

FY2019 Community Health Needs Assessment

Data and Information Book



Rush Copley Medical Center

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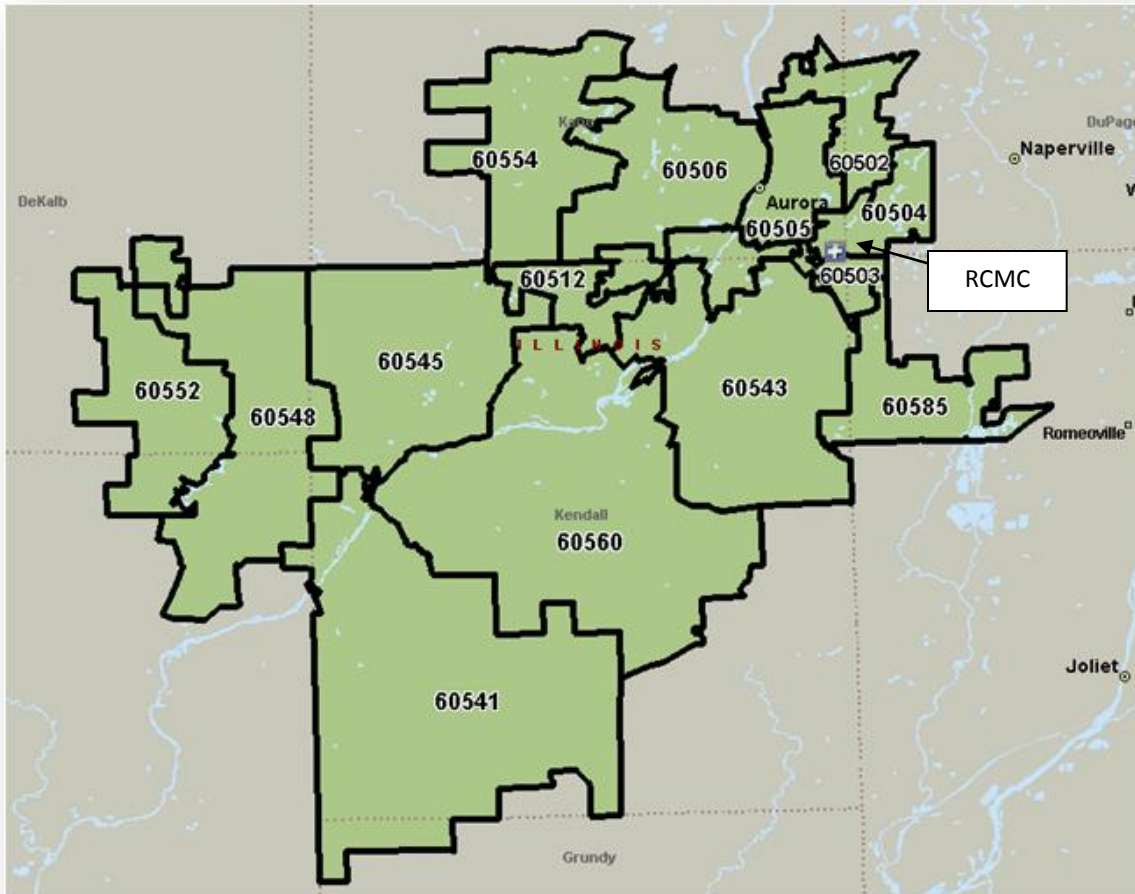
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Section I

Community Served and Demographic & Socioeconomic Detail

Community Served

Map of the community served by Copley Memorial Hospital, otherwise known as Rush Copley Medical Center (RCMC)



Source: Environics Analytics²³

The community served by the hospital includes the geographic area identified by contiguous zip codes, from which at least 80% of the hospital's discharged patients reside.¹⁵ The hospital refers to this geographic area as the Rush Copley Medical Center Primary Service Area (PSA).

Cities and Zip Codes

- Aurora (60502, 60503, 60504, 60505, 60506, Aurora P.O. boxes)
- Bristol (60512)
- Millbrook (60536)
- Montgomery (60538)
- Newark (60541)
- Oswego (60543)
- Sugar Grove (60554)
- Plainfield (60585)
- Plano (60545)
- Sandwich (60548)
- Somonauk (60552)
- Yorkville (60560)

Community Served – Demographics

Total population, projected growth, population by gender, and detail by age cohort²³

Demographic Quick Facts	Rush Copley PSA*		Kane County, IL		Kendall County, IL		Illinois		The United States	
Population										
2023 Projection	392,306		545,904		132,817		12,745,779		337,947,861	
2018 Estimate	381,320		535,403		127,119		12,768,442		326,533,070	
2010 Census	358,813		515,269		114,736		12,830,632		308,745,538	
2000 Census	232,076		404,119		54,555		12,419,269		281,421,942	
Growth 2018-2023	2.9%		2.0%		4.5%		-0.2%		3.5%	
Growth 2010-2018	6.3%		3.9%		10.8%		-0.5%		5.8%	
Growth 2000-2010	54.6%		27.5%		110.3%		3.3%		9.7%	
2018 Est. Population by Sex	381,320		535,403		127,119		12,768,442		326,533,070	
Male	189,473	49.7%	266,341	49.8%	62,861	49.5%	6,273,815	49.1%	160,763,265	49.2%
Female	191,847	50.3%	269,062	50.3%	64,258	50.6%	6,494,627	50.9%	165,769,805	50.8%
2018 Est. Population by Age	381,320		535,403		127,119		12,768,442		326,533,070	
Age 0 to 4	27,662	7.3%	34,897	6.5%	8,848	7.0%	770,257	6.0%	20,013,029	6.1%
Age 5 to 9	30,082	7.9%	36,799	6.9%	10,165	8.0%	787,649	6.2%	20,311,548	6.2%
Age 10 to 14	31,340	8.2%	40,438	7.6%	10,908	8.6%	816,939	6.4%	20,717,191	6.3%
Age 15 to 17	18,397	4.8%	25,303	4.7%	6,064	4.8%	508,183	4.0%	12,768,710	3.9%
Age 18 to 20	16,398	4.3%	23,005	4.3%	5,260	4.1%	535,615	4.2%	13,719,448	4.2%
Age 21 to 24	20,111	5.3%	28,657	5.4%	6,436	5.1%	698,326	5.5%	17,863,297	5.5%
Age 25 to 34	47,271	12.4%	63,008	11.8%	15,050	11.8%	1,714,476	13.4%	43,889,475	13.4%
Age 35 to 44	58,590	15.4%	70,964	13.3%	20,426	16.1%	1,660,497	13.0%	41,204,795	12.6%
Age 45 to 54	53,426	14.0%	75,043	14.0%	18,236	14.4%	1,668,567	13.1%	42,064,625	12.9%
Age 55 to 64	39,784	10.4%	66,582	12.4%	12,960	10.2%	1,660,072	13.0%	42,205,344	12.9%
Age 65 to 74	23,800	6.2%	43,293	8.1%	8,133	6.4%	1,139,147	8.9%	30,597,886	9.4%
Age 75 to 84	10,459	2.7%	19,581	3.7%	3,428	2.7%	553,784	4.3%	14,761,285	4.5%
Age 85 and over	4,000	1.1%	7,833	1.5%	1,205	1.0%	254,930	2.0%	6,416,437	2.0%
Age 16 and over	286,202	75.1%	414,974	77.5%	95,207	74.9%	10,227,050	80.1%	261,306,827	80.0%
Age 18 and over	273,839	71.8%	397,966	74.3%	91,134	71.7%	9,885,414	77.4%	252,722,592	77.4%
Age 21 and over	257,441	67.5%	374,961	70.0%	85,874	67.6%	9,349,799	73.2%	239,003,144	73.2%
Age 65 and over	38,259	10.0%	70,707	13.2%	12,766	10.0%	1,947,861	15.3%	51,775,608	15.9%
2018 Est. Median Age	34.9		37.2		35.4		38.3		38.4	
2018 Est. Average Age	35.2		37.6		35.3		39.1		39.3	

*Please note: The "Community Served" by Rush Copley is also referenced as the Rush Copley PSA.

Community Served - Demographics

Detail by race and ethnicity²³

Race and Ethnicity Quick Facts	Rush Copley PSA*		Kane County, IL		Kendall County, IL		Illinois		The United States	
2018 Est. Population by Single-Classification Race	381,320		535,403		127,119		12,768,442		326,533,070	
White Alone	258,211	67.7%	391,171	73.1%	101,856	80.1%	8,888,079	69.6%	228,656,481	70.0%
Black or African American Alone	31,793	8.3%	30,623	5.7%	9,497	7.5%	1,819,806	14.3%	41,896,844	12.8%
American Indian and Alaska Native Alone	1,595	0.4%	3,090	0.6%	412	0.3%	46,387	0.4%	3,215,314	1.0%
Asian Alone	23,226	6.1%	22,593	4.2%	4,171	3.3%	727,482	5.7%	18,637,597	5.7%
Native Hawaiian and Other Pacific Islander Alone	185	0.1%	218	0.0%	73	0.1%	4,887	0.0%	641,031	0.2%
Some Other Race Alone	54,189	14.2%	72,166	13.5%	7,591	6.0%	943,677	7.4%	22,344,139	6.8%
Two or More Races	12,121	3.2%	15,542	2.9%	3,519	2.8%	338,124	2.7%	11,141,664	3.4%
2018 Est. Population Hispanic or Latino by Origin	381,320		535,403		127,119		12,768,442		326,533,070	
Not Hispanic or Latino	257,897	67.6%	364,259	68.0%	103,493	81.4%	10,534,294	82.5%	266,951,341	81.8%
Hispanic or Latino	123,423	32.4%	171,144	32.0%	23,626	18.6%	2,234,148	17.5%	59,581,729	18.3%
2018 Est. Hisp. or Latino Pop by Single-Classification Race	123,423		171,144		23,626		2,234,148		59,581,729	
White Alone	61,629	49.9%	86,979	50.8%	14,170	60.0%	1,115,445	49.9%	31,590,350	53.0%
Black or African American Alone	1,271	1.0%	1,732	1.0%	320	1.4%	37,040	1.7%	1,494,200	2.5%
American Indian and Alaska Native Alone	1,118	0.9%	2,482	1.5%	247	1.1%	27,725	1.2%	817,497	1.4%
Asian Alone	276	0.2%	421	0.3%	84	0.4%	7,033	0.3%	249,269	0.4%
Native Hawaiian and Other Pacific Islander Alone	32	0.0%	68	0.0%	7	0.0%	1,191	0.1%	71,337	0.1%
Some Other Race Alone	53,739	43.5%	71,634	41.9%	7,494	31.7%	928,032	41.5%	21,714,974	36.5%
Two or More Races	5,358	4.3%	7,828	4.6%	1,304	5.5%	117,682	5.3%	3,644,102	6.1%
2018 Est. Pop Age 5+ by Language Spoken At Home	353,658		500,506		118,271		11,998,185		306,520,041	
Speak only English	239,834	67.8%	341,916	68.3%	97,880	82.8%	9,252,112	77.1%	241,019,694	78.6%
Speak Asian or Pacific Island Language	8,954	2.5%	9,552	1.9%	2,056	1.7%	350,661	2.9%	10,534,402	3.4%
Speak IndoEuropean Language	12,822	3.6%	17,352	3.5%	3,602	3.1%	659,860	5.5%	11,200,704	3.7%
Speak Spanish	89,797	25.4%	129,787	25.9%	13,714	11.6%	1,609,880	13.4%	40,720,156	13.3%
Speak Other Language	2,251	0.6%	1,899	0.4%	1,019	0.9%	125,672	1.1%	3,045,085	1.0%

*Please note: The "Community Served" by Rush Copley is also referenced as the Rush Copley PSA.

Community Served - Demographics

Detail by race and ethnicity and age cohort²³

2018 Estimated Population by Age, Ethnicity and Select Races	Rush Copley PSA*		Kane County, IL		Kendall County, IL		Illinois		The United States	
	Total Population	%	Total Population	%	Total Population	%	Total Population	%	Total Population	%
2018 Estimated White Alone Population by Age	258,211		391,171		101,856		8,888,079		228,656,481	
Age 0 to 17	65,163	25.2%	87,816	22.4%	26,687	26.2%	1,769,577	19.9%	45,495,007	19.9%
Age 18-44	91,985	35.6%	126,166	32.3%	36,760	36.1%	3,026,129	34.0%	76,672,077	33.5%
Age 45 to 64	69,512	26.9%	114,885	29.4%	26,588	26.1%	2,500,628	28.1%	63,449,707	27.7%
Age 65 and over	31,551	12.2%	62,304	15.9%	11,821	11.6%	1,591,745	17.9%	43,039,690	18.8%
Median Age	37.6		41.2		37.1		41.8		42.1	
2018 Estimated Black or African American Alone Population by Age	31,793		30,623		9,497		1,819,806		41,896,844	
Age 0 to 17	9,671	30.4%	9,619	31.4%	3,234	34.1%	475,433	26.1%	11,079,838	26.4%
Age 18-44	12,053	37.9%	11,394	37.2%	3,851	40.5%	693,390	38.1%	16,250,456	38.8%
Age 45 to 64	7,886	24.8%	7,081	23.1%	2,104	22.2%	438,958	24.1%	10,040,817	24.0%
Age 65 and over	2,183	6.9%	2,529	8.3%	308	3.2%	212,025	11.7%	4,525,733	10.8%
Median Age	33.0		31.1		30.2		34.4		33.9	
2018 Estimated Hispanic or Latino Population by Age	123,423		171,144		23,626		2,234,148		59,581,729	
Age 0 to 17	44,683	36.2%	60,810	35.5%	9,195	38.9%	751,970	33.7%	19,169,541	32.2%
Age 18-44	52,764	42.8%	74,184	43.3%	9,987	42.3%	969,544	43.4%	25,461,980	42.7%
Age 45 to 64	20,437	16.6%	28,403	16.6%	3,508	14.8%	389,428	17.4%	10,773,867	18.1%
Age 65 and over	5,539	4.5%	7,747	4.5%	936	4.0%	123,206	5.5%	4,176,341	7.0%
Median Age	26.6		26.9		24.4		28.1		28.9	

*Please note: The "Community Served" by Rush Copley is also referenced as the Rush Copley PSA.

