

## **Executive Report**

# **2015 Community Health Needs Assessment**

## **Swedish Covenant Hospital Service Area Cook County, Illinois**

---

*Prepared for:*

**METROPOLITAN CHICAGO HEALTHCARE COUNCIL (MCHC)**  
On Behalf of Swedish Covenant Hospital

*By:*

Professional Research Consultants, Inc.  
11326 P Street, Omaha, NE 68136-2316  
[www.PRCCustomResearch.com](http://www.PRCCustomResearch.com)

---

2015-0408-02

© November 2015



**Professional Research Consultants, Inc.**

---

# Table of Contents

<b>Introduction</b>	<b>7</b>
<b>Project Overview</b>	<b>8</b>
Project Goals	8
Sponsorship	9
Methodology	9
<b>IRS Form 990, Schedule H Compliance</b>	<b>17</b>
<b>Summary of Findings</b>	<b>18</b>
Significant Health Needs of the Community	18
Summary Tables: Comparisons With Benchmark Data	24
<b>Community Description</b>	<b>45</b>
<b>Population Characteristics</b>	<b>46</b>
Total Population	46
Urban/Rural Population	48
Age	49
Race & Ethnicity	51
Linguistic Isolation	54
<b>Social Determinants of Health</b>	<b>56</b>
Poverty	56
Education	60
Employment	61
<b>General Health Status</b>	<b>63</b>
<b>Overall Health Status</b>	<b>64</b>
Self-Reported Health Status	64
Activity Limitations	66
<b>Mental Health</b>	<b>69</b>
Self-Reported Mental Health Status	70
Depression	72
Stress	75
Sleep	77
Suicide	79
Mental Health Treatment	80
Key Informant Input: Mental Health	81
<b>Death, Disease &amp; Chronic Conditions</b>	<b>83</b>

<b>Leading Causes of Death</b>	<b>84</b>
Distribution of Deaths by Cause	84
Age-Adjusted Death Rates for Selected Causes	84
<b>Cardiovascular Disease</b>	<b>86</b>
Age-Adjusted Heart Disease & Stroke Deaths	86
Prevalence of Heart Disease & Stroke	90
Cardiovascular Risk Factors	93
<i>Key Informant Input: Heart Disease &amp; Stroke</i>	102
<b>Cancer</b>	<b>103</b>
Age-Adjusted Cancer Deaths	103
Cancer Incidence	106
Prevalence of Cancer	108
Cancer Screenings	110
<i>Key Informant Input: Cancer</i>	117
<b>Respiratory Disease</b>	<b>118</b>
Age-Adjusted Respiratory Disease Deaths	119
<i>Key Informant Input: Respiratory Disease</i>	126
<b>Injury &amp; Violence</b>	<b>127</b>
Leading Causes of Accidental Death	128
Unintentional Injury	128
<i>Key Informant Input: Unintentional Injury</i>	135
Intentional Injury (Violence)	139
<i>Key Informant Input: Community Violence</i>	146
<i>Key Informant Input: Family Violence</i>	148
<b>Diabetes</b>	<b>150</b>
Age-Adjusted Diabetes Deaths	150
Prevalence of Diabetes	152
<i>Key Informant Input: Diabetes</i>	154
<b>Alzheimer's Disease</b>	<b>156</b>
Age-Adjusted Alzheimer's Disease Deaths	156
<i>Key Informant Input: Dementias, Including Alzheimer's Disease</i>	158
<b>Kidney Disease</b>	<b>159</b>
Age-Adjusted Kidney Disease Deaths	159
Prevalence of Kidney Disease	161
<i>Key Informant Input: Chronic Kidney Disease</i>	162
<b>Sickle-Cell Anemia</b>	<b>163</b>
Prevalence of Sickle-Cell Anemia	163
<b>Potentially Disabling Conditions</b>	<b>164</b>
Arthritis, Osteoporosis, & Chronic Back Conditions	164
<i>Key Informant Input: Arthritis, Osteoporosis &amp; Chronic Back Conditions</i>	166

Vision & Hearing Impairment	168
<i>Key Informant Input: Vision &amp; Hearing</i>	170

## **Infectious Disease** **172**

<b>Influenza &amp; Pneumonia Vaccination</b>	<b>173</b>
Flu Vaccinations	173
Pneumonia Vaccination	175
<b>HIV</b>	<b>177</b>
Age-Adjusted HIV/AIDS Deaths	178
HIV Prevalence	180
HIV Testing	181
<i>Key Informant Input: HIV/AIDS</i>	182
<b>Sexually Transmitted Diseases</b>	<b>183</b>
Chlamydia & Gonorrhea	183
Hepatitis B Vaccination	184
Safe Sexual Practices	186
<i>Key Informant Input: Sexually Transmitted Diseases</i>	188
<b>Immunization &amp; Infectious Diseases</b>	<b>190</b>
<i>Key Informant Input: Immunization &amp; Infectious Diseases</i>	190

## **Births** **191**

<b>Prenatal Care</b>	<b>192</b>
<b>Birth Outcomes &amp; Risks</b>	<b>193</b>
Low-Weight Births	193
Infant Mortality	195
<i>Key Informant Input: Infant &amp; Child Health</i>	197
<b>Family Planning</b>	<b>198</b>
Births to Teen Mothers	198
<i>Key Informant Input: Family Planning</i>	200

## **Modifiable Health Risks** **201**

<b>Actual Causes Of Death</b>	<b>202</b>
<b>Nutrition</b>	<b>204</b>
Daily Recommendation of Fruits/Vegetables	205
Access to Fresh Produce	206
Health Advice About Diet & Nutrition	209
<b>Physical Activity</b>	<b>210</b>
Leisure-Time Physical Activity	211
Activity Levels	212
Access to Physical Activity	217
Health Advice About Physical Activity & Exercise	217

Children's Physical Activity	218
<b>Weight Status</b>	<b>219</b>
Adult Weight Status	220
Weight Management	224
Childhood Overweight & Obesity	225
<i>Key Informant Input: Nutrition, Physical Activity &amp; Weight</i>	227
<b>Substance Abuse</b>	<b>229</b>
Age-Adjusted Cirrhosis/Liver Disease Deaths	229
Liver Disease	231
High-Risk Alcohol Use	231
Age-Adjusted Drug-Induced Deaths	236
Illicit Drug Use	238
Alcohol & Drug Treatment	238
<i>Key Informant Input: Substance Abuse</i>	239
<b>Tobacco Use</b>	<b>241</b>
Cigarette Smoking	241
Other Tobacco Use	246
<i>Key Informant Input: Tobacco Use</i>	247
<b>Access to Health Services</b>	<b>248</b>
<b>Health Insurance Coverage</b>	<b>249</b>
Type of Healthcare Coverage	249
Lack of Health Insurance Coverage	249
<b>Difficulties Accessing Healthcare</b>	<b>253</b>
Difficulties Accessing Services	253
Barriers to Healthcare Access	254
Accessing Healthcare for Children	260
<i>Key Informant Input: Access to Healthcare Services</i>	261
<b>Primary Care Services</b>	<b>263</b>
Access to Primary Care	263
Specific Source of Ongoing Care	264
Utilization of Primary Care Services	267
<b>Emergency Room Utilization</b>	<b>269</b>
<b>Oral Health</b>	<b>271</b>
Dental Care	271
Dental Insurance	273
<i>Key Informant Input: Oral Health</i>	274
<b>Vision Care</b>	<b>276</b>
<b>Health Education &amp; Outreach</b>	<b>278</b>
Healthcare Information Sources	279

Participation in Health Promotion Events	280
--	-----

<b>Local Resources</b>	<b>282</b>
------------------------	------------

<b>Perceptions of Local Healthcare Services</b>	<b>283</b>
---	------------

<b>Healthcare Resources &amp; Facilities</b>	<b>285</b>
--	------------

Hospitals & Federally Qualified Health Centers (FQHCs)	285
--	-----

Health Professional Shortage Areas (HPSAs)	286
--	-----

<b>Resources Available to Address the Significant Health Needs</b>	<b>287</b>
--	------------

# Introduction



**Professional Research Consultants, Inc.**

## Project Overview

### Project Goals

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

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

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

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



## Sponsorship

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

## Methodology

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

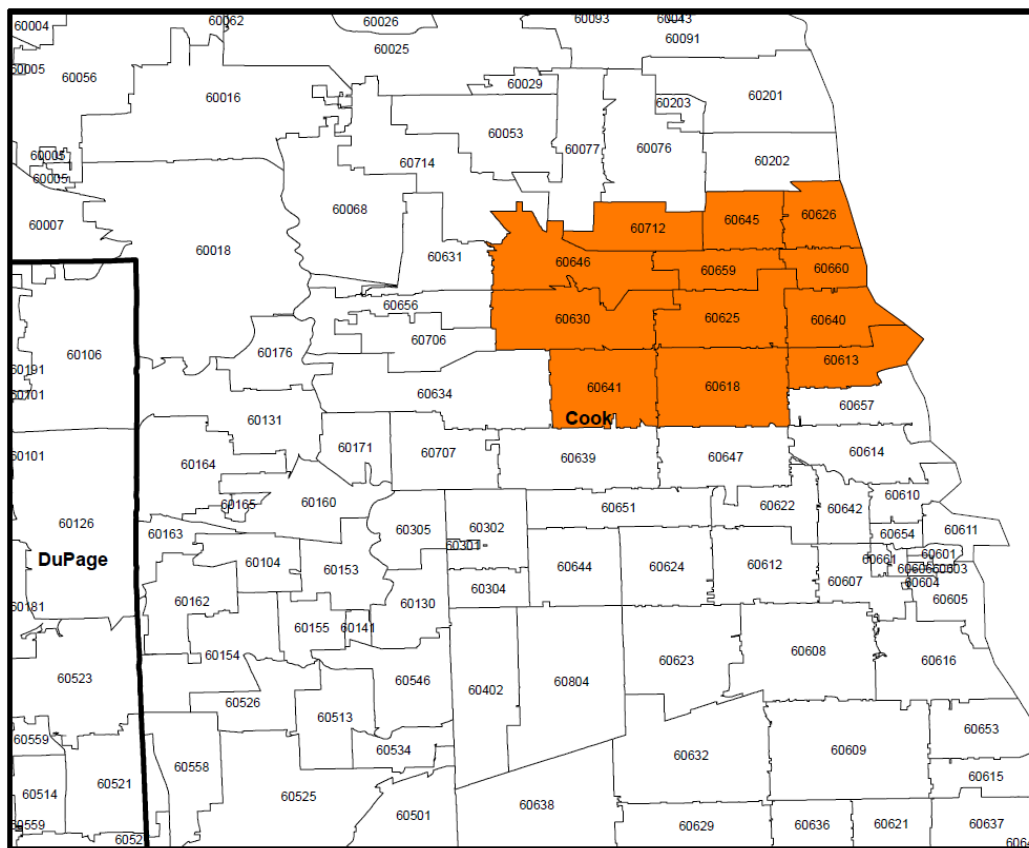
### PRC Community Health Survey

#### *Survey Instrument*

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

#### *Community Defined for This Assessment*

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



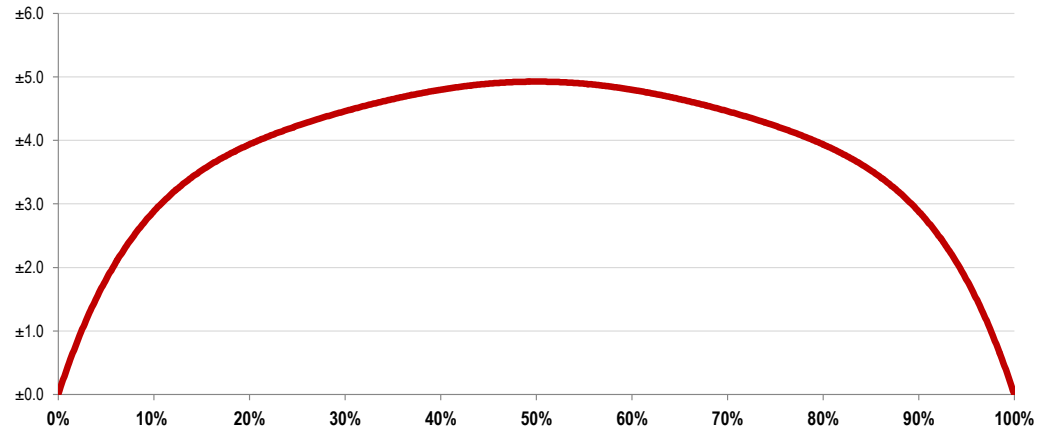
## Sample Approach & Design

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

The sample design used for this effort was designed to provide meaningful results for the various ZIP Code–configured service areas of the participating hospitals. To achieve this, sampling levels were determined so as to make the most efficient use of resources while yielding meaningful samples for the various geographies of interest. Interviews were administered among a random sample of households. Once the interviews were completed, these were weighted in proportion to the actual population distribution at the ZIP Code level so as to appropriately represent the Swedish Covenant Hospital Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is  $\pm 4.9\%$  at the 95 percent level of confidence.

### Expected Error Ranges for a Sample of 400 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 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% ( $10\% \pm 2.9\%$ ) of the total population would offer this response.

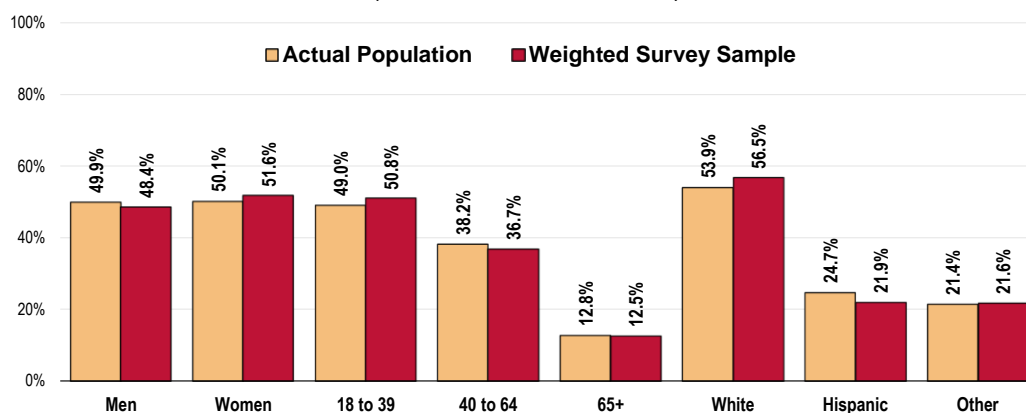
• If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% ( $50\% \pm 4.9\%$ ) of the total population would respond "yes" if asked this question.

#### *Sample Characteristics*

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

The following chart outlines the characteristics of the Swedish Covenant 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 & Survey Sample Characteristics (SCH Service Area, 2015)



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

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

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

### Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 29 community stakeholders took part in the Online Key Informant Survey, as outlined in the following table:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Community/Business Leader	13	5
Other Health Provider	15	9
Physician	8	2
Public Health Expert	9	5
Social Service Representative	18	8

Final participation included representatives of the organizations outlined below.

- Metropolitan Chicago Healthcare Council
- North Park University
- Northwest Community Healthcare
- Northwest Compass, Inc.
- Swedish Covenant Hospital
- Village of Arlington Heights
- Wheeling Township General Assistance Office

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations (*including African-American, Arabic, Asian, disabled, Eastern European, ethnic minorities, Hispanic, the homeless, immigrants, Indian, Japanese, Korean, LGBT population, low-income residents, Muslim, Non-English Speaking, Polish, Russian, undocumented*) or other medically underserved populations (*including the disabled, elderly, free care, homeless, immigrants, LGBT community, Medicaid/Medicare, the mentally ill, pregnant teens, substance abusers, undocumented, uninsured/underinsured, veterans, young adults, youth*).

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

*NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and*

*perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.*

### **Public Health, Vital Statistics & Other Data**

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

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- Illinois Department of Public Health
- Illinois State Police
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect Cook County data.

### **Benchmark Data**

#### *Trending*

Because this study is part of a larger, regional assessment, trending for survey-derived indicators is available based on past CHNAs conducted for the Metropolitan Chicago Healthcare Council (MCHC) in 2009 and 2012. Trending data, as revealed by comparison to

prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

### ***Illinois Risk Factor Data***

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

### ***Nationwide Risk Factor Data***

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

### ***Healthy People 2020***

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

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



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

### **Determining Significance**

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

determined by a 5% variation from the comparative measure.

### Information Gaps

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

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

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



## IRS Form 990, Schedule H Compliance

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

IRS Form 990, Schedule H	See Report Page(s)
<b>Part V Section B Line 1a</b> <i>A definition of the community served by the hospital facility</i>	9
<b>Part V Section B Line 1b</b> <i>Demographics of the community</i>	46
<b>Part V Section B Line 1c</b> <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>	287
<b>Part V Section B Line 1d</b> <i>How data was obtained</i>	9
<b>Part V Section B Line 1f</b> <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	Addressed Throughout
<b>Part V Section B Line 1g</b> <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>	20
<b>Part V Section B Line 1h</b> <i>The process for consulting with persons representing the community's interests</i>	12
<b>Part V Section B Line 1i</b> <i>Information gaps that limit the hospital facility's ability to assess the community's health needs</i>	15

## Summary of Findings

### Significant Health Needs of the Community

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

Areas of Opportunity Identified Through This Assessment	
<b>Access to Healthcare Services</b>	<ul style="list-style-type: none"> <li>• Activity Limitations</li> <li>• Barriers to Access               <ul style="list-style-type: none"> <li>◦ Inconvenient Office Hours</li> </ul> </li> <li>• Children’s Dental Care</li> <li>• Eye Care</li> </ul>
<b>Cancer</b>	<ul style="list-style-type: none"> <li>• Cancer Deaths               <ul style="list-style-type: none"> <li>◦ Including Prostate Cancer, Female Breast Cancer, Colorectal Cancer Deaths</li> </ul> </li> <li>• Cancer Incidence               <ul style="list-style-type: none"> <li>◦ Including Prostate Cancer, Cervical Cancer, Colorectal Cancer Incidence</li> </ul> </li> <li>• Female Breast Cancer Screening</li> <li>• Colorectal Cancer Screening</li> </ul>
<b>Chronic Kidney Disease</b>	<ul style="list-style-type: none"> <li>• Kidney Disease Deaths</li> </ul>
<b>Diabetes</b>	<ul style="list-style-type: none"> <li>• Prevalence of Borderline/Pre-Diabetes</li> <li>• <i>Diabetes ranked as a top concern in the Online Key Informant Survey.</i></li> </ul>
<b>Heart Disease &amp; Stroke</b>	<ul style="list-style-type: none"> <li>• Heart Disease Deaths</li> <li>• High Blood Pressure Prevalence</li> <li>• High Blood Cholesterol Management</li> </ul>
<b>Infant Health &amp; Family Planning</b>	<ul style="list-style-type: none"> <li>• Low-Weight Births</li> <li>• Infant Mortality</li> <li>• Unwed Mothers</li> </ul>
<b>Injury &amp; Violence</b>	<ul style="list-style-type: none"> <li>• Safety Seat/Seat Belt Usage [Children]</li> <li>• Firearm-Related Deaths</li> <li>• Homicide Deaths</li> <li>• Violent Crime Rate</li> <li>• Perceive Neighborhood to be “Not At All Safe” from Crime</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• “Fair/Poor” Mental Health</li> <li>• Diagnosed Depression</li> <li>• Symptoms of Chronic Depression</li> <li>• Stress</li> <li>• Suicide Deaths</li> <li>• <i>Mental Health ranked as a top concern in the Online Key Informant Survey.</i></li> </ul>
<b>Nutrition, Physical Activity &amp; Weight</b>	<ul style="list-style-type: none"> <li>• Trying to Lose Weight [Overweight Adults]</li> <li>• Healthy Weight [Children 5-17]</li> <li>• <i>Nutrition, Physical Activity &amp; Weight ranked as a top concern in the Online Key Informant Survey.</i></li> </ul>

**Areas of Opportunity Identified Through This Assessment (continued)****Respiratory Diseases**

- Chronic Obstructive Pulmonary Disease (COPD) Prevalence
- Asthma Prevalence [Adults]
- Pneumonia/Influenza Deaths

**Sexually Transmitted Diseases & HIV/AIDS**

- Gonorrhea Incidence
- Chlamydia Incidence
- HIV Prevalence
- Multiple Sexual Partners

**Sickle-Cell Anemia**

- Sickle-Cell Anemia Prevalence

**Substance Abuse**

- Illicit Drug Use
- *Substance Abuse ranked as a top concern in the Online Key Informant Survey.*

**Tobacco Use**

- Environmental Tobacco Smoke Exposure at Home
  - Including Households With Children
  - Including Non-Smokers

### Prioritization of Health Needs

On March 23, 2016, approximately 85 internal and external stakeholders of Swedish Covenant Hospital met to evaluate, discuss and prioritize health issues for the community, based on findings of the 2015 PRC Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

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

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

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

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

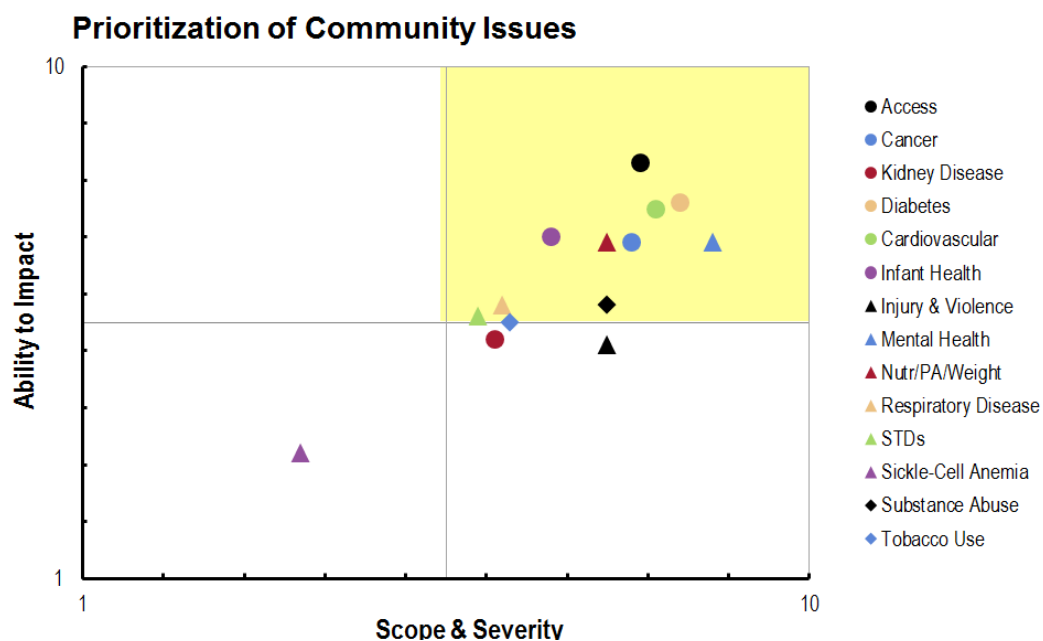
- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability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

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

1. **Access to Healthcare Services**
2. **Diabetes**
3. **Mental Health**

4. Heart Disease & Stroke
5. Cancer
6. Nutrition, Physical Activity & Weight
7. Infant Health & Family Planning
8. Substance Abuse
9. Injury & Violence
10. Respiratory Diseases
11. Tobacco Use
12. Sexually Transmitted Diseases & HIV/AIDS
13. Chronic Kidney Disease
14. Sickle-Cell Anemia

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right (shaded) quadrant represent health needs rated as most severe, with the greatest ability to impact.



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



## Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Swedish Covenant Hospital Service Area, including 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, Swedish Covenant Hospital Service Area results are shown in the larger, blue column.

■ The columns to the right of the Swedish Covenant Hospital Service Area column provide trending as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. 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.












#### TREND SUMMARY (Current vs. Baseline Data)




































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































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




































Social Determinants	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Linguistically Isolated Population (Percent)	8.5	 7.6	 5.1	 4.8		
Population in Poverty (Percent)	16.9	 14.8	 14.1	 15.4		
Population Below 200% FPL (Percent)	36.0	 32.3	 31.5	 34.2		
Children Below 200% FPL (Percent)	47.9	 42.6	 40.8	 43.8		
No High School Diploma (Age 25+, Percent)	15.5	 14.1	 12.7	 14.0		
Unemployment Rate (Age 16+, Percent)	6.3	 5.9	 5.6	 5.3		 6.7
		 better  similar  worse				







































Overall Health	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% "Fair/Poor" Physical Health	14.2	<div> 16.6</div>	<div> 16.9</div>	<div> 15.3</div>	<div> 12.1</div>	
% Activity Limitations	24.7	<div> 21.4</div>	<div> 17.0</div>	<div> 21.5</div>	<div> 12.5</div>	
		<div> better similar worse</div>				












Access to Health Services	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	10.2	 8.1	 19.4	 15.1	 0.0	 27.8
% [Insured] Went Without Coverage in Past Year	11.3	 7.1		 8.1		 15.0
% Difficulty Accessing Healthcare in Past Year (Composite)	42.1	 37.6		 39.9		 52.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	23.2	 18.6		 15.4		 20.5
% Cost Prevented Getting Prescription in Past Year	12.4	 12.6		 15.8		 33.3
% Cost Prevented Physician Visit in Past Year	13.2	 12.0		 18.2		 30.1
% Difficulty Getting Appointment in Past Year	19.1	 15.1		 17.0		 16.4
% Difficulty Finding Physician in Past Year	10.9	 9.9		 11.0		 17.7
% Transportation Hindered Dr Visit in Past Year	6.7	 8.5		 9.4		 13.6
% Skipped Prescription Doses to Save Costs	14.8	 12.7		 15.3		 16.5
% Difficulty Getting Child's Healthcare in Past Year	0.0	 3.6		 6.0		 11.5

Access to Health Services (continued)	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Primary Care Doctors per 100,000	91.9	 98.6	 79.0	 74.5		
% [Age 18+] Have a Specific Source of Ongoing Care	73.0	 73.9		 76.3	 95.0	 66.0
% [Age 18-64] Have a Specific Source of Ongoing Care	71.7	 74.4		 75.6	 89.4	 63.6
% [Age 65+] Have a Specific Source of Ongoing Care	76.4	 71.5		 80.0	 100.0	
% Have Had Routine Checkup in Past Year	68.0	 72.7	 66.5	 65.0		 62.9
% Child Has Had Checkup in Past Year	94.2	 91.8		 84.1		 95.7
% Two or More ER Visits in Past Year	7.5	 7.5		 8.9		 4.9
% Rate Local Healthcare "Fair/Poor"	12.4	 13.5		 16.5		 13.9
		 better  similar  worse				








Arthritis, Osteoporosis & Chronic Back Conditions	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% [50+] Arthritis/Rheumatism	41.0	 36.3		 37.3		 31.5
% [50+] Osteoporosis	9.5	 10.0		 13.5	 5.3	 15.9
% Sciatica/Chronic Back Pain	18.6	 18.3		 18.4		 17.1
		 better  similar  worse				


















Cancer	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	174.5	 169.2	 174.2	 166.2	 161.4	 196.5
Lung Cancer (Age-Adjusted Death Rate)	43.9		 47.5	 44.7	 45.5	
Prostate Cancer (Age-Adjusted Death Rate)	23.1		 20.5	 19.8	 21.8	
Female Breast Cancer (Age-Adjusted Death Rate)	24.2		 22.8	 21.3	 20.7	
Colorectal Cancer (Age-Adjusted Death Rate)	16.7		 15.9	 14.9	 14.5	
Prostate Cancer Incidence per 100,000	159.8	 156.2	 149.4	 142.3		







Cancer (continued)	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Female Breast Cancer Incidence per 100,000	126.5	 129.4	 127.4	 122.7		
Lung Cancer Incidence per 100,000	66.1	 64.8	 70.6	 64.9		
Colorectal Cancer Incidence per 100,000	50.2	 48.1	 48.6	 43.3		
Cervical Cancer Incidence per 100,000	10.2	 9.2	 8.4	 7.8		
% Skin Cancer	3.7	 3.6	 4.6	 6.7		 1.5
% Cancer (Other Than Skin)	4.0	 5.2	 6.3	 6.1		 2.5
% [Men 50+] Prostate Exam in Past 2 Years	69.5	 69.2		 75.0		
% [Women 50-74] Mammogram in Past 2 Years	67.5	 79.1	 76.4	 83.6	 81.1	
% [Women 21-65] Pap Smear in Past 3 Years	77.6	 84.6	 77.3	 83.9	 93.0	 77.2
% [Age 50-75] Colorectal Cancer Screening	68.8	 70.4		 75.1	 70.5	 66.7
		 better  similar  worse				

Chronic Kidney Disease	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Kidney Disease (Age-Adjusted Death Rate)	17.2	 16.2	 17.1	 13.2		 20.9
% Kidney Disease	1.9	 2.7	 2.4	 3.0		 1.9
		 better  similar  worse				












  







Dementias, Including Alzheimer's Disease	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Alzheimer's Disease (Age-Adjusted Death Rate)	15.8	 16.4	 20.0	 24.0		 17.7
		 better  similar  worse				
















































Diabetes	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Diabetes Mellitus (Age-Adjusted Death Rate)	20.6	 19.3	 19.4	 21.3	 20.5	 24.5
% Diabetes/High Blood Sugar	10.7	 11.5	 9.9	 11.7		 6.1
% Borderline/Pre-Diabetes	8.4	 6.9		 5.1		 0.8
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	60.2	 53.8		 49.2		
		 better  similar  worse				










Educational & Community-Based Programs	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Attended Health Event in Past Year	24.9	 21.1		 23.8		 16.4
		 better  similar  worse				

































































		SCH	SCH vs. Benchmarks				
Family Planning			vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
% Unwed Mothers		43.7	 40.3	 40.2	 40.7		 45.6
% Teen Births		7.9	 7.2	 7.6	 7.8		 10.7
		<div> better similar worse</div>					











		SCH	SCH vs. Benchmarks				
Hearing & Other Sensory or Communication Disorders			vs. MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
% Deafness/Trouble Hearing		5.7	 6.7		 10.3		 5.0
		<div> better similar worse</div>					


















Heart Disease & Stroke	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)	183.4	 172.0	 173.9	 171.3	 156.9	 233.0
Stroke (Age-Adjusted Death Rate)	36.8	 35.4	 37.7	 37.0	 34.8	 46.4
% Heart Disease (Heart Attack, Angina, Coronary Disease)	4.4	 5.4		 6.1		 3.2
% Stroke	2.9	 3.0	 2.8	 3.9		 1.9
% Blood Pressure Checked in Past 2 Years	97.7	 95.4		 91.0	 92.6	 93.6
% Told Have High Blood Pressure (Ever)	29.6	 34.6	 30.1	 34.1	 26.9	 17.4
% [HBP] Taking Action to Control High Blood Pressure	99.5	 93.5		 89.2		
% Cholesterol Checked in Past 5 Years	95.0	 92.4	 74.0	 86.6	 82.1	 90.0
% Told Have High Cholesterol (Ever)	28.3	 31.2	 36.6	 29.9	 13.5	 26.5
% [HBC] Taking Action to Control High Blood Cholesterol	84.9	 89.7		 81.4		 94.5
% 1+ Cardiovascular Risk Factor	72.1	 80.9		 82.3		 81.9
		 better  similar  worse				



























HIV	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
HIV Prevalence per 100,000	558.5	 449.1	 300.1	 340.4		
% [Age 18-44] HIV Test in the Past Year	36.4	 28.0		 19.3	 21.2	
		 better  similar  worse				







































Immunization & Infectious Diseases	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% [Age 65+] Flu Vaccine in Past Year	75.8	 56.6	 58.6	 57.5	 70.0	
% [High-Risk 18-64] Flu Vaccine in Past Year	44.1	 45.3		 45.9	 70.0	
% [Age 65+] Pneumonia Vaccine Ever	77.0	 68.9	 64.6	 68.4	 90.0	
% [High-Risk 18-64] Pneumonia Vaccine Ever	40.3	 37.3		 41.9	 60.0	
% Have Completed Hepatitis B Vaccination Series	43.8	 41.8		 44.7	 48.0	
		 better  similar  worse				



































Injury & Violence Prevention	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)	26.6	 25.7	 32.9	 39.2	 36.4	 31.3
Motor Vehicle Crashes (Age-Adjusted Death Rate)	5.8	 5.4	 7.9	 10.7	 12.4	 8.7
% "Always" Wear Seat Belt	85.2	 89.4		 84.8	 92.0	 86.6
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	80.8	 91.7		 92.2		 94.5
% Child [Age 5-17] "Always" Wears Bicycle Helmet	56.7	 37.6		 48.7		
Firearm-Related Deaths (Age-Adjusted Death Rate)	11.2	 9.6	 8.8	 10.4	 9.3	 11.0
% Firearm in Home	7.7	 12.4		 34.7		 5.2
% [Homes With Children] Firearm in Home	9.5	 11.9		 37.4		 5.9
Homicide (Age-Adjusted Death Rate)	10.5	 8.6	 6.3	 5.3	 5.5	 11.5
Violent Crime per 100,000	630.9	 507.9	 403.2	 380.9		 829.7
% Victim of Violent Crime in Past 5 Years	3.7	 4.6		 2.8		 6.0

Injury & Violence Prevention (continued)	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Victim of Domestic Violence (Ever)	8.9	 10.7		 15.0		 13.6
% Perceive Neighborhood to be "Not At All Safe" from Crime	5.4	 3.8				 2.3
% [Child 5-17] Missed School for Safety Reasons Last Month	0.6	 1.9				 4.5
		 better  similar  worse				
















Maternal, Infant & Child Health	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
No Prenatal Care in First Trimester (Percent)	5.6	 5.5	 5.4	 17.3	 22.1	
Low Birthweight Births (Percent)	8.9	 8.6	 4.0	 8.0	 7.8	 9.1
Infant Death Rate	6.7	 6.3	 6.3	 6.0	 6.0	 8.6
		 better  similar  worse				























Mental Health & Mental Disorders	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	17.9	 13.2		 11.9		 9.6
% Diagnosed Depression	23.3	 15.5		 20.4		 6.6
% Symptoms of Chronic Depression (2+ Years)	35.7	 26.0		 30.4		 27.1
Suicide (Age-Adjusted Death Rate)	7.8	 8.1	 9.7	 12.5	 10.2	 7.0
% Have Ever Sought Help for Mental Health	36.3			 23.7		 28.5
% [Those With Diagnosed Depression] Seeking Help	94.5	 81.8		 76.6		
% Typical Day Is "Extremely/Very" Stressful	19.2	 11.8		 11.9		 15.8
% 3+ Days Without Enough Sleep in the Past Month	63.7	 62.5				 62.1
		 better  similar  worse				
















Nutrition, Physical Activity & Weight	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Eat 5+ Servings of Fruit or Vegetables per Day	48.9	 39.6		 39.5		 40.4
% "Very/Somewhat" Difficult to Buy Fresh Produce	18.5	 16.2		 24.4		 17.3
Population With Low Food Access (Percent)	8.3	 13.6	 20.4	 23.6		
% Medical Advice on Nutrition in Past Year	48.3	 47.1		 39.2		 37.9
% Healthy Weight (BMI 18.5-24.9)	36.8	 31.8	 33.0	 34.4	 33.9	 41.0
% Overweight (BMI 25+)	57.1	 66.4	 64.7	 63.1		 58.8
% Obese (BMI 30+)	23.8	 30.1	 29.4	 29.0	 30.5	 25.2
% Medical Advice on Weight in Past Year	36.0	 30.0		 23.7		 27.5
% [Overweights] Counseled About Weight in Past Year	42.0	 37.6		 31.8		 35.2
% [Obese Adults] Counseled About Weight in Past Year	58.6	 53.4		 48.3		 60.5
% [Overweights] Trying to Lose Weight Both Diet/Exercise	35.1	 42.6		 39.5		 49.5

Nutrition, Physical Activity & Weight (continued)	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Child [Age 5-17] Healthy Weight	42.0	 55.9		 56.7		
% Children [Age 5-17] Overweight (85th Percentile)	34.4	 31.6		 31.5		
% Children [Age 5-17] Obese (95th Percentile)	20.4	 18.1		 14.8	 14.5	
% No Leisure-Time Physical Activity	18.7	 17.5	 25.1	 20.7	 32.6	 21.9
% Meeting Physical Activity Guidelines	52.7	 50.7		 50.3		 40.6
% Moderate Physical Activity	32.8	 29.1		 30.6		 22.0
% Vigorous Physical Activity	44.3	 39.4		 38.0		 32.6
Recreation/Fitness Facilities per 100,000	9.4	 10.8	 10.2	 9.7		
% Medical Advice on Physical Activity in Past Year	51.6	 52.6		 44.0		 47.4
% Child [Age 2-17] Physically Active 1+ Hours per Day	56.2	 48.8		 48.6		
% "Very/Somewhat" Difficult to Access a Place for Exercise	11.8	 15.4				 17.7
		 better  similar  worse				












































Oral Health	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% [Age 18+] Dental Visit in Past Year	61.1	 69.8	 66.9	 65.9	 49.0	 61.0
% Child [Age 2-17] Dental Visit in Past Year	60.8	 86.5		 81.5	 49.0	 76.3
% Have Dental Insurance	66.1	 71.9		 65.6		 50.6
		 better  similar  worse				




































Respiratory Diseases	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)	31.1	 31.0	 39.3	 42.0		 30.9
Pneumonia/Influenza (Age-Adjusted Death Rate)	17.1	 16.6	 16.8	 15.3		 21.6
% COPD (Lung Disease)	7.2	 7.8	 5.0	 8.6		 2.4
% [Adult] Currently Has Asthma	9.7	 8.9	 7.6	 9.4		 4.5
% [Child 0-17] Currently Has Asthma	7.5	 8.6		 7.1		 3.8
		 better  similar  worse				

Sexually Transmitted Diseases	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Gonorrhea Incidence per 100,000	230.8	 184.7	 141.0	 107.5		
Chlamydia Incidence per 100,000	727.3	 619.6	 526.1	 456.7		
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	23.0	 12.9		 11.7		 5.6
% [Unmarried 18-64] Using Condoms	58.0	 50.1		 33.6		 48.1
		 better  similar  worse				

Sickle-Cell Anemia	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Sickle-Cell Anemia	2.7	 0.8				 0.8
		 better  similar  worse				

Substance Abuse	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	8.8	 8.3	 8.5	 9.9	 8.2	 9.5
% Current Drinker	61.7	 60.6	 57.2	 56.5		 61.3
% Chronic Drinker (Average 2+ Drinks/Day)	3.5	 4.5		 5.2		 2.0
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	24.0	 18.4		 19.5	 24.4	 19.1
% Drinking & Driving in Past Month	1.6	 1.4		 5.0		 2.5
Drug-Induced Deaths (Age-Adjusted Death Rate)	11.2	 11.1	 12.1	 14.1	 11.3	 11.7
% Illicit Drug Use in Past Month	9.3	 4.7		 4.0	 7.1	 5.3
% Ever Sought Help for Alcohol or Drug Problem	3.4	 3.4		 4.9		 2.5
% Liver Disease	0.3	 1.6				 1.4
		 better  similar  worse				

Tobacco Use	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Current Smoker	6.4	 12.6	 18.0	 14.9	 12.0	 14.1
% Someone Smokes at Home	13.5	 13.7		 12.7		 12.2
% [Non-Smokers] Someone Smokes in the Home	11.8	 7.7		 6.3		 5.9
% [Household With Children] Someone Smokes in the Home	19.2	 11.1		 9.7		 8.8
% Smoke Cigars	4.2	 4.7		 4.1	 0.2	 4.9
% Use Smokeless Tobacco	1.2	 1.5	 2.6	 4.0	 0.3	 2.7
		 better  similar  worse				
Vision	SCH	SCH vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Blindness/Trouble Seeing	8.5	 8.7	 3.9	 8.5		 8.4
% Eye Exam in Past 2 Years	55.5	 58.1		 56.8		 65.0
		 better  similar  worse				

# Community Description



**Professional Research Consultants, Inc.**

## Population Characteristics

### Total Population

Cook County, the focus of this Community Health Needs Assessment, encompasses 945.08 square miles and houses a total population of 5,212,372 residents, according to latest census estimates.

**Total Population**  
(Estimated Population, 2009-2013)

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

Sources: 

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

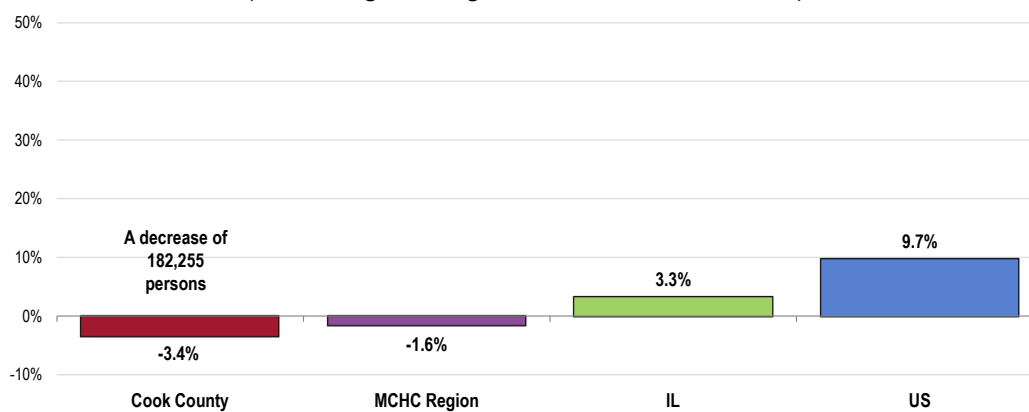
### Population Change 2000-2010

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

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

- A similar proportional decrease to the MCHC Region.
- Population increases were seen across the state and nationwide during this time.

## Change in Total Population (Percentage Change Between 2000 and 2010)



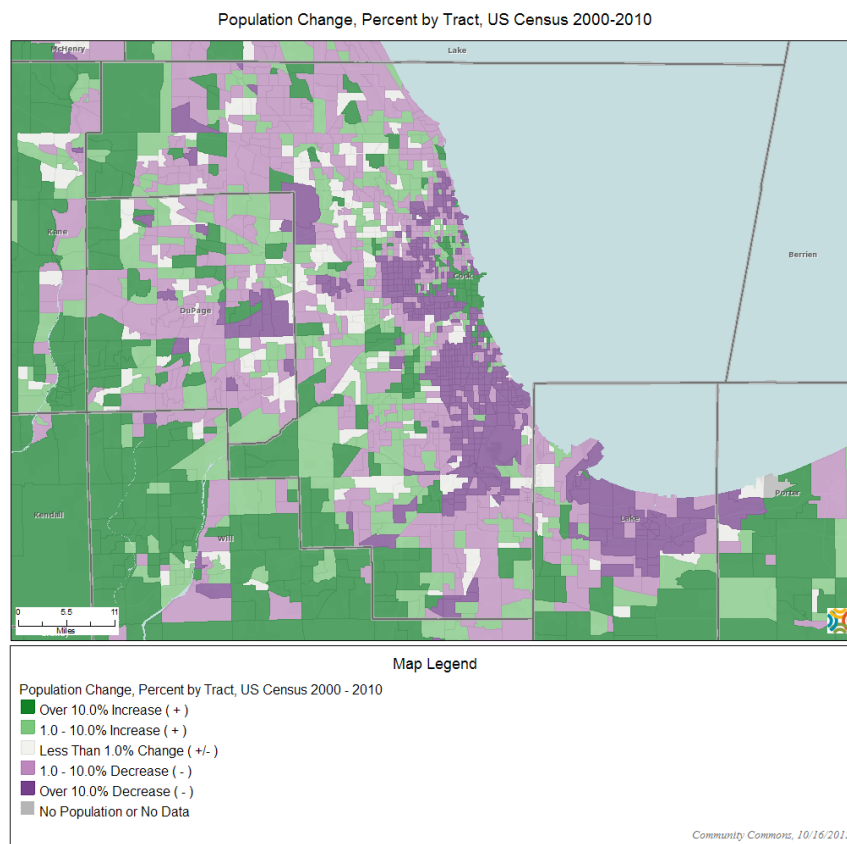
Sources:

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

Notes:

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

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

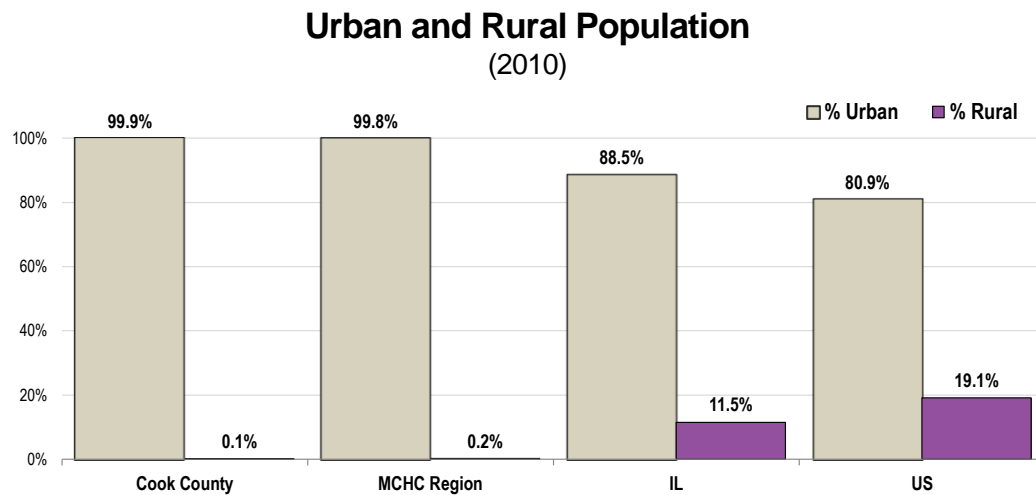


## Urban/Rural Population

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

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

- The proportion of urban population in Cook County is similar to the MCHC Region.
- The proportion of urban population in Cook County is higher than that found statewide and nationally.



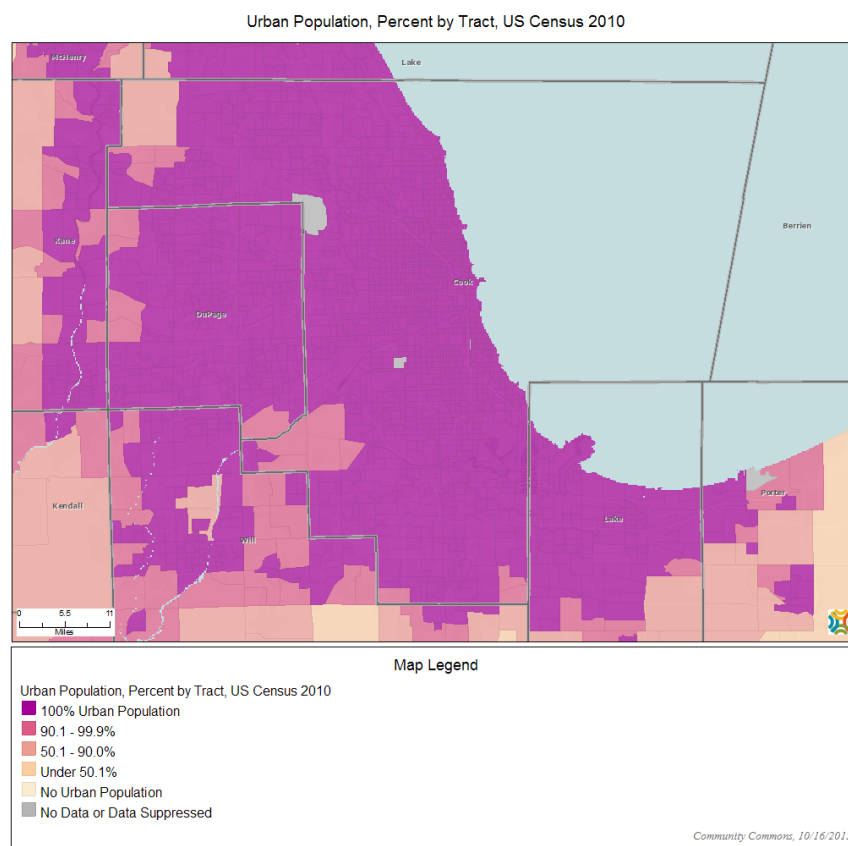
Sources: • US Census Bureau Decennial Census (2010).

• Retrieved August 2015 from Community Commons at <http://www.chna.org>.

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

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





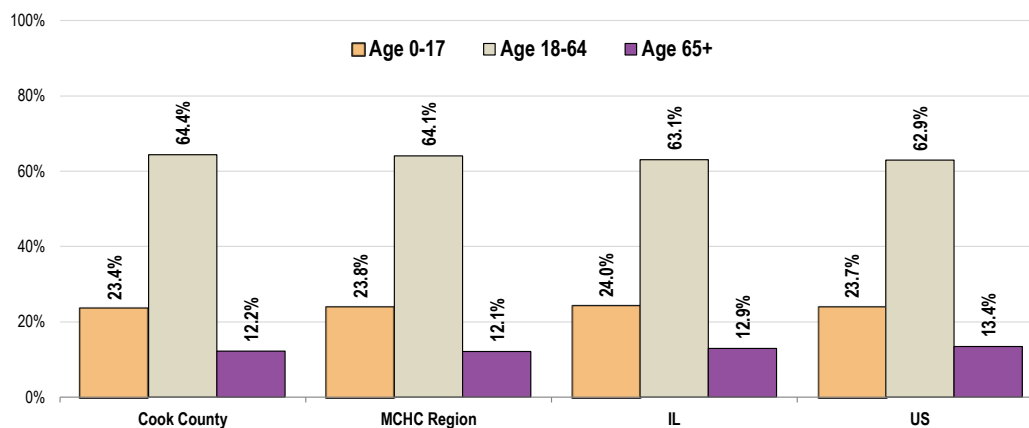
## Age

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

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

- The proportional breakdown by age is similar to that found regionally.
- The breakdown by age is similar to that found statewide and nationally.

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

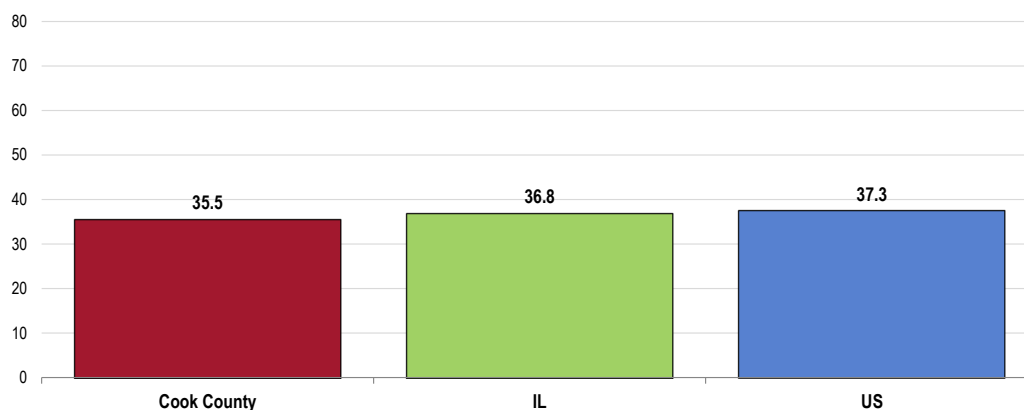


Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).  
• Retrieved August 2015 from Community Commons at <http://www.chna.org>.

### Median Age

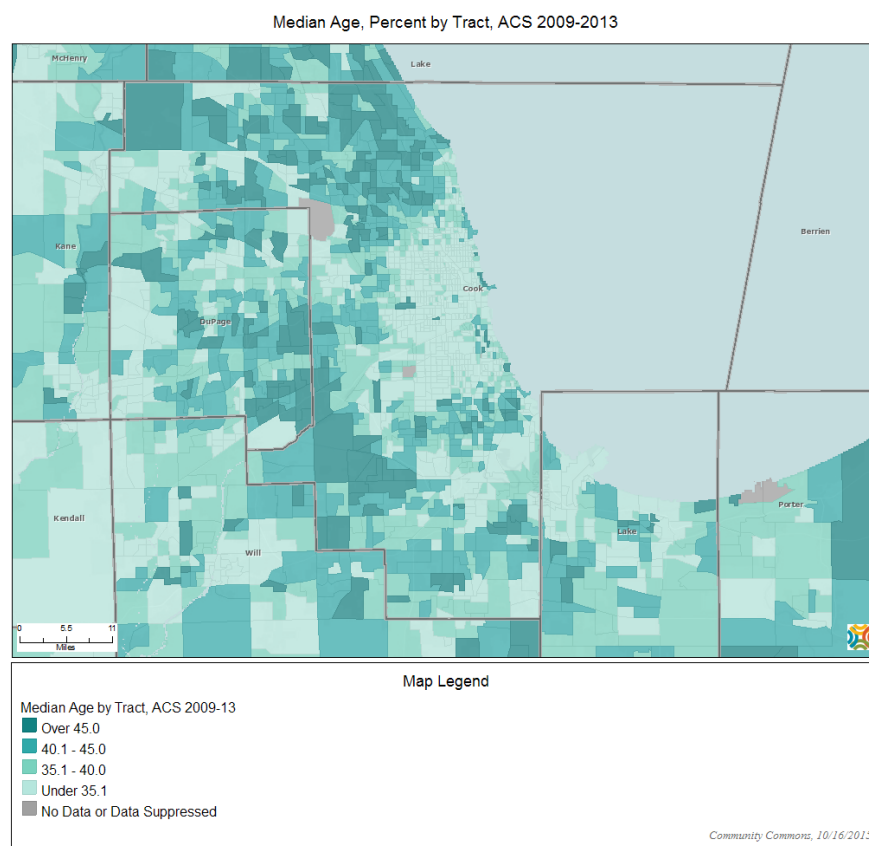
Cook County is “younger” than the state and the nation in that the median age is lower.

### Median Age (2009-2013)



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

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



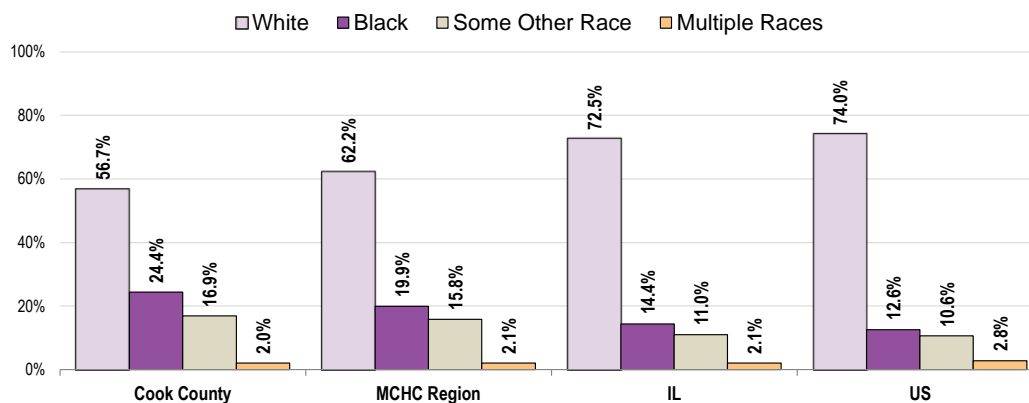
## Race & Ethnicity

### Race

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

- Cook County exhibits a lower proportion of White residents and a higher proportion of Black residents than that reported regionally.
- Cook County has a lower proportion of White residents and higher proportions of Black and “Other Race” residents than the state and US in general.

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



Sources:

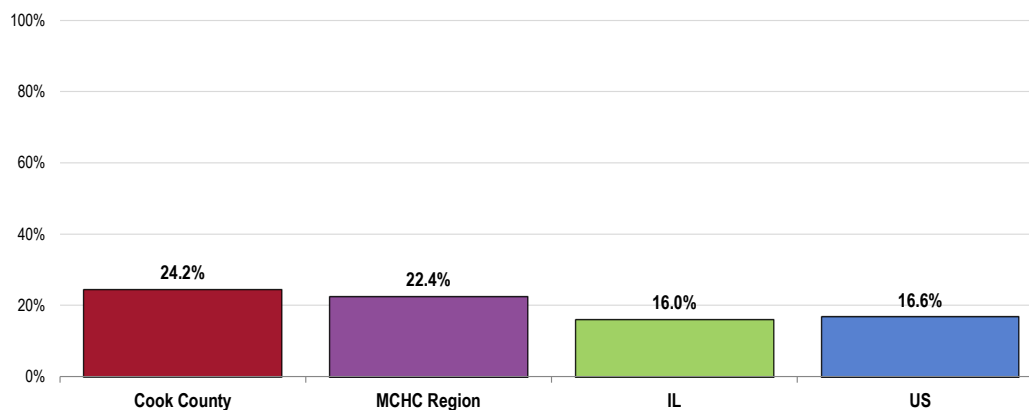
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at <http://www.chna.org>.

## Ethnicity

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

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

## Percent Population Hispanic or Latino (2009-2013)



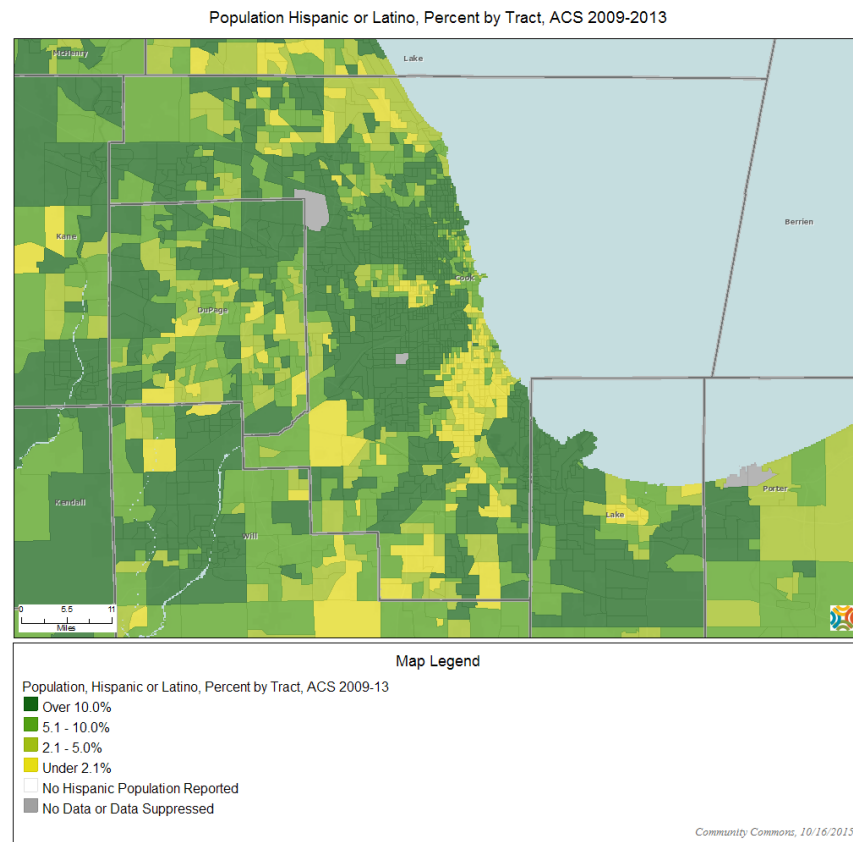
Sources:

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

Notes:

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

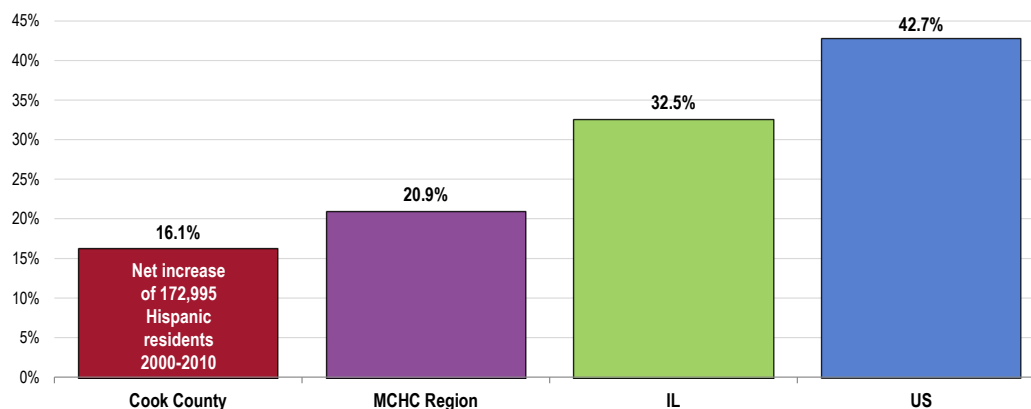
- The following map provides an illustration of the Hispanic concentration in Cook County.



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

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

### Hispanic Population Change (Percentage Change in Hispanic Population Between 2000 and 2010)



Sources: 

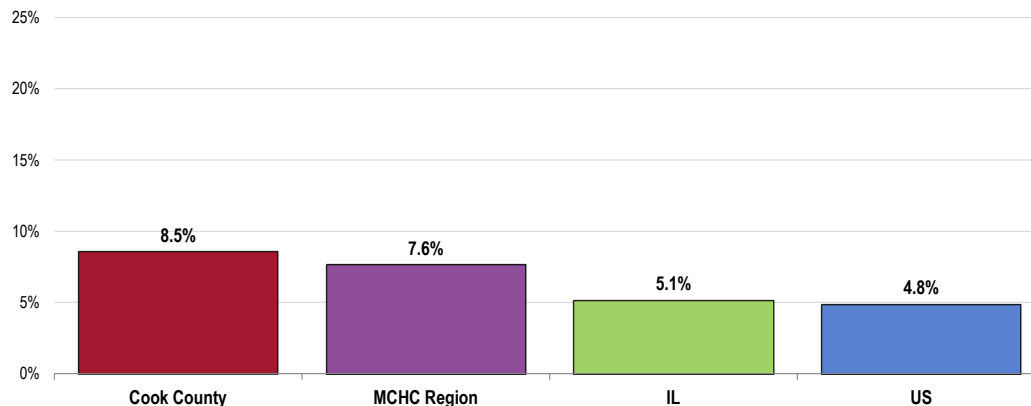
- US Census Bureau Decennial Census (2000-2010).
- Retrieved August 2015 from Community Commons at <http://www.chna.org>.

### Linguistic Isolation

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

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

### Linguistically Isolated Population (2009-2013)



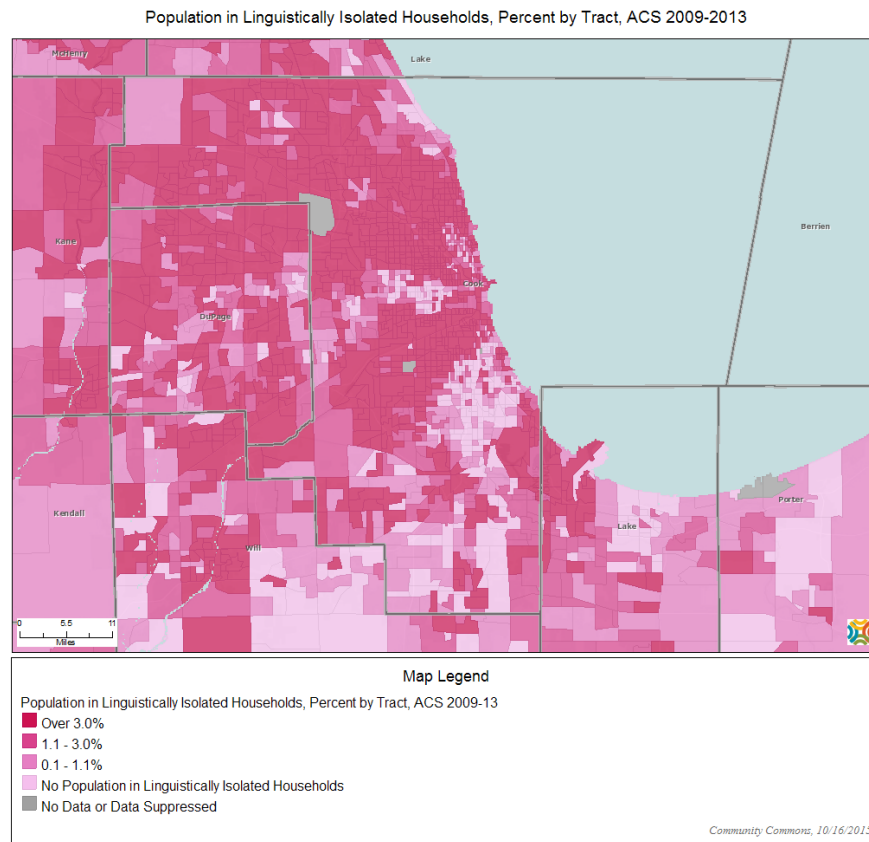
Sources: 

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

Notes: 

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

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



## Social Determinants of Health

### About Social Determinants

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

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Poverty

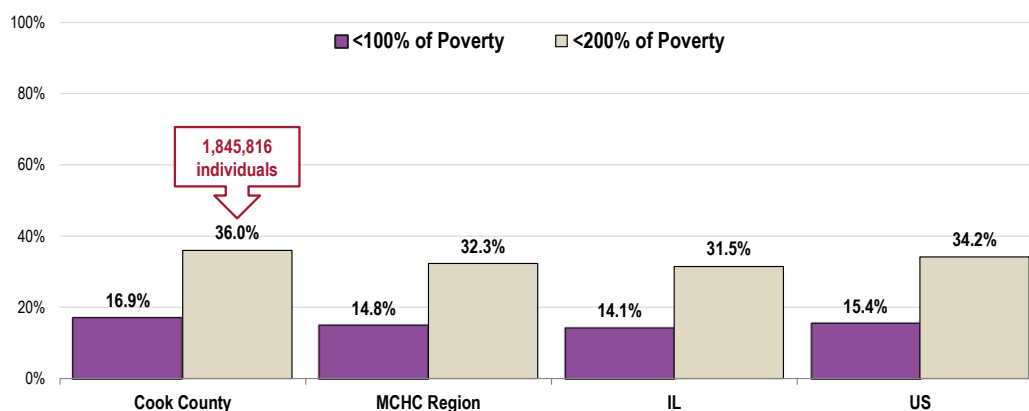
The latest census estimate shows **16.9%** of Cook County population living below the federal poverty level.

