

2012 PRC Community Health Needs Assessment

Ingalls Memorial Hospital Service Area

Sponsored by

Ingalls Memorial Hospital

*In cooperation with the
Metropolitan Chicago Healthcare Council*



Professional Research Consultants, Inc.

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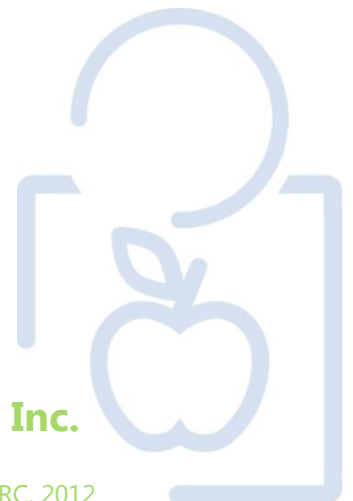


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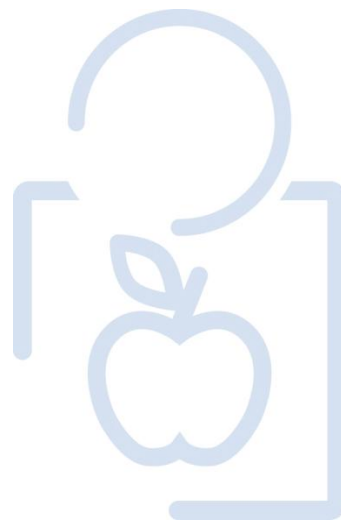
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INTRODUCTION



Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Ingalls Memorial 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 the 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.

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 regional, state and national levels. Qualitative data input includes primary research gathered through two Key Informant Focus Groups.

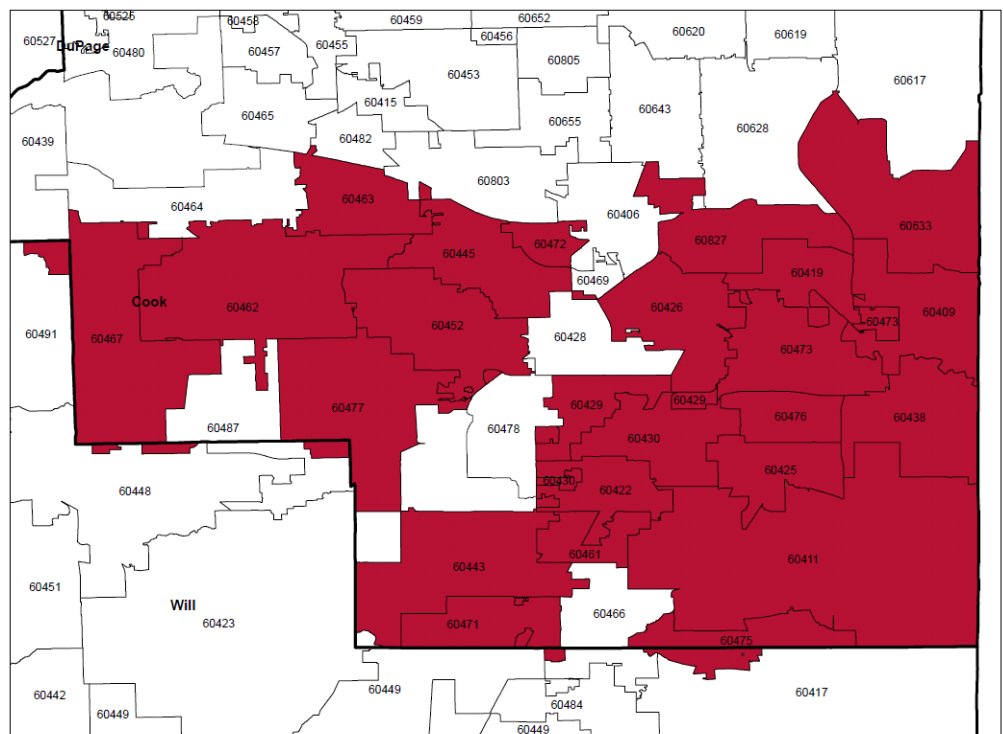
PRC Community Health Survey

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.

Community Defined for This Assessment

The “community” defined for this project includes all residential ZIP Codes within the service area of Ingalls Memorial Hospital (Ingalls Memorial Hospital Service Area or IMH Service Area). These are outlined in the following chart:



Sample Approach & Design

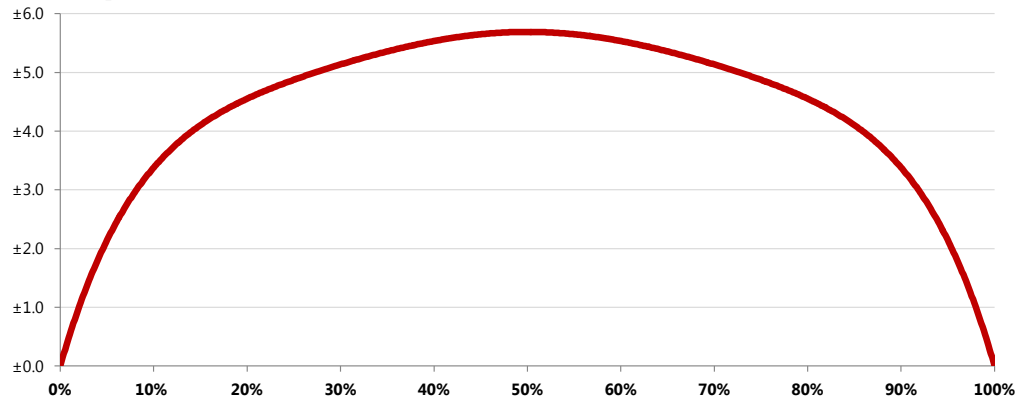
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews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

The sample design used for this effort consisted of a random sample of 331 individuals age 18 and older in the Ingalls Memorial Hospital Service Area. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 331 respondents is $\pm 5.7\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 331 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 309 respondents answered a certain question with a "yes," it can be asserted that between 6.6% and 13.4% ($10\% \pm 3.4\%$) 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 44.3% and 55.7% ($50\% \pm 5.7\%$) of the total population would respond "yes" if asked this question.

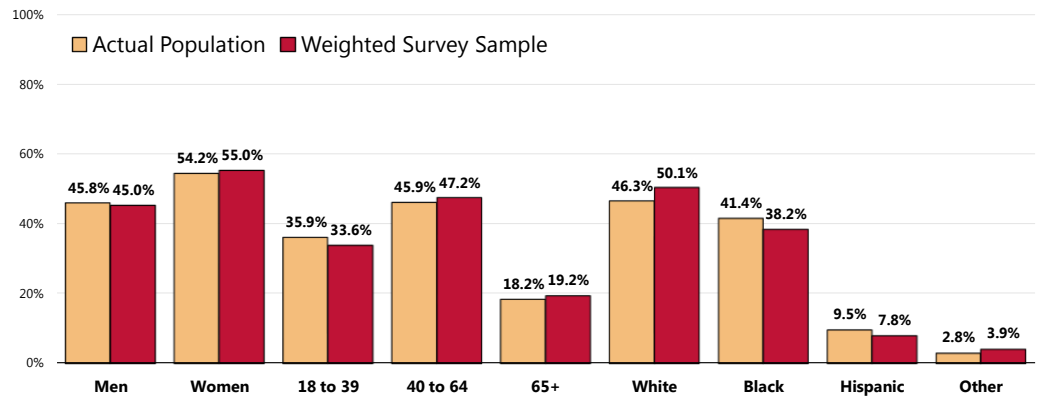
Sample Characteristics

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 charts outline the characteristics of the Ingalls Memorial 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.]

Population & Sample Characteristics

(Ingalls Memorial Hospital Service Area, 2012)



Sources:
 • 2008-2010 American Community Survey.
 • 2012 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 2012 guidelines place the poverty threshold for a family of four at \$23,050 annual household income or lower). In sample segmentation: “**low income**” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; “**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.

Key Informant Focus Groups

As part of the community health assessment, one focus group was held in South Cook County on June 20, 2012. The focus group included social service providers and other community leaders. A second focus group was held on June 21, 2012, with key informants from across Cook County, including: representatives from public health; physicians and other health professionals; social service providers; and other community leaders.

A list of recommended participants for the focus groups was provided by the sponsors. 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. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the group was scheduled to insure a reasonable turnout.

Audio from the focus group sessions was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The group 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 Suburban Cook County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control & Prevention
- GeoLytics Demographic Estimates & Projections
- National Center for Health Statistics
- Illinois Department of Public Health
- Illinois State Police
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Benchmark Data

Trending

A similar survey was administered in the service area in 2009 by PRC. Trend data, as revealed by comparisons to prior survey results, are provided throughout this report whenever available.

Regional MCHC Data

Because this survey was also conducted throughout the Metro Chicago area as part of a broader study facilitated by the Metropolitan Chicago Healthcare Council (MCHC), comparisons can also be made at the regional level. These regional data are referred to as the "MCHC Region" and include Cook, DuPage and Lake counties, Illinois.

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 *2011 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.

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.

Summary of Findings

Areas of Opportunity for Community Health Improvement

The following “health priorities” represent recommended areas of intervention, 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 region with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> • Barriers to Access <ul style="list-style-type: none"> ○ Uninsured/Underinsured Residents ○ Cost ○ Office Hours ○ Appointment Availability ○ Transportation • Medicaid Reimbursement • Lack of a Trauma Center
Chronic Kidney Disease	<ul style="list-style-type: none"> • Kidney Disease Deaths
Diabetes	<ul style="list-style-type: none"> • Diabetes Deaths • Diabetes Prevalence
Injury & Violence Prevention	<ul style="list-style-type: none"> • Firearm-Related Deaths • Homicide Rate • Prevalence of Violent Crime
Maternal & Infant Health	<ul style="list-style-type: none"> • Prenatal Care • Infant Deaths
Mental Health & Mental Disorders	<ul style="list-style-type: none"> • Stigma • Stress • Lack of Providers/Inpatient Facilities
Nutrition & Weight Status	<ul style="list-style-type: none"> • Fruit/Vegetable Consumption • Medical Advice About Nutrition • Food Deserts
Oral Health	<ul style="list-style-type: none"> • Dental Visits
Respiratory Diseases	<ul style="list-style-type: none"> • Pneumonia/Influenza Deaths • Flu Shots • Pneumonia Vaccination
Substance Abuse	<ul style="list-style-type: none"> • Illegal Drug Use • Prescription Drug Misuse/Abuse

Top Community Health Concerns Among Community Key Informants

At the conclusion of each key informant focus group, participants were asked to write down what they individually perceive as the top five health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized and tallied to produce these top-ranked priorities as identified among key informants. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

1. Access, Including Transportation and Trauma Centers

Mentioned resources available to address this issue: Schools; Faith-Based Organizations; Community Health Centers; Various Hospitals; UIC School of Public Health; Federally Qualified Health Centers; PACE Bus System; Silver Cross Hospital; Cook County Hospital; Healthcare Consortium of Illinois; Southland Healthcare Forum; South Suburban Council on Alcoholism & Substance Abuse; United Way; Private Foundations; Christ Hospital

2. Prevention

Mentioned resources available to address this issue: City of Chicago, Faith-Based Organizations; Physicians; Community-Based Organizations; UIC School of Public Health; Schools; Health Department; Hispanic Health Care Coalition

3. Obesity, including nutrition

Mentioned resources available to address this issue: Hospitals; Schools; Non-Profit Agencies; Chicago Park District; Chicago Public Schools; Business Leaders; CTA; Health Clubs; Urban Vegetable Gardens

4. Mental Health

Mentioned resources available to address this issue: Private Providers; County Providers; Federally Qualified Health Centers; School-Based Health Centers; Health Departments; Chicago Public Schools; City Colleges; Chicago Park District; Grand Prairie Services; South West Community Services; SERTOMA; Thresholds; National Alliance for Mental Illness (NAMI)

Summary Tables: Comparisons With Benchmark Data

TREND SUMMARY (Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2009. *Note that survey data reflect the ZIP Code-defined 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 county-level data for the Ingalls Memorial Hospital Service Area.*















































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















Reading the Summary Tables








■ In the following charts, Ingalls Memorial Hospital Service Area results are shown in the larger, blue column.













■ The columns to the right of the Ingalls Memorial Hospital Service Area column provide trending as well as comparisons between the community and any available regional, state and national findings, and Healthy People 2020 targets. 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.












Access to Health Services	IMH Service Area	Ingalls Memorial Hospital vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	17.2	 16.6	 15.3	 14.9	 0.0	 22.8
% Difficulty Accessing Healthcare in Past Year (Composite)	44.5	 38.9		 37.3		 32.6
% Inconvenient Hrs Prevented Dr Visit in Past Year	20.1	 17.1		 14.3		 17.0
% Cost Prevented Getting Prescription in Past Year	20.6	 15.5		 15.0		 14.3
% Cost Prevented Physician Visit in Past Year	22.6	 15.7		 14.0		 12.5
% Difficulty Getting Appointment in Past Year	17.2	 14.4		 16.5		 8.8
% Difficulty Finding Physician in Past Year	12.7	 9.4		 10.7		 4.0
% Transportation Hindered Dr Visit in Past Year	9.3	 8.1		 7.7		 9.6
% [Age 18+] Have a Specific Source of Ongoing Care	73.8	 75.7		 76.3	 95.0	 77.5
% [Age 18-64] Have a Specific Source of Ongoing Care	72.4	 75.2		 75.1	 89.4	 72.1
% Have Had Routine Checkup in Past Year	71.1	 71.6		 67.3		 73.0
% Child Has Had Checkup in Past Year	91.8	 90.9		 87.0		 99.2
% Rate Local Healthcare "Fair/Poor"	21.6	 15.5		 15.3		 19.3
		 better  similar  worse				








Cancer	IMH Service Area	Ingalls Memorial Hospital vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	183.2	 179.3	 183.9	 175.6	 160.6	 202.9
% Skin Cancer	3.1	 2.9		 8.1		 5.1
% Cancer (Other Than Skin)	5.0	 4.6		 5.5		 8.9
			 better	 similar	 worse	

















Chronic Kidney Disease	IMH Service Area	Ingalls Memorial Hospital vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Kidney Disease (Age-Adjusted Death Rate)	18.8	 20.0	 19.5	 14.7		 18.4
			 better	 similar	 worse	









Diabetes	IMH Service Area	Ingalls Memorial Hospital vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Diabetes Mellitus (Age-Adjusted Death Rate)	22.7	 20.9	 21.3	 21.7	 19.6	 26.5
% Diabetes/High Blood Sugar	13.5	 10.7	 8.7	 10.1		 9.9
			 better	 similar	 worse	






























Dementias, Including Alzheimer's Disease	IMH Service Area	Ingalls Memorial Hospital vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Alzheimer's Disease (Age-Adjusted Death Rate)	18.8	 17.8	 21.2	 23.5		 16.6
			 better	 similar	 worse	


















Family Planning	IMH Service Area	Ingalls Memorial Hospital vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% of Births to Unwed Mothers	35.5	 41.6	 38.0	 40.4	 27.2	
% Births to Teenagers	7.8	 9.7	 9.9	 10.3	 8.0	
		 better	 similar	 worse		

General Health Status	IMH Service Area	Ingalls Memorial Hospital vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% "Fair/Poor" Physical Health	19.0	 15.4	 15.5	 16.8	 18.8	
		 better	 similar	 worse		

Heart Disease & Stroke	IMH Service Area	Ingalls Memorial Hospital vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)	193.4	 188.3	 189.3	 185.8	 152.7	 249.1
Stroke (Age-Adjusted Death Rate)	40.9	 39.7	 41.8	 40.6	 33.8	 54.8
% 1+ Cardiovascular Risk Factor	83.2	 81.0		 86.3		 85.1
		 better	 similar	 worse		

HIV	IMH Service Area	Ingalls Memorial Hospital vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
HIV/AIDS (Age-Adjusted Death Rate)	2.0	 3.8	 2.2	 3.3	 3.3	 2.7
		 better	 similar	 worse		

Injury & Violence Prevention	IMH Service Area	Ingalls Memorial Hospital vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)	26.7	 25.8	 31.9	 38.7	 36.0	 26.7
Motor Vehicle Crashes (Age-Adjusted Death Rate)	7.4	 6.4	 9.3	 13.0	 12.4	 10.0
Firearm-Related Deaths (Age-Adjusted Death Rate)	10.9	 9.2	 8.1	 10.2	 9.2	 13.5
Homicide (Age-Adjusted Death Rate)	6.4	 9.1	 6.7	 5.8	 5.5	 6.2
% Victim of Violent Crime in Past 5 Years	8.8	 5.9		 1.6		 4.6
% Victim of Domestic Violence (Ever)	13.6	 12.1		 13.5		 14.7
						
		better	similar	worse		

Maternal, Infant & Child Health	IMH Service Area	Ingalls Memorial Hospital vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% No Prenatal Care in First Trimester	18.1	 20.1	 19.1		 22.1	 16.3
% of Low Birthweight Births	8.3	 8.8	 8.4	 8.2	 7.8	 7.7
Infant Death Rate	7.4	 6.8	 6.7	 6.5	 6.0	 9.0
						
		better	similar	worse		

Mental Health & Mental Disorders	IMH Service Area	Ingalls Memorial Hospital vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	11.9	12.5		11.7		12.7
% Major Depression	7.1	8.6		11.7		5.9
% Symptoms of Chronic Depression (2+ Years)	24.7	26.6		26.5		25.9
Suicide (Age-Adjusted Death Rate)	7.8	7.7	8.9	11.6	10.2	7.8
% Have Ever Sought Help for Mental Health	22.2			24.4		11.1
		better	similar	worse		

