Executive Report

2014 Community Health Needs Assessment
(Revised March 2, 2015)

Kane County, Illinois

Prepared for:
Kane County Health Department

By:
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This Community Health Needs Assessment is approved by the authorized governing body and effective December 31, 2015.
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Introduction
Project Overview

Project Goals

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

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

- **To improve residents’ health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents’ health.

- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

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

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

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

PRC COMMUNITY HEALTH SURVEY

Survey Instrument

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

Community Defined for This Assessment

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

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

The sample design used for this effort consisted of a stratified random sample of individuals age 18 and older; this sample yielded 1,084 respondents in Kane County, including 393 in North Kane County, 342 in Central Kane County, and 349 in South Kane County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Kane County as a whole. All administration of the surveys, data collection, and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 1,084 respondents is ±3.0% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 1,084 Respondents at the 95 Percent Level of Confidence

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

Examples:
- If 10% of the sample of 282 respondents answered a certain question with a “yes,” it can be asserted that between 8.2% and 11.8% (10% ± 1.8%) of the total population would offer this response.
- If 50% of respondents said “yes,” one could be certain with a 95 percent level of confidence that between 47.0% and 53.0% (50% ± 3.0%) of the total population would respond “yes” if asked this question.

Sample Characteristics

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

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

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

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

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

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

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

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<th>Key Informant Type</th>
<th>Number Invited</th>
<th>Number Participating</th>
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<tr>
<td>Physicians</td>
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<td>2</td>
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<td>Other Health Providers</td>
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<td>Other Community Leaders</td>
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Final participation included representatives of the organizations outlined below.

- AIM Independent Living Center
- Batavia School District #101
- City of Aurora Fire Department
- City of Batavia Police Department
- City of Elgin Parks and Recreation
- City of Elgin Planning
- deLacey Family Education Center
- Delnor Hospital
- Dreyer Medical Clinic
- Ecker Center
- Elderday Center
- Elgin Area Chamber
- Gail Borden Library
- Kane County Board
- Kane County Development and Community Services Department
Audio from the focus group sessions was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

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

NOTE: These findings represent qualitative rather than quantitative data. The focus groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

PUBLIC HEALTH, VITAL STATISTICS & OTHER DATA

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

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
BENCHMARK DATA

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

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

Healthy People 2020
Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:
• Encourage collaborations across sectors.
• Guide individuals toward making informed health decisions.
• Measure the impact of prevention activities.

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

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

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

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

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

### Areas of Opportunity Identified Through This Assessment

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<th>Kane County Overall</th>
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<td>Specific Source of Ongoing Medical Care</td>
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<td>Primary Care Physician Ratio</td>
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<td>Health Professional Shortage Area Designation</td>
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<td>Central Kane County</td>
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<td>South Kane County</td>
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<td>Cost of Physician Visits</td>
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<td>Lack of Transportation</td>
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<td>Skipping/Stretching Prescriptions</td>
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<td>Having a Personal Physician</td>
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<td>Routine Medical Care for Children</td>
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<td>Ratings of Local Healthcare</td>
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<th>Cancer</th>
<th>Kane County Overall</th>
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<td>Cancers are the #1 leading cause of death in Kane County.</td>
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<td>Breast Cancer Incidence</td>
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<td>Cervical Cancer Screening</td>
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<td>North Kane County</td>
<td>Household Radon Testing</td>
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<td>Central Kane County</td>
<td>Colorectal Cancer Screening</td>
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</table>

| Chronic Kidney Disease       | Kane County Overall |
|------------------------------| Kidney Disease Deaths |
| North Kane County            | Kidney Disease Prevalence |

| Diabetes                     | Kane County Overall |
|------------------------------| Key Informant Focus Groups: 57.7% of respondents consider Diabetes to be a “major problem” — their concerns include: |
|                              | Knowledge of available services |
|                              | Partnerships and funding |
| South Kane County            | Diabetes Prevalence |

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*continued next page*
## Areas of Opportunity (continued)

### Heart Disease & Stroke
- **Kane County Overall**
  - Heart Disease is the #2 leading cause of death in Kane County; Stroke is #4.
  - Heart Disease is a leading cause of hospitalization.
  - Stroke Deaths
  - High Blood Pressure Prevalence
  - High Blood Cholesterol Prevalence
  - Key Informant Focus Groups: Heart Disease & Stroke received 46.2% “major problem” ratings.

### Immunization & Infectious Diseases
- **Kane County Overall**
  - Childhood Immunizations
  - Flu Vaccination [65+ and High-Risk 18-64]
  - Pneumonia Vaccination [65+ and High-Risk 18-64]

### Injury & Violence
- **Kane County Overall**
  - Injury is a leading cause of hospitalizations in Kane County.
- **Central Kane County**
  - Firearm Prevalence
- **South Kane County**
  - Violent Crime Experience

### Mental Health
- **Kane County Overall**
  - Mental disorders are a leading cause of hospitalization.
  - Mental Health is perceived by parents as a top health concern for adolescents.
  - Key Informant Focus Groups: Mental Health received 84.6% “major problem” ratings — their concerns include:
    - Funding cuts
    - Disparate levels of access for services
    - Lack of follow-up/long-term services
    - Stigma/denial
    - Co-occurrence with other issues
    - Children/youth
- **South Kane County**
  - “Fair/Poor” Mental Health
  - 3+ Days of Poor Mental Health
  - Diagnosed Depression
  - 3+ Days of Feeling Sad, Blue, or Depressed
  - Stress

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*continued next page*
### Areas of Opportunity (continued)

**Nutrition, Physical Activity & Weight**

- **Kane County Overall**
  - Low Food Access
  - Availability of Recreation/Fitness Facilities
  - Nutrition, Physical Activity & Weight are perceived by parents as a top health concern for children and adolescents.
  - Key Informant Focus Groups: Nutrition, Physical Activity & Weight received 84.6% “major problem” ratings — their concerns include:
    - Social norms/healthy eating
    - Children/youth
    - Local campaigns
    - Accessibility for persons with disabilities

- **North Kane County**
  - Children’s Fruit/Vegetable Consumption
  - Medical Advice on Nutrition

- **Central Kane County**
  - Overweight Persons Counseled by a Healthcare Professional

- **South Kane County**
  - Obesity (Adults & Children)
  - Grow Some of Own Food at Home
  - Children’s Screen Time

**Oral Health**

- **South Kane County**
  - Regular Dental Care
  - Dental Insurance Coverage

**Potentially Disabling Conditions**

- **Kane County Overall**
  - Osteoporosis Prevalence (50+)

- **South Kane County**
  - 3+ Days of Poor Physical Health
  - “Fair/Poor” Physical Health

**Substance Abuse**

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

- **North and Central Kane County**
  - Seeking Professional Help for Alcohol/Drug Problems

**Tobacco Use**

- **Kane County Overall**
  - Smoking Cessation Attempts
  - Use of Smokeless Tobacco

- **North Kane County**
  - Awareness of the Tobacco Quit-Line

- **South Kane County**
  - Environmental Tobacco Smoke Exposure at Home, Including Among Non-Smokers
  - Use of Electronic Vapor Products

**Vision**

- **South Kane County**
  - Eye Exams
Summary Tables: Comparisons With Benchmark Data

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

Reading the Summary Tables

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

- The green columns [to the left of the county column] provide comparisons among the three planning areas, identifying differences for each as “better than” (○), “worse than” (●), or “similar to” (≈) the combined opposing areas.

- The columns to the right of the Kane County column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the Kane County compares favorably (○), unfavorably (●), or comparably (≈) to these external data.

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

<table>
<thead>
<tr>
<th>Social Determinant</th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linguistically Isolated Population (Percent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population in Poverty (Percent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population Below 200% FPL (Percent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in Very-Low Income Households (Percent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No High School Diploma (Age 25+, Percent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Rate (Age 16+, Percent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Overall Health

<table>
<thead>
<tr>
<th>Health Outcome</th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Physical Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% 3+ Days of Poor Physical Health in the Past Month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Expectancy in Years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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## Access to Health Services

<table>
<thead>
<tr>
<th>Measure</th>
<th>Each Planning Area vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>North</td>
<td>Central</td>
</tr>
<tr>
<td></td>
<td>14.2</td>
<td>5.0</td>
</tr>
<tr>
<td>% [Insured] Went Without Coverage in Past Year</td>
<td>7.5</td>
<td>4.5</td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year (Composite)</td>
<td>33.2</td>
<td>33.6</td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td>16.3</td>
<td>13.1</td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>11.0</td>
<td>8.4</td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>11.4</td>
<td>10.9</td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td>11.8</td>
<td>12.8</td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td>8.5</td>
<td>9.0</td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>4.4</td>
<td>3.4</td>
</tr>
<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td>9.7</td>
<td>7.2</td>
</tr>
<tr>
<td>% Difficulty Getting Child's Healthcare in Past Year</td>
<td>1.7</td>
<td>2.9</td>
</tr>
<tr>
<td>Primary Care Doctors per 100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td>77.6</td>
<td>81.8</td>
</tr>
<tr>
<td>% [Age 18-64] Have a Specific Source of Ongoing Care</td>
<td>76.0</td>
<td>81.4</td>
</tr>
<tr>
<td>% [Age 65+] Have a Specific Source of Ongoing Care</td>
<td>88.1</td>
<td>87.3</td>
</tr>
</tbody>
</table>
### Access to Health Services (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Have a Personal Doctor or Healthcare Provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Needed to See a Specialist in the Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Parents] Child Needed a Specialist in the Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Rate Local Healthcare &quot;Fair/Poor&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live in a Health Professional Shortage Area (Percent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Cancer

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Each Planning Area vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer Incidence per 100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Breast Cancer Incidence per 100,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Cancer (continued)

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Each Planning Area vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>North</td>
<td>Central</td>
</tr>
<tr>
<td>Lung Cancer Incidence per 100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Incidence per 100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Cancer Incidence per 100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td>85.4</td>
<td>79.3</td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td>85.9</td>
<td>83.2</td>
</tr>
<tr>
<td>% [Men 40+] PSA Test in the Past 2 Years</td>
<td>60.9</td>
<td>59.1</td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>74.0</td>
<td>63.2</td>
</tr>
<tr>
<td>% Household Air Has Been Tested for Radon</td>
<td>34.5</td>
<td>52.1</td>
</tr>
</tbody>
</table>

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### Child Care

<table>
<thead>
<tr>
<th>Child Care</th>
<th>Each Planning Area vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>North</td>
<td>Central</td>
</tr>
<tr>
<td>% [Children 0-13] Availability of Affordable Child Care &quot;Fair/Poor&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Children 0-13] Quality of Local Child Care is &quot;Fair/Poor&quot;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Chronic Kidney Disease

<table>
<thead>
<tr>
<th></th>
<th>North</th>
<th>Central</th>
<th>South</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kidney Disease</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Kidney Disease</td>
<td>4.7</td>
<td>2.4</td>
<td>2.3</td>
</tr>
</tbody>
</table>

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### Diabetes

<table>
<thead>
<tr>
<th></th>
<th>North</th>
<th>Central</th>
<th>South</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diabetes Mellitus</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>6.4</td>
<td>6.9</td>
<td>13.9</td>
</tr>
<tr>
<td>% Borderline/Pre-Diabetes</td>
<td>7.0</td>
<td>4.7</td>
<td>5.3</td>
</tr>
<tr>
<td>% [Diabetics] A1C Test in the Past 12 Months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Non-Diabetes] Blood Sugar Tested in Past 3 Years</td>
<td>53.7</td>
<td>61.9</td>
<td>56.1</td>
</tr>
</tbody>
</table>

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### Dementias, Including Alzheimer's Disease

<table>
<thead>
<tr>
<th></th>
<th>North</th>
<th>Central</th>
<th>South</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alzheimer's Disease</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Family Member Diagnosed with Alzheimer's</td>
<td>15.1</td>
<td>18.7</td>
<td>16.7</td>
</tr>
</tbody>
</table>

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## Emergency Preparedness

<table>
<thead>
<tr>
<th>% Have 3+ Days’ Worth of Emergency Rations</th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>IL vs. US vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>74.0</td>
<td>77.0</td>
<td>69.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Have a Written Evacuation Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>24.4</td>
<td>21.0</td>
<td>25.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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## Family Planning

<table>
<thead>
<tr>
<th>Teen Births per 1,000 (Age 15-19)</th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>IL vs. US vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>35.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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## Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Diseases of the Heart (Age-Adjusted Death Rate)</th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>IL vs. US vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>145.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coronary Heart Disease (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>94.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>40.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.6</td>
<td>4.2</td>
<td>5.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Stroke</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.3</td>
<td>1.4</td>
<td>2.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>28.6</td>
<td>33.6</td>
<td>36.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [HBP] Taking Action to Control High Blood Pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>94.8</td>
<td>94.5</td>
<td>98.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>93.4</td>
<td>94.8</td>
<td>91.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Heart Disease & Stroke (continued)

<table>
<thead>
<tr>
<th></th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>35.4</td>
<td>30.3</td>
<td>30.3</td>
<td></td>
<td>32.6</td>
</tr>
<tr>
<td>% [HBC] Taking Action to Control High Cholesterol</td>
<td>91.3</td>
<td>87.2</td>
<td>89.0</td>
<td></td>
<td>89.9</td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>82.6</td>
<td>83.6</td>
<td>79.8</td>
<td></td>
<td>81.7</td>
</tr>
</tbody>
</table>

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### HIV

<table>
<thead>
<tr>
<th></th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Prevalence per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>120.9</td>
</tr>
<tr>
<td>% [Age 18-44] HIV Test in the Past Year</td>
<td>17.9</td>
<td>18.6</td>
<td>20.4</td>
<td></td>
<td>19.1</td>
</tr>
</tbody>
</table>

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### Immunization & Infectious Diseases

<table>
<thead>
<tr>
<th></th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 19-35 Months 4:3:1:3:1 Vaccination Series</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50.7</td>
</tr>
<tr>
<td>% [Age 65+] Flu Vaccine in Past Year</td>
<td>54.8</td>
<td>48.7</td>
<td>58.7</td>
<td></td>
<td>55.0</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Flu Vaccine in Past Year</td>
<td>28.4</td>
<td>39.1</td>
<td>44.6</td>
<td></td>
<td>36.7</td>
</tr>
<tr>
<td>% [Age 65+] Pneumonia Vaccine Ever</td>
<td>71.7</td>
<td>69.4</td>
<td>70.6</td>
<td></td>
<td>71.0</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Pneumonia Vaccine Ever</td>
<td>38.7</td>
<td>25.9</td>
<td>28.2</td>
<td></td>
<td>32.5</td>
</tr>
<tr>
<td>Septicemia (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.1</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Injury &amp; Violence Prevention</th>
<th>Each Planning Area vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>North</td>
<td>Central</td>
</tr>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Have Fallen Asleep While Driving</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16.5</td>
<td>16.9</td>
</tr>
<tr>
<td>% Firearm in Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>23.5</td>
<td>29.0</td>
</tr>
<tr>
<td>% [Child Age 0-4] &quot;Always&quot; Uses Car Seat/Booster Seat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Homes With Children] Firearm in Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>23.1</td>
<td>27.8</td>
</tr>
<tr>
<td>% [Homes With Firearms] Weapon(s) Unlocked &amp; Loaded</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.3</td>
<td>9.0</td>
</tr>
<tr>
<td>Homicide (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td>Violent Crime per 100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>414.7</td>
<td></td>
</tr>
<tr>
<td>% Victim of Violent Crime in Past 5 Years</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.8</td>
<td>1.1</td>
</tr>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8.8</td>
<td>7.1</td>
</tr>
</tbody>
</table>

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### Maternal, Infant & Child Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Prenatal Care in First Trimester (Percent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Birthweight Births (Percent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant Death Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% “Fair/Poor” Mental Health</td>
<td>6.6</td>
<td>6.1</td>
<td>16.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% 3+ Days of Poor Mental Health in the Past Month</td>
<td>11.5</td>
<td>16.0</td>
<td>19.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Diagnosed Depression</td>
<td>9.5</td>
<td>8.1</td>
<td>16.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% 3+ Days of Feeling Sad, Blue, or Depressed in the Past Month</td>
<td>20.0</td>
<td>16.9</td>
<td>25.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Those With Diagnosed Depression] Seeking Help</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% “Seldom/Never” Get Social/Emotional Support</td>
<td>13.9</td>
<td>7.1</td>
<td>13.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Get 7+ Hours of Sleep per Day</td>
<td>64.2</td>
<td>63.6</td>
<td>71.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Typical Day Is &quot;Extremely/Very&quot; Stressful</td>
<td>7.8</td>
<td>11.3</td>
<td>12.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Aware of Local Mental Health Resources</td>
<td>61.3</td>
<td>64.8</td>
<td>59.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Mental Health & Mental Disorders (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Unable to Obtain Mental Health Svcs</td>
<td>2.2</td>
<td>1.0</td>
<td>4.2</td>
<td></td>
<td>2.8</td>
</tr>
<tr>
<td>% [Children 2-17] Child Has &quot;Fair/Poor&quot; Mental Health</td>
<td>1.5</td>
<td>8.5</td>
<td>4.7</td>
<td></td>
<td>3.8</td>
</tr>
<tr>
<td>% [Children 2-17] Difficulty Getting Child’s Mental Health Svcs</td>
<td>0.8</td>
<td>0.4</td>
<td>0.0</td>
<td></td>
<td>0.4</td>
</tr>
</tbody>
</table>

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### Nutrition & Weight Status

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td>16.2</td>
<td>19.4</td>
<td>20.3</td>
<td></td>
<td>18.3</td>
</tr>
<tr>
<td>% &quot;Very/Somewhat&quot; Difficult to Buy Fresh Produce</td>
<td>18.2</td>
<td>14.2</td>
<td>21.8</td>
<td></td>
<td>19.0</td>
</tr>
<tr>
<td>% Grow Some of Own Food</td>
<td>36.1</td>
<td>43.1</td>
<td>31.2</td>
<td></td>
<td>35.2</td>
</tr>
<tr>
<td>% [Children 2-17] Child Eats 5+ Fruits/Vegetables per Day</td>
<td>34.7</td>
<td>51.4</td>
<td>41.7</td>
<td></td>
<td>40.0</td>
</tr>
<tr>
<td>% [Children 2-17] Child Has &gt;1 Sugar-Sweetened Drink per Day</td>
<td>10.1</td>
<td>16.4</td>
<td>18.4</td>
<td></td>
<td>14.1</td>
</tr>
<tr>
<td>% [Children 2-17] Child Has 5+ Glasses of Water per Day</td>
<td>22.7</td>
<td>26.0</td>
<td>18.0</td>
<td></td>
<td>21.4</td>
</tr>
<tr>
<td>Population With Low Food Access (Percent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>22.3</td>
</tr>
<tr>
<td>% Medical Advice on Nutrition in Past Year</td>
<td>43.6</td>
<td>44.4</td>
<td>52.0</td>
<td></td>
<td>47.0</td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>34.4</td>
<td>29.3</td>
<td>32.5</td>
<td></td>
<td>32.9</td>
</tr>
<tr>
<td>% Overweight (BMI 25+)</td>
<td>63.6</td>
<td>69.0</td>
<td>66.9</td>
<td></td>
<td>65.6</td>
</tr>
</tbody>
</table>

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### Nutrition & Weight Status (continued)

<table>
<thead>
<tr>
<th></th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Obese (BMI 30+)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25.1</td>
<td>24.5</td>
<td>34.5</td>
<td>28.5</td>
<td>29.4 9.0 30.5</td>
</tr>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25.9</td>
<td>23.2</td>
<td>29.8</td>
<td>27.0</td>
<td></td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>34.8</td>
<td>29.8</td>
<td>41.5</td>
<td>36.6</td>
<td></td>
</tr>
<tr>
<td>% [Obese Adults] Counseled About Weight in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>48.1</td>
<td>56.4</td>
<td>58.7</td>
<td>54.0</td>
<td></td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>34.1</td>
<td>36.9</td>
<td>34.6</td>
<td>34.7</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Healthy Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>62.2</td>
<td>65.3</td>
<td>62.2</td>
<td>62.7</td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight (85th Percentile)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25.5</td>
<td>21.6</td>
<td>32.9</td>
<td>27.6</td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese (95th Percentile)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12.0</td>
<td>13.5</td>
<td>22.7</td>
<td>16.3</td>
<td></td>
</tr>
</tbody>
</table>

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### Oral Health

<table>
<thead>
<tr>
<th></th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>74.0</td>
<td>82.9</td>
<td>64.3</td>
<td>71.6</td>
<td>66.9 65.9 49.0</td>
</tr>
<tr>
<td>% Child [Age 2-17] Dental Visit in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>91.0</td>
<td>95.6</td>
<td>91.4</td>
<td>91.9</td>
<td></td>
</tr>
<tr>
<td>% Have Dental Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>72.7</td>
<td>76.4</td>
<td>67.7</td>
<td>71.3</td>
<td></td>
</tr>
</tbody>
</table>

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### Physical Activity

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>Each Planning Area vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>North</td>
<td>Central</td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>18.1</td>
<td>14.9</td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>54.2</td>
<td>62.7</td>
</tr>
<tr>
<td>% Moderate Physical Activity</td>
<td>34.1</td>
<td>43.1</td>
</tr>
<tr>
<td>% Vigorous Physical Activity</td>
<td>39.6</td>
<td>45.7</td>
</tr>
<tr>
<td>% Strengthening Activities 3+ Times per Week</td>
<td>24.7</td>
<td>31.9</td>
</tr>
<tr>
<td>Recreation/Fitness Facilities per 100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Medical Advice on Physical Activity in Past Year</td>
<td>51.3</td>
<td>53.0</td>
</tr>
<tr>
<td>% Child [Age 2-17] Physically Active 1+ Hours per Day</td>
<td>39.0</td>
<td>43.3</td>
</tr>
<tr>
<td>% Child [Age 2-17] 3+ Hours per Day of Total Screen Time</td>
<td>14.0</td>
<td>14.2</td>
</tr>
</tbody>
</table>

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### Potentially Disabling Conditions

<table>
<thead>
<tr>
<th>Potentially Disabling Conditions</th>
<th>Each Planning Area vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [50+] Osteoporosis</td>
<td>North</td>
<td>Central</td>
</tr>
<tr>
<td></td>
<td>8.8</td>
<td>7.5</td>
</tr>
</tbody>
</table>

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### Respiratory Diseases

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% COPD (Lung Disease)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Adult] Currently Has Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Child 0-17] Currently Has Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Sexually Transmitted Diseases

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Others</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea Incidence per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia Incidence per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Unmarried 18-64] 3+ Sexual Partners in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Unmarried 18-64] Using Condoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Substance Abuse

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Drinker</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Chronic Drinker (Average 2+ Drinks/Day)</td>
<td>3.5</td>
<td>5.4</td>
<td>3.1</td>
<td></td>
</tr>
<tr>
<td>% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)</td>
<td>18.6</td>
<td>15.8</td>
<td>13.7</td>
<td></td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>1.2</td>
<td>0.8</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>1.3</td>
<td>2.0</td>
<td>7.8</td>
<td></td>
</tr>
</tbody>
</table>

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### Tobacco Use

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Smoker</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td>7.4</td>
<td>7.0</td>
<td>11.3</td>
<td></td>
</tr>
<tr>
<td>% [Non-Smokers] Someone Smokes in the Home</td>
<td>3.0</td>
<td>4.1</td>
<td>7.5</td>
<td></td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in the Home</td>
<td>4.2</td>
<td>2.4</td>
<td>7.1</td>
<td></td>
</tr>
<tr>
<td>% [Smokers] Received Advice to Quit Smoking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Smokers] Have Quit Smoking 1+ Days in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Aware of the Tobacco Quit-Line</td>
<td>30.9</td>
<td>34.3</td>
<td>46.7</td>
<td></td>
</tr>
</tbody>
</table>
### Tobacco Use (continued)

<table>
<thead>
<tr>
<th></th>
<th>North</th>
<th>Central</th>
<th>South</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Ever Used an Electronic Vapor Product</td>
<td>13.0</td>
<td>10.5</td>
<td>18.2</td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td>0.9</td>
<td>2.2</td>
<td>1.4</td>
</tr>
</tbody>
</table>

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

### Vision

-(22,309),(995,786)

<table>
<thead>
<tr>
<th></th>
<th>North</th>
<th>Central</th>
<th>South</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td>57.6</td>
<td>61.8</td>
<td>52.3</td>
</tr>
</tbody>
</table>

Note: In the green section, each planning area is compared against the other two combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
Community Description
Population Characteristics

County Population
Kane County encompasses 519.92 square miles and houses a total population of 523,643 residents, according to 2013 census estimates.

