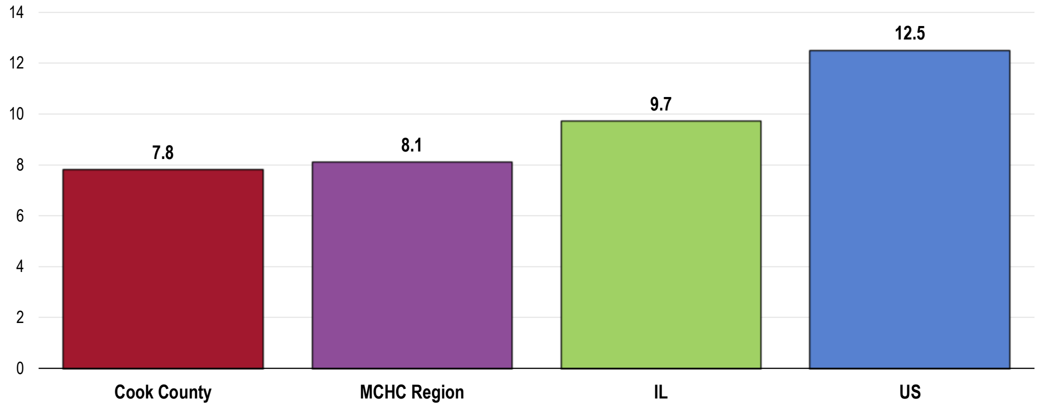
Between 2011 and 2013, there was an annual average age-adjusted suicide rate of 7.8 deaths per 100,000 population in Cook County.

- Similar to the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

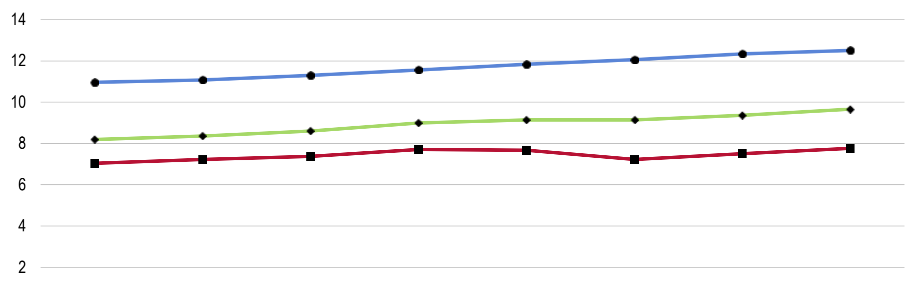
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The area suicide rate has trended upward in recent years, echoing state and national trends.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	7.0	7.2	7.4	7.7	7.7	7.2	7.5	7.8
Illinois	8.2	8.4	8.6	9.0	9.1	9.1	9.4	9.7
US	11.0	11.1	11.3	11.6	11.8	12.1	12.3	12.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

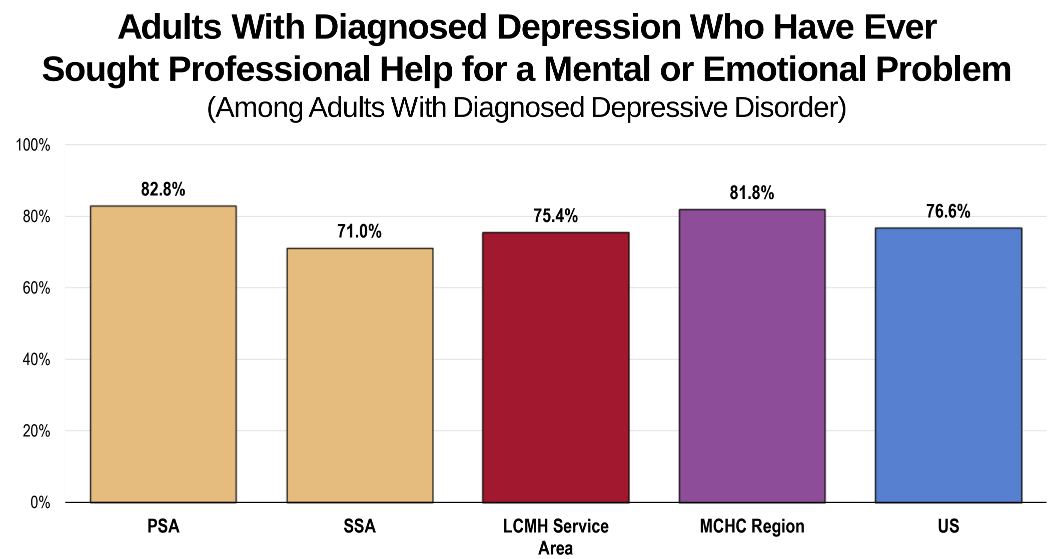
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

Among adults with a diagnosed depressive disorder, 75.4% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to the MCHC Region.
- Similar to national findings.
- Statistically similar by service area.

"Diagnosed depressive disorder" includes respondents reporting a past diagnosis of a depressive disorder by a physician (such as depression, major depression, dysthymia, or minor depression).

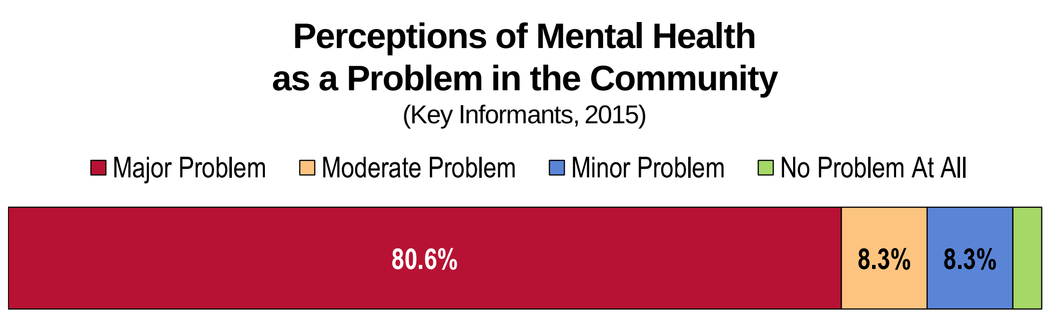


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).
• *Use caution when interpreting these survey results, as the sample size falls below 50.

Key Informant Input: Mental Health

The vast majority of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.



Sources: • 2015 PRC Online Key Informant Survey.

CHALLENGES

Among those rating this issue as a “major problem,” the following represent what key informants see as the main challenges for persons with mental illness:

Lack of Resources

> *Ongoing supportive services, housing, maintaining medication. – Social Service Representative*
>
> *While there are a number of mental health programs in the community, the biggest challenge is housing for individuals facing mental health challenges. Many of the homeless in the neighborhood have mental health issues. – Other Health Provider*
>
> *Recognizing the need for help, accessing appropriate treatment, and follow-up care. – Community/Business Leader*
>
> *Lack of Inpatient treatment facilities, lack of programs in general. Undiagnosed problems, lack of money for medications, lack of compliance when medication is provided. No oversight/support by family or friends. Social stigmas prevent people from seeking help. – Social Service Representative*
>
> *Not enough specialists. – Physician*
>
> *Not enough mental health care is available to those that are affected by the problem. – Community/Business Leader*
>
> *Lack of resources because of cutbacks. – Community/Business Leader*
>
> *Mental Health services have been cut on local, city and state levels. Residents don't have access to services and are not processing the social and emotional challenges. – Other Health Provider*
>
> *Lack of access to counseling, psychiatrists and other mental health resources. – Public Health Expert*

Access to Care

> *Getting services. – Public Health Expert*
>
> *Lack of access to mental health care for Medicaid coverage in Metro Chicago. – Other Health Provider*
>
> *Long waiting lists to access psychiatric services and medications and in particular for persons recently incarcerated. – Community/Business Leader*
>
> *Clinics being closed. – Social Service Representative*
>
> *Access to care, stigma. – Physician*
>
> *Having access to an integrated care system that allows for coordinated care and management for mentally ill patients. – Other Health Provider*

Statistics

> *Illinois (IL) ranks 35th nationally in per-income spending for the treatment of mental illness. IL ranks 13th in per capita income (Center for Tax and Budget Accountability, Feb 2010). In 2006, IL spent $1,679 per mental health client. This is 61 percent less than the average expenditure in the top 10 states (State Mental Health Spending Report, Nov 2009). The conservative estimate is that 7.7 percent of IL adults, or more than 994,000, had a severe mental illness during the past year (U.S. Center for Mental Health Services, Census data Jul 2009). IL's population is 29.1 percent children under the age of 19 (3,614,014), 10 percent of these children (361,401) have a serious emotional disturbance impairing their functioning and ability to learn (U.S. Surgeon General’s Report on Children, 2003,Census Jul 2009). – Public Health Expert*
>
> *Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider*

Social Stigma

> *Stigma related to mental health is huge. Most people don't admit having mental health issues. There are far too few services available to serve people when they do acknowledge having mental health issues. – Community/Business Leader*
>
> *Social stigma. – Physician*
>
> *The stigma attached to mental health in the African American community. Coupled with the diminishing resources due to budget cuts. – Other Health Provider*
>
> *This is the leading cause to community violence, people do not realize they have mental health concerns and avoid doctor visits due to the stigma of being ill. – Community/Business Leader*

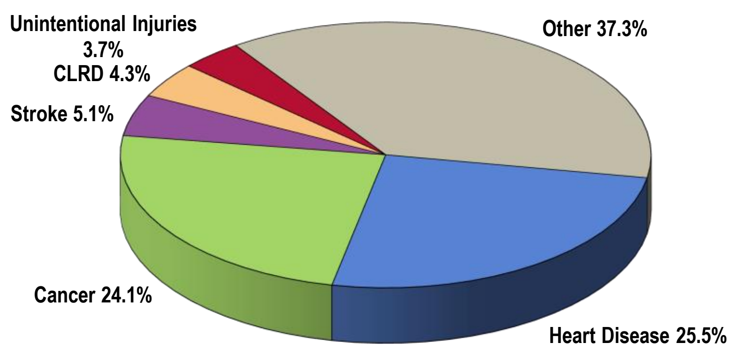
Death, Disease & Chronic Conditions

Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for over one-half of all deaths in Cook County in 2013.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

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

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

The following chart outlines 2011-2013 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Little Company of Mary Hospital Service Area.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Note that age-adjusted mortality rates in Cook County are worse than national rates for heart disease, cancer, pneumonia/influenza, kidney disease, homicide, and firearm-related deaths.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, Cook County rates fail to satisfy the related goals for heart disease, cancer, stroke, homicide, liver disease, and firearm-related deaths.

Age-Adjusted Death Rates for Selected Causes

(2011-2013 Deaths per 100,000 Population)

	Cook County	MCHC Region	Illinois	US	HP2020
Diseases of the Heart	183.4	172.0	173.9	171.3	156.9*
Malignant Neoplasms (Cancers)	174.5	169.2	174.2	166.2	161.4
Cerebrovascular Disease (Stroke)	36.8	35.4	37.7	37.0	34.8
Chronic Lower Respiratory Disease (CLRD)	31.1	31.0	39.3	42.0	n/a
Unintentional Injuries	26.6	25.7	32.9	39.2	36.4
Diabetes Mellitus	20.6	19.3	19.4	21.3	20.5*
Pneumonia/Influenza	17.1	16.6	16.8	15.3	n/a
Alzheimer's Disease	15.8	16.4	20.0	24.0	n/a
Kidney Diseases	17.2	16.2	17.1	13.2	n/a
Drug-Induced	11.2	11.1	12.1	14.1	11.3
Firearm-Related	11.2	9.6	8.8	10.4	9.3
Homicide/Legal Intervention	10.5	8.6	6.3	5.3	5.5
Cirrhosis/Liver Disease	8.8	8.3	8.5	9.9	8.2
Intentional Self-Harm (Suicide)	7.8	8.1	9.7	12.5	10.2
Motor Vehicle Deaths	5.8	5.4	7.9	10.7	12.4
HIV/AIDS	2.7	2.2	1.6	2.2	3.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

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

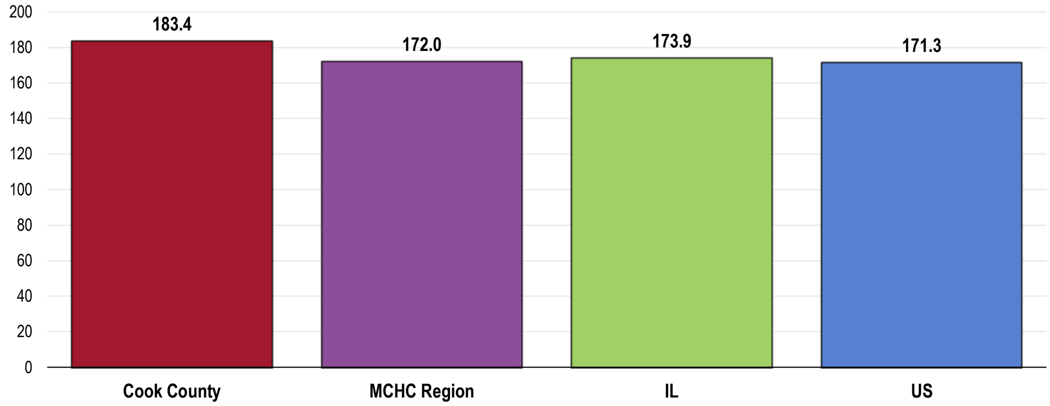
Between 2011 and 2013 there was an annual average age-adjusted heart disease mortality rate of 183.4 deaths per 100,000 population in Cook County.

- Less favorable than the MCHC Region.
- Less favorable than the statewide rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).

Heart Disease: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

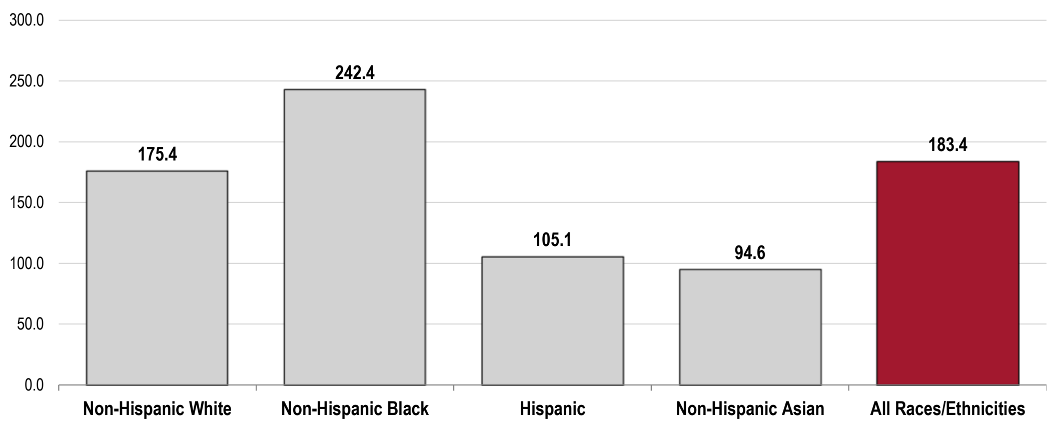
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account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

- By race, the heart disease mortality rate is notably higher among Non-Hispanic Whites (and especially high among Non-Hispanic Blacks) when compared with Non-Hispanic Asians and Hispanics.

Heart Disease: Age-Adjusted Mortality by Race

(Cook County; 2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

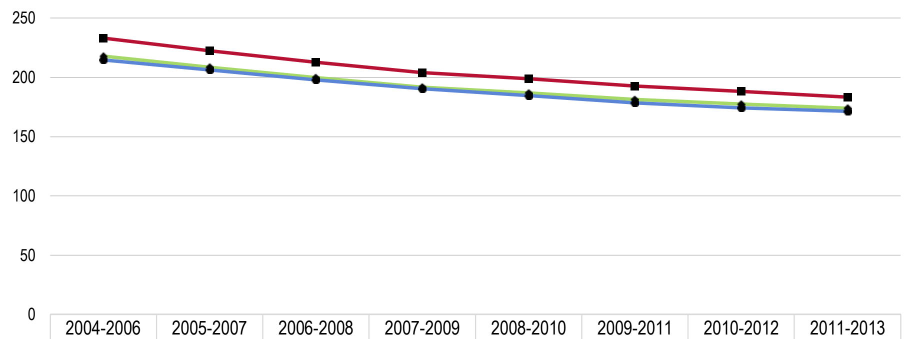
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account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

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

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	233.0	222.5	212.6	204.1	198.9	192.7	188.1	183.4
Illinois	217.8	208.4	199.9	191.7	186.9	181.3	177.5	173.9
US	214.6	206.1	197.9	190.3	184.7	178.5	174.4	171.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

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

Stroke Deaths

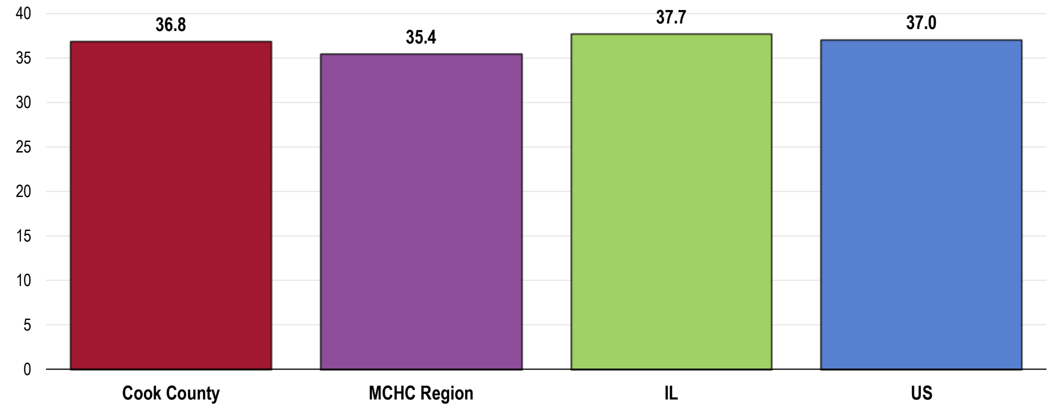
Between 2011 and 2013, there was an annual average age-adjusted stroke mortality rate of 36.8 deaths per 100,000 population in Cook County.

- Similar to the MCHC Region.
- Similar to the Illinois rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target of 34.8 or lower.

Stroke: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

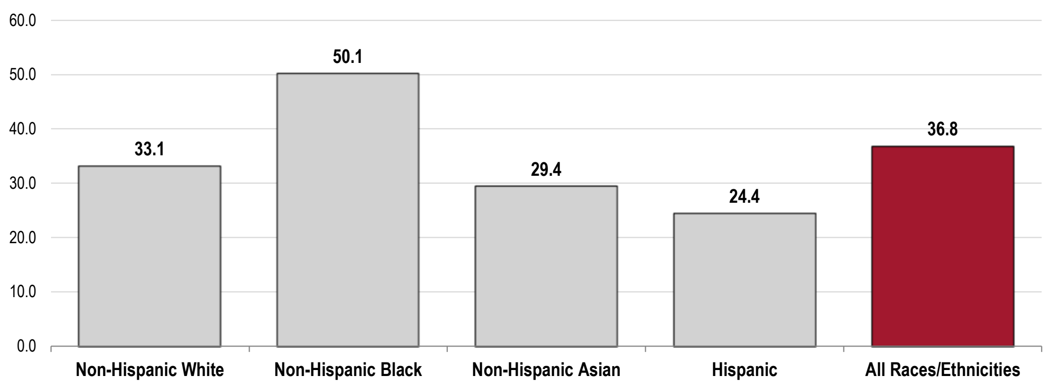
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- Stroke mortality is highest in the Non-Hispanic Black population, lowest among Hispanics in Cook County.

Stroke: Age-Adjusted Mortality by Race

(Cook County; 2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower

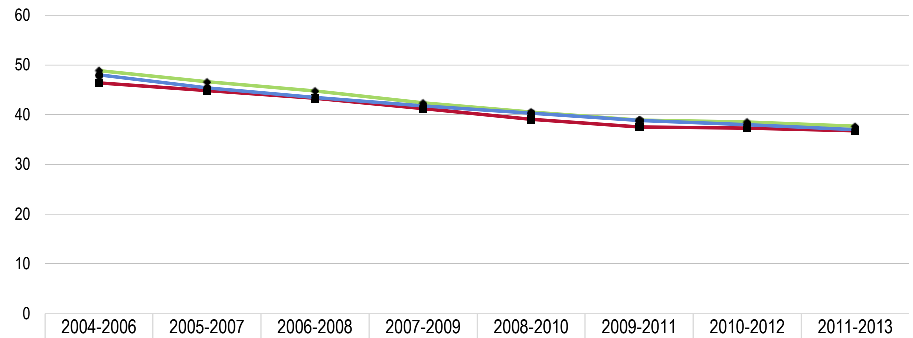


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

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

- TREND: The stroke rate has <u>declined</u> in recent years, echoing the trends reported across Illinois and the US overall.

Stroke: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 34.8 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	46.4	44.8	43.3	41.2	39.1	37.5	37.3	36.8
Illinois	48.9	46.7	44.8	42.4	40.5	38.9	38.5	37.7
US	48.0	45.4	43.5	41.7	40.3	38.9	38.0	37.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

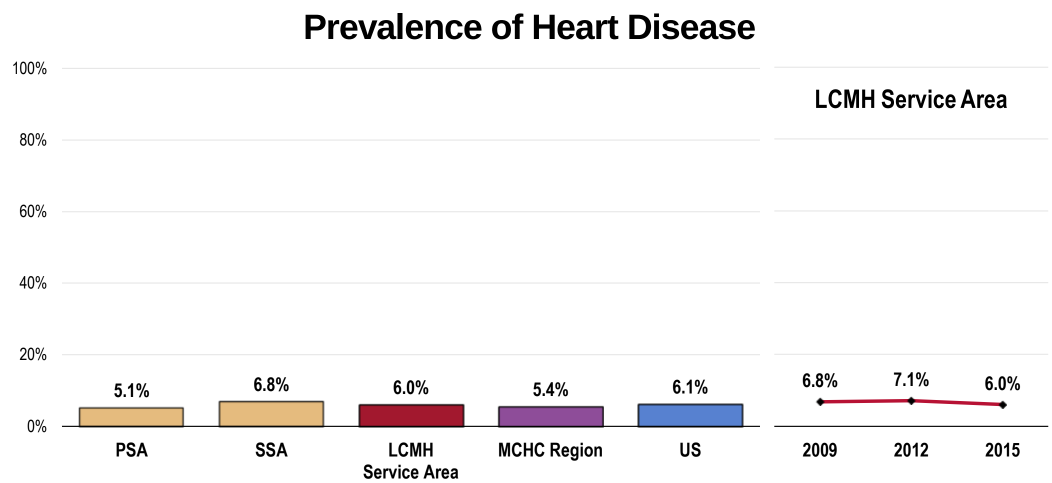
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 6.0% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the MCHC Region.
- Similar to the national prevalence.
- Similar by service area.
- TREND: Statistically unchanged since 2009.

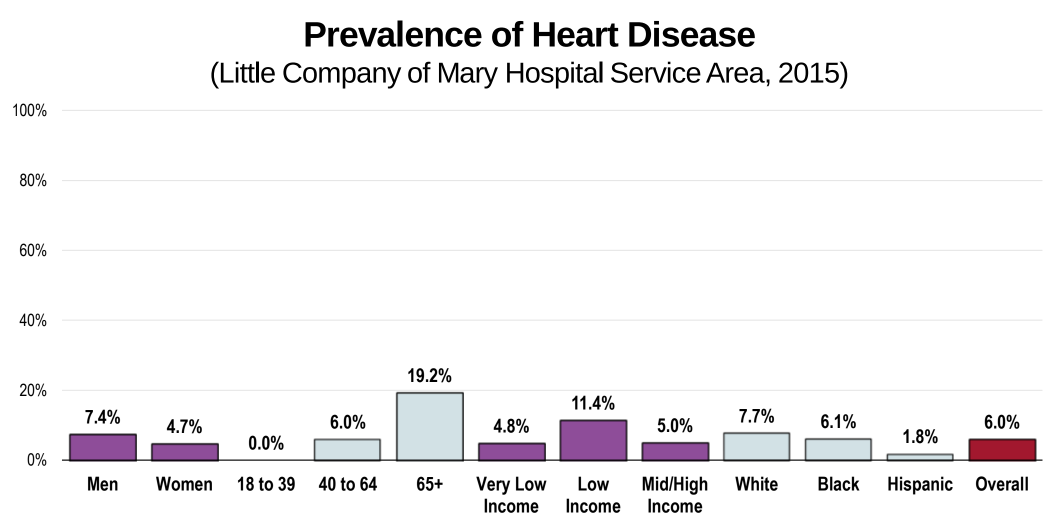


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 124]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
• Includes diagnoses of heart attack, angina or coronary heart disease.

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

- Seniors (positive correlation with age).
- Residents living just above the federal poverty level (aka "the working poor").
- Whites and Blacks.



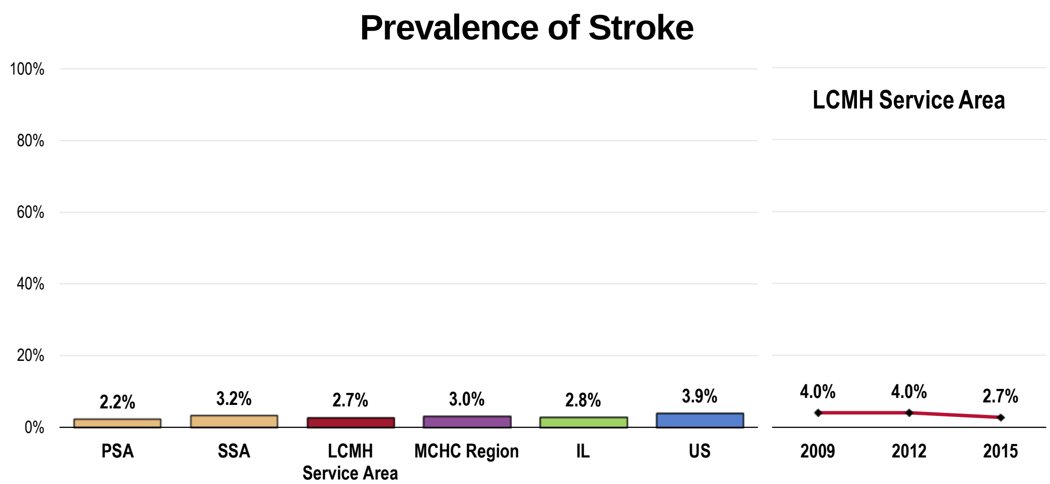
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]

Notes: • Asked of all respondents.
• Includes diagnoses of heart attack, angina or coronary heart disease.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 2.7% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to the MCHC Region.
- Similar to statewide findings.
- Similar to national findings.
- Similar by service area.
- TREND: No statistical change from 2009 survey findings.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

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

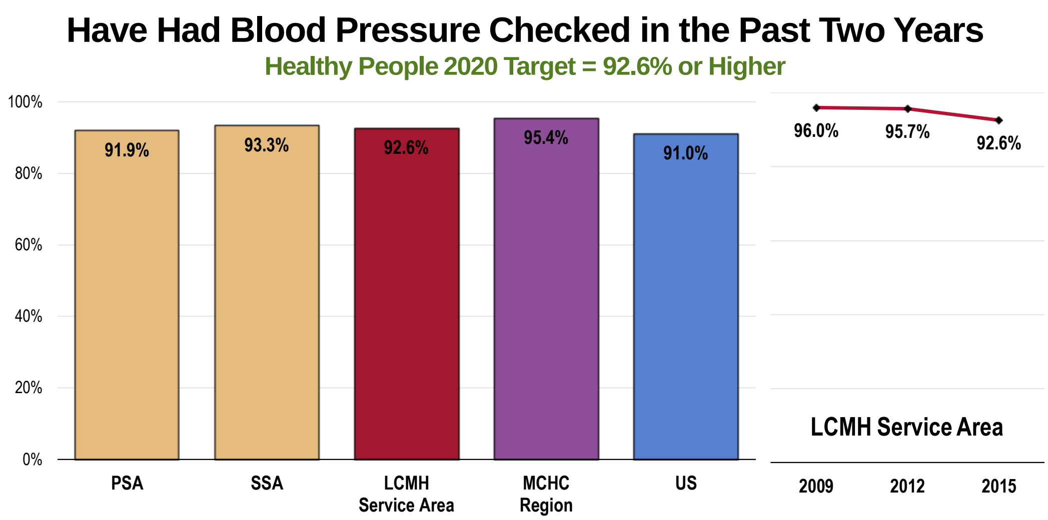
- Healthy People 2020 (www.healthypeople.gov)

Hypertension (High Blood Pressure)

High Blood Pressure Testing

A total of 92.6% of Little Company of Mary Hospital Service Area adults have had their blood pressure tested within the past two years.

- Less favorable than the MCHC Region.
- Similar to the national findings.
- Satisfies the Healthy People 2020 target (92.6% or higher).
- Similar by service area.
- TREND: Less favorable than 2009 results.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

Notes: • Asked of all respondents.

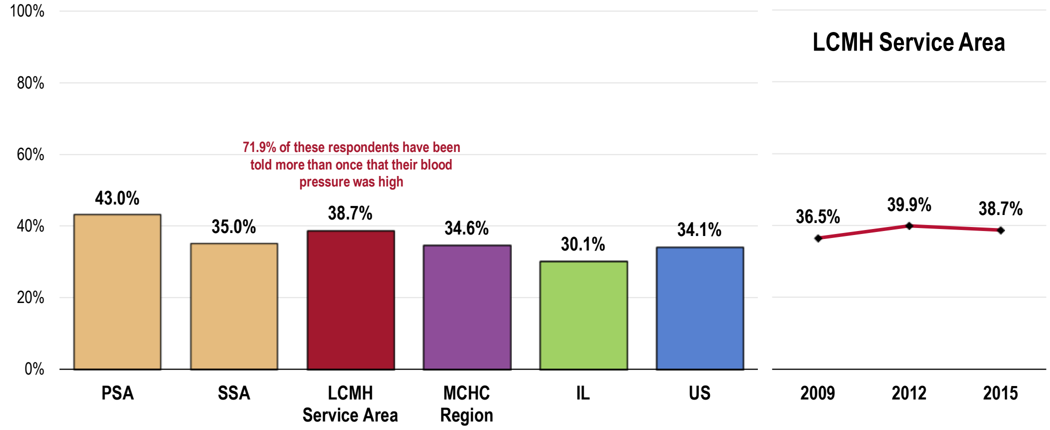
Prevalence of Hypertension

A total of 38.7% of adults have been told at some point that their blood pressure was high.

- Higher than the MCHC Region.
- Higher than the Illinois prevalence.
- Higher than the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Higher in the Primary Service Area.
- TREND: Statistically unchanged over time.
- Among hypertensive adults, 71.9% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 125]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes: ● Asked of all respondents.

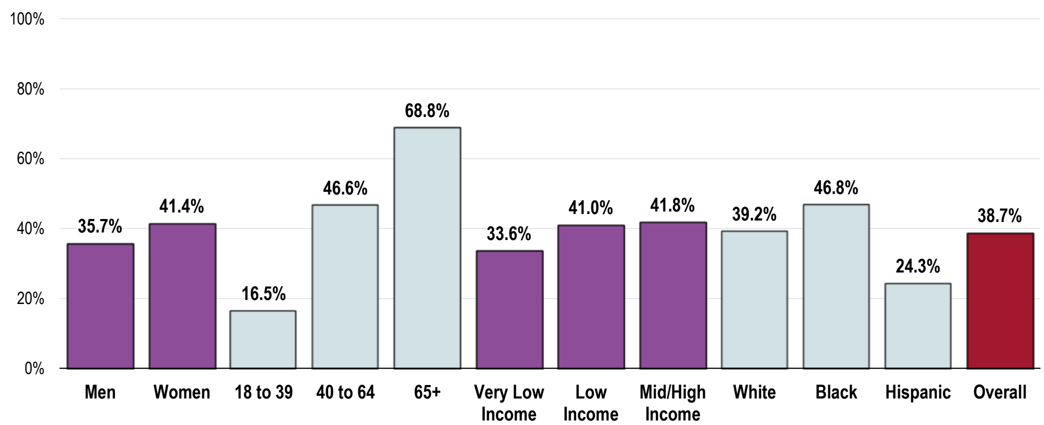
Hypertension diagnoses are higher among:

- Adults age 40 and older, and especially those age 65+ (positive correlation).
- Whites and Blacks.

Prevalence of High Blood Pressure

(Little Company of Mary Hospital Service Area, 2015)

Healthy People 2020 Target = 26.9% or Lower



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

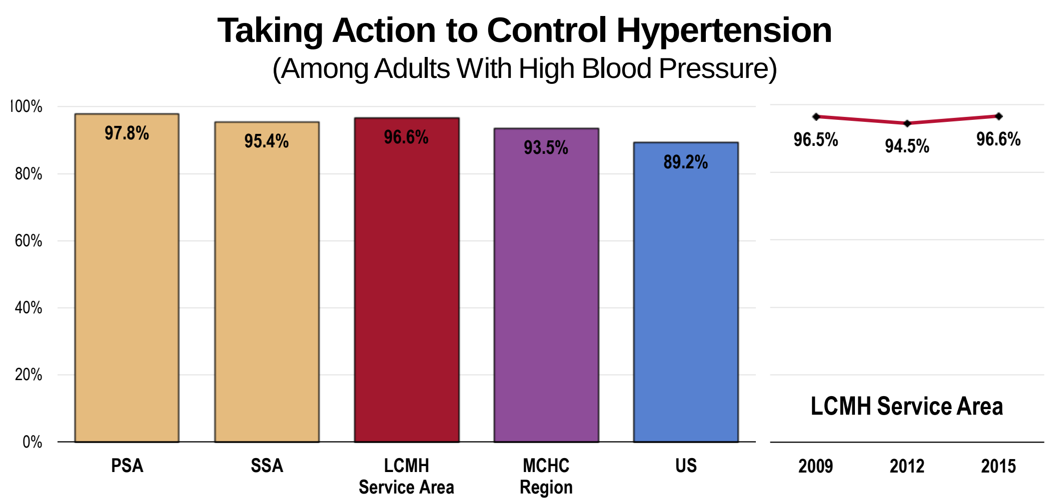
Hypertension Management

Among respondents who have been told that their blood pressure was high, 96.6% report that they are currently taking actions to control their condition.

- More favorable than the MCHC Region.
- More favorable than the national findings.
- Similar by service area.
- TREND: Nearly identical to 2009 finding.

Respondents reporting high blood pressure were further asked:

"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood pressure.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

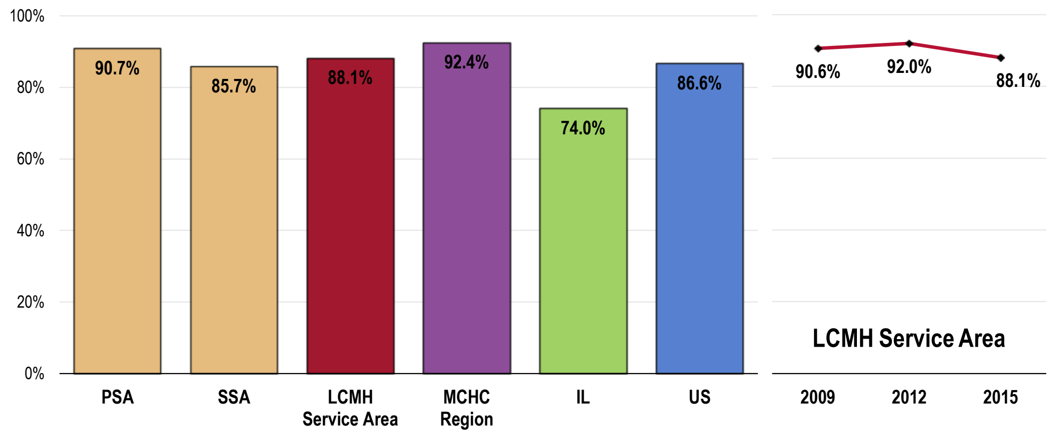
Blood Cholesterol Testing

A total of 88.1% of Little Company of Mary Hospital Service Area adults have had their blood cholesterol checked within the past five years.

- Less favorable than the MCHC Region.
- More favorable than Illinois findings.
- Similar to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Lower in the Secondary Service Area.
- TREND: Statistically unchanged over time.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.

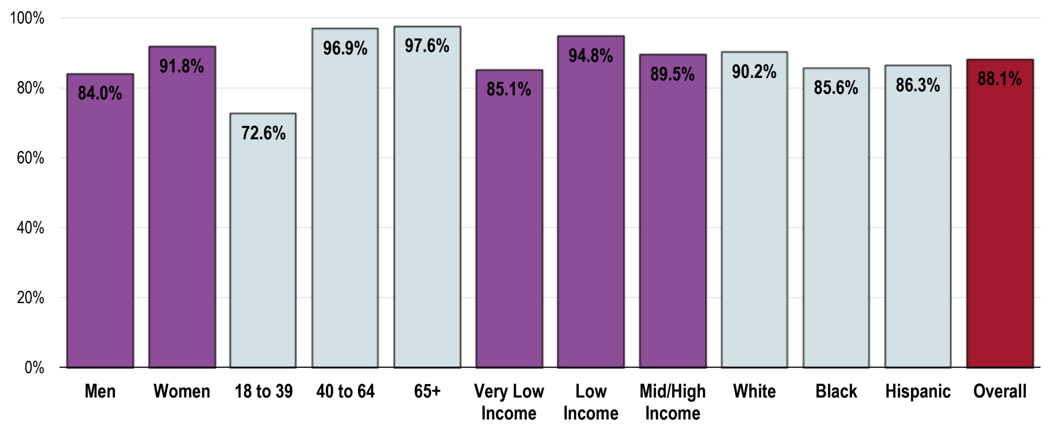
The following demographic segments report <u>lower</u> screening levels:

- Men.
- Adults ages 18 to 39.
- Residents in the lowest income breakout.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

(Little Company of Mary Hospital Service Area, 2015)

Healthy People 2020 Target = 82.1% or Higher



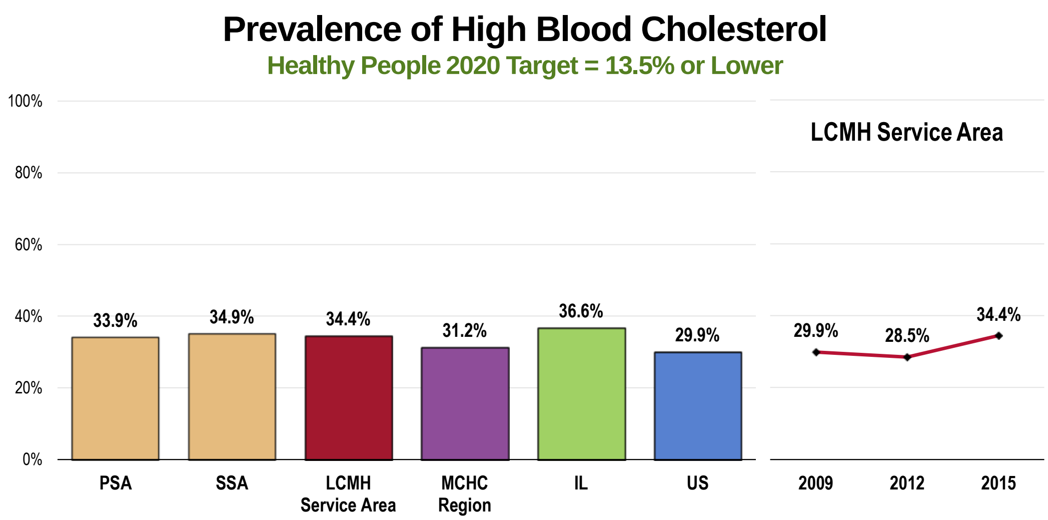
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported High Blood Cholesterol

A total of 34.4% of adults have been told by a health professional that their cholesterol level was high.

- Similar to the MCHC Region.
- Similar to the Illinois findings.
- Less favorable than the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- Similar between both service areas.
- TREND: Statistically unchanged since 2009.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- *The Illinois data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

Note that 6.7% of Little Company of Mary Hospital Service Area adults report not having high blood cholesterol, <u>but</u>: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

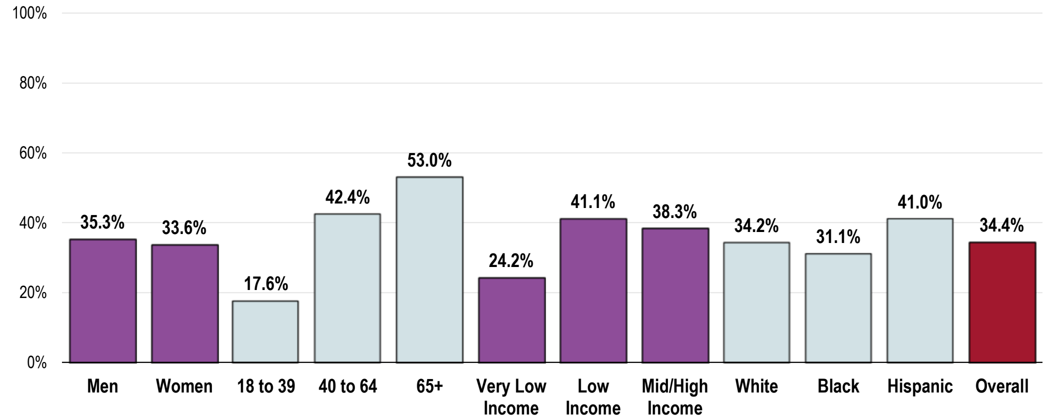
Further note the following:

- There is a positive correlation between age and high blood cholesterol.
- There is a higher prevalence among those living above the poverty level.

Prevalence of High Blood Cholesterol

(Little Company of Mary Hospital Service Area, 2015)

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

Respondents reporting high cholesterol were further asked:

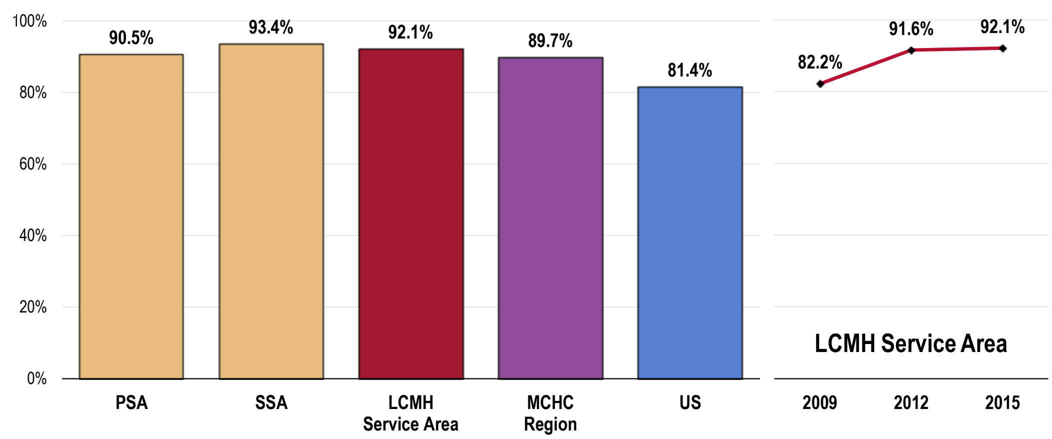
"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 92.1% report that they are currently taking actions to control their cholesterol levels.

- Similar to the MCHC Region.
- More favorable than found nationwide.
- Similar by service area.
- TREND: Marks a statistically significant increase (improvement) since 2009.

Taking Action to Control High Blood Cholesterol Levels

(Among Adults With High Cholesterol)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood cholesterol levels.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

About Cardiovascular Risk

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

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

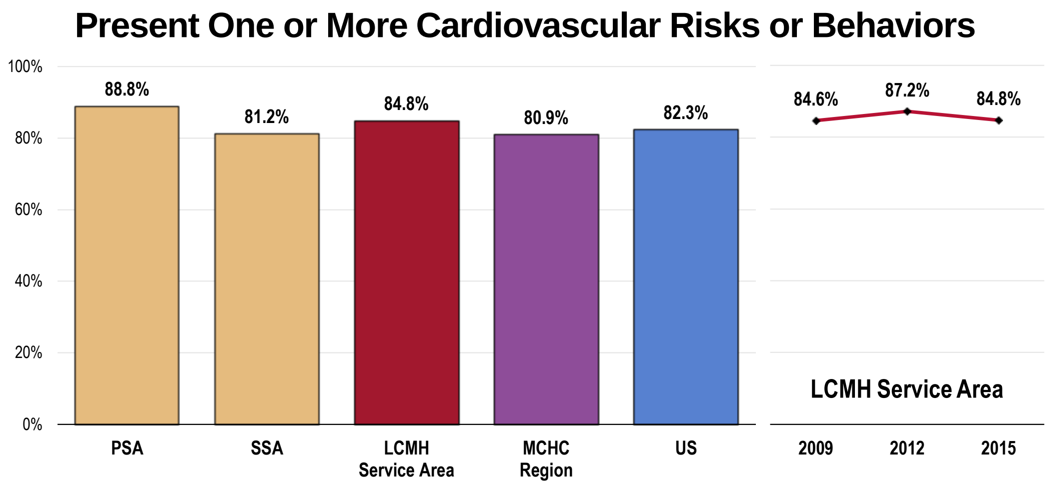
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Total Cardiovascular Risk

A total of 84.8% of Little Company of Mary Hospital Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

RELATED ISSUE: See also Nutrition & Overweight, Physical Activity & Fitness and Tobacco Use in the Modifiable Health Risk section of this report.

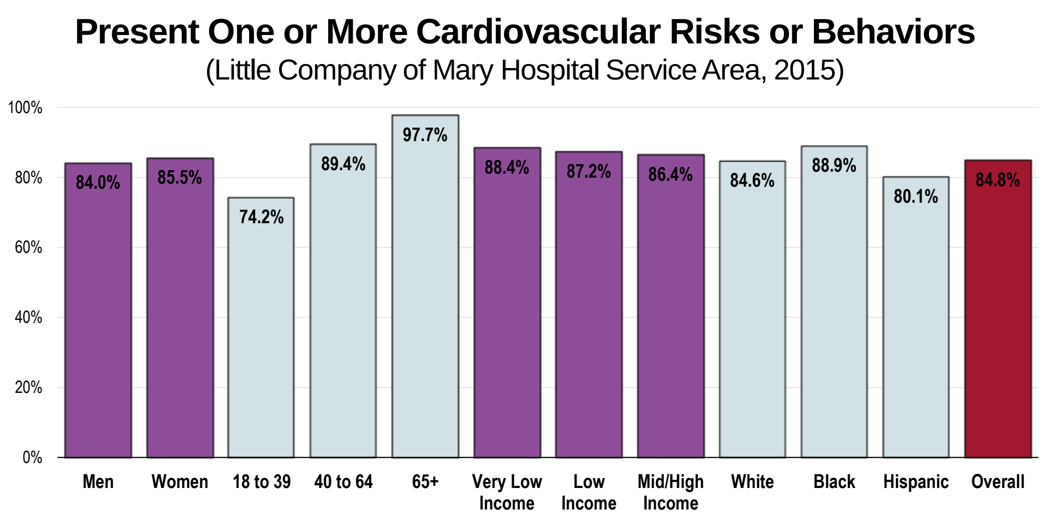
- Higher than the MCHC Region.
- Similar to national findings.
- Higher in the Primary Service Area.
- TREND: Nearly identical to the 2009 findings.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Adults age 40 and older, and especially seniors.
- Blacks (when compared with Hispanics).



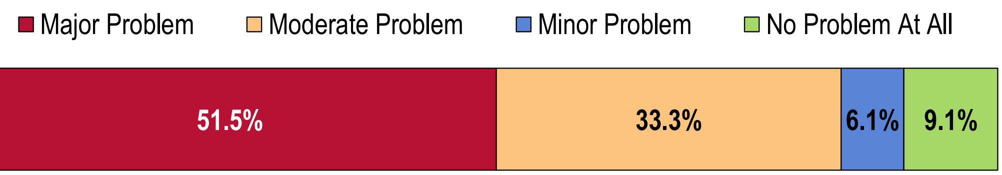
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: ● Asked of all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

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

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Contributing Factors

> *Lack of proper nutrition, poor lifestyle choices, job and family responsibilities limit time for exercise. Fast food places are everywhere. – Social Service Representative*
>
> *High levels of hypertension and diabetes leading to increased risk of heart attack and stroke. – Public Health Expert*
>
> *Poor diets lead to poor health and poor health leads to these individuals having limited access to appropriate health care unless it is through emergency rooms. Heart diseases in people who may have other challenges often times go undetected until such time a stroke occurs, which then requires hospitalization as the first episode of care. – Other Health Provider*
>
> *Uncontrolled DMII, HTN. – Physician*

High Prevalence

> *A review of the hospital admission information indicates that heart disease and strokes are major problems. For Better Health Network ACA members, heart disease seems to be prevalent. – Other Health Provider*
>
> *Heart disease is the number one killer for all Americans and stroke is also a leading cause of death. As frightening as those statistics are the risks of getting those diseases are even higher for African-Americans. – Public Health Expert*
>
> *There has been an increase in the incidence of both heart disease and stroke. People need continued education and encouragement to live healthy lifestyles and to be alert for symptoms should they occur. – Community/Business Leader*

Education

> *People who live with these health conditions rely heavily on prescription drugs to regulate body normality. Not enough education is provided for medication ingested. – Community/Business Leader*

Statistics

> *Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider*

Lack of Resources

> *Lack of resources. – Social Service Representative*

Cancer

About Cancer

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

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

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

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

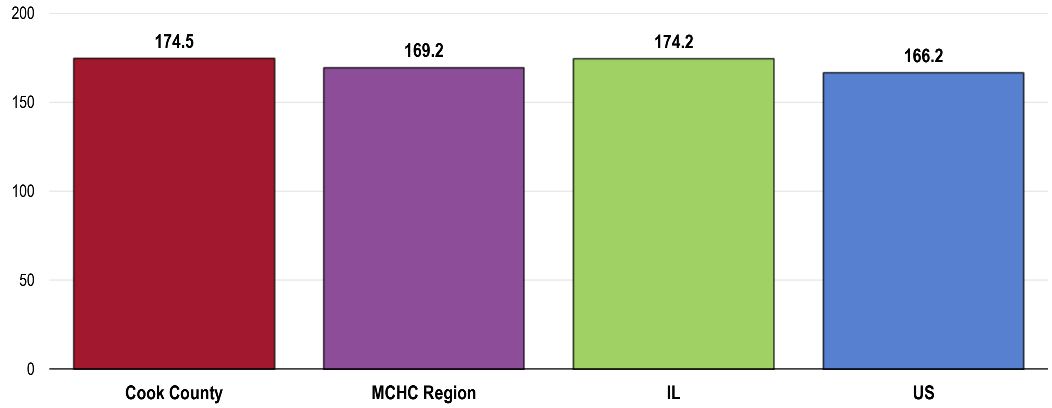
Between 2011 and 2013, there was an annual average age-adjusted cancer mortality rate of 174.5 deaths per 100,000 population in Cook County.

- Comparable to the MCHC Region.
- Comparable to the statewide rate.
- Comparable to the national rate.
- Fails to satisfy the Healthy People 2020 target of 161.4 or lower.

Cancer: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

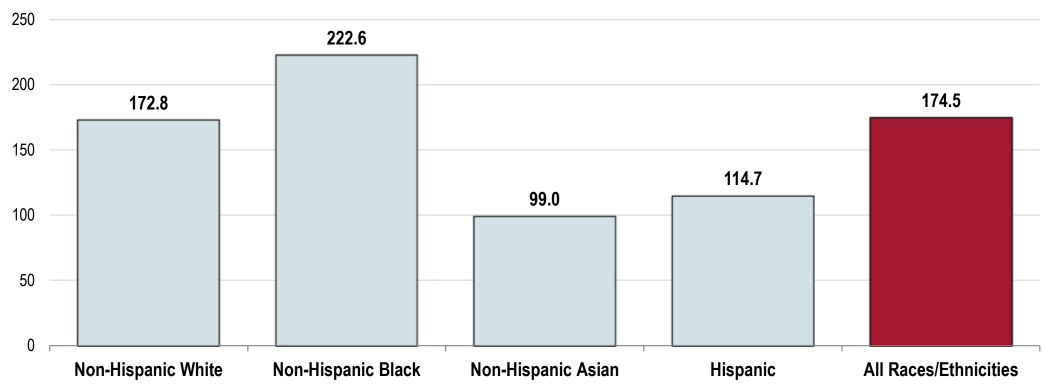
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The cancer mortality rate is notably higher among Non-Hispanic Blacks and Whites.

Cancer: Age-Adjusted Mortality by Race

(Cook County; 2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

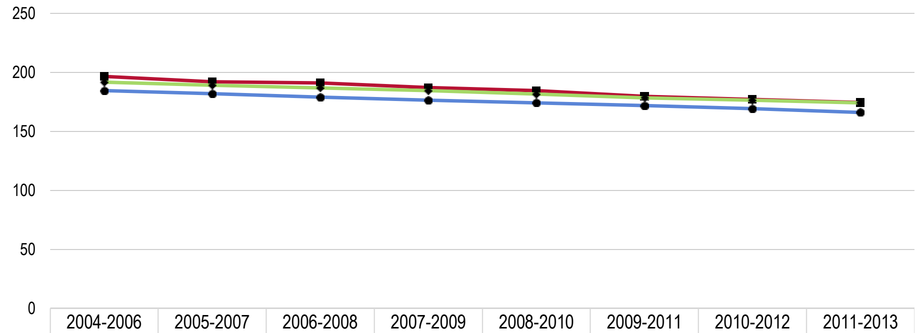
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Cancer mortality has <u>decreased</u> over the past decade in Cook County; the same trend is apparent both statewide and nationwide.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	196.5	192.1	190.9	187.1	184.7	179.7	177.2	174.5
Illinois	191.9	189.1	186.8	184.4	181.8	178.4	176.4	174.2
US	184.6	182.1	179.2	176.4	174.2	171.8	169.4	166.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

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

Cancer Deaths by Site

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

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

As can be seen in the following chart (referencing 2011-2013 annual average age-adjusted death rates):

- The Cook County **lung cancer** death rate is better than the state rate but similar to the national rate.
- The Cook County **female breast cancer** and **prostate cancer** death rates are worse than both the state and national rates.
- The Cook County **colorectal cancer** death rate is similar to the related Illinois rate but worse than the US rate.

Note that while the Cook County lung cancer death rate detailed below is similar to the Healthy People 2020 target, the death rates for female breast cancer, prostate cancer and colorectal cancer fail to satisfy their targets.

Age-Adjusted Cancer Death Rates by Site

(2011-2013 Annual Average Deaths per 100,000 Population)

	Cook County	MCHC Region	IL	US	HP2020
Lung Cancer	43.9	42.3	47.5	44.7	45.5
Female Breast Cancer	24.2	23.7	22.8	21.3	20.7
Prostate Cancer	23.1	21.9	20.5	19.8	21.8
Colorectal Cancer	16.7	15.8	15.9	14.9	14.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

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

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

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

Between 2007 and 2011, Cook County had an annual average age-adjusted incidence rate of prostate cancer of 159.8 cases per 100,000 population.

- Comparable to the MCHC Region.
- Worse than the statewide incidence rate.
- Worse than the national incidence rate.

There was an annual average age-adjusted incidence rate of 126.5 female breast cancer cases per 100,000 in Cook County.

- Comparable to the regional incidence rate.
- Comparable to the statewide incidence rate.
- Comparable to the national incidence rate.

There was an annual average age-adjusted incidence rate of 66.1 lung cancer cases per 100,000 in Cook County.