Community Served - Demographics

Detail by marital status, education attainment, and occupation²³

Marriage, Education and Workforce Quick Facts	Rush Copley PSA*		Kane County, IL		Kendall County, IL		Illinois		The United States	
2018 Est. Pop Age 15+ by Marital Status	292,236		423,269		97,198		10,393,597		265,491,302	
Total, Never Married	93,914	32.1%	130,002	30.7%	27,450	28.2%	3,672,917	35.3%	88,694,525	33.4%
Males, Never Married	49,258	16.9%	69,578	16.4%	14,021	14.4%	1,936,374	18.6%	47,459,977	17.9%
Females, Never Married	44,656	15.3%	60,424	14.3%	13,429	13.8%	1,736,543	16.7%	41,234,548	15.5%
Married, Spouse present	148,352	50.8%	216,311	51.1%	54,835	56.4%	4,688,141	45.1%	119,218,911	44.9%
Married, Spouse absent	12,456	4.3%	17,379	4.1%	3,119	3.2%	420,208	4.0%	12,752,614	4.8%
Widowed	10,549	3.6%	20,265	4.8%	3,447	3.6%	600,904	5.8%	15,516,447	5.8%
Males, Widowed	2,476	0.9%	5,369	1.3%	916	0.9%	127,236	1.2%	3,347,074	1.3%
Females, Widowed	8,073	2.8%	14,896	3.5%	2,531	2.6%	473,668	4.6%	12,169,373	4.6%
Divorced	26,965	9.2%	39,312	9.3%	8,347	8.6%	1,011,427	9.7%	29,308,805	11.0%
Males, Divorced	11,956	4.1%	17,143	4.1%	3,381	3.5%	431,489	4.2%	12,585,468	4.7%
Females, Divorced	15,009	5.1%	22,169	5.2%	4,966	5.1%	579,938	5.6%	16,723,337	6.3%
2018 Est. Pop Age 25+ by Education Attainment	237,330		346,304		79,438		8,651,473		221,139,847	
Less than 9th grade	20,447	8.6%	31,119	9.0%	2,084	2.6%	458,567	5.3%	12,392,218	5.6%
Some High School, no diploma	18,954	8.0%	28,123	8.1%	2,938	3.7%	547,467	6.3%	16,363,680	7.4%
High School Graduate (or GED)	55,158	23.2%	79,387	22.9%	19,556	24.6%	2,315,403	26.8%	61,028,420	27.6%
Some College, no degree	49,938	21.0%	72,893	21.1%	20,314	25.6%	1,807,528	20.9%	46,144,963	20.9%
Associate Degree	18,118	7.6%	25,998	7.5%	6,841	8.6%	686,572	7.9%	18,108,498	8.2%
Bachelor's Degree	48,606	20.5%	70,726	20.4%	17,944	22.6%	1,745,345	20.2%	41,708,883	18.9%
Master's Degree	21,598	9.1%	30,695	8.9%	8,372	10.5%	800,187	9.3%	18,054,297	8.2%
Professional School Degree	2,784	1.2%	4,348	1.3%	922	1.2%	182,616	2.1%	4,341,778	2.0%
Doctorate Degree	1,727	0.7%	3,015	0.9%	467	0.6%	107,788	1.3%	2,997,110	1.4%
2018 Est. Pop. Age 25+ by Education Attain., Hisp./Lat.	64,597		90,612		11,604		1,232,099		33,686,944	
No High School Diploma	30,916	47.9%	46,773	51.6%	2,020	17.4%	441,561	35.8%	11,547,855	34.3%
High School Graduate	14,087	21.8%	20,947	23.1%	2,811	24.2%	364,462	29.6%	9,257,664	27.5%
Some College or Associate's Degree	13,502	20.9%	17,024	18.8%	4,191	36.1%	262,211	21.3%	7,956,516	23.6%
Bachelor's Degree or Higher	6,092	9.4%	5,868	6.5%	2,582	22.3%	163,865	13.3%	4,924,909	14.6%
2018 Est. Pop Age 16+ by Employment Status	286,202		414,974		95,207		10,227,050		261,306,827	
In Armed Forces	10	0.0%	102	0.0%	0	0.0%	17,269	0.2%	1,030,766	0.4%
Civilian - Employed	194,736	68.0%	270,276	65.1%	66,434	69.8%	6,163,727	60.3%	152,983,131	58.6%
Civilian - Unemployed	12,635	4.4%	16,658	4.0%	4,151	4.4%	503,174	4.9%	11,173,928	4.3%
Not in Labor Force	78,821	27.5%	127,938	30.8%	24,622	25.9%	3,542,880	34.6%	96,119,002	36.8%
2018 Est. Pop 16+ by Occupation Classification	193,210		267,163		66,800		6,110,611		152,127,273	
Blue Collar	46,723	24.2%	65,790	24.6%	12,544	18.8%	1,281,739	21.0%	31,237,034	20.5%
White Collar	113,918	59.0%	155,202	58.1%	43,430	65.0%	3,742,261	61.2%	92,276,683	60.7%
Service & Farm	32,569	16.9%	46,171	17.3%	10,826	16.2%	1,086,611	17.8%	28,613,556	18.8%
2018 Est. Avg. Travel Time to Work in Minutes*	33.7		31.7		37.2		31.6		28.8	

*Please note: The "Community Served" by Rush Copley is also referenced as the Rush Copley PSA.

Community Served - Demographics

Household detail²³

Household Quick Facts	Rush Copley PSA*		Kane County, IL		Kendall County, IL		Illinois		The United States	
Households										
2023 Projection	124,984		180,291		43,004		4,868,017		128,512,580	
2018 Estimate	122,009		176,813		41,446		4,859,251		123,942,960	
2010 Census	116,427		170,479		38,022		4,836,972		116,716,292	
2000 Census	77,226		133,898		18,800		4,591,772		105,480,131	
Growth 2018-2023	2.4%		2.0%		3.8%		0.2%		3.7%	
Growth 2010-2018	4.8%		3.7%		9.0%		0.5%		6.2%	
Growth 2000-2010	50.8%		27.3%		102.2%		5.3%		10.7%	
2018 Est. Occupied Housing Units by Tenure	122,009		176,813		41,446		4,859,251		123,942,960	
Owner-Occupied	94,093	77.1%	136,091	77.0%	35,644	86.0%	3,272,530	67.4%	80,540,647	65.0%
Renter-Occupied	27,916	22.9%	40,722	23.0%	5,802	14.0%	1,586,721	32.7%	43,402,313	35.0%
2018 Est. Households by Household Type	122,009		176,813		41,446		4,859,251		123,942,960	
Family Households	93,168	76.4%	133,376	75.4%	32,878	79.3%	3,189,486	65.6%	82,328,325	66.4%
Nonfamily Households	28,841	23.6%	43,437	24.6%	8,568	20.7%	1,669,765	34.4%	41,614,635	33.6%
2018 Est. Households by Presence of People Under 18	122,009		176,813		41,446		4,859,251		123,942,960	
Households with 1 or more People under Age 18	57,491	47.1%	75,069	42.5%	20,018	48.3%	1,624,403	33.4%	41,558,975	33.5%
Households with No People under Age 18	64,518	52.9%	101,744	57.5%	21,428	51.7%	3,234,848	66.6%	82,383,985	66.5%
2018 Est. Average Household Size	3.1		3.0		3.1		2.6		2.6	
2018 Est. Owner Occupied Housing Units by Value	94,093		136,091		35,644		3,272,530		80,540,647	
Value Less than \$20,000	1,279	1.4%	1,322	1.0%	499	1.4%	76,417	2.3%	2,405,199	3.0%
Value \$20,000 to \$39,999	1,156	1.2%	1,200	0.9%	348	1.0%	84,506	2.6%	2,371,713	2.9%
Value \$40,000 to \$59,999	1,121	1.2%	1,269	0.9%	83	0.2%	109,662	3.4%	2,647,098	3.3%
Value \$60,000 to \$79,999	2,413	2.6%	2,325	1.7%	566	1.6%	172,172	5.3%	3,728,726	4.6%
Value \$80,000 to \$99,999	4,181	4.4%	4,805	3.5%	746	2.1%	217,570	6.7%	4,777,449	5.9%
Value \$100,000 to \$149,999	14,831	15.8%	17,612	12.9%	4,353	12.2%	503,526	15.4%	11,386,945	14.1%
Value \$150,000 to \$199,999	18,384	19.5%	23,039	16.9%	7,885	22.1%	505,683	15.5%	11,490,043	14.3%
Value \$200,000 to \$299,999	26,942	28.6%	34,609	25.4%	12,878	36.1%	659,832	20.2%	14,975,561	18.6%
Value \$300,000 to \$399,999	13,488	14.3%	24,339	17.9%	5,173	14.5%	381,269	11.7%	9,078,606	11.3%
Value \$400,000 to \$499,999	6,243	6.6%	12,832	9.4%	1,960	5.5%	219,448	6.7%	5,842,167	7.3%
Value \$500,000 or more	4,055	4.3%	12,739	9.4%	1,153	3.2%	342,445	10.5%	11,837,140	14.7%
2018 Est. Median All Owner-Occupied Housing Unit Value	\$212,770		\$245,761		\$225,481		\$193,046		\$200,102	
2018 Est. Housing Units by Year Structure	130,863		189,677		43,903		5,394,566		139,838,816	
Housing Units Built 2014 or Later	6,321	4.8%	8,012	4.2%	3,166	7.2%	130,412	2.4%	7,361,466	5.3%
Housing Units Built 2000 to 2013	41,822	32.0%	45,237	23.9%	23,135	52.7%	681,302	12.6%	22,647,944	16.2%
Housing Units Built 1990 to 1999	24,589	18.8%	32,735	17.3%	6,254	14.3%	585,456	10.9%	18,749,543	13.4%
Housing Units Built 1980 to 1989	8,645	6.6%	15,270	8.1%	1,691	3.9%	470,166	8.7%	18,212,928	13.0%
Housing Units Built 1970 to 1979	12,738	9.7%	22,890	12.1%	3,976	9.1%	751,370	13.9%	20,643,858	14.8%
Housing Units Built 1960 to 1969	8,438	6.5%	16,464	8.7%	1,958	4.5%	616,707	11.4%	14,317,203	10.2%
Housing Units Built 1959 or Earlier	28,310	21.6%	49,069	25.9%	3,723	8.5%	2,159,153	40.0%	37,905,874	27.1%
2018 Est. Median Year Structure Built**	1993		1984		2002		1969		1979	

*Please note: The "Community Served" by Rush Copley is also referenced as the Rush Copley PSA.

Community Served - Demographics

Household income and poverty detail²³

Household Income and Poverty Quick Facts	Rush Copley PSA*		Kane County, IL		Kendall County, IL		Illinois		The United States	
2018 Est. Households by HH Income	122,009		176,813		41,446		4,859,251		123,942,960	
Income < \$15,000	6,955	5.7%	11,411	6.5%	1,461	3.5%	505,184	10.4%	13,503,937	10.9%
Income \$15,000 to \$24,999	7,889	6.5%	12,522	7.1%	1,630	3.9%	431,616	8.9%	11,746,733	9.5%
Income \$25,000 to \$34,999	8,391	6.9%	12,891	7.3%	2,268	5.5%	417,453	8.6%	11,410,163	9.2%
Income \$35,000 to \$49,999	13,140	10.8%	19,248	10.9%	3,592	8.7%	594,752	12.2%	15,953,653	12.9%
Income \$50,000 to \$74,999	21,594	17.7%	30,694	17.4%	6,601	15.9%	807,942	16.6%	21,180,003	17.1%
Income \$75,000 to \$99,999	17,453	14.3%	22,924	13.0%	6,840	16.5%	609,560	12.5%	15,192,282	12.3%
Income \$100,000 to \$124,999	13,836	11.3%	19,244	10.9%	5,766	13.9%	456,165	9.4%	11,011,942	8.9%
Income \$125,000 to \$149,999	10,481	8.6%	14,755	8.3%	4,418	10.7%	312,833	6.4%	7,363,805	5.9%
Income \$150,000 to \$199,999	11,162	9.2%	15,935	9.0%	4,637	11.2%	323,993	6.7%	7,461,107	6.0%
Income \$200,000 to \$249,999	4,838	4.0%	7,107	4.0%	1,969	4.8%	155,569	3.2%	3,524,111	2.8%
Income \$250,000 to \$499,999	4,555	3.7%	7,235	4.1%	1,685	4.1%	163,265	3.4%	3,705,881	3.0%
Income \$500,000+	1,715	1.4%	2,847	1.6%	579	1.4%	80,919	1.7%	1,889,343	1.5%
2018 Est. Average Household Income	\$102,112		\$102,557		\$113,081		\$90,881		\$86,278	
2018 Est. Median Household Income	\$79,348		\$76,789		\$93,900		\$64,872		\$61,045	
2018 Median HH Income by Single-Class, Race or Ethn.										
White Alone	\$85,342		\$84,378		\$97,281		\$70,196		\$65,185	
Black or African American Alone	\$64,540		\$44,325		\$96,063		\$38,417		\$40,771	
American Indian and Alaska Native Alone	\$41,545		\$44,231		\$40,346		\$45,668		\$42,873	
Asian Alone	\$113,661		\$102,337		\$88,012		\$87,288		\$84,949	
Native Hawaiian and Other Pacific Islander Alone	\$46,667		\$76,974		\$46,250		\$68,936		\$59,711	
Some Other Race Alone	\$51,487		\$49,554		\$64,855		\$50,444		\$46,048	
Two or More Races	\$68,593		\$76,386		\$70,574		\$55,865		\$55,860	
Hispanic or Latino	\$57,751		\$53,813		\$72,330		\$53,040		\$48,046	
Not Hispanic or Latino	\$89,490		\$87,708		\$98,384		\$66,798		\$63,278	
2018 Est. Households by Household Type	122,009		176,813		41,446		4,859,251		123,942,960	
Family Households	93,168	76.4%	133,376	75.4%	32,878	79.3%	3,189,486	65.6%	82,328,325	66.4%
Nonfamily Households	28,841	23.6%	43,437	24.6%	8,568	20.7%	1,669,765	34.4%	41,614,635	33.6%
2018 Est. Families by Poverty Status	93,168		133,376		32,878		3,189,486		82,328,325	
2018 Families at or Above Poverty	85,625	91.9%	122,061	91.5%	31,573	96.0%	2,866,320	89.9%	73,275,806	89.0%
2018 Families at or Above Poverty with Children	48,660	52.2%	61,956	46.5%	18,042	54.9%	1,287,148	40.4%	32,400,270	39.4%
2018 Families Below Poverty	7,543	8.1%	11,315	8.5%	1,305	4.0%	323,166	10.1%	9,052,519	11.0%
2018 Families Below Poverty with Children	6,433	6.9%	9,851	7.4%	1,077	3.3%	251,071	7.9%	6,892,663	8.4%

*Please note: The "Community Served" by Rush Copley is also referenced as the Rush Copley PSA.

