

Morris Hospital and Healthcare Centers

Community Health Needs Assessment

Biel Consulting



2013

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Overview of Key Findings

This overview summarizes significant findings drawn from an analysis of the 2013 Community Health Needs Assessment data. A detailed narrative that examines the data sets, findings, and data sources follows in the report.

Community Profile

- At the time of the 2010 Census, the population for the Morris Hospital service area was 74,516.
- Children and youth, ages 0-19, make up 29.9% of the population; Minooka had the highest percentage of youth (36.2%) and South Wilmington had the lowest percentage of youth (22.8%).
- 10.9% of the population were seniors, 65 years of age and older.
- The service area had a higher percentage of children and youth (ages 0-19) and a smaller percentage of adults ages 65 and over than compared to the state.
- The majority population (89.9%) in the Morris Hospital service area was White/Caucasian, and 7.3% of the population was Hispanic/Latino.
- Among the counties served by Morris Hospital, Grundy County had the highest unemployment rate at 11.8%.
- The poverty rates paint an important picture of the population within the Morris Hospital service area. From less than 1% of the population in South Wilmington to 20.4% of the population in Kinsman live at or below 100% of the Federal Poverty Level; over one-third of families (34.2%) with children in Verona were in poverty.
- There are more than 26,000 households in the Morris Hospital service area. Average household income for the service area was \$59,603. The service area exceeds the state in median household income. Dwight had the lowest household income, while Channahon and Minooka had the highest household incomes in the service area.
- Kendall County had the highest percentage of family households with children under 18 years old (45.1%). In Grundy County, 6.9% of the households were female households with no husband present, and with children under 18 years old. LaSalle and Livingston counties had high rates of households with seniors living alone (12% and 12.1% respectively).
- English was the most frequently spoken language (94.6%); 3.4% of population speaks Spanish.
- Of the population age 25 and over in the Morris Hospital service area, 90.4% were high school graduates or higher; this is higher than state (86.2%) completion rates.

- Kendall, Grundy and Will counties were ranked in the top quartile of all Illinois counties according to social and economic factors. LaSalle and Livingston Counties were in the bottom half of the state's counties for these factors.

Birth Indicators

- In 2009, there were 13,364 births in the five county area served by Morris Hospital. The three-year trend showed a decrease in births.
- The majority of births were to mothers whose race was White. Births to mothers of Hispanic ethnicity range from 5.3% in Livingston County to 22.2% in Will County.
- Teen birth rates occurred in Grundy County at a rate of 69.5 per 1,000 births (or 6.9% of total births). LaSalle (11.8%) and Livingston (11.9%) Counties had higher rates of teen births than compared to the state (9.6%).
- At 85.7%, Grundy County had the highest percentage of adequate prenatal care, which exceeds the state percentage of 80.2%.
- All area counties had lower percentages than the state of low birth weight babies.
- Grundy (10.6%) and Kendall (10.7%) Counties had rates of premature births that were higher than the state rate (10%).
- Over one-third of all births (34.3% - 36.3%) in the counties served by Morris Hospital were by Cesarean Section. This rate exceeded the state rate of 31.5%.
- For LaSalle County the rate of 8.8 infant deaths per 1,000 live births exceeded the state rate of 7.2. Will County's infant mortality rate of 7.0 was lower than the state rate. The rate of infant deaths in the area exceeded the Healthy People 2020 objective of 6.0 infant deaths per 1,000 live births.

Mortality

- The leading causes of death in the service area were heart disease, cancer, stroke, and lung disease. Rates of death in the Morris Hospital service area for lung disease, diabetes, and liver disease exceeded the state rates for these causes of death.
- Grundy County had the highest rate of diabetes deaths.
- Rates of death from breast cancer in Will County exceeded the state rates. Rates of death for colon/rectum and lung cancers exceeded the state rates in Grundy, LaSalle, Livingston and Will Counties.
- Compared with all 102 counties in Illinois, Kendall, Will, and Grundy Counties had low premature death rates. LaSalle and Livingston Counties ranked among the bottom half of Illinois counties, indicating high rates of premature deaths.

Access to Care

- Health insurance coverage was considered a key component to accessing health

care.

- Kendall County had the highest rate of uninsured children (4.5%) and Grundy County had only 1.8% of the population under 18 uninsured.
- LaSalle had the highest rate of uninsured adults 18-64 years old (16.1%). The rate of uninsured seniors was very small, less than 1% in all counties served by Morris Hospital.
- High uninsured rates can be found among residents of Hispanic or Latino ethnicity, those who lack a high school diploma, are unemployed and low-income.
- Residents who have a usual source of care improve the continuity of care and decrease unnecessary ER visits. Among the residents of the Morris Hospital service area, 88% in Will County up to 93% in Livingston County had a usual source of care.
- Service area residents chose to delay medical and dental care, and obtaining medications due to the cost of care. Among service area counties, LaSalle County had the highest percentage of residents delay medical care (9.7%) and dental care (22.4%). Will County had the highest percentage of residents who were not able to afford their medications (13.5%).
- Availability of providers is essential for people to access preventive and primary care, and when needed, referrals to appropriate specialty care. The ratios of population to one provider indicate that Kendall County had the highest ratio (fewest primary care physicians) with 2,360 residents per one physician.
- The ratios indicate that there are fewer dentists than primary care physicians. Grundy County had the highest ratio of population to dentists at 3,706:1. There were even fewer mental health providers as indicated by high population to provider ratios. For all provider types in all counties served by Morris Hospital there were higher population ratios (fewer providers) than when compared to state ratios.

Chronic and Communicable Diseases

- The residents of the counties served by Morris Hospital had high rates of arthritis, high cholesterol and hypertension.
- 14.6% of adults in Livingston County had been diagnosed with asthma, which is higher than the state rate of 13.3%.
- Among adults, 5.7% in Kendall County up to 10.2% in Livingston County had been diagnosed with diabetes.
- The rate of childhood asthma ranged from 9.3% in LaSalle County to 22.8% in Livingston County.
- Grundy County had the highest incidence rate for all cancers (546.7 per 100,000 persons). Grundy County also had the highest incidence rate of colorectal

cancer (84.7) and esophageal cancer (7.9). Will County had the highest rate of prostate cancer (169.2) and LaSalle County had the highest rate of breast cancer (132.8).

- Livingston County had an HIV incidence rate of 21.2 per 100,000 persons; this exceeds the state rate of 14.7. Livingston County also had a high rate of AIDS cases at 14.4 per 100,000 persons, which exceeds the state rate of 8.6 for AIDS cases. All other area counties had HIV/AIDS rates far below the state rates.
- The Morris Hospital service area saw a decrease in the number of sexually transmitted diseases from 2010 to 2011. There were a few exceptions. The number of cases of Chlamydia increased in Will County from 2010 to 2011. LaSalle and Livingston Counties had increases in the number of gonorrhea cases. Kendall County had an increase of one case of syphilis from 2010-2011.

Health Behaviors

- Self-reported health status is a general measure of health-related quality of life in a population. When asked to rate their general health, 8% of Kendall County residents identified fair or poor health and 17% of Livingston County residents self-reported fair or poor health.
- The number of physically unhealthy days in a one month period ranged from 2.4 in Kendall County to 4.1 in LaSalle County. The number of mentally unhealthy days in a month ranged from 2.3 in Kendall County to 3.3 in Livingston and Will Counties.
- Poor health restricted activities of 20.6% of the residents in LaSalle County, while only 15.7% of Will County residents experienced a limitation to activities as a result of poor health.
- In the service area counties, 35.5% to 45.6% of adults, age 50 and over, had been screened for colorectal cancer through a stool test, and 49.7% to 70.7% had been screened with a Sigmoidoscopy or colonoscopy.
- In the service area, 29.7% to 31.5% of area residents obtained a flu shot. This rate was lower than the state rate of 34.6%.
- Among women, 40 years and over, 88.2% to 92% had received a mammogram, and 86.2% to 94% of women had a clinical breast exam.
- Among adult women, 84.4% in LaSalle County to 98.7% in Grundy County had received a Pap smear.
- In the counties served by Morris Hospital, over one-third of adults were overweight and close to one-fourth were obese. These percentages equate to over 60% of the adult population being overweight or obese. Grundy County had the highest percentage of overweight and obese adults (68.7%).

- Among 8th and 10th graders, 24%-32% identified themselves as being overweight. LaSalle County youth had the highest rates of teens (32%) who self-identified as being overweight.
- Smoking rates in the county service area were high and ranged from 18.8% in Kendall County to 28.7% in Livingston County.
- Over half the 10th grade youth population in area counties had identified that alcohol and tobacco products were easy to obtain. Marijuana was available to 40%-55% of youth and other drugs were available to 17%-21% of 10th graders.

Social Issues

- Increased access to fast food outlets in a community, limited access to healthy foods and inadequate consumption of fresh fruits and vegetables can increase rates of obesity, heart disease and diabetes. In Grundy, Kendall and Will Counties, over one-half of restaurants were fast food restaurants.
- Among adults, over one-quarter of the population in Morris Hospital service area counties felt sad or blue more than two days a month. In La Salle County this indicator was experienced by over one-third of the population (35.6%). Feelings of sadness limited the activities of 10.3% of the adults in Will County. Feelings of worry were experienced by over 60% of the population of all area counties.
- When asked about feelings of sadness and helplessness, close to one-fourth of 10th graders identified these feelings. 12%-17% of youth in area counties had seriously considered suicide.

Prevention Quality Indicators

- For fiscal year 2011, the number of discharge cases evaluated was 4,764. From these 4,764 cases, 342 or 7.2% were for ambulatory care sensitive (ACS) conditions. The ambulatory care sensitive conditions were concentrated in two conditions: bacterial pneumonia and COPD. These two conditions accounted for 74.4% of all the ACS admissions. All causes of diabetes and dehydration each account for approximately 10% of admissions. There were no cases of low birth weight or lower extremity amputation and only one case of urinary tract infection. It was determined that 7.6% of PQI conditions entered through the emergency room.

Stakeholder Interviews

The issues of greatest concern to the interview participants overall were the economy (national, state and local) and unemployment/lack of jobs, along with the impacts these problems are having in communities. Other issues of considerable concern to the interview participants included:

- Access to affordable health care due to:
 - Cost/inability to pay;

- Lack of health insurance and/or high-deductible plans that require considerable out-of-pocket payments;
- Lack of free/low-cost health care clinics/options that are local and accessible; and
- Many physicians do not accept Medicaid due to low reimbursement rates.
- Access to affordable mental health services. The economy is creating considerable stress for individuals and families, and there is a shortage of mental health providers overall, and particularly those who take Medicaid. Grundy County Health Department offers this service, but the need has outstretched resources, resulting in a long waitlist.
- Ability to sustain volunteer fire departments due to decreased revenue, increased budgets, cost of fuel and maintaining/replacing equipment, and difficulty recruiting and training volunteer EMS staff. These first responders are often a critical link to health care for people living in small communities that are many miles from a physician's office (that may or may not be affordable) or a hospital.
- Pending closure of state-run psychiatric facility that will create a burden on local communities for addressing psychiatric emergencies and ongoing mental health needs/management.
- Services for elderly who want to stay in their homes but need assistance with transportation, food, medication management, and activities of daily living.
- Access to affordable dental services.
- Obesity and related cultural and environmental issues, such as lack of access to affordable and healthy foods, opportunities for physical activity (along with a "video culture" and sedentary lifestyles that promote inactivity), and related education.
- The health consequences of obesity and unhealthy lifestyles are evident in high rates of diabetes, high blood pressure and high cholesterol levels.

Prioritized Health Needs

Based on the results of the primary and secondary data collection and the examination of ambulatory care sensitive conditions, health needs were identified and prioritized according to: the size of the problem (number of people per 1,000, 10,000, or 100,000 population); and the seriousness of the problem (impact at individual, family, and community levels). Additionally, county public health plan priorities were considered as part of the prioritization process. The overarching health needs identified include:

- Access to care: primary care, dental, mental health
- Chronic disease
- Overweight and obesity
- Health behaviors and prevention

As a result of a community forum, a list of eleven unmet health needs identified from the CHNA was prioritized. Using a paired weighting exercise, priorities were compared and ordered in importance. The results of this priority setting exercise resulted in the following priorities ranked in importance from 1 (most important) to 11 (least important).

1. Overweight/obesity
2. Cardiovascular disease
3. Access to mental health care
4. Diabetes
5. Cancer
6. Smoking
7. Pulmonary disease
8. Access to dental care
9. Access to primary health care
10. Lack of preventive screenings
11. Health and social services for seniors

Introduction

Background and Purpose

Morris Hospital & Healthcare Centers is an 89-bed not-for-profit hospital located in Morris, Illinois. It is located 55 miles southwest of Chicago and serves the residents of Grundy County and parts of Will, LaSalle, Livingston, and Kendall counties. Along with the main hospital campus in Morris, services are provided at the Diagnostic & Rehabilitative Center, the Radiation Therapy Center, the Morris Hospital Ridge Road Campus, and the Braidwood, Channahon, Dwight, Gardner, Marseilles, Morris, Minooka and Newark Healthcare Centers. The mission and vision of Morris Hospital are to improve the health of area residents by transforming health care to support healthier living.

Morris Hospital has undertaken a community health needs assessment as required by federal law. The Patient Protection and Affordable Care Act and IRS section 501(r)(3) direct tax exempt hospitals to conduct a community health needs assessment and develop an Implementation Strategy every three years.

The community health needs assessment is a primary tool used by Morris Hospital to determine its community benefit plan, which outlines how it will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

Melissa Biel of Biel Consulting conducted the community health needs assessment. Biel Consulting is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Dr. Biel has over 10 years of experience conducting hospital community health needs assessments.

Service Area

Morris Hospital is located at 150 W. High Street, Morris, Illinois, 60450. The service area encompasses five counties, and includes 17 zip codes, representing 18 cities. In 2009, Morris Hospital engaged Thomson Reuters to look at patient discharges and determine the primary service area. For each of the outlying zip codes (the secondary service area) contiguous to the primary service area, they applied marketing segmentation to the zip codes to analyze like populations and behaviors at the zip code level. After segmenting the outlying zip code populations and mapping them, a new service area was drafted. The Morris Hospital service area is presented below by city, zip code and county.

Morris Hospital Service Area

City	Zip Code	County
Braceville	60407	Grundy
Braidwood	60408	Will
Channahon	60410	Will
Coal City	60416	Grundy
Diamond	60416	Grundy
Dwight	60420	Grundy/Livingston
Gardner	60424	Grundy
Kinsman	60437	Grundy
Marseilles	61341	LaSalle
Mazon	60444	Grundy
Minooka	60447	Grundy
Morris	60450	Grundy
Newark	60541	Kendall
Ransom	60470	LaSalle
Seneca	61360	Grundy/LaSalle
South Wilmington	60474	Grundy
Verona	60479	Grundy
Wilmington	60481	Will

Methods

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present a community profile, birth indicators, leading causes of death, access to care, chronic and communicable diseases, health behaviors, and social issues. When pertinent, these data sets are presented in the context of state data, framing the scope of an issue as it relates to the broader community.

Data collection was conducted at the most local level possible for the Hospital's primary service area given the availability of the data. Sources include the U.S. Census 2010 decennial census and American Community Survey, Illinois Department of Public Health, County Health Rankings, Uniform Data Set, Illinois Youth Survey, CDC National Health Statistics, National Cancer Institute, Illinois State Police, and County IPLANs.