<table>
<thead>
<tr>
<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>523,643</td>
<td>519.92</td>
</tr>
<tr>
<td>Illinois</td>
<td>12,882,135</td>
<td>55,504.25</td>
</tr>
<tr>
<td>United States</td>
<td>316,128,839</td>
<td>3,530,997.6</td>
</tr>
</tbody>
</table>


POPULATION CHANGE 2000-2010
A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

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

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

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

An increase of 111,161 persons


Notes:  A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.
Note that while much of the county’s population has increased over the past decade, the western portion of the county has decreased.

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

- Nearly 90% of the state population and 80% of the US population live in urban areas.

**Urban/Rural Population**

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

Kane County is predominantly urban, with 96.4% of the population living in areas designated as urban.
Urban and Rural Population
(2010)

<table>
<thead>
<tr>
<th></th>
<th>% Urban</th>
<th>% Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>96.4%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Illinois</td>
<td>88.5%</td>
<td>11.5%</td>
</tr>
<tr>
<td>US</td>
<td>80.9%</td>
<td>19.1%</td>
</tr>
</tbody>
</table>


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

- The following map outlines the urban population in county census tracts as of 2010.
Age

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

In Kane County, 27.6% of the population are infants, children or adolescents (age 0-17); another 61.0% are age 18 to 64, while 11.4% are age 65 and older.

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

Median Age

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

RACE

In looking at race independent of ethnicity (Hispanic or Latino origin), 72.7% of Kane County residents are White and 5.7% are Black.

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

Total Population by Race Alone, Percent (2013)

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>Some Other Race</th>
<th>Multiple Races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>72.7%</td>
<td>5.7%</td>
<td>19.8%</td>
<td>1.6%</td>
</tr>
<tr>
<td>IL</td>
<td>14.2%</td>
<td>10.3%</td>
<td>2.2%</td>
<td>10.9%</td>
</tr>
<tr>
<td>US</td>
<td>12.5%</td>
<td>10.7%</td>
<td>3.0%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

Sources: US Census Bureau American Community Survey 1-year estimates (2013).

ETHNICITY

A total of 31.2% of county residents are Hispanic or Latino.

- Nearly twice that found statewide and nationally.

Percent Population Hispanic or Latino (2013)

<table>
<thead>
<tr>
<th></th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31.2%</td>
<td>16.4%</td>
<td>17.1%</td>
</tr>
</tbody>
</table>

Sources: US Census Bureau American Community Survey 1-year estimates (2013).
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.
Between 2000 and 2010, the Hispanic population in Kane County increased by 62,467 residents, or 65.1%.

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

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

<table>
<thead>
<tr>
<th>Percentage Change</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net increase of</td>
<td>65.1%</td>
<td>32.5%</td>
<td>42.7%</td>
</tr>
<tr>
<td>62,467 Hispanic</td>
<td>residents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000-2010</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**Linguistic Isolation**

14.7% of the county population age 5+ live in a home in which no person age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

- Higher than the statewide prevalence.
- Higher than the national prevalence.

**Linguistically Isolated Population**
(2013)

<table>
<thead>
<tr>
<th>Percentage Isolated</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: US Census Bureau American Community Survey 1-year estimates (2013).
Notes: This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speaks a non-English language and speak English “very well.”
Social Determinants of Health

About Social Determinants

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

- Healthy People 2020 (www.healthypeople.gov)

Poverty

The latest census estimate shows 10.7% of the Kane County population living below the federal poverty level.

In all, 27.1% of Kane County residents (an estimated 140,158 individuals) live below 200% of the federal poverty level.

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

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2013)

Sources: US Census Bureau American Community Survey 1-year estimates (2013).
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.
CHILDREN IN VERY LOW INCOME HOUSEHOLDS

Additionally, 16.0% of Kane County children age 0-17 (representing an estimated 22,847 children) live in very low income households (below 100% of the poverty level).

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

Percent of Children in Very Low Income Households
(Children 0-17 Living Below 100% of the Poverty Level, 2013)

Education

Among the county population age 25 and older, 17.8% (an estimated 59,183 people) do not have a high school diploma (or equivalent).

- Less favorable than found statewide.
- Less favorable than found nationally.
Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2013)

59,183 individuals
17.8%
12.2%
13.4%

Kane County IL US
0%
20%
40%
60%
80%
100%

Sources:

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

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

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

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

76.4% 61.0% 94.0% 94.3% 88.7% 80.1% 96.2% 97.7% 93.7% 83.2%

Aurora D129 Aurora D131 Batavia D101 Burlington D301 Carpentersville D300 Elgin U-46 Geneva D304 Kaneland D302 St Charles D303 Illinois

Sources:
- Illinois State Board of Education
Employment

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

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

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


Notes: This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.
General Health Status
Overall Health Status

Self-Reported Health Status

A total of 57.6% of Kane County adults rate their overall health as “excellent” or “very good.”

- Another 26.7% gave “good” ratings of their overall health.

Self-Reported Health Status (Kane County, 2014)

However, 15.7% of adults believe that their overall health is “fair” or “poor.”

- Similar to statewide findings.
- Similar to the national percentage.
- Most favorable in North and Central Kane County; unfavorably high in the South.

Experience “Fair” or “Poor” Overall Health

NOTE:
Differences noted in the text represent significant differences determined through statistical testing.
Where sample sizes permit, community-level data are provided.
Kane County adults more likely to report experiencing “fair” or “poor” overall health include:

- Adults age 40 and older (positive correlation with age).
- Residents living at lower incomes.
- Hispanics and residents of “Other” races.

**Experience “Fair” or “Poor” Overall Health**
(Kane County, 2014)

<table>
<thead>
<tr>
<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>Other</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.5%</td>
<td>15.8%</td>
<td>12.5%</td>
<td>16.9%</td>
<td>22.5%</td>
<td>25.4%</td>
<td>10.1%</td>
<td>11.0%</td>
<td>16.4%</td>
<td>15.7%</td>
<td></td>
</tr>
</tbody>
</table>

**Days of Poor Physical Health**
While the majority of survey respondents (72.2%) did not experience any days in the past month on which their physical health was poor, the remaining 27.8% had at least one day of poor physical health in the past month.

- This includes 10.3% who report having poor physical health on 7+ days last month.
Overall, 17.0% of Kane County adults experienced 3+ days of poor physical health in the past month.

- Lowest in the North, highest in the South.

**Experienced 3+ Days of Poor Physical Health in the Past Month**

<table>
<thead>
<tr>
<th>Kane County North</th>
<th>Kane County Central</th>
<th>Kane County South</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.1%</td>
<td>18.5%</td>
<td>22.3%</td>
<td>17.0%</td>
</tr>
</tbody>
</table>

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

**Notes:** Asked of all respondents.

Adults more likely to report experiencing 3+ days of poor physical health in the past month include:

- Women.
- Residents age 40+.
- Residents living at lower incomes.

**Experienced 3+ Days of Poor Physical Health in the Past Month**

(Kane County, 2014)

<table>
<thead>
<tr>
<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>Other</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.5%</td>
<td>21.5%</td>
<td>10.9%</td>
<td>22.6%</td>
<td>18.8%</td>
<td>22.5%</td>
<td>13.5%</td>
<td>17.5%</td>
<td>16.5%</td>
<td>13.7%</td>
<td>17.0%</td>
</tr>
</tbody>
</table>

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

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

About Disability & Health

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

- Experience difficulties or delays in getting the 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)

A total of 17.9% of Kane County adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Comparable to the prevalence statewide.
- More favorable than the national prevalence.
- Favorably lower in North Kane County.

RELATED ISSUE:

See also Potentially Disabling Conditions in the Death, Disease & Chronic Conditions section of this report.
In looking at responses by key demographic characteristics, note the following:

- Adults age 40 and older are much more often limited in activities (note the positive correlation with age).
- Women and White residents are also more likely to report activity limitations.

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as fractures or bone/joint injuries, arthritis/rheumatism, back/neck problems, or difficulty walking.
Eye/vision problems were also noted with some frequency among Kane County residents with activity limitations.

### Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; Kane County, 2014)

<table>
<thead>
<tr>
<th>Type of Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fracture/Bone/Joint Injury</td>
<td>15.1%</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>12.4%</td>
</tr>
<tr>
<td>Back/Neck Problem</td>
<td>9.9%</td>
</tr>
<tr>
<td>Walking Problem</td>
<td>7.1%</td>
</tr>
<tr>
<td>Eyes/Vision</td>
<td>3.5%</td>
</tr>
<tr>
<td>Various Other (&lt;3% Each)</td>
<td>52.0%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]

**Notes:**
- Asked of those respondents reporting activity limitations.

---

**Perceived Health Issues Among Area Children**

All respondents were asked to indicate what they feel to be the number-one health issue among children in various age categories; top responses are shown in the following table.

For children age 2 to 6 in the community, 37.7% mentioned either obesity or nutrition as their top concern. Other, less frequent mentions include colds/flu, allergies, and healthcare concerns.

For children age 7 to 11 in the community, 51.0% mentioned either obesity, nutrition or exercise as their top concern. Other, less frequent mentions include colds/flu and allergies.

For adolescents age 12 to 17, top concerns were drugs/alcohol (19.7%), obesity (17.1%) and mental health (12.2%). Colds/flu and peer pressure were also mentioned somewhat frequently.
**Life Expectancy in Years**

The following table illustrates life expectancies at birth for the county and state, segmented by race/ethnicity and gender.

**Life expectancy in Kane County is higher than it is nationally, overall as well as by gender and race.**

- Note that, among the races/ethnicities shown, Kane County Hispanics enjoy the longest life expectancy overall (84.83 years), as well as among both women and men. The same is true nationally.
- In contrast, Kane County Non-Hispanic Blacks have a markedly lower life expectancy (75.37 years); this also is true nationally.

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

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kane County</td>
<td>US</td>
<td>Kane County</td>
</tr>
<tr>
<td>All Races and Origins</td>
<td>80.97</td>
<td>78.5</td>
<td>79.41</td>
</tr>
<tr>
<td>White</td>
<td>81.01</td>
<td>78.8</td>
<td>79.43</td>
</tr>
<tr>
<td>Black</td>
<td>76.02</td>
<td>74.5</td>
<td>74.85</td>
</tr>
<tr>
<td>Hispanic</td>
<td>84.83</td>
<td>81.2</td>
<td>84.23</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>80.99</td>
<td>78.7</td>
<td>79.21</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>75.37</td>
<td>74.2</td>
<td>73.73</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>2014 County Health Rankings, Kane County, Illinois (Table 1 of 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEALTH OUTCOMES</strong></td>
</tr>
<tr>
<td><strong>Length of Life</strong></td>
</tr>
<tr>
<td>Premature death</td>
</tr>
<tr>
<td>Kane County</td>
</tr>
<tr>
<td>4,869</td>
</tr>
<tr>
<td><strong>Quality of Life</strong></td>
</tr>
<tr>
<td>Poor or fair health</td>
</tr>
<tr>
<td>Kane County</td>
</tr>
<tr>
<td>12%</td>
</tr>
<tr>
<td>Poor physical health days</td>
</tr>
<tr>
<td>Kane County</td>
</tr>
<tr>
<td>3.1</td>
</tr>
<tr>
<td>Poor mental health days</td>
</tr>
<tr>
<td>Kane County</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>Low birthweight</td>
</tr>
<tr>
<td>Kane County</td>
</tr>
<tr>
<td>7.40%</td>
</tr>
<tr>
<td><strong>HEALTH FACTORS</strong></td>
</tr>
<tr>
<td><strong>Health Behaviors</strong></td>
</tr>
<tr>
<td>Adult smoking</td>
</tr>
<tr>
<td>Kane County</td>
</tr>
<tr>
<td>15%</td>
</tr>
<tr>
<td>Adult obesity</td>
</tr>
<tr>
<td>Kane County</td>
</tr>
<tr>
<td>27%</td>
</tr>
<tr>
<td>Food environment index</td>
</tr>
<tr>
<td>Kane County</td>
</tr>
<tr>
<td>8.7</td>
</tr>
<tr>
<td>Physical inactivity</td>
</tr>
<tr>
<td>Kane County</td>
</tr>
<tr>
<td>23%</td>
</tr>
<tr>
<td>Access to exercise opportunities</td>
</tr>
<tr>
<td>Kane County</td>
</tr>
<tr>
<td>89%</td>
</tr>
<tr>
<td>Excessive drinking</td>
</tr>
<tr>
<td>Kane County</td>
</tr>
<tr>
<td>20%</td>
</tr>
<tr>
<td>Alcohol-impaired driving deaths</td>
</tr>
<tr>
<td>Kane County</td>
</tr>
<tr>
<td>40%</td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
</tr>
<tr>
<td>Kane County</td>
</tr>
<tr>
<td>288</td>
</tr>
<tr>
<td>Teen births</td>
</tr>
<tr>
<td>Kane County</td>
</tr>
<tr>
<td>38</td>
</tr>
</tbody>
</table>
## 2014 County Health Rankings, Kane County, Illinois (Table 2 of 2)

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

About Mental Health & Mental Disorders

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

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

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

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

Healthy People 2020 (www.healthypeople.gov)
Self-Reported Mental Health Status

A total of 63.2% of Kane County adults rate their overall mental health as “excellent” or “very good.”

- Another 26.3% gave “good” ratings of their own mental health status.

Experience “Fair” or “Poor” Mental Health

A total of 10.5% of Kane County adults, however, believe that their overall mental health is “fair” or “poor.”

- Similar to the “fair/poor” response reported nationally.
- Favorably low in North and Central Kane County; notably high in South Kane County.
Women, low-income residents, and Hispanics are much more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

**Experience “Fair” or “Poor” Mental Health**  
(Kane County, 2014)

<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>Other</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experience</strong></td>
<td>8.3%</td>
<td>12.6%</td>
<td>8.5%</td>
<td>12.5%</td>
<td>9.8%</td>
<td>16.1%</td>
<td>6.6%</td>
<td>8.5%</td>
<td>16.9%</td>
<td>9.9%</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 111)  
Notes: Asked of all respondents.  
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

**DAYS OF POOR MENTAL HEALTH**

While two in three survey respondents (67.6%) did not experience any days in the past month on which their mental health was poor, the remaining one-third had at least one day of poor mental health in the past month.

This includes 6.5% who report having poor mental health on 7+ days last month.

**Days of Poor Mental Health in the Past Month**  
(Kane County, 2014)

- None 67.6%
- One 7.6%
- Two 9.7%
- Three 3.2%
- Four 2.1%
- Five 2.9%
- Six 0.3%
- Seven/More 6.5%

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 112)  
Notes: Asked of all respondents.
A total of 15.2% of Kane County adults report 3+ days of poor mental health in the past month.

- Lowest in the North, highest in the South.

**Experienced 3+ Days of Poor Mental Health in the Past Month**

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 222]
Notes: Asked of all respondents.

- Women and adults under 65 are more likely to report experiencing 3+ days of poor mental health in the past month.

**Experienced 3+ Days of Poor Mental Health in the Past Month**

(Kane County, 2014)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 222]
Notes: Asked of all respondents.
Depression

**DIAGNOSED DEPRESSION**

11.8% of county adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- More favorable than the national finding.
- Lower in the North and Central parts of the county.

### Have Been Diagnosed With a Depressive Disorder

<table>
<thead>
<tr>
<th>Kane County North</th>
<th>Kane County Central</th>
<th>Kane County South</th>
<th>Kane County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.5%</td>
<td>8.1%</td>
<td>16.0%</td>
<td>11.8%</td>
<td>20.4%</td>
</tr>
</tbody>
</table>

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 115]

Notes: Asked of all respondents.

The prevalence of diagnosed depression is notably higher among:

- Women.
- Adults between the ages of 40 and 64.
- Community members living at lower incomes.

### Have Been Diagnosed With a Depressive Disorder

(Kane County, 2014)

<table>
<thead>
<tr>
<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>Other</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.7%</td>
<td>15.9%</td>
<td>8.8%</td>
<td>14.5%</td>
<td>12.5%</td>
<td>16.2%</td>
<td>9.5%</td>
<td>12.6%</td>
<td>11.2%</td>
<td>7.4%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 115]

Notes: 2013 PRC National Health Survey, Professional Research Consultants, Inc.

- Men and women are analyzed separately.
- Educational attainment is categorized as the highest degree earned.
- Employment status includes full-time, part-time, unemployed, and retired.
- Hispanic includes 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 FEELING SAD, BLUE, OR DEPRESSED

While more than one-half of county residents (57.1%) did not experience any days in the past month on which they felt sad, blue, or depressed, the remaining 42.9% had at least one day of these feelings in the past month.

- This includes 10.2% feeling sad, blue, or depressed on 7+ days in the past month.

Days of Feeling Sad, Blue, or Depressed in the Past Month
(Kane County, 2014)

A total of 21.6% of Kane County adults experienced 3+ days of feeling sad, blue, or depressed in the past month.

- Lowest in Central Kane County, highest in the South.
Adults more likely to have experienced 3+ days of feeling sad, blue, or depressed in the past month include:

- Women.
- Respondents in lower-income households.
- Hispanics.

**Experienced 3+ Days of Feeling Sad, Blue, or Depressed in the Past Month**
(Kane County, 2014)

Suicide

Between 2007 and 2011, there was an annual average age-adjusted suicide rate of 7.8 deaths per 100,000 population in Kane County.

- Lower than the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target of 10.2 or lower.
**Suicide: Age-Adjusted Mortality**
*(2007-2011 Annual Average Deaths per 100,000 Population)*

**Healthy People 2020 Target = 10.2 or Lower**

<table>
<thead>
<tr>
<th></th>
<th>Kane County</th>
<th>Illinois</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-2011 Annual Average Deaths per 100,000 Population</td>
<td>7.8</td>
<td>9.1</td>
<td>11.8</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 November 2014.

**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 U.S. Standard Population.

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**Stress**

More than one-half of Kane County adults consider their typical day to be “not very stressful” (31.0%) or “not at all stressful” (13.5%).

- Another 45.2% of survey respondents characterize their typical day as “moderately stressful.”

**Perceived Level of Stress On a Typical Day**
*(Kane County, 2014)*

- Not Very Stressful: 31.0%
- Very Stressful: 7.7%
- Extremely Stressful: 2.6%
- Not At All Stressful: 13.5%
- Moderately Stressful: 45.2%

**Sources:**
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]

**Notes:**
- Asked of all respondents.
In contrast, 10.3% of Kane County adults experience “very” or “extremely” stressful days on a regular basis.

- Comparable to national findings.
- Stress is reported to be lower in the North, higher in the South.

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

Note that high stress levels are more prevalent among adults under 65 and Whites in Kane County.

**Perceive Most Days as “Extremely” or “Very” Stressful**

(Kane County, 2014)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]

Notes: Asked of all respondents.
Adequate Sleep

A total of 2.7% of survey respondents get 4 hours or less of sleep in a given 24 hours, while 6.3% get 5 hours and 24.0% get 6 hours.

On the other hand, the majority of Kane County respondents (67.0%) get 7+ hours of sleep each day.

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The prevalence is statistically low among adults age 40 to 64.

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Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
When asked about falling asleep (even briefly) while driving, a total of 17.2% of survey respondents report doing so.

- The prevalence is unfavorably high among men and upper-income residents.

**Have Fallen Asleep (Even Briefly) While Driving**  
(Kane County, 2014)

Social & Emotional Support

Among survey respondents, 46.8% report “always” getting the social and emotional support that they need.

- Another 28.0% of survey respondents “usually” get the social and emotional support that they need (12.4% “sometimes” get this support).
In contrast, 12.8% of county adults “seldom” or “never” get the social and emotional support that they need.

- Favorably low in Central Kane County (not shown).
- Lower-income residents, Hispanics, and people of Other races are much more likely to report “seldom/never” getting the social and emotional support that they need.

**“Seldom/Never” Get Social and Emotional Support**
(Kane County, 2014)

When asked about resources for spiritual support, 30.6% of survey respondents rely on family, while 15.2% mentioned a church and 14.7% mentioned a priest, minister, or other clergy member. Other spiritual resources mentioned included God (11.3%) and friends (4.7%).
Children’s Mental Health

Most county parents with children age 2-17 (77.3%) rate their child’s overall mental health as “excellent” or “very good.”

- Another 18.8% gave “good” ratings of their child’s mental health status.

Child’s Mental Health Status
(Kane County Parents of Children Age 2-17, 2014)

A total of 3.8% of county parents, however, believe that their child’s overall mental health is “fair” or “poor.”