Community Served - Demographic Trend

Trends by age, gender, race and ethnicity²³

Demographic Quick Facts Trend	2000/2010 Census	%	Rush Copley PSA* 2018 Estimate	%	2023 Projection	%
Population by Age*	358,813		381,320		392,306	
Age 0 to 17	111,356	31.0%	107,481	28.2%	104,301	26.6%
Age 18-44	143,515	40.0%	142,370	37.3%	140,947	35.9%
Age 45 to 64	77,344	21.6%	93,210	24.4%	100,929	25.7%
Age 65 and over	26,598	7.4%	38,259	10.0%	46,129	11.8%
Median Age	32.0		34.9		35.7	
Population by Sex*	358,813		381,320		392,306	
Male	178,381	49.7%	189,473	49.7%	194,800	49.7%
Female	180,432	50.3%	191,847	50.3%	197,506	50.3%
Pop. by Single-Classification Race by Hispanic/Latino*						
Hispanic or Latino:	108,619		123,423		132,537	
White Alone	54,726	50.4%	61,629	49.9%	66,002	49.8%
Black or African American Alone	1,147	1.1%	1,271	1.0%	1,349	1.0%
American Indian and Alaska Native Alone	1,028	1.0%	1,118	0.9%	1,184	0.9%
Asian Alone	228	0.2%	276	0.2%	301	0.2%
Native Hawaiian and Other Pacific Islander Alone	27	0.0%	32	0.0%	33	0.0%
Some Other Race Alone	46,611	42.9%	53,739	43.5%	57,990	43.8%
Two or More Races	4,852	4.5%	5,358	4.3%	5,678	4.3%
Not Hispanic or Latino	250,194		257,897		259,769	
White Alone	199,939	79.9%	196,582	76.2%	191,384	73.7%
Black or African American Alone	27,043	10.8%	30,522	11.8%	32,702	12.6%
American Indian and Alaska Native Alone	425	0.2%	477	0.2%	512	0.2%
Asian Alone	17,030	6.8%	22,950	8.9%	26,750	10.3%
Native Hawaiian and Other Pacific Islander Alone	95	0.0%	153	0.1%	192	0.1%
Some Other Race Alone	426	0.2%	450	0.2%	462	0.2%
Two or More Races	5,236	2.1%	6,763	2.6%	7,767	3.0%

*Please note: The "Community Served" by Rush Copley is also referenced as the Rush Copley PSA.

Community Served - Demographic Trend

Trends by households and income²³

Household and Income Quick Facts Trend	2000/2010 Census		Rush Copley PSA* 2018 Estimate		2023 Projection	
		%		%		%
Universe Totals*						
Population	358,813		381,320		392,306	
Percent Change			6.3%		2.9%	
Households	116,427		122,009		124,984	
Percent Change			4.8%		2.4%	
Families	88,724		93,168		95,537	
Percent Change			5.0%		2.5%	
Housing Units	124,462		130,863		134,221	
Percent Change			5.1%		2.6%	
Group Quarters Population	2,512		2,502		2,504	
Percent Change			-0.4%		0.1%	
Total Households by Income**	77,192		122,009		124,984	
Income Less than \$15,000	5,741	7.4%	6,955	5.7%	6,509	5.2%
Income \$15,000 to \$24,999	6,534	8.5%	7,889	6.5%	7,134	5.7%
Income \$25,000 to \$34,999	7,652	9.9%	8,391	6.9%	7,830	6.3%
Income \$35,000 to \$49,999	12,543	16.3%	13,140	10.8%	12,613	10.1%
Income \$50,000 to \$74,999	19,084	24.7%	21,594	17.7%	20,459	16.4%
Income \$75,000 to \$99,999	12,179	15.8%	17,453	14.3%	16,961	13.6%
Income \$100,000 to \$124,999	6,111	7.9%	13,836	11.3%	14,132	11.3%
Income \$125,000 to \$149,999	3,149	4.1%	10,481	8.6%	11,225	9.0%
Income \$150,000 to \$199,999	2,300	3.0%	11,162	9.2%	12,970	10.4%
Income \$200,000 to \$249,999	878	1.1%	4,838	4.0%	6,679	5.3%
Income \$250,000 to \$499,999	741	1.0%	4,555	3.7%	5,951	4.8%
Income \$500,000 or more	280	0.4%	1,715	1.4%	2,521	2.0%
Average Household Income	\$69,209		\$102,112		\$112,768	
Median Household Income	\$58,025		\$79,348		\$86,714	
Median HH Income by Single-Class. Race**						
White Alone	\$60,371		\$85,342		\$93,042	
Black or African American Alone	\$43,278		\$64,540		\$71,222	
American Indian and Alaska Native Alone	\$46,000		\$41,545		\$42,726	
Asian Alone	\$70,161		\$113,661		\$125,176	
Native Hawaiian and Other Pacific Islander Alone	\$48,636		\$46,667		\$55,682	
Some Other Race Alone	\$47,252		\$51,487		\$56,260	
Two or More Races	\$48,006		\$68,593		\$73,748	
Hispanic or Latino	\$45,659		\$57,751		\$62,267	
Not Hispanic or Latino	\$60,979		\$89,490		\$98,528	

*Please note: The "Community Served" by Rush Copley is also referenced as the Rush Copley PSA.

Community Served - Socioeconomic Details

Socioeconomic detail

	Rush Copley PSA	Kane County	Kendall County	Illinois	U.S.
Homeownership rate (2016) ²²	N/A	73.2	81.9	66.0	63.6
Median housing value (2018) ²³	\$212,770	\$245,761	\$225,481	\$193,046	\$200,102
Average household size (2018) ²³	3.1	3.0	3.1	2.6	2.6
% family households (2018) ²³	76.4	75.4	79.3	65.6	66.4
% of homes built prior to 1970 (2018) ²³	28	35	13	52	37
Est. Median Year Structure (Housing Unit) Built (2018) ²³	1993	1984	2002	1969	1979
Foreclosure rate (as of 7/2018) ²⁴	N/A	1:1,160	1:818	1:1,176***	1:1,835
Unemployment rate (as of 5/2018)** ²⁵	N/A	3.8	2.9	4.3	3.8
Poverty (2016) ²²					
Poverty rate	N/A	11.0	5.4	14.0	15.1
Child poverty rate	N/A	16.8	6.9	19.5	21.2
White poverty rate	N/A	7.2	4.4	10.3	12.4
Black/African American poverty rate	N/A	29.5	14.6	29.7	26.2
Hispanic/Latino poverty rate	N/A	18.6	9.7	19.6	23.4
Income (2018) ²³					
Median household income	\$79,348	\$76,789	\$93,900	\$64,872	\$61,045
Average household income	\$102,112	\$102,557	\$113,081	\$90,881	\$86,278

*Please note: The "Community Served" by Rush Copley is also referenced as the Rush Copley PSA.

**Reflects the non-seasonally adjusted rate

****IL has the 4th highest foreclosure rate in the U.S.

Section II

Health Status Findings

Health Status Findings – Summary

This section provides an overview of the health status indicators in the Rush Copley service area, as was developed and provided by Professional Research Consultants, Inc. (PRC). The service area data is based on the responses from 460 randomly conducted phone surveys of adult residents in the community served by Rush Copley.

Summary Tables: Comparisons With Benchmark Data

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

Reading the Summary Tables


























■ In the following charts, Rush-Copley Medical Center Service Area results are shown in the larger, blue column.














■ The columns to the right of the service area column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether the service area compares favorably (☀), unfavorably (☹), or comparably (☁) to these external data.

Please note the following:















































- Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.
- An empty cell in the blue column indicates that service area-level data are not available; in these cases, Kane County data are used for the comparisons to benchmark data and for trending. Other blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
- Trending periods represented in these tables can vary. For survey data, these reflect comparisons against 2015 survey findings. For secondary data, these can represent what was presented in the 2015 report (e.g., social determinants, cancer incidence, HIV prevalence), or longer trends for some indicators (e.g., mortality and birth statistics) representing roughly 10 years.

Health Status Findings – Summary

























Social Determinants	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
Linguistically Isolated Population (Percent)		13.9	 9.0	 8.5		 10.8
Population in Poverty (Percent)		11.0	 14.0	 15.1		 11.0
Population Below 200% FPL (Percent)		27.4	 30.9	 33.6		 28.3
Children in Poverty (Percent)		16.8	 19.6	 21.2		 16.4
No High School Diploma (Age 25+, Percent)		16.9	 11.7	 13.0		 16.9
Unemployment Rate (Age 16+, Percent)		6.9	 6.7	 5.3		 8.9
% [Children 0-13] Availability of Affordable Child Care is "Fair/Poor"	30.6	 26.6				 28.8
% [Children 0-13] Quality of Local Child Care is "Fair/Poor"	20.8	 13.9				 19.0
 better  similar  worse						

Overall Health	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
% "Fair/Poor" Overall Health	9.3	 14.7	 18.0	 18.1		 16.8
% 3+ Days of Poor Physical Health in the Past Month	25.9	 28.7				 20.3
% Activity Limitations	25.2	 23.8	 17.6	 25.0		 17.9
 better  similar  worse						
























































Health Status Findings – Summary

Access to Health Services	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	8.2	 8.8	 10.7	 13.7	 0.0	 11.9
% [Insured] Went Without Coverage in Past Year	24.9	 28.7				 11.1
% Difficulty Accessing Healthcare in Past Year (Composite)	35.7	 38.3		 43.2		 34.6
% Difficulty Finding Physician in Past Year	10.7	 10.8		 13.4		 8.9
% Difficulty Getting Appointment in Past Year	17.4	 17.5		 17.5		 8.3
% Cost Prevented Physician Visit in Past Year	9.1	 12.7	 11.2	 15.4		 13.6
% Transportation Hindered Dr Visit in Past Year	7.3	 6.6		 8.3		 6.1
% Inconvenient Hrs Prevented Dr Visit in Past Year	20.0	 17.0		 12.5		 14.7
% Language/Culture Prevented Care in Past Year	4.6	 1.4		 1.2		
% Cost Prevented Getting Prescription in Past Year	12.3	 14.1		 14.9		 13.5
% Skipped Prescription Doses to Save Costs	10.7	 11.5		 15.3		 11.4
% Difficulty Getting Child's Healthcare in Past Year	6.6	 8.6		 5.6		 2.2
Primary Care Doctors per 100,000		44.8	 96.9	 87.8		 45.6
% Have a Personal Doctor or Healthcare Provider	77.7	 79.1				 74.7
% Have a Specific Source of Ongoing Care	74.6	 77.2		 74.1	 95.0	 76.2








Health Status Findings – Summary









Access to Health Services (continued)	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
% Have Had Routine Checkup in Past Year	69.2	 71.7	 70.0	 68.3	 66.0	
% Needed to See a Specialist in the Past Year	51.8	 52.1				 45.1
% [Needing Specialist] Problem Getting Specialty Care	38.8	 40.6				
% Child Has Had Checkup in Past Year	82.7	 85.3		 87.1		 89.8
% [Parents] Child Needed a Specialist in the Past Year	17.5	 23.7				 19.6
% Two or More ER Visits in Past Year	10.9	 8.5		 9.3		 8.9
% Rate Local Healthcare "Fair/Poor"	7.3	 12.6		 16.2		 11.7
Live in a Health Professional Shortage Area (Percent)		28.4	 44.7	 33.1		 41.7
		 better  similar  worse				



















Health Status Findings – Summary

Cancer	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)		142.4	 166.7	 158.5	 161.4	 160.0
Lung Cancer (Age-Adjusted Death Rate)		33.4	 43.6	 40.3	 45.5	 44.7
Prostate Cancer (Age-Adjusted Death Rate)		15.1	 20.3	 19.0	 21.8	 7.3
Female Breast Cancer (Age-Adjusted Death Rate)		17.9	 21.5	 20.3	 20.7	
Colorectal Cancer (Age-Adjusted Death Rate)		12.8	 15.2	 14.1	 14.5	
Female Breast Cancer Incidence Rate		122.9	 130.0	 123.5		 126.6
Prostate Cancer Incidence Rate		116.8	 119.4	 114.8		 150.0
Lung Cancer Incidence Rate		56.2	 66.8	 61.2		 64.1
Colorectal Cancer Incidence Rate		36.1	 44.5	 39.8		 44.7
Cervical Cancer Incidence Rate		7.5	 7.7	 7.6		 6.9
% [Women 50-74] Mammogram in Past 2 Years	80.9	 75.5	 78.0	 77.0	 81.1	 78.0
% [Women 21-65] Pap Smear in Past 3 Years	83.4	 79.6	 83.8	 73.5	 93.0	 83.1
% [Men 40+] PSA Test in the Past 2 Years	49.6	 54.5				 49.8
% [Age 50-75] Colorectal Cancer Screening	77.4	 75.1	 63.5	 76.4	 70.5	 73.5
% Household Air Has Been Tested for Radon	31.1	 36.7				 41.8
		 better  similar  worse				










































Health Status Findings – Summary











Disaster Preparedness	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
% Have 3+ Days' Worth of Emergency Rations	69.9	 76.2				 70.5
% Have a Written Evacuation Plan	23.7	 20.9				 22.3
<div>  better  similar  worse </div>						

Dementias, Including Alzheimer's Disease	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
Alzheimer's Disease (Age-Adjusted Death Rate)		14.2	 23.9	 28.4		 19.4
% Family Member Ever Diagnosed with Alzheimer's Disease	16.6	 19.6				 15.6
<div>  better  similar  worse </div>						






















Diabetes	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
Diabetes (Age-Adjusted Death Rate)		18.0	 18.9	 21.1	 20.5	 22.7
% Diabetes/High Blood Sugar	9.6	 11.1	 10.4	 13.3		 13.0
% Borderline/Pre-Diabetes	8.8	 7.5	 1.0	 9.5		 6.9
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	60.2	 59.1		 50.0		 52.7
<div>  better  similar  worse </div>						






















