

COMMUNITY HEALTH NEEDS ASSESSMENT

MCLEAN COUNTY/ILLINOIS
2019



 Advocate
BroMenn Medical Center



2019 MCLEAN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

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I. Introduction from the McLean County Community Health Council's Executive Steering Committee

The formation of the McLean County Community Health Council in April 2015 marked an important milestone for community health in McLean County. Prior to this collaborative assessment, the two hospitals in McLean County and the McLean County Health Department each conducted their own community health needs assessment which resulted in three community health plans for the County. During the same time, United Way of McLean County conducted a broad-based community needs assessment (CHNA). As a result of the collaboration, the four organizations listed above developed the joint 2016 McLean County CHNA Report and joint McLean County 2017 - 2019 Community Health Improvement Plan.

For the 2019 McLean County Community Health Needs Assessment, Chestnut Health Systems joined as a collaborative partner in place of United Way for this joint report. Chestnut Health Systems, like the hospitals, is required by federal guidelines to complete a community health needs assessment every three years. United Way is not required to complete a community health needs assessment; however, United Way remained on the McLean County Community Health Council for the 2019 assessment.

a) Philosophy and Development of Collaborative

All four organizations are members of the McLean County Community Health Council, which is dedicated to improving the health of the community and strongly believes in the philosophy of collaboration. Collaborating in a more effective manner was identified as the primary learning opportunity from the previous community health needs assessments. The involved organizations determined that the community health needs assessment for McLean County could be conducted more efficiently and effectively by pooling resources. Collaborating was also identified as the key for a successful implementation plan that would make impactful and sustainable community health improvements in McLean County. For the above reasons, the McLean County Community Health Council was formed for the creation of a joint community health needs assessment followed by one community health implementation plan for McLean County.

b) Community Health Needs Assessment Report Approval

Advocate BroMenn Medical Center and OSF St. Joseph Medical Center are utilizing this joint CHNA Report in conjunction with the McLean County Health Department and Chestnut Health Systems to meet their 2019 Community Health Needs Assessment requirements under 501(r) added to the Internal Revenue Code by the Patient Protection and Affordable Care Act. The McLean County Health Department will also utilize this report and subsequent community health implementation plan to meet IPLAN requirements for local health department certification by the Illinois Department of Public Health. Chestnut Health Systems is utilizing this report to meet the Health Resources & Services Administration's compliance expectation that Federally Qualified Health Centers complete a needs

assessment at least once every three years for the purposes of informing and improving the delivery of health center services.

Advocate BroMenn Medical Center, the McLean County Health Department, OSF St. Joseph Medical Center and Chestnut Health Systems are the primary organizations responsible for guiding community health improvement plans that will be developed based upon this community health needs assessment. Like the 2017 - 2019 McLean County Community Health Improvement Plan, the 2020 – 2022 Community Health Improvement Plan will be developed in partnership with other community social service agencies and organizations.

This plan was approved by Chestnut Health Systems' Board of Directors on July 24, 2019, Advocate BroMenn Medical Center and Advocate Eureka Hospital's Governing Council on July 23, 2019, the McLean County Board of Health on July 10th, 2019 and OSF HealthCare System's Board of Directors on July 29, 2019.

II. Executive Summary

Advocate BroMenn Medical Center, Chestnut Health Systems, the McLean County Health Department and OSF St. Joseph Medical Center collaborated to conduct the 2019 McLean County Community Health Needs Assessment and to adopt a joint CHNA Report. In 2016, the two hospitals and the health department also collaborated with United Way of McLean County to conduct the 2016 Community Health Needs Assessment for McLean County and to adopt a joint CHNA Report. This exciting and unique opportunity is possible, according to the final Treasury regulations adopted to implement 501(r), which was added to the Internal Revenue Code by the Patient Protection and Affordable Care Act, as all four entities define their service area as McLean County. The goals of this collaborative effort are as follows:

- Analyze data collectively in conducting the CHNA
- Prioritize the significant health needs
- Generate the joint 2019 CHNA Report
- Work collaboratively to generate the joint 2020 - 2022 McLean County Community Health Improvement Plan addressing each of the significant health needs or explaining why a significant health need is not being addressed.

One member from each of the four organizations sits on the Executive Steering Committee which oversees the Community Health Needs Assessment and Community Health Improvement Plan. The Executive Steering Committee falls under the umbrella of the McLean County Community Health Council which consists of 52 individuals representing 39 organizations from the following sectors:

- County and city government
- Education
- Public health
- Business/economic development
- Social services
- Faith
- Transportation
- Law enforcement
- Housing
- Civic organizations/service clubs
- Healthcare.

In the fall and winter of 2018 - 2019, the Executive Steering Committee analyzed the primary and secondary data, accumulated from a variety of sources, presented in this report. By considering the criteria below, the Executive Steering Committee identified the significant health issues to present to the McLean County Community Health Council for prioritization.

- Size of the issue
- Rates worse than rates of Illinois counties or the state rate
- Disparities by race/ethnicity, age, gender or ZIP code
- Does not meet the Healthy People 2020 target.

a) Six Significant Health Needs Identified for Prioritization

The six significant health needs that were presented to the McLean County Community Health Council for prioritization were:

- Access to Appropriate Care
- Behavioral Health (mental health and substance use)
- Healthy Eating and Active Living (exercise, nutrition, obesity and food access/insecurity)
- Heart Disease
- Oral Health
- Respiratory Disease.

McLean County Community Health Council Prioritization Meetings

The Executive Steering Committee facilitated three meetings of the McLean County Community Health Council to prioritize the health needs derived from the data analysis:

January 31, 2019

The purpose of the first meeting was to explain the collaborative nature of the 2019 McLean County Community Health Needs Assessment with Advocate BroMenn Medical Center, the McLean County Health Department, OSF St. Joseph Medical Center and Chestnut Health Systems, with the end goal of producing a joint community health improvement plan for McLean County. Highlights from 2017 and 2018 for the 2017 - 2019 McLean County Community Health Improvement Plan were also reviewed with the council.

February 14, 2019

During the second meeting, the Executive Steering Committee presented detailed data on the six significant health needs identified for prioritization. Age, gender, race/ethnic and ZIP code disparities were shared when available. A group discussion was facilitated on the health issues presented.

February 28, 2019

During the final prioritization meeting, the Hanlon Method of prioritization was used to select the three significant health needs for the 2019 McLean County Community Health Needs Assessment and around which the 2020 - 2022 McLean County Community Health Improvement Plan will be developed.

Health Needs Selected to be Addressed

The following three significant health needs were selected by the McLean County Community Health Council to be addressed in the 2020-2022 McLean County Community Health Improvement Plan:

- Access to Appropriate Care
- Behavioral Health (including Mental Health and Substance Abuse)
- Healthy Eating/Active Living.

Health Needs Not Addressed

The three health needs that were not selected were heart disease, oral health and respiratory disease. The council acknowledged the importance of all three of these issues, but the prioritization scores for the three selected issues were higher than those for the issues not selected.

b) Priority Action Teams Assembled

In April and May 2019, three priority action team meetings were held to establish a high-level goal for each health priority. Priority action teams consist of key community stakeholders with an interest or expertise in the prioritized significant health need. Cross-sector representation was sought for each priority action team. The goals for each of the health priorities identified are listed below:

2020 - 2022 Health Priority Goals

Access to Appropriate Care

- Ensure appropriate access to care to improve the health and well-being of our residents, neighborhoods and county by 2023.

Behavioral Health

- Advance a systemic community approach to enhance behavioral health and well-being by 2023.

Healthy Eating/Active Living

- Promote healthy eating and active living to strengthen the health and well-being of our community by 2023.

In the fall of 2019, the priority action teams will meet to determine the resources, interventions and outcome metrics for each of the three health priorities. The 2020 - 2022 McLean County Community Health Improvement Plan will again be a joint plan for the entire county and consist of interventions and resources for the hospitals, health department, family health center and numerous social services or other community organizations.

III. Acknowledgements

a) McLean County Community Health Executive Steering Committee

Representatives from the four organizations listed below comprise the McLean County Community Health Council's Executive Steering Committee:

Advocate BroMenn Medical Center: Sally Gambacorta, MS, MA, Community Health Director

Advocate BroMenn Medical Center is one of 27 hospitals in the [Advocate Aurora Health](#) system. Advocate Aurora Health is the 10th largest not-for-profit, integrated health system in the United States

and a leading employer in the Midwest with more than 70,000 employees, including more than 22,000 nurses and the region's largest employed medical staff and home health organization. A national leader in clinical innovation, health outcomes, consumer experience and value-based care, the system serves nearly three million patients annually in Illinois and Wisconsin across more than 500 sites of care. Advocate Aurora is engaged in hundreds of clinical trials and research studies and is nationally recognized for its expertise in cardiology, neurosciences, oncology and pediatrics. The organization also contributed \$2 billion in charitable care and services to its communities in 2016.

As an Advocate Aurora Health hospital, Advocate BroMenn Medical Center embraces the system purpose of "We Help People Live Well." Advocate BroMenn Medical Center is a 221-bed not-for-profit facility located in Bloomington-Normal, Illinois, and has been serving and caring for the people of central Illinois for nearly 125 years. Advocate BroMenn is a healthcare leader for neuro, cardiac, orthopedic, obstetrics and behavioral health services. It is also a teaching facility, offering residency programs in Neurosurgery, Neurology, Family Medicine and Clinical Pastoral Education.

Sally Gambacorta is the Community Health Director at Advocate BroMenn Medical Center and Advocate Eureka Hospital. Both hospitals are in Central Illinois. She has worked for Advocate Aurora Health for 25 years in Wellness and Community Health. Sally holds a Bachelor of Science degree in Business Administration from Augustana College, a Master of Science degree in Industrial/Organizational Science from Illinois State University and a Master of Arts degree in Leisure Studies with a concentration in Corporate Fitness and Health Promotion from the University of Iowa. In her community health role, Sally is responsible for the Community Health Needs Assessment and Community Benefits at both hospitals. She has extensive experience in collaborating with community partners to improve the health of the community. Sally is a member of the McLean County Community Health Council Executive Steering Committee and facilitates the McLean County Behavioral Health Priority Action Team. She is also a member of the McLean County Mental Health First Aid Collaborative and is on the Partnership for a Healthy Community Board for Woodford, Tazewell and Peoria Counties.

Chestnut Health Systems: Dietra Kulicke, Executive Director, BS, Chestnut Family Health Center

Chestnut Health Systems, Inc., offers substance use disorder treatment for adults and adolescents, behavioral health services, primary healthcare and credit counseling, and is a leader in substance use-related research. In addition, Chestnut Health Systems provides services for veterans and their families, and operates housing sites in McLean, Madison and St. Clair Counties. Chestnut Health Systems was established in a house on West Chestnut Street in Bloomington in 1973. It started with two employees and offered a single healthcare service – addiction treatment for adults. In the years since, Chestnut Health Systems has added four service lines, eight locations in central and southern Illinois, and 670 employees.

Believing that the underinsured and uninsured deserve the same high quality primary and behavioral healthcare as those with greater access to resources, Chestnut Health Systems offers a valuable resource for those living at or below 200 percent of Federal Poverty Guidelines. Chestnut Family Health Center, Chestnut Health Systems' Federally Qualified Health Center (FQHC), provides quality primary care for patients by utilizing a comprehensive approach that fully integrates primary and behavioral health services.

Chestnut Health Systems' programs that provide care for persons with mental health, substance use, and other illnesses – as well as low-income residents needing primary healthcare – have earned The Joint Commission's (TJC) Gold Seal of Approval®, which reflects the organization's commitment to providing safe and effective care. Chestnut Health Systems has been continuously accredited by TJC since 1973.

Dietra Kulicke has over 27 years of experience in the healthcare industry. Ms. Kulicke has worked for Chestnut Health Systems since 1991 and has held a variety of clinical and non-clinical positions during her tenure. Ms. Kulicke has been the Executive Director of Chestnut Family Health Center since November 2011. She is responsible for planning and directing the provision of integrated medical, behavioral and psychiatric services at both of Chestnut Health Systems' Section 330 federally-funded health center sites. Her valuable experience and her former responsibilities of identifying community need and developing new programs and service lines are key in the development and continued growth of Chestnut Family Health Center. Ms. Kulicke received her Bachelor of Science degree in Business Education from Bowling Green State University in Bowling Green, Ohio, in 1991. She completed the 11-month Community Health Center Executive Management Fellowship program through the University of Kansas Medical Center Department of Health Policy and Management in November 2012. Ms. Kulicke serves on the Board of the Illinois Primary Health Care Association as well as on the Illinois State University Mennonite College of Nursing CAUSE grant Advisory Committee.

McLean County Health Department: Cathy Coverston Anderson, RN, BSN, SM, Assistant Administrator

Since 1946, the McLean County Health Department has worked to protect and promote the health and wellness of McLean County citizens. The department serves the largest geographic county in Illinois, with more than 172,052 residents. Many people may never walk through the doors of the health department, but they all benefit from the various services offered as well as from the enforcement of local and state regulations that protect individuals and communities through the control of infectious diseases, sewage management, assurance of drinkable water and provision of accurate health information. The mission of the McLean County Health Department is to protect and promote health. This is accomplished through the provision of public health leadership, convening and collaborating with community partners and assuring strong business practices to create healthy people and healthy places.

Cathy Coverston Anderson is a registered nurse and has been the Assistant Administrator for the McLean County Health Department since 2009. She has over 30 years of experience in public health and has served on various boards and councils at the local, regional and state level. Ms. Coverston Anderson has a Master of Science degree from Harvard University School of Public Health and a Bachelor of Science degree in Nursing, as well as a Bachelor of Arts degree in English from the University of Minnesota. She oversees the community health needs assessment and community health improvement plan processes, Occupational Health and Safety Administration (OSHA) activities and the department's emergency preparedness program. She has extensive experience collaborating with local, regional and state partners to protect and promote health for McLean County residents.

OSF St. Joseph Medical Center: Erin Kennedy, BS, MS, Community Health Manager

OSF St. Joseph Medical Center is a 149-bed acute care facility. The medical center has been serving Bloomington - Normal and the surrounding communities since 1880. OSF HealthCare is a Catholic, 13-

hospital health system serving Illinois and the Upper Peninsula of Michigan, driven by the mission to serve with the greatest care and love. OSF St. Joseph Medical Center is fully accredited by The Joint Commission - an independent organization established to set the standards for measuring healthcare quality. OSF St. Joseph Medical Center is a designated Magnet hospital and named a “Top U.S. Hospital” by The Leapfrog Group as one of only 63 hospitals across the nation to continuously earn an “A” rating for patient safety since Leapfrog began awarding letter grades in 2011. OSF St. Joseph Medical Center is part of OSF HealthCare System, an integrated health system owned and operated by The Sisters of the Third Order of St. Francis. In the spirit of Christ and the example of Francis of Assisi, the mission of OSF HealthCare is to serve persons with the greatest care and love in a community that celebrates the gift of life.

Erin Kennedy is the Manager of the Center for Healthy Lifestyles at OSF St. Joseph Medical Center. With nearly 20 years of experience in the healthcare field, Erin’s focus has been on improving the health and well-being of the community through education, prevention and chronic disease management. Erin’s primary responsibilities include program development through the Center for Healthy Lifestyles, community health needs assessment and improvement planning, and community benefit reporting for OSF St. Joseph Medical Center. The favorite part of her job is her involvement with forming interagency collaborations to make an impact on the overall health of the community. Erin is the Co-Chair of the Workplace Wellness Committee, Chairperson for the American Heart Association Board of Directors, sits on the BN (Bloomington – Normal) Parents Coalition, Women Empowered, the Boys and Girls Club of the Bloomington - Normal Board of Directors, Leadership McLean County and Illinois State University Kinesiology and Recreation Advisory Board. Erin received her Bachelor and Masters degrees in Exercise Science and Exercise Physiology from Illinois State University.

b) 2019 McLean County Community Health Council Members

The Executive Steering Committee would like to acknowledge and thank the following individuals and organizations that contributed their time as members of the McLean County Community Health Council to this joint Community Health Needs Assessment Report for McLean County.

Organization	Name	Stakeholder Role
100 Black Men	James Porter	Civic organization/service club
Advocate BroMenn Medical Center	Renee Donaldson	Healthcare/behavioral health
Advocate BroMenn Medical Center	Logan Frederick	Healthcare
Advocate BroMenn Medical Center	Sally Gambacorta	Healthcare
Advocate BroMenn Medical Center	Christine McNeal	Healthcare/faith
Baby Fold	Dianne Schultz	Social service
Bloomington Housing Authority	Jeremy Hayes	Housing
Bloomington Normal Boys & Girls Club	Tony Morstatter	Social service/youth
Bloomington Police	Clay Wheeler	Law enforcement
Bloomington Township	Deborah Skillrud	City government
Chestnut Health Systems	Joan Hartman	Healthcare/behavioral health
Chestnut Health Systems	Dietra Kulicke	Healthcare/underserved
Children's Home + Aid	Jeannie Higdon	Social service/youth
City of Bloomington	Katie Simpson	City government

Organization	Name	Stakeholder Role
Community Cancer Center	Joe Prosser	Healthcare
Community Health Care Clinic	Mike Romagnoli	Healthcare/underserved
Connect Transit	Isaac Thorne	Transportation
District 87	Leslie Hanson	Education/schools
District 87	Diane Wolf	Education/schools
East Central Illinois Area Agency on Aging	Mike O'Donnell	Social service/seniors
Economic Development Council	Mike O'Grady	Business development
Faith in Action	Doretta Herr	Transportation
Heartland Head Start	Michelle Sutter	Social services
Home Sweet Home Ministries	Mary Ann Pullin	Social service/homeless
Illinois Farm Bureau	Devon Flammang	Business
Illinois State University	Kerri Calvert	Education/schools
Illinois State University	Jackie Lanier	Education/schools
Illinois State University Mennonite College of Nursing	Judy Neubrandner	Education/schools
Illinois State University School of Social Work	Karen Stipp	Education
Links	Elaine Hardy	Civic organization/service club
Marcfirst SPICE	Christy Kosharek	Social service/underserved
McLean County	Trisha Malott	Government
McLean County Center for Human Services	Sue Pirtle	Social service
McLean County Health Department	Kim Anderson	Public health; mat./child health
McLean County Health Department	Cathy Coverston Anderson	Public health
McLean County Health Department	Camille Rodriguez	Public health
McLean County Health Department	Maureen Sollars	Public health
McLean County Regional Planning Commission	Teresa Anderson	County government/planning
McLean County Regional Planning Commission	Vasu Gadhiraaju	County government/planning
McLean County Sheriff	Jon Sandage	Law enforcement
Mid Central Community Action	Deb White	Social services
Normal Police	Rick Bleichner	Law enforcement
Not in Our Town	Rabbi Rebecca Dubowe	Faith
OSF HealthCare System	Dawn Tuley	Healthcare
OSF St. Joseph Medical Center	Erin Kennedy	Healthcare
Project Oz	Joanne Glancy	Social service/youth
Regional Office of Education	Victoria Padilla	Education/schools
State Farm	Sheri Gatto	Business
Unit 5	Mark Daniel	Education/schools
United Way of McLean County	David Taylor	Social services

Organization	Name	Stakeholder Role
W. Bloomington Revitalization Project	Bevin Choban	Social services/civic organization
YMCA	B.J. Wilkin	Social Service
YWCA	Dontae Latson	Social Service

IV. Summary of the 2016 McLean County Community Health Needs Assessment and the 2017 - 2019 McLean County Community Health Improvement Plan

a) Community Definition

For the 2016 McLean County Community Health Needs Assessment, the McLean County Community Health Council defined the community as McLean County, the primary service area for Advocate BroMenn Medical Center, the McLean County Health Department, OSF St. Joseph Medical Center and Chestnut Family Health Center. This area includes the following cities and towns: Anchor, Arrowsmith, Bellflower, Bloomington, Carlock, Chenoa, Colfax, Cooksville, Danvers, Downs, Ellsworth, Gridley, Heyworth, Hudson, Le Roy, Lexington, McLean, Merna, Normal, Saybrook, Stanford and Towanda.

b) Communities with Highest SocioNeeds Index Values

Social and economic factors are strong determinants of health outcomes. Six factors are utilized by Conduent Healthy Communities Institute to create SocioNeeds county rankings (1 - 5) and national index values (1 - 100) for all the ZIP codes in McLean County. The six factors include:

- Poverty
- Education
- Unemployment
- Occupation
- Income
- Language.

High values are associated with the highest socioeconomic need, which is correlated with preventable hospitalizations and premature death. For the 2016 McLean County Community Health Needs Assessment, there were four ZIP codes with a ranking of five, which represented the areas with the highest socioeconomic needs in McLean County at that time:

- Bloomington ZIP code 61701 36,197 residents
- Chenoa ZIP code 61726 2,678 residents
- Colfax ZIP code 61728 1,486 residents
- Stanford ZIP code 61774 952 residents

In addition to the above, Normal had one ZIP code, 61761, which had a county ranking of four and a population of 54,431. Bellflower and Cooksville also had a county ranking of four.

c) Summary of Assessment Process

Advocate BroMenn Medical Center, the McLean County Health Department, OSF St. Joseph Medical Center and the United Way of McLean County collaborated for the first time to produce a joint CHNA Report for the 2016 McLean County Community Health Needs Assessment. The assessment process for the 2016 McLean County Community Health Needs Assessment consisted of the following:

- Establish the McLean County Community Health Council
- Analyze data collectively
- Prioritize and select the top three significant health needs for McLean County
- Generate a joint community health needs assessment for McLean County
- Work collaboratively on a joint community health implementation plan addressing each of the top three health priorities with other key community stakeholders.

d) Needs Identified and Priorities Selected

In February 2016, 13 health issues that the data suggested were health problems were presented to the McLean County Community Health Council.

The 13 issues that rose to the top as potential health concerns for McLean County in 2016 are listed below in alphabetical order:

- Alzheimer's and Dementia
- Birth Outcomes
- Cancer
- Cesarean Section
- Heart Disease
- Mental Health
- Obesity
- Oral Health
- Radon
- Respiratory Disease
- Sexually Transmitted Diseases
- Substance Abuse
- Violent Crime.

During the first McLean County Community Health Council meeting in February 2016, robust data was presented on the 13 health issues which were then narrowed to six health issues to be prioritized during the next meeting. It is important to note that although it was not presented as one of the 13 health concerns, access to appropriate healthcare continually came up as an important issue during group discussion. It was decided upon by the group that this would be added as one of the health issues to be voted on in addition to the 13 issues presented. Additionally, council members were informed that they could combine any issues they felt were appropriate. For example, council members could vote for mental health or they could combine mental health and substance abuse and vote for behavioral health. Discussion also occurred during the meeting that diabetes, cancer and heart disease could all fall under obesity if selected as one of the six priorities for voting, because reducing obesity could positively impact the incidence of each of these diseases.

After council members voted, the results of the top six issues prioritized at the next meeting were as follows:

- Access to Appropriate Care for the Underserved and Areas of High Socioeconomic Needs
- Behavioral Health (Mental Health and Substance Abuse)
- Birth Outcomes
- Obesity
- Oral Health
- Respiratory Disease.

The Hanlon Method was utilized during the prioritization meeting to select the top three health priorities for McLean County. The following three health priorities were selected by the McLean County Community Health Council for the 2016 McLean County Community Health Needs Assessment:

Access to Appropriate Healthcare for the Underserved and Areas of High Socioeconomic Need

Access to appropriate care for the underserved and areas of high socioeconomic need was selected as a health priority by the McLean County Community Health Council not only because of its high priority score (158.6) derived from the Hanlon Method, but for several other reasons. Access to appropriate care is an important issue that affects many health outcomes. Improving access in specific areas and for targeted populations can have a widespread impact on a variety of health outcomes ranging from oral health to behavioral health. Data presented to the council also indicated that there are significant geographic and racial/ethnic disparities in McLean County that may be related to access to care. Research and subject matter expertise suggested that there are a variety of factors that can improve access to appropriate care ranging from increased capacity for urgent care clinics and primary care offices, transportation, and provider and consumer education.

Behavioral Health (including Mental Health and Substance Abuse)

Behavioral health was selected as a health priority by the McLean County Community Health Council for several reasons. Behavioral health received the highest priority score (175.7) from the Hanlon Method, clearly indicating the need for further improvements in this area in McLean County. In addition, there are numerous health disparities in Bloomington ZIP code 61701 and Normal ZIP code 61761 for both mental health and substance abuse. There was also a great deal of public support and momentum to improve mental health in McLean County as has been the case for the last few years. McLean County was well situated to collaborate on mental health due to the ongoing efforts of numerous organizations and the development of the McLean County Mental Health Action Plan by the McLean County Board in 2015. Mental health was also previously selected as a key health priority by both hospitals and the health department during the previous community health needs assessments, giving further momentum to the efforts of improving mental health for county residents.

Obesity

Obesity was selected as one of the three top health priorities by the McLean County Community Health Council because it ranked as number three according to its priority score of 153.8 from the Hanlon Method. Additionally, the council felt that by improving obesity, many other health outcomes such as heart disease, cancer and diabetes may also be positively impacted. It was also selected because obesity

is a widespread issue affecting many people across all social and economic sectors. There are also many significant community efforts underway related to obesity through the McLean County Wellness Coalition. The health department and both hospitals are part of the McLean County Wellness Coalition, as are 28 other community organizations in McLean County. The McLean County Wellness Coalition is the primary group working on the interventions outlined in the 2017 - 2019 McLean County Community Health Improvement Plan.

The three significant health issues that will not be addressed in the 2020 – 2022 McLean County Community Health Improvement Plan are birth outcomes, oral health and respiratory disease. The council acknowledged the importance of all three of these issues, but the prioritization scores for the three selected issues were higher than those for the issues that will not be addressed.

e) Summary of 2017 - 2019 Community Health Improvement Plan Key Accomplishments

After identification of the top three health priorities, the next step in the process included pulling key stakeholders together to set high level goals for each health priority. A separate meeting was held for each health priority, during the month of April 2016, to discuss appropriate community goals for each initiative. The goals for each of the health priorities identified and accomplishments for 2017 and/or 2018 are listed below and a chart that easily identifies each organization's particular role and actions is provided in Appendix 1.

Access to Appropriate Healthcare

[2017 - 2019 Access to Appropriate Healthcare Improvement Plan Goal](#)

By 2020, decrease barriers to utilizing primary care in ZIP code 61701 to reduce use of hospital emergency rooms for non-emergent conditions.

[2017 and 2018 Access to Appropriate Healthcare Key Accomplishments](#)

Highlights for steps taken in 2017 and/or 2018, as a part of the 2017 - 2019 McLean County Community Health Improvement Plan to address access to appropriate care for the underserved, are listed below:

- Advocate BroMenn Medical Center and OSF St. Joseph Medical Center collaborated with The Community Health Care Clinic for Coordinating Appropriate Access to Comprehensive Health Care (CAATCH). CAATCH is an emergency room navigation program for navigators and/or care coordinators to engage those without a primary care home. During the pilot year July 1, 2017 to June 30, 2018, 257 people were served which resulted in a 50 percent reduction in use of emergency rooms.
- In 2018, Advocate BroMenn Medical Center provided an in-kind donation of \$10,000 to The Community Health Care Clinic to help further the efforts with the CAATCH program noted above.
- The Partnership for Health Pilot Program began in April 2017. The program is a private-public partnership to improve the health and fitness of people with developmental and intellectual disabilities and their support workers. Partners include Advocate BroMenn Health and Fitness Center, Marcfirst, Advocate BroMenn Charitable Foundation, the McLean County Health

Department and the McLean County Board for the Care and Treatment of Persons with a Developmental Disability (377 Board). The program initially served 22 individuals from Marcfirst. In 2018 the program was expanded to several community members with a total of 31 individuals being served. Outcomes from year one of the program are positive ranging from decreased blood pressure and cholesterol to reduced usage of the emergency room.

- In 2017 a pilot Medicaid dental hygiene program (cleanings) began for adults at the McLean County Health Department Dental Clinic. In 2017 and 2018, a total of 142 individuals received treatment.
- Because of a partnership between Advocate Medical Group (AMG) Behavioral Health, Tri-County Special Education Association and Illinois State University's Psychological Services Center that began in the fall of 2018, doctoral psychology interns are providing four days of integrated behavioral health services across three AMG settings, Advocate BroMenn Outpatient Center, Advocate Medical Group El Paso and Advocate Eureka Hospital.
- OSF St. Joseph Medical Center and Chestnut Family Health Center both have an integrated care model in all OSF primary care physician offices and all Chestnut Family Health Center sites.

Additional access to appropriate care interventions are listed in the 2017 - 2019 McLean County Community Health Improvement Plan at <http://www.advocatehealth.com/chnareports>.

Behavioral Health

2017 - 2019 Behavioral Health Improvement Plan Goals

Behavioral Health Goal #1: By 2020, increase coping skills to reduce deaths due to suicide and emergency room visits due to self-inflicted injury and alcohol abuse.

Behavioral Health Goal #2: By 2020, reduce behavioral health stigma to increase earlier access to care.

2017 and 2018 Behavioral Health Key Accomplishments

Highlights for steps taken or programs offered in 2017 or 2018, as a part of the 2017 - 2019 McLean County Community Health Improvement Plan to address behavioral health, are listed below:

- In 2017 and 2018, 989 community members were trained in Mental Health First Aid (MHFA). The courses were offered in collaboration with the McLean County MHFA Collaborative. Nine courses were hosted by Advocate BroMenn Medical Center and seven courses were hosted by OSF St. Joseph Medical Center. The McLean County Health Department is the lead organization for the MHFA collaborative. Mental Health First Aid is an evidence-based program designed to increase awareness of mental health issues and decrease the stigma related to mental health.
- Two \$35,000 grants were received from the Central Illinois Area Health Education Center by the McLean County Health Department in collaboration with Advocate BroMenn Medical Center, OSF St. Joseph Medical Center and the McLean County Center for Human Services to provide two Mental Health First Aid instructor training courses.
- Ending the Silence was implemented in 17 public schools in 2018 and 11 schools in 2017 for a total of 5,655 students. Funding received from the Regional Office of Education, Advocate BroMenn Medical Center, the Illinois Prairie Community Foundation and the McLean County Health Department helped make this possible.

- Too Good for Drugs was implemented in eight public school districts in both 2017 and 2018 for a total of 5,759 students.
- In 2017 the Embedded School and Community Based Services Pilot began in two rural school districts - Olympia CUSD 16 and Ridgeview CUSD 19, funded in part by the McLean County Health Department Board of Health and through billable services. The McLean County Center for Human Services and Chestnut Health Systems each provided one clinician who is embedded in the school districts. The goal of the pilot was to increase care access points to improve children's behavioral health status through embedded community behavioral health services. Increasing identified students' coping mechanisms is one of many objectives for the program. In 2018, the program expanded to Bloomington Junior High School and Parkside Junior High School utilizing clinicians from the McLean County Center for Human Services. In 2018, services were provided to 297 students in four locations.
- Chestnut Health Systems in partnership with Advocate BroMenn Medical Center, the McLean County Health Department and OSF St. Joseph Medical Center was awarded a grant by the Illinois Division of Mental Health, Department of Health and Human Services, to host a two-day Adverse Childhood Experiences (ACEs) master training for 25 individuals in October 2017. Advocate BroMenn Medical Center, OSF St. Joseph Medical Center, the McLean County Health Department and Chestnut Health Systems sent individuals from their respective organizations to be trained. The number of ACE's/trauma presentations offered in McLean County doubled from 21 to 42 presentations for a total of 580 individuals trained in 2017 and 954 in 2018.
- In February 2018, a collaborative behavioral health social media campaign was launched for McLean County because of the 2017 - 2019 McLean County Community Health Improvement Plan. Eight-month campaign outcomes indicate 24,700 people were reached via Facebook and 9500 twitter impressions.
- In 2017 and in 2018, the McLean County Board hosted a Community Behavioral Health Forum. Along with the Behavioral Health Coordinating Council, members of Advocate BroMenn Medical Center's leadership team, the McLean County Health Department and other county employees were a part of coordinating the event.
- In April 2018, Chestnut Health Systems in partnership with Advocate BroMenn Medical Center, the McLean County Health Department and OSF St. Joseph Medical Center held a county- wide event on trauma for key stakeholders in the community. This was possible due to a Substance Abuse and Mental Health Services Administration (SAMHSA) Technical Assistance Award from the National Center on Trauma-Informed Care.
- In the fall of 2018, Chestnut Health Systems received a grant to form a Recovery Oriented System of Care Council for McLean County. Representatives on the Council include the Behavioral Health Coordinator for the McLean County Health Department and the Executive Director of the Advocate system's behavioral health service line, who began serving on the Recovery Oriented System of Care Council in 2018.
- In August 2018, the McLean County Opioid Initiative announced the Safe Passage program. The initiative brings together law enforcement, treatment providers and McLean County residents to increase access and treatment. Leadership from Advocate BroMenn Medical Center, Chestnut Health Systems, the McLean County Health Department and OSF St. Joseph Medical Center are all a part of the McLean County Opioid Initiative.

Obesity

2017 - 2019 Obesity Improvement Plan Goal

By 2020, pursue policy, system and environmental changes to maintain or increase the percentage of people living at a healthy body weight in McLean County.

2017 and 2018 Obesity Key Accomplishments

- The Partnership for Health Pilot Program began in April 2017. The program is a private-public partnership to improve the health and fitness of people with developmental and intellectual disabilities, and their support workers. Partners include Advocate BroMenn Health and Fitness Center, Marcfirst, Advocate BroMenn Charitable Foundation, the McLean County Health Department and the McLean County Board for the Care and Treatment of Persons with a Developmental Disability (377 Board). The program initially served 22 individuals from Marcfirst. In 2018, the program was expanded to several community members with a total of 31 individuals being served. Outcomes from year one of the program are positive ranging from decreased blood pressure and cholesterol to increased strength, stamina and endurance in 100 percent of participants.
- In 2017, OSF St. Joseph Medical Center sponsored Project Fit America (\$20,000) for Heyworth High School to increase quality physical education in the school.
- In May 2017, Advocate BroMenn Medical Center planted the Advocate BroMenn Vegetable Garden and Orchard on land owned by the hospital. The Community Health Care Clinic is located on this land. One-hundred pounds of produce grown was donated to patients of the clinic in both 2017 and 2018. The purpose of the garden is to increase access to healthy foods for the low-income population in McLean County.
- OSF St. Joseph Medical Center donated approximately 1,100 pounds of produce from the community garden to Home Sweet Home Ministries in 2017 and 2018 to increase healthy food provided to residents.
- Ninety-two free community events promoting physical activity were held in 2017 and 2018 for a total of 21,662 participants.
- One-hundred and three free workplace programs/events promoting physical activity were held in 2017 and 2018 for a total of 4,915 participants.
- In 2017, a pre-survey was conducted by Illinois State University prior to the opening of Green Top Grocery, which is in a food desert, to research the effects of the opening on increased food access.
- In 2017, a survey was conducted by Illinois State University on the consumption of sugar-sweetened beverages in McLean County.
- The Veggie Oasis, a program that gleans fresh vegetables from the Bloomington Farmer's Market, distributed 5,200 pounds of produce to primarily low-income individuals in west Bloomington in 2018.
- In 2018, the Feeding the Cities Summit was attended by 80 key community stakeholders. It focused on decreasing food insecurity and increasing access to healthy food for McLean County residents.
- The Community Health Care Clinic and Home Sweet Home Ministries launched a Food Farmacy pilot program in August 2017. The program provides patients at the clinic who have diabetes or heart disease a prescription pass to obtain free fresh produce and other food from the Bread for Life Co-op for 12 weeks. Advocate BroMenn Medical Center and OSF St. Joseph Medical Center support the

Community Health Care Clinic. From August 2017 until December 2018, 51 patients of the Community Health Care Clinic took advantage of the 12-week prescription pass for a total of 196 shopping trips. As a direct result of this program, there was an increase in the number of people of Hispanic ethnicity shopping at the Bread for Life Co-op.

- The McLean County Wellness Coalition held a Food Access and Food Rescue summit in March 2017. Approximately 80 community members were in attendance. Funding for the event was provided by a grant from the Illinois Prairie Community Foundation.
- OSF St. Joseph Medical Center developed the SmartMeals Program to help educate the community on how to eat healthy on a budget with quick and easy meals. Individuals pick up a SmartMeals package that includes ingredients to make the meal, education materials, a recipe with directions and a shopping list to replicate the meal in the future. Approximately 1,000 meals were donated in 2018 to the community.

f) Input from the Community

For the 2016 McLean County Community Health Needs Assessment (CHNA), a mechanism for community members to provide feedback was provided. The joint CHNA Report was posted on the websites of both hospitals, the McLean County Health Departments and the United Way. The 2017 - 2019 McLean County Community Health Improvement Plan was posted either on each organizations' website or attached to the Hospital's annual Form 990. Although feedback was not given by individuals in the community via the available mechanisms, verbal feedback was provided from key stakeholders and community service organizations. Consistently, stakeholders commented on the benefits of having a joint community health needs assessment and community health improvement plan. Several organizations utilized the information in the joint CHNA Report to apply for grants to help further the work of their agencies. Feedback was received that the CHNA Report has been of great value to McLean County.

g) Lessons Learned

A lesson learned from the 2016 McLean County Community Health Needs Assessment is that the time it took to conduct a CHNA, to complete a joint CHNA Report and to adopt a joint Community Health Improvement Plan was underestimated. It takes a firm and ongoing commitment from at least one key player for each Executive Steering Committee organization to prepare a joint CHNA report as well as provide cross-sector organizational support and community participation.

V. 2019 McLean County Community Health Needs Assessment

a) Methodology

To complete the comprehensive, joint community health needs assessment, multiple sources were examined. Secondary statistical data was used to assess the community profile, morbidity rates and causes of mortality. Additionally, based on a sample of 950 survey respondents from McLean County, a study was completed to examine perceptions of the community health-related issues, healthy behaviors, behavioral health, food security, social determinants of health and access to healthcare.

When available, each section of the report provides prevalence or incidence rates, comparisons to state, national and Healthy People 2020 targets, trends and/or prior values for McLean County and disparities data. Key findings can be found at the end of each major data category.

Secondary Data

Existing secondary data was used to develop an overall assessment of health-related issues in the community. The report contains the most recent data available at the time of data collection which was presented in February 2019 to the McLean County Community Health Council during the prioritization process for this community health needs assessment.

Much of the secondary data used for this assessment was acquired via Conduent Healthy Communities Institute, a centralized data platform purchased by Advocate Health Care to help drive community health improvement efforts. Conduent Healthy Communities Institute operates as a repository for publicly available secondary data, hospital emergency room visits and hospitalization rates. The platform includes dashboards, Geographic Information System (GIS) maps, disaggregation at the ZIP code level, disparities information and effective practices for over 100 health-related issues. Conduent Healthy Communities Institute also supplies a colorful gauge to depict comparisons between McLean County, other counties in Illinois and U.S. counties. See Exhibit 1 below.

Exhibit 1: Conduent Healthy Communities Institute Gauges



Green (Good): When a high value is good, community value is equal to or higher than the 50th percentile (median) -- **OR** – When a low value is good, community value is equal to or lower than 50th percentile

Yellow (Fair): When a high value is good, community value is between 50th and 25th percentile – **OR** – When a low value is good, community value is between 50th and 75th percentiles

Red (Poor): When a high value is good, community value is less than 25th percentile – **OR** – When a low value is good, community value is greater than 75th percentile

Source: Conduent Healthy Communities Institute, 2019.

See Appendix 2 for a detailed explanation of additional icons and gauges used throughout this report. A comprehensive list of secondary data sources can be found in Appendix 3.

Primary Data

In addition to existing secondary data sources, primary survey data were also collected. See Appendix 4 to view the survey. This section describes the research methods used to collect, code, verify and analyze primary survey data. Specifically, the research design used for this study includes: survey design, data collection and data integrity as outlined below.

Survey Development

Initially, all publicly available health needs assessments in the United States were assessed to identify common themes and approaches to collecting community health needs data. By leveraging best practices from these surveys, in 2018 a pilot survey was designed for use with both the general population and the at-risk community. To ensure that all critical areas were being addressed, a collaborative team was involved in survey design and approval through several fact-finding sessions.

Additionally, several focus groups were used to collect the qualitative information necessary to design survey items. Eight specific sets of items were included in the community health survey:

- 1) Ratings of health issues in the community to assess the importance of various community health concerns. Survey items included assessments of topics such as cancer, diabetes and obesity.
- 2) Ratings of unhealthy behaviors in the community to assess the importance of various unhealthy behaviors. Survey items included assessments of topics such as violence, drug abuse and smoking.
- 3) Ratings of issues concerning well-being to assess the importance of various issues related to well-being in the community. Survey items included assessments of topics such as access to healthcare, safer neighborhoods and effective public transportation.
- 4) Accessibility to healthcare to assess the degree to which residents could access healthcare when needed. Survey items included assessments of topics such as access to medical, dental and mental healthcare, as well as access to prescription medications.
- 5) Healthy behaviors to assess the degree to which residents exhibited healthy behaviors. The survey items included assessments of topics such as exercise, healthy eating habits and cancer screenings.
- 6) Behavioral health to assess community issues related to areas such as anxiety and depression.
- 7) Food security to assess access to healthy food alternatives.
- 8) Social determinants of health to assess the impact that social determinants may have on the above-mentioned areas.

Demographic information was collected to assess background information necessary to segment markets in terms of the eight categories discussed above.

Sample Size

To provide a representative profile when assessing the aggregated population for McLean County, the general population was combined with a portion of the at-risk population. To represent the at-risk population as a percentage of the aggregate population, a random-number generator was used to select at-risk cases to include in the general sample. Additionally, efforts were made to ensure that the

demography of the sample was aligned with population demographics according to U.S. Census data. This provided a total usable sample of 695 respondents for analyzing the aggregate population.

[Data Collection](#)

To collect data in this study, two techniques were used. First, an online version of the survey was created. Second, a paper version of the survey was distributed. To be sensitive to the needs of respondents, surveys stressed assurance of complete anonymity. Versions of both the online survey and paper survey were translated into Spanish and were collected from July 2018 – September 2018. See Appendix 4 for the survey instrument.

In addition to defining the community by geographic boundaries, this study targeted the at-risk population as an area of potential opportunity to improve the health of the community. Note that the at-risk population was defined as those individuals who are members of medically underserved, low-income, and minority populations in McLean County. To specifically target the at-risk population, surveys were distributed at homeless shelters, food pantries and soup kitchens. This became a stratified sample since there was no effort to specifically target other groups based on their socio-economic status.

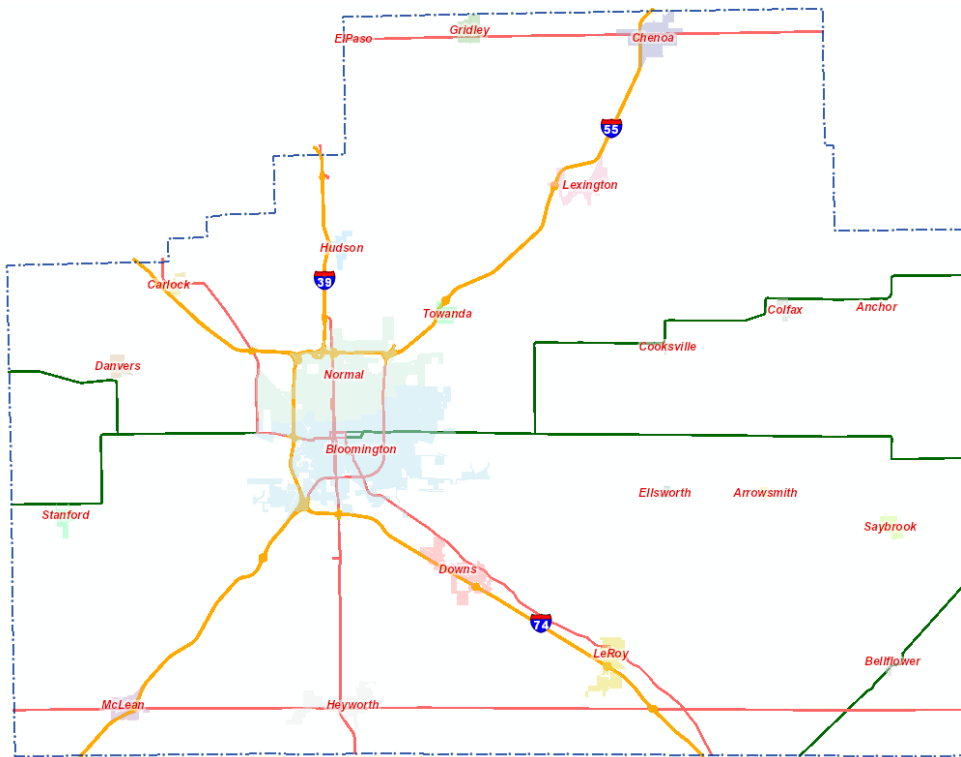
[Comparisons with 2015 Community Health Needs Assessment Survey](#)

Throughout the report, the 2018 McLean County Community Health Survey is compared to the 2015 McLean County Community Health Survey.

b) Community Description

The McLean County Community Health Council defined the community as McLean County, the primary service area for Advocate BroMenn Medical Center, the McLean County Health Department, OSF St. Joseph Medical Center and Chestnut Family Health Center. This area includes the following cities and towns: Anchor, Arrowsmith, Bellflower, Bloomington, Carlock, Chenoa, Colfax, Cooksville, Danvers, Downs, Ellsworth, Gridley, Heyworth, Hudson, Le Roy, Lexington, McLean, Merna, Normal, Saybrook, Stanford and Towanda. See Exhibit 2 below for a map of McLean County.

Exhibit 2: McLean County Community Map



Source: McLean County Regional Planning Commission, 2016.

Population

McLean County consists of a total population of 172,052 (Conduent Healthy Communities Institute, Claritas, 2019). Bloomington has the largest population in the county with 78,368 and Normal has the second largest population with 54,534 (Bloomington-Normal Economic Development Council, 2018). The population in McLean County increased by 1.46 percent from 2010 to 2019 (Conduent Healthy Communities Institute, Claritas, 2019).

Social Determinants of Health: SocioNeeds

The SocioNeeds Index is a Conduent Healthy Communities Institute tool that is a measure of socioeconomic need, which is correlated with poor health outcomes. The index is calculated from six indicators, one each from the following topics: poverty, income, unemployment, occupation, education and language. The indicators are weighted to maximize the correlation of the index with premature death rates and preventable hospitalization rates. All ZIP codes, counties, and county equivalents in the United States are given an index value from 0 (low need) to 100 (high need). To help identify the areas of highest need within a defined geographic area, the selected ZIP codes are ranked from 1 (low need) to 5 (high need) based on their index value. These values are sorted from low to high and divided into five ranks using natural breaks. These ranks are then used to color the ZIP codes with the highest SocioNeeds rankings with the darker colors.

McLean County has several communities that have greater socioeconomic needs compared to other communities in the county. The SocioNeeds map for McLean County is illustrated in Exhibit 3. McLean County has one ZIP code with a ranking of 5 and eight ZIP codes with a ranking of 4, which represents the areas with the highest socioeconomic need in McLean County.

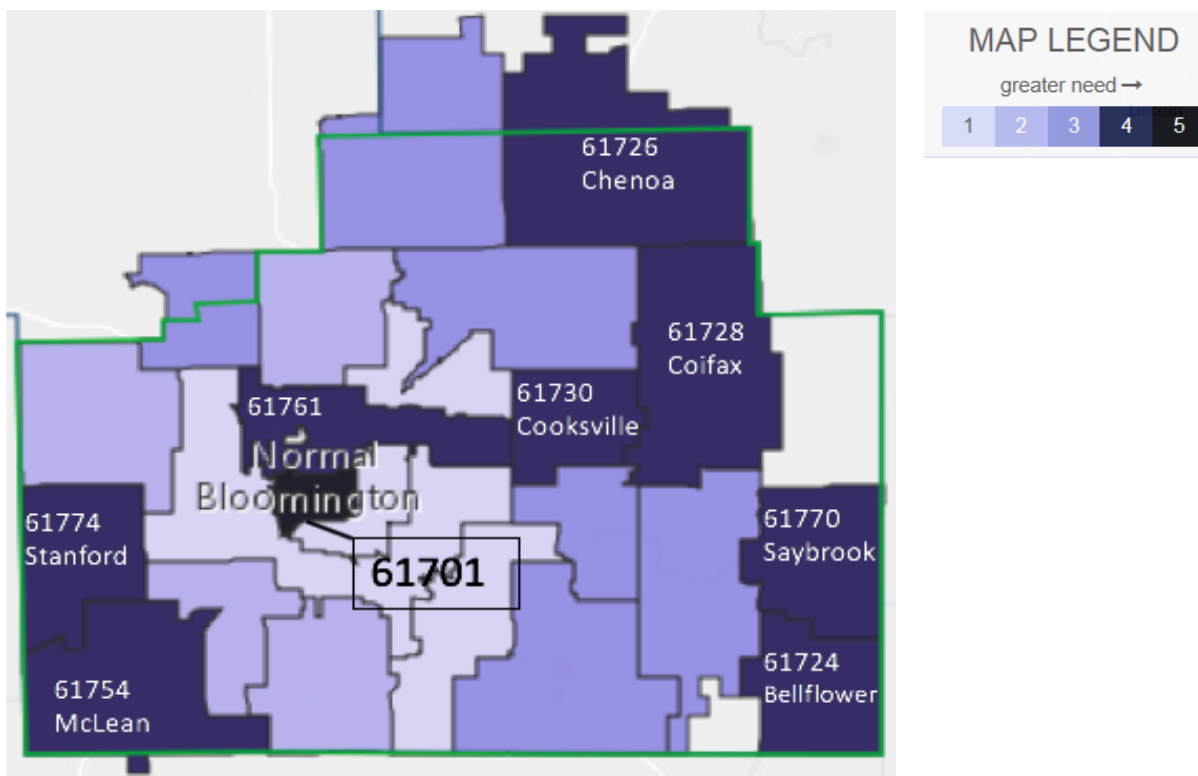
Exhibit 3: High SocioNeeds ZIP Codes in McLean County, 2018

City/Town	ZIP Code	SocioNeeds Ranking	Population
Bloomington	61701	5	34,385
Normal	61761	4	53,564
Colfax	61726	4	2,259
Funks Grove/McLean	61754	4	1,114
Saybrook	61770	4	995
Stanford	61774	4	911
Bellflower	61724	4	460
Cooksville	61730	4	333

Source: Conduent Healthy Communities Institute, Claritas, 2018.

In addition to 61701, Bloomington has two other ZIP codes, 61704 and 61705, which both have a SocioNeeds ranking of 1 (low socioeconomic need). The SocioNeeds map for McLean County is illustrated below in Exhibit 4. Additionally, see Appendix 5 for county rankings and the national indexes for all the ZIP codes in McLean County.

Exhibit 4: McLean County SocioNeeds Map, 2018



Source: Conduent Healthy Communities Institute, 2018

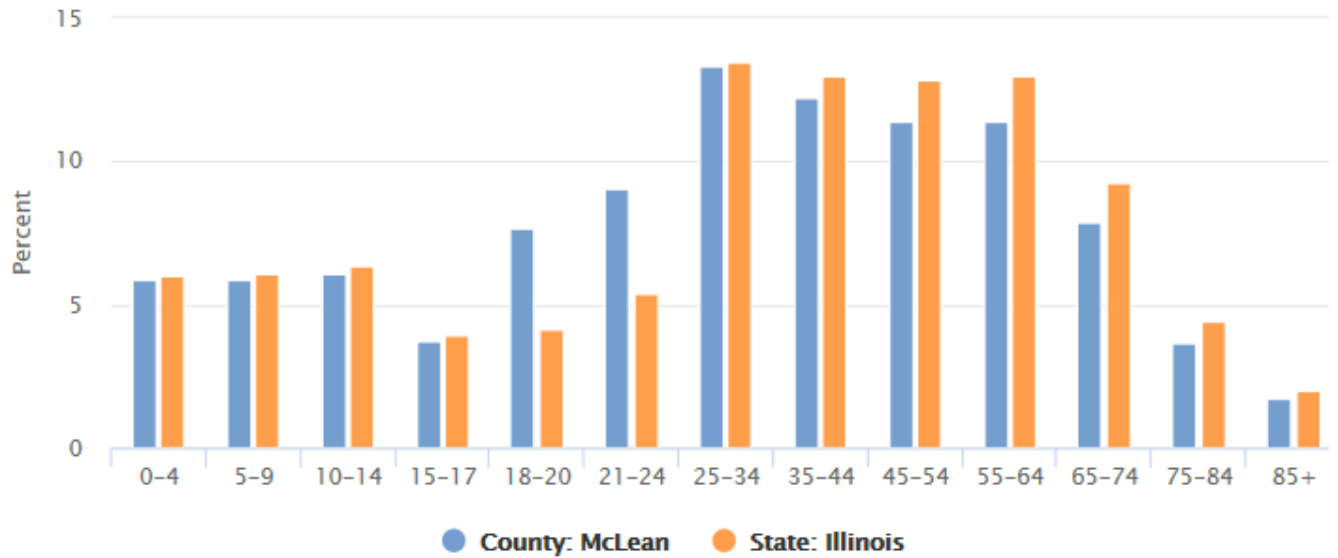
Throughout this report, available social disparities will be highlighted for the ZIP codes with the highest SocioNeeds county rankings or high socioeconomic needs. While it is important for each county to identify its own highest scoring ZIP codes, it is also important to compare McLean County to other counties in the United States. For example, the ZIP codes with the highest index values in McLean County do not exceed 46.5, which is half the value of many ZIP codes on the west and south sides of Chicago. In other words, McLean County's worst scoring ZIP code is still in the top or best 0 - 50th percentile compared to all ZIP codes in the United States.

Demographics

Age and Gender

The median age in McLean County is 33.7 years of age. This is less than the median age in Illinois which is 38.5. Twenty-two percent of persons in McLean County are less than 18 years of age and 24 percent are 45 to 64 years of age. Thirteen percent of persons are over the age of 65. Forty-nine percent of the population in McLean County is male and 51 percent is female. Exhibit 5 depicts population by age group according to Claritas, 2019.

Exhibit 5: Population by Age for McLean County vs. Illinois, 2019

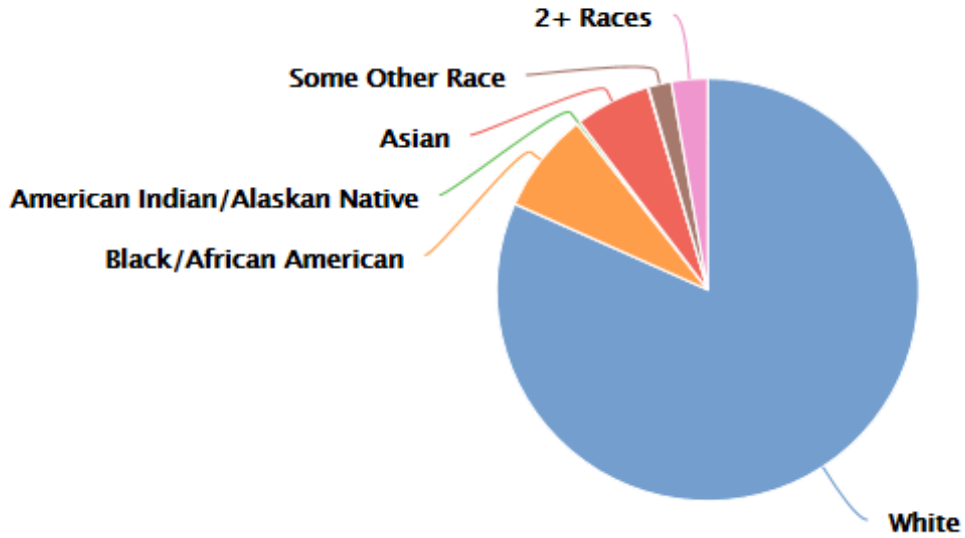


Source: Conduent Healthy Communities Institute, Claritas, 2019.

Race and Ethnicity

The population of McLean County by race is illustrated in Exhibit 6 by both pie chart and table. Population by ethnicity is illustrated in Exhibit 7.