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

- Similar to the regional percentage.
- Similar to the proportion reported statewide.
- Similar to that found nationally.

### Population in Poverty

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



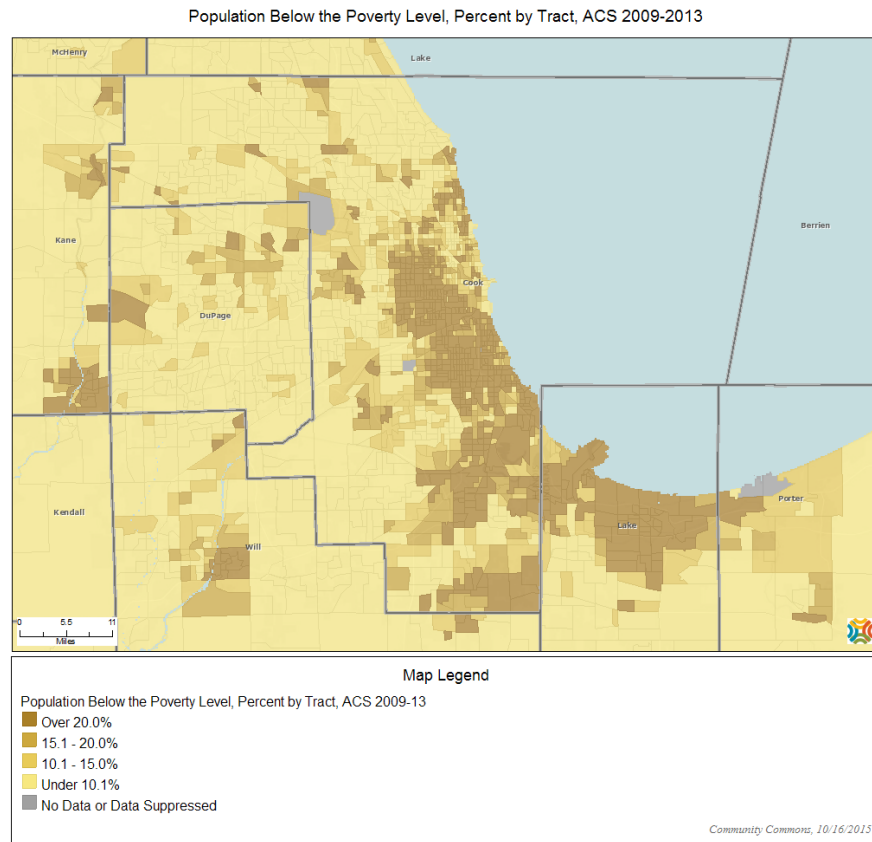
Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).

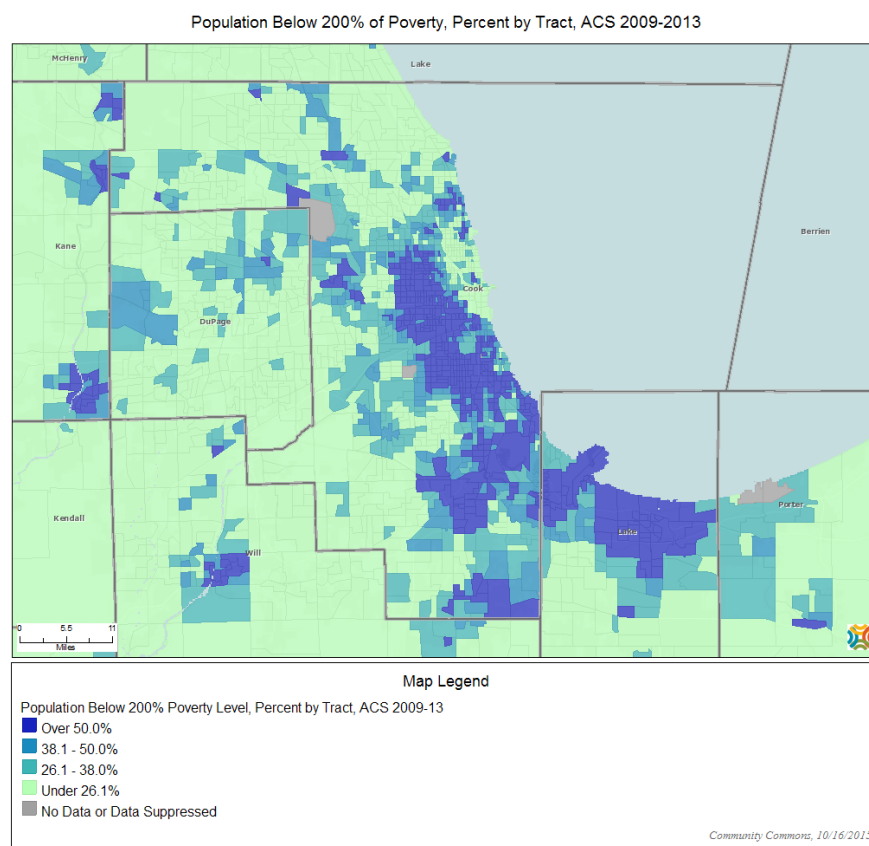
• Retrieved August 2015 from Community Commons at <http://www.chna.org>.

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



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



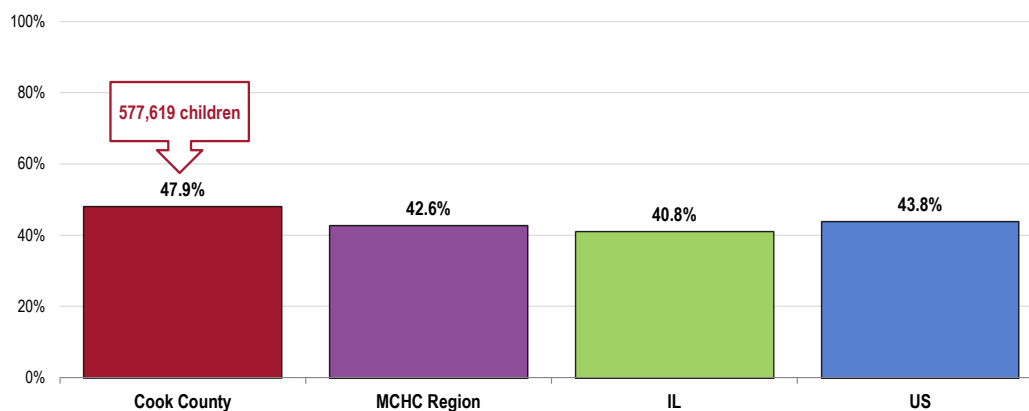


### Children in Low-Income Households

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

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

## Percent of Children in Low-Income Households (Children 0-17 Living Below 200% of the Poverty Level, 2009-2013)



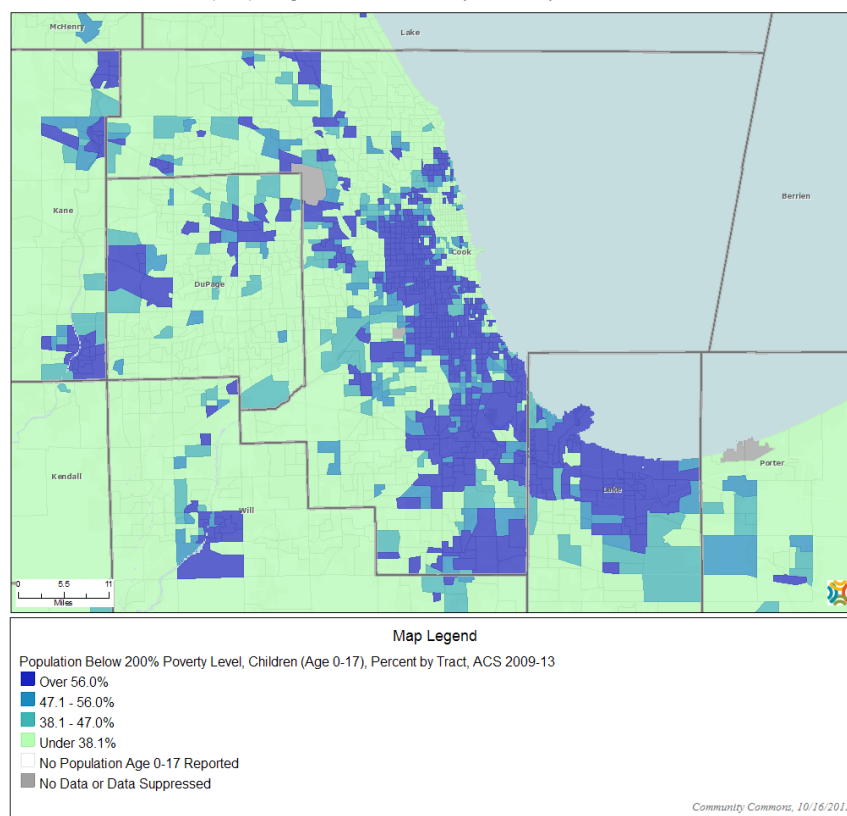
Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).

• Retrieved August 2015 from Community Commons at <http://www.chna.org>.

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

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

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



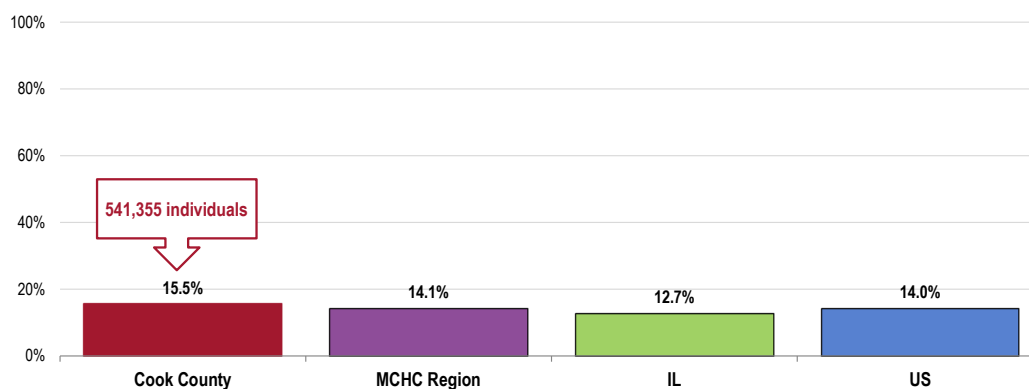
## Education

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

- Similar to the MCHC Region.
- Similar to that found statewide.
- Similar to that found nationally.

### Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2009-2013)



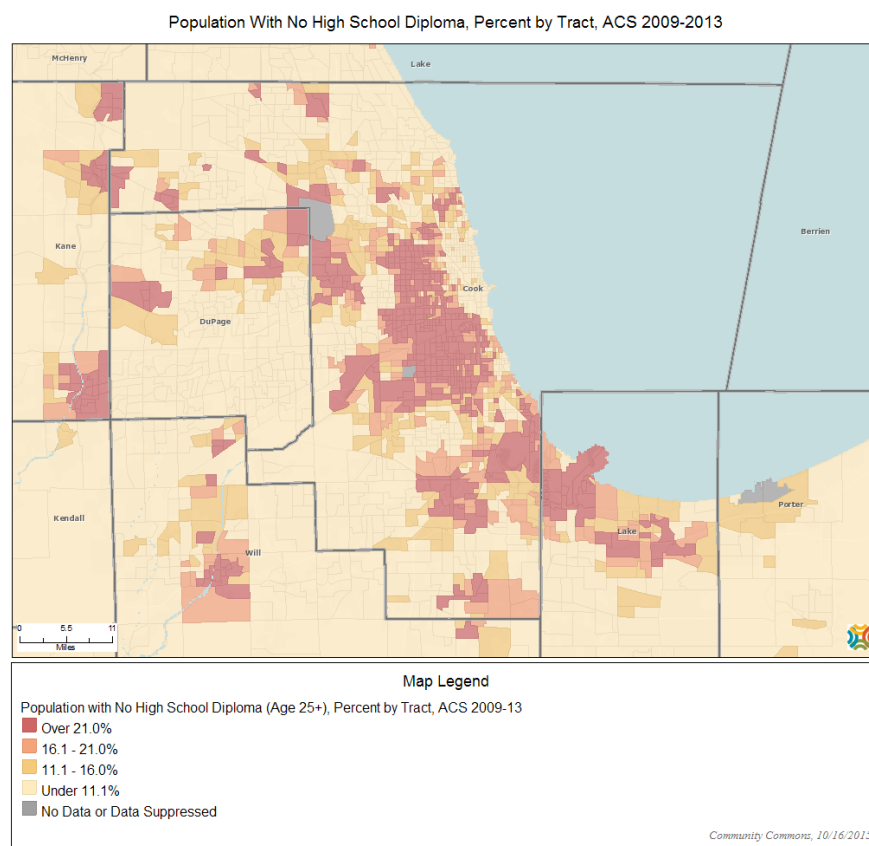
Sources:

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

Notes:

- This indicator is relevant because educational attainment is linked to positive health outcomes.

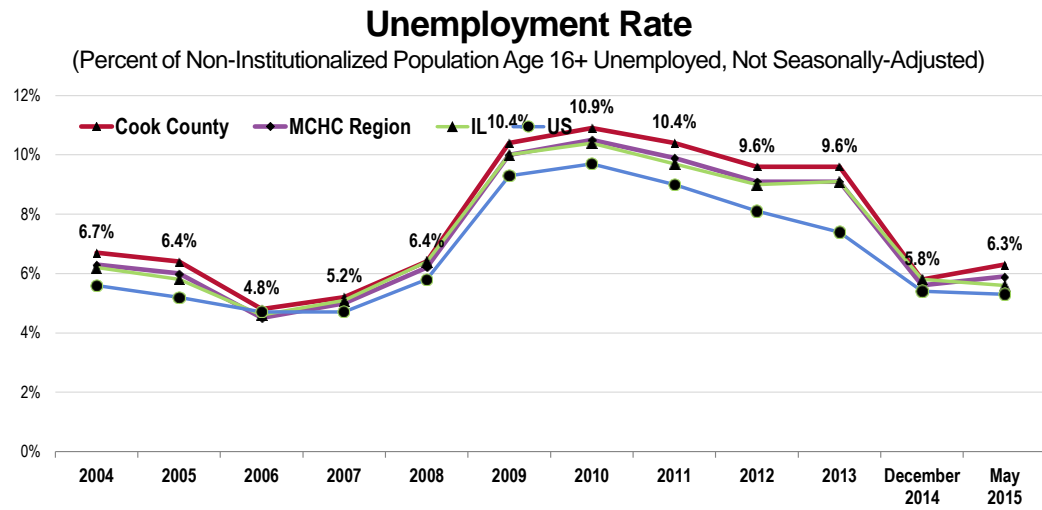
- Note the following map illustrating the Cook County population (age 25+) without a high school diploma.



## Employment

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

- Similar to the regional unemployment rate.
- Similar to the statewide unemployment rate.
- Similar to the national unemployment rate.
- TREND: Unemployment for Cook County trended downward after peaking in 2010, echoing the state and national trends.



Sources: • US Department of Labor, Bureau of Labor Statistics.

• Retrieved August 2015 from Community Commons at <http://www.chna.org>.

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

# General Health Status



**Professional Research Consultants, Inc.**

## Overall Health Status

### Self-Reported Health Status

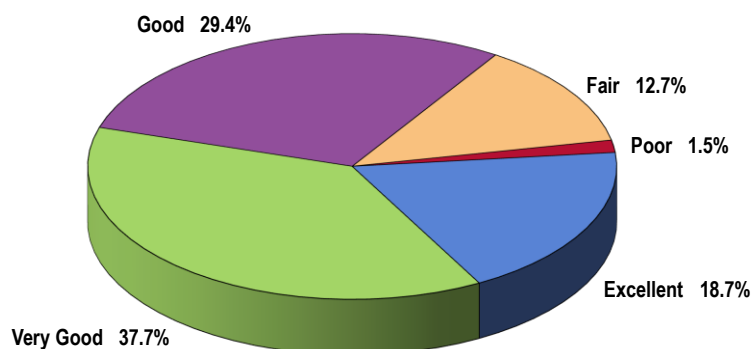
A total of 56.4% of Swedish Covenant Hospital Service Area adults rate their overall health as “excellent” or “very good.”

- Another 29.4% gave “good” ratings of their overall health.

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**  
(SCH Service Area, 2015)



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

However, 14.2% of Swedish Covenant Hospital Service Area adults believe that their overall health is “fair” or “poor.”

- Similar to MCHC Region findings.
- Similar to statewide findings.
- Similar to the national percentage.
- TREND: No statistically significant change has occurred when comparing “fair/poor” overall health reports to previous survey results.

#### NOTE:

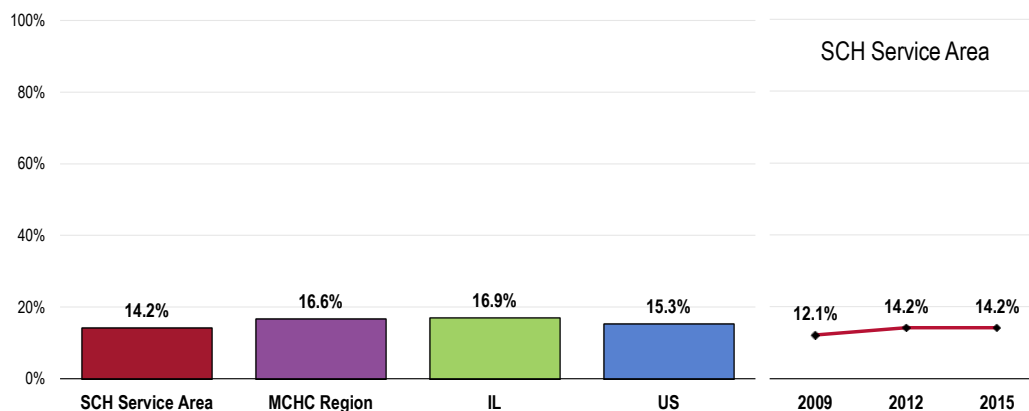
Differences noted in the text represent significant differences determined through statistical testing.

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

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



## 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, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

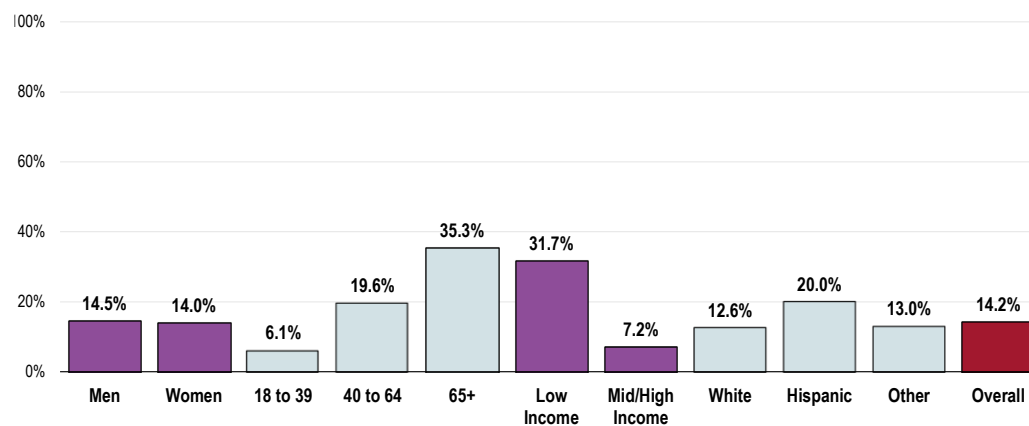
Notes: • Asked of all respondents.

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

- Older adults (note the positive correlation with age).
- Residents living at lower incomes.

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 (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Activity Limitations

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

### About Disability & Health

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

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

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

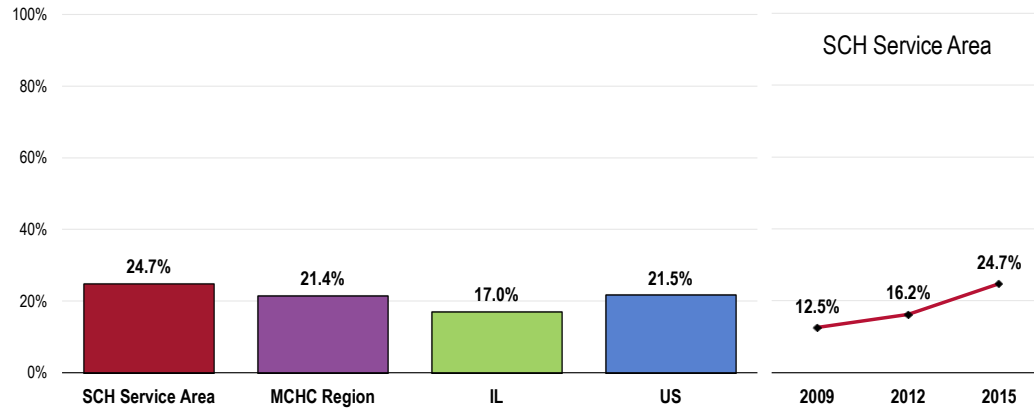
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.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

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

**A total of 24.7% of Swedish Covenant Hospital Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.**

- Similar to the MCHC Region.
- Worse than the prevalence statewide.
- Similar to the national prevalence.
- TREND: A statistically significant increase has occurred in activity limitations since 2009.

## Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



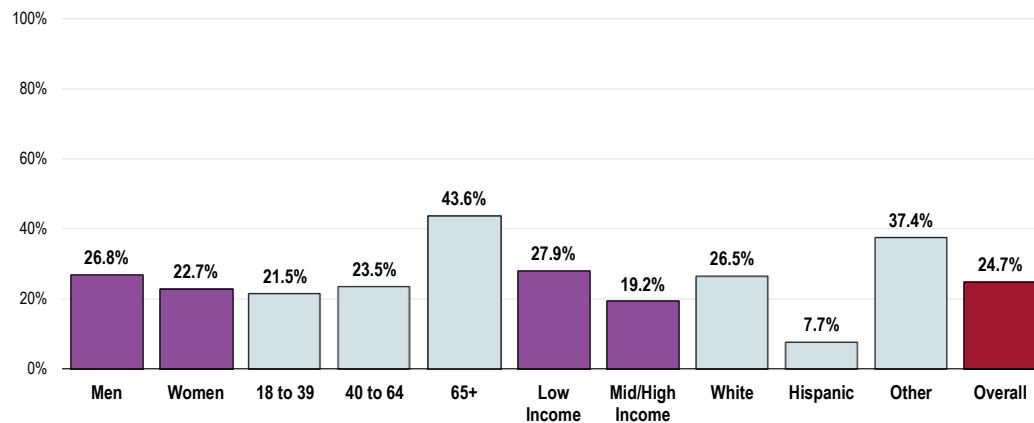
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.  
• 2013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

Notes: • Asked of all respondents.

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

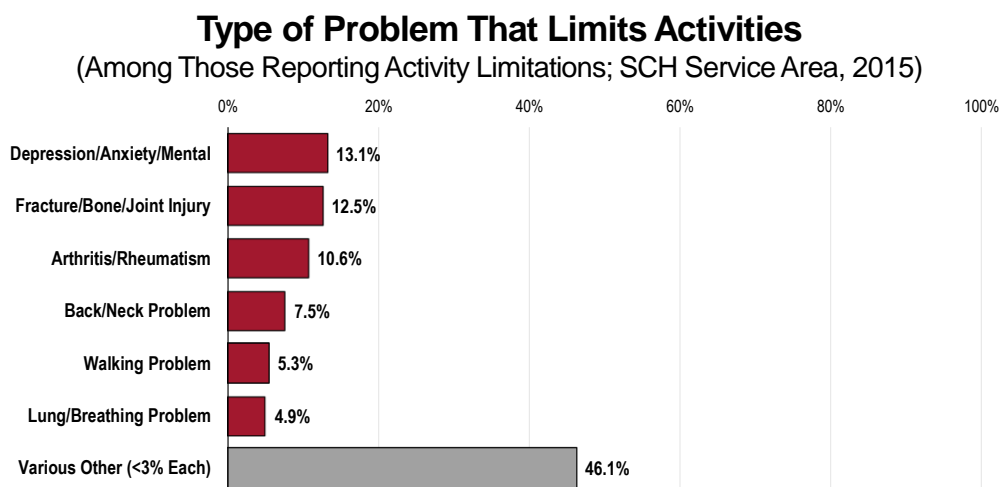
- Seniors are much more often limited in activities.
- Whites and residents in the “other” race category are more likely to report activity limitations.

## Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]  
Notes: • Asked of all respondents.  
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as fractures or bone/joint injuries, arthritis/rheumatism, back/neck problems, or difficulty walking. Issues of mental health and lung problems were also reported with some frequency among service area adults.



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

## Mental Health

### RELATED ISSUE:

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

### About Mental Health & Mental Disorders

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

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

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

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

• Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

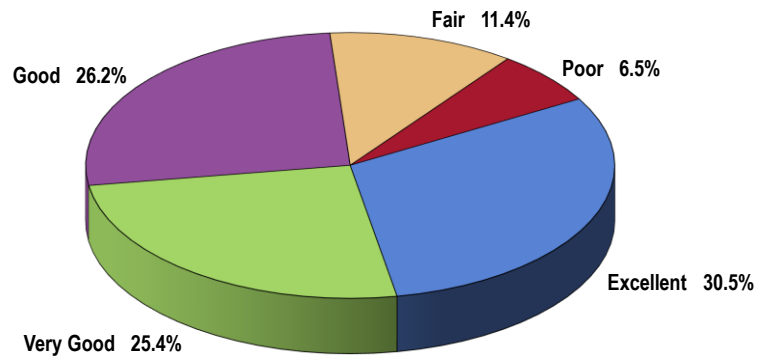
## Self-Reported Mental Health Status

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

A total of 55.9% of Swedish Covenant Hospital Service Area adults rate their overall mental health as “excellent” or “very good.”

- Another 26.2% gave “good” ratings of their own mental health status.

**Self-Reported Mental Health Status**  
(SCH Service Area, 2015)

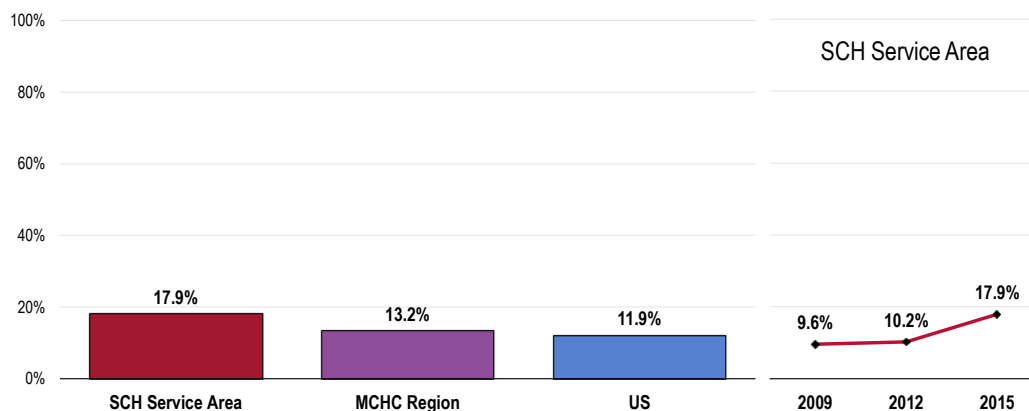


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]  
Notes: • Asked of all respondents.

A total of 17.9% of Swedish Covenant Hospital Service Area adults, however, believe that their overall mental health is “fair” or “poor.”

- Higher than the “fair/poor” response reported in the MCHC Region.
- Higher than that reported nationally.
- TREND: Denotes a statistically significant increase since 2009.

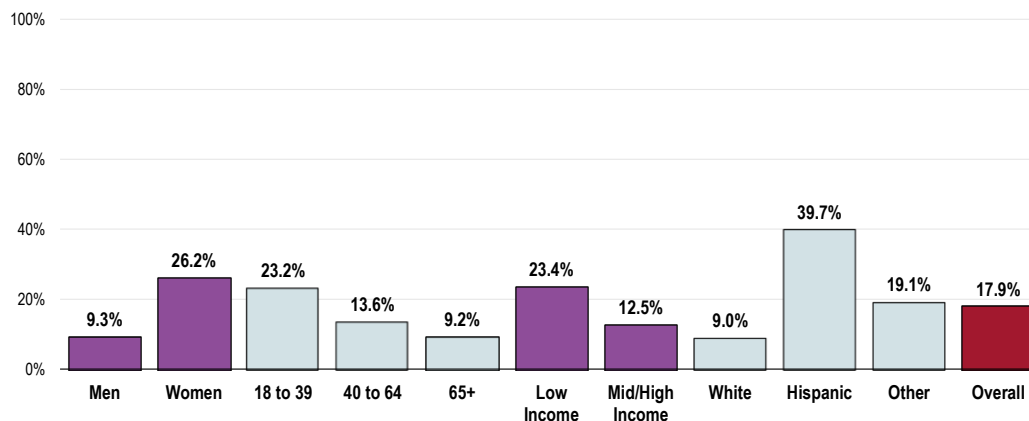
## Experience “Fair” or “Poor” Mental Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

- Women, young adults (negative correlation with age), low-income residents, Hispanics, and those of other races are more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

## Experience “Fair” or “Poor” Mental Health (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

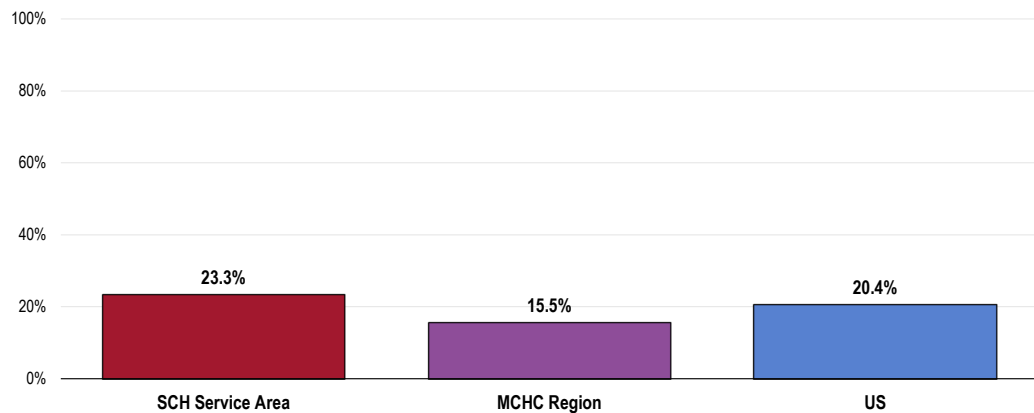
## Depression

### Diagnosed Depression

A total of 23.3% of Swedish Covenant Hospital Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Worse than the MCHC Region.
- Similar to the national finding.

### Have Been Diagnosed With a Depressive Disorder



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

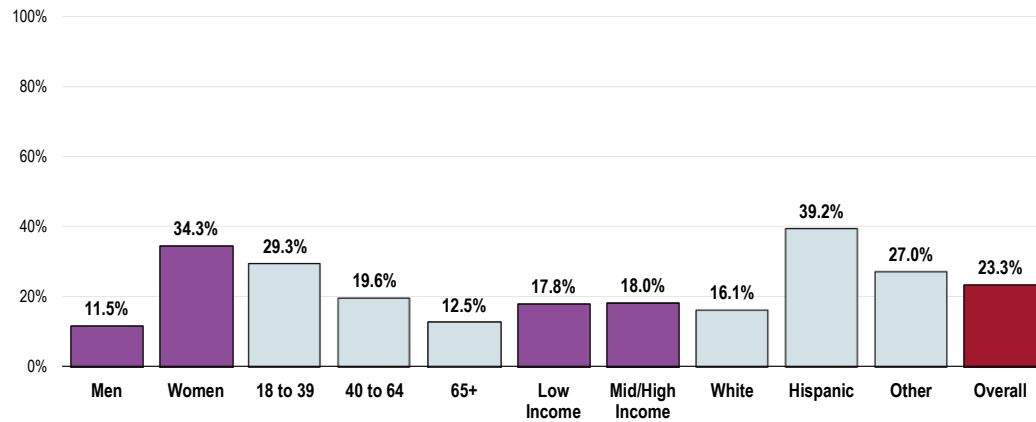
Notes: • Asked of all respondents.  
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.

The prevalence of diagnosed depression is notably higher among:

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



## Have Been Diagnosed With a Depressive Disorder (SCH Service Area, 2015)



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

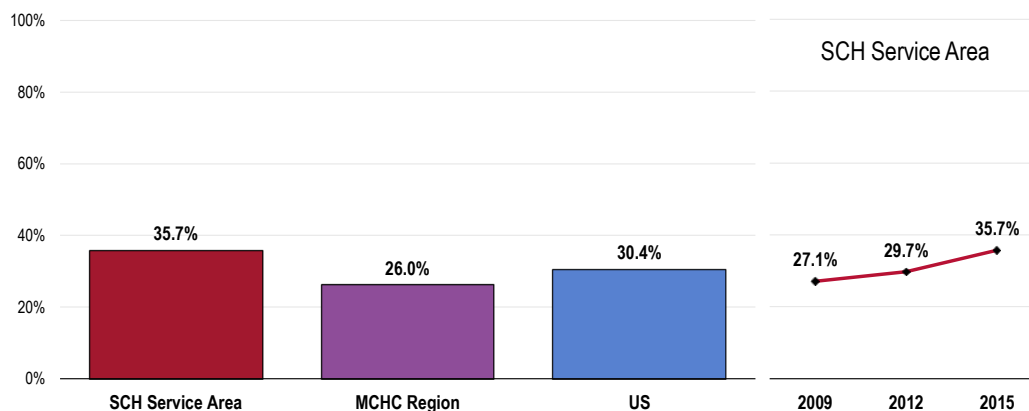
Notes: • Asked of all respondents.  
• Depressive disorders include depression, major depression, dysthymia, or minor depression.  
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
• Income categories reflect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

### Symptoms of Chronic Depression

A total of 35.7% of Swedish Covenant Hospital Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Higher than the MCHC Region.
- Similar to the national findings.
- TREND: Symptoms of chronic depression have significantly increased since 2009.

## Have Experienced Symptoms of Chronic Depression



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

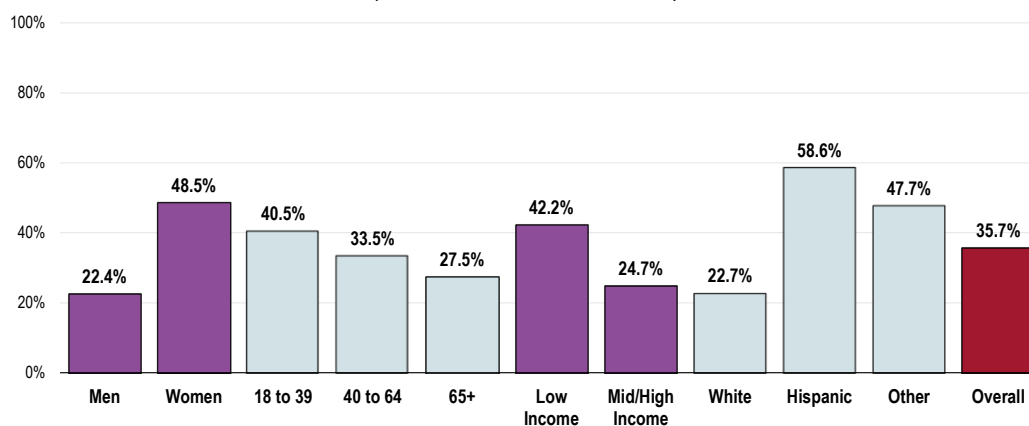
Notes: • Asked of all respondents.

• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

- Women.
- Adults with lower incomes.
- Hispanics and those of other races.

## Have Experienced Symptoms of Chronic Depression (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

Notes: • Asked of all respondents.

• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

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

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

## Stress

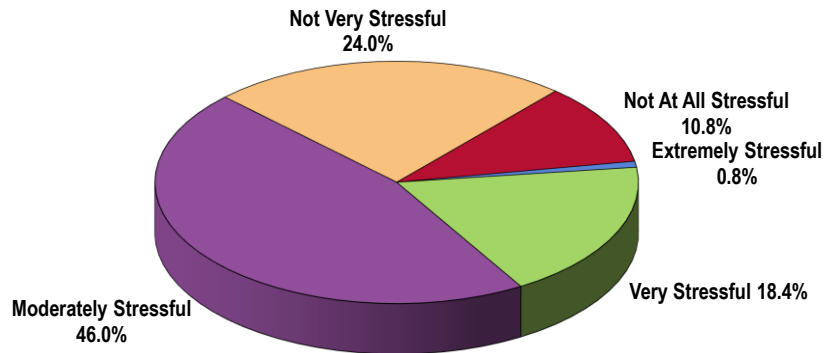
More than 3 in 10 service area adults consider their typical day to be “not very stressful” (24.0%) or “not at all stressful” (10.8%).

### RELATED ISSUE:

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

- Another 46.0% of survey respondents characterize their typical day as “moderately stressful.”

**Perceived Level of Stress On a Typical Day**  
(SCH Service Area, 2015)

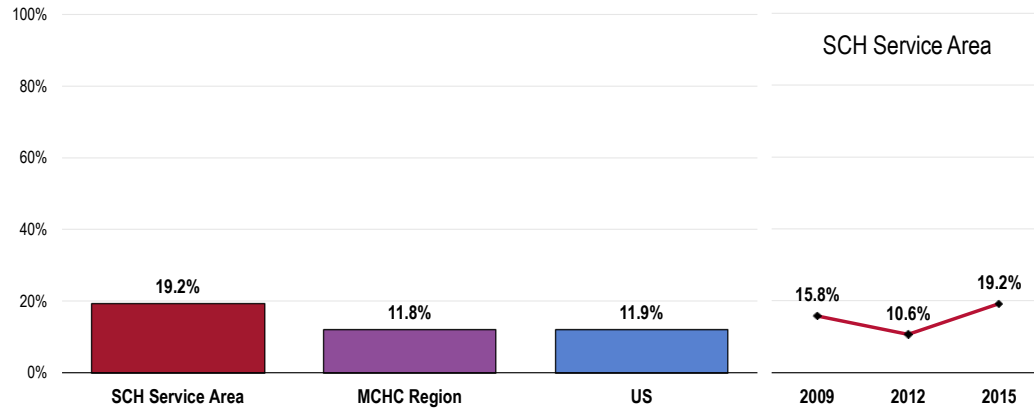


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]  
Notes: • Asked of all respondents.

In contrast, 19.2% of Swedish Covenant Hospital Service Area adults experience “extremely” or “very” stressful days on a regular basis.

- Higher than the MCHC Region.
- Higher than the national findings.
- TREND: Statistically similar to the 2009 findings; note, however, that the increase since 2012 is statistically significant.

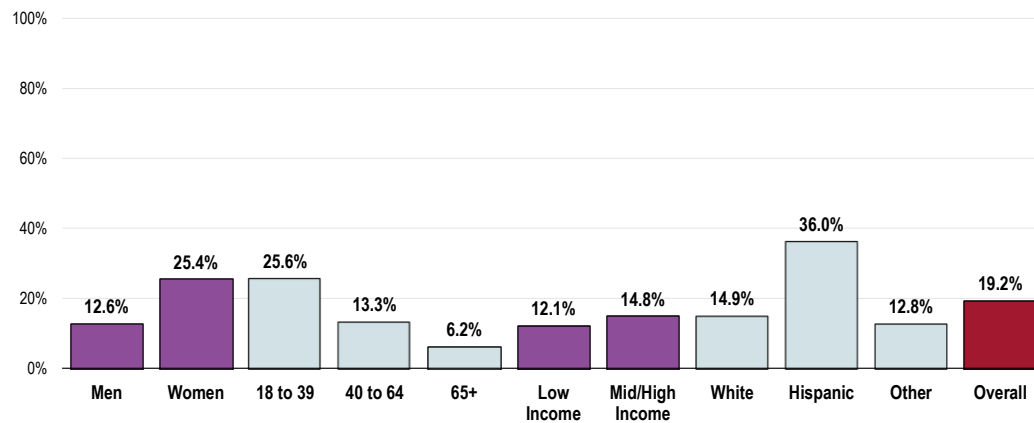
## Perceive Most Days As “Extremely” or “Very” Stressful



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

- Note that high stress levels are more prevalent among women, younger residents (negative correlation with age), and Hispanics.

## Perceive Most Days as “Extremely” or “Very” Stressful (SCH Service Area, 2015)

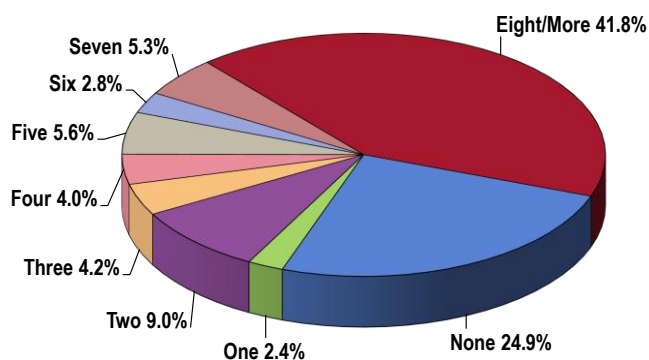


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories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

## Sleep

While 24.9% of survey respondents did not experience any days in the past month on which they did not get enough sleep, more than 6 in 10 (63.7%) report experiencing 3 or more days in the past month on which they did not get enough rest or sleep.

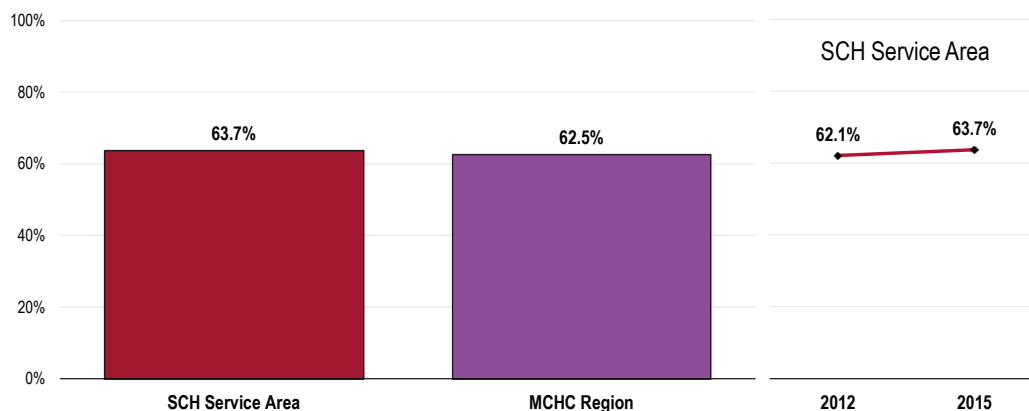
### Number of Days in the Past Month Without Enough Sleep (SCH Service Area, 2015)



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

- The percentage of Swedish Covenant Hospital Service Area residents reporting 3 or more days without enough rest or sleep is similar to those in the MCHC region.
- TREND: Statistically unchanged from 2012 survey results.

## Had 3+ Days in the Past Month Without Enough Sleep

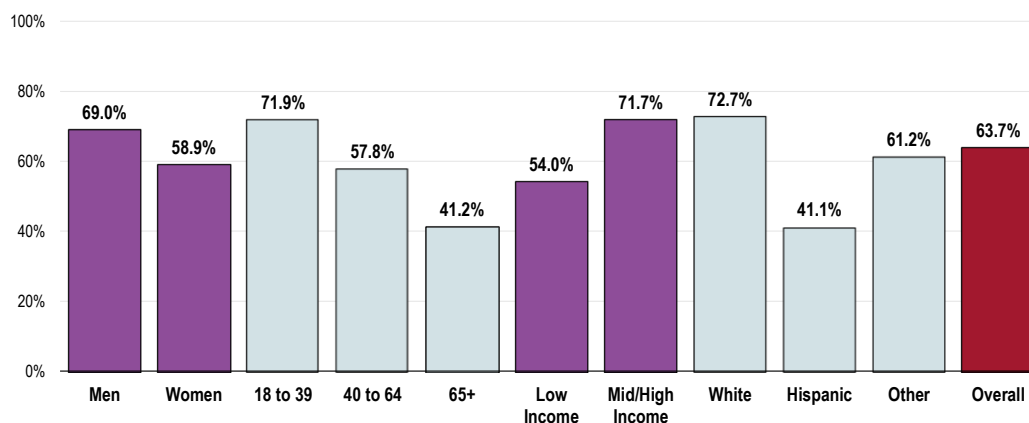


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 179]

Notes: • Asked of all respondents.

- Adults more likely to report 3+ days of poor sleep in the past month include men, those under age 65 (negative correlation with age), higher-income residents, Whites, and those of other races.

## Had 3+ Days in the Past Month Without Enough Sleep (SCH Service Area, 2015)



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

Notes: • Asked of all respondents.

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

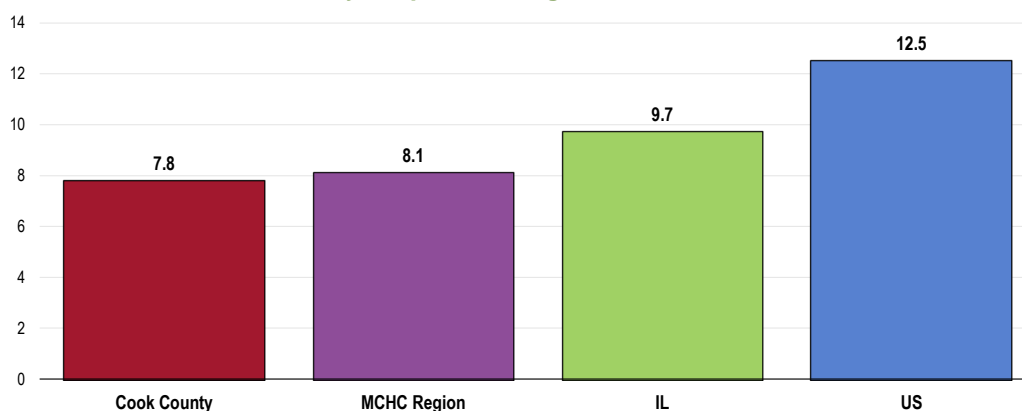
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal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

## Suicide

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

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

**Suicide: Age-Adjusted Mortality**  
(2011-2013 Annual Average Deaths per 100,000 Population)  
**Healthy People 2020 Target = 10.2 or Lower**



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

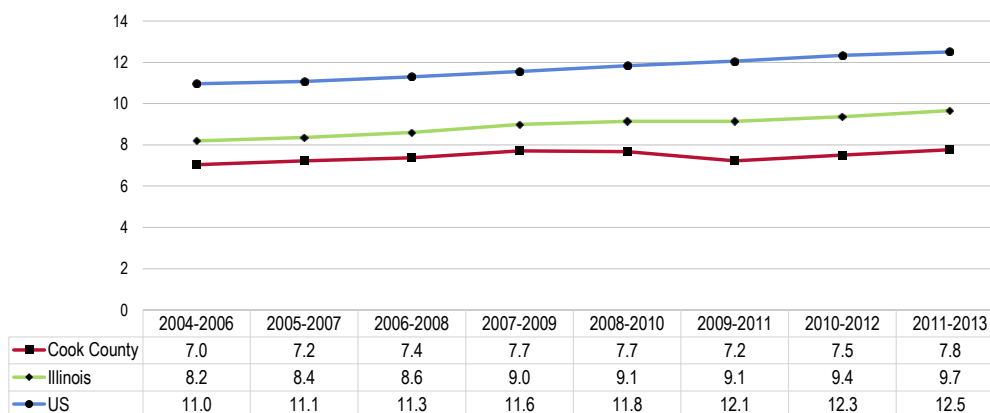
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The area suicide rate has overall trended upward, echoing state and national trends.

## Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

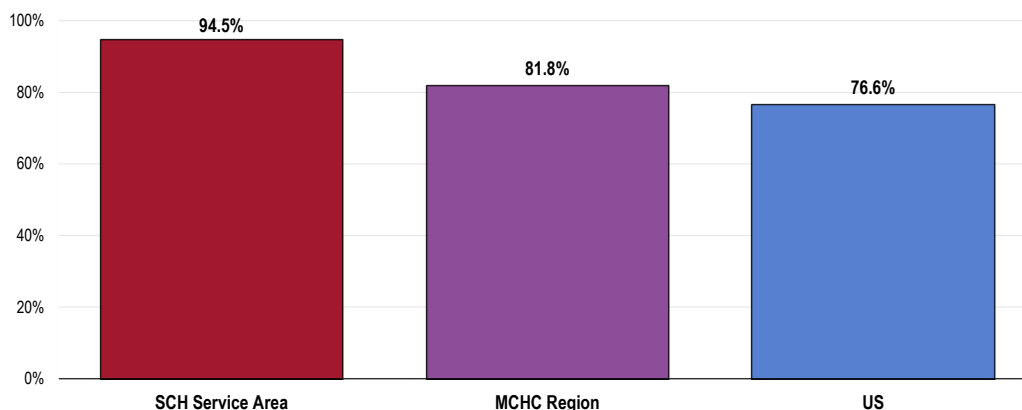
## Mental Health Treatment

Among adults with a diagnosed depressive disorder, 94.5% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to the MCHC Region.
- Similar to national findings.

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

### Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem (Among Adults With Diagnosed Depressive Disorder)



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).



## Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community.

### Perceptions of Mental Health as a Problem in the Community

(Key Informants, 2015)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2015 PRC Online Key Informant Survey.

## CHALLENGES

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

### Access to Care

*Access to care. – Community/Business Leader*

*Lack of services for underinsured. Long wait times for services. Unable to obtain needed medications. – Other Health Provider*

*Access to community based counseling and treatment services in a timely fashion. – Public Health Expert*

*Lack of access to counseling, psychiatrists and other mental health resources. – Public Health Expert*

*Recognizing the need for help, accessing appropriate treatment, and follow-up care. – Community/Business Leader*

*It is a generalized issue throughout Chicago. SCH mental health providers do not currently accept Medicaid, let alone uninsured patients. The FQHCs in our area do provide some mental health services, but only to established patients of their clinics or organizations. – Other Health Provider*

*Lack of continuity of care. – Other Health Provider*

*Access to mental health professionals in a timely fashion and limited inpatient capacity for those who need it. Also, delays in treatment due to overburdening the mechanisms in place to evaluate patients in a crisis setting. – Physician*

*The access to healthcare is very challenging, the people that struggle with mental health and need the most support do not have access to care. There's a stigma, lack of education, and this is another population that costs the community a lot of money when it was not treated. – Social Service Representative*

### Lack of Resources

*Lack of community programs to assure patients get and take their medications and that get access to inpatient and outpatient therapy. Homeless issue. – Community/Business Leader*

*Ongoing care and support are a big challenge, especially for those who have limited or no insurance. Even if a client can get their medications, which are very cost prohibitive, getting ongoing therapy with a qualified bilingual (Spanish) psychologist is very difficult, especially for the young adult. – Other Health Provider*

*Needed on campus to service this population, access to psychiatrists and psychotherapists for outpatient services on campus, adult MH PHP/IOP not yet on campus, training and education of*

*general medical staff to care for patients with mental health problems. – Other Health Provider*

*Difficult to treat and find resources that are affordable. – Social Service Representative*

*Very little support or resources for ongoing care. – Public Health Expert*

### **Affordable Care**

*Access to affordable care options, stigma associated with having such an illness. – Social Service Representative*

*Services are not covered under many plans. Long waiting lists at the Community Mental Health Centers. – Social Service Representative*

*Our biggest challenge is affordable substance abuse treatment for persons ages 21 and up in the suburbs. While services exist for minors or for persons with good health insurance, those that lack coverage for whatever reason are left in the dark or must move to Chicago for services. – Other Health Provider*

### **Social Stigma**

*The stigma of being diagnosed with a behavior health condition. Inadequate inpatient beds or intensive outpatient assistance. Inadequate resources to identify and treat post-traumatic stress disorders, inadequate suicide/crisis prevention resources. Inadequate resources to support addiction recovery. – Other Health Provider*

# **Death, Disease & Chronic Conditions**

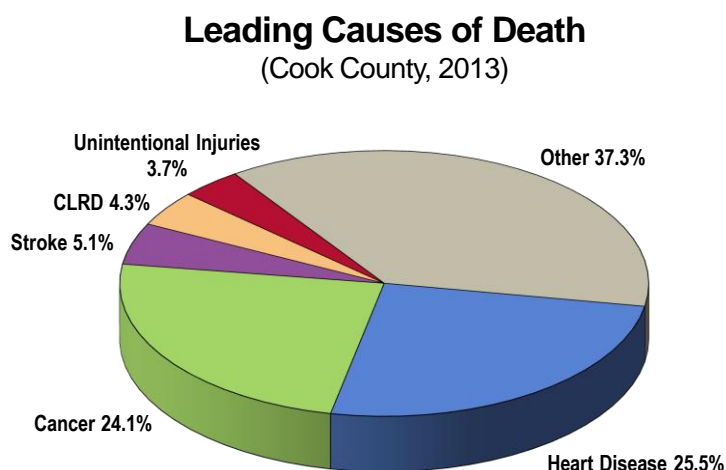


**Professional Research Consultants, Inc.**

## Leading Causes of Death

### Distribution of Deaths by Cause

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



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

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

### Age-Adjusted Death Rates for Selected Causes

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

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

The following chart outlines 2011-2013 annual average age-adjusted death rates per 100,000 population for selected causes of death in Cook County.

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

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

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

### Age-Adjusted Death Rates for Selected Causes (2011-2013 Deaths per 100,000 Population)

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

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.
- Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
  - \*The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

## Cardiovascular Disease

### About Heart Disease & Stroke

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

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

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

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

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

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

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

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Age-Adjusted Heart Disease & Stroke Deaths

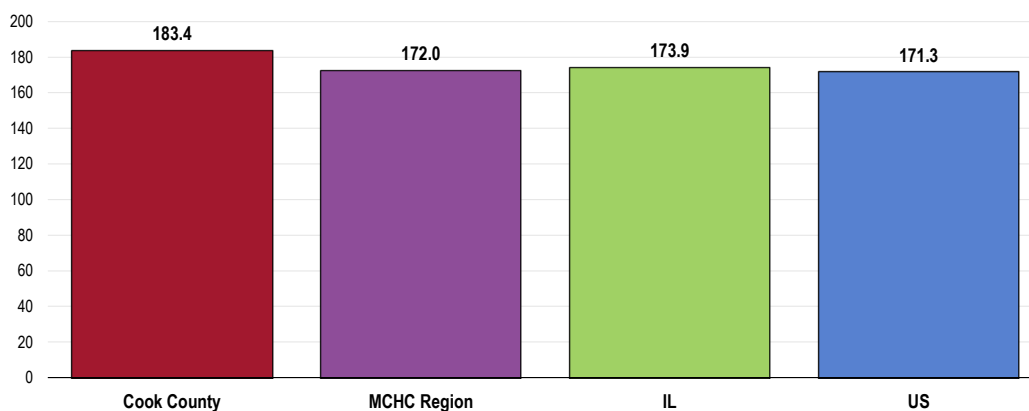
### Heart Disease Deaths

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

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

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

### Heart Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)

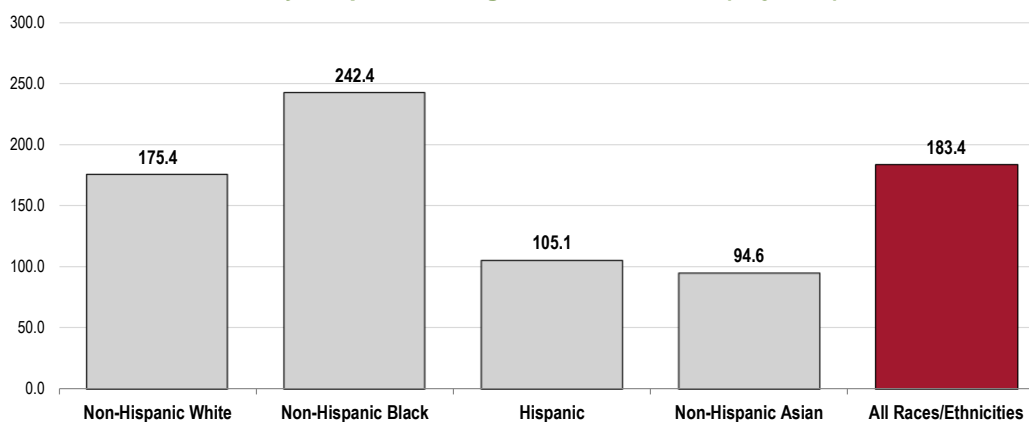


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]  
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.  
• The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

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

### Heart Disease: Age-Adjusted Mortality by Race (Cook County; 2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



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

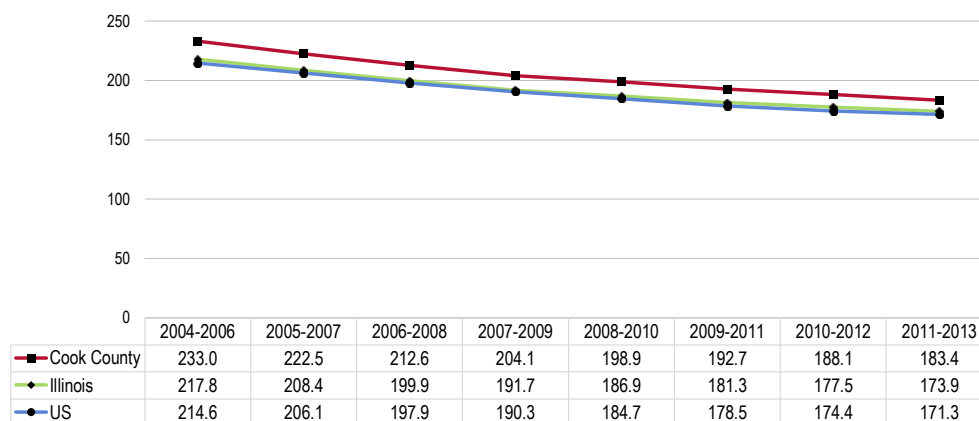
Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]  
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.  
• The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

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

## Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



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

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]  
 • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.  
 • The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

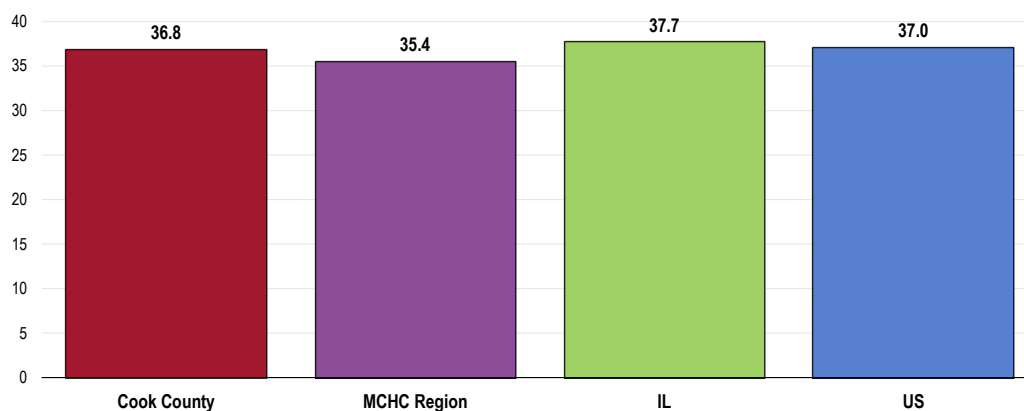
## Stroke Deaths

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

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



### Stroke: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 34.8 or Lower

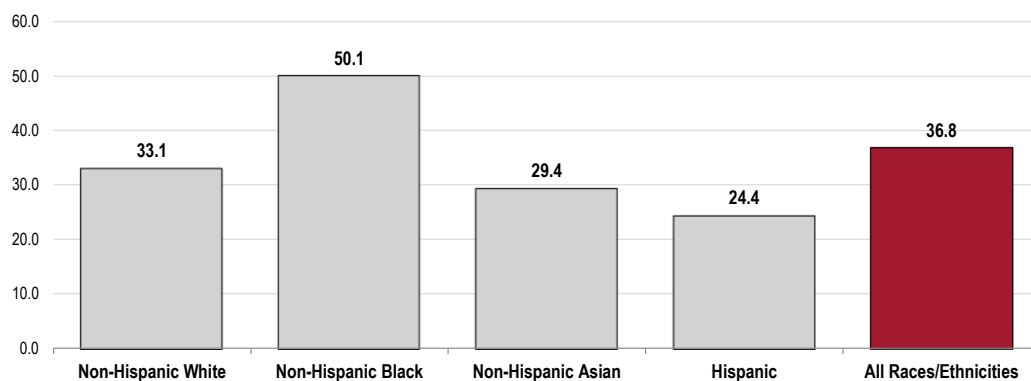


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>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

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

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

### Stroke: Age-Adjusted Mortality by Race (Cook County; 2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 34.8 or Lower



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

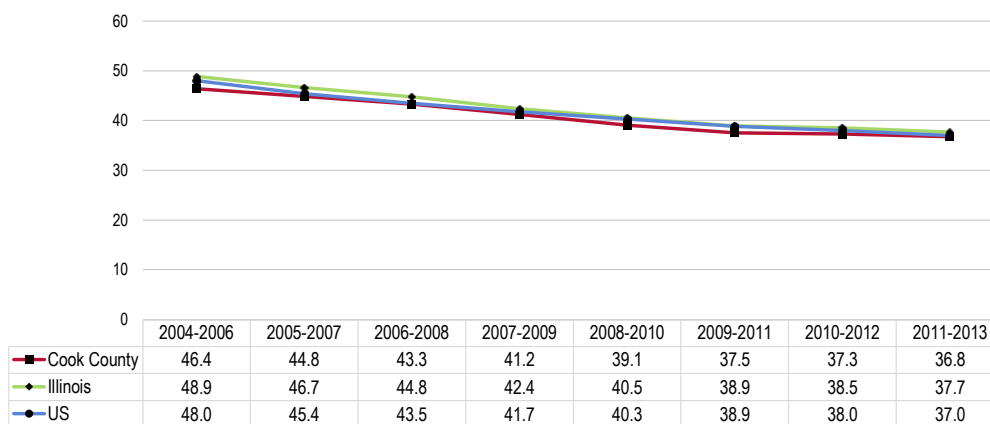
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

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

## Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



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

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]  
 • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.  
 • Local, state and national data are simple three-year averages.