- Favorably lower in the North.

Child Experiences “Fair” or “Poor” Mental Health
(Kane County Parents of Children 5-17; 2014)

Just 0.4% of respondents with children under 18 at home were unable to obtain needed mental health services for their child in the past year. Of these three survey respondents, two mentioned prohibitive cost, and one reported that the child received counseling through the school.
Mental Health Treatment

Among adults with a diagnosed depressive disorder, 80.5% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to national findings.

**Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem**

(Among Adults With Diagnosed Depressive Disorder)

<table>
<thead>
<tr>
<th></th>
<th>Kane County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>80.5%</td>
<td>76.6%</td>
<td></td>
</tr>
</tbody>
</table>

When asked, 2.8% of all survey respondents report that there was a time when they needed mental health services in the past year but could not obtain them.

- Lowest in Central Kane County.

**Could Not Get Mental Health Services When Needed in the Past Year**

<table>
<thead>
<tr>
<th></th>
<th>Kane County North</th>
<th>Kane County Central</th>
<th>Kane County South</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2%</td>
<td>1.0%</td>
<td>4.2%</td>
<td>2.8%</td>
<td></td>
</tr>
</tbody>
</table>
Kane County residents more likely to report problems getting mental health services in the past year include the following:

- Women.
- Adults under 65.
- Those in lower-income households.

**Could Not Get Mental Health Services When Needed in the Past Year**
(Kane County, 2014)

Adults unable to get needed mental health services in the past year were asked to give their reasons, which primarily included references to **cost or lack of insurance**, not **knowing where to go**, and difficulty getting an **appointment**.
AWARENESS OF LOCAL RESOURCES

A total of 6 in 10 Kane County residents (60.9%) are aware of local resources for mental health services.

- The prevalence does not vary significantly by county planning area.

Survey respondents least likely to be aware of local mental health resources include:

- Males.
- Lower-income residents.
- Hispanics and residents of Other races.

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 121]
Notes: Asked of all respondents.
Key Informant Input: Mental Health

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

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

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

84.6% 15.4%
Major Problem Moderate Problem Minor Problem No Problem at All

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

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

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

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

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

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

I perceive mental health as a national crisis. So while it’s present here [in Kane County], I really suggest that it’s a national epidemic. They have closed so many of the inpatient units that previously provided housing for these people, and we’ve increased the homeless as a result of that. Our organization doesn’t even have any behavioral health beds, and that’s not uncommon; many hospitals don’t provide that service any longer.
Participants also worry that there is a **disparate level of access** for services, due to such factors as population group, insurance, and cost. Overall, individuals with insurance and an ability to pay are more likely to receive the necessary services than those without insurance or to whom the cost of treatment would otherwise be prohibitive. The groups mentioned two special cases of note: homeless individuals and the incarcerated population. Recently the community has closed several services for homeless individuals, so they have nowhere to go while they wait for the appropriate care or after they are released from the hospital.

I think there is a disparity in the access piece for lower-income, under-insured, and uninsured community physical access – Not necessarily availability, but getting there and having it be something that's easy to understand and access. We've got those who have really good health care and then our homeless population, which I guess has the problem of either getting lost in the system or caught in the system where they're never getting their needs met. The hospitals treat them, and then they're back out on the street. It's that cycle where they're not really getting their needs met as far as health care. Many of the clients that I take care of may have some mental health issues. A lot of them also have substance abuse issues, whether it's cocaine or alcohol. And it just seems like they're limited – they are uninsured and [often] homeless... You try to just temporize what you can and treat what you can at that moment, but it seems that to make any type of long-term plan, it's just impossible to get them the help that they need.

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

I'd just like to echo my concerns about mental health, diagnosis acceptance, and understanding services. In this state, there's so much lacking in mental health services, and a large population of our mentally ill are jailed. It's just so unfair. I ran into a young man that was just released from jail. We have a lot of people who're locked up with mental health issues that are not getting treated. We have people who have other illnesses, and it's hard for them to get treatment because of lack of access.

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

Participants agreed that hospitals without available mental health beds are not uncommon, as there is now greater demand for services but fewer resources in which to provide them. Hospitals and clinics are overwhelmed, and many residents must remain in the community, or in the emergency room, until an inpatient bed becomes available; often providers now are forced to look outside the community for beds, and these long waiting lists will likely grow as more individuals enroll in healthcare.
A lack of education across cultures can contribute to stigma precluding individuals from seeking help, whereas in the more affluent areas of the county, there might be a certain denial that mental health problems exist.

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

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

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

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

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

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

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

I think we shouldn’t get carried away with tying mental health so close to drug abuse or alcohol abuse. There’s a lot of mental health that has nothing to do with either one. And a lot of it has to do with the fall of the economy and people not being able to get back on their feet. Some of it has been just not having that feeling of making progress in life.
The rise in mental health issues for children and youth is something that several participants noted in their community. School officials are seeing issues at increasingly younger ages, with elementary-aged students now showing signs of mental health issues. On the positive side, some schools in the county have now partnered with mental health services and follow-up care. Participants cited social media, the cost of college, and the current economy as all playing roles in the increase of school-aged mental health issues. Given the consistently rising costs of going to college, and the fact that many with degrees cannot find jobs in their respective fields, participants believe that fewer students are confident that they should go to college and may experience mental health issues such as depression or stress as a result.

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

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

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

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

Age-Adjusted Death Rates

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

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

The age-adjusted mortality rate for Kane County (all causes) was 655.8 deaths per 100,000 population in 2010.

- Lower than state and national rates.
- Age-adjusted mortality trends for deaths by all causes have decreased over time in Kane County, in keeping with state and national trends.

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

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>741.7</td>
<td>709.1</td>
<td>714.5</td>
<td>674.2</td>
<td>668.4</td>
<td>655.8</td>
</tr>
<tr>
<td>Illinois</td>
<td>817.5</td>
<td>794.4</td>
<td>760.3</td>
<td>782.0</td>
<td>746.9</td>
<td>736.9</td>
</tr>
<tr>
<td>US</td>
<td>815.0</td>
<td>791.8</td>
<td>760.2</td>
<td>774.9</td>
<td>749.6</td>
<td>747.0</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 November 2014.
- Kane County Health Department
- Illinois Department of Public Health

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 U.S. Standard Population.
Leading Causes of Death

Distribution of Deaths by Cause

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

![Leading Causes of Death](chart)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2014.

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

CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

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

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

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

For infant mortality data, see Birth Outcomes & Risks in the Births section of this report.
### Age-Adjusted Death Rates for Selected Causes
(2010 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>162.8</td>
<td>178.6</td>
<td>172.8</td>
<td>161.4</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>44.7</td>
<td>49.9</td>
<td>47.6</td>
<td>45.5</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>7.3</td>
<td>8.7</td>
<td>8.7</td>
<td>21.8</td>
</tr>
<tr>
<td>Diseases of the Heart</td>
<td>145.9</td>
<td>181.7</td>
<td>179.1</td>
<td>156.9*</td>
</tr>
<tr>
<td>Coronary Heart Disease</td>
<td>94.3</td>
<td>123.5</td>
<td>123.7</td>
<td>103.4</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>40.8</td>
<td>39.2</td>
<td>39.1</td>
<td>34.8</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>28.1</td>
<td>39.3</td>
<td>42.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>21.5</td>
<td>30.4</td>
<td>38.0</td>
<td>36.4</td>
</tr>
<tr>
<td>Kidney Diseases</td>
<td>20.1</td>
<td>19.3</td>
<td>15.3</td>
<td>n/a</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>16.3</td>
<td>20.9</td>
<td>25.1</td>
<td>n/a</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>15.9</td>
<td>18.5</td>
<td>20.8</td>
<td>20.5*</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>13.4</td>
<td>16.1</td>
<td>15.1</td>
<td>n/a</td>
</tr>
<tr>
<td>Septicemia</td>
<td>11.1</td>
<td>13.8</td>
<td>10.6</td>
<td>n/a</td>
</tr>
<tr>
<td>Suicide (2007-2011 data)</td>
<td>7.8</td>
<td>9.1</td>
<td>11.8</td>
<td>10.2</td>
</tr>
<tr>
<td>Homicide (2007-2011 data)</td>
<td>1.9</td>
<td>6.6</td>
<td>5.6</td>
<td></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 November 2014.
- Kane County Health Department; Illinois Department of Public Health.

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

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

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

### Kane County Hospitalizations 2010-2012

<table>
<thead>
<tr>
<th>Cause of Hospitalization</th>
<th>% of All Hospitalizations 2010-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn</td>
<td>13.1%</td>
</tr>
<tr>
<td>Delivery</td>
<td>12.6%</td>
</tr>
<tr>
<td>Mental Disorders</td>
<td>7.8%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>7.2%</td>
</tr>
<tr>
<td>Injury</td>
<td>3.3%</td>
</tr>
<tr>
<td>Cancer</td>
<td>3.1%</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>2.9%</td>
</tr>
<tr>
<td>All Other</td>
<td>49.9%</td>
</tr>
</tbody>
</table>

### Total hospitalizations of Kane County residents between 2010 and 2012: 50,253

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

### Kane County Resident Hospitalizations by Type

<table>
<thead>
<tr>
<th>Year</th>
<th>Asthma</th>
<th>Diabetes</th>
<th>Uncontrolled Hypertension</th>
<th>Injury</th>
<th>Pneumonia/Influenza</th>
<th>Injury Crashes</th>
<th>Total Crashes</th>
<th>Heart Disease</th>
<th>Mental Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>177.3</td>
<td>167.8</td>
<td>75.9</td>
<td>474.9</td>
<td>410.3</td>
<td>66.4</td>
<td>342.4</td>
<td>n/a</td>
<td>958.3</td>
</tr>
<tr>
<td>2005</td>
<td>163.4</td>
<td>168.7</td>
<td>78.6</td>
<td>482.3</td>
<td>466.9</td>
<td>62.5</td>
<td>332.7</td>
<td>1319.2</td>
<td>973.1</td>
</tr>
<tr>
<td>2006</td>
<td>158.1</td>
<td>169.5</td>
<td>80.9</td>
<td>479.3</td>
<td>415.5</td>
<td>59.3</td>
<td>321.5</td>
<td>1282.3</td>
<td>982.8</td>
</tr>
<tr>
<td>2007</td>
<td>149.4</td>
<td>177.7</td>
<td>79.6</td>
<td>487.3</td>
<td>392.2</td>
<td>57.3</td>
<td>330.9</td>
<td>1212.4</td>
<td>1008.3</td>
</tr>
<tr>
<td>2008</td>
<td>138.5</td>
<td>176.8</td>
<td>79.4</td>
<td>466.7</td>
<td>392.1</td>
<td>52.8</td>
<td>318.0</td>
<td>1179.0</td>
<td>1010.2</td>
</tr>
<tr>
<td>2009</td>
<td>122.0</td>
<td>172.1</td>
<td>77.7</td>
<td>440.9</td>
<td>376.4</td>
<td>49.1</td>
<td>226.5</td>
<td>1125.1</td>
<td>1029.9</td>
</tr>
<tr>
<td>2010</td>
<td>144.3</td>
<td>167.7</td>
<td>75.5</td>
<td>440.1</td>
<td>360.6</td>
<td>49.6</td>
<td>225.7</td>
<td>1110.4</td>
<td>1088.3</td>
</tr>
<tr>
<td>2011</td>
<td>143.2</td>
<td>171.8</td>
<td>69.7</td>
<td>422.2</td>
<td>359.9</td>
<td>46.7</td>
<td>219.3</td>
<td>1051.0</td>
<td>1091.9</td>
</tr>
<tr>
<td>2012</td>
<td>140.2</td>
<td>172.3</td>
<td>68.2</td>
<td>411.6</td>
<td>329.4</td>
<td>46.8</td>
<td>213.2</td>
<td>1021.5</td>
<td>1040.3</td>
</tr>
</tbody>
</table>

Sources: Illinois Department of Public Health
Cardiovascular Disease

About Heart Disease & Stroke

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

HEART DISEASE DEATHS

The 2010 annual age-adjusted heart disease mortality rate was 145.9 deaths per 100,000 population in Kane County.

- Lower than the statewide and national rates.
- Satisfies the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- TREND: The heart disease mortality rate has decreased in Kane County, echoing the decreasing trends across Illinois and the US overall.
Heart Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 or Lower (Adjusted)

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>173.6</td>
<td>162.0</td>
<td>171.8</td>
<td>153.2</td>
<td>151.9</td>
<td>145.9</td>
</tr>
<tr>
<td>Illinois</td>
<td>220.7</td>
<td>208.5</td>
<td>192.9</td>
<td>195.1</td>
<td>184.0</td>
<td>181.7</td>
</tr>
<tr>
<td>US</td>
<td>216.9</td>
<td>205.5</td>
<td>190.9</td>
<td>192.1</td>
<td>182.8</td>
<td>179.1</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.

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 U.S. Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

CORONARY HEART DISEASE DEATHS

With regard to coronary heart disease specifically, the 2010 Kane County annual age-adjusted death rate was 94.3 per 100,000 population.

- Well below the statewide and national rates.
- Satisfies the Healthy People 2020 target of 103.4 or lower.
- TREND: The coronary heart disease mortality rate has decreased in Kane County, keeping with the decreasing trends across Illinois and the US overall.

Coronary Heart Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 103.4 or Lower

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>113.1</td>
<td>116.1</td>
<td>110.4</td>
<td>99.3</td>
<td>100.2</td>
<td>94.3</td>
</tr>
<tr>
<td>Illinois</td>
<td>165.4</td>
<td>147.6</td>
<td>136.1</td>
<td>137.5</td>
<td>126.8</td>
<td>123.5</td>
</tr>
<tr>
<td>US</td>
<td>157.8</td>
<td>147.9</td>
<td>139.0</td>
<td>136.1</td>
<td>127.7</td>
<td>123.7</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 November 2014.

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 U.S. Standard Population.
When looking at crude death rates (not adjusted for age) among the three planning areas, we see rates that are somewhat higher in the Central part of the county.

**Heart Disease:**

**Crude Mortality Trends by Planning Area**

(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>118.3</td>
<td>118.5</td>
<td>111.0</td>
<td>99.0</td>
<td>106.2</td>
</tr>
<tr>
<td>North</td>
<td>114.1</td>
<td>119.5</td>
<td>106.9</td>
<td>104.2</td>
<td>104.5</td>
</tr>
<tr>
<td>Central</td>
<td>126.5</td>
<td>133.4</td>
<td>130.9</td>
<td>102.6</td>
<td>114.2</td>
</tr>
<tr>
<td>South</td>
<td>118.9</td>
<td>110.9</td>
<td>106.2</td>
<td>92.6</td>
<td>103.6</td>
</tr>
</tbody>
</table>

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

In this case, rates are per 100,000 population and are not age-adjusted.

**STROKE DEATHS**

In 2010, there was an annual age-adjusted stroke mortality rate of 40.8 deaths per 100,000 population in Kane County.

- Similar to the Illinois rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target of 34.8 or lower.
- **TREND:** The county rate has not shown the clear downward trend seen statewide and nationally.
**Stroke: Age-Adjusted Mortality Trends**

(Annual Average Deaths per 100,000 Population)

**Healthy People 2020 Target = 34.8 or Lower**

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>43.9</td>
<td>36.5</td>
<td>41.9</td>
<td>33.9</td>
<td>38.6</td>
<td>40.8</td>
</tr>
<tr>
<td>Illinois</td>
<td>49.0</td>
<td>46.3</td>
<td>43.9</td>
<td>43.4</td>
<td>39.0</td>
<td>39.2</td>
</tr>
<tr>
<td>US</td>
<td>48.0</td>
<td>44.8</td>
<td>42.2</td>
<td>42.1</td>
<td>39.6</td>
<td>39.1</td>
</tr>
</tbody>
</table>

**Crude** death rates (not adjusted for age) are generally higher in the Central part of the county.

**Prevalence of Heart Disease & Stroke**

**PREVALENCE OF HEART DISEASE**

A total of 5.9% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
Similar findings by planning area.

Prevalence of Heart Disease

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

- Men.
- Adults age 40+ (positive correlation with age).
- Whites.

Prevalence of Heart Disease

(Kane County, 2014)
PREVALENCE OF STROKE

A total of 1.7% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Lower than statewide and national findings.
- Statistically similar by area.

Prevalence of Stroke

Adults more likely to have been diagnosed with stroke include:

- Women.
- Seniors (age 65+).

Prevalence of Stroke
(Kane County, 2014)
Cardiovascular Risk Factors

About Cardiovascular Risk

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

- Healthy People 2020 (www.healthypeople.gov)

HYPERTENSION (HIGH BLOOD PRESSURE)

Prevalence of Hypertension

A total of 32.2% of adults have been told at some point that their blood pressure was high.

- Comparable to the Illinois prevalence.
- Comparable to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Unfavorably high in the South; lowest in the North.
- Among hypertensive adults, 65.2% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower

Note the very strong positive correlation between age and hypertension prevalence in Kane County.

### Prevalence of High Blood Pressure

(Kane County, 2014)

**Healthy People 2020 Target = 26.9% or Lower**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>Other</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>33.3%</td>
<td>34.0%</td>
<td>32.3%</td>
<td>29.5%</td>
<td>35.4%</td>
<td>34.0%</td>
</tr>
<tr>
<td>Women</td>
<td>31.1%</td>
<td>30.7%</td>
<td>32.3%</td>
<td>28.4%</td>
<td>39.2%</td>
<td>32.2%</td>
</tr>
</tbody>
</table>

**Notes:**
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]

**Hypertension Management**

Among respondents who have been told that their blood pressure was high, 96.7% report that they are currently taking actions to control their condition.

- Higher than national findings.
- Statistically similar by planning area.

### Taking Action to Control Hypertension

(Among Adults With High Blood Pressure)

<table>
<thead>
<tr>
<th>Area</th>
<th>Kane County North</th>
<th>Kane County Central</th>
<th>Kane County South</th>
<th>Kane County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>94.8%</td>
<td>94.5%</td>
<td>98.9%</td>
<td>96.7%</td>
<td>89.2%</td>
</tr>
</tbody>
</table>

**Notes:**
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**Sources:**
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
HIGH BLOOD CHOLESTEROL

Blood Cholesterol Testing

A total of 92.9% of Kane County adults have had their blood cholesterol checked within the past five years.

- More favorable than Illinois and national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- No statistically significant difference by area.

Note the positive correlation with age in the following chart.
Have Had Blood Cholesterol Levels Checked in the Past Five Years (Kane County, 2014)
Healthy People 2020 Target = 82.1% or Higher

Prevalence of High Blood Cholesterol
A total of 32.6% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the Illinois findings.
- Similar to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- Statistically similar findings by planning area.

Prevalence of High Blood Cholesterol
Healthy People 2020 Target = 13.5% or Lower
Note that 8.8% of Kane County adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

Further note the following:

- There is a strong positive correlation between age and high blood cholesterol.
- Keep in mind that “unknowns” are relatively high in men, young adults, lower-income residents, and Hispanics.

### Prevalence of High Blood Cholesterol

(Kane County, 2014)

**Healthy People 2020 Target = 13.5% 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>Other</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income</td>
<td>34.1%</td>
<td>31.2%</td>
<td>13.9%</td>
<td>42.5%</td>
<td>52.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid/High Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28.2%</td>
<td>32.8%</td>
<td>33.6%</td>
<td>33.9%</td>
<td>25.4%</td>
<td>32.6%</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></td>
<td></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></td>
<td></td>
</tr>
<tr>
<td>Other</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>Kane County</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:**
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 162]

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

### High Cholesterol Management

Among adults who have been told that their blood cholesterol was high, 89.9% report that they are currently taking actions to control their cholesterol levels.

- More favorable than found nationwide.
- Similar by area.
Taking Action to Control High Blood Cholesterol Levels
(Among Adults With High Cholesterol)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents who have been diagnosed with high blood cholesterol levels.
In this case, the term “action” refers to medication, change in diet, and/or exercise.

![Bar chart showing the percentage of people in Kane County and the US taking action to control high blood cholesterol levels.]

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.

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

A total of 81.7% of Kane County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Comparable to national findings.
- Statistically similar among the three planning areas.

Present One or More Cardiovascular Risks or Behaviors

<table>
<thead>
<tr>
<th>Kane County North</th>
<th>Kane County Central</th>
<th>Kane County South</th>
<th>Kane County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>82.6%</td>
<td>83.6%</td>
<td>79.8%</td>
<td>81.7%</td>
<td>82.3%</td>
</tr>
</tbody>
</table>

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older, and especially seniors.
Present One or More Cardiovascular Risks or Behaviors
(Kane County, 2014)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]

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

Key Informant Input: Heart Disease & Stroke
Equal shares of key informants characterized Heart Disease & Stroke as a “major problem” and a “moderate problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community
(Key Informants, 2014)

<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>46.2%</td>
<td>46.2%</td>
<td>7.7%</td>
<td></td>
</tr>
</tbody>
</table>

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

About Cancer

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

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

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

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

ALL CANCER DEATHS

The 2010 annual age-adjusted cancer mortality rate in Kane County was 162.8 deaths per 100,000 population.

- More favorable than the statewide and national rates.
- Similar to the Healthy People 2020 target of 161.4 or lower.
- TREND: Cancer mortality decreased slightly between 2005 and 2010 in Kane County; state and national trends were consistently downward.
**Cancer: Age-Adjusted Mortality Trends**

(Annual Average Deaths per 100,000 Population)

*Healthy People 2020 Target = 161.4 or Lower*

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>166.1</td>
<td>169.5</td>
<td>164.5</td>
<td>163.3</td>
<td>159.7</td>
<td>162.8</td>
</tr>
<tr>
<td>Illinois</td>
<td>192.1</td>
<td>188.7</td>
<td>186.0</td>
<td>185.0</td>
<td>181.7</td>
<td>178.6</td>
</tr>
<tr>
<td>US</td>
<td>185.1</td>
<td>181.8</td>
<td>178.4</td>
<td>176.4</td>
<td>173.5</td>
<td>172.8</td>
</tr>
</tbody>
</table>

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

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 U.S. Standard Population.