Nutrition & Weight Status	IMH Service Area	Ingalls Memorial Hospital vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Eat 5+ Servings of Fruit or Vegetables per Day	40.7	44.4		48.8		40.7
% Overweight	62.9	64.3	63.2	66.9		61.5
% Obese	30.5	29.0	28.7	28.5	30.6	32.3
% Children [Age 5-17] Overweight	24.6	32.5		30.7		23.1
% Children [Age 5-17] Obese	15.8	18.2		18.9	14.6	15.8
		better	similar	worse		

Oral Health	IMH Service Area	Ingalls Memorial Hospital vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% [Age 18+] Dental Visit in Past Year	62.5	68.8	69.7	66.9	49.0	67.5
% Child [Age 2-17] Dental Visit in Past Year	80.7	84.5		79.2	49.0	90.1
		better	similar	worse		

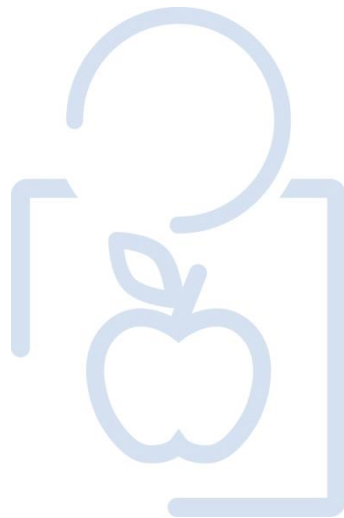
Physical Activity	IMH Service Area	Ingalls Memorial Hospital vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% No Leisure-Time Physical Activity	22.5	17.8	25.7	28.7	32.6	22.0
		better	similar	worse		

Respiratory Diseases	IMH Service Area	Ingalls Memorial Hospital vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)	30.9	31.5	39.9	42.4		33.1
Pneumonia/Influenza (Age-Adjusted Death Rate)	18.5	19.0	18.6	16.4		21.7
% [Adult] Currently Has Asthma	6.8	8.2	9.2	7.5		5.0
% [Child 0-17] Currently Has Asthma	6.1	7.5		6.8		4.4
		better	similar	worse		

Substance Abuse	IMH Service Area	Ingalls Memorial Hospital vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	8.2	8.2	8.2	9.2	8.2	8.9
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	16.9	19.8	17.8	16.7	24.3	18.9
Drug-Induced Deaths (Age-Adjusted Death Rate)	10.3	10.1	10.5	12.6	11.3	10.1
		better	similar	worse		

Tobacco Use	IMH Service Area	Ingalls Memorial Hospital vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Current Smoker	17.1	15.0	16.9	16.6	12.0	23.5
		better	similar	worse		

GENERAL HEALTH STATUS



Overall Health Status

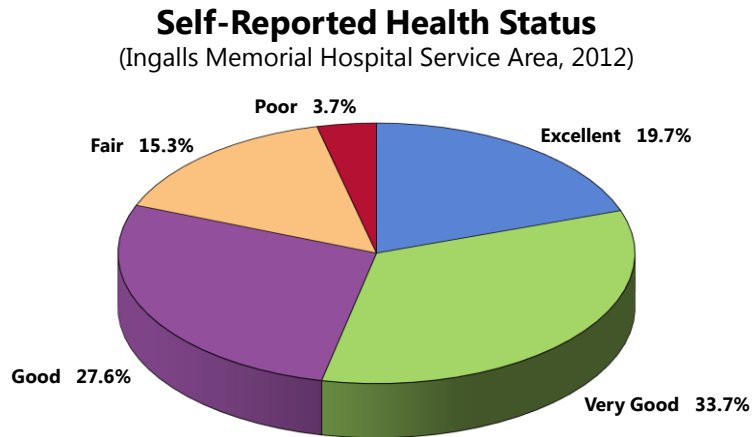
The initial inquiry of the PRC Community Health Survey asked respondents the following:

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

Self-Reported Health Status

A total of 53.4% of Ingalls Memorial Hospital Service Area adults rate their overall health as "excellent" or "very good."

- Another 27.6% gave "good" ratings of their overall health.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

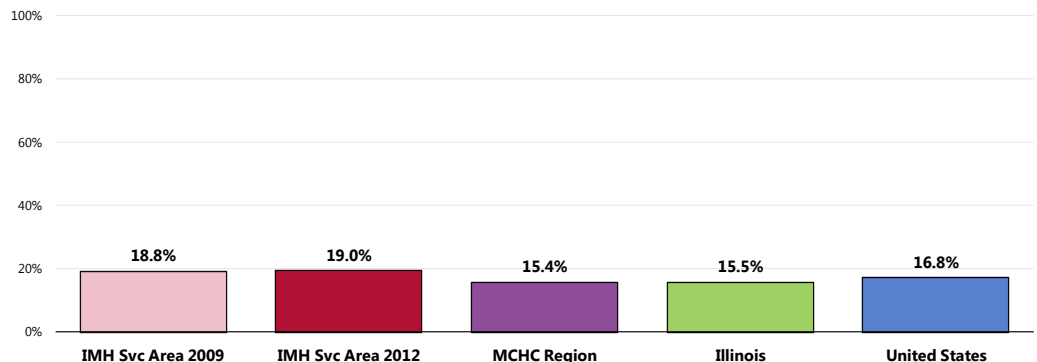
However, 19.0% of Ingalls Memorial Hospital Service Area adults believe that their overall health is "fair" or "poor."

- Similar to regional findings.
- Similar to statewide findings.
- Similar to the national percentage.
- ☒ No significant difference when compared with 2009 survey results.

NOTE:

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

Experience "Fair" or "Poor" Overall Health



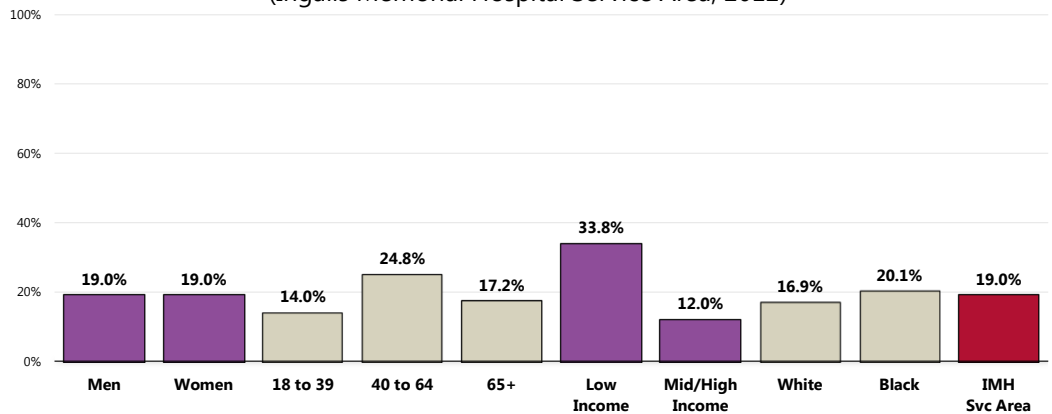
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Illinois data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

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

- 👤 Those aged 40 to 64.
- 👤 Residents living at lower incomes.
- 👤 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.

Experience “Fair” or “Poor” Overall Health (Ingalls Memorial Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

Activity Limitations

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
Are you limited in any way in any activities because of physical, mental or emotional problems?	All respondents	Yes	16.1%	20.1%	19.0%	17.0%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 125]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

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 understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. 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 among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Suicides

Indicator	Data Years	Expressed as:	Suburban Cook Co	MCHC Region	Illinois	United States
Suicides	2007-2009	Age-adjusted deaths per 100,000 population	7.8	7.7	8.9	11.6

Mental Health Status

Self-Reported Mental Health Status

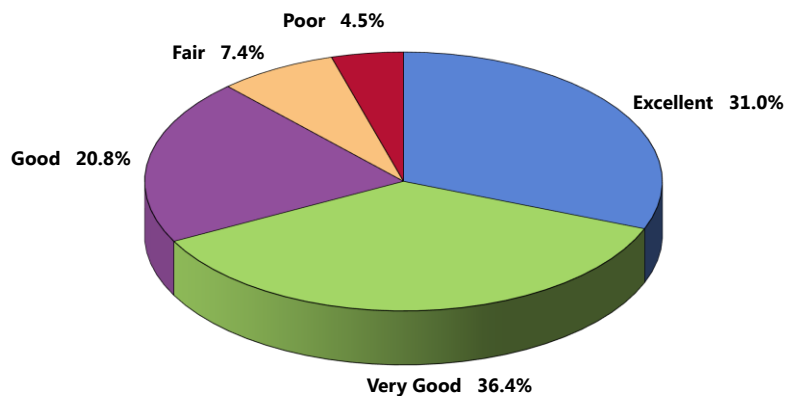
"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

A total of 67.4% of Ingalls Memorial Hospital Service Area adults rate their overall mental health as "excellent" or "very good."

- Another 20.8% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status

(Ingalls Memorial Hospital Service Area, 2012)

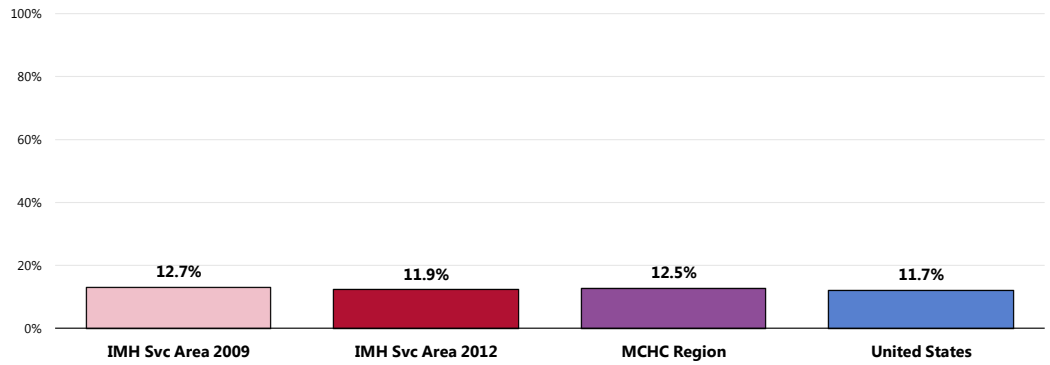


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
Notes: • Asked of all respondents.

A total of 11.9% of service area adults, however, believe that their overall mental health is "fair" or "poor."

- Comparable to the MCHC Region prevalence.
- Nearly identical to the "fair/poor" response reported nationally.
- ☒ Statistically unchanged from 2009 survey results.

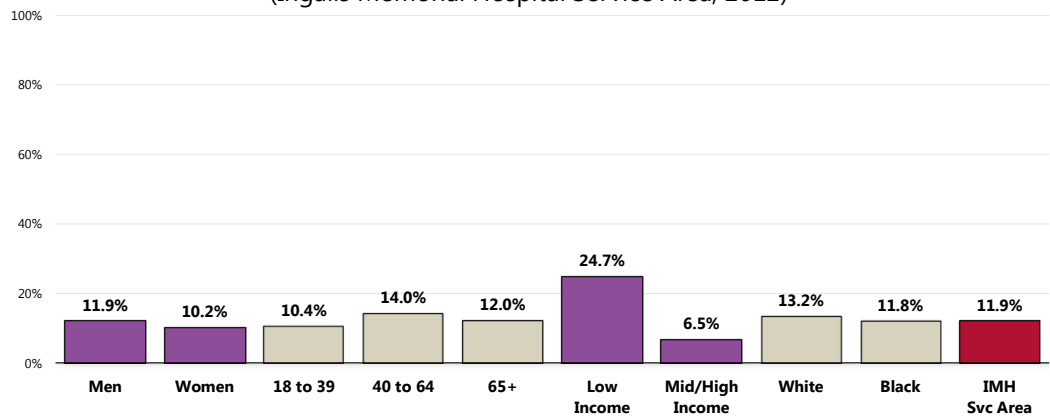
Experience "Fair" or "Poor" Mental Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 120]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

👥 Lower income adults are much more likely to report experiencing "fair/poor" mental health than those living in the higher income category.

Experience "Fair" or "Poor" Mental Health (Ingalls Memorial Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Other Mental Health Indicators

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
Would you please tell me if you have ever suffered from or been diagnosed with major depression diagnosed by a doctor?	All respondents	Yes	5.9%	7.1%	8.6%	11.7%
Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?	All respondents	Yes	25.9%	24.7%	26.6%	26.5%
Thinking about the amount of stress in your life, would you say that most days are:	All respondents	Extremely stressful Very stressful Moderately stressful Not very stressful Not at all stressful	3.6% 4.4% 45.1% 31.1% 15.9%	1.7% 6.6% 41.3% 33.3% 17.1%	2.9% 8.8% 46.0% 28.7% 13.6%	1.7% 9.8% 42.1% 31.3% 15.1%
During the past 30 days, for about how many days have you felt you did NOT get enough rest or sleep?	All respondents	3+ Days	n/a	57.2%	61.6%	n/a
Have you ever sought help from a professional for a mental or emotional problem?	All respondents	Yes	11.1%	22.2%	23.7%	24.4%
Does this child currently take medication for Attention-Deficit/ Hyperactivity Disorder or Attention-Deficit Disorder, also called ADHD or ADD?	Parents of children age 5-17	Yes	0.0%	3.3%	4.6%	6.5%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 33; 121-124; 140]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Mental Health

Mental health in the community arose often during discussion, with primary issues including:

- Limited number of psychiatrists and inpatient facilities
- Stigma
- Stress

During the Cook County focus group, issues surrounding mental health coverage came up several times. Group attendees agree that persons suffering from mental illness are more likely to be vulnerable and less likely to successfully navigate the complex healthcare system. The participants feel that residents suffer due to a **limited number of psychiatrists and inpatient facilities** available to address behavioral healthcare needs. State budget cuts have affected the number of available mental health resources, and many times community members must enter into a crisis before they can access treatment, as one participant explains:

"Frequently the trigger to actually accessing some mental health services is a bad thing has to happen to you: you have to have HIV, you have to have been shot, and you have to precipitate a psychotic crisis. Then you get hooked up -- or you go to jail." — Cook County Key Informant

Similar to overall healthcare, accessing appointments can be difficult for South Cook County families who do not have insurance coverage, transportation, or who work multiple jobs. When a mentally ill resident ends up in an emergency room, it may take several days before being admitted due to an insufficient number of psychiatric inpatient beds. The need for someone to advocate for a mentally ill individual is also critical; one focus group attendee describes the gravity of the situation:

“Our mental health issues are skyrocketing. I mean they're sitting in emergency rooms for three and four days because they have nowhere to transfer them. And sometimes they try and just put them out in the street and I had one woman literally sit in the emergency room and said, ‘You are not going to put my son out until you find someplace to put him.’ Because if you don't stand your ground they will just let them go.” — South Cook County Key Informant

In Cook County, many local psychiatrists have long waiting periods before initial appointments take place, and generally insurance coverage for mental health services is inadequate.

“Well, congestive heart failure(CHF) treatment is through insurance so that's covered; that's a medical disease but when you try to give some kind of counseling for somebody it's a whole different thing as far as what insurance will cover. If you have a chronic mental illness they'll cover you for six visits. Well then why can you go forever with CHF? It's always been a stepchild.” — Cook County Key Informant

According to South Cook County attendees, both insured and uninsured patients may encounter long wait times before an initial psychiatric appointment. In addition, the South Cook County area does not offer many resources available to individuals struggling with mental illness. One participant recalls her recent experience:

“There aren't enough support groups around. I've actually had personally four families close to me affected and impacted by suicide and when I wanted to connect them to services in the South Suburban community, there were two in the entire South Suburban area. And then educationally there's not a high understanding of the range of mental illness and the impact that it has across, beyond that person. It affects the families; it affects the communities.” — South Cook County Key Informant

Participants are also concerned that the **stigma** which still surrounds mental health may hamper an individual's ability or desire to access services. Participants believe that if psychiatrists worked in primary care physician offices, or if healthcare providers worked in teams, this might lessen the stigma attached to mental health. As one member describes:

“I used to work in Minnesota and in the diabetes program that I worked there we had a psychiatrist on our staff and everyone who came in had to see the psychiatrist because that was part of the team so that if they ever had problems there wouldn't be that stigma, that they would know that that's comfortable. I have been trying for 23 years to get a psychiatrist on my staff.” — Cook County Key Informant

The National Alliance on Mental Illness (NAMI) supports family members of the mentally ill in navigating the behavioral health system and also provides education. However, South Cook County attendees agree that stigma greatly impacts residents' and family members' desire to obtain mental healthcare, as one participant explains:

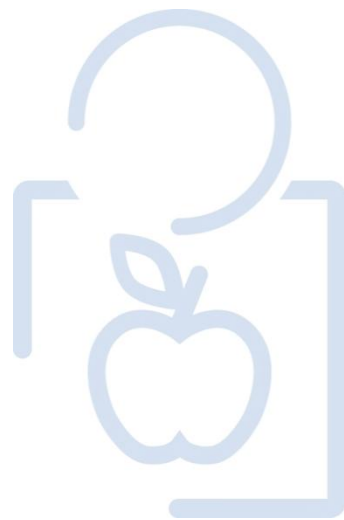
"I think we need more focus groups to find a way to make people realize that they're not lepers; they're human beings and they're somebody's child. I joined NAMI because it helped me get my daughter better. It taught me to take her involuntarily, have her committed because I didn't want her to commit suicide. So if you don't get involved and speak up for that child nobody else is going to because they figure, 'Well, if the family doesn't care why should we care?'" — South Cook County Key Informant

With the current economic climate, many residents live under a high level of stress. Cook County attendees believe that stress contributes to high levels of obesity and other poor health outcomes.

