

# 2017 Community Health Needs Assessment

*Mercyhealth Hospital and  
Medical Center–Harvard*

## **Our Mission:**

*Exceptional health care services  
with a passion for making lives better.*



**Mercyhealth®**

**A passion for  
making lives better.**

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## Introduction

Mercyhealth Hospital and Medical Center – Harvard (MHH) conducted a Community Health Needs Assessment (CHNA) designed to identify health and quality of life issues in McHenry County, Illinois. This approach identifies issues where there are opportunities for improvement in the health care delivery system that could improve patient care, preventive service utilization and the overall health and quality of life in the community.

Results from this study can be used for strategic decision-making purposes as they relate to the health needs of the community and to ensure that programs and services closely match the priorities and needs of the Harvard community.

In addition, this report has been prepared in compliance with IRS Notice 2011-52 relating to community health needs assessment (CHNA) required by Internal Revenue Code Section 501-r-(3). It includes the following components:

- **About Mercyhealth:** A summary of our parent organization, an introduction to MHH, and a description of the community served by MHH
- **Methodology:** A description of the process and methods used
- **Community Analysis:** A compilation of data from external sources on a wide variety of community health issues and trends
- **Household Survey:** A random survey of residents of the Harvard community; a link to the survey was also distributed by several organizations in McHenry County
- **Key Informant Interviews:** Selected community leaders in business, government, health care, nonprofit, and other community sectors were interviewed as to their views on the health of the community and how it can be improved
- **Prioritization of Health-Related Issues:** A prioritized description of the health needs identified and the reason for prioritization

## **Mercyhealth Hospital and Medical Center – Harvard (MHH)**

Mercyhealth Hospital and Medical Center (MHH) in Harvard, Illinois, offers a comprehensive array of acute inpatient services as well as outpatient services. As part of an integrated delivery system, the parent company, Mercyhealth, has worked in conjunction with this hospital to create services to support the hospital and its patients, including a large ambulatory network consisting of primary care, specialty care, and urgent care services. We provide exceptional, coordinated health care that spans four core service divisions: hospital-based services, clinic-based services, post-acute care and retail services, and a wholly owned insurance company. These four core service divisions make up our comprehensive, vertically integrated delivery system, and integrated delivery is what makes Mercyhealth unique in serving the full range of health care needs for our patients.

### Community Definition

For the purposes of this report we define the MHH community as Harvard, Illinois, where MHH is located. When data for Harvard was not available, we looked at McHenry County, Illinois, where a majority (approximately 74%) of the patients served by MHH in 2016 reside.

## Methodology

Starting in 2016, MHH conducted a CHNA by gathering health-related information specific to McHenry County.

Primary data sources for this CHNA were a survey of McHenry County residents and key informant interviews. Other primary data sources for this CHNA were community coalitions organized by the McHenry County Department of Public Health with areas of focus including opioid response and data sharing. Representatives from MHH participated in these groups during this analysis and input from these groups provided important information about resources available to address health issues in McHenry County.

As secondary data sources, MHH analyzed demographic, socioeconomic and health-related data from a variety of publicly available sources, including the Illinois Department of Public Health, the United States (U.S.) Census Bureau, and the Center for Disease Control and Prevention's County Health Rankings.

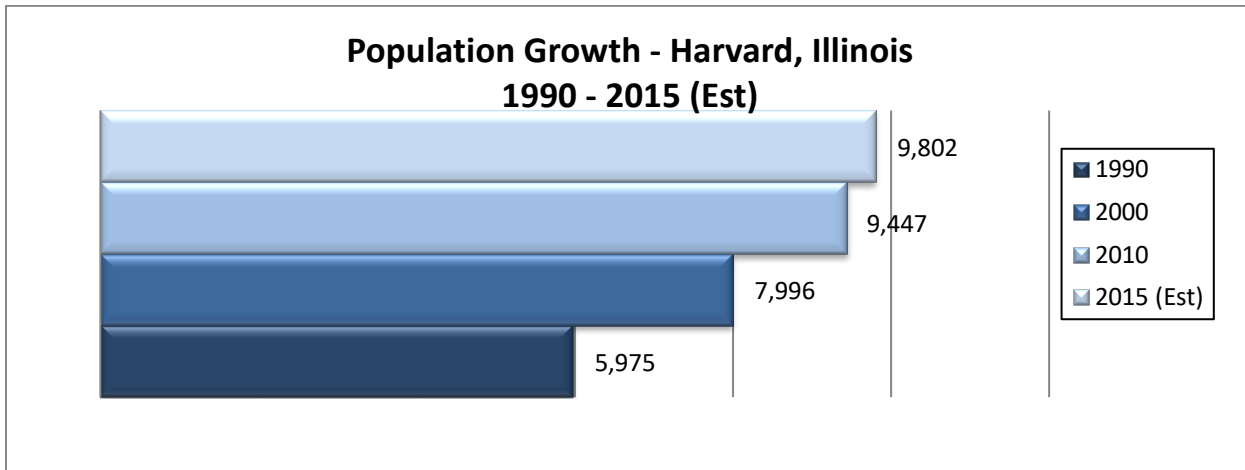
Needs identified were reviewed and prioritized by MHH based on level of importance to the community as well as the hospital's ability to impact those needs.

MHH welcomes feedback on our CHNA. Comments can be shared on our website at [www.mercyhealthsystem.org/contact-us/](http://www.mercyhealthsystem.org/contact-us/).

## Demographics

### Overall Population

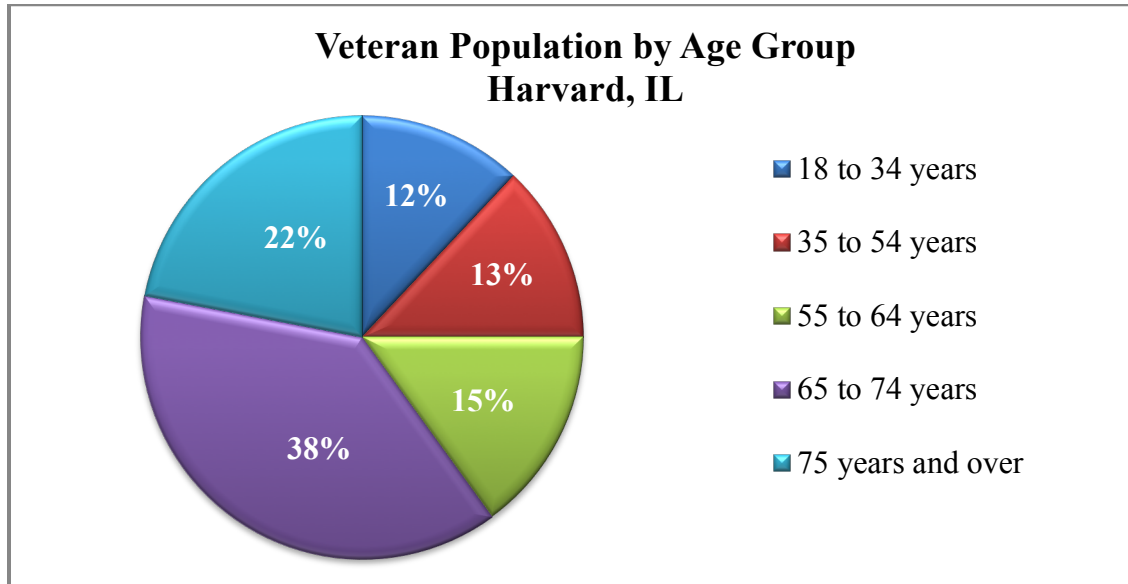
According to the U.S. Census Bureau, the population in Harvard increased from 2000 to 2015 by 1,134 people or 2.6%. The total population of McHenry County remained consistent during this period.



Source: U.S. Census Bureau, American Community Survey, 2000 and 2010, American Fact Finder, 2015 Estimates

## Veteran Population

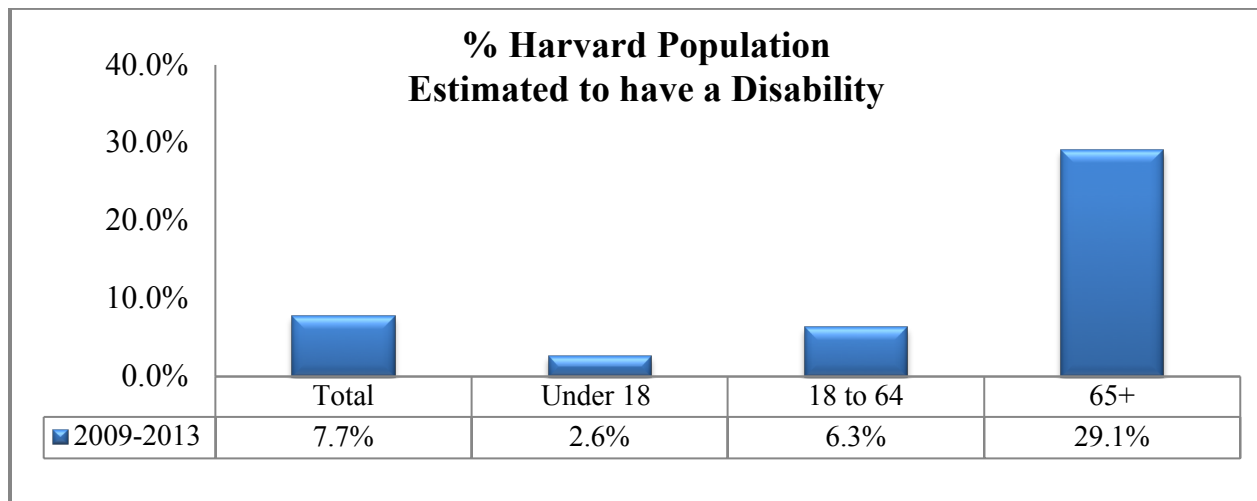
Veterans in McHenry County make up 6.7% of the population age 18 and older. This is higher than the state rate of 6.2% but below the national rate of 7.7%. Approximately three-fourths are over the age of 55 and nearly three-fifths are over the age of 65.



Source: U.S. Census Bureau, 2017 American Community Survey (ACS), 1-Year Estimates

## Population With Any Disability

The U.S. Census Bureau estimates that the percent of the population with any disability in Harvard was 7.7% between 2009 and 2013.

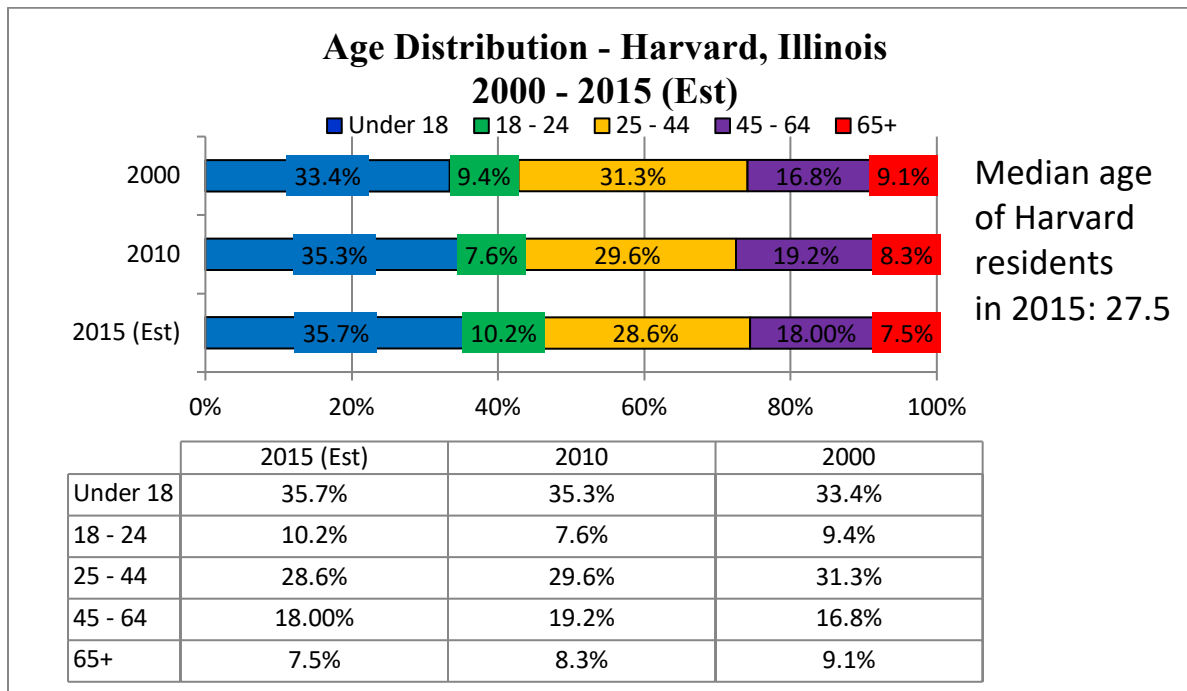


Source: U.S. Census Bureau, ACS, Comparative Social Characteristics, 5-Year Estimates 2009-2013



## Age

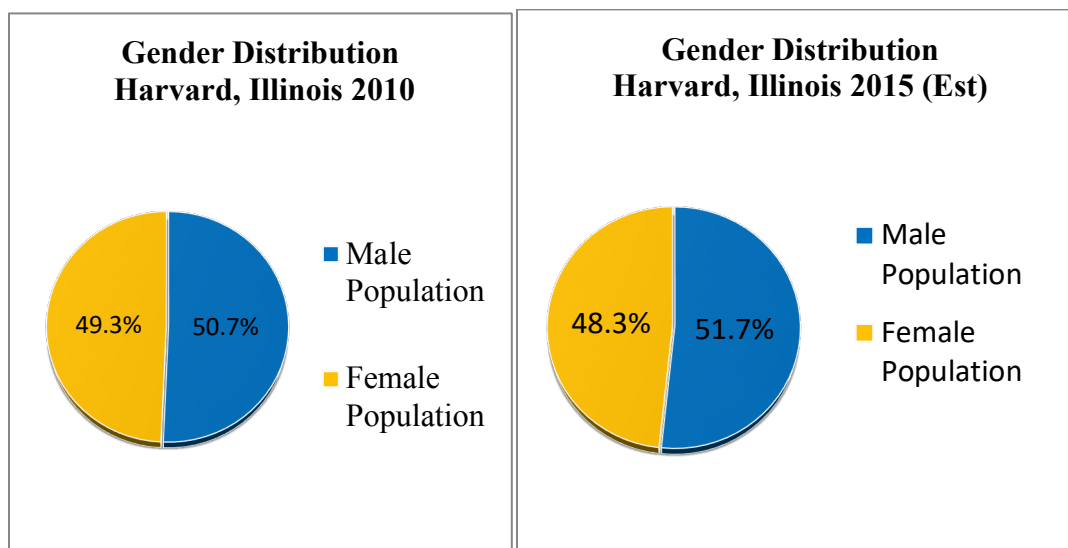
The graph below shows that the percentage of individuals in Harvard in the age groups Under 18, 18-24 and 45-64 all increased, while the age groups of 25-44 and 65+ decreased. The median age of Harvard residents is 27.5 years, much lower than the McHenry County median age of 39.3.



Source: U.S. Census Bureau, American Community Survey, 2011-2015 ACS 5-year Estimates

## Gender

The gender distribution of Harvard residents changed between 2010 to 2015, with the percent of male residents increasing from 50.7% to 51.7%.



Source: U.S. Census Bureau, 2010 Census and 2015 Estimates

## Race

The racial distribution in Harvard has changed considerably from 2000 to 2015. Hispanic or Latino now comprise 50 percent of the population, compared to 38 percent in 2000.

Race Distribution - Harvard, IL			
	2000	2010	2015 (Est)
White	76.3%	71.5%	78.1%
Black or African American	0.9%	0.9%	0.1%
American Indian and Alaska Native	0.4%	0.8%	0.0%
Asian	1.4%	0.7%	0.0%
Other	18.8%	22.9%	19.0%
Hispanic or Latino (any race)	37.8%	35.2%	50.3%
Two or more races	2.3%	3.0%	2.7%

## Hispanic or Latino Population

Hispanic ethnicity is different than race. An individual identifying with a Hispanic ethnicity can be any race. More than half of the population in Harvard is Hispanic or Latino, up from 35.2% in 2010. Harvard has a larger proportion of Hispanic or Latino population than McHenry County (13.4%, up from 12.1% in 2009-2013).

Source: U.S. Census Bureau, 2010 Census, 2015 American Community Survey 5-Yr Estimates

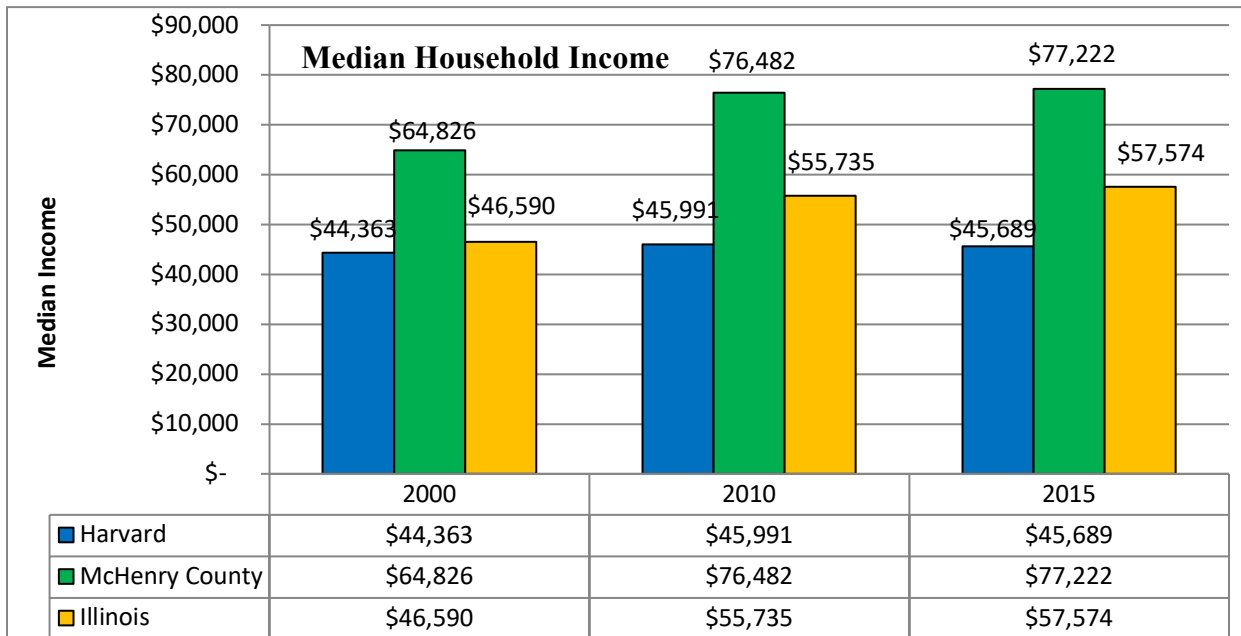
## Social and Economic Characteristics

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Ensuring access to social and economic resources provides a foundation for a healthy community.

### Median Family Income

Median income divides households into two segments, with half of households earning more than the median income and the other half earning less. Median income can be a better descriptor than average income because it is not skewed by outlier high or low incomes.

