



# Community Health Needs Assessment 2013

Saint Anthony Medical Center

Winnebago County

Prepared by Dr. Laurence G. Weinzimmer and Professor Eric J. Michel

# Executive Summary

*The Winnebago County Community Health-Needs Assessment (CHNA) is an undertaking by Saint Anthony Medical Center to highlight the health needs and well-being of residents in Winnebago County.*

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

Specifically, team members included representatives from Saint Anthony Medical Center, members of the Rockford Health Council, administrators from the County Health Department, physicians/administrators from clinics serving the at-risk population, and representation from the United Way.

## Why Focus on the Health Needs of Winnebago County?

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

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

Specifically, this assessment provides a detailed analysis of:

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

# Methodology

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

## PHASE I

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

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

## PHASE II

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

To collect data in this study, two surveying techniques were used. First, a pilot study was created to test the psychometric properties and statistical validity of the survey instrument. Second, online and paper surveys were employed to gain insight into resident perceptions of the community. To specifically target the at-risk population, surveys were distributed at all homeless shelters and soup kitchens. In sum, a total of 851 residents were surveyed with 94 respondents using a version translated into Spanish.

## PHASE III

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

The identification and prioritization of the most important health-related issues in the Winnebago County region are identified in Phase III. After summarizing all of the issues in the Community Health Needs Assessment, a comprehensive assessment of existing community resources was performed to identify the efficacy to which health-related issues were already being addressed. Approximately 80 organizations that serve the needs of the Winnebago County region were identified. Finally a collaborative effort of leaders in the healthcare community used an importance/urgency methodology to identify the most critical issues in the area.

# Phase 1: Demographics

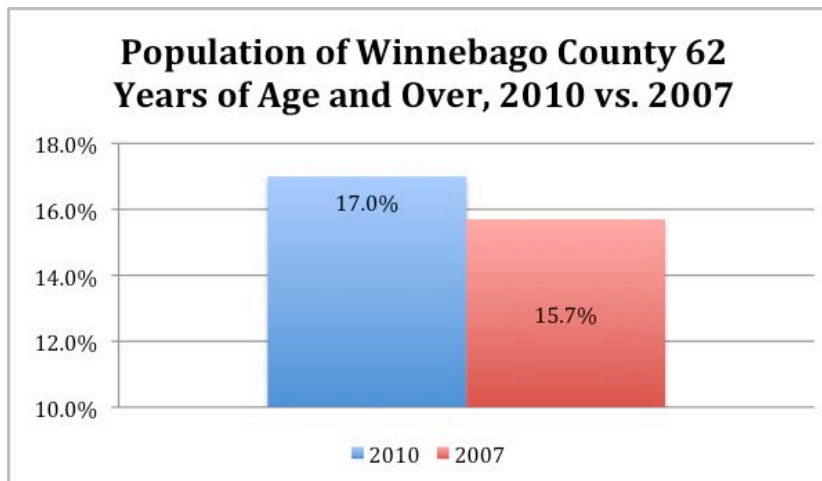
## Demographics

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

### *Increasing Elderly Population -*

While the 62 and older population increased between 2007 and 2010, subsets of the Winnebago County population also increased during the same time period. National forecasts estimate that individuals over age 65 will increase by one-third by 2022. In Winnebago County, the percentage of individuals 55-59, 60-64, 65-74, and 85 years and over increased between 2007 and 2010.

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



# Phase 1: Demographics

## *Risky Behaviors*

Data from the Illinois Behavioral Risk Factor Surveillance System (BRFSS) suggests 20.2% of Winnebago County residents identify as smokers, compared to 18.8% of residents across the State of Illinois.

23.1% of Winnebago County respondents engage in binge drinking versus 17.5% of respondents across the State of Illinois. Both figures exceed the US national 90th percentile benchmark of 8%.

In Winnebago County, the past 30-day use is higher for alcohol use (8th graders and 12th graders) and marijuana use (8th graders and 12th graders) when compared to State of Illinois averages.

Birth rates to teenage mothers and sexually transmitted infections exceed the State of Illinois averages, with rates for chlamydia and gonorrhea in Winnebago County exceeding the state average since 1990.

