

2018 Community Health Needs Assessment Report

Kane County, Illinois

Prepared for:
Kane County Health Department

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Introduction



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Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2015, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Kane County, Illinois. 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 that historically have 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 Kane County Health Department 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, Kane County Health Department, Northwestern Medicine Delnor Hospital, 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 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 trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

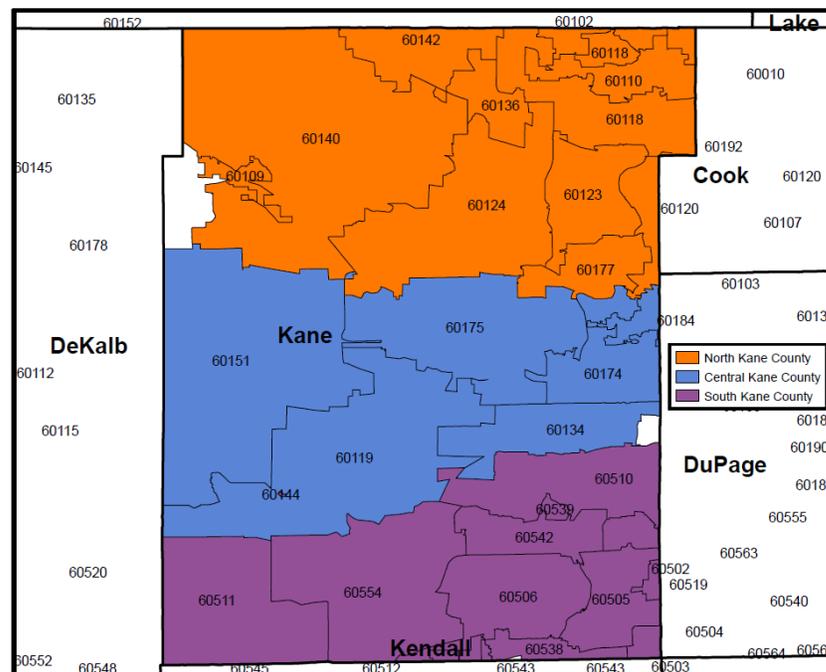
PRC Community Health Survey

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 Kane County Health Department, collaborating partner organizations, and PRC, and is similar to the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort is comprised of residential ZIP Codes within Kane County, Illinois; respondents living in ZIP Codes extending outside the county borders were screened to include only those living within Kane County. The County was segmented into three planning areas utilized by the Kane County Health Department: North, Central, and South Kane County. This community definition is illustrated in the following map.



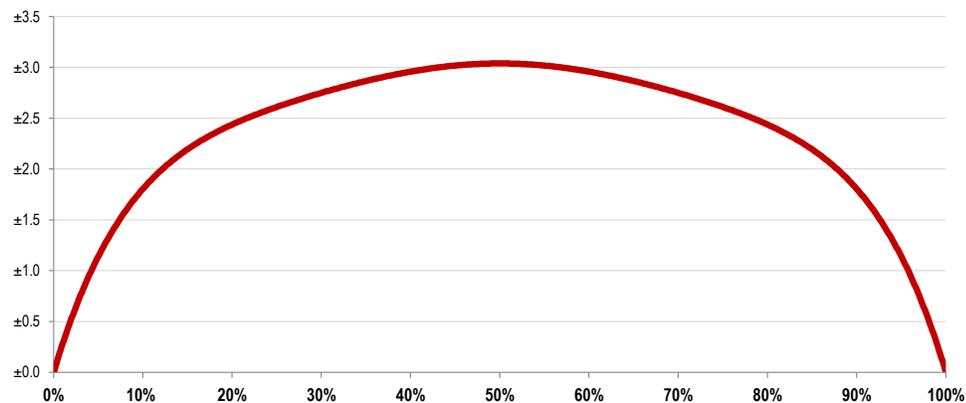
Sample Approach & Design

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 mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a stratified random sample of 1,053 individuals age 18 and older in Kane County, including 410 in North Kane County, 347 in Central Kane County, and 296 in South Kane County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Kane County as a whole. All administration of the surveys, data collection and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 1,053 respondents is $\pm 3.0\%$ at the 95 percent confidence level.

Expected Error Ranges for a Sample of 1,053 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 1,053 respondents answered a certain question with a "yes," it can be asserted that between 8.2% and 11.8% ($10\% \pm 1.8\%$) 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 47.0% and 53.0% ($50\% \pm 3.0\%$) of the total population would respond "yes" if asked this question.

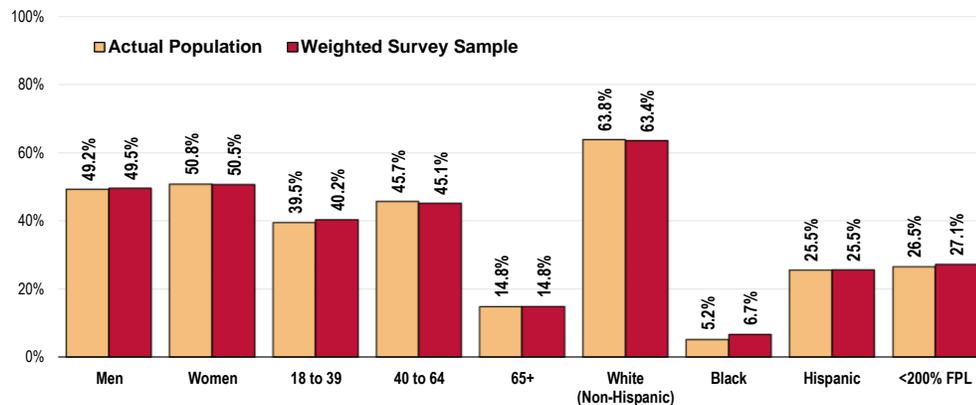
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. 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 sex, 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 Kane County 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 (Kane County, 2018)



Sources: ● Census 2010, Summary File 3 (SF 3). US Census Bureau.
● 2018 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 2018 guidelines place the poverty threshold for a family of four at \$25,100 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 (<200% of) the poverty threshold; “**mid/high income**” refers to those households living on incomes which are twice or more (≥200% of) 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.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Kane County Health Department and collaborating partner organizations; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 157 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Physicians	10	3
Public Health Representatives	10	6
Other Health Providers	62	30
Social Services Providers	118	65
Other Community Leaders	102	53

Final participation included representatives of the organizations outlined below.

- Advocate Sherman Hospital
- Agency on Aging Northeastern Illinois
- Association for Individual Development
- Batavia Interfaith Food Pantry and Clothes Closet
- Batavia United Way
- Benedictine University
- Blackberry Township
- BPS101
- CASA Kane County
- Catholic Social Services, Catholic Charities
- Centro de Informacion
- City of Aurora
- Community Contacts, Inc.
- Community Foundation of the Fox River Valley
- Conley Outreach Community Services
- DayOnePACT
- Elderday Center, Inc.
- Elgin Area Chamber of Commerce
- Elgin Partnership for Early Learning
- Environmental Protection Agency

- Family Service Association of Greater Elgin Area
- Fox Valley Special Recreation Association
- Gail Borden Public Library
- Gateway Foundation
- Geneva Park District
- Greater Elgin Family Care Center
- Herget Middle School
- Hesed House
- Highland Avenue Church of the Brethren
- Hope for Tomorrow, Inc.
- INC Board NFP
- Kane County Board
- Kane County Development and Community Services Department
- Kane County Division of Transportation
- Kane County Farm Bureau
- Kane County Health Department
- Kane County Medical Society
- Kane County Regional Office of Education
- Kane County Sheriff's Office
- Kaneland Community School District #302
- Lao-American Organization of Elgin
- Lazarus House
- Lutheran Social Services of Illinois – Elgin Center
- Marie Wilkinson Food Pantry
- Marklund Hyde Center
- Mutual Ground, Inc.
- NAMI KDK (Kane-south, DeKalb & Kendall Counties)
- Northeastern Illinois Area Agency on Aging
- Northwestern Medicine Delnor Hospital
- Open Door Clinic of Greater Elgin
- PADS at Hesed House
- PR Strategies and Communications/PMS Advertising, Inc.
- Presence Mercy Medical Center
- Presence Saint Joseph Hospital
- Rebuilding Together Aurora
- Renz Addiction Counseling Center
- Rush Copley Medical Center
- St. Charles Park District
- STC Underground Teen Center
- Suicide Prevention Services
- The Salvation Army of Aurora
- Tri City Family Services
- Tri City Health Partnership
- U46
- University of Illinois Extension
- Valley Industrial Association
- Village of Algonquin
- VNA Healthcare
- Waubensee Community College
- Wayside Cross Ministries
- Well Child Center
- WellBatavia Initiative
- West Aurora SD 129
- YWCA Elgin

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

Minority/medically underserved populations represented:

African-Americans, Asians, behavioral health patients, cancer patients, children, criminal justice offenders, disabled, elderly, Hispanics, homebound, homeless, intellectual disabilities/developmental disabilities, immigrants/refugees, Laotians, LGBTQ persons, limited education, low income, Medicare/Medicaid recipients, mentally ill, non-English speaking, rural Kane County residents, single parents, substance abusers, teen parents, undocumented, unemployed, uninsured/underinsured

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. 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 Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was provided by Kane County Health Department to complement the research quality of this Community Health Needs Assessment. Data for Kane County 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
- ESRI ArcGIS Map Gallery
- 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

Benchmark Data

Trending

A similar survey was administered in Kane County in 2015 by PRC. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

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 represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. 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 *2017 PRC National Health Survey*; the methodological approach for the national study is similar 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. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:



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

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.

- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

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 the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% 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 medical conditions that are not specifically addressed.

Summary of Findings

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment 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).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> • Barriers to Healthcare Access <ul style="list-style-type: none"> ○ Insurance Instability ○ Inconvenient Office Hours ○ Appointment Availability • Difficulty Accessing Children’s Healthcare • Primary Care Physician Ratio • Routine Medical Care [Children] • Need for Specialty Care [Adults & Children] • Difficulty Accessing Specialty Care [Adults & Children]
Cancer	<ul style="list-style-type: none"> • Cancer is a leading cause of death. • Cervical Cancer Screening [Age 21-65]
Diabetes	<ul style="list-style-type: none"> • Diabetes ranked as a top concern in the Online Key Informant Survey.
Heart Disease & Stroke	<ul style="list-style-type: none"> • Cardiovascular disease is a leading cause of death. • High Blood Pressure Management • Blood Cholesterol Screening • High Blood Cholesterol Management • Overall Cardiovascular Risk
Injury & Violence	<ul style="list-style-type: none"> • Falling Asleep While Driving • Firearm-Related Deaths • Violent Crime Experience • Domestic Violence Experience

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Areas of Opportunity (continued)	
Kidney Disease	<ul style="list-style-type: none"> • Kidney Disease Deaths
Mental Health	<ul style="list-style-type: none"> • “Fair/Poor” Mental Health (Adults & Children) • Diagnosed Depression • Days of Poor Mental Health • Days of Feeling Sad, Blue, Depressed • Treatment/Medication for Mental Health • Stress • Suicide Deaths • Difficulty Obtaining Mental Health Services • Mental Health ranked as a top concern in the Online Key Informant Survey.
Nutrition, Physical Activity, & Weight	<ul style="list-style-type: none"> • Sugar-Sweetened Beverages [Children] • Overweight & Obesity [Children] • Leisure-Time Physical Activity • Children’s Physical Activity • Access to Recreation/Fitness Facilities • North Kane County: Healthy Weight [Children 5-17] • Nutrition, Physical Activity & Weight ranked as a top concern in the Online Key Informant Survey.
Oral Health	<ul style="list-style-type: none"> • Children’s Dental Care
Potentially Disabling Conditions	<ul style="list-style-type: none"> • Activity Limitations • Family Member Diagnosed with Alzheimer’s Disease
Substance Abuse	<ul style="list-style-type: none"> • Cirrhosis/Liver Disease Deaths • Excessive Drinking • Binge Drinking • Drinking & Driving • Unintentional Drug-Related Deaths • Illicit Drug Use • Substance Abuse ranked as a top concern in the Online Key Informant Survey.
Tobacco Use	<ul style="list-style-type: none"> • Environmental Tobacco Smoke Exposure at Home <ul style="list-style-type: none"> ◦ [Including Households with Children and Nonsmokers] • Use of Vaping Products • South Kane County: Cigarette Smoking Prevalence

Community Feedback on Prioritization of Health Needs

On May 10, 2018, convened a group of community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. A hospital representative also provided guidance to the group, describing existing activities, initiatives, resources, etc., relating to the Areas of Opportunity. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
 - How many people are affected?
 - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
 - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. **Mental Health**
2. **Nutrition, Physical Activity & Weight**
3. **Substance Abuse**
4. **Access to Healthcare Services**
5. **Diabetes**
6. **Heart Disease & Stroke**
7. **Tobacco Use**
8. **Cancer**
9. **Injury & Violence**
10. **Sexual Health**

11. Respiratory Disease
12. Potentially Disabling Conditions
13. Oral Health
14. Kidney Disease

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Kane County, including comparisons among the individual communities, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

■ In the following charts, Kane County results are shown in the larger, blue column.

Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

■ The green columns [to the left of the Kane County column] provide comparisons among the three planning areas, identifying differences for each as “better than” (☀️), “worse than” (🌧️), or “similar to” (☁️) the combined opposing areas.

■ The columns to the right of the Kane County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether Kane County 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	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
Linguistically Isolated Population (Percent)			
Population in Poverty (Percent)			
Population Below 200% FPL (Percent)			
Children Below 200% FPL (Percent)			
% [Children 0-13] Availability of Affordable Child Care is "Fair/Poor"			
% [Children 0-13] Quality of Local Child Care is "Fair/Poor"			
No High School Diploma (Age 25+, Percent)			
Unemployment Rate (Age 16+, Percent)			
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
13.9	 9.0	 8.5		
11.0	 14.0	 15.1		
27.4	 30.9	 33.6		
37.3	 40.1	 43.3		
26.6				33.7
13.9				18.8
16.9	 11.7	 13.0		
6.9	 6.7	 5.3		
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> better</div> <div style="text-align: center;"> similar</div> <div style="text-align: center;"> worse</div> </div>				

Overall Health	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
% "Fair/Poor" Overall Health	 18.4	 6.9	 14.3
% 3+ Days of Poor Physical Health in the Past Month	 30.0	 22.3	 30.0
% Activity Limitations	 21.5	 19.2	 27.6
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
14.7	 18.0	 18.1		 15.7
28.7				 17.0
23.8	 17.6	 25.0		 17.9
 better  similar  worse				

Access to Health Services	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
% [Age 18-64] Lack Health Insurance	 7.7	 6.2	 10.6
% [Insured] Went Without Coverage in Past Year	 29.2	 28.7	 28.1
% Difficulty Accessing Healthcare in Past Year (Composite)	 38.1	 39.4	 38.0
% Difficulty Finding Physician in Past Year	 12.3	 7.7	 10.6
% Difficulty Getting Appointment in Past Year	 17.4	 18.6	 17.1

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
8.8	 10.7	 13.7	 0.0	 12.6
28.7				 7.5
38.3		 43.2		 35.5
10.8		 13.4		 9.4
17.5		 17.5		 12.5

Access to Health Services (continued)	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
% Cost Prevented Physician Visit in Past Year	12.7	12.7	12.8
% Transportation Hindered Dr Visit in Past Year	6.6	4.2	7.5
% Inconvenient Hrs Prevented Dr Visit in Past Year	17.2	16.6	16.9
% Language/Culture Prevented Care in Past Year	1.1	0.3	2.0
% Cost Prevented Getting Prescription in Past Year	16.9	10.8	12.9
% Skipped Prescription Doses to Save Costs	9.9	11.4	13.0
% Difficulty Getting Child's Healthcare in Past Year	5.0	4.2	12.8
Primary Care Doctors per 100,000			
% Have a Specific Source of Ongoing Care	77.3	83.4	74.8
% Have a Personal Doctor or Healthcare Provider	79.0	81.1	78.5

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
12.7	11.2	15.4	14.1	
6.6		8.3	6.0	
17.0		12.5	15.7	
1.4		1.2		
14.1		14.9	13.3	
11.5		15.3	11.3	
8.6		5.6	3.2	
44.8	96.9	87.8		
77.2		74.1	95.0	
79.1			76.1	

Access to Health Services (continued)	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
% Have Had Routine Checkup in Past Year	 75.4	 68.4	 69.6
% Child Has Had Checkup in Past Year	 84.2	 95.0	 83.1
% Two or More ER Visits in Past Year	 12.7	 3.4	 6.8
% Rate Local Healthcare "Fair/Poor"	 16.2	 8.9	 10.7
Live in a Health Professional Shortage Area (Percent)			
% Needed to See a Specialist in the Past Year	 51.1	 55.8	 51.6
% [Needing Specialist] Problem Getting Specialty Care	 46.9	 29.1	 39.6
% [Parents] Child Needed a Specialist in the Past Year	 30.6	 25.9	 17.5
% [Child Needed Specialist] Problem Getting Specialty Care			

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
71.7	 70.0	 68.3	 69.1	
85.3		 87.1	 92.4	
8.5		 9.3	 6.8	
12.6		 16.2	 10.5	
28.4	 44.7	 33.1		
52.1			 42.2	
40.6			 30.9	
23.7			 16.5	
49.8			 33.3	
	 better	 similar	 worse	

Cancer	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
Cancer (Age-Adjusted Death Rate)			
Lung Cancer (Age-Adjusted Death Rate)			
Prostate Cancer (Age-Adjusted Death Rate)			
Female Breast Cancer (Age-Adjusted Death Rate)			
Colorectal Cancer (Age-Adjusted Death Rate)			
Female Breast Cancer Incidence Rate			
Prostate Cancer Incidence Rate			
Lung Cancer Incidence Rate			
Colorectal Cancer Incidence Rate			
Cervical Cancer Incidence Rate			
% [Women 50-74] Mammogram in Past 2 Years	77.1	76.3	73.2

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
142.4	166.7	158.5	161.4	160.0
33.4	43.6	40.3	45.5	
15.1	20.3	19.0	21.8	
17.9	21.5	20.3	20.7	
12.8	15.2	14.1	14.5	
122.9	130.0	123.5		
116.8	119.4	114.8		
56.2	66.8	61.2		
36.1	44.5	39.8		
7.5	7.7	7.6		
75.5	78.0	77.0	81.1	81.3

Cancer (continued)

	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
% [Women 21-65] Pap Smear in Past 3 Years	 82.2	 81.5	 76.8
% [Men 40+] PSA Test in the Past 2 Years	 60.0	 57.3	 48.2
% [Age 50-75] Colorectal Cancer Screening	 77.0	 72.8	 74.4
% Household Air Has Been Tested for Radon	 29.5	 55.4	 35.8
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
79.6	 83.8	 73.5	 93.0	 85.7
54.5				 59.6
75.1	 63.5	 76.4	 70.5	 73.0
36.7				 37.7
 better  similar  worse				

Dementias, Including Alzheimer's Disease

	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
Alzheimer's Disease (Age-Adjusted Death Rate)			
% Family Member Ever Diagnosed with Alzheimer's Disease	 20.9	 21.2	 17.7
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
14.2	 23.9	 28.4		 19.4
19.6				 16.3
 better  similar  worse				

Diabetes	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
Diabetes (Age-Adjusted Death Rate)			
% Diabetes/High Blood Sugar	12.2	10.3	10.2
% Borderline/Pre-Diabetes	9.9	4.4	6.6
% [Diabetics] 2+ A1C Tests in the Past 12 Months	78.4		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	57.4	55.4	62.1
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
18.0	18.9	21.1	20.5	22.7
11.1	10.4	13.3		9.4
7.5	1.0	9.5		6.0
79.5				70.9
59.1		50.0		55.5
better similar worse				

Heart Disease & Stroke	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
Diseases of the Heart (Age-Adjusted Death Rate)			
Stroke (Age-Adjusted Death Rate)			
% Heart Disease (Heart Attack, Angina, Coronary Disease)	5.5	4.5	3.3

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
131.1	169.0	167.0	156.9	156.1
35.4	37.9	37.1	34.8	37.4
4.4		8.0		5.9

Heart Disease & Stroke (continued)

Each Sub-Area vs. Others

	Kane Co North	Kane Co Central	Kane Co South
% Stroke	 3.4	 1.0	 0.6
% Told Have High Blood Pressure (Ever)	 34.8	 30.1	 30.9
% [HBP] Taking Action to Control High Blood Pressure	 91.2	 82.1	 90.9
% Cholesterol Checked in Past 5 Years	 85.9	 87.7	 91.1
% Told Have High Cholesterol (Ever)	 29.5	 31.1	 28.7
% [HBC] Taking Action to Control High Blood Cholesterol	 82.8	 83.1	 86.3
% 1+ Cardiovascular Risk Factor	 85.4	 83.7	 87.0

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Kane County vs. Benchmarks

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
1.8	 3.1	 4.7		 1.7
32.3	 30.8	 37.0	 26.9	 32.2
89.7		 93.8		 96.7
88.5	 78.2	 85.1	 82.1	 92.9
29.4		 36.2	 13.5	 32.6
84.4		 87.3		 89.9
85.8		 87.2		 81.7

 better  similar  worse

HIV	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
HIV Prevalence Rate			
% [Age 18-44] HIV Test in the Past Year	 13.4	 20.5	 25.0
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
131.2	 322.9	 353.2	 22.1	
19.8		 24.7		 19.1
	 better	 similar	 worse	

Immunization & Infectious Diseases	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
% [Age 65+] Flu Vaccine in Past Year	 75.6	 75.1	 76.6
% [High-Risk 18-64] Flu Vaccine in Past Year	 44.7	 62.9	 56.6
% [Age 65+] Pneumonia Vaccine Ever	 75.8	 79.4	 82.4
% [High-Risk 18-64] Pneumonia Vaccine Ever	 38.5	 38.3	 24.2
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
75.8	 56.4	 76.8	 70.0	 55.0
52.6		 55.7	 70.0	 36.7
79.0	 69.6	 82.7	 90.0	 71.0
32.6		 39.9	 60.0	 32.5
	 better	 similar	 worse	

Infant Health & Family Planning

	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
No Prenatal Care in First Trimester (Percent)			
Low Birthweight Births (Percent)			
Infant Death Rate			
Births to Teenagers Under Age 20 (Percent)			

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
23.8	24.1		22.1	24.5
7.0	8.3	8.1	7.8	7.4
5.5		5.9	6.0	5.8
5.7	5.6	5.8		8.8
	better	similar	worse	

Injury & Violence

	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
Unintentional Injury (Age-Adjusted Death Rate)			
Motor Vehicle Crashes (Age-Adjusted Death Rate)			
% Have Fallen Asleep While Driving	20.9	23.7	28.0
[65+] Falls (Age-Adjusted Death Rate)			

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
27.0	37.1	43.7	36.4	23.9
6.1	8.1	11.0	12.4	7.7
24.4				17.2
54.2	47.1	60.6	47.0	

Injury & Violence (continued)	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
Firearm-Related Deaths (Age-Adjusted Death Rate)			
Homicide (Age-Adjusted Death Rate)			
Violent Crime Rate			
% Victim of Violent Crime in Past 5 Years	 4.0	 4.4	 2.7
% Victim of Domestic Violence (Ever)	 13.1	 10.0	 12.2
% Have 3+ Days' Worth of Emergency Rations	 76.4	 77.4	 75.5
% Have a Written Evacuation Plan	 18.3	 14.2	 25.7
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
5.2	 10.1	 11.1	 9.3	 4.3
2.3	 6.8	 5.6	 5.5	
160.0	 397.0	 379.7		
3.5		 3.7		 1.7
12.2		 14.2		 9.0
76.2				 72.8
20.9				 24.2
 better  similar  worse				

Kidney Disease

	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
Kidney Disease (Age-Adjusted Death Rate)			
% Kidney Disease	 1.9	 1.1	 1.8
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
17.8	 17.2	 13.2		 18.5
1.7	 3.7	 3.8		 3.4
	 better	 similar	 worse	

Mental Health

	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
% "Fair/Poor" Mental Health	 18.5	 13.7	 18.6
% Diagnosed Depression	 19.5	 22.9	 21.7
% [Children 2-17] Child Has "Fair/Poor" Mental Health	 10.3	 3.5	 6.7
% 3+ Days of Poor Mental Health in the Past Month	 28.2	 23.6	 28.7
% 3+ Days of Feeling Sad, Blue, or Depressed in the Past Month	 34.3	 27.0	 37.1
% "Seldom/Never" Get Social/Emotional Support	 20.8	 9.1	 13.0

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
17.8		 13.0		 10.5
21.0	 16.5	 21.6		 11.8
7.7				 3.8
27.7				 15.2
34.3				 21.6
15.5				 12.8

Mental Health (continued)	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
% Typical Day Is "Extremely/Very" Stressful	 10.4	 14.3	 15.3
Suicide (Age-Adjusted Death Rate)			
% Aware of Local Mental Health Resources	 57.1	 67.1	 64.2
% Taking Rx/Receiving Mental Health Trtmt	 14.0	 20.0	 19.5
% Have Ever Sought Help for Mental Health	 31.4	 36.1	 35.6
% [Those With Diagnosed Depression] Seeking Help	 80.9	 91.5	 92.2
% Unable to Get Mental Health Svcs in Past Yr	 8.9	 4.2	 7.7
% [Children 2-17] Difficulty Getting Child's Mental Health Svcs	 6.1	 1.3	 3.6
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
13.2		 13.4	 10.3	
8.5	 10.5	 13.0	 10.2	
61.9			 60.9	
17.4		 13.9		
34.0		 30.8		
88.1		 87.1	 80.5	
7.6		 6.8	 2.8	
4.3			 0.4	
 better  similar  worse				

Nutrition, Physical Activity & Weight	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
% Food Insecure	 25.3	 8.3	 27.4
% Eat 5+ Servings of Fruit or Vegetables per Day			
% [Children 2-17] Child Eats 5+ Fruits/Vegetables per Day	 32.7	 35.0	 41.1
% "Very/Somewhat" Difficult to Buy Fresh Produce	 20.0	 9.9	 23.0
% Grow Some of Own Food	 40.2	 37.7	 37.2
% [Children 2-17] Child Has 1+ Sugar-Sweetened Drink per Day	 52.6	 38.0	 61.9
% [Children 2-17] Child Has 5+ Glasses of Water per Day	 29.4	 33.1	 26.8
Population With Low Food Access (Percent)			
% Medical Advice on Nutrition in Past Year	 48.5	 48.7	 47.6
% Medical Advice on Physical Activity in Past Year	 56.3	 56.3	 58.3
% No Leisure-Time Physical Activity	 30.9	 16.8	 28.9

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
23.4		 27.9		
18.9				
36.9				 40.0
19.7		 22.1		 19.0
38.5				 35.2
54.7				 35.9
28.8				 21.4
21.0	 19.4	 22.4		
48.1				 47.0
57.2				 52.0
27.7	 23.9	 26.2	 32.6	 17.8

Nutrition, Physical Activity & Weight (continued)	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
% Meeting Physical Activity Guidelines	 24.1	 33.4	 19.2
Recreation/Fitness Facilities per 100,000			
% Overweight (BMI 25+)	 69.0	 67.7	 66.9
% Healthy Weight (BMI 18.5-24.9)	 28.3	 29.9	 30.8
% [Overweights] Trying to Lose Weight	 65.9	 66.4	 60.6
% Obese (BMI 30+)	 34.4	 31.1	 30.0
% Medical Advice on Weight in Past Year	 34.1	 30.0	 28.1
% [Overweights] Counseled About Weight in Past Year	 38.8	 39.1	 35.1
% Describe Own Weight as Overweight	 61.6	 65.3	 55.9
% Child [Age 5-17] Healthy Weight	 48.6	 68.0	 50.6
% Children [Age 5-17] Overweight (85th Percentile)	 41.3	 13.9	 41.7

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
23.6	 21.3	 22.8	 20.1	
8.5	 10.7	 10.5		
67.8	 65.0	 67.8		 65.6
29.6	 32.9	 30.3	 33.9	 32.9
63.7		 61.3		 34.7
31.9	 31.6	 32.8	 30.5	 28.5
30.8		 24.2		 27.0
37.3		 29.0		 36.6
59.8				 54.5
52.8		 58.4		 62.7
36.9		 33.0		 27.6

Nutrition, Physical Activity & Weight (continued)

	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
% Children [Age 5-17] Obese (95th Percentile)	 24.7	 11.3	 29.1
% Child [Age 2-17] Physically Active 1+ Hours per Day	 34.3	 31.7	 30.8
% [Child 2-17] Child Has 3+ Hours of Screen Time per Day	 23.8	 16.5	 26.4
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
24.5		 20.4	 14.5	 16.3
32.3		 50.5		 44.9
23.7				 17.8
 better  similar  worse				

Oral Health

	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
% Have Dental Insurance	 71.5	 73.4	 75.6
% [Age 18+] Dental Visit in Past Year	 72.3	 80.9	 68.5
% Child [Age 2-17] Dental Visit in Past Year	 88.0	 94.3	 80.3
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
73.6		 59.9		 71.3
72.1	 65.5	 59.7	 49.0	 71.6
85.5		 87.0	 49.0	 91.9
 better  similar  worse				

Potentially Disabling Conditions	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
% [50+] Osteoporosis	7.7	8.7	7.1
% Eye Exam in Past 2 Years	55.2	63.5	59.0
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
7.7	9.4	5.3	8.6	
58.3	55.3		56.2	
	better	similar	worse	

Respiratory Diseases	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
CLRD (Age-Adjusted Death Rate)			
Pneumonia/Influenza (Age-Adjusted Death Rate)			
% [Adult] Currently Has Asthma	7.4	8.2	8.5
% [Child 0-17] Currently Has Asthma	5.8	3.6	3.8
% Child [Age 0-17] Asthma (Ever Diagnosed)	11.4	10.9	12.3
% COPD (Lung Disease)	8.1	8.4	9.3

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
31.6	38.5	40.9	33.3	
13.7	15.7	14.6	16.9	
8.0	8.9	11.8	8.1	
4.5		9.3	8.3	
11.7		11.1	14.3	
8.7	6.2	8.6	6.5	

Sexually Transmitted Diseases	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
Chlamydia Incidence Rate			
Gonorrhea Incidence Rate			
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	 14.0	 22.3	 15.9
% [Unmarried 18-64] Using Condoms	 40.4	 41.8	 40.5

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
326.2	 515.6	 456.1	 7.8	
45.5	 124.0	 110.7		
16.1		 13.8		 10.5
40.3		 39.4		 47.3
	 better	 similar	 worse	

Substance Abuse	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)			
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)			
% Current Drinker	 64.2	 67.0	 64.9
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	 27.9	 23.0	 26.7
% Excessive Drinker	 29.9	 25.5	 27.3
% Drinking & Driving in Past Month	 8.6	 4.2	 8.5
% Illicit Drug Use in Past Month	 8.6	 1.4	 5.3
% Ever Sought Help for Alcohol or Drug Problem	 3.7	 5.2	 2.7
<small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
7.5	 13.4	 14.3	 11.3	 5.1
9.5	 9.1	 10.6	 8.2	 7.7
65.0	 58.4	 55.0		 61.9
26.5	 19.9	 20.0	 24.4	 16.2
28.0		 22.5	 25.4	 16.2
7.8	 3.8	 5.2		 1.4
6.0		 2.5	 7.1	 1.7
3.5		 3.4		 4.0
 better  similar  worse				

Tobacco Use	Each Sub-Area vs. Others		
	Kane Co North	Kane Co Central	Kane Co South
% Current Smoker	11.4	8.6	17.6
% Someone Smokes at Home	13.7	7.6	14.8
% [Nonsmokers] Someone Smokes in the Home	8.8	5.5	5.1
% [Household With Children] Someone Smokes in the Home	14.2	2.4	18.7
% [Smokers] Have Quit Smoking 1+ Days in Past Year			
% [Smokers] Received Advice to Quit Smoking			
% Aware of the Tobacco Quit-Line	29.7	32.2	37.5
% Currently Use Vaping Products	7.3	4.5	10.1
% Use Smokeless Tobacco	2.2	2.5	2.5

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

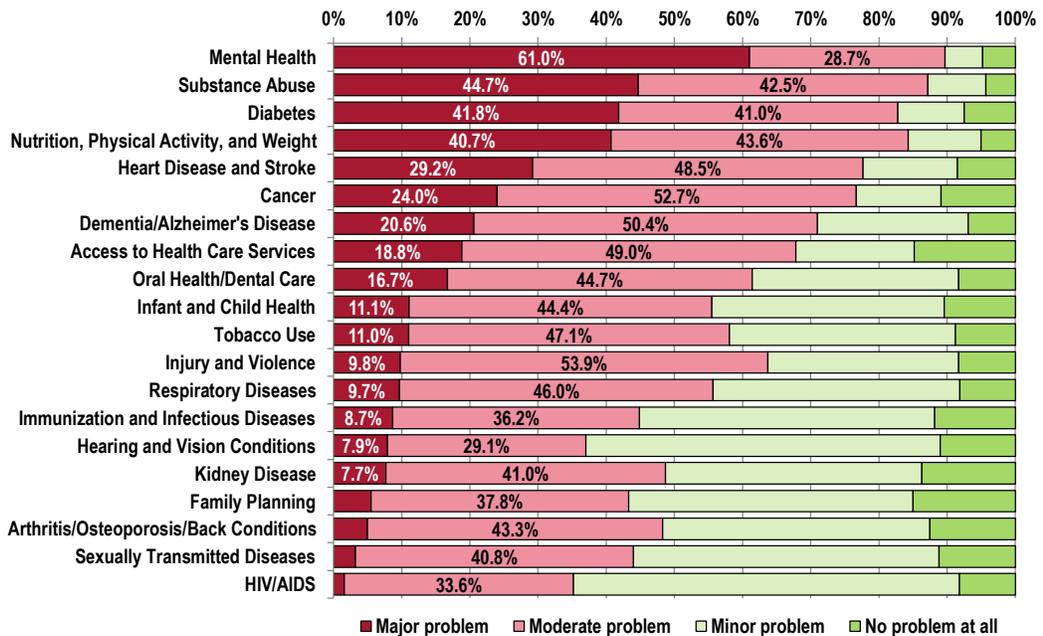
Kane County	Kane County vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
13.7	15.8	11.0	12.0	13.6
13.2		10.7		8.9
6.7		4.0		5.1
14.6		7.2		5.1
59.2		34.7	80.0	51.2
68.4		58.0		68.3
33.5				37.5
8.1	4.3	3.8		2.7
2.4	2.8	4.4	0.3	1.3

better similar worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community



Community Description



Professional Research Consultants, Inc.

Population Characteristics

Total Population

Kane County, the focus of this Community Health Needs Assessment, encompasses 520.16 square miles and houses a total population of 526,615 residents, according to latest census estimates.

Total Population
(Estimated Population, 2012-2016)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Kane County	526,615	520.16	1,012.4
Illinois	12,851,684	55,517.13	231.49
United States	318,558,162	3,532,068.58	90.19

Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2018 from Community Commons at <http://www.chna.org>.

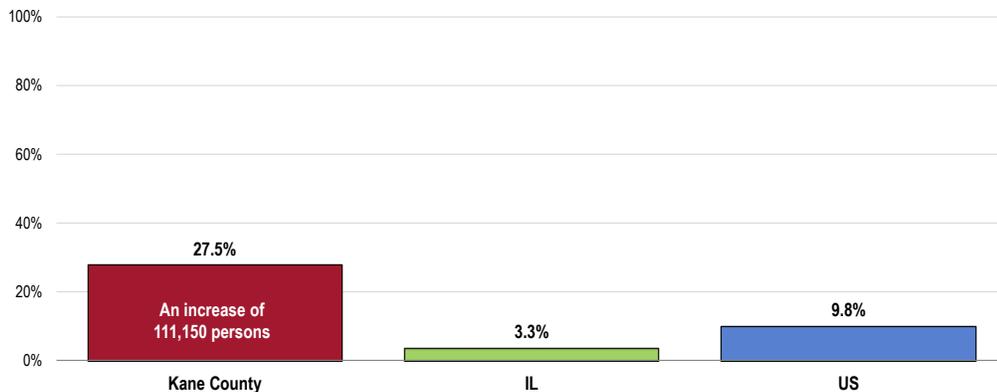
Population Change 2000-2010

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 111,150 persons, or 27.5%.

- A much greater proportional increase than seen across the state and the US overall.

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



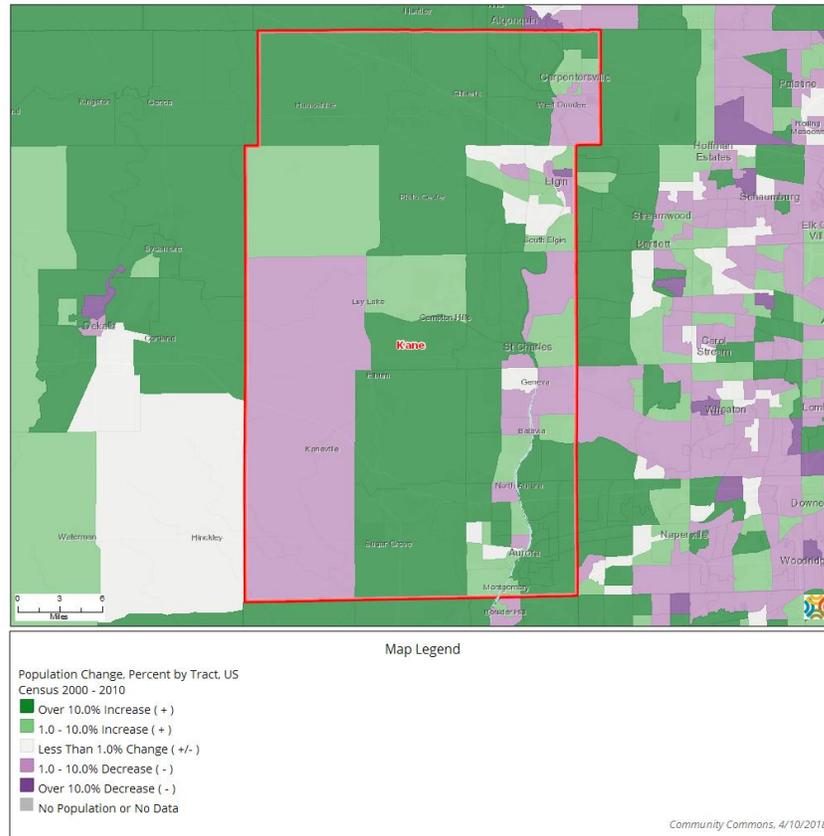
Sources:

- US Census Bureau Decennial Census (2000-2010).
- Retrieved April 2018 from Community Commons at <http://www.chna.org>.

 Notes:

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

The following map provides a visual description of Kane County's 2000-2010 population change by census tract.



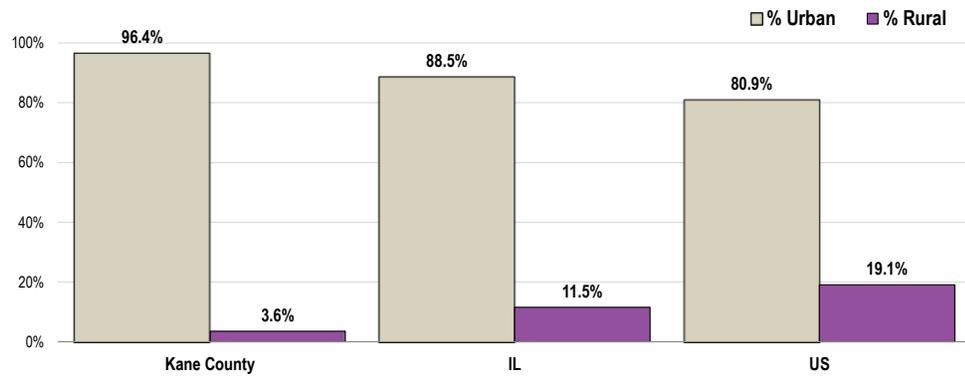
Urban/Rural Population

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 2010 population living in areas designated as urban.

- This proportion is higher than 2010 state and US figures.

Urban and Rural Population (2010)



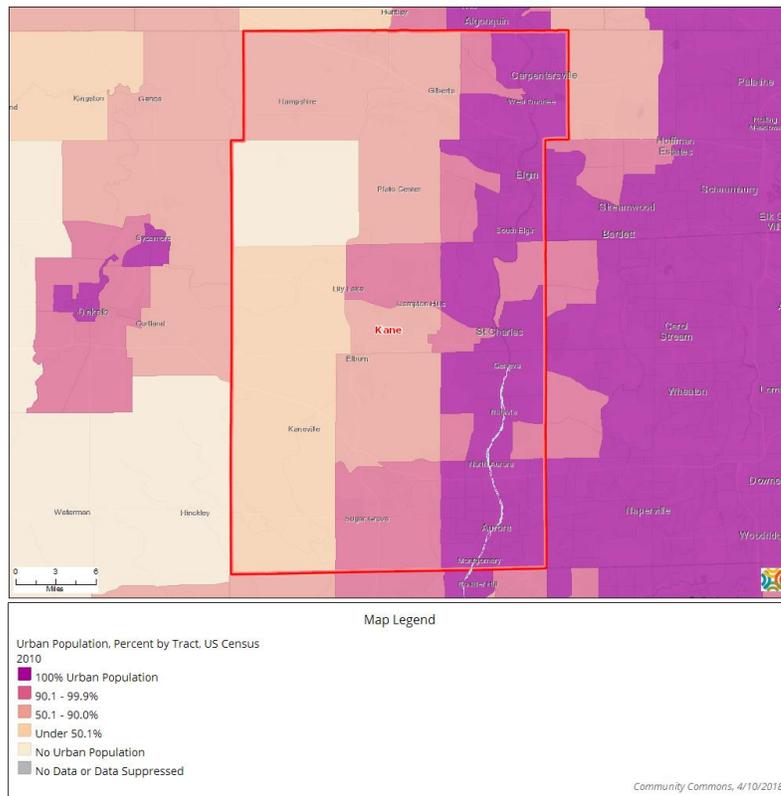
Sources:

- US Census Bureau Decennial Census (2010).
- Retrieved April 2018 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.



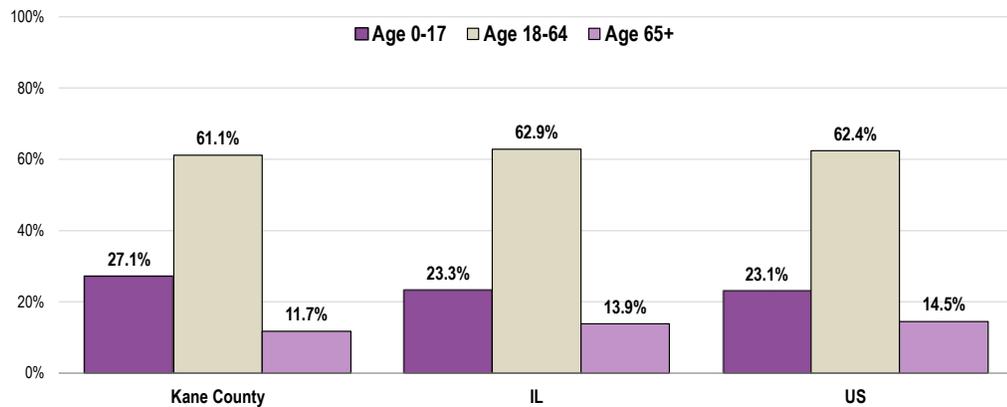
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In Kane County, 27.1% of the population are infants, children, or adolescents (age 0-17); another 61.1% are age 18 to 64, while 11.7% are age 65 and older.

- The county is younger than Illinois and the US as a whole.

Total Population by Age Groups, Percent
(2012-2016)

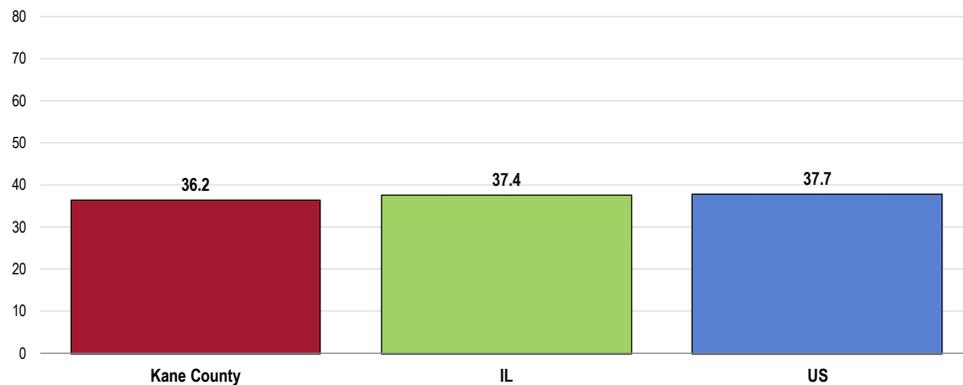


Sources: • US Census Bureau American Community Survey 5-year estimates.
• Retrieved April 2018 from Community Commons at <http://www.chna.org>.

Median Age

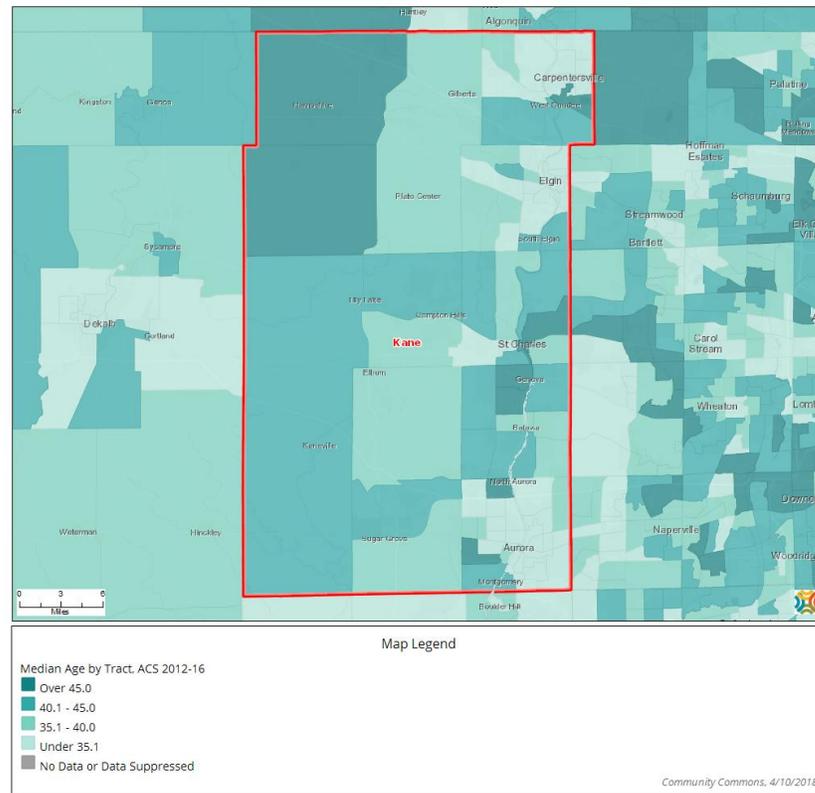
As noted, Kane County is “younger” than the state and the nation in that the median age is lower.

Median Age
(2012-2016)



Sources: • US Census Bureau American Community Survey 5-year estimates.
• Retrieved April 2018 from Community Commons at <http://www.chna.org>.

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



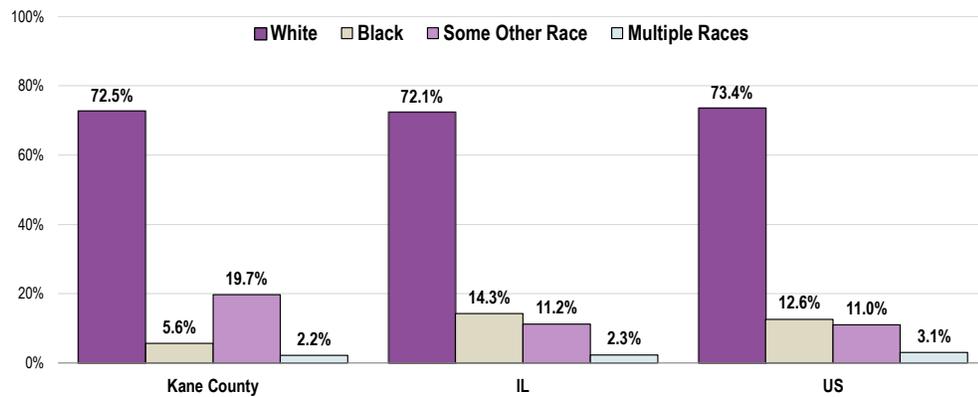
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 72.5% of residents of Kane County are White, 5.6% are Black, and 19.7% are some other race. The remaining 2.2% report multiple races.

- Statewide and nationally, the population breakout is more Black and less “other” race.

Total Population by Race Alone, Percent (2012-2016)



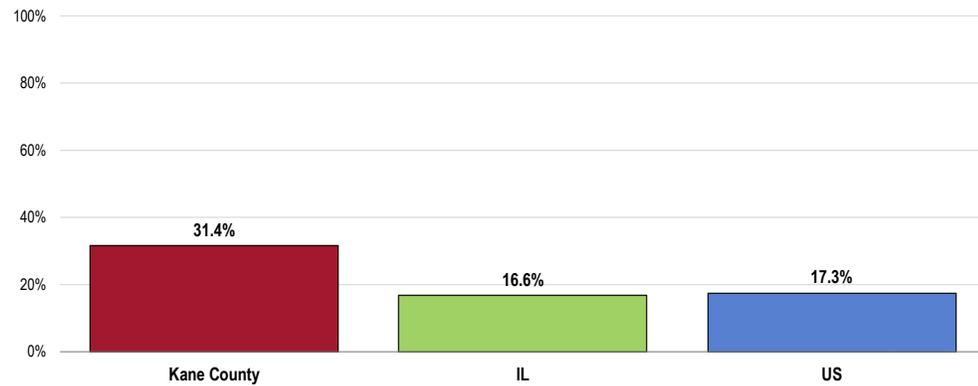
Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved April 2018 from Community Commons at <http://www.chna.org>.

Ethnicity

A total of 31.4% of Kane County residents are Hispanic or Latino.

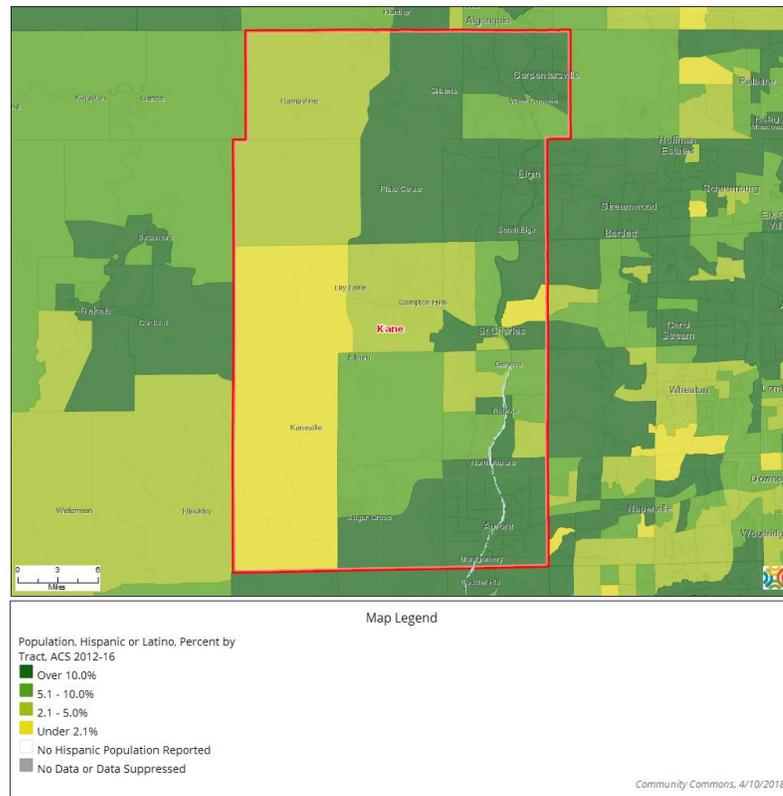
- Considerably higher than state and nationwide percentages.

Hispanic Population (2012-2016)



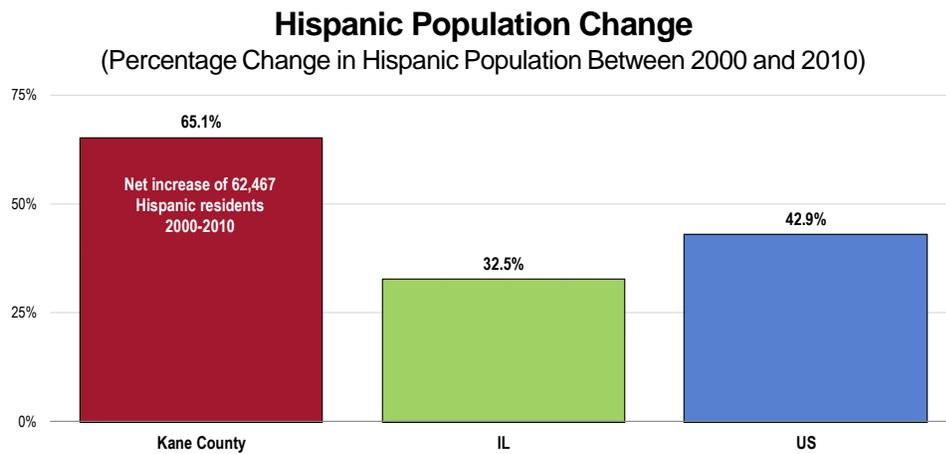
Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved April 2018 from Community Commons at <http://www.chna.org>.
 Notes:
 • Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

- The following map illustrates the Kane County Hispanic population by census tract.



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

- Much higher (in terms of percentage growth) than found statewide and nationally.



Sources:

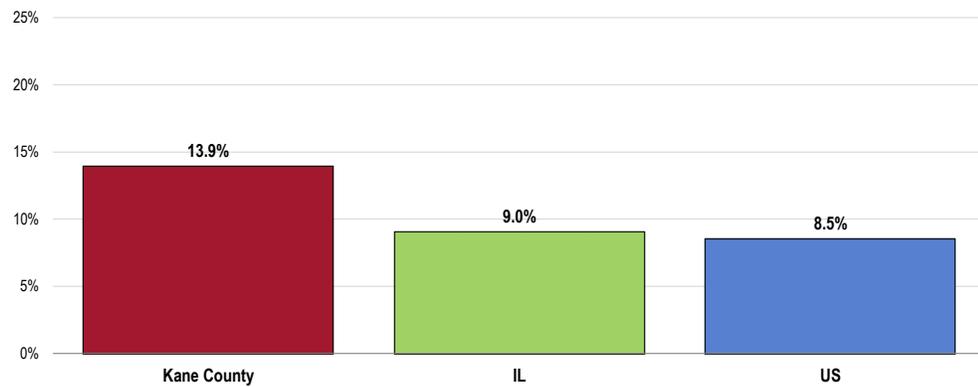
- US Census Bureau Decennial Census (2000-2010).
- Retrieved April 2018 from Community Commons at <http://www.chna.org>.

Linguistic Isolation

A total of 13.9% of the Kane County population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

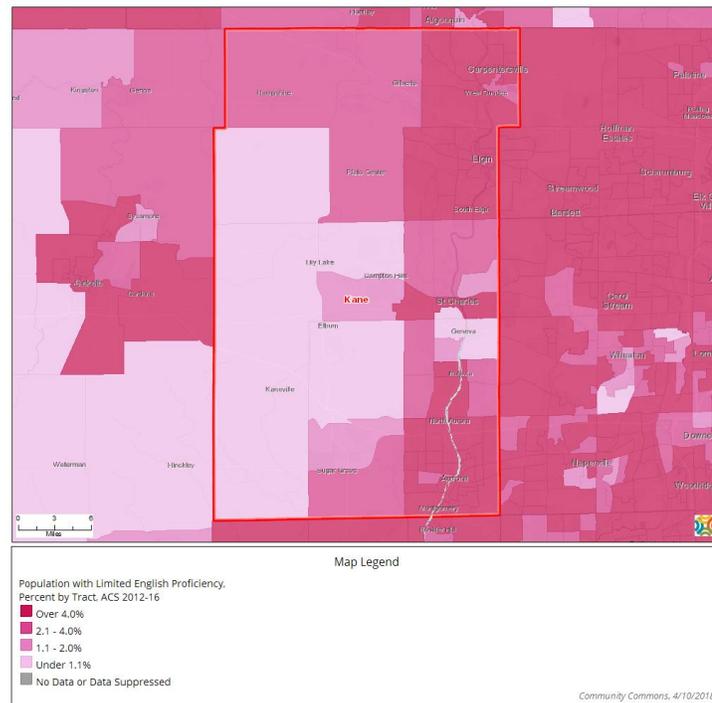
- Higher than found statewide and nationally.

Linguistically Isolated Population (2012-2016)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved April 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”

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



Social Determinants of Health

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

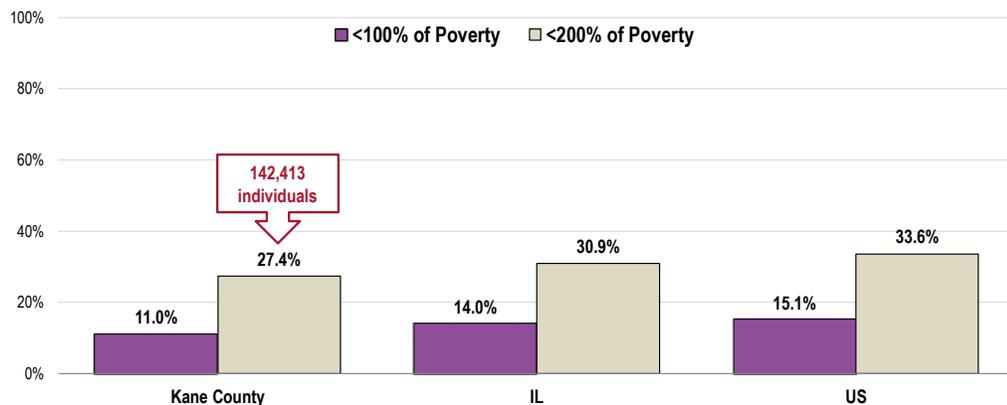
The latest census estimate shows **11.0%** of Kane County population living below the federal poverty level.

In all, **27.4%** of Kane County residents (an estimated **142,413 individuals**) live below 200% of the federal poverty level.

- Comparable to the proportion reported statewide.
- Better than that found nationally.

