

# Ascension Saint Mary Kankakee

## TY23 Community Health Needs Assessment Kankakee County, Illinois

June 30, 2024



**Ascension**

The goal of this report is to offer a meaningful understanding of the most significant health needs across Kankakee County, with emphasis on identifying the barriers to health equity for all people, as well as to inform planning efforts to respond to those needs. Special attention has been given to the needs of individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

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The tax year 2023 Community Health Needs Assessment report was approved by the Saint Mary Kankakee Board of Directors on June 14, 2024 (2023 tax year), and applies to the following three-year cycle July 2024 to June 2027. This report, as well as the previous report, can be found at our public website.

**We value the community's voice and welcome feedback on this report. Please visit our public website (<https://healthcare.ascension.org/chna>) to submit your comments.**

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## Acknowledgements

The tax year 2023 Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Kankakee County. Ascension Saint Mary is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to promote a healthier, more equitable place to live, work and play."

We would also like to thank you for reading this report, and your interest and commitment to improving the health and well-being of our community.

## Executive Summary

The goal of the tax year 2023 Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs across Kankakee County. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

### **Purpose of the CHNA**

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy (IS) every three years. The purpose of the CHNA is to understand the health needs and priorities, with emphasis on identifying the barriers to health equity, for all people who live and/or work in the communities served by the hospital, with the goal of responding to those needs through the development of an implementation strategy plan.

### **Community Served**

Although Ascension Saint Mary Kankakee serves Kankakee and surrounding areas, the hospital has defined its community served as the primary service area (PSA) for the 2023 CHNA. The majority of the hospital PSA resides within Kankakee County as such this geography was selected as Ascension Saint Mary's community served. Additionally, our partner's primary service and community health data is readily available at the county level.

### **Data Analysis Methodology**

The 2023 CHNA was conducted from June 2023 to April 2024, and utilized a modified Mobilizing for Action through Planning and Partnerships (MAPP) process, which incorporated data from both primary and secondary sources. Community input sources included information provided by groups/individuals, e.g., community members, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and populations who are more marginalized and to unmet health needs or gaps in services. Over 390 surveys were collected from those residing within Kankakee County as well as 61 community partners participated in the community partners assessment. Secondary data was compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

### **Community Needs**

Ascension Saint Mary, with contracted assistance from Metopio, analyzed secondary data indicators on Metopio's data platform that included hospital utilization data as well as secondary sources including, but not limited to, the American Community Survey, the Decennial Census, the Centers for Disease

Control, the Environmental Protection Agency, Housing and Urban Development, and the Illinois Department of Public Health as well as gathered community input through community surveys to identify the needs of Kankakee County. In collaboration with community partners, Ascension Saint Mary used a phased prioritization approach to determine the most crucial needs for community stakeholders to address. The significant needs are as follows:

- Chronic Disease
- Mental Health
- Social Determinants of Health

## **Next Steps and Conclusion**

Following approval of the CHNA, Ascension Saint Mary will complete a prioritization matrix and develop an implementation strategy. The implementation strategy will focus on all or a subset of the significant needs, and will describe how the hospital intends to respond to those prioritized needs for the next three years.

Ascension Saint Mary hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Kankakee County. The hospital values the community's voice and welcomes feedback on this report; comments or questions can be submitted via Ascension's public website (<https://healthcare.ascension.org/chna>).

## About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk.

### Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. As of April 2024, the national health system operates 140 hospitals and 40 senior living facilities in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management, and contracting through Ascension's own group purchasing organization.

Ascension's Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform health care and express priorities when providing care and services, particularly to those most in need.

**Mission:** Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

For more information about Ascension, visit <https://www.ascension.org>.

### Ascension Illinois

Ascension Illinois is one of the largest health systems in the state of Illinois, with 150 sites of care, including 14 hospitals spanning the Chicagoland area. It provides inpatient, outpatient, and emergency care to more than 680,000 people in Illinois, including critical, advanced facilities, and specialized expertise not widely available. It is a strong economic driver and job creator as well, with thousands of jobs. But beyond this core commitment, Ascension Illinois provided over \$220 million in community benefit and care for persons living in poverty in fiscal year 2023.

### Ascension Saint Mary

As a Ministry of the Catholic Church, Ascension Saint Mary is a non-profit hospital that has been providing medical care to the Kankakee community since 1897 following in the footsteps of founders,





**Ascension  
Saint Mary Kankakee**

the Sisters Servants of the Holy Heart of Mary. Today, Ascension Saint Mary provides emergency as well as specialty care including heart, cancer, stroke care, orthopedics and women's health.

For more information about Ascension Saint Mary visit:

<https://healthcare.ascension.org/locations/illinois/ilchi/kankakee-ascension-saint-mary>

## About the Community Health Needs Assessment

A community health needs assessment is essential for community building, health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools with the potential to be catalysts for immense community change.

### Purpose of the CHNA

A CHNA is defined as “a systematic process involving the community that identifies and analyzes community health needs and assets to plan and act upon priority community health needs.”<sup>1</sup> The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension Saint Mary’s commitment to offer programs designed to respond to the health needs of a community, with special attention to persons who are medically underserved and at risk for poorer health outcomes because of social factors that put them at increased risk.

### Advancing Health Equity

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.<sup>2</sup> Progress toward achieving health equity can be measured by reducing health disparities. Health disparities are particular health differences closely linked with economic, social, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced such obstacles to health based on their race or ethnicity; religion; socioeconomic status; gender identity; sexual orientation; age; cognitive, sensory, or physical disability; geographic location; or other characteristics historically linked to discrimination or exclusion.<sup>3</sup>

Focusing on the root causes that have perpetuated these differences contributes to the advancement of health equity. By identifying the conditions, practices, and policies that perpetuate differences in health outcomes, we can better respond to root causes when pursuing health equity.

Ascension acknowledges that health disparities in our communities go beyond individual health behaviors. Ascension’s Mission calls us to be “advocates for a compassionate and just society through our actions and words”; therefore, health equity is a matter of great importance to Ascension.

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<sup>1</sup> Catholic Health Association of the United States. (2022). *A guide for planning and reporting community benefit, 2022* (p.146).

<sup>2</sup> National Center for Chronic Disease Prevention and Health Promotion. (2023, January 4). *Advancing health equity in chronic disease prevention and management*. Center for Disease Control and Prevention (CDC). Retrieved October 11, 2023, from <https://www.cdc.gov/chronicdisease/healthequity/index.htm>

<sup>3</sup> Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*, 129(Suppl 2), 5-8. <https://doi.org/10.1177/00333549141291S203>

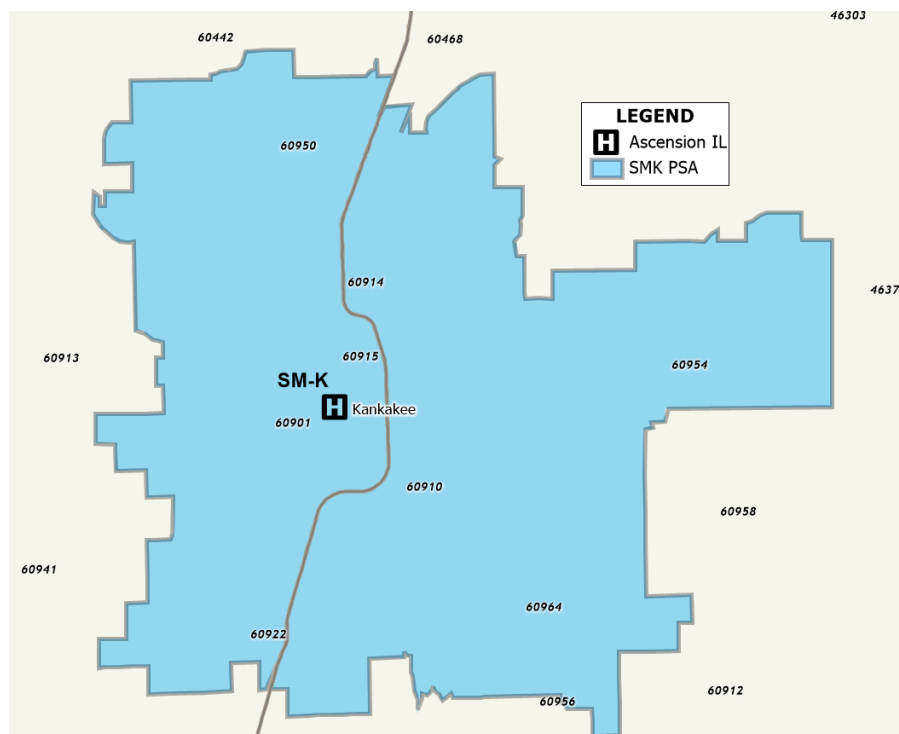
## **IRS 501(r)(3) and Form 990 Schedule H Compliance**

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) hospitals under the ACA are described in Code Section 501(r)(3), and include making both current and previous CHNA and implementation strategy reports widely available to the public. In accordance with this requirement, electronic versions of these reports can be accessed at <https://healthcare.ascension.org/CHNA>, and paper versions can be requested at Ascension Saint Mary's Administration Office.

## Community Served and Demographics

### Community Served

For the purpose of the 2023 CHNA, Ascension Saint Mary has defined its community as Kankakee County. Although Ascension Saint Mary serves Kankakee and surrounding areas, the “community served” was defined as such because (a) most of our service area is in each county; (b) most of our assessment partners define their service area at the county level; and (c) most community health data is available at the county level.



Source: Maptitude (Internal Strategy), 2024. Map of Saint Mary Kankakee Primary Service Area (PSA)

Kankakee County includes the city of Kankakee as well as surrounding suburban and rural communities. It resides approximately 50 miles south of Chicago. Nearly all major industries are offered within the county’s geography.