**Crude death rates (not adjusted for age) are considerably higher in the Central part of the county.**

**Cancer: Crude Mortality Trends by Planning Area**

(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>130.8</td>
<td>130.7</td>
<td>132.2</td>
<td>135.1</td>
<td>132.6</td>
</tr>
<tr>
<td>North</td>
<td>128.0</td>
<td>131.7</td>
<td>133.1</td>
<td>138.3</td>
<td>151.3</td>
</tr>
<tr>
<td>Central</td>
<td>148.7</td>
<td>148.9</td>
<td>157.4</td>
<td>160.4</td>
<td>156.5</td>
</tr>
<tr>
<td>South</td>
<td>125.9</td>
<td>121.1</td>
<td>120.3</td>
<td>121.7</td>
<td>105.0</td>
</tr>
</tbody>
</table>

Sources:
- Kane County Health Department

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- In this case, rates are per 100,000 population and are not age-adjusted.
In 2010, there was an annual average age-adjusted lung cancer mortality rate of 44.7 deaths per 100,000 population in Kane County.

- More favorable than the statewide rate.
- More favorable than the national rate.
- Similar to the Healthy People 2020 target of 45.5 or lower.
- TREND: Lung cancer mortality has increased in Kane County, in contrast to the state and national trends.

### Lung Cancer: Age-Adjusted Mortality Trends

<table>
<thead>
<tr>
<th>Year</th>
<th>Kane County</th>
<th>Illinois</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>40.8</td>
<td>52.7</td>
<td>52.7</td>
</tr>
<tr>
<td>2006</td>
<td>42.7</td>
<td>52.7</td>
<td>51.5</td>
</tr>
<tr>
<td>2007</td>
<td>43.0</td>
<td>53.8</td>
<td>50.6</td>
</tr>
<tr>
<td>2008</td>
<td>44.3</td>
<td>52.2</td>
<td>49.5</td>
</tr>
<tr>
<td>2009</td>
<td>41.0</td>
<td>50.3</td>
<td>48.4</td>
</tr>
<tr>
<td>2010</td>
<td>44.7</td>
<td>49.9</td>
<td>47.6</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 U.S. Standard Population.

PROSTATE CANCER DEATHS

The 2010 Kane County annual age-adjusted prostate cancer mortality rate was 7.3 deaths per 100,000 population.

- More favorable than the statewide rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 21.8 or lower.
- TREND: Cancer mortality has generally decreased in recent years in Kane County; a more steady decline is apparent both statewide and nationwide.
Prostate Cancer: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 21.8 or Lower

<table>
<thead>
<tr>
<th>Year</th>
<th>Kane County</th>
<th>Illinois</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>12.0</td>
<td>10.1</td>
<td>9.7</td>
</tr>
<tr>
<td>2006</td>
<td>9.5</td>
<td>9.6</td>
<td>9.3</td>
</tr>
<tr>
<td>2007</td>
<td>11.4</td>
<td>9.8</td>
<td>9.4</td>
</tr>
<tr>
<td>2008</td>
<td>7.2</td>
<td>9.0</td>
<td>9.0</td>
</tr>
<tr>
<td>2009</td>
<td>8.0</td>
<td>9.0</td>
<td>8.7</td>
</tr>
<tr>
<td>2010</td>
<td>7.3</td>
<td>8.7</td>
<td>8.7</td>
</tr>
</tbody>
</table>

Sources:
- Kane County Health Department
- Illinois Department of Public Health
- 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 U.S. Standard Population.

Cancer Incidence

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

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

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

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

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

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

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

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

- Better than the statewide incidence rate.
- Comparable to the national incidence rate.
The Kane County annual average age-adjusted incidence rate for cervical cancer was 6.9 cases per 100,000.

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

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

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate Cancer</td>
<td>150</td>
<td>153.9</td>
<td>143.7</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>126.6</td>
<td>126.3</td>
<td>119.7</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>64.1</td>
<td>71.4</td>
<td>64.9</td>
</tr>
<tr>
<td>Colon/Rectal Cancer</td>
<td>44.7</td>
<td>50.1</td>
<td>43.9</td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td>6.9</td>
<td>8.5</td>
<td>7.7</td>
</tr>
</tbody>
</table>

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

By available race data, Non-Hispanic Blacks experience a notably higher prostate cancer incidence than Non-Hispanic Whites in Kane County.

Blacks also report higher lung and colon/rectal cancer incidence rates.

### Sources:

### Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, …, 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.
Of all Kane County cancer incidence reports between 2007 and 2011, invasive breast cancer had the largest share (15.5%), followed by prostate (14.8%), lung/bronchus (12.7%), and colon/rectum (8.9%) cancers.

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

<table>
<thead>
<tr>
<th>Top 5 Cancers by Incidence, Kane County 2007-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among Both Genders</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>2. Prostate</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Site</th>
<th>ALL Males</th>
<th>Black Males</th>
<th>White Males</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kane Co</td>
<td>IL</td>
<td>Kane Co</td>
</tr>
<tr>
<td>Prostate</td>
<td>149.7</td>
<td>149.4</td>
<td>216.4</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>71.0</td>
<td>84.9</td>
<td>86.3</td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td>48.0</td>
<td>57.2</td>
<td>59.3</td>
</tr>
<tr>
<td>Bladder</td>
<td>37.2</td>
<td>39.3</td>
<td>32.3</td>
</tr>
<tr>
<td>Non-Hodgkins Lymphoma</td>
<td>24.7</td>
<td>23.9</td>
<td>12.4</td>
</tr>
<tr>
<td>Kidney</td>
<td>21.8</td>
<td>23.0</td>
<td>33.1</td>
</tr>
<tr>
<td>Melanomas, Skin</td>
<td>21.7</td>
<td>21.9</td>
<td>1.5</td>
</tr>
<tr>
<td>Oral Cavity &amp; Pharynx</td>
<td>14.6</td>
<td>17.5</td>
<td>23.0</td>
</tr>
<tr>
<td>Leukemia</td>
<td>14.0</td>
<td>16.8</td>
<td>5.0</td>
</tr>
<tr>
<td>Pancreas</td>
<td>13.7</td>
<td>15.0</td>
<td>13.8</td>
</tr>
<tr>
<td>Brain &amp; Nervous System</td>
<td>10.1</td>
<td>7.6</td>
<td>15.6</td>
</tr>
<tr>
<td>Stomach</td>
<td>10.0</td>
<td>10.5</td>
<td>11.7</td>
</tr>
<tr>
<td>Liver</td>
<td>8.1</td>
<td>9.4</td>
<td>9.5</td>
</tr>
<tr>
<td>Esophagus</td>
<td>8.0</td>
<td>9.1</td>
<td>0</td>
</tr>
<tr>
<td>Testis</td>
<td>6.2</td>
<td>5.6</td>
<td>1.1</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>6.1</td>
<td>7.5</td>
<td>11.2</td>
</tr>
<tr>
<td>Hodgkins Lymphoma</td>
<td>3.9</td>
<td>3.3</td>
<td>0</td>
</tr>
<tr>
<td>Breast, invasive</td>
<td>1.4</td>
<td>1.3</td>
<td>1.5</td>
</tr>
<tr>
<td>Bone</td>
<td>0.7</td>
<td>0.9</td>
<td>0.0</td>
</tr>
<tr>
<td>All Other Sites</td>
<td>50.7</td>
<td>52.8</td>
<td>44.4</td>
</tr>
</tbody>
</table>

Sources: Illinois Department of Public Health

<table>
<thead>
<tr>
<th>Site</th>
<th>ALL Females</th>
<th>Black Females</th>
<th>White Females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kane Co</td>
<td>IL</td>
<td>Kane Co</td>
</tr>
<tr>
<td>Breast, invasive</td>
<td>126.5</td>
<td>127.4</td>
<td>121.8</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>57.3</td>
<td>60.4</td>
<td>74.3</td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td>37.9</td>
<td>41.9</td>
<td>47.1</td>
</tr>
<tr>
<td>Corpus &amp; Uterus</td>
<td>27.0</td>
<td>28.2</td>
<td>12.2</td>
</tr>
<tr>
<td>Non-Hodgkins Lymphoma</td>
<td>15.4</td>
<td>16.6</td>
<td>15.6</td>
</tr>
<tr>
<td>Melanomas, Skin</td>
<td>13.9</td>
<td>14.6</td>
<td>0.0</td>
</tr>
<tr>
<td>Kidney</td>
<td>12.2</td>
<td>12.5</td>
<td>13.4</td>
</tr>
<tr>
<td>Ovary</td>
<td>11.5</td>
<td>12.4</td>
<td>10.9</td>
</tr>
<tr>
<td>Pancreas</td>
<td>10.4</td>
<td>11.5</td>
<td>4.3</td>
</tr>
<tr>
<td>Bladder</td>
<td>10.1</td>
<td>9.8</td>
<td>12.3</td>
</tr>
<tr>
<td>Leukemia</td>
<td>9.0</td>
<td>10.0</td>
<td>7.0</td>
</tr>
<tr>
<td>Cervix</td>
<td>6.9</td>
<td>8.4</td>
<td>6.8</td>
</tr>
<tr>
<td>Oral Cavity &amp; Pharynx</td>
<td>5.5</td>
<td>6.6</td>
<td>2.3</td>
</tr>
<tr>
<td>Brain &amp; Nervous System</td>
<td>5.2</td>
<td>5.7</td>
<td>1.4</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>4.5</td>
<td>4.9</td>
<td>10.1</td>
</tr>
<tr>
<td>Stomach</td>
<td>3.9</td>
<td>5.4</td>
<td>6.1</td>
</tr>
<tr>
<td>Hodgkins Lymphoma</td>
<td>2.5</td>
<td>2.6</td>
<td>0</td>
</tr>
<tr>
<td>Liver</td>
<td>1.8</td>
<td>2.9</td>
<td>2.6</td>
</tr>
<tr>
<td>Esophagus</td>
<td>0.9</td>
<td>2.1</td>
<td>1.7</td>
</tr>
<tr>
<td>Bone</td>
<td>0.5</td>
<td>0.7</td>
<td>0.0</td>
</tr>
<tr>
<td>IS Breast (in situ), Not Included in Total</td>
<td>30.6</td>
<td>33.6</td>
<td>28.9</td>
</tr>
<tr>
<td>All Other Sites</td>
<td>54.9</td>
<td>53.3</td>
<td>48.6</td>
</tr>
</tbody>
</table>

Sources: Illinois Department of Public Health
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.
- Radon is a radioactive gas released from the normal decay of the elements uranium, thorium, and radium in rocks and soil. It is an invisible, odorless, tasteless gas that seeps up through the ground and diffuses into the air. In a few areas, depending on local geology, radon dissolves into ground water and can be released into the air when the water is used. Radon gas usually exists at very low levels outdoors. However, in areas without adequate ventilation, such as underground mines, radon can accumulate to levels that substantially increase the risk of lung cancer.
- Radon decays quickly, giving off tiny radioactive particles that, when inhaled, can damage the cells that line the lung. Long-term exposure to radon can lead to lung cancer, the only cancer proven to be associated with inhaling radon. There has been a suggestion of increased risk of leukemia associated with radon exposure; however, evidence is inconclusive.

Radon Gas
A total of 37.7% of survey respondents indicate that their household air has been tested for the presence of radon gas.

- Lowest in the North, highest in Central Kane County.

Household Air Has Been Tested for the Presence of Radon Gas
The following adults are less likely to indicate that their house has been tested for radon:

- Low-income residents.
- Hispanics and residents of Other races.

### Household Air Has Been Tested for the Presence of Radon Gas
(Kane County, 2014)

<table>
<thead>
<tr>
<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>Other</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td>38.2%</td>
<td>37.2%</td>
<td>38.2%</td>
<td>37.9%</td>
<td>33.7%</td>
<td>25.2%</td>
<td>41.1%</td>
<td>44.6%</td>
<td>21.3%</td>
<td>28.0%</td>
<td>37.7%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]

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

### Cancer Screenings

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

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

About Screening for Prostate Cancer

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.


Note: Since 2008 changes in clinical recommendations against routine PSA testing, most communities are seeing prevalence decline.

PSA Testing

Among county men age 40 and older, approximately 6 in 10 (59.6%) have had a PSA (prostate-specific antigen) test within the past two years.

- Similar to national findings.
- Similar by planning area (not shown).
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.
Mammography

Among women age 50-74, 81.3% have had a mammogram within the past two years.

- Higher than statewide findings (which represent all women 50+).
- Similar to national findings.
- Nearly identical to the Healthy People 2020 target (81.1% or higher).
- No significant difference by area.
- Among women 40+, 78.2% have had a mammogram in the past two years.

**Have Had a Mammogram in the Past Two Years**

(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher

<table>
<thead>
<tr>
<th>Kane County North</th>
<th>Kane County Central</th>
<th>Kane County South</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>85.4%</td>
<td>79.3%</td>
<td>77.0%</td>
<td>81.3%</td>
<td>76.4%</td>
<td>83.6%</td>
</tr>
</tbody>
</table>

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 164-165]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects female respondents 50-74.
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).
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.

Pap Smear Testing

Among women age 21 to 65, 85.7% have had a Pap smear within the past three years.

- Better than the Illinois findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Similar by planning area.
**COMMUNITY HEALTH NEEDS ASSESSMENT**

### Have Had a Pap Smear in the Past Three Years

(Among Women Age 21-65)

**Healthy People 2020 Target = 93.0% or Higher**

<table>
<thead>
<tr>
<th>Kane County North</th>
<th>Kane County Central</th>
<th>Kane County South</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>85.9%</td>
<td>83.2%</td>
<td>86.3%</td>
<td>85.7%</td>
<td>77.3%</td>
<td>83.9%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Reflects female respondents age 21 to 65.
- *Note that the Illinois percentage represents all women age 18 and older.

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### 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 (FOBT, 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**

Among Kane County adults age 50-75, 73.0% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Similar to national findings.
- Similar to the Healthy People 2020 target (70.5% or higher).
- Unfavorably low in Central Kane County.
Have Had a Colorectal Cancer Screening
(Among Adults Age 50-75)
Healthy People 2020 Target = 70.5% or Higher

<table>
<thead>
<tr>
<th>Kane County North</th>
<th>Kane County Central</th>
<th>Kane County South</th>
<th>Kane County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>74.0%</td>
<td>63.2%</td>
<td>76.1%</td>
<td>73.0%</td>
<td>75.1%</td>
</tr>
</tbody>
</table>

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

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term “colorectal screening” refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

**Lower Endoscopy**
Among adults age 50 and older, nearly three-fourths (73.9%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- More favorable than Illinois findings.
- Comparable to national findings.
- Comparable findings by planning area (not shown).

**Blood Stool Testing**
Among adults age 50 and older, 27.0% have had a blood stool test (aka “fecal occult blood test”) within the past two years.

- Higher than Illinois findings.
- Lower than national findings.
- Similar findings by planning area (not shown).
**Colorectal Cancer Screenings**  
(Among Kane County Adults Age 50 and Older, 2014)

**Ever Had Lower Endoscopy**
- Yes: 73.9%
- No: 26.1%

**Blood Stool Test in Past 2 Years**
- Yes: 27.0%
- No: 73.0%

**Sources:**  
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 167-168]  

**Notes:**  
- Asked of respondents age 50 and older.  
- Lower endoscopy includes either sigmoidoscopy or colonoscopy.

**Key Informant Input: Cancer**
Most key informants characterized Cancer as a “moderate problem” in the community.

**Perceptions of Cancer as a Problem in the Community** (Key Informants, 2014)
- Major Problem: 24.0%
- Moderate Problem: 56.0%
- Minor Problem: 16.0%
- No Problem At All: 4.0%

**Source:**  
- PRC Key Informant Focus Groups, Kane County, November 2014.
Respiratory Disease

About Asthma & COPD

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

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

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

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

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

Risk factors for asthma currently being investigated include:

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

**CHRONIC LOWER RESPIRATORY DISEASE DEATHS (CLRD)**

The 2010 annual age-adjusted CLRD mortality rate was 28.1 deaths per 100,000 population in Kane County.

- Lower than found statewide.
- Lower than the national rate.
- TREND: Despite fluctuations, CLRD mortality in Kane County has decreased over time, while the Illinois and US trends were more stable.

### CLRD: 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>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>41.4</td>
<td>40.4</td>
<td>43.9</td>
</tr>
<tr>
<td>2006</td>
<td>41.9</td>
<td>37.3</td>
<td>41.0</td>
</tr>
<tr>
<td>2007</td>
<td>32.6</td>
<td>36.7</td>
<td>40.8</td>
</tr>
<tr>
<td>2008</td>
<td>36.7</td>
<td>43.2</td>
<td>44.7</td>
</tr>
<tr>
<td>2009</td>
<td>32.2</td>
<td>40.3</td>
<td>42.7</td>
</tr>
<tr>
<td>2010</td>
<td>28.1</td>
<td>39.3</td>
<td>42.2</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 November 2014.
- Kane County Health Department
- Illinois Department of Public Health

**Notes:**
- COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- CLRD is chronic lower respiratory disease.

When looking at crude death rates (not adjusted for age) among the three planning areas, we see rates that are fairly similar, with the exception of a higher 2012 rate in Central Kane County.
Chronic Lower Respiratory Disease: 
Crude Mortality Trends by Planning Area 
(Annual Average Deaths per 100,000 Population)

Sources: Kane County Health Department 
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). 
In this case, rates are per 100,000 population and are not age-adjusted.

PNEUMONIA/INFLUENZA DEATHS

In 2010, there was an annual age-adjusted pneumonia influenza mortality rate of 13.4 deaths per 100,000 population in Kane County.

- Lower than found statewide.
- Lower than the national rate.
- TREND: Kane County pneumonia/influenza mortality decreased considerably between 2005 and 2010. Statewide and nationally, pneumonia/influenza death rates decreased as well.

For prevalence of vaccinations for pneumonia and influenza, see also Immunization & Infectious Disease.
Pneumonia/Influenza: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
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<tbody>
<tr>
<td>Kane County</td>
<td>25.3</td>
<td>22.1</td>
<td>22.2</td>
<td>16.2</td>
<td>13.3</td>
<td>13.4</td>
</tr>
<tr>
<td>Illinois</td>
<td>23.0</td>
<td>20.6</td>
<td>18.9</td>
<td>19.9</td>
<td>17.8</td>
<td>16.1</td>
</tr>
<tr>
<td>US</td>
<td>21.0</td>
<td>18.4</td>
<td>17.5</td>
<td>17.6</td>
<td>16.5</td>
<td>15.1</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 November 2014.

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

There is no discernable trend in **crude** death rates (not adjusted for age) among the three planning areas.

Influenza/Pneumonia:
Crude Mortality Trends by Planning Area
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>11.9</td>
<td>10.6</td>
<td>10.1</td>
<td>12.1</td>
<td>13.4</td>
</tr>
<tr>
<td>North</td>
<td>13.4</td>
<td>9.8</td>
<td>7.8</td>
<td>13.0</td>
<td>13.8</td>
</tr>
<tr>
<td>Central</td>
<td>12.2</td>
<td>12.1</td>
<td>14.3</td>
<td>10.9</td>
<td>9.8</td>
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<tr>
<td>South</td>
<td>10.3</td>
<td>10.6</td>
<td>10.5</td>
<td>11.8</td>
<td>14.5</td>
</tr>
</tbody>
</table>

Sources: Kane County Health Department

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

In this case, rates are per 100,000 population and are **not** age-adjusted.
Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

A total of 6.5% of Kane County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Similar to the state prevalence.
- Similar to the national prevalence.
- No significant difference by planning area.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

<table>
<thead>
<tr>
<th></th>
<th>North</th>
<th>Central</th>
<th>South</th>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>6.6%</td>
<td>9.1%</td>
<td>5.3%</td>
<td>6.5%</td>
<td>5.0%</td>
<td>8.6%</td>
</tr>
</tbody>
</table>

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

Prevalence of Asthma

ADULTS

A total of 8.1% of Kane County adults currently suffer from asthma.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Favorably low in the Central Kane County planning area.
Adult Asthma: Current Prevalence

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County North</td>
<td>8.0%</td>
</tr>
<tr>
<td>Kane County Central</td>
<td>4.8%</td>
</tr>
<tr>
<td>Kane County South</td>
<td>9.6%</td>
</tr>
<tr>
<td>Kane County</td>
<td>8.1%</td>
</tr>
<tr>
<td>Kane County IL</td>
<td>7.6%</td>
</tr>
<tr>
<td>US</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

Sources:  
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]  
- 2013 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.

Viewed by demographics, Kane County women are more likely to suffer from asthma.

Currently Have Asthma  
(Kane County, 2014)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>5.6%</td>
</tr>
<tr>
<td>Women</td>
<td>10.6%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>6.7%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>9.1%</td>
</tr>
<tr>
<td>65+</td>
<td>9.3%</td>
</tr>
<tr>
<td>Low Income</td>
<td>11.4%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>6.5%</td>
</tr>
<tr>
<td>White</td>
<td>8.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6.3%</td>
</tr>
<tr>
<td>Other</td>
<td>9.7%</td>
</tr>
<tr>
<td>Kane County</td>
<td>8.1%</td>
</tr>
</tbody>
</table>

Sources:  
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]  

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

Among Kane County children under age 18, 8.3% currently have asthma.

- Comparable to national findings.
- Favorably lower in South Kane County.
- Viewed by age and gender, asthma is highest among boys and children age 5 through 12 in Kane County.

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

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
<th>Age 0-4</th>
<th>Age 5-12</th>
<th>Age 13-17</th>
<th>Kane Co North</th>
<th>Kane Co Central</th>
<th>Kane Co South</th>
<th>Kane County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.1%</td>
<td>3.2%</td>
<td>2.9%</td>
<td>13.6%</td>
<td>6.4%</td>
<td>11.2%</td>
<td>10.5%</td>
<td>4.3%</td>
<td>8.3%</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

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

Key Informant Input: Respiratory Disease

The greatest share of key informants characterized Respiratory Disease as a “moderate problem” in the community.

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

<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>12.0%</td>
<td>56.0%</td>
<td>24.0%</td>
<td>8.0%</td>
</tr>
</tbody>
</table>

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

About Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

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

Healthy People 2020 (www.healthypeople.gov)
Unintentional Injury

AGE-ADJUSTED UNINTENTIONAL INJURY DEATHS

The Kane County 2010 annual age-adjusted unintentional injury mortality rate was 21.5 deaths per 100,000 population.

- More favorable than the Illinois rate.
- More favorable than the national rate.
- Easily satisfies the Healthy People 2020 target (36.4 or lower).
- TREND: The county rate has fluctuated in recent years, showing no clear trend.

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

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>24.6</td>
<td>21.7</td>
<td>25.5</td>
<td>21.5</td>
</tr>
<tr>
<td>Illinois</td>
<td>33.4</td>
<td>32.6</td>
<td>30.4</td>
<td>30.4</td>
</tr>
<tr>
<td>US</td>
<td>40.0</td>
<td>39.2</td>
<td>37.5</td>
<td>38.0</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 November 2014.
Kane County Health Department
Illinois Department of Public Health

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 U.S. Standard Population.

