Summary Report

2018 Community Health Needs Assessment Report

PMMC Service Area

Prepared for:
Presence Mercy Medical Center

By:
Professional Research Consultants, Inc.
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Introduction
About This Assessment

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 the service area of Presence Mercy Medical Center. 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 assessment, which was part of a collaborative process with the Kane County Health Department and other hospitals serving Kane County, 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 comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey of various community stakeholders.

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 PRC and the organizations participating in the Kane County collaborative.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “PMMC Service Area” in this report) is defined as each of the residential ZIP Codes comprising the service area of Presence Mercy Medical Center, including 60502, 60504, 60505, 60506, 60519, 60538, and 60542. This community definition, determined based on the ZIP Codes of residence of recent patients of Presence Mercy Medical Center, 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 random sample of 336 individuals age 18 and older in the PMMC Service Area. Because this study is part of a larger effort involving multiple regions and hospital service areas, the surveys were distributed among various strata. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent PMMC Service Area 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 336 respondents is ±5.4% at the 95 percent confidence level.

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

Population & Survey Sample Characteristics
(PMMC Service Area, 2018)

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 2017 guidelines place the poverty threshold for a family of four at $24,400 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 and 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. This Online Key Informant Survey was conducted across Kane County and the countywide results were shared among those participating in this collaborative process.
A list of recommended participants was provided by Presence Mercy Medical Center and other collaborative partners; 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 in Kane County took part in the Online Key Informant Survey, as outlined below:

<table>
<thead>
<tr>
<th>Kane County Online Key Informant Survey Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Informant Type</strong></td>
</tr>
<tr>
<td>Physician</td>
</tr>
<tr>
<td>Public Health Representative</td>
</tr>
<tr>
<td>Other Health Provider</td>
</tr>
<tr>
<td>Social Services Provider</td>
</tr>
<tr>
<td>Community Leader</td>
</tr>
</tbody>
</table>

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
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:**


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 consulted to complement the research quality of this Community Health Needs Assessment. Secondary data for this assessment represent county-level data for Kane County, and 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
- Illinois Department of Public Health
- ESRI ArcGIS Map Gallery
- 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

Again, note that secondary data indicators reflect county-level data.

Benchmark Data

Trending

A similar survey was administered in the PMMC Service Area in 2015 by PRC on behalf of Presence Mercy Medical Center and the collaborating organizations. 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 are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US
Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

**Nationwide Risk Factor Data**

Nationwide risk factor data, which are also provided in comparison charts, are taken from the 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. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

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

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

**Determining Significance**

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For 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 5% variation from the comparative measure.

**Information Gaps**

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

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

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

Presence Mercy Medical Center made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Presence Mercy Medical Center had not received any written comments. However, through population surveys and key informant feedback, input from the broader community was considered and taken into account for this assessment when identifying and prioritizing the significant health needs of the community. Presence Mercy Medical Center will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.
**IRS Form 990, Schedule H Compliance**

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

<table>
<thead>
<tr>
<th>IRS Form 990, Schedule H (2017)</th>
<th>See Report Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part V Section B Line 3a</strong></td>
<td></td>
</tr>
<tr>
<td><em>A definition of the community served by the hospital facility</em></td>
<td>5</td>
</tr>
<tr>
<td><strong>Part V Section B Line 3b</strong></td>
<td></td>
</tr>
<tr>
<td><em>Demographics of the community</em></td>
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<tr>
<td><strong>Part V Section B Line 3c</strong></td>
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<tr>
<td><em>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</em></td>
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<tr>
<td><strong>Part V Section B Line 3d</strong></td>
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<td><em>How data was obtained</em></td>
<td>5</td>
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<tr>
<td><strong>Part V Section B Line 3e</strong></td>
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<tr>
<td><em>The significant health needs of the community</em></td>
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<tr>
<td><strong>Part V Section B Line 3f</strong></td>
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</tr>
<tr>
<td><em>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</em></td>
<td>Addressed Throughout</td>
</tr>
<tr>
<td><strong>Part V Section B Line 3g</strong></td>
<td></td>
</tr>
<tr>
<td><em>The process for identifying and prioritizing community health needs and services to meet the community health needs</em></td>
<td>16</td>
</tr>
<tr>
<td><strong>Part V Section B Line 3h</strong></td>
<td></td>
</tr>
<tr>
<td><em>The process for consulting with persons representing the community’s interests</em></td>
<td>7</td>
</tr>
<tr>
<td><strong>Part V Section B Line 3i</strong></td>
<td></td>
</tr>
<tr>
<td><em>The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)</em></td>
<td>Not included</td>
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</table>
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 Health Services | • Barriers to Access  
| | ▪ Inconvenient Office Hours  
| | ▪ Appointment Availability  
| | • Difficulty Accessing Children’s Healthcare  
| | • Primary Care Physician Ratio (Kane County)  
| | • Routine Medical Care [Children]  
| Cancer | • Cancer is a leading cause of death (Kane County).  
| Diabetes | • Diabetes ranked as a top concern in the Online Key Informant Survey (Kane County).  
| Heart Disease & Stroke | • Cardiovascular disease is a leading cause of death (Kane County).  
| Injury & Violence | • Falling Asleep While Driving  
| | • Firearm-Related Deaths (Kane County)  
| | • Domestic Violence  
| Kidney Disease | • Kidney Disease Deaths  
| Mental Health | • Days of Poor Mental Health  
| | • Days of Feeling Sad, Blue, Depressed  
| | • Diagnosed Depression  
| | • Taking Medication for Mental Health  
| | • Stress  
| | • Suicide Deaths (Kane County)  
| | • Difficulty Obtaining Mental Health Services  
| | • Mental Health ranked as a top concern in the Online Key Informant Survey (Kane County).  

— continued —
### Community Health Needs Assessment

#### Areas of Opportunity (continued)

| Nutrition, Physical Activity, & Weight | • Overweight & Obesity (Adults)  
|                                      | • Medical Advice on Weight  
|                                      | • Overweight & Obesity (Children 5-17)  
|                                      | • Children’s Consumption of Sugar-Sweetened Beverages  
|                                      | • Leisure-Time Physical Activity  
|                                      | • Meeting Physical Activity Guidelines  
|                                      | • Children’s Physical Activity (Children 2-17)  
|                                      | • Access to Recreation/Fitness Facilities (Kane County)  
|                                      | • Nutrition, Physical Activity, & Weight ranked as a top concern in the Online Key Informant Survey (Kane County). |
| Sexual Health | • Multiple Sexual Partners [Unmarried Age 18-64] |
| Substance Abuse | • Cirrhosis/Liver Disease Deaths (Kane County)  
|                   | • Binge Drinking  
|                   | • Drinking & Driving  
|                   | • Unintentional Drug-Related Deaths (Kane County)  
|                   | • Illicit Drug Use  
|                   | • Sought Help for Alcohol/Drug Issues  
|                   | • Substance Abuse ranked as a top concern in the Online Key Informant Survey (Kane County). |
| Tobacco Use | • Cigarette Smoking Prevalence  
|                   | • Environmental Tobacco Smoke in Households With Children  
|                   | • Use of Vaping Products |

### Community Feedback on Prioritization of Health Needs

To establish priorities for the identified needs, Presence Mercy Medical Center engaged in a joint prioritization exercise with other Kane County partner organizations. On May 10th, 2018, the Kane County Health Department and the collaborating hospital partners 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. Afterward, 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. Kidney Disease

**Hospital Implementation Strategy**

Presence Mercy Medical Center will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital’s action plan to guide community health improvement efforts in the coming years.
## Summary Data

### Comparisons With Benchmark Data

The following tables provide an overview of indicators in the PMMC Service Area. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

### Reading the Data Summary Tables

- In the following charts, PMMC Service Area results are shown in the larger, blue column. For survey-derived indicators, this column represents the ZIP Code–defined hospital service area; for data from secondary sources, this column represents findings for Kane County as a whole. *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 columns to the right of the PMMC Service Area column provide trending comparisons (trending from the earliest data year available), as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether the PMMC Service Area compares favorably (.AppendLine(“?”)), unfavorably (AppendLine(“H”)), or comparably (AppendLine(“D”)) 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

<table>
<thead>
<tr>
<th>Social Determinants</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. Kane County</td>
<td>vs. IL</td>
</tr>
<tr>
<td>Linguistically Isolated Population (Percent)</td>
<td>13.9</td>
<td>13.9</td>
<td>9.0</td>
</tr>
<tr>
<td>Population in Poverty (Percent)</td>
<td>11.0</td>
<td>11.0</td>
<td>14.0</td>
</tr>
<tr>
<td>Population Below 200% FPL (Percent)</td>
<td>27.4</td>
<td>27.4</td>
<td>30.9</td>
</tr>
<tr>
<td>Children Below 200% FPL (Percent)</td>
<td>37.3</td>
<td>37.3</td>
<td>40.1</td>
</tr>
<tr>
<td>No High School Diploma (Age 25+, Percent)</td>
<td>16.9</td>
<td>16.9</td>
<td>11.7</td>
</tr>
<tr>
<td>Unemployment Rate (Age 16+, Percent)</td>
<td>6.9</td>
<td>6.9</td>
<td>6.7</td>
</tr>
<tr>
<td>% [Children 0-13] Availability of Affordable Child Care is &quot;Fair/Poor&quot;</td>
<td>22.0</td>
<td>26.6</td>
<td>33.0</td>
</tr>
</tbody>
</table>
### Social Determinants (continued)

#### % [Children 0-13] Quality of Local Child Care is "Fair/Poor"

<table>
<thead>
<tr>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. Kane County</td>
<td>vs. IL</td>
</tr>
<tr>
<td></td>
<td>14.1</td>
<td>13.9</td>
</tr>
</tbody>
</table>

#### Overall Health

#### % "Fair/Poor" Overall Health

<table>
<thead>
<tr>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. Kane County</td>
<td>vs. IL</td>
</tr>
<tr>
<td></td>
<td>14.3</td>
<td>14.7</td>
</tr>
</tbody>
</table>

#### % 3+ Days of Poor Physical Health in the Past Month

<table>
<thead>
<tr>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. Kane County</td>
<td>vs. IL</td>
</tr>
<tr>
<td></td>
<td>31.5</td>
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</tbody>
</table>

#### % Activity Limitations

<table>
<thead>
<tr>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. Kane County</td>
<td>vs. IL</td>
</tr>
<tr>
<td></td>
<td>26.7</td>
<td>23.8</td>
</tr>
</tbody>
</table>

### Access to Health Services

#### % [Age 18-64] Lack Health Insurance

<table>
<thead>
<tr>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. Kane County</td>
<td>vs. IL</td>
</tr>
<tr>
<td></td>
<td>11.6</td>
<td>8.8</td>
</tr>
</tbody>
</table>

#### % Difficulty Accessing Healthcare in Past Year (Composite)

<table>
<thead>
<tr>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. Kane County</td>
<td>vs. IL</td>
</tr>
<tr>
<td></td>
<td>40.1</td>
<td></td>
</tr>
</tbody>
</table>

#### % Difficulty Finding Physician in Past Year

<table>
<thead>
<tr>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. Kane County</td>
<td>vs. IL</td>
</tr>
<tr>
<td></td>
<td>12.3</td>
<td>10.8</td>
</tr>
</tbody>
</table>