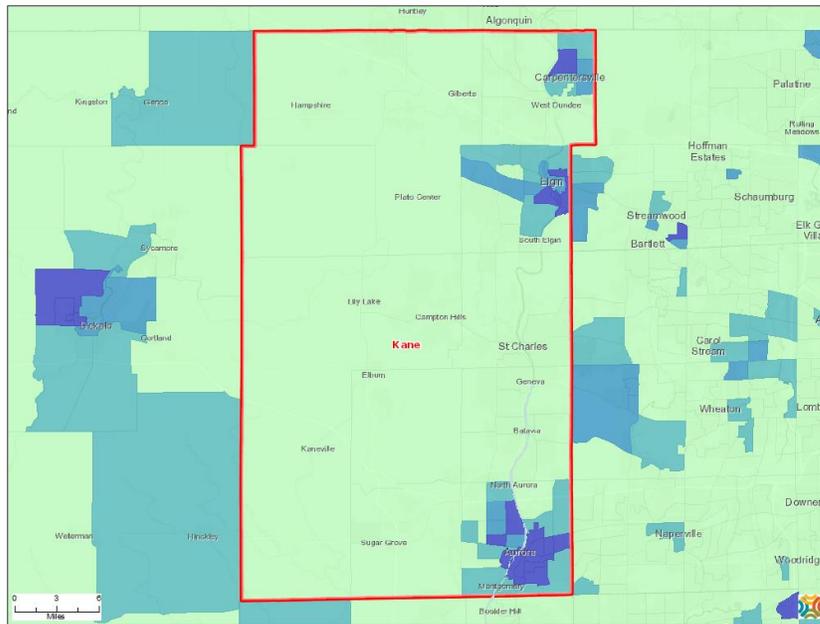
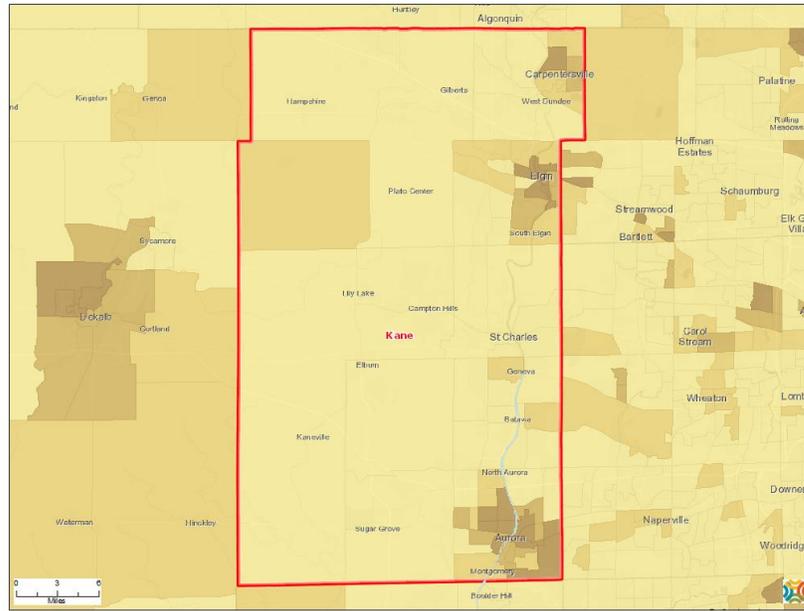
Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2012-2016)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved April 2018 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.

- Note the following maps depicting poverty in Kane County (residents living below 100% and 200% of the federal poverty level, respectively).

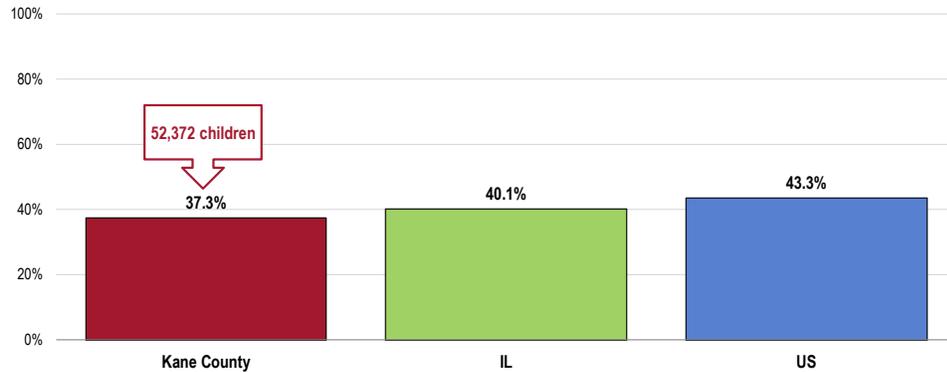


Children in Low-Income Households

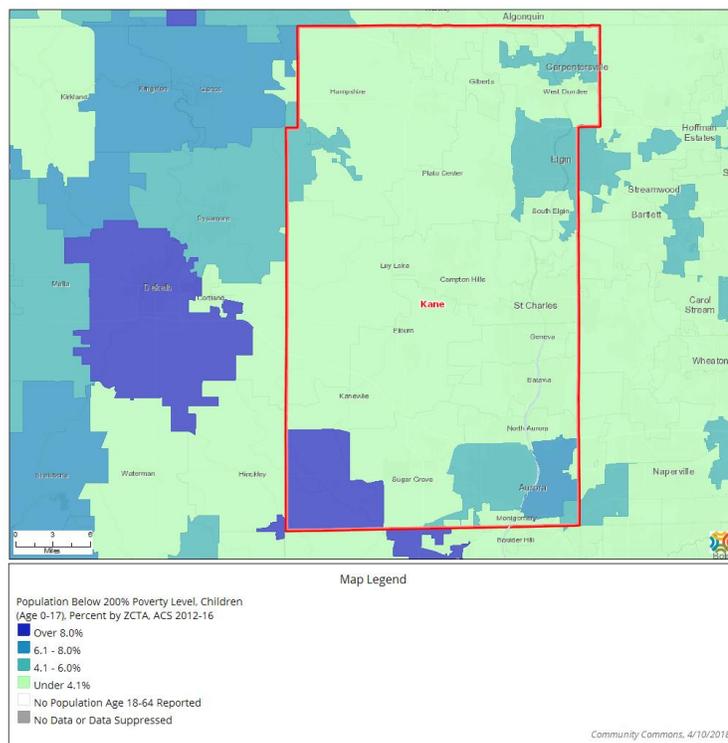
Additionally, 37.3% of Kane County children age 0-17 (representing an estimated 53,372 children) live below the 200% poverty threshold.

- Similar to 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, 2012-2016)



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved April 2018 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.

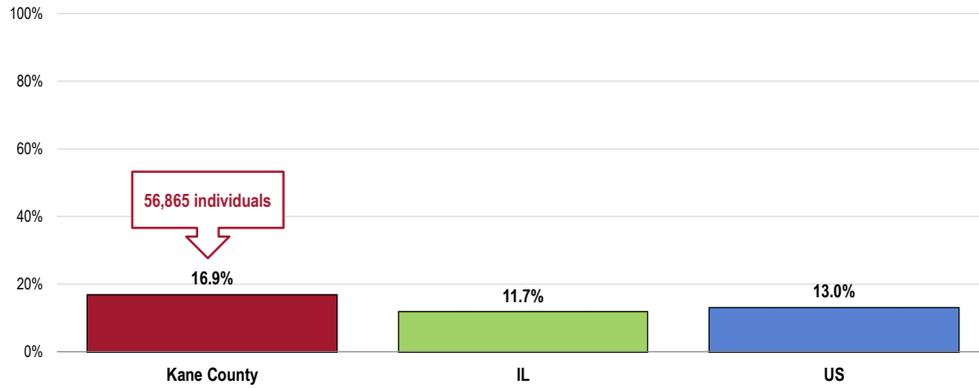


Education

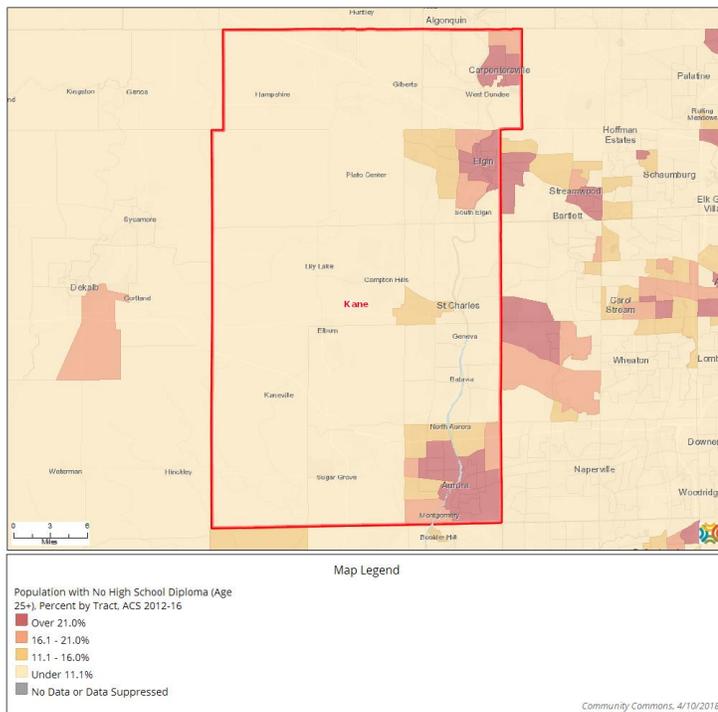
Among the Kane County population age 25 and older, an estimated 16.9% (over 56,000 people) do not have a high school education.

- Less favorable than found statewide and nationally.

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2012-2016)



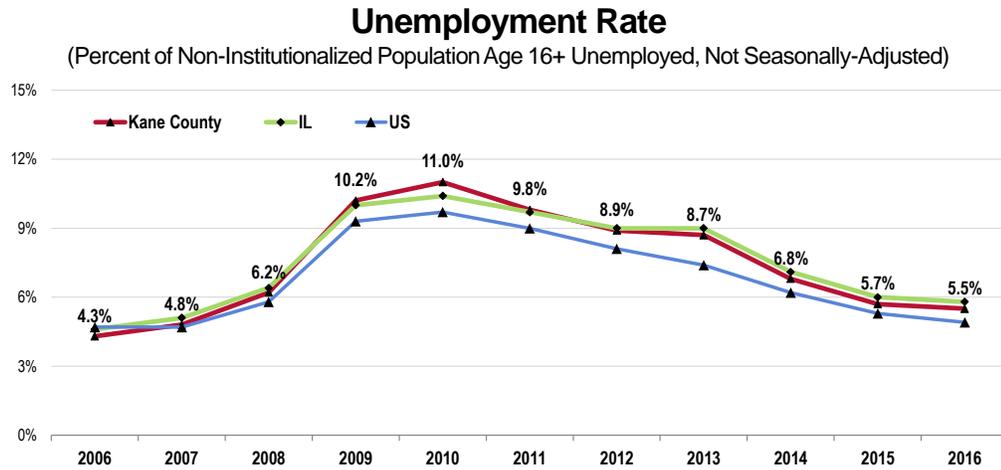
- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved April 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.



Employment

According to data derived from the US Department of Labor, the unemployment rate in Kane County at the end of 2016 was 5.5%.

- Comparable to the statewide and US unemployment rates.
- TREND: Unemployment for Kane County has trended downward since 2010, echoing the state and national trends.

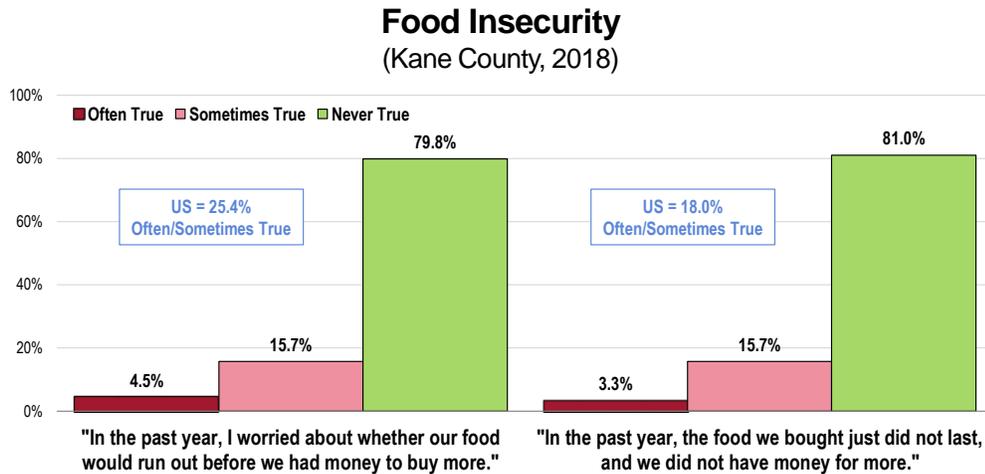


- Sources:
- US Department of Labor, Bureau of Labor Statistics.
 - Retrieved April 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Food Insecurity

In the past year, 20.2% of Kane County adults “often” or “sometimes” worried about whether their food would run out before they had money to buy more.

Another 19.0% report a time in the past year (“often” or “sometimes”) when the food they bought just did not last, and they did not have money to get more.



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 87-88]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects the total sample of respondents.

Overall, 23.4% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

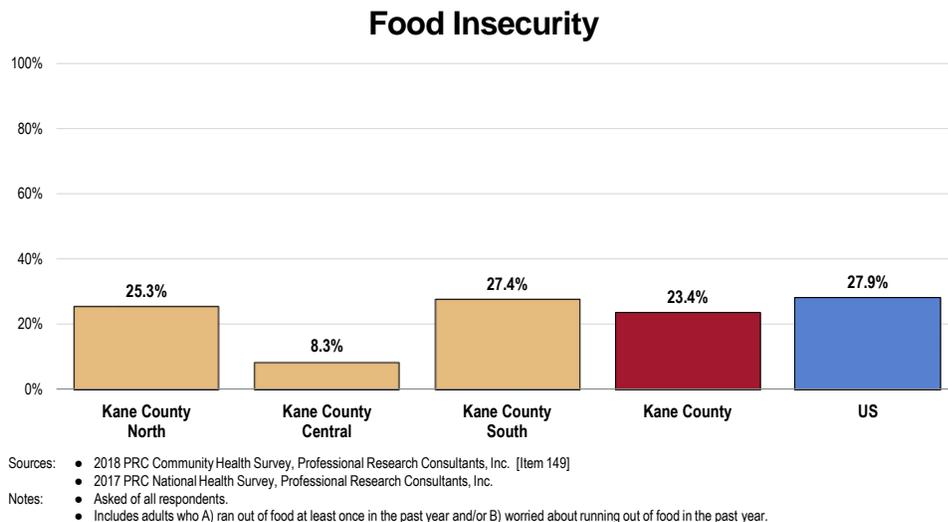
NOTE:

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

Where sample sizes permit, community-level data are provided.

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

- More favorable than the US data.
- By county subarea, favorably low in Central Kane County and highest in the South.

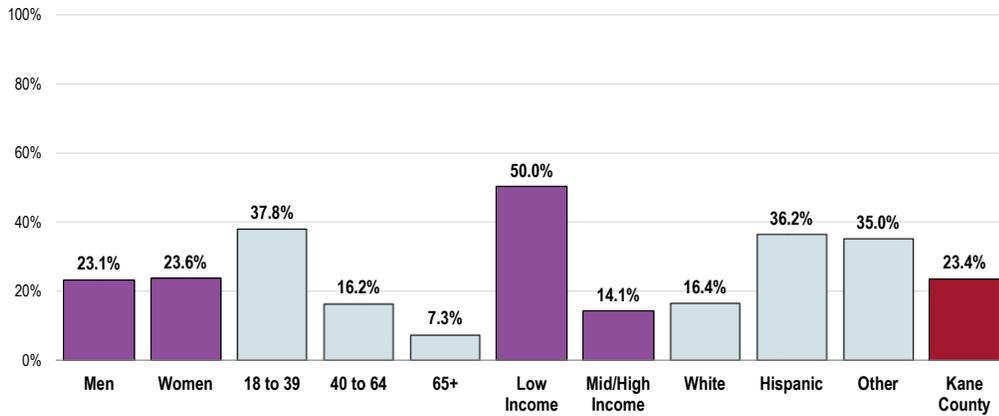


Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by sex, age groupings, income (based on poverty status), and race/ethnicity.

Adults more likely affected by food insecurity include:

- Younger adults (negative correlation with age).
- Residents living at lower incomes (note the 50.0% response).
- Hispanics and adults of “Other” racial backgrounds.

Food Insecurity (Kane County, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- 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 adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Child Care Services

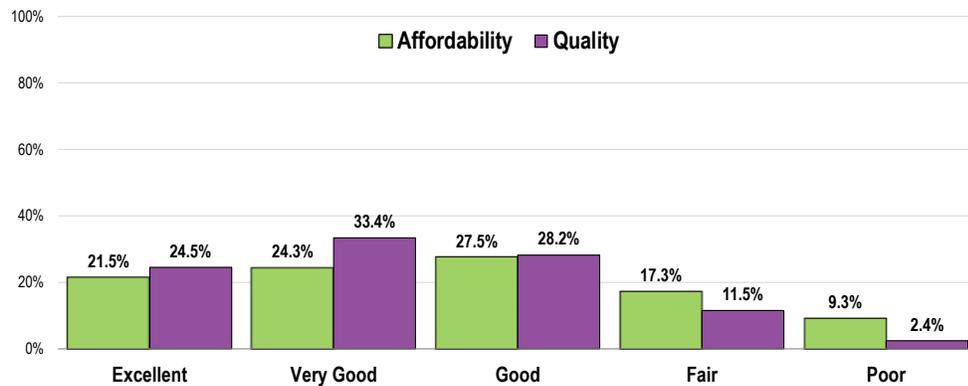
Parents of children under age 14 were asked to evaluate the affordability and quality of local child care services.

Among parents with children under 14 at home, 45.8% rated the affordability of child care in the community as “excellent” or “very good.” A higher percentage (57.9%) rated the quality of child care as “excellent” or “very good.”

Likewise, parents were more likely to rate affordability of child care as “fair” or “poor” (26.6%) than quality of child care (13.9%).

Ratings of Local Childcare

(Among Respondents With Children Age 0-13, Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 352-353]
 Notes: • Asked of all respondents with children 0 to 13 in the household.

General Health Status



Professional Research Consultants, Inc.

Overall Health Status

Evaluation of Health Status

A total of 55.3% of Kane County adults rate their overall health as “excellent” or “very good.”

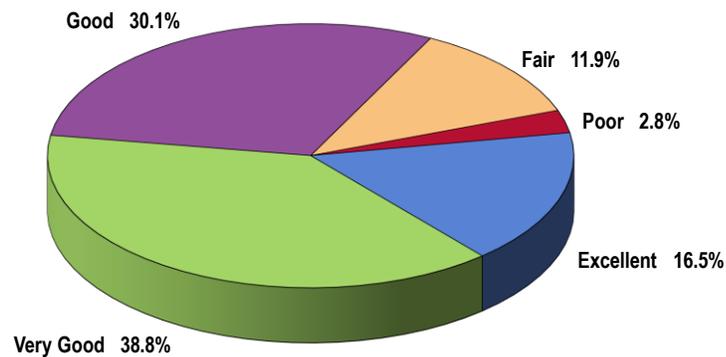
- Another 30.1% gave “good” ratings of their overall health.

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

(Kane County, 2018)

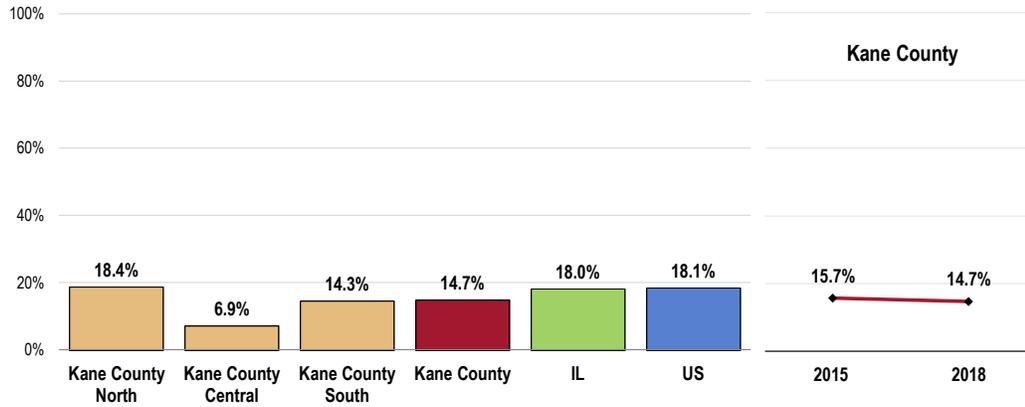


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 14.7% of Kane County adults believe that their overall health is “fair” or “poor.”

- Much better than statewide and national findings.
- Most favorable in Central Kane County; unfavorably high in the North.
- TREND: No statistically significant change has occurred when comparing “fair/poor” overall health reports to 2015 survey results.

Experience “Fair” or “Poor” Overall Health

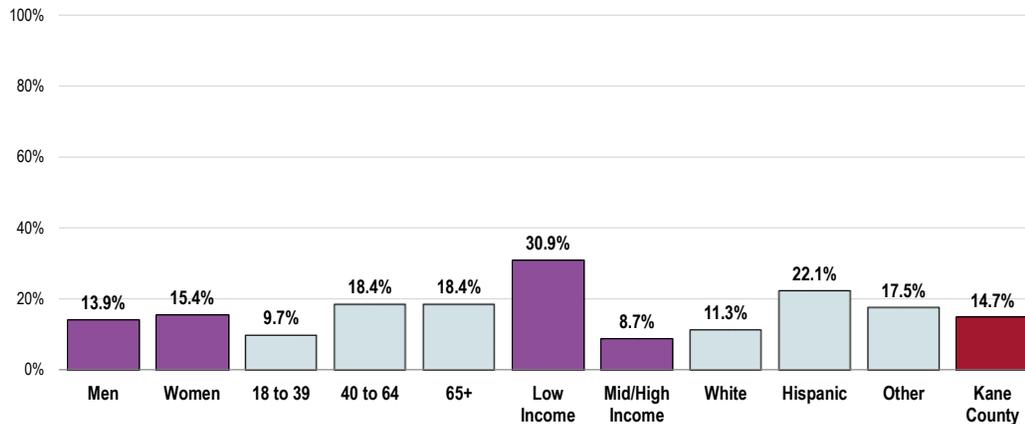


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Adults more likely to report experiencing “fair” or “poor” overall health include:

- Those age 40 and older.
- Residents living at low incomes (especially).
- Hispanics.

Experience “Fair” or “Poor” Overall Health (Kane County, 2018)



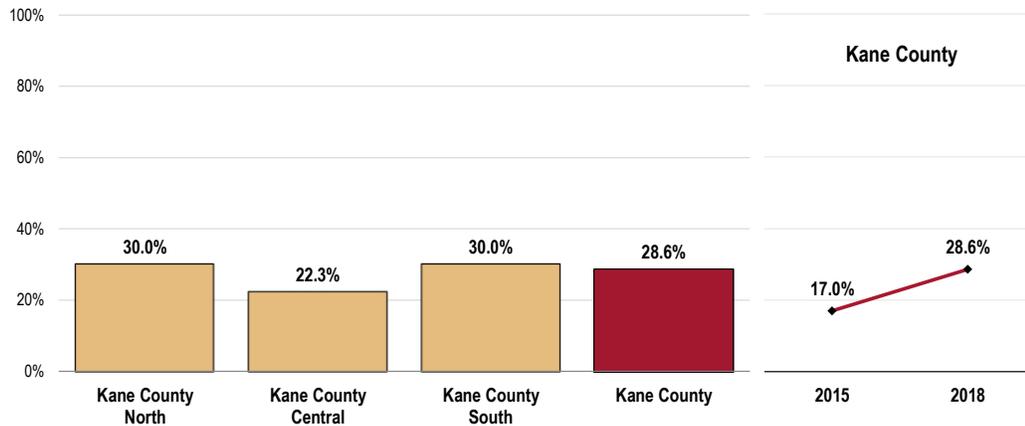
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect 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.

Days of Poor Physical Health

Overall, 28.6% of Kane County adults experienced 3+ days of poor physical health in the past month.

- The prevalence is favorably lower in Central Kane County.
- TREND: A statistically significant increase since 2015.

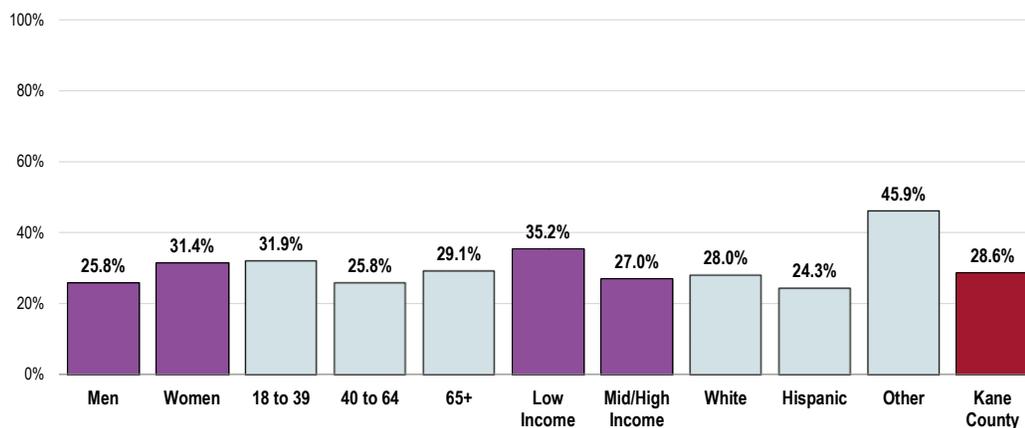
Have Had 3+ Days of Poor Physical Health in the Past Month



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]
 Notes: • Asked of all respondents.

- Residents of “Other” races are more likely to report experiencing 3+ days of poor physical health in the past month.

Have Had 3+ Days of Poor Physical Health in the Past Month (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 336]
 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 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 healthcare 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 healthcare 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 healthcare professionals.

- Healthy People 2020 (www.healthypeople.gov)

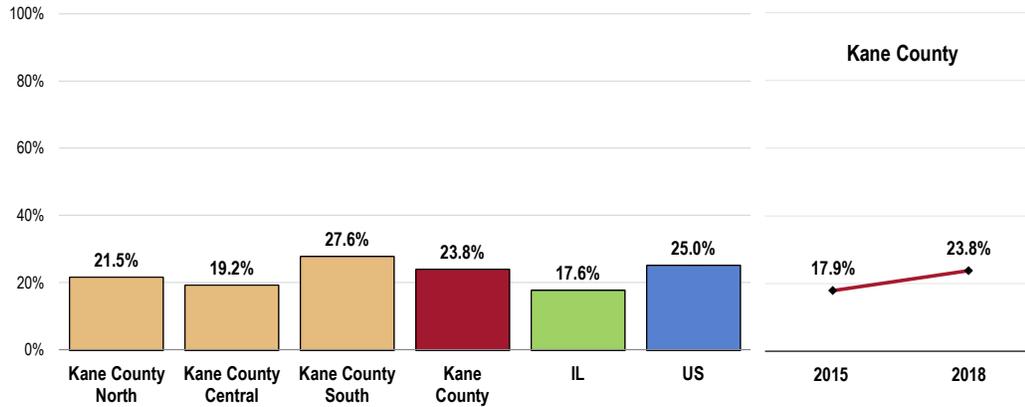
A total of 23.8% of Kane County adults are limited in some way in some activities, due to a physical, mental, or emotional problem.

- Less favorable than the prevalence statewide.
- Similar to the national prevalence.
- Favorably low in Central Kane County; highest in the South.
- TREND: Marks a statistically significant increase in activity limitations since 2015.

RELATED ISSUE:

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

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



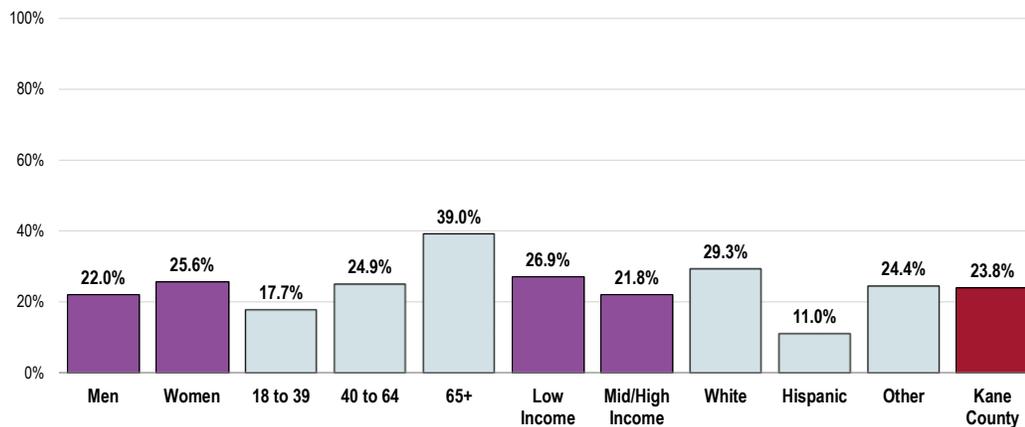
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

In looking at responses by key demographic characteristics, these adults are statistically more likely to report some type of activity limitation:

- Adults age 40 and older (note the positive correlation with age).
- Whites and “Other” races.

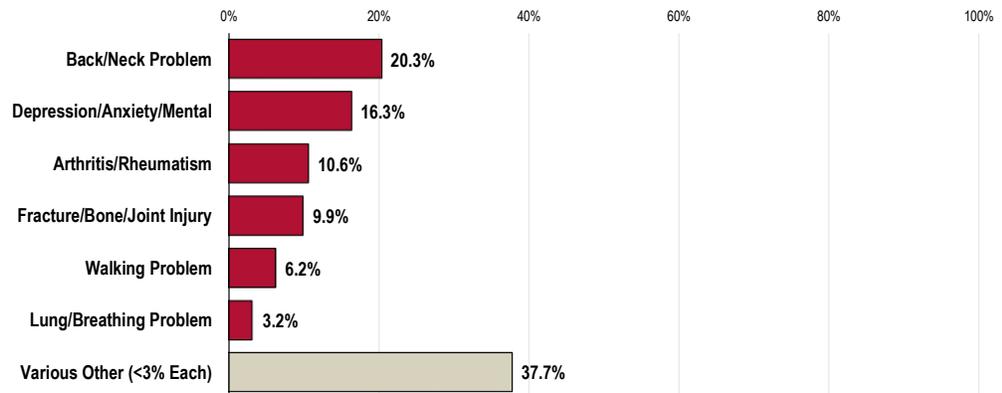
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
 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.

Among persons reporting activity limitations, **back/neck problems** were most often cited as the reasons, followed by **mental health** (depression, anxiety), **arthritis/rheumatism**, **fractures or bone/joint injuries**, **difficulty walking**, and **lung/breathing issues**.

Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
Notes: • Asked of those respondents reporting activity limitations.

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, and 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)

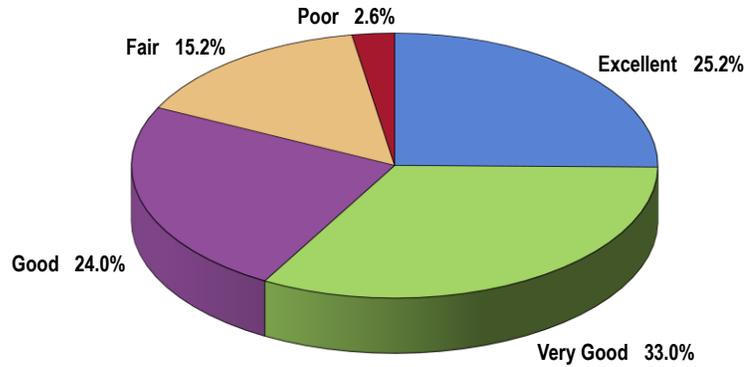
Evaluation of Mental Health Status

A total of 58.2% of Kane County adults rate their overall mental health as “excellent” or “very good.”

- Another 24.0% 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 (Kane County, 2018)

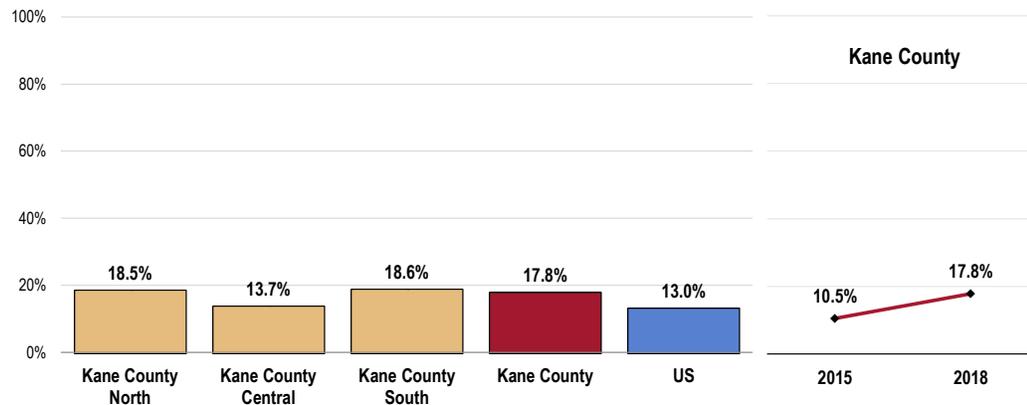


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: • Asked of all respondents.

A total of 17.8% of Kane County adults, however, believe that their overall mental health is “fair” or “poor.”

- Worse than the “fair/poor” response reported nationally.
- Favorably lower in Central Kane County.
- TREND: Marks a statistically significant increase since 2015.

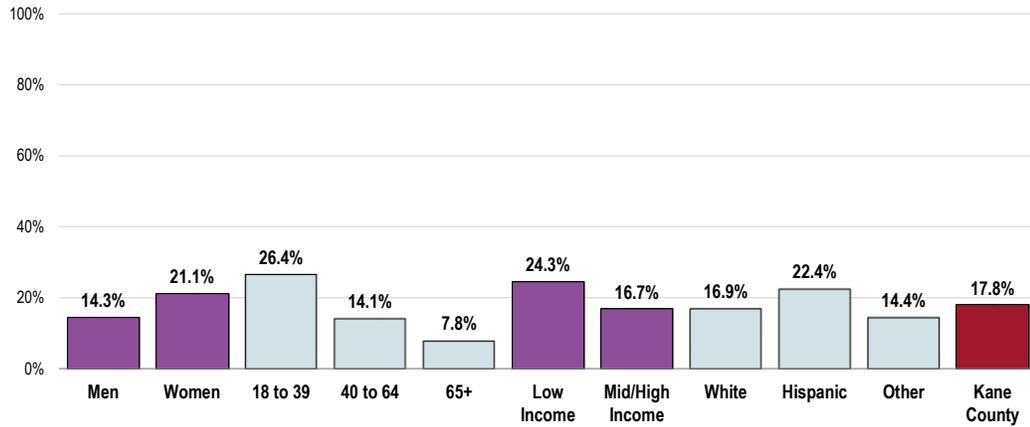
Experience “Fair” or “Poor” Mental Health



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Women, adults under age 65, and low-income adults are much more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

Experience “Fair” or “Poor” Mental Health (Kane County, 2018)



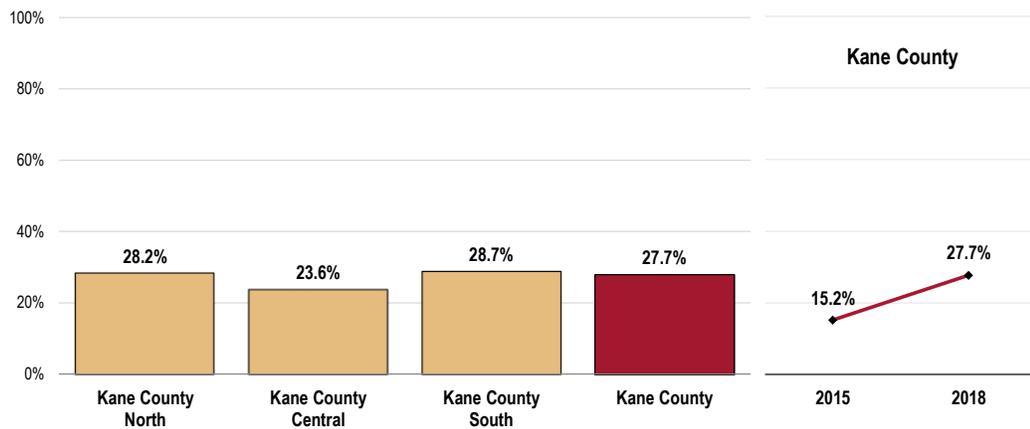
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect 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.

Days of Poor Mental Health

Overall, 27.7% of Kane County adults experienced 3+ days of poor mental health in the past month.

- Statistically comparable findings by county subarea.
- TREND: Denotes a statistically significant increase since 2015.

Have Had 3+ Days of Poor Mental Health in the Past Month



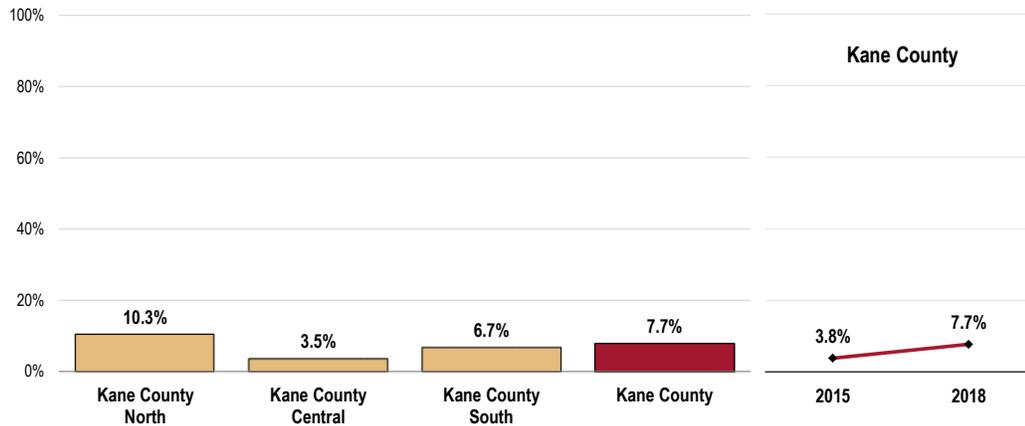
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 329]
 Notes: • Asked of all respondents.

Children’s Mental Health

A total of 7.7% of Kane County parents with children ages 2 to 17 described their child’s mental health as “fair” or “poor.”

- Statistically comparable findings by county subarea.
- TREND: Denotes a statistically significant increase since 2015.

Child’s Mental Health Is “Fair” or “Poor” (Among Respondents With Children Age 2-17 Years)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 348]
 Notes: • Asked of all respondents with children 2 to 17 in the household.

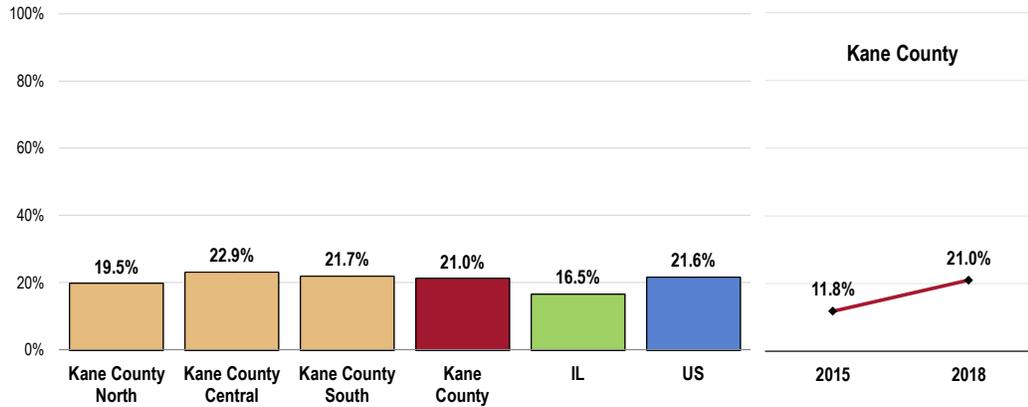
Depression

Diagnosed Depression

A total of 21.0% of Kane County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Worse than the state prevalence.
- Similar to the national finding.
- Statistically similar by county subarea.
- TREND: Denotes a statistically significant increase since 2015.

Have Been Diagnosed With a Depressive Disorder



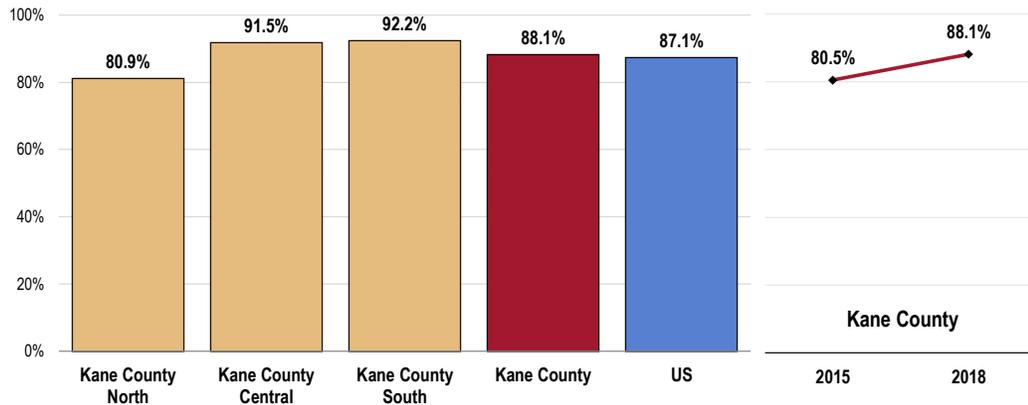
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.

Of those who have been diagnosed with a depressive disorder, 88.1% are seeking professional help.

- Similar to the national finding.
- Lowest among residents with depression in North Kane County.
- TREND: Statistically unchanged over time.

Those with Diagnosed Depression Seeking Help (Among Respondents Who Have Been Diagnosed With a Depressive Disorder; Kane County, 2018)



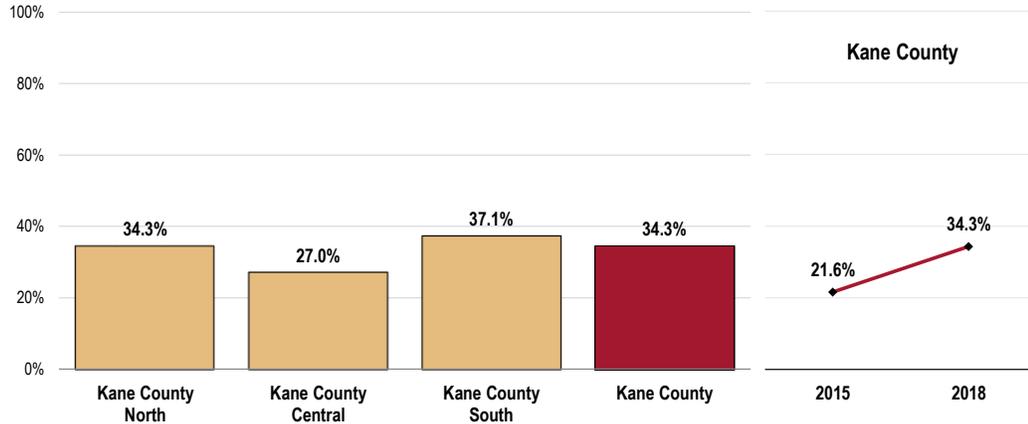
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
 Notes: • Asked of respondents reporting a diagnosis of depression, major depression, dysthymia, or minor depression.

Days of Feeling Sad, Blue, or Depressed

A total of 34.3% of Kane County adults experienced 3+ days of feeling sad, blue, or depressed in the past month.

- Favorably low in Central Kane County.
- TREND: Marks a statistically significant increase since 2015.

Have Had 3+ Days of Feeling Sad, Blue, or Depressed in the Past Month

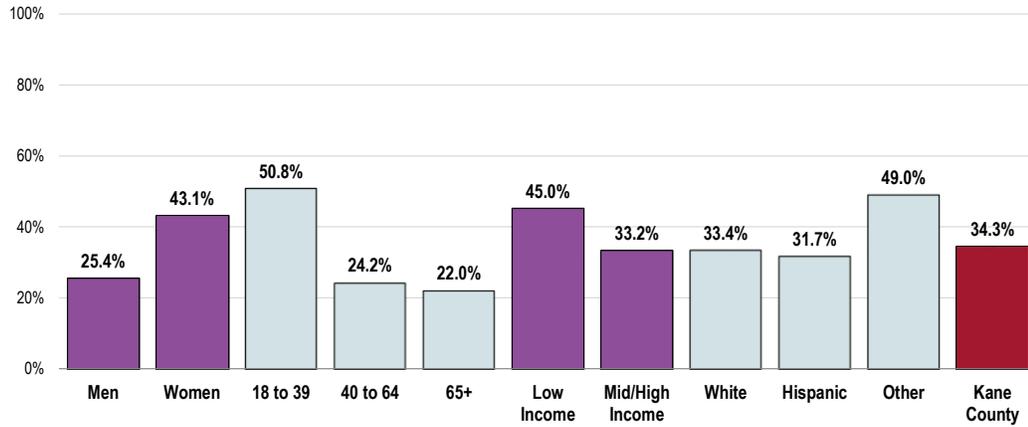


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 330]
 Notes: • Asked of all respondents.

Adults more likely to have experienced 3+ days of feeling sad, blue, or depressed in the past month include:

- Women.
- Adults ages 18 to 39.
- Those in low-income households.
- “Other” races.

Have Had 3+ Days of Feeling Sad, Blue, or Depressed in the Past Month (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 330]
 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.

Stress

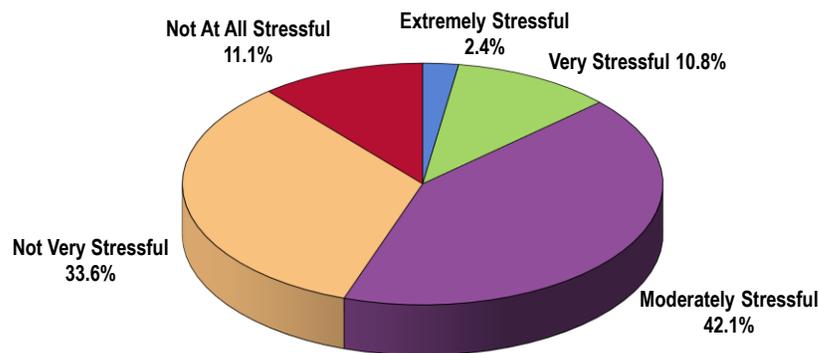
Fewer than half of Kane County adults consider their typical day to be "not very stressful" (33.6%) or "not at all stressful" (11.1%).

RELATED ISSUE:

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

- Another 42.1% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day (Kane County, 2018)

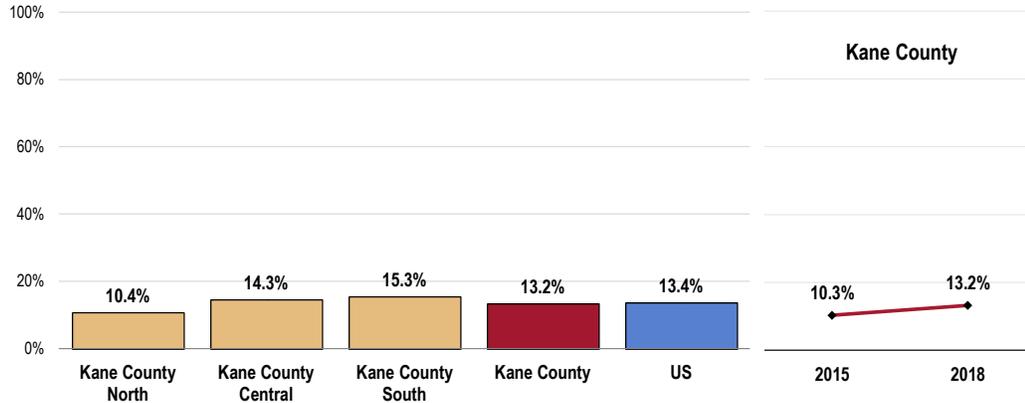


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 Notes: • Asked of all respondents.

In contrast, 13.2% of Kane County adults experience “very” or “extremely” stressful days on a regular basis.

- Similar to national findings.
- Lowest in the North.
- TREND: Marks a statistically significant increase from the 2015 findings.

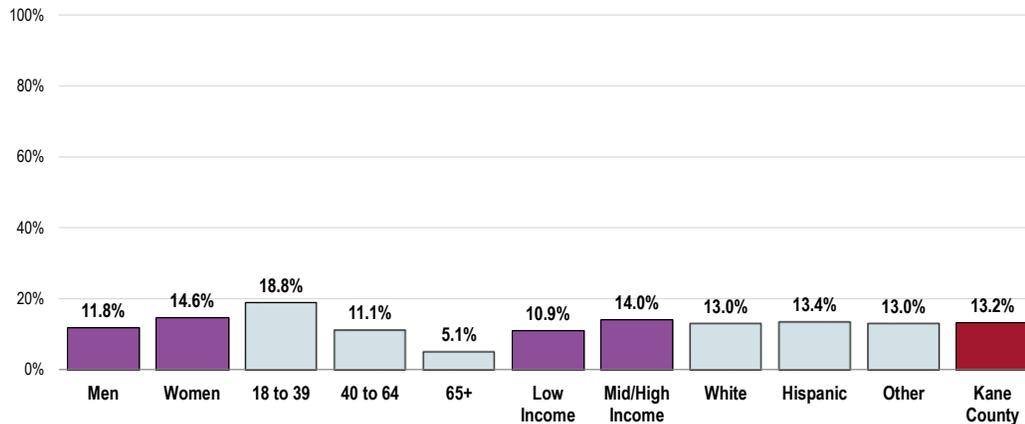
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Note the negative correlation between stress levels and age in Kane County.

Perceive Most Days as “Extremely” or “Very” Stressful (Kane County, 2018)



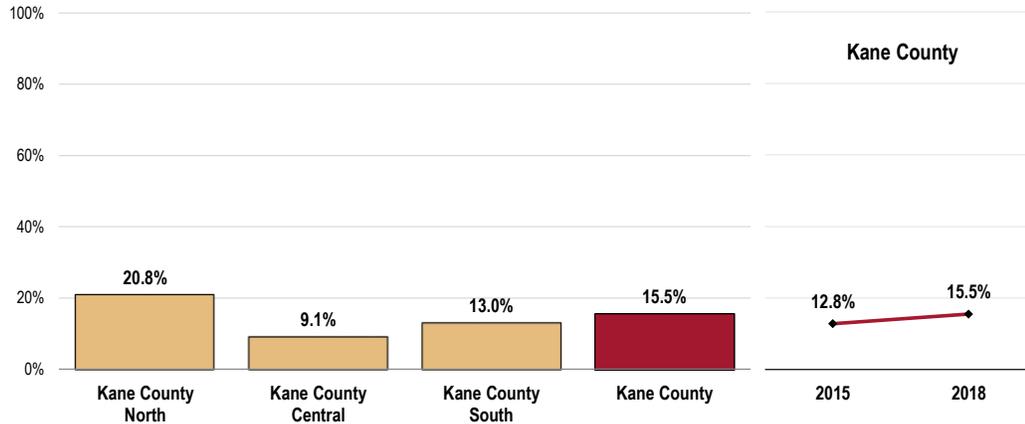
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
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Social & Emotional Support

Among survey respondents, 15.5% report they “seldom” or “never” get the social and emotional support they need.

- Unfavorably high in North Kane County; lowest in Central Kane County.
- TREND: Statistically similar to the 2015 findings.

“Seldom” or “Never” Get Needed Emotional Support



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 331]
 Notes: • Asked of all respondents.

Spiritual Support

When asked where they turn for spiritual support when needed, 20.5% were unable to respond, offering reasons such as “not a religious person,” “don’t know,” or “don’t need/want spiritual support.”

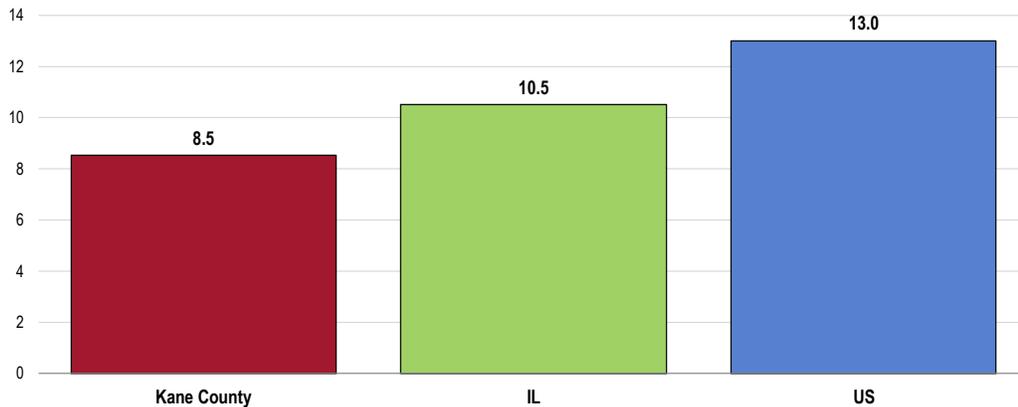
- A total of 26.4% of survey respondents rely on **family**, while 18.3% mentioned a **church** and 10.4% mentioned **God**. Other spiritual resources mentioned included **friends** (8.7%) and a **priest, minister, or other clergy** (7.4%).

Suicide

Between 2014 and 2016, there was an annual average age-adjusted suicide rate of 8.5 deaths per 100,000 population in Kane County.

- Lower than the statewide and US rates.
- Satisfies the Healthy People 2020 target of 10.2 or lower.

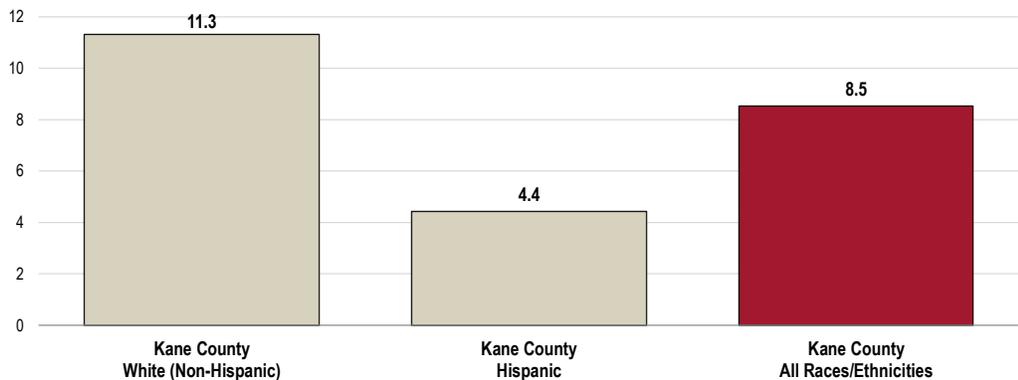
Suicide: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The suicide rate in Kane County is considerably higher among Non-Hispanic Whites than among Hispanics.

Suicide: Age-Adjusted Mortality by Race
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower



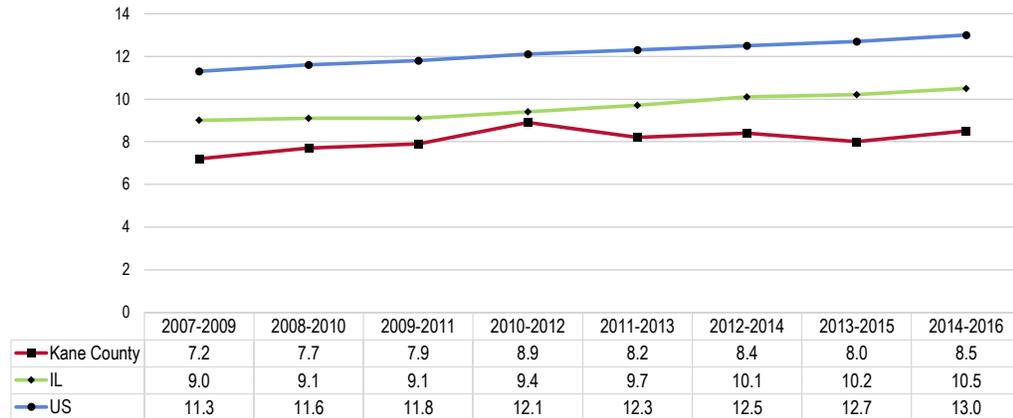
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The county suicide rate trended upward in the late 2000s, but has not shown a clear trend in recent years. State and US rates have increased consistently.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



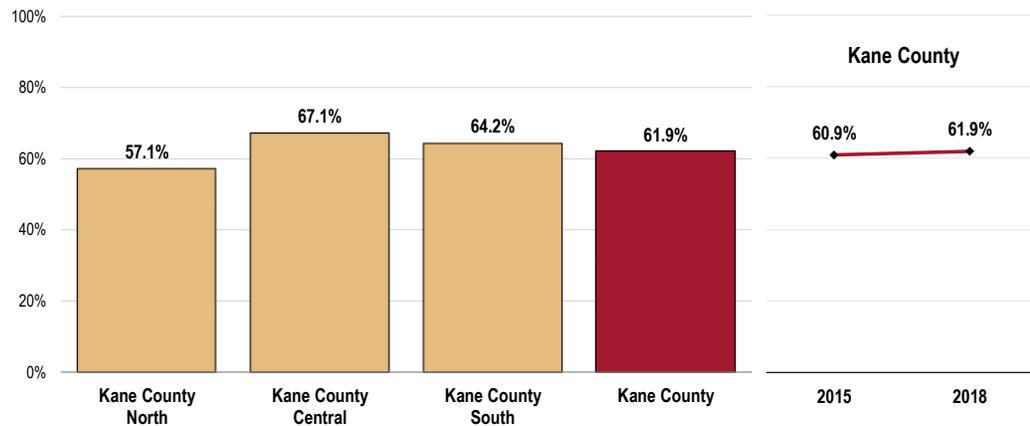
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Awareness of Local Mental Health Resources

Overall, 61.9% of Kane County adults report being aware of resources in the community for mental health.

- Awareness is lowest in North Kane County and highest in the Central area.
- **TREND:** Statistically unchanged since 2015.

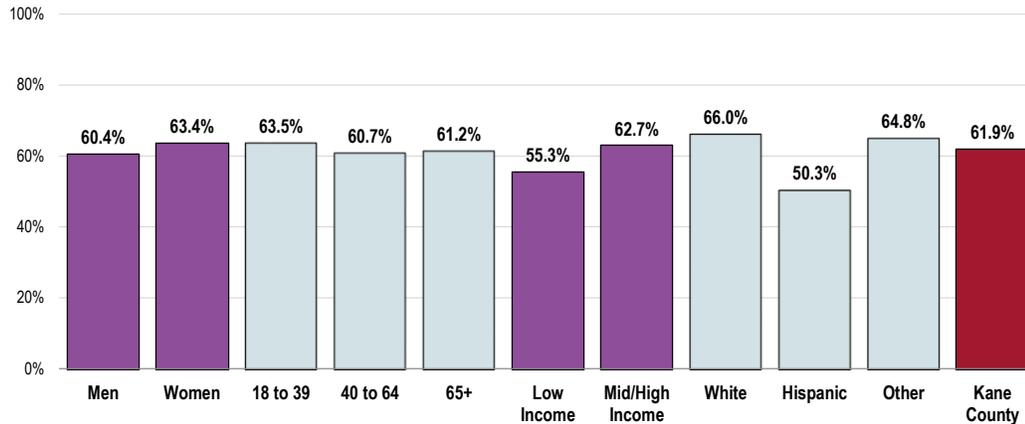
Aware of Local Mental Health Resources



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 333]
 Notes: • Asked of all respondents.

- Awareness of mental health resources in the community is lowest among Hispanic residents.

Aware of Local Mental Health Resources (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 333]
 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.

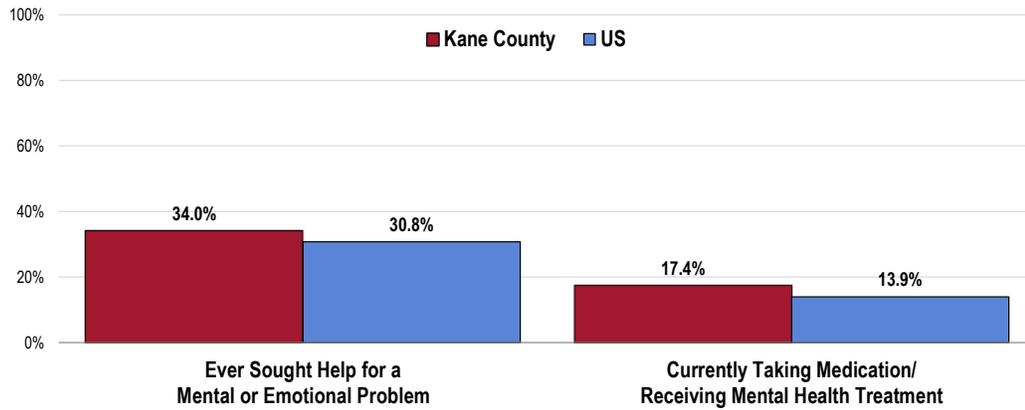
Mental Health Treatment

A total of 34.0% of Kane County adults acknowledge having ever sought professional help for a mental or emotional problem.