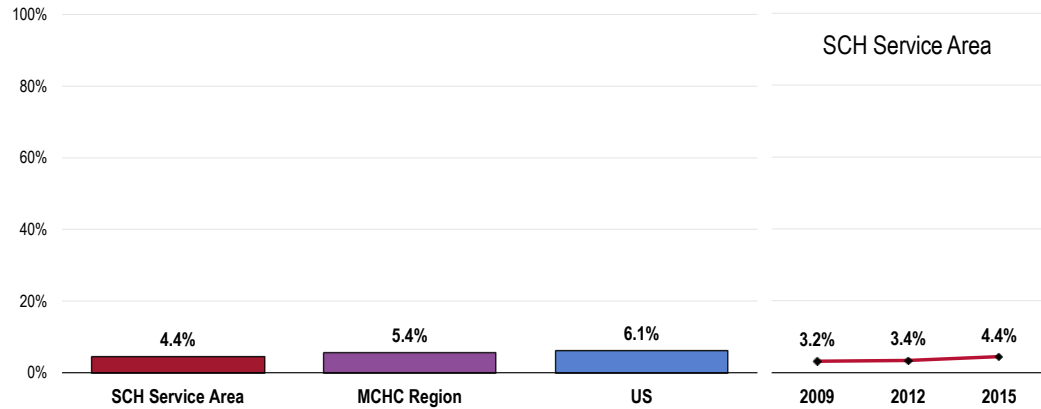
## Prevalence of Heart Disease & Stroke

### Prevalence of Heart Disease

A total of 4.4% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

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

## Prevalence of Heart Disease



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

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

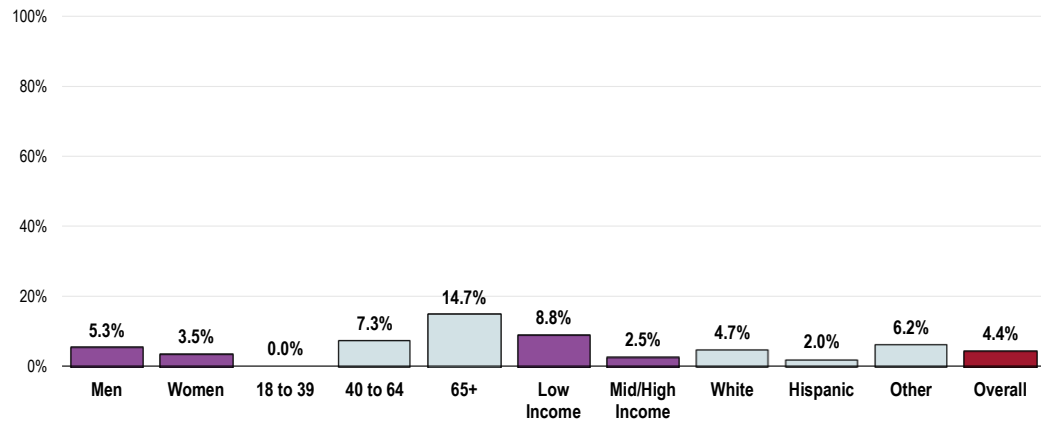
Notes: • Asked of all respondents.

• Includes diagnoses of heart attack, angina or coronary heart disease.

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

- Adults ages 40 and older (positive correlation with age).
- Residents with lower incomes.

## Prevalence of Heart Disease (SCH Service Area, 2015)



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

Notes: • Asked of all respondents.

• Includes diagnoses of heart attack, angina or coronary heart disease.

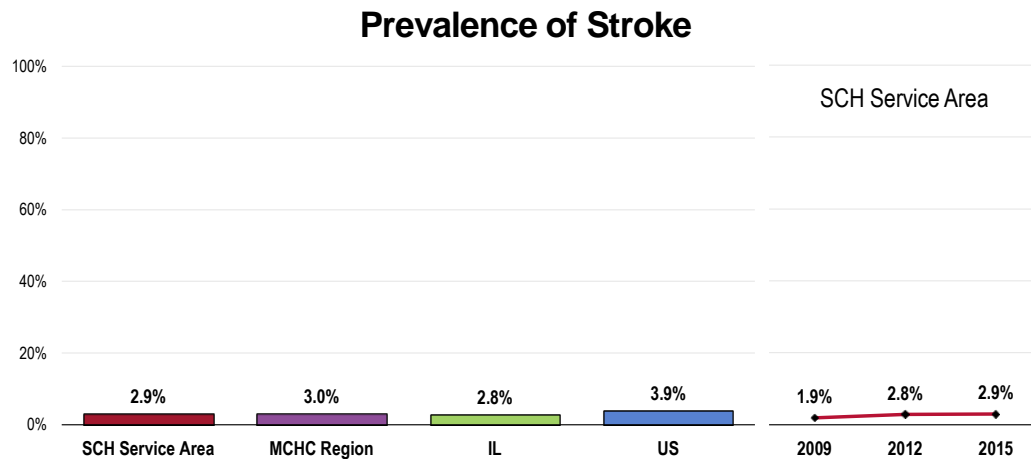
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

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

## Prevalence of Stroke

A total of 2.9% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to the MCHC Region.
- Similar to statewide findings.
- Similar to national findings.
- TREND: No significant change from 2009 survey findings.



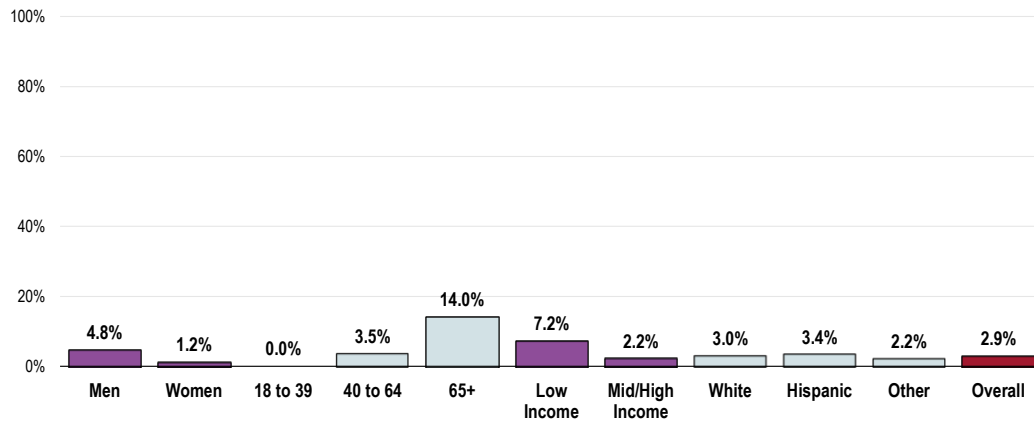
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services,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

Notes: • Asked of all respondents.

Adults more likely to have been diagnosed with stroke include:

- Residents age 40 and older (positive correlation with age).

## Prevalence of Stroke (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]

Notes: • Asked of all respondents.

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

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

## Cardiovascular Risk Factors

### About Cardiovascular Risk

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

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Hypertension (High Blood Pressure)

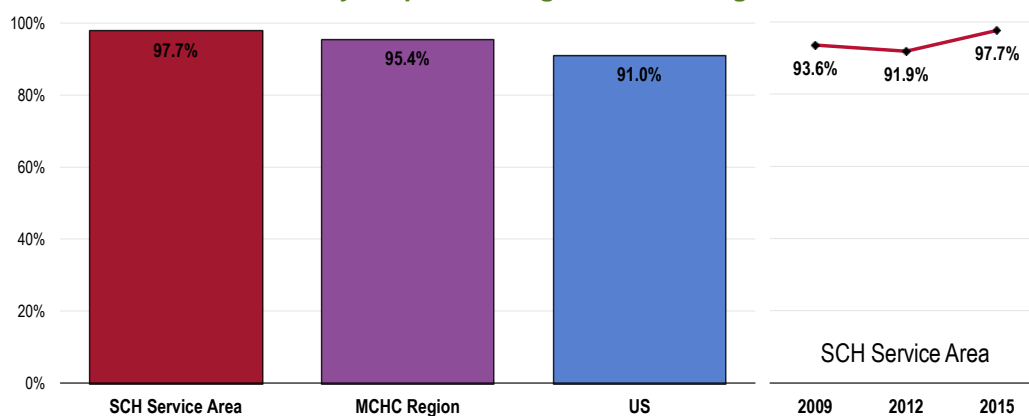
#### High Blood Pressure Testing

**A total of 97.7% of Swedish Covenant Hospital Service Area adults have had their blood pressure tested within the past two years.**

- More favorable than the MCHC Region.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (92.6% or higher).
- TREND: Statistically significant increase since 2009.

## Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]

Notes: • Asked of all respondents.

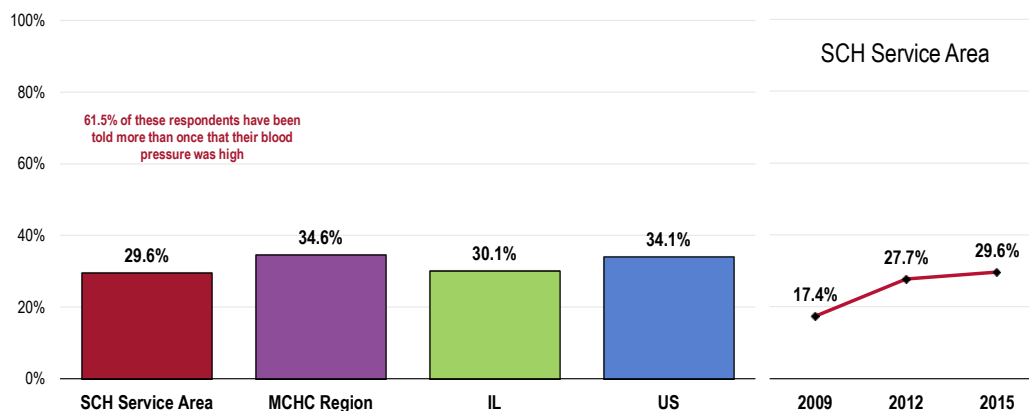
### Prevalence of Hypertension

**A total of 29.6% of adults have been told at some point that their blood pressure was high.**

- Lower than the MCHC Region.
- Similar to the Illinois prevalence.
- Similar to the national prevalence.
- Similar to the Healthy People 2020 target (26.9% or lower).
- TREND: Marks a statistically significant increase over time.
- Among hypertensive adults, 61.5% have been diagnosed with high blood pressure more than once.

## Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



Sources:

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

Notes:

- Asked of all respondents.

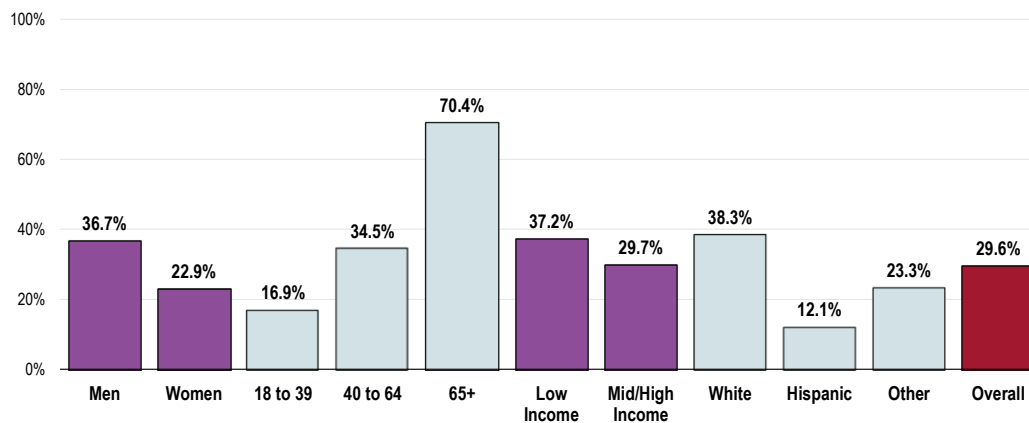
Hypertension diagnoses are higher among:

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

## Prevalence of High Blood Pressure

(SCH Service Area, 2015)

Healthy People 2020 Target = 26.9% or Lower



Sources:

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

Notes:

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

### Hypertension Management

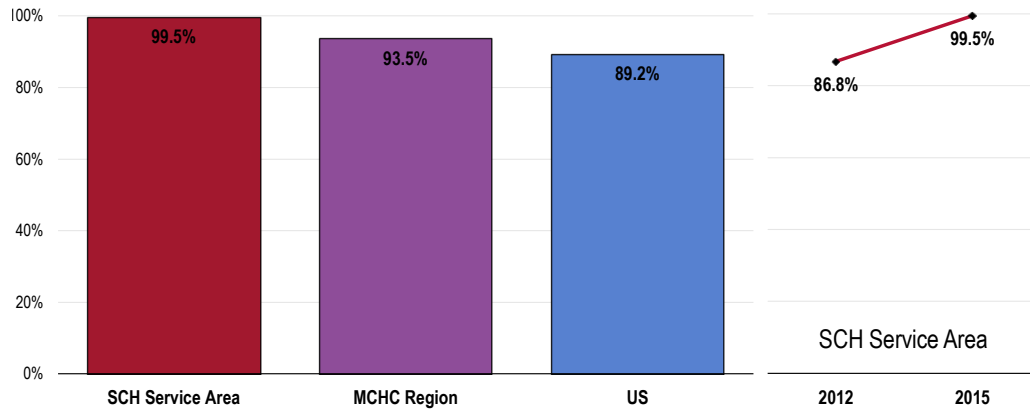
Among respondents who have been told that their blood pressure was high, 99.5% report that they are currently taking actions to control their condition.

- Better than the MCHC Region.
- Better than national findings.
- TREND: Significant increase since 2012.

Respondents reporting high blood pressure were further asked:

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

### Taking Action to Control Hypertension (Among Adults With High Blood Pressure)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents who have been diagnosed with high blood pressure.  
 • In this case, the term “action” refers to medication, change in diet, and/or exercise.

### High Blood Cholesterol

#### Blood Cholesterol Testing

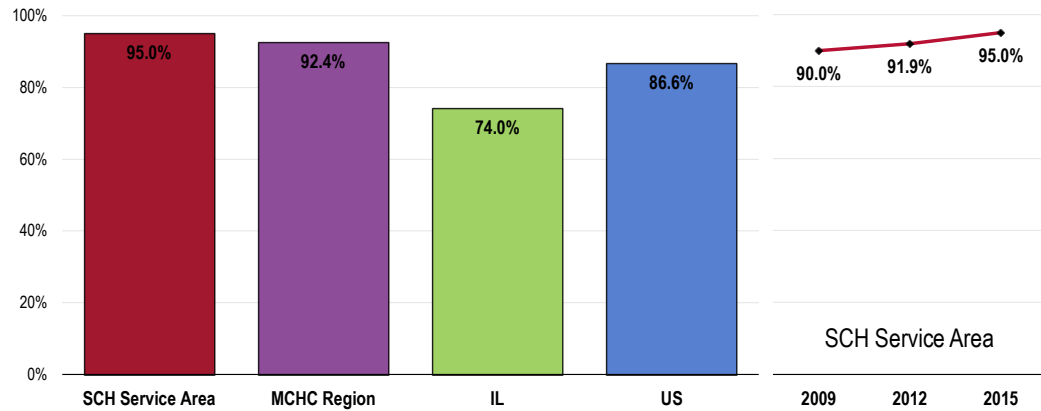
A total of 95.0% of Swedish Covenant Hospital Service Area adults have had their blood cholesterol checked within the past five years.

- Better than the MCHC Region.
- Better than Illinois findings.
- Better than the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- TREND: The increase over time is not statistically significant.



## Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher

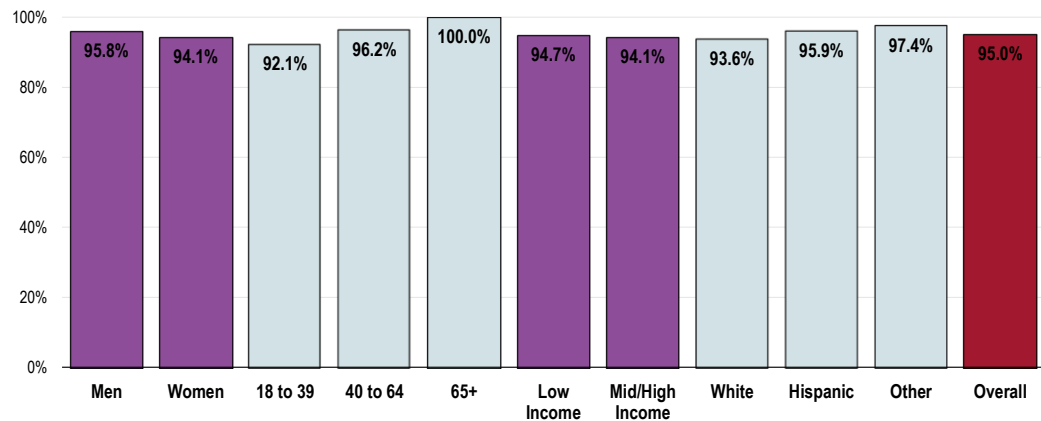


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.  
 •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

- Note the positive correlation between age and cholesterol screenings in the service area.

## Have Had Blood Cholesterol Levels Checked in the Past Five Years (SCH Service Area, 2015)

Healthy People 2020 Target = 82.1% or Higher



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

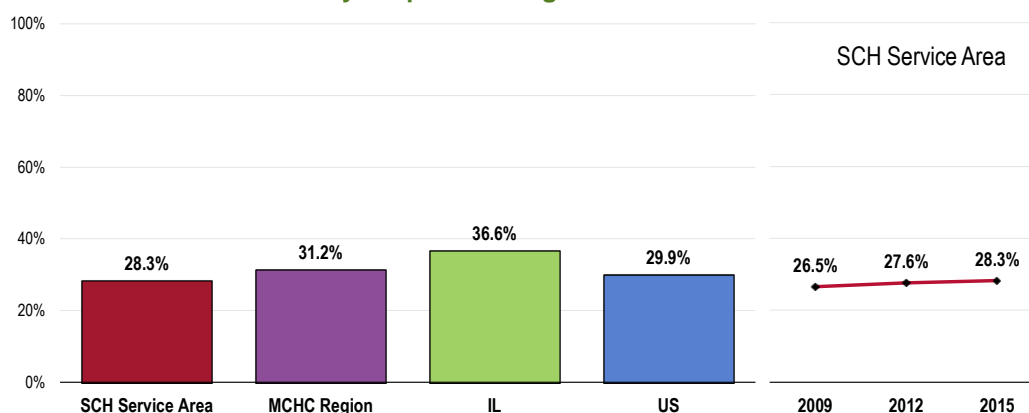
**Self-Reported High Blood Cholesterol**

**A total of 28.3% of adults have been told by a health professional that their cholesterol level was high.**

- Similar to the MCHC Region.
- More favorable than the Illinois findings.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target of 13.5% or lower.
- TREND: Statistically unchanged since 2009.

**Prevalence of High Blood Cholesterol**

**Healthy People 2020 Target = 13.5% or Lower**



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

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

Note that 13.9% of Swedish Covenant Hospital Service Area adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

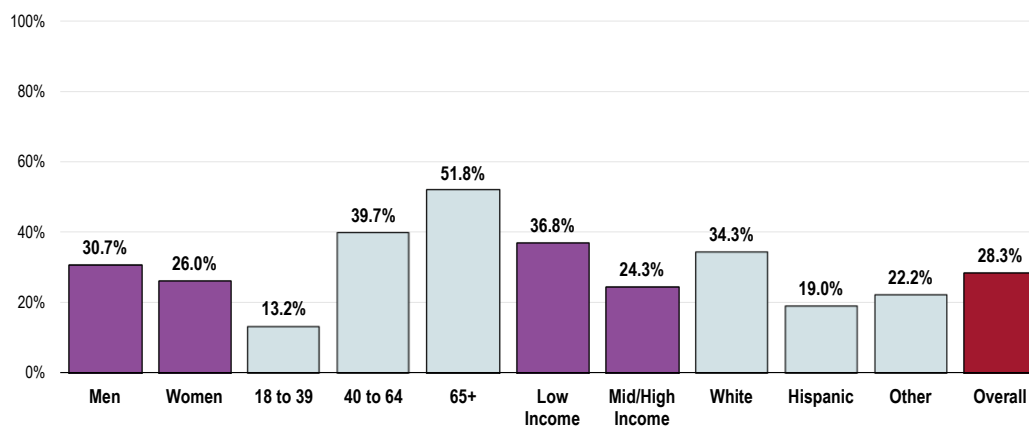
Further note the following:

- There is a higher prevalence of high blood cholesterol among adults 40 and older (positive correlation with age), lower-income residents, and Whites.
- Keep in mind that “unknowns” are relatively high in young adults and Hispanics.

## Prevalence of High Blood Cholesterol

(SCH Service Area, 2015)

Healthy People 2020 Target = 13.5% or Lower



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
- Notes:
- Asked of all respondents.
  - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### High Cholesterol Management

Respondents reporting high cholesterol were further asked:

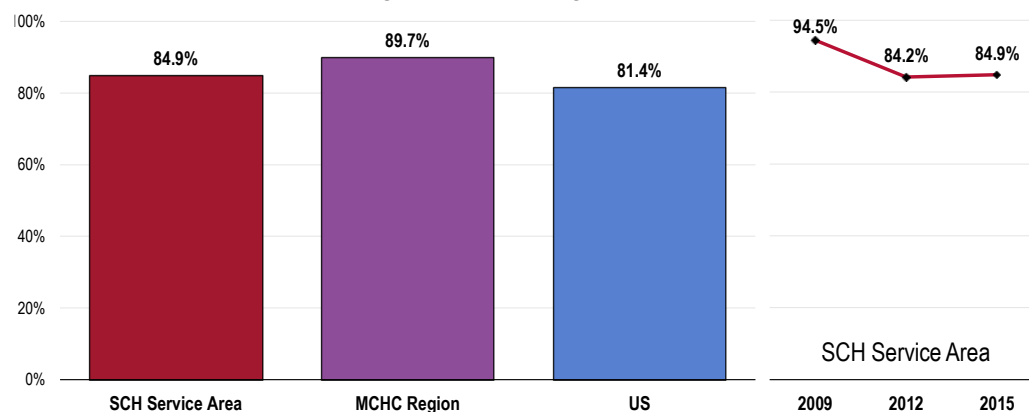
*"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"*

Among adults who have been told that their blood cholesterol was high, 84.9% report that they are currently taking actions to control their cholesterol levels.

- Similar to the MCHC Region.
- Similar to the nationwide findings.
- TREND: Statistically significant decrease since 2009.

### Taking Action to Control High Blood Cholesterol Levels

(Among Adults With High Cholesterol)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents who have been diagnosed with high blood cholesterol levels.
  - In this case, the term "action" refers to medication, change in diet, and/or exercise.

### About Cardiovascular Risk

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

- High Blood Pressure
  - High Blood Cholesterol
  - Tobacco Use
  - Physical Inactivity
  - Poor Nutrition
  - Overweight/Obesity
  - Diabetes
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

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

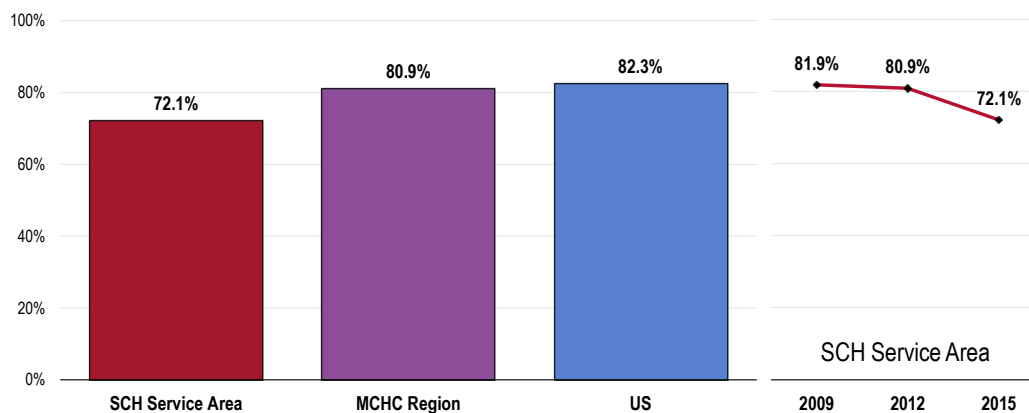
### Total Cardiovascular Risk

**A total of 72.1% of Swedish Covenant 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.**

- Better than the MCHC Region.
- Better than national findings.
- TREND: Statistically significant improvement since 2009.

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

## Present One or More Cardiovascular Risks or Behaviors



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]

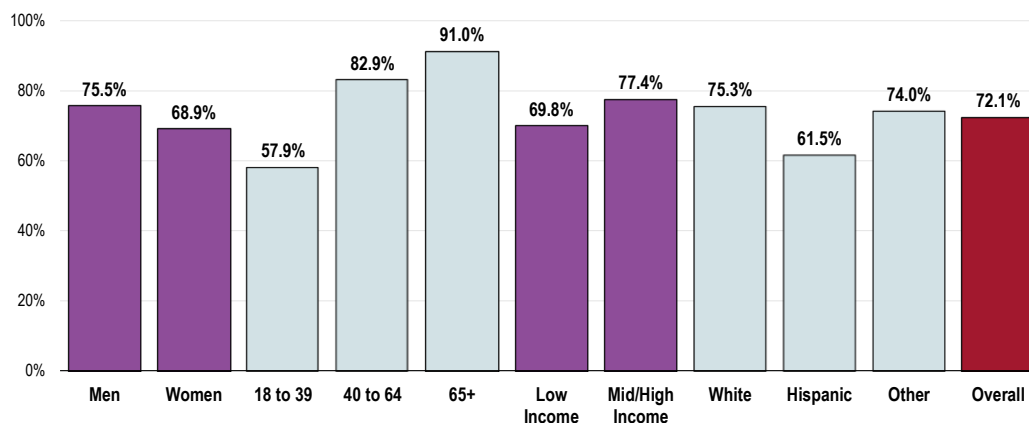
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

- Older residents are more likely to exhibit cardiovascular risk factors (positive correlation with age).

## Present One or More Cardiovascular Risks or Behaviors (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]

Notes: • Asked of all respondents.

• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

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

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

## Key Informant Input: Heart Disease & Stroke

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

### Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2015)

■ Major Problem    ■ Moderate Problem    ■ Minor Problem    ■ No Problem At All



Sources: • 2015 PRC Online Key Informant Survey.

## TOP CONCERNS

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

### High Prevalence

*Heart disease and stroke both can cause disability. – Public Health Expert*

*There has been an increase in the incidence of both heart disease and stroke. People need continued education and encouragement to live healthy lifestyles and to be alert for symptoms should they occur. – Community/Business Leader*

*Large numbers of patients in our service area have HTN, high cholesterol and/or lipids, and positive risk factors for coronary artery and peripheral vascular diseases resulting in acute coronary syndromes, heart failure (acute and chronic) and strokes. They are either insufficiently managed long-term or are noncompliant with treatment regimen as those with heart failure are at high risk for readmission within 30 days of hospital discharge. Many patients with stroke do not seek care early enough after symptom onset to be good candidates for TPA and there are inadequate resources for affordable physical, speech, and occupational therapy in locations of easy access to many patients. – Other Health Provider*

*More young people. – Social Service Representative*

### Lack of Resources

*Again, prevention programs that aid in lifestyle changes and education are limited and only touch the surface. Large events are great, but the one on one and smaller group support that help an individual actually improve their health before heart disease and stroke worsen are not available. – Other Health Provider*

### Contributing Factors

*High levels of hypertension and diabetes leading to increased risk of heart attack and stroke. – Public Health Expert*

*The volume of patients that present with these health issues goes hand in hand with obesity. – Community/Business Leader*

### Lack of Education

*Lack of education. Swedish Covenant Hospital is a level 1 primary stroke center, but there are many people in the community that are not aware of that. – Other Health Provider*

## Cancer

### About Cancer

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

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

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

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Age-Adjusted Cancer Deaths

### All Cancer Deaths

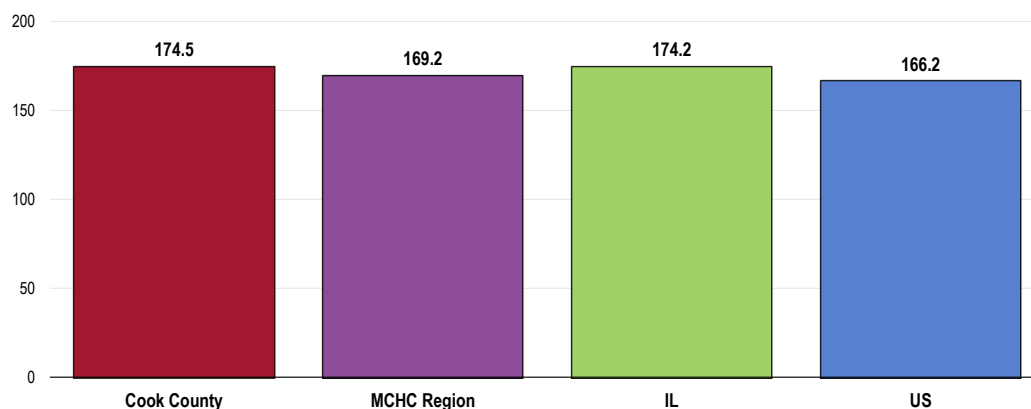
**Between 2011 and 2013, there was an annual average age-adjusted cancer mortality rate of 174.5 deaths per 100,000 population in Cook County.**

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

### Cancer: Age-Adjusted Mortality

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

Healthy People 2020 Target = 161.4 or Lower



Sources:

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

Notes:

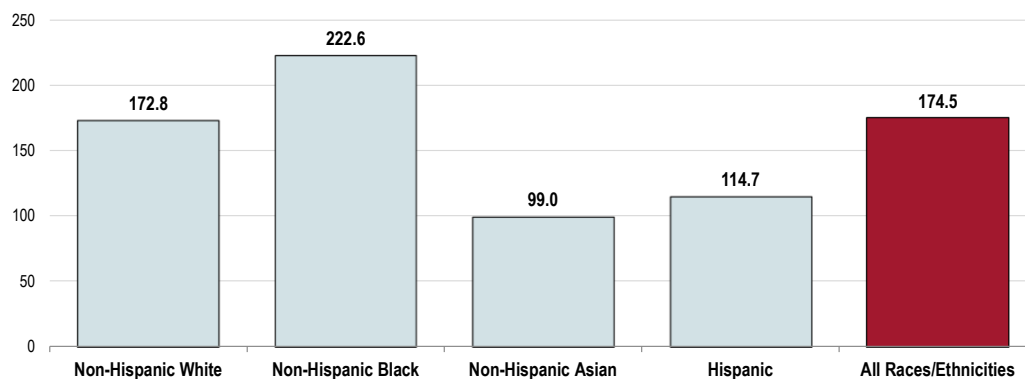
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

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

### Cancer: Age-Adjusted Mortality by Race

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

Healthy People 2020 Target = 161.4 or Lower



Sources:

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

Notes:

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

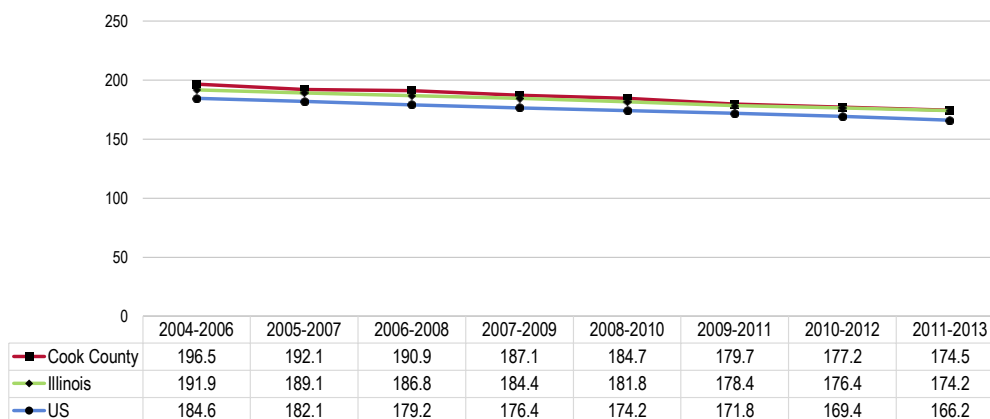
- TREND: Cancer mortality has decreased over the past decade in Cook County; the same trend is apparent both statewide and nationwide.



## Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



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

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

### Cancer Deaths by Site

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

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

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

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

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

### Age-Adjusted Cancer Death Rates by Site (2011-2013 Annual Average Deaths per 100,000 Population)

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

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

## Cancer Incidence

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

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

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

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

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

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

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

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

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

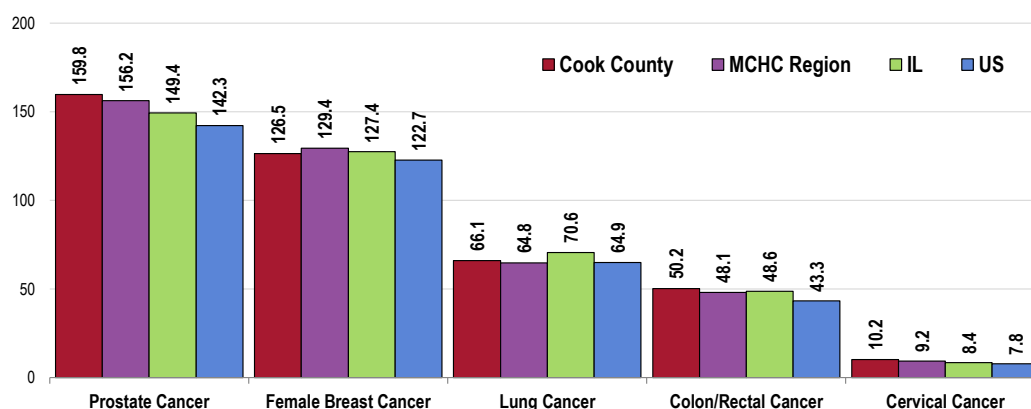
There was an annual average age-adjusted incidence rate of colorectal cancer of 50.2 cases per 100,000 in Cook County.

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

There was an annual average age-adjusted incidence rate of cervical cancer of 10.2 cases per 100,000 in the Swedish Covenant Hospital Service Area.

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

**Cancer Incidence Rates by Site**  
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2007-2011)



Sources: • State Cancer Profiles: 2007-11.

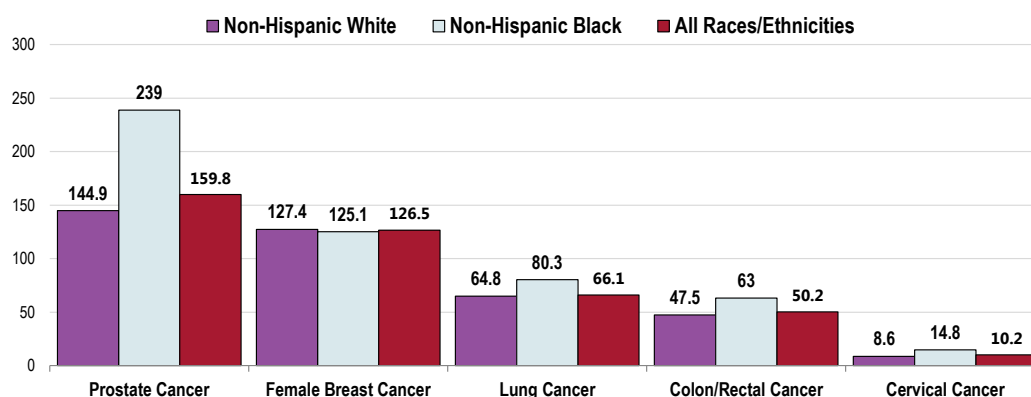
• Retrieved August 2015 from Community Commons at <http://www.chna.org>.

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

- By available race data, Non-Hispanic Blacks experience notably higher prostate, lung, colon/rectal, and cervical cancer incidence than Non-Hispanic Whites in Cook County.
- The female breast cancer incidence rate is similar among Whites and Blacks in Cook County.

## Cancer Incidence Rates by Site and Race/Ethnicity

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



Sources: • State Cancer Profiles: 2007-11.

• Retrieved August 2015 from Community Commons at <http://www.chna.org>.

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

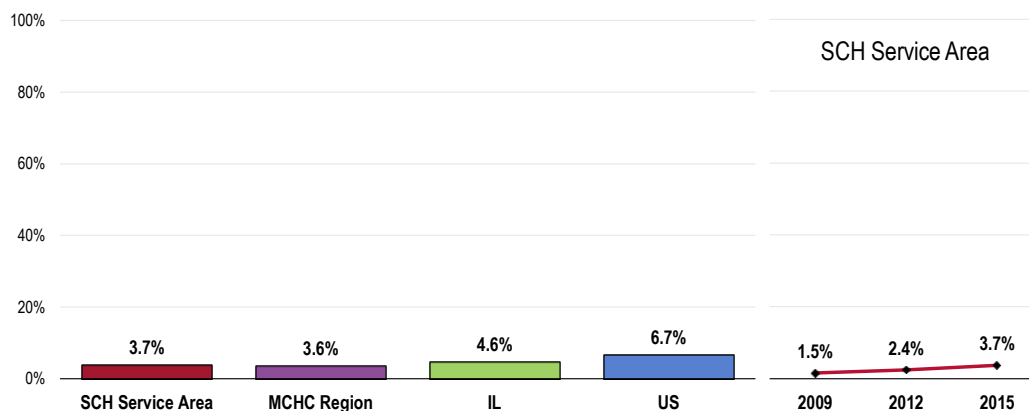
## Prevalence of Cancer

### Skin Cancer

A total of 3.7% of surveyed Swedish Covenant Hospital Service Area adults report having been diagnosed with skin cancer.

- Similar to the MCHC Region.
- Similar to what is found statewide.
- Better than the national average.
- TREND: The increase since 2009 is not statistically significant.

## Prevalence of Skin Cancer



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

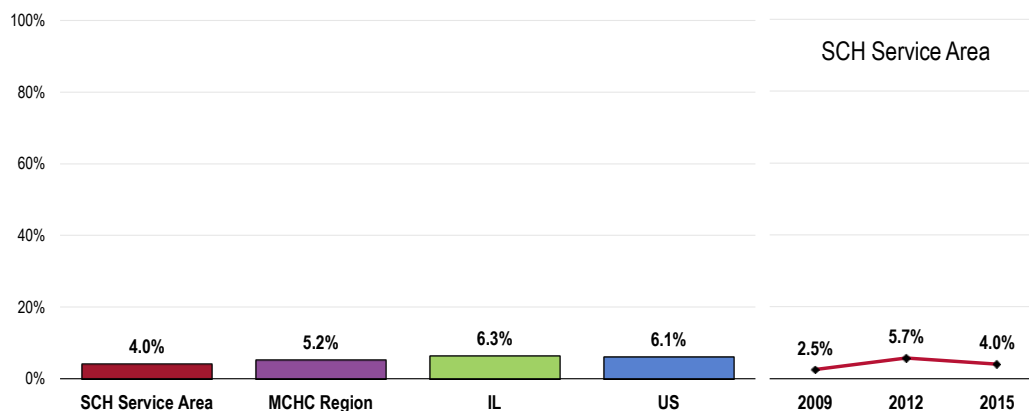
Notes: • Asked of all respondents.

## Other Cancer

**A total of 4.0% of respondents have been diagnosed with some type of (non-skin) cancer.**

- Similar to the MCHC Region.
- More favorable than the statewide prevalence.
- Similar to the national prevalence.
- TREND: The prevalence of cancer has remained unchanged over time.

## Prevalence of Cancer (Other Than Skin Cancer)



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

Notes: • Asked of all respondents.

### Cancer Risk

#### About Cancer Risk

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

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

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

#### RELATED ISSUE:

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

## Cancer Screenings

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

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

## Prostate Cancer Screenings

### About Screening for Prostate Cancer

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

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

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

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

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

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

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

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

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

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

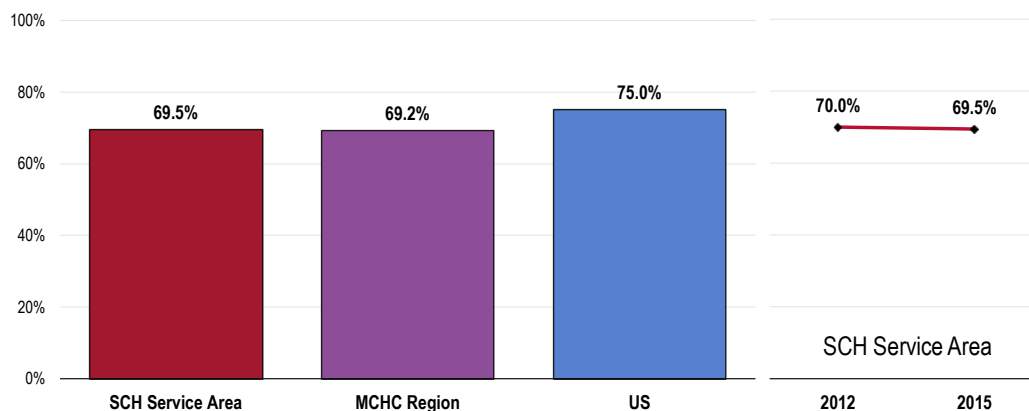
### PSA Testing and/or Digital Rectal Examination

**Among men age 50 and older, nearly 7 in 10 (69.5%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.**

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

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

## Have Had a Prostate Screening in the Past Two Years (Among Men 50+)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 178]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects male respondents 50+.

## Female Breast Cancer Screening

### About Screening for Breast Cancer

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

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

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

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

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



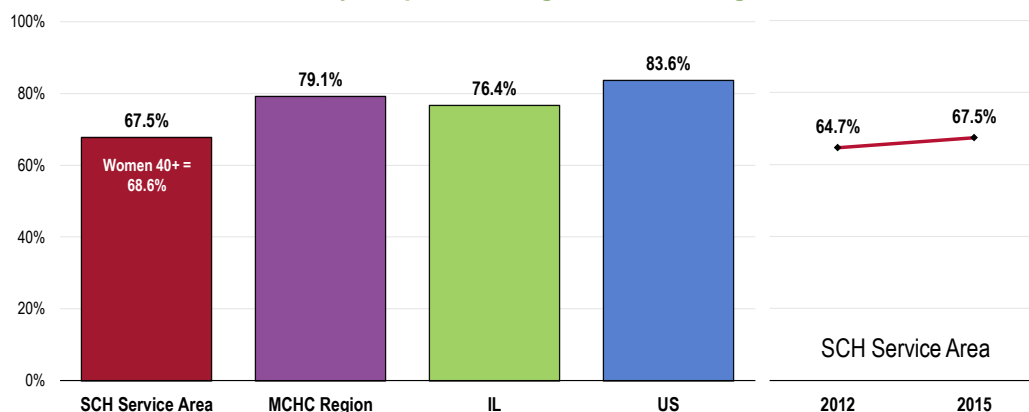
### Mammography

Among women age 50-74, 67.5% have had a mammogram within the past two years.

- Lower than the MCHC Region.
- Lower than statewide findings (which represent all women 50+).
- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target of 81.1% or higher.
- Among women 40+, 68.6% have had a mammogram in the past two years.
- TREND: Statistically unchanged since 2012.

### Have Had a Mammogram in the Past Two Years (Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-129]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Illinois data.
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]
- Notes:
- Reflects female respondents 50-74.
  - \*Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

## Cervical Cancer Screenings

### About Screening for Cervical Cancer

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

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

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

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

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

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

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

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

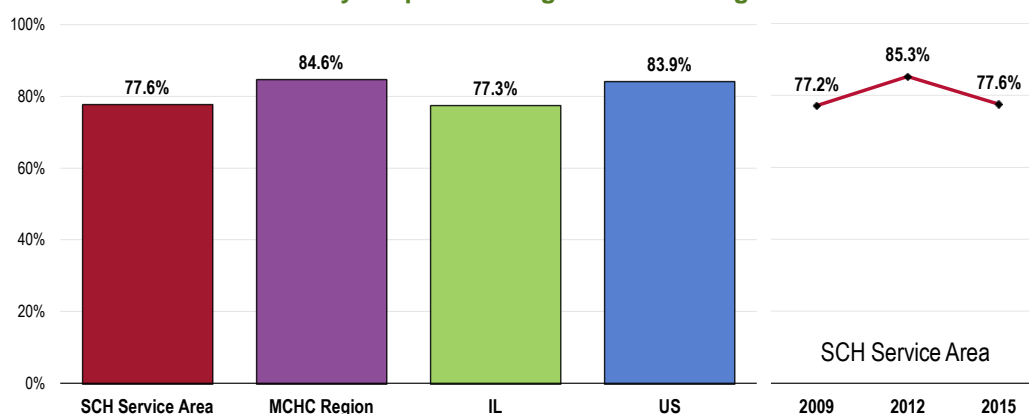
### *Pap Smear Testing*

**Among women age 21 to 65, 77.6% have had a Pap smear within the past three years.**

- Lower than the MCHC Region.
- Similar to the Illinois findings (which represents all women 18+).
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- TREND: Statistically unchanged since 2009; note, however, that the decrease since 2012 is statistically significant.

## Have Had a Pap Smear in the Past Three Years (Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Illinois data.
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]
- Notes:
- Reflects female respondents age 21 to 65.
  - \*Note that the Illinois percentage represents all women age 18 and older.

## Colorectal Cancer Screenings

### About Screening for Colorectal Cancer

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

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

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

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

### Colorectal Cancer Screening

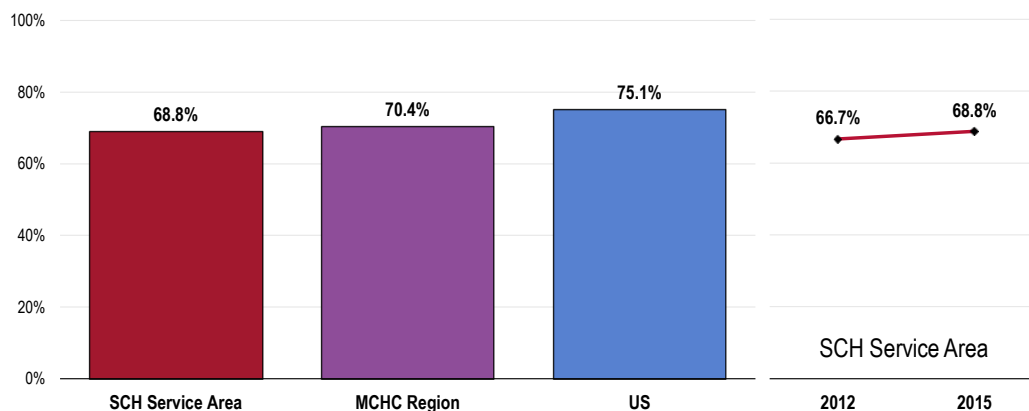
**Among adults age 50–75, 68.8% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).**

- Similar to the MCHC Region.
- Similar to national findings.
- Similar to the Healthy People 2020 target (70.5% or higher).
- TREND: Statistically unchanged from 2012 survey findings.

## Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]

Notes: • Asked of all respondents age 50 through 75.

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

### Lower Endoscopy

Among adults age 50 and older, just over 7 in 10 (72.6%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

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

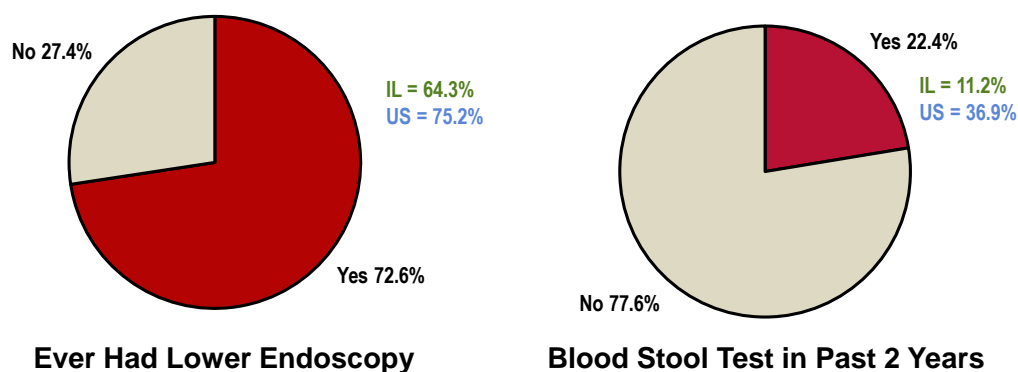
### Blood Stool Testing

Among adults age 50 and older, 22.4% have had a blood stool test (aka "fecal occult blood test") within the past two years.

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

## Colorectal Cancer Screenings

(Among SCH Service Area Adults Age 50 and Older, 2015)



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

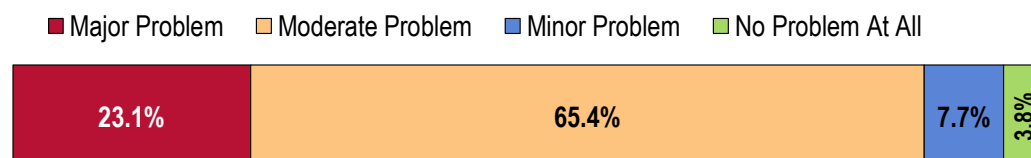
Notes: • Asked of respondents age 50 and older.  
 • Lower endoscopy includes either sigmoidoscopy or colonoscopy.

### Key Informant Input: Cancer

Most key informants taking part in an online survey characterized **Cancer** as a “moderate problem” in the community.

### Perceptions of Cancer as a Problem in the Community

(Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey.

### TOP CONCERNS

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

#### Prevalence/Incidence

*Number of cancer patients continues to rise, requiring new options for inpatient and outpatient care. – Other Health Provider*

*The frequency, emotional impact and cost of diagnosis and treatment on the patient and family. – Community/Business Leader*

*A lot of people are affected. – Social Service Representative*

*More cases of young and middle-age adults. – Social Service Representative*

## Respiratory Disease

### About Asthma & COPD

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

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

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

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

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

Risk factors for asthma currently being investigated include:

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

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

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

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

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

## Age-Adjusted Respiratory Disease Deaths

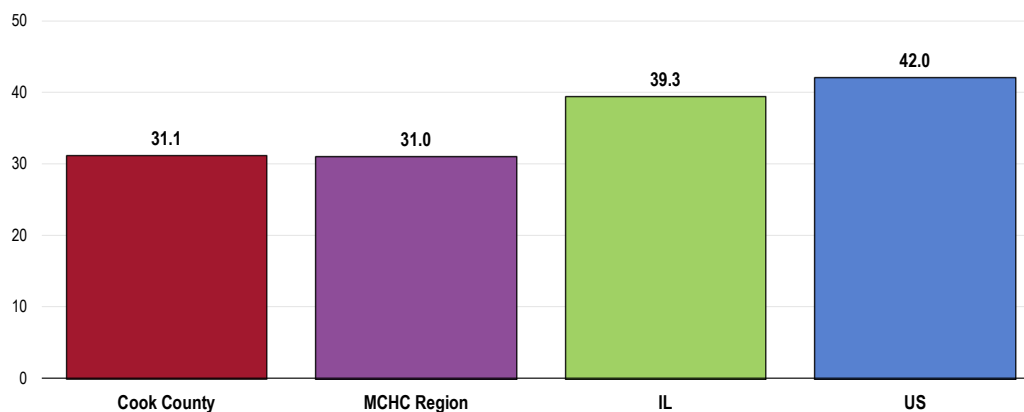
### Chronic Lower Respiratory Disease Deaths (CLRD)

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

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

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.

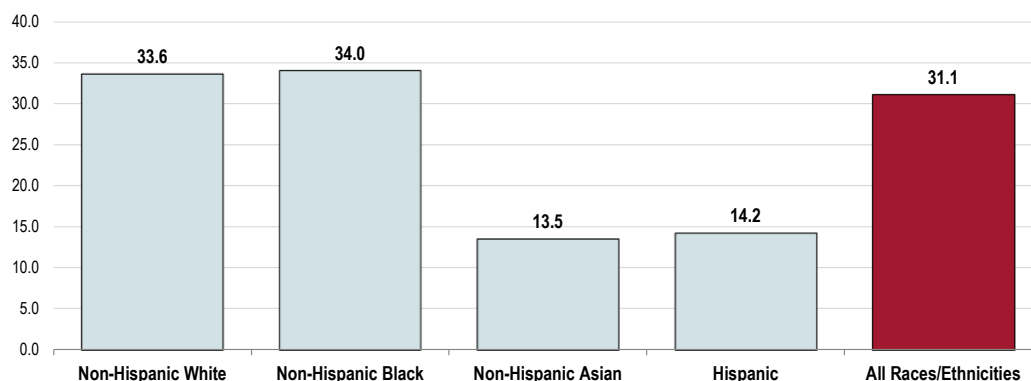
**CLRD: Age-Adjusted Mortality**  
(2011-2013 Annual Average Deaths per 100,000 Population)



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

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

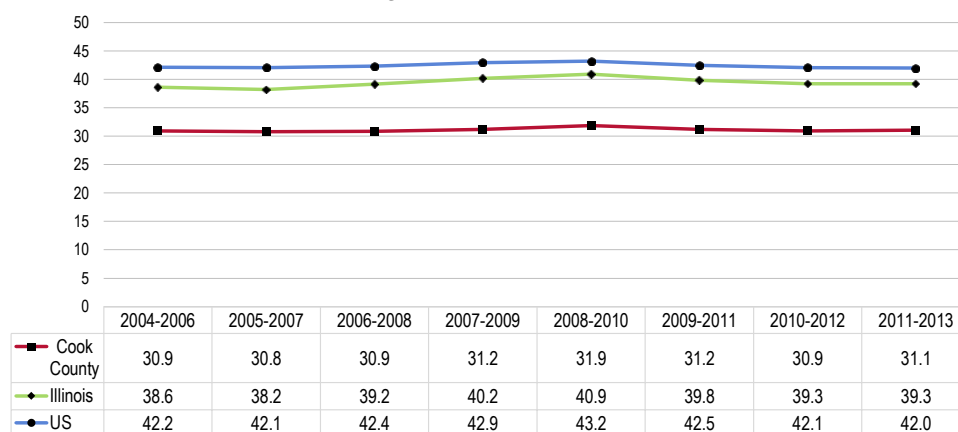
### CLRD: Age-Adjusted Mortality by Race (Cook County; 2011-2013 Annual Average Deaths per 100,000 Population)



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

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

### CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



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



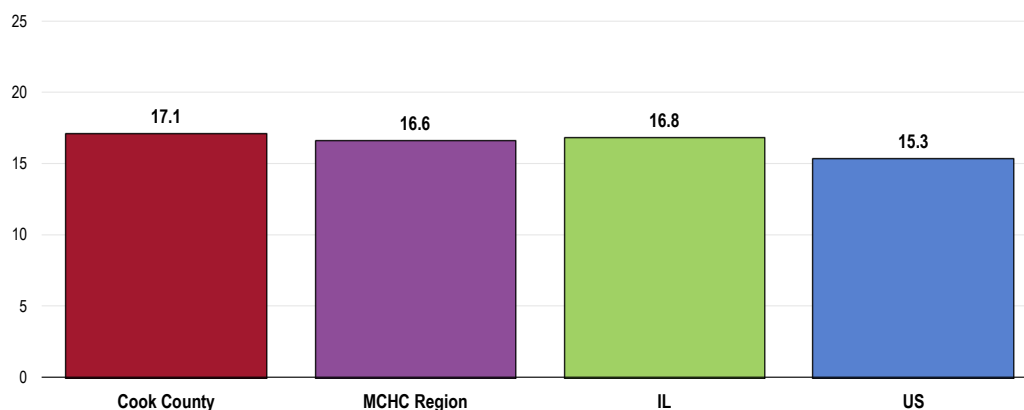
### Pneumonia/Influenza Deaths

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

- Close to that found in the MCHC Region.
- Close to that found statewide.
- Higher than the national rate.

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

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

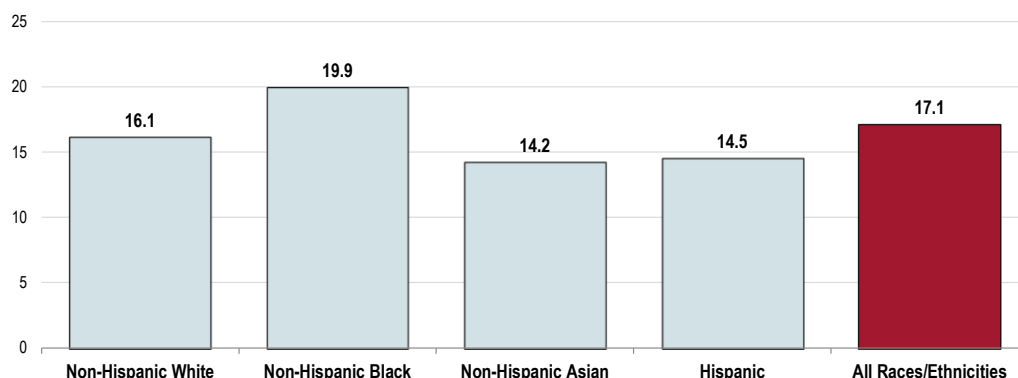


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

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

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

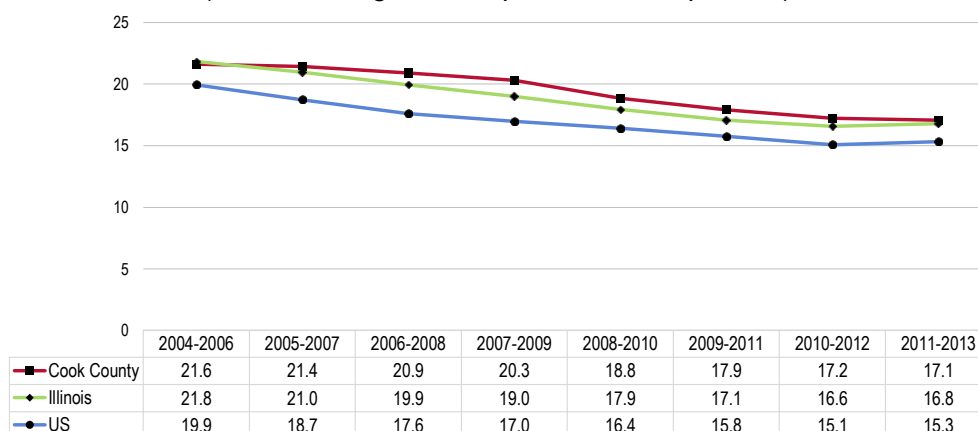


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

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

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



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

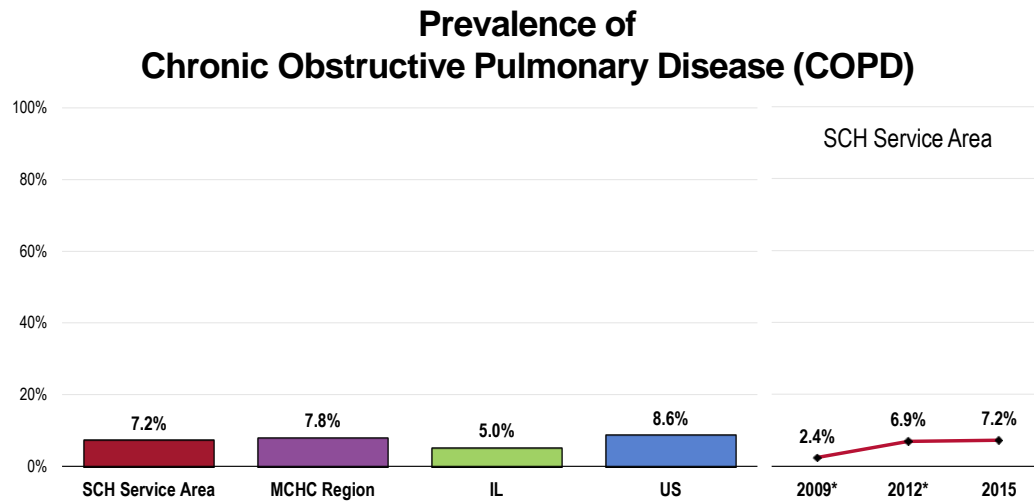
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Chronic Obstructive Pulmonary Disease (COPD)

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

**A total of 7.2% of Swedish Covenant Hospital Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).**

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



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
  - \*In prior data, the term “chronic lung disease” was used, which also included bronchitis or emphysema.

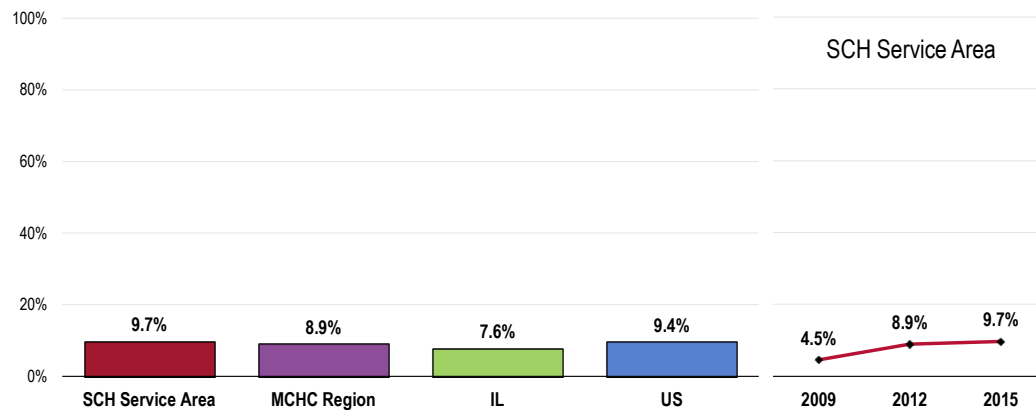
## Asthma

### Adults

A total of 9.7% of Swedish Covenant Hospital Service Area adults currently suffer from asthma.

- Similar to the MCHC Region.
- Similar to the statewide prevalence.
- Similar to the national prevalence.
- TREND: The prevalence of adults with asthma has increased significantly since 2009.

### Adult Asthma: Current Prevalence

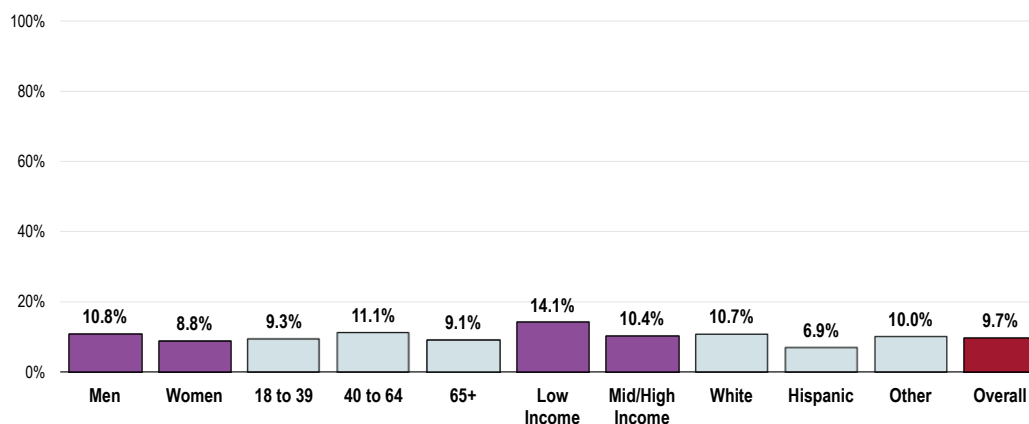


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 134]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services,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

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

No statistically significant difference by demographic characteristics.

## Currently Have Asthma (SCH Service Area, 2015)



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

Notes: • Asked of all respondents.

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

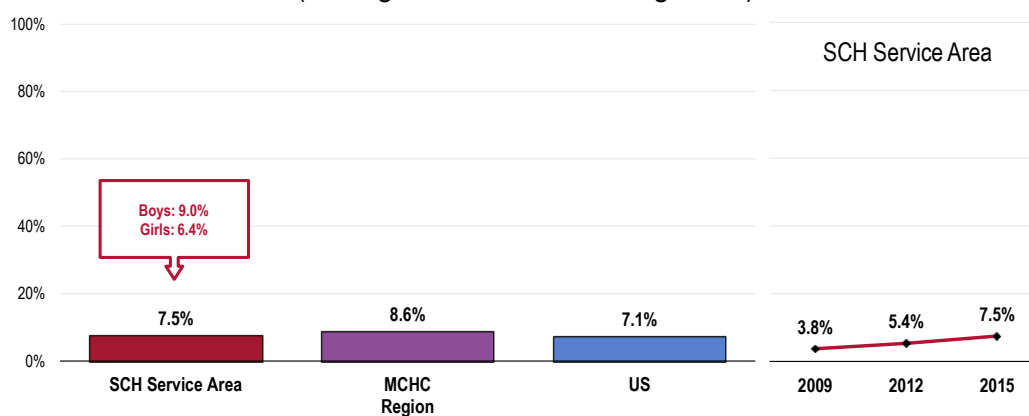
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal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

### Children

**Among Swedish Covenant Hospital Service Area children under age 18, 7.5% currently have asthma.**

- Similar to the MCHC Region.
- Similar to national findings.
- TREND: The prevalence of children with asthma has remained statistically unchanged over time.
- No significant difference by child's gender.

## Childhood Asthma: Current Prevalence (Among Parents of Children Age 0-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household.

• Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

## Key Informant Input: Respiratory Disease

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

### Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2015)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2015 PRC Online Key Informant Survey.