#### % Difficulty Getting Appointment in Past Year

<table>
<thead>
<tr>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. Kane County</td>
<td>vs. IL</td>
</tr>
<tr>
<td></td>
<td>20.2</td>
<td>17.5</td>
</tr>
</tbody>
</table>

#### % Cost Prevented Physician Visit in Past Year

<table>
<thead>
<tr>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. Kane County</td>
<td>vs. IL</td>
</tr>
<tr>
<td></td>
<td>12.1</td>
<td>12.7</td>
</tr>
</tbody>
</table>

#### % Transportation Hindered Dr Visit in Past Year

<table>
<thead>
<tr>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. Kane County</td>
<td>vs. IL</td>
</tr>
<tr>
<td></td>
<td>8.3</td>
<td>6.6</td>
</tr>
</tbody>
</table>
## Access to Health Services (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td>18.9</td>
<td>17.0 12.5 13.3</td>
<td></td>
</tr>
<tr>
<td>% Language/Culture Prevented Care in Past Year</td>
<td>2.2</td>
<td>1.4 1.2</td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>14.5</td>
<td>14.1 14.9 17.1</td>
<td></td>
</tr>
<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td>13.5</td>
<td>11.5 15.3 14.2</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Getting Child's Healthcare in Past Year</td>
<td>12.2</td>
<td>8.6 5.6 2.8</td>
<td></td>
</tr>
<tr>
<td>Primary Care Doctors per 100,000</td>
<td>44.8</td>
<td>44.8 96.9 87.8</td>
<td></td>
</tr>
<tr>
<td>% Have a Specific Source of Ongoing Care</td>
<td>74.3</td>
<td>77.2 74.1 95.0 72.8</td>
<td></td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>69.3</td>
<td>71.7 70.0 68.3 69.0</td>
<td></td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>83.3</td>
<td>85.3 87.1 92.1</td>
<td></td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>9.3</td>
<td>8.5 9.3 6.1</td>
<td></td>
</tr>
<tr>
<td>% Have a Personal Doctor or Healthcare Provider</td>
<td>78.9</td>
<td>79.1 71.6</td>
<td></td>
</tr>
<tr>
<td>% Needed to See a Specialist in the Past Year</td>
<td>52.5</td>
<td>52.1 45.9</td>
<td></td>
</tr>
<tr>
<td>% [Needing Specialist] Problem Getting Specialty Care</td>
<td>40.7</td>
<td>40.6</td>
<td></td>
</tr>
<tr>
<td>% [Parents] Child Needed a Specialist in the Past Year</td>
<td>20.1</td>
<td>23.7 20.6</td>
<td></td>
</tr>
<tr>
<td>% Rate Local Healthcare &quot;Fair/Poor&quot;</td>
<td>11.8</td>
<td>12.6 16.2 13.3</td>
<td></td>
</tr>
</tbody>
</table>
### Access to Health Services (continued)

<table>
<thead>
<tr>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live in a Health Professional Shortage Area (Percent)</td>
<td>28.4</td>
<td>28.4 🌞 44.7 🌠 33.1 🌠</td>
</tr>
</tbody>
</table>

#### Cancer

<table>
<thead>
<tr>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td>142.4</td>
<td>142.4 🌠 166.7 🌠 158.5 🌠 161.4 🌠</td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td>33.4</td>
<td>33.4 🌠 43.6 🌠 40.3 🌠 45.5 🌠</td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td>15.1</td>
<td>15.1 🌠 20.3 🌠 19.0 🌠 21.8 🌠</td>
</tr>
<tr>
<td>Female Breast Cancer (Age-Adjusted Death Rate)</td>
<td>17.9</td>
<td>17.9 🌠 21.5 🌠 20.3 🌠 20.7 🌠</td>
</tr>
<tr>
<td>Colorectal Cancer (Age-Adjusted Death Rate)</td>
<td>12.8</td>
<td>12.8 🌠 15.2 🌠 14.1 🌠 14.5 🌠</td>
</tr>
<tr>
<td>Female Breast Cancer Incidence Rate</td>
<td>122.9</td>
<td>122.9 🌠 130.0 🌠 123.5 🌠</td>
</tr>
<tr>
<td>Prostate Cancer Incidence Rate</td>
<td>116.8</td>
<td>116.8 🌠 119.4 🌠 114.8 🌠</td>
</tr>
<tr>
<td>Lung Cancer Incidence Rate</td>
<td>56.2</td>
<td>56.2 🌠 66.8 🌠 61.2 🌠</td>
</tr>
<tr>
<td>Colorectal Cancer Incidence Rate</td>
<td>36.1</td>
<td>36.1 🌠 44.5 🌠 39.8 🌠</td>
</tr>
<tr>
<td>Cervical Cancer Incidence Rate</td>
<td>7.5</td>
<td>7.5 🌠 7.7 🌠 7.6 🌠</td>
</tr>
<tr>
<td>% Household Air Has Been Tested for Radon</td>
<td>29.7</td>
<td>36.7 🌠 35.5 🌠</td>
</tr>
</tbody>
</table>
### Cancer (continued)

<table>
<thead>
<tr>
<th>Cancer Category</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td>82.6</td>
<td>75.5 78.0 77.0 81.1</td>
<td>78.0</td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td>78.9</td>
<td>79.6 83.8 73.5 93.0</td>
<td>85.7</td>
</tr>
<tr>
<td>% [Men 40+] PSA Test in the Past 2 Years</td>
<td>47.0</td>
<td>54.5</td>
<td>53.5</td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>78.3</td>
<td>75.1 63.5 76.4 70.5</td>
<td>74.7</td>
</tr>
</tbody>
</table>

### Disaster Preparedness

<table>
<thead>
<tr>
<th>Disaster Preparedness</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Have 3+ Days' Worth of Emergency Rations</td>
<td>77.2</td>
<td>76.2</td>
<td>68.9</td>
</tr>
<tr>
<td>% Have a Written Evacuation Plan</td>
<td>28.3</td>
<td>20.9</td>
<td>24.8</td>
</tr>
</tbody>
</table>

### Dementias, Including Alzheimer's Disease

<table>
<thead>
<tr>
<th>Dementia Category</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer's Disease (Age-Adjusted Death Rate)</td>
<td>14.2</td>
<td>14.2 23.9 28.4 19.4</td>
<td>19.4</td>
</tr>
<tr>
<td>% Family Member Ever Diagnosed with Alzheimer's Disease</td>
<td>15.5</td>
<td>19.6</td>
<td>17.9</td>
</tr>
</tbody>
</table>
### Diabetes

<table>
<thead>
<tr>
<th>Metric</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes (Age-Adjusted Death Rate)</td>
<td>18.0</td>
<td>18.0 18.9 21.1 20.5</td>
<td>22.7</td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>10.3</td>
<td>11.1 10.4 13.3</td>
<td>14.1</td>
</tr>
<tr>
<td>% Borderline/Pre-Diabetes</td>
<td>7.1</td>
<td>7.5 1.0 9.5</td>
<td>6.0</td>
</tr>
<tr>
<td>% [Non-Diabetes] Blood Sugar Tested in Past 3 Years</td>
<td>64.1</td>
<td>59.1 50.0</td>
<td>54.9</td>
</tr>
</tbody>
</table>

### Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Metric</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart (Age-Adjusted Death Rate)</td>
<td>131.1</td>
<td>131.1 169.0 167.0 156.9</td>
<td>156.1</td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td>35.4</td>
<td>35.4 37.9 37.1 34.8</td>
<td>37.4</td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td>3.1</td>
<td>4.4 8.0</td>
<td>4.2</td>
</tr>
<tr>
<td>% Stroke</td>
<td>0.5</td>
<td>1.8 3.1 4.7</td>
<td>2.4</td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td>30.9</td>
<td>32.3 30.8 37.0 26.9</td>
<td>32.8</td>
</tr>
<tr>
<td>% [HBP] Taking Action to Control High Blood Pressure</td>
<td>92.5</td>
<td>89.7 93.8</td>
<td>98.3</td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td>92.3</td>
<td>88.5 78.2 85.1 82.1</td>
<td>91.6</td>
</tr>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>28.0</td>
<td>29.2 36.2 13.5</td>
<td>28.8</td>
</tr>
<tr>
<td>% [HBC] Taking Action to Control High Blood Cholesterol</td>
<td>84.4</td>
<td>84.4 87.3</td>
<td>89.3</td>
</tr>
</tbody>
</table>
### Heart Disease & Stroke (continued)

<table>
<thead>
<tr>
<th>% 1+ Cardiovascular Risk Factor</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>85.3</td>
<td>vs. Kane County vs. IL vs. US vs. HP2020</td>
<td>82.7</td>
</tr>
<tr>
<td></td>
<td>85.8</td>
<td>better similar worse</td>
<td></td>
</tr>
</tbody>
</table>

### HIV

<table>
<thead>
<tr>
<th>HIV Prevalence Rate</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>131.2</td>
<td>vs. Kane County vs. IL vs. US vs. HP2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>131.2</td>
<td>better similar worse</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% [Age 18-44] HIV Test in the Past Year</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25.5</td>
<td>vs. Kane County vs. IL vs. US vs. HP2020</td>
<td>19.2</td>
</tr>
<tr>
<td></td>
<td>14.0</td>
<td>better similar worse</td>
<td></td>
</tr>
</tbody>
</table>

### Immunization & Infectious Diseases

<table>
<thead>
<tr>
<th>% [Age 65+] Flu Vaccine in Past Year</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>75.4</td>
<td>vs. Kane County vs. IL vs. US vs. HP2020</td>
<td>60.9</td>
</tr>
<tr>
<td></td>
<td>75.8</td>
<td>better similar worse</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% [High-Risk 18-64] Flu Vaccine in Past Year</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>53.9</td>
<td>vs. Kane County vs. IL vs. US vs. HP2020</td>
<td>46.7</td>
</tr>
<tr>
<td></td>
<td>52.6</td>
<td>better similar worse</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% [Age 65+] Pneumonia Vaccine Ever</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>83.7</td>
<td>vs. Kane County vs. IL vs. US vs. HP2020</td>
<td>72.3</td>
</tr>
<tr>
<td></td>
<td>79.0</td>
<td>better similar worse</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% [High-Risk 18-64] Pneumonia Vaccine Ever</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23.1</td>
<td>vs. Kane County vs. IL vs. US vs. HP2020</td>
<td>31.5</td>
</tr>
<tr>
<td></td>
<td>32.6</td>
<td>better similar worse</td>
<td></td>
</tr>
</tbody>
</table>

### Infant Health & Family Planning

<table>
<thead>
<tr>
<th>No Prenatal Care in First Trimester (Percent)</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23.8</td>
<td>vs. Kane County vs. IL vs. US vs. HP2020</td>
<td>24.5</td>
</tr>
<tr>
<td></td>
<td>23.8</td>
<td>better similar worse</td>
<td></td>
</tr>
</tbody>
</table>
### Infant Health & Family Planning (continued)

<table>
<thead>
<tr>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low Birthweight Births (Percent)</strong></td>
<td>7.0</td>
</tr>
<tr>
<td><strong>Infant Death Rate</strong></td>
<td>5.5</td>
</tr>
<tr>
<td><strong>Births to Teenagers Under Age 20 (Percent)</strong></td>
<td>5.7</td>
</tr>
</tbody>
</table>