The report includes benchmark comparison data, comparing Morris Hospital community data findings with Healthy People 2020 objectives (Attachment 1). Healthy People 2020 is a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels.

Prevention Quality Indicators

Developed by the Agency for Healthcare Research and Quality (AHRQ), Prevention Quality Indicators (PQIs) are a set of measures that examine hospital inpatient discharge data to identify quality of care for "ambulatory care-sensitive conditions." These are conditions for which outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease. Using discharge data provided by Morris Hospital, the assessment examined the Hospital's discharges for 14 adult ambulatory care-sensitive conditions. This is a key component of community benefit work as it demonstrates the success of programs to address unmet health needs in the community, in an effort to reduce unnecessary hospitalizations. A listing of the ambulatory care-sensitive conditions can be found in Attachment 2 and a table outlining the PQI data findings is presented in Attachment 3.

Primary Data Collection

Targeted interviews were used to gather information and opinions from persons who represent the broad interests of the community served by the Hospital. For the interviews, community stakeholders identified by Morris Hospital, including the Public Health Administrator of the Grundy County Health Department and individuals who are leaders and representatives of medically underserved, low-income, minority and chronic disease populations, were contacted and asked to participate in the needs assessment. Eighteen interviews were completed during February - March, 2012. A list of the key

stakeholder interview respondents, their titles, organizations and leadership roles can be found in Attachment 4.

This report presents a detailed narrative that examines each of the data sets, presents key needs and opportunities for action.

Information Gaps

Information gaps that impact the ability to assess health needs were identified. Specifically, homeless counts, data availability on seniors, and data availability on children were not readily available or accessible.

Community Facilities and Resources

A list of existing facilities and resources within the community that are available to meet identified community health needs are outlined in Attachment 5.

County Public Health Priorities

Every five years, public health departments in Illinois must conduct comprehensive needs assessments and develop plans to identify and address priority community health needs. This process of public health planning mirrors the process undertaken by nonprofit hospitals to conduct needs assessment and identify needs. Morris Hospital was an active partner in the development of the Grundy County IPLAN, providing staff and financial resources. All five area county public health assessments and plans were examined as a part of the Morris Hospital community health needs assessment. The county public health priority needs are identified in Attachment 6.

Map

A map of the Morris Hospital service area is presented in Attachment 7.

Community Profile

Population

At the time of the 2010 Census, the population for the Morris Hospital service area was 74,516.

Population

	Population
Braceville	793
Braidwood	6,191
Channahon	12,560
Coal City	5,587
Diamond	2,527
Dwight	4,260
Gardner	1,463
Kinsman	99
Marseilles	5,094
Mazon	1,015
Minooka	10,924
Morris	13,636
Newark	992
Ransom	384
Seneca	2,371
South Wilmington	681
Verona	215
Wilmington	5,724
Morris Service Area	74,516

Source: U.S. Bureau of the Census, 2010

Population by Age

Children and youth, ages 0-19, make up 29.9% of the population; 33.4% are 20-44 years of age; 25.8% are 45-64; and 10.9% of the population are seniors, 65 years of age and older. The Morris service area has a higher percentage of children and youth (ages 0-19) and a smaller percentage of adults ages 65 and over than compared to the state.

Population by Age

	Morris Service Area		Grundy County		Illinois	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	5,272	7.1%	3,638	7.3%	835,577	6.5%
Age 5-19	16,970	22.8%	11,269	22.5%	2,660,945	20.7%
Age 20-24	3,930	5.3%	2,567	5.1%	878,964	6.9%
Age 25-44	20,927	28.1%	14,165	28.3%	3,501,847	27.3%
Age 45-64	19,257	25.8%	12,878	25.7%	3,344,086	26.1%
Age 65+	8,160	10.9%	5,546	11.1%	1,609,213	12.5%
Total	74,516	100%	50,063	100%	12,830,632	100%

Source: U.S. Bureau of the Census, 2010

In a number of communities served by Morris Hospital the percentage of youth population (ages 0-19) is over 30%. Minooka has the highest percentage of youth (36.2%) and South Wilmington has the lowest percentage of youth (22.8%).

Youth, Ages 0-19, as a Percent of Population

	Percent
Braceville	29.3%
Braidwood	28.1%
Channahon	33.1%
Coal City	29.2%
Diamond	32.4%
Dwight	25.9%
Gardner	29.7%
Kinsman	30.3%
Marseilles	26.2%
Mazon	32.2%
Minooka	36.2%
Morris	26.9%
Newark	27.9%
Ransom	29.9%
Seneca	31.1%
South Wilmington	22.8%
Verona	28.8%
Wilmington	25.4%
Morris Service Area	29.9%
Illinois	27.6%

Source: U.S. Bureau of the Census, 2010

The percentage of seniors, ages 65 and older, in the service area (10.9%) is less than found in the state (12.5%). However, there is a wide range of senior population in the service area. Minooka (4.8%), Channahon (7.2%) and Diamond (9.5%) have the smallest percentage of seniors. South Wilmington (16.4%) and Kinsman (16.2%) have the largest percentage of seniors in the area.

Seniors as a Percent of Population

	Percent
Braceville	10.8%
Braidwood	11.0%
Channahon	7.2%
Coal City	10.8%
Diamond	9.5%
Dwight	15.3%
Gardner	12.6%
Kinsman	16.2%
Marseilles	14.9%
Mazon	13.3%
Minooka	4.8%
Morris	14.2%
Newark	11.4%
Ransom	12.5%
Seneca	12.3%
South Wilmington	16.4%
Verona	15.8%
Wilmington	14.5%
Morris Service Area	10.9%
Illinois	12.5%

Source: U.S. Bureau of the Census, 2010

Race/Ethnicity

The majority population (89.9%) in the Morris Hospital service area is White/Caucasian, and 7.3% of the population is Hispanic/Latino. The remaining racial/ethnic groups make up less than 3% of the population. There is a higher percentage of Whites in the service area than found in the county and the state.

Population by Race and Ethnicity

Race/Ethnicity	Morris Service Area	Grundy County	Illinois
White	89.9%	88.9%	63.7%
Hispanic or Latino	7.3%	8.3%	15.9%
African American	1.1%	1.2%	14.3%
Asian or Pacific Islander	0.6%	0.6%	4.5%
American Indian	0.2%	0.1%	0.1%
Other Race/Multiracial	0.8%	0.9%	1.5%

Source: U.S. Bureau of the Census, 2010

When race and ethnicity for Whites and Latinos are examined by place, Minooka (12.7%), Morris (9.6%) and Verona (9.3%) have the highest percentage of Latinos.

Racial/Ethnic Distribution by Place

	White	Hispanic Latino
Braceville	94.2%	3.2%
Braidwood	93.2%	4.9%
Channahon	88.9%	8.1%
Coal City	93.7%	4.7%
Diamond	92.1%	5.3%
Dwight	94.6%	3.2%
Gardner	91.7%	6.2%
Kinsman	98.0%	2.0%
Marseilles	92.7%	5.6%
Mazon	93.2%	5.0%
Minooka	81.6%	12.7%
Morris	87.7%	9.6%
Newark	94.9%	3.2%
Ransom	96.1%	3.9%
Seneca	93.0%	4.0%
South Wilmington	96.9%	2.6%
Verona	87.9%	9.3%
Wilmington	93.3%	4.2%
Morris Service Area	89.9%	7.3%
Illinois	63.7%	15.9%

Source: Source: U.S. Bureau of the Census, 2010

Unemployment

Among the counties served by Morris Hospital, Grundy County had the highest unemployment rate at 11.8%. La Salle and Will Counties also exceed the state unemployment rate of 9.8%.

Unemployment Rate, 2011

	Percent
Grundy County	11.8%
La Salle County	11.5%
Will County	10.1%
Livingston County	8.9%
Kendall County	8.7%
Illinois	9.8%

Source: Illinois Department of Employment Security, 2011

Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2010, the federal poverty threshold for one person was \$10,830 and for a family of four \$22,050. The poverty rates paint an important picture of the population within the Morris Hospital service area. From less than 1% of the population in South Wilmington to 20.4% of the population in Kinsman live at or below 100% of the Federal Poverty Level. In a number of communities, families with children under 18 years old experience poverty at higher rates than individuals. Most notably, over one-third of families (34.2%) with children in Verona are in poverty.

Ratio of Income to Poverty Level Among Individuals and Families

	Individuals at Poverty	Families with Children under 18 Years Old in Poverty
	Percent	Percent
Braceville	13.0%	10.1%
Braidwood	12.5%	15.0%
Channahon	3.0%	3.2%
Coal City	6.3%	5.7%
Diamond	13.8%	21.7%
Dwight	15.9%	22.2%
Gardner	13.8%	15.7%
Kinsman	20.4%	18.2%
Marseilles	14.0%	18.9%
Mazon	8.2%	8.5%
Minooka	4.1%	5.0%
Morris	5.2%	5.5%
Newark	1.2%	0%
Ransom	13.5%	13.6%
Seneca	7.7%	1.0%
South Wilmington	0.7%	0%
Verona	18.8%	34.2%
Wilmington	5.1%	7.3%
Morris Service Area	9.8%	11.3%
Illinois	12.6%	14.4%

Source: U.S. Bureau of the Census, American Community Survey, 2006-2010

Free and Reduced Price Lunch Program

The number of students eligible for the free and reduced price lunch program is one indicator of the socioeconomic status of an area's youth population. In LaSalle and Livingston Counties, one-fourth of the student population is eligible for the free lunch program. Grundy and Kendall Counties have the lowest rate of low-income children as indicated by low eligibility rates.

Children Eligible for Free Lunch Program

County	Children Eligible for Free or Reduced Price Lunch Program
Grundy	11%
Kendall	10%
LaSalle	26%
Livingston	25%
Will	18%
Illinois	41%

Source: County Health Rankings, 2006

Households and Household Income

There are more than 26,000 households in the Morris Hospital service area. Average household income for the service area was \$59,603. The service area exceeds the state in median household income. Dwight has the lowest household income, while Channahon and Minooka have the highest household incomes in the service area.

Households and Median Household Income

	Households	Median Household Income
	Number	Dollars
Braceville	297	\$59,583
Braidwood	2,304	\$62,955
Channahon	3,855	\$83,628
Coal City	2,014	\$61,525
Diamond	948	\$56,406
Dwight	1,609	\$45,865
Gardner	497	\$58,906
Kinsman	52	\$47,500
Marseilles	1,960	\$46,375
Mazon	375	\$63,646
Minooka	3,084	\$80,325
Morris	5,376	\$58,681
Newark	360	\$63,125
Ransom	138	\$48,333
Seneca	871	\$60,023
South Wilmington	245	\$64,338
Verona	91	\$56,964
Wilmington	2,219	\$54,683
Morris Service Area	26,295	\$59,603
Illinois	4,769,951	\$55,735

Source: U.S. Bureau of the Census, American Community Survey, 2006-2010

Households by Type

When households are examined by type, Kendall County has the highest percentage of family households with children under 18 years old (45.1%). In Grundy County, 6.9% of the households are female households with no husband present, and with children under 18 years old. LaSalle and Livingston counties have high rates of households with seniors living alone (12% and 12.1% respectively). Kendall and Will counties have low rates of seniors living alone.

Households by Type, 2006-2010

County	Total Households	Family Households with Children under 18	Female Head of Household with Children under 18	Seniors, 65+, Living Alone
	Number	Percent	Percent	Percent
Grundy	17,961	36.5%	6.9%	9.2%
Kendall	35,687	45.1%	6.1%	4.6%
LaSalle	45,326	29.6%	5.9%	12.0%
Livingston	14,630	29.9%	6.1%	12.1%
Will	220,135	41.7%	6.1%	6.2%
Illinois	4,769,951	31.2%	7.1%	9.7%

Source: U.S. Bureau of the Census, American Community Survey, 2006-2010

Language

In the hospital service area, English is the most frequently spoken language (94.6%); 3.4% of population speaks Spanish.

Language Spoken at Home for the Population 5 Years and Over

	Morris Service Area	Grundy County	Illinois
Population 5 years and older	66,519	45,192	11,900,241
English only	94.6%	93.1%	78.3%
Speaks Spanish	3.4%	5.1%	12.7%
Speaks other Indo-European languages	1.3%	1.0%	5.6%
Speaks Asian and Pacific Islander languages	0.5%	0.7%	2.6%
Speaks other languages	0.2%	0.1%	0.8%

Source: U.S. Bureau of the Census, American Community Survey, 2006-2010

Education

Of the population age 25 and over in the Morris Hospital service area, 90.4% are high school graduates or higher; this is higher than state (86.2%) completion rates. For 9.6% of area adults, high school graduation was their highest level of educational attainment.

Educational Attainment (Age 25+)

	Morris Service Area	Grundy County	Illinois
Population 25 years and older	46,739	31,660	8,345,982
Less than 9 th Grade	2.7%	2.6%	6.0%
9th to 12 th grade, no diploma	6.9%	6.7%	7.8%
High School Graduate	36.1%	35.1%	27.8%
Some College, no degree	27.4%	28.2%	20.8%
Associate's Degree	8.5%	9.1%	7.3%
Bachelor's Degree	11.9%	12.5%	18.9%
Graduate/Profess. Degree	6.5%	5.8%	11.4%

Source: U.S. Bureau of the Census, American Community Survey, 2006-2010

High School Graduation Rates

High school graduation rates are determined by the percent of ninth grade students in public schools who graduate in four years. Livingston County has the lowest graduation rate at 75% and Kendall County has the highest rate of high school graduates at 91%.

High School Graduates

County	High School Graduation Rates
Grundy	86%
Kendall	91%
LaSalle	83%
Livingston	75%
Will	86%
Illinois	84%

Source: County Health Rankings, 2008-2009

Social and Economic Factors Ranking

The County Health Rankings site ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. Illinois' 102 counties are ranked according to social and economic factors with 1 being the county with the best factors to 102 for that county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Kendall, Grundy and Will counties are ranked in the top quartile of all Illinois counties according to social and economic factors. LaSalle and Livingston counties are in the bottom half of the state's counties for these factors.

Social and Economic Factors Ranking

County	County Ranking (out of 102)
Grundy	25
Kendall	5
LaSalle	79
Livingston	68
Will	19

Source: County Health Rankings, 2012

Birth Indicators

Births

In 2009, there were 13,364 births in the five county area served by Morris Hospital. The three-year trend shows a decrease in births.

Births by County, 2007-2009

County	Number of Live Births		
	2007	2008	2009
Grundy	760	695	705
Kendall	1,928	1,962	1,822
LaSalle	1,340	1,368	1,285
Livingston	471	512	494
Will	9,911	9,601	9,058

Source: Illinois Department of Public Health, 2007-2009

The majority of births were to mothers whose race is White. Births to mothers of Hispanic ethnicity range from 5.3% in Livingston County to 22.2% in Will County.

Births by Race/Ethnicity

County	White	Black	Other	Hispanic Origin
Grundy	97.1%	1.1%	1.8%	8.5%
Kendall	90.6%	5.0%	4.4%	15.3%
LaSalle	96.0%	2.6%	1.4%	12.5%
Livingston	93.3%	5.9%	0.8%	5.3%
Will	83.1%	11.7%	5.2%	22.2%
Illinois	76.4%	17.6%	6.0%	23.6%

Source: Illinois Department of Public Health, 2009

Teen Births

Teen birth rates occurred in Grundy County at a rate of 69.5 per 1,000 births (or 6.9% of total births). This rate is lower than the teen birth rate found in the state. LaSalle (11.8%) and Livingston (11.9%) Counties have higher rates of teen births than compared to the state (9.6%). (When examining data, it is important to use caution when reporting results derived from small numbers.)