## TOP CONCERNS

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

### Prevalence/Incidence

*High genetic prevalence, poor follow-up of patients, overcrowded housing, lack of understanding of triggers and medication miss-use. – Physician*

*The rate of childhood asthma is on the rise here, as well as everywhere. Lack of access to reliable and affordable primary care makes disease management very difficult. – Other Health Provider*

*Our service area has a large number of patients with COPD and asthma. Failure to manage them effectively long-term results in exacerbations that require acute care management by EMS and emergency departments and repeat hospital admissions. This is a costly way to address the foundational issues of prevention and better ongoing care compliance. – Other Health Provider*

### Environmental Factors

*The Chicagoland area is notorious for air pollution. To this add the Midwest mold and pollen problem coupled with multiple families living in the one small apartment. Allergies, asthma and lack of education for prevention and intervention is great in the immigrant Latino population we care for. While private doctors will care for patients, there is a lack of care management and education on this topic among parents. – Other Health Provider*

### Morbidities

*Those who are oxygen-dependent have challenges with travel and during power outages. – Public Health Expert*

## Injury & Violence

### About Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

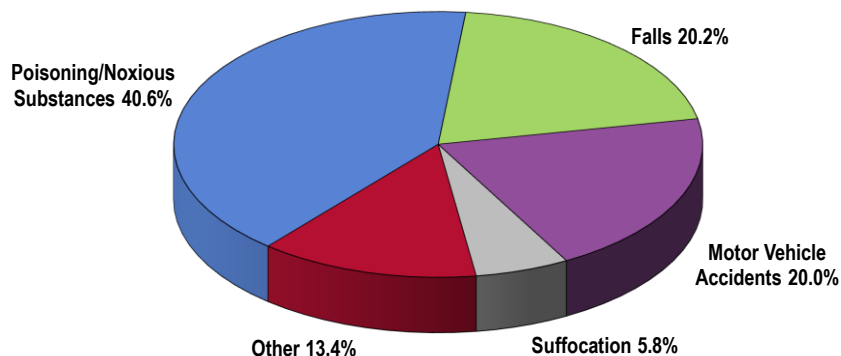
- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Leading Causes of Accidental Death

Poisoning (including accidental drug overdose), falls, motor vehicle accidents, and suffocation accounted for most accidental deaths in Cook County in 2013.

**Leading Causes of Accidental Death**  
(Cook County, 2013)



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

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

## Unintentional Injury

### Age-Adjusted Unintentional Injury Deaths

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

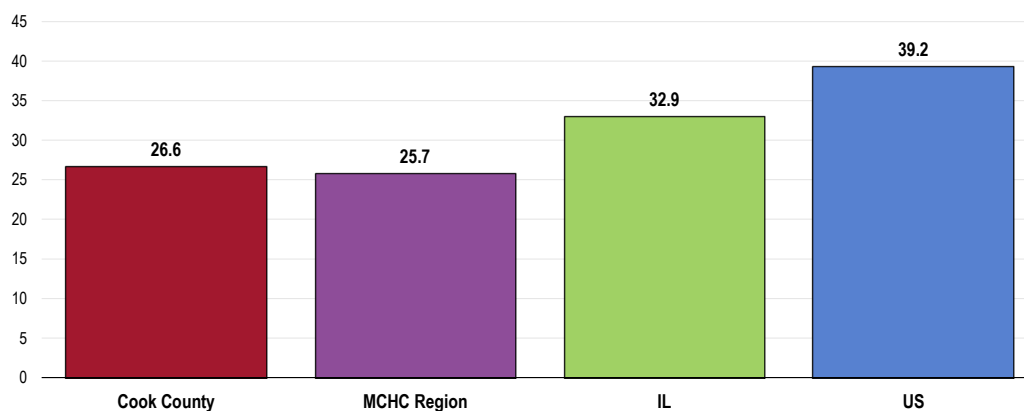
- Similar to the MCHC Region.
- More favorable than the Illinois rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (36.4 or lower).



## Unintentional Injuries: Age-Adjusted Mortality

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

Healthy People 2020 Target = 36.4 or Lower



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

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

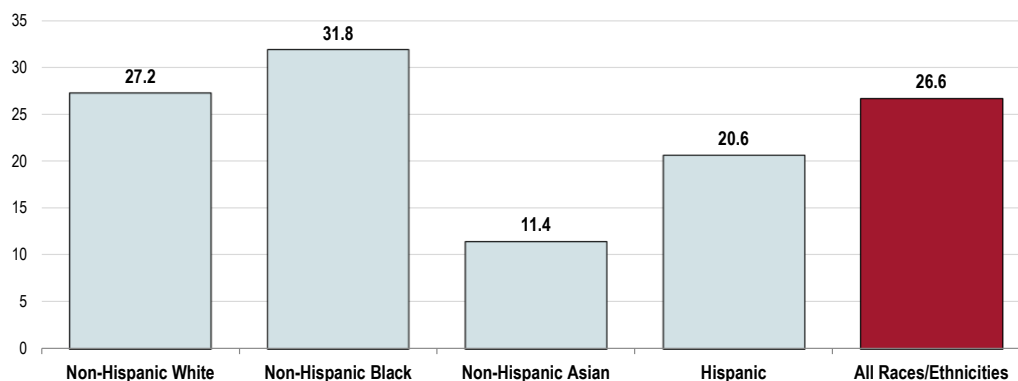
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

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

## Unintentional Injuries: Age-Adjusted Mortality by Race

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

Healthy People 2020 Target = 36.4 or Lower



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

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

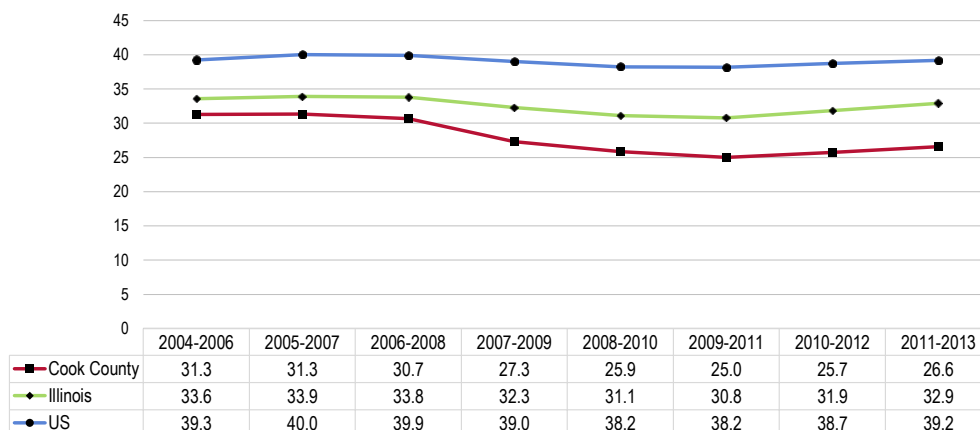
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

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

## Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



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

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Motor Vehicle Safety

### Age-Adjusted Motor-Vehicle Related Deaths

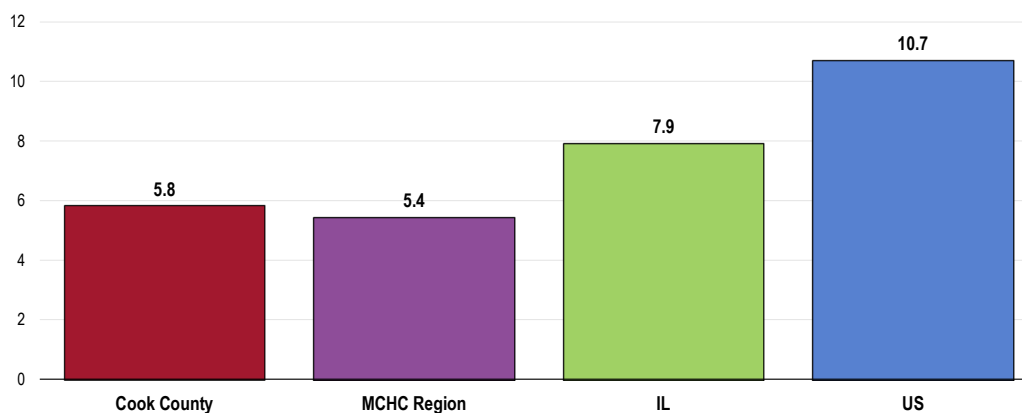
Between 2011 and 2013, there was an annual average age-adjusted motor vehicle crash mortality rate of 5.8 deaths per 100,000 population in Cook County.

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

## Motor Vehicle Crashes: Age-Adjusted Mortality

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

Healthy People 2020 Target = 12.4 or Lower



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

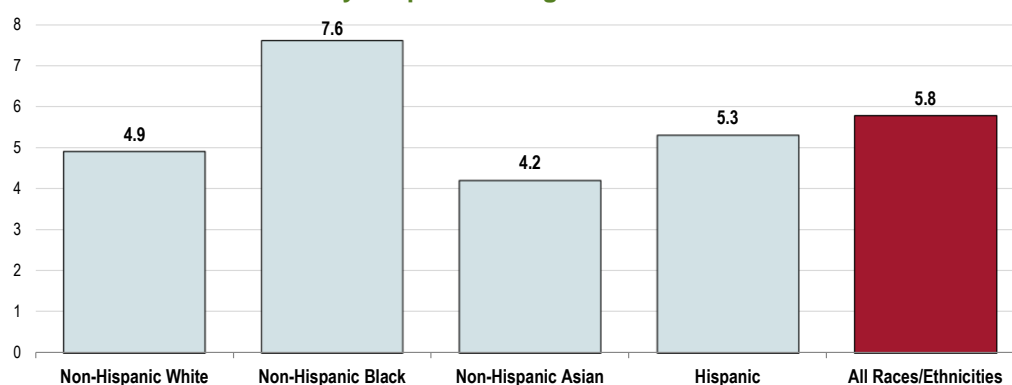
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The Cook County motor vehicle crash mortality rate is highest in the Black population.

## Motor Vehicle Crashes: Age-Adjusted Mortality by Race

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

Healthy People 2020 Target = 12.4 or Lower



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

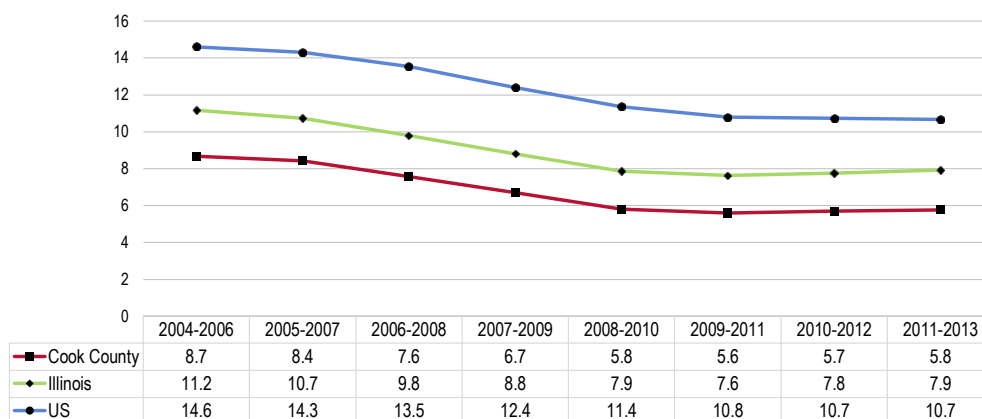
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The motor vehicle crash mortality rate in Cook County decreased over the past decade.

## Motor Vehicle Crashes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower



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

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

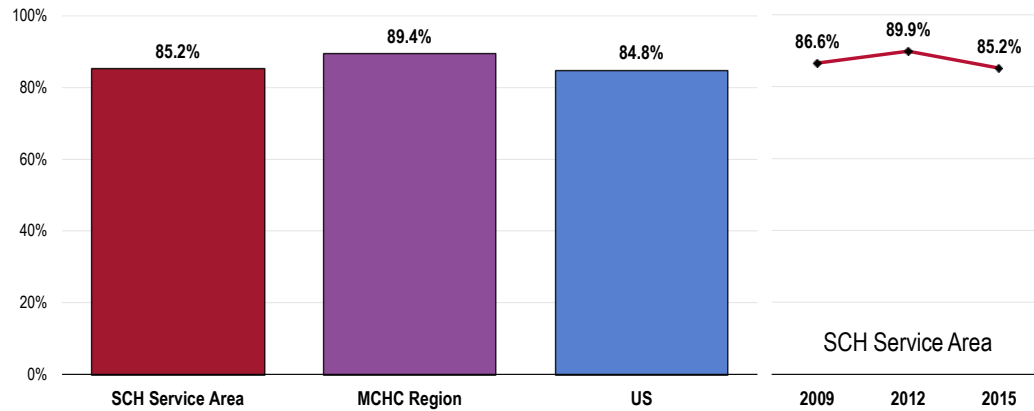
### Seat Belt Usage - Adults

**Most Swedish Covenant Hospital Service Area adults (85.2%) report “always” wearing a seat belt when driving or riding in a vehicle.**

- Lower than the MCHC Region.
- Similar to the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.0% or higher.
- TREND: Statistically unchanged since 2009.

## “Always” Wear a Seat Belt When Driving or Riding in a Vehicle

Healthy People 2020 Target = 92.0% or Higher



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

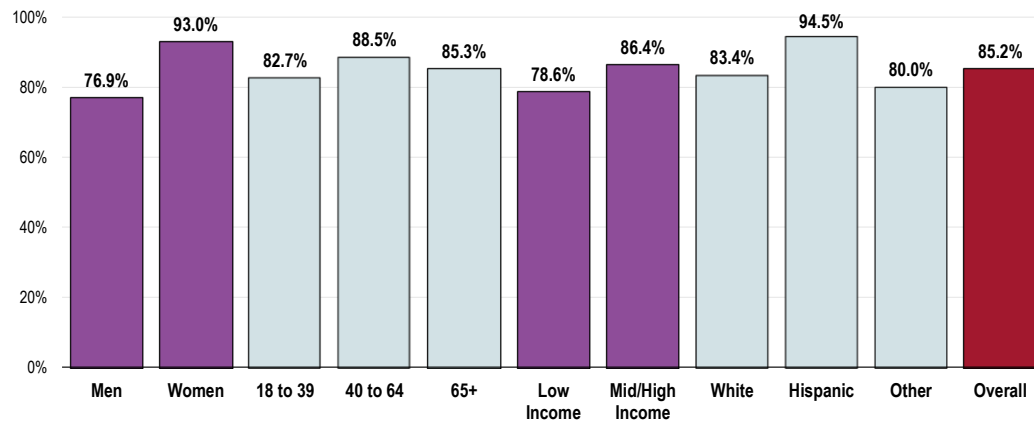
These population segments are less likely to report consistent seat belt usage:

- Men.
- Whites and residents of other races.

## “Always” Wear a Seat Belt When Driving or Riding in a Vehicle

(SCH Service Area, 2015)

Healthy People 2020 Target = 92.0% or Higher



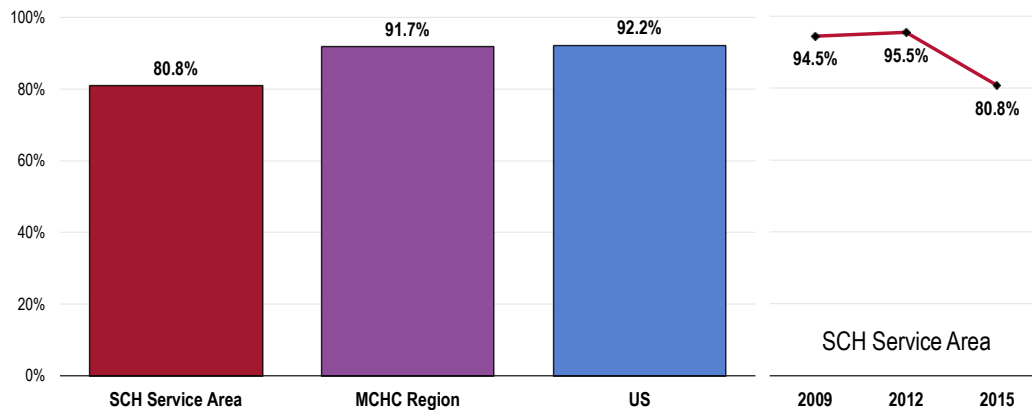
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-15]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Seat Belt Usage - Children

A full 80.8% of Swedish Covenant Hospital Service Area parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Lower than the MCHC Region.
- Lower than what is found nationally.
- TREND: Statistically significant decrease since 2009.

### Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle (Among Parents of Children Age 0-17)



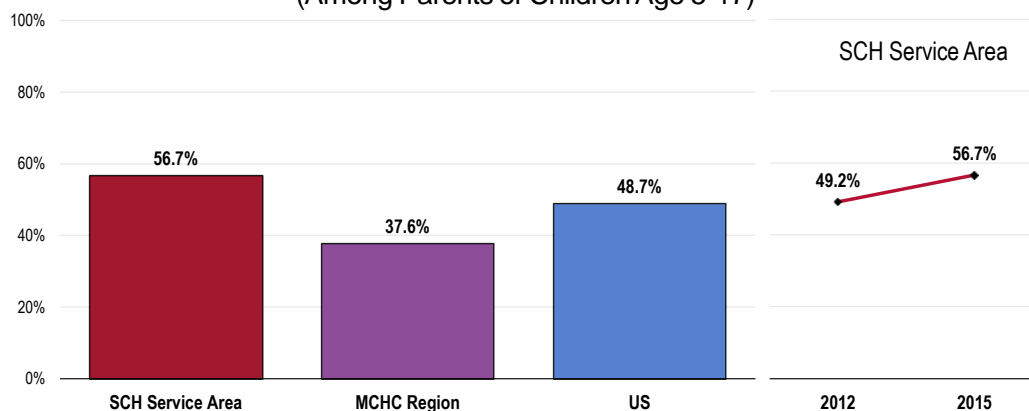
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.

### Bicycle Safety

Over one-half of Swedish Covenant Hospital Service Area children age 5 to 17 (56.7%) are reported to “always” wear a helmet when riding a bicycle.

- Higher than the MCHC Region.
- Similar to the national prevalence.
- TREND: Statistically unchanged over time.

### Child “Always” Wears a Helmet When Riding a Bicycle (Among Parents of Children Age 5-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 121]

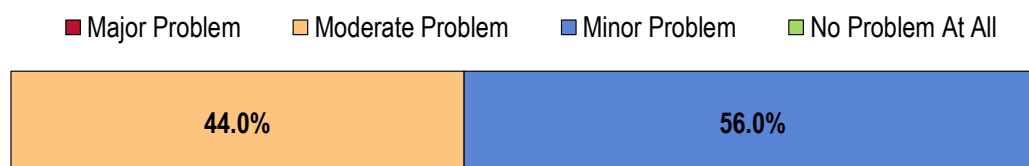
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5 to 17 at home.

### Key Informant Input: Unintentional Injury

Over one-half of key informants taking part in an online survey characterized *Unintentional Injury* as a “minor problem” in the community.

### Perceptions of Unintentional Injury as a Problem in the Community (Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey.

### Challenges

Among those rating unintentional injury as a “major problem,” the following represent what key informants see as the main issues facing residents:

#### Falls

Falls at home. – Public Health Expert

## Firearm Safety

### *Age-Adjusted Firearm-Related Deaths*

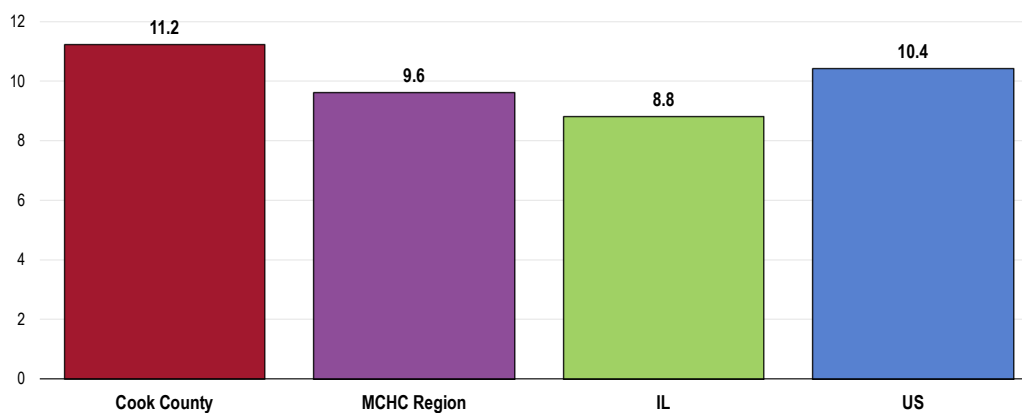
Between 2011 and 2013, there was an annual average age-adjusted rate of 11.2 deaths per 100,000 population due to firearms in Cook County.

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

### Firearms-Related Deaths: Age-Adjusted Mortality

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

Healthy People 2020 Target = 9.3 or Lower



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

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]  
 • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

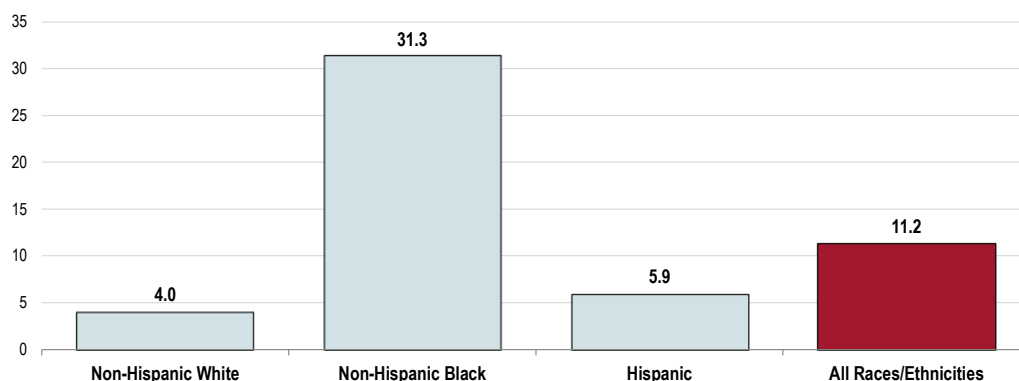
- The Cook County firearm-related mortality rate is notably high in the Black population.



## Firearms-Related Deaths: Age-Adjusted Mortality by Race

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

Healthy People 2020 Target = 9.3 or Lower



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

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]

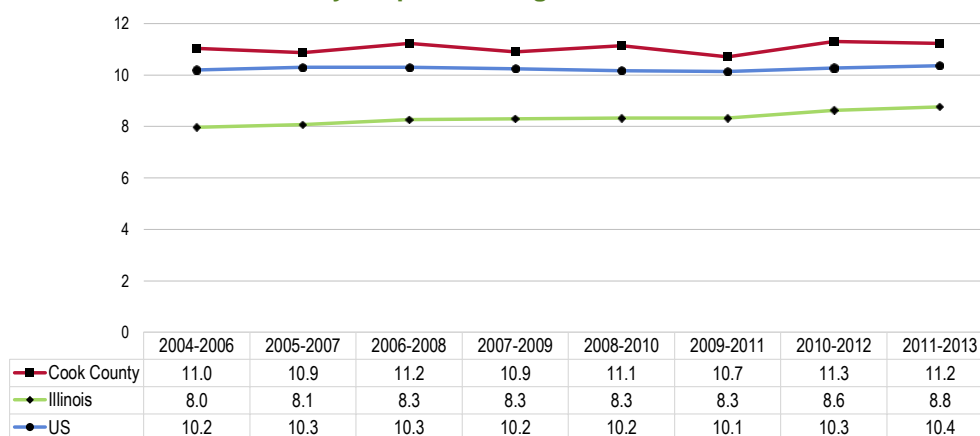
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

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

## Firearms-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



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

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]

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

### Presence of Firearms in Homes

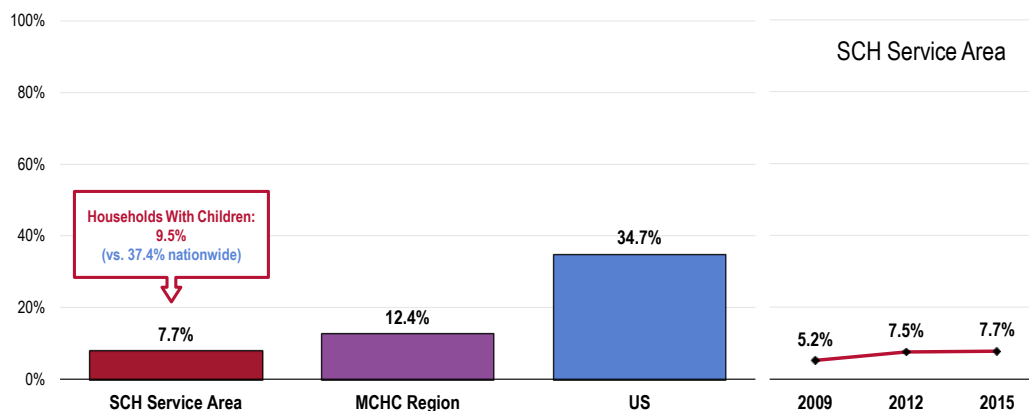
Survey respondents were further asked about the presence of weapons in the home:

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

**Overall, 7.7% of Swedish Covenant Hospital Service Area adults have a firearm kept in or around their home.**

- Lower than the MCHC Region.
- Much lower than the national prevalence.
- TREND: Statistically unchanged since 2009.
- Among Swedish Covenant Hospital Service Area households with children, 9.5% have a firearm kept in or around the house (well below that reported nationally).
- TREND: The prevalence of firearms in households with children has not changed significantly over time (not shown).

### Have a Firearm Kept in or Around the Home



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 52, 137]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

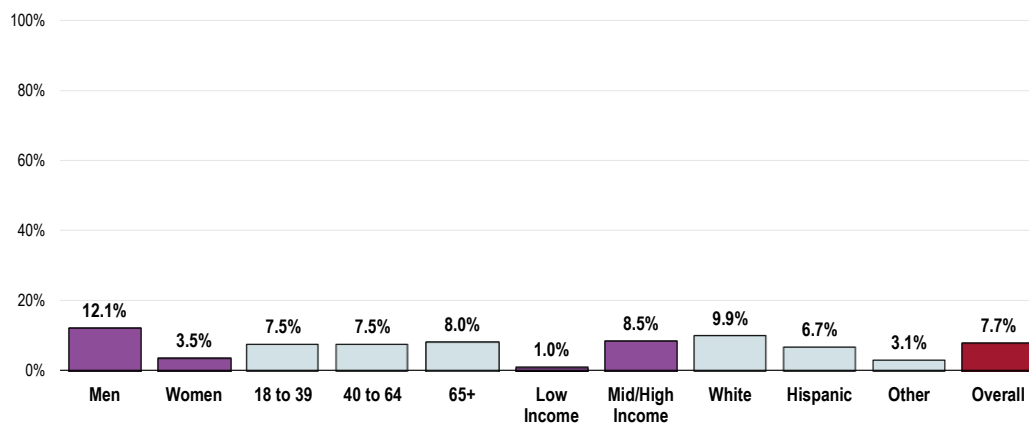
Notes: • Asked of all respondents.

• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

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

- Men.
- Residents with higher incomes.
- Whites.

## Have a Firearm Kept in or Around the House (SCH Service Area, 2015)



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

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

## Intentional Injury (Violence)

### Age-Adjusted Homicide Deaths

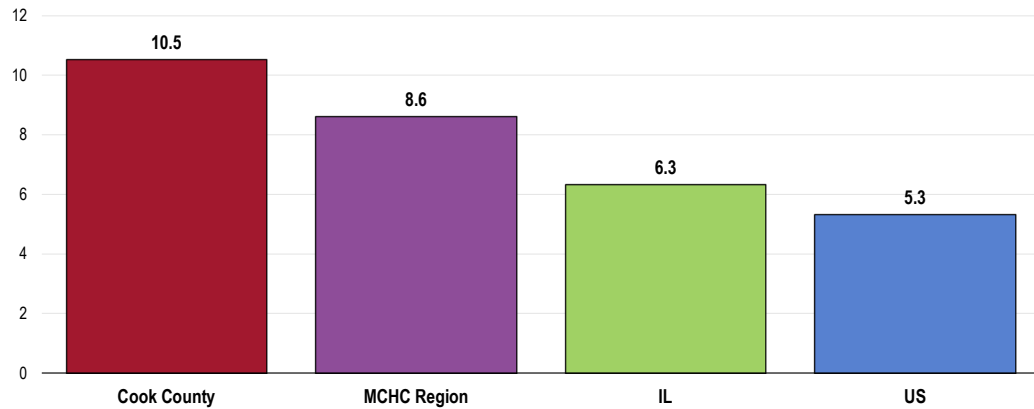
Between 2011 and 2013, there was an annual average age-adjusted homicide rate of 10.5 deaths per 100,000 population in Cook County.

#### RELATED ISSUE:

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

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

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

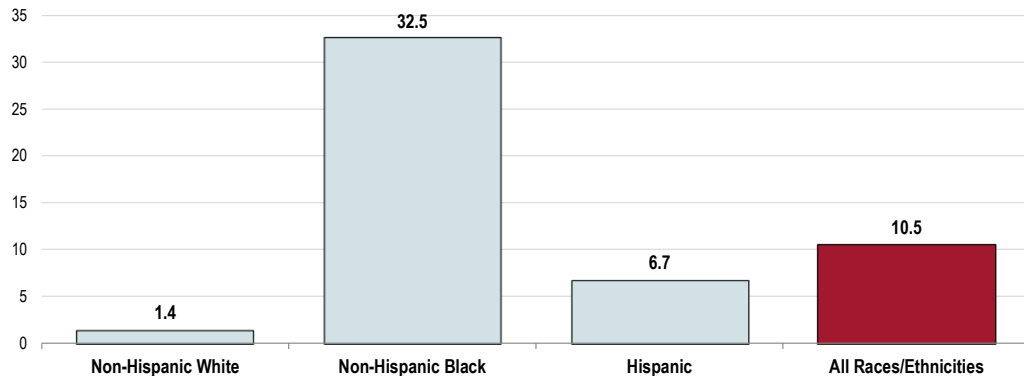


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>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

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

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

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



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

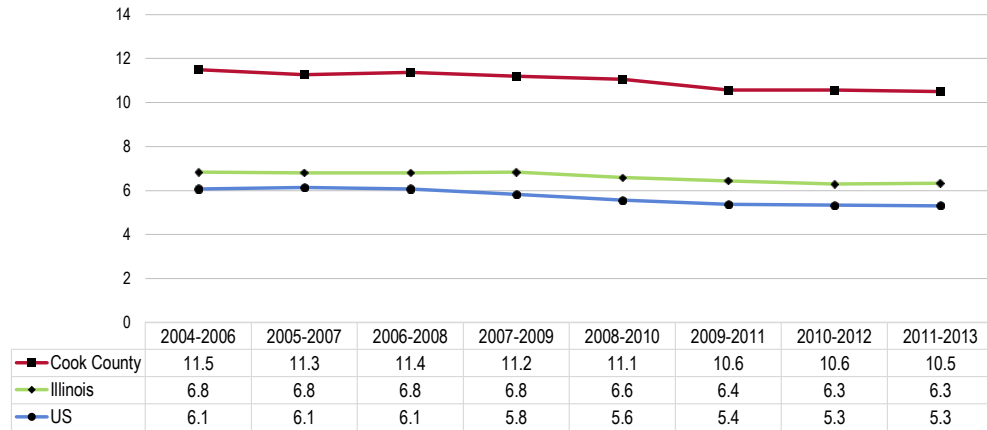
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

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

## Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



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

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]  
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Violent Crime

### Violent Crime Rates

**Between 2011 and 2013, there were a reported 630.9 violent crimes per 100,000 population in Cook County.**

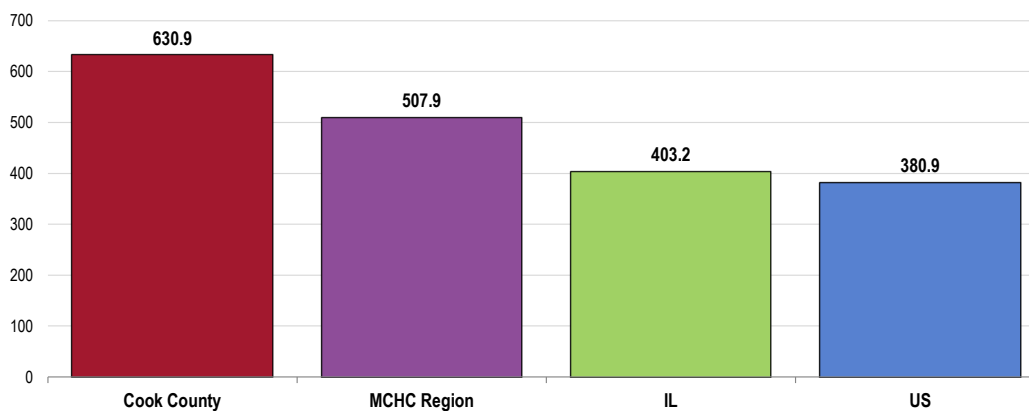
- Higher than the MCHC Region for the same period.
- Higher than the Illinois rate.
- Higher than the national rate.

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

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

## Violent Crime

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



Sources: • Federal Bureau of Investigation, FBI Uniform Crime Reports: 2011-2013.

Notes: • Illinois State Police.

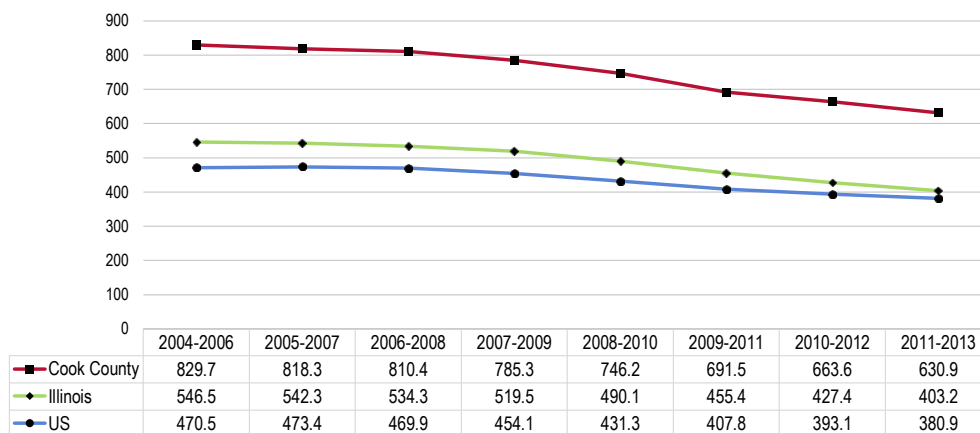
• This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

• Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

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

## Violent Crime

(Rate per 100,000 Population)



Sources: • Federal Bureau of Investigation, FBI Uniform Crime Reports: 2011-2013.

Notes: • Illinois State Police.

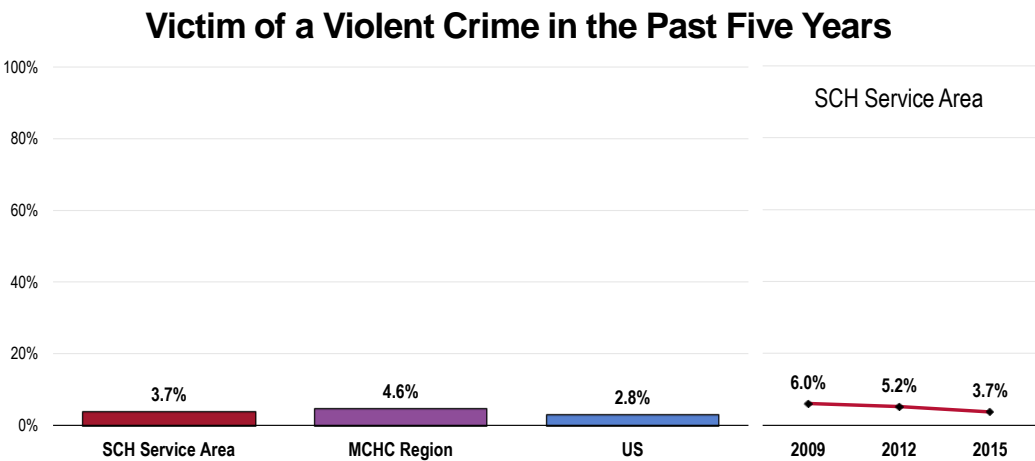
• This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

• Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

*Self-Reported Violence*

**A total of 3.7% of Swedish Covenant Hospital Service Area adults acknowledge being the victim of a violent crime in the past five years.**

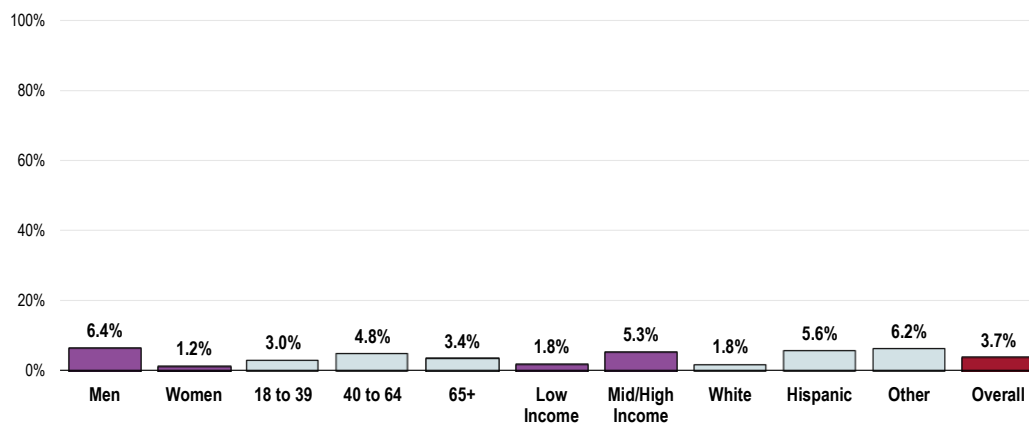
- Similar to the MCHC Region.
- Similar to than national findings.
- TREND: Statistically similar over time.



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

- Reports of violence are notably lower among women.

## Victim of a Violent Crime in the Past Five Years (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]

Notes: • Asked of all respondents.

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

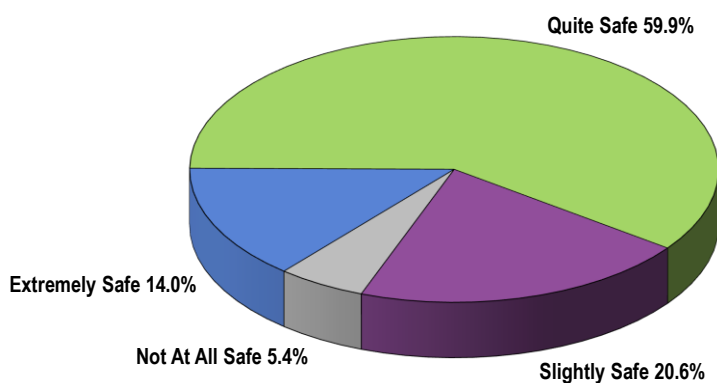
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal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

### Perceived Neighborhood Safety

**Most Swedish Covenant Hospital Service Area adults (73.9%) consider their neighborhood to be "extremely" or "quite" safe from crime.**

- Another 20.6% gave "slightly safe" ratings of their own neighborhoods.

## Perceptions of Neighborhood's Safety from Crime (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]

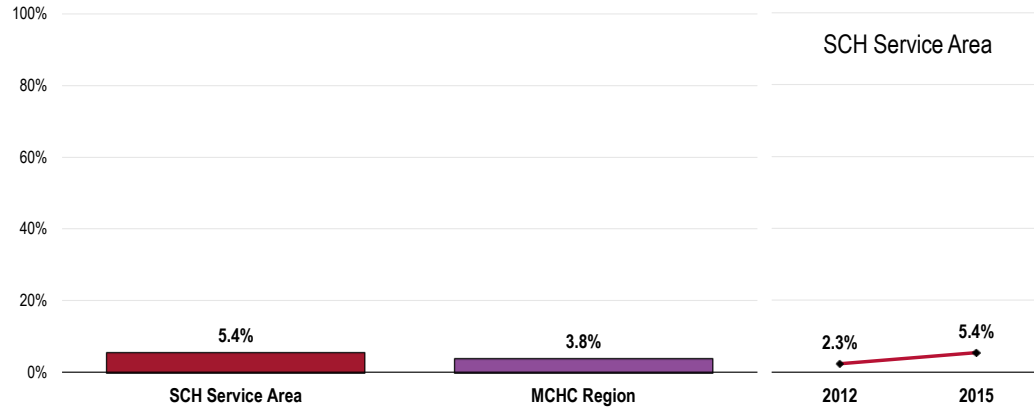
Notes: • Asked of all respondents.



Note that 5.4% of survey respondents consider their neighborhood to be “not at all safe” from crime.

- Similar to the MCHC Region.
- TREND: Statistically significant increase from 2012 survey findings.

## Perceive Neighborhood to be “Not At All Safe” from Crime

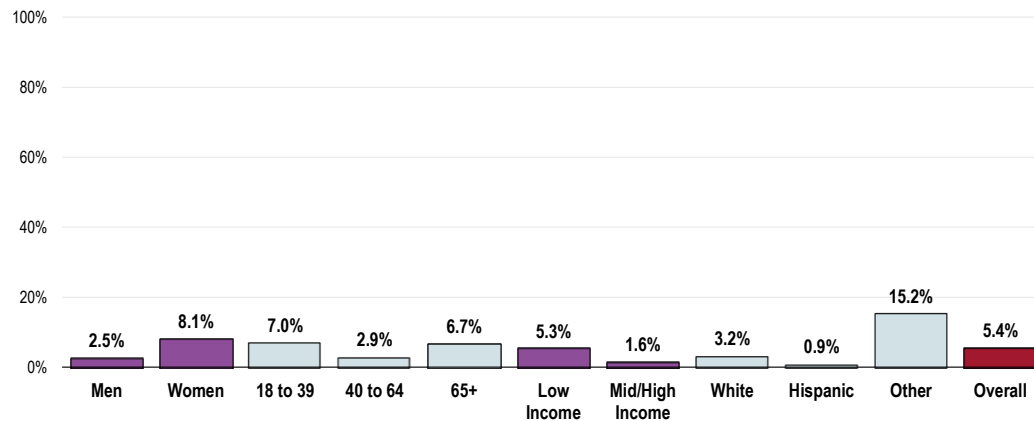


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 304]

Notes: • Asked of all respondents.

- Residents more likely to give lower ratings of their neighborhood’s safety from crime include women and residents of Other races.

## Perceive Neighborhood to be “Not At All Safe” from Crime (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]

Notes: • Asked of all respondents.

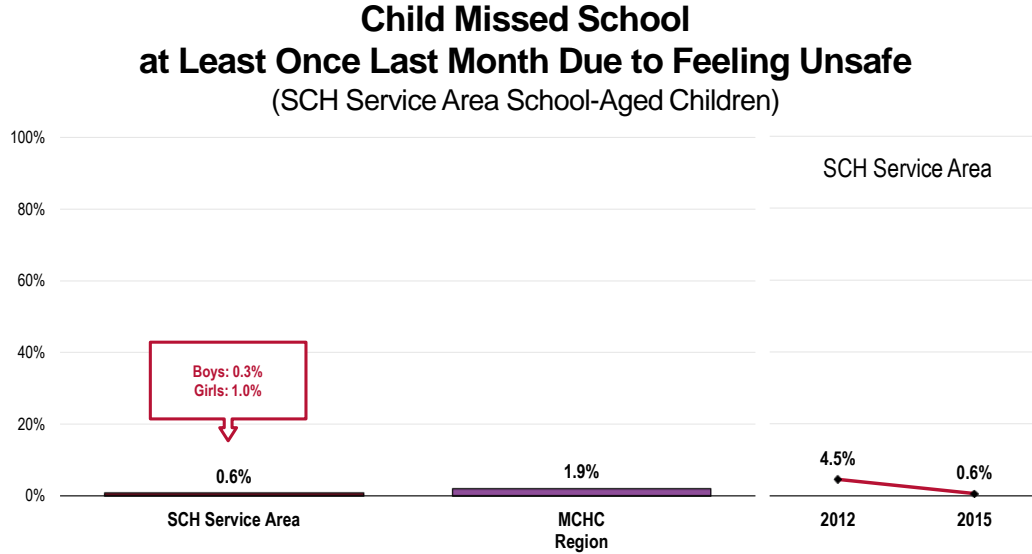
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

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

### Child Safety at School

Among service area parents of school-age children, 0.6% report that their child missed at least one day of school in the past month because of feeling unsafe.

- Similar to the MCHC Region.
- Findings do not differ significantly by child's gender.
- TREND: Statistically unchanged from 2012 survey findings.

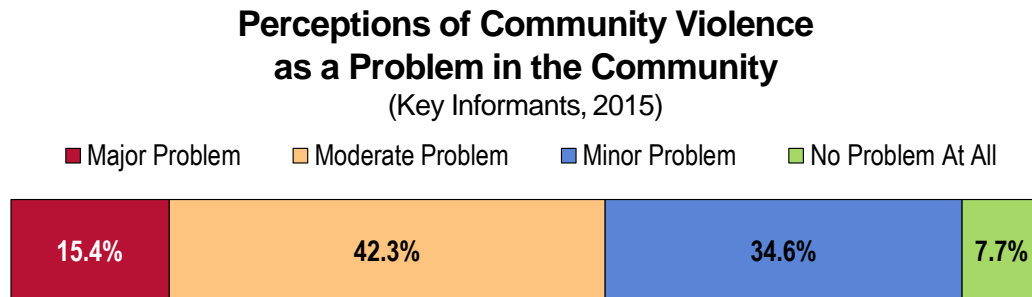


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 313]

Notes: • Asked of those parents with school-age children.

### Key Informant Input: Community Violence

The greatest share of key informants taking part in an online survey characterized *Community Violence* as a “moderate problem” in the community.



Sources: • 2015 PRC Online Key Informant Survey.

## Challenges

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

### Gang Violence

*Our area is plagued by gang violence. Our local high schools indicate a need for gang prevention programs. Rolling Meadows High School is plagued by gangs and violence along with Palatine High School and the local apartments in their respective areas. Our local newspapers describe gang violence weekly. – Other Health Provider (Northwest Cook County)*

*Gang activity and violence in downtown bars. – Social Service Representative (Northwest Cook County)*

### Contributing Factors

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

*Guns, gangs, dead children. – Community/Business Leader*

### Self-Reported Family Violence

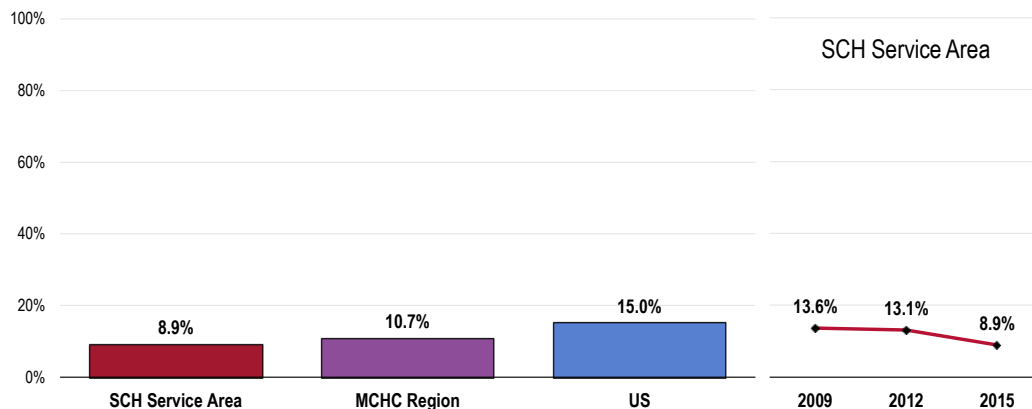
**A total of 8.9% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.**

Respondents were told:

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

- Similar to the MCHC Region.
- More favorable than the national findings.
- TREND: Over time, the prevalence has not changed significantly.

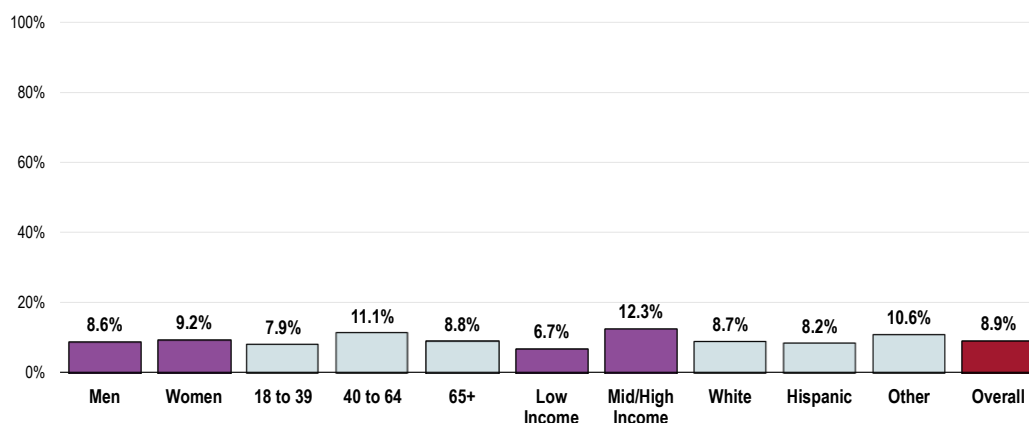
## Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



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

Reports of domestic violence do not differ significantly by demographic characteristics.

### Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (SCH Service Area, 2015)

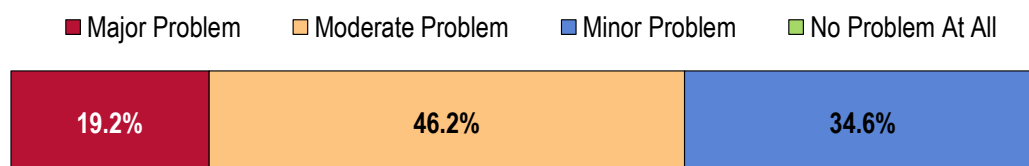


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories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

### Key Informant Input: Family Violence

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

### Perceptions of Family Violence as a Problem in the Community (Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey.

## Challenges

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

### *Culture and Family*

*Working among the Latino, predominantly Mexican population, violence is seen almost as normal in marriage. Children and women are subjected to daily abuse, either verbal, physical or other. There is a large need for family violence services among children. – Other Health Provider (Northwest Cook County)*

*Domestic violence still occurring and shelters to house someone immediately are always full. – Social Service Representative (Northwest Cook County)*

*Many children suffer. – Social Service Representative (Northwest Cook County)*

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

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

### *Lack of Resources*

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

## Diabetes

### About Diabetes

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

Diabetes mellitus:

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

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

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

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

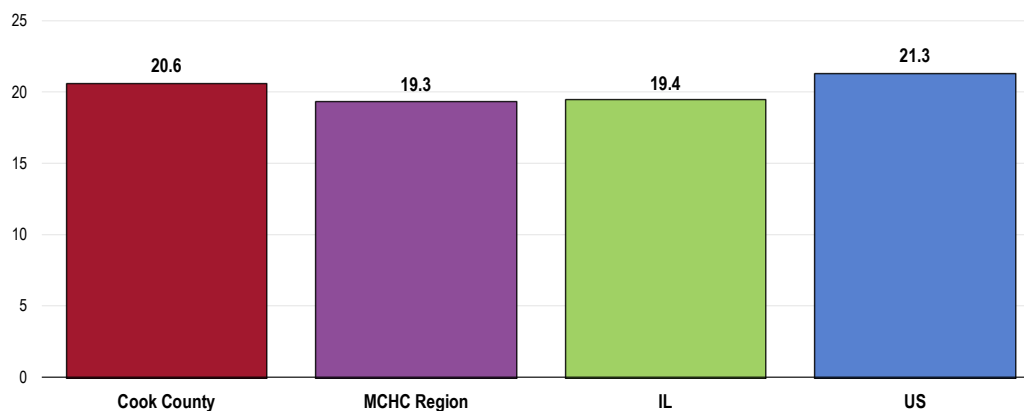
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Diabetes Deaths

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

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

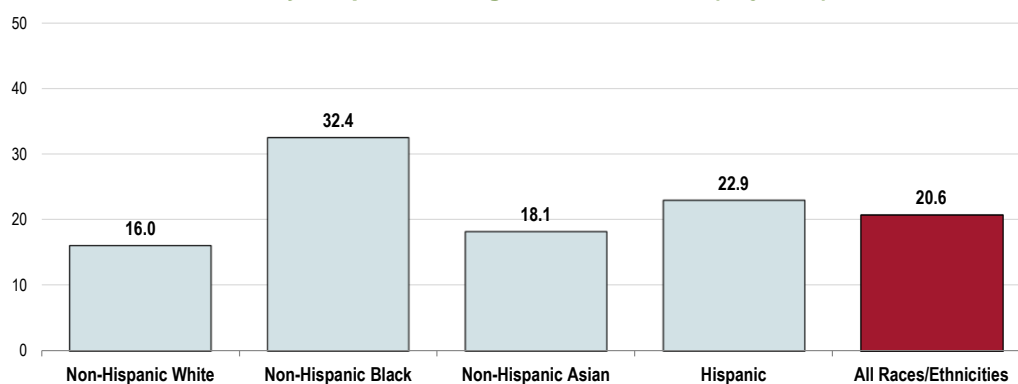
### Diabetes: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.  
 Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]  
 • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.  
 • The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

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

### Diabetes: Age-Adjusted Mortality by Race (Cook County; 2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



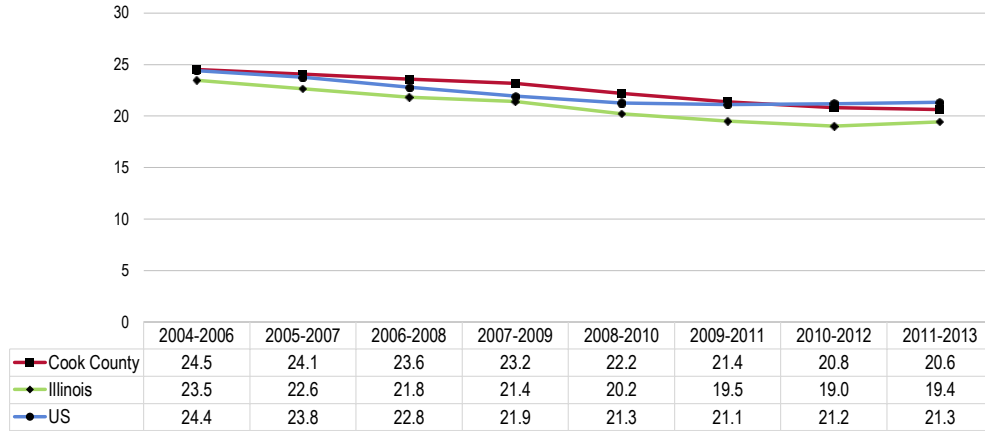
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.  
 Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]  
 • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.  
 • The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

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

## Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



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

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

• The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

## Prevalence of Diabetes

**A total of 10.7% of Swedish Covenant Hospital Service Area adults report having been diagnosed with diabetes.**

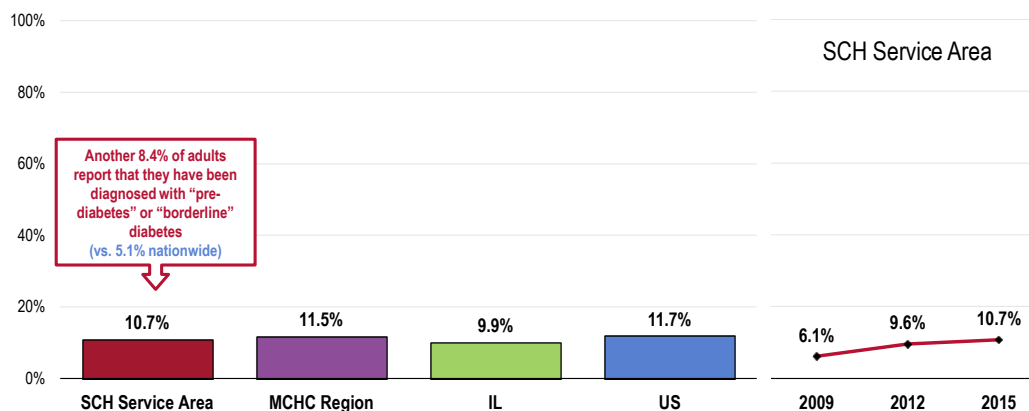
- Similar to the MCHC Region.
- Similar to the statewide proportion.
- Similar to the national proportion.
- TREND: The increase over time is not statistically significant.

**In addition to the prevalence of diagnosed diabetes referenced above, another 8.4% of service area adults report that they have “pre-diabetes” or “borderline diabetes.”**

- Less favorable than the US prevalence.



## Prevalence of Diabetes



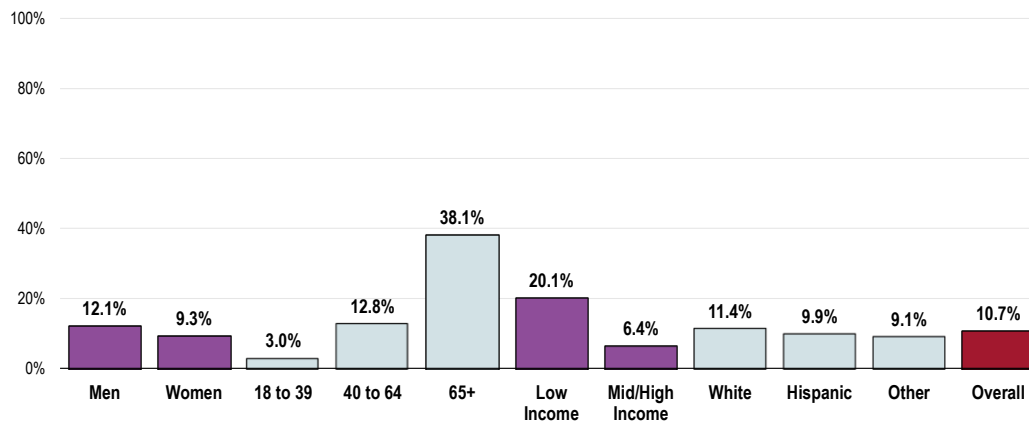
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services,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

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

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

- Older adults (positive correlation with age).
- Low-income residents.

## Prevalence of Diabetes (SCH Service Area, 2015)



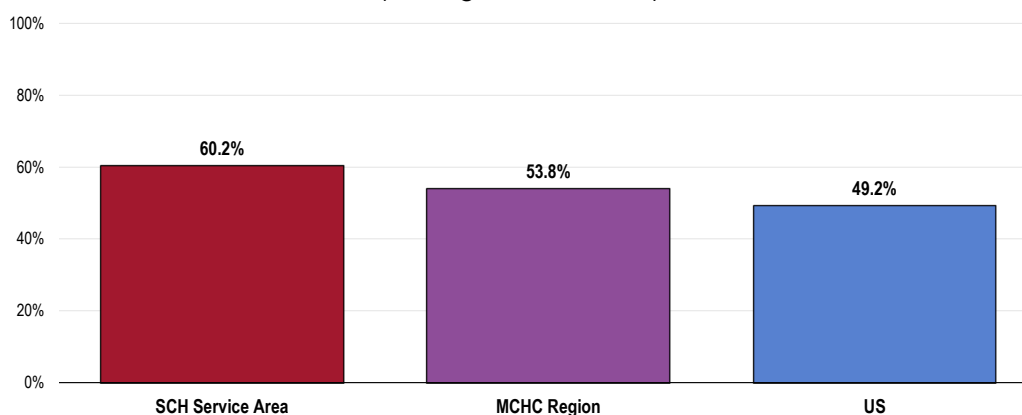
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • Excludes gestation diabetes (occurring only during pregnancy).

### Diabetes Testing

Of Swedish Covenant Hospital Service Area adults who have not been diagnosed with diabetes, 60.2% report having had their blood sugar level tested within the past three years.

- Higher than the MCHC Region.
- Higher than the national proportion.

### Have Had Blood Sugar Tested in the Past Three Years (Among Non-Diabetics)



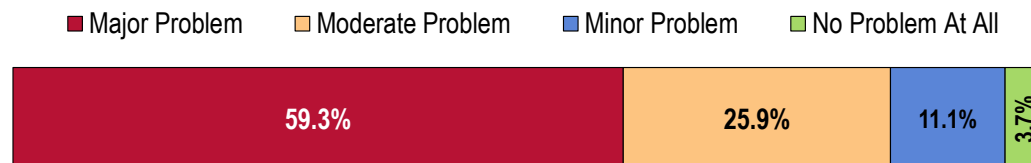
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

### Key Informant Input: Diabetes

Nearly 6 in 10 key informants taking part in an online survey characterized *Diabetes* as a “major problem” in the community.

### Perceptions of Diabetes as a Problem in the Community (Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey.

## CHALLENGES

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

### Contributing Factors

*Very prevalent in our community, costing our community a lot of money. Struggling with getting those populations to become compliant, this health concern leads to a lot of other chronic diseases that are hard to manage. – Social Service Representative*

*Poor healthcare decisions. – Social Service Representative*

*Affordable healthy food, safe places to be physically active, limited access to primary care providers and education related to diabetes management. – Public Health Expert*

*As the rate of obesity continues to rise, so do the numbers of patients with type 2 diabetes. These patients tend to have high non-compliance with their treatment plans and thus experience high numbers of complications relative to heart and kidney disease, strokes, vision complications, dental and wound complications, neuropathies, mobility challenges, etc. – Other Health Provider*

### Awareness

*First is the level of awareness. People may be living with diabetes and be completely unaware of their condition. The lack of access to primary care plays a huge factor in this. When people are diagnosed, there is an issue with non-compliance. Providers need to ensure that they are providing education, information, and treatment that is attainable for the patient, as well as culturally aware. There is so much misinformation around nutrition and much of what is available is tailored specifically to the typical American diet. Cooking classes and shopping field trips for different ethnic groups to educate on what is available in their community would be one idea to start to shift the tide. – Other Health Provider*

### Nutrition Education

*Counseling about diet and exercise. – Community/Business Leader*

*The biggest challenge for people with diabetes in our community is education and lifestyle changes. Due to our ethnically diverse population, addressing this issue in a multi-platform manner is essential, i.e. need for case management in multiple languages. – Other Health Provider*

### Disease Management

*Support services and monitoring for Latino population and especially adolescents. – Community/Business Leader*

*Controlling their disease with medication and proper food choices. – Community/Business Leader*

### Access to Care

*Access to ongoing preventative care and support, choices are limited and within those choices the support to manage and maintain this disease is inconsistent and limited. – Other Health Provider*

## Alzheimer's Disease

### About Dementia

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

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

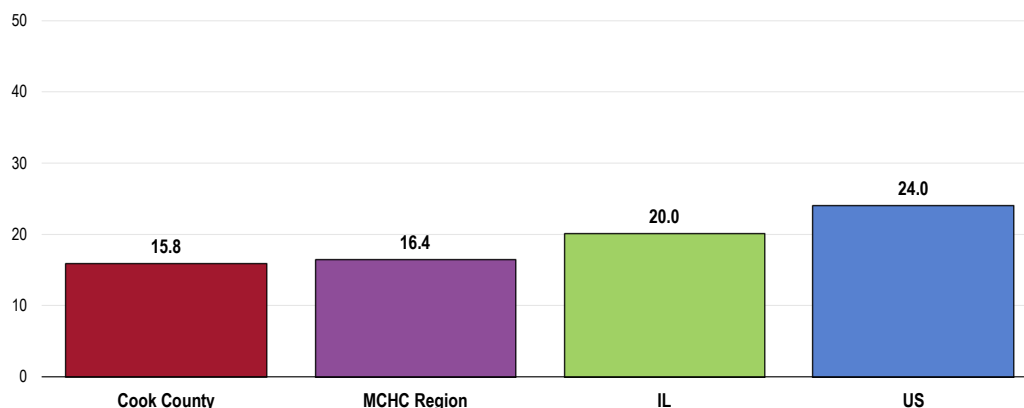
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Alzheimer's Disease Deaths

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

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

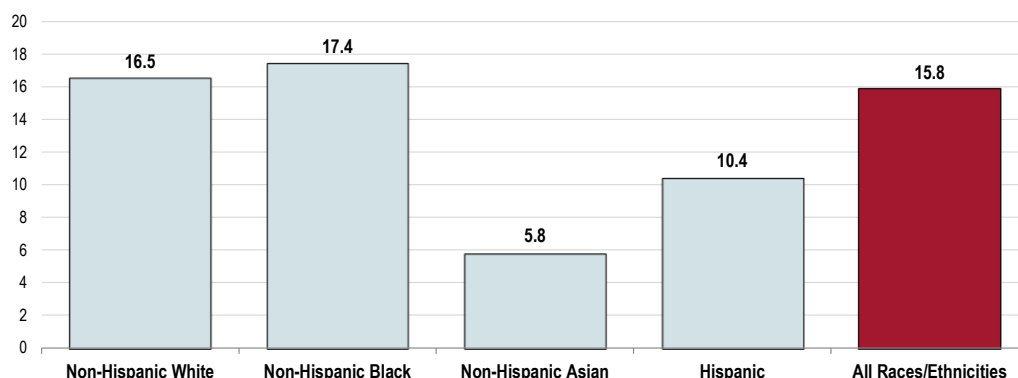
### Alzheimer's Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)



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

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

### Alzheimer's Disease: Age-Adjusted Mortality by Race (Cook County; 2011-2013 Annual Average Deaths per 100,000 Population)

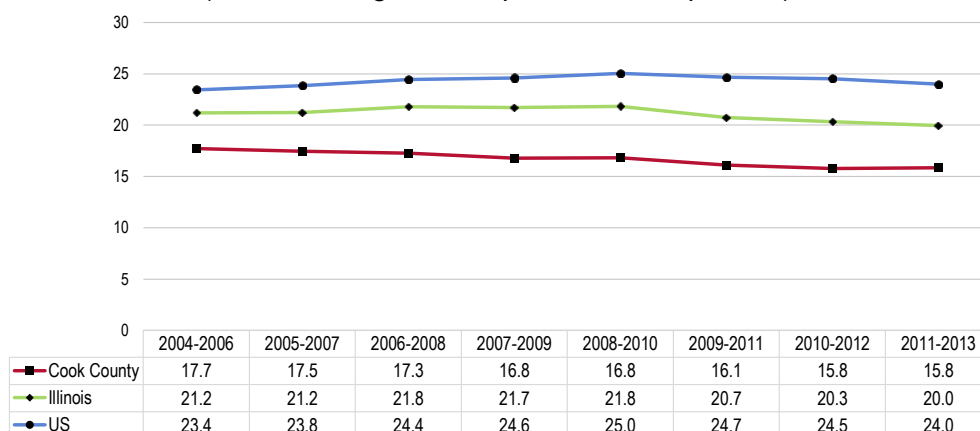


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

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

### Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



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

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

## Key Informant Input: Dementias, Including Alzheimer's Disease

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

### Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community

(Key Informants, 2015)

■ Major Problem    ■ Moderate Problem    ■ Minor Problem    ■ No Problem At All



Sources: • 2015 PRC Online Key Informant Survey.