### Demographic Data

Located in Illinois, Kankakee County has a population of 106,704 and is located in the northern eastern part of the state. Below are demographic data highlights for the community:

- 17.9 percent of the community members of Kankakee County are 65 or older, compared to 17.2 percent in Illinois
- 12.2 percent are Hispanic or Latino (any race) which is lower than 18.3 percent in Illinois

- 69.8 percent of community members are non-Hispanic white; 1.1 percent are Asian; 0.5 percent are American Indian or Alaska Native, and 14.8 percent are non-Hispanic Black or African American
- The total population increase from 2010 to 2020 was -5.24 percent which is greater than the state increase during this same time period of -0.14 percent
- The median household income is below the state median income (\$70,500 for Kankakee County; \$76,700 for Illinois)
- The percent of all ages of people below 200% of poverty level was significantly higher than the state (31.55 percent for Kankakee county; 26.52 percent for Illinois)
- The uninsured rate for Kankakee County is similar to the state (8 percent for of residents Kankakee County; 8 percent for resident of Illinois)

Demographic Highlights			
Population			
Indicator	Kankakee County	Illinois	Description
Percentage living in rural communities	28.4%	13.1%	N/A
Percentage below 18 years of age	22.6%	21.6%	N/A
Percentage 65 years of age and over	17.9%	17.2%	N/A
Percentage Asian	1.1%	6.3%	N/A
Percentage American Indian or Alaska Native	0.05%	0.06%	N/A
Percentage Hispanic	12.2%	18.3%	N/A
Percentage non-Hispanic Black	14.8%	14.1%	N/A
Percentage non-Hispanic White	69.8%	59.5%	N/A
Social and Community Context			
English proficiency	1%	4%	Proportion of community members who speak English "less than well"
Median household income	\$70,500	\$76,700	Income level at which half of households in a county earn more and half of households earn less
Percentage of families in poverty	20%	16%	Percentage of people under age 18 in poverty
Percentage of uninsured	8%	8%	Percentage of population under age 65 without health insurance

Percentage of educational attainment	90%	90%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Percentage of unemployment	5.3%	4.6%	Percentage of population ages 16 and older unemployed but seeking work

Source: County Health Rankings Health Data, 2024.

To view additional community demographic data, see Appendix B (Page 38).

## Process and Methods Used

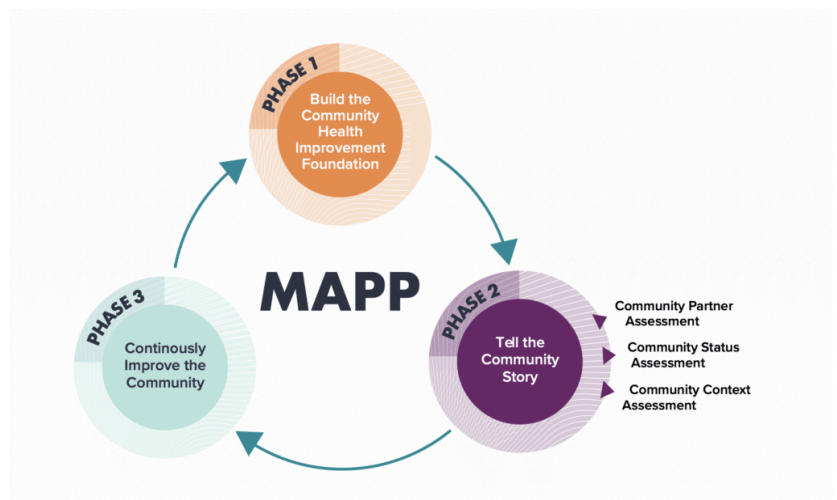
### Collaborators and/or Consultants

With the contracted assistance of Metopio, Ascension Saint Mary completed its tax year 2023 CHNA in collaboration with the Kankakee County Partnership for a Healthy Community. Ascension Saint Mary has partnered with the Partnership for a Healthy Community on four previous iterations of the CHNA process. The CHNA steering committee for the Partnership consisted of the Kankakee County Health Department, Riverside Healthcare and Ascension Saint Mary. In addition to the CHNA specific steering committee, the Partnership has the following organizations as members of the steering committee:

Helen Wheeler Center for Community Mental Health	Project SUN
Iroquois-Kankakee Regional Office of Education	Olivet Nazarene University
Kankakee County Hispanic Partnership, Inc.	Twenty-First Judicial Circuit Family Violence Coordinating Council
Pledge for Life Partnership	United Way of Kankakee & Iroquois Counties

### Data Collection Methodology

Ascension Saint Mary is committed to using national best practices in conducting the CHNA. In collaboration with various community partners, Ascension Saint Mary’s approach relies on the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP is a community-driven, strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them. The Partnership for a Health Community used a modified MAPP 2.0 model for this iteration of the assessments completing three different assessments<sup>4</sup>:



1. Community Status Assessment (secondary data)

<sup>4</sup> Image source MAPP 2.0 User Handbook, National Association of County and City Health Officials, 2023.

2. Community Partner Assessment (stakeholder or informant input)
3. Community Context Assessment (community input)

Upon completion of the collaborative data collection, a strategic session was held in March 2024 to review all findings looking for cross-cutting themes and determine the significant needs for the community.

### Summary of Community Input

Community input, also referred to as “primary data,” is an integral part of a community health needs assessment (CHNA) and is meant to reflect the voice of the community. This input is invaluable for efforts to accurately assess a community’s health needs. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of 1) public health practice and research; 2) individuals who are medically underserved, low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input that provided perspectives on selecting and responding to top health issues facing the community. A summary of the process and results is outlined below.

### Community Survey

A survey was conducted by the Partnership for a Healthy Community to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes, health behaviors, social determinants of health, and clinical care for Kankakee County. Five hundred twenty-four individuals participated in the survey, held between November 2023 and February 2024. The data gathered and analyzed provides valuable insight into the issues of importance to the community. The survey contained 76 questions and was distributed to the community through resource sharing, marketing flyers, social media, website announcements and other channels. The CHNA steering committee met weekly during the period the survey was open to discuss responses received and what additional pushes were needed to reach different populations.

Community Survey
Key Summary Points
<ul style="list-style-type: none"> <li>• Survey respondents said they were healthy when asked to rate their overall health on a scale from 1 being not healthy to 10 being very healthy (rating of 8 on 1-10 scale).</li> <li>• Adult Mental health (59.9%), Adolescent mental health (48.4%) followed by obesity (39.1%) were the most important health related challenges in the community</li> <li>• Eating healthy (39.1%), affordable housing (37.3%) and medication affordability (37.5%) were the most important community issues where survey respondents live.</li> <li>• Social media usage among children and teens is considered a big problem (50.5%) followed stress among children and teens (36.9%)</li> <li>• 46.4% of survey respondents have been told by a care provider they have high blood pressure followed by high cholesterol (36.8%)</li> </ul>



- 61.7% of survey respondents reported itching 1-2 servings per day of fruits and vegetables; 56.0% said obtaining fresh fruits and vegetables is very easy.
- 71.5% of survey respondents reported participating in physical activities and exercises in the past month; 46.5% report time as the greatest barrier to getting exercise followed by disability (17.4%)
- 15.6% of respondents smoke cigarettes daily while 17% use e-cigarettes or vape everyday; 38.5% report using marijuana during the past 30 days for either medical or non-medical reasons
- 18.6% of respondents feel somewhat worse in describing their mental health compared to before the COVID-19 pandemic; 26.2% needed mental health treatment or counseling in the past 12 months with 20.9% not able to get the help they needed due to affordability (27.8%) and not knowing where to go (27.8%)
- Most respondents feel safe in their neighborhood most of the time (56.3%)

Populations Represented	Common Themes
<ul style="list-style-type: none"> <li>• Households with someone with a disability</li> <li>• LGBTQI+</li> <li>• Low-income</li> <li>• Families</li> <li>• Older Adults</li> </ul>	<ul style="list-style-type: none"> <li>• Concerns over parenting was a common theme in the open comments as was substance use disorders and access to health care (all forms).</li> <li>• Misconceptions of equity and health equity were prevalent in open comments</li> <li>• The need for cultural competence of the LGBTQI+ community was expressed in open comments.</li> </ul>
Meaningful Quotes	
<ul style="list-style-type: none"> <li>• Every place I called in Kankakee County was not accepting new patients. I can't drive to Will County for care.</li> <li>• My 14-year-old granddaughter (in another town in a good neighborhood) is stressed about the way the world is going, wondering if she (as a black girl) has any future, wondering if the world will become unlivable in her lifetime. I think any intelligent young person thinks about these things.</li> <li>• Lack of hiking and biking trails, lack of quality eateries, lack of high quality internet</li> <li>• Low percentage of parents with post secondary education. In turn, this affects household economics and choices made. How can one incentivize adults to improve their educational status and thus reap the rewards?</li> <li>• As a queer person, I don't feel safe or trusting of the current health care options in the area.</li> <li>• Racism is prevalent but people won't admit it or learn more about what to do about it.</li> <li>• The curbs MUST be made wheelchair accessible on every corner.</li> <li>• Public use of marijuana is a huge issue. It smells like weed everywhere, anytime in the car driving. People have to just be high all the time, I don't know how they succeeded in life this way.</li> </ul>	

### Community Partner Assessment

A community partner (key stakeholder) assessment that included both a survey and forum was conducted by Metopio on behalf of the Partnership for a Healthy Community to understand the community's perception of needs based on key stakeholder's experiences and feedback from clients/patients. Sixty-one key stakeholders participated in the survey, held in February thru March 2024. The data gathered and analyzed provides valuable insight into the issues of importance to the community, which were shared at a community forum hosted at Ascension Saint Mary's on March 21, 2024, in which 46 key stakeholders participated. The survey contained 42 questions and was distributed to key community organizations within the Kankakee County local public health system via electronic invitation by the Kankakee County Health Department.