Births to Teens (Under Age 20), 2009

County	Births to Teens	Live Births	Rate per 1,000 Live Births
Grundy	49	705	69.5
Kendall	77	1,822	42.3
LaSalle	152	1,285	118.3
Livingston	59	494	119.4
Will	557	9,058	61.5
Illinois	16,376	171,077	95.7

Source: Illinois Department of Public Health, 2009

Prenatal Care

The Kotelchuck Index also called the Adequacy of Prenatal Care Utilization Index, uses two elements obtained from birth certificate data: when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services).

At 85.7%, Grundy County has the highest percentage of adequate prenatal care, which exceeds the state percentage of 80.2%. The area rate of adequate prenatal care exceeds the Healthy People 2020 objective of 77.6% of women receiving early and adequate prenatal care. Only LaSalle County (77.1%) does not meet the Healthy People 2020 objective for early entry into prenatal care.

Adequate Prenatal Care (Kotelchuck Index), 2009

County	Adequate Prenatal Care	Live Births	Percent*
Grundy	582	705	85.7%
Kendall	1,477	1,822	83.5%
LaSalle	982	1,285	77.1%
Livingston	406	494	84.4%
Will	7,250	9,058	82.4%
Illinois	125,932	171,077	80.2%

Source: Illinois Department of Public Health, 2009

*Unknowns excluded from the denominator when calculating the percentage

Low Birth Weight and Preterm Births

Low birth weight and preterm births (before 37 completed weeks of gestation) are negative birth indicators. Babies born at a low birth weight or premature are at higher risk for disease, disability and possibly death.

All area counties have lower percentages than the state of low birth weight babies. The Healthy People 2020 objective for low birth weight infants is 7.8% of live births. The percentage of low birth weight infants in the local counties compares favorably to this benchmark except for Grundy County where 7.9% of births are low birth weight.

Low Birth Weight (Under 2,500 g), 2009

County	Low Weight Births	Live Births	Percent
Grundy	56	705	7.9%
Kendall	122	1,822	6.7%
LaSalle	100	1,285	7.8%
Livingston	37	494	7.5%
Will	702	9,058	7.8%
Illinois	14,372	171,077	8.4%

Source: Illinois Department of Public Health, 2009

Grundy (10.6%) and Kendall (10.7%) Counties have rates of premature births that are higher than the state rate (10%). The Healthy People 2020 objective for preterm births is 11.4% of live births. All counties served by Morris Hospital compare favorably to the Healthy People objective.

Preterm Births, <37 Weeks Gestation, 2009

County	Preterm Births	Live Births	Percent
Grundy	75	705	10.6%
Kendall	195	1,822	10.7%
LaSalle	123	1,285	9.6%
Livingston	48	494	9.7%
Will	895	9,058	9.9%
Illinois	17,109	171,077	10.0%

Source: Illinois Department of Public Health, 2009

Cesarean Section

Over one-third of all births (34.3% - 36.3%) in the counties served by Morris Hospital are by Cesarean Section. This rate exceeds the state rate of 31.5%.

Cesarean Section, 2009

County	Cesarean Section	Live Births	Percent*
Grundy	246	705	35.4%
Kendall	656	1,822	36.3%
LaSalle	435	1,285	34.3%
Livingston	167	494	34.6%
Will	3,228	9,058	35.8%
Illinois	53,296	171,077	31.5%

Source: Illinois Department of Public Health, 2009

*Unknowns excluded from the denominator when calculating the percentage

Infant Mortality

For three of the area counties, the number of deaths is too small to provide an accurate rate. For LaSalle County the rate of 8.8 infant deaths per 1,000 live births exceeds the state rate of 7.2. Will County's infant mortality rate of 7.0 is lower than the state rate. The rate of infant deaths in the area exceeds the Healthy People 2020 objective of 6.0 infant deaths per 1,000 live births.

Infant Mortality, 2008

County	Infant Deaths	Live Births	Rate per 1,000 Live Births
Grundy	2	695	**
Kendall	8	1,962	**
LaSalle	12	1,368	8.8
Livingston	5	512	**
Will	67	9,601	7.0
Illinois	1,263	176,634	7.2

Source: Illinois Department of Public Health, 2008

** rate does not meet standards of reliability

Mortality

Age-adjusted death rates are an important factor to examine when comparing mortality data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates. In 2008, when adjusted for age, Grundy, LaSalle, Livingston and Will Counties have higher death rates than the state. In 2009, the Will County age-adjusted mortality rate falls below the state rate. Kendall County has the lowest age-adjusted rate of death, but the rate does increase from 2008 to 2009. LaSalle has the highest mortality rate but it does show a decrease from 2008 to 2009.

Causes of Death, Age-Adjusted per 100,000 Persons, 2008 & 2009

County	Deaths		Population		Crude Rate		Age-Adjusted Rate	
	2008	2009	2008	2009	2008	2009	2008	2009
Grundy	372	374	47,958	48,421	775.7	772.4	821.8	796.1
Kendall	389	443	103,460	104,821	376.0	422.6	611.2	641.7
LaSalle	1,297	1,204	112,474	112,498	1,153.2	1,070.2	864.0	812.2
Livingston	395	373	37,681	37,777	1,048.3	987.4	815.4	746.1
Will	3,815	3,704	681,097	685,251	560.1	540.5	777.2	736.6
Illinois	103,471	100,056	12,901,563	12,910,409	802.0	775.0	770.9	743.5

Source: CDC National Center for Health Statistics, WONDER Online Database; www.wonder.cdc.gov

Premature Death

Premature death is represented by the years of potential life lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost to the YPLL. The YPLL measure is presented as a rate per 100,000 persons. When compared against all 102 counties in Illinois, Kendall, Will, and Grundy Counties are in the top quartile, indicating low premature death rates. LaSalle and Livingston Counties are ranked in the bottom half of Illinois counties, indicating high rates of premature deaths.

Premature Death Rates, per 100,000 Persons, 2006-2008

County	Deaths	YPLL-75	County Ranking (out of 102)
Grundy	434	6,508	25
Kendall	566	4,718	2
LaSalle	1,384	7,928	69
Livingston	465	8,449	84
Will	5,066	5,493	9
Illinois		6,728	NA

Source: County Health Rankings, www.countyhealthrankings.org, 2012

Leading Causes of Death

The leading causes of death in the service area are heart disease, cancer, stroke, and lung disease. Rates of death in the Morris Hospital service area for lung disease, diabetes, and liver disease exceed the state rates for these causes of death. A more complete picture of disease risk and mortality is seen when the service area is examined by disease state. There are a number of causes of death in specific counties that exceed the state rate. LaSalle and Livingston counties tend to have higher rates of deaths for many causes. Of note, Grundy County has the highest rate of diabetes deaths. Kendall County has the second highest rate of suicide deaths, and Grundy County has the second highest rates of death for Alzheimer's disease and kidney disease.

Leading Causes of Death, per 100,000 Persons, 2008

	Grundy County Rate	Kendall County Rate	LaSalle County Rate	Livingston County Rate	Will County Rate	Illinois Rate
Diseases of the Heart	196.0	80.2	309.4	294.6	141.9	201.3
Cancer	200.2	92.8	271.2	230.9	143.7	187.6
Stroke	29.2	12.6	62.2	61.0	28.2	44.7
Chronic Respiratory Disease	20.8	18.4	63.1	63.7	28.2	43.3
Unintentional Injuries	41.7	28.0	49.8	71.7	24.8	32.3
Alzheimer's Disease	33.4	14.5	38.2	26.5	12.9	24.7
Diabetes	37.5	14.5	30.2	37.2	16.0	22.0
Influenza/Pneumonia	20.8	3.9	33.8	26.5	12.5	20.6
Kidney Disease	20.8	9.7	16.9	31.8	12.6	19.9
Septicemia	10.4	4.8	11.6	21.2	10.2	15.1
Suicide	4.2	10.6	8.0	18.6	6.9	9.2
Liver Disease/Cirrhosis	10.4	3.9	17.8	10.6	7.8	8.9
Other Causes	148.0	86.0	237.4	156.6	114.9	169.0

Source: Illinois Department of Public Health, 2008

Cancer Death Rates

Rates of death from breast cancer in Will County exceed the state rates. Rates of death for colon/rectum and lung cancers exceed the state rates in Grundy, LaSalle, Livingston and Will Counties. All counties in the Morris Hospital service area exceed the Healthy People 2020 rates for breast cancer, 22.3 per 100,000 persons; colon and rectum cancer, 13.9 per 100,000 persons; and lung cancer, 44.9 per 100,000 persons.

Cancer Death Rates, per 100,000 Persons, Age-Adjusted, 2004-2008

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
	Rate	Rate	Rate	Rate	Rate	Rate
Breast	23.8	24.3	24.3	22.6	25.0	24.7
Colon and rectum	20.2	14.9	23.7	23.1	20.3	19.0
Lung	60.4	46.9	64.2	65.4	55.0	53.4

Source: National Cancer Institute, State Cancer Profiles, 2012

Access to Care

Health Insurance

Health insurance coverage is considered a key component to accessing health care. County level data are examined to gain a picture of the availability of insurance and a source of care for area residents. Among children, Kendall County has the highest rate of uninsured (4.5%) and Grundy County has only 1.8% of the population under 18 uninsured. LaSalle has the highest rate of uninsured adults 18-64 years old (16.1%). The rate of uninsured seniors is very small, less than 1% in all counties served by Morris Hospital. The uninsured rates for all age groups are less than the state rates of uninsured.

Uninsured, by Age, 2008-2010

County	Age		
	Under 18	18-64	65+
Grundy	1.8%	11.6%	0.5%
Kendall	4.5%	11.6%	0%
LaSalle	3.0%	16.1%	0%
Livingston	3.9%	12.1%	0.1%
Will	3.7%	14.1%	0.9%
Illinois	4.8%	18.6%	1.3%

Source: U.S. Bureau of the Census, American Community Survey, 2008-2010

High uninsured rates can be found among residents of Hispanic or Latino ethnicity, those who lack a high school diploma and are unemployed. As well, those residents who are at <200% of Federal Poverty Level also have high rates of uninsured.

Usual Source of Care

Residents who have a usual source of care and access to a health care provider improve the continuity of care and decrease unnecessary ER visits. Among the residents of the Morris Hospital service area, 88% in Will County up to 93% in Livingston County have a usual source of care; 82.9% in Kendall County have a usual health care provider up to 90.7% in Livingston County.

Source of Care

County	Usual Source of Care	Usual Health Care Provider
Grundy	90.6%	86.0%
Kendall	92.7%	82.9%
LaSalle	No Data	89.9%
Livingston	93.0%	90.7%
Will	88.0%	85.1%
Illinois	No Data	84.2%

Source: Illinois Department of Public Health, BRFSS, 2007-2009

Delayed Care

County residents chose to delay medical and dental care, and obtain medications due to the cost of care. Among service area counties, LaSalle County had the highest percentage of residents delay medical care (9.7%) and dental care (22.4%). Will County had the highest percentage of residents who were not able to afford their medications (13.5%).

Delayed or Did Not Get Care in the Last 12 Months Due to Cost

County	No Doctor Visit	Did Not Get Medications	No Dental Visit
Grundy	7.9%	11.4%	19.2%
Kendall	8.9%	12.4%	20.1%
LaSalle	9.7%	12.0%	22.4%
Livingston	4.9%	5.2%	12.9%
Will	8.8%	13.5%	18.3%
Illinois	13.5%	No Data	No Data

Source: Illinois Department of Public Health, BRFSS, 2007-2009

Access to Primary Care Community Clinics

Community clinics provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the Morris Hospital service area and information from the Uniform Data System (UDS)¹, 17.7% of the population in the communities served by Morris Hospital is categorized as low-income (200% of Federal Poverty Level) and 6.1% are at or below the Federal Poverty Level. Portions of the service are categorized as a Health Professions Shortage Area (HPSA).

There are a number of Section 330 funded grantees (Federally Qualified Health Centers – FQHCs) serving the service area. These providers include: Community Health Partnership of Illinois, Will County Health Department Community Health Center, Aunt Martha's Youth Service Center, and the Visiting Nurses Association of Fox Valley.

Even with Section 330 funded Community Health Center (CHC) providers in the area, there are a significant number of low-income residents who are not served by one of these clinic providers. The CHCs have a total of 1,419 patients in the service area, which equates to 7.8% penetration among low-income patients and 1.4 % penetration among the total population. From 2008-2010 the CHC providers added 284 patients for a 25% increase in patients served. However, there remain 16,744 low-income

¹ The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

residents, approximately 92% of the population at or below 200% FPL that are not served by a Section 330-funded grantee.

Low-Income Patients Served and Not Served by CHCs

Patients served by Section 330 Grantees	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
			Number	Percent
1,419	7.8%	1.4%	16,744	92.2%

Source: UDS Mapper, 2010

Access to Providers

Having sufficient availability of providers is essential for people to access preventive and primary care, and when needed, referrals to appropriate specialty care. The ratios of population to one provider indicate that Kendall County has the highest ratio (fewest primary care physicians) with 2,360 residents per one physician. The ratios indicate that there are fewer dentists than primary care physicians. Grundy County has the highest ratio of population to dentists at 3,706:1. There are even fewer mental health providers as indicated by high population to provider ratios. Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists. This measure represents the population per one provider. For all provider types in all counties served by Morris Hospital there are higher population ratios (fewer providers) than when compared to state ratios.

Ratio of Population to Providers

County	Primary Care Physicians	Dentists	Mental Health Providers
Grundy	1,846:1	3,706:1	16,002:1
Kendall	2,360:1	3,480:1	7,808:1
LaSalle	1,427:1	2,371:1	12,526:1
Livingston	1,455:1	3,552:1	12,611:1
Will	1,706:1	2,199:1	5,030:1
Illinois	778:1	1,978:1	2,372:1

Source: County Health Rankings, www.countyhealthrankings.org. Physician data from 2009, Dentist and Mental Health providers data from 2007

Chronic and Communicable Diseases

Chronic Diseases

The residents of the counties served by Morris Hospital have high rates of arthritis, high cholesterol and hypertension. 14.6% of adults in Livingston County have been diagnosed with asthma, which is higher than the state rate of 13.3%. Among adults, 5.7% in Kendall County up to 10.2% in Livingston County have been diagnosed with diabetes.

Chronic Diseases among Adults

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Adults diagnosed with Arthritis	28.1%	25.1%	29.5%	34.0%	27.2%	26.3%
Adults diagnosed with Asthma	11.2%	10.8%	12.3%	14.6%	12.7%	13.3%
Adults diagnosed with Diabetes	7.6%	5.7%	9.1%	10.2%	6.7%	8.2%
Adults diagnosed with High Cholesterol	30.5%	30.5%	39.6%	39.1%	26.4%	37.3%
Adults diagnosed with Hypertension	31.9%	No Data	32.5%	29.8%	22.9%	29.0%

Source: Illinois Department of Public Health, BRFSS, 2007-2009

Among the youth in area counties, the rate of asthma ranges from 9.3% in LaSalle County to 22.8% in Livingston County.

Youth with Asthma

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Youth diagnosed with Asthma	16.6%	16.6%	9.3%	22.8%	16.2%	No Data

Source: Illinois Department of Public Health, BRFSS, 2007-2009

Diabetes

Standard of care for diabetics recommend regular hemoglobin A1C testing. Among the Medicare population diagnosed with diabetes, over 80% have had HgA1C testing.

