

FY2016
Community Health Needs
Assessment

Data and Information Book

Table of Contents

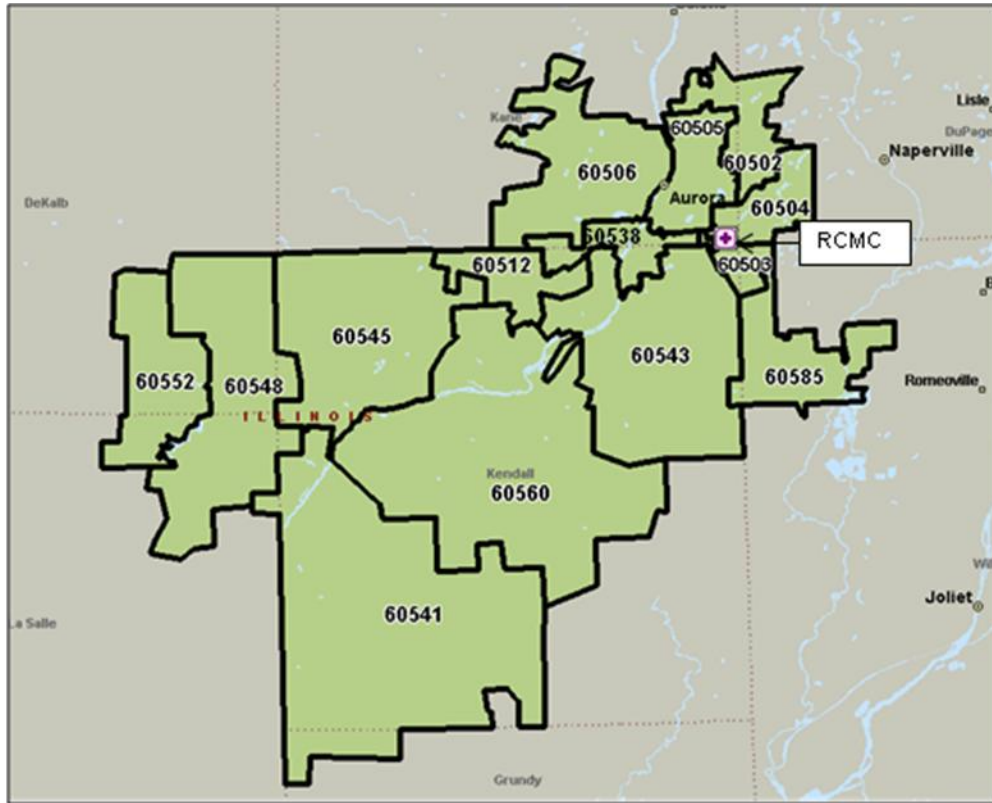
- Section I – Community Served and Demographic & Socioeconomic Detail 2**
 - Community Served..... 3
 - Community Served – Demographic Detail..... 4
 - Community Served – Demographic Trend Detail 9
 - Community Served – Socioeconomic Detail..... 11
- Section II – Health Status Findings 12**
 - Health Status Findings – Summary 13
 - Cancer Incidence – Summary 28
- Section III – Focus Group Findings..... 29**
 - Kane County Key Informants 30
 - Rush-Copley Community Health Needs Steering Committee..... 33
 - Care Managers 35
 - Primary Care Physicians 37
 - Kendall County Health Department 39
 - Kendall County Senior Services Advisory Council & TRIAD 41
 - Rush-Copley Medical Center Administration 43
- Section IV – Additional Comments..... 45**
- Section V – Rush-Copley Medical Center Utilization Data..... 47**
- Section VI – Community Health Utilization Data 49**
 - Leading Causes of Inpatient Hospitalization 50
 - Emergency Department Utilization..... 51
- Section VII – County Health Rankings 52**
- Section VIII Data Sources 54**

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: The Neilsen Company²³

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 from.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)
- Montgomery (60538)
- Newark (60541)
- Oswego (60543)
- Plainfield (60585)
- Plano (60545)
- Sandwich (60548)
- Somonauk (60552)
- Yorkville (60560)