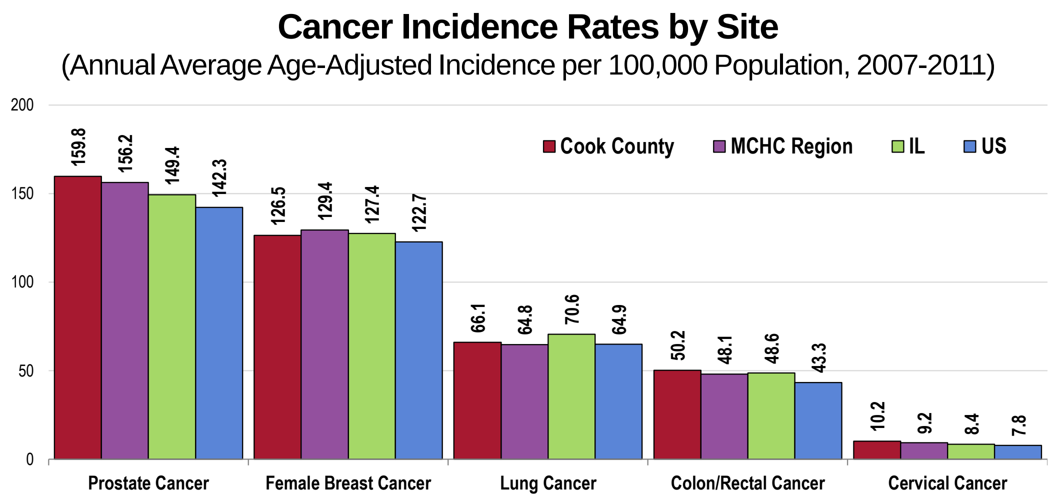
- Similar to the regional incidence rate.
- Better than the statewide incidence rate.
- Similar to the national incidence rate.

There was an annual average age-adjusted incidence rate of colorectal cancer of 50.2 cases per 100,000 in Cook County.

- Comparable to the MCHC Region.
- Comparable to the statewide incidence rate.
- Worse than the national incidence rate.

There was an annual average age-adjusted incidence rate of cervical cancer of 10.2 cases per 100,000 in Cook County.

- Worse than the regional incidence rate.
- Worse than the statewide incidence rate.
- Worse than the national incidence rate.



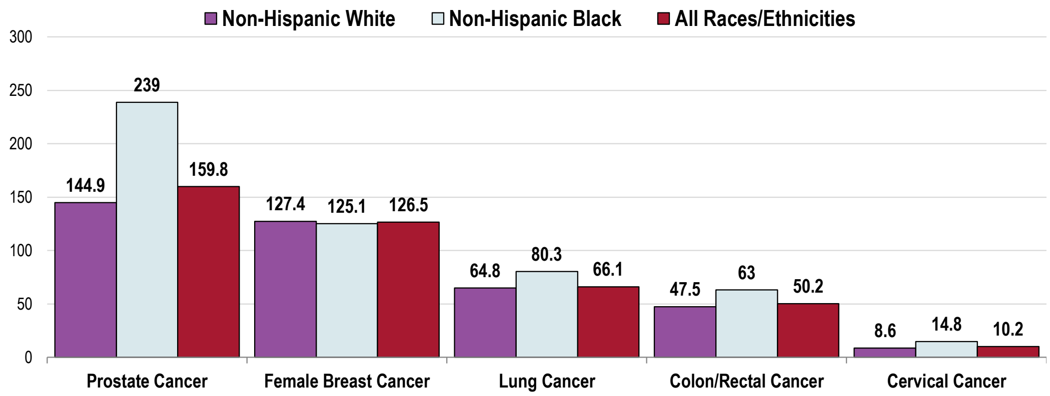
Sources:
- State Cancer Profiles: 2007-11.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

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

- By available race data, Non-Hispanic Blacks experience notably higher prostate, lung, colon/rectal, and cervical cancer incidence than Non-Hispanic Whites in Cook County.
- In contrast, the female breast cancer incidence rate is slightly higher among Whites in Cook County when compared with Blacks.

Cancer Incidence Rates by Site and Race/Ethnicity

(Annual Average Age-Adjusted Incidence per 100,000 Population, Cook County 2007-2011)



Sources:
- State Cancer Profiles: 2007-11.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

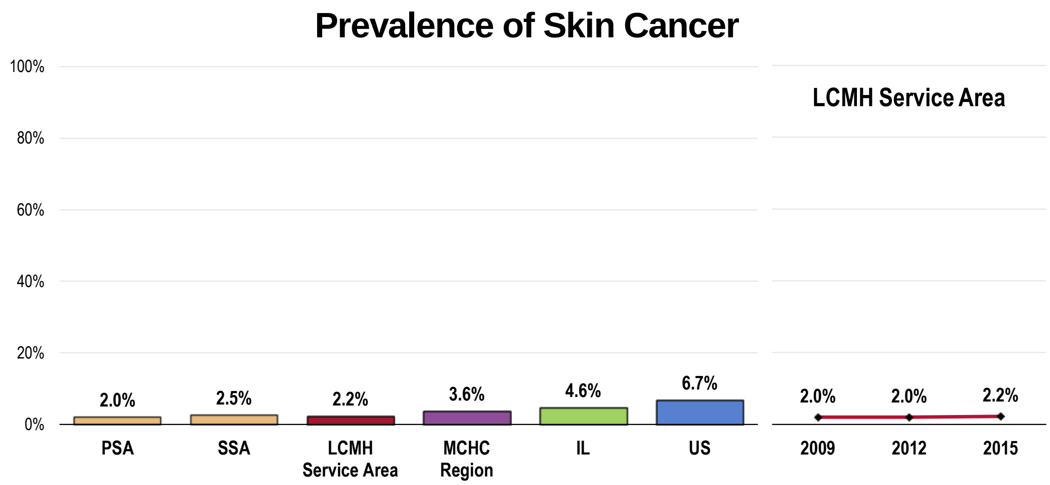
Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important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

Prevalence of Cancer

Skin Cancer

A total of 2.2% of surveyed Little Company of Mary Hospital Service Area adults report having been diagnosed with skin cancer.

- More favorable than the MCHC Region.
- More favorable than the Illinois average.
- More favorable than the national average.
- Similar by service area.
- TREND: The prevalence of skin cancer has remained statistically unchanged over time.



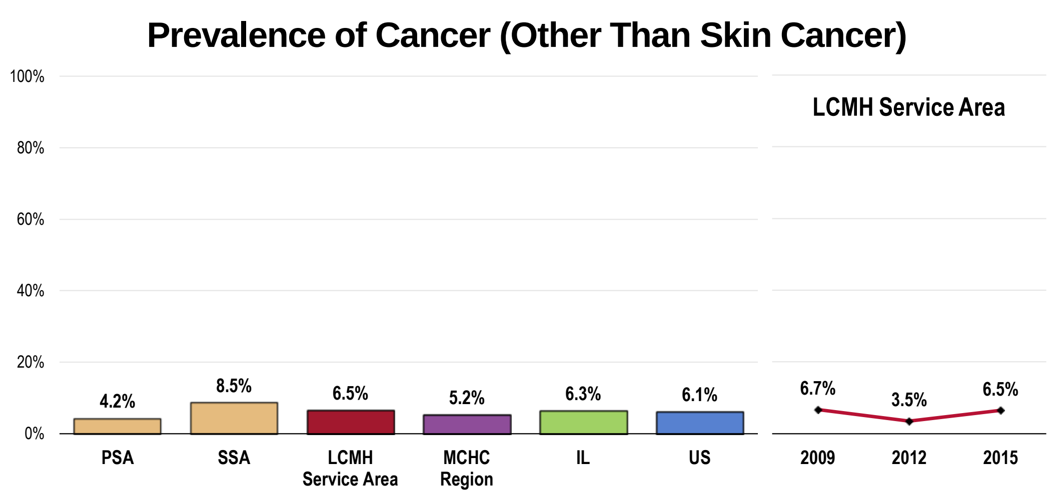
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Other Cancer

A total of 6.5% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the MCHC Region.
- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Higher in the Secondary Service Area.
- TREND: The prevalence of cancer has remained unchanged since 2009.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Cancer Risk

RELATED ISSUE:
See also *Nutrition & Overweight*, *Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

About Cancer Risk

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

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

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

Cancer Screenings

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

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

Prostate Cancer Screenings

About Screening for Prostate Cancer

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.

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

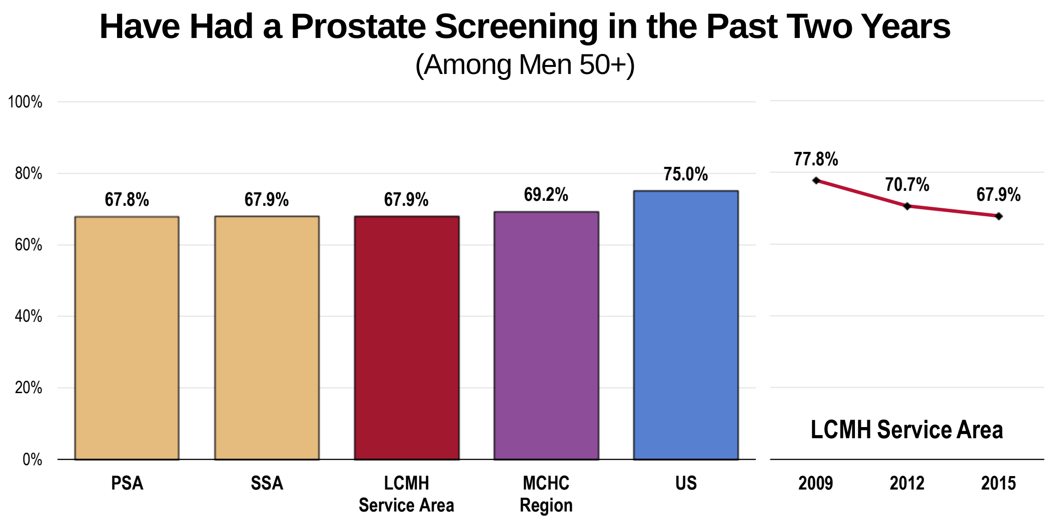
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

PSA Testing and/or Digital Rectal Examination

Among men age 50 and older, nearly 7 in 10 (67.9%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

Note: Since 2008 changes in clinical recommendations against routine PSA testing, most communities are seeing prevalence decline.

- Similar to the MCHC Region.
- Similar to national findings.
- Nearly identical in both service areas.
- TREND: Rates are statistically similar over time.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 178]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects male respondents 50+.

Female Breast Cancer Screening

About Screening for Breast Cancer

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

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

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

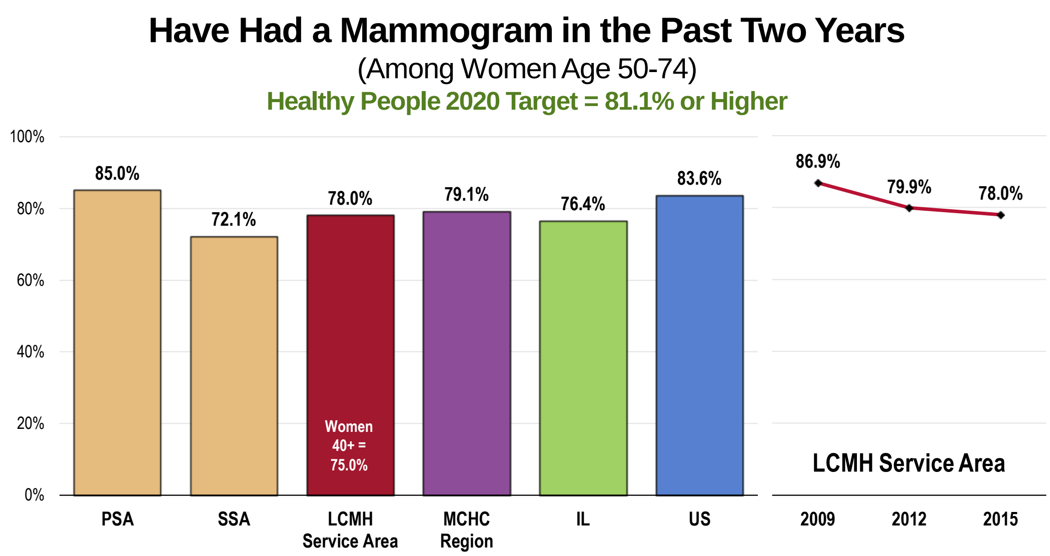
- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

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

Mammography

Among women age 50-74, 78.0% have had a mammogram within the past two years.

- Similar to the MCHC Region.
- Similar to statewide findings (which represent all women 50+).
- Similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Lower in the Secondary Service Area.
- Among women 40+, 75.0% have had a mammogram in the past two years.
- TREND: Statistically lower since 2009.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-129]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Illinois data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes: ● Reflects female respondents 50-74.
● *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

About Screening for Cervical Cancer

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

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

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

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

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

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

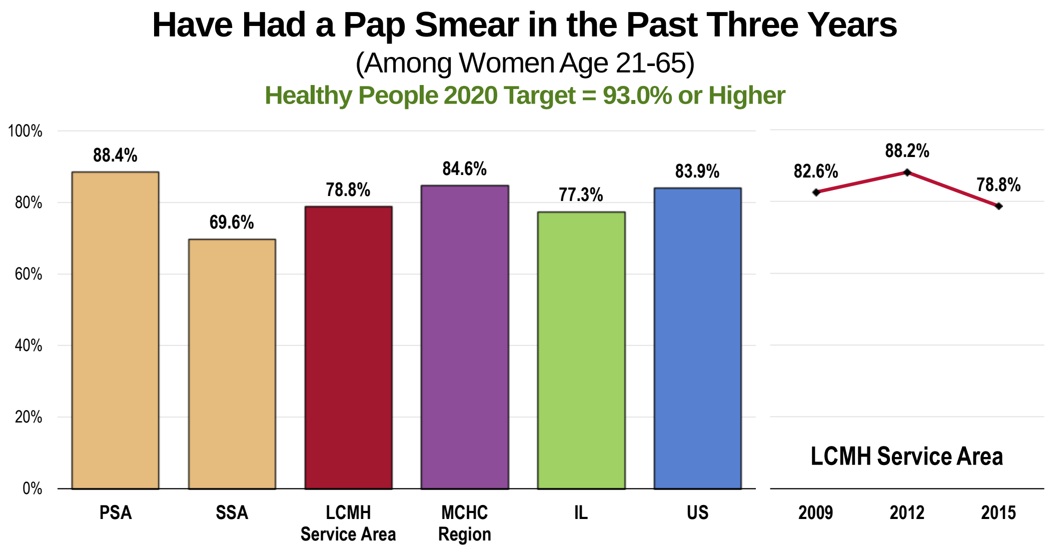
- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

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

Pap Smear Testing

Among women age 21 to 65, 78.8% have had a Pap smear within the past three years.

- Lower than the MCHC Region.
- Comparable to the Illinois findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Lower in the Secondary Service Area.
- TREND: Statistically unchanged since 2009.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21 to 65.
- *Note that the Illinois percentage represents all women age 18 and older.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

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

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

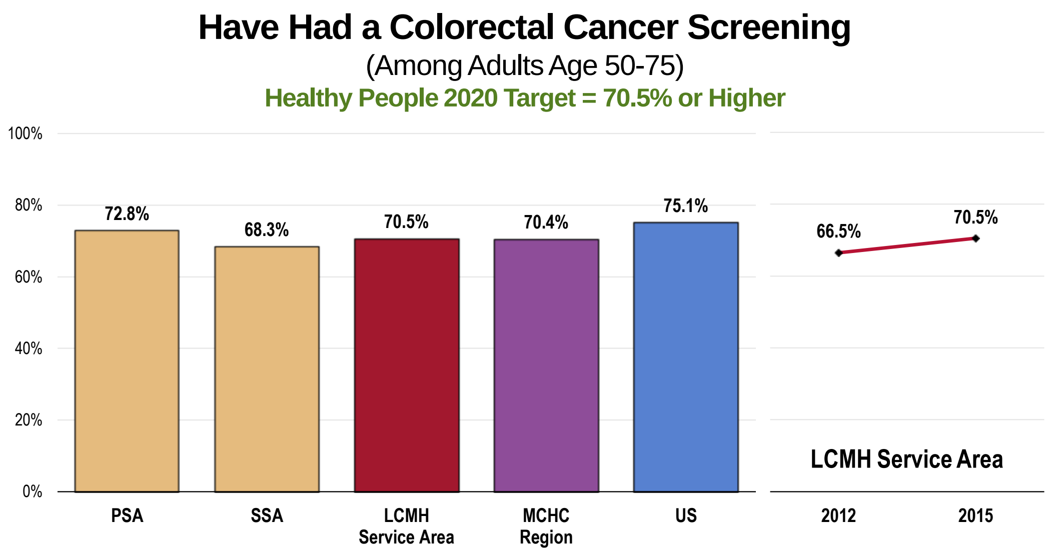
- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

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

Colorectal Cancer Screening

Among adults age 50–75, 70.5% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Similar to the MCHC Region.
- Similar to the national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Similar by service area.
- TREND: Statistically similar to 2012 survey findings.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

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

Lower Endoscopy

Among adults age 50 and older, 70.8% have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- More favorable than Illinois findings.
- Similar to national findings.

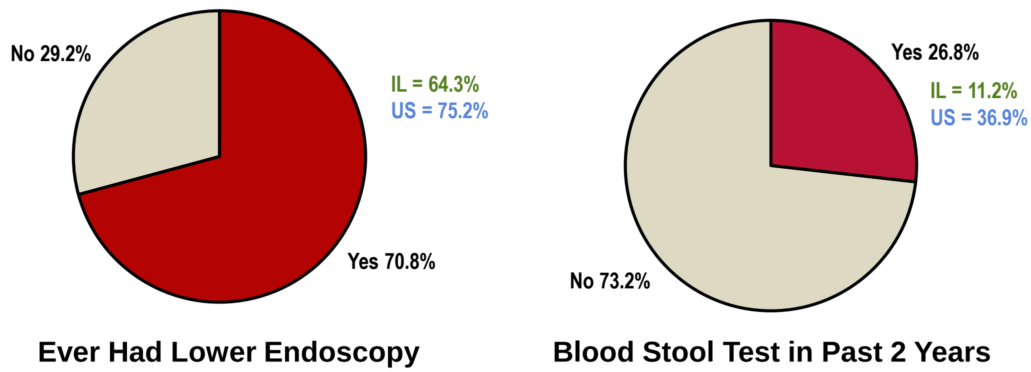
Blood Stool Testing

Among adults age 50 and older, 26.8% have had a blood stool test (aka "fecal occult blood test") within the past two years.

- Higher than Illinois findings.
- Lower than national findings.

Colorectal Cancer Screenings

(Among Little Company of Mary Hospital Service Area Adults Age 50 and Older, 2015)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 131-132]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Illinois data.

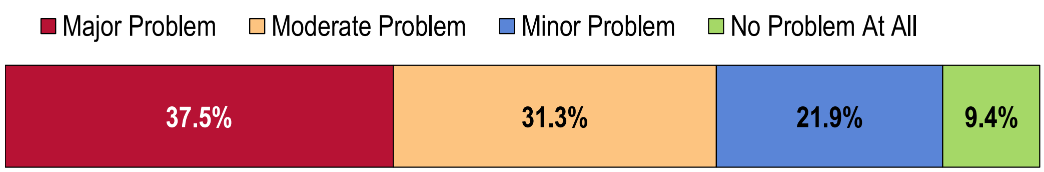
Notes: ● Asked of respondents age 50 and older.
● Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Key Informant Input: Cancer

Most key informants taking part in an online survey characterized *Cancer* as a "major problem" in the community.

Perceptions of Cancer as a Problem in the Community

(Key Informants, 2015)



Sources: ● 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Prevalence/Incidence

> *The death rates of African American women with breast cancer. The incidence of breast cancer in my community. – Other Health Provider*
>
> *Very high prevalence in the area. Classes and support groups at local cancer support centers are filled. We have land contaminated by refineries, wells polluted by industrial chemicals and air polluted by all the traffic and congestion. Many other household and yard maintenance chemicals are ruining our soil and getting into the land, air and water. – Social Service Representative*

> *The frequency, emotional impact and cost of diagnosis and treatment on the patient and family. – Community/Business Leader*
>
> *The Englewood Community has high rates of breast and cervical cancer. The Metropolitan Breast Cancer Task Force provides free mammograms, but some residents aren't taking advantage of this opportunity. – Social Service Representative*

Lack of Preventive Care

> *Because there is little preventative care being practiced. People don't have regular visits so early signs would be captured. They usually go to the doctor when the problem is grave and the prognosis is usually very bad. – Other Health Provider*

Statistics

> *Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider*

Aging Community

> *We live in an aging community and many of the citizens develop chronic conditions. – Public Health Expert*

Late Diagnoses

> *When individuals learn they have cancer it's usually in the late stages. – Other Health Provider*

Respiratory Disease

About Asthma & COPD

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

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

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

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

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

Risk factors for asthma currently being investigated include:

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

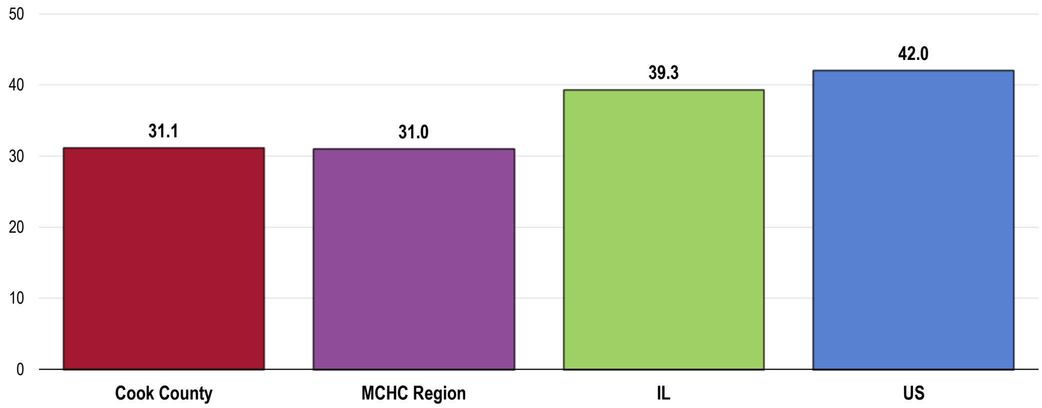
Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Between 2011 and 2013, there was an annual average age-adjusted CLRD mortality rate of 31.1 deaths per 100,000 population in Cook County.

- Nearly identical to the MCHC Region.
- Lower than found statewide.
- Lower than the national rate.

CLRD: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



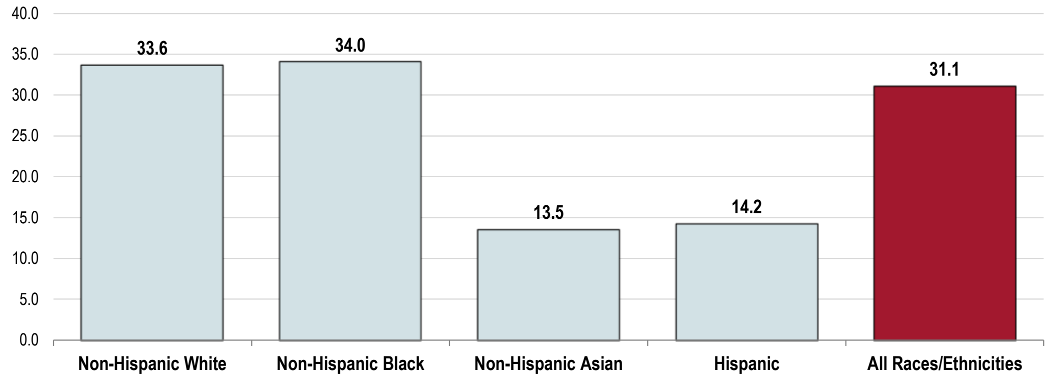
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

- CLRD mortality is notably higher among Non-Hispanic Whites and Blacks in Cook County.

CLRD: Age-Adjusted Mortality by Race

(Cook County; 2011-2013 Annual Average Deaths per 100,000 Population)



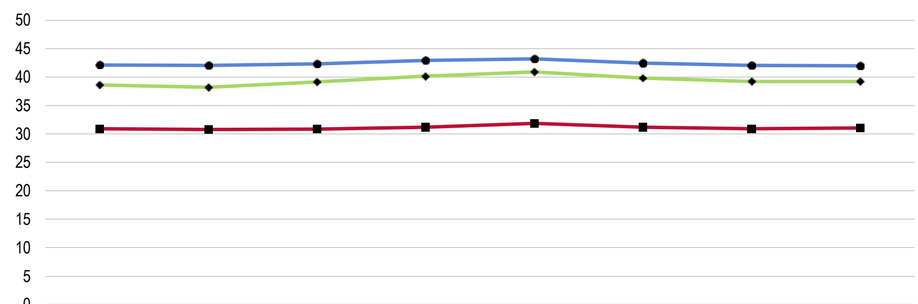
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

- TREND: CLRD mortality has been largely stable over the past decade.

CLRD: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	30.9	30.8	30.9	31.2	31.9	31.2	30.9	31.1
Illinois	38.6	38.2	39.2	40.2	40.9	39.8	39.3	39.3
US	42.2	42.1	42.4	42.9	43.2	42.5	42.1	42.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

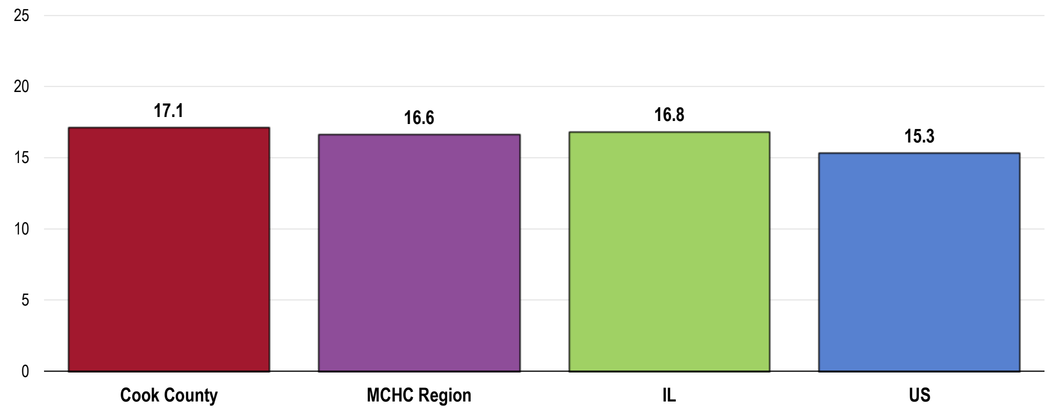
Pneumonia/Influenza Deaths

Between 2011 and 2013, there was an annual average age-adjusted pneumonia influenza mortality rate of 17.1 deaths per 100,000 population in Cook County.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Disease*.

- Similar to the MCHC Region.
- Similar to the statewide rate.
- Higher than the national rate.

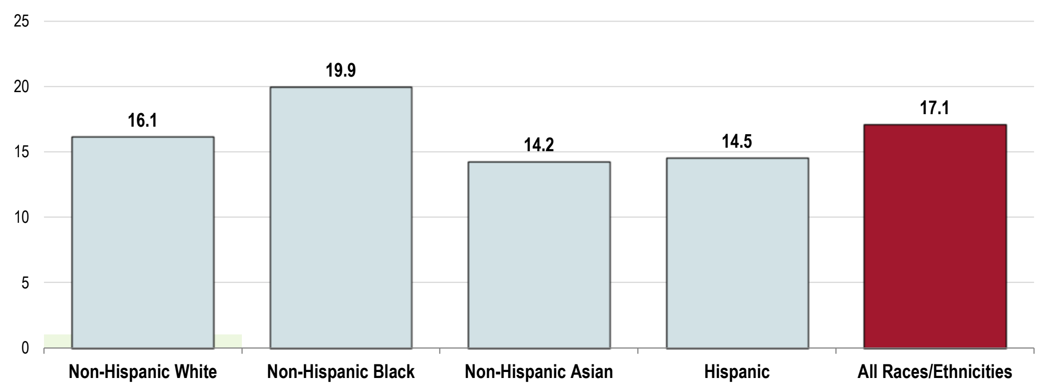
Pneumonia/Influenza: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The pneumonia/influenza mortality rate in Cook County is highest among Non-Hispanic Blacks.

Pneumonia/Influenza: Age-Adjusted Mortality by Race
(Cook County; 2011-2013 Annual Average Deaths per 100,000 Population)

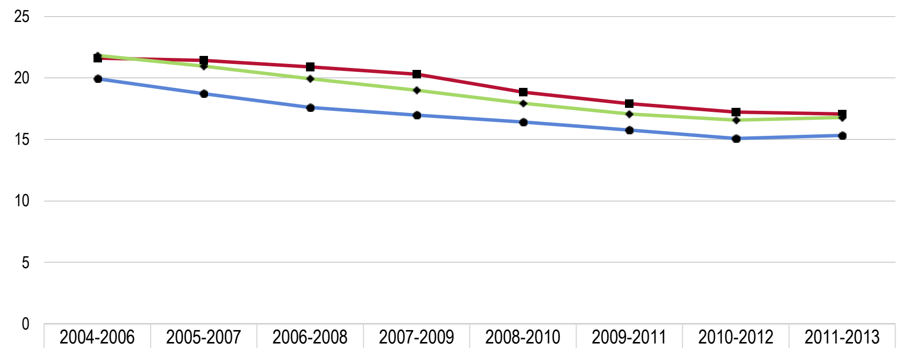


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Regional pneumonia/influenza mortality has decreased over time, echoing the state and national trends.

Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	21.6	21.4	20.9	20.3	18.8	17.9	17.2	17.1
Illinois	21.8	21.0	19.9	19.0	17.9	17.1	16.6	16.8
US	19.9	18.7	17.6	17.0	16.4	15.8	15.1	15.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

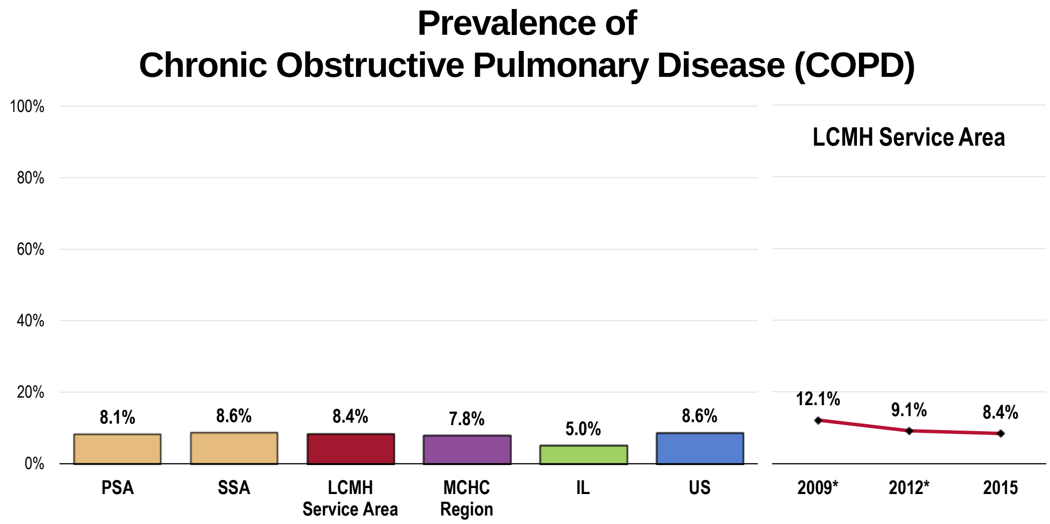
Chronic Obstructive Pulmonary Disease (COPD)

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

A total of 8.4% of Little Company of Mary Hospital Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Similar to the MCHC Region.
- Higher than the state prevalence.
- Similar to the national prevalence.
- Similar findings by service area.
- NOTE: in prior data, this question was asked slightly differently; respondents in 2009 were asked if they had ever been diagnosed with “chronic lung disease, including bronchitis or emphysema,” rather than “COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema” as is asked currently.

  TREND: In comparing to 2009 data, the change in prevalence is not statistically significant.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

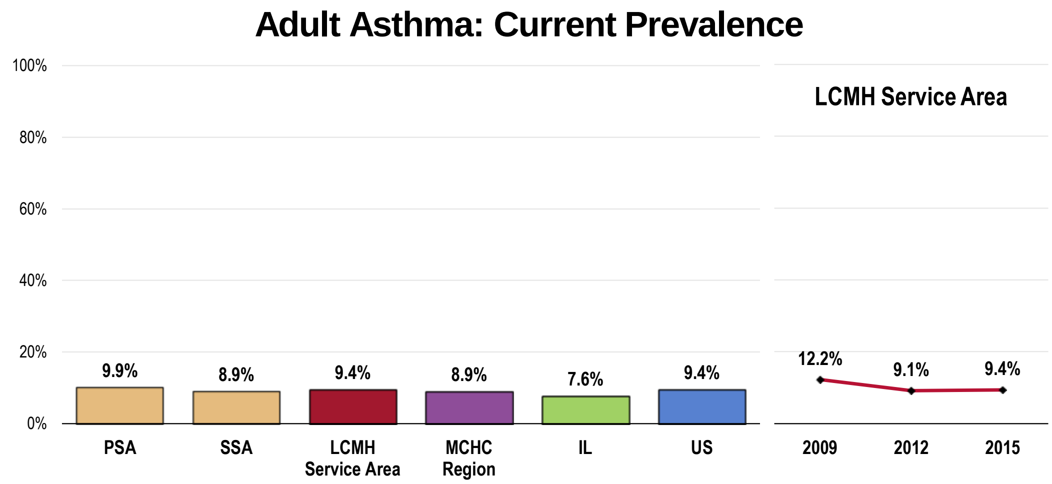
Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
- *In prior data, the term “chronic lung disease” was used, which also included bronchitis or emphysema.

Asthma

Adults

A total of 9.4% of service area adults currently suffer from asthma.

- Similar to the MCHC Region.
- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Similar by service area.
- TREND: The prevalence has not changed significantly since 2009.

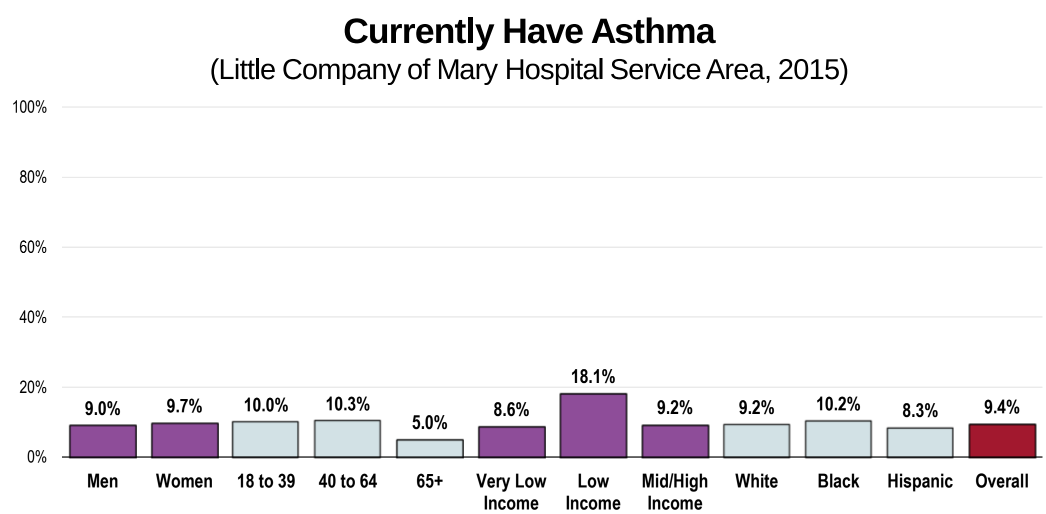


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 134]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

The following adults are more likely to suffer from asthma:

- Low-income residents.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]

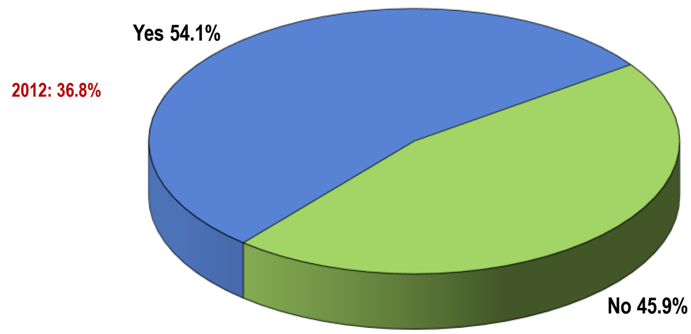
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

More than one-half of respondents with asthma (54.1%) report having an episode of asthma or an asthma attack at least once in the past year.

- TREND: Higher than prevalence reported among asthmatics in 2012.

Had an Episode of Asthma or an Asthma Attack in the Past Year

(LCMH Service Area Adults w/Asthma, 2015)

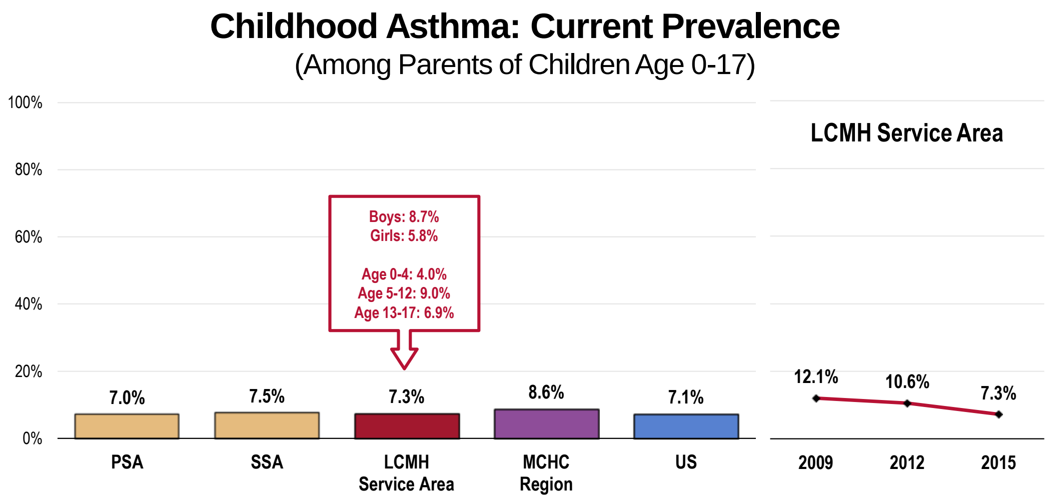


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 303]
Notes: • Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

Children

Among Little Company of Mary Hospital Service Area children under age 18, 7.3% currently have asthma.

- Similar to the MCHC Region.
- Similar to national findings.
- Statistically similar by service area.
- TREND: The prevalence of children with asthma has not changed over time.
- No significant difference by child's gender; note that children age 5 and older are more likely to have asthma.

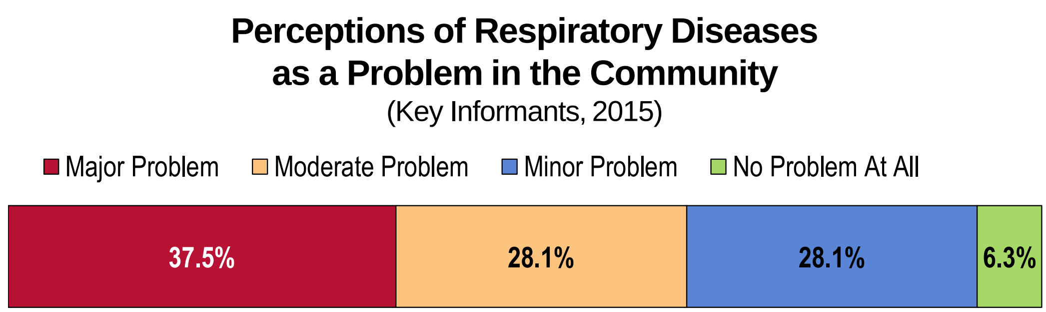


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents with children 0 to 17 in the household.
● Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Key Informant Input: Respiratory Disease

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



Sources: ● 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Tobacco Use

> *Smoking is a major social behavior that is leading to more respiratory illness. Poor living conditions is also affecting childhood asthma. – Other Health Provider*
>
> *Smoking. – Social Service Representative*

Statistical Data

A statistic was published a few years ago stating the community was one of the highest in the state for asthma. – Public Health Expert

Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider

Environmental Factors

Near refineries, chemicals shipped on the Cal Sag and I&M canals. Heavy truck traffic on local streets and expressways, chemicals on lawns and in air. – Social Service Representative

Pollution. – Other Health Provider

Access Issues

The target population we serve has COPD and asthma and the biggest problem is continuity of care and access to medications. – Community/Business Leader

Injury & Violence

About Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

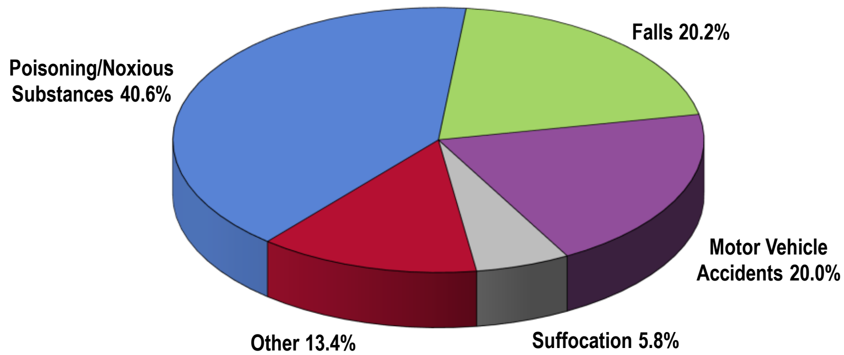
- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

- Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Poisoning (including accidental drug overdose), falls, motor vehicle accidents, and suffocation accounted for most accidental deaths in the Little Company of Mary Hospital Service Area in 2013.

Leading Causes of Accidental Death
(Little Company of Mary Hospital Service Area, 2013)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

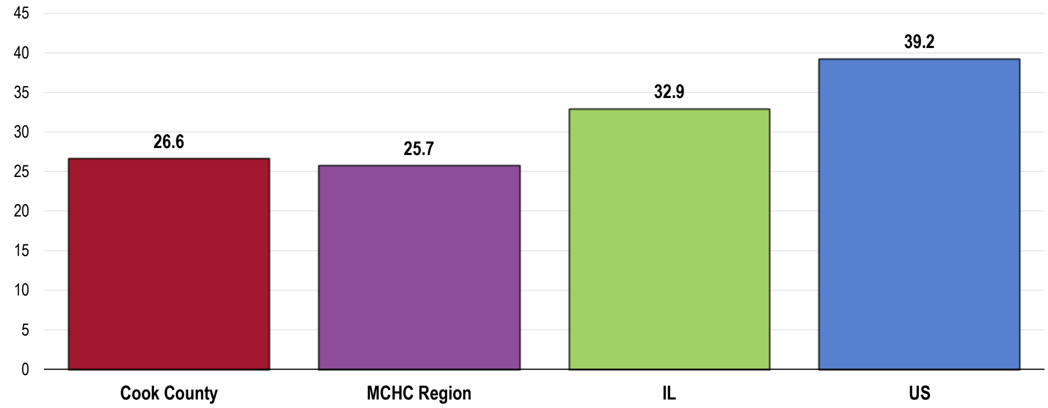
Between 2011 and 2013, there was an annual average age-adjusted unintentional injury mortality rate of 26.6 deaths per 100,000 population in Cook County.

- Close to the MCHC Region.
- More favorable than the Illinois rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (36.4 or lower).

Unintentional Injuries: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

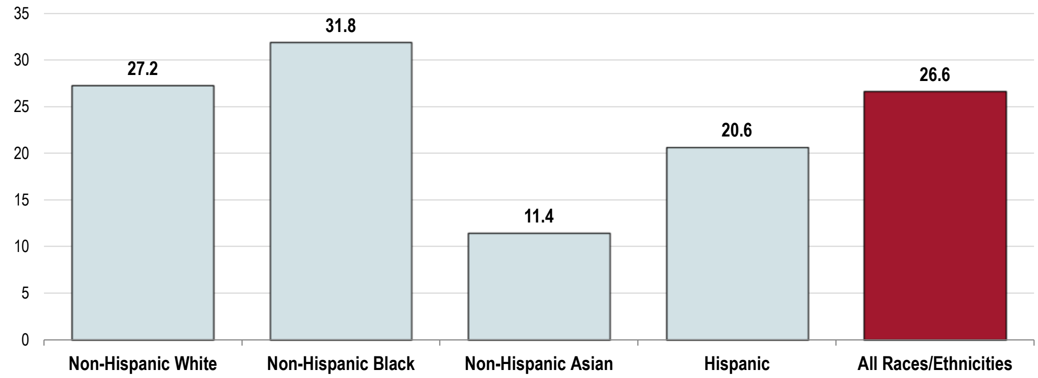
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

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

Unintentional Injuries: Age-Adjusted Mortality by Race

(Cook County; 2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower

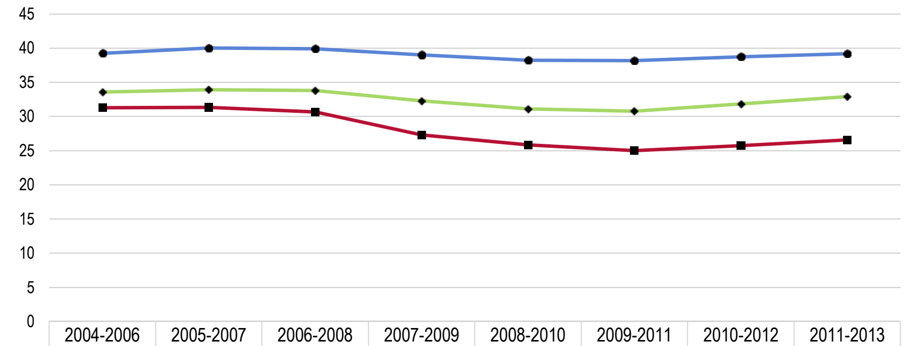


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

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

- TREND: Despite fluctuations, there is an overall downward trend in the unintentional injury mortality rate in Cook County.

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



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	31.3	31.3	30.7	27.3	25.9	25.0	25.7	26.6
Illinois	33.6	33.9	33.8	32.3	31.1	30.8	31.9	32.9
US	39.3	40.0	39.9	39.0	38.2	38.2	38.7	39.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

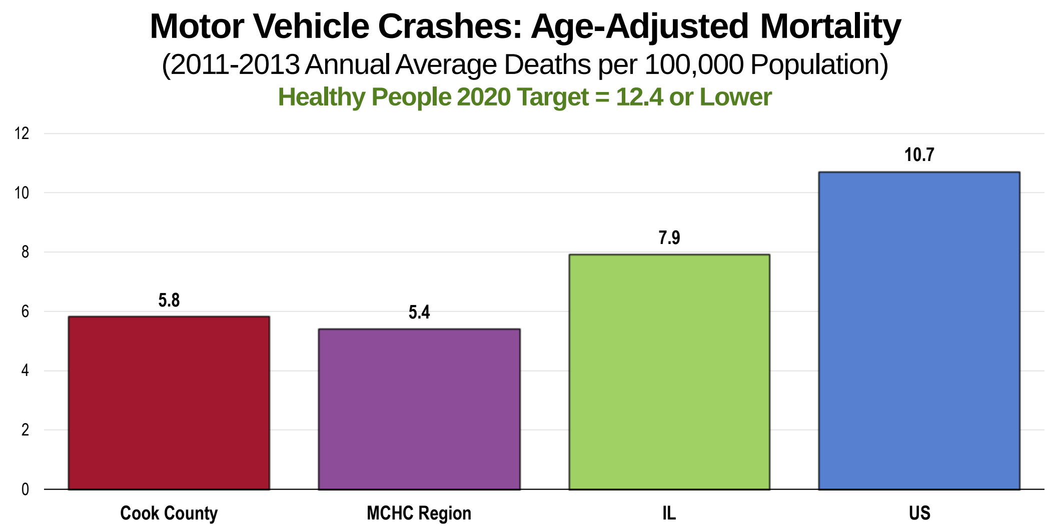
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

Between 2011 and 2013, there was an annual average age-adjusted motor vehicle crash mortality rate of 5.8 deaths per 100,000 population in Cook County.

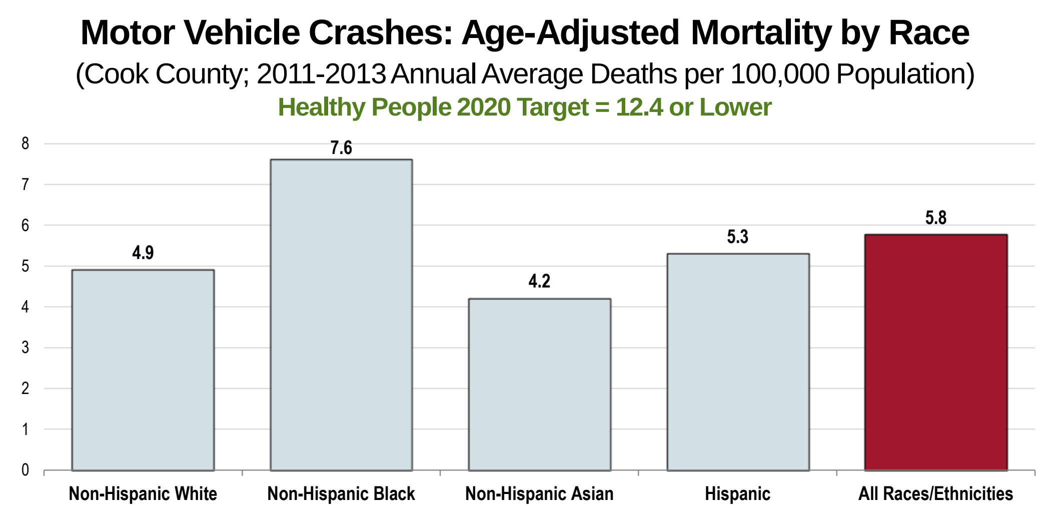
- Higher than the MCHC Region.
- Better than found statewide.
- Better than found nationally.
- Satisfies the Healthy People 2020 target (12.4 or lower).



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

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

- The Cook County motor vehicle crash mortality rate is notably high among the Black population.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

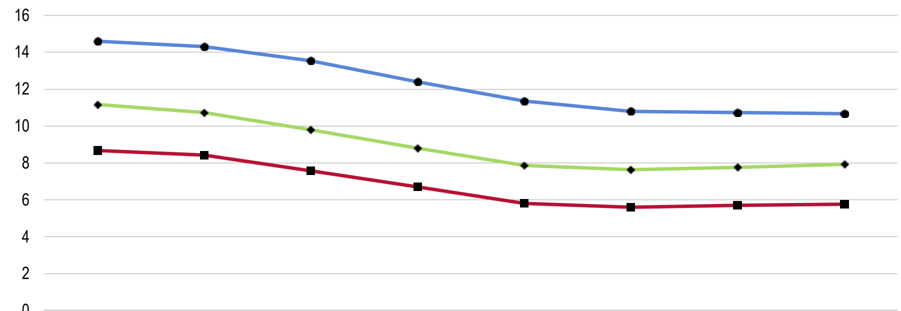
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate in Cook County has decreased over the past decade.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	8.7	8.4	7.6	6.7	5.8	5.6	5.7	5.8
Illinois	11.2	10.7	9.8	8.8	7.9	7.6	7.8	7.9
US	14.6	14.3	13.5	12.4	11.4	10.8	10.7	10.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

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

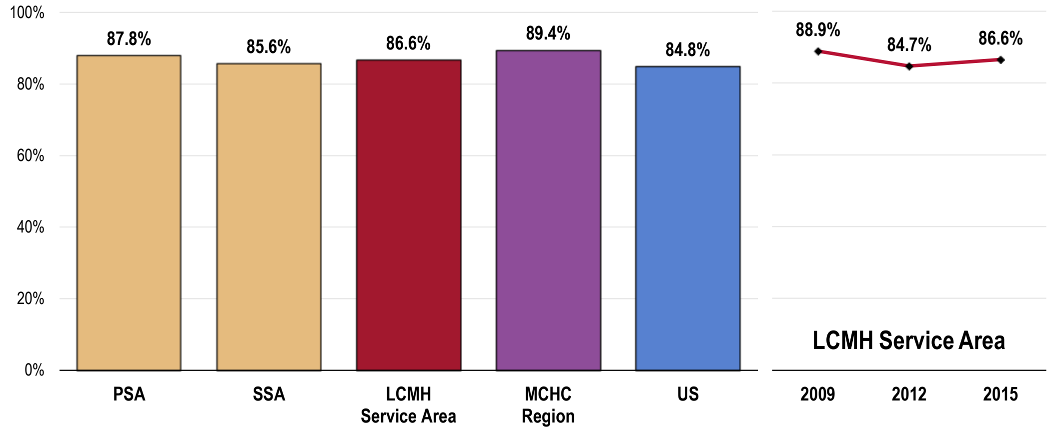
Seat Belt Usage - Adults

Most Little Company of Mary Hospital Service Area adults (86.6%) report "always" wearing a seat belt when driving or riding in a vehicle.

- Lower than the MCHC Region.
- Similar to the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.0% or higher.
- Similar by service area.
- TREND: Statistically similar over time.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle

Healthy People 2020 Target = 92.0% or Higher



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-15]

Notes: ● Asked of all respondents.

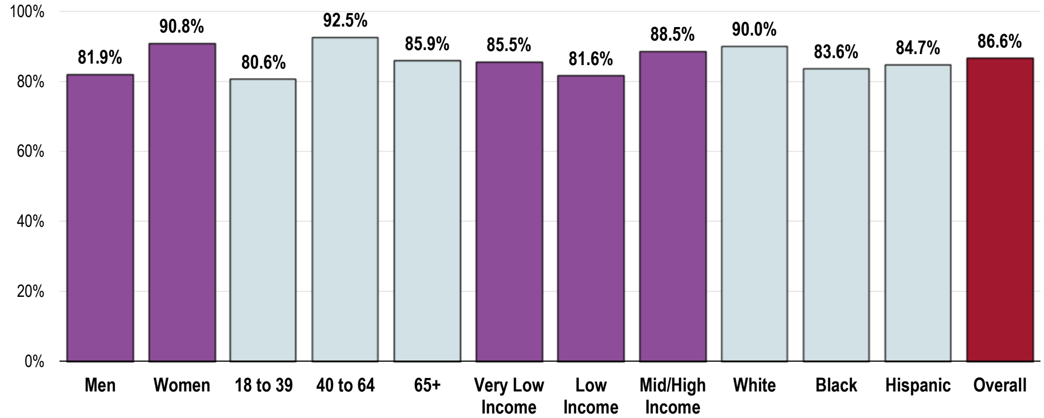
These population segments are <u>less</u> likely to report consistent seat belt usage:

- Men.
- Adults younger than 40.
- Blacks (when compared to Whites).

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle

(Little Company of Mary Hospital Service Area, 2015)

Healthy People 2020 Target = 92.0% or Higher



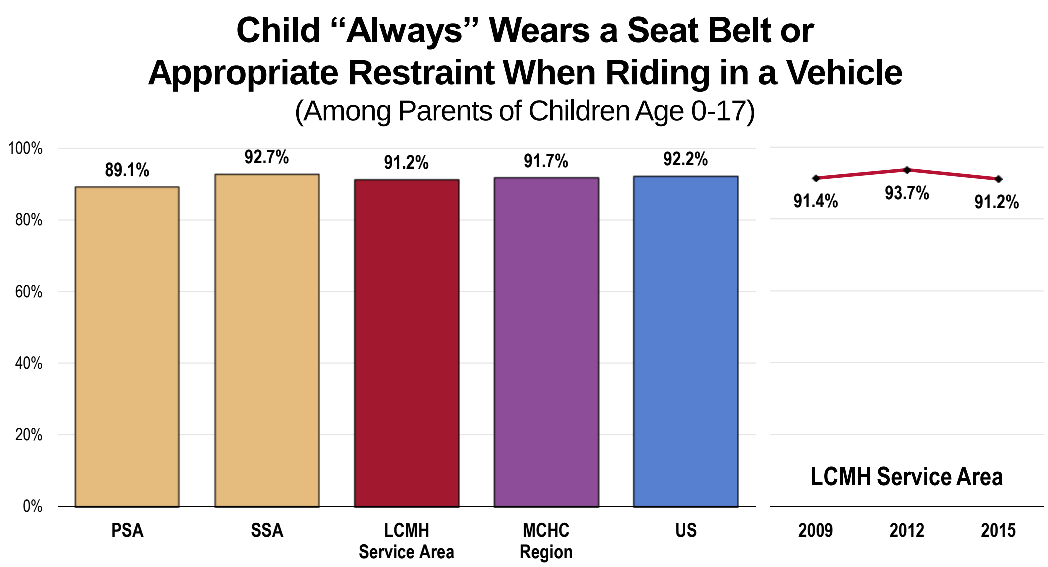
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-15]

Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Seat Belt Usage - Children

A full 91.2% of Little Company of Mary Hospital Service Area parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Similar to the MCHC Region.
- Similar to what is found nationally.
- Similar findings by service area.
- TREND: Statistically unchanged since 2009.