A total of 17.4% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- While the Kane County prevalence of adults seeking help for a mental or emotional problem is comparable to the US figure, a higher proportion of local residents are currently taking medication and/or receiving other treatment for mental health issues than reported nationally.

Mental Health Treatment



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects the total sample of respondents.

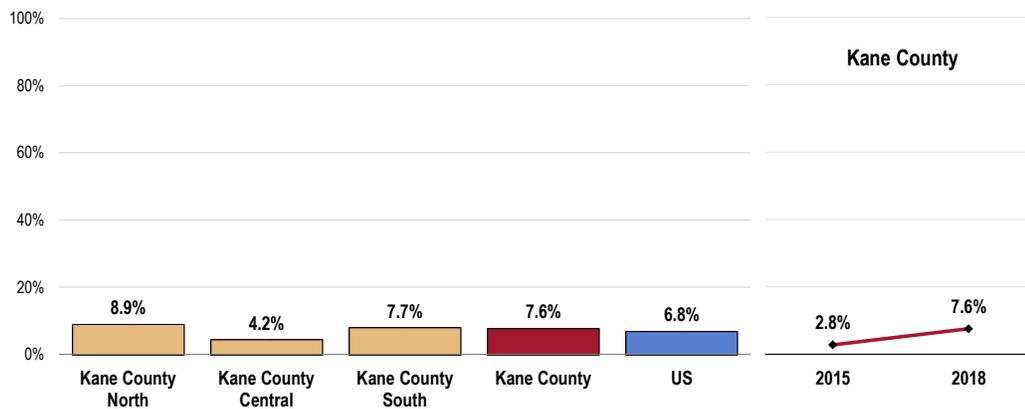
Difficulty Accessing Mental Health Services

Adults

A total of 7.6% of Kane County adults report a time in the past year when they needed mental health services, but were not able to get them.

- Similar to the national finding.
- Favorably low in Central Kane County.
- TREND: Marks a statistically significant increase in reported difficulties since 2015.

Unable to Get Mental Health Services When Needed in the Past Year

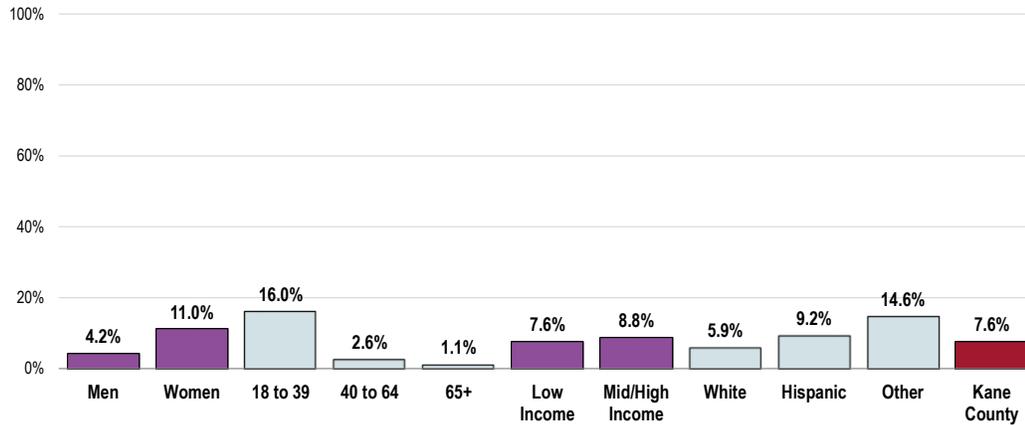


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Note that access difficulty is notably more prevalent among:

- Women.
- Young adults.
- “Other” races.

Unable to Get Mental Health Services When Needed in the Past Year (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 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.

Among the relatively small sample of respondents citing difficulties accessing mental health services in the past year, these are predominantly attributed to **cost/insurance** reasons or **difficulty getting an appointment**.

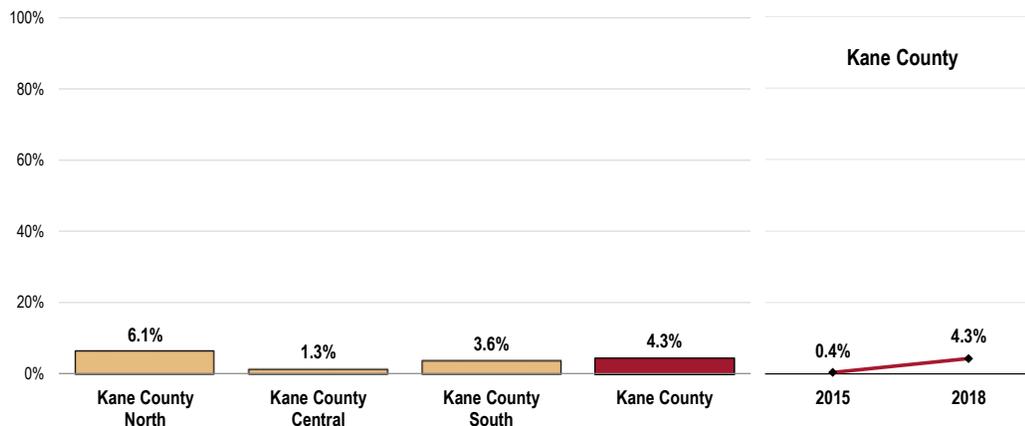
Children

A total of 4.3% of Kane County parents with children ages 2 to 17 report a time in the past year when their child needed mental health services, but was not able to get them.

- Statistically similar by community.
- TREND: Denotes a statistically significant increase over time.

Have Experienced Difficulty Getting Mental Health Services for Child in the Past Year

(Among Respondents With Children Age 2-17 Years)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 349]
 Notes: • Asked of all respondents with children 2 to 17 in the household.

Only seven parents participating in the survey reported problems getting mental health treatment for a child, most of whom cited **insurance reasons**.

Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community

(Key Informants, 2018)

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



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Lack of access, medication compliance, job training, drug rehab. Emergency inpatient mental health bed availability, outpatient psych access to underprivileged. – Kane County Health Provider

Access to care, affordability of care, stigma. – Kane County Social Services Provider

Availability of care, access to care. – Kane County Community Leader

Finding resources in a timely manner when needed. Not a lot of resources for kids and or the underinsured. – Kane County Physician

Access to appropriate emotional wellness care. Re-evaluate the use of medications for treatment.

Recognition of emotional crisis. Removing stigmatization. – Kane County Community Leader

Lack of access to care, funding. – Kane County Health Provider

People seem to struggle accessing the right services that are appropriate, relatively close and affordable with their insurance. There is still stigma around mental health that may prevent people from accessing services. – Kane County Public Health Representative

No access to services or limited access. – Kane County Social Services Provider

Lack of resources and continuity of medication management. – Kane County Social Services Provider

Wait times. Seems like the government funding is decreasing consistently, therefore decreasing access to these services becomes more difficult for our community. At the local facilities, there seems to be long wait times to see a professional. – Kane County Health Provider

Access to services. – Kane County Health Provider

Woefully insufficient capacity in the system. – Kane County Social Services Provider

The biggest challenge is getting the kind of mental health treatment they need. – Kane County Social Services Provider

Ongoing need for treatment. – Kane County Community Leader

Batavia City Council is currently struggling with finding appropriate tools and measures to assist those with mental health issues in our community, specifically those who are homeless. – Kane County Health Provider

Consistent and available services. Significant anxiety and depression. Also limited services for those with chronic mental health issues that are disjointed. – Kane County Social Services Provider

Impossible phone lines to get through at agencies. Lack of insurance or Medicaid. Long wait times for appointments. Lack of psychiatric care. – Kane County Social Services Provider

Lack of access to sufficient and comprehensive care around mental health, especially psychiatry. – Kane County Social Services Provider

Not enough good evaluation services for children and for adults with mild depression, anxiety, and other mental health issues not as severe, but needing attention and treatment. Not sure how many services for post-partum depression either. – Kane County Social Services Provider

Still lack access to services. – Kane County Health Provider

Access to care, medications support, collaboration of agencies and being able to communicate adequately through the continuum of care. – Kane County Health Provider

Aren't a lot of community mental health agencies? – Kane County Social Services Provider

No in-hospital services for people with developmental disabilities. – Kane County Social Services Provider

Access to qualified healthcare providers. – Kane County Health Provider

Two issues. Not enough resources allocated to mental health to have enough programs and centers offered. Crimes committed by those with mental health conditions treated for the criminality versus the mental health condition. – Kane County Community Leader

Access to care. – Kane County Community Leader

Lack of psychiatry capacity, and lack of available capacity for mental health counseling, in general, particularly for Spanish speaking individuals. – Kane County Health Provider

Access to providers, day programs, meds, access to support group, sessions with peers. Cost, concurrent substance abuse issues, poverty, fear of hospitalization, distrust of the system. Denial, family dynamics unhealthy, no support system. – Kane County Health Provider

Lack of providers, wait to be able to see a provider, etc. – Kane County Social Services Provider

Access to psychiatric care. – Kane County Social Services Provider

Knowing what services are available and accessing them. There is also a lack of resources for families supporting those living with a mental health condition. Many family members eventually suffer from a mental health condition themselves due to stress. – Kane County Social Services Provider

Mental health is in the news and Kane is no different. Adequate mental health services are often not covered by insurance, or are covered partially making them out of reach for most of the community. – Kane County Community Leader

Having trouble getting in to see psychologists, psychiatrists. Trouble obtaining medications and staying on medications. Stigma associated with mental health issues, combination of undiagnosed and diagnosed mental health issues and substance abuse. – Kane County Social Services Provider

Access to mental healthcare and prescriptions drugs. – Kane County Community Leader

Finding available resources and transportation to treatment. – Kane County Social Services Provider

Healthcare coverage for mental health, lack of access to care, stigmas associated with mental health disease and disorders. – Kane County Public Health Representative

Because of the nature of the disease, persons with MI need treatment to live normal lives. There is not enough MH treatment available. The State of IL has been cutting back on funding and closing institutions and MH centers for decades. – Kane County Social Services Provider

Access to mental health services, overcoming the stigma of getting help for mental illness. – Kane County Health Provider

Closing of state mental health facilities over the last several years. Not-for-profits and faith-based social services become de facto mental health workers because of the reduction in state services. – Kane County Social Services Provider

I would say that the biggest challenge in my community regarding mental health is there are no facilities in the area and there is no funding available for people who cannot afford the mental health services. – Kane County Social Services Provider

Denial/Stigma

There is a stigma about getting mental health services. Older adults who suffer from depression or substance abuse will not access services because they might be labeled. There is also a lack of housing for persons with mental health issues. – Kane County Social Services Provider

People with mental health concerns struggle with stigma, finding care in a timely and affordable manner. Untreated mental health issues lead to life difficulties, as well as create more stigma and negative opinions in other people. – Kane County Community Leader

Stigma, not enough funding, wait list for services. – Kane County Social Services Provider

Loneliness and isolation. – Kane County Community Leader

I believe this is a bigger issue and one that must be brought to the forefront. Many of the elderly suffer some sort of mental illness. They don't like to admit it and will not seek medical attention. Depression and anxiety are also an issue. – Kane County Social Services Provider

That they are stigmatized in the community and that there is not enough availability to serve this population. – Kane County Social Services Provider

Stigma and discrimination. Lack of affordable providers in the area. Also, a general lack of psychiatrists in the community. Grant agencies are stretched to the limits and cannot always provide the mental health services needed. – Kane County Social Services Provider

Mental health seems to be minimized as a potential problem by the public. People who have mental health challenges are then working against this to try and access care to help them with their struggle. This may then lead to self-medicating. – Kane County Community Leader

The stigma and lack of knowledge of resources. Individuals may be afraid to seek out resources for varying reasons. Our job is to continue getting the word out and letting people know that there is help available. – Kane County Community Leader

Affordable Care/Services

Access to affordable services. Training community partners to respond to individuals in crisis. – Kane County Community Leader

Access to affordable care. – Kane County Health Provider

Payment for services, timeliness of intake, quality psychiatric service. – Kane County Social Services

Provider

Affordable and understanding. – Kane County Social Services Provider

Access to affordable care, transportation to get there. Lack of a mentor, sponsor, or solid stable person to walk them through the various steps and provide continued support, i.e. AA. – Kane County Social Services Provider

Many individuals with mental health do not have the funds for treatment. – Kane County Social Services Provider

I see a lack of access to resources especially for the low income to be a major problem. Furthermore, the numbers of folks with mental health issues who are incarcerated in Kane County is also a problem. – Kane County Community Leader

Finding services that will help and accept method of payment - Kane County Social Services Provider

Funding

With federal and state funding for mental health services being cut back, the services get cut back or completely, especially for those that do not have medical insurance. There is also a great need for mental health services in Spanish. – Kane County Community Leader

The funding to provide services for mental health are lacking. There is a stigma regarding mental health which scares people from seeking treatment. I am particularly concerned about young people, teenagers, and their mental health concerns. – Kane County Community Leader

Lack of funding and providers. – Kane County Public Health Representative

Lack of funding and knowledge of where to go for help. Individuals seek emergency treatment first before addressing preventive measures. – Kane County Community Leader

Inadequate treatment resources due to funding system, as well as insurance coverage. No prevention services are funded. – Kane County Public Health Representative

Community not aware of resources and some programs have been cut, eliminated through the years. – Kane County Social Services Provider

Health Education and Awareness

People don't know where to go for services. There are long waiting lists to be seen at many of the facilities. Again, cost may be an issue for those who don't have insurance or are under insured. – Kane County Community Leader

The need for mental health awareness, long term care. Affordable services, stigma of mental health issues. – Kane County Social Services Provider

Awareness and referral sites. – Kane County Public Health Representative

Medicare/Medicaid Providers

Lack of adult Psychiatrists that accept Medicaid, including follow up appointments, post hospitalization or outpatient therapy. – Kane County Community Leader

There are no places for someone to go that is on Medicare or Medicaid. – Kane County Physician

Within Kane County, there are limited resources for individuals who have Medicaid or are currently not insured. There also appears to be a shortage of bilingual Spanish mental health services. – Kane County Social Services Provider

Diagnosis/Treatment

It is difficult for those who struggle with mental health to get and maintain jobs making their condition worse, as they cannot have adequate housing and food. – Kane County Social Services Provider

Proper diagnosis, treatment, and general awareness within the community. Also, where to go to get information about related resources within the community. – Kane County Community Leader

Language Barrier

Access to bilingual mental health services, cost of access services. Don't know where to go for help. – Kane County Social Services Provider

Infant and early childhood mental health expertise is very limited, especially for Spanish speakers. – Kane County Community Leader

Comorbidities

It seems that mental health is an underlying issue with a lot of problems that are being seen. Lack of obtaining resources for identified individuals and treatment facilities that can take patients. – Kane

County Health Provider

Employment

Holding a job. – Kane County Health Provider

Homelessness

Many who are homeless seeking food are mentally ill. – Kane County Social Services Provider

Lack of Coordination of Care

There is lack of coordination of mental health services in Kane County. – Kane County Public Health Representative

Attention Deficit Disorder

Attention Deficit Disorder in our children. The incident of this diagnosis is rising and impacting our children's education and future. – Kane County Community Leader

Death, Disease, & Chronic Conditions

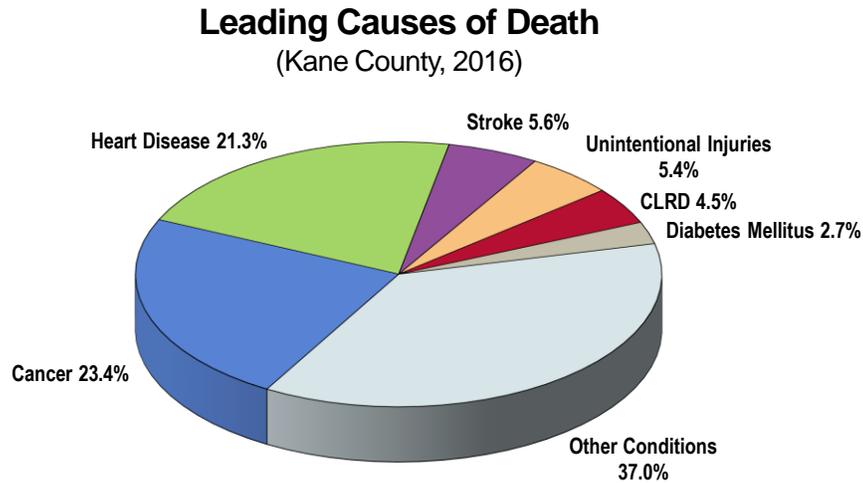


Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cancers and cardiovascular disease (heart disease and stroke) accounted for half of all deaths in Kane County in 2016.



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- 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 2014-2016 annual average age-adjusted death rates per 100,000 population for selected causes of death in Kane County.

Each of these is discussed in greater detail in subsequent sections of this report.

For infant mortality data, see [Birth Outcomes & Risks](#) in the [Births](#) section of this report.

Age-Adjusted Death Rates for Selected Causes (2014-2016 Deaths per 100,000 Population)

	Kane County	IL	US	HP2020
Malignant Neoplasms (Cancers)	142.4	166.7	158.5	161.4
Diseases of the Heart	131.1	169.0	167.0	156.9*
Cerebrovascular Disease (Stroke)	35.4	37.9	37.1	34.8
Chronic Lower Respiratory Disease (CLRD)	31.6	38.5	40.9	n/a
Unintentional Injuries	27.0	37.1	43.7	36.4
Diabetes Mellitus	18.0	18.9	21.1	20.5*
Kidney Diseases	17.8	17.2	13.2	n/a
Alzheimer's Disease	14.2	23.9	28.4	n/a
Pneumonia/Influenza	13.7	15.7	14.6	n/a
Cirrhosis/Liver Disease	9.5	9.1	10.6	8.2
Intentional Self-Harm (Suicide)	8.5	10.5	13.0	10.2
Unintentional Drug-Related Deaths	7.5	13.4	14.3	11.3
Motor Vehicle Deaths	6.1	8.1	11.0	12.4
Firearm-Related	5.2	10.1	11.1	9.3

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

- 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.

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)

Age-Adjusted Heart Disease & Stroke Deaths

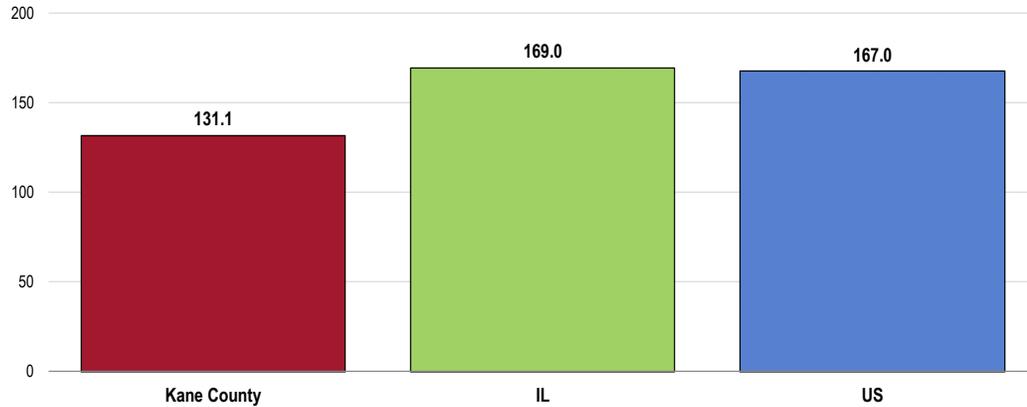
Heart Disease Deaths

Between 2014 and 2016 there was an annual average age-adjusted heart disease mortality rate of 131.1 deaths per 100,000 population in Kane County.

- Lower than the statewide and national rates.
- Satisfies the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).

The greatest share of cardiovascular deaths is attributed to heart disease.

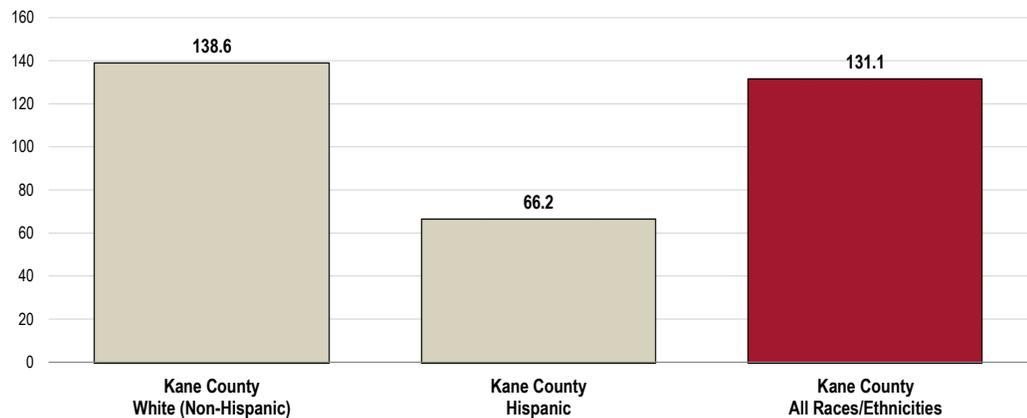
Heart Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- By race, the heart disease mortality rate is notably higher among Non-Hispanic Whites when compared with Hispanics in Kane County.

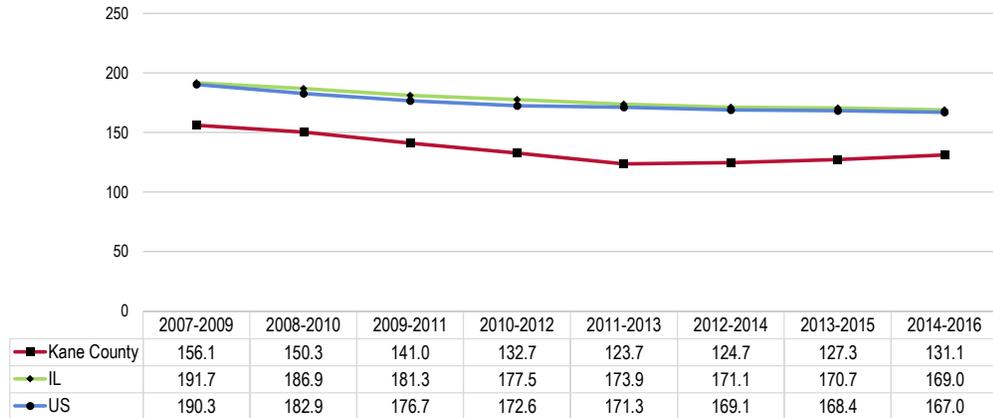
Heart Disease: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- **TREND:** The heart disease mortality rate decreased over time in Kane County through the 2011-2013 reporting period, but rates have since increased, in contrast to the decreasing trends reported across Illinois and the US overall.

Heart Disease: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 156.9 or Lower (Adjusted)



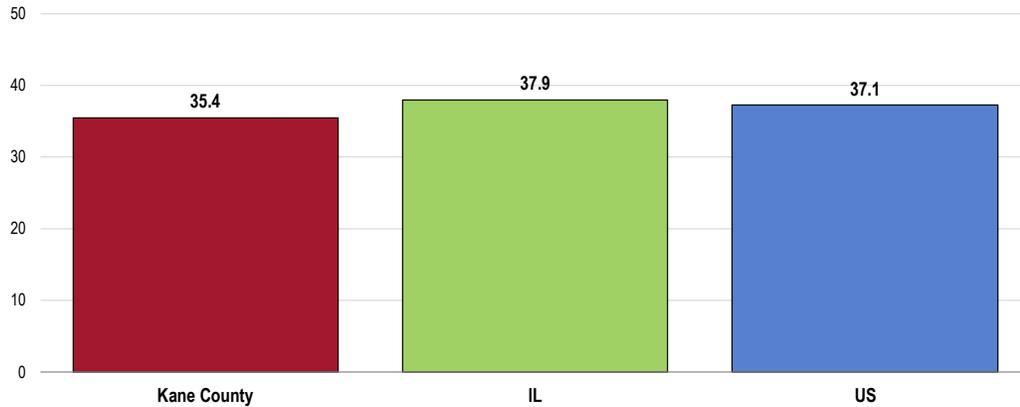
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

Between 2014 and 2016, there was an annual average age-adjusted stroke mortality rate of 35.4 deaths per 100,000 population in Kane County.

- Comparable to the Illinois and national rates.
- Similar to the Healthy People 2020 target of 34.8 or lower.

Stroke: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 34.8 or Lower



Sources:

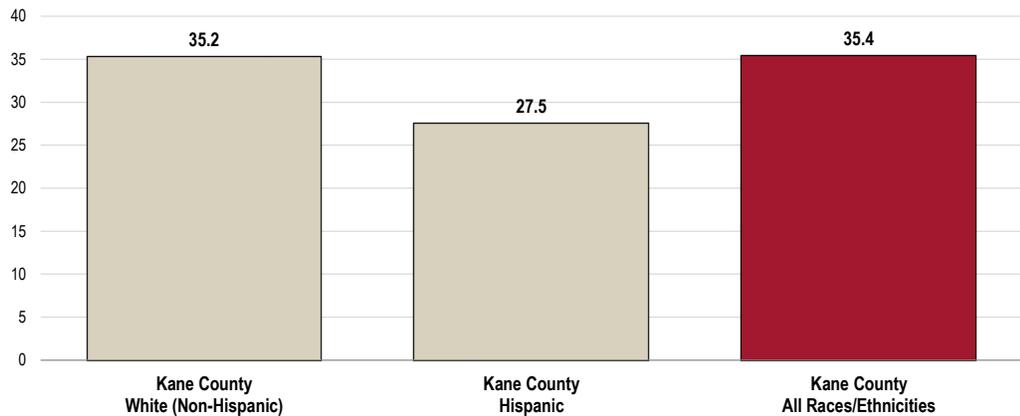
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- Stroke mortality is higher among Kane County non-Hispanic Whites when compared with Hispanics.

Stroke: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 34.8 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]

Notes:

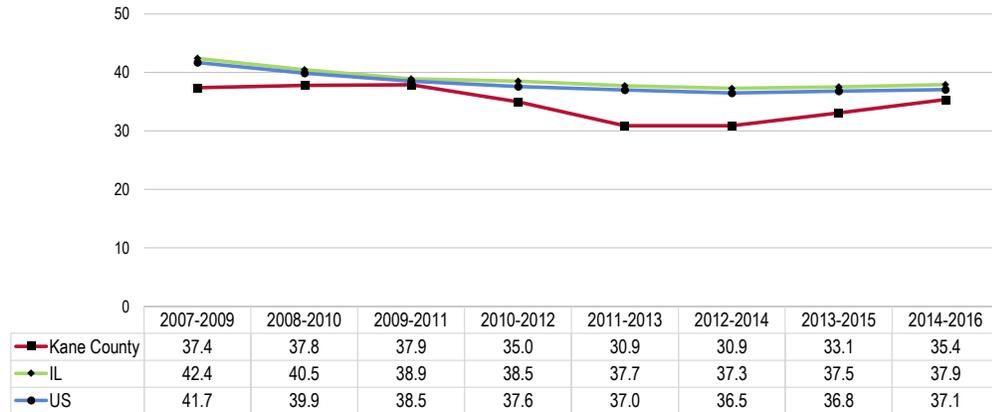
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Although similar to the baseline mortality rate, Kane County stroke mortality has increased in recent years.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

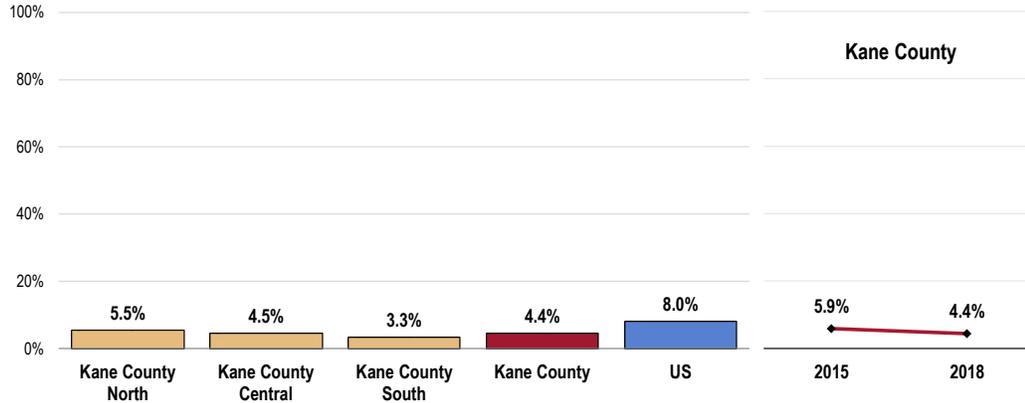
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 4.4% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- Well below the national prevalence.
- Similar findings by county subarea.
- TREND: Statistically unchanged since 2015.

Prevalence of Heart Disease

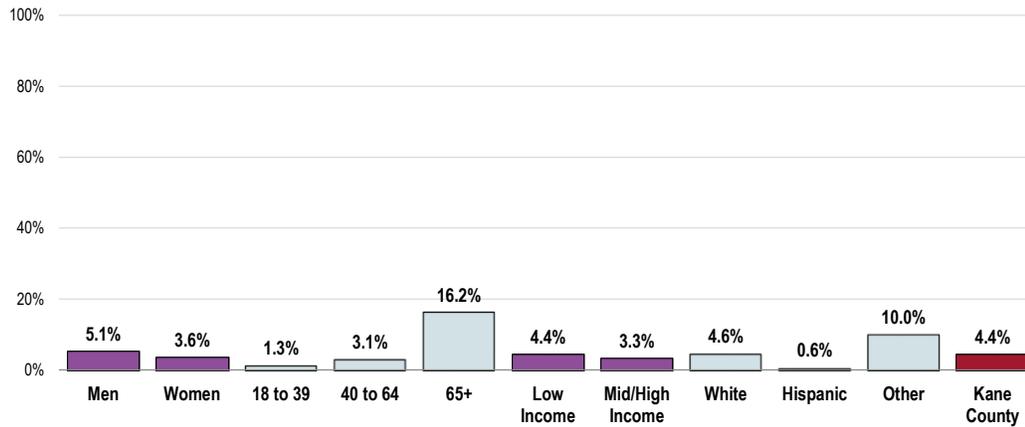


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina, or coronary heart disease.

Adults more likely to have been diagnosed with heart disease include:

- Adults age 65 and older (especially).
- Non-Hispanic residents (White or “Other” races).

Prevalence of Heart Disease (Kane County, 2018)



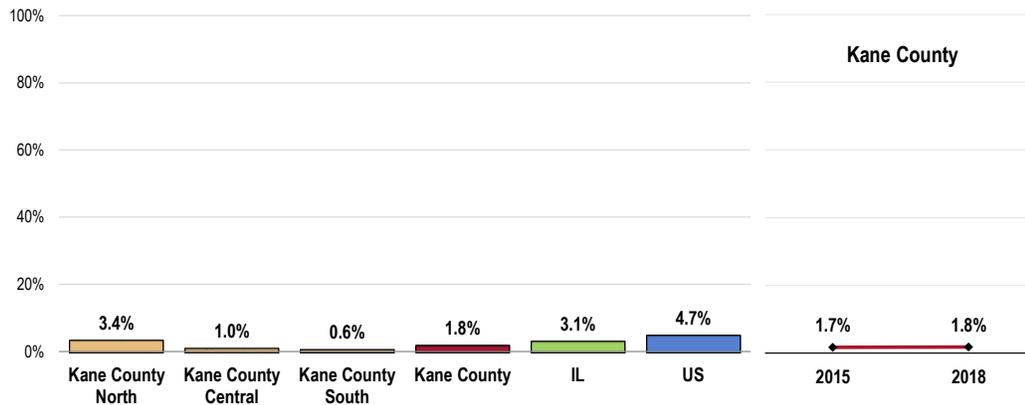
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina, or coronary heart disease.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “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.

Prevalence of Stroke

A total of 1.8% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- More favorable than statewide and national findings.
- Unfavorably high in North Kane County; lowest in South Kane County.
- TREND: Statistically unchanged since 2015.

Prevalence of Stroke



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

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)

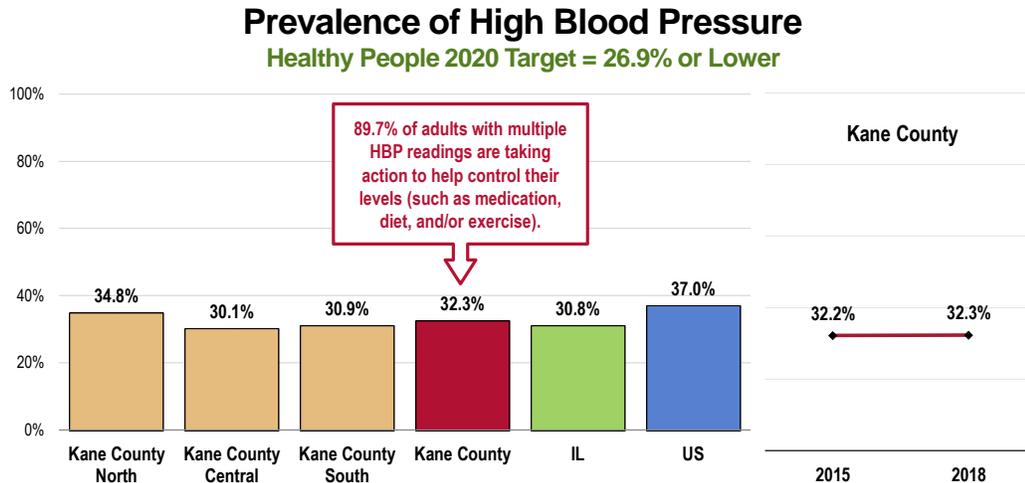
High Blood Pressure

Prevalence of High Blood Pressure

A total of 32.3% of Kane County adults have been told at some point that their blood pressure was high.

- Similar to the Illinois prevalence.
- More favorable than the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Similar findings by subarea.
- TREND: Statistically unchanged since 2015.

Among adults with multiple high blood pressure readings, 89.7% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 39, 40, 41]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 • 2017 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 HDS-5.1]

Notes: • Asked of all respondents.

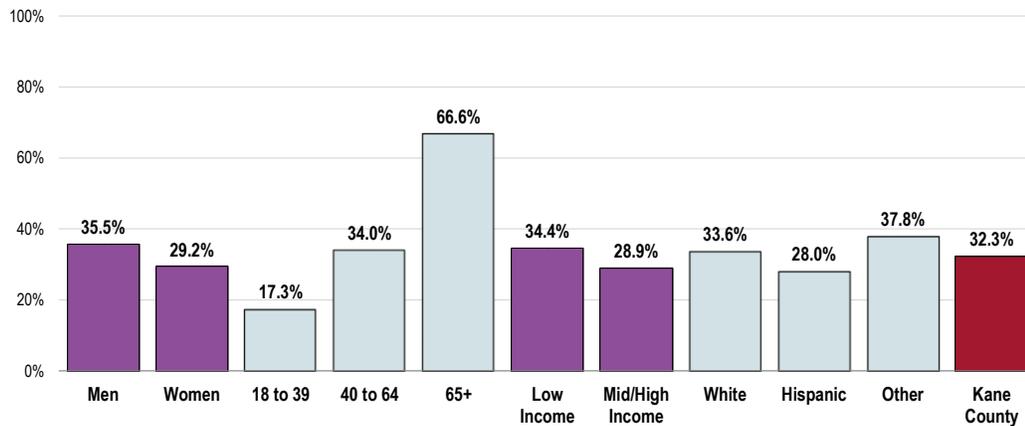
High blood pressure is more prevalent among:

- Men.
- Adults age 40 and older, and especially those age 65+.

Prevalence of High Blood Pressure

(Kane County, 2018)

Healthy People 2020 Target = 26.9% or Lower



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

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.

High Blood Cholesterol

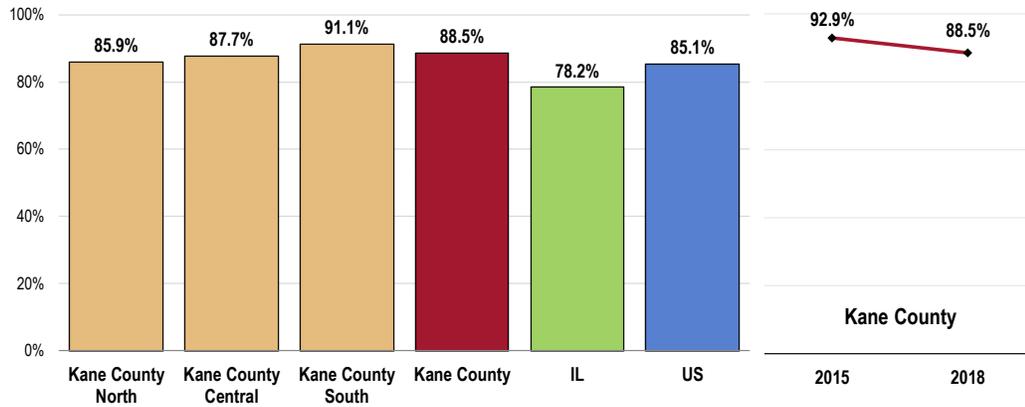
Blood Cholesterol Testing

A total of 88.5% of Kane County adults have had their blood cholesterol checked within the past five years.

- More favorable than Illinois and US findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Highest in South Kane County, lowest in North Kane County.
- TREND: Denotes a statistically significant decrease since 2015.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Illinois IL data.
 • 2017 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 HDS-6]
 Notes: • Asked of all respondents.

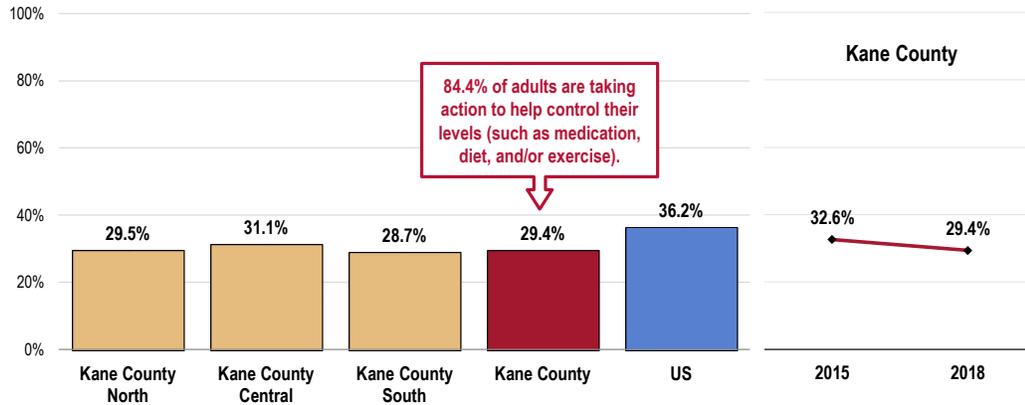
Prevalence of High Blood Cholesterol

A total of 29.4% of adults have been told by a health professional that their cholesterol level was high.

- Better than the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- Comparable findings by county subarea.
- TREND: Statistically unchanged since 2015.

Among adults with high blood cholesterol readings, 84.4% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

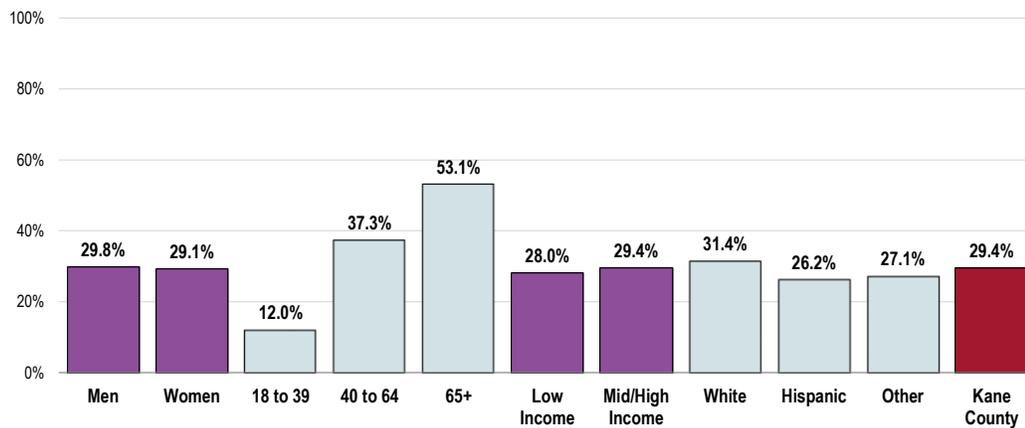
Prevalence of High Blood Cholesterol Healthy People 2020 Target = 13.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 44, 130]
 • 2017 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 HDS-7]
 Notes: • Asked of all respondents.

- There is a strong, positive correlation between age and high blood cholesterol in Kane County.

Prevalence of High Blood Cholesterol (Kane County, 2018) Healthy People 2020 Target = 13.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-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.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Total Cardiovascular Risk

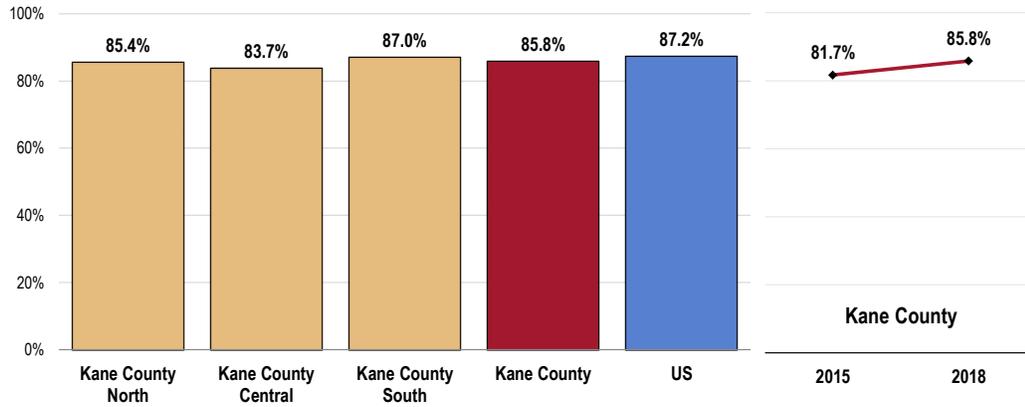
A total of 85.8% of Kane County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Comparable to national findings.
- Comparable findings by subarea.
- TREND: Marks a statistically significant increase over time.

RELATED ISSUE:

See also *Nutrition, Physical Activity, Weight Status, and Tobacco Use* in the **Modifiable Health Risks** section of this report.

Present One or More Cardiovascular Risks or Behaviors

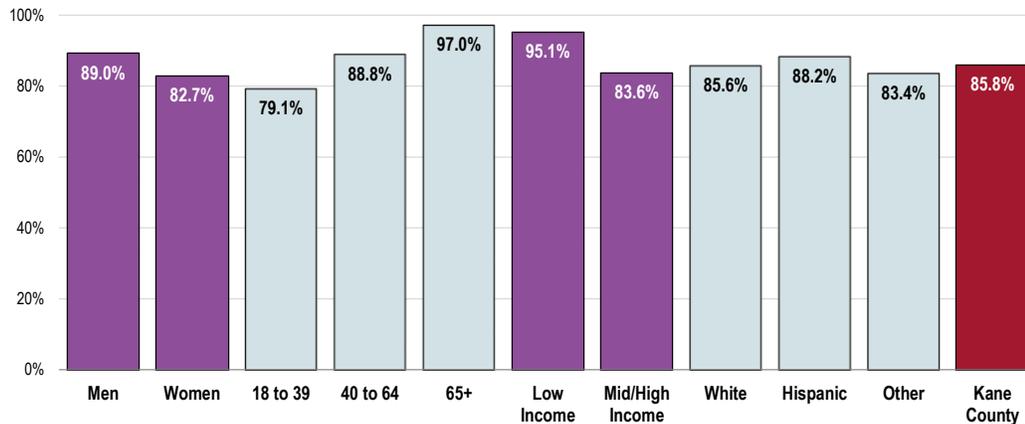


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older (positive correlation with age).
- Those in households with lower incomes.

Present One or More Cardiovascular Risks or Behaviors (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
 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

Nearly half of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “moderate problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2018)

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



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Leading Cause of Death

Because of the lethal nature of the disease. – Kane County Social Services Provider

Cardiovascular diseases are the leading causes of death in Kane County. – Kane County Public Health Representative

Lots of people are dying of heart issues. – Kane County Social Services Provider

Heart disease can contribute to 1 out of every 4 deaths in the US and most are due to preventable factors. Early warning sign detection and implementation of personalized, effective preventative measures are key to changing the frequency of heart disease. – Kane County Health Provider

Heart disease is the leading cause of death. The deaths due to strokes have been increasing. All are related to diet and exercise. – Kane County Health Provider

A leading cause of death. – Kane County Health Provider

Still a number one killer. – Kane County Health Provider

Heart disease is the number one killer in the US. – Kane County Physician

Health Education and Awareness

While we see these numbers decreasing, we know that this is still a major concern for our communities. A better job needs to be targeting the community on warning signs and symptoms of heart disease and stroke and what can be done for patients. – Kane County Health Provider

Lack of public education on symptom recognition, public sedentary lifestyle, poor nutrition habits, lack of community resources. – Kane County Health Provider

Lack of education of warning signs, poor eating and exercise habits lead to complications.

Hypertensive patients do not monitor blood pressure adequately and that is a key contributing factor. – Kane County Social Services Provider

Preventative care and self-management of this chronic condition. – Kane County Health Provider

Obesity

Heart disease is tied to the obesity epidemic, poor nutrition, and needs prevention as well as treatment. – Kane County Community Leader

Obesity is a major problem in Kane County. Need for prevention education. Access to lifestyle programs. – Kane County Social Services Provider

Heart disease and stroke are issues in the community due to the high prevalence of obesity and underlying conditions, such as diabetes. – Kane County Community Leader

Nutrition & Physical Activity

Due to stats on diet and exercise for KC. – Kane County Community Leader

Food choices, stress levels. – Kane County Social Services Provider

Heart disease and stroke can be attributed to the poor diet and lack of exercise of the community. Many ingredients in traditional Lao cuisine is harmful, consisting of preservatives and chemicals like MSG. Additionally, lack of exercise attributes. – Kane County Social Services Provider

Incidence/Prevalence

Heart disease continues to affect large percent of population and those affected by strokes appears to be growing. – Kane County Community Leader

High incidence in the county, access to healthcare for emergent is quite good. Sustaining efforts and strategies that lead to determinants of the condition are scarce and need resources, especially to the vulnerable populations. – Kane County Health Provider

Could happen to anyone at any time. I myself have experienced a mini stroke related to high blood pressure which was un-diagnosed until the incident. Any one of us could be walking around with a heart or stroke waiting to happen. – Kane County Community Leader

Insufficient Physical Activity

Sedentary lifestyles. – Kane County Social Services Provider

The environment supports being inactive and eating calorie dense, nutrient poor food. There is too much marketing of unhealthy behaviors and healthy activities are too often presented as a commodity for sale rather than a lifestyle. – Kane County Public Health Representative

Access for Uninsured/Underinsured

Here again, when uninsured or underinsured are diagnosed with these, it is very hard to get good medical attention. – Kane County Community Leader

Lack of providers who provide care to Medicaid insurance holders. – Kane County Public Health Representative

Cost and insurance issues for diagnostics, treatment, medication and specialty care. – Kane County Public Health Representative

Contributing Factors

Aging population, uncontrolled hypertension, diabetes. – Kane County Health Provider

Heredity, lifestyle, diet, stress, homelessness, poverty. – Kane County Health Provider

Impact on Caregivers/Families

The debilitating effects of heart disease and stroke are life-changing. Not only for the individual but all their loved ones. The pressures for caregivers are overwhelming. The results impact every person in our communities. – Kane County Community Leader

Life changing chronic diseases. – Kane County Community Leader

Comorbidities

The numbers of persons medicated for pre-conditions such as high blood pressure. – Kane County Social Services Provider

Access to Care/Services

Ongoing need for diagnosis and treatment. – Kane County Community Leader

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)

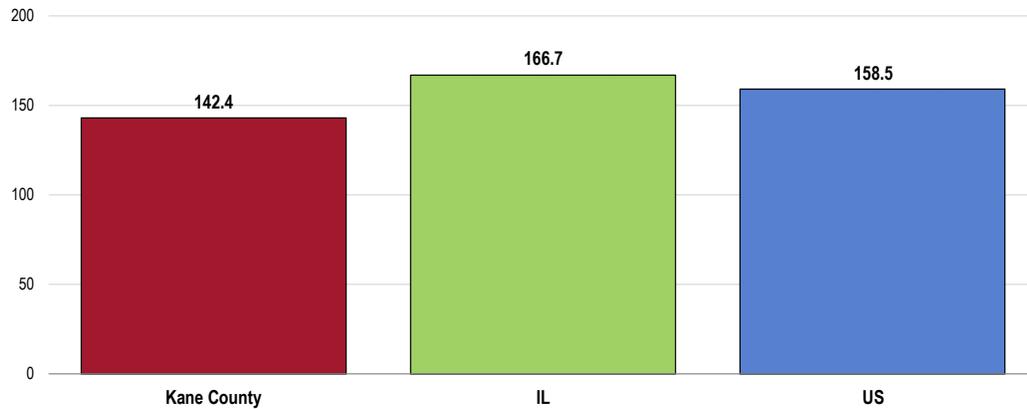
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2014 and 2016, there was an annual average age-adjusted cancer mortality rate of 142.4 deaths per 100,000 population in Kane County.

- More favorable than the statewide rate.
- Similar to the US rate.
- Similar to the Healthy People 2020 target of 161.4 or lower.

Cancer: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



Sources:

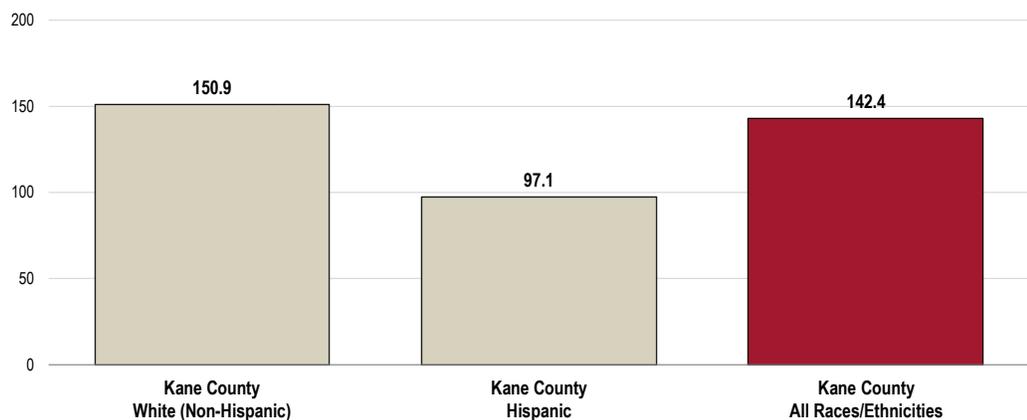
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The county's cancer mortality rate is notably higher among Whites than Hispanics.

Cancer: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



Sources:

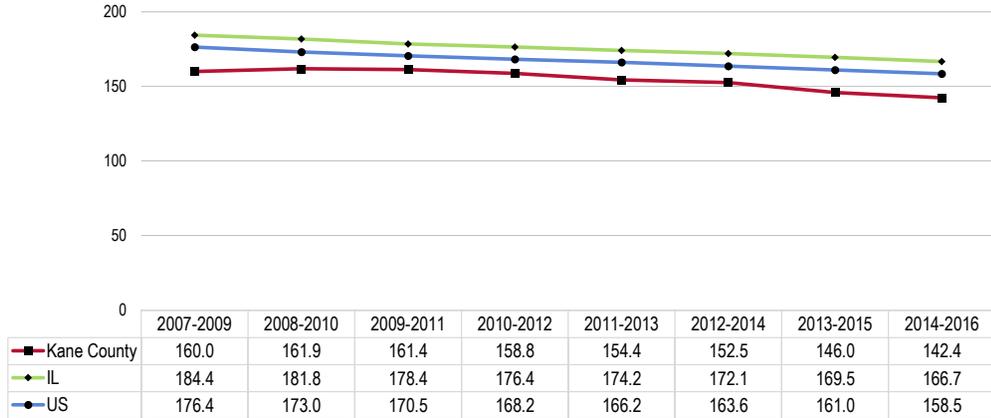
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Cancer mortality has decreased over the past decade in Kane County, echoing the state and national trends.

Cancer: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 161.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in Kane County.

Other leading sites include breast cancer among women, prostate cancer, and colorectal cancer (both sexes).

As evident in the following chart (referencing 2014-2016 annual average age-adjusted death rates):

- The Kane County **lung and prostate cancer** death rates are both more favorable than the related state and US rates.
- The Kane County **female breast cancer and colorectal cancer** death rates are both more favorable than the related Illinois rates and similar to the US rates.
- Note that each of the Kane County cancer death rates detailed in the following chart satisfies the related Healthy People 2020 target, with the exception of colorectal cancer (the Kane County rate is similar to the 2020 goal).

Age-Adjusted Cancer Death Rates by Site (2014-2016 Annual Average Deaths per 100,000 Population)

	Kane County	IL	US	Healthy People 2020 Target
ALL CANCERS	142.4	166.7	158.5	161.4
Lung Cancer	33.4	43.6	40.3	45.5
Female Breast Cancer	17.9	21.5	20.3	20.7
Prostate Cancer	15.1	20.3	19.0	21.8
Colorectal Cancer	12.8	15.2	14.1	14.5

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

Cancer Incidence

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

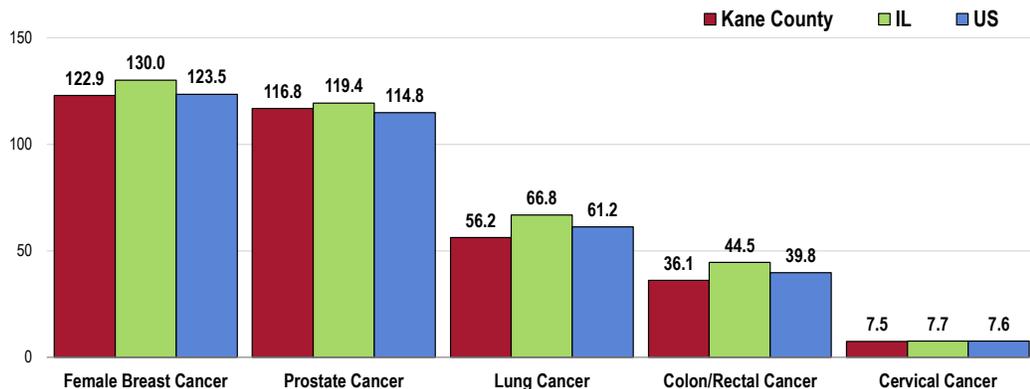
The 2010-2014 Kane County annual average age-adjusted cancer incidence rates are each comparable to US rates.

- Each of the Kane County cancer incidence rates is similar to or lower than state rates for the same years.

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.

Cancer Incidence Rates by Site (Annual Average Age-Adjusted Incidence per 100,000 Population, 2010-2014)



Sources:

- State Cancer Profiles.
- Retrieved April 2018 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.

Cancer Risk

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

RELATED ISSUE:

See also *Nutrition, Physical Activity, Weight Status, and Tobacco Use* in the **Modifiable Health Risks** section of this report.

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); prostate cancer (prostate-specific antigen testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

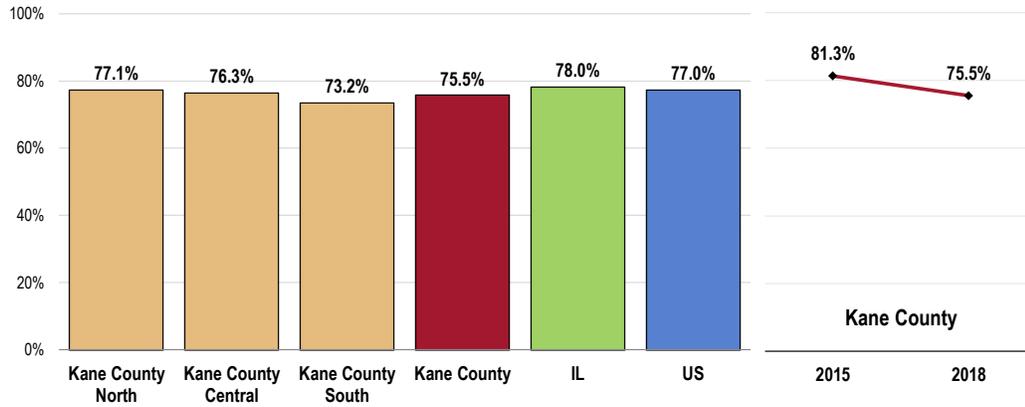
Mammography

Among women age 50-74, 75.5% have had a mammogram within the past 2 years.

- Similar to statewide and US findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).
- Statistically similar among the planning areas.
- TREND: Statistically unchanged since 2015.

Have Had a Mammogram in the Past Two Years (Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 - 2017 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 C-17]
- Notes:
- Reflects female respondents 50-74.

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

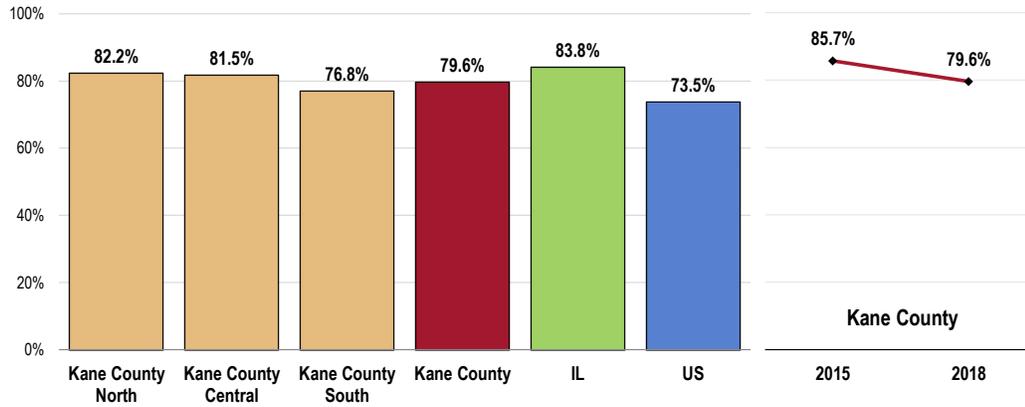
Pap Smear Testing

Among Kane County women age 21 to 65, 79.6% have had a Pap smear within the past 3 years.

- Lower than the Illinois prevalence.
- Higher than national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Similar findings by county subarea.
- TREND: Denotes a statistically significant decrease since 2015.

Have Had a Pap Smear in the Past Three Years (Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 • 2017 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 C-15]

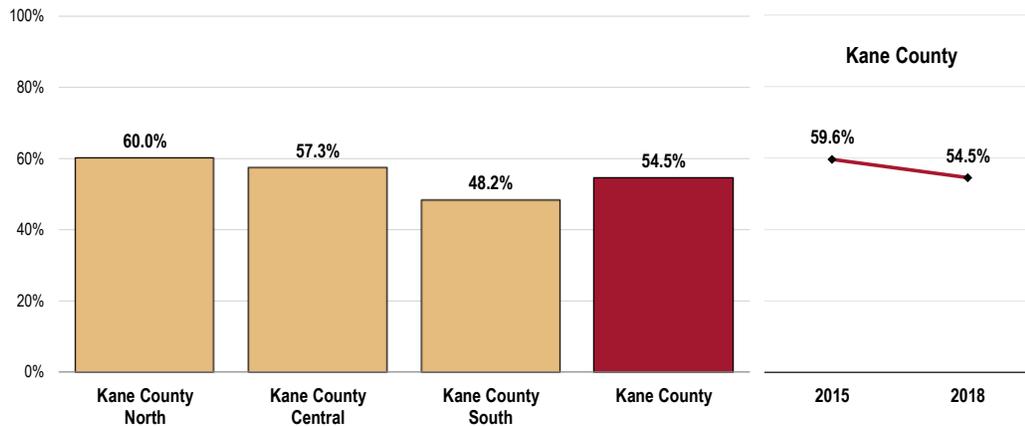
Notes: • Reflects female respondents age 21 to 65.

