

Community Health Needs Assessment Report

FY2013

Outline

- Executive Summary
- Introduction
- Community Served
- Identified Community Health Needs
- Additional Resources

Executive Summary

Executive Summary

In FY2013, Rush-Copley Medical Center completed a comprehensive Community Health Needs Assessment (CHNA) process to identify, prioritize, and address the top health issues in the community served.

The community served by the hospital includes the geographic area, from which approximately 80% of the hospital's patients reside. This area includes Aurora, Oswego, Montgomery, North Plainfield and most of Kendall County.

Process and Methodology

- The hospital used four methods for collecting community input and health data, including the following:
 - Partnering with the Kane County and Kendall County Health Departments on the development of their respective IPLANs
 - Community health survey
 - Focus groups
 - Extensive secondary data analysis

- The hospital established an internal team with health and community expertise to guide the development of the CHNA and establish the implementation strategy.
 1. The committee reviewed and discussed the findings from the community health survey, Kane County and Kendall County IPLANs, focus groups, and secondary data analysis.
 2. Through a defined criteria process the committee identified and prioritized the top health issues in the community.

Executive Summary

Identified and Prioritized Health Needs

Rush-Copley identified the following as the top three health priorities in the community to be addressed:

1. Obesity
2. Chronic disease prevention and management – focusing on diabetes
3. Access to care – focusing on medication access and assistance for the uninsured and underinsured

The hospital developed and adopted an implementation strategy to address these community health needs. The implementation strategy was approved by the Board of Directors on February 26, 2013.

The CHNA report and data and information book are helpful community resources and will be made widely available on www.rushcopley.com.

Execution of the implementation strategies has begun and will continue over the next three fiscal years.

Introduction

Rush-Copley Medical Center

- Since its founding (originally as Aurora City Hospital) in 1886, Copley Memorial Hospital has been committed to serving the health needs of the greater Aurora community.
- Copley Memorial Hospital, otherwise known as Rush-Copley Medical Center,
 - Is a 210 bed, not-for-profit hospital with over 500 physicians on staff and nearly 2,000 employees
 - Offers inpatient specialty care as well as comprehensive outpatient services
 - Provides services to over 80,000 individual patients annually
 - Holds more accreditations and disease specific certifications than any other area hospital
 - Recognized nationally, regionally and locally for providing an outstanding workplace
 - Is the most preferred hospital by area consumers for key specialties and overall quality of care
- The hospital's mission is to provide advanced medicine with quality outcomes and extraordinary care. To that end, the medical center seeks to serve the community in ways that engage, educate and empower. Annually the hospital:
 - Sponsors, partners or participates in well over 250 community-based programs and events, specifically groups aimed at improving the lives of children, women or the underserved
 - Provides free educational programs and seminars including hand hygiene, diabetes, heart health, cancer prevention, weight control, smoking cessation and more
 - Provides free and reduced cost health screenings
 - Provides language assistant services, volunteer programs, and professional education
- In FY12, the hospital provided nearly \$9 million in charity care and over \$21 million in uncompensated government sponsored indigent health care. Additional discounts and expenses associated with the hospital providing care to the uninsured totaled \$20.2 million during the same time period.