South Cook County participants also agree that high levels of stress contribute to the amount of mental illness in the community. Stress has countless physical and mental consequences; many residents cannot meet their own basic needs, so they live in a state of constant stress. As one member describes:

"You start living out of stress. I use a term in church: worry is a sin. Worry leads to doubt, doubt leads to fear, fear lead to reaction. When you start thinking about how you're going to take care of your children, how you're going to pay your bills you look at the news, it's bad news every day all day ... you're on the way to work before they (your kids) get up-- why wouldn't you be stressed." — South Cook County Key Informant

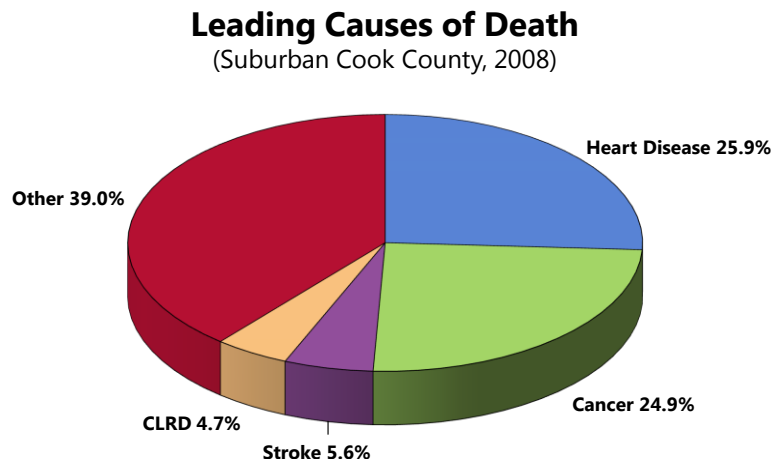
DEATH, DISEASE & CHRONIC CONDITIONS



Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for more than one-half of all deaths in Suburban Cook County in 2008.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2012.
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

Age-Adjusted Death Rates for Selected Causes (2007-2009 Deaths per 100,000)

	Suburban Cook Co	MCHC Region	Illinois	United States	Healthy People 2020
Diseases of the Heart	193.4	188.3	189.3	185.8	152.7*
Malignant Neoplasms (Cancers)	183.2	179.3	183.9	175.6	160.6
Cerebrovascular Disease (Stroke)	40.9	39.7	41.8	40.6	33.8
Chronic Lower Respiratory Disease (CLRD)	30.9	31.5	39.9	42.4	n/a
Unintentional Injuries	26.7	25.8	31.9	38.7	36.0
Diabetes Mellitus	22.7**	20.9	21.3	21.7	19.6*
Alzheimer's Disease	18.8	17.8	21.2	23.5	n/a
Kidney Disease	18.8	20.0	19.5	14.7	n/a
Pneumonia/Influenza	18.5	19.0	18.6	16.4	n/a
Firearm-Related	10.9**	9.2	8.1	10.2	9.2
Drug-Induced	10.3**	10.1	10.5	12.6	11.3
Cirrhosis/Liver Disease	8.2	8.2	8.2	9.2	8.2
Intentional Self-Harm (Suicide)	7.8	7.7	8.9	11.6	10.2
Motor Vehicle Crashes	7.4	6.4	9.3	13.0	12.4
Homicide/Legal Intervention	6.4	9.1	6.7	5.8	5.5
HIV/AIDS	2.0	3.8	2.2	3.3	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 September 2012.
• 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.
• Local, state and national data are simple three-year averages. **Cook County data is used here; Suburban Cook County rates not available.



Related Focus Group Findings: Chronic Disease

All South Cook County group participants agree that chronic disease conditions persist in the community, including frequent mention of cardiovascular disease, hypertension, diabetes, mental illness and substance abuse/addiction.

Cardiovascular Disease

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

Indicator	Data Years	Expressed as:	Suburban Cook Co	MCHC Region	Illinois	United States
Heart Disease Deaths	2007-2009	Age-adjusted deaths per 100,000 population	193.4	188.3	189.3	185.8
Stroke Deaths	2007-2009	Age-adjusted deaths per 100,000 population	40.9	39.7	41.8	40.6

Prevalence of Heart Disease & Stroke

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
Has a doctor, nurse or other health professional ever told you that you had a heart attack ?	All respondents	Diagnosed With Heart Disease (calculated response): heart attack, angina, and/or coronary heart disease	10.6%	6.2%	5.1%	6.1%
Has a doctor, nurse or other health professional ever told you that you had angina ?						
Has a doctor, nurse or other health professional ever told you that you had coronary disease ?						
Has a doctor, nurse or other health professional ever told you that you had a stroke ?	All respondents	Yes	3.7%	3.9%	3.2%	2.7%

Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 151; 43]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

High Blood Pressure & Cholesterol

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
Have you ever been told by a doctor, nurse or other healthcare professional that you had high blood pressure ?	All respondents	Yes	45.1%	35.1%	33.0%	34.3%
About how long has it been since you had your blood pressure taken by a doctor, nurse or other health professional?	All respondents	Within the past 2 years	94.4%	93.0%	94.8%	94.7%
Are you currently taking any action to control your high blood pressure , such as taking medication, changing your diet or exercising?	Respondents with high blood pressure	Yes	97.2%	97.1%	92.9%	89.1%
Have you ever been told by a doctor, nurse or other healthcare professional that you had high blood cholesterol ?	All respondents	Yes	35.0%	31.2%	29.6%	31.4%
About how long has it been since you had your blood cholesterol checked ?	All respondents	Within the past 5 years	90.7%	91.9%	91.4%	90.7%
Are you currently taking any action to control your high blood cholesterol , such as taking medication, changing your diet or exercising?	Respondents with high blood cholesterol	Yes	92.4%	91.6%	88.6%	89.1%

Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 50; 53; 52; 54; 56; 55]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Total 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; and 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.

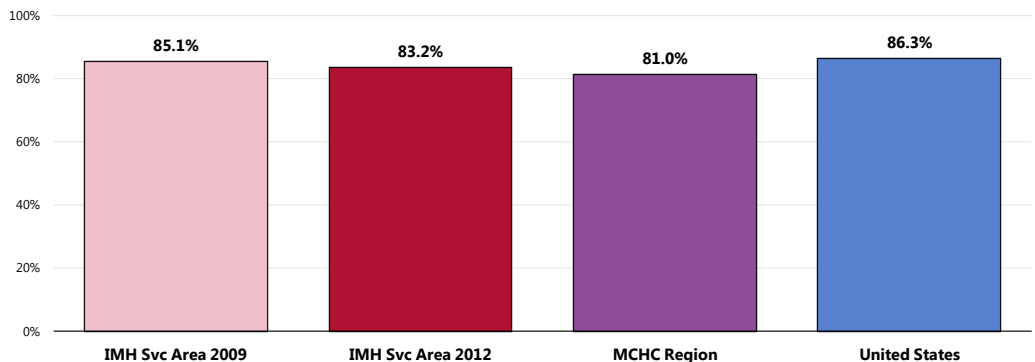
Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as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

A total of 83.2% of Ingalls Memorial 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.

- Similar to MCHC regional findings.
- Similar to the national prevalence.
- ☒ Statistically unchanged since 2009.

Present One or More Cardiovascular Risks or Behaviors




Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 154]
● 2011 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.

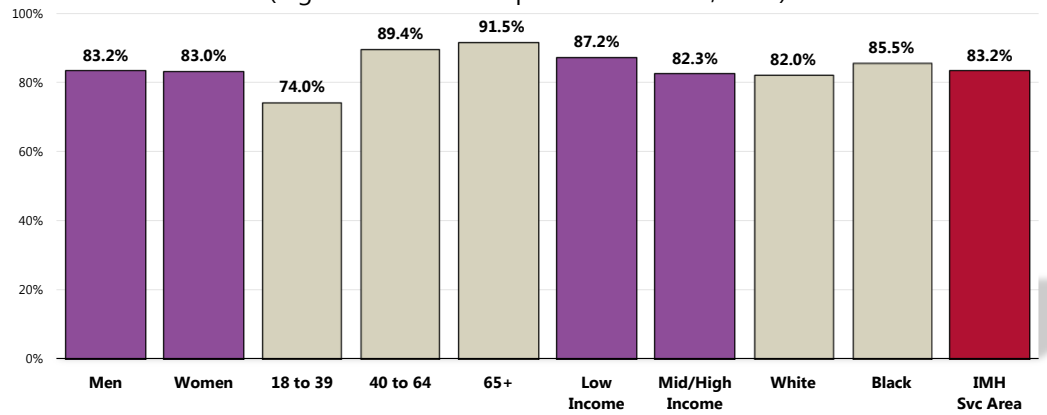
RELATED ISSUE:
See also
*Nutrition & Overweight,
Physical Activity & Fitness
and Tobacco Use* in the
Modifiable Health Risk
section of this report.

Adults more likely to exhibit cardiovascular risk factors include:

 Residents aged 40 and older.

Present One or More Cardiovascular Risks or Behaviors

(Ingalls Memorial Hospital Service Area, 2012)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- 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.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

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

Indicator	Data Years	Expressed as:	Suburban Cook Co	MCHC Region	Illinois	United States
Cancer Deaths	2007-2009	Age-adjusted deaths per 100,000 population	183.2	179.3	183.9	175.6

Prevalence of Cancer

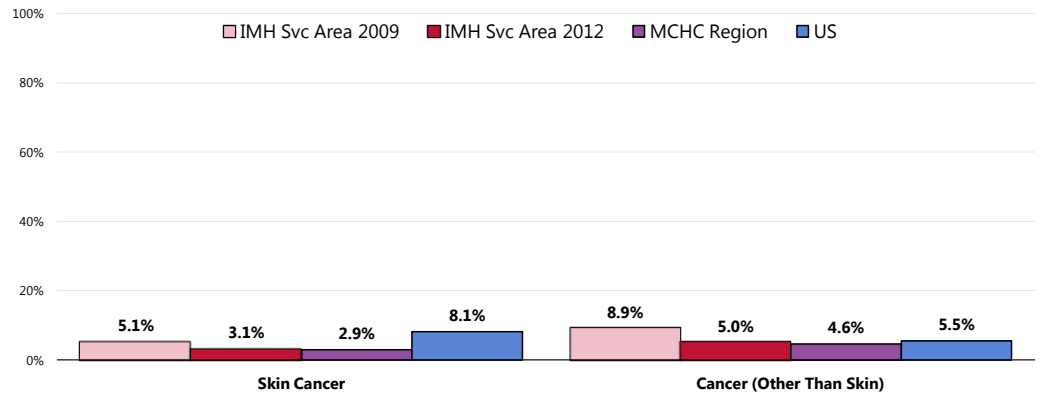
A total of 3.1% of surveyed Ingalls Memorial Hospital Service Area adults report having been diagnosed with skin cancer.

- Comparable to the MCHC Region percentage.
- Much lower than the national average.
- ☒ Unchanged over time.

A total of 5.0% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the regional prevalence.
- Similar to the national prevalence.
- ☒ Similar to 2009 survey results.

Prevalence of Cancer (Ingalls Memorial Hospital Service Area, 2012)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 31; 30]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

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 (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

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

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
How long has it been since you had your last Pap test ?	<i>Women age 21-65</i>	<i>Within the past 3 years</i>	70.2%	86.4%	85.9%	84.7%
How long has it been since your last mammogram ?	<i>Women age 50-74</i>	<i>Within the past 2 years</i>	64.1%	70.9%	77.6%	79.9%
How long has it been since your last PSA test ? How long has it been since your last digital rectal exam ?	<i>Men age 50+</i>	Prostate Cancer Screening <i>(calculated response): PSA or DRE within the past 2 years</i>	88.0%	70.1%	72.2%	70.5%
How long has it been since you had your last blood stool test ? How long has it been since your last sigmoidoscopy or colonoscopy ?	<i>Respondents age 50-75</i>	Colorectal Cancer Screening <i>(calculated response): blood stool test in past year and/or lower endoscopy in past 10 years</i>	n/a	62.6%	67.3%	N/A

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 157; 156; 158; 161]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Respiratory Disease

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.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. 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.]

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.

Age-Adjusted Respiratory Disease Deaths

Indicator	Data Years	Expressed as:	Suburban Cook Co	MCHC Region	Illinois	United States
Chronic Lower Respiratory Disease Deaths	2007-2009	Age-adjusted deaths per 100,000 population	30.9	31.5	39.9	42.4
Pneumonia/Influenza Deaths	2007-2009	Age-adjusted deaths per 100,000 population	18.5	19.0	18.6	16.4

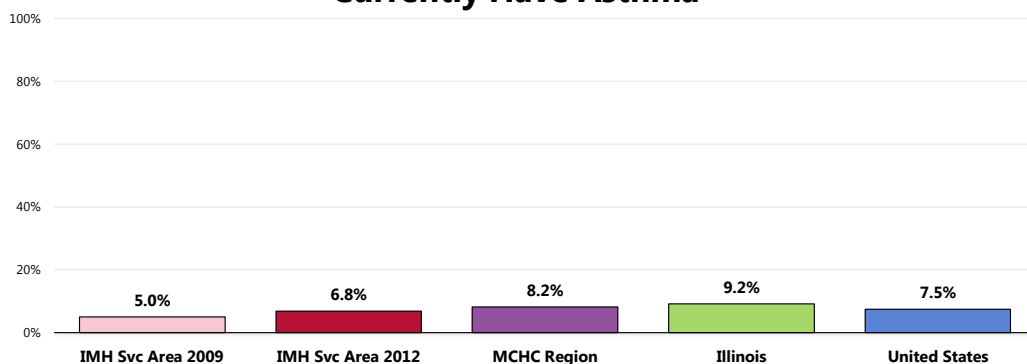
Asthma

Adults

A total of 6.8% of Ingalls Memorial Hospital Service Area adults currently suffer from asthma.

- Similar to the MCHC regional findings.
- Similar to the statewide prevalence.
- Similar to the national prevalence.
- ☒ Statistically unchanged from the 2009 survey findings.

Currently Have Asthma

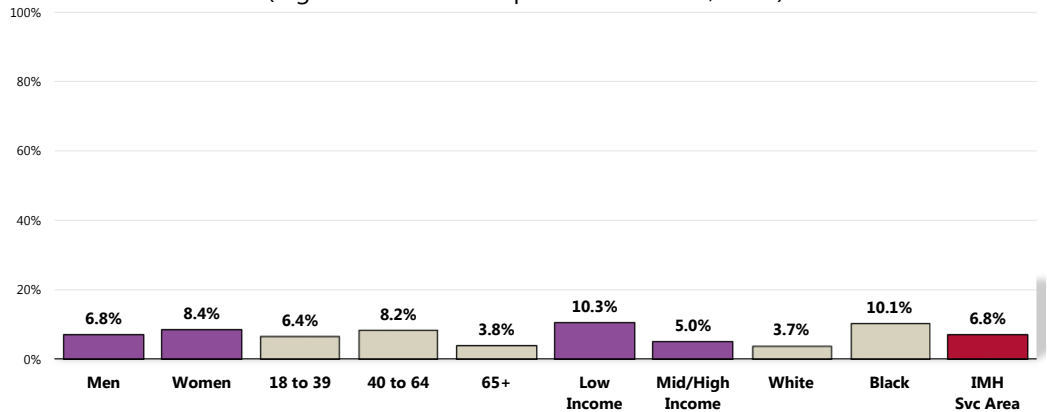


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 162]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Illinois data.

Notes: ● Asked of all respondents.

👤 Service area Black residents exhibit a statistically higher prevalence of asthma when viewed by demographic characteristics.

Currently Have Asthma (Ingalls Memorial Hospital Service Area, 2012)



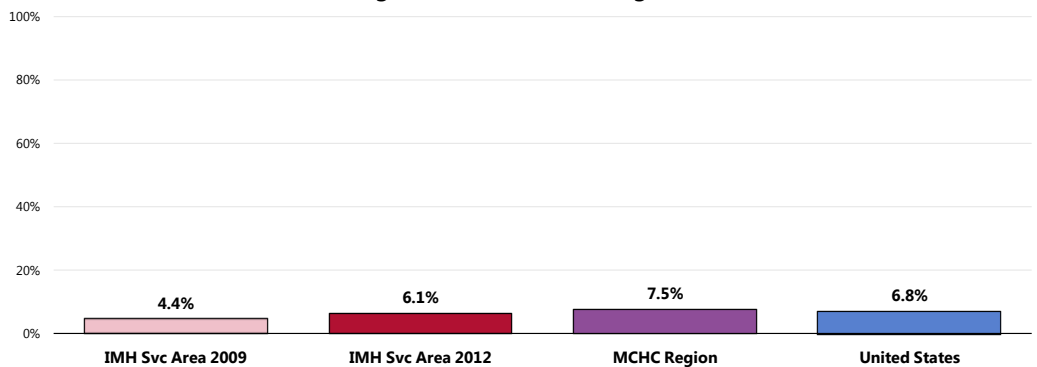
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 162]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Children

Among area children under age 18, 6.1% currently have asthma.

- Similar to findings among children across the MCHC Region.
- Statistically similar to national findings.
- 📊 Statistically unchanged over time.

Child Currently Has Asthma (Among Parents of Children Age 0-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 163]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Influenza & Pneumonia Vaccination

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot ?	Respondents age 65+	Senior Flu Vaccination (calculated response): Yes	61.8%	50.3%	65.0%	71.6%
During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose? The seasonal flu vaccine sprayed in the nose is also called FluMist.						
A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the seasonal flu shot. Have you ever had a pneumonia shot ?	Respondents age 65+	Yes	66.0%	50.4%	57.1%	68.1%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 170, 172]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Other Respiratory Disease Indicators

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
Would you please tell me if you have ever suffered from or been diagnosed with nasal or hay fever allergies ?	All respondents	Yes	20.8%	28.8%	25.3%	27.3%
Would you please tell me if you have ever suffered from or been diagnosed with sinusitis ?	All respondents	Yes	13.2%	11.7%	12.5%	19.4%
Would you please tell me if you have ever suffered from or been diagnosed with chronic lung disease ?	All respondents	Yes	6.0%	8.8%	7.4%	8.4%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 25, 34, 35]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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)

Age-Adjusted Injury & Violence Deaths

Indicator	Data Years	Expressed as:	Suburban Cook Co	MCHC Region	Illinois	United States
Unintentional Injury Deaths	2007-2009	Age-adjusted deaths per 100,000 population	26.7	25.8	31.9	38.7
Motor Vehicle Crash Deaths (also included in Unintentional Injuries above)	2007-2009	Age-adjusted deaths per 100,000 population	7.4	6.4	9.3	13.0
Firearm-Related Deaths	2007-2009	Age-adjusted deaths per 100,000 population	10.9*	9.2	8.1	10.2
Homicide	2007-2009	Age-adjusted deaths per 100,000 population	6.4	9.1	6.7	5.8

*Cook County data is used here; Suburban Cook County data is unavailable.