## TOP CONCERNS

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

### Aging Population

*As the population ages, the number of patients diagnosed with Alzheimer's disease will continue to rise with insufficient resources to house and care for them all safely and with dignity in a cost-effective manner. – Other Health Provider*

*Community members are living longer and the chances of onset increase with age. The issues of care present a real challenge to family members, especially if funds are limited and outside assistance is too costly. The next twenty years will show a marked increase in patients needing care. – Community/Business Leader*

*Increasing aging population has increased the prevalence of age-related diseases such as dementia and Alzheimer's disease, many of who are complex cases due to multiple specialty comorbidity. – Other Health Provider*

*Elderly patient population, recurring problem for patients presenting to ED for many problems that are often tied to dementia. – Physician*

### Prevalence/Incidence

*Affecting many people at earlier ages. – Social Service Representative*

*The numbers of people in our community with this illness keep increasing, it affects the whole family and the access to care that is affordable is limited. – Social Service Representative*

*Many homebound clients served are afflicted with dementia or some memory loss. – Public Health Expert*

## Kidney Disease

### About Chronic Kidney Disease

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

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

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

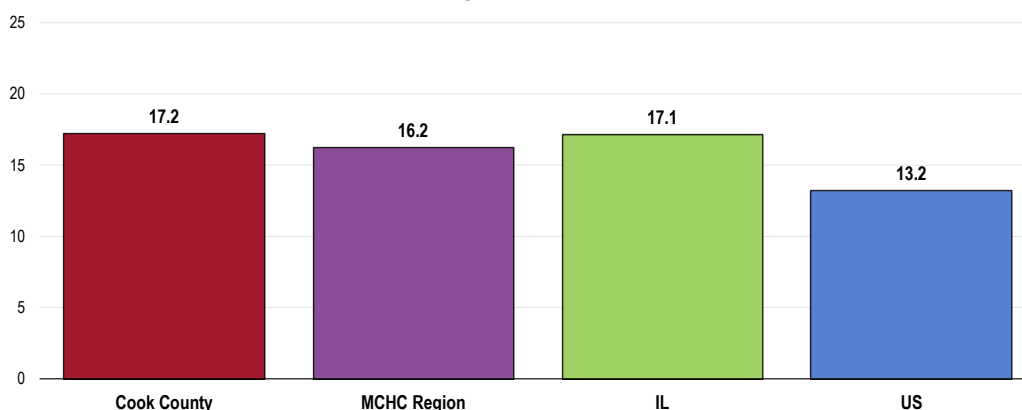
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Kidney Disease Deaths

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

- Worse than the rate found in the MCHC Region.
- Similar to the rate found statewide.
- Worse than the national rate.

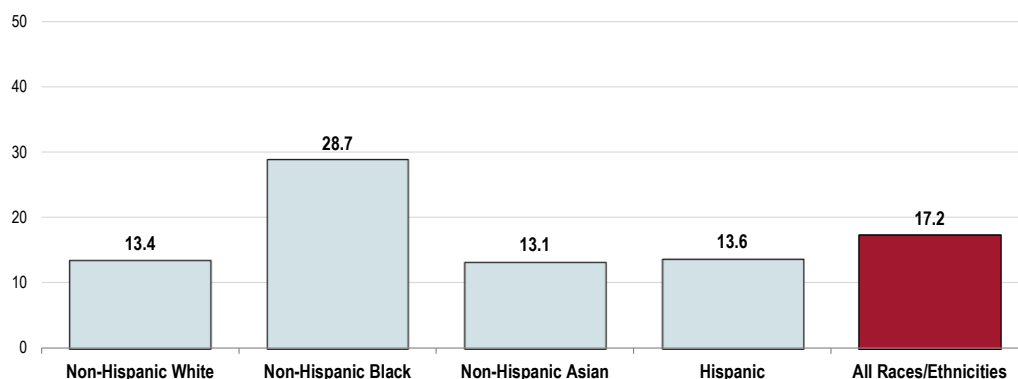
**Kidney Disease: Age-Adjusted Mortality**  
(2011-2013 Annual Average Deaths per 100,000 Population)



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

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

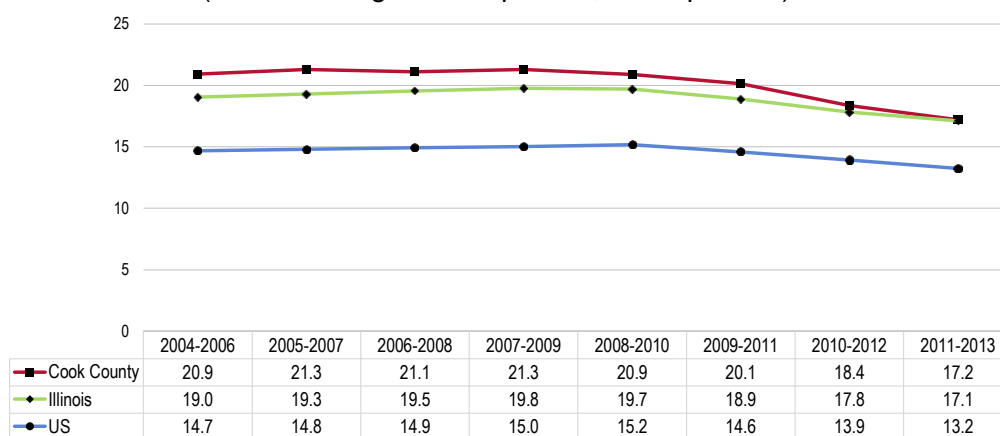
### Kidney Disease: Age-Adjusted Mortality by Race (Cook County; 2011-2013 Annual Average Deaths per 100,000 Population)



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

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

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



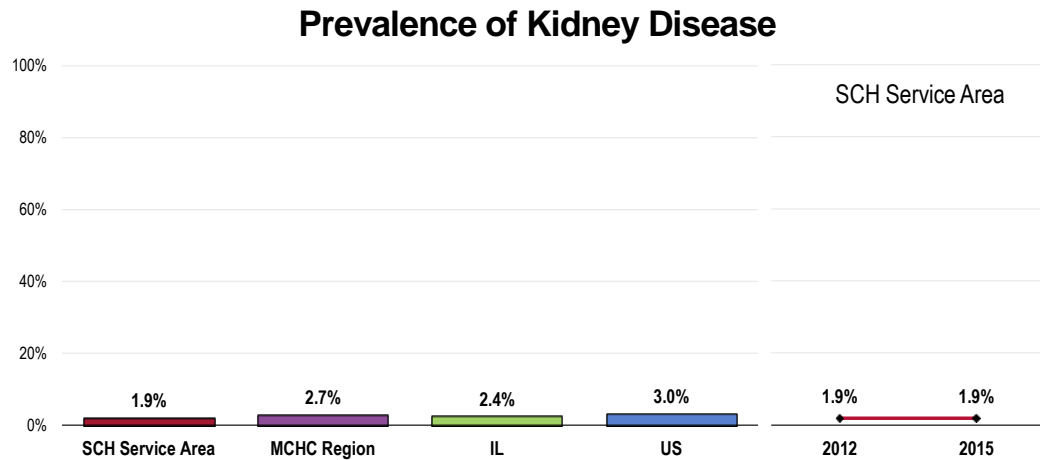
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification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



## Prevalence of Kidney Disease

A total of 1.9% of Swedish Covenant Hospital Service Area adults report having been diagnosed with kidney disease.

- Similar to the MCHC Region.
- Similar to the state proportion.
- Similar to the national proportion.
- TREND: Statistically unchanged since 2012.

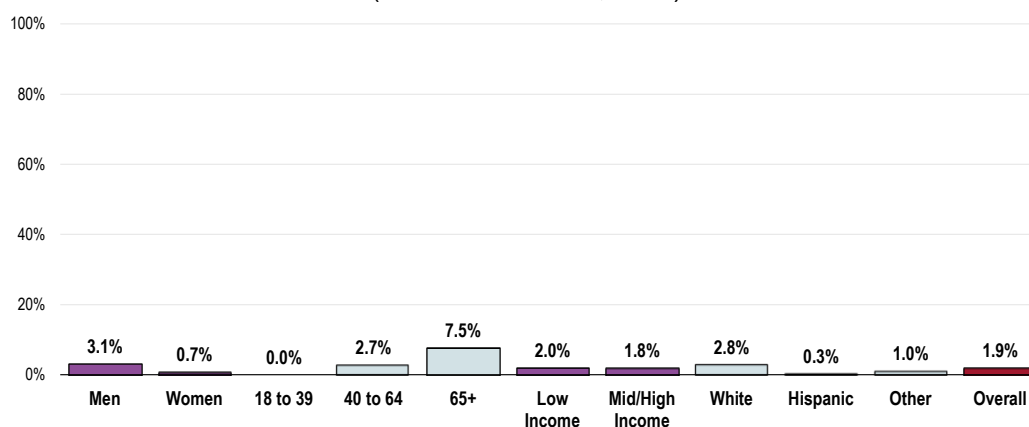


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 33]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- A higher prevalence of kidney disease is reported among White respondents in the Swedish Covenant Hospital Service Area.
- Note also the positive correlation between age and kidney disease in the Swedish Covenant Hospital Service Area.

## Prevalence of Kidney Disease (SCH Service Area, 2015)



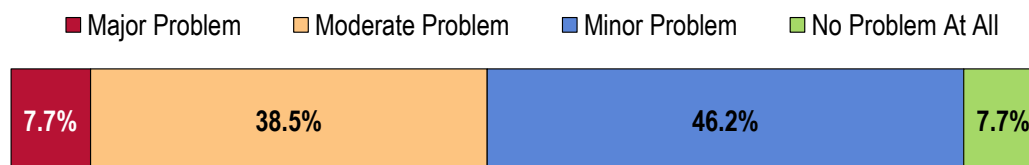
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]

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

## Key Informant Input: Chronic Kidney Disease

Key informants taking part in an online survey generally characterized *Chronic Kidney Disease* as a "minor problem" in the community.

## Perceptions of Chronic Kidney Disease as a Problem in the Community (Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey.

## TOP CONCERNS

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

### Cost of Care

*It costs our community a lot of money and managing these patients. There are a lot of patients struggling. – Social Service Representative*

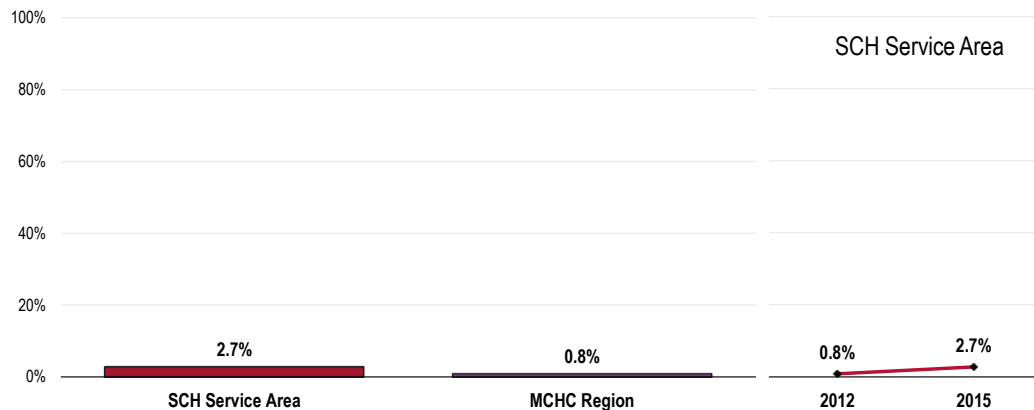
## Sickle-Cell Anemia

### Prevalence of Sickle-Cell Anemia

A total of 2.7% of Swedish Covenant Hospital Service Area adults report having been diagnosed with sickle-cell anemia.

- Higher than the MCHC Region.
- TREND: Statistically significant increase since 2012.

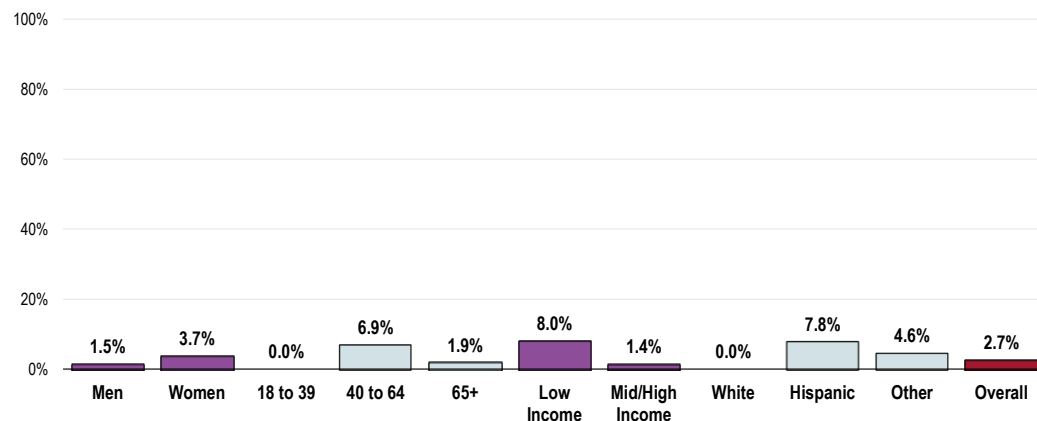
### Prevalence of Sickle-Cell Anemia



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 302]  
 Notes: • Asked of all respondents.

- A higher prevalence of sickle-cell anemia is reported among respondents age 40 to 64, those living in households with low incomes, and Hispanics.

### Prevalence of Sickle-Cell Anemia (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Potentially Disabling Conditions

### About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2<sup>nd</sup> leading cause of lost work time (after the common cold).
- 3<sup>rd</sup> most common reason to undergo a surgical procedure.
- 5<sup>th</sup> 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](http://www.healthypeople.gov))

## Arthritis, Osteoporosis, & Chronic Back Conditions

### Prevalence of Arthritis/Rheumatism

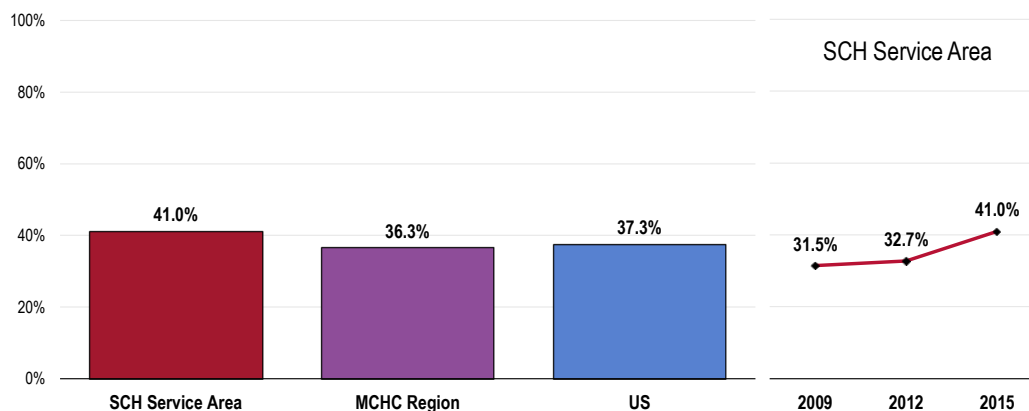
**More than 4 in 10 of Swedish Covenant Hospital Service Area adults age 50 and older (41.0%) report suffering from arthritis or rheumatism.**

- Similar to the MCHC Region.
- Similar to that found nationwide.
- TREND: The increase over time is not statistically significant.

#### RELATED ISSUE:

See also *Activity Limitations* in the **General Health Status** section of this report.

## Prevalence of Arthritis/Rheumatism (Among Adults Age 50 and Older)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

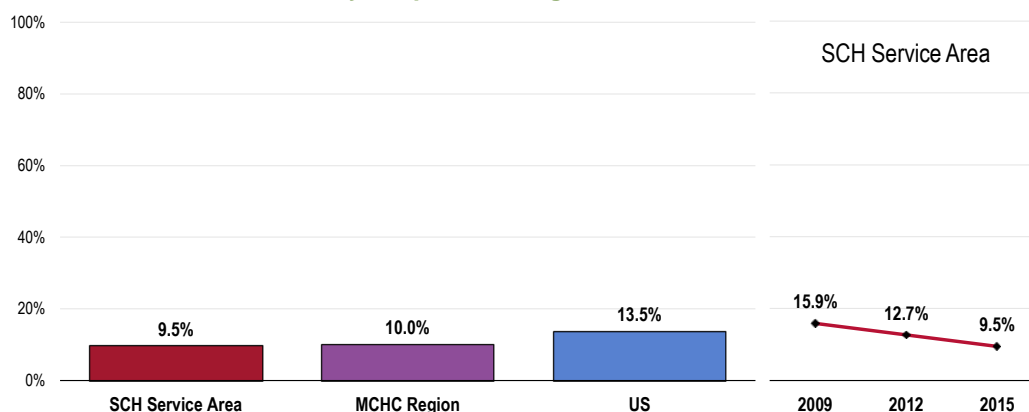
Notes: • Reflects respondents age 50 and older.

## Prevalence of Osteoporosis

**A total of 9.5% of survey respondents age 50 and older have osteoporosis.**

- Similar to the MCHC Region.
- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- TREND: The decrease over time is not statistically significant.

## Prevalence of Osteoporosis (Among Adults Age 50 and Older) Healthy People 2020 Target = 5.3% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]

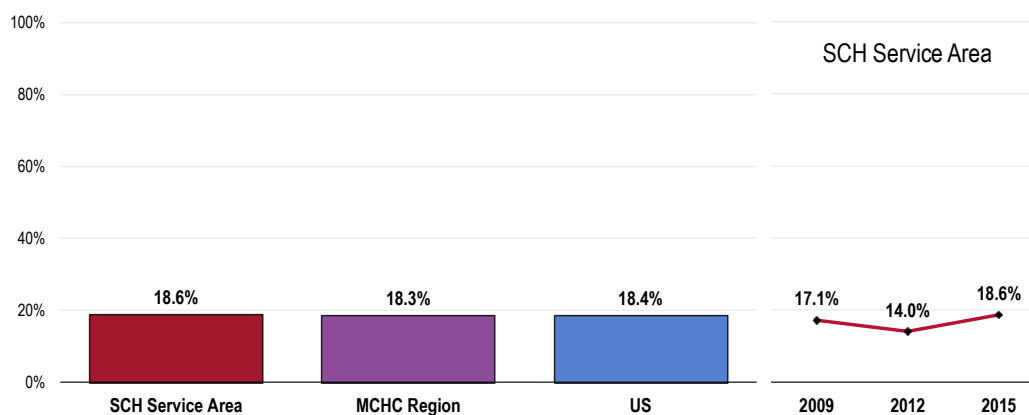
Notes: • Reflects respondents age 50 and older.

## Prevalence of Sciatica/Chronic Back Pain

A total of 18.6% of survey respondents suffer from chronic back pain or sciatica.

- Similar to the MCHC Region.
- Similar to that found nationwide.
- TREND: Statistically unchanged over time.

## Prevalence of Sciatica/Chronic Back Pain



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

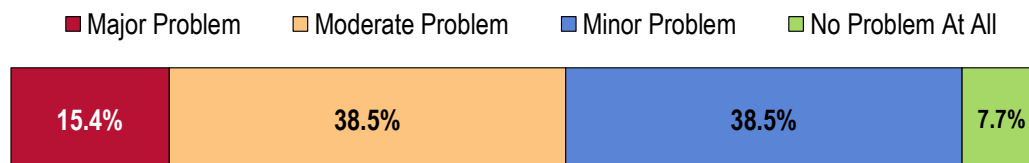
Notes: • Asked of all respondents.

## Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Equal shares of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a “moderate” or “minor” problem in the community.

## Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey.

## TOP CONCERNS

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

### ***Lack of Specialists***

*The reason why this is a major problem in our community is because of the lack of specialists in this area in the northwest suburbs of Illinois. In addition, we see many patients with back conditions that have spiraled out of control due to mismanagement, lack of care and education. As a result, these people become home bound. – Other Health Provider*

### ***Musculoskeletal Issues***

*Back pain/joint pain/soft tissue pain seems common, as it is nationwide. Perhaps increased by physically demanding jobs, lack of access to healthcare resources to manage. – Public Health Expert*  
*As a community health nurse, I provide many home visits to the homebound residents of our community. Most are homebound due to arthritis pain and disability. – Public Health Expert*

### ***Aging Population***

*The aging population in our community. – Community/Business Leader*

## Vision & Hearing Impairment

### About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Vision Trouble

**A total of 8.5% of Swedish Covenant Hospital Service Area adults are blind or have trouble seeing even when wearing corrective lenses.**

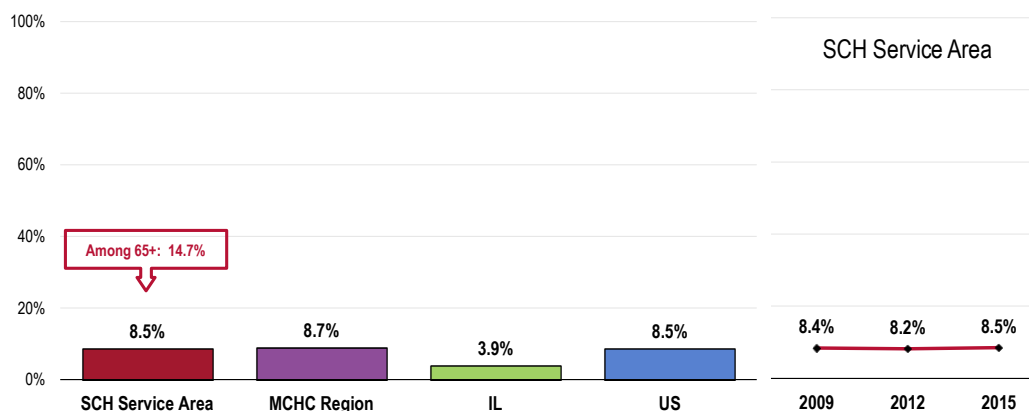
- Similar to the MCHC Region.
- Less favorable than the statewide prevalence.
- Similar to that found nationwide.
- TREND: No significant change over time.
- Among Swedish Covenant Hospital Service Area adults age 65 and older, 14.7% have vision trouble.

#### RELATED ISSUE:

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



## Prevalence of Blindness/Trouble Seeing



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

## Hearing Trouble

### About Hearing & Other Sensory or Communication Disorders

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

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such 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.

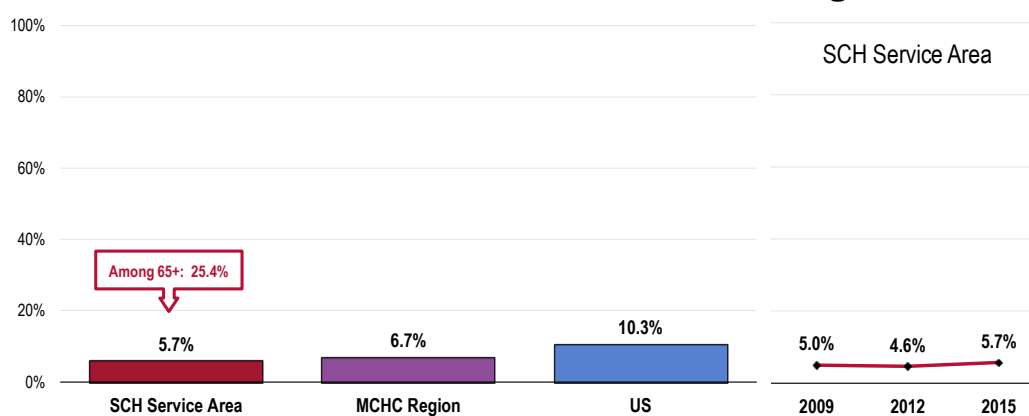
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

**In all, 5.7% of Swedish Covenant Hospital Service Area adults report being deaf or having difficulty hearing.**

- Similar to the MCHC Region.
- Better than that found nationwide.
- TREND: Statistically unchanged over time.
- Among Swedish Covenant Hospital Service Area adults age 65 and older, 25.4% have partial or complete hearing loss.

### Prevalence of Deafness/Trouble Hearing



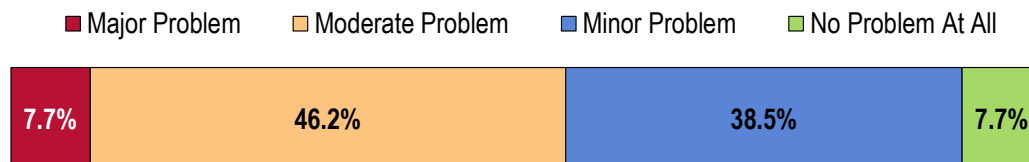
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

### Key Informant Input: Vision & Hearing

The largest share of key informants taking part in an online survey characterized *Vision & Hearing* as a “moderate problem” in the community.

### Perceptions of Hearing and Vision as a Problem in the Community (Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey.

## TOP CONCERNS

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

### *Insurance Coverage*

*There is virtually no coverage for hearing aids and little for glasses. The costs are too high for low-income residents to absorb. – Social Service Representative*

# Infectious Disease



**Professional Research Consultants, Inc.**

## Influenza & Pneumonia Vaccination

### About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Flu Vaccinations

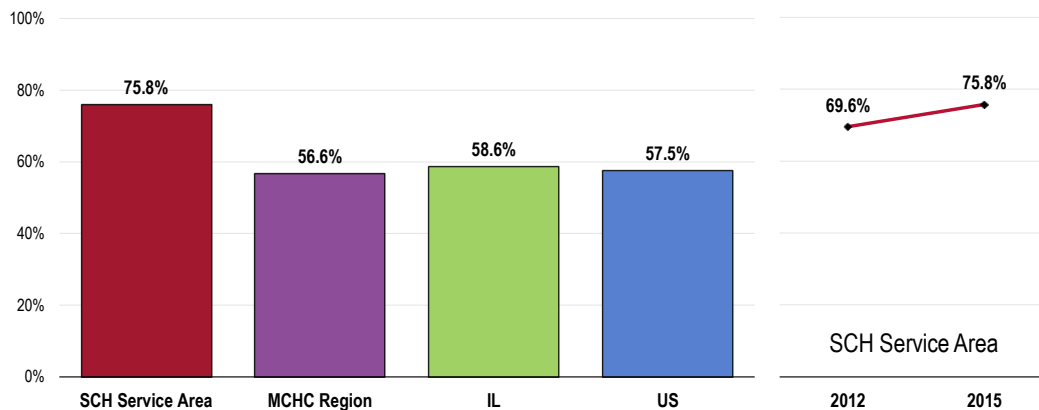
FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

**Among Swedish Covenant Hospital Service Area seniors, 75.8% received a flu shot (or FluMist®) within the past year.**

- Higher than the MCHC Region.
- Higher than the Illinois finding.
- Higher than the national finding.
- Similar to the Healthy People 2020 target (70% or higher).
- TREND: Statistically unchanged over time.

### Older Adults: Have Had a Flu Vaccination in the Past Year (Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects respondents 65 and older.
  - Includes FluMist as a form of vaccination.

## High-Risk Adults

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

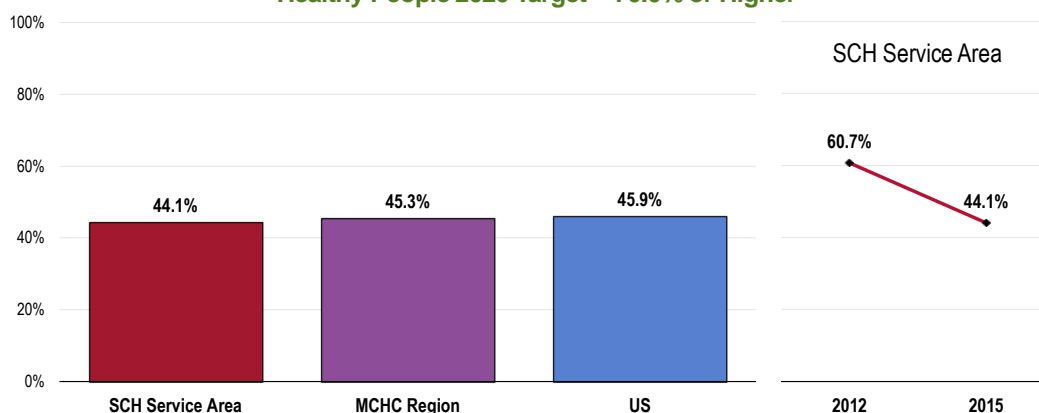
**A total of 44.1% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.**

- Similar to the MCHC Region.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- TREND: Statistically significant decrease from the 2012 survey findings.

## High-Risk Adults: Have Had a Flu Vaccination in the Past Year

(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 70.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]

Notes: • Reflects high-risk respondents age 18-64.

• "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

• Includes FluMist as a form of vaccination.

## Pneumonia Vaccination

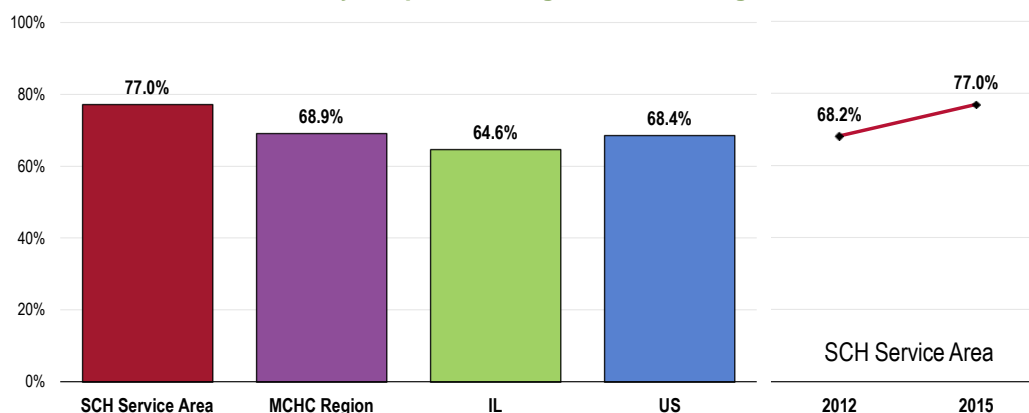
Among adults age 65 and older, 77.0% have received a pneumonia vaccination at some point in their lives.

- Similar to the MCHC Region.
- Higher than the Illinois finding.
- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- TREND: Statistically unchanged from 2012 survey results.

### Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.1]

Notes: • Reflects respondents 65 and older.

### High-Risk Adults

“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

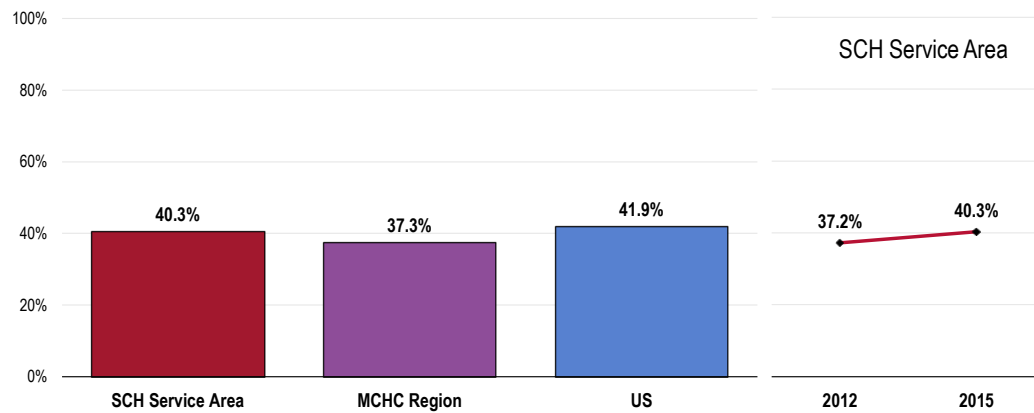
A total of 40.3% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Similar to the MCHC Region.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).
- TREND: Statistically unchanged over time.

## High-Risk Adults: Have Ever Had a Pneumonia Vaccine

(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 60.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.2]

Notes: • Asked of all high-risk respondents under 65.  
 • "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.



## HIV

### About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

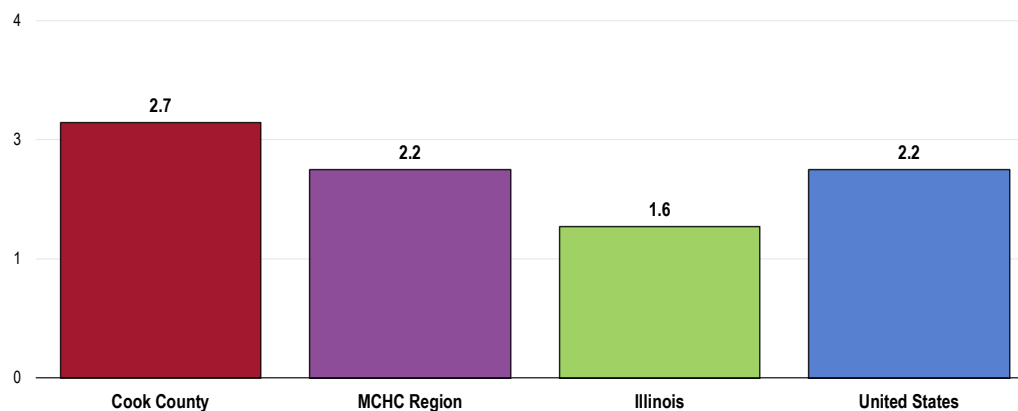
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Age-Adjusted HIV/AIDS Deaths

Between 2011 and 2013, there was an annual average age-adjusted HIV/AIDS mortality rate of 2.7 deaths per 100,000 population in Cook County.

- Less favorable than the MCHC Region.
- Less favorable than that found statewide.
- Less favorable than the rate reported nationally.
- Satisfies the Healthy People 2020 target (3.3 or lower).

**HIV/AIDS: Age-Adjusted Mortality**  
(2011-2013 Annual Average Deaths per 100,000 Population)  
**Healthy People 2020 Target = 3.3 or Lower**



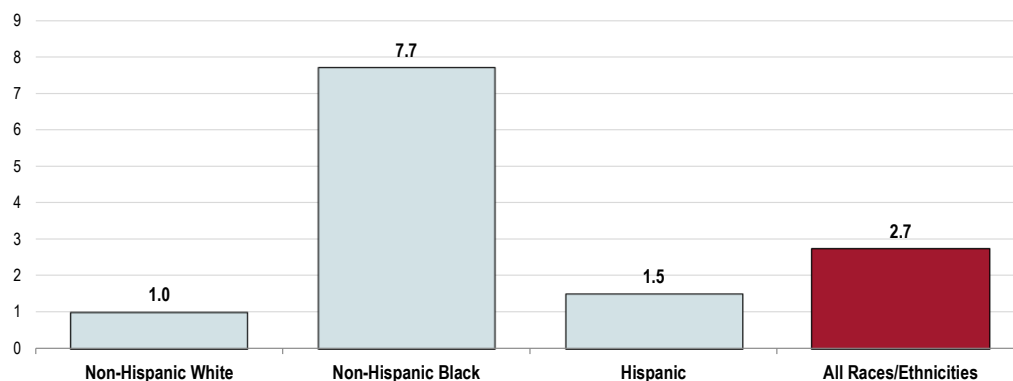
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]  
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The HIV mortality rate among Blacks in the region is considerably higher than that reported in the White and Hispanic populations.

### HIV/AIDS: Age-Adjusted Mortality by Race

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

Healthy People 2020 Target = 3.3 or Lower



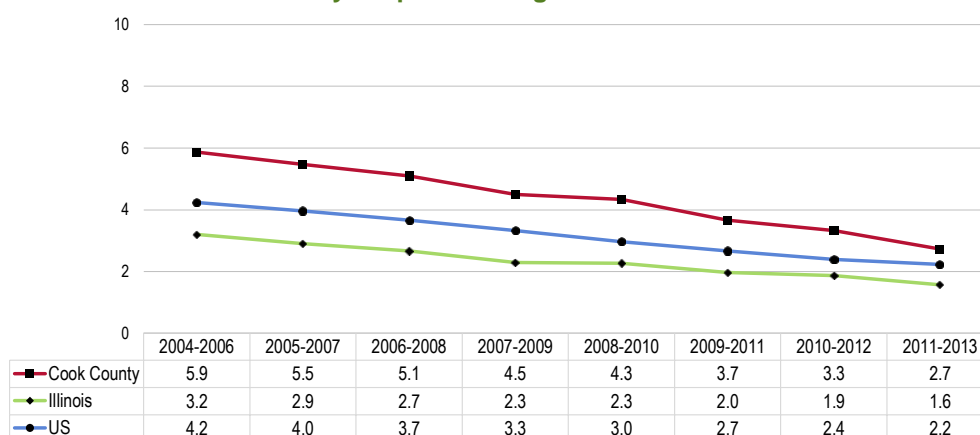
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** Note the decreasing trends in HIV/AIDS mortality over the past decade.

### HIV/AIDS: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower

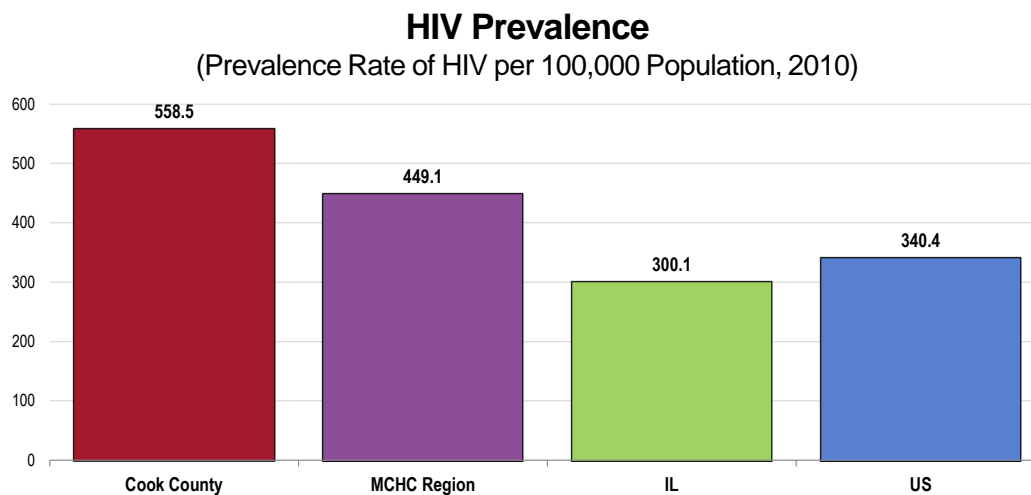


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## HIV Prevalence

In 2010, there was a prevalence of 558.5 HIV cases per 100,000 population in Cook County.

- Worse than the MCHC Region.
- Worse than the statewide prevalence.
- Worse than the national prevalence.



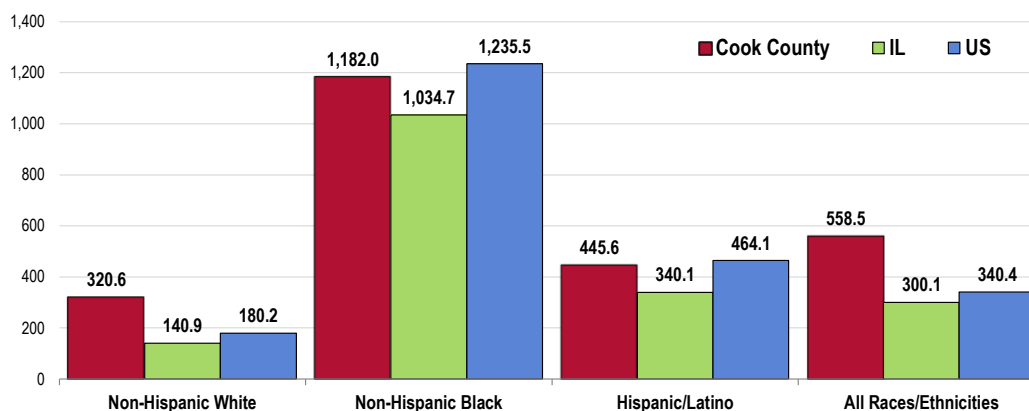
Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.

• Retrieved August 2015 from Community Commons at <http://www.chna.org>.

Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

- By race and ethnicity, HIV/AIDS prevalence in Cook County is particularly high among non-Hispanic Blacks.

### HIV Prevalence Rate by Race/Ethnicity (Prevalence Rate of HIV per 100,000 Population, 2010)



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.

• Retrieved August 2015 from Community Commons at <http://www.chna.org>.

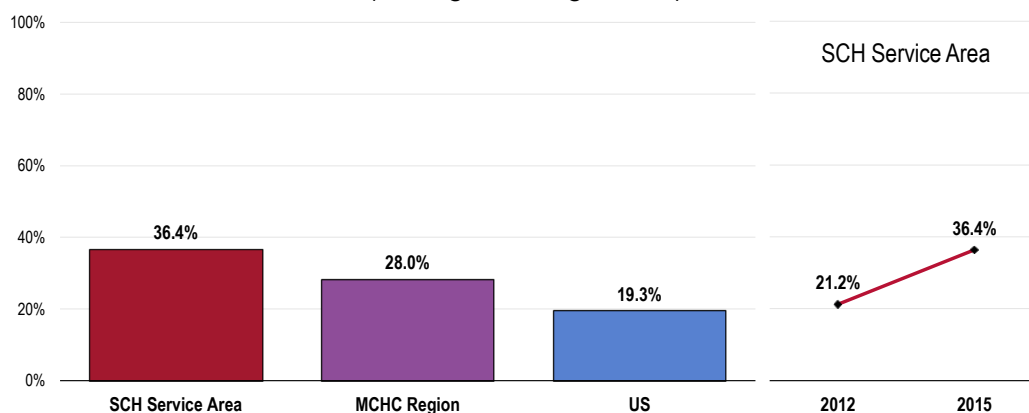
Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

### HIV Testing

Among Swedish Covenant Hospital Service Area adults age 18-44, 36.4% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Similar to the MCHC Region.
- Better than the proportion found nationwide.
- TREND: Statistically significant increase since 2012.

### Tested for HIV in the Past Year (Among Adults Age 18-44)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

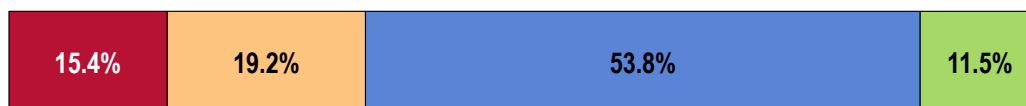
Notes: • Reflects respondents age 18 to 44.

### ***Key Informant Input: HIV/AIDS***

Over one-half of key informants taking part in an online survey characterized *HIV/AIDS* as a “minor problem” in the community.

### **Perceptions of HIV/AIDS as a Problem in the Community** (Key Informants, 2015)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: • 2015 PRC Online Key Informant Survey.

### **TOP CONCERNS**

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

#### ***Stigma***

*There is still a lot of stigma associated with it. Many are still uneducated about how it is spread. – Social Service Representative*

## Sexually Transmitted Diseases

### About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

**Biological Factors.** STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

**Social, Economic and Behavioral Factors.** The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons "linked" by sequential or concurrent sexual partners).

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Chlamydia & Gonorrhea

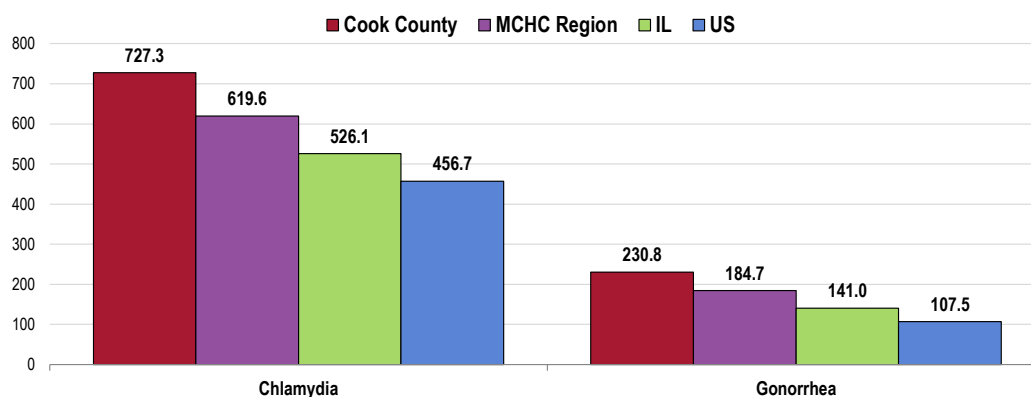
In 2012, the chlamydia incidence rate in Cook County was 727.3 cases per 100,000 population.

- Worse than the MCHC Region.
- Worse than the Illinois incidence rate.
- Worse than the national incidence rate.

The gonorrhea incidence rate in Cook County was 230.8 cases per 100,000 population in 2012.

- Worse than the MCHC Region.
- Worse than the Illinois incidence rate.
- Worse than the national incidence rate.

### Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2012)



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.  
• Retrieved August 2015 from Community Commons at <http://www.chna.org>.

Notes: • This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

### Hepatitis B Vaccination

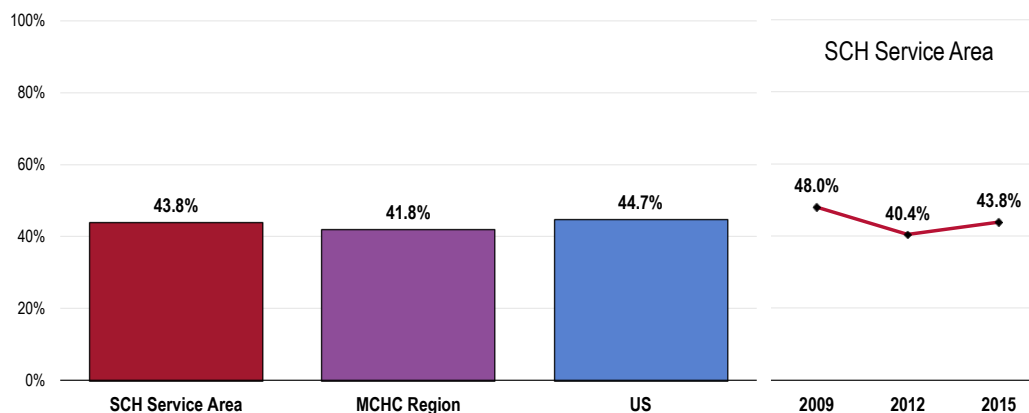
Based on survey data, more than 4 in 10 Swedish Covenant Hospital Service Area adults (43.8%) report having received the hepatitis B vaccination series.

- Similar to the MCHC Region.
- Similar to what is reported nationwide.
- TREND: Statistically unchanged over time.

Respondents were told that, to be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. They were then asked if they had completed this vaccination series.



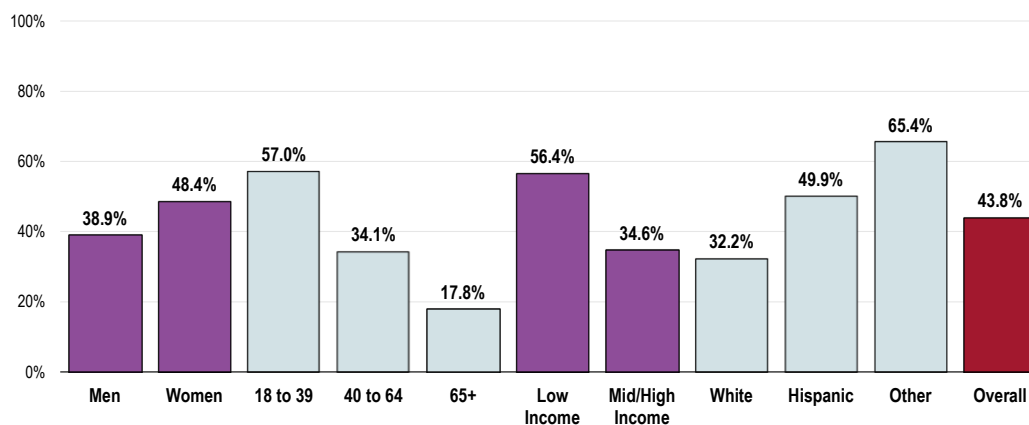
## Have Completed the Hepatitis B Vaccination Series



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Includes a series of three shots, usually administered at least one month between shots.

- Note the negative correlation between age and hepatitis B vaccination.
- Low-income residents are more likely to have received the hepatitis B vaccine.
- In addition, Hispanics and those of other races are more likely than Whites to have received the hepatitis B vaccine.

## Have Completed the Hepatitis B Vaccination Series (SCH Service Area, 2015)



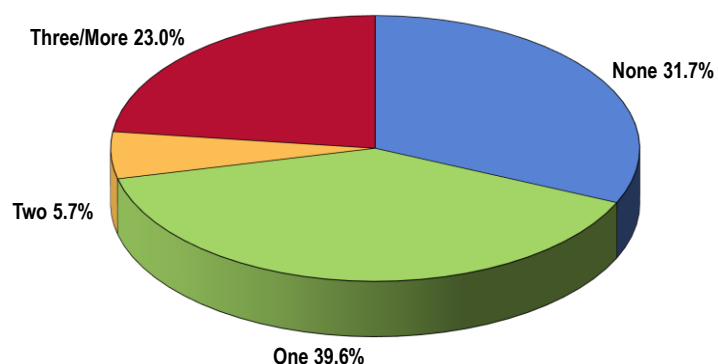
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Safe Sexual Practices

### Sexual Partners

Among unmarried Swedish Covenant Hospital Service Area adults under 65, the majority cites having one (39.6%) or no (31.7%) sexual partners in the past 12 months.

**Number of Sexual Partners in Past 12 Months**  
(Among Unmarried Adults Age 18-64; SCH Service Area, 2015)

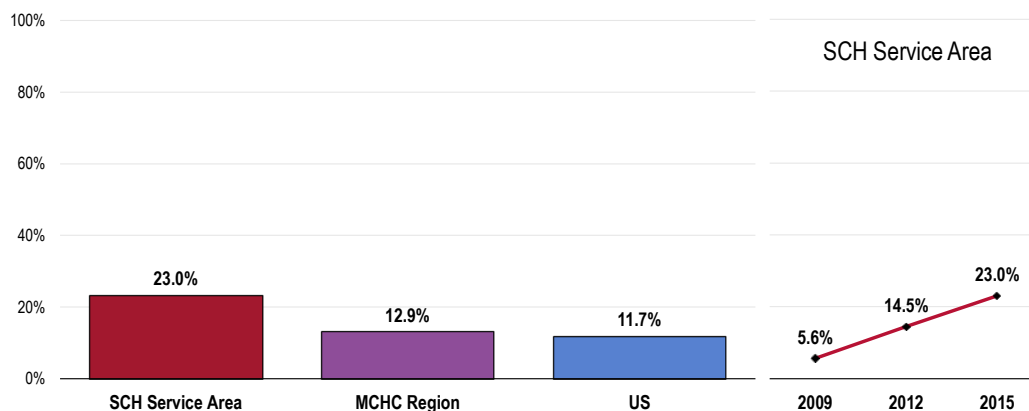


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]  
Notes: • Asked of all unmarried respondents under the age of 65.

**However, 23.0% report three or more sexual partners in the past year.**

- Higher than the MCHC Region.
- Higher than that reported nationally.
- TREND: Statistically significant increase since 2009.

## Had Three or More Sexual Partners in the Past Year (Among Unmarried Adults Age 18-64)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 86]

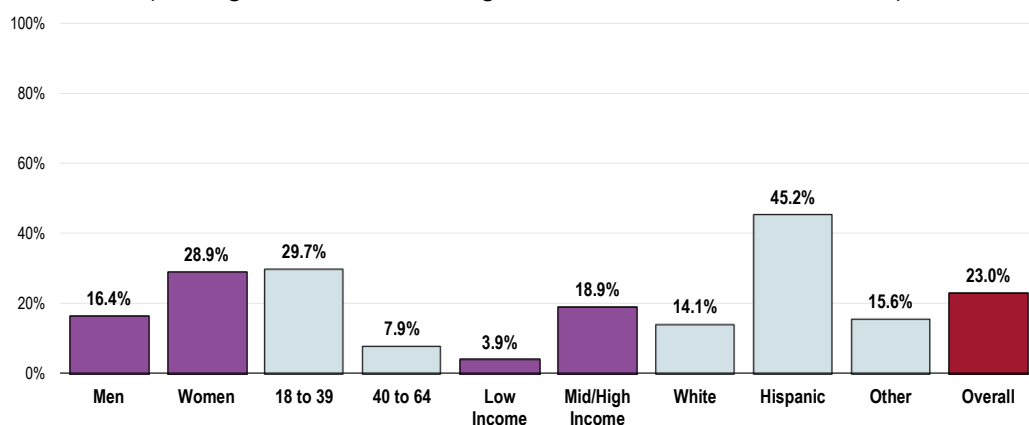
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all unmarried respondents under the age of 65.

Unmarried respondents (age 18 to 64) more likely to report three or more sexual partners in the past year include:

- Women.
- Adults under 40.
- Higher-income residents.
- Hispanics.

## Had Three or More Sexual Partners in the Past Year (Among Unmarried Adults Age 18-64; SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]

Notes: • Asked of all unmarried respondents under the age of 65.

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

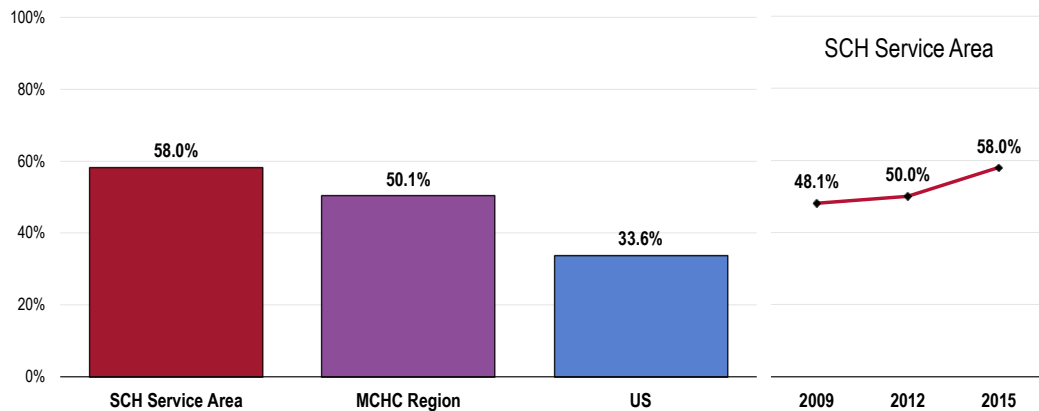
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal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

### Condom Use

Among Swedish Covenant Hospital Service Area adults who are under age 65 and unmarried, 58.0% report that a condom was used during their last sexual intercourse.

- Similar to the MCHC Region.
- Much higher than national findings.
- TREND: The increase over time is not statistically significant.

### Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults Age 18-64)



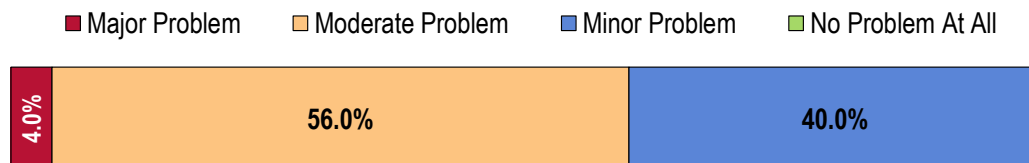
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all unmarried respondents under the age of 65.

### Key Informant Input: Sexually Transmitted Diseases

The largest share of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a “moderate problem” in the community.

### Perceptions of Sexually Transmitted Diseases as a Problem in the Community (Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey.

## TOP CONCERNS

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

### *Prevalence/Incidence*

*While Albany Park itself is not extremely high on the charts for incidence of STIs, we are bordered to the east by several communities (Uptown, Rogers Park) where the incidence is still very high comparatively speaking. – Other Health Provider*

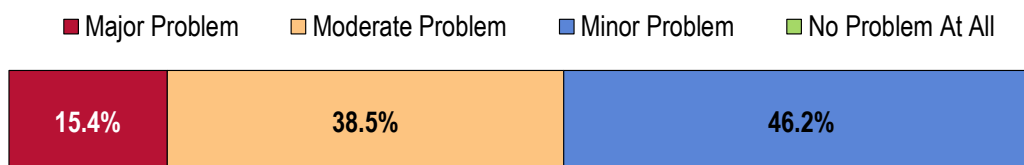
## Immunization & Infectious Diseases

### ***Key Informant Input: Immunization & Infectious Diseases***

A plurality of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a “minor problem” in the community.

### **Perceptions of Immunization and Infectious Diseases as a Problem in the Community**

(Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey.

### **TOP CONCERNS**

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

#### ***Access to Care***

*Lack of access to primary care makes it difficult for people to adhere to immunization schedules. – Other Health Provider*

*Noncompliance in schools due to undocumented and lack of affordable medications for Hep C. – Community/Business Leader*

# Births



Professional Research Consultants, Inc.

## Prenatal Care

### About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

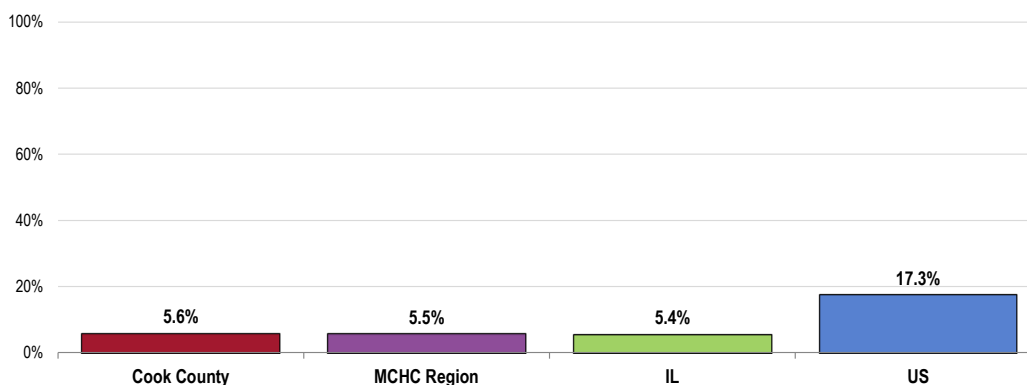
Early and continuous prenatal care is the best assurance of infant health.

**Between 2007 and 2010, 5.6% of all Cook County births did not receive prenatal care in the first trimester of pregnancy.**

- Similar to the MCHC Region.
- Similar to the Illinois proportion.
- Well below the national proportion.
- Easily satisfies the Healthy People 2020 target (22.1% or lower).

### Lack of Prenatal Care in the First Trimester (Percentage of Live Births, 2007-2010)

**Healthy People 2020 Target = 22.1% or Lower**



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System: 2007-10. Accessed using CDC WONDER.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]

Note: • This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.



## Birth Outcomes & Risks

### Low-Weight Births

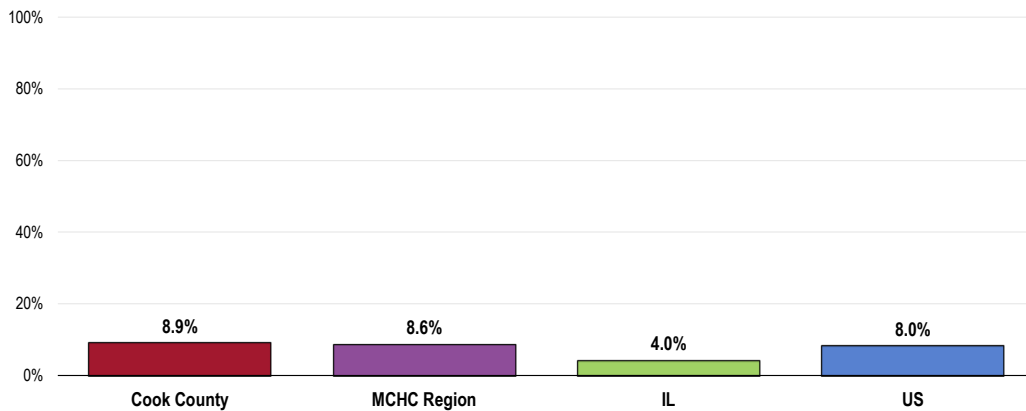
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

**A total of 8.9% of 2011-2013 Cook County births were low-weight.**

- Similar to the MCHC Region.
- Over twice the Illinois proportion.
- Higher than the national proportion.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).

**Low-Weight Births**  
(Percent of Live Births, 2011-2013)  
**Healthy People 2020 Target = 7.8% or Lower**



Sources: 

- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-12. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

Note: 

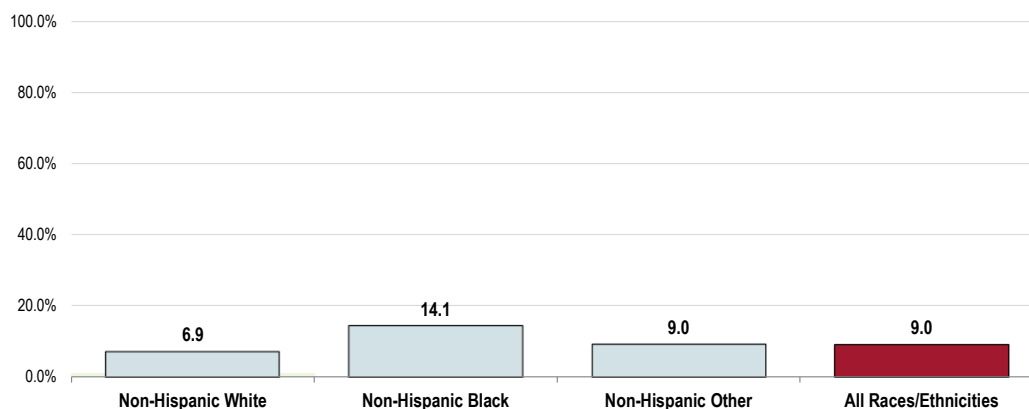
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- Low-weight births are more prevalent among Blacks in Cook County.