Prostate Screening

Among Kane County men age 40 and older, 54.5% had a prostate-specific antigen (PSA) test in the past 2 year. Note that The U.S. Preventive Services Task Force (USPSTF) currently recommends against PSA-based screening for prostate cancer.

- Statistically comparable findings by county subarea.
- TREND: Statistically unchanged since 2015.

Have Had a Prostate-Specific Antigen (PSA) Test in the Past Two Years (Among Men Aged 40 and Older)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 320]
 Notes: • Asked of men aged 40 and older.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (fecal occult blood testing, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

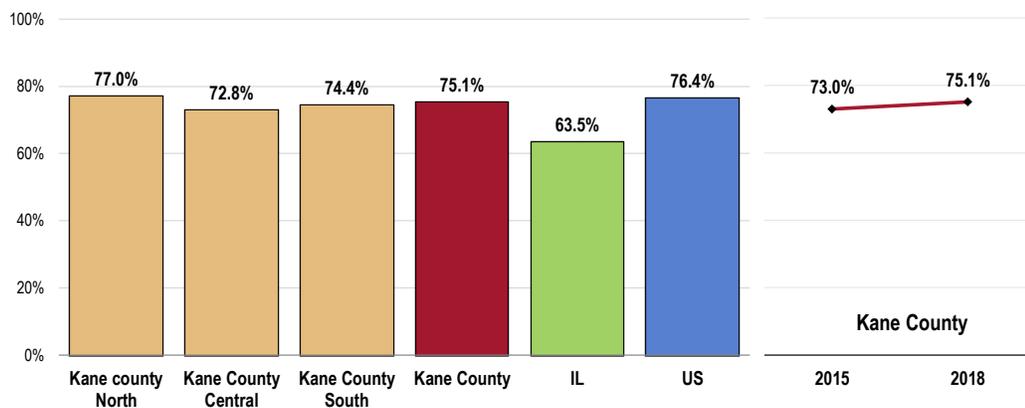
Colorectal Cancer Screening

Among adults age 50-75, 75.1% have had an appropriate colorectal cancer screening.

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

- Higher than the Illinois prevalence.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Similar findings by subarea.
- TREND: Statistically unchanged over time.

Have Had a Colorectal Cancer Screening (Among Adults Age 50-75) Healthy People 2020 Target = 70.5% or Higher



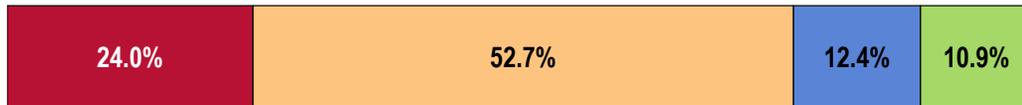
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Illinois IL data.
 - 2017 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 C-16]
- Notes:
- Asked of all respondents age 50 through 75.
 - In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized **Cancer** as a “moderate problem” in the community.

Perceptions of Cancer as a Problem in the Community (Key Informants, 2018)

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



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

- Ongoing need for cancer treatment and diagnosis. – Kane County Community Leader*
- It is one of the leading causes of death in the US. – Kane County Community Leader*
- Cancer seems to be more common in our society and in my opinion, is one of the illnesses where your future could be uncertain. – Kane County Community Leader*
- In our community, we are asked to pray for people and this prayer for healing is one of the most requested. – Kane County Social Services Provider*
- When I was growing up, cancer clinics did not exist. People are getting cancer at a younger age. I got cancer at age 39. My father lost his battle with cancer at age 55. – Kane County Community Leader*
- Increasing incidence of cancer noted, as well as the expensive and comprehensive care required to treat cancer. – Kane County Community Leader*
- It appears that the incidence of cancers is increasing in our community, and access to good care can be expensive. – Kane County Community Leader*
- Because from 2011- 2017 I worked for an oncologist in Elgin. The practice grew from 5 doctors to 8 doctors. Each doctor saw at least 3 to 5 new patients a day. We went from seeing 50 to 75 patients a day to seeing 100 to 150 per day. – Kane County Social Services Provider*
- Cancer affects everybody either by having it or knowing someone who does. Access to quality care, insurance to afford care and ability to get to treatments are all important issues in Kane County. – Kane County Community Leader*
- We continue to see cancer rates rise, death rates are consistently high. – Kane County Health Provider*
- Many we know have died from it. Diagnosis followed by death within the year. – Kane County Social Services Provider*
- Perhaps it is because I have crossed over the age of 40, but I had 6 people in my life all get diagnosed with cancer in the last 12 months. It feels like it is everywhere. – Kane County Community Leader*
- Many people are dying of it. – Kane County Social Services Provider*
- Have been associated with a lot of people diagnosed. – Kane County Social Services Provider*
- Cancer is a major problem nationwide. – Kane County Community Leader*

Leading Cause of Death

- Cancer is a major problem in all American communities and is the leading cause of death, therefore a*

major problem in my opinion. – Kane County Community Leader

In the Lao community, cancer is the number one cause of recent deaths over the last three years. – Kane County Social Services Provider

As cancer is one of the leading causes of death and it is hard to assess the actual cause, promoting healthy lifestyles is of utmost importance to try to reduce the rate of cancer in the community. – Kane County Health Provider

Because of the lethal nature of the disease. – Kane County Social Services Provider

No cure. – Kane County Community Leader

Prevention

Individuals do not have regular checkups and tests for early detection. – Kane County Community Leader

Access to prevention screening is very difficult and early detection strategies need funding and marketing. Connections with primary healthcare. – Kane County Health Provider

Access to prevention screenings. Obesity is a major problem in Kane County. – Kane County Social Services Provider

Delay in diagnosis. Fatal disease without early diagnosis and treatment. – Kane County Community Leader

Women and the risk of breast cancer. While the media promotes self-examination and annual mammograms, women tend to be fearful to undergo tests. – Kane County Community Leader

Access for Uninsured/Underinsured

Members of the community that do not have insurance cannot be treated in their own community if they don't have insurance or are under insured. They have to go to Chicago for treatment and may lack transportation to get there. – Kane County Community Leader

When someone is diagnosed with cancer, it is very hard to get good medical attention unless they have good medical insurance. – Kane County Community Leader

Affordable Care/Services

Very costly care. Not something that is treated at Aunt Martha's, VNA, EDs, etc. – Kane County Health Provider

Contributing Factors

Aging population, lack of access to a variety of screening programs. Early detection and treatment for underinsured or uninsured. – Kane County Health Provider

Health Education and Awareness

Lack of education and resources. – Kane County Public Health Representative

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)

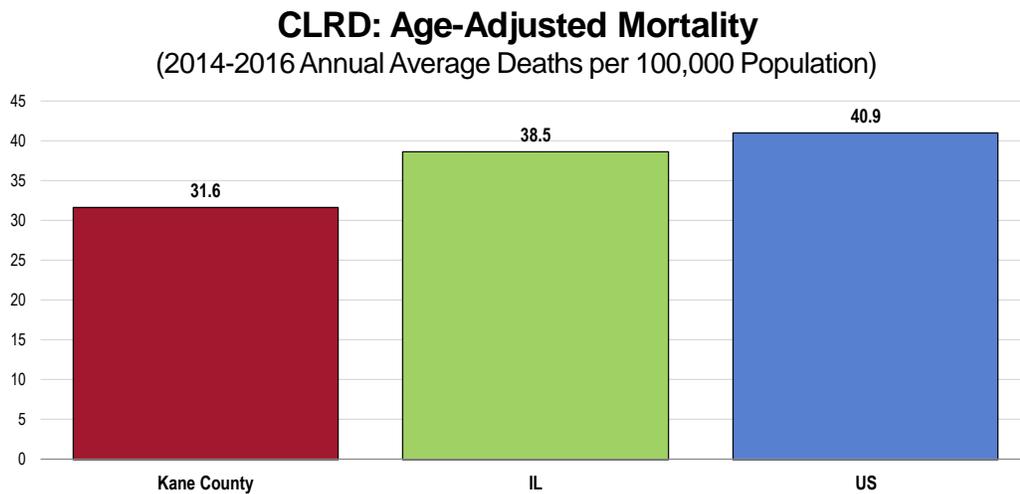
[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

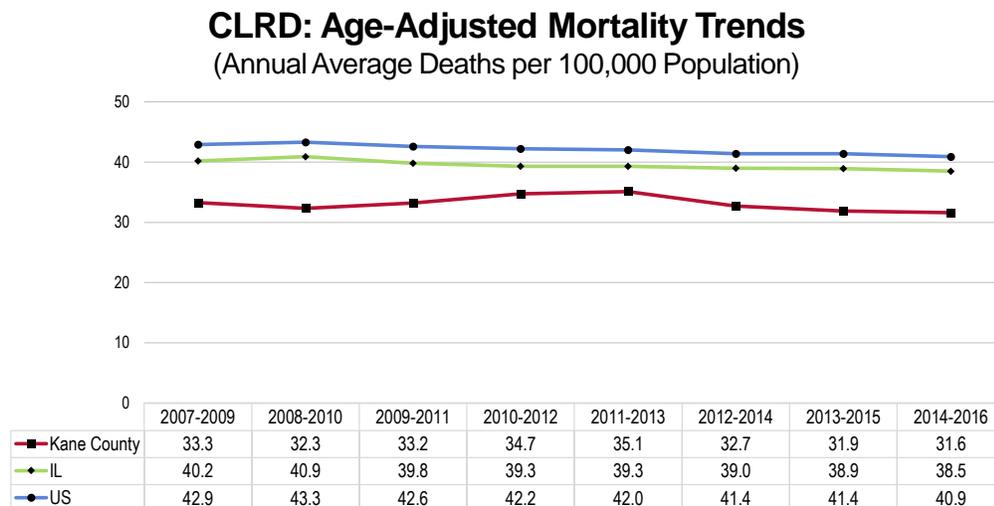
Between 2014 and 2016, there was an annual average age-adjusted CLRD mortality rate of 31.6 deaths per 100,000 population in Kane County.

- Lower than found statewide and nationally.



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - CLRD is chronic lower respiratory disease.

- TREND: CLRD mortality in Kane County has fluctuated somewhat over time but is similar to the baseline rate; statewide and nationally, CLRD mortality has decreased.



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - CLRD is chronic lower respiratory disease.

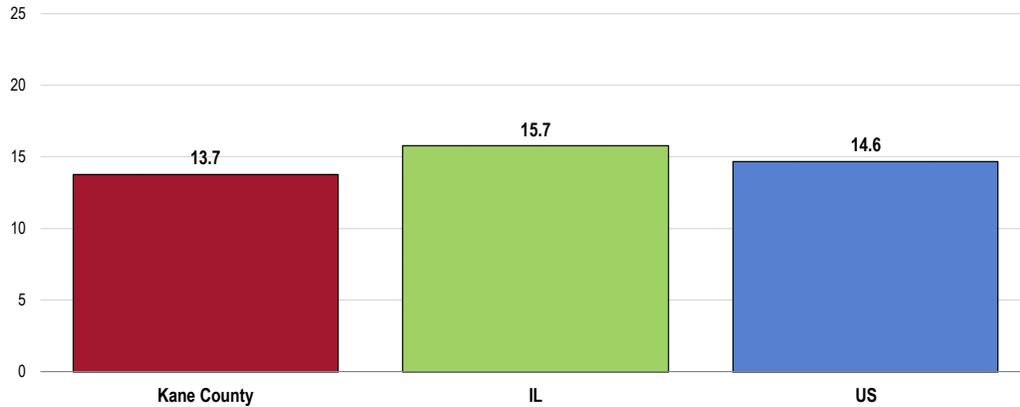
Pneumonia/Influenza Deaths

Between 2014 and 2016, Kane County reported an annual average age-adjusted pneumonia influenza mortality rate of 13.7 deaths per 100,000 population.

- Similar to that found statewide and nationally.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Diseases* in the *Infectious Disease* section of this report.

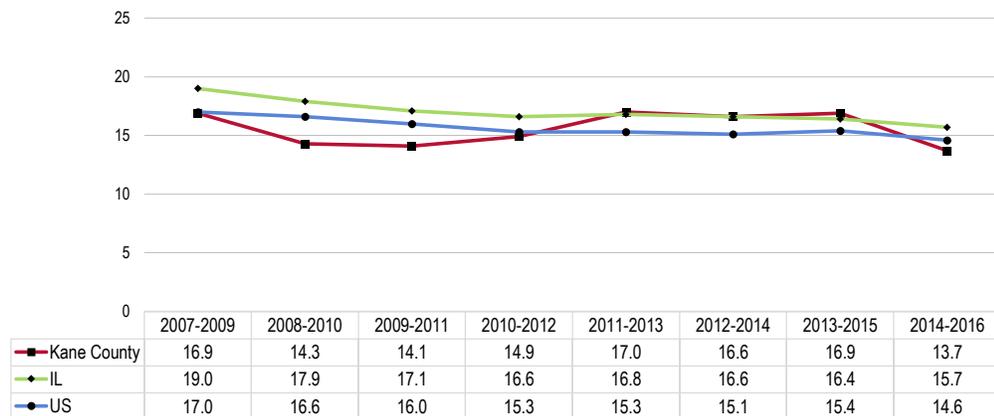
Pneumonia/Influenza: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)



- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: No clear trend in Kane County pneumonia/influenza mortality. Statewide and nationally, pneumonia/influenza death rates have decreased over time.

Pneumonia/Influenza: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Asthma

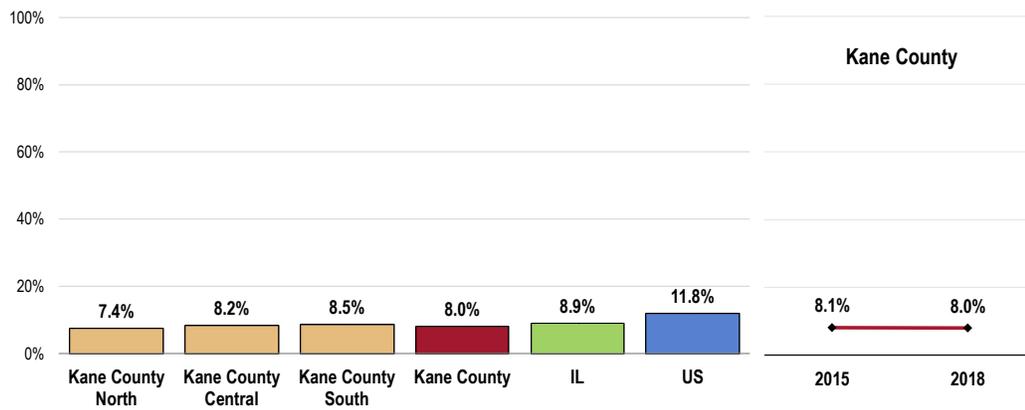
Adults

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 8.0% of Kane County adults currently suffer from asthma.

- Similar to the statewide prevalence.
- More favorable than the national prevalence.
- Statistically similar by county subarea.
- TREND: The prevalence has not changed significantly since 2015.

Adult Asthma: Current Prevalence



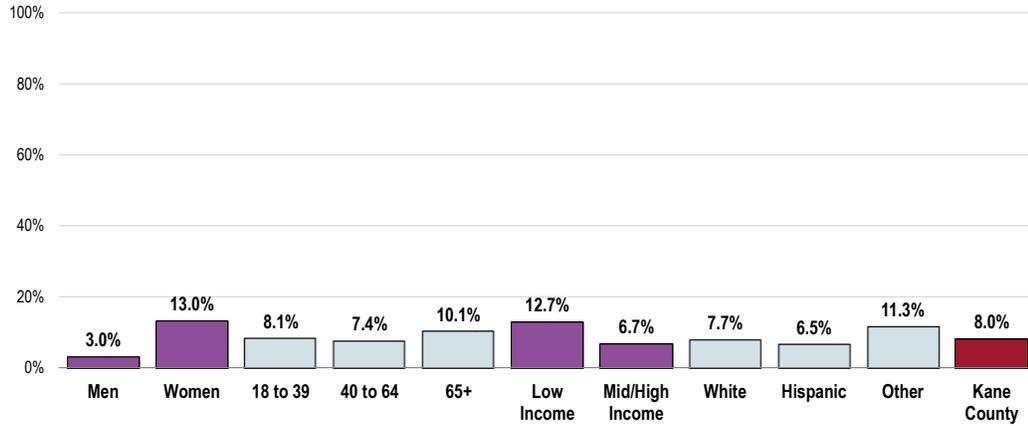
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

The following adults are more likely to suffer from asthma:

- Women.
- Low-income residents.

Currently Have Asthma (Kane County, 2018)



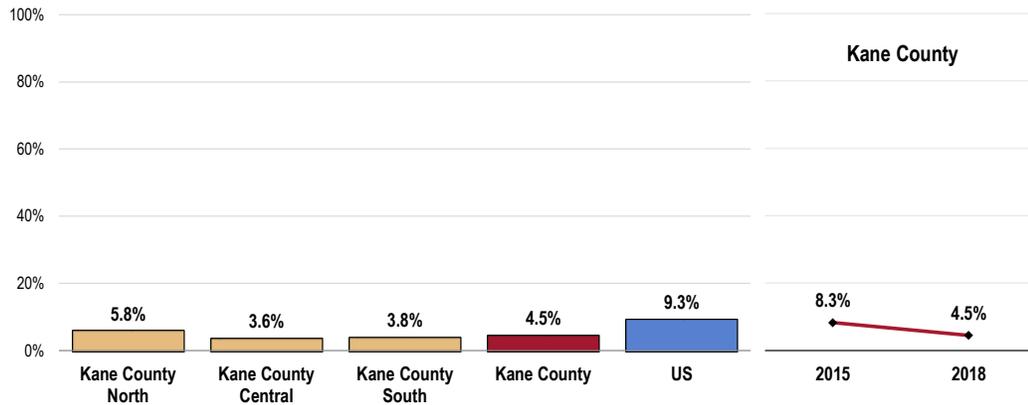
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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 Kane County children under age 18, 4.5% currently have asthma.

- Much lower than national findings.
- Similar findings by county subarea.
- TREND: Denotes a statistically significant decrease since 2015.

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

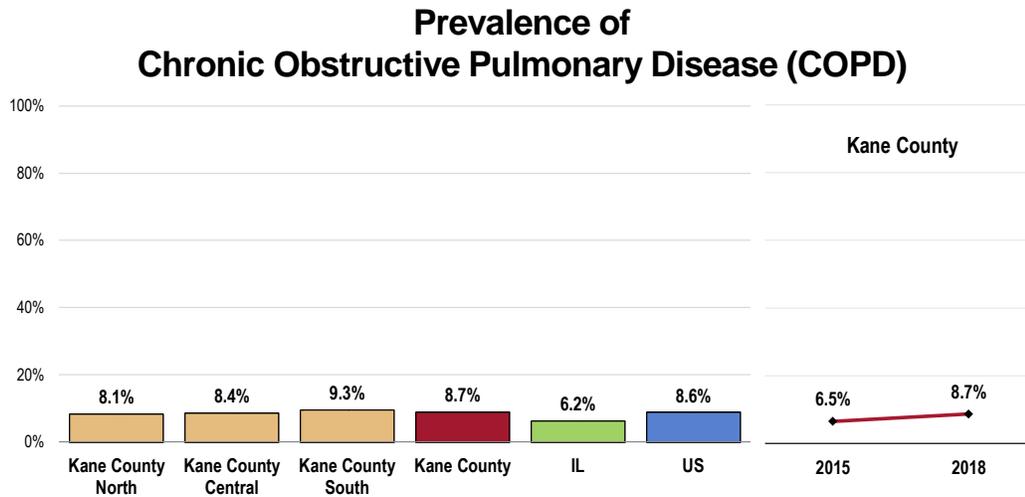


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 8.7% of Kane County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Higher than the Illinois percentage.
- Similar to the US prevalence.
- Similar findings by county subarea.
- TREND: Statistically unchanged over time.



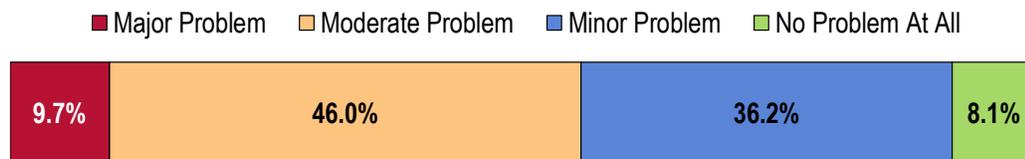
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Illinois IL data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a “moderate problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Aging Population

Increasing aging population. – Kane County Health Provider

Aging population. – Kane County Community Leader

Flu/Pneumonia Immunization Rates

The recent outbreak of influenza in Kane County and around the country has led to influenza and pneumonia accounting for 10 percent of deaths in the country. Many children have died because of flu this year. – Kane County Public Health Representative

Contributing Factors

The elder generation still smoke and do not exercise. This is a formula that leads to tragic deaths. – Kane County Social Services Provider

Insurance Issues

Lack of providers who accept Medicaid. – Kane County Public Health Representative

Mobility Issues

Need for continuous oxygen limits mobility. – Kane County Community Leader

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)

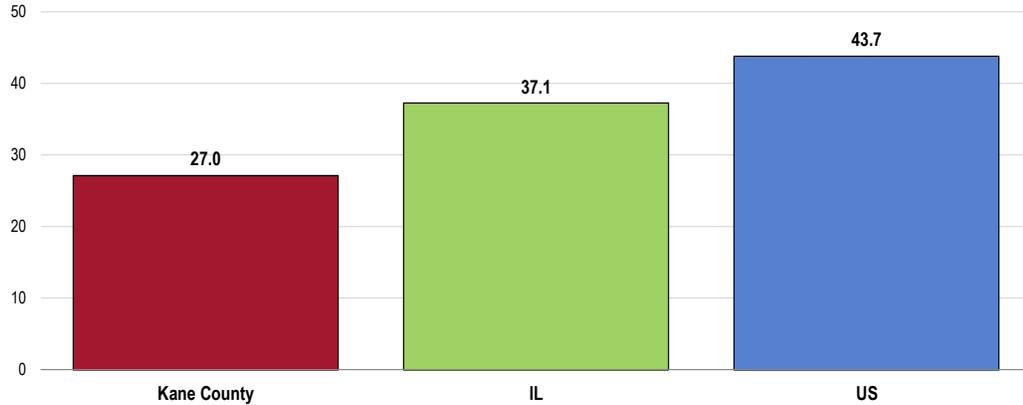
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2014 and 2016, there was an annual average age-adjusted unintentional injury mortality rate of 27.0 deaths per 100,000 population in Kane County.

- More favorable than the Illinois and US rates.
- Satisfies the Healthy People 2020 target (36.4 or lower).

Unintentional Injuries: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower



Sources:

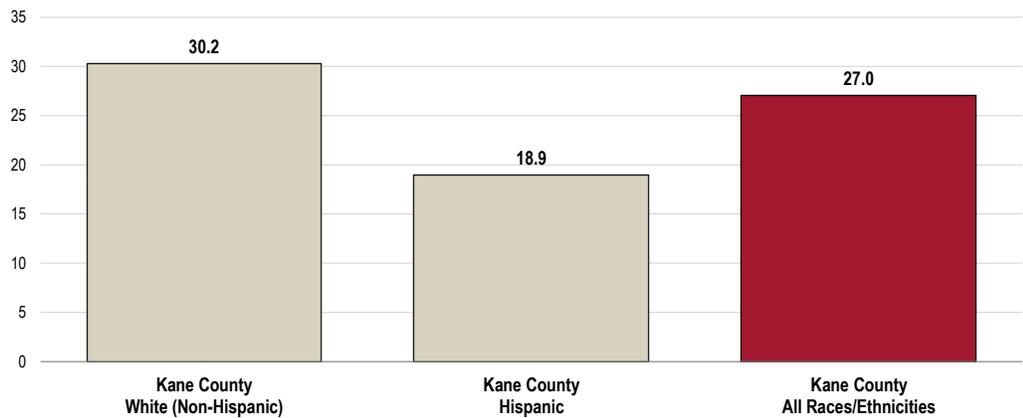
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The mortality rate is notably higher among Whites when compared with Hispanics in Kane County.

Unintentional Injuries: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

Notes:

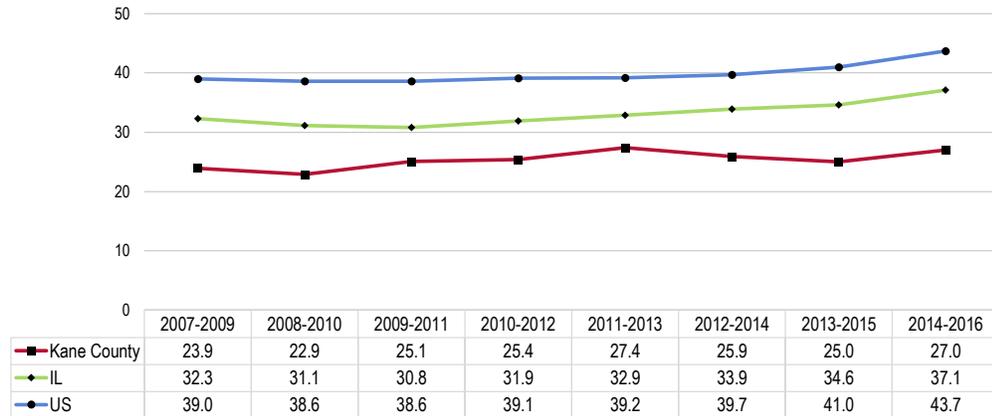
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The upward trend in unintentional injury mortality for Kane County is not statistically significant. Statewide and nationally, rates have increased over time.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



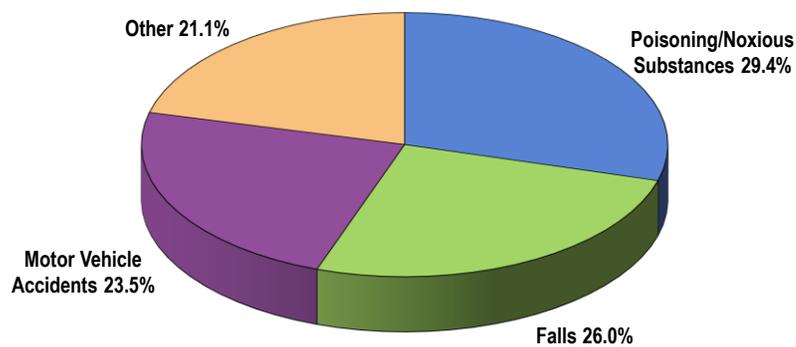
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Leading Causes of Accidental Death

Poisoning (including accidental drug overdose), falls, and motor vehicle accidents accounted for most accidental deaths in Kane County between 2014 and 2016.

Leading Causes of Accidental Death

(Kane County, 2014-2016)



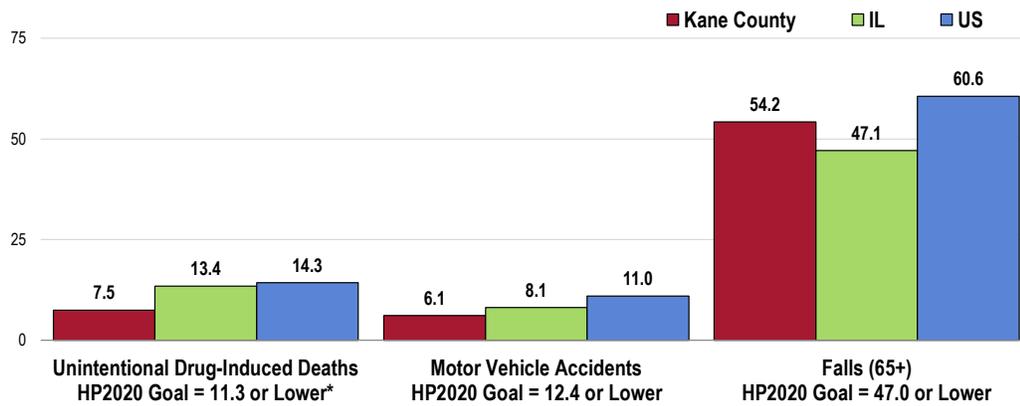
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Poisoning includes drug-related deaths.

Selected Injury Deaths

The following chart outlines mortality rates for unintentional drug-induced deaths, motor vehicle crashes, and falls (among adults age 65 and older).

Each of these Kane County annual average age-adjusted mortality rates is better than or similar to the related state and US rates.

Select Injury Death Rates
(By Cause of Death; 2014-2016 Annual Average Deaths per 100,000 Population)



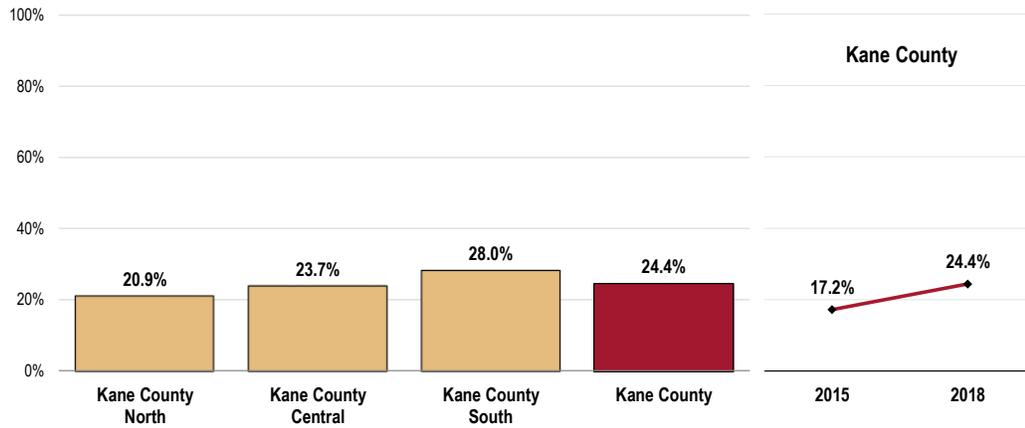
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1, IVP-23.2, SA-12]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • *Healthy People 2020 goal includes all drug-induced deaths, both intentional and unintentional.

Falling Asleep While Driving

Nearly one-fourth (24.4%) of Kane County adults report they ever have nodded off or fallen asleep, even for a moment, while driving.

- Statistically similar by community.
- TREND: Denotes a significant increase since 2015.

Have Ever Nodded Off or Fallen Asleep While Driving



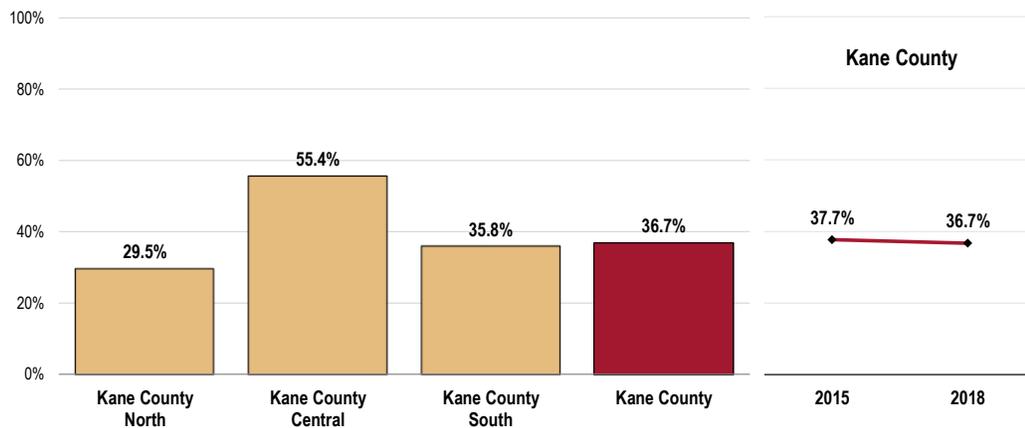
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 335]
 Notes: • Asked of all respondents.

Radon Gas

More than one-third (36.7%) of survey respondents indicate that their household air has been tested for the presence of radon gas.

- Highest in Central Kane County; lowest in the North.
- TREND: Statistically unchanged since 2015.

Household Air Has Been Tested for Radon



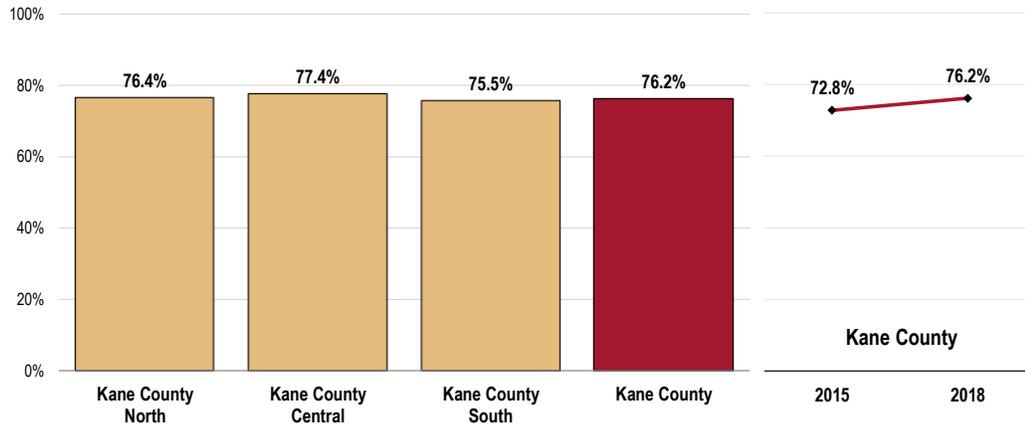
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 337]
 Notes: • Asked of all respondents.

Disaster Preparedness

Just over 3 in 4 Kane County residents (76.2%) have at least 3 days' worth of emergency food and water stored at home.

- Similar proportions by county subarea.
- TREND: Statistically unchanged since 2015.

Have at Least Three Days' Worth of Emergency Food and Water Stored at Home

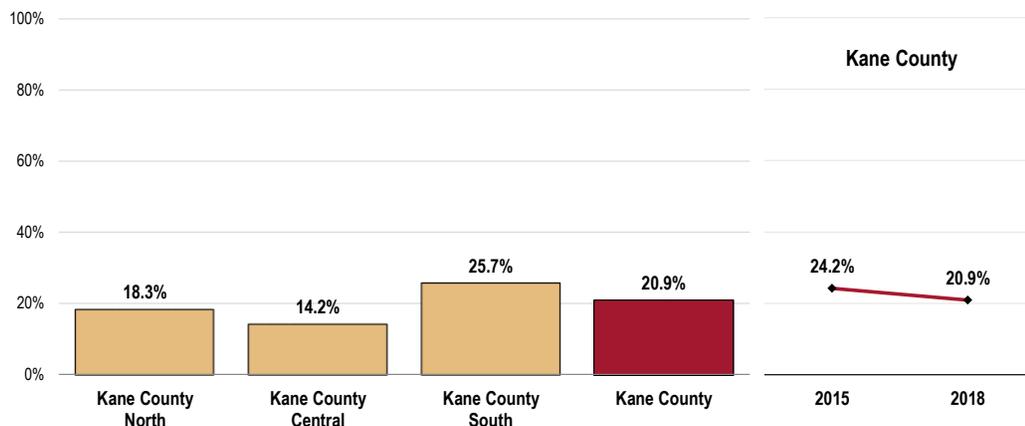


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
 Notes: • Asked of all respondents.

A much lower proportion (20.9%) of survey respondents have a written household evacuation plan in the event of a disaster or emergency.

- Highest in the South, lowest in the Central portion of Kane County.
- TREND: Statistically unchanged since 2015.

Have a Written Household Evacuation Plan in the Event of Disaster or Emergency



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 315]
 Notes: • Asked of all respondents.

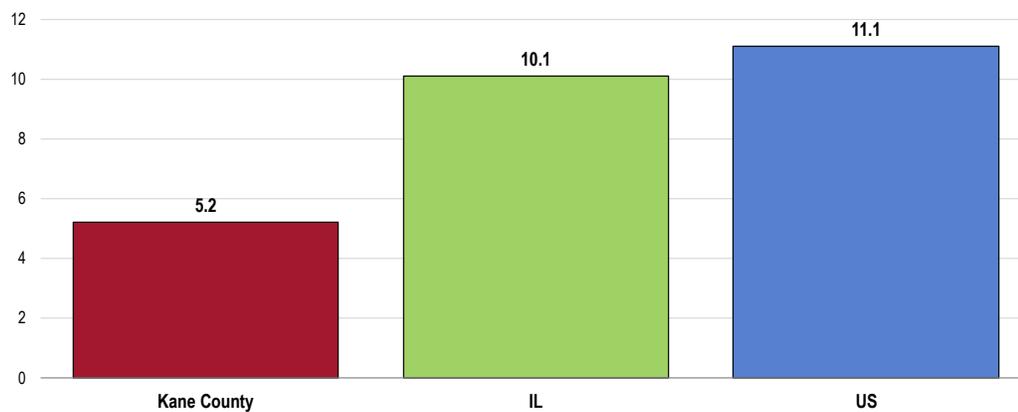
Firearm Safety

Age-Adjusted Firearm-Related Deaths

Between 2014 and 2016, firearms in Kane County contributed to an annual average age-adjusted rate of 5.2 deaths per 100,000 population.

- Well below the state and national rates.
- Satisfies the Healthy People 2020 objective (9.3 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 9.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Intentional Injury (Violence)

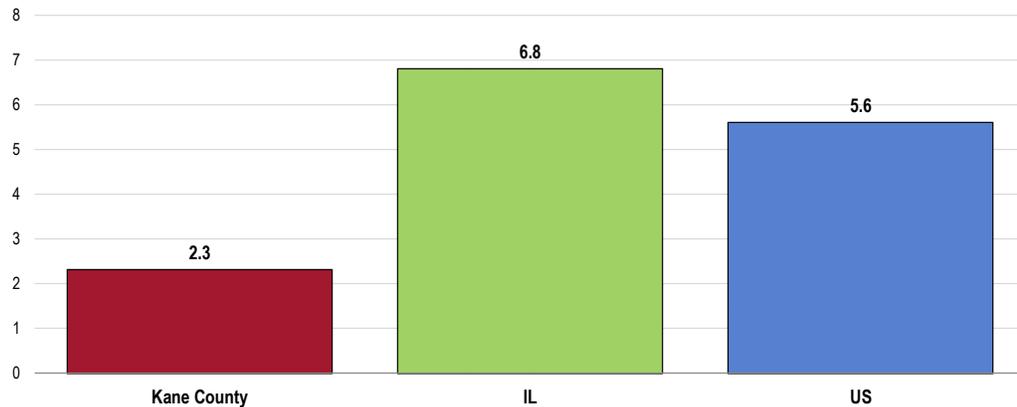
Between 2014 and 2016, there was an annual average age-adjusted homicide rate of 2.3 deaths per 100,000 population in Kane County.

RELATED ISSUE:

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

- More favorable than the rates found statewide and nationally.
- Satisfies the Healthy People 2020 target of 5.5 or lower.

Homicide: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 5.5 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Violent Crime

Violent Crime Rates

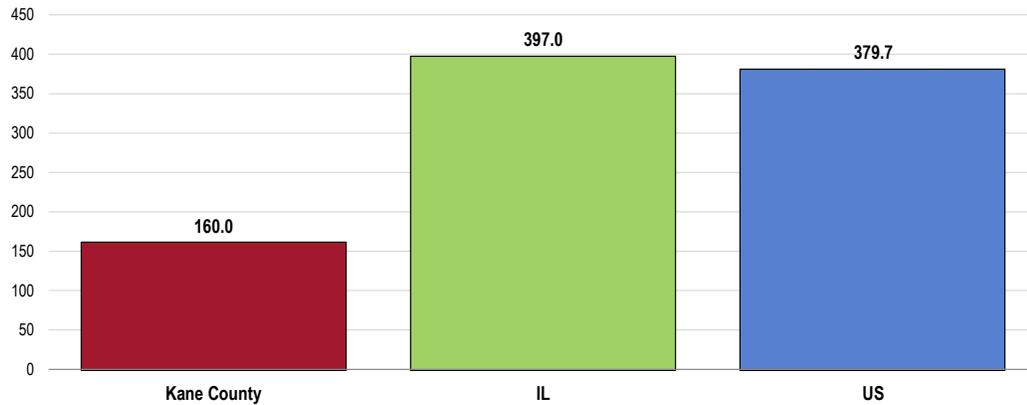
Between 2012 and 2014, there were a reported 160.0 violent crimes per 100,000 population in Kane County.

- Well below the Illinois and US violent crime rates.

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Violent Crime (Rate per 100,000 Population, 2012-2014)



Sources:

- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved April 2018 from Community Commons at <http://www.chna.org>.

Notes:

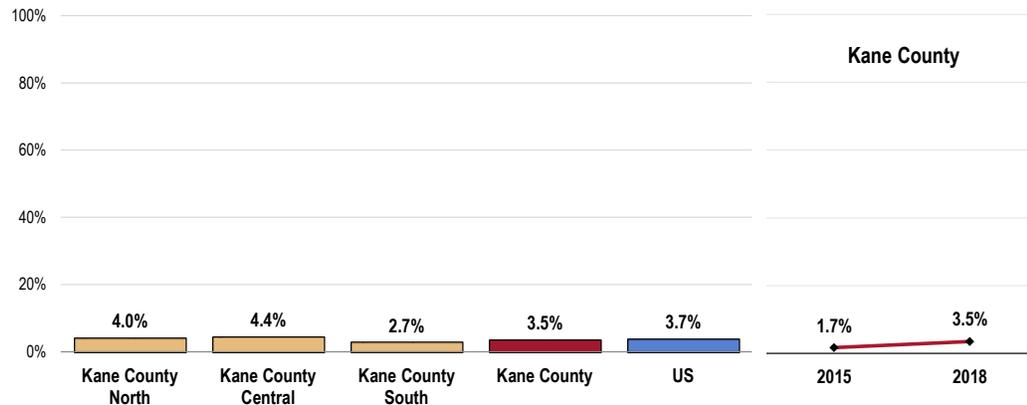
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Community Violence

A total of 3.5% of surveyed Kane County adults acknowledge being the victim of a violent crime in the area in the past five years.

- Statistically similar to national findings.
- Similar findings by county subarea.
- TREND: Marks a statistically significant increase over time.

Victim of a Violent Crime in the Past Five Years



Sources:

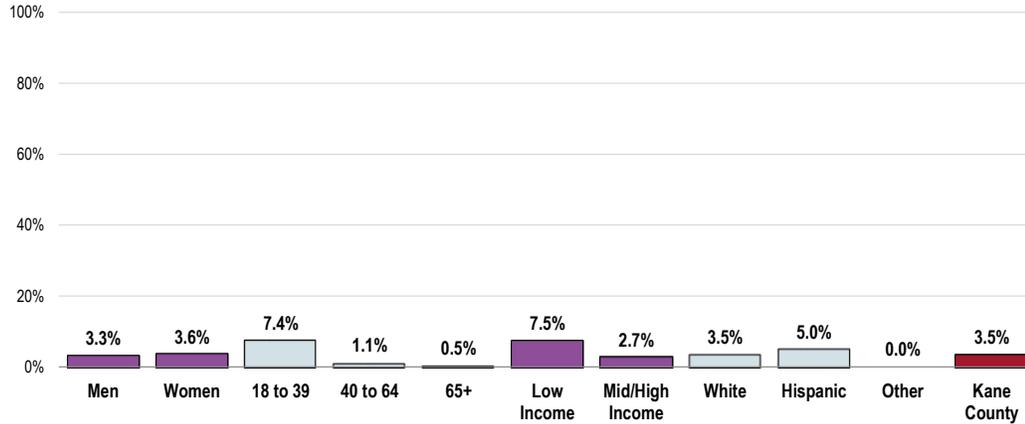
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

- Reports of violence are notably higher among young adults and those in lower-income households.

Victim of a Violent Crime in the Past Five Years (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
 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.

Intimate Partner Violence

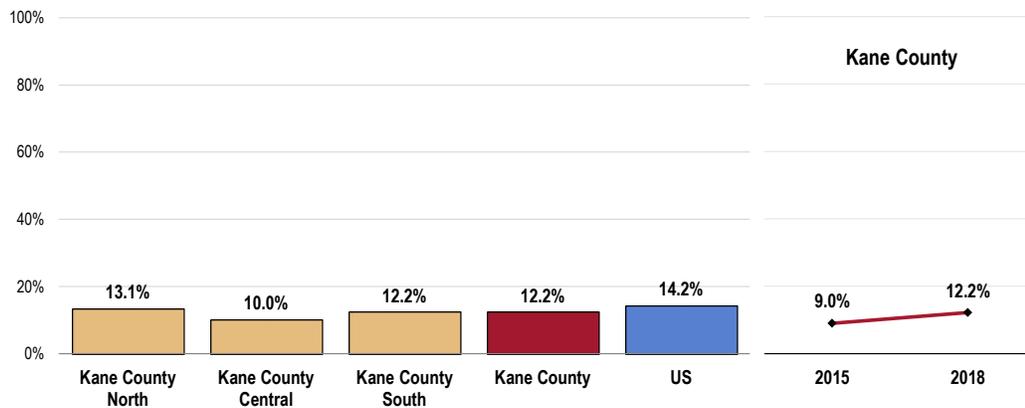
A total of 12.2% of Kane County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Comparable to national findings.
- Comparable findings by subarea.
- TREND: Denotes a statistically significant increase over time.

Respondents were read:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

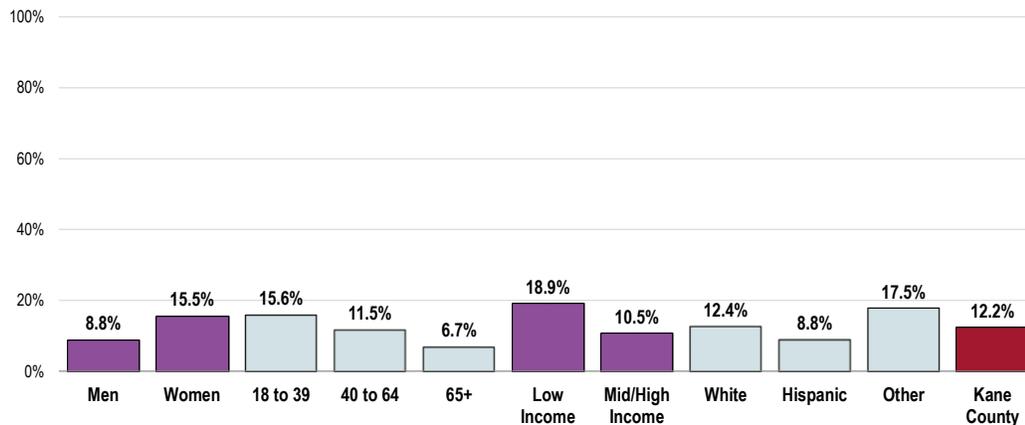


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Young adults (negative correlation with age).
- Those with lower incomes.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Kane County, 2018)

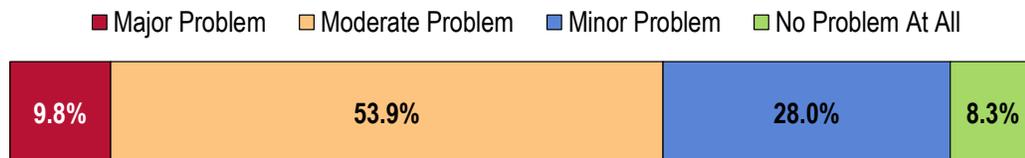


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "moderate problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

This is what I see most often in this line of work. – Kane County Social Services Provider

I work of DCFS, so many children come into care due to injuries and domestic violence. – Kane County Social Services Provider

Media reports and United Way presentations by affiliates. – Kane County Social Services Provider

See local papers and police reports, domestic violence and crisis centers. – Kane County Health Provider

Because in our community we have had an increase in violence and crime. – Kane County Community Leader

Fear of injury and violence makes people less likely to engage, move outdoors and creates levels of day to day stress that takes its toll on overall health and wellbeing. As the federal government has refused to act on gun control, the county. – Kane County Community Leader

Domestic violence and gang/drug activity. – Kane County Social Services Provider

Personal/Cultural Beliefs

Cultural and education. – Kane County Social Services Provider

Gangs

Gangs and guns. – Kane County Physician

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.

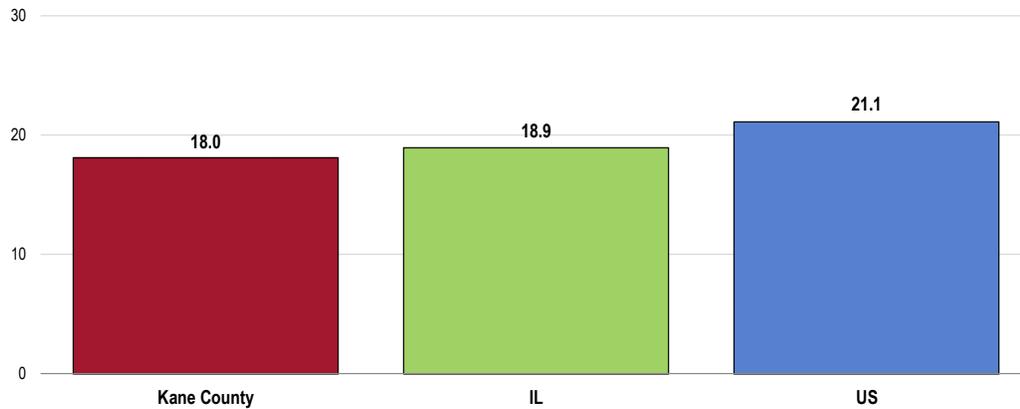
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2014 and 2016, there was an annual average age-adjusted diabetes mortality rate of 18.0 deaths per 100,000 population in Kane County.

- Similar to the Illinois rate.
- More favorable than that found nationally.
- Similar to the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).

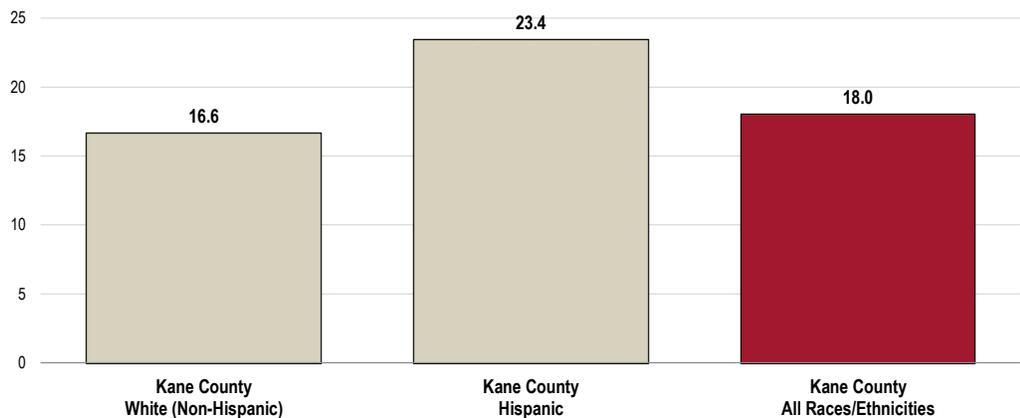
Diabetes: Age-Adjusted Mortality (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- The diabetes mortality rate in Kane County is notably higher among Hispanics than among non-Hispanic White residents.

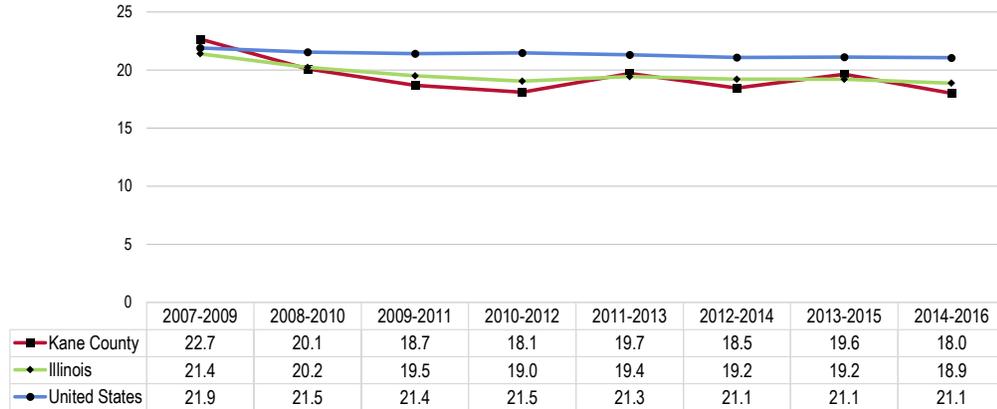
Diabetes: Age-Adjusted Mortality By Race (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- TREND: Diabetes mortality has decreased over time in Kane County, though less steadily than state and US rate trends.

Diabetes: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

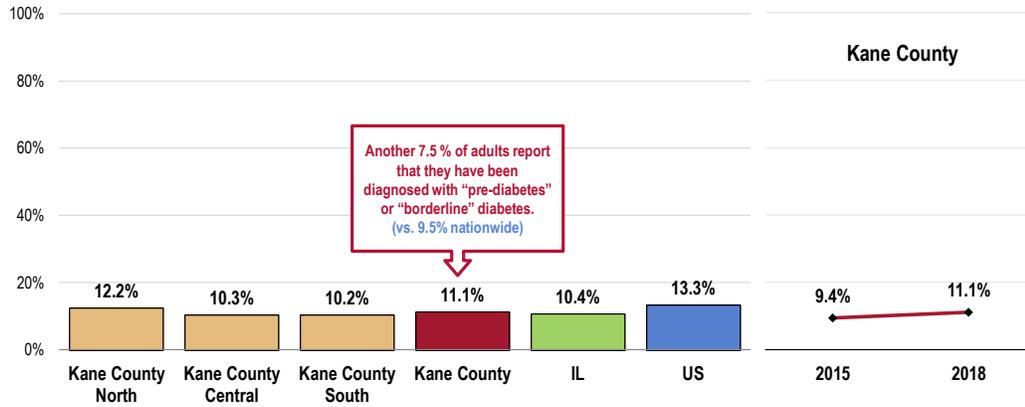
A total of 11.1% of Kane County adults report having been diagnosed with diabetes.

- Similar to the statewide and national proportions.
- Statistically similar by county subarea.
- TREND: Statistically unchanged since 2015.

In addition to the prevalence of diagnosed diabetes referenced above, another 7.5% of Kane County adults report that they have “pre-diabetes” or “borderline diabetes.”

- Comparable to the US prevalence.

Prevalence of Diabetes

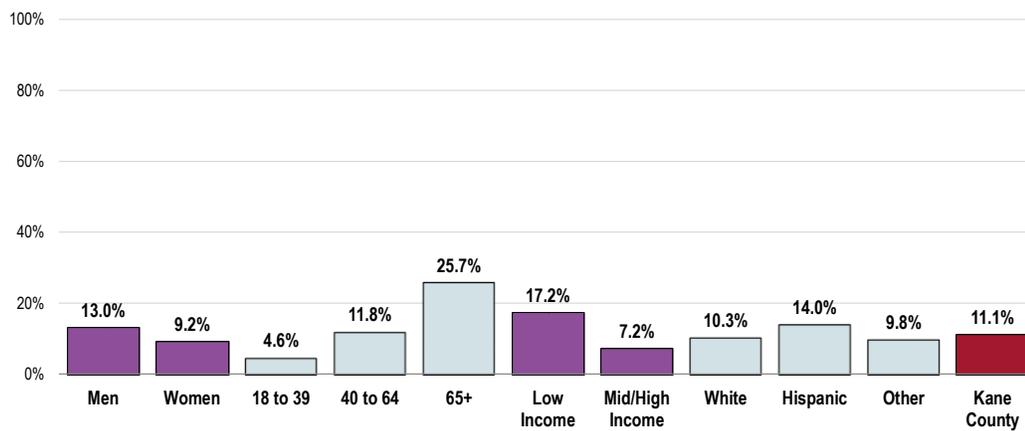


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Older adults (note the strong, positive correlation between diabetes and age, with 25.7% of seniors diagnosed with diabetes).
- Those with lower incomes.

Prevalence of Diabetes (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
 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 gestational diabetes (occurring only during pregnancy).

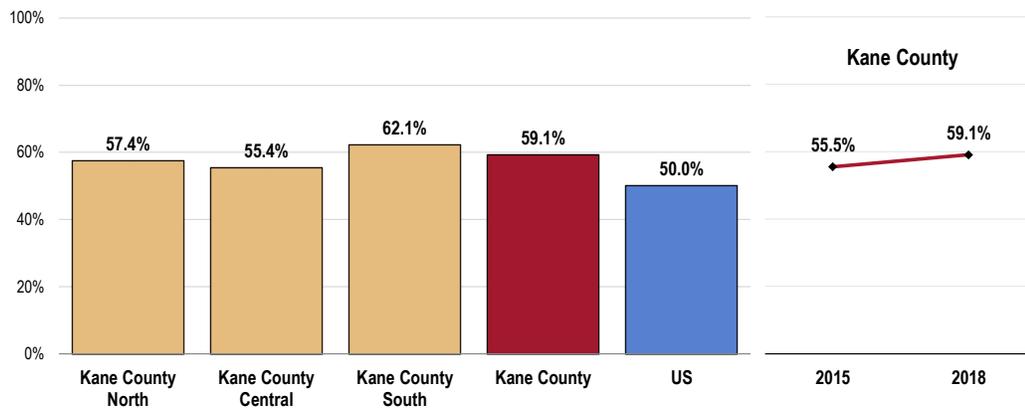
Diabetes Testing

Blood Sugar Testing Among Non-Diabetics

Of area adults who have not been diagnosed with diabetes, 59.1% report having had their blood sugar level tested within the past three years.

- More favorable than the national proportion.
- Statistically similar by subarea.
- TREND: Statistically unchanged since 2015.

Have Had Blood Sugar Tested in the Past Three Years (Among Nondiabetics)



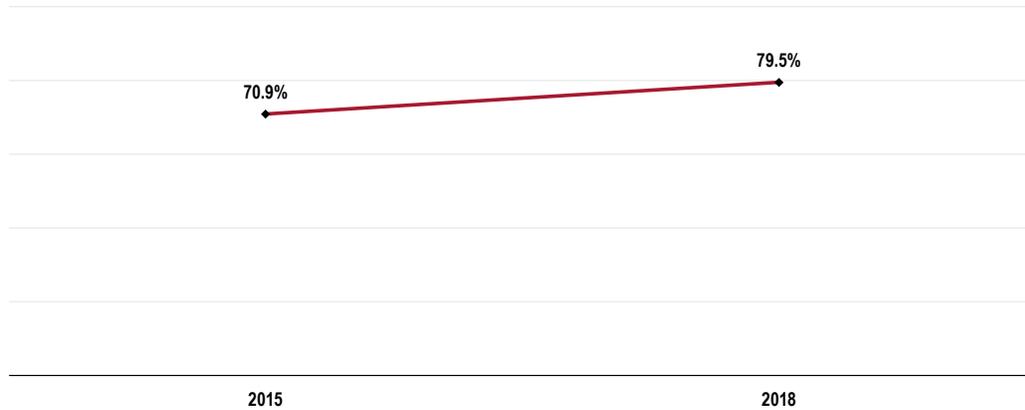
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents who have not been diagnosed with diabetes.