### Key Stakeholder Survey

### Key Summary Points

<ul style="list-style-type: none"> <li>• 56.3% of organizations work on improving mental and behavioral health followed by food access (39.6%) and healthcare access (33.4%)</li> <li>• Beyond demographic data collected (73.2%), organizations are collecting data about social determinants of health (56.1%)</li> <li>• 52% of organizations agree they have a good relationship with other organizations to help share information.</li> <li>• 85% noted social media as their communication application used most often</li> </ul>	
Populations Represented	Common Themes
<ul style="list-style-type: none"> <li>• Non-Profit Organizations</li> <li>• Social Service Providers</li> <li>• Schools/Education/College/University</li> <li>• Grassroots Community Organizations</li> <li>• Mental Health Provider</li> <li>• Faith-Based Organizations</li> <li>• Emergency Response</li> <li>• Healthcare including Public Health</li> <li>• Government Agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Organizations are looking to collaborate to avoid duplication as well as increase effectiveness and efficiency</li> <li>• Communication among organizations in the public health system is very important</li> <li>• There is a desire among organizations to crete long-term, permanent social change</li> <li>• Organization reported they most focus on economic stability followed by education access and services.</li> <li>• The majority of the organization are collecting data, but are unsure if they can share within the local public health system.</li> <li>• The majority of organizations either conduct or participate in community needs assessments</li> </ul>
Meaningful Quotes	
<ul style="list-style-type: none"> <li>• We would love to find ways to strengthen our relationships with providers and organizations to have more of them in our buildings.</li> <li>• I would like to see the Kankakee County Health Department play a bigger role in mental and behavioral health challenges in our county. There is significant funding available that could fuel wonderful partnerships between schools, not for profit and for profit mental health providers.</li> </ul>	

To view additional community input data, see Appendix C (Page 40).

### Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the population's health status at the state and county levels through surveys and surveillance systems. Secondary data for this report was compiled from various reputable and reliable sources.

Health indicators in the following categories were reviewed:

- Health outcomes
- Physical environment
- Clinical care
- Social determinants that impact health
- Disparities

A summary of the secondary data collected and analyzed through this assessment is outlined below.

- Kankakee County has a negative change in population from 2010-2020 compared to growth across the United States and neutral growth in the state during this time period.

- There are racial and ethnic inequities that exist for median household income, college graduation, insurance coverage, and food insecurity in Kankakee County.
- There is a higher percentage of single-parent households in Kankakee County than in the state and United States from 2015-2022.
- There is a higher rate of persons with disabilities in Kankakee County.
- More persons residing in Kankakee County have Medicaid coverage than the state and national percentages.
- There are less physicians per 100,000 population in Kankakee County than the state rate for the past 13 years. There are also less mental health providers per capita in the county.
- The social vulnerability index percentile is much higher in Kankakee County than the state and United States for the past 20 years with greater geographic disparity in the center part of the county.
- Less persons residing in Kankakee County have internet access compared to state and national rates since 2013.
- More adults residing in Kankakee County, specifically in the center part of the county, are reporting no exercise.
- There are higher rates of coronary health disease in Kankakee County as well as persons diagnosed with diabetes and asthma than state and national rates.
- The non-hispanic black population has the highest deaths (mortality rates) for heart disease , cancers, kidney disease, influenza, pneumonia and stroke.
- Males in Kankakee County have a higher lung and oral cancer diagnosis rate than the state rate.
- Females in Kankakee County have a higher invasive breast cancer diagnosis rate than the state rate.
- Infant mortality is higher in Kankakee County than in the state or country. Prenatal visits are lower in the county among all racial and ethnic populations.
- There is a higher drug overdose mortality rate in Kankakee County than the state or national rates.

To view the additional secondary data, see Appendix D (Page 42).

### **Written Comments on Previous CHNA and Implementation Strategy**

Ascension Saint Mary's previous CHNA and implementation strategy was made available to the public and open for public comment via the website: <https://healthcare.ascension.org/chna>. The following is a summary of the comments that were received: No comments received.

### **Data Limitations and Information Gaps**

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Kankakee County. This constraint limits the ability to assess all the community's needs fully.

For this assessment, three types of limitations were identified:

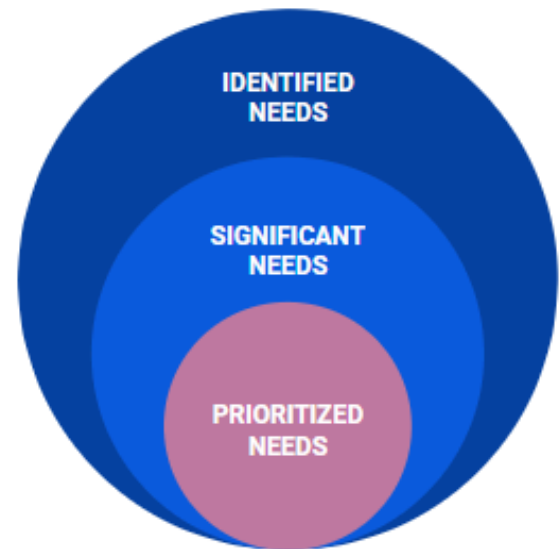
- Some groups of individuals may not have been adequately represented through the community input process that might include persons who are experiencing homelessness, persons who speak other languages other than English and/or Spanish.
- Secondary data is limited in a number of ways, including timeliness, reach, and ability to fully reflect the health conditions of all populations within the community.
- An acute community concern may significantly impact a hospital's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Ascension as an event or situation that may be severe and sudden in onset or newly affects a community. Such an event or situation may impact the ability to collect community input, may not be captured in secondary data, and/or can present in the middle of the three-year CHNA cycle. For the tax year 2023 CHNA, the following acute community concerns were identified:
  - No acute community concerns impacted ability to conduct CHNA

Despite the data limitations, Saint Mary's is confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple qualitative and quantitative methods, and engaged the hospital and participants from the community.

## Community Needs

Ascension Saint Mary, with contracted assistance from Metopio and in collaboration with the Partnership for a Healthy Community, analyzed secondary data of over 75 indicators and gathered community input through surveys and partner forums to identify the needs in Kankakee County. In collaboration with community partners, Ascension Saint Mary used a phased prioritization approach to identify the needs.

- First phase: Determine the broader set of **identified needs**.
- Second phase: Narrow identified needs to a set of **significant needs**.
- Third phase: Narrow the significant needs to a set of **prioritized needs** to be addressed in the implementation strategy plan.



Following the completion of the CHNA assessment, Ascension Saint Mary will select all, or a subset, of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may respond to many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. The image above portrays the relationship between the needs categories.

### Identified Needs

The first phase was to determine the broader set of **identified needs**. Ascension has defined “identified needs” as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Kankakee County. The identified needs were categorized into health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to develop better measures and evidence-based interventions that respond to the determined condition.

### Significant Needs

In the second phase, identified needs were then narrowed to a set of “significant needs” determined most crucial for community stakeholders to address. In collaboration with various community partners, Ascension Saint Mary synthesized and analyzed the data to determine which of the identified needs were most significant. Ascension has defined **significant needs** as the identified needs deemed most significant to respond to based on established criteria and/or prioritization methods. Forty-six key community partner organizations within the Kankakee County local public health system gathered in-person on March 21, 2024 to review assessment data and determine the most pressing issues for

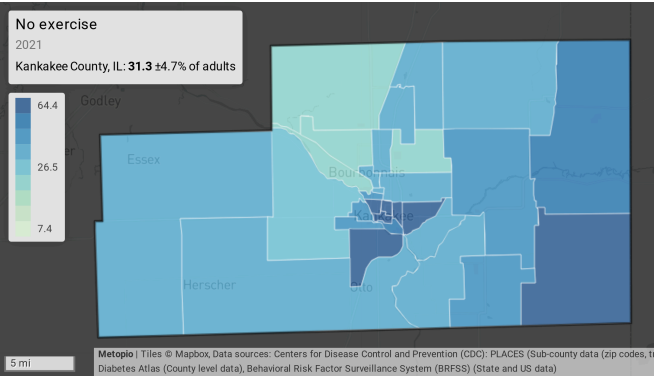
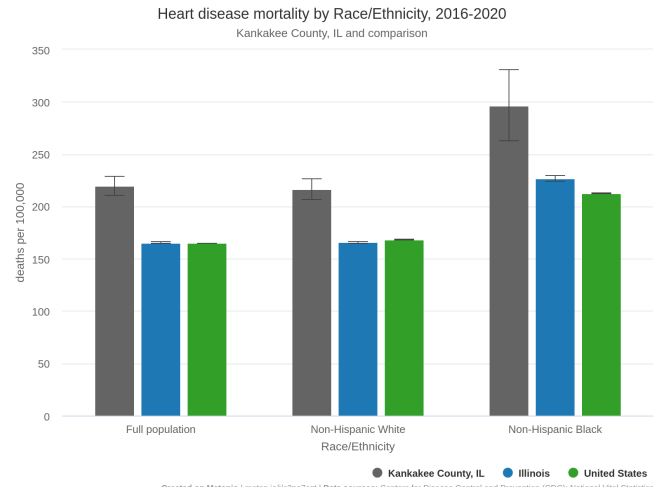
the community. A modified Hanlon Method was used with participants to have table discussions on the following criteria: Seriousness and Impact; Consequences of Inaction; Magnitude and Inequity; Feasibility of Influencing; Trend. Following table discussions, participants voted on top needs.