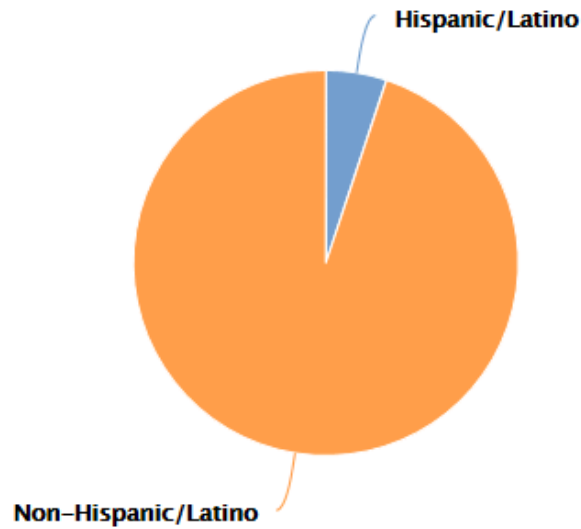
Exhibit 6: Population by Race for McLean County, 2019



Population by Race	County: McLean		State: Illinois	
	Persons	% of Population	Persons	% of Population
White	140,491	81.66%	8,872,760	69.47%
Black/African American	13,297	7.73%	1,823,605	14.28%
American Indian/Alaskan Native	431	0.25%	46,983	0.37%
Asian	9,954	5.79%	728,041	5.70%
Native Hawaiian/Pacific Islander	79	0.05%	4,682	0.04%
Some Other Race	3,043	1.77%	950,675	7.44%
2+ Races	4,757	2.76%	344,935	2.70%

Source: Conduent Healthy Communities Institute, Claritas, 2019.

Exhibit 7: Population by Ethnicity for McLean County, 2019



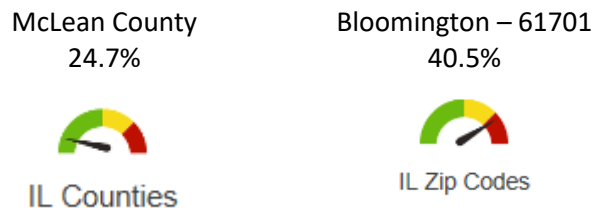
Population by Ethnicity	County: McLean		State: Illinois	
	Persons	% of Population	Persons	% of Population
Hispanic/Latino	8,793	5.11%	2,250,985	17.62%
Non-Hispanic/Latino	163,259	94.89%	10,520,696	82.38%

Source: Conduent Healthy Communities Institute, Claritas, 2019

Household/Family

There are 66,336 households in McLean County. The average household size is 2.43 (Conduent Healthy Communities Institute, Claritas, 2019). Approximately 25 percent of the households in McLean County are single parent households compared to 32.4 percent for Illinois. In comparison to other counties in Illinois, the McLean County single parent household value is in the best 0 - 50th percentile range (green indicator) (Conduent Healthy Communities Institute, American Community Survey, 2013 - 2017); however, as noted in Exhibit 8 below, the percentage of single parent households in ZIP code 61701, one of the areas of high socioeconomic needs in McLean County, is 40.5 percent which is in the worst 25th percentile range (red indicator) compared to other ZIP codes in Illinois.

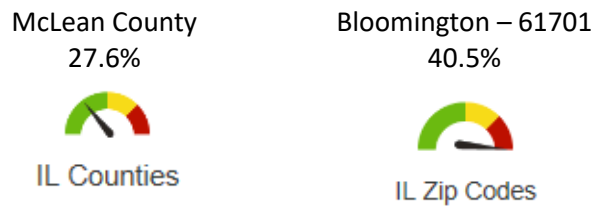
Exhibit 8: Percent of Single Parent Households in McLean County vs. Bloomington ZIP code 61701, 2013 - 2017



Source: Conduent Healthy Communities Institute, American Community Survey, 2013 - 2017.

Exhibit 9 below illustrates the difference in the number of people greater than 65 living alone in McLean County in comparison to 61701. Consistent with single parent households, the percent of people greater than 65 years living alone in Bloomington ZIP code 61701 is in the worst 25th percentile range (red indicator) in comparison to other ZIP codes in Illinois. The percent of people greater than 65 living alone in McLean County is in the best 0 - 50th percentile (green indicator) in comparison to other counties in Illinois (Conduent Healthy Communities Institute, American Community Survey, 2013 - 2017).

Exhibit 9: People 65+ Living Alone in McLean County vs. Bloomington ZIP code 61701, 2013 - 2017



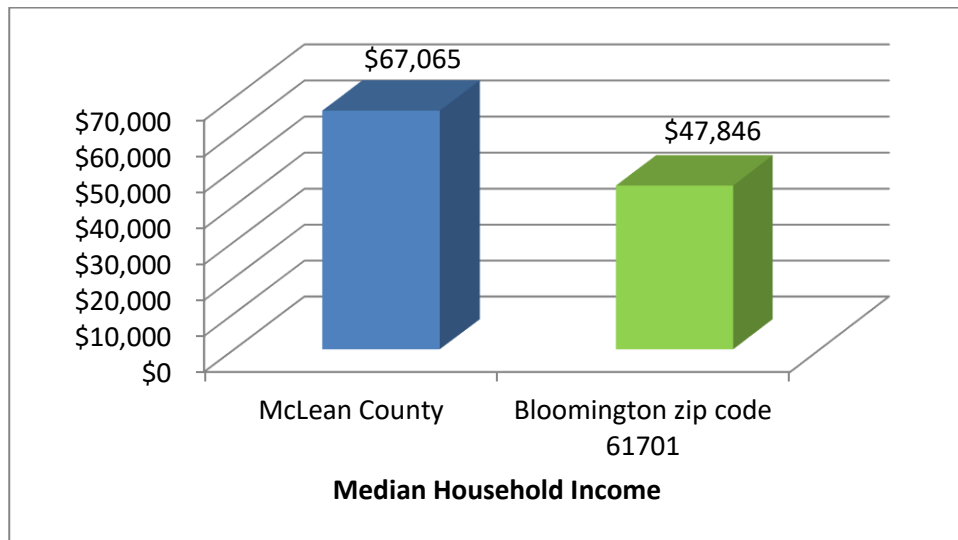
Source: Conduent Healthy Communities Institute, American Community Survey, 2013 - 2017.

Economics

Income

The median household income for McLean County is \$67,065. This is higher than the median household income for Illinois of \$66,487 (Conduent Healthy Communities Institute, Claritas, 2019). Exhibit 10 below compares the median household incomes for McLean County and Bloomington ZIP code 61701, which is an area of high socioeconomic needs.

Exhibit 10: Comparison of Median Household Income for McLean County and Bloomington – 61701, 2019

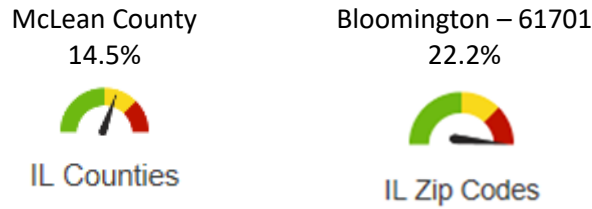


Source: Conduent Healthy Communities Institute, Claritas, 2019.

People Living Below the Poverty Level

In addition to the median household income being lower in Bloomington – 61701 than McLean County, the percent of people living below the poverty level is also higher. In McLean County, the percent of people living below the federal poverty line is 14.5 percent. This rate is in the worst 50th – 75th percentile range (yellow indicator) compared to other counties in Illinois. In Bloomington ZIP code 61701, 22.2 percent of people live below the poverty level. This is in the worst 25th percentile range (red indicator) compared to other ZIP codes in Illinois (Conduent Healthy Communities Institute, American Community Survey, 2013 - 2017). See Exhibit 11 below.

Exhibit 11: People Living Below the Poverty Level in McLean County vs. Bloomington ZIP code 61701, 2013 - 2017

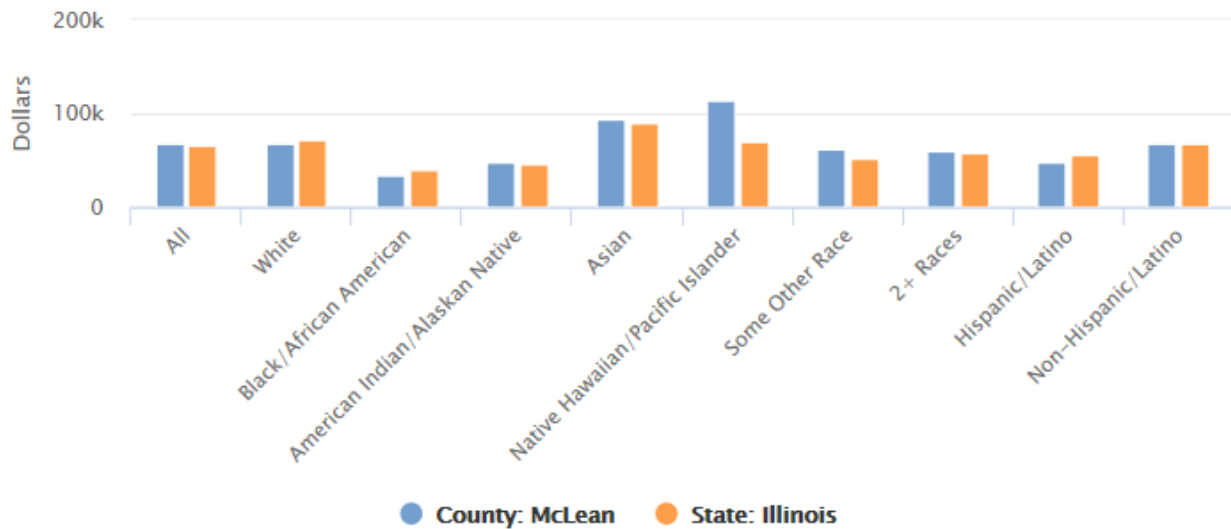


Source: Conduent Healthy Communities Institute, American Community Survey, 2013 - 2017.

Income by Race/Ethnicity

Exhibits 12 and 13 below depict median household income by race/ethnicity for McLean County in comparison to Illinois. Within McLean County, the median household income varies with Native Hawaiian/Pacific Islanders having the highest median household income of \$114,583 and Blacks/African Americans having the lowest at \$34,463. As stated above in the population by race section, Native Hawaiian/Pacific Islanders represent only .05 percent of the population in McLean County. Therefore, small changes can greatly affect the data.

Exhibit 12: Median Household Income by Race/Ethnicity for McLean County vs. Illinois, 2019



Source: Conduent Healthy Communities Institute, Claritas, 2019.

Exhibit 13: Median Household Income by Race/Ethnicity for McLean County vs. Illinois, 2019

Median Household Income by Race/Ethnicity	County: McLean	State: Illinois
	Value	Value
All	\$67,065	\$66,487
White	\$68,812	\$71,965
Black/African American	\$34,463	\$39,105
American Indian/Alaskan Native	\$48,071	\$46,315
Asian	\$94,693	\$89,990
Native Hawaiian/Pacific Islander	\$114,583	\$70,259
Some Other Race	\$61,233	\$52,421
2+ Races	\$59,783	\$57,588
Hispanic/Latino	\$48,950	\$55,737
Non-Hispanic/Latino	\$67,696	\$68,287

Source: Conduent Healthy Communities Institute, Claritas, 2019.

Employment

The percentage of the civilian labor force ages 16 years and over that is unemployed in McLean County is 3.73 percent, lower than Illinois at 6.7 percent. The percent of the civilian labor force that is unemployed in Bloomington ZIP code 61701 is 6.6 percent. This is higher than the percentage for McLean County, but slightly lower than the percentage for Illinois. The three common industries of employment are the financial or insurance industry at 18.2 percent, educational services at 13.9 percent and healthcare at 13.1 percent (Conduent Healthy Communities Institute, Claritas, 2019).

According to the Mid Central Community Action FY18 Community Health Needs Assessment, 21 percent of survey respondents (n = 1,711) indicated that they could use help finding a permanent full-time job to support their family. Most of the survey respondents were customers of Mid Central Community Action who went to the center to receive low-income home energy assistance (LIHEAP). Nearly 14 percent of survey respondents indicated that they could use help identifying what jobs are available, while 12.8 percent indicated that they could use help with getting an education or training for the job they want to pursue.

Education

Educational Level

Ninety-six percent of the population ages 25 and over in McLean County possesses a high school diploma or higher and 44.7 percent have a bachelor’s degree or higher. The state percentage for a bachelor’s degree or higher is 33.4 percent (Conduent Healthy Communities Institute, American

Community Survey, 2013 - 2017). Illinois State University, Illinois Wesleyan University, Heartland Community College and Lincoln College are all located in McLean County.

High School Graduation Rates

The four-year high school graduation rate for McLean County is 88.1 percent. This is higher than the graduation rate for Illinois of 85.6 percent (Conduent Healthy Communities Institute, County Health Rankings, 2014 - 2015). Updated data by school districts in McLean County (Illinois State Board of Education, 2017-2018) is illustrated in Exhibit 14 below.

Exhibit 14: Graduation Rates by School District in McLean County, 2017 - 2018

Location	Graduation Rates 2018
Bloomington District 87	88.9%
Chenoa District 9	Data Not Available
Heyworth CUSD 4	96.4%
Leroy CUSD 2	95.4%
Lexington CUSD 7	100%
McLean Unit 5	88.2%
Olympia CUSD16	90.2%
Ridgeview CUSD 16	87.2%
Tri Valley CUSD 3	94.9%
McLean County Average	92.7%
State Average	85.0%

Source: Illinois State Board of Education, Illinois Report Card, 2017 - 2018.

<https://www.illinoisreportcard.com/state.aspx?source=trends&source2=graduationrate&Stateid=IL>

Student-to-Teacher Ratio

This indicator shows the average number of public-school students per teacher in the region. It does not measure class size. According to the National Center for Education Statistics, larger schools tend to have higher student-teacher ratios. There are 15.8 students per teacher in McLean County (Conduent Healthy Communities Institute, National Center for Education Statistics, 2015 - 2016). This rate is in the worst 50th – 75th percentile range (yellow indicator) compared to other counties in Illinois. See Exhibit 15 below.

Exhibit 15: Student to Teacher Ratio for McLean County, 2015-2016



Source: Conduent Healthy Communities Institute, National Center for Education Statistics, 2015 - 2016 Assistance with Education.

According to the Mid Central Community Action FY18 Community Health Needs Assessment, 11.3 percent of survey respondents (n = 1,711) indicated that they could use financial assistance to complete their education or complete college aid forms such as the Free Application for Federal Student Aid (FAFSA). Most of the survey respondents were customers of Mid Central Community Action who went to the center to receive low-income home energy assistance (LIHEAP). Eleven percent of survey respondents indicated that they could use help obtaining a two-year college degree while 8.3 percent indicated they could use help obtaining a General Education Diploma (GED) or High School Equivalency Diploma (HSED).

Healthcare Resources in the Defined Community

Name of Facility	Type of Facility	Location
Advocate BroMenn Medical Center	Hospital	Normal
OSF St. Joseph Medical Center	Hospital	Bloomington
Chestnut Family Health Center	Federally Qualified Health Center (FQHC)	Bloomington
Community Health Care Clinic (CHHC)	Community Clinic	Normal
McLean County Health Department	County Health Department	Bloomington

In the 2019 County Health Rankings, McLean County ranked 2nd out of 102 Illinois counties for Clinical Care, which compares 7 indicators: percent uninsured; ratio of primary care physicians, dentists, and mental health providers to the population; preventable hospital stays; percent completing mammogram screenings; and, percent of flu vaccinations (County Health Rankings, 2019, <https://www.countyhealthrankings.org/app/illinois/2019/rankings/mclean/county/outcomes/overall/snapshot>).

Key findings: Community Description

- McLean County is a predominately White community with a large proportion of the residents falling between the ages of 18 and 65 years.
- McLean County is above the state average in terms of level of education.
- Overall, McLean County residents fare slightly better in terms of median household income in comparison to other counties in Illinois; however, the median household income for residents in Bloomington ZIP code 61701 is much lower than both the county and the state. The percent of families living below the poverty line is also greater in Bloomington ZIP code 61701 than the county and state.
- The percent of single parent households and people over the age of 65 years living alone in Bloomington ZIP code 61701 are both higher than the county and Illinois percentages.
- McLean County ranked 2 out of 102 Illinois counties for Clinical Care.

c) Health Status

Mortality

Nationally, the top ten leading causes of death in 2016 were: heart disease, malignant neoplasms (cancer), accidents (unintentional injuries), chronic lower respiratory diseases, cerebrovascular diseases (stroke), Alzheimer’s disease, diabetes, influenza and pneumonia, kidney disorders (nephritis, nephrotic syndrome, nephrosis) and intentional self-harm (suicide) (Centers for Disease Control and Prevention, National Center for Health Statistics, 2016). In Illinois in 2015, heart disease, malignant neoplasms, cerebrovascular diseases, chronic lower respiratory diseases and accidents were the top five causes of death (Centers for Disease Control and Prevention, National Center for Health Statistics, 2015).

McLean County leading causes of death follow the national and state pattern. Heart disease was the leading cause of death in McLean County from 2013 through October of 2018. Over the past five years where complete data is available, 2013 – 2017, six causes of mortality were found in the top five leading causes of death each year in McLean County: heart disease, malignant neoplasms, chronic lower respiratory disease, accidents, Alzheimer’s and cerebrovascular disease. The first three were present in the top five leading causes for each year (Illinois Department of Public Health, IQuery, 2013 – 2017). See Exhibit 16 below.

Exhibit 16: McLean County Top Five Leading Causes of Death, 2013 - 2017

2013	2014	2015	2016	2017
Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease
Malignant Neoplasms	Malignant Neoplasms	Malignant Neoplasms	Malignant Neoplasms	Malignant Neoplasms
Chronic Lower Respiratory Diseases	Chronic Lower Respiratory Diseases	Accidents	Chronic Lower Respiratory Diseases	Accidents
Cerebrovascular Diseases	Alzheimer’s Disease	Chronic Lower Respiratory Diseases	Alzheimer’s Disease	Cerebrovascular Diseases
Accidents	Cerebrovascular Diseases	Alzheimer’s Disease	Accidents	Chronic Lower Respiratory Diseases

Source: Illinois Department of Public Health, IQuery, 2013 – 2017, <https://iquery.illinois.gov/DataQuery>.

A preliminary review of McLean County vital records data for January through October 2018 indicates a similar pattern in the leading causes of death: heart disease, respiratory diseases, malignant neoplasms, cerebrovascular diseases and Alzheimer’s disease. The first three causes were responsible for over 59 percent of total deaths. Approximately 77 percent of deaths occurred at age 65 and over. The leading causes of death for this population were heart disease, Alzheimer’s disease and dementia, malignant

neoplasm and respiratory diseases (McLean County Health Department, Vital Records, preliminary data, 2018). See Exhibit 17 below.

Exhibit 17: Top 20 Causes of Death for McLean County Residents, January 2018 - October 2018 (preliminary data)

Rank	Cause of Death	Number of Deaths	Percent of Total Deaths
1	Heart Diseases	305	27.73%
2	Respiratory Diseases	186	16.91%
3	Malignant Neoplasms	161	14.64%
4	Alzheimer's Disease and Dementia	106	9.64%
5	Cerebrovascular Diseases	100	9.09%
6	Septicemia	60	5.45%
7	Kidney Diseases	34	3.09%
8	Adult Failure to Thrive	22	2.00%
9	Drug-Induced Deaths	20	1.82%
10	Gastrointestinal Conditions/Injuries	20	1.82%
11	Unintentional Injuries/Accidents	19	1.73%
12	Liver Diseases	16	1.45%
13	Intentional Harm	8	0.73%
14	Multi-Organ Failure	7	0.64%
15	Diabetes	5	0.45%
16	Bacterial Infection	4	0.36%
17	Chronic Alcoholism	2	0.18%
18	Anaphylactic Shock	1	0.09%
19	Asphyxia	1	0.09%
20	Cold Exposure	1	0.09%

Source: McLean County Health Department Vital Statistics, January 2018 - October 2018 (preliminary data only).

Life Expectancy at Birth

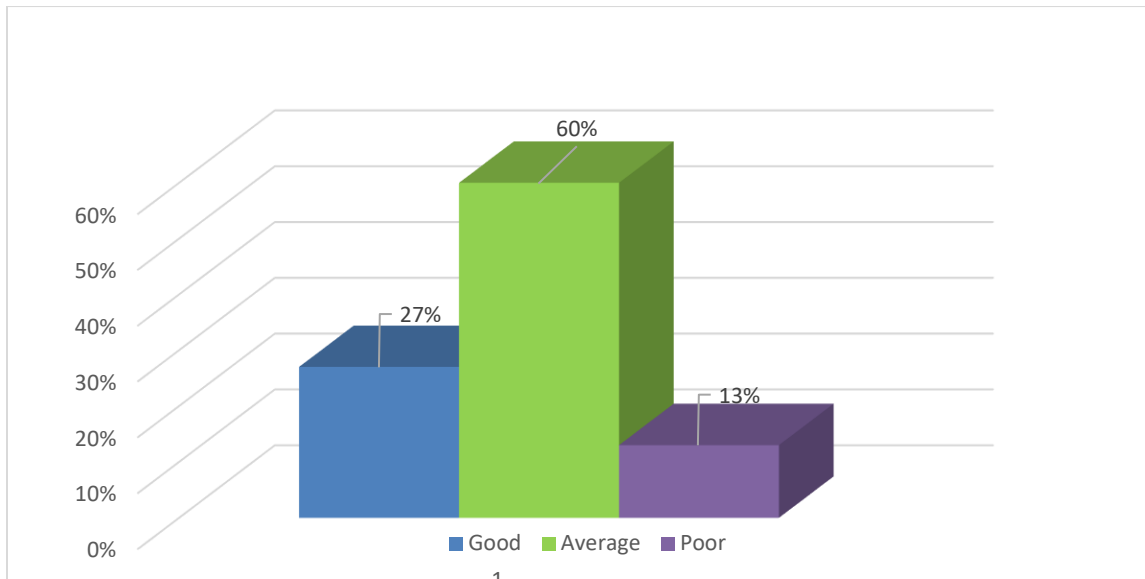
Females are expected to live longer than males in McLean County. Male life expectancy at birth is 78.2 years for McLean County, slightly higher than Illinois (76.7), and female life expectancy is 81.8 years for McLean County and 81.3 for Illinois (Conduent Healthy Communities Institute, Institute for Health Metrics and Evaluations, 2014).

Self-Perceptions of Overall Health

In 2016, 14.4 percent of McLean County adults reported poor or fair to the question, “How is your general health?” This is lower than the percent for Illinois (17.2) and is in the best 0 - 50th percentile (green indicator) compared to other counties in Illinois (Conduent Healthy Communities Institute, County Health Rankings, 2016).

Twenty-seven percent of respondents to the 2018 McLean County Community Health Survey reported having good overall physical health, while 60 percent rated themselves as having average health and 13 percent rated themselves as having poor physical health. See Exhibit 18 below.

Exhibit 18: Self-Assessment of Overall Physical Health for McLean County, 2018



Source: McLean County Community Health Survey, 2018.

[Comparison to the 2015 McLean County Community Health Survey](#)

Compared to the 2015 McLean County Community Health Survey, there was a decrease in the percentage of people reporting “good” physical health (from 61 percent in 2015 to 27 percent in 2018), an increase in the percentage of people reporting “average” physical health (35 percent in 2015 to 60 percent in 2018) and an increase in the percentage of people reporting “poor” physical health (from four percent in 2015 to 13 percent in 2018).

Key findings: Health Status

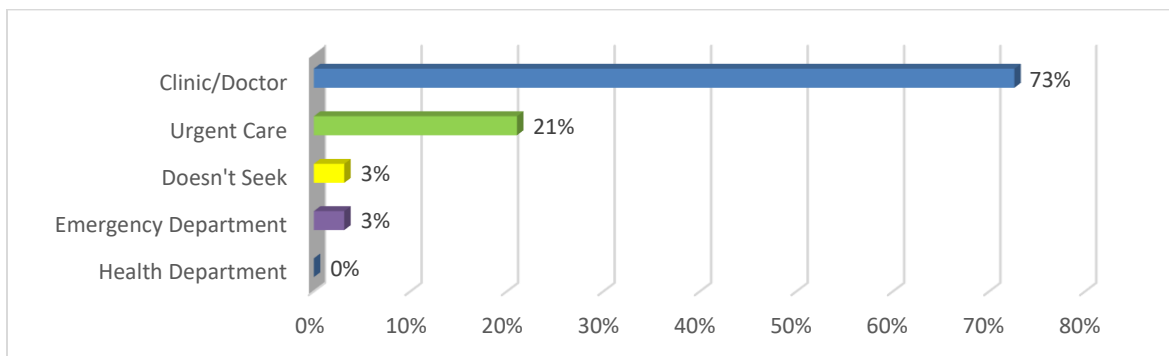
- Heart disease is the leading cause of death in McLean County.
- Life expectancy for McLean County males and females is similar to that of Illinois.
- The percentage of McLean County residents who rated their overall physical health as poor increased from 2015 – 2018.

d) Access to Care

Choice of Medical Care

The 2018 McLean County Community Health Survey respondents were asked to choose the type of healthcare they use when they are sick. Six options were available to select. Seventy-three percent of respondents selected clinic or doctor's office as their choice of medical care followed by urgent care at 21 percent. (See Exhibit 19). Eighty-nine percent of respondents have a personal physician who are seen regularly. Visits tends to be higher by Whites and those with higher education and income. Additionally, clinics/doctor's offices are used less often by people with an unstable housing environment. Urgent care facilities are more often utilized by younger people.

Exhibit 19: McLean County General Population Choice of Medical Care, 2018



Source: McLean County Community Health Survey, 2018.

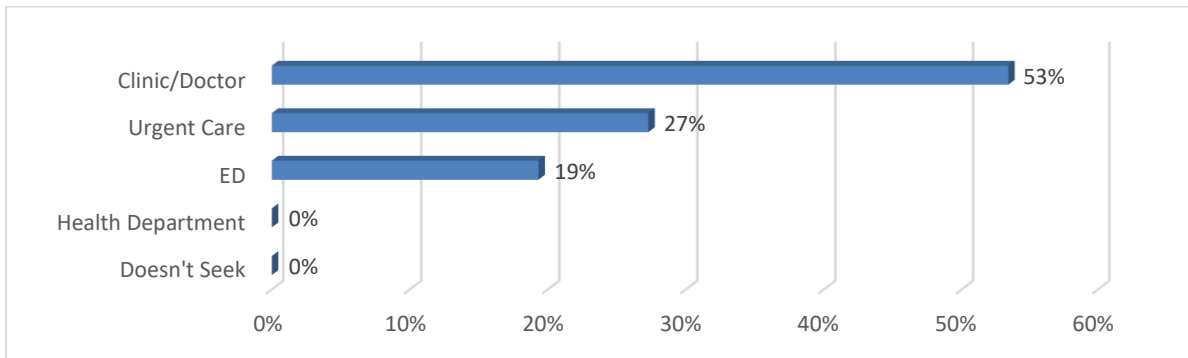
[Comparison to the 2015 McLean County Community Health Survey](#)

Compared to the 2015 McLean County Community Health Survey for the general population, there was an increase in clinic/doctor's office visits from 69 percent to 73 percent and for urgent care from 18 percent to 21 percent. This results in a lower use of emergency rooms, from four percent to three percent, and fewer individuals not seeking treatment, from eight percent to three percent.

Choice of Medical Care for At-Risk Population

At-risk survey respondents' choice of medical care was lower than the general population for the clinic or doctor's office at 53 percent compared to the 73 percent. However, visits to urgent care were higher for at-risk survey respondents than the general population, at 27 percent, compared to 21 percent. One hundred percent of the at-risk respondents seek medical attention when needed. The most significant increase for visits in 2018, when comparing the general population with the at-risk population, are the visits to the emergency room at 19 percent for the at-risk population compared to three percent for the general population. See Exhibit 20 below.

Exhibit 20: McLean County At-Risk Population Choice of Medical Care, 2018



Source: McLean County Community Health Survey, 2018.

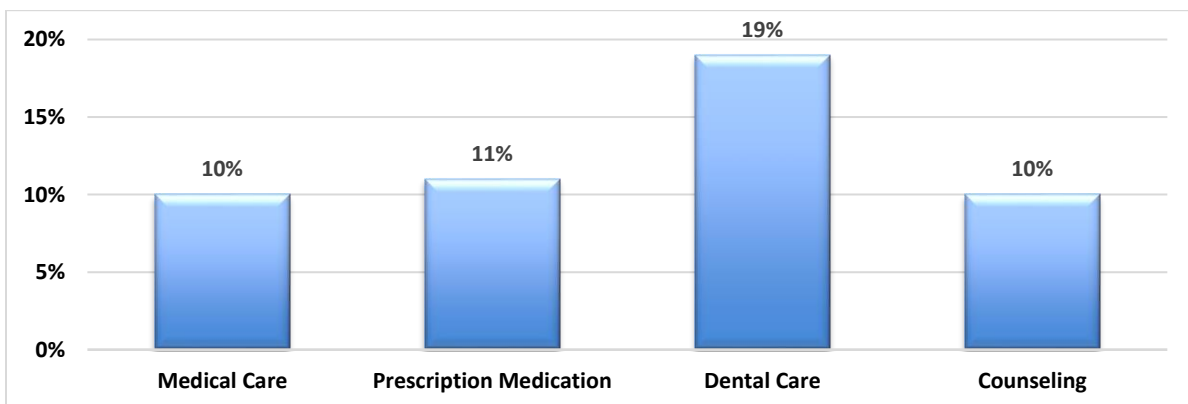
[Comparison to the 2015 McLean County Community Health Survey](#)

Compared to the 2015 McLean County Community Health Survey for the at-risk population, there was a decrease in accessing medical care via clinic/doctor's office visits from 64 percent to 53 percent, but an increase in urgent care visits from 16 percent to 27 percent. Additionally, there was a reduction in people who did not seek medical attention when needed from 2015 to 2018 from 10 percent to zero percent.

Health Services Received

Exhibit 21 below shows the percent of respondents from the 2018 McLean County Community Health Survey were not able to access care when needed within the past year, and were not able to receive medical care, prescription medication, dental care and counseling. Respondents who needed dental care in 2018 were the most unable to receive care at 19 percent. Services such as counseling, medical care, and prescription medication were services more likely to be accessed when care is needed.

Exhibit 21: Not Able to Access Care, 2018



Source: McLean County Community Health Survey, 2018.

[Comparison to the 2015 McLean County Community Health Survey](#)

Access to care in the various categories overall improved from last year. Survey respondents who needed medical care but were not able to receive it decreased from 13 percent in 2015 to 10 percent in 2018. Lack of access for prescription medication improved from 15 percent in 2015 to 11 percent in 2018. Dental services were more accessible this year as the percentage of respondents not able to access dental care decreased from 23 percent in 2015 to 19 percent in 2018. Counseling remained the same from 2015 to 2018.

[Access to Health Services](#)

Medically Underserved Area

The Index of Medical Underservice (IMU) score for the McLean County Service Area is 49.2. The lowest score (highest need) is 0; the highest score (lowest need) is 100. To qualify for designation, the IMU score must be less than or equal to 62.0. This score applies to the Medically Underserved Area (MUA) or Medically Underserved Populations (MUP) as a whole, and not to individual portions of it.

Health Professionals Shortage Area

McLean County has multiple Health Professional Shortage Area (HPSA) scores in the disciplines of primary care, mental health and dental. As a Federally Qualified Health Center (FQHC), Chestnut Health Systems has unique HPSA scores applicable only to Chestnut Family Health Center. The table below identifies HPSA scores for McLean County as posted on the Health Resources and Services Administration’s (HRSA) site <https://data.hrsa.gov/tools/shortage-area/hpsa-find> as of May 22, 2019. See Exhibit 22 below for an illustration of this information. Please note that HRSA is in the process of reviewing and updating HPSA scores and that the scores reflected below should be confirmed on the HRSA site prior to use in any funding applications.

Exhibit 22: McLean County Health Professionals Shortage Area, 2019

Discipline	HPSA ID	HPSA Name	Designation Type	HPSA FTE	HPSA Score	Update Date
Primary Care	1178497681	Low-income – Bloomington / Normal	Low-income Population HPSA	4.35	12	10/27/2017
Primary Care	11799917QB	Chestnut Family Health Center	Federally Qualified Health Center	0	18	11/11/2014
Dental Health	61799917A7	Chestnut Family Health Center	Federally Qualified Health Center	0	21	11/11/2014
Mental Health	7171504446	McLean / Livingston Counties	Geographic HPSA	4.75	8	10/27/2017
Mental Health	71799917HI	Chestnut Family Health Center	Federally Qualified Health Center	0	20	11/11/2014

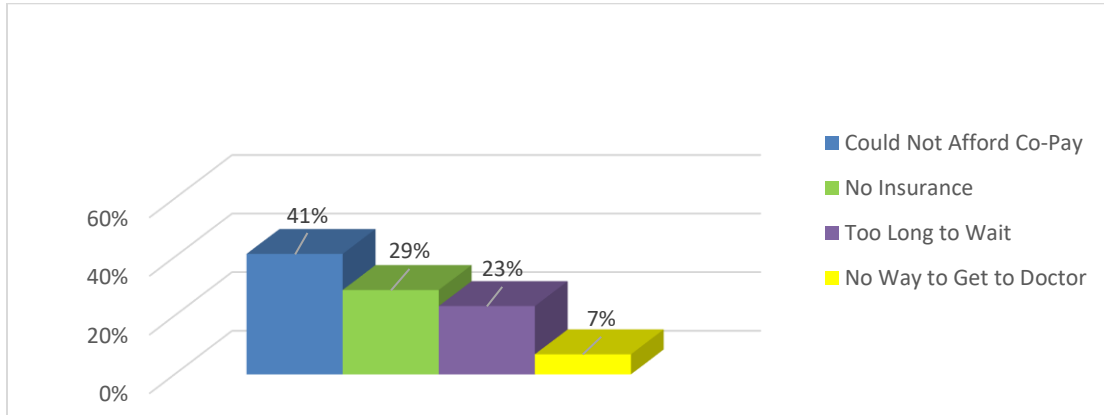
Source: Health Resources and Services Administration, 2019.

<https://data.hrsa.gov/tools/shortage-area/hpsa-find>

Access to Medical Care

Exhibit 23 below illustrates reasons survey respondents were not able to get medical care when needed. Respondents could not afford the co-pay was the top reason followed by not having insurance.

Exhibit 23: Causes of Inability to Access Medical Care for McLean County Survey Respondents, 2018

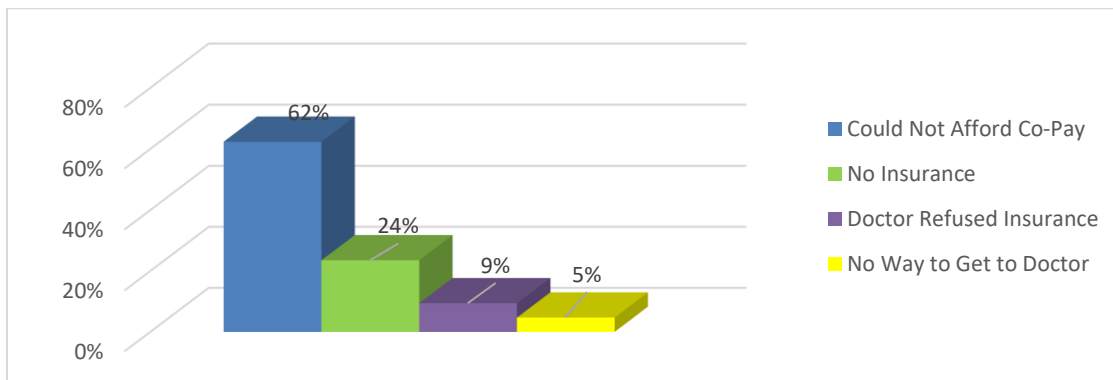


Source: McLean County Community Health Survey, 2018.

Access to Prescriptions

The top two reasons for not being able to access prescription care were due to not being able to afford the co-pay and having no insurance. See Exhibit 24 below.

Exhibit 24: Causes of Inability to Access Prescription Care for McLean County Survey Respondents, 2018

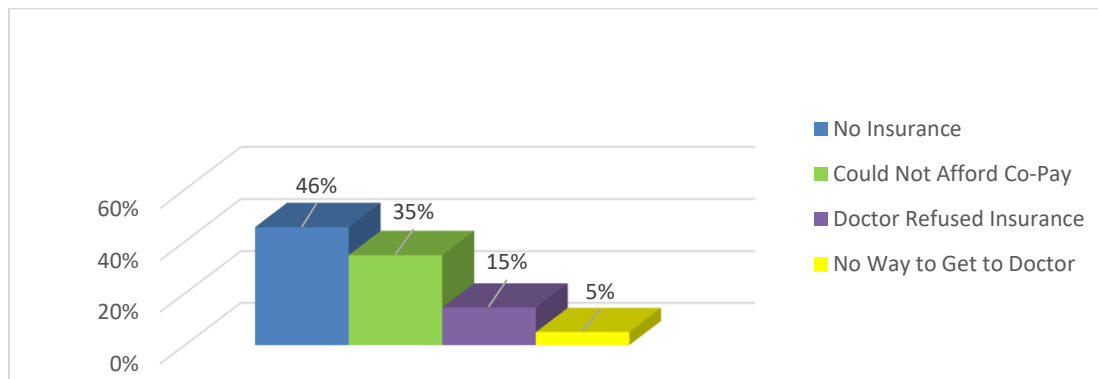


Source: McLean County Community Health Survey, 2018.

Access to Dental Care

Exhibit 25 below illustrates reasons survey respondents were not able to get dental care when needed. Respondents could not afford the co-pay was the top reason followed by not having insurance.

Exhibit 25: Causes of Inability to Access Dental Care for McLean County Survey Respondents, 2018



Source: McLean County Community Health Survey, 2018.

Related to access to dental care, in McLean County there are 65 dentists per 100,000 population. This ratio is worse than the Illinois ratio (75 dentists/100,000 population) but better than the prior value for McLean County (64 dentists/100,000 population) and is trending favorably in a statistically significant direction (Conduent Healthy Communities Institute, County Health Rankings, 2016).

A national analysis of Medical Expenditure Survey Data (2000 – 2015), conducted by the American Dental Association’s Health Policy Institute, noted that the majority of people in the survey had not visited a dentist in the past 12 months (American Dental Association, Dental Care Utilization in the U.S. Infographic utilizing Health Policy Institute data, 2015):

- Children (ages 2-18): 48.5 percent visited a general dentist; 51.5 percent did not
- Adults (ages 19-64): 36 percent visited a general dentist; 64 percent did not
- Seniors (ages 65 and above): 43.7 percent visited a general dentist; 56.3 percent did not.

According to the United Way of McLean County’s 2014 Community Needs Assessment, 39.1 percent of McLean County residents are without dental insurance. Medicare does not cover most dental services, including dental care such as cleanings and dental procedures such as fillings, extraction of teeth, dentures, dental plates or devices. Specific dental services may be covered if hospitalized under Medicare Part A (hospital insurance). It may also pay for inpatient hospital care for complicated dental procedures, but it will not pay for the dental care itself. In general, individuals with Medicare insurance need to expect to pay for most dental care out of pocket (United States Medicare Program, 2019). In Illinois, the Medicaid program is administered by the Illinois Department of Healthcare and Family Services. For children (under age 21), Medicaid coverage for dental services is extensive, covering services such as oral exam, cleanings, fluoride treatment, sealants, fillings, root canals, gum disease treatment and extractions. For adults (over age 20), Medicaid coverage was minimal until some services were restored on July 1, 2014, through Public Act 98-0651. Medicaid covers exams, extractions, x-rays and some restorative services for adults, but it does not cover most preventive oral health services, although some Medicaid managed care plans will cover at least one cleaning per year for adults and pregnant women (Illinois Department of Healthcare and Family Services, Dental Program, Need Help Finding a Dentist?, 2019). Medicaid reimbursement continues to be low overall; therefore, a limited number of private practices accept Medicaid as payment (American Dental Association’s Health Policy

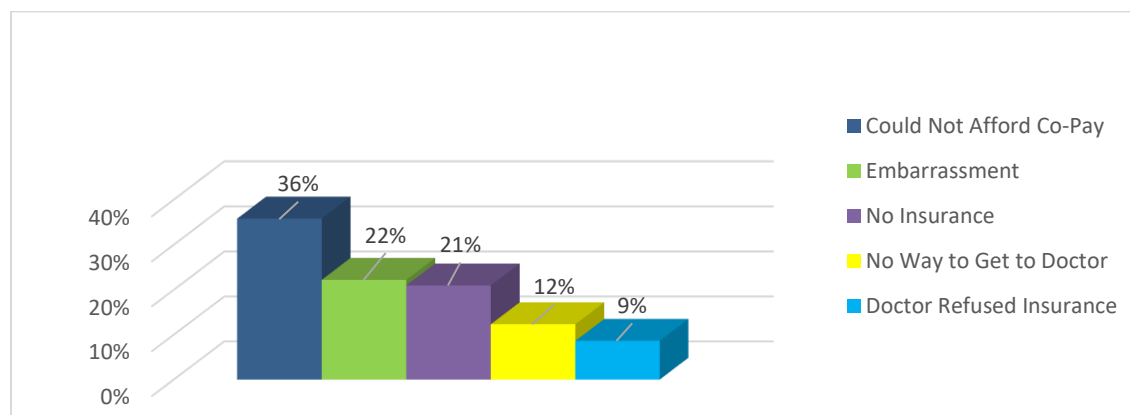
Institute, “Are Medicaid and Private Dental Insurance Payment Rates for Pediatric Dental Care Services Keeping up with Inflation,” 2014).

In McLean County, access to dental care for children and adults with Medicaid insurance has been steadily improving since 2014. In addition to the adult and child dental clinics at the McLean County Health Department, several corporate practices have opened in the Bloomington/Normal area that accept Medicaid. In addition, the Community Health Care Clinic in early 2019 began to provide dental care to its clients, who are not eligible for Medicaid.

Access to Counseling

Exhibit 26 below illustrates reasons survey respondents were not able to get counseling when needed. Like the above reasons for not being able to access care, respondents reported as the top reason that they could not afford the co-pay; however, unlike the above responses, embarrassment was reported as the second reason for not accessing counseling.

Exhibit 26: Causes of Inability to Access Counseling for McLean County Survey Respondents, 2018



Source: McLean County Community Health Survey, 2018.

[Comparison to the 2015 McLean County Community Health Survey](#)

Access to medical services and access to prescription medication improved since 2015, however, there were more survey respondents who lacked access to counseling due to their inability to afford the co-pay (31 percent in 2015 and 36 percent in 2018) and more felt embarrassed to have counseling (16 percent in 2015 and 22 percent in 2018). Access to dental services was similar as there were more respondents who could not afford a dental visit due to not having insurance (45 percent without insurance in 2015 and 46 percent in 2018). Also, an increased number of respondents couldn't afford the co-pay amount (30 percent in 2015 and 35 percent in 2018).

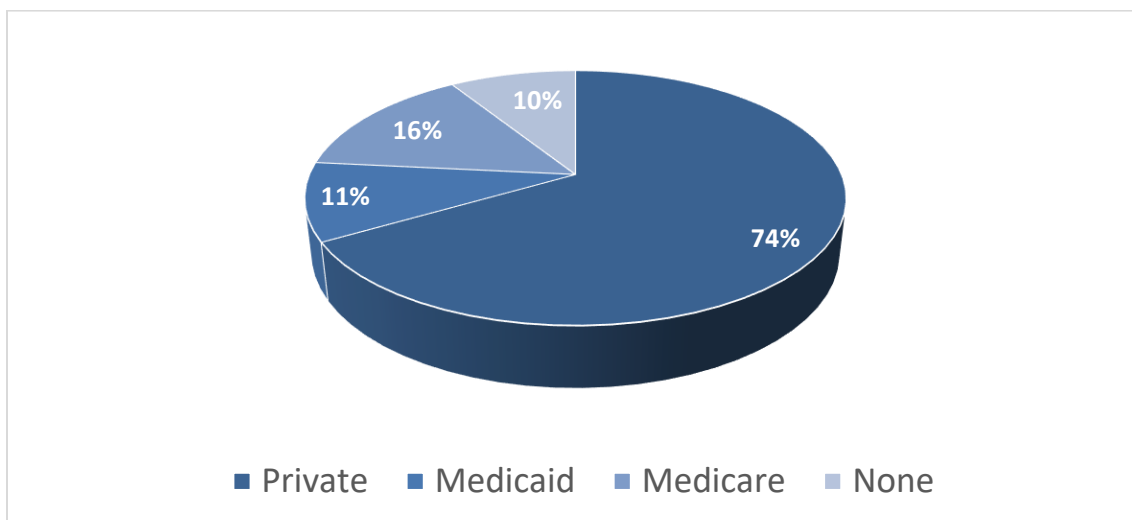
Healthcare Coverage

Seventy-four million people were enrolled in Medicaid in 2017; this equates to 19.3 percent of the US population. In Illinois, 12.6 million people (18 percent) use Medicaid as their primary medical coverage. Additionally, 29,639 McLean County residents are enrolled in Medicare (Centers for Medicare and Medicaid and Illinois Department of Healthcare and Family Services, 2017).

One-hundred-and-one percent of respondents of the 2018 McLean County Community Health Survey reported having either private insurance, Medicare or Medicaid, while ten percent reported not having any insurance. This percentage is greater than 100 percent because respondents could choose more than one answer (e.g., private insurance and Medicare). Exhibit 27 shows the breakdown.

Having Medicare tends to be used more frequently by older people and those with lower education and income. Medicaid tends to be used more frequently by men, younger people, Blacks or African Americans, those with lower education and income and those with an unstable (e.g., homeless) housing environment. Having Medicaid tends to be rated lower by Whites. Having private insurance is used more often by women, Whites and those with higher education and income. Private insurance tends to be rated lower by Blacks or African Americans and those with an unstable (e.g., homeless) housing environment. Not having insurance tends to be reported more often by Blacks or African Americans and those with an unstable (e.g., homeless) housing environment (McLean County Community Health Survey, 2018).

Exhibit 27: Types of Insurance Coverage for McLean County Survey Respondents, 2018



Source: McLean County Community Health Survey, 2018.

[Comparison to the 2015 McLean County Community Health Survey](#)

Compared to the 2015 McLean County Community Health Survey, 91 percent of the respondents reported having either private insurance, Medicare or Medicaid, while eight percent reported having no insurance.

Key Findings: Access to Care

- Compared to the 2015 McLean County Community Health Survey:
 - There was a modest increase in use of clinic/doctor's office and urgent care usage for the general population in 2018. The at-risk population showed an increase in the urgent care usage as well as emergency room usage. Both populations decreased the amount of people who don't seek medical care when needed.

- There was an increase of those individuals who have a personal physician (80 percent in 2015 to 89 percent in 2018).
- There has been an increase in the percent of survey respondents that have private insurance.
- The percentage of survey respondents who needed medical, dental, counseling or prescription medication, but did not receive care, decreased or stayed the same from 2015 to 2018.
- Emergency room tends to be selected as a response for “choice of medical care” more often by people with the following characteristics: less educated, have lower incomes and have an unstable housing environment.
- Access to medical care, prescription medications and dental care tends to be higher for Whites, those with higher education and income levels and those living in a stable housing environment. Access to counselling tends to be rated higher by older people and those with a higher income.

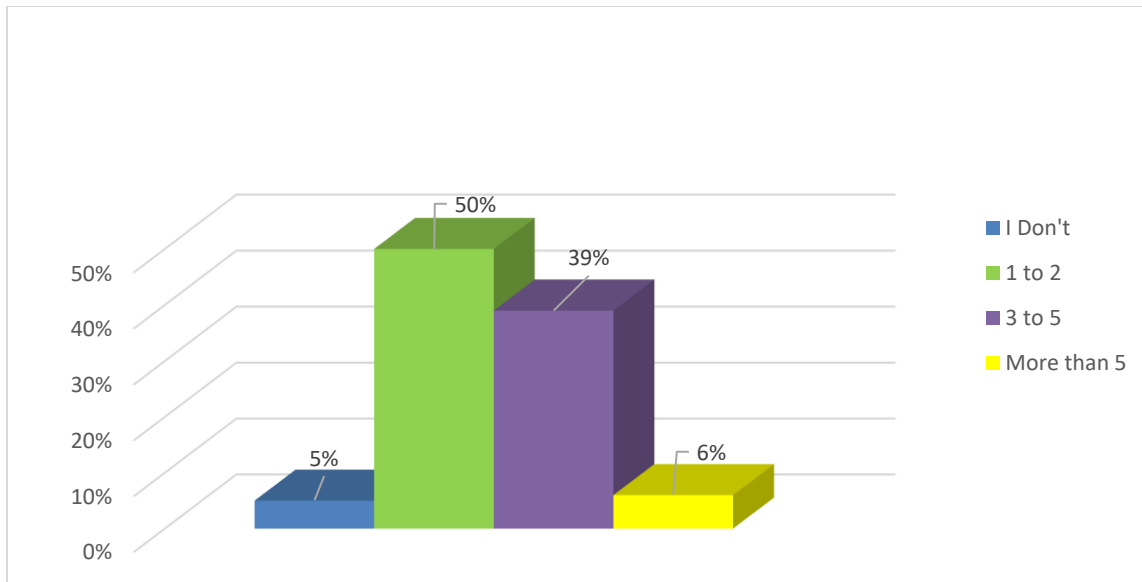
e) Nutrition, Weight and Exercise

Nutrition

[2018 McLean County Community Health Survey](#)

The 2018 McLean County Community Health Survey data show that 55 percent of McLean County residents report no consumption or low consumption (one to two servings per day) of fruits and vegetables (see Exhibit 28). Frequency of fruit and vegetable consumption tends to be higher by Whites and those with higher education and income.

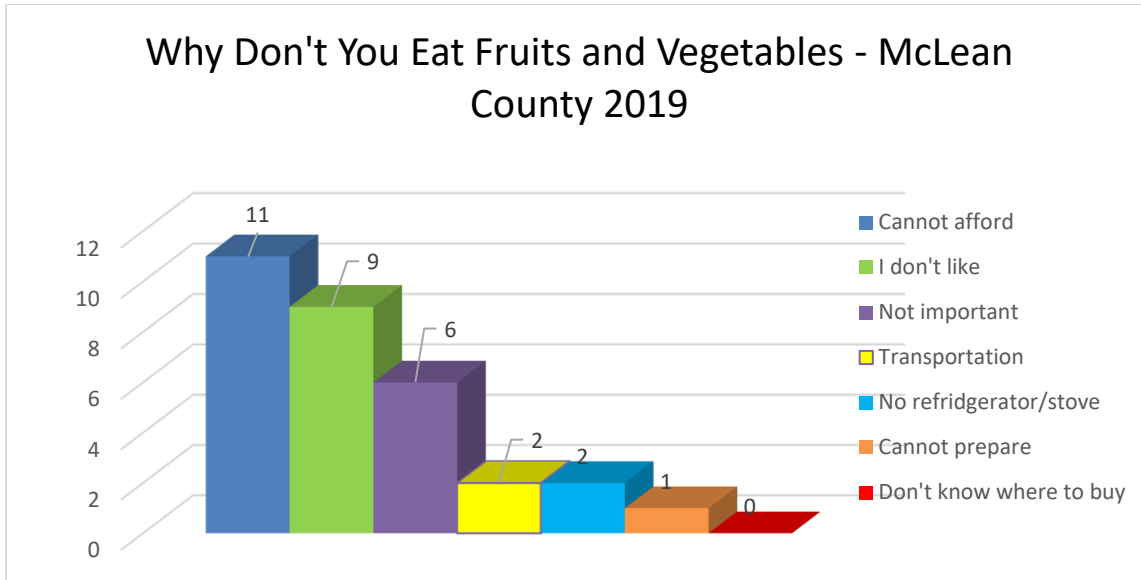
Exhibit 28: Responses for "On a typical day, how many servings of fruits and/or vegetables do you eat?" for McLean County Survey Respondents, 2018



Source: McLean County Community Health Survey, 2018.

For the 2018 McLean County Community Health Survey respondents who indicated not eating fruits or vegetables, the inability to afford fruits and vegetables and not liking them were the two most frequently cited reasons for failing to consume fruits and vegetables. See Exhibit 29 below.

Exhibit 29: Responses for "On a typical day, why don't you eat fruits and/or vegetables?" for McLean County Survey Respondents, 2018



Source: McLean County Community Health Survey, 2018.

[Comparison to the 2015 McLean County Community Health Survey](#)

2018 McLean County Community Health Survey data show an improvement in adult consumption of three or more servings of fruits and vegetables per day, from 40 percent in 2015 to 45 percent in 2018.

According to the Illinois Behavioral Risk Factor Surveillance System, 13.7 percent of McLean County adults consume five or more servings of fruits and vegetables per day, fewer than the national rate of 23.4 percent (Conduent Healthy Communities Institute, Illinois Behavioral Risk Factor Surveillance Systems, 2007 - 2009).

An average of nine percent of eighth, tenth and twelfth graders eat four or more fruits per day and seven percent eat four or more vegetables per day (Illinois Youth Survey, 2018).

Weight Status

[Adults](#)

Approximately 32 percent of McLean County residents are classified as obese. McLean County’s obesity rate is higher than the state at 31.6 percent and the national rate at 29.9 percent. It also does not meet the Healthy People 2020 target of 30.5 percent. As shown in Exhibit 30, the obesity rate in McLean County has increased by 11.4 percent from 2004 - 2006 to 2010 - 2014 (Conduent Healthy Communities, Illinois Behavioral Risk Factor Surveillance System, 2010 - 2014).

Exhibit 30: McLean County's Obesity Trend, 2010 - 2014

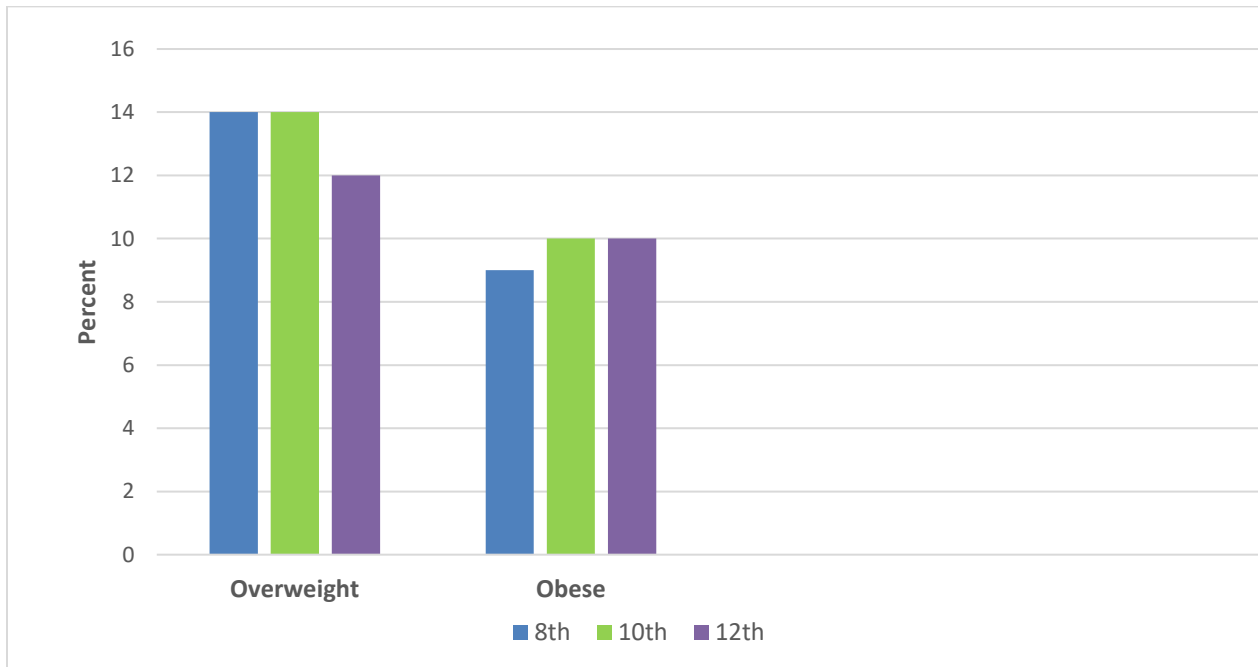


Source: Conduent Healthy Communities Institute, Illinois Behavioral Risk Factor Surveillance System, 2010 - 2014.

