

Executive Report

Community Health Status Data

Advocate Sherman Hospital Primary Service Area and Kane County

Prepared for:
Advocate Sherman Hospital

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Introduction



Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Advocate Sherman Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment for Advocate Sherman Hospital was part of a larger project conducted on behalf of a collaboration of community partners in Kane County, including 708 INC Board, Advocate Sherman Hospital, Delnor Hospital, Kane County Health Department, Presence Mercy Medical Center, Presence Saint Joseph Hospital, and Rush-Copley Medical Center.

This assessment was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through a series of Key Informant Focus Groups.

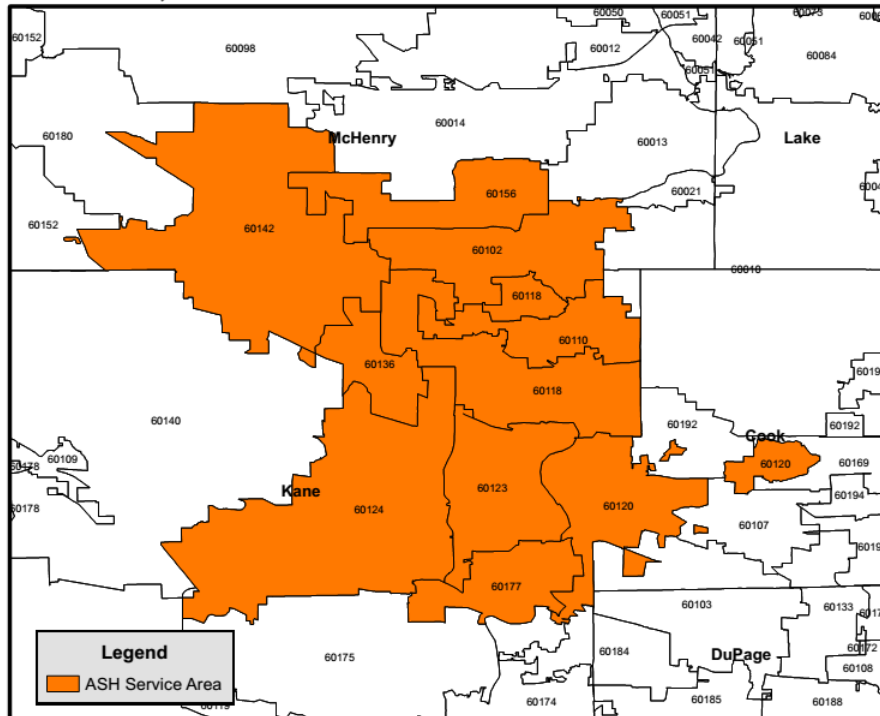
PRC COMMUNITY HEALTH SURVEY

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the study sponsors and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “ASH Service Area” in this report) is comprised of these 10 ZIP Codes: 60102, 60110, 60118, 60120, 60123, 60124, 60136, 60142, 60156, and 60177. This community definition is illustrated in the following map.



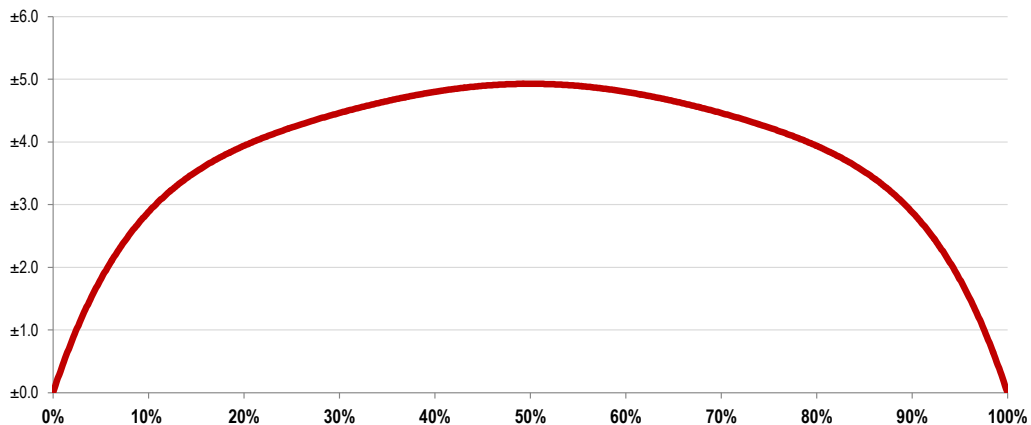
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 419 individuals age 18 and older in the ASH Service Area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the service area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 419 respondents is $\pm 4.9\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 419 Respondents at the 95 Percent Level of Confidence



Note:

- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:

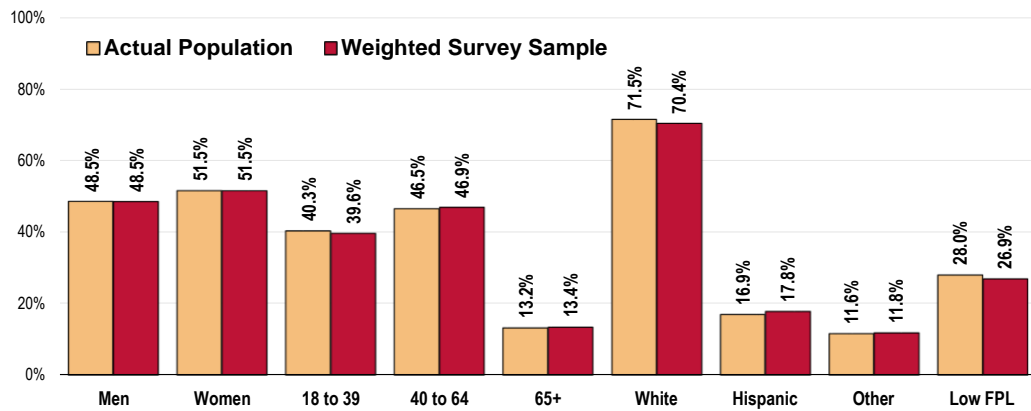
- If 10% of the sample of 282 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% ($10\% \pm 2.9\%$) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% ($50\% \pm 4.9\%$) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the ASH Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(ASH Service Area, 2014)



Sources:
 • Census 2010, Summary File 3 (SF 3). US Census Bureau.
 • 2014 PRC Community Health Survey, Professional Research Consultants, Inc.

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

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

KEY INFORMANT FOCUS GROUPS

As part of the Community Health Needs Assessment, a series of three focus groups was held throughout Kane County on November 4 and 5, 2014; one group each was held in the communities of Aurora, Geneva, and Elgin. The focus group participants included a total of 26 key informants, including physicians, other health professionals, social service providers, and other business and community leaders.

A list of recommended participants for the focus groups was provided by the study sponsors. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as the community overall. Participants included several individuals who work with low-income, minority, or other medically underserved populations.

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether they would be able to attend. Confirmation calls were placed the day before the group was scheduled in order to ensure a reasonable turnout. The following types of leaders were represented in the groups:

Key Informant Type	Number Invited	Number Participating
Physicians	5	2
Other Health Providers	15	3
Social Service Representatives	23	7
Other Community Leaders	33	14

Final participation included representatives of the organizations outlined below.

- AIM Independent Living Center
- Batavia School District #101
- City of Aurora Fire Department
- City of Batavia Police Department
- City of Elgin Parks and Recreation
- City of Elgin Planning
- deLacey Family Education Center
- Delnor Hospital
- Dreyer Medical Clinic
- Ecker Center
- Elderday Center
- Elgin Area Chamber
- Gail Borden Library
- Kane County Board
- Kane County Development and Community Services Department
- Kane County Division of Transportation
- Kid Care Medical
- Kuipers Family Farm
- Open Door Clinic
- Rush-Copley Medical Center
- St. Charles Park District
- St. Charles School District 303
- Tri-Cities Family Services
- Village of Montgomery
- Waubonsee Community College

Audio from the focus group sessions was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

At the conclusion of each key informant focus group, participants completed a worksheet in which they were presented with various health topics and asked to rate each as a “major problem,” “moderate problem,” “minor problem” or “not a problem” in the community. Follow-up questions asked them to list existing programs, resources, and facilities available to address the needs of issues they rated as a “major problem.” Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Note: These findings represent qualitative rather than quantitative data. The focus groups were designed to gather input from participants regarding their opinions and perceptions of

the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

PUBLIC HEALTH, VITAL STATISTICS & OTHER DATA

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the service area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- Drug Abuse Warning Network, www.samhsa.gov
- ESRI ArcGIS Map Gallery
- Illinois Department of Public Health
- Illinois State Board of Education
- Kane County Health Department
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics
- Walkscore.com

Note that most secondary data reflect county-level (Kane County) data.

BENCHMARK DATA

Illinois Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2013 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.



Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

DETERMINING SIGNIFICANCE

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), "significance," for the purpose of this report, is determined by a 5% variation from the comparative measure.

INFORMATION GAPS

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H	See Report Page(s)
Part V Section B Line 1a <i>A definition of the community served by the hospital facility</i>	9
Part V Section B Line 1b <i>Demographics of the community</i>	37
Part V Section B Line 1c <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>	185
Part V Section B Line 1d <i>How data was obtained</i>	9
Part V Section B Line 1f <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	Addressed Throughout
Part V Section B Line 1g <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>	Addressed in full Hospital report
Part V Section B Line 1h <i>The process for consulting with persons representing the community's interests</i>	12
Part V Section B Line 1i <i>Information gaps that limit the hospital facility's ability to assess the community's health needs</i>	156

Summary of Findings

Significant Health Needs of the Community

The following “areas of opportunity” represent the significant health needs of Kane County, based on the Community Health Status Data collected for this project and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> • Lack of Health Insurance • Specific Source of Ongoing Medical Care • Primary Care Physician Ratio (Kane County) • Health Professional Shortage Area Designation (Kane Co.)
Cancer	<ul style="list-style-type: none"> • Cancers are the #1 leading cause of death in Kane County. • Female Breast Cancer Incidence (Kane County) • Cervical Cancer Screening
Chronic Kidney Disease	<ul style="list-style-type: none"> • Kidney Disease Deaths (Kane County)
Diabetes	<ul style="list-style-type: none"> • <i>Key Informant Focus Groups: 57.7% of respondents consider Diabetes to be a “major problem” — their concerns include:</i> <ul style="list-style-type: none"> ○ Knowledge of available services ○ Partnerships and funding
Heart Disease & Stroke	<ul style="list-style-type: none"> • Heart Disease is the #2 leading cause of death in Kane County; Stroke is #4. • Heart disease is a leading cause of hospitalization. • Stroke Deaths (Kane County) • <i>Key Informant Focus Groups: Heart Disease & Stroke received 46.2% “major problem” ratings.</i>
Immunization & Infectious Diseases	<ul style="list-style-type: none"> • Childhood Immunizations (Kane County) • Flu Vaccination [65+ and High-Risk 18-64] • Pneumonia Vaccination [65+ and High-Risk 18-64]
Mental Health	<ul style="list-style-type: none"> • Mental disorders are a leading cause of hospitalization. • Mental Health is perceived by parents as a top health concern for adolescents. • Seeking Help for Mental Health • <i>Key Informant Focus Groups: Mental Health received 84.6% “major problem” ratings — their concerns include:</i> <ul style="list-style-type: none"> ○ Funding cuts ○ Disparate levels of access for services ○ Lack of follow-up/long-term services ○ Stigma/denial ○ Co-occurrence with other issues ○ Children/youth

Areas of Opportunity (continued)

Nutrition, Physical Activity & Weight

- Low Food Access (Kane County)
- Overweight & Obesity [Adults]
- Medical Advice on Weight [Obese Adults]
- Trying to Lose Weight [Overweight Adults]
- Meeting Physical Activity Guidelines
- Access to Recreation/Fitness Facilities (Kane County)
- Nutrition, Physical Activity and Weight are perceived by parents as a top health concern for children and adolescents.
- *Key Informant Focus Groups: Nutrition, Physical Activity & Weight received 84.6% “major problem” ratings — their concerns include:*
 - *Social norms/healthy eating*
 - *Children/youth*
 - *Local campaigns*
 - *Accessibility for persons with disabilities*

Substance Abuse

- Prevalence of Alcohol Use
- Seeking Help for Alcohol/Drug Issues
- Substance Abuse is perceived by parents as a top health concern for adolescents.
- Heroin Deaths (Kane County)
- *Key Informant Focus Groups: Substance Abuse received 50.0% “major problem” ratings — their concerns include:*
 - *Lack of resources and needed support*
 - *Social norms*
 - *Heroin use*
 - *Knowledge of available services*
















Summary Tables: Comparisons With Benchmark Data












The following tables provide an overview of indicators in the Advocate Sherman Hospital (ASH) Service Area. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.




































Reading the Summary Tables

- In the following charts, ASH Service Area results are shown in the larger, blue column.
- The columns to the right of the service area column provide comparisons between local data and any available Kane County, state and national findings, and Healthy People 2020 targets. Symbols indicate whether the ASH Service Area compares favorably (☀️), unfavorably (🚫), or comparably (👉) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.









































Social Determinants	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
*Linguistically Isolated Population (Percent)	10.8		 5.4	 4.9	
*Population in Poverty (Percent)	11.0		 13.7	 14.9	
*Population Below 200% FPL (Percent)	28.3		 30.8	 33.6	
*Children Below 200% FPL (Percent)	16.4		 19.3	 20.8	
*No High School Diploma (Age 25+, Percent)	16.9		 13.0	 14.3	
*Unemployment Rate (Age 16+, Percent)	8.9		 9.2	 7.4	
* These local indicators use county-level data.		 better	 similar	 worse	









Overall Health	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	14.1	 15.7	 16.9	 15.3	
% 3+ Days of Poor Physical Health in the Past Month	14.5	 17.0			
% Activity Limitations	17.4	 17.9	 17.0	 21.5	
*Life Expectancy in Years	81.0			 78.5	
* These local indicators use county-level data.		 better	 similar	 worse	















Access to Health Services	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	11.3	 12.6	 19.4	 15.1	 0.0
% [Insured] Went Without Coverage in Past Year	7.4	 7.5		 8.1	
% Difficulty Accessing Healthcare in Past Year (Composite)	34.5	 35.5		 39.9	
% Inconvenient Hrs Prevented Dr Visit in Past Year	16.5	 15.7		 15.4	
% Cost Prevented Getting Prescription in Past Year	12.7	 13.3		 15.8	
% Cost Prevented Physician Visit in Past Year	11.9	 14.1		 18.2	
% Difficulty Getting Appointment in Past Year	12.4	 12.5		 17.0	
% Difficulty Finding Physician in Past Year	9.1	 9.4		 11.0	
% Transportation Hindered Dr Visit in Past Year	6.2	 6.0		 9.4	
% Skipped Prescription Doses to Save Costs	10.6	 11.3		 15.3	
% Difficulty Getting Child's Healthcare in Past Year	1.5	 3.2		 6.0	
*Primary Care Doctors per 100,000	45.6		 96.0	 85.8	
% [Age 18+] Have a Specific Source of Ongoing Care	76.6	 77.4		 76.3	 95.0
% [Age 18-64] Have a Specific Source of Ongoing Care	75.3	 76.0		 75.6	 89.4
% [Age 65+] Have a Specific Source of Ongoing Care	87.2	 87.3		 80.0	 100.0







Access to Health Services (continued)	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
% Have Had Routine Checkup in Past Year	71.9	69.1	66.5	65.0	
% Child Has Had Checkup in Past Year	94.7	92.4		84.1	
% Two or More ER Visits in Past Year	8.3	6.8		8.9	
% Rate Local Healthcare "Fair/Poor"	10.2	10.5		16.5	
*Live in a Health Professional Shortage Area (Percent)	41.7		37.0	37.6	
% Needed to See a Specialist in the Past Year	43.0	42.2			
% [Parents] Child Needed a Specialist in the Past Year	14.0	16.5			
% [Children 0-13] Availability of Affordable Child Care is "Fair/Poor"	34.4	33.7			
% [Children 0-13] Quality of Local Child Care is "Fair/Poor"	22.9	18.8			
* These local indicators use county-level data.		better	similar	worse	






Arthritis, Osteoporosis & Chronic Back Conditions	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
% [50+] Osteoporosis	10.0	8.6		13.5	5.3
		better	similar	worse	

































Cancer	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
*Cancer (Age-Adjusted Death Rate)	162.8	 178.6	 172.8	 161.4	
*Lung Cancer (Age-Adjusted Death Rate)	44.7	 49.9	 47.6	 45.5	
*Prostate Cancer (Age-Adjusted Death Rate)	7.3	 8.7	 8.7	 21.8	
*Prostate Cancer Incidence per 100,000	150.0	 153.9	 143.7		
*Female Breast Cancer Incidence per 100,000	126.6	 126.3	 119.7		
*Lung Cancer Incidence per 100,000	64.1	 71.4	 64.9		
*Colorectal Cancer Incidence per 100,000	44.7	 50.1	 43.9		
*Cervical Cancer Incidence per 100,000	6.9	 8.5	 7.7		
% [Women 50-74] Mammogram in Past 2 Years	81.6	 81.3	 76.4	 83.6	 81.1
% [Women 21-65] Pap Smear in Past 3 Years	86.2	 85.7	 77.3	 83.9	 93.0
% [Men 40+] PSA Test in the Past 2 Years	58.7	 59.6			
% [Age 50+] Sigmoid/Colonoscopy Ever	71.1	 73.9	 64.3	 75.2	
% [Age 50+] Blood Stool Test in Past 2 Years	26.3	 27.0	 11.2	 36.9	
% [Age 50-75] Colorectal Cancer Screening	71.4	 73.0		 75.1	 70.5
* These local indicators use county-level data.		 better	 similar	 worse	






Chronic Kidney Disease	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
*Kidney Disease (Age-Adjusted Death Rate)	20.1		 19.3	 15.3	
% Kidney Disease	3.1	 3.4	 2.4	 3.0	
* These local indicators use county-level data.		 better	 similar	 worse	








Diabetes	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
*Diabetes Mellitus (Age-Adjusted Death Rate)	15.9		 18.5	 20.8	 20.5
% Diabetes/High Blood Sugar	6.5	 9.4	 9.9	 11.7	
% Borderline/Pre-Diabetes	6.6	 6.0		 5.1	
% [Diabetics] A1C Test in the Past 12 Months	86.9	 93.8			
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	55.2	 55.5		 49.2	
* These local indicators use county-level data.		 better	 similar	 worse	




















Dementias, Including Alzheimer's Disease	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
*Alzheimer's Disease (Age-Adjusted Death Rate)	16.3		 20.9	 25.1	
% Family Member Has Been Diagnosed with Alzheimer's Disease	18.7	 16.3			
* These local indicators use county-level data.		 better	 similar	 worse	























Family Planning	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
*Teen Births per 1,000 (Age 15-19)	35.3		 35.0	 36.6	
* These local indicators use county-level data.		 better	 similar	 worse	













Heart Disease & Stroke	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
*Diseases of the Heart (Age-Adjusted Death Rate)	145.9		 181.7	 179.1	 156.9
*Stroke (Age-Adjusted Death Rate)	40.8		 39.2	 39.1	 34.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	5.6	 5.9		 6.1	
% Stroke	1.3	 1.7	 2.8	 3.9	
% Told Have High Blood Pressure (Ever)	29.7	 32.2	 30.1	 34.1	 26.9
% [HBP] Taking Action to Control High Blood Pressure	95.1	 96.7		 89.2	
% Cholesterol Checked in Past 5 Years	93.6	 92.9	 74.0	 86.6	 82.1
% Told Have High Cholesterol (Ever)	34.6	 32.6	 36.6	 29.9	 13.5
% [HBC] Taking Action to Control High Blood Cholesterol	91.7	 89.9		 81.4	
% 1+ Cardiovascular Risk Factor	83.1	 81.7		 82.3	
* These local indicators use county-level data.		 better	 similar	 worse	


























Emergency Preparedness	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
% Have 3+ Days' Worth of Emergency Rations	70.3	 72.8			
% Have a Written Evacuation Plan	24.2	 24.2			
					
		better	similar	worse	































HIV	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
*HIV Prevalence per 100,000	120.9		 300.1	 340.4	
% [Age 18-44] HIV Test in the Past Year	19.1	 19.1		 19.3	
* These local indicators use county-level data.					
		better	similar	worse	











Immunization & Infectious Diseases	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
*Children 19-35 Months 4:3:1:3:3:1 Vaccination Series	50.7		 77.3	 77.0	
% [Age 65+] Flu Vaccine in Past Year	56.3	 55.0	 58.6	 57.5	 70.0
% [High-Risk 18-64] Flu Vaccine in Past Year	25.0	 36.7		 45.9	 70.0
% [Age 65+] Pneumonia Vaccine Ever	68.4	 71.0	 64.6	 68.4	 90.0
% [High-Risk 18-64] Pneumonia Vaccine Ever	32.6	 32.5		 41.9	 60.0
* These local indicators use county-level data.					
		better	similar	worse	













Injury & Violence Prevention	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
*Unintentional Injury (Age-Adjusted Death Rate)	21.5		 30.4	 38.0	 36.4
% Firearm in Home	19.2	 22.2		 34.7	
% [Homes With Children] Firearm in Home	20.2	 22.4		 37.4	
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	10.9	 5.1		 16.8	
*Homicide (Age-Adjusted Death Rate)	1.9		 6.6	 5.6	 5.5
*Violent Crime per 100,000	160.0		 414.7	 386.8	
% Victim of Violent Crime in Past 5 Years	0.6	 1.7		 2.8	
% Victim of Domestic Violence (Ever)	10.3	 9.0		 15.0	
% [Child Age 0-4] "Always" Uses Car Seat/Booster Seat	94.2	 98.1			
* These local indicators use county-level data.		 better	 similar	 worse	








Maternal, Infant & Child Health	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
*No Prenatal Care in First Trimester (Percent)	5.3		 5.4	 17.3	 22.1
*Low Birthweight Births (Percent)	7.4		 8.4	 8.2	 7.8
*Infant Death Rate	5.8		 6.9	 6.5	 6.0
* These local indicators use county-level data.		 better	 similar	 worse	














Mental Health & Mental Disorders	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	8.2	 10.5		 11.9	
% Diagnosed Depression	12.2	 11.8		 20.4	
*Suicide (Age-Adjusted Death Rate)	7.8		 9.1	 11.8	 10.2
% Have Ever Sought Help for Mental Health	16.0	 17.7		 23.7	
% [Those With Diagnosed Depression] Seeking Help	69.7	 80.5		 76.6	
% Typical Day Is "Extremely/Very" Stressful	9.3	 10.3		 11.9	
% 3+ Days of Poor Mental Health in the Past Month	13.8	 15.2			
% 3+ Days of Feeling Sad, Blue, or Depressed in the Past Month	19.9	 21.6			
% Aware of Local Mental Health Resources	58.8	 60.9			
% Unable to Obtain Mental Health Svcs	3.0	 2.8			
% [Children 2-17] Child Has "Fair/Poor" Mental Health	2.1	 3.8			
% [Children 2-17] Difficulty Getting Child's Mental Health Svcs	0.5	 0.4			
% "Seldom/Never" Get Social/Emotional Support	13.3	 12.8			
% Get 7+ Hours of Sleep per Day	64.5	 67.0			
% Have Fallen Asleep While Driving	15.7	 17.2			
* These local indicators use county-level data.					
		better	similar	worse	
















Nutrition & Weight Status	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
% Eat 5+ Servings of Fruit or Vegetables per Day	16.9	 18.3			
% "Very/Somewhat" Difficult to Buy Fresh Produce	20.7	 19.0		 24.4	
*Population With Low Food Access (Percent)	22.3		 20.4	 23.6	
% Medical Advice on Nutrition in Past Year	41.5	 47.0		 39.2	
% Grow Some of Own Food	32.3	 35.2			
% [Children 2-17] Child Eats 5+ Fruits/Vegetables per Day	39.7	 40.0			
% [Children 2-17] Child Has 1+ Sugar-Sweetened Drink per Day	39.8	 35.9			
% [Children 2-17] Child Has 5+ Glasses of Water per Day	24.9	 21.4			
% Healthy Weight (BMI 18.5-24.9)	33.1	 32.9	 33.0	 34.4	 33.9
% Overweight (BMI 25+)	65.2	 65.6	 64.7	 63.1	
% Obese (BMI 30+)	23.5	 28.5	 29.4	 29.0	 30.5
% Medical Advice on Weight in Past Year	24.5	 27.0		 23.7	
% [Overweights] Counseled About Weight in Past Year	31.8	 36.6		 31.8	
% [Obese Adults] Counseled About Weight in Past Year	41.8	 54.0		 48.3	
% [Overweights] Trying to Lose Weight Both Diet/Exercise	32.1	 34.7		 39.5	












Nutrition & Weight Status (continued)	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
% Child [Age 5-17] Healthy Weight	56.9	 62.7		 56.7	
% Children [Age 5-17] Overweight (85th Percentile)	33.3	 27.6		 31.5	
% Children [Age 5-17] Obese (95th Percentile)	15.4	 16.3		 14.8	 14.5
* These local indicators use county-level data.		 better	 similar	 worse	




















Oral Health	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
% [Age 18+] Dental Visit in Past Year	70.1	 71.6	 66.9	 65.9	 49.0
% Child [Age 2-17] Dental Visit in Past Year	91.0	 91.9		 81.5	 49.0
% Have Dental Insurance	74.5	 71.3		 65.6	
		 better	 similar	 worse	




















Physical Activity	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
% No Leisure-Time Physical Activity	18.9	 17.8	 25.1	 20.7	 32.6
% Meeting Physical Activity Guidelines	50.2	 56.4			
% Moderate Physical Activity	34.9	 35.2		 30.6	






Physical Activity (continued)	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
% Vigorous Physical Activity	39.5	 41.9		 38.0	
% Strengthening Activities 3+ Times per Week	26.9	 26.1			
*Recreation/Fitness Facilities per 100,000	9.3		 10.1	 9.4	
% Medical Advice on Physical Activity in Past Year	52.3	 52.0		 44.0	
% Child [Age 2-17] Physically Active 1+ Hours per Day	42.2	 44.9		 48.6	
% Child [Age 2-17] 3+ Hours per Day of Total Screen Time	18.1	 17.8			
* These local indicators use county-level data.			 better	 similar	 worse

Respiratory Diseases	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
*CLRD (Age-Adjusted Death Rate)	28.1		 39.3	 42.2	
*Pneumonia/Influenza (Age-Adjusted Death Rate)	13.4		 16.1	 15.1	
% COPD (Lung Disease)	7.4	 6.5		 8.6	
% [Adult] Currently Has Asthma	8.4	 8.1	 7.6	 9.4	
% [Child 0-17] Currently Has Asthma	7.7	 8.3		 7.1	
% Household Air Has Been Tested for Radon	34.0	 37.7			
* These local indicators use county-level data.			 better	 similar	 worse

Sexually Transmitted Diseases	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
*Gonorrhea Incidence per 100,000	42.7		 141.0	 107.5	
*Chlamydia Incidence per 100,000	303.7		 526.1	 456.7	
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	6.9	 10.5		 11.7	
% [Unmarried 18-64] Using Condoms	38.0	 47.3		 33.6	
* These local indicators use county-level data.			 better	 similar	 worse

Substance Abuse	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
% Current Drinker	65.3	 61.9	 57.2	 56.5	
% Chronic Drinker (Average 2+ Drinks/Day)	4.3	 3.7		 5.2	
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	20.1	 16.2	 21.8	 19.5	 24.4
% Drinking & Driving in Past Month	2.0	 1.4		 5.0	
% Illicit Drug Use in Past Month	2.5	 1.7		 4.0	 7.1
% Ever Sought Help for Alcohol or Drug Problem	2.5	 4.0		 4.9	
			 better	 similar	 worse

Tobacco Use	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
% Current Smoker	13.8	 13.6	 18.1	 14.9	 12.0
% Someone Smokes at Home	8.2	 8.9		 12.7	
% [Non-Smokers] Someone Smokes in the Home	2.7	 4.8		 6.3	
% [Household With Children] Someone Smokes in the Home	8.9	 5.1		 9.7	
% Use Smokeless Tobacco	1.0	 1.3		 4.0	 0.3
% Aware of the Tobacco Quit-Line	31.9	 37.5			
% Ever Used an Electronic Vapor Product	13.2	 14.6			
% Have a Personal Doctor or Healthcare Provider	82.3	 76.1			
			 better	 similar	 worse

Vision	ASH Service Area	ASH Service Area vs. Benchmarks			
		vs. Kane County	vs. IL	vs. US	vs. HP2020
% Eye Exam in Past 2 Years	57.6	 56.2		 56.8	
			 better	 similar	 worse



Community Description



Population Characteristics (Kane County)

County Population

Kane County encompasses 519.92 square miles and houses a total population of 514,891 residents, according to latest census estimates.

Total Population (Estimated Population, 2008-2012)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Kane County	514,891	519.92	990.33
Illinois	12,823,860	55,504.25	231.04
United States	309,138,709	3,530,997.6	87.55

Sources:

- US Census Bureau American Community Survey 5-year estimates (2008-2012).
- Retrieved November 2014 from Community Commons at <http://www.chna.org>.

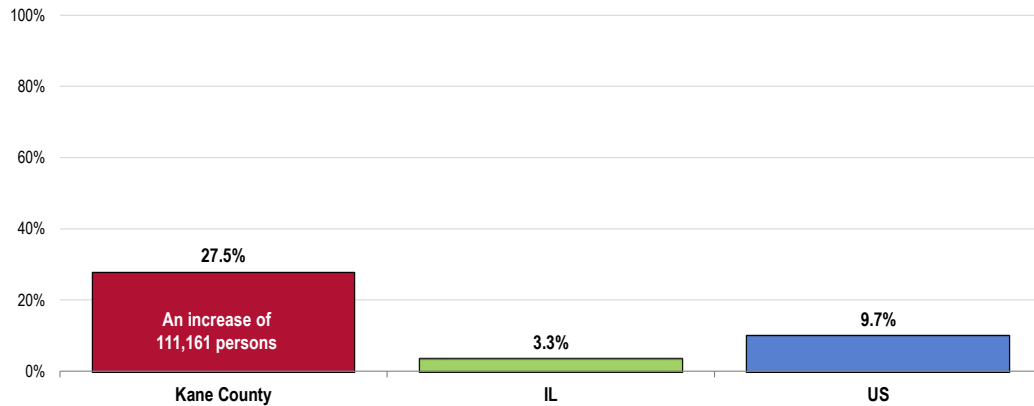
POPULATION CHANGE 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of Kane County increased by 111,161 persons, or 27.5%.

- A much greater proportional increase than seen across the state.
- A much greater proportional increase than seen nationwide.

Change in Total Population (Percentage Change Between 2000 and 2010)



Sources:

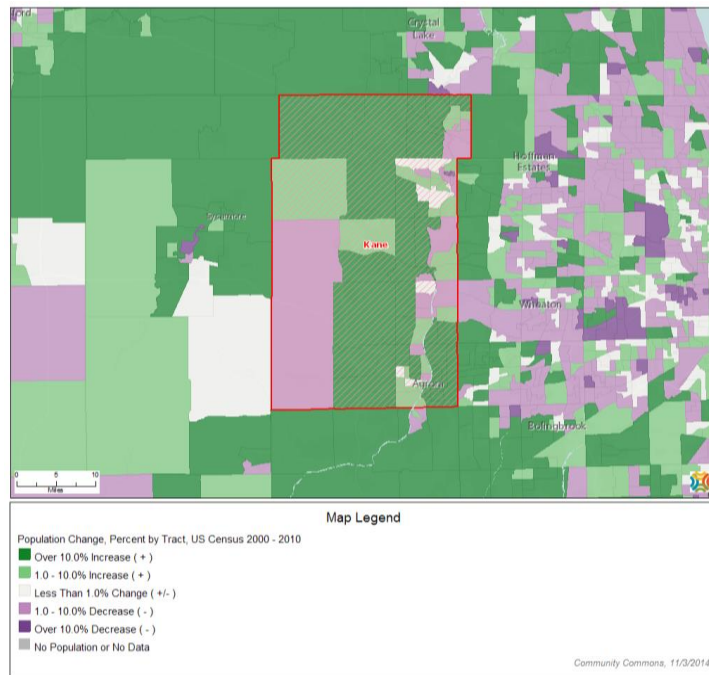
- Retrieved November 2014 from Community Commons at <http://www.chna.org>.
- US Census Bureau Decennial Census (2000-2010).

 Notes:

- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Note that while much of the county’s population has increased over the past decade, the western portion of the county has decreased.

Population Change, Percent by Tract, US Census 2000-2010



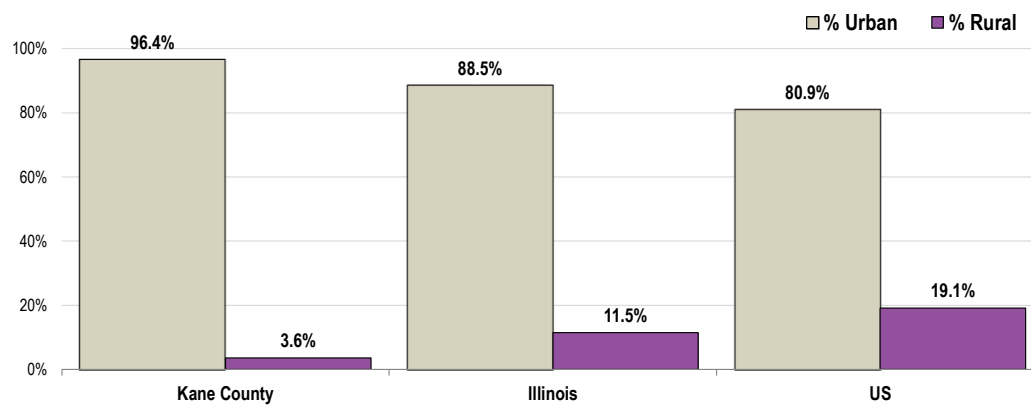
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Kane County is predominantly urban, with 96.4% of the population living in areas designated as urban.

- Note that nearly 90% of the state population and 80% of the national population lives in urban areas.