Based on the synthesis and analysis of the data, the significant needs for the 2023 CHNA are as follows:

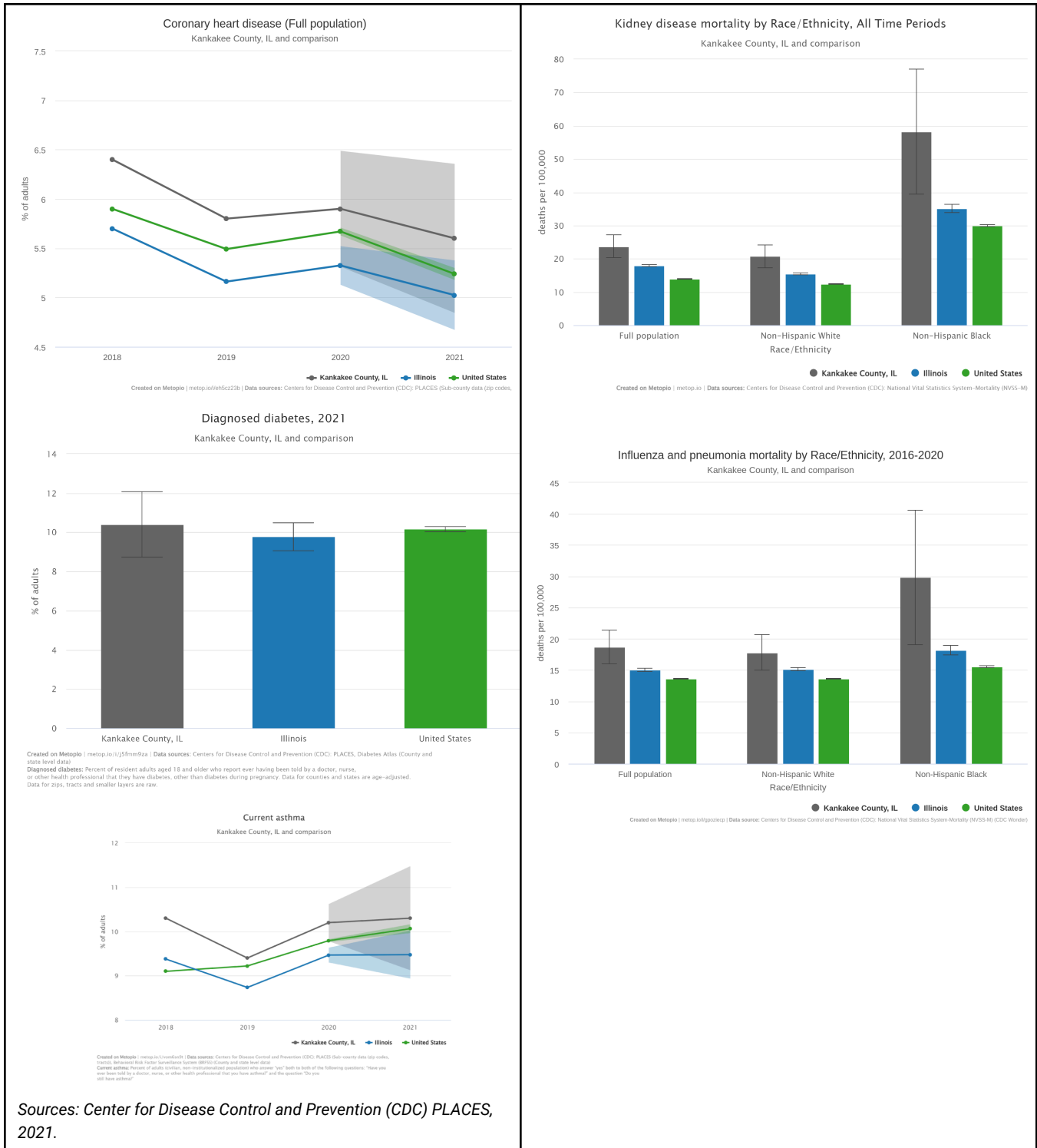
- Chronic Disease
- Mental Health
- Social Determinants of Health

To view healthcare facilities and community resources available to respond to the significant needs, please see Appendix E (Page 48).

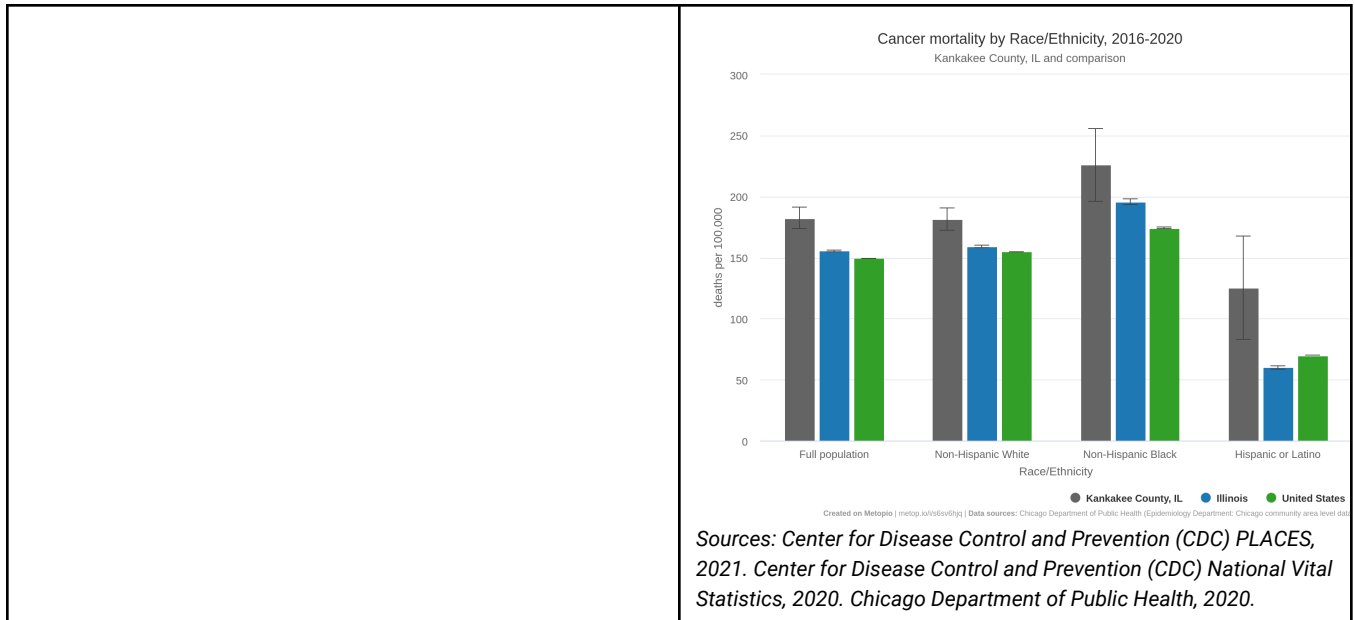
The following pages contain a description (including data highlights, community challenges and perceptions, and local assets and resources) of each significant need.

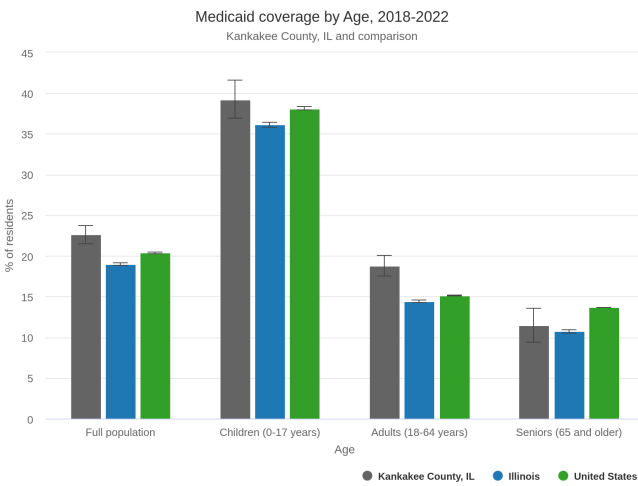
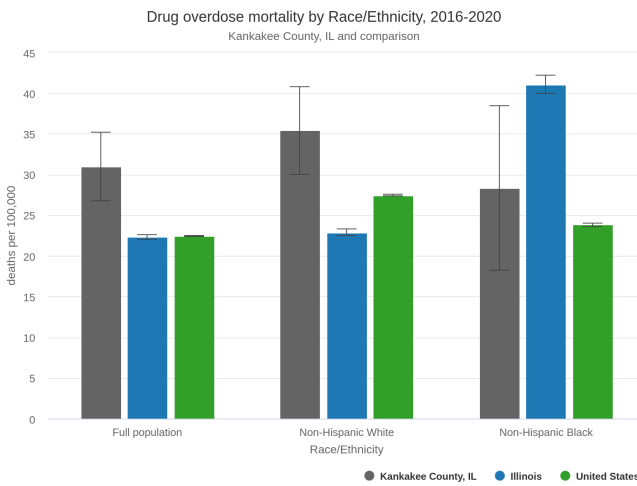
Chronic Disease	
Significance	Populations Most Impacted
<p>Chronic diseases are the leading cause of disability and death with noted racial and ethnic health disparities. The COVID-19 pandemic highlighted the importance of prevention and appropriate treatment for chronic conditions such as diabetes, heart disease, and chronic obstructive pulmonary disease (COPD) as well as access to healthy foods and medication. <sup>5</sup></p>	<ul style="list-style-type: none"> <li>• Non-Hispanic Black, adults and adolescents</li> <li>• Persons residing in center communities of Kankakee County</li> </ul>
Community Input Highlights	
<ul style="list-style-type: none"> <li>• Obesity was third most noted health related challenge by community input respondents (39.1%)</li> <li>• 46.4% of survey respondents have been told by a care provider they have high blood pressure followed by high cholesterol (36.8%)</li> <li>• 61.7% of survey respondents reported itching 1-2 servings per day of fruits and vegetables; 56.0% said obtaining fresh fruits and vegetables is very easy</li> <li>• 71.5% of survey respondents reported participating in physical activities and exercises in the past month; 46.5% report time as the greatest barrier to getting exercise followed by disability (17.4%)</li> <li>• 15.6% of respondents smoke cigarettes daily while 17% use e-cigarettes or vape everyday; 38.5% report using marijuana during the past 30 days for either medical or non-medical reasons</li> </ul>	
Secondary Data Highlights	
<p>More adults residing in Kankakee County, specifically in the center part of the county, are reporting no exercise.</p> 	<p>The non-hispanic black population has the highest deaths (mortality rates) for heart disease, cancers, kidney disease, influenza, pneumonia and stroke.</p> 
<p>There are higher rates of coronary heart disease in Kankakee County as well as persons diagnosed with diabetes and asthma than state and national rates.</p>	