Other Injury Indicators

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
How often do you use seat belts when driving or riding in a car?	All respondents	"Always"	85.6%	89.2%	88.7%	85.3%
Does your child (0-17) always wear a child restraint or seat belt when riding in a car?	Parents of children age 0-17	Yes	99.5%	93.3%	94.4%	91.6%
In the past year, how often has this child worn a bicycle helmet when riding a bicycle?	Parents of children age 5-17	"Always"	39.3%	30.3%	32.8%	35.3%
Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck or car?	All respondents	Yes	14.2%	14.5%	12.4%	37.9%
	Parents of children 0-17	Yes	2.5%	10.8%	11.9%	34.4%
Is your firearm kept unlocked and loaded ?	Respondents with firearms	Yes	34.4%	15.0%	13.3%	16.9%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 57; 141; 167; 62; 164-165]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Other Violence Indicators

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
Now I would like to ask, how safe from crime do you consider your neighborhood to be?	All Respondents	Extremely Safe Quite Safe Slightly Safe Not At All Safe	n/a	25.3% 47.8% 19.0% 7.9%	22.8% 50.3% 20.8% 6.1%	n/a
Have you been the victim of a violent crime in your area in the past five years?	All respondents	Yes	4.6%	8.8%	5.9%	1.6%
Has an intimate partner ever threatened you with physical violence?	All respondents	Yes	13.4%	12.5%	10.6%	11.7%
Has an intimate partner ever hit, slapped, pushed, kicked or hurt you in any way?	All respondents	Yes	14.7%	13.6%	12.1%	13.5%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 58; 146; 59-61]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Violence

Violence is a community health issue of concern to many focus group participants, with discussion centered on:

- Impact of violence
- Domestic violence
- Gang violence

According to participants, **violence** is pervasive in Cook County, at a level impacting **both mental and physical health**. The mental health repercussions of trauma are countless, and the environment surrounding violence also inhibits community members' ability to improve physical health with physical activity because of safety concerns. A participant recalls a recent experience:

"The level of violence that a lot of my patients live within, within the neighborhoods around them, within their own homes and maybe the perimeter around the school is somewhat safe but once you leave that one-block area you're on your own." — Cook County Key Informant

According to South Cook County participants, **violence and crime** are common in the community and may go unreported because law enforcement assistance is perceived as insufficient. South Cook residents also may not have access to crisis support. The violence affects all community members and is heightened for the many people who are just trying to survive from one day to the next. A participant describes her experience in the community:

"I'm amazed at the break-ins and different things that are going on. It makes me afraid to go out anymore. I make sure I lock my door; I'm always looking around my shoulder. I mean it's everywhere but I mean it just seems like all of a sudden the Southland is really getting hit pretty hard. It's scary." — South Cook County Key Informant

South Cook County focus group attendees believe there are many reasons behind the increase in local crime and violence, including stress from a lack of basic needs, anger, and the poor economic climate. A participant explains:

"I've seen mothers going through small cases with the police system because they were trying to really just feed their children. It's not that they have criminal intent or that type of mindset, it was, 'I've got to get some food on the table by any means necessary for this week, otherwise they're going to take my children.' So there are a number of different factors that weigh in for the violence." — South Cook County Key Informant

Cook County focus group participants also express concern about the level of **domestic violence** in the community. The capacity of domestic violence shelters has been threatened due to budget cuts, so despite the prevalence of community shelters, there are fewer beds and they are farther away. Local agencies also must combat cultural beliefs and the internalization and normalization some women experience as victims of domestic abuse. These agencies must figure out ways to help residents realize the severity of a volatile home life:

"When you talk about shelters, well first the individuals would need to know and understand that this isn't the norm because it's really like business as usual, you hear these stories and it's so matter of fact, business as usual, that why would you think to go to a shelter if it's business as usual to have this going on?" — Cook County Key Informant

South Cook County focus group participants worry about the **gang violence** occurring in the community, which continues to increase because of "renegade gangs" and a lack of leadership or consequences if a gang member acts out. One participant describes the current environment:

"You've got these young guys have come up, they're not listening to nobody. They're doing their own things. So we've got pockets of renegade kind of situations where the big guy might say, 'All right, you don't do that. Cut that.' And they say, 'Well I don't want to hear that.'" — South Cook County Key Informant

CeaseFire represents one local organization that combats gang violence and works with the youth in the South Cook community, conducting street outreach to impact the community.

"CeaseFire gets funding to come in the community and try to squash situations that have arisen because what I found is conflict resolution is bad; people don't deal with their issues like intelligently they sit down they say I'm going to get even because that's the way they deal with it. But then anger, father not home or in prison and there's a lot of anger in these young people. There's cause for rebelliousness. If you sit and talk with them you can see their heart. They're not really bad kids; they just don't know direction." — South Cook County Key Informant

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. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. 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.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

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

Indicator	Data Years	Expressed as:	Suburban Cook Co	MCHC Region	Illinois	United States
Diabetes Deaths	2007-2009	Age-adjusted deaths per 100,000 population	22.7*	20.9	21.3	21.7

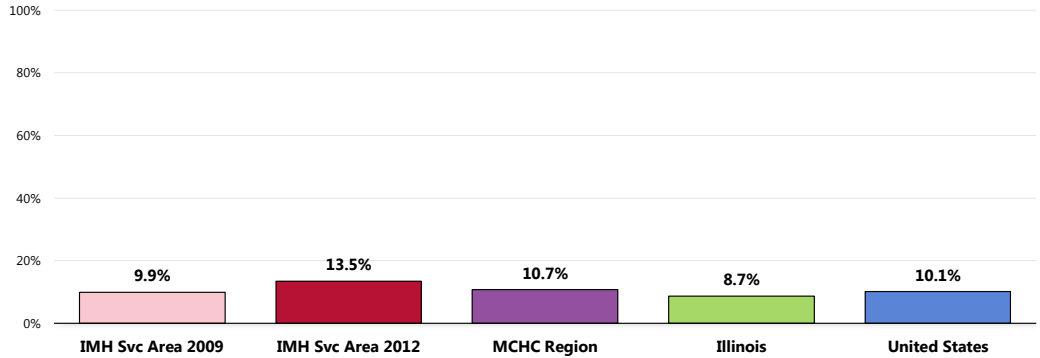
*Cook County data is used here; Suburban Cook County data is unavailable.

Prevalence of Diabetes

A total of 13.5% of Ingalls Memorial Hospital Service Area adults report having been diagnosed with diabetes.

- Similar to the MCHC regional percentage.
- Less favorable than the proportion statewide.
- Statistically similar to the national proportion.
- 📊 Statistically unchanged over time.

Prevalence of Diabetes

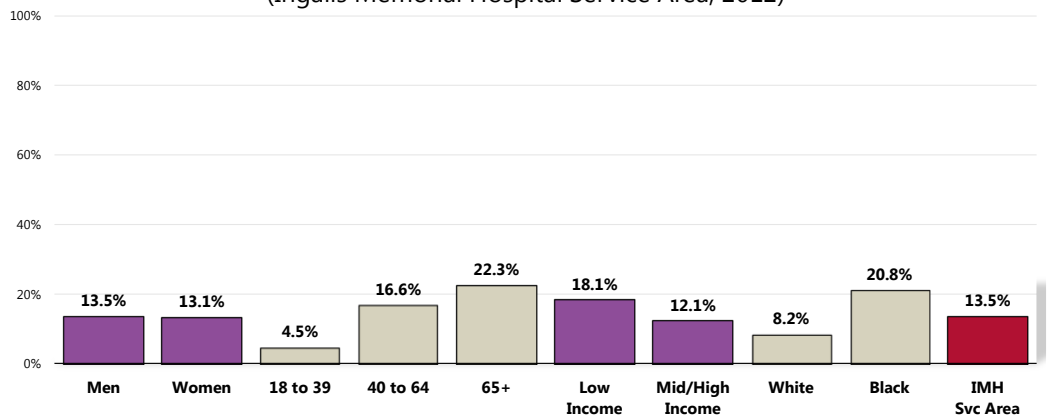


- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Illinois data.
- Notes:
- Asked of all respondents.
 - Local and national data exclude gestation diabetes (occurring only during pregnancy).

👥 A higher prevalence of diabetes is reported among adults age 40+ (note the positive correlation with age) and Black residents in the Ingalls Memorial Hospital Service Area.

Prevalence of Diabetes

(Ingalls Memorial Hospital Service Area, 2012)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Management

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
Are you now taking insulin or other medication for your diabetes?	<i>Diabetic respondents</i>	Yes	96.3%	81.2%	82.7%	n/a
About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?	<i>Diabetic respondents</i>	1+ times	n/a	82.7%	92.3%	n/a

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 48-49]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Alzheimer's Disease

Age-Adjusted Alzheimer's Disease Deaths

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)

Indicator	Data Years	Expressed as:	Suburban Cook Co	MHC Region	Illinois	United States
Alzheimer's Disease Deaths	2007-2009	Age-adjusted deaths per 100,000 population	18.8	17.8	21.2	23.5

Kidney Disease

Age-Adjusted Kidney Disease Deaths

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)

Indicator	Data Years	Expressed as:	Suburban Cook Co	MCHC Region	Illinois	United States
Kidney Disease Deaths	2007-2009	Age-adjusted deaths per 100,000 population	18.8	20.0	19.5	14.7

Sickle-Cell Anemia

Hemoglobinopathies include sickle cell disease and thalassemias. These are recessive genetic disorders. This means that the disease occurs when a person inherits an abnormal gene from both parents. If both parents carry a hemoglobinopathy gene, there is a 25 percent chance that their baby will be born with the disease.

Babies born in the United States are tested at birth for common forms of hemoglobinopathies. It is estimated that at least 2 million people in the United States carry one sickle cell gene. Hemoglobinopathies are more common in people of African, Southeast Asian, and Mediterranean descent.⁴ Increased public awareness of testing for hemoglobinopathy genes (or carrier status) may increase awareness of risks for carriers and their children, and affect health-related decisions.

– Healthy People 2020 (www.healthypeople.gov)

Prevalence of Sickle-Cell Anemia

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
Would you please tell me if you have ever suffered from or been diagnosed with sickle-cell anemia ?	All respondents	Yes	n/a	0.3%	0.6%	n/a

Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]

Potentially Disabling 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)

Chronic Pain Indicators

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
Would you please tell me if you have ever suffered from or been diagnosed with arthritis or rheumatism ?	Respondents age 50+	Yes	39.3%	37.2%	37.3%	35.4%
Would you please tell me if you have ever suffered from or been diagnosed with osteoporosis ?	Respondents age 50+	Yes	4.2%	6.3%	10.3%	11.4%
Would you please tell me if you have ever suffered from or been diagnosed with sciatica or chronic back pain ?	All respondents	Yes	18.8%	20.4%	16.0%	21.5%
Would you please tell me if you have ever suffered from or been diagnosed with migraines or severe headaches ?	All respondents	Yes	12.7%	12.2%	13.2%	16.9%
Would you please tell me if you have ever suffered from or been diagnosed with chronic neck pain ?	All respondents	Yes	6.7%	9.5%	8.5%	8.3%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 168-169; 29; 36-37]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Vision & Hearing

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)

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
Would you please tell me if you have ever suffered from or been diagnosed with blindness or trouble seeing , even when wearing glasses?	All respondents	Yes	7.7%	6.6%	7.6%	6.9%
Would you please tell me if you have ever suffered from or been diagnosed with deafness or trouble hearing ?	All respondents	Yes	11.3%	5.6%	5.8%	9.6%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 26-27]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

RELATED ISSUE:
 See also *Vision Care* in the **Access to Health Services** section of this report.

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Sexual Health

Risk for Sexually Transmitted Infections

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
During the past 12 months, with how many people have you had sexual intercourse?	<i>Unmarried respondents age 18-64</i>	3+	3.0%	9.8%	10.6%	7.1%
Was a condom used the last time you had sexual intercourse?	<i>Unmarried respondents age 18-64</i>	Yes	42.5%	41.9%	45.7%	18.9%
Have you been tested for HIV in the past year?	<i>Respondents age 18-44</i>	Yes	37.8%	32.8%	26.6%	19.9%
Have you ever been vaccinated for hepatitis B?	<i>All respondents</i>	Yes	35.1%	21.5%	37.5%	38.4%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 103-105; 82]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Sexually Transmitted Infections

Many South Cook County focus group participants discussed sexually transmitted infections, with primary concern over:

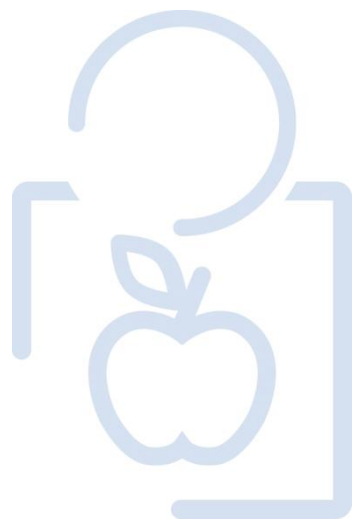
- High level of STIs
- Education

Group attendees worry about the high levels of **sexually transmitted infections (STIs)** in the South Cook County community. These infections are affecting all demographics, and attendees expressed specific concern for senior citizens, as one participant explained:

“The checks come on the first of the month. The young ladies in the community know that so they appeal to the older men. The older men, during the rest of the month they’re flirting with the older women. We found that STDs were being transferred to different seniors. And when your mind is going and coming and here’s a person you ironed for, you cooked for, you cleaned for sometimes. Then at the end of the month now this stuff happens. And for a senior with an STD you’re like, “What in the world is going on?”” — South Cook County Key Informant

Participants believe that more **education** needs to occur in the community regarding sexual health. Attendees recognize that sexual health is a private matter; however, adult conversations need to happen regularly in order to help curb the spread of STIs.

BIRTHS



Prenatal Care

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).

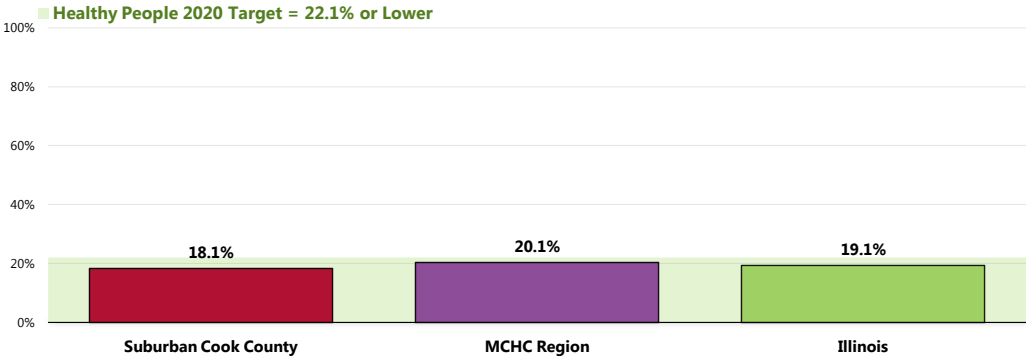
– Healthy People 2020 (www.healthypeople.gov)

Between 2007 and 2009, 18.1% of all Suburban Cook County births did not receive prenatal care in the first trimester of pregnancy.

- More favorable than the MCHC Region findings.
- More favorable than the Illinois proportion.
- Satisfies the Healthy People 2020 target (22.1% or lower).

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

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births, 2007-2009)



Sources: ● Illinois Department of Public Health.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
Note: ● Numbers are a percentage of all live births within each population.

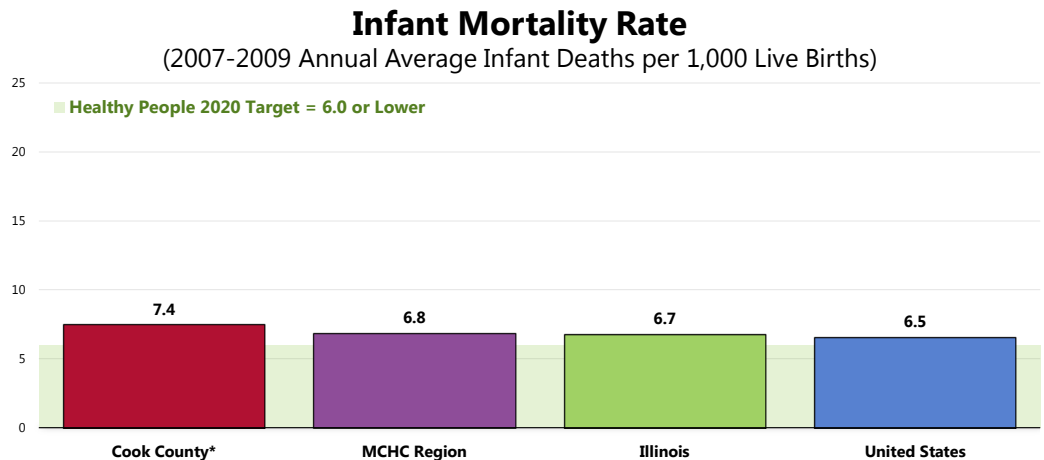
Birth Outcomes, Risk & Family Planning

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

Infant Mortality

Between 2007 and 2009, there was an annual average of 7.4 infant deaths per 1,000 live births in Cook County (Suburban Cook County data not available).