A1C Testing Among Diabetics

Among Kane County respondents who have been diagnosed with diabetes, most (79.5%) have had at least two A1C tests in the past year.

- Note that sample sizes do not allow for segmentation by planning area.
- TREND: Statistically unchanged since 2015.

Have Had 2+ A1C Tests in the Past Year (Among Kane County Diabetics)

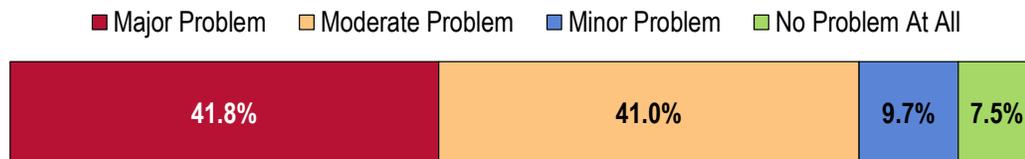


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
 Notes: • Asked of respondents who have been diagnosed with diabetes.

Key Informant Input: Diabetes

Key informants taking part in an online survey generally characterized *Diabetes* either as a “major problem” or a “moderate problem” in the community.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Healthy Foods

- The ability to purchase the correct healthy foods needed to get their blood sugar under control. – Kane County Social Services Provider*
- Lack of access to healthy food. – Kane County Social Services Provider*
- I would say access to healthy and nutritious food options. Lack of a clean spaces to exercise.*
- Additional education and diabetes prevention is needed. – Kane County Social Services Provider*
- Unfortunately, much of the food that is less expensive and filling is exactly what people with diabetes*

should not have. They need access to free/low cost nutritious food. – Kane County Social Services Provider

Access and ability to afford healthy foods. Obtain appropriate skin, foot care to prevent pressure ulcers or neuropathic conditions until they have progressed to gangrene and amputation. Huge opportunities for ongoing diet. Food choices, assistance. – Kane County Health Provider

Affordable healthy food options and affordable preventative wellness venues. Also, physicians will not address pre-diabetes. – Kane County Social Services Provider

Access to healthy and affordable food options. – Kane County Community Leader

Food deserts and prevalence of fast food choices. – Kane County Social Services Provider

Health Education and Awareness

Diabetic education, noncompliance or inability to follow treatment plan, funding or transportation, knowledge deficit. Increasing commodities, increasing aging population. – Kane County Health Provider

Education. – Kane County Social Services Provider

Information, education about diabetic diets. – Kane County Physician

Lack of knowledge on managing the disease. Healthy eating habits and access to affordable exercise programs. – Kane County Community Leader

Access to education, early detection and education of the community as to risk factors and screenings needs more attention and resources. – Kane County Health Provider

Diabetes is the number one diagnoses in the free clinic. Poor education, expensive testing and medications as well as going too long before being diagnosed causes major complications. – Kane County Social Services Provider

Accessing lifestyle programs, need for diabetes self-management education. – Kane County Social Services Provider

Diet & Physical Activity

Weight control. Exercising regularly. Managing medication. Sometimes medication costs after failing the first one or two medications. – Kane County Physician

Eating healthy and incorporating regular exercise. – Kane County Health Provider

Lack of healthy diets is creating increasing diabetes in citizens of all ages. – Kane County Community Leader

Diet and physical activity. – Kane County Community Leader

The environment supports being inactive and eating calorie dense, nutrient poor food. There is too much marketing of unhealthy behaviors, and healthy activities are too often presented as a commodity for sale rather than a lifestyle. – Kane County Public Health Representative

Lack of positive nutrition and eating healthy. Waiting too late for care, even before an individual is diagnosed. – Kane County Community Leader

Lack of Providers

Access to physicians with expertise in managing diabetes, cost for supplies to keep sugar in control. – Kane County Health Provider

The biggest challenge for diabetes is seeking professional medical help and support on a consistent basis. – Kane County Social Services Provider

Pediatric Endocrinologist shortage. – Kane County Health Provider

Lack of dieticians, Endocrinologists, etc. available to provide adequate care. – Kane County Social Services Provider

Comorbidities

People with diabetes just don't have the one diagnosis. It seems to be combined with a host of other health related issues that make treatment a challenge. – Kane County Community Leader

This is a preventable disease yet more people get it and develop complications from it such as amputations and even death. Living a healthy lifestyle is achievable for all people. – Kane County Community Leader

Complications. – Kane County Community Leader

Diagnosis/Treatment

Lack of motivation to eat in a nutritious manner, exercise and commit to a healthy lifestyle. – Kane County Social Services Provider

Understanding the diagnosis and being able to afford the medication. Connecting patients to services. – Kane County Health Provider

There are many people who have diabetes without proper care of control and reducing their diabetes. Many individuals do not have the proper funds for prescriptions and are not fully aware of how to control with proper eating and living situation. – Kane County Social Services Provider

Follow up. – Kane County Social Services Provider

Comprehensive treatment requires many components. – Kane County Public Health Representative

Denial/Stigma

Ignoring their disease. – Kane County Health Provider

Reluctance to begin insulin. – Kane County Health Provider

What I see as the biggest challenge is getting the patient to accept the fact that they have diabetes and that is a serious issue. In other words, I would say educating the patient on how important this issue is. – Kane County Social Services Provider

Incidence/Prevalence

We only know what we know, those that are diagnosed. If this number is high, we know that there are many more people who are undiagnosed. We need to make sure that the community knows of resources to deal with diabetes. – Kane County Health Provider

Lots of people have diabetes. – Kane County Social Services Provider

Ongoing demand for treatment. – Kane County Community Leader

Prevention

Access to preventative care and adequate resources when diagnosed with pre-diabetes to prevent progression to diabetes. Need resources to stop metabolic syndrome. – Kane County Health Provider

Preventative care and self-management of this chronic condition, as it is often a comorbidity of other chronic diseases. – Kane County Health Provider

Prevention of complications. – Kane County Public Health Representative

Recognition and screening. Empowering patients to make changes in their lives that will positively impact outcomes. – Kane County Community Leader

Affordable Care/Services

The cost of medications and strips is a very big challenge, particularly for those who are uninsured and low income. An additionally equal challenge is understanding nutrition and management of insulin to manage diabetes. – Kane County Health Provider

Inability to pay for testing supplies and medication. Lack of support services such as nutritional education. Lack of access to affordable healthy food, lack of consistent care and wrap around services. – Kane County Social Services Provider

Obesity

The rate of obesity in the community is contributing to the high prevalence of diabetes in the community. To help improve this disease, residents need to focus on healthier lifestyles when it comes to exercise and healthy eating. – Kane County Health Provider

As the obesity epidemic continues, the number of people with diabetes or who will develop diabetes continues to increase dramatically. Emphasis needs to be on prevention, not just treatment. – Kane County Community Leader

Insufficient Physical Activity

Sedentary lifestyle. – Kane County Social Services Provider

Lack of Resources

School monitoring. Need pumps. – Kane County Health Provider

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.

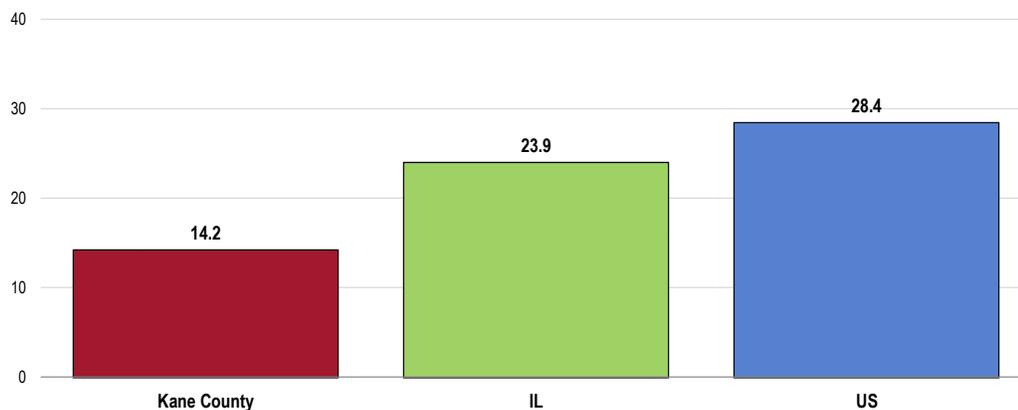
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted Alzheimer's disease mortality rate of 14.2 deaths per 100,000 population in Kane County.

- More favorable than the statewide and national rates.

Alzheimer's Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)

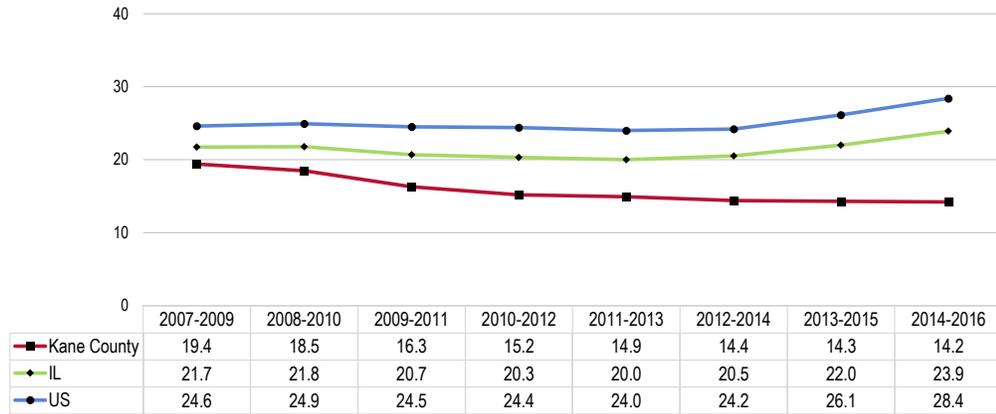


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The Alzheimer's disease mortality rate has decreased over time in Kane County, in contrast to the increasing trends reported statewide and nationally.

Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



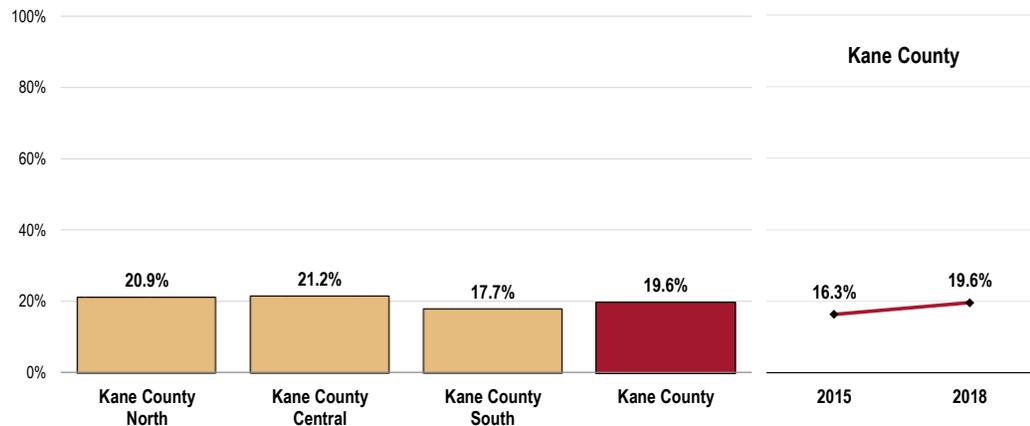
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alzheimer's Diagnoses

One in five local adults (19.6%) has had a family member diagnosed with Alzheimer's disease.

- Similar findings by county subarea.
- **TREND:** The proportion marks a statistically significant increase since 2015.

Have Had a Family Member Diagnosed With Alzheimer's Disease

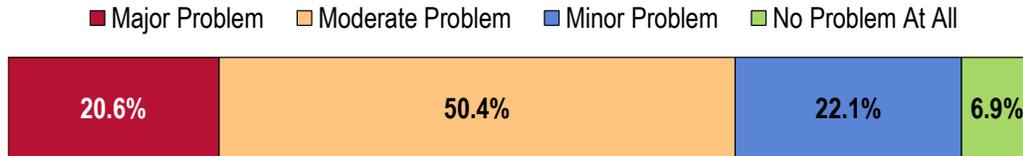


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 334]
 Notes: • Asked of all respondents.

Key Informant Input: Dementias, Including Alzheimer’s Disease

Half of key informants taking part in an online survey 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, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Aging Population

- Elderly population increasing. – Kane County Physician*
- Sadly, many elderly community members do not seek professional medical help or support for mental issues and issues related to dementia and Alzheimer's. – Kane County Social Services Provider*
- Aging community. – Kane County Community Leader*
- As our specific community is aging this may become a larger issue. Have heard from friends, neighbors and colleagues all touched by this issue. – Kane County Community Leader*
- Rapid aging in the community, coupled with other health conditions. – Kane County Social Services Provider*
- Because of the baby boomers' population bubble. – Kane County Social Services Provider*
- Aging population. – Kane County Health Provider*
- As the baby boomer population continues to age, we are seeing an increase in the rate of Alzheimer's Disease. There aren't enough resources to help families with relatives diagnosed with dementia or Alzheimer's. – Kane County Health Provider*
- Primarily due to demographics, such as aging population in the county. Assumption is that dementia is increasing here as it is in general population. – Kane County Community Leader*
- The aging population, the strain on the family that typically care for the individual, and the high cost for institutional care are all factors - Kane County Community Leader*
- Aging community. – Kane County Social Services Provider*
- Again, on the other side of 40, a lot of my friends are dealing with day care of aging parents that exhibit signs of dementia. – Kane County Community Leader*
- Our community is not prepared for onset of dementia, Alzheimer's. As our older adult population continues to increase and they are living longer, the need will be great to educate the community on making businesses more accommodating, having resources. – Kane County Social Services Provider*
- With the aging population, seniors are being diagnosed with this disease and need more care due to living longer. We are not equipped adequately. – Kane County Community Leader*
- It seems to be coming more and more common with the graying of America. – Kane County Community Leader*

Incidence/Prevalence

A significant increase in those dealing with dementia and Alzheimer's. – Kane County Social Services Provider

Ongoing need for care and treatment. – Kane County Community Leader

Many community members have it, however, there aren't many resources available. – Kane County Community Leader

Clients, friends and, the family have reported seeing more and more people. – Kane County Social Services Provider

The baby boomers' parents are either passing away or suffering from dementia or Alzheimer's. I'm seeing it in the parents of many of my friends and my father passed away from dementia. – Kane County Social Services Provider

Health Education and Awareness

Lack of education and resources. Once a person is diagnosed, they are unaware of where to seek help. – Kane County Community Leader

Lack of education. – Kane County Public Health Representative

Support services for this disease and education of the medical community on interventions are scary and expensive. – Kane County Health Provider

Impact of Caregivers/Families

It not only affects the patient but the caregiver as well, keeping that person from holding down a full-time job. No job equals little money and a need for more assistance. – Kane County Social Services Provider

Lack of Providers

Lack of quality providers to care for those affected. – Kane County Social Services Provider

Lack of Resources

This is an under resourced area. Many families struggle if they can to provide for a loved one at home. Facilities are extremely expensive and can quickly zap one's savings. Also, the community lacks gerontologists. – Kane County Community Leader

Kidney Disease

About 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.

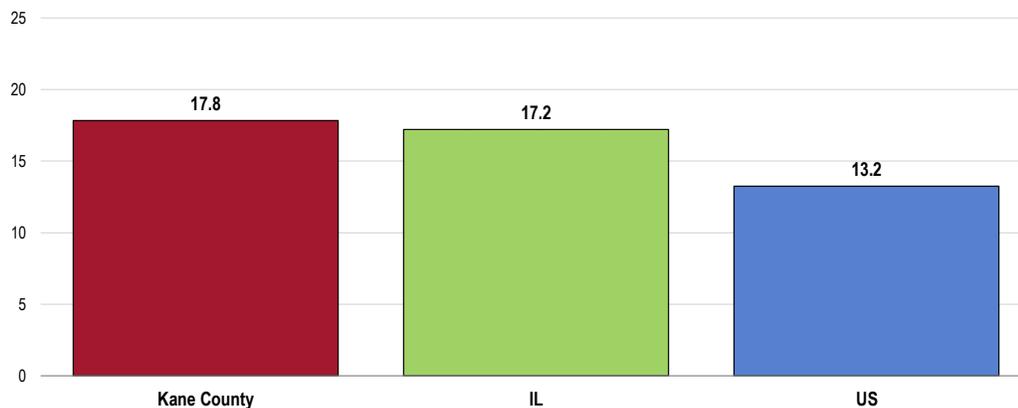
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted kidney disease mortality rate of 17.8 deaths per 100,000 population in Kane County.

- Comparable to the rate found statewide.
- Worse than the national rate.

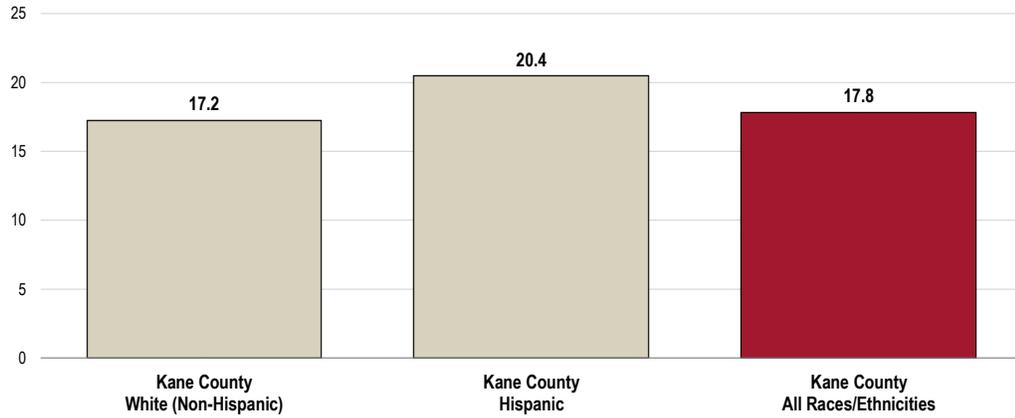
Kidney Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The kidney disease mortality rate in Kane County is higher among Hispanics.

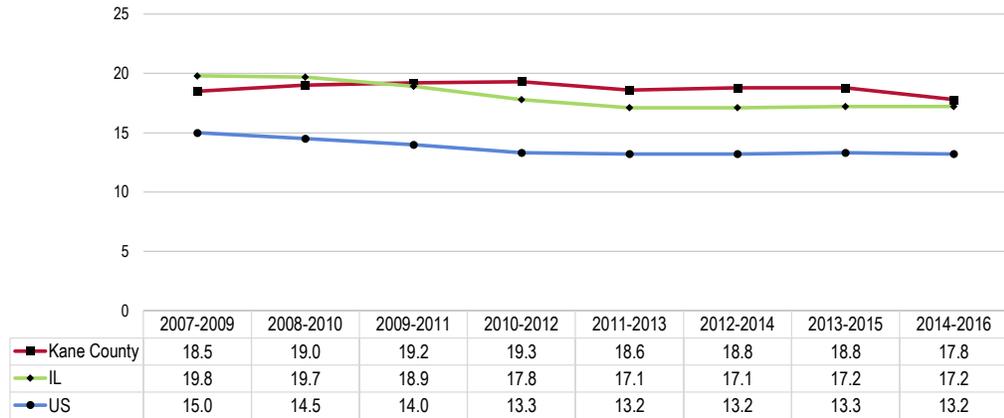
Kidney Disease: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The death rate has been fairly stable over the past decade in Kane County.

Kidney Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



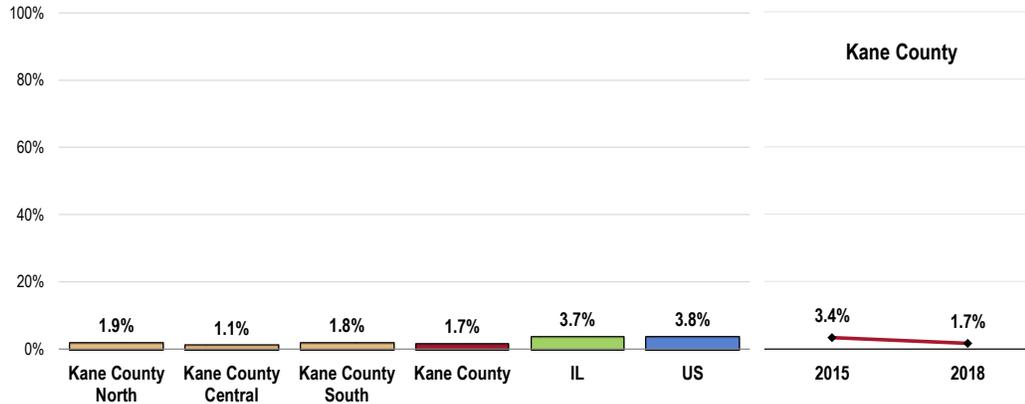
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 1.7% of Kane County adults report having been diagnosed with kidney disease.

- Lower than the state and national proportions.
- Similar proportions by county subarea.
- TREND: Denotes a statistically significant decrease since 2015.

Prevalence of Kidney Disease

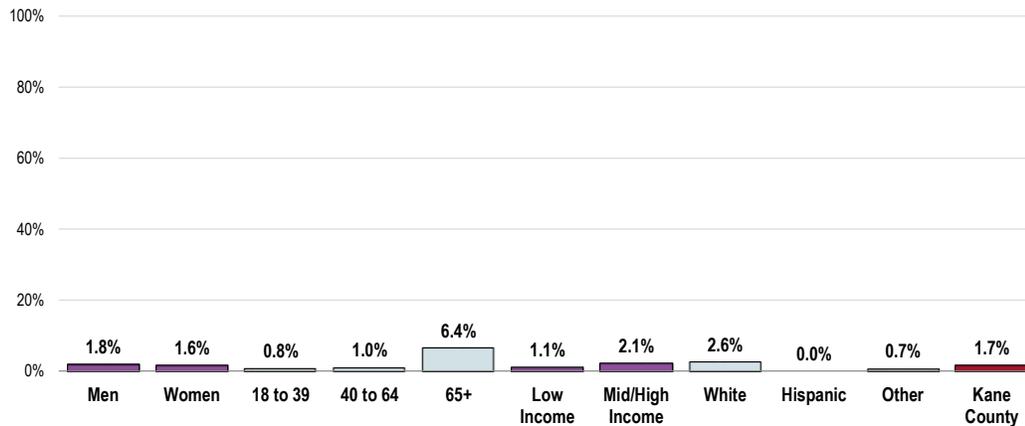


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Note the high prevalence of kidney disease reported among seniors (age 65+) in Kane County.

Prevalence of Kidney Disease (Kane County, 2018)

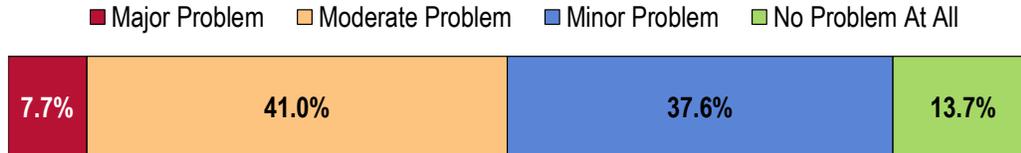


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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.

Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a “moderate problem” in the community.

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Ongoing demand for treatment and education. – Kane County Community Leader

Large volume of patients admitted to my healthcare, acute care hospital with ESRD on dialysis or presenting in AFR. – Kane County Health Provider

There is a high rate of diabetes in Kane County. There is also a high ER visit and hospitalization rate for kidney disease due to long term complications of diabetes. – Kane County Health Provider

There is a new dialysis center that went up in town. More individuals are being diagnosed with kidney disease and there is not much awareness of prevention or treatment in the community. – Kane County Community Leader

Health Disparities

Ethnic diversity, lack of access to care, hypertensive heart disease. – Kane County Health Provider

Because of the disparities in healthcare. – Kane County Physician

Medicare/Medicaid Providers

Because the lack of physicians available that accept Medicaid. – Kane County Public Health Representative

Contributing Factors

Poor diet, aging, lack of exercise has caused many Lao community members to suffer from kidney related disease and conditions. – Kane County Social Services Provider

Potentially Disabling Conditions

Arthritis, Osteoporosis, & Chronic Back 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)

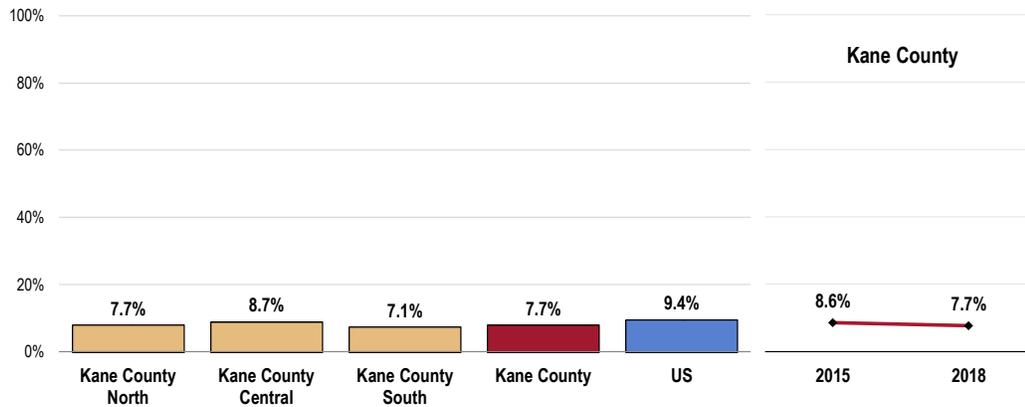
A total of 7.7% Kane County adults age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- Similar findings by county subarea.

RELATED ISSUE:

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

Prevalence of Osteoporosis (Among Respondents Age 50 and Older)

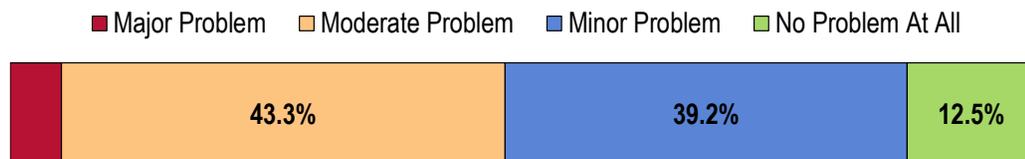


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Arthritis, Osteoporosis, & Chronic Back Conditions

A plurality of key informants taking part in an online survey characterized *Arthritis, Osteoporosis, & Chronic Back Conditions* as a “moderate problem” in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access for Uninsured/Underinsured

This is specialty care and specialty care is not available for the uninsured and under insured. – Kane County Community Leader

Aging Population

Active community with many older adults. – Kane County Social Services Provider

Comorbidities

Many of our clients are suffering with severe arthritis as well as back issues, both of which prevent them from holding down a job. – Kane County Social Services Provider

Lack of Providers

Minimum number of physicians are available to treat this condition in the high-risk categories and many can't afford the cost. – Kane County Public Health Representative

Poor Nutrition

Poor nutrition and exercise habits contribute to future problems as these. – Kane County Social Services Provider

Key Informant Input: Vision & Hearing

Key informants taking part in an online survey most often characterized *Vision & Hearing* as a “minor problem” in the community.

Perceptions of Vision and Hearing as a Problem in the Community
(Key Informants, 2018)

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



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Audiology services. – Kane County Public Health Representative
Additional local resources are needed for difficult to test children. Hearing aid and glasses are very challenging to obtain for lower income families in need. – Kane County Health Provider
Finding ENT's in the area seems to be challenging. – Kane County Community Leader

Incidence/Prevalence

Lots of people say that they need glasses. – Kane County Social Services Provider
Many of our clients have vision problems and cannot see to do even basic tasks, much less handle a job. – Kane County Social Services Provider

Access for Uninsured/Underinsured

These are issues that are costly. Low income families, the uninsured and underinsured don't have the money to pay for these items. – Kane County Community Leader

Aging Population

Increase in aging population. – Kane County Social Services Provider

Funding

Lack of funding. – Kane County Public Health Representative

Infectious Disease



Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccination

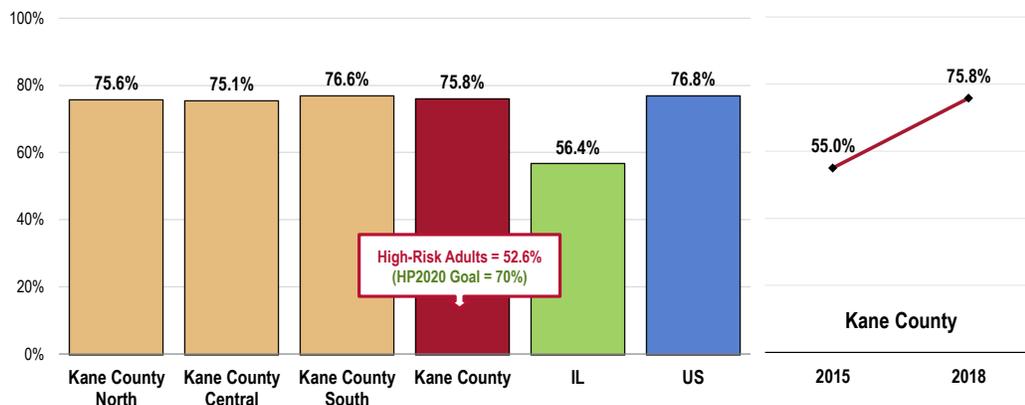
Among Kane County seniors, 75.8% received a flu shot within the past year.

- Statistically higher than the Illinois finding.
- Comparable to the national finding.
- Satisfies the Healthy People 2020 target (70% or higher).
- Statistically comparable by subarea.
- TREND: Marks a statistically significant increase over 2015 findings.

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes, or respiratory disease.

A total of 52.6% of high-risk adults age 18 to 64 received a flu shot within the past year.

Older Adults: Have Had a Flu Vaccination in the Past Year (Among Adults Age 65+) Healthy People 2020 Target = 70.0% or Higher



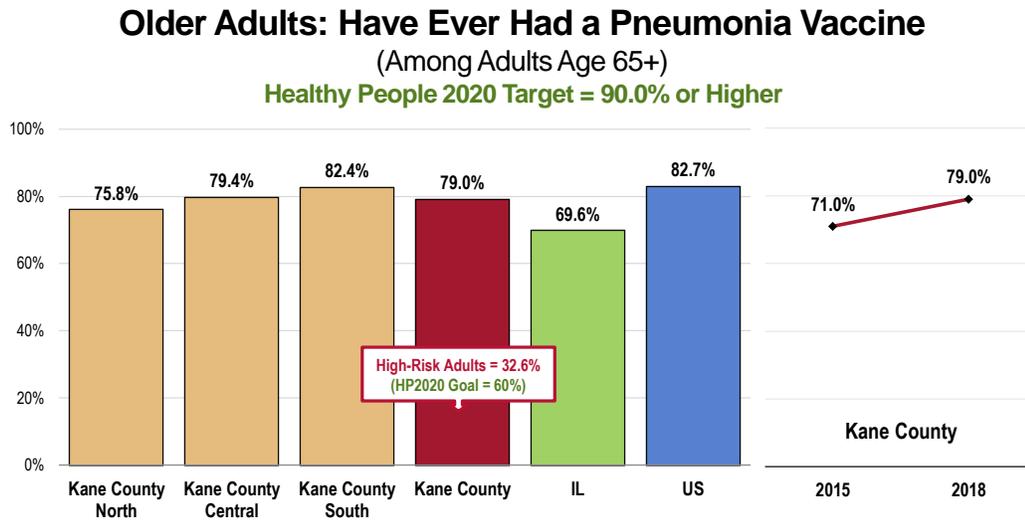
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144-145]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 - 2017 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 IID-12.12]
- Notes:
- Reflects respondents 65 and older.
 - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes, or respiratory disease.

Pneumonia Vaccination

Among Kane County adults age 65 and older, 79.0% have received a pneumonia vaccination at some point in their lives.

- Higher than the Illinois finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Statistically similar by county subarea.
- TREND: Denotes a statistically significant increase since 2015.

A total of 32.6% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 146-147]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives IID-13.1, IID-13.2]
- Notes:
- Reflects respondents 65 and older.
 - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About Human Immunodeficiency Virus (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.

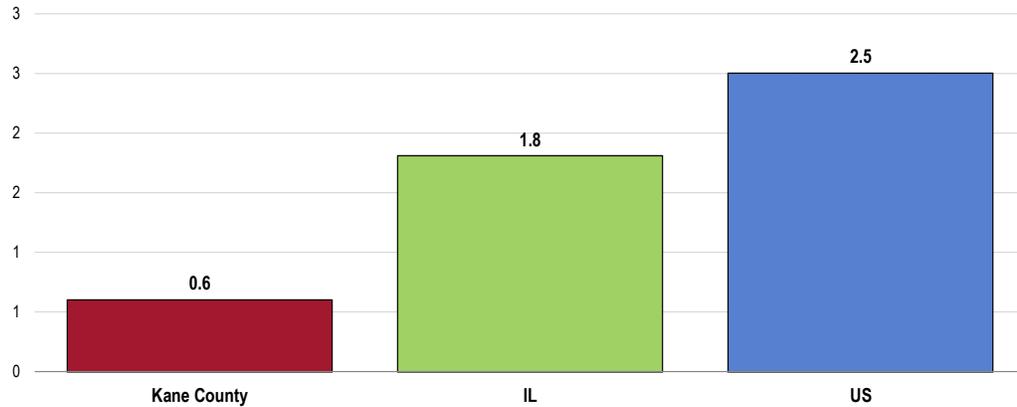
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

Between 2007 and 2016, there was an annual average age-adjusted HIV/AIDS mortality rate of 0.6 deaths per 100,000 population in Kane County.

- Well below state and US mortality rates.
- Satisfies the Healthy People 2020 target (3.3 or lower).

HIV/AIDS: Age-Adjusted Mortality (2007-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 3.3 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]

Notes:

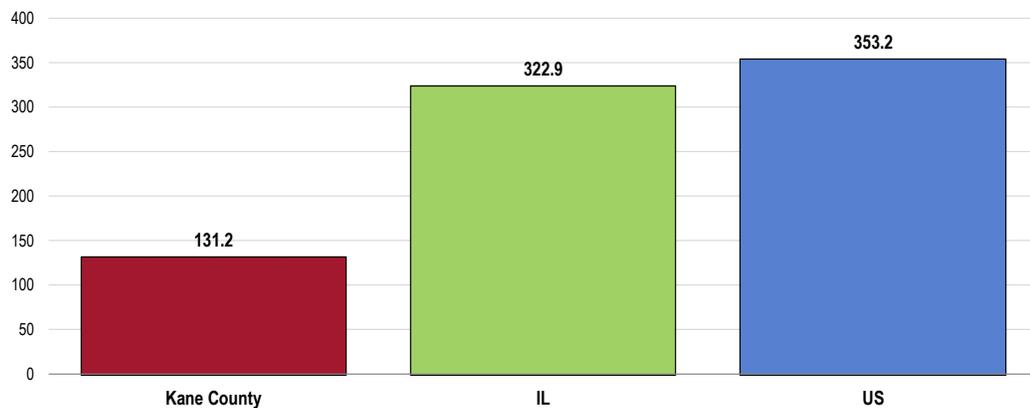
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

HIV Prevalence

In 2013, there was a prevalence of 131.2 HIV cases per 100,000 population in Kane County.

- Much lower than the Illinois and US rates.

HIV Prevalence (Prevalence Rate of HIV per 100,000 Population, 2013)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved April 2018 from Community Commons at <http://www.chna.org>.

Notes:

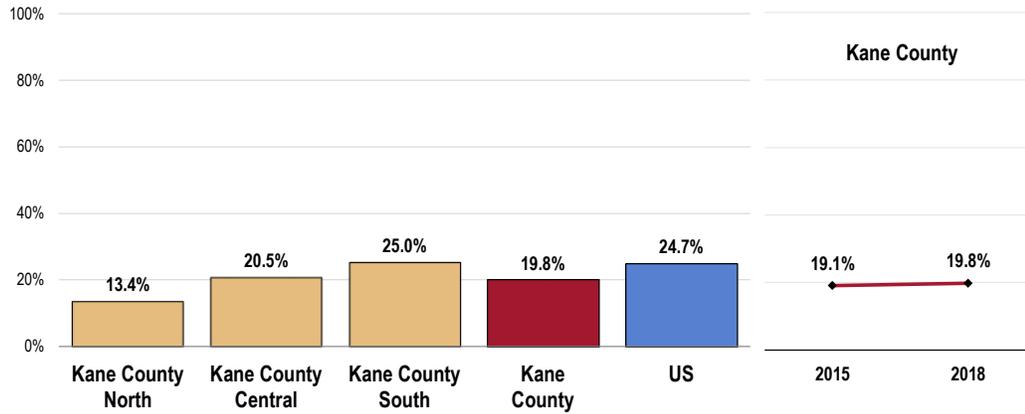
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

HIV Testing

Among Kane County adults age 18-44, 19.8% report that they have been tested for HIV in the past year.

- Similar to the proportion reported nationally.
- Lowest in North Kane County.
- TREND: Testing has remained stable since 2015.

Tested for HIV in the Past Year (Among Adults Age 18-44)

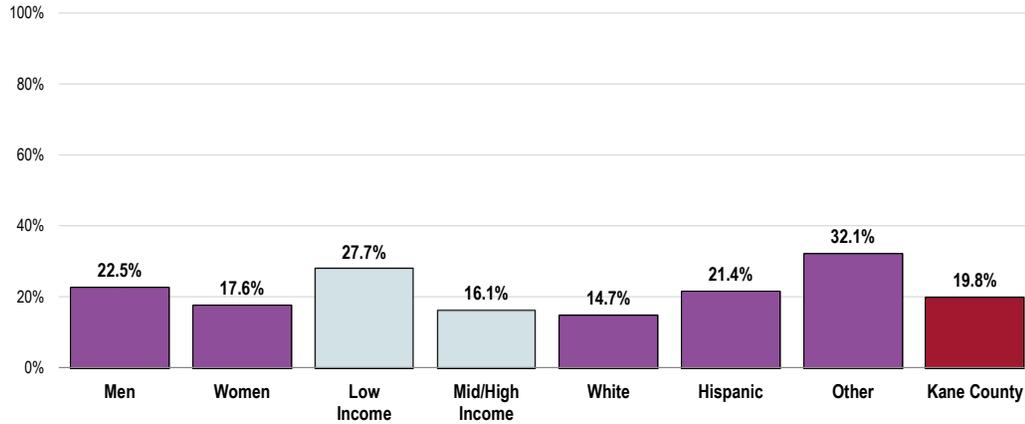


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 323]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents age 18 to 44.

These adults are less likely to have been tested for HIV in the past year:

- Upper-income residents.
- Non-Hispanic White residents.

Tested for HIV in the Past Year (Among Adults Age 18-44)

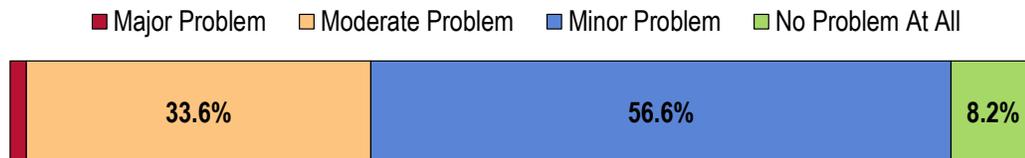


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 323]
 Notes: • Reflects respondents age 18 to 44.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories 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: HIV/AIDS

Key informants taking part in an online survey most often characterized *HIV/AIDS* as a "minor problem" in the community.

Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Diagnosis/Treatment

People are not being tested and taking precautions. – Kane County Social Services Provider

Lethality

Because of the lethal nature of the disease. – Kane County Social Services Provider

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 healthcare 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)

Safe Sexual Practices

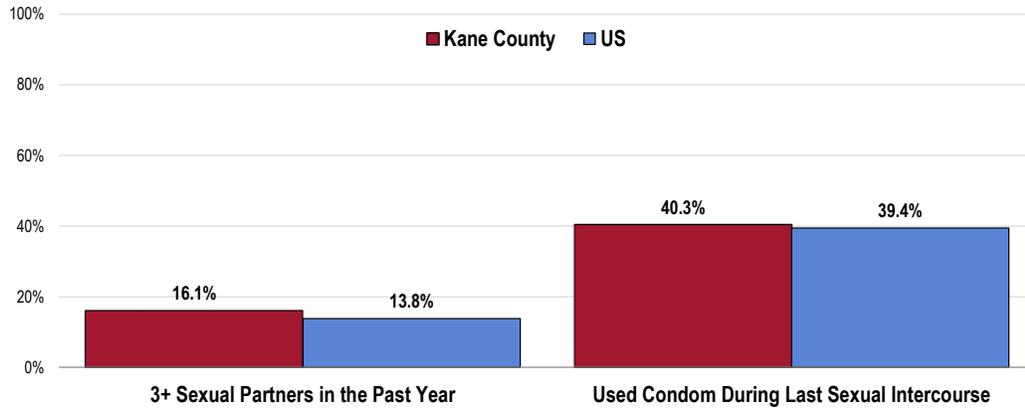
Among unmarried Kane County adults under the age of 65, the majority cites having one (38.9%) or no (37.2%) sexual partners in the past 12 months. However, 16.1% report three or more sexual partners in the past year.

- [Comparable to that reported nationally.](#)

A total of 40.3% of unmarried Kane County adults age 18 to 64 report that a condom was used during their last sexual intercourse.

- [Statistically similar to national findings.](#)

Sexual Risk (Unmarried Adults Age 18-64)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 321-322]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects unmarried respondents under the age of 65.

Chlamydia & Gonorrhea

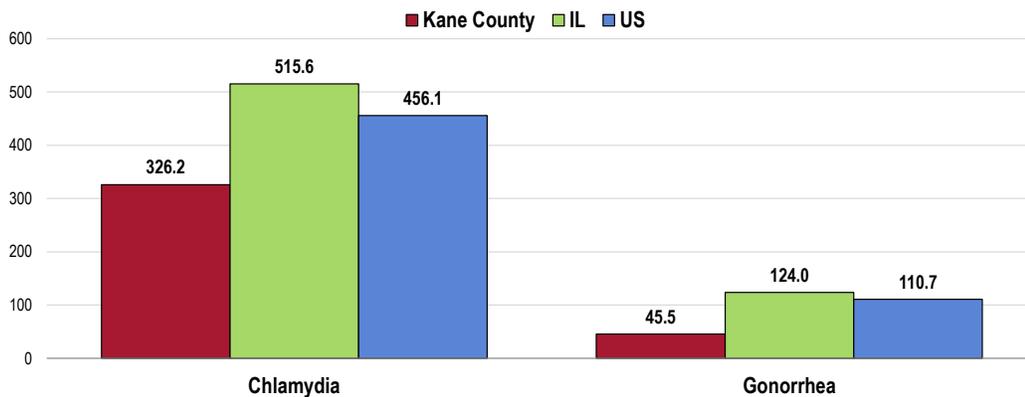
In 2014, the chlamydia incidence rate in Kane County was 326.2 cases per 100,000 population.

- Notably lower than the Illinois and US incidence rates.

The Kane County gonorrhea incidence rate in 2014 was 45.5 cases per 100,000 population.

- Well below the state and national rates.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2014)



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 • Retrieved April 2018 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

A plurality of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a “minor problem” in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2018)

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



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Rates are very high and have both short and long-term health consequences. – Kane County Public Health Representative

Incidence of STD's has increased in the last few years. Since 2011, syphilis cases have doubled and gonorrhea cases tripled. Antibiotic resistant strains of gonorrhea have made it difficult to control spread of STD's. – Kane County Public Health Representative

Still a community problem. – Kane County Health Provider

Health Education and Awareness

Lack of education in the prevention of sexually transmitted disease. – Kane County Health Provider

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often characterized *Immunization & Infectious Diseases* as a “minor problem” in the community.

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

(Key Informants, 2018)

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



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Lots of people are getting communicable diseases. – Kane County Social Services Provider

Media reports. – Kane County Social Services Provider

Many cases of infection in the area, including TB, and influenza. – Kane County Health Provider

Influenza and pneumonia accounted for 10 percent of deaths nationwide. There was a huge backlog of school age students who were turned back from school because they were not up to date on their vaccination. – Kane County Public Health Representative

Affordable Care/Services

Many people with low income find it hard to spend money on immunizations which then, leads to being exposed to infectious diseases and then passing them on to families and friends. – Kane County Community Leader

Kane County stopped free immunizations for families. – Kane County Health Provider

Personal/Cultural Beliefs

Our community is under-vaccinated, have feelings about being told they must conform, vaccinate.

Mistrust of vaccines, immigrants and refugees, undocumented, exposing our community to vaccine.

Preventable diseases and impacting herd immunity. – Kane County Health Provider

Still resistance to vaccination. – Kane County Health Provider

Births



Professional Research Consultants, Inc.

Prenatal Care

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)

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

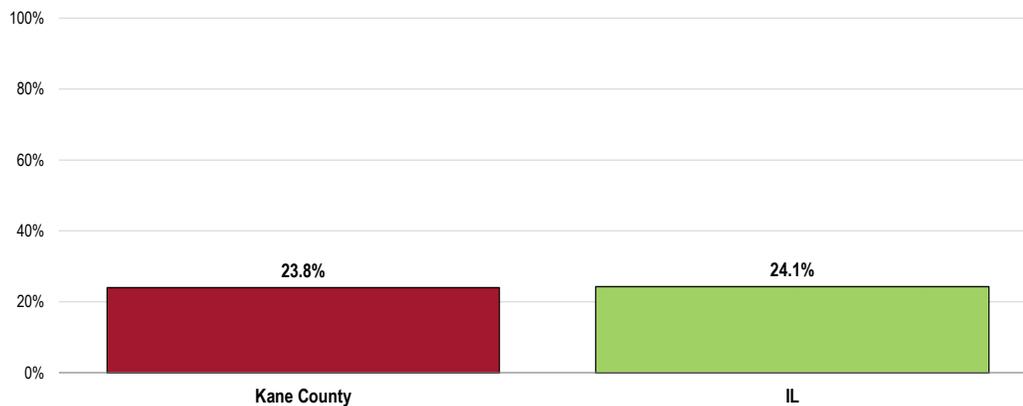
Between 2014 and 2016, 23.8% of all Kane County births did not receive prenatal care in the first trimester of pregnancy.

- Comparable to the Illinois proportion.
- Comparable to the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2014-2016)

Healthy People 2020 Target = 22.1% or Lower



Sources

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- 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

Low-Weight Births

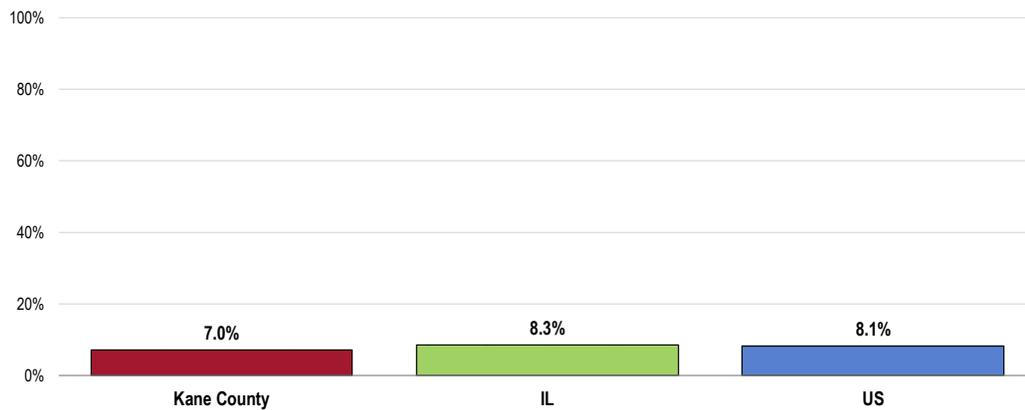
A total of 7.0% of 2014-2016 Kane County births were low-weight.

- Better than the Illinois and US proportions.
- Similar to the Healthy People 2020 target (7.8% or lower).

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births
(Percent of Live Births, 2014-2016)
Healthy People 2020 Target = 7.8% or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2018.

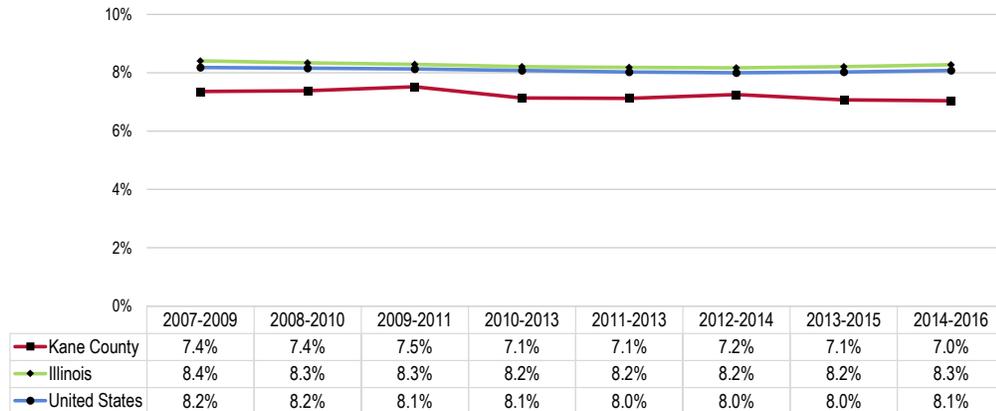
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- **TREND:** The percentage of low-weight births has not changed significantly over the past decade in Kane County.

Low-Weight Births (Percent of Live Births)

Healthy People 2020 Target = 7.8% or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

Note:

- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Between 2014 and 2016, there was an annual average of 5.5 infant deaths per 1,000 live births to Kane County mothers.

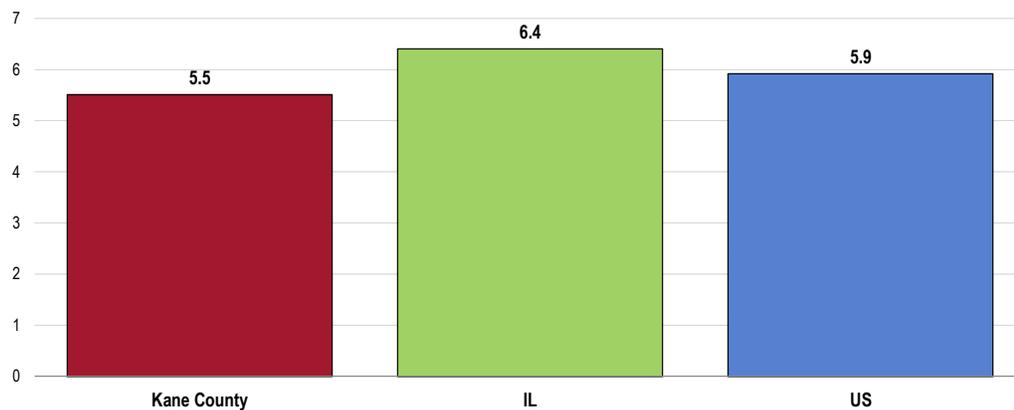
- Similar to state and US rates.
- Similar to the Healthy People 2020 target of 6.0 per 1,000 live births or lower.

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

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2014-2016)

Healthy People 2020 Target = 6.0 or Lower



Sources:

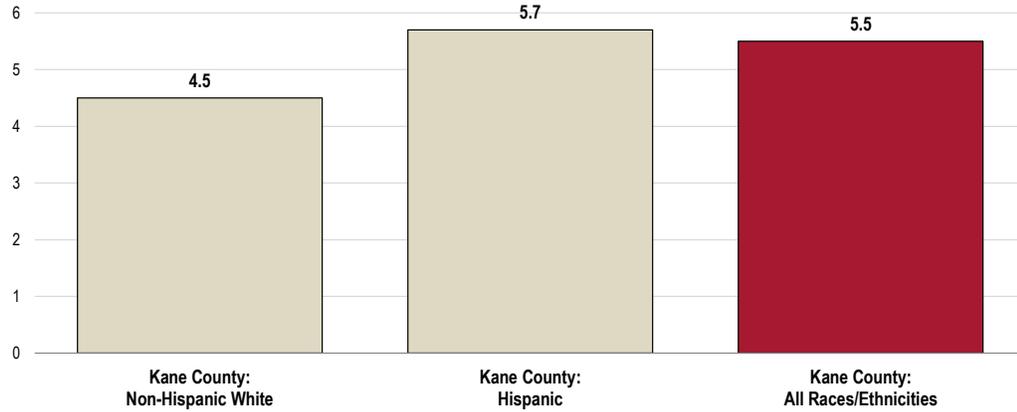
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]

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 infant mortality rate is higher among births to Hispanic mothers.

Infant Mortality Rate by Race/Ethnicity (Annual Average Infant Deaths per 1,000 Live Births, 2014-2016) Healthy People 2020 Target = 6.0 or Lower

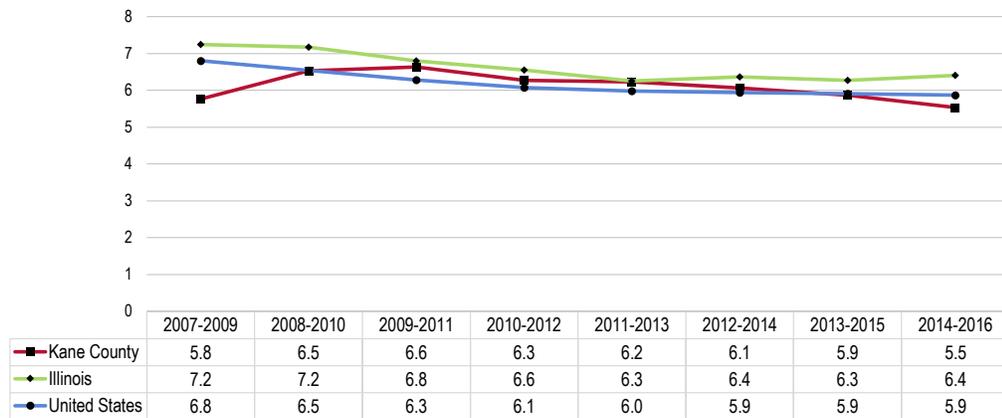


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective 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.

Kane County:
Non-Hispanic White

- TREND: In recent years in Kane County, the infant mortality rate has trended downward.

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



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2018.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey 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, 2018)

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



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

- Many families we serve do not access adequate health or dental care for their children. – Kane County Social Services Provider*
- Lack of prenatal care. – Kane County Community Leader*
- See early childhood interventions agencies and strategies. – Kane County Health Provider*
- Lack of screening and mental health resources that take the medical card. – Kane County Social Services Provider*

Affordable Care/Services

- Not affordable and quality day cares. – Kane County Social Services Provider*
- This is a concern because the hearing equipment is not being paid for. So, a child who can't hear and can't afford hearing aids isn't being served. – Kane County Community Leader*
- Free care for infants is limited in Elgin. – Kane County Health Provider*
- Again, with low income families, many times, infants and children do not get the medical attention that they need to keep them healthy, especially if they do get ill. – Community Leader - Kane Count*

Incidence/Prevalence

- Reports in the media and from United Way affiliates. – Kane County Social Services Provider*
- Lots of sick kids out there. – Kane County Social Services Provider*

Health Disparities

- Disparity in African-American infant mortality and prematurity needs to continue to be addressed from a policy and prevention standpoint. – Kane County Community Leader*

Health Outcomes

- Higher rates of LBW and VLBW, lower rates of breastfeeding, higher rates of lead poisoning, primarily from lead paint, environmental tobacco smoke. School environments are older and potential for greater exposures exist. – Kane County Community Leader*

Nutrition & Physical Activity

- Healthy eating and physical activity. – Kane County Public Health Representative*

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

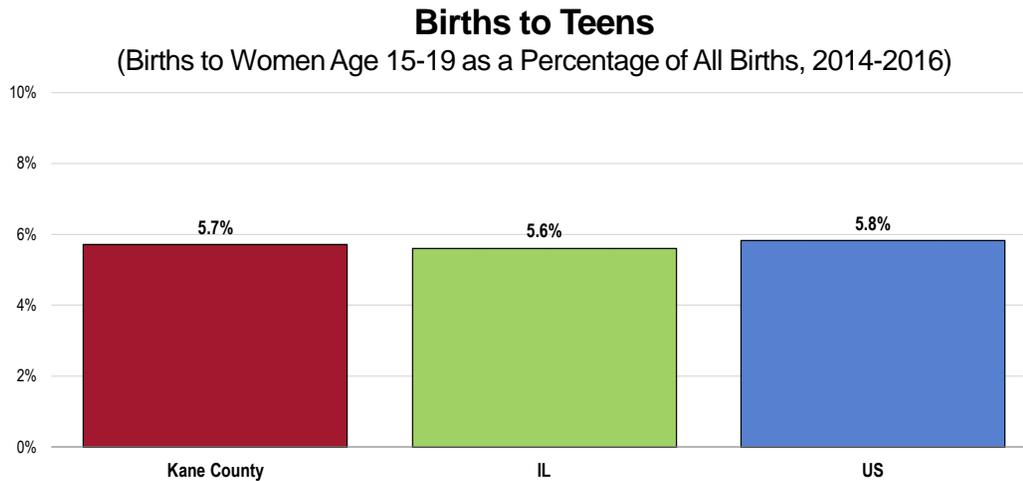
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

Between 2014 and 2016, 5.7% of Kane County births were to females age 15 to 19.

- Comparable to the state and US percentages.

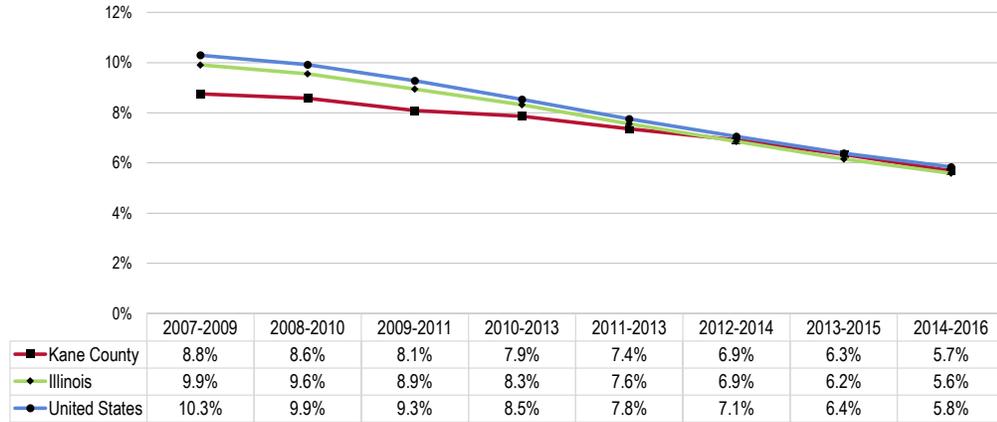


- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
 - Retrieved from Community Commons at <http://www.chna.org>.

- **TREND:** The percentage of teen births has decreased significantly over time in Kane County, in keeping with state and national trends.

Births to Teens

(Births to Women Age 15-19 as a Percentage of All Births)

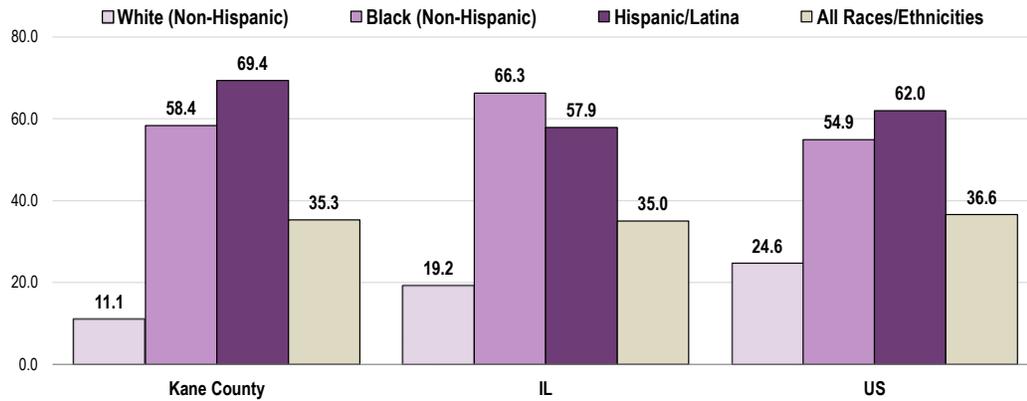


Sources:
 • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
 • Retrieved from Community Commons at <http://www.chna.org>.