The median household income (MHI) of Harvard residents has remained consistent from 2000 to 2015. Conversely, residents of both McHenry County (19%) and the State of Illinois (24%) have seen an increase in their MHI during this same timeframe. It is noted that Harvard's MHI is significantly lower than that of both McHenry County and the State of Illinois.

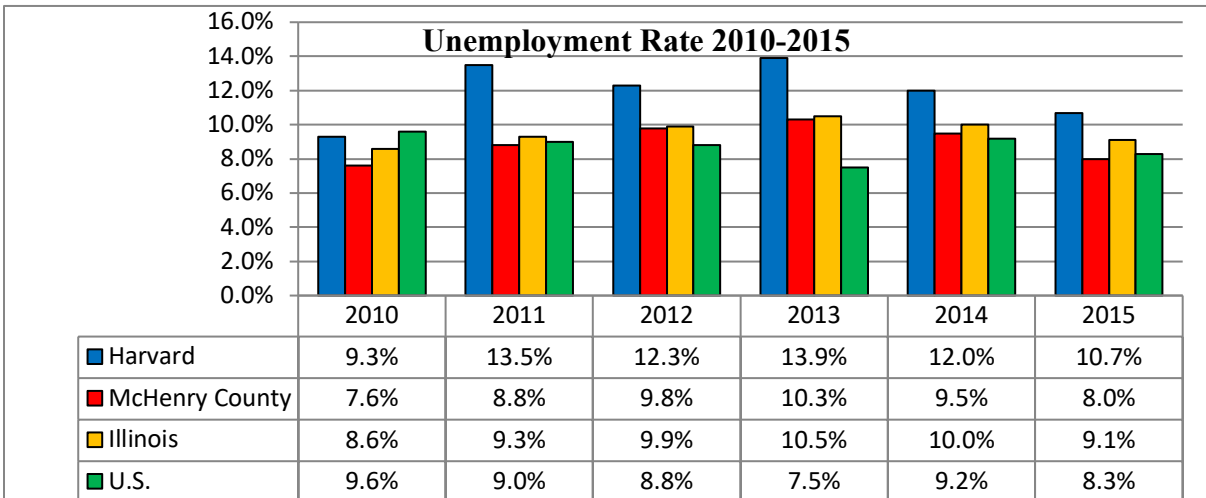


Source: U.S. Census Bureau, 2000 Census, American Community Survey, Selected Economic Characteristics, 2010 and 2015

## Unemployment

Unemployment affects the unemployed individual and their family, not only with respect to income, but also with respect to health and mortality. Unemployment creates barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor quality of health.

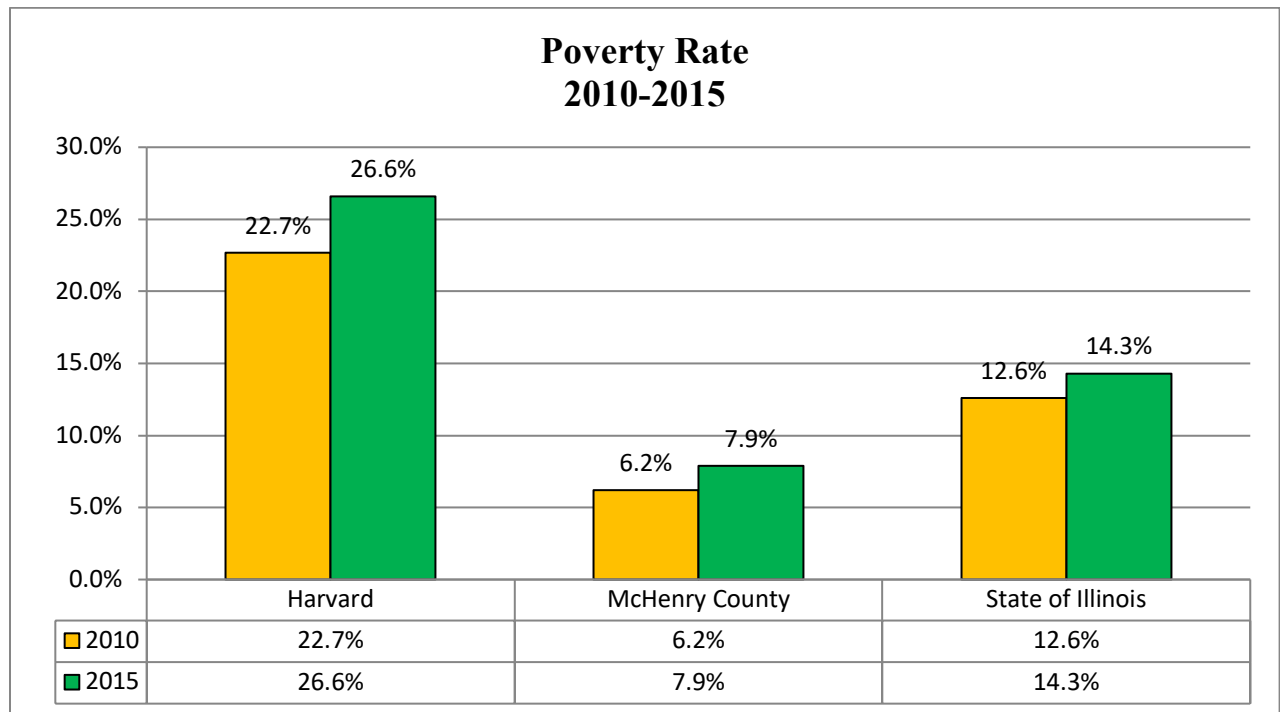
Harvard's most recent unemployment rate sits at 10.7%, compared to 8.0% for McHenry County and 9.1% for the State of Illinois.



Source: U.S. Census Bureau, American Community Survey, Selected Economic Characteristics, 2015

## Poverty

Poverty has a significant impact on the development of children and youth. In Harvard, the percentage of families living in poverty between 2010 and 2015 has increased 3.9%. The overall poverty rate in Harvard is 26.6%, much higher than the State of Illinois poverty rate of 14.3%.

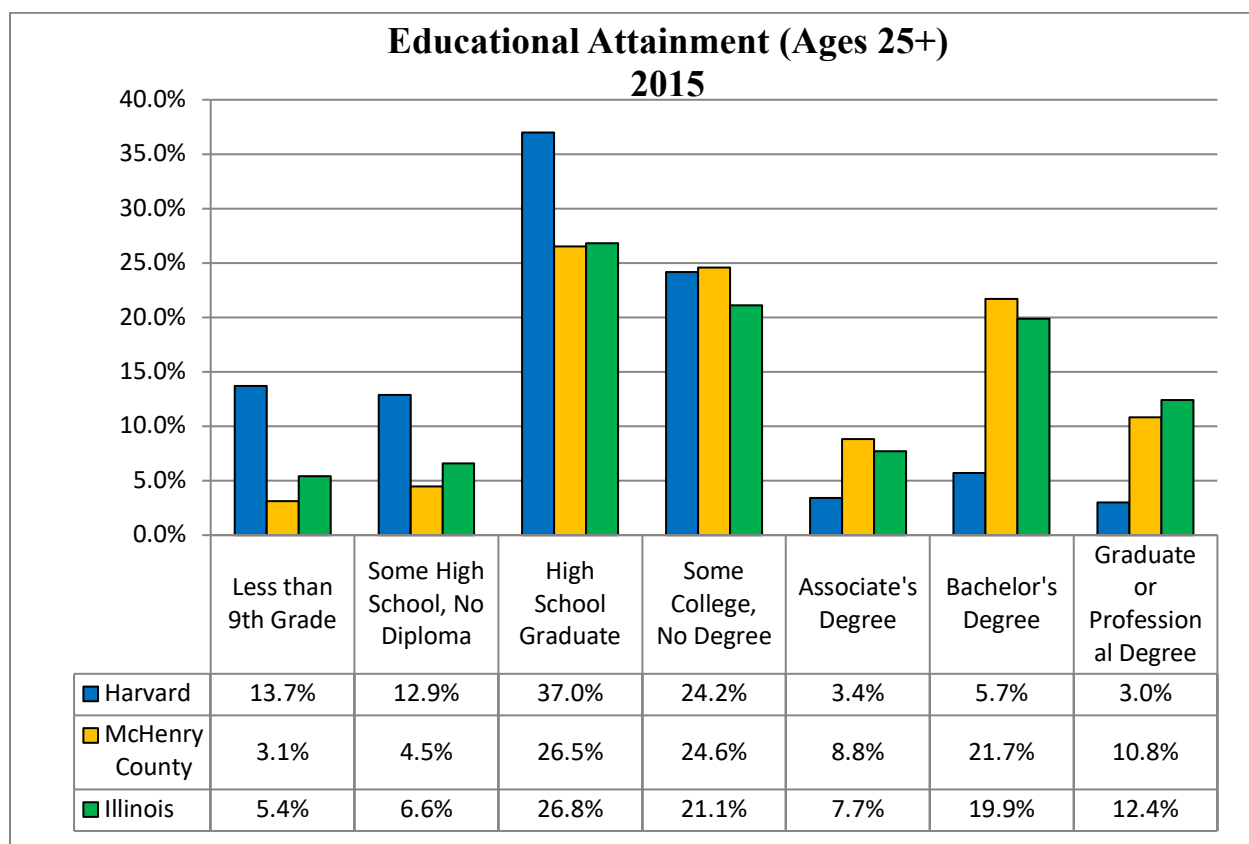


Source: U.S. Census Bureau, 2013-2019, Small Area Income and Poverty Estimates (SAIPE), 2010, 2015

## Education

Research suggests that the higher level of educational attainment and the more successful one is in school, the better one's health will be and the greater likelihood of one selecting healthy lifestyle choices. Accordingly, an increase in years of education is strongly related to an individual's propensity to earn a higher salary, obtain better employment and foster multidimensional success in life.

Harvard has a higher rate of residents graduating high school than both McHenry County and the State of Illinois. However, Harvard has fewer residents with a college degree than both McHenry County and the State of Illinois. The percent of adults over age 25 in Harvard without a high school diploma or GED is 26.6%. This is higher than both McHenry County (7.6%) and Illinois (12%).



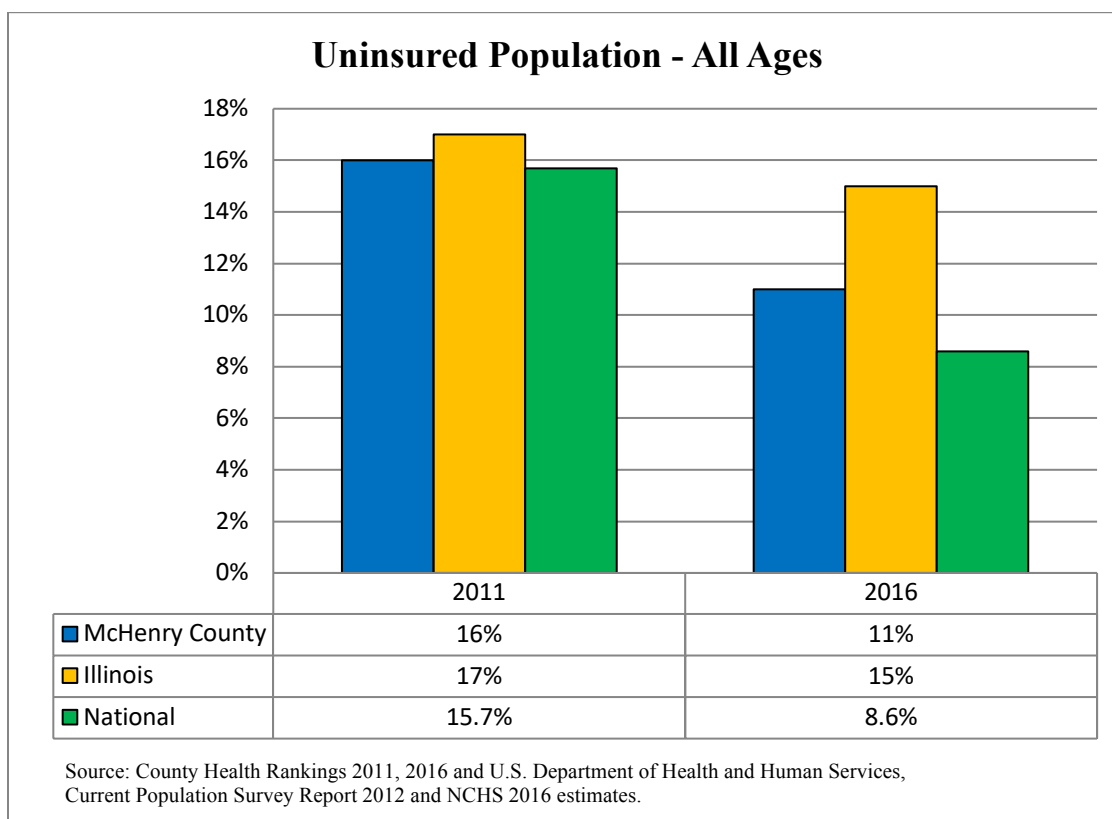
Source: U.S. Census Bureau, American Community Survey, Educational Attainment, 2015

## Insurance Coverage

Lack of adequate health insurance is a barrier to healthcare. Not having insurance or not having adequate insurance coverage impedes access to primary care and preventative services, specialty services, and other health services, which in turn can lead to worse physical and mental health.

Information gathered from the County Health Rankings and the U.S. Department of Health and Human Services show McHenry County residents possess healthcare coverage at a higher rate than the national average. The overall trend shows the uninsured rate dropping significantly from 2011 to 2016, most likely due to the passage and implementation of the Affordable Care Act in 2010.

Insured community survey respondents indicated that 98.3% were able to see healthcare providers that accept their insurance and 90.9% had seen a healthcare provider they consider their regular provider within the past 12 months.



### Access to Primary Care

Physicians classified as "primary care physicians (PCPs)" by the American Medical Association include General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

A PCP provides preventive care, teaches healthy lifestyle choices, identifies and treats common medical conditions, and makes referrals to medical specialists when needed. Access to PCPs supports healthy communities. Through routine check-ups, primary care can avoid or mitigate potentially serious problems.

Research suggests that individuals with a regular or established healthcare provider are more likely to seek preventative care and less likely to use emergency services for care. This saves both resources and funds in the healthcare system overall. In 2014, 84.9% of McHenry County residents had a regular healthcare provider, compared to 80.9% for the State of Illinois (IBRFSS, 2014).

### Access to Dental Care

A dentist is defined as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who is licensed by the state to practice dentistry and who is practicing within the scope of that license.

Untreated dental disease can lead to health problems including pain, infection, and tooth loss and can impact quality of life. Although lack of dental providers is only one barrier to accessing oral health care, much of the country suffers from shortages.

In 2015, McHenry County had 1 dentist for every 1,653 residents, higher than the Illinois rate (Community Health Rankings, 2016)

### Access to Mental Health Providers

Mental health providers include psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care. In 2015, McHenry County had 1 mental health provider for every 803 residents, higher than the Illinois rate (Community Health Rankings, 2016).

### Lack of a Consistent Source of Primary Care

Individuals without a consistent source of primary care experience worse health outcomes and higher emergency department (ED) utilization.

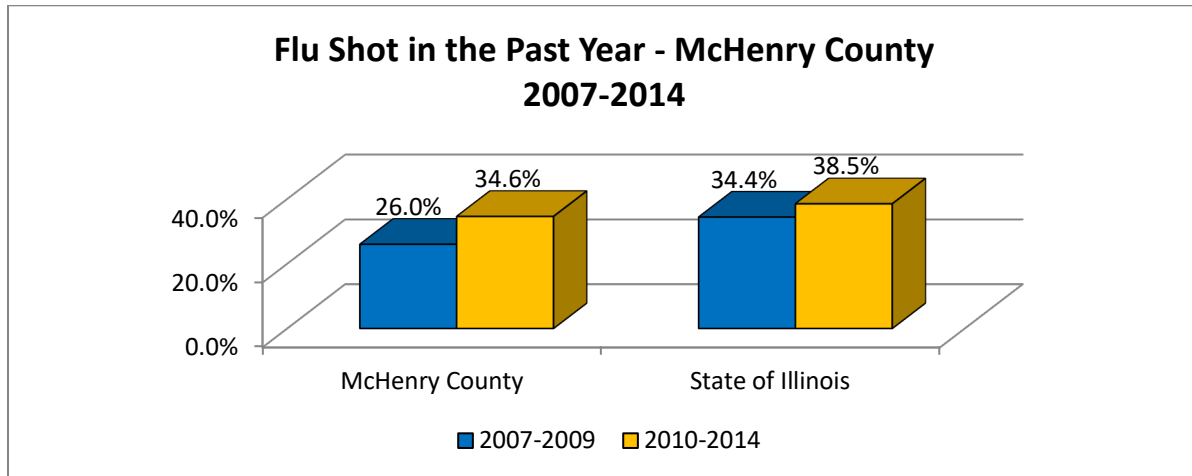
The Centers for Disease Control and Prevention reports that regular health exams and tests can help find problems before they start. These checkups can also help identify problems early, when chances for treatment and cure are better. By getting the appropriate health services, screenings, and treatments, individuals are taking steps to improve their chances for living a longer, healthier life. The Illinois Behavioral Risk Factor Surveillance System's (IBRFSS) latest data shows that 69.2% of McHenry County residents had a checkup within the past 12 months, higher than the State of Illinois's health care utilization rate of 68.8%.



## Immunization

Immunizations help prevent many debilitating and life-threatening diseases that impact both children and adults.

Preventative measures including immunizations and vaccinations greatly impact the overall health and well-being of a community. Data available from the 2014 IBRFSS shows that only 34.6% of McHenry County residents received a flu shot within the past 12 months, compared to 38.5% at the State level, and only 20.5% had received a pneumonia vaccination, compared to 32.9% for the State of Illinois.



Source: Illinois State Board of Education, School Year Immunization Status

### Tobacco Use

An analysis of the leading indicators regarding morbidity and mortality must be conducted in order to properly allocate healthcare resources. This allows healthcare organizations to more effectively target affected populations. Research suggests tobacco use causes a wide variety of adverse medical conditions.

In 2016, the CDC reported 16% of adults (18+) in McHenry County use tobacco products. This is lower than the state rate of 17% for the same year, however, both are higher than the national rate of 15%.