Urban and Rural Population (2010)



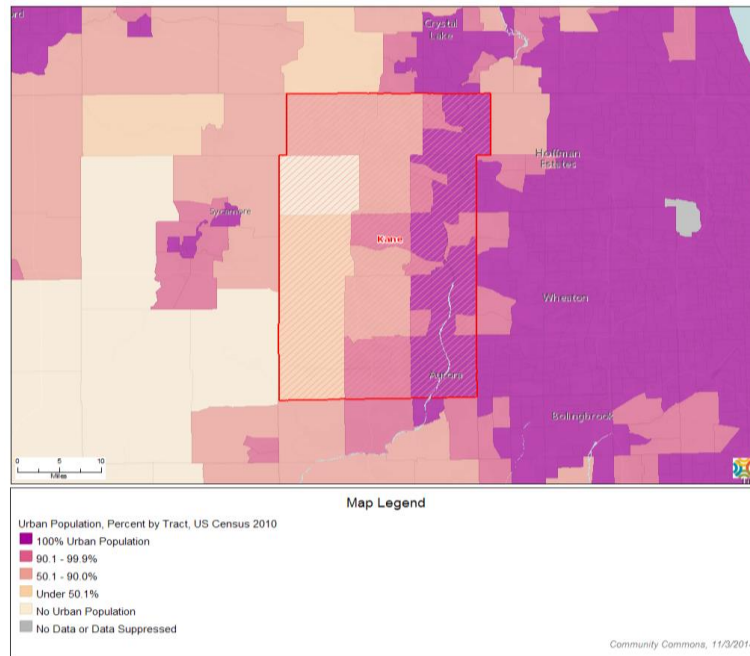
Sources: • US Census Bureau Decennial Census (2010).

• Retrieved November 2014 from Community Commons at <http://www.chna.org>.

Notes: • This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

- Note the following map outlining the urban population in Kane County census tracts as of 2010.

Urban Population, Percent by Tract, US Census 2010



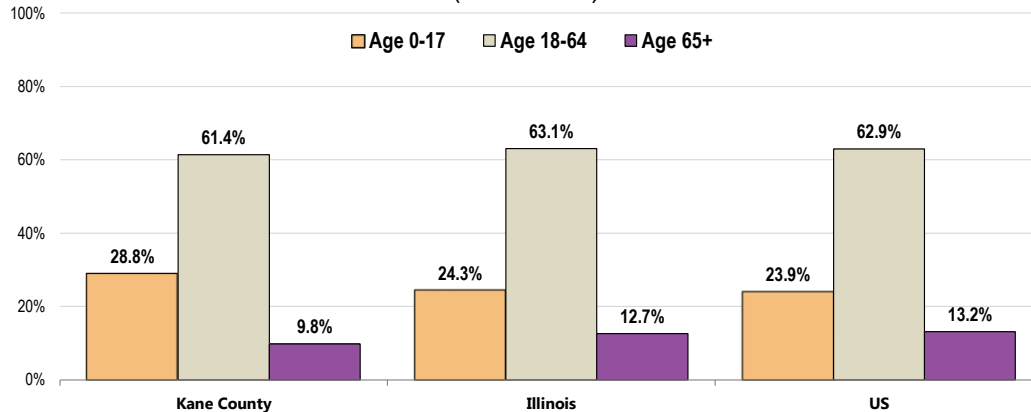
Age

Understanding the age distribution of a population is key, as different age groups have unique health needs which should be considered separately from others along the age spectrum.

In Kane County, 28.8% of the population are infants, children or adolescents (age 0-17); another 61.4% are age 18 to 64, while 9.8% are age 65 and older.

- The percentage of older adults (65+) is lower than that found statewide.
- The percentage of older adults (65+) is lower than the US figure.

Total Population by Age Groups, Percent (2008-2012)

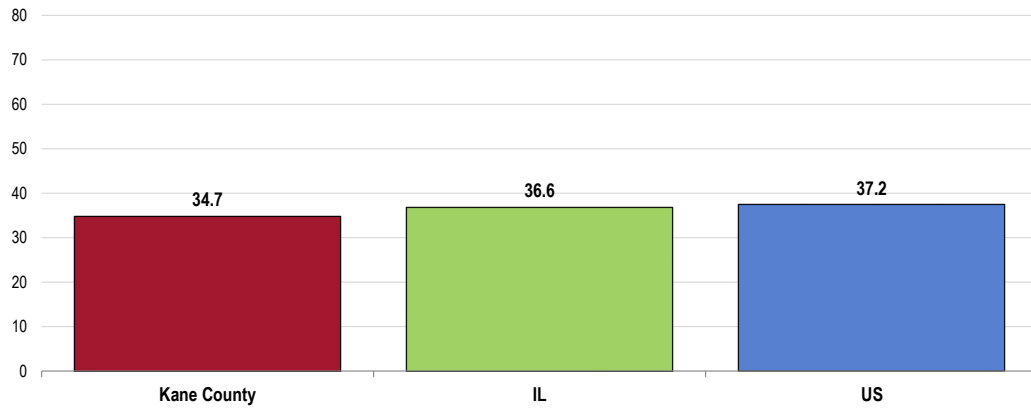


Sources: • US Census Bureau American Community Survey 5-year estimates (2008-2012).
 • Retrieved November 2014 from Community Commons at <http://www.chna.org>.

MEDIAN AGE

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

Median Age
(2008-2012)

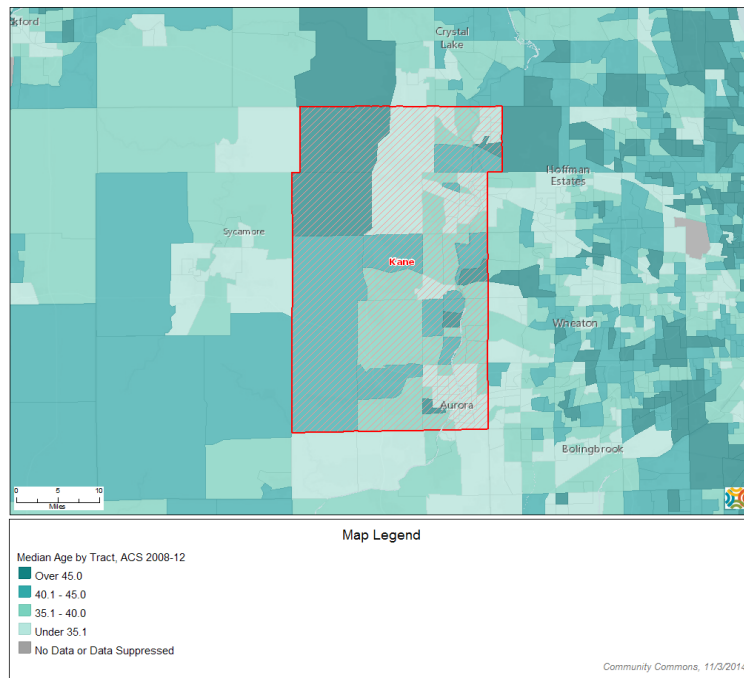


Sources:

- US Census Bureau American Community Survey 5-year estimates (2008-2012).
- Retrieved November 2014 from Community Commons at <http://www.chna.org>.

- The following map provides an illustration of the median age in Kane County by census tract.

Median Age, by Tract, ACS 2008-2012



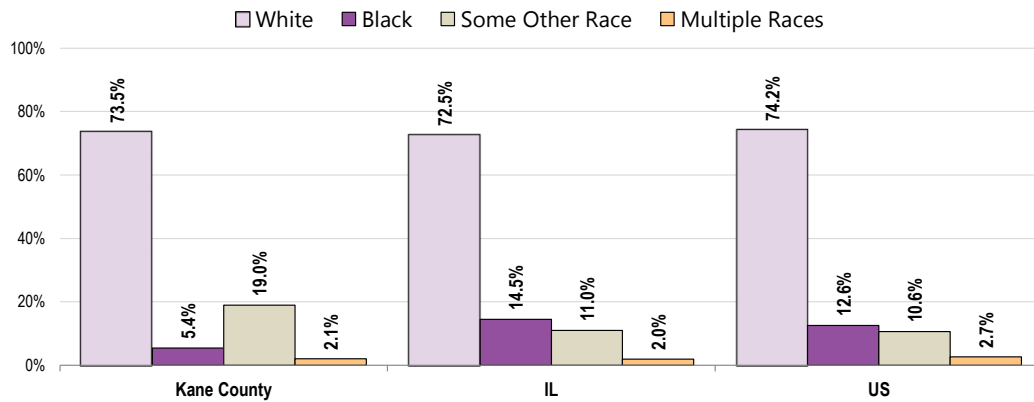
Race & Ethnicity

RACE

In looking at race independent of ethnicity (Hispanic or Latino origin), 73.5% of Kane County residents are White and 5.4% are Black. A total of 19.0% are some “other race.”

- The state population is proportionally more Black and less “other” race.
- The US population is also proportionally more Black and less “other” race.

Total Population by Race Alone, Percent
(2008-2012)



Sources:

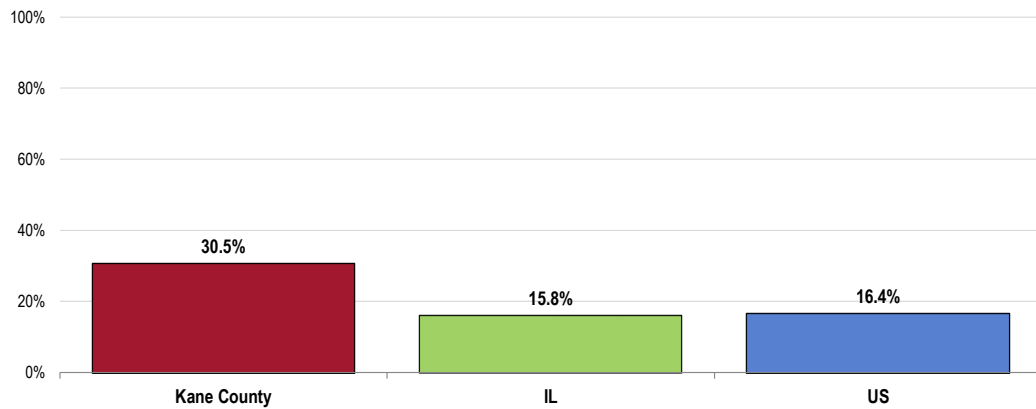
- US Census Bureau American Community Survey 5-year estimates (2008-2012).
- Retrieved November 2014 from Community Commons at <http://www.chna.org>.

ETHNICITY

A total of 30.5% of county residents are Hispanic or Latino.

- Nearly twice that found statewide.
- Nearly twice that found nationally.

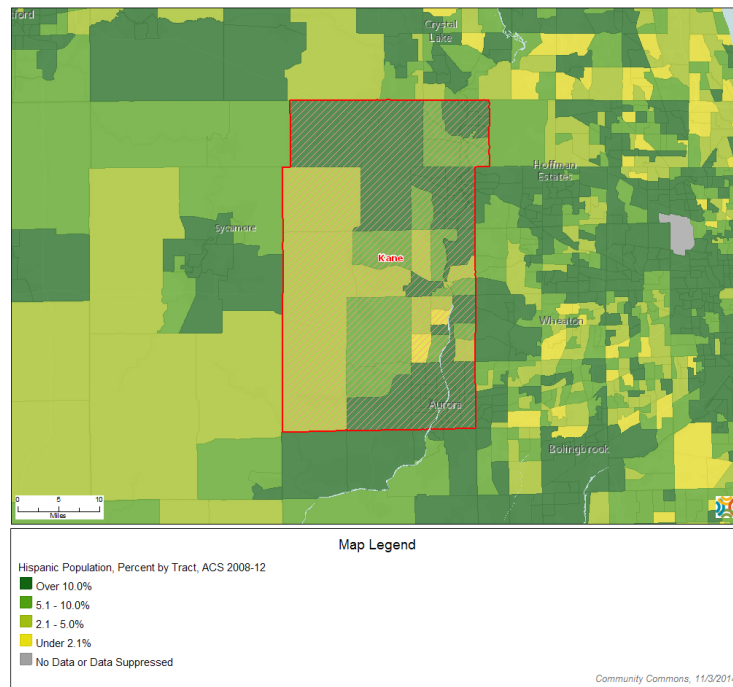
Percent Population Hispanic or Latino (2008-2012)



- Sources:
- US Census Bureau American Community Survey 5-year estimates (2008-2012).
 - Retrieved November 2014 from Community Commons at <http://www.chna.org>.
- Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

- The Hispanic population appears to be most concentrated in the northeast and southeast portions of the county.

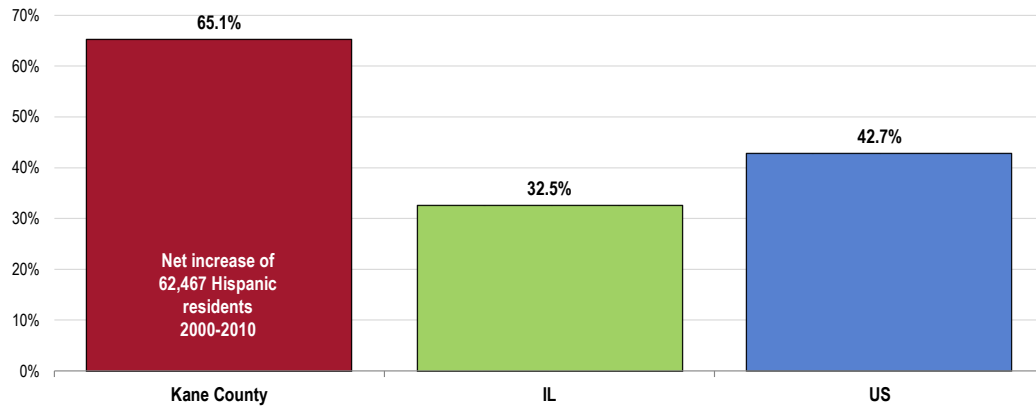
Population Hispanic or Latino, Percent by Tract, ACS 2008-2012



Between 2000 and 2010, the Hispanic population in Kane County increased by 62,467 residents, or 65.1%.

- Twice the percentage growth as that found statewide.
- Much higher (in terms of percentage growth) than found nationally.

Hispanic Population Change (Percentage Change in Hispanic Population Between 2000 and 2010)



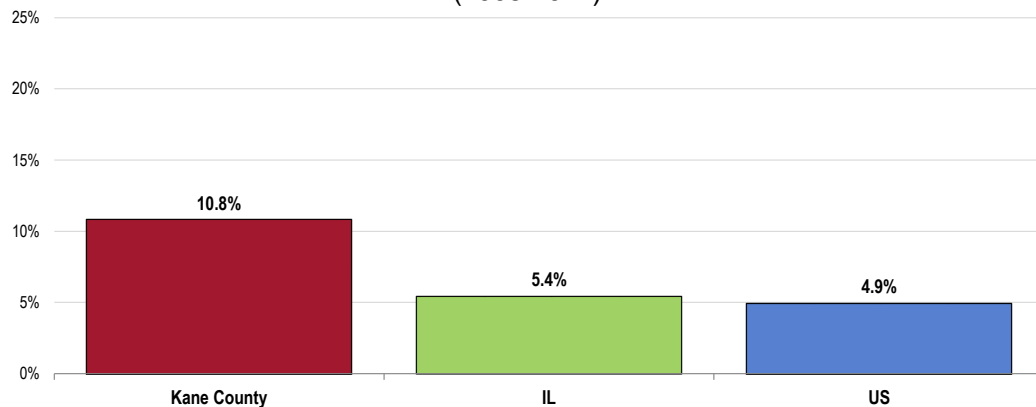
Sources: • US Census Bureau Decennial Census (2000-2010).
 • Retrieved November 2014 from Community Commons at <http://www.chna.org>.

Linguistic Isolation

10.8% of the county population age 5+ live in a home in which no person age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

- Twice the statewide prevalence.
- Over twice the national prevalence.

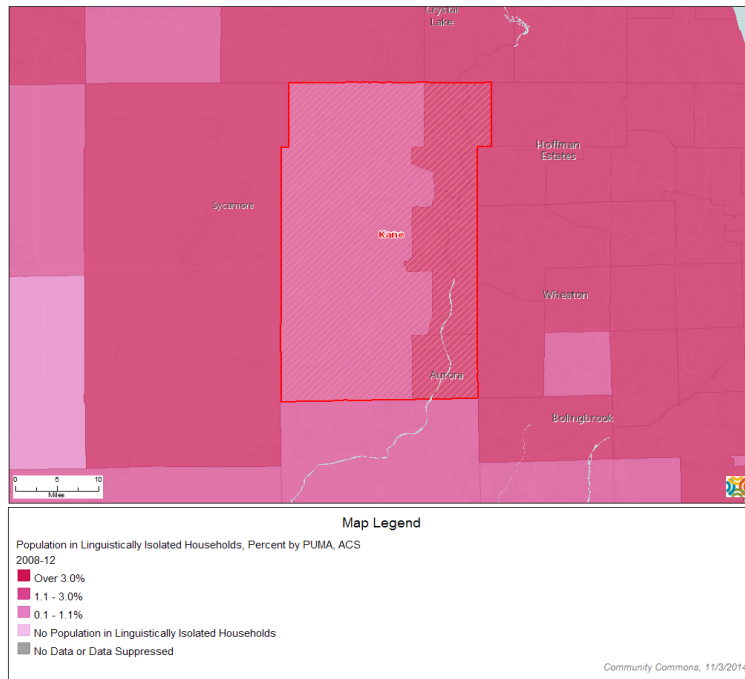
Linguistically Isolated Population (2008-2012)



Sources: • US Census Bureau American Community Survey 5-year estimates (2008-2012).
 • Retrieved November 2014 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English “very well.”

- Note the following map illustrating linguistic isolation in Kane County.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2008-2012



Social Determinants of Health (Kane County)

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

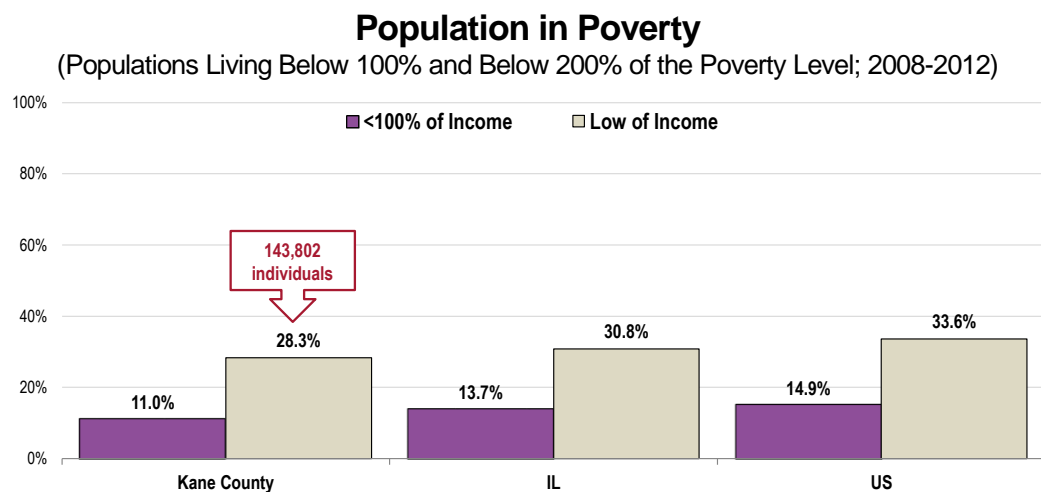
- Healthy People 2020 (www.healthypeople.gov)

Poverty

The latest census estimate shows **11.0%** of the Kane County population living below the federal poverty level.

In all, **28.3%** of Kane County residents (an estimated **143,802 individuals**) live below 200% of the federal poverty level.

- Lower than the proportion reported statewide.
- Lower than found nationally.



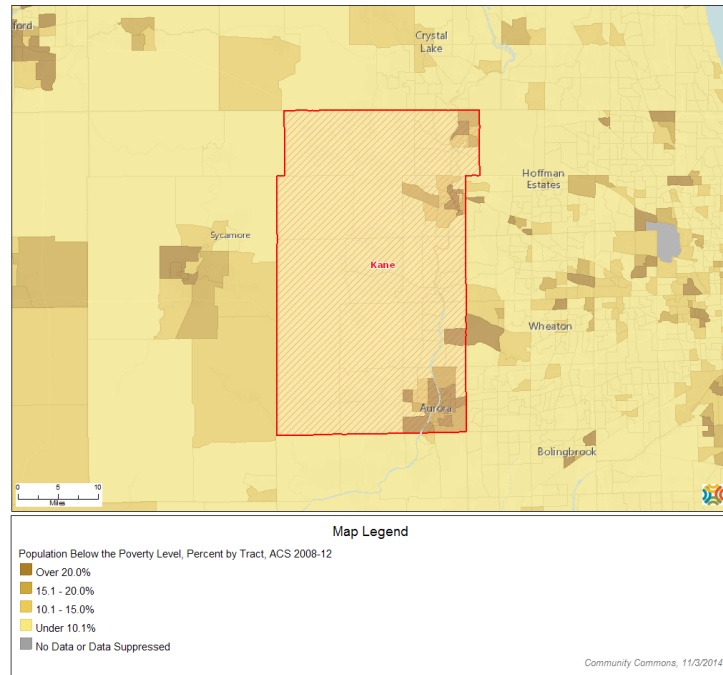
Sources: • US Census Bureau American Community Survey 5-year estimates (2008-2012).

• Retrieved November 2014 from Community Commons at <http://www.chna.org>.

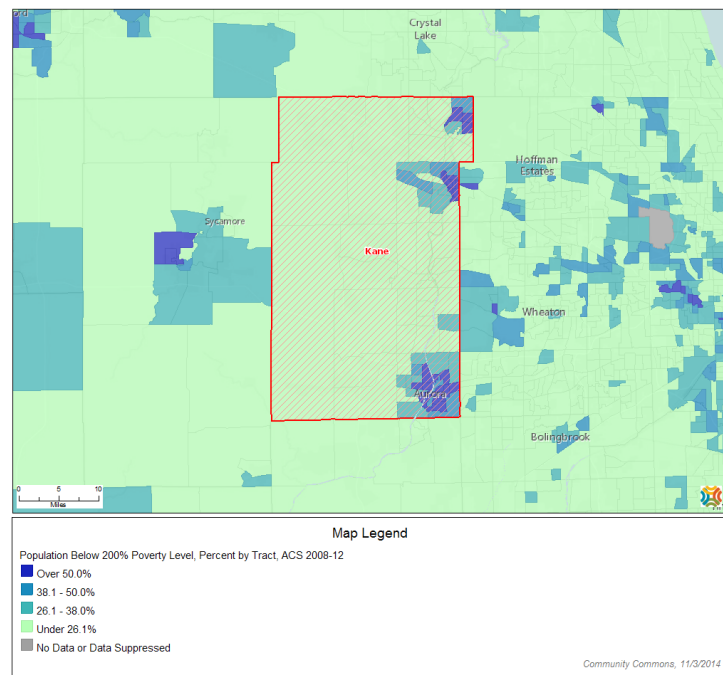
Notes: • Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Higher concentrations of persons living at or near the poverty threshold are found in the northeast and southeast corners of the county (in and around the communities of Carpentersville, Elgin and Aurora).

Population Below the Poverty Level, Percent by Tract, ACS 2008-2012



Population Below 200% of Poverty, Percent by Tract, ACS 2008-2012

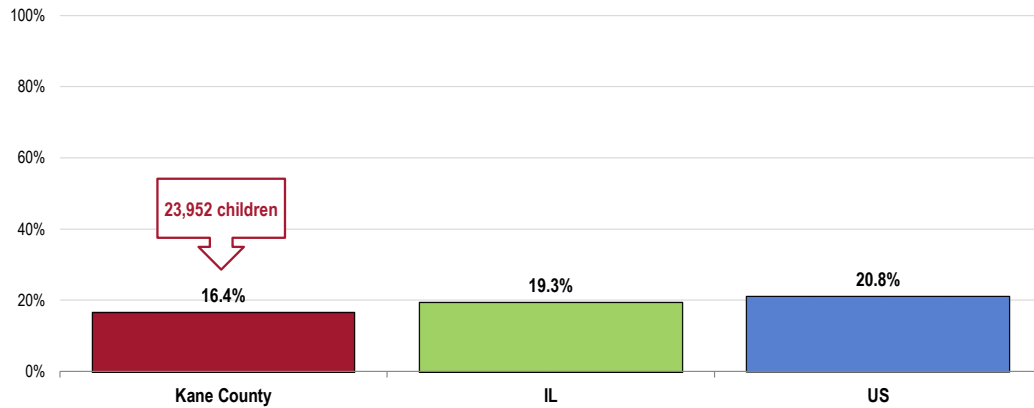


CHILDREN IN LOW-INCOME HOUSEHOLDS

Additionally, 16.4% of Kane County children age 0-17 (representing an estimated 23,952 children) live below the 200% poverty threshold.

- Below the proportion found statewide.
- Below the proportion found nationally.

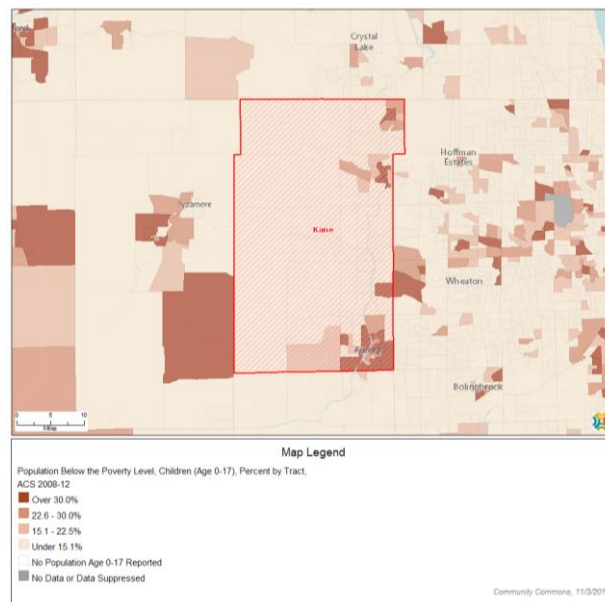
Percent of Children in Low-Income Households (Children 0-17 Living Below 200% of the Poverty Level, 2008-2012)



- Sources:
- US Census Bureau American Community Survey 5-year estimates (2008-2012).
 - Retrieved November 2014 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Geographically, notably higher concentrations of children in lower-income households are found in the northeast and southeast sections of Kane County.

Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2008-2012



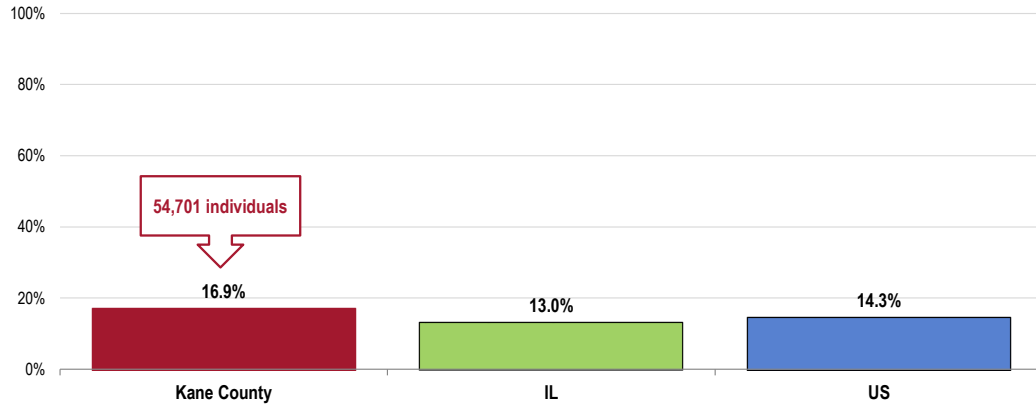
Education

Among the county population age 25 and older, an estimated 16.9% (representing 54,701 people) do not have a high school education.

- Less favorable than found statewide.
- Less favorable than found nationally.

Population With No High School Diploma

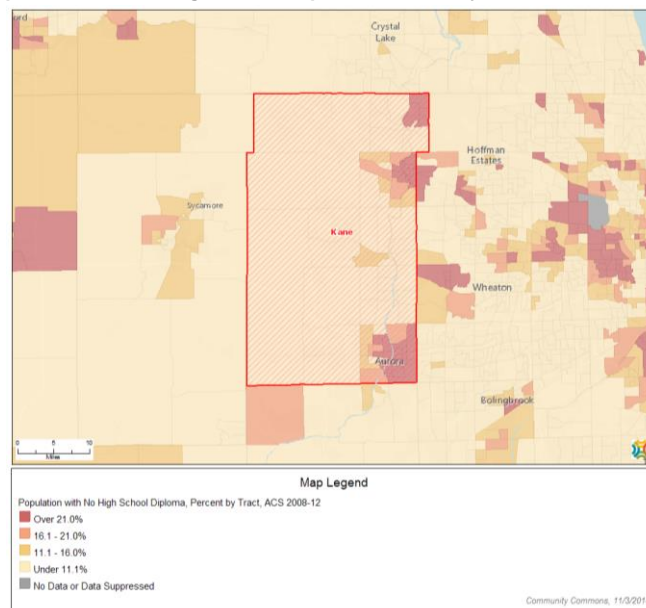
(Population Age 25+ Without a High School Diploma or Equivalent, 2008-2012)



- Sources:
- US Census Bureau American Community Survey 5-year estimates (2008-2012).
 - Retrieved November 2014 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

- Geographically, this indicator is more concentrated in the northeast and southeast pockets of the county.

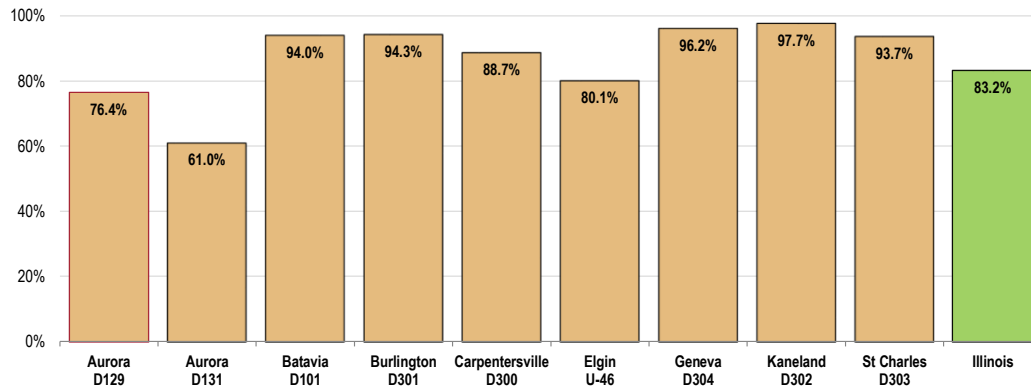
Population With No High School Diploma, Percent by Tract, ACS 2008-2012



High school graduation rates among Kane County school districts are shown below.

- Statewide, the graduation rate is 83.2%.
- Locally, rates are lowest in the Aurora and Elgin districts.

High School Graduation Rate (Percent of Seniors Graduating in 2013, by School District)



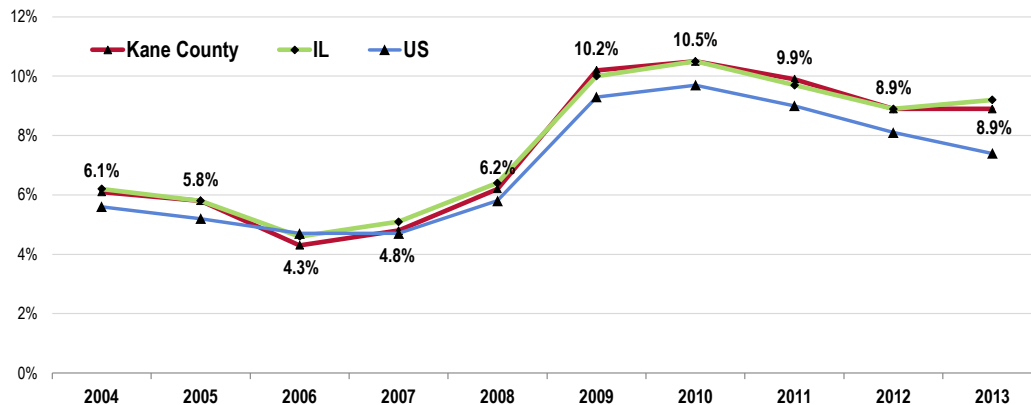
Sources: • Illinois State Board of Education

Employment

According to data derived from the US Department of Labor, the unemployment rate in Kane County in 2013 was 8.9%.

- Just below the statewide rate; higher than the national rate.
- TREND: After a considerable increase from 2006 to 2010, unemployment for Kane County has trended downward somewhat, echoing the state and national trends.

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



Sources: • US Department of Labor, Bureau of Labor Statistics.
 • Retrieved November 2014 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

General Health Status



Professional Research Consultants, Inc.

Overall Health Status

Self-Reported Health Status

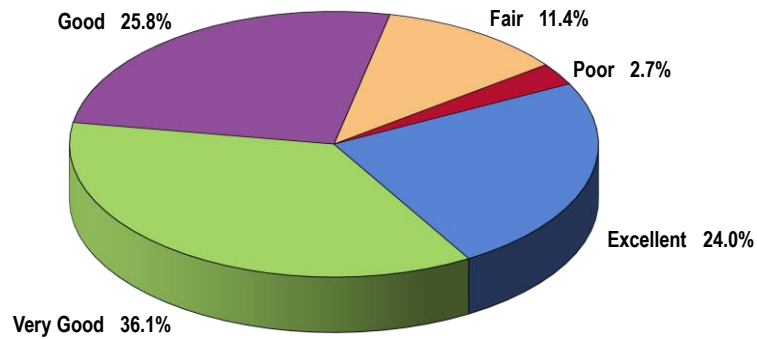
A total of 60.1% of Advocate Sherman Hospital (ASH) Service Area adults rate their overall health as “excellent” or “very good.

- Another 25.8% gave “good” ratings of their overall health.

The initial inquiry of the PRC Community Health Survey asked respondents the following:

“Would you say that in general your health is: excellent, very good, good, fair or poor?”

Self-Reported Health Status
(ASH Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]
Notes: • Asked of all respondents.