## *Mental Health*

There was a 20% increase in the growth rate of Winnebago County residents reporting they felt mentally unhealthy on 8 or more days per month between 2006 (13.8%) and 2009 (16.5%). For comparison, there was an 11% increase in the growth rate of Illinois residents reporting they felt mentally unhealthy on 8 or more days per month between 2006. Furthermore, rates in Winnebago County (16.5%) exceed the State of Illinois average (13.8%).



# Phase 1: Demographics

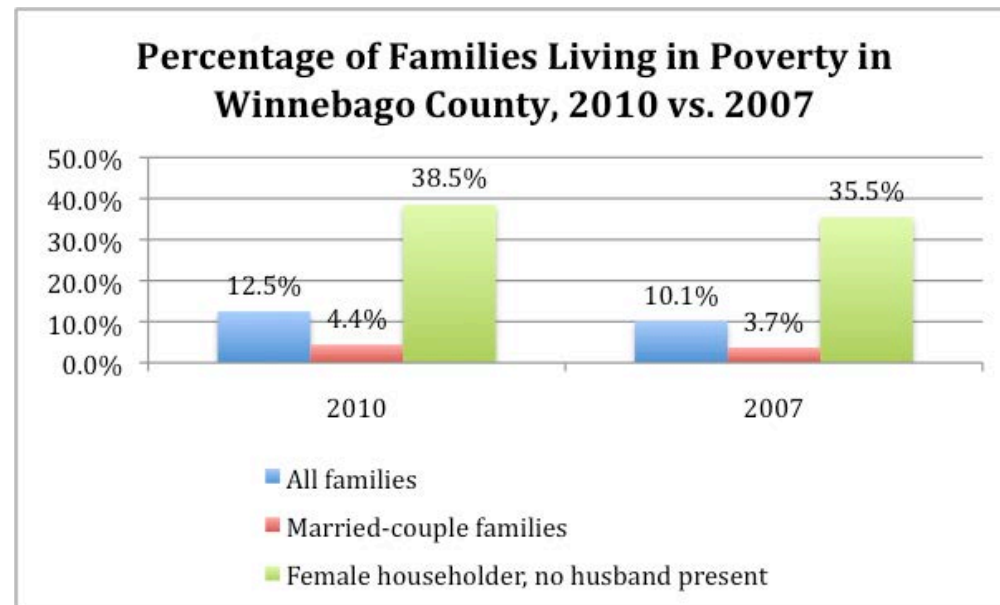
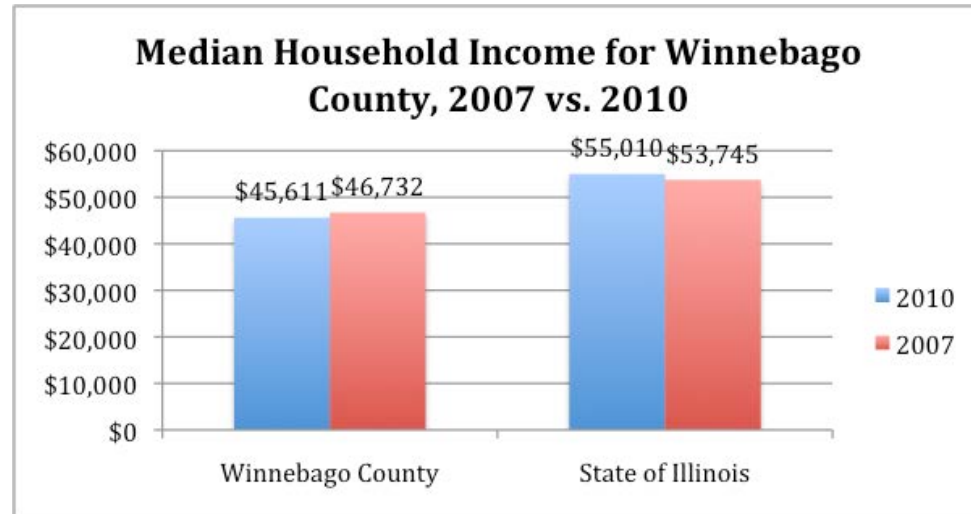
## Poverty

Poverty has a significant impact on the development of children and youth. The Winnebago County region has seen a 24% increase in families living in poverty between 2007 to 2010. Data from 2010 indicate poverty rates in Winnebago County have increased for three categories of families: all families, married-couple families, and families led by single-mothers with no husband present.