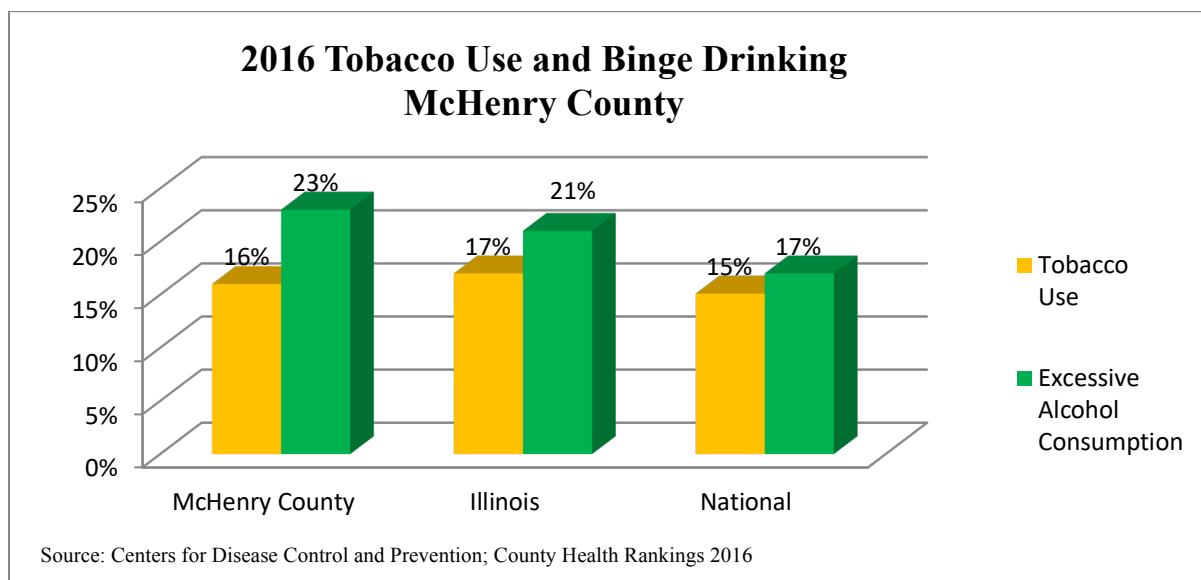
According to the CDC, tobacco use/smoking cigarettes is the leading cause of preventable disease and death in the United States. Tobacco use continues to decline in the US, but remains high in certain populations. Those at risk for increased exposure to and use of tobacco are those with low levels of education, males, young adults, those living in the South and Midwest, LGBT individuals, individuals living below the poverty level, disabled people and certain races and ethnicities.

### Alcohol Consumption

Excessive alcohol use impairs decision-making, often leading to adverse consequences and outcomes. Excessive alcohol use/binge drinking directly contributes to a number of short- and long-term health risks.

Excessive alcohol consumption increases the risk of many harmful health conditions. Short-term health risks include injuries such as automobile accidents, falls and other avoidable bodily injuries. Violence and risky sexual behaviors are also short-term health risks associated with binge drinking. Long-term health risks include cancers, heart disease, high blood pressure, mental health problems, social problems and alcoholism (CDC, 2017).

A 2016 CDC study shows 23% of adults in McHenry County report binge drinking and heavy alcohol consumption, higher than both the state of Illinois rate (22%) and national rate (17%).



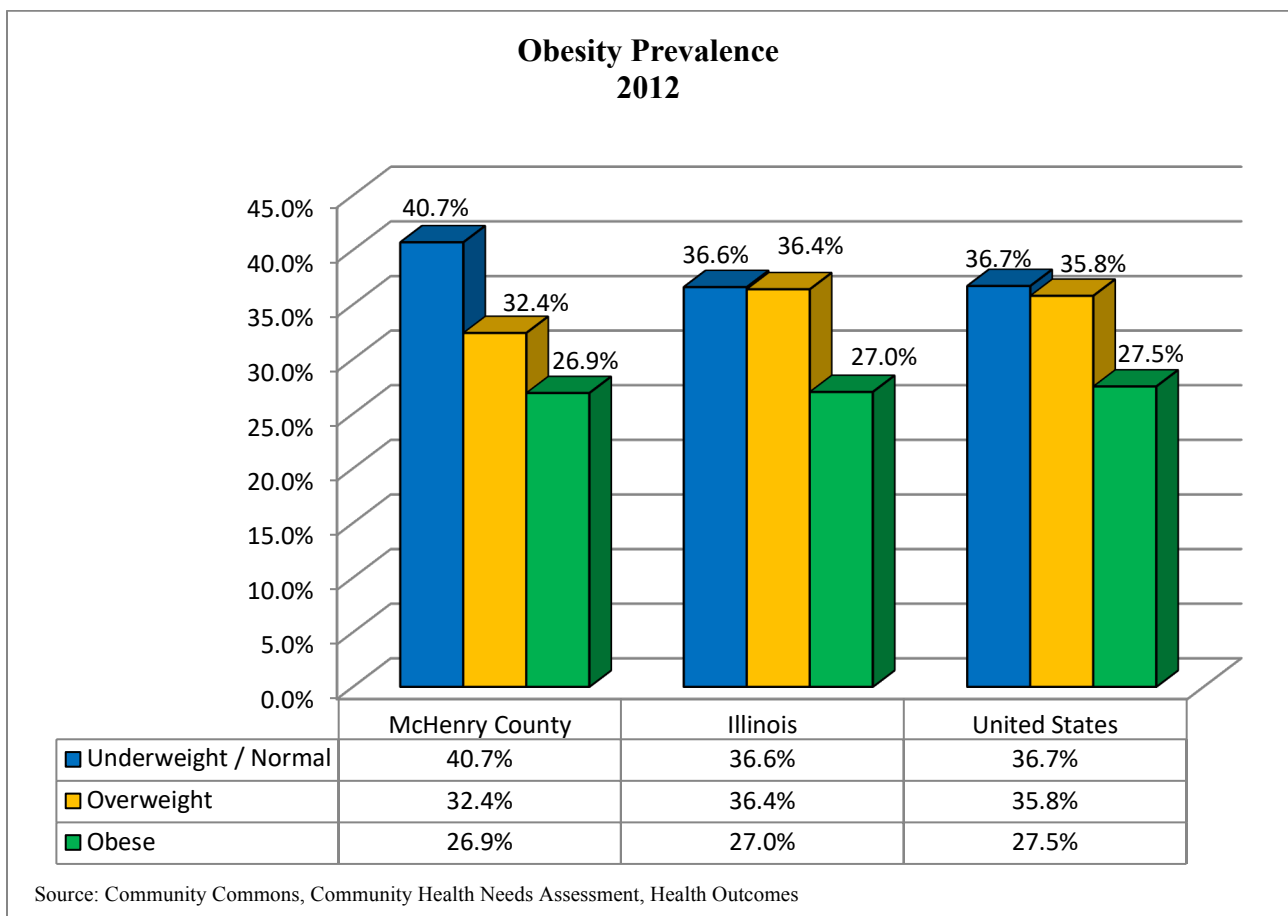
## Health Outcomes

### Obesity

Obesity places individuals at increased risk for chronic diseases. Overweight is defined as a body mass index (BMI) of 25 or higher; obesity is defined as a BMI of 30 or higher.

Nationally, obesity is a significant problem. Overweight and obese individuals have a greater risk and occurrence of health issues due to the increased stress on their bodies caused by excess weight. Medical costs to treat weight related health issues is staggering and puts a financial crunch on state and federal health care monies.

According to a 2016 study by the State of Obesity Project, Illinois now has the 18th highest adult obesity rate in the United States. McHenry county ranks lower in the percentage of overweight and obese people in both the state of Illinois and the nation. The IBRFSS shows a decline in overweight and obese people in McHenry County from 2009 to 2014.



## Chronic Disease

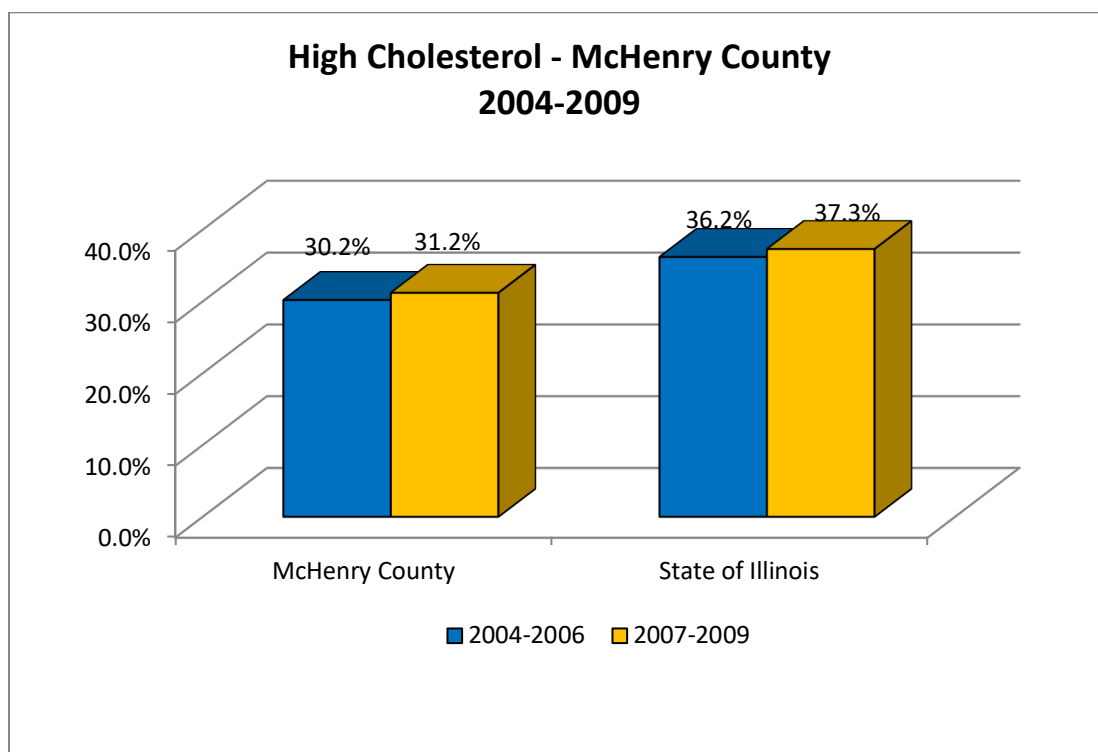
### Predictors of Heart Disease

Cardiovascular disease (CVD) is recognized as the leading cause of death worldwide. Hypertension (high blood pressure), high cholesterol and diabetes mellitus are considered major risk factors for developing CVD.

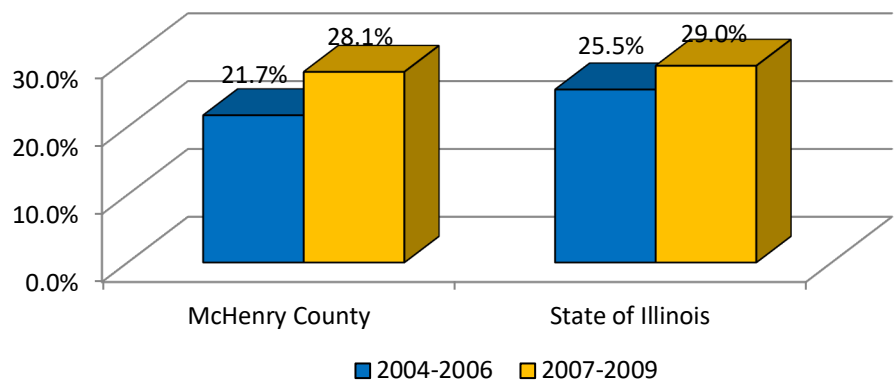
Additionally, there are numerous additional health conditions that occur as a consequence of cardiovascular disease, including coronary heart disease, atherosclerosis, cardiac arrhythmias, myocardial infarction, stroke, carotid artery disease and renal dysfunction or failure.

The percent of adults age 18 and over in McHenry County who have ever been told by a doctor that they have High Cholesterol (31.2 %) is lower than Illinois (37.3%).

The percent of adults age 18 and over in McHenry County who have ever been told by a doctor that they have High Blood Pressure (28.1 %) is less than Illinois (29.0%).



**High Blood Pressure - McHenry County  
2004-2009**



## Cancer

Cancer is the second leading cause of death in the U.S., exceeded only by heart disease. Among males in McHenry County, prostate is the most common type of cancer. Among females in McHenry County, breast is the most common type of cancer.

### Cancer Incidence Rates – McHenry County

<b>Males</b>		
<b>Type</b>	<b>Cases</b>	<b>Rate*</b>
Prostate	895	119.1
Lung & Bronchus	449	70.1
Colon & Rectum	333	50.5
Bladder	273	44.2
Kidney & Renal Pelvis	186	25.4
Total All Cancers Combined	3,559	517.4

<b>Females</b>		
<b>Type</b>	<b>Cases</b>	<b>Rate*</b>
Breast (invasive)	1,175	138.2
Lung & Bronchus	475	61.8
Uterus	254	28.5
Colon & Rectum	229	38.1
Kidney & Renal Pelvis	98	12.9
Total All Cancers Combined	3,657	449.3

\*Age adjusted incidence rate per 100,000 population

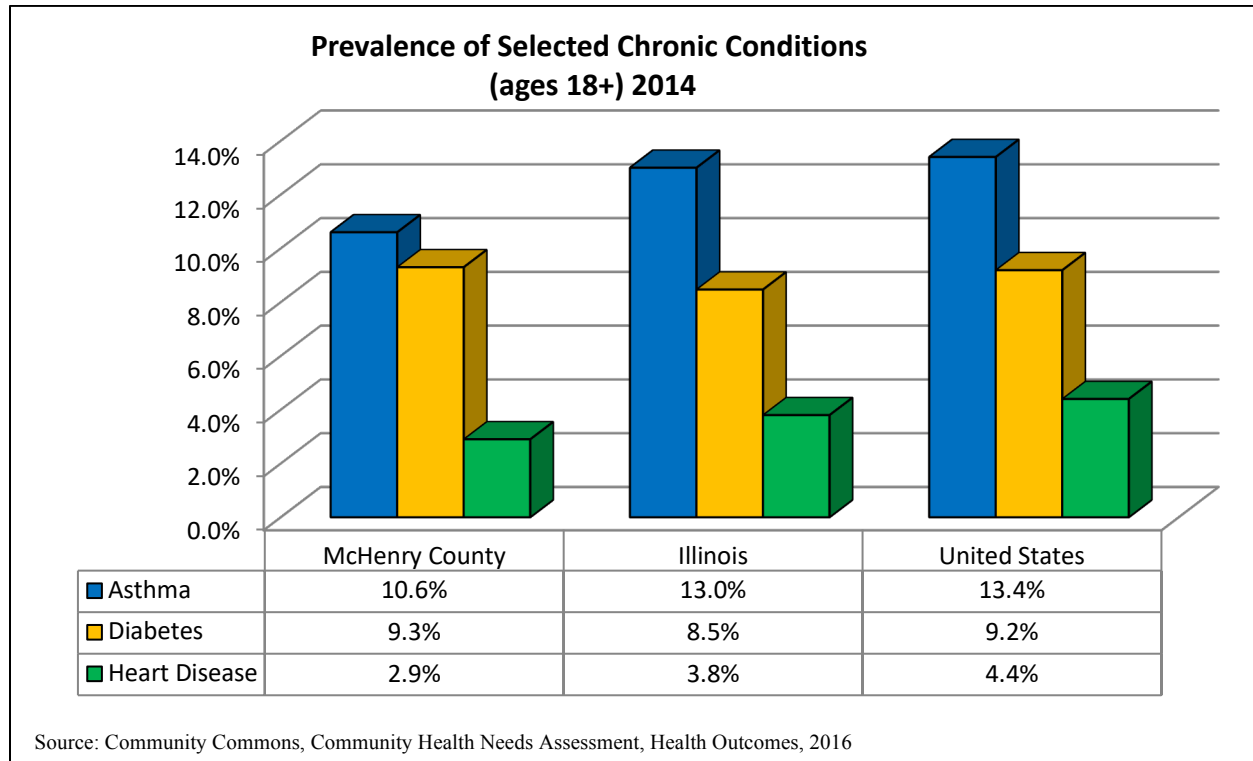
Source: Illinois Department of Public Health, Illinois Cancer Registry, 2009-2013

### Cardiovascular, Respiratory & Diabetes

The percent of adults age 18 and over in McHenry County who have ever been told by a doctor that they have Asthma (10.6 %) is lower than Illinois (13.0%) and the nation (13.4%).

The percent of adults age 18 and over in McHenry County who have ever been told by a doctor that they have Diabetes (9.3 %) is higher than Illinois (8.5%) and higher than the nation (9.2%).

The percent of adults age 18 and over in McHenry County who have ever been told by a doctor that they have Heart Disease (2.9 %) is lower than Illinois (3.8%) and the nation (4.4%).



## Mortality

Leading causes of death in McHenry County include cancer, heart disease and accidents.

Leading Causes of Death McHenry County in 2017	
Cause	Crude Rate
Lung or Bronchus Cancer	42.6
Atherosclerosis	42.6
COPD	31.6
Dementia	25.4
Alzheimer's Disease	24.7
Heart Attack (AMI)	18.2
Congestive Heart Failure	18.2
Stroke	17.9
Breast Cancer	14.0
Lung or Bronchus Cancer	42.6

Note: Crude Rate = Count / Population \* 100,000

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2015 on CDC WONDER online database.



## Household Survey

### Introduction

An initial review of publicly available health needs assessments was conducted to evaluate and identify common themes and approaches to collecting the necessary data. Working with a group designing a survey for another county, we adapted the survey to ensure all critical areas were being addressed for our specific area.

The survey was distributed primarily to residents of the 60033 zip code, which includes the community of Harvard. Individuals who work and spend recreational time in the Harvard area were also asked to participate.

To properly assess the perceived health needs of the community, the surveys included specific questions to rate and assess:

- a. Health issues in the community;
- b. Unhealthy behaviors in the community;
- c. Well-being;
- d. Accessibility to healthcare; and
- e. Healthy behaviors

In order to ensure input from Harvard's Spanish-speaking population, a community likely to be medically underserved, versions of both the online and paper survey were translated and distributed in Spanish.

### Sample Size

The sample size was calculated by using a standard formula based on the population size, margin of error, confidence level and standard of deviation. The calculation encompasses a 95% confidence level, a +.5margin of error and a standard deviation of .5.

$$\text{Necessary Sample Size} = (Z\text{-score})^2 * \text{StdDev} * (1 - \text{StdDev}) / (\text{margin of error})^2$$

For this survey, the minimum sample size was 263 surveys. The data collection for this CHNA yielded a total of 358 usable responses, exceeding the confidence interval threshold.

### Survey Distribution and Data Collection

We distributed surveys using three approaches:

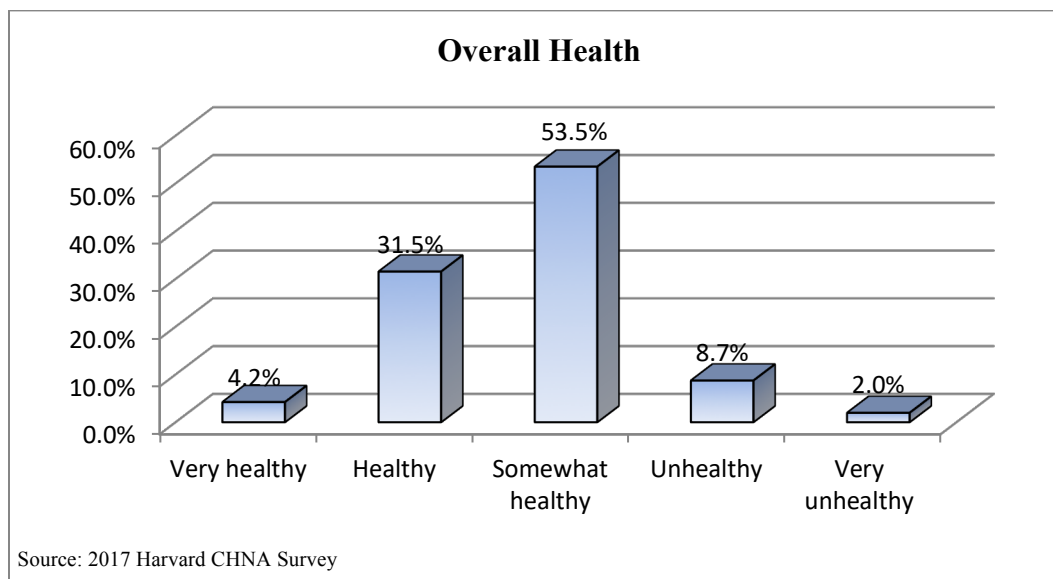
1. Mail survey: we acquired a mailing list from the U.S. Postal Service for the 60033 zip code, and sent mail surveys to a sample of these households
2. Online survey: a link to the survey in both English and Spanish was promoted in the Mercyhealth Health News online newsletter, the Mercyhealth McHenry Facebook page, and the Mercyhealth Wire (internal newsletter)
3. In-person survey distribution: various businesses, churches and charitable organizations.

