Executive Report

2015 Community Health Needs Assessment

Saint Anthony Hospital Service Area
Cook County, Illinois

Prepared for:
METROPOLITAN CHICAGO HEALTHCARE COUNCIL (MCHC)
On Behalf of Saint Anthony Hospital

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Key Informant Input: HIV/AIDS

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Key Informant Input: Substance Abuse

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Introduction
**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 Saint Anthony 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; Saint Anthony 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; Saint Anthony Hospital; Thorek Memorial Hospital; and the University of Chicago Medical Center.

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 “Saint Anthony Hospital Service Area” or “SAH Service Area” in this report) includes the service area of Saint Anthony 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 Saint Anthony 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 358 respondents is ±5.2% at the 95 percent level of confidence.
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 Saint Anthony 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
(SAH Service Area, 2015)

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

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

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

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc.
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, 41 community stakeholders took part in the Online Key Informant Survey, as outlined below:

<table>
<thead>
<tr>
<th>Online Key Informant Survey Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Informant Type</strong></td>
</tr>
<tr>
<td>Community/Business Leader</td>
</tr>
<tr>
<td>Other Health Provider</td>
</tr>
<tr>
<td>Physician</td>
</tr>
<tr>
<td>Public Health Expert</td>
</tr>
<tr>
<td>Social Service Representative</td>
</tr>
</tbody>
</table>

Final participation included representatives of the organizations outlined below.

- A Safe Haven Foundation
- Austin Childcare Providers Network
- Better Health Network
- Chicago Department of Public Health
- Dominican University Health Services
- Enlace Chicago
- EverThrive Illinois
- Growing Home, Inc.
- Housing Forward
- Illinois Department of Public Health, Bellwood Regional Office
- Loretto Hospital
- Metropolitan Chicago Healthcare Council
- New Moms, Inc.
- Oak Park Elementary School District
- Oak Park Township Senior Services
- PCC Community Wellness Center
- PLOWS Council on Aging
- Saint Anthony Hospital
- St. Bernard Hospital and Health Care Center
Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations (including African-American, Arabic, Asian, Chinese, disabled, elderly, ethnic minorities, Hispanic, homeless, immigrants, LGBT population, low-income residents, Middle Eastern, Muslim, non-English speaking, Polish, undocumented, uninsured/underinsured, youth) or other medically underserved populations (including African-American, the disabled, elderly, ex-offenders, foreign-born residents, Hispanic, homeless, immigrants, LGBT community, low-income residents, Medicaid/Medicare, the mentally ill, non-English speaking, undocumented, uninsured/underinsured, veterans, women, young adults, youth).

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

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

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

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Saint Anthony 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.
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 Compliance

<table>
<thead>
<tr>
<th>IRS Form 990, Schedule H</th>
<th>See Report Page(s)</th>
</tr>
</thead>
</table>
| **Part V Section B Line 1a**
*Definition of the community served by the hospital facility* | 9 |
| **Part V Section B Line 1b**
*Demographics of the community* | 43 |
| **Part V Section B Line 1c**
*Existing health care facilities and resources within the community that are available to respond to the health needs of the community* | 277 |
| **Part V Section B Line 1d**
*How data was obtained* | 9 |
| **Part V Section B Line 1f**
*Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups* | Addressed Throughout |
| **Part V Section B Line 1g**
*The process for identifying and prioritizing community health needs and services to meet the community health needs* | 21 |
| **Part V Section B Line 1h**
*The process for consulting with persons representing the community’s interests* | 12 |
| **Part V Section B Line 1i**
*Information gaps that limit the hospital facility’s ability to assess the community’s health needs* | 16 |
Summary of Findings

Significant Health Needs of the Community

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

<table>
<thead>
<tr>
<th>Areas of Opportunity Identified Through This Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to Healthcare Services</strong></td>
</tr>
<tr>
<td>• Barriers to Access</td>
</tr>
<tr>
<td>o Finding a Physician</td>
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<tr>
<td>o Lack of Transportation</td>
</tr>
<tr>
<td>• Skipping/Stretching Prescriptions</td>
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<tr>
<td>• Specific Source of Ongoing Medical Care</td>
</tr>
<tr>
<td>• Routine Medical Care (Children)</td>
</tr>
<tr>
<td>• Emergency Room Utilization</td>
</tr>
<tr>
<td>• Attendance at Health Promotion Events</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
</tr>
<tr>
<td>• Cancer Deaths</td>
</tr>
<tr>
<td>o Including Prostate Cancer, Female Breast Cancer, Colorectal Cancer Deaths</td>
</tr>
<tr>
<td>• Cancer Incidence</td>
</tr>
<tr>
<td>o Including Prostate Cancer, Cervical Cancer Colorectal Cancer Incidence</td>
</tr>
<tr>
<td>• Colorectal Cancer Screening</td>
</tr>
<tr>
<td><strong>Chronic Kidney Disease</strong></td>
</tr>
<tr>
<td>• Kidney Disease Deaths</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
</tr>
<tr>
<td>• Diabetes Prevalence</td>
</tr>
<tr>
<td>• Prevalence of Borderline/Pre-Diabetes</td>
</tr>
<tr>
<td>• Diabetes ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td><strong>Hearing &amp; Vision Problems</strong></td>
</tr>
<tr>
<td>• Blindness/Vision Trouble</td>
</tr>
<tr>
<td>• Regular Eye Care</td>
</tr>
<tr>
<td><strong>Heart Disease &amp; Stroke</strong></td>
</tr>
<tr>
<td>• Heart Disease Deaths</td>
</tr>
<tr>
<td>• Heart Disease Prevalence</td>
</tr>
<tr>
<td>• High Blood Pressure Prevalence</td>
</tr>
<tr>
<td>• Overall Cardiovascular Risk</td>
</tr>
<tr>
<td>• Heart Disease &amp; Stroke ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
</tr>
<tr>
<td>• HIV Prevalence</td>
</tr>
<tr>
<td><strong>Infant Health &amp; Family Planning</strong></td>
</tr>
<tr>
<td>• Low-Weight Births</td>
</tr>
<tr>
<td>• Infant Mortality</td>
</tr>
<tr>
<td>• Unwed Mothers</td>
</tr>
<tr>
<td>• Family Planning ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
</tbody>
</table>
### Areas of Opportunity Identified Through This Assessment (continued)

<table>
<thead>
<tr>
<th>Area</th>
<th>Topics</th>
</tr>
</thead>
</table>
| **Injury & Violence**         | - Firearm-Related Deaths  
- Homicide Deaths  
- Violent Crime Rate  
- Violent Crime Experience  
- *Injury & Violence ranked as a top concern in the Online Key Informant Survey.* |
| **Mental Health**             | - “Fair/Poor” Mental Health  
- Diagnosed Depression  
- Symptoms of Chronic Depression  
- Suicide Deaths  
- Seeking Help for Mental Health  
- *Mental Health ranked as a top concern in the Online Key Informant Survey.* |
| **Nutrition, Physical Activity & Weight** | - Fruit/Vegetable Consumption  
- Overweight & Obesity [Adults]  
- Overweight & Obesity [Children]  
- *Nutrition, Physical Activity, & Weight ranked as a top concern in the Online Key Informant Survey.*  
- Meeting Physical Activity Guidelines  
  - Vigorous Physical Activity |
| **Oral Health**               | - Regular Dental Care  
- *Oral Health ranked as a top concern in the Online Key Informant Survey.* |
| **Potentially Disabling Conditions** | - Arthritis Prevalence (50+)  
- Osteoporosis Prevalence (50+)  
- Sciatica/Back Pain Prevalence |
| **Respiratory Diseases**      | - Asthma Prevalence [Adults]  
- Pneumonia/Influenza Deaths  
- *Respiratory Diseases ranked as a top concern in the Online Key Informant Survey.* |
| **Sexually Transmitted Diseases** | - Gonorrhea Incidence  
- Chlamydia Incidence  
- *Sexually Transmitted Diseases ranked as a top concern in the Online Key Informant Survey.* |
| **Substance Abuse**           | - Excessive Drinking  
- *Substance Abuse ranked as a top concern in the Online Key Informant Survey.* |
| **Tobacco Use**               | - Environmental Tobacco Smoke Exposure at Home  
  - Including Among Households With Children  
  - Including Among Non-Smokers  
- Cigar Smoking Prevalence  
- *Tobacco Use ranked as a top concern in the Online Key Informant Survey.* |
Prioritization of Health Needs

On March 10, 2016 approximately 100 stakeholders working in the Saint Anthony Hospital service area 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.

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 needs identified. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs, 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. Diabetes
2. Mental Health
3. Nutrition, Physical Activity, & Weight
4. Access to Healthcare Services
5. Infant Health
6. Injury & Violence
7. Sexually Transmitted Diseases & HIV/AIDS
8. Heart Disease & Stroke
9. Substance Abuse
10. Cancer
11. Respiratory Diseases
12. Tobacco Use
13. Chronic Kidney Disease
14. Potentially Disabling Conditions

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 Saint Anthony Hospital’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 Saint Anthony 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, Saint Anthony Hospital Service Area results are shown in the larger, blue column.

The columns to the right of the 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 Saint Anthony Hospital Service Area.  
<p>| 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. |</p>
<table>
<thead>
<tr>
<th>Social Determinants</th>
<th>Saint Anthony Hospital</th>
<th>Saint Anthony Hospital vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. MCHC Region</td>
</tr>
<tr>
<td>Linguistically Isolated Population (Percent)</td>
<td>8.5</td>
<td>h</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7.6</td>
</tr>
<tr>
<td>Population in Poverty (Percent)</td>
<td>16.9</td>
<td>h</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14.8</td>
</tr>
<tr>
<td>Population Below 200% FPL (Percent)</td>
<td>36.0</td>
<td>h</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32.3</td>
</tr>
<tr>
<td>Children Below 200% FPL (Percent)</td>
<td>47.9</td>
<td>h</td>
</tr>
<tr>
<td></td>
<td></td>
<td>42.6</td>
</tr>
<tr>
<td>No High School Diploma (Age 25+, Percent)</td>
<td>15.5</td>
<td>h</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14.1</td>
</tr>
<tr>
<td>Unemployment Rate (Age 16+, Percent)</td>
<td>6.3</td>
<td>h</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.9</td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot; Physical Health</td>
<td>36.3</td>
<td>h</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16.6</td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td>15.8</td>
<td>h</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21.4</td>
</tr>
</tbody>
</table>

TRENDS: better, similar, worse
## COMMUNITY HEALTH NEEDS ASSESSMENT

<table>
<thead>
<tr>
<th>Access to Health Services</th>
<th>Saint Anthony Hospital</th>
<th>Saint Anthony Hospital vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. MCHC</td>
<td>vs. IL</td>
<td>vs. US</td>
</tr>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>15.5</td>
<td>8.1</td>
<td>19.4</td>
</tr>
<tr>
<td>% [Insured] Went Without Coverage in Past Year</td>
<td>11.3</td>
<td>7.1</td>
<td>8.1</td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year (Composite)</td>
<td>45.6</td>
<td>37.6</td>
<td>39.9</td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td>19.7</td>
<td>18.6</td>
<td>15.4</td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>18.9</td>
<td>12.6</td>
<td>15.8</td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>18.3</td>
<td>12.0</td>
<td>18.2</td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td>16.4</td>
<td>15.1</td>
<td>17.0</td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td>14.2</td>
<td>9.9</td>
<td>11.0</td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>14.8</td>
<td>8.5</td>
<td>9.4</td>
</tr>
<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td>21.2</td>
<td>12.7</td>
<td>15.3</td>
</tr>
<tr>
<td>% Difficulty Getting Child's Healthcare in Past Year</td>
<td>4.5</td>
<td>3.6</td>
<td>6.0</td>
</tr>
<tr>
<td>Access to Health Services (continued)</td>
<td>Saint Anthony Hospital</td>
<td>Saint Anthony Hospital vs. Benchmarks</td>
<td>TRENDS</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------------------</td>
<td>-------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td></td>
<td>vs. MCHC Region</td>
<td>vs. IL</td>
<td>vs. US</td>
</tr>
<tr>
<td>Primary Care Doctors per 100,000</td>
<td>91.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td>62.0</td>
<td>98.6</td>
<td>79.0</td>
</tr>
<tr>
<td>% [Age 18-64] Have a Specific Source of Ongoing Care</td>
<td>61.9</td>
<td>73.9</td>
<td>76.3</td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>80.1</td>
<td>72.7</td>
<td>66.5</td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>86.0</td>
<td>91.8</td>
<td></td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>14.7</td>
<td>7.5</td>
<td>8.9</td>
</tr>
<tr>
<td>% Rate Local Healthcare &quot;Fair/Poor&quot;</td>
<td>21.0</td>
<td>13.5</td>
<td>16.5</td>
</tr>
</tbody>
</table>

**TRENDS:**
- ☀️ better
- ☁️ similar
- ⚡️ worse
<table>
<thead>
<tr>
<th>Arthritis, Osteoporosis &amp; Chronic Back Conditions</th>
<th>Saint Anthony Hospital</th>
<th>Saint Anthony Hospital vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [50+] Arthritis/Rheumatism</td>
<td>41.3</td>
<td>vs. MCHC Region vs. IL vs. US vs. HP2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>36.3 37.3 17.3</td>
<td></td>
</tr>
<tr>
<td>% [50+] Osteoporosis</td>
<td>15.2</td>
<td>10.0 13.5 5.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>429 560 368</td>
<td>5.4</td>
<td></td>
</tr>
<tr>
<td>% Sciatica/Chronic Back Pain</td>
<td>20.6</td>
<td>18.3 18.4 10.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>10.4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Saint Anthony Hospital</th>
<th>Saint Anthony Hospital vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td>174.5</td>
<td>vs. MCHC Region vs. IL vs. US vs. HP2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>169.2 174.2 166.2 161.4</td>
<td></td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td>43.9</td>
<td>47.5 44.7 45.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td>23.1</td>
<td>20.5 19.8 21.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Breast Cancer (Age-Adjusted Death Rate)</td>
<td>24.2</td>
<td>22.8 21.3 20.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer (Age-Adjusted Death Rate)</td>
<td>16.7</td>
<td>15.9 14.9 14.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer Incidence per 100,000</td>
<td>159.8</td>
<td>156.2 149.4 142.3</td>
<td></td>
</tr>
<tr>
<td>Cancer (continued)</td>
<td>Saint Anthony Hospital</td>
<td>Saint Anthony Hospital vs. Benchmarks</td>
<td>TREND</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>------------------------</td>
<td>-------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. MCHC Region vs. IL vs. US vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>Female Breast Cancer Incidence per 100,000</td>
<td>126.5</td>
<td>129.4 127.4 122.7</td>
<td></td>
</tr>
<tr>
<td>Lung Cancer Incidence per 100,000</td>
<td>66.1</td>
<td>64.8 70.6 64.9</td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Incidence per 100,000</td>
<td>50.2</td>
<td>48.1 48.6 43.3</td>
<td></td>
</tr>
<tr>
<td>Cervical Cancer Incidence per 100,000</td>
<td>10.2</td>
<td>9.2 8.4 7.8</td>
<td></td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td>0.5</td>
<td>3.6 4.6 6.7</td>
<td>0.2</td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>5.3</td>
<td>5.2 6.3 6.1</td>
<td></td>
</tr>
<tr>
<td>% [Men 50+] Prostate Exam in Past 2 Years</td>
<td>65.2</td>
<td>69.2 75.0</td>
<td>3.7</td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td>78.4</td>
<td>79.1 76.4 83.6 81.1</td>
<td></td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td>83.1</td>
<td>84.6 77.3 83.9 93.0</td>
<td></td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>73.6</td>
<td>70.4 75.1 70.5 68.5</td>
<td></td>
</tr>
</tbody>
</table>
### Chronic Kidney Disease

<table>
<thead>
<tr>
<th></th>
<th>Saint Anthony Hospital</th>
<th>Saint Anthony Hospital vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kidney Disease (Age-Adjusted Death Rate)</strong></td>
<td>17.2</td>
<td>vs. MCHC Region: 16.2; vs. IL: 17.1; vs. US: 13.2; vs. HP2020: 20.9</td>
</tr>
<tr>
<td><strong>% Kidney Disease</strong></td>
<td>3.9</td>
<td>vs. MCHC Region: 2.7; vs. IL: 2.4; vs. US: 3.0</td>
</tr>
</tbody>
</table>

### Dementias, Including Alzheimer's Disease

<table>
<thead>
<tr>
<th></th>
<th>Saint Anthony Hospital</th>
<th>Saint Anthony Hospital vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alzheimer's Disease (Age-Adjusted Death Rate)</strong></td>
<td>15.8</td>
<td>vs. MCHC Region: 16.4; vs. IL: 20.0; vs. US: 24.0</td>
</tr>
</tbody>
</table>

### Diabetes

<table>
<thead>
<tr>
<th></th>
<th>Saint Anthony Hospital</th>
<th>Saint Anthony Hospital vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diabetes Mellitus (Age-Adjusted Death Rate)</strong></td>
<td>20.6</td>
<td>vs. MCHC Region: 19.3; vs. IL: 19.4; vs. US: 21.3; vs. HP2020: 20.5</td>
</tr>
<tr>
<td><strong>% Diabetes/High Blood Sugar</strong></td>
<td>17.1</td>
<td>vs. MCHC Region: 11.5; vs. IL: 9.9; vs. US: 11.7</td>
</tr>
<tr>
<td><strong>% Borderline/Pre-Diabetes</strong></td>
<td>7.2</td>
<td>vs. MCHC Region: 6.9; vs. IL: 5.1</td>
</tr>
<tr>
<td><strong>% [Non-Diabetes] Blood Sugar Tested in Past 3 Years</strong></td>
<td>53.4</td>
<td>vs. MCHC Region: 53.8; vs. IL: 49.2</td>
</tr>
</tbody>
</table>
## Community Health Needs Assessment

### Educational & Community-Based Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Saint Anthony Hospital</th>
<th>MCHC Region</th>
<th>IL</th>
<th>US</th>
<th>HP2020</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Attended Health Event in Past Year</td>
<td>18.4</td>
<td>21.1</td>
<td>23.8</td>
<td></td>
<td>12.2</td>
<td></td>
</tr>
</tbody>
</table>

### Family Planning

<table>
<thead>
<tr>
<th>Program</th>
<th>Saint Anthony Hospital</th>
<th>MCHC Region</th>
<th>IL</th>
<th>US</th>
<th>HP2020</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Unwed Mothers</td>
<td>43.7</td>
<td>40.3</td>
<td>40.2</td>
<td>40.7</td>
<td></td>
<td>45.6</td>
</tr>
<tr>
<td>% Teen Births</td>
<td>7.9</td>
<td>7.2</td>
<td>7.6</td>
<td>7.8</td>
<td></td>
<td>10.7</td>
</tr>
</tbody>
</table>

### Hearing & Other Sensory or Communication Disorders

<table>
<thead>
<tr>
<th>Program</th>
<th>Saint Anthony Hospital</th>
<th>MCHC Region</th>
<th>IL</th>
<th>US</th>
<th>HP2020</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Deafness/Trouble Hearing</td>
<td>5.7</td>
<td>6.7</td>
<td>10.3</td>
<td></td>
<td></td>
<td>5.9</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>Saint Anthony Hospital</td>
<td>Saint Anthony Hospital vs. Benchmarks</td>
<td>TREND</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>------------------------</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>vs. MCHC Region vs. IL vs. US vs. HP2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diseases of the Heart (Age-Adjusted Death Rate)</td>
<td>183.4</td>
<td>🌞 172.0 🌞 173.9 🌞 171.3 🌞 156.9</td>
<td>233.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td>36.8</td>
<td>🌬️ 35.4 🌬️ 37.7 🌬️ 37.0 🌬️ 34.8</td>
<td>46.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td>5.2</td>
<td>🌬️ 5.4 🌬️ 6.1</td>
<td>1.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Stroke</td>
<td>2.4</td>
<td>🌬️ 3.0 🌬️ 2.8 🌬️ 3.9</td>
<td>1.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Blood Pressure Checked in Past 2 Years</td>
<td>93.7</td>
<td>🌬️ 95.4 🌬️ 91.0 🌬️ 92.6 🌬️ 91.8</td>
<td>91.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td>37.0</td>
<td>🌬️ 34.6 🌬️ 30.1 🌬️ 34.1 🌬️ 26.9</td>
<td>18.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [HBP] Taking Action to Control High Blood Pressure</td>
<td>99.2</td>
<td>🌞 93.5 🌞 89.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td>90.7</td>
<td>🌬️ 92.4 🌬️ 74.0 🌬️ 86.6 🌬️ 82.1</td>
<td>88.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>33.6</td>
<td>🌬️ 31.2 🌬️ 36.6 🌬️ 29.9 🌬️ 13.5</td>
<td>27.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [HBC] Taking Action to Control High Blood Cholesterol</td>
<td>94.7</td>
<td>🌞 89.7 🌞 81.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>91.8</td>
<td>🌬️ 80.9 🌬️ 82.3 🌬️ 77.9</td>
<td></td>
<td></td>
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</tbody>
</table>
### COMMUNITY HEALTH NEEDS ASSESSMENT