However, the percentage of Winnebago County families led by single-mothers with no husband present is 10% higher than the State of Illinois average (28.5%).

In 2010, the median household income in Winnebago County was nearly \$10,000 less than the State of Illinois average.

Regarding employment data, for the years 2007 to 2011, the Winnebago County unemployment rate significantly exceeded than the State of Illinois unemployment rate.

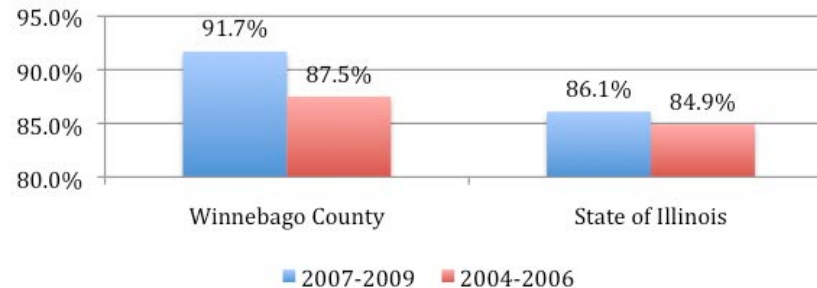


# Phase 1: Access to Health Services

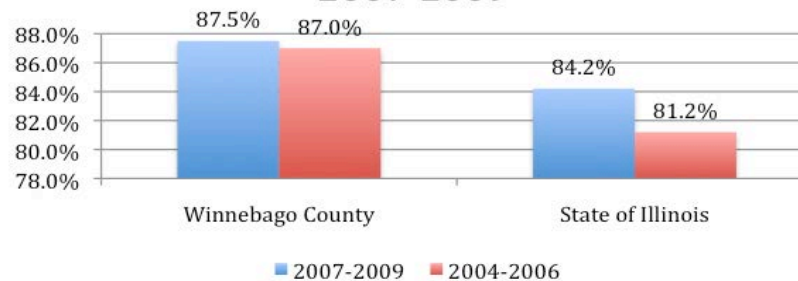
## Accessibility to Health Care

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

**Percentage of Winnebago County Respondents with Health Care Coverage, 2004-2006 vs. 2007-2009**



**Percentage of Winnebago County Region Respondents with a Usual Health Care Provider, 2004-2006 vs. 2007-2009**



*Dental Care:* 19.5% of Winnebago County residents did not see a dentist in the last year compared to 19.8% of residents across the State of Illinois did not visit a dentist in the last year.

Research suggests that private health insurance companies cover nearly 1/3 of national health expenditures. Medicare covered approximately 20.2% of national health expenditures in 2010, up nearly 4% since 2000. According to the Illinois BRFSS, 22.5% of Winnebago County residents rely on Medicare coverage as their primary insurance coverage. Recent data suggest 91.7% of Winnebago County residents possess medical health care coverage. This percentage is well above the 86% response rate for the State of Illinois.

# Phase 1: Predictors of Morbidity and Mortality

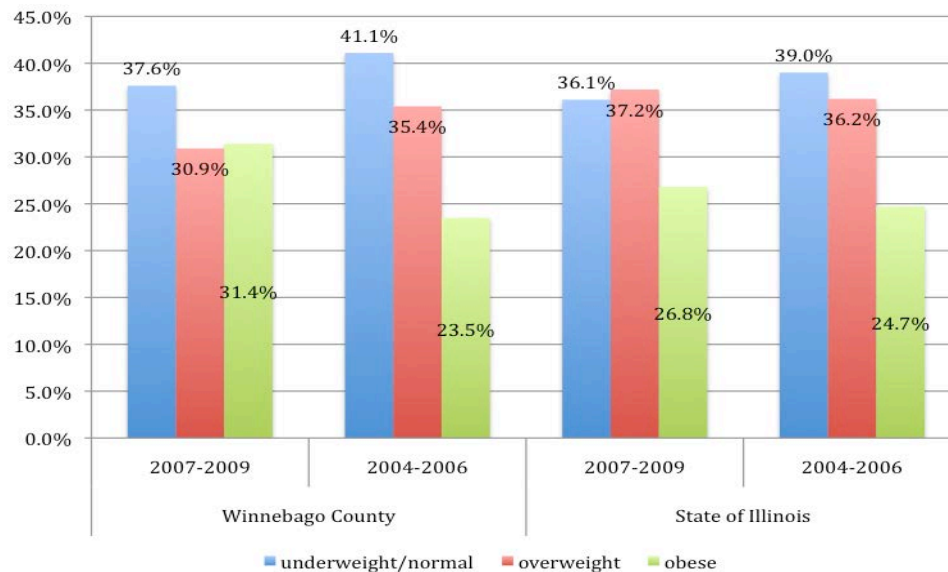
## Predictors of Morbidity and Mortality