Health Status Findings – Summary

Heart Disease & Stroke	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)		131.1	 169.0	 167.0	 156.9	 156.1
Stroke (Age-Adjusted Death Rate)		35.4	 37.9	 37.1	 34.8	 37.4
% Heart Disease (Heart Attack, Angina, Coronary Disease)	2.7	 4.4		 8.0		 4.0
% Stroke	0.6	 1.8	 3.1	 4.7		 2.6
% Told Have High Blood Pressure (Ever)	33.4	 32.3	 30.8	 37.0	 26.9	 29.4
% [HBP] Taking Action to Control High Blood Pressure	89.5	 89.7		 93.8		 97.8
% Cholesterol Checked in Past 5 Years	86.5	 88.5	 78.2	 85.1	 82.1	 91.2
% Told Have High Cholesterol (Ever)	30.7	 29.2		 36.2	 13.5	 29.3
% [HBC] Taking Action to Control High Blood Cholesterol	81.7	 84.4		 87.3		 88.2
% 1+ Cardiovascular Risk Factor	85.5	 85.8		 87.2		 80.4
 better  similar  worse						


































HIV	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
HIV Prevalence Rate		131.2	 322.9	 353.2	 22.1	 120.9
% [Age 18-44] HIV Test in the Past Year	25.7	 14.0		 24.7		 16.2
 better  similar  worse						











Health Status Findings – Summary

Immunization & Infectious Diseases	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
% [Age 65+] Flu Vaccine in Past Year	78.3	 75.8	 56.4	 76.8	 70.0	 58.8
% [High-Risk 18-64] Flu Vaccine in Past Year	49.1	 52.6		 55.7	 70.0	 38.9
% [Age 65+] Pneumonia Vaccine Ever	87.7	 79.0	 69.6	 82.7	 90.0	 74.9
% [High-Risk 18-64] Pneumonia Vaccine Ever	42.1	 32.6		 39.9	 60.0	 30.0
		 better  similar  worse				









































Infant Health & Family Planning	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
No Prenatal Care in First Trimester (Percent)		 23.8	 24.1		 22.1	 24.5
Low Birthweight Births (Percent)		 7.0	 8.3	 8.1	 7.8	 7.4
Infant Death Rate		 5.5	 6.4	 5.9	 6.0	 5.8
Births to Teenagers Under Age 20 (Percent)		 5.7	 5.6	 5.8		 8.8
		 better  similar  worse				

Health Status Findings – Summary
















































Injury & Violence	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)		27.0	 37.1	 43.7	 36.4	 23.9
Motor Vehicle Crashes (Age-Adjusted Death Rate)		6.1	 8.1	 11.0	 12.4	 7.7
% Have Fallen Asleep While Driving	22.6	 24.4				 22.0
[65+] Falls (Age-Adjusted Death Rate)		54.2	 47.1	 60.6	 47.0	
Firearm-Related Deaths (Age-Adjusted Death Rate)		5.2	 10.1	 11.1	 9.3	 4.3
Homicide (Age-Adjusted Death Rate)		2.3	 6.8	 5.6	 5.5	 1.9
Violent Crime Rate		160.0	 397.0	 379.7		 160.0
% Victim of Violent Crime in Past 5 Years	4.6	 3.5		 3.7		 1.2
% Victim of Domestic Violence (Ever)	13.4	 12.2		 14.2		 6.8
		 better  similar  worse				

Kidney Disease	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
Kidney Disease (Age-Adjusted Death Rate)		17.8	 17.2	 13.2		 18.5
% Kidney Disease	2.5	 1.7	 3.7	 3.8		 4.1
		 better  similar  worse				




























Health Status Findings – Summary
















Mental Health	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	16.1	 17.8		 13.0		 12.2
% 3+ Days of Poor Mental Health in the Past Month	27.4	 27.7				 15.2
% Diagnosed Depression	19.4	 21.0	 16.5	 21.6		 14.5
% 3+ Days of Feeling Sad, Blue, or Depressed in the Past Month	34.8	 34.3				 19.3
% Typical Day Is "Extremely/Very" Stressful	19.2	 13.2		 13.4		 9.5
% "Seldom/Never" Get Social/Emotional Support	14.7	 15.5				 10.0
Suicide (Age-Adjusted Death Rate)		8.5	 10.5	 13.0	 10.2	 7.2
% Taking Rx/Receiving Mental Health Trtmt	19.3	 17.4		 13.9		
% Have Ever Sought Help for Mental Health	33.4	 34.0		 30.8		 19.1
% [Those With Diagnosed Depression] Seeking Help	92.4	 88.1		 87.1		 72.3
% Unable to Get Mental Health Svcs in Past Yr	9.1	 7.6		 6.8		 3.1
% [Children 2-17] Child Has "Fair/Poor" Mental Health	8.1	 7.7				 5.5
% [Children 2-17] Difficulty Getting Child's Mental Health Svcs	2.3	 4.3				 0.4
% Aware of Local Mental Health Resources	63.8	 61.9				 59.1
		 better  similar  worse				

Health Status Findings – Summary











Nutrition, Physical Activity & Weight	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
% Food Insecure	26.5	 23.4		 27.9		
% Eat 5+ Servings of Fruit or Vegetables per Day	17.2	 18.9				
% "Very/Somewhat" Difficult to Buy Fresh Produce	22.3	 19.7		 22.1		 19.1
% Grow Some of Own Food	35.3	 38.5				 32.7
Population With Low Food Access (Percent)			 21.0	 19.4	22.4	 22.3
% No Leisure-Time Physical Activity	28.1	 27.7	 23.9	 26.2	 32.6	 17.9
% Meeting Physical Activity Guidelines	24.7	 23.6	 21.3	 22.8	 20.1	
Recreation/Fitness Facilities per 100,000		8.5	 10.7	 10.5		 9.3
% Overweight (BMI 25+)	69.3	 67.8	 65.0	 67.8		 68.8
% Healthy Weight (BMI 18.5-24.9)	29.2	 29.6	 32.9	 30.3	 33.9	 30.2
% [Overweights] Trying to Lose Weight	61.1	 63.7		 61.3		
% Obese (BMI 30+)	32.4	 31.9	 31.6	 32.8	 30.5	 35.5
% Describe Own Weight as Overweight	58.0	 59.8				
% Medical Advice on Nutrition in Past Year	52.7	 48.1				 50.5
% Medical Advice on Physical Activity in Past Year	58.8	 57.2				 55.4
% Medical Advice on Weight in Past Year	28.1	 30.8		 24.2		 31.3





















Health Status Findings – Summary

Nutrition, Physical Activity & Weight (cont.)	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
% [Overweights] Counseled About Weight in Past Year	31.8	 37.3		 29.0		 40.5
% Child [Age 5-17] Healthy Weight	63.1	 52.8		 58.4		 65.0
% Children [Age 5-17] Overweight (85th Percentile)	30.8	 36.9		 33.0		 25.9
% Children [Age 5-17] Obese (95th Percentile)	19.9	 24.5		 20.4	 14.5	 16.8
% [Children 2-17] Child Has 1+ Sugar-Sweetened Drink per Day	56.8	 54.7				 38.1
% [Children 2-17] Child Has 5+ Glasses of Water per Day	25.3	 28.8				 22.7
% [Children 2-17] Child Eats 5+ Fruits/Vegetables per Day	42.1	 36.9				 51.1
% Child [Age 2-17] Physically Active 1+ Hours per Day	38.6	 32.3		 50.5		 48.3
% [Child 2-17] Child Has 3+ Hours of Screen Time per Day	22.2	 23.7				 17.1
		 better  similar  worse				

















Oral Health	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
% Have Dental Insurance	81.6	 73.6		 59.9		 72.4
% [Age 18+] Dental Visit in Past Year	68.9	 72.1	 65.5	 59.7	 49.0	 68.7
% Child [Age 2-17] Dental Visit in Past Year	84.9	 85.5		 87.0	 49.0	 85.0
		 better  similar  worse				



































Health Status Findings – Summary

Potentially Disabling Conditions	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
% [50+] Osteoporosis	6.5	 7.7		 9.4	 5.3	 5.1
% Eye Exam in Past 2 Years	58.3	 58.3		 55.3		 51.3
 better  similar  worse						






























Respiratory Diseases	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)		31.6	 38.5	 40.9		 33.3
Pneumonia/Influenza (Age-Adjusted Death Rate)		13.7	 15.7	 14.6		 16.9
% [Adult] Currently Has Asthma	7.2	 8.0	 8.9	 11.8		 7.8
% [Child 0-17] Currently Has Asthma	5.3	 4.5		 9.3		 6.6
% COPD (Lung Disease)	5.9	 8.7	 6.2	 8.6		 6.1
 better  similar  worse						

Health Status Findings – Summary

Sexually Transmitted Diseases	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
Chlamydia Incidence Rate		326.2	 515.6	 456.1	 7.8	 303.7
Gonorrhea Incidence Rate		45.5	 124.0	 110.7		 42.7
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	15.7	 16.1		 13.8		 7.4
% [Unmarried 18-64] Using Condoms	37.8	 40.3		 39.4		 48.3
		 better  similar  worse				

Substance Abuse	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)		7.5	 13.4	 14.3	 11.3	 5.1
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)		9.5	 9.1	 10.6	 8.2	 7.7
% Current Drinker	66.5	 65.0	 58.4	 55.0		 53.6
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	28.9	 26.5	 19.9	 20.0	 24.4	 12.9
% Excessive Drinker	30.0	 28.0		 22.5	 25.4	
% Drinking & Driving in Past Month	6.1	 7.8	 3.8	 5.2		 0.6
% Illicit Drug Use in Past Month	6.2	 6.0		 2.5	 7.1	 2.0
% Ever Sought Help for Alcohol or Drug Problem	4.2	 3.5		 3.4		 4.9
		 better  similar  worse				

Health Status Findings – Summary

Tobacco Use	RCMC Service Area	RCMC Service Area vs. Benchmarks				TREND
		vs. Kane County	vs. IL	vs. US	vs. HP2020	
% Current Smoker	13.3	 9.8	 15.8	 11.0	 12.0	 15.3
% Someone Smokes at Home	12.1	 13.2		 10.7		 8.6
% [Nonsmokers] Someone Smokes in the Home	6.5	 6.7		 4.0		 5.5
% [Household With Children] Someone Smokes in the Home	14.2	 14.6		 7.2		 6.3
% Currently Use Vaping Products	11.2	 8.1	 4.3	 3.8		
% Ever Used an Electronic Vapor Product	23.5	 21.6				 15.6
% Use Smokeless Tobacco	5.8	 2.4	 2.8	 4.4	 0.3	 1.4
% Aware of the Tobacco Quit-Line	33.0	 33.5				 41.8
		 better  similar  worse				

Cancer Incidence – Summary

2011-2015 age adjusted cancer incidence rates per 100,000 population (95% confidence interval)	Kane County⁴	Kendall County⁴	Illinois⁴	U.S.⁴
Total Cancer Incidence	429.4	493.7	463.7	441.2
Males	468.9	549.5	508.1	483.8
Females	405.0	455.4	435.7	412.5
Oral Cavity and Pharynx	10.1	13.1	12.1	11.6
Lung and Bronchus	52.9	61.3	66.0	60.2
Colon and Rectum	35.4	44.1	43.9	39.2
Breast Invasive (Females)	120.2	135.5	131.7	124.7
Breast in situ (Females)	30.2	42.8	33.8	30.4
Prostate (Males)	108.7	134.3	114.9	109.0
Cervix (Females)	7.6	N/A	7.7	7.5
Melanomas of the Skin	21.4	20.7	19.0	21.3
Cancer Incidence by Race and Ethnicity				
White (includes Hispanic) – All sites	433.2	497.6	463.9	442.8
Males	469.7	548.5	502.4	480.1
Females	411.9	464.0	440.9	418.5
Blacks (includes Hispanic) – All sites	424.8	524.1	487.9	447.9
Males	519.7	684.0	574.1	529.2
Females	352.3	417.9	432.7	393.5
Hispanics – All sites	297.0 ⁵	403.5 ⁵	345.7 ⁵	340.9
Males	314.5 ⁵	480.7 ⁵	366.8 ⁵	369.8
Females	289.6 ⁵	358.6 ⁵	335.1 ⁵	325.7

Please note:

1. N/A = Data/goal not applicable or no comparable data/goal exists
2. Where comparative U.S. data is available, highlighting represents the following:
 - Green = Is the same or more favorable than the most current U.S. data available
 - Red = Is less favorable than the most current U.S. data available

Section III

Focus Group Findings

Rush Copley Care Managers

The Rush Copley Care Manager focus group was conducted on September 25, 2018.

Please see the next page for a list of the focus group participants.

The following questions were asked of the group:

1. What do you think are the greatest overall health care needs for residents of the community RCMC serves? Please explain.
2. What do you think are the greatest health care needs for residents in the community by age group (children, middle-aged adults, seniors)? Please explain.
3. What do you think are the greatest health care needs for the Hispanic and Latino residents in the community? Please explain and feel free to comment on any other racial or ethnic health care disparities/needs.
4. What do you think are the greatest health care needs for other vulnerable populations?
5. What can RCMC do to most significantly improve the health of the community we serve?

Findings:

The top community health needs identified are:

- Access to mental health services
 - There are very few places in the community to go for mental health care. and it is difficult to even get an appointment at the places that are available in the community (i.e., long waiting list).
 - There is also a lack of mental health providers who accept Medicaid or will provide services to the uninsured/under-insured.
 - There is also a lack of awareness in the community of what services are available.
- Lack of services for Spanish speaking patients due to language barriers
 - Skilled nursing facilities – patients have been turned away
 - Home health
 - Physician offices
 - Mental health services
- Affordability of medications (i.e., diabetes)
 - Physician/provider awareness of prescribing expensive medications
 - Lack of awareness of medications that are more affordable
- Lack of dental services
 - Patients being transferred to RCMC ED from other providers even though dental services are not offered
 - Lack of availability of these services in the community for patients with public aid/managed care
- Confusion regarding insurance coverage
 - How to get signed up for public aid and ACA plans
- General non-compliance (adherence) with medications (i.e., stop taking, not filling prescription, skip doses, etc.)
- Transportation to and from appointments for follow-up, treatment, etc. However, most significant need is for transportation to care/treatment providers. As needed, RCMC will provide vouchers for travel back to home from appointments.