#### HIV

<table>
<thead>
<tr>
<th>Metric</th>
<th>Saint Anthony Hospital</th>
<th>Saint Anthony Hospital vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Prevalence per 100,000</td>
<td>558.5</td>
<td>vs. MCHC Region</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. IL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. US</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. HP2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TREND</td>
</tr>
<tr>
<td>% [Age 18-44] HIV Test in the Past Year</td>
<td>25.1</td>
<td>vs. MCHC Region</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. IL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. US</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. HP2020</td>
</tr>
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<td>TREND</td>
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</tbody>
</table>

#### Immunization & Infectious Diseases

<table>
<thead>
<tr>
<th>Metric</th>
<th>Saint Anthony Hospital</th>
<th>Saint Anthony Hospital vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. MCHC Region</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. IL</td>
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<tr>
<td></td>
<td></td>
<td>vs. US</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. HP2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TREND</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Flu Vaccine in Past Year</td>
<td>52.0</td>
<td>vs. MCHC Region</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. IL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. US</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. HP2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TREND</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Pneumonia Vaccine Ever</td>
<td>49.5</td>
<td>vs. MCHC Region</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. IL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. US</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. HP2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TREND</td>
</tr>
<tr>
<td>% Have Completed Hepatitis B Vaccination Series</td>
<td>39.8</td>
<td>vs. MCHC Region</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. IL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. US</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. HP2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TREND</td>
</tr>
<tr>
<td>Injury &amp; Violence Prevention</td>
<td>Saint Anthony Hospital</td>
<td>vs. MCHC Region</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td>26.6</td>
<td>25.7</td>
</tr>
<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td>5.8</td>
<td>5.4</td>
</tr>
<tr>
<td>% &quot;Always&quot; Wear Seat Belt</td>
<td>87.6</td>
<td>89.4</td>
</tr>
<tr>
<td>% Child [Age 0-17] &quot;Always&quot; Uses Seat Belt/Car Seat</td>
<td>86.7</td>
<td>91.7</td>
</tr>
<tr>
<td>% Child [Age 5-17] &quot;Always&quot; Wears Bicycle Helmet</td>
<td>37.6</td>
<td>37.6</td>
</tr>
<tr>
<td>% Perceive Neighborhood to be &quot;Not At All Safe&quot; from Crime</td>
<td>15.1</td>
<td>3.8</td>
</tr>
<tr>
<td>% [Child 5-17] Missed School for Safety Reasons Last Month</td>
<td>10.1</td>
<td>1.9</td>
</tr>
<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate)</td>
<td>11.2</td>
<td>9.6</td>
</tr>
<tr>
<td>% Firearm in Home</td>
<td>6.5</td>
<td>12.4</td>
</tr>
<tr>
<td>% [Homes With Children] Firearm in Home</td>
<td>5.7</td>
<td>11.9</td>
</tr>
<tr>
<td>Homicide (Age-Adjusted Death Rate)</td>
<td>10.5</td>
<td>8.6</td>
</tr>
<tr>
<td>Injury &amp; Violence Prevention (continued)</td>
<td>Saint Anthony Hospital</td>
<td>Saint Anthony Hospital vs. Benchmarks</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td></td>
<td>vs. MCHC Region</td>
<td>vs. IL</td>
</tr>
<tr>
<td>Violent Crime per 100,000</td>
<td>630.9</td>
<td>507.9</td>
</tr>
<tr>
<td>% Victim of Violent Crime in Past 5 Years</td>
<td>13.0</td>
<td>4.6</td>
</tr>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td>12.3</td>
<td>10.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maternal, Infant &amp; Child Health</th>
<th>Saint Anthony Hospital</th>
<th>Saint Anthony Hospital vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. MCHC Region</td>
<td>vs. IL</td>
<td>vs. US</td>
</tr>
<tr>
<td>No Prenatal Care in First Trimester (Percent)</td>
<td>5.6</td>
<td>5.5</td>
<td>5.4</td>
</tr>
<tr>
<td>Low Birthweight Births (Percent)</td>
<td>8.9</td>
<td>8.6</td>
<td>4.0</td>
</tr>
<tr>
<td>Infant Death Rate</td>
<td>6.7</td>
<td>6.3</td>
<td>6.3</td>
</tr>
</tbody>
</table>

better  similar  worse
<table>
<thead>
<tr>
<th>Mental Health &amp; Mental Disorders</th>
<th>Saint Anthony Hospital</th>
<th>Saint Anthony Hospital vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td>21.4</td>
<td>13.2 vs. MCHC Region</td>
<td>10.6</td>
</tr>
<tr>
<td>% Diagnosed Depression</td>
<td>15.7</td>
<td>15.5 vs. IL</td>
<td>7.6</td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td>38.7</td>
<td>26.0 vs. US</td>
<td>29.9</td>
</tr>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td>7.8</td>
<td>8.1 vs. HP2020</td>
<td>7.0</td>
</tr>
<tr>
<td>% Have Ever Sought Help for Mental Health</td>
<td>18.9</td>
<td>23.7 vs. IL</td>
<td>9.3</td>
</tr>
<tr>
<td>% [Those With Diagnosed Depression] Seeking Help</td>
<td>73.1</td>
<td>81.8 vs. IL</td>
<td></td>
</tr>
<tr>
<td>% Typical Day Is &quot;Extremely/Very&quot; Stressful</td>
<td>11.9</td>
<td>11.8 vs. HP2020</td>
<td>7.0</td>
</tr>
<tr>
<td>% 3+ Days Without Enough Sleep in the Past Month</td>
<td>63.2</td>
<td>62.5 vs. IL</td>
<td>59.5</td>
</tr>
</tbody>
</table>

TRENDS:
- Better
- Similar
- Worse
<table>
<thead>
<tr>
<th>Nutrition, Physical Activity &amp; Weight</th>
<th>Saint Anthony Hospital vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td>19.8 vs. MCHC Region 39.6 vs. IL 39.5 vs. US 35.8 vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>% &quot;Very/Somewhat&quot; Difficult to Buy Fresh Produce</td>
<td>25.0 vs. MCHC Region 16.2 vs. IL 24.4 vs. US 29.4 vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>Population With Low Food Access (Percent)</td>
<td>8.3 vs. MCHC Region 13.6 vs. IL 20.4 vs. US 23.6 vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>% Medical Advice on Nutrition in Past Year</td>
<td>48.2 vs. MCHC Region 47.1 vs. IL 39.2 vs. US 48.9 vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>30.6 vs. MCHC Region 31.8 vs. IL 33.0 vs. US 34.4 vs. HP2020 33.9 vs. HP2020</td>
<td>37.3</td>
</tr>
<tr>
<td>% Overweight (BMI 25+)</td>
<td>67.6 vs. MCHC Region 66.4 vs. IL 64.7 vs. US 63.1 vs. HP2020</td>
<td>61.5</td>
</tr>
<tr>
<td>% Obese (BMI 30+)</td>
<td>38.8 vs. MCHC Region 30.1 vs. IL 29.4 vs. US 29.0 vs. HP2020 30.5 vs. HP2020</td>
<td>30.1</td>
</tr>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td>35.9 vs. MCHC Region 30.0 vs. IL 23.7 vs. US 21.3 vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td>44.4 vs. MCHC Region 37.6 vs. IL 31.8 vs. US 34.4 vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>% [Obese Adults] Counseled About Weight in Past Year</td>
<td>58.9 vs. MCHC Region 53.4 vs. IL 48.3 vs. US 51.5 vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td>41.3 vs. MCHC Region 42.6 vs. IL 39.5 vs. US 29.6 vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>Nutrition, Physical Activity &amp; Weight (continued)</td>
<td>Saint Anthony Hospital vs. Benchmarks</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>---------------------------------------</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Healthy Weight</td>
<td>46.3 vs. 55.9 vs. 56.7</td>
<td>TRENDS better</td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight (85th Percentile)</td>
<td>43.3 vs. 31.6 vs. 31.5</td>
<td>TRENDS similar</td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese (95th Percentile)</td>
<td>31.6 vs. 18.1 vs. 14.8 vs. 14.5</td>
<td>TRENDS better</td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>20.0 vs. 17.5 vs. 20.7 vs. 32.6</td>
<td>TRENDS worse</td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>45.3 vs. 50.7 vs. 50.3</td>
<td>TRENDS better</td>
</tr>
<tr>
<td>% Moderate Physical Activity</td>
<td>32.1 vs. 29.1 vs. 30.6</td>
<td>TRENDS better</td>
</tr>
<tr>
<td>% Vigorous Physical Activity</td>
<td>28.1 vs. 39.4 vs. 38.0 vs. 39.9</td>
<td>TRENDS similar</td>
</tr>
<tr>
<td>Recreation/Fitness Facilities per 100,000</td>
<td>9.4 vs. 10.8 vs. 10.2 vs. 9.7</td>
<td>TRENDS better</td>
</tr>
<tr>
<td>% &quot;Very/Somewhat&quot; Difficult to Access a Place for Exercise</td>
<td>24.8 vs. 15.4 vs. 16.4</td>
<td>TRENDS worse</td>
</tr>
<tr>
<td>% Medical Advice on Physical Activity in Past Year</td>
<td>51.4 vs. 52.6 vs. 44.0</td>
<td>TRENDS better</td>
</tr>
<tr>
<td>% Child [Age 2-17] Physically Active 1+ Hours per Day</td>
<td>48.4 vs. 48.8 vs. 48.6</td>
<td>TRENDS better</td>
</tr>
<tr>
<td>Oral Health</td>
<td>Saint Anthony Hospital</td>
<td>vs. MCHC Region</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>56.8</td>
<td>69.8</td>
</tr>
<tr>
<td>% Child [Age 2-17] Dental Visit in Past Year</td>
<td>85.6</td>
<td>86.5</td>
</tr>
<tr>
<td>% Have Dental Insurance</td>
<td>65.1</td>
<td>71.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respiratory Diseases</th>
<th>Saint Anthony Hospital</th>
<th>vs. MCHC Region</th>
<th>vs. IL</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td>31.1</td>
<td>31.0</td>
<td>39.3</td>
<td>42.0</td>
<td></td>
<td>30.9</td>
</tr>
<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate)</td>
<td>17.1</td>
<td>16.6</td>
<td>16.8</td>
<td>15.3</td>
<td></td>
<td>21.6</td>
</tr>
<tr>
<td>% COPD (Lung Disease)</td>
<td>6.4</td>
<td>7.8</td>
<td>5.0</td>
<td>8.6</td>
<td></td>
<td>3.9</td>
</tr>
<tr>
<td>% [Adult] Currently Has Asthma</td>
<td>9.1</td>
<td>8.9</td>
<td>7.6</td>
<td>9.4</td>
<td></td>
<td>3.5</td>
</tr>
<tr>
<td>% [Child 0-17] Currently Has Asthma</td>
<td>3.7</td>
<td>8.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Sexually Transmitted Diseases

<table>
<thead>
<tr>
<th></th>
<th>Saint Anthony Hospital</th>
<th>Saint Anthony Hospital vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. MCHC Region</td>
<td>vs. IL</td>
</tr>
<tr>
<td><strong>Gonorrhea Incidence per 100,000</strong></td>
<td>230.8</td>
<td>184.7</td>
</tr>
<tr>
<td><strong>Chlamydia Incidence per 100,000</strong></td>
<td>727.3</td>
<td>619.6</td>
</tr>
<tr>
<td><strong>% [Unmarried 18-64] 3+ Sexual Partners in Past Year</strong></td>
<td>7.9</td>
<td>12.9</td>
</tr>
<tr>
<td><strong>% [Unmarried 18-64] Using Condoms</strong></td>
<td>48.2</td>
<td>50.1</td>
</tr>
</tbody>
</table>

- Better
- Similar
- Worse

## Sickle-Cell Anemia

<table>
<thead>
<tr>
<th></th>
<th>Saint Anthony Hospital</th>
<th>Saint Anthony Hospital vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. MCHC Region</td>
<td>vs. IL</td>
</tr>
<tr>
<td><strong>% Sickle-Cell Anemia</strong></td>
<td>1.8</td>
<td>0.8</td>
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</tbody>
</table>

- Better
- Similar
- Worse
<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>Saint Anthony Hospital</th>
<th>Saint Anthony Hospital vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</td>
<td>8.8</td>
<td></td>
</tr>
<tr>
<td>% Liver Disease</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>48.9</td>
<td></td>
</tr>
<tr>
<td>% Chronic Drinker (Average 2+ Drinks/Day)</td>
<td>7.7</td>
<td></td>
</tr>
<tr>
<td>% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)</td>
<td>16.1</td>
<td></td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td>0.8</td>
<td></td>
</tr>
<tr>
<td>Drug-Induced Deaths (Age-Adjusted Death Rate)</td>
<td>11.2</td>
<td></td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>5.3</td>
<td></td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>3.4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>vs. MCHC Region</th>
<th>vs. IL</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cirrhosis/Liver Disease</td>
<td>8.3</td>
<td>8.5</td>
<td>9.9</td>
<td>8.2</td>
<td>9.5</td>
</tr>
<tr>
<td>% Liver Disease</td>
<td>1.6</td>
<td></td>
<td></td>
<td></td>
<td>2.3</td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>60.6</td>
<td>57.2</td>
<td>56.5</td>
<td></td>
<td>39.6</td>
</tr>
<tr>
<td>% Chronic Drinker</td>
<td>4.5</td>
<td></td>
<td></td>
<td></td>
<td>0.7</td>
</tr>
<tr>
<td>% Binge Drinker</td>
<td>18.4</td>
<td>21.8</td>
<td>19.5</td>
<td>24.4</td>
<td>19.6</td>
</tr>
<tr>
<td>% Drinking &amp; Driving</td>
<td>1.4</td>
<td></td>
<td></td>
<td></td>
<td>1.2</td>
</tr>
<tr>
<td>Drug-Induced Deaths</td>
<td>11.1</td>
<td>12.1</td>
<td>14.1</td>
<td>11.3</td>
<td>11.7</td>
</tr>
<tr>
<td>% Illicit Drug Use</td>
<td>4.7</td>
<td></td>
<td></td>
<td></td>
<td>3.6</td>
</tr>
<tr>
<td>% Ever Sought Help</td>
<td>3.4</td>
<td></td>
<td></td>
<td></td>
<td>7.4</td>
</tr>
</tbody>
</table>

bulb better, cloud similar, purple worse
## COMMUNITY HEALTH NEEDS ASSESSMENT

### Tobacco Use

<table>
<thead>
<tr>
<th>Tobacco Use</th>
<th>Saint Anthony Hospital</th>
<th>Saint Anthony Hospital vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. MCHC Region</td>
<td>vs. IL</td>
</tr>
<tr>
<td>% Current Smoker</td>
<td>18.4</td>
<td>⛅</td>
<td>Х</td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td>29.1</td>
<td>🌶️</td>
<td>🌶️</td>
</tr>
<tr>
<td>% [Non-Smokers] Someone Smokes in the Home</td>
<td>19.7</td>
<td>⛅</td>
<td>⛅</td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in the Home</td>
<td>20.5</td>
<td>🌶️</td>
<td>🌶️</td>
</tr>
<tr>
<td>% [Smokers] Received Advice to Quit Smoking</td>
<td>92.2</td>
<td>🌶️</td>
<td>🌶️</td>
</tr>
<tr>
<td>% Smoke Cigars</td>
<td>7.1</td>
<td>🌶️</td>
<td>🌶️</td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td>3.0</td>
<td>🌶️</td>
<td>🌶️</td>
</tr>
</tbody>
</table>

### Vision

<table>
<thead>
<tr>
<th>Vision</th>
<th>Saint Anthony Hospital</th>
<th>Saint Anthony Hospital vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. MCHC Region</td>
<td>vs. IL</td>
</tr>
<tr>
<td>% Blindness/Trouble Seeing</td>
<td>17.1</td>
<td>🌶️</td>
<td>🌶️</td>
</tr>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td>50.7</td>
<td>🌶️</td>
<td>🌶️</td>
</tr>
</tbody>
</table>

**Note:** The symbols ⛅, 🌶️, and ⛅️ represent better, similar, and worse, respectively.
Community Description
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)

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Total Land Area (Square Miles)</th>
<th>Population Density (Per Square Mile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook County</td>
<td>5,212,372</td>
<td>945.08</td>
</tr>
<tr>
<td>MCHC Region</td>
<td>6,837,274</td>
<td>1,716.04</td>
</tr>
<tr>
<td>Illinois</td>
<td>12,848,554</td>
<td>55,504.25</td>
</tr>
<tr>
<td>United States</td>
<td>311,536,591</td>
<td>3,530,997.6</td>
</tr>
</tbody>
</table>

Sources:
- Retrieved August 2015 from Community Commons at [http://www.chna.org](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:

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.

Urban and Rural Population (2010)

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

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)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Cook County</th>
<th>MCHC Region</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-17</td>
<td>24.4%</td>
<td>12.2%</td>
<td>12.1%</td>
<td>12.9%</td>
</tr>
<tr>
<td>Age 18-64</td>
<td>64.4%</td>
<td>22.8%</td>
<td>24.8%</td>
<td>23.7%</td>
</tr>
<tr>
<td>Age 65+</td>
<td>12.2%</td>
<td>12.8%</td>
<td>6.3%</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

Sources:

Median Age

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

Median Age
(2009-2013)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Cook County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Age</td>
<td>35.5</td>
<td>36.8</td>
<td>37.3</td>
</tr>
</tbody>
</table>

Sources:

- 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.
COMMUNITY HEALTH NEEDS ASSESSMENT

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

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>Some Other Race</th>
<th>Multiple Races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook County</td>
<td>24.4%</td>
<td>16.9%</td>
<td>2.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>MCHC Region</td>
<td>19.9%</td>
<td>15.6%</td>
<td>2.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>IL</td>
<td>14.4%</td>
<td>11.0%</td>
<td>2.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>US</td>
<td>12.6%</td>
<td>10.6%</td>
<td>2.5%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>


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)

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook County</td>
<td>24.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCHC Region</td>
<td>22.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IL</td>
<td>16.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>16.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


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)

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)
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)

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).

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)

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

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.
Unemployment Rate
(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)

Sources:

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
Overall Health Status

Self-Reported Health Status

A total of 32.2% of Saint Anthony Hospital Service Area adults rate their overall health as “excellent” or “very good.”

- Another 31.6% gave “good” ratings of their overall health.

However, 36.3% of Saint Anthony Hospital Service Area adults believe that their overall health is “fair” or “poor.”

- Worse than MCHC Region findings.
- Worse than statewide findings.
- Worse than the national percentage.
- TREND: Statistically significant increase has occurred when comparing “fair/poor” overall health reports to previous survey results.
Experience “Fair” or “Poor” Overall Health

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]  
- 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:

- Men.
- Lower-income residents (note the negative correlation with income).
- Blacks and Hispanics.

Experience “Fair” or “Poor” Overall Health  
(SAH Service Area, 2015)

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

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

**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.

A total of 15.8% of Saint Anthony Hospital Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Better than the MCHC Region.
- Similar to the prevalence statewide.
- Better than the national prevalence.
- TREND: Statistically unchanged over time.
Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem

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

- Seniors are much more often limited in activities (positive correlation with age).
- Whites and Blacks are more likely to report activity limitations.

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

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

Issues of mental health and heart conditions were also reported with some frequency among service area adults.