[Eighth, Tenth and Twelfth Graders](#)

The graph below (Exhibit 31) shows the percentage of eight, tenth and twelfth grade students who are overweight or obese (Illinois Youth Survey, 2018)

Exhibit 31: Percent of 8th, 10th and 12th Grade Illinois Youth Survey Respondents who are Overweight or Obese in McLean County, 2018



Source: Illinois Youth Survey, 2018.

Exercise

The percentage of McLean County adults (ages 20 and up) who did not participate in any leisure-time activities (physical activities other than their regular job) during the past month is 23.5 percent. This rate is in the best 0 - 50th percentile range (green indicator) when compared to other counties in Illinois but higher than the Illinois value of 21.5 percent. The McLean County percent is trending unfavorably but is not statistically significant and meets the Healthy People 2020 target of 32.6 percent (Conduent Healthy Communities Institute, County Health Rankings, 2015). See Exhibit 32 below for an illustration of this data.

Exhibit 32: Adults 20+ who are Sedentary, McLean County, 2008 - 2015



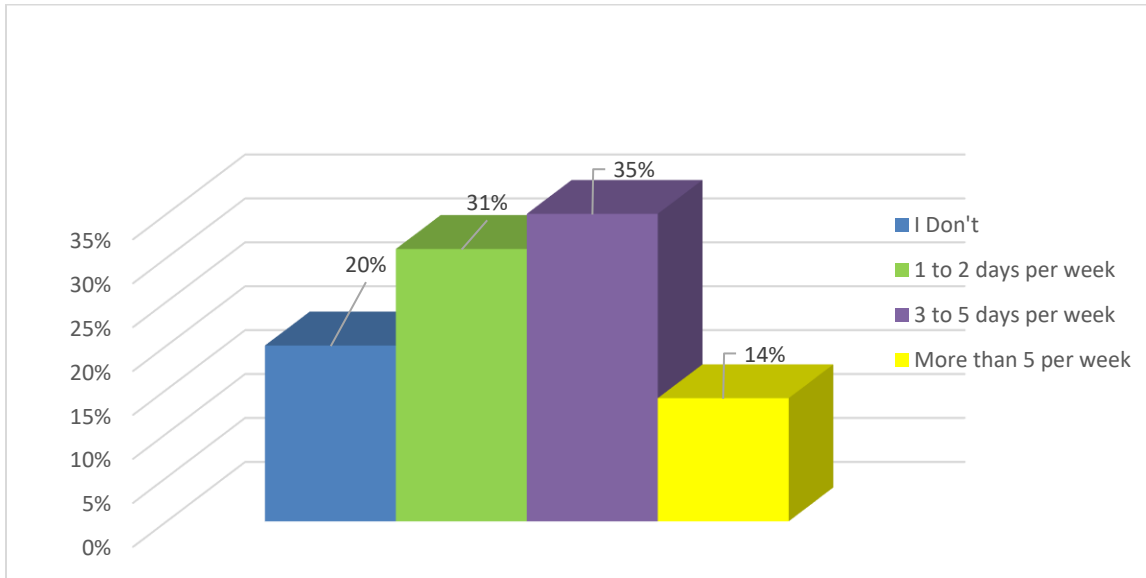
Source: Conduent Healthy Communities Institute, County Health Rankings, 2015.

According to the 2018 Illinois Youth Survey, an average of 22 percent of McLean County eighth, tenth and twelfth graders were physically active for at least 60 minutes for five days during the past seven days. In 2018, the average percentage of McLean County eighth, tenth and twelfth graders watching less than one hour of TV on school days was 21 percent.

[2018 McLean County Community Health Survey](#)

Results from the 2018 McLean County Community Health Survey show that 20 percent of respondents indicated that they do not exercise at all, while 80 percent exercise one to two times per week or more. See Exhibit 33 below.

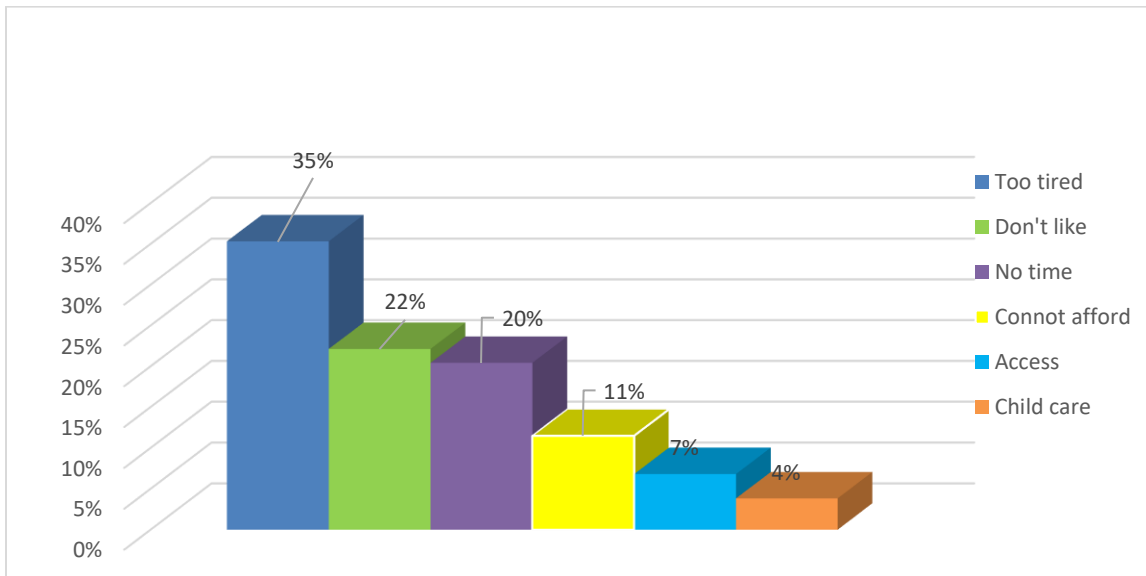
Exhibit 33: Exercise Frequency for McLean County Residents, 2018



Source: McLean County Community Health Survey, 2018.

Respondents who indicated that they do not exercise were asked to cite their reasons for not exercising. The most common reasons were, being too tired, not liking exercise and not enough time to exercise. See Exhibit 34 below.

Exhibit 34: Responses for "In the last week, why didn't you exercise?" for McLean County Survey Respondents, 2018



Source: McLean County Community Health Survey, 2018.

[Comparison to the 2015 McLean County Community Health Survey](#)

The percentage of adults not participating in any physical activity decreased from 27 percent in 2015 to 20 percent in 2018.

Key findings: Nutrition, Weight and Exercise

- Fewer McLean County adults consume five or more servings of fruits and vegetables per day than the national rate.
- McLean County's obesity rate is higher than the state and national rates.
- The percentage of McLean County adults (ages 20 and up) who did not participate in any leisure-time activities (physical activities other than their regular job) during the past month is 24 percent.

f) Social Determinants of Health

Built Environment

[Physical Activity](#)

According to the Robert Wood Johnson Foundation, “the built environment describes physical or manmade features such as sidewalks, streetlights, traffic and parks that may promote or discourage activity.” The built environment is important to consider when assessing physical activity as there is strong evidence suggesting an association between access to recreational resources, bikability and walkability of neighborhoods as well as safe, esthetically pleasing environments with increased physical activity and reduced obesity rates (Robert Wood Johnson Foundation, Built Environment and Physical Activity, 2007).

In McLean County, 83.6 percent of residents have access to exercise opportunities, meaning they live reasonably close to a park or recreational facility. McLean County falls in the best 0 - 50th percentile range (green indicator) when compared to other counties in Illinois for access to exercise opportunities despite the county's rural expanse. It is lower than the Illinois value of 91.3 percent (Conduent Healthy Communities Institute, County Health Rankings, 2018).

According to the U.S. Department of Agriculture Food Environment Atlas, 2014, there are 0.11 recreation and fitness centers per 1,000 population in McLean County, slightly more than the national average of 0.06 per 1,000 population.

Nationally, only 0.4 percent of the American population commutes to work by bicycle (U.S. Census Bureau Survey of Communities, 2013-2017). According to a survey conducted by the McLean County Regional Planning Commission in 2016, eight percent of respondents indicated using a bicycle as their mode of transportation for location-based trips. Respondents noted they would ride their bicycle more often if they felt safer on the streets, there were more on-road bike lanes, shared lane markings and more off-road trails.

[Food Security and Access to Healthy Foods](#)

Food Environment Index

The food environment index combines two measures of food access: the percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity). The index ranges from 0 (worst) to 10 (best) and equally weights the two measures. The food environment index for McLean County is 7.6 which is in the worst 50th - 75th percentile range (yellow indicator) compared to other counties in Illinois. It is worse than the Illinois index of 8.7 but better than the prior value for McLean County in 2017 of 7.5. The index for McLean County is trending unfavorably but is not statistically significant. (Conduent Healthy Communities Institute, County Health Rankings, 2018). See Exhibit 35 below.

Exhibit 35: Food Environment Index for McLean County, 2014 - 2018

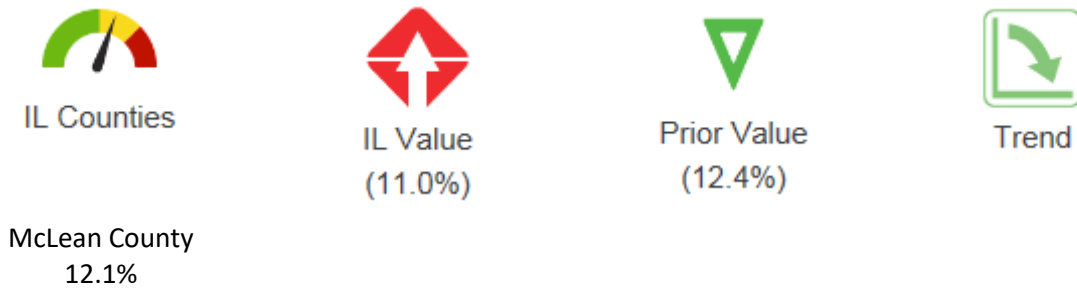


Source: Conduent Healthy Communities Institute, County Health Rankings, 2018.

[Food Insecurity](#)

The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. The percentage of the population that experienced food insecurity in McLean County at some point during 2016 is 12.1 percent (Conduent Healthy Communities Institute, Feeding America, 2016). This rate is in the worst 50th - 75th percentile range (yellow indicator) compared to other counties in Illinois and higher than the Illinois rate of 11 percent. It is, however, lower than the prior value for McLean County (2015) and is trending favorably albeit not statistically significant. See Exhibit 36 below for an illustration of the data stated above.

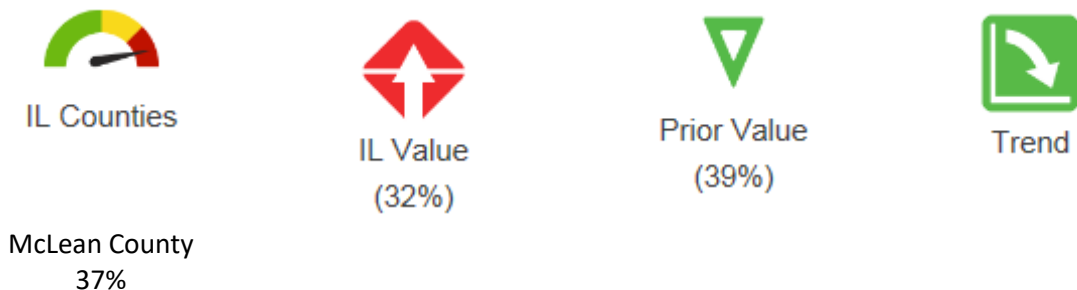
Exhibit 36: Food Insecurity Rate in McLean County, 2011 - 2016



Source: Conduent Healthy Communities, Feeding America, 2016.

The percentage of children (under 18 years of age) living in households that experienced food insecurity at some point during 2016 is 14.1 percent (Conduent Healthy Communities Institute, Feeding America, 2016). This is in the best 0 - 50th percentile range (green indicator) compared to other counties in Illinois, lower than the Illinois value of 15.7 percent and lower than the 2015 value of 15.1 percent. The percent of food insecure children in households with incomes above 185 percent of the federal poverty level who are likely not income-eligible for federal nutrition assistance in McLean County is 37 percent. This is in the worst 25th percentile range (red indicator) in comparison to other counties in Illinois and higher than the state value of 32 percent. It is, however, lower than the McLean County 2015 value of 39 percent and over time is trending favorably in a statistically significant direction (Conduent Healthy Communities Institute, Feeding America, 2016). See Exhibit 37 below for an illustration of this data.

Exhibit 37: Food Insecure Children Likely Ineligible for Assistance in McLean County, 2012 - 2016



Source: Conduent Healthy Communities Institute, Feeding America, 2016.

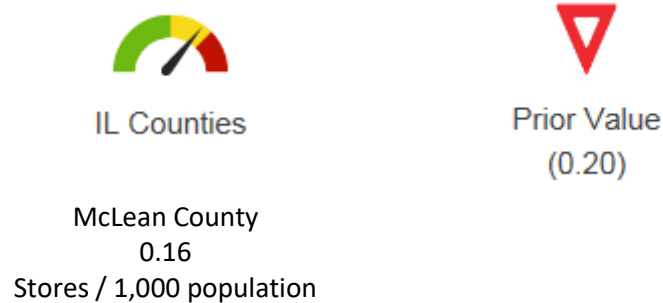
FY 2018 Mid Central Community Action Survey

According to the Mid Central Community Action’s FY18 Community Needs Assessment results for McLean County residents, 16.9 percent of survey respondents (n = 1,711) responded that they could use help with getting food from food pantries or food banks. Most of the survey respondents were customers of Mid Central Community Action who went to the center to receive low-income home energy assistance (LIHEAP). Approximately 12 percent of survey respondents indicated that they could use help with having enough food at home.

Grocery Store Density

McLean County falls in the worst 50th – 75th percentile range (yellow indicator) in comparison to other counties in Illinois for grocery store density with 0.16 supermarkets and grocery stores per 1,000 population (Conduent Healthy Communities Institute, U.S. Department of Agriculture – Food Environment Atlas, 2014). This is lower than the 2012 value for McLean County of 0.20 stores per 1,000 population. See Exhibit 38 below.

Exhibit 38: McLean County Grocery Store Density, 2012 - 2014

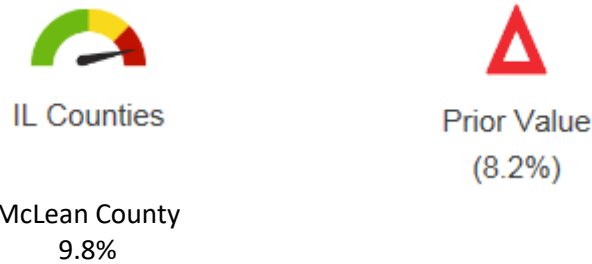


Source: Conduent Healthy Communities Institute, U.S. Department of Agriculture-Food Environment Atlas, 2014.

Access to a Grocery Store for Low-income Adults

Low access is defined as living more than one mile from a supermarket or large grocery store if in an urban area and more than 10 miles from a supermarket or large grocery store if in a rural area. The percentage of low-income adults who do not have adequate access to a grocery store or supermarket in McLean County is 9.8 percent. McLean County is in the worst 25th percentile range (red indicator) for this measure when compared to other counties in Illinois. This is higher than the value of 8.2 percent for McLean County in 2010 (Conduent Healthy Communities Institute, U.S. Department of Agriculture – Food Environment Atlas, 2015). See Exhibit 39 below. Additionally, an area located west of Main St. in Bloomington ZIP code 61701 was designated by the U.S. Department of Agriculture as a food desert (City of Bloomington Existing Conditions Report, 2014).

Exhibit 39: Access to a Grocery Store for Low-Income Adults in McLean County, 2010 - 2015

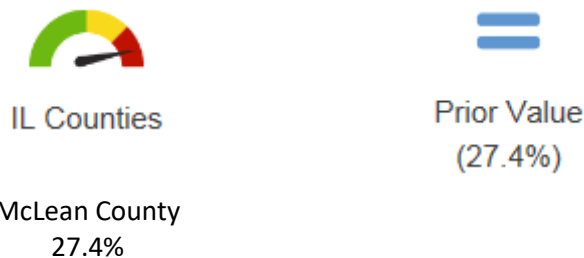


Source: Conduent Healthy Communities Institute, U.S. Department of Agriculture – Food Environment Atlas, 2015.

People with Low Access to a Grocery Store

The percentage of the general population living more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area in McLean County is 27.4 percent. This is in the worst 25th percentile range (red indicator) compared to other counties in Illinois and equal to the prior value for McLean County of 27.4 percent (Conduent Healthy Communities, U.S. Department of Agriculture – Food Environment Atlas, 2015). See Exhibit 40 below.

Exhibit 40: People with Low Access to a Grocery Store in McLean County, 2010 - 2015



Source: Conduent Healthy Communities, U.S. Department of Agriculture – Food Environment Atlas, 2015.

Supplemental Nutrition Assistance Program (SNAP) Certified Stores

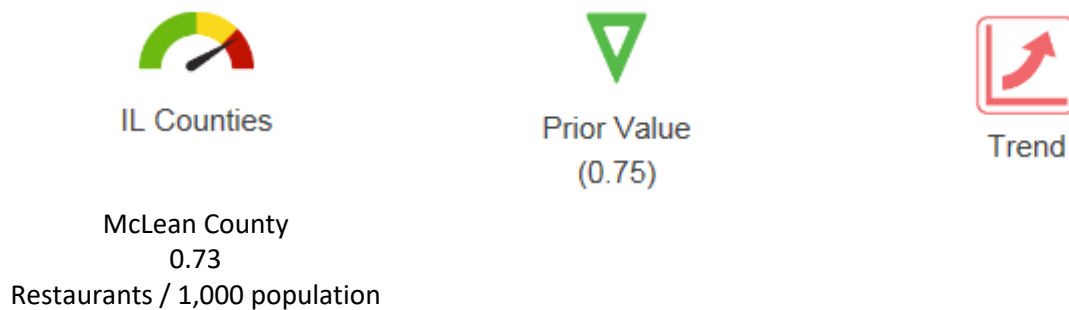
SNAP, previously called the Food Stamp Program, is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The purpose of the program is to assist low-income households in obtaining adequate and nutritious diets. According to the program, over 45 million people from over 20 million households receive SNAP benefits (Conduent Healthy Communities, 2019).

There are 0.7 stores/1,000 population in McLean County that are certified to accept SNAP benefits. This is in the worst 50th - 75th percentile range (yellow indicator) in comparison to other counties in Illinois (Conduent Healthy Communities, U.S. Department of Agriculture – Food Environment Atlas, 2016).

Fast Food Restaurant Density

The fast food restaurant density is in the worst 25th percentile range (red indicator) compared to other counties in Illinois (see Exhibit 41) with 0.73 fast food restaurants per 1,000 in McLean County. It is trending unfavorably but is not statistically significant and is slightly lower than the 2012 value for McLean County of 0.75 restaurants per 1,000 population. (Conduent Healthy Communities Institute, U.S. Department of Agriculture – Food Environment Atlas, 2014).

Exhibit 41: Fast Food Restaurant Density for McLean County, 2012 - 2014



Source: Conduent Healthy Communities Institute, U.S. Department of Agriculture – Food Environment Atlas, 2014.

Farmers Market Density

There are 0.02 Farmers Markets per 1,000 population in McLean County (Conduent Healthy Communities Institute, U.S. Department of Agriculture – Food Environment Atlas, 2016). This is worse than the U.S. value of 0.03 markets/1,000 population.

Housing

A few housing-related indicators, available in Conduent Healthy Communities, are listed below. For more in-depth data resources about McLean County pertaining to housing and other topics, explore the McLean County Regional Planning Commission (MCRPC) data dashboards. MCRPC shares analysis and data about demographic characteristics, housing and economic benchmarks, and transportation options for McLean County, Bloomington and Normal (BN) at mcplan.org. Note that the demographic data may differ slightly than the data in this report as different sources and/or timeframes are utilized. Data sets can also be downloaded.

- BN Vitals:** Socioeconomic and demographic indicators, including employment, business, industry, real estate, taxes, equity and quality of place.
- BN Home:** Housing types, tenure, value in McLean County and distribution in Bloomington-Normal.
- BN Mobile:** Transportation infrastructure, safety, public transit and mobility scores for walking, transit access and bicycling.

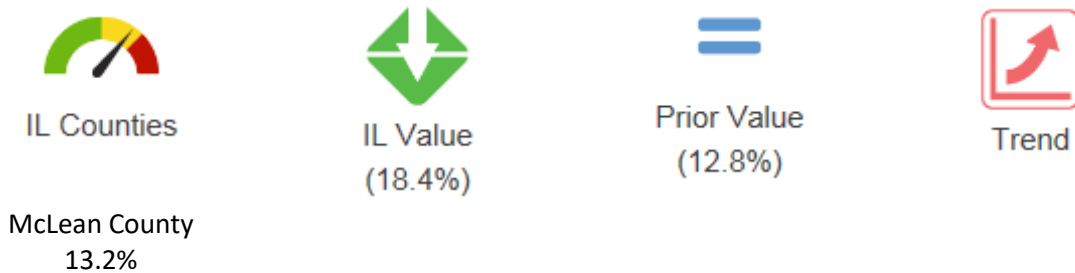
The MCRPC website also hosts a growing archive of local and regional plans and studies, found on the home page under Plans & Studies.

- Mcplan.org <https://mcplan.org/>
- BN Vitals <https://mcplan.org/data-and-maps/bn-vitals-dashboard>
- BN Home <https://mcplan.org/data-and-maps/bn-home-dashboard>
- BN Mobile <https://mcplan.org/data-and-maps/bn-mobile-dashboard>

Severe Housing Problems

The percentage of households in McLean County with at least one of the following four housing problems, including 1) overcrowding, 2) high housing costs, 3) lack of kitchen, or 4) lack of plumbing facilities is 13.2 percent. This is in the worst 50th - 75th percentile range (yellow indicator) compared to other counties in Illinois. This is better than the Illinois value of 18.4 percent, slightly higher than the prior value for McLean County of 12.8 percent and is trending unfavorably but is not statistically significant (Conduent Healthy Communities Institute, County Health Rankings, 2011 - 2015). See Exhibit 42 below.

Exhibit 42: Severe Housing Problems in McLean County, 2011 - 2015

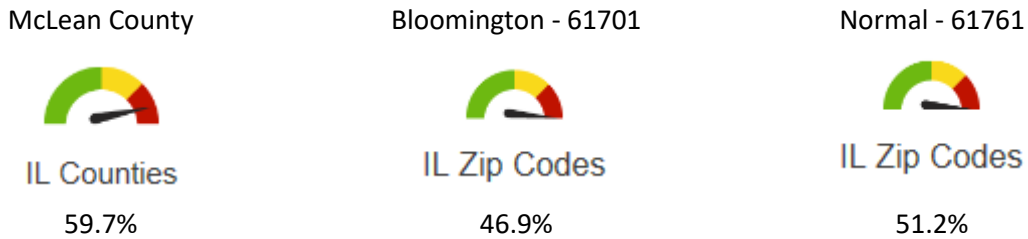


Source: Conduent Healthy Communities Institute, County Health Rankings, 2010 - 2014.

Homeownership

The percentage of all housing units that are occupied by homeowners in McLean County is 59.7 percent. This is in the worst 25th percentile range (red indicator) compared to other counties in Illinois. It is approximately equal to both the state and prior value for McLean County. It is trending unfavorably in a statistically significant direction (Conduent Healthy Communities Institute, American Community Survey, 2013-2017). In addition to McLean County, two of the high SocioNeeds ZIP codes are also in the worst 25th percentile range (red indicator) for homeownership, compared to other ZIP codes in Illinois. The indicators are illustrated in Exhibit 43 shown below.

Exhibit 43: Homeownership for McLean County and High SocioNeeds ZIP Codes, 2013 - 2017



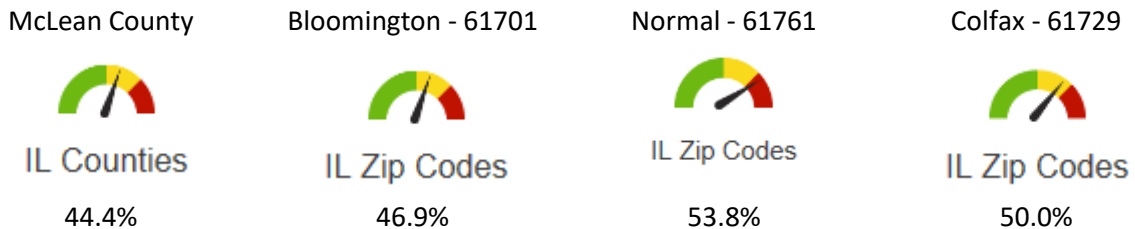
Source: Conduent Healthy Communities Institute, American Community Survey, 2013 - 2017.

[Housing Affordability](#)

Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation and medical care. Moreover, high rent reduces the proportion of income a household can allocate to savings each month (Conduent Healthy Communities Institute, 2019).

In McLean County, 44.4 percent of renters are spending 30 percent or more of their income on housing or rent. This is in the worst 50th - 75th percentile range (yellow indicator) compared to other counties in Illinois. Compared to other ZIP codes in Illinois, one high SocioNeeds ZIP code, Normal ZIP code 61761, is in the worst 25th percentile range (red indicator). Two high SocioNeeds ZIP codes, Bloomington ZIP code 61701 and Colfax ZIP code 61728, are in the worst 50th - 75th percentile range (yellow indicator) (Conduent Healthy Communities Institute, American Community Survey, 2013-2017). See Exhibit 44 below for an illustration of this information.

Exhibit 44: Percent of Income Spent on Rent in McLean County, 2013 - 2017



Source: Conduent Healthy Communities Institute, American Community Survey, 2013 - 2017.

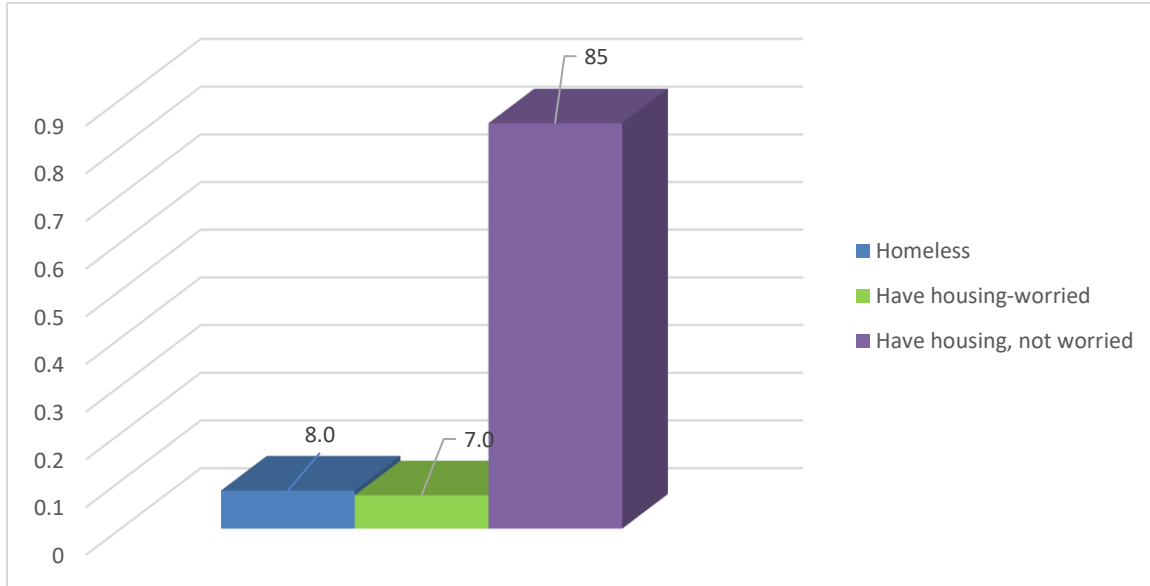
[FY 2018 Mid Central Community Action Survey](#)

According to the Mid Central Community Action’s FY18 Community Needs Assessment results for McLean County residents, 15.6 percent of survey respondents (n = 1,711) responded that they could use help with getting financial assistance with rent or mortgage payments. Most of the survey respondents were customers of Mid Central Community Action who went to the center to receive low-income home energy assistance (LIHEAP). Approximately 13 percent of survey respondents indicated that they could use help finding affordable housing that fits their family’s needs.

Housing and Living Arrangements

According to the 2018 McLean County Community Health Survey, 85 percent of survey respondents reported that they have housing and are not worried about losing it. Eight percent reported that they are homeless and 7 percent reported that they have housing but are worried about losing it. See Exhibit 45 below.

Exhibit 45: Living Arrangements for McLean County Survey Respondents, 2018



Source: McLean County Community Health Survey, 2018.

Transportation

Workers Commuting by Public Transportation

The percentage of workers ages 16 years and over in McLean County who commute to work by public transportation is 1.6 percent. This is in the best 0- 50th percentile range (green indicator) compared to other counties in Illinois. It is, however, lower than the Illinois value of 9.4 percent and does not meet the Healthy People 2020 target of 5.5 percent. For Bloomington – ZIP code 61701, 2.2 percent of workers ages 16 years and older commute to work by public transportation. The value for Normal-ZIP code 61761 is 2.9 percent (Conduent Healthy Communities, American Community Survey, 2013 - 2017).

Workers Who Drive Alone to Work

The percentage of workers ages 16 years and over in McLean County who get to work by driving alone is 80.6 percent. This is in the best 0 - 50th percentile range (green indicator) in comparison to other counties in Illinois. It is, however, higher than the Illinois value of 73.3 percent and is trending unfavorably but is not statistically significant (Conduent Healthy Communities Institute, American Community Survey, 2013 - 2017). Stanford – ZIP code 61774, is one of the high SocioNeeds ZIP codes in

McLean County. The percentage of workers who drive alone to work in Stanford is 88.3 percent and is in the worst 25th percentile range (red indicator) in comparison to other ZIP codes in Illinois.

[FY 2018 Mid Central Community Action Survey](#)

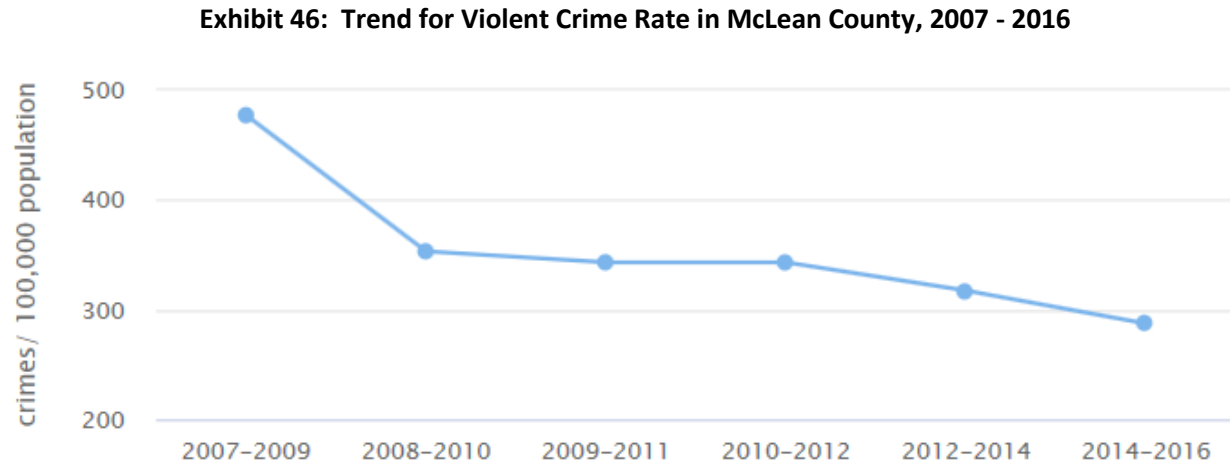
According to the Mid Central Community Action’s FY18 Community Needs Assessment results for McLean County residents, survey respondents (n = 1,711) responded that they could use financial assistance for the following expenses related to transportation:

- 16.0 percent – car repairs
- 13.4 percent – to buy a dependable car
- 10.2 percent – to buy car insurance
- 8.9 percent – to pay car registration or license fees
- 8.8 percent – to have dependable transportation to and from work.

Public Safety

Violent Crime Rate

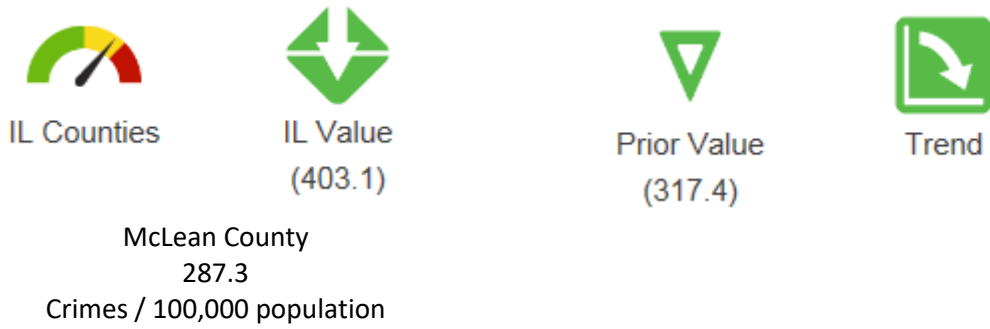
Violent crimes include murder and non-negligent manslaughter, rape, robbery and aggravated assault. The violent crime rate in McLean County over time has decreased. See Exhibit 46 below for an illustration of this statistically significant trend (Conduent Healthy Communities Institute, County Health Rankings, Uniform Crime Reporting - FBI, 2007 - 2016).



Source: Conduent Healthy Communities Institute, County Health Rankings, Uniform Crime Reporting – FBI, 2007 - 2016.

For the measurement period of 2014-2016, there were 287.3 crimes per 100,000 population. This is in the worst 50th – 75th percentile range (yellow indicator) compared to other counties in Illinois but is better than the Illinois value of 403.1 crimes per 100,000 population and better than the prior value for McLean County (2012-2014) of 317.4 crimes per 100,000 population (Conduent Healthy Communities Institute, County Health Rankings, Uniform Crime Reporting – FBI, 2014 - 2016). See Exhibit 47 below.

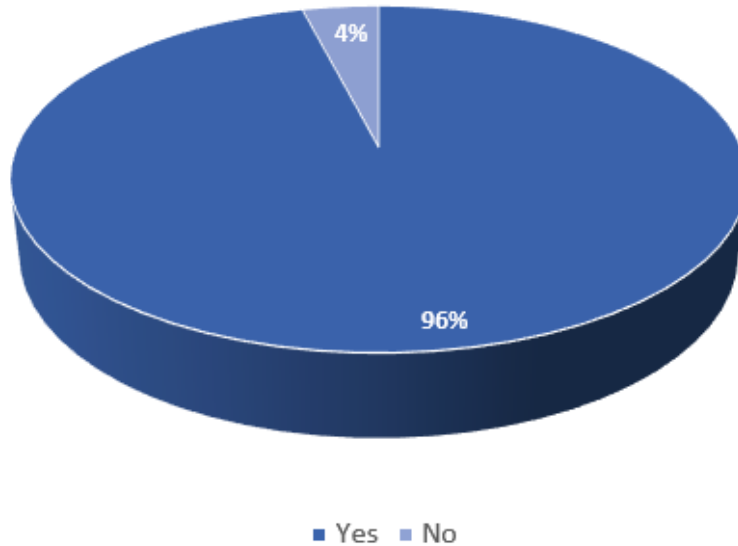
Exhibit 47: Violent Crime Rate in McLean County, 2007 - 2016



Source: Conduent Healthy Communities Institute, County Health Rankings, Uniform Crime Reporting – FBI, 2014 - 2016.

According to the 2018 McLean County Community Health Survey, 96 percent of survey respondents reported feeling safe where they live while four percent reported that they do not feel safe where they live. See Exhibit 48 below.

Exhibit 48: Responses for "Do you feel safe where you live?" for McLean County Survey Respondents, 2018



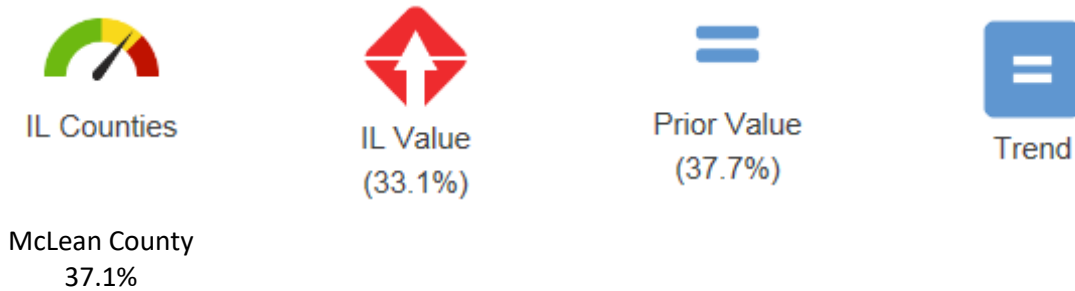
Source: 2018 McLean County Community Health Survey.

[Transportation Safety](#)

Alcohol-Impaired Driving Deaths

The percentage of motor vehicle crash deaths with alcohol involvement for McLean County is 37.1 percent. This is in the worst 50th - 75th percentile range (yellow indicator) compared to other counties in Illinois. It is also higher than the Illinois value of 33.1 percent (Conduent Healthy Communities Institute, County Health Rankings, 2012 - 2016). See Exhibit 49 below for information about the prior value for McLean County and the trend for McLean County.

Exhibit 49: Alcohol-Impaired Driving Deaths in McLean County, 2008 - 2016



Source: Conduent Healthy Communities Institute, County Health Rankings, 2012 - 2016.

[Falls](#)

Falls are the leading cause of injury deaths among older adults. In addition, they are also the most common cause of nonfatal injuries and hospital admissions for trauma. In the United States, more than one third of adults ages 65 and older fall each year. Twenty to thirty percent of older adults who fall suffer moderate to severe injuries. Fall-related injuries include bruises, hip fractures and head traumas. These types of injuries can increase the risk of early death and can make it difficult for older adults to live independently (Conduent Healthy Communities Institute, 2019). Each week in Illinois, there are 1,923 emergency room visits among residents ages 65 and older, resulting in 213 hospitalizations and 16 deaths due to fall injuries (Illinois Department of Public Health, data released January 2017 for 2008 – 2014).

Age-Adjusted Emergency Room Rate due to Unintentional Falls

The age-adjusted emergency room rate due to unintentional falls in McLean County is 203.7 emergency room visits per 10,000 population ages 18 years and older. This is in the best 0 - 50th percentile range (green indicator) in comparison to other counties in Illinois (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017).

Age-Adjusted Hospitalization Rate due to Unintentional Falls

The age-adjusted hospitalization rate due to unintentional falls in McLean County is 39 hospitalizations per 10,000 population ages 18 years and older. This is in the worst 25th percentile range (red indicator)

in comparison to other counties in Illinois (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017). See Exhibit 50 below.

Exhibit 50: Age-Adjusted Hospitalization Rate Due to Unintentional Falls in McLean County, 2015 - 2017



IL Counties

McLean County

39.0

Hospitalizations / 10,000 population 18+ years

Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017.

In Illinois, older adults who reported the following conditions were significantly more likely to report falls and fall-related injuries in the past 12 months: poor mental health/depression, cancer, chronic obstructive pulmonary disease, diabetes, coronary artery disease, obesity, asthma, no exercise, stroke and disability (Illinois Department of Public Health, data released January 2017 for 2008 – 2014).

The Matter of Balance Program hosted locally by Community Care Systems, Inc., is a grant-funded evidence-based program designed to reduce fear of falling and increase activity levels in older adults who are concerned about falling. Participant satisfaction results from those completing the 8-week program (data from all host sites) include: 96 percent feel more satisfied with life; 97 percent feel more comfortable increasing activity and 99 percent plan to continue to exercise (Matter of Balance Program statistics, Rush University, Chicago, 2019).

[School Safety/Climate](#)

Results from the 2018 Illinois Youth Survey show that an average of approximately six percent of eighth, tenth and twelfth graders in McLean County strongly disagree or disagree with the statement, “I feel safe at my school”. Exhibit 51 below shows the responses for the following statement, “During the past 30 days, how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?”

Exhibit 51: Missing School Due to Feeling Unsafe, 2018

N = 3,246 students	8th graders	10th graders	12th graders
0 days	89%	93%	93%
1 day	6%	3%	3%
2 or 3 days	3%	3%	2%
4 or 5 days	1%	1%	1%
6 or more days	1%	1%	1%
Total	100%	100%*	100%

* Please note, total for 10th graders is 101 percent. However, data reflected in the table is taken directly from the 2018 Illinois Youth Survey. Source: Illinois Youth Survey, 2018.

Questions on the 2018 Illinois Youth Survey about being bullied at school show that 50 percent of 8th graders reported at least one type of bullying followed by 34 percent for tenth graders and 25 percent for twelfth graders. Exhibit 52 below shows the responses on the Illinois Youth Survey to the following questions about being bullied.

Exhibit 52: Bullying and responses to, "During the past 12 months, has another student at school...?", 2018

	8th graders	10th graders	12th graders
Bullied you by calling you names?	39%	25%	17%
Threatened to hurt you?	24%	17%	11%
Bullied you by hitting, punching, kicking or pushing you?	17%	9%	5%
Bullied, harassed or spread rumors about you on the Internet or through text messaging.	25%	21%	17%
Ever bullied (reported at least 1 type of bullying)	50%	34%	25%
Intensely bullied (reported all types of bullying)	8%	5%	4%

Source: Illinois Youth Survey, 2018.

Social/Family Environment

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) is the term used to describe all types of abuse, neglect and other potentially traumatic experiences that occur to people under the age of 18.

ACEs include:

- Physical abuse
- Sexual abuse
- Emotional abuse or neglect
- Physical neglect
- Intimate partner violence
- Mother treated violently
- Substance misuse within household

- Household mental illness
- Parental separation or divorce
- Incarcerated household member.

Adverse Childhood Experiences have been linked to:

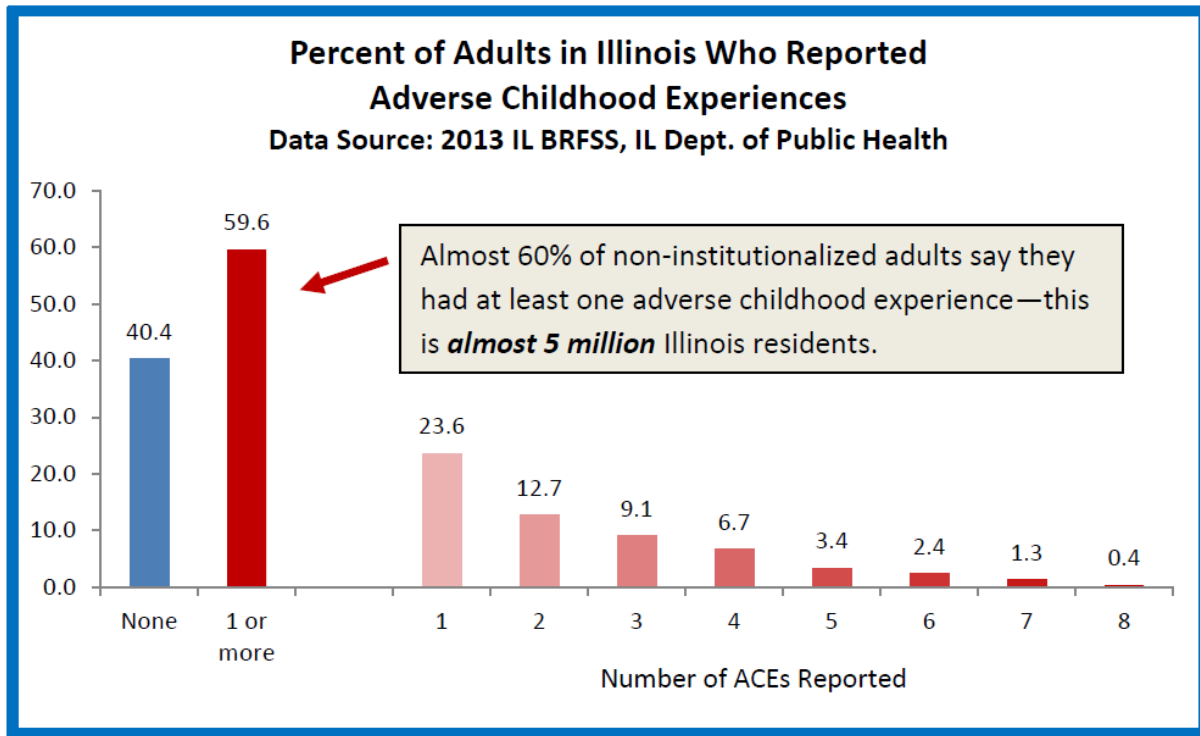
- risky health behaviors
- chronic health conditions
- low life potential
- early death.

As the number of ACEs increases, so does the risk for these outcomes (Centers for Disease Control and Prevention, 2019).

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>.

Exhibit 53 below illustrates ACE’s data for Illinois. According to the results, almost 60 percent of non-institutionalized adults say they had at least one ACE (Illinois Behavioral Risk Factor Surveillance System, Illinois Department of Public Health, 2013).

Exhibit 53: Adverse Childhood Experience, Illinois, 2013



Source: Illinois Behavioral Risk Factor Surveillance System, Illinois Department of Public Health, 2013.

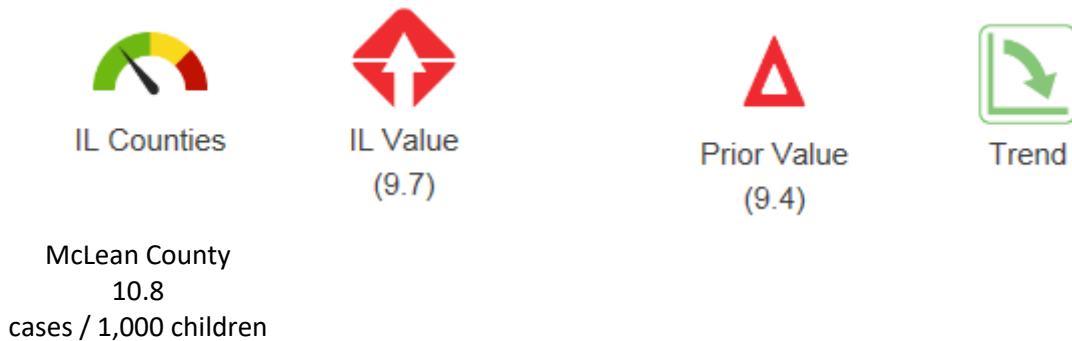
Social Health – Non-Parental Adult Support for Youth

An average of 12.3 percent of eighth, tenth and twelfth graders in McLean County responded no to the following question on the 2018 Illinois Youth Survey, “Is there an adult you know (other than your parent) you could talk to about important things in your life?” An average of 20.6 percent responded yes, they have at least one adult to talk to about important things.

Child Abuse and Neglect

McLean County’s substantiated child abuse rate (number of children under the age of 18 that experienced abuse or neglect) is 10.8 cases per 1,000 children (2015). This rate is in the best 0 - 50th percentile range (green indicator) when compared to other counties in Illinois but is higher than the Illinois rate of 9.7 cases per 1,000 children and higher than the McLean County 2014 value of 9.4 cases per 1,000 children. The rate for McLean County is trending in a favorable direction but is not statistically significant (Conduent Healthy Communities Institute, Illinois Department of Children and Family Services, 2015). See Exhibit 54 below.

Exhibit 54: Substantiated Child Abuse Rate in McLean County, 2011 - 2015



Source: Conduent Healthy Communities Institute, Illinois Department of Children and Family Services, 2015.

On November 30, 2018, 205 McLean County children were in state custody under 26 HealthWorks eligible living arrangements with the Illinois Department of Child and Family Services (DCFS). The number, which changes daily, has been decreasing after a peak of over 300 children in care was experienced in 2012. County-specific numbers are not available for the children in state custody who are in the 23 non-HealthWorks eligible living arrangements. (Illinois Department of Children and Family Services, Monthly Data Reports, <https://www2.illinois.gov/dcf/aboutus/newsandreports/reports/Pages/default.aspx>).

Of the 164 McLean County children in care during the fourth quarter of Fiscal Year 2018 (April – June 2018), 89 percent were current with their immunizations (Illinois: 88.7 percent); 87.8 percent were current with their Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visits (Illinois: 86.2 percent); and, 98.2 percent had a Primary Care Physician (PCP) (Illinois: 99.1 percent). (Source: DCFS Monthly Report to HealthWorks Lead Agency, McLean County, November 2018).

Physical Environment – Air, Water, Radon, Lead and Hazardous Waste

Air

Poor air quality can exacerbate existing conditions such as asthma, chronic obstructive pulmonary disease (COPD) and heart disease (Centers for Disease Control and Prevention, Outdoor Air, 2019).

The American Lung Association assigns grades A-F to counties (A=1; B=2; C=3; D=4; F=5), based on the average annual number of days that ozone levels exceeded U.S. standards during a three-year measurement period. For the measurement period of 2014 - 2016, McLean County received a B grade for its annual ozone air quality. This is in the best 0 - 50th percentile range (green indicator) in comparison to other counties in Illinois and is an improvement from the D grade received in 2011 - 2013 (Conduent Healthy Communities Institute, American Lung Association, 2014 - 2016). Using the same scale, McLean County received a B rating for the average number of days particle air pollution exceeded U.S. standards for the measurement period of 2010 - 2012. This is in the best 0 - 50th percentile range (green indicator) in comparison to other counties in Illinois (Conduent Healthy Communities Institute, American Lung Association, 2010 - 2012). See Exhibit 55 for an illustration of this data.

Exhibit 55: McLean County Annual Ozone Air Quality, 2014 - 2016 and Particle Pollution, 2010 - 2012

Annual Ozone Air Quality



Air Quality Index

Particle Pollution



Air Quality Index

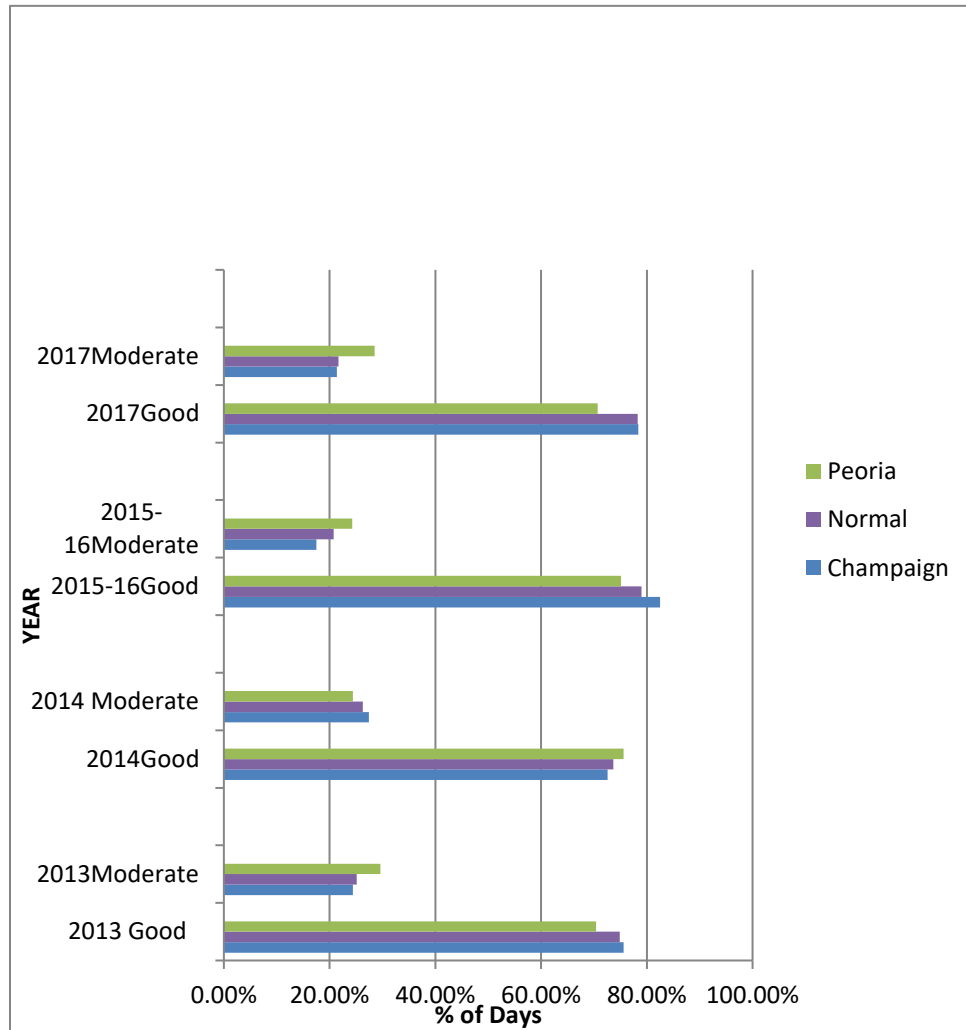
Source: Conduent Healthy Communities Institute, American Lung Association, 2014 - 2016 and 2010 - 2012.

According to the U.S. Environmental Protection Agency in 2017, eight pounds of recognized carcinogens were released into the air in McLean County. This is an improvement from the prior value of 3,656 pounds in 2014 (Conduent Healthy Communities Institute, U.S. Environmental Protection Agency, 2016). The Air Quality Index, which reports air quality using a value from 0 to 500, is the national standard method for reporting air pollution levels to the public. As the Air Quality Index rises, the level of health concern increases: Good (0-50), Moderate (51-100), Unhealthy for Sensitive Groups (101-150), Unhealthy (151-200), Very Unhealthy (201-300), and Hazardous (301-500). In general, an Air Quality Index rating of “Good” or “Moderate” will meet or exceed the Healthy People 2020 objective to not exceed a score of 100 on any given day. The Air Quality Index is based on the federal National Ambient Air Quality Standards for the pollutants that serve as the main indices of air quality, including: sulfur dioxide, carbon monoxide, particulate matter, nitrogen oxides and volatile organic compounds (which contribute to the creation of harmful ground-level ozone). Monitoring stations for various pollutants are located throughout Illinois, including central Illinois.

The statistics for the latest 2017 Air Quality Index shows the sector representing Normal, Illinois was rated as “Good” 78.3 percent and “Moderate” 21.7 percent for the year, meeting the Healthy People 2020 objective. No noticeable trend toward an Air Quality Index designation of “Unhealthy for Sensitive

Groups” or beyond was noted for McLean County in the five-year period 2013 - 2017 (Environmental Protection Agency, Air Data, Air Quality Monitors Data, 2018). Exhibit 56 below provides an overview of the percent of days in Normal, Illinois that air quality was “Good” or “Moderate” in comparison to Peoria and Champaign during the five-year period of 2013 - 2017.

**Exhibit 56: Air Quality Index Results from 2013 - 2017
Percent of Days Air Quality "Good" or "Moderate"**



Sources: United States Environmental Protection Agency, Air Data: Air Quality Data Collected at Outdoor Monitors Across the United States, 2018; <https://www.epa.gov/outdoor-air-quality-data>; United States Environmental Protection Agency, Outdoor Air Quality Data, Interactive Map of Air Quality Monitors, accessed 2018 for data 2013 - 2017; <https://www.epa.gov/outdoor-air-quality-data/interactive-map-air-quality-monitors>; <https://airnow.gov/index.cfm?action=airnow.main>.