The crude death rate (not adjusted for age) is lowest in North Kane County; note also a particularly high rate in Central Kane County in 2009.
Unintentional Injuries:
Crude Mortality Trends by Planning Area
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>19.8</td>
<td>22.3</td>
<td>15.1</td>
<td>17.1</td>
<td>21.2</td>
</tr>
<tr>
<td>North</td>
<td>20.8</td>
<td>19.6</td>
<td>5.3</td>
<td>10.6</td>
<td>18.6</td>
</tr>
<tr>
<td>Central</td>
<td>18.9</td>
<td>41.9</td>
<td>8.8</td>
<td>8.7</td>
<td>22.8</td>
</tr>
<tr>
<td>South</td>
<td>19.3</td>
<td>16.6</td>
<td>10.1</td>
<td>17.3</td>
<td>23.1</td>
</tr>
</tbody>
</table>

Sources: Kane County Health Department
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
In this case, rates are per 100,000 population and are not age-adjusted.

AGE-ADJUSTED MOTOR VEHICLE INJURY DEATHS
Between 2007 and 2011, there was an annual average age-adjusted unintentional injury mortality rate of 5.0 deaths per 100,000 population in Kane County.

- Better than the Illinois rate.
- Better than the national rate.
- Satisfies the Healthy People 2020 target (12.4 or lower).

Motor Vehicle Crashes: Age-Adjusted Mortality
(2007-2011 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 12.4 or Lower

<table>
<thead>
<tr>
<th></th>
<th>Kane County</th>
<th>Illinois</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.0</td>
<td>5.7</td>
<td>7.6</td>
<td></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 November 2014.
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 U.S. Standard Population.
Booster Seat Usage - Children
Among Kane County parents with children under 5 at home, nearly all (98.1%) report that their child “always” uses a car seat or booster seat when riding in a vehicle.

Child “Always” Uses a Car Seat or Booster Seat When Riding in a Vehicle
(Among Parents of Children Age 0-4)

---

FIREARM SAFETY
Presence of Firearms in Homes
Overall, just over one-fifth (22.2%) of Kane County adults has a firearm kept in or around their home.

- Much lower than the national prevalence.
- Higher in Central Kane County, lowest in the South.
- Among Kane County households with children, 22.4% have a firearm kept in or around the house (lower than reported nationally).
Reports of firearms in or around the home are more prevalent among the following:

- Men.
- Higher-income households.
- White respondents.

Among Kane County households with firearms, 5.1% report that there is at least one weapon that is kept unlocked and loaded.

- Well below that found nationally.
- Statistically similar by planning area (not shown).
Household Has An Unlocked, Loaded Firearm
(Among Respondents Reporting a Firearm in or Around the Home)

Kane County
- Yes: 5.1%
- No: 94.9%

US
- Yes: 16.8%
- No: 83.9%

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 174)
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with a firearm in or around the home.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

EMERGENCY PREPAREDNESS
The majority of Kane County survey respondents (72.8%) have at least 3 days' worth of emergency food and water stored at home.

- Statistically similar by planning area.

Have at Least 3 Days’ Worth of Emergency Food and Water Stored at Home

Kane County North: 74.0%
Kane County Central: 77.0%
Kane County South: 69.7%
Kane County: 72.8%

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 58)

Notes:
- Asked of all respondents.
Adults less likely to have at least 3 days’ worth of emergency rations include:

- Low-income residents.
- Hispanics.

### Have at Least 3 Days’ Worth of Emergency Food and Water Stored at Home (Kane County, 2014)

<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>Other</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>75.1%</td>
<td>70.8%</td>
<td>71.8%</td>
<td>72.5%</td>
<td>78.5%</td>
<td>63.1%</td>
<td>74.8%</td>
<td>75.7%</td>
<td>61.2%</td>
<td>79.5%</td>
<td>72.8%</td>
</tr>
</tbody>
</table>

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]

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.

Another 24.2% of Kane County adults have some type of written evacuation plan for leaving the house in the event of a large-scale disaster or emergency.

- Statistically similar by area.

### Household Has a Written Evacuation Plan for Leaving the House in the Event of a Large-Scale Disaster or Emergency

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County North</td>
<td>24.4%</td>
</tr>
<tr>
<td>Kane County Central</td>
<td>21.0%</td>
</tr>
<tr>
<td>Kane County South</td>
<td>25.4%</td>
</tr>
<tr>
<td>Kane County</td>
<td>24.2%</td>
</tr>
</tbody>
</table>

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]

Notes:
- Asked of all respondents.
Kane County adults less likely to have a written evacuation plan include:

- Residents under 65.
- Adults in upper-income households.
- Whites.

**Household Has a Written Evacuation Plan for Leaving the House in the Event of a Large-Scale Disaster or Emergency**

(Kane County, 2014)

<table>
<thead>
<tr>
<th>Age Group</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>Other</th>
<th>Kane County</th>
</tr>
</thead>
</table>
| 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]

**Intentional Injury (Violence)**

**AGE-ADJUSTED HOMICIDE DEATHS**

Between 2007 and 2011, there was an annual average age-adjusted homicide rate of 1.9 deaths per 100,000 population in Kane County.

- More favorable than the rate found statewide.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 5.5 or lower.
Homicide: Age-Adjusted Mortality
(2007-2011 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 5.5 or Lower

Kane County | Illinois | US
---|---|---
1.9 | 6.6 | 5.6

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 U.S. Standard Population.

VIOLENT CRIME

Violent Crime Rates

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

- Well below the Illinois rate for the same period.
- Well below the national rate.

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

Kane County | Illinois | US
---|---|---
160.0 | 414.7 | 386.8

Sources: 

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

A total of 1.7% of Kane County adults acknowledge being the victim of a violent crime in the past five years.

- Statistically similar to national findings.
- Highest in the South; lowest in the North.

Victim of a Violent Crime in the Past Five Years

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]

Notes: Asked of all respondents.

- Reports of violence are notably higher among women, residents living in the lower income category, and respondents of Other races.

Victim of a Violent Crime in the Past Five Years

(Kane County, 2014)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]

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.
Self-Reported Family Violence

A total of 9.0% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- More favorable than national findings.
- Statistically similar by planning area.

Reports of domestic violence are notably higher among:

- Women.
- Adults between the ages of 40 and 64.
- Those with lower incomes.
Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
(Kane County, 2014)

Sources:
2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]

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

**Key Informant Input: Injury & Violence**
The largest share of key informants characterized *Injury & Violence* as a “moderate problem” in the community.

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

<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>Men</td>
<td>3.8%</td>
<td>14.2%</td>
<td>7.2%</td>
<td>11.3%</td>
</tr>
<tr>
<td>Women</td>
<td>6.5%</td>
<td>16.5%</td>
<td>6.8%</td>
<td>8.2%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>11.3%</td>
<td>6.5%</td>
<td>8.2%</td>
<td>7.8%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>6.8%</td>
<td>8.2%</td>
<td>7.8%</td>
<td>6.5%</td>
</tr>
<tr>
<td>65+</td>
<td>8.2%</td>
<td>7.8%</td>
<td>6.5%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Low Income</td>
<td>16.5%</td>
<td>6.8%</td>
<td>8.2%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>8.2%</td>
<td>7.8%</td>
<td>6.5%</td>
<td>9.0%</td>
</tr>
<tr>
<td>White</td>
<td>6.8%</td>
<td>8.2%</td>
<td>7.8%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3.8%</td>
<td>14.2%</td>
<td>7.2%</td>
<td>11.3%</td>
</tr>
<tr>
<td>Other</td>
<td>6.5%</td>
<td>16.5%</td>
<td>6.8%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Kane County</td>
<td>11.3%</td>
<td>16.5%</td>
<td>6.8%</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

Source: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
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

In 2010, there was an annual age-adjusted diabetes mortality rate of 15.9 deaths per 100,000 population in Kane County.

- More favorable than that found statewide.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- TREND: Diabetes mortality has decreased in Kane County; in Illinois and the US, the decrease is less considerable.
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>Year</th>
<th>Kane County</th>
<th>Illinois</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>25.1</td>
<td>24.0</td>
<td>24.9</td>
</tr>
<tr>
<td>2006</td>
<td>26.9</td>
<td>21.9</td>
<td>23.6</td>
</tr>
<tr>
<td>2007</td>
<td>24.9</td>
<td>21.9</td>
<td>22.5</td>
</tr>
<tr>
<td>2008</td>
<td>23.1</td>
<td>21.6</td>
<td>22.0</td>
</tr>
<tr>
<td>2009</td>
<td>21.3</td>
<td>20.6</td>
<td>21.0</td>
</tr>
<tr>
<td>2010</td>
<td>15.9</td>
<td>18.5</td>
<td>20.8</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.
- Kane County Health Department
- Illinois Department of Public Health

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 U.S. Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Note that the crude death rate (not adjusted for age) in Central Kane County is relatively high and rising.

Diabetes Mellitus:
Crude Mortality Trends by Planning Area
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Kane County</th>
<th>North</th>
<th>Central</th>
<th>South</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>18.0</td>
<td>21.8</td>
<td>13.3</td>
<td>16.4</td>
</tr>
<tr>
<td>2009</td>
<td>18.0</td>
<td>22.0</td>
<td>16.5</td>
<td>14.8</td>
</tr>
<tr>
<td>2010</td>
<td>12.8</td>
<td>12.6</td>
<td>17.6</td>
<td>11.0</td>
</tr>
<tr>
<td>2011</td>
<td>15.6</td>
<td>16.3</td>
<td>18.5</td>
<td>13.6</td>
</tr>
<tr>
<td>2012</td>
<td>17.0</td>
<td>19.1</td>
<td>23.9</td>
<td>12.2</td>
</tr>
</tbody>
</table>

Sources:
- Kane County Health Department

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- In this case, rates are per 100,000 population and are not age-adjusted.
Prevalence of Diabetes

A total of 9.4% of Kane County adults report having been diagnosed with diabetes.

- Similar to the statewide proportion.
- Similar to the national proportion.
- Unfavorably high in the South; lowest in the North.

In addition to the prevalence of diagnosed diabetes referenced above, another 6.0% of Kane County adults report that they have “pre-diabetes” or “borderline diabetes.”

- Similar to the US prevalence.
- Similar by planning area (not shown).

**Prevalence of Diabetes**

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

- Older adults (note the strong positive correlation between diabetes and age, with 21.1% of seniors with diabetes).
- Residents in lower-income households.
Prevalence of Diabetes  
(Kane County, 2014)

<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>Other</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.3%</td>
<td>10.4%</td>
<td>1.0%</td>
<td>13.4%</td>
<td>21.1%</td>
<td></td>
<td>12.3%</td>
<td>6.4%</td>
<td>8.4%</td>
<td>12.1%</td>
<td>10.3%</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

**Sources:** 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]

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

**DIABETES SCREENING (NON-DIABETICS)**

Of Kane County adults who have not been diagnosed with diabetes, 55.5% report having had their blood sugar level tested within the past three years.

- More favorable than the national proportion.
- Highest in Central Kane County.

**Have Had Blood Sugar Tested in the Past Three Years**  
(Among Non-Diabetics)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]

Notes:
- Asked of respondents who have not been diagnosed with diabetes.
A1C CHECKS (DIABETICS)

Among Kane County diabetic adults, most (93.8%) have had at least one A1C check in the past year.

- This includes 32.7% who were checked four or more times in the past year.
- In contrast, 6.2% of diabetics have not been checked in the past year.

**Number of A1C Checks in the Past 12 Months**
(Among Kane County Diabetics, 2014)

<table>
<thead>
<tr>
<th>Number of Checks</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>6.2%</td>
</tr>
<tr>
<td>One</td>
<td>22.9%</td>
</tr>
<tr>
<td>Two</td>
<td>20.3%</td>
</tr>
<tr>
<td>Three</td>
<td>17.9%</td>
</tr>
<tr>
<td>Four</td>
<td>29.0%</td>
</tr>
<tr>
<td>Five/More</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

**Key Informant Input: Diabetes**

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

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

- Major Problem: 57.7%
- Moderate Problem: 38.5%
- Minor Problem: 3.9%

**Sources:**
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
- Asked of diabetic respondents.

**Notes:**

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

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

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

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

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

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

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

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

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

About Dementia

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer’s Disease Deaths

In 2010, there was an annual age-adjusted Alzheimer’s disease mortality rate of 16.3 deaths per 100,000 population in Kane County.

- More favorable than the statewide rate.
- More favorable than the national rate.
- TREND: No clear trend is evident with regard to Alzheimer’s disease mortality in Kane County.

Alzheimer’s 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>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>19.9</td>
<td>21.9</td>
<td>24.0</td>
</tr>
<tr>
<td>2006</td>
<td>20.8</td>
<td>21.3</td>
<td>23.7</td>
</tr>
<tr>
<td>2007</td>
<td>20.2</td>
<td>19.9</td>
<td>22.7</td>
</tr>
<tr>
<td>2008</td>
<td>22.2</td>
<td>23.6</td>
<td>25.8</td>
</tr>
<tr>
<td>2009</td>
<td>16.9</td>
<td>21.0</td>
<td>21.0</td>
</tr>
<tr>
<td>2010</td>
<td>16.3</td>
<td>20.9</td>
<td>25.1</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 November 2014.
- Kane County Health Department
- Illinois Department of Public Health

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 U.S. Standard Population.
When looking at crude death rates (not adjusted for age) among the three planning areas, we see rates that are consistently lower in the North part of the county.

### Alzheimer's Disease:
Crude Mortality Trends by Planning Area
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Kane County</th>
<th>North</th>
<th>Central</th>
<th>South</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>16.1</td>
<td>11.4</td>
<td>17.7</td>
<td>19.7</td>
</tr>
<tr>
<td>2009</td>
<td>12.5</td>
<td>7.8</td>
<td>17.6</td>
<td>14.8</td>
</tr>
<tr>
<td>2010</td>
<td>12.8</td>
<td>9.2</td>
<td>13.2</td>
<td>16.0</td>
</tr>
<tr>
<td>2011</td>
<td>12.5</td>
<td>7.7</td>
<td>17.5</td>
<td>15.0</td>
</tr>
<tr>
<td>2012</td>
<td>10.3</td>
<td>6.2</td>
<td>13.0</td>
<td>12.7</td>
</tr>
</tbody>
</table>

Sources: Kane County Health Department
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). In this case, rates are per 100,000 population and are not age-adjusted.

### Household Prevalence of Alzheimer’s Disease
A total of 16.3% of Kane County survey respondents report that a member of their household has been diagnosed with Alzheimer’s disease.

* Similar findings by planning area.

Member of Household
Has Been Diagnosed With Alzheimer’s Disease

<table>
<thead>
<tr>
<th>Planning Area</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>15.1%</td>
</tr>
<tr>
<td>North</td>
<td>18.7%</td>
</tr>
<tr>
<td>Central</td>
<td>16.7%</td>
</tr>
<tr>
<td>South</td>
<td>16.3%</td>
</tr>
</tbody>
</table>

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
Notes: Asked of all respondents.
• Respondents more likely to report that a household member has been diagnosed with Alzheimer’s disease include women, adults age 40+, and Whites.

**Member of Household Has Been Diagnosed With Alzheimer’s Disease**
(Kane County, 2014)

<table>
<thead>
<tr>
<th>Member of Household</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>Other</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent</td>
<td>13.7%</td>
<td>18.8%</td>
<td>12.7%</td>
<td>18.7%</td>
<td>18.4%</td>
<td>14.3%</td>
<td>18.3%</td>
<td>19.2%</td>
<td>10.1%</td>
<td>10.2%</td>
<td>16.3%</td>
</tr>
</tbody>
</table>

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
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: Dementias, Including Alzheimer’s Disease**
Key informants are most likely to consider Dementias, Including Alzheimer’s Disease as a “moderate problem” in the community.

**Perceptions of Dementia/Alzheimer’s Disease as a Problem in the Community**
(Key Informants, 2014)

- 19.2% Major Problem
- 53.9% Moderate Problem
- 26.9% No Problem at All

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

About Chronic Kidney Disease

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

The 2010 annual age-adjusted kidney disease mortality rate was 20.1 deaths per 100,000 population in Kane County.

- Comparable to the rate found statewide.
- Less favorable than the national rate.
- TREND: The county death rate has fluctuated in recent years; across Illinois and the US overall, rates have increased.

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>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>21.7</td>
<td>18.9</td>
<td>14.7</td>
</tr>
<tr>
<td>2006</td>
<td>19.0</td>
<td>19.5</td>
<td>14.8</td>
</tr>
<tr>
<td>2007</td>
<td>19.6</td>
<td>19.2</td>
<td>14.5</td>
</tr>
<tr>
<td>2008</td>
<td>17.3</td>
<td>19.6</td>
<td>15.1</td>
</tr>
<tr>
<td>2009</td>
<td>19.6</td>
<td>20.2</td>
<td>15.1</td>
</tr>
<tr>
<td>2010</td>
<td>20.1</td>
<td>19.3</td>
<td>15.3</td>
</tr>
</tbody>
</table>

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

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 U.S. Standard Population.
When looking at *crude* death rates (not adjusted for age) among the three planning areas, we see rates that are somewhat lower in the Central part of the county.

### Kidney Disease:
**Crude Mortality Trends by Planning Area**  
(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>13.1</td>
<td>14.7</td>
<td>16.1</td>
<td>14.0</td>
<td>16.1</td>
</tr>
<tr>
<td>North</td>
<td>15.4</td>
<td>13.2</td>
<td>16.5</td>
<td>15.4</td>
<td>17.7</td>
</tr>
<tr>
<td>Central</td>
<td>11.1</td>
<td>12.1</td>
<td>14.3</td>
<td>6.5</td>
<td>8.7</td>
</tr>
<tr>
<td>South</td>
<td>11.7</td>
<td>17.1</td>
<td>16.5</td>
<td>15.9</td>
<td>17.6</td>
</tr>
</tbody>
</table>

**Sources:**  
Kane County Health Department  
Notes:  
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
- In this case, rates are per 100,000 population and are not age-adjusted.

### Prevalence of Kidney Disease

A total of 3.4% of Kane County adults report having been diagnosed with kidney disease.

- Similar to the state proportion.  
- Similar to the national proportion.  
- Unfavorably high in the North.
A higher prevalence of kidney disease is reported among seniors in Kane County.

Key Informant Input: Chronic Kidney Disease

More than half of key informants characterized Chronic Kidney Disease as a “minor problem” in the community.
Perceptions of Chronic Kidney Disease as a Problem in the Community
(Key Informants, 2014)

Source: PRC Key Informant Focus Groups, Kane County, November 2014.
Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Prevalence of Osteoporosis

A total of 8.6% of survey respondents age 50 and older have osteoporosis.

- More favorable than that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- No significant differences by planning area.
Prevalence of Osteoporosis
(Among Adults Age 50 and Older)
Healthy People 2020 Target = 5.3% or Lower

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

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

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

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

Immunizations Among Kane County Children 19 to 35 Months of Age

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

Source: Illinois Department of Public Health

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

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)

Communicable Disease Incidence

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

- Note the decrease in chronic hepatitis C incidence.
Kane County Communicable Disease Incidence Rate per 100,000 Population

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

Source: Kane County Health Department

Age-Adjusted Septicemia Deaths

The 2010 annual age-adjusted septicemia mortality rate was 11.1 deaths per 100,000 population in Kane County.

- Lower than found statewide.
- Similar to the rate reported nationally.
- TREND: The county rate has fluctuated in recent years, echoing the statewide rates. Nationally, septicemia mortality has been stable.

Septicemia: 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>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>11.5</td>
<td>15.4</td>
<td>11.4</td>
</tr>
<tr>
<td>2006</td>
<td>14.8</td>
<td>15.6</td>
<td>11.2</td>
</tr>
<tr>
<td>2007</td>
<td>12.9</td>
<td>15.9</td>
<td>11.3</td>
</tr>
<tr>
<td>2008</td>
<td>17.1</td>
<td>19.4</td>
<td>11.3</td>
</tr>
<tr>
<td>2009</td>
<td>13.1</td>
<td>15.0</td>
<td>11.0</td>
</tr>
<tr>
<td>2010</td>
<td>11.1</td>
<td>13.8</td>
<td>10.6</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 November 2014.
- Kane County Health Department
- Illinois Department of Public Health

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 U.S. Standard Population.
Crude death rates (not adjusted for age) among the three planning areas have been highest in the South part of the county.

### Septicemia:

**Crude Mortality Trends by Planning Area**

*(Annual Average Deaths per 100,000 Population)*

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County</td>
<td>12.3</td>
<td>10.6</td>
<td>8.3</td>
<td>7.5</td>
<td>6.5</td>
</tr>
<tr>
<td>North</td>
<td>10.9</td>
<td>8.8</td>
<td>6.8</td>
<td>5.8</td>
<td>5.3</td>
</tr>
<tr>
<td>Central</td>
<td>15.5</td>
<td>7.7</td>
<td>1.1</td>
<td>7.6</td>
<td>4.3</td>
</tr>
<tr>
<td>South</td>
<td>12.2</td>
<td>13.4</td>
<td>12.8</td>
<td>8.6</td>
<td>8.6</td>
</tr>
</tbody>
</table>

**Sources:** Kane County Health Department

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- In this case, rates are per 100,000 population and are **not** age-adjusted.
Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

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

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccination

Among Kane County seniors, 55.0% received a flu shot (or FluMist®) within the past year.

- Statistically comparable to the Illinois finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Statistically comparable by planning area.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher

![Bar chart showing flu vaccination rates by area and state.]

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 177]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents 65 and older.
- Includes FluMist as a form of vaccination.
HIGH-RISK ADULTS

A total of 36.7% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Unfavorably low in North Kane County.

High-Risk Adults: Have Had a Flu Vaccination in the Past Year (Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 70.0% or Higher

Pneumonia Vaccination

Among adults age 65 and older, 71.0% have received a pneumonia vaccination at some point in their lives.

- Higher than the Illinois finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Statistically similar by planning area.
Older Adults: Have Ever Had a Pneumonia Vaccine
(Among Adults Age 65+)
Healthy People 2020 Target = 90.0% or Higher

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 179]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents 65 and older.

Notes:
- Reflects respondents 65 and older.

HIGH-RISK ADULTS
A total of 32.5% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).
- Despite the differences in percentages by planning area shown below, these are not statistically different.