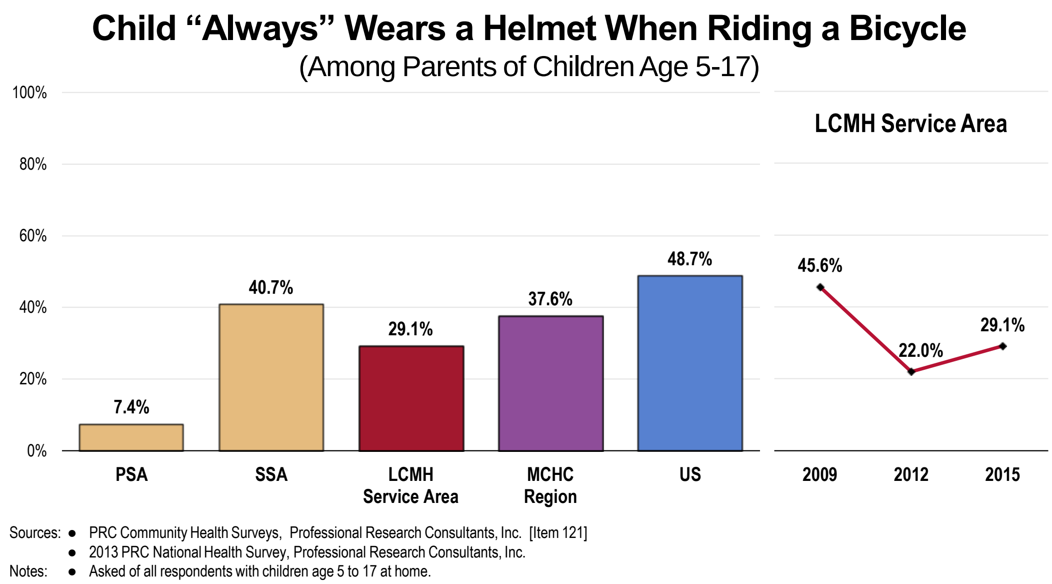


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Bicycle Safety

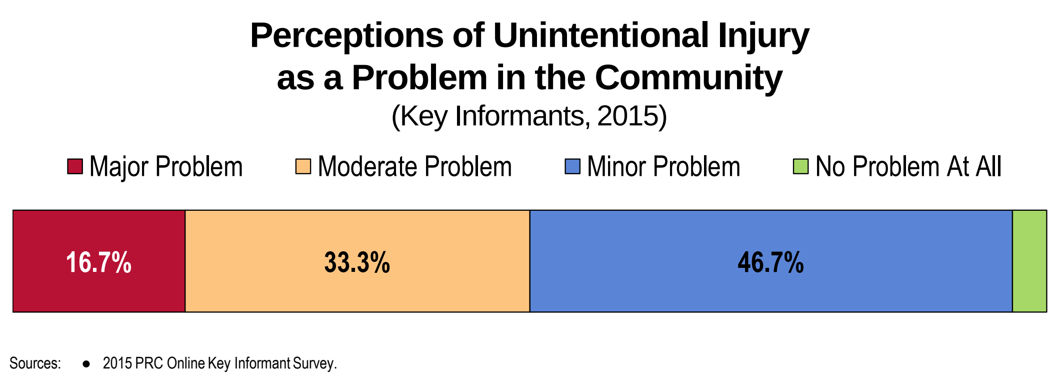
Less than one-third of Little Company of Mary Hospital Service Area children age 5 to 17 (29.1%) are reported to "always" wear a helmet when riding a bicycle.

- Statistically similar to the MCHC Region.
- Much lower than the national prevalence.
- Much lower in the Primary Service Area than in the Secondary Service Area.
- TREND: Helmet usage has decreased since 2009.



Key Informant Input: Unintentional Injury

Nearly half of key informants taking part in an online survey characterized *Unintentional Injury* as a "minor problem" in the community.



Firearm Safety

Age-Adjusted Firearm-Related Deaths

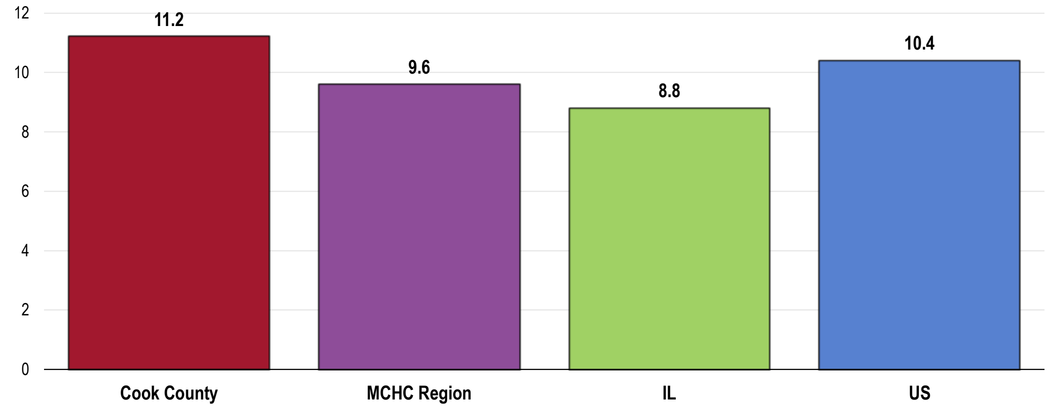
Between 2011 and 2013, there was an annual average age-adjusted rate of 11.2 deaths per 100,000 population due to firearms in Cook County.

- Less favorable than the MCHC Region.
- Less favorable than found statewide.
- Less favorable than found nationally.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

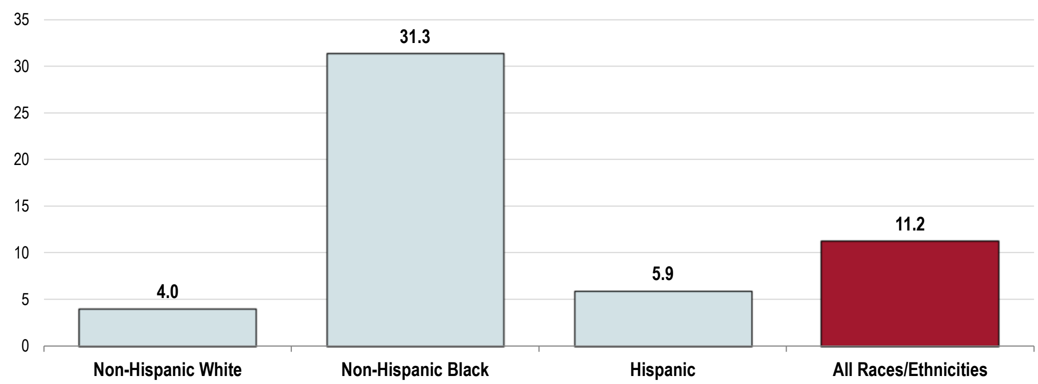
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The Cook County firearm-related mortality rate is notably high among the Black population.

Firearms-Related Deaths: Age-Adjusted Mortality by Race

(Cook County; 2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

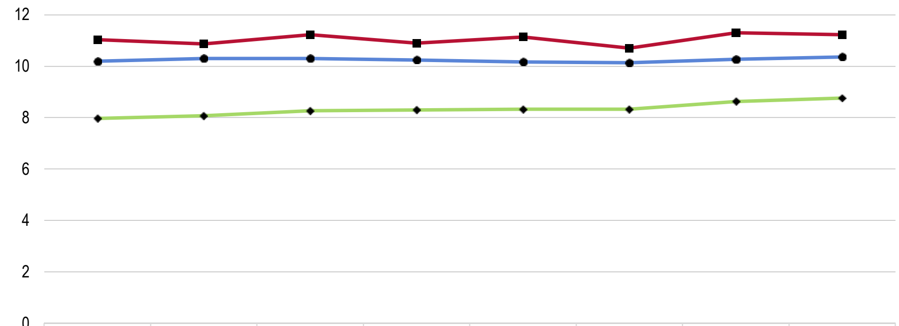
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Firearm-related mortality has been stable over the past decade.

Firearms-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	11.0	10.9	11.2	10.9	11.1	10.7	11.3	11.2
Illinois	8.0	8.1	8.3	8.3	8.3	8.3	8.6	8.8
US	10.2	10.3	10.3	10.2	10.2	10.1	10.3	10.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

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

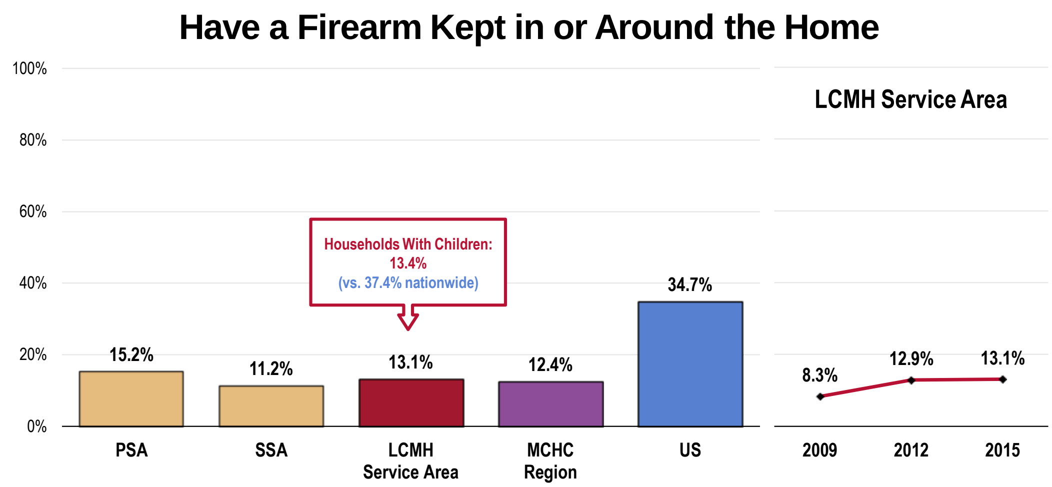
Presence of Firearms in Homes

Overall, 13.1% of Little Company of Mary Hospital Service Area adults have a firearm kept in or around their home.

- Similar to the MCHC Region.
- Much lower than the national prevalence.
- Similar by service area.
- TREND: Marks a statistically significant increase since 2009.
- Among Little Company of Mary Hospital Service Area households with children, 13.4% have a firearm kept in or around the house (well below that reported nationally).
- TREND: The prevalence of firearms in households with children has increased significantly over time (not shown).

Survey respondents were further asked about the presence of weapons in the home:

"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

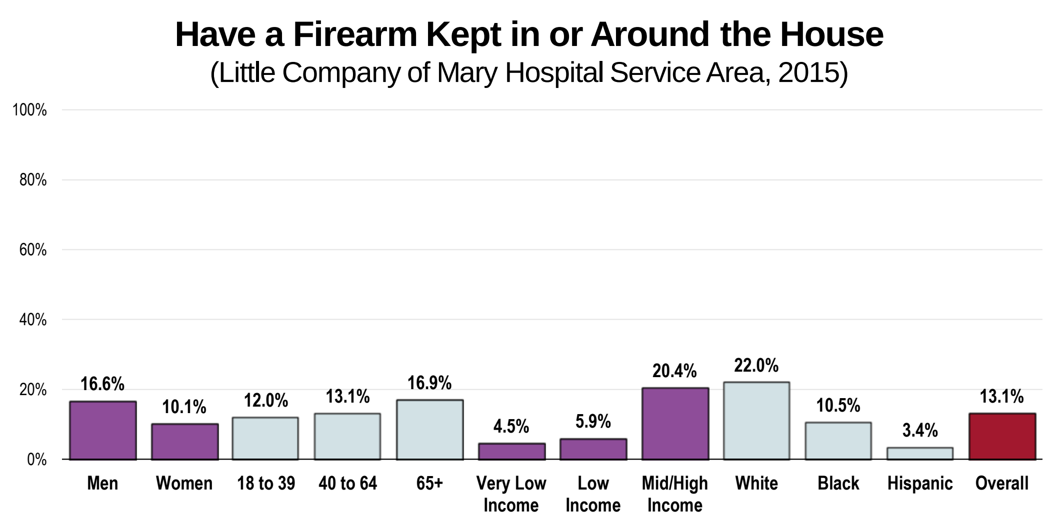


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 52, 137]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.
● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- Men.
- Higher-income households (positive correlation with income).
- Whites and Blacks.

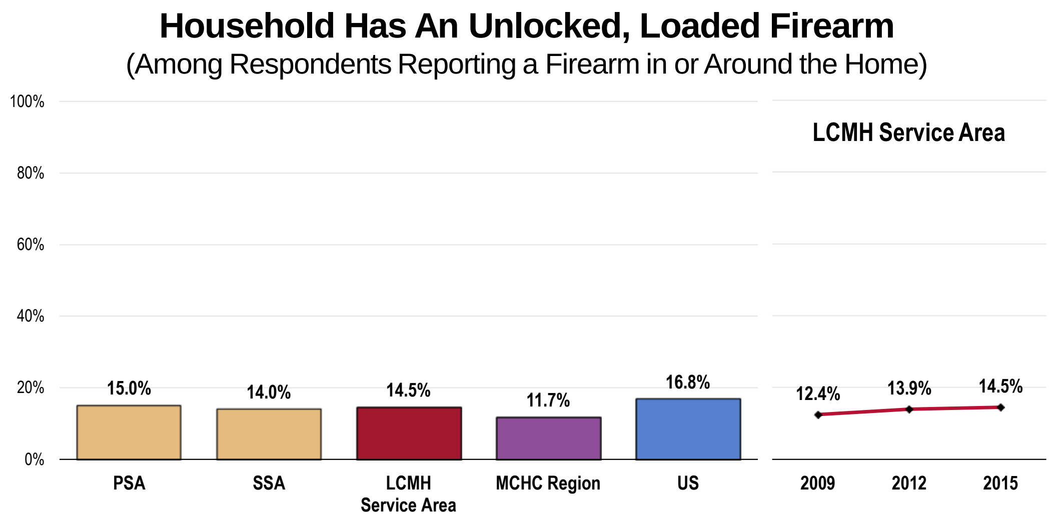


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

Notes: ● Asked of all respondents.
● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Little Company of Mary Hospital Service Area households with firearms, 14.5% report that there is at least one weapon that is kept unlocked and loaded.

- Similar to the MCHC Region.
- Similar to that found nationally.
- Similar by service area.
- TREND: Statistically similar over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 138]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with a firearm in or around the home.
• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

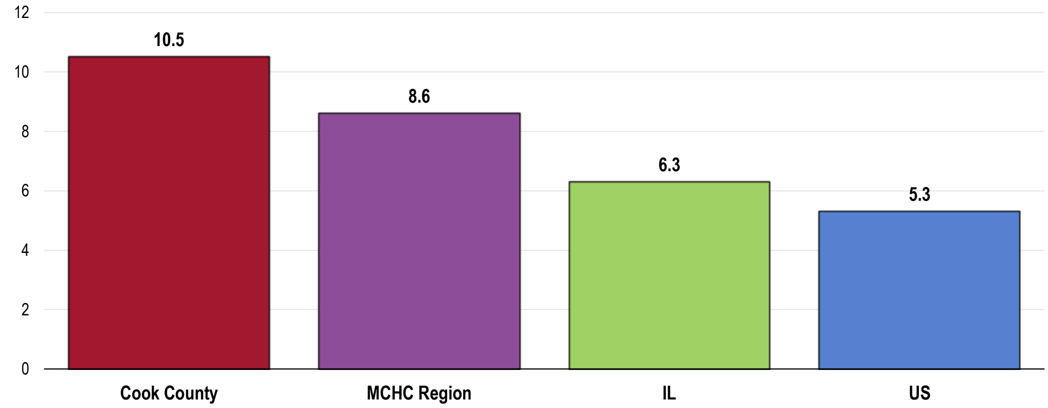
Between 2011 and 2013, there was an annual average age-adjusted homicide rate of 10.5 deaths per 100,000 population in Cook County.

RELATED ISSUE:

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

- Higher than the MCHC Region.
- Higher than the rate found statewide.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.

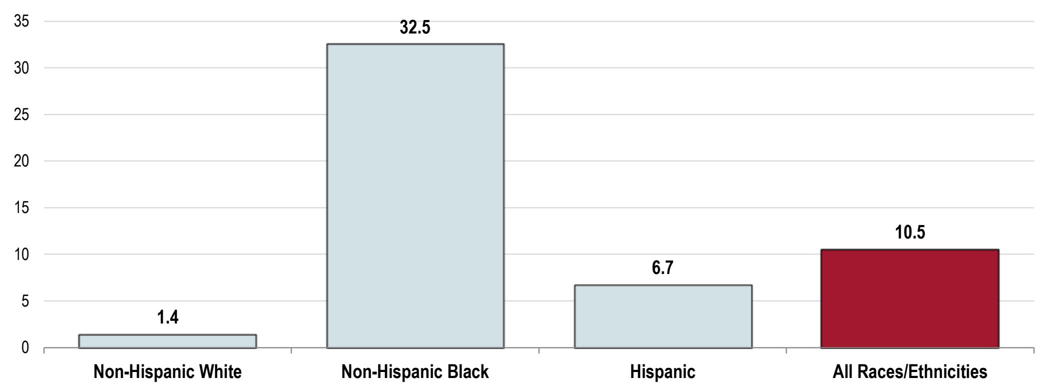
Homicide: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 5.5 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

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

Homicide: Age-Adjusted Mortality by Race
(Cook County; 2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 5.5 or Lower



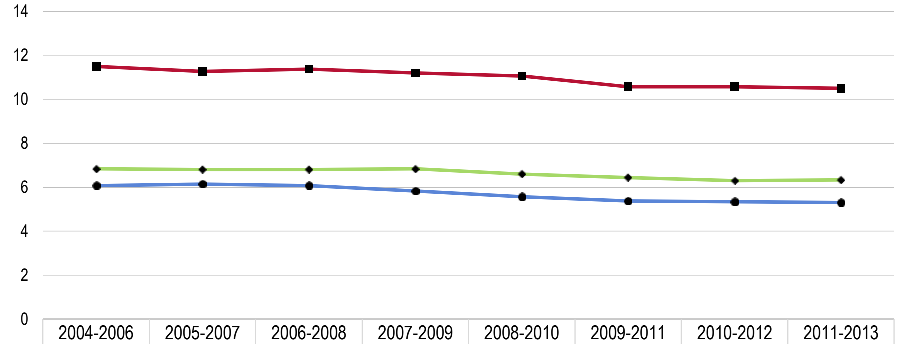
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The homicide rate decreased over the past decade in the county, echoing the state and national trends.

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	11.5	11.3	11.4	11.2	11.1	10.6	10.6	10.5
Illinois	6.8	6.8	6.8	6.8	6.6	6.4	6.3	6.3
US	6.1	6.1	6.1	5.8	5.6	5.4	5.3	5.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

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

Violent Crime

Violent Crime Rates

The county reported 630.9 violent crimes per 100,000 population in 2011–2013.

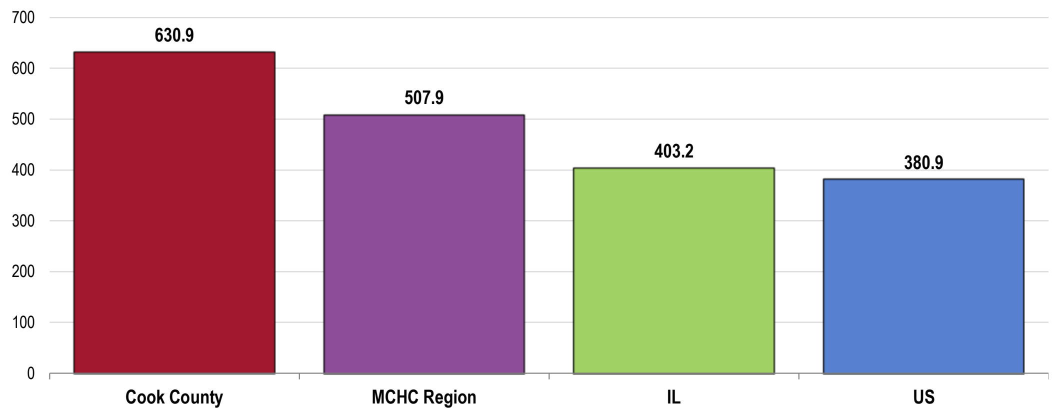
- Higher than the MCHC Region.
- Higher than the Illinois rate for the same period.
- Higher than the national rate.

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

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

Violent Crime

(Rate per 100,000 Population, 2011-2013)

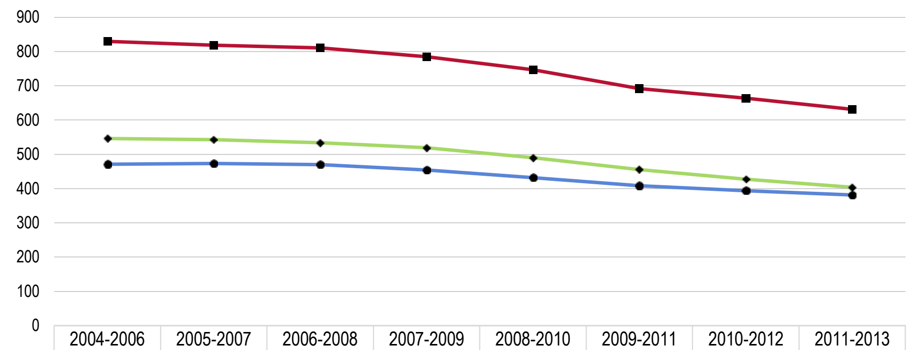


Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2011-2013.
- Illinois State Police.

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

- TREND: Note the decreasing trends in violent crime over the past decade.

Violent Crime
(Rate per 100,000 Population)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	829.7	818.3	810.4	785.3	746.2	691.5	663.6	630.9
Illinois	546.5	542.3	534.3	519.5	490.1	455.4	427.4	403.2
US	470.5	473.4	469.9	454.1	431.3	407.8	393.1	380.9

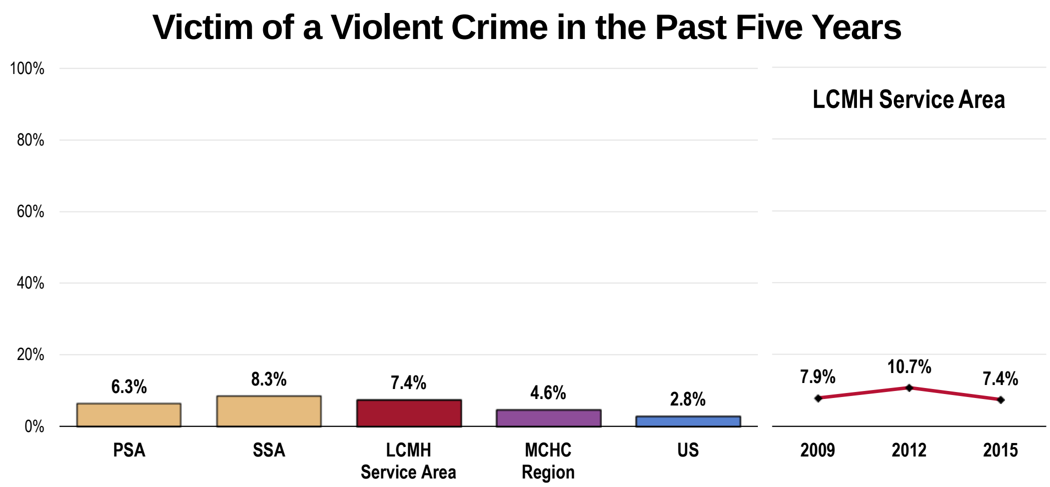
Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2011-2013.
- Illinois State Police.

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

Self-Reported Violence

A total of 7.4% of Little Company of Mary Hospital Service Area adults acknowledge being the victim of a violent crime in the past five years.

- Worse than the MCHC Region.
- Worse than national findings.
- Similar by service area.
- TREND: Statistically similar since 2009.

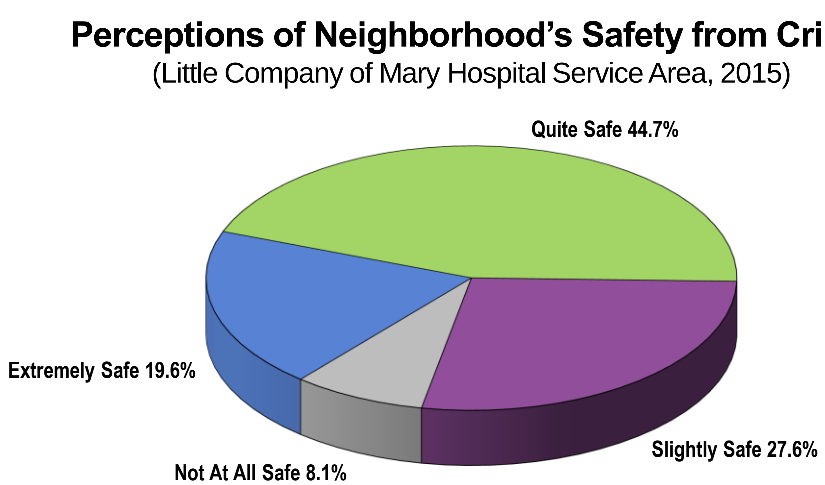


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Perceived Neighborhood Safety

Most Little Company of Mary Hospital Service Area adults (64.3%) consider their neighborhood to be "extremely" or "quite" safe from crime.

- Another 27.6% gave "slightly safe" ratings of their own neighborhoods.

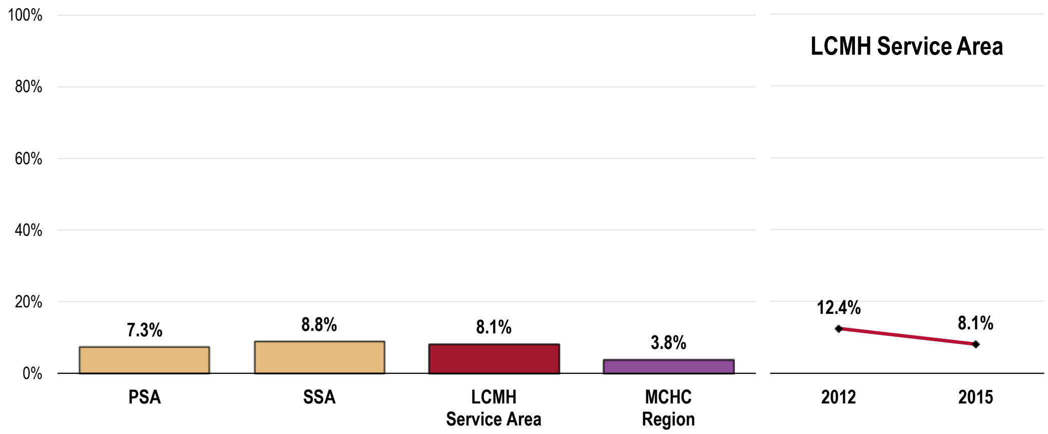


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
Notes: • Asked of all respondents.

Note that 8.1% of survey respondents consider their neighborhood to be "not at all safe" from crime.

- Worse than the MCHC Region.
- Similar by service area.

Perceive Neighborhood to be "Not At All Safe" from Crime

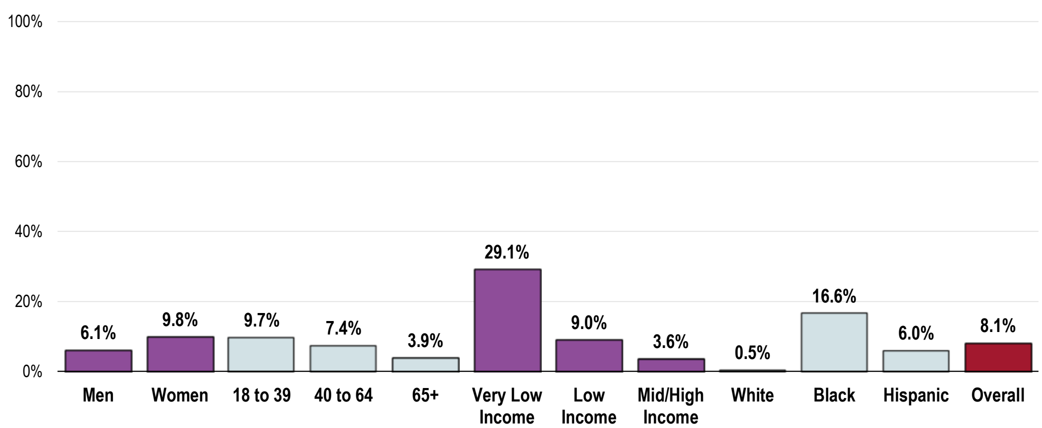


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 304]
Notes: ● Asked of all respondents.

- Residents more likely to give lower ratings of their neighborhood's safety from crime include younger adults (negative correlation with age), those living at the lower income levels (negative correlation with income), Blacks, and Hispanics.

Perceive Neighborhood to be "Not At All Safe" from Crime

(Little Company of Mary Hospital Service Area, 2015)

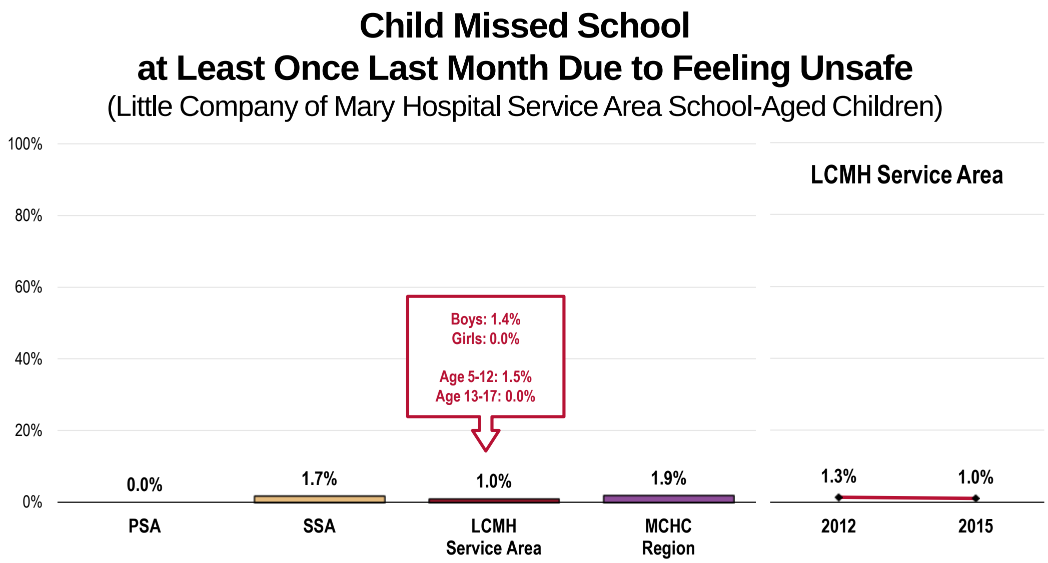


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Child Safety at School

Among service area parents of school-age children, 1.0% report that their child missed at least one day of school in the past month because of feeling unsafe.

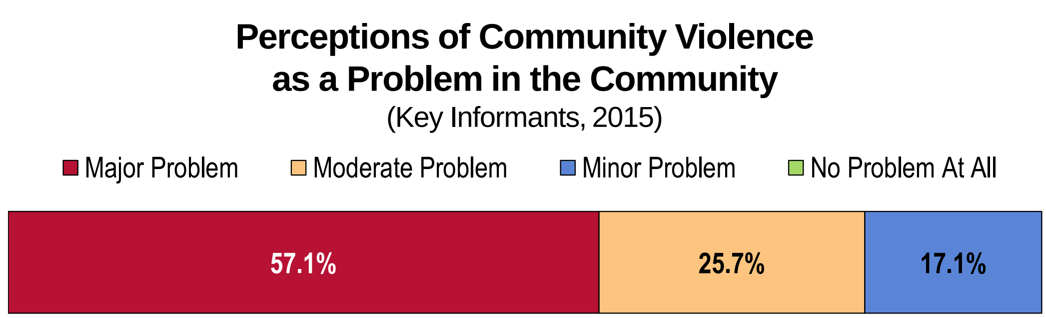
- Similar to the MCHC Region.
- The prevalence is comparable by service area.
- Findings do not differ significantly by child's gender or age.
- TREND: Statistically unchanged from 2012 survey findings.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 313]
Notes: • Asked of those parents with school-age children.

Key Informant Input: Community Violence

A plurality of key informants taking part in an online survey characterized *Community Violence* as a "major problem" in the community.



Sources: • 2015 PRC Online Key Informant Survey.

CHALLENGES

Among those rating community violence as a "major problem," the following represent what key informants see as the main challenges for residents:

Gun Violence and Gangs

> *There are a lot of gangs and cliques in the community. There is also a lack of jobs, which lead to a violent act occurring. – Social Service Representative*
>
> *There are shootings daily. There are way too many guns available in the community. There is a high percentage of unemployed people and high school dropouts. They often "hang out" and this leads to violent situations. – Community/Business Leader*
>
> *Major gun and gang violence. Several patients with paraplegia/quadriplegia from GSW. – Physician*
>
> *Teen violence. – Community/Business Leader*
>
> *The access to guns and prevalent gang violence. Coupled with the inability or not having the skills to resolve conflict without force by the younger generation. – Other Health Provider*
>
> *Guns, gangs, dead children. – Community/Business Leader*
>
> *Gang activity and substance abuse are two issues that feed to community violence, until these gangs are disarmed this issue continues to grow generation to generation. – Community/ Business Leader*

Contributing Factors

> *This is a dissertation answer. Gangs, poverty, and lack of jobs are just a few of the reasons why there is a high rate of community violence on the south side of Chicago. – Other Health Provider*
>
> *Lack of employment and ability to meet personal needs drives up community violence. – Community/Business Leader*
>
> *This community faces violence and death on a daily basis due to poverty, educational issues, homelessness, drug trafficking, gang infestation and lack of viable alternatives for young people who have little or no constructive past-times. – Community/Business Leader*
>
> *Youth have no direction and support. As well as lack of programming to address supportive services for youth. – Other Health Provider*

Co-occurrences

> *Poverty, lack of access to resources and education, police violence, budget cuts to social services. – Public Health Expert*

Statistical Data

> *Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider*

Self-Reported Family Violence

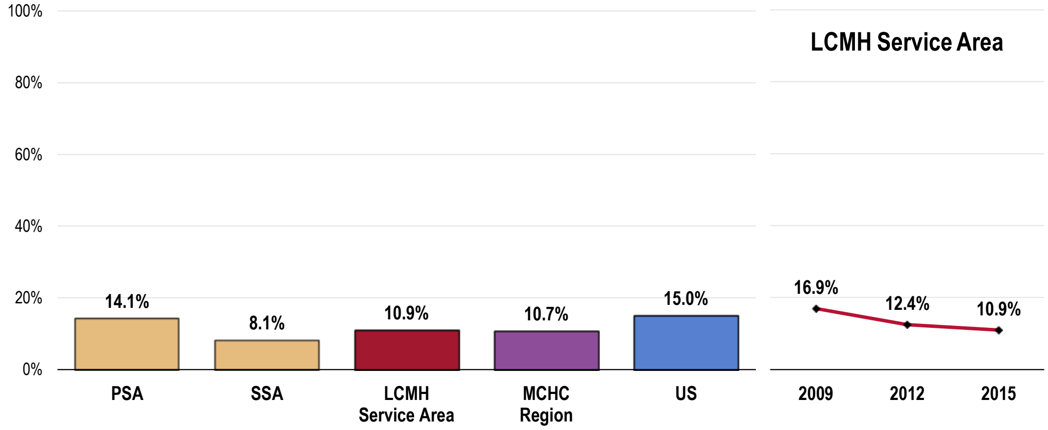
A total of 10.9% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

Respondents were told:

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

- Similar to the MCHC Region.
- More favorable than national findings.
- Higher in the Primary Service Area.
- TREND: Over time, the prevalence has decreased significantly.

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



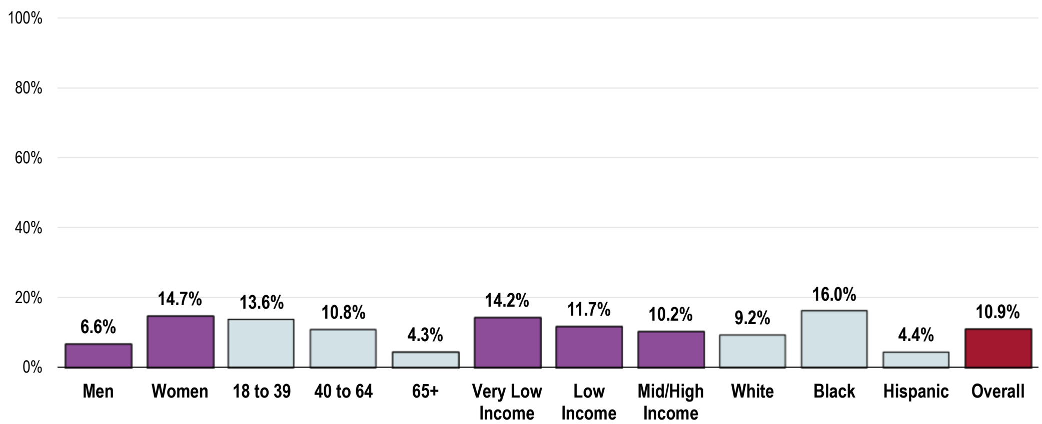
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Adults under 65 (negative correlation with age).
- Black respondents.

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

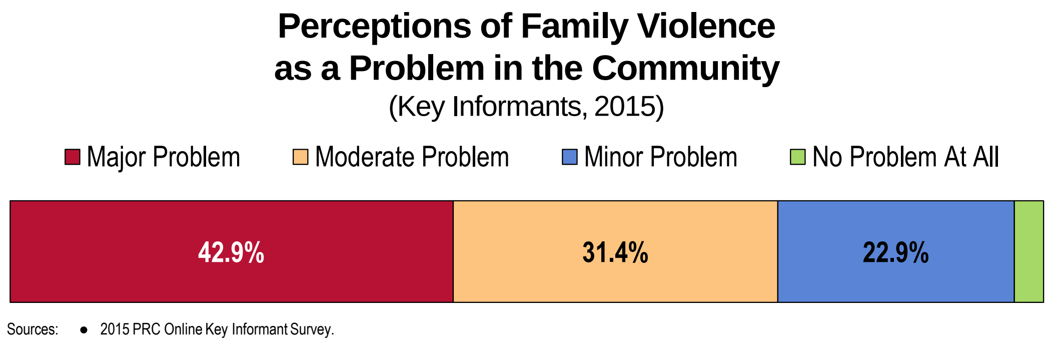
(Little Company of Mary Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Unintentional Injury

The largest share of key informants taking part in an online survey characterized *Family Violence* as a "major problem" in the community.



CHALLENGES

Among those rating family violence as a "major problem," the following represent what key informants see as the main challenges:

Family Violence

Too many abuse cases. – Community/Business Leader

Domestic violence rates are high. – Other Health Provider

It often goes unreported until the injury is severe or a death occurs. Police need additional education and the tools to deal with an abusive situation. The court system needs to react appropriately. There needs to be more emergency shelters and follow-up services to provide counseling, career planning, financial education, job training, etc. to insure the abused spouse has the tools to never return to the abusive partner. Domestic violence is never acceptable. – Community/Business Leader

There are high levels of gun-related violence, often among family members. There are high rates of domestic violence. – Community/Business Leader

Family violence is evident in the community and has not been properly managed to reduce it sufficiently. – Community/Business Leader

Family violence concerns are not addressed as it should be due to families keeping the truth well-hidden and not making their problems public. – Community/Business Leader

Generational Issue

It causes mental and physical health problems for at least two generations. – Other Health Provider

To answer this questions would be akin to a dissertation. There are many root issues that contribute to family violence: a history of being abused, poverty, drugs, alcohol abuse, lack of jobs, etc. – Other Health Provider

Children of abusive parents grow up to believe it is acceptable, and the cycle continues. – Community/Business Leader

Generational violence passed down because of poverty, lack of access to parenting resources, cultural norms about gender roles, lack of access to economic and educational resources for women. – Public Health Expert

Statistical Data

Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider

Diabetes

About Diabetes

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

Diabetes mellitus:

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

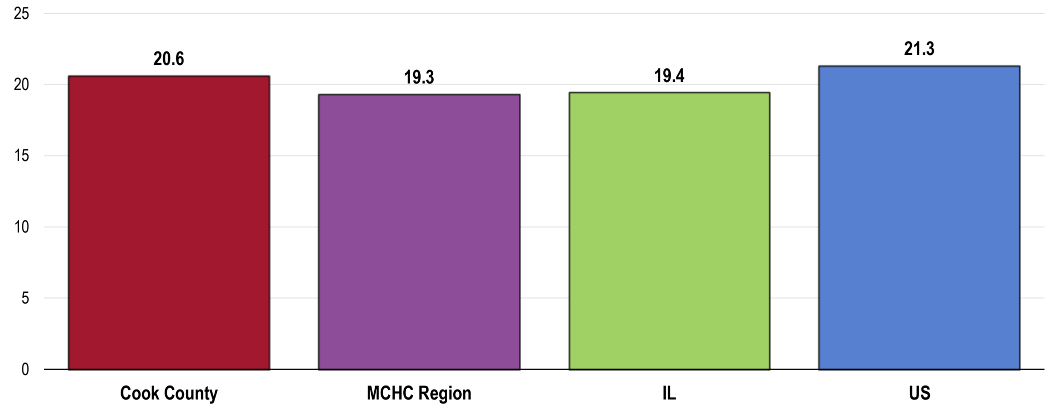
Between 2011 and 2013, there was an annual average age-adjusted diabetes mortality rate of 20.6 deaths per 100,000 population in Cook County.

- Worse than the MCHC Region.
- Worse than that found statewide.
- Similar to the national rate.
- Similar to the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).

Diabetes: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

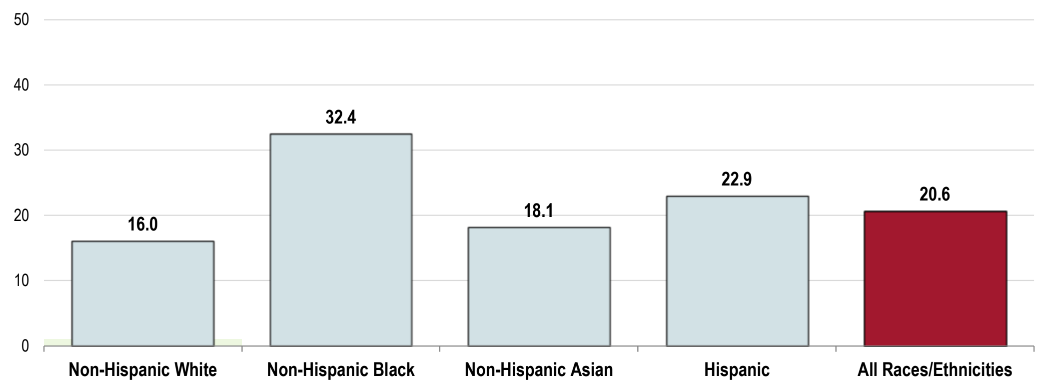
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- The diabetes mortality rate is higher among Blacks and Hispanics in Cook County.

Diabetes: Age-Adjusted Mortality by Race

(Cook County; 2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

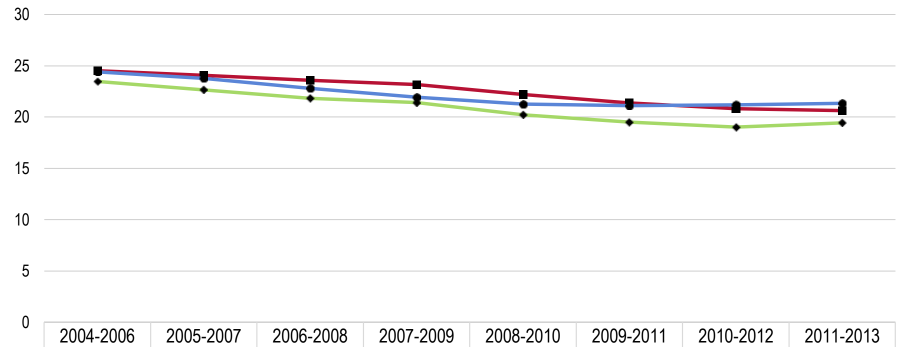
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- TREND: Diabetes mortality has decreased over the past decade.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	24.5	24.1	23.6	23.2	22.2	21.4	20.8	20.6
Illinois	23.5	22.6	21.8	21.4	20.2	19.5	19.0	19.4
US	24.4	23.8	22.8	21.9	21.3	21.1	21.2	21.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

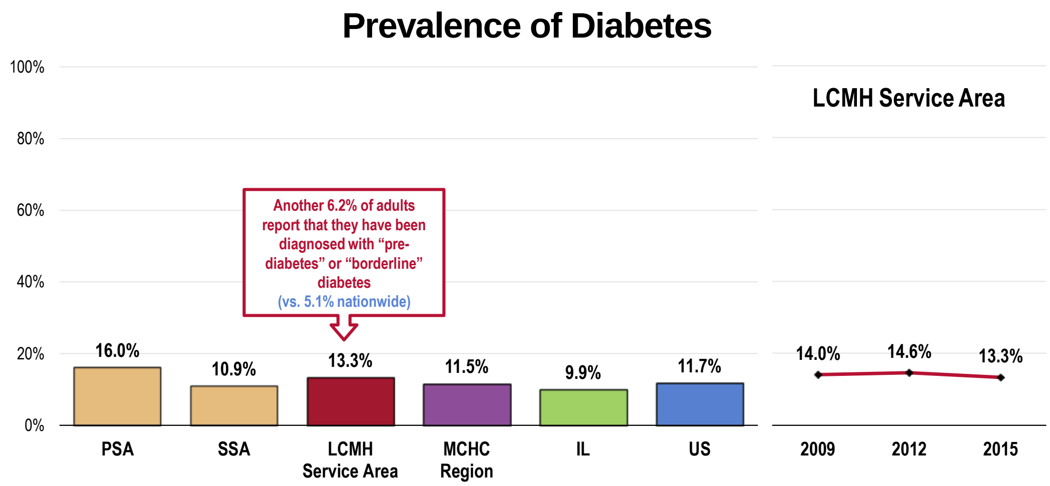
Prevalence of Diabetes

A total of 13.3% of Little Company of Mary Hospital Service Area adults report having been diagnosed with diabetes.

- Similar to the MCHC Region.
- Higher than the statewide proportion.
- Similar to the national proportion.
- Statistically similar by service area.
- TREND: Statistically unchanged since 2009.

In addition to the prevalence of diagnosed diabetes referenced above, another 6.2% of service area adults report that they have "pre-diabetes" or "borderline diabetes."

- Similar to the US prevalence.

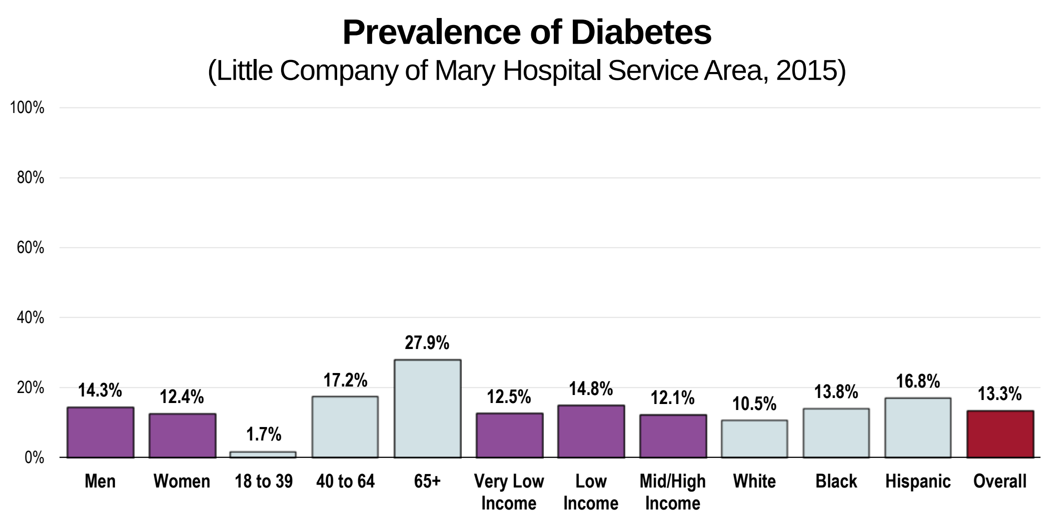


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.

Notes:
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).

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

- Older adults (note the strong positive correlation between diabetes and age, with 27.9% of seniors with diabetes).



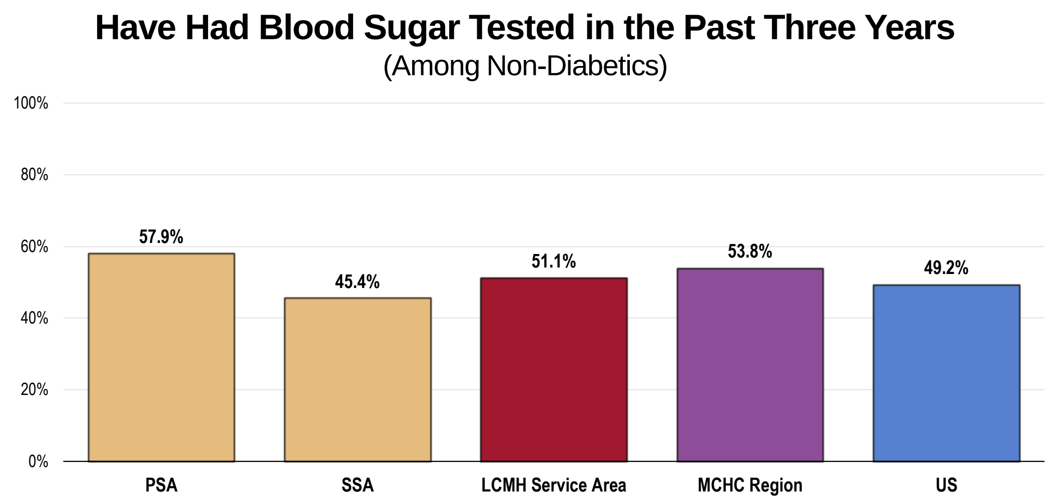
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Testing

Of Little Company of Mary Hospital Service Area adults who have not been diagnosed with diabetes, 51.1% report having had their blood sugar level tested within the past three years.

- Similar to the MCHC Region.
- Similar to the national proportion.
- Higher in the Primary Service Area.

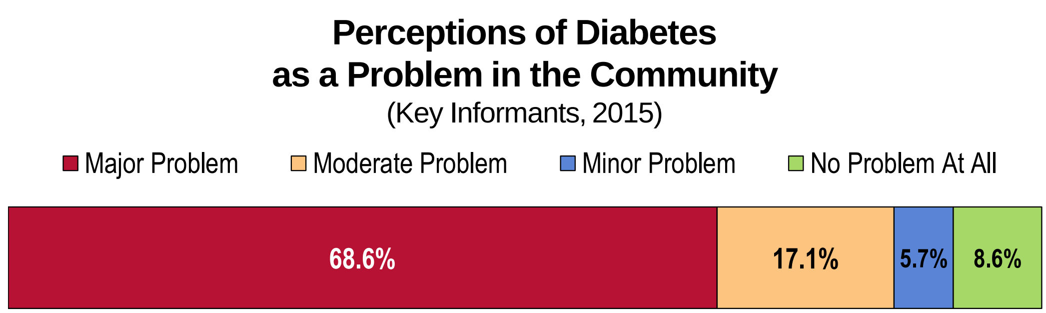


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

Key Informant Input: Diabetes

Nearly 7 in 10 key informants taking part in an online survey characterized *Diabetes* as a "major problem" in the community.



Sources: • 2015 PRC Online Key Informant Survey.

CHALLENGES

Among those rating this issue as a "major problem," the biggest challenges for people with diabetes are seen as:

Access to Fresh Foods/Produce

> *Access to fresh produce and foods. – Community/Business Leader*
>
> *Not enough healthy food options in the community. – Social Service Representative*
>
> *Food deserts, lack of access to fresh fruits and vegetables at an affordable price. – Other Health Provider*
>
> *Lack of affordable healthy food and lack of knowledge go hand in hand. – Social Service Representative*
>
> *Bad eating habits contribute to obesity, which can cause diabetic concerns for our community. Without educational programs that address obesity our community will continue to consume junk not healthy for the body. – Community/Business Leader*
>
> *Healthy food sources. – Public Health Expert*
>
> *Affordable healthy food, safe places to be physically active, limited access to primary care providers and education related to diabetes management. – Public Health Expert*

Access to Care

> *Access to care. Access/ability to pay for healthy foods. Access to safe areas to exercise. Diagnosis (many patients with first time diagnosis in my clinic with A1C greater than 12 percent, haven't seen a physician in years). – Physician*
>
> *Not having integrated care system to deal with co-occurring diseases, as it relates to behavioral health and primary health. Not having resources for educating them about their illness and the appropriate case management to follow up with, ensuring that individuals in need of close monitoring are implementing good health habits, as it relates to proper nutrition and follow up medical appointments. – Other Health Provider*

Disease Management

> *Managing their diabetes, avoiding high sugar levels. – Social Service Representative*
>
> *Controlling their disease with medication and proper food choices. – Community/Business Leader*
>
> *There is a high prevalence and patients are poorly compliant with plans because of insurance, work commitments, etc. – Physician*
>
> *Acceptance of disease. Refusal to test (some due to monetary issues), refusal of medications, refusal to gain dietary control, etc. Just refusing to accept disease and diagnosis. – Public Health Expert*
>
> *They may not know how to manage their diabetes. – Other Health Provider*

Statistical Data

> *Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider*

Lack of Resources

> *Community-based peer support programs. – Other Health Provider*

Alzheimer's Disease

About Dementia

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

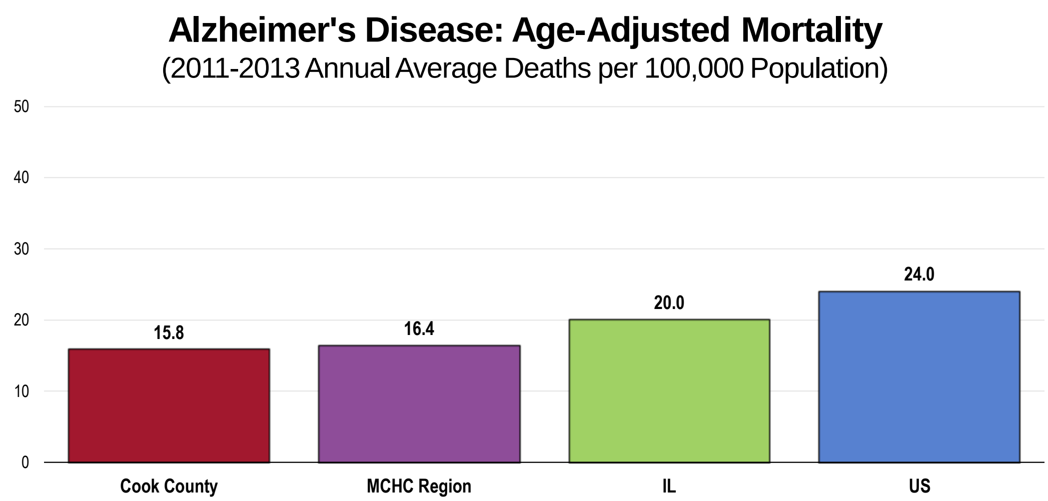
Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted Alzheimer's disease mortality rate of 15.8 deaths per 100,000 population in Cook County.