<sup>5</sup> Sources: Center for Disease Control and Prevention, About Chronic Diseases, 2021. Hacker, K.A. COVID-19 and Chronic Disease: The Impact Now and in the Future, 2021.

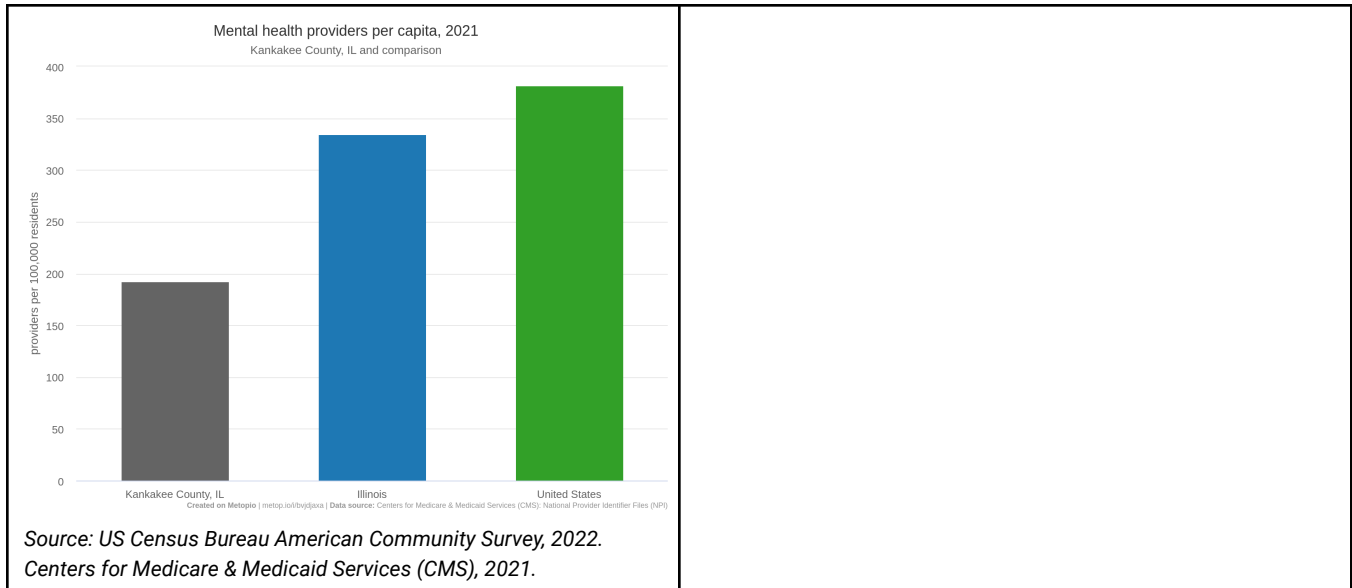


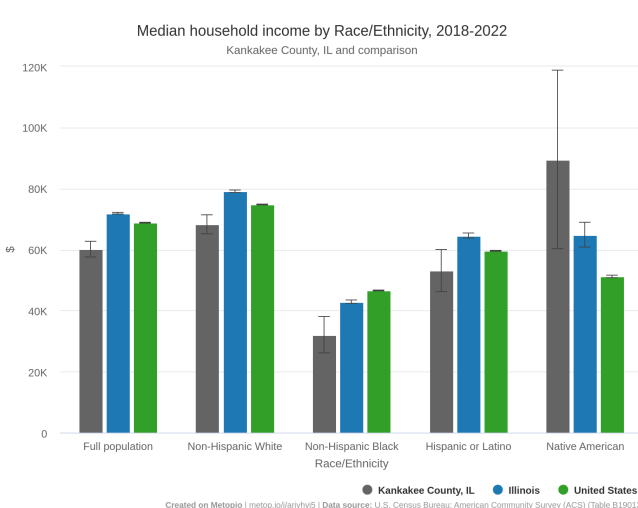
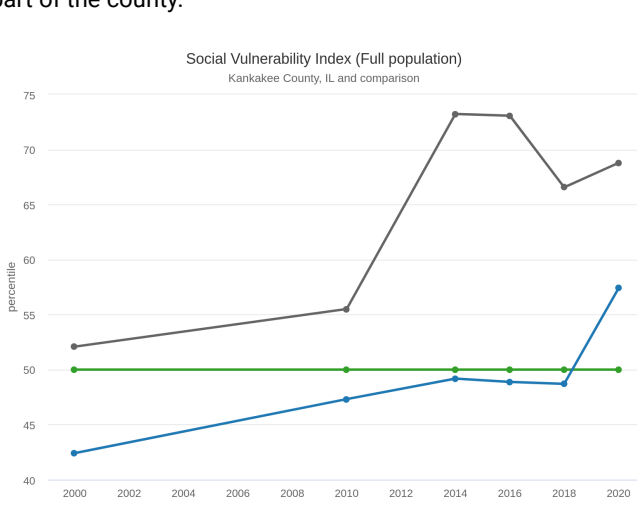