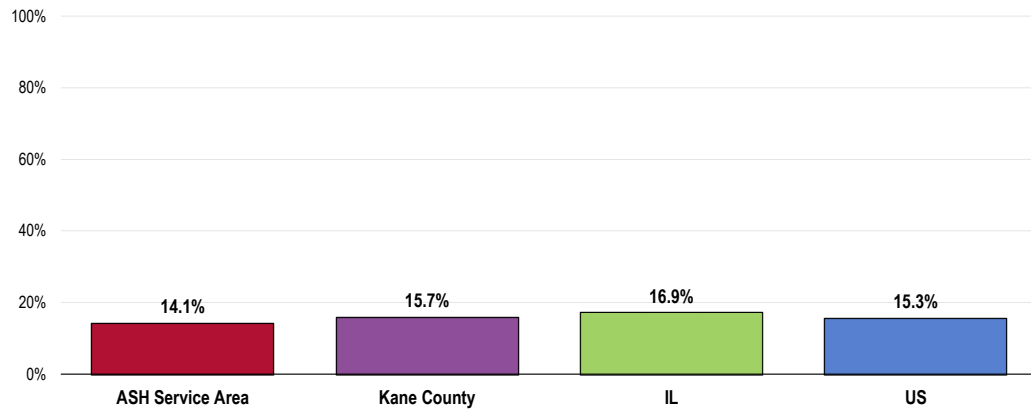
However, 14.1% of service area adults believe that their overall health is “fair” or “poor.”

- Comparable to the Kane County prevalence.
- Comparable to statewide findings.
- Comparable to the national percentage.

NOTE:

Differences noted in the text represent significant differences determined through statistical testing.

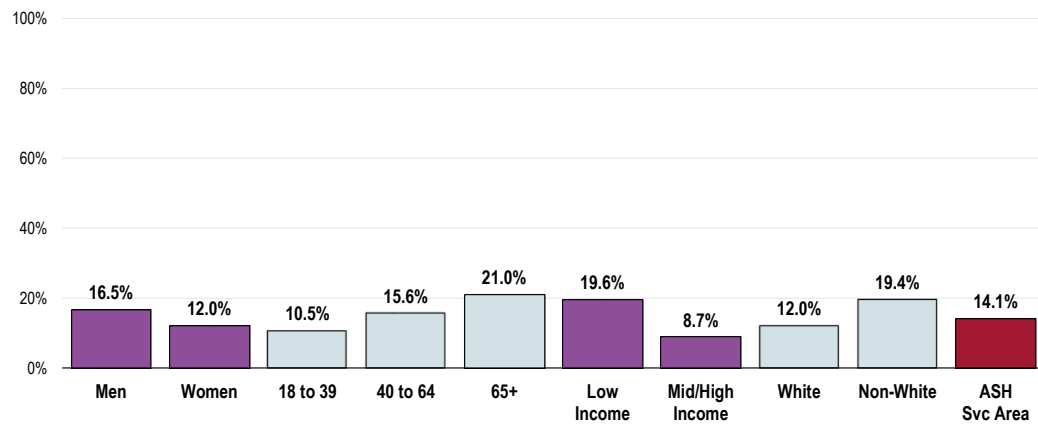
Experience “Fair” or “Poor” Overall Health



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- The demographic differences noted in the following chart are not statistically significant.

Experience “Fair” or “Poor” Overall Health (ASH Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income and race/ethnicity.

Days of Poor Physical Health

Question	Asked of:	Response:	ASH Service Area	Kane County
Now thinking about your PHYSICAL health, which includes physical illness and injury, for how many days during the past 30 days was your physical health NOT good?	<i>All respondents</i>	<i>3+ days</i>	14.5%	17.0%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 225]

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

- Healthy People 2020 (www.healthypeople.gov)

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
Are you limited in any way in any activities because of physical, mental or emotional problems?	All respondents	Yes	17.4%	17.9%	21.5%

Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

RELATED ISSUE:
See also
Potentially Disabling Conditions in the
Death, Disease & Chronic Conditions
section of this report.

Life Expectancy in Years (Kane County)

Life Expectancy at Birth (in Years) (Kane County, 2010)

	TOTAL		Males		Females	
	Kane County	US	Kane County	US	Kane County	US
All Races and Origins	80.97	78.5	79.41	76.0	82.43	80.9
White	81.01	78.8	79.43	76.4	82.50	81.2
Black	76.02	74.5	74.65	71.1	77.23	77.6
Hispanic	84.83	81.2	84.23	78.7	85.72	83.5
Non-Hispanic White	80.99	78.7	79.21	76.3	82.66	81.1
Non-Hispanic Black	75.37	74.2	73.73	70.7	76.83	77.4

Sources: • Kane County Health Department, Illinois Department of Public Health

Perceived Health Concerns for Area Children & Adolescents

Question	Asked of:	Top 5 responses:	ASH Service Area	Kane County
What do you feel is the number-one health issue affecting CHILDREN age 2 to 6 in your community today?	All respondents	Obesity Colds/Flu Nutrition Vaccinations Allergies	30.2% 16.7% 13.5% 6.5% 6.0%	23.4% 21.5% 14.3% 2.1% 4.8%
What do you feel is the number-one health issue affecting CHILDREN age 7 to 11 in your community today?	All respondents	Obesity Colds/Flu Nutrition Exercise Allergies	32.2% 12.4% 12.8% 12.0% 7.0%	32.5% 15.6% 10.1% 8.4% 4.6%
What do you feel is the number-one health issue affecting ADOLESCENTS age 12 to 17 in your community today?	All respondents	Obesity Drugs/Alcohol Mental Health Exercise Peer Pressure	25.2% 20.2% 14.3% 5.9% 3.8%	17.1% 19.7% 12.2% 5.4% 4.2%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 130, 131, 218]

Mental Health

About Mental Health & Mental Disorders

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Suicides (Kane County)

Indicator	Data Years	Expressed as:	Kane County	Illinois	United States
Suicide	2007-2011	Age-adjusted deaths per 100,000 population	7.8	9.1	11.8

Sources: • CDC Wonder, National Vital Statistics System: 2007-2011.

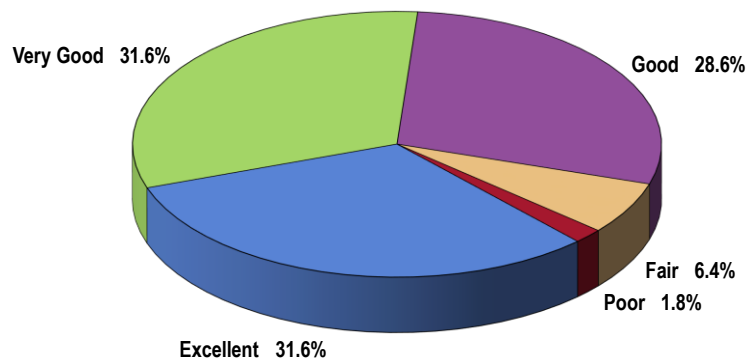
Self-Reported Mental Health Status

A total of 63.2% of ASH Service Area adults rate their overall mental health as “excellent” or “very good.”

- Another 28.6% gave “good” ratings of their own mental health status.

“Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?”

Self-Reported Mental Health Status
(ASH Service Area, 2014)

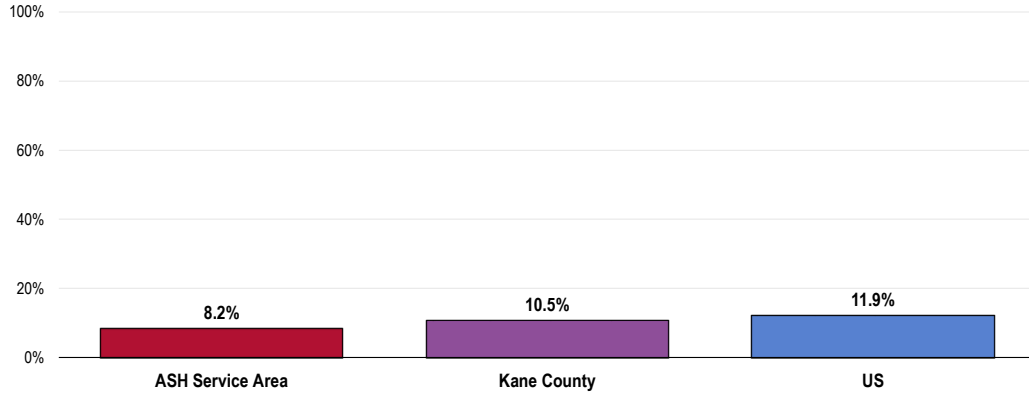


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
Notes: • Asked of all respondents.

A total of 8.2% of service area adults, however, believe that their overall mental health is “fair” or “poor.”

- Similar to the Kane County prevalence.
- More favorable than the “fair/poor” response reported nationally.

Experience “Fair” or “Poor” Mental Health

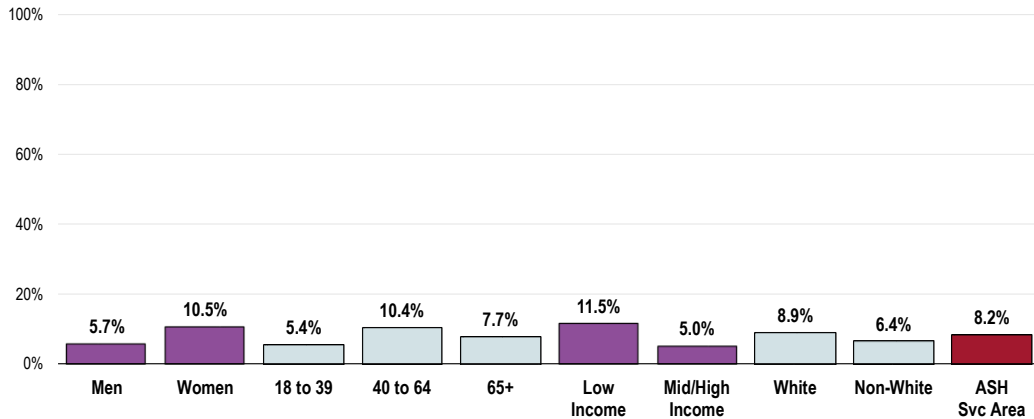


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- No statistically significant differences by demographics in the service area.

Experience “Fair” or “Poor” Mental Health (ASH Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]

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

Depression & Other Mental Health Issues

RELATED ISSUE:
See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
Has a doctor or other healthcare provider EVER told you that you have a depressive disorder , including depression, major depression, dysthymia, or minor depression?	All respondents	Yes	12.2%	11.8%	20.4%
For how many days during the past 30 days was your mental health NOT good ?	All respondents	3+ days	13.8%	15.2%	n/a
Thinking about the amount of stress in your life, would you say that most days are:	All respondents	Extremely stressful Very stressful Moderately stressful Not very stressful Not at all stressful	2.6% 6.7% 46.1% 31.7% 13.0%	2.6% 7.7% 45.2% 31.0% 13.5%	2.3% 9.6% 46.2% 28.8% 13.1%
During the past 30 days, for about how many days have you felt sad, blue, or depressed ?	All respondents	3+ days	19.9%	21.6%	n/a
Have you ever sought help from a professional for a mental or emotional problem?	Those with diagnosed depression	Yes	69.7%	80.5%	76.6%
Are you aware of the resources in the community for mental health?	All respondents	Yes	58.8%	60.9%	n/a

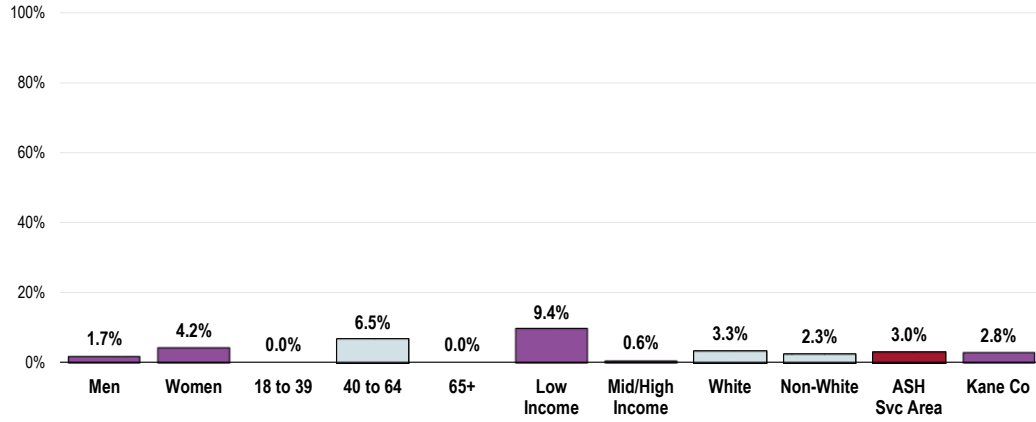
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 112-116, 121]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

MENTAL HEALTH SERVICES

A total of 3.0% of ASH Service Area adults had a time in the past year when they needed mental health services but could not obtain them.

- Similar to the Kane County percentage.
- Highest among service area adults age 40 to 64 and those living in lower-income households.
- Of those who could not obtain the needed mental health services, reasons included insurance/cost issues, and difficulty obtaining an appointment.

Could Not Get Mental Health Services When Needed in the Past Year (ASH Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

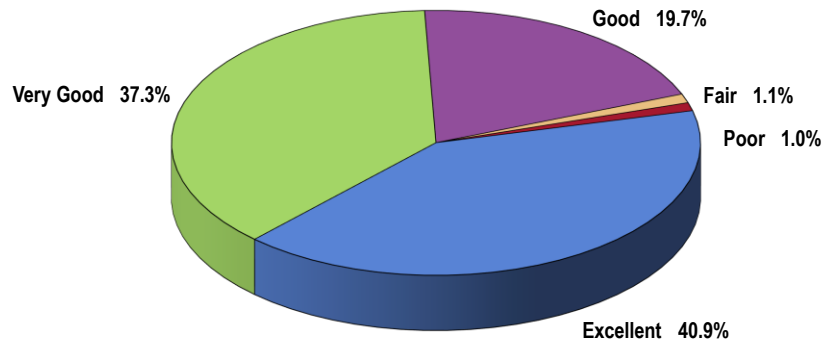
CHILDREN'S MENTAL HEALTH

Children's Mental Health Status

Most service area parents with children age 2-17 (78.2%) rate their child's overall mental health as "excellent" or "very good."

- Another 19.7% gave "good" ratings of their child's mental health status.

Child's Mental Health Status (ASH Service Area, 2014)

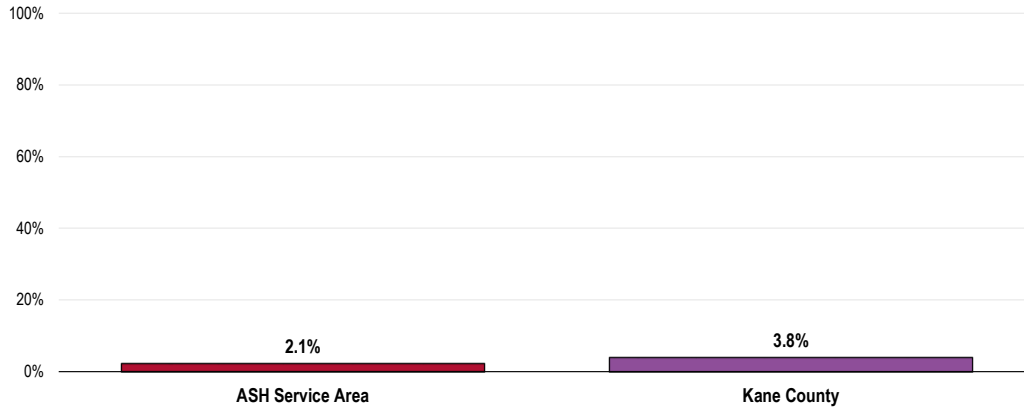


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 153]
 Notes: • Asked of those respondents with children under age 18 at home.

A total of 2.1% of ASH Service Area parents, however, believe that their child’s overall mental health is “fair” or “poor.”

- Statistically similar to the “fair/poor” response reported across the county.

Child Experiences “Fair” or “Poor” Mental Health (Parents of Children Under 18)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 153]
 Notes: • Asked of those respondents with children under 18 at home.

Mental Health Treatment for Children

Question	Asked of:	Response:	ASH Service Area	Kane County
Was there a time in the past 12 months when you needed mental health care for this child but could not get it?	Parents of children age 2-17	Yes	0.5%	0.4%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]

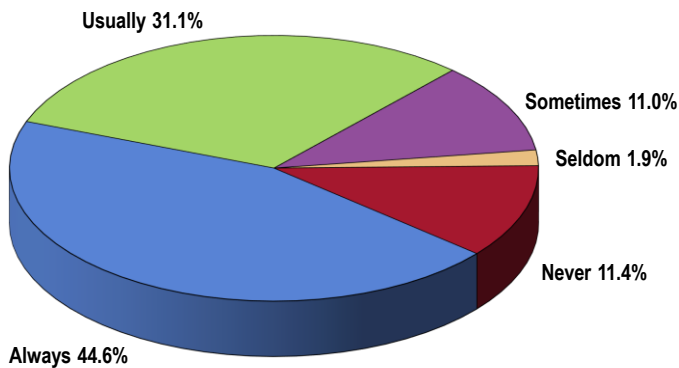
The survey respondents who could not get mental health services for their child mentioned cost as the prohibitive reason, as well as in-school counseling.

Social & Emotional Support

Among survey respondents, 44.6% report “always” getting the social and emotional support that they need.

- Another 31.1% of survey respondents “usually” get the social and emotional support that they need (11.0% “sometimes” get this support).

Frequency of Getting Social and Emotional Support (ASH Service Area, 2014)

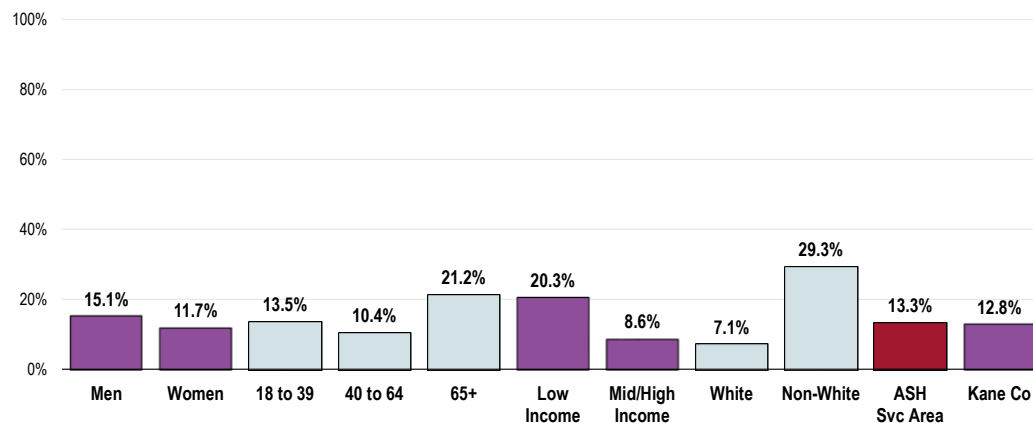


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
Notes: • Asked of all respondents.

In contrast, 13.3% of service area adults “seldom” or “never” get the social and emotional support that they need.

- Similar to the percentage reported countywide.
- The prevalence is statistically higher among seniors (age 65+), adults in lower-income households, and Non-Whites.

“Seldom/Never” Get Social and Emotional Support (ASH Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

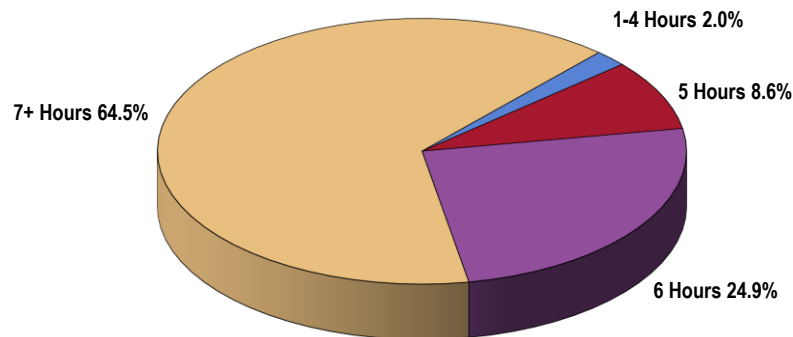
*When asked about resources for spiritual support, 30.3% of survey respondents rely on **family**, while 16.6% mentioned a **church**, and 11.9% mentioned a **priest, minister, or other clergy member**. Other spiritual resources mentioned included **God** (11.8%) and **friends** (5.3%).*

Adequate Sleep

A total of 2.0% of survey respondents get 4 hours or less of sleep in a given 24 hours, while 8.6% get 5 hours and 24.9% get 6 hours.

“On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.”

Hours Spent Sleeping in a 24-Hour Period
(ASH Service Area, 2014)

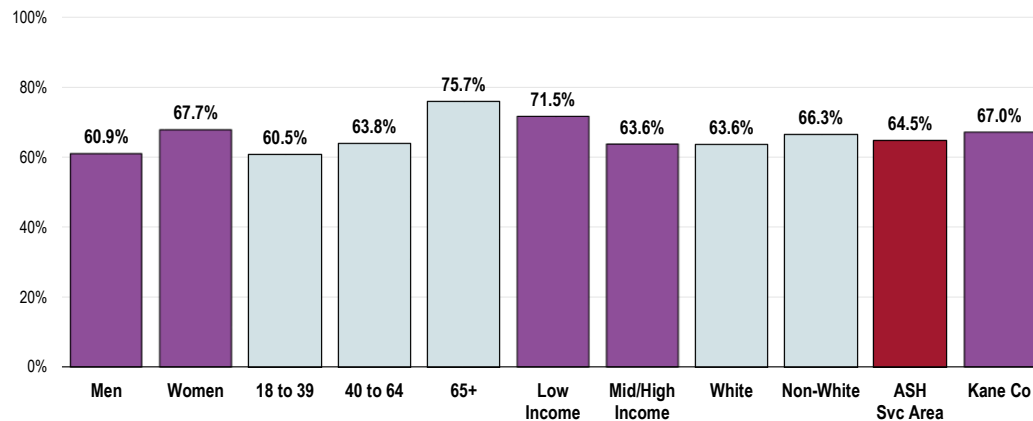


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 123, 224]
Notes: • Asked of all respondents.
• Includes napping.

On the other hand, the majority of ASH Service Area members (64.5%) get 7+ hours of sleep each day.

- Note the positive correlation between age and adequate sleep.

Get 7+ Hours of Sleep per Day, Including Napping
(ASH Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 224]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Note also:

Question	Asked of:	Response:	ASH Service Area	Kane County
Have you ever nodded off or fallen asleep , even just for a brief moment, while driving ?	All respondents	Yes	15.7%	17.2%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]

Key Informant Input: Mental Health

The majority (84.6%) of key informants participating in the focus groups characterized *Mental Health* as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2014)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem at All



Source: • PRC Key Informant Focus Groups, Kane County, November 2014.

Issues surrounding mental health services were mentioned multiple times in each focus group. Discussions frequently related to the following:

- Funding cuts
- Disparate level of access for services
- Jail as an answer
- Lack of follow-up or long-term care services
- Stigma/denial
- Co-occurrence with other health issues
- Children and youth

Recently, mental health services have fallen victim to **funding cuts**, placing additional pressures on local facilities to maintain service levels with less money. Participants noted that mental health issues such as depression have been rated as a high priority before, but there simply was not the money to address such issues at the time. Participants explain the role of funding cuts on mental health services:

Nonprofit sphere funding has been cut all over the place- and so to ask your nonprofits to continue to meet that demand... A couple years ago, we struggled to keep our doors open.

I hate to blame it on funding because I live with that every day... We can't stop there. I was part of the IPLAN process five years ago, and depression was ranked as a very high concern. Did programs and services develop as a result of the opinions of the community that this is a great need? No. And it does boil down to funding.

Now there's increasing awareness, thanks to improvements in research about the prevalence of mental health issues and how the brain is involved, though it's still not high on the national agenda, unfortunately. And clearly, in the state of Illinois, it's slipping further from a priority... Grants are disappearing, and now the state really is just a mechanism for funneling Medicaid funds to the indigent mentally ill, which leaves out a vast number of individuals in need of mental health services.

I perceive mental health as a national crisis. So while it's present here [in Kane County], I really suggest that it's a national epidemic. They have closed so many of the inpatient units that previously provided housing for these people, and we've increased the homeless as a result of that. Our organization doesn't even have any behavioral health beds, and that's not uncommon; many hospitals don't provide that service any longer.

Participants also worry that there is a **disparate level of access** for services, due to such factors as population group, insurance, and cost. Overall, individuals with insurance and an ability to pay are more likely to receive the necessary services than those without insurance or to whom the cost of treatment would otherwise be prohibitive. The groups mentioned two special cases of note: homeless individuals and the incarcerated population. Recently the community has closed several services for homeless individuals, so they have nowhere to go while they wait for the appropriate care or after they are released from the hospital.

I think there is a disparity in the access piece for lower-income, under-insured, and uninsured community physical access – Not necessarily availability, but getting there and having it be something that's easy to understand and access.

We've got those who have really good health care and then our homeless population, which I guess has the problem of either getting lost in the system or caught in the system where they're never getting their needs met. The hospitals treat them, and then they're back out on the street. It's that cycle where they're not really getting their needs met as far as health care.

Many of the clients that I take care of may have some mental health issues. A lot of them also have substance abuse issues, whether it's cocaine or alcohol. And it just seems like they're limited – they are uninsured and [often] homeless... You try to just temporize what you can and treat what you can at that moment, but it seems that to make any type of long-term plan, it's just impossible to get them the help that they need.

Similarly, the community largely does not understand how to handle mental health issues and often answers the problem with **jail**, a place where those with mental health issues are unable to receive the necessary care.

I'd just like to echo my concerns about mental health, diagnosis acceptance, and understanding services. In this state, there's so much lacking in mental health services, and a large population of our mentally ill are jailed. It's just so unfair.

I ran into a young man that was just released from jail. We have a lot of people who're locked up with mental health issues that are not getting treated. We have people who have other illnesses, and it's hard for them to get treatment because of lack of access.

An overarching theme throughout group discussions is that residents suffer due to a **lack of follow-up or long-term care** services. This community has a wide variety of resources that provide acute mental health services, including hospitals and specialized health centers (such as Ecker Center for Mental Health, Linden Oaks at Edward, Streamwood Behavioral Healthcare System, Family Service Association of Greater Elgin Area, Greater Elgin Family Care Center, VNA Health Center, Provena Saint Joseph Hospital, and Tri City Family Services); however, these facilities are equipped only to treat those with acute mental illness, characterized by sudden-onset symptoms requiring immediate treatment. Though these symptoms often respond to treatment, the underlying issue is rarely addressed and is, therefore, only temporarily mitigated.

Participants agreed that hospitals without available mental health beds are not uncommon, as there is now greater demand for services but fewer resources in which to provide them. Hospitals and clinics are overwhelmed, and many residents must remain in the community, or in the emergency room, until an inpatient bed becomes available; often providers now are forced to look outside the community for beds, and these long waiting lists will likely grow as more individuals enroll in healthcare.

But waiting lists continue to go up. The demand is just as high, if not higher, in some locations, but the access points to them are even lower... You can only spread people so far before you're back at that, "Wow, it's three months to see a psychiatrist. Well, I hate myself today; at three months, I'm going to hate myself even more. I may never make it."

It seems like even if you have somebody that you could get into a mental health facility, they're there for just a few days to stabilize them, and then they're released back into the same environment that they came from. How do you expect those people to make changes when you've maybe detoxed them for a few days, but you've given no support to help them make the changes that they need to move forward?

When someone needs a hospital bed, we can't find one. The present system is very generous, but there's just not enough beds there for all the people who need help. So we have people sitting in the emergency room sometimes for a day and a half, waiting for us to find a bed someplace in Illinois... And we're only going keep you three days or five days, when you really need longer term than that.

Mental health services have really improved in Kane [County]. But here is this issue: With the implementation of the Affordable Care Act's health insurance piece, it includes mental health services. Though we have identified more places to receive those services, there's a huge wait list now. And so there's still not enough mental health services available. And I only see that as a growing issue, not just for mental health, but as more people get health insurance because of the Affordable Care Act. Even with as many FQHCs as we have, there's wait lists everywhere.

A lack of education across cultures can contribute to **stigma** precluding individuals from seeking help, whereas in the more affluent areas of the county, there might be a certain **denial** that mental health problems exist.

There's stigma and there's denial. You move to Kane County because you have the perception that it's a very healthy place to live. And relatively speaking, it probably is. But accompanying that thought is the expectation that "If I move there, my kids will be protected from all the issues that impact other folks elsewhere." You're wrong; we have as much of a mental health issue here in Kane County as anywhere in the country.

I love the Tri-Cities, but I think there's a certain amount of affluence. There's a certain amount of: "That doesn't happen here."

I think sometimes there's still a stigma associated with mental health and seeking help when you may need it. There's a lack of education, and I think that goes across cultures, too. I think that's in more cultures – there's definitely more of a stigma as far as mental health.

Overall, participants agree that **mental health issues exacerbate and co-exist with many other health and wellness concerns**, such as substance abuse, homelessness, and violence, though these ties are often ignored or not prioritized; sometimes the window of opportunity for intervention is very small, as well.

People don't want it [mental health] to be a priority. In the aftermath of the Sandy Hook shooting, all the focus was on: "Lock the doors. Keep the bad guys out." The fact of the matter was, the security procedures at Sandy Hook were pretty standard for security features of any school... The national discussion about this then turned into a discussion about gun control, so there went the opportunity.

Depression is a big deal. You will not get people care in mental health once they fall into that state. Especially since the financial crisis hit, I think that you've got a larger scale of mentally depressed, and they're everyday day functioning people. But until you get past the point you don't care, I don't think they care so much about their health.

If there's no quality mental healthcare, then they're self-medicating, which [in some cases] leads to a drug problem, which leads to homelessness, which leads to violence. These are things that perpetuate many, many other health and wellness concerns. If we could wrap our arms around that one problem and drive an initiative... How can we be a model for really serving, reaching out, and what does the local group need to do to build that? Can we add a component that really deals with mental health on a serious level and make that a driver for that particular group?

I think we shouldn't get carried away with tying mental health so close to drug abuse or alcohol abuse. There's a lot of mental health that has nothing to do with either one. And a lot of it has to do with the fall of the economy and people not being able to get back on their feet. Some of it has been just not having that feeling of making progress in life.

The rise in mental health issues for **children and youth** is something that several participants noted in their community. School officials are seeing issues at increasingly younger ages, with elementary-aged students now showing signs of mental health issues. On the positive side, some schools in the county have now partnered with mental health services and follow-up care. Participants cited social media, the cost of college, and the current economy as all playing roles in the increase of school-aged mental health issues. Given the consistently rising costs of going to college, and the fact that many with degrees cannot find jobs in their respective fields, participants believe that fewer students are confident that they should go to college and may experience mental health issues such as depression or stress as a result.

Suicide was also a much-discussed issue during a recent electoral race for Sheriff, and participants recall the issue standing out more than it has in the past — so much so that it caught the attention of schools in the community.

We were averaging about one suicide per year in our schools... We put additional student supports in place. And we taught staff to not be afraid to go up and ask a kid, "Are you thinking of committing suicide?" And "Do you know what to do if that kid says yes?" So it became something we were able to act upon because it was made a priority.

I definitely think that fewer students today that even ten years ago believe that they can go to college because of the cost associated with higher education.... The 20 to 30 year olds who still have not found their career that aligns with their college education has been viewed by the younger group as something that they will never have the opportunities that clearly my generation had because the people aren't able to get jobs. So I think that they are more depressed. And I'm seeing it at a much younger age, 10-11, which is elementary, which I never saw it in 40 years of health care. I was not seeing that depression among elementary school students. It was something that developed as they went through adolescence and became mature people. And now we're seeing it at a very young age, including suicide attempts, which I had never seen.

I think one of the reasons why you see it so much in the younger 11 and 12 year olds is because the parents don't see a way out for themselves; therefore, it's passed onto the kids. I was at our church one Sunday after service, and there was a young lady there who actually mentioned that she wants to become a doctor; her mom immediately went to the negatives of trying to become a doctor. And she said, "Maybe you should try being a nurse or something like that." It's really tough for people to believe that they can – that is a big problem. Even ones who are trying to be successful ... I don't think our young people run into the positive people in the way that they used to – that gives them the initiative to believe that they can strive forward. I think depression is so big and so nationwide that it has fed back into our generation.

County Health Rankings Overview

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The annual County Health Rankings measure vital health factors, such as high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births in nearly every county in America.

The following overview shows various measures within Health Outcomes and Health Factors categories, each of which has various subcategories. The “rank” represents Kane County’s position for these measures among the 102 Illinois counties (with “1” being the most favorable ranking).