Community Served - Demographic Detail

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

Demographic Quick Facts	Rush-Copley PSA*		Kane County, IL		Kendall County, IL		Illinois		The United States	
Population										
2020 Projection	371,600		536,837		126,387		12,983,189		330,689,365	
2015 Estimate	360,438		526,958		121,320		12,900,879		319,459,991	
2010 Census	346,878		515,269		114,736		12,830,632		308,745,538	
2000 Census	226,524		404,119		54,555		12,419,269		281,421,942	
Growth 2015-2020	3.10%		1.87%		4.18%		0.64%		3.52%	
Growth 2010-2015	3.91%		2.27%		5.74%		0.55%		3.47%	
Growth 2000-2010	53.13%		27.50%		110.31%		3.31%		9.71%	
2015 Est. Population by Sex	360,438		526,958		121,320		12,900,879		319,459,991	
Male	179,128	49.70%	262,684	49.85%	59,923	49.39%	6,336,301	49.12%	157,270,864	49.23%
Female	181,310	50.30%	264,274	50.15%	61,397	50.61%	6,564,578	50.88%	162,189,127	50.77%
2015 Est. Population by Age	360,438		526,958		121,320		12,900,879		319,459,991	
Age 0 to 4	28,263	7.84%	37,868	7.19%	9,189	7.57%	806,808	6.25%	20,007,141	6.26%
Age 5 to 9	31,237	8.67%	40,035	7.60%	10,696	8.82%	826,016	6.40%	20,364,468	6.37%
Age 10 to 14	29,988	8.32%	41,682	7.91%	10,163	8.38%	850,508	6.59%	20,720,122	6.49%
Age 15 to 17	17,249	4.79%	25,033	4.75%	5,672	4.68%	530,836	4.11%	12,867,512	4.03%
Age 18 to 20	15,164	4.21%	22,499	4.27%	4,838	3.99%	555,420	4.31%	13,783,781	4.31%
Age 21 to 24	17,864	4.96%	27,137	5.15%	5,685	4.69%	716,883	5.56%	17,890,107	5.60%
Age 25 to 34	48,028	13.32%	63,607	12.07%	15,178	12.51%	1,734,852	13.45%	42,448,919	13.29%
Age 35 to 44	57,776	16.03%	72,108	13.68%	20,426	16.84%	1,679,112	13.02%	40,465,625	12.67%
Age 45 to 54	49,048	13.61%	74,577	14.15%	16,840	13.88%	1,762,758	13.66%	43,448,967	13.60%
Age 55 to 64	34,156	9.48%	61,109	11.60%	11,709	9.65%	1,624,728	12.59%	40,586,378	12.70%
Age 65 to 74	19,506	5.41%	37,122	7.04%	7,017	5.78%	1,030,932	7.99%	27,015,466	8.46%
Age 75 to 84	8,593	2.38%	16,964	3.22%	2,842	2.34%	532,200	4.13%	13,767,160	4.31%
Age 85 and over	3,566	0.99%	7,217	1.37%	1,065	0.88%	249,826	1.94%	6,094,345	1.91%
Age 16 and over	265,291	73.60%	399,156	75.75%	89,415	73.70%	10,243,547	79.40%	254,151,626	79.56%
Age 18 and over	253,701	70.39%	382,340	72.56%	85,600	70.56%	9,886,711	76.64%	245,500,748	76.85%
Age 21 and over	238,537	66.18%	359,841	68.29%	80,762	66.57%	9,331,291	72.33%	231,716,967	72.53%
Age 65 and over	31,665	8.79%	61,303	11.63%	10,924	9.00%	1,812,958	14.05%	46,876,971	14.67%
2015 Est. Median Age	33.4		35.8		34.5		37.6		37.9	
2015 Est. Average Age	34.1		36.3		34.4		38.4		38.7	

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

Community Served - Demographic Detail

Detail by race and ethnicity

Demographic Quick Facts	Rush-Copley PSA*		Kane County, IL		Kendall County, IL		Illinois		The United States	
2015 Estimated Population by Single-Classification Race	360,438		526,958		121,320		12,900,879		319,459,991	
White Alone	246,942	68.51%	389,522	73.92%	99,784	82.25%	9,094,856	70.50%	227,016,950	71.06%
Black or African American Alone	28,904	8.02%	29,103	5.52%	7,368	6.07%	1,851,149	14.35%	40,652,866	12.73%
American Indian and Alaska Native Alone	1,538	0.43%	3,134	0.59%	360	0.30%	46,714	0.36%	3,099,689	0.97%
Asian Alone	20,570	5.71%	19,882	3.77%	4,195	3.46%	654,920	5.08%	16,676,594	5.22%
Native Hawaiian and Other Pacific Islander Alone	145	0.04%	218	0.04%	46	0.04%	4,612	0.04%	596,043	0.19%
Some Other Race Alone	51,283	14.23%	70,465	13.37%	6,493	5.35%	926,979	7.19%	21,140,790	6.62%
Two or More Races	11,056	3.07%	14,634	2.78%	3,074	2.53%	321,649	2.49%	10,277,059	3.22%
2015 Estimated Population by Ethnicity (Hispanic or Latino)	360,438		526,958		121,320		12,900,879		319,459,991	
Hispanic or Latino	116,542	32.33%	167,093	31.71%	20,172	16.63%	2,189,567	16.97%	56,071,312	17.55%
Not Hispanic or Latino	243,896	67.67%	359,865	68.29%	101,148	83.37%	10,711,312	83.03%	263,388,679	82.45%
2015 Est. Hisp. or Latino Pop by Single-Classification Race	116,542		167,093		20,172		2,189,567		56,071,312	
White Alone	58,049	49.81%	84,920	50.82%	12,099	59.98%	1,091,966	49.87%	29,669,503	52.91%
Black or African American Alone	1,214	1.04%	1,691	1.01%	272	1.35%	36,311	1.66%	1,399,455	2.50%
American Indian and Alaska Native Alone	1,061	0.91%	2,422	1.45%	211	1.05%	27,150	1.24%	766,687	1.37%
Asian Alone	248	0.21%	412	0.25%	73	0.36%	6,887	0.31%	234,204	0.42%
Native Hawaiian and Other Pacific Islander Alone	29	0.02%	66	0.04%	5	0.02%	1,167	0.05%	66,490	0.12%
Some Other Race Alone	50,847	43.63%	69,939	41.86%	6,398	31.72%	911,069	41.61%	20,521,139	36.60%
Two or More Races	5,094	4.37%	7,643	4.57%	1,114	5.52%	115,017	5.25%	3,413,834	6.09%
2015 Est. Pop Age 5+ by Language Spoken At Home	332,175		489,090		112,131		12,094,071		299,452,850	
Speak only English	221,894	66.80%	333,573	68.20%	93,769	83.62%	9,368,473	77.46%	236,559,608	79.00%
Speak Asian or Pacific Island Language	7,860	2.37%	9,281	1.90%	1,940	1.73%	331,942	2.74%	9,889,283	3.30%
Speak IndoEuropean Language	12,747	3.84%	15,449	3.16%	3,201	2.85%	689,672	5.70%	11,174,237	3.73%
Speak Spanish	87,656	26.39%	127,499	26.07%	12,583	11.22%	1,590,663	13.15%	39,059,097	13.04%
Speak Other Language	2,018	0.61%	3,288	0.67%	638	0.57%	113,321	0.94%	2,770,625	0.93%