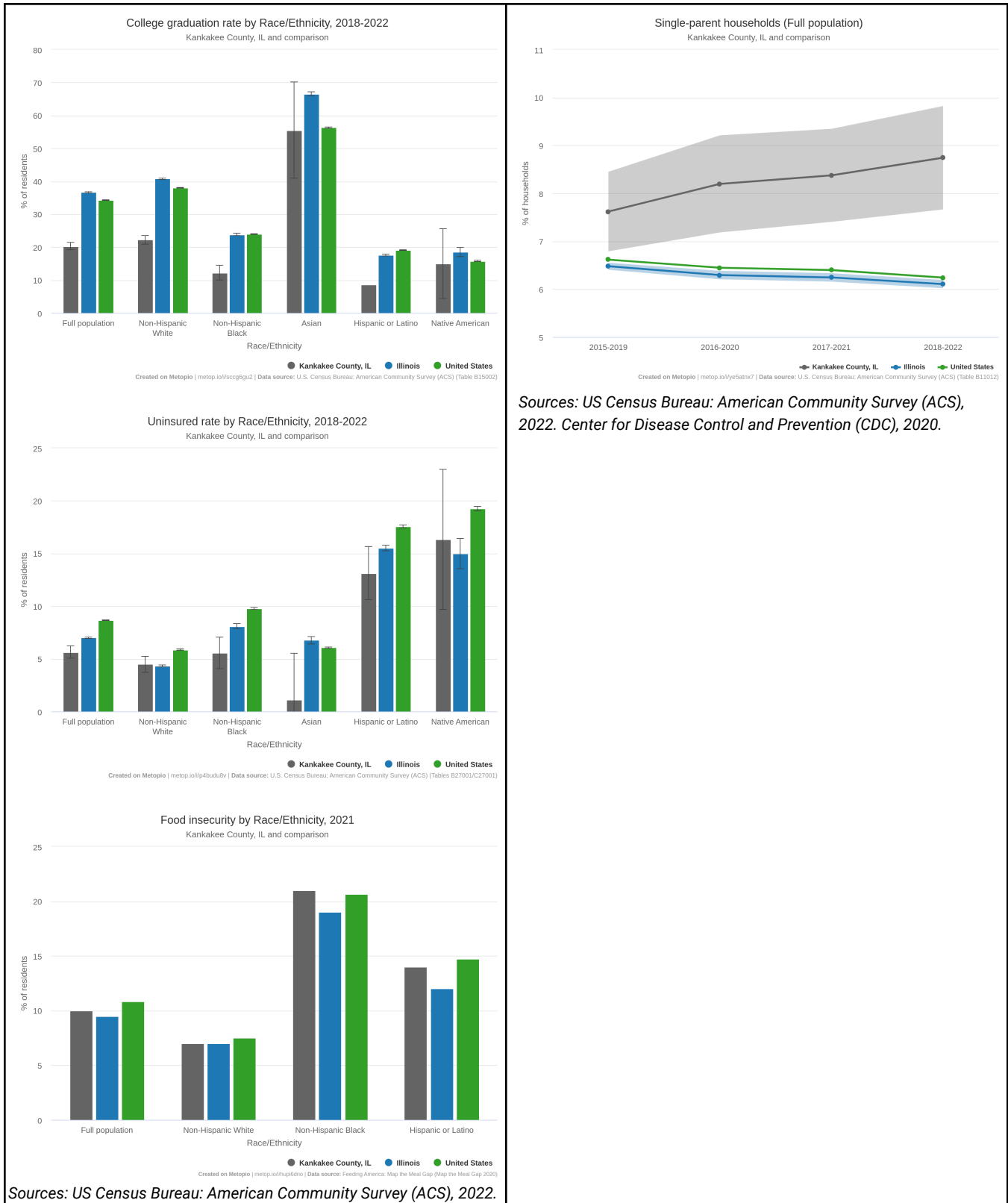
Mental Health																																					
Significance	Populations Most Impacted																																				
<p>Mental health plays a critical role in the overall well-being of communities. Mental health includes emotional, psychological, and social well-being and it affects how we think, feel, and act.<sup>6</sup></p>	<ul style="list-style-type: none"> <li>• Persons without insurance coverage</li> <li>• Persons with Medicaid coverage</li> <li>• Low income community</li> <li>• Youth &amp; adults</li> <li>• Persons with a disability</li> </ul>																																				
Community Input Highlights																																					
<ul style="list-style-type: none"> <li>• Adult Mental health (59.9%), Adolescent mental health (48.4%) were the most important health related challenges in the community to survey respondents</li> <li>• Social media usage among children and teens is considered a big problem (50.5%) followed stress among children and teens (36.9%) to survey respondents</li> <li>• 18.6% of respondents feel somewhat worse in describing their mental health compared to before the COVID-19 pandemic; 26.2% needed mental health treatment or counseling in the past 12 months with 20.9% not able to get the help they needed due to affordability (27.8%) and not knowing where to go (27.8%)</li> <li>• 56.3% of organizations that participated in the community partners assessment work on improving mental and behavioral health</li> </ul>																																					
Secondary Data Highlights																																					
<p>More persons residing in Kankakee County have Medicaid coverage than the state and national percentages.</p>  <p>Medicaid coverage by Age, 2018-2022 Kankakee County, IL and comparison</p> <table border="1"> <caption>Medicaid coverage by Age, 2018-2022</caption> <thead> <tr> <th>Age Group</th> <th>Kankakee County, IL (%)</th> <th>Illinois (%)</th> <th>United States (%)</th> </tr> </thead> <tbody> <tr> <td>Full population</td> <td>~23</td> <td>~19</td> <td>~21</td> </tr> <tr> <td>Children (0-17 years)</td> <td>~39</td> <td>~36</td> <td>~38</td> </tr> <tr> <td>Adults (18-64 years)</td> <td>~19</td> <td>~15</td> <td>~16</td> </tr> <tr> <td>Seniors (65 and older)</td> <td>~12</td> <td>~11</td> <td>~14</td> </tr> </tbody> </table> <p>Created on Metaplo   metop.us/finqjmlfv   Data source: U.S. Census Bureau; American Community Survey (ACS) (Tables S2704, S2701, and S2703)</p>	Age Group	Kankakee County, IL (%)	Illinois (%)	United States (%)	Full population	~23	~19	~21	Children (0-17 years)	~39	~36	~38	Adults (18-64 years)	~19	~15	~16	Seniors (65 and older)	~12	~11	~14	<p>There is a higher drug overdose mortality rate in Kankakee County than the state or national rates.</p>  <p>Drug overdose mortality by Race/Ethnicity, 2016-2020 Kankakee County, IL and comparison</p> <table border="1"> <caption>Drug overdose mortality by Race/Ethnicity, 2016-2020</caption> <thead> <tr> <th>Race/Ethnicity</th> <th>Kankakee County, IL (deaths per 100,000)</th> <th>Illinois (deaths per 100,000)</th> <th>United States (deaths per 100,000)</th> </tr> </thead> <tbody> <tr> <td>Full population</td> <td>~31</td> <td>~23</td> <td>~23</td> </tr> <tr> <td>Non-Hispanic White</td> <td>~35</td> <td>~23</td> <td>~27</td> </tr> <tr> <td>Non-Hispanic Black</td> <td>~28</td> <td>~41</td> <td>~24</td> </tr> </tbody> </table> <p>Created on Metaplo   metop.us/wat083q   Data sources: Chicago Department of Public Health (Epidemiology Department, Chicago community area level) (Only)</p>	Race/Ethnicity	Kankakee County, IL (deaths per 100,000)	Illinois (deaths per 100,000)	United States (deaths per 100,000)	Full population	~31	~23	~23	Non-Hispanic White	~35	~23	~27	Non-Hispanic Black	~28	~41	~24
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<p>There are less physicians per 100,000 population in Kankakee County than the state rate for the past 13 years. There are also less mental health providers per capita in the county.</p>	<p>Source: Chicago Department of Public Health, 2020.</p>																																				

<sup>6</sup> Sources: World Health Organization, *Mental health: Strengthening our response*, 2018. Center for Disease Control and Prevention, *About Mental Health*, 2021.



Social Determinants of Health																																																					
Significance	Populations Most Impacted																																																				
<p>Social and economic factors are important drivers of health outcomes. Addressing structural racism will advance health equity and reduce social determinants. Education is an important determinant of health because poverty, unemployment, and underemployment are highest among those with lower levels of educational attainment. Affordability and accessibility of food correlates social and structural determinants of health. Research indicates that communities with better access to healthy foods have healthier diets and lower rates of obesity.<sup>7</sup></p>	<ul style="list-style-type: none"> <li>• Low income community</li> <li>• Persons residing in center communities of Kankakee County</li> </ul>																																																				
Community Input Highlights																																																					
<ul style="list-style-type: none"> <li>• Eating healthy (39.1%), affordable housing (37.3%) and medication affordability (37.5%) were the most important community issues where survey respondents live.</li> <li>• Beyond demographic data collected (73.2%), organizations are collecting data about social determinants of health (56.1%)</li> <li>• 56.3% of organizations work on improving mental and behavioral health followed by food access (39.6%) and healthcare access (33.4%)</li> <li>• Organization reported they most focus on economic stability followed by education access and services.</li> </ul>																																																					
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<p>There are racial and ethnic inequities that exist for median household income, college graduation, insurance coverage, and food insecurity in Kankakee County.</p>  <table border="1"> <caption>Median household income by Race/Ethnicity, 2018-2022</caption> <thead> <tr> <th>Race/Ethnicity</th> <th>Kankakee County, IL</th> <th>Illinois</th> <th>United States</th> </tr> </thead> <tbody> <tr> <td>Full population</td> <td>~60K</td> <td>~70K</td> <td>~68K</td> </tr> <tr> <td>Non-Hispanic White</td> <td>~68K</td> <td>~78K</td> <td>~75K</td> </tr> <tr> <td>Non-Hispanic Black</td> <td>~32K</td> <td>~42K</td> <td>~45K</td> </tr> <tr> <td>Hispanic or Latino</td> <td>~52K</td> <td>~62K</td> <td>~58K</td> </tr> <tr> <td>Native American</td> <td>~88K</td> <td>~62K</td> <td>~52K</td> </tr> </tbody> </table>	Race/Ethnicity	Kankakee County, IL	Illinois	United States	Full population	~60K	~70K	~68K	Non-Hispanic White	~68K	~78K	~75K	Non-Hispanic Black	~32K	~42K	~45K	Hispanic or Latino	~52K	~62K	~58K	Native American	~88K	~62K	~52K	<p>The social vulnerability index percentile is much higher in Kankakee County than the state and United States for the past 20 years with greater geographic disparity in the center part of the county.</p>  <table border="1"> <caption>Social Vulnerability Index (Full population)</caption> <thead> <tr> <th>Year</th> <th>Kankakee County, IL</th> <th>Illinois</th> <th>United States</th> </tr> </thead> <tbody> <tr> <td>2000</td> <td>~52</td> <td>~42</td> <td>~50</td> </tr> <tr> <td>2010</td> <td>~55</td> <td>~48</td> <td>~50</td> </tr> <tr> <td>2014</td> <td>~73</td> <td>~49</td> <td>~50</td> </tr> <tr> <td>2016</td> <td>~73</td> <td>~49</td> <td>~50</td> </tr> <tr> <td>2018</td> <td>~67</td> <td>~49</td> <td>~50</td> </tr> <tr> <td>2020</td> <td>~69</td> <td>~58</td> <td>~50</td> </tr> </tbody> </table>	Year	Kankakee County, IL	Illinois	United States	2000	~52	~42	~50	2010	~55	~48	~50	2014	~73	~49	~50	2016	~73	~49	~50	2018	~67	~49	~50	2020	~69	~58	~50
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<p>There is a higher percentage of single-parent households in Kankakee County than in the state and United States from 2015-2022.</p>																																																					

<sup>7</sup> Sources: US Census Bureau, Annual Social and Economic Supplement, 2021. Larson, et al, *Neighborhood environments: Disparities in access to healthy foods*, 2009.



<i>Feeding America, 2021.</i>	
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## **Next Steps**

In the third phase, which will take place following the completion of the community health needs assessment as outlined in this report, Ascension Saint Mary will narrow the significant needs to a set of prioritized needs. Ascension defines “prioritized needs” as the significant needs that the hospital has prioritized to respond to through the three-year CHNA implementation strategy. The implementation strategy will detail how Ascension Saint Mary will respond to the prioritized needs throughout the three-year CHNA cycle: July 2024 to June 2027. The implementation strategy will also describe why certain significant needs were not selected as prioritized needs to be addressed by the hospital.