2014 County Health Rankings, Kane County, Illinois (Table 1 of 2)					
	Kane County	Error Margin	Top US Performers (90 th percentile)	IL	Rank (of 102)
HEALTH OUTCOMES					9
Length of Life					7
Premature death	4,869	4,658-5,079	5,317	6,604	
Quality of Life					30
Poor or fair health	12%	10-15%	10%	15%	
Poor physical health days	3.1	2.6-3.5	2.5	3.4	
Poor mental health days	3	2.4-3.5	2.4	3.3	
Low birthweight	7.40%	7.2-7.6%	6.00%	8.40%	
HEALTH FACTORS					21
Health Behaviors					5
Adult smoking	15%	12-18%	14%	18%	
Adult obesity	27%	23-31%	25%	28%	
Food environment index	8.7		8.7	8	
Physical inactivity	23%	20-26%	21%	24%	
Access to exercise opportunities	89%		85%	86%	
Excessive drinking	20%	17-24%	10%	20%	
Alcohol-impaired driving deaths	40%		14%	38%	
Sexually transmitted infections	288		123	505	
Teen births	38	37-39	20	36	

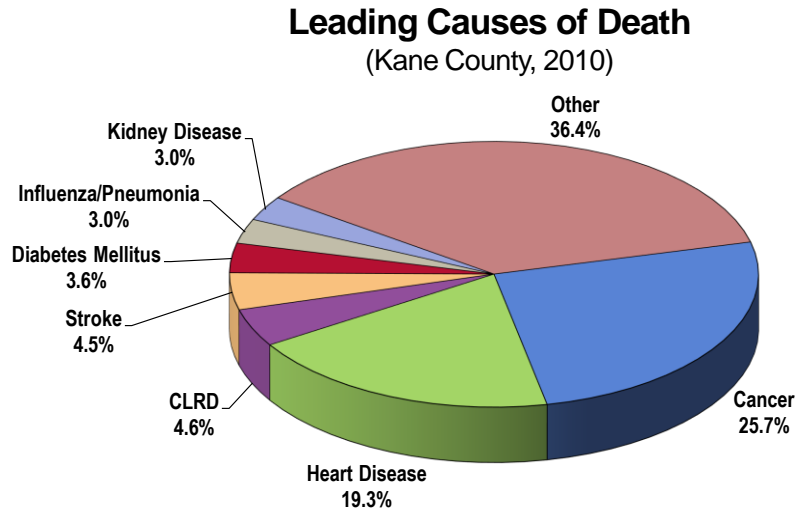
2014 County Health Rankings, Kane County, Illinois (Table 2 of 2)					
	Kane County	Error Margin	Top US Performers (90 th percentile)	IL	Rank (of 102)
HEALTH FACTORS (continued)					21
Clinical Care					67
Uninsured	15%	14-16%	11%	15%	
Primary care physicians	2,292:1		1,051:1	1,270:1	
Dentists	1,795:1		1,392:1	1,496:1	
Mental health providers	1,007:1		521:1	844:1	
Preventable hospital stays	70	67-73	46	73	
Diabetic screening	87%	84-90%	90%	84%	
Mammography screening	65%	62-67%	71%	64%	
Social & Economic Factors					32
High school graduation	87%			84%	
Some college	59%	57-61%	70%	66%	
Unemployment	8.80%		4.40%	8.90%	
Children in poverty	18%	15-20%	13%	21%	
Inadequate social support	18%	15-22%	14%	21%	
Children in single-parent households	26%	24-28%	20%	32%	
Violent crime	215		64	457	
Injury deaths	32	29-34	49	50	
Physical Environment					89
Air pollution - particulate matter	12.8naI		9.5	12.5	
Drinking water violations	0%		0%	3%	
Severe housing problems	19%	18-20%	9%	18%	
Driving alone to work	81%	80-81%	71%	73%	
Long commute - driving alone	44%	42-45%	15%	39%	

Death, Disease & Chronic Conditions

Leading Causes of Death (Kane County)

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for one-half of all deaths in Kane County in 2010.



- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2014.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, Illinois and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2010 annual average age-adjusted death rates per 100,000 population for selected causes of death in Kane County.

Note that the Kane County age-adjusted mortality rate is worse than the national rate for kidney disease.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, the county rate fails to satisfy the related goal for stroke.

Age-Adjusted Death Rates for Selected Causes (2010 Deaths per 100,000 Population)

	Kane County	Illinois	US	HP2020
Malignant Neoplasms (Cancers)	162.8	178.6	172.8	161.4
Lung Cancer	44.7	49.9	47.6	45.5
Prostate Cancer	7.3	8.7	8.7	21.8
Diseases of the Heart	145.9	181.7	179.1	156.9*
Coronary Heart Disease	94.3	123.5	123.7	103.4
Cerebrovascular Disease (Stroke)	40.8	39.2	39.1	34.8
Chronic Lower Respiratory Disease (CLRD)	28.1	39.3	42.2	n/a
Unintentional Injuries	21.5	30.4	38.0	36.4
Kidney Diseases	20.1	19.3	15.3	n/a
Alzheimer's Disease	16.3	20.9	25.1	n/a
Diabetes Mellitus	15.9	18.5	20.8	20.5*
Pneumonia/Influenza	13.4	16.1	15.1	n/a
Septicemia	11.1	13.8	10.6	n/a

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.

Note:

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

Leading Causes of Hospitalization (Kane County)

Between 2010 and 2012, Kane County residents experienced 50,253 total hospitalizations.

- The largest share of hospitalizations was for newborns/deliveries.
- **Mental disorders** and **heart disease** were the leading disease-specific causes.

Kane County Hospitalizations 2010-2012

Cause of Hospitalization	% of All Hospitalizations 2010-2012
Newborn	13.1%
Delivery	12.6%
Mental Disorders	7.8%
Heart Disease	7.2%
Injury	3.3%
Cancer	3.1%
Pneumonia/Influenza	2.9%
All Other	49.9%
Total hospitalizations of Kane County residents between 2010 and 2012:	50,253

Source: Illinois Department of Public Health

- Note that hospitalization rates for mental disorders have increased considerably in recent years, whereas hospitalization rates for diabetes have remained fairly stable.
- Hospitalization rates for the other conditions listed in the following table have generally declined in Kane County.

Kane County Resident Hospitalizations by Type (Rate per 100,000 Kane County Residents)

Year	Mental Disorders	Heart Disease	Injury	Pneumonia/Influenza	All Crashes	Diabetes	Asthma	Uncontrolled Hypertension	Injury Crashes
2004	958.3	n/a	474.9	410.3	342.4	167.8	177.3	75.9	66.4
2005	973.1	1319.2	482.3	466.9	332.7	168.7	163.4	78.6	62.5
2006	982.8	1282.3	479.3	415.5	321.5	169.5	158.1	80.9	59.3
2007	1008.3	1212.4	487.3	392.2	330.9	177.7	149.4	79.6	57.3
2008	1010.2	1179.0	466.7	392.1	318.0	176.6	138.5	79.4	52.8
2009	1029.9	1125.1	440.9	376.4	226.5	172.1	122.0	77.7	49.1
2010	1088.3	1110.4	440.1	360.6	225.7	167.7	144.3	75.5	49.6
2011	1091.9	1051.0	424.2	350.9	219.3	171.8	143.2	69.7	46.7
2012	1040.3	1021.5	411.6	329.4	213.2	172.3	140.2	68.2	46.8

Sources: • Illinois Department of Public Health

Cardiovascular Disease

About Heart Disease & Stroke

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Crude Heart Disease & Stroke Deaths

- In terms of crude death rates (not adjusted for age distribution), the ASH Service Area experienced heart disease and stroke death rates just below the county rates in 2012.

Indicator	Data Years	Expressed as:	ASH Service Area	Kane County
Coronary Heart Disease Deaths	2008	<i>Crude deaths per 100,000 population</i>	79.3	n/a
	2009		82.2	78.4
	2010		70.8	72.0
	2011		68.6	66.1
	2012		66.9	68.3
Diseases of the Heart Deaths	2008	<i>Crude deaths per 100,000 population</i>	111.1	118.3
	2009		119.0	118.5
	2010		103.1	111.0
	2011		99.7	99.0
	2012		99.2	106.2
Stroke Deaths	2008	<i>Crude deaths per 100,000 population</i>	30.6	26.8
	2009		26.6	29.5
	2010		30.0	31.2
	2011		28.9	26.5
	2012		23.2	24.7

Sources: • Illinois Department of Public Health
• Kane County Health Department

Prevalence of Heart Disease & Stroke

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
Has a doctor, nurse or other health professional ever told you that you had a heart attack ?	<i>All respondents</i>	<i>Diagnosed With Heart Disease (calculated response): heart attack, angina, and/or coronary heart disease</i>	5.6%	5.9%	6.1%
Has a doctor, nurse or other health professional ever told you that you had angina ?					
Has a doctor, nurse or other health professional ever told you that you had coronary disease ?					
Has a doctor, nurse or other health professional ever told you that you had a stroke ?	<i>All respondents</i>	<i>Yes</i>	1.3%	1.7%	3.9%

Sources: • 2014 PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 160; 40]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Cardiovascular Risk Factors

About Cardiovascular Risk

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

- Healthy People 2020 (www.healthypeople.gov)

HYPERTENSION (HIGH BLOOD PRESSURE) & HIGH CHOLESTEROL

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
Have you ever been told by a doctor, nurse or other healthcare professional that you had high blood pressure ?	All respondents	Yes	29.7%	32.2%	34.1%
Are you currently taking any action to control your high blood pressure , such as taking medication, changing your diet or exercising?	Respondents with high blood pressure	Yes	95.1%	96.7%	89.2%
Have you ever been told by a doctor, nurse or other healthcare professional that you had high blood cholesterol ?	All respondents	Yes	34.6%	32.6%	29.9%
About how long has it been since you had your blood cholesterol checked ?	All respondents	Within the past 5 years	93.6%	92.9%	86.6%
Are you currently taking any action to control your high blood cholesterol , such as taking medication, changing your diet or exercising?	Respondents with high blood cholesterol	Yes	91.7%	89.9%	81.4%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 47, 49, 51, 52, 162]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

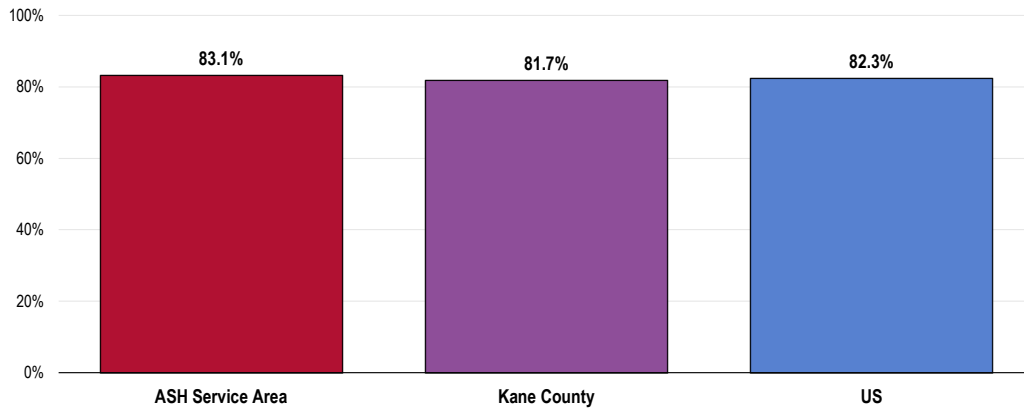
TOTAL CARDIOVASCULAR RISK

A total of 83.1% of ASH Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Similar to the Kane County prevalence.
- Similar to the US prevalence.

RELATED ISSUE:
 See also Nutrition & Overweight, Physical Activity & Fitness and Tobacco Use in the Modifiable Health Risk section of this report.

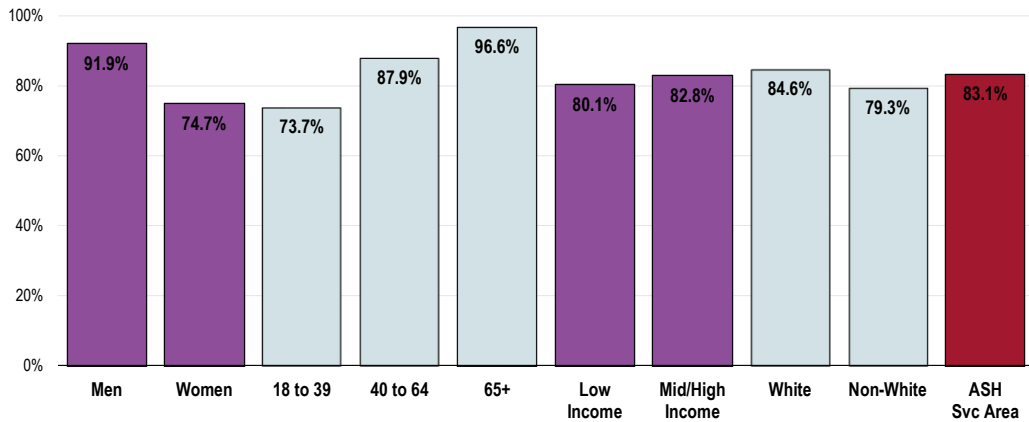
Present One or More Cardiovascular Risks or Behaviors



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

- Service area men and adults age 40 and older are more likely to exhibit cardiovascular risk factors.

Present One or More Cardiovascular Risks or Behaviors (ASH Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

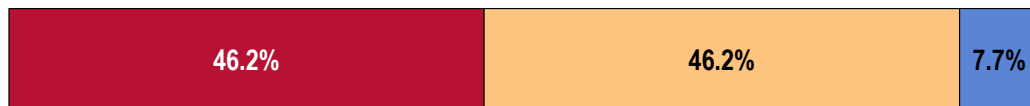
Key Informant Input: Heart Disease & Stroke

Equal shares of key informants taking part in the focus groups characterized *Heart Disease & Stroke* as a “major problem” and a “moderate problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2014)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem at All



Source: • PRC Key Informant Focus Groups, Kane County, November 2014.

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

• Healthy People 2020 (www.healthypeople.gov)

Crude Cancer Deaths

- Service area 2012 mortality rates (crude, unadjusted rates) are worse than county rates for cancer overall, and for lung cancer specifically.

Indicator	Data Years	Expressed as:	ASH Service Area	Kane County
Cancer Deaths	2008	<i>Crude deaths per 100,000 population</i>	116.2	130.8
	2009		118.4	130.7
	2010		122.4	132.2
	2011		130.3	135.1
	2012		140.0	132.6
Lung Cancer Deaths	2008	<i>Crude deaths per 100,000 population</i>	37.4	n/a
	2009		35.1	32.7
	2010		28.9	35.1
	2011		41.4	40.9
	2012		41.4	39.0

Sources: • Illinois Department of Public Health
• Kane County Health Department

Cancer Incidence (Kane County)

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. Here, these rates are also age-adjusted.

“Incidence rate” or “case rate” is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

Between 2006 and 2010, Kane County had an annual average age-adjusted incidence rate of prostate cancer of 150.0 cases per 100,000 population.

- Comparable to the statewide incidence rate.
- Comparable to the national incidence rate.

There was an annual average age-adjusted incidence rate of 126.6 female breast cancer cases per 100,000 in Kane County.

- Almost identical to the statewide incidence rate.
- Worse than the national incidence rate.

The Kane County annual average age-adjusted incidence rate for lung cancer was 64.1 cases per 100,000 population.

- Below the statewide incidence rate.
- Similar to the national incidence rate.

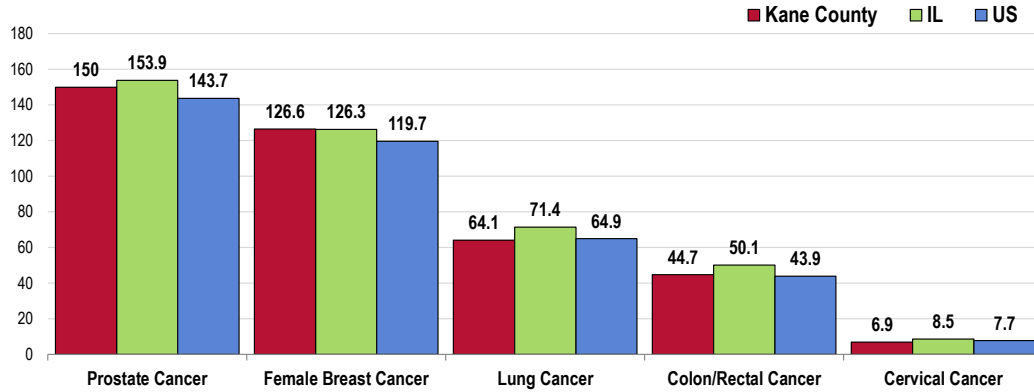
There was an annual average age-adjusted incidence rate of colorectal cancer of 44.7 cases per 100,000 in the county.

- Better than the statewide incidence rate.
- Comparable to the national incidence rate.

The Kane County annual average age-adjusted incidence rate for cervical cancer was 6.9 cases per 100,000.

- Below the statewide incidence rate.
- Below the national incidence rate.

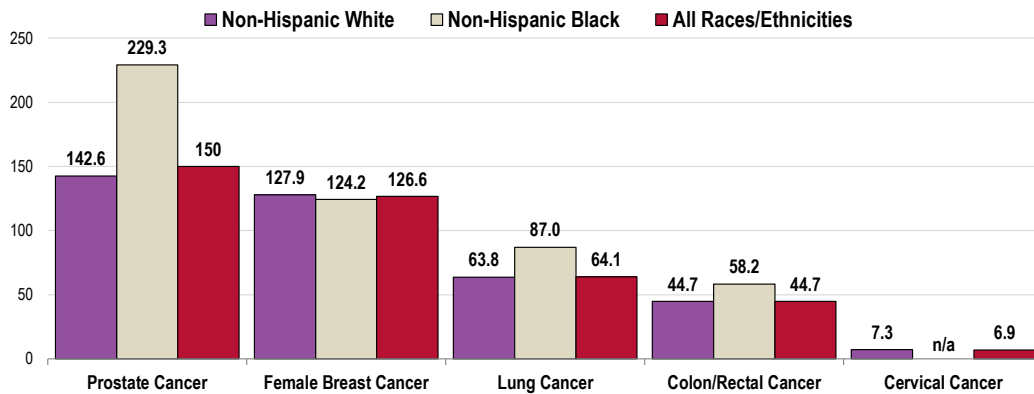
Cancer Incidence Rates by Site (Annual Average Age-Adjusted Incidence per 100,000 Population, 2006-2010)



Sources: • State Cancer Profiles: 2006-10.
 • Retrieved November 2014 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

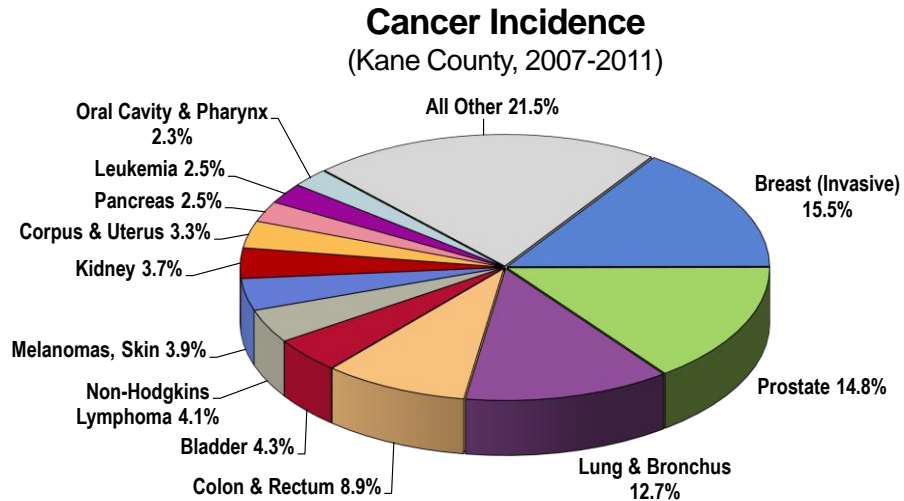
- By available race data, Non-Hispanic Blacks experience a notably higher prostate cancer incidence than Non-Hispanic Whites in Kane County.
- Blacks also report higher lung and colon/rectal cancer incidence rates, while Whites have a slightly higher incidence of female breast cancer in the county.

Cancer Incidence Rates by Site and Race/Ethnicity (Annual Average Age-Adjusted Incidence per 100,000 Population, Kane County 2006-2010)



Sources: • State Cancer Profiles: 2006-10.
 • Retrieved November 2014 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Of all Kane County cancer incidence reports between 2007 and 2011, invasive breast cancer represented the largest share (15.5%), followed by prostate (14.8%), lung/bronchus (12.7%) and colon/rectum (8.9%) cancers.



Sources: • Illinois Department of Public Health. Data extracted November 2014.

Further, the following table provides the top 5 Kane County cancers (2007-2011 data) by incidence, segmented by gender.

Top 5 Cancers by Incidence, Kane County 2007-2011		
Among Both Genders	Among Men	Among Women
<ol style="list-style-type: none"> 1. Breast, Invasive 2. Prostate 3. Lung & Bronchus 4. Colon & Rectum 5. Bladder 	<ol style="list-style-type: none"> 1. Prostate 2. Lung & Bronchus 3. Colon & Rectum 4. Bladder 5. Non-Hodgkins Lymphoma 	<ol style="list-style-type: none"> 1. Breast, Invasive 2. Lung & Bronchus 3. Colon & Rectum 4. Corpus & Uterus 5. Non-Hodgkins Lymphoma

Sources: • Illinois Department of Public Health

Note also the following 2007-2011 breakouts of Kane County cancer incidence by both gender and race.

Male Cancer Incidence by Race, 2007-2011						
Site	ALL Males		Black Males		White Males	
	Kane Co	IL	Kane Co	IL	Kane Co	IL
Prostate	149.7	149.4	216.4	224.2	140	137.9
Lung & Bronchus	71.0	84.9	86.3	104.2	70.9	83.7
Colon & Rectum	48.0	57.2	59.3	72.8	47.7	55.3
Bladder	37.2	39.3	32.3	21.1	38.1	41.9
Non-Hodgkins Lymphoma	24.7	23.9	12.4	16.6	25.2	24.7
Kidney	21.8	23.0	33.1	25.8	22.0	23.0
Melanomas, Skin	21.7	21.9	1.5	1.0	21.9	24.5
Oral Cavity & Pharynx	14.6	17.5	23.0	19.0	14.3	17.3
Leukemia	14.0	16.9	5.0	13.9	13.8	17.1
Pancreas	13.7	15.0	13.8	17.9	13.8	14.8
Brain & Nervous System	10.1	7.6	15.6	4.8	10.2	8.1
Stomach	10.0	10.5	11.7	18.6	9.5	9.2
Liver	8.1	9.4	9.5	14.4	7.5	8.3
Esophagus	8.0	9.1	0	9.1	8.6	9.3
Testis	6.2	5.6	1.1	1.3	6.5	6.5
Multiple Myeloma	6.1	7.5	11.2	13.2	5.9	6.8
Hodgkins Lymphoma	3.9	3.3	0	3.5	4.3	3.3
Breast, invasive	1.4	1.3	1.5	1.8	1.4	1.2
Bone	0.7	0.9	0.0	0.8	0.7	1.0
All Other Sites	50.7	52.8	44.4	52.5	51.2	53.1

Sources: • Illinois Department of Public Health

Female Cancer Incidence by Race, 2007-2011						
Site	ALL Females		Black Females		White Females	
	Kane Co	IL	Kane Co	IL	Kane Co	IL
Breast, invasive	126.5	127.4	121.8	124.3	127.4	128.7
Lung & Bronchus	57.3	60.4	74.3	64.0	57.1	61.2
Colon & Rectum	37.9	41.9	47.1	51.9	38.0	40.5
Corpus & Uterus	27.0	28.2	12.2	24.4	27.5	29.0
Non-Hodgkins Lymphoma	15.4	16.6	15.6	11.4	15.6	17.3
Melanomas, Skin	13.9	14.6	0.0	0.7	14.8	16.8
Kidney	12.2	12.5	13.4	13.6	12.4	12.5
Ovary	11.5	12.4	10.9	10.0	11.5	12.7
Pancreas	10.4	11.5	4.3	14.9	10.7	11.1
Bladder	10.1	9.8	12.3	8.2	10.2	10.2
Leukemia	9.0	10.0	7.0	8.1	9.2	10.3
Cervix	6.9	8.4	6.8	13.3	7.0	7.6
Oral Cavity & Pharynx	5.5	6.6	2.3	6.3	5.7	6.5
Brain & Nervous System	5.2	5.7	1.4	3.5	5.3	6.2
Multiple Myeloma	4.5	4.9	10.1	9.1	4.4	4.3
Stomach	3.9	5.4	6.1	9.2	3.8	4.7
Hodgkins Lymphoma	2.5	2.6	0	2.2	2.7	2.7
Liver	1.8	2.9	2.6	3.9	1.6	2.6
Esophagus	0.9	2.1	1.7	3.0	0.9	2.0
Bone	0.5	0.7	0.0	0.7	0.4	0.7
IS Breast (in situ), Not Included in Total	30.6	33.6	28.9	33.2	30.6	33.8
All Other Sites	54.9	53.3	48.6	47.3	55.7	54.5

Sources: • Illinois Department of Public Health

Cancer Risk

RELATED ISSUE:
See also
Nutrition & Overweight,
Physical Activity & Fitness and Tobacco Use in the **Modifiable Health Risk** section of this report.

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

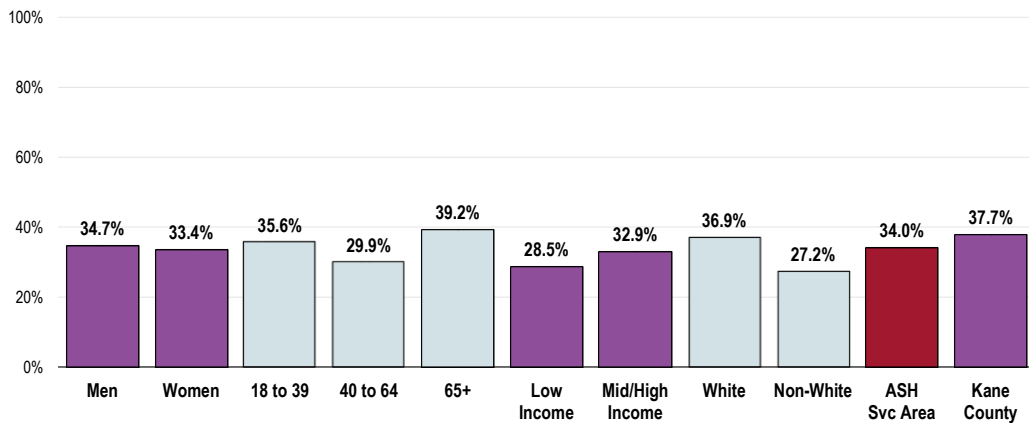
- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention
- Radon is a radioactive gas released from the normal decay of the elements uranium, thorium, and radium in rocks and soil. It is an invisible, odorless, tasteless gas that seeps up through the ground and diffuses into the air. In a few areas, depending on local geology, radon dissolves into ground water and can be released into the air when the water is used. Radon gas usually exists at very low levels outdoors. However, in areas without adequate ventilation, such as underground mines, radon can accumulate to levels that substantially increase the risk of lung cancer.
- Radon decays quickly, giving off tiny radioactive particles that, when inhaled, can damage the cells that line the lung. Long-term exposure to radon can lead to lung cancer, the only cancer proven to be associated with inhaling radon. There has been a suggestion of increased risk of leukemia associated with radon exposure; however, evidence is inconclusive.
- National Cancer Institute, National Institutes of Health.

RADON GAS

A total of 34.0% of survey respondents indicate their household air has been tested for the presence of radon gas.

- Similar to the Kane County prevalence.
- Similar findings by demographic characteristics.

Household Air Has Been Tested for the Presence of Radon Gas (ASH Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to four cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); male prostate cancer; and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
How long has it been since you had your last Pap test ?	<i>Women age 21-65</i>	<i>Within the past 3 years</i>	86.2%	85.7%	83.9%
How long has it been since your last mammogram ?	<i>Women age 50-74</i>	<i>Within the past 2 years</i>	81.6%	81.3%	83.6%
How long has it been since your last PSA test ?	<i>Men age 40+</i>	<i>Within the past 2 years</i>	58.7%	59.6%	55.0%
How long has it been since you had your last blood stool test ? How long has it been since your last sigmoidoscopy or colonoscopy ?	<i>Respondents age 50-75</i>	Colorectal Cancer Screening <i>(calculated response): blood stool test in past year and/or lower endoscopy in past 10 years</i>	71.4%	73.0%	75.1%

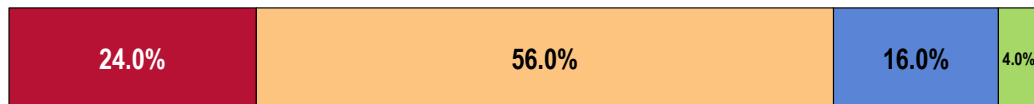
Sources: ● 2014 PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 90, 165-169]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Key Informant Input: Cancer

Most key informants taking part in the focus groups characterized *Cancer* as a “moderate problem” in the community

Perceptions of Cancer as a Problem in the Community (Key Informants, 2014)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Source: • PRC Key Informant Focus Groups, Kane County, November 2014.

Respiratory Disease

About Asthma & COPD

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

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

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

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

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

Risk factors for asthma currently being investigated include:

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

Crude Respiratory Disease Deaths

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Indicator	Data Years	Expressed as:	ASH Service Area	Kane County
Chronic Lower Respiratory Disease Deaths	2008	Crude deaths per 100,000 population	26.1	27.2
	2009		24.4	24.8
	2010		22.7	21.3
	2011		30.6	30.2
	2012		27.8	29.9
Pneumonia/Influenza Deaths	2008	Crude deaths per 100,000 population	11.9	11.9
	2009		10.2	10.6
	2010		8.5	10.1
	2011		12.5	12.1
	2012		14.2	13.4

Sources: • Illinois Department of Public Health
• Kane County Health Department

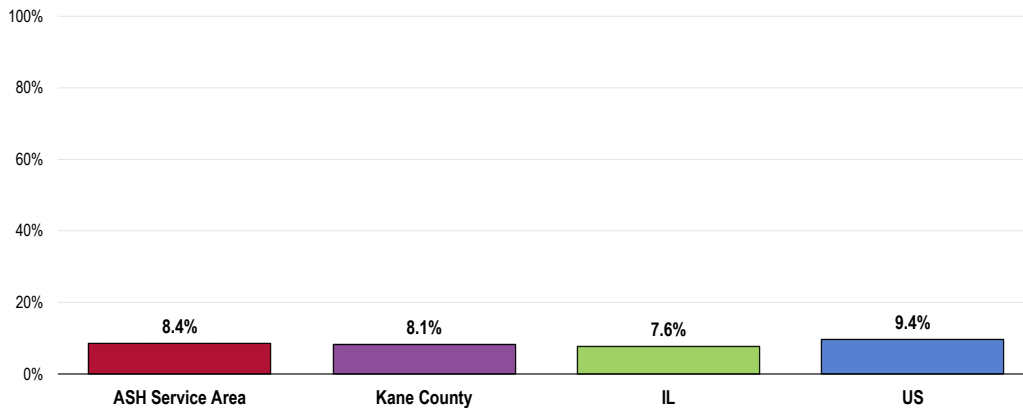
Asthma

ADULTS

A total of 8.4% of ASH Service Area adults currently suffer from asthma.

- Similar to the countywide prevalence.
- Similar to the statewide prevalence.
- Similar to the national prevalence.

Adult Asthma: Current Prevalence

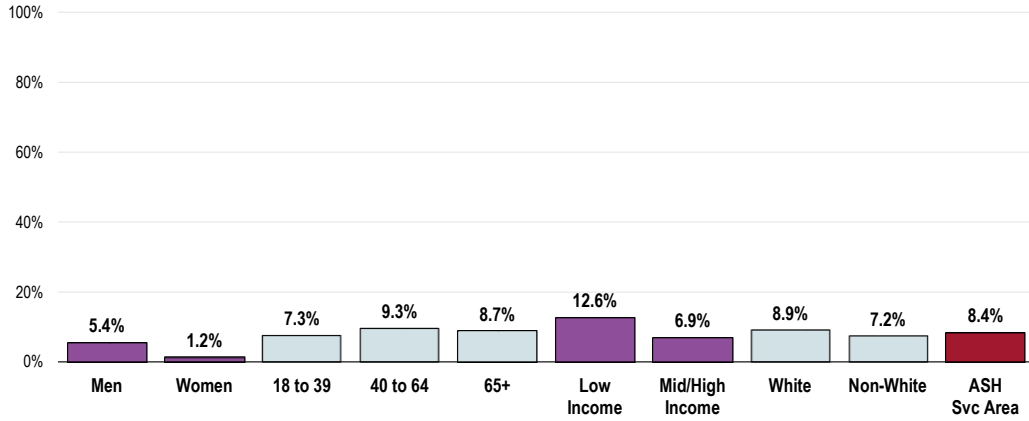


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.

Notes: • Asked of all respondents.
• Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

Note that service area men are more likely than women to have asthma.

Currently Have Asthma (ASH Service Area, 2014)



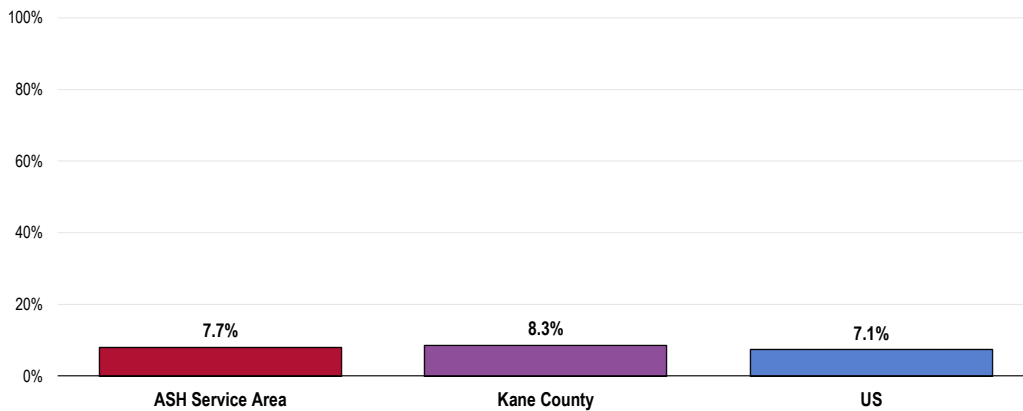
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

CHILDREN

Among service area children under age 18, 7.7% currently have asthma.

- Similar to the county prevalence.
- Similar to the national prevalence.

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



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease ?	All respondents	Yes	7.4%	6.5%	8.6%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Pneumonia/Influenza Vaccinations

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot ?	Respondents age 65+	Senior Flu Vaccination (calculated response): Yes	56.3%	55.0%	57.5%
During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose? The seasonal flu vaccine sprayed in the nose is also called FluMist.					
A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the seasonal flu shot. Have you ever had a pneumonia shot ?	Respondents age 65+	Yes	68.4%	71.0%	68.4%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 177, 179]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in the focus groups characterized *Respiratory Disease* as a “moderate problem” in the community

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2014)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Source: • PRC Key Informant Focus Groups, Kane County, November 2014.