Assessment Overview

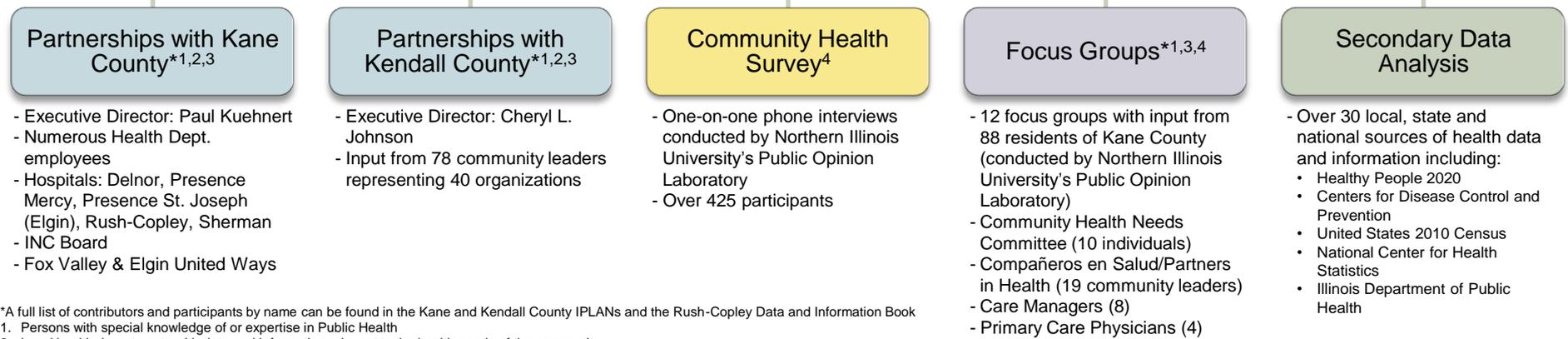
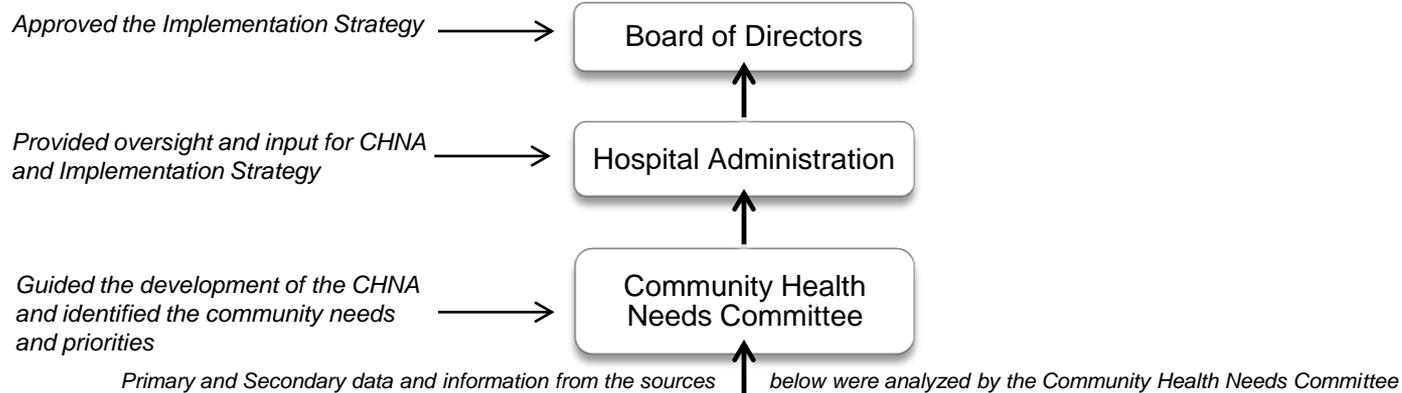
- The recently enacted Patient Protection and Affordable Care Act requires private, not-for-profit hospitals to conduct a Community Health Needs Assessment at least once every three years and to adopt an implementation strategy to address the identified community needs.
- The purpose of this Community Health Needs Assessment is to objectively identify and prioritize the health needs of the community served.
 - This will be accomplished through the collection and analysis of data and information, including input from community stakeholders.
 - The assessment results will be used to develop and implement strategies and action plans to address the prioritized needs identified.
- Rush-Copley's goals of the Community Health Needs Assessment include:
 1. Determine and establish baseline information about the health status of the community
 2. Identify all of the health needs of the community
 3. Prioritize the identified community health needs
 4. Develop and implement strategies and action plans to address the identified and prioritized community health needs

Process and Framework

- The hospital conducted the Community Health Needs Assessment in FY2013. Community partnerships related to many of the components in the assessment process were established and active between 2011-2013.
- The hospital developed and adopted an implementation strategy to address the identified community health needs. The implementation strategy was approved by the Hospital's Board of Directors on February 26, 2013.
- In order to conduct a comprehensive and efficient Community Health Needs Assessment, the hospital used the Association of Community Health Improvement's (ACHI) framework for developing a Community Health Needs Assessment, which includes the following six steps:
 1. Establishing the assessment infrastructure
 2. Defining the purpose and scope of the assessment
 3. Collecting and analyzing data
 4. Identifying needs and selecting priorities
 5. Documenting and communicating results
 6. Planning for action and monitoring progress

Structure and Inputs

- The hospital established an internal team with health and community expertise to guide the development of the Community Health Needs Assessment and identify and prioritize the community needs.
- In addition, the hospital took into account input from a number of people representing the broad interests of the community served.
 - Those who provided input are experts in a range of areas including public health, minority populations, disparities in health care, social determinants of health, and health & social services.
 - Their input helped to ensure that the hospital identified all of the health needs in the community.
- The flow chart below illustrates the scope of participants, assessment methodology, and input process.



*A full list of contributors and participants by name can be found in the Kane and Kendall County IPLANs and the Rush-Copley Data and Information Book

1. Persons with special knowledge of or expertise in Public Health
2. Local health departments with data and information relevant to the health needs of the community
3. Leaders, representatives, and members of medically underserved, low-income, and minority populations, and populations with chronic disease needs in the community
4. Other persons and organizations

Analytical Methodology

- In order to identify the community health needs, the hospital used a number of analytical methods, including both qualitative and quantitative processes.
- There were four key methods used in the data and information collection and analysis component of the assessment process that were critical in developing an accurate picture of the health of the community served. The four key methods include the following:

Partnering with the local county health departments in the development of their IPLANs

(11/2010–3/2012, partnerships are on-going)

- The hospital collaborated with the Kane County and Kendall County health departments, as well as other community partners and health experts, to develop and implement their respective IPLANs.
- Through these collaborations, the hospital actively participated in the identification and prioritization of needs and the development of improvement strategies for key topics that would improve the health and well-being of the residents of the respective counties.

Community Health Survey *(March-July 2011)*

- The hospital contracted with the Northern Illinois University's Public Opinion Laboratory to conduct a health status phone survey of adult residents from the community the hospital serves.
- The format of the survey and the questions asked were developed using the CDC's Behavioral Risk Factor Surveillance System as a guide in order to obtain state and national comparative data.
- Over 425 one-on-one phone surveys were completed using a random sample. The survey results provided the hospital with a comprehensive view of the health status and behaviors of the community.