Diabetes, HbA1c Screening

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
HbA1c screening in past year	80%	87%	82%	84%	83%	82%

Source: County Health Rankings, www.countyhealthrankings.org, 2009

Cancer

The cancer incidence rate is the number of cases based upon 100,000 people and is an annual rate (or average annual rate). Grundy County has the highest incidence rate for all cancers (546.7 per 100,000 persons). Grundy County also has the highest incidence rate of colorectal cancer (84.7) and esophageal cancer (7.9). Will County has the highest rate of prostate cancer (169.2) and LaSalle County has the highest rate of breast cancer (132.8).

Cancer Incidence, Age-Adjusted per 100,000 Persons, 2010

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
All Cancers	546.7	479.4	522.2	502.4	507.4	483.9
Prostate Cancer	158.6	140.9	145.2	155.3	169.2	157.7
Breast Cancer	127.7	122.5	132.8	111.2	122.8	123.9
Lung and Bronchus Cancer	102.1	66.7	104.0	111.6	89.4	89.9
Colorectal Cancer	84.7	50.3	70.0	67.5	69.3	63.9
Leukemia	13.1	11.4	14.4	21.6	13.9	12.8
Esophagus	7.9	No Data	7.2	7.5	6.2	5.4

Source: National Cancer Institute, State Cancer Profiles, 2010

Communicable Diseases

HIV/AIDS

Livingston County has an HIV incidence rate of 21.2 per 100,000 persons, this exceeds the state rate of 14.7. Livingston County also has a high rate of AIDS cases at 14.4 per 100,000 persons, with exceeds the state rate of 8.6 for AIDS cases. All other area counties have HIV/AIDS rates far below the state rates.

HIV/AIDS Cases, per 100,000 Persons, Cumulative through 2011

County	HIV Incidence			AIDS Cases		
	Diagnosed as of 12/2011	Cumulative Cases Since 2005	Cumulative Rate	Diagnosed as of 12/2011	Cumulative Cases Since 2005	Cumulative Rate
Grundy	1	9	2.7	0	5	1.5
Kendall	2	20	2.7	4	12	1.6
LaSalle	0	29	3.7	0	21	2.7
Livingston	5	56	21.2	3	38	14.4
Will	28	253	5.3	15	165	3.4
Illinois	1,519	13,284	14.7	193	7,781	8.6

Source: Illinois Department of Public Health, HIV/AIDS/STD Surveillance Update, 2011,

Sexually Transmitted Diseases

Overall, the Morris Hospital service area counties saw a decrease in the number of sexually transmitted diseases from 2010 to 2011. There were a few exceptions. The number of cases of Chlamydia increased in Will County from 2010 to 2011. LaSalle and Livingston counties had increases in the number of gonorrhea cases. Kendall County experienced an increase of one case of syphilis from 2010-2011.

Reportable Sexually Transmitted Diseases, 2010-2011

County	Chlamydia		Gonorrhea		Early Syphilis	
	2010	2011	2010	2011	2010	2011
Grundy	48	41	2	2	1	0
Kendall	158	145	31	13	0	1
LaSalle	253	224	13	16	2	1
Livingston	132	94	17	19	2	1
Will	1,785	1,836	373	307	23	16
Illinois	60,641	52,971	15,756	13,594	1,410	1,134

Source: Illinois Department of Public Health, HIV/AIDS/STD Surveillance Update, 2011,

Health Behaviors

Health Status

Self-reported health status is a general measure of health-related quality of life in a population. When asked to rate their general health, 8% of Kendall County residents identified fair or poor health and 17% of Livingston County residents had self-reported fair or poor health. The number of physically unhealthy days in a one month period ranged from 2.4 in Kendall County to 4.1 in LaSalle County. The number of mentally unhealthy days in a month ranged from 2.3 in Kendall County to 3.3 in Livingston and Will Counties. Poor health restricted activities of 20.6% of the residents in LaSalle County, while only 15.7% of Will County residents experienced a limitation to activities as a result of poor health.

Health Status Outcomes, 2004-2010

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Poor or fair health	14%	8%	16%	17%	12%	16%
Poor physical health days in past 30 days	3.3	2.4	4.1	3.8	3.2	3.3
Poor mental health days in past 30 days	3.0	2.3	3.1	3.3	3.3	3.2
Activities limited due to health problem	17.8%	18.8%	20.6%	19.0%	15.7%	16.1%

Source: County Health Rankings, 2012; Illinois Department of Public Health, BRFSS, 2007-2009

Preventive Practices

Colorectal Cancer Screening

Occult blood tests, sigmoidoscopy and colonoscopy screen for colorectal cancer. In the service area counties, 35.5% to 45.6% of adults, age 50 and over, had been screened for colorectal cancer through a stool test, and 49.7% to 70.7% had been screened with a sigmoidoscopy or colonoscopy. With the exception of Grundy County colonoscopy screening rate of 70.7%, the rate of engaging in these health prevention activities is at a rate below Healthy People 2020 objectives of 70.5%.

Flu and Pneumonia Vaccines

Community residents who are particularly vulnerable to communicable respiratory diseases are recommended to obtain yearly flu shots. In the service area, 29.7% to 31.5% of area residents obtained a flu shot. This rate is lower than the state rate of 34.6%. Pneumonia vaccines are also recommended, especially for seniors. 20.1% to 27.8% of area residents have received a Pneumonia vaccine at some time.

Women's Health Screening

Mammograms and clinical breast exams are used for detection of breast abnormalities and cancer. The service area has a high rate of compliance with breast screenings.

Among women, 40 years and over, 88.2% to 92% have received a mammogram, and 86.2% to 94% of women have had a clinical breast exam. The mammogram rate exceeds the Healthy People 2020 objective of 81.1% of women to receive a mammogram. Pap smears screen for cervical cancer. Among adult women, 84.4% in LaSalle County to 98.7% in Grundy County have received a Pap smear. Three area counties – Grundy, Kendall and Livingston – exceed the rate for Pap smears of 93% recommended as a Healthy People 2020 objective.

Prostate Cancer Screening

In men ages 40 and above, digital rectal exams and PSA blood tests are used to screen for prostate cancer. For both these screenings methods, area counties have lower rates than the state rates. Grundy County has the highest rates and LaSalle County has the lowest rates of screening for prostate cancer.

Preventive Practices

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Colorectal screening (ages 50+) blood stool test	35.5%	45.6%	38.8%	39.1%	42.1%	34.0%
Colorectal screening (ages 50+) colonoscopy/Sigmoidoscopy	70.7%	59.6%	59.6%	49.7%	61.2%	61.7%
Flu shot in last 12 months	29.7%	31.4%	31.4%	31.5%	31.5%	34.6%
Pneumonia vaccine	20.1%	20.3%	23.5%	27.8%	23.8%	23.5%
Mammogram (ages 40+)	90.1%	92.0%	88.2%	89.8%	91.4%	92.1%
Clinical breast exam	94.0%	87.3%	86.2%	86.8%	87.3%	89.9%
Pap smear	98.7%	95.3%	84.4%	93.1%	91.0%	92.6%
Prostate screening digital rectal exam (ages 40+)	72.8%	68.7%	65.2%	68.2%	No Data	73.8%
Prostate screening PSA test (ages 40+)	61.3%	58.2%	54.8%	59.5%	No Data	62.8%

Source: Illinois Department of Public Health, BRFSS, 2007-2009; some state data were not available for 2009, in these cases, 2010 data were used

Overweight and Obesity

In the counties served by Morris Hospital, over one-third of adults are overweight and close to one-fourth are obese. These percentages equate to over 60% of the adult population being overweight or obese. Grundy County has the highest percentage of overweight and obese adults (68.7%).

Overweight and Obese Adults

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Overweight	40.5%	34.6%	35.5%	40.2%	38.6%	37.2%
Obese	28.2%	26.9%	28.0%	22.0%	18.7%	26.8%

Source: Illinois Department of Public Health, BRFSS, 2007-2009

When asked to describe their weight, 8th and 10th graders self-identified as being underweight, the right weight or overweight. Among 8th and 10th graders, 24%-32% identified themselves as being overweight. LaSalle County youth had the highest rates of teens (32%) who self-identified as being overweight.

Overweight, Self-Identified, 8th and 10th Grade Youth

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Slightly/very overweight, 8 th grade	29%	30%	32%	24%	26%	30%
Slightly/very overweight, 10 th grade	26%	No Data	32%	30%	24%	29%

Source: Illinois Youth Survey, 2010

Physical Activity

A sedentary lifestyle can lead to overweight and obesity and is a contributing factor to many chronic diseases and disabilities. Over 40% of adults in area counties get regular exercise. In Will County, over half the adults (52.9%) are regularly active and only 17.4% are inactive. Kendall County has the highest area rate of inactive adults with over one-quarter (25.9%) reporting a lack of exercise.

Physical Activity, Adults

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Regular exercise	41.0%	42.8%	44.1%	44.1%	52.9%	No Data
Some exercise	36.1%	31.2%	36.1%	32.5%	29.8%	No Data
Inactive	22.9%	25.9%	19.8%	24.4%	17.4%	23.5%

Source: Illinois Department of Public Health, BRFSS, 2007-2009

Tobacco/Alcohol/Drug Use

Smoking

Smoking continues to be a leading cause of preventable death in the United States. Smoking rates in the service area are high and range from 18.8% in Kendall County to 28.7% in Livingston County. The Healthy People 2020 objective for smoking is 12%; all area counties exceed this rate for smoking.

Smoking Prevalence among Adults

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Smoker	23.3%	18.8%	21.0%	28.7%	19.6%	18.8%
Former smoker	22.3%	25.5%	26.0%	24.3%	21.0%	23.0%
Non-smoker	54.4%	55.7%	52.9%	47.1%	59.4%	58.2%

Source: Illinois Department of Public Health, BRFSS, 2007-2009

Alcohol Use

Binge drinking is measured as consuming a certain amount of alcohol in a designated period of time. For males this is five or more drinks per occasion and for females four or more drinks per occasion. The rate of binge drinking in area counties exceeds the state rate of 17.5%. However, the counties compare favorably to the Healthy People 2020 objective of 24.3% for binge drinking.

Adult Binge Drinking

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
At risk for binge drinking	23.3%	22.4%	19.2%	22.7%	22.5%	17.5%

Source: Illinois Department of Public Health, BRFSS, 2007-2009

Youth Alcohol/Tobacco/Drug Use

A majority of 10th grade youth have sampled alcohol, 12-31% drink alcohol on a regular basis (at least once or twice a month). 33%-41% of 10th graders have tried smoking a cigarette, and 22%-33% have smoked marijuana. Use of tobacco products by youth occurs at higher rates in area counties than when compared to the state. LaSalle County has the highest occurrences of cigarette smoking (41%) and regular alcohol use (31%) among 10th grade youth.

Use of Alcohol/Tobacco/Drugs, 10th Grade Youth

	Grundy County	LaSalle County	Livingston County	Will County	Illinois
Smoked marijuana	32%	22%	22%	30%	31%
Smoked a cigarette, even a puff	36%	41%	33%	34%	34%
Used any tobacco product	26%	24%	21%	24%	18%
Had more than a sip or two of alcohol	63%	64%	51%	65%	63%
Had alcohol beverage regularly	23%	31%	12%	27%	25%

Source: Illinois Youth Survey, 2010; No 10th Grade Data for Kendall County

Over half the 10th grade youth population in area counties has identified that alcohol and tobacco products are easy to obtain. Marijuana was available to 40%-55% of youth and other drugs were available to 17%-21% of 10th graders.

Ease of Obtaining Alcohol/Tobacco/Drugs, 10th Grade Youth

	Grundy County	LaSalle County	Livingston County	Will County	Illinois
Easy and sort of easy to obtain alcohol	61%	65%	56%	65%	60%
Easy and sort of easy to obtain tobacco	58%	65%	57%	59%	57%
Easy and sort of easy to obtain marijuana	54%	47%	40%	55%	55%
Easy and sort of easy to obtain drugs like cocaine, LSD, amphetamines	20%	17%	19%	21%	20%

Source: Illinois Youth Survey, 2010; No 10th Grade Data for Kendall County

When 10th grade youth were asked about driving with others who have used drugs or alcohol or driving themselves after consuming alcohol or using drugs, 12%-28% indicated they had ridden in a car driven by a teenager and 18%-31% had ridden with an adult. Fewer youth indicated they had driven when using drugs or alcohol. Grundy County youth did drive while using drugs at a rate (14%) over twice the state rate (6%).

Drinking/Drugs and Driving, Past 12 Months, 10th Grade Youth

	Grundy County	LaSalle County	Livingston County	Will County	Illinois
Ridden in car driven by teenager who was drinking or using drugs	28%	25%	12%	21%	22%
Ridden in car driven by adult who was drinking or using drugs	29%	31%	18%	29%	27%
Driven a car when using alcohol	5%	7%	4%	5%	9%
Driven a car when using drugs	14%	8%	4%	7%	6%

Source: Illinois Youth Survey, 2010; No 10th Grade Data for Kendall County

Health Behaviors Ranking

The County Health Rankings site examines healthy behaviors and ranks counties according to health behavior data. Illinois' 102 counties are ranked from 1 (healthiest) to 102 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. Kendall County is near the top of all counties in Illinois with a ranking of 7. Will County is ranked in the middle of all Illinois counties with a ranking of 51. Grundy, LaSalle and Livingston counties are ranked near the bottom of Illinois counties with ranking scores of 87, 96 and 97, indicating poor health behaviors among area residents.

Health Behaviors Ranking

County	County Ranking (out of 102)
Grundy	87
Kendall	7
LaSalle	97
Livingston	96
Will	51

Source: County Health Rankings, 2012

Social Issues

Nutrition

Increased access to fast food outlets in a community, limited access to healthy foods and inadequate consumption of fresh fruits and vegetables can increase rates of obesity, heart disease and diabetes. In Grundy, Kendall and Will Counties, over one-half of restaurants are fast food restaurants. Limited access to healthy foods measures the proportion of the population who are both living in poverty and do not live close to a grocery store. Living close to a grocery store is defined as living less than 1 mile from a grocery store in metropolitan counties, and as less than 10 miles away in non-metropolitan counties. Only 1% of the population in LaSalle and Livingston Counties do not have close access to grocery stores. Grundy, Kendall and Will Counties' rate of limited access to healthy foods is higher than the state rate of 4%.

Fast Food Restaurants/Access to Healthy Foods/Fruit and Vegetable Consumption

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Proportion of restaurants that are fast food establishments	53%	51%	39%	42%	58%	52%
Limited access to healthy foods	8%	6%	1%	1%	6%	4%
Eats 5 or more portions of fruits/vegetables a day	15%	12.7%	8.6%	15.8%	14%	22.6%

Source: County Health Rankings, 2006, 2009; Illinois Department of Public Health, BRFSS, 2007-2009

Access to Recreational Facilities

In addition to having access to healthy foods, access to recreational facilities can encourage increased physical activity. The rate of available recreational facilities per 100,000 persons indicates that Grundy County has the highest rate of available facilities (31 per 100,000 persons). Will County and Livingston County have the lowest rates of facilities based on population size.