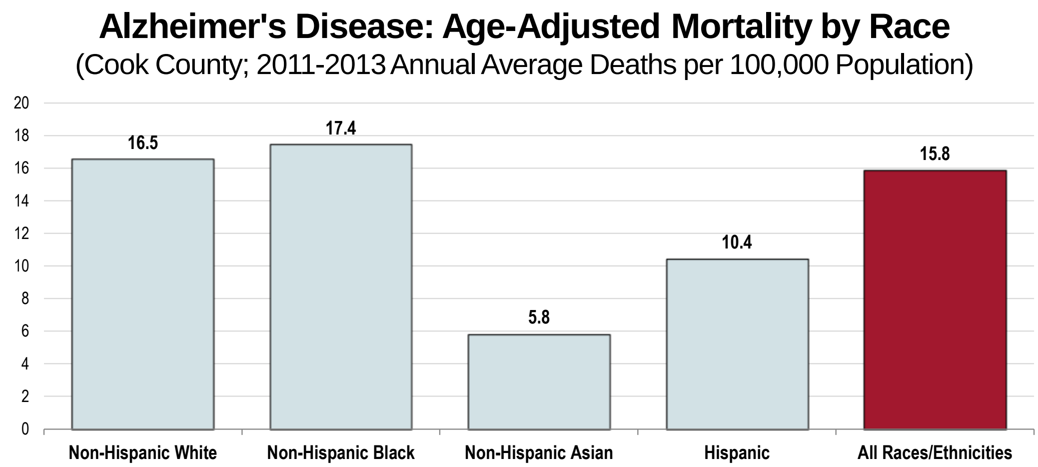
- Similar to the MCHC Region.
- More favorable than the statewide rate.
- More favorable than the national rate.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

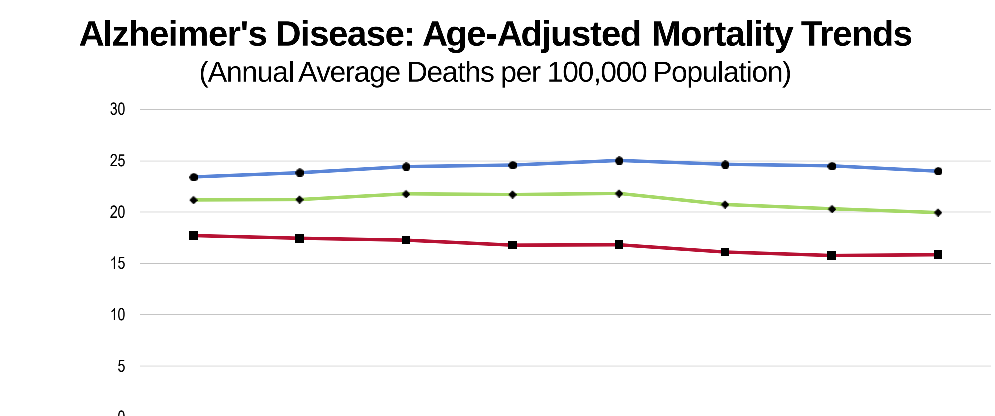
- The Alzheimer's disease mortality rate is much higher in the White and Black populations when compared with Asians and Hispanics in the region.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

- TREND: Alzheimer's disease mortality has decreased in the area and across the state over the past decade. The US rate was more stable.



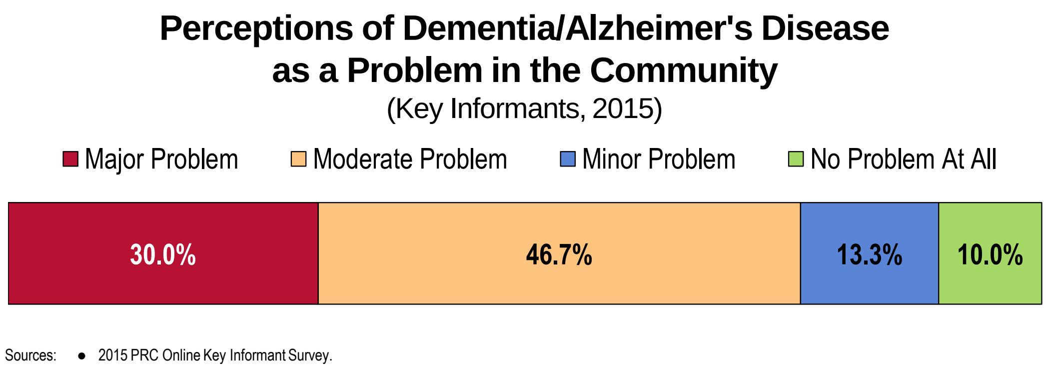
	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	17.7	17.5	17.3	16.8	16.8	16.1	15.8	15.8
Illinois	21.2	21.2	21.8	21.7	21.8	20.7	20.3	20.0
US	23.4	23.8	24.4	24.6	25.0	24.7	24.5	24.0

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a "moderate problem" in the community.



TOP CONCERNS

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

Aging Population

> *The population at risk is growing and we don't have any quality care facilities in my community. – Other Health Provider*
>
> *Seeing an increase in the numbers of people seeking care for dementia. – Public Health Expert*
>
> *Community members are living longer and the chances of onset increase with age. The issues of care present a real challenge to family members, especially if funds are limited and outside assistance is too costly. The next twenty years will show a marked increase in patients needing care. – Community/Business Leader*

Screenings

> *Lack of education and the fact that typically this community only goes to the doctor when there is a crisis, so early signs are missed. Finally because there are few specialists in the area and very few if any that take Medicaid or Medicare. – Other Health Provider*
>
> *This heath concern is a major issue because people are not screened regularly; seniors are challenged with living independently; and they might not know they have developed either of these illnesses. – Community/Business Leader*

Statistical Data

> *Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider*

Lack of Specialists

> *Not enough specialists. – Physician*

Kidney Disease

About Chronic Kidney Disease

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

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

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

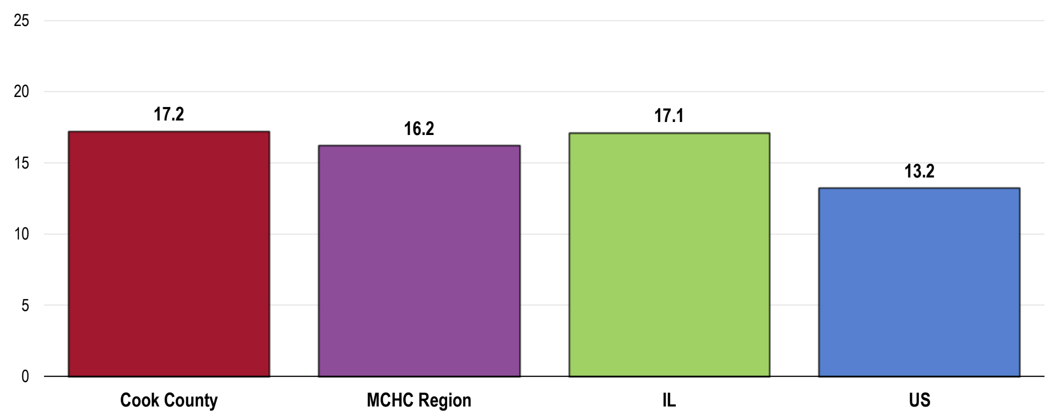
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2011 and 2013 there was an annual average age-adjusted kidney disease mortality rate of 17.2 deaths per 100,000 population in Cook County.

- Worse than the regional rate.
- Similar to the rate found statewide.
- Worse than the national rate.

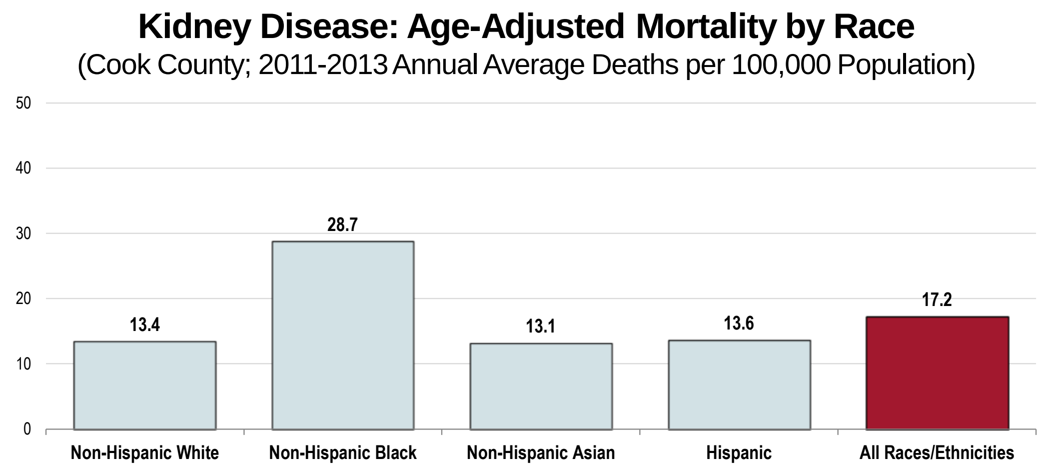
Kidney Disease: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

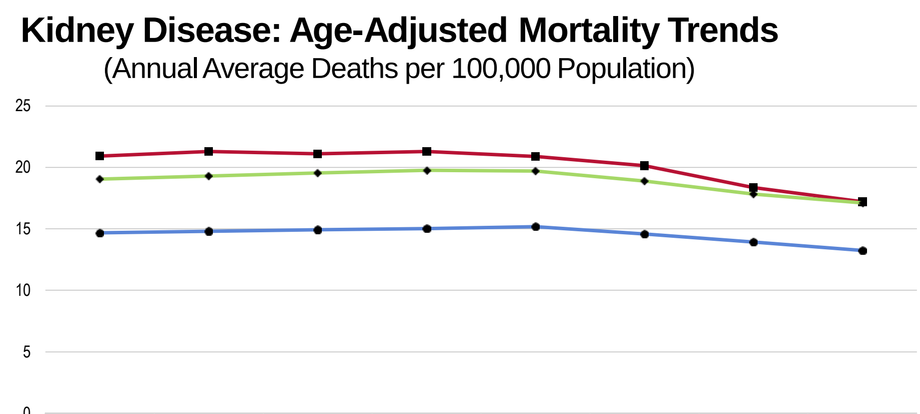
- The kidney disease mortality rate in Cook County is much higher in the Black population.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

- TREND: Kidney disease mortality decreased over the past decade.



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	20.9	21.3	21.1	21.3	20.9	20.1	18.4	17.2
Illinois	19.0	19.3	19.5	19.8	19.7	18.9	17.8	17.1
US	14.7	14.8	14.9	15.0	15.2	14.6	13.9	13.2

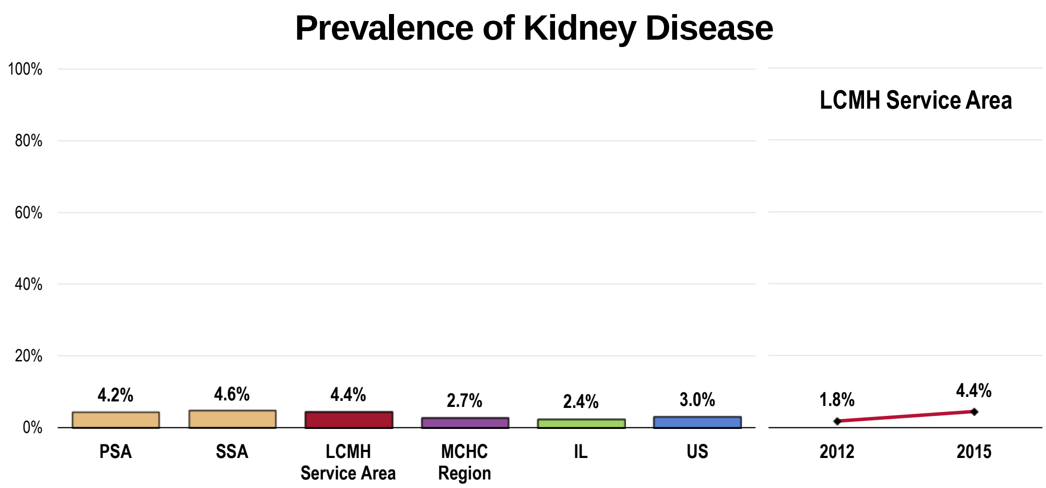
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

Prevalence of Kidney Disease

A total of 4.4% of Little Company of Mary Hospital Service Area adults report having been diagnosed with kidney disease.

- Higher than the MCHC Region.
- Higher than the state proportion.
- Similar to the national proportion.
- Similar findings by service area.
- TREND: Marks a significant increase since 2012.

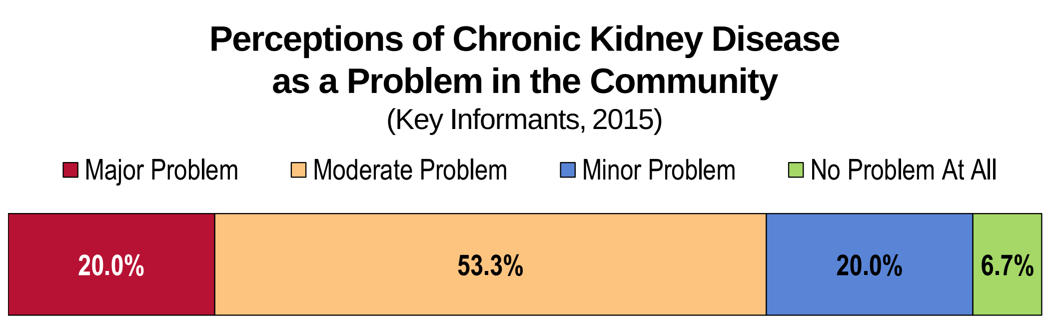


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 33]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Key Informant Input: Chronic Kidney Disease

Over half of key informants taking part in an online survey characterized *Chronic Kidney Disease* as a "moderate problem" in the community.



Sources: • 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Prevalence/Incidence

> *There appears to be a dialysis center on every corner. – Public Health Expert*
>
> *Uncontrolled HTN, DMII. Likely FSGS given patient population as well. – Physician*

Statistical Data

> *Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider*

Lack of Resources

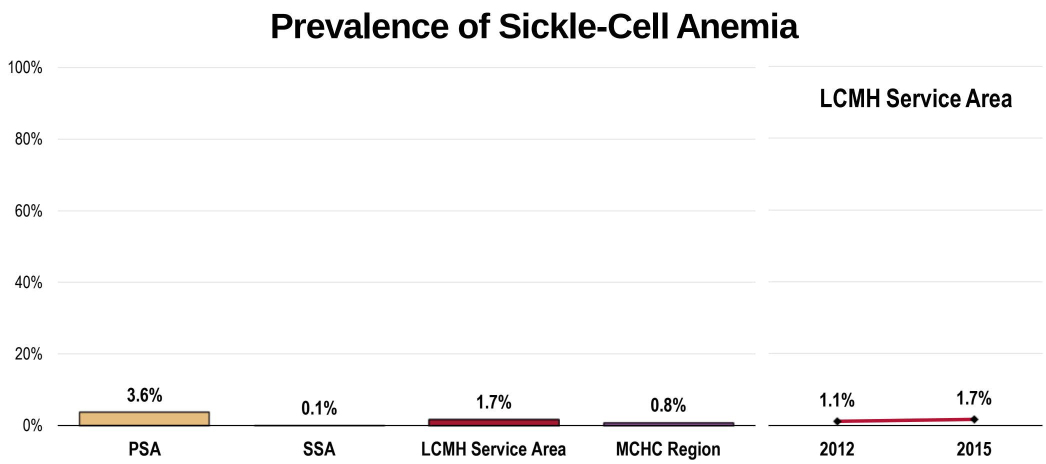
> *There is a need for more dialysis centers in the community. – Other Health Provider*

Sickle-Cell Anemia

Prevalence of Sickle-Cell Anemia

A total of 1.7% of Little Company of Mary Hospital Service Area adults report having been diagnosed with sickle-cell anemia.

- Statistically similar to the MCHC Region.
- Higher prevalence in the Primary Service Area.
- TREND: Statistically unchanged since 2009.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 302]
Notes: ● Asked of all respondents.

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Back Conditions

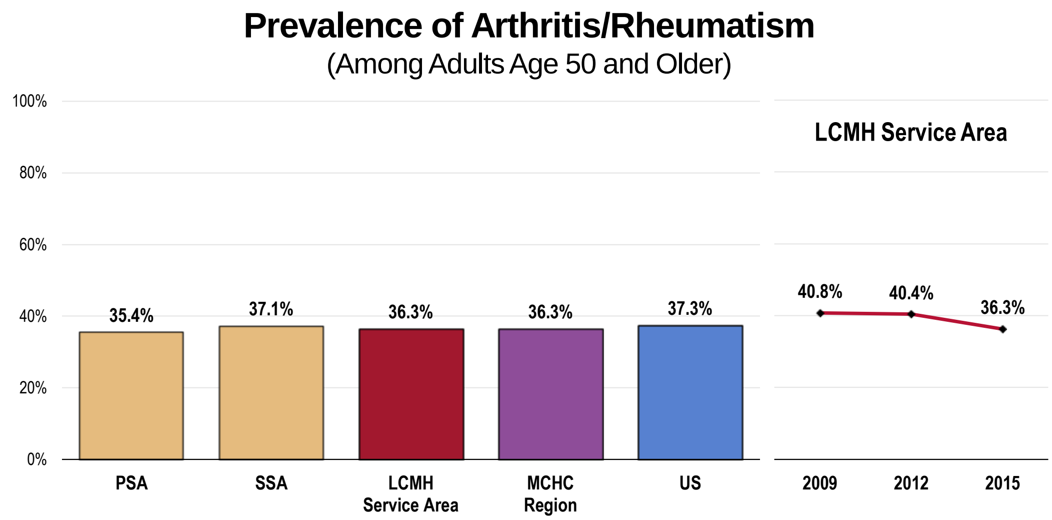
Prevalence of Arthritis/Rheumatism

RELATED ISSUE:

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

More than one-third of Little Company of Mary Hospital Service Area adults age 50 and older (36.3%) reports suffering from arthritis or rheumatism.

- Identical to the regional prevalence.
- Comparable to that found nationwide.
- Comparable findings by service area.
- TREND: The prevalence of arthritis/rheumatism is similar to that reported in 2009.

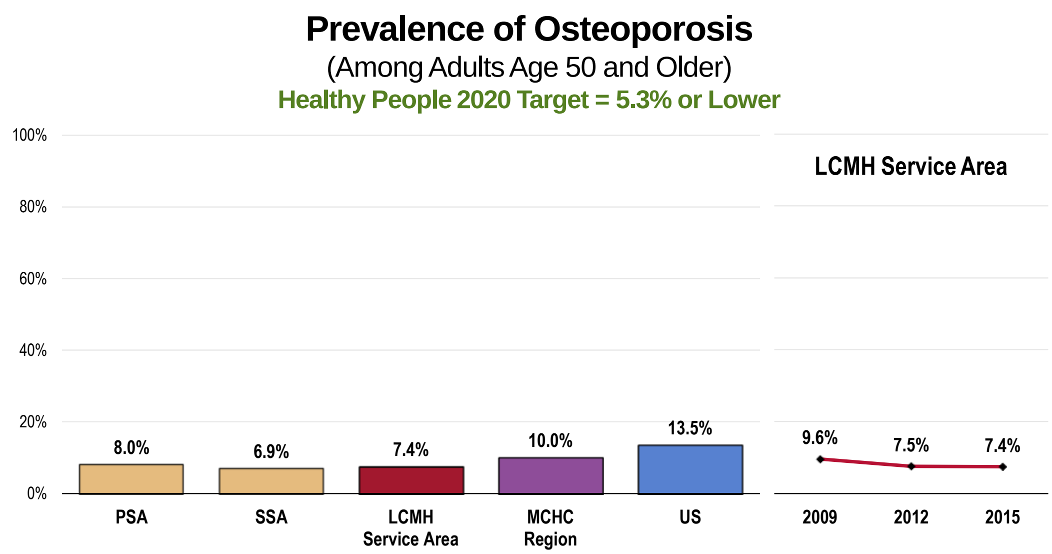


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Reflects respondents age 50 and older.

Prevalence of Osteoporosis

A total of 7.4% of survey respondents age 50 and older have osteoporosis.

- Similar to the MCHC Region.
- Better than the nationwide rate.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- Statistically similar by service area.
- TREND: Statistically unchanged over time.

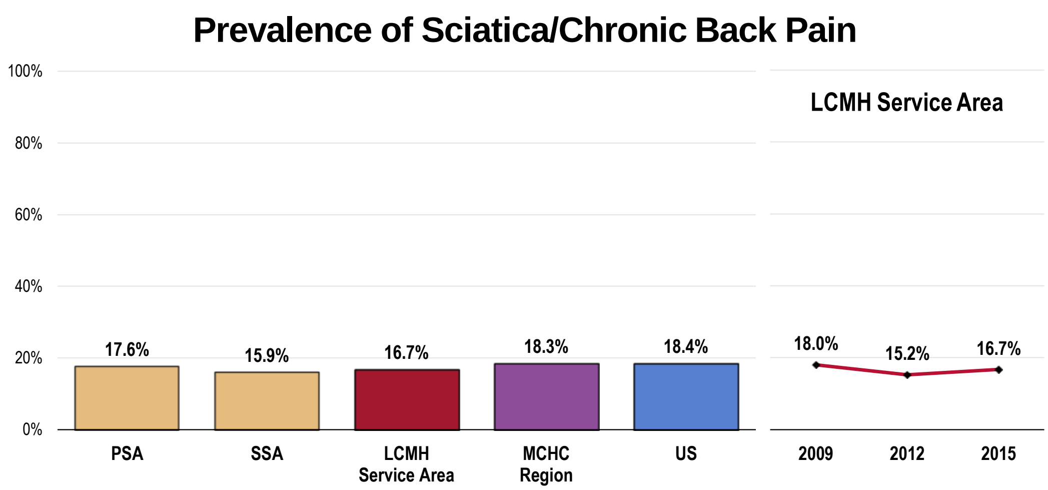


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]
Notes: • Reflects respondents age 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 16.7% of survey respondents suffer from chronic back pain or sciatica.

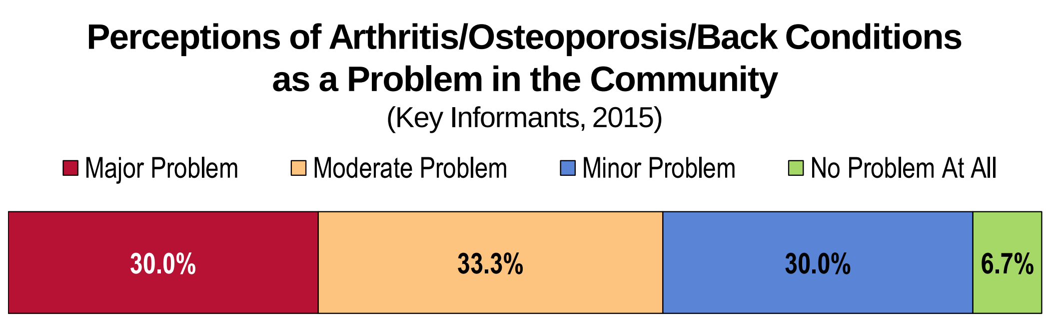
- Similar to the MCHC Region.
- Similar to that found nationwide.
- Comparable findings by service area.
- TREND: Statistically unchanged over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

The largest share of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "moderate problem" in the community.



Sources: • 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Aging Population

As our generations grow old there are two types of arthritis observed, seniors with arthritis preventing completion of daily tasks, limiting physical movement and lack of exercise, making the conditions worse and/or lead to other health problems, and secondly, growing children with symptoms of rheumatoid arthritis possibly due to poor living conditions in clean environments. – Community/Business Leader

High population of seniors and blue collar laborers are afflicted as they age due to age itself or physical stress from jobs. – Social Service Representative

Access to Services

Many people don't have access to therapy for such conditions or don't know about preventive measures. – Community/Business Leader

Lack of access to timely physical therapy or inability to attend physical therapy sessions. – Physician

Musculoskeletal Issues

Back pain/joint pain/soft tissue pain seems common, as it is nationwide. Perhaps increased by physically demanding jobs, lack of access to healthcare resources to manage. – Public Health Expert

Lack of Specialists

Not enough specialists. – Physician

Contributing Factors

Obesity. – Physician

Vision & Hearing Impairment

About Vision

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

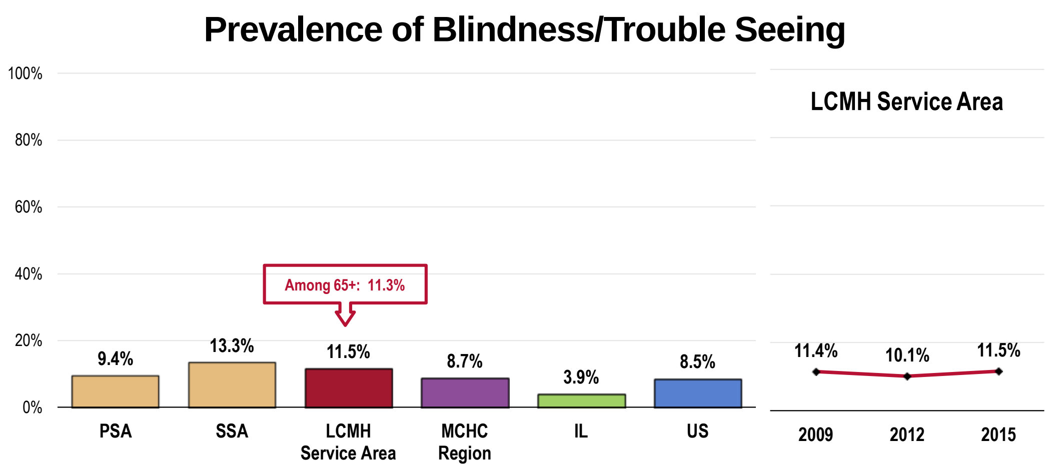
Vision Trouble

A total of 11.5% of Little Company of Mary Hospital Service Area adults are blind or have trouble seeing even when wearing corrective lenses.

RELATED ISSUE:

See also *Vision Care* in the **Access to Health Services** section of this report.

- Worse than the MCHC Region.
- Worse than statewide and national results.
- Similar findings by service area.
- TREND: No significant change over time.
- Among area adults age 65 and older, 11.3% have vision trouble.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

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

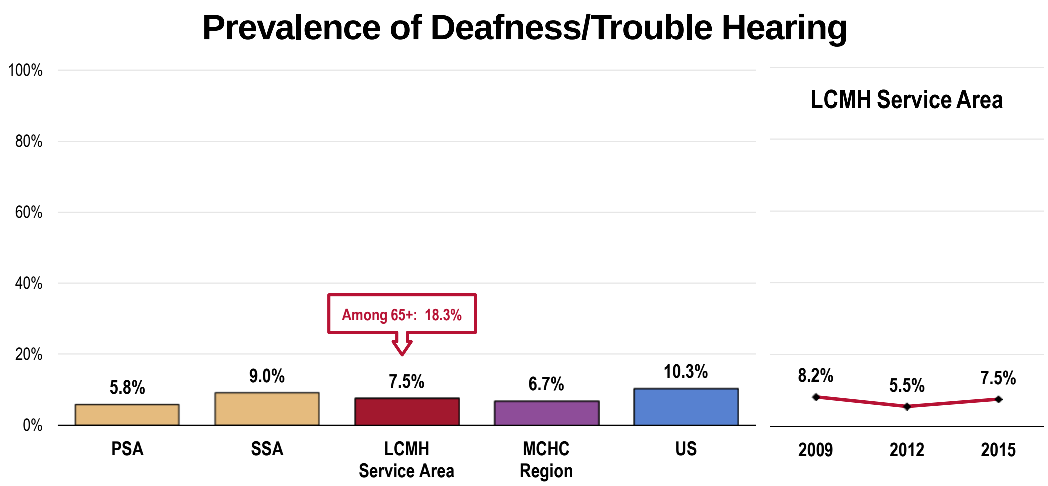
Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition,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

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

- Healthy People 2020 (www.healthypeople.gov)

In all, 7.5% of Little Company of Mary Hospital Service Area adults report being deaf or having difficulty hearing.

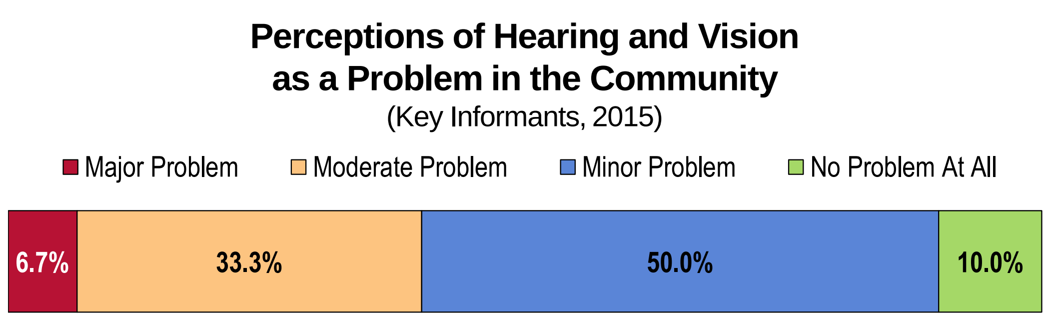
- Similar to the MCHC Region.
- Better than that found nationwide.
- Similar by service area.
- TREND: Statistically unchanged over time.
- Among Little Company of Mary Hospital Service Area adults age 65 and older, 18.3% have partial or complete hearing loss.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Vision & Hearing

One-half of key informants taking part in an online survey characterized *Vision & Hearing* as a "minor" problem in the community.



Sources: • 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Aging Population

> *Again, our aging population. We have had at least a 15 percent increase in the senior population in our area. As a mainly blue collar community, many workers are exposed to damaging noises and many younger people work at a local music theatre and don't take precautions. – Social Service Representative*

Lack of Preventive Care

> *Regular screenings and doctor visits are not practiced. Also competing priorities for single moms make these issue very low on the list as opposed to an asthma attack. Also lack of knowledge on the total impact on a person's quality of life, learning, work, etc. – Other Health Provider*

Infectious Disease

Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

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

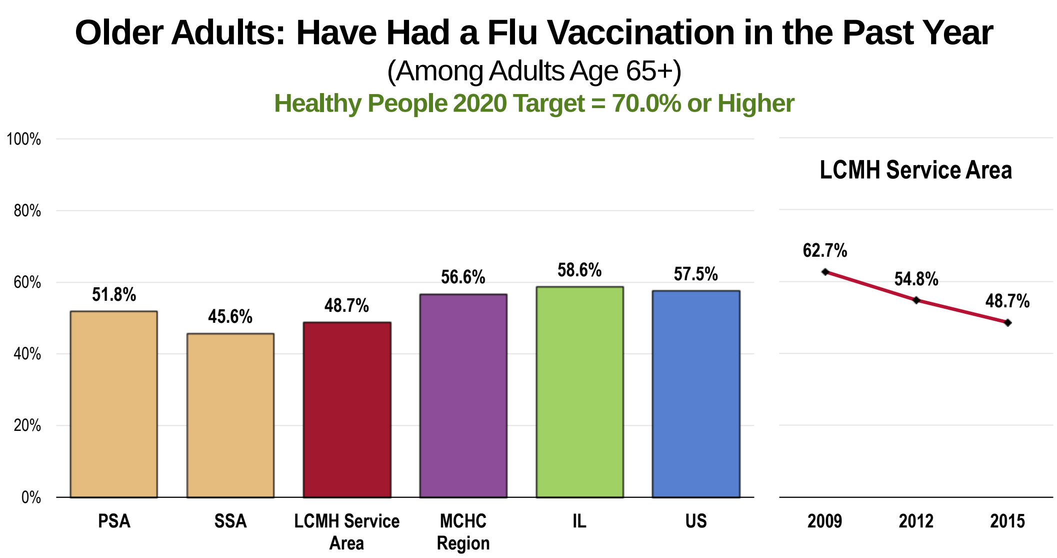
- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Among Little Company of Mary Hospital Service Area seniors, 48.7% received a flu shot (or FluMist®) within the past year.

- Statistically similar to the MCHC Region.
- Lower than the Illinois finding.
- Statistically comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Statistically comparable by service area.
- TREND: Marks a statistically significant decrease over time.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

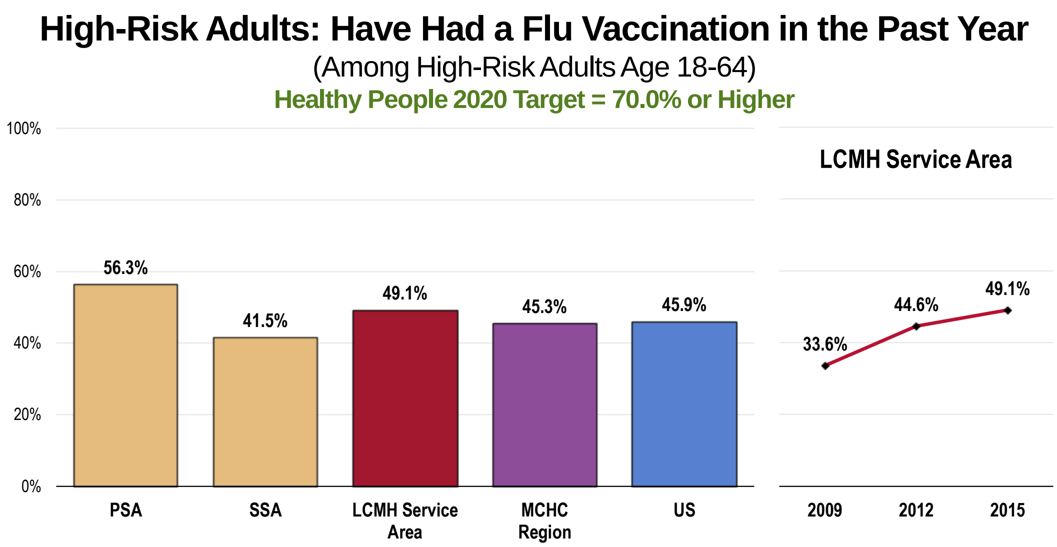
Notes:
- Reflects respondents 65 and older.
- Includes FluMist as a form of vaccination.

High-Risk Adults

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

A total of 49.1% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Similar to the MCHC Region.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Statistically similar by service area.
- TREND: Marks a statistical increase from the 2009 survey findings.



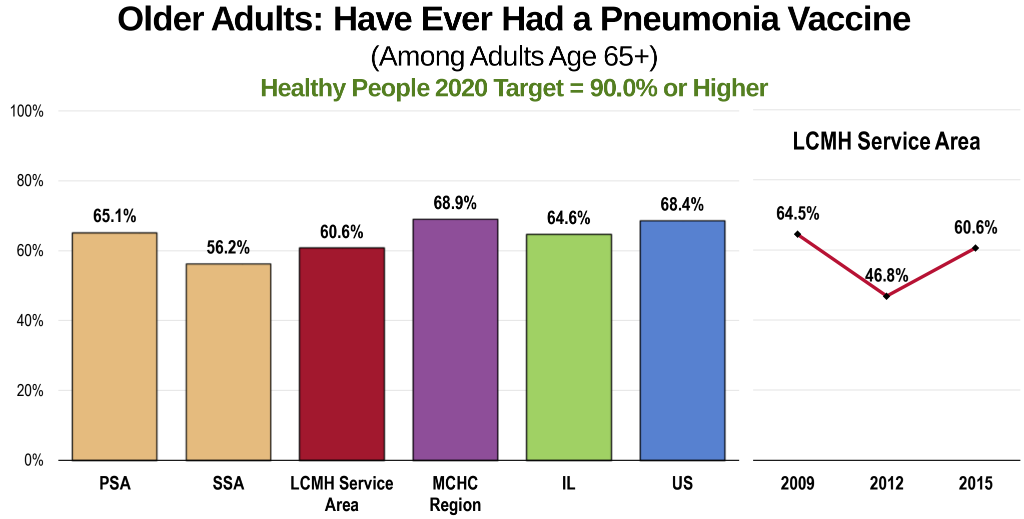
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes: • Reflects high-risk respondents age 18-64.
• "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
• Includes FluMist as a form of vaccination.

Pneumonia Vaccination

Among adults age 65 and older, 60.6% have received a pneumonia vaccination at some point in their lives.

- Similar to the MCHC Region.
- Comparable to the Illinois finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Comparable by service area.
- TREND: Statistically unchanged from 2009 survey results but marking a statistically significant increase since 2012.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.1]

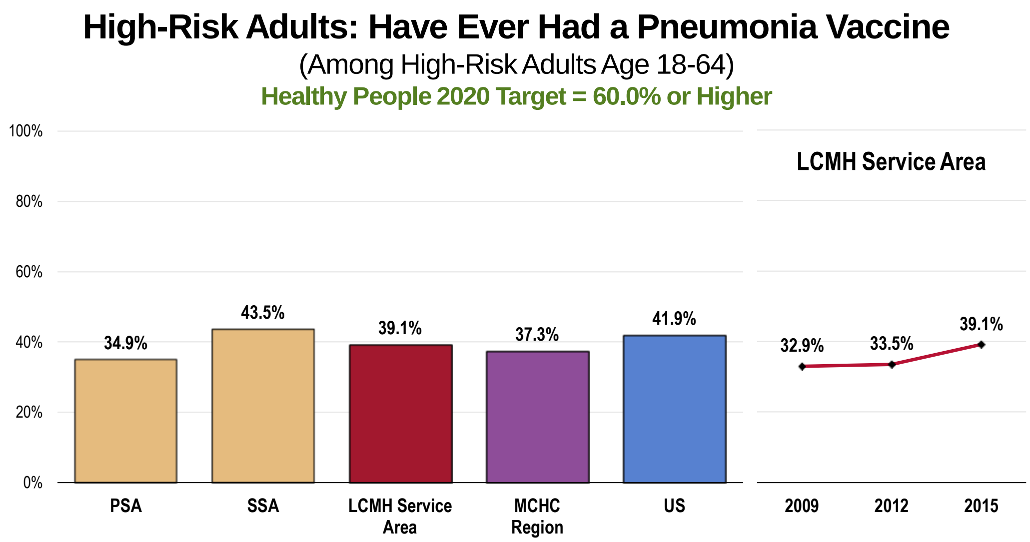
Notes: ● Reflects respondents 65 and older.

High-Risk Adults

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

A total of 39.1% of high-risk adults age 18-64 have received a pneumonia vaccination.

- Similar to the MCHC Region.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).
- Similar by service area.
- TREND: Statistically unchanged over time.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.2]

Notes: ● Asked of all high-risk respondents under 65.
● "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About HIV

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

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

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

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

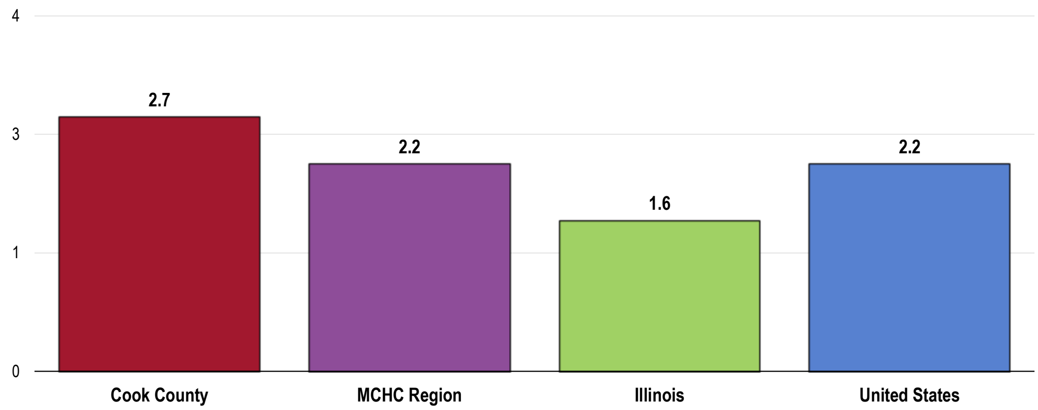
Between 2011 and 2013, there was an annual average age-adjusted HIV/AIDS mortality rate of 2.7 deaths per 100,000 population in Cook County.

- Less favorable than the MCHC Region.
- Less favorable than that found statewide.
- Less favorable than the national rate.
- Satisfies the Healthy People 2020 target (3.3 or lower).

HIV/AIDS: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

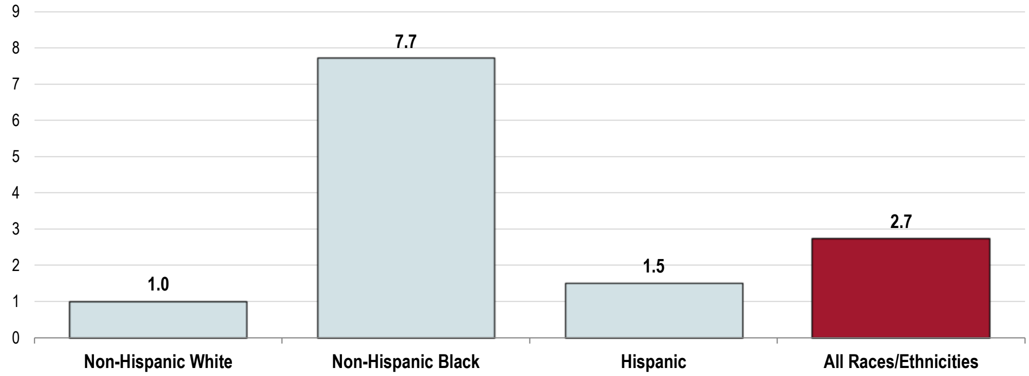
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The HIV mortality rate among Blacks in the region is considerably higher than that reported in the White and Hispanic populations.

HIV/AIDS: Age-Adjusted Mortality by Race

(Cook County; 2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

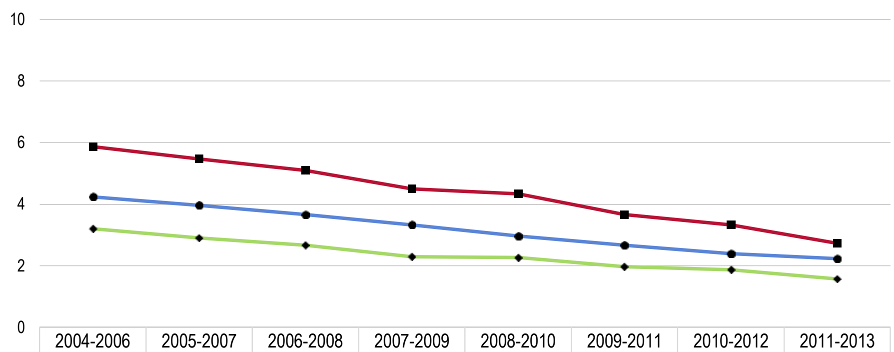
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Note the decreasing trends in HIV/AIDS mortality over the past decade.

HIV/AIDS: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	5.9	5.5	5.1	4.5	4.3	3.7	3.3	2.7
Illinois	3.2	2.9	2.7	2.3	2.3	2.0	1.9	1.6
US	4.2	4.0	3.7	3.3	3.0	2.7	2.4	2.2

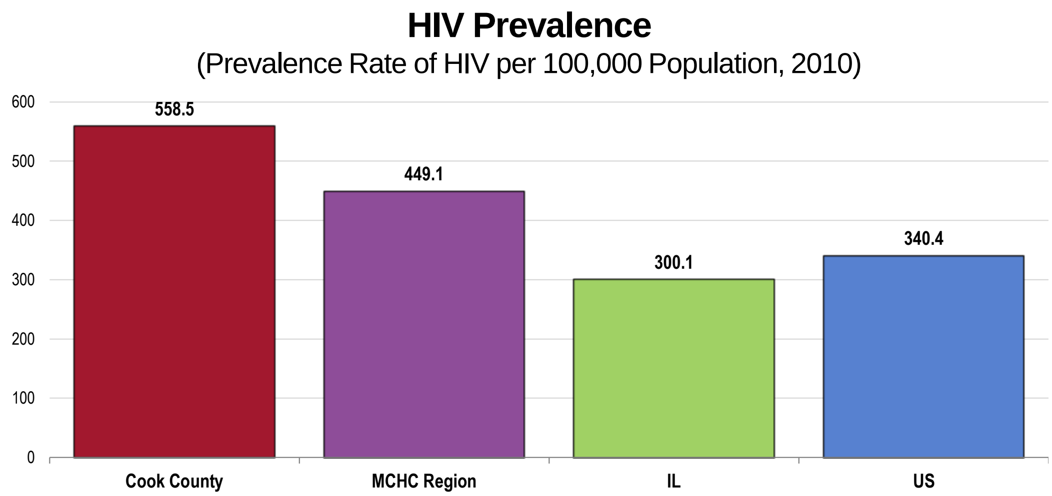
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

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

HIV Prevalence

In 2010, the county reported a prevalence of 558.5 HIV cases per 100,000 population.

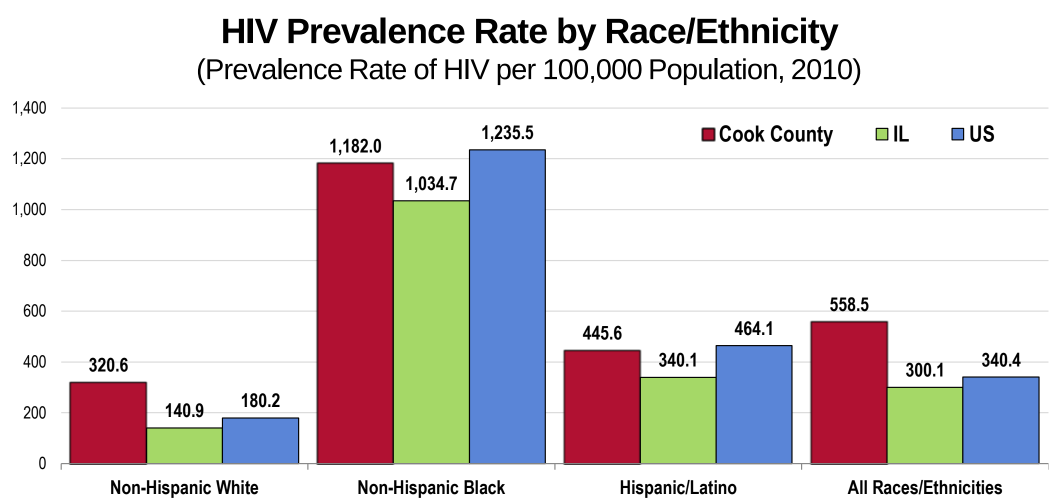
- Worse than the MCHC Region.
- Worse than the statewide prevalence.
- Worse than the national prevalence.



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
• Retrieved August 2015 from Community Commons at http://www.chna.org.

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

- By race and ethnicity, HIV/AIDS prevalence in Cook County is particularly high among non-Hispanic Blacks.



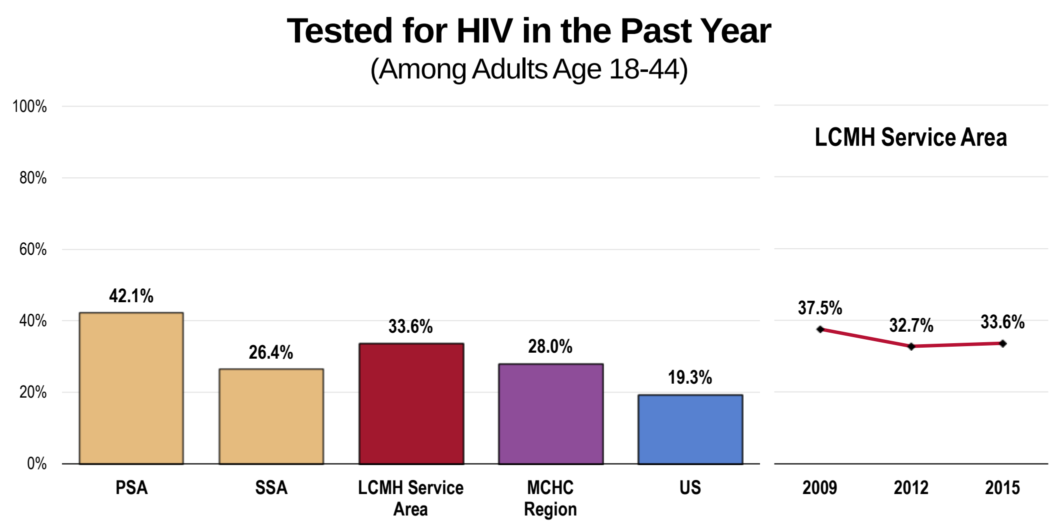
Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
• Retrieved August 2015 from Community Commons at http://www.chna.org.

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

HIV Testing

Among Little Company of Mary Hospital Service Area adults age 18-44, 33.6% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

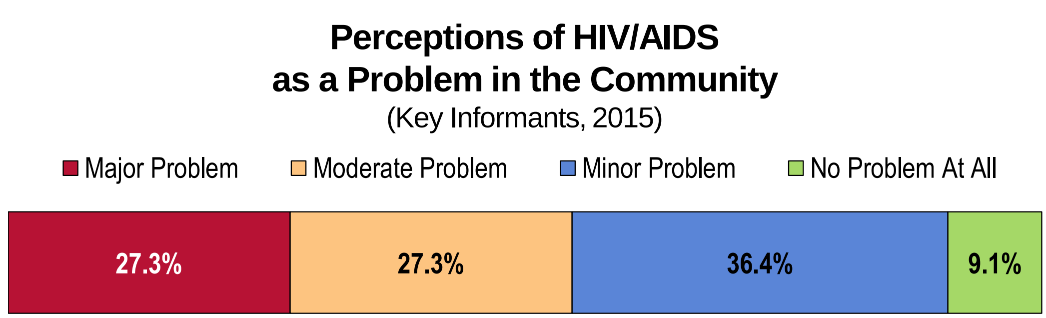
- Similar to the MCHC Region.
- Better than the proportion found nationwide.
- Statistically similar by service area.
- TREND: Testing has remained stable over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Reflects respondents age 18 to 44.

Key Informant Input: HIV/AIDS

The largest share of key informants taking part in an online survey characterized *HIV/AIDS* as a "minor problem" in the community.



Sources: • 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

At-Risk Populations

> *Englewood has high rates of HIV/AIDS for youth age 14-24. There are a high number of teens that have sex unprotected, but Miles Square Health Center provides free condoms. – Social Service Representative*
>
> *There is a high prevalence of drug abuse in the community, particularly heroin use. Needle sharing is common. There is also both male and female prostitution associated with this drug abuse. – Other Health Provider*
>
> *Rates of infection among Latinos. – Other Health Provider*

Prevalence/Incidence

> *Chicago, like most other large urban areas in the United States, continues to have significantly higher rates of HIV and other STI diagnoses than the country overall. Chicago's 2011 HIV prevalence rate is three times greater than the national rate, while new HIV infection and AIDS diagnosis rates are both at least double. Chicago's 2012 chlamydia rate is twice the national rate, the gonorrhea rate is three times higher, and the primary and secondary (P&S) syphilis rate is over seven times higher than the national rate. – Public Health Expert*

High-Risk Behaviors

> *Many people are having unprotected sex, making the risk of contracting HIV/AIDS higher. People are not being tested to be aware of their status. – Other Health Provider*

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

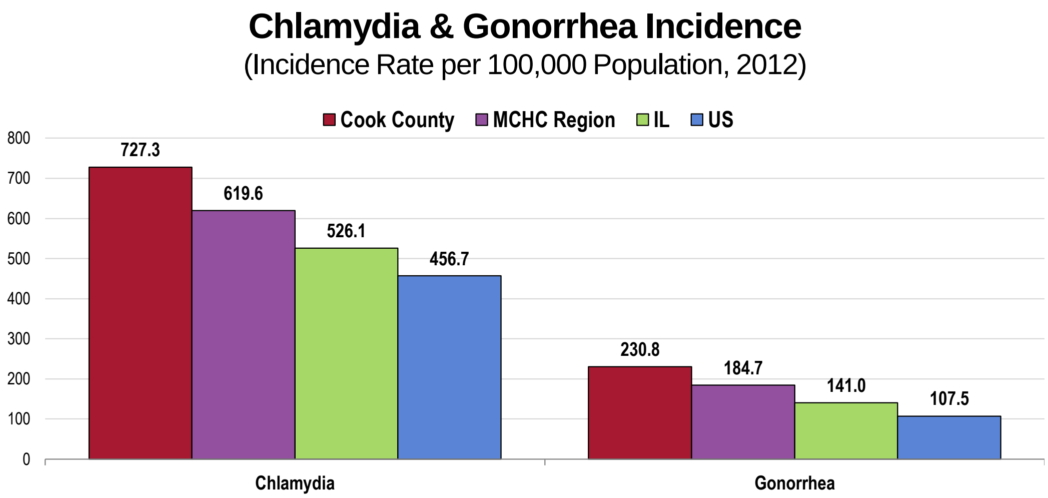
Chlamydia & Gonorrhea

In 2012, the chlamydia incidence rate in Cook County was 727.3 cases per 100,000 population.

- Worse than the MCHC Region.
- Worse than the Illinois incidence rate.
- Worse than the national incidence rate.

The gonorrhea incidence rate in Cook County was 230.8 cases per 100,000 population in 2012.

- Worse than the MCHC Region.
- Worse than the Illinois incidence rate.
- Worse than the national incidence rate.



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.
• Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes: • This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

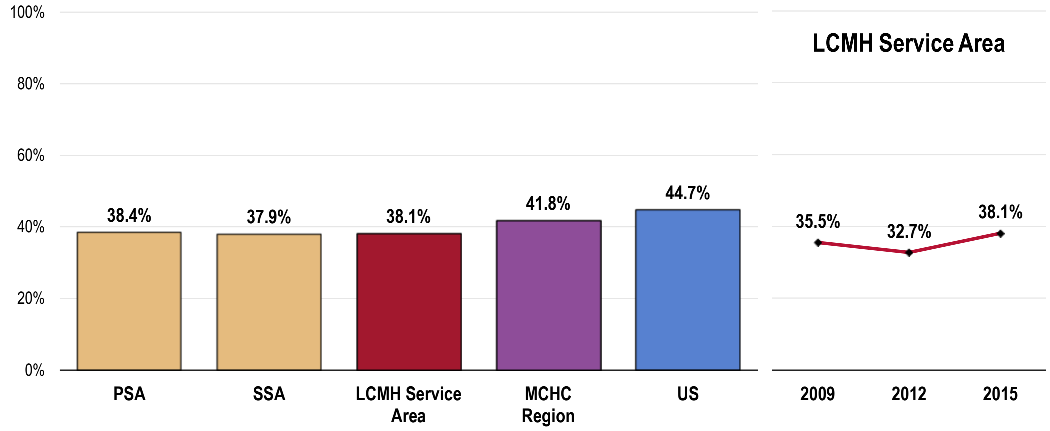
Hepatitis B Vaccination

Respondents were told that, to be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. They were then asked if they had completed this vaccination series.

Based on survey data, nearly 4 in 10 Little Company of Mary Hospital Service Area adults (38.1%) report having received the hepatitis B vaccination series.

- Similar to the MCHC Region.
- Worse than the nationwide rate.
- Similar by service area.
- TREND: Statistically unchanged since 2009.

Have Completed the Hepatitis B Vaccination Series



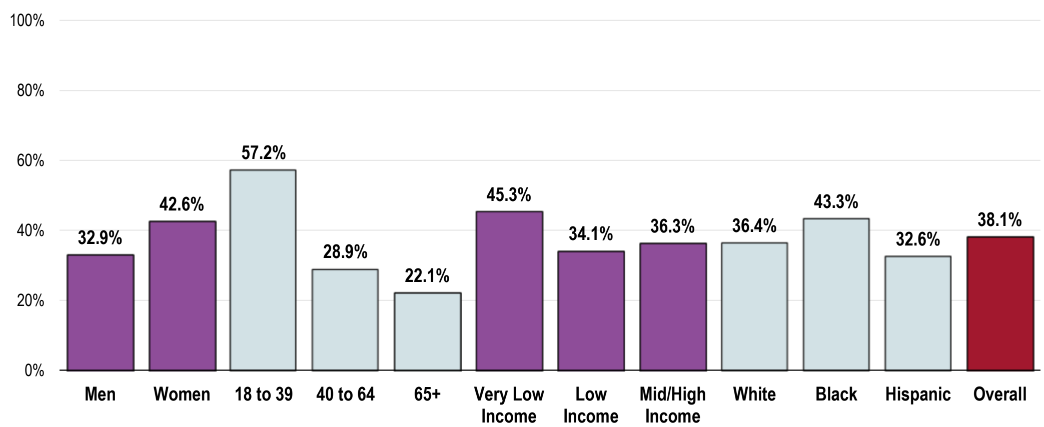
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
• Includes a series of three shots, usually administered at least one month between shots.