Identified Community Health Needs

Focus Groups *(October 2011-May 2012)*

- Sixteen focus groups were conducted by or on behalf of the hospital.
- Each focus group provided the unique insights of different segments of the population and reflected the unique perspectives of the health needs of the community from residents, community health leaders/experts, hospital care managers and primary care physicians.
 - The hospital contracted with Northern Illinois University's Public Opinion Laboratory to conduct 12 community focus groups with Kane County adult residents.
 - The hospital conducted the following focus groups: Compañeros en Salud/Partners in Health, Care Managers, Primary Care Physicians, and Community Health Needs Committee.

Extensive Data Analysis

(January-May 2012)

- The hospital conducted an extensive analysis of secondary data, which included internal utilization data, IHA COMPdata, local public health data, statewide and nationwide behavioral risk assessments data, and a review of the Healthy People 2020 goals and baseline data.
- When available, the data indicators for the community, IL, and U.S. were aligned and compared to Healthy People 2020 national baseline data and goals. This comparison helped with the identification of community health needs from a quantitative perspective.

Identification/Prioritization Methodology

- The Community Health Needs Committee guided the process to identify and prioritize the health needs.
- The core of the Committee's work included the following:
 1. To review the findings from the community health survey, Kane County and Kendall County IPLANs, focus groups, and secondary data analysis
 2. To identify and prioritize the community health needs using the criteria described below

Needs Identification Criteria

The method used in the health needs identification process included applying the following criteria to the findings from the analytic process:

1. The severity of the indicator/problem (e.g., the number of people or the percentage of population impacted)
2. The magnitude of the indicator/problem (e.g., the degree to which health status is worse than the national norm)
3. A high need among vulnerable populations

Needs Prioritization Criteria

In order to prioritize the identified community health needs, the hospital established evaluation criteria based upon the Association of Community Health Improvement's guidelines, which included:

1. The community's capacity to act on the issue, including any economic, social, cultural, or political considerations (community will embrace it as a priority)
2. The likelihood or feasibility of having a measurable impact on the issue
3. The current community resources that are already focused on an issue (e.g., collaborative programs, funding; to reduce duplication of effort and to maximize effectiveness of limited resources)
4. Whether the issue is a root cause of other problems (thereby possibly affecting multiple issues)

Data Sources and Gaps

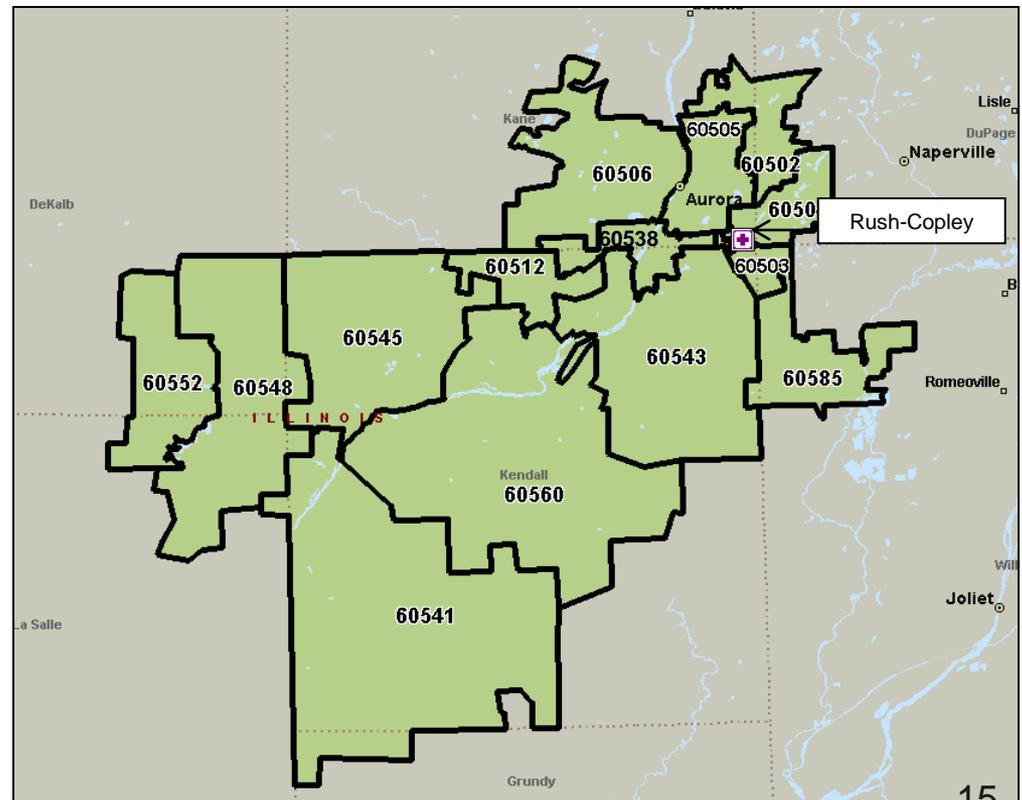
- The hospital used the most current and up-to-date data available to identify the health needs of the community.
- The table below includes the data sources used in the assessment as well as the identified data gaps.