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

Community Served - Demographic Detail

Detail by marital status, education attainment, and occupation

Marriage and Work Facts	Rush-Copley PSA*		Kane County, IL		Kendall County, IL		Illinois		The United States	
2015 Est. Pop Age 15+ by Marital Status	270,950		407,373		91,272		10,417,547		258,368,260	
Total, Never Married	84,250	31.09%	123,276	30.26%	24,663	27.02%	3,592,776	34.49%	84,093,299	32.55%
Males, Never Married	45,108	16.65%	67,075	16.47%	13,455	14.74%	1,905,799	18.29%	45,137,093	17.47%
Females, Never Married	39,142	14.45%	56,201	13.80%	11,208	12.28%	1,686,977	16.19%	38,956,206	15.08%
Married, Spouse present	142,021	52.42%	211,679	51.96%	55,191	60.47%	4,745,585	45.55%	117,768,276	45.58%
Married, Spouse absent	9,910	3.66%	16,330	4.01%	1,104	1.21%	417,754	4.01%	12,562,934	4.86%
Widowed	10,595	3.91%	19,659	4.83%	2,706	2.96%	622,912	5.98%	15,383,667	5.95%
Males, Widowed	2,397	0.88%	4,166	1.02%	612	0.67%	124,846	1.20%	3,208,926	1.24%
Females, Widowed	8,198	3.03%	15,493	3.80%	2,094	2.29%	498,066	4.78%	12,174,741	4.71%
Divorced	24,174	8.92%	36,429	8.94%	7,608	8.34%	1,038,520	9.97%	28,560,084	11.05%
Males, Divorced	9,775	3.61%	14,812	3.64%	2,863	3.14%	440,475	4.23%	12,297,488	4.76%
Females, Divorced	14,399	5.31%	21,617	5.31%	4,745	5.20%	598,045	5.74%	16,262,596	6.29%
2015 Est. Pop Age 25+ by Education Attainment	220,673		332,704		75,077		8,614,408		213,826,860	
Less than 9th grade	19,554	8.86%	30,096	9.05%	1,768	2.35%	482,739	5.60%	12,581,053	5.88%
Some High School, no diploma	17,678	8.01%	25,627	7.70%	3,398	4.53%	600,203	6.97%	17,071,494	7.98%
High School Graduate (or GED)	53,095	24.06%	80,216	24.11%	18,977	25.28%	2,341,883	27.19%	60,102,300	28.11%
Some College, no degree	47,253	21.41%	68,046	20.45%	20,746	27.63%	1,840,387	21.36%	45,505,017	21.28%
Associate Degree	15,321	6.94%	23,587	7.09%	5,340	7.11%	643,115	7.47%	16,823,271	7.87%
Bachelor's Degree	43,036	19.50%	67,282	20.22%	15,824	21.08%	1,684,754	19.56%	38,659,483	18.08%
Master's Degree	19,950	9.04%	29,871	8.98%	7,454	9.93%	743,799	8.63%	16,265,659	7.61%
Professional School Degree	3,133	1.42%	5,451	1.64%	1,161	1.55%	179,934	2.09%	4,158,825	1.94%
Doctorate Degree	1,653	0.75%	2,528	0.76%	409	0.54%	97,594	1.13%	2,659,758	1.24%
2015 Est. Pop. Age 25+ by Education Attainment, Hisp./Lat.	59,689		86,081		9,767		1,184,466		31,105,207	
No High School Diploma	28,796	48.24%	43,775	50.85%	2,001	20.49%	457,269	38.61%	11,333,638	36.44%
High School Graduate	14,943	25.03%	22,949	26.66%	2,895	29.64%	335,874	28.36%	8,302,223	26.69%
Some College or Associate's Degree	11,941	20.01%	13,319	15.47%	4,175	42.75%	242,803	20.50%	7,235,978	23.26%
Bachelor's Degree or Higher	4,009	6.72%	6,038	7.01%	696	7.13%	148,520	12.54%	4,233,368	13.61%
2015 Est. Pop Age 16+ by Employment Status	265,291		399,156		89,415		10,243,547		254,151,626	
In Armed Forces	138	0.05%	167	0.04%	56	0.06%	17,216	0.17%	1,059,542	0.42%
Civilian - Employed	177,032	66.73%	251,675	63.05%	61,919	69.25%	6,053,038	59.09%	145,800,791	57.37%
Civilian - Unemployed	17,842	6.73%	27,963	7.01%	4,325	4.84%	710,837	6.94%	15,759,095	6.20%
Not in Labor Force	70,279	26.49%	119,351	29.90%	23,115	25.85%	3,462,456	33.80%	91,532,198	36.01%
2015 Est. Pop 16+ by Occupation Classification	180,481		256,633		63,357		6,145,660		148,602,059	
Blue Collar	43,605	24.16%	62,483	24.35%	12,543	19.80%	1,292,176	21.03%	30,328,167	20.41%
White Collar	109,602	60.73%	153,735	59.90%	43,247	68.26%	3,757,467	61.14%	90,051,561	60.60%
Service & Farm	27,274	15.11%	40,415	15.75%	7,567	11.94%	1,096,017	17.83%	28,222,331	18.99%
2015 Est. Avg. Travel Time to Work in Minutes	32.83		31.97		35.12		30.78		28.03	