- Higher than the MCHC regional rate.
- Higher than the Illinois rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2012.
● 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.
● *Cook County data is used here; Suburban Cook County data is unavailable.

Births to Teen Mothers

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.

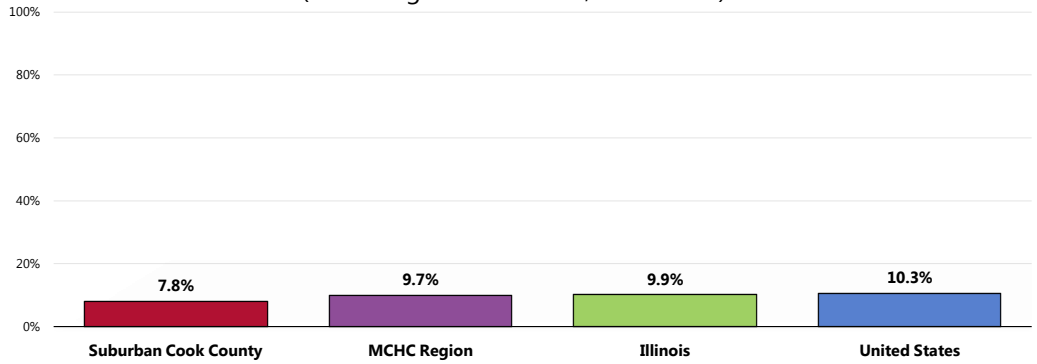
– Healthy People 2020 (www.healthypeople.gov)

A total of 7.8% of 2007-2009 Suburban Cook County births were to teenage mothers (under age 20).

- More favorable than the regional proportion.
- More favorable than the Illinois proportion.
- More favorable than the national proportion.

Births to Teen Mothers (Under Age 20)

(Percentage of Live Births, 2007-2009)



Sources: • Illinois Department of Public Health.
 • Centers for Disease Control and Prevention, National Vital Statistics System.
 Note: • Numbers are a percentage of all live births within each population.

According to the CDC, an unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviors during pregnancy that are associated with adverse effects. For example, women with an unintended pregnancy may delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups, such as teens, are at a higher risk.

Because it is impossible to measure the true incidence of unintended pregnancy in the US, the following indicator looks at births occurring among unmarried mothers as a proxy measure for pregnancies that are not intended (knowing that this is not always the case).

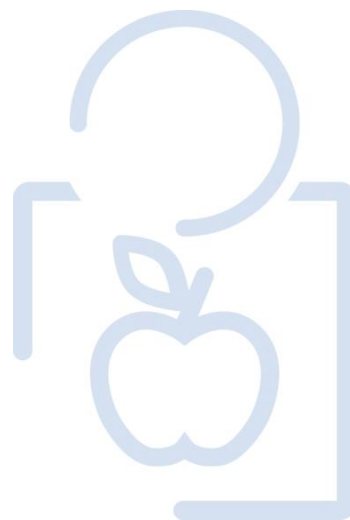
Other Indicators

Indicator	Data Years	Expressed as:	Suburban Cook Co	MCHC Region	Illinois	United States
Low-Weight Births	2007-2009	Percent of all live births	8.3%	8.8%	8.4%	8.2%
Births to Unwed Mothers	2007-2009	Percent of all live births	35.5%	41.6%	38.0%	40.4%

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.

MODIFIABLE HEALTH RISKS



Actual Causes Of Death

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.

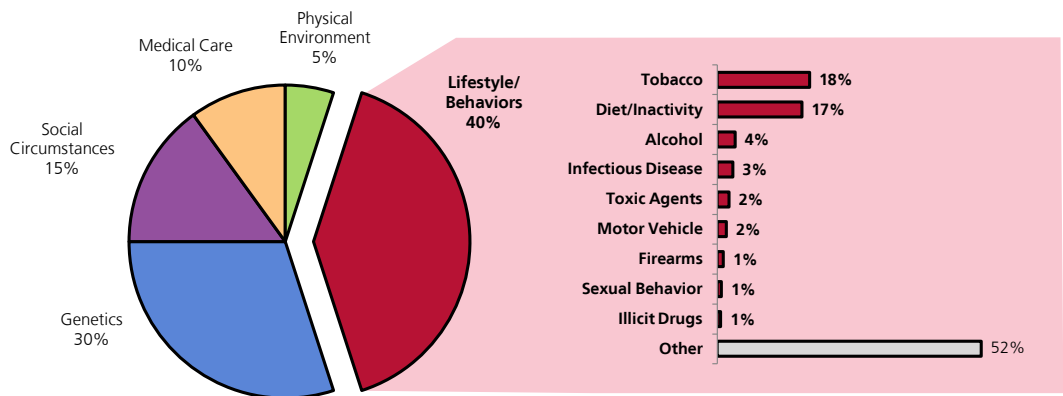
– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

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.

Factors Contributing to Premature Deaths in the United States

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.



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, 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.

Nutrition

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)

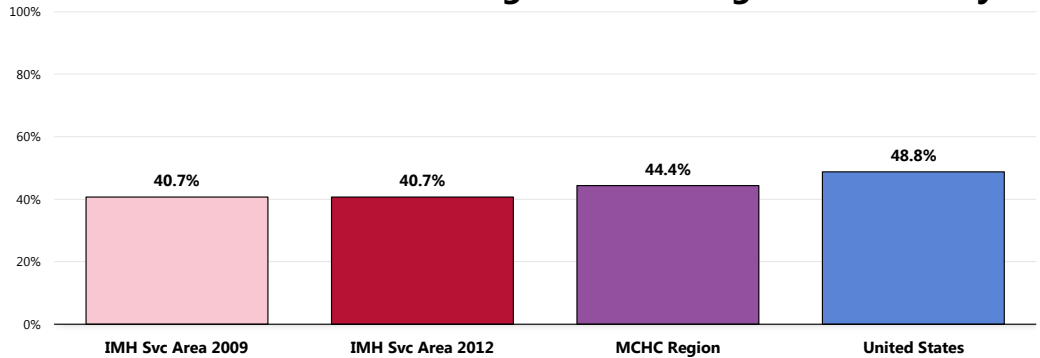
Daily Recommendation of Fruits/Vegetables

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.

A total of 40.7% of Ingalls Memorial Hospital Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- Similar to the MCHC Region prevalence.
- Less favorable than national findings.
- ▨ Unchanged from 2009 survey findings.

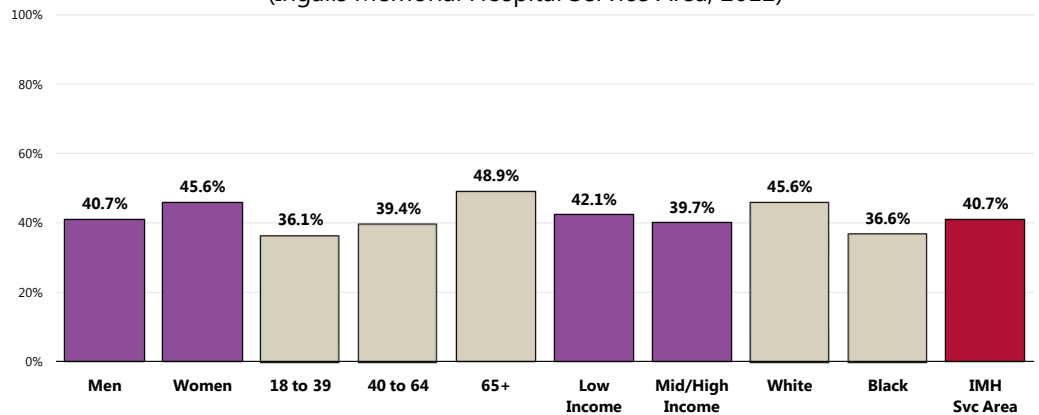
Consume Five or More Servings of Fruits/Vegetables Per Day



- Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 178]
 ● 2011 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.

👤 Statistically similar by demographic characteristics.

Consume Five or More Servings of Fruits/Vegetables Per Day (Ingalls Memorial Hospital Service Area, 2012)



- Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]
 Notes: ● Asked of all respondents.
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● For this issue, respondents were asked to recall their food intake on the previous day.

Other Nutrition Indicators

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford?	All respondents	Very Difficult Somewhat Difficult Not Too Difficult Not At All Difficult	n/a	3.1% 18.2% 30.9% 47.7%	3.9% 14.5% 25.1% 56.4%	n/a
During the past 12 months, has a doctor asked you about or given you advice regarding diet and nutrition ?	All respondents	Yes	22.0%	24.2%	44.4%	41.9%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 109; 18]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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)
- 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)
- 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)

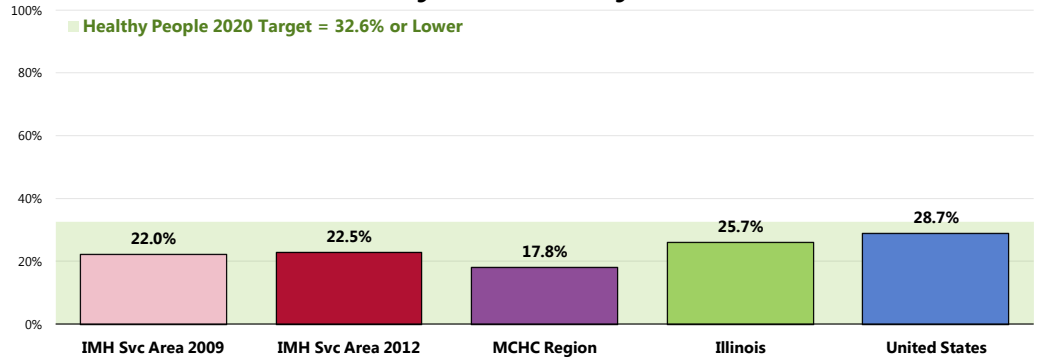
Leisure-Time Physical Activity

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 22.5% of Ingalls Memorial Hospital Service Area adults report no leisure-time physical activity in the past month.

- Less favorable than regional findings.
- Comparable to statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- 📊 No significant change from 2009 findings.

No Leisure-Time Physical Activity in the Past Month



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 111]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Illinois data.
- 2011 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:

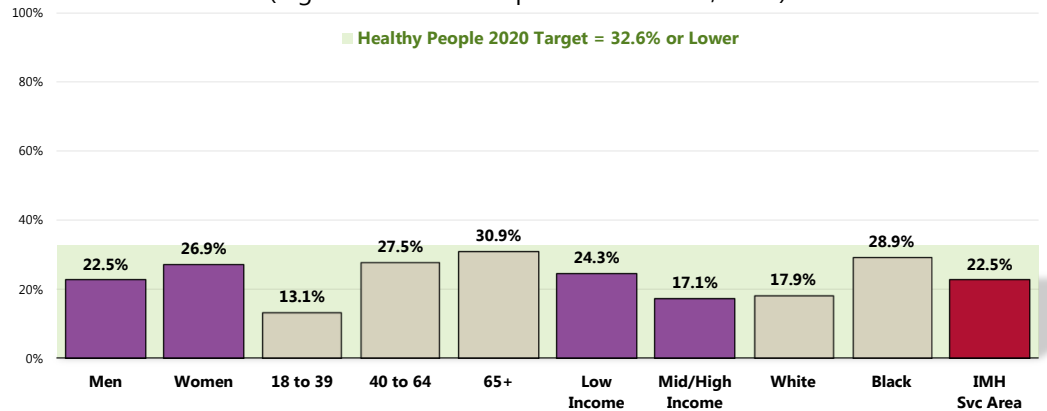
- Asked of all respondents.

Lack of leisure-time physical activity in the area is higher among:

- 👤 Adults age 40+ (note the positive correlation with age).
- 👤 Black residents.

No Leisure-Time Physical Activity in the Past Month

(Ingalls Memorial Hospital Service Area, 2012)



Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

 Notes:

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

Other Physical Activity Indicators

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

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
When you are at work , which of the following best describes what you do?	<i>Employed respondents</i>	<i>Sitting or standing</i>	34.3%	60.8%	66.4%	63.2%
Now, thinking about when you are not working, how many days per week or per month do you do: ... vigorous activities for at least 20 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing and heart rate? ... moderate activities for at least 30 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?	<i>All respondents</i>	Meets Physical Activity Recommendations <i>(calculated response):</i> <i>vigorous physical activity (3+ times per week for 20+ minutes)</i> <i>or moderate physical activity (5+ times per week for 30+ minutes)</i>	53.4%	45.5%	50.3%	42.7%
During the past 12 months, has a doctor asked you about or given you advice regarding physical activity or exercise?	<i>All respondents</i>	<i>Yes</i>	48.9%	44.4%	49.9%	47.8%
How difficult is it for you to access safe and affordable places to get physical activity or exercise, such as at a park, gym, YMCA, or recreation center?	<i>All respondents</i>	<i>Very Difficult</i> <i>Somewhat Difficult</i> <i>Not Too Difficult</i> <i>Not At All Difficult</i>	n/a	4.9% 10.5% 26.1% 58.4%	5.6% 11.2% 22.6% 60.5%	n/a

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 110; 181; 19; 114]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Children's Screen Time

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
<p>On an average school day, how many hours or minutes does this child spend watching TV?</p> <p>Including video games and computer or Internet, how many hours or minutes of screen time does this child use for entertainment on an average school day?</p>	<p>Parents of children age 5-17</p>	<p>Total Screen Time (calculated response): 3+ hours per day of TV and other screen time combined</p>	n/a	41.7%	48.2%	43.4%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 187]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Physical Activity

South Cook County group participants expressed concern over the **low levels of physical activity** in the community. Focus group members agree that physical activity is not a priority for local adults, and that for local youth, the number of school recesses continues to decrease. While the area has great walking and biking trails, residents do not use them due to fear of potential violence. One solution to increasing physical activity could include the creation of walking groups, as one participant describes:

"The bike trails are sometimes prohibitive. You have a great point: if people had groups, because you don't want to do it by yourself because it's a safety issue too. They're beautiful; they're paved here in South Cook. I think we have the best trails in Illinois." — South Cook County Key Informant

Weight Status

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 (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI of ≥ 30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI of ≥ 30 kg/m², 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/m².

– 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.

Obesity

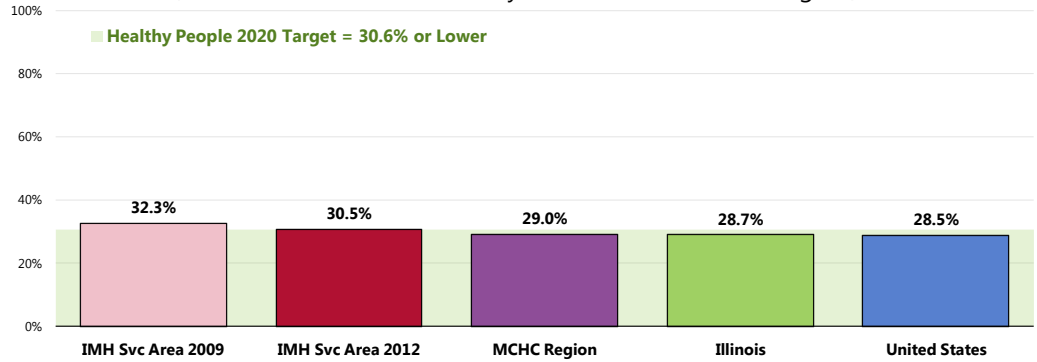
Adults

A total of 30.5% of Ingalls Memorial Hospital Service Area adults are obese.

- Similar to the obesity prevalence across the MCHC Region.
- Similar to Illinois findings.
- Similar to US findings.
- Similar to the Healthy People 2020 target (30.6% or lower).
- ☒ Statistically unchanged over time.

“Obese” (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

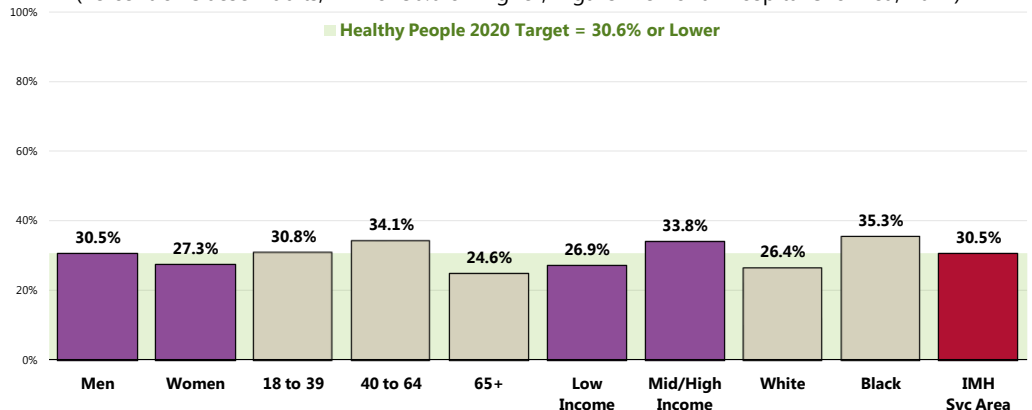
Prevalence of Obesity (Percent of Obese Adults; Body Mass Index of 30.0 or Higher)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 189]
 - 2011 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, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 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.

👤 Statistically similar by demographic characteristics.