- By race and ethnicity, Hispanics/Latinas exhibit the highest rate of teen births in Kane County (as is also found nationally), followed by non-Hispanic Blacks.

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19; Kane County by Race/Ethnicity, 2006-2012)



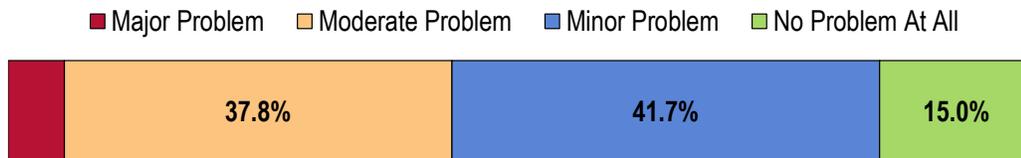
Sources:
 • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
 • Retrieved from Community Commons at <http://www.chna.org>.

Notes:
 • This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a “minor problem” in the community.

Perceptions of Family Planning as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Health Education and Awareness

I think when people think of family planning they instantly go to Planned Parenthood. I think a greater emphasis on education and what family planning means would certainly benefit the community. – Kane County Social Services Provider

Families are totally unaware of positive family planning. – Kane County Community Leader

Education. – Kane County Social Services Provider

Preconception care. – Kane County Public Health Representative

Access to Care/Services

Some people get pregnant on accident, need access to birth control. – Kane County Social Services Provider

Affordable Care/Services

We only have Planned Parenthood that I know of to rely on for free and low cost or affordable family planning without a religious agenda behind it. – Kane County Social Services Provider

Lack of Support

Lack of emotional support. – Kane County Social Services Provider

Modifiable Health Risks



Professional Research Consultants, Inc.

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)

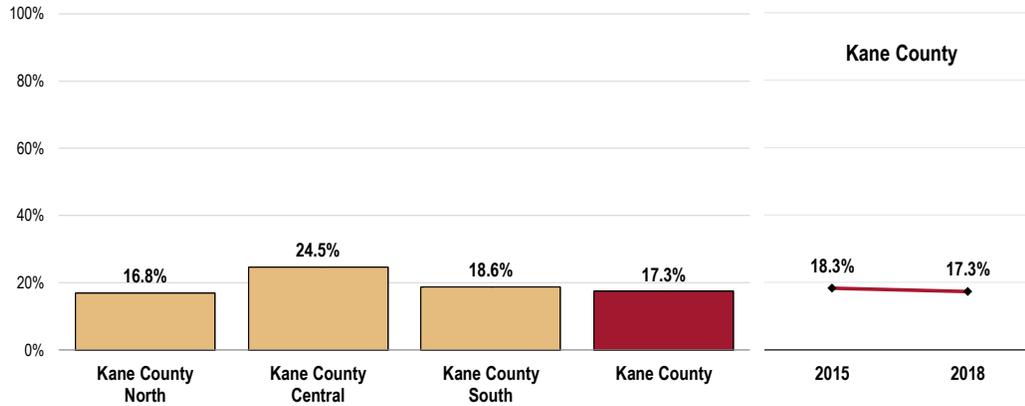
Daily Recommendation of Fruits/Vegetables

A total of 17.3% of Kane County adults report eating five or more servings of fruits and/or vegetables per day.

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

- Favorably higher in Central Kane County.
- TREND: Fruit/vegetable consumption has not changed significantly since 2015.

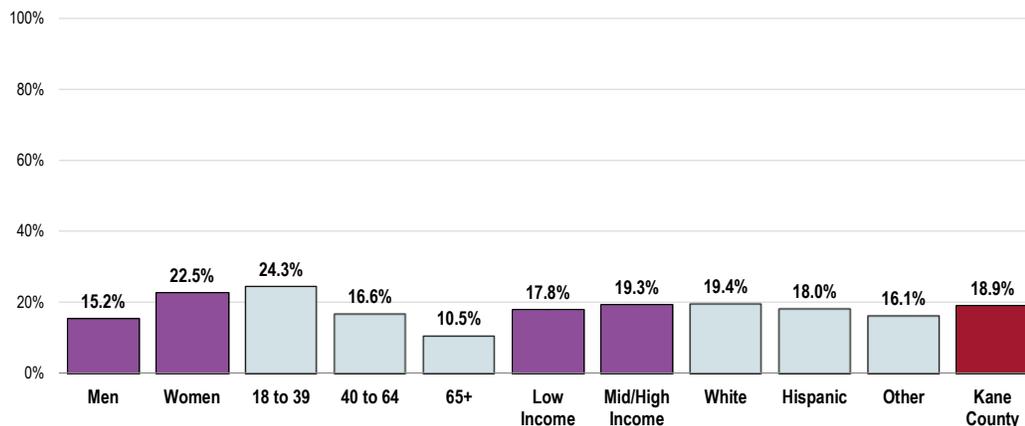
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

- Area men are less likely to get the recommended servings of daily fruits/vegetables, as are adults age 40 and older.

Consume Five or More Servings of Fruits/Vegetables Per Day (Kane County, 2018)



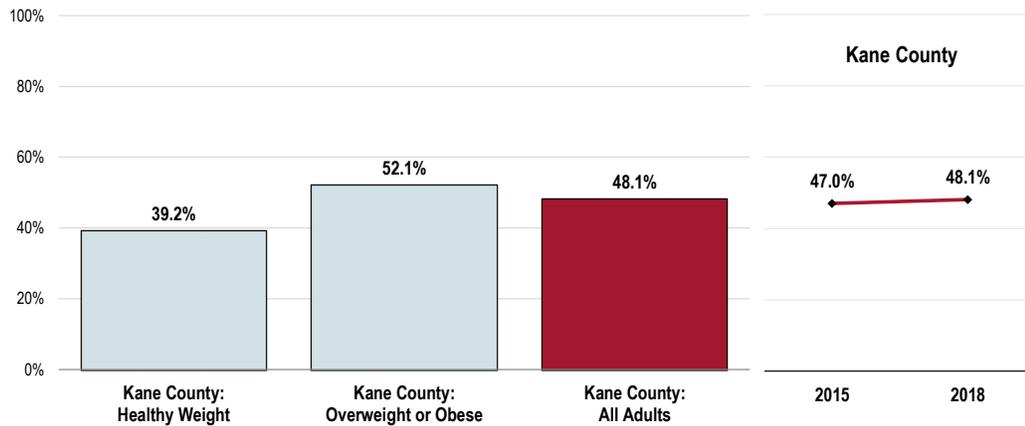
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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.

Health Advice About Diet & Nutrition

Nearly one-half (48.1%) of Kane County adults said they received advice from a healthcare professional regarding diet and nutrition within the past year.

- By weight classification: higher among overweight/obese residents.
- TREND: The overall prevalence has not changed significantly since 2015.

Have Received Advice About Diet & Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 309]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Access to Fresh Produce

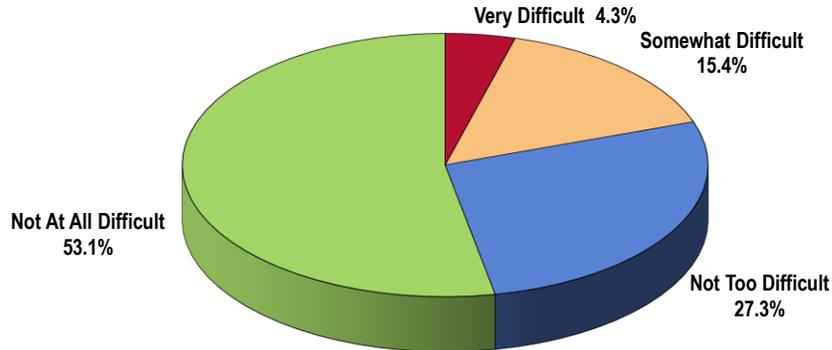
Difficulty Accessing Fresh Produce

While most report little or no difficulty, 19.7% of Kane County adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

Respondents were asked:

“How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?”

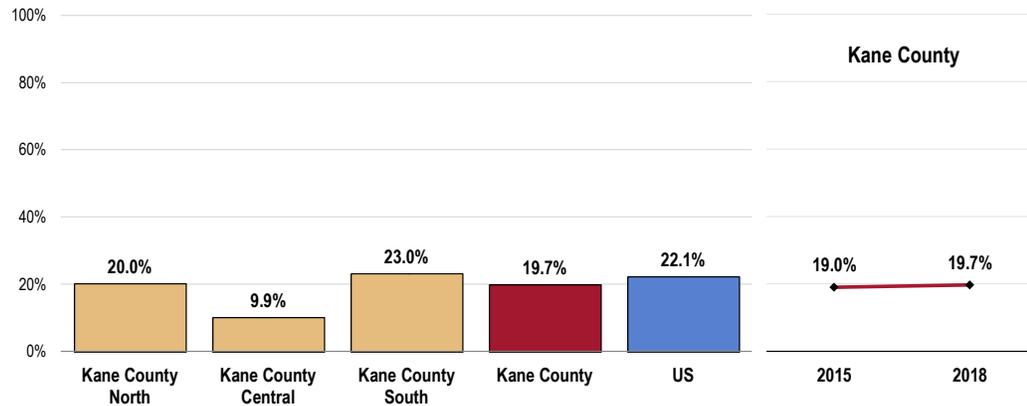
Level of Difficulty Finding Fresh Produce at an Affordable Price (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
 Notes: • Asked of all respondents.

- Comparable to national findings.
- Unfavorably high in the South; lowest in Central Kane County.
- TREND: Statistically unchanged over time.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

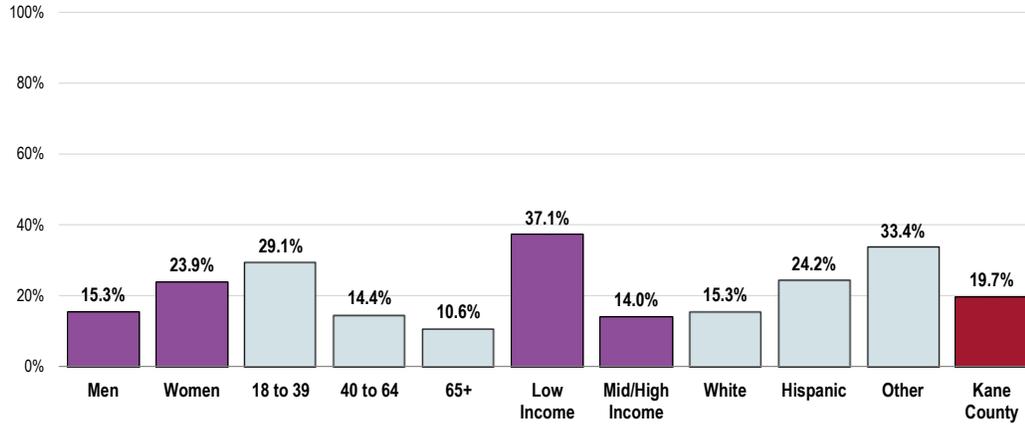


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Adults ages 18 to 39 (negative correlation with age).
- Lower-income residents (especially).
- Hispanics and “Other” racial backgrounds.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Kane County, 2018)



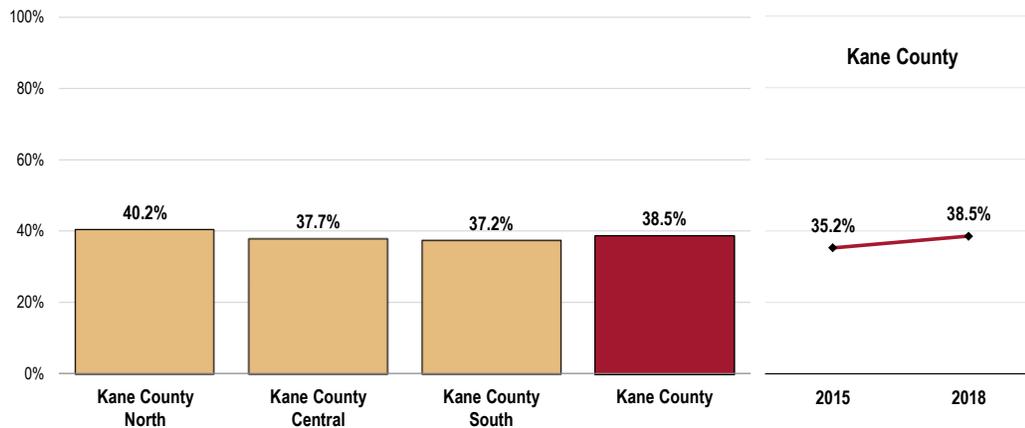
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect 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.

Growing Food for Personal Consumption

A total of 38.5% of survey respondents grow at least some of their own food for consumption.

- Similar findings by county subarea.
- TREND: Statistically unchanged since 2015.

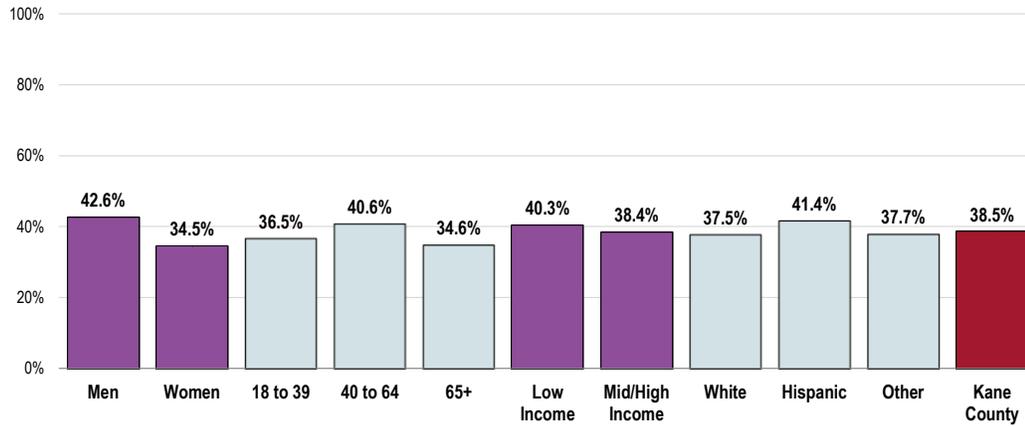
Grow Some of Own Food



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 325]
 Notes: • Asked of all respondents.

- Men are statistically more likely than women to grow their own food for consumption.

Grow Some of Own Food (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 325]
 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.

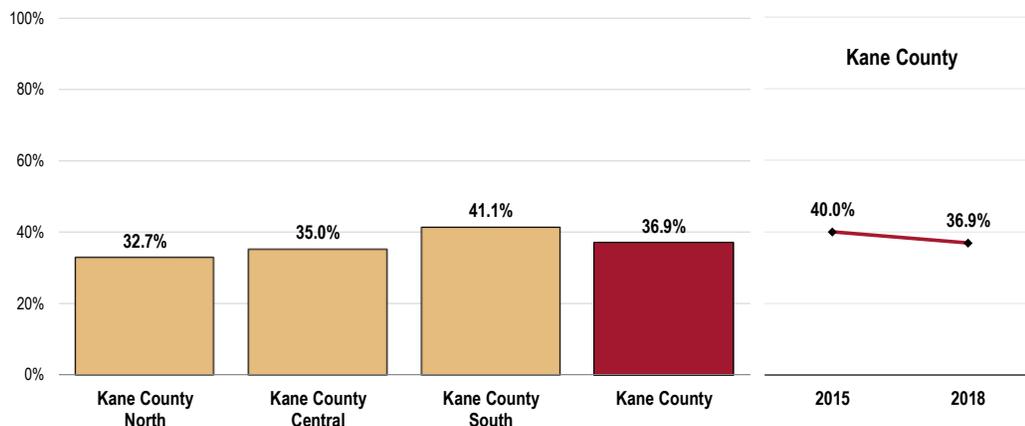
Children's Dietary Habits

Fruits & Vegetables

Overall, 36.9% of Kane County children age 2-17 eat 5+ servings of fruits and/or vegetables per day.

- Similar proportions by subarea.
- TREND: Has not changed significantly since 2015.

Child Has 5+ Fruits/Vegetables per Day (Among Respondents With Children Age 2-17 Years)



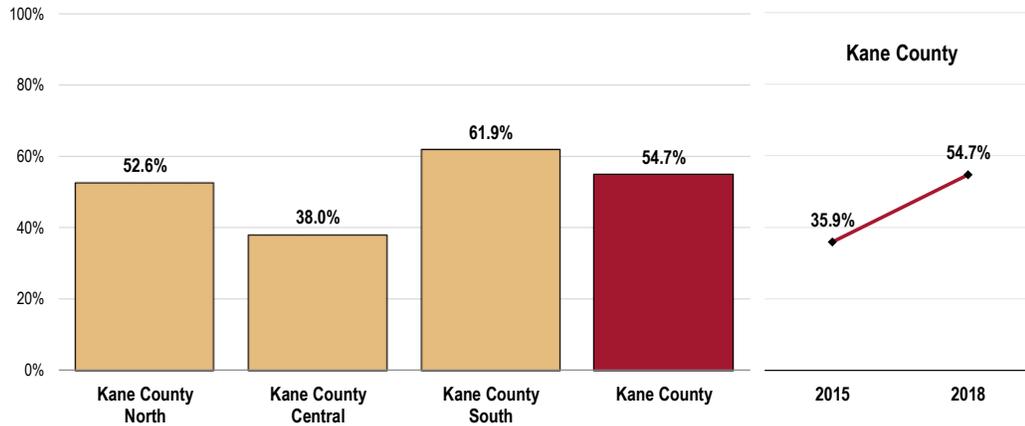
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 355]
 Notes: • Asked of all respondents with children 2 to 17 in the household.

Sugar-Sweetened Beverages

More than one-half (54.7%) of Kane County children age 2-17 consume at least one sugar-sweetened beverage per day.

- Unfavorably high in South Kane County; lowest in the Central portion of the county.
- TREND: Denotes a significantly significant increase since 2015.

Child Has One or More Sugar-Sweetened Beverages per Day (Among Respondents With Children Age 2-17 Years)



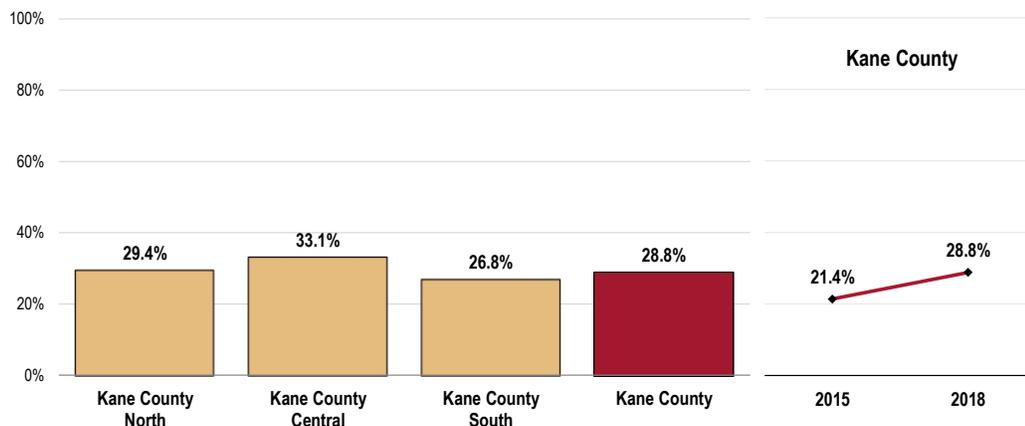
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 346]
Notes: • Asked of all respondents with children 2 to 17 in the household.

Water Consumption

A total of 28.8% of Kane County children age 2-17 drink 5+ glasses of water per day.

- Comparable findings by county subarea.
- TREND: Denotes a significantly significant increase since 2015.

Child Has 5+ Glasses of Water per Day (Among Respondents With Children Age 2-17 Years)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 347]
Notes: • Asked of all respondents with children 2 to 17 in the household.

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.

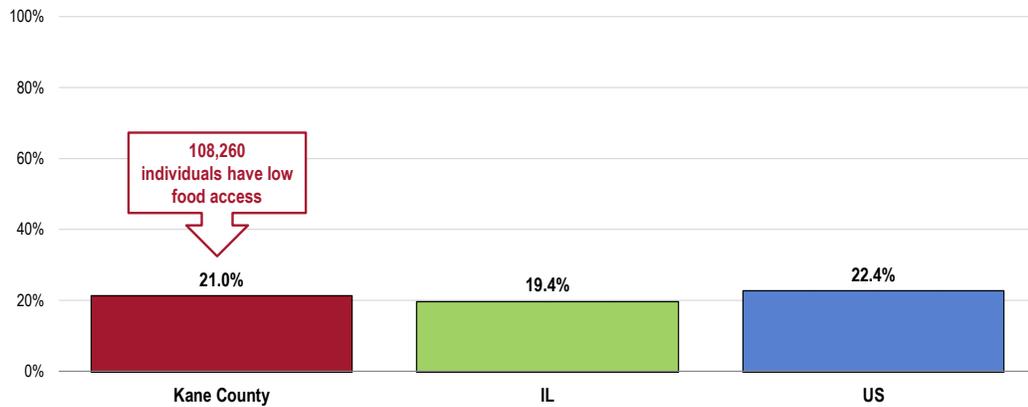
Low Food Access (Food Deserts)

US Department of Agriculture data show that 21.0% of the Kane County population (representing over 108,000 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- Comparable to the state and national percentages.

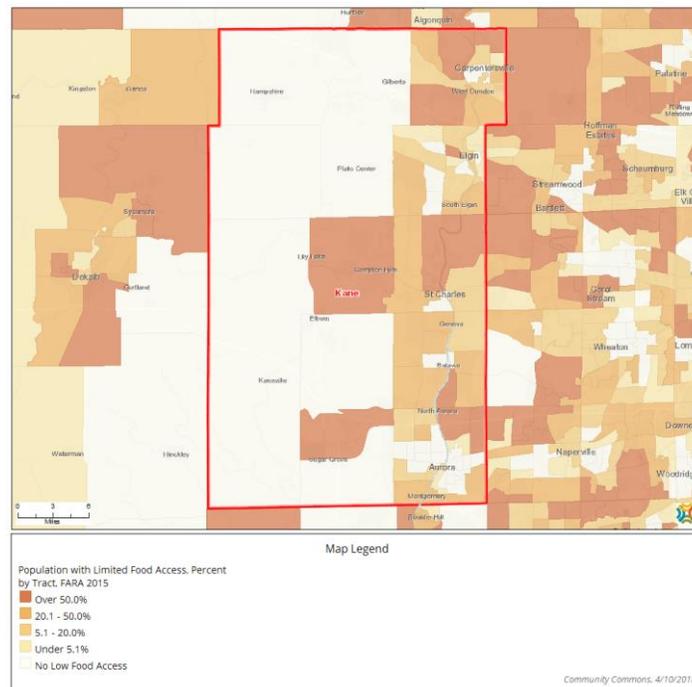
Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 - Retrieved April 2018 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.



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, 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 27.7% of Kane County adults report no leisure-time physical activity in the past month.

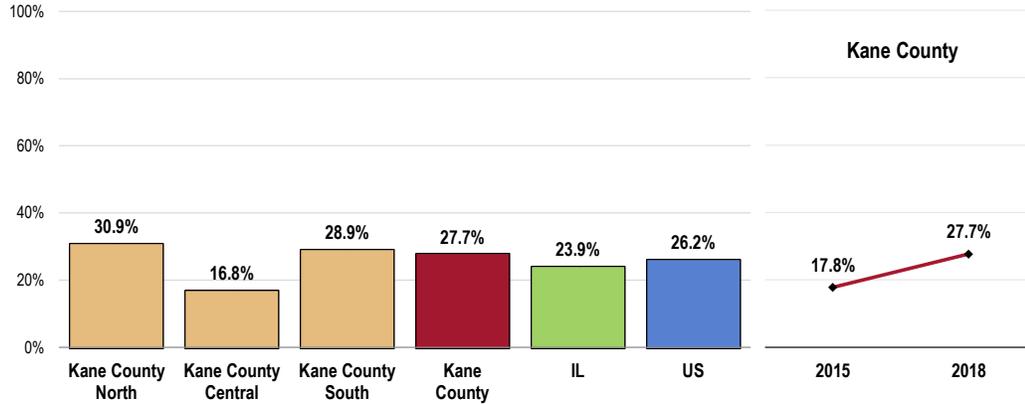
- Less favorable than statewide findings.
- Comparable to the US figure.

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.

- Satisfies the Healthy People 2020 target (32.6% or lower).
- The proportion is favorably low in Central Kane County.
- TREND: Significantly less favorable than found in 2015.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 • 2017 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.

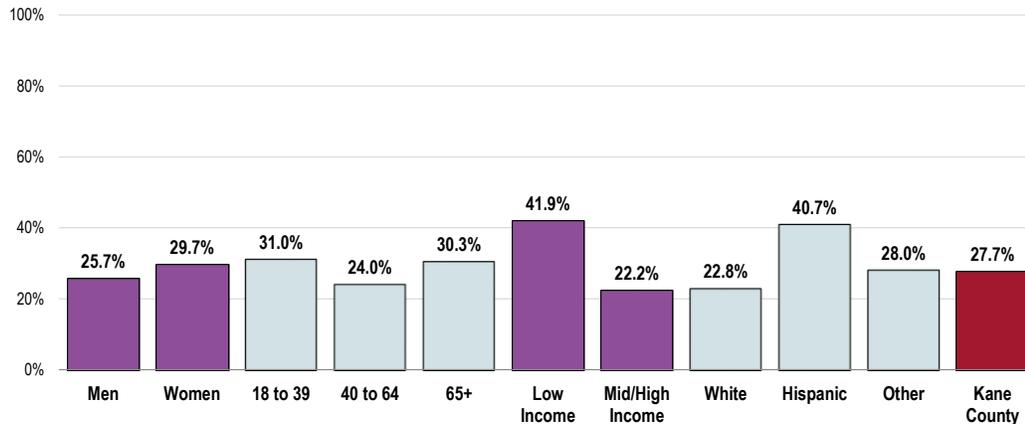
Lack of leisure-time physical activity in the area is higher among:

- Lower-income residents.
- Hispanics.

No Leisure-Time Physical Activity in the Past Month

(Kane County, 2018)

Healthy People 2020 Target = 32.6% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 • 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

Adults

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
- Learn more about CDC's efforts to promote walking by visiting <http://www.cdc.gov/vitalsigns/walking>.

Aerobic & Strengthening Physical Activity

Based on reported physical activity intensity, frequency, and duration over the past month, **50.6% of Kane County adults are found to be “insufficiently active” or “inactive.”**

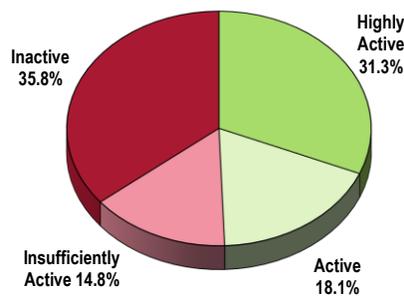
A total of 48.8% of Kane County adults do not participate in any types of physical activities or exercises to strengthen their muscles.

Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

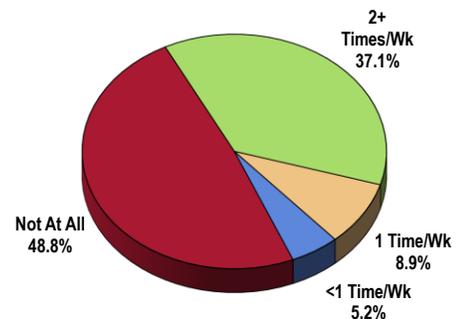
- “Inactive” includes those reporting no aerobic physical activity in the past month.
- “Insufficiently active” includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.
- “Active” includes those with 150-300 minutes of weekly aerobic physical activity.
- “Highly active” includes those with >300 minutes of weekly aerobic physical activity.

Participation in Physical Activities

(Kane County, 2018)



Aerobic Activity



Strengthening Activity

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 96, 150]

Notes: • Reflects the total sample of respondents.

• In this case, “inactive” aerobic activity represents those adults participating in no aerobic activity in the past week; “insufficiently active” reflects those respondents with 1–149 minutes of aerobic activity in the past week; “active” adults are those with 150–300 minutes of aerobic activity per week; and “highly active” adults participate in 301+ minutes of aerobic activity weekly.

Recommended Levels of Physical Activity

A total of 23.6% of Kane County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

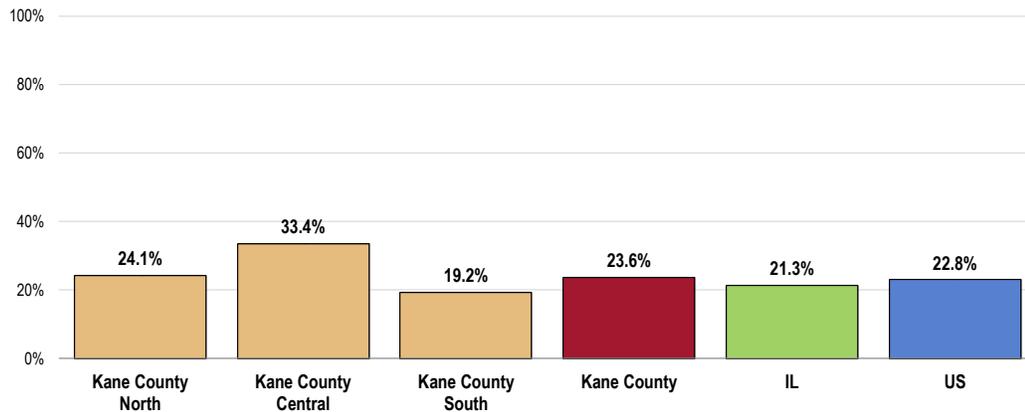
- Comparable to state and US findings.
- Satisfies the Healthy People 2020 target (20.1% or higher).
- Highest in Central Kane County; unfavorably low in the South.

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

Meets Physical Activity Recommendations
 Healthy People 2020 Target = 20.1% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
- 2017 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-2.4]

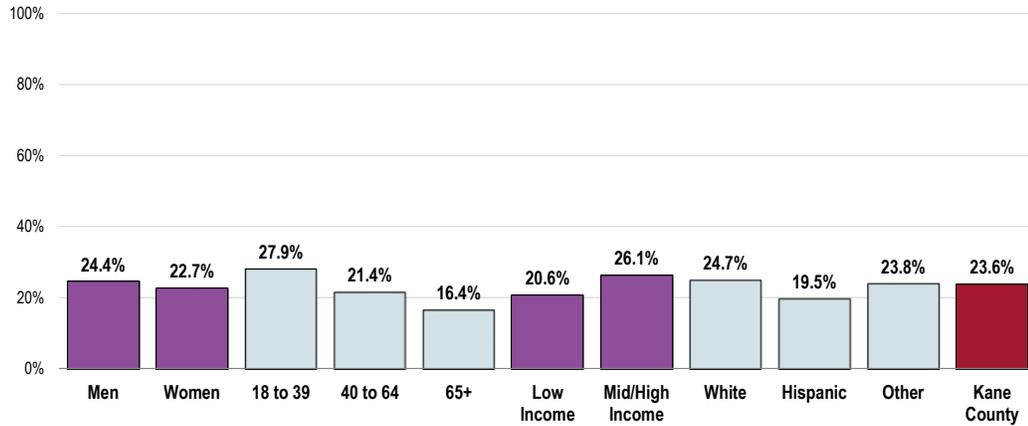
Notes:

- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

- Note the negative correlation between age and meeting physical activity requirements in the Kane County population.

Meets Physical Activity Recommendations (Kane County, 2018)

Healthy People 2020 Target = 20.1% or Higher



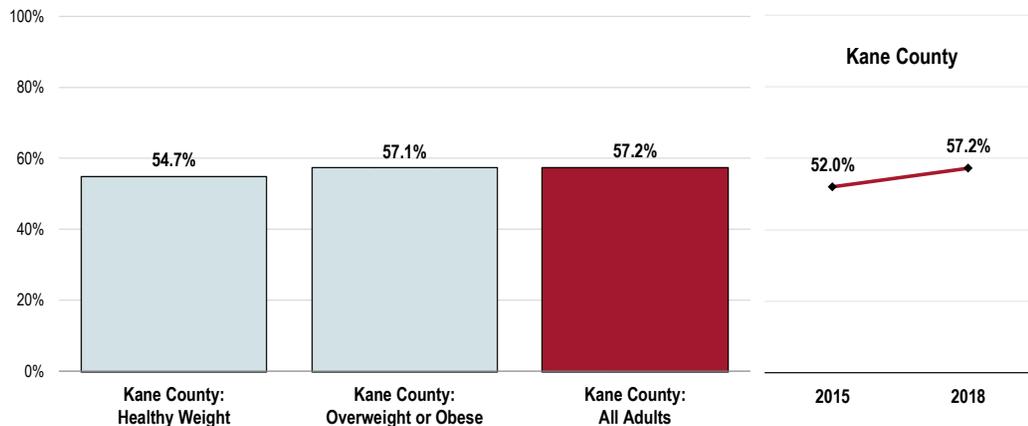
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. 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.
 - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Health Advice About Physical Activity

A total of 57.2% of Kane County adults report that a healthcare professional has asked about or given advice to them about physical activity in the past year.

- **TREND:** Statistically unchanged from the 2015 survey findings.
- Note that 57.1% of overweight/obese Kane County respondents say that they have talked with a healthcare professional about physical activity/exercise in the past year.

Have Received Advice About Physical Activity in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 310]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Children

Recommended Levels of Physical Activity

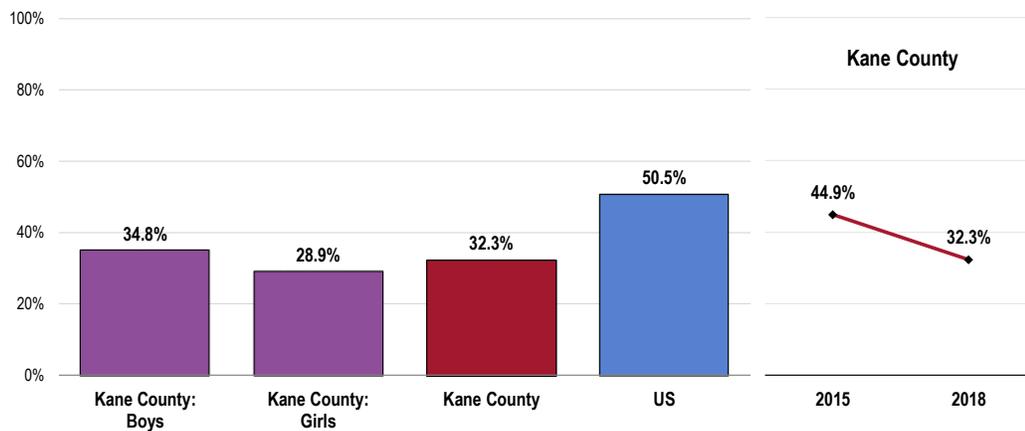
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Kane County children age 2 to 17, 32.3% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Well below that found nationally.
- Comparable findings by county subarea (not shown).
- The prevalence is higher among boys than girls.
- TREND: Marks a statistically significant decrease from the 2015 survey findings.

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

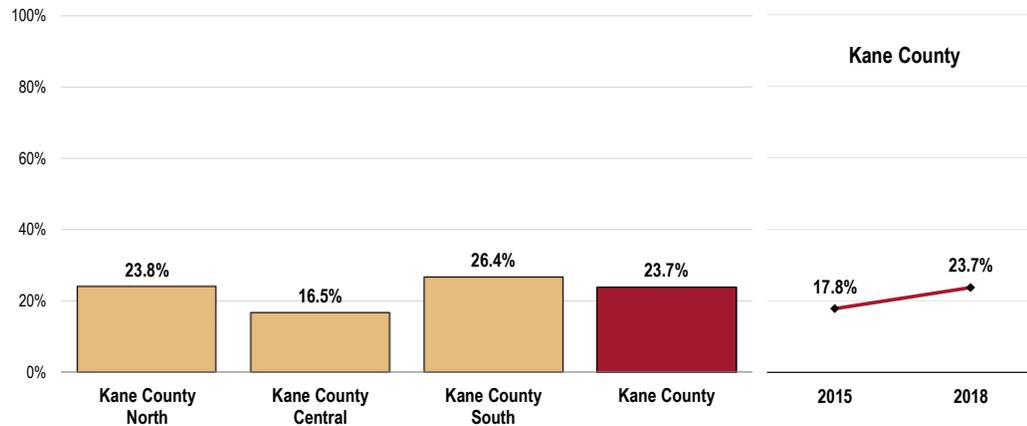
Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Screen Time

Among children ages 2 through 17, 23.7% are reported to spend 3 or more hours per day on total screen time (including television, computers, video games, etc.) for entertainment.

- Statistically similar by county subarea.
- TREND: Statistically unchanged from the 2015 survey findings.

Child Has 3+ Hours of Screen Time on a Typical Day (Among Respondents With Children Age 2-17 Years)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 343]
 Notes: • Asked of all respondents with children 2 to 17 in the household.

Access to Physical Activity

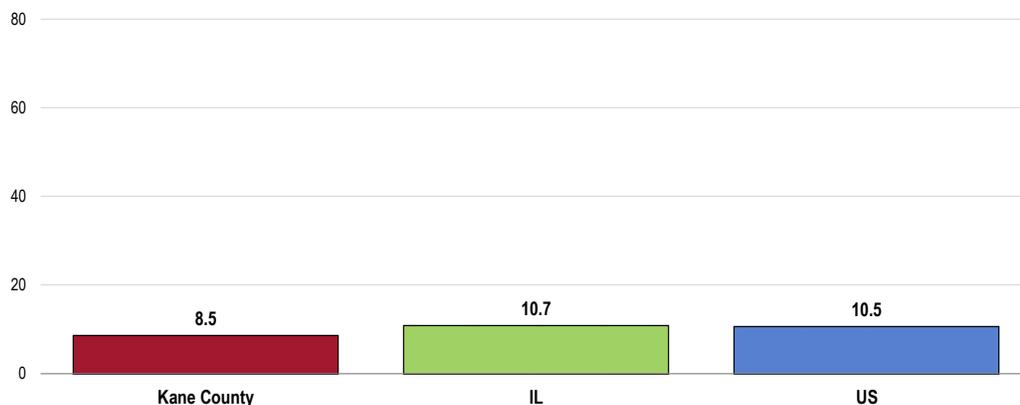
In 2015, there were 8.5 recreation/fitness facilities for every 100,000 population in Kane County.

- Below the state and national rates per 100,000 population.

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, 2015)



Sources: • US Census Bureau, County Business Patterns. Additional data analysis by CARES.
 • Retrieved April 2018 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.

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 (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², 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/m².

- 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

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.

Overweight Status

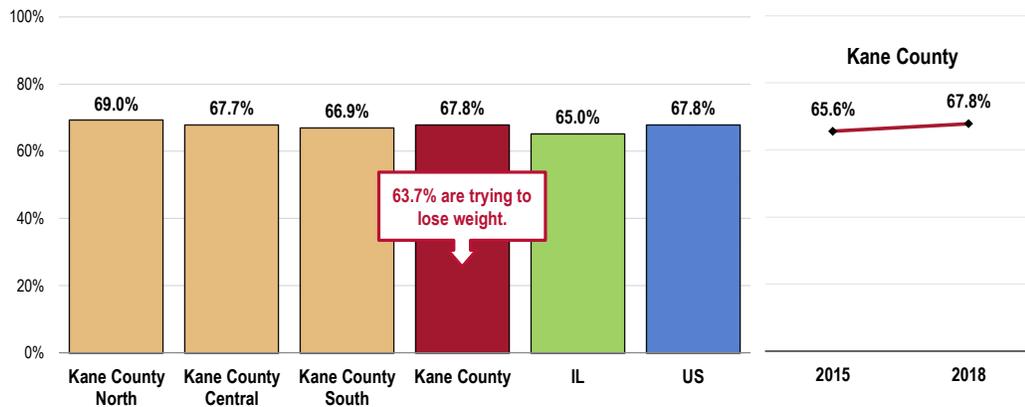
Just over two-thirds (67.8%) of Kane County adults are overweight.

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

- Comparable to the state and US percentages.
- Similar proportions by county subarea.
- TREND: Statistically unchanged since 2015.

Note that 63.7% of overweight adults are currently trying to lose weight.

Prevalence of Total Overweight (Overweight or Obese) (Percent of Adults With a Body Mass Index of 25.0 or Higher)



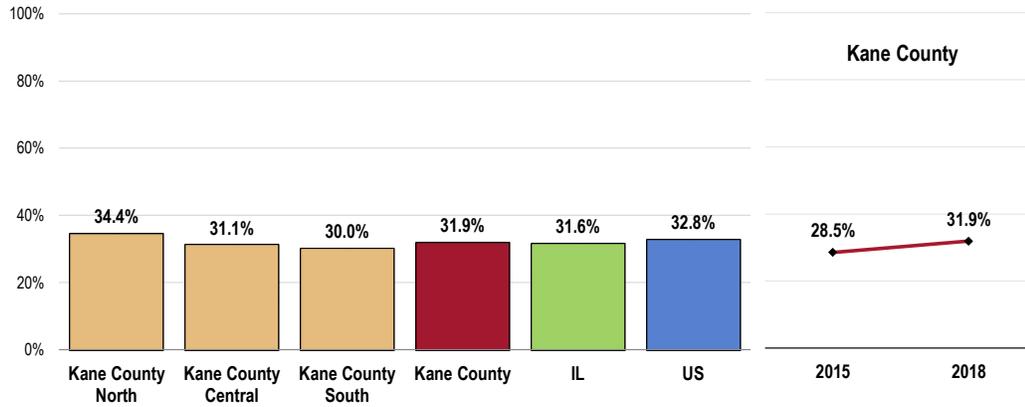
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 154-155]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 31.9% of Kane County adults are obese.

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

- Comparable to the Illinois and US proportions of obesity.
- Comparable to the Healthy People 2020 target (30.5% or lower).
- Similar by county subarea.
- TREND: Statistically unchanged since 2015.

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

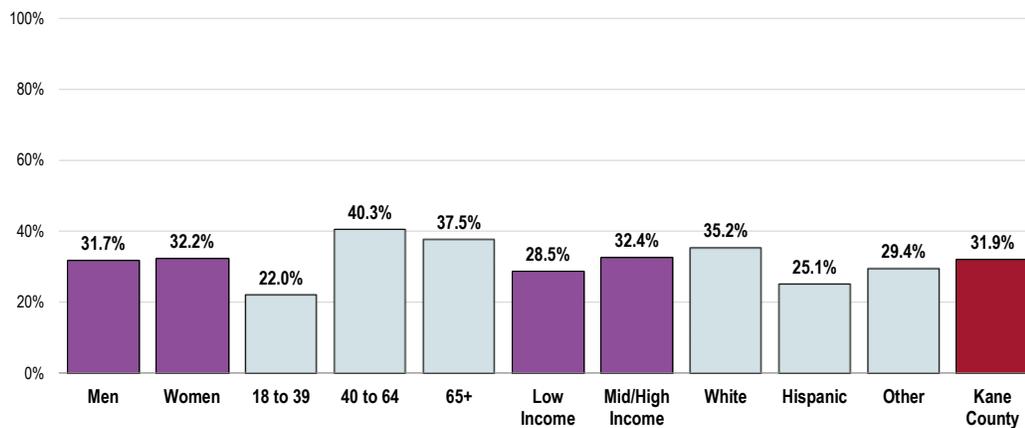


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Illinois IL data.
 • 2017 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]
 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 is notably more prevalent among:

- Adults age 40 and older.
- Whites.

Prevalence of Obesity (Percent of Adults With a BMI of 30.0 or Higher; Kane County, 2018) Healthy People 2020 Target = 30.5% or Lower

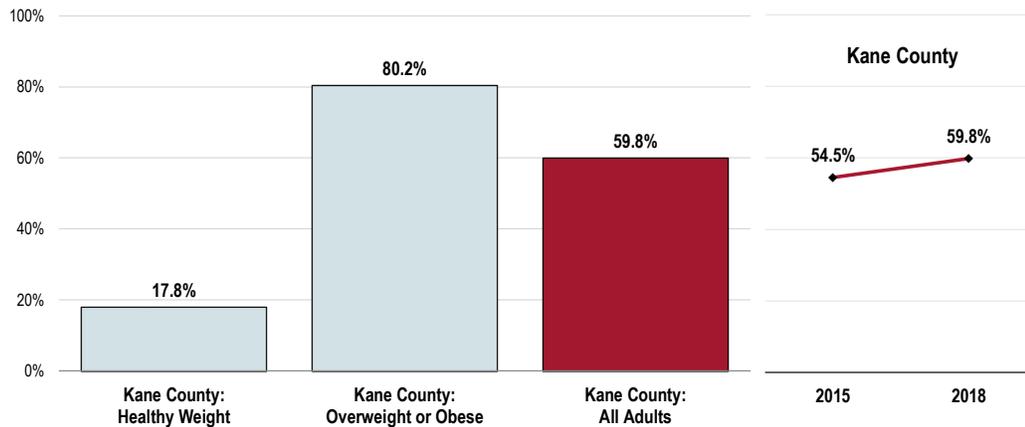


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 Notes: • Based on reported heights and weights, asked of all respondents.
 • 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.

A total 59.8% of Kane County adults describe their weight as “somewhat overweight” or “very overweight.”

- TREND: Marks a statistically significant increase since 2015.
- Note that 80.2% of overweight/obese adults (as determined based on BMI) describe their weight as “somewhat overweight” or “very overweight.”

Would Describe Own Weight as “Somewhat” or “Very Overweight”
(By Weight Classification)



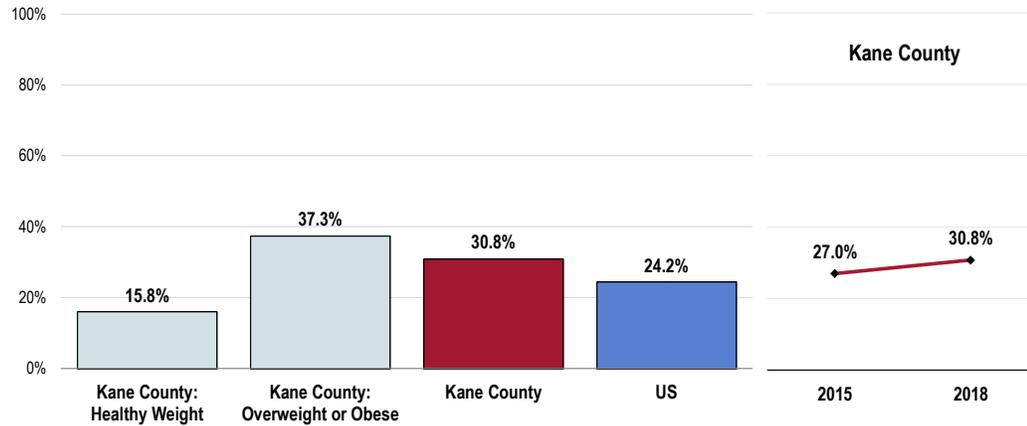
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 328]
Notes: • Asked of all respondents.

Health Advice

A total of 30.8% of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year.

- Higher than the national findings.
- TREND: Statistically unchanged from that reported in 2015.
- Note that 37.3% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while more than 6 in 10 have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 98, 156-157]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Children’s Weight Status

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

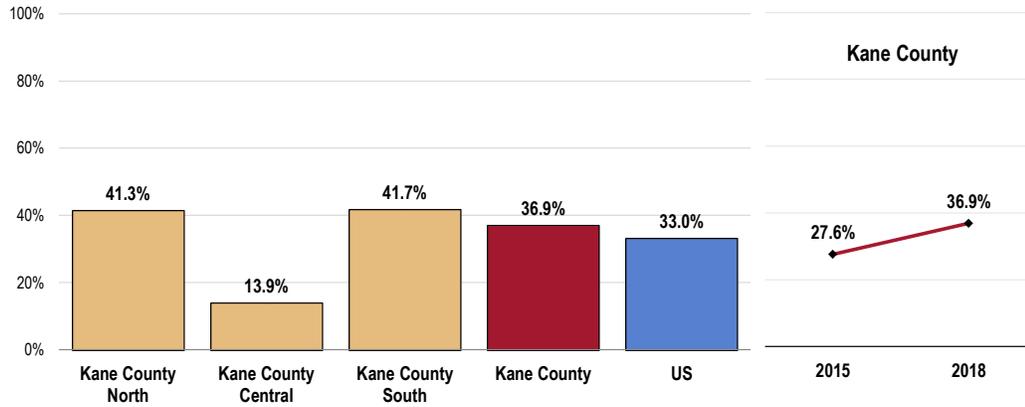
• Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 36.9% of Kane County children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to that found nationally.
- Favorably low among Central Kane County children.
- TREND: Marks a statistically significant increase since 2015.

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5-17 at home.
 • Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

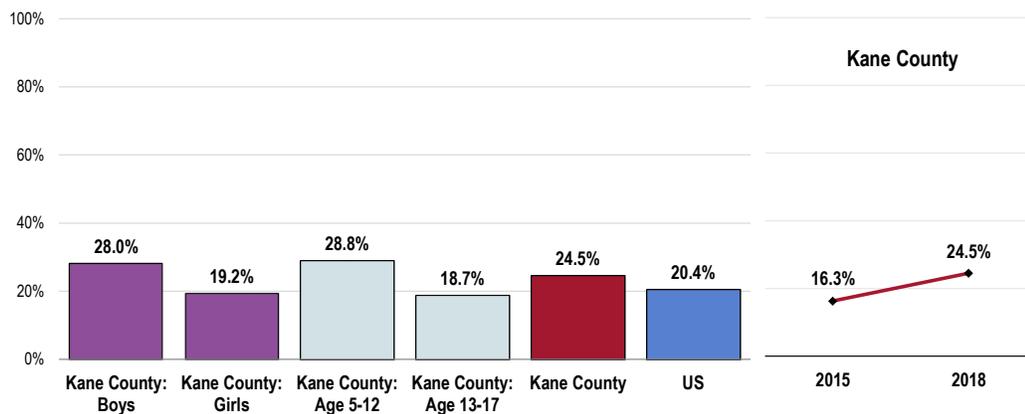
More specifically, 24.5% of area children age 5 to 17 are obese (≥95th percentile).

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).
- Favorably low in Central Kane County (not shown).
- TREND: Denotes a statistically significant increase in childhood obesity since 2015.
- Higher among Kane County boys and children age 5 to 12.

Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 • 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

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity, & Weight* as a “moderate problem” in the community.

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

(Key Informants, 2018)

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



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Poor Nutrition & Lack of Physical Activity

Good shopping habits, ease of cooking options and expensive exercise classes and gyms lead people to just not do anything. Obesity is another huge problem across the board, leading to severe complications. – Kane County Social Services Provider

Many people find it easy to make poor nutrition and fitness choices, and struggle with poor health and weight gain. It can be difficult to make changes for those who know what they should be doing. Others don't realize the impact of their diet. – Kane County Community Leader

Nationwide, people eat poorly and do not exercise enough. – Kane County Community Leader

Making healthy choices, the easy choice. – Kane County Public Health Representative

Lack of nutrition, sedentary lifestyle, lack of free access to local health and wellness centers offering exercise training, classes and equipment. – Kane County Health Provider

Poor choices by younger individuals. Parents that don't prepare nutritious meals. Fast foods too often. Lack of exercise in schools. Accepting overweight as normal. – Kane County Community Leader

Focusing on proper nutrition and physical activity levels to achieve and maintain a healthy weight and lifestyle. – Kane County Health Provider

Poor diet, lack of education and knowledge about healthy eating. Cheap food equals junk food. – Kane County Physician

Nutrition, physical activity and weight are metrics that positively correlate to the prevalence to chronic disease and illness in our community. The appropriateness of our built environment, streetscape and access to alternative forms of transportation. – Kane County Health Provider

Physical Activity

Infrastructure failings of our Kane County communities do not support active transportation alternatives to driving a personal automobile, such as walking, biking, or taking the bus. Without convenient and safe access to these means of transportation. – Kane County Community Leader

I would say it's the sedentary lifestyle. Working at a desk and then coupled with too large of portions. Too much processed foods. – Kane County Social Services Provider

This area was gaining traction in Kane County through the policy and systems changes focused on making the places we live, work, and play less obesogenic. Unfortunately, that traction has slowed way down and is no longer a priority. – Kane County Community Leader

Too many electronics leading to sedentary lifestyle, wanting instant gratification and not willing to do the work necessary work to maintain health. – Kane County Social Services Provider

Availability of free physical activities during winter months. – Kane County Social Services Provider
 The environment supports being inactive and eating calorie dense, nutrient poor food. There is too much marketing of unhealthy behaviors and healthy activities are too often presented as a commodity for sale, rather than a lifestyle. – Kane County Public Health Representative
 Sedentary lifestyle. – Kane County Social Services Provider

Lifestyle

Busy lifestyles lead to fast food and processed foods instead of healthier choices. Television, electronics and social media leads to more sedentary lifestyles. – Kane County Community Leader
 The ease of access to quick, non-nutritional meals. The busy lifestyle that doesn't allow time to slow down and eat properly. Abundance of inaccurate and lose weight quick information. – Kane County Community Leader
 Stress filled lives, overeating, lack of physical activity. – Kane County Social Services Provider
 The overall American lifestyle and very low cost of very high calorie food. – Kane County Physician
 Lifestyle changes. – Kane County Community Leader
 Motivating healthier lifestyle changes, access to more walking trails. Promoting healthier food options at carnivals and community events. Educating community about proper nutrition. – Kane County Social Services Provider
 People do not have time to prepare nutritious meals and, or know how to prepare healthy meals. We spend too much time sitting at work, school and riding in cars. – Kane County Community Leader

Obesity

Obesity keeps increasing. In addition, diet and exercise will help reduce heart disease, stroke, cancer, and assist with the treatment of mental health issues. – Kane County Health Provider
 Obesity and childhood obesity. – Kane County Community Leader
 Women start their pregnancies at a normal weight or overweight, gain too much weight and are unable to lose it between pregnancies. Younger women don't know how to prepare healthy food at home. Working women with children tend to be physically inactive. – Kane County Social Services Provider
 Obesity is an epidemic in Kane County, especially in children. That leads to many other chronic problems which impact individual and community health, the economy, schools, family life and other. – Kane County Community Leader
 Weight is associated with many chronic diseases. – Kane County Health Provider
 More than a third of Kane County adults are obese. Since obesity is a risk factor for heart disease, the leading cause of death in Kane County, addressing the risk factor will reduce the incidence of heart disease. – Kane County Public Health Representative
 Percentage of overweight children and adults. – Kane County Community Leader

Access to Healthy Foods

Access to affordable locally sourced fruits and vegetables. The value of an active lifestyle and time outdoors. Overweight in children seen as the norm and adult diseases creeping into childhood such as hypertension and diabetes. – Kane County Public Health Representative
 Limited access to quick, healthy food choices. Food pantries have limited healthy food choices. Limited knowledge of how to integrate healthy food choices into your daily choices. – Kane County Social Services Provider
 Regular access to fruits, vegetable and other healthy food. Empowering the community to be self-motivated to improve their health by eating correctly better and getting more exercise. I think many residents know what they should be doing. – Kane County Health Provider
 Low income families and those unemployed have the highest risks for poor nutrition and detrimental health. Food pantries supply basic needs, in a sense, but can't address the real underlying issues. Lack of education on good nutrition must start early. – Kane County Community Leader

Health Education and Awareness

The poor need to be educated as to what is good nutrition and what types of food to buy. – Kane County Social Services Provider
 Education and affordable healthy food options. – Kane County Social Services Provider
 Education. – Kane County Health Provider
 Education and motivation. – Kane County Community Leader

Lack of prevention programs at the community level which are affordable. Cost of treatment and lack of insurance for specialty care. – Kane County Public Health Representative

Nutritional knowledge, I hear from many people that they don't know how to eat well on a budget. – Kane County Community Leader

Limited Resources

Limited access to resources. – Kane County Social Services Provider

Making progress but still the beginning of chronic disease. – Kane County Health Provider

This is one area that needs more resources. Many of the adult population do not exercise on a consistent basis. The lack of exercise causes medical issues. – Kane County Social Services Provider

There are very few consistent, on-going, services to support the nutrition, activity and weight loss needs of LMI persons. – Kane County Social Services Provider

Contributing Factors

Access to fitness facilities, affordability. Appropriate education to assist with reducing the problems. – Kane County Social Services Provider

Stress and medical management of nutrition. – Kane County Health Provider

Incidence/Prevalence

Government data reports high levels of obesity and diabetes. – Kane County Social Services Provider

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.

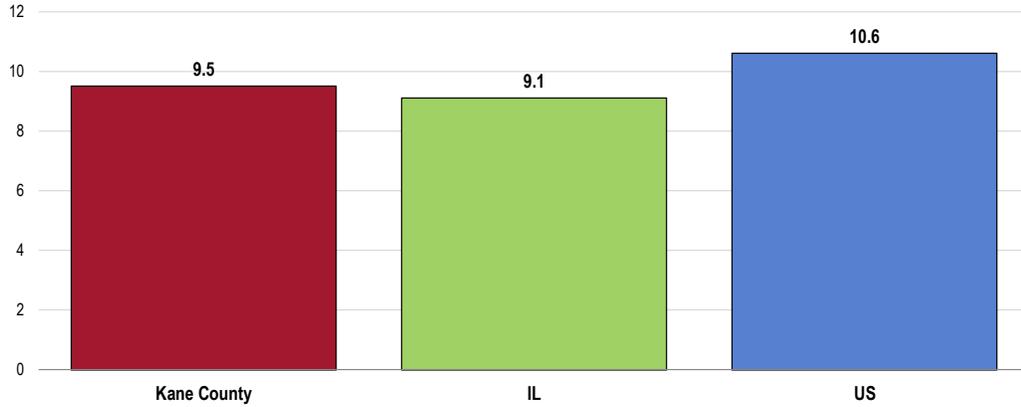
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2014 and 2016, Kane County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 9.5 deaths per 100,000 population.

- Similar to the state and national rates.
- Similar to the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower



Sources:

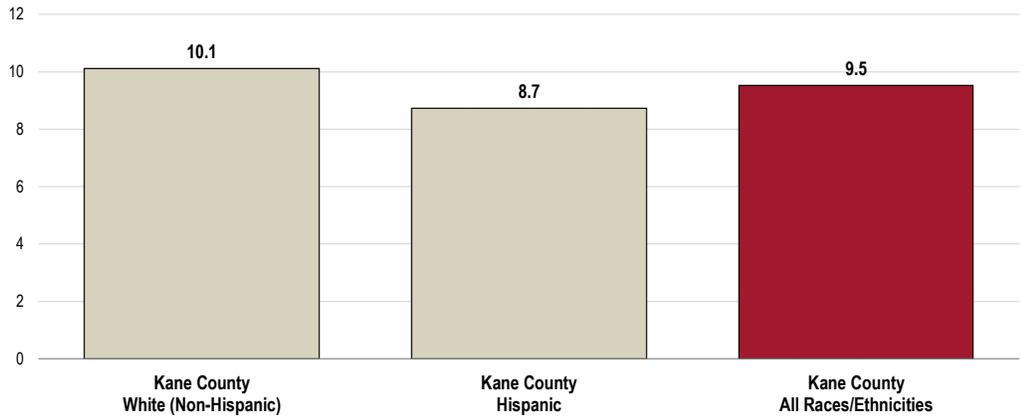
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The cirrhosis mortality rate is higher among Whites than Hispanics in Kane County.