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

Community Served - Demographic Detail

Household detail

Household Facts	Rush-Copley PSA*	Kane County, IL	Kendall County, IL	Illinois	The United States
Households					
2020 Projection	118,500	177,480	41,099	4,946,594	125,616,498
2015 Estimate	115,366	174,162	39,701	4,894,599	121,099,157
2010 Census	112,298	170,479	38,022	4,836,972	116,716,292
Growth 2015-2020	2.72%	1.91%	3.52%	1.06%	3.73%
Growth 2010-2015	2.73%	2.16%	4.42%	1.19%	3.76%
2015 Est. Occupied Housing Units by Tenure	115,366	174,162	39,701	4,894,599	121,099,157
Owner-Occupied	88,235 76.48%	133,760 76.80%	34,079 85.84%	3,296,969 67.36%	78,696,952 64.99%
Renter-Occupied	27,131 23.52%	40,402 23.20%	5,622 14.16%	1,597,630 32.64%	42,402,205 35.01%
2015 Est. Households by Household Type	115,366	174,162	39,701	4,894,599	121,099,157
Family Households	87,768 76.08%	131,262 75.37%	31,446 79.21%	3,214,076 65.67%	80,429,423 66.42%
Nonfamily Households	27,598 23.92%	42,900 24.63%	8,255 20.79%	1,680,523 34.33%	40,669,734 33.58%
2015 Est. Average Household Size	3.1	3.0	3.1	2.6	2.6
2015 Est. Owner Occupied Housing Units by Value	88,235	133,760	34,079	3,296,969	78,696,952
Value Less than \$20,000	1,093 1.24%	1,318 0.99%	203 0.60%	74,162 2.25%	2,401,025 3.05%
Value \$20,000 to \$39,999	933 1.06%	1,324 0.99%	275 0.81%	91,301 2.77%	2,681,862 3.41%
Value \$40,000 to \$59,999	947 1.07%	1,646 1.23%	158 0.46%	119,435 3.62%	2,982,445 3.79%
Value \$60,000 to \$79,999	3,059 3.47%	3,891 2.91%	483 1.42%	181,489 5.50%	4,151,203 5.27%
Value \$80,000 to \$99,999	4,646 5.27%	5,670 4.24%	694 2.04%	237,370 7.20%	5,259,543 6.68%
Value \$100,000 to \$149,999	13,836 15.68%	18,061 13.50%	3,442 10.10%	540,186 16.38%	12,248,920 15.56%
Value \$150,000 to \$199,999	19,490 22.09%	26,357 19.70%	7,863 23.07%	548,599 16.64%	11,671,194 14.83%
Value \$200,000 to \$299,999	25,827 29.27%	37,763 28.23%	12,204 35.81%	689,839 20.92%	14,497,798 18.42%
Value \$300,000 to \$399,999	11,269 12.77%	20,344 15.21%	5,182 15.21%	361,022 10.95%	8,228,883 10.46%
Value \$400,000 to \$499,999	4,280 4.85%	8,638 6.46%	2,049 6.01%	182,000 5.52%	4,974,597 6.32%
Value \$500,000 to \$749,999	2,043 2.32%	6,143 4.59%	1,077 3.16%	159,505 4.84%	5,112,733 6.50%
Value \$750,000 to \$999,999	557 0.63%	1,777 1.33%	268 0.79%	57,719 1.75%	2,268,773 2.88%
Value \$1,000,000 or more	255 0.29%	828 0.62%	181 0.53%	54,342 1.65%	2,217,976 2.82%
2015 Est. Median All Owner-Occupied Housing Unit Value	\$200,439	\$222,808	\$232,133	\$186,870	\$191,227
2015 Est. Housing Units by Year Structure Built	123,911	186,734	42,195	5,397,417	136,668,489
Housing Units Built 2010 or later	4,432 3.58%	5,625 3.01%	2,185 5.18%	137,929 2.56%	5,865,871 4.29%
Housing Units Built 2000 to 2009	39,483 31.86%	45,103 24.15%	22,289 52.82%	638,124 11.82%	19,802,591 14.49%
Housing Units Built 1990 to 1999	23,474 18.94%	31,013 16.61%	6,436 15.25%	577,951 10.71%	18,625,854 13.63%
Housing Units Built 1980 to 1989	8,729 7.04%	17,290 9.26%	1,793 4.25%	469,720 8.70%	18,332,423 13.41%
Housing Units Built 1970 to 1979	11,545 9.32%	22,838 12.23%	3,355 7.95%	745,381 13.81%	20,846,589 15.25%
Housing Units Built 1960 to 1969	8,569 6.92%	15,798 8.46%	2,275 5.39%	616,393 11.42%	14,408,594 10.54%
Housing Units Built 1950 to 1959	8,578 6.92%	16,361 8.76%	1,458 3.46%	684,012 12.67%	14,195,435 10.39%
Housing Units Built 1940 to 1949	3,139 2.53%	6,063 3.25%	390 0.92%	342,495 6.35%	7,074,789 5.18%
Housing Units Built 1939 or Earlier	15,962 12.88%	26,643 14.27%	2,014 4.77%	1,185,412 21.96%	17,516,343 12.82%
2015 Est. Median Year Structure Built	1992	1983	2002	1968	1977