## Low-Weight Births by Race/Ethnicity

(Cook County; Percent of Live Births, 2011-2013)

**Healthy People 2020 Target = 7.8% or Lower**



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

Note:

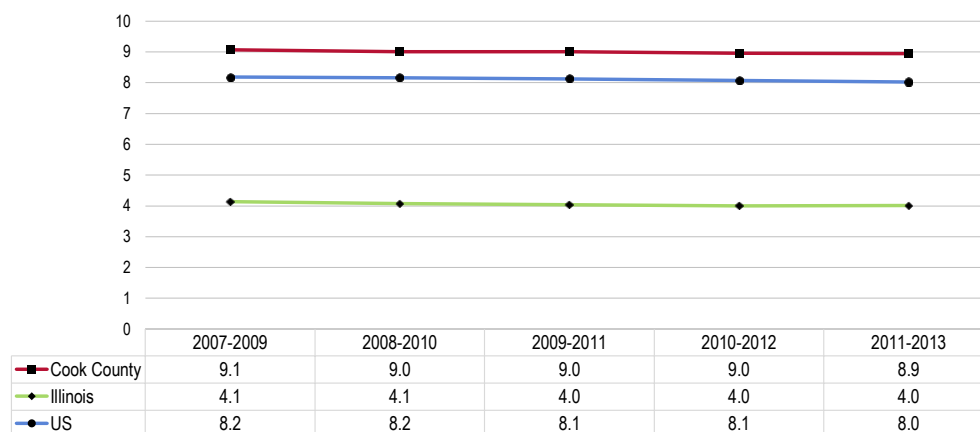
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- TREND:** The service area proportion of low-weight births remained stable over the past decade, in keeping with state and national trends.

## Low-Weight Births by Race/Ethnicity

(Cook County; Percent of Live Births, 2011-2013)

**Healthy People 2020 Target = 7.8% or Lower**



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

Note:

- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

## Infant Mortality

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

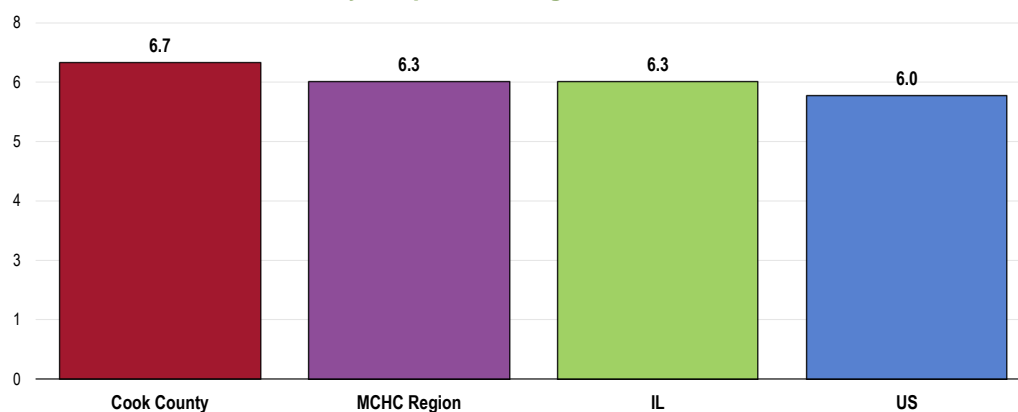
Between 2011 and 2013, there was an annual average of 6.7 infant deaths per 1,000 live births.

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

### Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2011-2013)

Healthy People 2020 Target = 6.0 or Lower



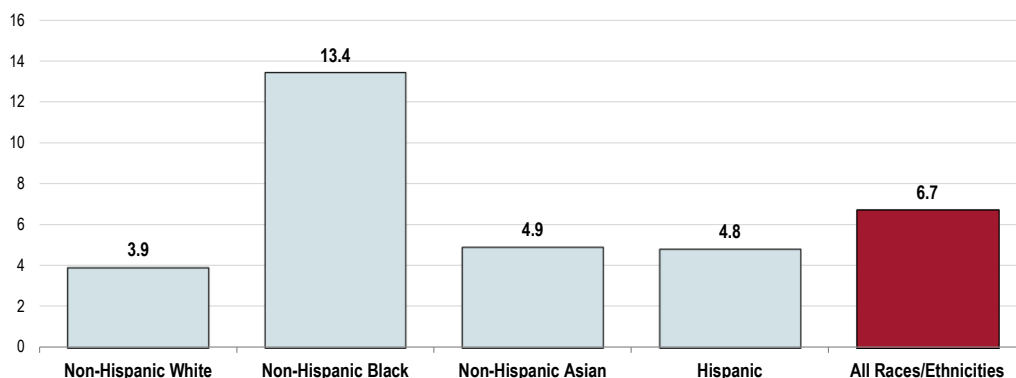
- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
  - Retrieved August 2015 from Community Commons at <http://www.chna.org>.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
  - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- By race, the infant mortality rate is considerably higher among births to Black mothers.

### Infant Mortality by Race/Ethnicity

(Cook County; Annual Average Infant Deaths per 1,000 Live Births, 2011-2013)

**Healthy People 2020 Target = 6.0 or Lower**



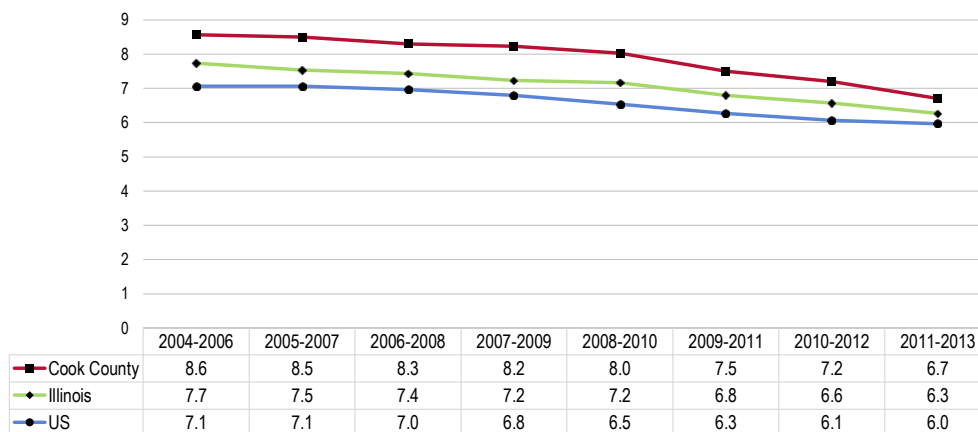
- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
  - Retrieved August 2015 from Community Commons at <http://www.chna.org>.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
  - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- TREND:** The infant mortality rate decreased over the past decade in Cook County, echoing the state and national trends.

### Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births)

**Healthy People 2020 Target = 6.0 or Lower**



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
  - Centers for Disease Control and Prevention, National Center for Health Statistics.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

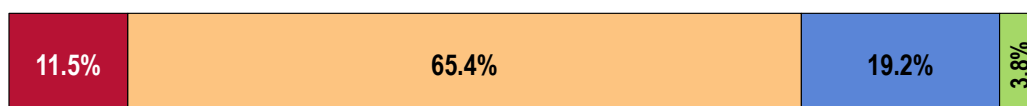
### Key Informant Input: Infant & Child Health

More than half of key informants taking part in an online survey generally characterized *Infant & Child Health* as a “moderate problem” in the community.

### Perceptions of Infant and Child Health as a Problem in the Community

(Key Informants, 2015)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: • 2015 PRC Online Key Informant Survey.

### TOP CONCERNS

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

#### Lack of Resources

*Lack of access to primary care and a Pediatrician that the patients feel comfortable with. In addition, the implementation of the ACA with the managed care entities has made it extremely difficult for parents to navigate the system. I have seen parents who were assigned a PCP that they did not want and were attempting to change. In the meantime (as it can be an arduous process) they are stuck either seeing a provider that they do not like, or seeing their chosen provider and paying out of pocket. I have encountered parents who are simply delaying accessing care for their children, including babies who have recently been discharged from the NICU. – Other Health Provider*

#### Group Homes

*Kids in group homes, foster homes. – Other Health Provider*

#### Prevalence

*Many children are unhealthy in school. – Social Service Representative*

## Family Planning

### Births to Teen Mothers

#### About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

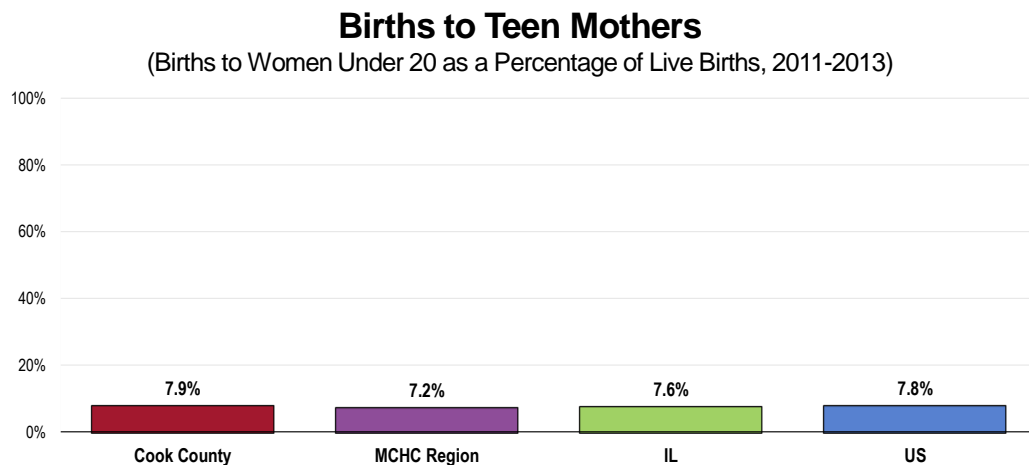
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

**Between 2011 and 2013, 7.9% of live births in Cook County were to mothers under age 20.**

- Higher than the MCHC Region.
- Similar to the Illinois proportion.
- Similar to the national proportion.

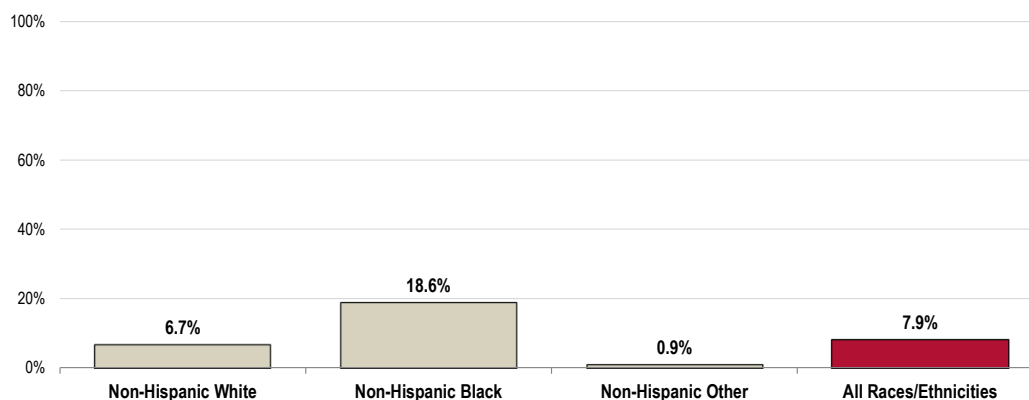


Sources: • Centers for Disease Control and Prevention, National Vital Statistics System.  
Note: • Numbers are a percentage of all live births within each population.

- By race and ethnicity, Blacks exhibit the largest proportion of teen births in Cook County.

## Births to Teen Mothers

(Cook County; Births to Women Under 20 as a Percentage of Live Births, 2011-2013)

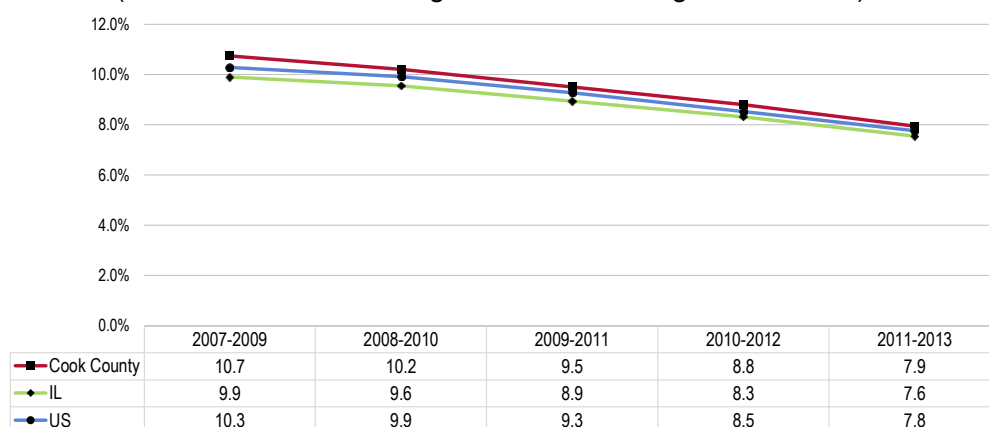


Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System: 2011-20123 Accessed using CDC WONDER.  
 Note: ● Numbers are a percentage of all live births within each population.

- **TREND:** This percentage decreased in Cook County over the past decade, echoing the Illinois and US trends.

## Teen Birth Trends

(Births to Women Under Age 20 as a Percentage of Life Births)



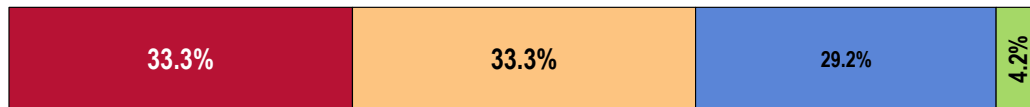
Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System: 2006-2012. Accessed using CDC WONDER.  
 Notes: ● This indicator reports the rate of total births to women under the age of 20 per 1,000 female population under 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

## Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a “major” or “moderate” problem in the community.

### Perceptions of Family Planning as a Problem in the Community (Key Informants, 2015)

■ Major Problem    ■ Moderate Problem    ■ Minor Problem    ■ No Problem At All



Sources: • 2015 PRC Online Key Informant Survey.

## TOP CONCERNS

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

### Teen Pregnancy

*Young having babies and Latino families having too many. – Social Service Representative*

*Teen pregnancy seems to continue to grow in our community. Young girls are at a high risk when they get pregnant so young. The problems are not just physical, emotionally they are at a high risk for depression and potentially addictive and risky behavior, especially if forced to have an abortion and even give the child up for adoption. However, usually they either choose (or their parent chooses) to keep the baby or have an abortion. Many teens don't want to use birth control because they want to get pregnant! The issue we need to look at is emotional/psychological, not just a matter of handing out birth control, most know how to use it. But, most are not emotionally mature to understand the impact of their decision! - Other Health Provider*

*Our local high school is well known for the large number of pregnant teens. Latino mothers in our community lack a voice and a choice when it comes to pregnancy in their marriage. – Other Health Provider*

### Access to Care

*Many services are difficult to access without speaking English or having some type of disposable income. I recently had a call from a provider in another hospital system who was trying to assist a patient in having an IUD removed. Medicare was refusing to pay. The copay at Planned Parenthood was too large for someone living on a fixed income, so they were looking for other options. My niece (who was also uninsured) has run into the same difficulties. Some forms of contraception (e.g. oral contraceptives) may be easier to procure, but the adherence is much lower. – Other Health Provider*

*It is difficult for teens to obtain without parental permission. – Social Service Representative*

### Family Planning

*We've come a long way in this area but still have certain populations that are struggling with family planning. – Social Service Representative*



# Modifiable Health Risks



**Professional Research Consultants, Inc.**

## Actual Causes of Death

### About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

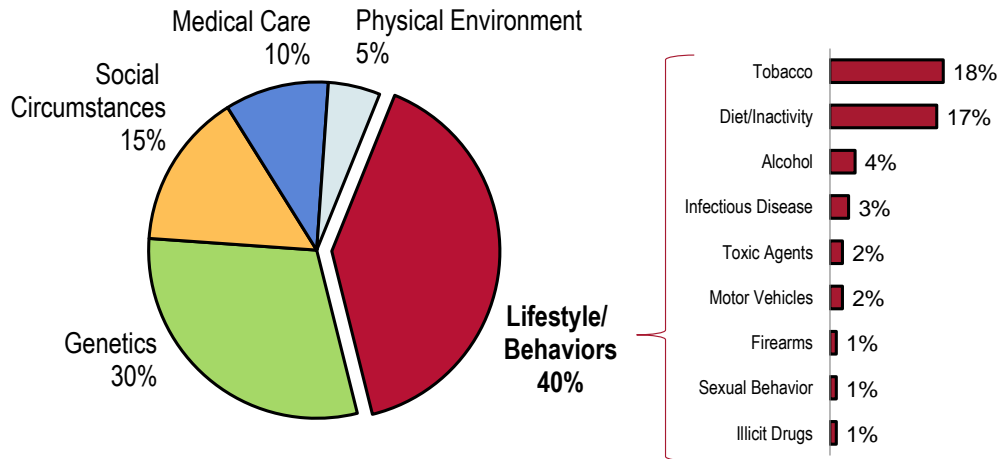
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

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

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

### Factors Contributing to Premature Deaths in the United States



Sources: • "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.  
 "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
<b>Cardiovascular Disease</b>	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
<b>Cancer</b>	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
<b>Cerebrovascular Disease</b>	High blood pressure Tobacco use	Elevated serum cholesterol
<b>Accidental Injuries</b>	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
<b>Chronic Lung Disease</b>	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987.  
DHHS Pub. No. (PHS) 88-1232.

## Nutrition

### About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

**Social Determinants of Diet.** Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

**Physical Determinants of Diet.** Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

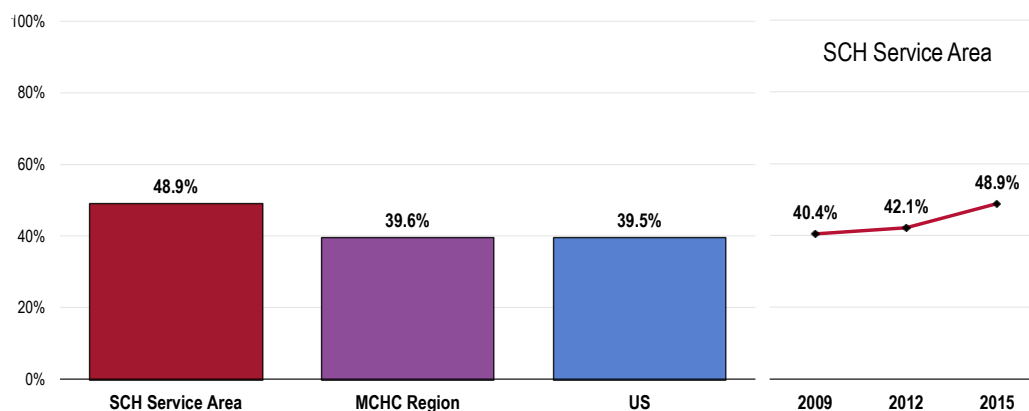
## Daily Recommendation of Fruits/Vegetables

A total of 48.9% of Swedish Covenant Hospital Service Area adults report eating five or more servings of fruits and/or vegetables per day.

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.

- Better than the regional results.
- Better than national findings.
- TREND: The increase over time is not statistically significant.

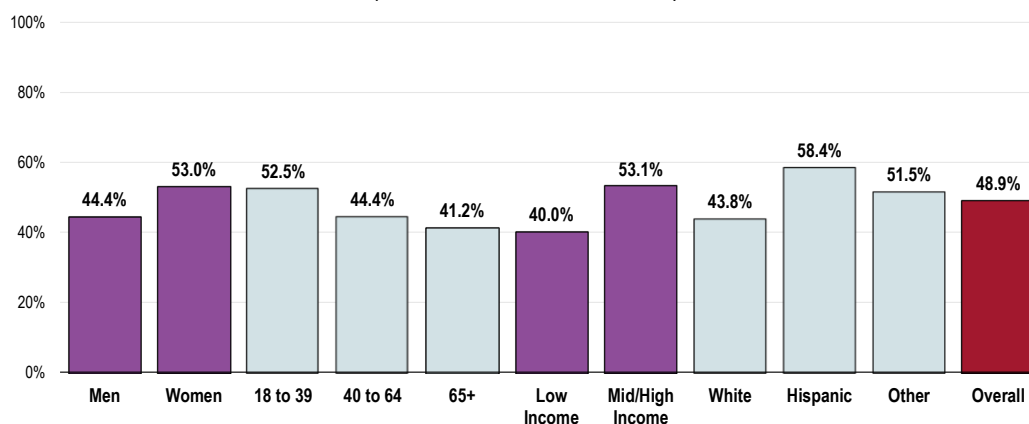
### Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • For this issue, respondents were asked to recall their food intake on the previous day.

- Residents with higher incomes are more likely to get the recommended servings of daily fruits/vegetables.

### Consume Five or More Servings of Fruits/Vegetables Per Day (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]  
 Notes: • Asked of all respondents; respondents were asked to recall their food intake on the previous day.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Access to Fresh Produce

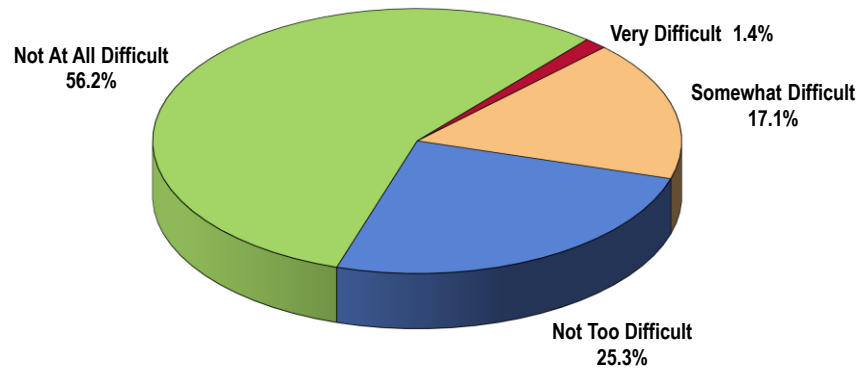
### Difficulty Accessing Fresh Produce

While most report little or no difficulty, 18.5% of Swedish Covenant Hospital Service Area adults report that it is “very” or “somewhat” difficult for them to access affordable, fresh fruits and vegetables.

Respondents were asked:

“How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?”

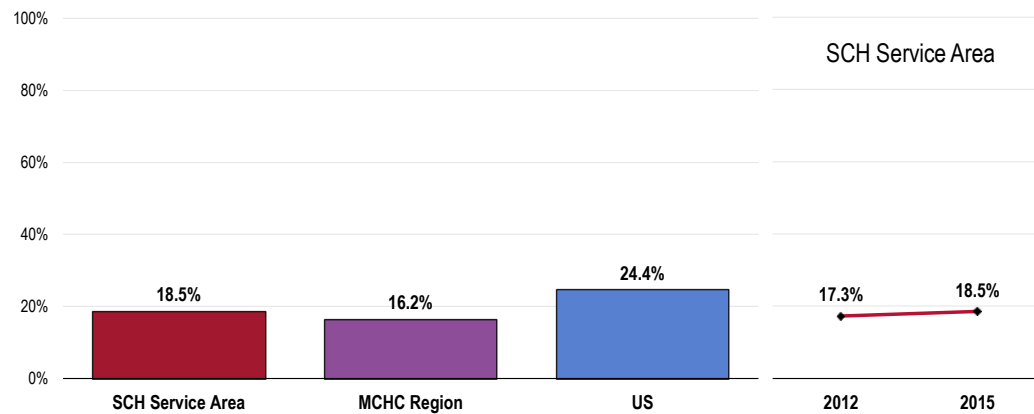
### Level of Difficulty Finding Fresh Produce at an Affordable Price (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]  
Notes: • Asked of all respondents.

- Similar to the regional results.
- More favorable than the national findings.
- TREND: Statistically unchanged since 2012.

### Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

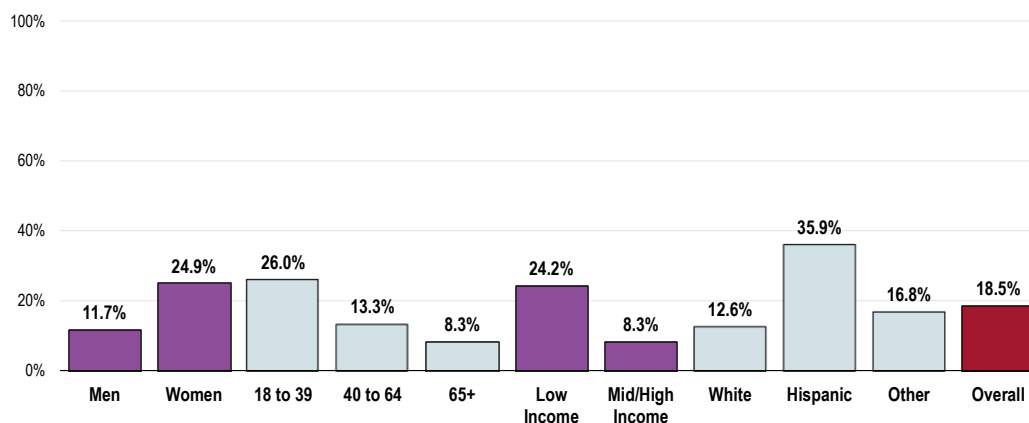


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 91]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Younger adults (negative correlation with age).
- Lower-income residents.
- Hispanics.

### Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]

Notes: • Asked of all respondents.

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

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

### Low Food Access (Food Deserts)

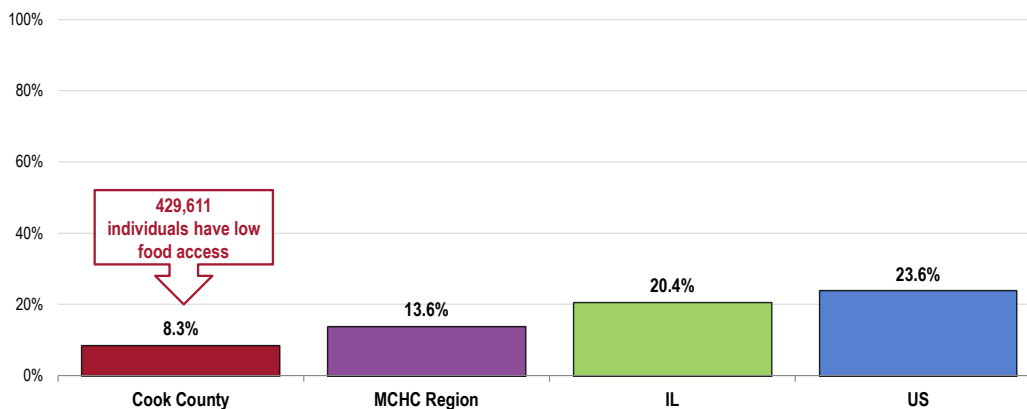
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

**US Department of Agriculture data show that 8.3% of the Cook County population (representing over 429,000 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.**

- Below the regional results.
- Well below statewide findings.
- Well below national findings.

## Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)



Sources:

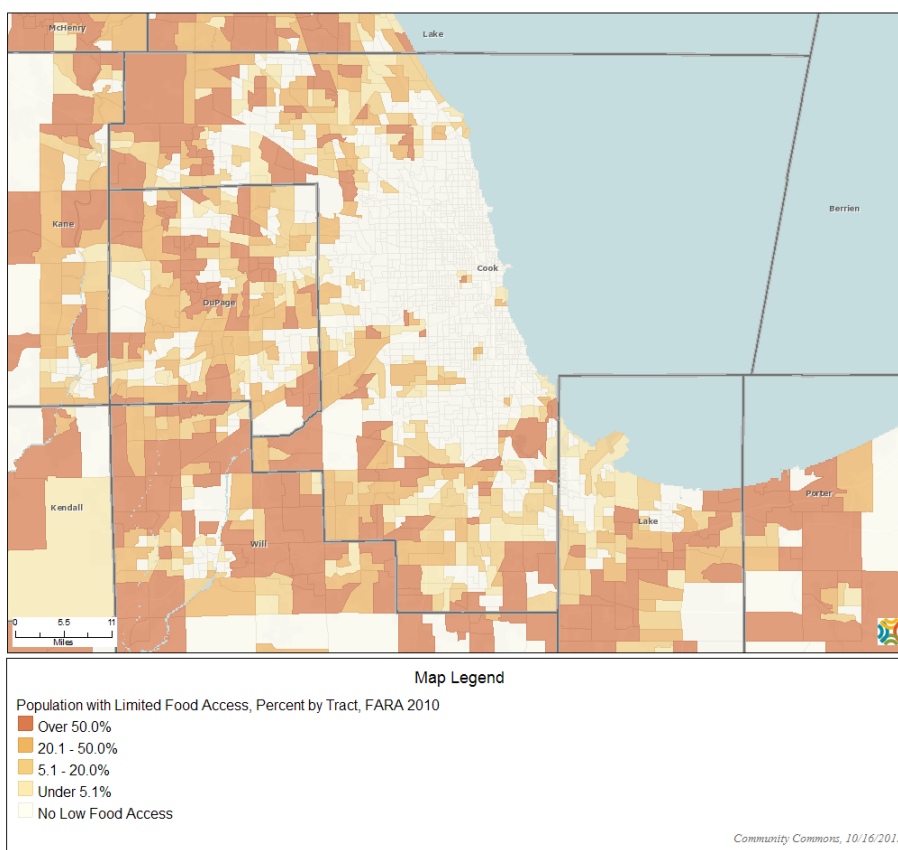
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.
- Retrieved August 2015 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract.

Population With Limited Food Access, Percent by Tract, FARA 2010



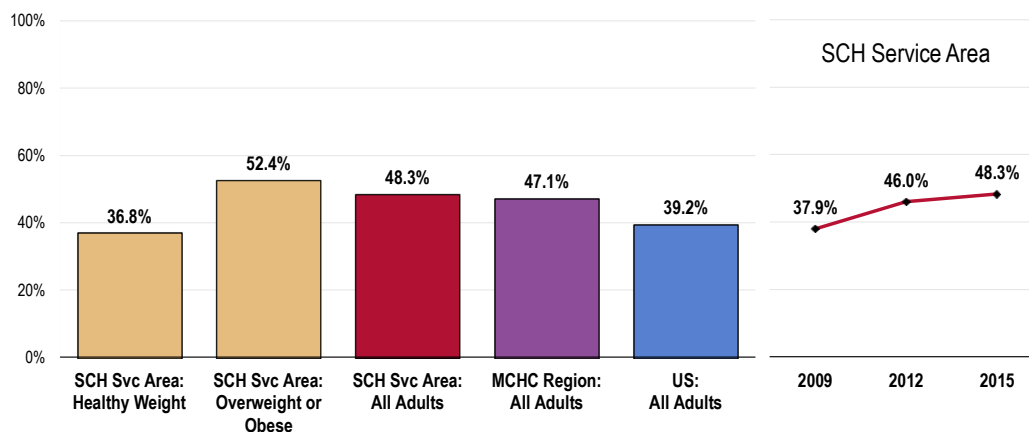


## Health Advice About Diet & Nutrition

A total of 48.3% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Similar to the regional results.
- Higher than national findings.
- TREND: Marks a statistically significant increase since 2009.
- Note: Among overweight/obese respondents, 52.4% report receiving diet/nutrition advice (meaning that nearly one-half did not).

### Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

## Physical Activity

### About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Leisure-Time Physical Activity

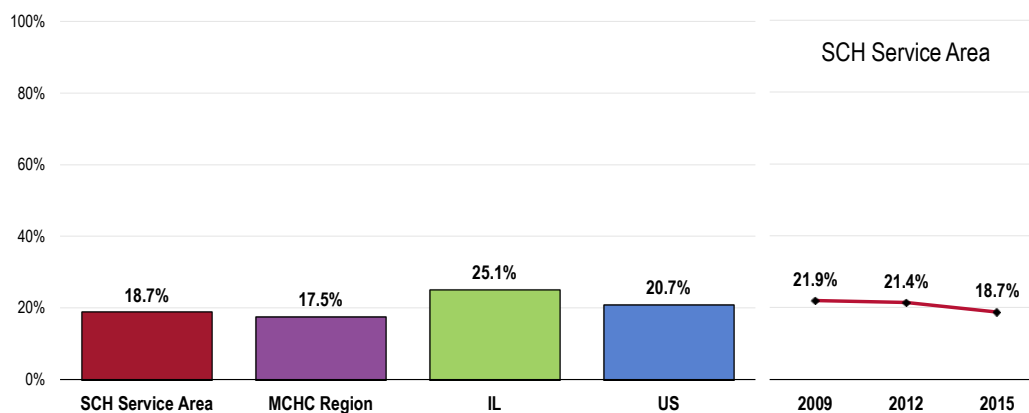
A total of 18.7% of Swedish Covenant Hospital Service Area adults report no leisure-time physical activity in the past month.

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.

- Similar to the regional results.
- More favorable than the statewide findings.
- Similar to the national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- TREND: Statistically unchanged since 2009.

### No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

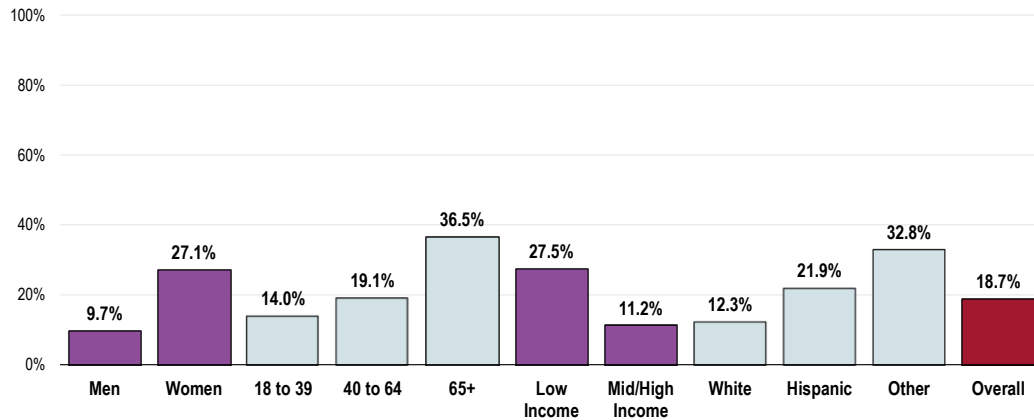
Notes: • Asked of all respondents.

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

- Women.
- Adults age 40+ (positive correlation with age).
- Low-income residents.
- Other races.

## No Leisure-Time Physical Activity in the Past Month (SCH Service Area, 2015)

Healthy People 2020 Target = 32.6% or Lower



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
- Notes:
- Asked of all respondents.
  - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Activity Levels

### Recommended Levels of Physical Activity

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

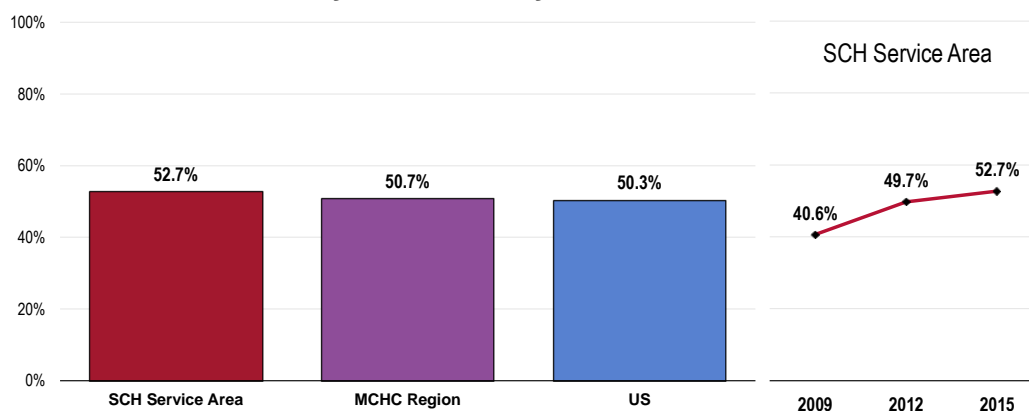
- 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. [www.health.gov/PAGuidelines](http://www.health.gov/PAGuidelines)

### Recommended Levels of Physical Activity

A total of 52.7% of Swedish Covenant Hospital Service Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Similar to the regional results.
- Similar to national findings.
- TREND: Statistically significant increase since 2009.

### Meets Physical Activity Recommendations



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

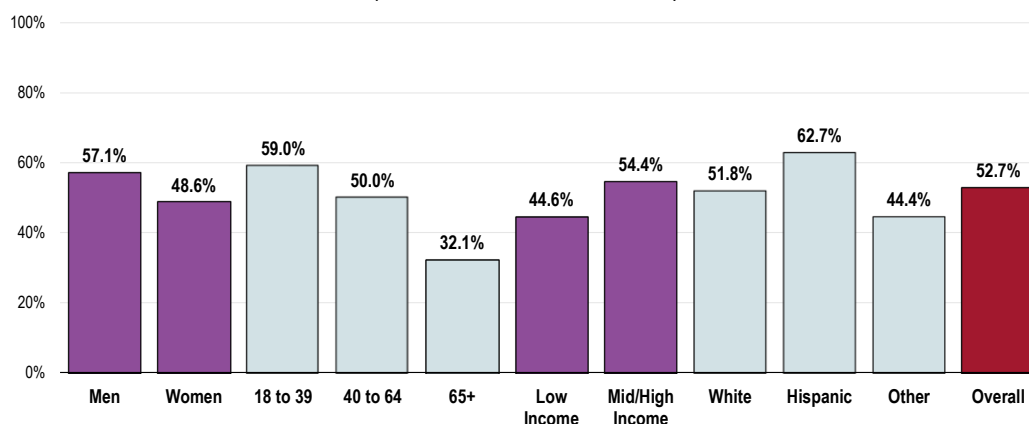
Notes: • Asked of all respondents.

• In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Those less likely to meet physical activity requirements include:

- Residents age 40 and older (negative correlation with age).
- Whites and residents of other races.

## Meets Physical Activity Recommendations (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]

Notes: • Asked of all respondents.  
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
• In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

## Moderate & Vigorous Physical Activity

In the past month:

The individual indicators of moderate and vigorous physical activity are shown here.

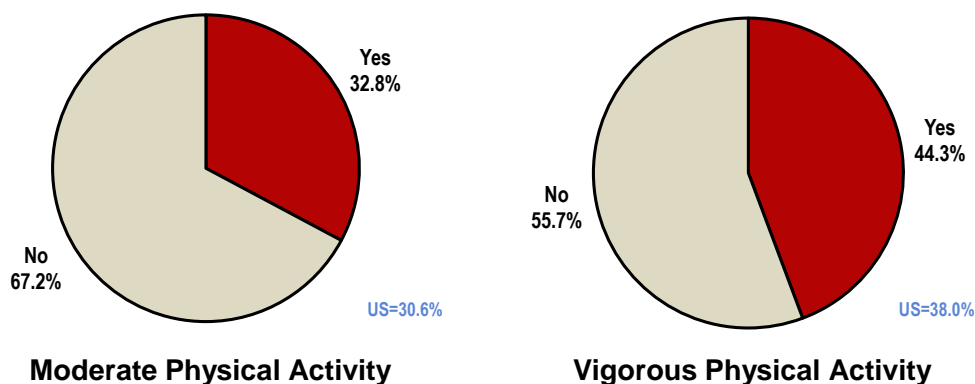
**A total of 32.8% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).**

- Comparable to the national level.
- TREND: Marks a statistically significant improvement over time (not shown).

**A total of 44.3% participated in vigorous physical activity (3 times a week, 20 minutes at a time).**

- Higher than the nationwide figure.
- TREND: Statistically significant increase since the 2009 findings (not shown).

### Moderate & Vigorous Physical Activity (SCH Service Area, 2015)



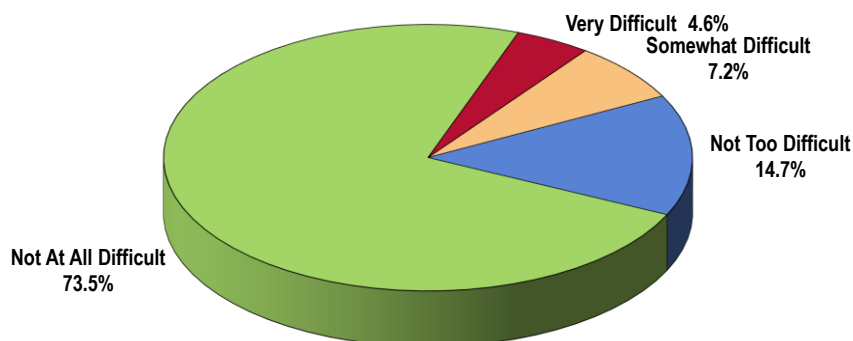
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 148-149]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
• Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.  
• Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

### Access to Safe & Affordable Places for Exercise

Most Swedish Covenant Hospital Service Area adults do not find it difficult to access safe and affordable places for exercise, with 73.5% considering it “not at all difficult” and 14.7% reporting that it is “not too difficult.”

### Level of Difficulty in Accessing Safe and Affordable Places for Exercise (SCH Service Area, 2015)

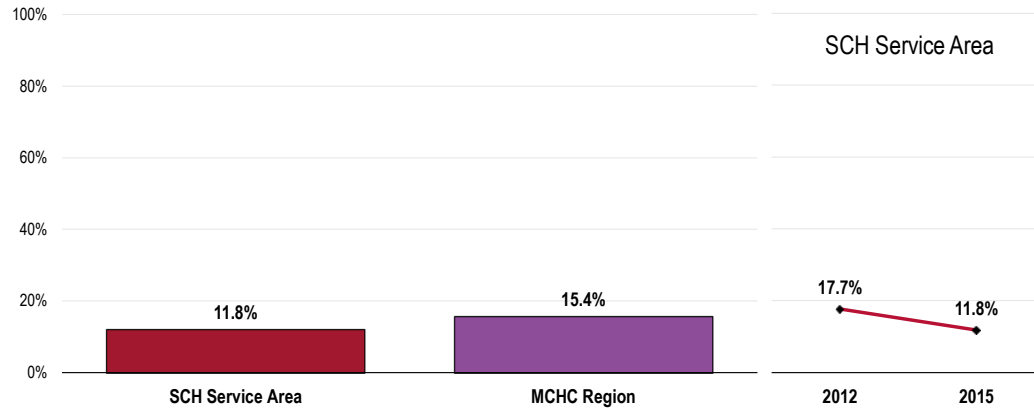


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]  
Notes: • Asked of all respondents.

In contrast, a total of 11.8% of Swedish Covenant Hospital Service Area adults find it “somewhat” or “very” difficult to access safe and affordable places for exercise.

- More favorable than the MCHC Region.
- TREND: Marks a statistically significant improvement over time.

### Find It “Very” or “Somewhat” Difficult to Access Safe and Affordable Places for Exercise

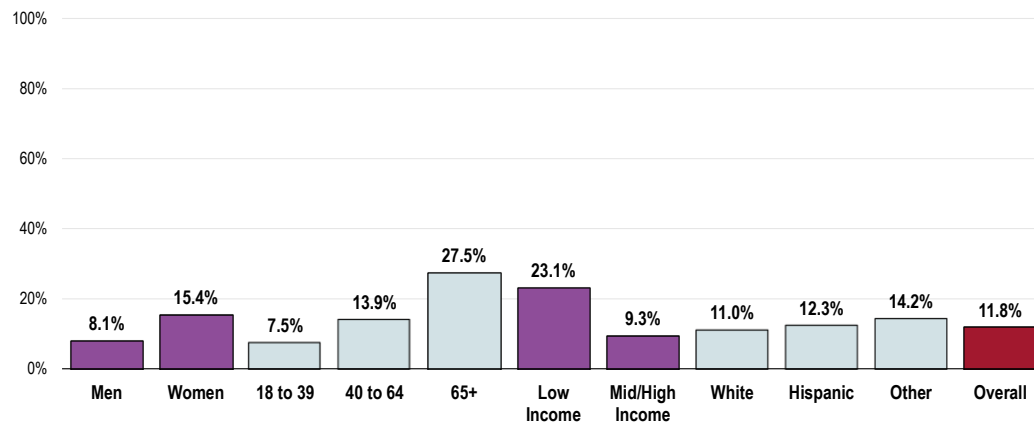


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 308]

Notes: • Asked of all respondents.

- Women, older adults (positive correlation with age), and low-income residents are more likely to report that finding safe and affordable places for exercise is difficult.

### Find It “Very” or “Somewhat” Difficult to Access Safe and Affordable Places for Exercise (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]

Notes: • Asked of all respondents.

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

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



## Access to Physical Activity

### Access to Recreation & Fitness Facilities

Between 2008 and 2012, there were 9.4 recreation/fitness facilities for every 100,000 population in Cook County.

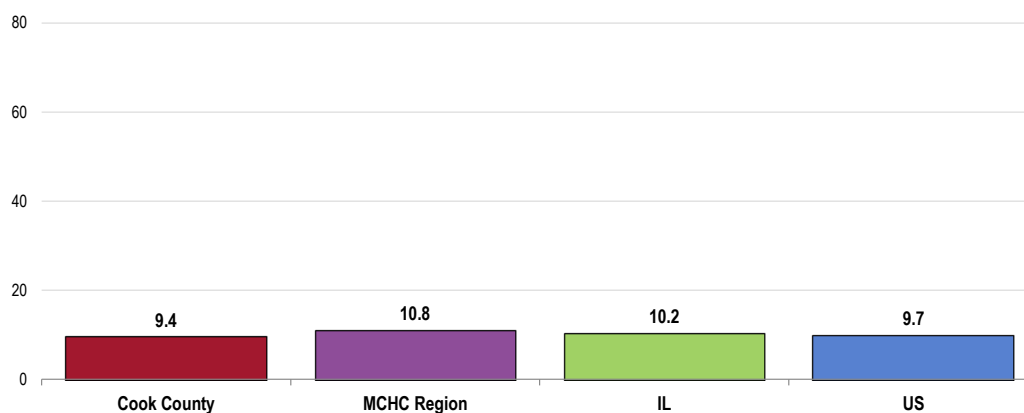
- Worse than the regional results.
- Worse than what is found statewide.
- Similar to what is found nationally.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

### Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2008-2012)



Sources: • US Census Bureau, County Business Patterns: 2011. Additional data analysis by CARES.  
 • Retrieved August 2015 from Community Commons at <http://www.chna.org>.

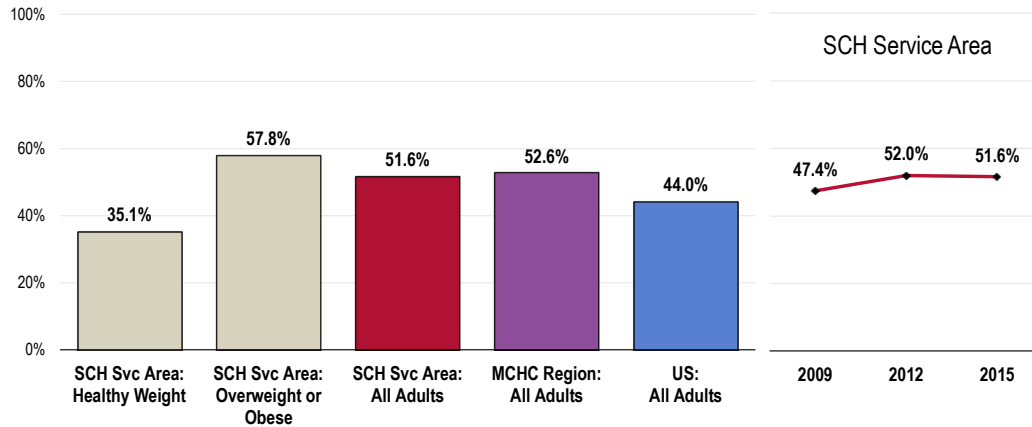
Notes: • Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

## Health Advice About Physical Activity & Exercise

A total of 51.6% of service area adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Similar to the regional results.
- More favorable than the national average.
- TREND: Statistically unchanged over time.
- Note: 57.8% of overweight/obese respondents say that they have talked with their doctor about physical activity/exercise in the past year.

## Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

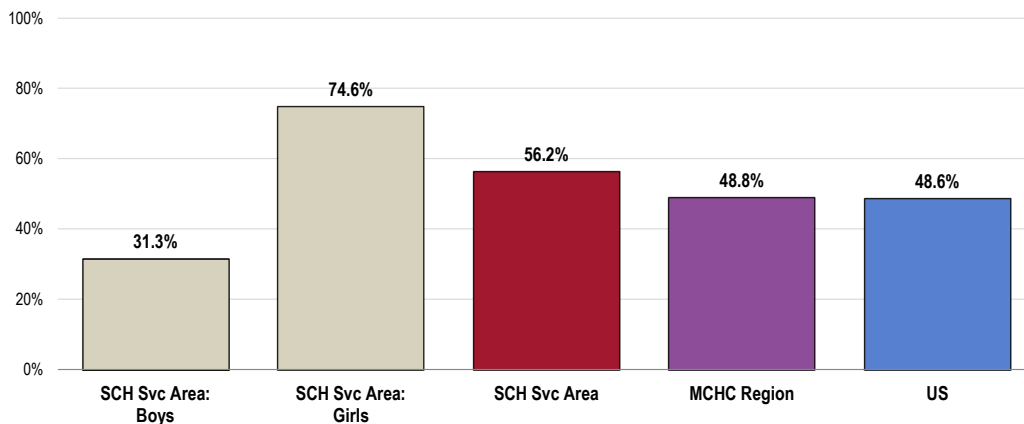
Notes: • Asked of all respondents.

## Children's Physical Activity

Among area children age 2-17, 56.2% are reported to have had 60 minutes of physical activity on each of the 7 days preceding the interview (1+ hours per day).

- Similar to the proportion reported regionally.
- Similar to the proportion reported nationally.
- Girls are more likely to be physically active for one or more hours per day.

## Child Is Physically Active for One or More Hours per Day (Among Children Age 2-17)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 2-17 at home.

• Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

## Weight Status

### About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared ( $m^2$ ). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches<sup>2</sup>)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9  $kg/m^2$  and obesity as a BMI  $\geq 30 kg/m^2$ . The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25  $kg/m^2$ . The increase in mortality, however, tends to be modest until a BMI of 30  $kg/m^2$  is reached. For persons with a BMI  $\geq 30 kg/m^2$ , mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25  $kg/m^2$ .

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI ( $kg/m^2$ )
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	$\geq 30.0$

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

## Adult Weight Status

### Healthy Weight

Based on self-reported heights and weights, 36.8% of Swedish Covenant Hospital Service Area adults are at a healthy weight.

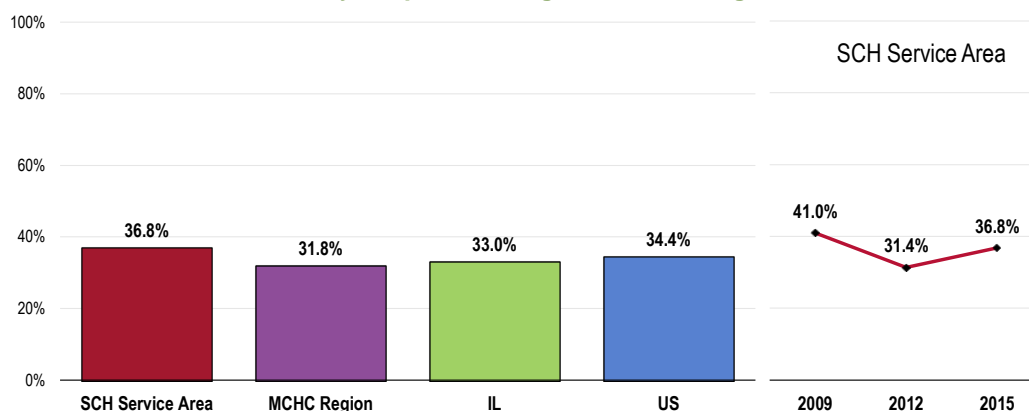
"Healthy weight" means neither underweight, nor overweight (BMI = 18.5-24.9).

- More favorable than the regional results.
- Similar to the Illinois proportion.
- Similar to the US proportion.
- Similar to the Healthy People 2020 target (33.9% or higher).
- TREND: Statistically unchanged over time.

### Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]

Notes: • Based on reported heights and weights, asked of all respondents.  
 • The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

### Overweight Status

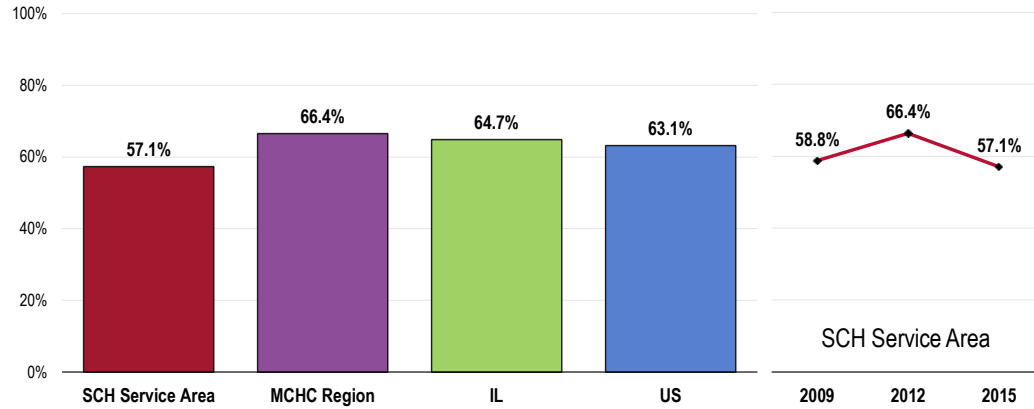
More than one-half of Swedish Covenant Hospital Service Area adults (57.1%) are overweight.

Here, "overweight" includes those respondents with a BMI value  $\geq 25$ .

- More favorable than the regional results.
- More favorable than the Illinois prevalence.
- More favorable than the US overweight prevalence.
- TREND: Statistically unchanged since 2009; note, however, that the decrease since 2012 is statistically significant.

## Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.

Notes: • Based on reported heights and weights, asked of all respondents.  
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

### Further, 23.8% of Swedish Covenant Hospital Service Area adults are obese.

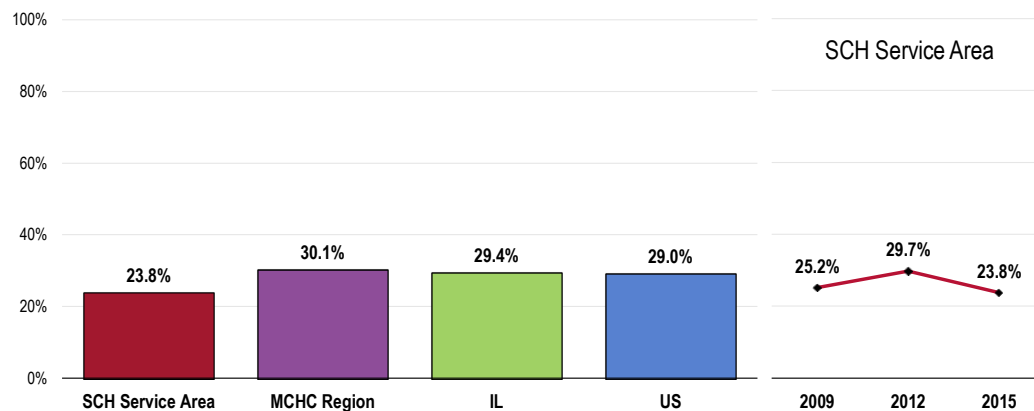
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30.

- Better than the regional results.
- Better than the Illinois findings.
- Better than the US findings.
- Satisfies the Healthy People 2020 target (30.5% or lower).
- TREND: Statistically unchanged since 2009.

## Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

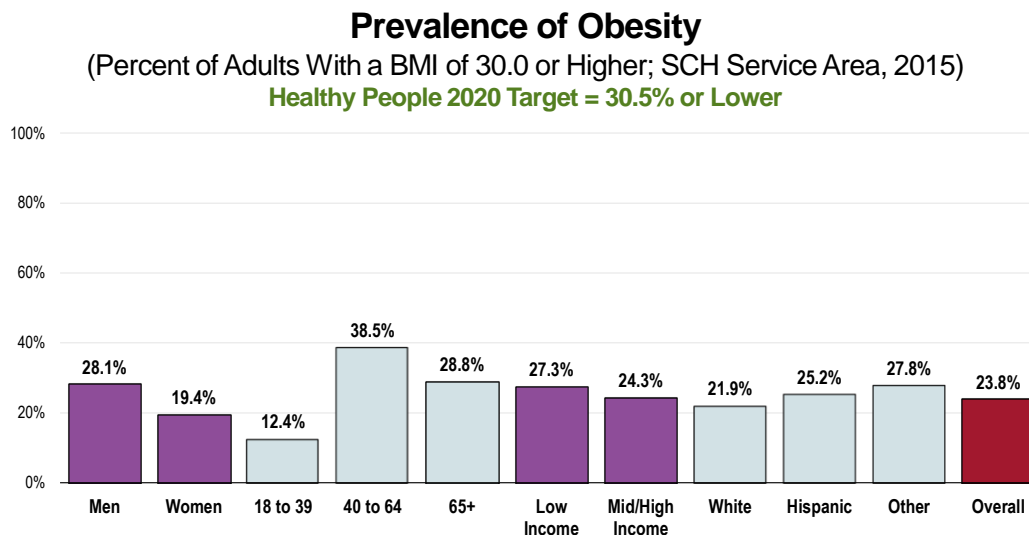
**Healthy People 2020 Target = 30.5% or Lower**



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.

Notes: • Based on reported heights and weights, asked of all respondents.  
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

- Obesity is notably more prevalent among adults age 40 and older.



Sources:

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

Notes:

- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

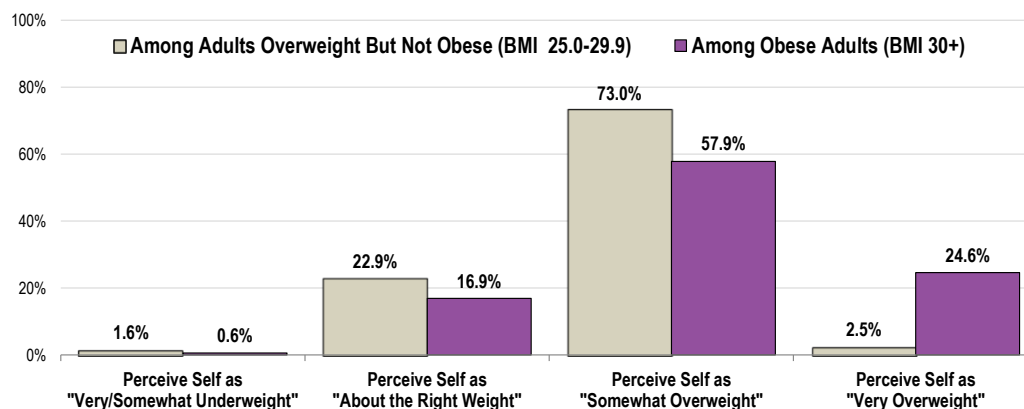
### Actual vs. Perceived Body Weight

**A total of 16.9% of obese adults and 22.9% of overweight (but not obese) adults feel that their current weight is "about right."**

- 73.0% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 24.6% of obese adults see themselves as "very overweight."

## Actual vs. Perceived Weight Status

(Among Overweight/Obese Adults Based on BMI; SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]  
 Notes: • BMI is based on reported heights and weights, asked of all respondents.  
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

## Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions.

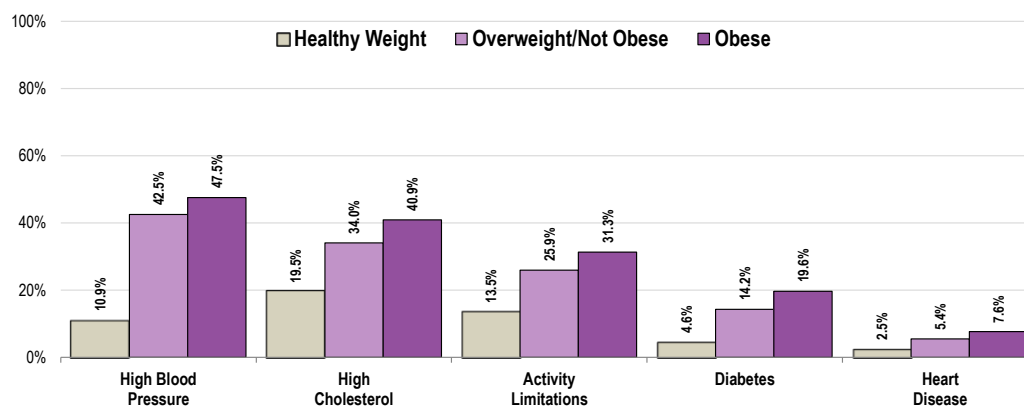
Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- Activity limitations.
- Diabetes.
- Heart disease.

The correlation between overweight and various health issues cannot be disputed.

## Relationship of Overweight With Other Health Issues

(By Weight Classification; SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 105, 124-126, 136]  
 Notes: • Based on reported heights and weights, asked of all respondents.

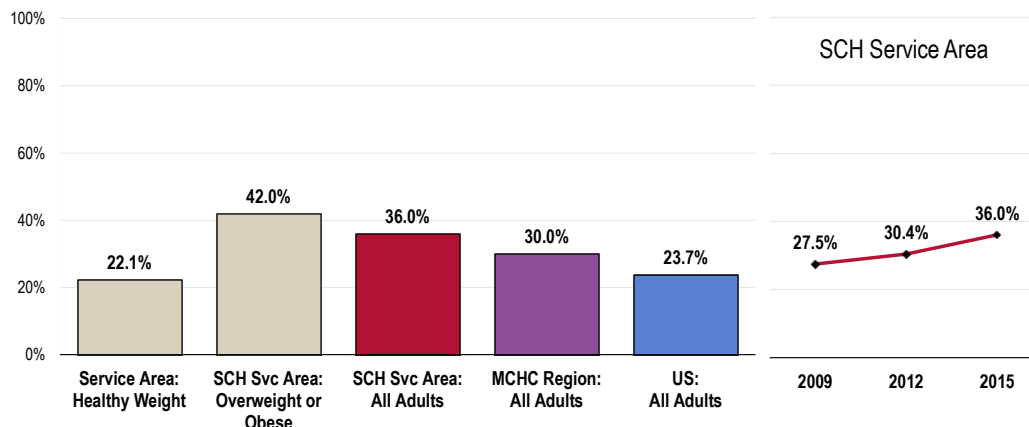
## Weight Management

### Health Advice

A total of 36.0% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Higher than the regional results.
- Higher than the national findings.
- TREND: Statistically significant increase since 2009.
- Note that 42.0% of overweight/obese adults have been given advice about their weight by a health professional in the past year (*while the majority has not*).

### Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 98, 153]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

## Weight Control

### About Maintaining a Healthy Weight

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

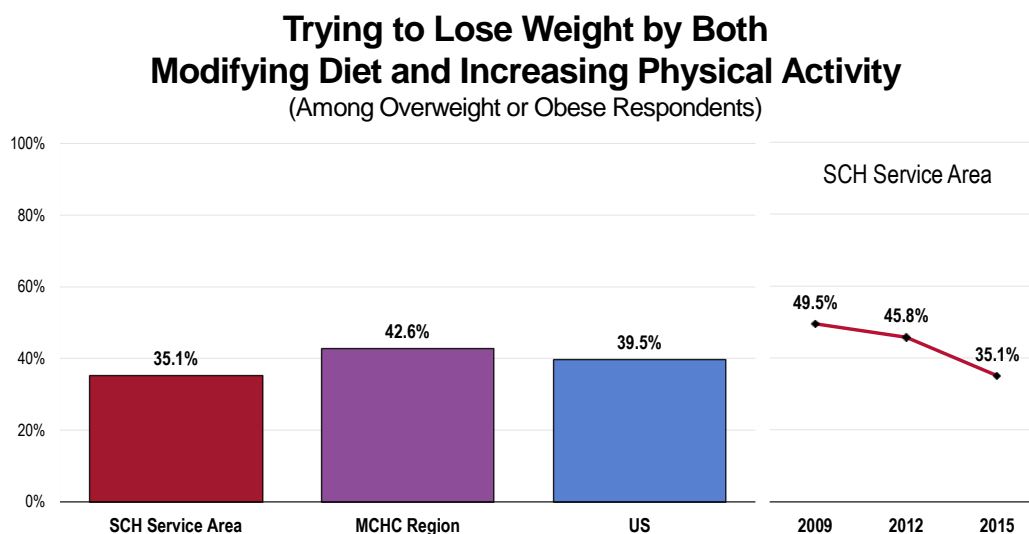
All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))



A total of 35.1% of Swedish Covenant Hospital Service Area adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Lower than the regional results.
- Similar to national findings.
- TREND: Statistically significant decrease since 2009.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Reflects respondents who are overweight or obese based on reported heights and weights.