**Type of Problem That Limits Activities**

(Among Those Reporting Activity Limitations; SAH Service Area, 2015)

<table>
<thead>
<tr>
<th>Type of Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis/Rheumatism</td>
<td>17.0%</td>
</tr>
<tr>
<td>Walking Problem</td>
<td>15.8%</td>
</tr>
<tr>
<td>Back/Neck Problem</td>
<td>10.6%</td>
</tr>
<tr>
<td>Depression/Anxiety/Mental</td>
<td>9.1%</td>
</tr>
<tr>
<td>Fracture/Bone/Joint Injury</td>
<td>8.7%</td>
</tr>
<tr>
<td>Heart Problem</td>
<td>4.7%</td>
</tr>
<tr>
<td>Various Other (&lt;3% Each)</td>
<td>34.1%</td>
</tr>
</tbody>
</table>

Sources:  
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]

Notes:  
- Asked of those respondents reporting activity limitations.
Mental Health

About Mental Health & Mental Disorders

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

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

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

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

Healthy People 2020 (www.healthypeople.gov)
Self-Reported Mental Health Status

A total of 49.3% of Saint Anthony Hospital Service Area adults rate their overall mental health as “excellent” or “very good.”

- Another 29.3% gave “good” ratings of their own mental health status.

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

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

A total of 21.4% of Saint Anthony 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]
Notes: Asked of all respondents.
• Adults under 60 and Hispanics are more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

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

Depression

Diagnosed Depression

A total of 15.7% of service area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

• Similar to the MCHC Region.
• Better than the national finding.
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.
Asked of all respondents.
Depressive disorders include depression, major depression, dysthymia, or minor depression.

Notes:

- The prevalence of diagnosed depression is notably higher among women.

Symptoms of Chronic Depression

A total of 38.7% of Saint Anthony 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.
Higher than the national findings.

TREND: The increase since 2009 is not statistically significant.

Have Experienced Symptoms of Chronic Depression

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

- Low-income residents.
- Hispanics.

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.

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

Nearly one-half of area adults consider a typical day to be “not very stressful” (28.8%) or “not at all stressful” (19.0%).

- Another 40.3% gave “moderately stressful” responses.

**Perceived Level of Stress On a Typical Day**

(SAH Service Area, 2015)

- Not Very Stressful: 28.8%
- Not At All Stressful: 19.0%
- Extremely Stressful: 3.3%
- Very Stressful: 8.6%
- Moderately Stressful: 40.3%

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

In contrast, 11.9% of Saint Anthony Hospital Service Area adults experience “extremely” or “very” stressful days on a regular basis.

- Similar to the MCHC Region.
- Similar to the national findings.
- TREND: Statistically similar to the 2009 findings.

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

<table>
<thead>
<tr>
<th></th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>7.0%</td>
<td>11.8%</td>
<td>11.9%</td>
</tr>
<tr>
<td>2012</td>
<td>11.8%</td>
<td>11.8%</td>
<td>11.9%</td>
</tr>
<tr>
<td>2015</td>
<td>11.9%</td>
<td>11.8%</td>
<td>11.9%</td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 102]
Notes: Asked of all respondents.
Note that high stress levels are more prevalent among women and higher-income residents (positive correlation with income).

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

Sleep
While 26.5% 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 (63.2%) 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
(SAH Service Area, 2015)
- The percentage of service area residents reporting 3+ 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

#### SAH Service Area

<table>
<thead>
<tr>
<th>Year</th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>59.5%</td>
<td>63.2%</td>
</tr>
<tr>
<td>2015</td>
<td>62.5%</td>
<td>63.2%</td>
</tr>
</tbody>
</table>

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 those under age 60 (negative correlation with age), Whites, and Hispanics.

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

(SAH Service Area, 2015)

<table>
<thead>
<tr>
<th>Group</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>66.3%</td>
<td>60.3%</td>
<td>71.5%</td>
<td>57.8%</td>
<td>51.2%</td>
<td>55.0%</td>
<td>69.3%</td>
<td>63.3%</td>
<td>71.7%</td>
<td>53.1%</td>
<td>65.8%</td>
<td>63.2%</td>
</tr>
</tbody>
</table>

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

Notes: Asked of all respondents.

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

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

- Similar to the 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

<table>
<thead>
<tr>
<th></th>
<th>Cook County</th>
<th>MCHC Region</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>7.8</td>
<td>8.1</td>
<td>9.7</td>
<td>12.5</td>
</tr>
</tbody>
</table>

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: 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.

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, 73.1% acknowledge that they have sought professional help for a mental or emotional problem.

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

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)

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>82.1%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>10.3%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>7.7%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td></td>
</tr>
</tbody>
</table>

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**

- Lack of access to psychiatry services and counseling. – Physician
- Access to affordable, evidence-based mental illness services that also treat the co-occurring substance addiction and can provide resources to address the other co-morbidities of homelessness and unemployment. – Social Service Representative
- Getting services. – Public Health Expert
- Lack of access to mental health care for Medicaid coverage in Metro Chicago. – Other Health Provider
- Long waiting lists to access psychiatric services and medications and in particular for persons recently incarcerated. – Community/Business Leader
- Clinics being closed. – Social Service Representative
- Huge gap in mental health services for people who are low income. There aren’t resources to refer people to as a community based organization and the few that exist are in financial crises and/or have very long waiting times before someone can be seen. Without comprehensive mental health care people remain in crises and their other life problems are exasperated. – Social Service Representative
- Poorly coordinated mental health system. – Public Health Expert
- Access to medications and services that are needed to manage one’s illness. Stigma surrounding mental health persists. – Social Service Representative
- Access to care and treatment. Too many individuals with mental illness languish in our jails who are ill equipped to address their real problem. – Other Health Provider

**Stigma**

- Culturally, mental illness is taboo and seldom diagnosed or treated. – Social Service Representative
- Stigma surrounding mental health persists. – Social Service Representative
- Stigma related to mental health is huge. Most people don’t admit having mental health issues. There are far too few services available to serve people when they do acknowledge having mental health issues. – Community/Business Leader
- Social stigma. – Physician
- The stigma attached to mental health in the African American community. Coupled with the diminishing resources due to budget cuts. – Other Health Provider
Stigma is a barrier to seeking out services and there is a lack of culturally and linguistically appropriate services. – Public Health Expert

**Lack of Resources**

- There are no mental health service providers for adults or children in this community. – Community/Business Leader
- While there are a number of mental health programs in the community, the biggest challenge is housing for individuals facing mental health challenges. Many of the homeless in the neighborhood have mental health issues. – Other Health Provider
- Lack of Inpatient treatment facilities, lack of programs in general. Undiagnosed problems, lack of money for medications, lack of compliance when medication is provided. No oversight/support by family or friends. Social stigmas prevent people from seeking help. – Social Service Representative
- Not enough specialists. – Physician
- Not enough mental health care is available to those that are affected by the problem. – Community/Business Leader
- Lack of resources because of cutbacks. – Community/Business Leader
- Mental Health services have been cut on local, city and state levels. Residents don’t have access to services and are not processing the social and emotional challenges. – Other Health Provider
- Low number of behavior health providers, particularly for underinsured individuals. – Public Health Expert

**Co-occurrences**

- Violence and homelessness. – Community/Business Leader
- Living with low incomes can lead to high levels of stress. – Other Health Provider

**Leading Cause of Community Violence**

- This is the leading cause to community violence, people do not realize they have mental health concerns and avoid doctor visits due to the stigma of being ill. – Community/Business Leader

**Continuity of Care**

- Outpatient follow-up medication compliance. – Other Health Provider
Death, Disease & Chronic Conditions
Leading Causes of Death

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

![Leading Causes of Death](image)

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

- Heart Disease 25.5%
- Cancer 24.1%
- Stroke 5.1%
- CLRD 4.3%
- Unintentional Injuries 3.7%
- Other 37.3%

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

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

**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)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Cook County</th>
<th>Illinois</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart</td>
<td>183.4</td>
<td>173.9</td>
<td>171.3</td>
<td>156.9*</td>
</tr>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>174.5</td>
<td>174.2</td>
<td>166.2</td>
<td>161.4</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>36.8</td>
<td>37.7</td>
<td>37.0</td>
<td>34.6</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>31.1</td>
<td>39.3</td>
<td>42.0</td>
<td>n/a</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>26.6</td>
<td>32.9</td>
<td>39.2</td>
<td>36.4</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>20.6</td>
<td>19.4</td>
<td>21.3</td>
<td>20.5*</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>17.1</td>
<td>16.8</td>
<td>15.3</td>
<td>n/a</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>15.8</td>
<td>20.0</td>
<td>24.0</td>
<td>n/a</td>
</tr>
<tr>
<td>Kidney Diseases</td>
<td>17.2</td>
<td>17.1</td>
<td>13.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Drug-Induced</td>
<td>11.2</td>
<td>12.1</td>
<td>14.1</td>
<td>11.3</td>
</tr>
<tr>
<td>Firearm-Related</td>
<td>11.2</td>
<td>8.8</td>
<td>10.4</td>
<td>9.3</td>
</tr>
<tr>
<td>Homicide/Legal Intervention</td>
<td>10.5</td>
<td>6.3</td>
<td>5.3</td>
<td>5.5</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease</td>
<td>8.8</td>
<td>8.5</td>
<td>9.9</td>
<td>8.2</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>7.8</td>
<td>9.7</td>
<td>12.5</td>
<td>10.2</td>
</tr>
<tr>
<td>Motor Vehicle Deaths</td>
<td>5.8</td>
<td>7.9</td>
<td>10.7</td>
<td>12.4</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>2.7</td>
<td>1.6</td>
<td>2.2</td>
<td>3.3</td>
</tr>
</tbody>
</table>

**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.

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

About Heart Disease & Stroke

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

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)

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.
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)

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**

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

**TREND:** The stroke rate has *declined* in recent years, echoing the trends reported across Illinois and the US overall.
**Prevalence of Heart Disease & Stroke**

**Prevalence of Heart Disease**

A total of 5.2% 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.
- TRENDS: Significantly **increased** since 2009.

**Prevalence of Heart Disease**

<table>
<thead>
<tr>
<th>Year</th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>5.2%</td>
<td>5.4%</td>
<td>6.1%</td>
</tr>
<tr>
<td>2012</td>
<td>6.4%</td>
<td>6.4%</td>
<td>6.1%</td>
</tr>
<tr>
<td>2015</td>
<td>5.2%</td>
<td>6.4%</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

**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:**
- 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.
Adults more likely to have been diagnosed with chronic heart disease include men, adults age 40 and older, and Whites.

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

<table>
<thead>
<tr>
<th>Income Categories</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5.9%</td>
<td>4.5%</td>
<td>0.5%</td>
<td>9.6%</td>
<td>10.4%</td>
<td>6.0%</td>
<td>9.4%</td>
<td>4.5%</td>
<td>11.8%</td>
<td>5.1%</td>
<td>3.1%</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. 

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

### Prevalence of Stroke
A total of 2.4% 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.
Adults more likely to have been diagnosed with stroke include:

- Older residents (positive correlation with age).
- Blacks (when compared to Hispanics).

**Prevalence of Stroke**

(SAH Service Area, 2015)

<table>
<thead>
<tr>
<th>Income Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Low Income</td>
<td>2.1%</td>
<td>2.6%</td>
<td>0.0%</td>
<td>3.5%</td>
<td>6.3%</td>
<td>4.8%</td>
<td>1.6%</td>
<td>1.2%</td>
<td>3.6%</td>
<td>5.1%</td>
<td>0.6%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Low Income</td>
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<tr>
<td>Mid/High Income</td>
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<tr>
<td>White</td>
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<tr>
<td>Black</td>
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<tr>
<td>Hispanic</td>
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</tr>
<tr>
<td>Overall</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>2.4%</td>
</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Cardiovascular Risk Factors

**About Cardiovascular Risk**

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

- Healthy People 2020 (www.healthypeople.gov)

**Hypertension (High Blood Pressure)**

**High Blood Pressure Testing**

A total of 93.7% of Saint Anthony Hospital Service Area adults have had their blood pressure tested within the past two years.

- Similar to the MCHC Region.
- Similar to the national findings.
- Similar to the Healthy People 2020 target (92.6% or higher).
- TREND: Statistically unchanged since 2009.

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

Healthy People 2020 Target = 92.6% or Higher

<table>
<thead>
<tr>
<th></th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>91.8%</td>
<td>95.4%</td>
<td>91.0%</td>
</tr>
<tr>
<td>2012</td>
<td>92.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>93.7%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.
Prevalence of Hypertension

A total of 37.0% of adults have been told at some point that their blood pressure was high.

- Similar to the MCHC Region.
- Higher than the Illinois prevalence.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- TREND: Marks a statistically significant increase over time.
- Among hypertensive adults, 71.3% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower

Hypertension diagnoses are higher among:

- Older adults (positive correlation with age).
- Blacks.
Prevalence of High Blood Pressure
(SAH Service Area, 2015)
Healthy People 2020 Target = 26.9% or Lower

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]

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

Hypertension Management
Among respondents who have been told that their blood pressure was high, 99.2% 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.

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

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

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 90.7% of Saint Anthony Hospital Service Area adults have had their blood cholesterol checked within the past five years.

- Similar to the MCHC Region.
- Better than Illinois findings.
- Better than the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- TREND: Statistically unchanged over time.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher

<table>
<thead>
<tr>
<th>Year</th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>90.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>92.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>90.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Adults less likely to have had blood cholesterol screenings include:

- Men.
- Younger residents (positive correlation with age).
- Hispanics.
Have Had Blood Cholesterol Levels Checked in the Past Five Years
(SAH Service Area, 2015)

Healthy People 2020 Target = 82.1% or Higher

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]

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

Self-Reported High Blood Cholesterol

A total of 33.6% of adults have been told by a health professional that their cholesterol level was high.

- Similar to regional, state, and US findings.
- 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]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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 15.5% of Saint Anthony 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 women and adults 40 and older (positive correlation with age).
- Keep in mind that “unknowns” are relatively high in young adults.

**Prevalence of High Blood Cholesterol**

(SAH Service Area, 2015)

*Healthy People 2020 Target = 13.5% or Lower*

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>24.8%</td>
<td>42.0%</td>
<td>36.1%</td>
<td>59.7%</td>
<td>44.0%</td>
<td>32.9%</td>
<td>33.1%</td>
<td>36.4%</td>
<td>31.6%</td>
<td>34.2%</td>
<td>33.6%</td>
<td></td>
</tr>
</tbody>
</table>

**High Cholesterol Management**

Among adults who have been told that their blood cholesterol was high, 94.7% report that they are currently taking actions to control their cholesterol levels.

- Higher than the MCHC Region.
- Higher than the nationwide findings.
- TREND: Statistically unchanged since 2012.
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.

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### 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

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.
Total Cardiovascular Risk

A total of 91.8% of Saint Anthony 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.

- Worse than the MCHC Region.
- Worse than national findings.
- TREND: Statistically significant increase since 2009.

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.
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.

Note the positive correlation between age and cardiovascular risk factors.

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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>45.9%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>40.5%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>8.1%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

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

Cardiovascular disease is the leading cause of death in the United States and is largely ameliorable through prevention. Financial and cultural barriers to screening, behavior change, and medication adherence all contribute to high rates of avoidable morbidity, particularly among socioeconomic groups more likely to live in urban areas. – Public Health Expert

A review of the hospital admission information indicates that heart disease and strokes are major problems. For Better Health Network ACA members, heart disease seems to be prevalent. – Other Health Provider

Many of my siblings, relatives and neighbors have experienced heart disease and stroke. My father died as the result of this disease. – Social Service Representative

Heart disease and stroke are the number one and four causes of death in Illinois and locally. More people will die from the two than any other causes of death. – Other Health Provider

Stress affects likelihood of adopting health lifestyles. Sedentary personal habits and work environments. – Other Health Provider

High rates of disease, especially among racial and ethnic minorities. – Public Health Expert

Lack of Education

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

People don’t come in as soon as they have symptoms and then don’t get maximum care. – Physician

Contributing Factors

Lack of proper nutrition, poor lifestyle choices, job and family responsibilities limit time for exercise. Fast food places are everywhere. – Social Service Representative

Lack of Resources

Lack of resources. – Social Service Representative

Disease Management

Noncompliance with medications. – 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)

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 regional, state, and national rates.
- 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.

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**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>196.5</td>
<td>192.1</td>
<td>190.9</td>
<td>187.1</td>
<td>184.7</td>
<td>179.7</td>
<td>177.2</td>
<td>174.5</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>222.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic Asian</td>
<td>99.0</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>114.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Races/Ethnicities</td>
<td>174.5</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Year</th>
<th>Cook County</th>
<th>Illinois</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-2006</td>
<td>196.5</td>
<td>191.9</td>
<td>184.6</td>
</tr>
<tr>
<td>2005-2007</td>
<td>192.1</td>
<td>189.1</td>
<td>182.1</td>
</tr>
<tr>
<td>2006-2008</td>
<td>190.9</td>
<td>186.8</td>
<td>179.2</td>
</tr>
<tr>
<td>2007-2009</td>
<td>187.1</td>
<td>184.4</td>
<td>176.4</td>
</tr>
<tr>
<td>2008-2010</td>
<td>184.7</td>
<td>181.8</td>
<td>174.2</td>
</tr>
<tr>
<td>2009-2011</td>
<td>179.7</td>
<td>178.4</td>
<td>171.8</td>
</tr>
<tr>
<td>2010-2012</td>
<td>177.2</td>
<td>176.4</td>
<td>169.4</td>
</tr>
<tr>
<td>2011-2013</td>
<td>174.5</td>
<td>174.2</td>
<td>166.2</td>
</tr>
</tbody>
</table>

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.
- 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)

<table>
<thead>
<tr>
<th></th>
<th>Cook County</th>
<th>MCHC Region</th>
<th>IL</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Cancer</td>
<td>43.9</td>
<td>42.3</td>
<td>47.5</td>
<td>44.7</td>
<td>45.5</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>24.2</td>
<td>23.7</td>
<td>22.8</td>
<td>21.3</td>
<td>20.7</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>23.1</td>
<td>21.9</td>
<td>20.5</td>
<td>19.8</td>
<td>21.8</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>16.7</td>
<td>15.8</td>
<td>15.9</td>
<td>14.9</td>
<td>14.5</td>
</tr>
</tbody>
</table>

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.
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.

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.

Cook County reported an annual average age-adjusted cervical cancer incidence rate of 10.2 cases per 100,000 between 2007 and 2011.

- 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:  

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:  

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 0.5% of surveyed Saint Anthony Hospital Service Area adults report having been diagnosed with skin cancer.

- Better than the MCHC Region.
- Better than what is found statewide.
- Better than the national average.
- TREND: Statistically unchanged since 2009.

Prevalence of Skin Cancer

Other Cancer
A total of 5.3% of respondents have been diagnosed with some type of (non-skin) cancer.

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

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Prevalence of Cancer (Other Than Skin Cancer)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
- 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

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.


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, more than 6 in 10 (65.2%) 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.
female breast cancer screening

about screening for breast cancer

the us preventive services task force (uspstf) recommends screening mammography, with or without clinical breast examination (cbe), every 1-2 years for women age 40 and older.

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

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

¬ us preventive services task force, agency for healthcare research and quality, us department of health & human services

note that other organizations (e.g., american cancer society, american academy of family physicians, american college of physicians, national cancer institute) may have slightly different screening guidelines.
Mammography

Among women age 50-74, 78.4% have had a mammogram within the past two years.

- Similar to the MCHC Region.
- Similar to statewide findings (which represent all women 50+).
- Similar to national findings.
- Similar to the Healthy People 2020 target of 81.1% or higher.
- Among women 40+, 71.7% 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]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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.


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, 83.1% have had a Pap smear within the past three years.

- Similar to the MCHC Region.
- Higher than 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.
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]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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.


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, 73.6% 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.

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, over 6 in 10 (64.3%) 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, 23.9% 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 SAH Service Area Adults Age 50 and Older, 2015)

No 25.3%
IL = 64.3%
US = 75.2%
Yes 74.7%
IL = 11.2%
US = 36.9%
No 76.1%

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 131-132]

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)

Major Problem Moderate Problem Minor Problem No Problem At All
29.7% 37.8% 27.0% 5.4%

Sources: 2015 PRC Online Key Informant Survey.
TOP CONCERNS
Among those rating this issue as a “major problem,” reasons frequently related to the following:

Prevalence/Incidence
The death rates of African American women with breast cancer. The incidence of breast cancer in my community. – Other Health Provider
Very high prevalence in the area. Classes and support groups at local cancer support centers are filled. We have land contaminated by refineries, wells polluted by industrial chemicals and air polluted by all the traffic and congestion. Many other household and yard maintenance chemicals are ruining our soil and getting into the land, air and water. – Social Service Representative
The Englewood Community has high rates of breast and cervical cancer. The Metropolitan Breast Cancer Task Force provides free mammograms, but some residents aren’t taking advantage of this opportunity. – Social Service Representative

Prevention
Cancer is a major problem because our communities, most of which rely on Medicaid for care, are not screened or tested in a timely fashion and are being diagnosed in late stages. – Social Service Representative
When individuals learn they have cancer it’s usually in the late stages. – Other Health Provider
Lack of early detection. Environmental issues in low income neighborhoods. – Other Health Provider
Because there is little preventative care being practiced. People don’t have regular visits so early signs would be captured. They usually go to the doctor when the problem is grave and the prognosis is usually very bad. – Other Health Provider

Leading Cause of Death
Cancer is the second leading cause of death in Illinois and its costs in terms of treatment/care and impact on families is significant. – Other Health Provider
Respiratory Disease

About Asthma & COPD

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

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

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

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

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

Risk factors for asthma currently being investigated include:

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

Chronic Lower Respiratory Disease Deaths (CLRD)

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.