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

Community Served - Demographic Detail

Household income and poverty detail

Household Income & Poverty Facts	Rush-Copley PSA*	Kane County, IL	Kendall County, IL	Illinois	The United States
2015 Est. Households by Household Income	115,366	174,162	39,701	4,894,599	121,099,157
Income Less than \$15,000	8,070 7.00%	13,414 7.70%	1,720 4.33%	575,667 11.76%	15,426,324 12.74%
Income \$15,000 to \$24,999	7,991 6.93%	14,157 8.13%	1,353 3.41%	490,668 10.02%	13,040,187 10.77%
Income \$25,000 to \$34,999	9,547 8.28%	15,449 8.87%	1,915 4.82%	465,261 9.51%	12,378,963 10.22%
Income \$35,000 to \$49,999	14,845 12.87%	20,769 11.93%	4,866 12.26%	638,255 13.04%	16,508,282 13.63%
Income \$50,000 to \$74,999	22,162 19.21%	31,921 18.33%	8,306 20.92%	869,370 17.76%	21,557,702 17.80%
Income \$75,000 to \$99,999	17,469 15.14%	23,216 13.33%	6,991 17.61%	624,379 12.76%	14,520,033 11.99%
Income \$100,000 to \$124,999	12,276 10.64%	17,352 9.96%	5,191 13.08%	429,384 8.77%	9,802,245 8.09%
Income \$125,000 to \$149,999	8,275 7.17%	12,745 7.32%	3,115 7.85%	265,709 5.43%	5,937,278 4.90%
Income \$150,000 to \$199,999	8,304 7.20%	13,127 7.54%	3,562 8.97%	264,107 5.40%	5,895,904 4.87%
Income \$200,000 to \$249,999	2,653 2.30%	4,729 2.72%	1,144 2.88%	98,931 2.02%	2,182,444 1.80%
Income \$250,000 to \$499,999	2,842 2.46%	5,529 3.17%	1,212 3.05%	124,214 2.54%	2,728,581 2.25%
Income \$500,000 or more	932 0.81%	1,754 1.01%	326 0.82%	48,654 0.99%	1,121,214 0.93%
2015 Est. Average Household Income	\$86,986	\$89,302	\$98,146	\$78,306	\$74,165
2015 Est. Median Household Income	\$69,436	\$68,242	\$81,045	\$57,978	\$53,706
2015 Median HH Inc. by Single-Classification Race					
White Alone	\$73,989	\$73,738	\$81,757	\$63,195	\$57,776
Black or African American Alone	\$50,088	\$31,676	\$83,370	\$34,289	\$35,626
American Indian and Alaska Native Alone	\$42,500	\$46,367	\$37,864	\$46,503	\$39,051
Asian Alone	\$104,478	\$95,347	\$104,065	\$74,469	\$71,013
Native Hawaiian and Other Pacific Islander Alone	\$137,500	\$173,936	\$56,250	\$60,112	\$55,451
Some Other Race Alone	\$45,254	\$45,601	\$60,045	\$45,843	\$41,729
Two or More Races	\$68,839	\$59,342	\$85,752	\$49,637	\$47,988
Hispanic or Latino	\$50,478	\$48,009	\$64,763	\$48,059	\$42,873
Not Hispanic or Latino	\$77,266	\$76,427	\$84,181	\$59,576	\$55,759
2015 Est. Households by Household Type	115,366	174,162	39,701	4,894,599	121,099,157
Family Households	87,768 76.08%	131,262 75.37%	31,446 79.21%	3,214,076 65.67%	80,429,423 66.42%
Nonfamily Households	27,598 23.92%	42,900 24.63%	8,255 20.79%	1,680,523 34.33%	40,669,734 33.58%
2015 Est. Families by Poverty Status	87,768	131,262	31,446	3,214,076	80,429,423
2015 Families at or Above Poverty	80,177 91.35%	119,124 90.75%	30,499 96.99%	2,868,964 89.26%	70,996,516 88.27%
2015 Families at or Above Poverty with Children	45,754 52.13%	59,717 45.49%	17,914 56.97%	1,311,340 40.80%	31,868,024 39.62%
2015 Families Below Poverty	7,591 8.65%	12,138 9.25%	947 3.01%	345,112 10.74%	9,432,907 11.73%
2015 Families Below Poverty with Children	6,744 7.68%	10,658 8.12%	794 2.52%	270,863 8.43%	7,282,568 9.05%

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

Community Served - Demographic Trend Detail

Trends by age, gender, race and ethnicity

Demographic Quick Facts Trend	Rush-Copley PSA*					
	2010		2015		2020	
	Census	%	Estimate	%	Projection	%
Population by Age	346,878		360,438		371,600	
Ages 0-17	107,975	31.13%	106,737	29.61%	104,936	28.24%
Ages 18-44	139,558	40.23%	138,832	38.52%	136,429	36.71%
Ages 45-64	73,947	21.32%	83,204	23.08%	92,134	24.79%
Age 65 and over	25,398	7.32%	31,665	8.79%	38,101	10.25%
Median Age	31.8		33.4		34.6	
Population by Sex	346,878		360,438		371,600	
Male	172,424	49.71%	179,128	49.70%	184,697	49.70%
Female	174,454	50.29%	181,310	50.30%	186,903	50.30%
Pop. by Single-Classification Race by Hispanic/Latino						
Hispanic or Latino:	107,466		116,542		125,322	
White Alone	53,986	50.24%	58,049	49.81%	62,067	49.53%
Black or African American Alone	1,140	1.06%	1,214	1.04%	1,292	1.03%
American Indian and Alaska Native Alone	1,021	0.95%	1,061	0.91%	1,123	0.90%
Asian Alone	225	0.21%	248	0.21%	276	0.22%
Native Hawaiian and Other Pacific Islander Alone	25	0.02%	29	0.02%	31	0.02%
Some Other Race Alone	46,272	43.06%	50,847	43.63%	55,134	43.99%
Two or More Races	4,797	4.46%	5,094	4.37%	5,399	4.31%
Not Hispanic or Latino	239,412		243,896		246,278	
White Alone	189,885	79.31%	188,893	77.45%	185,836	75.46%
Black or African American Alone	26,774	11.18%	27,690	11.35%	28,548	11.59%
American Indian and Alaska Native Alone	410	0.17%	477	0.20%	551	0.22%
Asian Alone	16,722	6.98%	20,322	8.33%	23,916	9.71%
Native Hawaiian and Other Pacific Islander Alone	91	0.04%	116	0.05%	148	0.06%
Some Other Race Alone	420	0.18%	436	0.18%	452	0.18%
Two or More Races	5,110	2.13%	5,962	2.44%	6,827	2.77%