Prevalence of Obesity (Percent of Obese Adults; BMI of 30.0 or Higher; Ingalls Memorial Hospital Svc Area, 2012)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
 - 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.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Children

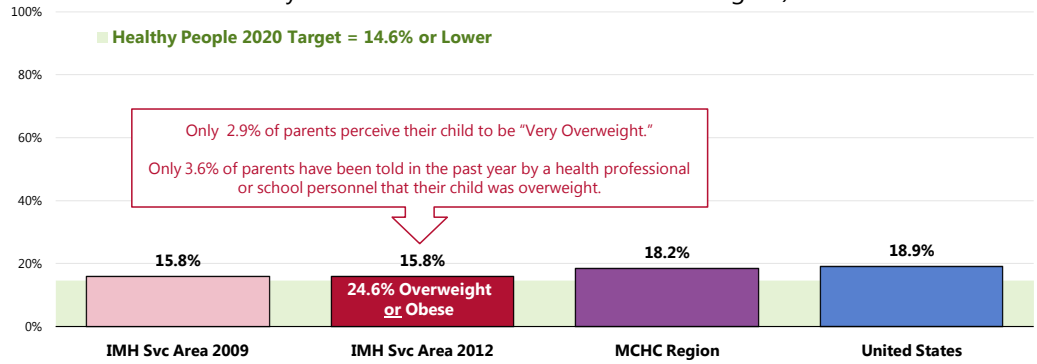
Obesity among school-age children is determined by children's BMI status equal or above the 95th percentile of US growth charts by gender and age.

A total of 15.8% of area children age 5 to 17 are obese (≥95th percentile).

- Comparable to the regional percentage.
 - Comparable to the national percentage.
 - Comparable to the Healthy People 2020 target (14.6% or lower for children age 2-19).
- 📊 No change from 2009 survey findings.

Child Obesity Prevalence

(Percent of Children 5-17 Who Are Obese;
Body Mass Index in the 95th Percentile or Higher)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 193]
 • 2011 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.

Other Body Weight Indicators (Adults)

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
Now I would like to ask, about how much do you weigh without shoes?		<i>Healthy Weight</i> (BMI 18.5-24.9)	36.9%	36.6%	34.1%	31.7%
About how tall are you without shoes?		<i>Overweight/Obese</i> (BMI 25.0+)	61.5%	62.9%	64.3%	66.9%
<i>Weight and height are used to calculate a Body Mass Index (BMI) for each respondent.</i>		<i>Obese</i> (BMI 30.0+)	32.3%	30.5%	29.0%	28.5%
How would you describe your own personal weight ?	<i>All respondents</i>	"About The Right Weight"	n/a	40.7%	39.8%	
During the past 12 months, has a doctor asked you about or given you advice about your weight ?	<i>All respondents</i>	Yes	22.0%	24.2%	28.4%	25.7%
	<i>Overweight respondents</i>	Yes	29.8%	32.6%	38.4%	30.9%
	<i>Obese respondents</i>	Yes	42.6%	47.0%	52.6%	47.4%
Are you currently trying to lose weight by both exercising and eating fewer calories or less fat?	<i>Overweight respondents</i>	Yes	56.6%	49.5%	47.2%	38.6%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 189; 119; 118; 191-192; 190]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Obesity & Nutrition

Many focus group participants discussed obesity and nutrition, with the overriding themes including:

- Poor eating habits
 - Food deserts
 - Fast food is less expensive
- Nutritional education
- Low levels of physical activity
- Basic needs are not being met

Focus group attendees believe that many residents within Cook County cannot meet their own **basic needs**. The environment in which these individuals live does not support their ability to make healthy choices, like eating nutritious foods or participating in physical activity.


"I think we call too many things 'lifestyle' that really are 'environment.' I'm not talking about belching smokestacks although that's one piece of it but if you're living in a high crime neighborhood, how can I blame you for not getting out and exercising or not getting your kids out and exercising; it doesn't seem very productive. If you're living in a food desert -- I have students in West Garfield all the time and they are astonished by how few food choices there are for people to take advantage of in that neighborhood that are affordable, that are fresh." — Cook County Key Informant

Cook County attendees stressed the importance of meeting people where they live, work and play in order to make the most impact. In addition, agencies must recognize the hardships which residents face daily, as one participant explains:

"I think the problem is also small rewards. Like everybody knows pretty much that smoking isn't good for you, but a cigarette is a reward and it's within people's reach, more or less. And food is a reward, God knows, and it's within people's reach. And so you have to think small because if you think big you aren't going to meet these people where they really live. I serve a low income population and probably most of them are below the poverty line...So I can hardly begrudge them a cigarette or food if they're obese because that's it. They aren't going to go on vacation." — Cook County Key Informant

South Cook County group members agreed that residents possess **poor eating habits** and that many areas of the community are considered to be "food deserts" because there are no local grocery stores. Instead, community members purchase food at corner stores where a bag of chips sells for less money than the cost of fresh produce. **Fast food** and junk food represent **less expensive options** for community members who feel their dollar goes farther with these purchases; income creates a mental barrier for residents.

Focus group attendees think **nutritional and wellness education** should occur regularly, believing that many South Cook County residents do not know how to cook healthy meals. Several local faith-based organizations have begun to offer physical activity classes and cooking classes to congregation members. A participant describes his churches efforts:



"We have zumba classes and we have trainers who come in and speak to our men. We changed the way we eat. I've formed in the Southland Ministers a health ministry in each church where after church, rather than have our regular macaroni and cheese, fried chicken and all of that we say, 'Look, let's do eat some healthy after church stuff. Let's bake this chicken, let's grill it, let's do some salads.' And I got some young ladies who come in and go from church to church, teaching them how to do things like that." — South Cook County Key Informant

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

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; and suicide.

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

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 & Drug-Related Deaths

Indicator	Data Years	Expressed as:	Suburban Cook Co	MCHC Region	Illinois	United States
Cirrhosis/Liver Disease Deaths	2007-2009	Age-adjusted deaths per 100,000 population	8.2	8.2	8.2	9.2
Drug-Induced Deaths	2007-2009	Age-adjusted deaths per 100,000 population	10.3*	10.1	10.5	12.6

*Cook County data is used here; Suburban Cook County data is unavailable.

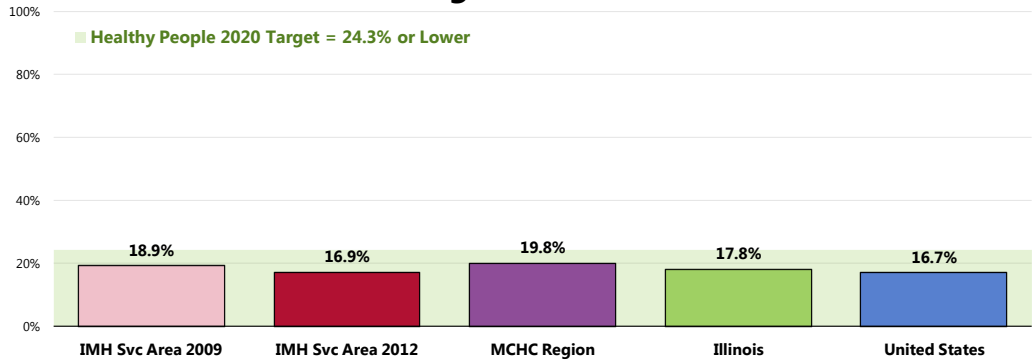
RELATED ISSUE:
See also *Stress* in the **Mental Health & Mental Disorders** section of this report.

High-Risk Alcohol Use

A total of 16.9% of service area adults are binge drinkers.

- Similar to regional findings.
- Similar to Illinois findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).
- ☒ Statistically unchanged over time.

Binge Drinkers



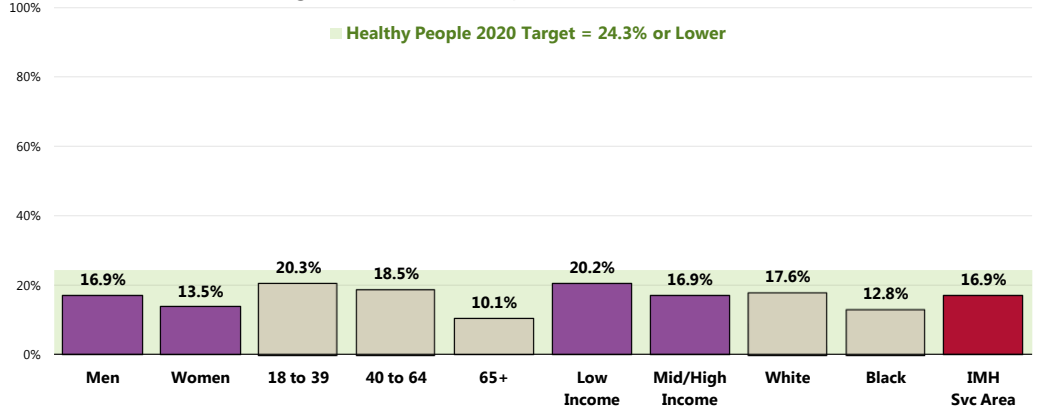
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 200]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2010 Illinois data.
 ● 2011 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.

☒ No statistical difference in binge drinking prevalence when viewed by demographic characteristics.

Binge Drinkers

(Ingalls Memorial Hospital Service Area, 2012)



Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 200]
 ● 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.
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

Other Substance Abuse Indicators

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?	All respondents	Current Drinker: any alcohol in past 30 days	49.8%	55.2%	61.3%	58.8%
On the day(s) when you drank, about how many drinks did you have on the average?		Chronic Drinker (calculated response): 60+ drinks of alcohol in past 30 days	5.1%	3.5%	4.4%	5.6%
During the past 30 days, how many times have you driven when you've had perhaps too much to drink?	All respondents	Drinking & Driving: 1+ times in past 30 days	1.4%	2.2%	2.1%	3.5%
During the past 30 days, how many times have you ridden with someone who had perhaps too much to drink?		Driven or Ridden (calculated response): drove drunk <u>or</u> rode with drunk driver 1+ times in past 30 days	9.5%	4.4%	5.8%	5.5%
Would you please tell me if you have ever suffered from or been diagnosed with liver disease?	All respondents	Yes	n/a	3.1%	1.6%	n/a
During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?	All respondents	Yes	0.6%	2.4%	3.7%	1.7%
Have you ever sought professional help for an alcohol or drug-related problem?	All respondents	Yes	8.0%	4.0%	3.6%	3.9%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 198-199; 75; 201; 38; 77-78]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Substance Abuse

Focus group participants are concerned with substance abuse in the community, with discussion focused on:

- Prevalence of substance abuse
- Stigma
- Grand Prairie Services
- Self-medication

A number of Cook County focus group participants express concern with the **prevalence of substance abuse** in the community, especially prescription drug abuse and use of heroin. Members agree that not enough prevention occurs in the community and that education on substance abuse needs to begin early. There are several substance abuse treatment facilities which anyone can enter regardless of insurance status, but the current **stigma** attached to substance abuse affects local agencies' ability to make an impact on the community:

"If you're not insured or have poor economic mobility, you have very good programs like Gateway and Haymarket. Those programs do a very good job. Resurrection has good outreach certainly for mental health in particular. But there is still a problem, a bias and a lack of education as to brain diseases, the whole spectrum." — Cook County Key Informant

South Cook County group attendees believe that drug use affects all demographics of the community, including youth and senior citizens. A number of participants worry about the **prevalence of substance abuse** in the South Cook community and the limited number of treatment facilities. **Grand Prairie Services** represent one of the only local agencies providing substance abuse treatment services. Participants worry because of the substantial budget cuts which substance abuse treatment agencies have experienced in the past few years:

"Drug use doesn't discriminate against income levels, across ethnicities. We're seeing higher rates of young adults using, along with their parents who are using to cope to get through the recession." — South Cook County Key Informant

South Cook County participants consider the high local levels of alcohol and drug use to be mechanisms for **self-medication** and escape from everyday life. In addition, many residents suffering from mental illness have co-occurring substance abuse concerns, as one participant describes:

"Mental illness and substance abuse most of the time come hand in hand. But you have to treat the -- it's the chicken or the egg at that point but when it's substance abuse that is probably the prevalent piece you need to treat. It's even harder to get treatment with two together." — South Cook County Key Informant

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US \$193 billion annually in direct medical expenses and lost productivity.

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

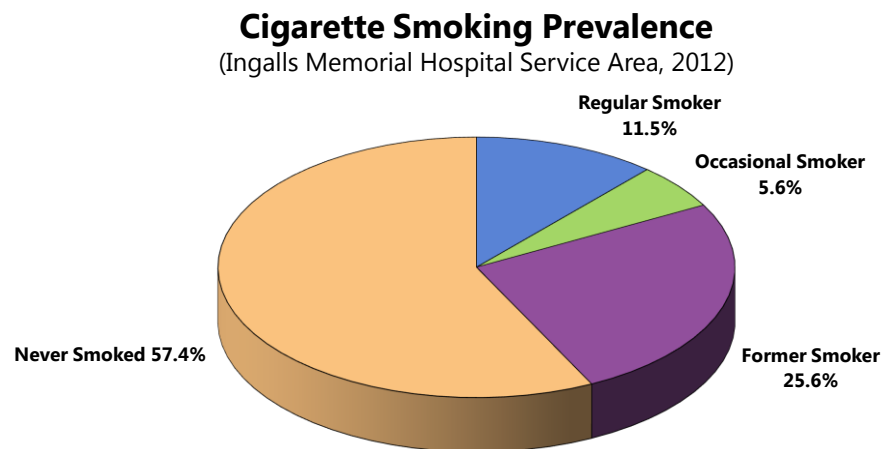
There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

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

A total of 17.1% of Ingalls Memorial Hospital Service Area adults currently smoke cigarettes, either regularly (11.5% every day) or occasionally (5.6% on some days).

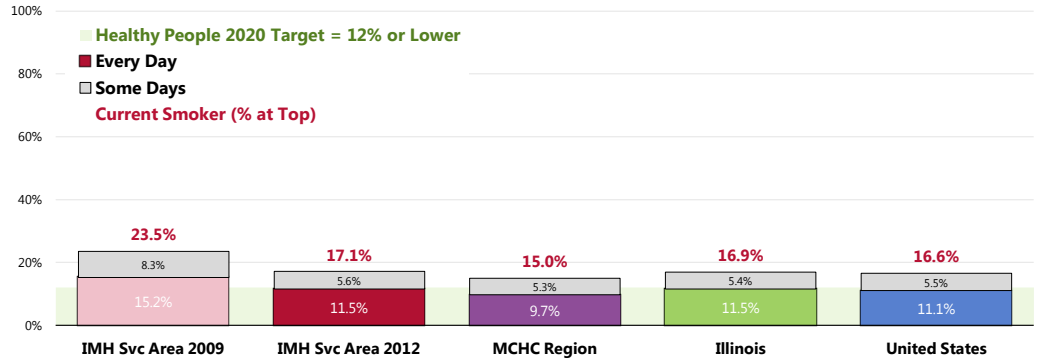


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
Notes: • Asked of all respondents.

- Similar to MCHC Region findings.
- Similar to statewide findings.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).


 The decrease over time is not statistically significant.

Current Smokers



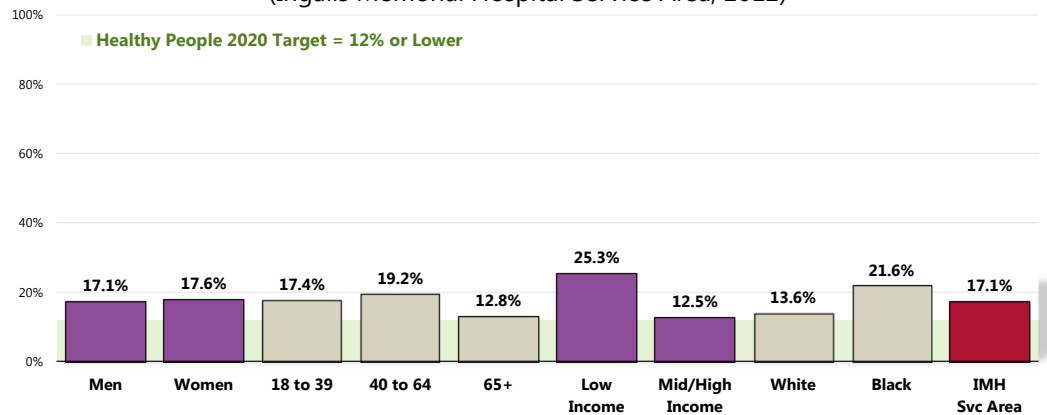
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 194]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 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 (everyday and some days).

Cigarette smoking is more prevalent among:

 Lower-income residents.

Current Smokers

(Ingalls Memorial Hospital Service Area, 2012)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
 - 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.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Includes regular and occasion smokers (everyday and some days).