### Injury & Violence

<table>
<thead>
<tr>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unintentional Injury (Age-Adjusted Death Rate)</strong></td>
<td>27.0</td>
</tr>
<tr>
<td><strong>Motor Vehicle Crashes (Age-Adjusted Death Rate)</strong></td>
<td>6.1</td>
</tr>
<tr>
<td><strong>% Have Fallen Asleep While Driving</strong></td>
<td>27.7</td>
</tr>
<tr>
<td><strong>[65+] Falls (Age-Adjusted Death Rate)</strong></td>
<td>54.2</td>
</tr>
<tr>
<td><strong>Firearm-Related Deaths (Age-Adjusted Death Rate)</strong></td>
<td>5.2</td>
</tr>
<tr>
<td><strong>Homicide (Age-Adjusted Death Rate)</strong></td>
<td>2.3</td>
</tr>
<tr>
<td><strong>Violent Crime Rate</strong></td>
<td>160.0</td>
</tr>
<tr>
<td><strong>% Victim of Violent Crime in Past 5 Years</strong></td>
<td>3.2</td>
</tr>
<tr>
<td><strong>% Victim of Domestic Violence (Ever)</strong></td>
<td>12.5</td>
</tr>
<tr>
<td>Health Measure</td>
<td>PMMC Service Area</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>Kidney Disease</strong></td>
<td></td>
</tr>
<tr>
<td>Kidney Disease (Age-Adjusted Death Rate)</td>
<td>17.8</td>
</tr>
<tr>
<td>% Kidney Disease</td>
<td>2.9</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td>17.4</td>
</tr>
<tr>
<td>% 3+ Days of Poor Mental Health in the Past Month</td>
<td>28.2</td>
</tr>
<tr>
<td>% 3+ Days of Feeling Sad, Blue, or Depressed in the Past Month</td>
<td>35.5</td>
</tr>
<tr>
<td>% Diagnosed Depression</td>
<td>21.1</td>
</tr>
<tr>
<td>% Typical Day Is &quot;Extremely/Very&quot; Stressful</td>
<td>16.8</td>
</tr>
<tr>
<td>% &quot;Seldom/Never&quot; Get Social/Emotional Support</td>
<td>13.6</td>
</tr>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td>8.5</td>
</tr>
<tr>
<td>% Taking Rx/Receiving Mental Health Trtmt</td>
<td>19.7</td>
</tr>
<tr>
<td>% Have Ever Sought Help for Mental Health</td>
<td>33.9</td>
</tr>
<tr>
<td>% [Those With Diagnosed Depression] Seeking Help</td>
<td>90.7</td>
</tr>
</tbody>
</table>
### Mental Health (continued)

<table>
<thead>
<tr>
<th>Metric</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. Kane County vs. IL vs. US vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>% [Children 2-17] Child Has “Fair/Poor” Mental Health</td>
<td>7.1</td>
<td>7.7</td>
<td>4.9</td>
</tr>
<tr>
<td>% [Children 2-17] Difficulty Getting Child’s Mental Health Svcs</td>
<td>4.5</td>
<td>4.3</td>
<td>0.6</td>
</tr>
<tr>
<td>% Aware of Local Mental Health Resources</td>
<td>66.4</td>
<td>61.9</td>
<td>59.4</td>
</tr>
<tr>
<td>% Unable to Get Mental Health Svcs in Past Yr</td>
<td>7.9</td>
<td>7.6</td>
<td>6.8</td>
</tr>
</tbody>
</table>

### Nutrition, Physical Activity & Weight

<table>
<thead>
<tr>
<th>Metric</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. Kane County vs. IL vs. US vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>% Food Insecure</td>
<td>28.9</td>
<td>23.4</td>
<td>27.9</td>
</tr>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td>17.4</td>
<td>18.9</td>
<td></td>
</tr>
<tr>
<td>% Medical Advice on Nutrition in Past Year</td>
<td>48.5</td>
<td>48.1</td>
<td>53.8</td>
</tr>
<tr>
<td>% [Children 2-17] Child Eats 5+ Fruits/Vegetables per Day</td>
<td>40.3</td>
<td>36.9</td>
<td>45.0</td>
</tr>
<tr>
<td>% [Child 2-17] Child Has 3+ Hours of Screen Time per Day</td>
<td>28.7</td>
<td>23.7</td>
<td>27.6</td>
</tr>
<tr>
<td>% [Children 2-17] Child Has 1+ Sugar-Sweetened Drink per Day</td>
<td>63.0</td>
<td>54.7</td>
<td>43.9</td>
</tr>
<tr>
<td>% [Children 2-17] Child Has 5+ Glasses of Water per Day</td>
<td>93.6</td>
<td>28.8</td>
<td>27.7</td>
</tr>
<tr>
<td>% Grow Some of Own Food</td>
<td>33.4</td>
<td>38.5</td>
<td>29.7</td>
</tr>
</tbody>
</table>
### Nutrition, Physical Activity & Weight (continued)

<table>
<thead>
<tr>
<th>Metric</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Very/Somewhat&quot; Difficult to Buy Fresh Produce</td>
<td>26.0</td>
<td><img src="image-url" alt="Image" /></td>
<td>20.7</td>
</tr>
<tr>
<td>Population With Low Food Access (Percent)</td>
<td>21.0</td>
<td><img src="image-url" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>29.3</td>
<td><img src="image-url" alt="Image" /></td>
<td>17.0</td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>16.3</td>
<td><img src="image-url" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>% Medical Advice on Physical Activity in Past Year</td>
<td>56.6</td>
<td><img src="image-url" alt="Image" /></td>
<td>56.2</td>
</tr>
<tr>
<td>Recreation/Fitness Facilities per 100,000</td>
<td>8.5</td>
<td><img src="image-url" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>% Overweight (BMI 25+)</td>
<td>65.3</td>
<td><img src="image-url" alt="Image" /></td>
<td>70.8</td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>32.5</td>
<td><img src="image-url" alt="Image" /></td>
<td>28.0</td>
</tr>
<tr>
<td>% Describe Own Weight as Overweight</td>
<td>55.1</td>
<td><img src="image-url" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight</td>
<td>61.7</td>
<td><img src="image-url" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>% Obese (BMI 30+)</td>
<td>29.8</td>
<td><img src="image-url" alt="Image" /></td>
<td>39.1</td>
</tr>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td>27.0</td>
<td><img src="image-url" alt="Image" /></td>
<td>32.6</td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td>31.8</td>
<td><img src="image-url" alt="Image" /></td>
<td>43.1</td>
</tr>
<tr>
<td>% Child [Age 5-17] Healthy Weight</td>
<td>49.9</td>
<td><img src="image-url" alt="Image" /></td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight (85th Percentile)</td>
<td>43.7</td>
<td><img src="image-url" alt="Image" /></td>
<td>28.4</td>
</tr>
</tbody>
</table>
### Nutrition, Physical Activity & Weight (continued)

<table>
<thead>
<tr>
<th>Metric</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TEND</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Children [Age 5-17] Obese (95th Percentile)</td>
<td>31.5</td>
<td>24.5 vs. 20.4 vs. 14.5 vs. 20.8</td>
<td>20.8</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 2-17] Physically Active 1+ Hours per Day</td>
<td>33.5</td>
<td>32.3 vs. 50.5 vs.</td>
<td>51.3</td>
<td></td>
</tr>
</tbody>
</table>

### Oral Health

<table>
<thead>
<tr>
<th>Metric</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TEND</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Have Dental Insurance</td>
<td>77.3</td>
<td>73.6 vs. 59.9</td>
<td>71.3</td>
<td></td>
</tr>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>66.0</td>
<td>72.1 vs. 65.5 vs. 59.7 vs. 49.0</td>
<td>66.8</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 2-17] Dental Visit in Past Year</td>
<td>80.0</td>
<td>85.5 vs. 87.0 vs. 49.0</td>
<td>85.6</td>
<td></td>
</tr>
</tbody>
</table>

### Potentially Disabling Conditions

<table>
<thead>
<tr>
<th>Metric</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TEND</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [50+] Osteoporosis</td>
<td>9.3</td>
<td>7.7 vs. 9.4 vs. 5.3 vs.</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td>57.3</td>
<td>58.3 vs. 55.3</td>
<td>55.3</td>
<td></td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>PMMC Service Area</td>
<td>PMMC Service Area vs. Benchmarks vs. Kane County vs. IL vs. US vs. HP2020</td>
<td>TREND</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td>31.6</td>
<td>☁ ☀ ☀ ☁</td>
<td>33.3</td>
<td></td>
</tr>
<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate)</td>
<td>13.7</td>
<td>☁ ☁ ☁ ☁</td>
<td>16.9</td>
<td></td>
</tr>
<tr>
<td>% [Adult] Currently Has Asthma</td>
<td>9.5</td>
<td>☁ ☁ ☁ ☁</td>
<td>9.3</td>
<td></td>
</tr>
<tr>
<td>% [Child 0-17] Currently Has Asthma</td>
<td>5.2</td>
<td>☁ ☁ ☁ ☁</td>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>% COPD (Lung Disease)</td>
<td>8.2</td>
<td>☁ ☁ ☁ ☁</td>
<td>5.1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexually Transmitted Diseases</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks vs. Kane County vs. IL vs. US vs. HP2020</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia Incidence Rate</td>
<td>326.2</td>
<td>☁ ☀ ☀ ☁</td>
<td>7.8</td>
</tr>
<tr>
<td>Gonorrhea Incidence Rate</td>
<td>45.5</td>
<td>☁ ☀ ☀ ☁</td>
<td></td>
</tr>
<tr>
<td>% [Unmarried 18-64] 3+ Sexual Partners in Past Year</td>
<td>16.9</td>
<td>☁ ☁ ☁ ☁</td>
<td>4.9</td>
</tr>
<tr>
<td>% [Unmarried 18-64] Using Condoms</td>
<td>41.0</td>
<td>☁ ☁ ☁ ☁</td>
<td>43.3</td>
</tr>
</tbody>
</table>
## Substance Abuse

<table>
<thead>
<tr>
<th>Measure</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)</td>
<td>7.5</td>
<td>![similar] 7.5 vs. 13.4 vs. 14.3 vs. 11.3</td>
<td>5.1</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</td>
<td>9.5</td>
<td>![better] 9.5 vs. 9.1 vs. 10.6 vs. 8.2</td>
<td>7.7</td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>61.1</td>
<td>![better] 61.0 vs. 58.4 vs. 55.0</td>
<td>![similar] 48.9</td>
</tr>
<tr>
<td>% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)</td>
<td>25.9</td>
<td>![better] 26.5 vs. 19.9 vs. 20.0 vs. 24.4</td>
<td>![similar] 12.9</td>
</tr>
<tr>
<td>% Excessive Drinker</td>
<td>26.4</td>
<td>![similar] 28.0 vs. 22.5 vs. 25.4</td>
<td>![better] 14.4</td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td>8.8</td>
<td>![similar] 7.8 vs. 3.8 vs. 5.2</td>
<td>![better] 1.0</td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>6.3</td>
<td>![better] 6.0 vs. 2.5 vs. 7.1</td>
<td>![similar] 3.3</td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>2.5</td>
<td>![better] 3.5 vs. 3.4</td>
<td>![similar] 8.0</td>
</tr>
</tbody>
</table>