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

Community Served - Demographic Trend Detail

Trends by households and income

Household Quick Facts & Trend	Rush-Copley PSA*					
	2000/2010 Census	%	2015 Estimate	%	2020 Projection	%
Totals*						
Population	346,878		360,438		371,600	
Percent Change			3.91%		3.10%	
Households	112,298		115,366		118,500	
Percent Change			2.73%		2.72%	
Families	85,358		87,768		90,258	
Percent Change			2.82%		2.84%	
Housing Units	120,175		123,911		127,691	
Percent Change			3.11%		3.05%	
Group Quarters Population	2,509		2,498		2,498	
Percent Change			-0.44%		0.00%	
Total Households by Income**	75,277		115,366		118,500	
Income Less than \$15,000	5,658	7.52%	8,070	7.00%	7,725	6.52%
Income \$15,000 to \$24,999	6,481	8.61%	7,991	6.93%	7,549	6.37%
Income \$25,000 to \$34,999	7,546	10.02%	9,547	8.28%	9,109	7.69%
Income \$35,000 to \$49,999	12,330	16.38%	14,845	12.87%	14,253	12.03%
Income \$50,000 to \$74,999	18,611	24.72%	22,162	19.21%	22,067	18.62%
Income \$75,000 to \$99,999	11,862	15.76%	17,469	15.14%	17,587	14.84%
Income \$100,000 to \$124,999	5,866	7.79%	12,276	10.64%	13,034	11.00%
Income \$125,000 to \$149,999	3,011	4.00%	8,275	7.17%	9,302	7.85%
Income \$150,000 to \$199,999	2,194	2.91%	8,304	7.20%	9,355	7.89%
Income \$200,000 to \$249,999	803	1.07%	2,653	2.30%	3,836	3.24%
Income \$250,000 to \$499,999	669	0.89%	2,842	2.46%	3,364	2.84%
Income \$500,000 or more	246	0.33%	932	0.81%	1,319	1.11%
Average Household Income	\$68,334		\$86,986		\$93,150	
Median Household Income	\$57,554		\$69,436		\$73,354	
Median HH Income by Single-						
White Alone	\$59,894		\$73,989		\$78,361	
Black or African American Alone	\$43,129		\$50,088		\$56,072	
American Indian and Alaska Native	\$47,000		\$42,500		\$46,667	
Asian Alone	\$70,305		\$104,478		\$110,528	
Native Hawaiian and Other Pacific	\$48,636		\$137,500		\$93,750	
Some Other Race Alone	\$47,182		\$45,254		\$48,654	
Two or More Races	\$47,442		\$68,839		\$73,487	
Hispanic or Latino	\$45,593		\$50,478		\$54,102	
Not Hispanic or Latino	\$60,499		\$77,266		\$82,550	
*Census column is 2010 Data.						
**Census column is 2000 Data.						

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

Community Served - Socioeconomic Detail

Socioeconomic detail

	Rush-Copley PSA	Kane County	Kendall County	Illinois	U.S.
Homeownership rate (2009-2013) ²²	N/A	75.4	83.6	67.5	64.9
Median housing value ²³					
2015	\$200,439	\$222,808	\$232,133	\$186,870	\$191,227
2010	\$139,819	\$159,029	\$157,271	\$127,526	\$112,465
Average household size (2015) ²³	3.1	3.0	3.1	2.6	2.6
% family households (2015) ²³	76.1	75.4	79.2	65.7	66.4
% of homes built prior to 1970 (2015) ²³	29	35	15	52	39
Foreclosure rate (as of 3/2015) ²⁴	N/A	1:471	1:306	1:453	1:1,082
Unemployment rate (as of 3/2015)** ²⁵	N/A	6.1	5.8	6.0	5.5
Poverty (2013) ²²					
Poverty rate	N/A	11.1	4.8	14.1	15.4
Child poverty rate	N/A	16.6	5.8	19.9	21.6
Income (2015) ²³					
Median household income	\$69,436	\$68,242	\$81,045	\$57,978	\$53,706
Average household income	\$86,986	\$89,302	\$98,146	\$78,306	\$74,165

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

**Reflects the non-seasonally adjusted rate

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 430 randomly conducted phone surveys of adult residents in the community served by Rush-Copley.

The data indicators that are included in this section are grouped to correspond with the Focus Areas presented in Healthy People 2020.

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.






















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

Health Status Findings – Summary











Social Determinants	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
*Linguistically Isolated Population (Percent)	10.8	 5.4	 4.9	
*Population in Poverty (Percent)	11.0	 13.7	 14.9	
*Population Below 200% FPL (Percent)	28.3	 30.8	 33.6	
*Children Below 200% FPL (Percent)	16.4	 19.3	 20.8	
*No High School Diploma (Age 25+, Percent)	16.9	 13.0	 14.3	
*Unemployment Rate (Age 16+, Percent)	8.9	 9.2	 7.4	
* These local indicators use county-level data.		 better	 similar	 worse







Overall Health	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	16.8	 16.9	 15.3	
% 3+ Days of Poor Physical Health in the Past Month	20.3			
% Activity Limitations	17.9	 17.0	 21.5	
*Life Expectancy in Years	81.0		 78.5	
* These local indicators use county-level data.		 better	 similar	 worse

Health Status Findings – Summary
































Access to Health Services	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	11.9	 19.4	 15.1	 0.0
% [Insured] Went Without Coverage in Past Year	11.1		 8.1	
% Difficulty Accessing Healthcare in Past Year (Composite)	34.6		 39.9	
% Inconvenient Hrs Prevented Dr Visit in Past Year	14.7		 15.4	
% Cost Prevented Getting Prescription in Past Year	13.5		 15.8	
% Cost Prevented Physician Visit in Past Year	13.6		 18.2	
% Difficulty Getting Appointment in Past Year	8.3		 17.0	
% Difficulty Finding Physician in Past Year	8.9		 11.0	
% Transportation Hindered Dr Visit in Past Year	6.1		 9.4	
% Skipped Prescription Doses to Save Costs	11.4		 15.3	
% Difficulty Getting Child's Healthcare in Past Year	2.2		 6.0	
*Primary Care Doctors per 100,000	45.6	 96.0	 85.8	
% [Age 18+] Have a Specific Source of Ongoing Care	76.2		 76.3	 95.0
% [Age 18-64] Have a Specific Source of Ongoing Care	76.8		 75.6	 89.4
% [Age 65+] Have a Specific Source of Ongoing Care	74.0		 80.0	 100.0