Other Tobacco Use Indicators

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking ?	<i>Regular smokers</i>	<i>Yes</i>	40.9%	71.1%	57.5%	56.2%
In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking ?	<i>Regular and occasional smokers</i>	<i>Yes</i>	76.4%	73.2%	71.1%	63.7%
In the past 30 days, has anyone (including yourself) smoked cigarettes, cigars or pipes anywhere in your home an average of 4 or more days per week?	<i>All respondents</i>	<i>Yes</i>	24.5%	17.3%	15.9%	13.6%
	<i>Non-smokers</i>	<i>Yes</i>	7.4%	7.0%	9.0%	5.7%
	<i>Parents of children age 0-17</i>	<i>Yes</i>	10.8%	17.1%	13.8%	12.1%
Do you smoke cigars ?	<i>All respondents</i>	<i>Yes</i>	7.6%	4.0%	4.5%	4.2%
Do you use chewing tobacco, snuff or snus ?	<i>All respondents</i>	<i>Yes</i>	2.1%	2.5%	1.8%	2.8%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 67-69; 196-197; 71; 70]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Tobacco

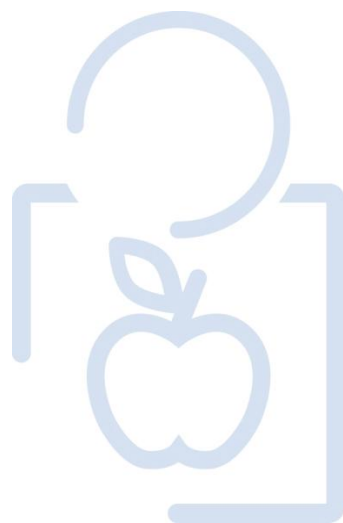
Many South Cook County focus group participants are concerned with tobacco use in the community, discussing these issues:

- Minority residents
- Stress

Focus group participants in South Cook County agree that cigarette smoking is a concern, especially for **minority residents**. The consequences of smoking worry participants, who believe that many smokers lead unhealthy lives and that smoking compounds their health issues. Attendees also believe that many residents use cigarettes as a way to relieve **stress**, as one participant describes:

"Hispanics and African Americans use Newports as a way of getting through the day. So they will literally -- something happens or they miss the PACE bus and they know they have to wait an hour and a half for the next one, they probably will go through at least five to ten cigarettes within that hour and a half alone, taxing their body -- without water -- they're not necessarily carrying the bottle of water -- they'll sell it but they won't drink it." — South Cook County Key Informant

ACCESS TO HEALTH SERVICES

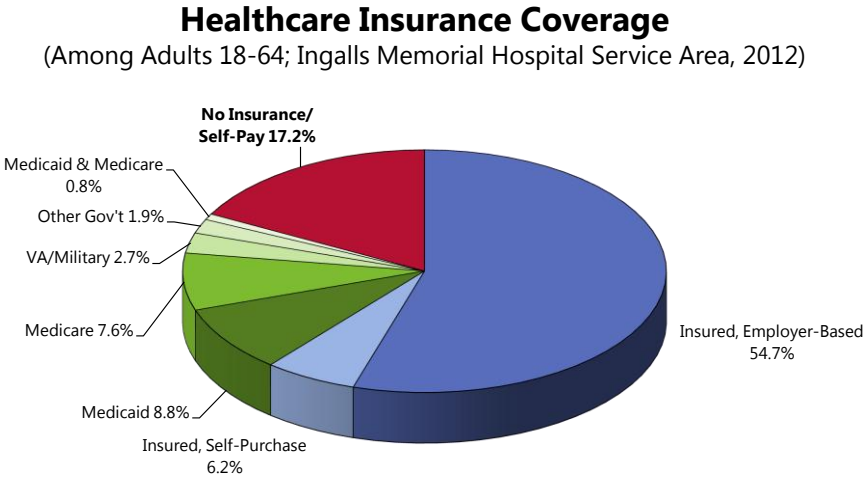


Health Insurance Coverage

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 60.9% of Ingalls Memorial Hospital Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 21.8% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

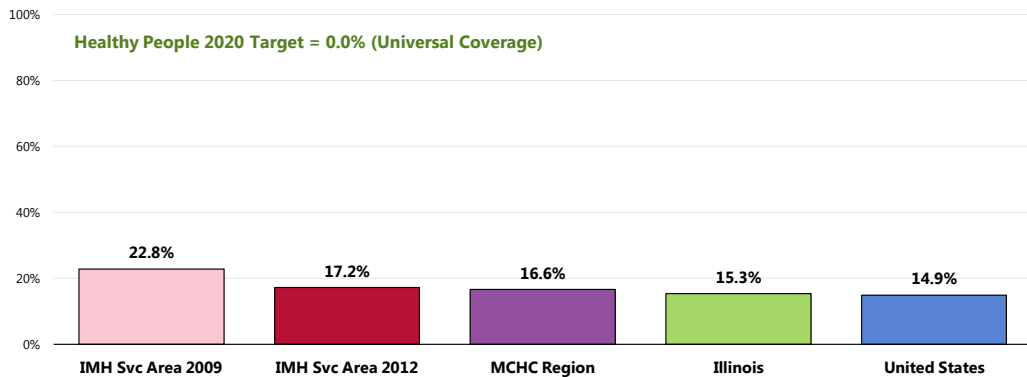
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 17.2% report having no insurance coverage for healthcare expenses.

- Similar to the regional findings.
- Similar to the state figure.
- Similar to national findings.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- ☒ The change over time is not significant.

Lack of Healthcare Insurance Coverage

(Among Adults 18-64)



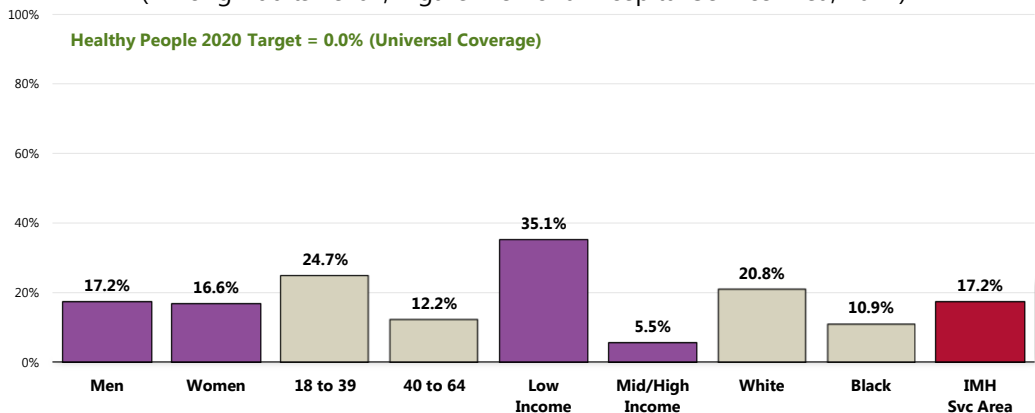
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 202]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Illinois data.
 - 2011 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.

The following residents are more likely to be without healthcare insurance coverage:

- Young adults, residents living at lower incomes (note the 35.1% uninsured prevalence among low-income adults), and Whites in the service area.

Lack of Healthcare Insurance Coverage

(Among Adults 18-64; Ingalls Memorial Hospital Service Area, 2012)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]
 - 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.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Difficulties Accessing 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.

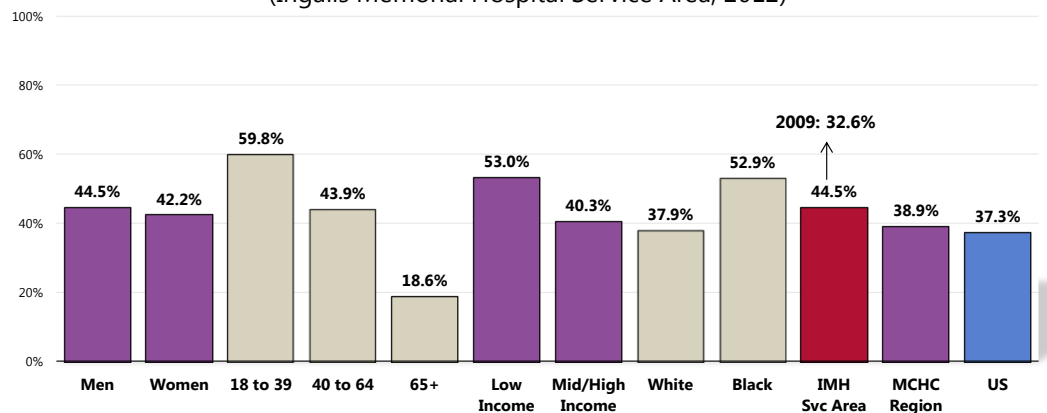
A total of 44.5% of Ingalls Memorial Hospital Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Less favorable than regional findings.
- Less favorable than national findings.
- ☒ Marks a significant increase since 2009.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- ☒ Adults under the age of 65 (note the negative correlation with age).
- ☒ Lower-income residents.
- ☒ Black adults.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Ingalls Memorial Hospital Service Area, 2012)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 206]
 ● 2011 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.
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Barriers to Healthcare Access

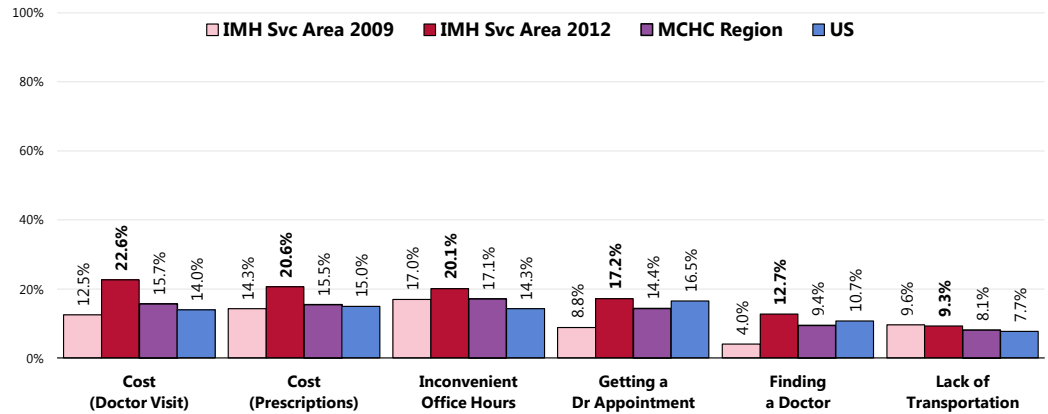
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, cost of a doctor visit impacted the greatest share of Ingalls Memorial Hospital Service Area adults (22.6% say that cost prevented them from seeing a physician in the past year).

- The proportion of service area adults impacted was statistically less favorable than MCHC regional findings for **cost** as a barrier to both physician visits and prescription medications.
- In comparison with US norms, the service area was impacted more often for **cost** as a barrier (to both physician visits and prescriptions) as well as inconvenient office **hours**.
- ☒ Since 2009, note the significant increases for these barriers: cost of doctor visits; difficulty getting a medical appointment; and difficulty finding a physician.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Other Healthcare Access Indicators

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
Do you have other supplemental health insurance in addition to your Medicare coverage?	Medicare recipients	Yes	90.8%	70.5%	69.7%	75.5%
Does your health coverage pay at least part of the cost of your prescription medicines ?	Insured respondents	Yes	89.0%	90.9%	93.4%	93.9%
During the past 12 months, was there a time when you did not have any health coverage ?	Insured respondents	Yes	1.8%	8.0%	6.6%	4.8%
Was there a time in the past 12 months when you skipped doses or took smaller doses in order to make your prescription last longer ?	All respondents	Yes	14.7%	16.2%	14.9%	14.8%
Was there a time in the past 12 months when you needed medical care for this child but could not get it ?	Parents of children age 0-17	Yes	6.5%	5.4%	3.3%	1.9%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 92-94; 13;134]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Access to Healthcare

Many focus group participants are concerned about access to healthcare, with discussion focused on these themes:

- Barriers to accessing healthcare
 - Uninsured and under-insured
 - Cost
 - Transportation (including the PACE bus system)
 - Medicaid reimbursement rates
 - Public clinics
 - Hours of operation
 - Emergency rooms and trauma centers

Focus group participants agree that residents encounter several **barriers** when trying to **access healthcare services** in Cook County (including South Cook County), and many disparities exist within the community (dependent upon geography). As one participant explains:

“Place plays a very large part in the disparity that we see between the healthy and those who aren’t healthy. I’d like to suggest, and this isn’t my idea, but that we actually talk about ‘sick care’ as what we now know as ‘healthcare,’ and that ‘healthcare’ we actually talk about ‘prevention’ and community programs that support a person with self-management.” — Cook County Key Informant

Focus group members report that many residents are **under-insured or uninsured**, creating additional barriers to accessing healthcare (especially specialty services). The

under-insured population includes the working poor: those individuals who may qualify for employer insurance but the deductibles are too high or the monthly employee cost is too much, so they elect to go without.

"You have the people with lots of resources, insurance, then you have folks that don't have or they have public aid. But then you have those in the middle, the working poor, so I want to just bring that up, the difficulty with those populations whereas they have employment and maybe their place of employment even offers health insurance but they cannot afford to take that." — Cook County Key Informant

There are several **public clinics** which uninsured persons can access, but these clinics remain understaffed and overwhelmed. The clinics also may possess older technology and have **limited hours of operation**, which are often inconvenient for working adults. One participant explains:

"I mean the equipment is slightly old, the staff in the South Suburban community in general is very warm but they're understaffed at their respective facilities. All of them are struggling immensely from their infrastructure because they're behind in their State of Illinois payments, so some of them have had to cut back on their hours and those hours that they're cutting back are hurting the community, especially when it comes to transportation to get to the clinics." — South Cook County Key Informant

Additionally, participants feel that the **cost** of healthcare and prescription medication can overburden families, *even those with insurance*.

"Well if you don't have the money when you go to see a doctor you don't know how much it's going to cost. Because unlike everything else in the world there could be a basic price given to you but lab tests, medicine, x-rays. So you really don't know. And that causes huge difficulty. Also the uninsured pay full price, unlike everybody else." — Cook County Key Informant

Many families in the South Cook County community live below the poverty line, so any cost can act as a deterrent; these families subsequently over-utilize the **emergency room** and never obtain preventative care:

"Well I think overall because there are so many different pockets of poverty that their access to healthcare is a big different with the clinics that they have access to and overall I think they're doing emergency care as their primary care." — South Cook County Key Informant

There are several school-based clinics and federally qualified health centers (FQHCs) in the community which operate on a sliding fee schedule to provide services to uninsured residents. However, the clinics are overwhelmed, so residents face extensive wait times or wait lists. **Transportation** may also hinder access. The current public transit routes don't always travel past a clinic, so some residents do not have easy access to a clinic. As one participant describes:

"FQHCs and community health centers are in the areas but they're overwhelmed. Also if you can't get to a clinic then there's no point. In suburban Cook County distances are fairly --public transportation is fairly poor. So you combine those two things and you can't maybe get to a FQHC even though it's relatively near but it isn't on a major route, or you're not on a major route." — Cook County Key Informant

Participants also discussed the ways in which limited **transportation** options hinder healthcare access for those residents without a personal vehicle in South Cook County. The United Way previously operated a transportation network, but funding ran out. The **PACE bus system** operates within the community and attendees believe that PACE represents a great partner, but the organization also has funding dilemmas. Compared with urban Chicago, the South Cook County public transportation options are considered “abysmal.” PACE does provide some discounts and residents can call and request a pick up, but this service has a fee.

Attendees also agree that current bus routes do not provide adequate geographic coverage and are concerned that the buses do not run 24/7. On the weekends, the bus may run only once per hour, if at all. Even during the week, it can take residents several hours to get to a destination, impeding healthcare access. Additionally, many residents may have to walk quite a bit to the nearest bus stop, which may be troublesome during inclement weather or for those residents with activity limitations. A participant recalls:

“Most of the routes when you get dropped off and you've got to get there the best way you can from there and it might be two, three, four, five blocks, depending upon the new areas that we're in, like when new construction goes up in an area, and then they don't have a bus route going in that direction. So you're basically going to have to get somebody to take you or you're going to be in trouble.” — South Cook County Key Informant

Some residents may qualify for **Medicaid** or **public aid**, but finding a provider who accepts that insurance can prove difficult; group participants agree that the number of physicians who accept Medicaid has decreased in recent years, due to the low **reimbursement rate** and the opportunity for primary care physicians to receive higher returns in other states. Although participants perceive there to be many primary care doctors in the area, many do not accept new Medicaid patients because of the reimbursement schedule; physicians cannot afford to wait for payments, as one participant describes:

“They (the state) pay so late you could put somebody out of business... The earliest for reimbursements is six to nine months.” — South Cook County Key Informant

Participants have concern about community members' access to emergency services, speaking at length about the need for a **trauma center**. There are very few local facilities that will accept uninsured trauma victims, and those that do may go on “bypass” (diverting patients to another hospital), so the next closest facility is Cook County which can take over an hour to access due to heavy traffic.

“We don't have a trauma center in Southland. Blunt trauma, you fall, car accident, that's one thing -- you got insurance most likely. But you get shot, cut, stabbed, then you don't have insurance sometimes. So now you got to go all the way to Stroger, if this is on bypass, and it does go on bypass quite a bit.” — South Cook County Key Informant

Primary Care Services

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)

Specific Source of Ongoing Care

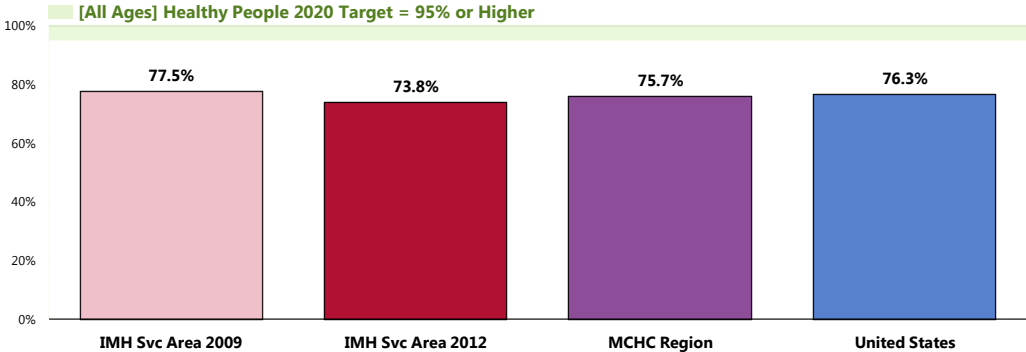
A total of 73.8% of Ingalls Memorial Hospital Service Area adults were determined to have a specific source of ongoing medical care (a “medical home”).

- Similar to regional findings.
- Similar to national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).
- ☒ Statistically unchanged over time.

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 also known as a “medical home.”

A hospital emergency room is not considered a source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 203]
 ● 2011 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 adults are less likely to have a specific source of care:

 Lower-income residents.