High-Risk Adults: Have Ever Had a Pneumonia Vaccine
(Among High-Risk Adults Age 18-64)
Healthy People 2020 Target = 60.0% or Higher

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all high-risk respondents under 65.
- “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
Key Informant Input: Immunization & Infectious Disease

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

Perceptions of Immunization and Infectious Diseases as a Problem in the Community
(Key Informants, 2014)

<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>7.7%</td>
<td>61.5%</td>
<td>23.1%</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

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

Key Informant Input: Hepatitis C

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

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

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

Key Informant Input: Tuberculosis

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

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

About HIV (Human Immunodeficiency Virus)

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)
HIV Prevalence Rate
In 2010, there was a prevalence of 120.9 HIV cases per 100,000 population in Kane County.

- Much more favorable than the statewide prevalence.
- Much more favorable than the national prevalence.

HIV Prevalence Rate
(Prevalence Rate of HIV per 100,000 Population, 2010)

Sources: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; 2010.

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.

Persons Living With AIDS (PLWA)
The following table provides a breakdown of the number of Kane County residents living with AIDS from 2009 through 2013.

In 2013, the rate of county residents living with AIDS was 67.6 per 100,000 population.

- Note that this has not changed significantly during this time frame.

<table>
<thead>
<tr>
<th></th>
<th>Kane County</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons Living With AIDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate per 100,000 Population</td>
<td></td>
<td>66.4</td>
<td>69.9</td>
<td>66.7</td>
<td>68.5</td>
<td>67.6</td>
</tr>
</tbody>
</table>

Source: Illinois Department of Public Health

HIV Testing
Among Kane County adults age 18-44, 19.1% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Statistically similar to the proportion found nationwide.
- Statistically similar by planning area.
Tested for HIV in the Past Year
(Among Adults Age 18-44)

By demographic characteristics, these adults age 18 to 44 are less likely to have been tested for HIV in the past year:

- Men.
- Residents in higher-income households.

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

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

Notes: Reflects respondents age 18 to 44.

Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Key Informant Input: HIV/AIDS
More than half of key informants characterized HIV/AIDS as a “minor problem” in the community.

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>8.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>36.0%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>52.0%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

Source: PRC Key Informant Focus Groups, Kane County, November 2014.
Sexually Transmitted Diseases

About Sexually Transmitted Diseases

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea Incidence

In 2011, the chlamydia incidence rate in Kane County was 303.7 cases per 100,000 population.

- Notably lower than the Illinois incidence rate.
- Notably lower than the national incidence rate.

The gonorrhea incidence rate in Kane County was 42.7 cases per 100,000 population in 2011.

- Notably lower than the Illinois incidence rate.
- Notably lower than the national incidence rate.
**Chlamydia & Gonorrhea Incidence**
(Incidence Rate per 100,000 Population, 2011)

![Bar chart showing incidence rates of Chlamydia and Gonorrhea in Kane County, Illinois, and the US.](chart)

**Sources:**

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

---

**Syphilis Incidence**

From 2009 through 2013, the county’s primary/secondary syphilis incidence rate ranged narrowly from 1.2 to 1.7 cases per 100,000 population.

<table>
<thead>
<tr>
<th>Kane County</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary/Secondary Syphilis Incidence</td>
<td>1.2</td>
<td>1.4</td>
<td>1.3</td>
<td>1.7</td>
<td>1.7</td>
</tr>
</tbody>
</table>

**Rate per 100,000 Population**

**Source:** Illinois Department of Public Health
Safe Sexual Practices

SEXUAL PARTNERS

Among unmarried Kane County adults under 65, the vast majority cites having one (43.4%) or no (35.1%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months
(Among Unmarried Adults Age 18-64; Kane County, 2014)

None 35.1%
One 43.4%
Two 11.0%
Three/More 10.5%

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 93]
Notes: Asked of all unmarried respondents under the age of 65.

However, 10.5% report three or more sexual partners in the past year.

- Comparable to that reported nationally.

Had Three or More Sexual Partners in the Past Year
(Among Unmarried Adults Age 18-64)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 93]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all unmarried respondents under the age of 65.

Unmarried respondents (age 18 to 64) more likely to report three or more sexual partners in the past year include:
• Men.
• Residents age 18 to 39.
• Residents in households with lower incomes.
• Hispanics and residents of Other races.

**Had Three or More Sexual Partners in the Past Year**
(Among Unmarried Adults Age 18-64; Kane County, 2014)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Hispanic</th>
<th>Other</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had Three or More</td>
<td>18.6%</td>
<td>4.3%</td>
<td>14.2%</td>
<td>3.2%</td>
<td>17.5%</td>
<td>7.9%</td>
<td>6.6%</td>
<td>13.5%</td>
<td>14.6%</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 93]
Notes: Asked of all unmarried 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.

**CONDOM USE**

Among Kane County adults who are under age 65 and unmarried, 47.3% report that a condom was used during their last sexual intercourse.

• Higher than the national prevalence.

**Condom Was Used During Last Sexual Intercourse**
(Among Unmarried Adults Age 18-64)

<table>
<thead>
<tr>
<th></th>
<th>Kane County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom Was Used</td>
<td>47.3%</td>
<td>33.6%</td>
</tr>
</tbody>
</table>

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all unmarried respondents under the age of 65.
Those less likely to report that a condom was used during their last sexual intercourse include:

- Women.
- Residents age 40 through 64.
- Whites.

### Condom Was Used During Last Sexual Intercourse
(Among Unmarried Adults Age 18-64; Kane County, 2014)

![Bar chart showing condom use rates](chart)

**Sources:** 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]

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

### Key Informant Input: Sexually Transmitted Diseases

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

### Perceptions of Sexually Transmitted Diseases as a Problem in the Community
(Key Informants, 2014)

![Bar chart showing perception rates](chart)

**Source:** PRC Key Informant Focus Groups, Kane County, November 2014.
Births
Prenatal Care

**About Infant & Child Health**

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

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

**Lack of Prenatal Care in the First Trimester**

*(Percentage of Live Births, 2007-2010)*

**Healthy People 2020 Target = 22.1% or Lower**

Sources:

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

Low Birthweight Births

A total of 7.4% of 2006-2012 Kane County births were low birthweight.

- Slightly better than the Illinois proportion.
- Slightly better than the national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).

Infant Mortality

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

- More favorable than the Illinois rate.
- More favorable than the national rate.
- Similar to the Healthy People 2020 target of 6.0 per 1,000 live births.
Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2006-2010)
Healthy People 2020 Target = 6.0 or Lower

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

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

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

Source: Kane County Health Department, 2010.
Viewed by race, infant mortality in Kane County is much higher among Blacks than among Whites and Hispanics.

<table>
<thead>
<tr>
<th>Kane County Infant Mortality</th>
<th>2000-2004</th>
<th>2005-2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>6.3</td>
<td>5.7</td>
</tr>
<tr>
<td>White</td>
<td>5.8</td>
<td>5.2</td>
</tr>
<tr>
<td>Black</td>
<td>15.3</td>
<td>10.5</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6.5</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Source: Kane County Health Department, 2010.

**Key Informant Input: Infant & Child Health**

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

**Perceptions of Infant and Child Health as a Problem in the Community**

(Key Informants, 2014)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>20.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>60.0%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>20.0%</td>
</tr>
<tr>
<td>No Problem at All</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

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

Births by Race

The following chart provides an illustration of 2010 Kane County births, segmented by mother’s race.

Note that nearly equal shares of Kane County births were to Hispanic and Non-Hispanic White mothers in 2010 (together, accounting for nearly 90% of all births).

- By planning area: Births in the Central area were predominantly to White mothers, while births in the South were predominantly to Hispanic mothers.

Births by Race, Percent
(Kane County 2010)

Sources: Kane County Health Department

Births by Risk Factor

This next chart provides an illustration of 2010 county births, segmented by various risk factors.

Overall, 8.3% of 2010 Kane County births were to teens; 37.2% were to unmarried females; 4.2% were to smokers; 0.4% were to mothers who used alcohol while pregnant; 7.2% were low birthweight; and 10.7% were preterm (percentages are not mutually exclusive).

- Several of these risks (teen births, unmarried, low birthweight, preterm births) were more prevalent in South Kane County.
While 52.1% of mothers giving birth in Kane County in 2010 had at least some college education (including 11.2% with advanced degrees), 22.8% had a high school diploma, and 24.3% had less than that.

- Education levels among mothers giving birth in 2010 were highest in Central Kane County and lowest in South Kane County.
Births to Teen Mothers

**About Teen Births**

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there was an annual average of 35.3 births to mothers age 15-19 per 1,000 female population in that age group.

- Similar to the Illinois rate.
- Similar to the national rate.

**Teen Birth Rate**

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)

<table>
<thead>
<tr>
<th></th>
<th>Kane County</th>
<th>Illinois</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>35.3</td>
<td>35.0</td>
<td>36.6</td>
</tr>
</tbody>
</table>


Notes: This indicator reports the rate of total births to women under the age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
KEY INFORMANT INPUT: FAMILY PLANNING

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

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

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>11.5%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>53.9%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>30.8%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

Source: PRC Key Informant Focus Groups, Kane County, November 2014.
Modifiable Health Risks
Actual Causes Of Death

About Contributors to Mortality

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

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

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


Factors Contributing to Premature Deaths in the United States

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](image-url)
<table>
<thead>
<tr>
<th>Leading Causes of Death</th>
<th>Underlying Risk Factors (Actual Causes of Death)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiovascular Disease</strong></td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Elevated serum cholesterol</td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Improper diet</td>
</tr>
<tr>
<td><strong>Cerebrovascular Disease</strong></td>
<td>High blood pressure</td>
</tr>
<tr>
<td></td>
<td>Tobacco use</td>
</tr>
<tr>
<td><strong>Accidental Injuries</strong></td>
<td>Safety belt noncompliance</td>
</tr>
<tr>
<td></td>
<td>Alcohol/substance abuse</td>
</tr>
<tr>
<td></td>
<td>Reckless driving</td>
</tr>
<tr>
<td><strong>Chronic Lung Disease</strong></td>
<td>Tobacco use</td>
</tr>
</tbody>
</table>

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)
Fruit/Vegetable Consumption

A total of 18.3% of Kane County adults report eating five or more servings of fruits and/or vegetables per day.

- Similar findings by planning area.

Consume Five or More Servings of Fruits/Vegetables Per Day

<table>
<thead>
<tr>
<th>Planning Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County North</td>
<td>16.2%</td>
</tr>
<tr>
<td>Kane County Central</td>
<td>19.4%</td>
</tr>
<tr>
<td>Kane County South</td>
<td>20.3%</td>
</tr>
<tr>
<td>Kane County</td>
<td>18.3%</td>
</tr>
</tbody>
</table>

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 183]

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

- Low-income residents are much less likely to get the daily recommended servings of fruits/vegetables; men are less likely than women, as well.

Consume Five or More Servings of Fruits/Vegetables Per Day

(Kane County, 2014)

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>15.6%</td>
</tr>
<tr>
<td>Women</td>
<td>20.8%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>19.4%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>18.6%</td>
</tr>
<tr>
<td>65+</td>
<td>13.8%</td>
</tr>
<tr>
<td>Low Income</td>
<td>9.2%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>18.4%</td>
</tr>
<tr>
<td>White</td>
<td>18.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>17.0%</td>
</tr>
<tr>
<td>Other</td>
<td>17.5%</td>
</tr>
<tr>
<td>Kane County</td>
<td>18.3%</td>
</tr>
</tbody>
</table>

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 183]

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

DIFFICULTY ACCESSING FRESH PRODUCE

While most report little or no difficulty, 19.0% of Kane County adults report that it is “very” or “somewhat” difficult for them to access affordable, fresh fruits and vegetables.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Kane County, 2014)

- Very Difficult: 2.0%
- Somewhat Difficult: 17.0%
- Not Too Difficult: 21.3%
- Not At All Difficult: 59.7%

Local “very/somewhat difficult” responses are:
- More favorable than national findings.
- Favorably lower in the Central area.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]
Notes: Asked of all respondents.
Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Lower-income residents.
- Hispanics.

**Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce**
(Kane County, 2014)

<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>Other</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficult to Buy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.4%</td>
<td>27.3%</td>
<td>19.5%</td>
<td>18.5%</td>
<td>20.2%</td>
<td>36.8%</td>
</tr>
<tr>
<td>Affordable Fresh</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.0%</td>
<td>9.0%</td>
<td>15.0%</td>
<td>15.0%</td>
<td>20.2%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Produce</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: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]
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.

**LOW FOOD ACCESS (FOOD DESERTS)**

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

- Slightly less favorable than statewide findings.
- Slightly more favorable than national findings.
Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

Sources:

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

- The following map provides an illustration of food access by census tract.
GROWING FOOD FOR PERSONAL CONSUMPTION
More than one-third of survey respondents (35.2%) grow at least some of their own food for consumption.

- Highest in Central Kane County, lowest in the South.

Adults less likely to grow some of their own food include those in lower-income households, Hispanics, and adults of Other races.
Health Advice About Diet & Nutrition

A total of 47.0% of survey respondents acknowledge that a physician has counseled them about diet and nutrition in the past year.

- Higher than the national findings.
- Lowest in the North, highest in the South (not shown).
- Note: Among overweight/obese respondents, 54.5% report receiving diet/nutrition advice (meaning that nearly one-half did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

Children’s Dietary Habits

**FRUITS & VEGETABLES**

The majority of Kane County parents report that their child (age 2-17) eats 1 or 2 servings of fruits and 1 or 2 servings of vegetables per day.

- On the other hand, 3.1% of these parents say their child eats no fruit, and 10.0% report that their child eats no vegetables.
Overall, 40.0% of county children age 2-17 eat a combined 5+ servings of fruits and/or vegetables per day.

- Note the negative correlation between age and fruit/vegetable consumption among Kane County children.

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 146-147]
Notes: Asked of all respondents with children age 2-17 at home.
In this case, servings of fruits and vegetables do not include juice of any kind.
SUGAR-SWEETENED DRINKS

While most parents report that their child has no sugar-sweetened drinks on an average day, 35.9% indicate that their child drinks at least one sugar-sweetened beverage per day.

- This includes 5.8% of children who drink 3+ sugary drinks per day.

Child’s Consumption of 12-ounce Servings of Sugar-Sweetened Beverages on a Typical Day
(Kane County Parents of Children 2-17, 2014)

Countwide, boys and teens are much more likely to drink more than one sugar-sweetened beverage per day.

Child Consumes More Than One Sugar-Sweetened Drinks per Day
(Kane County Children Age 2-17, 2014)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 148]
Notes: Asked of all respondents with children age 2-17 at home.
A sugar-sweetened beverage includes regular soda, sweet tea, Gatorade, Monster, other “power drinkers,” specialty coffee drinks, etc.
WATER CONSUMPTION

On a typical day, 21.4% of Kane County children drink 5 or more glasses of water, according to survey respondents with children under 18.

- On the other hand, the majority of county children drink fewer than 5 glasses of water per day, including 3.1% who reportedly do not drink any water at all.

Child’s Water Consumption on a Typical Day
(Kane County Parents of Children 2-17, 2014)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
Notes: Asked of all respondents with children age 2-17 at home.
Reflects consumption of 8-ounce glasses of water.

- Kane County boys are less likely to consume 5+ glasses of water per day.
- Note also the positive correlation between age and drinking 5+ glasses of water per day.

Child Consumes 5+ Glasses of Water per Day
(Kane County Children Age 2-17, 2014)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 227]
Notes: Asked of all respondents with children age 2-17 at home.
Reflects consumption of 8-ounce glasses of water.
Physical Activity

About Physical Activity

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

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

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)
Leisure-Time Physical Activity

A total of 17.8% of Kane County adults report no leisure-time physical activity in the past month.

- More favorable than statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Similar findings by planning area.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Lack of leisure-time physical activity in the area is higher among:

- Lower-income residents.
- Hispanics.
- Other races.
No Leisure-Time Physical Activity in the Past Month  
(Kane County, 2014)  
Healthy People 2020 Target = 32.6% or Lower

<table>
<thead>
<tr>
<th>Activity Level</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>Other</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16.2%</td>
<td>19.4%</td>
<td>15.7%</td>
<td>18.9%</td>
<td>21.0%</td>
<td>27.9%</td>
<td>11.8%</td>
<td>15.0%</td>
<td>23.9%</td>
<td>22.6%</td>
<td>17.8%</td>
</tr>
</tbody>
</table>

**Activity Levels**

**Recommended Levels of Physical Activity**

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.


**RECOMMENDED LEVELS OF PHYSICAL ACTIVITY**

A total of 56.4% of Kane County adults satisfy physical activity recommendations, whether by participating in moderate physical activity for at least 2.5 hours per week or vigorous physical activity for at least 1.5 hours per week.

- Favorably higher among Central Kane County adults.
Meets Physical Activity Recommendations

(Kane County, 2014)

Those less likely to meet physical activity requirements include:

- Seniors (note the negative correlation with age).
- Residents in lower-income households.
- Hispanics and Other race residents.
MODERATE & VIGOROUS PHYSICAL ACTIVITY
In the past month:

A total of 35.2% of county adults participated in moderate physical activity (at least 5 times a week, 30 minutes at a time).

- More favorable than the national level.
- Higher in Central Kane County (not shown)

A total of 41.9% participated in vigorous physical activity (at least 3 times a week, 20 minutes at a time).

- Comparable to the nationwide figure.
- Statistically similar by planning area (not shown).

Moderate & Vigorous Physical Activity
(Kane County, 2014)

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 185-186]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
- Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

STRENGTHENING ACTIVITIES
Overall, 26.1% of Kane County survey respondents participate in strengthening activities at least 3 times per week.

- Highest in Central Kane County (not shown).
- By demographics, lower among women, seniors, residents in low-income households, Hispanics, and Other race adults.
Participate in Strengthening Activities 3+ Times Per Week
(Kane County, 2014)

<table>
<thead>
<tr>
<th>Gender</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>Other</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>27.7%</td>
<td>26.8%</td>
<td>17.8%</td>
<td>22.5%</td>
<td>30.7%</td>
<td>28.8%</td>
<td>20.7%</td>
<td>21.0%</td>
<td>26.1%</td>
</tr>
<tr>
<td>Women</td>
<td>22.5%</td>
<td>26.6%</td>
<td>17.8%</td>
<td>22.5%</td>
<td>30.7%</td>
<td>28.8%</td>
<td>20.7%</td>
<td>21.0%</td>
<td>26.1%</td>
</tr>
</tbody>
</table>

Sources:  2014 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 226]
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.  In this case the term “strengthening activity” refers to those activities which use body weight like yoga, sit-ups, or push-ups, as well as those activities using weight machines, free weights, or elastic bands.

Access to Physical Activity

ACCESS TO RECREATION & FITNESS FACILITIES

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

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

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

<table>
<thead>
<tr>
<th>Kane County</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.3</td>
<td>10.1</td>
<td>9.4</td>
</tr>
</tbody>
</table>

Sources:  US Census Bureau, County Business Patterns 2012.  Additional data analysis by CARES.
Notes:  Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include establishments engaged in operating facilities which offer “exercise and other active physical fitness conditioning or recreational sports activities.”  Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.  This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.
WALKABILITY

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

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

Source: Walkscore.com

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90-100</td>
<td>Walker's Paradise; daily errands do not require a car.</td>
</tr>
<tr>
<td>70-89</td>
<td>Very Walkable; most errands can be accomplished on foot.</td>
</tr>
<tr>
<td>50-69</td>
<td>Somewhat Walkable; some amenities within walking distance.</td>
</tr>
<tr>
<td>25-49</td>
<td>Car-Dependent; a few amenities within walking distance.</td>
</tr>
<tr>
<td>0-24</td>
<td>Car-Dependent; almost all errands require a car.</td>
</tr>
</tbody>
</table>

Only larger cities in Illinois were assessed.

Health Advice About Physical Activity & Exercise

A total of 52.0% of Kane County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- More favorable than the national average.
- Note: 59.2% of overweight/obese Kane County respondents say that they have talked with their doctor about physical activity/exercise in the past year.
Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

<table>
<thead>
<tr>
<th>Weight Classification</th>
<th>Kane County: Healthy Weight</th>
<th>Kane County: Overweight or Obese</th>
<th>Kane County: All Adults</th>
<th>US: All Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>36.9%</td>
<td>59.2%</td>
<td>52.0%</td>
<td>44.0%</td>
<td></td>
</tr>
</tbody>
</table>

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

Notes:  
- Asked of all respondents.

Children’s Physical Activity

Among Kane County children age 2 to 17, 44.9% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Comparable to what is found nationally.
- Highest in South Kane County (not shown).
- By demographics, considerably higher among children under age 5 (similar by children’s gender).

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

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

Notes:  
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.
TELEVISION WATCHING & OTHER SCREEN TIME

Among children aged 2 through 17, 17.8% are reported to spend 3 or more hours per day on total screen time (including television, computers, video games, etc.) for entertainment.

- Unfavorably high in South Kane County.

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

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 228]
2013 PRC National Children & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 2-17 at home.
- In this case, screen time includes all television, computer, gaming, and handheld device screen time for entertainment.
- "Three or more hours" includes reported screen time of 180 minutes or more per day.

- By gender and age, statistically high among boys and teens in Kane County.

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

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 228]

Notes:
- Asked of respondents with a child aged 2 to 17 in the household.
- In this case, screen time includes all television, computer, gaming, and handheld device screen time for entertainment.
- "Three or more hours" includes reported screen time of 180 minutes or more per day.
Weight Status

About Overweight & Obesity

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

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

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: \([\text{weight (pounds)/height squared (inches}^2]\) \times 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>Normal</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>

Adult Weight Status

**HEALTHY WEIGHT**

Based on self-reported heights and weights, 32.9% of Kane County adults are at a healthy weight.

- Nearly identical to the Illinois prevalence.
- Similar to national findings.
- Similar to the Healthy People 2020 target (33.9% or higher).
- Similar findings by planning area.

**Healthy Weight**

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

**Healthy People 2020 Target = 33.9% or Higher**

```
<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane County North</td>
<td>34.4%</td>
</tr>
<tr>
<td>Kane County Central</td>
<td>29.3%</td>
</tr>
<tr>
<td>Kane County South</td>
<td>32.5%</td>
</tr>
<tr>
<td>Kane County</td>
<td>32.9%</td>
</tr>
<tr>
<td>IL</td>
<td>33.0%</td>
</tr>
<tr>
<td>US</td>
<td>34.4%</td>
</tr>
</tbody>
</table>
```

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

**OVERWEIGHT STATUS**

Nearly 2 in 3 Kane County adults (65.6%) are overweight.