## Perceptions of Community Health Issues and Factors

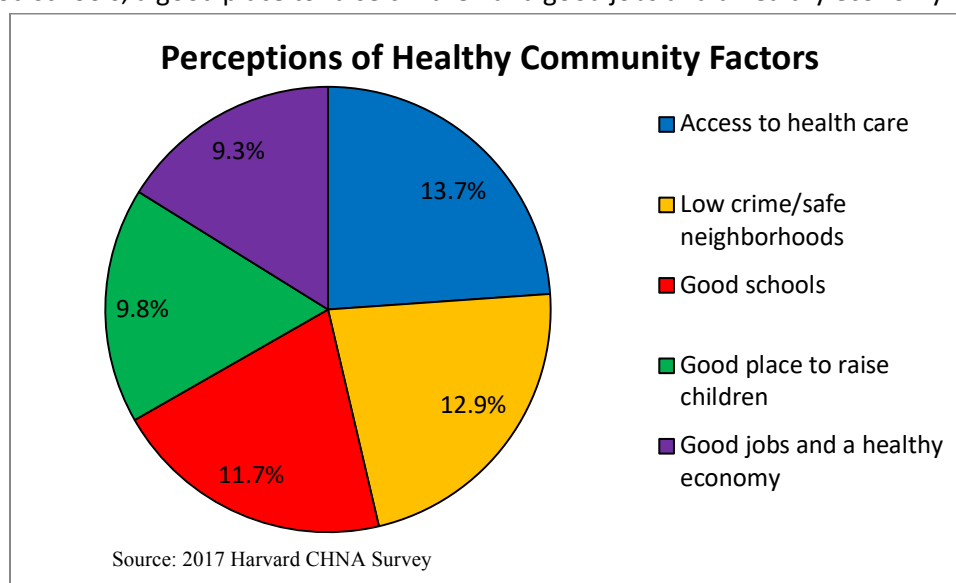
The purpose and importance of this Community Health Needs Assessment is to identify the most critical health related needs in the Harvard community. To identify these needs, we must collect and consider community perceptions of health issues, unhealthy behaviors and issues relating to well-being. By combining community perception with the data outlined previously in this assessment, and taking community resources into account, we can prioritize the most important health concerns in the community.

### Overall Health of the Community

Survey participants were asked to rate the overall health of the Harvard community. Based on survey responses, 53.5% rated Harvard as “somewhat healthy,” while 31.5% rated Harvard as “healthy.”



The CHNA survey also asked survey participants, “What do you think are the five factors that make a healthy community?”. Access to healthcare was the primary answer chosen by 13.7% of respondents. Low crime/safe neighborhoods, good schools, a good place to raise children and good jobs and a healthy economy followed closely.

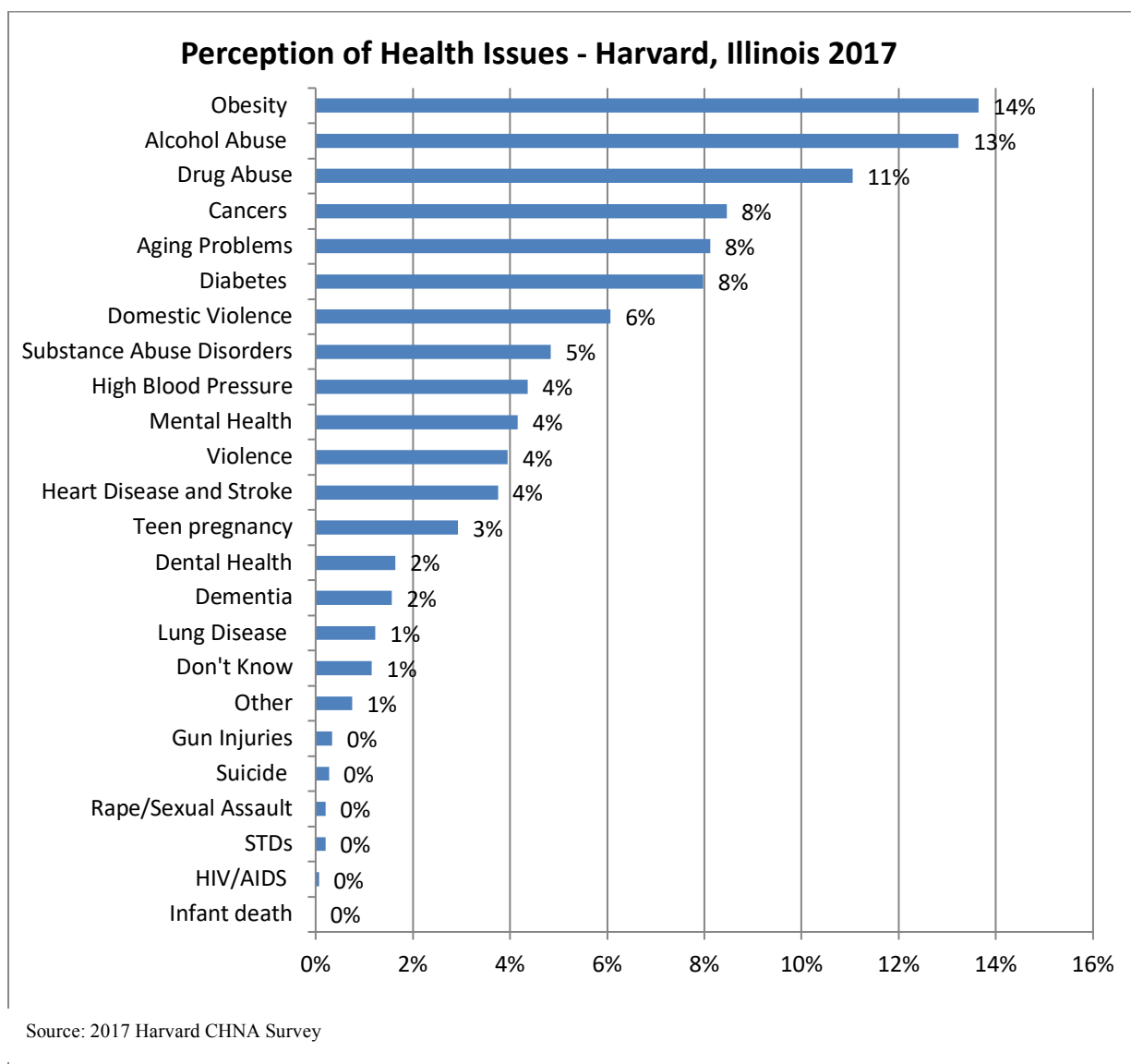


## Health Problems in the Community

Community perceptions of health problems may vary greatly from the actual health issues in the area. The CHNA survey asked participants to choose the top five health problems in their community based on a list of 23 options. Participants ranked obesity as the top health problem with alcohol abuse following

Top 5 Harvard Community Health Problems	
Obesity	13.6%
Alcohol Abuse	13.2%
Drug Abuse	11.1%
Cancers	8.5%
Aging Problems	8.1%

Source: 2017 Harvard CHNA Survey Response Data

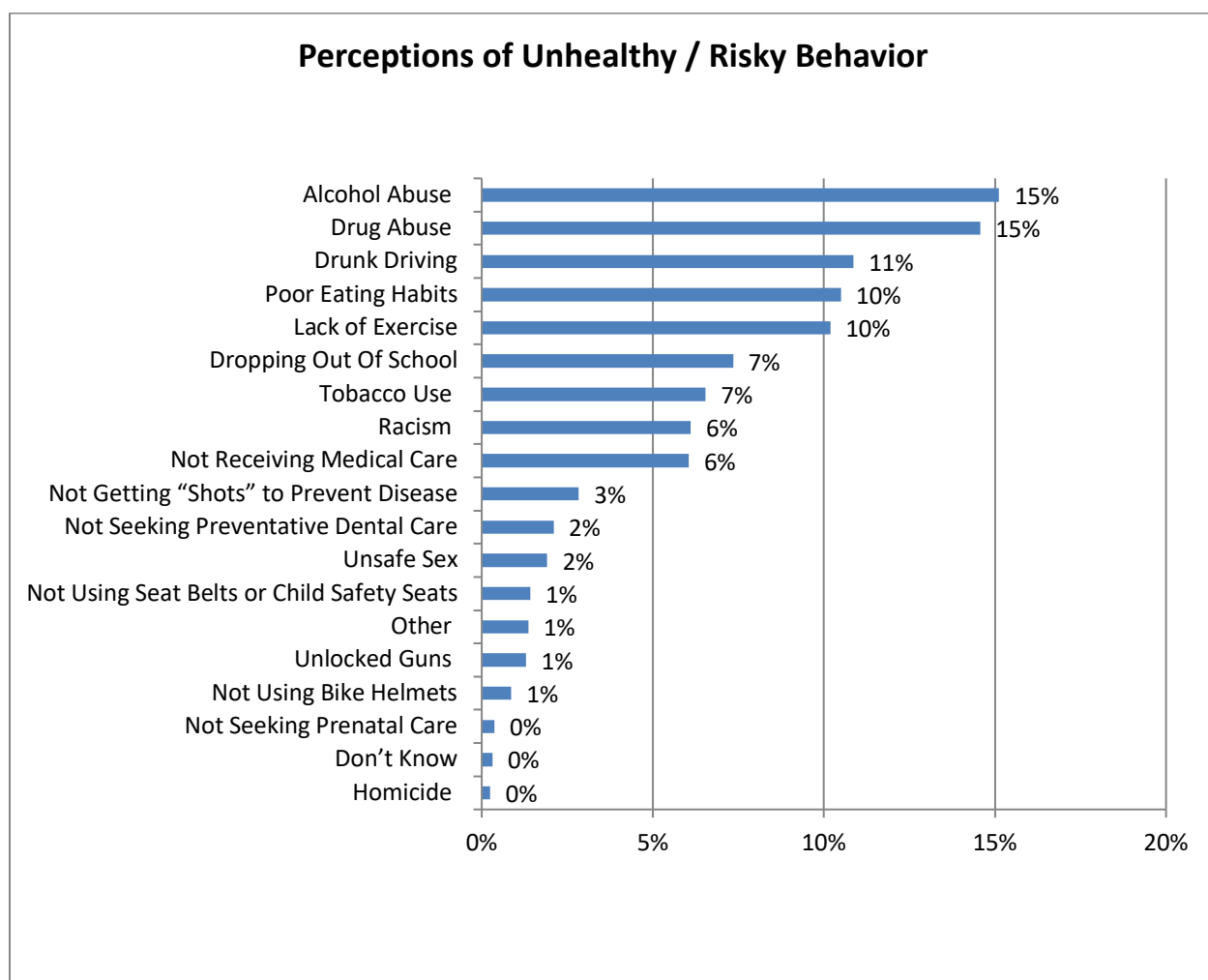


## Perceptions of Unhealthy Behaviors

Respondents were asked to choose the top five most concerning risky behaviors in Harvard from a list of 18 choices. Alcohol abuse was ranked number one, followed by drug abuse, drunk driving, poor eating habits, and lack of exercise.

Top 5 Unhealthy Behaviors	
Alcohol Abuse	15.1%
Drug Abuse	14.6%
Drunk Driving	10.9%
Poor Eating Habits	10.5%
Lack of Exercise	10.2%

Source: 2017 Harvard CHNA Survey

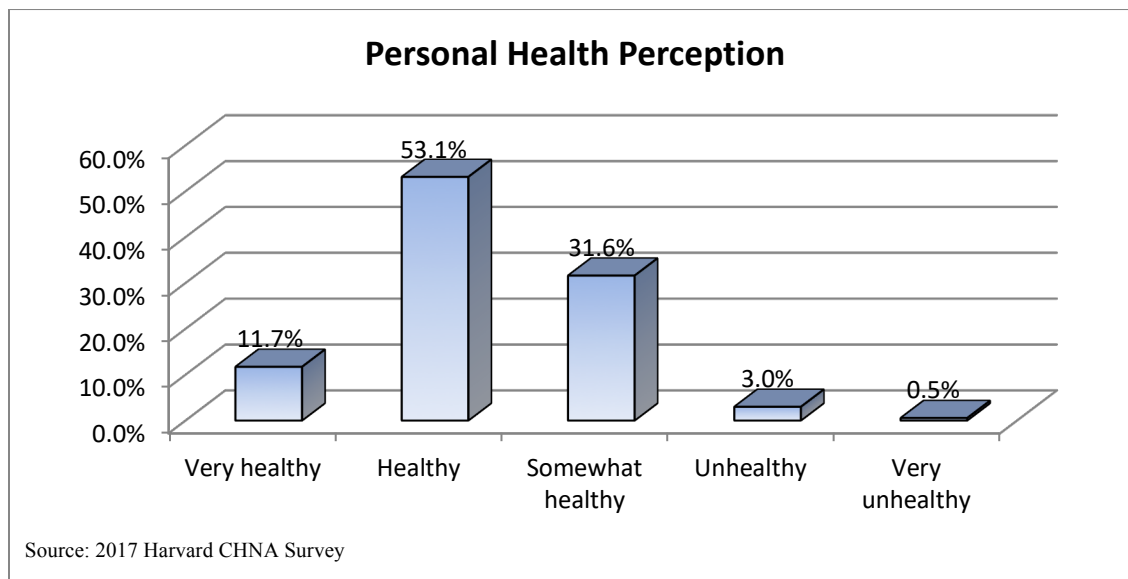


Source: 2017 Harvard CHNA Survey Response Data

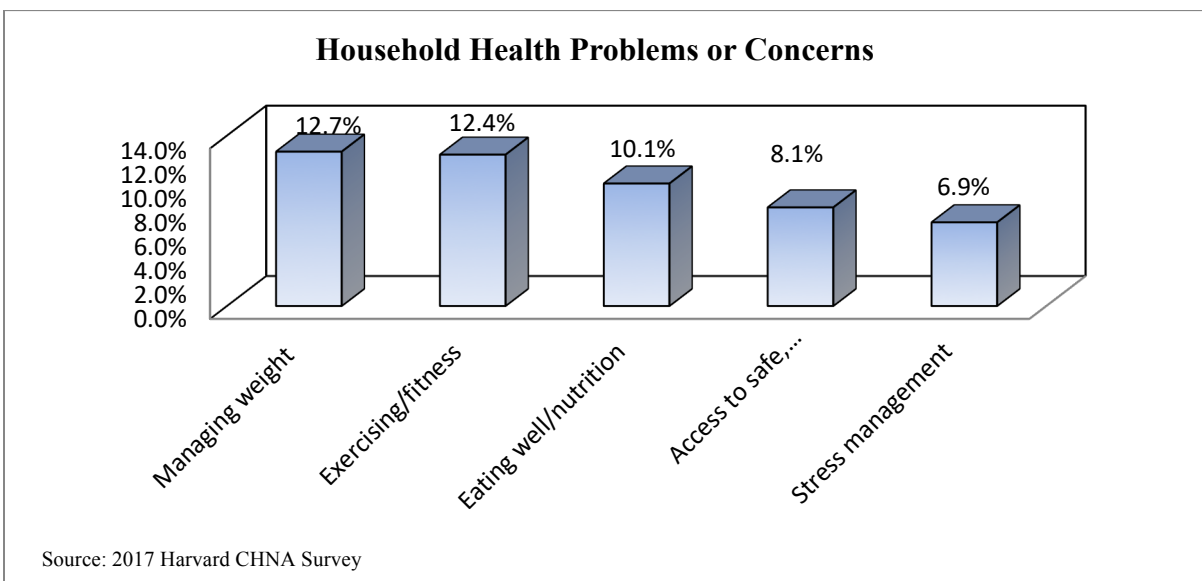
## Perceptions of Wellbeing

Residing in a safe community with adequate housing, food and health care resources plays a large role in personal and community well-being. Survey participants were asked questions regarding their perceptions of personal health, household concerns and community environment.

Participants were asked, “How would you rate your own personal health?” Over half of the survey participants chose “healthy,” and more than 30% chose “somewhat healthy.”



Respondents were asked about health problems or concerns in their households. Respondents ranked managing weight, exercise and fitness, eating well/nutrition, access to safe, affordable places to exercise and stress management as their top five areas of concern.



For a community to be a desirable, healthy place to reside, residents must feel safe and secure in the environment in which they surround themselves. The health of the environment directly impacts the health and well-being of the community. Survey respondents were asked to choose their top five concerning environmental issues from a list of 22 options. Unsafe neighborhoods/crime ranked number one.

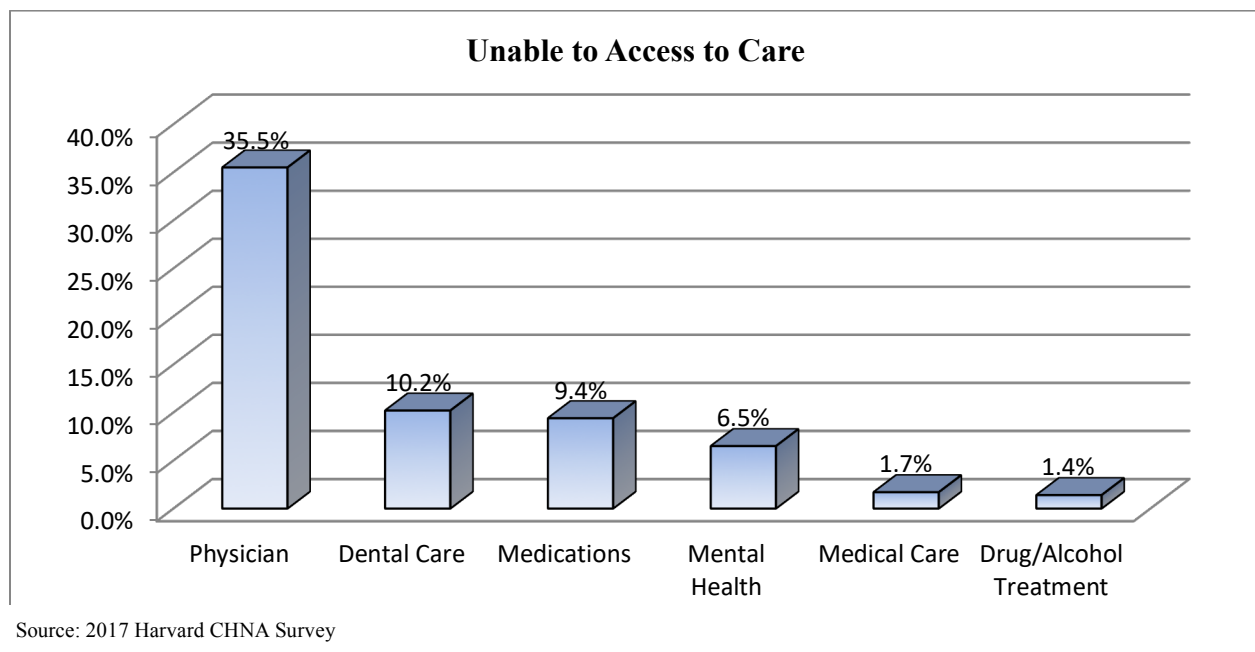
<b>Top 5 Harvard Community Risky Behaviors</b>	
Unsafe neighborhoods/crime	10.1%
Trash or litter in public areas	9.6%
Lack of sidewalks/walking paths	8.9%
Lack of bike lanes/bike paths	7.9%
Mosquito/tick carried diseases	6.7%

Source: 2017 Harvard CHNA Survey

### Access to Medical Care

Harvard is unique in the fact that it is a small community and there are a wide variety of health care services available, however, it does not have the population to support every resident's needs. In the survey, respondents were asked a series of questions in regard to accessing various types of health services ranging from providers that accept the respondents' health insurance to mental health services.