## Summary of Impact of the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to respond to the prioritized needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Ascension Saint Mary's previous CHNA implementation strategy was completed in September 2021 and responded to the following priority health needs: Health and Wellness, Behavioral Health, Education and Employment

Highlights from the Ascension Saint Mary's previous implementation strategy include:

- Over 7,200 households were served free healthy food options with Saint Mary's collaboration with Northern Food Bank on the Rx Mobile program.
- Over 120 sessions of the Fit N Healthy program bringing a free nutrition and exercise program within a low income community that increased minutes of exercise for participants at risk for chronic diseases.
- Over \$200,000 in scholarship donations to area educational institutions to increase access to education and employment.

Written input received from the community and a report on the actions taken to respond to the significant health needs prioritized in the tax year 2020 CHNA implementation strategy can be found in Appendix F (Page 49).



## Approval

To ensure Ascension Saint Mary's efforts meet the needs of the community and have a lasting and meaningful impact, the tax year 2023 CHNA was presented to the authorized governing body for approval and adoption on June 14, 2024. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the reports also demonstrates that the board is aware of the findings from the CHNA, endorses the health needs identified, and supports the strategies developed to respond to those needs.

## Conclusion

Ascension Saint Mary hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Kankakee County. This report will be used by internal stakeholders, nonprofit organizations, government agencies, and other Ascension Saint Mary community partners to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2023 CHNA will also be available to the broader community as a useful resource for further health improvement efforts.

As a Catholic health ministry, Saint Mary is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals but the communities it serves. With special attention to those who are underserved and marginalized, we are advocates for a compassionate and just society through our actions and words. Ascension Saint Mary is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit Ascension's public website (<https://healthcare.ascension.org/chna>) to submit any comments or questions.

## Appendices

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Appendix B: Community Demographic Data and Sources

Appendix C: Community Input Data and Sources

Appendix D: Secondary Data and Sources

Appendix E: Health Care Facilities and Community Resources

Appendix F: Evaluation of Impact From Previous CHNA Implementation Strategy

## **Appendix A: Definitions and Terms**

Catholic Health Association of United States (CHA) “is recognized nationally as a leader in community benefit planning and reporting.”<sup>8</sup> The definitions in Appendix A are from the CHA guide *Assessing and Addressing Community Needs, 2015 Edition II*, which can be found at [chausa.org](http://chausa.org).

### **Community Focus Groups**

Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations.

### **Community Forums**

Meetings that provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted toward priority populations. Community forums require a skilled facilitator.

### **Demographics**

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.

### **Key Stakeholder Interviews**

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone (including computer/video calls). In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials. Individuals with special knowledge or expertise in public health may include representatives from your state or local health department, faculty from schools of public health, and providers with a background in public health. Could also be referred to as Stakeholder Interviews.

### **Medically Underserved Populations**

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a

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<sup>8</sup> Catholic Health Association of the United States. (2015). *Assessing & Addressing Community Health Needs, 2015 Edition II*.

hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

**Surveys**

Used to collect information from community members, stakeholders, providers, and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced-choice and open-ended questions.

## Appendix B: Community Demographic Data and Sources

The tables below provide further information on the community’s demographics. The descriptions of the data’s importance are largely drawn from the County Health Rankings & Roadmaps website.

### Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Kankakee County	Illinois
Total	106,074	12,582,032
Male	49.5%	49.5%
Female	50.5%	50.5%

Source: County Health Rankings Health Data, 2024.

### Population by Race and Ethnicity

Why it is important: The racial and ethnic composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or ethnicity	Kankakee County	Illinois
Asian	1.1%	6.3%
Non-Hispanic Black / African American	14.8%	14.1%
Hispanic / Latino	12.2%	18.3%
American Indian or Alaska Native	0.5%	0.6%
Non-Hispanic White	69.8%	59.5%

Source: County Health Rankings Health Data, 2024.

### Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare, and child care. A population with more youths will have greater education and childcare needs, while an older population may have greater healthcare needs.

Age	Kankakee County	Illinois
Below 18 Years of Age	22.6%	21.6%
Ages 65+	17.9%	17.2%

Source: County Health Rankings Health Data, 2024.

## Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods, and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health as well.

Income	Kankakee County	Illinois	U.S.
Median household income	\$70,500	\$76,700	\$74,800
Children in Poverty	20%	16%	16%

Source: County Health Rankings Health Data, 2024.

## Education

Why is it important: There is a strong relationship between health, lifespan, and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment), and social support helps create opportunities for healthier choices.

Income	Kankakee County	Illinois	U.S.
High School Completion	90%	90%	89%
Some College	59%	71%	68%

Source: County Health Rankings Health Data, 2024.

## Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Income	Kankakee County	Illinois	U.S.
Uninsured (all populations)	8%	8%	10%
Uninsured Children	4%	3%	5%

Source: County Health Rankings Health Data, 2024.

## **Appendix C: Community Input Data and Sources**

### **Community survey**

Conducted primarily electronically via Qualtrics (hard copies were also available and completed by the community), the community survey was available in English and Spanish. The survey comprised of 75 questions that included questions such as:

1. On a scale of 1-10 with 1 being not healthy and 10 being very healthy, how would you rate your overall health?
2. On a scale of 1-10 with 1 being not healthy and 10 being very healthy, how would you rate the overall health of people in your neighborhood?
3. Thinking about where you live (zip code, neighborhood), what do you believe are the most important health related challenges in your community?
4. Thinking about where you live (zip code, neighborhood, town) what are the most important community issues?
5. How big of a problem do you feel the following issues are for children and teens in your neighborhood?

Community partners were integral in efforts to circulate the survey to obtain the goal of 600 responses. Key community partners that assisted with this process included the Kankakee County Health Department, Riverside Healthcare and other steering committee members from the Partnership for a Health Community, listed on page 15.

### **Key stakeholder survey**

Ascension Saint Mary and the Partnership for a Healthy Community reached out to more than 120 organizations and agencies in the community with an invitation to participate in the key stakeholder surveys. Through this process, sixty-one completed surveys were collected from over 16 different types of organizations including the health department, other city/county government, schools/educational institutions, non-profit organizations, grassroots organizations, mental health providers, and faith-based organizations.

Conducted electronically via Qualtrics, the key stakeholder survey was comprised of 42 questions such as:

1. How much does your organization focus on each of these topics? Economic Stability, Education Access and Services, Healthcare Access and Quality, Neighborhood and Built Environment, Social and Community Context
2. Which of the following health topics does your organization work on? Selection of 16 topics such as chronic disease, family/maternal health, HIV/STD prevention, health equity, etc.
3. Does your organization conduct assessments (e.g. of basic needs, community health, neighborhood)?
4. Does your organization analyze data with a health equity lens or health equity in mind?



5. What communications work does your organization use most often?

**Key stakeholder forum**

Following the key stakeholder survey, Ascension Saint Mary and the Partnership for a Health Community invited community partners to the key stakeholder forum to review survey findings and provide feedback on next steps from results. Forty-six individuals participated that day from the following organizations:

AgeGuide	Homeless Task Force
Ascension Saint Mary	I-KAN ROE
BESD 53	KankakeeHealth Department
Birth to Five IL	Kankakee County Chamber
Bishop McNamara High School	Kankakee Community College
Catholic Charities	Kankakee School District 111
City of Kankakee	Momence CUSD1
College Church	Olivet Nazarene University
Community Foundation	Project SUN
Community Health Partnership	Riverside Healthcare
Cornerstone Services	St. Ann Schools
Economic Alliance	Thresholds
Fortitude Community Outreach	YMCA of Kankakee
Harbor House	YWCA of Kankakee

Conducted in-person, the key stakeholder reflected on these questions upon reviewing survey data:

1. What impact is our work having on communities experiencing inequities? Is it changing conditions? Is it increasing collective impact? If yes, what is working well? If not, where can we improve?
2. For this next community health improvement cycle, what process and outcome impacts do we want to see in the short, medium, and long term?

## Appendix D: Secondary Data and Sources

The tables below are based on data vetted, compiled, and made available on the County Health Rankings and Roadmaps (CHRR) website (<https://www.countyhealthrankings.org/>). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data annually and shares it with the public. The data below is from the 2024 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis.

Additional data in this CHNA report was generated from data platform, Metopio (metop.io) which includes secondary data sources including, but not limited to, the American Community Survey, the Decennial Census, the Centers for Disease Control, Feeding America, the Environmental Protection Agency, Housing and Urban Development, Centers for Medicare and Medicaid, state and county (public) health departments.

### How to Read These Charts

**Why they are important:** Explains why we monitor and track these measures in a community and how it relates to health. The descriptions for “why they are important” are largely drawn from the CHRR website.

**County vs. state:** Describes how the county’s most recent data for the health issue compares to the state average.

**Trends:** CHRR provides a calculation for some measures to explain if a measure is worsening or improving.

- Red: The measure is worsening in this county.
- Green: The measure is improving in this county.
- Empty: There is no data trend to share, or the measure has remained the same.

**United States (U.S.):** Describes how the county’s most recent data for the health issue compares to the U.S.

**Description:** Explains what the indicator measures, how it is measured, and who is included in the measure.

**N/A:** Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

## Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of members within a community.