Data Sources		Data Gaps
Secondary Data	Primary Data	
<ul style="list-style-type: none"> • Centers for Disease Control and Prevention (CDC) and Behavioral Risk Factor Surveillance System Data² • Illinois Behavioral Risk Factor Surveillance System³ • Illinois Department of Public Health State Cancer Registry⁴ • CDC United States Cancer Statistics⁵ • Healthy People 2020⁶ • Kane County Health Department^{7,8} • Kane County Community Health Assessment 2011⁷ • Kane County Community Health Improvement Plan 2012-2016⁸ • Kendall County Health Department⁹ • Kendall County IPLAN 2011-2016⁹ • CDC Mortality Report¹⁰ • Illinois Department of Public Health Vital Statistics¹¹ • CDC National Center for Health Statistics¹² • IHA COMPdata (market/state health care utilization data)¹³ • Data Resource Center for Children and Adolescent Health¹⁴ • RCMC internal data systems (utilization data and patient origin)¹⁵ • CDC Births and Natality¹⁶ • U.S. Department of Transportation¹⁷ • CDC National Vital Statistics Report¹⁸ • 2012 County Health Rankings and Roadmaps¹⁹ • Latino Mental Health Project (Aurora University)²⁰ • Fit Kids 2020 Plan (Kane County)²¹ • U.S. 2010 Census²² • The Neilsen Company (socioeconomic data & demographics)²³ • RealtyTrac²⁴ • U.S. Bureau of Labor Statistics²⁵ • U.S. Department of Health and Human Services, The Office of Minority Health²⁶ • PhRMA: Just what the doctor ordered²⁷ • Certification Commission for Healthcare Interpreters Brief²⁸ • CVS Caremark²⁹ • Health Research & Educational Trust³⁰ • Association for Community Health Improvement (ACHI)³¹ • The Joint Commission³² • National Cancer Institute at the National Institutes of Health³³ 	<ul style="list-style-type: none"> • Telephone interviews <ul style="list-style-type: none"> – Community Health Survey¹ – Kane County Health Survey – Children's Survey⁷ • Focus Groups <ul style="list-style-type: none"> – Kane County Residents – Community Health Needs Committee – Compañeros en Salud/ Partners in Health – Care Managers – Primary Care Physicians 	<ul style="list-style-type: none"> • While an extensive amount of data was gathered and analyzed, some data gaps still exist, including: <ol style="list-style-type: none"> 1. Limited data for the community served was available for many of the health needs topics by demographic subgroups or socio-economic subgroups (i.e., race, ethnicity, age, gender, income, education attainment, etc.). 2. Very limited to no data was available for undocumented residents in the community. 3. Health status and behaviors data was not available specific to children in the community served. However, it was available for children residing in Kane County. 4. Trend data was not available for the Community Health Survey. • In order to address most of the data gaps mentioned above, the hospital asked questions regarding health disparities in the community through focus groups facilitated by the hospital. • The baseline data acquired and assembled for this assessment will be used to help establish trends in future Community Health Needs Assessments.