In the CHNA survey, respondents were asked, "Was there a time when you needed care but were not able to get it?". Access to various types of health care was assessed, including primary care provided by a physician (patients presented to ED or Urgent Care instead), dental care, mental health services, drug and alcohol treatment and medications.



**Medical Care**

Respondents selected “can’t afford to pay for a doctor’s visit” and “co-pay/deductible too high” as the top reasons they don’t have a primary physician or seek medical care. When asked why they don’t have health insurance, “too expensive” and “place where you work does not offer it” were listed as the primary reasons. Access to health care is greatly diminished when residents are uninsured and lack a primary care provider.

**Dental Care**

Respondents selected “can’t afford to pay for a dental visit” and “feel like I don’t need one” as primary reasons they don’t have a regular dental provider. When asked why they don’t have dental insurance, “too expensive” and “feel like you don’t need dental insurance” were selected as the primary reasons.

**Mental Health**

6.5% of respondents reported that in the past 12 months, they or someone in their household needed to see a mental health professional but could not.

**Alcohol or Drug Addiction Treatment**

1.4% of respondents reported that in the past 12 months, they or someone in their household needed drug or alcohol treatment but could not access it.

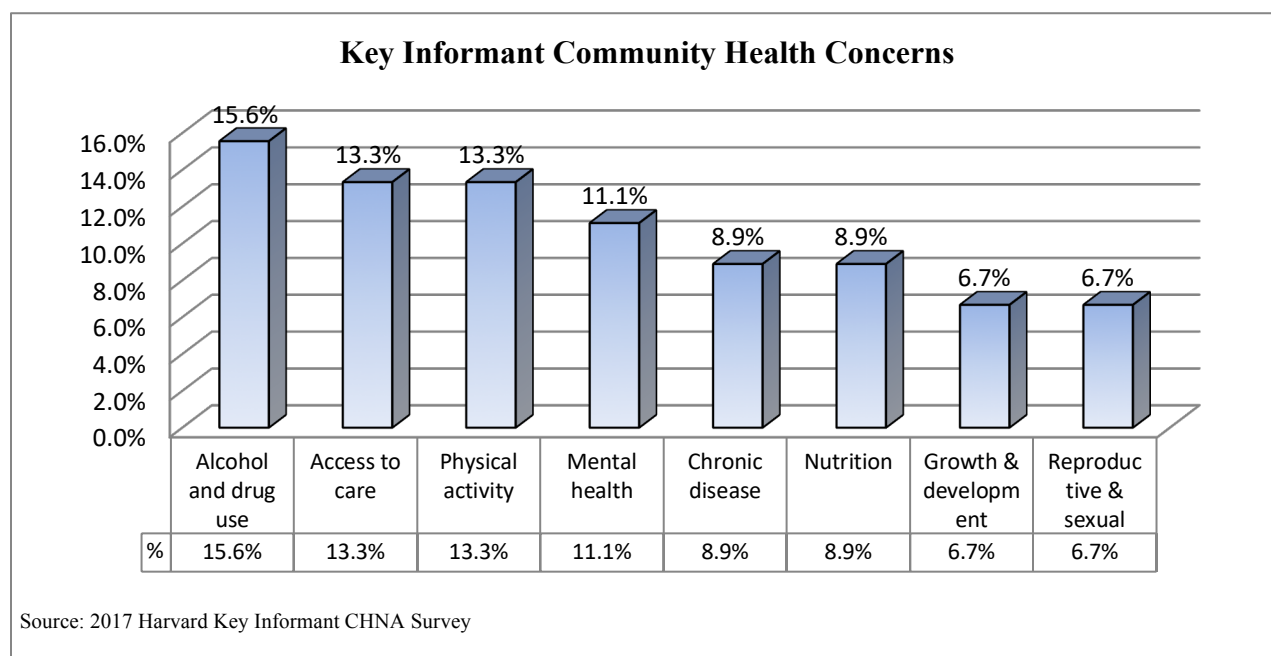
**Medications**

9.4% of respondents reported that in the past 12 months, they or someone in their household needed medications but could not get them. The primary reason selected was “too expensive” and the secondary reason was the “other” category with answers ranging from “not covered under insurance” to “pharmacy did not have it.”

## Key Informant Interviews

Key informant interviews were conducted among leaders in the Harvard community. 18 stakeholders were contacted including school leaders, business owners, religious leaders, city officials, community program leaders to police and fire officials. Nine leaders agreed to be interviewed. The purpose of interviewing this specific group of individuals was to gather insight from those members of the community that are directly involved in the care and wellbeing of the community and its residents. Key informant responses can be found in Appendix D.

Key informants were asked to rank thirteen health-related issues based on the most concerning to the Harvard community.



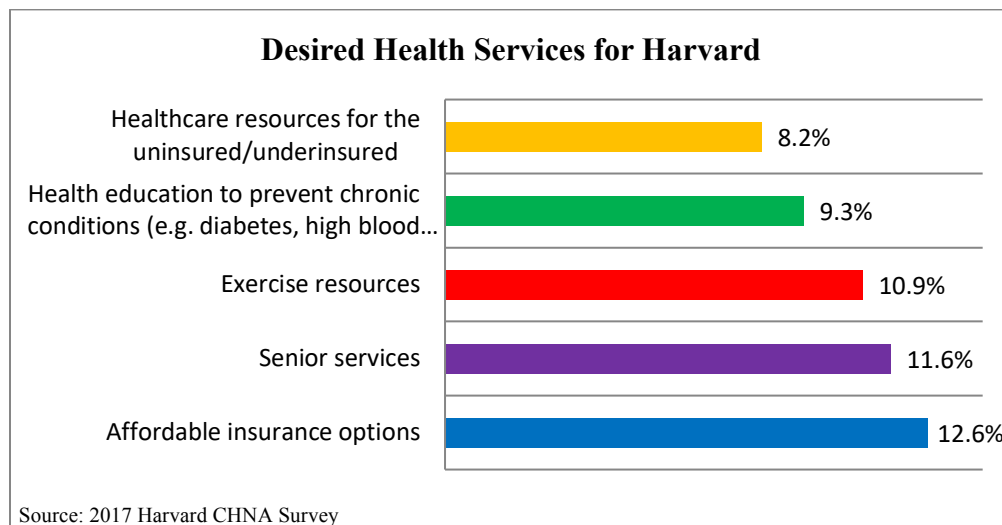
### Overall Health of the Community

In addition to ranking community health concerns, key informants were asked several subjective questions. Answers varied based on the participant's occupation/role in the community. Though there was a large variance in answers, three themes emerged among all respondents. Language barriers, poverty and physical activity/lack of spaces for physical activity were all repeated throughout the responses received from this select group of people. When asked to rate health and quality of life in Harvard, respondents general response was below average or average which they attributed to many issues, including those listed above.



## Community Resources

CHNA survey participants were asked to choose from a list of healthcare program, service and educational opportunities they desired in their community. MHH and associated clinics



## Summary of Key Findings- Community Health Issues

A thorough analysis of the data in this document was used to identify the most important health-related issues in the community.

- Compared to state of Illinois statistics, McHenry County has a greater proportion of residents who engage in binge drinking.
- The portion of McHenry County residents with diabetes is larger than both the state and national rates.
- The majority of McHenry County residents are not receiving flu shots or pneumonia vaccinations.
- Poverty and unemployment in Harvard continue to exceed the county and state average.
- Obesity, physical activity and access to safe exercise locations are concerns for residents of Harvard.
- Slightly more than one-half of the Harvard population identifies as Hispanic or Latino
- The median household income of Harvard residents is significantly lower than both McHenry County and the State of Illinois

## Prioritization of Health-Related Issues

By combining community perceptions with the data outlined previously in this assessment, and taking community resources into account, we can prioritize the most important health concerns in the community.

MHH representatives considered the above findings surrounding health needs in McHenry County to identify what we consider to be the most significant health needs.

The significant health needs are as follows:

1. Improve the general health of individuals living in the primary service area
2. Improve the health status of individuals with chronic illnesses and promote healthy lifestyles through educational offerings
3. Improve the health of patients with specific needs including: mental health, substance abuse, and geriatric health needs

All significant health needs identified above are addressed in the implementation plan for this CHNA, which details how MHH intends to respond to these needs over the next three years (Appendix A). The Implementation Plan in Appendix A was approved by the Mercyhealth Board of Directors on June 2017. Appendix B details actions related to the 2014-2017 Implementation Plan.

## Appendix A

MERCYHEALTH HARVARD  
COMMUNITY BENEFIT PLAN  
2017-2020 IMPLEMENTATION PLAN

**Strategic Objective:** Based on priorities established by the Harvard community study, Mercyhealth will develop and implement a multifaceted community benefit plan to improve the overall health and well-being of residents in the primary service area.

STRATEGIES	TACTICS	MEASURE/STATUS
Improve the general health of individuals living in the primary service area	<b>Access:</b> <ul style="list-style-type: none"> <li>Continue to develop and offer various access sites and venues for needed medical specialties and services</li> </ul>	<ul style="list-style-type: none"> <li>Mercyhealth Services currently offered in Harvard: <ul style="list-style-type: none"> <li>Inpatient: <ul style="list-style-type: none"> <li>Critical access hospital</li> <li>Inpatient rehabilitation</li> <li>Family medicine</li> <li>Laboratory service</li> <li>Diabetes therapies</li> <li>Occupational health &amp; medicine</li> <li>Pediatrics</li> <li>Weight management</li> <li>Cardiology</li> <li>Gastroenterology</li> <li>General surgery</li> <li>Pulmonology</li> <li>Vascular surgery</li> <li>Ophthalmology</li> <li>Podiatry</li> <li>Physical therapy</li> <li>Occupational therapy</li> <li>Hospice</li> <li>Home medical equipment &amp; supplies</li> <li>Treatment coordination</li> </ul> </li> <li>Outpatient <ul style="list-style-type: none"> <li>Family medicine</li> </ul> </li> </ul> </li> </ul>

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		<ul style="list-style-type: none"> <li>Laboratory services</li> <li>Diabetes therapies</li> <li>Occupational health &amp; medicine</li> <li>Pediatrics</li> <li>Weight management</li> <li>Cardiology</li> <li>Gastroenterology</li> <li>General surgery</li> <li>Sleep medicine</li> <li>Pulmonology</li> <li>Ophthalmology</li> <li>Heart &amp; vascular medicine</li> <li>Podiatry</li> <li>Physical therapy</li> <li>Occupational therapy</li> <li>Pain management</li> <li>Home health</li> <li>Hospice</li> <li>Home medical equipment &amp; supplies</li> <li>Respite care</li> <li>Long term skilled nursing care</li> <li>Sub-acute rehab therapies</li> </ul>
	<ul style="list-style-type: none"> <li>Monitor current rotating physician specialties to ensure proper utilization and fulfilling of community needs</li> </ul>	<ul style="list-style-type: none"> <li>Monitor patient outmigration to assess physician need.</li> </ul>
	<b>Health Improvement and Maintenance:</b> <ul style="list-style-type: none"> <li>Proactively manage Harvard's Medicare population through ACO initiatives focused on preventive care.</li> </ul>	<ul style="list-style-type: none"> <li>Annual wellness visits.</li> <li>Other screening and compliance measures.</li> </ul>

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	<ul style="list-style-type: none"> <li>Promote use of My Chart patient portal as a communication vehicle/tool for patients and physicians to enhance access and compliance</li> </ul>	<ul style="list-style-type: none"> <li>Monitor patient activation rate and</li> </ul>
	<ul style="list-style-type: none"> <li>Continue to offer a wide array of community educational health and screening programs</li> <li>Provide community support through monetary donations, volunteer time and donations of various goods</li> <li>Continue partnering with the Community Health Partnership of Illinois Harvard Clinic</li> </ul>	<ul style="list-style-type: none"> <li>Community health education and screenings: <ul style="list-style-type: none"> <li>Body image education at local high schools</li> <li>Minimum of four free blood pressure screening clinics per year</li> <li>Stroke education programs</li> <li>Heart health programs</li> <li>Nutritional education</li> <li>Health care career development with local high schools</li> <li>Mercyhealth open house/health fair</li> <li>Community health fair at local high school</li> </ul> </li> <li>Donations: <ul style="list-style-type: none"> <li>PADS Shelter</li> <li>Giving Tree</li> <li>Hats &amp; Mittens Drive</li> <li>Local food pantries</li> <li>Community Education Foundation</li> <li>Harvard Chamber of Commerce</li> <li>Society of St. Vincent De Paul</li> </ul> </li> <li>Clinic utilization and increased low to no cost health care services for all residents of Harvard</li> </ul>
Improve the health status of individuals with chronic illnesses and promote healthy lifestyles through educational offerings	<b>Cardiovascular, respiratory and diabetic chronic illnesses</b> <ul style="list-style-type: none"> <li>Obesity education</li> </ul>	<ul style="list-style-type: none"> <li>Partner with community organizations to educate the public and address these issues.</li> </ul>

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	<ul style="list-style-type: none"> <li>Attend and participate in community health fairs in the area</li> <li>Smoking cessation <ul style="list-style-type: none"> <li>Smoking cessation program for employees</li> <li>Physicians provide smoking cessation materials to adult patients</li> </ul> </li> <li>Hypertension and high cholesterol awareness and education <ul style="list-style-type: none"> <li>Free blood pressure checks and educational materials at Mercyhealth locations and health fairs</li> <li>Participate in National Cholesterol Education Month</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Number of presentations and events we participate in</li> <li>Monitor the number of <a href="#">stop</a> smoking wellness program</li> <li>Monitor the number of community events for smoking cessation</li> <li>Number of free screening programs</li> <li>Number of health fairs</li> <li>Number of community events</li> </ul>
Improve the health of patients with specific needs, including, mental health, substance abuse and geriatric health needs	<ul style="list-style-type: none"> <li>Mental health <ul style="list-style-type: none"> <li>Provide referrals to the Mercy Options Program</li> <li>Partner with community programs for additional services</li> </ul> </li> <li>Substance abuse <ul style="list-style-type: none"> <li>Partner with local drug and alcohol prevention programs</li> <li>Host AA meetings</li> <li>Offer educational materials on drug and alcohol abuse</li> </ul> </li> <li>Geriatric services</li> </ul>	<ul style="list-style-type: none"> <li>Currently working with NAMI to establish on site program and services</li> <li>Decreased drug and alcohol use in the county/city</li> <li>Number of community partnerships and events <ul style="list-style-type: none"> <li>Partner with McHenry County Substance Abuse Coalition</li> </ul> </li> <li>Monitor the number of AA meetings held</li> <li>Increase in utilization of services such as HME, home health, hospice, nursing home</li> </ul>

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	<ul style="list-style-type: none"> <li>Provide education and referrals to community resources</li> <li>Partner with the Harvard Senior Center for programs and education</li> <li>Attend senior fairs to offer screenings and information on services available in the community</li> </ul>	<ul style="list-style-type: none"> <li>Number of community events and attendance <ul style="list-style-type: none"> <li>Partner with Harvard Senior Center on "Walk with Ease" campaign</li> </ul> </li> </ul>
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## Appendix B

### Mercyhealth Hospital and Medical Center- McHenry County Actions Taken

McHenry County Community Needs Assessment Action Plan				
Work Plan 1: Lifestyle				
Objective	Strategies	Measure of Success	Partners	Outcomes
Obesity Education	<ul style="list-style-type: none"> <li>Mercy sponsors athletic teams in the McHenry County to promote activity and fitness.</li> <li>Mercy will attend community health fairs in the area.</li> <li>Mercy will have physician make presentations about health in the community.</li> </ul>	<ul style="list-style-type: none"> <li>Amount of sponsorship dollars donated for athletics.</li> <li>Number of events we participated in.</li> <li>Number of attendees at the physician seminars.</li> </ul>	<ul style="list-style-type: none"> <li>McHenry County Athletics</li> <li>McHenry County Health Department</li> </ul>	<ul style="list-style-type: none"> <li>Number of events in 2016 <b>36</b></li> <li>Number of Attendees at Physician Seminars in 2016 <b>436</b></li> </ul>
Support Smoking Cessation	<ul style="list-style-type: none"> <li>Mercy will provide funding to the Great American Smoke Out.</li> <li>We will also offer a free stop smoking wellness program for employees.</li> </ul>	<ul style="list-style-type: none"> <li>Number of people attending the event.</li> <li>Number of partners using the stop smoking wellness program.</li> </ul>	<ul style="list-style-type: none"> <li>Mercy Oncology</li> <li>American Lung</li> </ul>	<ul style="list-style-type: none"> <li>Number of attendees in 2016 <b>0</b></li> </ul>
Hypertension Awareness	<ul style="list-style-type: none"> <li>Mercy will provide free blood pressure checks at many of its clinic locations.</li> <li>We are committed to participating in community health fairs to educate the public of the dangers of hypertension.</li> <li>We will provide staffing and screenings at community events</li> </ul>	<ul style="list-style-type: none"> <li>Number of people given free screenings</li> <li>Number people served at health fairs</li> <li>Number of community events</li> </ul>	<ul style="list-style-type: none"> <li>We partner with many community organizations in this endeavor.</li> <li>American Heart Association</li> </ul>	<ul style="list-style-type: none"> <li>Number of people given screenings in 2016 <b>34,962</b></li> <li>Number of people served in 2016 <b>189</b></li> <li>Number of community events in 2016 <b>262</b></li> </ul>

**Work Plan 2: Screenings**

<b>Objective</b>	<b>Strategies</b>	<b>Measure of Success</b>	<b>Partners</b>	<b>Outcomes</b>
Increase Yearly Mammography	<ul style="list-style-type: none"><li>• Mercy will offers a yearly reduced cost mammogram program</li></ul>	<ul style="list-style-type: none"><li>• Number of women who take advantage of the reduced cost mammography screening</li></ul>	<ul style="list-style-type: none"><li>• Medical Staff</li><li>• Person who provide the funding for the program</li></ul>	<ul style="list-style-type: none"><li>• Number of women screened in 2016 <b>1</b></li></ul>



## Appendix C

Mercyhealth is conducting a Community Health Assessment survey to better understand the health concerns and needs in Harvard. We invite anyone that lives, works, learns, or plays in Harvard to take the survey. The information obtained from the Community Health Assessment will be used in the development of an action plan to help ensure that Harvard reaches its full health potential.