Water

The percentage of people who get water from public water systems that have received at least one health-based violation in the FY 2013 - 2014 reporting period is 2.4 percent. This is in the worst 50th - 75th percentile range (yellow indicator) in comparison to other counties in Illinois and is higher than the Illinois value of 1.8 percent (Conduent Healthy Communities Institute, County Health Rankings, FY 2013 – 2014). See Exhibit 57 below.

Exhibit 57: McLean County Drinking Water Violations, FY2013 - 2014



Source: Conduent Healthy Communities Institute, County Health Rankings, FY2013 - 2014.

Private water wells are to be tested for Total Coliform/E-coli as an intervention to protect health. Water well samples acquired by the McLean County Health Department are shipped to the Illinois Department of Public Health in Springfield for testing. Any results that are greater than 1 ppm/100ml are in violation and a re-sample is needed. It is possible that one well on a property may have multiple violations because samples are taken until compliance is obtained. In 2017, there were a total of 89 properties (parcels) which had private water wells sampled. Of these, 51 (57 percent) had a violation (McLean County Health Department, Environmental Health Division, 2018).

Lead in drinking water can cause serious health problems, particularly for children and pregnant women. The federal Safe Drinking Water Act (<http://www.epa.gov/sdwa>) requires municipalities to test for lead and other contaminants in municipal water supplies. Lead in water is tested at each municipality's water treatment plant. The action level (concentration of a contaminant that triggers treatment or other required actions) for lead is 15 parts per billion (ppb). Both the City of Bloomington and the Town of Normal publish annual water quality reports. The reports referencing water samples obtained in 2017 indicate that both municipal water supplies complied for lead levels in 2017 (City of Bloomington, Illinois 2017 Annual Consumer Report on the Quality of Tap Water; Town of Normal Illinois, Town of Normal Water Department, 2019 Annual Water Quality Report).

Fluoridation of community water supplies is another way to protect and promote health. The Centers for Disease Control and Prevention monitors the fluoride level of community water supplies. To protect the dental health of all citizens, community water supplies are required to adjust the fluoride level to between 0.9 - 1.2 milligrams per liter (415 Ill. Compiled Statute, Act 40/7a). In Illinois, the percent of people served by fluoridated community water systems has increased, from 95.2 percent in 1992 to 98.5 percent in 2014 (Fluoride Action Network, 2019). Of the 34 water systems in McLean County found in the Centers for Disease Control and Prevention database, 30 (88 percent) had fluoridated water supplies (Centers for Disease Control and Prevention, Oral Health, My Water's Fluoride, 2018). In 2018, less than one percent (800 out of 151,981 residents) of McLean County residents on a community water supply

receives water that does not meet the current standards for optimally fluoridated water (Centers for Disease Control and Prevention, Oral Health, My Water's Fluoride, 2018). McLean County exceeds the Healthy People 2020 goal of "increasing the proportion of the U.S. population served by community water systems with optimally fluoridated water to 79.6 percent," with 99 percent of its population receiving optimally fluoridated water.

[Radon](#)

Radon is a radioactive gas that forms as radioactive metals break down in soil, rocks and groundwater. It is the second leading cause of lung cancer after cigarette smoking (Centers for Disease Control and Prevention, 2018). Approximately one home in 15 in the United States has elevated radon levels, which is a radon concentration above 4 picocuries per liter of air (pCi/L) (United States Environmental Protection Agency, A Citizen's Guide to Radon, 2012).

McLean County has been designated a Zone 1 county by the U.S. Environmental Protection Agency; these counties have the highest potential for indoor radon screening levels greater than 4 pCi/L. Fifty-six counties out of 102 in Illinois have been designated as Zone 1 (United States Environmental Protection Agency, 2018). Radon levels across McLean County are variable, ranging from a low of 0 to a high of 12.3 pCi/L. Measurements by ZIP code are available (Illinois Emergency Management Agency, Radon in Illinois, Interactive Map, 2019). In 2014, the average indoor radon level for homes in McLean County was 5.7 pCi/L, higher than state (4.9 pCi/L) and national (1.3 pCi/L) levels. Half of McLean County homes tested for radon had levels above 4pCi/L (Illinois Emergency Management Agency, 2014).

Radon testing is not required to buy or sell a home in Illinois; however, both the Illinois Radon Awareness Act and the Illinois Real Property Disclosure Act requires home sellers to disclose their knowledge regarding the presence or absence of radon in the home (Illinois Emergency Management Agency, Radon Testing Guidelines for Real Estate Transactions, 2007).

[Lead-based Paint](#)

There is no safe level of lead in the human body. Exposure to lead can pose serious health risks for children, including developmental delays, behavioral issues, learning disabilities and many other harmful health impacts (Illinois Department of Public Health, 2019).

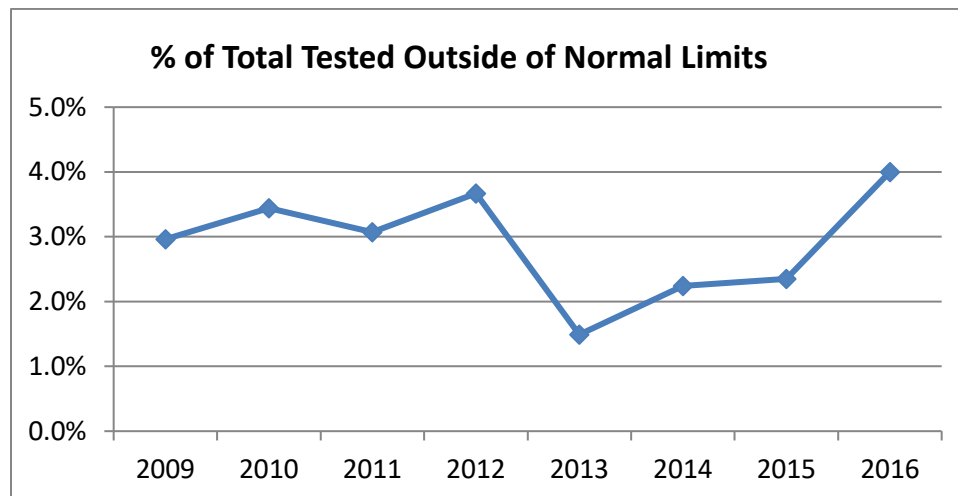
Over half of owner-occupied and rental units in Bloomington (53 percent) were built before 1980, and therefore have the potential to present lead-based paint hazards. Roughly 33 percent of units built before 1980 in Bloomington house children. Renters in Bloomington are more likely to be exposed to lead-based paint hazards as 60 percent of rental units were built before 1980 compared to 49 percent of owner-occupied units (City of Bloomington Consolidated Plan, 2015 - 2019).

Lead testing provides opportunities for lead surveillance and early intervention. The Centers for Disease Control and Prevention recommends monitoring children with blood lead levels of five micrograms per deciliter or higher; however, until January of 2019, the state of Illinois had set the monitoring level at 10 micrograms per deciliter or higher. It is now set at the Centers for Disease Control and Prevention level. Illinois laboratories are mandated to report adult lead test results of greater or equal to 10 micrograms per deciliter to the Adult Blood Lead Registry (ABLR). In addition, a new Illinois law requires schools built

prior to January 1, 2000, to test the building’s drinking water and submit the results to the Illinois Department of Public Health (Illinois Department of Public Health, 2019).

In 2016, of the children (ages 6 months to 5 years) tested at the McLean County Health Department, 3.1 percent had blood lead levels of five or higher (McLean County Health Department, Lead Program, 2018). This is a nine percent increase from 2010. See Exhibit 58 below.

Exhibit 58: Percentage of Children Tested with Blood Lead Levels Outside of Normal Limits, 2009 - 2016



Source: McLean County Health Department, 2018.

The Illinois Lead Program 2017 Annual Surveillance Report provides a data summary for all McLean County children tested. New confirmed lead cases identified for the first time in 2017 (based on all children tested) noted 1.0 case at greater or equal to 5 micrograms per deciliter and 0.5 cases at greater or equal to 10 micrograms per deciliter (Illinois Department of Public Health, 2019).

Disparities:

The Illinois Lead Program 2016 Annual Surveillance Report identified the nine highest risk ZIP codes for lead in McLean County:

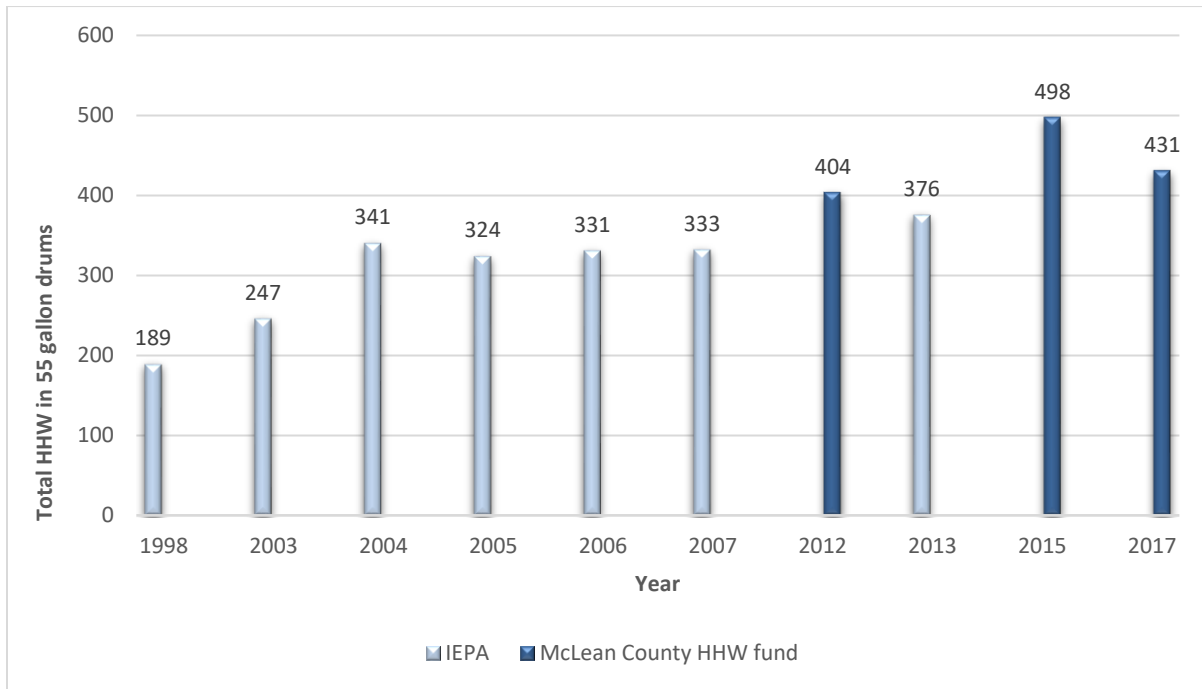
- Bloomington ZIP code 61701
- Anchor ZIP code 61720
- Arrowsmith ZIP code 61722
- Bellflower ZIP code 61724
- Colfax ZIP code 61728
- Cooksville ZIP code 61730
- Cropsey ZIP code 61731
- Ellsworth ZIP code 61737
- Saybrook ZIP code 61770.

Hazardous Waste

Household hazardous wastes are toxic, flammable, corrosive, reactive or explosive products often found in today's household. Municipal solid waste landfills are not equipped to handle these products and they can threaten the local environment when not disposed of properly. The Ecology Action Center in Normal, Illinois, has coordinated local collection events to meet the disposal need. In past years, the Ecology Action Center partnered with the Illinois Environmental Protection Agency to fund collection events but as state funding diminished, locally funded collections have been necessary. The last Illinois Environmental Protection Agency event in McLean County was in 2013. The first locally funded collection occurred in 2012 with subsequent collections in 2015 and 2017 (Ecology Action Center, 2018).

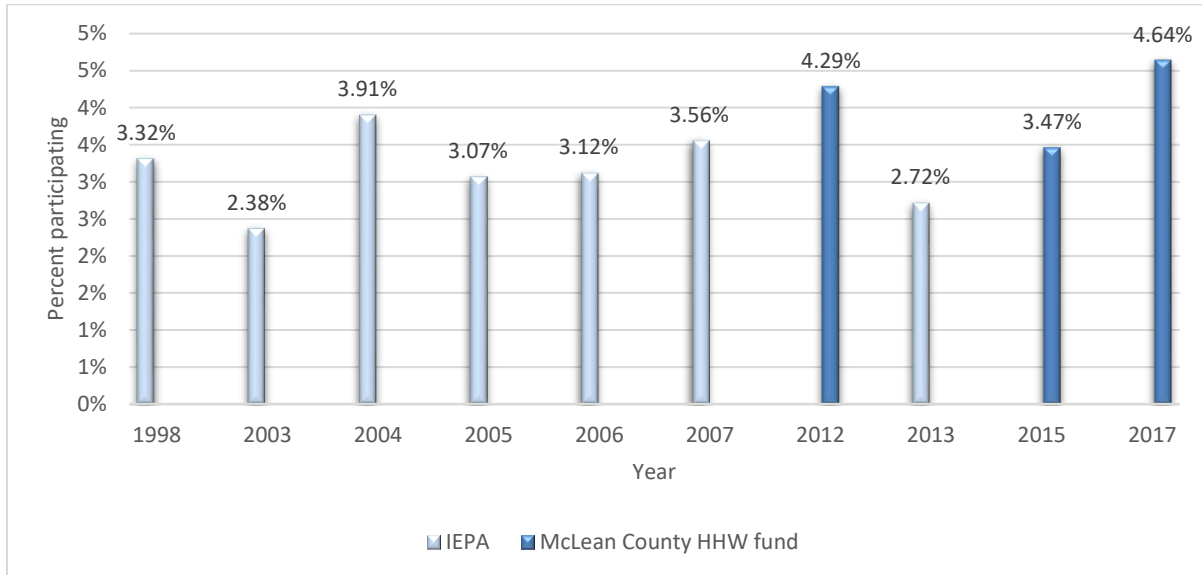
Efforts to properly dispose of household hazardous waste have grown in McLean County since 1998. The three locally funded collection events (2012, 2015, 2017) yielded more waste collected (404-498 fifty-five-gallon drums per event compared to 189-376) and often a higher percentage of households participating (3.47 percent to 4.64 percent compared to 2.38 percent to 3.91 percent) when evaluated against all previous Illinois Environmental Protection Agency sponsored events. Through the four McLean County hazardous waste collection events between 2012 - 2017, 1,709 55-gallon drums of household hazardous waste have been received, an increase of 55 percent compared to the first four collection events occurring from 1998 – 2005 when 1,101 55-gallon drums were received (Ecology Action Center, 2018; Illinois Environmental Protection Agency, 2018). See Exhibits 59 and 60 below for an illustration of this data.

Exhibit 59: Number of 55-Gallon Drums of Waste Collected at Household Hazardous Waste Collection Events - McLean County, 1998 - 2017



Source: Ecology Action Center, 2018; <https://ecologyactioncenter.org/hhw/>; Illinois Environmental Protection Agency, 2018; <https://www2.illinois.gov/epa/topics/waste-management/waste-disposal/household-hazardous-waste/Pages/default.aspx>.

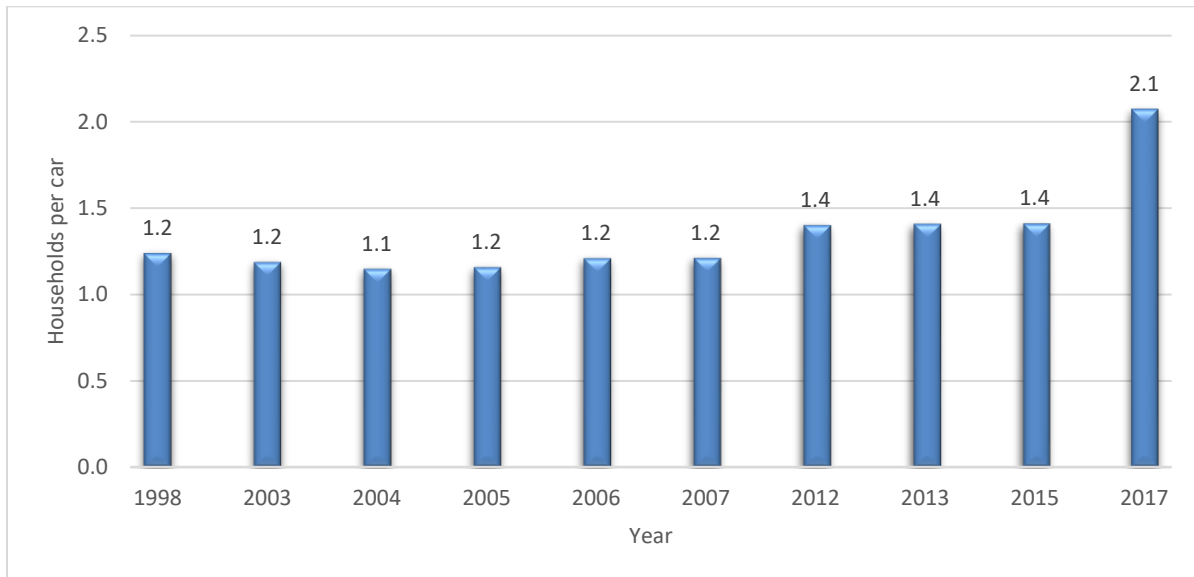
Exhibit 60: Percent of McLean County Households Participating at McLean County Household Hazardous Waste Collection Events, 1998 - 2017



Source: Ecology Action Center, 2018; <https://ecologyactioncenter.org/hhw/>; Illinois Environmental Protection Agency, 2018; <https://www2.illinois.gov/epa/topics/waste-management/waste-disposal/household-hazardous-waste/Pages/default.aspx>.

An increase in the number of households choosing to “carpool” was observed at the most recent event in 2017, which increased the number of households represented per vehicle from 1.4 (2015) to 2.1 (2017). This is a strategy that non-driving populations could utilize and it reduces waiting lines at the event (Ecology Action Center, 2018; Illinois Environmental Protection Agency, 2018). See Exhibit 61 below.

Exhibit 61: Number of Households Represented Per Vehicle Providing Household Hazardous Waste - McLean County Collection Events, 1998 - 2017



Source: Ecology Action Center, 2018; <https://ecologyactioncenter.org/hhw/>; Illinois Environmental Protection Agency, 2018; <https://www2.illinois.gov/epa/topics/waste-management/waste-disposal/household-hazardous-waste/Pages/default.aspx>.

Key findings: Social Determinants of Health

- The percent of food-insecure children in McLean County likely ineligible for assistance is in the worst 25th percentile range (red indicator) compared to other counties in Illinois.
- Access to a grocery store for low-income adults in McLean County and people with low access to a grocery store is in the worst 25th percentile range (red indicator) compared to other counties in Illinois.
- The fast food restaurant density in McLean County is in the worst 25th percentile range (red indicator) compared to other counties in the United States.
- The percentage of housing units that are occupied by homeowners in McLean County is in the worst 25th percentile range (red indicator) compared to other counties in Illinois.
- The violent crime rate for McLean County is trending favorably.
- Almost five million Illinois adults reported they had at least one adverse childhood experience.
- The air quality in McLean County is in the best 0 - 50th percentile range (green indicator) in comparison to other counties in Illinois.
- The municipal water supplies in Bloomington and Normal met compliance for lead levels in 2017.
- Ninety-nine percent of the McLean County population is served by community water systems with optimally fluoridated water, exceeding the Healthy People 2020 goal of 79.6 percent.
- Radon levels across McLean County are variable, ranging from a low of 0 to a high of 12.3 picocuries per liter of air (target: no more than 4 picocuries per liter of air). The county has been designated a Zone 1 county, which indicates it has the highest potential for indoor radon.
- There are nine highest risk ZIP codes for lead in McLean County as of 2016.

- Through the four McLean County hazardous waste collection events between 2012 - 2017, 1,709 55-gallon drums of household hazardous waste have been received, an increase of 55 percent compared to the first four collection events occurring 1998 - 2005 when 1,101 55-gallon drums were received.

g) Disease and Chronic Conditions

Alzheimer's Disease and Dementia

Alzheimer's disease is the most common form of dementia among older people. It is a progressive and irreversible disease that impairs memory and affects thinking and behavior, to the point of eventually interfering with daily tasks. The greatest risk factor currently known is increasing age. After age 65, the likelihood of developing the disease doubles every five years; the risk is nearly 50 percent after age 85.

Alzheimer's imposes heavy emotional and financial burden on families. While there is currently no cure, there are treatments that can slow the progression of Alzheimer's and improve the quality of life for people with Alzheimer's and their caregivers (Conduent Healthy Communities Institute, Centers for Disease Control and Prevention, 2019).

The age-adjusted death rate due to Alzheimer's disease in McLean County is 40 deaths per 100,000 population (Conduent Healthy Communities Institute, Centers for Disease Control and Prevention, 2015 - 2017). This rate is in the worst 25th percentile range (red indicator) compared to other counties in Illinois, higher than the Illinois value of 25.2 deaths per 100,000 population, approximately equal to the prior value and is trending favorably in a statistically significant direction (Conduent Healthy Communities Institute, Centers for Disease Control and Prevention, 2015 - 2017). See Exhibit 62 below for an illustration of this data.

Exhibit 62: Age-Adjusted Death Rate Due to Alzheimer's Disease for McLean County, 2007 - 2017



Source: Conduent Healthy Communities Institute, Centers for Disease Control and Prevention, 2015 - 2017).

The percent of Medicare beneficiaries being treated for Alzheimer's Disease or dementia in McLean County is 8.7 percent (Conduent Healthy Communities Institute, Centers for Medicare and Medicaid Services 2015). This rate is in the best 0 - 50th percentile range (green indicator) compared to other counties in Illinois, is less than the Illinois value of 9.6 percent and is less than the prior value of 9.0

percent. It is trending favorably but is not statistically significant. In McLean County, from 2007 - 2017, Alzheimer's Disease ranked as the third to sixth leading cause of death, most often ranked fourth, causing 44 – 78 deaths per year. In 2017, with 78 deaths due to Alzheimer's Disease, it was once again ranked fourth (Illinois Department of Public Health, IQUERY, Top Health Events, 2007 - 2017).

Cancer

In McLean County from 2007 – 2017, cancer (malignant neoplasms) ranked as either the first or second leading cause of death, but it has ranked second consistently from 2013 – 2017. It caused 245-288 deaths per year. In 2017, there were 273 deaths due to cancer (Illinois Department of Public Health, IQUERY, Top Health Events, 2007 – 2017).

In a review of preliminary McLean County Vital Records data for January – October of 2018, cancer was the third leading cause of death in men and the fourth leading cause of death in women (McLean County Health Department, Vital Records, January – October 2018).

In 2015, 8.7 percent of McLean County Medicare beneficiaries were being treated for cancer (Conduent Healthy Communities Institute, Centers for Medicare and Medicaid Services, 2015). This percentage is:

- in the worst 50th - 75th percentile range (yellow indicator) when compared to other counties in Illinois
- higher than the Illinois value (8.6 percent)
- has decreased slightly from the percentage in 2014 (9.0 percent)
- trending favorably but not in a statistically significant direction.

Prostate Cancer

McLean County's age-adjusted death rate due to prostate cancer is 16.6 deaths per 100,000 males. (Conduent Healthy Communities Institute, National Cancer Institute, 2011 - 2015). This rate is:

- in the best 0 - 50th percentile range (green indicator) when compared to other counties in Illinois
- lower than the Illinois value (20.5 deaths per 100,000 males)
- not statistically different from the 2010 - 2014 value (19.2 deaths per 100,000 males)
- trending favorably in a statistically significant direction
- lower than the Healthy People 2020 goal (21.8 deaths per 100,000 males).

Exhibit 63: McLean County Prostate Cancer Incidence Rate, 2005 - 2015



Source: Conduent Healthy Communities Institute, National Cancer Institute, 2005 - 2015.

Breast Cancer

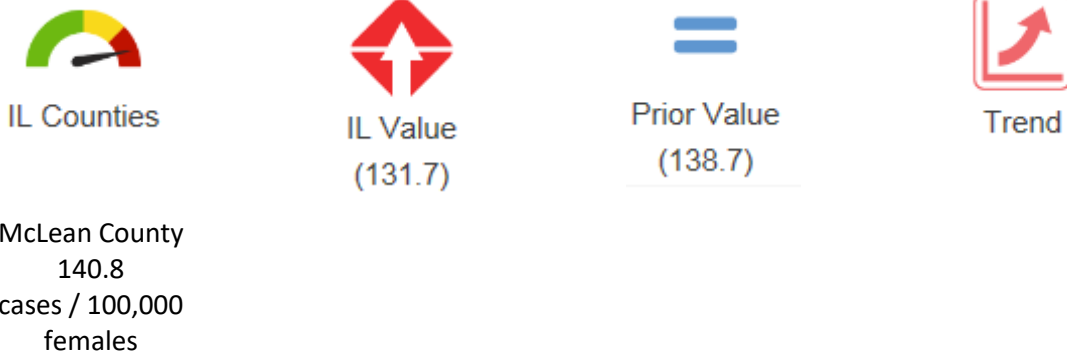
McLean County's age-adjusted death rate due to breast cancer is 19.6 deaths per 100,000 females (Conduent Healthy Communities Institute, National Cancer Institute, 2011 - 2015). This rate is:

- in the best 0 - 50th percentile range (green indicator) when compared to Illinois counties
- is lower than the Illinois value (22.4 deaths per 100,000 females)
- not statistically different from the 2010 - 2014 value (21.8 deaths per 100,000 females)
- meets than the Healthy People 2020 goal (20.7 deaths per 100,000 females)
- trending favorably in a statistically significant direction.

The breast cancer incidence rate for McLean County females is 140.8 cases per 100,000 females (Conduent Healthy Communities Institute, National Cancer Institute, 2011 - 2015). This rate is:

- in the worst 25th percentile range (red indicator) when compared to Illinois counties
- higher than the Illinois value (131.7 cases per 100,000 females)
- not statistically different from the prior value (138.7 cases per 100,000 females)
- trending unfavorably but not in a statistically significant direction.

Exhibit 64: McLean County Breast Cancer Incidence Rate, 2005 - 2015



Source: Conduent Healthy Communities Institute, National Cancer Institute, 2011 - 2015.

The percent of Medicare beneficiaries who have received a mammogram in the past two years is 77.2 percent (Conduent Healthy Communities Institute, The Dartmouth Atlas of Health Care, 2015). This rate is:

- in the best 0 - 50th percentile range (green indicator) when compared to other counties in Illinois
- is higher than the Illinois value (65.1 percent)
- is better than the prior value (76 percent)
- trending favorably but not in a statistically significant direction.

Colorectal Cancer

The age-adjusted death rate due to colorectal cancer is 15.8 deaths per 100,000 population in McLean County (Conduent Healthy Communities Institute, National Cancer Institute, 2011 - 2015). This rate is:

- in the best 0 - 50th percentile range (green indicator) when compared to other counties in Illinois
- slightly higher than the Illinois value (15.6 deaths per 100,000 population)
- not statistically different from the prior value for 2010 - 2014 (15.8 deaths per 100,000 population)
- trending favorably but not in a statistically significant direction
- does not meet the Healthy People 2020 target of 14.5 deaths per 100,000 population.

McLean County's colorectal cancer incidence rate is 43.4 cases per 100,000 population (Conduent Healthy Communities Institute, National Cancer Institute, 2011 - 2015). This rate is:

- in the best 0 - 50th percentile range (green indicator) when compared to other counties in Illinois
- lower than the Illinois value (43.9 cases per 100,000 population)
- not statistically different from the prior value (43.9 cases per 100,000 population)
- trending favorably but not in a statistically significant direction
- higher than the Healthy People 2020 goal of 39.9 cases per 100,000.

Cervical Cancer

The cervical cancer incidence rate in McLean County is 6.9 cases per 100,000 females (Conduent Healthy Communities Institute, National Cancer Institute, 2011 - 2015). This rate is:

- in the best 0 - 50th percentile range (green indicator) when compared to other counties in Illinois
- lower than the rate for Illinois (7.7 cases per 100,000 females)
- not statistically different from the 2010 - 2014 rate (6.3 cases per 100,000 population)
- trending unfavorably but not in a statistically significant direction
- lower than the Healthy People 2020 goal (7.3 cases per 100,000 females).

Lung Cancer

The age-adjusted death rate due to lung cancer is 41.3 deaths per 100,000 population in McLean County (Conduent Healthy Communities Institute, National Cancer Institute, 2011 - 2015). This rate is:

- in the best 0 - 50th percentile range (green indicator) when compared to other counties in Illinois
- lower than the Illinois value (46.3 deaths per 100,000 population)
- not statistically different from the 2010 - 2014 value (43 deaths per 100,000 population)
- trending favorably in a statistically significant direction
- meets the Healthy People 2020 goal of 45.5 deaths per 100,000.

The incidence rate due to lung and bronchus cancer in McLean County is 61.3 cases per 100,000 population (Conduent Healthy Communities Institute, National Cancer Institute, 2011 - 2015). This rate is:

- in the best 0 - 50th percentile range (green indicator) when compared to other counties in Illinois
- lower than the Illinois rate (66 cases per 100,000 population)
- not statistically different from the 2010 - 2014 value (61.5 cases per 100,000 population)
- trending favorably in a statistically significant direction.

Oral Cavity and Pharynx Cancer Incidence Rate

The incidence rate due to oral cavity and pharynx cancer in McLean County is 12.7 cases per 100,000 population (Conduent Healthy Communities Institute, National Cancer Institute, 2011 - 2015). This rate is:

- in the best 0 - 50th percentile range (green indicator) when compared to other counties in Illinois
- higher than the Illinois rate (12.1 cases per 100,000 population)
- not statistically different from the 2010 - 2014 value (11.7 cases per 100,000 population)
- trending unfavorably but not in a statistically significant direction.

Cardiovascular Disease

According to the Centers for Disease Control and Prevention, coronary heart disease is the most common type of heart disease, causing nearly 400,000 deaths per year and costing over \$100 billion in health services, medication and lost productivity (Conduent Healthy Communities Institute, 2019).

Age-Adjusted Emergency Room and Hospitalization Rates

Heart Failure

Emergency Room Rate

The age-adjusted emergency room rate due to heart failure is 6.9 emergency room visits per 10,000 population ages 18 years and older for McLean County. This rate is in the best 0 - 50th percentile range (green indicator) compared to other counties in Illinois (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017).

Disparities

The highest emergency room rates occur in:

- individuals 85 years and older (100.2 emergency room visits per 10,000 population)
- Blacks or African Americans (15.8 emergency room visits per 10,000 population).

Hospitalization Rate

The rate for age-adjusted hospitalizations due to heart failure in McLean County is 27 hospitalizations per 10,000 population (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 – 2017). This is in the best 0-50th percentile range (green indicator) compared to other counties in Illinois. In contrast to McLean County, the rate for Chenoa – ZIP code 61726 (47.3 hospitalizations per 10,000 population) is in the worst 25th percentile range (red indicator) compared to other ZIP codes in Illinois. See Exhibit 65 below.

Exhibit 65: Age-Adjusted Hospitalization Rate Due to Heart Failure for McLean County vs. Chenoa ZIP Code 61726, 2015 - 2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017.

Disparities

The highest hospitalization rates for heart failure occur in:

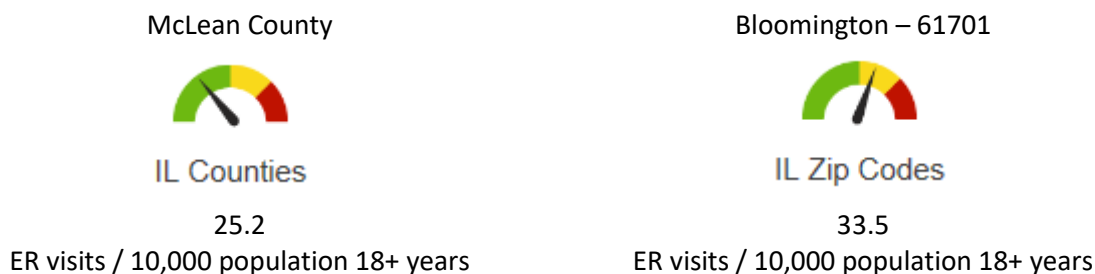
- individuals 85 years and older (407.7 hospitalizations per 10,000 population)
- Blacks or African-Americans (52.7 hospitalizations per 10,000 population)
- males (33.3 hospitalizations per 10,000 population).

Hypertension

Emergency Room Rate

The age-adjusted emergency room visit rate due to hypertension is 25.2 visits per 10,000 population ages 18 years and older for McLean County (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 – 2017). This rate is in the best 0 – 50th percentile range (green indicator) compared to other counties in Illinois. The rate for Bloomington – ZIP code 61701 (33.5 emergency room visits per 10,000 population) is in the worst 50th – 75th percentile (yellow indicator) compared to other ZIP codes in Illinois. See Exhibit 66 below.

Exhibit 66: Age-Adjusted Emergency Room Rate Due to Hypertension for McLean County vs. Bloomington ZIP Code 61701, 2015 – 2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017.

Disparities

The highest emergency room rates due to hypertension occur in:

- individuals ages 85 years and older (112.9 emergency room visits per 10,000 population 18+)
- Blacks or African-Americans (89.2 emergency room visits per 10,000 population). This rate is 254 percent higher (more than 3.5 times) than the county rate.

Hospitalization Rate

The age-adjusted hospitalization rate for hypertension in McLean County is 3.3 hospitalizations per 10,000 population ages 18 years and older (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017). This is in the worst 50th - 75th percentile range (yellow indicator) compared to other counties in Illinois.

Disparities

The highest hospitalization rates due to hypertension occur in:

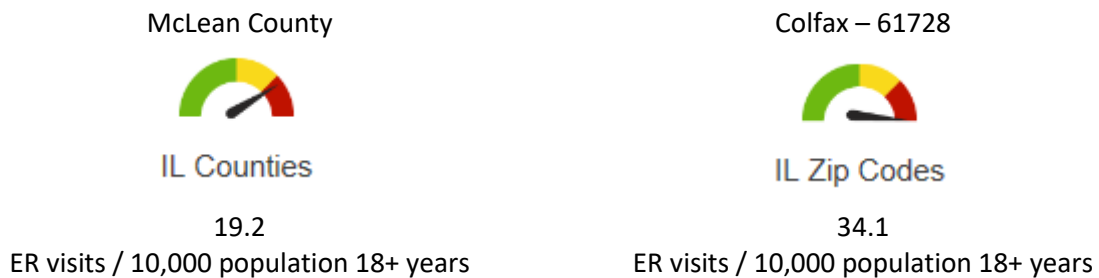
- individuals 85 years and older (23 hospitalizations per 10,000 population 18+)
- Blacks or African-Americans (15.2 hospitalizations per 10,000 population 18+). This rate is 360 percent higher (more than four and one-half times) than the county rate.

Acute Myocardial Infarction (Heart Attack)

Hospitalization Rate

The age-adjusted hospitalization rate for acute myocardial infarction in McLean County is 19.2 hospitalizations per 10,000 population ages 18 years and older. This is in the worst 25th percentile range (red indicator) compared to other counties in Illinois. The rate for Colfax ZIP code 61728 (34.1 hospitalizations per 10,000 population 18+) is higher than the county rate and is also in the worst 25th percentile range when compared to other ZIP codes in Illinois (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017). See Exhibit 67 below.

Exhibit 67: Age-Adjusted Hospitalization Rate Due to Acute Myocardial Infarction for McLean County vs. Colfax ZIP Code 61728, 2015 - 2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017.

Disparities

The highest hospitalization rates due to acute myocardial infarction occur in:

- individuals 85 years and older (109.4 hospitalizations per 10,000 population 18+)
- Males (26.1 hospitalizations per 10,000 population 18+).

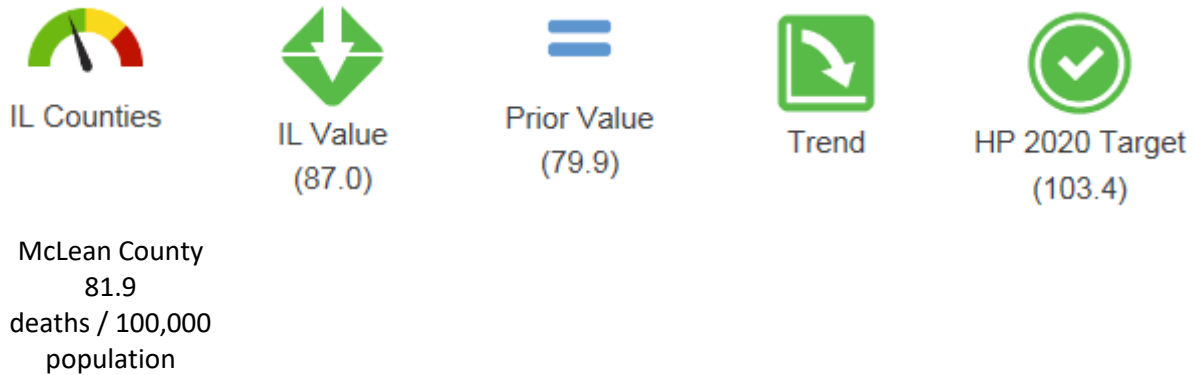
Death Rates

Coronary Heart Disease

The age-adjusted death rate due to coronary heart disease in McLean County is 81.9 deaths per 100,000 population (Conduent Healthy Communities Institute, Centers for Disease Control and Prevention, 2015 - 2017). This is in the best 0 - 50th percentile range (green indicator) compared to other counties in Illinois, is lower than the Illinois value (87 deaths per 100,000 population) and not statistically different

from the prior value for McLean County (79.9 deaths per 100,000 population). The rate is trending favorably in a statistically significant direction, meets the Healthy People 2020 target (103.4 deaths per 100,000 population) and is higher for males (115.2 deaths per 100,000 population). See Exhibit 68 below for an illustration of this data.

Exhibit 68: Age-Adjusted Death Rate Due to Coronary Heart Disease in McLean County, 2007 - 2017

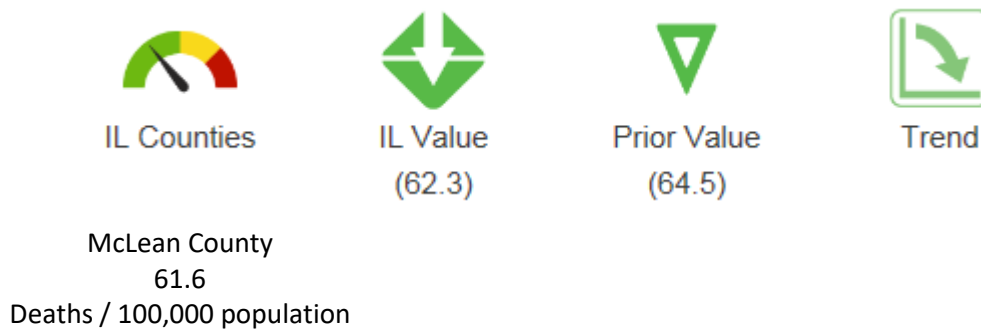


Source: Conduent Healthy Communities Institute, Centers for Disease Control and Prevention, 2015 - 2017.

Acute Myocardial Infarction (Heart Attack)

The age-adjusted death rate due to heart attacks in McLean County is 61.6 deaths per 100,000 population. This is in the best 0 - 50th percentile range (green indicator) compared to other counties in Illinois, is lower than the Illinois value (62.3 deaths per 100,000 population), is better than the prior value for McLean County (64.5 deaths per 100,000 population) and is trending favorably but not in a statistically significant direction (Conduent Healthy Communities Institute, National Environmental Public Health Tracking Network, 2015). See Exhibit 69 below for an illustration of this data.

Exhibit 69: Age-Adjusted Death Rate Due to Heart Attack in McLean County, 2012 - 2015

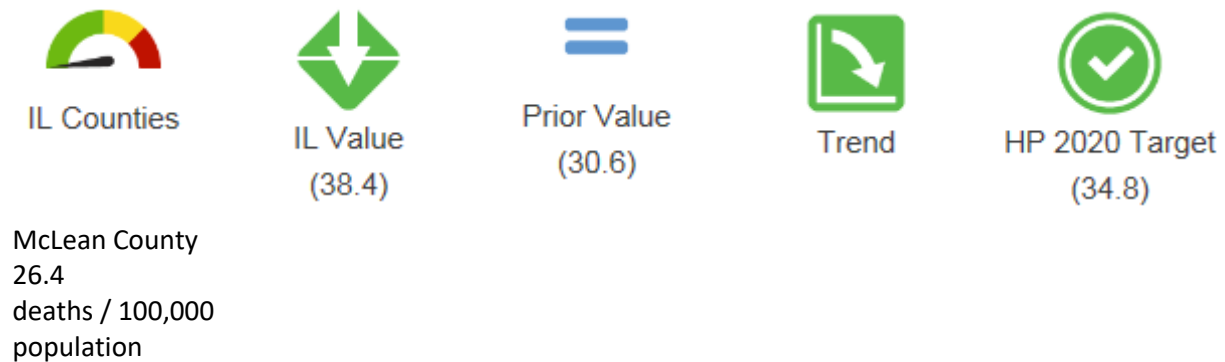


Source: Conduent Healthy Communities Institute, National Environmental Public Health Tracking Network, 2015.

Cerebrovascular Disease (Stroke)

The age-adjusted death rate due to cerebrovascular disease (stroke) in McLean County is 26.4 deaths per 100,000 population (Conduent Healthy Communities Institute, Centers for Disease Control and Prevention, 2015 - 2017). This is in the best 0 - 50th percentile range (green indicator) compared to other counties in Illinois. The rate is lower than the Illinois rate (38.4 deaths per 100,000 population) and not statistically significantly different from the prior rate for McLean County (30.6 deaths per 100,000 population). The rate is trending favorably in a statistically significant direction and meets the Healthy People 2020 target (34.8 deaths per 100,000 population). See Exhibit 70 below.

Exhibit 70: Age-Adjusted Death Rate Due to Cerebrovascular Disease in McLean County, 2007 - 2017









Source: Conduent Healthy Communities Institute, Centers for Disease Control and Prevention, 2015 - 2017.

Percent of Medicare Beneficiaries Receiving Treatment for Cardiovascular Diseases/Conditions

The percent of Medicare beneficiaries in McLean County receiving treatment for hyperlipidemia (high cholesterol), atrial fibrillation, stroke, hypertension (high blood pressure), ischemic heart disease and heart failure is illustrated below in Exhibit 71. The trend for all the conditions listed below is favorable and the percent for all conditions is in the best 0 - 50th percentile range (green indicator) in comparison to other counties in Illinois (Conduent Healthy Communities Institute, Centers for Medicare and Medicaid Services, 2015).

Exhibit 71: Medicare Beneficiaries Receiving Treatment for Cardiovascular Diseases /Conditions in McLean County, 2010 – 2017

Disease or Condition	Percent Being Treated (2015)	Indicator Color (McLean County Compared to other counties in Illinois)	Trend Direction
Hyperlipidemia	46.8		Favorable- not statistically significant
Atrial fibrillation	8.4		Favorable- not statistically significant
Stroke	3.8		Favorable- statistically significant
Hypertension	53.4		Favorable- statistically significant
Ischemic heart disease	25.6		Favorable- statistically significant
Heart failure	11.5		Favorable- statistically significant

Source: Conduent Healthy Communities Institute, Center for Medicare and Medicaid Services, 2015.

[Prevalence of Hypertension and High Cholesterol](#)

In comparison to other counties in Illinois, McLean County residents are doing better than Illinois for prevalence of high blood pressure and high cholesterol; however, the percentages for McLean County do not meet the Healthy People 2020 goals for both high blood pressure and high cholesterol (Conduent Healthy Communities, Illinois Behavioral Risk Factor Surveillance System, 2010 - 2014). See Exhibit 72 below.

Exhibit 72: Prevalence of High Blood Pressure and Cholesterol in McLean County, 2010 - 2014

Question/Topic	McLean County Percent	Illinois Percent in 2015	Healthy People 2020 Target	Healthy People 2020 Target Met
Told by a Physician that Blood Pressure is High	29.4	30.8	26.9	No
Told by a Physician that Cholesterol is High	30.9	36.0	13.5	No

Source: Conduent Healthy Communities, Illinois Risk Factor Surveillance System, 2010 - 2014.

[ICD-9 and ICD-10 Hospital Emergency Room Diagnosis](#)

Cardiac disorders were the number one reason for patient visits to Advocate BroMenn Medical Center and OSF St. Joseph Medical Center’s emergency room from 2012 - 2017 (Advocate BroMenn Medical Center and OSF St. Joseph Medical Center, Top ICD-9 and ICD-10 Diagnosis, 2012 -2017).











Diabetes

The Center for Disease Control estimates the direct economic cost of diabetes in the United States to be about \$100 billion per year (Conduent Healthy Communities, 2019). This figure does not consider the indirect economic costs attributable to potential work time lost to diabetes-related illness or premature death.

[Age-Adjusted Emergency Room and Hospitalization Rates](#)

The age-adjusted emergency room and hospitalization rates for numerous diabetes indicators is illustrated in Exhibit 73 below. A summary of McLean County rates for both emergency room visits and hospitalizations for the indicators listed in the table below are all in the best 0 - 50th percentile range (green indicator) in comparison to other counties in Illinois (Conduent Healthy Communities, Illinois Hospital Association, 2015 - 2017).

Exhibit 73: Summary of Age-Adjusted Emergency Room Visits and Hospitalizations for Diabetes Indicators - McLean County, 2015 - 2017

Indicator rate due to:	Emergency room visits/10,000 population 18+	Indicator Color (McLean County compared to other counties in Illinois)	Hospitalizations/10,000 population 18+	Indicator Color (McLean County compared to other counties in Illinois)
Diabetes	20.2		11.7	
Long-term Complications of Diabetes	3.8		4.6	
Short-term Complications of Diabetes	.6		5.4	
Type 2 Diabetes	16.4		6.3	
Uncontrolled Diabetes	12.7		1.6	

Source: Conduent Healthy Communities, Illinois Hospital Association, 2015 - 2017.

Although the values for McLean County (shown above) for the various diabetes indicators are good in comparison to other counties in Illinois, there are statistically significant disparities by race/ethnicity,

gender, age and ZIP code. The greatest disparities for diabetes for both emergency room visits and hospitalizations are seen in Blacks or African Americans. There was only one significant disparity by gender noted in Exhibit 74. Exhibits 74 and 75 below illustrate disparities by race/ethnicity, age and/or gender when compared to the McLean County rate.

Exhibit 74: Diabetes Disparities by Race/Ethnicity and Age for Age-Adjusted Emergency Room Visits - McLean County, 2015 - 2017

Indicator rate due to:	Emergency room visits per 10,000 population 18+: McLean County	Emergency room visits per 10,000 population 18+: Disparities by race/ethnicity	Emergency room visits per 10,000 population 18+: Disparities by age
Diabetes	20.2	Black or African American - 85.3 <ul style="list-style-type: none"> • 322% higher (nearly 4x's) than the county rate 	45 - 64 years - 25.3 <ul style="list-style-type: none"> • 25% higher than the county rate 65 - 84 years - 35.6 <ul style="list-style-type: none"> • 76% higher than the county rate
Long-term Complications of Diabetes	3.8	Black or African American - 12.5 <ul style="list-style-type: none"> • 229% higher (more than 3x's) than the county rate 	65 - 84 years - 7.4 <ul style="list-style-type: none"> • 95% higher than the county rate
Type 2 Diabetes	16.4	Black or African American - 75.3 <ul style="list-style-type: none"> • 359% higher (>4.5 x's) than the county rate Hispanic - 34.5 <ul style="list-style-type: none"> • 110% higher (>2x's) than the county rate 	45 - 64 years - 21.7 <ul style="list-style-type: none"> • 32% higher than the county rate 65 - 84 years - 33.1 <ul style="list-style-type: none"> • 10% higher (double) than the county rate
Uncontrolled Diabetes	12.7	Black or African American - 58.2 <ul style="list-style-type: none"> • 358% higher (>4.5 x's) than the county rate 	65 - 84 years - 23.1 <ul style="list-style-type: none"> • 82% higher than the county rate

Source: Conduent Healthy Communities, Illinois Hospital Association, 2015 - 2017.

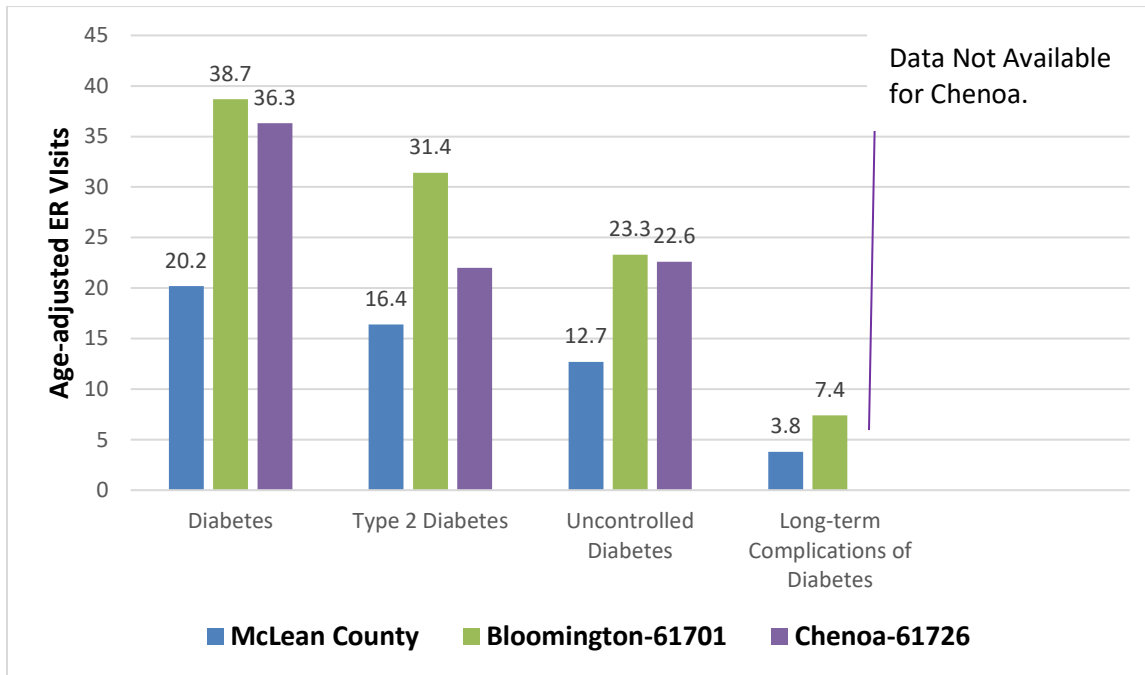
**Exhibit 75: Diabetes Disparities by Race/Ethnicity and Age
for Age-Adjusted Hospitalizations – McLean County, 2015 - 2017**

Indicator rate due to:	Hospitalizations per 10,000 population 18+: McLean County	Hospitalizations per 10,000 population 18+: Disparities by race/ethnicity	Hospitalizations per 10,000 population 18+: Disparities by age and/or gender
Diabetes	11.7	Black or African American - 31.9 <ul style="list-style-type: none"> 173% higher than the county rate 	NA
Long-term Complications of Diabetes	4.6	Black or African American - 15.9 <ul style="list-style-type: none"> 246% higher (nearly 3.5x's) the county rate 	45 - 64 years - 7.2 <ul style="list-style-type: none"> 57% higher than the county rate 65 - 84 years - 9.3 <ul style="list-style-type: none"> 102% higher (double) than the county rate
Type 2 Diabetes	6.3	Black or African American - 22.6 <ul style="list-style-type: none"> 259% higher (>2x's) the county rate Hispanic- 18.8 <ul style="list-style-type: none"> 198% higher (3x's) the county rate 	45 - 64 years - 9.2 <ul style="list-style-type: none"> 46% higher than the county rate 65 - 84 years - 13.5 <ul style="list-style-type: none"> 114% higher (>2x's) the county rate
Short-term Complications of Diabetes	5.4	Black or African American - 11.8 <ul style="list-style-type: none"> 119% higher (>2x's) the county rate 	35 - 44 years - 10.0 <ul style="list-style-type: none"> 85% higher than the county rate Females - 8.1 <ul style="list-style-type: none"> 50% higher than the county rate

Source: Conduent Healthy Communities, Illinois Hospital Association, 2015 - 2017.

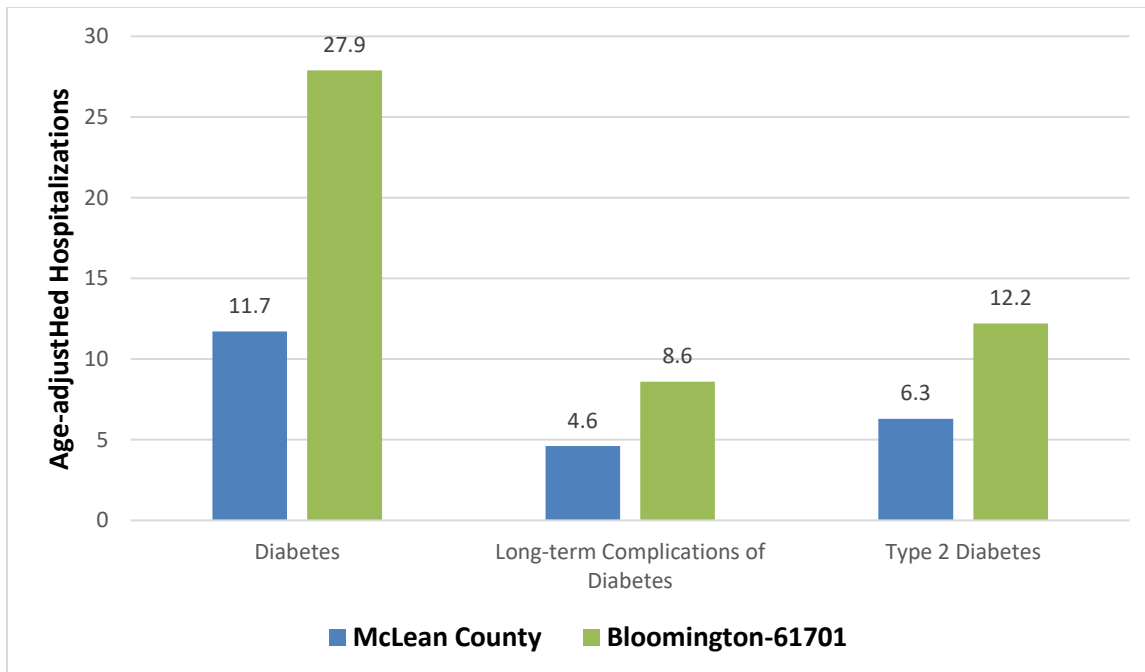
In addition to the above disparities, there are also disparities by ZIP code compared to the McLean County rate. Disparities by ZIP code are shown below (when data is available) for the nine highest SocioNeeds ZIP codes in McLean County. Out of the nine highest SocioNeeds ZIP codes in the county, only Bloomington ZIP code 61701 and Chenoa ZIP code 61726 had disparities data for diabetes indicators. See Exhibits 76 and 77 below for diabetes disparities by ZIP code.

Exhibit 76: Diabetes Disparities by ZIP Code for Age-Adjusted Emergency Room Visits for McLean County, 2015 - 2017



Source: Conduent Healthy Communities, Illinois Hospital Association, 2015 - 2017.

Exhibit 77: Diabetes Disparities by ZIP Code for Age-Adjusted Hospitalizations for McLean County, 2015 - 2017



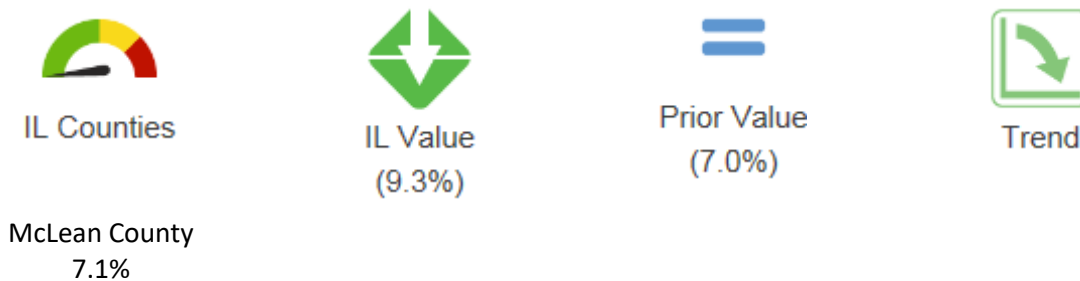
Source: Conduent Healthy Communities, Illinois Hospital Association, 2015 - 2017.