Access to Recreational Facilities

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Number of recreational facilities	15	13	15	4	71	No Data
Recreational facility rate per 100,000 persons	31.0	12.4	13.3	10.6	10.4	10

Source: County Health Rankings, 2009

Mental Health

Among adults, over one-quarter of the population in Morris Hospital service area counties felt sad or blue more than two days a month. In La Salle County this indicator was experienced by over one-third of the population (35.6%). Feelings of sadness limited the activities of 10.3% of the adults in Will County. Feelings of worry were experienced by over 60% of the population of all area counties. Inadequate support

structures are predictors of health and wellness. Among area counties, inadequate social and emotional support ranged from 12% in Grundy County to 20% of adults in Will County.

Mental Health Indicators, Adults

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Felt sad or blue – more than 2 days a month	29.6%	26.9%	35.6%	29.0%	28.7%	No Data
Stopped activities due to sadness	5.9%	6.5%	No Data	9.1%	10.3%	No Data
Felt worried – more than 1 day a month	67.6%	65.2%	No Data	62.7%	66.8%	No Data
Adults with inadequate social and emotional support	12%	16%	18%	18%	20%	21%

Source: County Health Rankings, 2006-2010; Illinois Department of Public Health, BRFSS, 2007-2009

When asked about feelings of sadness and helplessness, close to one-fourth of 10th graders identified these feelings. 12%-17% of youth in area counties had seriously considered suicide. The rate of considered suicide in LaSalle County of 17% is higher than the state rate of 14%

Mental Health Indicators, 10th Grade Youth

	Grundy County	LaSalle County	Livingston County	Will County	Illinois
Felt so sad or helpless stopped usual activities	24%	24%	26%	24%	24%
Seriously considered attempting suicide	12%	17%	14%	12%	14%

Source: Illinois Youth Survey, 2010; No 10th Grade Data for Kendall County

Crime Index

The Crime Index is comprised of eight crime categories and provides an indication of the extent of crime occurrence in a region or state. Four of the eight crime index categories are violent crimes against persons, including: murder, criminal sexual assault, robbery, and aggravated assault/battery (including attempted murder and ritual mutilation). The remaining four categories are crimes against property, including: burglary, larceny/theft (including burglary from a motor vehicle), motor vehicle theft, and arson. Kendall County saw the largest decline in the Crime Index from 2008-2009 (-10.5%). Will County saw a 3.2% increase from 2008-2009 in the Crime Index.

Crime Index, 2008-2009

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
2008 Crime Index	1,480	1,932	2,928	886	13,745	458,558
2009 Crime Index	1,395	1,729	2,780	830	14,188	425,720
Percent change	-5.7%	-10.5%	-5.1%	-6.3%	+3.2%	-7.2%

Source: Illinois State Police, Annual Uniform Crime Report, 2009

Prevention Quality Indicators

Background

Ambulatory care sensitive conditions were identified by the Agency for Healthcare Research and Quality (AHRQ), a government organization under the administrative structure of the U.S. Department of Health and Human Services. AHRQ's mission is to "improve the quality, safety, efficiency, and effectiveness of health care for all Americans." Ambulatory care sensitive conditions are those conditions resulting in hospital admissions that with improved high quality outpatient care could otherwise have been avoided, resulting in lower cost to the hospital and better quality of life for the patient. These indicators can assist hospitals to identify quality of care events that might need further study and to provide insight into community outpatient needs, access and systems (AHRQ, 2012). Fourteen conditions specific to adults were selected to measure:

- Asthma
- Angina
- Bacterial pneumonia
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Dehydration
- Diabetes long-term
- Diabetes short-term
- Hypertension
- Low birth weight
- Lower extremity amputation (diabetes)
- Perforated appendix
- Uncontrolled diabetes
- Urinary tract infection

Attachment 2 lists and defines the PQI measures.

Purpose

The purpose of using quality indicators to examine hospital data is to determine the extent that ambulatory care sensitive conditions are relevant in the health care setting. A hospital can use AHRQ's framework for identifying 14 Prevention Quality Indicators (PQI) to determine a community's unmet health needs and take steps to improve access to quality outpatient care.

Methods

Morris Hospital data were obtained for the reporting fiscal year 2011. Data were formatted in Microsoft Excel to run through the AHRQ Quality Indicator (Windows

version 4.4, 2012) software tool. The Diagnosis Related Group (DRG) identified by Morris Hospital for use in the analysis were DRG version v28 for January 2011 to September 2011, and DRG version v29.0 for patient accounts with discharge dates of October 2011 to December 2011.

Analysis

For fiscal year 2011, the number of discharge cases evaluated was 4,764. From these 4,764 cases, 342 or 7.2% were for ambulatory care sensitive (ACS) conditions.² The ambulatory care sensitive conditions were concentrated in two conditions: bacterial pneumonia and COPD. These two conditions account for 74.4% of all the ACS admissions. All causes of diabetes and dehydration each account for approximately 10% of admissions. There were no cases of low birth weight or lower extremity amputation and only one case of urinary tract infection. It was determined that 7.6% of PQI conditions entered through the emergency room.

ACS Admissions by Condition

Ambulatory Care Sensitive Conditions	Number	Percent
Bacterial Pneumonia	182	53.3%
Chronic Obstructive Pulmonary Disease (COPD)	73	21.1%
Diabetes All Causes (Short-Term, Long-Term, Uncontrolled, Lower Extremity Amputation)	37	10.8%
Dehydration	31	9.1%
Angina	5	1.5%
Adult Asthma	5	1.5%
Congestive Heart Failure (CHF)	4	1.2%
Hypertension	2	0.6%
Perforated Appendix	2	0.6%
Urinary Tract Infection (UTI)	1	0.3%
Low Birth Weight	0	0%
Total	342	100%

Age Group and Gender

When all ACS conditions were examined by age group and gender, females accounted for 56.4% of the admissions, and males 43.6%.

Rate of ACS Conditions by Age Group and Gender

Age Group	Female	Male
18-39 year olds	6.7%	3.5%
40-64 year olds	23.4%	16.7%
65 years and older	26.3%	23.4%
Total	56.4%	43.6%

² Ten percent is considered average for hospitals across the country. An older age distribution is expected for ACS conditions, given that many of the conditions are more common among seniors.

ACS admissions by age group indicate that 18-39 year olds had the highest percentage of adult asthma and short-term diabetes. Those in the 40-64 age range had the highest percentage of admissions for four of the indicators: angina, COPD, long-term diabetes, and uncontrolled diabetes. Seniors had the highest ACS admissions for pneumonia, CHF, dehydration, and UTI. The majority of PQI related conditions by payer mix were found to be for Medicare, which is not surprising given that 49.7% of total ACS admissions were for patients 65 and over.

ACS Conditions by Age Group

Ambulatory Care Sensitive Conditions	18-39	40-64	65+
Adult Asthma	100%	0	0
Angina	0	80%	20%
Bacterial Pneumonia	6%	35%	59%
Chronic Obstructive Pulmonary Disease (COPD)	0	53%	47%
Congestive Heart Failure (CHF)	0	25%	75%
Dehydration	10%	29%	61%
Diabetes Long-Term	18%	59%	23%
Diabetes Short-Term	71%	29%	0
Hypertension	50%	50%	0
Perforated Appendix	0	50%	50%
Uncontrolled Diabetes	0	100%	0
Urinary Tract Infection	0	0	100%

Females had the highest percentage of ACS admissions among seven of the conditions. One condition (CHF) was equal for females and males. Males had higher rates of admissions for angina, hypertension, perforated appendix, and UTI.

ACS Conditions by Gender

Ambulatory Care Sensitive Conditions	Female	Male
Adult Asthma	80%	20%
Angina	20%	80%
Bacterial Pneumonia	53%	47%
Chronic Obstructive Pulmonary Disease (COPD)	63%	37%
Congestive Heart Failure (CHF)	50%	50%
Dehydration	68%	32%
Diabetes Long-Term	59%	41%
Diabetes Short-Term	59%	41%
Hypertension	0	100%
Perforated Appendix	0	100%
Uncontrolled Diabetes	100%	0
Urinary Tract Infection	0	100%

Observed and Expected Rates of ACS

To further clarify the community need, each PQI was calculated to compare the Hospital's rate to the expected rate in the Grundy County population. For this analysis the expected rate is the rate the Hospital would have if it performed the same as the reference population, given the provider's actual case-mix (e.g., age, gender, DRG, and co-morbidity categories). If the observed rate is higher than the expected rate (i.e., the ratio of observed/expected is greater than 1.0), then the implication is that the provider did not perform as well as what was expected given the reference population for that particular indicator. If the observed rate is lower than the expected rate (i.e., the ratio of observed/expected is less than 1.0), then the implication is that the provider performed better than expected given the reference population.³

Attachment 3 identifies the Morris Hospital cases that match the PQI ambulatory care sensitive conditions. The table provides details on the number of admissions, observed to expected ratio by age and gender, and areas with a ratio greater than 1.0. In addition to each of the 14 Prevention Quality Indicators, 3 composite measures are included. These composite measures provide assessment of quality and disparity and provide a baseline to track progress. PQI 90 is an overall composite of all the PQIs and provides a glimpse into age groups and gender that were admitted frequently for PQI related illnesses. PQI 91 is labeled the acute composite and combines PQIs 10 (dehydration), 11 (COPD) and 12 (bacterial pneumonia); PQI 92 is the chronic composite and combines PQIs 1 (short-term diabetes), 3 (long-term diabetes), 5 (COPD), 7 (hypertension), 8 (congestive heart failure), 13 (angina), 14 (uncontrolled diabetes), 15 (adult asthma) and 16 (amputation related to diabetes).

Discussion

Morris Hospital performed very well on the area analysis of the PQIs. The only PQI with an aggregated ratio >1.0 was PQI 11, Bacterial Pneumonia. Further comparison of the observed to expected rate for the identified population (county level) indicated that the observed rate was higher for all age groups and for both male and females. This ratio of >1.0, indicates that the performance on this measure for all population sectors was not what would be expected.

Further drill down of the PQIs by age and gender found a number of diabetes cases where the performance did not meet the expected ratio. Specifically, short-term and long-term diabetes for females, ages 18-39, and uncontrolled diabetes for females, ages 40-64 resulted in an observed to expected rate ratio of >1.0. It is important to note that there are very few of these diabetes cases. Further review of the specific cases may need to be completed to determine patient needs. All other Indicators were below

³ Source: AHRQ QI Windows Software documentation v 4.1a, July 2, 2010.

1.0, which demonstrates that Morris is performing better in regard to the PQIs than what would be expected of providers given the population of interest.

When aggregating all the acute and chronic conditions identified as ambulatory care sensitive conditions, Morris was below the expected ratios for the reference population; this is a positive indicator. Females in general and specifically females age 65 and over had the highest number of conditions for PQI related illnesses followed by males age 65 and over. According to the data, PQI 91 acute composite, has a larger number of females and males over age 65 identified with conditions related to dehydration, bacterial pneumonia or urinary tract infection. As noted, most of the admissions were related to bacterial pneumonia. Another area for review is the aggregate PQI 91 acute composite for males age 65 and over. The ratio is >1.0 and indicates there are high rates of dehydration, bacterial pneumonia and urinary tract infection than what would be expected in the population.

Key Stakeholder Interviews

Introduction

Eighteen telephone interviews were completed for the Community Health Needs Assessment conducted on behalf of Morris Hospital & Healthcare Centers (Morris) during February and March 2012. Participants in the interviews included school districts, volunteer fire departments, Morris hospital employees, the Grundy County Health Department, other local government entities/districts, and private medical providers. The interviewees represented a number of the towns and communities surrounding the hospital, including Braceville, Braidwood, Channahon, Dwight, Gardener, Marseilles, Mazon, Minooka, Newark, Ransom, Wilmington and South Wilmington. Appendix A lists the organizations and individuals that participated in the interviews, along with the communities they represent.

Interview participants were asked to share their perspectives on a number of topics that included:

- Biggest issues or concerns facing the community
- Shifts or changes relative to population demographics in the past three years
- Impact of the economic decline on individuals and families
- Impact of budget cuts on the respondent's organization/agency
- Problems people face in obtaining health care, mental and behavioral health, and/or social services and what would make it easier for people to obtain services
- Barriers to care, treatment and management of chronic health conditions
- Reasons for use of the Emergency Room for non-emergency purposes and suggestions for addressing this problem
- Barriers to care for chronic disease management, and preventive measures used to prevent or manage chronic disease
- Current activities Morris Hospital is engaged to address community health issues among residents, and possible future roles
- Ideas on investments to improve the community (including access to care, community infrastructure, economic development, or services)
- Other notes and comments

Biggest Issues or Concerns in the Community

The issues of greatest concern to the interview participants overall were the economy (national, state and local) and unemployment/lack of jobs, along with the impacts these problems are having in communities. These issues were identified by two-thirds of the interviewees.

High unemployment is a result of companies closing or moving out of the area (Caterpillar was cited several times), employers not hiring and laying-off people, and the prevalence of workers in trades or construction not able to find work. Many people have exhausted their unemployment benefits and are now seeking public assistance, such as Medicaid. It is difficult for many of these people to purchase gas, food and medications, as well as other basic needs. Other issues of considerable concern to the interview participants included:

- Access to affordable health care due to:
 - Cost/inability to pay;
 - Lack of health insurance and/or high-deductible plans that require considerable out-of-pocket payments;
 - Lack of free/low-cost health care clinics/options that are local and accessible; and
 - Many physicians do not accept Medicaid due to low reimbursement rates.
- Access to affordable mental health services. The economy is creating considerable stress for individuals and families, and there is a shortage of mental health providers overall, and particularly those who take Medicaid. Grundy County Health Department offers this service, but the need has outstretched resources, resulting in a long waitlist. It was noted that family practitioners are now often managing mental health conditions and the associated medications.
- Ability to sustain volunteer fire departments due to decreased revenue, increased budgets, cost of fuel and maintaining/replacing equipment, and difficulty recruiting and training volunteer EMS staff. These first responders are often a critical link to health care for people living in small communities that are many miles from a physician's office (that may or may not be affordable) or a hospital.
- Pending closure of state-run psychiatric facility that will create a burden on local communities for addressing psychiatric emergencies and ongoing mental health needs/management.
- Services for elderly who want to stay in their homes but need assistance with transportation, food, medication management, and activities of daily living.
- Access to affordable dental services. One interviewee stated, "There are no dentists in Grundy County who take Medicaid."
- Obesity and related cultural and environmental issues, such as lack of access to affordable and healthy foods, opportunities for physical activity (along with a "video culture" and sedentary lifestyles that promote inactivity), and related education. One person stated, "this is a fast-food generation...people don't have time and don't exercise"

- The health consequences of obesity and unhealthy lifestyles are evident in high rates of diabetes, high blood pressure and high cholesterol levels.

What is happening in communities to help address these issues:

- Health fairs and some free health clinics offered by service clubs and other agencies.
- Transportation services offered by Morris Hospital to their facilities from surrounding areas.
- Hospital and other community agencies (e.g., Police Departments, School Districts, Fire Departments, We Care, others) “do what they can.”
- Some private practice physicians take patients who are low-income or unable to pay and write-off the losses.
- Coordinated effort led by Grundy County Health Department and Morris Hospital to plan for closure of the state mental health facility.
- Morris offers some charity care to uninsured, low-income patients.

Recent Shifts in Population Demographics, Particularly Among Vulnerable People

Many respondents indicated that they are unaware of demographic shifts in their communities. One interviewee claimed, “There is absolutely no change in demographics -- people are just three years older [than they were three years ago].”