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

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

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 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.

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**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.

The county’s pneumonia/influenza mortality rate is highest among Blacks.
• TREND: Service 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)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook County</td>
<td>21.6</td>
<td>21.4</td>
<td>20.9</td>
<td>20.3</td>
<td>18.8</td>
<td>17.9</td>
<td>17.2</td>
<td>17.1</td>
</tr>
<tr>
<td>Illinois</td>
<td>21.8</td>
<td>21.0</td>
<td>19.9</td>
<td>19.0</td>
<td>17.9</td>
<td>17.1</td>
<td>16.6</td>
<td>16.8</td>
</tr>
<tr>
<td>US</td>
<td>19.9</td>
<td>18.7</td>
<td>17.6</td>
<td>17.0</td>
<td>16.4</td>
<td>15.8</td>
<td>15.1</td>
<td>15.3</td>
</tr>
</tbody>
</table>

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)
A total of 6.4% of Saint Anthony Hospital Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

• Similar to the regional, state, and national percentages.
• TREND: Statistically unchanged over time.
• 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.
Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]  
- 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 9.1% of service area adults currently suffer from asthma.

- Similar to the regional, state, and national findings.  
- 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]  

Notes:  
- Asked of all respondents.  
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.
Blacks are more likely to have asthma (compared to Hispanics).

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

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>10.1%</td>
<td>8.1%</td>
<td>7.7%</td>
<td>13.8%</td>
<td>7.4%</td>
<td>11.0%</td>
<td>10.4%</td>
<td>8.5%</td>
<td>10.5%</td>
<td>14.0%</td>
<td>6.0%</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
Notes: Asked of all respondents. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Children
Among area children under age 18, 3.7% currently have asthma.

- Lower than the MCHC Region.
- Similar to national findings.
- TRENDS: Statistically unchanged over time.
- No significant difference by child’s gender.

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

<table>
<thead>
<tr>
<th></th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>3.7%</td>
<td>3.7%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>4.1%</td>
<td>3.7%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]
Notes: Asked of all respondents with children 0 to 17 in the household. Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.
**Key Informant Input: Respiratory Disease**

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

### Perceptions of Respiratory Diseases as a Problem in the Community

*(Key Informants, 2015)*

- **Major Problem**: 40.5%
- **Moderate Problem**: 24.3%
- **Minor Problem**: 29.7%
- **No Problem At All**: 5.4%

*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**
  - COPD, asthma, and emphysema are all prevalent in communities of greatest need and treatment and prevention opportunities are not as available. – Social Service Representative
  - COPD is the third leading cause of death in the US and 50 percent of adults with low pulmonary function are not aware that they have COPD. – Other Health Provider
  - A statistic was published a few years ago stating the community was one of the highest in the state for asthma. – Public Health Expert
  - The target population we serve has COPD and asthma and the biggest problem is continuity of care and access to medications. – Community/Business Leader
  - Incidents of asthma and bronchitis seems to be growing among the youth I service. – Social Service Representative

- **Contributing Factors**
  - Poor housing and pollution. – Social Service Representative
  - Near refineries, chemicals shipped on the Cal Sag and I&M canals. Heavy truck traffic on local streets and expressways, chemicals on lawns and in air. – Social Service Representative
  - Pollution. – Other Health Provider
  - Smoking is a major social behavior that is leading to more respiratory illness. Poor living conditions is also affecting childhood asthma. – Other Health Provider
  - Smoking. – Social Service Representative
  - Smoking, pollution. – Other Health Provider

- **Medication Cost**
  - Over-cost of medications. – Other Health Provider
Injury & Violence

About Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

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

Healthy People 2020 (www.healthypeople.gov)
Leading Causes of Accidental Death
Poisoning (including accidental drug overdose), falls, motor vehicle accidents, and suffocation accounted for most accidental deaths in Cook County in 2013.

![Pie chart showing the distribution of accidental death causes in Cook County, 2013.]

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

- Poisoning/Noxious Substances 40.8%
- Falls 20.2%
- Motor Vehicle Accidents 20.0%
- Suffocation 5.8%
- Other 13.4%

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

**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 state and US rates.
- 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.

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.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Cook County</th>
<th>Illinois</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-2006</td>
<td>31.3</td>
<td>33.6</td>
<td>39.3</td>
</tr>
<tr>
<td>2005-2007</td>
<td>31.3</td>
<td>33.9</td>
<td>40.0</td>
</tr>
<tr>
<td>2006-2008</td>
<td>30.7</td>
<td>33.8</td>
<td>39.9</td>
</tr>
<tr>
<td>2007-2009</td>
<td>27.3</td>
<td>32.3</td>
<td>39.0</td>
</tr>
<tr>
<td>2008-2010</td>
<td>25.9</td>
<td>31.1</td>
<td>38.2</td>
</tr>
<tr>
<td>2009-2011</td>
<td>25.0</td>
<td>30.8</td>
<td>38.2</td>
</tr>
<tr>
<td>2010-2012</td>
<td>25.7</td>
<td>31.9</td>
<td>38.7</td>
</tr>
<tr>
<td>2011-2013</td>
<td>26.6</td>
<td>32.9</td>
<td>39.2</td>
</tr>
</tbody>
</table>

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.

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

- 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

- 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

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook County</td>
<td>8.7</td>
<td>8.4</td>
<td>7.6</td>
<td>6.7</td>
<td>5.8</td>
<td>5.6</td>
<td>5.7</td>
<td>5.8</td>
</tr>
<tr>
<td>Illinois</td>
<td>11.2</td>
<td>10.7</td>
<td>9.8</td>
<td>8.8</td>
<td>7.9</td>
<td>7.6</td>
<td>7.8</td>
<td>7.9</td>
</tr>
<tr>
<td>US</td>
<td>14.6</td>
<td>14.3</td>
<td>13.5</td>
<td>12.4</td>
<td>11.4</td>
<td>10.8</td>
<td>10.7</td>
<td>10.7</td>
</tr>
</tbody>
</table>

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.

Seat Belt Usage - Adults

Most Saint Anthony Hospital Service Area adults (87.6%) report “always” wearing a seat belt when driving or riding in a vehicle.

- Similar to the MCHC Region.
- Similar to the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.0% or higher.
- TREND: Significantly increased since 2009.
These population segments are less likely to report consistent seat belt usage:

- Adults under 40.
- Hispanics.

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

A full 86.7% of service area parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Similar to the MCHC Region.
- Similar to what is found nationally.
- TREND: Statistically unchanged 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-third of Saint Anthony Hospital Service Area children age 5 to 17 (37.6%) are reported to “always” wear a helmet when riding a bicycle.

- Similar to 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)

- Major Problem
- Moderate Problem
- Minor Problem
- No Problem At All

Challenges

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

Prevalence/Incidence

Unintentional injuries remain the cause of a high proportion of morbidity and mortality in Chicago. – Public Health Expert
I lumped this in with community violence, there are unintended victims in many acts of violence. Social Service Representative
Firearms

There are cases of people accidentally shooting themselves because they have unauthorized firearms. – Community/Business Leader

Too many guns. – Physician

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:
- 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

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

**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.

**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.

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Random content to fill space:

**Random Content:**
- **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

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

**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.

**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.
Presence of Firearms in Homes

Overall, 6.5% of Saint Anthony 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 Saint Anthony Hospital Service Area households with children, 5.7% 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).

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

- Men.
- Residents with higher incomes (positive correlation with income).
- Whites.
### Have a Firearm Kept in or Around the House
(SAH Service Area, 2015)

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>9.8%</td>
</tr>
<tr>
<td>Women</td>
<td>3.3%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>4.7%</td>
</tr>
<tr>
<td>40 to 59</td>
<td>10.1%</td>
</tr>
<tr>
<td>60+</td>
<td>6.7%</td>
</tr>
<tr>
<td>Very Low Income</td>
<td>2.5%</td>
</tr>
<tr>
<td>Low Income</td>
<td>6.6%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>11.4%</td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>12.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7.1%</td>
</tr>
<tr>
<td>Overall</td>
<td>6.5%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### 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.

- Less favorable than the regional, state, and national rates.
- 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)

<table>
<thead>
<tr>
<th></th>
<th>Cook County</th>
<th>MCHC Region</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 5.5 or Lower</td>
<td>10.5</td>
<td>8.6</td>
<td>6.3</td>
<td>5.3</td>
</tr>
</tbody>
</table>

**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.

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

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Non-Hispanic White</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>11.5</td>
<td>11.3</td>
<td>11.4</td>
<td>11.2</td>
<td>11.1</td>
<td>10.6</td>
<td>10.6</td>
<td>10.5</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6.8</td>
<td>6.8</td>
<td>6.8</td>
<td>6.8</td>
<td>6.6</td>
<td>6.4</td>
<td>6.3</td>
<td>6.3</td>
</tr>
<tr>
<td>All Races/Ethnicities</td>
<td>6.1</td>
<td>6.1</td>
<td>6.1</td>
<td>5.8</td>
<td>5.6</td>
<td>5.4</td>
<td>5.3</td>
<td>5.3</td>
</tr>
</tbody>
</table>

**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 homicide rate decreased over the past decade in the region, echoing the state and national trends.
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
(Rate per 100,000 Population, 2011-2013)

Illinois State Police.

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

(Rate per 100,000 Population)

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

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook County</td>
<td>829.7</td>
<td>818.3</td>
<td>810.4</td>
<td>785.3</td>
<td>746.2</td>
<td>691.5</td>
<td>663.6</td>
<td>630.9</td>
</tr>
<tr>
<td>Illinois</td>
<td>546.5</td>
<td>542.3</td>
<td>534.3</td>
<td>519.5</td>
<td>490.1</td>
<td>455.4</td>
<td>427.4</td>
<td>403.2</td>
</tr>
<tr>
<td>US</td>
<td>470.5</td>
<td>473.4</td>
<td>469.9</td>
<td>454.1</td>
<td>431.3</td>
<td>407.8</td>
<td>393.1</td>
<td>380.9</td>
</tr>
</tbody>
</table>

**Self-Reported Violence**

A total of 13.0% of Saint Anthony Hospital Service Area adults acknowledge being the victim of a violent crime in the past five years.  

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

**Victim of a Violent Crime in the Past Five Years**

**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.
- Older residents.
- Very low income residents and mid to high income residents.
- Whites.

**Victim of a Violent Crime in the Past Five Years**

(SAH Service Area, 2015)

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.8%</td>
<td>6.4%</td>
<td>7.2%</td>
<td>7.1%</td>
<td>6.0%</td>
<td>24.0%</td>
<td>5.7%</td>
<td>3.3%</td>
<td>11.8%</td>
<td>17.6%</td>
<td>13.0%</td>
<td>19.3%</td>
</tr>
</tbody>
</table>

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. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

**Perceived Neighborhood Safety**

About 4 in 10 Saint Anthony Hospital Service Area adults (41.7%) consider their neighborhood to be “extremely” or “quite” safe from crime.

- Another 43.2% gave “slightly safe” ratings of their own neighborhoods.
Perceptions of Neighborhood’s Safety from Crime
(SAH Service Area, 2015)

- Quite Safe 32.6%
- Slightly Safe 43.2%
- Not At All Safe 15.1%
- Extremely Safe 9.1%

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

Note that 15.1% of survey respondents consider their neighborhood to be “not at all safe” from crime.

- Higher than the MCHC Region.
- TREND: Statistically similar to 2012 survey findings.

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

<table>
<thead>
<tr>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAH Service Area</td>
<td>16.0%</td>
</tr>
<tr>
<td>MCHC Region</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

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, lower-income residents (negative correlation with income), Blacks, and Hispanics.
Perceive Neighborhood to be “Not At All Safe” from Crime
(SAH Service Area, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>10.0%</td>
<td>20.2%</td>
<td>10.0%</td>
<td>21.2%</td>
<td>18.1%</td>
<td>32.2%</td>
<td>11.3%</td>
<td>9.5%</td>
<td>3.0%</td>
<td>22.1%</td>
<td>15.9%</td>
<td>15.1%</td>
</tr>
</tbody>
</table>

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

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

Child Safety at School
Among service area parents of school-age children, 10.1% report that their child missed at least one day of school in the past month because of feeling unsafe.

- Higher than the MCHC Region.
- TREND: The increase since 2012 is not statistically significant.

Child Missed School
at Least Once Last Month Due to Feeling Unsafe
(SAH Service Area School-Aged Children)

<table>
<thead>
<tr>
<th></th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>1.9%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>4.0%</td>
<td>10.1%</td>
</tr>
</tbody>
</table>

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 “major problem” in the community.

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

- Major Problem: 64.1%
- Moderate Problem: 20.5%
- Minor Problem: 15.4%
- No Problem At All: 6%

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:

Prevalence/Incidence
- There are so many shootings that happen in this community. People fight on the street and even shoot in the daylight. – Community/Business Leader
- Too many guns. – Physician
- High rates per capita compared to national peers. – Public Health Expert
- Austin consistently ranks among the highest rates of violence of city neighborhoods. The media is full of reports of violence and city data confirms this fact. – Social Service Representative
- Lack of high school diploma. Need to educate offenders about expungement. Need more jobs for youth. – Community/Business Leader
- Lack of resources and lack of exposure to positive non-violent behaviors since early childhood. – Other Health Provider
- Disinvestment in communities of color has led to lack of opportunity, high unemployment and low educational achievement and the institutionalization of poverty. – Other Health Provider
- If you live in Chicago and if you don’t, you know this is an issue that disproportionately affects communities of color. – Social Service Representative

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

This is a dissertation answer. Gangs, poverty, and lack of jobs are just a few of the reasons why there is a high rate of community violence on the south side of Chicago. – Other Health Provider

Lack of employment and ability to meet personal needs drives up community violence. – Community/Business Leader

Youth have no direction and support. As well as lack of programming to address supportive services for youth. – Other Health Provider

Effects of Trauma

Safety is a fundamental need in order to be successful. The trauma, first hand or vicarious, from community violence impacts kids and families and keeps people in survival mode rather than have the ability to grow in a healthy way. It’s a fundamental issue if we want to help people be healthy and be lifted out of poverty. – Social Service Representative

Community violence has direct and indirect impact on the health of the community. – Public Health Expert

Self-Reported Family Violence

A total of 12.3% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Similar to the MCHC Region.
- Similar to 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

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.”

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]

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

Notes:

- Asked of all respondents.
Reports of domestic violence are highest among:

- Women.
- Adults between the ages of 40 and 59.
- Very low income residents.
- Blacks.

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

![Bar chart showing the percentage of individuals affected by domestic violence](chart.png)

**Key Informant Input: Family Violence**
Half of key informants taking part in an online survey characterized Family Violence as a “major problem” in the community.

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

![Pie chart showing the percentage of key informants](chart2.png)

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
- 2015 PRC Online Key Informant Survey.

**Notes:**
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Challenges
Among those rating family violence as a “major problem,” the following represent what key informants see as the main challenges:

Contributing Factors

- The family structure is broken. There are many single family homes and women are angry that have been left to raise children alone and in turn they mistreat children and if the father is still in the picture, he may be abusive. – Community/Business Leader
- With poverty and mental illness and stress, family violence is sure to follow. These issues affect many Chicagoans. – Social Service Representative
- Too many guns, lack of appropriate employment opportunities. – Physician
- It causes mental and physical health problems for at least two generations. – Other Health Provider
- To answer this questions would be akin to a dissertation. There are many root issues that contribute to family violence: a history of being abused, poverty, drugs, alcohol abuse, lack of jobs, etc. – Other Health Provider

Prevalence

- Too many abuse cases. – Community/Business Leader
- Domestic violence rates are high. – Other Health Provider
- There are high levels of gun-related violence, often among family members. There are high rates of domestic violence. – Community/Business Leader

System Issues

- Family violence is evident in the community and has not been properly managed to reduce it sufficiently. – Community/Business Leader
- Family violence concerns are not addressed as it should be due to families keeping the truth well-hidden and not making their problems public. – Community/Business Leader

Co-occurrences

- The violence in our community permeates all the other problems. When people aren’t safe they can’t be healthy. Trauma from violence impacts our kids and families and exacerbates other problems, making it hard to succeed. – Social Service Representative
- Lack of self-esteem and learned aggressive behaviors. – Other Health Provider (Downtown/ West Cook County)

Youth

- Violence is prevalent in the community, particularly among teens and young adults. I have witnessed countless acts of violence among family members and neighbors. – Social Service Representative
Diabetes

About Diabetes

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

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

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

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

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

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

- 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)

![Bar chart showing age-adjusted diabetes mortality rates for Cook County, MCHC Region, IL, and US.]

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 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)

![Bar chart showing age-adjusted diabetes mortality rates by race: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic Asian, Hispanic, All Races/Ethnicities.]

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 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)

<table>
<thead>
<tr>
<th>Year</th>
<th>Cook County</th>
<th>Illinois</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-06</td>
<td>24.5</td>
<td>23.5</td>
<td>24.4</td>
</tr>
<tr>
<td>2005-07</td>
<td>24.1</td>
<td>22.6</td>
<td>23.8</td>
</tr>
<tr>
<td>2006-08</td>
<td>23.6</td>
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<td>22.8</td>
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<td>2007-09</td>
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<td>2009-11</td>
<td>21.4</td>
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<td>21.1</td>
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<tr>
<td>2010-12</td>
<td>20.8</td>
<td>19.0</td>
<td>21.2</td>
</tr>
<tr>
<td>2011-13</td>
<td>20.6</td>
<td>19.4</td>
<td>21.3</td>
</tr>
</tbody>
</table>

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 Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes
A total of 17.1% of Saint Anthony Hospital Service Area adults report having been diagnosed with diabetes.

- Higher than the MCHC Region.
- Higher than the statewide proportion.
- Higher than the national proportion.
- TREND: Significantly increased since 2009.

In addition to the prevalence of diagnosed diabetes referenced above, another 7.2% of service area adults report that they have “pre-diabetes” or “borderline diabetes.”

- Similar to the US prevalence.
A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Older adults (positive correlation with age).
- Blacks.
Diabetes Testing
Of service area adults who have not been diagnosed with diabetes, 53.4% report having had their blood sugar level tested within the past three years.