We encourage you to take this survey online at the following link:

English: <https://www.surveymonkey.com/r/chnaharvard>

Española: <https://www.surveymonkey.com/r/espchnaharvard>

If you are unable to complete the survey online, please send the completed survey by mail in the enclosed envelope.



### Demographics

1. What is your zip code? \_\_\_\_\_

2. Which category below includes your age?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-39
- ☐ 40-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75 or older

3. What race/ethnicity best describes you? (Please choose only one)

- ☐ White (Non-Hispanic)
- ☐ Black/African American (Non-Hispanic)
- ☐ Hispanic/Latino
- ☐ American Indian/Alaska Native (Non-Hispanic)
- ☐ Asian (Non-Hispanic)
- ☐ Two or more races
- ☐ If not listed, please self-identify \_\_\_\_\_

4. What is your current marital status?

- ☐ Single/never married
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Live with partner

5. What is your highest level of education?

- ☐ 8th grade or less
- ☐ Some High School
- ☐ High School/GED
- ☐ Some College
- ☐ Associate's Degree/Technical school graduate
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Advanced Degree (e.g. Ph.D., M.D., etc.)

6. What is your current employment status?

- ☐ Employed- Full-time
- ☐ Employed- Part-time
- ☐ Out of work and looking for work
- ☐ Out of work but not currently looking for work
- ☐ Unable to work
- ☐ Retired (continued on next column)

- ☐ Student
- ☐ Homemaker
- ☐ Military
- ☐ Other \_\_\_\_\_

7. What is your annual household income?

- ☐ Under \$14,999
- ☐ \$15,000 - \$24,999
- ☐ \$25,000 - \$44,999
- ☐ \$45,000 - \$64,999
- ☐ \$65,000 - \$94,999
- ☐ \$95,000 - \$134,999
- ☐ Over \$135,000

8. How many people live in your household?

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Live alone | <input type="checkbox"/> 2         |
| <input type="checkbox"/> 3          | <input type="checkbox"/> 4         |
| <input type="checkbox"/> 5          | <input type="checkbox"/> 6         |
| <input type="checkbox"/> 7          | <input type="checkbox"/> 8 or more |

9. How many people in your household are under the age of 18?

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> No one in my household is under the age of 18 |                                    |
| <input type="checkbox"/> 1   | <input type="checkbox"/> 2         |
| <input type="checkbox"/> 3   | <input type="checkbox"/> 4         |
| <input type="checkbox"/> 5   | <input type="checkbox"/> 6         |
| <input type="checkbox"/> 7   | <input type="checkbox"/> 8 or more |

10. How do you describe yourself? (Please choose only one)

- ☐ Male
- ☐ Female
- ☐ Trans Male
- ☐ Trans Female
- ☐ Gender Nonconforming
- ☐ If not listed, please self-identify \_\_\_\_\_

11. What is your orientation? (Please choose only one)

- ☐ Heterosexual or straight
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ If not listed, please self-identify \_\_\_\_\_

### Community Health Questions

12. How would you rate the overall health of Harvard?

- ☐ Very healthy (continued on other side)

- ☐ Healthy
- ☐ Somewhat healthy
- ☐ Unhealthy
- ☐ Very unhealthy

13. What do you think are the five (5) factors that make a healthy community? (Check your top five)

- ☐ Good place to raise children
- ☐ Low crime/safe neighborhoods
- ☐ Low level of child abuse
- ☐ Good schools
- ☐ Access to health care
- ☐ Access to dental care
- ☐ Parks and recreation
- ☐ Clean environment
- ☐ Affordable housing
- ☐ Good jobs and a healthy economy
- ☐ Strong family life
- ☐ Healthy behaviors and lifestyles
- ☐ Low death and disease rates
- ☐ Religious or spiritual values/support
- ☐ Other \_\_\_\_\_

14. What are the top five (5) health problems in your community? (Check your top five)

- |   |  |
|---|--|
| <input type="checkbox"/> Alcohol abuse                        | <input type="checkbox"/> Aging problems      |
| <input type="checkbox"/> Cancers                              | <input type="checkbox"/> Dental problems     |
| <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Dementia            |
| <input type="checkbox"/> Drug abuse                           | <input type="checkbox"/> Gun injuries        |
| <input type="checkbox"/> HIV/AIDS                             | <input type="checkbox"/> Infant death        |
| <input type="checkbox"/> Lung disease                         | <input type="checkbox"/> Mental health       |
| <input type="checkbox"/> Obesity                              | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Suicide                              | <input type="checkbox"/> Teen pregnancy      |
| <input type="checkbox"/> Violence                             | <input type="checkbox"/> Domestic violence   |
| <input type="checkbox"/> Heart disease and stroke             |  |
| <input type="checkbox"/> High blood pressure                  |  |
| <input type="checkbox"/> Sexually transmitted diseases (STDs) |  |
| <input type="checkbox"/> Substance abuse disorders            |  |
| <input type="checkbox"/> Other _____                          |  |

15. What are the five (5) most concerning risky behaviors in your community? (Check your top five)

- ☐ Alcohol abuse
- ☐ Dropping out of school
- ☐ Drug abuse
- ☐ Drunk Driving
- ☐ Homicide
- ☐ Lack of exercise
- ☐ Racism
- ☐ Poor eating habits
- ☐ Tobacco use
- ☐ Unsafe sex
- ☐ Unlocked guns
- ☐ Not receiving medical care
- ☐ Not seeking preventative dental care
- ☐ Not using seat belts or child safety seats
- ☐ Not getting "shots" to prevent disease
- ☐ Not using bike helmets (continued on next column)

- ☐ Not seeking prenatal care
- ☐ Other \_\_\_\_\_

16. What are the five (5) environmental issues that concern you the most in your community? (Check your top five)

- ☐ Trash or litter in public areas
- ☐ Lack of handicapped accessible community resources
- ☐ Lack of sidewalks/walking paths
- ☐ Lack of bike lanes/bike paths
- ☐ Lack of safe places for recreation/parks
- ☐ Unsafe/unclean drinking water
- ☐ Radon
- ☐ Septic systems not working
- ☐ Household hazardous waste disposal
- ☐ Unsafe neighborhoods/crime
- ☐ Mosquito/tick carried diseases
- ☐ Unsafe/abandoned buildings
- ☐ Unsafe/unsanitary housing
- ☐ Lead paint hazards
- ☐ Groundwater pollution from agriculture
- ☐ Secondhand smoke
- ☐ Lack of safe swimming beaches
- ☐ Overdevelopment/too much new development
- ☐ Unsafe/unclean river, creek, and lake water
- ☐ Unsafe roads/highways
- ☐ Unsafe food
- ☐ Other \_\_\_\_\_

17. What healthcare, health education, health services or programs would you like to see offered in your community? (Check all that apply)

- ☐ None- we have everything we need
- ☐ Don't know
- ☐ Healthcare resources for the uninsured/underinsured
- ☐ Exercise resources
- ☐ Nutrition education
- ☐ Wellness programs
- ☐ Senior services
- ☐ Parenting services
- ☐ Health education to prevent chronic conditions (e.g. diabetes, high blood pressure, heart conditions asthma, etc.)
- ☐ Affordable insurance options
- ☐ Mental health services
- ☐ Dental services
- ☐ Alcohol and drug abuse services
- ☐ Other \_\_\_\_\_

#### Health Condition Questions

18. How would you rate your own personal health?

- ☐ Very healthy
- ☐ Healthy
- ☐ Somewhat healthy
- ☐ Unhealthy
- ☐ Very unhealthy

(Continued on next page)



19. Which of the following are health problems or concerns for you or someone in your household? (Check all that apply)

- ☐ Eating well/nutrition
- ☐ Access to healthy, affordable food
- ☐ Exercising/fitness
- ☐ Access to safe, affordable places to exercise
- ☐ Access to medical equipment & supplies
- ☐ Access to home health services
- ☐ Managing weight
- ☐ Access to affordable dental care
- ☐ Access to affordable health care
- ☐ Getting flu shots and other vaccines
- ☐ Quitting smoking
- ☐ Secondhand smoke
- ☐ Alcohol use/abuse
- ☐ Depression or other mental health concerns
- ☐ Stress management
- ☐ Access to mental health treatment
- ☐ Access to alcohol and other drug treatment
- ☐ Bullying
- ☐ Domestic violence
- ☐ Rape/sexual abuse
- ☐ Anger management
- ☐ Access to affordable, safe child care
- ☐ Access to affordable, safe elder care
- ☐ Caring for family members with disabilities
- ☐ Preventing pregnancy
- ☐ Preventing sexually transmitted diseases (STDs)
- ☐ Preparing for an emergency disaster
- ☐ Other \_\_\_\_\_

20. Do you have health insurance?

- ☐ Yes
- ☐ No (If no, go to #22)

21. Are you able to see a healthcare provider (doctor, nurse practitioner, physician's assistant, nurse) that accepts your insurance?

- ☐ Yes
- ☐ No

22. In the past 12 months, have you seen a healthcare provider (doctor, nurse practitioner, physician's assistant, nurse) that you consider your regular provider?

- ☐ Yes
- ☐ No

23. If you don't have a regular healthcare provider (doctor, nurse practitioner, physician's assistant, nurse), tell us why: (Check all that apply)

- ☐ Not applicable (N/A)
- ☐ Don't know how to find a healthcare provider
- ☐ No healthcare provider is close to where I live
- ☐ Co-pay/deductible too high
- ☐ Can't afford to pay for a doctor's visit
- ☐ Can't get an appointment

- ☐ Language/cultural barriers
- ☐ Feel like I don't need one
- ☐ Other \_\_\_\_\_

24. In the past 12 months, have you, or someone in your household, used an Emergency Room or Urgent Care because you could not see a physician?

- ☐ Yes
- ☐ No

25. If you don't have health insurance, tell us why: (Check all that apply)

- ☐ Not applicable (N/A)
- ☐ Too expensive
- ☐ Place(s) where you work does not offer it
- ☐ Not qualified for the plan where you work
- ☐ Not qualified for medical assistance
- ☐ Don't know where/how to sign up for health insurance
- ☐ Feel like you don't need health insurance
- ☐ Other \_\_\_\_\_

26. Do you have dental insurance?

- ☐ Yes
- ☐ No (If no, go to #28)

27. Are you able to see a dental provider that accepts your insurance?

- ☐ Yes
- ☐ No

28. If you don't have a regular dental provider, tell us why: (Check all that apply)

- ☐ Not applicable (N/A)
- ☐ Don't know how to find a dental provider
- ☐ No dental provider is close to where I live
- ☐ No dental providers accept my insurance
- ☐ Can't afford to pay for a dental visit
- ☐ Can't get an appointment
- ☐ Language/cultural barriers
- ☐ Feel like I don't need one
- ☐ Other \_\_\_\_\_

29. If you don't have dental insurance, tell us why: (Check all that apply)

- ☐ Not applicable (N/A)
- ☐ Too expensive
- ☐ Place(s) where you work does not offer it
- ☐ Not qualified for the plan where you work
- ☐ Not qualified for dental assistance
- ☐ Don't know where/how to sign up for dental insurance
- ☐ Feel like you don't need dental insurance
- ☐ Other \_\_\_\_\_

(Continued on other side)

30. In the past 12 months, was there a time when you, or someone in your household, needed to see a mental health professional, but could not?

- ☐ Yes
- ☐ No

31. In the past 12 months, was there a time when you or someone in your household needed alcohol or other drug treatment, but could not access it?

- ☐ Yes
- ☐ No

32. In the past 12 months, was there a time when you, or someone in your household, needed medications, but could not get them?

- ☐ Yes
- ☐ No

33. If you, or someone in your household, could not get the medications you needed, tell us why: (Check all that apply)

- ☐ Not applicable (N/A)
- ☐ Too expensive
- ☐ Could not get a prescription from a physician
- ☐ Language/cultural barriers
- ☐ Specific medication I needed was not available
- ☐ Lack of ride to pharmacy
- ☐ Inconvenient pharmacy hours
- ☐ Do not have a pharmacy
- ☐ Other \_\_\_\_\_

34. Do you have anything else you would like us to know?

On behalf Mercyhealth we would like to thank you for taking the time to respond to the survey. Your participation is greatly appreciated.

Please return this survey to:

Planning and Business Development  
2400 N. Rockton Ave.  
Rockford, IL 61103

Mercyhealth está realizando una encuesta de Evaluación de Salud Comunitaria para entender mejor las preocupaciones y necesidades de salud en Harvard. Invitamos a cualquier persona que viva, trabaje, estudie, o juegue en Harvard a completar la encuesta. La información obtenida de la encuesta de Evaluación de Salud Comunitaria será utilizada para elaborar un plan de acción para asegurar que Harvard alcance todo su potencial de salud comunitaria.

**Le recomendamos que realice esta encuesta por internet usando el siguiente enlace:**

Español: <https://www.surveymonkey.com/r/espchnaharvard>

Inglés: <https://www.surveymonkey.com/r/chnaharvard>

**Si no puede completar la encuesta por internet, envíe la encuesta completa por correo en el sobre adjunto.**

#### Demografía

1. ¿Cuál es su código postal? \_\_\_\_\_

2. ¿Qué categoría abajo incluye su edad?

- ☐ Menor de 18
- ☐ 18-25
- ☐ 26-40
- ☐ 41-55
- ☐ 56-65
- ☐ 66-75
- ☐ 75 o Mayor

3. ¿Qué raza/etnia le describe mejor a usted? (Por favor, escoja sólo una opción)

- ☐ Blanca (No hispana)
- ☐ Negra/Afroamericana (No hispana)
- ☐ Hispana/Latina
- ☐ Nativo Americana/Nativo de Alaska (No hispana)
- ☐ Asiática (No hispana)
- ☐ Dos razas o más
- ☐ Si no aparece su raza/etnia en la lista, por favor identifiqúese \_\_\_\_\_

4. ¿Cuál es su estado civil?

- ☐ Soltero/a/nunca se ha casado
- ☐ Casado/a
- ☐ Separado/a
- ☐ Divorciado/a
- ☐ Viudo/a
- ☐ Vivo con mi pareja

5. ¿Cuál es el nivel más alto de su educación?

- ☐ 8° Grado o menos
- ☐ Escuela Secundaria Parcial
- ☐ Escuela Secundaria/GED
- ☐ Universidad Parcial
- ☐ Grado de Asociado/Graduado de escuela técnica
- ☐ Grado de Licenciatura
- ☐ Maestría
- ☐ Grado Avanzado (e.j. Ph.D., M.D., etc.)

6. ¿Cuál es su estado laboral?

- ☐ Empleado - Tiempo completo
- ☐ Empleado - Medio tiempo
- ☐ Sin trabajo y buscando trabajo
- ☐ Sin trabajo y no buscando trabajo
- ☐ Incapacitado para trabajar
- ☐ Jubilado

- ☐ Estudiante
- ☐ Ama de Casa ☐ Militar
- ☐ Otro \_\_\_\_\_

7. ¿Cuál es el ingreso anual de su hogar?

- ☐ Menos de \$14,999
- ☐ \$15,000 - \$24,999
- ☐ \$25,000 - \$44,999
- ☐ \$45,000 - \$64,999
- ☐ \$65,000 - \$94,999
- ☐ \$95,000 - \$134,999
- ☐ Más de \$135,000

8. ¿Cuántas personas viven en su hogar?

- ☐ Vivo solo ☐ 5
- ☐ 2 ☐ 6
- ☐ 3 ☐ 7
- ☐ 4 ☐ 8 o más

9. ¿Cuántas personas en su hogar tienen menos de 18 años?

- ☐ Nadie en mi hogar tiene menos de 18 años
- ☐ 1 ☐ 5
- ☐ 2 ☐ 6
- ☐ 3 ☐ 7
- ☐ 4 ☐ 8 o más

10. ¿Cómo se describe? (Por favor, escoja sólo una opción)

- ☐ Hombre
- ☐ Mujer
- ☐ Hombre Transgénero
- ☐ Mujer Transgénero
- ☐ Género no conforme
- ☐ Si no aparece, por favor identifiqúese \_\_\_\_\_

11. ¿Cuál es su orientación? (Por favor, solo escoja una opción)

- ☐ Heterosexual
- ☐ Hombre Homosexual
- ☐ Lesbiana
- ☐ Bisexual
- ☐ Si no aparece, por favor identifiqúese \_\_\_\_\_

## Preguntas de Salud Comunitaria

12. ¿Cómo calificaría la salud de Harvard en general?