Prevalence: Diabetes

The percent of Medicare beneficiaries receiving treatment for diabetes in McLean County is 22.4 percent (Conduent Healthy Communities Institute, Centers for Medicare and Medicaid Services, 2015). This is in the best 0 - 50th percentile range (green indicator) compared to other counties in Illinois, is lower than the Illinois value (26.3 percent), better than the prior value for McLean County (22.7 percent) and is trending favorably but not in a statistically significant direction.

The percent of adults in McLean County ages 20 and over that have ever been diagnosed with diabetes is 7.1 percent. This is in the best 0 - 50th percentile range (green indicator) compared to other counties in Illinois, is lower than the Illinois value (9.3 percent) and not statistically different from the prior value for McLean County (7.0 percent). The rate is trending favorably but not in a statistically significant direction (Conduent Healthy Communities Institute, County Health Rankings, 2014). See Exhibit 78 below.

Exhibit 78: Percent of Adults Diagnosed with Diabetes in McLean County, 2008 - 2015



Source: Conduent Healthy Communities Institute, County Health Rankings, 2014.

Infectious Disease

Food Borne Illnesses and Other Pathogens

E. Coli

Nationally, children ages 1-4 years had the highest incidence of Escherichia coli (E. Coli) infection of all age groups for both the O157 and non-O157 serogroups. The largest percentage of infections for both serogroups are reported in the summer months (Centers for Disease Control and Prevention, Shiga toxin-producing Escherichia coli [STEC] Annual Survey, 2015).

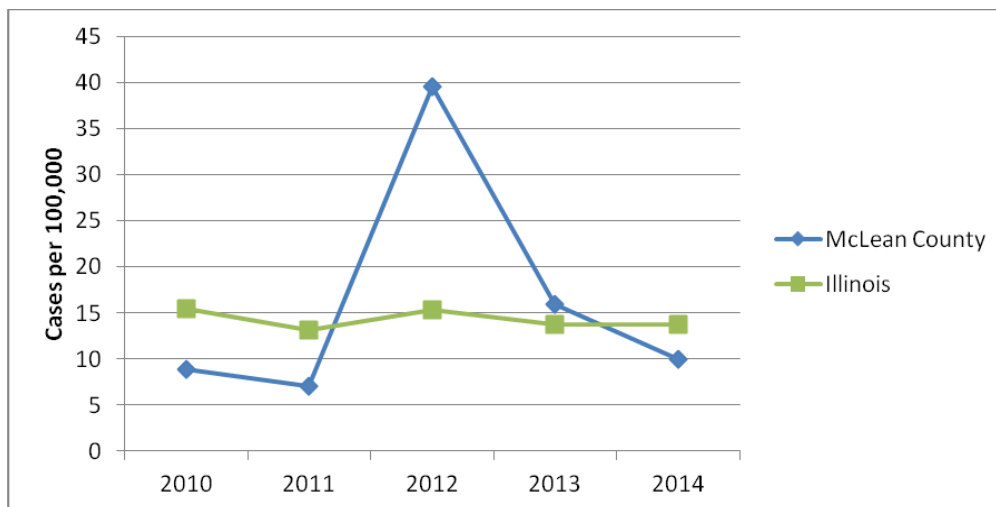
In McLean County between 2011 - 2015, case counts for all E. coli serotypes range from a low of one (2011) to a high of six (2013). The 2015 case count was five. In 2015, the E. coli incidence rate in McLean County was 2.95 cases per 100,000 population; however, it includes all E. coli serotypes. The Illinois (0.39) and national (0.66) rates are for the O157 serotype only, both of which meet or exceed the Healthy People 2020 goal of 0.6 cases per 100,000 (Centers for Disease Control and Prevention, Shiga toxin-producing Escherichia coli [STEC] Annual Survey, 2015; Illinois Department of Public Health, IQuery, 2015).

Salmonella

Each year, there are an estimated 1,400,000 cases of salmonellosis in the United States and 1,500 - 2,000 cases in Illinois (Illinois Department of Public Health, 2019). Case numbers in McLean County from 2014-2016 for all Salmonella serotypes, have been 17 (2014), 11 (2015) and 23 (2016).

As of 2018, the most current Salmonella incidence rate data available from the Illinois Department of Public Health is from 2010 - 2014. The 2014 salmonella incidence rate in McLean County is 10 cases per 100,000 population, which is lower than the state rate (13.8), national rate (15.5) and Healthy People 2020 goal of 11.4 cases per 100,000. In 2012, McLean County experienced a spike in cases with an incidence rate of 39.5 per 100,000 but has otherwise remained relatively unchanged since 2010 (Illinois Department of Public Health, IQuery, 2014). See Exhibit 79 below.

Exhibit 79: Salmonella Incidence Rate – McLean County, 2010 - 2014



Source: Illinois Department of Public Health, IQuery, 2010 - 2014.

Tuberculosis

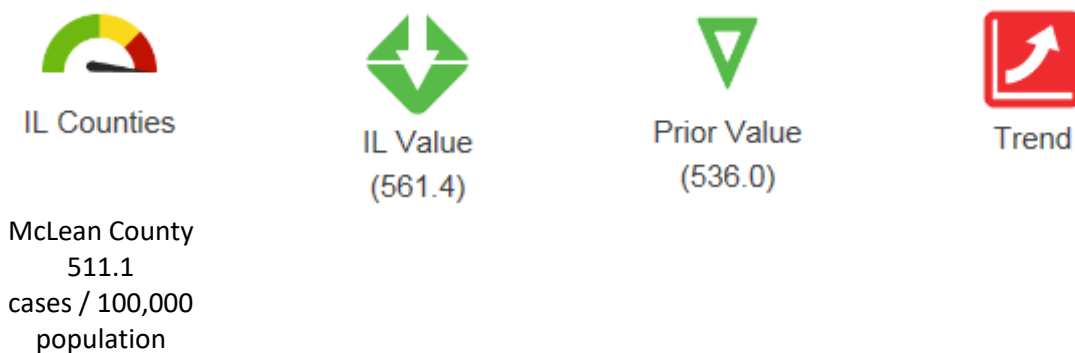
In both 2017 and 2018, there were two cases of tuberculosis in McLean County. This is higher than the 2014 prior value of one case and is trending unfavorably, but not in a statistically significant direction. In 2017, case rates per 100,000 were 1.15 in McLean County, 2.62 for Illinois and 2.8 for the United States. The National Tuberculosis Program Objectives and Performance target for 2020 is no more than 1.4 cases per 100,000, the same target used by the Illinois Department of Public Health. In 2018, the McLean County case rate remained at 1.15, still meeting the national target, while the Illinois rate moved to 2.48 per 100,000 (Conduent Healthy Communities Institute, Illinois Department of Public Health, 2017; Illinois Department of Public Health, 2018; McLean County Health Department, Bloomington Illinois, 2019).

Sexually Transmitted Diseases

Chlamydia

In 2016, there were 511.1 cases of Chlamydia diagnosed per 100,000 population in McLean County. This rate is in the worst 25th percentile range (red indicator) compared to other counties in Illinois but is lower than the Illinois value (561.4 cases per 100,000 population) and lower than the prior value for McLean County (536 cases per 100,000 population). The rate is trending unfavorably in a statistically significant direction (Conduent Healthy Communities Institute, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, 2016). See Exhibit 80 below.

Exhibit 80: Chlamydia Incidence Rate – McLean County, 2008 - 2016



Source: Conduent Healthy Communities Institute, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, 2016.

For 2017, the Illinois Department of Public Health reported a Chlamydia case rate of 569.7 per 100,000 for McLean County, with data for the years 2010 - 2017 continuing to demonstrate that this indicator is trending unfavorably. There has been an increase of 346 percent in the Chlamydia case rate from 2010 (127.6) to 2017 (569.7). In 2017, McLean County ranked in the top 15 counties in Illinois with the highest Chlamydia case rate per 100,000 (Illinois Department of Public Health, Sexually Transmitted Diseases in Illinois: 2017 Epidemiologic Summary and Yearly Trends Data for 2008 - 2017).

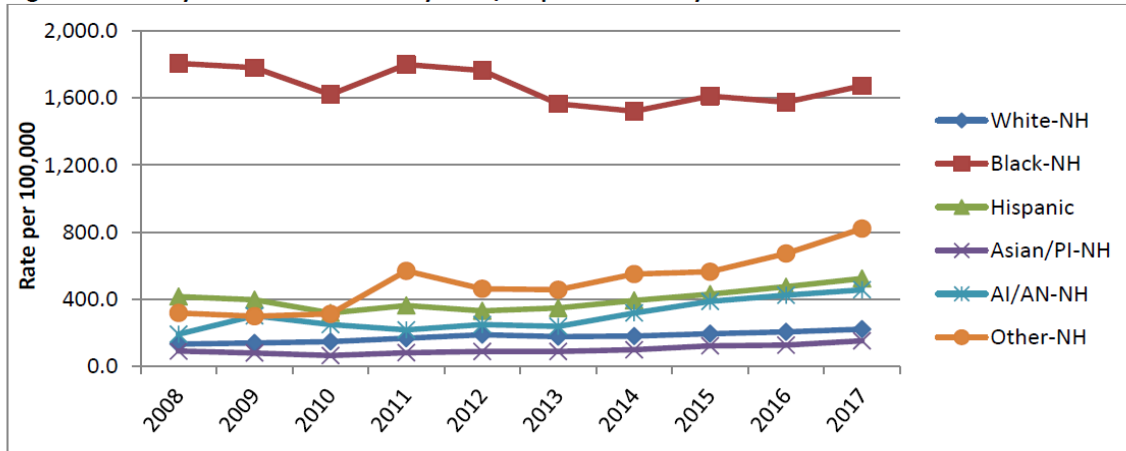
Disparities

In Illinois in 2017:

- Chlamydia cases in females were 65.3 percent
- Those ages 15-24 years made up 64.1 percent of the cases reported in 2017
- The state ranked 10th out of 50 states by Chlamydia rate
- The Black or African American, non-Hispanic population was disproportionately affected by Chlamydia infections, comprising approximately 40 percent of the total cases reported, with White, non-Hispanic following with 23.9 percent (Illinois Department of Public Health, Sexually Transmitted Diseases in Illinois: 2017 Epidemiologic Summary and Yearly Trends Data for 2008 - 2017). See Exhibit 81 below for an illustration of this data.

Exhibit 81: Figure 4. Chlamydia Rates in Illinois by Race/Hispanic Ethnicity, 2008 - 2017

Figure 4. Chlamydia Rates in Illinois by Race/Hispanic Ethnicity, 2008-2017

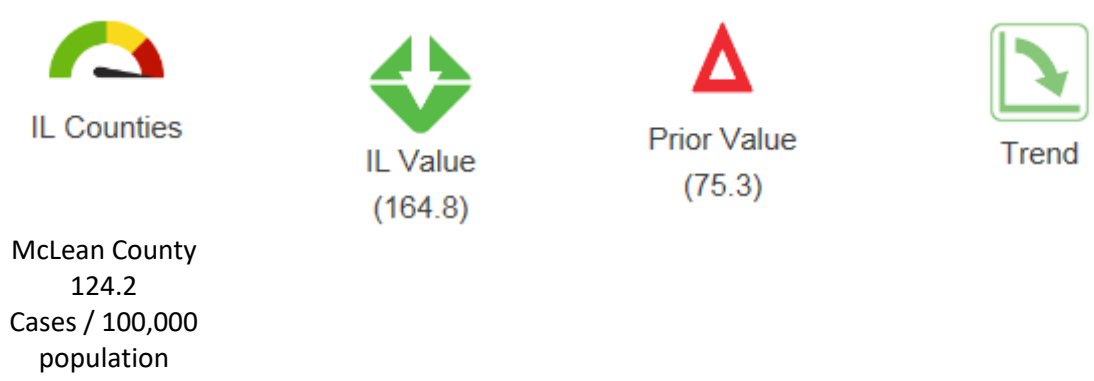


Source: Illinois Department of Public Health, Sexually Transmitted Diseases in Illinois: 2017 Epidemiologic Summary and Yearly Trends Data for 2008 - 2017; <http://dph.illinois.gov/sites/default/files/publications/publicationsohpt2017-il-std-surveillance-report.pdf>.

Gonorrhea

McLean County’s incidence rate for gonorrhea was 124.2 cases per 100,000 population in 2016. This rate is in the worst 25th percentile range (red indicator) compared to other counties in Illinois. It is lower than the state rate of 164.8 cases per 100,000 population and higher than the prior value for McLean County (75.3 cases per 100,000 population). It is trending favorably, but not in a statistically significant direction (Conduent Healthy Communities Institute, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, 2016). See Exhibit 82 below.

Exhibit 82: Gonorrhea Incidence Rate – McLean County, 2008 - 2016



Source: Conduent Healthy Communities Institute, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2016.

For 2017, the Illinois Department of Public Health reported a gonorrhea case rate of 126.2 per 100,000 for McLean County, with data for years 2010 – 2017 demonstrating fluctuations in the rate, from a low of 77.3 (2015) to a high of 168.1 (2012). Since 2010, McLean County’s case rate has increased 11 percent from 113.2 to 126.2. In 2017, McLean County ranked in the top 21 counties in Illinois with the highest gonorrhea case rate per 100,000 (Illinois Department of Public Health, Sexually Transmitted Diseases in Illinois: 2017 Epidemiologic Summary and Yearly Trends Data for 2008 - 2017).

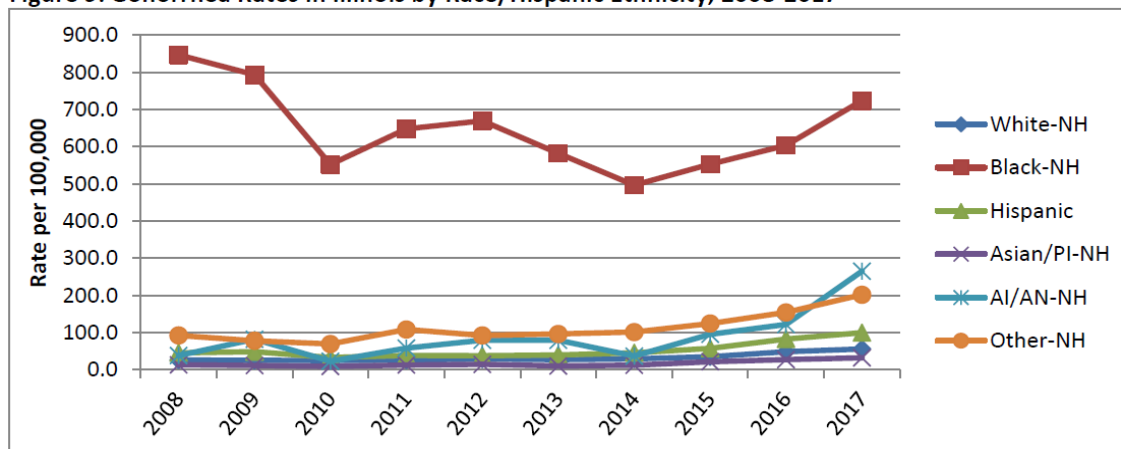
Disparities

In Illinois in 2017:

- Gonorrhea cases in males were 58.9 percent
- Those ages 15-29 years made up 72.3 percent of cases, with those ages 20-24 comprising 30 percent of total cases
- The state ranked 17th out of 50 states by gonorrhea rate
- The Black or African American, non-Hispanic population was disproportionately affected by gonorrhea infections, comprising approximately 56 percent of the total cases reported (Illinois Department of Public Health, Sexually Transmitted Diseases in Illinois: 2017 Epidemiologic Summary and Yearly Trends Data for 2008 - 2017). See Exhibit 83 below for an illustration of this data.

Exhibit 83: Figure 9. Gonorrhea Rates in Illinois by Race/Hispanic Ethnicity, 2008 - 2017

Figure 9. Gonorrhea Rates in Illinois by Race/Hispanic Ethnicity, 2008-2017



Source: Illinois Department of Public Health, Sexually Transmitted Diseases in Illinois: 2017 Epidemiologic Summary and Yearly Trends Data for 2008 - 2017

<http://dph.illinois.gov/sites/default/files/publications/publicationsohpt2017-il-std-surveillance-report.pdf>

Syphilis

In 2016, there were 2.3 cases of primary and secondary syphilis per 100,000 population in McLean County, which is below the 2016 Illinois rate (9.8 cases per 100,000). The rate is higher than the prior value for McLean County (1.1 case per 100,000 population) and is trending unfavorably but not in a statistically significant direction (Conduent Healthy Communities Institute, National Center for HIV/AIDS,

Viral Hepatitis, Sexually Transmitted Diseases and Tuberculosis Prevention, 2016). The Illinois Department of Public Health reports 2.4 cases of primary and secondary syphilis per 100,000 and a prior rate of 1.2 per 100,000 (Illinois Department of Public Health, Sexually Transmitted Diseases in Illinois: 2017 Epidemiologic Summary and Yearly Trends Data for 2008 - 2017).

For 2017, the Illinois Department of Public Health reported a statewide primary and secondary syphilis rate of 9.5 per 100,000 population (1,225 cases reported). The United States rate was also 9.5 per 100,000. For McLean County, the Illinois Department of Public Health reported a 2017 primary and secondary syphilis case rate of 0.6 per 100,000 for McLean County, with data for the 10-year period from 2008 – 2017 demonstrating ranges in the rate from a low of 0.6 (2012; 2017) to a high of 4.1 (2011). Case numbers in McLean County for primary and secondary syphilis from 2008 - 2017 have ranged from a low of 1 (multiple years) to a high of 7 (2011) (Illinois Department of Public Health, Sexually Transmitted Diseases in Illinois: 2017 Epidemiologic Summary and Yearly Trends Data for 2008 - 2017).

In October of 2018, McLean County was designated as in outbreak status by the Illinois Department of Public Health when cases of early syphilis (primary, secondary and early latent stages) increased. McLean County case counts for early syphilis for all of 2018 (N=13) and 2019 from January - March (N=13), are considered preliminary data (Illinois Department of Public Health and McLean County Health Department, Communicable Disease Program, 2019). See Exhibit 84 below.

**Exhibit 84: Early Syphilis Case Count – McLean County, 2015 – 2018
(Primary, Secondary, and Early Latent Stages)**

Year	McLean County Case Count	Illinois, Excluding Chicago, Case Count	Illinois Total Case Count
2018	13*	639*	1,862*
2017	4	808	2,417
2016	7	836	2,398
2015	2	622	1,974

* 2018 data is considered preliminary only.

Source: Illinois Department of Public Health, Data and Statistics, 2017 IDPH STD Data by Jurisdiction and Demographics, Syphilis, 2015 – 2018; <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/stds/data-statistics#publications-publications-data>.

Disparities

In Illinois in 2017 for primary and secondary syphilis:

- Syphilis cases in males were 93.1 percent
- those ages 25-29 years had the highest rate (30.3 per 100,000)
- the state ranked 10th out of 50 states by primary and secondary syphilis rate
- the non-Hispanic Black or African American population was disproportionately affected by primary and secondary syphilis, with a rate of 24.8 per 100,000, compared to 26.5 in non-Hispanic American Indian/Alaskan Native, 11.2 in the Hispanic population, 7.0 in non-Hispanic Other, 6.5 in non-Hispanic Asian/Pacific Islander and 5.2 in the non-Hispanic White population

(Illinois Department of Public Health, Sexually Transmitted Diseases in Illinois: 2017 Epidemiologic Summary and Yearly Trends Data for 2008 - 2017).

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS)

In 2017, there were 16 newly diagnosed cases of HIV in McLean County and four newly diagnosed cases of AIDS. This is higher than the prior value in 2016 of eight cases of HIV (Conduent Healthy Communities Institute, Illinois Department of Public Health, 2017). The Illinois Department of Public Health reports 16 newly diagnosed cases of HIV in 2017 and six newly diagnosed cases of AIDS, with prior values in 2016 of eight cases of HIV and three of newly diagnosed AIDS (Illinois Department of Public Health Report to McLean County Health Department, 2018, 2019).

A review of McLean County deaths (preliminary data) occurring January – October 2018 indicated no deaths due to HIV. (McLean County Health Department, Vital Records, 2018). Deaths due to HIV do not rank in the top 10 leading causes of death in McLean County but were in the top 25 for at least five years between 2000 – 2013 (IPLAN Data Set, 2000 - 2013).

In 2019, the Illinois Department of Public Health, the Chicago Department of Public Health and the AIDS Foundation of Chicago introduced a new five-year plan to end the HIV epidemic in Illinois by 2030 using the Getting to Zero Illinois (GTZ-IL) initiative. The plan includes strategies to reduce the number of new HIV infections to assist Illinois in reaching “functional zero,” the point at which the HIV epidemic cannot be sustained.

[Vaccine Preventable Diseases](#)

Pneumonia and Influenza

Twenty-seven percent of McLean County adults have received a pneumonia vaccine at some point in their lifetime. This is in the worst 25th percentile range (red indicator) when compared to other counties in Illinois (Conduent Healthy Communities Institute, Illinois Behavioral Risk Factor Surveillance System, 2010 - 2014).

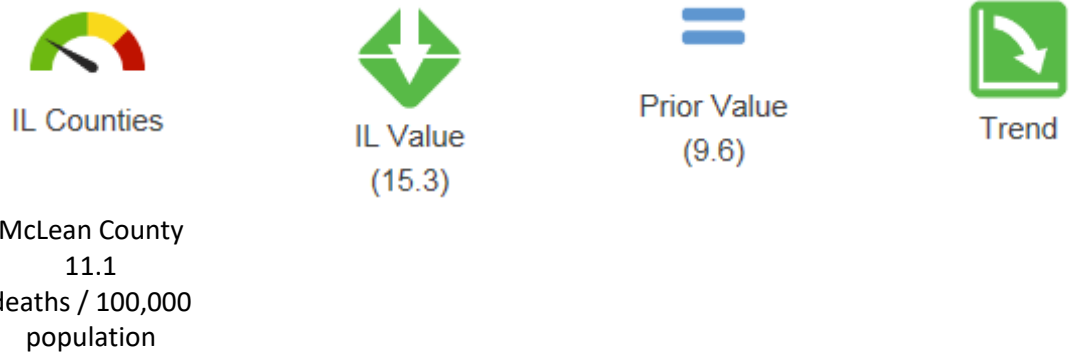
According to the Illinois Behavioral Risk Factor Surveillance System (2010 - 2014), 38.5 percent of McLean County adults received an influenza vaccination in the past 12 months. McLean County does not meet the Healthy People 2020 goal of 70 percent. When compared to other counties in Illinois, McLean County falls in the worst 50th – 75th percentile (yellow indicator) for this measure (Conduent Healthy Communities Institute, Illinois Behavioral Risk Factor Surveillance System, 2010 - 2014).

The annual age-adjusted emergency room visit rate due to immunization-preventable pneumonia and influenza for 2015 - 2017 was 7.3 visits per 10,000 population ages 18 years or older (Conduent Health Communities Institute, Illinois Hospital Association, 2015 - 2017). When compared to other counties in Illinois, this measure falls in the best 0 - 50th percentile range (green indicator).

McLean County’s age-adjusted death rate due to influenza and pneumonia is 11.1 deaths per 100,000 population, which is in the best 0 - 50th percentile range (green indicator) when compared to other counties in Illinois (Conduent Healthy Communities Institute, Centers for Disease Control and Prevention, 2015 - 2017). The rate is lower than the Illinois rate (15.3 deaths per 100,000 population),

not statistically different from the prior value for McLean County (9.6 deaths per 100,000 population) and is trending favorably in a statistically significant direction. See Exhibit 85 below.

Exhibit 85: Age-Adjusted Death Rate Due to Influenza and Pneumonia – McLean County, 2007 - 2017



Source: Conduent Healthy Communities Institute, Centers for Disease Control and Prevention, 2015 - 2017.

Published vital records data for McLean County indicated that deaths from influenza and pneumonia ranked in the top ten leading causes of death in 2016 (13 deaths) and 2017 (23 deaths). Between 2008 and 2017, the number of deaths per year ranged from a low of 13 (2016) to a high of 23 (2017) (Illinois Department of Public Health, Data and Statistics, Death Statistics, 2016 - 2017). See Exhibit 86 below.

Exhibit 86: Deaths Due to Influenza and Pneumonia – McLean County, 2008 – 2017

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
# Deaths	22	20	20	21	29	19	15	20	13	23

Source: Illinois Department of Public Health, Data and Statistics, Death Statistics, 2008 - 2017, <http://www.dph.illinois.gov/data-statistics/vital-statistics/death-statistics/more-statistics>.

For 2018, no deaths from influenza and pneumonia were recorded in McLean County from preliminary vital records data available January – October of 2018 (McLean County Health Department, Vital Records, preliminary data, 2018).

Other Vaccine Preventable Diseases

Immunization Status for School-Age Children

The immunization status of school-age children in McLean County exceeds recommended Illinois Department of Public Health-specified levels necessary to prevent epidemics according to immunization data collected from public and non-public schools for the 2013 - 2014 school year, the most current data published in 2018 (Illinois State Board of Education, Data Analysis and Accountability Division, Health Requirements/Student Health Data, School Year 2013 - 2014). Over 98 percent of students were fully protected or in compliance with vaccination requirements. The Healthy People 2020 goal for Measles-

Mumps-Rubella (MMR) vaccination is 90 percent. McLean County has exceeded the national goal as well as the Illinois rate of 94.7 percent for completion of two doses of MMR. See Exhibit 87 below.

**Exhibit 87: Compliance with Required Immunizations for School
(Public and Non-Public) – McLean County, 2013 - 2014**

Immunization Type	McLean County Compliance with Vaccination Requirements	Illinois Department of Public Health Minimum Vaccination Level Necessary to Prevent Epidemics
Polio	98.71%	90%
DTP (diphtheria; tetanus; pertussis)	98.77%	90%
Measles (Rubeola)	98.71%	90%
Mumps	98.91%	90%
Rubella (German Measles)	98.91%	90%

Source: Illinois State Board of Education, Data Analysis and Accountability Division, Health Requirements/Student Health Data, School Year 2013 - 2014; <https://www.isbe.net/Pages/Health-Requirements-Student-Health-Data.aspx>; McLean County Health Department News Release, “A Look at Immunization Status Data for School-Age Children in Illinois Reflects Positively for McLean County Schools,” February 12, 2015.

Additional school-age data from the 2013 - 2014 school year is available for Tdap (Tetanus, Diphtheria, Pertussis), Hepatitis B and Varicella (Chickenpox); however, those protection rates vary by grade level.

[Measles—Mumps—Rubella \(MMR\)](#)

In the United States in 2019, measles outbreaks were occurring in seven states (New York, Michigan, New Jersey, California, Georgia, Maryland and Pennsylvania) primarily related to unvaccinated international travelers (Centers for Disease Control and Prevention, 2019). Since measles was eliminated in the United States in 2000, the annual number of people reported with measles ranged from a low of 37 in 2004 to a high of 839 cases in 2019 (January 1 to May 10, 2019). The 2019 case count is the largest number of cases reported in the United States since 1994. Measles cases in 2019 have been confirmed in 23 states, including Illinois (Centers for Disease Control and Prevention, 2019).

As of May 1, 2019, there have been no cases of measles reported in McLean County. The last documented case in McLean County was 1989 (Illinois Department of Public Health, May 2019). In Illinois, over the past 10 years, case numbers have ranged from zero to 17. See Exhibit 88 below.

Exhibit 88: Measles Case Counts - Illinois, 2010 - 2019*

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Number of Cases	0	3	0	5	2	17	2	0	5	7

*Current case count for 2019 as of early May 2019.

Source: Illinois Department of Public Health, *Diseases and Conditions, Diseases A-Z, Measles, 2019*; <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/measles>.

Mumps case counts in McLean County from 2013 - 2016 increased due to two mumps outbreaks in 2015 and 2016. Case counts were 0 in 2013 and 2014. During the 2015 outbreak, 71 cases were reported, and 88 percent of cases were in persons ages 15-24 years. During the 2016 outbreak, 41 cases were reported and 95 percent of cases were in persons ages 15-24 years (McLean County Health Department, Bloomington, Illinois, 2018).

Rubella was last reported in McLean County in 1990 (McLean County Health Department, Bloomington Illinois, 2019).

[Pertussis \(Whooping Cough\)](#)

Many pertussis cases are not diagnosed and therefore not reported. Between 2012 and 2016, McLean County saw an increase in the number of pertussis cases (McLean County Health Department, Bloomington, Illinois, 2018). See Exhibit 89 below.

Exhibit 89: Pertussis Case Counts – McLean County, 2012 - 2016

	2012	2013	2014	2015	2016
Number of Cases	6	9	9	17	11

Source: McLean County Health Department, Bloomington, Illinois, 2018.

The Healthy People 2020 objectives for pertussis focus on reducing the cases of pertussis among children under the age of one and those ages 11 to 18 years. In both 2015 and 2016, most cases identified in McLean County occurred in children between 10 to 19 years, 47 percent of cases in 2015 and 54 percent in 2016.

For comparison, in 2014, there were nine cases of pertussis reported in McLean County. Nineteen percent of cases occurred in children under the age of one and 27 percent occurred in individuals 11 to 18 years of age from 2010 to 2014. During this period, pertussis cases in McLean County and Illinois declined 33 percent and 38 percent, respectively (Illinois Department of Public Health, IQuery, 2010 - 2014).

[Varicella \(Chickenpox\)](#)

Data on the number of varicella outbreaks that occur each year in the United States is lacking due to variations in reporting requirements. In the United States, the vaccine was licensed for use in March

1995. Since its introduction, the number of outbreaks has decreased, demonstrated through the Centers for Disease Control and Prevention's Varicella Active Surveillance Project (VASP) that was active from 1995 - 2010. Because of implementing the two-dose varicella vaccine, sites participating in VASP saw a 90 percent decrease in varicella cases from 1995 - 2008. Among infants, varicella disease decreased 90 percent (1995 - 2008) and 74 percent among adults (1995 - 2005) (Centers for Disease Control and Prevention, Varicella Active Surveillance Project).

In Illinois, varicella is a reportable disease. The Healthy People 2020 goal is to reduce the cases of varicella among persons ages 17 years or under. In McLean County, there has been a 60 percent decrease in reported varicella cases from 2012 to 2016. In 2012, there were 25 cases, 12 (48 percent) of which were amongst children 17 years of age or under. In 2015, there were 15 cases, with eight (53 percent) amongst children 17 years of age or under (McLean County Health Department, Bloomington, Illinois, 2018).

Mental Health

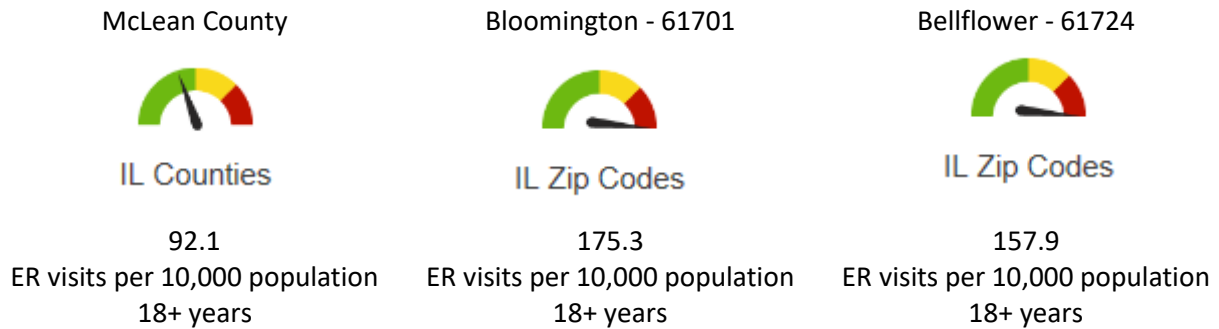
Mental illnesses are one of the leading causes of disability in the United States. In any given year, approximately 13 million American adults have a seriously debilitating mental illness. Furthermore, unstable mental health can lead to suicide, which accounts for the death of approximately 30,000 Americans every year (Conduent Healthy Communities Institute, 2019).

[Age-Adjusted Emergency Room Rates](#)

Mental Health (Adults)

The age-adjusted emergency room rate due to mental health is 92.1 emergency room visits per 10,000 population ages 18 years and older for McLean County. The rate is in the best 0 - 50th percentile range (green indicator) compared to other counties in Illinois (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017). The rates for Bloomington – ZIP code 61701 (175.3 emergency room visits per 10,000 population 18+ years) and Bellflower – ZIP code 61724 (157.9 emergency room visits per 10,000 population 18+ years), however, are both in the worst 25th percentile range (red indicator) compared to other ZIP codes in Illinois. See Exhibit 90 below for an illustration of this data.

Exhibit 90: Age-Adjusted Emergency Room Rate Due to Mental Health for McLean County vs. Bloomington ZIP Code 61701 and Bellflower ZIP Code 61724, 2015 - 2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017.

Disparities

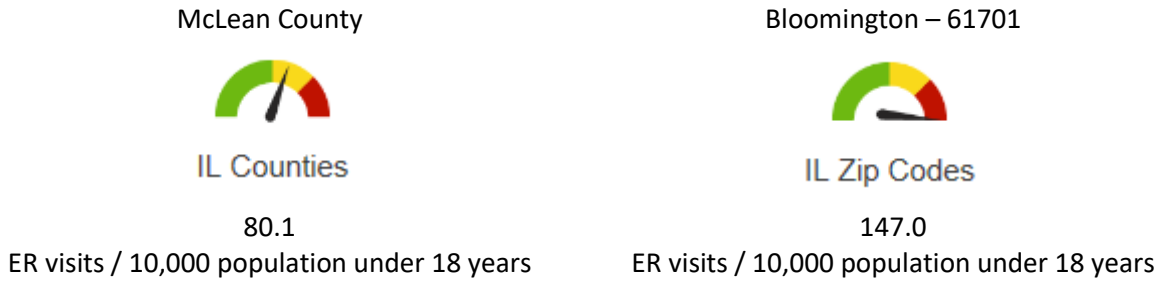
The highest emergency room rates occur in:

- individuals 18 - 24 years (126.8 emergency room visits per 10,000 population 18+ years)
- individuals 25 - 34 years (134.9 emergency room visits per 10,000 population 18+ years)
- females (102.5 emergency room visits per 10,000 population 18+ years)
- Blacks or African Americans (190.7 emergency room visits per 10,000 population 18+ years)
- Bloomington ZIP code 61701 (175.3 emergency room visits per 10,000 population 18+ years)
- Bellflower ZIP code 61724 (157.9 emergency room visits per 10,000 population 18+ years).

Pediatric Mental Health

The rate for age-adjusted emergency room visits due to pediatric mental health (ages 18 years and under) for McLean County is 80.1 emergency room visits per 10,000 population (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 – 2017). This is in the worst 50th to 75th percentile range (yellow indicator) compared to other counties in Illinois. The rate for Bloomington ZIP code 61701 (147 emergency room visits per 10,000 population 18 years and under) is the worst 25th percentile range (red indicator) compared to ZIP codes in Illinois. See Exhibit 91 below.

Exhibit 91: Age-Adjusted Emergency Room Rate for Pediatric Mental Health for McLean County vs. Bloomington ZIP Code 61701, 2015 - 2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 – 2017.

Disparities

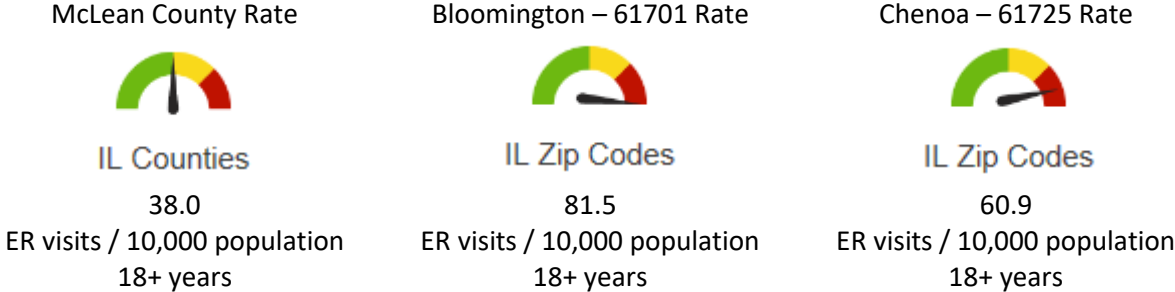
The highest emergency room rates occur in:

- individuals 10 - 14 years (130.5 emergency room visits per 10,000 population <= 18 years)
- individuals 15 - 17 years (204.2 emergency room visits per 10,000 population <=18 years) which is 155 percent higher (2 ½ times) the county rate
- Blacks or African Americans (150.5 emergency room visits per 10,000 population <=18 years)
- Bloomington ZIP code 61701 (147.0 emergency room visits per 10,000 population <=18 years).

Suicide and Intentional Self-inflicted Injury (Adults)

The rate for age-adjusted emergency room visits for adults due to suicide and intentional self-inflicted injury in McLean County is 38.0 emergency room visits per 10,000 population ages 18 years and older (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 – 2017). This is in the best 0 - 50th percentile range (green indicator) compared to other counties in Illinois. In contrast, the rates for Bloomington – ZIP code 61701 (81.5 emergency room visits per 10,000 population 18+ years) and Chenoa – ZIP code 61726 (60.9 emergency room visits per 10,000 population 18+ years) are in the worst 25th percentile range (red indicator) compared to other ZIP codes in Illinois. See Exhibit 92 below.

Exhibit 92: Age-Adjusted Emergency Room Rate Due to Suicide and Intentional Self-Inflicted Injury for Population 18+ Years for McLean County vs. Bloomington ZIP Code 61701 and Chenoa ZIP Code 61726, 2015 - 2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017.

Disparities

The highest emergency room visit rates due to suicide and intentional self-inflicted injury occur in:

- individuals 18 - 24 years (68.0 emergency room visits per 10,000 population 18+ years)
- individuals 25 - 34 years (56.7 emergency room visits per 10,000 population 18+ years)
- Blacks or African Americans (59 emergency room visits per 10,000 population 18+ years)
- Bloomington ZIP code 61701 (81.5 emergency room visits per 10,000 population 18+ years)
- Chenoa ZIP code 61726 (60.9 emergency room visits per 10,000 population 18+ years).

Adolescent Suicide and Intentional Self-inflicted Injury

The rate for age-adjusted emergency room visits due to adolescent suicide and intentional self-inflicted injury in McLean County is 111.8 emergency room visits per 10,000 population 10 - 17 years of age (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 – 2017). This is in the worst 25th percentile range (red indicator) compared to other counties in Illinois.

Disparities

The highest emergency room visit rates for adolescent suicide and intentional self-inflicted injury occur in:

- individuals 15 - 17 years old (161.5 emergency room visits per 10,000 population 10 - 17 years)
- females (156.1 emergency room visits per 10,000 population 10 - 17 years)
- Bloomington ZIP code 61701 (177.8 emergency room visits per 10,000 population 10 - 17 years).

Suicide Deaths

The age-adjusted death rate due to suicide in McLean County is 12.5 deaths per 100,000 population (Conduent Healthy Communities Institute, Centers for Disease Control and Prevention, 2015 - 2017). This is in the best 0 - 50th percentile range (green indicator) compared to other counties in the United States and is higher than the Illinois value (10.7 deaths per 100,000 population). The rate is not

statistically different from the prior value for McLean County (11.8 deaths per 100,000 population) but the rate is trending unfavorably in a statistically significant direction and does not meet the Healthy People 2020 target (10.2 deaths per 100,000 population). See Exhibit 93 below for an illustration of this data.

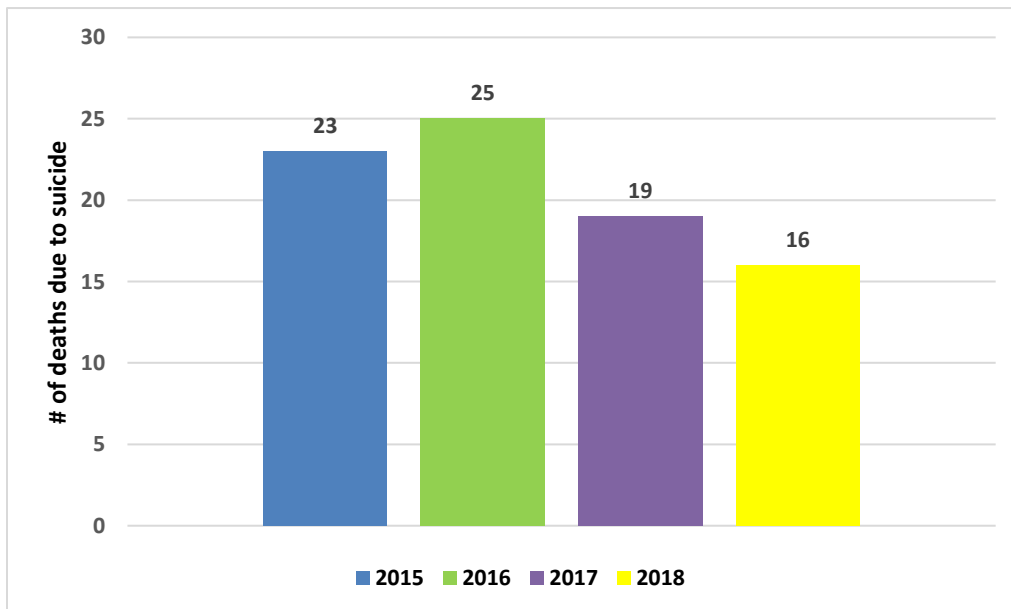
Exhibit 93: Age-Adjusted Death Rate Due to Suicide in McLean County, 2007 – 2017



Source: Conduent Healthy Communities Institute, Centers for Disease Control and Prevention, 2015 - 2017.

There were 16 deaths due to suicide in McLean County in 2018 (McLean County Coroner, 2018). Exhibit 94 below shows the number of deaths due to suicide from 2015 - 2018.

Exhibit 94: Number of Deaths Due to Suicide in McLean County, 2015 - 2018



Source: McLean County Coroner, 2015 - 2018.

[Number of Suicide-related Calls to Path Crisis Center](#)

In 2018, 1230 suicide-related calls were made to Path Crisis Center from residents in McLean County (Path Crisis Center, 2018). This number has decreased from the 2017 (1482) and 2016 (1412) number of calls. The PATH Crisis Center is a community resource for those seeking help with human services. The crisis center answers over 90,000 calls annually through the 24-hour, seven day a week 2-1-1 crisis hotline.

[Percent of Medicare Beneficiaries Receiving Treatment for Depression](#)

The percent of Medicare beneficiaries receiving treatment for depression in McLean County is 15.8 percent (Conduent Healthy Communities Institute, Center for Medicare and Medicaid Services, 2015). This is in the best 0 - 50th percentile range (green indicator) in comparison to other counties in Illinois, is higher than the Illinois value (15.1 percent), higher than the prior value for McLean County (15.8 percent) and is trending unfavorably but not in a statistically significant direction.

[Self-Reported Mental Health](#)

Illinois Youth Survey

Teens Feeling Sad or Hopeless

The average percentage of eighth, tenth and twelfth graders in McLean County who reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities was 31 percent (Illinois Youth Survey, 2018). This is an increase from the 2016 value of 28 percent.

Teens Who Considered Attempting Suicide

The average percentage of tenth and twelfth graders in McLean County who reported they seriously considered attempting suicide during the past 12 months is 16 percent (Illinois Youth Survey, 2018). This is similar to the 2016 value of 16.5 percent.

County Health Rankings

Frequent Mental Distress

The percentage of adults in McLean County who stated that their mental health was not good for 14 or more of the past 30 days is 10.7 percent (Conduent Healthy Communities Institute, County Health Rankings, 2016). This is in the best 0 - 50th percentile range (green indicator) compared to other counties in Illinois, is higher than the Illinois value (10 percent) and is not statistically different than the prior value for McLean County (10.1 percent). See Exhibit 95 below.

Exhibit 95: Frequent Mental Distress - McLean County, 2016



Source: Conduent Healthy Communities Institute, County Health Rankings, 2016.

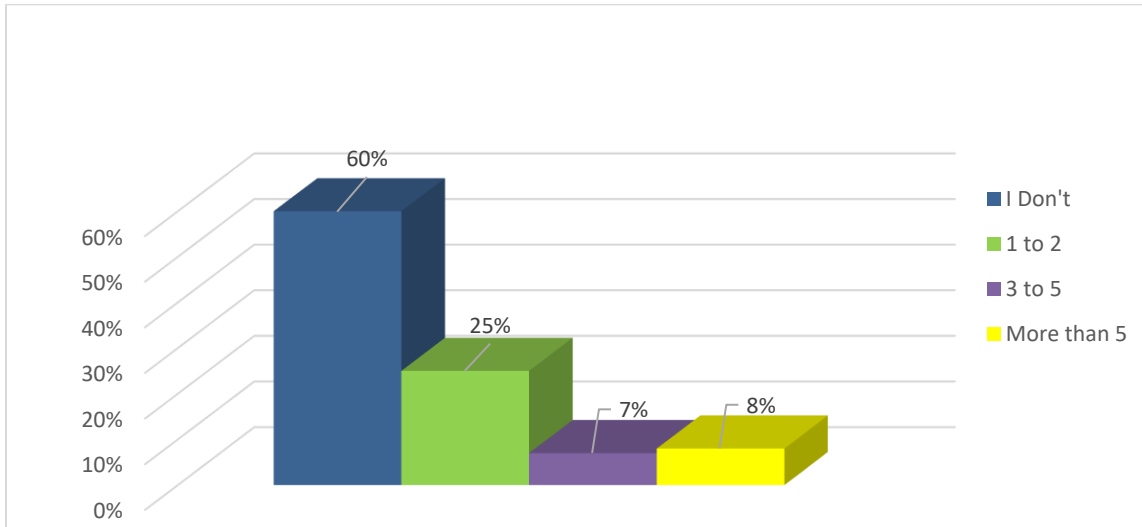
Poor Mental Health

The number of days McLean County residents reported that their mental health was not good in the past 30 days is 3.6 days (Conduent Healthy Communities Institute, County Health Rankings, 2016). This is in the best 0 - 50th percentile range (green indicator) in comparison to other counties in Illinois, is higher than the Illinois value (3.5 days) and not statistically different than the prior value for McLean County (3.4 days).

2018 McLean County Community Health Survey

Sixty percent of survey respondents reported that they did not feel stressed or anxious on any day during the past 30 days. Twenty-five percent reported feeling stressed or anxious one or two days, seven percent for three to five days and eight percent for more than five days. See Exhibit 96 below.

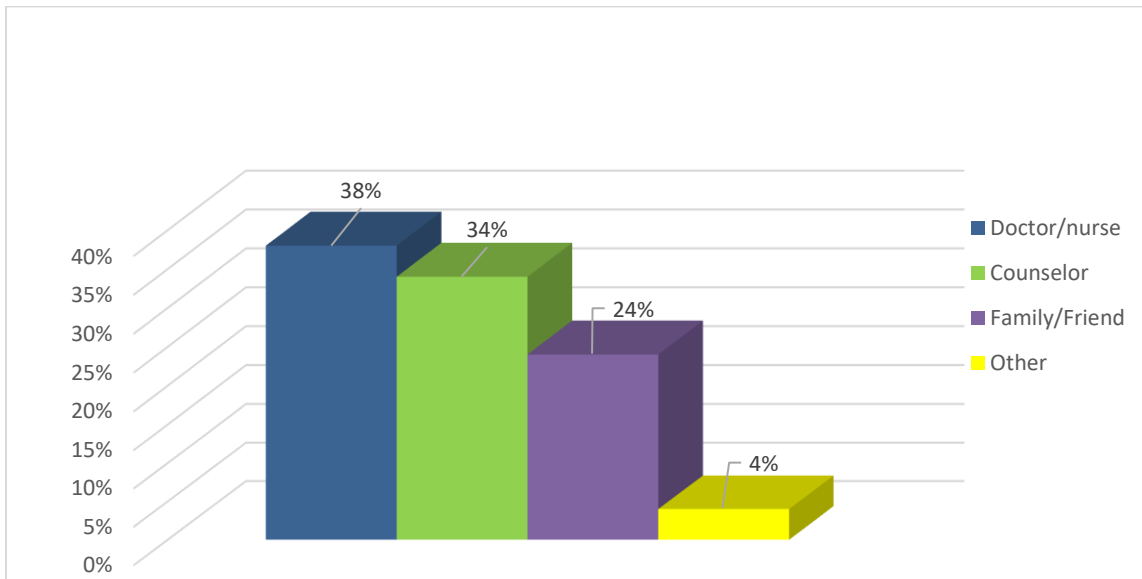
Exhibit 96: Responses to "In the last 30 days, how often have you felt anxious or stressed?" for McLean County Survey Respondents, 2018



Source: McLean County Community Health Survey, 2018.

Fifty-nine percent of survey respondents reported that they have talked to someone about their mental health. Of those individuals, the following graph (Exhibit 97) illustrates to whom they talked.

Exhibit 97: Responses to "Who have you talked to about your mental health?" for McLean County Survey Respondents, 2018



Source: McLean County Community Health Survey, 2018.

Social Determinant Correlates

Several characteristics show a significant relationship with an individual's behavioral health. The following relationships were found using correlational analyses:

- **Depression** tends to be rated higher by older people, those with lower education and income and those with an unstable (e.g., homeless) housing environment
- **Anxiety** tends to be rated higher by older people, those with lower education and income and those with an unstable (e.g., homeless) housing environment
- **Frequency of self-medication** tends to be rated higher for those with an unstable (e.g., homeless) housing environment (McLean County Community Health Survey, 2018).

ICD-9 and ICD-10 Hospital Data

Psychiatric visits were the second most common reason for patient visits to Advocate BroMenn Medical Center's emergency room from 2012 to 2017 (Advocate BroMenn Medical Center, ICD-9 and 10 Diagnosis, 2012 - 2017). Psychiatric visits were not in the top ten reasons for patient visits to OSF St. Joseph Medical Center's emergency room. Advocate BroMenn Medical Center has the only in-patient mental health unit in McLean County. This is one reason why OSF St. Joseph Medical Center does not see similar numbers of patients due to psychiatric visits in their emergency room (OSF St. Joseph Medical Center, Top ICD-9 and 10, Diagnosis, 2012 - 2017).

Oral Health

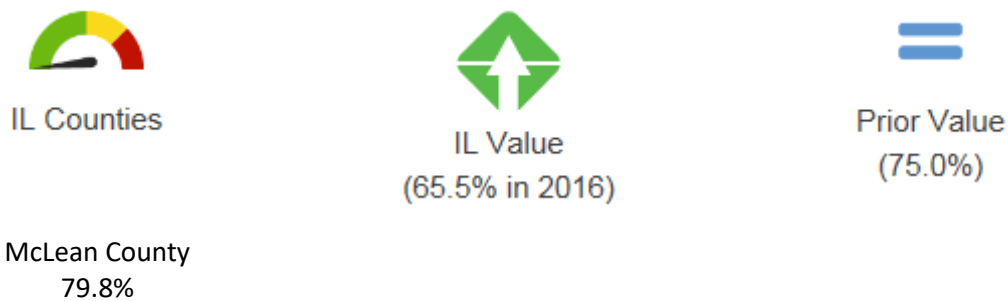
Economic Impact of Inadequate Oral Healthcare

The average cost of a Medicaid enrollee's inpatient hospital treatment for dental problems is nearly 10 times more expensive than the cost of preventive care delivered in a dentist's office. From 2008 – 2011, a Pew Research Center study noted that there were approximately 77,000 dental visits to hospitals in the Chicago Metro area. When children miss school due to illness, parents may miss work as well to stay home with them. A study published in 2011 noted that children with poor oral health were more likely to: 1) have pain; 2) miss school; and 3) demonstrate poor academic performance (The Pew Research Center on the States, A Costly Dental Destination: Hospital Care Means States Pay Dearly (2012); S.L. Jackson, W.F. Vann, J. Kotch, B.T. Pahel and J.Y. Lee, "Impact of Poor Oral Health of Children's School Attendance and Performance," American Journal of Public Health 101 (2011): 1900 – 1906).

Adults Who Visited a Dentist

In 2007 - 2009, 79.8 percent of McLean County residents visited a dentist or dental clinic within the past year (Conduent Healthy Communities Institute, Illinois Behavioral Risk Factor Surveillance System, 2007 - 2009). This percentage is higher than the 2016 state rate (65.5 percent) and is in the best 0 - 50th percentile range (green indicator) when compared to other counties in Illinois. See Exhibit 98 below.

Exhibit 98: McLean County Adults Who visited a Dentist or Dental Clinic within the Past Year, 2007 - 2009



Source: Conduent Healthy Communities Institute, Illinois Behavioral Risk Factor Surveillance System, 2007 - 2009.

[Age-Adjusted Emergency Room Rate due to Dental Problems](#)

The age-adjusted emergency room rate due to dental problems for McLean County is 45.6 emergency room visits per 10,000 population (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 – 2017). This is in the best 0 - 50th percentile range (green indicator) compared to other counties in Illinois. The rates for the following ZIP codes, however, are all in the worst 50th – 75th percentile range (yellow indicator) compared to other ZIP codes in Illinois: Bloomington ZIP code 61701, Chenoa ZIP code - 61726, Stanford - 61774 and Saybrook ZIP code 61770. See the disparities bullet points below for rates for the ZIP codes.

Disparities

The highest emergency room rates in McLean County due to dental problems are seen in:

- individuals ages 25 - 34 (128.4 emergency room visits per 10,000 population 18+ years)
- individuals ages 35 - 44 (75.0 emergency room visits per 10,000 population 18+ years)
- Blacks or African Americans (156.2 emergency room visits per 10,000 population 18+ years)
- those living in the following ZIP codes:
 - Bloomington ZIP code 61701 (100.2 emergency room visits per 10,000 population or 120 percent higher than the county rate)
 - Chenoa ZIP code 61726 (76.5 emergency room visits per 10,000 population or 68 percent higher than the county rate)
 - Stanford ZIP code 61774 (69.8 emergency room visits per 10,000 population or 53 percent higher than the county rate)
 - Saybrook ZIP code 61770 (78.8 emergency room visits per 10,000 population or 73 percent higher than the county rate).

[School District Oral Health Data](#)

Compliance with Oral Health Exams

The Illinois State Board of Education (ISBE) posts oral health exam compliance rates. As of late 2018, the most recent data published was for the 2013-2014 school year. In Kindergarten, McLean County school districts report an average of 93.4 percent compliance with oral health exams; in second grade that figure decreases to 83.5 percent and in sixth grade decreases again to 79.3 percent (Illinois State Board of Education, 2013 - 2014 School Year). District level data is available upon request or on the Illinois State Board of Education's website. Compliance with oral health exams generally trends unfavorably as children age from Kindergarten to sixth grade.

Disparities

The largest school districts in the county, Unit 5 and District 87, have the highest rates of non-compliance with oral exams at every grade level.

Percentage of Children with Untreated Dental Caries

Seventeen percent of McLean County Kindergarteners, 16.5 percent of second graders and 10.5 percent of sixth graders had untreated dental caries noted on their 2013 - 2014 dental exam form (Illinois State Board of Education, 2013-2014). See Exhibit 99 and 100 below for a comparison of this data.

Exhibit 99: Percentage of Children with Untreated Dental Caries, 2013 - 2014

Grade	McLean County	Illinois	Healthy People 2020 Target
Kindergarten	17.0%	17.4%	21.4%
2 nd Grade	16.5%	19.4%	25.9%
6 th Grade	10.5%	13.2%	15.3%

Source: Illinois State Board of Education Report: Dental Examination Compliance Status of Kindergarten, Second and Sixth Grade Children in Illinois for School Year 2013 - 2014 (November 2015).