Rush Copley Care Managers Continued

Other community health needs/concerns include:

- Aging population
 - Patients are discharged to home because they want to go home, but they do not always have the supports that they need economically and socioeconomically.
 - Community care program through Senior Services currently has a 6-month waiting list.
- Undocumented immigrants
 - Insured with Medicaid until 18 years old and then age out and become uninsured

Additional comments/findings include:

- Consider offering “Dinner with a Doctor” community education on topics including COPD, CHF, renal disease, and especially diabetes.
- Consider improving promotion of educational programs being offered by RCMC
 - Accessibility of navigating the RCMC website to learn about/sign-up for these programs
 - Marketing programs to patients while they are in the hospital or ED by potentially including information about these programs in a “discharge packet” that could be automated through Epic
 - Consider mailing packets to homes with all of the information about programs that are offered at RCMC

Focus Group Participants:

Name	Agency/Position
Terese Raabe	Assistant Vice President, Planning and Business Development (Facilitator)
Claire Johnson	Manager, Planning and Business Development (Secretary)
Cheryl Ipema	Director, Clinical Integration & Quality
Sarah Clementz	LSW, CCM
Linnea Funk	MSW Intern
Catherine Jarecki	MSW Intern
Jessica Dalby	MSW
Shannon Riser	LCSW, CCM
Erica Mansfield	LSW, CCM
Jason Gaston	RN – Manager, Care Management
Julie Daffenberg	RN, Utilization Review
Dorothy Thompson	RN, Utilization Review
Pam Olsen	RN, LCSW
Dianna Olaszec	RN, CCM

Kendall County Health Department

The Kendall County Health Department focus group was conducted on October 5, 2018.

Please see the next page for a list of the focus group participants.

The following questions were asked of the group:

1. What do you think are the greatest overall health care needs for residents of Kendall County and the community RCMC serves? Please explain.
2. What do you think are the greatest health care needs for residents in the community by age group (children, middle-aged adults, seniors)? Please explain.
3. What do you think are the greatest health care needs for the Hispanic and Latino residents in the community? Please explain.
 - Please feel free to comment on any other racial or ethnic health care disparities/needs.
4. What do you think are the greatest health care needs for other vulnerable populations?
5. What can RCMC do to most significantly improve the health of the community we serve?

Findings:

The discussed Kendall County health issues include:

- Mental and behavioral health
 - There is a need in the farming community for mental health education and resources.
 - STDs are increasing at an alarming rate, while teen pregnancy continues to decrease. There is a need to better educate teens and seniors regarding STD risks and implications.
 - Some of the telehealth trends for mental health are not good for residents due to the lack of continuity of care. Comprehensive local mental health services are needed.
 - Concerned that Methadone clinics will pop up in Kendall County as a “quick” fix for the increasing drug problem, however, these clinics do not provide comprehensive treatment for addiction for low income residents.
- Access to care:
 - There continues to be lack of access to care for the uninsured and underinsured, including limited access to local Medicaid providers.
 - Access and promotion of available mental health services continue to be a need for all income levels and demographics, including teens and seniors.
 - There continues to be a lack of access to affordable/free dental care.
 - There is a need for access to clinics with STD testing in Kendall County; most local clinics are in Aurora.
 - Access to affordable childhood vaccinations is an emerging and growing need in the county. Residents with high deductible plans cannot afford them, and due to high cost, some physician offices no longer provide immunizations.
 - Insurance plans and providers continue to change. It is difficult for some residents to build meaningful relationships with their provider because their PCP routinely changes.
 - Additionally, there is a need to incorporate human capital into health. There is a need for making connections and talking about healthy choices and family values.
 - There is a need for improved health literacy in the Hispanic/Latino community for both mental health and primary care needs. Providers need to take more time explaining health issues and topics to ensure that their patients understand.

Kendall County Health Department Continued

- Socioeconomic well being
 - There is a correlation between socioeconomic duress and poor health (especially chronic disease conditions), as you are less likely to have health insurance.
 - Help emergency room patients access needed socioeconomic programs in the community.
 - Help residents of the Hispanic/Latino community fully integrate into society and in the community to improve social, mental health and overall health.
- Surveillance of tick and vector borne illness has increased significantly. However, there is an opportunity for the health department to better educate the local emergency departments regarding the proper identification and testing for some communicable diseases, including Lyme disease, scabies, etc.
- TB cases in the county are increasing.
- Nationally, violent crime is increasing, especially on college campuses where it is greatly under reported partially due to police data stating many crimes are technically “off-campus”. Implications from these events often carry forward throughout life.
- Need for greater cohesion and connectedness in the community to help seniors feel more integrated and less isolated.
- RCMC can help improve the health of the community by continuing to support and promote the programs developed through the Kendall County Health Department, especially prevention related programs, participating in the Kendall County IPLAN, and continuing a strong partnership with the county health department.

Focus Group Participants:

Name	Agency/Position
Terese Raabe	AVP, Planning and Business Development, Rush Copley Medical Center (Facilitator)
Claire Johnson	Manager, Planning, Rush Copley Medical Center (Secretary)
Dr. Amaal Tokars	Executive Director and Public Health Officer, Kendall County Health Department
Terri Olson	Director of Community Health Services, Kendall County Health Department
Aaron J. Rybski	Director of Environmental Health, Kendall County Health Department
RaeAnn Van Gundy	Operations Administrator, Kendall County Health Department
Steve Curatti	Program Administrator, Kendall County Health Department
Diane Alford	Director of Community Action, Kendall County Health Department
Jason Andrade	Director of Behavioral Health, Kendall County Health Department

Kendall County Senior Services Advisory Council

The Kendall County Senior Services Advisory Council focus group was conducted on September 10, 2018.

Please see the next page for a list of the focus group participants.

The following questions were asked of the group:

1. What do you think are the greatest overall health care needs for senior residents of community RCMC serves? Please explain.
2. What do you think are the greatest health care needs for the Hispanic/Latino senior residents in the community? Please explain. Please feel free to comment on any other racial or ethnic health care disparities/needs.
3. What do you think are the most common and most significant barriers to care for senior residents in the community, particularly for vulnerable populations?
4. What can RCMC do to most significantly improve the health of the community we serve?

Findings:

The top community health needs identified are:

- Chronic illness, including diabetes management, arthritis, pulmonary disease, dialysis, and cancer
- Significant home needs for seniors with a chronic illness
- Affordability of maintaining health with disease, including lack of awareness of financial assistance and access to counseling on insurance coverage/eligibility
- Discharge planning – providing all choices to patient without bias
- Mental health issues, including dementia, memory loss, and isolation

Other community health needs/concerns include:

- Dialysis services
 - Lack of transportation
 - Lack of awareness of options if mobile/have walker
- Racial/ethnic healthcare needs and language barriers
 - Lack of Spanish speaking care providers for Hispanic/Latino population, creating language barriers
 - When racially/ethnically diverse home health providers are providing care in home of seniors who are not of the same ethnicity it also creates a language barrier and seniors have a hard time understanding.
- Lack of awareness of services available to seniors
 - Lack of knowledge of different types of services available (i.e. skilled nursing facility, residential supportive living, etc.) and how the system works
 - Lack of planning ahead to make the transition to different services resulting in a rushed process to set up services as soon as possible
 - Sense of pride that help is not needed, and then it's too late
- Isolation among seniors
 - Fear that asking for help will result in family placing them in a nursing home

Kendall County Senior Services Advisory Council

Continued

Additional comments/findings include:

- It would be helpful to provide seminars that explain the consequences of what happens if you don't take care of yourself, plan ahead for services that may be needed, etc.
- The seminars that RCMC currently provides are great, but it would be nice to have more topics for care givers.
- It would be helpful to increase the presence among the senior community by being more interactive, and reaching out as an available resource will help get them more involved and engaged.
- RCMC has leverage when senior patients are in the hospital, as they are in crisis and are the most motivated to seek help. Seniors listen to their doctors, so the doctors should be encouraging their senior patients to start planning now for the services that they will need.
- Improved training for family to be prepared for their senior family member to come home.
- Support group for home care givers for senior population – could potentially be offered via WebEx and could be in collaboration/partnership with Kane County care giver initiative, which is looking to start a care giver support group.

Focus Group Participants:

Name	Agency/Position
Claire Johnson	Manager, Planning & Business Development, Rush Copley Medical Center (Facilitator)
Susan Hines	Community Relations Coordinator, Rush Copley Medical Center
Patti Hanson	Real Estate Agent
Ana Mejia	Senior Services Associates – Yorkville, Kendall County
Diannaha Thompson	Kendall Area Transit
Karilyn Klevinger	Veterans Assistance Kendall County
Micki Miller	Executive Director, Senior Services Associates – Yorkville, Kendall County
Greg Groat	Hillside Rehab
Bev Popp	Senior Member, Kendall County Senior Services Advisory Council

Compañeros en Salud/Partners in Health

The Compañeros en Salud/Partners in Health focus group was conducted on September 12, 2018.

Please see the next page for a list of the focus group participants.

The following questions were asked of the group:

1. What do you think are the greatest health care needs for the Hispanic and Latino residents of Southern Kane County and Kendall County? Please explain. (Please feel free to comment on any other racial or ethnic health care disparities/needs.)
2. What do you think are the greatest health care needs for Hispanic and Latino residents of Southern Kane County and Kendall County by age group (children, middle-aged adults, geriatrics)? Please explain.
3. What do you think are the greatest health care needs for other vulnerable populations within the Hispanic and Latino community?
4. What can RCMC do to most significantly improve the health of the community we serve?

Findings:

The top community health needs identified are:

- Affordability of healthcare, including medication and access to specialty care
- Health literacy, including financial health literacy (insurance coverage/eligibility)
- Overall access to Spanish speaking services
- Understanding importance of preventative care (i.e., screenings)
- Mental health, including substance abuse (i.e., marijuana)
- Access to quality fruits and vegetables

Other community health needs/concerns include:

- Senior population
 - Transportation to medical appointments
 - Interpretive services for home health
- Adult males
 - Breaking down cultural barriers/attitudes regarding things that aren't talked about or are considered "taboo" topics such as end of life/hospice care, cancer, pregnancy, and mental health issues
- Children
 - De-stigmatizing mental health
 - Marijuana use: parents wanting to know signs/symptoms and these resources aren't available in Spanish
 - Obesity, including physical inactivity (screen time), diabetes
 - Lack of awareness of early intervention resources and support
 - Lead poisoning
- Immigrant community
 - Fears of seeking services due to filing necessary paperwork
- LGTBQ community
 - Difficult to access care due to stigma associated with lifestyle

Compañeros en Salud/Partners in Health Continued

Additional comments/findings include:

- When creating educational material, make sure it is at the appropriate reading level and simultaneously create the document in both English and Spanish.
- Provide cultural sensitivity training for providing care to Hispanic/Latino demographic, including right to interpreter for patient, family, and provider.
- Bring education to the Hispanic/Latino community instead of asking them to come to the hospital, and consider offering online education in Spanish.
- Consider utilizing lay community health workers/navigators that could help promote, engage, and provide education to the Hispanic/Latino community.
- Increase awareness among healthcare staff about fears that the Hispanic/Latino community has regarding Immigration & Customs Enforcement, and reassure their patients and families that they are safe.
- Discussed the impact of socioeconomic status on overall health, specifically for Hispanic/Latino residents in poverty/with low income.

Focus Group Participants:

Name	Agency/Position
Claire Johnson	Manager, Planning & Business Development – Rush Copley Medical Center (Facilitator)
Dalia Alegria	INC Board
Jason Andrade	Kendall County Health Department
Lulu Blacksmith	Waubonsee Community College
Carmendina Enriquez	Family Focus
Caitlyn Gunst	TriCity Family Services
Theresa Heaton	Kane County Health Department
Maria Iniguez	Presence Mercy Medical Center
Nancy Luciano	Senior Services Association
Mariana Martinez	Rush Copley Medical Center
Ana Maya	Aunt Marthas Health
Michael Moran	Waubonsee Community College
Zaida Rodriguez	Rush Copley Medical Center
Betsy Santana	Breaking Free
Estrella Ugalde	Family Counseling Service
Kim Downing	Administer Justice
Driana Cotts	AID

Rush Copley Patient Family Advisory Council (PFAC)

The Rush Copley Patient Family Advisory Council focus group was conducted on September 18, 2018.

Please see the next page for a list of the focus group participants.

The following questions were asked of the group:

1. What do you think are the greatest overall health care needs for residents of the community RCMC serves? Please explain.
2. What do you think are the greatest health care needs for residents in the community by age group (children, middle-aged adults, geriatrics)? Please explain.
3. What do you think are the greatest health care needs for vulnerable populations within the community? Please explain.
4. What can RCMC do to most significantly improve the health of the community we serve?

Findings:

The top community health needs identified are:

- Resources on navigating the healthcare system (i.e., where to go for care)
- Health equity (i.e., speaking the “language” of the sub-segments of the community)
- Falls/safe home environment for aging population
- Raising awareness of resources that are available in the community
- Mental health, including suicide and depression
- Obesity
- Substance abuse, including vaping, opioid crisis
- Safe medication disposal

Other community health needs/concerns include:

- Children
 - Safety education
 - Depression
 - Rely on parents for education on healthy lifestyle but the parents lack proper education
- Seniors
 - Challenge accessing online resources because not as technologically savvy
- Young-adult (freshman in high school to college age)
 - Become less engaged in taking care of themselves and prioritizing their health, which continues into adulthood and develops into unhealthy habits and poor health conditions
- Middle-age adult
 - Chronic health conditions, including heart disease and high blood pressure
 - Stress; busy with raising families, pursuing careers and not taking time to care for themselves – worse among men than women
 - Joint replacement
 - Lack insurance coverage after aging out of parents’ insurance
- Victims of domestic violence
 - Access to preventative care and behavioral health services

Rush Copley PFAC Continued

Additional comments/findings include:

- Provide more community education that reflects the community we serve (i.e., Spanish programs, materials, resources for the Hispanic/Latino community).
- When offering community education, consider bringing this education into the community rather than asking them to come to the hospital. Additionally, consider offering education via YouTube videos to engage with community on-the-go/in comfort of their home.
- Consider continuing to offer grocery store tours as a part of healthy eating education in the community.
- Consider offering education classes in the schools, including safety education and heart score screening.
- Consider a community liaison that can serve as a navigator/resource out in the community.
- Consider providing workshops at different senior centers, including handouts and education topics on healthcare, insurance basics, primary care, medication disposal, etc. Repetition with the senior population is important.
- Be mindful of how we deliver and provide education for specific populations. Consider developing a speaker's bureau of experts from RCMC that can speak and relate to vulnerable populations, including seniors, high school students, mental health issues, etc.
- Consider reaching out to the school systems to get their perspectives on top health needs.