- Similar to the MCHC Region.
- Similar to 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 7 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)

CHALLENGES
Among those rating this issue as a “major problem,” the biggest challenges for people with diabetes are seen as:
Disease Management

Clients often have the information needed to manage their diabetes but simply do not have the means. Policy, systems, and environmental changes are necessary to encourage and allow clients to make lifestyle changes. Just knowing what to do is not the same as knowing how. – Social Service Representative

Acceptance of disease. Refusal to test (some due to monetary issues), refusal of medications, refusal to gain dietary control, etc. Just refusing to accept disease and diagnosis. – Public Health Expert

Bad eating habits contribute to obesity, which can cause diabetic concerns for our community. Without educational programs that address obesity our community will continue to consume junk not healthy for the body. – Community/Business Leader

They may not know how to manage their diabetes. – Other Health Provider

Patients not understanding how to effectively manage diabetes. – Public Health Expert

Nutrition Education

The biggest challenge for people with diabetes is access to proper diet (food and nutrition) and the availability of safe places to exercise. Without effective diet and exercise management tools, people with diabetes in the community are left with few options. As a result, the disease progresses and the individual must cope with expensive and more invasive interventions (oral medications, injectable medications, specialty care, surgery, and amputations). – Social Service Representative

They need education on preventive care. They need education on eating healthy and regular assessable physical activity. – Community/Business Leader

Nutrition education and access to medications. – Other Health Provider

Nutrition information. Access to healthy foods in food deserts. – Social Service Representative

Contributing Factors

It is a commonly known problem among black and Latino populations. – Social Service Representative

Increasing rates of disease due to lifestyle. – Public Health Expert

Morbid obesity, lack of movement and this contributes to chronic diseases beyond diabetes. – Community/Business Leader

Stress is a barrier to adopting healthy lifestyles and also is a physiological contributor. Lack of access to fresh foods and support for changing eating habits. Lack of access to safe physical activities. – Other Health Provider

Access to Foods

There are not many healthy food options. There are two grocery stores but the produce is sometimes questionable. – Community/Business Leader

Access to fresh produce and foods. – Community/Business Leader

Not enough healthy food options in the community. – Social Service Representative

Food deserts, lack of access to fresh fruits and vegetables at an affordable price. – Other Health Provider

Lack of affordable healthy food and lack of knowledge go hand in hand. – Social Service Representative

Access to affordable health foods. – Physician

Leading Cause of Death

Diabetes is the ninth leading cause of death in Illinois and ranks even higher (four or five) in large urban metropolitan areas like Cook County. Diabetes rates have been on the rise due to higher levels of obesity in children. – Other Health Provider

Disease Management

There is a high prevalence and patients are poorly compliant with plans because of insurance, work commitments, etc. – Physician

Lack of Resources

Community-based peer support programs. – Other Health Provider
Alzheimer’s Disease

About Dementia

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer’s Disease Deaths

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

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

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)

<table>
<thead>
<tr>
<th>Race</th>
<th>2011-2013 Avg Deaths per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>16.5</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>17.4</td>
</tr>
<tr>
<td>Non-Hispanic Asian</td>
<td>5.8</td>
</tr>
<tr>
<td>Hispanic</td>
<td>10.4</td>
</tr>
<tr>
<td>All Races/Ethnicities</td>
<td>15.8</td>
</tr>
</tbody>
</table>

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

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

- TREND: Alzheimer’s disease mortality has decreased in Cook County 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)

<table>
<thead>
<tr>
<th>Period</th>
<th>Cook County</th>
<th>Illinois</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-2006</td>
<td>17.7</td>
<td>21.2</td>
<td>23.4</td>
</tr>
<tr>
<td>2005-2007</td>
<td>17.5</td>
<td>21.2</td>
<td>23.8</td>
</tr>
<tr>
<td>2006-2008</td>
<td>17.3</td>
<td>21.8</td>
<td>24.4</td>
</tr>
<tr>
<td>2007-2009</td>
<td>16.8</td>
<td>21.7</td>
<td>24.6</td>
</tr>
<tr>
<td>2008-2010</td>
<td>16.8</td>
<td>21.8</td>
<td>25.0</td>
</tr>
<tr>
<td>2009-2011</td>
<td>16.1</td>
<td>20.7</td>
<td>24.7</td>
</tr>
<tr>
<td>2010-2012</td>
<td>15.8</td>
<td>20.3</td>
<td>24.5</td>
</tr>
<tr>
<td>2011-2013</td>
<td>15.8</td>
<td>20.0</td>
<td>24.0</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>28.6%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>42.9%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>22.9%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Prevalence/Incidence
- There are increasing numbers of African Americans affected by this disease. Limited access to quality medical services hinders prevention and early detection. – Social Service Representative
- The population at risk is growing and we don’t have any quality care facilities in my community. – Other Health Provider
- Seeing an increase in the numbers of people seeking care for dementia. – Public Health Expert
- With the aging of the baby boom generation we have a growing at-risk population for dementia/Alzheimer’s disease. There is little understanding and more importantly recognition of the signs and symptoms. – Other Health Provider

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

Lack of Resources
- Not enough specialists. – Physician
- Lack of services for the patient and caregivers. – Other Health Provider
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.

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)

- **Non-Hispanic White**: 13.4
- **Non-Hispanic Black**: 28.7
- **Non-Hispanic Asian**: 13.1
- **Hispanic**: 13.6
- **All Races/Ethnicities**: 17.2

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

- **Cook County**
  - 2004-2006: 20.9
  - 2006-2008: 21.1
  - 2008-2010: 20.9
  - 2009-2011: 20.1
  - 2010-2012: 18.4
  - 2011-2013: 17.2

- **Illinois**
  - 2004-2006: 19.0
  - 2005-2007: 19.3
  - 2006-2008: 19.5
  - 2007-2009: 19.8
  - 2008-2010: 19.7
  - 2009-2011: 18.9
  - 2010-2012: 17.8
  - 2011-2013: 17.1

- **US**
  - 2005-2007: 14.8
  - 2006-2008: 14.9
  - 2007-2009: 15.0
  - 2008-2010: 15.2
  - 2009-2011: 14.6
  - 2010-2012: 13.9
  - 2011-2013: 13.2

**TREND:** Kidney disease mortality decreased over the past decade.
Prevalence of Kidney Disease

A total of 3.9% of Saint Anthony Hospital Service Area adults report having been diagnosed with kidney disease.

- Similar to the regional, state, and national percentages.
- TREND: Statistically unchanged since 2012.

Prevalence of Kidney Disease

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 33]
Behavioral Risk Factor Surveillance System 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 is reported among women and adults age 60+.

Prevalence of Kidney Disease (SAH 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. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
Key Informant Input: Chronic Kidney Disease

Key informants taking part in an online survey generally characterized Chronic Kidney Disease as a “moderate problem” in the community.

Perceptions of Chronic Kidney Disease as a Problem in the Community
(Key Informants, 2015)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.6%</td>
<td>65.7%</td>
<td>22.9%</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Co-occurrences

The primary causes of kidney disease are uncontrolled diabetes and hypertension. Given the increase in obesity levels we’ve seen a concomitant increase in chronic kidney disease. – Other Health Provider

Lack of Resources

There is a need for more dialysis centers in the community. – Other Health Provider
**Sickle-Cell Anemia**

**Prevalence of Sickle-Cell Anemia**
A total of 1.8% of Saint Anthony Hospital Service Area adults report having been diagnosed with sickle-cell anemia.

- Similar to the MCHC Region.
- TREND: Statistically unchanged since 2012.

### Prevalence of Sickle-Cell Anemia

<table>
<thead>
<tr>
<th>Year</th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>1.9%</td>
<td>1.8%</td>
</tr>
<tr>
<td>2015</td>
<td>1.8%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

**Notes:**
- Asked of all respondents.
- Note the positive correlation between age and sickle-cell anemia.

### Prevalence of Sickle-Cell Anemia (SAH Service Area, 2015)

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]

**Notes:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]
- As indicated, Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
## Potentially Disabling Conditions

### About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

### Arthritis, Osteoporosis, & Chronic Back Conditions

#### Prevalence of Arthritis/Rheumatism

More than 4 in 10 of Saint Anthony Hospital Service Area adults age 50 and older (41.3%) report suffering from arthritis or rheumatism.

- Similar to the MCHC Region.
- Similar to that found nationwide.
- TREND: Significant increase since 2009.
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.
- Reflects respondents age 50 and older.

Notes:

Prevalence of Osteoporosis

A total of 15.2% of survey respondents age 50 and older have osteoporosis.

- Higher than the MCHC Region.
- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- TREND: Significant increase since 2009.

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.

Notes:
- Reflects respondents age 50 and older.
Prevalence of Sciatica/Chronic Back Pain

A total of 20.6% of survey respondents suffer from chronic back pain or sciatica.

- Similar to the MCHC Region.
- Similar to that found nationwide.
- TREND: Increased significantly since 2009.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Key informants taking part in an online survey most often characterized Arthritis, Osteoporosis & Chronic Back Conditions as a “moderate problem” in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community (Key Informants, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>17.1%</td>
<td>42.9%</td>
<td>28.6%</td>
<td>11.4%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Online Key Informant Survey.
TOP CONCERNS

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

Aging Population

As our generations grow old there are two types of arthritis observed, seniors with arthritis preventing completion of daily tasks, limiting physical movement and lack of exercise, making the conditions worse and/or lead to other health problems, and secondly, growing children with symptoms of rheumatoid arthritis possibly due to poor living conditions in clean environments. – Community/Business Leader

High population of seniors and blue collar laborers are afflicted as they age due to age itself or physical stress from jobs. – Social Service Representative

Lack of Specialists

Not enough specialists. – Physician
Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person’s later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

Vision Trouble

A total of 17.1% of Saint Anthony Hospital Service Area adults are blind or have trouble seeing even when wearing corrective lenses.

- Less favorable than the regional, state, and national figures.
- TREND: Significant increase since 2009.
- Among area adults age 60 and older, 20.5% have vision trouble.

Prevalence of Blindness/Trouble Seeing

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
- 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)

In all, 5.7% of Saint Anthony 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 Saint Anthony Hospital Service Area adults age 60 and older, 5.4% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing

<table>
<thead>
<tr>
<th></th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>5.9%</td>
<td>5.0%</td>
<td>5.7%</td>
</tr>
<tr>
<td>2012</td>
<td>5.9%</td>
<td>5.0%</td>
<td>5.7%</td>
</tr>
<tr>
<td>2015</td>
<td>5.9%</td>
<td>5.0%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

Among 60+: 5.4%

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**

Equal shares of key informants taking part in an online survey characterized Vision & Hearing as a “moderate” or “minor” problem in the community.

**Perceptions of Hearing and Vision as a Problem in the Community**

(Key Informants, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>5.7%</td>
<td>42.9%</td>
<td>42.9%</td>
<td>8.6%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Online Key Informant Survey.

**TOP CONCERNS**

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

**Aging Population**

> Again, our aging population. We have had at least a 15 percent increase in the senior population in our area. As a mainly blue collar community, many workers are exposed to damaging noises and many younger people work at a local music theatre and don’t take precautions. – Social Service Representative

**Lack of Preventive Care**

> Regular screenings and doctor visits are not practiced. Also competing priorities for single moms make these issue very low on the list as opposed to an asthma attack. Also lack of knowledge on the total impact on a person’s quality of life, learning, work, etc. – Other Health Provider
Infectious Disease
Influenza & Pneumonia Vaccination

**About Influenza & Pneumonia**

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

**Flu Vaccinations**

**High-Risk Adults**

A total of 52.0% 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 unchanged 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

<table>
<thead>
<tr>
<th></th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>52.0%</td>
<td>45.3%</td>
<td>45.9%</td>
</tr>
<tr>
<td>2015</td>
<td>52.0%</td>
<td>45.9%</td>
<td>45.9%</td>
</tr>
</tbody>
</table>

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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.

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.
Pneumonia Vaccination

High-Risk Adults

A total of 49.5% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Higher than 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

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAH Service Area</td>
<td>41.8%</td>
<td>49.5%</td>
</tr>
<tr>
<td>MCHC Region</td>
<td>37.3%</td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>41.9%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all high-risk respondents under 65.
- “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
**HIV**

**About HIV**

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention.

People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important.

Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)
Age-Adjusted HIV/AIDS Deaths
Between 2011 and 2013, there was an annual average age-adjusted HIV/AIDS mortality rate of 2.7 deaths per 100,000 population in Cook County.

- Less favorable than regional, state, and US rates.
- 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

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.
- 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.

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.
TRENDS: 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

HIV Prevalence
In 2010, there was a prevalence of 558.5 HIV cases per 100,000 population in Cook County.

Worse than the regional, state, and US figures.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2010)
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)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Cook County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>320.6</td>
<td>140.9</td>
<td>180.2</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>1,128.0</td>
<td>1,034.7</td>
<td>1,235.5</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>445.6</td>
<td>340.1</td>
<td>464.1</td>
</tr>
<tr>
<td>All Races/Ethnicities</td>
<td>558.5</td>
<td>300.1</td>
<td>340.4</td>
</tr>
</tbody>
</table>

**Sources:**

**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 Saint Anthony Hospital Service Area adults age 18-44, 25.1% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Similar to regional and national findings.
- TREND: Statistically similar to 2012.

**Tested for HIV in the Past Year**
(Among Adults Age 18-44)

<table>
<thead>
<tr>
<th></th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>25.1%</td>
<td>28.0%</td>
<td>19.3%</td>
</tr>
<tr>
<td>2015</td>
<td>33.7%</td>
<td>25.1%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Reflects respondents age 18 to 44.
Key Informant Input: HIV/AIDS

The largest share of key informants taking part in an online survey characterized HIV/AIDS as a “minor problem” in the community.

Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 2015)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.6%</td>
<td>28.9%</td>
<td>34.2%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

At-Risk Populations

Englewood has high rates of HIV/AIDS for youth age 14-24. There are a high number of teens that have sex unprotected, but Miles Square Health Center provides free condoms. – Social Service Representative

There is a high prevalence of drug abuse in the community, particularly heroin use. Needle sharing is common. There is also both male and female prostitution associated with this drug abuse. – Other Health Provider

Many people are having unprotected sex, making the risk of contracting HIV/AIDS higher. People are not being tested to be aware of their status. – Other Health Provider

Rates of infection among Latinos. – Other Health Provider

African Americans have the highest population with the HIV and highest rate of new infections. – Social Service Representative

High rates of disease among black MSM. – Public Health Expert

Contributing Factors

Early life experiences and resources may lead to poor choices than for people with adequate resources and positive life experiences. – Other Health Provider

HIV/AIDS is a major problem in the community because of the co-occurrence of substance addiction disorders and the high rate of injectable drug users. There are also confounding issues around poor safe sex practices and forced prostitution. – Social Service Representative

Population Living with HIV/AIDS

While fewer people are dying from AIDS, the number of persons living with HIV/AIDS is still high. These individuals face the same burden of chronic disease and conditions as the rest of the population. – Other Health Provider
Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons "linked" by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2012, the chlamydia incidence rate in Cook County was 727.3 cases per 100,000 population.

- Worse than the MCHC Region.
- Worse than the Illinois incidence rate.
- Worse than the national incidence rate.
The gonorrhea incidence rate in Cook County was 230.8 cases per 100,000 population in 2012.

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

**Chlamydia & Gonorrhea Incidence**

(Incidence Rate per 100,000 Population, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Cook County</th>
<th>MCHC Region</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>727.3</td>
<td>619.6</td>
<td>526.1</td>
<td>456.7</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>230.8</td>
<td>184.7</td>
<td>141.0</td>
<td>107.5</td>
</tr>
</tbody>
</table>


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, nearly 4 in 10 Saint Anthony Hospital Service Area adults (39.8%) report having received the hepatitis B vaccination series.

- Similar to regional and national findings.
- TREND: Statistically unchanged over time.

**Have Completed the Hepatitis B Vaccination Series**

<table>
<thead>
<tr>
<th></th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>39.7%</td>
<td>41.8%</td>
<td>44.7%</td>
</tr>
<tr>
<td>2012</td>
<td>39.6%</td>
<td>41.8%</td>
<td>44.7%</td>
</tr>
<tr>
<td>2015</td>
<td>39.8%</td>
<td>41.8%</td>
<td>44.7%</td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]

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.
- In addition, Hispanics are less likely to have received the hepatitis B vaccine.

### Have Completed the Hepatitis B Vaccination Series
(SAH Service Area, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have Completed</td>
<td>39.8%</td>
<td>39.8%</td>
<td>55.5%</td>
<td>32.4%</td>
<td>18.9%</td>
<td>46.2%</td>
<td>34.7%</td>
<td>34.1%</td>
<td>44.0%</td>
<td>50.4%</td>
<td>30.1%</td>
<td>39.8%</td>
</tr>
</tbody>
</table>

**Sources:** 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]

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

### Safe Sexual Practices

**Sexual Partners**

Among unmarried Saint Anthony Hospital Service Area adults under 65, the majority cites having one (48.2%) or no (39.6%) sexual partners in the past 12 months.

### Number of Sexual Partners in Past 12 Months
(Among Unmarried Adults Age 18-64; SAH Service Area, 2015)

- None 39.6%
- One 48.2%
- Two 4.3%
- Three/More 7.9%

**Sources:** 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]

**Notes:**
- Asked of all unmarried respondents under the age of 65.
However, 7.9% report three or more sexual partners in the past year.

- Lower than the MCHC Region.
- Similar to that reported nationally.
- TREND: Statistically significant decrease 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]

Notes:
- Asked of all unmarried respondents under the age of 65.

- Unmarried men (age 18 to 64) are more likely to report three or more sexual partners in the past year.

**Had Three or More Sexual Partners in the Past Year**
(Among Unmarried Adults Age 18-64; SAH 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. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Condom Use

Among Saint Anthony Hospital Service Area adults who are under age 65 and unmarried, 48.2% report that a condom was used during their last sexual intercourse.

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

Condom Was Used During Last Sexual Intercourse
(Among Unmarried Adults Age 18-64)

Key Informant Input: Sexually Transmitted Diseases

The largest share of key informants taking part in an online survey characterized Sexually Transmitted Diseases as a “major problem” in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community
(Key Informants, 2015)

Sources:  
- 2015 PRC Online Key Informant Survey.
TOP CONCERNS

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

Lack of Education

Lack of education about STD’s. – Social Service Representative
For many of the same reasons as teen pregnancy, there are not widespread accessible resources for young (and old) people to learn about STDs and how to prevent them. We can do a better job of normalizing safe sex. – Social Service Representative
Unprotected sex with multiple partners. High volume of STDs seen in Emergency Room. – Other Health Provider
Lack of education at the grassroots level. – Community/Business Leader
Lack of knowledge, poor health practices, myths and low self-esteem. – Other Health Provider
Based on the previous need of family planning and HIV infections, there is a lack of understanding about STD’s. – Social Service Representative

Unsafe Sex

Sexually active young adults with multiple partners is increasing the occurrence of STDs. – Other Health Provider
Residents are having sex unprotected. – Social Service Representative
A lot of youth are having unprotected sex. – Other Health Provider
Forced prostitution and poor safe sex practices. – Social Service Representative
Given the increase in pregnancy and birthrates in this community, one can assume that safe sex is not a common practice, therefore STDs are a problem. – Community/Business Leader

STD Prevalence

Statistics indicate STDs are on the rise. With apps and computers, people are meeting without any personal history, which is a recipe for disaster. Rates have been shown to be increasing. Treatment centers are closing and much harder to access. – Public Health Expert
Chlamydia rates have increased over the last 10 years and if untreated can lead to significant reproductive issues, including fallopian tube scarring and infertility in females and urethritis and epididymitis in males. – 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)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>23.7%</td>
<td>31.6%</td>
<td>36.8%</td>
<td>7.9%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Online Key Informant Survey.

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

Incomplete Immunizations

- Too many school students start school late because they are lacking immunizations. – Community/Business Leader
- There is also a number of children in this community that are not receiving immunizations. – Other Health Provider

Comorbidity Issues

- While I do not believe that immunizations are a problem in the community, infectious diseases like pneumonia are a problem because of comorbid issues like high rate of pollution and poor housing. – Social Service Representative

Lack of Access to Primary Care

- This is an assumption based on the lack of medical providers in the area. – Community/Business Leader

Injection Drug Use

- Needle sharing from drug abuse can lead to infectious diseases. – Other Health Provider
Births
### 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)

**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 regional and state proportions.
- 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:

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

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:

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

TREND: The Cook County proportion of low-weight births remained stable over the past decade, in keeping with state and national trends.

Sources:

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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook County</td>
<td>9.1</td>
<td>9.0</td>
<td>9.0</td>
<td>9.0</td>
<td>8.9</td>
</tr>
<tr>
<td>Illinois</td>
<td>4.1</td>
<td>4.1</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>US</td>
<td>8.2</td>
<td>8.2</td>
<td>8.1</td>
<td>8.1</td>
<td>8.0</td>
</tr>
</tbody>
</table>

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.
Infant Mortality

Between 2011 and 2013, Cook County reported an annual average of 6.7 infant deaths per 1,000 live births.

- Higher than the regional, state, and national rates.
- 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:  

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:  

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

Key Informant Input: Infant & Child Health
Equal shares of key informants taking part in an online survey characterized Infant & Child Health as a “major” or “moderate” problem in the community.