<https://www.isbe.net/Pages/Health-Requirements-Student-Health-Data.aspx>

**Exhibit 100: Dental Exam Compliance Survey Results for
All Illinois Children in Kindergarten, Second Grade and Sixth Grade, 2013 – 2014**

Dental Exam Findings	Public Schools	Non-Public Schools	All Students
Had caries experience/restoration history			
• Kindergarten	22.3%	18.5%	21.8%
• 2 nd grade	35.2%	31.1%	34.7%
• 6 th grade	36.8%	35.1%	36.6%
• All three grades	31.1%	22.6%	30.6%
Had untreated caries			
• Kindergarten	18.5%	10.9%	17.4%
• 2 nd grade	20.4%	12.0%	19.4%
• 6 th grade	13.6%	10.7%	13.2%
• All three grades	17.5%	11.2%	16.7%
Needed urgent treatment			
• Kindergarten	1.4%	0.4%	1.3%
• 2 nd grade	1.5%	0.4%	1.4%
• 6 th grade	0.6%	0.2%	0.6%
• All three grades	1.2%	0.3%	1.1%
Had Sealants			
• Kindergarten	8.2%	11.4%	8.6%
• 2 nd grade	41.4%	35.8%	40.7%
• 6 th grade	59.1%	53.8%	58.5%
• All three grades	35.2%	32.1%	34.8%

Source: Illinois State Board of Education, 2013 - 2014 School Year.

For the 2013 - 2014 school year, the percent of McLean County children with untreated dental caries meets and exceeds the Healthy People 2020 targets in all three grades that currently require a dental exam (Kindergarten, second grade and sixth grade); however, the finding that 10.5 percent - 17 percent of children have a preventable health condition indicates a need for further targeted public information to encourage oral healthcare to reduce preventable dental caries.

Disparities

- ISBE data (2013 - 2014) indicates that Illinois children in public schools (Kindergarten, second and sixth grade) have a higher percentage of caries experience/restoration history, untreated caries and children needing urgent treatment for an oral health issue than children in non-public schools
- Healthy People 2020: In 2013 - 2014, a disparity between Black or African American children (not Hispanic or Latino) and White Only (not Hispanic or Latino) children ages 6-9 years old was identified regarding the percentage of untreated dental decay:
 - Black or African American: 24.9 percent (this is an improvement from 2011 - 2012 data: 31.8 percent)
 - White: 11.5 percent
- Healthy People 2020: In 2013 - 2014, 25.7 percent of adolescents (ages 13-19) with untreated dental decay had public insurance, while 10.3 percent of adolescents with untreated dental decay had private insurance.

Access to Oral Healthcare

In the United States (2009), 56 percent of Medicaid-enrolled children did not receive dental care. A Pew Research Center study noted that this could be due to many factors, including that many dentists do not accept Medicaid and that there is a shortage of dentists in some areas of the country (The Pew Research Center, Center on the States, A Costly Dental Destination: Hospital Care Means States Pay Dearly, 2012).








Respiratory Disease

Currently in the United States, more than 23 million people have asthma. Additionally, approximately 13.6 million adults have been diagnosed with chronic obstructive pulmonary disease (COPD). Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion (Conduent Healthy Communities Institute, 2019).

[Age-Adjusted Emergency Room and Hospitalization Rates](#)

The age-adjusted emergency room and hospitalization rates for numerous respiratory indicators are illustrated in Exhibit 101 below. A summary of McLean County rates for both emergency room visits and hospitalizations for the indicators are listed in the table. Emergency room visits due to adult asthma, asthma (all ages) and hospitalizations due to chronic obstructive pulmonary disease (COPD) are all in the worst 50th – 75th percentile range (yellow indicator) in comparison to other counties in Illinois (Conduent Healthy Communities, Illinois Hospital Association, 2015 - 2017).

**Exhibit 101: Summary of Age-Adjusted Emergency Room Visits and Hospitalizations
for Respiratory Indicators for McLean County, 2015 - 2017**

Indicator rate due to:	Emergency room visits/10,000 population	Indicator Color (McLean County compared to Other Counties in Illinois)	Hospitalizations/10,000 population	Indicator Color (McLean County compared to Other counties in Illinois)
Adult Asthma 18+ years	25.7		4.9	
Asthma All ages	27.6		4.1	
Pediatric Asthma <18 years	33.1		1.8	Not available
COPD 18+ years	22.8		23.2	

Source: Conduent Healthy Communities, Illinois Hospital Association, 2015 - 2017.

[Race/Ethnicity and Age Disparities for Respiratory Emergency Room Visits](#)

In comparison to McLean County, there are statistically significant disparities by race/ethnicity and age for respiratory indicators for emergency room visits. There were no disparities by gender. The greatest disparities for respiratory indicators for emergency room visits are seen in Blacks or African Americans with rates ranging from 285-486 percent higher than the overall rate for McLean County. Exhibit 102 below illustrates disparities by race/ethnicity and age when compared to the McLean County rate for emergency room visits due to respiratory reasons (Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017).

**Exhibit 102: Respiratory Disparities by Race/Ethnicity and Age for
Age-Adjusted Emergency Room Visits for McLean County, 2015 - 2017**

Indicator rate due to:	Emergency room visits per 10,000 population in McLean County	Emergency room visits per 10,000 population Disparities by race/ethnicity	Emergency room visits per 10,000 population Disparities by age
Adult Asthma 18+ years	25.7	Black or African American - 150.5 <ul style="list-style-type: none"> • 486% higher (>than 5x's) than the county rate 	18 - 24 years - 31.6 <ul style="list-style-type: none"> • 23% higher than the county rate 25 - 44 years - 32.5 <ul style="list-style-type: none"> • 26% higher than the county rate
Asthma All ages	27.6	Black or African American - 144.6 <ul style="list-style-type: none"> • 424% higher (>than 5x's) than the county rate 	5 - 9 years - 39.9 <ul style="list-style-type: none"> • 45% higher than the county rate 25 - 34 years - 42.5 <ul style="list-style-type: none"> • 54% higher than the county rate
Pediatric Asthma < 18 years	33.1	Black or African American - 127.6 <ul style="list-style-type: none"> • 285% higher (>3 ½ x's) than the county rate 	No disparities by age
COPD 18+ years	22.8	Black or African American - 58.2 <ul style="list-style-type: none"> • 358% higher (>4.5 x's) than the county rate 	45 - 64 years - 33.8 <ul style="list-style-type: none"> • 48% higher than the county rate 65 - 84 years - 71.7 <ul style="list-style-type: none"> • 214% higher (>3x's) than the county rate

Source: Conduent Healthy Communities, Illinois Hospital Association, 2015 - 2017.

[Race/Ethnicity, Gender and Age Disparities for Respiratory Hospitalizations](#)

In comparison to McLean County, there are statistically significant disparities by race/ethnicity, age and gender for respiratory indicators for hospitalizations. The greatest disparities for respiratory indicators for hospitalizations are seen in Blacks or African Americans with rates ranging from three to four times higher than the rate for McLean County. Exhibit 103 below illustrates disparities by race/ethnicity, age and gender when compared to the McLean County rate for hospitalizations due to respiratory reasons (Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017).

**Exhibit 103: Respiratory Disparities by Race/Ethnicity and Age for
Age-Adjusted Hospitalizations for McLean County, 2015 - 2017**

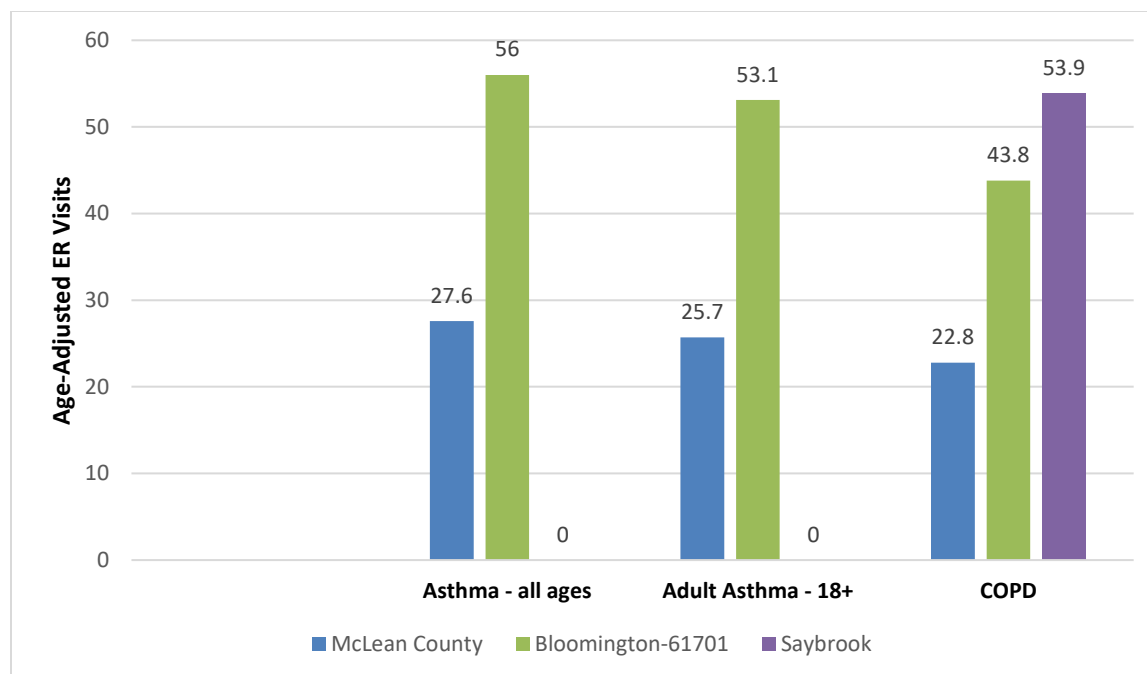
Indicator rate due to:	Hospitalizations per 10,000 population McLean County	Hospitalizations per 10,000 population Disparities by race/ethnicity	Hospitalizations per 10,000 population Disparities by age and/or gender
Adult Asthma 18+ years	4.9	Black or African American - 20.5 <ul style="list-style-type: none"> • 318% higher (>4x's) than the county rate 	45 - 64 years - 8.4 <ul style="list-style-type: none"> • 72% higher than the county rate Female – 7.3 <ul style="list-style-type: none"> • 33% higher than the county rate
Asthma All ages	4.1	Black or African American - 16.1 <ul style="list-style-type: none"> • 293% higher (nearly triple) than the county rate 	45 - 64 years - 8.4 <ul style="list-style-type: none"> • 105% higher (more than double) than the county rate 85+ years -12.7 <ul style="list-style-type: none"> • 210% higher (>3 x's) than the county rate Female - 5.9 <ul style="list-style-type: none"> • 228% higher (>3 x's) than the county rate
Pediatric Asthma < 18 years	1.8	Black or African American – 22.6 <ul style="list-style-type: none"> • 259% higher (>2x's) the county rate Hispanic - 18.8 <ul style="list-style-type: none"> • 198% higher (3x's) the county rate 	Disparities not available
COPD 18+ years	23.2	No significant disparities	65 - 84 years - 93.3 <ul style="list-style-type: none"> • 302% higher (4x's) than the county rate 85+ years - 97.9 <ul style="list-style-type: none"> • 322% higher (>4x's) than the county rate

Source: Conduent Healthy Communities, Illinois Hospital Association, 2015 - 2017.

[Race/Ethnicity and Age Disparities for Respiratory Emergency Room Visits and Hospitalizations](#)

In addition to the above disparities, there are also disparities by ZIP code for respiratory diseases compared to the McLean County rate. Disparities by ZIP code are shown below (when data is available) for the nine highest SocioNeeds ZIP codes in McLean County. Out of the nine highest SocioNeeds ZIP codes in the county, only Bloomington – 61701, Saybrook – 61770 and Funks Grove – 61754 had disparities data for respiratory disease indicators. The difference in the rates for Bloomington – 61701 are approximately double for the three indicators exhibited below. Saybrook – ZIP code 61770 had a disparity for chronic obstructive pulmonary disease (COPD) at 136 percent, or more than double the county rate (Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017). See Exhibit 104 below.

Exhibit 104: Respiratory Disparities by ZIP Code for Age-Adjusted Emergency Room Visits for McLean County, 2015 - 2017



Source: Conduent Healthy Communities, Illinois Hospital Association, 2015 - 2017.

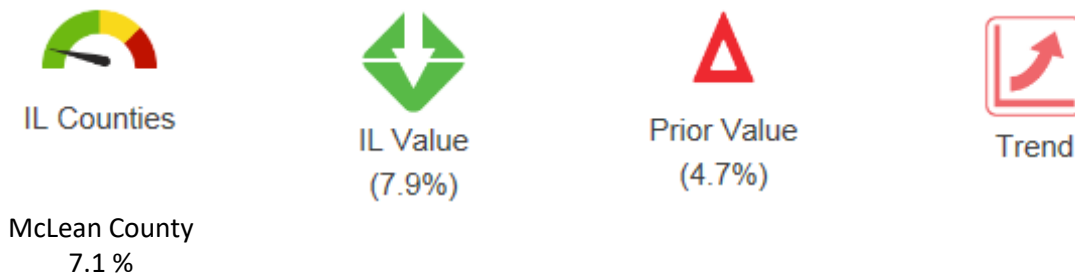
For respiratory disparities by ZIP code for hospitalizations, only Bloomington – 61701 showed a disparity. In comparison to the rate for McLean County (23.2 hospitalizations per 10,000 population 18+ years), the rate for Bloomington – 61701 (37.5 hospitalizations per 10,000 population 18+ years) is 62 percent higher (Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017).

[Prevalence: Asthma](#)

The percent of Medicare beneficiaries receiving treatment for asthma in McLean County is 7.1 percent (Conduent Healthy Communities Institute, Centers for Medicare and Medicaid Services, 2015). This is in the best 0 - 50th percentile range (green indicator) compared to other counties in Illinois, is lower than

the Illinois value (7.9 percent), worse than the prior value for McLean County (4.7 percent) and is trending favorably but not in a statistically significant direction. See Exhibit 105 below.

Exhibit 105: Asthma in the Medicare Population for McLean County, 2010 - 2017



Source: Conduent Healthy Communities Institute, Centers for Medicare and Medicaid Services, 2015.

The percent of adults in McLean County that have ever been told by a healthcare provider that they currently have asthma is 8.1 percent (Conduent Healthy Communities Institute, Illinois Behavioral Risk Factor Surveillance System, 2010 – 2014). This is in the best 0 - 50th percentile range (green indicator) compared to other counties in Illinois and is lower than the Illinois value (8.9 percent).

[Prevalence: Chronic Obstructive Pulmonary Disease](#)

The percent of Medicare beneficiaries receiving treatment for chronic obstructive pulmonary disease in McLean County is 9.8 percent (Conduent Healthy Communities Institute, Centers for Medicare and Medicaid Services, 2015). This is in the best 0 - 50th percentile range (green indicator) compared to other counties in Illinois, is lower than the Illinois value (11.2 percent), better than the prior value for McLean County (10.1 percent) and is trending favorably but not in a statistically significant direction.

Sentinel Events

[Adults with Tuberculosis](#)

In 2017, there were two cases of tuberculosis in McLean County (Conduent Healthy Communities Institute, Illinois Department of Public Health, 2017). This is higher than the 2015 prior value for McLean County of one case and is trending unfavorably, but not in a statistically significant direction. Preliminary data for 2018 indicates two active cases of tuberculosis were reported in McLean County. In 2017, case rates per 100,000 were 1.15 in McLean County, 2.62 for Illinois and 2.8 for the United States. The National Tuberculosis Program Objectives and Performance target for 2020 is no more than 1.4 cases per 100,000, the same target used by the Illinois Department of Public Health. In 2018, the McLean County case rate remained at 1.15, still meeting the national target, while the Illinois rate moved to 2.48 per 100,000 (Illinois Department of Public Health, 2017 and 2018; McLean County Health Department, Bloomington Illinois, 2019).

Age-Adjusted Hospitalizations due to Dehydration—Adults

The age-adjusted hospitalization rate in McLean County due to dehydration is 10.6 hospitalizations per 10,000 population 18 years and older (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017). This is in the best 0 - 50th percentile range (green indicator) in comparison to other counties in Illinois and lower than the Illinois value of 14.0 hospitalizations per 10,000 population 18 years and older. Pediatric rates were unavailable.

Age-Adjusted Hospitalization Rate due to Hypertension—Adults

The age-adjusted hospitalization rate due hypertension in McLean County is 3.3 hospitalizations per 10,000 population 18 years and older. This is in the worst 50th – 75th percentile (yellow indicator) in comparison to other counties in Illinois, but lower than the Illinois value of 4.6 hospitalizations per 10,000 population (Conduent Healthy Communities, Illinois Hospital Association, 2015 - 2017).

Age-Adjusted Hospitalizations due to Pediatric Asthma

The age-adjusted hospitalization rate due to pediatric asthma in McLean County is 1.8 hospitalizations per 10,000 population less than 18 years of age. This is lower than the Illinois value of 8.5 hospitalizations per 10,000 population less than 18 years of age (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017).

In-Situ Cancer- 5-Year Averages

Breast Cancer in Situ

In McLean County, breast cancer in situ rates have been climbing steadily since the early 1990s, from a five-year average rate of 15.7 per 100,000 for 1991 – 1995 to 26.0 per 100,000 for 2011 - 2015 (Illinois Department of Public Health, Cancer in Illinois Statistics, 1991 – 2015). See Exhibit 106 below. There were no cases in males noted. State rates for breast cancer in situ were not available in 2018.

Exhibit 106: 5-Year Cancer Incidence Counts and Age-Adjusted Rates per 100,000 for Breast Cancer in Situ – McLean County, 1991 - 2015

5-Year Period	# Breast Cancer In Situ Diagnosed	County Rate Per 100,000
2011 - 2015	110	26.0
2006 - 2010	107	26.1
2001 - 2005	90	24.5
1996 - 2000	70	22.0
1991 - 1995	45	15.7

Source: Illinois Department of Public Health, Cancer in Illinois Statistics, Cancer Incidence by County, Breast Cancer In Situ, 1991 – 2015, <http://www.idph.state.il.us/cancer/statistics.htm>.

Cervical Cancer

In McLean County, cervical cancer in situ rates have been decreasing since the early 1990s, from a five-year average rate of 9.8 per 100,000 for 1991 – 1995, to 6.9 per 100,000 for 2011 – 2015, with the lowest five-year average rate of 4.7 per 100,000 being achieved during the 2006-2010 period (Illinois Department of Public Health, Cancer in Illinois Statistics, 1991 – 2015). See Exhibit 107 below. State rates for cervical cancer in situ were not available in 2018.

Exhibit 107: 5-Year Cancer Incidence Counts and Age-Adjusted Rates per 100,000 for Cervical Cancer In Situ – McLean County, 1991 - 2015

5-Year Period	# Cervical Cancer In Situ Diagnosed	County Rate Per 100,000
2011 - 2015	28	6.9
2006 - 2010	18	4.7
2001 - 2005	25	7.0
1996 - 2000	24	7.1
1991 - 1995	30	9.8

Source: Illinois Department of Public Health, Cancer in Illinois Statistics, Cancer Incidence by County, Cervical Cancer In Situ, 1991 – 2015, <http://www.idph.state.il.us/cancer/statistics.htm>.

Children Hospitalized for Rheumatic Fever

Rheumatic fever is not a reportable condition in Illinois; however, the bacterium that can produce an infection that may lead to Rheumatic fever, Streptococcal (Group A, invasive), is reportable to health authorities within 24-hours as a Class I (b) biological agent. Not all Streptococcal (Group A, invasive) infections cause Rheumatic fever. In Illinois, there are approximately 350 cases of Invasive Group A Streptococcus each year (Illinois Department of Public Health, 2019). In McLean County, during the five-year period of 2013 – 2017, only one case of Streptococcal Pneumoniae (Invasive) in children under age five was reported (2017). It is not known if this case was hospitalized (McLean County Health Department Annual Reports, 2013 – 2017).

Number of Cases of Measles, Mumps, Polio, and Tetanus (ages 1-17)

The immunization status of school-age children in McLean County exceeds recommended Illinois Department of Public Health specified levels necessary to prevent epidemics according to immunization data collected from public and non-public schools for the 2013 - 2014 school year, the most current data published in 2018 (Illinois State Board of Education, Data Analysis and Accountability Division, Health Requirements/Student Health Data, School Year 2013 - 2014). Over 98 percent of students were fully protected or in compliance with vaccination requirements, exceeding the Healthy People 2020 goal of 90 percent.

Case numbers for the five-year period of 2013 – 2017 for the following diseases include (McLean County Health Department, Annual Reports, 2013 – 2017):

- Measles: 0. The last documented case in McLean County was in 1989.

- Mumps: Mumps case counts in McLean County from 2013 - 2016 increased due to two mumps outbreaks in 2015 and 2016. Case counts were 0 in 2013 and 2014. During the 2015 outbreak, 71 cases were reported, and 88 percent of cases were in persons ages 15-24 years. During the 2016 outbreak, 41 cases were reported, and 95 percent of cases were in persons ages 15-24 years (McLean County Health Department, Communicable Disease Data, 2018).
- Rubella: 0. The last documented case in McLean County was in 1990.
- Polio: 0
- Tetanus: 0

Substance Use

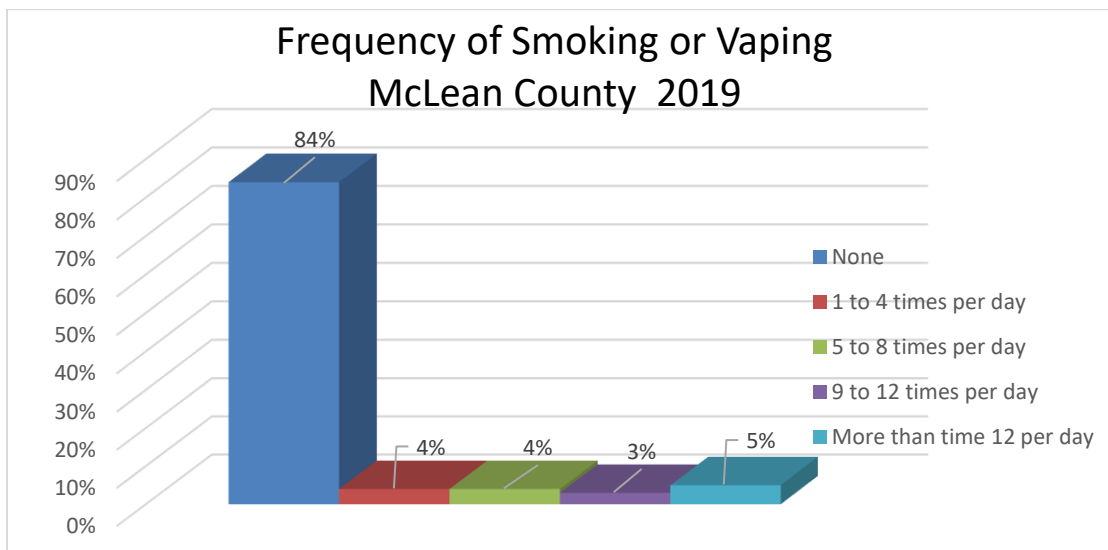
Tobacco and Marijuana Use

Adults Who Smoke

The percentage of adults who currently smoke cigarettes in McLean County is 14.9 percent. This is less than the state rate of 15.8 percent and the national rate of 17.1 percent (Conduent Healthy Communities Institute, County Health Rankings, 2016). The percent of adults who currently smoke cigarettes in McLean County, however, does not meet the Healthy People 2020 goal to “reduce regular cigarette smoking by adults to 12 percent” (Office of Disease Prevention and Health Promotion, Healthy People 2020, 2016).

The 2018 McLean County Community Health Survey data show 84 percent of McLean County respondents do not smoke or vape. This is an increase of three percent from the 2015 survey data in which 81 percent of survey respondents reported that they do not smoke or vape. Five percent of respondents stated they smoke or vape more than 12 cigarettes. See Exhibit 108 below.

Exhibit 108: Frequency of Adult Survey Respondents in McLean County Smoking and/or Vaping, 2018



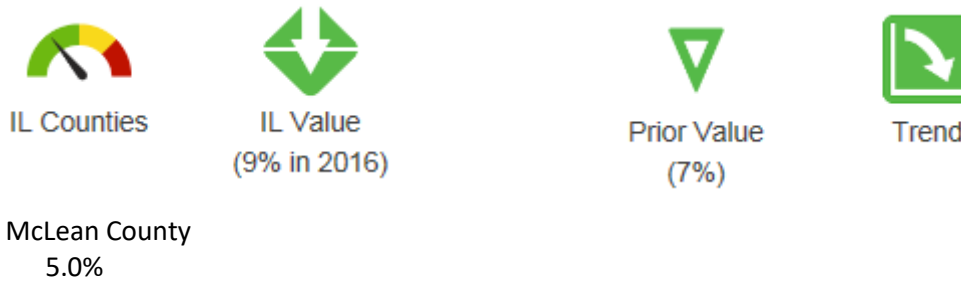
Source: McLean County Community Health Survey, 2018.

Frequency of smoking or vaping tends to be rated higher by women, younger people, those with lower education and income and those with unstable housing (McLean County Community Health Survey, 2018).

Teens Who Smoke

In 2018, five percent of 12th graders in McLean County reported smoking at least one cigarette in the 30 days prior to completing the Illinois Youth Survey. This is lower than the prior value for McLean County of seven percent and in the best 0 - 50th percentile range (green indicator) in comparison to other counties in Illinois. The trend for McLean County is favorable or decreasing in a statistically significant direction (Conduent Healthy Communities Institute, Illinois Youth Survey, 2018). See Exhibit 109 below for an illustration of this data.

Exhibit 109: McLean County Teens (12th Graders) Who Smoke, 2010 - 2018

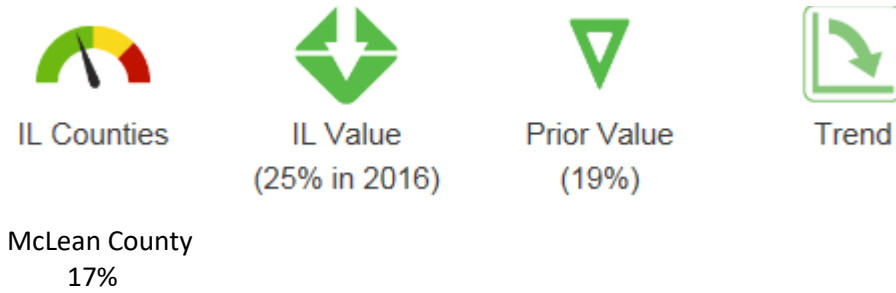


Source: Conduent Healthy Communities Institute, Illinois Youth Survey, 2018.

Teens Who Use Marijuana

In 2018, 17 percent of 12th graders in McLean County reported using marijuana one or more times during the 30 days prior to completing the Illinois Youth Survey. This is lower than the prior value for McLean County of 19 percent, lower than the state value of 25 percent and in the best 0 - 50th percentile range (green indicator) in comparison to other counties in Illinois. The trend for McLean County is favorable or decreasing but not in a statistically significant direction (Conduent Healthy Communities Institute, Illinois Youth Survey, 2018). See Exhibit 110 below for an illustration of this data.

Exhibit 110: McLean County Teens (12th Graders) Who Use Marijuana, 2010 - 2018



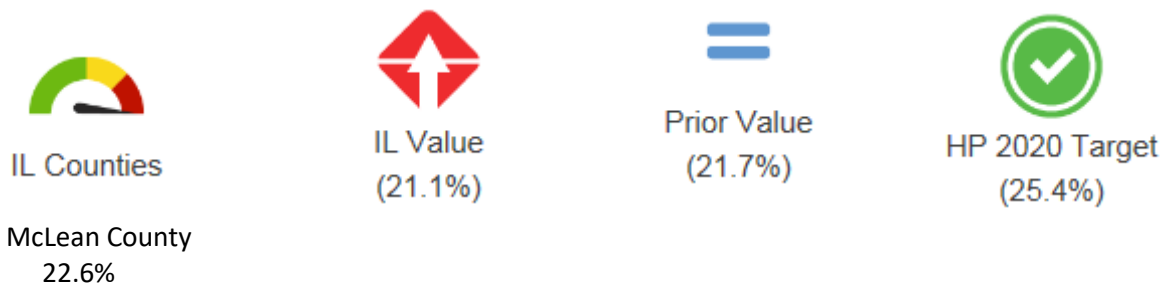
Source: Conduent Healthy Communities Institute, Illinois Youth Survey, 2018.

[Alcohol Use](#)

Adults Who Drink Excessively

The percentage of McLean County adults who report heavy or binge drinking is 22.6 percent. This is in the worst 25th percentile range (red indicator) in comparison to other counties in Illinois and is higher than the Illinois value of 21.1 percent. McLean County does, however, meet the Healthy People 2020 target (25.4 percent) (Conduent Healthy Communities Institute, County Health Rankings, 2016). See Exhibit 111 below for an illustration of this information.

Exhibit 111: McLean County Adults Who Drink Excessively, 2014 - 2016

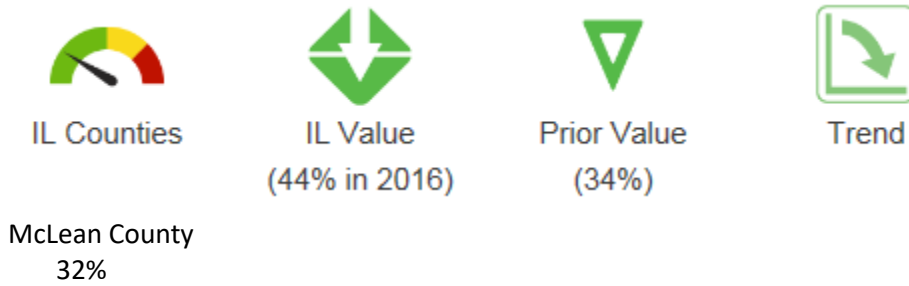


Source: Conduent Healthy Communities Institute, County Health Rankings, 2016.

Teens Who Use Alcohol

Thirty-two percent of McLean County 12th grade students reported that they drank alcohol during the 30 days prior to the 2018 Illinois Youth Survey. This is in the best 0 - 50th percentile range (green indicator) in comparison to other counties in Illinois, lower than the prior value in 2016 for McLean County of 34 percent and lower than the 2016 Illinois value of 44 percent. The percentage of teens who use alcohol in McLean County is trending favorably but not in a statistically significant direction. See Exhibit 112 below.

Exhibit 112: McLean County Teens (12th Graders) Who Use Alcohol, 2010 - 2018

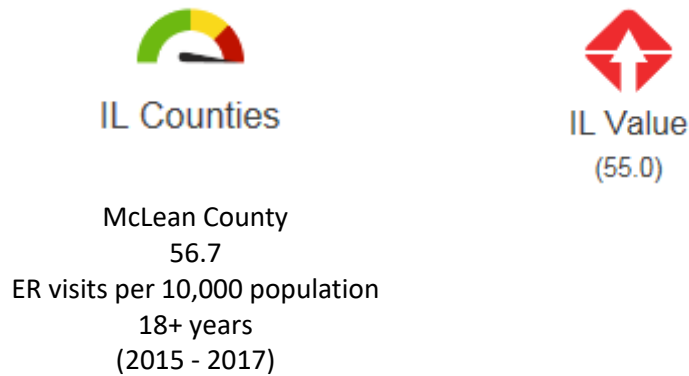


Source: Conduent Healthy Communities Institute, Illinois Youth Survey, 2018.

Age-Adjusted Emergency Room Rates due to Alcohol Use 18+ Years

The age-adjusted emergency room rate due to alcohol use is 56.7 visits per 10,000 population ages 18 years and older in McLean County. This is in the worst 25th percentile range (red indicator) in comparison to other counties in Illinois and higher than the Illinois value of 55 visits per 10,000 population ages 18 years and older (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017). See Exhibit 113 below.

Exhibit 113: Age-Adjusted Emergency Room Rate Due to Alcohol Use by Adults for McLean County, 2015 - 2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017.

Disparities

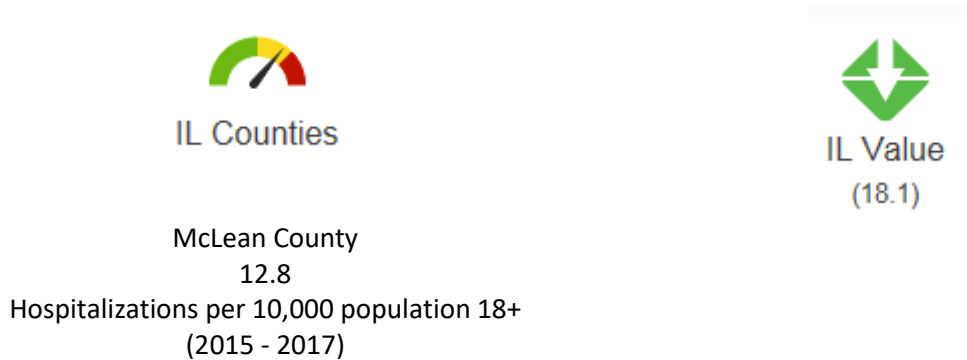
The highest emergency room rates due to alcohol use are seen in:

- individuals ages 25-34 (69.1 emergency room visits per 10,000 population 18+ years)
- individuals ages 45-64 (67.5 emergency room visits per 10,000 population 18+ years)
- males (80.8 emergency room visits per 10,000 population 18+ years)
- Blacks or African Americans (113.1 emergency room visits per 10,000 population 18+ years)
- those living in ZIP code 61701 (136.8 emergency room visits per 10,000 population 18+ years).

Age-Adjusted Hospitalizations due to Alcohol Use 18+ Years

The age-adjusted hospitalization rate due to alcohol use is 12.8 hospitalizations per 10,000 population ages 18 years and older in McLean County. This is in the worst 50th - 75th percentile range (yellow indicator) in comparison to other counties in Illinois. It is lower than the Illinois value of 18.1 visits per 10,000 population ages 18 years and older (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017). See Exhibit 114 below.

Exhibit 114: Age-Adjusted Hospitalization Rate Due to Alcohol Use by Adults for McLean County, 2015 - 2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017.

Disparities

The highest hospitalizations rates due to alcohol use are seen in:

- individuals ages 45-64 (18.6 hospitalizations per 10,000 population 18+ years)
- males (20.4 hospitalizations per 10,000 population 18+ years)
- those living in Bloomington ZIP code 61701 (22.2 hospitalizations per 10,000 population 18+ years).

Age-Adjusted Emergency Room and Hospitalization Rates due to Adolescent Alcohol Use

The age-adjusted emergency room rate due to adolescent alcohol use is 9.6 visits per 10,000 population ages 10 - 17 years in McLean County. This is lower than the Illinois value of 10.9 visits per 10,000 population ages 10 - 17 years. McLean County's age-adjusted hospitalization rate due to adolescent alcohol use is 3.6 hospitalizations per 10,000 population ages 10 - 17 years. This is lower than the Illinois value of 7.2 hospitalizations per 10,000 population ages 10 - 17 years.

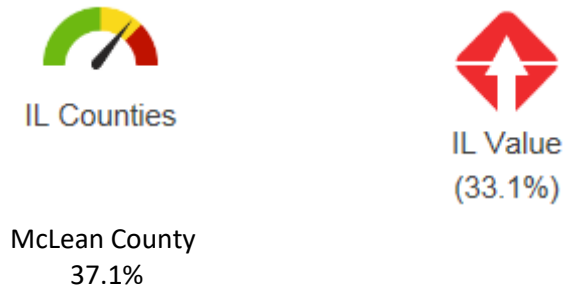
Disparities

No significant disparities.

Alcohol Impaired Driving Deaths

The percent of motor vehicle crash deaths with alcohol involvement in McLean County is 37.1 percent. This rate is in the worst 50th – 75th percentile range (yellow indicator) compared to other counties in Illinois and higher than the Illinois value of 33.1 percent (Conduent Healthy Communities Institute, County Health Rankings, 2012-2016). See Exhibit 115 below.

Exhibit 115: Alcohol Impaired Driving Deaths for McLean County, 2012-2016



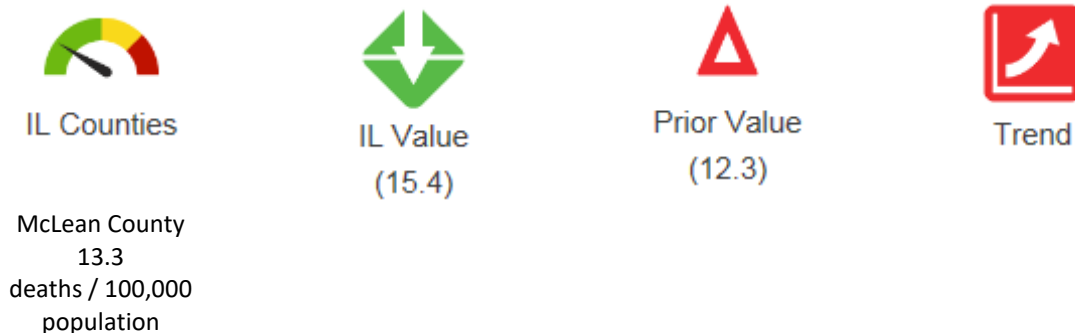
Source: Conduent Healthy Communities Institute, County Health Rankings, 2012 - 2016.

[Other Substances](#)

Death Rate Due to Drug Poisoning

The death rate due to drug poisoning in McLean County is 13.3 deaths per 100,000 population (Conduent Healthy Communities Institute, County Health Rankings, 2014-2016). This is in the best 0 - 50th percentile in comparison to other counties in Illinois and lower than the Illinois value of 15.4 deaths per 100,000 population. It is higher than the previous value of 12.3 deaths per 100,000 population and is trending unfavorably (statistically significant). See Exhibit 116 below.

Exhibit 116: Death Rate Due to Drug Poisoning in McLean County, 2004 - 2017

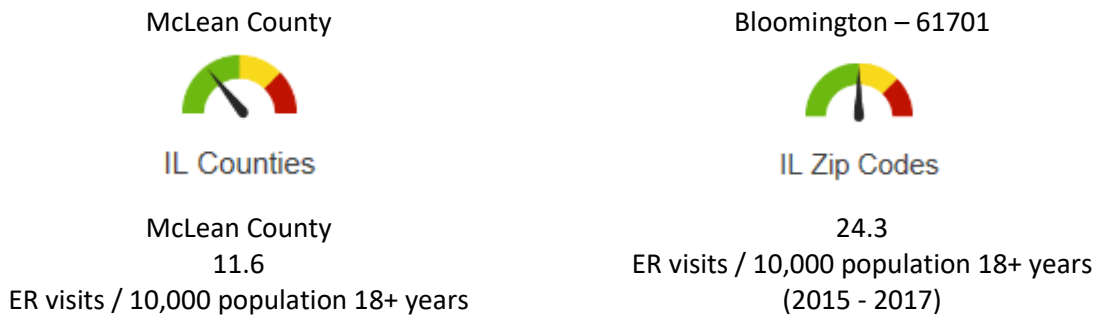


Source: Conduent Healthy Communities Institute, County Health Rankings, 2014 - 2016.

Age-Adjusted Emergency Room Rates due to Substance Use

Compared to other counties in Illinois, the age-adjusted emergency room rate due to substance use is in the best 0 - 50th percentile range (green indicator) at 11.7 emergency room visits per 10,000 population ages 18 years and older. Similar to the rate for alcohol abuse, this rate is more than double the rate for McLean County for Bloomington – ZIP code 61701 (24.3 emergency room visits per 10,000 population ages 18 years and older) (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 – 2017). See Exhibit 117 below.

Exhibit 117: Age-Adjusted Emergency Room Rate Due to Substance Use for McLean County vs. Bloomington ZIP Code 61701, 2015 - 2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017.

Disparities

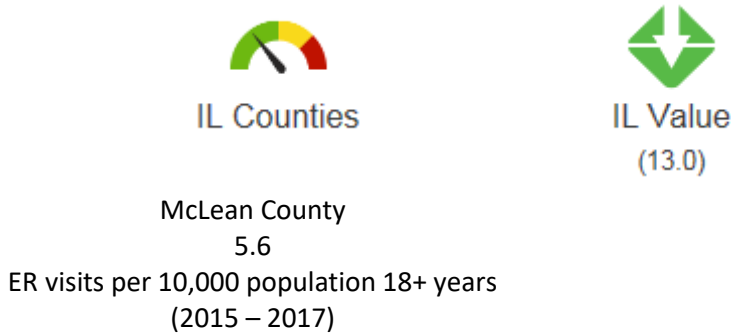
The highest emergency room rates due to substance use are seen in:

- individuals ages 18 - 24 (16.3 emergency room visits per 10,000 population 18+ years)
- individuals ages 25 - 34 (21.9 emergency room visits per 10,000 population 18+ years)
- males (14.8 emergency room visits per 10,000 population 18+ years)
- Blacks or African Americans (22.5 emergency room visits per 10,000 population 18+ years).

Age-Adjusted Emergency Room and Hospitalization Rate due to Opioid Use

Compared to other counties in Illinois, the age-adjusted emergency room rate due to opioid use is in the best 0 - 50th percentile range (green indicator) at 5.6 emergency room visits per 10,000 population ages 18 years and older and is lower than the Illinois value of 13 emergency room visits per 10,000 population ages 18 years and older (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017). See Exhibit 118 below.

Exhibit 118: Age-Adjusted Emergency Room Rate Due to Opioid Use in McLean County, 2015 - 2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017.

Disparities

The highest emergency room rates due to opioid use are seen in:

- individuals ages 25 - 34 (10.9 emergency room visits per 10,000 population 18+ years)
- individuals ages 35 - 44 (8.8 emergency room visits per 10,000 population 18+ years).

Compared to other counties in Illinois, the age-adjusted hospitalization rate due to opioid use is in the best 0 - 50th percentile range (green indicator) at 2.2 hospitalizations per 10,000 population ages 18 years and older and is lower than the Illinois value of 11.7 hospitalizations per 10,000 population ages 18 years and older (Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017).

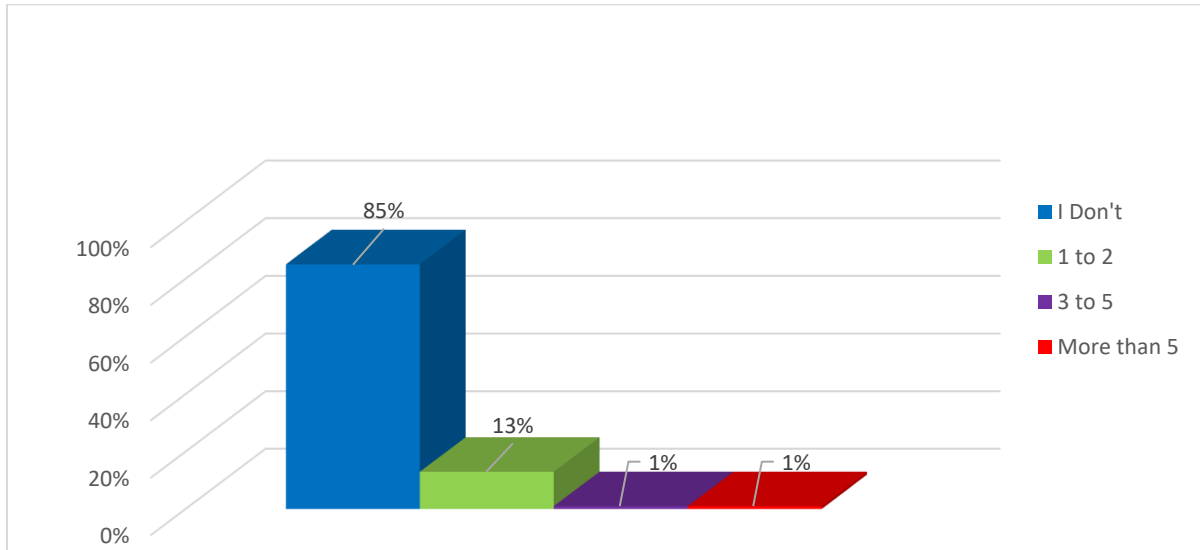
Disparities

No significant disparities.

[2018 McLean County Community Health Survey](#)

The 2018 McLean County Community Health Survey data show that 85 percent of survey respondents do not use substances on a typical day (see Exhibit 119). Thirteen percent use substances one or two times a day and one percent use substances three to five times a day. Frequency of self-medication tends to be rated higher for those with an unstable (e.g., homeless) housing environment. See Exhibit 119 below.

Exhibit 119: Responses for "On a typical day, how often do you use substances?" for McLean County Survey Respondents, 2018



Source: McLean County Community Health Survey, 2018.

Key findings: Disease and Chronic Conditions

Alzheimer's Disease and Dementia

- The age-adjusted death rate due to Alzheimer's disease in McLean County is in the worst 25th percentile range (red indicator) compared to other counties in Illinois.

Cancer

- In McLean County from 2007 – 2017, cancer (malignant neoplasms) ranked as either the first or second leading cause of death, but it has ranked second consistently from 2013 – 2017.
- A higher percentage of Medicare beneficiaries are being treated for cancer in McLean County than other comparative Illinois counties.
- The age-adjusted death rate for prostate cancer is tending favorably in a statistically significant direction.
- The age-adjusted incidence rate for breast cancer is in the worst 25th percentile range (red indicator) when compared to other counties in Illinois.
- The age-adjusted incidence rates for colorectal, lung and bronchus, cervical and oral cavity and pharynx cancer is in the best 0 - 50th percentile range (green indicator) when compared to other counties in Illinois.

Cardiovascular Disease

- Cardiac conditions were the number one reason for patient visits to Advocate BroMenn Medical Center and OSF St. Joseph Medical Center's emergency rooms from 2012 - 2017.
- McLean County has a higher percentage of Medicare beneficiaries being treated for stroke and hyperlipidemia when compared to other counties in Illinois.

- Age-adjusted hospitalization rates for heart failure are 75 percent higher in Chenoa ZIP code 61726 and nearly double (95 percent higher) for Blacks or African Americans when compared to the rate for McLean County.
- Age-adjusted emergency room visits due to hypertension are higher in Bloomington – ZIP code 61701 and 254 percent higher for Blacks or African Americans when compared to the rate for McLean County. The age-adjusted hospitalization rate due to hypertension is in the worst 50th - 75th percentile range (yellow indicator) for the county and highest for Blacks or African Americans.
- The age-adjusted hospitalization rate for myocardial infarction is in the worst 25th percentile range (red indicator) for McLean County when compared to other counties in Illinois. The rate for Colfax ZIP code 61728 is 78 percent higher than the county rate.
- The age-adjusted death rates due to heart attacks, coronary heart disease and cerebrovascular disease (stroke) are in the best 0 - 50th percentile (green indicator) when compared to other counties in Illinois.

Diabetes

- Age-adjusted emergency room visits and hospitalizations due to diabetes related indicators are all in the best 0 - 50th percentile range (green indicator) when compared to other counties in Illinois.
- Disparities are the greatest for Blacks or African Americans for diabetes-related emergency room and hospitalization indicators. The rates range from 119 - 359 percent higher than the county rate. These rates are two- to four- and one-half times the county rate.
- The age-adjusted emergency room rate for Type 2 diabetes for Hispanics was nearly triple the county rate.
- Disparities for age-adjusted emergency room visits due to diabetes related indicators existed for Bloomington ZIP code 61701 and Chenoa ZIP code 61726 when compared to the county rate.

Infectious Disease

- McLean County's Chlamydia incidence rate is in the worst 25th percentile range (red indicator) when compared to other counties in Illinois. It is trending unfavorably in a statistically significant direction.
- In Illinois in 2017, the Black or African American, non-Hispanic population was disproportionately affected by Chlamydia, gonorrhea and syphilis infections.
- There has been an increase of 346 percent in the Chlamydia case rate from 2010 (127.6) to 2017 (569.7).
- McLean County's gonorrhea incidence rate is in the worst 25th percentile range (red indicator) when compared to other counties in Illinois.
- In October of 2018, McLean County was designated as outbreak status by the Illinois Department of Public Health when cases of early syphilis (primary, secondary and early latent stages) increased.
- Twenty-seven percent of McLean County adults have received a pneumonia vaccine at some point in their lifetime. This is in the worst 25th percentile range (red indicator) when compared to other counties in Illinois (2013).
- Vital records data for McLean County indicated that deaths from influenza and pneumonia ranked in the top ten leading causes of death in 2016 (13 deaths) and 2017 (23 deaths).

- The immunization status of school-age children in McLean County exceeds recommended Illinois Department of Public Health-specified levels necessary to prevent epidemics according to immunization data collected from public and non-public schools for the 2013 - 2014 school year, the most current data published in 2018.
- The 2019 measles case count of 839 (January 1 – May 10) is the largest number of cases reported in the United States since 1994. Measles cases in 2019 have been confirmed in 23 states, including Illinois. No cases have been reported in McLean County as of May 10, 2019. The last reported case of measles in McLean County was in 1989.

Mental Health

- Psychiatric visits were the second most common reason for patient visits to Advocate BroMenn Medical Center’s emergency room from 2012-2017.
- Age-adjusted emergency room visits due to mental health are in the worst 25th percentile range (red indicator) for Bloomington ZIP code 61701 and Bellflower ZIP code 61724 when compared to the county rate. The highest rates occur in:
 - individuals ages 18 - 34 years (38 percent higher than the county rate)
 - Blacks or African Americans (more than double the county rate).
- Age-adjusted emergency room visits due to pediatric mental health are in the 50th - 75th percentile range (yellow indicator) for McLean County. The highest rates occur for:
 - Bloomington ZIP code 61701 (84 percent higher than the county rate)
 - individuals ages 15 - 17 years (155 percent or greater than 2 ½ times the county rate)
 - Blacks or African Americans (88 percent higher than the county rate).
- The age-adjusted emergency room rate due to suicide and intentional self-inflicted injury (ages 18+ years) is highest for:
 - Bloomington ZIP code 61701 (more than double the county rate)
 - Chenoa ZIP code 61726 (60 percent higher than the county rate)
 - individuals ages 18 - 24 years (79 percent higher than the county rate).
- Age-adjusted emergency room visits due to adolescent suicide and intentional self-inflicted injury is in the worst 25th percentile range (red indicator) compared to other counties in Illinois for McLean County. The rates are highest for:
 - Bloomington ZIP code 61701 (59 percent higher than the county rate)
 - individuals ages 15 - 17 years (44 percent higher than the county rate)
 - females (59 percent higher than the county rate).
- The age-adjusted death rate due to suicide in McLean County is in the best 0 - 50th percentile range (green indicator) compared to other counties in Illinois but is trending unfavorably in a statistically significant direction.
- The average percentage of eighth, tenth and twelfth graders who reported feeling sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities was 31 percent.

Oral Health

- A higher percentage of McLean County residents visit the dentist than the state and other comparative counties in Illinois.
- Age-adjusted emergency room visits due to dental problems is in the best 0 - 5th percentile range (green indicator) for McLean County. The rates are highest for:
 - Bloomington ZIP code 61701 (120 percent higher than the county rate)

- Chenoa ZIP code 61726 (68 percent higher than the county rate)
- Stanford ZIP code 61774 (53 percent higher than the county rate)
- Saybrook ZIP code 61770 (73 percent higher than the county rate).
- McLean County has fewer untreated dental caries in Kindergarteners, second graders and sixth graders, exceeding the Healthy People 2020 goals.
- ISBE data (2013 - 2014) indicates that Illinois children in public schools (Kindergarten, second and sixth grade) have a higher percentage of caries experience/restoration history, untreated caries and children needing for urgent treatment for an oral health issue than children in non-public schools

Respiratory Disease

- Age-adjusted emergency room visits due to adult asthma and asthma (all ages) are in the worst 50th - 75th percentile range (yellow indicator) for McLean County compared to other counties in Illinois and are respectively 486 percent and 424 percent higher for Blacks or African Americans.
- Age-adjusted emergency room visits due to pediatric asthma are nearly double in Bloomington - ZIP code 61071 and 285 percent higher for Blacks or African Americans than the rate for McLean County.
- Age-adjusted emergency room visits due to chronic obstructive pulmonary disease are more than double for Saybrook ZIP code 61770 compared to the rates for McLean County.

Sentinel Events

- Case rates for Tuberculosis are below the national goal and the Illinois rate.
- The age-adjusted hospitalization rate due hypertension in McLean County is in the worst 50th - 75th percentile (yellow indicator) in comparison to other counties in Illinois, but lower than the Illinois value.
- School-age immunizations: over 98 percent of students were fully protected or in compliance with vaccination requirements, exceeding the Healthy People goal of 90 percent.
- In McLean County, breast cancer in situ rates have been climbing steadily since the early 1990s.
- The number of mumps cases increased in 2015 and 2016 due to several mumps outbreaks.

Substance Use

- The percentage of McLean County adults that report heavy or binge drinking is in the worst 25th percentile range (red indicator) in comparison to other counties in Illinois and is higher than the Illinois value.
- The following indicators are in the best 0 - 50th percentile range (green indicator) compared to other counties in Illinois:
 - Teens who smoke
 - Teens who use marijuana
 - Death rate due to drug poisoning
 - Age-adjusted emergency room rate due to substance use
 - Age-adjusted emergency room rate due to opioid use
 - Age-adjusted hospitalization rate due to opioid use.
- The age-adjusted emergency room visit rate due to alcohol use for individuals ages 18 years and older is in the worst 25th percentile range (red indicator) when compared to other counties in Illinois. The highest rates occur in:
 - Bloomington ZIP code 61701 (141 percent higher than the county rate)

- Blacks or African Americans (99 percent higher than or double the county rate)
- Eighty-five percent of McLean County survey respondents reported that they do not use any substances.

h) Maternal and Child Health

Pre- and Post-Natal Care

[Births to Medicaid-Eligible Women](#)

In 2018, county rates for births to women who are Medicaid-eligible were available for 2012 - 2014 and ranged from 36.9 percent (2013) to 37.5 percent (2012, 2014). In 2014, McLean County had a lower percentage of births to Medicaid-eligible women (37.7 percent) than Illinois (48.5 percent).

Of the 2,028 live births in McLean County in 2014, 12.3 percent (249 births) were to women who were not enrolled in the Women, Infant, Children (WIC) program and/or the Family Case Management program, two programs that improve birth outcomes (Illinois Department of Human Services data for the McLean County AOK Network, 2018). From 2012 to 2015, WIC participation each year among eligible McLean County women (range: 30.7 percent to 33.9 percent) was consistently under the state's participation percentage (range: 34.6 percent to 39.6 percent) (Illinois Department of Public Health, IQuery Data Set, 2018).

The percent of McLean County infants and children who are eligible for public insurance has consistently remained between 34 percent and 37 percent for the last eight years (fiscal years 2009 – 2016). Statewide, the range is 49 percent to 54 percent for the same period (The Annie E. Casey Foundation Kids Count Data Center, Children Enrolled in Medical Assistance Programs by County, McLean, 2018).

[Mothers Who Drank Alcohol Before, During or After Pregnancy](#)

In 2016, 99 percent of McLean County and Illinois women reported abstaining from drinking alcohol during pregnancy (Illinois Department of Public Health, IQuery, from Vital Statistics, 2016). The 2016 Illinois Pregnancy Risk Assessment Monitoring (PRAMS) anonymous survey was sent to 2,307 Illinois mothers who had delivered a live infant; 1,382 responded. Of those completing the survey, 59.9 percent reported consuming alcoholic beverages during the three months before pregnancy; 40.1 percent abstained. This is an increase over the 2009 PRAMS, which reported 53 percent drank alcoholic beverages on a weekly basis during the three months prior to pregnancy; 47 percent abstained. PRAMS data indicates that Illinois has not met the Healthy People 2020 goal to increase the percent of pregnant females ages 15 to 44 years who report abstaining from alcohol in the past 30 days to 98.3 percent. The 2016 PRAMS anonymous survey does not address alcohol use during or after pregnancy. The 2009 PRAMS data notes that during pregnancy, seven percent consumed alcohol during the last three months of pregnancy, 93 percent abstained. The Healthy People 2020 goal of 98.3 percent was not achieved (Illinois Department of Public Health PRAMS Survey, 2009 and 2016).