Injury & Violence

About Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

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

- Healthy People 2020 (www.healthypeople.gov)

Crude Unintentional Injury Deaths

Indicator	Data Years	Expressed as:	ASH Service Area	Kane County
Unintentional Injury Deaths	2008	Crude deaths per 100,000 population	21.0	19.8
	2009		17.6	22.3
	2010		10.8	15.1
	2011		13.6	17.1
	2012		18.7	21.2

Sources: • Illinois Department of Public Health
• Kane County Health Department

Injury & Safety

VEHICLE SAFETY AND FIREARMS

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck or car?	All respondents	Yes	19.2%	22.2%	34.7%
	Parents of children 0-17	Yes	20.2%	22.4%	37.4%
Is your firearm kept unlocked and loaded ?	Respondents with firearms	Yes	10.9%	5.1%	16.8%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 55, 173, 174]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

EMERGENCY PREPAREDNESS

Question	Asked of:	Response:	ASH Service Area	Kane County
Do you have at least 3 days' worth of emergency food and water stored at home?	All respondents	Yes	70.3%	72.8%
Does your household have a written evacuation plan for how you will leave your home in case of a large-scale disaster or emergency that requires evacuation?	All respondents	Yes	24.2%	24.2%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 58-59]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Intentional Injury (Violence)

HOMICIDE & SUICIDE (KANE COUNTY)

RELATED ISSUE:

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

Indicator	Data Years	Expressed as:	Kane County	Illinois	United States
Homicide	2007-2011	Age-adjusted deaths per 100,000 population	1.9	6.6	5.6
Violent Crime	2012	Rate per 100,000 population	160.0	414.7	386.8

Source: Federal Bureau of Investigation, *FBI Uniform Crime Reports*, 2012.
 CDC Wonder, *National Vital Statistics System*: 2007-2011.
 Retrieved November 2014 from Community Commons at <http://www.chna.org>.

VIOLENT CRIME

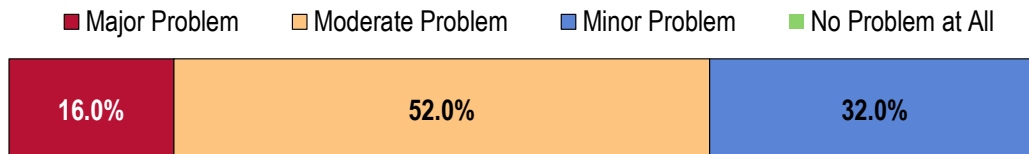
Question	Asked of:	Response:	ASH Service Area	Kane County	United States
Have you been the victim of a violent crime in your area in the past five years?	All respondents	Yes	0.6%	1.7%	2.8%
Has an intimate partner ever hit, slapped, pushed, kicked or hurt you in any way?	All respondents	Yes	10.3%	9.0%	15.0%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 53-54]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in the focus groups characterized *Injury & Violence* as a “moderate problem” in the community

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2014)



Source: • PRC Key Informant Focus Groups, Kane County, November 2014.

Diabetes

About Diabetes

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

Diabetes mellitus:

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

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

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

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

Crude Diabetes Deaths

Indicator	Data Years	Expressed as:	ASH Service Area	Kane County
Diabetes Deaths	2008	Crude deaths per 100,000 population	23.2	18.0
	2009		22.1	18.0
	2010		13.6	12.8
	2011		14.7	15.6
	2012		21.0	17.0

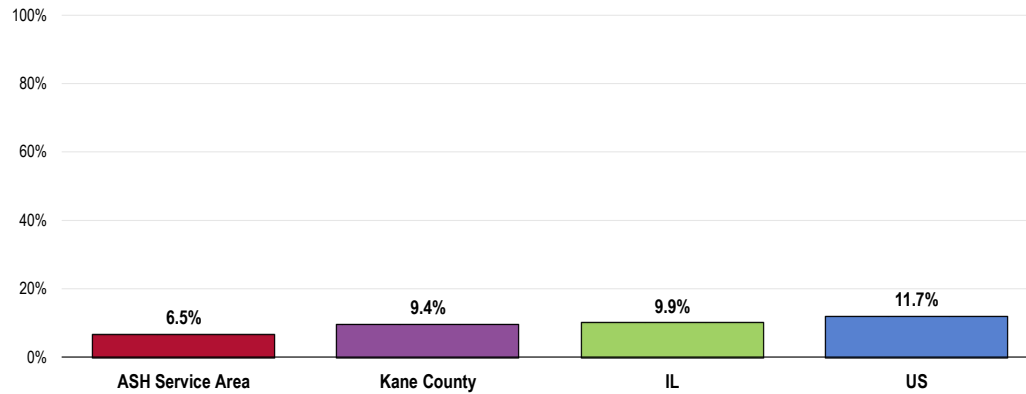
Sources: • Illinois Department of Public Health
 • Kane County Health Department

Prevalence of Diabetes

A total of 6.5% of ASH Service Area adults report having been diagnosed with diabetes.

- Similar to the Kane County proportion.
- More favorable than the statewide proportion.
- More favorable than the national proportion.

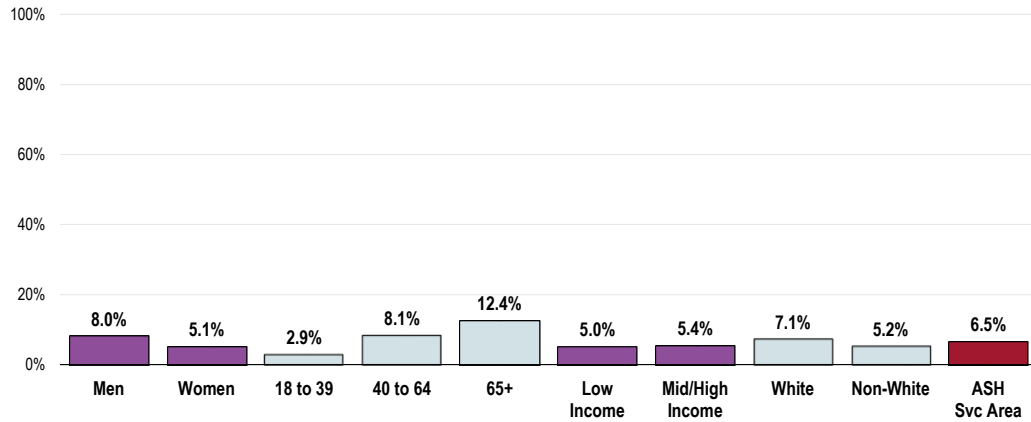
Prevalence of Diabetes



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.
- Notes:
- Asked of all respondents.
 - Local and national data exclude gestation diabetes (occurring only during pregnancy).

- Note the strong positive correlation between diabetes and age, with 12.4% of service area seniors with diabetes.

Prevalence of Diabetes (ASH Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Testing

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
Have you had a test for high blood sugar or diabetes within the past 3 years?	<i>Non-diabetic respondents</i>	Yes	55.2%	55.5%	49.2%
Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes ?	<i>Non-diabetic respondents (calculated to reflect overall prevalence)</i>	Yes	6.6%	6.0%	5.1%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 45, 172]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Key Informant Input: Diabetes

Over one-half (57.7%) of key informants in the focus groups characterized *Diabetes* as a “major problem” in the community.

Perceptions of Diabetes as a Problem in the Community

(Key Informants, 2014)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem



Source: • PRC Key Informant Focus Groups, Kane County, November 2014.

Though ranked highly as a health priority by focus group participants (in independent, post-discussion worksheets), diabetes is one issue that was not much discussed during the group sessions. What conversation there was focused on the following issues:

- Knowledge of available services
- Partnerships and funding

Some participants take issue with residents’ **knowledge of available services** for diabetes. Though appropriate health services and diabetes education do exist in the community, the fact remains that many residents do not know where to find services. Participants describe the difficulty in spreading awareness for available community services:

Diabetes is a huge one... We have tried for years to figure out: “How can we create a gateway where people just go in and see what’s available in the community?” And that’s something that we have not been able to achieve in the county... Why can’t we have something like that?

I think it is difficult for people that have grown up in one type of cultural setting – where the type of foods and consumption is not really [criticized] – it’s hard for those people when they do develop diabetes in mid-life to make those changes.

There are programs for... diabetes, but the community doesn’t know about them. So that’s where that disconnect is right now... because there are some really great programs in Kane County.

Over the last several years, [the Kane County Health Department has] really taken the initiative to focus on the community’s needs and own it by trying to connect the hospitals together. Just like right now, we’re working on a diabetes initiative, and we have all the hospitals around the table. So they’ve recognized this is a need.

I think people don’t know where to go – and there are places to go. When they do find out... they have a hard time getting medicine. I heard on the radio the other day about the government thinking about cutting back research.

Participants talked about a **lack of funding** for programs, though the community is coming up with collaborations to try to make up for this deficit:

Let's work with the businesses. Meijer's has a program where they're going to give a grocery tour to people to show them the good foods to eat, and then they're going to have a cooking demonstration. Our diabetes people [staff] did it last time, but they can't do it this time, so Meijer's is actually doing it.

Alzheimer's Disease

About Dementia

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

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

- Healthy People 2020 (www.healthypeople.gov)

Crude Alzheimer's Disease Deaths

Indicator	Data Years	Expressed as:	ASH Service Area	Kane County
Alzheimer's Disease Deaths	2008	Crude deaths per 100,000 population	10.2	16.1
	2009		8.5	12.5
	2010		8.5	12.8
	2011		7.9	12.5
	2012		4.5	10.3

- Sources: • Illinois Department of Public Health
• Kane County Health Department

Household Prevalence of Alzheimer's Disease

A total of 18.7% of ASH Service Area adults report that a member of the household has been diagnosed with Alzheimer's disease.

- Similar to the Kane County prevalence.

Question	Asked of:	Response:	ASH Service Area	Kane County
Member of family has been diagnosed with Alzheimer's disease.	All respondents	Yes	18.7%	16.3%

- Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]

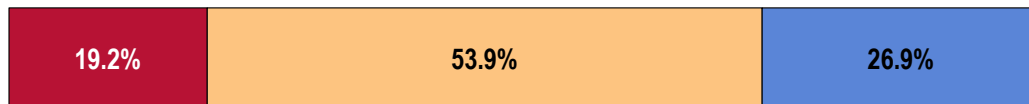
Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in the focus groups are most likely to consider *Dementias, Including Alzheimer's Disease* as a "moderate problem" in the community.

**Perceptions of Dementia/Alzheimer's Disease
as a Problem in the Community**

(Key Informants, 2014)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem at All



Source: • PRC Key Informant Focus Groups, Kane County, November 2014.

Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

Crude Kidney Disease Deaths

Indicator	Data Years	Expressed as:	ASH Service Area	Kane County
Kidney Disease Deaths	2008	Crude deaths per 100,000 population	15.9	13.1
	2009		14.2	14.7
	2010		13.6	16.1
	2011		15.9	14.0
	2012		18.1	16.1

- Sources: • Illinois Department of Public Health
• Kane County Health Department

Prevalence of Kidney Disease

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
Would you please tell me if you have ever suffered from or been diagnosed with kidney disease ?	All respondents	Yes	3.1%	3.4%	3.0%

- Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Key Informant Input: Chronic Kidney Disease

More than half of key informants taking part in the focus groups characterized *Chronic Kidney Disease* as a “minor problem” in the community.

**Perceptions of Chronic Kidney Disease
as a Problem in the Community**

(Key Informants, 2014)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Source: • PRC Key Informant Focus Groups, Kane County, November 2014.

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Prevalence of Osteoporosis

A total of 10.0% of survey respondents age 50 and older have osteoporosis.

RELATED ISSUE:

See also *Activity Limitations* in the **General Health Status** section of this report.

- Similar to the Kane County percentage.
- Similar to that found nationwide.

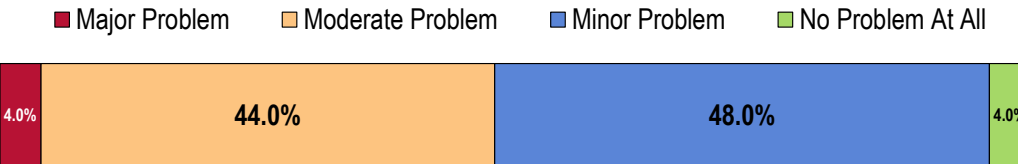
Question	Asked of:	Response:	ASH Service Area	Kane County	United States
Would you please tell me if you have ever suffered from or been diagnosed with osteoporosis ?	<i>Respondents age 50+</i>	<i>Yes</i>	10.0%	8.6%	13.5%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Although 48.0% of key informants taking part in the focus groups characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a “minor problem” in the community, another 44.0% consider it to be a “moderate problem.”

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community (Key Informants, 2014)



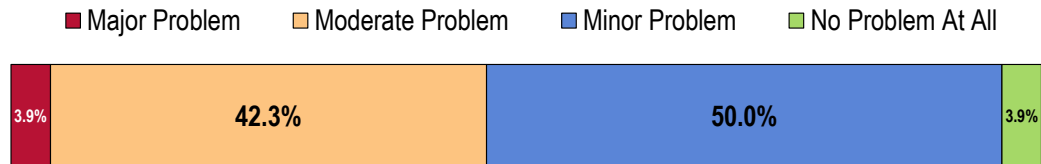
Source: • PRC Key Informant Focus Groups, Kane County, November 2014.

Key Informant Input: Vision & Hearing

One-half of key informants taking part in the focus groups characterized *Vision & Hearing* as a “minor problem” in the community.

Perceptions of Hearing and Vision as a Problem in the Community

(Key Informants, 2014)



Source: • PRC Key Informant Focus Groups, Kane County, November 2014.



Infectious Disease



Childhood Immunizations (Kane County)

Among Kane County children age 19 to 35 months (2012 data), 50.7% have received each of the vaccination types listed below.

- Well below the 77.3% Illinois percentage (2011 data).
- Well below the 77.0% reported nationwide in 2011.

Immunizations Among Kane County Children 19 to 35 Months of Age

Vaccination Type	Kane County 2011 (13,150 children)	Kane County 2012 (12,651 children)	Illinois 2011	US 2011
4+DTaP*	68.6%	64.0%	84.0%	84.6%
3+Polio†	85.6%	82.9%	94.1%	93.9%
1+MMR‡	81.5%	79.1%	90.8%	91.6%
3+Hib§	79.1%	79.7%	94.7%	94.0%
3+HepB 	79.8%	76.4%	92.2%	91.1%
1+Var¶	80.4%	78.9%	91.5%	90.8%
4:3:1:3:3:1Ⓜ	51.9%	50.7%	77.3%	77.0%

Source: Illinois Department of Public Health

Note: * 4 or more doses of diphtheria, tetanus and pertussis vaccine.
 † 3 or more doses of any poliovirus vaccine.
 ‡ 1 or more doses of measles-mumps-rubella vaccine.
 § 3 or more doses of Haemophilus influenzae type b (Hib) vaccine.
 || 3 or more doses of hepatitis B vaccine.
 ¶ 1 or more doses of varicella at or after child's first birthday, unadjusted for history of varicella illness.
 Ⓜ (Last row represents those children age 19-35 months who have received the vaccination series in its entirety.)

Communicable Disease

RELATED ISSUE:

See also the **HIV** and **STD** sections of this report.

The following table provides a breakdown of various communicable disease rates in Kane County over time.

Communicable Disease Incidence (Kane County)

Kane County Communicable Disease Incidence Rate per 100,000 Population

Communicable Disease	2009	2010	2011	2012	2013
Campylobacteriosis	0	0	0	0	0
Hepatitis A	2	0.6	0.4	0.6	0.8
Hepatitis B (Acute)	1.4	0.4	1	1	0.6
Hepatitis B (Chronic)	5.9	7.4	6.2	8	4.8
Hepatitis C (Acute)	0	0	0.4	0.2	0
Hepatitis C (Chronic)	36.7	29.5	27.3	22.8	21
Measles	0	0	0	0	0
Mumps	1	0	0.4	0	0
Pertussis	9.8	7	12.1	14.4	4.6
Rubella	0	0	0	0	0
Salmonella	10.7	16.9	20.8	21.6	18.7
Shigella	2.7	7	1.7	4.2	2.5
Tuberculosis	1.9	6	5.8	3.7	3.3

Source: Kane County Health Department

Crude Septicemia Deaths

Indicator	Data Years	Expressed as:	ASH Service Area	Kane County
Septicemia Deaths	2008	<i>Crude deaths per 100,000 population</i>	9.6	12.3
	2009		10.2	10.6
	2010		6.8	8.3
	2011		6.8	7.5
	2012		6.2	6.5

Sources: • Illinois Department of Public Health
• Kane County Health Department

Key Informant Input: Immunization & Infectious Disease

More than 6 in 10 key informants taking part in the focus groups characterized *Immunization & Infectious Disease* as a “moderate problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2014)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Source: • PRC Key Informant Focus Groups, Kane County, November 2014.

Key Informant Input: Hepatitis C

Some participants took issue with the lack of general funding and availability of services for **hepatitis C**, as a particular vaccine-preventable disease. One participant mentioned the difficulty in screening for hepatitis C (and therefore in determining prevalence) if there is not money with which to do that.

Also discussed were issues in making treatment referrals when there are few services available or there is not adequate knowledge of available services. One participant describes it this way:

I know with our population, hepatitis C is huge... We get calls, probably 10 to 15 a week – like, “Hey, do you guys treat hepatitis C?” “We don’t.” “Well, where can you refer me?” And we’re like, [shrugs]. So it does make it difficult... We get calls from Gateway, which has the substance abuse program. And they’re calling us, going, “Hey, we have someone. We have three people who have Hep C. Where can you refer them for treatment?” And we’re like, “We’re trying to figure something out” – so at least we have something for people.

Key Informant Input: Tuberculosis

Several notable comments were made in the focus groups regarding **tuberculosis**. In Kane County there is not enough access to screen everyone, and even those who receive the initial test may have to go across the large county for follow-up x-rays, depending where in the county they live. Participants acknowledged the county-provided transportation that is available, but it becomes a bigger issue of time and effort for residents. One participant explains:

This county has had an issue with active TB [tuberculosis] cases... It used to be that the health department was the sole testing place, but it has closed its doors to that type of service. Now when you have a positive result, you have to go to Aurora for a follow-up chest x-ray. I think the county will help with the transportation, but it’s just a matter of the time and the effort to get to Aurora... There are some little Band-Aids there, but it’s not as ideal as it was before.

HIV

About HIV

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

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

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

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

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

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

People getting care for HIV can receive:

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

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

Prevention work with people living with HIV focuses on:

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

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years.

There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)

Persons Living With AIDS (Kane County)

Kane County	2009	2010	2011	2012	2013
Persons Living With AIDS Rate per 100,000 Population	66.4	69.9	66.7	68.5	67.6

Source: • Illinois Department of Public Health

HIV Testing

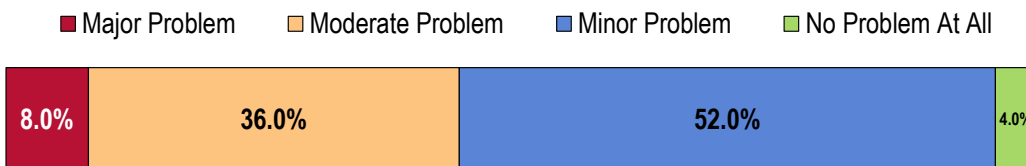
Question	Asked of:	Response:	ASH Service Area	Kane County	United States
Have you been tested for HIV in the past year?	<i>Respondents age 18-44</i>	Yes	19.1%	19.1%	19.3%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Key Informant Input: HIV/AIDS

More than half of key informants taking part in the focus groups characterized **HIV/AIDS** as a “minor problem” in the community.

Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 2014)



Source: • PRC Key Informant Focus Groups, Kane County, November 2014.

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia, Gonorrhea, & Syphilis (Kane County)

Indicator	Data Years	Expressed as:	Kane County	Illinois	United States
Chlamydia Incidence	2011	Incidence rate per 100,000 population	303.7	526.1	456.7
Gonorrhea Incidence	2011	Incidence rate per 100,000 population	42.7	141.0	107.5

Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.

Kane County	2009	2010	2011	2012	2013
Primary/Secondary Syphilis Incidence <i>Rate per 100,000 Population</i>	1.2	1.4	1.3	1.7	1.7

Source: Illinois Department of Public Health

Safe Sexual Practices

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
During the past 12 months, with how many people have you had sexual intercourse?	<i>Unmarried respondents age 18-64</i>	3+	6.9%	10.5%	11.7%
Was a condom used the last time you had sexual intercourse?	<i>Unmarried respondents age 18-64</i>	Yes	38.0%	47.3%	33.6%

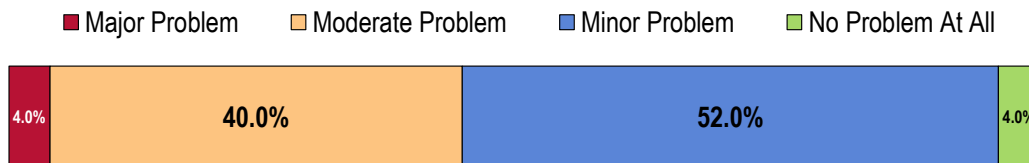
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 93-94]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Key Informant Input: Sexually Transmitted Diseases

Just over half of key informants taking part in the focus groups characterized **Sexually Transmitted Diseases** as a “minor problem” in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2014)



Source: • PRC Key Informant Focus Groups, Kane County, November 2014.

Births

Distribution of Births by Race

As seen in the following table, just less than one-half of 2010 births in the ASH Service Area (46.67%) were to Hispanic mothers.

- This prevalence is higher than the countywide prevalence of Hispanic births.

2010 Births by Race (Percent of Live Births)	ASH Service Area	Kane County
Hispanic	46.67%	43.40%
Non-Hispanic White	40.12%	45.03%
Non-Hispanic Black	6.26%	6.50%
Non-Hispanic American Indian	0.13%	0.10%
Non-Hispanic Asian	5.80%	3.90%
Non-Hispanic Pacific Islander	0.03%	0.04%
Non-Hispanic Other	0.03%	0.04%
Multiple Race	0.75%	0.65%
Unknown Race	0.07%	0.06%
Ethnicity Unknown	0.13%	0.35%

Source: Kane County Health Department, 2010.

Prenatal Care (Kane County)

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Between 2007 and 2010, 5.3% of all Kane County births did not receive prenatal care in the first trimester of pregnancy.

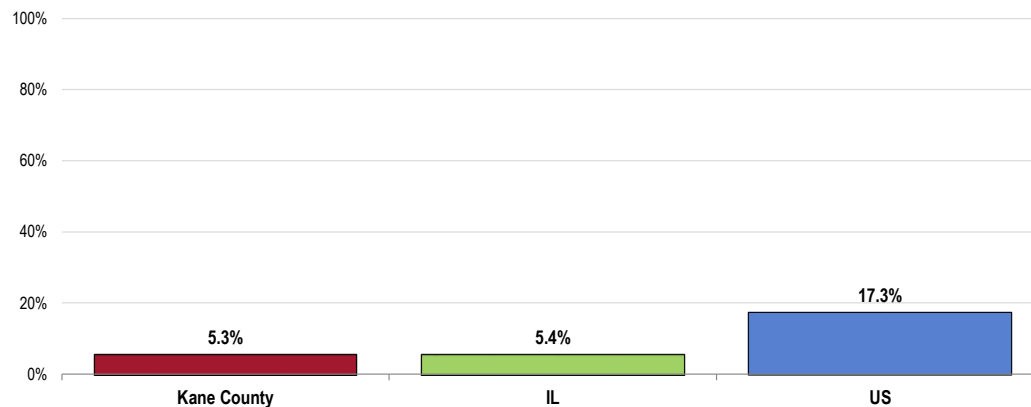
Early and continuous prenatal care is the best assurance of infant health.

- Similar to the Illinois proportion.
- Well below the national proportion.
- Easily satisfies the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2007-2010)

Healthy People 2020 Target = 22.1% or Lower



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System: 2007-10. Accessed using CDC WONDER.
• Retrieved November 2014 from Community Commons at <http://www.chna.org>.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]

Note: • This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks (Kane County)

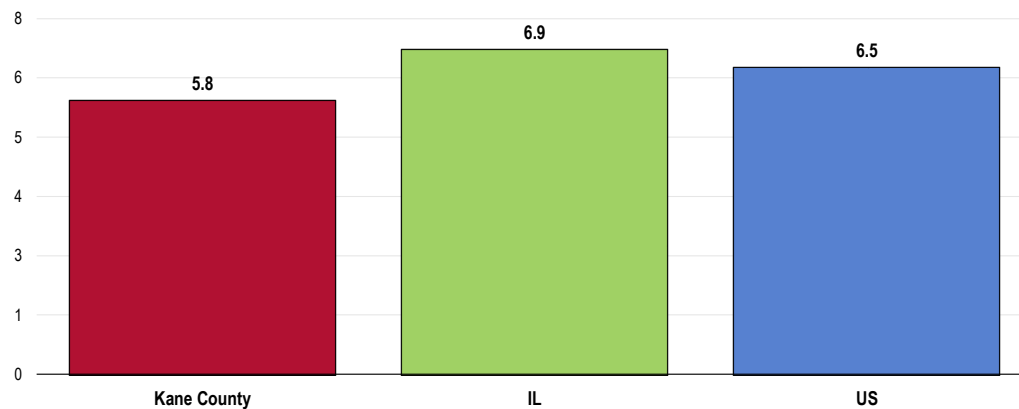
Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2006 and 2010, there was an annual county average of 5.8 infant deaths per 1,000 live births.

- More favorable than the Illinois rate.
- More favorable than the national rate.
- Similar to the Healthy People 2020 target of 6.0 per 1,000 live births.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2006-2010)
Healthy People 2020 Target = 6.0 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-10. Accessed using CDC WONDER.
 - Retrieved November 2014 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

The following table provides an illustration of Kane County infant mortality over time.

- Note the increase in recent years (2007-2010).

Infant Mortality Rate	Kane County	Illinois
1998	6.5	8.2
1999	6.7	8.3
2000	7.1	8.3
2001	6.5	7.5
2002	5.4	7.2
2003	6.4	7.6
2004	6.1	7.3
2005	6.3	7.2
2006	5.3	7.4
2007	4.4	6.6
2008	6.0	7.2
2009	6.6	6.9
2010	7.2	6.8

Source: Kane County Health Department, 2010.

Viewed by race, infant mortality in Kane County is much higher among Blacks than among Whites and Hispanics.

Kane County Infant Mortality	2000-2004	2005-2009
Total	6.3	5.7
White	5.8	5.2
Black	15.3	10.5
Hispanic	6.5	6.0

Source: Kane County Health Department, 2010.

Other Birth Outcomes & Risks

Indicator	Data Years	Expressed as:	Kane County	Illinois	United States
Low-Weight Births	2006-2012	Percent of live births	7.4%	8.4%	8.2%
Teen Birth Rate	2006-2012	Births to women age 15-19 per 1,000 female population age 15-19	35.3	35.0	36.6

Source: CDC Wonder, National Vital Statistics System: 2006-12.

Note the following 2010 breakdown of specific birth risks in the service area and in Kane County, as well as births segmented by mother's education level.

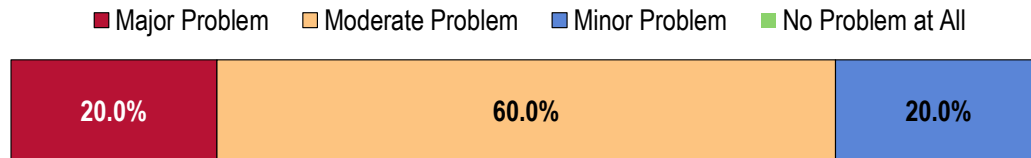
Indicator	Data Years	Expressed as:	ASH Service Area	Kane County
Birth Risks:				
Teen Births (<19)	2010	Percent of live births	9.57%	8.28%
Unmarried			38.41%	37.18%
Smoker			4.03%	4.15%
Drinker			0.26%	0.35%
Very Low Birthweight (<1,500 grams)			1.28%	1.23%
Low Birthweight (<2,500 grams)			6.82%	7.15%
Preterm (<37 Weeks)			9.73%	10.65%
Mother's Education Level:				
8 th Grade or Less	2010	Percent of live births	8.78%	8.01%
9 th through 12 th Grade, No Diploma			18.78%	16.32%
High School Graduate/GED			21.99%	22.75%
College, No Degree			15.96%	15.44%
Associate Degree (AA, AS)			6.10%	6.02%
Bachelors Degree (BA, AB, BS)			18.32%	19.54%
Masters Degree (MA, MS)			8.26%	9.82%
Doctorate Degree (PhD, EDD)			1.25%	1.38%
Unknown	0.56%	0.72%		

Source: Kane County Health Department, 2010.

Key Informant Input: Infant & Child Health

Key informants taking part in the focus groups generally characterized *Infant & Child Health* as a “moderate problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community
(Key Informants, 2014)

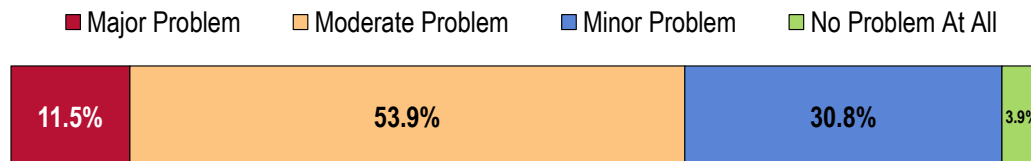


Source: • PRC Key Informant Focus Groups, Kane County, November 2014.

Key Informant Input: Family Planning

More than half of key informants taking part in the focus groups largely characterized *Family Planning* as a “moderate problem” in the community.

Perceptions of Family Planning as a Problem in the Community
(Key Informants, 2014)



Source: • PRC Key Informant Focus Groups, Kane County, November 2014.



Modifiable Health Risks



Actual Causes Of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

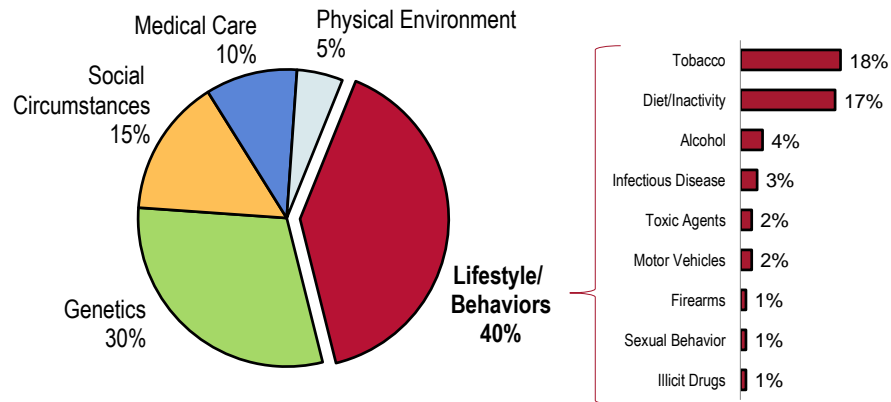
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States



Sources: • "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.
 "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular Disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular Disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental Injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic Lung Disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88-1232.

Nutrition

About Healthful Diet & Healthy Weight

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

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

Americans with a healthful diet:

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

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

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

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

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

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

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

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

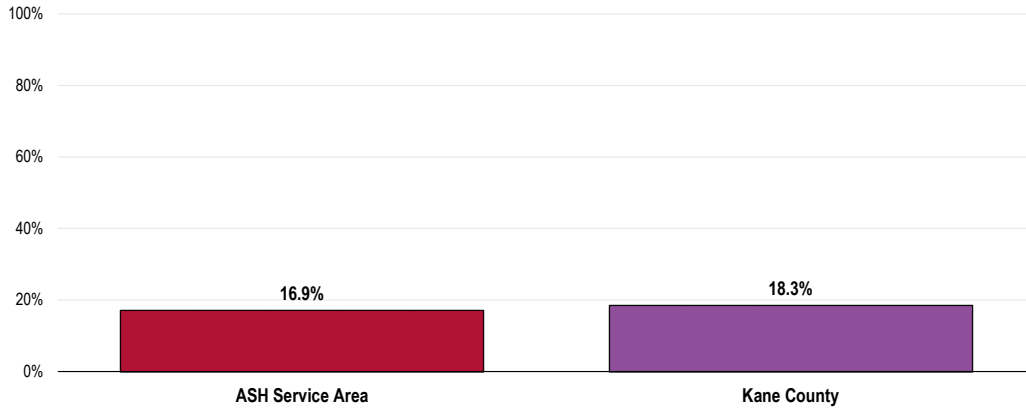
Daily Recommendation of Fruits/Vegetables

A total of 16.9% of ASH Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- Similar to countywide findings.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

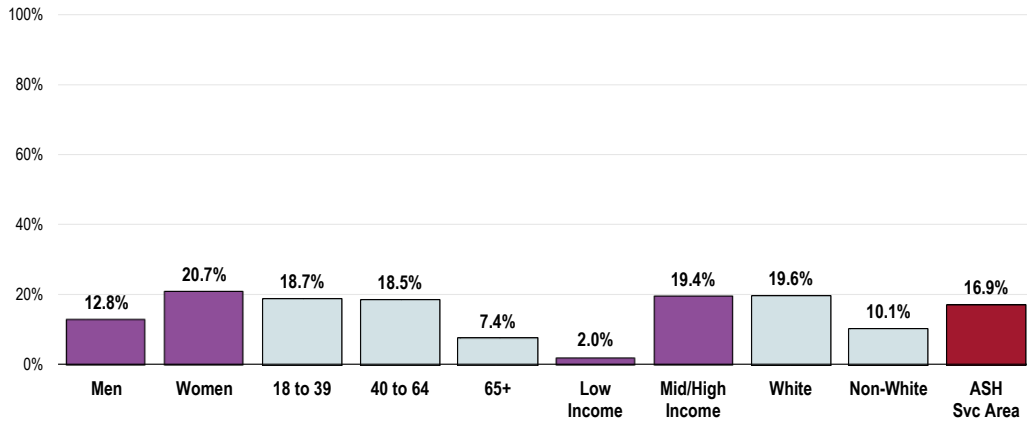
Consume Five or More Servings of Fruits/Vegetables Per Day



- Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 183]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

- Lowest among men, seniors, low-income residents, and Non-Whites.