Focus Group Participants:

Name	Agency/Position
Claire Johnson	Manager, Planning & Business Development, Rush Copley Medical Center (Facilitator)
Marvin C. Byrd	Retired
Cheryl Ipema	Director, Clinical Integration & Quality – Rush Copley Medical Center
Rosalinda Justiniano	Patient Advocate – Rush Copley Medical Center
Dena Stellman-LaCost	Bake Shop Buyer – Whole Foods
Jerry Byron	Volunteer – Rush Copley Medical Center
Katie Moore	Patient Experience Liaison – Rush Copley Medical Center
Samantha Frahm	Buyer, Purchasing – Rush Copley Medical Center
Michelle Etheridge	Sedgwick Insurance
Suzanne Sterchi	Assistant Vice President, Patient Care – Rush Copley Medical Center
Judy Heim	Retired, Insurance Sales
Robin Cirrintano	Volunteer Services – Rush Copley Medical Center
Karyn Garcia	Nursing Professional Practice – Rush Copley Medical Center
Laurel Ris	Director, Patient Experience – Rush Copley Medical Center
Karin Kabat	Retired

Rush Copley Nursing Focus Group

The Rush Copley Nursing focus group was conducted on September 24, 2018.

Please see the next page for a list of the focus group participants.

The following questions were asked of the group:

1. What do you think are the greatest overall health care needs for the residents of community RCMC serves? Please explain.
2. What do you think are the greatest health care needs for residents in the community by age group (children, middle-aged adults, seniors)? Please explain.
3. What do you think are the greatest health care needs for the Hispanic and Latino residents in the community? Please explain. (Please feel free to comment on any other racial or ethnic health care disparities/needs.)
4. What do you think are the greatest health care needs for other vulnerable populations?
5. What can RCMC do to most significantly improve the health of the community we serve?

Findings:

The top community health needs identified are:

- Transportation to and from services, especially for those patients with reoccurring visits (i.e., cancer treatments)
 - It tends to be more difficult for patients to get to health care services rather than find transportation home (although both are needs).
 - Travel vouchers are currently provided based on patient need. There are also limited volunteer drivers.
 - Areas of most concern are cancer care, women's health and NICU.
 - Potential solutions included e-visits for some services, exploring a ride contract with Uber, and continuing to educate patients/residents regarding the importance of understanding their health care benefits as some carriers will cover the cost of transportation.
- Obesity (adults, and Hispanic/Latino children)
 - Misconception in the Hispanic/Latino community that "a heavy child is a healthy child." More education is needed.
 - Patient motivation is a barrier, as patients need to have personal motivation to change behaviors. Education is also not enough.
- Medication access, procurement, and adherence (RCMC continues to work on initiatives regarding this issue)
 - Area of greatest opportunity is education regarding discount prescription programs. Patients and residents are not aware of the \$4 discount medication list provided at many big box pharmacies or of other discount medication programs.
 - Additionally, physicians and nurses are not always aware of these discount programs when prescribing medications.

Rush Copley Nursing Focus Group Continued

- Mental health (for all populations), including substance abuse
 - Need for better screenings and more prevention and treatment resources
 - Patients/residents don't know what to do when they identify they need help (i.e., what resources are available, how to connect with available resources, etc.).
 - Opportunity to develop a peer counselor pilot program to assist and encourage those in need of services to access needed resources
- Opioid use
 - Kane and Kendall Counties have a high use of opioids. Dependence on opioid drugs are increasing for all groups and cultures, as is overdose cases.
 - Lack of addiction programs and other community resources for opioid use

Other community health needs/concerns include:

- STDs are increasing in the community (greater than 50% increase in surrounding counties). There is need to improve education for teens and the LGBTQ community regarding STDs.
- There is a need for education about vaping both in the community and for providers. Additionally, there is an opportunity to update health screenings to include questions about vaping, in addition to smoking.
- Rate of immunizations and vaccinations in the community are believed to be decreasing (including childhood immunizations, TB, and flu), especially among the migrant population.
- Increased awareness and sensitivity to the needs of the LGBTQ community, including the need for improved depression screening and human traffic screenings.
- Increased awareness of human trafficking and screening. There is opportunity to better educate staff and providers regarding the signs of human trafficking.

Additional comments/findings include:

- There is an opportunity for Rush Copley to more proactively link existing community resources to patients needing those resources before they are discharged.
- Peer-to-peer mentoring programs in the Hispanic and Latino community could improve the effectiveness of education for breastfeeding, childhood obesity prevention, smoking cessation, and the effects and impact of excessive alcohol drinking.

Rush Copley Nursing Focus Group Continued

Focus Group Participants:

Name	Agency/Position
Terese Raabe	AVP, Planning and Business Development (Facilitator)
Claire Johnson	Manager, Planning and Business Development (Secretary)
Mary Shilkaitis	Vice President, Patient Care Services & Chief Nursing Officer (RN)
Julie Carroll	Oncology Nurse Manager
Barbara Gambino	Clinical Coordinator, Day Surgery
Nancy Pietrzak	Manager, ED
Jason Gaston	Manager, Care Management
Jennie Perry	Director, ED
Kristi Walker	Manager, Infection Control
Gina Becker-Espinoza	Interim Lactation and Childbirth Education Coordinator
Karen Werrbach	Direct, Women's Health
Judi Bonomi	Director, Cancer Care and Inpatient Nursing
Mira Vujoveck	Nurse Navigator

Rush Copley Healthcare Equality Index (HEI) Workgroup

The Rush Copley Healthcare Equality Index Workgroup focus group was conducted on October 16, 2018.

Please see the next page for a list of the focus group participants.

The following questions were asked of the group:

1. What do you think are the greatest overall health care needs for LGBTQ residents/patients in the community served by RCMC? Please explain.
2. What do you think are the greatest health care needs for LGBTQ residents/patients by age group (children, middle-aged adults, seniors; in the community served by RCMC)? Please explain.
3. What do you think are the greatest health care needs for LGBTQ Hispanic and Latino residents/patients in the community served by RCMC? Please explain.
 - Please feel free to comment on any other racial or ethnic health care disparities/needs.
4. What can RCMC do to most significantly improve the health of the LGBTQ community we serve?

Findings:

The top community health needs/concerns identified are:

- Access to care
 - Although care options are available, there is a lack of knowledge in the approach that care providers use with the LGTBQ community, specifically for the transgender population.
 - Lesbian community: There is discomfort with seeking treatment for mammograms, pap smears, etc. because of the fear in how they will be treated.
- Lack of awareness among staff
 - Unsure of how to ask the questions or what questions to ask (e.g., just because a lesbian woman is not sexually active doesn't mean that she should not receive a pap smear)
 - Discomfort for how to address patients within this community (i.e., sir, mam, versus asking how they would like to be addressed)
 - Culture shift is needed – If staff doesn't know or feel comfortable asking the questions, they aren't going to ask the questions at all.
- There is a lack of information on the true size of this population within the community, as we are not actively capturing this demographic data.
- While mental health issues are an overall community need, there are also specific mental health issues within the LGTBQ population.
- Younger generations seem to me more accepting of coming out but accessing care is still an issue.
- The longer patients within this community wait to come out they may also be foregoing basic healthcare services, which could become an even bigger issue by the time these patients are seniors as a result of foregoing care for so long.
- There were no unique/specific needs identified for the LGTBQ Hispanic/Latino residents/patients at this time as compared to the needs of the LGTBQ community at large.

Rush Copley HEI Committee Continued

Additional comments and opportunities include:

- Gain a better understanding of the size of this population
 - Utilize Epic and educate staff on capturing sexual identity/orientation demographic information
 - Work with employed physicians to understand the number of patients of this population that they are already caring for
- Offer basic physician and staff education, including interactive role play for how to increase understanding, knowledge, and comfort to care for this population
- Identify and promote physician champions within the specialties that can be identified as a “go-to” provider for this population
- General community education and outreach with this population to continue to learn what we can improve
 - IVF and OB departments may be a potential group to start with, as they have tended to see a higher percentage of this population

Focus Group Participants:

Name	Agency/Position
Terese Raabe	Assistant Vice President, Planning and Business Development (Facilitator)
Claire Johnson	Manager, Planning and Business Development (Secretary)
Katie Koerner	Manager, Nursing Professional Practice
Stacey Reis	Deputy General Counsel and Chief Integrity Officer
Anne Barrett	Director, Risk Management
Rosalinda Justiniano	Patient Advocate, Patient Support Services
Sue Hicks	Manager, Patient Access
Amy Beyer	Paralegal, Legal
Courtney Satlak	Director, Marketing
Leanne Brand	Manager, GI/Pain/IVF

Section IV

Kane County Online Key Informant Survey

Kane County Online Key Informant Survey

The Kane County Health Department (KCHD), the five hospitals serving Kane County (including Rush Copley Medical Center), and the 708 INC Board contracted with Professional Research Consultants, Inc. (PRC) to conduct an Online Key Informant Survey in Kane County.

The purpose of the online survey was to solicit input from key informants, including those individuals who have a broad interest in the health of the community. This Online Key Informant Survey was conducted across Kane County, and the countywide results were shared among those participating in this collaborative process.

A list of recommended participants was provided by Rush Copley Medical Center and other collaborative partners; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

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

Kane County Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Physician	10	3
Public Health Representative	10	6
Other Health Provider	62	30
Social Services Provider	118	65
Community Leader	102	53

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

Minority/medically underserved populations represented:

African-Americans, Asians, Behavioral Health Patients, Cancer Patients, Children, Criminal Justice Offenders, Disabled, Elderly, Hispanics, Homebound, Homeless, Persons With Intellectual Disabilities/Developmental Disabilities, Immigrants/Refugees, Laotians, LGBTQ Persons, Those With Limited Education, Low Income, Marginalized, Medicare/Medicaid Recipients, Mentally Ill, Non-English Speaking, Rural Kane County Residents, Single Parents, Substance Abusers, Teen Parents, Undocumented, Unemployed, Uninsured/Underinsured

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Kane County Online Key Informant Survey Continued

Final participation included representatives of the organizations outlined below.

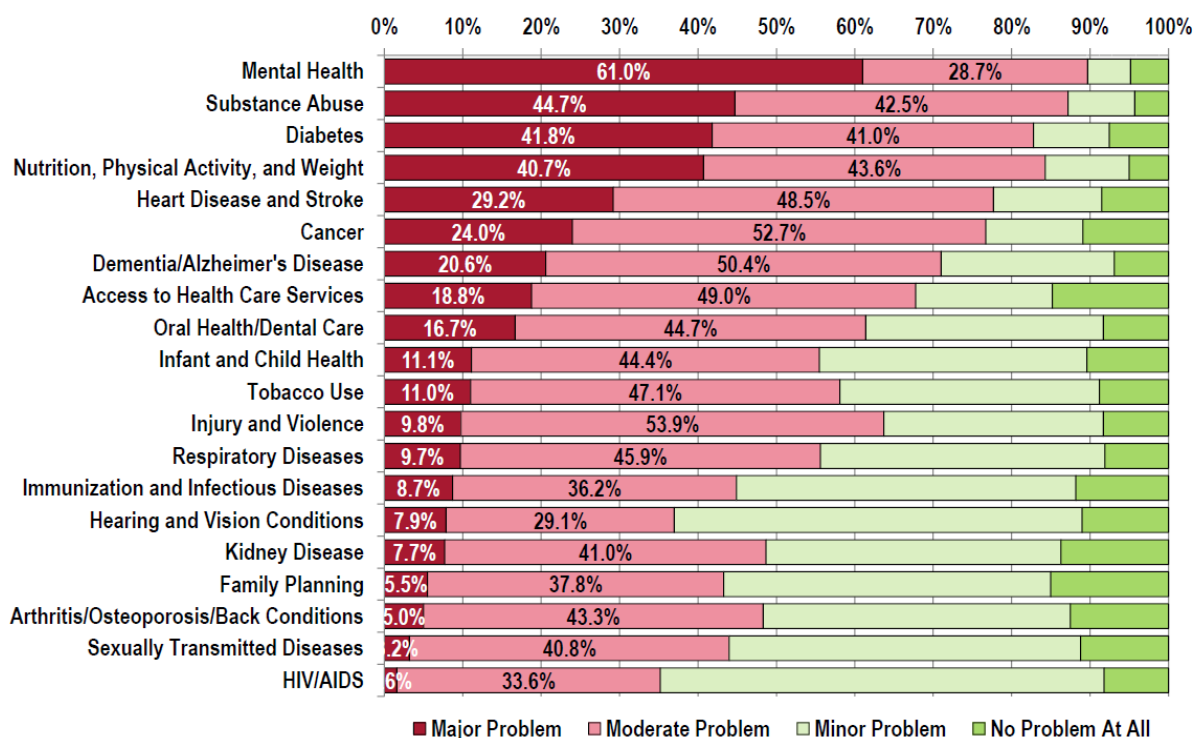
- Advocate Sherman Hospital
- Agency on Aging Northeastern Illinois
- Association for Individual Development
- Batavia Interfaith Food Pantry and Clothes Closet
- Batavia United Way
- Benedictine University
- Blackberry Township
- BPS101
- CASA Kane County
- Catholic Social Services, Catholic Charities
- Centro de Informacion
- City of Aurora
- Community Contacts, Inc.
- Community Foundation of the Fox River Valley
- Conley Outreach Community Services
- DayOnePACT
- Elderday Center, Inc.
- Elgin Area Chamber of Commerce
- Elgin Partnership for Early Learning
- Environmental Protection Agency
- Family Service Association of Greater Elgin Area
- Fox Valley Special Recreation Association
- Gail Borden Public Library
- Gateway Foundation
- Geneva Park District
- Greater Elgin Family Care Center
- Herget Middle School
- Hesed House
- Highland Avenue Church of the Brethren
- Hope for Tomorrow, Inc.
- INC Board NFP
- Kane County Board
- Kane County Development and Community Services Department
- Kane County Division of Transportation
- Kane County Farm Bureau
- Kane County Health Department
- Kane County Medical Society
- Kane County Regional Office of Education
- Kane County Sheriff's Office
- Kaneland Community School District #302
- Lao-American Organization of Elgin
- Lazarus House
- Lutheran Social Services of Illinois - Elgin Center
- Marie Wilkinson Food Pantry
- Marklund Hyde Center
- Mutual Ground, Inc.
- NAMI KDK (Kane-south, DeKalb & Kendall Counties)
- Northeastern Illinois Area Agency on Aging
- Northwestern Medicine Delnor Hospital
- Open Door Clinic of Greater Elgin
- PADS at Hesed House
- PR Strategies & Communications/PMS Advertising, Inc. Presence Mercy Medical Center
- Presence Saint Joseph Hospital
- Rebuilding Together Aurora
- Renz Addiction Counseling Center
- Rush Copley Medical Center
- St. Charles Park District
- STC Underground Teen Center
- Suicide Prevention Services
- The Salvation Army of Aurora
- Tri City Family Services
- Tri City Health Partnership
- U46
- University of Illinois Extension
- Valley Industrial Association
- Village of Algonquin
- VNA Health Care
- Waubensee Community College
- Wayside Cross Ministries
- Well Child Center
- WellBatavia Initiative
- West Aurora SD 129
- YWCA Elgin