[Mothers Who Smoked During Pregnancy](#)

The percentage of births that were to mothers that smoked and/or used tobacco products during pregnancy in McLean County is 10.8 percent. Compared to other counties in Illinois, McLean County is in

the best 0 - 50th percentile range (green indicator) for this measure; however, this percentage is higher than the Healthy People 2020 goal to “decrease the percentage of women who gave birth and who smoked cigarettes during pregnancy to 1.4 percent” (Conduent Healthy Communities Institute, Illinois Department of Public Health, 2008).

Data from 2011 to 2016 indicates that the percent of babies born to McLean County mothers who report smoking during pregnancy ranges from a low of 11.4 percent (2012) to a high of 13.7 percent (2015) during the six-year period of 2011 - 2016. The rate in 2016 was 12.7 percent. The McLean County rate remained higher than the Illinois rate (a low of 7.9 percent to a high of 10.7 percent) all six years (Center for Disease Control and Prevention, National Center for Health Statistics, Birth Data Files, 2011 – 2016, .

[Mothers Who Use Other Substances During Pregnancy](#)

Infants who are born and thought to have been exposed to illegal substances, through observation by physicians or by toxicology test results, are reported to the Illinois Department of Children and Family Services (DCFS). These cases are investigated by DCFS to verify the infant’s prenatal exposure. This information is not available at the county level. The most recent state-level data available in 2018 is from 2013, identifying 447 substance exposed infants (0.29 percent) out of the 155,528 live births in Illinois. This is the second lowest rate in the six-year period of 2008-2013 (Illinois Department of Children and Family Services, Abuse and Neglect Statistics, Substance Exposed Infants, November 2015).

[Maternal Age](#)

Data from 2011 to 2016 indicates that the percent of mothers ages 35 and over has continued to rise since 2011 for both McLean County and Illinois. The percent of live births to McLean County women in this age category has moved from a low of 10.6 percent (2012) with 229 live births to a high of 13.6 percent (2016) with 291 live births. The McLean County percentage has remained lower than the Illinois rates (16.5 percent to 18.1 percent) during the eight-year period of 2009 - 2016 (Illinois Department of Public Health, Vital Statistics, 2011 – 2016).

[Maternal Mortality](#)

In Illinois from 2008 to 2016, an average of 73 women died each year within one year of their pregnancy. During 2015, 93 Illinois women died within one year of their pregnancy, and obesity contributed to 44 percent of these pregnancy-related deaths. Death review committees in Illinois note that at least 72 percent of pregnancy-related deaths are preventable. Great disparities exist for maternal mortality. A non-Hispanic Black or African American woman is six times as likely to die from a pregnancy-related condition than a non-Hispanic White woman in Illinois. They also had the highest rate of severe maternal morbidity during 2016 - 2017. Common underlying causes for pregnancy-related deaths include: hemorrhage; infection/sepsis; hypertensive disorders of pregnancy; mental health conditions; thrombotic pulmonary embolism and cardiomyopathy (Illinois Department of Public Health, Illinois Maternal Morbidity and Mortality Report, October 2018). Separate county-level statistics were not provided in the 2018 report.

Disparities

Maternal mortality in Illinois:

- A non-Hispanic Black or African American woman is six times more likely to die from a pregnancy-related condition than a non-Hispanic White woman in Illinois (Illinois Department of Public Health, Illinois Maternal Morbidity and Mortality Report, October 2018)
- Non-Hispanic Black or African American women had the highest rate of severe maternal morbidity during 2016-2017 (Illinois Department of Public Health, Illinois Maternal Morbidity and Mortality Report, October 2018).

Other Maternal Indicators

A comparison of the 2009 and 2016 Illinois Department of Public Health Pregnancy Risk Assessment Monitoring System (PRAMS) anonymous survey results revealed gains in pre-conception health, a reduction in smoking during the last three months of pregnancy and an improvement in the percent of postpartum women who breastfed at least once and who placed infants on their backs most of the time (Illinois Department of Public Health, Pregnancy Risk Assessment Monitoring System [PRAMS] 2009 and 2016). See Exhibit 120 below.

Exhibit 120: Comparison of Select indicators from IDPH PRAMS Surveys of Recent Mothers in Illinois Who Delivered a Live Born Infant – 2009 - 2016

PRAMS Indicator	2009 PRAMS	2016 PRAMS
Pre-Conception		
Visited Dentist or had teeth cleaned during past 12 months	52%	58.5%
Took multi-vitamins, prenatal vitamins, or folic acid every day during the month before pregnancy	30%	37.6%
Smoked during the 3 months before becoming pregnant	21%	16.7%
During Pregnancy		
Visited Dentist or had teeth cleaned	44%	44.3%
Diagnosed with depression	7%	8.6%
Were physically abused	2%	2%
Smoked during last 3 months of pregnancy	9%	7.6%
Postpartum (After Pregnancy)		
Breastfed at least once after birth	80%	88.6%
Diagnosed with depression	9%	9.8%
Put infant to sleep on their back most of the time	72%	79.9%

Sources: Illinois Department of Public Health, Pregnancy Risk Assessment Monitoring System (PRAMS) 2009 and 2016; http://www.idph.state.il.us/health/prams_rpt_09.pdf; <http://www.dph.illinois.gov/sites/default/files/Publications OPPS Document A 2016%20Illinois%20PRAMS%20Facts.pdf>.

[Breastfeeding](#)

Nationally, 83.2 percent of all infants born in the United States in 2015 started to breastfeed, with 57.6 percent still breastfeeding at six months of age and 35.9 percent breastfeeding at 12 months (Centers for Disease Control and Prevention, Breastfeeding Report Card, United States, 2018).

In McLean County, breastfeeding rates are calculated using reports from the two delivering hospitals, Advocate BroMenn Medical Center and OSF St. Joseph Medical Center. The percent of infants who were ever breastfed, exclusively breastfed or who received infant formula in addition to breastmilk at the time of hospital discharge was 84.96 percent, an increase over the 2014 rate of 82.9 percent, at Advocate BroMenn Medical Center; and 87.6 percent at OSF St. Joseph Medical Center, a slight decrease over the 2014 rate of 88.0 percent (Illinois Hospital Report Card, 2018, using a cohort of infants born in 2015, 2016, and 2017). Both local rates exceed the state (80.3 percent), national (83.2 percent) and Healthy People 2020 goal (81.9 percent). In 2016, the rates for McLean County infants exclusively breastfeeding at the time of hospital discharge are 66.19 percent at Advocate BroMenn Medical Center and 80.1 percent at OSF St. Joseph Medical Center. Exclusively formula fed infants in these two facilities were reported as 13.74 percent at Advocate BroMenn Medical Center and 10.85 percent at OSF St. Joseph Medical Center in 2016 (Centers for Disease Control and Prevention, Breastfeeding Report Card, United States, 2018).

For the fiscal year 2019, the McLean County WIC Program had a breastfeeding initiation rate of 71 percent, with a six-month breastfeeding duration rate of 30.5 percent. This rate has held steady from the previous fiscal year, with initiation at 70 percent and six-month duration at 31 percent. The most recent data for exclusive breastfeeding rates at 12 weeks from birth were 16.5 percent in 2019 (17.4 percent in 2018) (McLean County Health Department, WIC Program, 2019).

The McLean County Milk Bank, housed at the McLean County Health Department, has received 11,780 ounces of donated breast milk since the grand opening on February 14th, 2017. The donated milk is shipped to the Mother's Milk Bank of the Western Great Lakes where it is processed and distributed accordingly. In 2019, legislative efforts occurred to seek insurance coverage for breast milk.

[Live Births](#)

In 2017, there were 2,006 live births in McLean County. In a nine-year period (2009 - 2017), the number of live births in McLean County ranged from a low of 2,006 (2017) to a high of 2,169 (2012). There has been a decrease of 7.5 percent in the number of live births in McLean County when comparing 2012 to 2017. Exhibit 121 shows the number of live births in McLean County from 2009 to 2017 (Illinois Department of Public Health, Vital Statistics, 2009 - 2017).

Exhibit 121: Live Births in McLean County, 2009 - 2017

Year	McLean	State	Nation
2017	2,006	149,390	3,855,500
2016	2,020	154,467	3,945,875
2015	2,128	158,101	3,978,497
2014	2,028	158,522	3,998,175
2013	2,140	156,918	3,940,764
2012	2,169	159,152	3,960,796
2011	2,091	161,234	3,961,220
2010	2,121	164,998	4,007,105
2009	2,132	171,077	4,130,665

Sources: The Illinois Department of Public Health, Vital Statistics, <http://www.dph.illinois.gov/data-statistics/vital-statistics/birth-statistics>;

Illinois Department of Public Health, <http://www.dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>;

Centers for Disease Control and Prevention, Vital Statistics Online Data Portal, https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm#Births;

Centers for Disease Control and Prevention, National Center for Health Statistics, FastStats Homepage, <https://www.cdc.gov/nchs/fastats/births.htm>;

Centers for Disease Control and Prevention, National Vital Statistics Reports, Vol. 60, No. 1, November 3, 2011, for Births: Final Data for 2009, https://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_01.pdf.

In 2015, the state of Illinois began reporting race and ethnicity (Non-Hispanic White; Non-Hispanic Black; Non-Hispanic Other; Hispanic) for live births. Prior to 2015, all women giving birth and reporting Hispanic ethnicity were included in the White race category. In 2017, the most recent year with available data, 70.3 percent (1,412) of live births in McLean County were non-Hispanic White, 12.7 percent (254) non-Hispanic Black, 10.5 percent (211) non-Hispanic other, and 6.4 percent (129) were Hispanic (Illinois Department of Public Health, Vital Statistics—Births, 2009 - 2017). Exhibit 122 presents the percent of McLean County live births by race and ethnicity from 2009 - 2017.

Exhibit 122: Percent Live Births in McLean County by Race and Ethnicity, 2009 - 2017

Year	McLean County				State of Illinois			
	NH White	NH Black	NH Other	Hispanic	NH White	NH Black	NH Other	Hispanic
2017	70.3%	12.7%	10.5%	6.4%	54.4%	17.7%	6.8%	21.0%
2016	71.1%	11.8%	11.5%	5.5%	54.9%	17.1%	6.9%	21.1%
2015	71.4%	12.1%	10.9%	5.7%	54.9%	17.2%	6.5%	21.4%

Year	McLean County			McLean Percent Live Births by Ethnicity Hispanic*	State of Illinois			State of Illinois Percent Live Births by Ethnicity Hispanic*
	White	Black	Other		White	Black	Other	
2014	75.8%	12.7%	11.5%	6.0%*	74.4%	17.5%	8.1%	21.3%
2013	75.2%	11.2%	13.6%	5.8%*	74.4%	17.4%	8.2%	21.3%
2012	76.4%	11.4%	12.1%	5.9%*	74.7%	17.5%	7.8%	21.8%
2011	78.6%	10.0%	11.4%	6.6%*	75.9%	17.1%	6.9%	22.2%
2010	78.0%	10.7%	11.4%	6.4%*	75.8%	17.5%	6.7%	22.6%
2009	79.3%	10.7%	10.0%	6.7%*	76.4%	17.6%	6.0%	23.6%

Note for Exhibit 122: NH: Non-Hispanic; * All Hispanic live births were also counted in the “White” column for years 2009 through 2014. For 2009 - 2014, the percent for Hispanic is the percent of all live births who were of Hispanic origin. **Beginning in 2015**, the state started categorizing “race and ethnicity,” rather than listing them separately. For 2015 - 2017, four categories were used: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic Other and Hispanic. All four of these categories now add up to the total of all live births. Note: The percent of Hispanic origin live births compares across all years, 2009 through 2017, as it is, in both cases, the percent of all live births.

Source: Illinois Department of Public Health, Vital Statistics, Births, 2009 - 2017.

<http://www.dph.illinois.gov/data-statistics/vital-statistics/birth-statistics>;

<http://www.dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>.

Births by Cesarean Section

In October 2011, a collaborative effort began between Advocate BroMenn Medical Center, OSF St. Joseph Medical Center, the March of Dimes and local physicians. The March of Dimes initiative of no elective inductions prior to 39 weeks without medical necessity began.

In an eight-year period (2009 - 2016), the rate of cesarean sections performed during labor and delivery in McLean County has been consistently higher than both the Illinois and national rates. In 2016, 35.8 percent (724) of live births resulted from cesarean sections. The annual rate ranged from a low of 33.1 percent (677) in 2009, to a high of 39.4 percent (824) in 2011. The Healthy People 2020 target is to have no more than 23.9 percent of live births by cesarean section. In 2016, McLean County continued to exceed both the state (31.1 percent) and national (31.9 percent) rate as well as the Healthy People 2020

goal (Centers for Disease Control and Prevention, National Center for Health Statistics, 2018; Illinois Department of Public Health, Birth Characteristics, 2018).

Births to Adolescent Mothers

In McLean County, the number of births to adolescent mothers (individuals under age 20) has steadily decreased over the past eleven years, falling 60.7 percent from 2007 to 2017. For 2017, McLean County experienced a rate of 0.0 live births per 1,000 adolescent females, lower than the Illinois rate of 18.7 and the national rate of 20.3. McLean County remains well below the Healthy People 2020 goal of 36.2 pregnancies per 1,000 adolescent females ages 15 - 17 years (Illinois Department of Public Health, Vital Statistics, 2018; County Health Rankings 2018). See Exhibit 123 below.

Exhibit 123: McLean County Live Births to Adolescent Females, 2007 - 2017

Year	Live Births	Under 15	Age 15 - 17	Age 18- 19	Total Teen	Rate for # live births per 1,000 adolescent females	% McLean	% Illinois
2017	2,006	--	--	52	66	--	3.3%	4.8%
2016	2,020	3	27	60	90	4	4.5%	5.1%
2015	2,128	2	26	67	95	--	4.5%	5.6%
2014	2,028	0	24	68	92	6.1	4.5%	6.1%
2013	2,140	2	18	77	97	6.5	4.5%	6.8%
2012	2,169	2	41	97	140	9.3	6.5%	7.7%
2011	2,091	1	40	89	130	8.7	6.2%	8.2%
2010	2,121	1	39	89	129	--	6.1%	9.1%
2009	2,132	2	43	91	136	--	6.4%	9.6%
2008	2,156	2	41	97	140	--	6.5%	10.0%
2007	2,272	2	55	111	168	--	7.4%	10.1%

Sources: Illinois Department of Public Health, Vital Statistics, Birth Statistics, Illinois Teen Births by County, 2007 – 2017;

<http://www.dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>;

<https://www.ojjdp.gov/ojstatbb/population/qa01304.asp?qaDate=2016&text=yes>

County Health Rankings, 2018, Teen Births;

<http://www.countyhealthrankings.org/app/illinois/2018/county/snapshots/113/>.

Birth Outcomes

Infant Mortality

An infant dying before age one is considered an infant death. Nationally, neonatal mortality (deaths occurring during days 0 - 27) is associated with gestational age, low birth weight and congenital malformations, or the development of other health problems before or after birth. Post-neonatal mortality (deaths occurring during days 28 – 364) is associated with Sudden Infant Death Syndrome (SIDS), unintentional injury and congenital malformations (Illinois Department of Public Health, Infant

Mortality webpage, 2018). In Illinois, in 2017, the top ten leading causes of infant death were disorders related to short gestation and low birth weight; congenital malformations, deformations and chromosomal abnormalities; accidents (unintentional injuries); newborn affected by maternal complications of pregnancy; newborn affected by complications of placenta, cord and membranes; SIDS; bacterial sepsis of the newborn; assault (homicide); influenza and pneumonia; and respiratory distress of the newborn (Illinois Department of Public Health, Infant Mortality Statistics, 2010 – 2017). No data was available on the Illinois Department of Public Health website regarding the leading causes of infant mortality for McLean County.

The infant mortality rate for McLean County is 6.6 deaths per 1,000 live births. This is in the worst 50th – 75th percentile range (yellow indicator) compared to other counties in Illinois, is higher than the Illinois value of 6.3 deaths per 1,000 live births but lower than the prior value from 2013-2015 of 7.5 deaths per 1,000 live births. The number of deaths is trending unfavorably, but not in a statistically significant direction and does not meet the Healthy People target of 6.0 deaths per 1,000 live births (Conduent Healthy Communities Institute, Illinois Department of Public Health, 2014-2016).

The Illinois Department of Public Health reports McLean County infant mortality rates have ranged from a low of 5.7 deaths per 1,000 live births (2010) to a high of 10.5 (2011), with the number of deaths ranging from 8 – 22. State rates showed far less variation, ranging from a low of 6.0 deaths per 1,000 live births (2013, 2015) to 6.8 (2010) (Illinois Department of Public Health, Infant Mortality Statistics, 2010 – 2017). See Exhibit 124 below.

Exhibit 124: Infant Deaths and infant Mortality Rates (IMR) - McLean County, 2010 - 2017

	2010	2011	2012	2013	2014	2015	2016	2017
IMR	5.7	10.5	7.8	6.5	6.9	8.9	*	8.0
# Deaths	12	22	17	14	14	19	8	16

**Figure does not meet standards of reliability or precision*

Source: Illinois Department of Public Health, *More Detailed Infant Mortality Statistics, 2010 – 2017*, <http://www.dph.illinois.gov/data-statistics/vital-statistics/infant-mortality-statistics/more-statistics>.

In 2014, out of 50 states and Washington D.C., Illinois ranked 36th in infant mortality, with the leading causes being prematurity, congenital anomalies, Sudden Unexplained Infant Deaths (SUID; includes accidental suffocation) and SIDS. In Illinois, non-Hispanic Black or African American women, younger mothers, unmarried women, women with Medicaid insurance, those with three or more births, city of Chicago residents and individuals with hypertension related to pregnancy, eclampsia or no prenatal care are all at higher risk for having an infant die (Illinois Department of Public Health, Office of Women’s Health and Family Services, Illinois Infant Mortality Data Report, January 2018).

Low Birth Weight (<2,500 grams; less than 5 pounds, 8 ounces)

In McLean County, 8.5 percent of the babies are considered to have low birth weight, which is in the worst 50th - 75th percentile range (yellow indicator) compared to other counties in Illinois and does not meet the Healthy People 2020 target of 7.8 percent. The rate is trending unfavorably, but not in a statistically significant direction (Conduent Healthy Communities Institute, Illinois Department of Public Health, 2016). See Exhibit 125 below.

Exhibit 125: Babies with Low Birth Weight for McLean County, 2008 - 2016



McLean County
8.5%

Source: Conduent Healthy Communities Institute, Illinois Department of Public Health, 2016.

[Very Low Birth Weight \(<1,500 grams; less than 3 pounds, 5 ounces\)](#)

In 2015, 2016 and 2017 the percent of infants born with very low birth weight at Advocate BroMenn Medical Center and at OSF St. Joseph Medical Center was lower than the Healthy People 2020 goal to reduce very low birth weight to 1.4 percent of live births. See Exhibit 126 below.

Exhibit 126: Number and Percentage of Very low Birth Weight Infants (<1500 grams or 3 pounds, 5 ounces born in McLean County Hospitals, 2015 - 2017

	Advocate BroMenn Medical Center			OSF St. Joseph Medical Center		
	2015	2016	2017	2015	2016	2017
# VLBW Infants	7	2	9	1	3	0
# Live Births	1,684	1,607	1,635	813	772	725
% VLBW Infants	0.4%	0.12%	0.55%	0.12%	0.39%	0.0%

Source: Advocate BroMenn Medical Center and OSF St. Joseph Medical Center, 2015 – 2017 Pre-term Births (Less than 37 Weeks Gestation).

In McLean County, 11.1 percent of the births are pre-term, which is in the worst 50th – 75th percentile range (yellow indicator) when compared to other counties in Illinois, higher than the Illinois value (10.3 percent) and higher than the Healthy People 2020 goal of 9.4 percent (Conduent Healthy Communities Institute, Illinois Department of Public Health, 2016).

[Congenital Anomalies](#)

Major structural or genetic birth defects affect approximately three percent of the births in the United States (Centers for Disease Control and Prevention, 2018). In Illinois, one in 23 infants born has a major birth defect (Centers for Disease Control and Prevention, Birth Defects Tracking in Illinois, Illinois Adverse Pregnancy Outcomes Reporting System [APORS], 2018).

Current McLean County-specific data was not found. In 2004, the IPLAN data set reported the overall congenital anomaly incidence rate for McLean County was 530.6 per 10,000 live births. The Illinois rate that year was 397.6 per 10,000 live births (Illinois Department of Public Health, IPLAN Data Set, 2004). McLean County congenital anomaly prevalence rates for 2008 - 2009 far exceed the state rates in three categories: cardiovascular system defects, major genitourinary defects and major musculoskeletal defects. McLean County has the ninth highest prevalence rate in Illinois for cardiovascular system defects at 206.5 defects per 10,000 live births, the ninth highest prevalence rate for major genitourinary defects at 74.9 defects per 10,000 live births and the third highest prevalence rate for major musculoskeletal defects at 22.8 defects per 10,000 live births. All county rates are well above the state rates of 104.4, 58.8, and 15.8 respectively (Illinois Department of Public Health, Birth Defects and Other Adverse Pregnancy Outcomes in Illinois, 2005 – 2009, October 2013).

Key findings: Maternal and Child Health

- A comparison of the 2009 and 2016 Illinois Department of Public Health Pregnancy Risk Assessment Monitoring System (PRAMS) anonymous survey results revealed gains in pre-conception health, a reduction in smoking during the last three months of pregnancy and an improvement in the percent of postpartum women who breastfed at least once and who placed infants on their backs most of the time.
- The rate of cesarean sections performed during labor and delivery in McLean County has been consistently higher than both the Illinois and national rates.
- McLean County has a higher percentage of mothers who report smoking during pregnancy than the state rates.
- A non-Hispanic Black or African American woman is six times as likely to die from a pregnancy-related condition than a non-Hispanic White woman in Illinois.
- Breastfeeding initiation at the time of hospital discharge is higher in McLean County than the state, nation and Healthy People 2020 goal.
- The rate of births to adolescents in McLean County is lower than the Illinois and United States rates and it meets and exceeds the Healthy People 2020 goal.
- McLean County's infant mortality rate, although decreasing since its high level in 2011, remains higher than the Illinois rate and the Healthy People 2020 goal. It falls in the worst 50th - 75th percentile (yellow indicator) compared to other counties in Illinois.
- No new data is available for congenital anomalies. Data from 2008 - 2009 indicates McLean County rates far exceed the state rates in the areas of cardiovascular system defects, major genitourinary defects and major musculoskeletal defects.

VI. Prioritization of Health-Related Issues

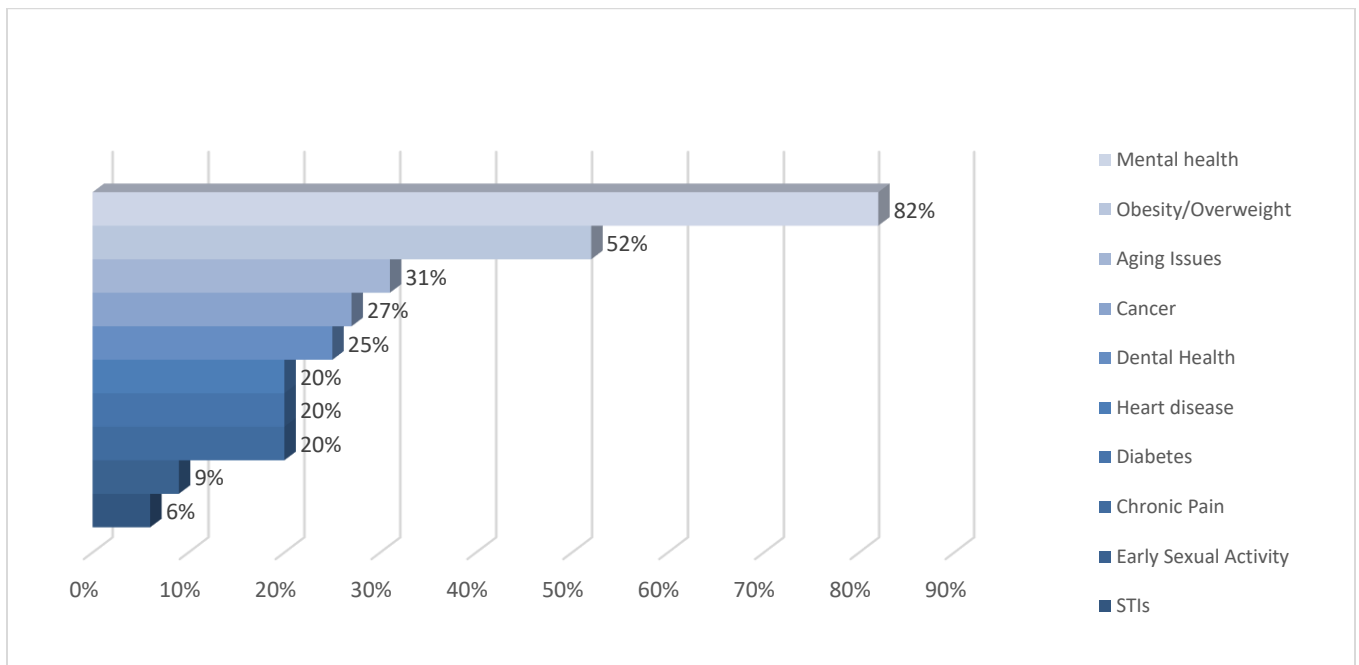
a) Community Health Survey: Perceptions of Health Issues, Unhealthy Behaviors and Issues Impacting Quality of Life

To aid in identifying the high priority health issues in McLean County, the 2018 McLean County Community Health Survey asked respondents to report on their perceptions of the three most important health issues, unhealthy behaviors and factors that contribute to well-being in the community.

Perceptions of Health Issues

2018 McLean County Community Health Survey respondents perceive their community as having two major health issues: mental health and being overweight and/or obese. The remaining health issues addressed in Exhibit 127 show a dramatic decrease in perception of health for the community. Eighty-two percent of survey respondents feel mental health is the biggest health issue, with over half of the respondents being concerned about people's extra body weight.

Exhibit 127: Perception of Health Issues in McLean County, 2018



Source: McLean County Community Health Survey, 2018.

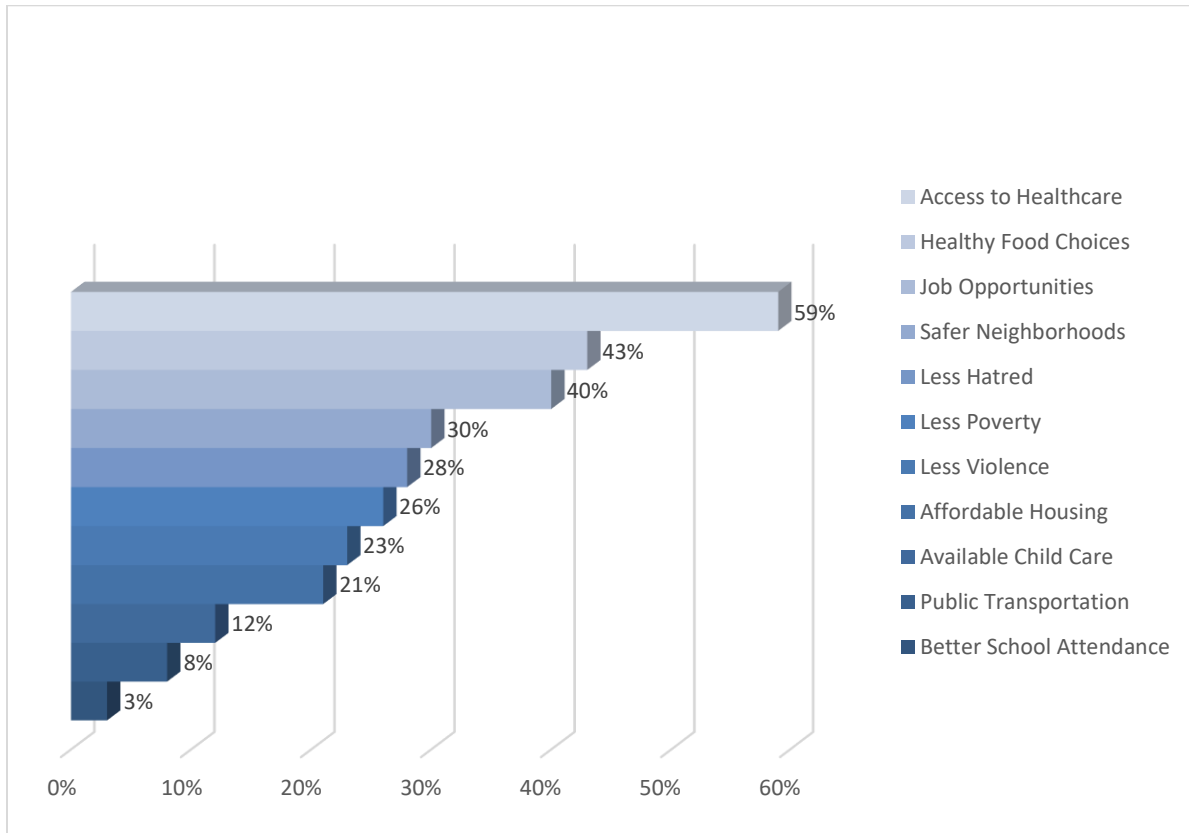
[Comparison to the 2015 McLean County Community Health Survey](#)

This perception is similar to the 2015 McLean County Community Health Survey in which mental health (60 percent), obesity/overweight (39 percent) and cancer (34 percent) were the top three health concerns.

[Perception of Issues Impacting Quality of Life](#)

Survey respondents were asked to select the three most important issues impacting well-being in the community (See Exhibit 128). The three top issues impacting well-being are access to healthcare (59 percent), healthy food choices (43 percent) and job opportunities (40 percent).

Exhibit 128: Issues Impacting Quality of Life in McLean County, 2018



Source: McLean County Community Health Survey, 2018.

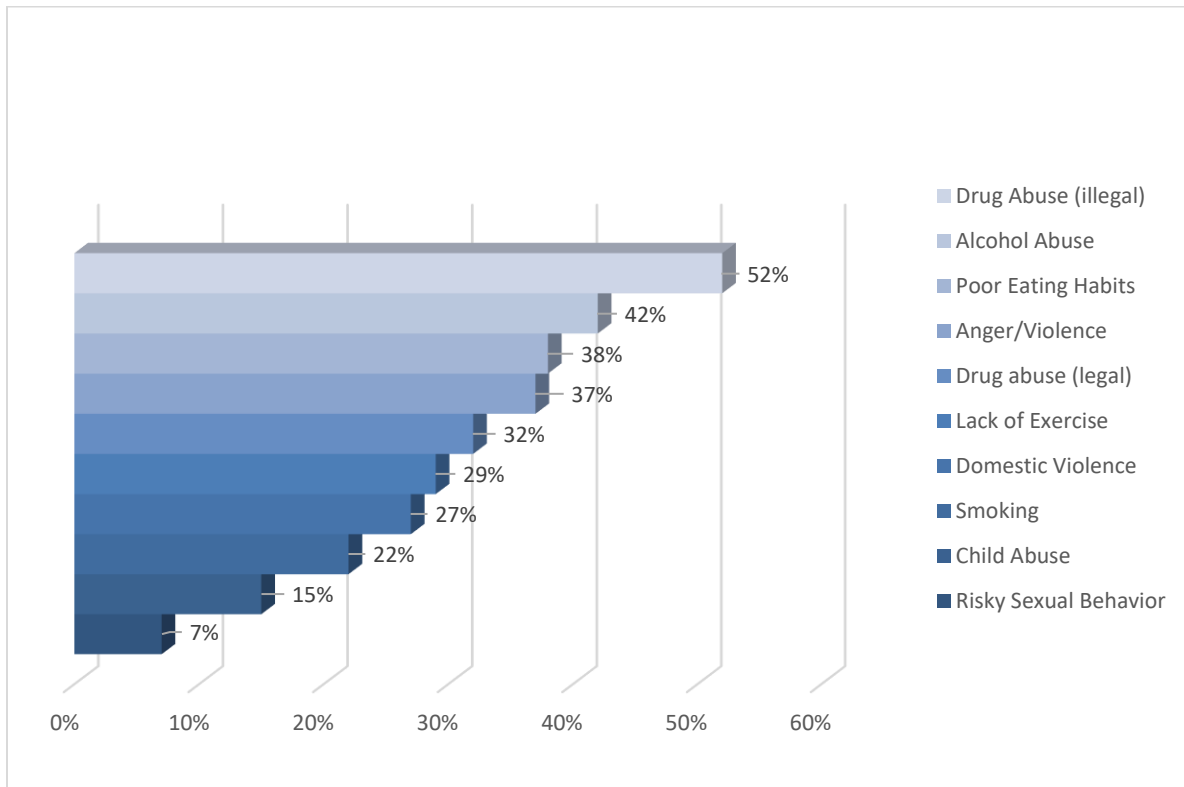
[Comparison to the 2015 McLean County Community Health Survey](#)

The top three concerns from the 2015 Community Health Survey yielded similar results: job opportunities (41 percent), access to healthcare (40 percent) and healthy food choices (36 percent).

[Perceptions of Unhealthy Behaviors](#)

2018 McLean County Community Health Survey respondents identified illegal drug abuse (52 percent), alcohol abuse (42 percent), legal drug abuse (32 percent) and smoking (22 percent) as the unhealthy behaviors affecting their community's perception of health. Poor eating habits was the second highest rating with 42 percent of survey respondents perceiving this as an unhealthy behavior. See Exhibit 129 below.

Exhibit 129: Unhealthy Behaviors that Impact Health Perception in McLean County, 2018



Source: McLean County Community Health Survey, 2018.

[Comparison to the 2015 McLean County Community Health Survey](#)

The perception of the community has not changed in the past three years. The top three concerns from the 2015 Community Health Survey yielded similar results: drug abuse (44 percent), alcohol abuse (41 percent) and poor eating habits (34 percent).

b) Summary of Health Disparities

When a health behavior or health outcome is seen to a greater or lesser extent between populations, it is considered a health disparity. Health disparities are often the result of social inequities related to geography, race or ethnicity, income, educational attainment, age, gender and other social factors (Office of Disease Prevention and Health Promotion, Healthy People 2020, 2016). This section highlights the key health disparities that emerged for McLean County.

Geographic Disparities

Individuals living in specific geographic areas of McLean County experience worse health outcomes than individuals living in other geographic areas.

The ZIP code that was identified through Conduent Healthy Communities Institute’s SocioNeeds Index as having the highest SocioNeeds ranking (5) in McLean County is Bloomington ZIP code 61701. Exhibit 130 below lists the eight ZIP codes in McLean County that have the second highest SocioNeeds ranking (4).

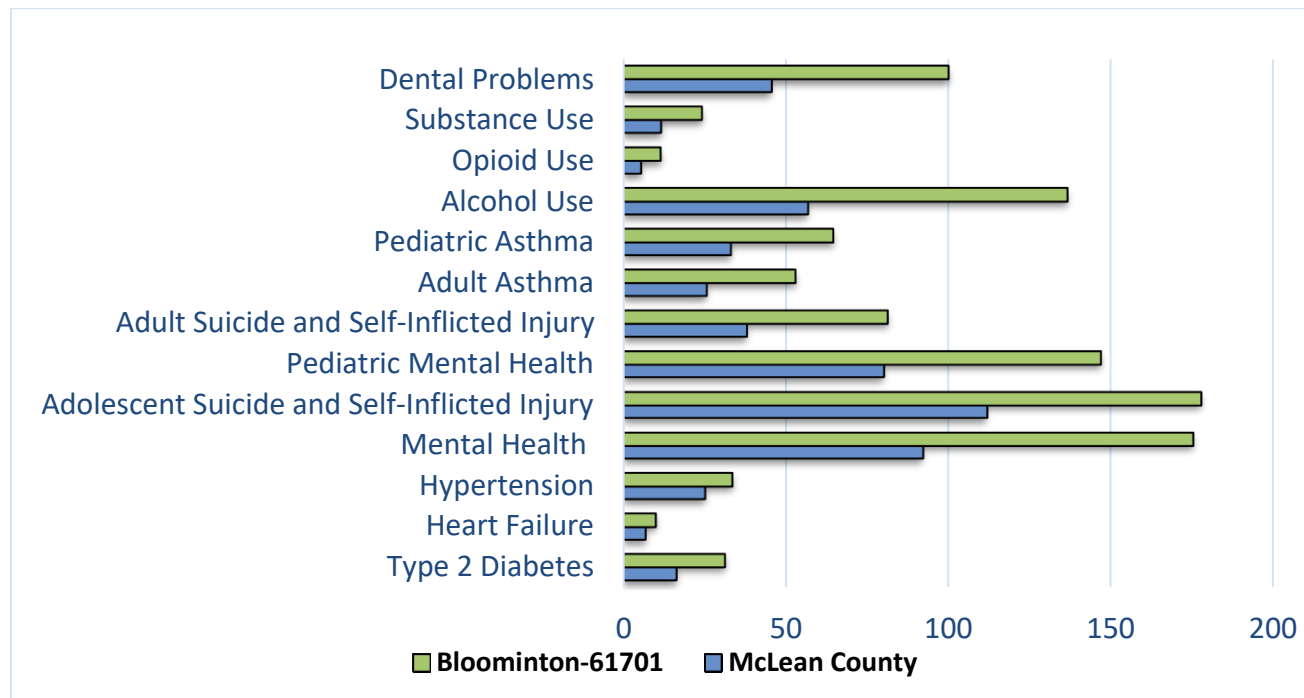
Exhibit 130: High SocioNeeds ZIP Codes in McLean County, 2018

City/Town	ZIP Code	SocioNeeds Ranking	ZIP Code Population
Bloomington	61701	5	34,385
Normal	61761	4	53,564
Colfax	61726	4	2,259
Funks Grove/McLean	61754	4	1,114
Saybrook	61770	4	995
Stanford	61774	4	911
Bellflower	61724	4	460
Cooksville	61730	4	333

Source: Conduent Healthy Communities Institute, Claritas, 2018.

The most significant and number of geographic disparities are evident between Bloomington ZIP code 61701 and McLean County overall. Exhibit 131 below shows that emergency room visits due to dental problems, substance use, opioid use, alcohol use, pediatric and adult asthma, pediatric and adult mental health, hypertension, heart failure, Type 2 diabetes and both adolescent and adult suicide and self-inflicted injury are higher for Bloomington ZIP code 61701 than the rates for McLean County overall.

Exhibit 131: Age-Adjusted Emergency Room Visit Rates per 10,000 Population (various age categories) in McLean County vs. Bloomington ZIP Code 61701, 2015 - 2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017.

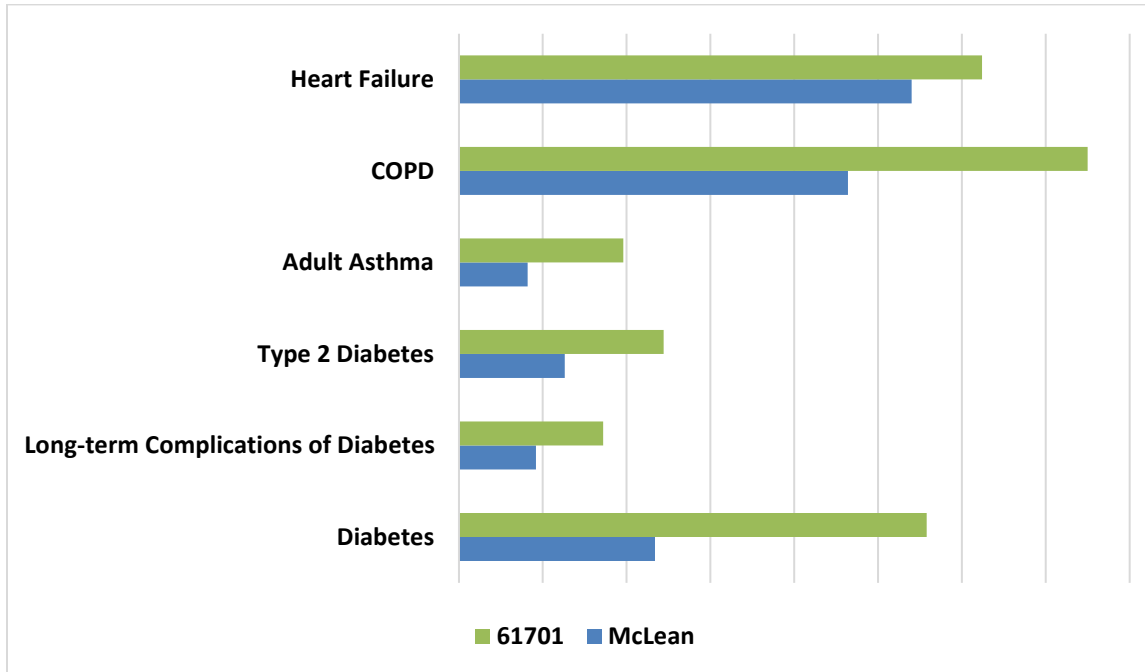
In addition to the above disparities, the following age-adjusted emergency room rates, in comparison to the overall rate for McLean County, are:

- 71 percent higher in Bellfower ZIP code 61724 for mental health (18 years and older)
- 60 percent higher in Chenoa – 61726 for suicide and intentional self-inflicted (18 years and older)
- 68 percent higher in Chenoa ZIP code 61726 for dental problems
- 53 percent higher in Stanford ZIP code 61774 for dental problems
- 73 percent higher in Saybrook ZIP code 61770 for dental problems
- 136 percent higher in Saybrook ZIP code 61770 for COPD (18 years and older).

Source: Conduent Healthy Communities Institute, Illinois Hospital Association 2015 - 2017.

Hospitalization rates for diabetes, adult asthma, hypertension and alcohol abuse are also higher for Bloomington ZIP code 61701 than McLean County overall. See Exhibit 132 below for additional hospitalization rate comparisons.

Exhibit 132: Age-Adjusted Hospitalization Rates per 10,000 Population in McLean County vs. Bloomington ZIP Code 61701, 2015 - 2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017.

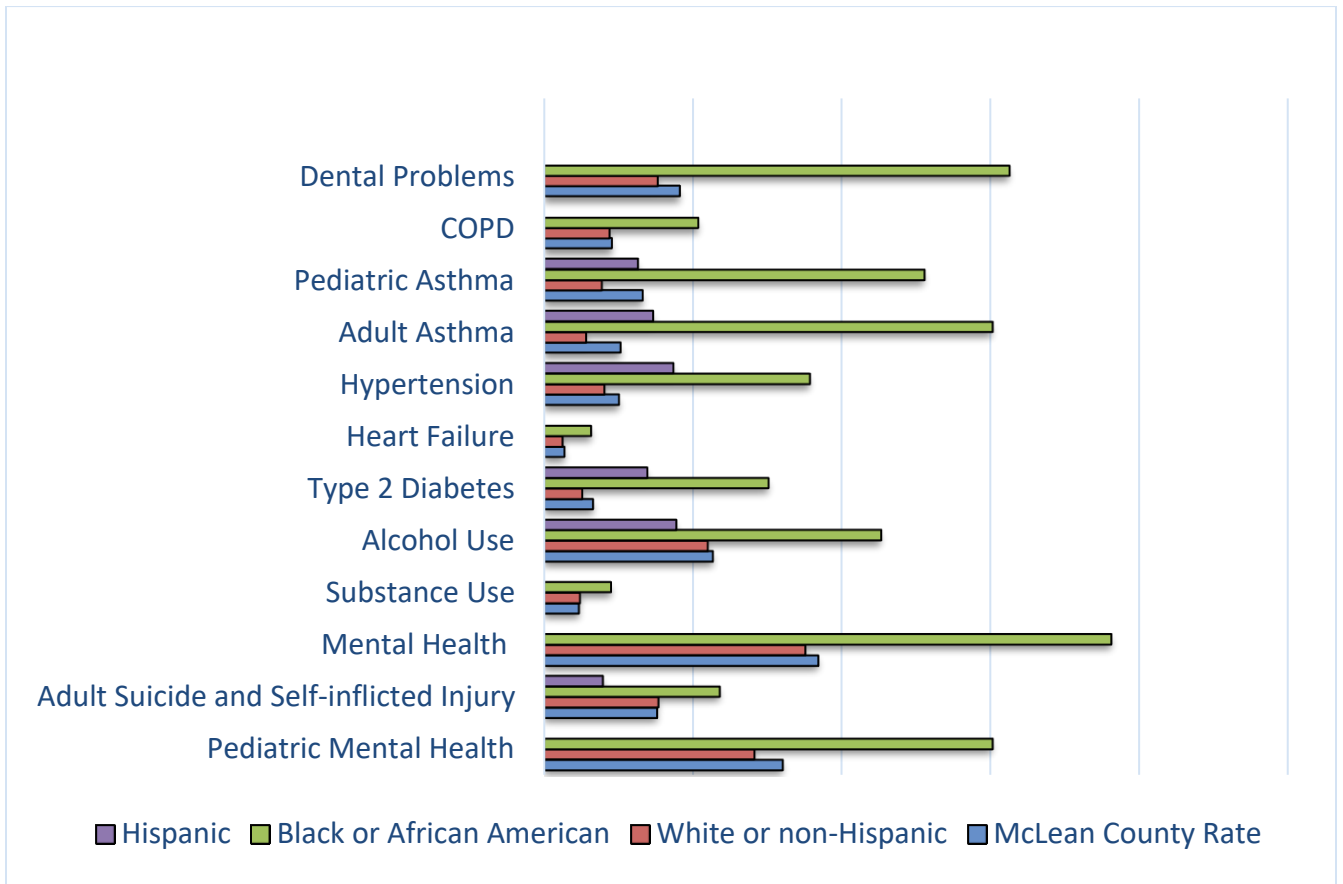
In addition to the above disparities, the following age-adjusted hospitalizations in comparison to the overall rate for McLean County are:

- 75 percent higher in Chenoa ZIP code 61726 for heart failure (18 years and older)
- 136 percent higher in Chenoa 61726 for diabetes (18 years and older)
- 285 percent higher in Chenoa 61726 for short-term complications due to diabetes (18 years and older).

Racial and Ethnic Disparities

In McLean County, Blacks or African Americans visit the emergency room at higher rates than McLean County residents overall for numerous age-adjusted emergency room visit rates available through Conduent Healthy Communities Institute. Data for Hispanics is not available for all indicators listed in Exhibit 133 below.

Exhibit 133: Age-Adjusted Emergency Room Visits per 10,000 Population by Race in McLean County, 2015 - 2017



Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2015 - 2017.

According to the 2018 McLean County Community Health Survey, Whites tend to report higher rates of access to prescription medication, having and seeking out a primary care provider when needed, having personal insurance and accessing dental care. When looking at all chronic conditions listed in Exhibit 133 above, Blacks or African Americans have higher rates of disparities than any other race in McLean County, based on emergency room visits. Similarly, Hispanics have greater disparities in Type 2 Diabetes, adult asthma and hypertension when compared to the rate for McLean County.

Many factors contribute to health disparities such as income level, education level and stable housing environment. According to the 2018 McLean County Community Health Survey, individuals with a higher income tend to have private insurance, use a clinic or doctor’s office more often and report ease of access to medical care, dental care and counseling. Individuals with lower incomes are less likely to seek medical care, report higher usage of the emergency room and experience more poor mental health days.

c) Priority Setting Process

To maximize the effectiveness of the Community Health Improvement Plan that will result from the 2019 McLean County Community Health Needs Assessment, it was necessary for the health issues presented above to be prioritized and narrowed to a select few to address. By determining the most important health issues, it is hoped that more significant advances can be made in a shorter amount of time.

In the fall of 2018 and early 2019, the Executive Steering Committee met every other week to analyze the primary and secondary data presented in this report. By considering the criteria below, the Executive Steering Committee identified the significant health needs to present to the McLean County Community Health Council for prioritization:

- Size of the issue
- Worse rates than Illinois counties or state rates
- Disparities by race/ethnicity, age, gender or ZIP code
- Does not meet the Healthy People 2020 target.

Six Significant Health Needs Identified for Prioritization

The six significant health needs that were presented to the McLean County Community Health Council for prioritization at three meetings held on January 31, February 14 and February 28, 2019 were:

- Access to Appropriate Care
- Behavioral Health (mental health and substance use)
- Healthy Eating and Active Living (exercise, nutrition, obesity and food access/insecurity)
- Heart Disease
- Oral Health
- Respiratory Disease.

McLean County Community Health Council Prioritization Meetings

January 31, 2019

The purpose of the first meeting was to explain the collaborative nature of the joint 2019 Community Health Needs Assessment with Advocate BroMenn Medical Center, the McLean County Health Department, OSF St. Joseph Medical Center and Chestnut Health Systems in addition to the end goal of producing a joint Community Health Improvement Plan for McLean County. Annual Report highlights from 2017 and 2018 for the 2017 - 2019 McLean County Community Health Improvement Plan were also reviewed with the council.

February 14, 2019

During the second meeting, the Executive Steering Committee presented detailed data on the significant health needs identified for prioritization. Age, gender, race/ethnic and ZIP code disparities were shared when available. A group discussion was facilitated on the health issues presented.

[February 28, 2019](#)

During the final prioritization meeting, a prioritization method was used to select the three significant health needs for the 2019 McLean County Community Health Needs Assessment and around which the 2020 - 2022 McLean County Community Health Improvement Plan will be developed.

The Hanlon Method, developed by J.J. Hanlon, was the prioritization method utilized by the McLean County Community Health Council to select three significant health needs for McLean County to address through a joint Community Health Improvement Plan. The Hanlon Method is a well-respected quantitative technique promoted by the National Association of County and City Health Officials (NACCHO). Prioritization ratings are based on the size of the health problem, seriousness of the health problem and effectiveness of available interventions. As shown in Exhibit 134, prioritization ratings are given on a scale of zero to 10.

Exhibit 134: Hanlon Method Criteria, 2009

Rating	Size of the Health Problem (% of population w/ health problem)	Seriousness of the Health Problem	Effectiveness of Available Interventions
9 or 10	>25%	Very serious	80% - 100% effective
7 or 8	10% - 24.9%	Relatively serious	60% - 80% effective
5 or 6	1% - 9.9%	Serious	40% - 60% effective
3 or 4	0.1 % - 0.9%	Moderately serious	20% - 40% effective
1 or 2	0.01% - 0.09%	Relatively not serious	5% - 20% effective
0	<.01%	Not serious	<5% effective

Source: National Association of City and County Health Officials, First Things First: Prioritizing Health Problems, 2009.

The following guidelines helped determine the ratings for each criterion:

- Size of the health problem or percent of the population with the health problem:
 - The average size rating of numerous indicators for each health issue was calculated to arrive at an overall size rating.
 - The midpoint of the range for percent of population with a health problem was used to determine a single size rating per indicator. For example, 0.57 percent of the population 18 years and older visits the emergency room due to alcohol use. This percentage falls in the range of 0.1 percent to 0.9 percent for a size rating of three or four. The midpoint for this range is .5 percent. Since 0.57 percent is greater than the midpoint of 0.5 percent, it is given a size rating of four.
- Seriousness of the health problem; the following questions were taken into consideration when rating seriousness:
 - Does it require immediate attention?
 - Is there public demand to address the issue?

- What is the economic impact?
- What is the impact on quality of life?
- Is there a high hospitalization and death rate?
- Are there severe disparities associated with this issue?
 - Is the issue more prevalent in certain populations or ZIP codes?
 - Is the morbidity burden greater in certain populations?
 - Are certain populations more likely to die of this condition?
- Effectiveness of available interventions: are evidence-based and effective interventions available? Are they scientifically supported? Are they recommended?

McLean County Community Health Council members were provided with an explanation of the Hanlon Method from the National Association of County and City Health Officials (Appendix 6) to assist with rating the seriousness and effectiveness of each health problem. The size ratings were pre-populated by the Executive Steering Committee in the Hanlon Method Table and provided to the council (Appendix 7) to decrease subjectivity. See Appendix 8 for specifics about each size rating estimation. To assist with rating the seriousness of the health problem and the effectiveness of available interventions, the Executive Steering Committee provided the McLean County Community Health Council with a summary handout of health disparities (Appendix 9), examples of effective and evidenced-based interventions (Appendix 10) and the economic impact of the top six significant health needs (Appendix 11).

Prior to voting for the significant health needs for the 2020 - 2022 McLean County Community Health Improvement Plan, the 'PEARL' test was applied to the six significant health needs. The 'PEARL' test is used to screen out health problems based on the following feasibility factors:

- **Propriety:** Is the program for the health problem suitable?
- **Economics:** Does it make economic sense to address the problem? Are there economic consequences if a problem is not addressed?
- **Acceptability:** Will a community accept the program? Is it wanted?
- **Resources:** Is funding available or potentially available for a program?
- **Legality:** Do current laws allow program activities to be implemented?

If the answer to any of the questions above is no for any of the significant health needs, then it is eliminated as a choice for prioritization. The council did not answer no to any questions for any of the six significant health needs, so all six issues were voted upon by the council according to the Hanlon Method criteria.

After voting, the next step in the process was to calculate the priority scores for each of the health issues. Exhibit 135 below illustrates the results of the Hanlon Method scoring with behavioral health, access to appropriate care and healthy eating/active living receiving the top scores.

Exhibit 135: Hanlon Method Prioritization Results, 2019

Health Concern	A	B	C	D
	Size	Seriousness	Effectiveness of Interventions	Priority Score (A+2B)*C
Behavioral Health	5.4	9.0	6.9	162.5
Access to Appropriate Care	7.1	8.3	6.8	160.3
Healthy Eating /Active Living	7.8	7.7	6.8	158.1
Heart Disease	4.4	6.5	6.4	111.0
Oral Health	4.6	6.2	6.3	107.7
Respiratory Disease	2.8	5.6	5.8	81.1

Source: McLean County Community Health Council Meeting February 28, 2019.

d) Health Needs Selected

As illustrated in Exhibit 135 above, behavioral health, access to appropriate care and healthy eating/active living received the top three priority scores according to the Hanlon method calculations with scores of 162.5, 160.3 and 158.1. There was a clear divide in the scores between the top three issues and the bottom three; heart disease, oral health and respiratory disease. Following a group discussion, the McLean County Community Health Council agreed to select the top three health needs as the ones with the highest priority scores. They are listed below.

Access to Appropriate Care

Access to appropriate care was selected as a significant health need to be addressed by the McLean County Community Health Council not only because of its high priority score (160.3), but for several other reasons. Access to appropriate care is an important issue that affects many health outcomes. Improving access in certain areas and for certain populations can have a widespread impact on a variety of health outcomes ranging from oral health to respiratory disease. Data presented to the council also indicated that there are significant geographic and racial/ethnic disparities in McLean County that may be related to access to care. Research and subject matter expertise suggested that there are a variety of factors that can improve access to appropriate care ranging from increased hours of operation for urgent care clinics and primary care offices, transportation and education of both consumers and providers. Access to appropriate care was also selected as a health priority for the 2016 McLean County Community Health Needs Assessment.

Behavioral Health (Mental Health and Substance Abuse)

Behavioral health was selected as a significant health need to be addressed by the McLean County Community Health Council for several reasons. Behavioral health received the highest priority score (162.5) clearly indicating the need for further improvements in this area in McLean County. In addition, there are numerous health disparities in Bloomington ZIP code 61701 for both mental health and substance abuse. There has also been a great deal of public support and momentum behind mental health in McLean County for the last several years. McLean County is well situated to continue to collaborate on mental health due to the on-going efforts of numerous organizations and the McLean County Government. Mental health was also previously selected as a key health priority for the 2016 McLean County Community Health Needs Assessment giving further momentum to the efforts of improving mental health for county residents.

Healthy Eating/Active Living

Healthy eating/active living was selected as a significant health need to be addressed by the McLean County Community Health Council because it ranked as number three according to its priority score of 158.1. Additionally, the council felt that by focusing on healthy eating/active living, many other health outcomes such as heart disease, cancer and diabetes may also positively be impacted. It was also selected because obesity is a widespread issue affecting so many people and it does not discriminate. Food insecurity and food access are also areas needing improvement in McLean County. Obesity was selected as a health priority for the 2016 McLean County Community Health Needs Assessment.

e) Health Needs Not Selected

Heart Disease

Heart disease will not be addressed because it was ranked fourth according to its priority score of 111.1 and the McLean County Community Health Council did not feel that there was a compelling reason to eliminate one of the health issues that ranked in the top three. The council did discuss that improving access to appropriate care may possibly also improve health outcomes for heart disease, particularly in areas of high socioeconomic needs.