Consume Five or More Servings of Fruits/Vegetables Per Day (ASH Service Area, 2014)



- Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 183]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Food Access & Other Nutritional Considerations

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford?	All respondents	Very Difficult Somewhat Difficult Not Too Difficult Not At All Difficult	3.3% 17.4% 20.9% 58.3%	2.0% 17.0% 21.3% 59.7%	24.4% very/ somewhat difficult
Do you grow some of your own food ?	All respondents	Yes	32.3%	35.2%	n/a
During the past 12 months, has a doctor asked you about or given you advice regarding diet and nutrition ?	All respondents	Yes	41.5%	47.0%	39.2%
How many 12-ounce servings of sugar-sweetened drinks did this child have yesterday?	Parents of children age 2-17	1+ servings	39.8%	35.9%	n/a
How many 8-ounce servings of water did this child have yesterday?	Parents of children age 2-17	5+ servings	24.9%	21.4%	n/a
Not counting fruit juice, how many servings of fruit would you say this child eats in a typical day?	Parents of children age 2-17	5+ servings of fruits/vegetables	39.7%	40.0%	41.8% (includes juice)
Not counting vegetable juice, how many servings of vegetables would you say this child eats in a typical day?					

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 26, 97-98, 148, 227, 230]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.; 2014 PRC National Children's Health Survey, Professional Research Consultants, Inc.

LOW FOOD ACCESS (KANE COUNTY)

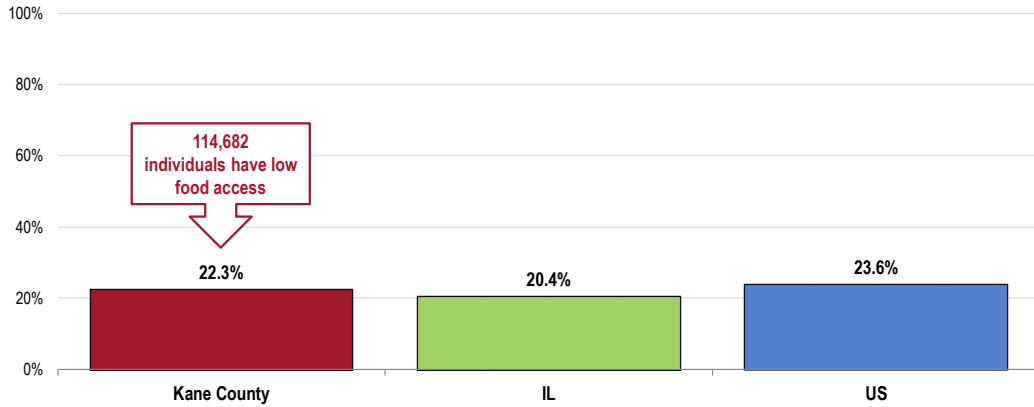
US Department of Agriculture data show that 22.3% of the Kane County population (representing 114,682 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- Less favorable than statewide findings.
- More favorable than national findings.

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

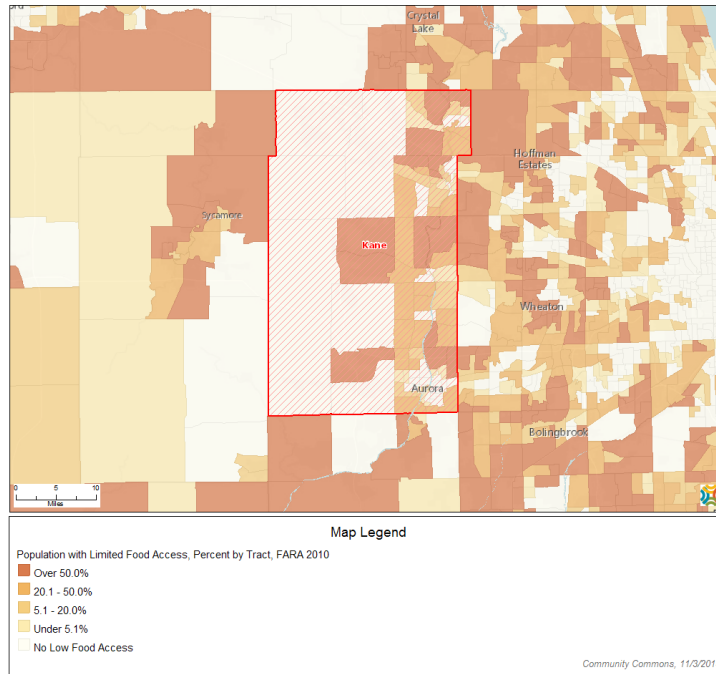


Sources: • US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.
 • Retrieved November 2014 from Community Commons at <http://www.chna.org>.

Notes: • This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract. Note the large share of residents with limited food access in portions of central and eastern Kane County.

Population With Limited Food Access, Percent by Tract, FARA 2010



Physical Activity

About Physical Activity

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

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

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

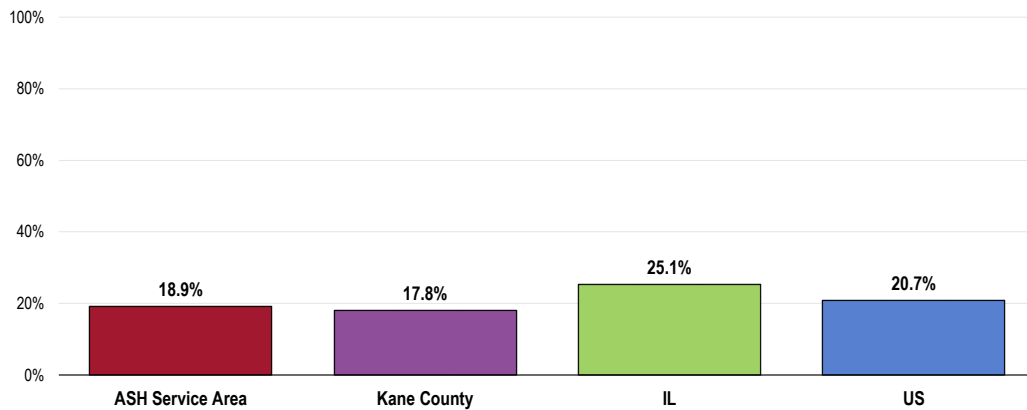
A total of 18.9% of ASH Service Area adults report no leisure-time physical activity in the past month.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

- Comparable to the Kane County prevalence.
- More favorable than statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower

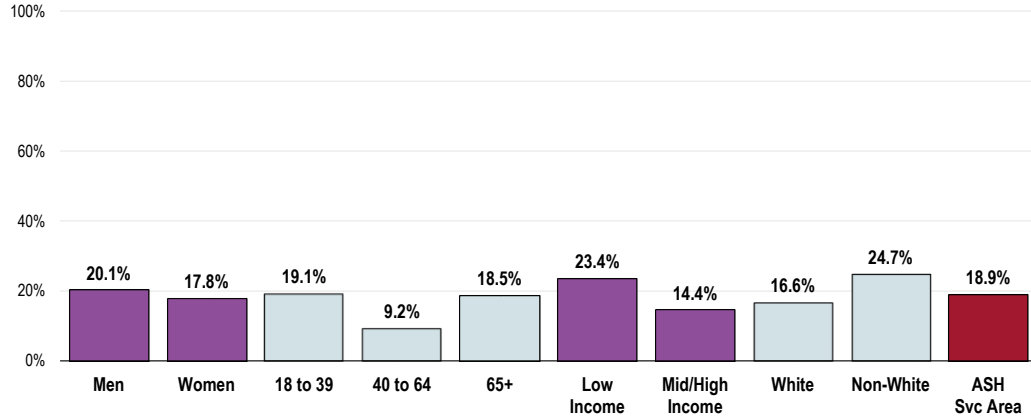


- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
- Notes:
- Asked of all respondents.

Adults at either end of the age spectrum are more likely to have gone without leisure-time exercise in the past month.

No Leisure-Time Physical Activity in the Past Month (ASH Service Area, 2014)

Healthy People 2020 Target = 32.6% or Lower



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
Now, thinking about when you are not working, how many days per week or per month do you do: ... vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing and heart rate? ... moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?	All respondents	Meets Physical Activity Recommendations (calculated response): vigorous physical activity (1.5 hours per week) <i>or</i> moderate physical activity (2.5 hours per week)	50.2%	56.4%	n/a
During the past 12 months, has a doctor asked you about or given you advice regarding physical activity or exercise?	All respondents	Yes	52.3%	52.0%	44.0%
During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?	All respondents	3+ times per week	26.9%	26.1%	n/a

- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 27, 226, 229]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Access to Recreation & Fitness Facilities (Kane County)

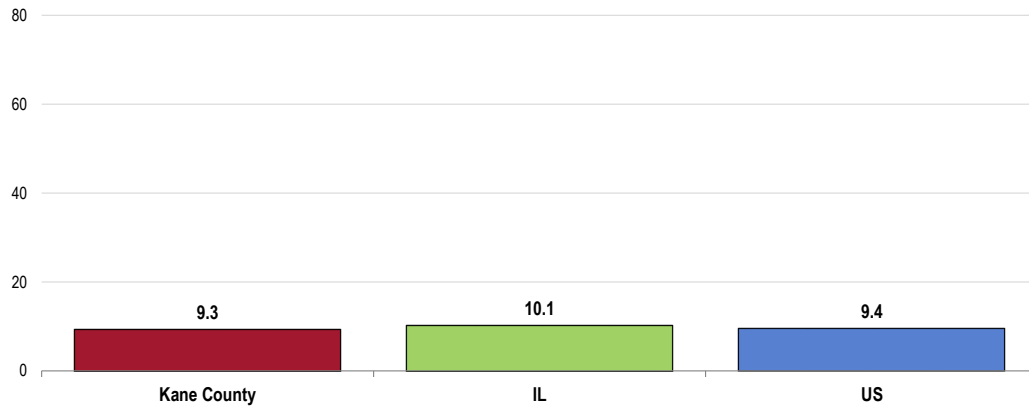
In 2012, there were 9.3 recreation/fitness facilities for every 100,000 population in Kane County.

- Below what is found statewide.
- Similar to what is found nationally.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer “exercise and other active physical fitness conditioning or recreational sports activities.”

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

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



- Sources:
- US Census Bureau, County Business Patterns: 2012. Additional data analysis by CARES.
 - Retrieved November 2014 from Community Commons at <http://www.chna.org>.
- Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer “exercise and other active physical fitness conditioning or recreational sports activities”*. Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

WALKABILITY

According to the following walkability scores (i.e. the ability to walk to errands/ amenities), each of the scored Kane County municipalities is car-dependent.

Walkability Scores

Municipality	2011	2014
Algonquin	40	24
Aurora	49	37
Bartlett	34	21
Batavia	42	28
Carpentersville	41	28
Elgin	49	38
Geneva	47	36
Huntley	32	10
Montgomery	41	48
North Aurora	35	24
South Elgin	37	25
St. Charles	49	34
Illinois Average	48	n/a

Source: Walkscore.com

90-100	Walker's Paradise; daily errands do not require a car.
70-89	Very Walkable; most errands can be accomplished on foot.
50-69	Somewhat Walkable; some amenities within walking distance.
25-49	Car-Dependent; a few amenities within walking distance.
0-24	Car-Dependent; almost all errands require a car.

Only larger cities in Illinois were assessed.

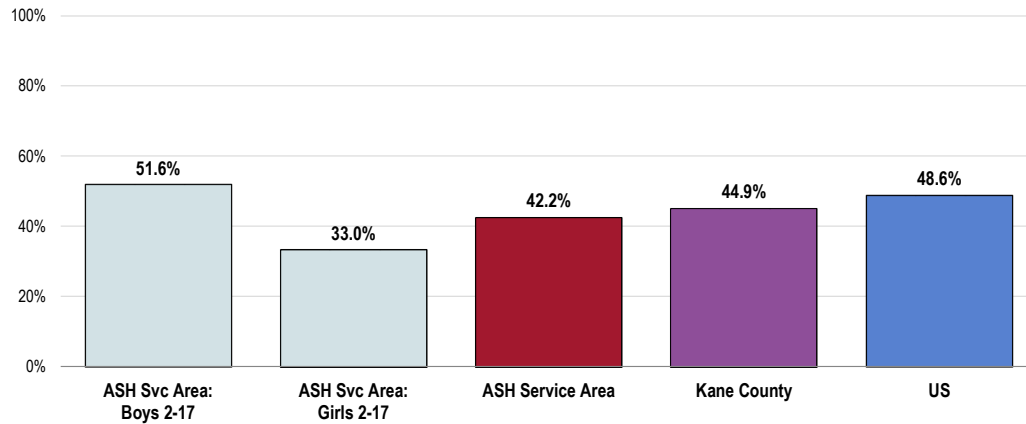
Children's Physical Activity

PHYSICAL ACTIVITY LEVELS

Among service area children age 2 to 17, 42.2% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Similar to the countywide proportion.
- Similar to the national proportion.
- By gender, the prevalence of 1+ hours of physical activity daily is significantly higher among boys.

Child Is Physically Active for One or More Hours per Day (Among Children Age 2-17)



Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

 Notes:

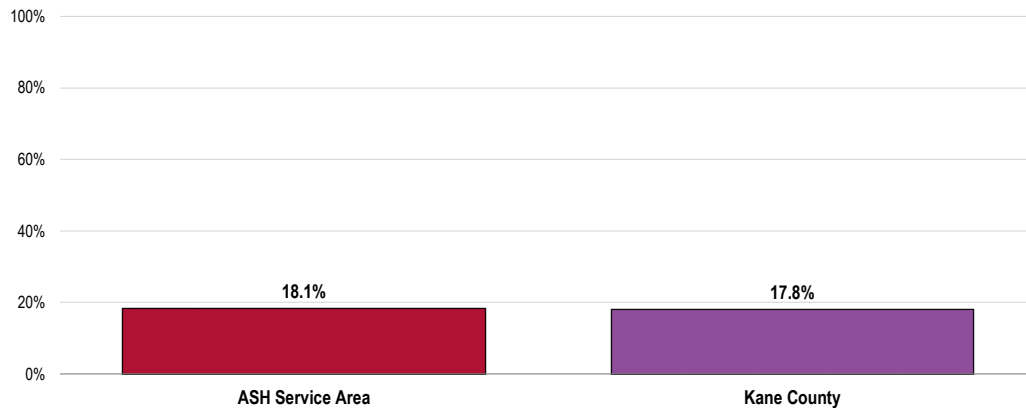
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

TELEVISION WATCHING & OTHER SCREEN TIME

Among children aged 2 through 17, 18.1% are reported to spend three or more hours per day on total screen time (including television, computers, video games, etc.) for entertainment.

- Statistically similar to the Kane County prevalence.

Children With Three or More Hours per School Day of Total Screen Time [TV, Computer, Video Games, Etc. for Entertainment] (Among Parents of Children Age 2-17)



Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 228]

 Notes:

- Asked of all respondents with children 2-17 at home.
- For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
- "Three or more hours" includes reported screen time of 180 minutes or more per day.

Weight Status

About Overweight & Obesity

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
Now I would like to ask, about how much do you weigh without shoes?	All respondents	Healthy Weight (BMI 18.5-24.9)	33.1%	32.9%	34.4%
About how tall are you without shoes?		Overweight/Obese (BMI 25.0+)	65.2%	65.6%	63.1%
<i>Weight and height are used to calculate a Body Mass Index (BMI) for each respondent.</i>		Obese (BMI 30.0+)	23.5%	28.5%	29.0%
How would you describe your own personal weight ?	All respondents	"About The Right Weight"	42.6%	41.0%	22.1%
During the past 12 months, has a doctor asked you about or given you advice about your weight ?	All respondents	Yes	24.5%	27.0%	23.7%
	Overweight respondents	Yes	31.8%	36.6%	31.8%
	Obese respondents	Yes	41.8%	54.0%	48.3%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 109-110, 191, 193-194]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

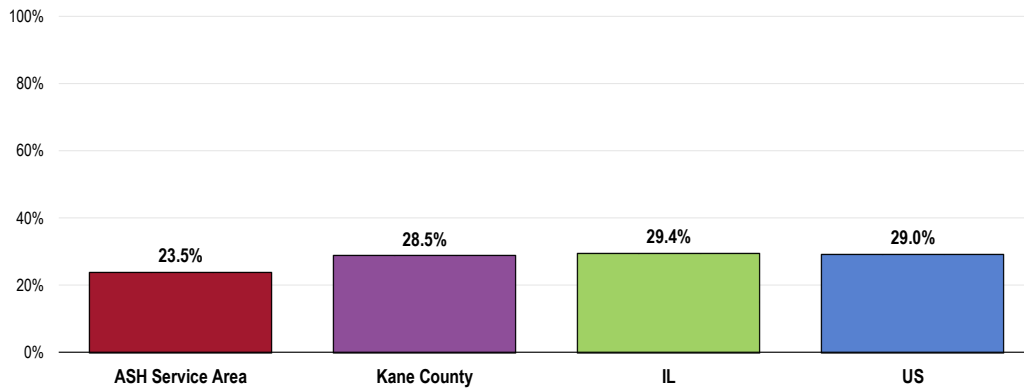
OBESITY

A total of 23.5% of service area adults are obese.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

- Better than Kane County findings.
- Better than Illinois findings.
- Better than US findings.
- Satisfies the Healthy People 2020 target (30.5% or lower).

Prevalence of Obesity (Percent of Adults With a Body Mass Index of 30.0 or Higher) Healthy People 2020 Target = 30.5% or Lower

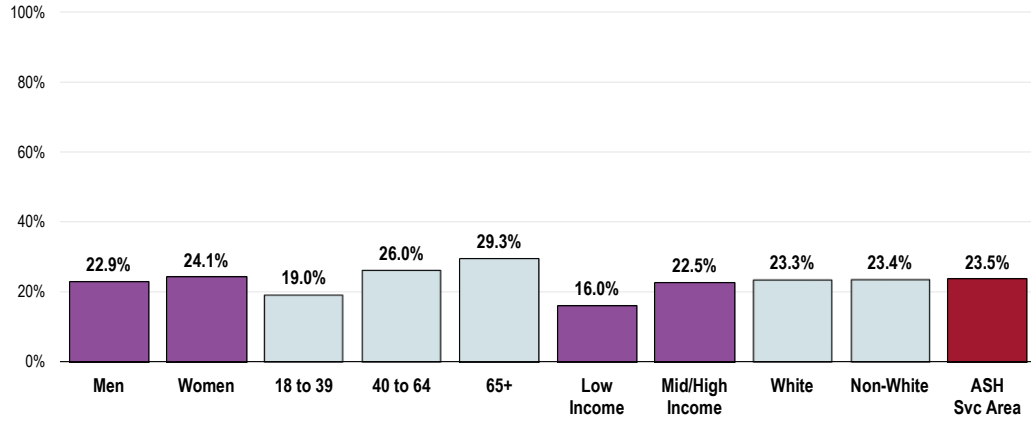


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.

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

Obesity prevalence is statistically similar by key demographics in the ASH Service Area.

Prevalence of Obesity
 (Percent of Adults With a BMI of 30.0 or Higher; ASH Service Area, 2014)
 Healthy People 2020 Target = 30.5% or Lower



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Weight Management

About Maintaining a Healthy Weight

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

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

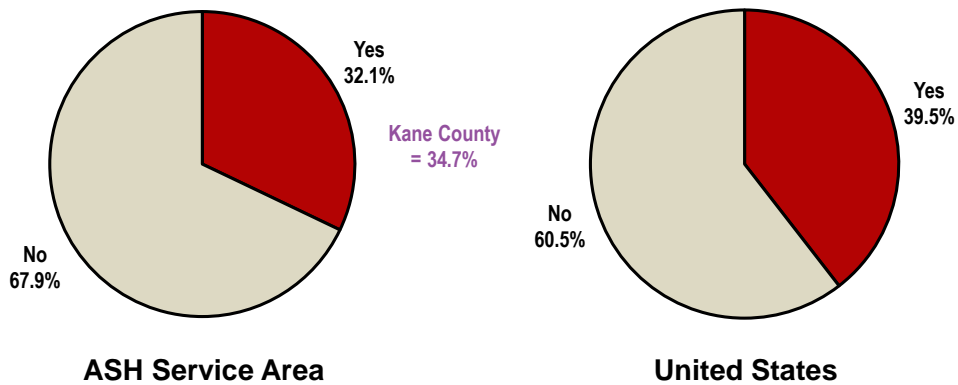
All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

- Healthy People 2020 (www.healthypeople.gov)

A total of 32.1% of ASH Service Area adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to countywide findings among overweight residents.
- Less favorable than national findings.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity (Among Overweight or Obese Respondents)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 192]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents who are overweight or obese based on reported heights and weights.

Childhood Overweight & Obesity

About Weight Status in Children & Teens

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

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

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

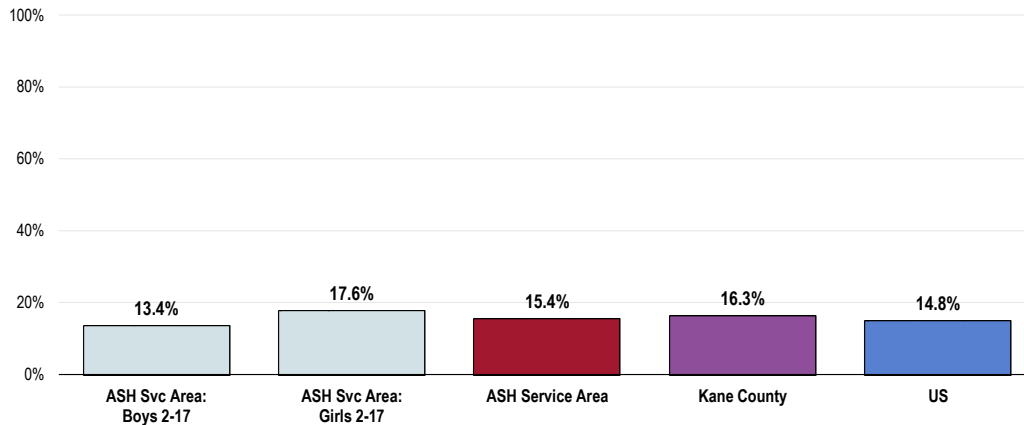
• Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 15.4% of ASH Service Area children age 5 to 17 are obese (≥95th percentile).

- Similar to the county and US proportions.
- Similar to the Healthy People 2020 target (14.5% or lower for children age 2-19).
- Similar by child's gender.

Child Obesity Prevalence

(Percent of Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)
Healthy People 2020 Target = 14.5% or Lower



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
- Notes:
- Asked of all respondents with children age 5-17 at home.
 - Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

A majority (84.6%) of key informants participating in the focus groups characterized **Nutrition, Physical Activity & Weight** as a “major problem” in the community.

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

(Key Informants, 2014)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem at All



Source: • PRC Key Informant Focus Groups, Kane County, November 2014.

Issues relating to nutrition, physical activity, and weight were discussed at length by focus group participants, with key issues being:

- Social norms and healthy living
- Children and youth
- Safety and built environment
- Fit for Kids, Activate Elgin, and other resources
- Accessibility for persons with disabilities

A number of focus group participants express concern regarding the role of **social norms** in

nutrition, physical activity, and weight, although they feel that the county has an opportunity to differentiate itself in terms of health. Several participants noted that **healthy living** is all about priorities and making a choice to be healthy, though health often does not become a priority when compared against time, money, accessibility, and culture:

I think that Kane County has an opportunity to make itself kind of separate from the other geographical areas, the other counties, and the city of Chicago by creating its own identity as extra-healthy and extra-fit, above and beyond the standard... What we could do is create this culture here that we're different than other places and that if you live here, you're part of something different. And it's more active and healthier, and it starts when you're young. I just think that we have an opportunity that we're missing.

If you have two parents in the household, they're both working. They come home in the evening, and they're tired... So the kids are getting educated in school about proper nutrition and making healthy choices, yet [when faced with] the reality of the time crunch that parents face, that information is not getting utilized.

It comes down to lifestyle – people are so busy trying to get to the next step that health care is put on the back burner. I find myself that a lot of times the first thing I give up when I run out of time is what I know I need to do- and that's exercise. If you get in a hurry, what do you do when you eat? You eat something that is very fast, but accessible. That's the thing: Good food and good health is not accessible, whether it's because of finances or location. And there's a lack of education around of what's healthy for you.

People don't seem to react to their situation until it's necessary. For them, maintenance on your body is not a given. I think people put more time putting maintenance on a vehicle than they put on their own body. We don't talk enough about preventive maintenance.

Just the whole prevention thing, we really have to focus on the wellness component. Living over in Switzerland and seeing how those people are and how few people over there are on prescription drugs – I go to my doctor at 61 years old, and he says, "Give me a list of all of the medicines you're on." I say, "I'm not on any medicine; why should I be on medicine?" "Oh, you're kidding." Now, why is he surprised? He says, "You've gotta be kidding me." "I actually take time to exercise, rather than coming to visit you."

In schools, there is a shift toward a more academic focus as **children** get older, and opportunities for physical activity become less available during the school day. Participants also noted that children and youth are participating in fewer pick-up games after school than in previous years, with a perception that kids prefer to be on the phone or computer than be outside. Organized sports have also become even more competitive over time so that fewer children are seeing playing time. Overall, participants agree that targeting this health area is best done in schools when children are younger.

I think education in the schools would be one thing because if you educate the younger population, then they're going to be able to have some influence on the relatives and the older population.

With the programs that we offer, we try to initiate at the earliest points and make it inclusive to the family... They're invited in to see what we're doing, so they're part of the process. And we actually incorporate nutrition into our curriculum, so this is going home. And we're trying to involve the parents in that.

Growing up and having a son that went through the whole school district here in Aurora, it seems to me like the further they went, the less physical activity they were allowed... It was all academics. My son did do sports in high school, but even then, there was such competition. If you weren't the top person, the chances of you making the team were going to be low. Those people that just wanted to play and learn the sport [had] no place; there was nothing in the school systems, and they had to go outside if they wanted to play that sport. So it just seems like there's a lot of competition, especially at the school age.

Another related issue cited by participants has to do with **safety and the built environment**.

Overall, participants noted that there are more barriers to healthy habits than unhealthy

habits. In terms of safety, participants discussed the abundance of busy roads that do not have safe pedestrian crossings to get to businesses, and they admitted that residents would rather drive what would otherwise be an easily walkable distance. In terms of the built environment, the county has an extensive trail system, but the trails lack good connections to each other and to community businesses. Climate is also a factor: going outside in the winter can be a barrier for individuals seeking to use these trails or otherwise be active outdoors in Kane County.

The parks in the low-income neighborhoods aren't nearly as nice as some of the ones out west, the bigger ones that are more accessible. The [low-income individuals] don't have a lot of stuff they can walk to; we're requiring them to have vehicles to get to the services. I think a lot of those services are out there, just not in close proximity to our low-income neighborhoods.

I feel like there's just a huge sprawl, and that's really impacting the health of our families all over the county... You can't get [somewhere because] there's a busy road you can't cross, or all the businesses are moved away from where people live. And so I think that we need to somehow make communities more multi-use, allowing people to be able to walk or ride a bike or somehow get to where they need to get to.

Healthy habits correlate with a person's sense of safety and security, whether perceived or actual. Compared to urban Chicago, participants believe that residents of their community feel safer being outside; still, many parents are not comfortable sending kids to the parks like they used to. Another participant noted instances of profiling based on race, especially by members of the older population, which impacts that individual's comfort level in using community resources. There is general agreement that communities are responsible for changing the perception of their area, and participants noted that this perceived community safety changes year-by-year.

The Boys and Girls Club here in Elgin will go and pick up children in the Watchtower area, and bring them to play and participate in some sort of extracurricular activity, and bring them back. And that creates the community trust and, "Okay, my child is going to be safe; I can let go." There are some places that don't even have [window] screens, and people who never even open their windows, even on a hot day, because they're afraid... There are times, even in my neighborhood, where there were years I couldn't let my kids out in the front yard, and years I wouldn't do it.

Kids don't feel welcome or comfortable in the parks the way they used to. It's how the kids are being looked at by the older generation, also... My son and a young man went jogging and got stopped by the police.

There's no fix; it is the nature of being impoverished. You don't know when your rents are going to change or something else is going to change. My neighborhood has changed. Two years ago, I had two shootings within a block of my house – Do you let your kids outside? Do you not let your kids outside? Do they learn to be afraid to even go outside?

It varies where you are in the county and the Tri-Cities area. People in Geneva are very comfortable using the bike trails and parks, and you get a vision of what life could be in other parts of the county, like Aurora and Elgin. And I think some of it's not about limitation or access of parks, but about safety and perceived safety. If we want more active living in the more urban areas, we have to change the perception and the reality that the neighborhoods are safe to be outdoors for all ages and abilities – if you're in a wheelchair, if you're elderly, if you're a kid.

Participants were positive regarding the abundance of available resources for nutrition, physical activity, and weight, although they agreed that these resources are being under-utilized. One initiative is **Fit for Kids**, a program implemented to combat childhood obesity in Kane County which sponsors an International Walk to School Day; according to its website, utilization of a 'walking school bus' or 'bicycle train' has been shown to alleviate some safety

concerns that parents have in allowing their children to walk or bike to school.

Another area resource, **Activate Elgin**, is a city-wide initiative to promote overall health in the community; its signature event is March into Health, which is a month-long amalgamation of health promotion events, activities, and educational sessions that focuses on building health awareness in Elgin. One participant reiterated that obesity is a priority health problem in the area, but programs like Activate Elgin are pushed to their limits in terms of funding and time. Other community resources mentioned by participants are community gardens (which is a growing trend in the community), trail systems, apple orchards, and healthy school lunch options. From a planning point of view, the community is looking to establish a rapid transit bus system, changing land use, and making subdivisions more walkable:

They're trying to look at ways to recreate Randall Road, which is a major barrier for a lot of people to go east and west... and establish a bus rapid transit system. And then utilize the current bus system, but make it more efficient and have it more accessible to more people.

Over the last four or five years here in Kane County, we have worked with communities to develop gardens. And I think that the community gardens have been very successful. I see more every single year, and I've seen more people out there taking care of the land and taking care of the produce that they're creating. And I think that's great for adults as well as for kids... There are ways that we can change the community, and community gardens are a great start.

A small but notable portion of the focus groups was spent discussing accessibility for the elderly and other **persons with disabilities** to physical activity and healthful eating.

Participants discussed the associated financial barriers to physical activity in terms of the cost involved to use facilities if these individuals are unable to be active outdoors. Another barrier discussed was healthful eating, as some individuals with physical disabilities can only cook by using the microwave, and many microwave-friendly meal options are not the most healthful or fresh.

For the population that I work with that have physically disabilities – or even some cognitive limitations – their ability to access modified exercise is very limited. Because we might need those adaptations, there's a cost involved. "I can't just go out and run in my community because I need to use a walker if I'm going to be upright; therefore, I have to go someplace that's indoors..." How do you make those kind of things accessible to everyone when there are fees involved that they may not be able to pay?

As far as access to facilities and gyms: A friend of mine used to go to a place called Hayley's Playground, which was for special needs kids. My eyes were very widely opened when I started participating there because of the difference of what it takes for them to get exercise, somebody who can't just walk out the door and just start going for a walk.

Some of the individuals that I work with can't cook using a stove, so the only option that they have are foods that they could make in the microwave, which are not the healthiest versions of the foods that they maybe would like to be eating ... So I think getting healthier foods on the market in general is a huge issue; there aren't a lot of options.

How many times have I heard that senior citizens in the hospital are eating just those frozen entrées? Well, I'm not a nurse, but I'm sure that the sodium intake in those things is astronomical. What's accessible for senior citizens – they're limited by means of transportation and getting out. Sometimes they do have the home-delivered meals. However, you're getting one meal, and then there's the weekend off. So some of the same access to healthy foods apply to the elderly as well.

Substance Abuse

About Substance Abuse

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

High-Risk Alcohol Use

Binge drinkers" include:

1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

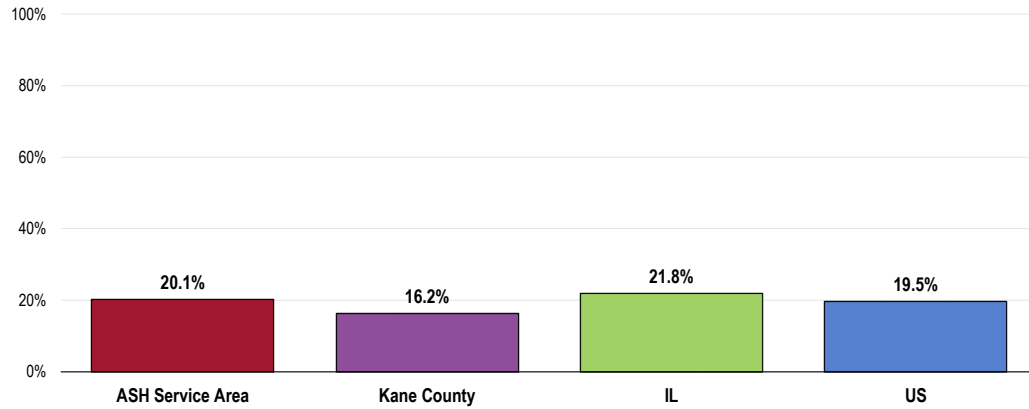
BINGE DRINKING

A total of 20.1% of service area adults are binge drinkers.

- Similar to Kane County findings.
- Similar to the Illinois prevalence.
- Similar to the national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).