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

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

Data from 2010 indicate 64% of Illinois adults are obese or overweight, with a disproportionate number of obese or overweight individuals living in rural areas.

**Percentage of People Diagnosed as Overweight or Obese in Winnebago County and Illinois**



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

With regard to nutrition, evidence suggests residents in the Winnebago County region are not eating enough fruits and vegetables. Between 2007 and 2009, 84% of Winnebago County region residents consumed less than 5 servings of fruits or vegetables per day.

24% of Winnebago County region residents report that they did not participate in any leisure-time physical activities or exercises during the past month.



# Phase 1: Predictors of Morbidity and Mortality

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

According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure, and asthma. Adverse physical health side effects of obesity include orthopedic problems with weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity impacts educational performance as studies suggest that overweight students miss one day of school per month on average and school absenteeism of obese children is six times higher than that of non-obese children.

## *...and Adults*

With adults, obesity has far-reaching consequences. Obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year. The financial costs of obesity are staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded \$3.4 billion.



# Phase 1: Morbidity and Mortality Issues

## Morbidity and Mortality Issues

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

*Heart disease, the second leading cause of death in Winnebago County, is impacted by the following related cardiovascular conditions:*

**Hypertension** – High blood pressure, which is also known as hypertension, is dangerous because it forces the heart to work extra hard to pump blood out to the rest of the body and contributes to the development of the hardening of arteries and heart failure. Data from the Illinois BRFSS suggest an increase in the percentage of Winnebago County residents having high cholesterol between 2006 (22.2%) and 2009 (30.3%) and data from Rockford area hospitals report the number of cases of inpatient hypertension complication has increased 36% between 2009 (111 cases) and 2012 (151 cases).

**Congenital cardiac anomalies** – Defined as any structural or functional abnormality or defect of the heart, congenital heart anomalies are a major cause of neonatal distress and the most common cause of death in the newborn other than problems related to prematurity.

**Dysrhythmia and cardiac arrest** – Cases of dysrhythmia and cardiac arrest at Rockford area hospitals have increased by 4% between 2009 (844 cases) and 2012 (878 cases) for inpatient admissions. Of particular interest, cases of dysrhythmia and cardiac arrest in individuals age 18-44 have increased by 37% during the same time frame for inpatient admissions.

**Cardiovascular Disease** – The number of cases of other cardiovascular disease at Rockford area hospitals has increased 16% between 2009 (270 cases) and 2012 (313 cases).

**Cases of stroke** – Cases of stroke at Rockford area hospitals have decreased by 6% between 2009 (807 cases) and 2012 (762 cases) for inpatient admissions.

# Phase 1: Morbidity and Mortality Issues

Other prevalent issues in the McLean County Region include:

**Chronic obstructive pulmonary disease (COPD)** – The number of cases of COPD for individuals 45-64 years of age and older at Rockford area hospitals from the Winnebago region has increased 10% between 2009 (293 cases) and 2012 (322 cases).

**Diabetes** - Diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks. It is estimated that 90-95% of individuals with diabetes have Type II diabetes (previously known as adult-onset diabetes).

Data from the Illinois BRFSS indicate that 9% of Winnebago County Region residents have diabetes. Compared to data from 2006, the prevalence of diabetes has increased in Winnebago County.

**Cancer** – Cancer is the leading cause of death in Winnebago County.

Three types of cancer are becoming more prevalent in the Winnebago County region: breast, pancreatic, and leukemia. The number of cases of inpatient breast cancer at Rockford area hospitals increased 53% between 2009 (68 cases) and 2012 (104 cases). The number of cases of inpatient pancreatic cancer at Rockford area hospitals increased 10% between 2009 (31 cases) and 2012 (34 cases). The number of cases of inpatient leukemia at Rockford area hospitals increased 20% between 2009 (25 cases) and 2012 (30 cases).