Oral Health

Although oral health is deemed as an extremely important issue in McLean County, the McLean County Community Health Council agreed to address the three needs that received the highest priority scores. Oral health was ranked fifth with a score of 107.7. The council did discuss that oral health is also an access issue and can fit under access to care. The opening of a new dental clinic at the Community Health Care Clinic in early 2019 for individuals without health insurance may assist in improving oral health care access.

Respiratory Disease

One of the reasons respiratory disease was not selected as a health need to be addressed was that it ranked sixth according to its priority score of 81.1 and the McLean County Community Health Council did not feel that there was a compelling reason to eliminate one of the health concerns that ranked in

the top three. The council did discuss that improving access to appropriate care may possibly also improve health outcomes for respiratory disease, particularly in areas of high socioeconomic needs.

VII. Overview of Improvement Plan Goals and Community Resources

In April and May 2019, three priority action team meetings were held to establish a high-level goal for each significant health need/priority. Priority action teams consist of key community stakeholders with an interest or expertise in the prioritized health issue. Cross-sector representation was sought for each priority action team.

Each priority action team meeting consisted of an overview of the process for completion of the joint community health needs assessment and the joint community health improvement plan. Key highlights and accomplishments from the first two years of the 2017 - 2019 McLean County Community Health Improvement Plan were also presented. The health needs identified in the 2016 McLean County Community Health Needs Assessment are the same as the newly identified health needs for the 2019 McLean County Community Health Needs Assessment. A facilitator from the McLean County Executive Steering Committee then led a discussion for each priority action team to reach consensus for the high-level goal for the 2019 McLean County Community Health Needs Assessment priorities. The goals agreed upon by each priority action team are listed below.

a) 2020 - 2022 Health Priority Goals

Access to Appropriate Care

The Access to Appropriate Care Priority Action Team meeting was held on April 29, 2019. The following goal was established during the meeting:

- Ensure appropriate access to care to improve the health and well-being of our residents, neighborhoods and county by 2023.

Behavioral Health

The Behavioral Health Priority Action Team meeting was held on April 30, 2019. The following goal was established during the meeting:

- Advance a systemic community approach to enhance behavioral health and well-being by 2023.

Healthy Eating/Active Living

The Healthy Eating/Active Living Priority Action Team meeting was held on May 9, 2019. The following goal was established during the meeting:

- Promote healthy eating and active living to strengthen the health and well-being of our community by 2023.

b) Community Resources for the 2020 - 2022 Community Health Improvement Plan Health Priority Goals

In the fall of 2019, the priority action teams will meet to determine the resources, interventions and outcome metrics for each priority. The 2020 - 2022 McLean County Community Health Improvement Plan will again be a joint plan for the entire county and consist of interventions and resources to be provided by the hospitals, health department, family health center and numerous social services or other community organizations. Community resources specific to the three health priorities are listed in Appendices 12 and 13.

VIII. Vehicle for Community Feedback

We welcome your feedback regarding the Community Health Needs Assessment (CHNA) Report. If you would like to comment on this report, please click on the link below to complete a CHNA feedback form. We will respond to your questions/comments within thirty days. Your comments will also be considered during our next CHNA assessment cycle.

<http://www.advocatehealth.com/chnareportfeedback>

If you experience any issues with the link to our feedback form or have any other questions, please click below to send an email to us at: AHC-CHNAReportCmtFeedback@advocatehealth.com.

You may also provide feedback by sending an email to the following address:

CHNAFeedback@osfhealthcare.org.

A paper copy of this report may be requested by contacting the public affairs and marketing departments within Advocate BroMenn Medical Center, Chestnut Health Systems' Chestnut Family Health Center, OSF St. Joseph Medical Center or the McLean County Health Department. In addition, an electronic copy of this CHNA Report is available on each organization's Website by clicking on the link below:

Advocate BroMenn Medical Center: <http://www.advocatehealth.com/chnareports>

Chestnut Health Systems: <https://www.chestnutfamilyhealth.org/about-us/data-reports/>

McLean County Health Department: <https://health.mcleancountyil.gov/>

OSF St. Joseph Medical Center: www.osfhealthcare.org/about/community-health/

IX. Appendices

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Appendix 1: Summary of 2017-2019 McLean County Community Health Improvement Plan Key Accomplishments

	Advocate BroMenn Medical Center	Chestnut Health Systems	McLean County Health Department	OSF St. Joseph Medical Center
ACCESS				
CAATCH Program	x			x
\$10,000 Donation	x			
The Partnership for Health Pilot Program	x		x	
Medicaid Dental Hygiene			x	
Integrated Behavioral Health Services in Medical Group Offices	x			
Integrate Care Model	x	x		
Urgo Clinic				x
BEHAVIORAL HEALTH				
Mental Health First Aid Classes	x		x	x
\$35,000 Grant for MHFA training	x		x	x
Ending the Silence Program	x		x	
Embedded School and Community Based Services Program		x	x	
ACEs Training	x	x	x	x
Social Media Campaign	x	x	x	x
Community Behavioral Health Forum	x	x	x	x
Trauma Informed Care	x	x	x	x

	Advocate BroMenn Medical Center	Chestnut Health Systems	McLean County Health Department	OSF St. Joseph Medical Center
Recovery Oriented Systems of Care Council	x	x	x	
Safe Passage Program	x	x	x	x
OBESITY				
Project Fit America				x
Vegetables Gardens	x			x
Community Events	x		x	x
Workplace Wellness Events	x		x	x
Food Farmacy	x			x
Food Access and Food Rescue Summit	x		x	x
SmartMeals Program				x

Appendix 2: Conduent Healthy Communities Institute Icon and Gauge Meanings

Compare to Distribution (Dial Gauge)

The compare to distribution gauge measures how your community is doing compared to other communities in your state, the U.S. or region. The needle in the **green** means that the selected location is in the best 50% of similar locations, **yellow** represents the 50th to 25th percentile and **red** represents the worst quartile.



Compare to Target (Circle Gauge)

The Circle represents a comparison to a **target value**.

A green circle with a check means that the selected value has met or is better than the target value. A red circle with an "x" means that the selected value has not met the target value.



Compare to the Prior Value (Triangle Gauge)

The **triangle** represents a comparison to the **immediate prior value**. If the triangle is pointing up, the value is higher than the previous value, if the triangle points down the value is decreasing and if there is an equal sign there is no change in the value. If the triangle is green it means the change is good, if the triangle is red it means the change is bad.



Trend over Time (Square Gauge)

The **square** represents a comparison to a **trend over time**. The trend looks at how the indicator is doing over multiple time periods. We analyze up to 10 previous measurement periods (and at least 4) to determine if the value is going up significantly, not significantly, staying the same, decreasing significantly or decreasing not significantly. A solid color gauge means that the change is significant and an outlined gauge means there is a change but it is not significant. A red gauge represents a poor trend and a green gauge represents a positive trend. The blue gauge with an arrow means that going up or down is neither positive or negative and an equal sign means there is no change.

To learn more about how we calculate this rate, please visit the [Mann-Kendall Test for Trend Overview](#).



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Appendix 4: 2018 Community Health Needs Assessment Survey

We want to know how you view our community, so we are inviting you to participate in a research study about community health needs. Your opinions are important. This survey will take about 10 minutes to complete. All of your individual responses are confidential. We will use the survey results to better understand and address health needs in our community.

Biggest Health Issues in Our Community

Please identify the three (3) biggest health issues in our community.

- | | |
|--|---|
| <input type="checkbox"/> Aging issues, such as Alzheimer's disease, hearing loss, memory loss or arthritis | <input type="checkbox"/> Early sexual activity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart disease/heart attack |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Mental health issues such as depression, hopelessness, anger etc |
| <input type="checkbox"/> Dental health (including tooth pain) | <input type="checkbox"/> Obesity/overweight |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually transmitted infections |
| <input type="checkbox"/> Other _____ | |

Most Unhealthy Behaviors

Please identify the three (3) most unhealthy behaviors in our community.

- | | |
|---|--|
| <input type="checkbox"/> Angry behavior/violence | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Lack of exercise |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Drug abuse (illegal drugs) | <input type="checkbox"/> Risky sexual behavior |
| <input type="checkbox"/> Drug abuse (legal drugs) | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Other _____ | |

Factors that Impact Your Well Being

Please identify the three (3) most important factors that impact your well-being in our community.

- | | |
|---|---|
| <input type="checkbox"/> Access to health services | <input type="checkbox"/> Healthy food choices |
| <input type="checkbox"/> Affordable clean housing | <input type="checkbox"/> Less hatred & more social acceptance |
| <input type="checkbox"/> Availability of child care | <input type="checkbox"/> Less poverty |
| <input type="checkbox"/> Better school attendance | <input type="checkbox"/> Less violence |
| <input type="checkbox"/> Job opportunities | <input type="checkbox"/> Safer neighborhoods/schools |
| <input type="checkbox"/> Good public transportation | <input type="checkbox"/> Other |

Access to Healthcare and Healthy Living

The following questions ask about your own personal health and health choices. Remember, this survey will not be linked to you in any way.

1. When you get sick, where do you go? Please choose only one answer.

- | | | |
|---|---|---|
| <input type="checkbox"/> Clinic/Doctor's office | <input type="checkbox"/> Emergency Department | <input type="checkbox"/> I don't seek medical attention |
| <input type="checkbox"/> Urgent Care Center | <input type="checkbox"/> Health Department | <input type="checkbox"/> Other |

2. In the last YEAR, was there a time when you needed medical care but were not able to get it?
 Yes (please go to the next question) No (please go to question #4: Prescription Medicine)

3. If you answered “yes” to question #2, why weren’t you able to get medical care? Check all that apply.
 Didn’t have health insurance. Too long to wait for appointment.
 Couldn’t afford to pay my co-pay or deductible. Didn’t have a way to get to the doctor.

Are there any other reasons why you could not access medical care?

4. In the last YEAR, was there a time when you needed prescription medicine but were not able to get it?
 Yes (please go to the next question) No (please go to question #6: Dental Care)

5. If you just answered “yes” to question #4, why weren’t you able to get prescription medication? Check all that apply.
 Didn’t have health insurance. The pharmacy refused to take my insurance or Medicaid.
 Couldn’t afford to pay my co-pay or deductible. Didn’t have a way to get to the pharmacy.

Are there any other reasons why you could not access prescription medicine?

6. In the last YEAR, was there a time when you needed dental care but were not able to get it?
 Yes (please go to the next question) No (please go to question #8: Mental-Health Counseling)

7. If you answered “yes” to question #6, why weren’t you able to get dental care? Choose all that apply.
 Didn’t have dental insurance. The dentist refused my insurance/Medicaid
 Couldn’t afford to pay my co-pay or deductible. Didn’t have a way to get to the dentist.

Are there any other reasons why you could not access a dentist?

8. In the last YEAR, was there a time when you needed mental-health counseling but could not get it?
 Yes (please go to the next question) No (please go to question #10: Deliberate Exercise)

9. If you just answered “yes” to question #8, why weren’t you able to get mental-health counseling? Choose all that apply.
 Didn’t have insurance. The counselor refused to take my insurance/Medicaid
 Couldn’t afford to pay my co-pay or deductible. Embarrassment.
 Didn’t have a way to get to a counselor.

Are there any other reasons why you could not access a mental-health counselor?

10. In the last WEEK how many times did you participate in deliberate exercise, (such as jogging, walking, golf, weight-lifting, fitness classes) that lasted for at least 30 minutes?
 None (please go to next question) 1 – 2 times 3 - 5 times More than 5 times

11. If you answered “none” to the last question, why didn’t you exercise in the past week? Choose all that apply.
 Don’t have any time to exercise. Don’t like to exercise.
 Can’t afford the fees to exercise. Don’t have child care while I exercise.
 Don’t have access to an exercise facility. Too tired.

Are there any other reasons why you could not exercise in the last week?

12. On a typical DAY, how many servings/separate portions of fruits and/or vegetables did you have? An example would be a banana (but not banana flavored pudding).

- None (please go to next question) 1 - 2 3 - 5 More than 5

13. If you answered "none" to the last question, why didn't you eat fruits/vegetables? Choose all that apply.

- Don't have transportation to get fruits/vegetables Don't like fruits/vegetables
 It is not important to me Can't afford fruits/vegetables
 Don't know how to prepare fruits/vegetables Don't have a refrigerator/stove
 Don't know where to buy fruits/vegetables

Are there any other reasons why you do not eat fruits/vegetables?

- Grocery store Fast food Gas station Food delivery program
 Food pantry Farm/garden Convenience store Other _____

15. What are the biggest challenges to eating healthy in our community? Choose all that apply.

- Knowledge Convenience Transportation People don't care Physical challenge/disability
 Cost Don't like Time Other

16. Please check the box next to any of the health conditions that you have. (Choose all that apply). If you don't have any of these health conditions, please go to question #18: Smoking.

- Diabetes Heart problems Mental-health conditions Stroke Allergy
 Cancer Asthma/COPD Overweight Memory problems
 Other _____

17. If you identified any conditions in Question #16, how often do you follow an eating plan to manage your condition(s)?

- Never Sometimes Usually Always

18. On a typical DAY, how many cigarettes do you smoke, or how many times do you use electronic vaping?

- None 1 - 4 5 - 8 9 - 12 More than 12

19. Where do you get most of your medical information (check only one)

- Doctor Friends/family Internet Pharmacy Nurse at my church

20. Do you have a personal physician? Yes No

21. How many days a week do you or your family members go hungry?

- None 1-2 days 3-4 days More than 5 days

22. In the last 30 DAYS, how many days have you felt depressed, down, hopeless?

- None 1-2 days 3 - 5 days More than 5 days

23. In the last 30 DAYS, how often has your stress and/or anxiety stopped you from your normal daily activities?

- None 1-2 days 3 - 5 days More than 5 days

24. In the last YEAR have you talked with anyone about your mental health? Yes No (skip to question #26)

25. If you talked to anyone about your mental health, who was it?

Doctor/nurse Counselor Family/friend Other _____

26. On a typical DAY, how often to do you use substances (either legal or illegal) to make yourself feel better?

None 1-2 times 3-5 times More than 5 times

27. When you were a child, did a parent or other adult often swear at you, insult you or make you feel afraid?

Yes No

28. Do you feel safe where you live? Yes No

29. In the past 5 years, have you had a:

Breast exam No Yes Not applicable

Prostate exam No Yes Not applicable

Colonoscopy or other colorectal cancer screening No Yes

Overall Health Rating

30. My overall physical health is: Below average Average Above average

31. My overall mental health is: Below average Average Above average

Background Information

What county do you live in?

Peoria Tazewell Woodford Other

What is your Zip Code? _____

What type of insurance do you have? Please choose only one answer.

Medicare Medicaid Private/Commercial None (Please go to next question)

If you answered "none" to the last question, why **don't** you have insurance? Choose all that apply.

Can't afford insurance Don't need insurance
 Don't know how to get insurance Other _____

What is your gender? Male Female Other

What is your age?

Under 20 21-35 36-50 51-65 Over 65

What is your racial or ethnic identification? Please choose only one answer.

White Black/African American Hispanic/Latino
 Pacific Islander Native American Asian (Indian, Japanese, Chinese, Korean, etc)
 Multiracial Other: _____

What is your highest level of education? Please choose only one answer.

Grade/Junior high school Some high school High school degree (or GED)
 Some college (no degree) Associate's degree Bachelor's degree
 Graduate or professional degree Other: _____

What was your household/total income last year, before taxes? Please choose only one answer.

- Less than \$20,000 \$20,001 to \$40,000 \$40,001 to \$60,000
 \$60,001 to \$80,000 \$80,001 to \$100,000 More than \$100,000

What is your housing status?

- Do not have Have housing, but worried about losing it Have housing, **NOT** worried about losing it
 How many people live with you? _____

What is your job status? Please choose only one answer.

- Full-time Part-time Unemployed Homemaker
 Retired Disabled Student Armed Forces

How interested would you be in health services provided through Internet or phone?

- 1 2 3 4 5
 Extremely interested Uninterested Somewhat interested Interested Extremely interested

Can you get free wi-fi in public locations? Yes No

Do you have Internet in your home? For example, can you watch Youtube? Yes No (go to next question)

If NO, why not? Cost No available Internet provider Data limits I don't know how Other

Is there anything else you would like to tell us about your own health goals or health issues in our community?

Thank you very much for sharing your views with us!

This survey was reviewed by the Committee on the Use of Human Subjects and Research, Bradley University Institutional Review Board (IRB) in May 2018

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Appendix 5: McLean County SocioNeeds Index and National Rankings

ZIP Code	Index	Rank	Population	County	City or Town
61701	46.5	5	34,385	McLean	Bloomington
61724	29.5	4	460	McLean	Bellflower
61770	28.3	4	995	McLean	Saybrook
61728	27.2	4	1,405	McLean	Colfax
61730	26.4	4	333	McLean	Cooksville
61726	21.4	4	2,529	McLean	Chenoa
61774	21.2	4	911	McLean	Stanford
61761	20.6	4	53,564	McLean	Normal
61754	20.4	4	1,114	McLean	McLean
61725	18.9	3	1,427	McLean	Carlock
61737	16.2	3	466	McLean	Ellsworth
61722	15.7	3	536	McLean	Arrowsmith
61744	15.4	3	1,965	McLean	Gridley
61752	14.4	3	4,219	McLean	LeRoy
61753	13.3	3	2,754	McLean	Lexington
61772	12.3	2	417	McLean	Shirley
61745	10.6	2	4,456	McLean	Heyworth
61732	10.4	2	2,058	McLean	Danvers
61748	8.9	2	2,979	McLean	Hudson
61776	7	1	1,010	McLean	Towanda
61704	5	1	38,318	McLean	Bloomington
61736	4.3	1	2,039	McLean	Downs
61705	3.8	1	13,940	McLean	Bloomington

The Hanlon Method^{vi}

Developed by J.J. Hanlon, the *Hanlon Method for Prioritizing Health Problems* is a well respected technique which objectively takes into consideration explicitly defined criteria and feasibility factors. **Though a complex method, the Hanlon Method is advantageous when the desired outcome is an objective list of health priorities based on baseline data and numerical values.**

Step-by-Step Instructions:

1. **Rate against specified criteria** – Once a list of health problems has been identified, on a scale from zero through ten, rate each health problem on the following criteria: *size of health problem, magnitude of health problem, and effectiveness of potential interventions*. It is important to remember that this step requires the collection of baseline data from the community such as from a community health assessment. **Table 4.1** illustrates an example numerical rating system for rating health problems against the criteria.

Table 4.1

The Hanlon Method: Sample Criteria Rating			
Rating	Size of Health Problem (% of population w/health problem)	Seriousness of Health Problem	Effectiveness of Interventions
9 or 10	>25% (STDs)	Very serious (e.g. HIV/AIDS)	80% - 100% effective (e.g. vaccination program)
7 or 8	10% - 24.9%	Relatively Serious	60% - 80% effective
5 or 6	1% - 9.9%	Serious	40% - 60% effective
3 or 4	.1% - .9%	Moderately Serious	20% - 40% effective
1 or 2	.01% - .09%	Relatively Not Serious	5% - 20% effective
0	< .01% (Meningococcal Meningitis)	Not Serious (teen acne)	<5% effective (access to care)
Guiding considerations when ranking health problems against the 3 criteria	<ul style="list-style-type: none"> • Size of health problem should be based on baseline data collected from the individual community. 	<ul style="list-style-type: none"> • Does it require immediate attention? • Is there public demand? • What is the economic impact? • What is the impact on quality of life? • Is there a high hospitalization rate? 	<ul style="list-style-type: none"> • Determine upper and low measures for effectiveness and rate health problems relative to those limits. • For more information on assessing effectiveness of interventions, visit http://www.communityguide.org to view CDC's Guide to Community Preventive Services.

**Note: The scales in Table 1 are arbitrary models of how numerical scales are established and are not based on real epidemiological data; LHDs should establish scales that are appropriate for the community being served.*

2. **Apply the 'PEARL' test** - Once health problems have been rated by criteria, use the 'PEARL' Test, to screen out health problems based on the following feasibility factors:

- **Propriety** – Is a program for the health problem suitable?
- **Economics** – Does it make economic sense to address the problem? Are there economic consequences if a problem is not carried out?
- **Acceptability** – Will a community accept the program? Is it wanted?
- **Resources** – Is funding available or potentially available for a program?
- **Legality** – Do current laws allow program activities to be implemented?

Eliminate any health problems which receive an answer of "No" to any of the above factors or proceed with corrective action to ensure that potential health priorities meet all five of the feasibility factors.

3. **Calculate priority scores** – Based on the three criteria rankings assigned to each health problem in Step 1 of the Hanlon Method, calculate the priority scores using the following formula:

$$D = [A + (2 \times B)] \times C$$

Where: D = Priority Score
A = Size of health problem ranking
B = Seriousness of health problem ranking
C = Effectiveness of intervention ranking

**Note: Seriousness of health problem is multiplied by two because according to the Hanlon technique, it is weighted as being twice as important as size of health problem.*

4. **Rank the health problems** – Based on the priority scores calculated in Step 3 of the Hanlon Method, assign ranks to the health problems with the highest priority score receiving a rank of '1,' the next high priority score receiving a rank of '2,' and so on.

Appendix 7: Hanlon Table Pre-populated with Size of the Significant Health Need

Health Concern	A Size	B Seriousness	C Effectiveness of Interventions
Appropriate Access to Healthcare	7.1		
Behavioral Health	5.4		
Healthy Eating and Active Living	7.8		
Heart Disease	4.4		
Oral Health	4.6		
Respiratory Disease	2.8		

Appendix 8: Size Estimates for the Hanlon Method for the Top Six Significant Health Needs

McLean County Grid: Size of problem	McLean County Incidence Rate (size)	Estimated # of People Affected based on Incidence Rates (size)	% of Total Population in McLean County with Health Problem/Issue (size)	Hanlon Size Rating	Comments
BEHAVIORAL HEALTH					
ALCOHOL and SUBSTANCE ABUSE					
Age Adjusted Rates due to:					
ER rate due to Alcohol Abuse	56.7/10,000 pop. 18+	752	0.57	4	
Hospitalization rate due to Alcohol Abuse	12.8/10,000 pop. 18+	170	0.13	3	
ER rate due to Adolescent Alcohol Use	9.6/10,000 pop. 10-17	16	0.08	2	
ER hospitalization rate due to Adolescent Alcohol Use	3.6/10,000 pop. 10-17	6	0.03	1	
ER rate due to Substance Abuse	11.7/10,000 pop. 18+	155	0.12	3	
ER rate due to Opioid Use	5.6/10,000 pop. 18+	74	0.05	2	
Hospitalization rate due to Opioid Use	2.2/10,000 pop. 18+	29	0.02	1	
	Sub-total	1202			
Adults who drink excessively	22.6%	29,959	17	8	
Adults who smoke	14.9%	19,752	15	7	

McLean County Grid: Size of problem	McLean County Incidence Rate (size)	Estimated # of People Affected based on Incidence Rates (size)	% of Total Population in McLean County with Health Problem/Issue (size)	Hanlon Size Rating	Comments
Adults in Illinois with substance use disorder in the past year (Mental Health America, 2018)	7.8%		8	6	
Percent of McLean County residents that report using substances at least 1x/day (Community Health Survey 2019)	15.0%		15	7	
Illinois Youth Survey 2018 8, 10 and 12th graders					
Any Alcohol Use in the past 30 days	19%	NA	19	8	
Any tobacco or vaping products in the past 30 days	19%	NA	19	8	
Binge Drinking in the past 2 weeks	7%	NA	7	6	
Prescription drugs used to get high in the past 30 days	3%	NA	3	5	
				4.7	
MENTAL HEALTH					
Age-adjusted ER Rates due to:					
Mental Health	92.1/10,000 pop. 18+	1221	0.9	4	
Pediatric Mental Health	80.1/10,000 pop. <18	317	0.8	4	
Adolescent Suicide and Intentional Self-Inflicted Injury	111.8/10,000 pop. 10-17	190	1.1	5	

McLean County Grid: Size of problem	McLean County Incidence Rate (size)	Estimated # of People Affected based on Incidence Rates (size)	% of Total Population in McLean County with Health Problem/Issue (size)	Hanlon Size Rating	Comments
Suicide and Intentional Self-Inflicted Injury	38/10,000 pop. 18+	151	0.38	5	
	Sub-total	1879			
Frequent Mental Distress	10.7% pop 18+	14184	10.6	7	
Adults in Illinois with any mental illness (Mental Health America, 2018)	15.7%		15.7	7	
Percent of McLean County residents that reported feeling depressed at 3 or more days/month in the past 30 days (Community Health Survey 2019)	21%		21	8	
Percent of McLean County residents that reported feeling anxious or stressed 3 or more days/month in the past 30 days (Community Health Survey 2019)	15%		15	7	
Illinois Youth Survey 2018 8, 10 and 12th graders					

McLean County Grid: Size of problem	McLean County Incidence Rate (size)	Estimated # of People Affected based on Incidence Rates (size)	% of Total Population in McLean County with Health Problem/Issue (size)	Hanlon Size Rating	Comments
Seriously consider attempting suicide in the past 12 months	16%	NA	16	7	
During the past 12 months did you feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities	31%	NA	31	9	
				6.3	
	Total for Behavioral Health	66,894	Average size rating	5.4	
RESPIRATORY DISEASES					
Age-adjusted ER Rates due to:					
Pediatric Asthma	33.1/10000 pop. <18	131	0.33	3	
Asthma	27.6/10000 pop.	475	0.28	3	
Adult Asthma	25.7/10000 pop. 18+	341	0.86	4	
COPD	22.8/10000 pop. 18+	302	0.23	3	
	Sub total	1249			
Age-adjusted Hospitalization Rates due to:					
COPD	23.2/10000 pop. 18+	308	0.23	3	
Adult Asthma	4.9/10000 pop 18+	65	0.04	1	

McLean County Grid: Size of problem	McLean County Incidence Rate (size)	Estimated # of People Affected based on Incidence Rates (size)	% of Total Population in McLean County with Health Problem/Issue (size)	Hanlon Size Rating	Comments
Asthma	4.1/10000 pop.	71	0.04	1	
Pediatric Asthma	1.8/10000 <18	7	0.02	1	
	Sub-total	451			
Adults with current asthma	8.10%	10,737	8	6	
	Total for Respiratory	12,437	Average Size Rating	2.8	
DIABETES					
Age-adjusted ER Rates due to:					
Type 2 Diabetes	16.4/10,000 pop. 18+	217	0.16	3	
Diabetes (includes Type 1 and 2)	20.2/10000 pop. 18+	268	0.2	3	
Long-term Complications of Diabetes	3.8/10000 pop. 18+	50	0.04	1	
Uncontrolled Diabetes	12.7/10000 pop. 18+	168	0.13	3	
Short-term Complications of Diabetes	.6/10000 pop. 18+	8	0.01	1	
	Sub-total	711			
Age-adjusted Hospitalization Rates due to:					
Type 2 Diabetes	6.3/10,000 pop. 18+	84	0.06	2	
Diabetes (Includes Type 1 and 2)	11.7/10000 pop. 18+	155	0.12	3	
Short-term Complications of Diabetes	5.4/10000 pop. 18+	72	0.05	2	

McLean County Grid: Size of problem	McLean County Incidence Rate (size)	Estimated # of People Affected based on Incidence Rates (size)	% of Total Population in McLean County with Health Problem/Issue (size)	Hanlon Size Rating	Comments
Long-term Complications of Diabetes	4.6/10000 pop. 18+	61	0.05	2	
Uncontrolled Diabetes	1.6/10000 pop. 18+	21	0.02	1	
	Sub-total	393			
Diabetes incidence rate	6.2/1000 population	1104	0.62	4	
				25	
	Total for Diabetes	1,871	Average Size Rating	2.3	
HEART DISEASE					
Age-adjusted ER Rate due to:					
Hypertension	25.2/10,000 pop. 18+	334	0.25	3	
Heart Failure	6.9/10,000 pop. 18+	92	0.07	2	
	Sub-total	426			
Age-adjusted Hospitalization Rate due to:					
Heart Failure	27/10,000 pop. 18+	359	0.27	2	
Hypertension	3.3/10,000 pop. 18+	44	0.03	1	
Acute Myocardial Infarction	19.2/10,000 pop. 18+	255	0.19	3	
	Sub-total	658			
High Blood Pressure Prevalence	29.4%	38,972	29.4	9	
High Cholesterol Prevalence	30.9%	40,961	30.9	9	
Coronary heart disease Prevalence	5.2/pop. 18+	6,893	5.2	6	

McLean County Grid: Size of problem	McLean County Incidence Rate (size)	Estimated # of People Affected based on Incidence Rates (size)	% of Total Population in McLean County with Health Problem/Issue (size)	Hanlon Size Rating	Comments
	Total for Heart Disease	86,826	Average size rating	4.4	
FALLS					
Age-adjusted ER rate due to unintentional falls	203.7/10,000 pop. 18+	2701	2	5	
Age-adjusted hospitalization rate due to unintentional falls	39/10,000 pop. 18+	517	0.4	3	
	Total for Falls	3,218	Average size rating	4	
MATERNAL, FETAL AND INFANT HEALTH					
Percent of mothers hospitalized for preterm labor and delivery	4.10%	NA	4.1	5	age 18 - 24
Babies with Low Birth Weight	8.50%	NA	8.5	6	
Infant Mortality Rate	6.6 deaths/1,000 live births	NA	NA	NA	
Pre-term Births <37 weeks gestation	11.10%	NA	11.1	9	
Mothers who smoked during pregnancy	10.80%	NA	10.80%	7	
Teen births	1.50%	NA	NA	NA	

McLean County Grid: Size of problem	McLean County Incidence Rate (size)	Estimated # of People Affected based on Incidence Rates (size)	% of Total Population in McLean County with Health Problem/Issue (size)	Hanlon Size Rating	Comments
	Total for Maternal, Fetal & Infant Health		Average size rating	6.6	
EXERCISE NUTRITION AND WEIGHT					
Adult Fruit and Vegetable Consumption <5 servings/day	86.30%	114,400	86	10	
Adults who are Sedentary - no exercise (Community Health Survey 2018)	20%	NA		8	
Adults who are Obese	32%	42,420	32	9	
	Total for Exercise, Nutrition & Weight		Average size rating	9	Limited data , Illinois Youth Survey available, but difficult to extrapolate for population as a whole
BUILT ENVIRONMENT: ACCESS TO FOOD & EXERCISE OPPORTUNITIES					
Child Food Insecurity rate	14.10%	5583	14.1	7	
Food Insecurity Rate	12.10%	20,830	12.1	7	

McLean County Grid: Size of problem	McLean County Incidence Rate (size)	Estimated # of People Affected based on Incidence Rates (size)	% of Total Population in McLean County with Health Problem/Issue (size)	Hanlon Size Rating	Comments
Children with low access to a grocery store	6.30%	2494	1.4	5	
People with low access to a grocery store	27.40%	47,171	27.4	9	
Limited access to exercise opportunities	16.40%	28,233	16.4	7	
Percent of McLean County residents reporting that they or family members go hungry 1 or more days/week (Community Health Survey 2018)	4%		4	5	
	Total for Exercise, Nutrition & Weight		Average size rating	6.7	
ORAL HEALTH					
Age-adjusted ER due to dental problems	45.6/10,000 pop.	785	0.46	3	Limited data
Percent of population going to the ER in McLean County for dental problems in 2017	0.34%	587	0.34	3	Trending downward
Adults who did not visit a dentist	20.20%	NA	NA	8	
	Total for Oral Health		Average size rating	4.6	

McLean County Grid: Size of problem	McLean County Incidence Rate (size)	Estimated # of People Affected based on Incidence Rates (size)	% of Total Population in McLean County with Health Problem/Issue (size)	Hanlon Size Rating	Comments
SEXUALLY TRANSMITTED INFECTIONS					
Gonorrhea Incidence Rate	124.2/100,000 pop.	214	0.12	3	
Chlamydia Incidence Rate	511.1/100,000 pop.	879	0.51	4	
Syphilis	4 cases	4	0	0	
HIV cases	16 cases	16	0.01	0	
	Total for Sexually Transmitted Infections		Average size rating	3.5	
ACCESS TO CARE					
Adults without Health insurance	4% age 18-64	4,499	4	5	
Children with Health Insurance	1.4% age 0 - 17	528	1.4	3	
No Access to Medical Care (Community Health Survey 2018)	10%	NA	10	7	
No Access to Prescription Medicine (Community Health Survey 2018)	11%	NA	11	7	
No Access to Dental Care (Community Health Survey 2018)	19%	NA	19	8	
No Access to Counseling (Community Health Survey 2018)	10%	NA	10	7	

McLean County Grid: Size of problem	McLean County Incidence Rate (size)	Estimated # of People Affected based on Incidence Rates (size)	% of Total Population in McLean County with Health Problem/Issue (size)	Hanlon Size Rating	Comments
Adults in Illinois with any mental illness that did not receive treatment (Mental Health America, 2018)	54%			10	
Youth in Illinois with major depression that did not receive treatment (Mental Health America, 2018)	59.40%		59.4	10	
	Total for Access to Care		Average size rating	7.1	
CANCER					
Prostate	123.7/100,000 males	104	0.06	2	
Breast	140.8/100,000 females	124	0.07	2	
Cervical	6.9/100,000 pop.	12	0.006	0	
Colorectal	43.4/100,000 pop.	75	0.04	1	
Lung and Bronchus	61.3/100,000 pop.	105	0.06	2	
Oral Cavity and Pharynx	12.7/100,000 pop.	22	0.01	1	
	Total for Cancer	442	Average size rating	1.3	
HOUSING					
Households w/o a vehicle	6.2% of households	9,990	5.8	6	
Homeownership - % of housing units NOT occupied by homeowner	39.90%	NA	NA	NA	

McLean County Grid: Size of problem	McLean County Incidence Rate (size)	Estimated # of People Affected based on Incidence Rates (size)	% of Total Population in McLean County with Health Problem/Issue (size)	Hanlon Size Rating	Comments
Severe housing problems	13.2% of households	21,284	12.4	7	
	Total for Housing	31,274	Average size rating	6.5	
VIOLENCE					
Violent crime rate (homicide, robbery, forcible rape, aggravated assault)	317.4/100,000 population	546	0.32	3	
Illinois Youth Survey - 2018 8,10 and 12th graders					
Percentage of students that did not go to school 1 or more days in the past 30 days because of feeling unsafe at school or on the way to school	2%	NA	2	5	
Percent of McLean County residents reporting that they do not feel safe where they live, CHS, 2018	4%	NA	4%	5	
Age-adjusted hospitalization rate due to assault by firearm	Too low for the county to calculate incidence rates	NA	NA	NA	

McLean County Grid: Size of problem	McLean County Incidence Rate (size)	Estimated # of People Affected based on Incidence Rates (size)	% of Total Population in McLean County with Health Problem/Issue (size)	Hanlon Size Rating	Comments
Age-adjusted ER rate due to assault by firearms	Too low for the county to calculate incidence rates	NA	NA	NA	
	Total for Violence		Average size rating	4.3	
TRANSPORTATION					
Households without a vehicle	6%	9,997	0.58	4	limited data
ECONOMY: POVERTY					
People living below the poverty level	14%	24,456	14.2	7	
People 65+ living below the poverty level	7%	1,516	0.88	4	
Children living below the poverty level	12%	4,632	2.7	5	
Persons with disabilities living in poverty	33%	NA	NA	NA	
	Total for Poverty	30,604	Average size rating	5.3	
ECONOMY: EMPLOYMENT					
Percent of McLean County residents reporting that they are unemployed Community Health Survey 2018	6%		6	6	

McLean County Grid: Size of problem	McLean County Incidence Rate (size)	Estimated # of People Affected based on Incidence Rates (size)	% of Total Population in McLean County with Health Problem/Issue (size)	Hanlon Size Rating	Comments
EDUCATION					
People 25+ without a high school degree	4.40%	4,648	4.4	5	

Appendix 9: Disparities for the Top Six Significant Health Needs

ACCESS TO CARE

- ER tends to be used more often by individuals that are less educated, have a lower income and by people with an unstable housing environment
- Access to dental care tends to be lower for Blacks or African Americans

BEHAVIORAL HEALTH

Mental Health

- ER visits due to adolescent suicide (10-17 years) and intentional self-inflicted injury is 44% higher among 15 - 17-year-olds, 40% higher among women, and 59% higher for Bloomington ZIP code 61701
- ER visits due to pediatric mental health (<18 years) is higher among 10-14-year-olds, 155% higher among 15 - 17-year-olds, 88% higher among Blacks or African Americans, and 84% higher for Bloomington ZIP code 61701
- ER visits due to suicide and self-inflicted injury (18+ years) is higher among 18-34-year-olds, 79% higher among 18 - 24-year-olds, 55% higher among Blacks or African Americans, more than double (114%) for Bloomington ZIP code 61701
- ER visits due to mental health (18+ years) is higher among 18-34-year-olds, 46% higher among 25-34-year-olds, 107% higher among Blacks or African Americans, 90% higher for Bloomington ZIP code 61701, and 71% higher for Bellflower ZIP code 61724

Substance Use

- ER visits due to alcohol use (18+ years) is 22% higher among 25-34-year-olds, 19% higher among 45-64-year-olds, 43% higher among men, double for Blacks or African Americans,

and 141% higher for Bloomington ZIP code 61701

- ER visits due to opioid use (18+ years) is 95% higher among 25-34-year-olds, and 57% higher among 35-44-year-olds
- ER visits due to substance use (18+ years) is 39% higher among 18 - 24-year-olds, 87% higher among 25-34-year-olds, 27% higher in men, and 92% higher in Blacks or African Americans
- Hospitalizations due to alcohol use (18+ years) is 73% higher in Bloomington ZIP code 61701, 45% higher among 45-64-year-olds, and 59% higher in males

HEALTHY EATING/ACTIVE LIVING

- ER visits due to uncontrolled diabetes (18+ years) is 82% higher in 65-84-year-olds and 358% higher in Blacks or African Americans
- ER visits due to diabetes (18+ years) is higher among 45-84-year-olds, 322% higher among Blacks or African Americans, and 79% higher among Hispanics
- ER visits due to Type 2 diabetes (18+ years) is higher among 45-84-year-olds, 359% higher among Blacks or African Americans, and 110% higher among Hispanics
- ER visits due to long-term complications of diabetes (18+ years) is 95% higher among 65-84-year-olds, and 229% higher among Blacks or African Americans
- Hospitalizations due to short-term complications of diabetes (18+ years) is 85% higher in 35-44-year-olds, 50% higher in females, and 119% higher in Blacks or African Americans
- Hospitalizations due to diabetes (18+ years) is 173% higher in Blacks or African Americans
- Hospitalizations due to Type 2 diabetes (18+ years) is higher among 45-84-year-olds,

259% higher among Blacks or African Americans, and 198% higher among Hispanics. Hospitalizations due to long-term complications of diabetes (18+ years) is higher among 45-84-year-olds and 246% higher among Blacks or African Americans

- Deaths due to coronary heart disease (all ages) is 35% higher among men

HEART DISEASE

- ER visits due to heart failure (18+ years) is higher among 65-84-year-olds, 1,352% higher among people 85+, and 129% higher among Blacks or African Americans
- ER visits due to hypertension (18+ years) is higher among 45-84-year-olds, 348% higher among people 85+, 254% higher among Blacks or African Americans, 34% higher in Bloomington ZIP code 61701
- Hospitalizations due to acute myocardial infarction (18+ years) is higher among 45-84-year-olds, 470% higher among people 85+, 36% higher among men, and 78% higher in Colfax ZIP code 61728
- Hospitalizations due to hypertension (18+ years) is higher among 65-84-year-olds, 597% higher among people 85+, and 360% higher among Blacks or African Americans
- Hospitalizations due to heart failure (18+ years) is higher among 65-84-year-olds, 1,040% higher among people 85+, 23% higher among men, and nearly double for Blacks or African Americans

ORAL HEALTH

- ER visits due to dental problems (all ages) is higher among 25-44-year-olds, 182% higher among 25-34-year-olds, and 243% higher among Blacks or African Americans
- Black or African American children in second grade have a higher percentage of

untreated caries in compared to White children (US data)

- Public school children, compared to non-public, in Illinois, have a higher percentage of caries/restoration history, untreated caries, and needing urgent treatment
- Individuals with higher education and income have greater access to dental care
- Barriers to access:
- No insurance
- Inability to afford copayments or deductibles
- Doctor refusal of insurance
- **50%** of Medicaid clients never see a dentist
- The largest school districts, Unit 5 and D87, have the highest visits of non-compliance with oral exams at every grade level

RESPIRATORY DISEASE

- ER visits due to adult asthma (18+ years) is more than double for Bloomington ZIP code 61701, highest among 18-34-year-olds, and 486% higher for Blacks or African Americans
- Hospitalizations due to adult asthma (18+ years) is double for Bloomington ZIP code 61701, highest among 45-64-year-olds, 49% higher for females, and 318% higher for Blacks or African Americans
- Hospitalizations due to asthma (all ages) are double for Bloomington ZIP code 61701, double for 45-64-year-olds, triple for people 85+, 44% higher for females, and 293% higher for Blacks or African Americans
- ER visits due to COPD (18+ years) are nearly double in Bloomington ZIP code 61701, highest among 45-84-year old's, 136% higher in Saybrook ZIP code 61770 and more than double for Blacks or African Americans
- ER visits due to pediatric asthma (<18 years) is nearly double in Bloomington ZIP code 61701, and 285% higher among Blacks or African Americans

Appendix 10: Effective and Evidence-Based Interventions

- Resources that compiled lists of evidence-based, effective, scientifically supported, and recommended practices were found at four sites:
 - Conduent HCI Promising Practices
 - County Health Rankings
 - The City Health Dashboard
 - The Community Guide.
- The lists found at County Health Rankings and the City Health Dashboard were the same, and therefore these two sources have been combined in column three in the chart below:

	HCI Promising Practices	County Health Rankings and City Health Dashboard	The Community Guide
Classification Labels	Evidence-Based and Effective Practices	Scientifically Supported	Recommended
Appropriate Access to Healthcare	590	Access to Care (10)	
Behavioral Health	728	Alcohol and Drug Use (15)	Excessive Alcohol Consumption (7) Mental Health (4)
Healthy Eating and Active Living	Healthy Eating (281) Active Living (273) Food Access (371)	Diet and Exercise (26)	Physical Activity (13) Obesity (8) Nutrition (5)
Heart Disease	444		Cardiovascular (10)
Oral Health	1091		Oral Health (2)
Respiratory Diseases	440		Asthma (2)

Appendix 11: Economic impact of the Top Six Significant Health Needs

Appropriate Access to HealthCare:

- Nationally, the average E.R. visit costs **\$580**, whereas the average doctor's office visit costs **\$130** (Blue Cross Blue Shield)

Behavioral Health:

Mental Health

- Each year, serious mental illness costs Americans **\$193 billion** in lost earnings (American Journal of Psychiatry)
- Much of the economic burden of mental illness is not the cost of care, but the loss of income due to unemployment, expenses for social supports, and a range of indirect costs due to a chronic disability that begins early in life (National Institutes of Health)
- Depression and anxiety have a significant economic impact; the estimated cost to the global economy is \$1 trillion per year in lost productivity. (World Health Organization)
- Suicide costs society over **\$44.6 billion** a year in combined medical and work loss costs. The average suicide costs **\$1,164,499** (Centers for Disease Control and Prevention – CDC)

Substance Abuse

- Alcohol abuse costs the U.S. **\$191.6 billion** and drug abuse costs **\$151.4 billion** (Substance Abuse and Mental Health Services Administration - SAMSHA)
- Excessive alcohol consumption cost the U.S. \$223.5 billion in 2006, or about \$1.90 per drink. Binge drinking is 76 percent of the costs (CDC)

Healthy Eating Active Living:

- The estimated annual medical cost of obesity in the U.S. was **\$147 billion** in 2008 (CDC)
- The medical costs for people who are obese were **\$1,429 higher** than those of normal weight (CDC)
- Obesity costs the Illinois healthcare system and taxpayers nearly **\$3.4 billion** per year (Illinois Alliance to Prevent Obesity)

Heart Disease and Stroke:

- 1 in every 6 healthcare dollars is spent on cardiovascular disease (CDC)
- On average, an employee with cardiovascular disease (CVD) costs his or her employer nearly 60 hours and over \$1,100 more in lost productivity per year than an employee without cardiovascular disease. (RTI International for the American Heart Association)
- In 2016, CVD cost America **\$555 billion**. By 2035, the cost will skyrocket to **\$1.1 trillion**. (American Heart Association)

Oral Health:

- The average cost of a Medicaid enrollee's inpatient hospital treatment for dental problems is nearly **10 times more expensive** than the cost of preventive care delivered in a dentist's office (PEW: A Costly Destination)
- Illinois children with poor oral health are almost three times more likely to **miss school days** due to pain than children with good oral health (Healthy Smiles, Healthy Growth report, 2013 - 2014).
- Nationally, employed adults **lose more than 164 million hours of work** each year due to oral health problems or dental visits (CDC)

Respiratory Disease:

- The yearly cost of asthma in the U.S. is around **\$56 billion**. The direct costs make up almost **\$50.1 billion**. Hospital stays are the largest part of that cost. Indirect costs make up **\$5.9 billion**. This includes lost pay from sickness or death and lost work output from missed school or work days (United States Environmental Protection Agency)
- In 2010, chronic obstructive pulmonary disease (COPD) resulted in **\$49.9 billion** in direct and indirect costs. Total costs incurred by COPD patients are approximately \$6000 higher than non-COPD patients (COPD Foundation)

Appendix 12: Matrix of McLean County Community Resource Examples for the 2019 Identified Health Concerns

	Organization name	Access to Appropriate Care	Healthy Eating/Active Living	Mental Health	Substance Abuse
Recreational Facilities	Bloomington-Normal YMCA		x		
	Four Seasons Association		x		
Government	Local municipality parks & recreation departments		x		
	Local school districts		x	x	
	McLean County Board and Behavioral Health Coordinating Council	x		x	x
	McLean County Health Department	x	x	x	x
Community Agencies	Alcoholics Anonymous				x
	Al-Anon/Alateen				x
	American Cancer Society		x		
	American Heart Association		x		
	Center for Youth and Family Solutions			x	x
	Collaborative Solutions Institute			x	x
	Community Cancer Center		x		
	Connect Transit	x			

	Organization name	Access to Appropriate Care	Healthy Eating/Active Living	Mental Health	Substance Abuse
Community Coalitions	Depression and Bipolar Support Alliance			x	x
	Heartland Head Start		x		
	Illinois Institute for Addiction Recovery				x
	Illinois State University Student Health Services	x	x	x	x
	Illinois Wesleyan University Student Health Services	x	x	x	x
	John M. Scott Health Care Commission	x			
	Lutheran Child and Family Services of Illinois			x	
	Marcfirst			x	
	McLean County Center for Human Services			x	
	National Alliance on Mental Illness			x	
	Oxford House				x
	PATH 211	x			
	Project Oz				x
	The Baby Fold			x	x
	University of Illinois Extension		x		
	All Our Kids (AOK) Childhood Network			x	
	Bike Blono	x	x		

	Organization name	Access to Appropriate Care	Healthy Eating/Active Living	Mental Health	Substance Abuse
Hospitals/ Clinics	Bloomington Normal Campus Community Committee				x
	Infant, Toddler & Preschool Mental Health			x	
	League of Women Voters			x	
	Advocate BroMenn Medical Center	x	x	x	x
	Chestnut Family Health Center	x		x	x
	Chestnut Health System	x		x	x
	Community Health Care Clinic	x	x		x
	McLean County Health Department	x			
	OSF St. Joseph Medical Center	x	x	x	x
Local Employers	Worksite wellness programs		x		

Appendix 13: Narrative of McLean County Community Resources for the 2019 Identified Health Concerns

RECREATIONAL FACILITIES

Bloomington-Normal YMCA

Obesity

The Bloomington Normal YMCA offers high quality after-school programs, swimming and gymnastics instruction, youth sports, teen programs, Day Camp and a variety of recreational experience for children and adults of all ages.

Four Seasons Association

Obesity

The Four Seasons Association is a family oriented not-for-profit health club in the community that plays an active role in acknowledging various health issues and providing opportunities to combat these concerns. Resources/programs include healthy eating every day, active living every day, dietitian programs and services, and corporate outreach program.

GOVERNMENT

Local Municipality Parks & Recreation Departments

Obesity

Local School Districts

Mental Health, Obesity

McLean County Government

Access to Appropriate Care, Mental Health, Substance Abuse

Under the direction of the McLean County Board, a Mental Health Action Plan was created in 2015, followed by the formation of the Behavioral Health Coordinating Council. The county, using data to drive change, has multiple projects under development in 2019 to improve access to behavioral health services.

McLean County Health Department

Access to Appropriate Care, Mental Health, Obesity, Substance Abuse

Prevention information at a variety of venues, as well as health-related data, is provided through the Health Promotion Program. Multiple clinics, on-site and off-site, provide direct services and appropriate healthcare to all ages in the community.

COMMUNITY AGENCIES

Al-Anon /Alateen

Substance Abuse

Al-Anon and Alateen are peer support groups for friends and families of problem drinkers.

Alcoholics Anonymous

Substance Abuse

Alcoholics Anonymous helps individuals achieve and maintain sobriety.

American Cancer Society

Cancer and Prevention

Resources on cancer and patient navigator program for people with cancer.

American Heart Association

Heart Disease and Stroke and Prevention

Resources related to heart disease and CPR training guidelines.

Bloomington Normal Treatment Center

Substance Abuse

The Bloomington Normal Treatment Center is a methadone clinic that treats opioid dependence.

Center for Youth and Family Solutions

Mental Health

The Center for Youth and Family Solutions sponsors Screening, Assessment and Support Services (SASS). SASS provides intensive mental health services for children and youth experiencing a mental health crisis. The center also offers outpatient therapy as part of its comprehensive behavioral health counseling program.

Collaborative Solutions Institute

Mental Health

The Collaborative Solutions Institute offers mental health evaluation and treatment.

Community Cancer Center

Cancer and Prevention

The Community Cancer Center offers the care of multiple physician specialties, the latest drug therapies, radiation treatment, research protocols and support services for patients with cancer.

Connect Transit

Access to Appropriate Care

Connect Transit's mission is to provide: independence through transportation to live, learn, work and play; added economic value, through transportation opportunities, to McLean County that is environmentally and economically sustainable; and, service to customers that is safe, affordable, reliable, accessible and valued.

Depression and Bipolar Support Alliance

Mental Health

The Depression and Bipolar Support Alliance sponsors support groups for families/friends of mentally ill individuals and individuals with mental illness/emotional disabilities.

Heartland Community College

Mental Health

Heartland Community College offers counseling services to students.

Heartland Head Start

Prevention

Heartland Head Start is a unique program providing comprehensive educational, health and social services for low-income pre-school age children and their families, including prevention and intervention services for kids six weeks to five years of age as well as pregnant mothers.

Illinois Institute for Addiction Recovery

Substance Abuse

Hospital-based addiction treatment services for adults and adolescents with chemical and/or behavioral addictions, as well as those individuals struggling with related at-risk behaviors.

Illinois State University Student Health Services

Mental Health, Obesity

ISU Student Health Services provides counseling and outpatient psychiatric services and dietitian consultation.

Illinois Wesleyan University—Arnold Health Services

Obesity

IWU offers students dietitian consultations.

John M. Scott Health Care Commission

Access to Appropriate Care, Mental Health

The John M. Scott Health Care Commission provides some assistance with the high cost of medications, including short-term provision of psychiatric medications for those individuals recently released from prison.

Marcfirst

Mental Health

Marcfirst's mission is to connect families and people with developmental disabilities to their community through a lifetime of meaningful supports.

McLean County Center for Human Services

Mental Health, Substance Abuse

McLean County Center for Human Services offers a Crisis Response Team to attend to urgent mental health issues and administer the Indigent Drug Program.

National Alliance on Mental Illness

Mental Health

The National Alliance on Mental Illness (NAMI) is a self-help, non-profit organization dedicated to improving the quality of life for persons with neuro-biological brain disorders.

Oxford House
Substance Abuse

The Oxford House provides recovery homes and halfway houses for men and women addressing substance use problems.

PATH 211

Access to Appropriate Care, Mental Health

PATH 211 offers suicide prevention services and support to help individuals locate health and human service assistance including: food, shelter, rent and utility assistance, physical and mental health resources, employment supports, volunteer opportunities and support resources for children, older Americans and people with disabilities.

Project Oz

Mental Health, Substance Abuse

Project Oz is a not-for-profit human service agency with a focus on preventing drug abuse, empowering youth and young adults, assisting homeless and runaway youth, and helping teens stay in school. The Youth Action Board provides youth substance use prevention and education, alcohol and drug prevention classes. Project Oz also provides training, called STEPS, for sellers/servers of alcohol on how to stay within the law.

The Baby Fold

Mental Health

The Baby Fold offers a Residential Treatment Center for children ages three through thirteen with a variety of severe and complex mental health problems who need intensive supervision and treatment 24 hours a day.

University of Illinois Extension

Obesity

U of I Extension offers nutritional education programming and resources.

Western Avenue Community Center

Mental Health

Western Avenue Community Centers, through its Hispanic Outreach program, offers Individual, child, family and couples general counseling; counseling in the areas of codependency, grief and loss, anger management, conflict resolution, parenting education and domestic violence; and crisis intervention.

COMMUNITY COALITIONS

Bike Blono

Access to Appropriate Care, Obesity

Bike Blono's main cause is to promote the bicycle for everyday transportation in Bloomington-Normal. Bike Blono's main community contributions come in the form of three methods: advocacy, awareness and education.

Bloomington Normal Community Campus Committee

Substance Abuse

The Bloomington Normal Community Campus Committee is a coalition to counter binge drinking through campus and community partnerships.

Infant, Toddler and Preschool Mental Health Mental Health

The Infant, Toddler and Preschool Mental Health group is currently exploring how preschools and Head Start can be better supported through collaborative mental health consultants.

League of Women Voters Mental Health

The League of Women Voters has been an integral part of the political and civic life of McLean County. The League recently completed a study on mental health services in our community and is currently working on a housing study.

HOSPITALS/CLINICS

Advocate BroMenn Medical Center Mental Health, Obesity, Substance Abuse

With a medical staff of nearly 370 physicians, representing more than 40 specialties, Advocate BroMenn Medical Center is a 221-bed full-service, acute care, not-for-profit hospital located in Normal. Advocate BroMenn offers the region's only inpatient mental health unit and adult day services. Other services of interest include weight-loss initiatives, substance abuse detox facilities, community wellness screenings and bariatric support group.

Chestnut Health Systems and Chestnut Family Health Center Access to Appropriate Care, Substance Abuse, Mental Health

Chestnut Health Systems provides outpatient and residential mental health services; adult and adolescent addiction treatment; and crisis stabilization, including medically monitored detoxification.

Community Health Care Clinic Access to Appropriate Care, Mental Health, Obesity, Substance Abuse

The Community Health Care Clinic provides quality healthcare to the medically underserved population of McLean County through the operation of a free medical clinic. In partnership with Home Sweet Home Ministries, they also operate a mobile healthcare unit.

McLean County Health Department Access to Appropriate Care, Mental Health, Obesity, Substance Abuse

The Health Department's multiple clinics, on-site and off-site, provide direct services and appropriate healthcare to all ages in the community. On-site clinics include dental, immunization, WIC, and communicable diseases. Prevention information and health-related data is provided at a variety of venues.

OSF St. Joseph Medical Center Mental Health, Obesity, Substance Abuse

OSF St. Joseph Medical Center is a 149-licensed bed, not for profit, acute care, and Level II Trauma Center facility. Specific centers of interest include the OSF St. Joseph Medical Center Weight Management Center, the OSF Center for Healthy Lifestyles and community wellness screenings.

LOCAL EMPLOYERS

Worksite Wellness Programs

Obesity, Mental Health

Local employers offer wellness challenges, education, exercise programs and screenings to engage and improve the health of their employees.