Binge Drinkers

Healthy People 2020 Target = 24.4% or Lower



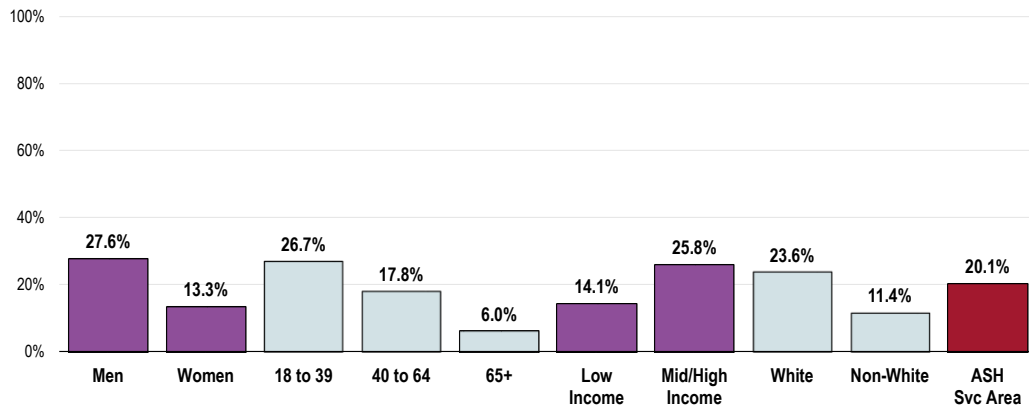
- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
- Notes:
- Asked of all respondents.
 - Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

- Binge drinking is more prevalent among men, young adults (negative correlation with age), residents with higher incomes, and Whites.

Binge Drinkers

(ASH Service Area, 2014)

Healthy People 2020 Target = 24.4% or Lower



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 202-203]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
 - Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

OTHER SUBSTANCE USE & RISK FACTORS

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? On the day(s) when you drank, about how many drinks did you have on the average?	All respondents	<i>Current Drinker:</i> any alcohol in past 30 days <i>Chronic Drinker</i> (calculated response): 60+ drinks of alcohol in past 30 days	65.3% 4.3%	61.9% 3.7%	56.5% 5.2%
During the past 30 days, how many times have you driven when you've had perhaps too much to drink?	All respondents	<i>Drinking & Driving:</i> 1+ times in past 30 days	2.0%	1.4%	5.0%
During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?	All respondents	Yes	2.5%	1.7%	4.0%
Have you ever sought professional help for an alcohol or drug-related problem?	All respondents	Yes	2.5%	4.0%	4.9%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 72-74, 200-202]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Heroin Deaths (Kane County)

This table provides trend data for Kane County heroin deaths, as well as deaths by gender, age, and geographic area.

- Note the increase in recent years.
- Men and young adults (15-34) have the highest mortality rates.

Kane County Heroin Deaths 2009-2013

Year	Rate per 100,000
2009	1.95
2010	1.36
2011	2.11
2012	4.98
2013	3.83
Gender	Rate per 100,000
Male	4.3
Female	1.37
Age	Rate per 100,000
15-24	5.45
25-34	7.2
35-44	3.74
45-54	4
55-64	0.69
Planning Area	Rate per 100,000
North	3.4
Central	3.7
South	4.2

Source: Drug Abuse Warning Network, 2010: Area Profiles of Drug-Related Mortality. Retrieved from: www.samhsa.gov/data/2k12/DAWNMEAnnualReport2010/DAWN-ME-AnnualReport-2010.pdf

Aurora leads the list of the top 5 Kane County municipalities for heroin deaths between

2009 and 2013 (32 deaths), followed by Elgin (21 deaths).

Top 5 Kane County Municipalities for Heroin Deaths 2009-2013

	Number of Deaths	Mortality Rate
Aurora	32	4.9
Elgin	21	4.91
Geneva	5	4.63
St. Charles	5	3.08
Batavia	3	*

Source: Drug Abuse Warning Network, 2010: Area Profiles of Drug-Related Mortality. Retrieved from: www.samhsa.gov/data/2k12/DAWNMEAnnualReport2010/DAWN-ME-AnnualReport-2010.pdf

Note: *Too small to calculate a meaningful rate.

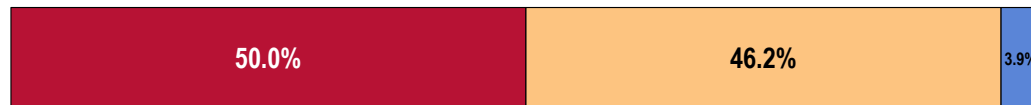
Key Informant Input: Substance Abuse

One-half (50.0%) of key informants participating in the focus groups characterized **Substance Abuse** as a “major problem” in the community, with another 46.2% of informants giving “moderate problem” responses about substance abuse.

Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2014)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem at All



Source: • PRC Key Informant Focus Groups, Kane County, November 2014.

Discussion about substance abuse was extensive in each focus group and mainly focused on the following types of issues:

- Lack of resources and needed support
- Social norms
- Heroin
- Knowledge of services available

The overriding perception among focus group participants is that **available resources in Kane County are not adequate** to meet residents’ needs for substance abuse treatment, and that individuals (especially youth) **lack needed support**. Focus group attendees worry about limited treatment facilities and lack of capacity to handle substance abuse referrals. Several

area hospitals have some inpatient services; however, these hospitals cannot meet the overall needs of the community. Increasingly, local fire departments are responding to overdoses, but patients are simply being treated and are not given follow-up supportive services. Even individuals with insurance lack long-term care options:

I think that even some people with insurance have a problem with finding long-enough-term care for substance abuse. Even then, they tend to keep them just to detox, and then they're out.

We take care of the fire and the ambulance, and we transport a lot of people with substance abuse and mental issues. And many times, we see them walking back on the road on our way back to the station because the hospital just wants nothing to do with them. They don't have a way to treat them or whatever. So I think that that's a big issue.

In general, participants agree that substance abuse is on the rise among all income groups in the county, and affects all demographics. Substance use can begin early in adolescence, and participants worry that the age of first use continues to lower due to changing **social norms**. Participants brought up the disintegration of the American family as one social issue, with family members not knowing how to identify substance abuse issues with each other or allowing the behavior under certain conditions. Many participants believe that social media is renewing interest in drugs and that drugs can be a contributing factor to some of the violence in the community.

I definitely think that the whole issue of substance abuse is magnified by disintegration of the American family. In the past, families tried to help their relatives who had issues, and today I'm truly seeing those saying, "Enough is enough," and they're not working with them. So it's not necessarily only access to service.

The talks about pot on [social media] are renewing people's interest in drugs and alcohol. And so you're seeing an upward trend of experimentation, which ends very poorly.

We do have issues even within our own high schools. One high school against another high school. That kind of thing. Drugs do play a role in some of the violent behavior. But I think that there is still a gang issue. We do have a safety issue, which is why parents don't want their children to go play with a kid that lives on the other side. Because you don't know what's over on that side of town.

A particular growing concern for participants is the use of **heroin**, which has become a problem in parts of Kane County recently.

I'd say it's across all economic classes, but I just know that we're seeing more reports where we're getting called out to treat someone who's overdosed on heroin – so we're seeing the numbers increase.

We have a heroin problem, and that's a growing trend [in the community].

We've run programming in some of our lower-income neighborhoods, where they're seeing rises in heroin and other issues... They've identified certain neighborhoods where they're seeing that... It's not like these kids walk over to a certain school, and that problem is contained. These kids are going to schools all over the place.

What I see quite a bit is the increase in drug use, heroin specifically, and then, also, mental health issues, which cross all classes.

This heroin addiction is not just young people – it's even middle-aged. It's all through the county, the richest part and the low-income part.

Participants acknowledge that there is a lack of community **knowledge of services available** and that the focus is often on the negative issues, rather than the positive services the community has. Focus group discussion centered heavily on the need for community to create the conversation by getting leaders involved, the community excited, and communication started. One participant gave the following example:

The bad stuff for us [the services we don't have] is advertised 24/7, and the good stuff [the services that are available] is just here and there. And I think getting the word out is very hard. Having functions or having facilities, it takes money and volunteers, but how do you get the word out? That is the biggest part.

I think one thing that's tough is that so much effort goes into putting a program together or something is done that's supposed to help a situation- it takes time. It's almost like starting a business. You can have the best idea, and you could have the ability to do it. But as you go into the business, it takes so much time to work out the details to keep re-adjusting things. And I think that's the hardest part because the implementation is so hard that these agencies need the support to be able to do that.

Tobacco Use

About Tobacco Use

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

Tobacco use causes:

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

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

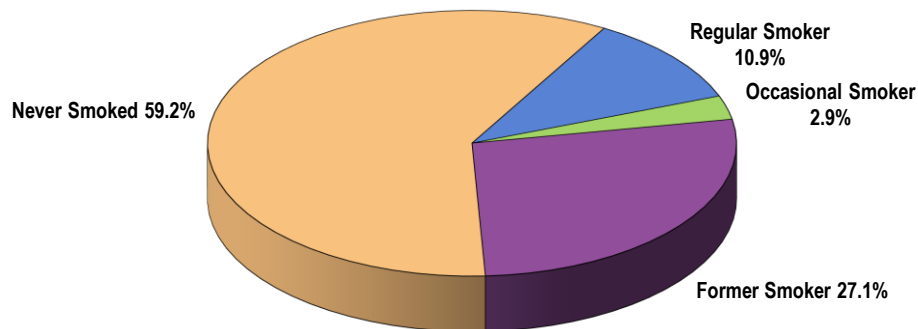
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

A total of 13.8% of service area adults currently smoke cigarettes, either regularly (10.9% every day) or occasionally (2.9% on some days).

Cigarette Smoking Prevalence (ASH Service Area, 2014)

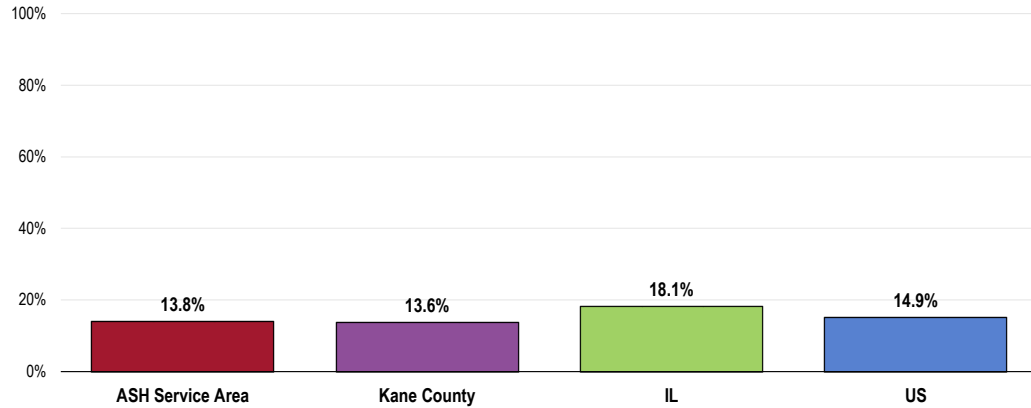


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]
Notes: • Asked of all respondents.

- Similar to the countywide prevalence.
- Better than statewide findings.
- Similar to national findings.
- Similar to the Healthy People 2020 target (12% or lower).

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

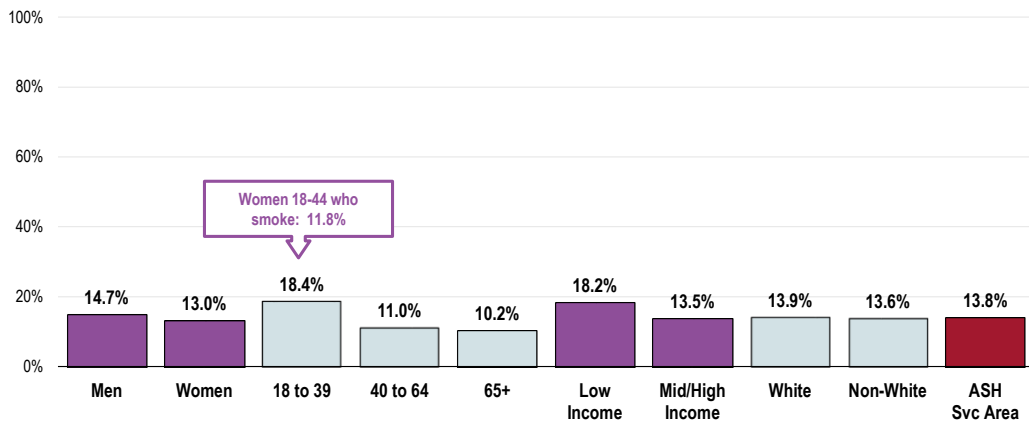
Cigarette smoking is more prevalent among young adults (those under 40).

- Note also that 11.8% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers

(ASH Service Area, 2014)

Healthy People 2020 Target = 12.0% or Lower



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 196-197]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Includes regular and occasion smokers (everyday and some days).

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
Are you aware of the Illinois Tobacco Quit-Line , 1-866-QUIT-YES?	All respondents	Yes	31.9%	37.5%	n/a
	Smokers		75.8%	68.8%	
In the past 30 days, has anyone (including yourself) smoked cigarettes, cigars or pipes anywhere in your home an average of 4 or more days per week?	All respondents	Yes	8.2%	8.9%	12.7%
	Non-smokers	Yes	2.7%	4.8%	6.3%
	Parents of children age 0-17	Yes	8.9%	5.1%	9.7%
Do you use chewing tobacco, snuff or snus ?	All respondents	Yes	1.0%	1.3%	4.0%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 64, 65, 68, 198-199]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

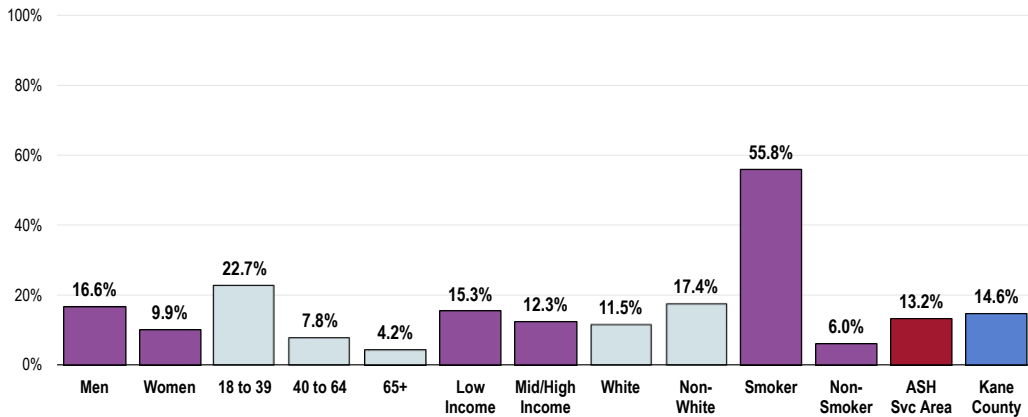
Electronic Cigarette (E-Cigarette) & Other Vapor Product Use

A total of 13.2% of service area adults have used some type of electronic vapor product.

Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

- The prevalence is similar across the county.
- Note the negative correlation with age.
- Area smokers are much more likely than nonsmokers to have used some type of electronic vapor product.

Ever Used an Electronic Vapor Product (ASH Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
 Notes: • Asked of all respondents.
 • Vapor products include e-cigarettes, e- cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among those respondents who have used an electronic vapor product, one-third did not use one in the past month (while 8.8% used an e-vapor product daily).

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in the focus groups characterized

Tobacco Use as a “minor problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community

(Key Informants, 2014)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem at All



Source: • PRC Key Informant Focus Groups, Kane County, November 2014.



Access to Health Services

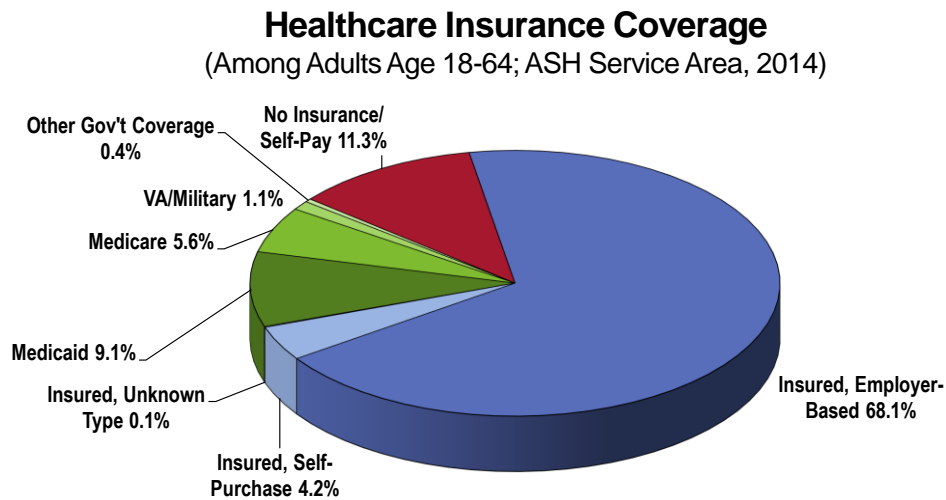


Health Insurance Coverage

Type of Healthcare Coverage

A total of 72.4% of ASH Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 16.2% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 204]
Notes: • Reflects respondents age 18 to 64.

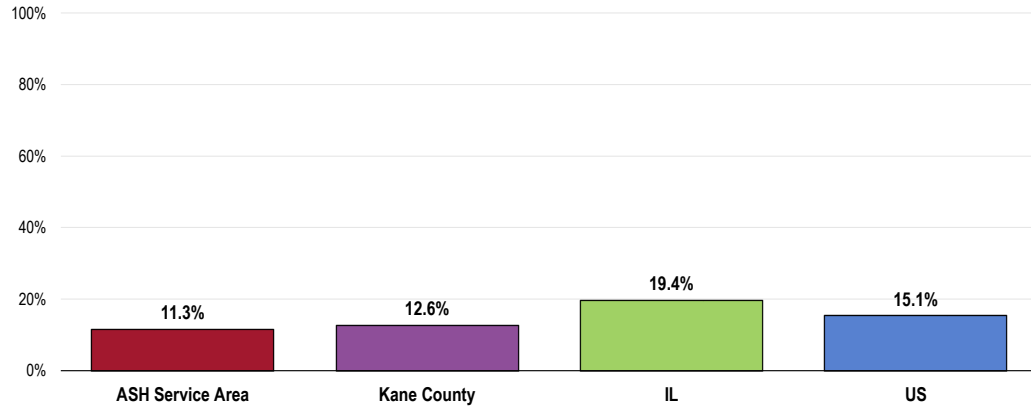
Lack of Health Insurance Coverage

Among adults age 18 to 64, 11.3% report having no insurance coverage for healthcare expenses.

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Similar to the countywide prevalence.
- Well below the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).

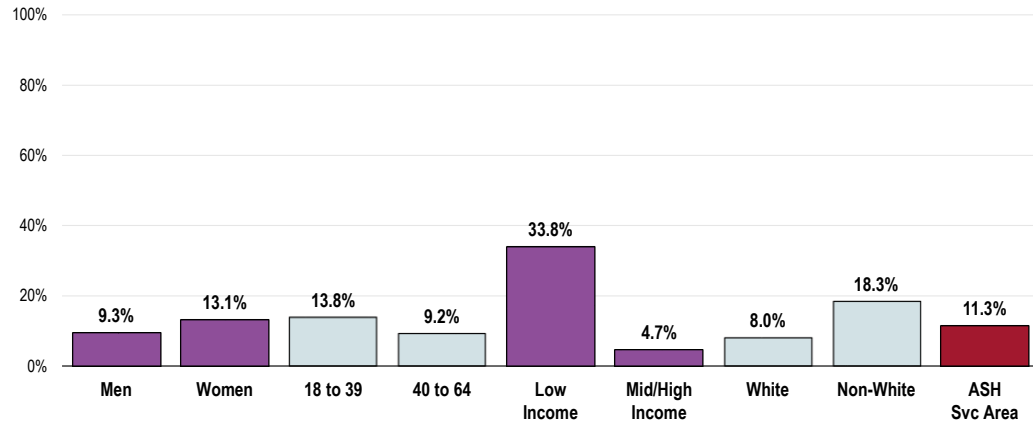
Lack of Healthcare Insurance Coverage (Among Adults Age 18-64) Healthy People 2020 Target = 0.0% (Universal Coverage)



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 204]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
- Notes:
- Asked of all respondents under the age of 65.

Lack of coverage in the service area is highest among low-income residents and Non-Whites.

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64; ASH Service Area, 2014) Healthy People 2020 Target = 0.0% (Universal Coverage)



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 204]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
- Notes:
- Asked of all respondents under the age of 65.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

A total of 34.5% of ASH Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

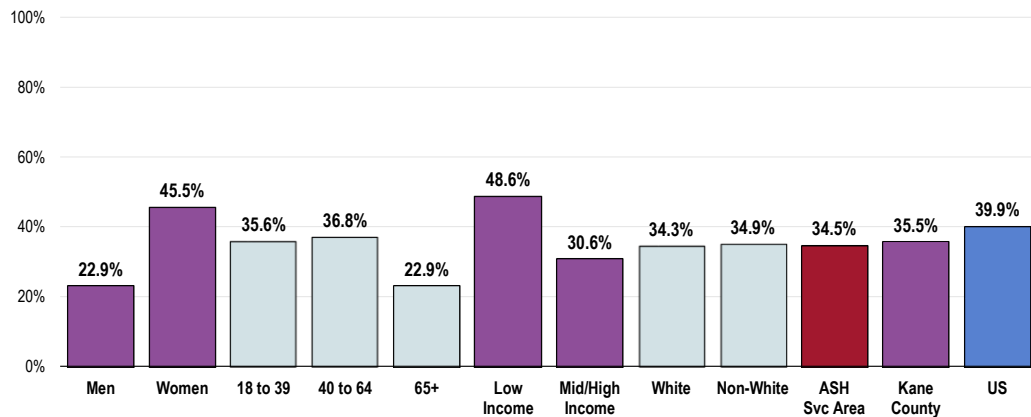
- Nearly identical to the county prevalence.
- More favorable than national findings.

Note that the following groups more often report difficulties accessing healthcare:

- Women, adults under the age of 65, and residents in lower-income households.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (ASH Service Area, 2014)



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]
- Notes:
- Asked of all respondents.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Barriers to Healthcare Access

Of the tested barriers, inconvenient office hours impacted the greatest share of service area

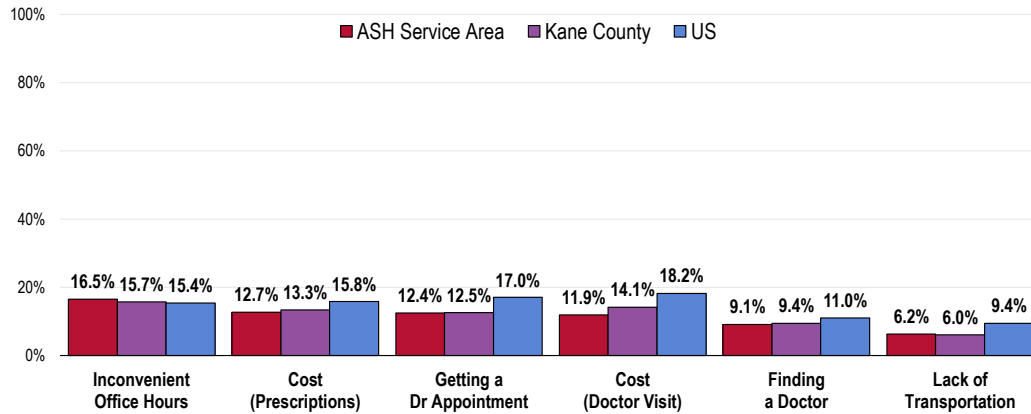
Again, these

regardless of whether medical care was needed or sought.

adults (16.5% say that inconvenient office hours prevented an office visit in the past year).

- The proportion of adults impacted was statistically comparable to or better than that found across Kane County and nationwide for each of the tested barriers.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 14-19]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
During the past 12 months, was there a time when you did not have any health coverage?	<i>Insured respondents</i>	Yes	7.4%	7.5%	8.1%
Was there a time in the past 12 months when you skipped doses or took smaller doses in order to make your prescription last longer?	<i>All respondents</i>	Yes	10.6%	11.3%	15.3%
Do you have ONE person you think of as your personal doctor or healthcare provider?	<i>All respondents</i>	Yes	82.3%	76.1%	n/a
Was there a time in the past 12 months when you needed medical care for this child but could not get it?	<i>Parents of children age 0-17</i>	Yes	1.5%	3.2%	6.0%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 20, 24, 85, 136]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Survey respondents who had trouble obtaining medical care for their child in the past year mentioned long waits for an appointment, cost or lack of insurance, and lack of transportation to be barriers to the care.

Key Informant Input: Access to Healthcare Services

While 32.0% of key informants participating in the focus groups characterized **Access to Healthcare Services** as a “major problem” in the community, most (56.0%) characterized it as a “moderate problem.”

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2014)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem at All



Source: • PRC Key Informant Focus Groups, Kane County, November 2014.

Although this issue did not rank as highly as others (in independent, post-discussion worksheets), the issue of access to healthcare services comprised a prominent portion of focus group discussions, in one form or another. Issues discussed included:

- Transportation and built environment
- Awareness of available services
- Lack of services available
- Insurance

Participants view **transportation and the built environment** as an obstacle to accessing healthcare and other services. Participants agree that residents are almost required to have their own vehicles in order to access health services, which are seldom in close proximity or easily accessible by public transportation. Residents can use the public bus system, but hours of operation and limited routes hinder access. Older adults often find it difficult to use the bus system and then must deal with the cost of securing private transportation if they cannot drive themselves.

When you're talking about going county-to-county for those of us with disabilities, there's a huge transportation barrier because the transportation doesn't readily serve going across counties. Like if I needed to get a doctor's appoint in Oswego, but I live in Kane County – Oswego is Kendall County. So if I live in Kane, I can get right-in in Kane, but right-in in Kane will only take me so far. So how do I get to that doctor's appointment in Oswego?

Transportation is an issue, and our clinics provide great primary care. It gets difficult when you need specialty care, and you're poor.

Yes, there are transportation services in the area, but I think that it's more limited than what we believe it is. When we have to transport one of our clients from our Aurora location to our Elgin location, it's a six-hour event.

How is [an older adult] going to get from their house to that bus stop? The transportation in and out also needs to be affordable; they can hire somebody privately, but sometimes the baseline for that is \$100.00 for a doctor's office visit, and a lot of them have a fixed income. How are they going to do

| that?

Overall, participants feel that Kane County has an adequate number of available healthcare services, including several hospitals, federally qualified healthcare centers (such as the Tri-City Health Partnership) for low-income individuals, and clinics (such as Open Door). Despite this wealth of resources, there is often a **lack of awareness of available services** among community members. Group discussion centered on three specific populations for which this is especially important: children, older adults, and minorities.

In the case of *children*, participants agree that health education in schools is exceedingly important, and a consequence of this education may be influence on the child's older relatives, who may not access healthcare services so readily. *Older* individuals may have limited computer access or skills for computer utilization, so many of them are at a loss of what to do when they develop health issues. *Minorities* often do not utilize services or perhaps fully understand what is available to them; this might be attributed to language and culture, but might also be a function of physical barriers (such as for persons with physical disabilities). Creating awareness can be difficult for certain populations who move place-to-place and are generally unreachable.

With the programs that we offer, we try to initiate at the earliest points and make it inclusive to the family... They're invited in to see what we're doing, so they're part of the process. And we actually incorporate nutrition into our curriculum, so this is going home. And we're trying to involve the parents in that.

I have grandparents that don't have computers; therefore, they're not going to be able to access the information that way. They wouldn't know the first thing about the Internet.

It's all about targeting. I sent my son to grandma's so that he can teach them how to work their iPods and their phones because I can't even do that. But I think it's all about targeting; if you know that the older populations still believe in a book or a magazine, they could open it and read, "Go here if you have this issue," Or calling someone and saying, "Hey, I have a bump in the neck. What do I do?" That type of thing is always easier [for this population].

I would say minorities in general is an issue just because historically, they don't access care, whether it's because of how they learned to deal with health care or not being able to access those services. So I say "minority" in general is the issue.

Language is a huge issue because it's not like you can pick up the phone and go, "I need kayak," and everyone's like, "What's kayak?" Not to be funny or anything, but we have clients that click when they talk. And people are like, "What's that noise?" and so it's the system trying to then be able to figure out how we can best suit them. It's not the traditional "I'm the doctor; you need to listen to me" type of thing. So language is huge.

The other thing I hear a lot about is that even if some of our clinics have health care services nearby, [it depends] whether or not people feel welcome there. So once that word gets out, you'll find other people who are not comfortable – even though they never had bad experiences, and they've never been there – that word gets out that there's not a welcoming feeling, and you won't get people to try to use those facilities.

If we could just stabilize the population, specifically the low income – they keep moving around so much, which makes the communication much more difficult. Cell phones are expensive. People have to drop their contracts, and all of a sudden we lose communication with them. They no longer have a landline.

In Kane County, some medical procedures are simply not available for residents, whether it is because of disease rarity or limited funding. Participants discussed access to healthcare and how it has improved in their community, but many residents still struggle with the **lack of services available** to them and the long waiting lists that are due to high demand. One

participant describes how service availability has changed:

It used to be that people went to Chicago for specialty care, but they aren't accepted anymore if they're not Chicago residents. So it's even worse now because at least [at one time] you could send them to Chicago, but now you can't.

Even though we identified more places to receive services, there's a huge wait list now... And I only see that as a growing issue the more people that get health insurance because of the Affordable Care Act. Even with as many FQHCs [federally qualified health centers] as we have, there's wait lists everywhere. There's not enough.

The coalition that I work with hosted its first men's health fair, and it was a great success ... We were happy with the outcome because we didn't expect that many men to show, and the majority were Latinos – 99% ... The sad thing for when we hold these fairs is that we are not able to address the need... We never have enough testing for the people. So they come for the screenings, but usually we can only service "x" amount. It's sad because we have to turn people away, and that's usually what they come for, the screenings. So that tells you they still have great need.

Focus group participants recognize the importance of **insurance** when trying to access healthcare services – particularly specialty services – in the community, reporting that many residents are under-insured or uninsured. Among these are the working poor, those individuals who might qualify for employer insurance, but who find the deductibles are too high or the monthly employee cost is too much, so they elect to go without.

Many residents with limited to no health insurance often must travel outside the county to receive specialty care due to the lengthy wait times for appointments in Kane County; even then, they might not be accepted for treatment. Other residents may be unable to afford specialty care if there are not specialists willing to work at reduced pay.

Participants are also concerned with the Medicaid program, as the community is losing service providers overall. This is mostly due to slow fee reimbursement, which may take several months or more; small providers cannot afford to wait that long, so remaining providers are being overwhelmed with demand.

Overall, understanding insurance is something that few residents fully grasp, and there is now an entire Application Counselor/Patient Navigator certification process for the Patient Protection and Affordable Care Act (PPACA), which instructs individuals in how to explain recent changes to residents.

I see two different populations. Since I'm in private practice, I see the people that are insured and they have access to care, and I think medical facilities and physicians out here are good and provide good care. But then I also see the people that are like at the Open Door clinic or the health department that are uninsured – that are at poverty level or immigrants from other countries, and they have no care. And so it seems as though you've got a big gap in the availability of care to people.

I work with individuals who have a wide range of disabilities. I feel that we're lacking in both transportation and in health care providers that will actually take Medicaid for individuals that aren't able to afford their own health care.

Trying to get somebody who needs a specialty physician when they have no insurance or Medicaid is sometimes difficult. It's one thing if it's an emergency situation, then that usually is handled differently. But if it's just for routine screening... Many of our patients, if they need specialty, they have to go outside the county to get it.

I think part of the dilemma is slow fee reimbursement from services given, primarily the Medicaid population. Six to seven months sometimes before you see reimbursement. We're losing a lot of the providers of those services... across the board of all health services. The smaller provider can't afford to wait, so it's pushed a lot of that population into the FQHCs [federally qualified health centers], who are now overwhelmed with what they're offering.

No wonder they don't trust, no wonder they don't understand [insurance], no wonder communication is such a huge piece of this. And, boy, in order to communicate some of this stuff – I would have to take a class to understand that. But if I was connected with somebody in my community, and they had these questions, and I refer them... But again, that's a barrier because that's another step they have to take. So what do I need in my pocket that can give them something immediately?

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

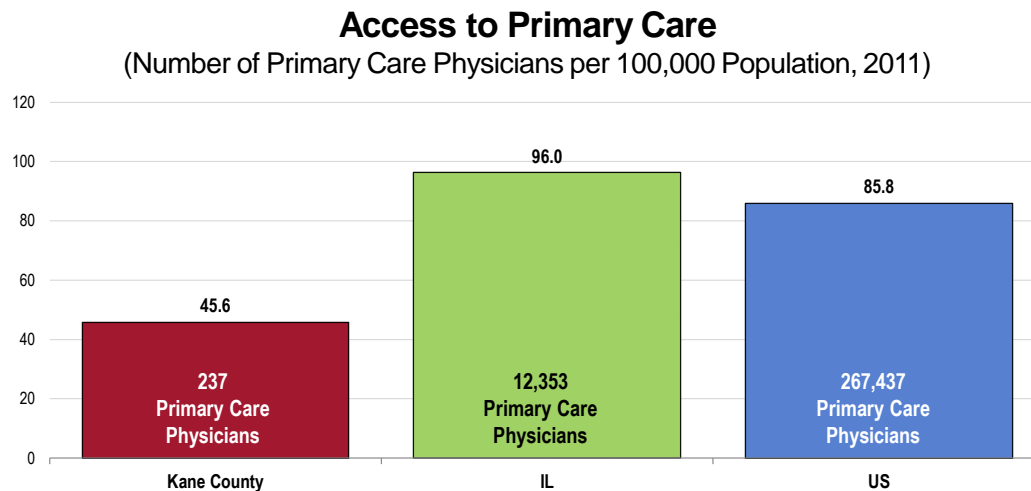
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care (Kane County)

In Kane County in 2011, there were 237 primary care physicians, translating to a rate of 45.6 primary care physicians per 100,000 population.

- Well below the primary care physician-to-population ratio found statewide.
- Well below the ratio found nationally.



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2011.
 - Retrieved November 2014 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Specific Source of Ongoing Care

A total of 76.6% of ASH Service Area adults were determined to have a specific source of ongoing medical care.