Demographic shifts perceived by some respondents included increases in:

- Children eligible for free and reduced meal programs at school.
- Children with health care problems, such as diabetes and asthma.
- Older population – baby boomers are reaching the age when they have more medical problems and will need more health care.
- People who are unemployed and with greater financial need.
- Indigent and self-pay patients presenting for health care services.
- Homeless teens and families.
- People who are “sicker” and have more complications when they do seek health care services, as they have foregone preventive treatment and services at earlier stages of their diseases or illnesses.
- Heroin use, recreational drug use, and smoking among teens.
- Suicide rates.
- Population in Mazon, which increased in preparation for construction of new housing developments that were never built.
- Young adults living at home with no health insurance, with parents who are unemployed and also uninsured.

- Need for quality health care, dental care and vision care among children in the schools.

Impact of Economic Decline on Individuals and Families

Many of the impacts of the economic decline have been identified above. The impacts of the economic decline among individuals and families that were identified most frequently in direct response to this question included:

- Fully one-third of respondents mentioned that people are delaying seeking health care due to cost/inability to pay and loss of health insurance, and so are “sicker” when they do seek care. One physician said that many patients “have given up getting blood pressure checks or routine mammograms due to the fact that they don’t have insurance or can’t afford deductibles.” Another provider completed this scenario by saying that “by the time they do see a doctor, things are out of control and harder to take care of.”
- Loss of jobs and financial resources, resulting in no health insurance, home foreclosures and less discretionary spending (which in turn has reduced the tax base for services).
- Greater stress, resulting in more patients needing or requesting anti-depressants or anti-anxiety medications. One school district official said they are seeing an “increased need among children for social and emotional services.”
- More homeless in the community, which has resulted in a network of churches offering a cold-weather shelter throughout the winter months.

Impact of Budget Cuts on Organizations/Agencies

Although nearly all interviewees reported a decrease in agency funding due to reduced financial contributions, reduced tax revenue, and/or reduced ability of people to pay for services -- and a related need to make cuts in spending -- very few agencies reported making cuts to programs or services. Several agencies said they had made some “internal” cuts or frozen hiring into new positions, but reported little to no cuts that directly impacted direct services.

Cuts to services were reported by a couple of the volunteer fire departments, including a reduction in the number of EMTs they are able to keep on staff and difficulty in conducting regular patrols due to fuel costs and equipment replacement costs. A school district reported that an after-school childcare program lost grant funding and so was cut, which had been a valuable resource for working parents and left the district scrambling to find other options. The district is seeking other grant funds to re-open the program. One program that has been impacted is the mental health services offered by the Grundy County Health Department. There is a long waiting list for this service among the uninsured and Medicaid populations.

Problems in Obtaining Health Care and Other Health/Social Services

Interviewees were asked to identify the kinds of problems or challenges that the people in their communities and/or who are served by their agencies face in obtaining health care, mental health, behavioral health, and/or social services. The most frequently reported barriers to accessing health care and other health/social services were:

- Lack of health insurance or ability to pay for care and/or medications
This barrier includes expensive premiums and/or large deductibles or co-pays, people falling through the cracks because they are ineligible for Medicaid but can't afford care, high cost of medications and health care in general, changes to the medication benefit under Medicare that is confusing to seniors, and that many physicians (both primary care and specialists) do not take Medicaid.
- Transportation to services
Many people who were interviewed live in small towns that are 20-30 miles from a hospital and there are only a few physician offices close to them. Identified transportation barriers included:
 - Not having a car and being dependent on others for transportation
 - Cost of gas
 - Difficulty for older people to drive themselves – particularly in winter months
 - Time involved for transportation to any kind of medical procedure, even for lab work or blood draws

A number of interviewees mentioned the shuttle service provided by Morris Hospital was very helpful, though one person mentioned that the wait time for the ride is sometimes quite lengthy.

- Lack of affordable mental health services
A number of respondents noted the high need for mental health services among children, teens and adults, and the lack of affordable services for these populations. One school district official said, "It is harder for high-school age students to get mental health services. Fewer and fewer places have mental health services or drug and alcohol services available for adolescents. It is very difficult to get them in anywhere. The social worker and psychologist on staff at the school are jammed."
- Lack of accessible primary care and specialty care services
There is a lack of accessible primary care and specialty care services in the smaller communities outside Morris.
 - While the Immediate Care center operated by Morris Hospital in Channahon serves the Channahon and Minooka areas, this type of service is not available in the other communities surrounding Morris, many of which are 15 miles to a physician and 30 miles to Morris Hospital or another hospital.

- The Will-Grundy Free Clinic, geared for low-income individuals and families, was reported to serve Will County very well, but to only travel to Grundy County once per month, which is inadequate for the need.
- Specialty care providers are also difficult to find and tend to be expensive. Specific specialties identified as scarce included: GI, endocrinology, pediatric endocrinology, cardiology, psychiatry and high-risk obstetrics.
- Pending closure of the state psychiatric facility
As mentioned previously, there is concern that the patients currently seen at this facility will create a greater burden on police forces, ambulance services, social service agencies, and local hospitals that are not equipped to handle the needs of these psychiatric patients.

How to Make Access to Services Easier

Most suggestions for making access to care easier were related to increasing the availability and accessibility of quality, affordable providers/services. Related recommendations included:

- Increase the presence of community clinics and immediate care centers with extended hours in the outlying communities. Several people commented on the importance of bringing services to the communities, even if only once per week or per month, especially for senior populations. There are opportunities to partner with school districts and fire departments as sites for these clinics, as expressed by several interviewees.
- Establish blood draw and lab testing sites out in communities. The Coal City site and courier services were mentioned and appreciated.
- Offer specialty care services at limited hours in Braidwood or Gardener.
- Increase the hours of the Will-Grundy free clinic in Grundy.
- Charge for services based on ability to pay; i.e. a sliding fee scale.
- Continue to provide transportation assistance by the hospital, and extend the hours of this transportation beyond 3:30 p.m. so that people can attend classes (e.g., diabetes classes) and appointments that are held in the later afternoons and evenings.

Chronic Health Conditions: Barriers to Care, Treatment and Management

Many of the reported barriers to care, treatment and management of chronic health conditions were the same as those mentioned above under challenges to obtaining other kinds of care. The common barriers included:

- Cost of care and medications

- Some medications needed to manage chronic diseases are not on the inexpensive drug lists, making it difficult for people to afford them.
- For people on fixed incomes, those who have lost their jobs or have no insurance, the cost of care and medications is a significant issue.
- People sometimes have to prioritize basic needs such as food and shelter over health care and medication costs.
- Transportation and distance to services
 - There are very few specialists in the rural areas, resulting in the need to travel great distances to receive care. This is a particular hardship for the elderly, for people without cars, and for those who cannot afford the cost of the gas.
 - Public transportation is minimal or non-existent, and not easy to use.
 - The Morris Hospital transportation system is not used as much as it could be.
- Access to specialty care.
 - Specialists are booked 5-6 weeks out and most do not take Medicaid.

Other barriers more specific to chronic health conditions included:

- More expensive to eat healthier and takes time to plan to eat well, so it's "easier not to do it."
- Lack of awareness or education regarding chronic disease symptoms and the actions/behaviors needed to prevent and manage those symptoms (e.g., how to cook healthfully). One interviewee said, "People know there is a cause-effect relationship between what they do and their disease, but they have not been educated about specifically what certain behaviors will do to impact their disease, both positively and negatively."
- Noncompliance with self-management regimens. Some patients require constant follow-up and choose not to take their insulin or to eat well. They "just don't want to deal with it or be nagged - and they want to drink, or smoke, or eat poorly."
- Reluctance to seek assistance, perhaps as a result of not wanting to be seen as a bother or embarrassment that they are not able to help themselves.
- Wait times to see doctors, and scheduling/sequencing of multiple appointments.

What People Do to Prevent/Manage Chronic Health Conditions

Many respondents said that people do "not do much, or do the bare minimum to survive." This was thought to be due to lack of motivation, lack of education/awareness, or difficulty in accessing resources to help prevent/manage chronic diseases, as discussed above.

Participants also reported activities people *do* to prevent/manage chronic health conditions, including:

- Take advantage of free screenings and education, when they are offered.
- Exercise, particularly in the summer. Physical activity in the winter is difficult unless one can afford to join a gym. Some communities have affordable gyms or a park district, though most do not.
- Eat healthfully.
- Take medications regularly, and maintain compliance with chronic disease management regimens – such as keeping doctor appointments and other monitoring processes.

Several providers talked about what they do to try and help people manage their chronic health conditions. Provider activities included:

- Emphasize long-term plan with patients each time they are seen, including the need for them to return for their medical appointments and get regular labs to be monitored.
- Institute a call reminder system to remind people about appointments.
- Connect patients with a diabetic educator to help them with their diets.
- Refer patients for needed follow-up specialty care.
- Prescribe medications.
- School district monitors diabetic children during the school year.

Health Care Services, Education Programs and Materials People Use to Help them Care For or Learn More about Their Chronic Diseases

The primary resources were identified are as follows:

- Hospital programs and materials (e.g., diabetic educator, Heart-to-Heart class, cardiac rehabilitation classes, no-smoking materials)
- Physician education
- Internet
- Friends and family
- School

Emergency Room Use for Non-Emergency Purposes

Of the 18 people interviewed, 16 (89%) said they are aware of people using the emergency room for non-emergency purposes. Of the two others, one participant said they did not know if this was occurring or not, and the other said they were more aware of people using Immediate Care as a physician alternative than the emergency room. Comments made by those who reported that people do use the emergency room (ER) for non-emergency purposes included:

- Immediate Care has helped to reduce inappropriate ER use.

- People use the ER more for minor illnesses than for chronic disease management.
- People with real emergencies are forced to wait longer because of the presence of people with non-emergencies.
- The Fire Department ambulance gets calls for people with the flu, and has to transport them to the hospital because that is their policy.

The most frequently identified reasons that people use the ER for non-emergency purposes were:

- Lack of money or insurance coupled with the knowledge that the ER will treat them, regardless of ability to pay. They will not be turned away. One respondent said that even Quick Care providers refer Medicaid and uninsured patients to the ER.
- Clinics and physician offices are not open in the evenings and if people are concerned about missing work, they will take their children or themselves to the ER at night.
- People not educated about how to treat the flu at home.
- No regular source of care or relationship with a primary care doctor.
- People want immediate attention and do not want to wait days or weeks for an appointment. The ER offers 24-hour accessibility.
- In some cases, the ER is the closest source of care and so most accessible and convenient, as there is no Quick Care or Immediate Care nearby.

Suggestions for Reducing Inappropriate Emergency Room Use

The most frequently mentioned suggestion for decreasing inappropriate ER use was to increase access to affordable, quality primary care in locations that are easily accessible. It was suggested that this could be achieved by:

- Bringing affordable health care services into outlying communities through Immediate Care or Quick Care centers and/or free clinics (even weekly in smaller communities). Services that are needed include primary care services, dental and orthodontic services, vision care, and family planning.
- Marketing/raising awareness of affordable and geographically accessible services.
- Encouraging extended hours (into evenings and weekends) and same day appointments among physician offices, clinics and Immediate Care centers.
- Engaging doctors to volunteer at the free clinics.
- Partnering with school districts and fire stations to locate periodic medical, dental and/or vision clinics.
- Attach an Immediate Care center to the ER, and route patients who are not emergent directly to Immediate Care.

Several suggestions focused on education to communities regarding:

- The importance of prevention and primary care services.
- Doctors who will take self-pay patients.
- How to treat the flu and fevers at home.
- Appropriate use of health care system, including when to access primary, urgent, and emergency care services.

Current Hospital Activities to Address Community Health Issues

Respondents shared their knowledge of a variety of activities Morris is currently engaged in to address community health issues in their communities, including:

- The hospital's transportation service, which takes people to and from any medical appointment, not just to appointments at the hospital. One interviewee located in an outlying community said, "We are very blessed that Morris provides a free transportation service. It is free to anyone utilizing it for medical services and they can use it for any medical service, not just to Morris. This fills a large gap in public transportation, and is a gem." The Morris transportation service does not, however, cover all the communities that were interviewed for this assessment.
- Hospital Foundation grants to local organizations (e.g., Health Department, We Care), to help them serve the indigent or promote wellness.
- Location of an Immediate Care facility in Channahon, which has expanded services to Minooka, Channahon, and other rural areas nearby.
- Planning for the upcoming closure of the state psychiatric facility with the Grundy County Health Department.
- Lab services are offered in Diamond and courier services for labs are provided from Braidwood and Coal City.
- Convenes the Behavioral Health Alliance on a monthly basis.
- Communication with patients after discharge to answer questions and ensure compliance with post-discharge treatment protocols.
- Support for volunteer fire department via training, education and continuing education to staff; facilitating the state licensing process; and providing resources and supplies.
- Assistance for indigent populations, including:
 - Free surgeries and lab testing for free-clinic patients.
 - Financial Assistance Policy, enabling the hospital to write-off charity care to people who are unable to pay for services.
- Community outreach programs:
 - Laundering service for bedding from homeless shelters that rotate around to different churches.
 - Life-Line for elderly at an affordable cost.

- American Red Cross Babysitters' Training Courses for ages 11 and older, five times per year.
- Food pantry assistance.
- Speaker program for hospital employees to make presentations to community groups on various health topics.
- Disseminate flyers to schools for parents, nurses, educators, etc. about workshops on asthma or diabetes.
- Free screenings mostly at the hospital site and to some extent off-site in surrounding communities, including prostate cancer, skin checks, blood pressure and cholesterol.
- Hospital programs to address chronic disease management, including:
 - Diabetic educator who provides free education to hospital patients, offers classes for the community, and helps in school settings.
 - Congestive heart failure education program.
 - Cardiac rehabilitation program.

Several respondents indicated that Morris Hospital is not active in their community, and has no real visibility of presence, including Coal City, Mazon, Allen Township, and Newark.

Recommendations for Future Activities to Address Community Health Issues

In addition to reporting on current community health activities, interviewees were also asked to identify activities the hospital could or should be doing to address the health needs of the community. Several respondents commended the hospital for what it does currently in the community and said it just needs to keep doing and building on current activity.

The most frequently identified suggestion was for the hospital to locate health care services, ancillary services and health education for uninsured and under-insured people, and for people living in outlying communities with few health care resources, in those communities. Various approaches for accomplishing this were suggested, including weekly or periodic clinics, mobile clinics, free-standing health care facilities, or location of a Quick Care or Immediate Care center. Services needed were identified to include:

- Primary care, dental care and vision care
- Mental health care
- Immediate care/urgent care
- Blood pressure and sugar screenings
- Flu shots and TB testing
- Labs and imaging
- Physicals (for school-age children)
- Mammography

Communities that identified this need included: Gardener, South Wilmington, Braidwood-Gardener-Dwight, Braceville, Wilmington, Coal City, Dwight, Marseilles and Newark. Specific suggestions to this effect included:

- Establish a partnership with the Gardener Fire Department to provide educational materials and medical services to local residents. Provide a nurse one day per week to do screenings and address health issues.
- Establish a facility South of Gardener to serve the southern market (Braidwood-Gardener-Dwight) that otherwise has to drive 30-40 minutes for services. Facility should include primary care, immediate care, labs, and imaging.
- Locate a Quick Care closer to Braceville.
- Provide mobile clinics or periodic clinics to provide primary care, dental care, vision care and physicals. (Wilmington)
- Establish a satellite campus in the Coal City area and reach out to the school district for partnership opportunities. Ideally, Morris Hospital could open a satellite clinic directly linked to the early childhood center at the Coal City School District to provide access to parents and kids to medical care and mental health services. Land is available that could be used for this purpose.
- Send mammography unit to Dwight and other small communities every one to two months.