## Tobacco Use

<table>
<thead>
<tr>
<th>Measure</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Smoker</td>
<td>18.1</td>
<td>![similar] 9.8 vs. 15.8 vs. 11.0 vs. 12.0</td>
<td>![better] 14.0</td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td>13.8</td>
<td>![better] 13.2 vs. 10.7</td>
<td>![similar] 9.5</td>
</tr>
<tr>
<td>% [Nonsmokers] Someone Smokes in the Home</td>
<td>4.2</td>
<td>![better] 6.7 vs. 4.0</td>
<td>![similar] 5.8</td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in the Home</td>
<td>15.8</td>
<td>![similar] 14.6 vs. 7.2</td>
<td>![better] 7.0</td>
</tr>
<tr>
<td>% Ever Used an Electronic Vapor Product</td>
<td>24.5</td>
<td>![similar] 21.6</td>
<td>![better] 17.1</td>
</tr>
</tbody>
</table>
### Tobacco Use (continued)

<table>
<thead>
<tr>
<th>Percentage Measure</th>
<th>PMMC Service Area</th>
<th>PMMC Service Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Currently Use Vaping Products</td>
<td>10.8</td>
<td>8.1 vs. 4.3 vs. 3.8</td>
<td></td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td>2.8</td>
<td>2.4 vs. 2.8 vs. 4.4 vs. 0.3</td>
<td>1.0</td>
</tr>
<tr>
<td>% Aware of the Tobacco Quit-Line</td>
<td>37.9</td>
<td>33.5</td>
<td></td>
</tr>
</tbody>
</table>

The trend arrows indicate:
- 🌞 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.)
Data Charts &
Key Informant Input

The following sections present data from multiple sources, including the random-sample PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey. Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.
Community Characteristics

Population Characteristics

Land Area, Population Size & Density

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

### Total Population

(Estimated Population, 2012-2016)

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>Total Land Area (Square Miles)</th>
<th>Population Density (Per Square Mile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>526,615</td>
<td>520.16</td>
<td>1,012.4</td>
</tr>
<tr>
<td>Illinois</td>
<td>12,851,684</td>
<td>55,517.13</td>
<td>231.49</td>
</tr>
<tr>
<td>United States</td>
<td>318,558,162</td>
<td>3,532,068.58</td>
<td>90.19</td>
</tr>
</tbody>
</table>

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

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.

### Total Population by Age Groups, Percent

(2012-2016)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-17</td>
<td>27.1%</td>
<td>11.7%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Age 18-64</td>
<td>61.1%</td>
<td>62.8%</td>
<td>62.4%</td>
</tr>
<tr>
<td>Age 65+</td>
<td>11.7%</td>
<td>13.9%</td>
<td>14.5%</td>
</tr>
</tbody>
</table>

Sources:
- US Census Bureau American Community Survey 5-year estimates.
Race & Ethnicity
The following charts illustrate the racial and ethnic makeup of our community. Note that ethnicity (Hispanic or Latino) can be of any race.

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

![Total Population by Race Alone, Percent chart](chart1)

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

**Hispanic Population (2012-2016)**

![Hispanic Population chart](chart2)

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

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.
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 following chart outlines the proportion of our population below the federal poverty threshold, as well as below 200% of the federal poverty level, in comparison to state and national proportions.

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

![Population in Poverty Chart]

<table>
<thead>
<tr>
<th></th>
<th>&lt;100% of Poverty</th>
<th>&lt;200% of Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>11.0%</td>
<td>14.0%</td>
</tr>
<tr>
<td>IL</td>
<td>27.4%</td>
<td>30.9%</td>
</tr>
<tr>
<td>US</td>
<td>33.6%</td>
<td>33.6%</td>
</tr>
</tbody>
</table>

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.

Education

Education levels are reflected in the proportion of our population without a high school diploma:
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.
Notes: This indicator is relevant because educational attainment is linked to positive health outcomes.

Childcare
“In general, how would you rate the availability of AFFORDABLE child care services in your community? Would you say: excellent, very good, good, fair, or poor?”

“And, in general, how would you rate the availability of QUALITY child care services in your community? Would you say: excellent, very good, good, fair, or poor?”

Ratings of Local Childcare
(Among Respondents With Children Age 0-13, PMMC Service Area, 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

Overall Health Status

Self-Reported Health Status

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?”

The following charts further detail “fair/poor” overall health responses in the PMMC Service Area in comparison to benchmark data, as well as by basic demographic characteristics.
Experience “Fair” or “Poor” Overall Health
(PMMC Service Area, 2018)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>PMMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience “Fair” or “Poor” Overall Health</td>
<td>12.4%</td>
<td>16.2%</td>
<td>10.8%</td>
<td>18.7%</td>
<td>16.2%</td>
<td>24.1%</td>
<td>10.0%</td>
<td>13.8%</td>
<td>15.6%</td>
<td>14.3%</td>
</tr>
</tbody>
</table>

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

“Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?”

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

<table>
<thead>
<tr>
<th></th>
<th>PMMC Service Area</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31.5%</td>
<td>28.7%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]

Notes:
- Asked of all respondents.
About Disability & Health

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

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

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

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.

- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.

- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

  - Healthy People 2020 (www.healthypeople.gov)
“Are you limited in any way in any activities because of physical, mental, or emotional problems?”

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

<table>
<thead>
<tr>
<th></th>
<th>PMMC Service Area</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>19.4%</td>
<td>26.7%</td>
<td>17.6%</td>
<td>25.0%</td>
</tr>
<tr>
<td>2018</td>
<td>26.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PMMC Service Area**

**Kane County**: 26.7%

**IL**: 17.6%

**US**: 25.0%

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

---

**Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (PMMC Service Area, 2018)**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>PMMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>23.8%</td>
<td>29.4%</td>
<td>25.0%</td>
<td>25.8%</td>
<td>40.4%</td>
<td>24.9%</td>
<td>29.6%</td>
<td>38.3%</td>
<td>13.3%</td>
<td>26.7%</td>
</tr>
</tbody>
</table>

**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.
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.

Self-Reported Mental Health Status

“We 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
(PMMC Service Area, 2018)

- Excellent: 23.0%
- Very Good: 29.0%
- Good: 30.6%
- Fair: 12.0%
- Poor: 5.4%

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

Experience “Fair” or “Poor” Mental Health
(PMMC Service Area, 2018)

- Men: 16.7%
- Women: 17.9%
- 18 to 39: 21.8%
- 40 to 64: 15.2%
- 65+: 10.8%
- Low Income: 22.6%
- Mid/High Income: 16.3%
- White: 20.2%
- Hispanic: 10.8%
- PMMC: 16.7%
- US: 17.4%

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
“For how many days during the past 30 days was your mental health not good?”

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

<table>
<thead>
<tr>
<th></th>
<th>PMMC Service Area</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>28.2%</td>
<td>27.7%</td>
</tr>
<tr>
<td>2018</td>
<td>16.1%</td>
<td>28.2%</td>
</tr>
</tbody>
</table>

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

Depression

Diagnosed Depression: “Has a doctor or other healthcare provider ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

Have Been Diagnosed With a Depressive Disorder

<table>
<thead>
<tr>
<th></th>
<th>PMMC Service Area</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>21.1%</td>
<td>21.0%</td>
<td>16.3%</td>
<td>21.6%</td>
</tr>
<tr>
<td>2018</td>
<td>15.3%</td>
<td>21.1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: Asked of all respondents.
Depressive disorders include depression, major depression, dysthymia, or minor depression.
Days of Depression: “During the past 30 days, for about how many days have you felt sad, blue, or depressed?”

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

(PMMC Service Area, 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.
Suicide
The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population. (Refer to “Leading Causes of Death” for an explanation of the use of age-adjusting for these rates.)

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.
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.

Children’s Mental Health
“Now thinking about this child’s mental health, which includes stress, depression, and problems with emotions, would you say that this child’s mental health is: excellent, very good, good, fair, or poor?” (asked of parents with a child age 2 to 17).

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.
Mental Health Treatment

“Have you ever sought help from a professional for a mental or emotional problem?”

“Are you now taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?”

Mental Health Treatment

![Chart showing percentages of people who ever sought help for a mental or emotional problem and who are currently taking medication or receiving 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.

“Was there a time in the past 12 months when you needed mental health services but were not able to get them?”

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

(PMMC Service Area, 2018)

![Chart showing percentages of people who were unable to get mental health services when needed in the past year.]

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.
“Are you aware of the resources in the community for mental health?”

**Aware of Local Mental Health Resources**

(PMMC Service Area, 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.
Key Informant Input: Mental Health

The following chart outlines key informants’ perceptions of the severity of Mental Health as a problem in the community:

![Perceptions of Mental Health as a Problem in the Community](chart)

### Perceptions of Mental Health as a Problem in the Community
(Kane County Key Informants, 2018)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>61.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>28.7%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>5.5%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

**Sources:** PRC Online Key Informant Survey, Professional Research Consultants, Inc.

**Notes:** Asked of all respondents.

**Challenges**

Among those rating this issue as a “major problem,” the following represent what key informants see as the main challenges for persons with mental illness:

**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 health care 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 health care and prescriptions drugs. - Kane County Community Leader

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

Health care 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

Suicide

Suicide, behaviors affect many but not discussed. - Kane County Social Services Provider
Death, Disease, & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Cancers and cardiovascular disease (heart disease and stroke) are leading causes of death in the community.

![Leading Causes of Death](image)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>23.4%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>21.3%</td>
</tr>
<tr>
<td>Stroke</td>
<td>5.6%</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>5.4%</td>
</tr>
<tr>
<td>CLRD</td>
<td>4.5%</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>2.7%</td>
</tr>
<tr>
<td>Other Conditions</td>
<td>37.0%</td>
</tr>
</tbody>
</table>

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, the state 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 annual average age-adjusted death rates per 100,000 population for selected causes of death in the area. (For infant mortality data, see also Birth Outcomes & Risks in the Births section of this report.)
## Age-Adjusted Death Rates for Selected Causes
(2014-2016 Deaths per 100,000 Population)

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

**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.

**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

The greatest share of cardiovascular deaths is attributed to heart disease. The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community.
Heart Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 or Lower (Adjusted)

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.

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.

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

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.
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard 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.
Prevalence of Heart Disease & Stroke

“Has a doctor, nurse, or other health professional ever told you that you had: a heart attack, also called a myocardial infarction; or angina or coronary heart disease?” (Heart disease prevalence here is a calculated prevalence that includes those responding affirmatively to either.)

“Has a doctor, nurse, or other health professional ever told you that you had a stroke?”

---

**Prevalence of Heart Disease**

<table>
<thead>
<tr>
<th>Year</th>
<th>PMMC Service Area</th>
<th>Kane County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>3.1%</td>
<td>4.4%</td>
<td>8.0%</td>
</tr>
<tr>
<td>2018</td>
<td>4.2%</td>
<td>3.1%</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

---

**Prevalence of Stroke**

<table>
<thead>
<tr>
<th>Year</th>
<th>PMMC Service Area</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>0.5%</td>
<td>1.8%</td>
<td>3.1%</td>
<td>4.6%</td>
</tr>
<tr>
<td>2018</td>
<td>2.4%</td>
<td>0.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Asked of all respondents.

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Cardiovascular Risk Factors

About Cardiovascular Risk

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

- Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure & Cholesterol Prevalence

“Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?”

“Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?”

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower


Notes: Asked of all respondents.
Prevalence of High Blood Cholesterol
Healthy People 2020 Target = 13.5% or Lower

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMMC Service Area</td>
<td>28.0%</td>
<td>28.0%</td>
</tr>
<tr>
<td>Kane County</td>
<td>29.2%</td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>36.2%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc.  [Items 44, 136]  
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.  