Perceptions of Infant and Child 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:

Birth & Death Rates
- The Englewood community has somewhat high rates of pre-term birth and infant mortality. Some parents don’t know the proper way to sleep their infants. – Social Service Representative
- Premature birth rates are high and there is a lack of early childhood services or access to early childhood services. – Other Health Provider
- High rates of infant mortality persist among racial and ethnic minorities. – Public Health Expert
- Infant mortality rates remain unacceptably high. – Other Health Provider

Access to Care
- Infant and child health is a major problem because of poor access to prenatal care and the prevalence of comorbid maternal illness like poor mental health and substance addiction. – Social Service Representative
- This is a community of working poor who don’t always qualify for assistance that would be helpful. – Physician

Lack of Education
- Lack of knowledge by patient of the importance of good prenatal care along with follow-up care of the newborn (i.e. MD appointments and immunizations). – Community/Business Leader
- Lack of education about infant and child health. Lack of early childhood funding to support programs to help communities where these gaps exist. – Social Service Representative
- For Better Health Network, this is a major health initiative given the number of infant and children in the network. Prenatal care is a must to deliver healthy babies. – Other Health Provider

Weight
- Children have poor eating habits and some are underweight and some are overweight. – Community/Business Leader
Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

Healthy People 2020 (www.healthypeople.gov)

Between 2011 and 2013, 7.9% of live births in Cook County were to mothers under age 20.

- Higher than the MCHC Region.
- Similar to the Illinois proportion.
- Similar to the national proportion.

Births to Teen Mothers

(Births to Women Under 20 as a Percentage of Live Births, 2011-2013)

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)

- 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 Live Births)

Key Informant Input: Family Planning
Key informants taking part in an online survey largely characterized Family Planning as a “major problem” in the community.
Perceptions of Family Planning as a Problem in the Community
(Key Informants, 2015)

![Bar chart showing percentages for Major Problem (46.2%), Moderate Problem (30.8%), Minor Problem (15.4%), and No Problem At All (7.7%).]

Sources: 2015 PRC Online Key Informant Survey.

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

Youth
- There are too many young adults and teens that are becoming pregnant. If there was more education and family planning resources available, perhaps pregnancy rates would not be so high. – Community/Business Leader
- Chicago maintains a higher than acceptable teen pregnancy rate as well as pregnancies that are not spaced. Teens and families need to feel empowered and able to talk about sensitive issues such as sexual activity. There is little support and resources for families beyond sex education. For uninsured women, there are few options for free birth control. – Social Service Representative
- Teen pregnancy is a major issue our youth encounter. – Community/Business Leader
- There are too many teenage women who have babies. – Community/Business Leader
- There is a large percentage of teenagers and youth engaged in risky sexual behaviors with many becoming parents. – Social Service Representative
- Youth need mentors to address the importance of not getting pregnant. – Community/Business Leader
- A lot of young kids having children and not using protection. – Other Health Provider
- High teen pregnancy rates. – Public Health Expert

Access to Care
- Lack of access to resources and positive life experiences throughout life affect available choices that may be different than those chosen when resources are available. – Other Health Provider
- Access to medical care and huge gap in education about family planning. – Social Service Representative

Birth Control
- Adolescents are not using birth control and STD prevention or condoms. – Other Health Provider
- The area is very religious and are conflicted regarding the use of birth control. Women do not feel empowered to say “no,” even in the immediate postpartum period. – Physician

Socioeconomics
- Because on the increasing number of poor women who become pregnant. – Other Health Provider

Birth Outcomes
- Premature births, the number of single parents are alarming. – Other Health Provider
Modifiable Health Risks
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.


Factors Contributing to Premature Deaths in the United States

<table>
<thead>
<tr>
<th>Factors</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Care</td>
<td>10%</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>5%</td>
</tr>
<tr>
<td>Social Circumstances</td>
<td>15%</td>
</tr>
<tr>
<td>Genetics</td>
<td>30%</td>
</tr>
<tr>
<td>Lifestyle/Behaviors</td>
<td>40%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>18%</td>
</tr>
<tr>
<td>Diet/Inactivity</td>
<td>17%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>4%</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>3%</td>
</tr>
<tr>
<td>Toxic Agents</td>
<td>2%</td>
</tr>
<tr>
<td>Motor Vehicles</td>
<td>2%</td>
</tr>
<tr>
<td>Firearms</td>
<td>1%</td>
</tr>
<tr>
<td>Sexual Behavior</td>
<td>1%</td>
</tr>
<tr>
<td>Illicit Drugs</td>
<td>1%</td>
</tr>
</tbody>
</table>

Sources:  
<table>
<thead>
<tr>
<th>Leading Causes of Death</th>
<th>Underlying Risk Factors  (Actual Causes of Death)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiovascular Disease</strong></td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Elevated serum cholesterol</td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Improper diet</td>
</tr>
<tr>
<td><strong>Cerebrovascular Disease</strong></td>
<td>High blood pressure</td>
</tr>
<tr>
<td></td>
<td>Tobacco use</td>
</tr>
<tr>
<td><strong>Accidental Injuries</strong></td>
<td>Safety belt noncompliance</td>
</tr>
<tr>
<td></td>
<td>Alcohol/substance abuse</td>
</tr>
<tr>
<td></td>
<td>Reckless driving</td>
</tr>
<tr>
<td><strong>Chronic Lung Disease</strong></td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Occupational/environmental exposures</td>
</tr>
</tbody>
</table>

**Nutrition**

**About Healthful Diet & Healthy Weight**

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:
- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:
- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

**Social Determinants of Diet.** Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:
- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

**Physical Determinants of Diet.** Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person’s diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people’s—particularly children’s—food choices.
- Healthy People 2020 (www.healthypeople.gov)
Daily Recommendation of Fruits/Vegetables

A total of 19.8% of Saint Anthony Hospital Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- Lower than the regional results.
- Lower than national findings.
- TREND: Fruit/vegetable consumption has decreased significantly since 2009.

Consume Five or More Servings of Fruits/Vegetables Per Day

Fruit/vegetable consumption does not differ significantly by demographic characteristics.
Access to Fresh Produce

**Difficulty Accessing Fresh Produce**

While most report little or no difficulty, 25.0% of area adults report that it is “very” or “somewhat” difficult for them to access affordable, fresh fruits and vegetables.

**Level of Difficulty Finding Fresh Produce at an Affordable Price**

(SAH Service Area, 2015)

- Not At All Difficult: 50.3%
- Not Too Difficult: 24.7%
- Somewhat Difficult: 20.0%
- Very Difficult: 5.0%

**Sources:** 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]

**Notes:** Asked of all respondents.

- Higher than the regional results.
- Similar to the national findings.
- TREND: Statistically unchanged since 2012.

**Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce**

<table>
<thead>
<tr>
<th>Year</th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>25.0%</td>
<td>16.2%</td>
<td>24.4%</td>
</tr>
<tr>
<td>2015</td>
<td>29.4%</td>
<td>25.0%</td>
<td>28.4%</td>
</tr>
</tbody>
</table>

**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.

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?”
Those more likely to report difficulty getting fresh fruits and vegetables include:

- Lower-income residents (negative correlation with age).
- Blacks.

**Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce**
(SAH Service Area, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 PRC Community Health Survey, Professional Research Consultants, Inc.</td>
<td>Item 91</td>
<td></td>
<td></td>
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<tr>
<td>Notes:</td>
<td>2015 PRC Community Health Survey, Professional Research Consultants, Inc.</td>
<td>Item 91</td>
<td></td>
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<tr>
<td>2015 PRC Community Health Survey, Professional Research Consultants, Inc.</td>
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<tr>
<td>2015 PRC Community Health Survey, Professional Research Consultants, Inc.</td>
<td>Item 91</td>
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<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**Low Food Access (Food Deserts)**
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)

429,611 individuals have low food access

- The following map provides an illustration of food deserts by census tract.

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.
Health Advice About Diet & Nutrition
A total of 48.2% 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: Statistically unchanged since 2009.
- Note: Among overweight/obese respondents, 54.4% report receiving diet/nutrition advice (meaning that over 4 in 10 did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

<table>
<thead>
<tr>
<th>Source</th>
<th>2009</th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>US: All Adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCHC Region: All Adults</td>
<td>48.9</td>
<td>41.7</td>
<td>48.2</td>
</tr>
<tr>
<td>SAH Service Area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAH Svc Area: All Adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy Weight</td>
<td>32.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overwt/Obese</td>
<td>54.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Adults</td>
<td>48.2</td>
<td>47.1</td>
<td>39.2</td>
</tr>
</tbody>
</table>

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]  
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.
Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors positively associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors negatively associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)
Leisure-Time Physical Activity

A total of 20.0% of Saint Anthony Hospital Service Area adults report no leisure-time physical activity in the past month.

- 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 improved since 2009.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower

- Lack of leisure-time physical activity in the area is higher among adults between the ages of 40 and 59.

Sources:
- PRC Community Health Surveys. Professional Research Consultants, Inc. [Item 92]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
No Leisure-Time Physical Activity in the Past Month
(SAH Service Area, 2015)
Healthy People 2020 Target = 32.6% or Lower

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>16.4%</td>
<td>23.6%</td>
<td>13.0%</td>
<td>29.9%</td>
<td>23.3%</td>
<td>26.3%</td>
<td>19.6%</td>
<td>17.9%</td>
<td>13.6%</td>
<td>19.1%</td>
<td>23.5%</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

**Recommended Levels of Physical Activity**

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

Recommended Levels of Physical Activity

A total of 45.3% of 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 unchanged since 2009.

Meets Physical Activity Recommendations (SAH Service Area, 2015)

Source: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]

Notes: Asked of all respondents.

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

In this case the term “meets physical activity recommendations” refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Note the positive correlation with income.
Moderate & Vigorous Physical Activity

In the past month:

A total of 32.1% 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 28.1% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Lower than the nationwide figure.
- TREND: Statistically significant decrease since the 2009 findings (not shown).

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 148-149]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
- Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

Access to Safe & Affordable Places for Exercise

Most Saint Anthony Hospital Service Area adults do not find it difficult to access safe and affordable places for exercise, with 48.1% considering it “not at all difficult” and 27.1% reporting that it is “not too difficult.”
In contrast, a total of 24.8% of Saint Anthony Hospital Service Area adults find it “somewhat” or “very” difficult to access safe and affordable places for exercise.

- Less favorable than the MCHC Region.
- TREND: Statistically unchanged over time.

Adults age 40 and older and lower-income residents (negative correlation with income) 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 (SAH Service Area, 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Exercise</td>
<td>22.1%</td>
<td>27.4%</td>
<td>16.8%</td>
<td>32.1%</td>
<td>33.9%</td>
<td>35.3%</td>
<td>27.7%</td>
<td>18.2%</td>
<td>20.3%</td>
<td>23.3%</td>
<td>28.0%</td>
<td>24.8%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
Notes: Asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Access to Physical Activity

Access to Recreation & Fitness Facilities
Between 2008 and 2012, there were 9.4 recreation/fitness facilities for every 100,000 population in Cook County.

- Worse than regional and statewide results.
- Similar to what is found nationally.

Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2008-2012)

<table>
<thead>
<tr>
<th>Region</th>
<th>Facilities per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook County</td>
<td>9.4</td>
</tr>
<tr>
<td>MCHC Region</td>
<td>10.8</td>
</tr>
<tr>
<td>IL</td>
<td>10.2</td>
</tr>
<tr>
<td>US</td>
<td>9.7</td>
</tr>
</tbody>
</table>

Sources: US Census Bureau, County Business Patterns: 2011. Additional data analysis by CARES.
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 51.4% of Saint Anthony Hospital 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: 58.8% of overweight/obese Saint Anthony Hospital Service Area respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)

Children’s Physical Activity
Among area children age 2-17, 48.4% 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.
- No significant difference between boys and girls.
Child Is Physically Active for One or More Hours per Day
(Among Children Age 2-17)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 117)
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.
**Weight Status**

**About Overweight & Obesity**

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals’ knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: \( \left( \frac{\text{weight (pounds)}}{\text{height squared (inches^2)}} \right) \times 703. \)

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².


<table>
<thead>
<tr>
<th>Classification of Overweight and Obesity by BMI</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>

Adult Weight Status

Healthy Weight

Based on self-reported heights and weights, 30.6% of Saint Anthony Hospital Service Area adults are at a healthy weight.

- Similar to 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.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

Two-thirds of Saint Anthony Hospital Service Area adults (67.6%) are overweight.

- Similar to the regional results.
- Similar to the Illinois prevalence.
- Similar to the US overweight prevalence.
- TREND: Statistically unchanged since 2009.
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.

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, 38.8% of Saint Anthony Hospital Service Area adults are obese.

- Worse than the regional, state, and national findings.
- Fails to satisfy 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.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
Obesity is notably more prevalent among:

- Women.
- Adults age 40 to 59.
- Lower-income residents (negative correlation with income).
- Blacks.

**Prevalence of Obesity**
(Percent of Adults With a BMI of 30.0 or Higher; SAH Service Area, 2015)

*Healthy People 2020 Target = 30.5% or Lower*

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>26.2%</td>
<td>51.6%</td>
<td>47.9%</td>
<td>40.8%</td>
<td>51.8%</td>
<td>41.7%</td>
<td>44.3%</td>
<td>48.8%</td>
<td>32.5%</td>
<td>38.8%</td>
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<td></td>
</tr>
<tr>
<td>Women</td>
<td>32.7%</td>
<td>47.9%</td>
<td>40.8%</td>
<td>51.8%</td>
<td>41.7%</td>
<td>44.3%</td>
<td>48.8%</td>
<td>32.5%</td>
<td>38.8%</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>18 to 39</td>
<td>0%</td>
<td>20%</td>
<td>40%</td>
<td>60%</td>
<td>80%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>40 to 59</td>
<td>26.2%</td>
<td>51.6%</td>
<td>47.9%</td>
<td>40.8%</td>
<td>51.8%</td>
<td>41.7%</td>
<td>44.3%</td>
<td>48.8%</td>
<td>32.5%</td>
<td>38.8%</td>
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<td></td>
</tr>
<tr>
<td>60+</td>
<td>32.7%</td>
<td>47.9%</td>
<td>40.8%</td>
<td>51.8%</td>
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<td>44.3%</td>
<td>48.8%</td>
<td>32.5%</td>
<td>38.8%</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Very Low Income</td>
<td>40.8%</td>
<td>51.8%</td>
<td>41.7%</td>
<td>44.3%</td>
<td>48.8%</td>
<td>32.5%</td>
<td>38.8%</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Low Income</td>
<td>51.8%</td>
<td>41.7%</td>
<td>44.3%</td>
<td>48.8%</td>
<td>32.5%</td>
<td>38.8%</td>
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<td></td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>41.7%</td>
<td>44.3%</td>
<td>48.8%</td>
<td>32.5%</td>
<td>38.8%</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>44.3%</td>
<td>48.8%</td>
<td>32.5%</td>
<td>38.8%</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>48.8%</td>
<td>32.5%</td>
<td>38.8%</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>32.5%</td>
<td>38.8%</td>
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<tr>
<td>Overall</td>
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</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]

Notes:
- Based on reported heights and weights; asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living at defined poverty status. “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

**Actual vs. Perceived Body Weight**

A total of 10.7% of obese adults and 50.4% of overweight (but not obese) adults feel that their current weight is “about right.”

- 44.9% of overweight (but not obese) adults see themselves as “somewhat overweight.”
- 39.2% of obese adults see themselves as “very overweight.”
Actual vs. Perceived Weight Status
(Among Overweight/Obese Adults Based on BMI; SAH Service Area, 2015)

Among Adults Overweight But Not Obese (BMI 25.0-29.9) Among Obese Adults (BMI 30+)

Perceive Self as “Very/Somewhat Underweight” 50.4% 4.9%
Perceive Self as “About the Right Weight” 10.7% 49.9%
Perceive Self as “Somewhat Overweight” 44.9% 39.2%
Perceive Self as “Very Overweight” 0.1% 0.1%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 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.

The correlation between overweight and various health issues cannot be disputed.

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).
- Arthritis/Rheumatism.
- Sciatica/Back Pain.
- Kidney Disease.

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 28, 29, 33, 125]
Notes: Based on reported heights and weights, asked of all respondents.
Weight Management

Health Advice

A total of 35.9% 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 44.4% 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)

<table>
<thead>
<tr>
<th>Source Area</th>
<th>Healthy Weight</th>
<th>Overwt/Obese</th>
<th>All Adults</th>
<th>All Adults</th>
<th>All Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAH Service Area</td>
<td>20.2%</td>
<td>44.4%</td>
<td>35.9%</td>
<td>30.0%</td>
<td>23.7%</td>
</tr>
<tr>
<td>MCHC Region</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2009 21.3% 2012 32.9% 2015 35.9%

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 98, 153]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Weight Control

About Maintaining a Healthy Weight

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

- Healthy People 2020 (www.healthypeople.gov)
A total of 41.3% of Saint Anthony 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.

- Similar to the regional results.
- Similar to national findings.
- TREND: Statistically unchanged since 2009.

**Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity**

(Among Overweight or Obese Respondents)

<table>
<thead>
<tr>
<th>Year</th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>41.3%</td>
<td>42.6%</td>
<td>39.5%</td>
</tr>
<tr>
<td>2012</td>
<td>42.6%</td>
<td>46.4%</td>
<td>41.3%</td>
</tr>
<tr>
<td>2015</td>
<td>46.4%</td>
<td>41.3%</td>
<td>29.6%</td>
</tr>
</tbody>
</table>

**Childhood Overweight & Obesity**

**About Weight Status in Children & Teens**

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child’s BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight ≤5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

- Centers for Disease Control and Prevention
Based on the heights/weights reported by surveyed parents, 43.3% of Saint Anthony Hospital Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Similar to the regional results.
- Similar to the US percentage.
- TREND: Statistically unchanged over time.

### Child Total Overweight Prevalence
(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAH Service Area</td>
<td>41.2%</td>
<td>43.3%</td>
</tr>
<tr>
<td>MCHC Region</td>
<td>31.6%</td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>31.5%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children’s Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 31.6% of Saint Anthony Hospital Service Area children age 5 to 17 are obese (≥95th percentile).

- Higher than the regional results.
- Higher than the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: The increase over time is not significant.
- Higher among boys.
**Child Obesity Prevalence**

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

*Healthy People 2020 Target = 14.5% or Lower*

**Notes:**
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

**Key Informant Input: Nutrition, Physical Activity & Weight**

A majority of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a “major problem” in the community.

**Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community**

(Key Informants, 2015)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>64.1%</td>
<td>23.1%</td>
<td>7.7%</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2015 PRC Online Key Informant Survey.
Top Concerns
Among those rating this issue as a “major problem,” reasons frequently related to the following:

**Infrastructure**
- Lack of parks and safe spaces in the West side communities to be outdoors. Lack of funding for programs that help to teach about nutrition and promote physical activity. Food deserts make this hard to improve. – Social Service Representative
- Safe and inviting outdoor space. – Social Service Representative
- People don’t feel safe walking or exercising outside in Chicago due to gun violence. – Physician
- Inadequate resources is a barrier to adopting healthy lifestyles. Lack of access to nutritious food and safe places for physical activity. – Other Health Provider
- Lifestyle changes are needed to improve nutrition and physical activity. To do this, ongoing investment has to occur in communities at greatest risk. – Public Health Expert
- Limited physical and all season spaces for activity. – Public Health Expert
- Some areas are unsafe for children to be outside. Lack of time to cook healthy meals and exercise. Cost and convenience of junk/processed/prepared foods versus fruits, vegetables and lean meats. – Social Service Representative
- With limited resources residents buy what is cheapest (fast food), which is usually not nutritious. Crime reduces the ability for children to play and be as active as they would, which causes weight gain. Lack of knowledge on healthy living, food and lifestyles. – Other Health Provider
- Food deserts, lack of safe places to be active in many neighborhoods. Gun violence. – Other Health Provider

**Food Options**
- There is not enough good fresh food and healthy products. Not enough structured weight training programs. – Community/Business Leader
- There are not enough full service grocery stores. Residents have very little access to healthy, fresh food. The violence in the community affects residents having the opportunity to engage in physical activity. High percentages of residents are overweight or obese. – Community/Business Leader
- Lack of healthy food options. – Social Service Representative

**Obesity**
- Lack of nutrition is the leading cause of obesity. – Community/Business Leader
- Obesity is epidemic. – Physician
- Obesity seems to be a growing issue in this community. – Community/Business Leader
- Obesity is a national issue, but due to the lack of access to healthy foods and prevalence of violence, African-Americans are disproportionately impacted. – Social Service Representative
- Morbid obesity. – Community/Business Leader

**Culture**
- Current western lifestyles create environments that favor reduced physical activity and consumption of calorie rich, nutrient poor foods. – Other Health Provider
- Policy, system and environmental changes are needed to influence lifestyle changes and behaviors. While health-focused after-school programming is great, it does not change the reality of the home life of the child, nor does it change the obesogenic environment in which they live. – Social Service Representative

**Specialists**
- Not enough specialists. – Physician

**Denial**
- Denial, bigger is acceptable now. – Public Health Expert
Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community’s perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers’ understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.8 deaths per 100,000 population in Cook County.