Suggestions for education and marketing topics included:

- Better promotion of Immediate Care Centers and other health care services available in communities.
- Importance of regular care.
- Home care for flu and fevers (to help avoid unnecessary ER visits).

Additional suggestions for hospital activities included:

- Increase access to affordable mental health services.
- Analyze ER use versus Immediate Care use and determine if expanding Immediate Care center hours would make sense.
- Incentivize doctors to work more hours at the free clinic so that it can be open more days and hours, including some evenings and weekends.
- Partner with schools to provide mentoring, internships and job-shadowing opportunities for kids interested in health occupations.
- Support schools and communities with more information on wellness and disease prevention.
- Clarify and publicize charity program guidelines.
- Conduct and participate in health fairs to help communicate about hospital programs, other community health care services, and to provide screenings.
- Provide ongoing communication with patients for 60 days after discharge to assure they are adhering to discharge protocols and to answer questions – as a means to help prevent readmissions. Set up nurse clinics for this purpose.

- Expand diabetic education program at the hospital.
- Take a lead role in developing physical activity opportunities in communities as a key to wellness and prevention.
- Help to support maintenance of Morris facilities located in outlying areas to improve plumbing and provide an overall “facelift.” A clean and bright facility improves the patient experience and their satisfaction.

The respondent from Allen Township/Ransom was unsure as to whether Morris Hospital should increase activity in that area due to distance from the community to the hospital and the presence of other hospitals closer by. The Coal City School District respondent also indicated that another hospital is a “bigger player” in their community and that Morris has very little presence there, though many people still prefer to obtain emergency services at Morris Hospital.

Priorities and Investment Ideas to Improve the Community

Many of the ideas for community enhancement (including improvements in access to care, infrastructure, economic development and service provision) were shared in response to the question above relative to activities the hospital could or should engage in to improve community health. Additional responses included:

- Design a facility for seniors to serve as both a retirement center and assisted living facility. Ideally, the facility would provide access to medical help and meals, but allow the seniors to remain independent.
- A model for biannual heart-risk assessments was recommended: The hospital offers an EKG, labs, BMI and blood pressure screenings at a low cost. The assessment results are reviewed by a cardiologist, who then provides feedback to the person on their risk level and recommendations for next steps.
- Annually convene stakeholders to identify community health concerns and conduct research through workgroups on possible solutions.

Comments/Other

At the close of the interview, participants were given an opportunity to share any final comments. These included:

- Appreciation for Morris Hospital that the needs assessment is being conducted.
- Request to obtain a copy of the interview results, and hope that something will result from the process.
- A recommendation that the hospitals in the area coordinate to complement services and determine ways to keep costs down.
- Reiteration of the desire to see the hospital expand services to outlying areas.
- Praise for the ER services provided by Morris in response to patients brought there by ambulance. One respondent said, “The ER staff and docs are great. There are no problems at Morris Hospital.”

Prioritized Community Health Needs

Priority setting is a critically important step in the community benefit planning process. The IRS regulations indicate that the Community Health Needs Assessment must provide a prioritized description of the community health needs identified through the CHNA, and include a description of the process and criteria used in prioritizing the health needs.

Based on the results of the primary and secondary data collection and the examination of ambulatory care sensitive conditions, health needs were identified and prioritized according to the:

- Size of the problem (number of people per 1,000, 10,000, or 100,000 population),
- Seriousness of the problem (impact at individual, family, and community levels).

Additionally, county public health plan priorities (Attachment 6) were considered as part of the prioritization process.

The priority health needs identified through the CHNA include:

- Access to Care: primary care, dental, mental health
Access to care was identified as a top community issue among the stakeholder interviews. Up to 16% of service area adults are uninsured, and the service area has 92.2% of low-income residents who are not served by a community health center. The ratios of population to providers indicate that there are fewer dentists than primary care physicians. There are even fewer mental health providers as indicated by high population to provider ratios. For all provider types in all counties served by Morris Hospital there are higher population ratios (fewer providers) than when compared to state ratios. Interviews also noted that the pending closure of the state-run psychiatric facility will create a burden on local communities for addressing psychiatric emergencies and ongoing mental health needs/management. Barriers to accessing care included: lack of insurance, inadequate transportation to services, and lack of accessible primary care and specialty care services.
- Chronic Disease
The residents of the counties served by Morris Hospital have high rates of arthritis, high cholesterol and hypertension. 14.6% of adults in Livingston County have been diagnosed with asthma, which is higher than the state rate of 13.3%. Among adults, 5.7% in Kendall County up to 10.2% in Livingston County have been diagnosed with diabetes. The cancer incidence rate is the number of cases based upon 100,000 people. Grundy County has the highest incidence rate for all cancers (546.7 per 100,000 persons). Grundy County also has the highest incidence rate of colorectal cancer (84.7) and esophageal cancer (7.9). Will County has the highest rate of prostate cancer (169.2) and LaSalle County has the highest rate of breast cancer (132.8). Heart disease and cancer death rates

exceed the Healthy People 2020 benchmark. An examination of ambulatory care sensitive conditions found high rates of short-term and long-term diabetes for females, ages 18-39, and uncontrolled diabetes for females, ages 40-64. Stakeholder interviews identified a number of barriers that impact chronic health conditions including, noncompliance with self-management, access to specialty care, cost of medications, and transportation to services.

- Overweight and Obesity

In the counties served by Morris Hospital, over one-third of adults are overweight and close to one-fourth are obese. These percentages equate to over 60% of the adult population being overweight or obese. Grundy County has the highest percentage of overweight and obese adults (68.7%). Among 8th and 10th grade youth, 24%-32% identify themselves as being overweight. LaSalle County youth had the highest rates of teens (32%) who self-identified as being overweight. A sedentary lifestyle can lead to overweight and obesity and is a contributing factor to many chronic diseases and disabilities. Kendall County has the highest area rate of inactive adults with over one-quarter (25.9%) reporting a lack of exercise. Increased access to fast food outlets in a community, limited access to healthy foods and inadequate consumption of fresh fruits and vegetables can increase rates of obesity, heart disease and diabetes. In Grundy, Kendall and Will Counties, over one-half of restaurants are fast food restaurants. Stakeholder interviews also identified obesity and its associated conditions, such as heart disease and diabetes, as priority health issues.

- Health Behaviors and Prevention

There are a number of priority issues related to health behaviors and preventive practices that include:

Smoking

Smoking rates in the service area are high and range from 18.8% in Kendall County to 28.7% in Livingston County. The Healthy People 2020 objective for smoking is 12%; all area counties exceed this rate for smoking.

Pneumonia

Examining ambulatory care sensitive conditions for hospital admissions found high rates of bacterial pneumonia for among all adult age groups. In the Morris Hospital service area a diagnosis of bacterial pneumonia resulted in hospital admissions that with improved outpatient care, and preventive practices could otherwise have been avoided, resulting in lower cost to the hospital and better quality of life for the patient.

Flu Shots

- The Healthy People 2020 objective recommends that 80% of the adult population obtain flu shots. In Grundy County only 30% of adults have obtained flu shots.

Community Review and Input

On October 4, 2012 Morris Hospital hosted a community forum to review the Community Health Needs Assessment (CHNA) and further refine the identified health priorities. XX members of the hospital staff and representatives' of the community attended. Dr. Melissa Biel of Biel Consulting presented an overview of the findings of the CHNA.

Attendees at the community forum were asked to discuss the priority health issues. The discussion was structured around the questions "What is going well" and "What still needs to be done." The results of the discussions are outline in the table below.

Priority Health Need	What is going well?	What still needs to be done?
Health Access	Adding midlevel providers to increase access to care Immediate Care Center access Transportation services Pulmonary rehab Back to School health fairs Mental health patients are moving out of the ER with a new system to facilitate placement	Increase the hours of the Will Grundy Free Clinic (determine issues that need to be addressed to increase hours) Pursue adding clinics that are federally qualified (FQHC) Too few Medicaid providers (in some cases the medically indigent have more resources for care than those with Medicaid) Increase awareness in the community of existing programs and services Consider expanding communication through social media (Facebook, Twitter) Engage for-profit providers Obtain a dentist for the Medicaid population Extend transportation services
Chronic Disease	Diabetic educators Cardiac and pulmonary rehab CHF community events Asthma groups in the schools Low cost health risk assessment exams Flu clinics	CHF clinic Provide a bridge for patients from hospital to a medical home. This could be a case manager and nurse advocate Women's health clinic Cancer prevention programs Increase hours in Morris Healthcare Centers Initiate wellness initiatives in the community Programs for diabetics
Overweight/Obesity	Diabetic educators Wellness programs for hospital employees and the community	Partner with school districts to children and families Provide education on healthy eating and physical activity Influence food policy (ex. Change food and drinks in vending machines) Funding is needed

Health Behaviors – Prevention	Screenings (colorectal, skin and prostate cancer) Coordination with other agencies for health fairs Low cost health risk assessments Networking with community agencies Existing collaborative efforts	Healthy community initiative Funding for programs Parks and Recreation Districts needed in all communities Insurance company and employer incentives for healthy behavior Changes in vending machine food and beverages Educate the community about existing hospital resources Better use of parish nurses Individual personal ownership of health Improve communication through social media
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The attendees were then asked to further prioritize a list of eleven unmet health needs identified from the CHNA. Using a paired weighting exercise, priorities were compared and ordered in importance. The results of this priority setting exercise resulted in the following priorities ranked in importance from 1 (most important) to 11 (least important).

12. Overweight/obesity
13. Cardiovascular disease
14. Access to mental health care
15. Diabetes
16. Cancer
17. Smoking
18. Pulmonary disease
19. Access to dental care
20. Access to primary health care
21. Lack of preventive screenings
22. Health and social services for seniors

Attachment 1. Benchmark Comparisons

Where data are available, health and social indicators in Grundy County are compared to Healthy People 2020 objectives. The **bolded items** are indicators that do not meet established benchmarks; non-bolded items meet or exceed benchmarks.

Service Area Data	Healthy People 2020 Objectives
Heart disease deaths 196.0 per 100,000	Heart disease deaths 100.8 per 100,000
Diabetes deaths 37.5 per 100,000	Diabetes deaths 65.8 per 100,000
Cancer deaths 200.2 per 100,000	Cancer deaths 160.6 per 100,000
Stroke deaths 29.2 per 100,000	Stroke deaths 33.8 per 100,000
Suicides 4.2 per 100,000	Suicides 10.2 per 100,000
Early prenatal care 85.7% of women	Early and adequate prenatal care 77.6% of women
Low birth weight infants 7.9% of live births	Low birth weight infants 7.8% of live births
Preterm births 10.6%	Preterm births 11.4% of births are preterm
Child health insurance rate 98.2%	Child health insurance rate 100%
Adult health insurance rate 88.4%	Adult health insurance rate 100%
Adults with an ongoing source of care 90.6%	Adults with an ongoing source of care 89.4%
Adults delay in obtaining medical care 7.9%	Adults delay in obtaining medical care 4.2%
Adults delay in obtaining dental care 19.2%	Adults delay in obtaining dental care 5.0%
Adults delay in obtaining prescription medications 11.4%	Adults delay in obtaining prescription medications 2.8%
Adult obese 28.2%	Adult obese 30.6%
Adult flu vaccine 29.7%	Adult flu vaccine 80%
Adults engaging in binge drinking 23.3%	Adults engaging in binge drinking 24.3%
Cigarette smoking by adults 23.3%	Cigarette smoking by adults 12%
Adults who do not engage in physical activity 22.9%	Adults who do not engage in physical activity 32.6%
Adults 50+ who receive colorectal cancer screening 70.7%	Adults 50+ who receive colorectal cancer screening 70.5%
Adult women who have had a Pap smear 98.7%	Adult women who have had a Pap smear based on guidelines 93%
Women over 50 who have had a mammogram 90.1%	Women who have had a mammogram based on guidelines 81.1%

Attachment 2. Prevention Quality Indicators Summary Definitions

Prevention Quality Indicator	Definition	Numerator	Denominator	Exclusions
PQI 1	Diabetes Short-term Complications Admission Rate	All non-maternal/non-neonatal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for short-term complications (ketoacidosis, hyperosmolarity, coma)	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates
PQI 2	Perforated Appendix Admission Rate	Discharges with ICD-9-CM diagnosis code for perforations or abscesses of appendix in any field among cases meeting the inclusion rules for the denominator	All non-maternal discharges of age 18 years and older in Metro Area or county with diagnosis code for appendicitis in any field	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates
PQI 3	Diabetes Long-term Complications Admission Rate	Discharges age 18 years and older with ICD-9-CM principal diagnosis code for long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified)	Population in Metro Area or county, age 18 years or older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates
PQI 4	Not Defined			
PQI 5	Chronic Obstructive Pulmonary Disease (COPD) Admissions Rate	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for COPD	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates

Prevention Quality Indicator	Definition	Numerator	Denominator	Exclusions
PQI 6	Not Defined			
PQI 7	Hypertension Admission Rate	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for hypertension	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates with cardiac procedure codes in any field
PQI 8	Congestive Heart Failure (CHF) Admission Rate	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for CHF	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates with cardiac procedure codes in any field
PQI 9	Low Birth Weight Rate	Number of births with ICD-9-CM diagnosis code for less than 2500 grams in any field among cases meeting the inclusion and exclusion rules for the denominator	Newborn is any neonate with either: 1) an ICD-9-CM diagnosis code for an in-hospital live birth or 2) an admission type of newborn, age of days equal to zero and not an ICD-9-CM diagnosis code for an out-of-hospital birth. A neonate is any discharge with age in days at admission between zero and 28 days	Exclude cases transferring from another institution

Prevention Quality Indicator	Definition	Numerator	Denominator	Exclusions
PQI 10	Dehydration Admission Rate	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for hypovolemia	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates
PQI 11	Bacterial Pneumonia Admission Rate	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for bacterial pneumonia	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates with diagnosis code for sickle cell anemia
PQI 12	Urinary tract infection admission rate	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code of urinary tract infection	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates with diagnosis code of kidney/urinary tract disorder or with diagnosis code of immunocompromised state or with immunocompromised state procedure code
PQI 13	Angina without Procedure Admission Rate	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for angina	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates with cardiac procedure codes in any field

Prevention Quality Indicator	Definition	Numerator	Denominator	Exclusions
PQI 14	Uncontrolled Diabetes Admission Rate	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for uncontrolled diabetes, without mention of a short-term or long-term complication	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates
PQI 15	Adult Asthma Admission Rate	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code of asthma	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates with any diagnosis code of cystic fibrosis and anomalies of the respiratory system
PQI 16	Rate of lower-extremity amputation among patients with diabetes	All non-maternal discharges of age 18 years and older with ICD-9-CM procedure code for lower-extremity amputation in any field and diagnosis code of diabetes in any field	Population in Metro Area or county, age 18 years and older	Transferring from another institution, pregnancy, childbirth, and puerperium, newborn and other neonates with trauma diagnosis code in any field

Source: AHRQ Prevention Quality Indicators Technical Specifications (v4.4, 2012)