- Comparable to the Illinois prevalence.
- Comparable to the US overweight prevalence.
- Comparable findings by planning area.
Prevalence of Total Overweight
(Percent of Adults With a Body Mass Index of 25.0 or Higher)

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 28.5% of Kane County adults are obese.
- Similar to Illinois findings.
- Similar to US findings.
- Similar to the Healthy People 2020 target (30.5% or lower).
- Highest in the South.

Prevalence of Obesity
(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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.

“Obese” (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.
• Obesity is particularly prevalent among Hispanics in Kane County.

**Prevalence of Obesity**
(Percent of Adults With a BMI of 30.0 or Higher; Kane County, 2014)

Healthy People 2020 Target = 30.5% or Lower

ACTUAL VS. PERCEIVED BODY WEIGHT

A total of 11.0% of obese adults and 36.5% of overweight (but not obese) adults feel that their current weight is “about right.”

- 60.4% of overweight (but not obese) adults see themselves as “somewhat overweight.”
- 27.6% of obese adults see themselves as “very overweight.”

**Actual vs. Perceived Weight Status**
(Among Overweight/Obese Adults Based on BMI; Kane County, 2014)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
Notes:
- BMI is based on reported heights and weights, asked of all respondents.
- Incomes are reflective of household incomes as a ratio to the federal poverty level (FPL) for their household size. “Low income” includes households with incomes up to 100% 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.
- The definition of overweight is having a BMI greater than or equal to 25.0, regardless of gender.

Perceiv Self as

**Very/Somewhat Underweight**

Perceiv Self as

**About the Right Weight**

Perceiv Self as

**Somewhat Overweight**

Perceiv Self as

**Very Overweight**

Among Adults Overweight But Not Obese (BMI 25.0-29.9)

Among Obese Adults (BMI 30+)

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

0.6% 0.5% 11.0% 60.4% 60.8% 2.5% 27.6%
RELATIONSHIP OF OVERWEIGHT WITH OTHER HEALTH ISSUES

Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- Activity limitations.
- “Fair” or “poor” physical health.
- Diabetes.
- Asthma.
- Kidney disease.
- Stroke.

![Graph showing the relationship of overweight with other health issues](image)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 12, 37, 40, 47, 126, 162, 170, 172]

Notes: Based on reported heights and weights, asked of all respondents.

Weight Management

HEALTH ADVICE

A total of 27.0% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- Note that 36.6% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while over 6 in 10 have not).
Have Received Advice About Weight in the Past Year
From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

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

Notes:  
- Asked of all respondents.

WEIGHT CONTROL

About Maintaining a Healthy Weight

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

A total of 34.7% of Kane County adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.
- Similar findings by planning area.
Trying to Lose Weight by Both 
Modifying Diet and Increasing Physical Activity 
(Among Overweight or Obese Respondents)

Sources:  
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 192]  
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Reflects respondents who are overweight or obese based on reported heights and weights.

Childhood Overweight & Obesity

About Weight Status in Children & Teens

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

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

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

- Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 27.6% of Kane County children age 5 to 17 are overweight or obese (≥85th percentile).

- Statistically similar to that found nationally.
- Statistically similar by area.
Child Total Overweight Prevalence
(Percent of Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)

Further, 16.3% of Kane County children age 5 to 17 are obese (≥95th percentile).

- Comparable to the national percentage.
- Comparable to the Healthy People 2020 target (14.5% or lower for children age 2-19).
- Highest in South Kane County.
- Viewed by gender and age, statistically high among boys.

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

Healthy People 2020 Target = 14.5% or Lower

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
Key Informant Input: Nutrition, Physical Activity & Weight

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

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2014)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>84.6%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>15.4%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td></td>
</tr>
<tr>
<td>No Problem at All</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

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

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

I think education in the schools would be one thing because if you educate the younger population, then they’re going to be able to have some influence on the relatives and the older population. With the programs that we offer, we try to initiate at the earliest points and make it inclusive to the family... They’re invited in to see what we’re doing, so they’re part of the process. And we actually incorporate nutrition into our curriculum, so this is going home. And we’re trying to involve the parents in that.

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

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

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

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

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

The Boys and Girls Club here in Elgin will go and pick up children in the Watchtower area, and bring them to play and participate in some sort of extracurricular activity, and bring them back. And that creates the community trust and, “Okay, my child is going to be safe; I can let go.” There are some places that don't even have [window] screens, and people who never even open their windows, even on a hot day, because they're afraid… There are times, even in my neighborhood, where there were years I couldn't let my kids out in the front yard, and years I wouldn't do it. Kids don't feel welcome or comfortable in the parks the way they used to. It's how the kids are being looked at by the older generation, also… My son and a young man went jogging and got stopped by the police.

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

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

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

Another area resource, **Activate Elgin**, is a city-wide initiative to promote overall health in the community; its signature event is March into Health, which is a month-long amalgamation of health promotion events, activities, and educational sessions that focuses on building health awareness in Elgin. One participant reiterated that obesity is a priority health problem in the area, but programs like Activate Elgin are pushed to their limits in terms of funding and time.

Other community resources mentioned by participants are community gardens (which is a growing trend in the community), trail systems, apple orchards, and healthy school lunch options. From a planning point of view, the community is looking to establish a rapid transit bus system, changing land use, and making subdivisions more walkable:

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

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

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

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

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

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

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

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

About Substance Abuse

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

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

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

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

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

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

*Healthy People 2020 (www.healthypeople.gov)*

High-Risk Alcohol Use

CURRENT DRINKING

A total of 61.9% of area adults have had at least one drink of alcohol in the past month (current drinkers).

- Higher than the statewide proportion.
- Higher than the national proportion.
- Lower in South Kane County.

“Current drinkers” include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a “drink” is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.
Current Drinkers

<table>
<thead>
<tr>
<th>Source</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Drinkers had at least one alcoholic drink in the past month.</td>
<td></td>
</tr>
</tbody>
</table>

Current drinking is more prevalent among the following population samples:

- Men.
- Adults under 65.
- Those in upper-income households.
- Whites.

Current Drinkers (Kane County, 2014)

<table>
<thead>
<tr>
<th>Source</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Drinkers had at least one alcoholic drink in the past month.</td>
<td></td>
</tr>
</tbody>
</table>

Notes:

- 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.
- Current drinkers had at least one alcoholic drink in the past month.
CHRONIC DRINKING

A total of 3.7% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Similar to the national proportion.
- Similar findings by planning area.

Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.

Chronic drinking is more prevalent among Kane County men.

Chronic Drinkers
(Kane County, 2014)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 201]
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.
Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.
BINGE DRINKING

A total of 16.2% of Kane County adults are binge drinkers.

- Lower than Illinois findings.
- Lower than national findings.
- Satisfies the Healthy People 2020 target (24.4% or lower).
- Statistically similar by area.

Binge Drinkers
Healthy People 2020 Target = 24.4% or Lower

Binge drinkers include:

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

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

Binge drinking is more prevalent among:

- Men (especially those under age 40).
- Adults under age 65 (negative correlation with age).
- Upper-income residents.
- Whites.

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.
Binge Drinkers
(Kane County, 2014)
Healthy People 2020 Target = 24.4% or Lower

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 202-203]

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.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

DRINKING & DRIVING
A total of 1.4% of Kane County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Well below the national findings.
- Similar findings by planning area.

Have Driven in the Past Month After Perhaps Having Too Much to Drink

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 72]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Illicit Drug Use

A total of 1.7% of Kane County adults acknowledge using an illicit drug in the past month.

- More favorable than the proportion found nationally.
- Easily satisfies the Healthy People 2020 target of 7.1% or lower.
- Statistically similar findings by planning area.

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower

For the purposes of this survey, “illicit drug use” includes use of illegal substances or of prescription drugs taken without a physician’s order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 73]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Heroin Deaths
This table provides trend data for Kane County heroin deaths, as well as deaths by gender, age, and geographic area.

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

### Kane County Heroin Deaths 2009-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>1.95</td>
</tr>
<tr>
<td>2010</td>
<td>1.36</td>
</tr>
<tr>
<td>2011</td>
<td>2.11</td>
</tr>
<tr>
<td>2012</td>
<td>4.98</td>
</tr>
<tr>
<td>2013</td>
<td>3.83</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>4.3</td>
</tr>
<tr>
<td>Female</td>
<td>1.37</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>5.45</td>
</tr>
<tr>
<td>25-34</td>
<td>7.2</td>
</tr>
<tr>
<td>35-44</td>
<td>3.74</td>
</tr>
<tr>
<td>45-54</td>
<td>4</td>
</tr>
<tr>
<td>55-64</td>
<td>0.69</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Planning Area</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>3.4</td>
</tr>
<tr>
<td>Central</td>
<td>3.7</td>
</tr>
<tr>
<td>South</td>
<td>4.2</td>
</tr>
</tbody>
</table>

Source: Kane County Health Department

Aurora leads the list of the top 5 Kane County municipalities for heroin deaths between 2009 and 2013 (32 deaths), followed by Elgin (21 deaths).

### Top 5 Kane County Municipalities for Heroin Deaths 2009-2013

<table>
<thead>
<tr>
<th></th>
<th>Number of Deaths</th>
<th>Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aurora</td>
<td>32</td>
<td>4.9</td>
</tr>
<tr>
<td>Elgin</td>
<td>21</td>
<td>4.91</td>
</tr>
<tr>
<td>Geneva</td>
<td>5</td>
<td>4.63</td>
</tr>
<tr>
<td>St. Charles</td>
<td>5</td>
<td>3.08</td>
</tr>
<tr>
<td>Batavia</td>
<td>3</td>
<td>*</td>
</tr>
</tbody>
</table>

Source: Kane County Health Department

Note: *Too small to calculate a meaningful rate.
Alcohol & Drug Treatment
A total of 4.0% of Kane County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- Much lower in North and Central Kane County than in South Kane County.

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

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

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

Source: PRC Key Informant Focus Groups, Kane County, November 2014.
Discussion about substance abuse was extensive in each focus group and mainly focused on the following types of issues:

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

The overriding perception among focus group participants is that **available resources in Kane County are not adequate** to meet residents’ needs for substance abuse treatment, and that individuals (especially youth) **lack needed support**. Focus group attendees worry about limited treatment facilities and lack of capacity to handle substance abuse referrals. Several area hospitals have some inpatient services; however, these hospitals cannot meet the overall needs of the community. Increasingly, local fire departments are responding to overdoses, but patients are simply being treated and are not given follow-up supportive services. Even individuals with insurance lack long-term care options:

> I think that even some people with insurance have a problem with finding long-enough-term care for substance abuse. Even then, they tend to keep them just to detox, and then they’re out.
> We take care of the fire and the ambulance, and we transport a lot of people with substance abuse and mental issues. And many times, we see them walking back on the road on our way back to the station because the hospital just wants nothing to do with them. They don’t have a way to treat them or whatever. So I think that that’s a big issue.

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

> I definitely think that the whole issue of substance abuse is magnified by disintegration of the American family. In the past, families tried to help their relatives who had issues, and today I’m truly seeing those saying, “Enough is enough,” and they’re not working with them. So it’s not necessarily only access to service.
> The talks about pot on [social media] are renewing people’s interest in drugs and alcohol. And so you’re seeing an upward trend of experimentation, which ends very poorly.
> We do have issues even within our own high schools. One high school against another high school. That kind of thing. Drugs do play a role in some of the violent behavior. But I think that there is still a gang issue. We do have a safety issue, which is why parents don’t want their children to go play with a kid that lives on the other side. Because you don’t know what’s over on that side of town.

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

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

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

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

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

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

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

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

About Tobacco Use

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

Tobacco use causes:

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

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

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

Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

CIGARETTE SMOKING PREVALENCE

A total of 13.6% of Kane County adults currently smoke cigarettes, either regularly (10.3% every day) or occasionally (3.3% on some days).

Cigarette Smoking Prevalence
(Kane County, 2014)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]

Notes: Asked of all respondents.

- More favorable than statewide findings.
- Statistically similar to national findings.
- Statistically similar to the Healthy People 2020 target (12% or lower).
- Statistically similar findings by planning area.
Cigarette smoking does not vary significantly by basic demographic characteristics in Kane County.

- However, note that 15.7% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.
ENVIRONMENTAL TOBACCO SMOKE

A total of 8.9% of Kane County adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- More favorable than national findings.
- Least favorable in South Kane County.
- Note that 4.8% of Kane County non-smokers are exposed to cigarette smoke at home, similar to what is found nationally.

Member of Household Smokes at Home

![Graph showing the percentage of households where a member of the household smokes cigarettes at home in Kane County and the US.]

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 64.198 ]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- "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.
- Notably higher among residents of Other races.
Member of Household Smokes At Home
(Kane County, 2014)

<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>Other</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9.8%</td>
<td>7.9%</td>
<td>7.5%</td>
<td>10.6%</td>
<td>7.1%</td>
<td>12.9%</td>
<td>8.4%</td>
<td>8.7%</td>
<td>5.8%</td>
<td>16.2%</td>
<td>8.9%</td>
</tr>
</tbody>
</table>

Among households with children, 5.1% have someone who smokes cigarettes in the home.

- More favorable than national findings.
- No statistical difference by planning area.

Percentage of Households With Children In Which Someone Smokes in the Home
(Among Households With Children)
SMOKING CESSATION

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

Health People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 68.3% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Comparable to the national prevalence.

Advised by a Healthcare Professional in the Past Year to Quit Smoking (Among Current Smokers)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Kane County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>68.3%</td>
<td></td>
<td>67.8%</td>
</tr>
</tbody>
</table>

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 63]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all current smokers.

Smoking Cessation Attempts

Just over one-half (51.2%) of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking
(Among Everyday Smokers)
Healthy People 2020 Target = 80.0% or Higher

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents who smoke cigarettes every day.

Tobacco Quit-Line
A total of 37.5% of survey respondents are aware of the Illinois Tobacco Quit-Line (1-866-QUIT-YES).

- Awareness is highest in the South, lowest in the North.

Aware of the Illinois Tobacco Quit-Line (1-800-QUIT-YES)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]
Notes: Asked of all respondents.
Awareness of the quit-line decreases with age and is notably higher among smokers than non-smokers, as shown below.

### Aware of the Illinois Tobacco Quit-Line (1-800-QUIT-YES)
(Kane County, 2014)

<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>Other</th>
<th>Smokers</th>
<th>Non-Smokers</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness</td>
<td>36.3%</td>
<td>38.7%</td>
<td>41.4%</td>
<td>36.9%</td>
<td>30.8%</td>
<td>43.8%</td>
<td>35.3%</td>
<td>38.7%</td>
<td>31.7%</td>
<td>43.6%</td>
<td>68.8%</td>
<td>32.6%</td>
<td>37.5%</td>
</tr>
</tbody>
</table>

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]
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.

### Other Tobacco Use

**SMOKELESS TOBACCO**

A total of 1.3% of Kane County adults use some type of smokeless tobacco every day or on some days.

- More favorable than the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Statistically similar findings by planning area.
Use of Smokeless Tobacco

Healthy People 2020 Target = 0.3% or Lower

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 65]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

ELECTRONIC VAPOR PRODUCTS

14.6% of county adults have used some type of electronic vapor product.

- Use is highest among adults under the age of 65 (negative correlation with age) and those in lower-income households.
- Area smokers are much more likely than nonsmokers to have used some type of electronic vapor product.

Ever Used an Electronic Vapor Product
(Kane County, 2014)

Among those respondents who have used an electronic vapor product, half did not use one in the past month (while 4.1% used an e-vapor product daily).
**Key Informant Input: Tobacco Use**

The greatest share of key informants characterized *Tobacco Use* as a “minor problem” in the community.

**Perceptions of Tobacco Use as a Problem in the Community**

(Key Informants, 2014)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>15.4%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>30.8%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>53.9%</td>
</tr>
<tr>
<td>No Problem at All</td>
<td></td>
</tr>
</tbody>
</table>

Source: PRC Key Informant Focus Groups, Kane County, November 2014.
Access to Health Services
Health Insurance Coverage

Type of Healthcare Coverage
A total of 72.1% of Kane County adults age 18 to 64 report having healthcare coverage through private insurance. Another 15.3% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults Age 18-64; Kane County, 2014)

Lack of Health Insurance Coverage
Among adults age 18 to 64, 12.6% report having no insurance coverage for healthcare expenses.

- More favorable than the state finding.
- Statistically similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Most favorable in Central Kane County.
Lack of Healthcare Insurance Coverage  
(Among Adults Age 18-64)  
Healthy People 2020 Target = 0.0% (Universal Coverage)

The following population segments are more likely to be without healthcare insurance coverage:

- Young adults (those under 40).
- Residents living at lower incomes (note the 30.2% uninsured prevalence among low-income adults).
- Hispanics (33.2% uninsured).

Lack of Healthcare Insurance Coverage  
(Among Adults Age 18-64; Kane County, 2014)  
Healthy People 2020 Target = 0.0% (Universal Coverage)
• As might be expected, uninsured adults in Kane County are less likely to receive routine care and preventive health screenings and are more likely to have experienced difficulties accessing healthcare.

**Preventive Healthcare**  
(By Insured Status; Kane County, 2014)

Sources:  2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 25, 52, 205, 208]  
Notes:  Asked of all respondents.

**RECENT LACK OF COVERAGE**

Among currently insured adults in Kane County, 7.5% report that they were without healthcare coverage at some point in the past year.

• Similar to US findings.
• Lower in Central Kane County.

**Went Without Healthcare Insurance Coverage At Some Point in the Past Year**  
(Among Insured Adults)

Sources:  2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]  
Notes:  Asked of all insured respondents.
Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Adults under age 65.
- Lower-income residents.
- Hispanics.

### Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults; Kane County, 2014)

<table>
<thead>
<tr>
<th>Group</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>Other</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5.9%</td>
<td>9.0%</td>
<td>8.7%</td>
<td>9.0%</td>
<td>1.0%</td>
<td>12.7%</td>
<td>4.7%</td>
<td>4.3%</td>
<td>20.0%</td>
<td>8.2%</td>
<td>7.5%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

A total of 35.5% of Kane County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- More favorable than national findings.
- Statistically similar by planning area.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

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

- Women.
- Adults under the age of 65.
- Lower-income residents.
- Hispanics.
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

**Barriers to Healthcare Access**

Of the tested barriers, inconvenient office hours impacted the greatest share of Kane County adults (15.7% say that inconvenient office hours prevented them from obtaining medical care in the past year).

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

**Barriers to Access Have Prevented Medical Care in the Past Year**

<table>
<thead>
<tr>
<th>Kane County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconvenient Office Hours</td>
<td>15.7%</td>
</tr>
<tr>
<td>Cost (Doctor Visit)</td>
<td>14.1%</td>
</tr>
<tr>
<td>Cost (Prescriptions)</td>
<td>13.3%</td>
</tr>
<tr>
<td>Getting a Dr Appointment</td>
<td>12.5%</td>
</tr>
<tr>
<td>Finding a Doctor</td>
<td>9.6%</td>
</tr>
<tr>
<td>Lack of Transportation</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

Sources:  
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [item 208]  
- 2013 PRC National Health Survey, Professional Research Consultants, Inc. (items 14-15)  

Notes:  
- Asked of all respondents.
• Viewed by planning area, survey respondents in South Kane County are more likely to be negatively impacted by cost (of both physician visits and prescription medications) and lack of transportation.

### Barriers to Access Have Prevented Medical Care in the Past Year
(Kane County by Region)

![Bar chart showing barriers to access in Kane County](chart.png)

**Sources:** 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 14-19]

**Notes:** Asked of all respondents.

• As might be expected, Kane County adults without health insurance are much more likely to report barriers related to cost, inconvenient office hours, and finding a doctor.

### Barriers to Healthcare Access
(By Insured Status; Kane County, 2014)

![Bar chart showing barriers to healthcare access](chart2.png)

**Sources:** 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 14-19]

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

Among all Kane County adults, 11.3% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Better than national findings.
- Highest in the South; lowest in Central Kane County.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Adults under age 65.
- Respondents with lower incomes.

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
## Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Kane County, 2014)

<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>Other</th>
<th>Insured</th>
<th>Uninsured</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>7.3%</td>
<td>15.2%</td>
<td>12.5%</td>
<td>12.2%</td>
<td>6.6%</td>
<td>19.3%</td>
<td>9.0%</td>
<td>8.6%</td>
<td>8.4%</td>
<td>13.8%</td>
<td>11.0%</td>
<td>14.3%</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

**Sources:** 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

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

### Accessing Healthcare for Children

A total of 3.2% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to what is reported nationwide.
- Statistically similar findings by planning area.
- Highest (5.8%) among parents of children age 5 through 12.

### Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)

Parents with trouble obtaining medical care for their child mainly reported barriers due to cost or lack of insurance coverage. Lack of transportation, disability access, and long waits for an appointment were also mentioned.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>0-4</th>
<th>5-12</th>
<th>13-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>2.1%</td>
<td>5.8%</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

**Sources:** 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 136-137]

**Notes:** Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited lack of transportation, disability access, and long waits for appointments.
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

In Kane County in 2011, there were 237 primary care physicians, translating to a rate of 45.6 primary care physicians per 100,000 population.

- Well below the primary care physician-to-population ratio found statewide.
- Well below the ratio found nationally.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2011)

Sources:

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
Specific Source of Ongoing Care

A total of 77.4% of Kane County adults were determined to have a specific source of ongoing medical care.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Highest in Central Kane County.

**Have a Specific Source of Ongoing Medical Care**

Healthy People 2020 Target = 95.0% or Higher [All Ages]

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under age 65 (positive correlation with age).
- Lower-income adults.
- Hispanics and Other race adults.
- Among adults age 18-64, 76.0% have a specific source for ongoing medical care.
  - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 87.3% have a specific source for care.
  - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Having a specific source of ongoing care includes having a doctor’s office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of “patient-centered medical homes” (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

**Sources:**
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 205]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
COMMUNITY HEALTH NEEDS ASSESSMENT

Have a Specific Source of Ongoing Medical Care
(Kane County, 2014)

Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]

<table>
<thead>
<tr>
<th>Group</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>Other</th>
<th>Kane County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>74.4%</td>
<td>80.4%</td>
<td>79.2%</td>
<td>87.3%</td>
<td>68.9%</td>
<td>82.9%</td>
<td>83.6%</td>
<td>63.1%</td>
<td>67.7%</td>
<td>77.4%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 205-207)
Notes: Asked of all respondents.