- Higher than the 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

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</tr>
</thead>
<tbody>
<tr>
<td>Cook County</td>
<td>9.5</td>
<td>9.3</td>
<td>9.4</td>
<td>9.0</td>
<td>8.8</td>
<td>8.5</td>
<td>8.4</td>
<td>8.8</td>
</tr>
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<td>Illinois</td>
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<td>8.0</td>
<td>8.3</td>
<td>8.2</td>
<td>8.3</td>
<td>8.2</td>
<td>8.3</td>
<td>8.5</td>
</tr>
<tr>
<td>US</td>
<td>8.9</td>
<td>8.9</td>
<td>9.0</td>
<td>9.1</td>
<td>9.2</td>
<td>9.4</td>
<td>9.7</td>
<td>9.9</td>
</tr>
</tbody>
</table>

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: The mortality rate has decreased in the region over the past decade; statewide and nationwide, rates have increased.
Liver Disease

A total of 2.5% of area adults report having been diagnosed with liver disease.

- Similar to the regional results.
- TREND: Statistically unchanged since 2012.

High-Risk Alcohol Use

Current Drinking

A total of 48.9% of area adults had at least one drink of alcohol in the past month (current drinkers).

- More favorable than the regional, state, and national results.
- TREND: Statistically unchanged since 2009.
Current drinking is more prevalent among:

- Men.
- Adults under 40.
- Residents with higher incomes.
- Whites and Blacks.

**Current Drinkers**

(SAH Service Area, 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Drinkers</td>
<td>61.5%</td>
<td>36.9%</td>
<td>40.9%</td>
<td>57.1%</td>
<td>42.3%</td>
<td>47.3%</td>
<td>41.5%</td>
<td>58.5%</td>
<td>75.4%</td>
<td>58.2%</td>
<td>48.9%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]

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

**Chronic Drinking**

A total of 7.7% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Worse than the regional results.
- Similar to the US proportion.
- TREND: Statistically increased since 2009.
Chronic Drinking is more prevalent among men, residents with very low incomes, and Blacks.

### Chronic Drinkers (SAH Service Area, 2015)

- Men: 14.5%
- Women: 1.2%
- 18 to 39: 9.3%
- 40 to 59: 4.1%
- 60+: 8.6%
- Very Low Income: 12.5%
- Low Income: 2.4%
- Mid/High Income: 7.4%
- White: 5.1%
- Black: 12.4%
- Hispanic: 6.1%
- Overall: 7.7%

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.
Binge Drinking
A total of 16.1% of Saint Anthony Hospital Service Area adults are binge drinkers.

- Similar to the regional results.
- Lower than the Illinois findings.
- Similar to national findings.
- Satisfies 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]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- Men.
- Younger adults (negative correlation with age).
- Residents with higher incomes (positive correlation with income).
**Binge Drinkers**  
(SAH Service Area, 2015)  
Healthy People 2020 Target = 24.4% or Lower

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.5%</td>
<td>11.8%</td>
<td>23.2%</td>
<td>11.7%</td>
<td>6.4%</td>
<td>9.2%</td>
<td>11.1%</td>
<td>18.7%</td>
<td>13.4%</td>
<td>17.5%</td>
<td>16.9%</td>
<td>16.1%</td>
</tr>
</tbody>
</table>

Sources:  
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc.  

Notes:  
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

**Drinking & Driving**

A total of 0.8% of Saint Anthony 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 from 2009 survey results, but marking a statistically significant decrease since 2012.

**Have Driven in the Past Month After Perhaps Having Too Much to Drink**

<table>
<thead>
<tr>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>US</th>
<th>2009</th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.8%</td>
<td>1.4%</td>
<td>5.0%</td>
<td>1.2%</td>
<td>10.0%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>
**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

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:
- 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 Cook County 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:
- 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 5.3% of area adults acknowledge using an illicit drug in the past month.

- Similar to the regional results.
- Similar to 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

![Graph showing illicit drug use percentages for SAH Service Area, MCHC Region, and US from 2009 to 2015.]

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- 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.

Alcohol & Drug Treatment
A total of 3.4% of Saint Anthony Hospital Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Identical to the regional results.
- Similar to the national prevalence.
- TREND: Statistically unchanged over time.
Key Informant Input: Substance Abuse

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

Perceptions of Substance Abuse as a Problem in the Community
(Key Informants, 2015)

Sources: 2015 PRC Online Key Informant Survey.

BARRIERS TO TREATMENT

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

Lack of Resources

The biggest barrier is the perception of cost associated with public services that assist with treatment. – Community/Business Leader

There are too few low cost treatment centers available. – Community/Business Leader

Not enough resources. – Physician

The lack of substance abuse centers in the community. Some people don't like to leave their
neighborhood for services and some don't have access to a car or money for bus fare. – Social Service Representative

Long waits for treatment. There are wait times between in-house hospitalization and detox and outpatient or residential programs. – Community/Business Leader

Limited treatment centers. – Other Health Provider

Access similar to mental health services remains a problem as oftentimes substance abuse and mental health services are offered in tandem. They are difficult to locate, difficult to get an appointment, and are not always covered by Medicaid. – Social Service Representative

Insurance and availability of beds in programs. – Other Health Provider

Lack of resources to provide treatment. Gap in education about treatment so it's hard to get people convinced to go and then hard to get them in if they want to go. – Social Service Representative

I think there are good substance abuse programs in the community, but as in any addiction, the person has to be willing to accept this treatment. What may be lacking is peer support programs to help members through the process of detox and during outpatient treatment. Without a supportive environment relapse into again abusing drugs and alcohol. – Other Health Provider

Contributing Factors

This is not my area of expertise but what I know is illicit drug use is higher among white teenagers than African Americans or Latinos. Minority teenagers are more often arrested and charged with drug crimes, 95 percent of the youths before both juvenile and adult criminal court judges in Cook County in 1998 were African American or Latino. – Other Health Provider

Stigma attached to rehab, people unaware or in denial about friends and family members' abuse, high homeless population. – Social Service Representative

Fear of being labeled as crazy and the stigma associated with mental health in our neighborhood. Poor assessment of the root cause for some behaviors. Some persons in jail should really be in a mental health institution. – Other Health Provider

Lack of economic and other social resources from early childhood on. – Other Health Provider

Prevalence of Drugs

Anyone can see drug sales being made at any time of day on any given corner. – Community/Business Leader

Increasing rates of opioid use/abuse in Chicago. – Public Health Expert

Lack of Education

Not knowledgeable about where the resources are available. – Community/Business Leader

Youth

Too many students using drugs at an early age. – Community/Business Leader

Most Problematic Substances

Key informants (who rated this as a “major problem”) most often identified alcohol, heroin/other opioids, cocaine or crack, and marijuana as the most problematic substances abused in the community.
<table>
<thead>
<tr>
<th></th>
<th>Most Problematic</th>
<th>Second-Most Problematic</th>
<th>Third-Most Problematic</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>47.6%</td>
<td>15.0%</td>
<td>26.3%</td>
<td>18</td>
</tr>
<tr>
<td>Heroin or Other Opioids</td>
<td>38.1%</td>
<td>15.0%</td>
<td>21.1%</td>
<td>15</td>
</tr>
<tr>
<td>Cocaine or Crack</td>
<td>4.8%</td>
<td>40.0%</td>
<td>10.5%</td>
<td>11</td>
</tr>
<tr>
<td>Marijuana</td>
<td>9.5%</td>
<td>20.0%</td>
<td>5.3%</td>
<td>7</td>
</tr>
<tr>
<td>Prescription Medications</td>
<td>0.0%</td>
<td>0.0%</td>
<td>15.8%</td>
<td>3</td>
</tr>
<tr>
<td>Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)</td>
<td>0.0%</td>
<td>5.0%</td>
<td>5.3%</td>
<td>2</td>
</tr>
<tr>
<td>Over-the-Counter Medications</td>
<td>0.0%</td>
<td>0.0%</td>
<td>5.3%</td>
<td>1</td>
</tr>
<tr>
<td>Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)</td>
<td>0.0%</td>
<td>5.0%</td>
<td>0.0%</td>
<td>1</td>
</tr>
<tr>
<td>Methamphetamines or Other Amphetamines</td>
<td>0.0%</td>
<td>0.0%</td>
<td>5.3%</td>
<td>1</td>
</tr>
<tr>
<td>Synthetic Drugs (e.g. Bath Salts, K2/Spice)</td>
<td>0.0%</td>
<td>0.0%</td>
<td>5.3%</td>
<td>1</td>
</tr>
</tbody>
</table>
**Tobacco Use**

**About Tobacco Use**

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

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

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

**Cigarette Smoking**

**Cigarette Smoking Prevalence**

A total of 18.4% of Saint Anthony Hospital Service Area adults currently smoke cigarettes, either regularly (12.6% every day) or occasionally (5.8% on some days).

**Cigarette Smoking Prevalence**

(SAH Service Area, 2015)

- Regular Smoker 12.6%
- Occasional Smoker 5.8%
- Former Smoker 20.6%
- Never Smoked 61.0%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: Asked of all respondents.

- Worse than the regional results.
- Similar to statewide and national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- TREND: Statistically unchanged over time.
Cigarette smoking is more prevalent among:

- Men.
- Residents with very low incomes.
- Whites and Blacks.

### Current Smokers

#### Healthy People 2020 Target = 12.0% or Lower

<table>
<thead>
<tr>
<th>Year</th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>21.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>18.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>18.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]
- 2010 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).
Environmental Tobacco Smoke

A total of 29.1% of Saint Anthony Hospital Service Area adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Worse than the regional results.
- Worse than the national findings.
- TREND: Statistically increased over time.
- Note that 19.7% of Saint Anthony Hospital Service Area non-smokers are exposed to cigarette smoke at home, less favorable than what is found nationally.

Member of Household Smokes at Home

Notably higher among men, low-income residents, and Blacks.
Member of Household Smokes At Home
(SAH Service Area, 2015)

Among households with children, 20.5% have someone who smokes cigarettes in the home.

- Worse than the regional results.
- Worse than the national findings.
- TREND: Statistically unchanged from previous findings.

Percentage of Households With Children
In Which Someone Smokes in the Home
(Among Households With Children)

Sources: 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Reflects respondents with children 0 to 17 in the household.
"Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 92.2% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Better than the regional results.
- Better than the national percentage.
- TREND: Significantly increased since 2012.

Advised by a Healthcare Professional in the Past Year to Quit Smoking (Among Current Smokers)

![Graph showing smoking cessation rates](image)

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]

Notes: Asked of all current smokers.

Other Tobacco Use

Cigars

A total of 7.1% of Saint Anthony Hospital Service Area adults use cigars every day or on some days.
Similar to the regional results.
Higher than 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.

Notes:
- Asked of all respondents.

Smokeless Tobacco
A total of 3.0% of Saint Anthony 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.
- Similar to the state percentage.
- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- TREND: Identical to 2009 findings.
Use of Smokeless Tobacco
Healthy People 2020 Target = 0.3% or Lower

<table>
<thead>
<tr>
<th>Year</th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>3.0%</td>
<td>1.5%</td>
<td>2.6%</td>
<td>4.0%</td>
</tr>
<tr>
<td>2012</td>
<td>3.0%</td>
<td>1.6%</td>
<td>3.0%</td>
<td>3.0%</td>
</tr>
<tr>
<td>2015</td>
<td>3.0%</td>
<td>1.6%</td>
<td>3.0%</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

Sources: 
- PRC Community Health Surveys, Professional Research Consultants, Inc. [item 60]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco or snuff.

Key Informant Input: Tobacco Use

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

Perceptions of Tobacco Use as a Problem in the Community
(Key Informants, 2015)

- Major Problem: 50.0%
- Moderate Problem: 31.6%
- Minor Problem: 13.2%
- No Problem At All: 5.3%

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 Rate of Use

- Despite the increase in cost, there is still a high number of people who smoke. – Community/ Business Leader
- Tobacco can be easily accessed in the community. We have billboards up and there are liquor stores on every other corner. – Social Service Representative
As previously stated, both men and women in this community are smokers. Smoking was one of the top health issues mentioned in Better Health Network’s member health risk screens. – Other Health Provider

Too many young adolescents smoking. – Community/Business Leader

Our target population has a high tendency to smoke due to stress and living in survival mode. – Community/Business Leader

Majority of populations seen are smokers. – Other Health Provider

Living with low income can cause high levels of stress, which is a barrier to adopting healthy lifestyles. – Other Health Provider

Consistently higher than national rates of tobacco use among Chicagoans, youth included. – Public Health Expert

Cigarette smoking is the leading cause of preventable disease and death in the United States, accounting for more than one of every five deaths. – Other Health Provider

Contributing Factors

Peer pressure, environment and lack of education. – Other Health Provider

Too much access and product is sold illegally on the streets. – Community/Business Leader

I see people of all ages, even under 18, smoking cigarettes. They are available in the corner stores, liquor store and even the Family Dollar. – Community/Business Leader

Addiction

Substance addiction. – Social Service Representative

Specialists

Not enough specialists. – Physician
Access to Health Services
Health Insurance Coverage

Type of Healthcare Coverage
A total of 47.3% of Saint Anthony Hospital Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 37.3% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults Age 18-64; SAH Service Area, 2015)

- Insured, Employer-Based 43.0%
- Insured, Self-Purchase 3.9%
- Insured, Unknown Type 0.4%
- Medicaid 17.7%
- Medicare 15.6%
- VA/Military 0.8%
- Medicaid & Medicare 1.5%
- Other Gov’t Coverage 1.7%
- No Insurance/Self-Pay 15.5%

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, 15.5% report having no insurance coverage for healthcare expenses.

- Higher than the regional results.
- Similar to state and national findings; 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)

The following adults (age 18-64) are more likely to be without healthcare insurance coverage:

- Women.
- Low-income residents (negative correlation with income).
- Hispanics.

Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64; SAH Service Area, 2015)
Healthy People 2020 Target = 0.0% (Universal Coverage)

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]

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. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
Recent Lack of Coverage
Among currently insured adults in the Saint Anthony 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.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year
(Among Insured Adults)

Notably higher among lower-income residents and Hispanics.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year
(Among Insured Adults; SAH Service Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
Notes: Asked of all insured respondents.
Difficulties Accessing Healthcare

**About Access to Healthcare**

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

**Difficulties Accessing Services**

A total of 45.6% of Saint Anthony Hospital Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Higher than the regional results.
- Similar to the national findings.
- TREND: Statistically unchanged since 2009.

**Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year**

<table>
<thead>
<tr>
<th></th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>44.3%</td>
<td>45.6%</td>
<td>45.6%</td>
</tr>
<tr>
<td>2012</td>
<td>44.3%</td>
<td>45.6%</td>
<td>45.6%</td>
</tr>
<tr>
<td>2015</td>
<td>44.3%</td>
<td>45.6%</td>
<td>45.6%</td>
</tr>
</tbody>
</table>

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.

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults between 40 and 59.
- Lower-income residents.
- Blacks.

**Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year**  
(SAH Service Area, 2015)

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 Healthcare Access**

Of the tested barriers, inconvenient office hours impacted the greatest share of Saint Anthony Hospital Service Area adults (19.7% say that inconvenient office hours prevented them from obtaining medical care in the past year).

- The proportion of Saint Anthony Hospital Service Area adults impacted was statistically comparable to that found nationwide for each of the tested barriers, with the exception of lack of transportation (less favorable than the national percentage).
Barriers to Access Have Prevented Medical Care in the Past Year

Inconvenient Office Hours

Among all Saint Anthony Hospital Service Area adults, 19.7% report that inconvenient office hours prevented their medical care at least once in the past year.

- Similar to the regional results.
- Similar to the national findings.
- TREND: Statistically similar to 2009 findings.

Inconvenient Office Hours Prevented a Physician Visit 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.
**Cost of Doctor Visits**

A total of 18.3% of Saint Anthony Hospital Service Area respondents report that the cost of a physician visit prevented their medical care in the past year.

- Higher than the regional results.
- Similar to the US prevalence.
- TREND: Statistically unchanged over time.

**Cost Prevented a Physician Visit in the Past Year**

<table>
<thead>
<tr>
<th>Year</th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>18.3%</td>
<td>12.0%</td>
<td>18.2%</td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cost of Prescription Medications**

Among all Saint Anthony Hospital Service Area adults, 18.9% report that cost prevented them from a needed prescription medication at some point in the past year.

- Higher than the regional results.
- Similar to the national findings.
- TREND: Marks a statistically significant decrease over time.

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 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 16.4% 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 14.8% of Saint Anthony Hospital Service Area adults, lack of transportation prevented their care in the past year.

- Higher than the regional results.
- Higher than national findings.
- TREND: Statistically unchanged over time.

Lack of Transportation Prevented Medical Care in the Past Year

<table>
<thead>
<tr>
<th>Year</th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>17.8%</td>
<td>8.5%</td>
<td>9.4%</td>
</tr>
<tr>
<td>2012</td>
<td>9.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>14.8%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 14.2% of survey respondents had difficulty finding a physician in the past year.

- Higher than the regional results.
- Similar to the US prevalence.
- TREND: Statistically significant increase since 2009.
Experienced Difficulty Finding a Doctor in the Past Year

<table>
<thead>
<tr>
<th></th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>6.9%</td>
<td>14.7%</td>
<td>14.2%</td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 Saint Anthony Hospital Service Area adults, 21.2% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Higher than the regional results.
- Higher than the national findings.
- TREND: Statistically unchanged over time.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

<table>
<thead>
<tr>
<th></th>
<th>SAH Service Area</th>
<th>MCHC Region</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>17.3%</td>
<td>21.0%</td>
<td>21.2%</td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

- Lower-income residents (negative correlation with income).
- Blacks.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (SAH Service Area, 2015)

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.

Accessing Healthcare for Children

A total of 4.5% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Similar to the regional results.
- Similar to what is reported nationwide.
- TREND: Statistically unchanged over time.
Had Trouble Obtaining Medical Care for Child in the Past Year  
(Among Parents of Children 0-17)

Parents with trouble obtaining medical care for their child mainly reported barriers due to cost or lack of insurance coverage, insurance issues, and long waits for an appointment.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited insurance issues or long waits for appointments.

**Key Informant Input: Access to Healthcare Services**
Key informants taking part in an online survey more often characterized **Access to Healthcare Services** as a “moderate problem” in the community.

**Perceptions of Access to Healthcare Services as a Problem in the Community**
(Key Informants, 2015)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>36.8%</td>
<td>44.7%</td>
<td>10.5%</td>
<td>7.9%</td>
</tr>
</tbody>
</table>

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

I am not sure if the community is aware of their medical options and also there are not many FQHC’s in the area. There exist mostly store front clinics who offer questionable care. – Community/Business Leader

Physician shortage, no viable insurance options available for new or less than five year immigrants, care that is expensive and thus unattainable, transportation issues related to doctor visits or follow up appointments. – Social Service Representative

Access to a facility which can support the cultural and insurance needs if the patient. – Community/Business Leader

Access to mental health care, including specialty care and psychiatry. Without such access to affordable care, both mental health and physical health outcomes will be negatively impacted and very quickly. Medicaid services are really scarce for mental health. Psychiatry is more scarce than psychotherapy for all populations regardless of the insurer. There is a lack of providers who are willing to bill any form of government or private insurance. The horrific gun violence in South Cook is renewing itself over and over because families are not getting the most basic care when their loved ones are lost to gun violence. The impact on physical and mental health is serious and resources are already hard to access. Many providers do not know how to provide adequate care for their patients who are transsexual, lesbian or gay. Lack of exposure or training. My community needs better access to quality, confidential substance abuse assessment and treatment. – Other Health Provider

Many people are uninsured. There are not enough hospitals, trauma centers, or health clinics in the community. – Community/Business Leader

Transportation to services in the local community, hours of operations for some PCP office locations, lack of awareness of community based programs and services. – Other Health Provider

As a provider of both mental health care and substance addiction counseling and treatment, the biggest challenge related to access is the acknowledgement of illness and the support of the individual in the community. Our participants are limited by transportation and that has been addressed through the distribution of bus passes (although this remains a challenge in terms of cost, since the expense is not reimbursed). Our participants are also denied access through the multifactorial domains of homelessness and unemployment. Again, these issues are addressed (but not solved) through strategic partnerships with other community-based organizations and our own service provision of residential treatment and transitional housing. And so, the stigmata of mental illness and the co-occurrence of substance use disorders remains a restriction on access to care. – Social Service Representative

Affordable Care

For the uninsured, especially undocumented individuals, lack of affordable health care. Hours of operation of health care providers not convenient for population served. Health literacy and patients not having access to providers who speak their language. – Public Health Expert

Copays and deductibles can be a burden for low income people, even if insured. Undocumented residents to not have access to ACA benefits. – Other Health Provider

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified mental health, substance abuse treatment, dental care, and chronic disease care as the most difficult to access in the community.
<table>
<thead>
<tr>
<th>Service</th>
<th>Most Difficult to Access</th>
<th>Second–Most Difficult to Access</th>
<th>Third–Most Difficult to Access</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Care</td>
<td>50.0%</td>
<td>21.4%</td>
<td>0.0%</td>
<td>10</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>7.1%</td>
<td>21.4%</td>
<td>23.1%</td>
<td>7</td>
</tr>
<tr>
<td>Dental Care</td>
<td>7.1%</td>
<td>21.4%</td>
<td>7.7%</td>
<td>5</td>
</tr>
<tr>
<td>Chronic Disease Care</td>
<td>7.1%</td>
<td>21.4%</td>
<td>7.7%</td>
<td>5</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>7.1%</td>
<td>0.0%</td>
<td>23.1%</td>
<td>4</td>
</tr>
<tr>
<td>Primary Care</td>
<td>14.3%</td>
<td>7.1%</td>
<td>0.0%</td>
<td>3</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>7.1%</td>
<td>0.0%</td>
<td>15.4%</td>
<td>3</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>0.0%</td>
<td>7.1%</td>
<td>15.4%</td>
<td>3</td>
</tr>
<tr>
<td>Pain Management</td>
<td>0.0%</td>
<td>0.0%</td>
<td>7.7%</td>
<td>1</td>
</tr>
</tbody>
</table>
Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or detect a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In Cook County in 2012, there were 4,807 primary care physicians, translating to a rate of 91.9 primary care physicians per 100,000 population.