Kane County Online Key Informant Survey Continued

Summary of Key Informant Perceptions

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

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



Kane County Online Key Informant Survey Continued

Key Findings:

- **Mental Health** - The majority (61.0%) of key informants rated Mental Health as a “major problem” in the community and see the following as the main challenges for persons with mental illness:
 - Lack of access and availability of care/services
 - Stigma/denial
 - Affordable care/services
 - Decreased funding
 - Lack of awareness of services available and related resources
 - Minimal resources for children, the underinsured, and Spanish speakers
 - Continuity of medication management
 - Lack of comprehensive care for those with chronic mental health issues
- **Substance Abuse** – Many (44.7%) key informants participating in the focus groups rated Substance Abuse as a “major problem” in the community, with another 42.5% of informants rating it a “moderate problem”. The following were identified as the greatest barriers to accessing substance abuse treatment:
 - Lack of adequate treatment and detox programs and facilities
 - Loss of funding for providers
 - Stigma/denial
 - Affordability of care/services, especially for uninsured/underinsured
 - Co-morbidities, including mental health
 - The substances that were identified as “most problematic” were heroin and other opioids and alcohol.
- **Diabetes** – Many (41.8%) of key informants rated diabetes as a “major problem”, and an additional 41.0% still considered it a “moderate problem”. Among those who rated it a “major problem,” the following were identified as major challenges for people with diabetes:
 - Access to healthy foods
 - Physical inactivity
 - Lack of education and awareness of available resources
 - Lack of providers with expertise in disease management
 - Affordability of care/services
 - Co-morbidities, including obesity
- **Nutrition, Physical Activity & Weight** – 40.7% of key informants rated Nutrition, Physical Activity & Weight as a “major problem” in the community, and an additional 43.6% rated it as a “moderate problem.” For those that rated this issue as a “major problem”, the top reasons include:
 - Inadequate environmental supports that encourage a sedentary lifestyle
 - Access to and affordability of healthy foods
 - Social norms and busy, stress-filled lifestyles
 - Lack of education and awareness
 - Limited resources for children and low income residents

Kane County Key Informants Continued

- **Access to Healthcare Services** - While 18.0% of key informants rated Access to Healthcare Services as a “major problem” in the community, nearly half (49.0%) rated it as a “moderate problem.” Although this issue did not rank as highly as others, the issue of access to healthcare services was identified in a number of the other top health needs in one form or another. For those that rated it a “major problem”, the following reasons were identified:
 - Access for uninsured, underinsured, and low income
 - Affordability
 - Lack of understanding of insurance coverage and care options
 - The type of care that was perceived to be “most difficult” to access was mental health care and “second-most difficult” to access was substance abuse treatment.
- The following were rated as a “**moderate problem**” in the community:
 - Heart Disease & Stroke
 - Cancer
 - Dementias, Including Alzheimer’s Disease
 - Access to Health Care Services
 - Oral Health
 - Infant & Child Health
 - Tobacco Use
 - Injury & Violence
 - Respiratory Disease
 - Kidney Disease
 - Arthritis, Osteoporosis & Chronic Back Conditions
- The following were rated as a “**minor problem**” in the community:
 - Hearing & Vision
 - Immunization & Infectious Disease
 - Family Planning
 - Sexually Transmitted Diseases
 - HIV/AIDS

Section V

Physician & Advanced Practice Providers Online Survey

Physician & Advanced Practice Provider Online Survey

Input from the physicians and advanced practice providers at Rush Copley was gathered through an online survey that was open from October 8, 2018 through October 21, 2018.

The following questions were asked of the group:

1. What do you think are the greatest overall health care needs for residents of the community RCMC serves? Please explain.
2. What do you think are the greatest health care needs for residents in the community by age group (children, teens, middle-aged adults, seniors)? Please explain.
3. What do you think are the greatest health care needs for the Hispanic and Latino residents in the community? Please explain. Feel free to comment on any racial or ethnic healthcare disparities/needs.
4. What do you think are the greatest health care needs for other vulnerable populations (i.e., uninsured/under-insured, individuals with developmental disabilities, care givers, LGBTQ community, etc.?)
5. What can RCMC do to most significantly improve the health of the community we serve?

Findings:

The top community health needs that were identified include:

- Primary care and preventative medicine
- Obesity and poorly controlled blood pressure and diabetes
- Access to specialist in a timely manner
- Lack of awareness of alternative sites of care for non-emergent healthcare needs
- Mental health access, including psychiatric/addiction and rehabilitation services, especially for Medicaid and low income patients
- Understanding insurance coverage and the hospital billing process

Other needs identified among specific populations within the community include:

- Children
 - Comprehensive primary care in a team approach including monitoring growth and development, routine exams for school, and vaccinations
 - Social services for the complex home situations that many of these children find themselves in
- Teens
 - Primary care with a focus on psychosocial issues, including access to clinical psychology, counseling, and treatment and prevention of sexually transmitted diseases
- Middle-aged adults
 - Pain management and control
 - Drug addiction and psychiatric care
- Seniors
 - Home care to ensure taking medications, fall prevention, etc.
 - Transportation services to and from appointments
 - Understanding prescription drug prices and coverage
 - Access to neurology specialist

Physician & Advanced Practice Provider Online Survey

Continued

- Hispanic/Latino residents
 - Language barrier and lack of on-site interpreters
 - Basic healthcare education and maintenance (i.e., managing minor illnesses, diet, hypertension, heart disease, and diabetes)
 - Many Hispanic/Latino residents seek care at VNA due to insurance issues, but there are a lack of appointments available so many will forego care
 - Due to poor insurance coverage, medications and referrals are limited
- Vulnerable populations (i.e., uninsured/under-insured, individuals with developmental disabilities, care givers, LGTBQ community, etc.)
 - Access to care with providers due to insurance status
 - Limited access to specialists for Medicaid patients
 - Educating professionals about the sensitivities of vulnerable populations
 - Obtaining DME and compliance
 - Respite care for care givers

Additional comments and opportunities include:

- Educate professionals to ask for help from each other and work as a team
- Alternative facilities to use rather than ER for non-emergent healthcare needs
- Consider development of a weight loss program/center free of charge for patients to achieve lasting weight loss
- Invest in the medical home model, which should include on-site urgent care for walk-in's and filled provider schedules, social services, psychiatric care (clinical psychologist), and nurses to provide patient education, cover triage, follow-up with patients, provide on-site care outside scope of medical assistant, draw labs, and do x-rays. This should also include a community outreach program that can identify at-risk patients in the medical home and conduct home visits with these patients.
- Due to high cost of medications, provide more outpatient generic drug options
- Expand mental health services, including drug addiction outpatient services

Section VI

Additional Comments

Additional Comments

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

Section VII

Rush Copley Medical Center Utilization Data

Rush Copley Medical Center Utilization Data

- Rush Copley Medical Center (RCMC) had a total of 10,793 inpatient admissions in 2017, a decrease of 11.9% (-1,455 admissions) since 2013.
- Over the past five years, total births decreased by 5.7% (-193 births).
 - RCMC had the 7th highest number of births in IL 2017**
- Observation days is at its highest volume in the last five years.
- RCMC had a total of 75,533 emergency department visits in 2017, an increase of 4,384 visits (+6.2%) since 2013.
 - RCMC ranked 11th in IL for emergency department visits in 2017**

RCMC Utilization*	2013	2014	2015	2016	2017	5 Year Change	
						n	%
Inpatient and Observation Utilization							
Admissions	12,248	12,309	11,910	11,513	10,793	(1,455)	-11.9%
Inpatient days	48,313	49,056	48,174	48,226	44,247	(4,066)	-8.4%
Average length of stay	3.9	4.0	4.0	4.2	4.1	0.2	3.9%
Observation days	8,363	8,877	9,799	11,256	11,402	3,039	36.3%
Total Births	3,366	3,334	3,388	3,395	3,173	(193)	-5.7%
Total Outpatient Visits	216,458	220,058	224,164	226,711	177,371	(39,087)	-18.1%
Emergency Department Visits (RCMC and RCMC FEC)	71,149	74,075	76,551	78,478	75,533	4,384	6.2%
Cardiac Cath Procedures	1,648	1,330	1,521	1,394	1,449	(199)	-12.1%
Cardiac Surgery Cases	101	103	109	91	64	(37)	-36.6%
Mammography Procedures	15,576	15,284	14,875	14,942	14,611	(965)	-6.2%

*Source: IDPH Annual Hospital Questionnaire, Rush Copley Profiles, 2013-2017

**Source: IHA COMPdata

Section VIII

Community Health Utilization Data

Leading Causes of Inpatient Hospitalization

- There were 31,408 inpatient hospitalizations originating from the community served by Rush Copley in FY2018 (4.7% decrease between FY2014 and FY2018).
- The table below shows inpatient hospitalizations by Major Disease Category (MDC) in the RCMC primary service area (PSA).

Inpatient Discharges by MDC	FY2014	FY2015	FY2016	FY2017	FY2018	5-Year Change	
						n	%
14 - PREGNANCY, CHILDBIRTH & THE PUERPERIUM	5,031	5,004	4,825	4,756	4,593	(438)	-8.7%
15 - NEWBORNS & OTHER NEONATES WITH CONDTN ORIG IN PERINATAL PERIOD	4,759	4,811	4,643	4,585	4,443	(316)	-6.6%
19 - MENTAL DISEASES & DISORDERS	2,601	2,662	2,792	2,812	2,997	396	15.2%
5 - CIRCULATORY SYSTEM	2,918	2,856	2,602	2,791	2,718	(200)	-6.9%
8 - MUSCULOSKELETAL SYSTEM & CONN TISSUE	2,741	2,629	2,751	2,731	2,713	(28)	-1.0%
4 - RESPIRATORY SYSTEM	2,723	2,999	2,627	2,597	2,544	(179)	-6.6%
6 - DIGESTIVE SYSTEM	2,671	2,560	2,421	2,417	2,234	(437)	-16.4%
1 - NERVOUS SYSTEM	1,903	1,683	1,815	1,825	1,859	(44)	-2.3%
18 - INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	959	1,095	1,160	1,204	1,249	290	30.2%
11 - KIDNEY & URINARY TRACT	1,150	1,113	1,254	1,234	1,130	(20)	-1.7%
7 - HEPATOBILIARY SYSTEM & PANCREAS	901	934	894	996	928	27	3.0%
10 - ENDOCRINE, NUTRITIONAL & METABOLIC	780	858	771	855	850	70	9.0%
9 - SKIN, SUBCUTANEOUS TISSUE & BREAST	744	751	718	637	596	(148)	-19.9%
20 - ALCOHOL/DRUG USE & INDUCED ORGANIC MENTAL DISORDERS	443	505	546	598	557	114	25.7%
21 - INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS	426	433	406	392	376	(50)	-11.7%
16 - BLOOD, BLOOD FORMING ORGANS, IMMUNOLOG DISORD	434	361	349	371	364	(70)	-16.1%
13 - FEMALE REPRODUCTIVE SYSTEM	501	468	391	335	291	(210)	-41.9%
17 - MYELOPROLIFERATIVE, POORLY DIFFERENTIATED NEOPLASM	284	324	237	266	261	(23)	-8.1%
23 - FACTORS INFLUENCING HLTH STAT & OTHR CONTACTS WITH HLTH SERVCS	492	511	237	196	229	(263)	-53.5%
3 - EAR, NOSE, MOUTH & THROAT	279	283	215	216	205	(74)	-26.5%
12 - MALE REPRODUCTIVE SYSTEM	95	105	83	142	119	24	25.3%
24 - MULTIPLE SIGNIFICANT TRAUMA	62	59	71	58	87	25	40.3%
2 - EYE	33	35	33	29	31	(2)	-6.1%
25 - HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS	22	16	26	22	18	(4)	-18.2%
22 - BURNS	18	13	23	11	16	(2)	-11.1%
Total	32,970	33,068	31,890	32,076	31,408	(1,562)	-4.7%

Source: IHA COMPdata, FY2014-FY2018

Note:

1) Includes all inpatient discharges in the RCMC PSA

Emergency Department Utilization

- There were 134,520 Emergency Department visits originating from the community served by Rush Copley in FY2018 (July 2017 through June 2018), which remained relatively flat over the last three years.
- The top two Emergency Department diagnoses were chest pain (R0789 – OTHER CHEST PAIN) and urinary tract infection (N390 – URINARY TRACT INFECTION, SITE NOT SPECIFIED). Both of these diagnoses have continued to increase over the last three years and last year.
- The diagnoses that have seen the most significant increase over the last three years are flu related (J101 - FLU DUE TO OTH IDENT INFLUENZA VIRUS W OTH RESP MANIFEST and J111 - FLU DUE TO UNIDENTIFIED INFLUENZA VIRUS W OTH RESP MANIFEST). Additionally, there has been a notable increase in the diagnosis of major depressive order (F329 - MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED) over the last three years.
- The table below shows Emergency Department visits by principal ICD-9/ICD-10 diagnosis code in the RCMC PSA.