- Women are more likely than men to have received the hepatitis B vaccine.
- Note the negative correlation between age and hepatitis B vaccination.
- Blacks are much more likely Hispanics to be vaccinated.

Have Completed the Hepatitis B Vaccination Series

(Little Company of Mary Hospital Service Area, 2015)



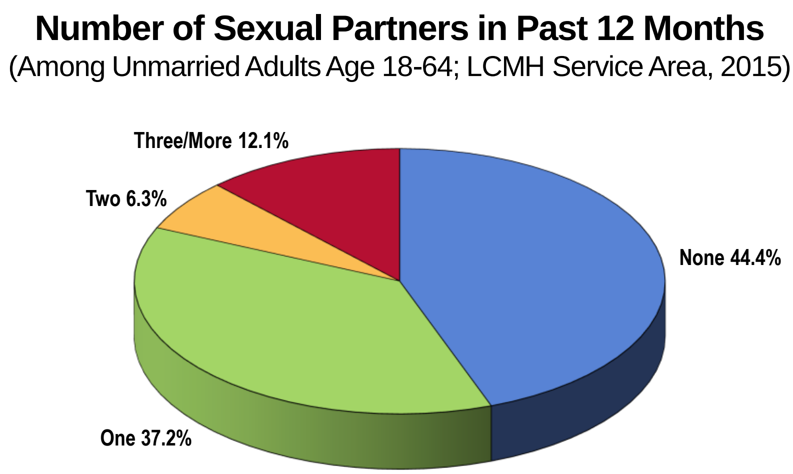
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]

Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Safe Sexual Practices

Sexual Partners

Among unmarried Little Company of Mary Hospital Service Area adults under 65, the vast majority cites having one (37.2%) or no (44.4%) sexual partners in the past 12 months.



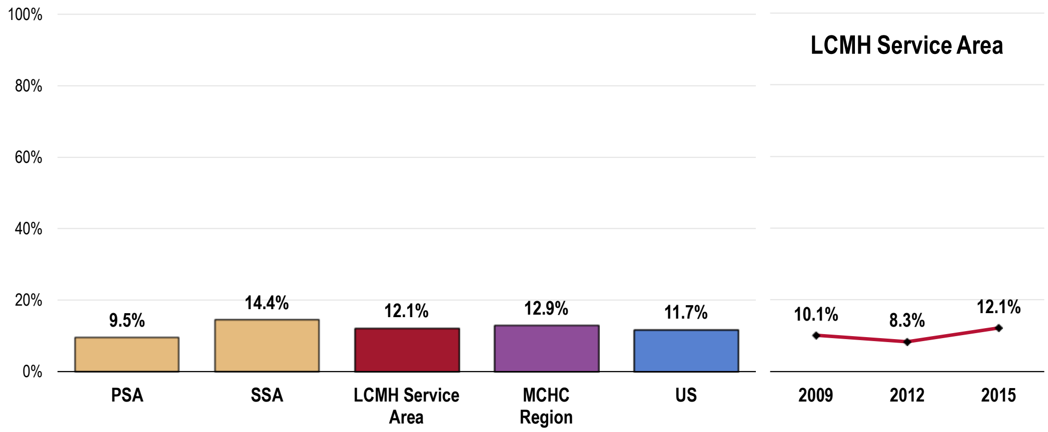
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 12.1% report three or more sexual partners in the past year.

- Similar to the MCHC Region.
- Comparable to that reported nationally.
- Similar by service area.
- TREND: Statistically unchanged since 2009.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults Age 18-64)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 86]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all unmarried respondents under the age of 65.

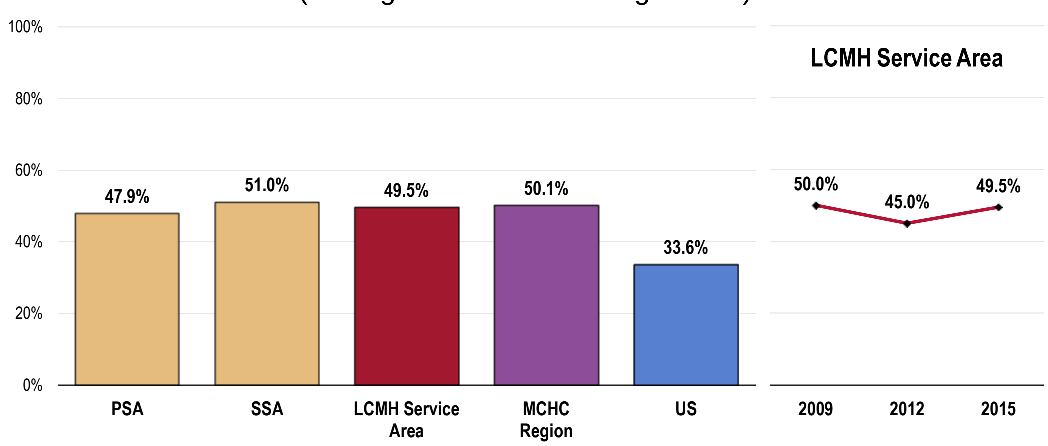
Condom Use

Among Little Company of Mary Hospital Service Area adults who are under age 65 and unmarried, 49.5% report that a condom was used during their last sexual intercourse.

- Similar to the MCHC Region.
- Much higher than national findings.
- Similar by service area.
- TREND: Statistically unchanged since 2009.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults Age 18-64)



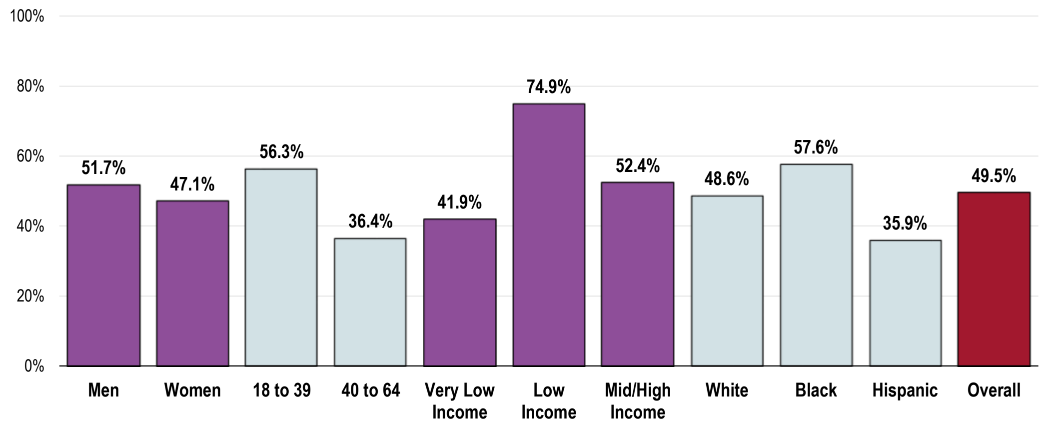
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all unmarried respondents under the age of 65.

Those less likely to report that a condom was used during their last sexual intercourse include:

- Residents age 40 to 64.
- Respondents at either end of the income spectrum.
- Whites and Hispanics.

Condom Was Used During Last Sexual Intercourse
(Among Unmarried Adults Age 18-64; LCMH Service Area, 2015)

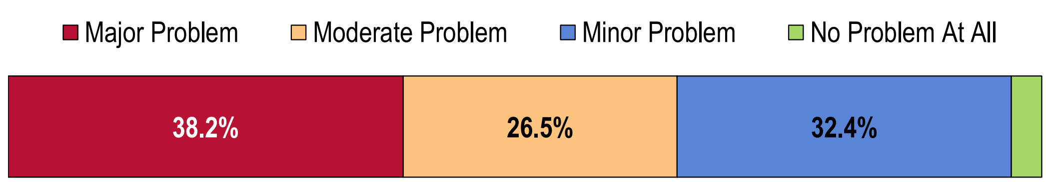


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
Notes: • Asked of all unmarried respondents under the age of 65.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Sexually Transmitted Diseases

The largest share of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "major problem" in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community
(Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Unprotected Sex

> *Sexually active young adults with multiple partners is increasing the occurrence of STDs. – Other Health Provider*
>
> *Residents are having sex unprotected. – Social Service Representative*
>
> *A lot of youth are having unprotected sex. – Other Health Provider*

Prevalence/Incidence

> *Statistics indicate STDs are on the rise. With apps and computers, people are meeting without any personal history, which is a recipe for disaster. Rates have been shown to be increasing. Treatment centers are closing and much harder to access. – Public Health Expert*

Lack of Education

> *Lack of education at the grassroots level. – Community/Business Leader*
>
> *Lack of knowledge, poor health practices, myths and low self-esteem. – Other Health Provider*

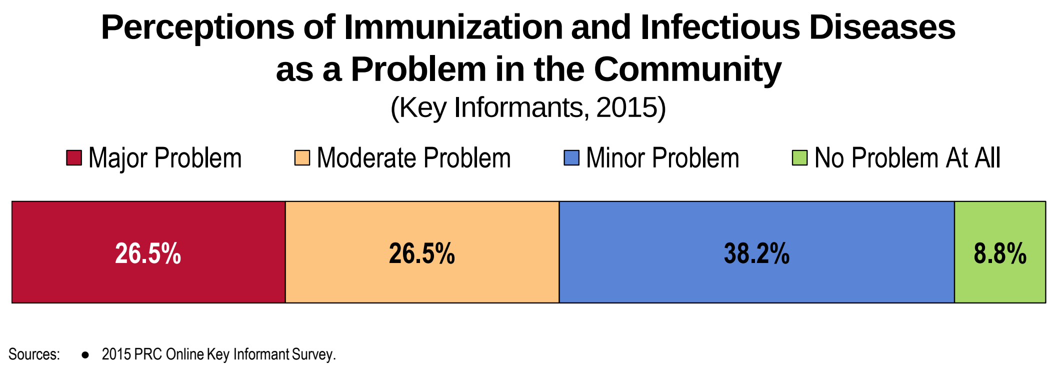
Statistical Data

> *Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider*

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

A plurality of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a "minor problem" in the community.



TOP CONCERNS

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

Incomplete Immunizations

> *Too many school students start school late because they are lacking immunizations. – Community/Business Leader*
>
> *There is also a number of children in this community that are not receiving immunizations. – Other Health Provider*

Statistical Data

> *Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider*

Drug Use

> *Needle sharing from drug abuse can lead to infectious diseases. – Other Health Provider*

Births

Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

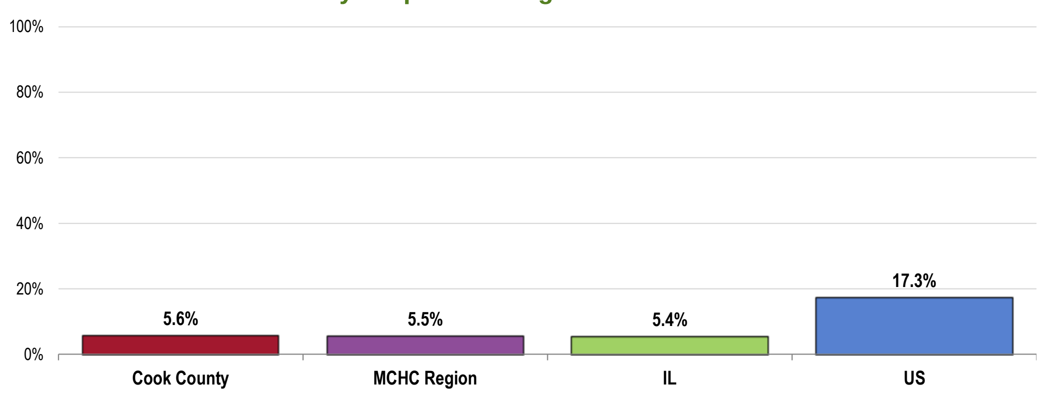
Between 2007 and 2010, 5.6% of all Cook County births did not receive prenatal care in the first trimester of pregnancy.

- Similar to the MCHC Region.
- Similar to the Illinois proportion.
- Well below the national proportion.
- Easily satisfies the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2007-2010)

Healthy People 2020 Target = 22.1% or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2007-10. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

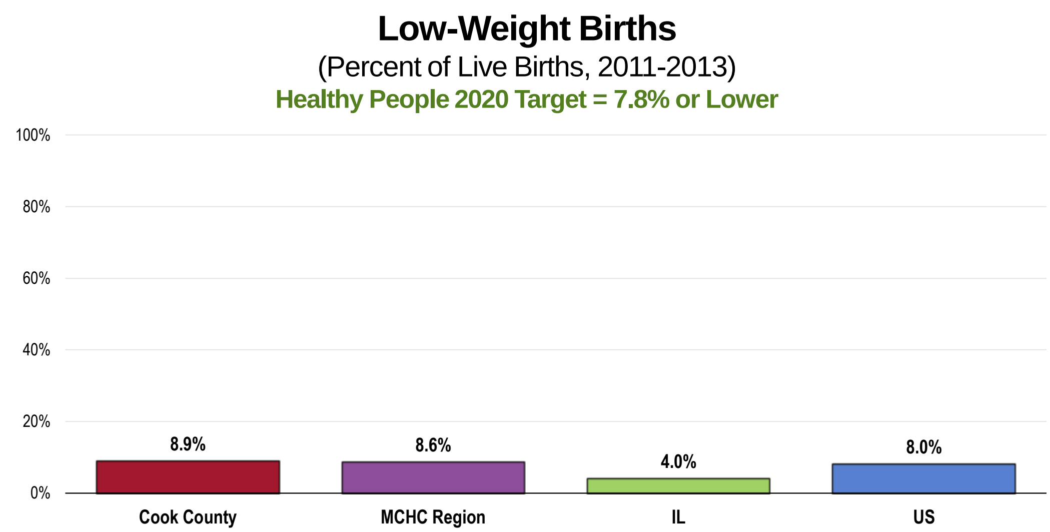
Low-Weight Births

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

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

A total of 8.9% of 2011-2013 Cook County births were low-weight.

- Similar to the MCHC Region.
- More than twice the Illinois proportion.
- Higher than the national proportion.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-12. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

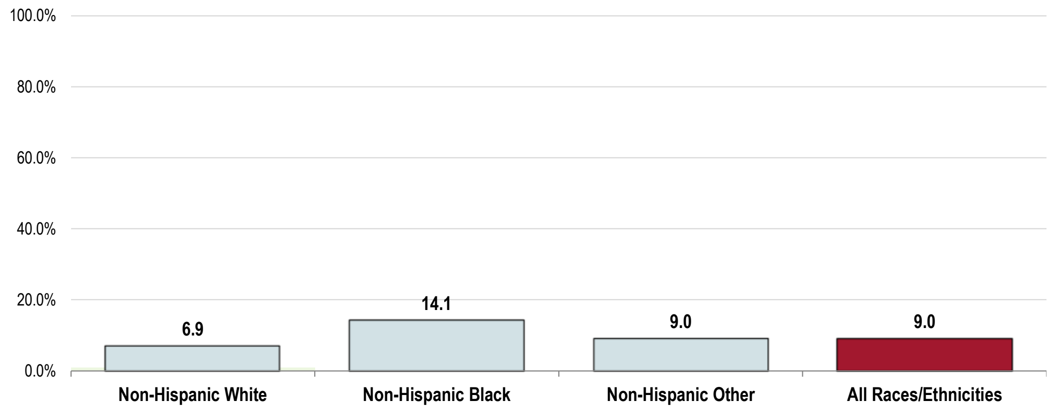
Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- Low-weight births are more prevalent among Blacks in Cook County.

Low-Weight Births by Race/Ethnicity

(Cook County; Percent of Live Births, 2011-2013)

Healthy People 2020 Target = 7.8% or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

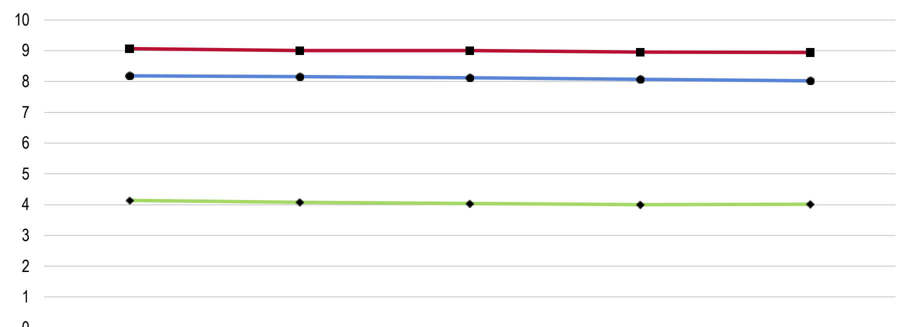
Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- TREND: The area proportion of low-weight births remained stable over the past decade, in keeping with state and national trends.

Low-Weight Births by Race/Ethnicity

(Cook County; Percent of Live Births, 2011-2013)

Healthy People 2020 Target = 7.8% or Lower



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	9.1	9.0	9.0	9.0	8.9
Illinois	4.1	4.1	4.0	4.0	4.0
US	8.2	8.2	8.1	8.1	8.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

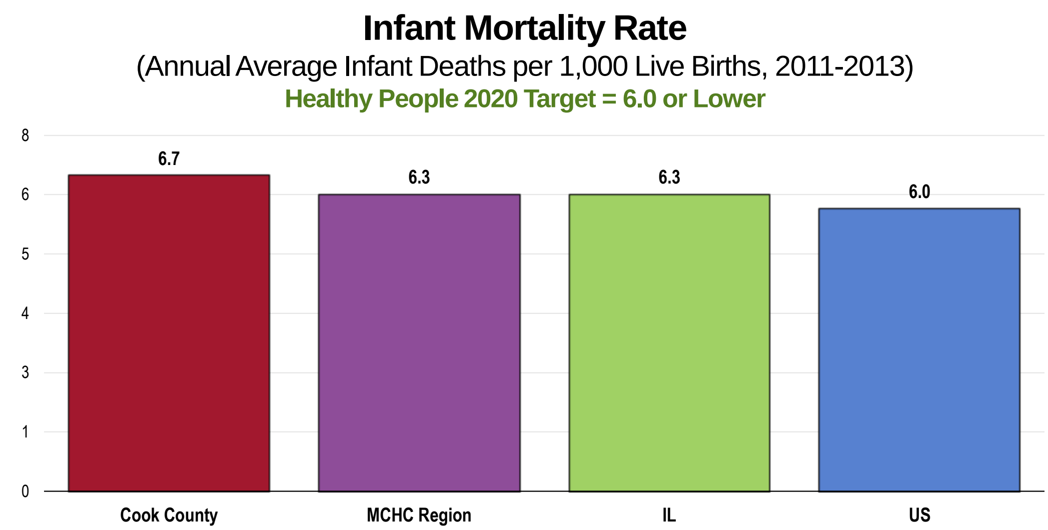
Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

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

Between 2011 and 2013, there was an annual average of 6.7 infant deaths per 1,000 live births.

- Higher than the MCHC Region.
- Higher than the Illinois rate.
- Higher than to the national rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- Retrieved August 2015 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

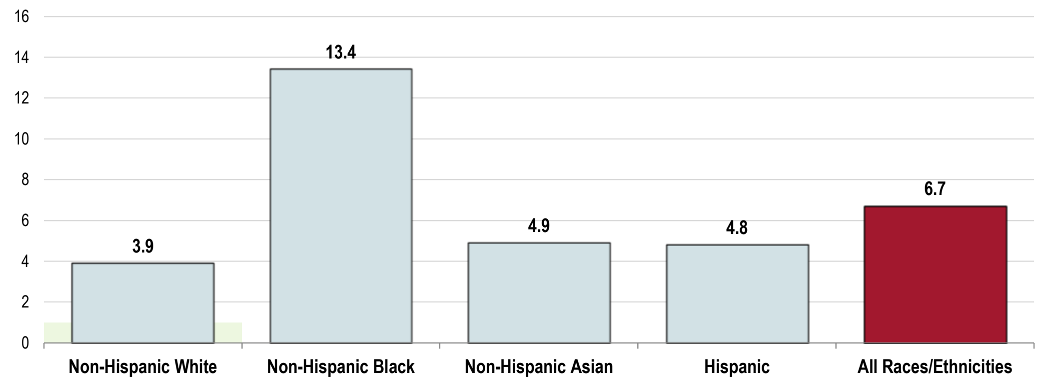
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- By race, the infant mortality rate is considerably higher among births to Black mothers.

Infant Mortality by Race/Ethnicity

(Cook County; Annual Average Infant Deaths per 1,000 Live Births, 2011-2013)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- Retrieved August 2015 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

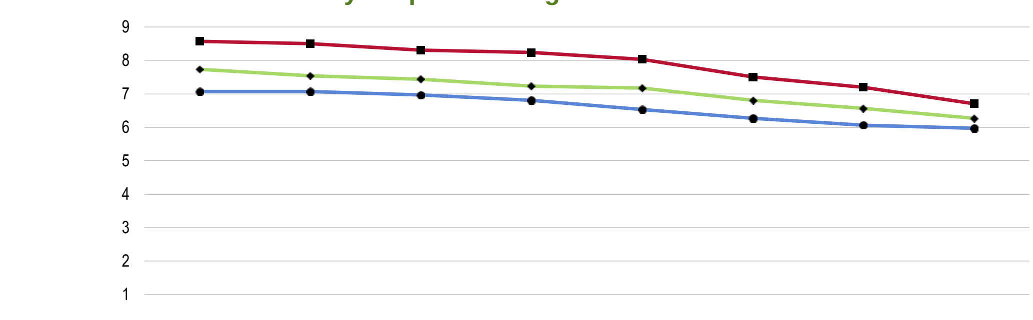
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- TREND: The infant mortality rate decreased over the past decade in Cook County, echoing the state and national trends.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2020 Target = 6.0 or Lower



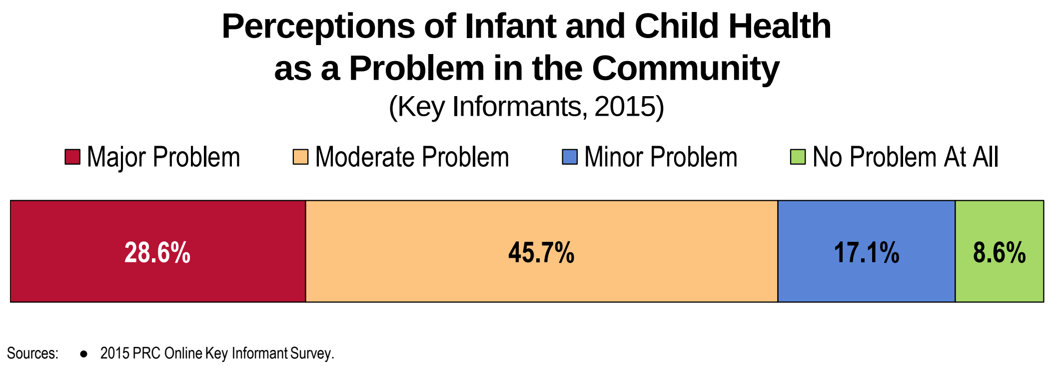
	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	8.6	8.5	8.3	8.2	8.0	7.5	7.2	6.7
Illinois	7.7	7.5	7.4	7.2	7.2	6.8	6.6	6.3
US	7.1	7.1	7.0	6.8	6.5	6.3	6.1	6.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

Nearly half of key informants taking part in an online survey generally characterized *Infant & Child Health* as a "moderate problem" in the community.



TOP CONCERNS

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

Infant Mortality

> *The Englewood community has somewhat high rates of pre-term birth and infant mortality. Some parents don't know the proper way to sleep their infants. – Social Service Representative*
>
> *Mortality rates. – Other Health Provider*
>
> *Premature birth rates are high and there is a lack of early childhood services or access to early childhood services. – Other Health Provider*

Access to Prenatal Care

> *For Better Health Network, this is a major health initiative given the number of infant and children in the network. Prenatal care is a must to deliver healthy babies. – Other Health Provider*
>
> *This is a community of working poor who don't always qualify for assistance that would be helpful. – Physician*

Statistical Data

> *Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider*

Lack of Education

> *Lack of knowledge by patient of the importance of good prenatal care along with follow-up care of the newborn (i.e. MD appointments and immunizations). – Community/Business Leader*

Family Planning

Births to Teen Mothers

About Teen Births

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

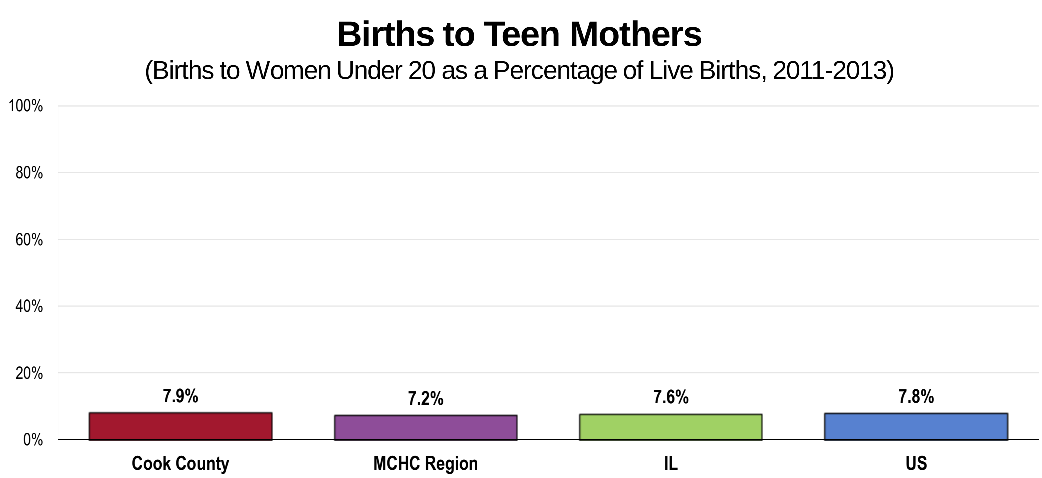
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

Between 2011 and 2013, 7.9% of live births in Cook County were to mothers under age 20.

- Less favorable than the MCHC Region.
- Similar to the Illinois proportion.
- Similar to the national proportion.

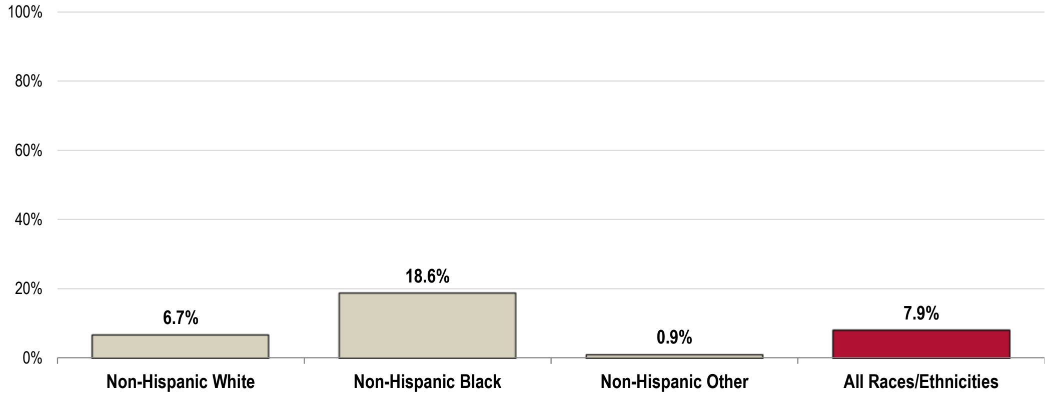


Sources: • Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.

- By race and ethnicity, Blacks exhibit the largest proportion of teen births in Cook County.

Births to Teen Mothers

(Cook County; Births to Women Under 20 as a Percentage of Live Births, 2011-2013)

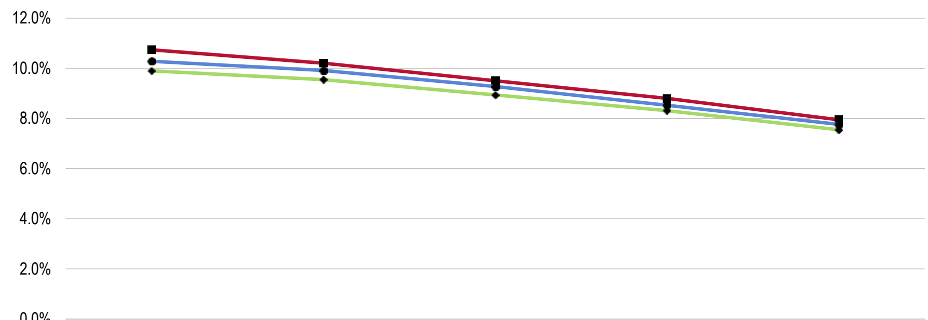


Sources: • Centers for Disease Control and Prevention, National Vital Statistics System: 2011-20123 Accessed using CDC WONDER.
Note: • Numbers are a percentage of all live births within each population.

- TREND: This percentage decreased Little Company of Mary Hospital Service Area over the past decade, echoing the Illinois and US trends.

Teen Birth Trends

(Births to Women Under Age 20 as a Percentage of Life Births)



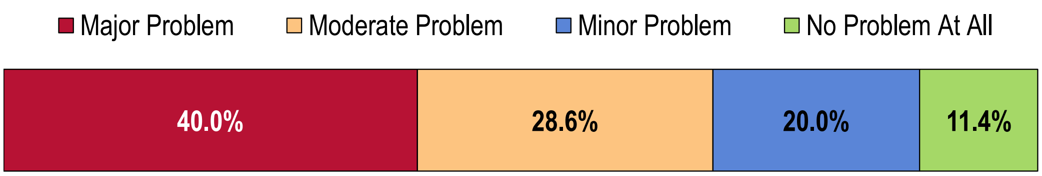
	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	10.7	10.2	9.5	8.8	7.9
IL	9.9	9.6	8.9	8.3	7.6
US	10.3	9.9	9.3	8.5	7.8

Sources: • Centers for Disease Control and Prevention, National Vital Statistics System: 2006-2012. Accessed using CDC WONDER.
Notes: • This indicator reports the rate of total births to women under the age of 20 per 1,000 female population under 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a "major problem" in the community.

Perceptions of Family Planning as a Problem in the Community
(Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Birth Control

> *Adolescents are not using birth control and STD prevention or condoms. – Other Health Provider*
>
> *The area is very religious and are conflicted regarding the use of birth control. Women do not feel empowered to say "no," even in the immediate postpartum period. – Physician*

Education

> *Greater need for comprehensive reproductive health and sexual health education, limited access to affordable family planning options, including non-hormonal forms, limited access to abortion. – Public Health Expert*

Teen Pregnancy

> *Teen pregnancy is a major issue our youth encounter. – Community/Business Leader*
>
> *There are too many teenage women who have babies. – Community/Business Leader*

Statistical Data

> *Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider*

Access to Care

> *Access to care. – Physician*

Socioeconomics

> *Because on the increasing number of poor women who become pregnant. – Other Health Provider*

Birth Outcomes

> *Premature births, the number of single parents are alarming. – Other Health Provider*

Modifiable Health Risks

Professional Research Consultants, Inc.

Actual Causes Of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

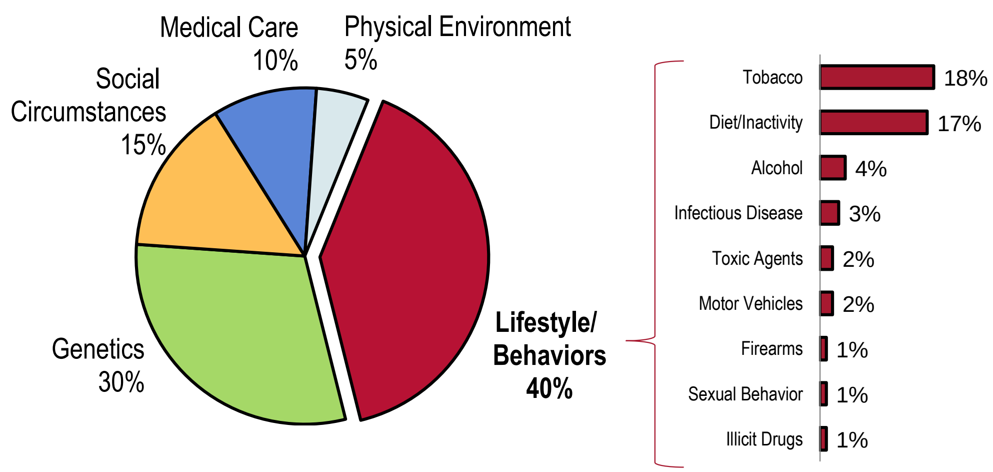
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Ph.D., MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States



Sources: • "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.
"Actual Causes of Death in the United States": (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular Disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular Disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental Injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic Lung Disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

Nutrition

About Healthful Diet & Healthy Weight

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

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

Americans with a healthful diet:

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

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

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

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

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

Social factors thought to influence diet include:

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

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

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

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

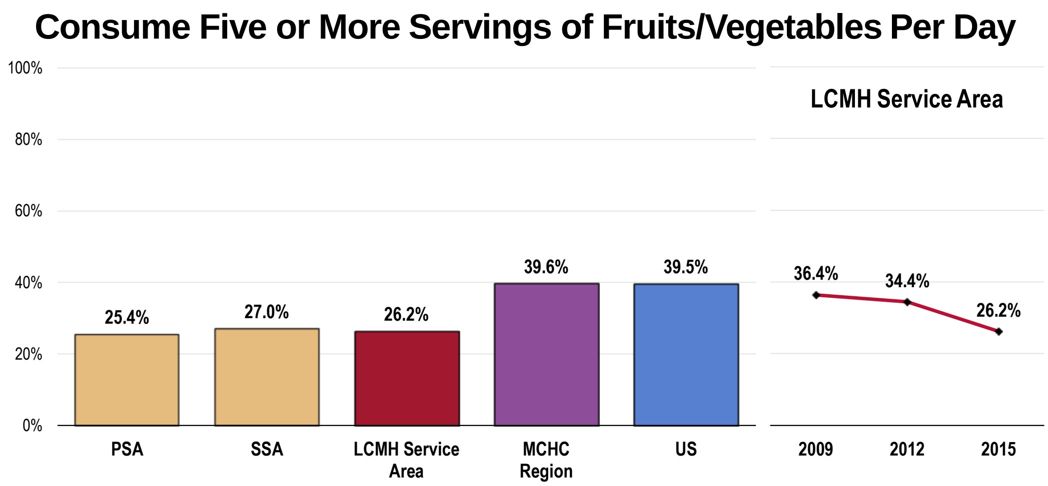
Daily Recommendation of Fruits/Vegetables

A total of 26.2% of Little Company of Mary Hospital Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- Less favorable than the regional results.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

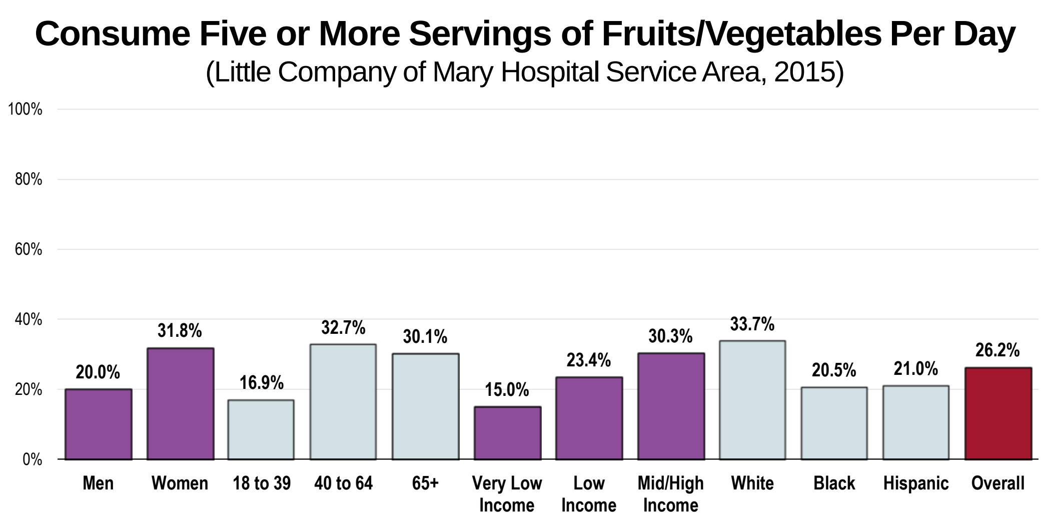
- Less favorable than the national findings.
- Similar by service area.
- TREND: Fruit/vegetable consumption has decreased significantly since 2009.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake on the previous day.

- Area men are less likely to get the recommended servings of daily fruits/vegetables, as are those younger than 40, lower-income adults (positive correlation with income), Blacks, and Hispanics.



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]

Notes: ● Asked of all respondents; respondents were asked to recall their food intake on the previous day.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Access to Fresh Produce

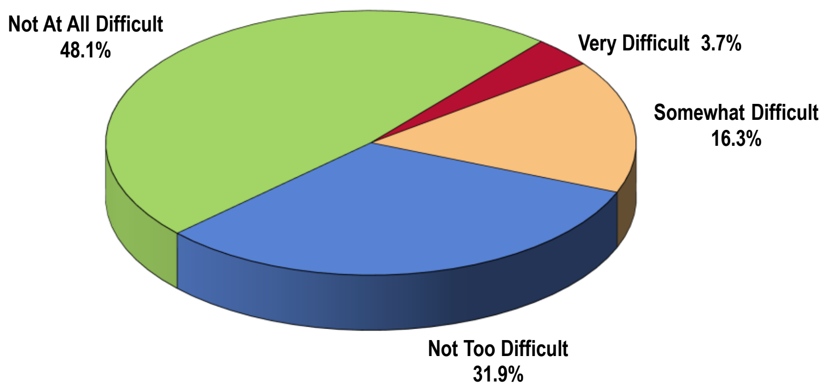
Difficulty Accessing Fresh Produce

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

While most report little or no difficulty, 20.0% of Little Company of Mary Hospital Service Area adults report that it is "very" or "somewhat" difficult for them to access affordable, fresh fruits and vegetables.

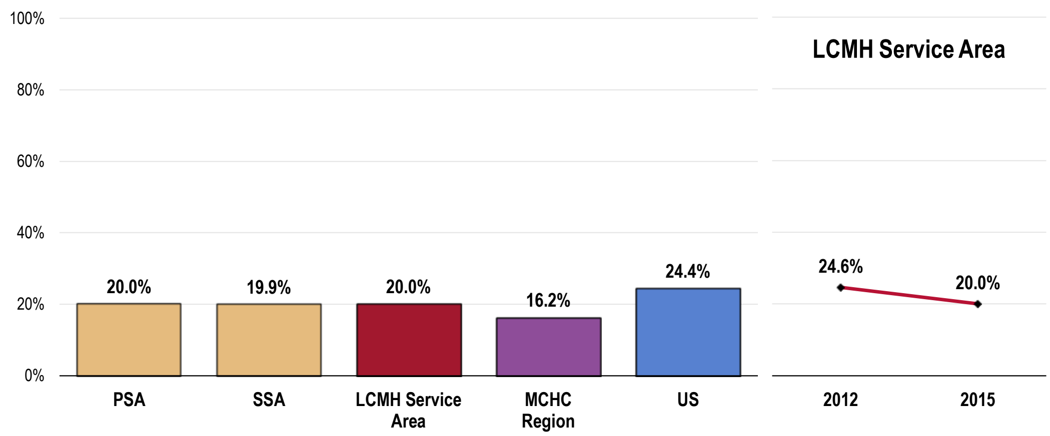
Level of Difficulty Finding Fresh Produce at an Affordable Price
(Little Company of Mary Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: • Asked of all respondents.

- Worse than the regional results.
- Better than national findings.
- Similar survey results by service area.
- TREND: Statistically unchanged since 2012.

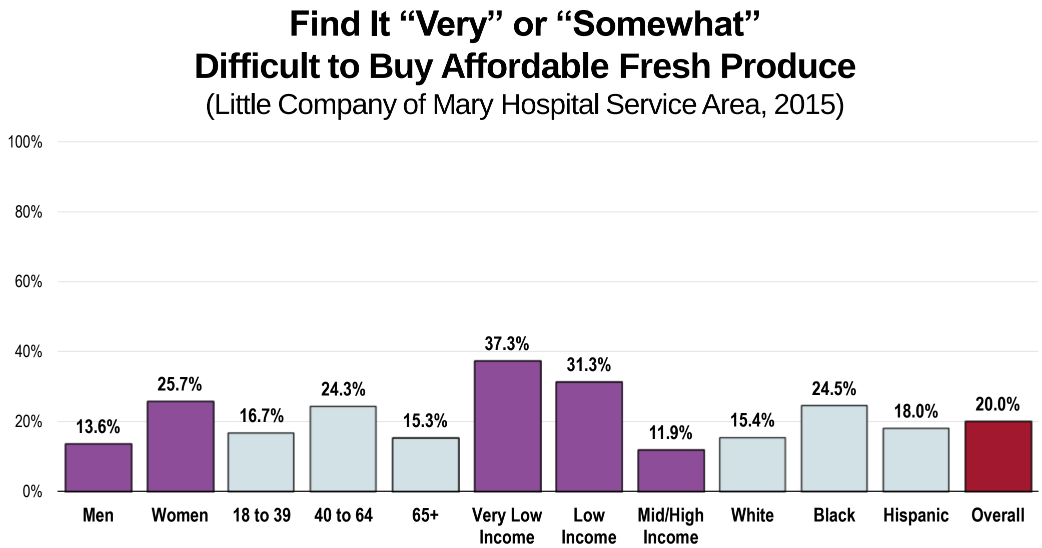
Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 91]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Adults under 65 (negative correlation with age).
- Lower-income residents (negative correlation with income).
- Black residents.



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Low Food Access (Food Deserts)

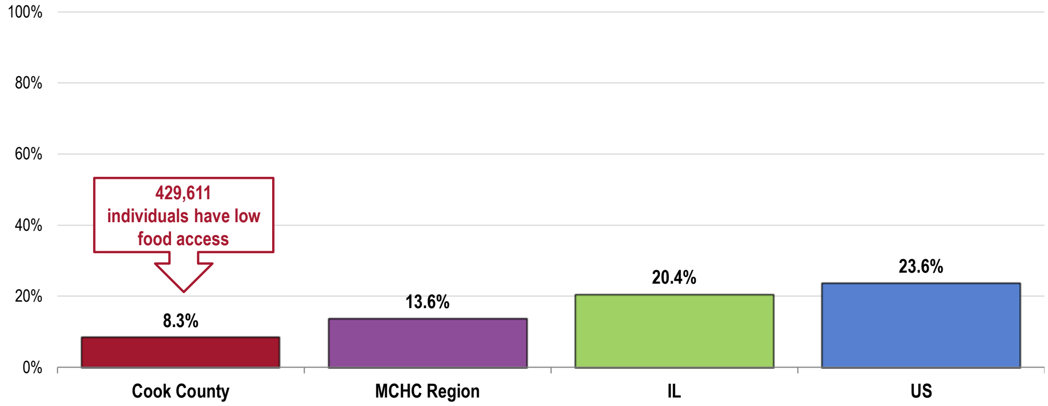
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that 8.3% of the Cook County population (representing over 429,000 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- Better than the regional results.
- Well below statewide findings.
- Well below national findings.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

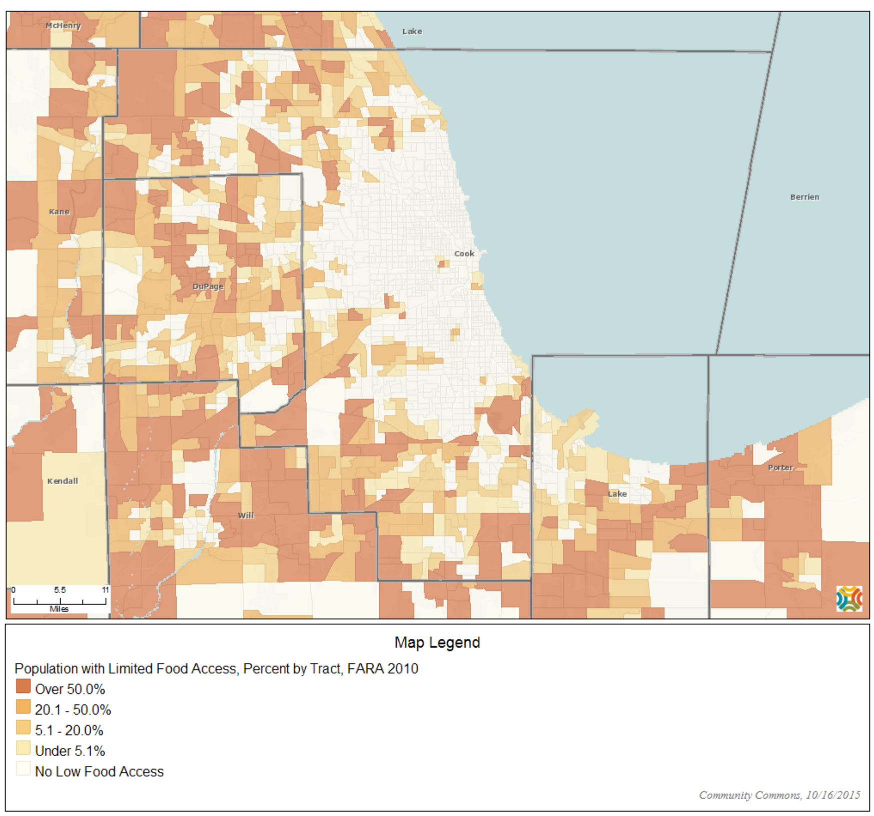


Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract.

Population With Limited Food Access, Percent by Tract, FARA 2010

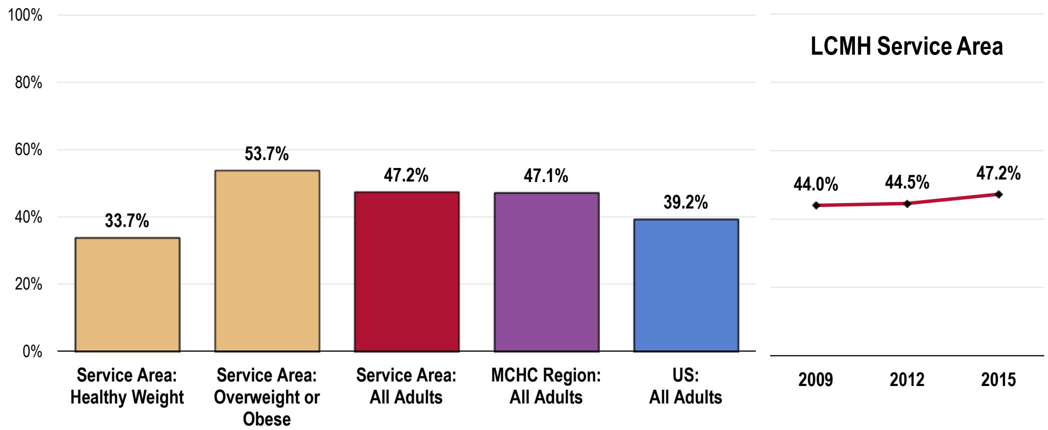


Health Advice About Diet & Nutrition

A total of 47.2% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Nearly identical to the regional results.
- Higher than national findings.
- TREND: Statistically unchanged since 2009.
- Note: Among overweight/obese respondents, 53.7% report receiving diet/nutrition advice (meaning that nearly one-half did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

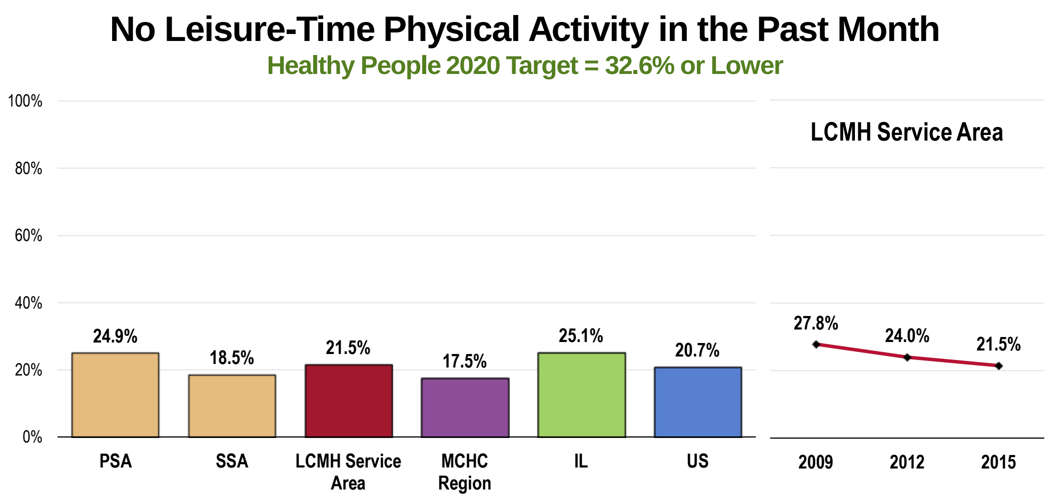
Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 21.5% of Little Company of Mary Hospital Service Area adults report no leisure-time physical activity in the past month.

- Less favorable than the regional results.
- More favorable than statewide findings.

- Similar to the national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Higher in the Primary Service Area.
- TREND: Marks a statistically significant decrease since 2009.

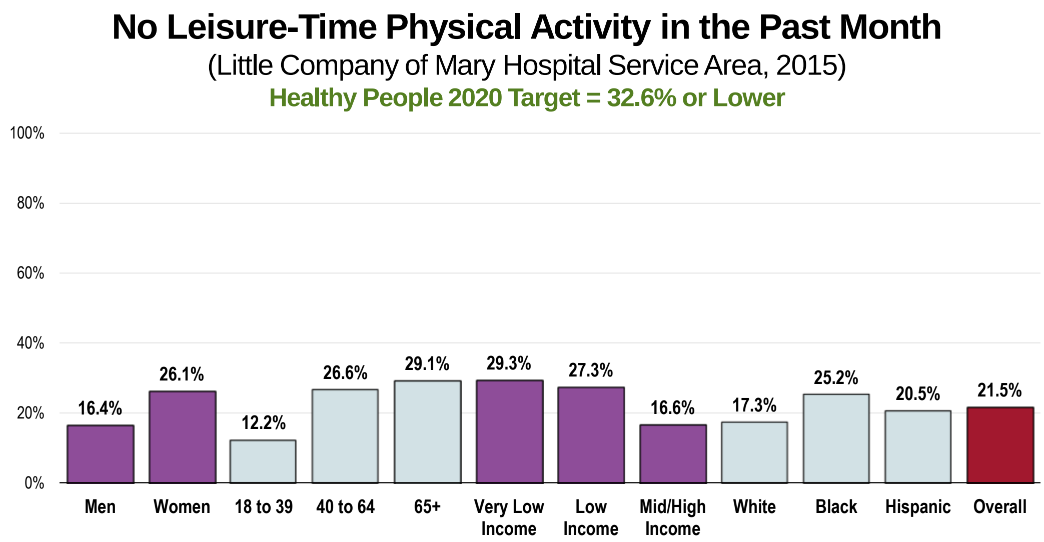


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

Lack of leisure-time physical activity in the area is higher among:

- Women.
- Adults age 40+ (positive correlation with age).
- Lower-income residents.
- Black residents.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Recommended Levels of Physical Activity

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

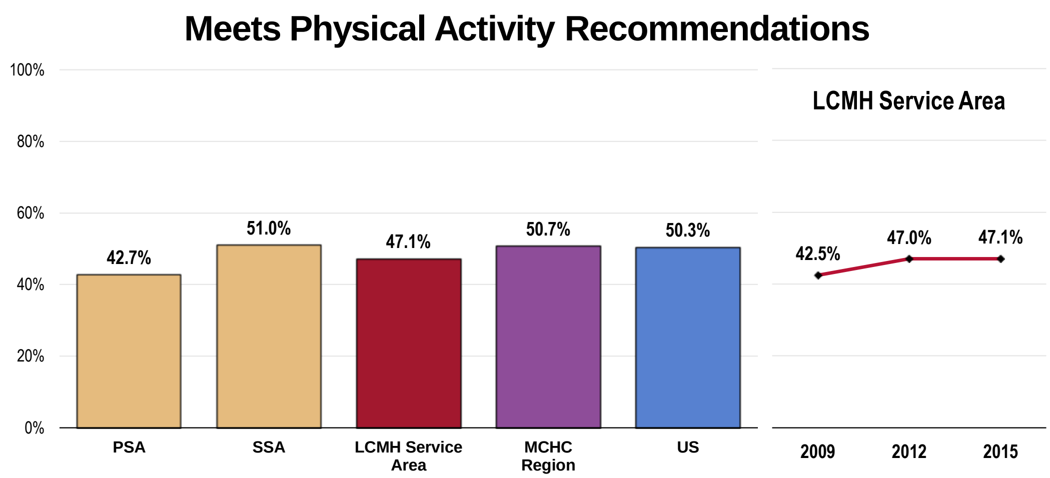
For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

- 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 47.1% of Little Company of Mary Hospital Service Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Similar to the regional results.
- Similar to national findings.
- Similar findings by service area.
- Less favorable in the Primary Service Area.
- TREND: Statistically unchanged since 2009.

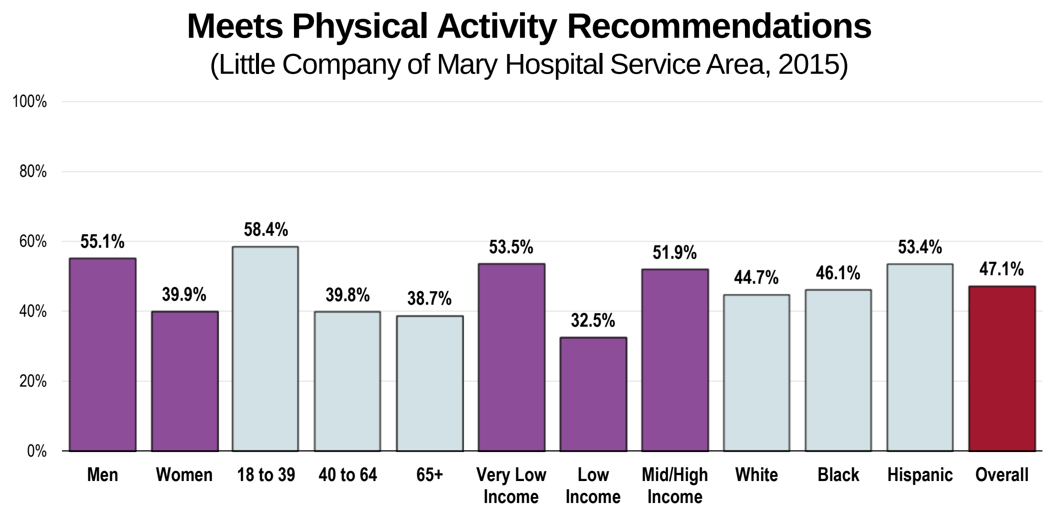


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.
● In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Those <u>less</u> likely to meet physical activity requirements include:

- Women.
- Residents age 40 and older (negative correlation with age).
- Residents living just above the federal poverty level.



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

In the past month:

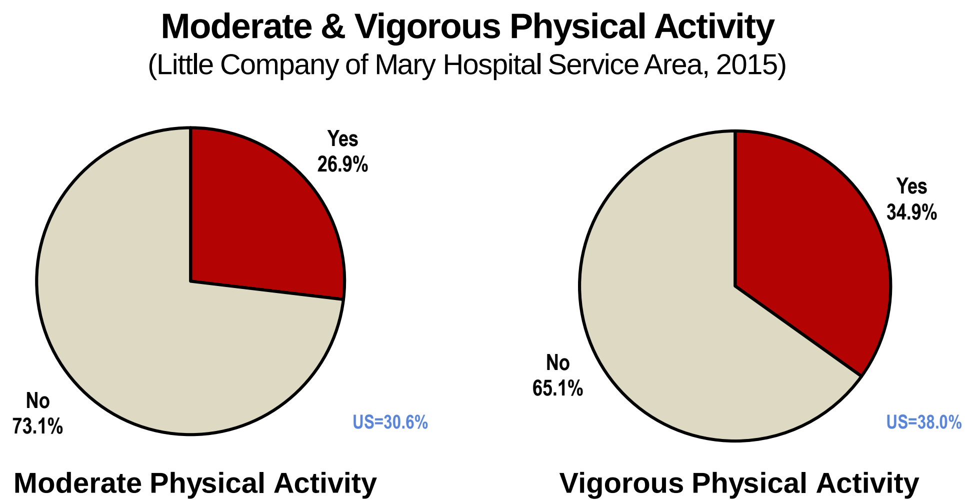
The individual indicators of moderate and vigorous physical activity are shown here.