## Childhood Overweight & Obesity

### About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5<sup>th</sup> percentile
- Healthy Weight ≥5<sup>th</sup> and <85<sup>th</sup> percentile
- Overweight ≥85<sup>th</sup> and <95<sup>th</sup> percentile
- Obese ≥95<sup>th</sup> percentile

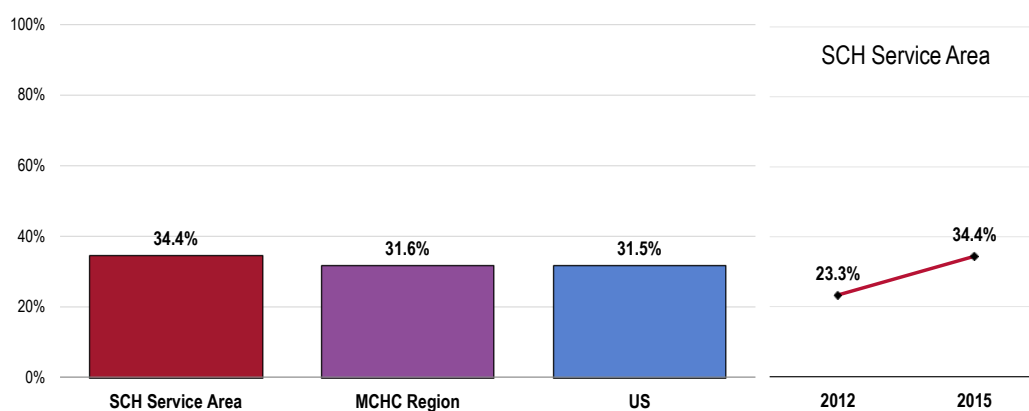
• Centers for Disease Control and Prevention

**Based on the heights/weights reported by surveyed parents, 34.4% of service area children age 5 to 17 are overweight or obese (≥85th percentile).**

- Similar to the regional results.
- Similar to the US percentage.
- TREND: The increase over time is not significant.

### Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5-17 at home.

• Overweight among children is determined by children's Body Mass Index status at or above the 85<sup>th</sup> percentile of US growth charts by gender and age.

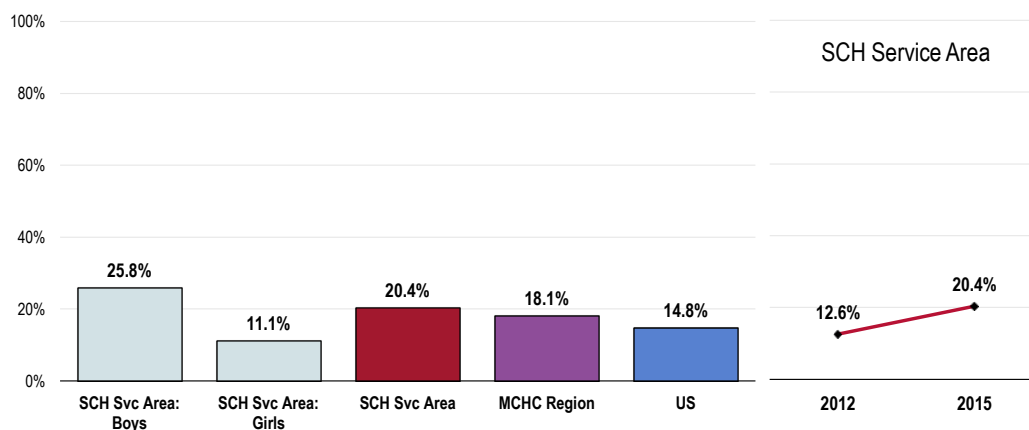
**Further, 20.4% of area children age 5 to 17 are obese (≥95th percentile).**

- Similar to the regional results.
- Similar to the national percentage.
- Similar to the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Statistically unchanged over time.
- Highest among boys.

## Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95<sup>th</sup> Percentile or Higher)

**Healthy People 2020 Target = 14.5% or Lower**



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]

Notes: • Asked of all respondents with children age 5-17 at home.

• Obesity among children is determined by children's Body Mass Index status equal to or above the 95<sup>th</sup> percentile of US growth charts by gender and age.

## Key Informant Input: Nutrition, Physical Activity & Weight

A majority of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a “major problem” in the community.

## Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2015)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: • 2015 PRC Online Key Informant Survey.

## TOP CONCERNS

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

### Contributing Factors

*Lots of very overweight people. – Social Service Representative*

*Temptations by poor diet choices, lack of exercise, alcohol. – Other Health Provider*

*As mentioned on the diabetes topic, it is very difficult to address nutrition and obesity in such a diverse community. I also think that it would be very worthwhile to attempt to provide education to women prior to conception and prenatally. Our midwife group is unable to take patients over a certain BMI as they are considered higher risk. This is a source of much consternation among women in the community, who may have not even considered weight to be among their risk factors. – Other Health Provider*

*Lack of exercise, poor eating habits, limited education on health and nutrition, poor follow-up with primary care providers and lack of follow-through from providers to incentivize patients to lose weight and live a healthier lifestyle. – Physician*

*Obesity. – Other Health Provider*

*Access to information, affordable food, safe neighborhoods. – Public Health Expert*

*Access to opportunities for education and fitness training. – Community/Business Leader*

*Stress of time management leads to poor choices of food, lack of exercise as priority. – Social Service Representative*

### Education

*Children are becoming more and more aware of healthy options. Unfortunately, their parents are not as quick at making the changes, so the cycle continues. It is very difficult to break the bad habit cycles that families need to do in order to make life-long changes. It is very frustrating when physicians are not properly trained and more aware of the proper nutrition choices for their patients. It is not sufficient to say you need to lose weight! In addition, nutrition programs that offer ongoing support and counseling are very expensive. Another issue that does not get addressed very often is the connection of mental health and nutrition and how it affects our success or lack thereof. – Other Health Provider*

*More education free to the public is needed to address this. Could benefit those with chronic conditions such as diabetes and high blood pressure. Difficult to choose healthy foods when on limited grocery budget. – Social Service Representative*

*Schools' lack of health programs and food. Ethnic issues and poor nutrition habits. Lack of exercise. – Community/Business Leader*

### Obesity

*The incidence of overweight is frequent although people are becoming more aware of healthy options for their diets. This is a complex issue which has been a challenge for our entire country, let alone this region. Education has improved but we have a long way to go with respect to prepared and processed food. Michelle Obama is right in that it has to start with the children. – Community/Business Leader*

### Affordable Care

*Affordable case management for nutrition and exercise programs. Most folks we care for cannot afford the luxuries of meeting with a regular trainer or nutritionist to help with weight issues. – Other Health Provider*

## Substance Abuse

### About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

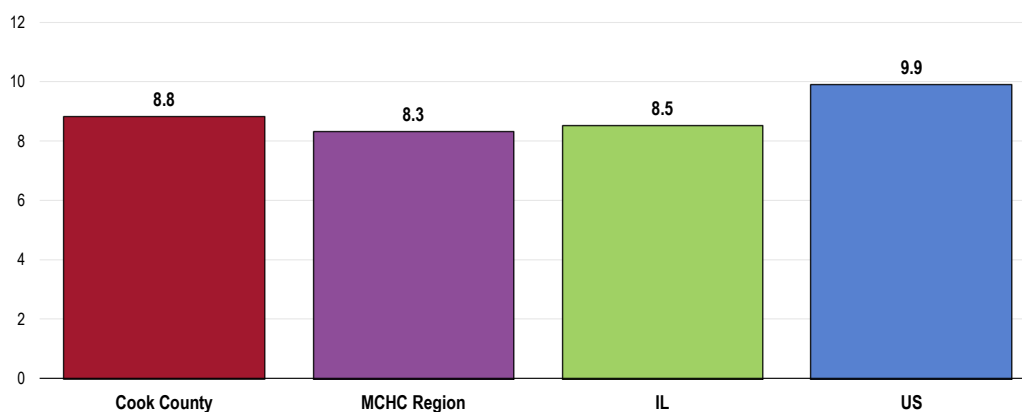
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Cirrhosis/Liver Disease Deaths

**Between 2011 and 2013, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.8 deaths per 100,000 population in Cook County.**

- Higher than the regional rate.
- Similar to the statewide rate.
- Lower than the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).

## Cirrhosis/Liver Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower



Sources: 

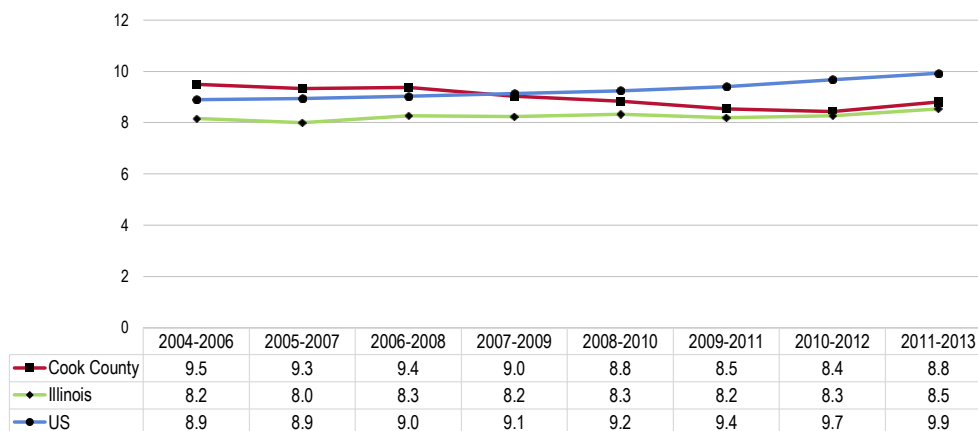
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>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

Notes: 

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

- **TREND:** The mortality rate has decreased in the region over the past decade; statewide and nationwide, rates have increased.

## Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower



Sources: 

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

Notes: 

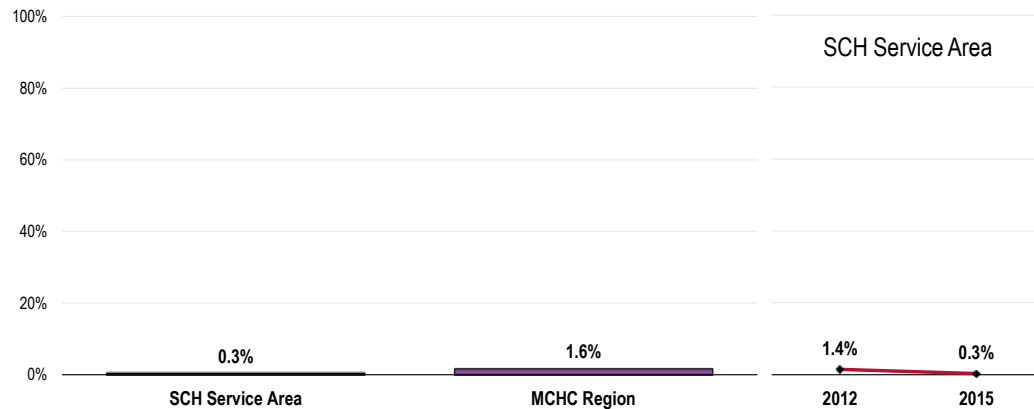
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Liver Disease

A total of 0.3% of Swedish Covenant Hospital Service Area adults report having been diagnosed with liver disease.

- Better than the regional results.
- TREND: Statistically unchanged since 2012.

### Prevalence of Liver Disease



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 301]  
 Notes: • Asked of all respondents.

## High-Risk Alcohol Use

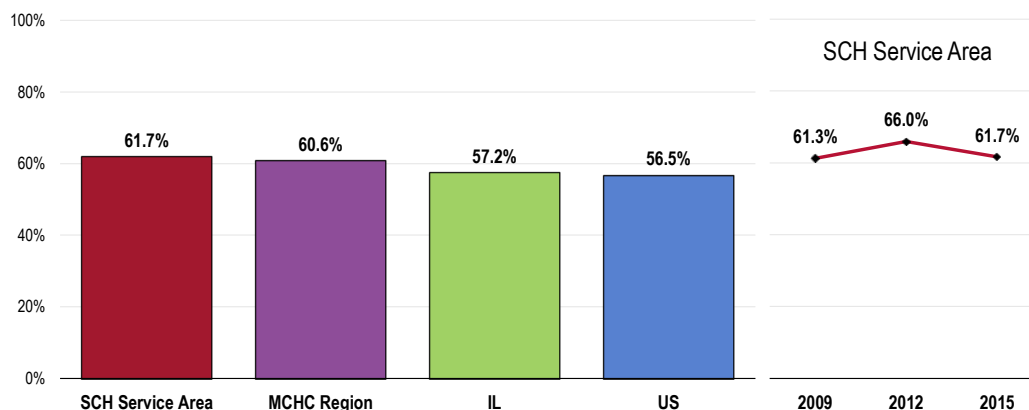
### Current Drinking

A total of 61.7% of area adults had at least one drink of alcohol in the past month (current drinkers).

“Current drinkers” include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a “drink” is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

- Similar to the regional results.
- Similar to the statewide proportion.
- Similar to the national proportion.
- TREND: Statistically unchanged since 2009.

## Current Drinkers

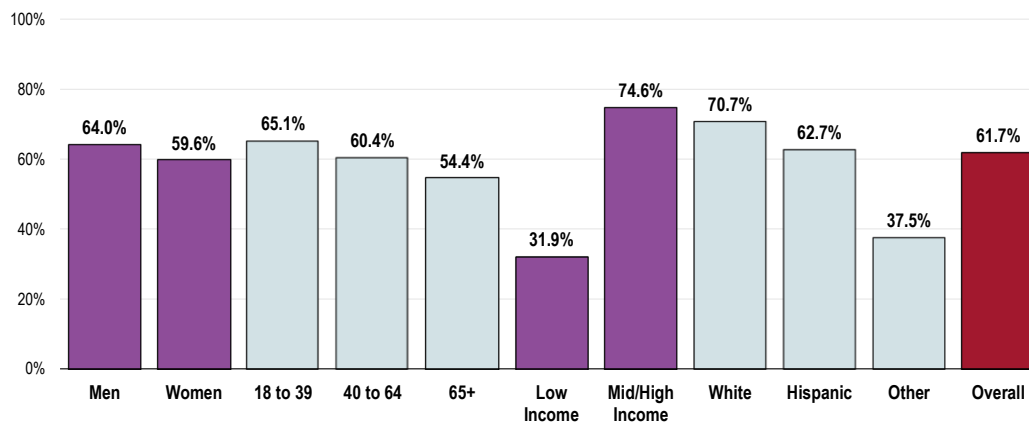


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
 • Current drinkers had at least one alcoholic drink in the past month.

- Current drinking is more prevalent among residents with higher incomes, Whites, and Hispanics.

## Current Drinkers (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • Current drinkers had at least one alcoholic drink in the past month.



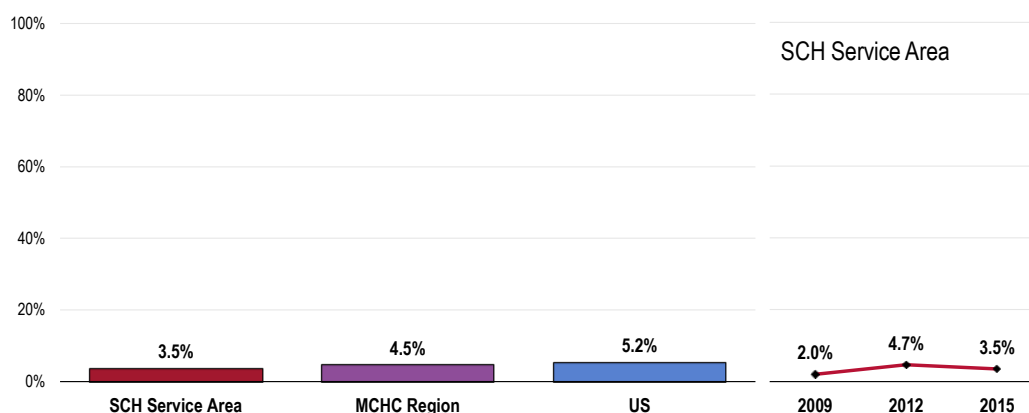
## Chronic Drinking

A total of 3.5% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

“Chronic drinkers” include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

- Similar to the regional results.
- Similar to the US proportion.
- TREND: Statistically unchanged since 2009.

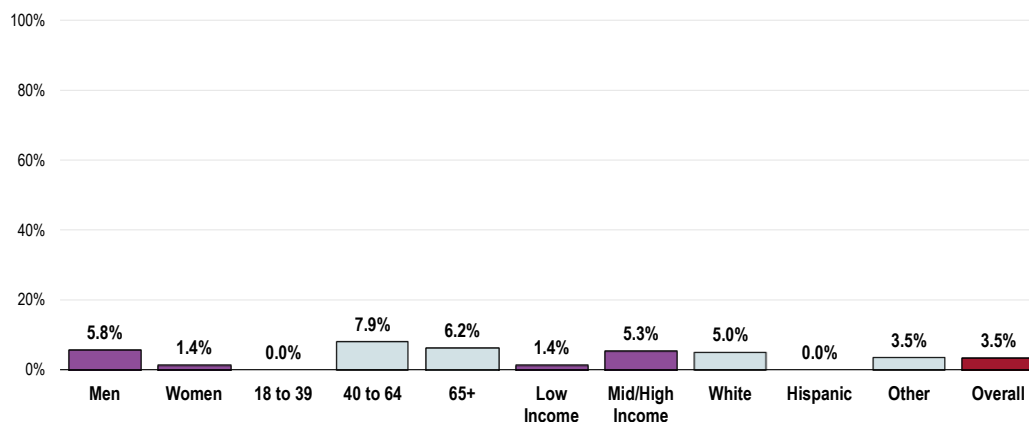
### Chronic Drinkers



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 180]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.

- Chronic drinking is more prevalent among men, adults ages 40 and older, higher-income residents, and Whites.

### Chronic Drinkers (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.  
 • Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

## Binge Drinking

**A total of 24.0% of Swedish Covenant Hospital Service Area adults are binge drinkers.**

Binge drinkers" include:

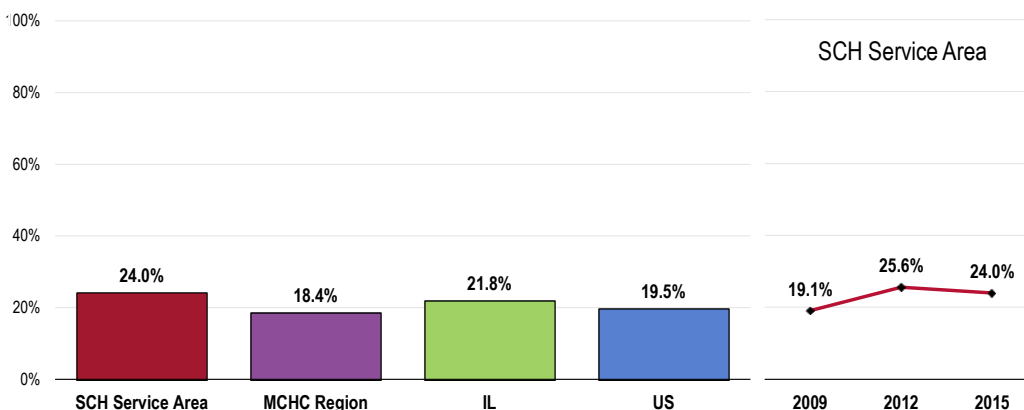
1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

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

- Higher than the regional results.
- Similar to the Illinois findings.
- Similar to national findings.
- Similar to the Healthy People 2020 target (24.4% or lower).
- TREND: Statistically unchanged since 2009 (note, however, that the previous definition for binge drinking was five or more drinks, regardless of gender).

### Binge Drinkers Healthy People 2020 Target = 24.4% or Lower



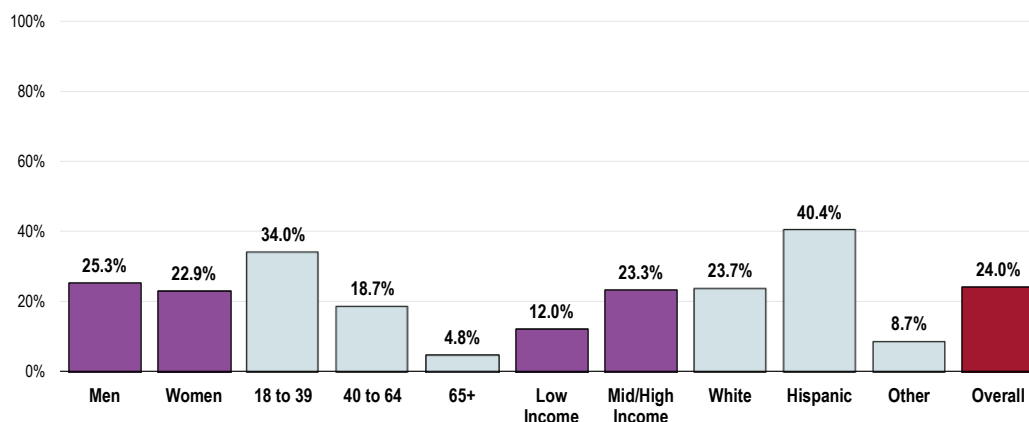
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 162]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]  
 Notes: • Asked of all respondents.  
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- Younger adults (negative correlation with age).
- Residents with higher incomes.
- Whites and Hispanics.

## Binge Drinkers (SCH Service Area, 2015)

Healthy People 2020 Target = 24.4% or Lower



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 162]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
- Notes:
- Asked of all respondents.
  - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
  - Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

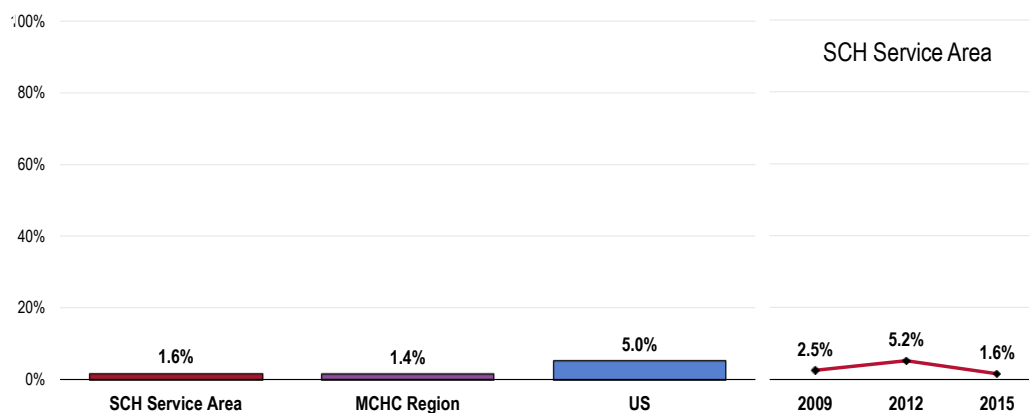
## Drinking & Driving

A total of 1.6% of Swedish Covenant Hospital Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to the regional results.
- Better than the national findings.
- TREND: Statistically unchanged over time.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

## Have Driven in the Past Month After Perhaps Having Too Much to Drink



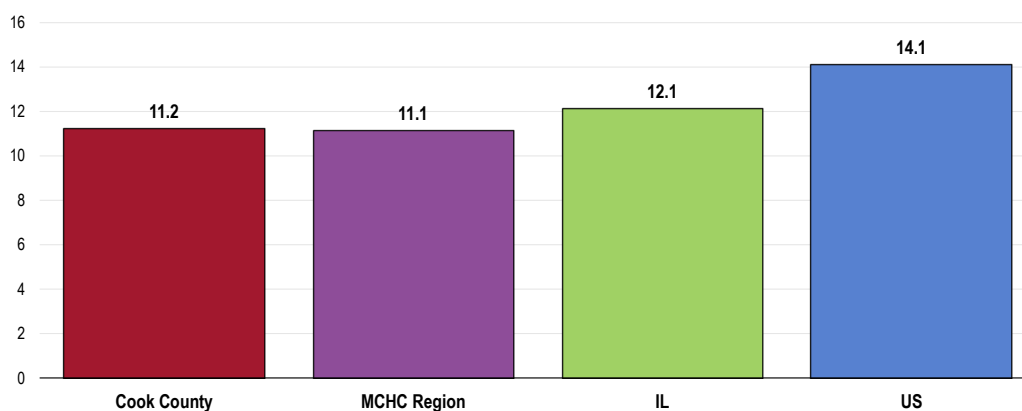
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

## Age-Adjusted Drug-Induced Deaths

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

- Similar to the regional rate.
- More favorable than the statewide rate.
- More favorable than the national rate.
- Similar to the Healthy People 2020 target (11.3 or lower).

### Drug-Induced Deaths: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower



Sources:

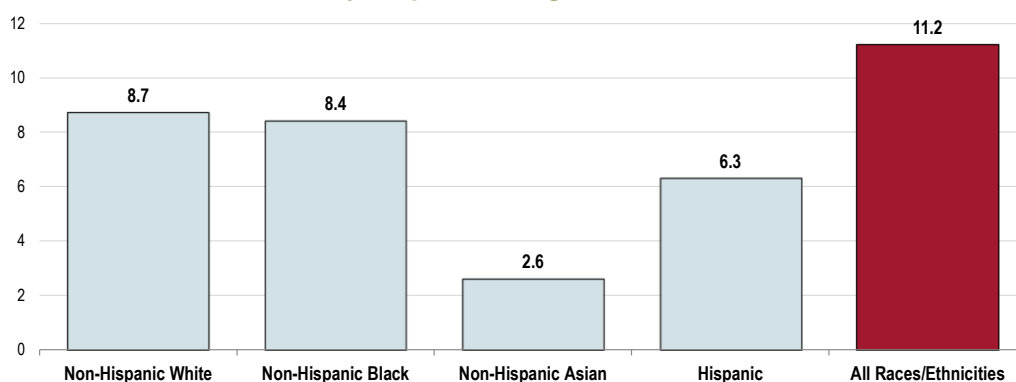
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]

Notes:

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

- The drug-induced mortality rate is much higher among Whites and Blacks in the region when compared with Asians.

### Drug-Induced Deaths: Age-Adjusted Mortality by Race (Cook County; 2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower

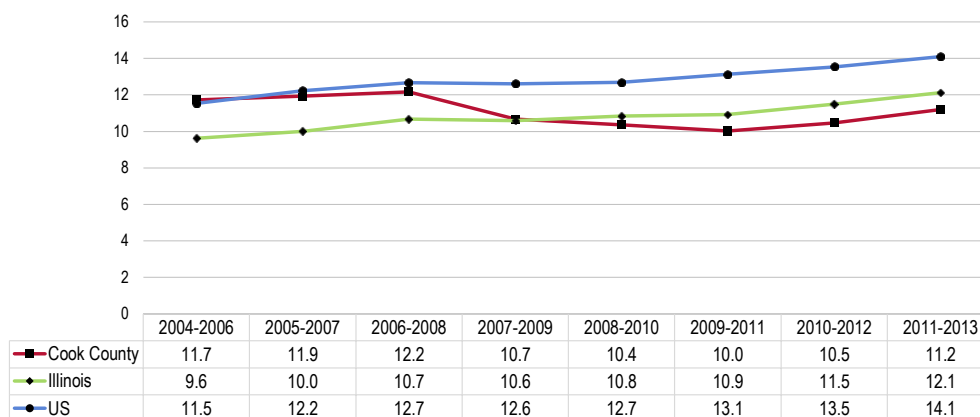


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]  
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The recent service area mortality rate has decreased slightly from baseline data. Statewide and nationwide, rates increased over the past decade.

### Drug-Induced Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower



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

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]  
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Illicit Drug Use

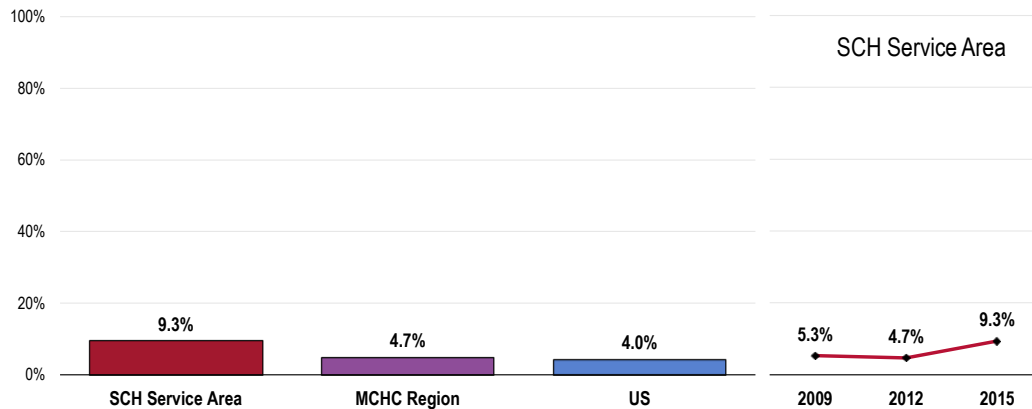
A total of 9.3% of area adults acknowledge using an illicit drug in the past month.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

- Worse than the regional results.
- Worse than the proportion found nationally.
- Similar to the Healthy People 2020 target of 7.1% or lower.
- TREND: Statistically unchanged over time.

### Illicit Drug Use in the Past Month Healthy People 2020 Target = 7.1% or Lower



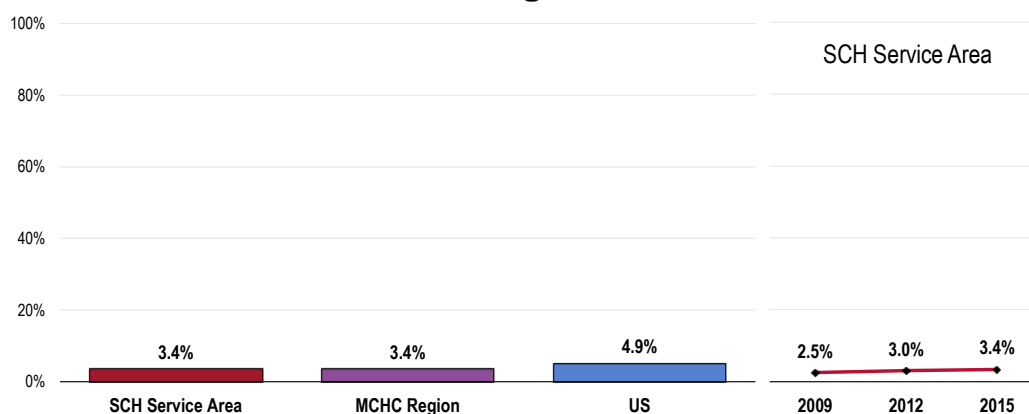
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]  
 Notes: • Asked of all respondents.

## Alcohol & Drug Treatment

A total of 3.4% of Swedish Covenant Hospital Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to the regional results.
- Similar to the national prevalence.
- TREND: Statistically unchanged over time.

## Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

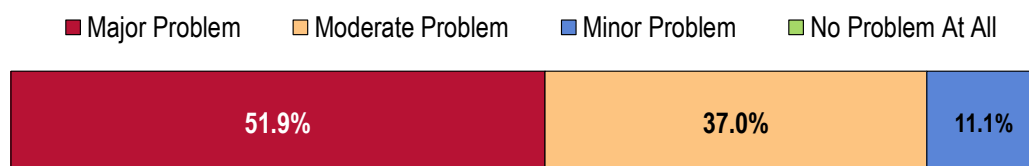


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

### Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized **Substance Abuse** as a “major problem” in the community.

### Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey.

### BARRIERS TO TREATMENT

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

#### Denial

*Identification of this problem in the population that interfaces with medical care. – Other Health Provider*

*Lack of desire to quit, limited availability of space in the local programs, easy availability of drugs in the community. – Physician*

*Denial that they have a problem, worries that they will be ineligible for certain jobs if it is known that they have a substance abuse history. Peer pressure to continue abusing, lack of knowledge of*

available resources or where they can go for help, lack of sufficient insurance to cover care. – Other Health Provider

### Access to Care

Insurance concerns and lack of knowledge as to where to access these services. Also, a lack of available resources in general. – Other Health Provider

Lack of access to affordable and effective treatment programs, stigma, denial, lack of social/family support, and poor management by health care providers. – Public Health Expert

Substance abuse treatment is very hard to access in our community. The level of care that the patient needs is not available and patients do not know how to access the treatments. We don't have the infrastructure to treat the number of people that are struggling with this. – Social Service Representative

### Lack of Resources

Few resources for the uninsured, especially when inpatient services needed for detox. – Social Service Representative

The greatest barriers I see day to day in accessing substance abuse treatment are lack of substance abuse treatment centers in the northwest suburbs, lack of transportation and lack of funds or insurance coverage to pay for said treatment. – Other Health Provider

Not sure where to go. – Social Service Representative

### Addiction

They don't recognize they have a problem and it is difficult to move beyond an addiction. The ripple effect is devastating. – Community/Business Leader

## Most Problematic Substances

Key informants (who rated this as a “major problem”) most often identified alcohol, heroin/other opioids, and prescription medications as the most problematic substances abused in the community.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	91.7%	0.0%	8.3%	12
Heroin or Other Opioids	0.0%	41.7%	33.3%	9
Prescription Medications	0.0%	33.3%	25.0%	7
Marijuana	0.0%	16.7%	8.3%	3
Cocaine or Crack	0.0%	8.3%	8.3%	2
Over-the-Counter Medications	8.3%	0.0%	0.0%	1
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	0.0%	8.3%	1
Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)	0.0%	0.0%	8.3%	1



## Tobacco Use

### About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

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

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

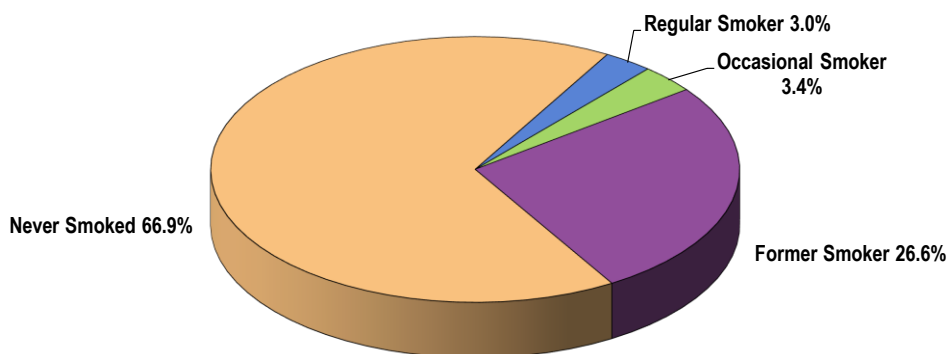
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Cigarette Smoking

### Cigarette Smoking Prevalence

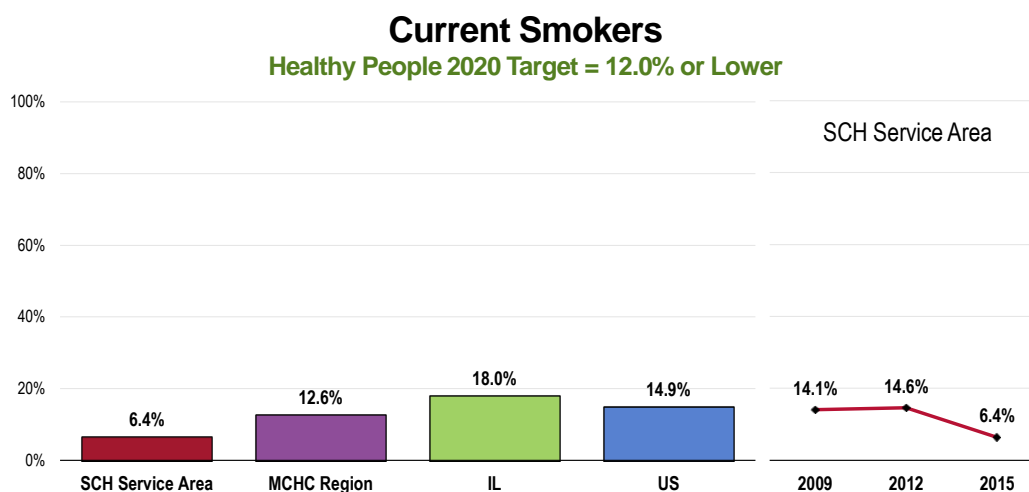
A total of 6.4% of Swedish Covenant Hospital Service Area adults currently smoke cigarettes, either regularly (3.0% every day) or occasionally (3.4% on some days).

**Cigarette Smoking Prevalence**  
(SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]  
Notes: • Asked of all respondents.

- Better than the regional results.
- Better than statewide findings.
- Better than national findings.
- Satisfies the Healthy People 2020 target (12% or lower).
- TREND: Statistically significant improvement since 2009.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes: • Asked of all respondents.  
 • Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

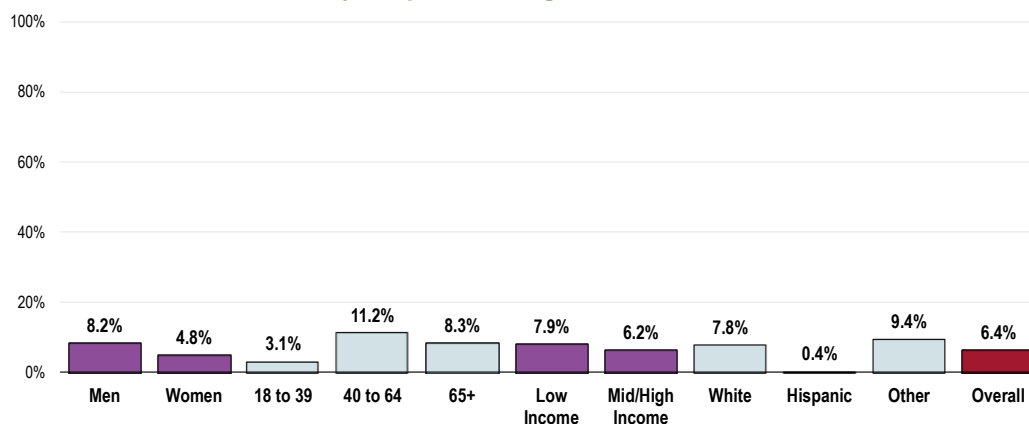
Cigarette smoking is more prevalent among:

- Adults ages 40 to 64.
- Whites and other races.

## Current Smokers

(SCH Service Area, 2015)

Healthy People 2020 Target = 12.0% or Lower



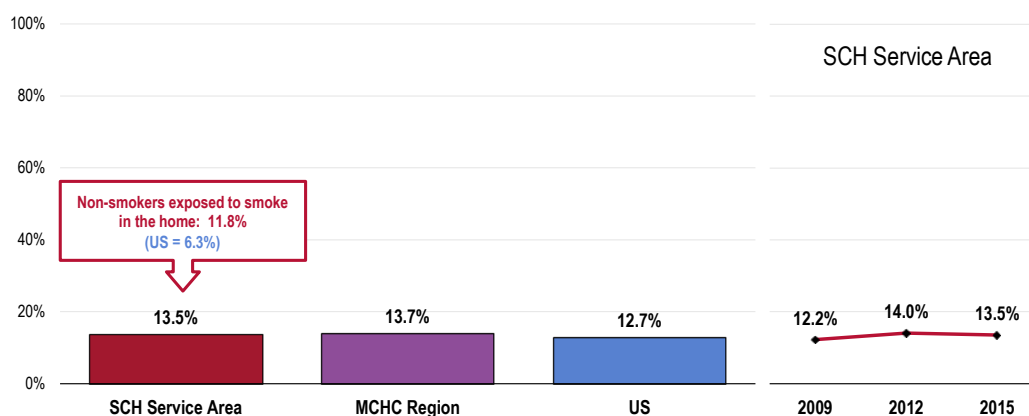
- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
  - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
  - Includes regular and occasion smokers (everyday and some days).

## Environmental Tobacco Smoke

**A total of 13.5% of area adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.**

- Similar to the regional results.
- Similar to the national findings.
- TREND: Statistically unchanged over time.
- Note that 11.8% of area non-smokers are exposed to cigarette smoke at home, less favorable than what is found nationally.

## Member of Household Smokes at Home



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

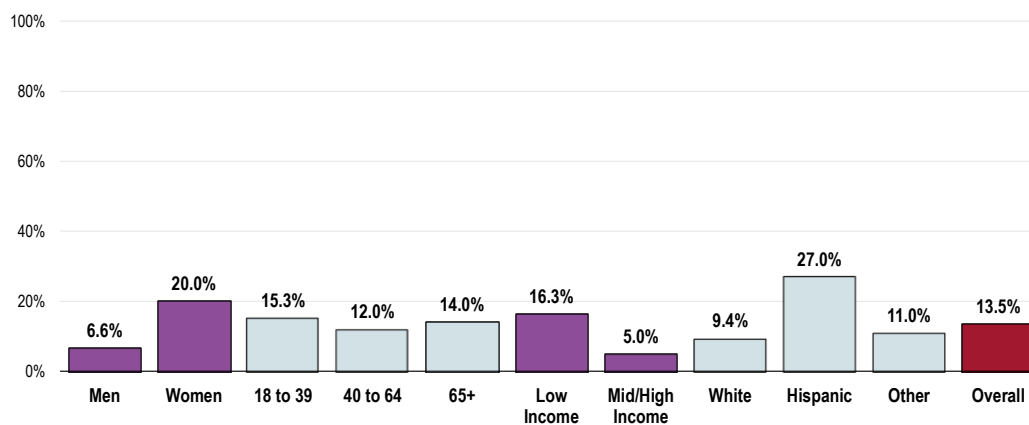
Notes: • Asked of all respondents.

• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Notably higher among women, low-income residents, and Hispanics.

## Member of Household Smokes At Home

(SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]

Notes: • Asked of all respondents.

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

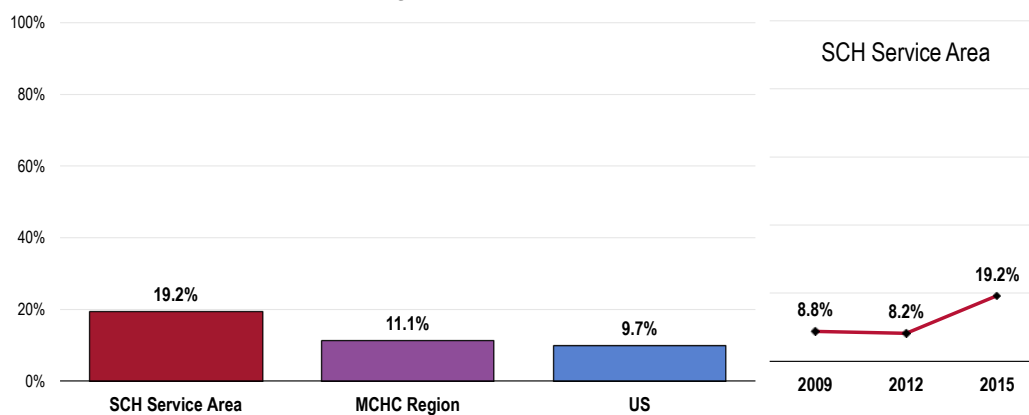
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal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

• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

**Among households with children, 19.2% have someone who smokes cigarettes in the home.**

- Worse than the regional results.
- Worse than the national findings.
- TREND: Statistically significant increase from previous findings.

### Percentage of Households With Children In Which Someone Smokes in the Home (Among Households With Children)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects respondents with children 0 to 17 in the household.

• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

## Smoking Cessation

### About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Other Tobacco Use

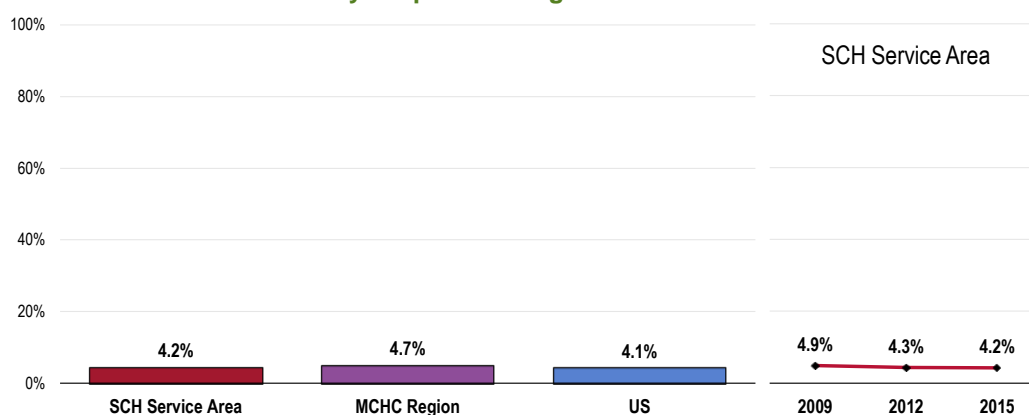
### Cigars

A total of 4.2% of service area adults use cigars every day or on some days.

- Similar to the regional results.
- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- TREND: No statistically significant change since 2009.

### Use of Cigars

Healthy People 2020 Target = 0.2% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 61]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.3]  
 Notes: • Asked of all respondents.

### Smokeless Tobacco

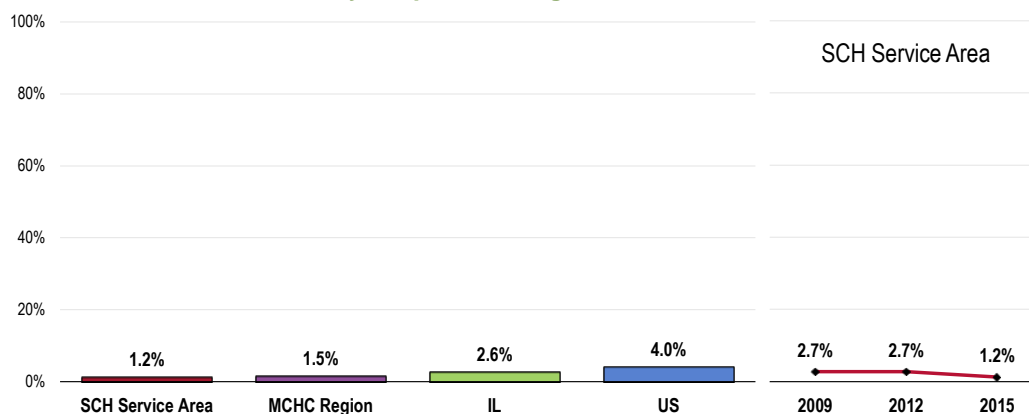
A total of 1.2% of Swedish Covenant Hospital Service Area adults use some type of smokeless tobacco every day or on some days.

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

- Similar to the regional results.
- Better than the state percentage.
- Better than the national percentage.
- Similar to the Healthy People 2020 target (0.3% or lower).
- TREND: Similar to 2009 findings.

## Use of Smokeless Tobacco

Healthy People 2020 Target = 0.3% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]

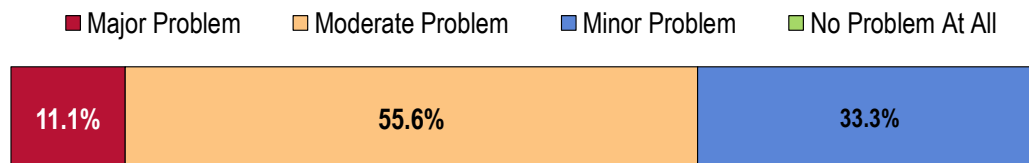
Notes: • Asked of all respondents.  
 • Smokeless tobacco includes chewing tobacco or snuff.

## Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized **Tobacco Use** as a “moderate problem” in the community.

## Perceptions of Tobacco Use as a Problem in the Community

(Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey.

## TOP CONCERNS

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

### Tobacco Use

*Too many young people smoking again. Chewing tobacco. – Social Service Representative*  
*Among the immigrant population, smoking is still very much an issue. The recent budget cuts are poised to severely limit the capabilities of the Illinois Quitline, one of the few free resources available. – Other Health Provider*

*Almost all of the patients are either smokers, live with a smoker or were smokers. Many mental health patients are given “the patch” while in inpatient at our mental health unit. However, once they leave, these patients lack support in stopping use. – Other Health Provider*

# Access to Health Services



**Professional Research Consultants, Inc.**



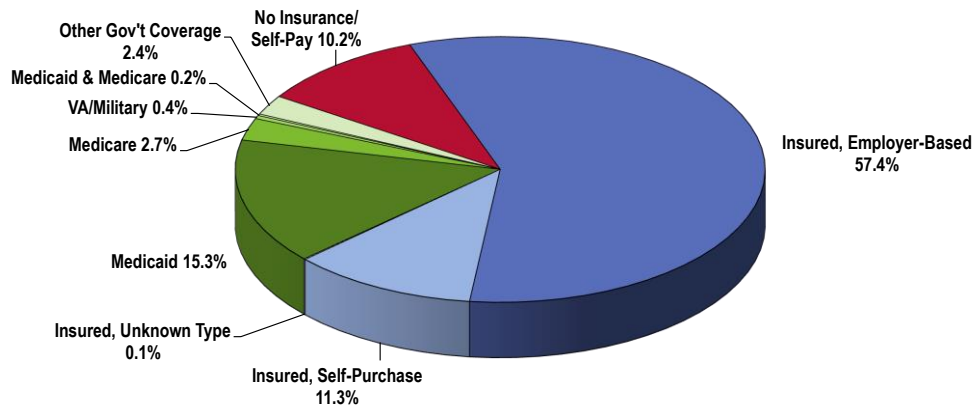
## Health Insurance Coverage

### Type of Healthcare Coverage

A total of 68.8% of Swedish Covenant Hospital Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 21.0% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

**Healthcare Insurance Coverage**  
(Among Adults Age 18-64; SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]  
Notes: • Reflects respondents age 18 to 64.

### Lack of Health Insurance Coverage

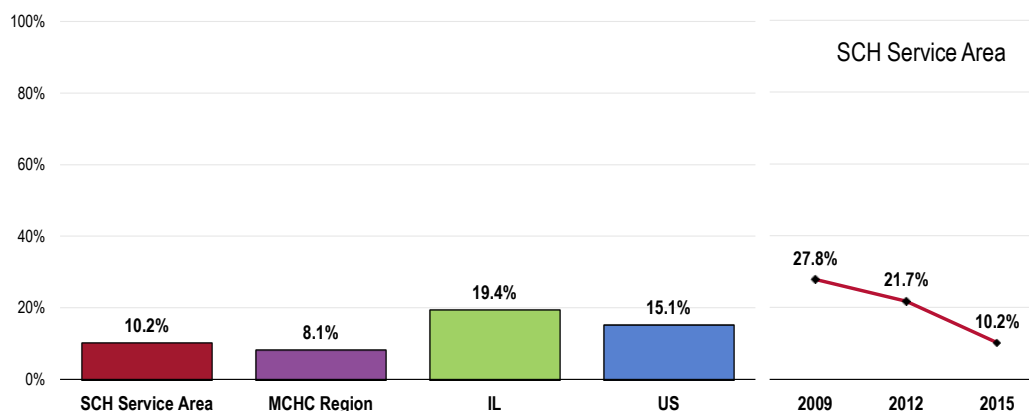
Among adults age 18 to 64, 10.2% report having no insurance coverage for healthcare expenses.

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).

- Similar to the regional results.
- Far below the latest state and national benchmarks; note, however, that state and national data predate the implementation of the health insurance marketplace.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- TREND: Denotes a statistically significant decrease over time.

## Lack of Healthcare Insurance Coverage (Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



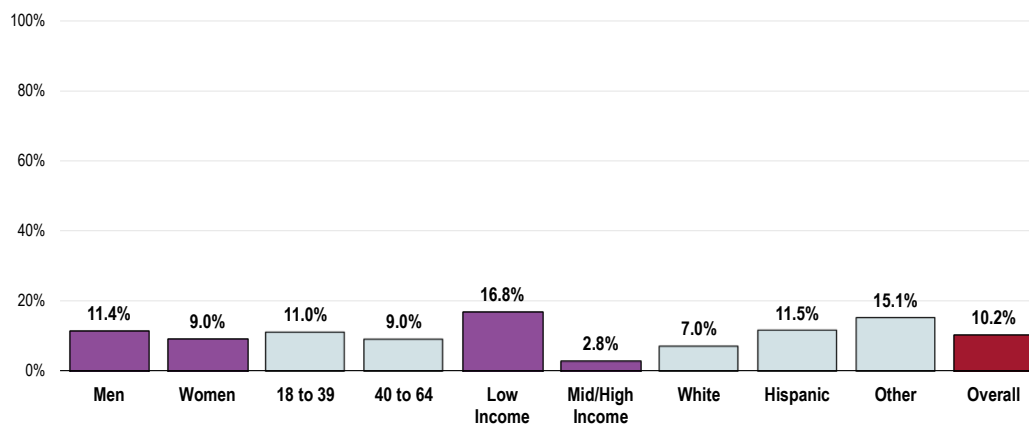
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.

- Low-income residents (age 18-64) are more likely to be without healthcare insurance coverage.

## Lack of Healthcare Insurance Coverage (Among Adults Age 18-64; SCH Service Area, 2015)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

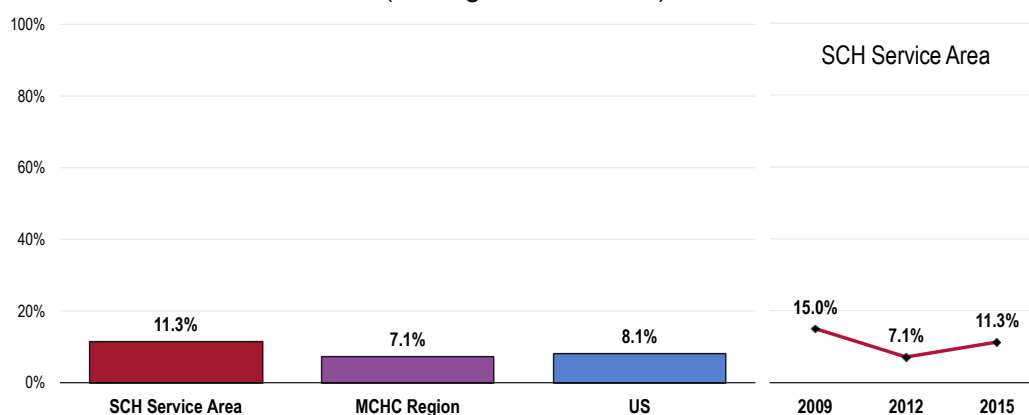
Notes: • Asked of all respondents under the age of 65.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Recent Lack of Coverage

Among currently insured adults in the Swedish Covenant Hospital Service Area, 11.3% report that they were without healthcare coverage at some point in the past year.

- Higher than the regional results.
- Similar to US findings.
- TREND: No significant change since 2009 in insurance instability; note, however, the increase since 2012 is statistically significant.

### Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults)

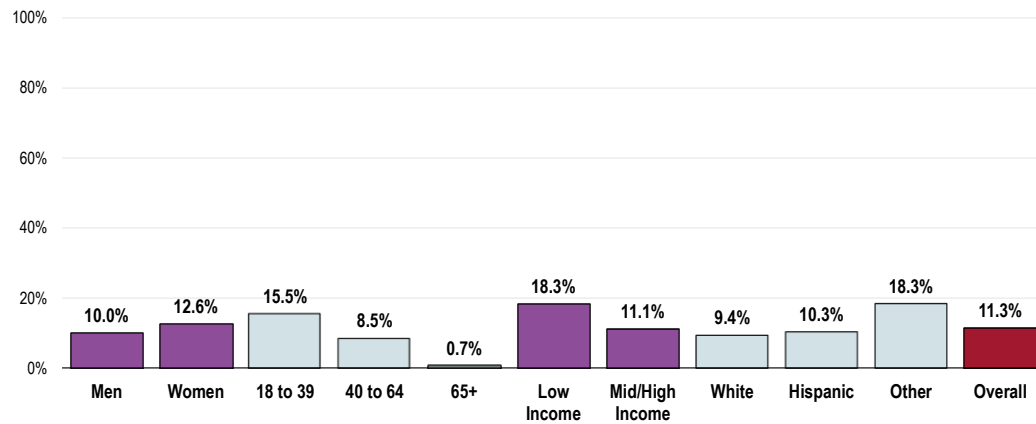


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 79]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all insured respondents.

- Notably higher among younger residents (negative correlation with age).

## Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults; SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]

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

## Difficulties Accessing Healthcare

### About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

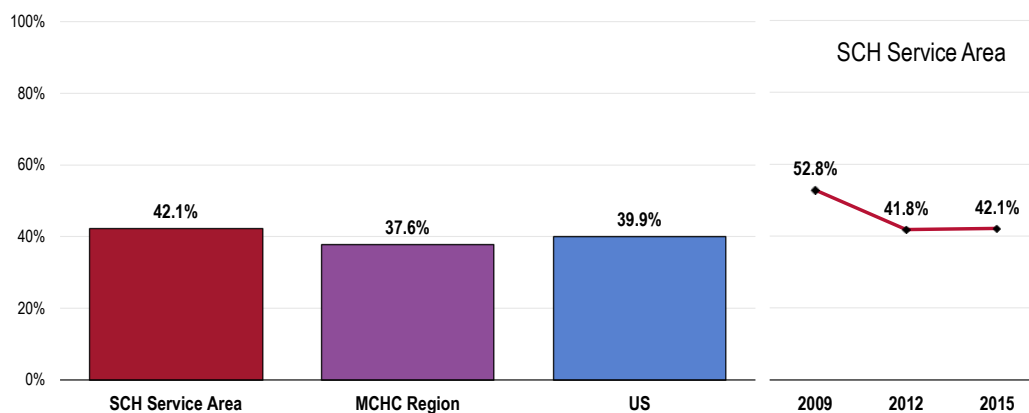
### Difficulties Accessing Services

**A total of 42.1% of Swedish Covenant Hospital Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.**

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.

- Similar to the regional results.
- Similar to the national findings.
- TREND: Statistically significant decrease since 2009.

### Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



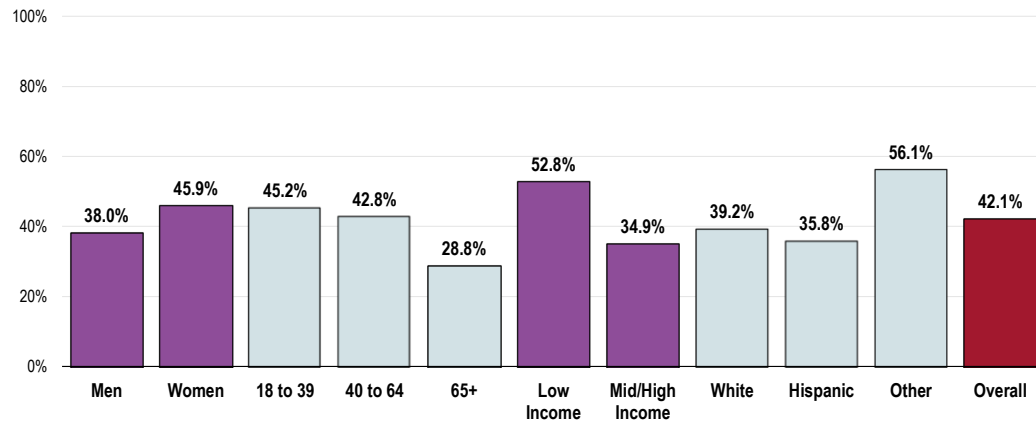
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

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

- Adults under 65.
- Low-income residents.
- Residents in other race categories.

### Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]

Notes: • Asked of all respondents.  
• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.  
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Barriers to Healthcare Access

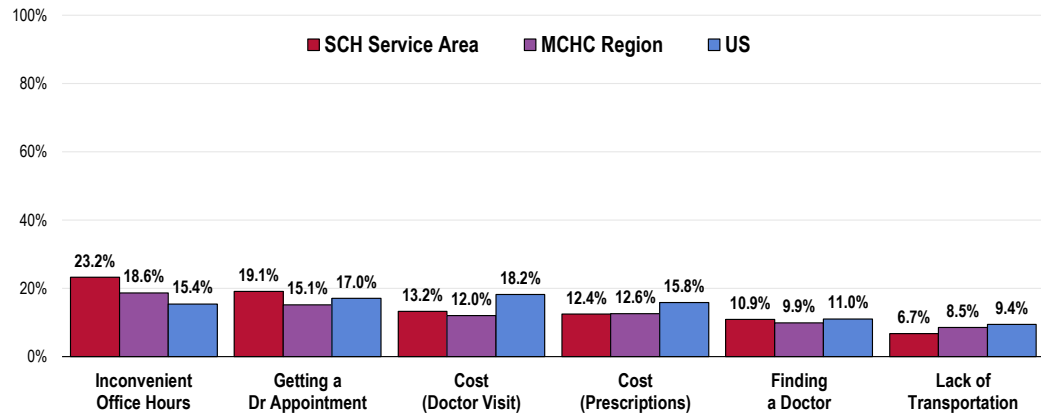
Of the tested barriers, inconvenient office hours impacted the greatest share of Swedish Covenant Hospital Service Area adults (23.2% say that inconvenient office hours prevented them from obtaining medical care in the past year).

- The proportion of Swedish Covenant Hospital Service Area adults impacted was statistically comparable to that found nationwide for each of the tested barriers, with the exception of **inconvenient office hours** (less favorable than the national percentage) and **the cost of a doctor visit** (more favorable than the national percentage).

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.

## Barriers to Access Have Prevented Medical Care in the Past Year



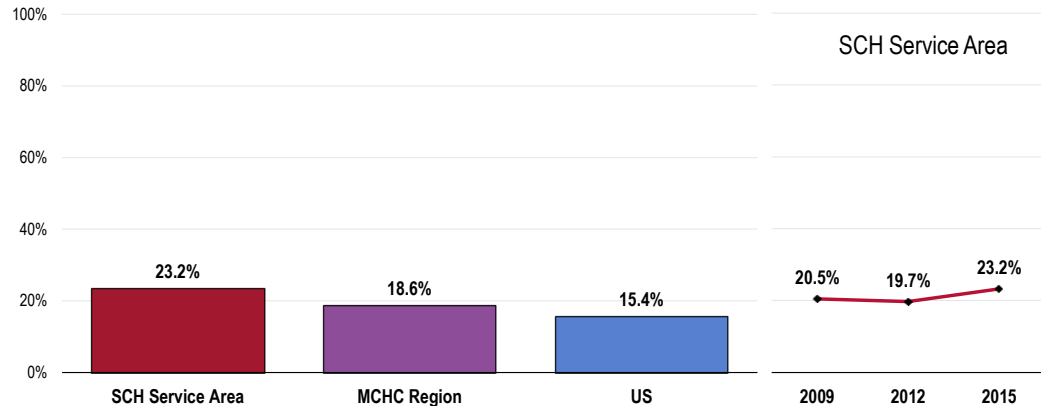
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

### Inconvenient Office Hours

Among all Swedish Covenant Hospital Service Area adults, 23.2% report that inconvenient office hours prevented their medical care at least once in the past year.

- Higher than the regional results.
- Higher than the national findings.
- TREND: Statistically similar to 2009 findings.

## Inconvenient Office Hours Prevented a Physician Visit in the Past Year



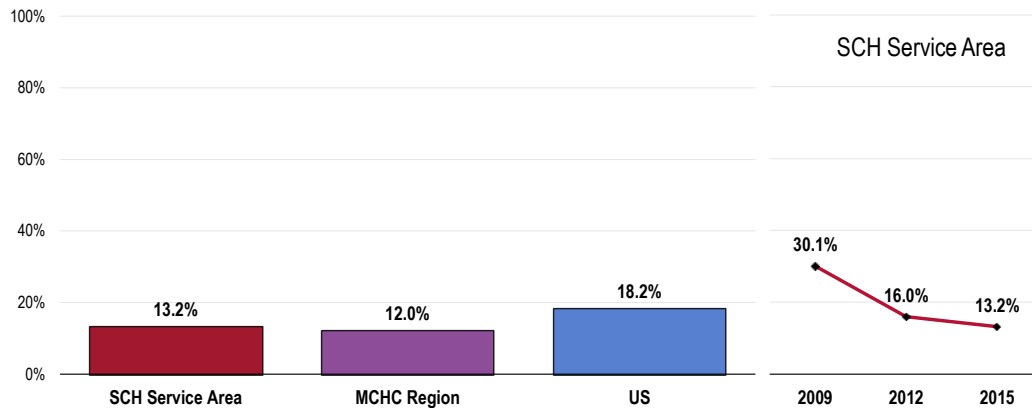
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 11]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

### Cost of Doctor Visits

A total of 13.2% of Swedish Covenant Hospital Service Area respondents report that the cost of a physician visit prevented their medical care in the past year.

- Similar to the regional results.
- Lower than the US prevalence.
- TREND: Statistically improved over time.