ED Discharges by Principal Diagnosis	FY2016	FY2017	FY2018	3-Year Change		1-Year Change	
				n	%	n	%
R0789 - OTHER CHEST PAIN	3,576	3,568	3,845	269	7.5%	277	7.8%
N390 - URINARY TRACT INFECTION, SITE NOT SPECIFIED	2,885	2,940	3,280	395	13.7%	340	11.6%
J069 - ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	2,608	2,434	2,855	247	9.5%	421	17.3%
R109 - UNSPECIFIED ABDOMINAL PAIN	2,376	2,622	2,375	(1)	0.0%	(247)	-9.4%
R51 - HEADACHE	2,075	2,228	2,065	(10)	-0.5%	(163)	-7.3%
R079 - CHEST PAIN, UNSPECIFIED	2,019	1,927	1,707	(312)	-15.4%	(220)	-11.4%
J101 - FLU DUE TO OTH IDENT INFLUENZA VIRUS W OTH RESP MANIFEST	288	642	1,543	1,255	435.8%	901	140.3%
K529 - NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	1,805	1,722	1,521	(284)	-15.7%	(201)	-11.7%
J029 - ACUTE PHARYNGITIS, UNSPECIFIED	1,944	1,569	1,429	(515)	-26.5%	(140)	-8.9%
J111 - FLU DUE TO UNIDENTIFIED INFLUENZA VIRUS W OTH RESP MANIFEST	833	835	1,414	581	69.7%	579	69.3%
M545 - LOW BACK PAIN	1,359	1,479	1,350	(9)	-0.6%	(129)	-8.7%
J020 - STREPTOCOCCAL PHARYNGITIS	752	780	1,341	589	78.3%	561	71.9%
J189 - PNEUMONIA, UNSPECIFIED ORGANISM	1,980	1,518	1,301	(679)	-34.3%	(217)	-14.3%
R509 - FEVER, UNSPECIFIED	1,276	1,281	1,187	(89)	-7.0%	(94)	-7.3%
R55 - SYNCOPE AND COLLAPSE	1,183	1,176	1,185	2	0.2%	9	0.8%
F329 - MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	935	952	1,133	198	21.2%	181	19.0%
J45901 - UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	1,223	1,160	1,110	(113)	-9.2%	(50)	-4.3%
R42 - DIZZINESS AND GIDDINESS	1,163	1,186	1,103	(60)	-5.1%	(83)	-7.0%
K5900 - CONSTIPATION, UNSPECIFIED	1,087	1,045	1,005	(82)	-7.5%	(40)	-3.8%
S0990XA - UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER	1,029	996	976	(53)	-5.2%	(20)	-2.0%
R1110 - VOMITING, UNSPECIFIED	940	993	958	18	1.9%	(35)	-3.5%
R1013 - EPIGASTRIC PAIN	809	940	941	132	16.3%	1	0.1%
F10129 - ALCOHOL ABUSE WITH INTOXICATION, UNSPECIFIED	899	969	929	30	3.4%	(40)	-4.1%
R112 - NAUSEA WITH VOMITING, UNSPECIFIED	896	966	916	20	2.2%	(50)	-5.2%
J209 - ACUTE BRONCHITIS, UNSPECIFIED	1,867	1,539	878	(989)	-53.0%	(661)	-42.9%
S161XXA - STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT	916	948	867	(49)	-5.3%	(81)	-8.5%
B349 - VIRAL INFECTION, UNSPECIFIED	893	857	842	(51)	-5.7%	(15)	-1.8%
R05 - COUGH	745	714	735	(10)	-1.4%	21	2.9%
G43909 - MIGRAINE, UNSP, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	945	873	725	(220)	-23.3%	(148)	-17.0%
H6691 - OTITIS MEDIA, UNSPECIFIED, RIGHT EAR	892	790	720	(172)	-19.3%	(70)	-8.9%
F419 - ANXIETY DISORDER, UNSPECIFIED	691	771	719	28	4.1%	(52)	-6.7%
H6692 - OTITIS MEDIA, UNSPECIFIED, LEFT EAR	844	740	687	(157)	-18.6%	(53)	-7.2%
J441 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	604	568	638	34	5.6%	70	12.3%
S0181XA - LACERATION W/O FOREIGN BODY OF OTH PART OF HEAD, INIT ENCNR	595	711	635	40	6.8%	(76)	-10.7%
E860 - DEHYDRATION	671	569	623	(48)	-7.1%	54	9.5%
A419 - SEPSIS, UNSPECIFIED ORGANISM	571	640	615	44	7.8%	(25)	-3.9%
S39012A - STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INIT	787	702	608	(179)	-22.7%	(94)	-13.4%
*OTHER PRINCIPAL DIAGNOSES	87,457	90,566	87,759	302	0.3%	(2,807)	-3.1%
Total	134,416	136,916	134,520	104	0.1%	(2,396)	-1.7%

Source: IHA COMPdata, 11/2018

Note:

1) Includes all ED discharges in the RCMC PSA

2) *OTHER PRINCIPAL DIAGNOSES includes principal diagnoses with less than 600 discharges in FY2018

3) Includes principal ICD-9 diagnosis code for discharges through 9/30/2015. Includes principal ICD-10 diagnosis code for discharges beginning 10/1/2015 (with the exception of Worker's Compensation discharges, which still include ICD-9 diagnosis codes).

Section IX

County Health Rankings

2018 County Health Rankings – Summary

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/rates, such as obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, education, and teen births in nearly every county in America. The following overview shows various measures within Health Outcomes and Health Factors categories, each of which has various subcategories. For additional details regarding the reported categories, rankings and information below please see the County Health Rankings and Roadmaps website¹⁹.

	Illinois	Kane	Kendall	DuPage	Will	DeKalb	La Salle
Health Outcomes		7	2	1	9	19	53
Mortality		3	2	1	9	11	58
Premature death	6,300	4,600	4,600	4,100	5,000	5,100	7,500
Morbidity		20	4	7	12	55	45
Poor or fair health	17%	16%	13%	14%	14%	17%	16%
Poor physical health days	3.8	3.6	3.3	3.4	3.4	4.1	3.8
Poor mental health days	3.5	3.1	3.2	3.1	3.1	3.8	3.7
Low birthweight	8%	7%	7%	7%	7%	7%	7%
Health Factors		30	5	1	23	50	75
Health Behaviors		2	9	1	13	61	51
Adult smoking	16%	14%	14%	12%	15%	17%	17%
Adult obesity	28%	26%	32%	24%	29%	29%	28%
Food environment index	8.7	9.4	9.5	9.1	8.9	7.2	8.2
Physical inactivity	22%	17%	22%	19%	24%	19%	27%
Access to exercise opportunities	91%	96%	93%	100%	96%	84%	81%
Excessive drinking	21%	21%	24%	22%	21%	24%	21%
Alcohol-impaired driving deaths	33%	37%	28%	23%	42%	33%	38%
Sexually transmitted infections	540.4	350.5	242.3	255.4	336.9	512.0	256.2
Teen birth rate	26	25	12	10	16	11	29
Clinical Care		92	18	3	35	60	55
Uninsured	8%	10%	5%	6%	6%	7%	6%
Primary care physicians	1,240:1	2,380:1	2,740:1	750:1	1,800:1	2,820:1	2,850:1
Dentists	1,330:1	1,600:1	2,710:1	970:1	1,860:1	1,800:1	1,980:1
Mental health providers	530:1	510:1	1,230:1	390:1	1,120:1	480:1	1,240:1
Preventable hospital stays	55	51	51	44	64	65	64
Diabetic screening	86%	87%	88%	88%	86%	88%	84%
Mammography screening	64%	66%	65%	68%	66%	60%	66%
Social & Economic Factors		32	3	2	16	20	74
High school graduation	86%	85%	93%	94%	89%	87%	83%
Some college	68%	60%	75%	78%	69%	76%	58%
Unemployment	5.9%	5.5%	5.2%	4.8%	6.1%	5.4%	6.7%
Children in poverty	18%	15%	6%	9%	10%	15%	20%
Income inequality	5.0	4.3	3.2	4.2	3.9	4.8	4.5
Children in single-parent households	32%	26%	19%	19%	23%	33%	33%
Social associations	9.8	7.2	5.2	9.0	6.5	9.5	13.4
Violent crime rate	388	160	104	86	168	268	115
Injury deaths	56	38	36	36	45	45	73
Physical Environment		100	97	93	102	96	94
Air pollution-particulate matter	10.5	11.7	11.5	12.2	12.3	11.1	11.1
Drinking water violations	Yes	Yes	Yes	No	Yes	Yes	Yes
Severe housing problems	18%	19%	14%	16%	16%	21%	13%
Driving alone to work	73%	80%	84%	77%	84%	79%	84%
Long commute-driving alone	40%	43%	49%	42%	49%	38%	29%

Section X

Data Sources

Data Sources

Source Number	Data Source
1	<p>Professional Research Consultants, Inc. <i>Community Health Survey Results and Assessment – 2018</i></p> <p>Note: A variety of existing (secondary) data sources was consulted to complement the research quality of the PRC Community Health Needs Assessment. Secondary data for the assessment represent county-level data for Kane County, and were obtained from the following sources:</p> <ul style="list-style-type: none"> • Center for Applied Research and Environmental Systems (CARES) • Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention • Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS) • Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics • Community Commons • Illinois Department of Public Health • ESRI ArcGIS Map Gallery • National Cancer Institute, State Cancer Profiles • OpenStreetMap (OSM) • US Census Bureau, American Community Survey • US Census Bureau, County Business Patterns • US Census Bureau, Decennial Census • US Department of Agriculture, Economic Research Service • US Department of Health & Human Services • US Department of Health & Human Services, Health Resources and Services Administration (HRSA) • US Department of Justice, Federal Bureau of Investigation • US Department of Labor, Bureau of Labor Statistics
2	Centers for Disease Control and Prevention (CDC). <i>Behavioral Risk Factor Surveillance System Survey Data</i> ; as included and referenced in the Professional Research Consultants, Inc. <i>Community Health Survey Results and Assessment</i>
3	Illinois Behavioral Risk Factor Surveillance System (http://app.idph.state.il.us/brfss/); as included and referenced in the Professional Research Consultants, Inc. <i>Community Health Survey Results and Assessment</i>
4	National Cancer Institute State Cancer Profiles; updated as of November 2017, accessed on 7/20/18, (https://statecancerprofiles.cancer.gov/data-topics/incidence.html)
5	CDC United States Cancer Statistics (2011-2015, age-adjusted rates); accessed on 7/20/18, (https://gis.cdc.gov/Cancer/USCS/DataViz.html)

**Source
Number**

Data Source (CONTINUED)

6	Healthy People 2020 (http://www.healthypeople.gov/2020/default.aspx); as included and referenced in the Professional Research Consultants, Inc. <i>Community Health Survey Results and Assessment</i> and the RCMC Community Health Needs Assessment
7	KANE COUNTY Community Health Assessment and Improvement Plan 2016 (http://www.kanehealthcounts.org/content/sites/kane/Kane_County_Community_Health_Assessment_and_Improvement_Plan_-_Nov_2016.pdf)
8	2016-2019 KANE COUNTY Community Health Assessment and Improvement Plan Executive Summary (http://www.kanehealthcounts.org/content/sites/kane/2016-2019_CHA-CHIP_Executive_Summary.pdf)
9	Kendall County 2016-2021 IPLAN (http://www.kendallhealth.org/wp-content/uploads/2015/06/IPLAN.pdf)
10	Rush Copley Medical Center Community Health Assessment Reports <ul style="list-style-type: none">• FY2013• FY2016
11	Illinois Department of Public Health Vital Statistics (http://www.idph.state.il.us/health/statshome.htm); as included and referenced in the Professional Research Consultants, Inc. <i>Community Health Survey Results and Assessment</i>
12	Illinois Department of Public Health Annual Hospital Questionnaire, Rush Copley Medical Center Profiles, 2013-2017
13	IHA COMPdata (2013-2018 data); accessed 11/2018
14	Advisory Board; Advisory Board Daily Briefing; How Americans die, in 5 charts; accessed 1/17/19
15	Rush Copley Medical Center Internal Data Systems (AS400/SCM) utilization data
16	U.S. health chief says overdose deaths beginning to level off; 9/17/18; https://www.nbcnews.com/health/health-news/u-s-health-chief-says-overdose-deaths-beginning-level-n923501
17	Opioids, Car Crashes and Falling: The Odds of Dying in the U.S.; 1/14/19; https://www.nytimes.com/2019/01/14/us/opioids-car-crash-guns.html
18	Walkscore .com; accessed 3/8/19 https://www.walkscore.com/
19	County Health Rankings and Roadmaps 2018 http://www.countyhealthrankings.org/app/

Source Number	Data Source (CONTINUED)
20	No longer applicable from the last assessment
21	Fit Kids 2020 Plan (Kane County) (http://www.makingkanefitforkids.org/wordpress/wp-content/uploads/2011/08/FFK_2020_Plan.pdf)
22	The United States Census Bureau; American Fact Finder; accessed 7/18/18 (https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml)
23	Environics Analytics (socioeconomic data and demographics); 2018-2023 data is based upon the 2010 U.S.
24	Realtytrac (data July 2018); accessed 7/18/18, (http://www.realtytrac.com/)
25	United States Department of Labor, Bureau of Labor Statistics (data May 2018); accessed 7/19/19 (http://www.bls.gov/)
26	No long applicable from the last assessment
27	Robert Wood Johnson Foundation; accessed 3/1/2019 (http://www.rwjf.org)
28	No long applicable from the last assessment
29	No long applicable from the last assessment
30	No long applicable from the last assessment
31	Association of Community Health Improvement (ACHI), Community Health Assessment Toolkit; accessed 1/1/18-3/26/19 (http://www.assesstoolkit.org/)
32	American Medical Association
33	Opioid antidote saves lives, but overdose survivors still need help; 1/27/19; https://www.dailyherald.com/news/20180127/opioid-antidote-saves-lives-but-overdose-survivors-still-need-help
34	Opioid death toll rises in suburbs, but nonprofit warns 'urgency has died'; 3/14/19; https://www.dailyherald.com/news/20190314/opioid-death-toll-rises-in-suburbs-but-nonprofit-warns-urgency-has-died
35	IL Department of Human Services; The Opioid Crisis in Illinois: Data and the State's Response
36	National Institute on Drug Abuse; accessed 3/15/19; https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/illinois-opioid-summary
37	IDPH Division of Health Data and Policy; Drug Overdose Deaths by Sex, Age Group, Race/Ethnicity and County; 2/6/2019