Indicators	Trend	Kankakee County	Illinois	U.S.	Description
<b>Length of Life</b>					
Premature death		9,600	7,500	8,000	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life expectancy		75.4	78.0	77.6	How long the average person is expected to live
Infant mortality		8	6	6	Number of all infant deaths (within one year) per 1,000 live births
<b>Physical Health</b>					
Poor or fair health		17%	14%	14%	Percentage of adults reporting fair or poor health
Poor physical health Days		3.8	3.2	3.2	Average number of physically unhealthy days reported in the past 30 days (age-adjusted)
Frequent physical distress		12%	10%	10%	Percentage of adults with 14 or more days of poor physical health per month
Low birth weight		9%	8%	8%	Percentage of babies born too small (less than 2,500 grams)
<b>Mental Health</b>					
Poor mental health days		4.9	4.2	4.8	Average number of mentally unhealthy days reported in the past 30 days
Frequent mental distress		16%	14%	15%	Percentage of adults reporting 14 or more days of poor mental health per month
Suicide		12	11	14	Number of deaths due to suicide per 100,000
<b>Morbidity</b>					
Diabetes prevalence		10%	10%	10%	Percentage of adults ages 20 and above with diagnosed diabetes
Injury Deaths		89	74	80	Number of deaths due to injury per 100,000 population.
<b>Communicable Disease</b>					
HIV prevalence		165	333	382	Number of people ages 13 years and over with a diagnosis of HIV per 100,000
Sexually transmitted infections		595.7	566.9	495.5	Number of newly diagnosed chlamydia cases per 100,000

Source: County Health Rankings Health Data, 2024.

## Social and Economic Factors

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress, and more.

Indicator	Trend	Kankakee County	Illinois	U.S.	Description
<b>Economic Stability</b>					
Median household income		\$70,500	\$76,700	\$74,800	The income where half of households in a county earn more and half of households earn less
Unemployment		5.3%	4.6%	3.7%	Percentage of population ages 16 and older unemployed but seeking work
Childhood poverty		20%	16%	16%	Percentage of people under age 18 in poverty
<b>Educational Attainment</b>					
High school completion		90%	90%	89%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Some college		59%	71%	68%	Percentage of adults ages 25-44 with some post-secondary education
<b>Social/Community</b>					
Children in single-parent homes		36%	25%	25%	Percentage of children who live in a household headed by a single parent
Social associations		10.4	9.7	9.1	Number of membership associations per 10,000 population
Disconnected youth		8%	7%	7%	Percentage of teens and young adults ages 16-19 who are neither working nor in school
Homicides		8	9	6	Number of deaths due to homicide per 100,000 population.
<b>Access to Healthy Foods</b>					
Food environment index		8.1	8.4	7.7	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best)
Food insecurity		10%	10%	10%	Percentage of the population who lack adequate access to food
Limited access to healthy foods		6%	5%	6%	Percentage of the population who are low-income and do not live close to a grocery store

Source: County Health Rankings Health Data, 2024.

## Physical Environment

Why they are important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing, and transportation to work or school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Indicator	Trend	Kankakee County	Illinois	U.S.	Description
<b>Physical Environment</b>					
Severe housing cost burden		14%	14%	14%	Percentage of households that spend 50 percent or more of their household income on housing

Severe housing problems		15%	16%	17%	Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities
Air pollution: particulate matter		9.6	8.8	7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Home ownership		68%	67%	65%	Percentage of occupied housing units that are owned

Source: County Health Rankings Health Data, 2024.

## Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicator	Trend	Kankakee County	Illinois	U.S.	Description
<b>Healthcare Access</b>					
Uninsured		8%	8%	10%	Percentage of population under age 65 without health insurance
Uninsured adults		10%	10%	12%	Percentage of adults under age 65 without health insurance
Uninsured children		4%	3%	3%	Percentage of children under age 19 without health insurance
Primary care physicians		2,880:1	1,260:1	1,330:1	Ratio of the population to primary care physicians
Mental healthcare providers		510:1	320:1	320:1	Ratio of the population to mental healthcare providers
<b>Hospital Utilization</b>					
Preventable hospital stays		3,660	3,327	2,681	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees
<b>Preventive Healthcare</b>					
Flu vaccinations		47%	43%	43%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination
Mammography screenings		48%	49%	46%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening

Source: County Health Rankings Health Data, 2024.

## Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Indicator	Trend	Kankakee County	Illinois	U.S.	Description
<b>Healthy Lifestyle</b>					
Adult obesity		38%	34%	34%	Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2
Physical inactivity		31%	26%	23%	Percentage of adults ages 20 and over reporting no leisure-time physical activity
Access to exercise opportunities		81%	91%	84%	Percentage of population with adequate access to locations for physical activity
Insufficient sleep		34%	32%	33%	Percentage of adults who report fewer than seven hours of sleep on average
Motor vehicle crash deaths		16	9	12	Number of motor vehicle crash deaths per 100,000 population
Teen births		17	15	17	Number of births per 1,000 female population ages 15-19
<b>Substance Misuse</b>					
Adult smoking		18%	13%	13%	Percentage of adults who are current smokers
Excessive drinking		17%	18%	18%	Percentage of adults reporting binge or heavy alcohol drinking
Alcohol-impaired driving deaths		36%	28%	26%	Alcohol-impaired driving deaths
Drug overdose deaths		34	27	27	Number of drug poisoning deaths per 100,000 population.
<b>Sexual Health</b>					
Sexually transmitted infections		595.7	566.7	495.5	Number of newly diagnosed chlamydia cases per 100,000 population

Source: County Health Rankings Health Data, 2024.

## Disparities

Why they are important: Differences in access to opportunities that affect health can create differences between groups of people in the community. A focus on equity is important to improve health for everyone in the community.

Indicator	Population	Measure
<b>Health Disparities</b>		
Premature death: Years of potential life lost before age 75 per 100,000 population (age-adjusted)	<b>Overall</b>	9,600 per 100,000
	Non-Hispanic Black / African American	18,600 per 100,000
	Hispanic / Latino	8,300 per 100,000
	Non-Hispanic White	8,000 per 100,000
Low birthweight: Percentage of live births with low birthweight (< 2,500 grams)	<b>Overall</b>	9%
	Non-Hispanic Black / African American	16%



	Hispanic / Latino	7%
	Non-Hispanic two or more races	13%
	Non-Hispanic White	7%

Source: County Health Rankings Health Data, 2024.

## Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Saint Mary has cataloged resources available in Kankakee County that respond to the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem. The resources listed under each significant need heading are not intended to be exhaustive.

### Chronic Disease

Organization	Phone	Website
Kankakee County Health Department	815.802.9400	Kankakeehealth.org
Ascension Saint Mary	815.937.2400	healthcare.ascension.org
Lisieux Pastoral Outreach Center	815.939.2913	n/a
Aunt Martha's	877.692.8686	auntmarthas.org
Hippocrates Medical Clinic	815.216.2446	hmckankakee.wixsite.com/hmckankakee

### Mental Health

Organization	Phone	Website
Helen Wheeler Center	815.939.3543	
Ascension Illinois Behavioral Health	855.383.2224	healthccare.ascension.org
Ascension Saint Mary Substance Abuse	815.937.8985	healthccare.ascension.org
Thresholds	815.935.8886	thresholds.org
Cornerstone	815.573.5361	Cornerstoneservices.org
Kankakee County Health Department	815.802.9400	Kankakeehealth.org

### Social Determinants of Health

Organization	Phone	Website
Kan I Help	815.939.1611	kanihelp.org
United Way 211	211	Unitedwayillinois.org/211-2/
KCCSI	815.933.7883	KCCSI-CAP.ORG
Northern Illinois Food Bank	815.846.1041	solvehungertoday.org
Acom, inc.	815.304.4990	acom.networkforgood.com
Salvation Army of Kankakee County	815-933-8421	https://www.salvationarmyusa.org/usn/about/
Catholic Charities	815.933.7791	Catholiccharities.net



## Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy

Ascension Saint Mary’s previous CHNA implementation strategy was completed in September 2021 and responded to the following priority health needs: Health and Wellness, Behavioral Health, Education and Employment.

The tables below describe the actions taken during the fiscal year 2022-2024 CHNA implementation strategy cycle to respond to each priority need.

Note: At the time of the report publication, the third year of the cycle will not be complete. The hospital will accommodate for that variable; results from the last year of this cycle will be reported and attached to the 2023 IRS Form 990/Schedule H.

### Health and Wellness

Action(s) taken	Status of action(s)	Results
Rx Mobiles	On-Going	<ul style="list-style-type: none"> <li>7,200 households were served</li> <li>18,000 individuals</li> <li>All participants were screened onsite and receive healthy food options (fruits, vegetables, dairy, protein and eggs each month)</li> </ul>
Micro Pantry	On-Going	<ul style="list-style-type: none"> <li>Total pounds of food provided: 7,000</li> </ul>
Fit N Healthy Program	On-Going	<ul style="list-style-type: none"> <li>121 total sessions</li> <li>1566 participants</li> <li>Percent of participants who completed 120 minutes of exercise per week: 72%</li> </ul>
Community Outreach Screenings	On-Going	<ul style="list-style-type: none"> <li>7,745 for 22-23 year and 3,218 for 23-24 year so far screenings or visits</li> </ul>

### Behavioral Health

Action(s) taken	Status of action(s)	Results
Opioid Task Force	On-Going	<ul style="list-style-type: none"> <li>Over 28,000 Narcan kits distributed in community including through emergency departments through community collaboration</li> <li>Hospital EMS team serves on the Opioid task force</li> </ul>
Mental Health First Aid Training	Complete	<ul style="list-style-type: none"> <li>One area training held</li> <li>Continued outreach to over 40 local organizations to provide training</li> </ul>

**Education and Employment**

Action(s) taken	Status of action(s)	Results
Student Internships & Job Shadows	On Going	<ul style="list-style-type: none"> <li>• 361 nursing students completed their internships or job shadowing.</li> <li>• Teen &amp; medical student job shadowing programs are currently on hold due to workforce shortages among clinical teams.</li> </ul>
CNA Training Program	On-Hold	<ul style="list-style-type: none"> <li>• The program was sunset due to workforce shortages among clinical teams.</li> </ul>
Scholarships	On-Going	<ul style="list-style-type: none"> <li>• Provided \$200,000 in scholarship donations throughout Kankakee County</li> </ul>