Community Served

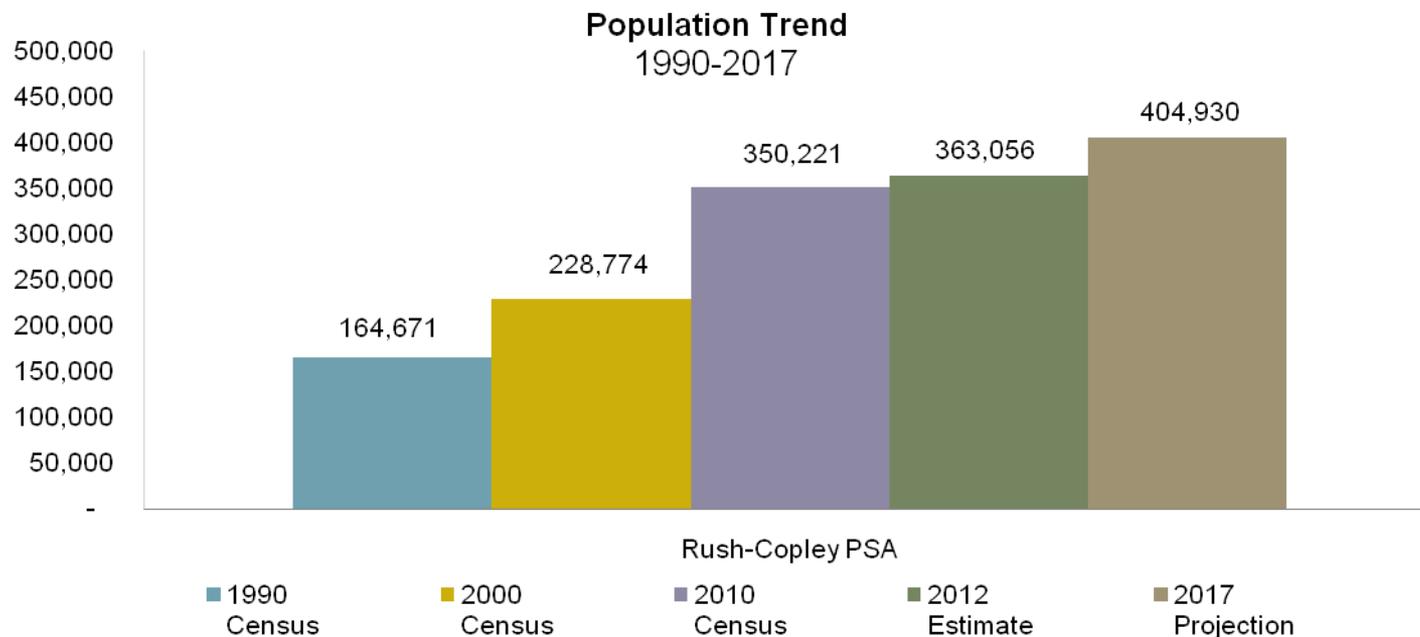
Community Served

- The hospital is located in the city of Aurora, IL, which is the second largest city in Illinois.
- The community served by the hospital is defined as the geographic area identified by the contiguous zip codes, from which approximately 80% of the hospital's discharged patients reside.¹⁵ The hospital also refers to this geographic area as the Rush-Copley Primary Service Area (PSA).
- As seen in the map to the right, the community served includes all of Aurora and most of Southern Kane and Kendall Counties.
 - Kendall County was the nation's fastest growing county between 2000 and 2010²²
 - Kane County has the second largest Hispanic population in IL, which is concentrated in Aurora²²
- The community served also includes very small portions of DeKalb, LaSalle, Grundy, DuPage and Will Counties.



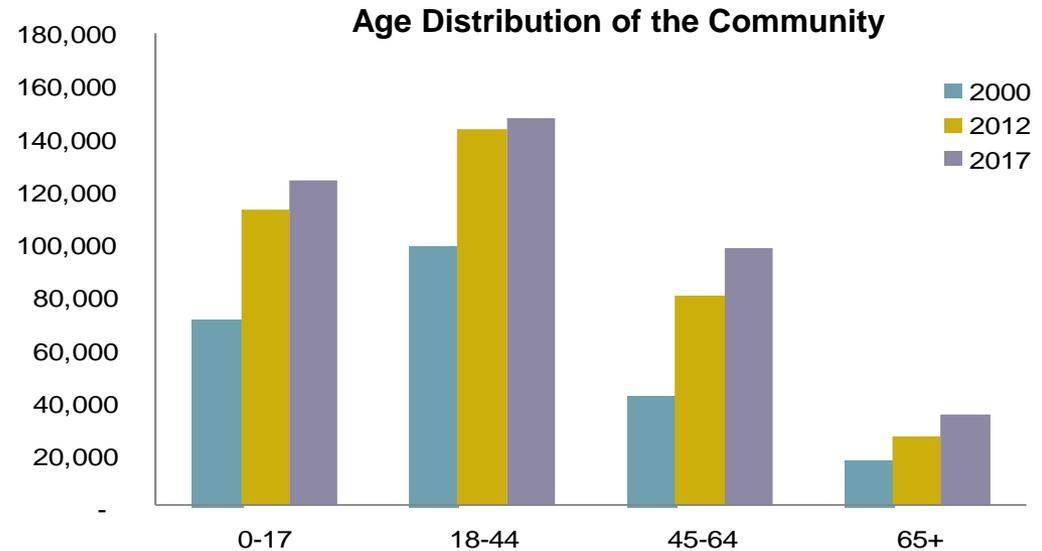
Demographics

- In 2012, there were 363,056 residents living in the community.
- Since the 2000 census, the community experienced a population increase of 59% (+134,282 residents).
 - During the same time period, the IL population increased by 3.9% and the U.S. population increased by 11.3%.
- However, largely due to the economic downturn, population growth in the community is expected to slow with only 12% growth projected from 2012 to 2017.



Demographics

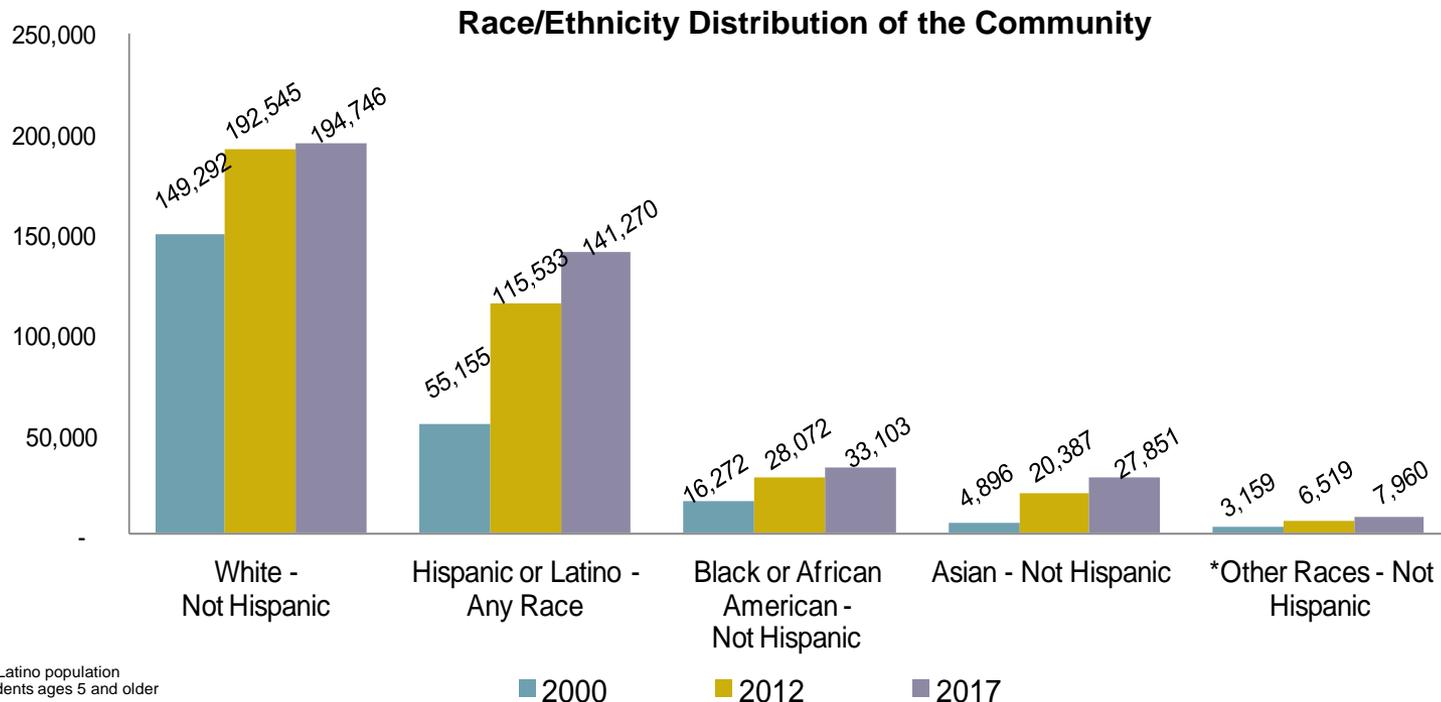
- The average age in the community is 32.8 years, which is younger than the average age in IL and the U.S. (IL = 37.1 ; U.S. = 37.5).
- There is a large youth population that represents nearly a third of the population.
- However, although it is considered a young community, the population is growing most rapidly in the 45+ years cohort.
 - The 45-64 age cohort nearly doubled in size between 2000 and 2012, making it the fastest growing segment in the population (from 41,783 to 80,182 residents).
 - The 65+ population is projected to increase 33% between 2012 and 2017 (+8,653 residents).