A total of 26.9% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Comparable to the national level.
- TREND: Statistically similar over time (not shown).

A total of 34.9% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

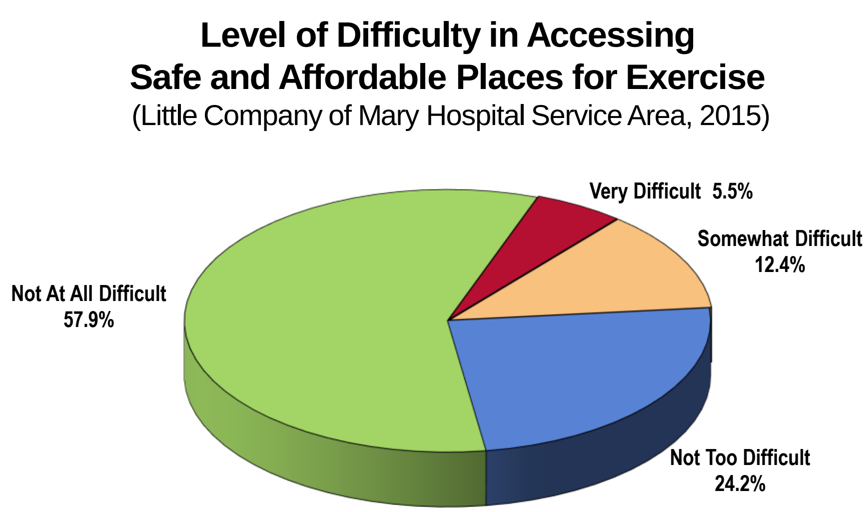
- Similar to the nationwide figure.
- TREND: Statistically similar to 2009 findings (not shown).



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 148-149]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
● Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

Access to Safe & Affordable Places for Exercise

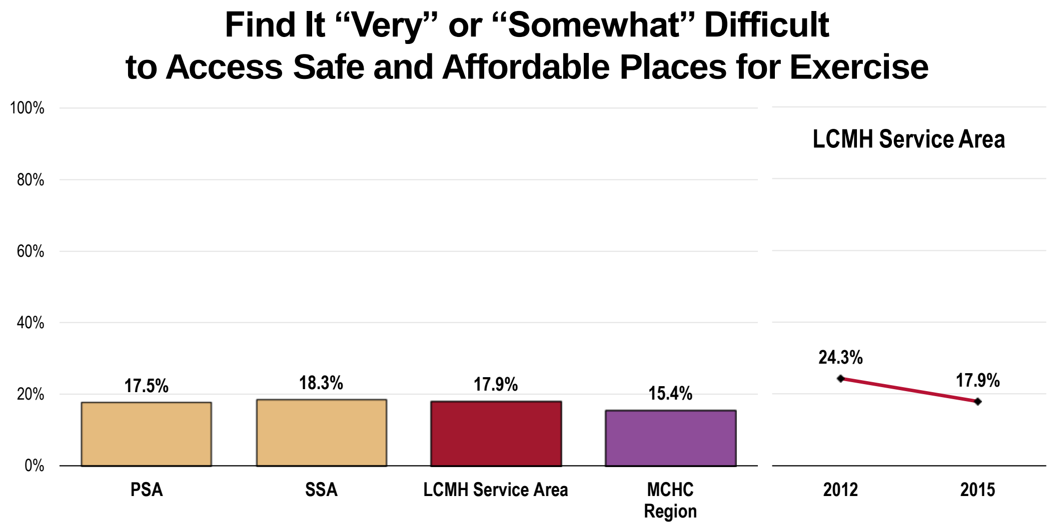
Most Little Company of Mary Hospital Service Area adults do not find it difficult to access safe and affordable places for exercise, with 57.9% considering it "not at all difficult" and 24.2% reporting that it is "not too difficult."



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
Notes: ● Asked of all respondents.

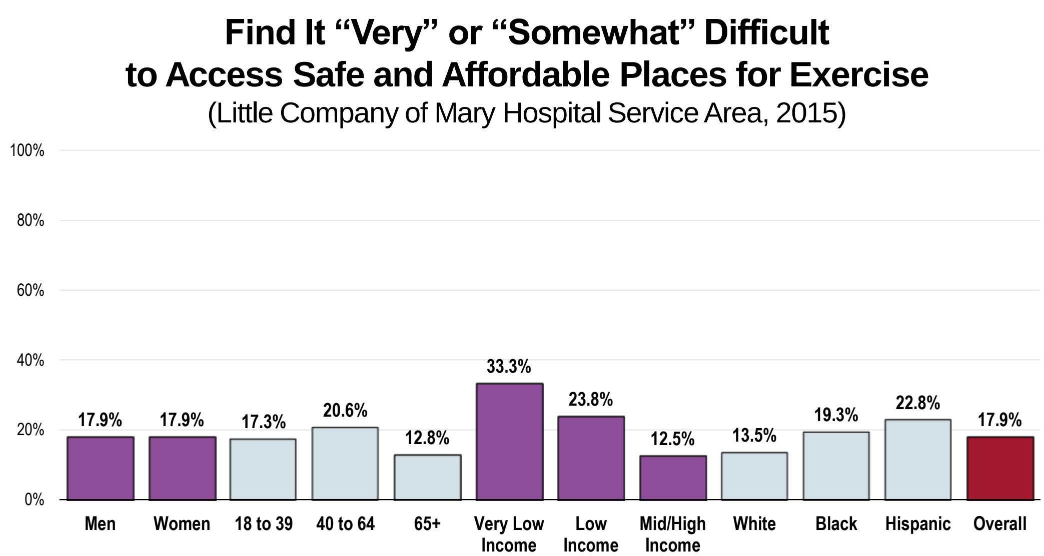
In contrast, a total of 17.9% of Little Company of Mary Hospital Service Area adults find it "somewhat" or "very" difficult to access safe and affordable places for exercise.

- Similar to regional results.
- Similar by service area.
- TREND: Marks a significant decrease since 2012.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 308]
Notes: ● Asked of all respondents.

- The prevalence is higher among adults age 40 to 64, those living in the lower income categories (negative correlation with income), and Hispanics.



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Access to Physical Activity

Access to Recreation & Fitness Facilities

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

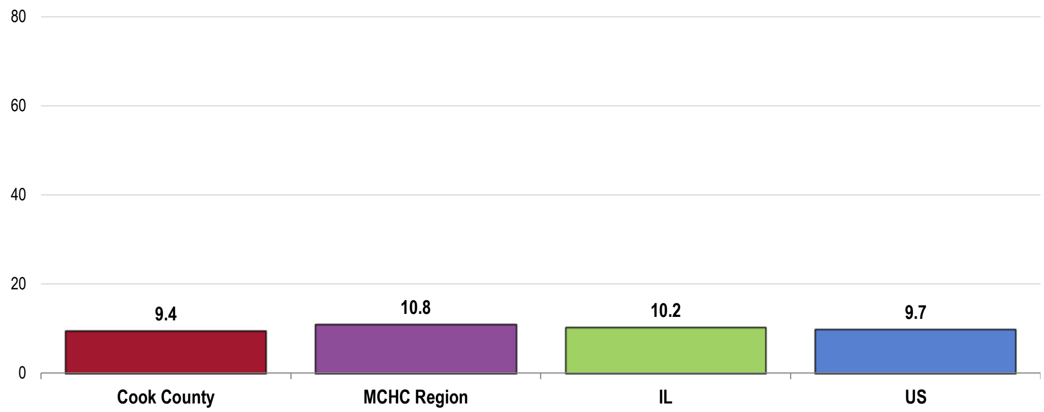
Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Between 2008 and 2012, there were 9.4 recreation/fitness facilities for every 100,000 population in Cook County.

- Worse than the regional results.
- Worse than what is found statewide.
- Similar to what is found nationally.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2008-2012)



Sources:
- US Census Bureau, County Business Patterns: 2011. Additional data analysis by CARES.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

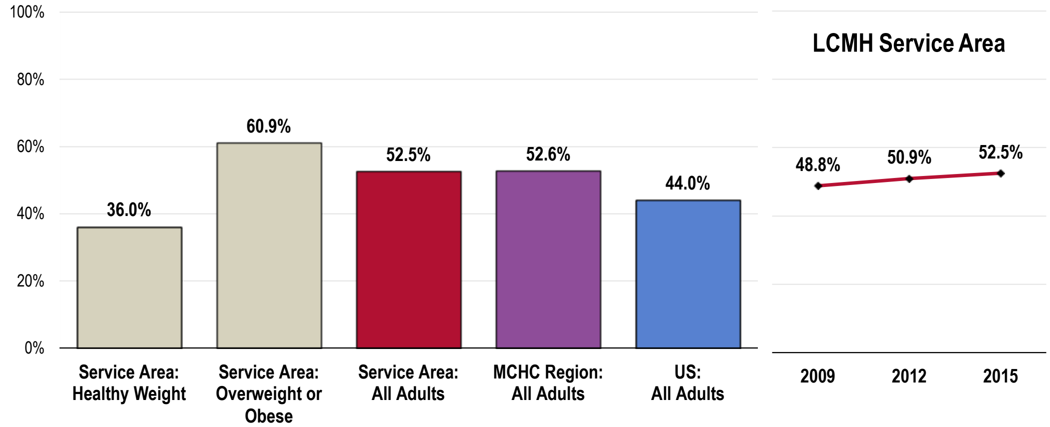
Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Health Advice About Physical Activity & Exercise

A total of 52.5% of Little Company of Mary Hospital Service Area adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Nearly identical to the regional results.
- More favorable than the national average.
- TREND: Statistically similar over time.
- Note: 60.9% of overweight/obese Little Company of Mary Hospital Service Area respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)



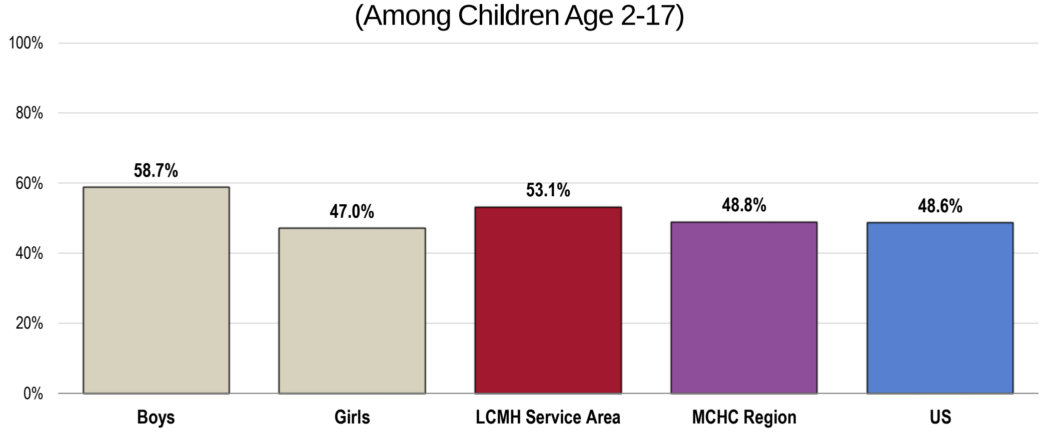
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Children's Physical Activity

Among Little Company of Mary Hospital Service Area children age 2 to 17, 53.1% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Similar to the regional results.
- Similar to the proportion reported nationally.
- No difference by child's gender.

Child Is Physically Active for One or More Hours per Day
(Among Children Age 2-17)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children age 2-17 at home.
● Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

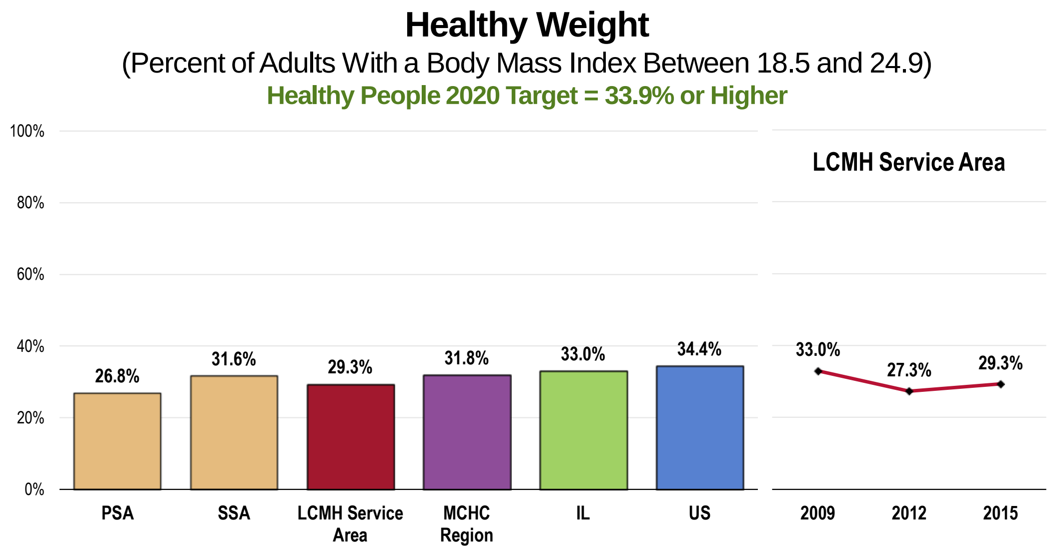
Adult Weight Status

"Healthy weight "means neither underweight, nor overweight (BMI = 18.5-24.9).

Healthy Weight

Based on self-reported heights and weights, 29.3% of Little Company of Mary Hospital Service Area adults are at a healthy weight.

- Similar to the regional results.
- Less favorable than the Illinois proportion.
- Less favorable than the US proportion.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).
- Statistically similar by service area.
- TREND: Statistically similar over time.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]

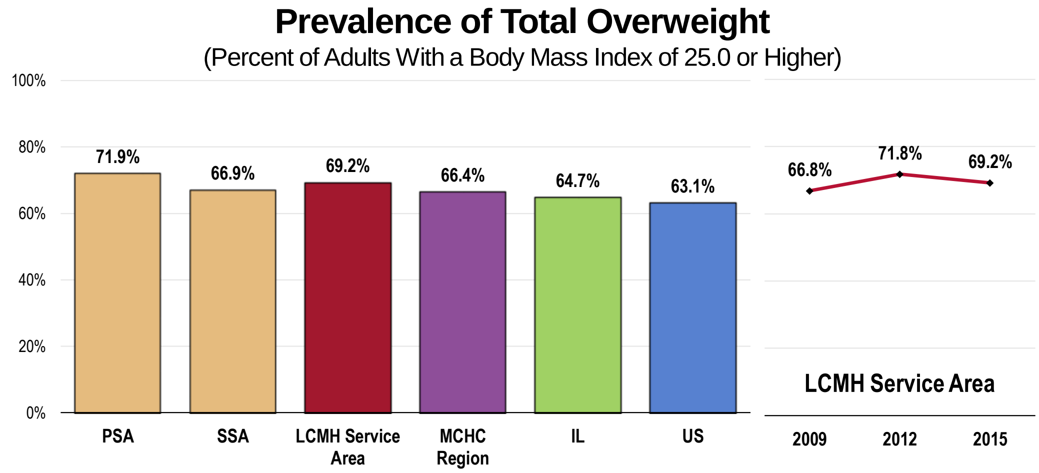
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

Two in three Little Company of Mary Hospital Service Area adults (69.2%) are overweight.

Here, "overweight" includes those respondents with a BMI value ≥25.

- Similar to the regional results.
- Worse than the Illinois prevalence.
- Worse than the US overweight prevalence.
- Similar by service area.
- TREND: Statistically unchanged since 2009.



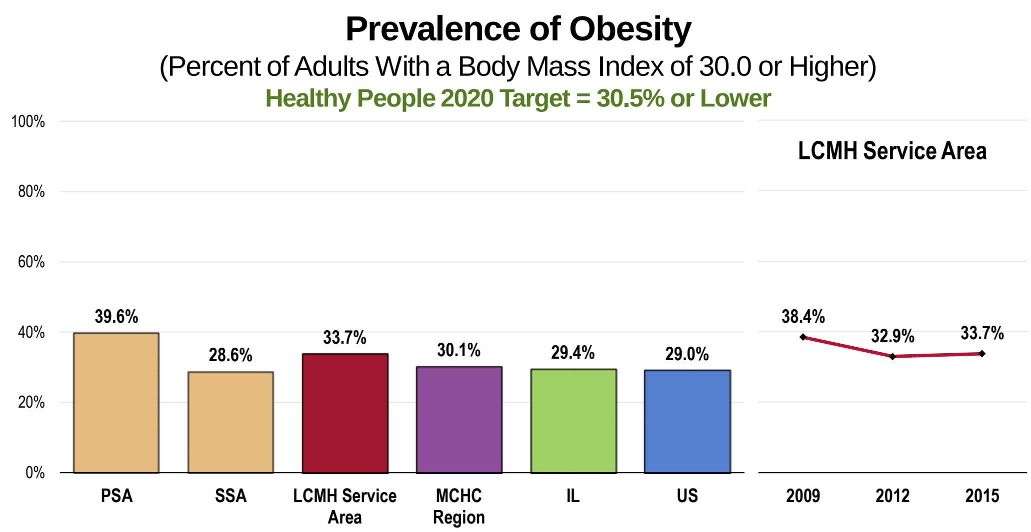
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 33.7% of Little Company of Mary Hospital Service Area adults are obese.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Similar to the regional results.
- Worse than the Illinois findings.
- Worse than the US findings.
- Similar to the Healthy People 2020 target (30.5% or lower).
- Higher in the Primary Service Area.
- TREND: Statistically similar over time.

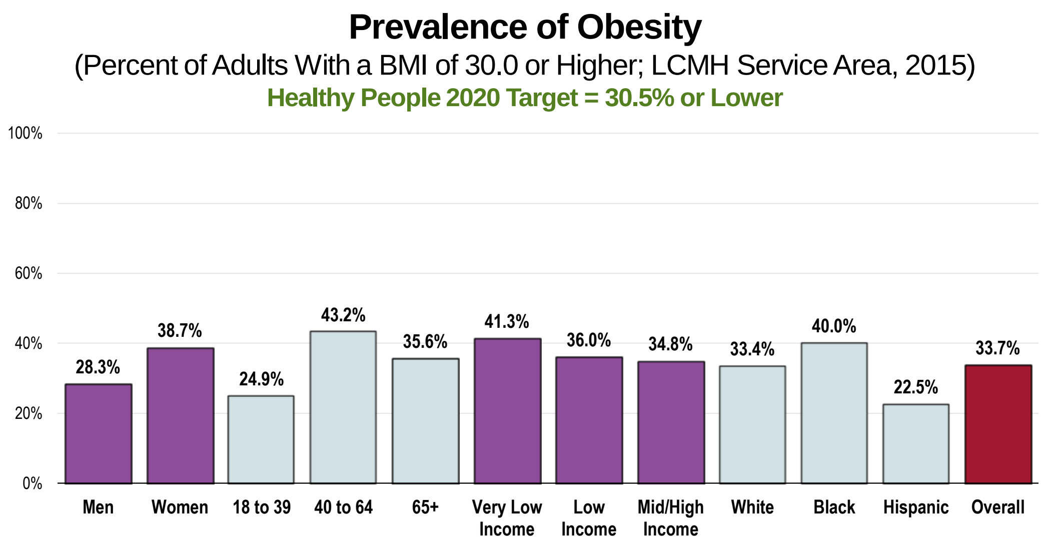


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is notably more prevalent among:

- Women.
- Adults age 40 and older.
- White and Black residents.



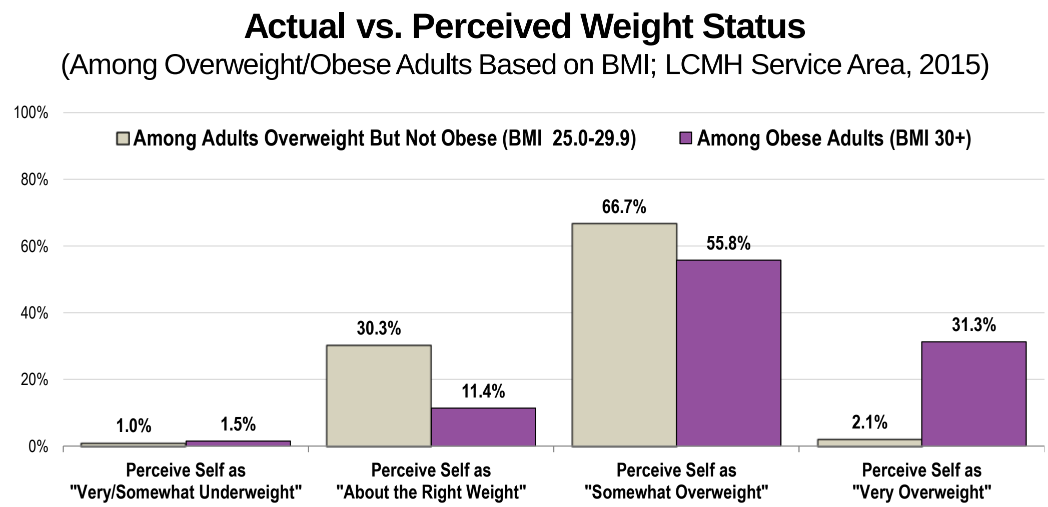
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Actual vs. Perceived Body Weight

A total of 11.4% of obese adults and 30.3% of overweight (but not obese) adults feel that their current weight is "about right."

- 66.7% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 31.3% of obese adults see themselves as "very overweight."



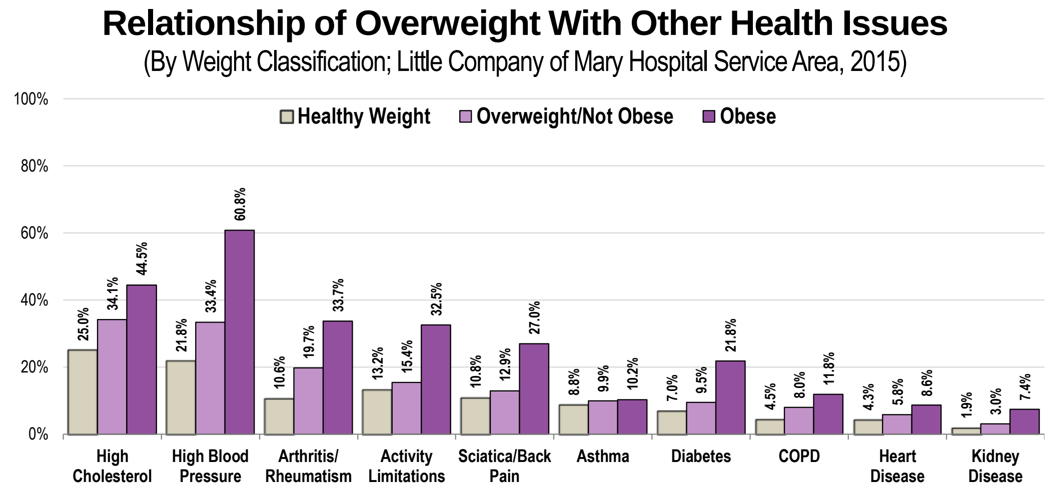
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: • BMI is based on reported heights and weights, asked of all respondents.
• The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

- High cholesterol.
- Hypertension (high blood pressure).
- Arthritis/rheumatism.
- Activity limitations.
- Sciatica/chronic back pain.
- Asthma.
- Diabetes.
- COPD.
- Heart disease.
- Kidney disease.



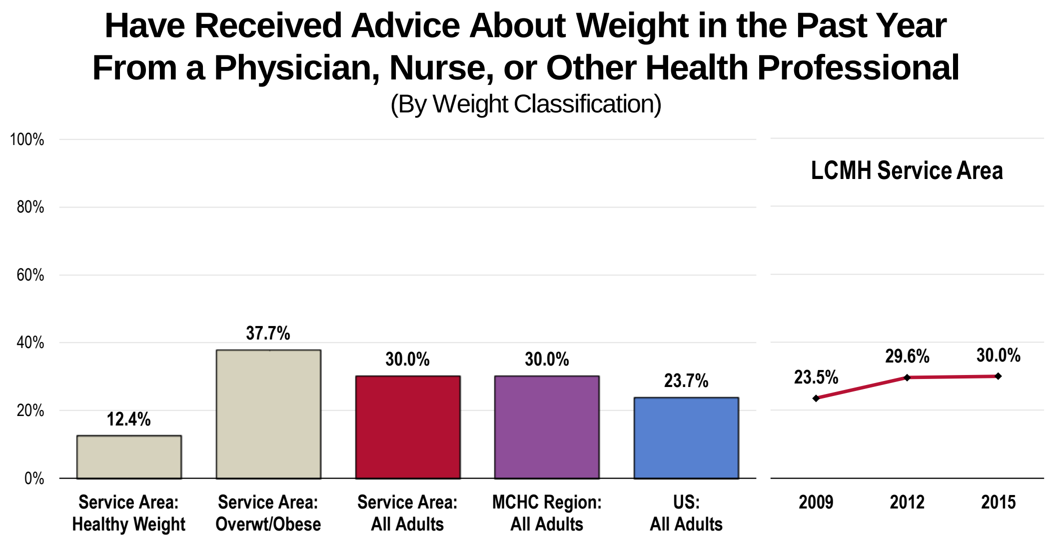
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 25, 28, 29, 33, 105, 124-126, 134, 136]
Notes: • Based on reported heights and weights, asked of all respondents.

Weight Management

Health Advice

A total of 30.0% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Identical to the regional results.
- Higher than the national findings.
- TREND: Denotes a statistically significant increase from that reported in 2009.
- Note that 37.7% of overweight/obese adults have been given advice about their weight by a health professional in the past year (*while the majority has not*).



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 98, 153]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Weight Control

About Maintaining a Healthy Weight

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

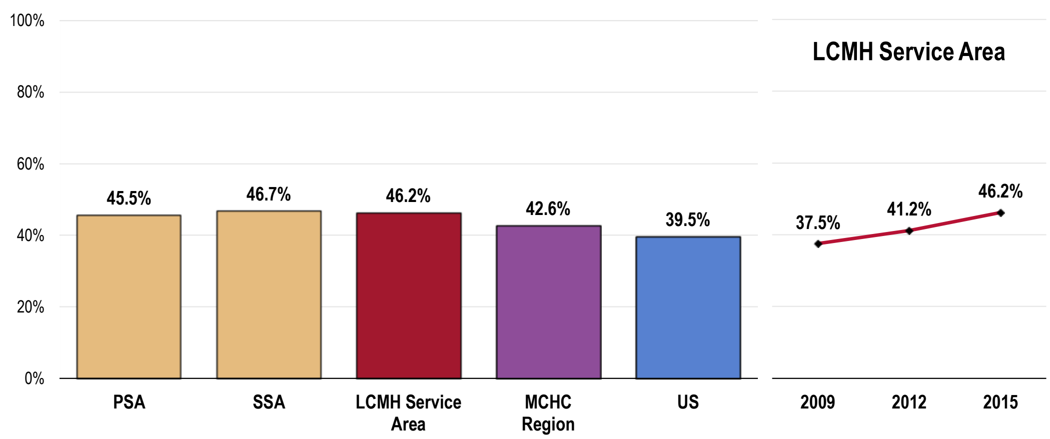
All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

- Healthy People 2020 (www.healthypeople.gov)

A total of 46.2% of area adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to the regional results.
- Better than the national findings.
- Similar findings by service area.
- TREND: Denotes a statistically significant increase since 2009.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity
(Among Overweight or Obese Respondents)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Reflects respondents who are overweight or obese based on reported heights and weights.

Childhood Overweight & Obesity

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

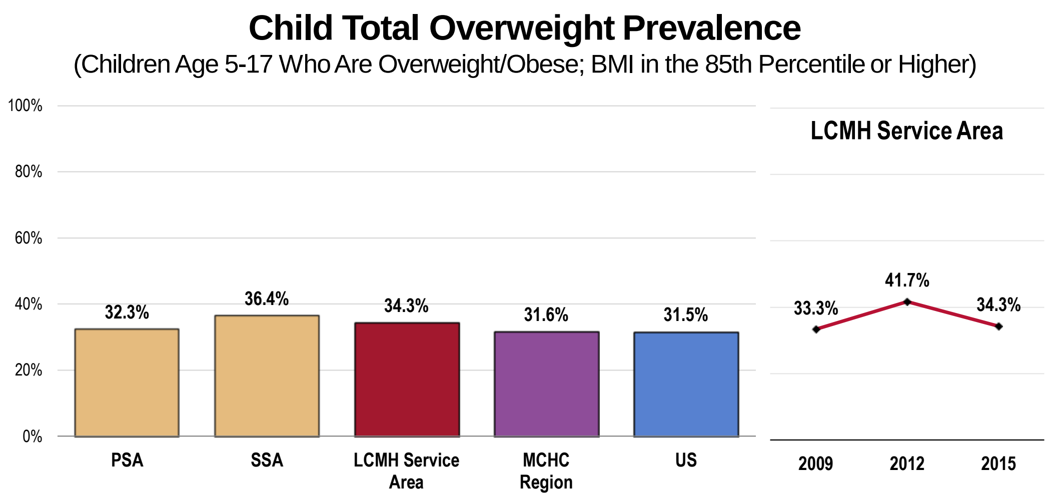
BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

- Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 34.3% of Little Company of Mary Hospital Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Similar to the regional results.
- Similar to the US percentage.
- Similar by service area.
- TREND: Statistically unchanged since 2009.



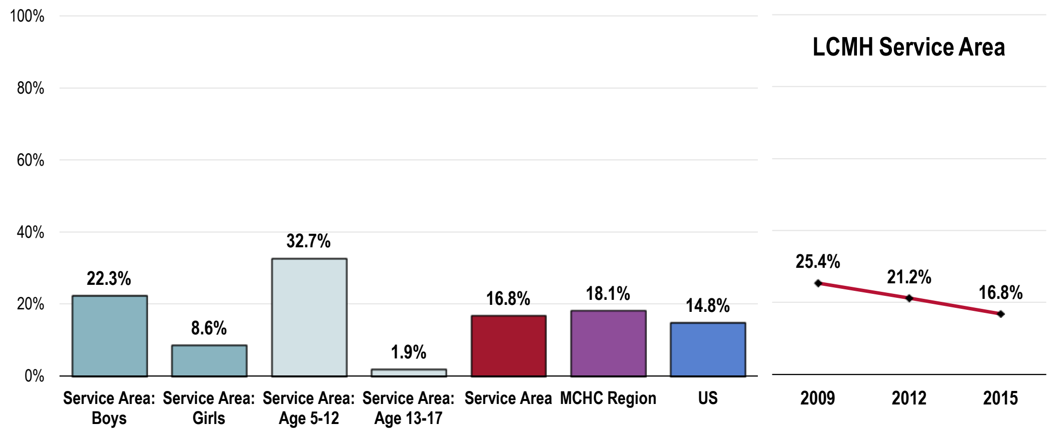
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5-17 at home.
• Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 16.8% of Little Company of Mary Hospital Service Area children age 5 to 17 are obese (≥95th percentile).

- Similar to the regional results.
- Statistically similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Statistically unchanged over time.
- Highest among area children age 5-12 and boys age 5-17.

Child Obesity Prevalence
(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)
Healthy People 2020 Target = 14.5% or Lower



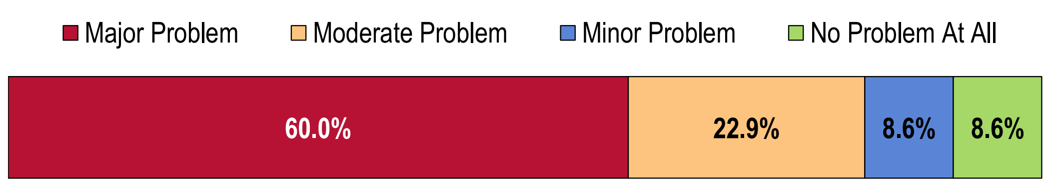
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

A majority of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a "major problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Key Informants, 2015)



Sources:
- 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Access to Healthy Food

> *There is not enough good fresh food and healthy products. Not enough structured weight training programs. – Community/Business Leader*
>
> *There are not enough full service grocery stores. Residents have very little access to healthy, fresh food. The violence in the community affects residents having the opportunity to engage in physical activity. High percentages of residents are overweight or obese. – Community/Business Leader*
>
> *A recently released report from the Chicago Department of Public Health found that in the five predominantly minority communities that were surveyed, just over one-half of the 178 stores that sold food did not carry fruits and vegetables. For example, in Chicago Lawn community (52 percent African American, 35 percent Hispanic and 10 percent White) of its 43 food stores, 70 percent sell tobacco products, 30 percent sell alcohol, and only 37 percent sell fresh produce. Its residents also have higher rates of preventable hospitalizations due to such conditions as congestive heart failure and complications from diabetes. – Public Health Expert*
>
> *Lack of healthy food options. – Social Service Representative*

Built Environment

> *Some areas are unsafe for children to be outside. Lack of time to cook healthy meals and exercise. Cost and convenience of junk/processed/prepared foods versus fruits, vegetables and lean meats. – Social Service Representative*
>
> *With limited resources residents buy what is cheapest (fast food), which is usually not nutritious. Crime reduces the ability for children to play and be as active as they would, which causes weight gain. Lack of knowledge on healthy living, food and lifestyles. – Other Health Provider*
>
> *Access to information, affordable food, safe neighborhoods. – Public Health Expert*
>
> *Safe places to exercise outside, access to good nutrition. – Physician*
>
> *Food deserts, lack of safe places to be active in many neighborhoods. Gun violence. – Other Health Provider*

Obesity

> *The incidence of overweight is frequent although people are becoming more aware of healthy options for their diets. This is a complex issue which has been a challenge for our entire country, let alone this region. Education has improved but we have a long way to go with respect to prepared and processed food. Michelle Obama is right in that it has to start with the children. – Community/Business Leader*
>
> *Lack of nutrition is the leading cause of obesity. – Community/Business Leader*
>
> *Obesity is epidemic. – Physician*

Statistical Data

> *Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider*

Comordibity

> *NAFLD, seeing more and more. – Physician*

Lack of Specialists

> *Not enough specialists. – Physician*

Denial

> *Denial, bigger is acceptable now. – Public Health Expert*

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

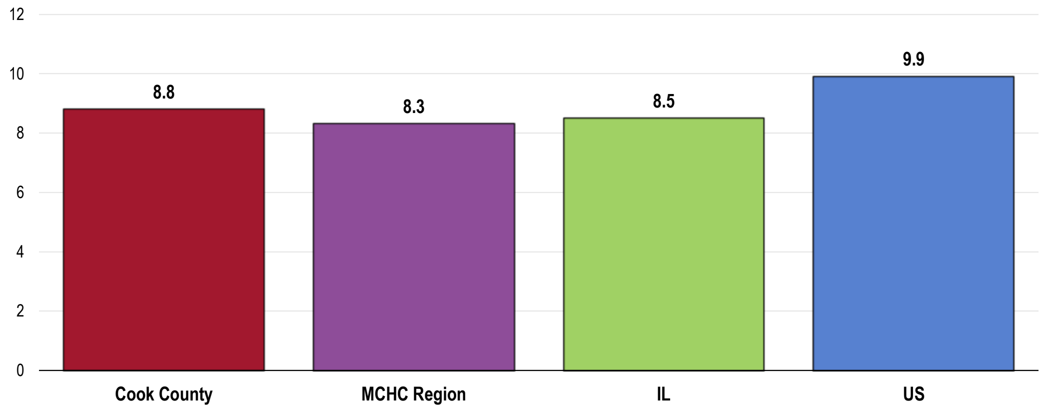
Between 2011 and 2013, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.8 deaths per 100,000 population in Cook County.

- Higher than the MCHC Region.
- Similar to the statewide rate.
- Lower than the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

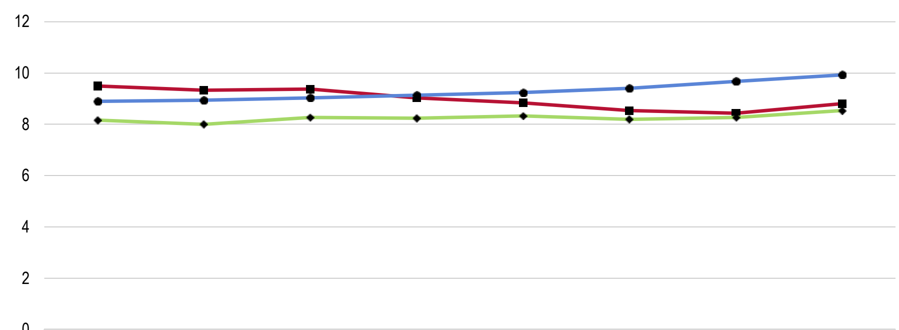
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate in the area has trended downward over the past decade; however, statewide and nationwide, rates have increased.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	9.5	9.3	9.4	9.0	8.8	8.5	8.4	8.8
Illinois	8.2	8.0	8.3	8.2	8.3	8.2	8.3	8.5
US	8.9	8.9	9.0	9.1	9.2	9.4	9.7	9.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

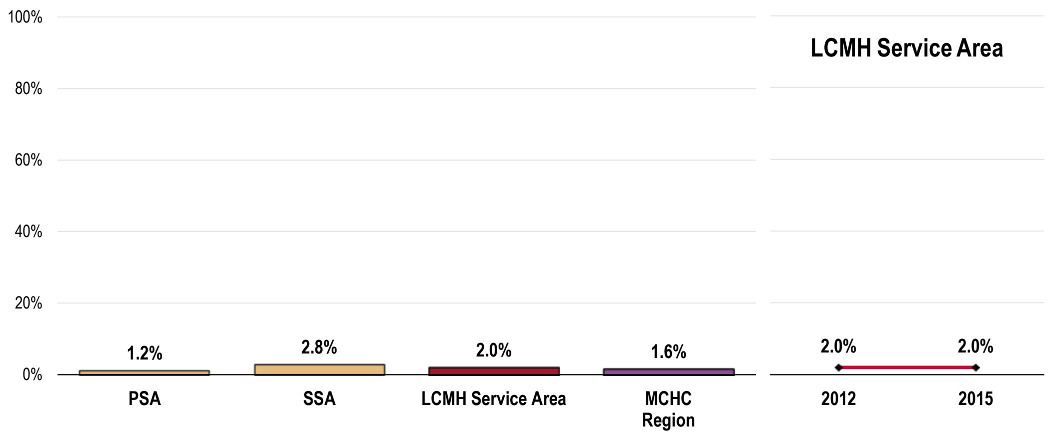
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Liver Disease

A total of 2.0% of area adults have some type of liver disease.

- Similar to the regional results.
- Similar by service area.
- TREND: Unchanged from 2012 survey findings.

Prevalence of Liver Disease



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 301]
Notes: ● Asked of all respondents.

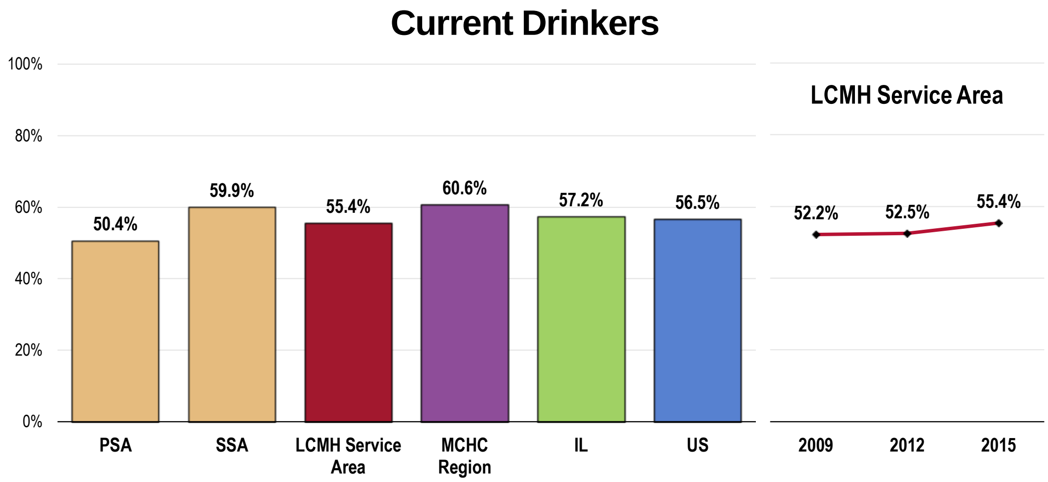
High-Risk Alcohol Use

Current Drinking

A total of 55.4% of area adults had at least one drink of alcohol in the past month (current drinkers).

"Current drinkers" include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

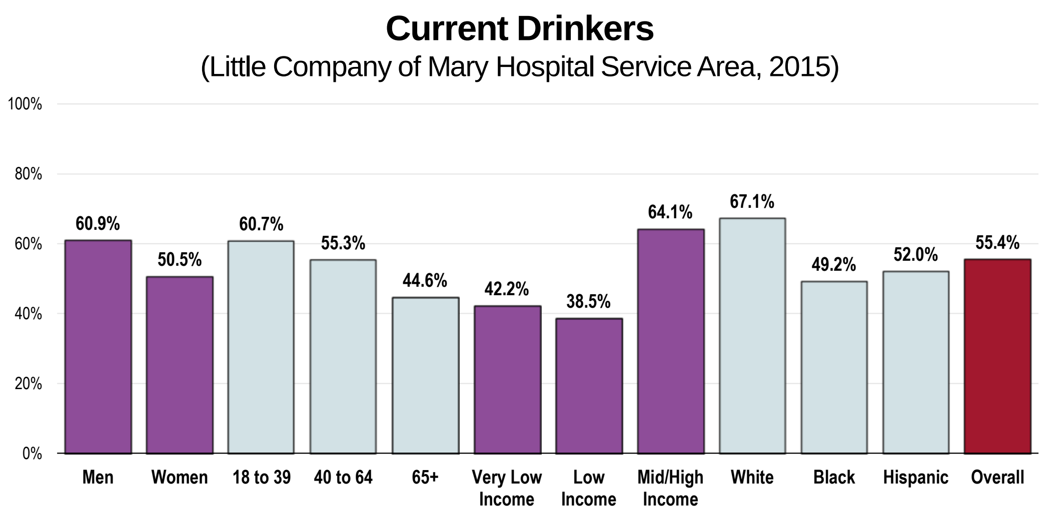
- Better than the regional results.
- Similar to the statewide proportion.
- Similar to the national proportion.
- Higher in the Secondary Service Area.
- TREND: Statistically unchanged since 2009.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.

- Current drinking is more prevalent among men, adults under 65 (negative correlation with age), residents with higher incomes, and Whites.



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]

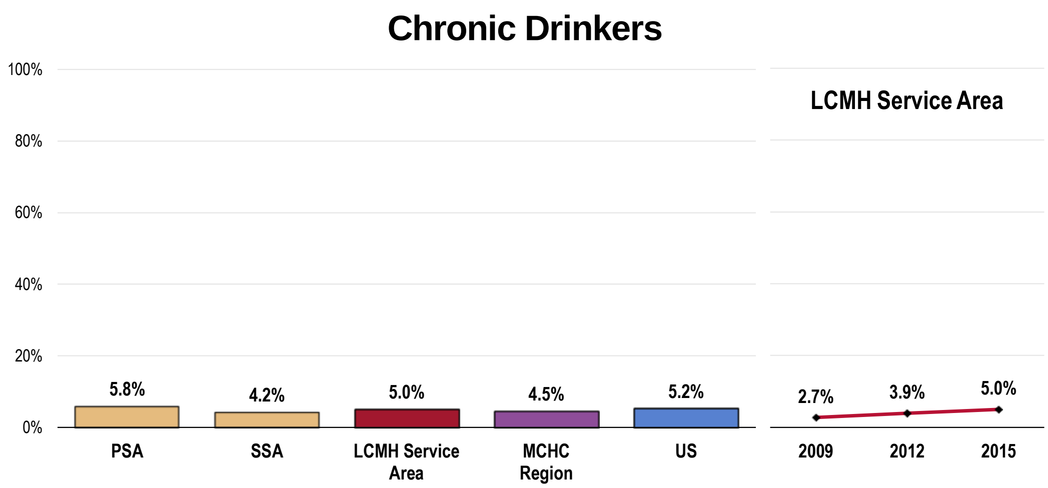
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Current drinkers had at least one alcoholic drink in the past month.

Chronic Drinking

A total of 5.0% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

"Chronic drinkers" include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

- Similar to the regional results.
- Similar to the US proportion.
- Similar findings by service area.
- TREND: Statistically similar over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 180]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
• Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.

Binge Drinking

A total of 17.3% of Little Company of Mary Hospital Service Area adults are binge drinkers.

Binge drinkers" include:

1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

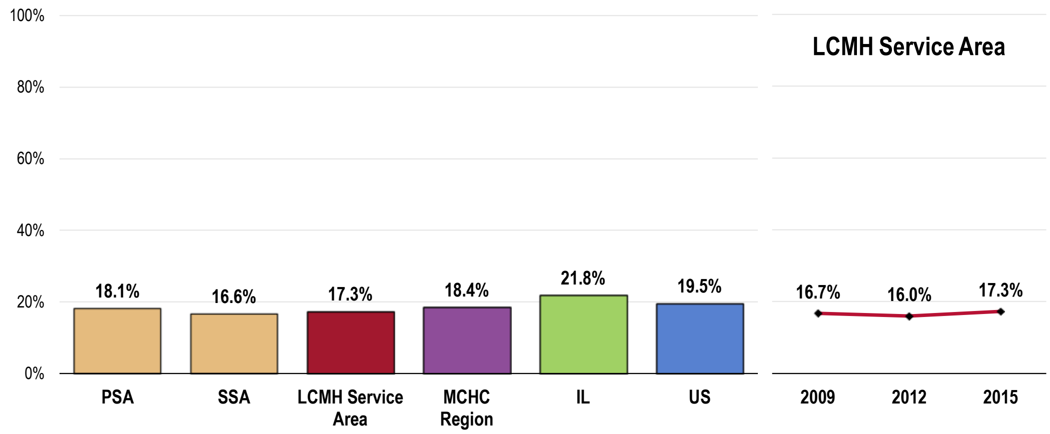
2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

RELATED ISSUE: See also Stress in the Mental Health & Mental Disorders section of this report.

- Similar to the regional results.
- Similar to the Illinois findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (24.4% or lower).
- Statistically similar by service area.
- TREND: Statistically unchanged since 2009 (note, however, that the previous definition for binge drinking was five or more drinks, regardless of gender).

Binge Drinkers

Healthy People 2020 Target = 24.4% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 162]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

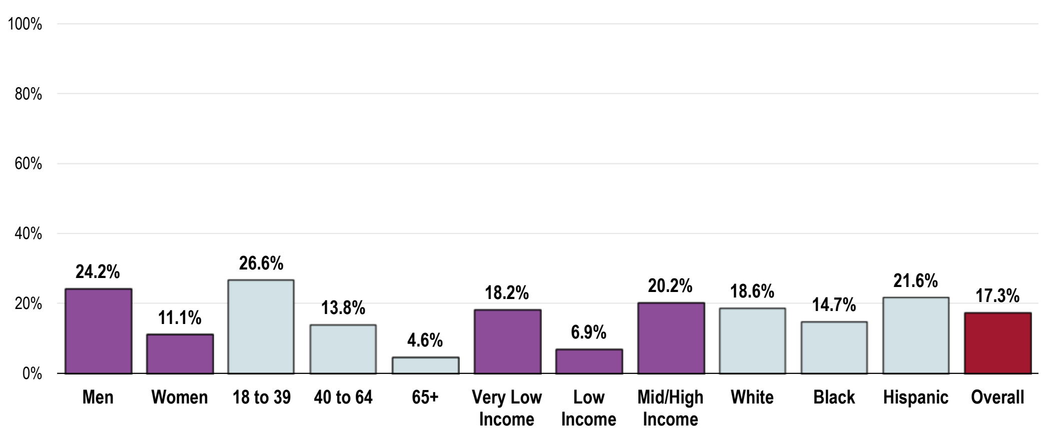
Binge drinking is more prevalent among:

- Men.
- Adults under age 65 (negative correlation with age).
- Respondents at either end of the income spectrum.

Binge Drinkers

(Little Company of Mary Hospital Service Area, 2015)

Healthy People 2020 Target = 24.4% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 162]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

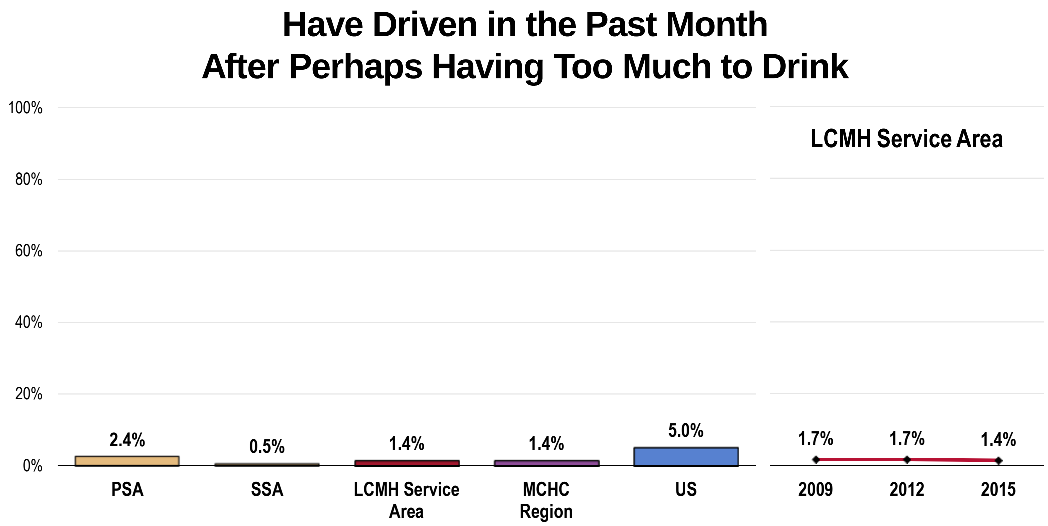
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

Drinking & Driving

A total of 1.4% of Little Company of Mary Hospital Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

- Identical to the regional results.
- Well below the national findings.
- Higher in the Primary Service Area.
- TREND: The drinking and driving prevalence has not changed significantly since 2009.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

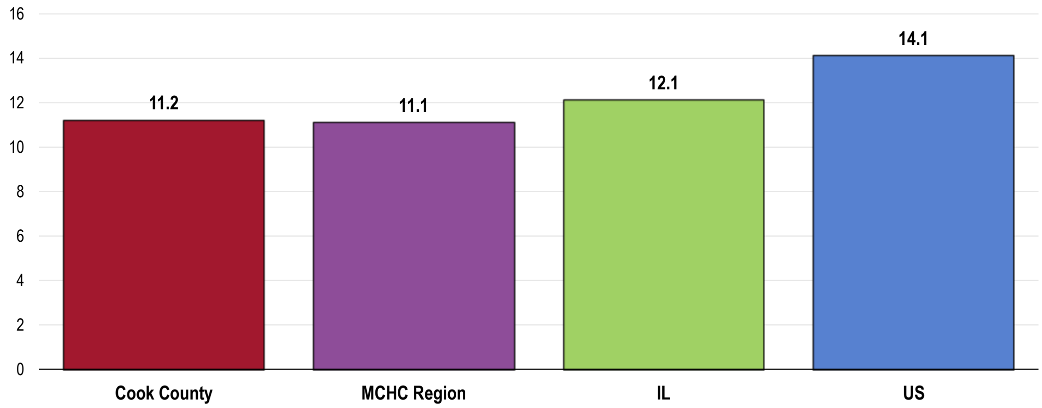
Notes: • Asked of all respondents.

Age-Adjusted Drug-Induced Deaths

Between 2011 and 2013, there was an annual average age-adjusted drug-induced mortality rate of 11.2 deaths per 100,000 population in Cook County.

- Nearly identical to the MCHC Region.
- More favorable than the statewide rate.
- More favorable than the national rate.
- Similar to the Healthy People 2020 target (11.3 or lower).

Drug-Induced Deaths: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower

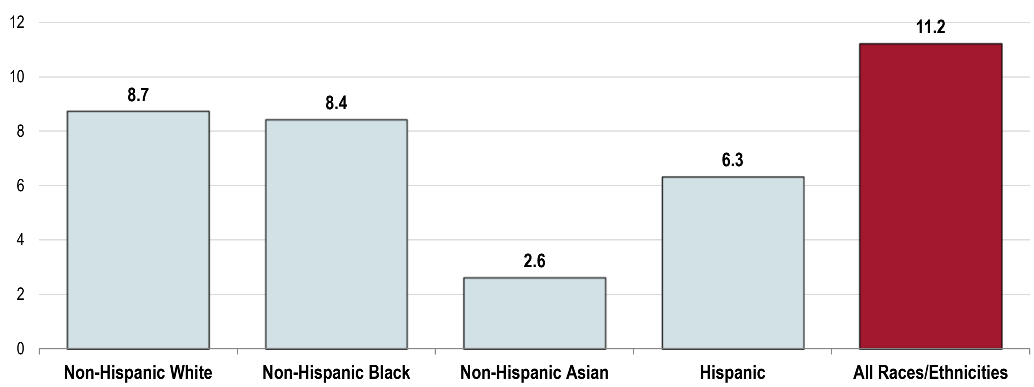


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

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

- The drug-induced mortality rate is much among Whites and Blacks in the region when compared with Asians and Hispanics.

Drug-Induced Deaths: Age-Adjusted Mortality by Race
(Cook County; 2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

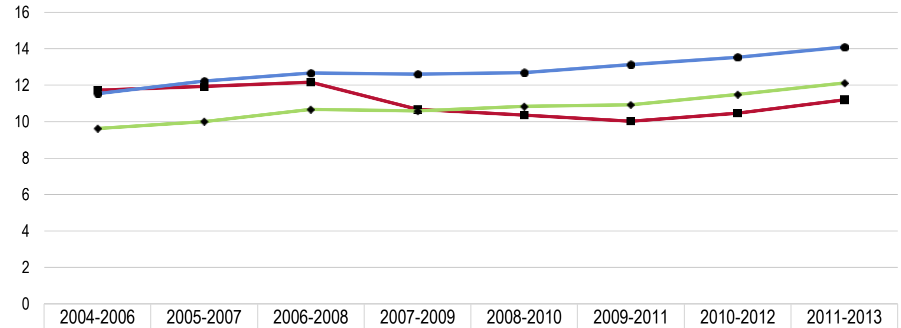
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The recent area mortality rate has not changed significantly from baseline data. Statewide and nationwide, rates increased over the past decade.

Drug-Induced Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Cook County	11.7	11.9	12.2	10.7	10.4	10.0	10.5	11.2
Illinois	9.6	10.0	10.7	10.6	10.8	10.9	11.5	12.1
US	11.5	12.2	12.7	12.6	12.7	13.1	13.5	14.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

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

Illicit Drug Use

A total of 6.8% of area adults acknowledge using an illicit drug in the past month.