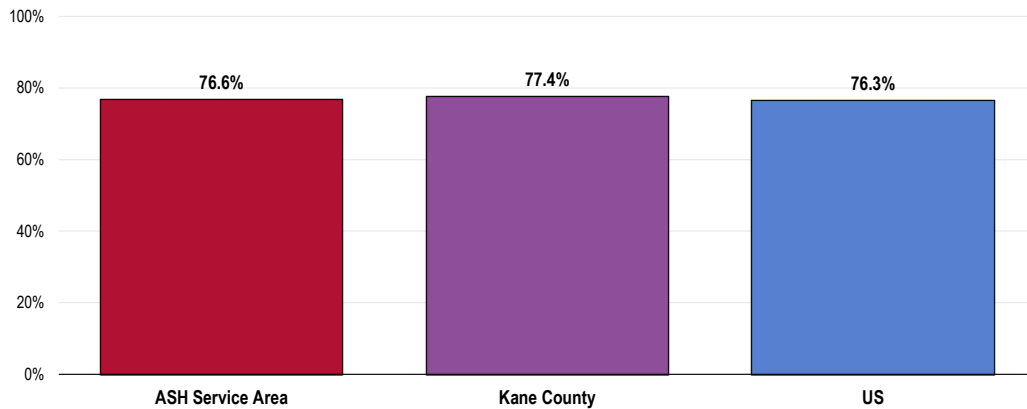
- Similar to the Kane County proportion.
- Similar to national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher [All Ages]



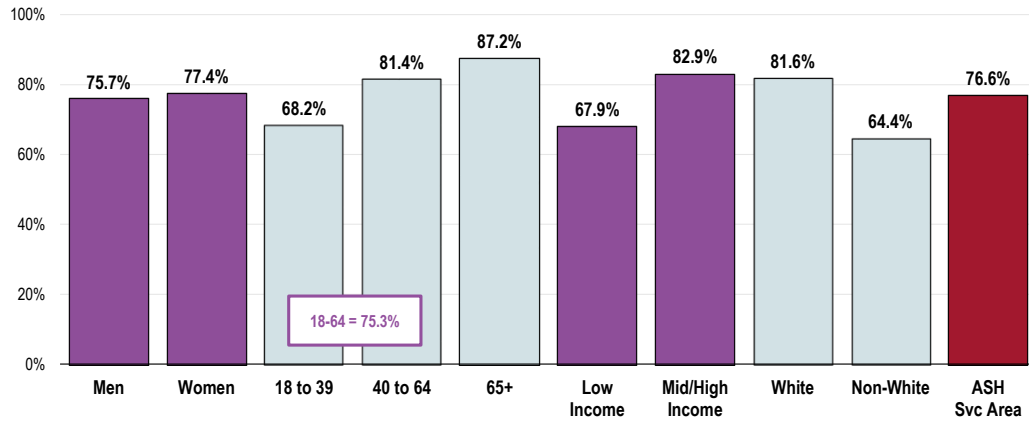
- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 205]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
- Notes:
- Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Young adults (positive correlation with age).
- Lower-income residents.
- Non-Whites.
- Among adults age 18-64, 75.3% have a specific source for ongoing medical care, similar to national findings.
 - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 87.2% have a specific source for care, similar to the percentage reported among seniors nationally.
 - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care (ASH Service Area, 2014)

Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 205-207]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.1, 5.3, 5.4]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Utilization of Primary Care Services

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
Have you visited a doctor for a routine medical exam in the past year?	All respondents	Yes	71.9%	69.1%	65.0%
Has your child visited a doctor for a routine checkup or general physical exam in the past year?	Parents of children age 0-17	Yes	94.7%	92.4%	84.1%
In the past 12 months, how many time have you gone to a hospital emergency room about your own health (including ER visits that resulted in admission)?	All respondents	2+ times	8.3%	6.8%	8.9%

- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 25, 31, 138]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Specialty Care

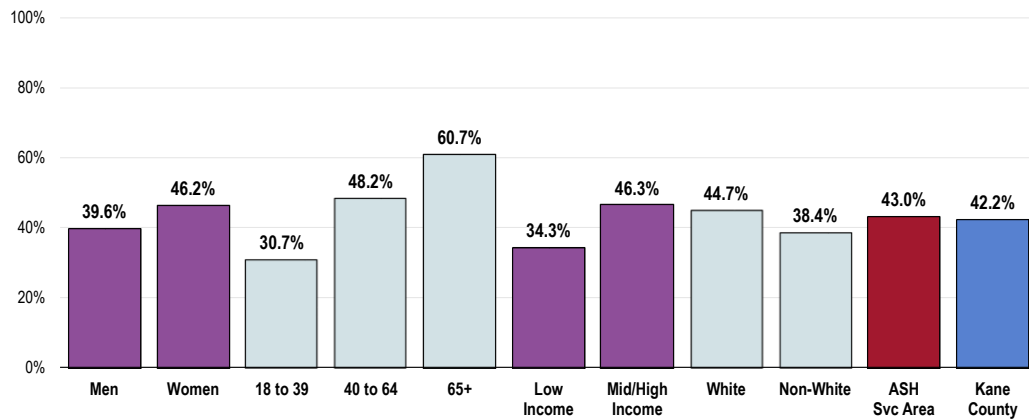
Use of Specialists

ADULTS

A total of 43.0% of survey respondents needed to see a specialist for their health in the past year.

- Comparable to the Kane County prevalence.
- Note the positive correlation with age.

Needed to See a Specialist in the Past 12 Months (ASH Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]

Notes: • Asked of all respondents.

• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

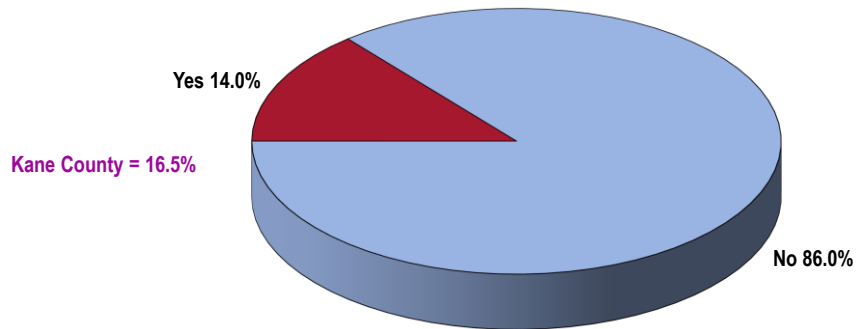
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

CHILDREN

Among service area parents, a total of 14.0% report that their child needed specialty care in the past year.

- Statistically similar to the prevalence reported among Kane County parents.

Child Needed a Specialist in the Past Year (ASH Service Area Parents of Children <18; 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
 Notes: • Reflects respondents with children under 18 at home.

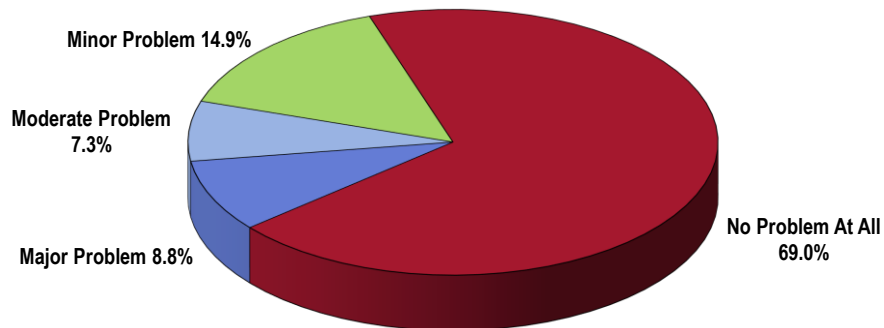
Difficulty Accessing Specialty Care

ADULTS

Of those survey respondents needing a specialist in the past year, 8.8% indicate that it was a “major problem” getting the care, and 7.3% reported a “moderate problem.”

- Most of these adults (69.0%), however, had “no problem at all” getting the specialist care they needed.

Level of Difficulty Obtaining a Specialist in the Past Year (ASH Service Area Adults Who Needed Specialty Care; 2014)



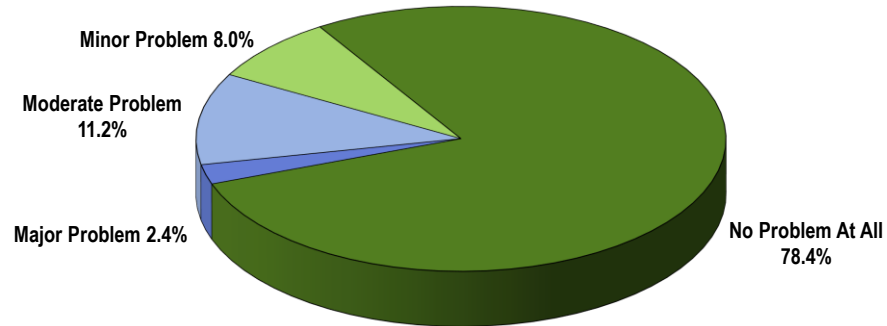
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
 Notes: • Reflects respondents who needed a specialist in the past year.

CHILDREN

A total of 2.4% of parents with children needing specialty care gave “major problem” reviews of their experience getting specialty care for their child, and 11.2% gave

“moderate problem” ratings of their experience in the past year.

Level of Difficulty Obtaining Child’s Specialist in the Past Year (ASH Service Area Parents of Children <18 Who Needed Specialty Care; 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
Notes: • Reflects respondents whose child needed a specialist in the past year.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

• Healthy People 2020 (www.healthypeople.gov)

Dental Care

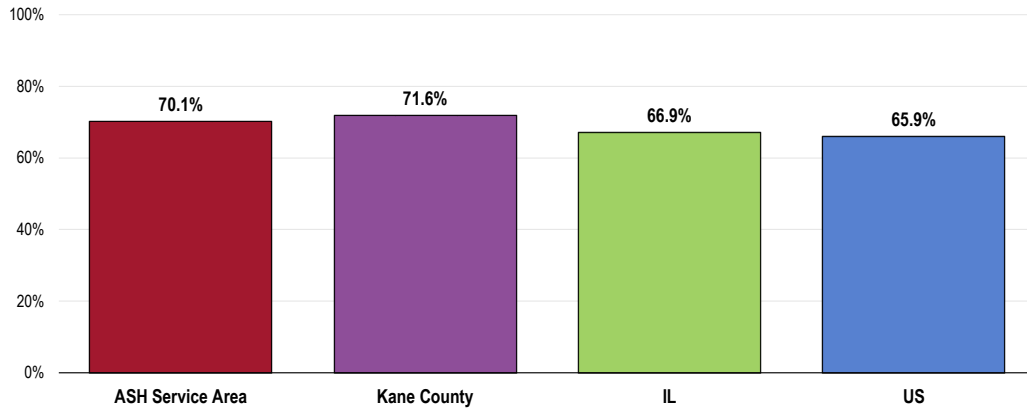
ADULTS

A total of 70.1% of service area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to countywide findings.
- Similar to statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.

Notes:

- Asked of all respondents.

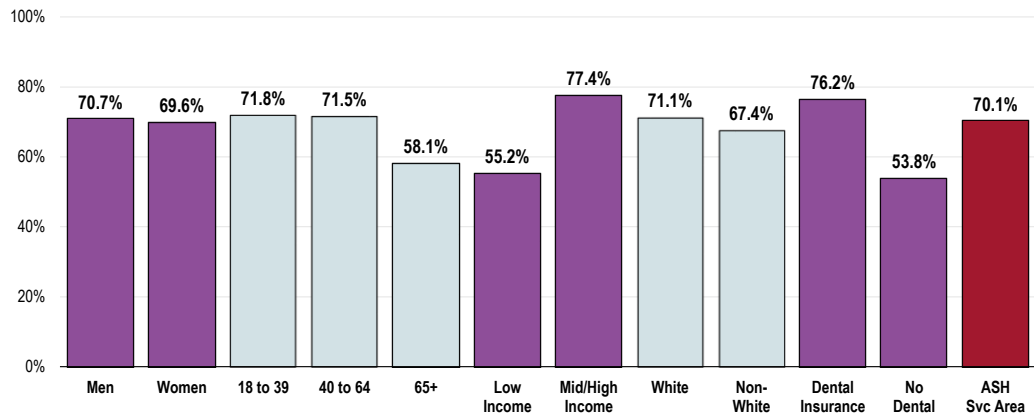
Note the following:

- Seniors and low-income adults are less likely to report a dental visit in the past year.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(ASH Service Area, 2014)

Healthy People 2020 Target = 49.0% or Higher



Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes:

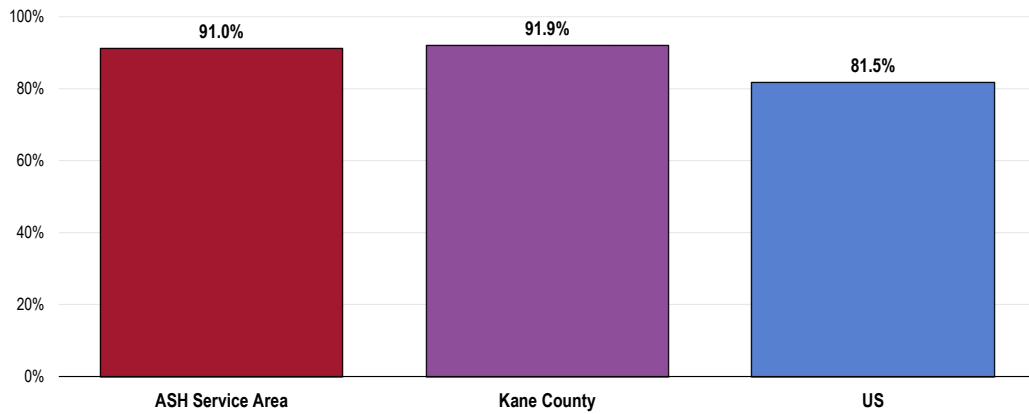
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.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

CHILDREN

A total of 91.0% of service area parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Comparable to the Kane County prevalence.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Child Has Visited a Dentist or Dental Clinic Within the Past Year
 (Among Parents of Children Age 2-17)
 Healthy People 2020 Target = 49.0% or Higher



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents with children age 2 through 17.

Dental Insurance

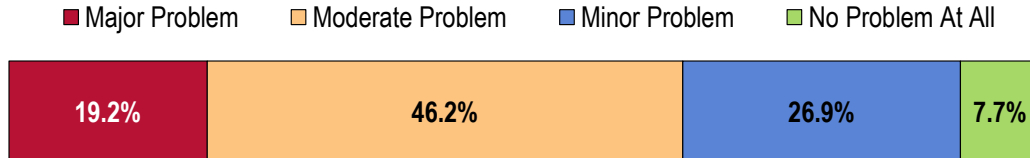
Question	Asked of:	Response:	ASH Service Area	Kane County	United States
Do you currently have any dental insurance coverage that pays for at least part of your dental care?	All respondents	Yes	74.5%	71.3%	65.6%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Key Informant Input: Oral Health

Key informants taking part in the focus groups most often characterized *Oral Health* as a “moderate problem” in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2014)



Source: • PRC Key Informant Focus Groups, Kane County, November 2014.

Vision Care

Question	Asked of:	Response:	ASH Service Area	Kane County	United States
Have you had an eye exam during which your eyes were dilated in the past two years?	<i>All respondents</i>	<i>Yes</i>	57.6%	56.2%	56.8%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Other Issues Addressed

Child Care Services

Parents of children under the age of 14 were asked to evaluate the affordability and quality of local child care services. The following table illustrates the results.

Question	Asked of:	Response:	ASH Service Area	Kane County
In general, how would you rate the availability of AFFORDABLE child care services in your community?	Parents of children age 0 to 13	Excellent Very good Good Fair Poor	20.1% 17.1% 28.4% 17.2% 17.2%	24.8% 17.8% 23.7% 19.5% 14.2%
In general, how would you rate the availability of QUALITY child care services in your community?	Parents of children age 0 to 13	Excellent Very good Good Fair Poor	20.9% 24.3% 31.9% 17.8% 5.1%	28.6% 22.0% 30.6% 13.7% 5.1%

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 157-158]

Collaboration

Key Informant Input: Collaboration

Participants spent time discussing the varying levels of collaboration occurring in the community between non-profit organizations, schools, faith-based communities, healthcare providers and hospitals. The issues discussed included:

- Culture of collaboration
- Funding and competition
- Central database of available resources
- Faith-based organizations and schools

Many participants perceive a **culture of collaboration** to exist among health and community agencies in the community. However, group attendees stress that organizations should not assume that residents are aware of the partnerships. There is even more pressure now on agencies to increase collaboration, whether it is from mobile-integrated health care, the Affordable Care Act, or grant applications that value partnerships.

I think it's starting to happen, again, but it's because we're dealing with the same problems we've had forever. We've just pulled in a bunch of different agencies to talk about the homeless issue and how we can address that because we've been doing that forever. The Health Care Act is forcing our hands in some cases. Even at one of our first meetings, that was brought up. "Oh, yeah, we did this years ago, but then this came up, and, boom, it got pushed aside."

Some participants were critical of the term 'collaboration,' as several felt that agencies excel in networking, but true collaboration is limited due to **funding and competition**. In theory, agencies want to collaborate, but each agency is so busy with its own issues that it becomes hard for them to reach out. As funding becomes tighter, more regulations are being placed on how the money can be spent. Consequently, federally qualified health centers (FQHCs) are being forced to become more competitive among each other for grants. In addition, attendees worry about duplication of efforts due to the vast number of networking opportunities and number of municipalities, as well as limited communication.

I don't think there is [much collaboration happening]. I think they want to, but each agency is so busy and struggling trying to make everything work for them that it's hard for them to reach out.

Collaborations are fantastic, but everyone's afraid of struggling for money – You had the chance of having \$10,000 on your own; if you're going to collaborate with three other agencies, that \$3,333 isn't going to help.

It's the competition for dollars that sometimes prevents agencies from collaborating, but I see a lot more collaboration now than I ever did before. I think people do want to collaborate and work together. We put together a Latin health fair, and we couldn't do it alone. We collaborated with everybody.

I think there's a lot of networking going on, and intentional collaborations do happen... But I think there are times the agencies would prefer to work on their own because they're also competing for funding. So there's a lot of other things that prevent them from truly collaborating.

Currently Kane County does not have a **central database of available resources**. There are other resources out there, but they are not county-specific or current. Attendees agree that directories become obsolete so quickly, and then it is difficult to determine what exactly needs updating and to find the time to do that. This is especially pertinent for residents who have just moved into a community and do not currently have even a primary care provider:

I think naturally a new person moving here wants the basics or something like... "Oh, my child's struggling with this. I should be able to look something up. Where in the county can I get help?" ... Our county website is cumbersome.

We have tried for many years to figure out to create this gateway where people just go in and see what's available in the community. And that's something that we have not been able to achieve in the county. We need to have a central database of information so that all agencies can access, so you can just do a search on the word and try to figure out where you might go for that. Because you would think that with the technology today, we would be able to do that.

Focus group attendees agree that local organizations need to capitalize on the established relationships that **faith-based organizations and schools** have with the community. These established relationships can create community trust in the organizations and facilitate communication with the community, especially in the case of parents and school nurses. Local agencies need to work on opening the lines of communication in order for everyone to know which services are available and also to meet residents where they are.

With my parent hat on, the schools have also been a good resource for me, especially when I first came here, but still I call the school: "I have a problem with my daughter. Here's the situation; do you have a recommendation?" They recommend a counselor or a doctor. They have experience... the schools are phenomenal around here in what they help with and what they cover and the services they provide.

It's great to have those resources, but I think creating person-to-person liaisons [is important], as well. I know that in DuPage [County], they have a school nurse liaison that works with all the nurses in the county, and that strengthens even their professional organization. They're all on the same page, and they have access to continuing education; they can bring all of that stuff from the county back to their schools. So I'd love to see something like that as well, not just in the school format, but for elder care, for supporting families in different areas, creating liaison relationships. And having that happen would be a benefit.

We have a very developed and respected connection with the faith-based communities that makes us unique in the counties. In the late '90s/early 2000s, we participated in a federal project to improve access in Kane County, and the focus at that time was on primary care. And that's why we have been successful; we've had expanding access to primary care and have improved competency with providing minority groups culturally sensitive information. We recognize that we have to meet patients where they're coming from, and it has to be in line with their belief systems. We've made progress.

Local Resources

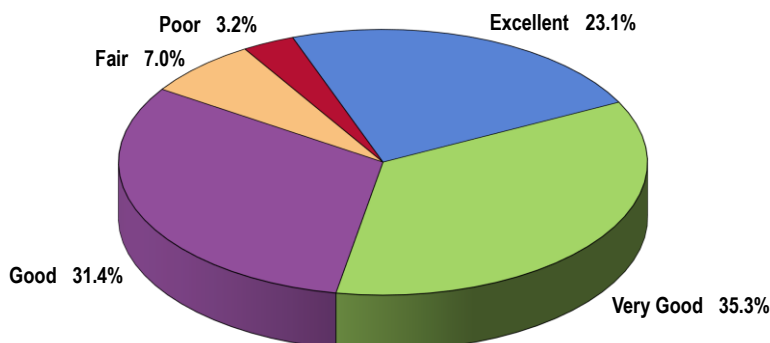


Perceptions of Local Healthcare Services

Nearly 6 in 10 ASH Service Area adults (58.4%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 31.4% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community (ASH Service Area, 2014)

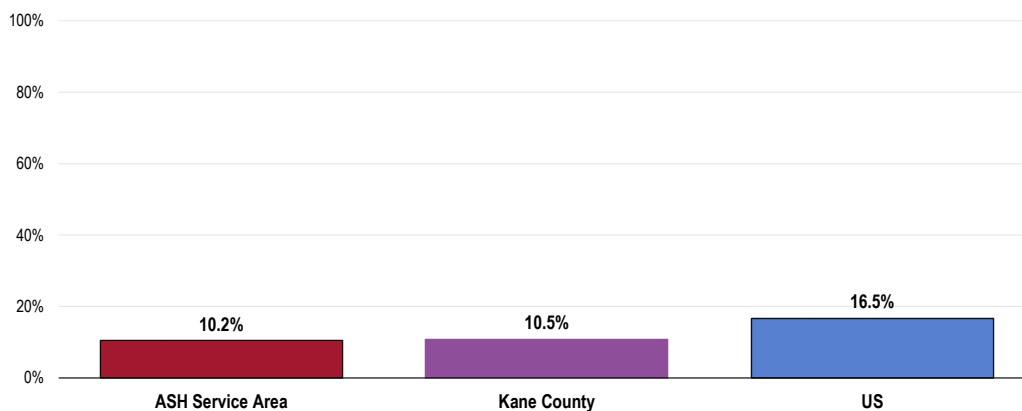


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
Notes: • Asked of all respondents.

However, 10.2% of residents characterize local healthcare services as “fair” or “poor.”

- Statistically similar to the countywide prevalence.
- Better than the US prevalence.

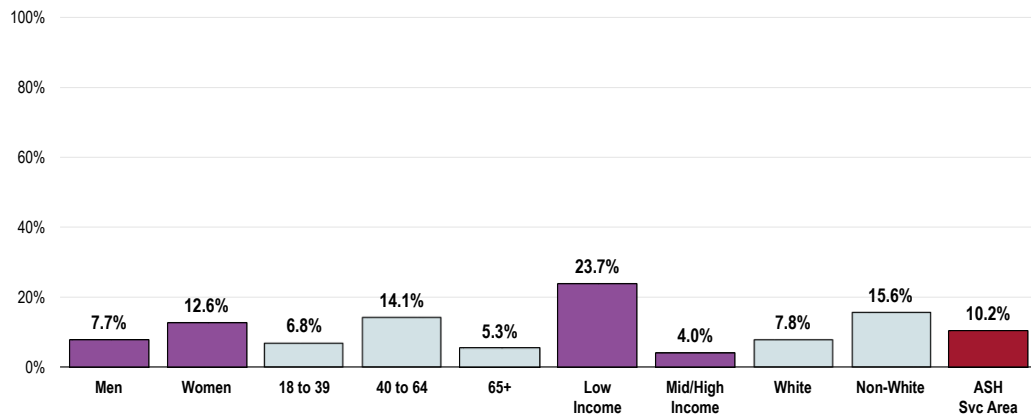
Perceive Local Healthcare Services as “Fair/Poor”



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The percentage is significantly higher among adults age 40 to 64 and those in lower-income households.

Perceive Local Healthcare Services as “Fair/Poor” (ASH Service Area, 2014)



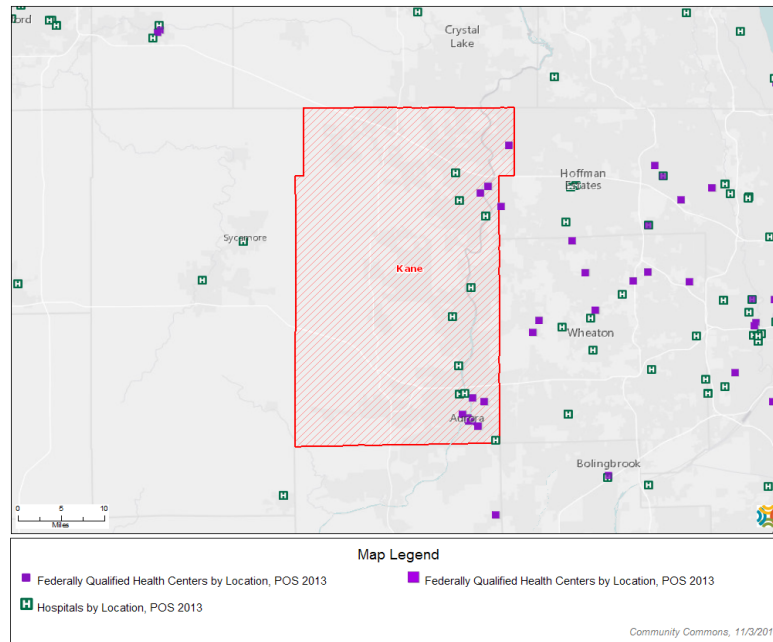
- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Healthcare Resources & Facilities (Kane County)

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map provides an illustration of the hospitals and federally qualified health centers in Kane County as of 2013.

Hospitals & Federally Qualified Health Centers, POS 2013



Health Professional Shortage Areas (HPSAs)

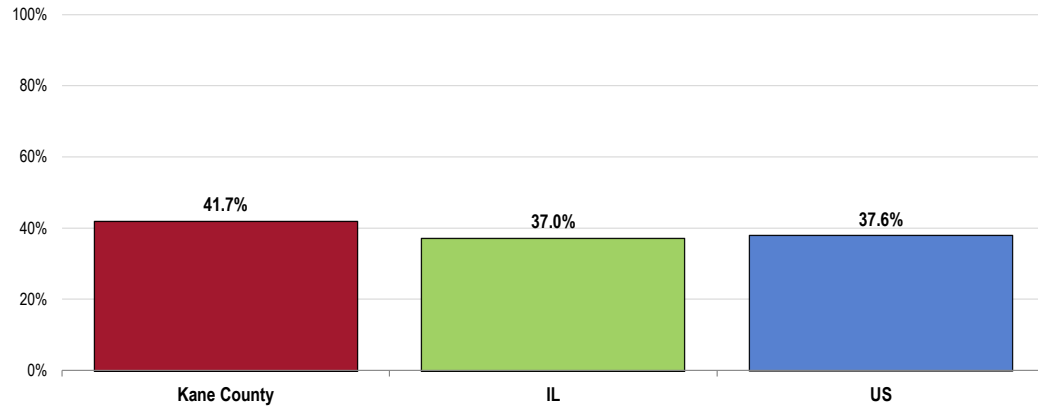
According to the US Department of Health and Human Services, 41.7% of Kane County residents live in a geographic area designated as having a shortage of primary medical care, dental, or mental health professionals (2014 data).

A "health professional shortage area" (HPSA) is defined as having a shortage of primary medical care, dental, or mental health professionals.

- Higher than the Illinois prevalence.
- Higher than the US prevalence.

Population Living in a Health Professional Shortage Area (HPSA)

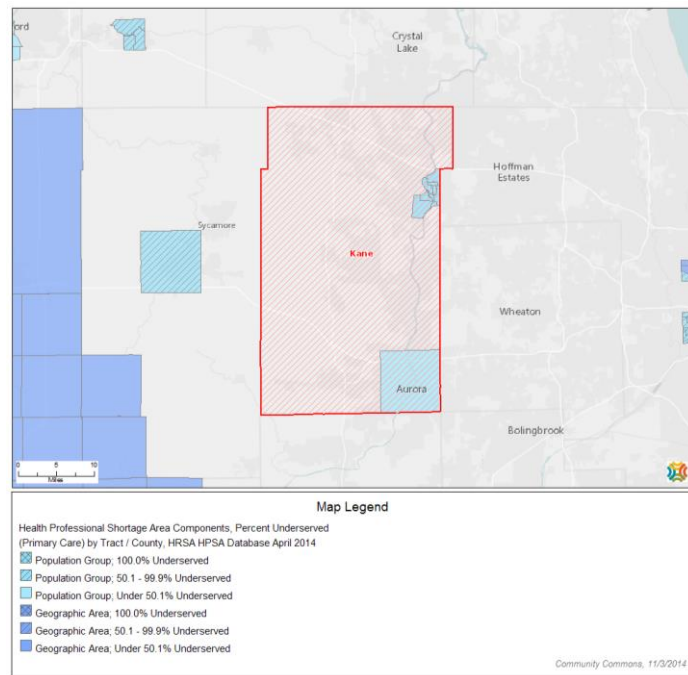
(Percent of Total Population Living in a Geographic Area Designated as Having a Shortage of Primary Medical Care, Dental or Mental Health Professionals, 2014)



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Health Professional Shortage Areas: April 2014.
 - Retrieved November 2014 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

The following map shows those areas within Kane County which have been designated by the US Department of Health and Human Services as a health professional shortage area (HPSA).

Population Living in an HPSA, Percent, HRSA HPSA Database April 2014



HPSA Designated Shortage Areas

HPSA Name	ID	Type	FTE	# Short	Score
KANE COUNTY					
Greater Elgin Family Care Center	117999175P	Comprehensive Health Center	1	0	16
Visiting Nurse Association of Fox Valley	117999176K	Comprehensive Health Center		0	17
Low Income - Aurora	117999178P	Population Group	9	7	12
Aurora Township		Minor Civil Division			
Low Income - Elgin	117999178W	Population Group	1	3	14
C.T. 8508.00		Census Tract			
C.T. 8513.01		Census Tract			
C.T. 8513.02		Census Tract			
C.T. 8514.00		Census Tract			
C.T. 8515.00		Census Tract			
C.T. 8516.00		Census Tract			
C.T. 8546.00		Census Tract			
C.T. 8549.00		Census Tract			
Greater Elgin Family Care Center	617999171X	Comprehensive Health Center			22
Visiting Nurse Association of Fox Valley	617999173B	Comprehensive Health Center			
Low Income - Aurora	61799917A6	Population Group	3	9	15
Aurora Township		Minor Civil Division			
Greater Elgin Family Care Center	7179991799	Comprehensive Health Center			19
Visiting Nurse Association of Fox Valley	71799917A2	Comprehensive Health Center			16

Source: hpsafind.hrsa.gov/hpsasearch.aspx

HRSA Health Resources Comparison to Other Similar (Peer) Counties

Indicator	Kane, IL	Dane, WI	Peer Group Min	Peer Group Median	Peer Group Max
Health Resources					
Primary Care Physicians	222	619	222	472	619
PCP Phys/100K Pop	42.5	122.9	42.5	88.3	122.9
General/Family Practice	98	285	98	223	285
Gen/Fam/100K Pop	18.8	56.6	18.8	41.7	56.6
Internal Medicine	85	210	71	168	210
Internal Medicine/100K Pop	16.3	41.7	13.5	31.6	41.7
Pediatricians	45	126	45	94	152
Pediatricians/100K Pop	27.9	101.9	27.9	68.4	113.1
Obstetricians/Gynecologists	41	71	39	64	97
OB/GYN /100K Pop	15.6	28	14.8	23.9	35.9
General Surgeons	21	68	21	42	93
General Surgeons/100K Pop	4	13.5	4	8.1	17.5
Psychiatrists	29	113	29	52	113
Psychiatrists/100K Pop	5.6	22.4	5.6	10.3	22.4
Dentists	276	279	244	279	409
Dentist/100K Pop	53.6	57.2	47	57.2	79.1
Hospitals					
Total Hospitals	5	7	4	7	13
Total Hospital Beds	1,157	1,576	1,046	1,567	2,875
Short-Term General Hospitals	4	5	4	5	7
Short-Term General Hospital beds	657	1,284	657	1,284	2,631
Health Centers					
Community Health Centers	38	6	2	9	38
Federally Qualified Health Centers	13	4	2	11	21
Medicare Beneficiaries	60,637	65,519	60,637	76,374	99,421
Pct of Total Pop Medicare Beneficiaries	11.6	13	11.6	14.7	18.6
Medicaid Beneficiaries	91,606	62,697	35,624	91,606	179,414
Pct of Total Pop Medicaid Beneficiaries	17.6	12.6	7.1	17.6	34.6
Source: ahrh.hrsa.gov/arfdashboard/hrct.aspx					

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

- Activate Elgin
- Advocate Sherman Hospital
- Aunt Martha's
- Breaking Free
- Cadence Hospital
- Child Advocacy Center
- City of Elgin
- Ecker Center for Mental Health
- Family Service Association of Greater Elgin Area
- Fit for Kids
- Greater Elgin Family Care Center
- Kane County Health Department
- Linden Oaks at Edward
- Living Well
- Local Counseling Services
- Local Doctors' Offices
- Local Federally Qualified Health Centers (FQHCs)
- Local Health Clubs
- Local Hospitals (including those not specifically mentioned)
- Local K-12 School Programs
- Local Law Enforcement
- Local Mental Health Partnerships
- Local Nutritionists
- Local Park Districts
- Local Preventive Services
- Local Private Practices
- Local Social Work Agencies
- Open Door Clinic
- Presence Mercy Hospital
- Provena Saint Joseph Hospital
- Senior Services Association

- St. Joseph Hospital
- Streamwood Behavioral Healthcare System
- Tri-City Family Services
- VNA Health Center
- Well Child Center
- Well Child Dental Clinic
- WIC program
- YMCA