- ☐ Muy Sana
- ☐ Sana
- ☐ Más o Menos Sana
- ☐ Mal
- ☐ Muy Mal

13. ¿Cuáles piensa usted que son los cinco (5) factores que contribuyen a una comunidad sana? (Marque sus primeras cinco opciones)

- ☐ Buen lugar para criar niños
- ☐ Criminalidad baja/ Vecindarios seguros
- ☐ Nivel bajo en el maltrato de niños
- ☐ Buenas escuelas
- ☐ Acceso al cuidado de salud
- ☐ Acceso al cuidado dental
- ☐ Parques y recreación
- ☐ Medio ambiente limpio
- ☐ Vivienda económica
- ☐ Buenos trabajos y una economía sana
- ☐ Vida familiar sólida
- ☐ Comportamiento y estilo de vida saludables
- ☐ Índice de muerte y enfermedad baja
- ☐ Valores religiosos o espirituales/ apoyo
- ☐ Otro \_\_\_\_\_

14. ¿Cuáles son los cinco (5) problemas principales de salud en su comunidad (Marque sus primeras cinco opciones)

- ☐ Alcoholismo
- ☐ Problemas de envejecimiento
- ☐ Cáncer
- ☐ Problemas dentales
- ☐ Diabetes
- ☐ Demencia
- ☐ Drogadicción
- ☐ Heridas por pistola
- ☐ VIH/SIDA
- ☐ Muerte infantil
- ☐ Enfermedad de los pulmones
- ☐ Salud mental
- ☐ Obesidad
- ☐ Violación/agresión sexual
- ☐ Suicidio
- ☐ Embarazo en adolescentes
- ☐ Violencia
- ☐ Violencia doméstica
- ☐ Muerte infantil
- ☐ Enfermedad del corazón y derrame cerebral
- ☐ Presión arterial alta
- ☐ Enfermedades de transmisión sexual
- ☐ Trastorno por el abuso de sustancias
- ☐ Otro \_\_\_\_\_

15. ¿Cuáles son los cinco (5) comportamientos riesgosos en su comunidad? (Marque sus primeras cinco opciones)

- ☐ Alcoholismo
- ☐ Abandonar la escuela
- ☐ Drogadicción
- ☐ Manejar bajo los efectos del alcohol
- ☐ Homicidio
- ☐ Falta de ejercicio
- ☐ Racismo

- ☐ Malos hábitos para comer
- ☐ Uso de tabaco
- ☐ Sexo Inseguro
- ☐ Armas de fuego no guardadas
- ☐ No recibir cuidado médico
- ☐ No buscar atención dental preventiva
- ☐ No utilizar cinturones de seguridad o asientos de seguridad para niños
- ☐ No recibir vacunas para prevenir enfermedades
- ☐ No utilizar cascos para bicicletas
- ☐ No buscar atención médica prenatal
- ☐ Otro \_\_\_\_\_

16. ¿Cuáles son los cinco (5) problemas del medio ambiente que más le preocupan en su comunidad? (Marque sus primeras cinco opciones)

- ☐ Basura en áreas públicas
- ☐ Falta de acceso a los recursos comunitarios para los discapacitados
- ☐ Falta de banquetas/senderos
- ☐ Falta de carriles y senderos para bicicletas
- ☐ Falta de lugares seguros de recreación/parques
- ☐ Agua para beber contaminada/sucia
- ☐ Radón
- ☐ Sistemas sépticos que no funcionan
- ☐ Eliminación de desechos domésticos peligrosos
- ☐ Vecindarios inseguros/crimen
- ☐ Enfermedades transmitidas por mosquitos/garrapatas
- ☐ Edificios inseguros/abandonados
- ☐ Vivienda insegura/ antihigiénica
- ☐ Peligro por pintura a base de plomo
- ☐ Contaminación de agua subterránea por agricultura
- ☐ Humo de segunda mano
- ☐ Falta de playas seguras para nadar
- ☐ Superdesarrollo/demasiada urbanización nueva
- ☐ Agua contaminada de ríos, arroyos y lagos
- ☐ Calles/Carretera inseguras
- ☐ Comida contaminada
- ☐ Otro \_\_\_\_\_

17. ¿Cuáles programas de atención médica, educación de salud o servicios de salud le gustaría que se ofrezcan en su comunidad? (Marque todas las que apliquen)

- ☐ Ninguno- tenemos todo lo necesario
- ☐ No sé
- ☐ Recursos de atención médica para los que no tengan seguro médico o con insuficiente cobertura médica
- ☐ Recursos para ejercicio
- ☐ Educación de nutrición
- ☐ Programas de bienestar
- ☐ Servicios para personas de la tercera edad
- ☐ Servicios para padres
- ☐ Educación de salud para prevenir condiciones crónicas (e.g. diabetes, presión arterial alta, condiciones del corazón, asma, etc.)
- ☐ Opciones económicas de seguro médico
- ☐ Servicios para la salud mental
- ☐ Servicios dentales



- ☐ Servicios para el alcoholismo y drogadicción
- ☐ Otro \_\_\_\_\_

### Preguntas sobre la Condición de Salud

18. ¿Cómo calificaría su propia salud?

- ☐ Muy sana
- ☐ Sana
- ☐ Más o menos sana
- ☐ Mal
- ☐ Muy mal

19. ¿Cuáles de los siguientes son problemas o preocupaciones de salud que usted o alguien en su casa tienen? (Marque todas las que apliquen)

- ☐ Comer bien/ nutrición
- ☐ Acceso a comida nutritiva y económica
- ☐ Ejercicio/ salud física
- ☐ Acceso a lugares seguros y económicos para hacer ejercicio
- ☐ Acceso a suministros y equipo médico
- ☐ Acceso a atención médica en el hogar
- ☐ Control de peso
- ☐ Acceso a atención dental económica
- ☐ Acceso a atención médica económica
- ☐ Recibir la vacuna contra la influenza y otras vacunas
- ☐ Dejar de fumar
- ☐ Humo de segunda mano
- ☐ Uso/abuso del alcohol
- ☐ Depresión u otras preocupaciones de salud mental
- ☐ Control de estrés
- ☐ Acceso a tratamiento de salud mental
- ☐ Acceso a tratamientos para el alcohol u otras drogas
- ☐ Acoso (Bullying)
- ☐ Violencia doméstica
- ☐ Violación/abuso sexual
- ☐ Manejo de la ira
- ☐ Acceso económico y seguro al cuidado de niños
- ☐ Acceso económico y seguro para el cuidado de ancianos
- ☐ Cuidar a familiares discapacitados
- ☐ Prevenir embarazo
- ☐ Prevenir enfermedades de transmisión sexual
- ☐ Prepararse para un desastre de emergencia
- ☐ Otro \_\_\_\_\_

20. ¿Tiene seguro médico?

- ☐ Sí
- ☐ No (Si "no" Salte al #22)

21. ¿Puede usted ir a un proveedor médico (doctor, enfermera en práctica avanzada, auxiliar médico, enfermera) que acepte su seguro médico?

- ☐ Sí
- ☐ No

22. ¿En los últimos 12 meses, ha ido usted a un proveedor (doctor, enfermera en práctica avanzada, auxiliar médico, enfermera) que usted considera ser su proveedor regular?

- ☐ Sí
- ☐ No

23. ¿Si no tiene un proveedor regular (doctor, enfermera en práctica avanzada, auxiliar médico, enfermera), díganos por qué: (Marque todas las que apliquen)

- ☐ No aplica
- ☐ No sé cómo encontrar un proveedor
- ☐ No hay proveedores cerca de donde yo vivo
- ☐ El co-pago o deducible es demasiado alto para mí
- ☐ No puedo pagar por una cita al doctor
- ☐ No puedo obtener una cita
- ☐ Hay barreras de idioma/cultura
- ☐ No creo que necesito uno
- ☐ Otro \_\_\_\_\_

24. ¿Durante los últimos 12 meses, usted, o alguien en su casa ha utilizado la sala de emergencias o cuidado urgente porque no pudo ver a un doctor?

- ☐ Sí
- ☐ No

25. Si no tiene seguro médico díganos por qué: (Marque todas las que apliquen)

- ☐ No aplica
- ☐ Demasiado costoso
- ☐ Lugar(es) donde trabajo no lo ofrece
- ☐ No califico para el plan de mi trabajo
- ☐ No califico para asistencia médica
- ☐ No sé dónde/cómo inscribirme para seguro médico
- ☐ Siento que no necesito seguro médico
- ☐ Otro \_\_\_\_\_

26. ¿Tiene seguro dental?

- ☐ Sí
- ☐ No (Sino, salte al #28)

27. ¿Puede usted ver a un proveedor dental que acepte su seguro?

- ☐ Sí
- ☐ No

28. Si no tiene un proveedor dental regular, díganos por qué: (Marque todas las que apliquen)

- ☐ No aplica
- ☐ No sé cómo encontrar un proveedor dental
- ☐ No hay un proveedor dental cerca de donde yo vivo
- ☐ No hay un proveedor dental que acepte mi seguro
- ☐ Una visita dental es demasiado costosa
- ☐ No puedo obtener una cita
- ☐ Hay barreras de idioma/cultura
- ☐ Siento que no necesito uno
- ☐ Otro \_\_\_\_\_

29. Si no tiene seguro dental díganos por qué: (Marque todas las que apliquen)

- ☐ No aplica
- ☐ Demasiado costoso
- ☐ El lugar(es) donde yo trabajo no lo ofrece
- ☐ No califico para el plan de mi trabajo
- ☐ No califico para asistencia dental
- ☐ No sé dónde/cómo inscribirme para seguro dental
- ☐ Siento que no necesito seguro dental
- ☐ Otro \_\_\_\_\_

30. ¿Durante los últimos 12 meses, usted o alguien en su casa necesitó ver a un profesional de salud mental pero no pudo?

- ☐ Sí
- ☐ No

31. ¿Durante los últimos 12 meses, usted o alguien en su casa necesitó tratamiento para la adicción a drogas o al alcohol pero no tuvo acceso?

- ☐ Sí
- ☐ No

32. ¿Durante los últimos 12 meses, usted o alguien en su casa necesitó medicamentos pero no los pudo obtener?

- ☐ Sí
- ☐ No

33. Si usted o alguien en su casa no pudo obtener sus medicamentos díganos por qué: (Marque todas las que apliquen)

- ☐ No aplica
- ☐ Demasiado costoso
- ☐ No pude obtener una receta de un doctor
- ☐ Había barreras de idioma/cultura
- ☐ El medicamento específico que necesitó no estuvo disponible
- ☐ No pude conseguir transportación a la farmacia
- ☐ Las horas de la farmacia son inconvenientes para mí
- ☐ No tengo una farmacia
- ☐ Otro \_\_\_\_\_

34. ¿Hay algo más que usted quiere que sepamos?

De parte de Mercyhealth nos gustaría darle las gracias por tomarse el tiempo de responder a esta encuesta. Agradecemos mucho su participación.

Por favor, regrese esta encuesta a:

Planning and Business Development  
2400 N. Rockton Ave.  
Rockford, IL 61103

## Appendix D

Of the following focus areas, please rank order the top 5 major health-related issues in the Harvard community:

- |   |                                    |
|---|------------------------------------|
| <u>  3  </u> Alcohol and drug use         | <u>  2  </u> Nutrition             |
| <u>     </u> Chronic disease              | <u>     </u> Oral health           |
| <u>     </u> Communicable disease         | <u>  1  </u> Physical activity     |
| <u>     </u> Environmental & occupational | <u>  4  </u> Reproductive & sexual |
| <u>     </u> Growth & development         | <u>     </u> Tobacco               |
| <u>     </u> Injury & violence            | <u>     </u> Access to care        |
| <u>  5  </u> Mental health                |                                    |

\*\*\*\*\*

1. In general, how would you rate health and quality of life in Harvard?  
**Health – poor**  
**Quality of Life - average**
2. In your opinion, has health and quality of life in Harvard improved, stayed the same, or declined over the past few years?  
**Declined**
3. Why do you think it has (based on answer from question #2: improved, stayed the same, or declined)?  
**Influx of folks who are unemployed or choose not to work, selling drugs, etc.**
4. What other factors have contributed to the (based on answer to question #2: improvement, decline **or** to health and quality of life staying the same)?  
**Lack of sentencing for serial criminal acts and these folks on the streets**
5. Are there people or groups of people in Harvard whose health or quality of life may not be as good as others?  
**Yes**
  - a. Who are these persons or groups (whose health or quality of life is not as good as others)?  
**Low income and section 8 imports**
  - b. Why do you think their health/quality of life is not as good as others?  
**Ignorance, language**
6. What barriers, if any, exist to improving health and quality of life in Harvard?  
**Being illegal and not seeking care**
7. In your opinion, what are the most critical health and quality of life issues in Harvard?  
**Illegal immigrants**
8. What needs to be done to address these issues?  
**Deportation and fine employers who don't background employees**
9. In your opinion, what else will improve the health and quality of life in Harvard?  
**Law enforcement, housing code enforcement and jail sentences, deportations**

## Key Informant #2

Of the following focus areas, please rank order the top 5 major health-related issues in the Harvard community:

- |  |                                     |
|--|-------------------------------------|
| <u>  2  </u> Alcohol and drug use          | <u>      </u> Nutrition             |
| <u>  4  </u> Chronic disease               | <u>      </u> Oral health           |
| <u>      </u> Communicable disease         | <u>      </u> Physical activity     |
| <u>      </u> Environmental & occupational | <u>      </u> Reproductive & sexual |
| <u>      </u> Growth & development         | <u>      </u> Tobacco               |
| <u>  1  </u> Injury & violence             | <u>  5  </u> Access to care         |
| <u>  3  </u> Mental health                 |                                     |

\*\*\*\*\*

1. In general, how would you rate health and quality of life in Harvard?

**Below average**

2. In your opinion has health and quality of life in Harvard improved, stayed the same, or declined over the past few years?

**Declined**

3. Why do you think it has (based on answer from question #2: improved, stayed the same, or declined)?

**Economic factors, limited state funding, lower income residents, walkers can't get around during bad weather**

4. What other factors have contributed to the (based on answer to question #2: improvement, decline or to health and quality of life staying the same)?

**Gambling machines, limited rental (affordable) property in quality locations, affordable housing is in high crime area**

5. Are there people or groups of people in Harvard whose health or quality of life may not be as good as others?

**Yes**

a. Who are these persons or groups (whose health or quality of life is not as good as others)?

**Senior Citizens**

c. Why do you think their health/quality of life is not as good as others?

**Difficulties brought on by age, limited income and lack of resources**

6. What barriers, if any, exist to improving health and quality of life in Harvard?

**Limited quality employment & higher paying jobs**

7. In your opinion, what are the most critical health and quality of life issues in Harvard?

**Lack of convenient, affordable health care, no one is taking new patients**

8. What needs to be done to address these issues?

**Smart Growth – determine where new development should be accommodated**

9. In your opinion, what else will improve the health and quality of life in Harvard?

**More of a sense of Community**



### Key Informant #3

Of the following focus areas, please rank order the top 5 major health-related issues in the Harvard community:

- |   |                                    |
|---|------------------------------------|
| <u>  1  </u> Alcohol and drug use         | <u>  3  </u> Nutrition             |
| <u>     </u> Chronic disease              | <u>     </u> Oral health           |
| <u>  2  </u> Communicable disease         | <u>  4  </u> Physical activity     |
| <u>     </u> Environmental & occupational | <u>  5  </u> Reproductive & sexual |
| <u>     </u> Growth & development         | <u>     </u> Tobacco               |
| <u>     </u> Injury & violence            | <u>     </u> Access to care        |
| <u>     </u> Mental health                |                                    |

\*\*\*\*\*

1. In general, how would you rate health and quality of life in Harvard?  
**I see increasing numbers of young diabetics. Children are not active enough. There is a need for community recreation.**
2. In your opinion has health and quality of life in Harvard improved, stayed the same, or declined over the past few years?  
**Declined slightly**
3. Why do you think it has (based on answer from question #2: improved, stayed the same, or declined)?  
**See #1 please**
4. What other factors have contributed to the (based on answer to question #2: improvement, decline or to health and quality of life staying the same)?  
**It is possible that language barriers contribute to a lack of health education.**
5. Are there people or groups of people in Harvard whose health or quality of life may not be as good as others?  
**Yes**
  - a. Who are these persons or groups (whose health or quality of life is not as good as others)?  
**Hispanics & homeless**
  - b. Why do you think their health/quality of life is not as good as others?  
**Language barriers and social fears**
6. What barriers, if any, exist to improving health and quality of life in Harvard?  
**See #5**
7. In your opinion, what are the most critical health and quality of life issues in Harvard?  
**See the rankings please**
8. What needs to be done to address these issues?  
**Community recreation with education services**
9. In your opinion, what else will improve the health and quality of life in Harvard?  
**See #8**

#### Key Informant #4

Of the following focus areas, please rank order the top 5 major health-related issues in the Harvard community:

- |  |                                     |
|--|-------------------------------------|
| <u>  1  </u> Alcohol and drug use          | <u>      </u> Nutrition             |
| <u>  3  </u> Chronic disease               | <u>      </u> Oral health           |
| <u>      </u> Communicable disease         | <u>  4  </u> Physical activity      |
| <u>      </u> Environmental & occupational | <u>      </u> Reproductive & sexual |
| <u>      </u> Growth & development         | <u>      </u> Tobacco               |
| <u>      </u> Injury & violence            | <u>  2  </u> Access to care         |
| <u>  5  </u> Mental health                 |                                     |

\*\*\*\*\*

1. In general, how would you rate health and quality of life in Harvard?  
**Average**
2. In your opinion, has health and quality of life in Harvard improved, stayed the same, or declined over the past few years?  
**Stayed the same**
3. Why do you think it has (based on answer from question #2: improved, stayed the same, or declined)?  
**There has been no major effort to make the city a more walkable city or to encourage residents to participate in health care initiatives. There is an abundance of fast food restaurants in town but none offer many healthy options.**
4. What other factors have contributed to the (based on answer to question #2: improvement, decline or to health and quality of life staying the same)?  
**See note above**
5. Are there people or groups of people in Harvard whose health or quality of life may not be as good as others?  
**Yes**
  - a. Who are these persons or groups (whose health or quality of life is not as good as others)?  
**ESL speakers, those who have no access to good quality health insurance**
  - b. Why do you think their health/quality of life is not as good as others?  
**Money and language are barriers as is education level**
6. What barriers, if any, exist to improving health and quality of life in Harvard?  
**Transportation to and from medical centers would be a big improvement. Adding new or replacing aging sidewalks to connect areas of the city would be a good step in encouraging residents to be more active.**
7. In your opinion, what are the most critical health and quality of life issues in Harvard?  
**Alcohol and drug use, easy access to health care and chronic disease**
8. What needs to be done to address these issues?  
**Better education, more public transportation options, particularly to health centers and infrastructure improvements to remove barriers to physical exercise.**
9. In your opinion, what else will improve the health and quality of life in Harvard?  
**Promote the parks better so residents are aware of what is offered at each, provide regular transportation to medical centers and improve the walkability of the city.**

## Key Informant #5

Of the following focus areas, please rank order the top 5 major health-related issues in the Harvard community:

- |  |                                     |
|--|-------------------------------------|
| <u>  2  </u> Alcohol and drug use          | <u>      </u> Nutrition             |
| <u>  5  </u> Chronic disease               | <u>  4  </u> Oral health            |
| <u>      </u> Communicable disease         | <u>      </u> Physical activity     |
| <u>      </u> Environmental & occupational | <u>      </u> Reproductive & sexual |
| <u>      </u> Growth & development         | <u>      </u> Tobacco               |
| <u>      </u> Injury & violence            | <u>  3  </u> Access to care         |
| <u>  1  </u> Mental health                 |                                     |

\*\*\*\*\*

1. In general, how would you rate health and quality of life in Harvard?  
**Good for many people in Harvard, primarily those that are financially secure**
2. In your opinion, has health and quality of life in Harvard improved, stayed the same, or declined over the past few years?  
**I think there has been an overall decline.**
3. Why do you think it has (based on answer from question #2: improved, stayed the same, or declined)?  
**Changes in the economy – job losses, foreclosures, lack of health insurance, etc. Additionally, the increase in Hispanic population (both legal and illegal) with the poor jobs and lack of health insurance, etc.**
4. What other factors have contributed to the (based on answer to question #2: improvement, decline or to health and quality of life staying the same)?  
**I think seniors are at risk for a decline due to the multiple choices for Medicare and related policies. Many seniors are opting for what they think are supplemental policies when they are really Medicare replacement policies. When the time comes, they have limited coverage, limited options, etc.**
5. Are there people or groups of people in Harvard whose health or quality of life may not be as good as others?  
**Yes**
  - a. Who are these persons or groups (whose health or quality of life is not as good as others)?  
**Seniors on limited/fixed incomes that do not qualify for other services. Hispanics, especially those that are illegal.**
  - b. Why do you think their health/quality of life is not as good as others?  
**Seniors with low incomes, but not low enough to qualify for Medicaid, are often unable to afford the goods and services they need and there is not help for them. Hispanics, especially illegal, have limited access to preventive and routine healthcare and, therefore, often wait until a crisis situation to seek medical attention. This means a trip to the ED much sicker (and costly) than if they had been seen earlier.**
6. What barriers, if any, exist to improving health and quality of life in Harvard?  
**Lack of funding for more services for seniors to help keep them in their homes. For the Hispanics, especially those that are illegal, there is a lot of FEAR in this Trump-era.**
7. In your opinion, what are the most critical health and quality of life issues in Harvard?  
**Mental health services and preventive/routine care to prevent/limit trips to the ED.**
8. What needs to be done to address these issues?  
**Affordable mental health services in this area, as well as follow up and assistance for affording medications.**
9. In your opinion, what else will improve the health and quality of life in Harvard?  
**Investment (financial and non-financial) in services for seniors – such as programs offered by the Harvard Senior Center and parks and other recreational opportunities for all citizens of Harvard.**