- Below the primary care physician-to-population ration found regionally.
- Well above the ratio found statewide.
- Well above the ratio found nationally.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2012)

Sources:  US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.

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.

**Trends in Access to Primary Care**
(Number of Primary Care Physicians per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Cook County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>113.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>116.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>118.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>117.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>118.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>117.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>117.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>118.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>121.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>124.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>122.7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:  

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 62.0% of Saint Anthony Hospital Service Area adults were determined to have a specific source of ongoing medical care.

- Lower than the regional results.  
- Lower than national findings.  
- Fails to satisfy the Healthy People 2020 objective (95% or higher).  
- TREND: Statistically unchanged over time.
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Blacks and Hispanics.
- Among adults age 18-64, 61.9% have a specific source for ongoing medical care, comparable to national findings (fails to satisfy the Healthy People 2020 target for this age group).
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 (37.7%) identified a particular doctor’s office, followed by references to public or community health centers (mentioned by 17.3%).

Note that 9.8% of respondents rely on a hospital emergency room, 5.6% use urgent care centers, and 0.8% use some type of military/VA facility.

Utilization of Primary Care Services

Adults

A total of 8 in 10 adults (80.1%) visited a physician for a routine checkup in the past year.

- Better than the regional results.
- Better than the state findings.
- Better than the national findings.
- TREND: Statistically improved over time.

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
Notes: Asked of all respondents.
Have Visited a Physician for a Checkup in the Past Year

These adults are less likely to have seen a doctor for a routine checkup in the past year:

- Men.
- Adults under 60.
- High-income residents.
- Whites and Hispanics.

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Sources:
- 2015 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 17]
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Children
Among surveyed parents, 86.0% report that their child has had a routine checkup in the past year.

- Similar to the regional results.
- Similar to the national findings.
- TREND: Statistically significant decrease since 2009.

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 14.7% of Saint Anthony Hospital Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Higher than the regional results.
- Higher than the national findings.
- TREND: Statistically unchanged over time.

Have Used a Hospital Emergency Room More Than Once in the Past Year

Of those using a hospital ER, 81.3% say this was due to an emergency or life-threatening situation, while 5.8% indicated that the visit was during after-hours or on the weekend. A total of 5.2% 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 (negative correlation with income).

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Asked of all respondents.
Have Used a Hospital Emergency Room More Than Once in the Past Year (SAH Service Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]

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

Men
- Very Low Income: 17.1%
- Low Income: 9.6%
- Mid/High Income: 9.5%

Women
- Very Low Income: 12.4%
- Low Income: 9.5%
- Mid/High Income: 9.1%

18 to 39
- Very Low Income: 21.3%
- Low Income: 14.7%
- Mid/High Income: 10.7%

40 to 59
- Very Low Income: 19.2%
- Low Income: 14.7%
- Mid/High Income: 12.7%

60+
- Very Low Income: 19.0%
- Low Income: 14.7%
- Mid/High Income: 14.7%

White
- Very Low Income: 17.1%
- Low Income: 12.4%
- Mid/High Income: 9.6%

Black
- Very Low Income: 19.2%
- Low Income: 9.5%
- Mid/High Income: 9.5%

Hispanic
- Very Low Income: 21.3%
- Low Income: 14.7%
- Mid/High Income: 10.7%

Overall
- Very Low Income: 18.7%
- Low Income: 11.6%
- Mid/High Income: 10.6%

0%
20%
40%
60%
80%
100%
Men Women 18 to 39 40 to 59 60+ Very Low Income Low Income Mid/High Income White Black Hispanic Overall
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.

Dental Care

Adults

A total of 56.8% of Saint Anthony 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.
- Lower than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Statistically unchanged since 2009.
These service area residents are less likely to report recent dental care:

- Low-income residents and Blacks.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.
Children
A total of 85.6% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Similar to the regional results.
- Similar to the national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Statistically unchanged since 2012.

**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.

Notes:
- Asked of all respondents with children age 2 through 17.

Dental Insurance
Nearly two-thirds of Saint Anthony Hospital Service Area adults (65.1%) 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.
Key Informant Input: Oral Health

Key informants taking part in an online survey more often characterized Oral Health as a “major problem” in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>2015 PRC Online Key Informant Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>42.1%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>34.2%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>21.1%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Affordable Care

Due to the cost of dental work a lot of individuals prefer to neglect oral concerns until pain is unbearable. – Community/Business Leader

For clients requiring dental care beyond routine services, clients need to pay for full service even with Medicaid. – Community/Business Leader

Dental care is a major problem because of the lack of dentists in the area that will accept Medicaid. Furthermore, Medicaid does not cover the most basic of preventive oral care. – Other Health Provider
Cuts in funding at the federal level removed some of the coverage. Families have limited providers that will take the type of coverage that they may have. Priorities, basic emergency health is the priority, everything else has to wait until the basic needs are met and that rarely occurs. – Other Health Provider

Cost and fear of the dentist. Primary care physicians usually check the mouth. – Social Service Representative

Access to affordable care. – Social Service Representative

It’s too expensive! Low priority until pain erupts. – Social Service Representative

Inadequate access to dental care for people with Medicaid. – Physician

Oral disease remains pervasive among families with lower incomes or less education, the frail elderly, those with disabilities. – Other Health Provider

Lack of access to health professionals providing affordable care and lack of public insurance coverage. – Other Health Provider

**Access to Care**

Some residents don’t have access to dental services. – Social Service Representative

**Lack of Providers**

There is no dental provider in this area. – Community/Business Leader
Vision Care

A total of 50.7% of residents had an eye exam in the past two years during which their pupils were dilated.

- Lower than the regional results.
- Lower than the national findings.
- TREND: Statistically similar to 2009.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

Recent vision care in the service area is less often reported among:

- Men.
- Younger adults (positive correlation with age).
- Lower-income residents (positive correlation with income).
Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
(SAH Service Area, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>44.9%</td>
<td>56.4%</td>
<td>32.6%</td>
<td>61.7%</td>
<td>73.0%</td>
<td>34.5%</td>
<td>53.0%</td>
<td>58.5%</td>
<td>51.9%</td>
<td>54.5%</td>
<td>48.1%</td>
<td>50.7%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

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

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

- 55.0% of Saint Anthony Hospital Service Area adults cited their family physician as their primary source of healthcare information.
- The Internet received the second-highest response, with 22.2%.

Other sources mentioned include friends and relatives (4.4%).

- Just 1.6% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(SAH Service Area, 2015)

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Dr</td>
<td>55.0%</td>
</tr>
<tr>
<td>Internet</td>
<td>22.2%</td>
</tr>
<tr>
<td>Other</td>
<td>16.0%</td>
</tr>
<tr>
<td>Friends/Relatives</td>
<td>4.4%</td>
</tr>
<tr>
<td>Uncertain</td>
<td>0.8%</td>
</tr>
<tr>
<td>Don't Receive Any</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
Notes: Asked of all respondents.
Participation in Health Promotion Events

**About Educational & Community-Based Programs**

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

- Healthy People 2020 (www.healthypeople.gov)

A total of 18.4% of 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.
- Lower than the national prevalence.
- TREND: Statistically unchanged since 2009.
- Note that 50.6% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.
Residents with very low incomes are less likely to report participation in a health promotion activity in the past year.
Local Resources
Perceptions of Local Healthcare Services

Just over 4 in 10 Saint Anthony Hospital Service Area adults (41.3%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 37.7% gave “good” ratings.

However, 21.0% of residents characterize local healthcare services as “fair” or “poor.”

- Less favorable than the regional results.
- Similar to what is reported nationally.
- TREND: Statistically improved since 2009.
Low-income residents and Blacks are more critical of local healthcare services.

Perceive Local Healthcare Services as “Fair/Poor”
(SAH Service Area, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
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<th>White</th>
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<td>20.9%</td>
<td>25.1%</td>
<td>16.6%</td>
<td>26.2%</td>
<td>31.9%</td>
<td>15.2%</td>
<td>15.3%</td>
<td>27.2%</td>
<td>19.7%</td>
<td>21.0%</td>
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</tbody>
</table>

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. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
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 Saint Anthony 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
- Brighton Park Neighborhood Council
- Catholic Charities
- Chicago Commons/Nia Family Center
- Chicago Department of Public Health (CDPH)
- Cook County Health Department
- Erie Family Health Center
- Esperanza Health Centers
- Healthcare Alternative System
- Heartland Health Center
- Jorge Prieto Clinic, Cook County Health System
- La Casa Norte
- Little Company of Mary Hospital
- Logan Square Neighborhood Association
- Loretta Hospital
- Mile Square Health Center
- Near North Health Service Corporation
- PCC Wellness
- Roseland and St. Bernard Pediatric Mobile Units
- Safety Net Hospitals
- Specialist
- St. Bernard's Ambulatory Outpatient Center
- TASC
- Thrive Counseling Center
- West Humboldt Park Development Council
- West Suburban Hospital
- Westside Health Authority

Arthritis, Osteoporosis & Chronic Back Conditions

- Chiropractors, Naturopathy, Osteopathy
- Hospitals
- Local Park District
- Saint Anthony Hospital Physical Therapy
- Senior Centers
- Sports Therapy and Physical Therapy Businesses
- Universidad Popular
Cancer

Academic Medical Centers
Access Community Health
Affordable Care Act
AIDS Foundation
American Cancer Society and Gilda’s Club
Cancer Support Centers
Christ Hospital
Englewood Health Center
Erie Family Health
Esperanza Health Center
Health Department
Healthy Eating through Park Districts
John H. Stroger Hospital
Largest Medical Districts in the World
Lawndale Christian Health Center
Local Physician Offices
Metropolitan Chicago Breast Cancer Task Force
Miles Square Health Clinic
Mount Sinai Hospital
North FQHCs
PCC Community Wellness Center
Saint Anthony Hospital
St. Bernard Hospital
University of Illinois Cancer Center
Volunteer Health Associations

Chronic Kidney Disease

Affordable Care Act
Davita Dialysis
Local Health Departments
Major Academic Medical Centers
National Kidney Fund of Illinois
Saint Anthony Hospital Little Village Clinic

Dementias, Including Alzheimer’s Disease

Alzheimer’s Center
Behavioral Health Referral at LHD
Cook County Health Systems
Department of Aging
Primary Care Providers
Public Health Nursing
Senior Center for Case Management
Support Groups
The Greater Illinois Chapter of Alzheimer’s Association
West Suburban Hospital
Diabetes

Access Community Health Network
Affordable Care Act Extending Coverage
American Cancer Society
Aunt Martha's
Beloved Community Family Wellness Center
Boys and Girls Club
Chicago Food Depository
Chicago Park District
CLOCC
Community Health Clinic
CVS Minute Clinics
Diabetes Care Center at St. Anthony
Diabetes Educators
Doctor's Office
Educational Programs through Community
Englewood Health Center
Esperanza Health Center
FQHCs
Free Educational Materials in Waiting Areas
Growing Home Farm
Health Fairs
Hospital Based Classes
LCM Diabetic Educational Classes
Local Health Department
Major Academic Medical Centers
Mercy Hospital
Miles Square Health Center
Mount Sinai Hospital
New Life Center
Northwestern Memorial Hospital
Norwegian American Hospital
Pak Park Farmer's Markets
PHN Meet With DM Patients
Pilot Produce Stands
Pak Park Farmer's Markets
PHN Meet With DM Patients
Rush University Medical Center
Saint Anthony Hospital
St. Bernard Hospital
Support Groups
Universidad Popular Health Literacy Program
Walgreens
Whole Foods Cooking Classes
## Family Planning
- Alivio Medical Center
- CDPH
- DHS Office
- Family Focus
- FQHCs
- Health Centers
- Lawndale Christian Health Center
- Monticello Medical Clinic
- Near North Health Service
- New Moms
- Planned Parenthood
- Public School Sex Education
- Saint Anthony Hospital
- St. Bernard Women's Wellness Program
- Westside Health Authority
- Women's Health Clinics

## Hearing & Vision
- Local Private Practices
- Oasis for the Visually Impaired Support Group
- Progress Center in Blue Island
- Reading for the Blind
- Sertoma
- St. Bernard Pediatric Health Mobile Unit
- Testing at Birth

## Heart Disease & Stroke
- American Heart Association
- Area FQHCs
- Beloved Community Family Wellness Center
- Christ Hospital Educational Seminars
- CLOCC
- Community Health Screenings
- Englewood Health Center
- Healthy Chicago Healthy Hearts Campaign
- Keep Your Heart Healthy
- Local Health Departments
- Major Academic Medical Centers
- Mile Square Health Center
- Nutrition Education at Senior Centers
- Parks and Other Facilities for Exercise
- Whole Foods Classes

## HIV/AIDS
- AFC
- Affordable Care Act
- Behavioral Health and Substance Abuse Programs
- CDPH HIV Bureau
Health Department
Healthcare Alternative Systems
Heartland Alliance
Howard Brown
Lawndale Christian Health Center
Norwegian American Hospital
Ruth M. Rothstein CORE Center
Sinai Health System
The AIDS Foundation of Chicago
The Gift House
Vida/SIDA, Puerto Rican Cultural Center

**Immunization & Infectious Diseases**
Access Community Health Network
Chicago Monticello Medical Center
Erie Family Health Center
Mile Square Health Center
Near North Health
Norwegian American Hospital
Sinai Health System
The Gift House

**Infant & Child Health**
Access Community Health Network
Affordable Care Act Extending Coverage
Carole Roberston Center
CDPH MCH Program
CDPH/CPS Teen Pregnancy Prevention Program
Churches
Cook County Department of Public Health
EverThrive Illinois
Family
Federally Qualified Health Centers
Gads Hill Center
Growing Network of Community Health Workers
Healthcare Alternative Systems
Illinois Action for Children
Lawndale Christian Health Center
Mile Square Health Center
New Moms
Norwegian American Hospital
Planned Parenthood
Saint Anthony Hospital
School Programs
Sinai Children's Hospital
Social Services
St. Bernard Hospital Pediatric Mobile Unit
WIC
Injury & Violence
- Cease Fire
- Home of the Sparrow
- Mujeres Latinas en Accion
- Police Department
- Saint Anthony’s Hospital Community Wellness Program
- Shelters
- Social Services
- Wings
- Youth Programs Providing Education on Self-Esteem

Mental Health
- A Safe Haven Foundation
- Access Community Health Network
- Ada S. McKinley Social Services
- Anonymous Support Groups
- Association House of Chicago
- Behavior Health Programs at FQHCs
- Bobby E. Wright
- Catholic Charities
- Chicago for Homeless
- Church
- City Department of Health
- Community Counseling Centers of Chicago-C4
- Community Mental Health Agencies
- Erin Family Health Center
- Family Guidance Centers
- Gateway Foundation
- Healthcare Alternative Services
- Heartland Alliance
- Heartland International Health Center
- Hospitals
- Howard Brown Health Center
- HRDI
- I Am Able
- Illinois Children’s Healthcare Foundation
- Inpatient & Outpatient Services at St. Bernard Hospital
- Jail
- LHD Behavioral Health Department
- Local Faith Based Organizations
- Mental Health of America – Illinois
- Metropolitan Family Health
- Mt. Sinai
- Nonprofit Aging Agencies
- PADS Homeless Shelter
- Pillars
- Pilsen Wellness Center
- Presence Behavioral Health
- Primary Care Physicians
Programs run out of the 63rd Street Clinic
SAH Mental Health Wellness Program
Saint Anthony Hospital
School Counselors
St. Bernard Hospital
Thresholds
Thrive Counseling Center
Trilogy

**Nutrition, Physical Activity & Weight**

Access for Divvy Bikes
Access to Parks
Active Transportation Alliance
Affordable and Healthy Restaurants
American Heart Association
Beaches and Playgrounds
Boys and Girls Club
CeaseFire
Chicago Park District
Christ Hospital Exercise Programs
Clubs and Support Groups
Community Improvements, Sidewalks and Lights
Community Sports Programs
Consortium to Lower Obesity in Chicago Children (CLOCC)
Fitness Boot Camps at Hamilton Park
Growing Homes Wood St. Urban Farm
Health Centers
Hospitals and Clinics
IGrow Chicago
Illinois AAP
Illinois Alliance to Prevent Obesity
Kells Park
Let's Move Campaign
Logan Square Neighborhood Association
Nutritional Information in Restaurants
Parks
Pilot Produce Market Projects
Primary Care Providers
Programs at FQHCs
Schools
Senior Nutrition Programs
The Chicago Park District and Cook County Forest Preserve
The Chicago Partnership for Health Promotion
UP Healin Program
Weight Watchers
West Humboldt Park Development Council
WIC Nutritional Counseling
Workplace Wellness
YMCA
### Oral Health
- Access Community Health Network
- Affordable Care Act
- Aunt Martha’s Health Center
- College of Dentistry, University of Illinois at Chicago
- Dental Office
- Dental School Clinics
- Erie Family Health Center
- IFLOSS
- LaGrange Community Nurse
- Local Dental Societies
- On-call Oral Surgeons at Hospitals
- PCC Community Wellness Center
- Private Dental Practices
- St. Bernard Dental Center

### Respiratory Diseases
- Access Community Health Center
- Affordable Care Act
- American Lung Association
- Chicago Stop Smoking Program
- Erie Family Health Center
- Health Departments
- Hospitals and Medical Offices
- Mount Sinai Asthma Program
- Norwegian American Hospital
- Primary Care Physicians
- Respiratory Health Association
- Sinai Health System/Mount Sinai Hospital

### Sexually Transmitted Diseases
- Beloved Health Center
- Chicago Department of Public Health
- Chicago Monticello Medical Center
- Clara’s House
- Community Health Clinic
- Core Center
- Englewood Health Center
- Federally Qualified Health Centers
- Free Condoms
- Health Department
- Howard Brown Health Center
- Imagine Englewood
- Near North
- Planned Parenthood
- Primary Care Physicians
- Schools
- St. Bernard Hospital
**Substance Abuse**
- Chicago Recovery Alliance
- Community Outreach Intervention Projects
- DFSS Substance Abuse
- Gateway
- Haymarket
- Healthcare Alternative Systems
- Hospitals
- Illinois DASA
- Local Support Groups
- MacNeal Hospital, Berwyn
- PADS
- Rosecrance
- St. Bernard Hospital
- Substance Abuse Programs at FQHCs
- TASC
- Wayback Inn, Maywood
- Women's Treatment Center, Chicago

**Tobacco Use**
- Affordable Care Act
- American Lung Association
- Chicago Stop Smoking Program
- E-Cigarette Incentives
- Local Health Departments
- Quitline
- Respiratory Health Association
- Smoking Cessation Programs