Notes:  
- Asked of all respondents.

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

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.

Total Cardiovascular Risk

The following chart reflects the percentage of adults in the PMMC Service Area who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or
cholesterol. 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

(PMMC Service Area, 2018)

![Cardiovascular Risks Chart](chart.png)

**Sources:** 2018 PRC Community 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. 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.

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### Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants’ perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:

![Heart Disease Chart](chart.png)

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

(Kane County 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:

**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 health care 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

The following chart illustrates age-adjusted cancer mortality (all types) in the PMMC Service Area.

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

Healthy People 2020 Target = 161.4 or Lower

<table>
<thead>
<tr>
<th>Period</th>
<th>Kane County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-2009</td>
<td>160.0</td>
<td>184.4</td>
<td>176.4</td>
</tr>
<tr>
<td>2008-2010</td>
<td>161.9</td>
<td>181.8</td>
<td>173.0</td>
</tr>
<tr>
<td>2009-2011</td>
<td>161.4</td>
<td>178.4</td>
<td>170.5</td>
</tr>
<tr>
<td>2010-2012</td>
<td>158.8</td>
<td>176.4</td>
<td>168.2</td>
</tr>
<tr>
<td>2011-2013</td>
<td>154.4</td>
<td>174.2</td>
<td>166.2</td>
</tr>
<tr>
<td>2012-2014</td>
<td>152.5</td>
<td>172.1</td>
<td>163.6</td>
</tr>
<tr>
<td>2013-2015</td>
<td>146.0</td>
<td>169.5</td>
<td>161.0</td>
</tr>
<tr>
<td>2014-2016</td>
<td>142.4</td>
<td>166.7</td>
<td>158.5</td>
</tr>
</tbody>
</table>

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.
Lung cancer is by far the leading cause of cancer deaths in the area. Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both sexes).

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

<table>
<thead>
<tr>
<th></th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL CANCERS</td>
<td>142.4</td>
<td>166.7</td>
<td>158.5</td>
<td>161.4</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>33.4</td>
<td>43.6</td>
<td>40.3</td>
<td>45.5</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>17.9</td>
<td>21.5</td>
<td>20.3</td>
<td>20.7</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>15.1</td>
<td>20.3</td>
<td>19.0</td>
<td>21.8</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>12.8</td>
<td>15.2</td>
<td>14.1</td>
<td>14.5</td>
</tr>
</tbody>
</table>

Sources:  

Cancer Incidence

Incidence rates (or case rates) reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. They usually are expressed as cases per 100,000 population per year. These rates are also age-adjusted.

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

<table>
<thead>
<tr>
<th>Site</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Breast Cancer</td>
<td>122.9</td>
<td>130.0</td>
<td>123.5</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>116.8</td>
<td>119.4</td>
<td>114.8</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>56.2</td>
<td>66.8</td>
<td>61.2</td>
</tr>
<tr>
<td>Colon/Rectal Cancer</td>
<td>36.1</td>
<td>44.5</td>
<td>39.8</td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td>7.5</td>
<td>7.7</td>
<td>7.6</td>
</tr>
</tbody>
</table>

Sources:  
- State Cancer Profiles.  
Notes:  
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted in 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

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: female breast cancer (mammography); cervical cancer (Pap smear 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.


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.

Breast Cancer Screening: “A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?” (Calculated here among women age 50 to 74 who indicate screening within the past 2 years.)
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.


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.

Cervical Cancer Screening: “A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?” (Calculated here among women age 21 to 65 who indicate screening within the past 3 years.)
Prostate Cancer Screening

**Prostate Cancer Screening:** “A prostate-specific antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. How long has it been since you had your last PSA test?”

(Calculated here among men age 40 and older who indicate screening within the past 2 years.) **Note that The U.S. Preventive Services Task Force (USPSTF) recommends against prostate-specific antigen (PSA)–based screening for prostate cancer.**
**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.


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:** “Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?” and

“A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?”

(Calculated here among both sexes age 50 to 75 who indicated fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years.)

---

### Have Had a Colorectal Cancer Screening

**(Among Adults Age 50-75)**

Healthy People 2020 Target = 70.5% or Higher

![Graph showing colorectal cancer screening rates](image)
### Key Informant Input: Cancer

The following chart outlines key informants’ perceptions of the severity of Cancer as a problem in the community:

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

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>24.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>52.7%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>12.4%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>10.9%</td>
</tr>
</tbody>
</table>

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 health care. - 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 diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.

Pneumonia and influenza mortality also is illustrated in the following chart. For prevalence of vaccinations against pneumonia and influenza, see also Immunization & Infectious Diseases in the Infectious Disease section of this report.
CLRD: 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.
- CLRD is chronic lower respiratory disease.

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.

Prevalence of Respiratory Diseases

COPD

“Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?”
**Prevalence of Chronic Obstructive Pulmonary Disease (COPD)**

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- 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.

**Asthma**

**Adults:** “Have you ever been told by a doctor, nurse, or other health professional that you had asthma?” and “Do you still have asthma?” (Calculated here as a prevalence of all adults who have ever been diagnosed with asthma and who still have asthma [“current asthma”].)

**Children:** “Has a doctor or other health professional ever told you that this child had asthma?” and “Does this child still have asthma?” (Calculated here as a prevalence of all children who have ever been diagnosed with asthma and who still have asthma [“current asthma”].)

**Adult Asthma: Current Prevalence**

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- 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.
Childhood Asthma: Current Prevalence
(Among Parents of Children Age 0-17)

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMMC Service Area</td>
<td>5.2%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Kane County</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>9.3%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
1. 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
2. 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.

Key Informant Input: Respiratory Disease
The following chart outlines key informants’ perceptions of the severity of Respiratory Disease as a problem in the community:

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

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018 PRC Key Informant Survey</td>
<td>9.7%</td>
<td>45.9%</td>
<td>36.3%</td>
<td>8.1%</td>
</tr>
</tbody>
</table>

Sources:
1. 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

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

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
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)
Leading Causes of Accidental Death

Leading causes of accidental death in the area include the following:

![Leading Causes of Accidental Death](chart.png)

**Sources:**

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

The following chart outlines age-adjusted mortality rates for unintentional injury in the area.

![Unintentional Injuries: Age-Adjusted Mortality Trends](chart2.png)

**Sources:**

**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.
Age-Adjusted Deaths for Selected Injury-Related Causes

The following chart outlines age-adjusted mortality rates for unintentional drug-related deaths, motor vehicle crash deaths, and fall-related deaths (among adults age 65+).

### Select Injury Death Rates

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

<table>
<thead>
<tr>
<th>Death Category</th>
<th>Unintentional Drug-Related Deaths</th>
<th>Motor Vehicle Accidents</th>
<th>Falls (65+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>HP2020 Goal = 11.3 or Lower*</td>
<td>HP2020 Goal = 12.4 or Lower</td>
<td>HP2020 Goal = 47.0 or Lower</td>
</tr>
<tr>
<td>Kane County 7.5</td>
<td>Illinois IL 13.4</td>
<td>Illinois IL 8.1</td>
<td>US 60.6</td>
</tr>
</tbody>
</table>

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.
- *Healthy People 2020 goal includes all drug-induced deaths, both intentional and unintentional.

### Intentional Injury (Violence)

**Violent Crime**

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 Experience: “Have you been the victim of a violent crime in your area in the past 5 years?”

Intimate Partner Violence: “The next questions are about different types of violence in relationships with an intimate partner. 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. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?”
Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

<table>
<thead>
<tr>
<th></th>
<th>PMMC Service Area</th>
<th>Kane County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>12.5%</td>
<td>12.2%</td>
<td>14.2%</td>
</tr>
<tr>
<td>2018</td>
<td>7.8%</td>
<td>12.5%</td>
<td>14.2%</td>
</tr>
</tbody>
</table>

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.

Key Informant Input: Injury & Violence
The following chart outlines key informants’ perceptions of the severity of Injury & Violence as a problem in the community:

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

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>9.8%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>53.9%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>28.0%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

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

Gangs
Gangs and guns. - Kane County Physician

Leading Cause of Death
Because of the lethal nature of the disease. - Kane County Social Services Provider

Personal/Cultural Beliefs
Cultural and education. - Kane County Social Services Provider
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
Age-adjusted diabetes mortality for the area is shown in the following chart.

![Diabetes: Age-Adjusted Mortality Trends](image)

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

Healthy People 2020 Target = 20.5 or Lower (Adjusted)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>22.7</td>
<td>20.1</td>
<td>18.7</td>
<td>18.1</td>
<td>19.7</td>
<td>18.5</td>
<td>19.6</td>
<td>18.0</td>
</tr>
<tr>
<td>Illinois</td>
<td>21.4</td>
<td>20.2</td>
<td>19.5</td>
<td>19.0</td>
<td>19.4</td>
<td>19.2</td>
<td>19.2</td>
<td>18.9</td>
</tr>
</tbody>
</table>

Sources:

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

“Have you ever been told by a doctor, nurse, or other health professional that you have diabetes? (If female, add: not counting diabetes only occurring during pregnancy?)”

“Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes? (If female, add: other than during pregnancy?)”

### Prevalence of Diabetes

<table>
<thead>
<tr>
<th>Year</th>
<th>PMMC Service Area</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>14.1%</td>
<td>11.1%</td>
<td>10.4%</td>
<td>13.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>10.3%</td>
<td>11.1%</td>
<td>10.4%</td>
<td>13.3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Another 7.1% of adults report that they have been diagnosed with “pre-diabetes” or “borderline” diabetes. (vs. 5.7% nationwide)

### Notes:
- Asked of all respondents.
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

### Prevalence of Diabetes

(PMMC Service Area, 2018)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>PMMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>13.1%</td>
<td>7.8%</td>
<td>8.2%</td>
<td>9.9%</td>
<td>23.6%</td>
<td>19.1%</td>
<td>4.2%</td>
<td>8.5%</td>
<td>12.2%</td>
<td>10.3%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- 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

**Adults who do not have diabetes:** “Have you had a test for high blood sugar or diabetes within the past three years?”

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

<table>
<thead>
<tr>
<th>Year</th>
<th>PMMC Service Area</th>
<th>Kane County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>64.1%</td>
<td>59.1%</td>
<td>50.0%</td>
</tr>
<tr>
<td>2018</td>
<td>54.9%</td>
<td>64.1%</td>
<td></td>
</tr>
</tbody>
</table>

**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.

### Key Informant Input: Diabetes

The following chart outlines key informants’ perceptions of the severity of Diabetes as a problem in the community:

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

- **Major Problem:** 41.8%
- **Moderate Problem:** 41.0%
- **Minor Problem:** 9.7%
- **No Problem At All:** 7.5%

**Sources:**
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

### Challenges

Among those rating this issue as a “major problem,” the biggest challenges for people with diabetes are seen as:

**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 diagnosis 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**

Age-adjusted Alzheimer’s disease mortality is outlined in the following chart.

---

**Alzheimer’s Disease: Age-Adjusted Mortality Trends**

(Annual Average Deaths per 100,000 Population)

Source:

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.