TYPE OF PLACE USED FOR MEDICAL CARE

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (57.0%) identified a particular doctor’s office.

A total of 12.2% say they usually go to some type of urgent-care or walk-in clinic, while 5.9% rely on a public health department or community health center.

Note that 5.3% of survey respondents visit a hospital ER for their medical care, and 2.2% utilize a VA or military facility.
HAVE A PERSONAL DOCTOR OR PROVIDER

Just over 3 in 4 survey respondents (76.1%) report having one person they consider to be their personal physician or healthcare provider.

- The prevalence is lowest in South Kane County.

Have One Person Considered to be Personal Doctor or Provider

- Men and adults under age 40 are less likely to have one person they consider to be their personal physician or provider (note the positive correlation with age).
- Note also that low-income residents, Hispanics, Other races, and adults without health coverage are also less likely to have a personal physician or provider.
Utilization of Primary Care Services

ADULTS

Just under 7 in 10 adults (69.1%) have visited a physician for a routine checkup in the past year.

- Comparable to state findings.
- More favorably than the national prevalence.
- Statistically similar findings by planning area.

Have Visited a Physician for a Checkup in the Past Year

- Adults under age 65 are less likely to have received routine care in the past year (note the positive correlation with age).
- Also, Whites and Hispanics are less likely to report a recent checkup when compared with residents of Other races.
CHILDREN

Among surveyed parents, 92.4% report that their child has had a routine checkup in the past year.

- More favorable than national findings.
- Lowest in South Kane County.
- Routine checkups are highest in Kane County among children under age 5.

### Have Visited a Physician for a Checkup in the Past Year

(Kane County, 2014)

![Bar chart showing the percentage of men, women, and different age groups within Kane County who have visited a physician for a checkup in the past year.]

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>69.6%</td>
</tr>
<tr>
<td>Women</td>
<td>68.6%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>58.3%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>71.6%</td>
</tr>
<tr>
<td>65+</td>
<td>90.1%</td>
</tr>
<tr>
<td>Low Income</td>
<td>68.8%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>66.2%</td>
</tr>
<tr>
<td>White</td>
<td>66.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>69.9%</td>
</tr>
<tr>
<td>Other</td>
<td>84.8%</td>
</tr>
<tr>
<td>Kane County</td>
<td>69.1%</td>
</tr>
</tbody>
</table>

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
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 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.
Access to Specialty Care

**ADULTS**

A total of 42.2% of survey respondents have needed to see a specialist for their health at some time in the past year.

- Statistically similar findings when viewed by planning area.

### Needed to See a Specialist in the Past Year
(Kane County, 2014)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]

Notes: Asked of all respondents.

- Kane County women are more likely to have needed a specialist in the past year, as are upper-income residents and Whites.
- Note also the positive correlation with age.

### Needed to See a Specialist in the Past Year
(Kane County, 2014)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]

Notes: Asked of all respondents.

- Includes respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Of those survey respondents needing a specialist in the past year, 5.6% indicate that it was a “major problem” getting the care, while 9.5% reported a “moderate problem” and 15.8% reported a “minor problem.”

- Most of these adults (69.1%), however, had “no problem at all” getting the specialist care they needed.

**Level of Difficulty Obtaining a Specialist in the Past Year**
(Kane County Adults Who Needed Specialty Care; 2014)

- No Problem At All 69.1%
- Minor Problem 15.8%
- Moderate Problem 9.5%
- Major Problem 5.6%

**CHILDREN**

Among county parents, a total of 16.5% report that their child has needed specialty care at some time in the past year.

- Lowest among children in North Kane County, highest in Central Kane County.
A total of 3.2% of parents with children needing specialty care gave “major problem” reviews of their experience getting specialty care for their child, while 9.8% had “moderate problems” and 20.3% had “minor problems.”

In contrast, two-thirds (66.7%) of these parents gave “no problem at all” responses.
Key Informant Input: Access to Healthcare Services

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

Perceptions of Access to Healthcare Services as a Problem in the Community
(Key Informants, 2014)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>32.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>56.0%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>12.0%</td>
</tr>
<tr>
<td>No Problem at All</td>
<td>0%</td>
</tr>
</tbody>
</table>

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

Although this issue did not rank as highly as others (in independent, post-discussion worksheets), the issue of access to healthcare services comprised a prominent portion of focus group discussions, in one form or another. Issues discussed included:

- Transportation and built environment
- Awareness of available services
- Lack of services available
- Insurance

Participants view transportation and the built environment as an obstacle to accessing healthcare and other services. Participants agree that residents are almost required to have their own vehicles in order to access health services, which are seldom in close proximity or easily accessible by public transportation. Residents can use the public bus system, but hours of operation and limited routes hinder access. Older adults often find it difficult to use the bus system and then must deal with the cost of securing private transportation if they cannot drive themselves.

When you’re talking about going county-to-county for those of us with disabilities, there's a huge transportation barrier because the transportation doesn't readily serve going across counties. Like if I needed to get a doctor's appoint in Oswego, but I live in Kane County – Oswego is Kendall County. So if I live in Kane, I can get right-in in Kane, but right-in in Kane will only take me so far. So how do I get to that doctor's appointment in Oswego?

Transportation is an issue, and our clinics provide great primary care. It gets difficult when you need specialty care, and you’re poor.

Yes, there are transportation services in the area, but I think that it's more limited than what we believe it is. When we have to transport one of our clients from our Aurora location to our Elgin location, it's a six-hour event.

How is [an older adult] going to get from their house to that bus stop? The transportation in and out also needs to be affordable; they can hire somebody privately, but sometimes the baseline for that is $100.00 for a doctor's office visit, and a lot of them have a fixed income. How are they going to do that?
Overall, participants feel that Kane County has an adequate number of available healthcare services, including several hospitals, federally qualified healthcare centers (such as the Tri-City Health Partnership) for low-income individuals, and clinics (such as Open Door). Despite this wealth of resources, there is often a lack of awareness of available services among community members. Group discussion centered on three specific populations for which this is especially important: children, older adults, and minorities.

In the case of children, participants agree that health education in schools is exceedingly important, and a consequence of this education may be influence on the child’s older relatives, who may not access healthcare services so readily. Older individuals may have limited computer access or skills for computer utilization, so many of them are at a loss of what to do when they develop health issues. Minorities often do not utilize services or perhaps fully understand what is available to them; this might be attributed to language and culture, but might also be a function of physical barriers (such as for persons with physical disabilities). Creating awareness can be difficult for certain populations who move place-to-place and are generally unreachable.

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

I have grandparents that don't have computers; therefore, they're not going to be able to access the information that way. They wouldn't know the first thing about the Internet.

It's all about targeting. I sent my son to grandma's so that he can teach them how to work their iPods and their phones because I can't even do that. But I think it's all about targeting: if you know that the older populations still believe in a book or a magazine, they could open it and read. "Go here if you have this issue," Or calling someone and saying, "Hey, I have a bump in the neck. What do I do?" That type of thing is always easier [for this population].

I would say minorities in general is an issue just because historically, they don't access care, whether it's because of how they learned to deal with health care or not being able to access those services. So I say "minority" in general is the issue.

Language is a huge issue because it's not like you can pick up the phone and go, "I need kayak," and everyone's like, "What's kayak?" Not to be funny or anything, but we have clients that click when they talk. And people are like, "What's that noise?" and so it's the system trying to then be able to figure out how we can best suit them. It's not the traditional "I'm the doctor; you need to listen to me" type of thing. So language is huge.

The other thing I hear a lot about is that even if some of our clinics have health care services nearby, [it depends] whether or not people feel welcome there. So once that word gets out, you'll find other people who are not comfortable – even though they never had bad experiences, and they've never been there – that word gets out that there's not a welcoming feeling, and you won't get people to try to use those facilities.

If we could just stabilize the population, specifically the low income – they keep moving around so much, which makes the communication much more difficult. Cell phones are expensive. People have to drop their contracts, and all of a sudden we lose communication with them. They no longer have a landline.

In Kane County, some medical procedures are simply not available for residents, whether it is because of disease rarity or limited funding. Participants discussed access to healthcare and how it has improved in their community, but many residents still struggle with the lack of services available to them and the long waiting lists that are due to high demand. One participant describes how service availability has changed:
It used to be that people went to Chicago for specialty care, but they aren’t accepted anymore if they’re not Chicago residents. So it’s even worse now because at least [at one time] you could send them to Chicago, but now you can’t.

Even though we identified more places to receive services, there’s a huge wait list now… And I only see that as a growing issue the more people that get health insurance because of the Affordable Care Act. Even with as many FQHCs [federally qualified health centers] as we have, there’s wait lists everywhere. There’s not enough.

The coalition that I work with hosted its first men’s health fair, and it was a great success … We were happy with the outcome because we didn’t expect that many men to show, and the majority were Latinos – 99% ... The sad thing for when we hold these fairs is that we are not able to address the need… We never have enough testing for the people. So they come for the screenings, but usually we can only service “x” amount. It’s sad because we have to turn people away, and that’s usually what they come for, the screenings. So that tells you they still have great need.

Focus group participants recognize the importance of insurance when trying to access healthcare services – particularly specialty services – in the community, reporting that many residents are under-insured or uninsured. Among these are the working poor, those individuals who might qualify for employer insurance, but who find the deductibles are too high or the monthly employee cost is too much, so they elect to go without.

Many residents with limited to no health insurance often must travel outside the county to receive specialty care due to the lengthy wait times for appointments in Kane County; even then, they might not be accepted for treatment. Other residents may be unable to afford specialty care if there are not specialists willing to work at reduced pay.

Participants are also concerned with the Medicaid program, as the community is losing service providers overall. This is mostly due to slow fee reimbursement, which may take several months or more; small providers cannot afford to wait that long, so remaining providers are being overwhelmed with demand.

Overall, understanding insurance is something that few residents fully grasp, and there is now an entire Application Counselor/Patient Navigator certification process for the Patient Protection and Affordable Care Act (PPACA), which instructs individuals in how to explain recent changes to residents.

I see two different populations. Since I’m in private practice, I see the people that are insured and they have access to care, and I think medical facilities and physicians out here are good and provide good care. But then I also see the people that are like at the Open Door clinic or the health department that are uninsured – that are at poverty level or immigrants from other countries, and they have no care. And so it seems as though you’ve got a big gap in the availability of care to people.

I work with individuals who have a wide range of disabilities. I feel that we’re lacking in both transportation and in health care providers that will actually take Medicaid for individuals that aren’t able to afford their own health care.

Trying to get somebody who needs a specialty physician when they have no insurance or Medicaid is sometimes difficult. It’s one thing if it’s an emergency situation, then that usually is handled differently. But if it’s just for routine screening… Many of our patients, if they need specialty, they have to go outside the county to get it.

I think part of the dilemma is slow fee reimbursement from services given, primarily the Medicaid population. Six to seven months sometimes before you see reimbursement. We’re losing a lot of the providers of those services… across the board of all health services. The smaller provider can’t afford to wait, so it’s pushed a lot of that population into the FQHCs [federally qualified health centers], who are now overwhelmed with what they’re offering.

No wonder they don’t trust, no wonder they don’t understand [insurance], no wonder communication is such a huge piece of this. And, boy, in order to communicate some of this stuff – I would have to take a class to understand that. But if I was connected with somebody in my community, and they had these
questions, and I refer them... But again, that's a barrier because that's another step they have to take. So what do I need in my pocket that can give them something immediately?
Emergency Room Utilization

A total of 6.8% of Kane County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to national findings.
- Similar by planning area.

Have Used a Hospital Emergency Room More Than Once in the Past Year

Of those using a hospital ER, 60.9% say this was due to an emergency or life-threatening situation, while 29.1% indicated that the visit was during after-hours or on the weekend. A total of 4.9% cited difficulties accessing primary care for various reasons.

- ER use is more prevalent among women, low-income residents, and Other races.
Have Used a Hospital Emergency Room
More Than Once in the Past Year
(Kane County, 2014)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 31)

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

About Oral Health

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

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

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

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

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

Dental Care

ADULTS

A total of 71.6% of Kane County adults have visited a dentist or dental clinic (for any reason) in the past year.

• Better than statewide findings.
• Better than national findings.
• Satisfies the Healthy People 2020 target (49% or higher).
• Lowest in the South, highest in Central Kane County.
Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2020 Target = 49.0% or Higher

Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Note the following:

- Adults under 40 are less likely than older adults to report recent dental care.
- Persons living in the lower income category report much lower utilization of oral health services.
- Hispanics/Other race residents are much less likely than Whites to report recent dental care.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.
CHILDREN

A total of 91.9% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Comparable findings by planning area.
Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Among Parents of Children Age 2-17)
Healthy People 2020 Target = 49.0% or Higher

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents with children age 2 through 17.

Dental Insurance
Over 7 in 10 Kane County adults (71.3%) have dental insurance that covers all or part of their dental care costs.

- Higher than the national finding.
- Lowest in South Kane County, highest in Central Kane County.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
**Key Informant Input: Oral Health**

Key informants most often characterized *Oral Health* as a “moderate problem” in the community.

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

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
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<tbody>
<tr>
<td>19.2%</td>
<td>46.2%</td>
<td>26.9%</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

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

A total of 56.2% of residents have had an eye exam in the past two years during which their pupils were dilated.

- Similar to national findings.
- Lowest in the South, highest in Central Kane County.

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

![Chart showing percentage of residents having had an eye exam in the past two years with dilated pupils by county and US average.]

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.

Recent vision care in Kane County is more often reported among:

- Women.
- Older respondents (positive correlation with age).
- Residents in upper-income households.
- Whites and Other races.
Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
(Kane County, 2014)

### Key Informant Input: Vision & Hearing
One-half of key informants characterized Vision & Hearing as a “minor problem” in the community.

### Perceptions of Hearing and Vision as a Problem in the Community
(Key Informants, 2014)

- **Major Problem**: 3.9%
- **Moderate Problem**: 42.3%
- **Minor Problem**: 50.0%
- **No Problem At All**: 3.9%

**Source:** PRC Key Informant Focus Groups, Kane County, November 2014.
Local Resources
Perceptions of Local Healthcare Services

A total of 6 in 10 Kane County adults (59.6%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 29.9% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community  
(Kane County, 2014)

However, 10.5% of residents characterize local healthcare services as “fair” or “poor.”

- More favorable than reported nationally.
- Less favorable in South Kane County; more favorable in Central Kane County.

Perceive Local Healthcare Services as “Fair/Poor”

Sources:  
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]  
Notes:  
- Asked of all respondents.
The following residents are more critical of local healthcare services:

- Adults under age 65.
- Residents with lower incomes.
- Hispanics and Other race adults.
- Uninsured adults.

Perceive Local Healthcare Services as “Fair/Poor”
(Kane County, 2014)

Sources: 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
Notes: Asked of all respondents. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents). Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map provides an illustration of the hospitals and federally qualified health centers in Kane County as of 2013.

The following table further illustrates health resources available in Kane County, as compared to similar counties in the United States.
### Health Professional Shortage Areas (HPSAs)

According to the US Department of Health and Human Services, 41.7% of Kane County residents live in a geographic area designated as having a shortage of primary medical care, dental, or mental health professionals (2014 data).
Population Living in a Health Professional Shortage Area (HPSA)
(Percent of Total Population Living in a Geographic Area Designated as Having a Shortage of Primary Medical Care, Dental or Mental Health Professionals, 2014)

The following map and table show those areas within Kane County which have been designated by the US Department of Health and Human Services as a health professional shortage area (HPSA).

Population Living in an HPSA, Percent, HRSA
HPSA Database April 2014
<table>
<thead>
<tr>
<th>HPSA Name</th>
<th>ID</th>
<th>Type</th>
<th>FTE</th>
<th># Short</th>
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<td>Minor Civil Division</td>
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<td>Census Tract</td>
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<tr>
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<td></td>
<td>16</td>
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</tbody>
</table>

Source: hpsafind.hrsa.gov/hpsasearch.aspx
Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

- Activate Elgin
- Advocate Sherman Hospital
- Aunt Martha’s
- Breaking Free
- Cadence Hospital
- Child Advocacy Center
- City of Elgin
- Ecker Center for Mental Health
- Family Service Association of Greater Elgin Area
- Fit for Kids
- Greater Elgin Family Care Center
- Kane County Health Department
- Linden Oaks at Edward
- Living Well
- Local Counseling Services
- Local Doctors’ Offices
- Local Federally Qualified Health Centers (FQHCs)
- Local Health Clubs
- Local Hospitals (including those not specifically mentioned)
- Local K-12 School Programs
- Local Law Enforcement
- Local Mental Health Partnerships
- Local Nutritionists
- Local Park Districts
- Local Preventive Services
- Local Private Practices
- Local Social Work Agencies
- Open Door Clinic
- Presence Mercy Hospital
- Provena Saint Joseph Hospital
- Senior Services Association
- St. Joseph Hospital
- Streamwood Behavioral Healthcare System
- Tri-City Family Services
- VNA Health Center
- Well Child Center
- Well Child Dental Clinic
- WIC Program
Other Issues
Child Care Services

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

Perceptions of Affordability

A total of 42.6% of parents with children under 14 at home gave “excellent” or “very good” ratings of the availability of affordable child care in the community.

- Another 23.7% of these parents gave “good” reports.

On the other hand, one-third (33.7%) gave “fair” or “poor” ratings.

- Lowest in Central Kane County.

Availability of Affordable Child Care is “Fair/Poor”
Perceptions of Quality

A total of 50.6% of parents with children under 14 at home gave “excellent” or “very good” ratings of the quality of child care in the community.

- Another 30.6% of these parents gave “good” reports.

**Rating of the Quality of Child Care in the Community**

(Kane County Parents of Children 0-13, 2014)

![Pie chart showing ratings of child care quality]

- Excellent: 28.6%
- Very Good: 22.0%
- Good: 30.6%
- Fair: 13.7%
- Poor: 5.1%

On the other hand, 18.8% of parents with children under 14 gave “fair” or “poor” ratings of the quality of child care in the community.

- Central Kane County residents are less critical of child care quality than those in other parts of the county.

**Quality of Local Child Care is “Fair/Poor”**

![Bar chart showing distribution of ratings by region]

- Kane County North: 21.6%
- Kane County Central: 7.8%
- Kane County South: 20.3%
- Kane County: 18.8%
Collaboration

Key Informant Input: Collaboration

Participants spent time discussing the varying levels of collaboration occurring in the community between non-profit organizations, schools, faith-based communities, healthcare providers and hospitals. The issues discussed included:

- Culture of collaboration
- Funding and competition
- Central database of available resources
- Faith-based organizations and schools

Many participants perceive a culture of collaboration to exist among health and community agencies in the community. However, group attendees stress that organizations should not assume that residents are aware of the partnerships. There is even more pressure now on agencies to increase collaboration, whether it is from mobile-integrated health care, the Affordable Care Act, or grant applications that value partnerships.

I think it’s starting to happen, again, but it’s because we’re dealing with the same problems we’ve had forever. We’ve just pulled in a bunch of different agencies to talk about the homeless issue and how we can address that because we’ve been doing that forever. The Health Care Act is forcing our hands in some cases. Even at one of our first meetings, that was brought up. “Oh, yeah, we did this years ago, but then this came up, and, boom, it got pushed aside.”

Some participants were critical of the term ‘collaboration,’ as several felt that agencies excel in networking, but true collaboration is limited due to funding and competition. In theory, agencies want to collaborate, but each agency is so busy with its own issues that it becomes hard for them to reach out. As funding becomes tighter, more regulations are being placed on how the money can be spent. Consequently, federally qualified health centers (FQHCs) are being forced to become more competitive among each other for grants. In addition, attendees worry about duplication of efforts due to the vast number of networking opportunities and number of municipalities, as well as limited communication.

I don’t think there is [much collaboration happening]. I think they want to, but each agency is so busy and struggling trying to make everything work for them that it’s hard for them to reach out.

Collaborations are fantastic, but everyone’s afraid of struggling for money – You had the chance of having $10,000 on your own; if you’re going to collaborate with three other agencies, that $3,333 isn’t going to help.

It’s the competition for dollars that sometimes prevents agencies from collaborating, but I see a lot more collaboration now than I ever did before. I think people do want to collaborate and work together. We put together a Latin health fair, and we couldn’t do it alone. We collaborated with everybody.

I think there’s a lot of networking going on, and intentional collaborations do happen… But I think there are times the agencies would prefer to work on their own because they’re also competing for funding. So there’s a lot of other things that prevent them from truly collaborating.

Currently Kane County does not have a central database of available resources. There are other resources out there, but they are not county-specific or current. Attendees agree that directories become obsolete so quickly, and then it is difficult to determine what exactly needs updating and to find the time to do that. This is especially pertinent for residents who have just moved into a community and do not currently have even a primary care provider:
I think naturally a new person moving here wants the basics or something like… “Oh, my child's struggling with this. I should be able to look something up. Where in the county can I get help?” … Our county website is cumbersome.

We have tried for many years to figure out to create this gateway where people just go in and see what’s available in the community. And that’s something that we have not been able to achieve in the county. We need to have a central database of information so that all agencies can access, so you can just do a search on the word and try to figure out where you might go for that. Because you would think that with the technology today, we would be able to do that.

Focus group attendees agree that local organizations need to capitalize on the established relationships that faith-based organizations and schools have with the community. These established relationships can create community trust in the organizations and facilitate communication with the community, especially in the case of parents and school nurses.

Local agencies need to work on opening the lines of communication in order for everyone to know which services are available and also to meet residents where they are.

With my parent hat on, the schools have also been a good resource for me, especially when I first came here, but still I call the school: “I have a problem with my daughter. Here's the situation; do you have a recommendation?” They recommend a counselor or a doctor. They have experience… the schools are phenomenal around here in what they help with and what they cover and the services they provide.

It's great to have those resources, but I think creating person-to-person liaisons [is important], as well. I know that in DuPage [County], they have a school nurse liaison that works with all the nurses in the county, and that strengthens even their professional organization. They're all on the same page, and they have access to continuing education; they can bring all of that stuff from the county back to their schools. So I'd love to see something like that as well, not just in the school format, but for elder care, for supporting families in different areas, creating liaison relationships. And having that happen would be a benefit.

We have a very developed and respected connection with the faith-based communities that makes us unique in the counties. In the late '90s/early 2000s, we participated in a federal project to improve access in Kane County, and the focus at that time was on primary care. And that's why we have been successful; we've had expanding access to primary care and have improved competency with providing minority groups culturally sensitive information. We recognize that we have to meet patients where they're coming from, and it has to be in line with their belief systems. We've made progress.