Population	0-17	18-44	45-64	65+
2000	70,789	99,097	41,783	17,105
2012	112,951	143,689	80,182	26,234
2017	124,047	147,661	98,335	34,887
% Growth 2000-2012	59.6%	45.0%	91.9%	53.4%
% Growth 2012-2017	9.8%	2.8%	22.6%	33.0%

Demographics

- The service area is experiencing changing demographics as the community continues to become more diverse. Between 2000 and 2012:
 - The population of the combined minority races increased by over 125% (+30,651 for a total of 54,978 residents).*
 - The Hispanic population increased by almost 110% (+60,378 for a total of 115,533 residents).
- Hispanic and Latinos account for 32% of the population, which is nearly double the national rate (U.S.=17%; IL= 16%). This population is expected to increase another 22% by 2017.
- Approximately, 24% of the residents in the community speak Spanish at home.**



Source: The Nielsen Company²³
 *Does not include the Hispanic or Latino population
 **Primary language based on residents ages 5 and older

Socioeconomics Characteristics

- The economic downturn had a negative impact on the community served.
 - Median housing values decreased by 24% between 2008 and 2012.
 - Kendall County and Kane County experienced some of the highest foreclosure activity in IL and the U.S. over the last couple years with foreclosure rates between 1 in every 126-150 homes.
- Unemployment rates in the local counties remain high, but are comparable to the IL and national rates (Kane = 8.4%; Kendall = 7.5%).

	Rush-Copley PSA	Kane County	Kendall County	IL	U.S.
Median housing value – 2008	\$230,964	\$255,008	\$253,038	\$196,362	\$178,626
Median housing value – 2012	\$186,187	\$199,298	\$199,688	\$172,384	\$168,275
Foreclosure rate (as of 3/2012) ²⁴	Not available	1:150	1:126	1:383	1:662
Median household income (2012)	\$67,020	\$66,297	\$76,007	\$54,167	\$49,581
% Unemployment rate (as of 5/2012) ²⁵	Not available	8.4	7.5	8.6	8.2
% Poverty rate of the total population (2010) ²²	Not available	11.1	4.4	13.8	15.3
% Achieved a bachelor's degree or higher (2012)	32%	32%	33%	30%	28%

Existing Health Care Facilities & Resources

There are existing health care facilities and resources within the community that are available to respond to the health needs of the community. The table below describes these resources.

Health Care Facilities and Providers	Mental and Behavioral Health	Other Agencies, Programs and Resources
<ul style="list-style-type: none"> • Aurora Medical Clinic • Aurora Primary Care Consortium • Aunt Martha’s Youth Services Center • Dreyer Medical Clinic • Independent Physicians/Providers • Presence Mercy Medical Center • Rush-Copley Medical Center • Valley West Community Hospital • VNA Health Care 	<ul style="list-style-type: none"> • Association for Individual Development (AID) • Aunt Martha’s Youth Services Center • Breaking Free, Inc. • Cadence Health Behavioral Health Services • Communities in Schools Fred Rodgers Community Center • Dreyer Medical Clinic • Ecker Center for Mental Health • Elderday Center • Family Counseling Services • Fox Valley Volunteer Hospice • Gateway Foundation – Aurora • Hope for Tomorrow, Inc. • Kendall County Health Department Mental and Substance Abuse Treatment Clinicians • Mutual Ground, Inc. • Open Door Clinic • Presence Mercy Medical Center • Presence St. Joseph Hospital (Elgin) • Senior Services Associates • TriCity Family Services • NA Health Care 	<ul style="list-style-type: none"> • City of Aurora • Compañeros en Salud/ Partners in Health • Fit for Kids Program • Fox Valley Park District • Kane County Health Department • Kendall County Health Department • Kane Community Health Access Integrated Network (KCHAIN) • Women, Infants and Children (WIC) Program

Identified Health Needs

Identified and Prioritized Health Needs

- The Community Health Needs Committee identified and prioritized the following community needs using the process and methodology outlined on page 10 of this report.
- As part of a collaborative community process, the Committee agreed to include all of the needs/threats identify by Kane and Kendall Counties in their respective IPLANs.