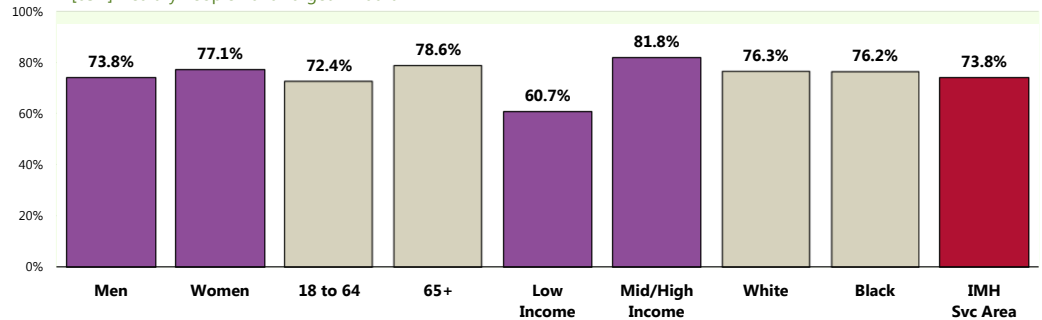
Have a Specific Source of Ongoing Medical Care

(Ingalls Memorial Hospital Service Area, 2012)

[All Ages] Healthy People 2020 Target = 95.0% or Higher

[18-64] Healthy People 2020 Target = 89.4% or Higher

[65+] Healthy People 2020 Target = 100%



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 203-205]

• 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.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Other Primary Care Indicators

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
Have you visited a doctor for a routine medical exam in the past year?	All respondents	Yes	73.0%	71.1%	71.6%	67.3%
Has your child visited a doctor for a routine checkup or general physical exam in the past year?	Parents of children age 0-17	Yes	99.2%	91.8%	90.9%	87.0%
In the past 12 months, how many time have you gone to a hospital emergency room about your own health (including ER visits that resulted in admission)?	All respondents	2+ times	13.0%	8.9%	7.9%	6.5%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 17; 136; 23]

• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

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.

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
- Poor dietary choices

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
- 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.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

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)

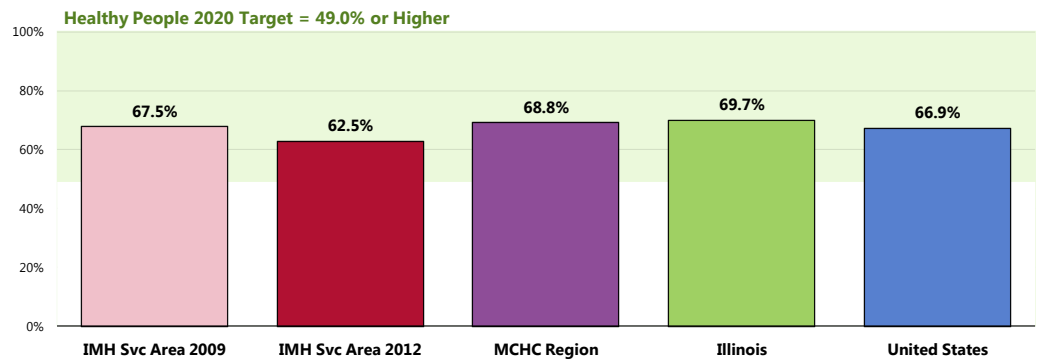
Recent Dental Care

Adults

Just over 6 in 10 Ingalls Memorial Hospital Service Area adults (62.5%) have visited a dentist or dental clinic (for any reason) in the past year.

- Lower than MCHC regional findings.
- Lower than statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- ☒ No statistical difference from 2009 survey findings.

Have Visited a Dentist or Dental Clinic Within the Past Year

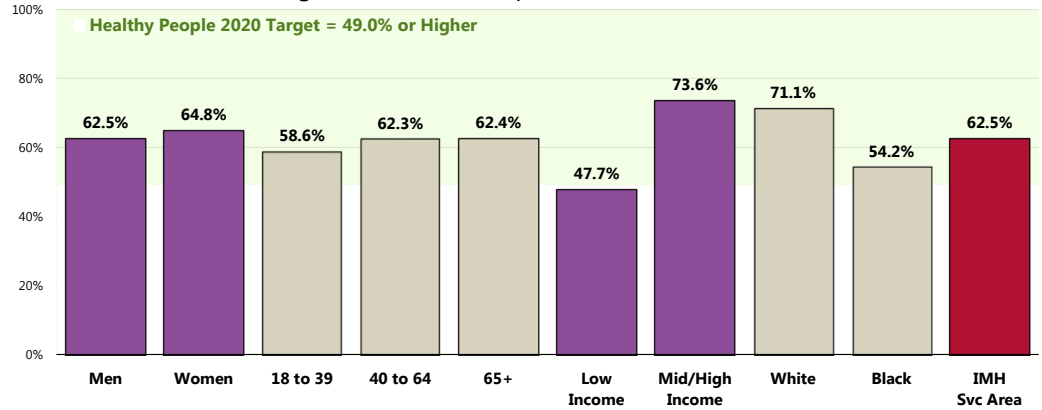


- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Illinois data.
- Notes:
- Asked of all respondents.

Lower income adults and Black residents report much lower utilization of oral health services.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Ingalls Memorial Hospital Service Area, 2012)



Sources: • 2012 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.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

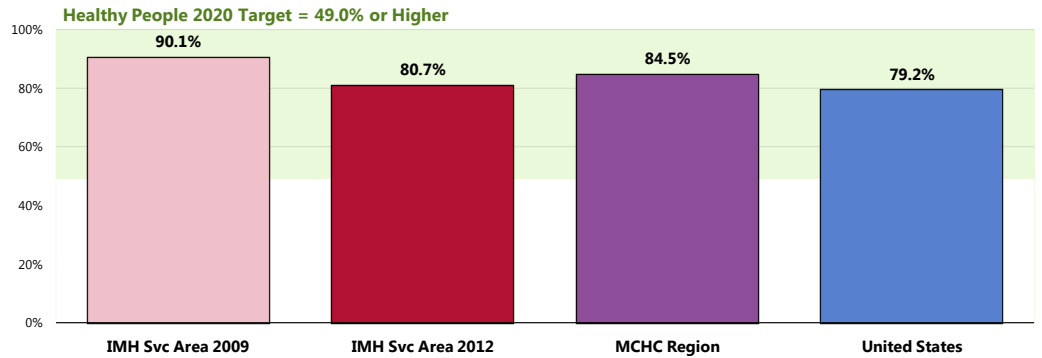
Children

Most (80.7%) Ingalls Memorial Hospital Service Area parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Similar to findings across the region.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- ☒ The change over time is not significant.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Parents of Children 2-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 137]
 • 2011 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 2-17 at home.

Other Oral Health Indicators

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
Do you currently have any dental insurance coverage that pays for at least part of your dental care?	<i>All respondents</i>	<i>Yes</i>	63.6%	60.6%	65.2%	60.8%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Vision Care

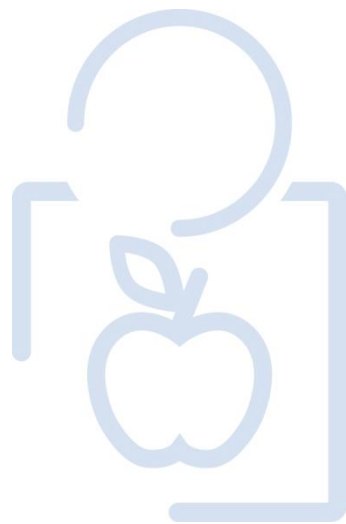
Eye Exams

RELATED ISSUE:
See also *Vision & Hearing* in
the **Deaths & Disease**
section of this report.

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
Have you had an eye exam during which your eyes were dilated in the past two years?	<i>All respondents</i>	Yes	62.1%	60.3%	58.8%	57.5%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

HEALTH EDUCATION & OUTREACH

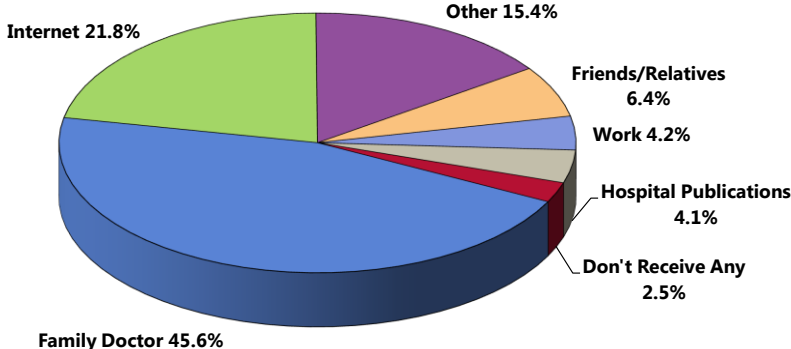


Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 45.6% of Ingalls Memorial Hospital Service Area adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 21.8%.
 - Other sources mentioned include friends and relatives (6.4%), work (4.2%) and hospital publications (4.1%).
- Just 2.5% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(Ingalls Memorial Hospital Service Area, 2012)



Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: ● Asked of all respondents.

Participation in Health Promotion Activities

Question	Asked of:	Response:	IMH Service Area 2009	IMH Service Area 2012	MCHC Region	United States
In the past year, have you participated in any organized health promotion activities , such as health fairs, health screenings or seminars, either through your work, hospital or community organization?	All respondents	Yes	17.7%	20.0%	20.2%	22.2%

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 128]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Education

Many focus group participants discussed education and prevention needs for the community, with conversation delving into these issues:

- Prevention
- Health literacy
- Provide education where people live, work and play
- Employee wellness programs

Focus group participants agree that health education represents an important factor in the equation of **prevention** and improving the overall health of community members. Attendees believe that Cook County residents suffer due to limited prevention programming and that prevention does not occur regularly because of minimal subsidies for those services. School-based clinics do their best to educate students, but funding is always a challenge:

"I'm going back to our school-based health centers and I think of all the wonderful work that our RNs do and that it's all prevention and education and keeping people out of the emergency departments. But nobody pays me for that. So you're constantly writing grants which are not sustainable and taking up time of mine where I could be doing something much more functional than continuing to write." — Cook County Key Informant

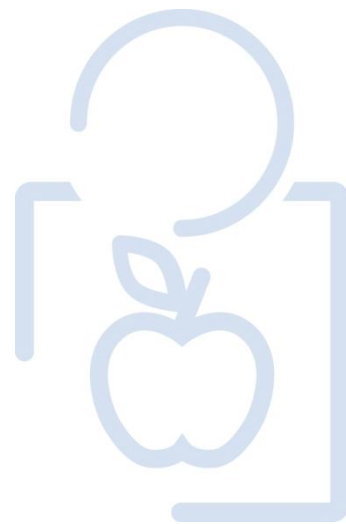
Providing education where people live, work and play is critical to ensuring that education reaches the entire community. Agencies and providers must recognize the diverse cultures and ethnicities in the community and provide programming in multiple languages.

Overall, **health literacy levels** in Cook County remain low and urgently need to increase. Higher health literacy would help residents realize the importance of preventative healthcare, medication management and healthy eating. Health-literate residents would seek improved communication with their physicians.

Participants also feel strongly that **employee wellness programs** can positively impact workers. In addition to better engagement at work, many wellness programs increase overall health and quality of life.

"So now there's a push to encourage employers to continue with the health prevention programs and not to look for a return on the investment per se but look for -- these are all jargon -- return on engagement, that what happens is because you offer this prevention in general your employees will feel more engaged even if they don't take advantage of the prevention services." — Cook County Key Informant

LOCAL HEALTHCARE

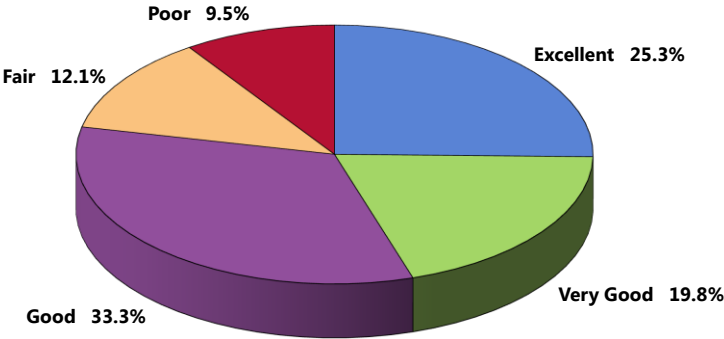


Perceptions of Local Healthcare Services

A total of 45.1% of Ingalls Memorial Hospital Service Area adults rate the overall healthcare services available in their community as "excellent" or "very good."

- Another one-third (33.3%) gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community
(Ingalls Memorial Hospital Service Area, 2012)

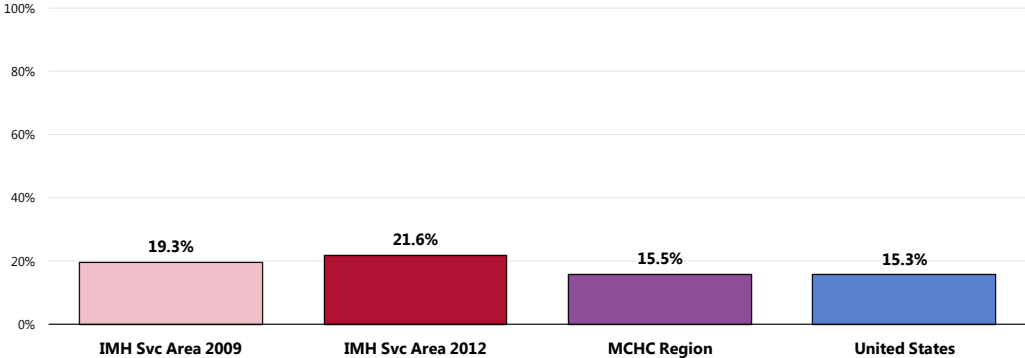


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 21.6% of residents characterize local healthcare services as "fair" or "poor."

- Less favorable than the regional findings.
- Less favorable than that reported nationally.
- ☒ Statistically unchanged over time.

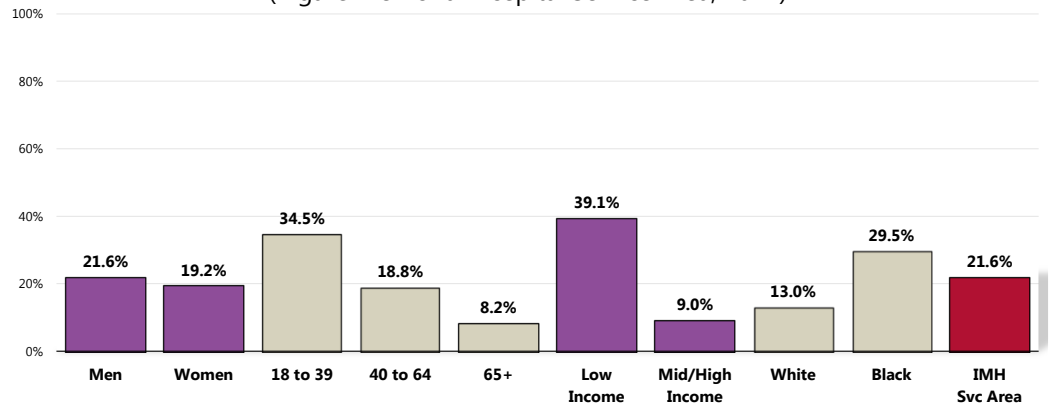
Perceive Local Healthcare Services as "Fair/Poor"



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

👥 Young adults are more critical of local healthcare services, as are Black residents and community members living in households with lower incomes.

Perceive Local Healthcare Services as “Fair/Poor” (Ingalls Memorial Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Other Issues

Related Focus Group Findings: Collaboration

Participants spent time discussing the varying degrees of collaboration occurring in the community between non-profit organizations, schools, healthcare providers and hospitals. The issues surrounding collaboration were:

- Varying degrees of collaboration
- Operation in silos
- Complement vs. competition
- Resource guide

Many focus group respondents feel there are **varying degrees of collaboration** in Cook County, agreeing that collaboration is not the norm. Historically, organizations in Cook County have **operated in silos** and have not communicated well (aside from non-profits). The status quo frustrates participants who believe it is critical to connect primary care physicians with public health and for hospitals to coordinate care.

However, with the reduction in state funding and with grant applications pushing coordination, attendees note that some collaborative efforts have begun:

"I mean I think that recent events have tended to create more pressures, opportunities in some cases to look at ways to partner and work together to address issues where it used to be one organization that could do it. As those resources are being cut back they're looking for partners to kind of continue meeting that need that's out there even if they can't do it within their own organization." — Cook County Key Informant

There is a history of competition among South Cook County agencies, but new funding opportunities push collaboration, so organizations have begun to coordinate efforts. Participants agree that all agencies could enhance their collaborative efforts across sectors, and respondents specified that school systems could participate more regularly.

Participants feel that agencies must **complement and not compete** in order to have the biggest impact on residents. South Cook County attendees have hope for future collaborative efforts:

"I believe that as we move forward we'll start to see deeper collaborative partnerships that actually have leverage power and utilize those conglomerates in pockets of industry-based areas whether it's mental health or developmental disabilities, to come together to have that larger voice for human services overall to put pressure on legislators to do something different so that it doesn't feel so much like they're taking the human out of human services." — South Cook County Key Informant

Participants also see a need for a **resource guide**, some type of clearinghouse or system where agencies and residents can locate information about the current resources available. Participants agree that easy access to information and services will facilitate better access to care for community members. One participant explains:

"I think a lot of it is we don't have the information at our fingertips and then it becomes a hassle to do it so we don't. In the last two years is when I finally found out about access clinics." — Cook County Key Informant

Related Focus Group Findings: Senior Health

Many focus group participants discussed geriatric health issues, with primary focus centering on:

- A need for health advocates

Cook County focus group attendees believe that senior citizens experience unique health concerns, facing such barriers as hearing or vision difficulties. In general, physicians do not have extra time to explain procedures or prescriptions to them; therefore, many seniors leave the office without a complete understanding of their medications. Participants agree that having a **health advocate** for this population would assist in comprehension and treatment adherence. Further, long-term use of health advocates could potentially result in lower hospitalization rates.

"They have a little bit of a hearing problem and the providers speak fast like me and soft, so the seniors can't hear. Nothing is given to them in writing to follow up. There isn't a chance to meet with somebody perhaps less expensive than the physician's specialist provider to really go through the visit to say, 'What just happened here and what questions do you have?' or beforehand to say what questions you have when you want to go in. I despair for the people who don't have somebody to accompany them on every visit and help them." — Cook County Key Informant