---

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>19.4</td>
<td>18.5</td>
<td>16.3</td>
<td>15.2</td>
<td>14.9</td>
<td>14.4</td>
<td>14.3</td>
<td>14.2</td>
</tr>
<tr>
<td>Illinois</td>
<td>21.7</td>
<td>21.8</td>
<td>20.7</td>
<td>20.3</td>
<td>20.0</td>
<td>20.5</td>
<td>22.0</td>
<td>23.9</td>
</tr>
<tr>
<td>United States</td>
<td>24.6</td>
<td>24.9</td>
<td>24.5</td>
<td>24.4</td>
<td>24.0</td>
<td>24.2</td>
<td>26.1</td>
<td>28.4</td>
</tr>
</tbody>
</table>
Family Members With Alzheimer’s Disease

“Has any member of your family ever been diagnosed with Alzheimer’s Disease?”

Have Had a Family Member Diagnosed With Alzheimer’s Disease

<table>
<thead>
<tr>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMMC Service Area</td>
<td>17.9%</td>
</tr>
<tr>
<td>Kane County</td>
<td>19.6%</td>
</tr>
</tbody>
</table>

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

The following chart outlines key informants’ perceptions of the severity of Dementias, Including Alzheimer’s Disease as a problem in the community:

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community
(Kane County Key Informants, 2018)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.6%</td>
<td>50.4%</td>
<td>22.1%</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

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 cares 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 Community Leader

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

Age-adjusted kidney disease mortality is described in the following chart.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Kane County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-2009</td>
<td>18.5</td>
<td>19.9</td>
<td>15.0</td>
</tr>
<tr>
<td>2008-2010</td>
<td>19.0</td>
<td>19.7</td>
<td>14.5</td>
</tr>
<tr>
<td>2009-2011</td>
<td>19.2</td>
<td>18.9</td>
<td>14.0</td>
</tr>
<tr>
<td>2010-2012</td>
<td>19.3</td>
<td>17.8</td>
<td>13.3</td>
</tr>
<tr>
<td>2011-2013</td>
<td>18.6</td>
<td>17.1</td>
<td>13.2</td>
</tr>
<tr>
<td>2012-2014</td>
<td>18.8</td>
<td>17.1</td>
<td>13.2</td>
</tr>
<tr>
<td>2013-2015</td>
<td>18.8</td>
<td>17.2</td>
<td>13.3</td>
</tr>
<tr>
<td>2014-2016</td>
<td>17.8</td>
<td>17.2</td>
<td>13.2</td>
</tr>
</tbody>
</table>


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

“Would you please tell me if you have ever suffered from or been diagnosed with kidney disease?”

Prevalence of Kidney Disease

```
<table>
<thead>
<tr>
<th>Year</th>
<th>PMMC Service Area</th>
<th>Kane County IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>2.5%</td>
<td>2.9%</td>
<td>2.9%</td>
</tr>
<tr>
<td>2018</td>
<td>2.9%</td>
<td>1.7%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>
```


Notes: Asked of all respondents.

Key Informant Input: Kidney Disease

The following chart outlines key informants’ perceptions of the severity of Kidney Disease as a problem in the community:

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

```
<table>
<thead>
<tr>
<th>Perceptions</th>
<th>7.7%</th>
<th>41.0%</th>
<th>37.6%</th>
<th>13.7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate Problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor Problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Problem At All</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
```

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)

“Would you please tell me if you have ever suffered from or been diagnosed with osteoporosis?”
(Reported in the following chart among only those age 50+.)

See also Overall Health Status: Activity Limitations in the General Health Status section of this report.
Key Informant Input: Arthritis, Osteoporosis, & Chronic Back Conditions
The following chart outlines key informants’ perceptions of the severity of Arthritis, Osteoporosis, & Chronic Back Conditions as a problem in the community:

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

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018 Data Source</td>
<td>5.0%</td>
<td>43.3%</td>
<td>39.2%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

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

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person’s later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation’s population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)
Key Informant Input: Hearing & Vision
The following chart outlines key informants’ perceptions of the severity of Hearing & Vision as a problem in the community:

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

Major Problem  Moderate Problem  Minor Problem  No Problem At All
7.9%  29.1%  52.0%  11.0%

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

About Immunization & Infectious Diseases

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by $9.9 billion.
- Saves $33.4 billion in indirect costs.

Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Immunization & Infectious Diseases

The following chart outlines key informants’ perceptions of the severity of Immunization & Infectious Diseases as a problem in the community:

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

(Kane County Key Informants, 2018)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>8.7%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>36.2%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>43.3%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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 vaccines. Preventable diseases and impacting herd immunity. - Kane County Health Provider
- Still resistance to vaccination. - Kane County Health Provider

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)

Vaccinations
“During the past 12 months, have you had a flu shot?”

“A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the seasonal flu shot. Have you ever had a pneumonia shot?”

Columns in the following chart show these findings among those age 65+. Percentages for “high-risk” adults age 18-64 in the PMMC Service Area are also shown; here, “high-risk” includes adults who report having been diagnosed with heart disease, diabetes, or respiratory disease.
Older Adults: Have Had a Flu Vaccination in the Past Year
(Among Adults Age 65+)
Healthy People 2020 Target = 70.0% or Higher

<table>
<thead>
<tr>
<th></th>
<th>PMMC Service Area</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older Adults</td>
<td>75.4%</td>
<td>75.8%</td>
<td>56.4%</td>
<td>76.8%</td>
<td>60.9%</td>
<td>75.4%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144-145]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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.

Older Adults: Have Ever Had a Pneumonia Vaccine
(Among Adults Age 65+)
Healthy People 2020 Target = 90.0% or Higher

<table>
<thead>
<tr>
<th></th>
<th>PMMC Service Area</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older Adults</td>
<td>83.7%</td>
<td>79.0%</td>
<td>69.6%</td>
<td>82.7%</td>
<td>72.3%</td>
<td>83.7%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 146-147]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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)](www.healthypeople.gov)
HIV Prevalence

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area.

**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.

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**

“Not counting tests you may have had when donating or giving blood, when was the last time you were tested for HIV?” (Reported here only among adults age 18 to 44.)

**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.
Key Informant Input: HIV/AIDS

The following chart outlines key informants’ perceptions of the severity of HIV/AIDS as a problem in the community:

![Perceptions of HIV/AIDS as a Problem in the Community](chart)

- **Major Problem:** 1.6%
- **Moderate Problem:** 33.6%
- **Minor Problem:** 56.6%
- **No Problem At All:** 8.2%

*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 health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

**Chlamydia.** Chlamydia is the most commonly reported STD in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

**Gonorrhea.** Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

The following chart outlines local incidence for these STDs.
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.

Notes: This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Safe Sexual Practices

Sexual Partners

“During the past 12 months, with how many people have you had sexual intercourse?”

“Was a condom used the last time you had sexual intercourse?”

Each of these is reported here only among adults who are unmarried and between the ages of 18 and 64.

Sexual Risk
(Unmarried Adults Age 18-64)

Sources: 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 321-322]

Notes: Reflects unmarried respondents under the age of 65.
Key Informant Input: Sexually Transmitted Diseases

The following chart outlines key informants’ perceptions of the severity of Sexually Transmitted Diseases as a problem in the community:

### Perceptions of Sexually Transmitted Diseases as a Problem in the Community
(Kane County Key Informants, 2018)

<table>
<thead>
<tr>
<th>Problem Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>3.2%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>40.8%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>44.8%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>11.2%</td>
</tr>
</tbody>
</table>

**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
Births

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)

Prenatal Care

Early and continuous prenatal care is the best assurance of infant health. Lack of timely prenatal care (care initiated during the first trimester of pregnancy) is outlined in the following chart.

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births, 2014-2016)

Healthy People 2020 Target = 22.1% or Lower

Kane County IL

0% 20% 40% 60% 80% 100%

23.8% 24.1%

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.

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

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. Births of low-weight infants are described in the following chart.

<table>
<thead>
<tr>
<th>Year</th>
<th>Kane County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-2009</td>
<td>7.4%</td>
<td>8.4%</td>
<td>8.2%</td>
</tr>
<tr>
<td>2008-2010</td>
<td>7.4%</td>
<td>8.3%</td>
<td>8.2%</td>
</tr>
<tr>
<td>2009-2011</td>
<td>7.5%</td>
<td>8.3%</td>
<td>8.1%</td>
</tr>
<tr>
<td>2010-2013</td>
<td>7.1%</td>
<td>8.2%</td>
<td>8.1%</td>
</tr>
<tr>
<td>2011-2013</td>
<td>7.1%</td>
<td>8.2%</td>
<td>8.0%</td>
</tr>
<tr>
<td>2012-2014</td>
<td>7.2%</td>
<td>8.2%</td>
<td>8.0%</td>
</tr>
<tr>
<td>2013-2015</td>
<td>7.1%</td>
<td>8.2%</td>
<td>8.0%</td>
</tr>
<tr>
<td>2014-2016</td>
<td>7.0%</td>
<td>8.3%</td>
<td>8.1%</td>
</tr>
</tbody>
</table>

Note: This indicator reports the percentage of live 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

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. These rates are outlined in the following chart.
Key Informant Input: Infant & Child Health

The following chart outlines key informants’ perceptions of the severity of Infant & Child Health as a problem in the community:

### Perceptions of Infant and Child Health as a Problem in the Community
(Kane County Key Informants, 2018)

<table>
<thead>
<tr>
<th>Problem Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>11.1%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>44.4%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>34.1%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>10.4%</td>
</tr>
</tbody>
</table>

**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 County

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

Nutrition & Physical Activity

Healthy eating and physical activity. - Kane County Public Health Representative

Various Issues

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
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)

The following charts describe local teen births.

- Note the disparity by race/ethnicity.

**Births to Teens**

*(Births to Women Age 15-19 as a Percentage of All Births)*

![Births to Teens Chart]

**Sources:**
Teen Birth Rate
(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19; Kane County by Race/Ethnicity, 2006-2012)

Key Informant Input: Family Planning
The following chart outlines key informants’ perceptions of the severity of Family Planning as a problem in the community:

Perceptions of Family Planning as a Problem in the Community
(Kane County Key Informants, 2018)

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

Actual Causes Of Death

About Contributors to Mortality

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

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

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

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

Factors Contributing to Premature Deaths in the United States

Nutrition, Physical Activity, & Weight

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

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

“Now I would like you to think about the foods you ate or drank yesterday. Include all the foods you ate, both at home and away from home. How many servings of fruit or fruit juices did you have yesterday?”

“How many servings of vegetables did you have yesterday?”

The questions above are used to calculate daily fruit/vegetable consumption for respondents. The proportion reporting having 5 or more servings per day is shown here.

Consume Five or More Servings of Fruits/Vegetables Per Day
(PMMC Service Area, 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.

(Asked of parents of children age 2-17) “Not counting fruit juice, how many servings of fruit would you say this child eats in a typical day?

“Not counting fruit juice, how many servings of fruit would you say this child eats in a typical day?”

The questions above are used to calculate daily fruit/vegetable consumption for children. The proportion reporting having 5 or more servings per day is shown here.
Access to Fresh Produce

“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?”

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce
(PMMC Service Area, 2018)
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. This related chart is based on US Department of Agriculture data.

**Population With Low Food Access**

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)

![Chart showing food access percentages by region](chart.png)

- **PMMC**: 21.0%
- **ST8**: 19.4%
- **US**: 22.4%

**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.
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

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.

“During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?”
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.


Meeting Physical Activity Recommendations

To measure physical activity frequency, duration and intensity, respondents were asked:

“During the past month, what type of physical activity or exercise did you spend the most time doing?”