Health Status Findings – Summary








Access to Health Services (continued)	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% Have Had Routine Checkup in Past Year	66.0	 66.5	 65.0	
% Child Has Had Checkup in Past Year	89.8		 84.1	
% Two or More ER Visits in Past Year	8.9		 8.9	
% Rate Local Healthcare "Fair/Poor"	11.7		 16.5	
*Live in a Health Professional Shortage Area (Percent)	41.7	 37.0	 37.6	
% Needed to See a Specialist in the Past Year	45.1			
% [Parents] Child Needed a Specialist in the Past Year	19.6			
% [Children 0-13] Availability of Affordable Child Care is "Fair/Poor"	28.8			
% [Children 0-13] Quality of Local Child Care is "Fair/Poor"	19.0			
* These local indicators use county-level data.		 better	 similar	 worse











Arthritis, Osteoporosis & Chronic Back Conditions	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% Osteoporosis	5.1		 6.7	
% [50+] Osteoporosis	10.8		 13.5	 5.3
		 better	 similar	 worse






Health Status Findings – Summary

Cancer	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
*Cancer (Age-Adjusted Death Rate)	162.8	 178.6	 172.8	 161.4
*Lung Cancer (Age-Adjusted Death Rate)	44.7	 49.9	 47.6	 45.5
*Prostate Cancer (Age-Adjusted Death Rate)	7.3	 8.7	 8.7	 21.8
*Prostate Cancer Incidence per 100,000	150.0	 153.9	 143.7	
*Female Breast Cancer Incidence per 100,000	126.6	 126.3	 119.7	
*Lung Cancer Incidence per 100,000	64.1	 71.4	 64.9	
*Colorectal Cancer Incidence per 100,000	44.7	 50.1	 43.9	
*Cervical Cancer Incidence per 100,000	6.9	 8.5	 7.7	
% [Women 40+] Mammogram in Past 2 Years	75.8		 80.1	
% [Women 50-74] Mammogram in Past 2 Years	78.0	 76.4	 83.6	 81.1
% [Women 21-65] Pap Smear in Past 3 Years	83.1	 77.3	 83.9	 93.0
% [Men 40+] PSA Test in the Past 2 Years	49.8			
% [Age 50-75] Colorectal Cancer Screening	73.5		 75.1	 70.5
* These local indicators use county-level data.		 better	 similar	 worse




Health Status Findings – Summary






Chronic Kidney Disease	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
*Kidney Disease (Age-Adjusted Death Rate)	20.1	 19.3	 15.3	
% Kidney Disease	4.1	 2.4	 3.0	
* These local indicators use county-level data.		 better	 similar	 worse




















Diabetes	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
*Diabetes Mellitus (Age-Adjusted Death Rate)	15.9	 18.5	 20.8	 20.5
% Diabetes/High Blood Sugar	13.0	 9.9	 11.7	
% Borderline/Pre-Diabetes	6.9		 5.1	
% [Diabetics] A1C Test in the Past 12 Months	95.2			
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	52.7		 49.2	
* These local indicators use county-level data.		 better	 similar	 worse

Dementias, Including Alzheimer's Disease	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
*Alzheimer's Disease (Age-Adjusted Death Rate)	16.3	 20.9	 25.1	
% Family Member Has Been Diagnosed with Alzheimer's Disease	15.6			
* These local indicators use county-level data.		 better	 similar	 worse






Health Status Findings – Summary







Emergency Preparedness	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% Have 3+ Days' Worth of Emergency Rations	70.5			
% Have a Written Evacuation Plan	22.3			
		 better	 similar	 worse
















Family Planning	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
*Teen Births per 1,000 (Age 15-19)	35.3	 35.0	 36.6	
		* These local indicators use county-level data.		
		 better	 similar	 worse

Heart Disease & Stroke	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
*Diseases of the Heart (Age-Adjusted Death Rate)	145.9	 181.7	 179.1	 156.9
*Stroke (Age-Adjusted Death Rate)	40.8	 39.2	 39.1	 34.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	4.0		 6.1	
% Stroke	2.6	 2.8	 3.9	
% Told Have High Blood Pressure (Ever)	29.4	 30.1	 34.1	 26.9
% [HBP] Taking Action to Control High Blood Pressure	97.8		 89.2	
% Cholesterol Checked in Past 5 Years	91.2	 74.0	 86.6	 82.1
% Told Have High Cholesterol (Ever)	29.3	 36.6	 29.9	 13.5


Health Status Findings – Summary













Heart Disease & Stroke (continued)	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% [HBC] Taking Action to Control High Blood Cholesterol	88.2		 81.4	
% 1+ Cardiovascular Risk Factor	80.4		 82.3	
* These local indicators use county-level data.		 better	 similar	 worse

HIV	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
*HIV Prevalence per 100,000	120.9	 300.1	 340.4	
% [Age 18-44] HIV Test in the Past Year	16.2		 19.3	
* These local indicators use county-level data.		 better	 similar	 worse











Immunization & Infectious Diseases	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
*Children 19-35 Months 4:3:1:3:3:1 Vaccination Series	50.7	 77.3	 77.0	
% [Age 65+] Flu Vaccine in Past Year	58.8	 58.6	 57.5	 70.0
% [High-Risk 18-64] Flu Vaccine in Past Year	38.9		 45.9	 70.0
% [Age 65+] Pneumonia Vaccine Ever	74.9	 64.6	 68.4	 90.0
% [High-Risk 18-64] Pneumonia Vaccine Ever	30.0		 41.9	 60.0
* These local indicators use county-level data.		 better	 similar	 worse