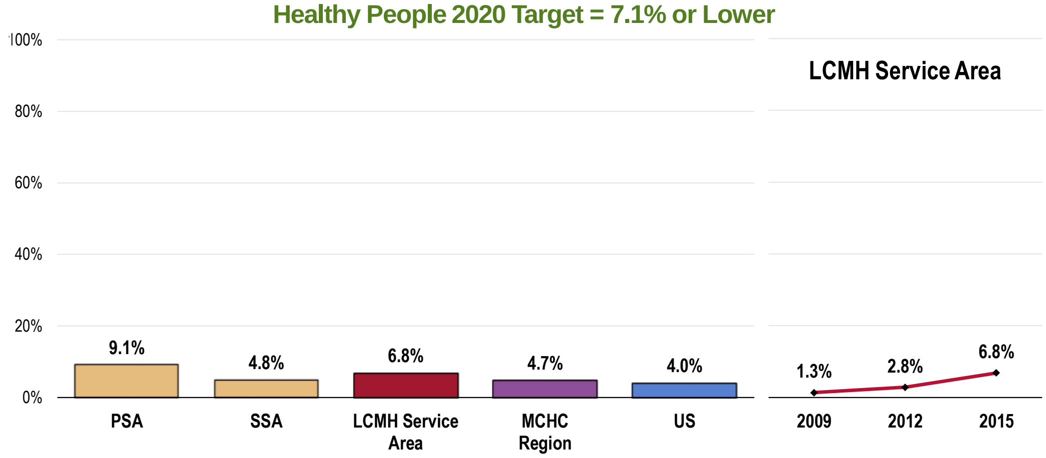
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

- Worse than the regional results.
- Worse than the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Higher in the Primary Service Area.
- TREND: Marks a statistically significant increase over time.

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

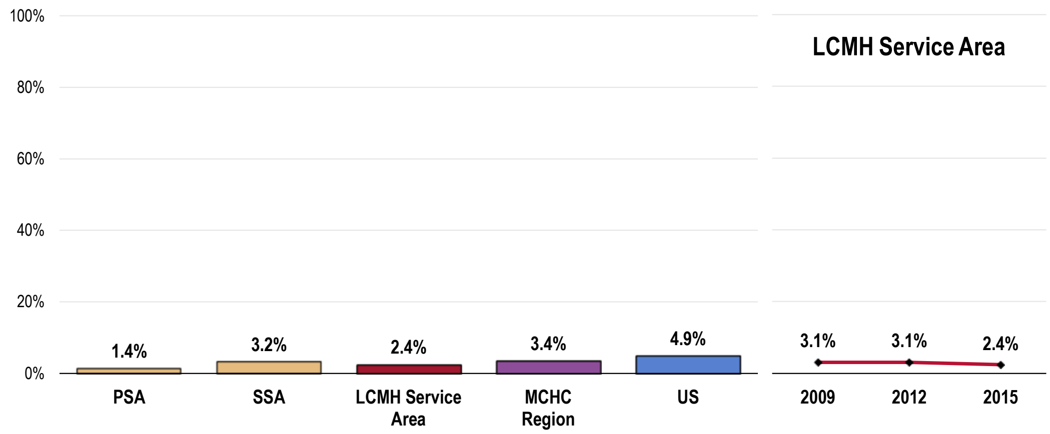
Notes:
- Asked of all respondents.

Alcohol & Drug Treatment

A total of 2.4% of service area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

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

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

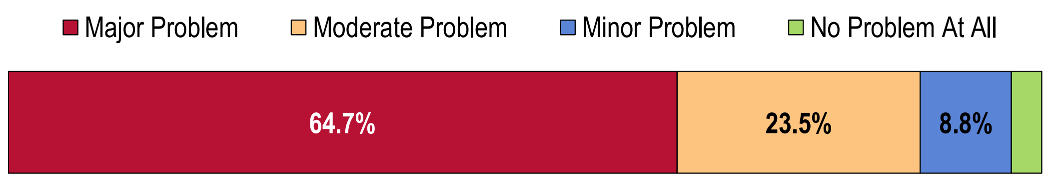
Notes:
- Asked of all respondents.

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a "major problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2015)



Sources:
- 2015 PRC Online Key Informant Survey.

BARRIERS TO TREATMENT

Among those rating this issue as a "major problem," the greatest barriers to accessing substance abuse treatment are viewed as:

Lack of Resources/Cost

> *The biggest barrier is the perception of cost associated with public services that assist with treatment. – Community/Business Leader*
>
> *There are too few low cost treatment centers available. – Community/Business Leader*
>
> *Not enough resources. – Physician*
>
> *The lack of substance abuse centers in the community. Some people don't like to leave their neighborhood for services and some don't have access to a car or money for bus fare. – Social Service Representative*
>
> *Lack of access to affordable and effective treatment programs, stigma, denial, lack of social/family support, and poor management by health care providers. – Public Health Expert*
>
> *Long waits for treatment. There are wait times between in-house hospitalization and detox and outpatient or residential programs. – Community/Business Leader*
>
> *I think there are good substance abuse programs in the community, but as in any addiction, the person has to be willing to accept this treatment. What may be lacking is peer support programs to help members through the process of detox and during outpatient treatment. Without a supportive environment relapse into again abusing drugs and alcohol. – Other Health Provider*
>
> *Limited treatment centers. – Other Health Provider*

Stigma

> *Stigma attached to rehab, people unaware or in denial about friends and family members' abuse, high homeless population. – Social Service Representative*
>
> *Fear of being labeled as crazy and the stigma associated with mental health in our neighborhood. Poor assessment of the root cause for some behaviors. Some persons in jail should really be in a mental health institution. – Other Health Provider*
>
> *Inability to recognize the consequences of using, in addition stigma, and limited resources to deal with co-occurring illness. – Other Health Provider*

Addiction

> *They don't recognize they have a problem and it is difficult to move beyond an addiction. The ripple effect is devastating. – Community/Business Leader*

Lack of Education

> *Not knowledgeable about where the resources are available. – Community/Business Leader*

Youth

> *Too many students using drugs at an early age. – Community/Business Leader*

Most Problematic Substances

Key informants (who rated this as a "major problem") most often identified alcohol, heroin/other opioids, marijuana, and cocaine/crack as the most problematic substances abused in the community.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	55.6%	17.6%	25.0%	17
Heroin or Other Opioids	27.8%	17.6%	25.0%	12
Marijuana	0.0%	29.4%	6.3%	8
Cocaine or Crack	5.6%	29.4%	6.3%	7
Prescription Medications	0.0%	5.9%	12.5%	3
Over-the-Counter Medications	0.0%	0.0%	12.5%	2
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	0.0%	6.3%	1
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	0.0%	6.3%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

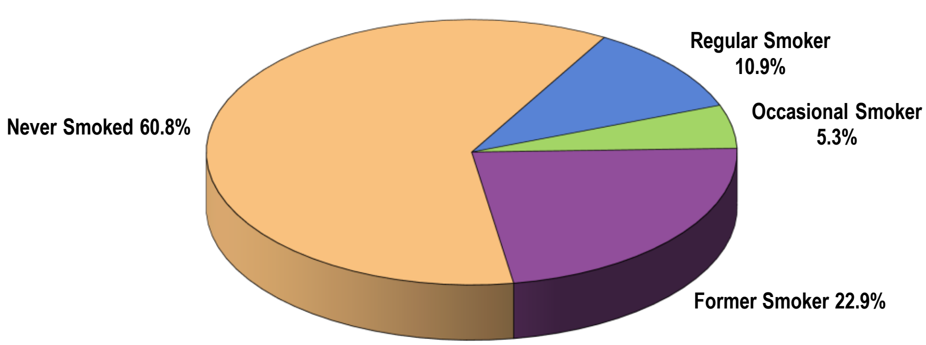
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 16.2% of service area adults currently smoke cigarettes, either regularly (10.9% every day) or occasionally (5.3% on some days).

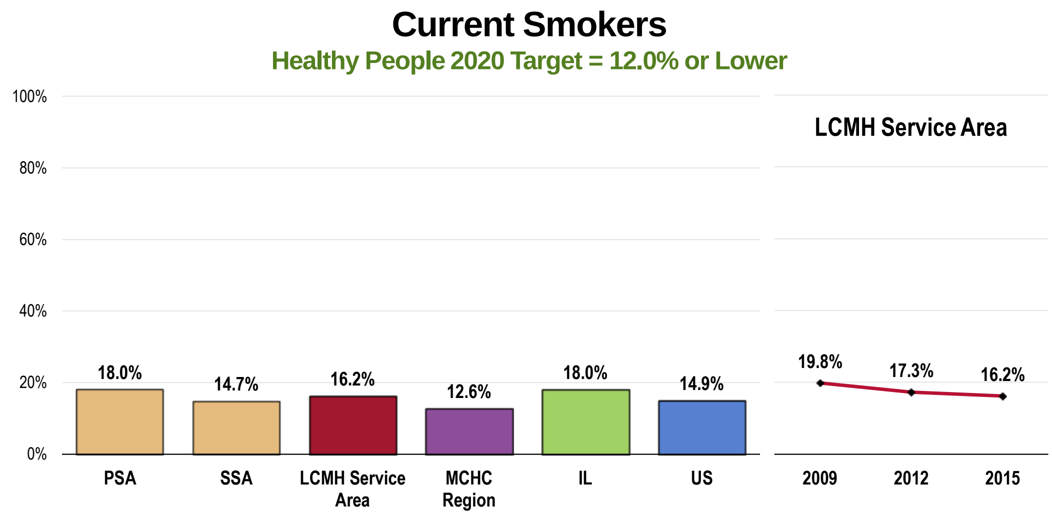
Cigarette Smoking Prevalence
(Little Company of Mary Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: • Asked of all respondents.

- Better than the regional results.
- Similar to statewide findings.
- Similar to national findings.

- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Similar by service area.
- TREND: Statistically similar over time.

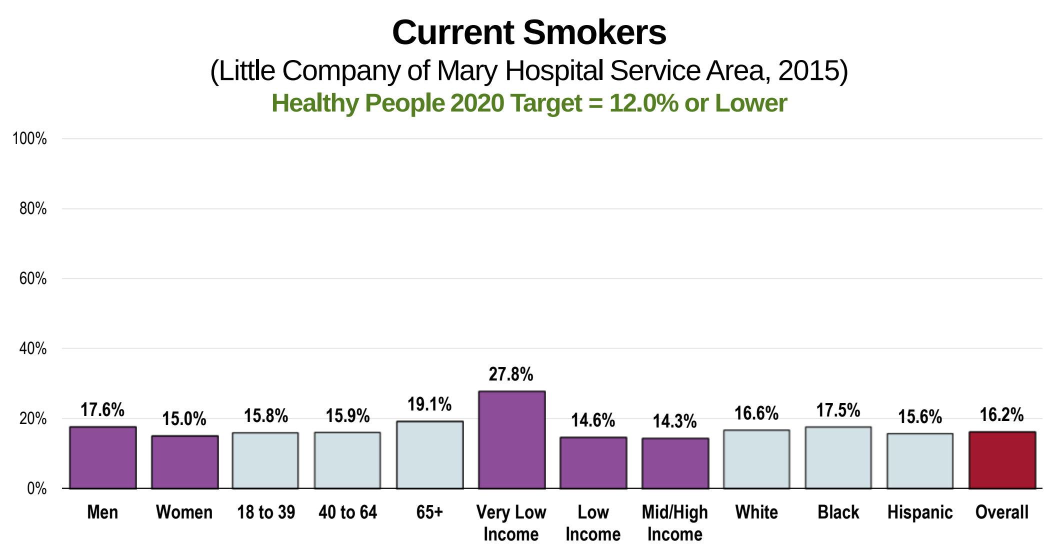


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

Cigarette smoking is more prevalent among:

- Low-income residents.



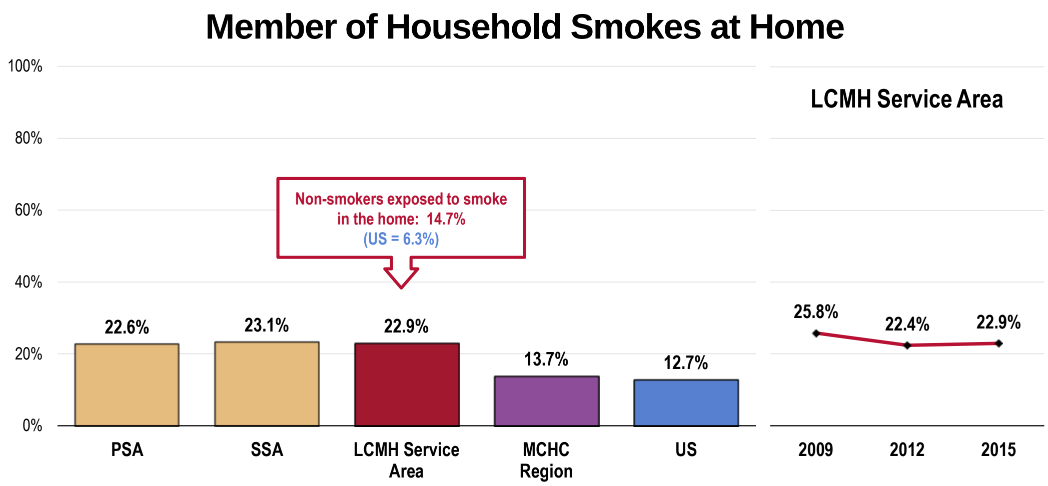
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (everyday and some days).

Environmental Tobacco Smoke

A total of 22.9% of Little Company of Mary Hospital Service Area adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

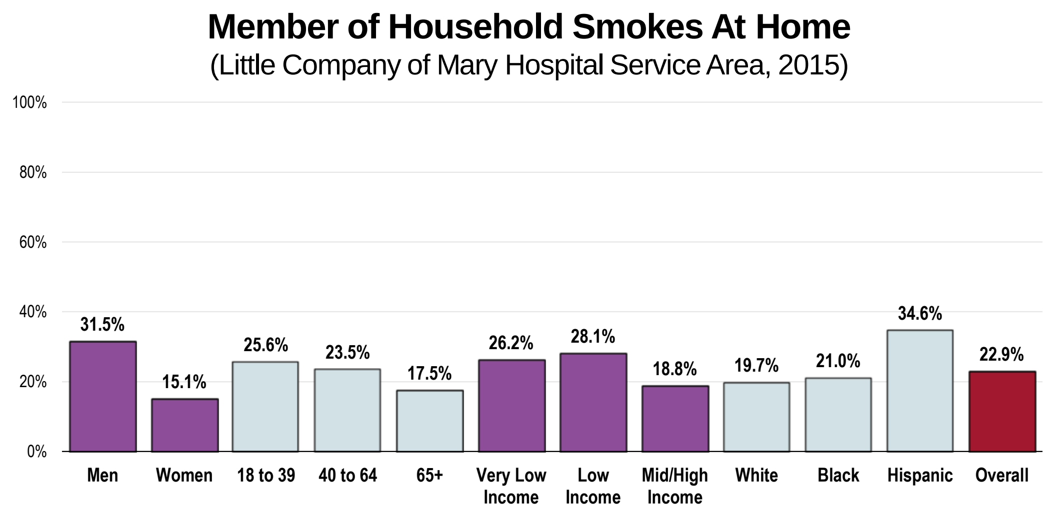
- Less favorable than the regional results.
- Less favorable than national findings.
- Similar by service area.
- TREND: Statistically unchanged over time.
- Note that 14.7% of Little Company of Mary Hospital Service Area non-smokers are exposed to cigarette smoke at home, higher than what is found nationally.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Notably higher among men and Hispanics.

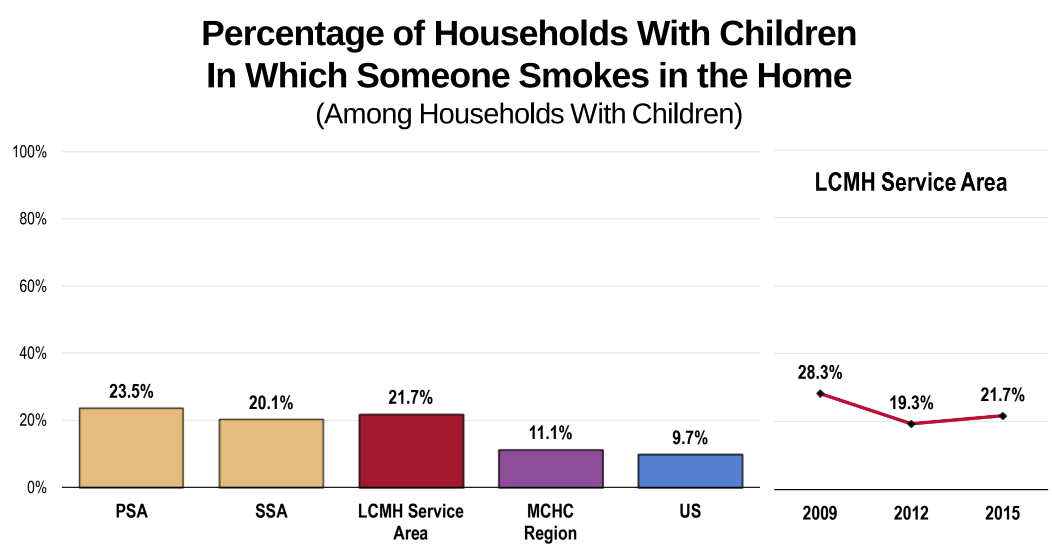


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]

Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 21.7% have someone who smokes cigarettes in the home.

- Worse than the regional results.
- Worse than the national findings.
- Similar by service area.
- TREND: Statistically similar over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects respondents with children 0 to 17 in the household.
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

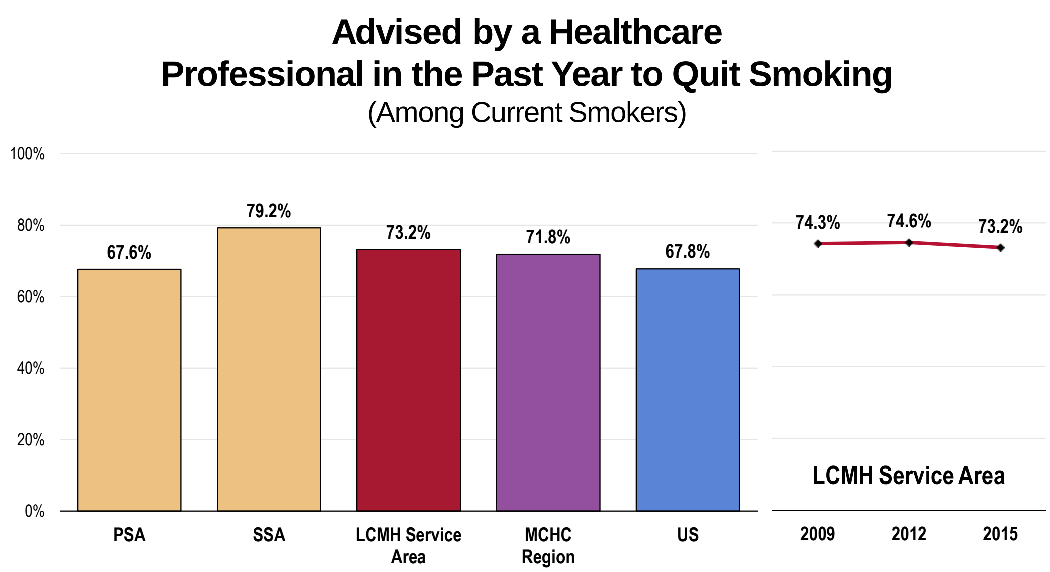
Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 73.2% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Comparable to the regional results.
- Statistically comparable to the national percentage.
- Statistically similar by service area.
- TREND: No statistically significant change since 2009.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

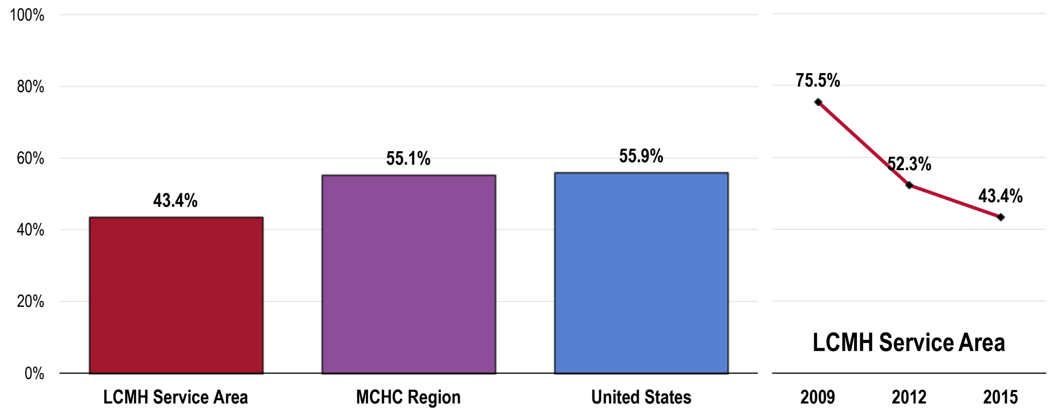
Notes: • Asked of all current smokers.
• * Use caution when interpreting these survey results, as the sample size falls below 50.

Smoking Cessation Attempts

A total of 43.4% of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Statistically similar to the regional results.
- Statistically similar to the national percentage.
- Far from satisfying the Healthy People 2020 target (80% or higher).
- TREND: Marks a statistically significant decrease since 2009.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking
(Among Everyday Smokers)
Healthy People 2020 Target = 80.0% or Higher



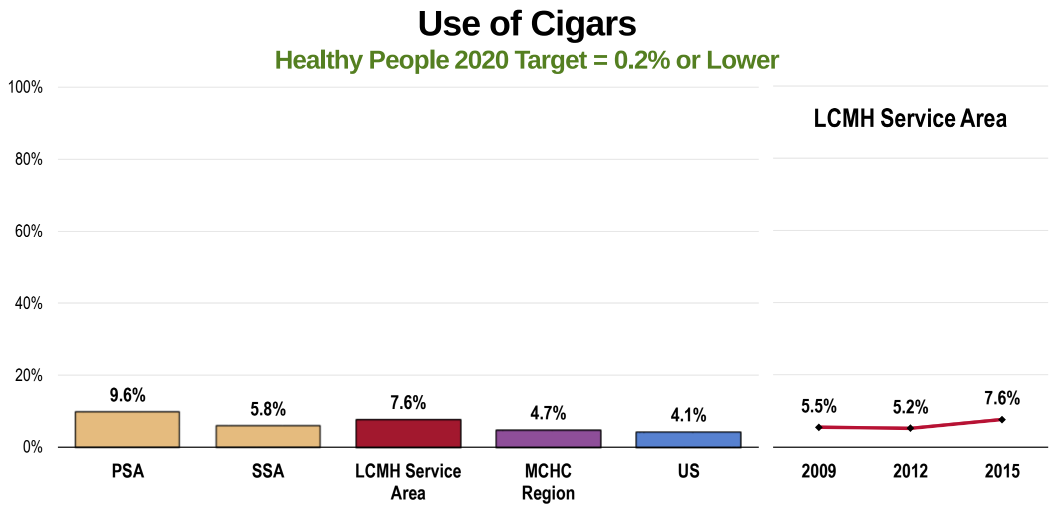
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-4.1]
Notes: • Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

Cigars

A total of 7.6% of Little Company of Mary Hospital Service Area adults use cigars every day or on some days.

- Higher than the regional results.
- Higher than the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- Statistically similar by service area.
- TREND: No statistically significant change since 2009.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 61]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.3]

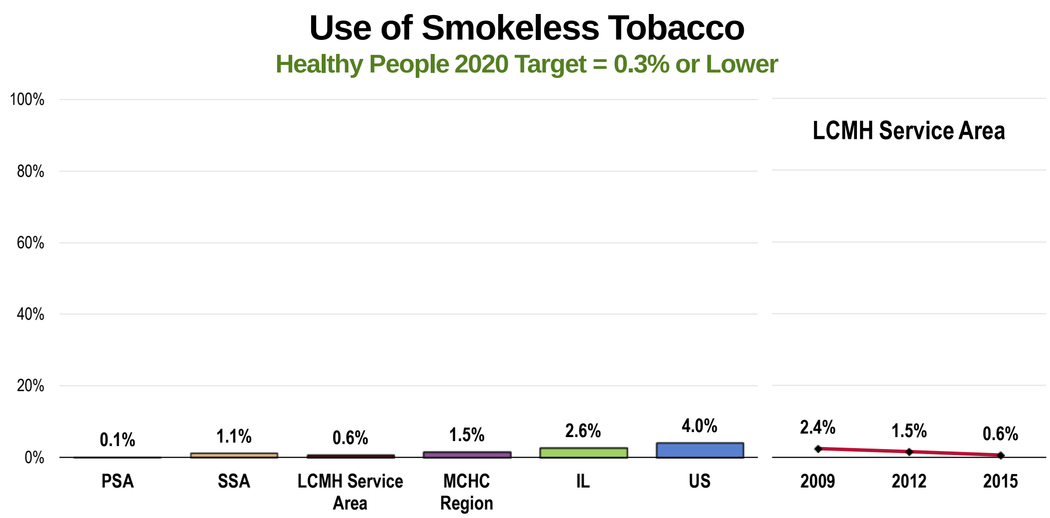
Notes: • Asked of all respondents.

Smokeless Tobacco

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

A total of 0.6% of area adults use some type of smokeless tobacco every day or on some days.

- Better than the regional results.
- Better than the state percentage.
- Better than the national percentage.
- Similar to the Healthy People 2020 target (0.3% or lower).
- Similar findings by service area.
- TREND: Marks a statistically significant decrease since 2009.

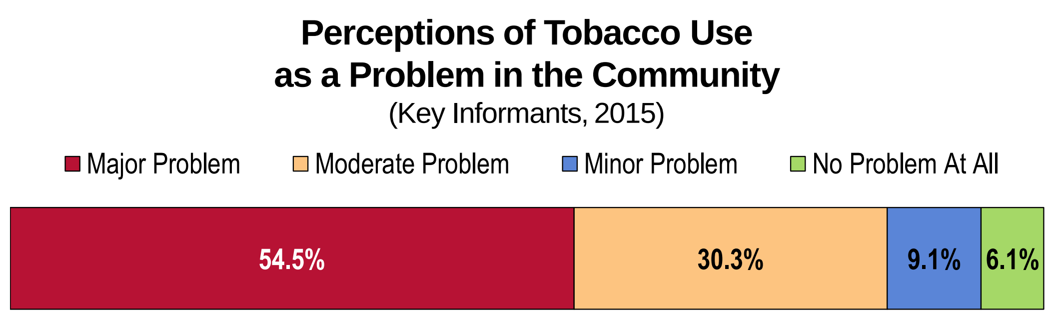


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]

Notes:
- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco or snuff.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a "major problem" in the community.



Sources:
- 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Prevalence

Despite the increase in cost, there is still a high number of people who smoke. – Community/ Business Leader

Tobacco can be easily accessed in the community. We have billboards up and there are liquor stores on every other corner. – Social Service Representative

Widespread use. – Physician

> *As previously stated, both men and women in this community are smokers. Smoking was one of the top health issues mentioned in Better Health Network's member health risk screens. – Other Health Provider*
>
> *Too much access and product is sold illegally on the streets. – Community/Business Leader*
>
> *Too many young adolescents smoking. – Community/Business Leader*
>
> *Our target population has a high tendency to smoke due to stress and living in survival mode. – Community/Business Leader*

Comorbidities

> *Tobacco use is a major contributor to heart disease, asthma, COPD, and is an addiction that requires behavioral and sometimes pharmaceutical interventions, which becomes costly for those individuals who lack resources to stop smoking. – Other Health Provider*

Contributing Factors

> *Peer pressure, environment and lack of education. – Other Health Provider*

Lack of Specialists

> *Not enough specialists. – Physician*

Access to Health Services

Professional Research Consultants, Inc.

Health Insurance Coverage

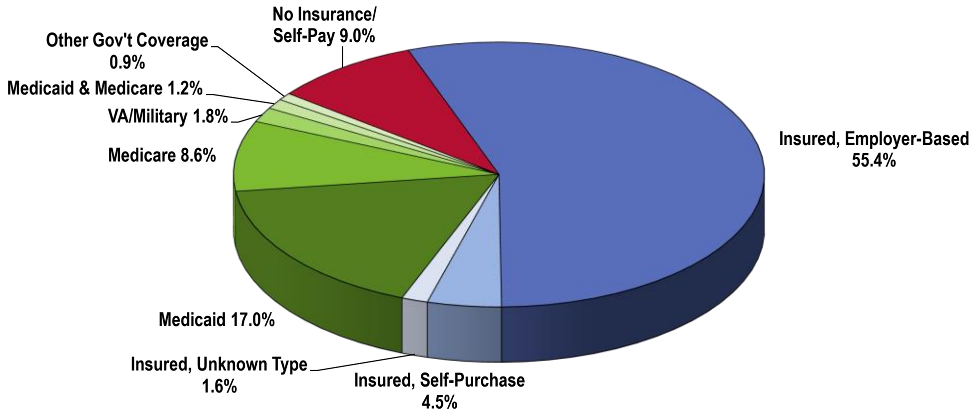
Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Type of Healthcare Coverage

A total of 61.5% of Little Company of Mary Hospital Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 29.5% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage

(Among Adults Age 18-64; Little Company of Mary Hospital Service Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

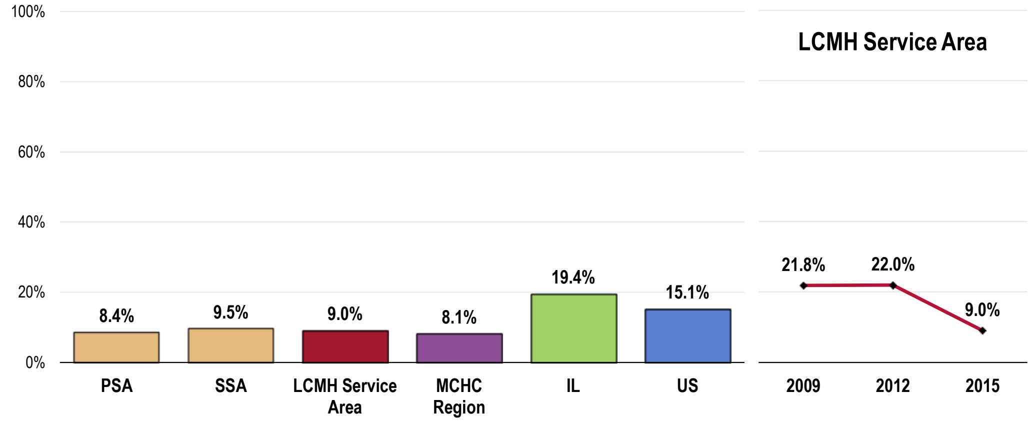
Among adults age 18 to 64, 9.0% report having no insurance coverage for healthcare expenses.

- Similar to the regional results.
- Well below the latest state and national benchmarks; note, however, that state and national data predate the implementation of the health insurance marketplace.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Similar by service area.
- TREND: Denotes a statistically significant decrease over time.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]
Notes: • Asked of all respondents under the age of 65.

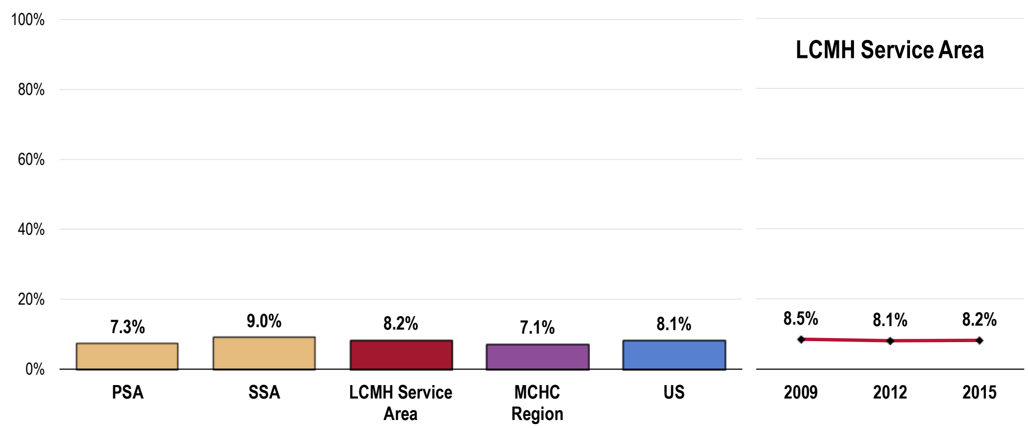
Recent Lack of Coverage

Among currently insured adults in the Little Company of Mary Hospital Service Area, 8.2% report that they were without healthcare coverage at some point in the past year.

- Similar to the regional results.
- Similar to US findings.
- Similar by service area.
- TREND: No significant change over time in insurance instability.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 79]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all insured respondents.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

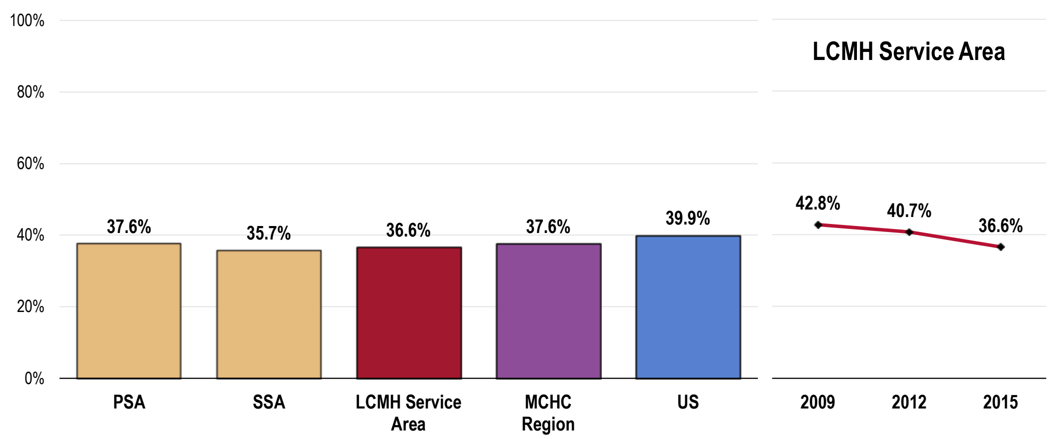
Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 36.6% of Little Company of Mary Hospital Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

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

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



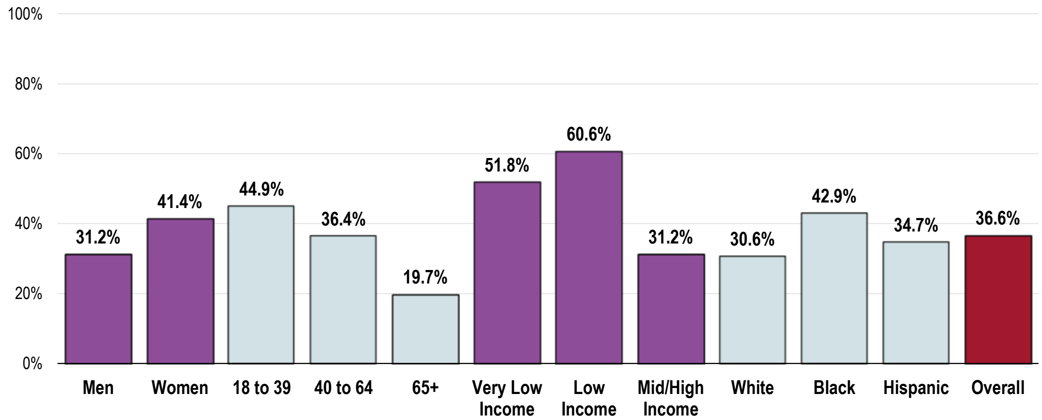
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults under the age of 65 (negative correlation with age).
- Lower-income residents.
- Black residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(Little Company of Mary Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: • Asked of all respondents.
• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

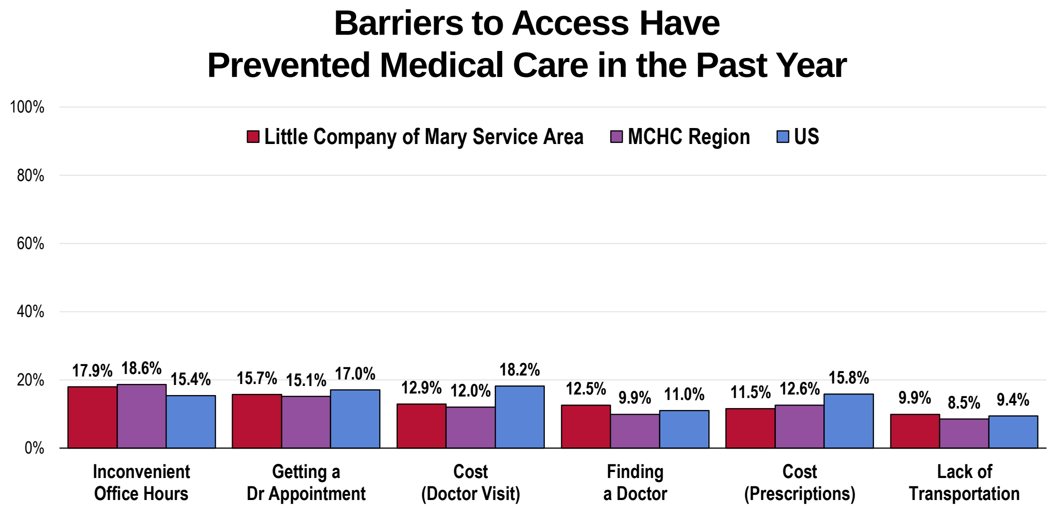
Barriers to Healthcare Access

Of the tested barriers, inconvenient office hours impacted the greatest share of Little Company of Mary Hospital Service Area adults (17.9% say that inconvenient office hours prevented them from obtaining medical care in the past year).

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

- The proportion of Little Company of Mary Hospital Service Area adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers.

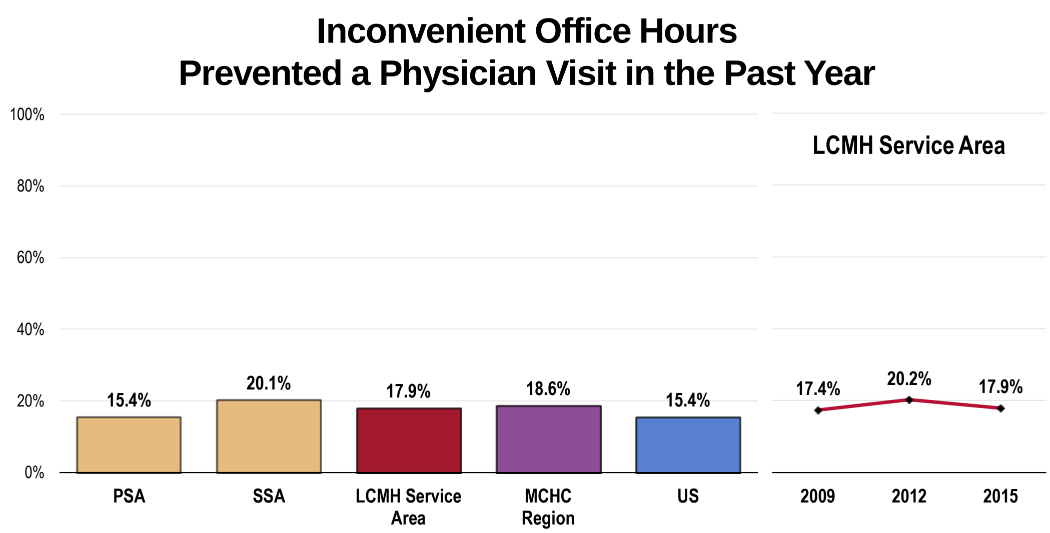


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Inconvenient Office Hours

Among all Little Company of Mary Hospital Service Area adults, 17.9% report that inconvenient office hours prevented their medical care at least once in the past year.

- Similar to the regional results.
- Similar to the national findings.
- Statistically comparable by service area.
- TREND: Statistically similar to 2009 findings.



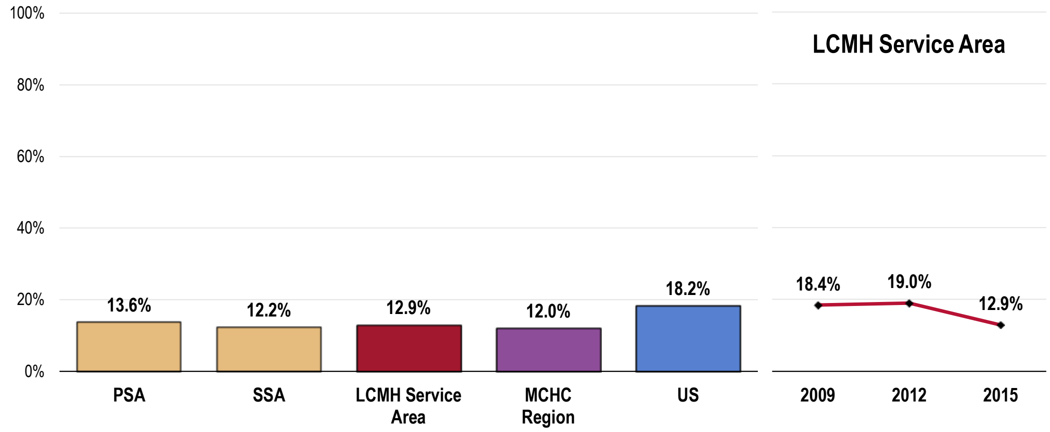
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 11]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Cost of Doctor Visits

A total of 12.9% of service area respondents report that the cost of a physician visit prevented their medical care in the past year.

- Similar to the regional results.
- Well below the US prevalence.
- Similar by service area.
- TREND: Denotes a statistically significant decrease over time.

Cost Prevented a Physician Visit in the Past Year



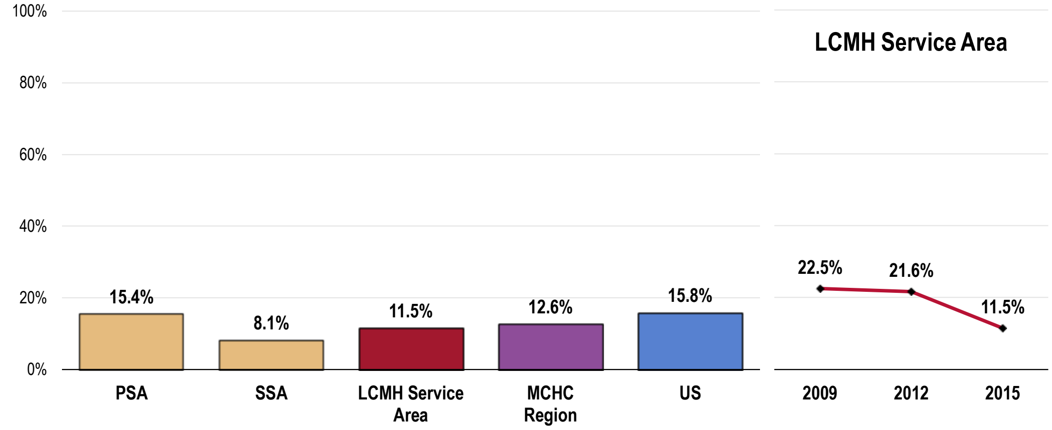
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 9]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Cost of Prescription Medications

Among all Little Company of Mary Hospital Service Area adults, 11.5% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Similar to the regional results.
- More favorable than national findings.
- Worse in the Primary Service Area.
- TREND: Marks a statistically significant decrease over time.

Cost Prevented a Prescription Medication in the Past Year



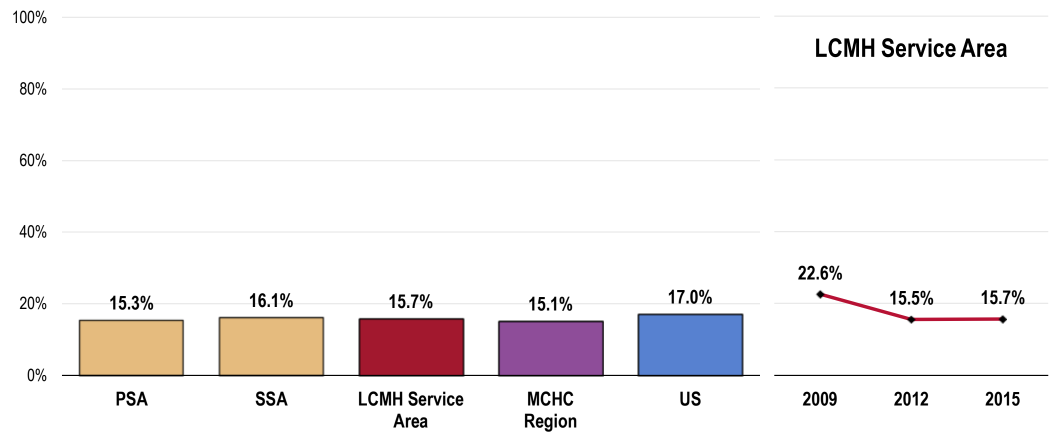
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 12]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Obtaining a Medical Appointment

For 15.7% of service area adults, difficult getting a medical appointment prevented their care in the past year.

- Comparable to the regional results.
- Comparable to national findings.
- Similar by service area.
- TREND: Denotes a statistically significant decrease over time.

Experienced Difficulty Getting a Medical Appointment in the Past Year



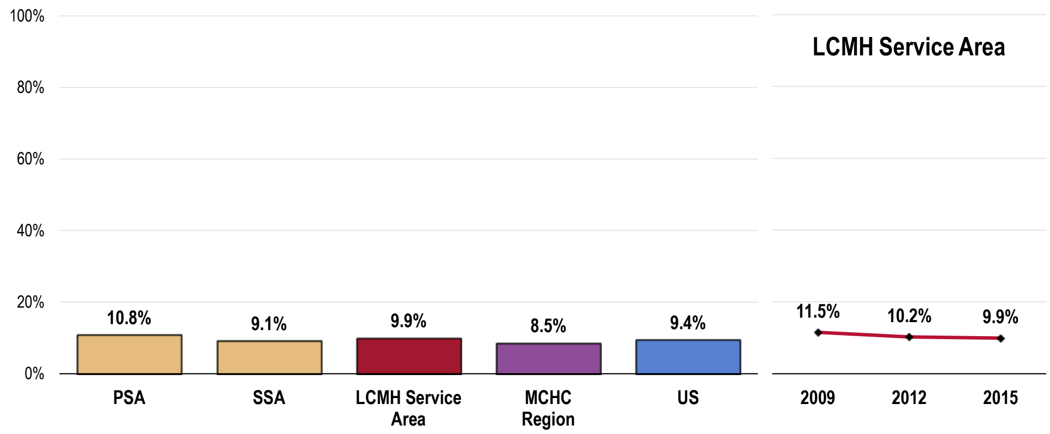
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 8]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Lack of Transportation

Among all Little Company of Mary Hospital Service Area adults, 9.9% report that a lack of transportation prevented their medical care in the past year.

- Similar to the regional results.
- Similar to national findings.
- Similar by service area.
- TREND: Statistically similar to 2009 findings.

Lack of Transportation Prevented Medical Care in the Past Year



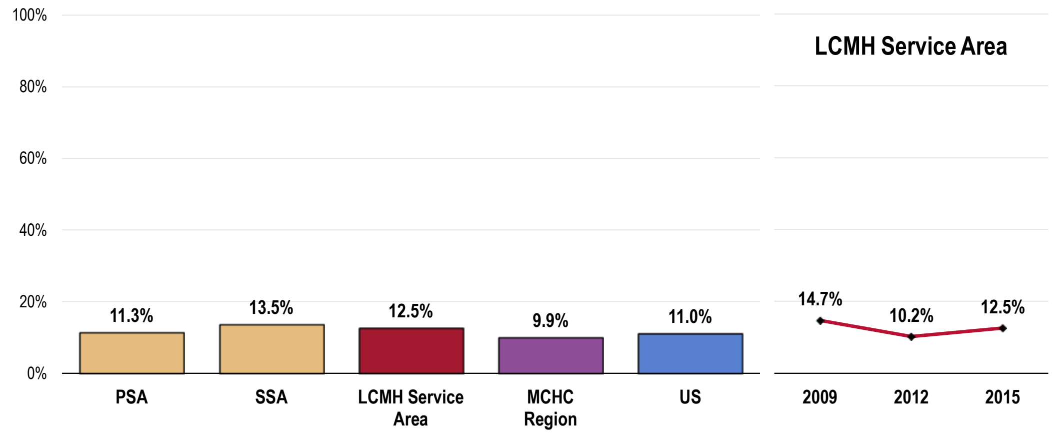
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 10]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Finding a Physician

A total of 12.5% of survey respondents had difficulty finding a physician in the past year.

- Similar to the regional results.
- Similar to the US prevalence.
- Similar by service area.
- TREND: Statistically similar to 2009 findings.

Experienced Difficulty Finding a Doctor in the Past Year



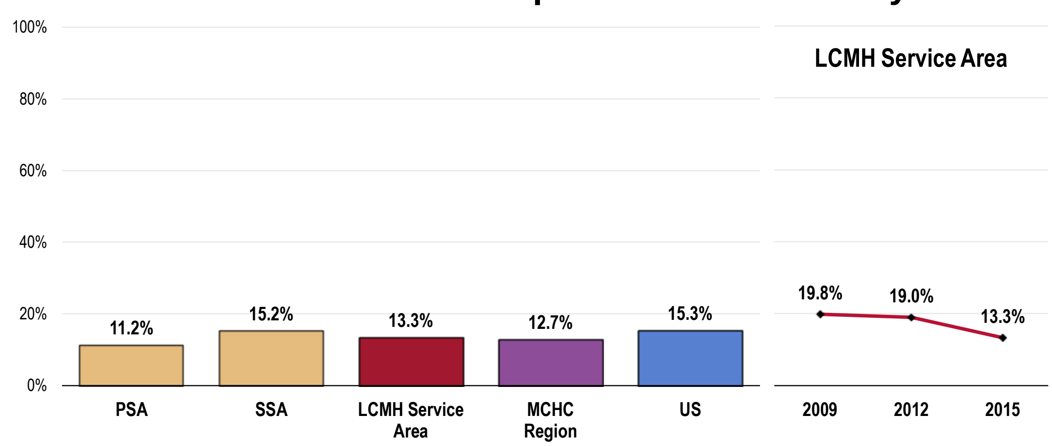
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 7]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Prescriptions

Among all service area adults, 13.3% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Comparable to the regional results.
- Comparable to the national findings.
- Similar by service area.
- TREND: Denotes a statistically significant decrease over time.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

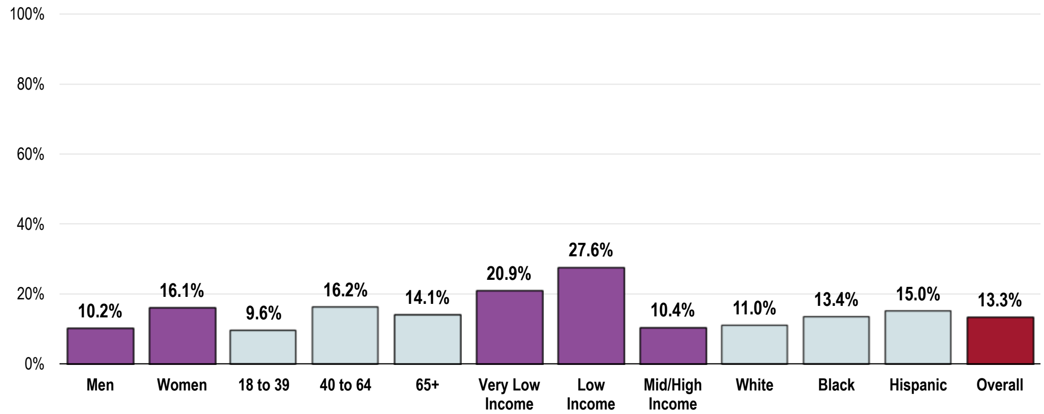


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Adults under 40.
- Respondents with lower incomes.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money
(Little Company of Mary Hospital Service Area, 2015)



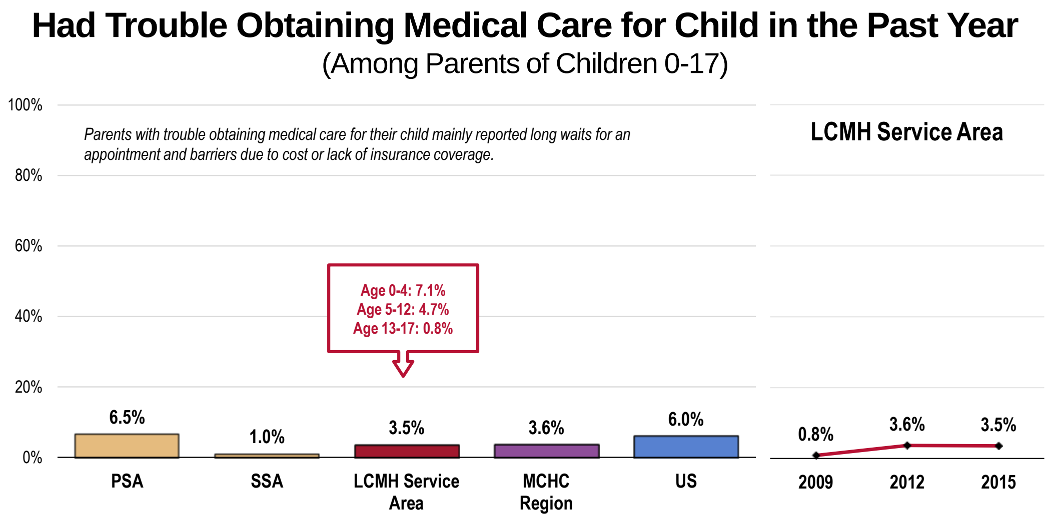
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

A total of 3.5% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

- Nearly identical to the regional results.
- Statistically similar to what is reported nationwide.
- Statistically similar by service area.
- TREND: Statistically unchanged over time.
- Lowest (0.8%) among parents of teens.

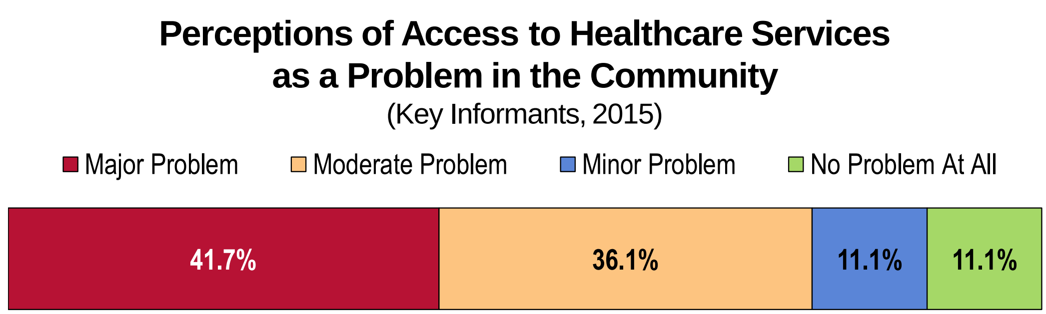


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 111-112]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, many cited **long waits for appointments** as the primary reason; others cited cost or a lack of insurance.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey more often characterized *Access to Healthcare Services* as a "major problem" in the community.



Sources: • 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Lack of Resources

> *Access to a facility which can support the cultural and insurance needs if the patient. – Community/Business Leader*
>
> *Access to mental health care, including specialty care and psychiatry. Without such access to affordable care, both mental health and physical health outcomes will be negatively impacted and very*

> *quickly. Medicaid services are really scarce for mental health. Psychiatry is more scarce than psychotherapy for all populations regardless of the insurer. There is a lack of providers who are willing to bill any form of government or private insurance. The horrific gun violence in South Cook is renewing itself over and over because families are not getting the most basic care when their loved ones are lost to gun violence. The impact on physical and mental health is serious and resources are already hard to access. Many providers do not know how to provide adequate care for their patients who are transsexual, lesbian or gay. Lack of exposure or training. My community needs better access to quality, confidential substance abuse assessment and treatment. – Other Health Provider*
>
> *Many people are uninsured. There are not enough hospitals, trauma centers, or health clinics in the community. – Community/Business Leader*
>
> *Transportation to services in the local community, hours of operations for some PCP office locations, lack of awareness of community based programs and services. – Other Health Provider*

Affordable Care

> *Cost of care is expensive; we believe that individuals that we serve have limited access to care due to being uninsured or underinsured and lack the knowledge to navigate the system in order to apply for additional benefits. – Other Health Provider*
>
> *Affordability of services. Undocumented and recent residents are excluded from ACA. Many people with ACA or other insurance have high deductible and expensive plans, effectively preventing them from using them. Exorbitant health care fees and lack of transparency in how health care costs are determined. Poverty. Racism. Transphobia. – Public Health Expert*

Preventive Care

> *There is still a need to utilize primary care physicians in a consistent manner. Additionally, those who utilize FQHCs have long waits for appointments. For those who utilize the county system, the process is extremely difficult, especially when having to access specialists in the city at Stroger. – Social Service Representative*

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified mental health care, substance abuse treatment, and specialty care as the most difficult to access in the community.