“And during the past month, how many times per week or per month did you take part in this activity?”

“And when you took part in this activity, for how many minutes or hours did you usually keep at it?”

Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

Respondents were also asked about strengthening exercises:

“During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups, or push-ups, and those using weight machines, free weights, or elastic bands.”
“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activity:

- Aerobic activity is at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;
- Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

Meet Physical Activity Recommendations
(PMMC Service Area, 2018)
Healthy People 2020 Target = 20.1% or Higher

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>PMMC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16.1%</td>
<td>16.4%</td>
<td>15.1%</td>
<td>16.5%</td>
<td>10.2%</td>
<td>8.3%</td>
<td>20.5%</td>
<td>19.6%</td>
<td>12.2%</td>
<td>16.3%</td>
<td>22.8%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- Assisted by all respondents.
- Hispanics can be any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondents’ 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.

Notes:
- 16.1% Men
- 16.4% Women
- 15.1% 18 to 39
- 16.5% 40 to 64
- 10.2% 65+
- 8.3% Low Income
- 20.5% Mid/High Income
- 19.6% White
- 12.2% Hispanic
- 16.3% PMMC
- 22.8% US
Children’s Physical Activity

“During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?”

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.

“Including television watching, video games, computer use, and other electronic devices, how many hours or minutes of screen time does this child use for entertainment on an average school day (or typical day, if not in school?)”

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.
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.


<table>
<thead>
<tr>
<th>Classification of Overweight and Obesity by BMI</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Healthy Weight</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight, not Obese</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>


Adult Weight Status

“About how much do you weigh without shoes?”

“About how tall are you without shoes?”

“Are you now trying to lose weight?”

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).
### Prevalence of Total Overweight
(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]
- 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.

### 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]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

**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 25.0, regardless of gender.
Prevalence of Obesity
(Percent of Adults With a BMI of 30.0 or Higher; PMMC Service Area, 2018)
Healthy People 2020 Target = 30.5% or Lower

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>PMMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>27.5%</td>
<td>32.0%</td>
<td>19.8%</td>
<td>40.8%</td>
<td>37.0%</td>
<td>23.9%</td>
<td>33.4%</td>
<td>34.1%</td>
<td>21.5%</td>
<td>29.8%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]

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.

Childhood Overweight & Obesity

About Weight Status in Children & Teens

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

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

- Underweight ≤5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile
- Centers for Disease Control and Prevention

The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

“How much does this child weigh without shoes?”

“How tall is this child?”
**Child Total Overweight Prevalence**
(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)

- **PMMC Service Area**: 43.7%
- **Kane County**: 36.9%
- **US**: 33.0%

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.

**Child Obesity Prevalence**
(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

- **PMMC Service Area**: 31.5%
- **Kane County**: 24.5%
- **US**: 20.4%

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.
- 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

The following chart outlines key informants’ perceptions of the severity of Nutrition, Physical Activity, & Weight as a problem in the community:

### Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Kane County Key Informants, 2018)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>40.7%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>43.6%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>10.7%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

**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. 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

Comorbidities

- 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)

Related Age-Adjusted Mortality

Cirrhosis/Liver Disease. Heavy alcohol use contributes to a significant share of liver disease, including cirrhosis. The following chart outlines age-adjusted mortality for cirrhosis/liver disease in the area.

Unintentional Drug-Related Deaths. Unintentional drug-related deaths include all deaths, other than suicide, for which drugs are the underlying cause. A “drug” includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included. The following chart outlines local age-adjusted mortality for unintentional drug-related deaths.
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.

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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Kane County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-2009</td>
<td>7.7</td>
<td>8.2</td>
<td>9.1</td>
</tr>
<tr>
<td>2008-2010</td>
<td>7.8</td>
<td>8.3</td>
<td>9.3</td>
</tr>
<tr>
<td>2009-2011</td>
<td>8.7</td>
<td>8.2</td>
<td>9.5</td>
</tr>
<tr>
<td>2010-2012</td>
<td>8.3</td>
<td>8.3</td>
<td>9.6</td>
</tr>
<tr>
<td>2011-2013</td>
<td>8.2</td>
<td>8.5</td>
<td>9.9</td>
</tr>
<tr>
<td>2012-2014</td>
<td>8.3</td>
<td>8.9</td>
<td>10.2</td>
</tr>
<tr>
<td>2013-2015</td>
<td>8.9</td>
<td>9.0</td>
<td>10.5</td>
</tr>
<tr>
<td>2014-2016</td>
<td>8.2</td>
<td>9.1</td>
<td>10.6</td>
</tr>
</tbody>
</table>

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.

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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Kane County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-2009</td>
<td>5.1</td>
<td>8.6</td>
<td>9.2</td>
</tr>
<tr>
<td>2008-2010</td>
<td>4.9</td>
<td>8.7</td>
<td>9.7</td>
</tr>
<tr>
<td>2009-2011</td>
<td>6.3</td>
<td>8.8</td>
<td>10.2</td>
</tr>
<tr>
<td>2010-2012</td>
<td>7.1</td>
<td>9.5</td>
<td>10.6</td>
</tr>
<tr>
<td>2011-2013</td>
<td>7.8</td>
<td>10.0</td>
<td>10.8</td>
</tr>
<tr>
<td>2012-2014</td>
<td>7.2</td>
<td>10.6</td>
<td>11.3</td>
</tr>
<tr>
<td>2013-2015</td>
<td>6.5</td>
<td>11.2</td>
<td>12.4</td>
</tr>
<tr>
<td>2014-2016</td>
<td>7.5</td>
<td>13.4</td>
<td>14.3</td>
</tr>
</tbody>
</table>
Alcohol Use

**Excessive Drinkers.** Excessive drinking reflects the number of adults (age 18+) 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.

“During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?”

“On the day(s) when you drank, about how many drinks did you have on the average?”

“Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)/4 (if female) or more drinks on an occasion?”

**Excessive Drinkers**
(PMMC Service Area, 2018)

**Healthy People 2020 Target = 25.4% or Lower**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>PMMC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive Drinkers</td>
<td>30.6%</td>
<td>22.3%</td>
<td>33.8%</td>
<td>19.2%</td>
<td>8.3%</td>
<td>30.6%</td>
<td>23.0%</td>
<td>20.4%</td>
<td>30.6%</td>
<td>26.4%</td>
<td>22.5%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

**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) during the past 30 days.

**Drinking & Driving.** 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.

“During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?”
**Have Driven in the Past Month After Perhaps Having Too Much to Drink**

<table>
<thead>
<tr>
<th>Year</th>
<th>PMMC Service Area</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>8.8%</td>
<td>7.8%</td>
<td>3.8%</td>
<td>5.2%</td>
</tr>
<tr>
<td>2018</td>
<td>1.0%</td>
<td>8.8%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

---

**Illicit Drug Use**

“During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?”

**Illicit Drug Use in the Past Month**

Healthy People 2020 Target = 7.1% or Lower

<table>
<thead>
<tr>
<th>Year</th>
<th>PMMC Service Area</th>
<th>Kane County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>6.3%</td>
<td>6.0%</td>
<td>2.5%</td>
</tr>
<tr>
<td>2018</td>
<td>3.3%</td>
<td>6.3%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
Alcohol & Drug Treatment

“Have you ever sought professional help for an alcohol or drug-related problem?”

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

Key Informant Input: Substance Abuse

The following chart outlines key informants’ perceptions of the severity of Substance Abuse as a problem in the community:

Perceptions of Substance Abuse as a Problem in the Community (Kane County Key Informants, 2018)

Barriers to Treatment

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

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

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
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/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
Health care 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
### Problematic Substances as Identified by Key Informants

<table>
<thead>
<tr>
<th>Substance</th>
<th>Most Problematic</th>
<th>Second-Most Problematic</th>
<th>Third-Most Problematic</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin or Other Opioids</td>
<td>40.0%</td>
<td>40.0%</td>
<td>20.0%</td>
<td>10</td>
</tr>
<tr>
<td>Alcohol</td>
<td>44.4%</td>
<td>55.6%</td>
<td>0.0%</td>
<td>9</td>
</tr>
<tr>
<td>Marijuana</td>
<td>0.0%</td>
<td>25.0%</td>
<td>75.0%</td>
<td>4</td>
</tr>
<tr>
<td>Prescription Medications</td>
<td>0.0%</td>
<td>0.0%</td>
<td>100.0%</td>
<td>3</td>
</tr>
<tr>
<td>Cocaine or Crack</td>
<td>0.0%</td>
<td>0.0%</td>
<td>100.0%</td>
<td>2</td>
</tr>
<tr>
<td>Methamphetamines or Other Amphetamines</td>
<td>100.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>2</td>
</tr>
</tbody>
</table>
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

“Do you now smoke cigarettes every day, some days, or not at all?”

Current Smokers

Healthy People 2020 Target = 12.0% or Lower

<table>
<thead>
<tr>
<th></th>
<th>PMMC Service Area</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Smokers</td>
<td>18.1%</td>
<td>9.8%</td>
<td>15.8%</td>
<td>11.0%</td>
<td>14.0%</td>
<td>18.1%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).
Current Smokers
(PMMC Service Area, 2018)
Healthy People 2020 Target = 12.0% or Lower

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>PMMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income</td>
<td></td>
<td></td>
<td>21.4%</td>
<td>15.2%</td>
<td></td>
<td>23.7%</td>
<td>16.3%</td>
<td>6.5%</td>
<td>23.5%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14.2%</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>21.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18.1%</td>
</tr>
</tbody>
</table>

Notes:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- 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).

Secondhand Smoke
“In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars or pipes anywhere in your home on an average of four or more days per week?”

The following chart details these responses among the total sample of respondents, as well as among only households with children (age 0-17).

Member of Household Smokes at Home

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items S2, 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.
Use of Vaping Products
The next questions are about electronic "vaping" products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. Have you ever used an electronic "vaping" product, such as an e-cigarette, even just one time in your entire life?

### Have Ever Used Electronic Vaping Products

**PMMC Service Area**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>17.1%</td>
</tr>
<tr>
<td>2018</td>
<td>24.5%</td>
</tr>
</tbody>
</table>

**Kane County**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>21.6%</td>
</tr>
<tr>
<td>2018</td>
<td>24.5%</td>
</tr>
</tbody>
</table>

**Sources:** 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 317-318]

**Notes:** Asked of all respondents.

### Have Ever Used Electronic Vaping Products

**(PMMC Service Area, 2018)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>35.3%</td>
</tr>
<tr>
<td>Women</td>
<td>14.3%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>37.3%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>15.1%</td>
</tr>
<tr>
<td>65+</td>
<td>3.4%</td>
</tr>
<tr>
<td>Low Income</td>
<td>28.2%</td>
</tr>
<tr>
<td>Mid/High</td>
<td>26.9%</td>
</tr>
<tr>
<td>White</td>
<td>22.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>28.0%</td>
</tr>
<tr>
<td>PMMC</td>
<td>24.5%</td>
</tr>
</tbody>
</table>

**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.
Smokeless Tobacco Use
“Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?”

Smokeless Tobacco Use
Healthy People 2020 Target = 0.3% or Lower

<table>
<thead>
<tr>
<th></th>
<th>PMMC Service Area</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>2.8%</td>
<td>2.4%</td>
<td>2.8%</td>
<td>4.4%</td>
</tr>
<tr>
<td>2018</td>
<td>1.0%</td>
<td>2.8%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco or snuff.