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower



Sources:

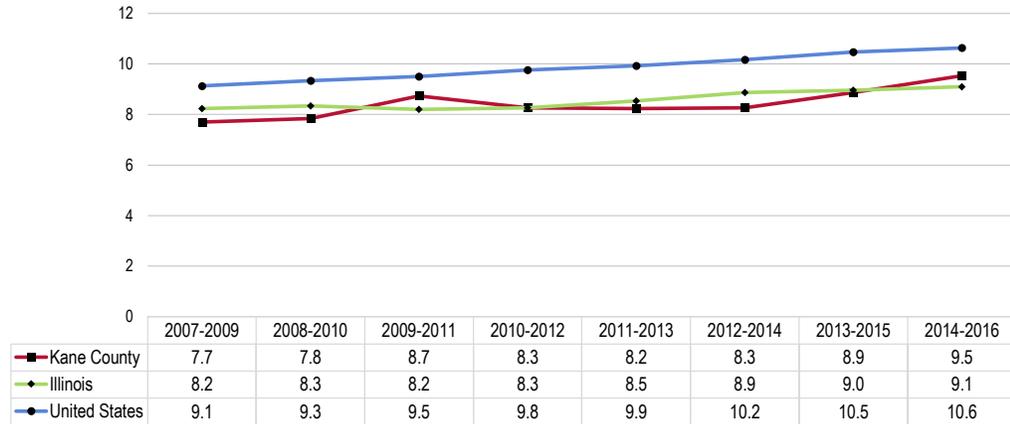
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate has increased over the past decade.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 8.2 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alcohol Use

Excessive Drinking

A total of 28.0% of area adults are excessive drinkers (heavy and/or binge drinkers).

"Excessive drinking" includes heavy and/or binge drinkers:

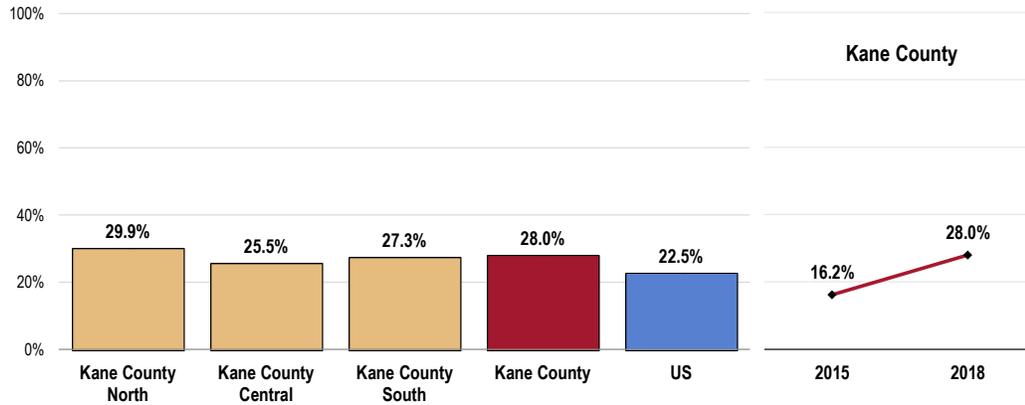
- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

- Less favorable than the national proportion.
- Similar to the Healthy People 2020 target (25.4% or lower).
- Similar findings by county subarea.
- TREND: Denotes a statistically significant increase since 2015.

RELATED ISSUE:
 See also *Mental Health: Stress* in the **General Health Status** section of this report.

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



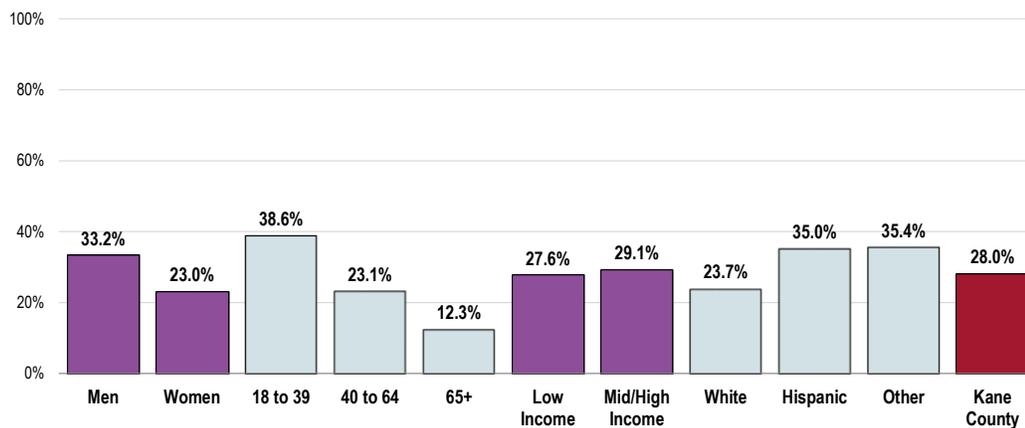
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
- Notes:
- Asked of all respondents.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

- Excessive drinking is more prevalent among men, young adults, Hispanics, and “Other” races.

Excessive Drinkers

(Kane County, 2018)

Healthy People 2020 Target = 25.4% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
- 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.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

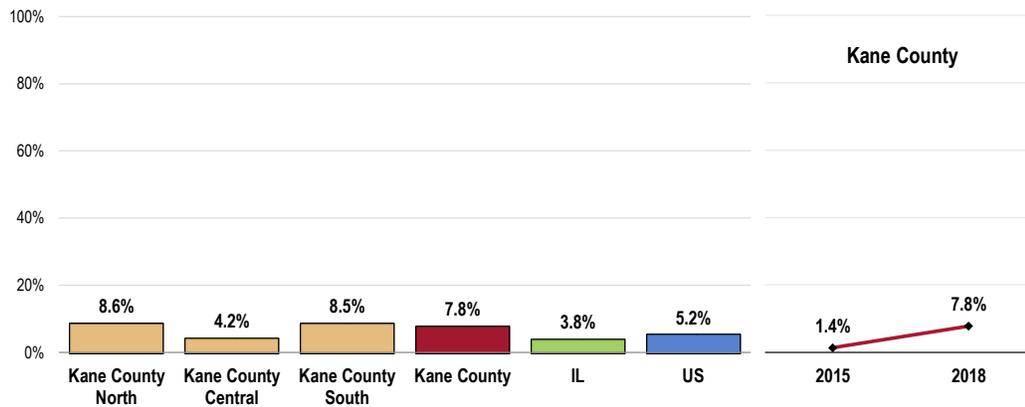
Drinking & Driving

A total of 7.8% of Kane County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Worse than state and national figures.
- Favorably lower in Central Kane County.
- TREND: Marks a statistically significant increase over time.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



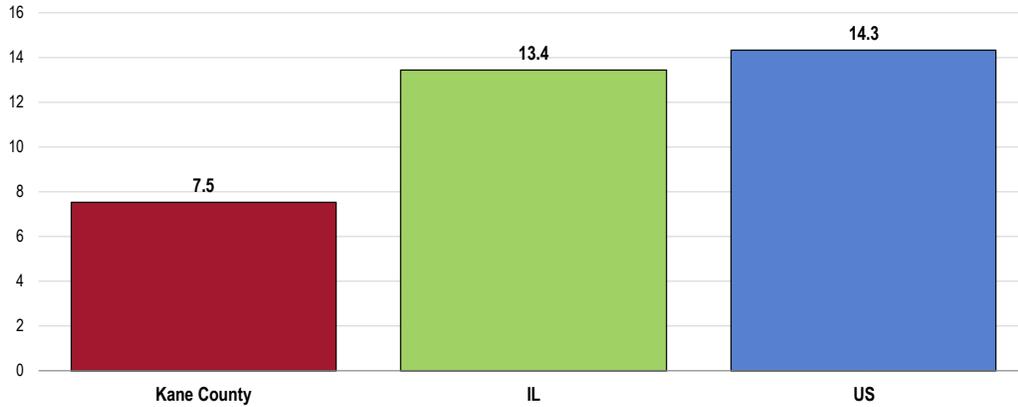
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Age-Adjusted Unintentional Drug-Related Deaths

Between 2014 and 2016, there was an annual average age-adjusted unintentional drug-related mortality rate of 7.5 deaths per 100,000 population in Kane County.

- Well below the state and US rates.
- Satisfies the Healthy People 2020 target (11.3 or lower).

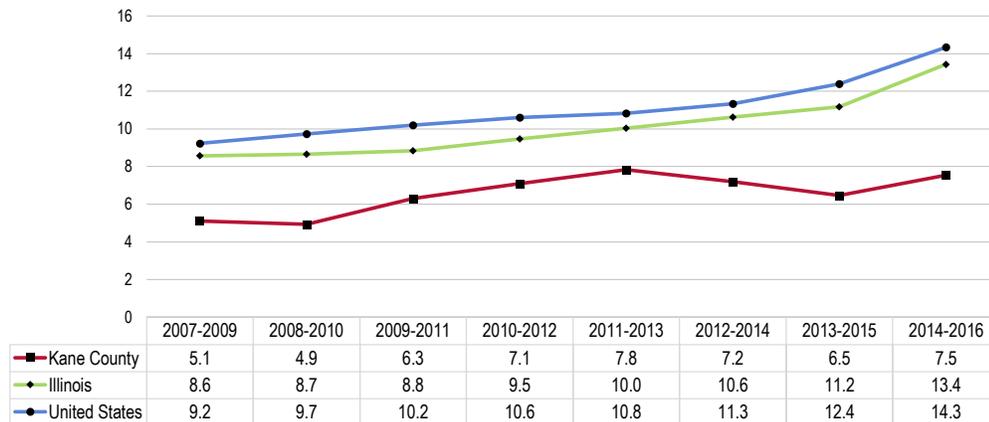
Unintentional Drug-Related Deaths: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** Despite some decreases in recent years, the county mortality rate has generally increased over the past decade. Statewide and nationwide, rates have increased even more sharply.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
● UD Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12].
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Illicit Drug Use

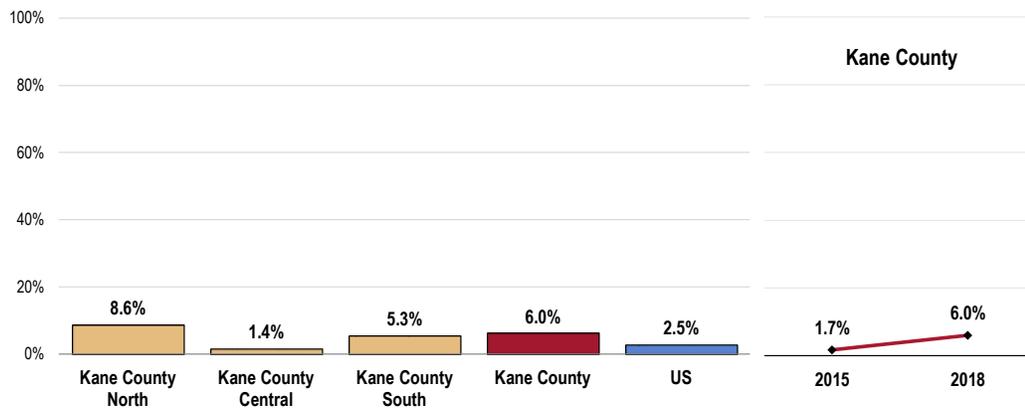
A total of 6.0% of Kane County adults acknowledge using an illicit drug in the past month.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

- Well above the proportion found nationally.
- Similar to the Healthy People 2020 target of 7.1% or lower.
- Unfavorably high in North Kane County; lowest in Central Kane County.
- TREND: Marks a statistically significant increase over time.

Illicit Drug Use in the Past Month Healthy People 2020 Target = 7.1% or Lower

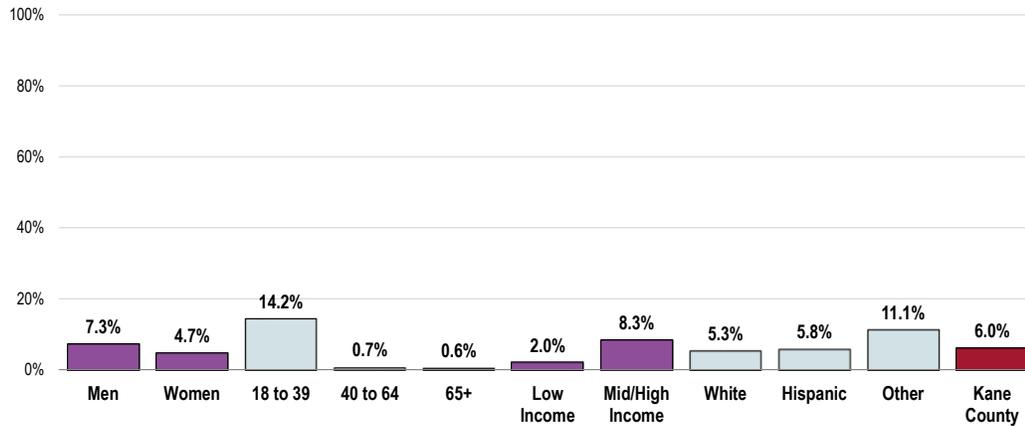


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all respondents.

- Illicit drug use is highest among young adults, upper-income respondents, and "Other" races in Kane County.

Illicit Drug Use in the Past Month (Kane County, 2018)

Healthy People 2020 Target = 7.1% or Lower



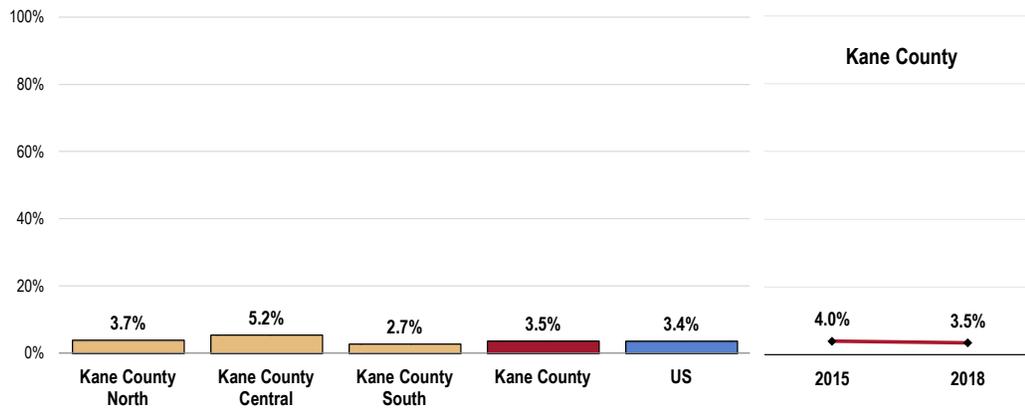
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. 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.

Alcohol & Drug Treatment

A total of 3.5% of Kane County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- Similar findings by subarea.
- TREND: Statistically unchanged since the last survey.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



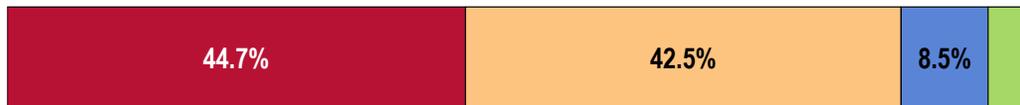
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a “major problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2018)

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



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

- Lack of programs. – Kane County Community Leader*
- Lack of adequate substance usage treatment facilities in this community. The demand for the service outweighs the ability of the social service agencies ability to provide substance usage services. A greater emphasis should be placed on prevention. – Kane County Social Services Provider*
- Lack of treatment facilities. – Kane County Community Leader*
- No local detox. – Kane County Social Services Provider*
- Lack of a detox facility. Mercy Hospital not detoxing those on expanded Medicaid or those with no insurance. Wait lists for inpatient residential. Lack of needed 60 and 90-day inpatient programs for residential. This is regarding those who are poor. – Kane County Social Services Provider*
- Not accessible to everyone. Stigmatizing. Affordability. Desire to quit. How difficult it is to quit. People get kicked out of services for continuing to use. – Kane County Social Services Provider*
- Quality care, insurance coverage, fees, appearance of treatment facilities. – Kane County Social Services Provider*
- Substance abuse, particularly with the onset of the opioid crisis, is always suffering from limited access to services. This is exacerbated by the stigma that is associated with substance abuse. – Kane County Social Services Provider*
- Lack of facilities. Stigmas attached to substance abuse treatment. Cost for some treatments. – Kane County Community Leader*
- Lack of capacity locally for residential treatment, detox facilities, and quick access to substance abuse treatment, particularly for those with an opioid addiction. – Kane County Health Provider*
- People getting access to treatment facilities. – Kane County Health Provider*
- Persons with SA issues need treatment to lead normal lives. Also, SA can be lethal, i.e. heroin. – Kane County Social Services Provider*
- Often, our community does not recognize substance abuse, particularly alcohol abuse. It is not addressed until things start to unravel. Individuals don't recognize the abuse themselves. I do not know what the barriers to treatment are. – Kane County Social Services Provider*
- Access to treatment facilities, early identification of a substance abuse problem and reducing the stigma attached to it. – Kane County Health Provider*
- There are no local treatment centers for abuse rehab due to recent public outcry regarding placing these centers in their local communities. – Kane County Health Provider*

Outpatient treatment options and lack of follow up from providers post hospitalization or treatment to ensure success in program. – Kane County Community Leader

Lack of resources. – Kane County Community Leader

Detox for uninsured with substance use disorders. – Kane County Social Services Provider

Denial/Stigma

There are programs but people don't go. – Kane County Health Provider

Stigma in securing services. Affording the treatment, follow-up and support after treatment. – Kane County Social Services Provider

Stigma, cost of inpatient and outpatient care. – Kane County Social Services Provider

Acknowledgement of there being a problem. Denial. – Kane County Social Services Provider

Stigma. Inadequate resources. Uninsured or Underinsured. Waiting lists. – Kane County Public Health Representative

In my opinion, the barriers are the patients themselves not willing to get the help that they need, as well as the lack of facilities in my community and the lack of funds. – Kane County Social Services Provider

It is apparently easy to get drugs. People don't recognize there is a problem until it's difficult to treat. – Kane County Community Leader

Client resistance to treatment. – Kane County Social Services Provider

Pride. No resources. Lack of knowledge and responsibility. Low income, lack of funds. – Kane County Community Leader

Many people are not ready or willing to access help and then when they do, they may fail initially. This is normal and the system should support their re-entry into treatment. – Kane County Public Health Representative

Identifying and serving those who are using heroin and opioids. – Kane County Community Leader

Affordable Care/Services

Affordability if no insurance, transportation to and from program. – Kane County Community Leader

Access to inpatient services for unfunded clients, as well as access to medication assisted treatment. – Kane County Social Services Provider

Cost, stigmas, knowing who or where, disinterest, free will. – Kane County Health Provider

Cost. – Kane County Social Services Provider

Expense, lack of insurance, inadequate treatment capacity. – Kane County Public Health Representative

Access to support, affordable and timely services. – Kane County Health Provider

Cost. Lack of actual locations of treatment facilities in all areas of the County. – Kane County Social Services Provider

Again, substance abuse is a rising issue. Kudos to Kane for investing in Narcan to prevent death. However, working to provide long term, affordable treatment options is also key. Substance abuse is not a short-term fix and needs to be addressed. – Kane County Community Leader

Health Education and Awareness

Education. – Kane County Social Services Provider

Knowledge of what substance use treatment is available and how to access those services.

Sometimes the ability to pay for those services is also a concern. – Kane County Social Services Provider

Getting the resource information in the hands of those who need help with substance abuse. – Kane County Community Leader

Education of what constitutes treatment needs. – Kane County Social Services Provider

Lack of public knowledge on where to go. – Kane County Social Services Provider

Funding

Funding and providers. – Kane County Public Health Representative

Services also being cut back because of loss of funding. – Kane County Community Leader

A lack of funding for substance abuse counselors. Twice weekly NA meetings at my church are

exploding in size. A congregant who is a counselor is dreadfully overworked. We simply need more counselors. We also need to address the root causes. – Kane County Community Leader

Access for Uninsured/Underinsured

Lack of insurance to maintain sustained care for the duration of treatment. – Kane County Social Services Provider

Access to outpatient programs for uninsured or underinsured persons. Lack of acknowledgement and awareness within the community, few long-term support services. – Kane County Social Services Provider

Lack of insurance and treatment providers for low income individuals. – Kane County Social Services Provider

Healthcare coverage, cost of treatment, educational services and support services such as transportation. – Kane County Public Health Representative

Comorbidities

Mental illness and substance abuse tend to go together. – Kane County Physician

This seems to be going hand in hand with mental health somewhat. I think that resources may not be known to the public and how to access the resources. Part of the issue may also be the individuals not wanting to seek assistance. – Kane County Health Provider

Co-Occurrences

Substance abuse has a huge adverse impact from teen drop outs to crime. Many chronic homeless have a substance abuse addiction. Getting people help is difficult because they don't want it. – Kane County Community Leader

Diagnosis/Treatment

Lack of coping skills. – Kane County Social Services Provider

Opioid Epidemic

It seems as if the opioid epidemic has taken over in Kane County. It is overwhelming from a provider standpoint, so those with abuse issues must have challenges finding resources to access help if they are ready to find help. – Kane County Community Leader

Transportation

Within Kane County there are different substance abuse providers. However, transportation is often a barrier for individuals with alcohol or substance abuse issues. There is also limited resources for clients who have a managed Medicaid insurance. – Kane County Social Services Provider

Most Problematic Substances

Key informants (who rated this as a “major problem”) identified **heroin** as the most problematic substance abused in the community, followed closely by **alcohol**.

Problematic Substances as Identified by Key Informants				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Heroin	40.0%	40.0%	20.0%	10
Alcohol	44.4%	55.6%	0.0%	9
Marijuana	0.0%	25.0%	75.0%	4
Prescription Medications	0.0%	0.0%	100%	3
Cocaine or Crack	0.0%	0.0%	100%	2
Methamphetamines or Other Amphetamines	100%	0.0%	0.0%	2

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.

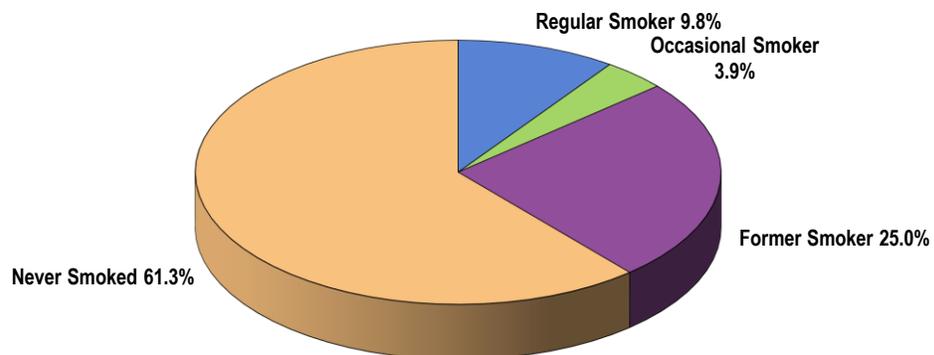
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 13.7% of Kane County adults currently smoke cigarettes, either regularly (9.8% every day) or occasionally (3.9% on some days).

Cigarette Smoking Prevalence
(Kane County, 2018)

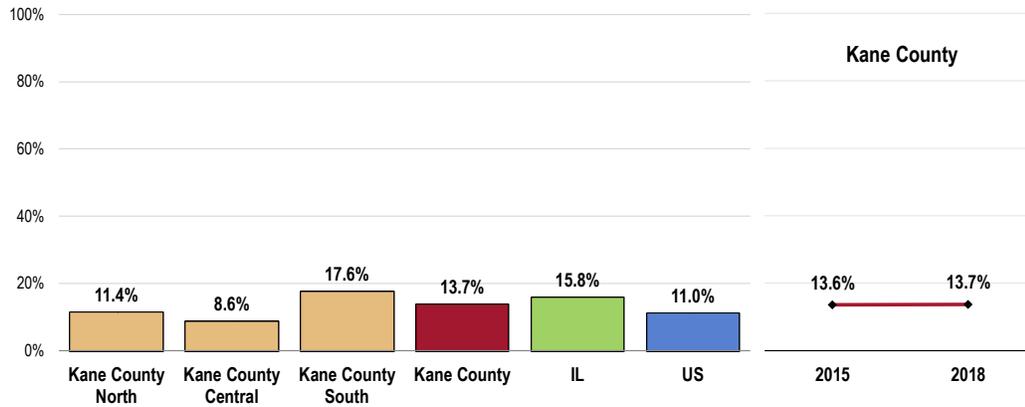


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
Notes: • Asked of all respondents.

- Similar to statewide and national findings.
- Similar to the Healthy People 2020 target (12% or lower).
- Unfavorably high in South Kane County; lowest in the Central area.
- TREND: The percentage is statistically unchanged since 2015.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2016 Illinois IL data.
 • 2017 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 TU-1.1]
 Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

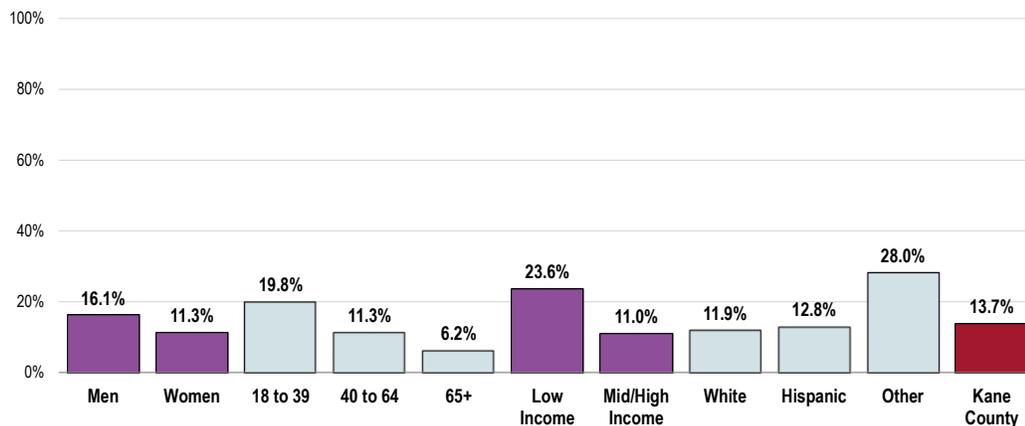
Cigarette smoking is more prevalent among:

- Men.
- Adults under age 40 (negative correlation with age).
- Lower-income residents.
- “Other” races.

Current Smokers

(Kane County, 2018)

Healthy People 2020 Target = 12.0% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
 • 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 (every day and some days).

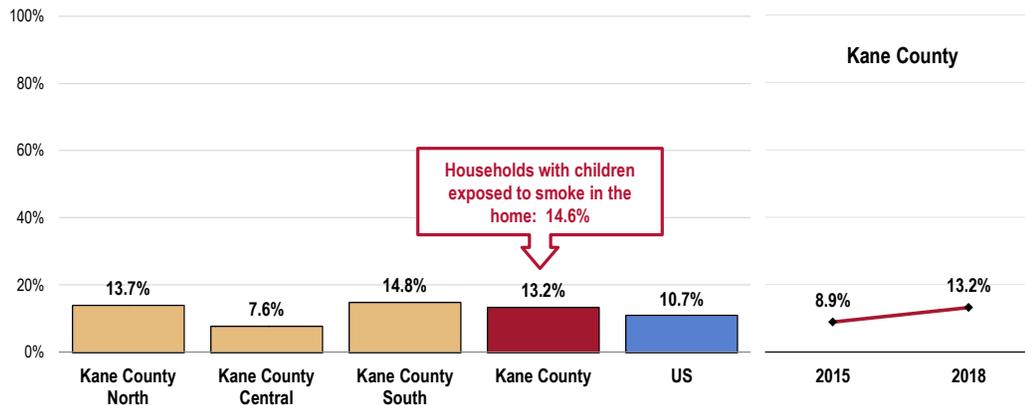
Environmental Tobacco Smoke

A total of 13.2% of Kane County adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Comparable to national findings.
- Favorably low in Central Kane County.
- TREND: Marks a statistically significant increase over time.

Note that 14.6% of Kane County children are exposed to cigarette smoke at home, twice the national prevalence.

Member of Household Smokes at Home



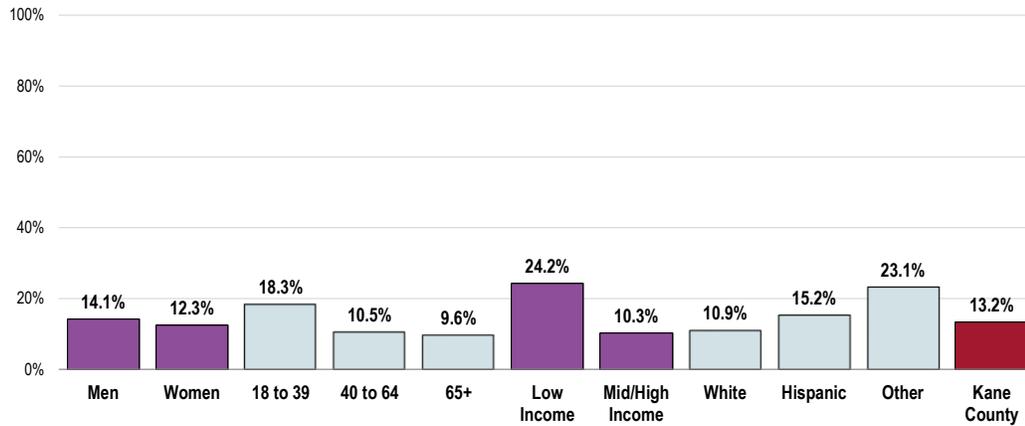
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 162]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Exposure to environmental smoke is highest among young adults, low-income residents, and "Other" races.

Member of Household Smokes At Home (Kane County, 2018)



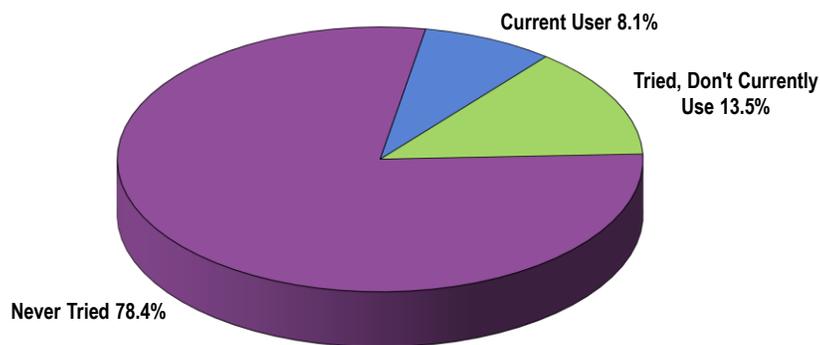
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

Vaping Products

A total of 8.1% of Kane County adults currently use electronic cigarettes (e-cigarettes) or other electronic vaping products, while 13.5% have tried but no longer use them.

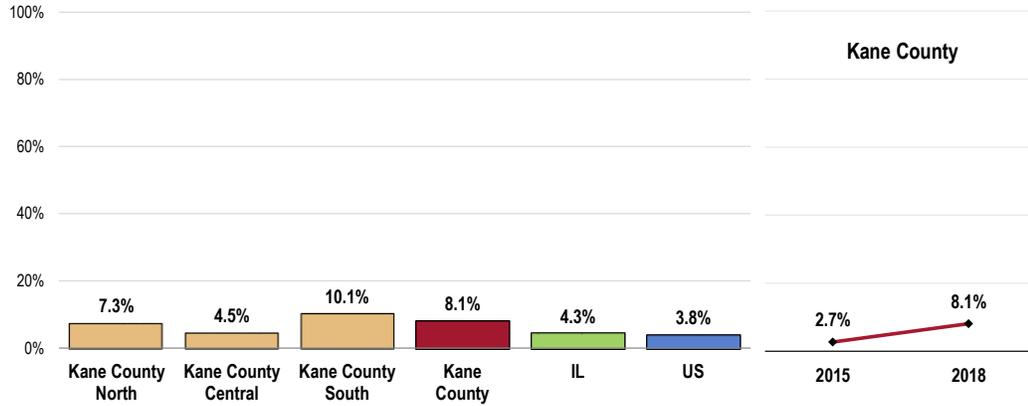
Use of Vaping Products (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
 Notes: • Asked of all respondents.

- The local prevalence is higher than state and national figures.
- Favorably low in Central Kane County.
- TREND: The prevalence denotes a statistically significant increase over time.

Currently Use Vaping Products (Every Day or on Some Days)



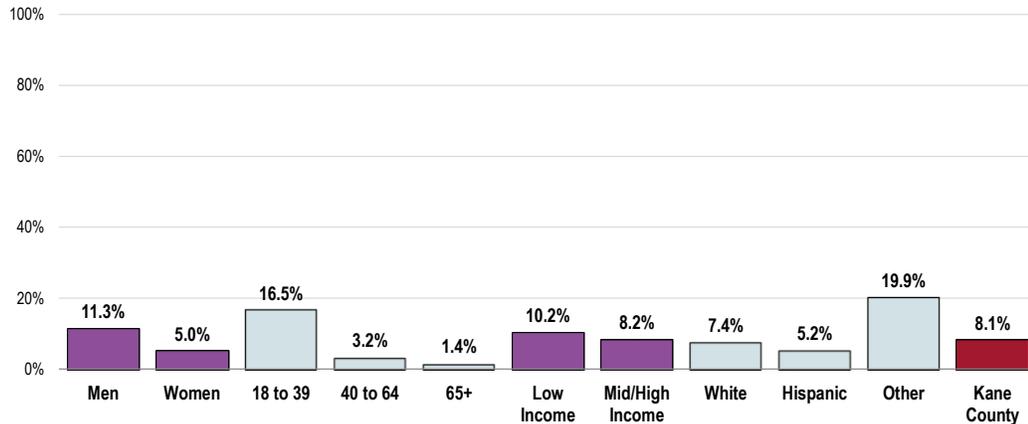
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Electronic cigarette/other vaping product use is more prevalent among:

- Men.
- Adults under age 40 (negative correlation with age).
- “Other” races.

Currently Use Vaping Products (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
 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 occasional users (those who smoke e-cigarettes every day or on some days).

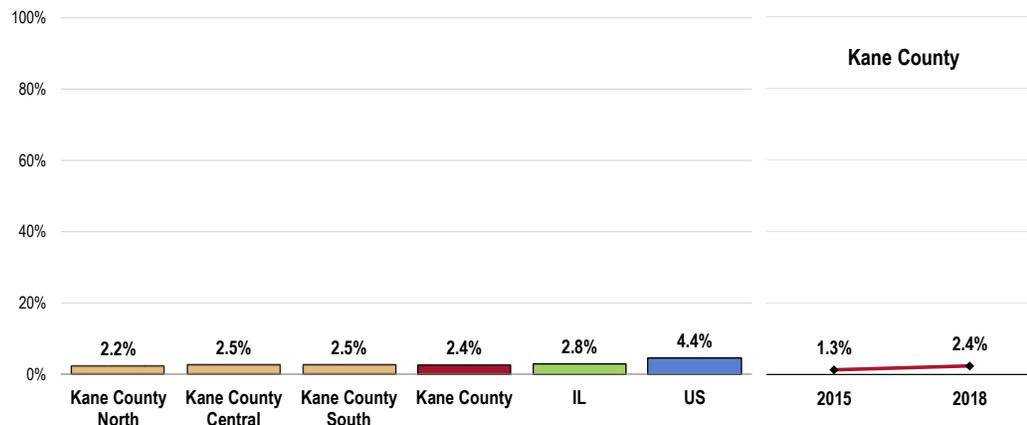
Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

Smokeless Tobacco

A total of 2.4% of Kane County adults use some type of smokeless tobacco every day or on some days.

- Comparable to the state percentage.
- Lower than the US figure.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Comparable findings by county subarea.
- TREND: Similar to 2015 findings.

Current Use of Smokeless Tobacco



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Illinois IL data.
 • 201 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Smokeless tobacco includes chewing tobacco or snuff.

Tobacco Cessation

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 (www.healthypeople.gov)

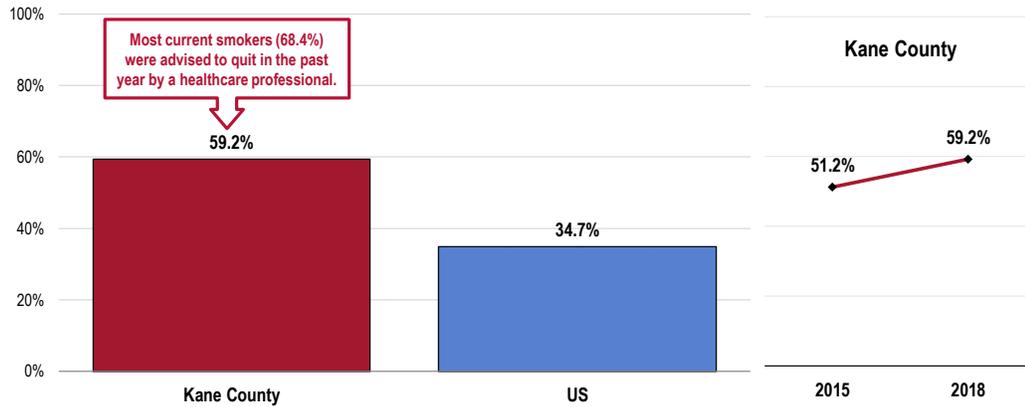
Nearly 6 in 10 regular smokers (59.2%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Considerably higher than the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- TREND: Statistically unchanged over time.

Most current smokers (68.4%) have been advised by a healthcare professional in the past year to quit smoking.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking (Among Everyday Smokers)

Healthy People 2020 Target = 80.0% or Higher



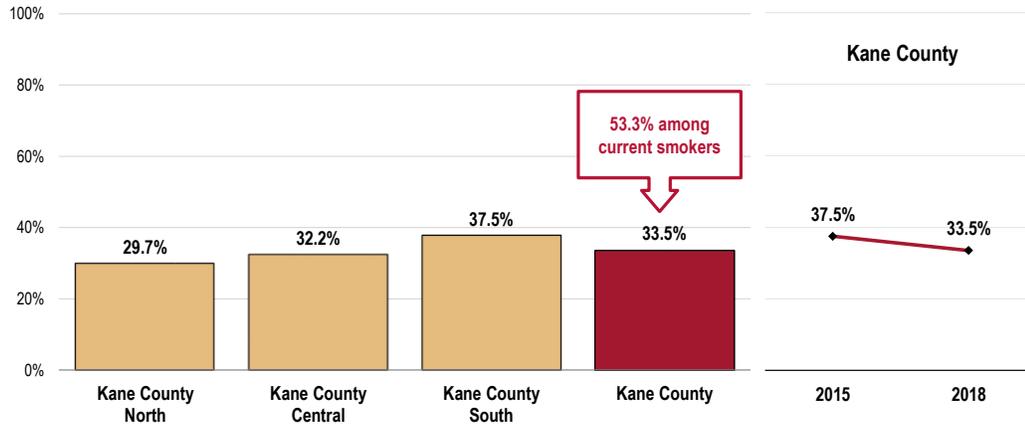
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 50-51]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]
 Notes: • Asked of respondents who smoke cigarettes every day.

Illinois Tobacco Quit-Line

One-third (33.5%) of respondents are aware of the Illinois Tobacco Quit-Line (1-866-QUIT-YES), including 53.3% of current smokers.

- Awareness is highest in the South and lowest in the North.
- TREND: Similar to 2015 findings.

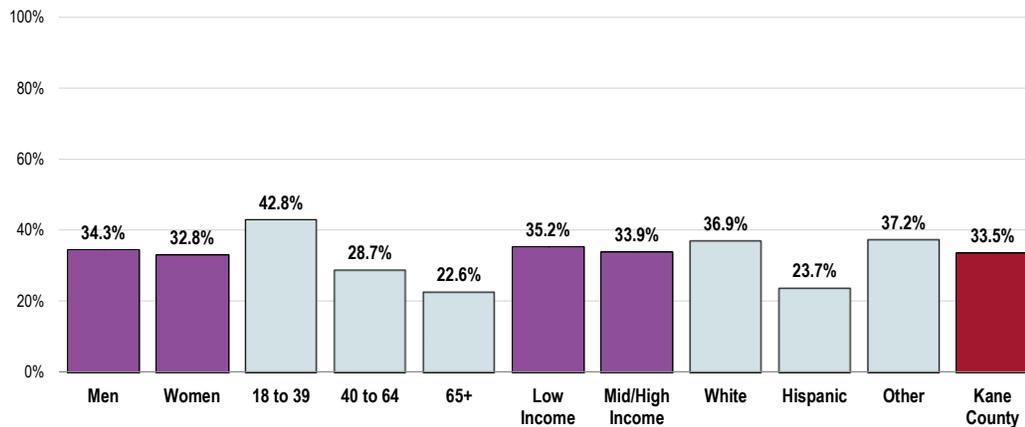
Aware of the Illinois Tobacco Quit-Line (1-866-QUIT-YES)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 318]
 Notes: • Asked of all respondents.

- Viewed by demographic characteristics, awareness of the quit-line is lowest among seniors (negative correlation with age) and Hispanics.

Aware of the Illinois Tobacco Quit-Line (1-866-QUIT-YES) (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 318]
 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.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “moderate problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2018)

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



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

The use of tobacco causes a significant amount of preventable diseases and deaths both through primary use and second-hand smoke. – Kane County Health Provider

Marketing to those who have mental health, substance usage issues, and minorities populations. – Kane County Social Services Provider

Common. – Kane County Social Services Provider

This is a known carcinogen with secondary smoke. The smoking rates are highest in the low-income communities. Needs focused individual and policy intervention. – Kane County Community Leader

Still more and more youth and adults are continuing to smoke. – Kane County Social Services Provider

Smoking is prevalent. – Kane County Physician

Smoking nicotine is one of the most addictive habits among psychoactive substances. – Kane County Social Services Provider

High use in our population, particularly those with mental health issues and from Mexico, Nepal. – Kane County Health Provider

Co-Occurrences

It is an addictive habit that can potentially lead to other addictions. – Kane County Community Leader

Youth

One in five teenagers still smoke. – Kane County Social Services Provider

Youth smoking. – Kane County Community Leader

Access to Health Services



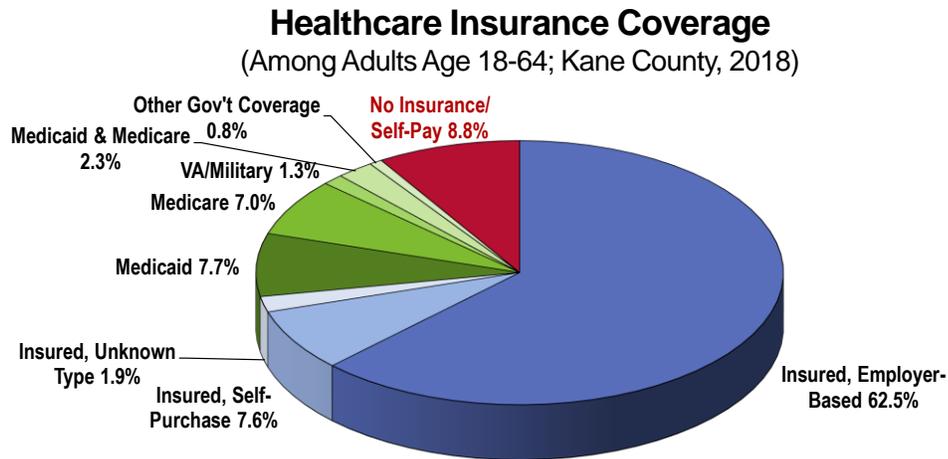
Professional Research Consultants, Inc.

Health Insurance Coverage

Type of Healthcare Coverage

A total of 72.0% of Kane County adults age 18 to 64 report having healthcare coverage through private insurance. Another 19.1% 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: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: • Reflects respondents age 18 to 64.

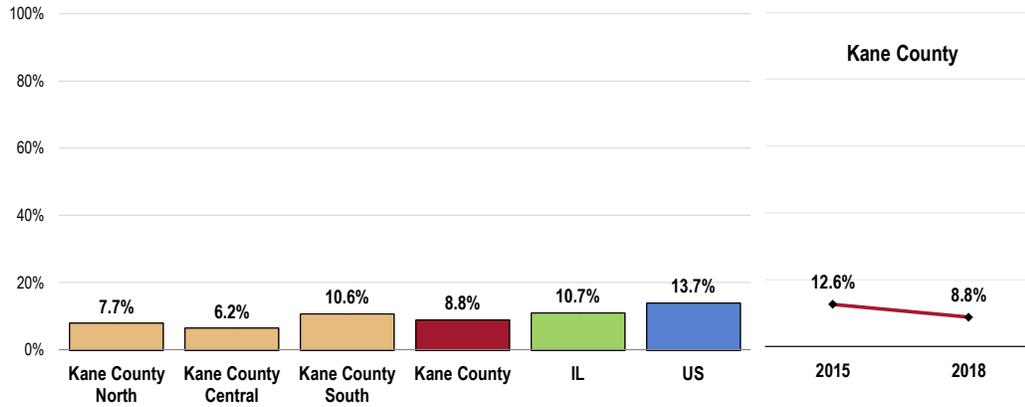
Lack of Health Insurance Coverage

Among adults age 18 to 64, 8.8% 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 state finding.
- More favorable than the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Similar findings by county subarea.
- TREND: Marks a statistically significant decrease (improvement) over time.

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



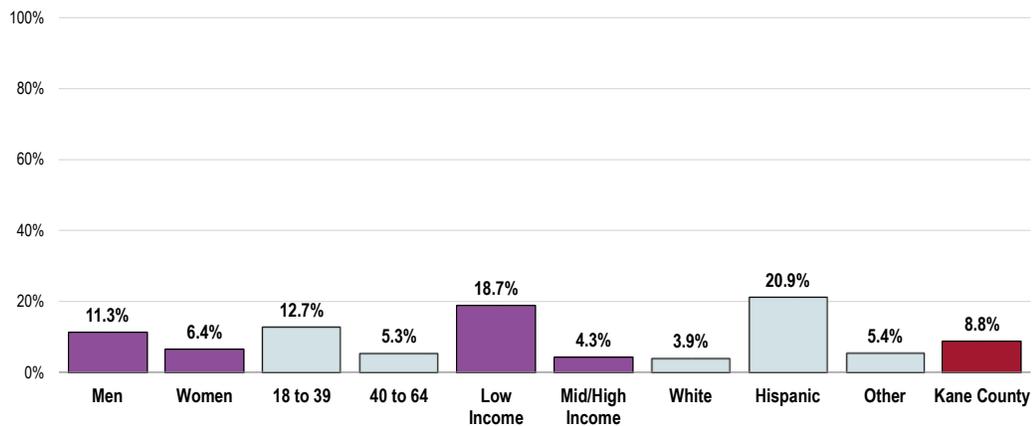
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 • 2017 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.

The following population segments are more likely to be without healthcare insurance coverage:

- Men.
- Young adults.
- Residents living at lower incomes (especially).
- Hispanics (especially).

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64; Kane County, 2018) Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 • 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 healthcare 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 healthcare system; 2) Accessing a healthcare location where needed services are provided; and 3) Finding a healthcare provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

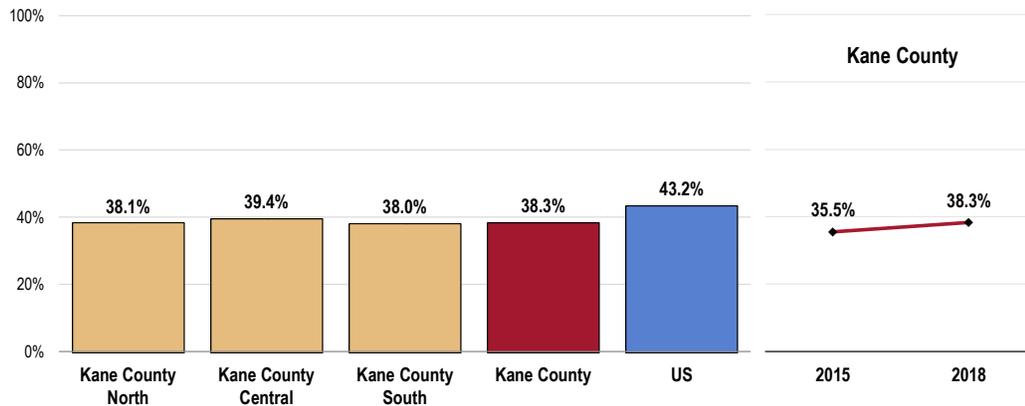
Difficulties Accessing Services

A total of 38.3% of Kane County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- More favorable than national findings.
- Statistically similar by county subarea.
- TREND: Similar to the percentage reported in 2015.

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

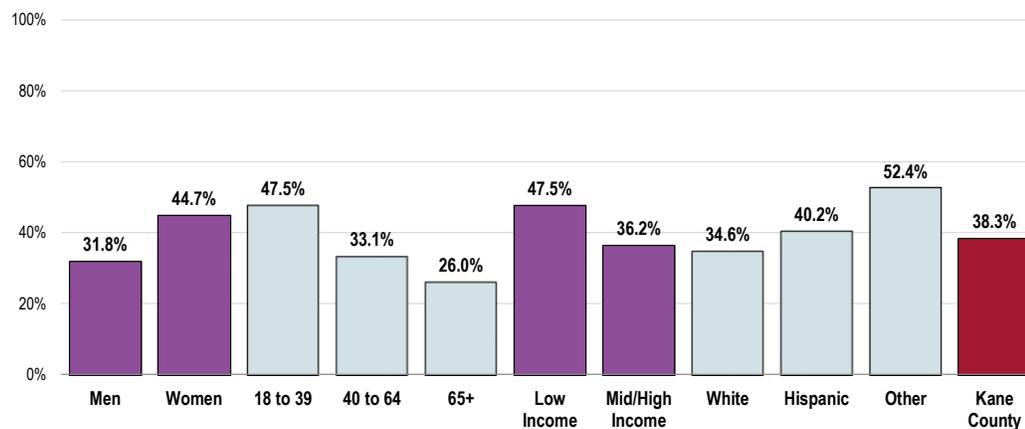


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

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

- Women.
- Adults under age 65 (especially under age 40).
- Lower-income residents.
- “Other” races.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]

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.

Barriers to Healthcare Access

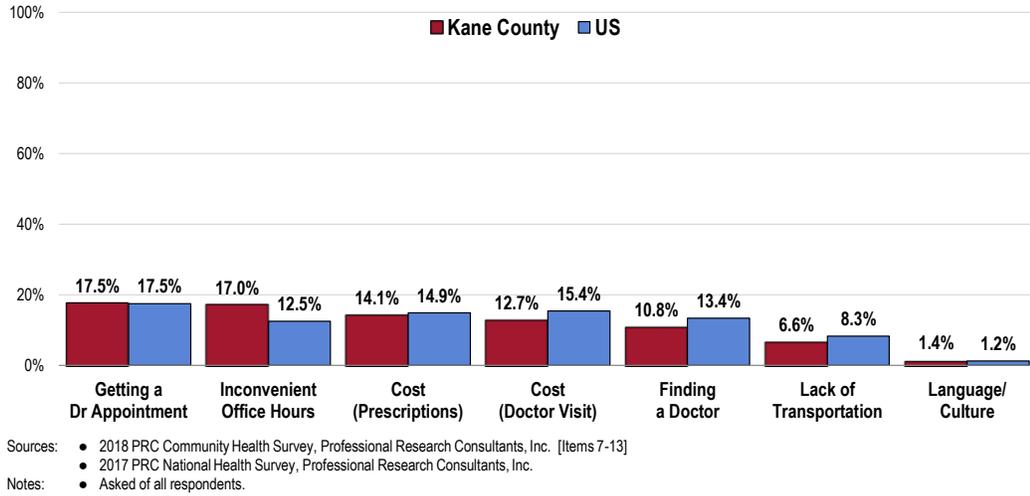
Of the tested barriers, difficulty getting an appointment impacted the greatest share of Kane County adults (17.5% say that they had difficulty getting an appointment for medical care in the past year), followed closely by inconvenient office hours (impacting 17.0%).

- The proportion of Kane County adults impacted is statistically comparable to that found nationwide for each of the tested barriers, *with the exception of inconvenient office hours (Kane County fares worse)*.
- Viewed by county subarea, North Kane County fares worse than Central and South for cost as a prohibitive barrier to obtaining prescription medication (not shown).
- TREND: Between 2015 and 2018, there has been a statistically significant increase in the proportion of Kane County adults experiencing difficulty getting a medical appointment (not shown).

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

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year

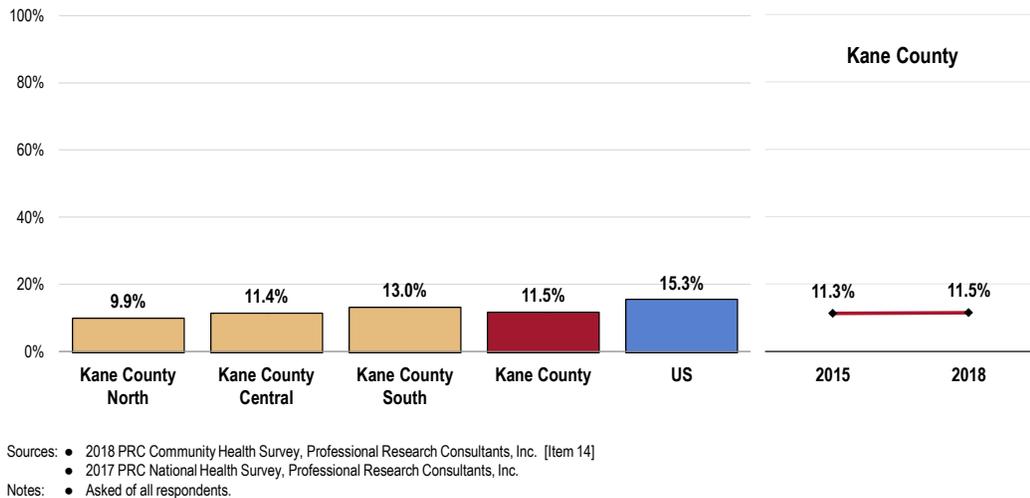


Prescriptions

Among all Kane County adults, 11.5% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- More favorable than national findings.
- Comparable by county subarea.
- TREND: Statistically unchanged over time.

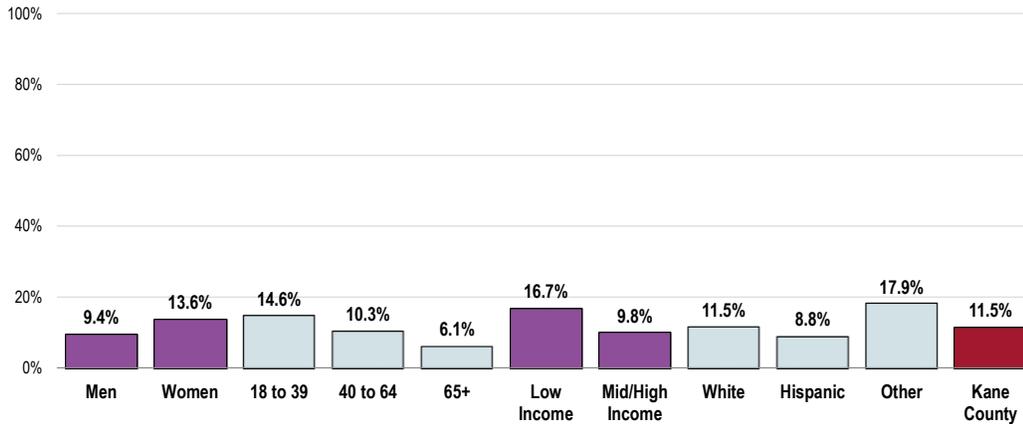
Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Younger residents.
- Respondents with lower incomes.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
 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.

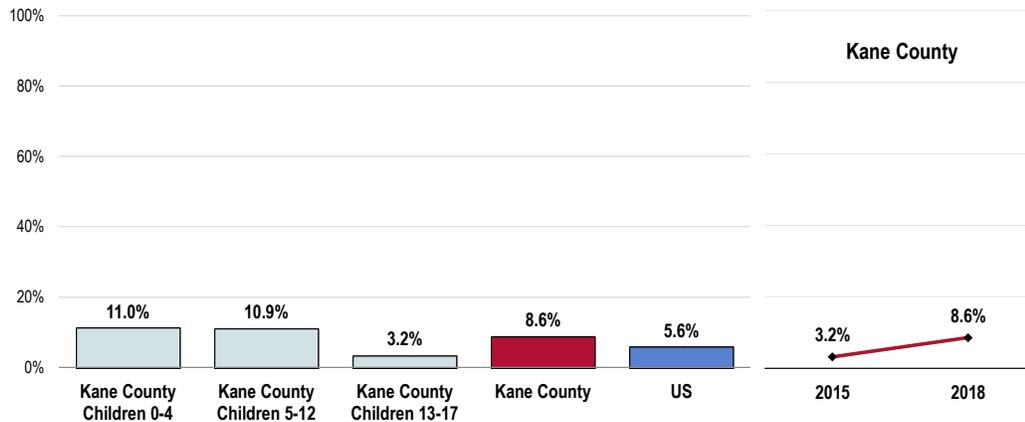
Accessing Healthcare for Children

A total of 8.6% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to what is reported nationwide.
- Unfavorably high in South Kane County (not shown).
- TREND: Marks a statistically significant increase since 2015.
- Reports of difficulty are much lower among parents of teens when compared with parents of children age 12 and under.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)



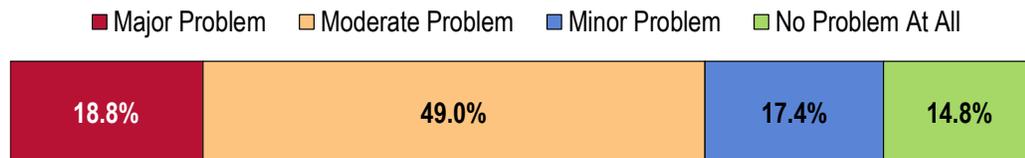
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118-119]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Among the small number of parents experiencing difficulties (17 respondents), the greatest share cited **cost or insurance issues** as the primary reason.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized **Access to Healthcare Services** as a “moderate problem” in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access for Uninsured/Underinsured

Need more access at FQHCs. Need near East side locations for access to most impoverished communities. Need sufficient hours and capacity to better meet the needs. – Kane County Social Services Provider

Especially challenging for families with limited resources, lack of insurance, Medicaid only insurance, limited financial resources. It is difficult to find providers willing to work with them. Local FQHCs have

done a good job of being a resource. – Kane County Community Leader

Uninsured, underinsured and quality care for both instances. – Kane County Social Services Provider

The uninsurable patient populations, these are members in our community that don't qualify to be insured due to their immigration status, undocumented or under a 5-year residency. More specifically when navigating specialty care. – Kane County Health Provider

Health inequity based on type of insurance, especially for specialty care. Lack of insurance for a large segment of the community and large deductibles that may make routine care unaffordable. – Kane County Public Health Representative

For low income people with no insurance, it is difficult for them to get medical attention. Even with federal government funded facilities, people do not know how to access them. – Kane County Community Leader

Access to Care/Services

Wait times, hurdles to jump through to obtain services. Quality of services due to overwhelming needs. – Kane County Social Services Provider

Plans not always accepted. After hours appointments, not always available. Trusting relationships do not exist with some healthcare providers and the community. – Kane County Community Leader

The challenge with accessing healthcare services is centered around not understanding insurance coverage and uncertainty with how and when to seek the appropriate care setting, i.e. primary care, physician visit versus ED visit. – Kane County Health Provider

In my volunteer life, I work with abused and neglected children who are wards of the state of Illinois. I find the basic healthcare needs are very difficult to access unless the support network around the child is advocating strongly for healthcare. – Kane County Community Leader

Lack of sufficient services and lack of money. – Kane County Social Services Provider

Access is a challenge relating to those with transportation issues, language issues, economically disadvantaged, and navigating a confusing system of insurance and rising healthcare costs. – Kane County Community Leader

Transportation to medical care for seniors. – Kane County Community Leader

Affordable Care/Services

Access and affordability. Kane has segments of great need. – Kane County Public Health Representative

Access to primary care is better now, but still an issue for those with funding concerns. Specialty care is very difficult in this county, unless it is seen through emergency room. Inpatient access is very good in the county, Outpatient is a problem. – Kane County Health Provider

Affording healthcare. – Kane County Social Services Provider

For individuals without insurance and in need of any type of diagnostic testing like an MRI, CT Scan, there are no affordable options available for those types of procedures. I have had individuals call stating that they were told to get an MRI. – Kane County Community Leader

Not affordable. – Kane County Social Services Provider

Medicare/Medicaid Providers

Ensuring adequate providers who take Medicaid and less preferred insurance plans. – Kane County Community Leader

Many therapies and health services are not paid for through Medicaid or paid at a much lower rate. – Kane County Social Services Provider

Clients who have no insurance or Medicaid cannot access services. – Kane County Social Services Provider

Medicaid insurance causes a delay in health services being provided, as well as quality of care. – Kane County Social Services Provider

Medicaid not accepted openly. Our population is funded through Medicaid. – Kane County Social Services Provider

Specialized Therapy Services

Difficult to find services such as occupational and speech therapy for children over the age 5yr. – Kane County Social Services Provider

Difficult to find trauma and attachment therapy for children and families whom have experienced

trauma. – Kane County Social Services Provider

Psychological, social workers, bilingual. – Kane County Social Services Provider

Access to Mental Healthcare

Lack of agencies serving the mentally ill. Inadequate financial support for existing agencies, especially in the northern portion of the county. – Kane County Social Services Provider

Accessing mental health services after hours, sub specialty services. Primary care services. People using the Emergency Department for primary care. – Kane County Social Services Provider

Health Education and Awareness

Unfortunately, many people aren't aware of what type of services and healthcare is available in our community. – Kane County Community Leader

Lack of awareness of services, fees and accessibility for uninsured and underinsured. Low- to moderate-income households due to language barriers and competing messages among organizations. – Kane County Social Services Provider

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified behavioral health, specialty care, and chronic disease care as the most difficult to access in the community.