### Cost Prevented a Physician Visit in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 9]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

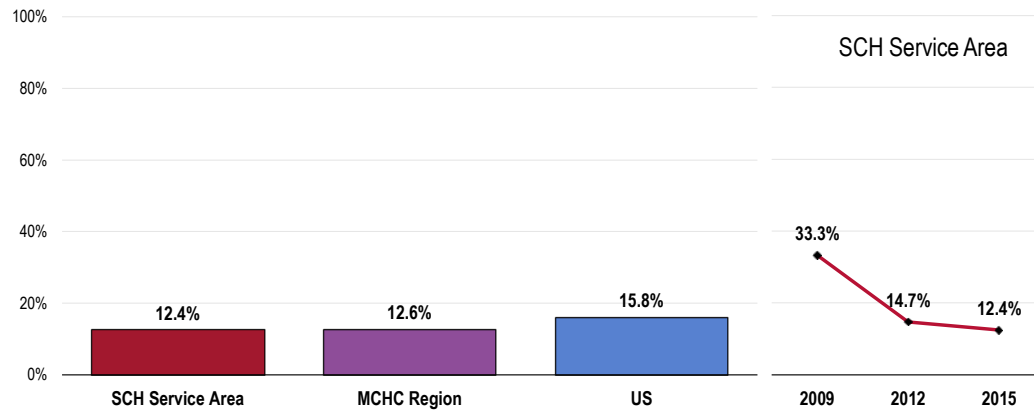
### Cost of Prescription Medications

Among all Swedish Covenant Hospital Service Area adults, 12.4% report that cost prevented them from a needed prescription medication at some point in the past year.

- Similar to the regional results.
- Similar to the national findings.
- TREND: Marks a statistically significant decrease over time.



## Cost Prevented a Prescription Medication in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 12]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

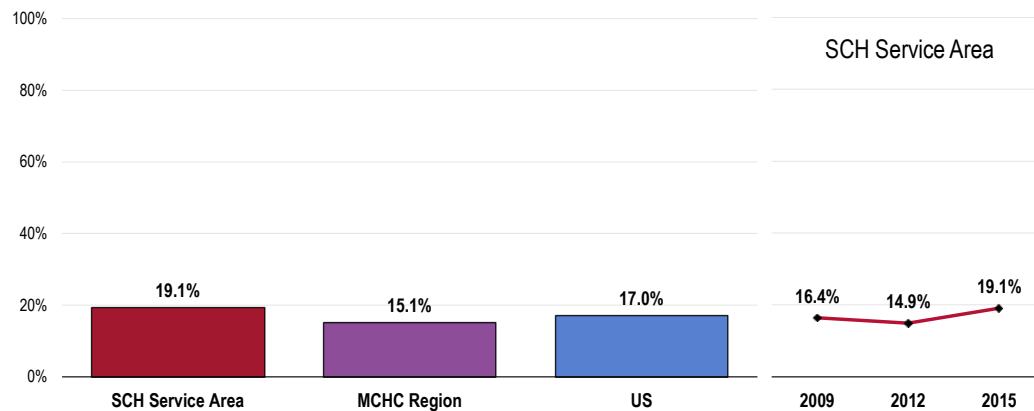
Notes: • Asked of all respondents.

## Obtaining a Medical Appointment

For 19.1% of service area adults, difficulty getting a medical appointment prevented their care in the past year.

- Similar to the regional results.
- Similar to national findings.
- TREND: Statistically unchanged over time.

## Experienced Difficulty Getting a Medical Appointment in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 8]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

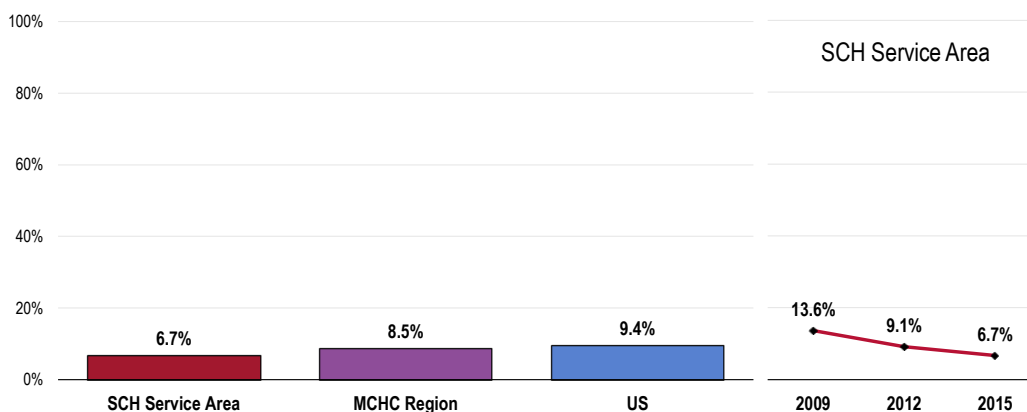
Notes: • Asked of all respondents.

## Lack of Transportation

For 6.7% of Swedish Covenant Hospital Service Area adults, lack of transportation prevented their care in the past year.

- Similar to the regional results.
- Similar to national findings.
- TREND: Denotes a statistically significant decrease over time.

## Lack of Transportation Prevented Medical Care in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 10]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

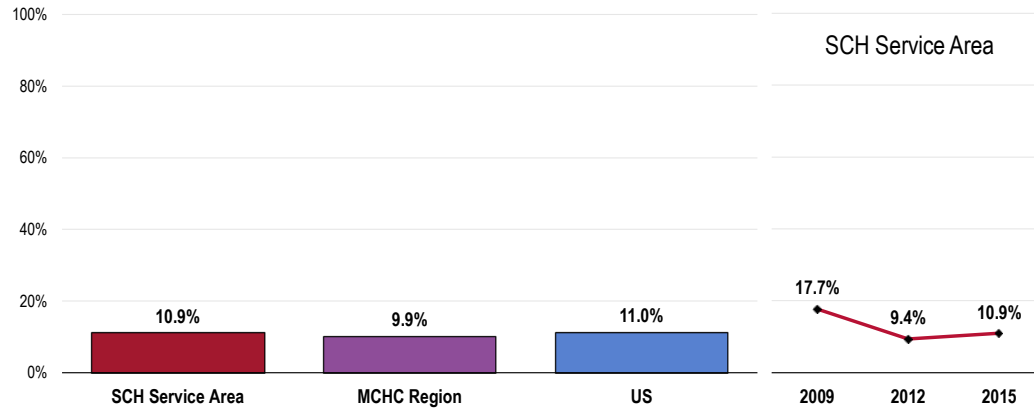
Notes: • Asked of all respondents.

## Finding a Physician

A total of 10.9% of survey respondents had difficulty finding a physician in the past year.

- Similar to the regional results.
- Similar to the US prevalence.
- TREND: Statistically significant decrease since 2009.

## Experienced Difficulty Finding a Doctor in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 7]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

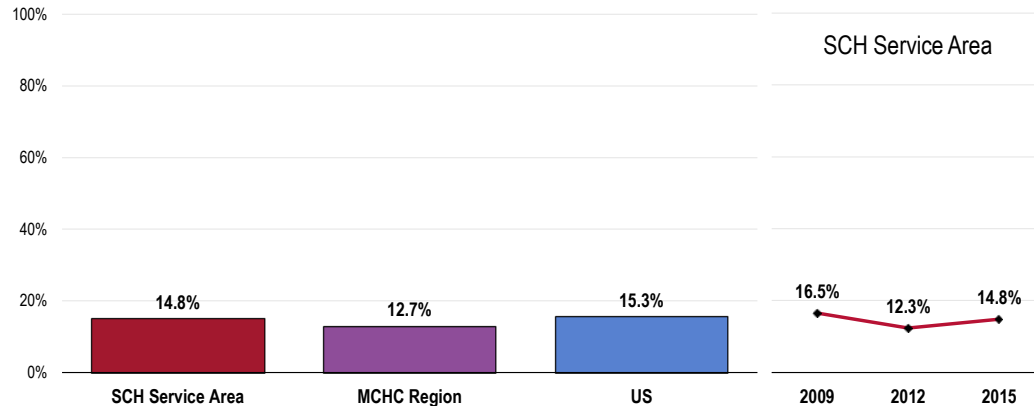
Notes: • Asked of all respondents.

## Prescriptions

**Among all Swedish Covenant Hospital Service Area adults, 14.8% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.**

- Similar to the regional results.
- Similar to the national findings.
- TREND: Statistically unchanged over time.

## Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]

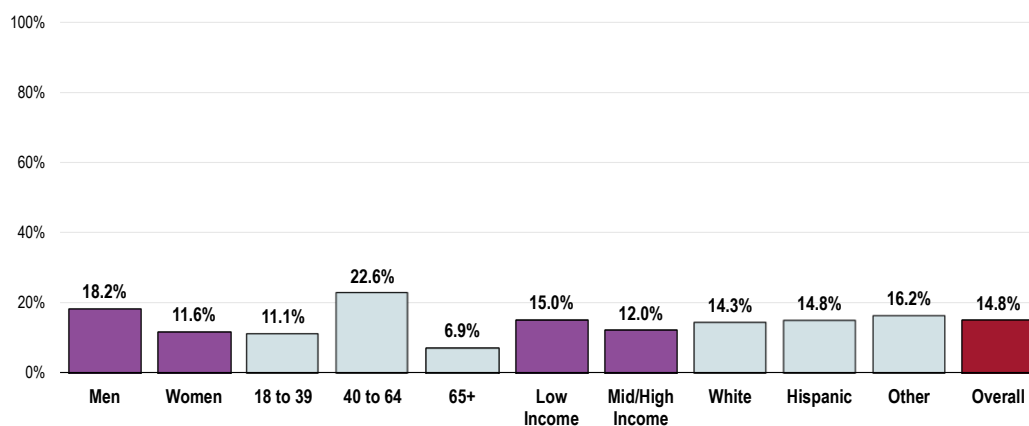
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Adults between the ages of 40 and 64.

### Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]

Notes: • Asked of all respondents.

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

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

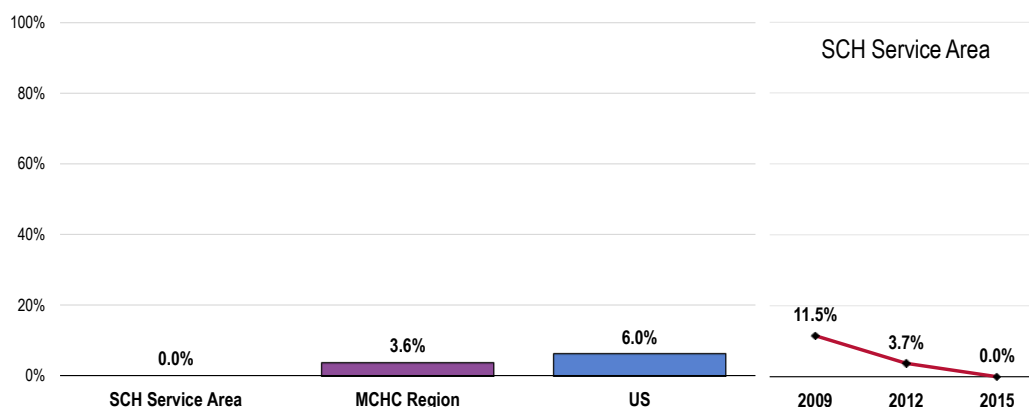
## Accessing Healthcare for Children

**No area parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.**

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

- Better than the regional results.
- Better than what is reported nationwide.
- TREND: Statistically improved over time.

## Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)

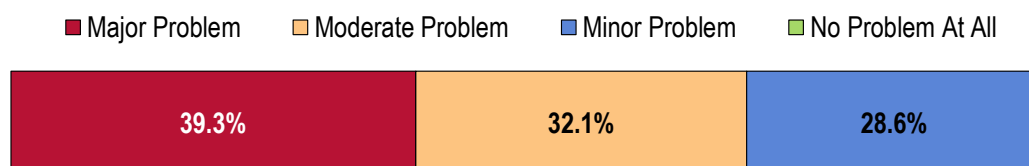


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 111-112]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.

## Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey more often characterized *Access to Healthcare Services* as a “major problem” in the community.

## Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey.

## TOP CONCERNS

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

### Access to Care

*There are not many walk-in/outpatient clinics that accept public aid or are low cost. While we try to keep people out of the Emergency Room, many people who cannot afford the out of pocket expense will go to the ER because many community clinics do not accept public aid. – Other Health Provider*

*Access to specialty services and specialist. Long term care needs for undocumented mental health outpatient services. – Community/Business Leader*

*We have a large population of undocumented persons who do not qualify for insurance or public aid. While we do have a closely affiliated FQHC, the copay that they require can make services unavailable to many in our community who are living at or below the poverty line. In addition, the diversity that exists makes it extremely difficult to conduct successful outreach and education programs. One of the biggest deficits in our community appears to be that people do not know what is available in terms of healthcare, and even if they know that it exists, they do not know how to access it. – Other Health Provider*

*The biggest challenge is finding a doctor who accepts Medicaid. The new DHS system for managed care was supposed to help with this issue, but according to the feedback we receive from residents, it has not. – Social Service Representative*

### Cost

*Affordability of preventative care. – Social Service Representative*

*Not so much a health issue, but healthcare for the self-pay and/or undocumented patients that are very ill and placement after the hospitalization. – Social Service Representative*

*No appointments for patients that are self-pay or have Medicaid. – Social Service Representative*

*Affordability of services. Undocumented and recent residents are excluded from ACA. Many people with ACA or other insurance have high deductible and expensive plans, effectively preventing them from using them. Exorbitant health care fees and lack of transparency in how health care costs are determined. Poverty. Racism. Transphobia. – Public Health Expert*

## Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified mental health, specialty care, and substance abuse treatment as the most difficult to access in the community.

	Most Difficult to Access	Second–Most Difficult to Access	Third–Most Difficult to Access	Total Mentions
Mental Health Care	30.0%	50.0%	20.0%	10
Specialty Care	50.0%	0.0%	30.0%	8
Substance Abuse Treatment	10.0%	20.0%	20.0%	5
Dental Care	0.0%	10.0%	10.0%	2
Primary Care	10.0%	10.0%	0.0%	2
Chronic Disease Care	0.0%	10.0%	10.0%	2
Urgent Care	0.0%	0.0%	10.0%	1

## Primary Care Services

### About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

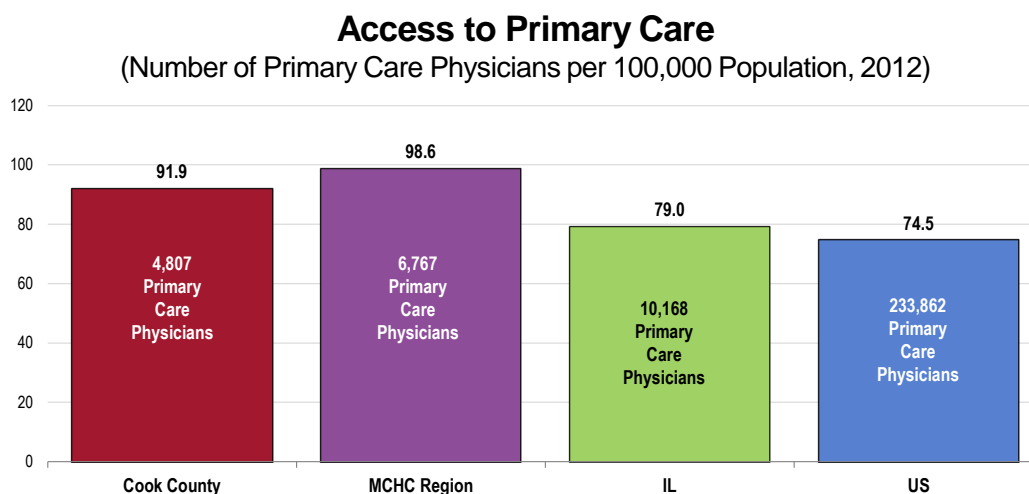
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Access to Primary Care

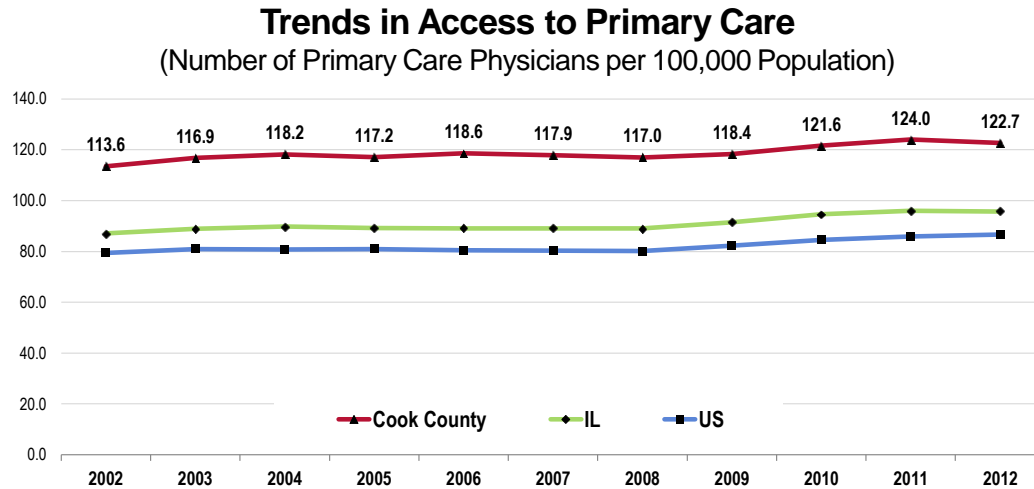
In Cook County in 2012, there were 4,807 primary care physicians, translating to a rate of 91.9 primary care physicians per 100,000 population.

- Below the primary care physician-to-population ratio found regionally.
- Well above the ratio found statewide.
- Well above the ratio found nationally.



Sources: • US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.  
 • Retrieved August 2015 from Community Commons at <http://www.chna.org>.  
 Notes: • This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- **TREND:** Access to primary care (in terms of the ratio of primary care physicians to population) has improved over the past decade in Cook County, echoing the state and national trends.



Sources: • US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.  
 • Retrieved August 2015 from Community Commons at <http://www.chna.org>.  
 Notes: • This indicator is relevant because a shortage of health professionals contributes to access and health status issues.  
 • These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

## Specific Source of Ongoing Care

**A total of 73.0% of Swedish Covenant Hospital Service Area adults were determined to have a specific source of ongoing medical care.**

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

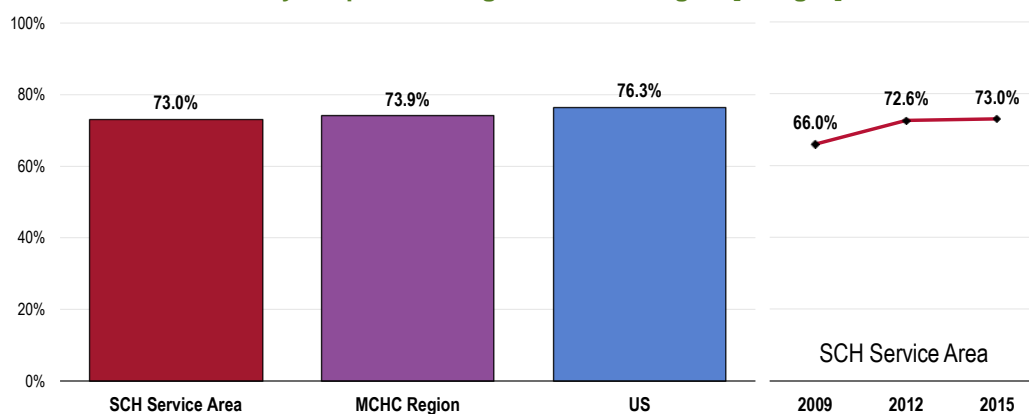
A hospital emergency room is not considered a specific source of ongoing care in this instance.

- Similar to the regional results.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- **TREND:** Statistically unchanged over time.



## Have a Specific Source of Ongoing Medical Care

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



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]  
 Notes: • Asked of all respondents.

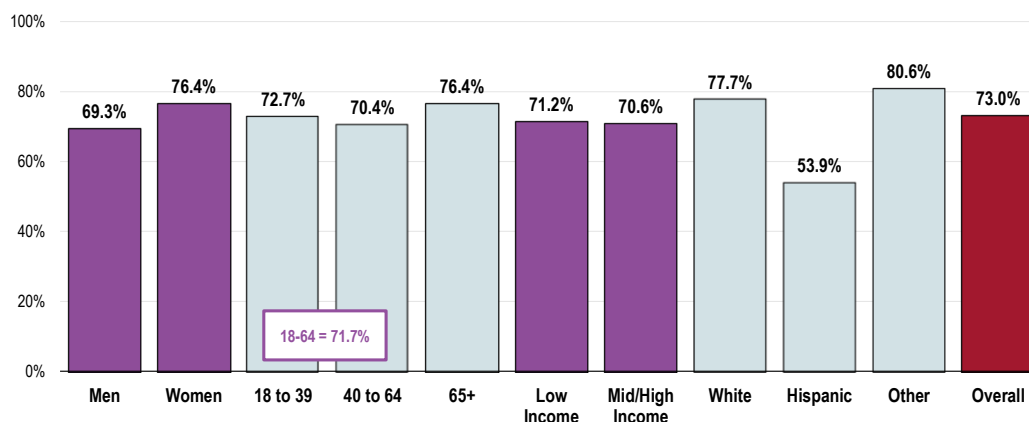
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- **Hispanics.**
- Among adults age 18-64, 71.7% have a specific source for ongoing medical care, comparable to national findings.
  - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 76.4% have a specific source for care, comparable to the percentage reported among seniors nationally.
  - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

## Have a Specific Source of Ongoing Medical Care

(SCH Service Area, 2015)

**Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]**



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-168]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.1, 5.3, 5.4]
- Notes:
- Asked of all respondents.
  - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

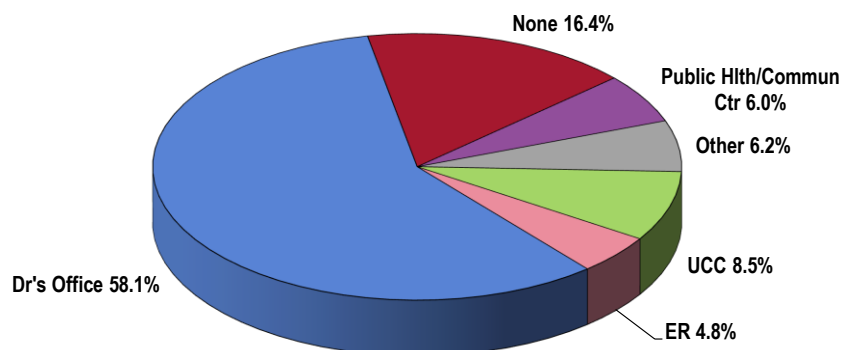
## Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (58.1%) identified a particular doctor's office, followed by references to urgent care centers (mentioned by 8.5%) and public or community health centers (6.0%).

Note that 4.8% of respondents rely on a hospital emergency room.

## Particular Place Utilized for Medical Care

(SCH Service Area, 2015)



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
- Notes:
- Asked of all respondents.

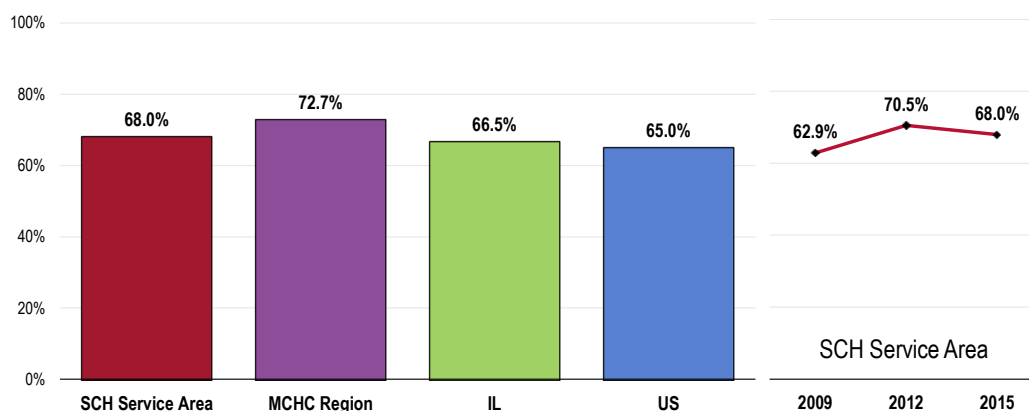
## Utilization of Primary Care Services

### Adults

Nearly 7 in 10 adults (68.0%) visited a physician for a routine checkup in the past year.

- Similar to the regional results.
- Similar to state findings.
- Similar to national findings.
- TREND: Statistically unchanged over time.

### Have Visited a Physician for a Checkup in the Past Year



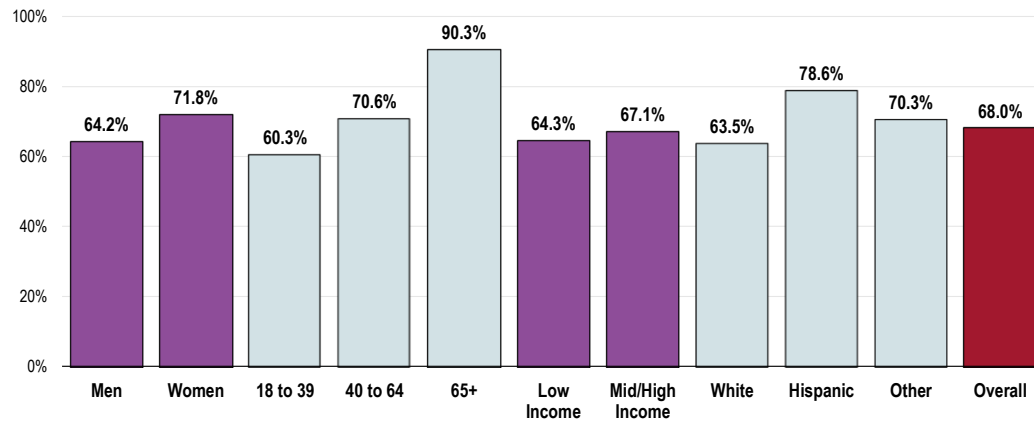
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

These adults are less likely to have seen a doctor for a routine checkup in the past year:

- Younger adults (positive correlation with age).
- Whites.

## Have Visited a Physician for a Checkup in the Past Year (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]

Notes: • Asked of all respondents.

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

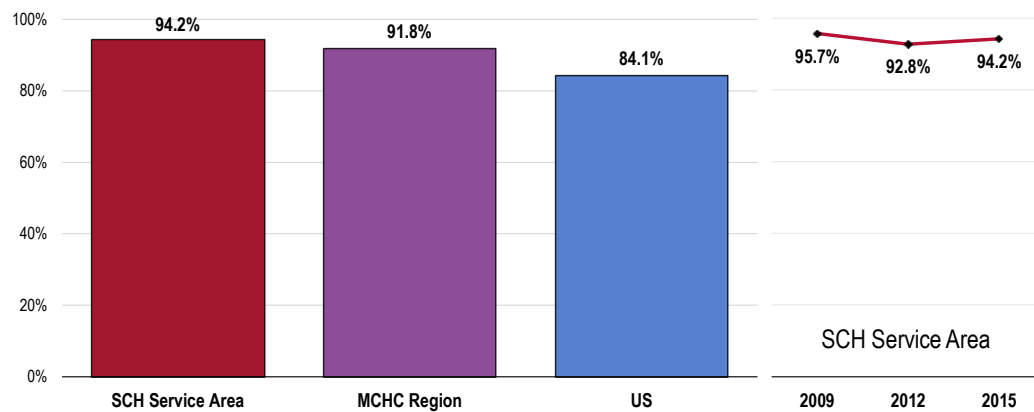
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal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

## Children

**Among surveyed parents, 94.2% report that their child has had a routine checkup in the past year.**

- Similar to the regional results.
- Better than the national findings.
- TREND: Statistically similar to 2009 findings.

## Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

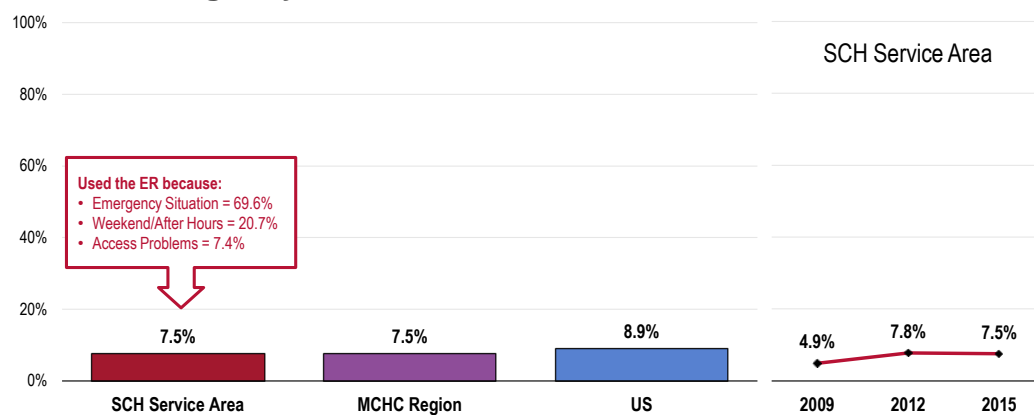
Notes: • Asked of all respondents with children 0 to 17 in the household.

## Emergency Room Utilization

A total of 7.5% of Swedish Covenant Hospital Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to the regional results.
- Similar to the national findings.
- TREND: Statistically unchanged over time.

### Have Used a Hospital Emergency Room More Than Once in the Past Year

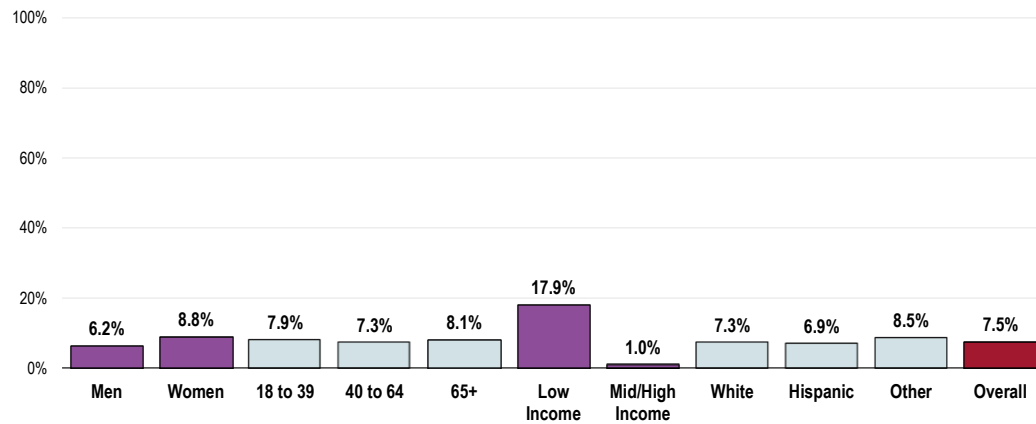


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

Of those using a hospital ER, 69.6% say this was due to an **emergency or life-threatening situation**, while 20.7% indicated that the visit was during **after-hours or on the weekend**. A total of 7.4% cited **difficulties accessing primary care** for various reasons.

- Low-income residents were more likely to have used the ER more than once for care in the past year.

## Have Used a Hospital Emergency Room More Than Once in the Past Year (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]

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

## Oral Health

### About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

• Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Dental Care

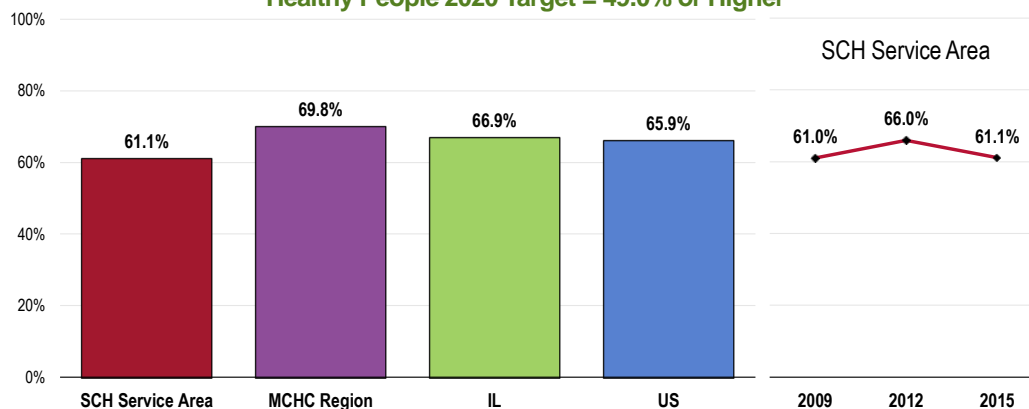
### Adults

**A total of 61.1% of Swedish Covenant Hospital Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.**

- Lower than regional results.
- Lower than statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Statistically unchanged since 2009.

## Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Illinois data.

Notes: • Asked of all respondents.

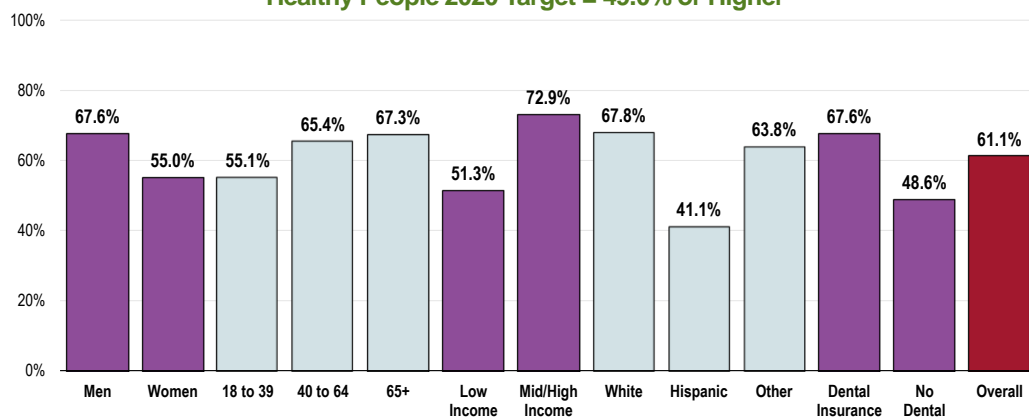
These service area residents are less likely to report recent dental care:

- Women, low-income residents, and Hispanics.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

## Have Visited a Dentist or Dental Clinic Within the Past Year

(SCH Service Area, 2015)

Healthy People 2020 Target = 49.0% or Higher



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

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



## Children

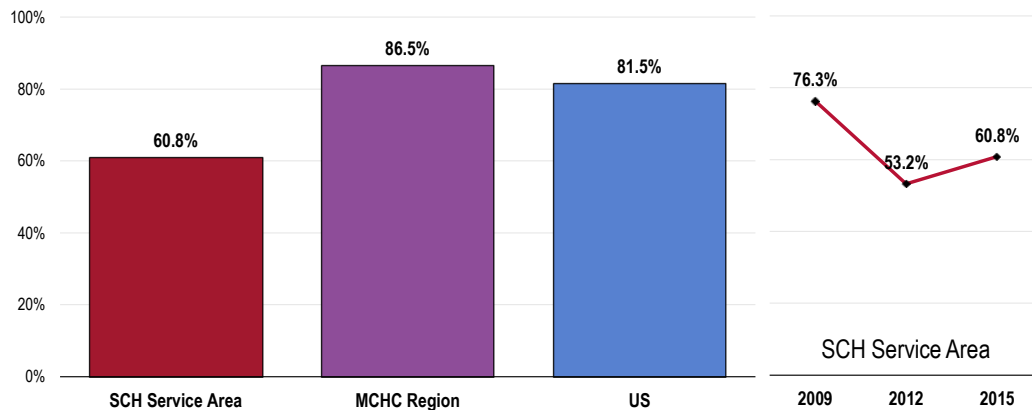
A total of 60.8% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Less favorable than the regional results.
- Less favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Statistically significant decrease since 2009.

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

(Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher



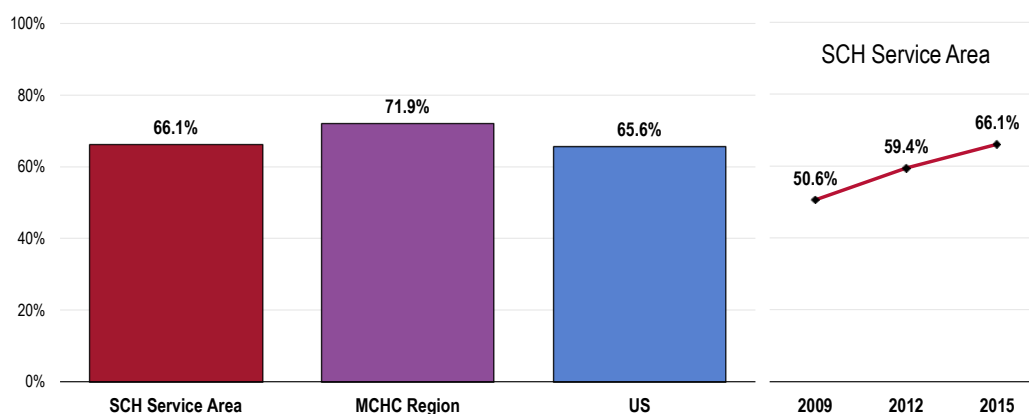
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]  
 Notes: • Asked of all respondents with children age 2 through 17.

## Dental Insurance

Nearly two-thirds of Swedish Covenant Hospital Service Area adults (66.1%) have dental insurance that covers all or part of their dental care costs.

- Lower than the regional results.
- Similar to the national finding.
- TREND: Marks a statistically significant increase since 2009.

## Have Insurance Coverage That Pays All or Part of Dental Care Costs

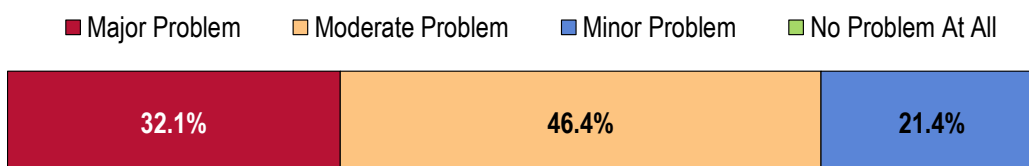


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

### Key Informant Input: Oral Health

Key informants taking part in an online survey more often characterized *Oral Health* as a “moderate problem” in the community.

## Perceptions of Oral Health as a Problem in the Community (Key Informants, 2015)



Sources: • 2015 PRC Online Key Informant Survey.

## TOP CONCERNS

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

### *Access to Care*

*Expensive. – Social Service Representative*

*Few to no services available that are affordable for people paying out of pocket. Usually excluded from health insurance plans. – Public Health Expert*

*Dental care is expensive and not usually covered by insurance plans. Medicaid coverage is very limited. – Social Service Representative*

*Access to dental care, especially in areas of poverty and lack of access to affordable care. – Other Health Provider*

*Dentists who won't take Medicaid. No services for adult dental. Children can get care at FQHC's. Medicare doesn't pay for dental and it is out of pocket. – Community/Business Leader*

*Oral care in most newly arrived Latino immigrants is lacking greatly. Oral care is seen as a luxury. Education is lacking and/or costly for patients. This is especially true for the adults. While children can afford to see a dentist given Illinois' Medicaid coverage, adults are not covered most of the time. – Other Health Provider*

*Great number of underserved without access to care. – Community/Business Leader*

## Vision Care

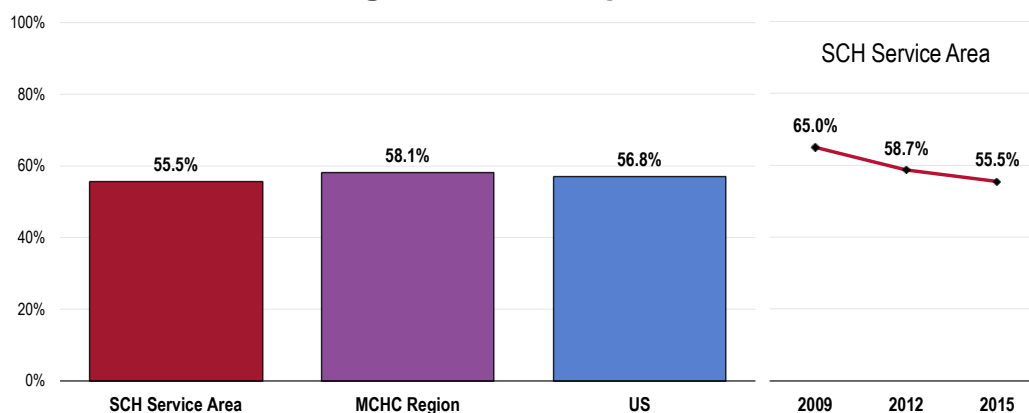
A total of 55.5% of residents had an eye exam in the past two years during which their pupils were dilated.

### RELATED ISSUE:

See also [Vision & Hearing](#) in the [Death, Disease & Chronic Conditions](#) section of this report.

- Similar to the regional results.
- Similar to national findings.
- TREND: Statistically significant decrease since 2009.

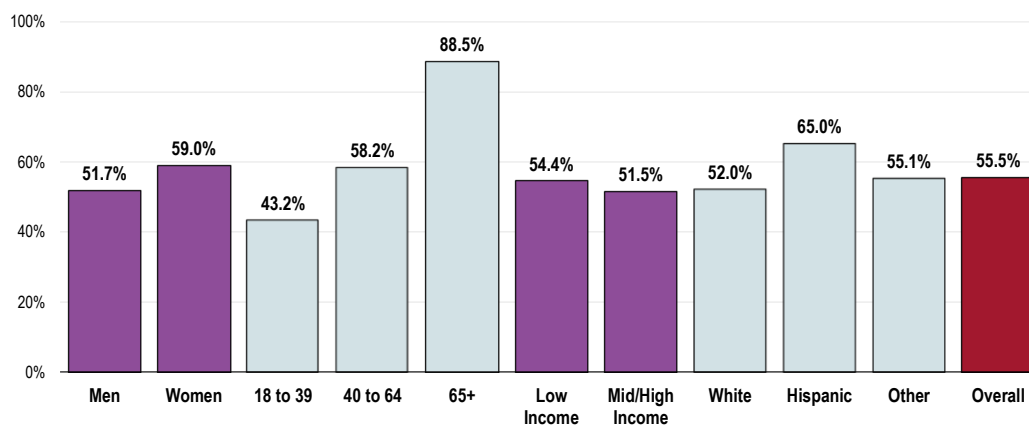
### Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

- Recent vision care in the service area is less often reported among younger adults (note the positive correlation with age).

### Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

Notes: • Asked of all respondents.

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

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

# Health Education & Outreach



**Professional Research Consultants, Inc.**

## Healthcare Information Sources

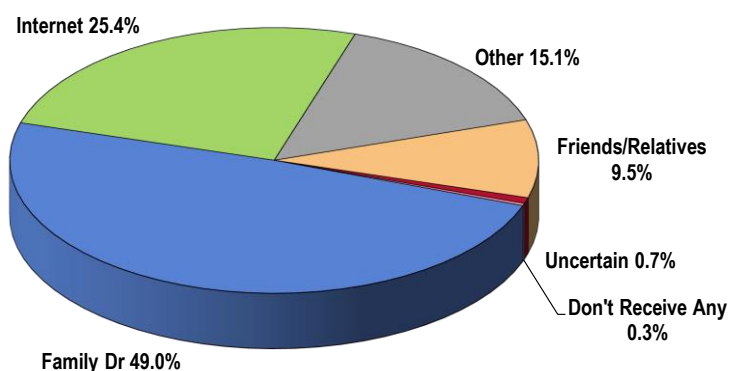
Family physicians and the Internet are residents' primary sources of healthcare information.

- 49.0% of Swedish Covenant Hospital Service Area adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 25.4%.

Other sources mentioned include friends and relatives (9.5%).

- Just 0.3% of survey respondents say that they do not receive any healthcare information.

**Primary Source of Healthcare Information**  
(SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]  
Notes: • Asked of all respondents.

## Participation in Health Promotion Events

### About Educational & Community-Based Programs

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

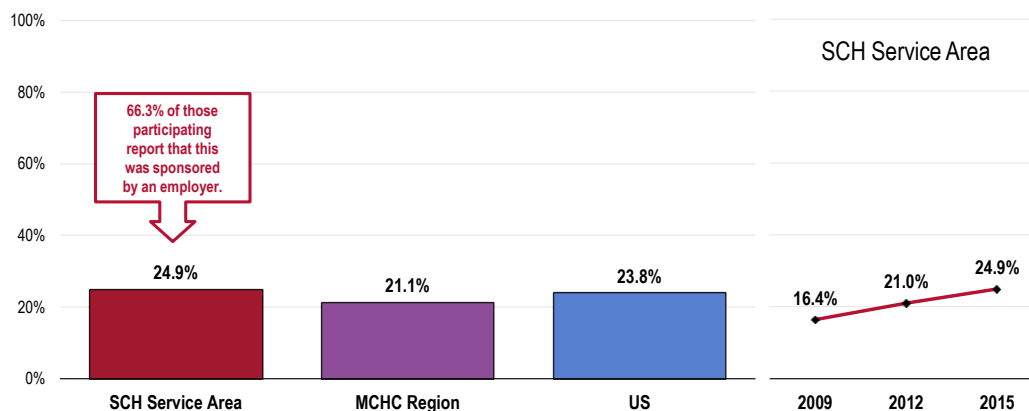
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

**A total of 24.9% of Swedish Covenant Hospital Service Area adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.**

- Similar to the regional results.
- Similar to the national prevalence.
- TREND: Statistically significant increase since 2009.
- Note that 66.3% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.



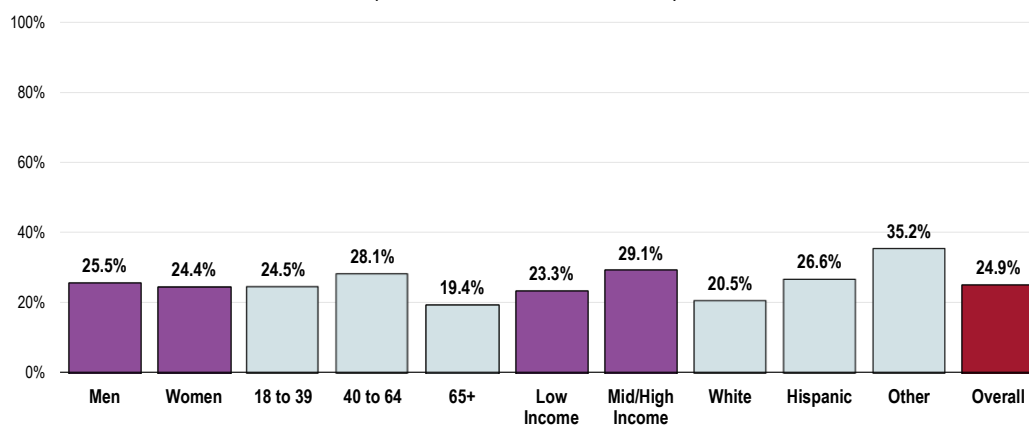
## Participated in a Health Promotion Activity in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 311-312]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

- Whites are less likely to report participation in a health promotion activity in the past year.

## Participated in a Health Promotion Activity in the Past Year (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Local Resources



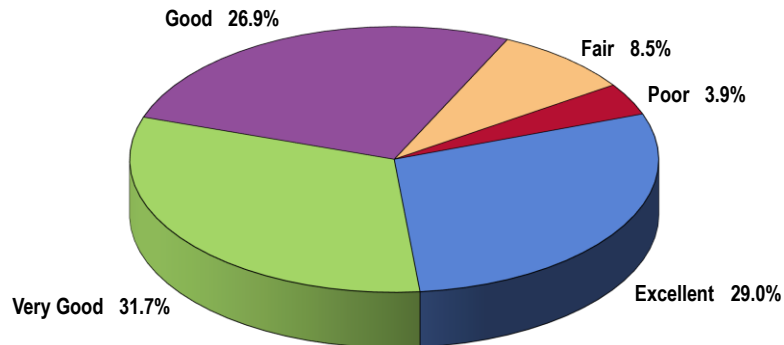
**Professional Research Consultants, Inc.**

## Perceptions of Local Healthcare Services

A total of 6 in 10 Swedish Covenant Hospital Service Area adults (60.7%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 26.9% gave “good” ratings.

### Rating of Overall Healthcare Services Available in the Community (SCH Service Area, 2015)

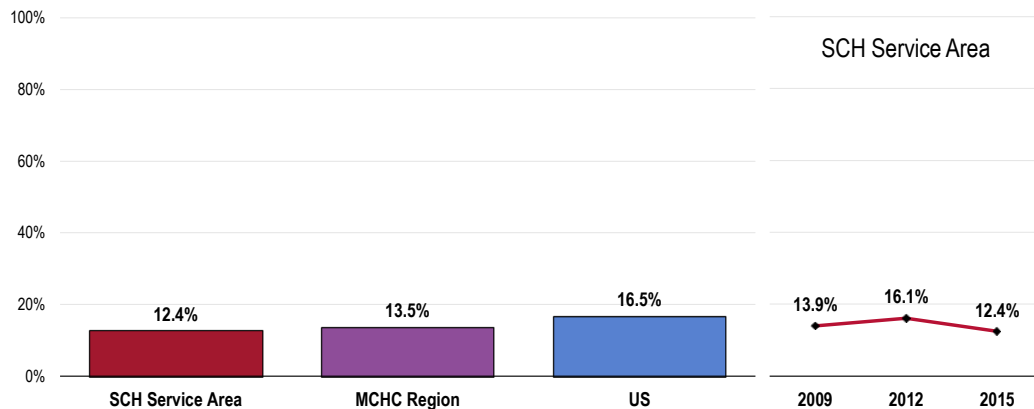


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
Notes: • Asked of all respondents.

However, 12.4% of residents characterize local healthcare services as “fair” or “poor.”

- Similar to the regional results.
- More favorable than what is reported nationally.
- TREND: Statistically unchanged since 2009.

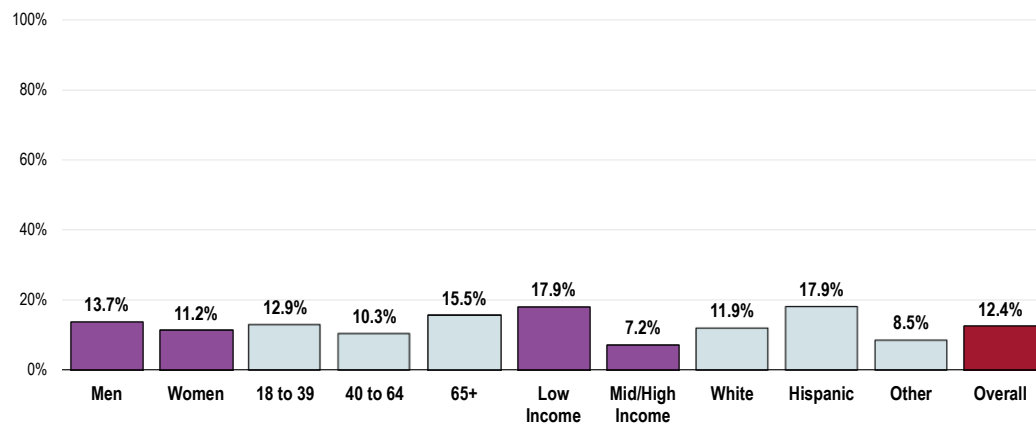
### Perceive Local Healthcare Services as “Fair/Poor”



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

- Low-income residents are more critical of local healthcare services.

### Perceive Local Healthcare Services as “Fair/Poor” (SCH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes: • Asked of all respondents.

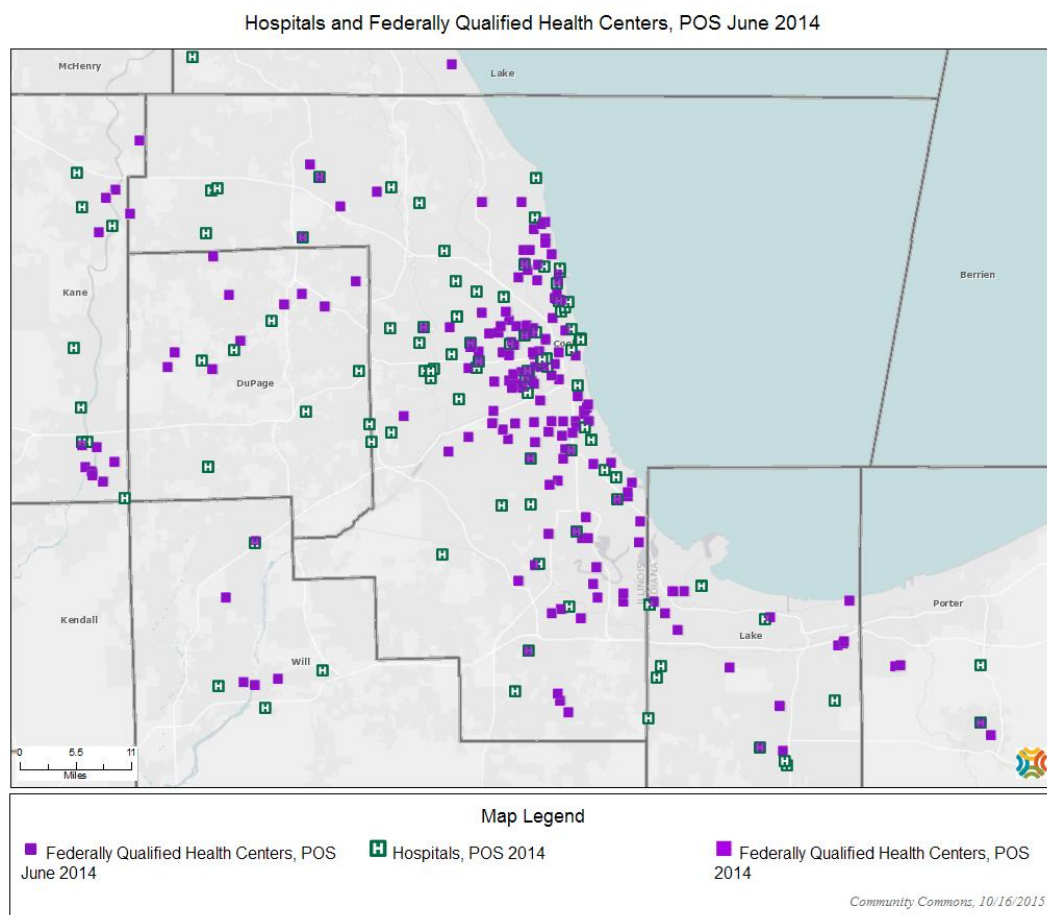
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

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

## Healthcare Resources & Facilities

### Hospitals & Federally Qualified Health Centers (FQHCs)

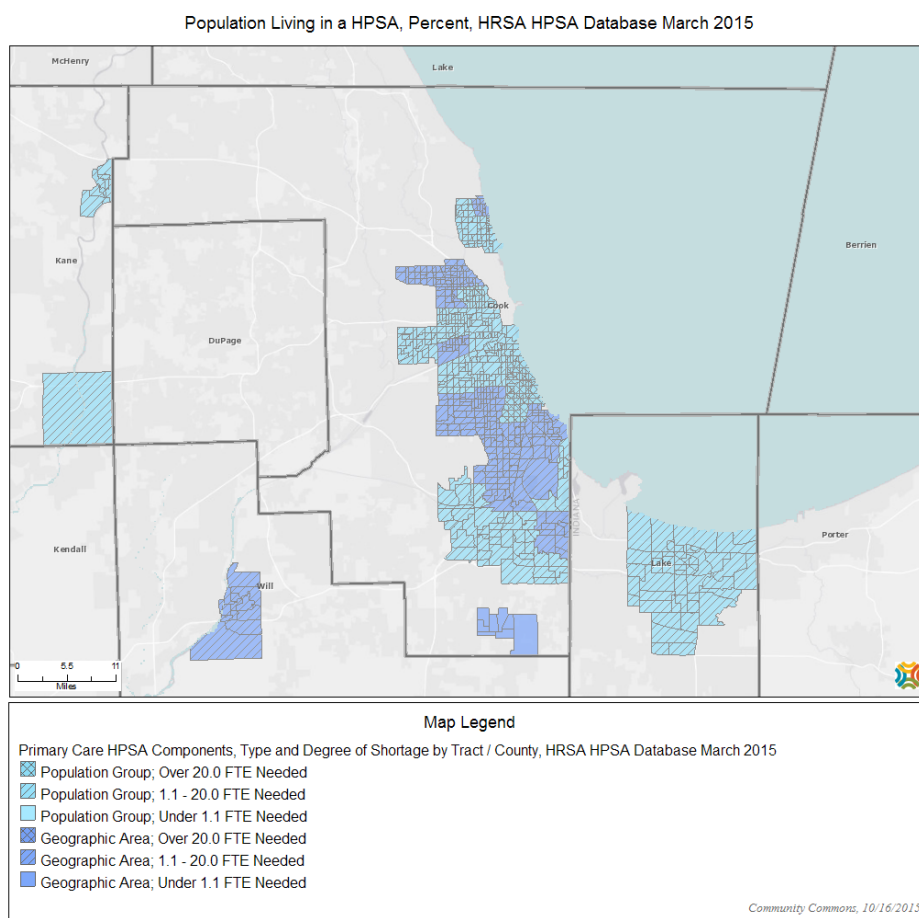
The following map provides an illustration of hospitals and Federally Qualified Health Centers (FQHCs) within the Swedish Covenant Hospital Service Area as of June 2014.



## Health Professional Shortage Areas (HPSAs)

Note the areas in the following map designated by the US Department of Health and Human Services as a health professional shortage area (HPSA).

A "health professional shortage area" (HPSA) is defined as having a shortage of primary medical care, dental or mental health professionals.



## Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

### Access to Healthcare Services

- Access Community Health Network*
- ADAPT*
- Asian Home Svcs, Centro Romero and Korean American Svcs*
- Asian Human Services*
- Centro de Salud Esperanza*
- Churches*
- CRC Health and Wellness*
- Erie Family Health Center*
- Erie Foster Avenue Health Center*
- Fantus*
- Genesis*
- Hamdard*
- Heartland Health Center*
- Illinois Coalition of Free and Charitable Clinics*
- Saint Anthony Hospital Community Wellness Program*
- Streamwood Clinic*
- Swedish Covenant Hospital*
- Vista Health Center of Cook County*

### Arthritis, Osteoporosis & Chronic Back Conditions

- Arlington Heights Senior Center*
- Northwest Community Healthcare*
- Northwest Community Hospital*
- Pain Specialists*
- Palatine Township Senior Center*
- Physical Therapy if on HHC*
- Primary Care Providers*

### Cancer

- Alexian Brothers*
- American Cancer Society*
- Home Health*
- Hospice Care*
- Hospitals*
- Internet Support*
- Northwest Community Healthcare*
- OB/GYN*
- Outpatient Infusion Clinics*

*Palliative Care*  
*Skin Care*

### **Chronic Kidney Disease**

*American Kidney Foundation*  
*Individual Dialysis Clinic*

### **Dementias, Including Alzheimer's Disease**

*Alexian Brothers Senior Assisted Living*  
*Catholic Charities*  
*Emergency Room*  
*Friendship Village*  
*Geriatric Care*  
*Group Homes*  
*Home Health*  
*Hospital*  
*Local Care Giving Agency*  
*Nursing Homes*  
*Primary Care Providers*  
*Respite*  
*Skilled Nursing Facilities*  
*Social Services*

### **Diabetes**

*Alexian Brothers Hospital*  
*Arlington Senior Center*  
*CRC Health and Wellness*  
*Diabetes Care Services*  
*Diabetes Educators*  
*Doctor's Office*  
*FQHCs*  
*Growing Movement in Community Gardening*  
*Gyms*  
*Home Care*  
*NCH Community Health Workers*  
*NCH Community Nursing*  
*NCH Diabetes Services and Education*  
*NCH Emerald Circle Program*  
*NCH Promotores de Salud Program*  
*NCH Wellness Center*  
*Primary Care Providers*  
*Programs through Cook County*  
*Saint Anthony Hospital*  
*School-based Health Services*  
*Swedish Covenant Hospital*  
*Vista*  
*Wound Clinics*



**Family Planning**

*Affirming Sex Education Providers*  
*CRC*  
*Doctor's Office*  
*Erie Family*  
*Heartland Health*  
*Midwest Access Project*  
*PHD*  
*Planned Parenthood*  
*Primary Care Providers*  
*Vista*  
*WIC*

**Hearing & Vision**

*Illinois College of Optometry*

**Heart Disease & Stroke**

*American Heart Association*  
*Community Health Screenings*  
*Competent Cardiologists*  
*Exercise and Rehab Facilities*  
*FQHCs*  
*Heart Failure Programs to Prevent Remission*  
*Nutrition Education Programs*  
*Parks and Other Facilities for Exercise*  
*Physicians*  
*STEMI and Stroke Centers*  
*Swedish Covenant Hospital*  
*Trained EMS*

**HIV/AIDS**

*Behive/HIVco*  
*Howard Brown*  
*Illinois Masonic*  
*Ruth M. Rothstein CORE Center*

**Immunization & Infectious Diseases**

*Area FQHCs*  
*CDPH and IDPH*  
*Erie, Heartland and Swedish Clinics*  
*Howard Brown*  
*School Health Centers*  
*Urgent Care Centers*

**Infant & Child Health**

*CRC*  
*Erie*  
*Heartland*  
*Vista*

## WIC

### Injury & Violence

*CRC Programs Offered with POC*  
*Cease Fire*  
*Home of the Sparrow*  
*Mujeres Latinas en Accion*  
*Palatine Police (& Social Service)*  
*Police Department*  
*Safe from the Start*  
*Saint Anthony's Hospital Community Wellness Program*  
*Salvation Army Emergency Lodge*  
*Shelters*  
*Social Services*  
*Wings*  
*Youth Programs Providing Education on Self-Esteem*

### Mental Health

*Adolescent and Adult Mental Health Facility*  
*Alexian Brothers Behavioral Health Hospital*  
*Alexian Center for Mental Health*  
*Anonymous Support Groups*  
*Behavior Health Programs at FQHCs*  
*CRC*  
*Detox/Rehab Facilities*  
*Eckert Center*  
*Emergency Departments*  
*Haymarket*  
*Heartland Alliance*  
*Hospitals*  
*Inpatient Adolescent Psychiatric Unit*  
*Inpatient Adult Psychiatric Unit*  
*Jocelyn Center*  
*Kenneth Young Center*  
*Law Enforcement*  
*Linden Oaks*  
*LSSI Welcoming Center*  
*Low-cost Counseling Programs*  
*Lutheran Social Services*  
*NCH's Mental Health Navigator Program*  
*North River Mental Health*  
*Northwest Community Hospital*  
*Omni Youth Services*  
*PHD*  
*Primary Care Physicians*  
*Psychologists & Psychiatrists Practice through Region*  
*Saint Anthony Hospital's Community Wellness Programs*  
*Salvation Army*  
*Sass Mental Health*  
*The Bridge*

*The Circle*  
*Thresholds*  
*Turning Point*  
*Welcome Center at SCH*

### **Nutrition, Physical Activity & Weight**

*Alexian Brothers Medical Center*  
*Arlington Senior Services*  
*Chicago Park District*  
*CRC Health Programs*  
*Exercise Facilities*  
*Forest Preserve*  
*Galter LifeCenter*  
*Local Health Provider Organizations*  
*NCH Community Health Workers*  
*Nutrition Education Providers*  
*Parks*  
*Telpochcalli Community Education Project*  
*Weight Watchers*  
*Wellness Center*  
*YMCA*

### **Oral Health**

*Asian*  
*College of Dentistry, University of Illinois at Chicago*  
*Erie*  
*Heartland*  
*NCH Mobile Dental Clinic*

### **Respiratory Diseases**

*American Lung Association*  
*Durable Medical Equipment Companies*  
*Northwest Community Hospital*  
*Primary Care Physicians*  
*Trained EMS*

### **Sexually Transmitted Diseases**

*CDPH*  
*Heartland*  
*IDPH*  
*Erie*  
*Planned Parenthood*

### **Substance Abuse**

*901 Kirchoff Outpatient Substance Abuse Program*  
*Alcoholics Anonymous*  
*Alexian Brothers*  
*Behavioral Health Services/LSSI*  
*Doctors and Mental Health Professionals*

*Forthcoming Adult Addictions Residential  
Haymarket  
Lutheran Social Services  
Omni Youth Treatment Center  
Reach for Recovery Programs  
Rosecrance  
Share  
Teen Challenge  
The Bridge Substance Abuse Services*

***Tobacco Use***

*Illinois Quitline  
Private Doctors*