Awareness of the Illinois Quit-Line
“Are you aware of the Illinois Tobacco Quit-Line (1-866-QUIT-YES)’?”

Aware of the Illinois Tobacco Quit-Line (1-866-QUIT-YES)

<table>
<thead>
<tr>
<th></th>
<th>PMMC Service Area</th>
<th>Kane County</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>37.9%</td>
<td>33.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>44.1%</td>
<td>37.9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 318]

Notes:
- Asked of all respondents.
Aware of the Illinois Tobacco Quit-Line (1-866-QUIT-YES)  
(PMMC Service Area, 2018)

Key Informant Input: Tobacco Use

The following chart outlines key informants’ perceptions of the severity of Tobacco Use as a problem in the community:

Perceptions of Tobacco Use as a Problem in the Community  
(Kane County Key Informants, 2018)

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

Youth

One in five teenagers still smoke. - Kane County Social Services Provider

Youth smoking. - Kane County Community Leader

Co-Occurrences

It is an addictive habit that can potentially lead to other addictions. - Kane County Community Leader
Access to Health Services

Lack of Health Insurance Coverage (Age 18 to 64)

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

“Do you have any government-assisted healthcare coverage, such as Medicare, Medicaid (or another state-sponsored program), or VA/military benefits?”

“Do you currently have: health insurance you get through your own or someone else’s employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for health care entirely on your own?”

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]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents under the age of 65.
Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64; PMMC Service Area, 2018)
Healthy People 2020 Target = 0.0% (Universal Coverage)

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]

Notes:
- Asked of all respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Difficulties Accessing Healthcare

About Access to Healthcare

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

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

- Healthy People 2020 (www.healthypeople.gov)

Barriers to Healthcare Access

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

“Was there a time in the past 12 months when…

- … you needed medical care, but had difficulty finding a doctor?"
- … you had difficulty getting an appointment to see a doctor?"
- … you needed to see a doctor, but could not because of the cost?"
- … a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?"
- … you were not able to see a doctor because the office hours were not convenient?"
- … you needed a prescription medicine, but did not get it because you could not afford it?"
- … you were not able to see a doctor due to language or cultural differences?"

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.
Barriers to Access Have Prevented Medical Care in the Past Year

The following charts reflect the composite percentage of the total population experiencing problems accessing healthcare in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(PMMC Service Area, 2018)

Accessing Healthcare for Children

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.

“Was there a time in the past 12 months when you needed medical care for this child, but could not get it?”

“What was the main reason you could not get medical care for this child?”

Had Trouble Obtaining Medical Care for Child in the Past Year
(Among Parents of Children 0-17)
Key Informant Input: Access to Healthcare Services

The following chart outlines key informants’ perceptions of the severity of Access to Healthcare Services as a problem in the community:

### Perceptions of Access to Healthcare Services as a Problem in the Community

(Kane County Key Informants, 2018)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>18.8%</td>
<td>49.0%</td>
<td>17.4%</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

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 uninsured 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 health care needs are very difficult to access unless the support network around the child is advocating strongly for health care. - 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 health care 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 Health Care

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. LMI household's 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”) were further asked to identify the type of care they perceive as the most difficult to access in the community.

<table>
<thead>
<tr>
<th>Medical Care Difficult to Access as Identified by Key Informants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Difficult</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Mental Health Care</td>
</tr>
<tr>
<td>Specialty Care</td>
</tr>
<tr>
<td>Chronic Disease Care</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
</tr>
<tr>
<td>Elder Care</td>
</tr>
<tr>
<td>Primary Care</td>
</tr>
<tr>
<td>Dental Care</td>
</tr>
<tr>
<td>Urgent Care</td>
</tr>
<tr>
<td>Trauma and Attachment Therapy</td>
</tr>
<tr>
<td>Prenatal Care</td>
</tr>
<tr>
<td>Palliative Care</td>
</tr>
<tr>
<td>Pain Management</td>
</tr>
<tr>
<td>Occupational and Speech Therapy</td>
</tr>
</tbody>
</table>
Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or detect a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

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.  

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.
Specific Source of Ongoing Care

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).

“Is there a particular place that you usually go to if you are sick or need advice about your health?”

“What kind of place is it: a medical clinic, an urgent care center/walk-in clinic, a doctor’s office, a hospital emergency room, military or other VA healthcare, or some other place?”

The following chart illustrates the proportion in the PMMC Service Area population with a specific source of ongoing medical care. Note that a hospital emergency room is not considered a specific source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care
(PMMC Service Area, 2018)
Healthy People 2020 Target = 95.0% or Higher

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>PMMC</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>61.2%</td>
<td>86.6%</td>
<td>67.3%</td>
<td>80.1%</td>
<td>92.0%</td>
<td>66.0%</td>
<td>78.2%</td>
<td>78.4%</td>
<td>68.9%</td>
<td>74.3%</td>
<td>74.1%</td>
</tr>
<tr>
<td>20%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]

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

Utilization of Primary Care Services

Adults: “A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?”

Children: “About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?”
Have Visited a Physician for a Checkup in the Past Year

<table>
<thead>
<tr>
<th>Year</th>
<th>PMMC Service Area</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>69.3%</td>
<td>71.7%</td>
<td>70.0%</td>
<td>68.3%</td>
</tr>
<tr>
<td>2018</td>
<td>69.3%</td>
<td>71.7%</td>
<td>70.0%</td>
<td>68.3%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Child Has Visited a Physician for a Routine Checkup in the Past Year
(Among Parents of Children 0-17)

<table>
<thead>
<tr>
<th>Year</th>
<th>PMMC Service Area</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>83.3%</td>
<td>85.3%</td>
<td>87.1%</td>
<td>87.1%</td>
</tr>
<tr>
<td>2018</td>
<td>92.1%</td>
<td>83.3%</td>
<td>87.1%</td>
<td>87.1%</td>
</tr>
</tbody>
</table>

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.
Emergency Room Utilization

“In the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes ER visits that resulted in a hospital admission.” (Responses here reflect the percentage with two or more visits in the past year.)

“What is the main reason you used the emergency room instead of going to a doctor’s office or clinic?”

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.
Specialty Care Services

Adults

“Specialists are doctors like surgeons, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. During the past 12 months, did you need to see a specialist for any reason?”

(If yes:) “How much of a problem, if any, was it to get the specialty care that you needed? Would you say it was?:”

Needed to See a Specialist in the Past Year

Those needing a specialist say that getting the care they needed was:
- A Major Problem: 4.9%
- A Moderate Problem: 14.9%
- A Minor Problem: 20.9%
- No Problem at All: 59.3%

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 311-312]
Notes: Asked of all respondents.
Children

“During the past 12 months, did you or a doctor think this child needed to see a specialist for any reason?”
Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: tobacco use; excessive alcohol use; and poor dietary choices.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

Healthy People 2020 (www.healthypeople.gov)

Dental Care

“About how long has it been since you last visited a dentist or a dental clinic for any reason?”
### Dental Clinic Within the Past Year
**PMMC Service Area, 2018**
Healthy People 2020 Target = 49.0% or Higher

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
<th>Healthy People 2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>55.3%</td>
<td>49.0%</td>
</tr>
<tr>
<td>Women</td>
<td>75.9%</td>
<td>49.0%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>76.3%</td>
<td>49.0%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>77.9%</td>
<td>49.0%</td>
</tr>
<tr>
<td>65+</td>
<td>75.1%</td>
<td>49.0%</td>
</tr>
<tr>
<td>Low Income</td>
<td>48.0%</td>
<td>49.0%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>78.4%</td>
<td>49.0%</td>
</tr>
<tr>
<td>White</td>
<td>71.9%</td>
<td>49.0%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>50.9%</td>
<td>49.0%</td>
</tr>
<tr>
<td>Dental Insurance</td>
<td>66.0%</td>
<td>49.0%</td>
</tr>
<tr>
<td>No Dental Insurance</td>
<td>59.7%</td>
<td>49.0%</td>
</tr>
<tr>
<td>PMMC US</td>
<td>77.3%</td>
<td>49.0%</td>
</tr>
<tr>
<td>US</td>
<td>77.3%</td>
<td>49.0%</td>
</tr>
</tbody>
</table>

**Key Informant Input: Oral Health**

The following chart outlines key informants’ perceptions of the severity of Oral Health as a problem in the community:
Perceptions of Oral Health as a Problem in the Community
(Kane County Key Informants, 2018)

<table>
<thead>
<tr>
<th>Category</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access for Uninsured/Underinsured</strong></td>
<td>Not a lot of people have dental insurance and not many resources for those who are under or uninsured. - Kane County Physician</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>No insurance coverage. - Kane County Social Services Provider</td>
</tr>
<tr>
<td></td>
<td>Lack of dental insurance and high costs of care. - Kane County Community Leader</td>
</tr>
<tr>
<td></td>
<td>Lack of quality providers for under and uninsured. - Kane County Social Services Provider</td>
</tr>
<tr>
<td></td>
<td>Not enough access to dentists that take Medicaid. - Kane County Social Services Provider</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>Not covered by most insurances. Not treatable at Aunt Martha's, VNA, hospitals, etc. - Kane County Health Provider</td>
</tr>
<tr>
<td></td>
<td>Lack of providers who accept Medicaid. - Kane County Public Health Representative</td>
</tr>
<tr>
<td><strong>Affordable Care/Services</strong></td>
<td>Expensive and not covered by Medicare. Expensive for those who are uninsured. - Kane County Health Provider</td>
</tr>
<tr>
<td></td>
<td>There are not too many affordable options if you do not have insurance. Medicaid providers are also very limited. - Kane County Social Services Provider</td>
</tr>
<tr>
<td></td>
<td>Cost. - Kane County Health Provider</td>
</tr>
<tr>
<td></td>
<td>Not affordable, insurance covers minimum or not at all. - Kane County Social Services Provider</td>
</tr>
<tr>
<td><strong>Prevention</strong></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td><strong>Incidence/Prevalence</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Specialty Care</strong></td>
<td>Hard to access specialty care. - Kane County Health Provider</td>
</tr>
</tbody>
</table>

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

“When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.” (Responses in the following chart represent those with an eye exam within the past 2 years.)

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

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMMC Service Area</td>
<td>57.3%</td>
<td>57.3%</td>
</tr>
<tr>
<td>Kane County</td>
<td>58.3%</td>
<td>58.3%</td>
</tr>
<tr>
<td>US</td>
<td>55.3%</td>
<td>55.3%</td>
</tr>
</tbody>
</table>

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.
Local Resources

Perceptions of Local Healthcare Services

“How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?”

<table>
<thead>
<tr>
<th></th>
<th>PMMC Service Area</th>
<th>Kane County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>11.8%</td>
<td>12.6%</td>
<td>16.2%</td>
</tr>
<tr>
<td>2018</td>
<td>13.3%</td>
<td>11.8%</td>
<td>16.2%</td>
</tr>
</tbody>
</table>

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.
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/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
Chronic 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

Dementia/Alzheimer's Disease

A Place for Mom
Adult Day Care Programs
Advocate Sherman Hospital
Alden of Waterford Rehabilitation and Health Care 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 Associates
Skilled Nursing Facilities
St. Joseph’s Hospital
Strohschein Law Group
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 and Vision Problems

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 and 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 Disease
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 and 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 and 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

Mental Health Issues

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, and 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
Presence Mercy Medical Center
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
Mental Health Services
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