Medical Care Difficult to Access as Identified by Key Informants				
	Most Difficult	Second-Most Difficult	Third-Most Difficult	Total Mentions
Behavioral Health	54.2%	33.3%	12.5%	24
Specialty Care	38.5%	30.8%	30.8%	13
Chronic Disease Care	40.0%	10.0%	50.0%	10
Substance Abuse Treatment	0.0%	57.1%	42.9%	7
Elder Care	33.3%	16.7%	50.0%	6
Primary Care	25.0%	75.0%	0.0%	4
Dental Care	0.0%	33.3%	66.7%	3
Urgent Care	0.0%	0.0%	100%	1
Trauma and Attachment Therapy	0.0%	100%	0.0%	1
Prenatal Care	0.0%	0.0%	100%	1
Palliative Care	0.0%	0.0%	100%	1
Pain Management	0.0%	100%	0.0%	1
Occupational and Speech Therapy	100%	0.0%	0.0%	1

Primary Care Services

About Primary Care

Improving healthcare 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

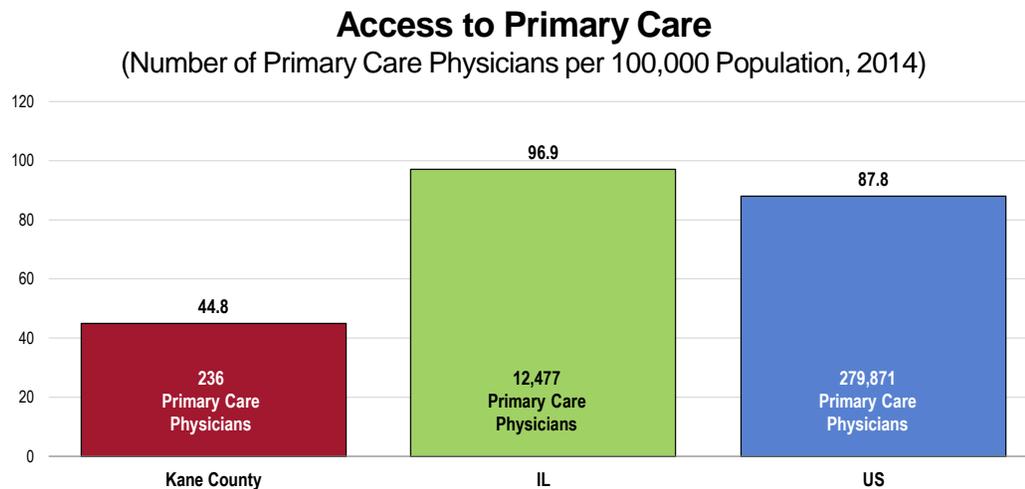
Improving healthcare services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In Kane County, there were 236 primary care physicians in 2014, translating to a rate of 44.8 primary care physicians per 100,000 population.

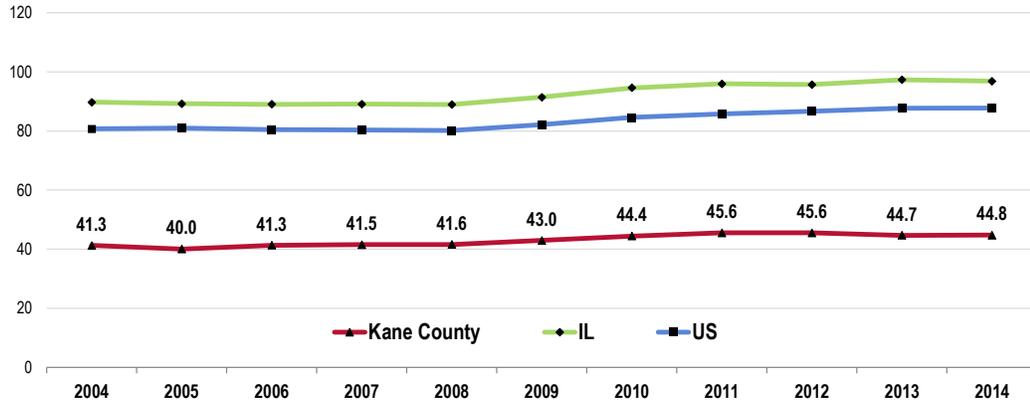
- Well below what is found statewide and nationally.



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 - Retrieved April 2018 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.

- **TREND:** Access to primary care (in terms of the rate of primary care physicians to population) has not changed greatly over the past decade in Kane County.

Trends in Access to Primary Care (Number of Primary Care Physicians per 100,000 Population)



Sources: • US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 • Retrieved April 2018 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.
 • These figures represent all primary care physicians practicing patient care, including hospital residents.

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).

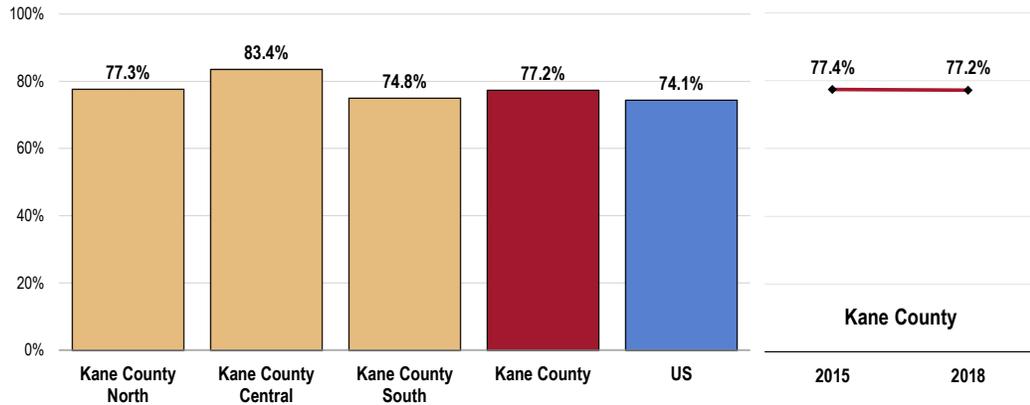
A hospital emergency room is not considered a specific source of ongoing care in this instance.

Specific Source of Ongoing Care

A total of 77.2% of Kane County adults were determined to have a specific source of ongoing medical care.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Higher in Central Kane County.
- TREND: Statistically unchanged over time.

Have a Specific Source of Ongoing Medical Care Healthy People 2020 Target = 95.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
 • 2017 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.

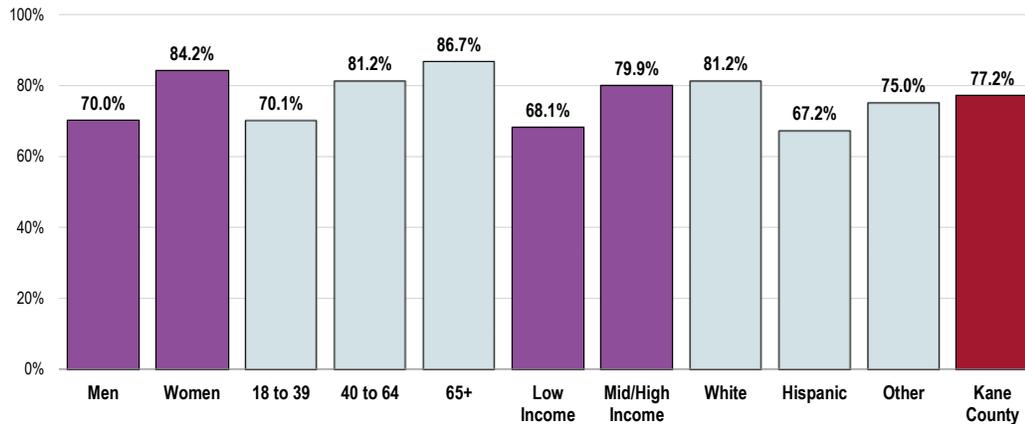
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under age 40.
- Lower-income adults.
- Hispanics.

Have a Specific Source of Ongoing Medical Care

(Kane County, 2018)

Healthy People 2020 Target = 95.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
 • 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.
 • 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.

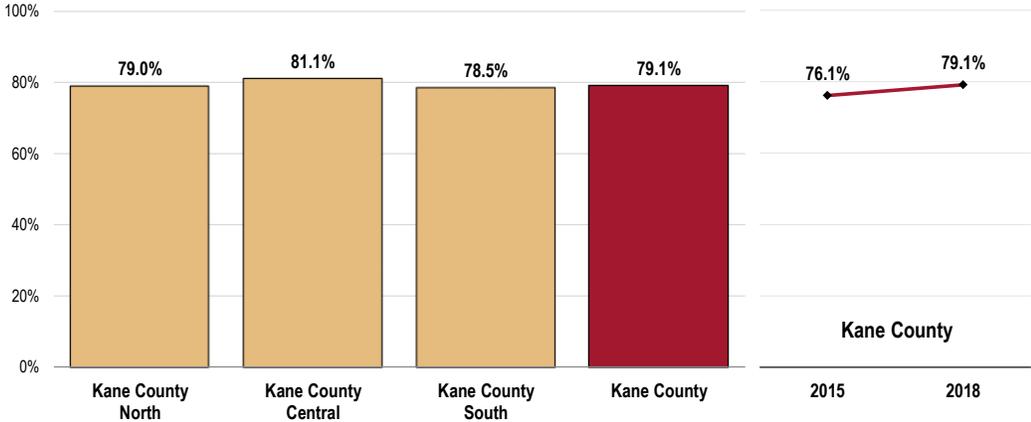
These individuals most often identified a **doctor's office** as the place where they go for care (mentioned by 77.2%). Another 11.6% identified a **public health clinic or community health center**, 10.8% identified an **urgent care or walk-in clinic**, and 0.4% mentioned a **military/VA facility**.

Particular Physician or Provider

A total of 79.1% of surveyed adults report that they have one person they think of as their personal physician or healthcare provider.

- Similar by county subarea.
- TREND: Statistically unchanged over time.

Have a Personal Doctor or Healthcare Provider



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
Notes: • Asked of all respondents.

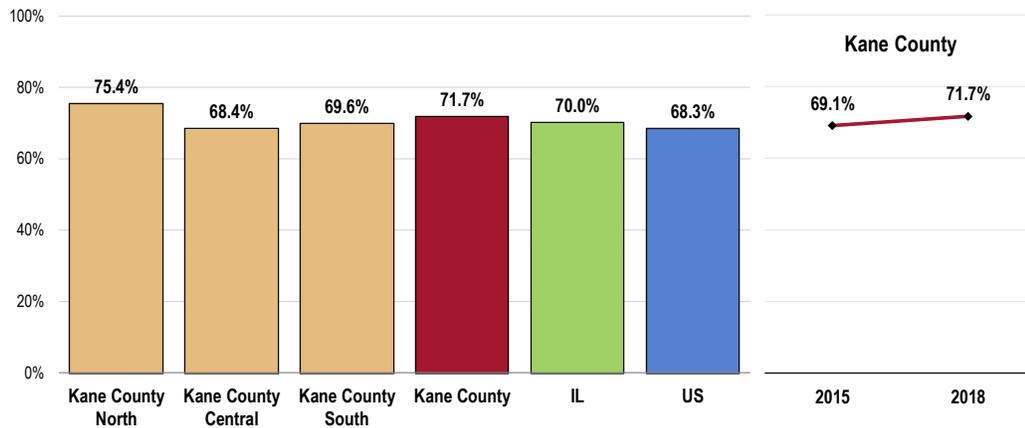
Utilization of Primary Care Services

Adults

Over 7 in 10 adults (71.7%) visited a physician for a routine checkup in the past year.

- Comparable to state and national findings.
- Favorably high in North Kane County.
- TREND: Statistically similar to 2015 findings.

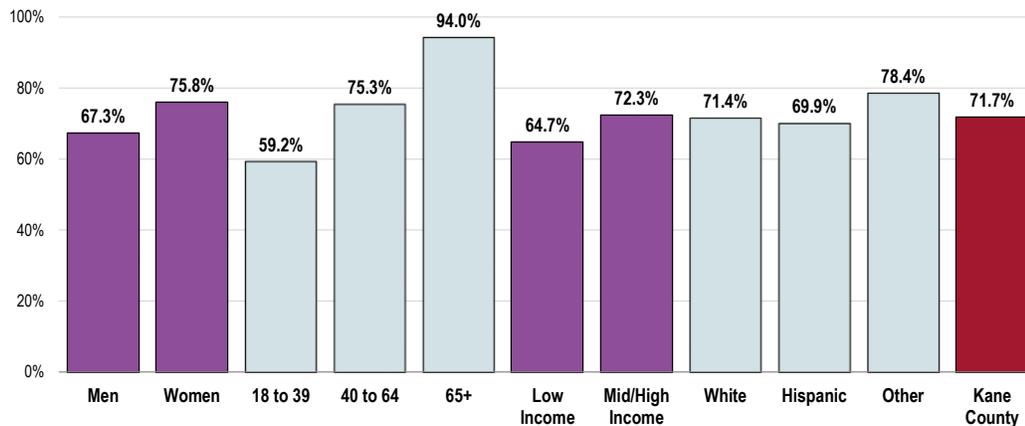
Have Visited a Physician for a Checkup in the Past Year



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

- Men and adults under age 40 are less likely to have received routine care in the past year (note the strong, positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year (Kane County, 2018)



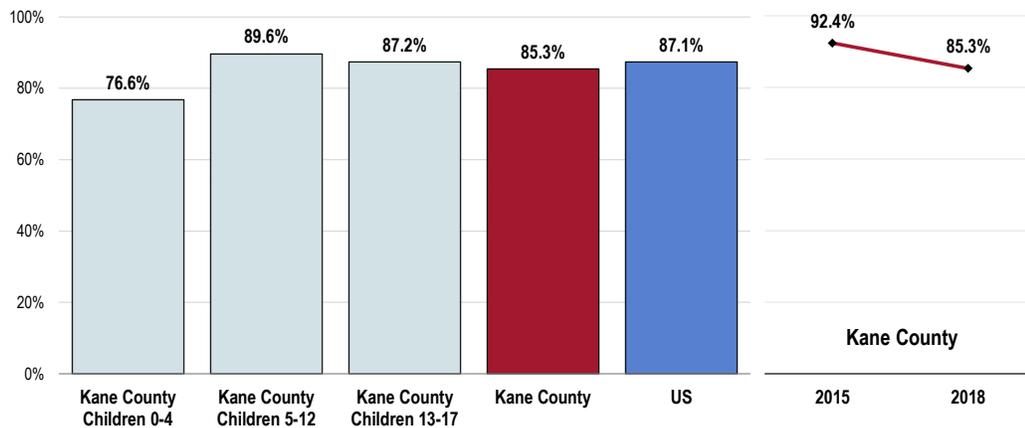
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect 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 surveyed parents, 85.3% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- Higher in Central Kane County (not shown).
- TREND: Marks a statistically significant decrease over time.
- Note that routine checkups are highest among Kane County children age 5 to 12.

Child Has Visited a Physician for a Routine Checkup in the Past Year
(Among Parents of Children 0-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Need for Specialty Care

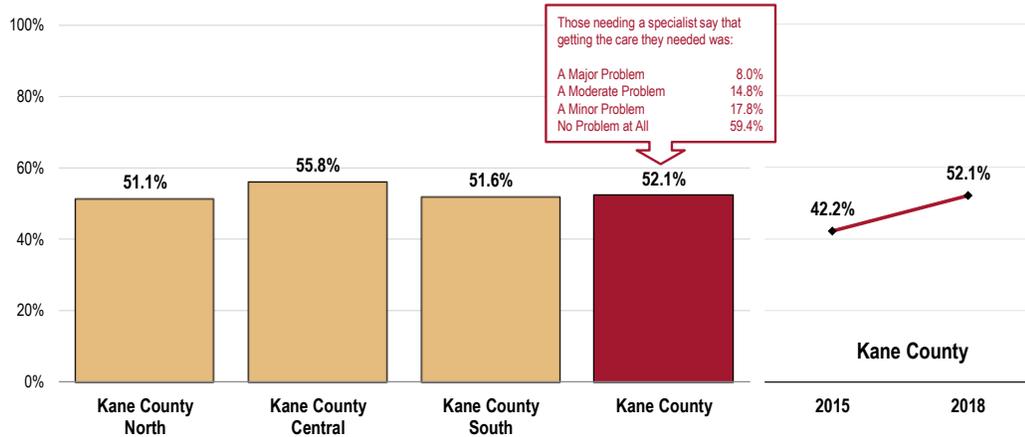
Just over half (52.1%) of adults needed to see a specialist for care in the past year.

Respondents were told that specialists are doctors like surgeons, allergy doctors, skin doctors, and other doctors who specialize in one area of healthcare; they were then asked if they needed to see a specialist for any reason at any time in the past year.

- Similar findings by county subarea.
- TREND: Denotes a statistically significant increase over previous survey findings.

Among those needing specialty care, 59.4% indicate that getting the care was “no problem at all” (while 22.8% gave “major/moderate problem” ratings).

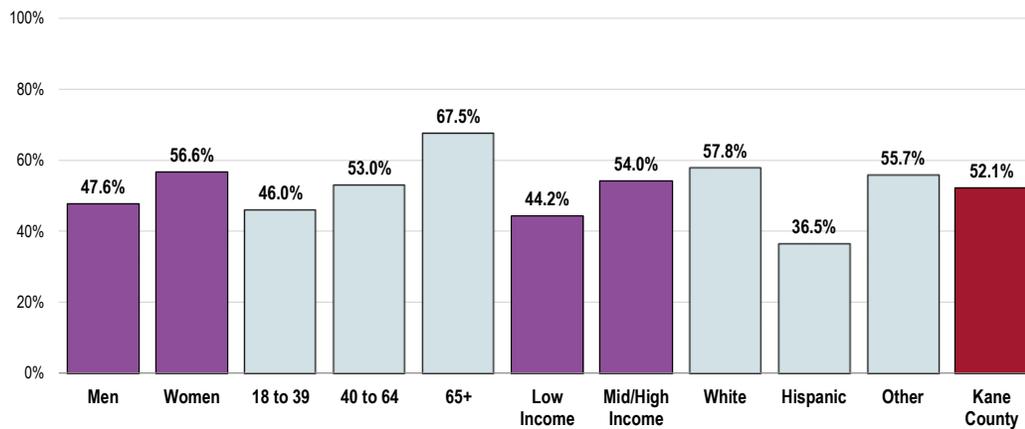
Needed to See a Specialist in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 311-312]
 Notes: • Asked of all respondents.

- Population segments more likely to have needed specialty care in the past year include women, seniors, upper-income residents, Whites, and “Other” races.

Needed to See a Specialist in the Past Year (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 311-312]
 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.

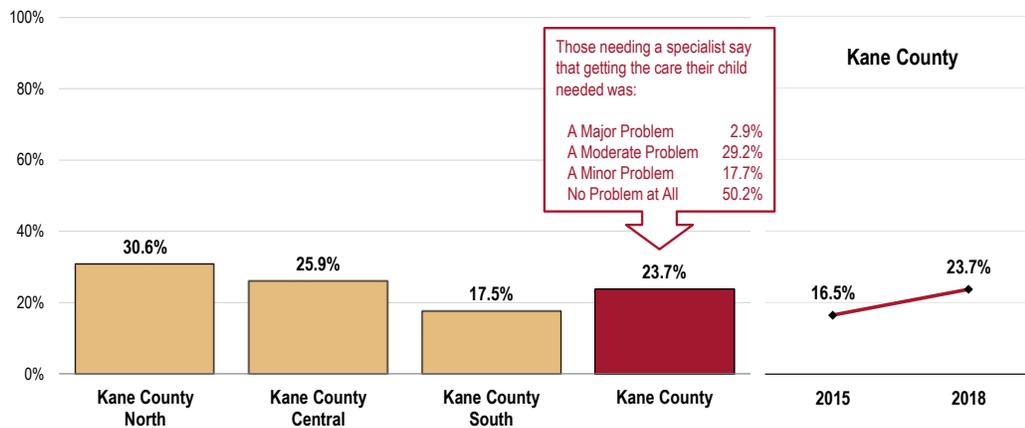
Children

Among surveyed parents, 23.7% report that their child needed specialty care in the past year.

- The prevalence is significantly higher in North Kane County.
- TREND: Denotes a statistically significant increase over time.

Among those parents with children needing specialty care, 50.2% indicate that getting the care was “no problem at all” (while 32.1% gave “major/moderate problem” ratings).

Child Needed to See a Specialist in the Past Year



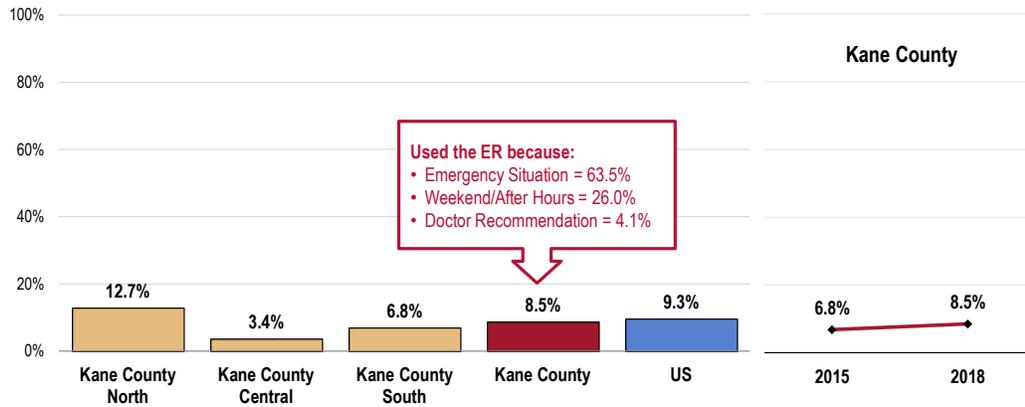
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 341-342]
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 8.5% of Kane County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to national findings.
- Unfavorably high in North Kane County; lowest in Central Kane County.
- TREND: Statistically unchanged since 2015.

Have Used a Hospital Emergency Room More Than Once in the Past Year



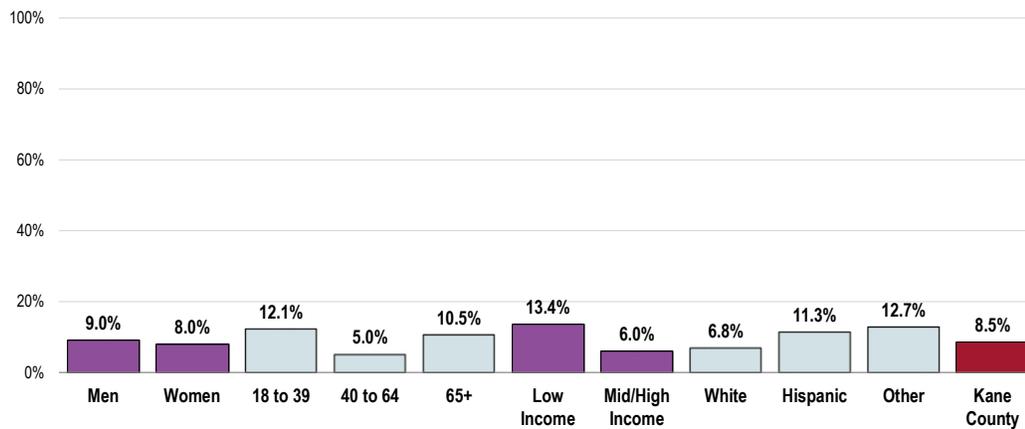
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Of those using a hospital ER, 63.5% say this was due to an **emergency or life-threatening situation**, while 26.0% indicated that the visit was during **after-hours or on the weekend**. A total of 4.1% cited **difficulties accessing primary care** for various reasons.

These population segments are more likely to have used an ER for their medical care more than once in the past year:

- Young adults.
- Seniors.
- Those in lower-income households.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
 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.

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.

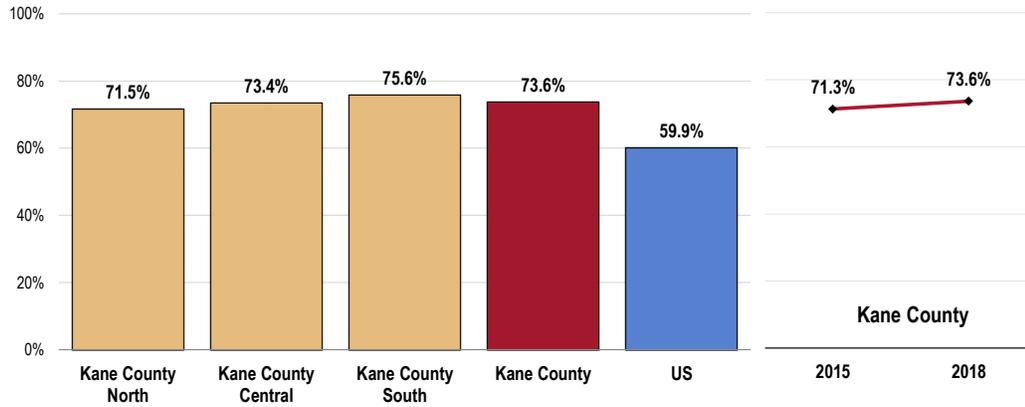
- Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Nearly three-fourths (73.6%) of Kane County adults have dental insurance that covers all or part of their dental care costs.

- Well above the national finding.
- Comparable findings by county subarea.
- TREND: Statistically unchanged since 2015.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

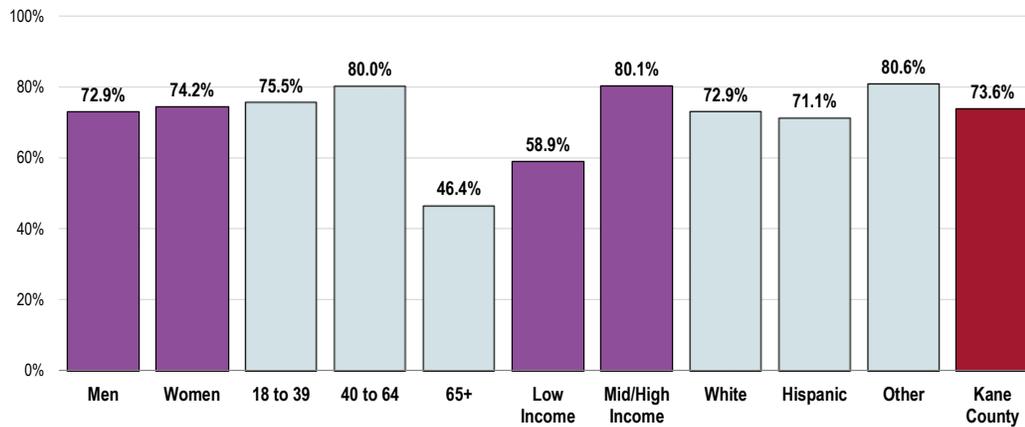


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

These adults are less likely to be covered by dental insurance:

- Seniors.
- Low-income residents.

Have Insurance Coverage That Pays All or Part of Dental Care Costs (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 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.

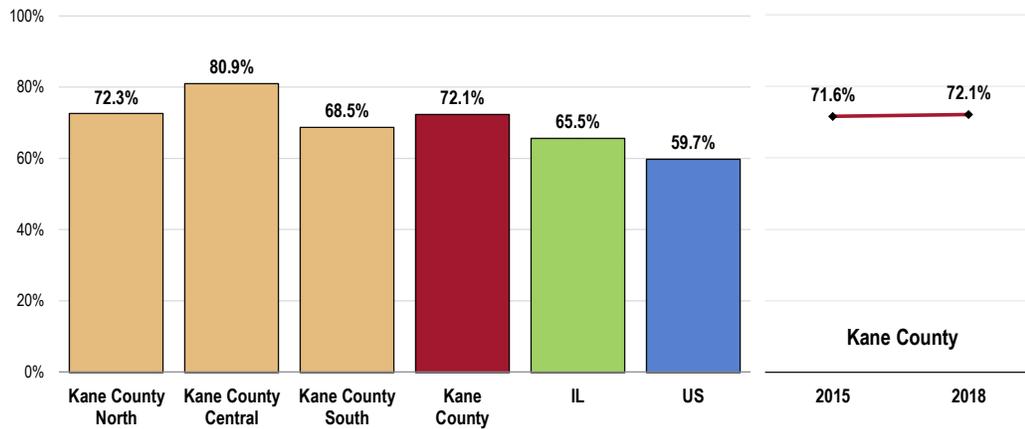
Dental Care

Adults

A total of 72.1% of Kane County adults have visited a dentist or dental clinic (for any reason) in the past year.

- More favorable than state and national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Favorably high in Central Kane County; lowest in the South.
- TREND: Statistically unchanged since 2015.

Have Visited a Dentist or Dental Clinic Within the Past Year Healthy People 2020 Target = 49.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Illinois IL data.
 • 2017 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]

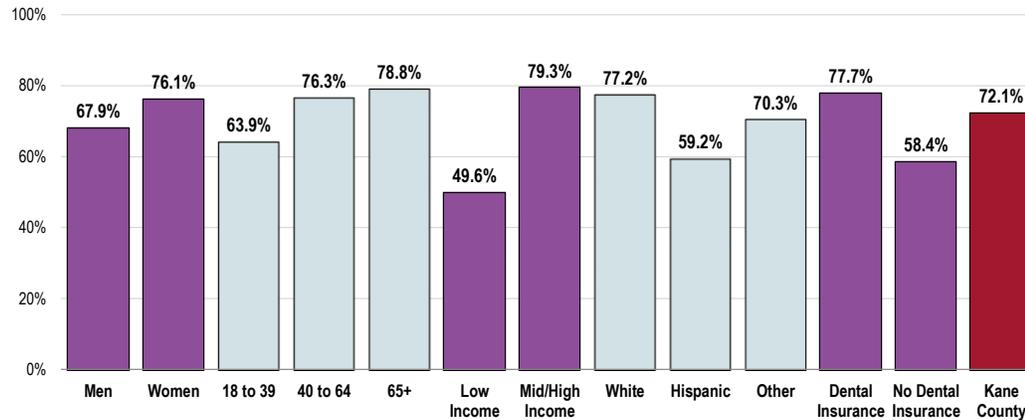
Notes: • Asked of all respondents.

Note the following:

- There is a positive correlation between age and recent dental visits.
- Persons living in the higher income categories report much higher utilization of oral health services.
- Non-Hispanic white residents are much more likely than Hispanic residents to report recent dental care.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Dental Clinic Within the Past Year (Kane County, 2018)

Healthy People 2020 Target = 49.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
 - 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.

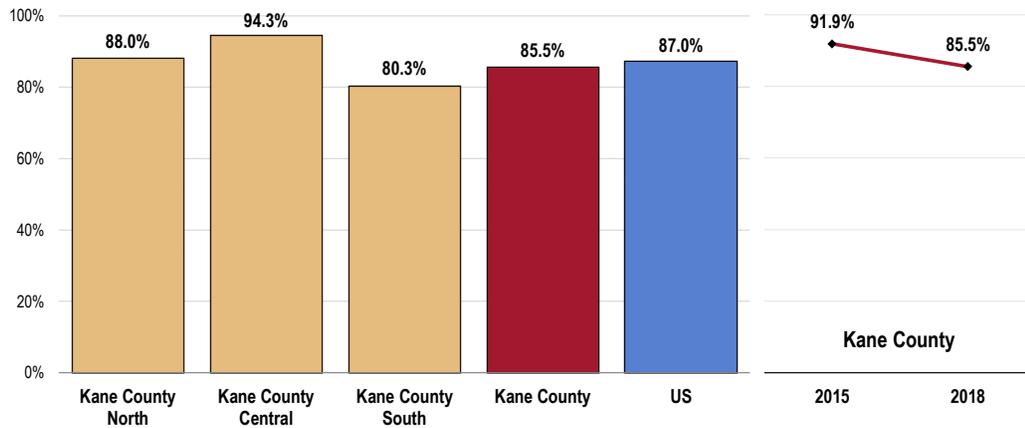
Children

A total of 85.5% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Less favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Higher among children in Central Kane County.
- TREND: Marks a statistically significant decrease in children's dental care since 2015.

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

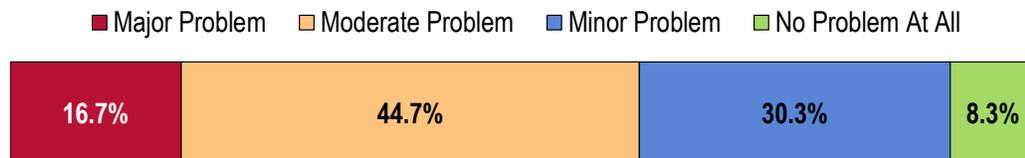


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “moderate problem” in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access for Uninsured/Underinsured

Not a lot of people have dental insurance and not many resources for those who are under or uninsured. – Kane County Physician

For low income families, many dental clinics provide preventive but not restorative care. Patients can't get to appointments in Chicago due to time and transportation issues. – Kane County Social Services Provider

No insurance coverage. – Kane County Social Services Provider

Lack of dental insurance and high costs of care. – Kane County Community Leader

Lack of quality providers for under and uninsured. – Kane County Social Services Provider

Not enough access to dentists that take Medicaid. – Kane County Social Services Provider

Most insurance plans if people have insurance, do not include dental plans. Dental visits for crowns, extractions, root canals and other procedures are too costly, so adults tend to wait it out until things get bad before seeking treatment. – Kane County Social Services Provider

Not covered by most insurances. Not treatable at Aunt Martha's, VNA, hospitals, etc. – Kane County Health Provider

Lack of providers who accept Medicaid. – Kane County Public Health Representative

Affordable Care/Services

Expensive and not covered by Medicare. Expensive for those who are uninsured. – Kane County Health Provider

There are not too many affordable options if you do not have insurance. Medicaid providers are also very limited. – Kane County Social Services Provider

Cost. – Kane County Health Provider

Not affordable, insurance covers minimum or not at all. – Kane County Social Services Provider

Prevention

Like routine health checkups, many of the community members do not go to the dentists on a consistent basis. They will only go when they are in pain. – Kane County Social Services Provider

We have many clients who struggle with poor dental health. It affects their food choices at the pantry. Dental preventative care is extremely expensive and most clients will forego it, as other bills take priority. – Kane County Social Services Provider

Incidence/Prevalence

Patients consistently present to our facility with poor to dangerous oral care. Cavities, abscesses. Those who have not had any oral care for a long period of time. – Kane County Health Provider

Specialty Care

Hard to access specialty care. – Kane County Health Provider

Vision Care

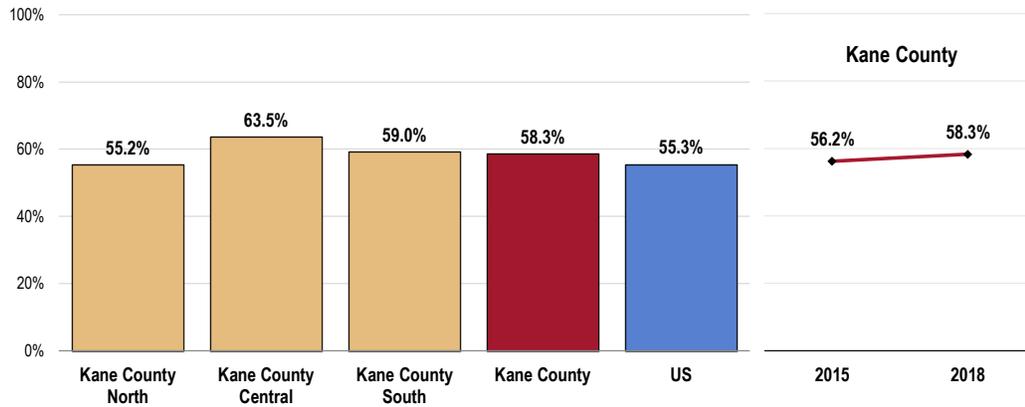
A total of 58.3% of Kane County residents have had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE:

See also *Potentially Disabling Conditions: Vision & Hearing Impairment in the Death, Disease, & Chronic Conditions* section of this report.

- Statistically comparable to national findings.
- Higher in Central Kane County.
- TREND: Statistically unchanged over time.

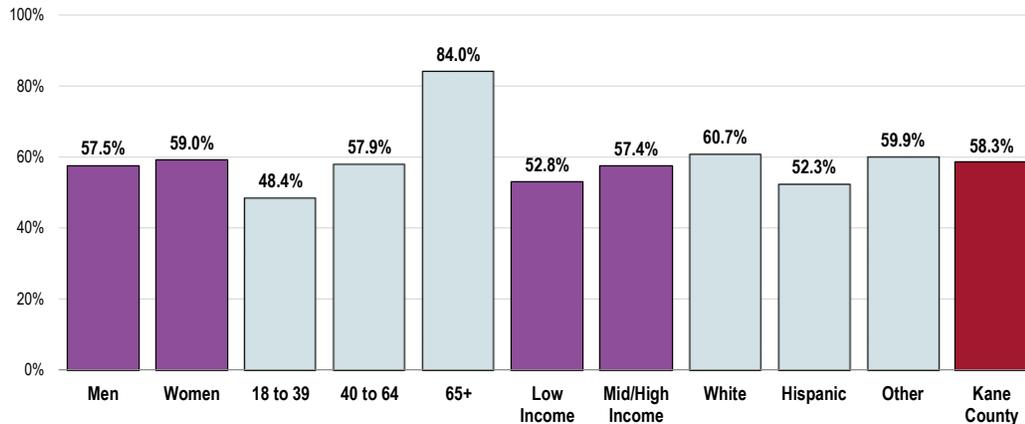
Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Note the strong, positive correlation between age and recent eye exams.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
 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).
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Local Resources



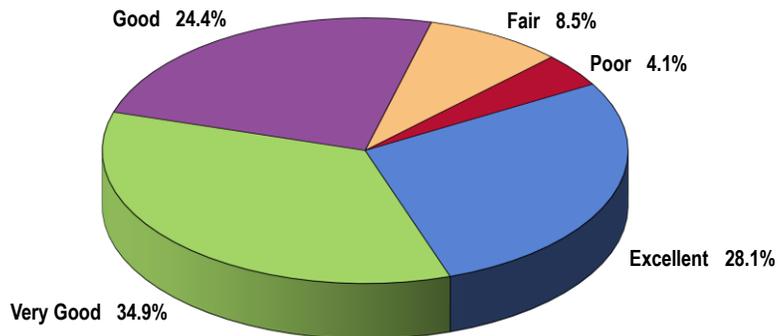
Professional Research Consultants, Inc.

Perceptions of Local Healthcare Services

More than 6 in 10 Kane County adults (63.0%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 24.4% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community
(Kane County, 2018)

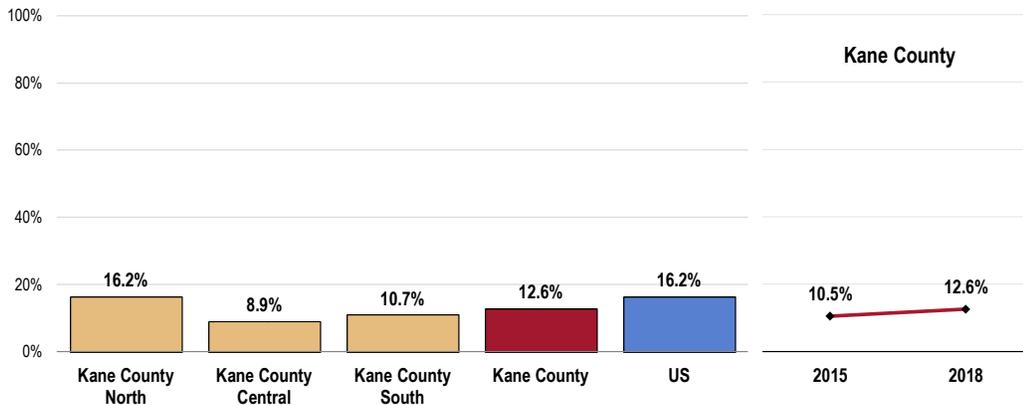


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 12.6% of residents characterize local healthcare services as “fair” or “poor.”

- More favorable than reported nationally.
- Unfavorably high in North Kane County.
- TREND: Statistically unchanged since 2015.

Perceive Local Healthcare Services as “Fair/Poor”

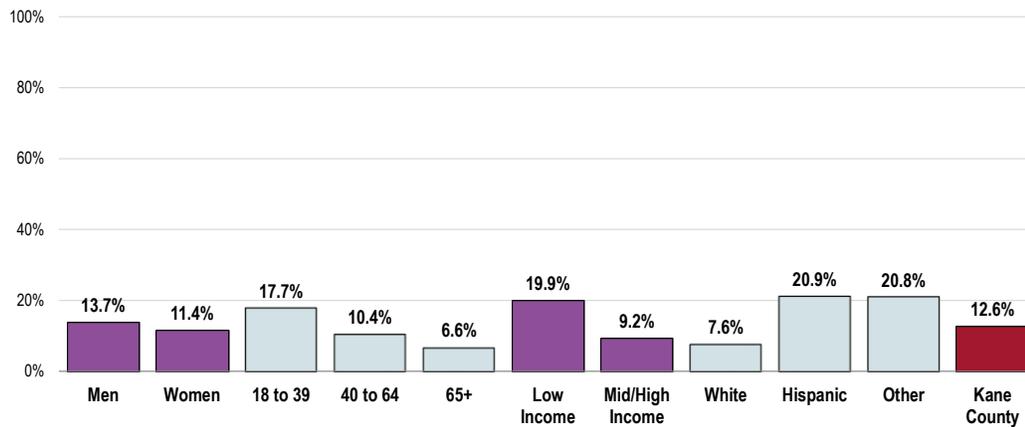


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- Young adults (negative correlation with age).
- Residents with lower incomes.
- Hispanics.
- “Other” races.

Perceive Local Healthcare Services as “Fair/Poor” (Kane County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes: • Asked of all respondents.

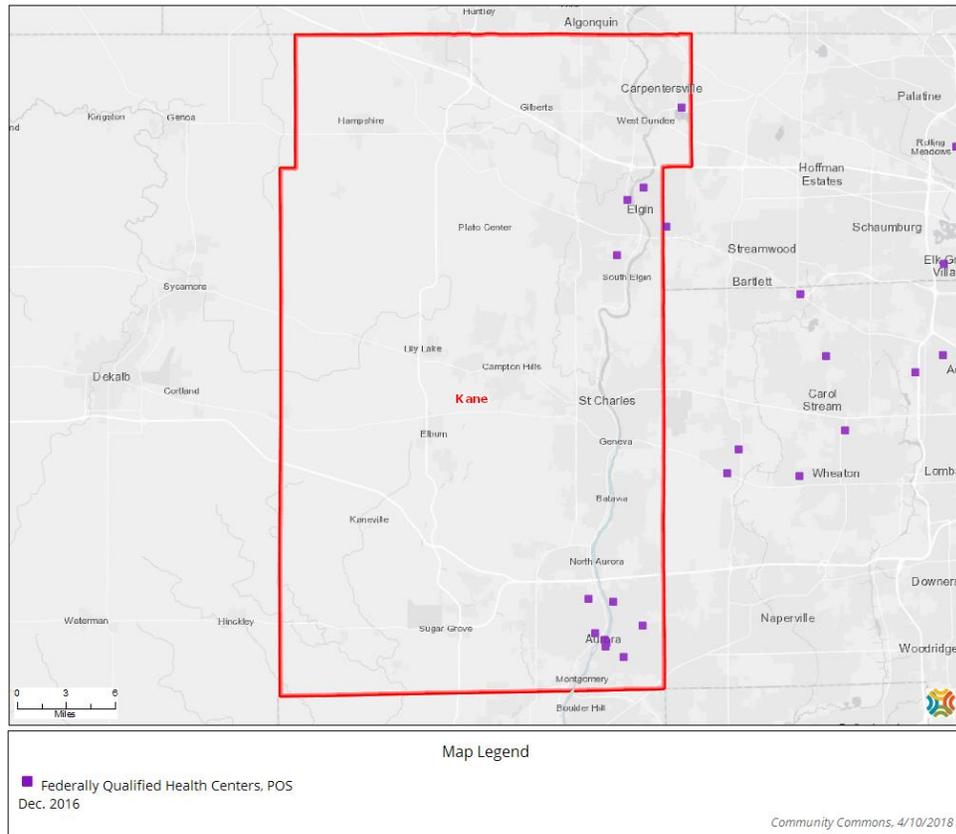
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Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map details the hospitals and Federally Qualified Health Centers (FQHCs) within Kane County as of late 2016.



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare Services

- Activate Elgin*
- Advocate Dreyer Medical Clinic*
- Advocate Sherman Hospital*
- Aunt Martha's*
- Centro de Informacion*
- Community Health Partnership*
- Dental Office*
- Dentists With a Heart*
- Doctor's Offices*
- Drug Store Based Clinics*
- Early Intervention*
- EMS System*
- Family Counseling Services*
- Federally Qualified Health Centers*
- Fox Valley Initiative*
- Greater Elgin*
- Greater Elgin Family Care Center*
- Health Department*
- Health Systems*
- Hospitals*
- Illinois Department of Children & Family Services*
- Kane County Health Department*
- Lazarus House*
- Mental Health Services*
- New You Center*
- Northwestern Medicine Delnor Hospital*
- Open Door Clinic*
- Pace Bus*
- Planned Parenthood*
- Presence Diabetes Program*
- Presence Mercy Medical Center*
- Presence Saint Joseph Hospital*
- Rush Copley Community Health Talks*
- Rush Copley Medical Center*
- St. Joseph's Hospital*

Transportation

Tri City Family Partnership

Tri City Health Partnership

VA

Visiting Nurses Association

Arthritis, Osteoporosis, & Chronic Back Conditions

Advocate Health

Athletico Physical Therapy

Aunt Martha's

Doctor's Offices

Fox Valley Orthopedics

Ginsburg Chiropractic Care

Northwestern Medicine Delnor Hospital

Cancer

Advocate Dreyer Cancer Center

Advocate Sherman Hospital

American Cancer Society

Asian Health Coalition

Aunt Martha's

Benedictine University

Cancer Centers of America

Central DuPage Hospital

Community Outreach Groups

Doctor's Offices

Federally Qualified Health Centers

Hospitals

Illinois Cancer Specialists Fox Valley

Kane County Health Department

Lao American Organization of Elgin (LAOE)

Living Well Cancer Resource Center

Locks of Love

Mercy Medical Center

Midwest Center for Advanced Imaging

Northwestern Cancer Center

Northwestern Medicine Delnor Hospital
 Oncology Services, Aurora
 Presence Mercy Medical Center
 Presence Saint Joseph Hospital
 Rush Copley Medical Center
 Rush Copley Medical Group
 St. Joseph's Hospital
 Visiting Nurses Association

Dementias, Including Alzheimer's Disease

A Place for Mom
 Adult Day Care Programs
 Advocate Sherman Hospital
 Alden of Waterford Rehabilitation and Healthcare Center
 Alzheimer's Association
 Alzheimer's Support Group
 Area Agency on Aging
 Ashbury Gardens
 Assisted Living Facilities
 Batavia Elder Hostel
 Bright Oaks of Aurora
 Brighton Gardens
 Community Advocacy Groups
 Day Program for Alzheimer's Patients
 Doctor's Offices
 Elderday Adult Day Center
 Holmstad
 Hospitals
 Jennings Terrace
 Memory Care Facility
 Northwestern Medicine Delnor Hospital
 Nursing Homes
 Palliative Care Professionals/Hospice
 Presence Fox Knoll
 River Glen
 Rosewood
 Senior Caregiving Organizations
 Senior Centers
 Senior Living Communities
 Senior Services
 Senior Services Associates
 Skilled Nursing Facilities
 St. Joseph's Hospital
 Strohschein Law Group
 Sunnymere
 Symphony Tiller's

Diabetes

Activate Elgin
 Advocate Dreyer Medical Clinic
 Advocate Sherman Hospital
 American Diabetes Association
 Asian Health Coalition
 Aunt Martha's
 Community Care Centers
 Community Education
 Community Gardens
 Community Health Centers
 Diabetes Education
 Doctor's Offices
 Ecker Center
 Farmer's Markets
 Federally Qualified Health Centers
 Fit for Kids
 Fitness Centers/Gyms
 Fox Valley Park District
 Free Clinics
 Greater Elgin Family Care Center
 Grocery Stores
 Health Department
 Health Systems
 Healthy Meal Delivery Companies
 Hesed House
 Hospitals
 Kane County Health Department
 Medical Nutrition Therapy
 Mercy Medical Center
 Northwestern Medicine Delnor Hospital
 Northwestern Medicine Regional Medical Group
 Nutrition Services
 Park District
 Parks and Recreation
 Presence Diabetes Program
 Presence Mercy Medical Center
 Presence Saint Joseph Hospital
 Rush Copley Medical Center
 Rush Copley Medical Group
 Senior Services Associates
 St. Joseph's Hospital
 United Way
 Visiting Nurses Association
 Walgreens
 Weight Watchers
 YMCA

Family Planning

Advocate Dreyer Medical Clinic
 Aunt Martha's
 Doctor's Offices
 Kane Infant Network
 Open Door Clinic
 Planned Parenthood
 Pregnancy Information Center
 TLC Pregnancy Services Elgin
 Visiting Nurses Association

Hearing & Vision

Aunt Martha's
 Dental Office
 Doctor's Offices
 Eye Glass Sellers
 Lion's Club
 Northern Illinois University Speech-
 Language-Hearing Clinic
 Vision Center

Heart Disease & Stroke

Advocate Dreyer Cardiology
 Advocate Medical Clinic
 Advocate Sherman Hospital
 American Heart Association
 Asian Health Coalition
 Aunt Martha's
 Barrington Cardiology
 Cardiac Rehab Programs
 Chronic Disease Resources
 Code STEMI's
 Community Health Centers
 Community Health Fairs
 Doctor's Offices
 DuPage Medical Group
 Edward Hospital
 Emergency Medical Services
 Federally Qualified Health Centers
 Fit for Kids
 Fitness Centers/Gyms
 Fox Valley Cardiovascular Consultants
 Hospitals
 Mended Hearts Program
 Northwestern Medicine Delnor Hospital
 Northwestern Medicine Regional Medical
 Group
 Nutrition Services
 Park District

Parks and Recreation
 Presence Medical Group Elgin
 Cardiology
 Presence Mercy Medical Center
 Presence Saint Joseph Hospital
 Rehabilitation Facilities
 Rush Copley Medical Center
 Rush Copley Medical Group
 School System
 St. Joseph's Hospital
 Support Groups
 Valley Cardiology
 Visiting Nurses Association

HIV/AIDS

Open Door Clinic
 Planned Parenthood

Immunization & Infectious Diseases

Doctor's Offices
 Federally Qualified Health Centers
 Greater Elgin Medical Centers
 Kane County Health Department
 Kane County Health Department Division
 of Disease Prevention
 Kendall County Health Department
 Presence Mercy Medical Center
 Visiting Nurses Association

Infant & Child Health

Advocate Sherman Hospital
 All Our Kids Coalition
 Aunt Martha's
 Child and Family Connections
 Daycare Centers
 Doctor's Offices
 Federally Qualified Health Centers
 Greater Elgin Medical Centers
 Head Start
 Health Department
 Healthy Places Coalition
 Home Visiting Programs
 Hospitals
 Kane County Health Department
 Presence Mercy Medical Center
 School System
 Spark
 Visiting Nurses Association

Injury & Violence

AID Behavioral Health Services
Chasi
Churches
Community Crisis Center
Hesed House
Hospitals
Mutual Ground
Neighborhood Watch
Northwestern Medicine Delnor Hospital
Police Department
Presence Mercy Medical Center
Rush Copley Medical Center
School System
Trinity Counseling

Kidney Disease

Advocate Dreyer Cancer Center
Advocate Dreyer Medical Clinic
Advocate Sherman Hospital
Asian Health Coalition
Dialysis Center
Edward Medical Group
Fox Valley Dialysis
Fox Valley Medical Associates
Fresenius Medical Care
Hospitals
Northwestern Medicine
Presence Mercy Medical Center
Rush Copley Medical Center

Mental Health

708 Mental Health Board
Addiction Centers
Advocate Dreyer Medical Clinic
AID Behavioral Health Services
Alexian Brothers
Association for Individual Development
Aunt Martha's
Behavioral Health Action Team
Behavioral Health Council
Bicycle and Pedestrian Advisory Council of Elgin
Breaking Free
Centro de Informacion
Churches
Community Health Centers
Courts
Crisis Center

Crisis Intervention Hotline
Day One
Domestic Violence Shelters
Easter Seals
Ecker Center
Elgin Mental Health
Family Counseling Services
Family Service Association of the Greater Elgin Area/Screening, Assessment, and Support Service (SASS)
Gateway
Greater Elgin Family Care Center
Head Start
Health Department
Hesed House
Hessett House Aurora
Hospitals
Housing Authority of Elgin
INC Board
Kairos Counseling Center
Kane County Behavioral Health Council
Kane County Health Department
Kane County Mental Health Court
Kendall County Health Department
Lao American Organization of Elgin (LAOE)
Lazarus House
Linden Oaks Behavioral Health
Lutheran Social Services of Illinois
Mental Health First Aid Training Courses
Mental Health Services
Mercy Medical Center
Mutual Ground
NAMI
Northwestern Medicine
Northwestern Medicine Delnor Hospital
PADS
Police Department
Prairie Wellness Counseling Center
Preschool
Presence Behavioral Health
Presence Mercy Behavioral Health
Presence Mercy Medical Center
Presence Saint Joseph Hospital
Renz Center
Rosecrance
School System
Senior Services Associates
Shelters
St. Joseph's Hospital

Streamwood Behavioral Health
 Substance Abuse Centers
 Suicide Prevention Services
 Tri City Family Services
 Urgent Care Clinic
 Visiting Nurses Association
 Walgreens
 Wayside
 Wesupportmentalhealth.org

Nutrition, Physical Activity, & Weight

Activate Elgin
 Active Transportation Alliance of Chicago
 Advocate Sherman Hospital
 African-American and Latino Health Festival
 Aunt Martha's
 Aurora Healthy Living Council
 Batavia Bike Commission
 Bicycle and Pedestrian Advisory Council of Elgin
 Boys and Girls Club
 Centegra Hospital
 Central DuPage Hospital
 Centre of Elgin Recreational Center
 Chamber of Commerce
 City of Elgin Parks and Recreation
 Community Coalition
 Community Gardens
 Diabetes Education
 Doctor's Offices
 Elgin Bike Hub
 Farmer's Markets
 Federally Qualified Health Centers
 Fit for Kids
 Fitness Centers/Gyms
 Food Hub
 Food Pantries
 Forest Preserves
 Fox River Ecosystem Partnership
 Fox Valley Park District
 Fox Valley Special Recreation Fitness Programs
 Grocery Stores
 Health Centers
 Health Department
 Healthy Living Council of Aurora
 Home Visiting Programs
 Hospitals
 Housing Authority of Elgin

Kane County Chronic Disease Action Team
 Kane County Health Department
 Kane County Healthy Communities Workgroup
 Kane County Park District
 Lao American Organization of Elgin (LAOE)
 New You Center
 Northern Illinois Food Bank
 Northwestern Medicine Delnor Hospital
 Nutrition Services
 Park District
 Parks and Recreation
 Presence Mercy Medical Center
 Private and Public Sports Programs
 Rush Copley Healthplex
 Rush Copley Walking Club
 Rush Copley's Achieving a Healthy Weight
 School System
 Senior Services Associates
 The Centre in Elgin
 The Salvation Army
 Third Party Sports Programs
 United Way
 Vaughn Athletic Center
 Visiting Nurses Association
 Weight Watchers
 WellBatavia Initiative
 WIC
 Worksite Wellness Programs
 YMCA
 You Fit

Oral Health

All Star Dental
 Aunt Martha's
 Community Health Partnership
 Dentists With a Heart
 Doctor's Offices
 Elgin Community College
 Federally Qualified Health Centers
 Greater Elgin Family Care Center
 Healthy Kids Express
 Lao American Organization of Elgin (LAOE)
 Open Door Clinic
 Premier Dental
 Tri City Health Partnership

Visiting Nurses Association

Respiratory Diseases

*Advocate Sherman Hospital
 Doctor's Offices
 Edward Hospital
 Hospitals
 Kane County Health Department
 Lao American Organization of Elgin (LAOE)
 Mercy Medical Center
 Northwestern Medicine Delnor Hospital
 Rush Copley Medical Center
 Rush Copley Medical Group*

Sexually Transmitted Diseases

*Community Health Centers
 Doctor's Offices
 Federally Qualified Health Centers
 Health Department
 Hospitals
 Kendall County Health Department
 Open Door Clinic*

Substance Abuse

*AA/NA
 Advocate Sherman Hospital
 AID Behavioral Health Services
 Alexian Brothers
 Association for Individual Development
 Aunt Martha's
 Breaking Free
 Care Addiction Treatment
 Central DuPage Hospital
 County Clinics
 Ecker Center
 Elgin Mental Health
 Family Counseling Services
 Federally Qualified Health Centers
 Gateway
 Health Department
 Hope for Tomorrow
 Hospitals
 Kane County Behavioral Health Council
 Lighthouse Recovery
 Linden Oaks Behavioral Health
 Lutheran Social Services of Illinois
 Mercy Medical Center
 Northwestern Medicine
 Northwestern Medicine Delnor Hospital*

*Open Door Clinic
 Presence Mercy Medical Center
 Renz Addiction Counseling Center
 Robert Crown Center for Health Education
 Rosecrance
 School System
 St. Joseph's Hospital
 Streamwood Behavioral Health
 Support Groups
 The Salvation Army
 Tools for Life*

Tobacco Use

*Family Counseling Services
 Freedom From Smoking Programs
 Gateway
 Hospitals
 Illinois Quit Hotline
 Kane County Health Department*