Attachment 3. PQI Ratios for ACS Condition Discharges

PQI	Number of Cases Observed	Age/Gender Distribution			Observed to Expected Rate Ratio		
PQI 1 – Diabetes (short-term)	17	18 to 39	Female	8	18 to 39	Female	1.293656
		18 to 39	Male	4	18 to 39	Male	0.634214
		40 to 64	Female	2	40 to 64	Female	0.406851
		40 to 64	Male	3	40 to 64	Male	0.488542
		65+	Female	0	65+	Female	0
		65+	Male	0	65+	Male	0
					Total Age/Gender		0.666984
PQI 2 – Perforated Appendix	2	18 to 39	Female		18 to 39	Female	
		18 to 39	Male		18 to 39	Male	
		40 to 64	Female		40 to 64	Female	
		40 to 64	Male	1	40 to 64	Male	0.779612
		65+	Female		65+	Female	
		65+	Male	1	65+	Male	0.624011
					Total Age/Gender		0.238056
PQI 3 – Diabetes (long-term)	17	18 to 39	Female	3	18 to 39	Female	1.010148
		18 to 39	Male	0	18 to 39	Male	
		40 to 64	Female	3	40 to 64	Female	0.290298
		40 to 64	Male	7	40 to 64	Male	0.462886
		65+	Female	4	65+	Female	0.464887
		65+	Male	0	65+	Male	
					Total Age/Gender		0.352422

PQI	Number of Cases Observed	Age/Gender Distribution			Observed to Expected Rate Ratio		
PQI 5 – COPD	73	40 to 64	Female	28	40 to 64	Female	0.758037
		40 to 64	Male	11	40 to 64	Male	0.487444
		65+	Female	18	65+	Female	0.49219
		65+	Male	16	65+	Male	0.621158
					Total Age/Gender		0.599177
PQI 7 – Hypertension	2	18 to 39	Male	1	18 to 39	Male	0.729526
		40 to 64	Female		40 to 64	Female	
		40 to 64	Male	1	40 to 64	Male	0.165359
		65+	Female		65+	Female	
		65+	Male		65+	Male	
					Total Age/Gender		0.086625
PQI 8 – CHF	4	18 to 39	Female		18 to 39	Female	
		18 to 39	Male		18 to 39	Male	
		40 to 64	Female		40 to 64	Female	
		40 to 64	Male	1	40 to 64	Male	0.042046
		65+	Female	2	65+	Female	0.040765
		65+	Male	1	65+	Male	0.025434
					Total Age/Gender		0.030529
PQI 9 – Low Birth Rate	0	N/A					

PQI	Number of Cases Observed	Age/Gender Distribution			Observed to Expected Rate Ratio		
PQI 10 – Dehydration	31	18 to 39	Female	2	18 to 39	Female	0.477159
		18 to 39	Male	1	18 to 39	Male	0.337168
		40 to 64	Female	7	40 to 64	Female	0.608502
		40 to 64	Male	2	40 to 64	Male	0.220677
		65+	Female	12	65+	Female	0.60986
		65+	Male	7	65+	Male	0.61853
					Total Age/Gender		0.527949
PQI 11 – Bacterial Pneumonia	182	18 to 39	Female	6	18 to 39	Female	1.07212
		18 to 39	Male	5	18 to 39	Male	1.016987
		40 to 64	Female	36	40 to 64	Female	1.697578
		40 to 64	Male	28	40 to 64	Male	1.377771
		65+	Female	54	65+	Female	1.418533
		65+	Male	53	65+	Male	1.714295
					Total Age/Gender		1.503806
PQI 12 – Urinary Tract Infection	1	18 to 39	Female		18 to 39	Female	
		18 to 39	Male		18 to 39	Male	
		40 to 64	Female		40 to 64	Female	
		40 to 64	Male		40 to 64	Male	
		65+	Female		65+	Female	
		65+	Male	1	65+	Male	0.089022
					Total Age/Gender		0.014954

PQI	Number of Cases Observed	Age/Gender Distribution			Observed to Expected Rate Ratio		
PQI 13 – Angina	5	40 to 64	Female	1	40 to 64	Female	0.367954
		40 to 64	Male	3	40 to 64	Male	0.936996
		65+	Female	0	65+	Female	
		65+	Male	1	65+	Male	0.717202
					Total Age/Gender		0.507069
PQI 14 – Uncontrolled Diabetes	3	18 to 39	Female		18 to 39	Female	
		18 to 39	Male		18 to 39	Male	
		40 to 64	Female	3	40 to 64	Female	1.358579
		40 to 64	Male		40 to 64	Male	
		65+	Female		65+	Female	
		65+	Male		65+	Male	
					Total Age/Gender		0.357643
PQI 15 – Adult Asthma	5	18 to 39	Female	4			0.558394
		18 to 39	Male	1	18 to 39	Female	
		40 to 64	Female				0.319455
		40 to 64	Male		18 to 39	Male	
		65+	Female		40 to 64	Female	
		65+	Male		40 to 64	Male	
					65+	Female	
					65+	Male	
					Total Age/Gender		0.485733

PQI	Number of Cases Observed	Age/Gender Distribution			Observed to Expected Rate Ratio		
PQI 16 – Lower-extremity Amputation (Diabetes Patients)	0	40 to 64	Female		40 to 64	Female	
		40 to 64	Male		40 to 64	Male	
		65+	Female		65+	Female	
		65+	Male		65+	Male	
					Total Age/Gender		
PQI 90 – Composite	340	18 to 39	Female	23	18 to 39	Female	0.597199
		18 to 39	Male	12	18 to 39	Male	0.454621
		40 to 64	Female	80	40 to 64	Female	0.650029
		40 to 64	Male	56	40 to 64	Male	0.487135
		65+	Female	90	65+	Female	0.469224
		65+	Male	79	65+	Male	0.592263
					Total Age/Gender		0.541289
PQI 91 – Acute Composite	214	18 to 39	Female	8	18 to 39	Female	0.429339
		18 to 39	Male	6	18 to 39	Male	0.643458
		40 to 64	Female	43	40 to 64	Female	0.977614
		40 to 64	Male	30	40 to 64	Male	0.86848
		65+	Female	66	65+	Female	0.761582
		65+	Male	61	65+	Male	1.140891
					Total Age/Gender		0.867751

PQI	Number of Cases Observed	Age/Gender Distribution			Observed to Expected Rate Ratio		
PQI 92 – Chronic Composite	146	18 to 39	Female	15	18 to 39	Female	0.754533
		18 to 39	Male	6	18 to 39	Male	0.351473
		40 to 64	Female	37	40 to 64	Female	0.467837
		40 to 64	Male	26	40 to 64	Male	0.323314
		65+	Female	24	65+	Female	0.228217
		65+	Male	18	65+	Male	0.225206
					Total Age/Gender		0.330236

Attachment 4. Key Stakeholder Interviewees

The stakeholder interviewees are listed by name, title, organization and the community they serve. A brief description of the individuals' leadership or representative roles is included.

	Name	Title/Organization	Role	Community
1	Kent Bugg, Ph.D.	Superintendent Coal City School District	Leadership role with school-aged children (pre-school through high school) and families with children of all income levels and their educational and health needs	Coal City
2	Michael Cichon, MD	Family Practice Physician Community Medical Center	Cares for many of the residents of Dwight regardless of income level. Aware of their health care needs and how their incomes affect their health outcomes.	Dwight
3	Carol Craig	Community Nurse Marseilles Nursing Service	Understands health care needs of the city of Marseilles and surrounding LaSalle County, especially seniors, many at or below poverty level.	Marseilles
4	Pat Cravens, RN	Cardiovascular Clinic Educator & Rehab Nurse Morris Hospital	Aware of health care needs of the residents in the Morris Hospital service area, especially cardiovascular issues. She is involved in the 2011 Grundy County IPLAN and its implementation. Her focus is hypertension, adult obesity, diabetes (metabolic syndrome) despite a patients' ability to pay. She provides health education free to the community.	Morris
5	Melinda Cuzak	EMS Coordinator Allen Township Fire Department	Aware of health care needs of the community as a result of the number and type of ambulance runs provided. Includes all ages and income levels.	Ransom
6	Dan Duffy	Village Administrator Village of Minooka	Extensive background in Grundy County administration, including his current role as administrator in Minooka. He is knowledgeable of local health care needs, fiscal issues, and illegal activities (including underage drinking, smoking and drugs use) in the community.	Minooka
7	Mary Gill, RN	Office Manager	She manages the only	Mazon

		Dr. Comfort's Medical Office (Internal Medicine)	physicians' office in the town of Mazon. She knows the adult health care needs of the community among all income levels.	
8	Carol Havel	VP of Patient Services Morris Hospital	For several years she was the manger of the Wellness department where she was instrumental in providing health education to the community. She now oversees all direct patient care (outpatient, inpatient, ED, EMS Resource Hospital staff, and ancillary staff that provide patient services) at the hospital.	Morris
9	Chris Himes & Randy Wilkes	EMS Coordinator Fire Chief Gardener Volunteer Fire Department	Aware of health care needs of the community as a result of the number and type of ambulance runs provided. Includes all ages and income levels.	Gardener
10	Al Obman	Assistant Chief Braceville Fire Department	Aware of health care needs of the community as a result of the number and type of ambulance runs provided. Includes all ages and income levels.	Braceville
11	Jody Roark, RN	School Nurse Wilmington School District	Cares for school-aged children (pre-school through high school) and families with children of all income levels and their educational and health needs	Wilmington
12	John Roth, MD	Retired OB Physician Morris Hospital	On the Board of Directors of the Grundy County Health Department. In this role he impacts decisions for health care for the underserved and uninsured. He is especially interested in improving access to mental health professionals for at-risk populations.	Morris
13	Monte Serena	Fire Chief South Wilmington Volunteer Fire Department	Aware of health care needs of the community as a result of the number and type of ambulance runs provided. Includes all ages and income levels.	South Wilmington
14	Kay Lynn Shoemaker, RN	Administrator Grundy County Health Department	Leadership role in Grundy County public health department. Three years as Administrator with	Grundy County

			responsibility for administrative and programmatic oversight for the Public Health Department. Reports directly to the Board of Health. Licensed Registered Nurse with a Bachelors of Science in Nursing degree.	
15	Rita Smith	Diabetic Educator	Represents the needs of diabetics (all ages) and how their disease processes affect their lifestyles and future health outcomes depending on how well they control their diabetes. Metabolic syndrome and diabetes have been identified in Grundy County's 2011 IPLAN as priority health needs.	Newark
16	Chuck Szoke	Executive Director Channahon Park District	Develops and supports activities for all age groups in the park district of Channahon. Includes after-school and summer activities for children.	Channahon
17	Jennifer Thomas, MD	Family Medicine Physician Morris Hospital Satellite Clinics in Braidwood and Gardener	Represents patients of all ages and income levels.	Braidwood
18	Michelle Yost	Diabetic Educator Morris Hospital	Active leader in bringing diabetic education to the community by teaching at our area schools, providing individual diabetic education to newly diagnosed diabetics, leading a diabetic support group, and heading educational opportunities for our community.	Morris

Attachment 5. Facilities and Resources in the Community

Facilities and resources in the community available to meet identified community health needs are listed by topic.

Name of Resource	Services (Partial Listing)	Contact
Access to Care		
Aunt Martha's Youth Service Center and Health Center	Health and social services, health prevention, counseling, housing support, youth services, parenting classes	877-692-8686 http://auntmarthas.org
Community Health Partnership of Illinois	Primary health care for migrant farm workers	www.chpofil.org
Grundy County Health Dept.	Family care management, WIC, mental health, senior services, immunizations, TB testing	815-941-3404 www.grundyhealth.org
Kendall County Health Dept.	Mental health, community health, immunizations, environmental health, family case management	630-553-9100 http://health.co.kendall.il.us
Kendall-Grundy Community Action	Medical office visits and testing. Available to low-income patients.	630-553-8051
LaSalle County Health Dept.	Family health, health promotion, health education, immunizations, family case management, WIC	815-433-3366 www.lasallecounty.org/hd/
Livingston County Health Dept.	Family case management, family planning, health education, disease management, immunizations, senior services	815-844-7174 www.lchd.us
Livingston Family Care Center	Medical clinic and medication support	815-842-1441
Ottawa Regional Medical Center/OSF St. Elizabeth Medical Center	99-bed acute care facility with ER	815-433-1010 www.osfsaintelizabeth.org/
Stepping Stones	Inpatient substance abuse treatment	815-744-4555
United Way of Grundy County	Discount medication assistance	815-942-4430 www.unitedwayofgrundycounty.com
University of St. Francis Health & Wellness Center	Physicals, mental health screenings, immunizations, chronic disease management, hearing and vision screenings, counseling	815-774-9037
Visiting Nurses Association of Fox Valley	Case management, primary care, health prevention, immunizations, mental health, women's health, disease management	847-717-6455 www.vnafoxvalley.com
We Care	Medication assistance	815-942-6389
Will County Health Dept. Community Health Center	Behavioral health, dental, family planning, primary health care,	815-727-8670 www.willcountyhealth.org

	family health services	
Child Development		
Child & Family Connections Services of Will, Grundy, & Kankakee Counties	Assessment for developmentally delayed children, family support	815- 937-3847 www.kan-i-help.org
Child & Family Connections DayOne Network	Coordination and advocacy services for developmentally delayed and disabled	630-879-2277 www.dayonenetwork.org
Grundy County Special Education Cooperative	Special education programs and services for children, ages 3-21, and their families	815-942-5780 www.grundyspecial.ed.org
Meals		
Meals on Wheels	Meal delivery for seniors	815-941-3121
Morris Mobile Meals	Delivers meals to all ages	815-325-2391
We Care of Grundy County	Mobile food pantry	815-942-6389
Energy Assistance		
LIHEAP	Low-income energy assistance program	815-941-3262 Kendall-Grundy Community Service 815-875-6064 Tri-County Opportunities 815-722-0722 Will County Center for Community Concerns
NICOR Gas Sharing	Annual grants	815-725-5187 Joliet Salvation Army 815-433-0798 Ottawa Salvation Army
We Care of Grundy County	Utilities	815-942-6389
Housing/Shelter		
Daybreak Shelter	Shelter	815-774-4663
PADS Shelter – Morris	Evening shelter, October – March, meals provided	Call We Care 815-942-6389
PADS Shelter – Ottawa	Evening shelter, October – March, meals provided	815-433-1292
Support Groups		
Grundy Community Hospice	Bereavement groups	815-942-8525
Joliet Hospice	Bereavement groups	815-740-4104
Open Arms Perinatal	Bereavement groups	815-671-3538
Grief Recovery After A Substance Passing	Bereavement groups	815-669-3228
National Alliance on Mental Illness	Mental health support groups	815-546-7626
Catholic Charities	Anger management Unemployment Women's group	815-941-2560
Youth in Recovery	Adolescents	
Legal Services		
Prairie State Legal Services	Free legal advice and representation of low-income persons and seniors	http://m.pslegal.org/

Attachment 6. County Public Health Priorities

Grundy County 2011-2016 IPLAN

- Mental health and substance abuse
- Metabolic syndrome (includes diabetes, obesity and cardiovascular risk factors)
- Childhood obesity
- Cancer

Kendall County 2011-2016 IPLAN (MAPP)

- Reduction of indoor radon exposure
- Increase socioeconomic well being
- Youth high risk behaviors
- Obesity

LaSalle County 2007-2102 IPLAN

- Substance abuse
- Family violence
- Dental care

Livingston County 2010-2015 IPLAN

- Mental health
- Substance abuse
- Heart disease
- Cancer
- Access to care

Will County 2010-2015 IPLAN (MAPP)

- Access to primary and specialty care for underinsured and uninsured
- Awareness of services and how to access them
- Chronic care management
- Mental and behavioral health
- Youth services

Attachment 7. Map of the Service Area

Morris Hospital Service Area