Overall, *the leading causes of death* in Winnebago County include malignant neoplasm at 25%, diseases of the heart at 24%, followed by chronic lower respiratory disease at 6%, accidents at 5%, and cerebrovascular disease at 5%.

# Phase 2: Survey Results

## Misperceptions of Community Health Issues

Inconsistencies exist  
between people's  
perception of health  
issues and actual  
data

***Lung Disease*** – Residents of Winnebago County also rate lung disease relatively low despite data from the Rockford area hospitals indicating an increase in the number of cases of COPD between 2009 and 2012. COPD is a contributing factor of lung disease.

***Dental*** – Residents of Winnebago County also rate dental relatively low despite data from the Illinois BRFSS suggesting nearly 20% of residents have not seen a dentist in two or more years.

***Sexual Health*** – Residents in Winnebago County rate sexually transmitted infections (STIs) relatively low compared to actual cases of STIs. Data from the Illinois Department of Public Health indicate rates for chlamydia and gonorrhea in Winnebago County have exceeded the state average since 1990. Residents of Winnebago County rate teenage pregnancy relatively low despite data indicating the teen pregnancy rate in Winnebago County (13.6%) significantly exceeded the State of Illinois rate (9.6%) in 2009.

# Phase 2: Survey Results

## Perceptions of the Importance of Access to Health Services

*Access to health services* was one of the most important determinants to quality of life. *Access to health services* was particularly important among older individuals residing in Winnebago County.

*Physical Exercise* - Men are more likely to engage in physical exercise, while homeless residents are not. Only 11% of the population engages in exercise 5 or more times a week.

*Healthy Eating* - Only 4% of the population consumes at least the minimum recommended servings of fruits/vegetables in a day. Those that are more likely to have healthy eating habits include older residents, people with higher educations and more income.

*Decrease Smoking* - Smoking is on the decline; however, less educated people, younger people, Black residents, lower income respondents and homeless people are still more likely to smoke.

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

## Healthy Behaviors

Several issues relating to healthy behaviors were identified

# Phase 2: Survey Results

## Access to Medical Services

Several issues relating to health service access in Winnebago County were identified

*Choice of Medical Care* - Only 62% of people living in deep poverty seek medical services at a clinic or doctor's office. For this segment of the population, it is very common to seek medical services from an emergency department (18%), or even more concerning is that 9% of this segment of the population will not seek any medical services at all.

*Access to Medical Care and Prescription Medications* - Over 28% of the population living in deep poverty indicated there was a time in the last year when they were not able to get medical care when needed. The leading causes were lack of insurance and inability to afford a copayment or deductible. Similar results were found for access to prescription medication.

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

*Access to Counseling* - Approximately 16% of people living in deep poverty indicated they were not able to get counseling when they needed it over the last 12 months. Leading indicators are lower education, lower income and homelessness. While affordability and insurance were the leading reasons, fear and embarrassment were also significant.

*Access to Information* - Across categories, residents of the Winnebago County area get most of their medical information from doctors.

*Type of Insurance* - Across Winnebago County, the most prevalent type of insurance is private or commercial; however, those living in poverty are disproportionately more reliant on Medicaid. For those living in poverty, 24% do not have any type of insurance at all. 13

# Phase 3: Prioritization of Community Health-Related Issues

Specific criteria used to identify these issues included:

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

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

## *Community Misperceptions*

Based on results from the survey, respondents incorrectly perceived “sexually transmitted infections”, “lung disease”, “teen pregnancy,” and “dental” as being relatively less important health concerns to the community. These results conflict with existing data. As previously mentioned, rates for chlamydia and gonorrhea in Winnebago County have exceeded the state average since 1990; the number of cases of COPD, a contributing factor of lung disease, increased for older individuals at Rockford area hospitals between 2009 and 2012; teen pregnancy rates in Winnebago County (13.6%) exceed the State of Illinois rate (9.6%) for 2009; and dental data suggests nearly 20% of Winnebago County residents have not seen a dentist in two or more years.