Identified Community Health Needs (listed in order of importance from highest to lowest)	Need Identified by:		
	Rush-Copley	Kane County IPLAN	Kendall County IPLAN
Obesity	X	X	X
Chronic disease prevention and management	X	X	
Access to care <ul style="list-style-type: none"> • Medication access and assistance for the uninsured and underinsured • Health care access for the uninsured and underinsured • Bi-lingual health interpretation and translation services 	X		
Infant mortality		X	
Communicable diseases		X	
Mental and behavioral health <ul style="list-style-type: none"> • Poor social & emotional wellness¹ • Prevention of youth high risk behaviors² • Increase of socioeconomic well-being² 		X	X
Housing conditions <ul style="list-style-type: none"> • Childhood lead poisoning¹ • Reduce indoor radon exposure² 		X	X

1: Identified as a community health threat in the Kane County 2012-2016 IPLAN

2: Identified as a health priority in the Kendall County 2011-2016 IPLAN

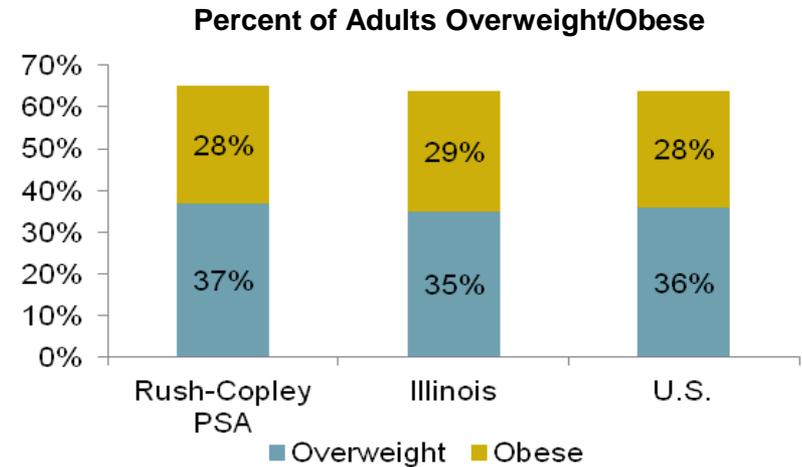
Identified and Prioritized Health Needs

- Rush-Copley identified the following as the top three health priorities in the community to be addressed through an implementation strategy:
 1. Obesity
 2. Chronic disease prevention and management – focusing on diabetes
 3. Access to care – focusing on medication access and assistance for the uninsured and underinsured
- The hospital developed and adopted an implementation strategy to address these community health needs.

Obesity

Overview⁶

- Obesity means excess body fat and is defined as having a Body Mass Index (BMI) equal to or greater than 30.
- Obesity is a root cause of other health problems. Being overweight or obese can increase the risk for many chronic diseases including heart disease, type 2 diabetes, high blood pressure, cancer, stroke and osteoarthritis.
- As the rate of obesity continues to increase, so does the rate of obesity related diseases.



Why is this an identified health need?

- The obesity epidemic in the United States includes the community served by the hospital. The severity of this problem is high in the community due to the number of residents that are overweight or obese.
 - 65.2% of the adults in the community are either overweight or obese
 - 21.8% of children in Kane County are obese
- The following factors contribute to the severity of obesity in the community:
 - Only 41.9% of adults meet the recommended level of physical activity (significantly lower than the IL rate of 52% and the Healthy People 2020 Goal of 47.9%).
 - Only 17.3% of adults and 25.5% of children (Kane County only) in the community eat at least five servings of fruits and vegetables per day.
- Obesity disproportionately affects Hispanic Americans as this population is 1.2 times as likely to be obese than Non-Hispanic Whites.²⁶
- Obesity was identified as a top health problem in the community by Kane County IPLAN, Kendall County IPLAN, the Compañeros en Salud focus group, and the primary care physicians focus group.
- Reducing the prevalence of obesity would have a positive impact on the health of the community and would also contribute to the reduction of the incidence of chronic diseases.

Chronic Disease

Overview⁶

- Chronic diseases are diseases of long duration, generally slow progression, and are non-communicable (includes arthritis, asthma, heart disease, cancer, diabetes, and chronic obstructive pulmonary disease).
- There are four common risk behaviors identified by the CDC that cause chronic disease: lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption.
- Chronic diseases are the leading causes of death and disability in the U.S., accounting for 70% of all deaths and about 75% of the \$2.6 trillion the nation spends on health care services.
- If no preventative action is taken, these diseases will continue to be more prevalent as the population ages.

Why is this an identified health need?