	Most Difficult to Access	Second–Most Difficult to Access	Third–Most Difficult to Access	Total Mentions
Mental Health Care	38.5%	23.1%	8.3%	27
Substance Abuse Treatment	7.7%	30.8%	8.3%	18
Specialty Care	23.1%	0.0%	16.7%	14
Primary Care	15.4%	15.4%	8.3%	10
Dental Care	0.0%	23.1%	8.3%	10
Chronic Disease Care	7.7%	7.7%	16.7%	8
Urgent Care	7.7%	0.0%	16.7%	5
Prenatal Care	0.0%	0.0%	8.3%	3
Pain Management	0.0%	0.0%	8.3%	1

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

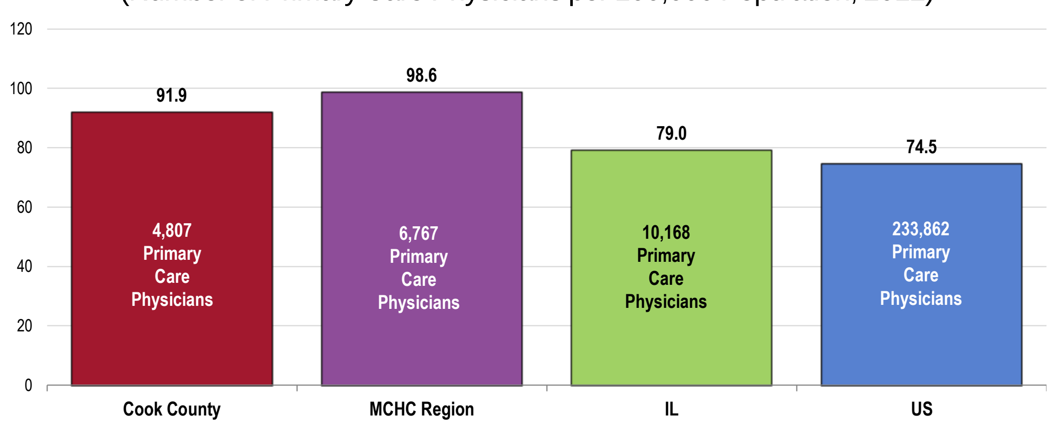
Access to Primary Care

In Cook County in 2012, there were 4,807 primary care physicians, translating to a rate of 91.9 primary care physicians per 100,000 population.

- Lower than the MCHC Region.
- Well above the primary care physician-to-population ratio found statewide.
- Well above the ratio found nationally.

Access to Primary Care

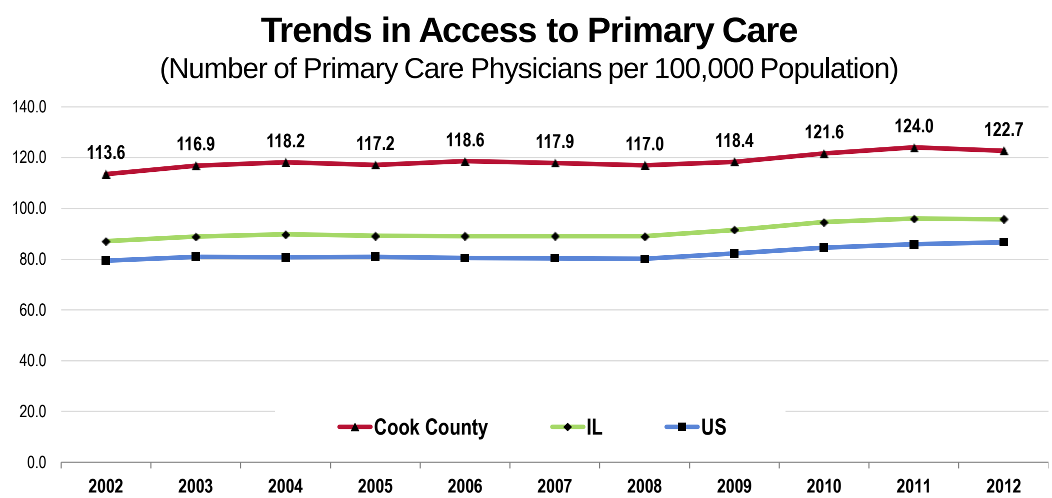
(Number of Primary Care Physicians per 100,000 Population, 2012)



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- TREND: Access to primary care (in terms of the ratio of primary care physicians to population) has improved over the past decade in Cook County, echoing the state and national trends.



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

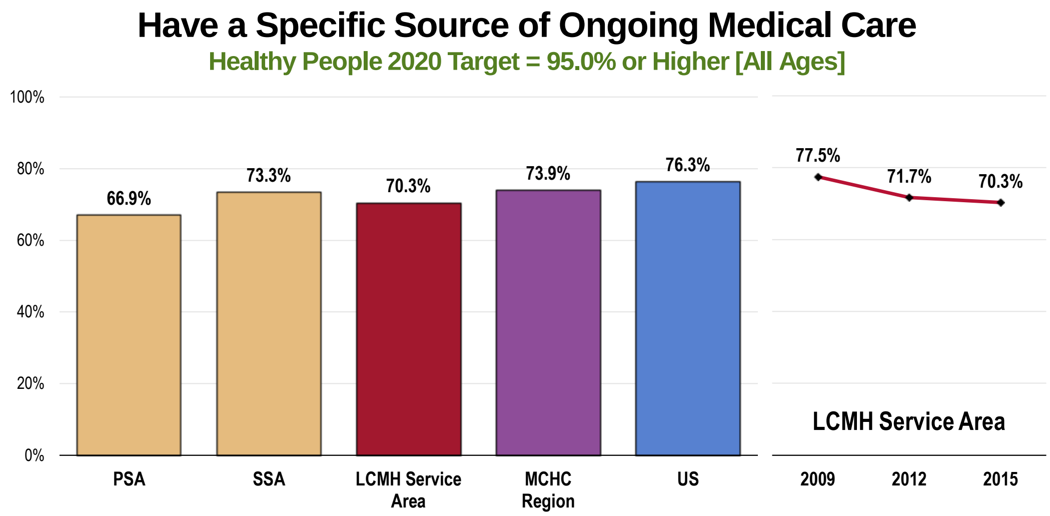
Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

A total of 70.3% of Little Company of Mary Hospital Service Area adults were determined to have a specific source of ongoing medical care.

- Comparable to regional results.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Similar by service area.
- TREND: Marks a significant decrease since 2009.

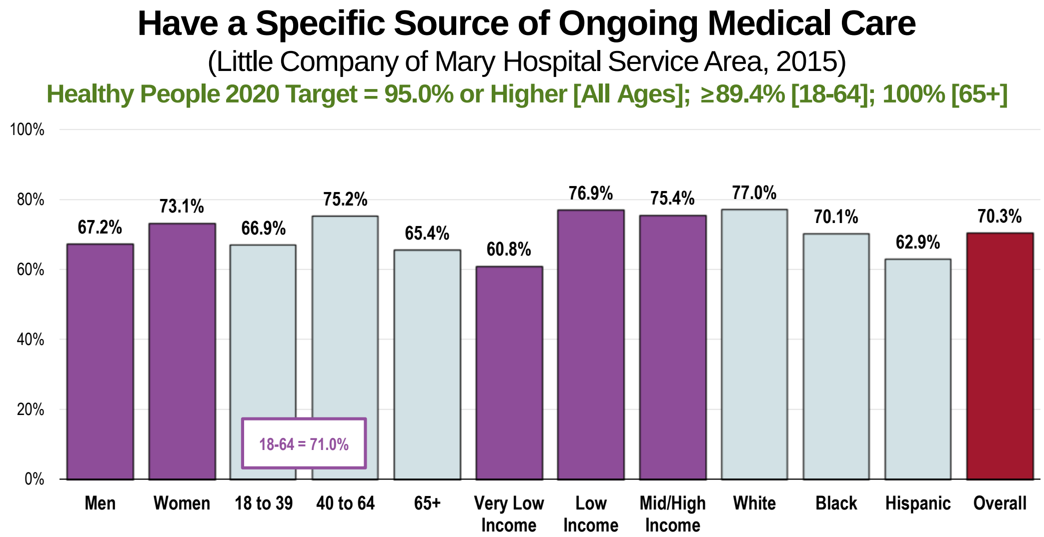


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Adults under age 40.
- Very low-income adults.
- Hispanic residents.
- Among adults age 18-64, 71.0% have a specific source for ongoing medical care, comparable to national findings.
  - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 65.4% have a specific source for care, less favorable than the percentage reported among seniors nationally.
  - Fails to satisfy the Healthy People 2020 target of 100% for seniors.



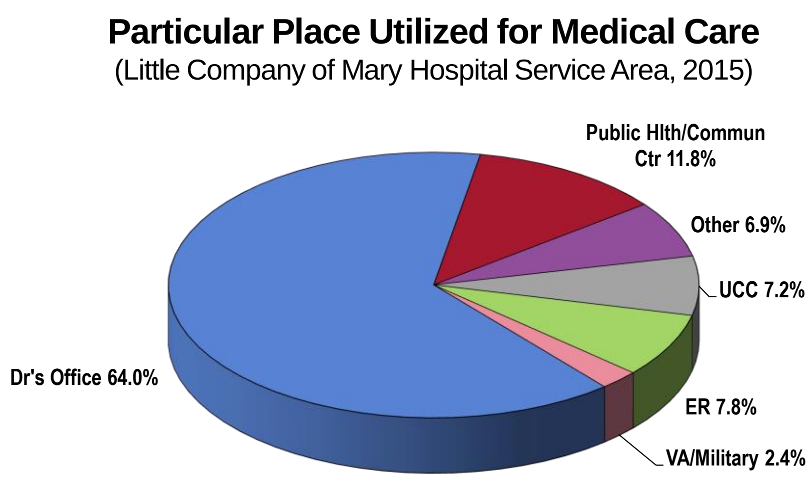
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-168]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 5.3, 5.4]

Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (64.0%) identified a particular doctor's office, followed by references to public or community health centers (mentioned by 11.8%) and urgent-care centers (7.2%).

Note that 7.8% of respondents rely on a hospital emergency room, and 2.4% use some type of military/VA facility.



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]

Notes: ● Asked of all respondents.

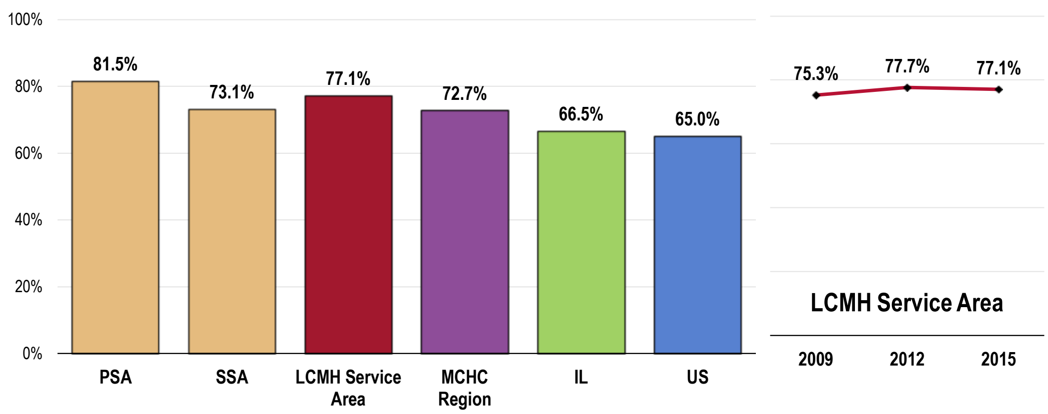
Utilization of Primary Care Services

Adults

Over 7 in 10 adults (77.1%) visited a physician for a routine checkup in the past year.

- Better than the regional results.
- Better than state findings.
- Better than national findings.
- Higher in the Primary Service Area.
- TREND: Statistically similar over time.

Have Visited a Physician for a Checkup in the Past Year

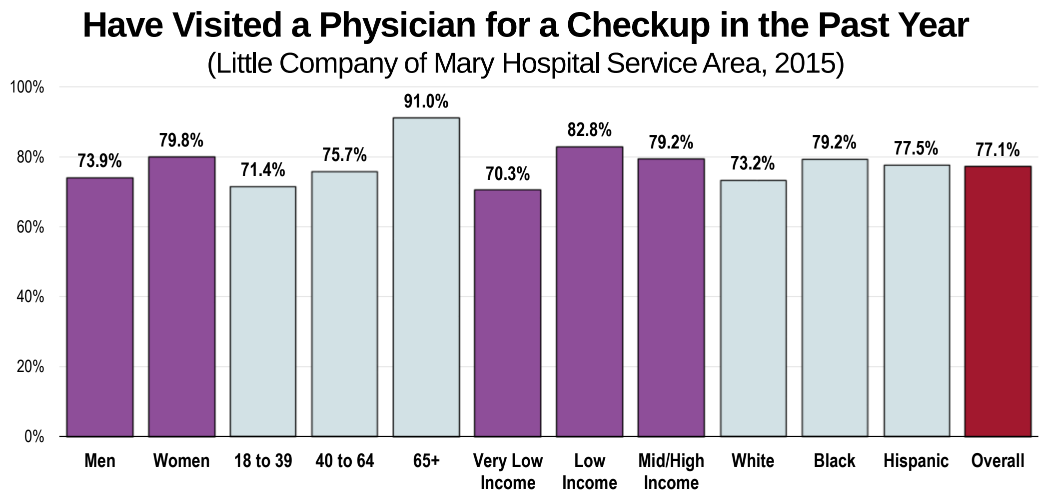


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

These adults are less likely to have seen a doctor for a routine checkup in the past year:

- Adults younger than 65 (note the positive correlation with age).
- Low-income residents.

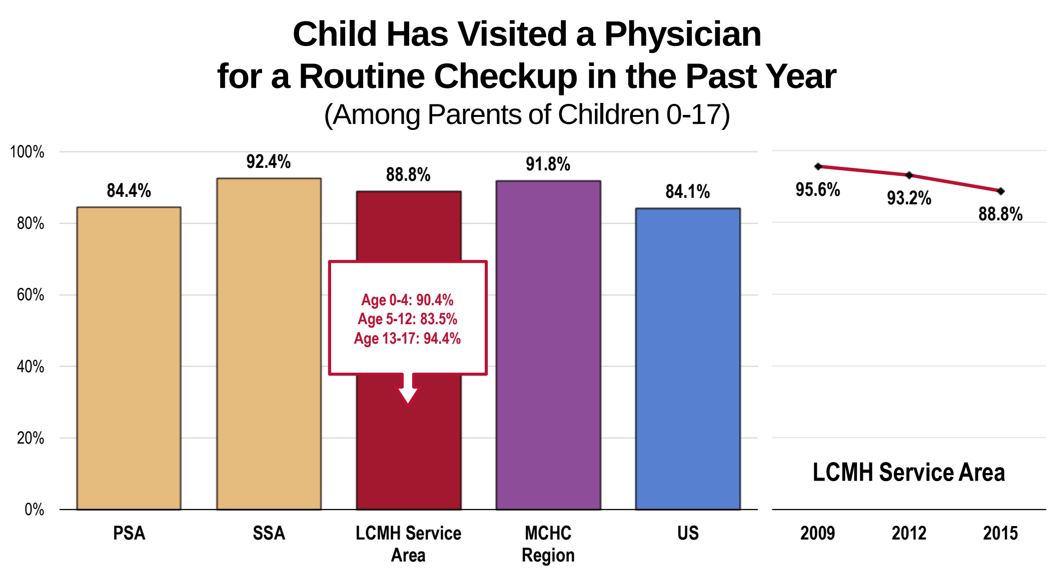


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 88.8% report that their child has had a routine checkup in the past year.

- Similar to the regional results.
- Similar to the national findings.
- Comparable findings by service area.
- TREND: Statistically similar to 2009 findings.
- Note that routine checkups are highest among children ages 13 to 17.

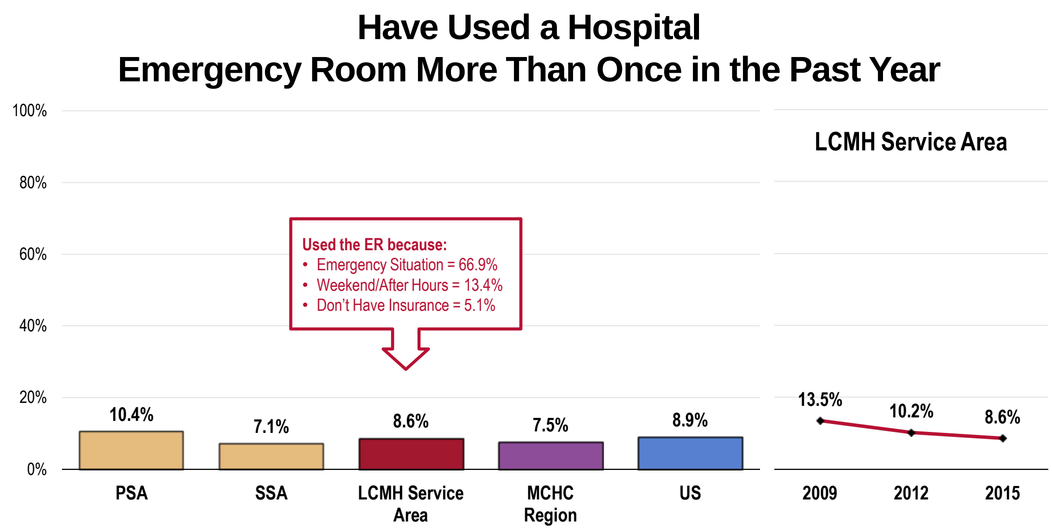


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 8.6% of Little Company of Mary Hospital Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to the regional results.
- Comparable to national findings.
- Similar by service area.
- TREND: Marks a significant decrease since 2009.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

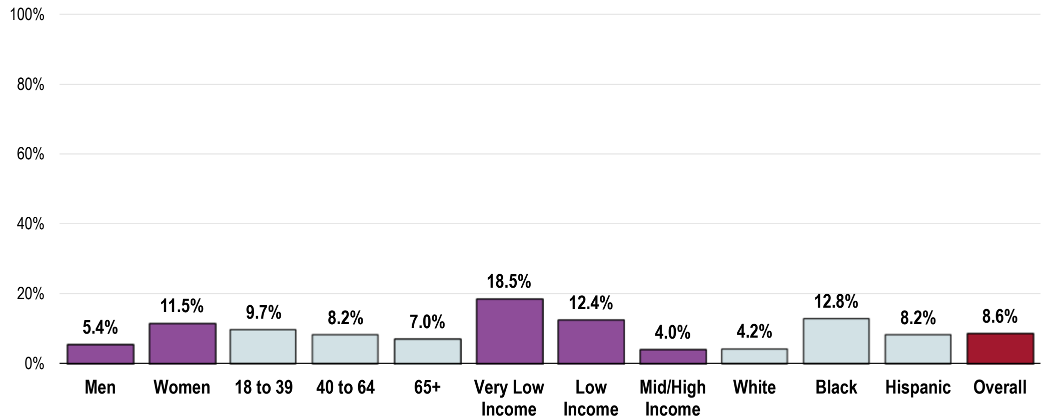
Of those using a hospital ER, 66.9% say this was due to an **emergency or life-threatening situation**, while 13.4% indicated that the visit was during **after-hours or on the weekend**. A total of 5.1% cited **lack of insurance**.

These population segments were more likely to have used the ER more than once for care in the past year:

- Women.
- Lower-income residents (negative correlation with income).
- Blacks.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Little Company of Mary Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

- Healthy People 2020 (www.healthypeople.gov)

Dental Care

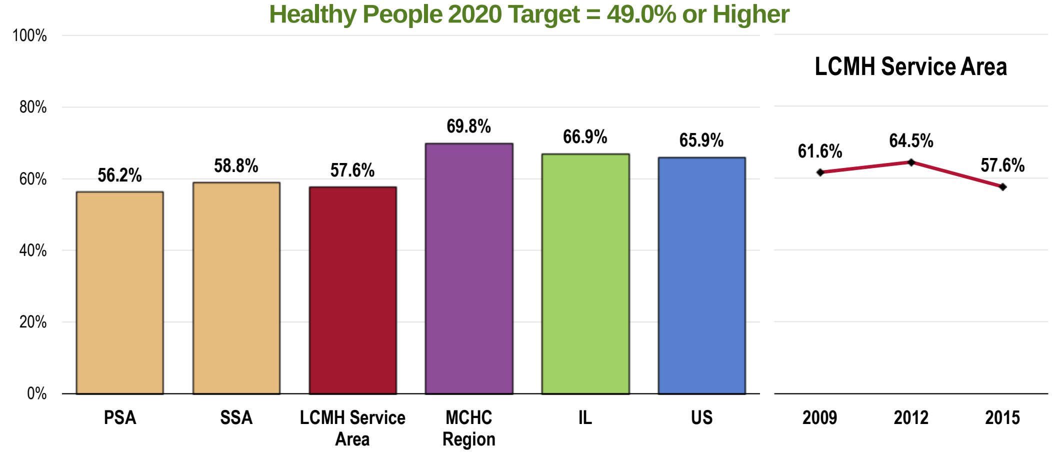
Adults

A total of 57.6% of Little Company of Mary Hospital Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Lower than the regional results.
- Lower than statewide findings.
- Lower than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Similar by service area.
- TREND: Statistically unchanged since 2009.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Illinois data.

Notes:
- Asked of all respondents.

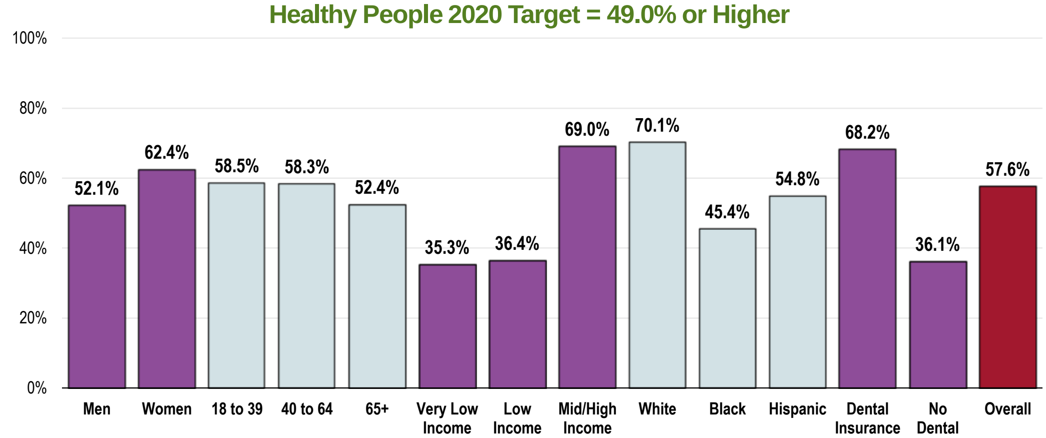
These service area residents are <u>less</u> likely to report recent dental care:

- Men, lower-income residents, Blacks, and Hispanics.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Little Company of Mary Hospital Service Area, 2015)

Healthy People 2020 Target = 49.0% or Higher



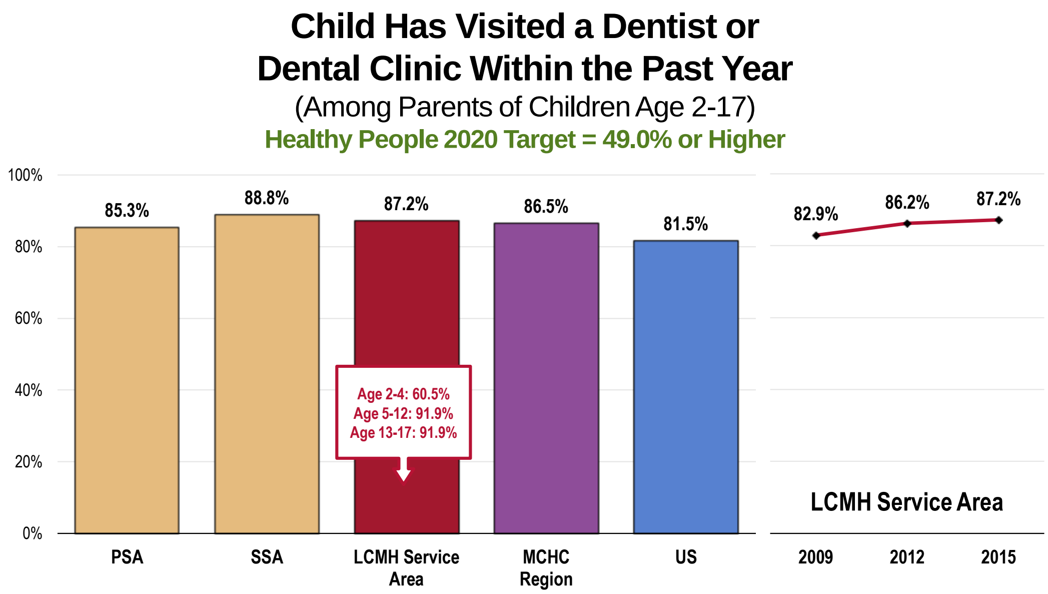
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

A total of 87.2% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Comparable to the regional results.
- Comparable to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Similar by service area.
- TREND: Statistically unchanged since 2009.
- As may be expected, regular dental care is notably lower among children age 2 to 4.



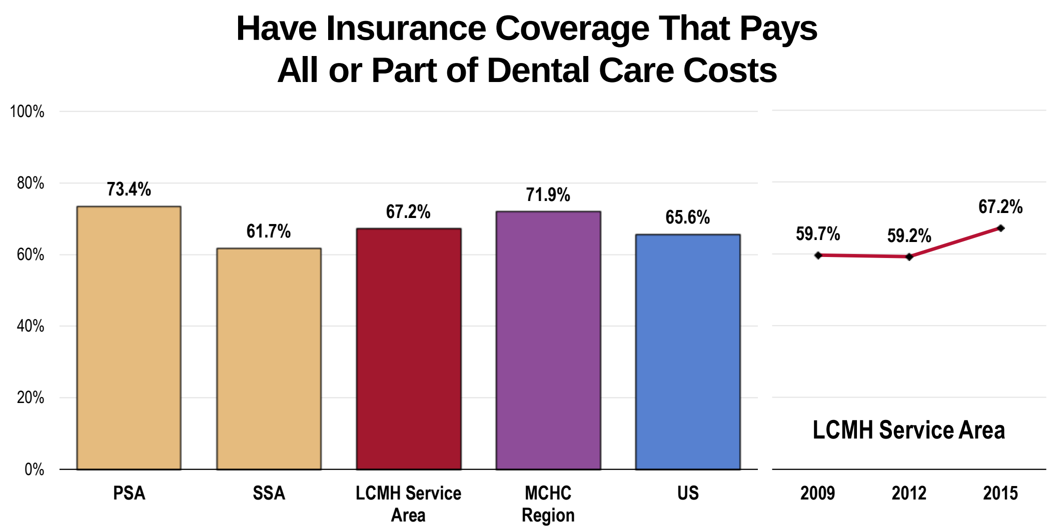
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes: ● Asked of all respondents with children age 2 through 17.

Dental Insurance

Over 6 in 10 Little Company of Mary Hospital Service Area adults (67.2%) have dental insurance that covers all or part of their dental care costs.

- Worse than the regional results.
- Similar to the national finding.
- Lower in the Secondary Service Area.
- TREND: Marks a statistically significant increase since 2009.

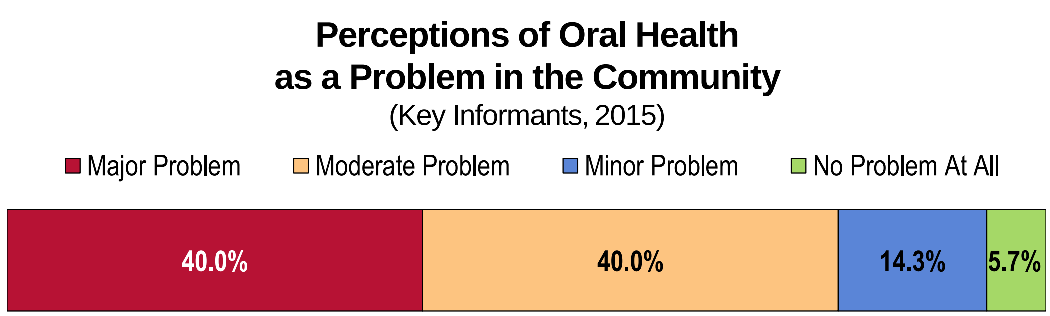


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Key Informant Input: Oral Health

Key informants taking part in an online survey were divided between characterizing *Oral Health* as a "major" or "moderate" problem in the community.



Sources: ● 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Affordable Care

> *Due to the cost of dental work a lot of individuals prefer to neglect oral concerns until pain is unbearable. – Community/Business Leader*
>
> *For clients requiring dental care beyond routine services, clients need to pay for full service even with Medicaid. – Community/Business Leader*
>
> *Dental care is a major problem because of the lack of dentists in the area that will accept Medicaid. Furthermore, Medicaid does not cover the most basic of preventive oral care. – Other Health Provider*

> *Cuts in funding at the federal level removed some of the coverage. Families have limited providers that will take the type of coverage that they may have. Priorities, basic emergency health is the priority, everything else has to wait until the basic needs are met and that rarely occurs. – Other Health Provider*
>
> *Cost and fear of the dentist. Primary care physicians usually check the mouth. – Social Service Representative*
>
> *Few to no services available that are affordable for people paying out of pocket. Usually excluded from health insurance plans. – Public Health Expert*

Statistical Data

> *Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider*

Access to Care

> *Some residents don't have access to dental services. – Social Service Representative*

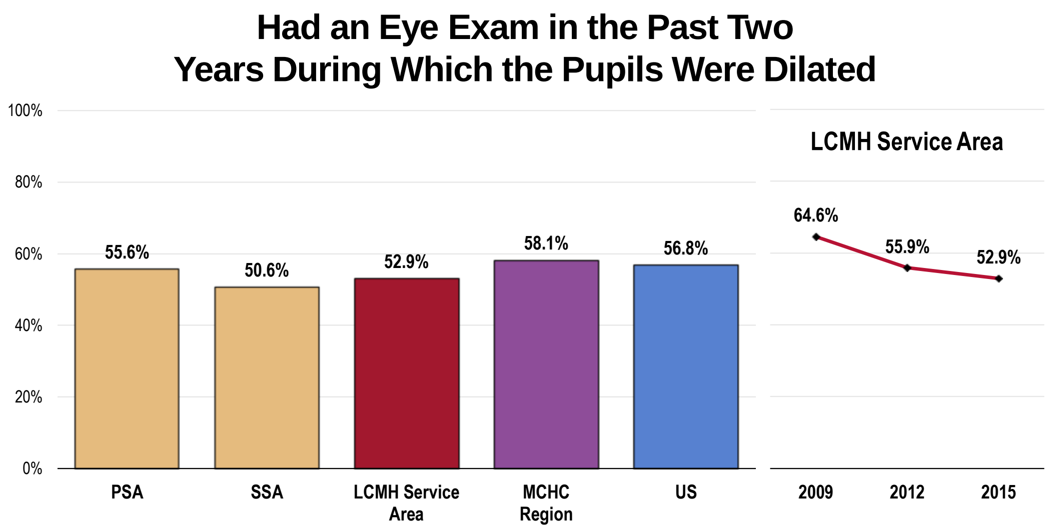
Vision Care

RELATED ISSUE:

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

A total of 52.9% of residents had an eye exam in the past two years during which their pupils were dilated.

- Worse than the regional results.
- Statistically comparable to national findings.
- Similar by service area.
- TREND: Marks a significant decrease since 2009.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

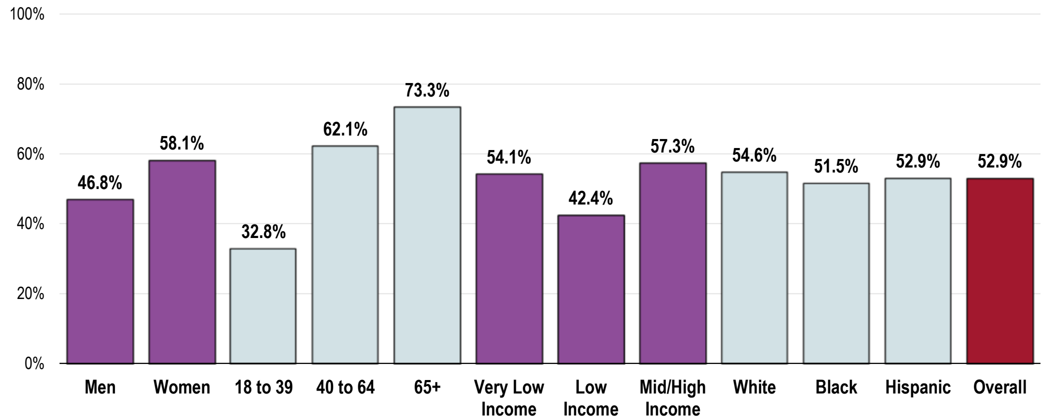
Notes: • Asked of all respondents.

Recent vision care in the Little Company of Mary Hospital Service Area is less often reported among:

- Men.
- Younger adults (note the positive correlation with age).
- Low-income adults ("the working poor").

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(Little Company of Mary Hospital Service Area, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Health Education & Outreach

Professional Research Consultants, Inc.

Healthcare Information Sources

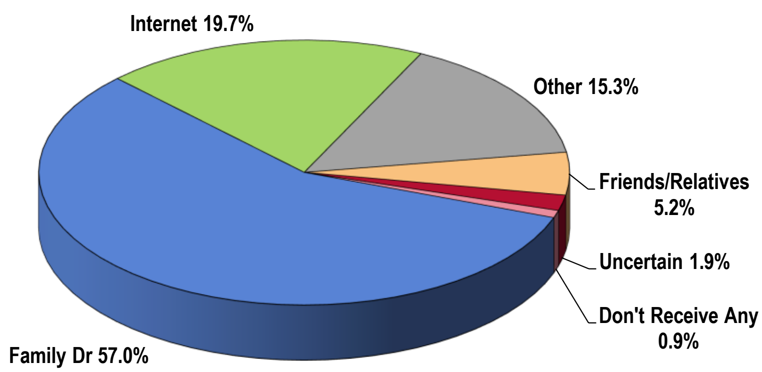
Family physicians and the Internet are residents' primary sources of healthcare information.

- 57.0% of Little Company of Mary Hospital Service Area adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 19.7%.

Other sources mentioned include friends and relatives (5.2%).

- Just 0.9% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(Little Company of Mary Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
Notes: • Asked of all respondents.

Participation in Health Promotion Events

About Educational & Community-Based Programs

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

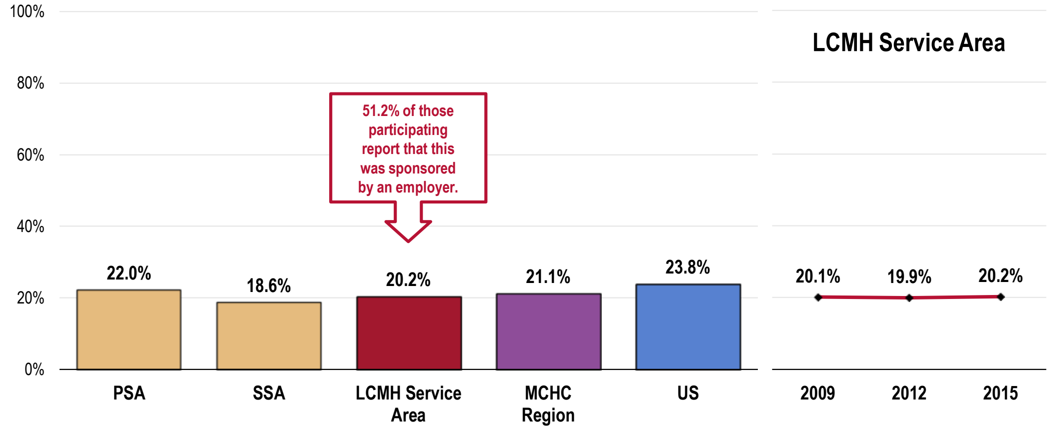
Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

- Healthy People 2020 (www.healthypeople.gov)

A total of 20.2% of Little Company of Mary Hospital Service Area adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Similar to the regional results.
- Similar to the national prevalence.
- Similar by service area.
- TREND: Statistically unchanged since 2009.
- Note that 51.2% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.

Participated in a Health Promotion Activity in the Past Year



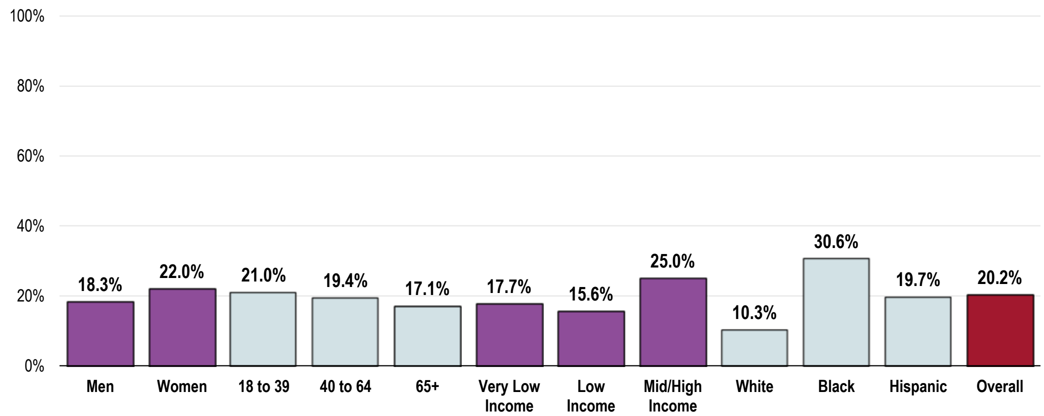
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 311-312]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

These adults are less likely to report participation in a health promotion activity in the past year:

- Low-income residents.
- Whites and Hispanics.

Participated in a Health Promotion Activity in the Past Year

(Little Company of Mary Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

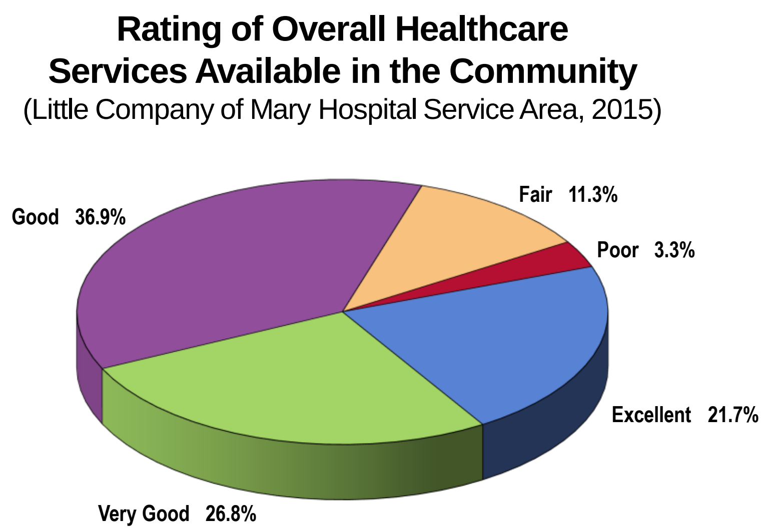
Local Resources

Professional Research Consultants, Inc.

Perceptions of Local Healthcare Services

Nearly 1 in 2 Little Company of Mary Hospital Service Area adults (48.5%) rates the overall healthcare services available in their community as "excellent" or "very good."

- Another 36.9% gave "good" ratings.

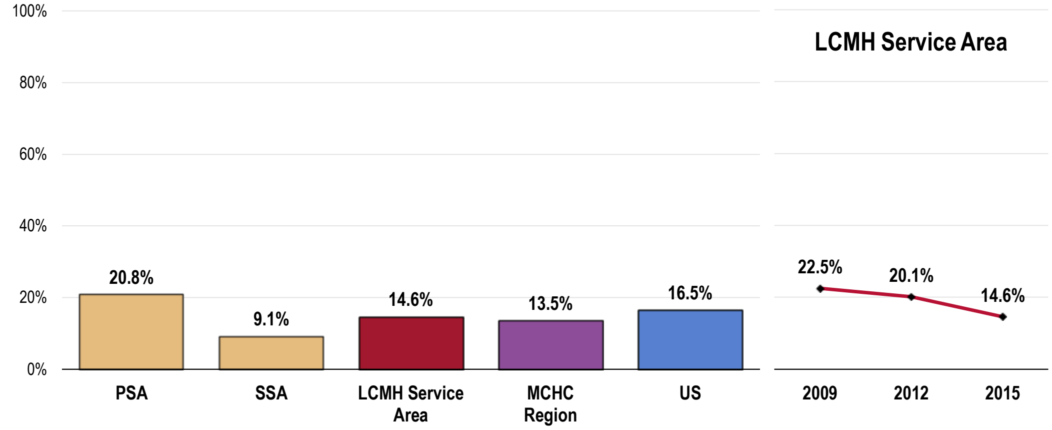


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 14.6% of residents characterize local healthcare services as "fair" or "poor."

- Similar to the regional results.
- Similar to the national findings.
- Higher in the Primary Service Area.
- TREND: Marks a statistically significant <u>improvement</u> in ratings.

Perceive Local Healthcare Services as "Fair/Poor"



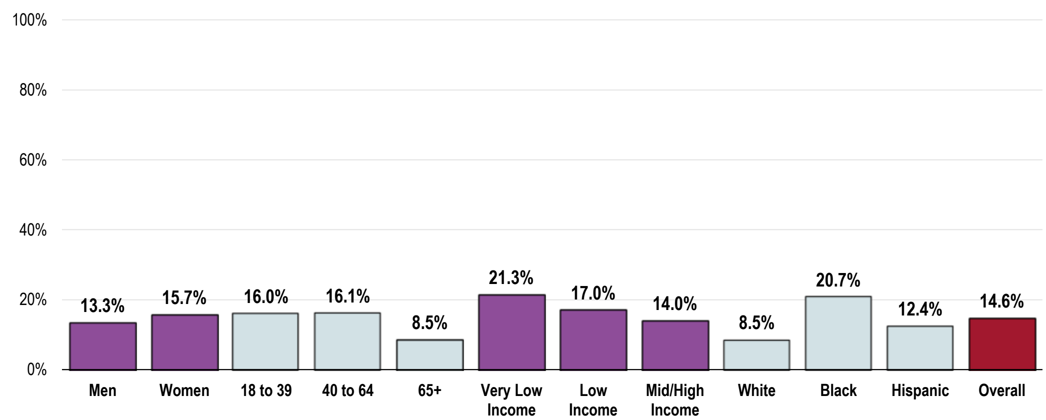
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

The following residents are more critical of local healthcare services:

- Adults under age 65.
- Blacks.

Perceive Local Healthcare Services as "Fair/Poor"

(Little Company of Mary Hospital Service Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.
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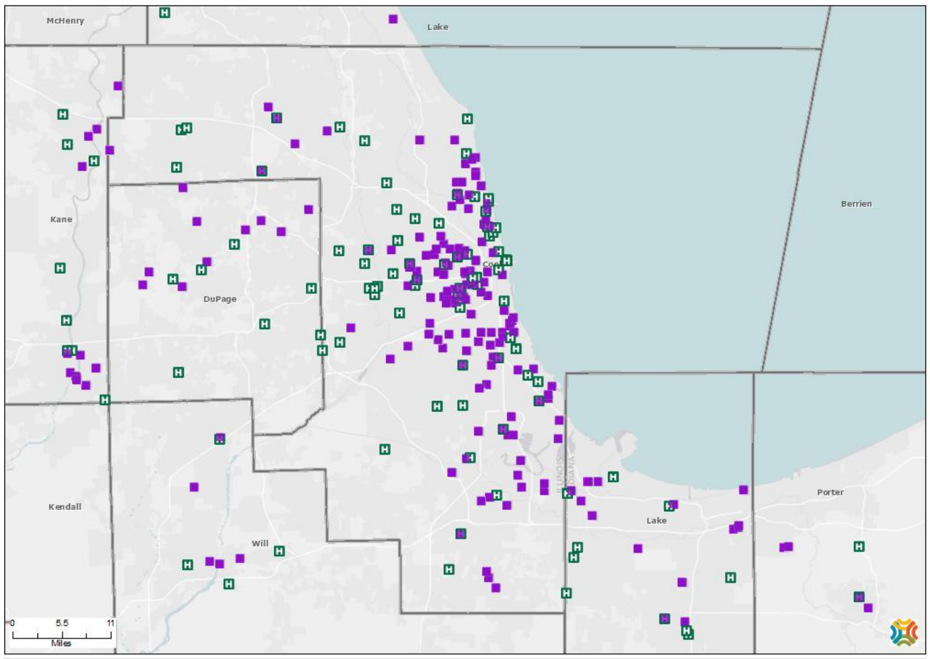
Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map provides an illustration of hospitals and Federally Qualified Health Centers (FQHCs) within the Little Company of Mary Hospital Service Area as of 2014.

Hospitals and Federally Qualified Health Centers, POS June 2014



Map Legend

Federally Qualified Health Centers, POS June 2014 | Hospitals, POS 2014 | Federally Qualified Health Centers, POS 2014

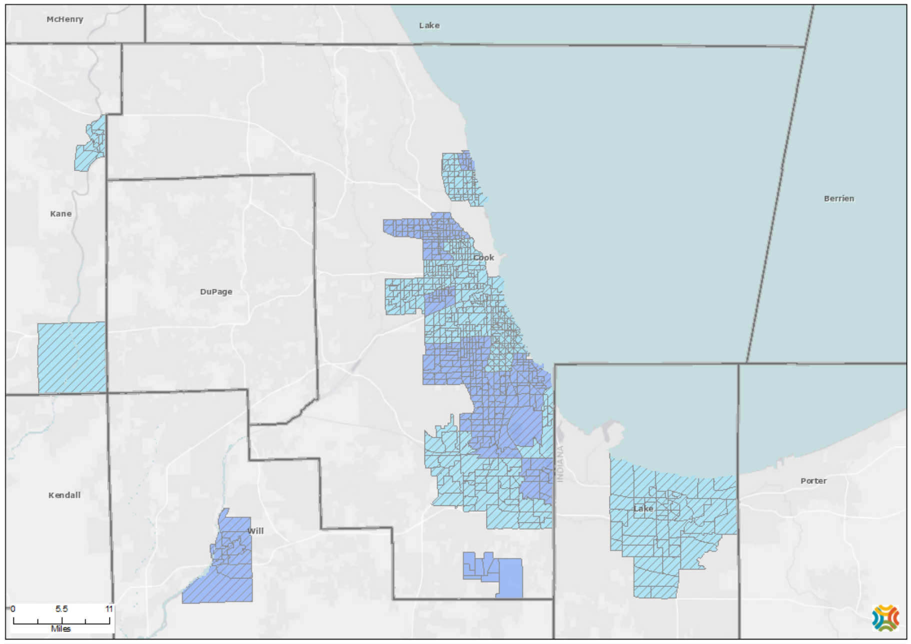
Community Commons, 10/16/2015

Health Professional Shortage Areas (HPSAs)

Note the areas in the following map designated by the US Department of Health and Human Services as a health professional shortage area (HPSA).

A "health professional shortage area" (HPSA) is defined as having a shortage of primary medical care, dental or mental health professionals.

Population Living in a HPSA, Percent, HRSA HPSA Database March 2015



Map Legend

Primary Care HPSA Components, Type and Degree of Shortage by Tract / County, HRSA HPSA Database March 2015

- Population Group; Over 20.0 FTE Needed
- Population Group; 1.1 - 20.0 FTE Needed
- Population Group; Under 1.1 FTE Needed
- Geographic Area; Over 20.0 FTE Needed
- Geographic Area; 1.1 - 20.0 FTE Needed
- Geographic Area; Under 1.1 FTE Needed

Community Commons, 10/16/2015

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

Access Community Health Network
ADAPT
Aunt Martha's
Catholic Charities
Centro de Salud Esperanza
Chicago Department of Public Health-CDPH
Churches
Cook County Health Department
Illinois Coalition of Free and Charitable Clinics
Ingalls Hospital
La Rabida Children's Hospital
Little Company of Mary Hospital
PCC Wellness
Roseland and St. Bernard Pediatric Mobile Units
Safety Net Hospitals
Southland Healthcare Forum
Specialist
Saint Anthony Hospital Community Wellness Program
St. Bernard's Ambulatory Outpatient Center
St. James Hospital
Thrive Counseling Center

Arthritis, Osteoporosis & Chronic Back Conditions

Chicago Park District Free Gym Membership
Chiropractors, Naturopathy, Osteopathy
Hospitals
Local Park District
Primary Care Providers
Saint Anthony Hospital Physical Therapy
Senior Centers
Sports Therapy and Physical Therapy Businesses
Trinity Physical Therapy
Universidad Popular

Cancer

Access Community Health
Alexian Brothers
American Cancer Society & Gilda's Club
Cancer Support Centers

Christ Hospital
Englewood Health Center
Healthy Eating Through Park Districts
Hospitals
John H. Stroger Hospital
Lawndale Christian Health Center
Local Physician Offices
Metropolitan Chicago Breast Cancer Task Force
Miles Square Health Clinic
Mount Sinai Hospital
Northwest Community Healthcare
Saint Anthony Hospital
St. Bernard Hospital
University of Illinois Cancer Center
Whole Foods Cooking Classes

Chronic Kidney Disease

American Diabetes Association
American Kidney Foundation
Davita Dialysis
Individual Dialysis Clinic
La Rabida Children's Hospital
Local Hospitals
Primary Care
Saint Anthony Hospital Little Village Clinic
Trinity Diabetes Education Program
U of C Diabetes Education Program

Dementias, Including Alzheimer's Disease

Alexian Brothers Senior Assisted Living
Behavioral Health Referral at LHD
Friendship Village
Primary Care Providers
Public Health Nursing
Senior Center for Case Management
Support Groups

Diabetes

Access Community Health Network
Aunt Martha's
Beloved Community Family Wellness Center
Boys and Girls Club
Chicago Family Health Center
Chicago Park District
Community Health Clinic
County Programs
Diabetes Care Center at St. Anthony
Doctor's Office
Educational Programs through Community

Englewood Health Center
Free Educational Materials in Waiting Areas
Growing Home Farm
Growing Movement in Community Gardening
Gyms
Health Fairs
Hospital Based Classes
Ingalls Hospital
La Rabida Children's Hospital
LCM Diabetic Educational Classes
Miles Square Health Center
Mount Sinai Hospital
National Diabetes Education Program
National Diabetes Prevention Program
National Digestive Diseases Information Clearinghouse
Natl Institute of Diabetes & Digestive & Kidney Disease
New Life Center
Olympia Fields Hospital
Pak Park Farmer's Markets
PHN Meet With DM Patients
Primary Care Providers
Saint Anthony Hospital
St. Bernard Hospital
St. James Hospital
Support Groups
Trinity Diabetes Education
University of Chicago Diabetes Education Classes
Universidad Popular Health Literacy Program
Whole Foods Cooking Classes

Family Planning

Affirming Sex Education Providers
Family Focus
Health Centers
Lawndale Christian Health Center
Midwest Access Project
Planned Parenthood
Primary Care Providers
Public School Sex Education
Saint Anthony Hospital
St. Bernard Women's Wellness Program
Title X Program at CFHC
Women's Health Clinics

Hearing & Vision

Local Private Practices
Oasis for the Visually Impaired Support Group
Progress Center in Blue Island
Reading for the Blind

Sertoma
St. Bernard Pediatric Health Mobile Unit
Testing at Birth

Heart Disease & Stroke

Beloved Community Family Wellness Center
Chicago Coalition for the Homeless
Chicago Department of Public Health
Christ Hospital Educational Seminars
CPD Gym Membership
Englewood Health Center
Illinois Department of Public Health
Ingalls Hospital
Mile Square Health Center
Nutrition Education at Senior Centers
Nutrition Education Programs
Olympia Fields Hospital
Parks and Other Facilities for Exercise
Physicians
St. James Hospital
Thapelo Institute
Whole Foods Classes

HIV/AIDS

Access Community Health Network
Chicago HIV Risk Reduction Partnership for Youth
Howard Brown
Lawndale Christian Health Center
Ruth M. Rothstein CORE Center
The AIDS Foundation of Chicago
The Gift House

Immunization & Infectious Diseases

St. Bernard Hospital

Infant & Child Health

Carole Robertson Center
Churches
Cook County Department of Public Health
EverThrive Illinois
Family
Gads Hill Center
Illinois Action for Children
La Rabida Children's Hospital
Lawndale Christian Health Center
Saint Anthony Hospital
School Programs
Social Services
St. Bernard Hospital Pediatric Mobile Unit

WIC

Mental Health

Ada S. McKinley Social Services
Alexian Brothers Behavioral Health Hospital
Anonymous Support Groups
Bobby E. Wright
C4 Recovery Point
Catholic Charities
City Department of Health
Community Counseling Centers of Chicago-C4
Community Mental Health Agencies
Family Guidance Centers
Grand Prairie Services
Greater Lawn Mental Health
Hospitals
HRDI
I Am Able
Inpatient & Outpatient Services at St. Bernard Hospital
Jackson Park Psychiatry
Kenneth Young Center
La Rabida Children's Hospital
LHD Behavioral Health Department
Local Faith Based Organizations
Low-cost Counseling Programs
Mental Health Association of Greater Chicago
Metropolitan Family Health
Thresholds
Mt. Sinai
Nonprofit Aging Agencies
PADS Homeless Shelter
Pillars
Presence Behavioral Health
Primary Care Physicians
Programs run out of the 63rd Street Clinic
Psychologists & Psychiatrists Practice Through Region
SAH Mental Health Wellness Program
Saint Anthony Hospital
Saint Anthony Hospital's Community Wellness Programs
School Counselors
St. Bernard Hospital
The Circle
Thresholds
Thrive Counseling Center
Trilogy

Nutrition, Physical Activity & Weight

Angelic Organics Community Learning Center
Boys and Girls Club

CeaseFire
Chicago Department of Public Health
Chicago Park District
Christ Hospital Exercise Programs
Clubs and Support Groups
Community Gardens
Community Improvements, Sidewalks and Lights
Community Sports Programs
Consortium to Lower Obesity in Chicago Children
Cook County Department of Public Health
Exercise Facilities
Farmers Markets Accepting LINK Cards
Fitness Boot Camps at Hamilton Park
Growing Homes Wood St. Urban Farm
Health Centers
IGrow Chicago
La Rabida Children's Hospital
Local Health Provider Organizations
Nutrition Education Providers
Parks
Primary Care Providers
Schools
Senior Nutrition Programs
Telpochcalli Community Education Project
The Chicago Partnership for Health Promotion
UP Healin Program
WIC Nutritional Counseling

Oral Health

Dental Office
Dental School Clinics
LaGrange Community Nurse
On Call Oral Surgeons at Hospitals
Private Dental Practices
St. Bernard Dental Center

Respiratory Diseases

American Lung Association
Hospitals and Medical Offices
La Rabida Children's Hospital
Mount Sinai Asthma Program
Primary Care Physicians

Sexually Transmitted Diseases

Beloved Health Center
Chicago Department of Public Health
Clara's House
Community Health Clinic
Englewood Health Center

Imagine Englewood
La Rabida Children's Hospital
LHD/Hospital System
Miles Square Health Center
Planned Parenthood
Primary Care Physicians
Schools
St. Bernard Hospital

Substance Abuse

Alcoholics Anonymous
DFSS Substance Abuse
Doctors and Mental Health Professionals
Gateway
Haymarket
Hospitals
Local Support Groups
MacNeal Hospital, Berwyn
PADS
Rosecrance
South Suburban Council
St. Bernard Hospital
TASC
Wayback Inn, Maywood
Women's Treatment Center, Chicago

Tobacco Use

County Care Smoking Cessation Support
E-Cigarette Incentives
Local Health Departments
Smoking Cessation Programs