## Key Informant #6

Of the following focus areas, please rank order the top 5 major health-related issues in the Harvard community:

_____ Alcohol and drug use	___ <u>3</u> ___ Nutrition
_____ Chronic disease	_____ Oral health
_____ Communicable disease	___ <u>4</u> ___ Physical activity
___ <u>2</u> ___ Environmental & occupational	___ <u>5</u> ___ Reproductive & sexual
_____ Growth & development	_____ Tobacco
_____ Injury & violence	___ <u>1</u> ___ Access to care
_____ Mental health	

\*\*\*\*\*

1. In general, how would you rate health and quality of life in Harvard?  
**Below average**
2. In your opinion, has health and quality of life in Harvard improved, stayed the same, or declined over the past few years?  
**Same**
3. Why do you think it has (based on answer from question #2: improved, stayed the same, or declined)?  
**Lack of information on healthy lifestyle, lack of access to care**
4. What other factors have contributed to the (based on answer to question #2: improvement, decline or to health and quality of life staying the same)?  
**Lack of information on healthy lifestyle, lack of access to care**
5. Are there people or groups of people in Harvard whose health or quality of life may not be as good as others?  
**Yes**
  - a. Who are these persons or groups (whose health or quality of life is not as good as others)?  
**Low socio-economic group**
  - b. Why do you think their health/quality of life is not as good as others?  
**Lack of information on healthy lifestyle, lack of access to care**
6. What barriers, if any, exist to improving health and quality of life in Harvard?  
**Outdoor and indoor facilities for community to engage in physical activity; language barrier (i.e. Spanish)**
7. In your opinion, what are the most critical health and quality of life issues in Harvard?  
**Programs for healthy lifestyle, nutrition and physical activity for all ages**
8. What needs to be done to address these issues?  
**Community initiative to inform and promote healthy lifestyles**
9. In your opinion, what else will improve the health and quality of life in Harvard?  
**n/a**

## Key Informant # 7

Of the following focus areas, please rank order the top 5 major health-related issues in the Harvard community:

- |  |                                     |
|--|-------------------------------------|
| <u>  1  </u> Alcohol and drug use          | <u>      </u> Nutrition             |
| <u>      </u> Chronic disease              | <u>      </u> Oral health           |
| <u>      </u> Communicable disease         | <u>  5  </u> Physical activity      |
| <u>      </u> Environmental & occupational | <u>      </u> Reproductive & sexual |
| <u>  3  </u> Growth & development          | <u>      </u> Tobacco               |
| <u>      </u> Injury & violence            | <u>  4  </u> Access to care         |
| <u>  2  </u> Mental health                 |                                     |

\*\*\*\*\*

1. In general, how would you rate health and quality of life in Harvard?  
**Good**
2. In your opinion, has health and quality of life in Harvard improved, stayed the same, or declined over the past few years?  
**Stayed the same**
3. Why do you think it has (based on answer from question #2: improved, stayed the same, or declined)?  
**My perception is service and availability haven't changed.**
4. What other factors have contributed to the (based on answer to question #2: improvement, decline or to health and quality of life staying the same)?  
**No change.**
5. Are there people or groups of people in Harvard whose health or quality of life may not be as good as others?  
**Yes**
  - a. Who are these persons or groups (whose health or quality of life is not as good as others)?  
**Those from disadvantaged socioeconomic groups**
  - b. Why do you think their health/quality of life is not as good as others?  
**I have observed them.**
6. What barriers, if any, exist to improving health and quality of life in Harvard?  
**The economy**
7. In your opinion, what are the most critical health and quality of life issues in Harvard?  
**Economic**
8. What needs to be done to address these issues?  
**More, higher paying jobs**
9. In your opinion, what else will improve the health and quality of life in Harvard?  
**An improvement in the economy**

## Key Informant # 8

Of the following focus areas, please rank order the top 5 major health-related issues in the Harvard community:

- |  |                                     |
|--|-------------------------------------|
| <u>  3  </u> Alcohol and drug use          | <u>      </u> Nutrition             |
| <u>  5  </u> Chronic disease               | <u>      </u> Oral health           |
| <u>      </u> Communicable disease         | <u>  2  </u> Physical activity      |
| <u>      </u> Environmental & occupational | <u>      </u> Reproductive & sexual |
| <u>  1  </u> Growth & development          | <u>  4  </u> Tobacco                |
| <u>      </u> Injury & violence            | <u>      </u> Access to care        |
| <u>      </u> Mental health                |                                     |

\*\*\*\*\*

1. In general, how would you rate health and quality of life in Harvard?  
**Pretty good**
2. In your opinion, has health and quality of life in Harvard improved, stayed the same, or declined over the past few years?  
**Declined 2007-2013, been improving since then**
3. Why do you think it has (based on answer from question #2: improved, stayed the same, or declined)?  
**Generally in parallel with the economy**
4. What other factors have contributed to the (based on answer to question #2: improvement, decline or to health and quality of life staying the same)?  
**Language barrier for some, fear of authority for undocumented, lack of understanding of available resources**
5. Are there people or groups of people in Harvard whose health or quality of life may not be as good as others?  
**Yes**
  - a. Who are these persons or groups (whose health or quality of life is not as good as others)?  
**Unemployed, Hispanic minority, elderly**
  - b. Why do you think their health/quality of life is not as good as others?  
**Poverty, isolation, lack of knowledge of resources**
6. What barriers, if any, exist to improving health and quality of life in Harvard?  
**Poverty, unemployment, language barrier for portion of Hispanic community**
7. In your opinion, what are the most critical health and quality of life issues in Harvard?  
**Poverty, unemployment, underemployment**
8. What needs to be done to address these issues?  
**Economic improvement, proactive outreach**
9. In your opinion, what else will improve the health and quality of life in Harvard?  
**IT improvements for rural elderly to access health services remotely**

### Key Informant #9

Of the following focus areas, please rank order the top 5 major health-related issues in the Harvard community:

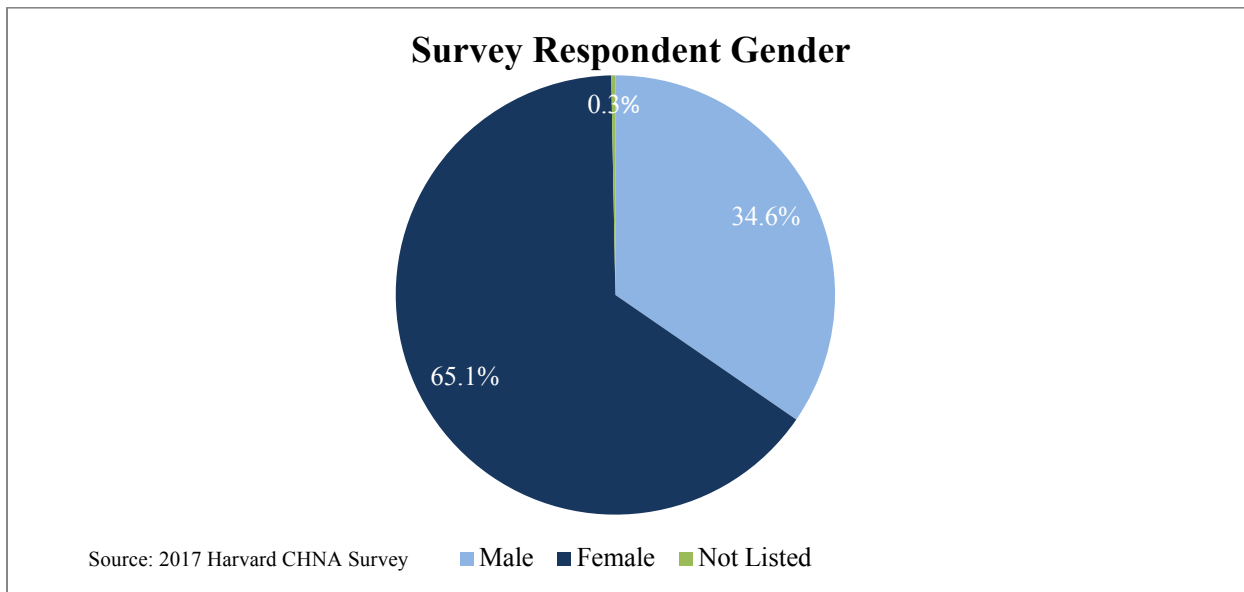
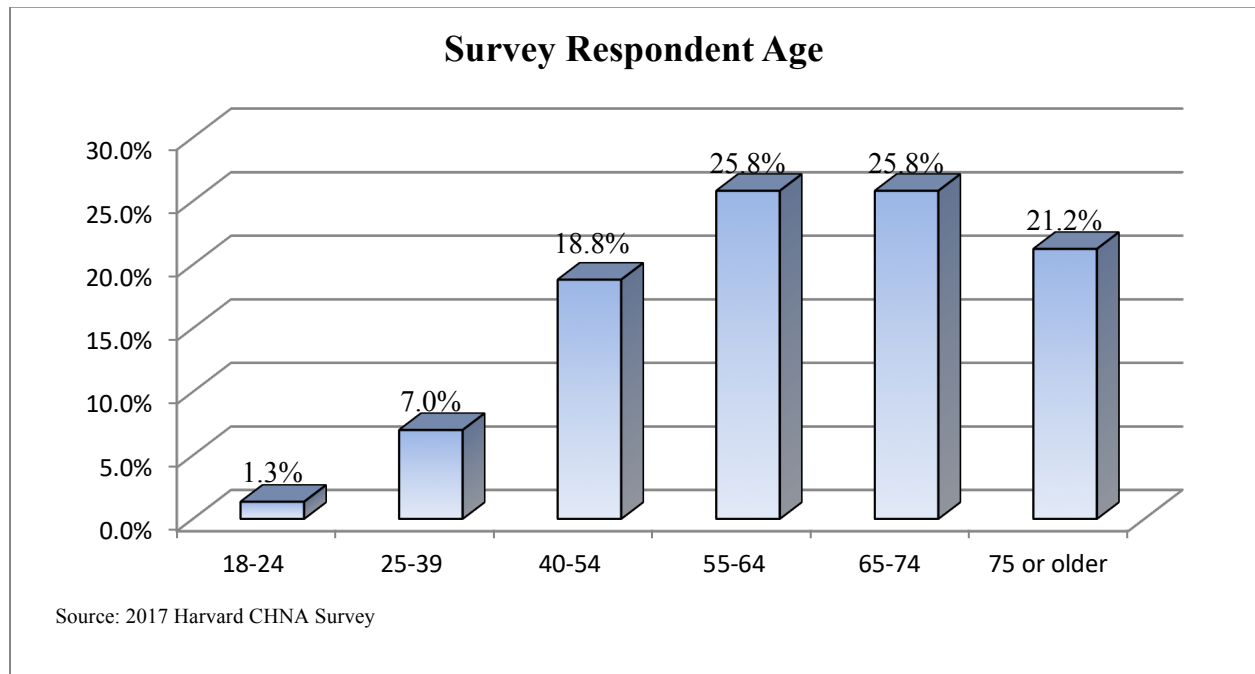
_____ Alcohol and drug use	_____ <u>4</u> Nutrition
_____ Chronic disease	_____ <u>5</u> Oral health
_____ Communicable disease	_____ Physical activity
_____ <u>1</u> Environmental & occupational	_____ Reproductive & sexual
_____ <u>2</u> Growth & development	_____ Tobacco
_____ Injury & violence	_____ <u>3</u> Access to care
_____ Mental health	

\*\*\*\*\*

1. In general, how would you rate health and quality of life in Harvard?  
**Below average**
2. In your opinion, has health and quality of life in Harvard improved, stayed the same, or declined over the past few years?  
**Declined**
3. Why do you think it has (based on answer from question #2: improved, stayed the same, or declined)?  
**Declining local economy**
4. What other factors have contributed to the (based on answer to question #2: improvement, decline or to health and quality of life staying the same)?  
**Loss of community resources**
5. Are there people or groups of people in Harvard whose health or quality of life may not be as good as others?  
**Yes**
  - a. Who are these persons or groups (whose health or quality of life is not as good as others)?  
**Low income, Hispanics/minorities**
  - b. Why do you think their health/quality of life is not as good as others?  
**Lower income and access to resources**
6. What barriers, if any, exist to improving health and quality of life in Harvard?  
**Employment, prejudice**
7. In your opinion, what are the most critical health and quality of life issues in Harvard?  
**Economics, employment opportunities, income, resources**
8. What needs to be done to address these issues?  
**Development of local economy**
9. In your opinion, what else will improve the health and quality of life in Harvard?  
**Development of cross-cultural communication and identity**

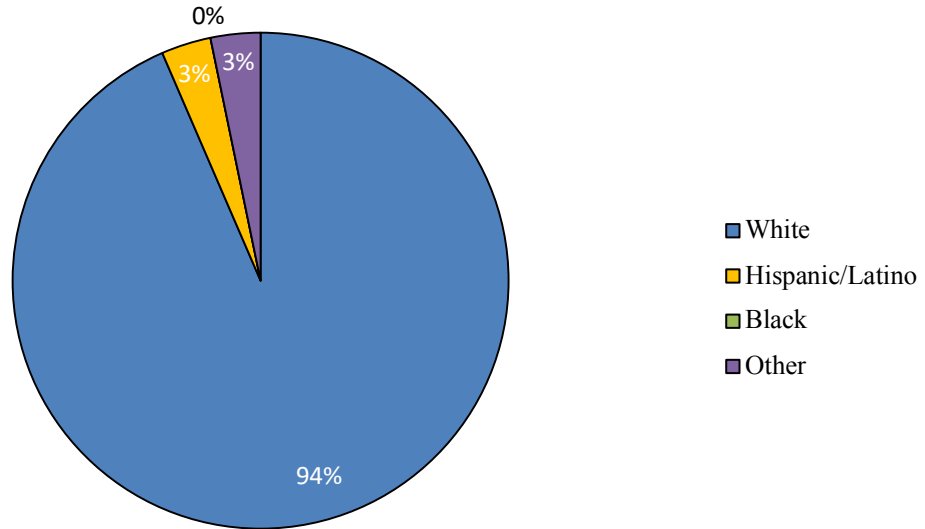
## Appendix E

### Characteristics of Survey Respondents



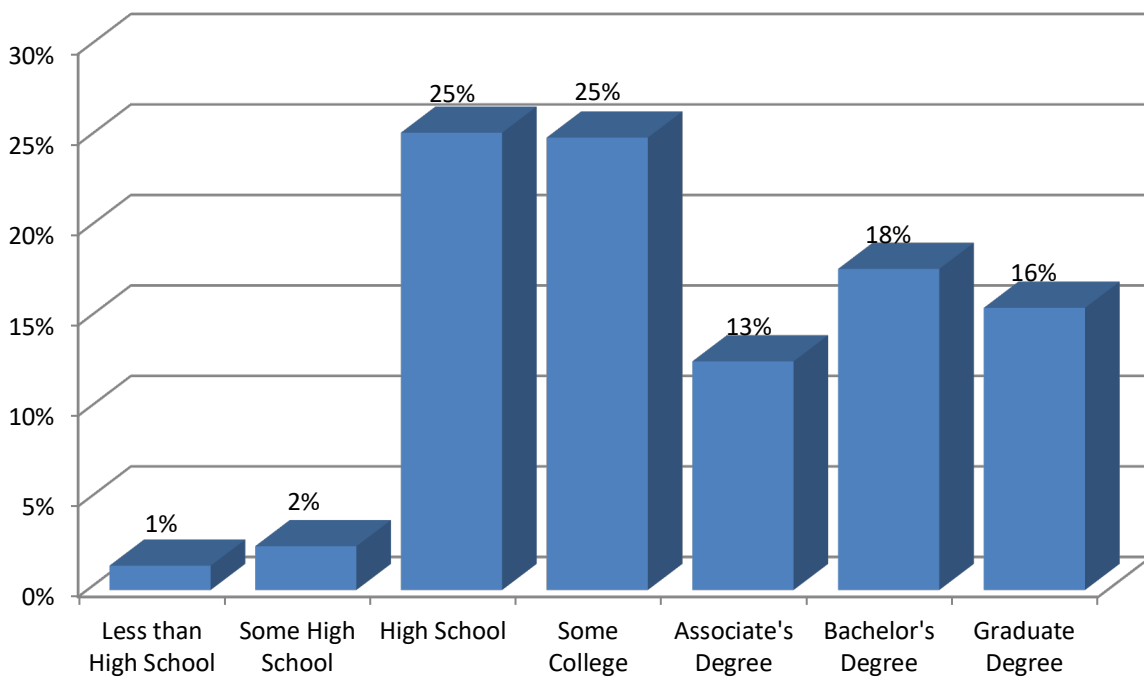


### Survey Respondent Race



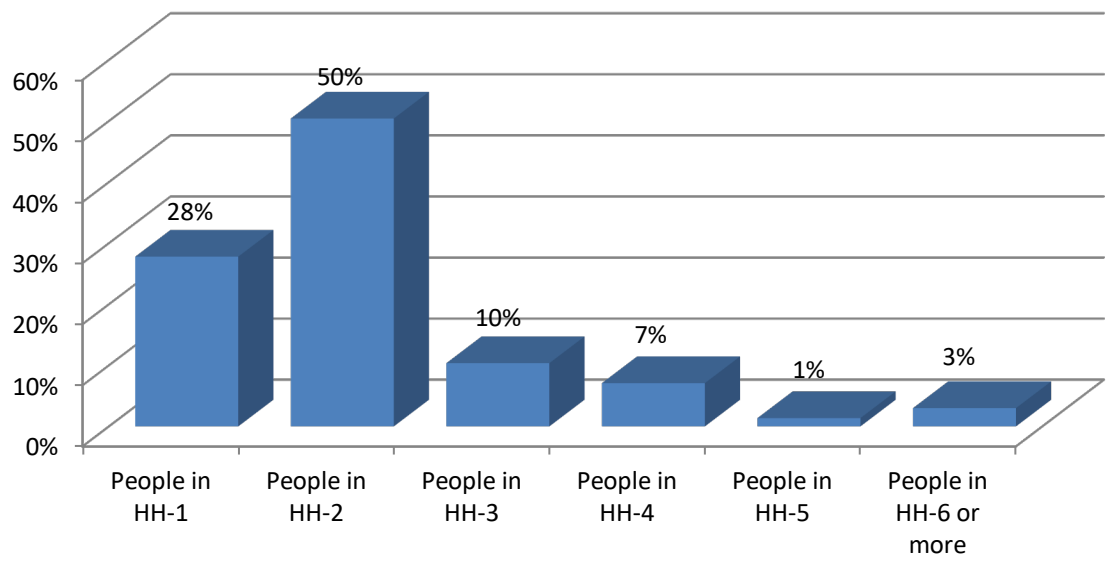
Source: CHNA Survey

### Survey Respondent Education



Source: CHNA Survey

Survey Respondent People in Household



Source: 2017 Harvard CHNA Survey