- The community served has higher prevalence/incidence rates for most chronic disease as compared to IL and the U.S.
- Kane County identified chronic disease as a top health threat in their recent IPLAN stating that chronic diseases account for 81% of all deaths in Kane County.
- The severity and magnitude of diabetes in the community led it to be identified as the top chronic disease need
 - Nearly 15% of adults in the community have diabetes, which is higher than IL and the U.S. rate of 8.7%.
 - In the U.S., diabetes disproportionately affects Hispanic adults as they are 1.7 times more likely than non-Hispanic white adults to have diabetes.²⁶
 - The Care Managers focus group identified the poor management of diabetes as a top health need.
 - Kane County implemented a county-wide task force to address diabetes in the community (screenings, education & access to care).

	Rush-Copley PSA	Illinois	U.S.
Diabetes (adults only)	14.9 ¹	8.7 ²	8.7 ²
Angina or coronary heart disease	6.8 ¹	3.6 ²	4.1 ²
Has had a heart attack	7.4 ¹	3.7 ²	4.2 ²
Asthma	11.4 ¹	9.2 ²	9.1 ²
Has had a stroke	1.4 ¹	2.7 ²	2.7 ²
Cancer incidence	Kane: 481.6 ⁴ Kendall: 490.9 ⁴	490.4 ⁴	465.1 ⁵

Please note: Highlighting represents the following:

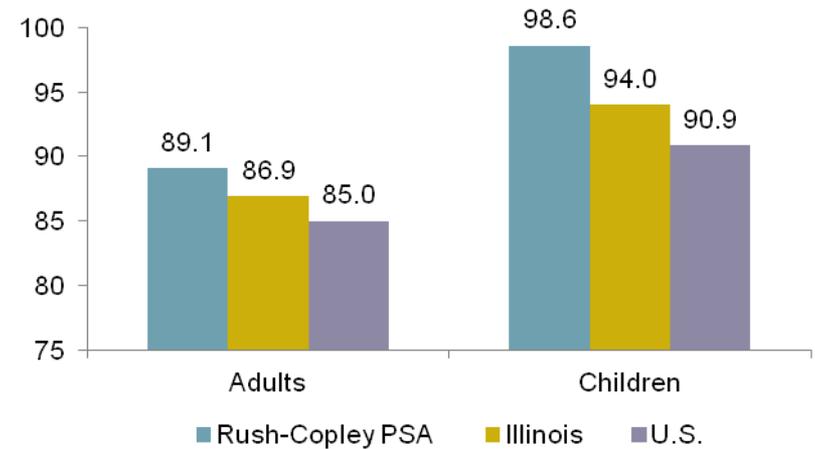
- Green = Rush-Copley PSA data is the same or more favorable than the most current U.S. data available
- Red = Rush-Copley PSA data is less favorable than the most current U.S. data available

Health Care Access

Overview⁶

- Access to comprehensive and quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone.
- Access to health services encompasses four components: coverage, services, timeliness, and workforce.
- Disparities in access to health services affect individuals and society.
- Barriers to services include lack of availability, high cost, and lack of insurance coverage.

Percent of Individuals with Health Care Coverage



Why is this an identified health need?

- The community served by the hospital has a higher percent of individuals that have health care coverage as compared to IL and the U.S.
- However, the focus groups identified three needs related to improved access to health care:
 1. The need for improved medication access and assistance for the undocumented and uninsured
 2. Improved health care access for the uninsured and underinsured
 3. The need for bi-lingual health interpretation and translation services in the community

Health Care Access

Why is this an identified health need? (continued)

1. The need for better medication access and assistance for the undocumented and uninsured.

- The need for consistent access to critical medications (i.e., insulin for diabetes) was identified by many of the focus groups. It was noted that many vulnerable populations (i.e., uninsured, underinsured, and undocumented) do not receive the medications they are prescribed due to high prescription costs.
- Efforts to stimulate better prescribing of and adherence to essential medications can improve population health, avert costly emergency department visits and hospitalizations, and improve quality of life and productivity, particularly for those with chronic diseases.

2. Improved health care access for the uninsured and underinsured

- The need for improved access to care was identified across the continuum of care (from preventative care to specialty care) by all of the focus groups.
- Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life.

3. The need for bi-lingual health interpretation and translation services in the community

- The need for greater interpretation and translation services for health care information was identified in the focus groups, particularly for the Hispanic population, which accounts for nearly a third of the total population in the community.
- Improving health-related communication is essential in reducing health disparities. Effective communication between patients and healthcare providers ensures safety, quality, and confidentiality.
- Disparities in access to health information, services, and technology is a root cause of :
 - Lower usage preventive services
 - Less knowledge of chronic disease management
 - Higher rates of hospitalization
 - Poorer reported health status

Additional Resources

Additional Resources and Information

- As part of the collaborative community process, Rush-Copley identified and included the all of the needs/threats identified by Kane and Kendall Counties in their respective IPLANs. Details regarding the included needs/threats can be found in the IPLAN reports, which are available online at:
 - <http://kanehealth.com/PDFs/CHIP/CHIP-short.pdf>
 - <http://health.co.kendall.il.us/IPLAN/IPLAN.pdf>
- Additional information and details can be found in the Rush-Copley Community Health Needs Assessment Data and Information Book, including:
 - Detailed community survey response data
 - Detailed community demographic and socioeconomic data
 - Focus group participant lists and discussion findings
 - Hospital and community utilization data
 - County health ranking detail for Kane and Kendall Counties