## *Risky Behaviors - Substance Abuse*

Youth substance usage in Winnebago County exceeds the State of Illinois averages for 12th graders (alcohol and marijuana usage). Youth substance usage in Winnebago County also exceeds the State of Illinois averages for 8th graders (alcohol and marijuana usage). The percentage of Winnebago residents who identify as smokers (20.2%) exceeds the State of Illinois average (18.8%) for 2007-2009. While overall smoking is on the decline, however, less educated people, younger people, Black residents, lower income respondents and homeless people are still more likely to smoke.

## *Sexual Health*

Early sexual activity and Sexually Transmitted Infections (STIs) are significantly higher than State of Illinois averages. Teen pregnancy rates in Winnebago County (13.6%) exceed the State of Illinois rate (9.6%) for 2009. Rates for chlamydia, per 100,000 individuals, in Winnebago County have exceeded the State of Illinois average since 1990. Data from 2009 indicate rates of 550.6 cases per 100,000 individuals in Winnebago County compared to rates of 487.5 cases per 100,000 individuals across the State of Illinois. Similarly, rates for gonorrhea, per 100,000 individuals, in Winnebago County have exceeded the State of Illinois average since 1990. Data from 2009 indicate rates of 250.7 cases per 100,000 individuals in Winnebago County compared to rates of 160.7 cases per 100,000 individuals across the State of Illinois.<sup>14</sup>

# Phase 3: Prioritization of Community Health-Related Issues

## *Mental Health*

There was a 20% increase in the growth rate of Winnebago County residents reporting they felt mentally unhealthy on 8 or more days per month between 2006 (13.8%) and 2009 (16.5%). For comparison, there was an 11% increase in the growth rate of Illinois residents reporting they felt mentally unhealthy on 8 or more days per month between 2006 (12.4%) and 2009 (13.8%). Furthermore, rates in Winnebago County (16.5%) exceed the State of Illinois average (13.8%).

## *Obesity*

Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within the Winnebago County region. In terms of obesity, the Winnebago County area as a whole is significantly higher than the state average and growing rapidly. Specifically, there was a 34% increase in the growth rate of Winnebago County residents reporting they were obese between 2006 (23.5%) and 2009 (31.4%). For comparison, there was a 9% increase in the growth rate of Illinois residents reporting they were obese between 2006 (24.7%) and 2009 (26.8%). Rates in Winnebago County now exceed the State of Illinois average. Considering that Illinois has the 6th highest obesity rate in the U.S., this is an important issue.

## *Healthy Behaviors*

Results from survey respondents indicated that there are limited efforts at proactively managing one's own health. This includes limited exercise, as 70% of Winnebago County residents indicated they exercised 2 or fewer times per week. Men are more likely to engage in physical exercise, while homeless residents are not. With regard to eating habits, 70% of Winnebago County residents consume less than 2 servings of fruits/vegetables per day. Those that are more likely to have healthy eating habits include older residents, people with higher educations and more income.

## *Access to Health Services*

Results from survey respondents living in poverty indicated that access to health services is limited. This includes medical, dental and mental healthcare. Poverty is a key factor, as 18% of people living in poverty in the Winnebago County Region consider the Emergency Department their primary source of health care. Furthermore, 28% of people in poverty were unable to obtain medical care when they needed it. Results also suggest a strong correlation between ethnicity, socioeconomic status and one's ability to obtain medical care. Survey data suggest individuals who identify as Black, younger individuals, individuals possessing less education, and of lower income are more likely to use the emergency department. With regard to prescription drugs, 35% of individuals living in poverty were unable to fill a prescription because they lacked health care coverage. With regard to dental care, 41% of individuals living in poverty needed dental care and were unable to obtain it and 16% of individuals living in poverty needed counseling and were unable to obtain it. "Affordability" was cited as the leading impediment to various types of health care.



# Collaborative Team and Facilitators

## Collaborative Team

Donna Bileto, Northwestern Illinois Area on Agency

Lori Fanello, Boone-Winnebago Public Schools

Rebecca Cook Kendall, Rockford Health Council

Linda Niemiec, Crusader Community Health

Luz Ramirez, La Voz Latina

Don Vayr, Saint Anthony Medical Center

## Facilitators

Michelle A. Carrothers, OSF Healthcare System

Dawn Irion, OSF Healthcare System

Eric J. Michel, Christopher Newport University

Dr. Laurence G. Weinzimmer (Principal Investigator),  
Bradley University