Health Status Findings – Summary

















Injury & Violence Prevention	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
*Unintentional Injury (Age-Adjusted Death Rate)	21.5	 30.4	 38.0	 36.4
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	100.0		 92.2	
% Firearm in Home	15.7		 34.7	
% [Homes With Children] Firearm in Home	16.4		 37.4	
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	3.8		 16.8	
*Homicide (Age-Adjusted Death Rate)	1.9	 6.6	 5.6	 5.5
*Violent Crime per 100,000	160.0	 414.7	 386.8	
% Victim of Violent Crime in Past 5 Years	1.2		 2.8	
% Victim of Domestic Violence (Ever)	6.8		 15.0	
% [Child Age 0-4] "Always" Uses Car Seat/Booster Seat	100.0			
* These local indicators use county-level data.		 better	 similar	 worse

Maternal, Infant & Child Health	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
*No Prenatal Care in First Trimester (Percent)	5.3	 5.4	 17.3	 22.1
*Low Birthweight Births (Percent)	7.4	 8.4	 8.2	 7.8
*Infant Death Rate	5.8	 6.9	 6.5	 6.0
* These local indicators use county-level data.		 better	 similar	 worse








Health Status Findings – Summary










Mental Health & Mental Disorders	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	12.2		 11.9	
% Diagnosed Depression	14.5		 20.4	
*Suicide (Age-Adjusted Death Rate)	7.8	 9.1	 11.8	 10.2
% [Those With Diagnosed Depression] Seeking Help	72.3		 76.6	
% Typical Day Is "Extremely/Very" Stressful	9.5		 11.9	
% 3+ Days of Poor Mental Health in the Past Month	15.2			
% 3+ Days of Feeling Sad, Blue, or Depressed in the Past Month	19.3			
% Aware of Local Mental Health Resources	59.1			
% Unable to Obtain Mental Health Svcs	3.1			
% [Children 2-17] Child Has "Fair/Poor" Mental Health	5.5			
% [Children 2-17] Difficulty Getting Child's Mental Health Svcs	0.4			
% "Seldom/Never" Get Social/Emotional Support	10.0			
% Get 7+ Hours of Sleep per Day	69.0			
% Have Fallen Asleep While Driving	22.0			
* These local indicators use county-level data.		 better	 similar	 worse







Health Status Findings – Summary

Nutrition & Weight Status	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% Eat 5+ Servings of Fruit or Vegetables per Day	17.6			
% "Very/Somewhat" Difficult to Buy Fresh Produce	19.1		 24.4	
*Population With Low Food Access (Percent)	22.3	 20.4	 23.6	
% Medical Advice on Nutrition in Past Year	50.5		 39.2	
% Grow Some of Own Food	32.7			
% [Children 2-17] Child Eats 5+ Fruits/Vegetables per Day	51.1			
% [Children 2-17] Child Has 1+ Sugar-Sweetened Drink per Day	38.1			
% [Children 2-17] Child Has 5+ Glasses of Water per Day	22.7			
% Healthy Weight (BMI 18.5-24.9)	30.2	 33.0	 34.4	 33.9
% Overweight (BMI 25+)	68.8	 64.7	 63.1	
% Obese (BMI 30+)	35.5	 29.4	 29.0	 30.5
% Medical Advice on Weight in Past Year	31.3		 23.7	
% [Overweights] Couseled About Weight in Past Year	40.5		 31.8	
% [Obese Adults] Couseled About Weight in Past Year	56.5		 48.3	
% [Overweights] Trying to Lose Weight Both Diet/Exercise	38.3		 39.5	








Health Status Findings – Summary













Nutrition & Weight Status (continued)	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% Child [Age 5-17] Healthy Weight	65.0		 56.7	
% Children [Age 5-17] Overweight (85th Percentile)	25.9		 31.5	
% Children [Age 5-17] Obese (95th Percentile)	16.8		 14.8	 14.5
* These local indicators use county-level data.		 better	 similar	 worse

Oral Health	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% [Age 18+] Dental Visit in Past Year	68.7	 66.9	 65.9	 49.0
% Child [Age 2-17] Dental Visit in Past Year	85.0		 81.5	 49.0
% Have Dental Insurance	72.4		 65.6	
		 better	 similar	 worse










Physical Activity	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% No Leisure-Time Physical Activity	17.9	 25.1	 20.7	 32.6
% Meeting Physical Activity Guidelines	56.7		 50.3	
% Moderate Physical Activity	35.0		 30.6	
% Vigorous Physical Activity	38.2		 38.0	
% Strengthening Activities 3+ Times per Week	25.2			














Health Status Findings – Summary

Physical Activity (continued)	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
*Recreation/Fitness Facilities per 100,000	9.3	 10.1	 9.4	
% Medical Advice on Physical Activity in Past Year	55.4		 44.0	
% Child [Age 2-17] Physically Active 1+ Hours per Day	48.3		 48.6	
% Child [Age 2-17] 3+ Hours per Day of Total Screen Time	17.1			
* These local indicators use county-level data.		 better	 similar	 worse








Respiratory Diseases	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
*CLRD (Age-Adjusted Death Rate)	28.1	 39.3	 42.2	
*Pneumonia/Influenza (Age-Adjusted Death Rate)	13.4	 16.1	 15.1	
% COPD (Lung Disease)	6.1		 8.6	
% [Adult] Currently Has Asthma	7.8	 7.6	 9.4	
% Child [Age 0-17] Asthma (Ever Diagnosed)	12.1		 12.5	
% [Child 0-17] Currently Has Asthma	6.6		 7.1	
% Household Air Has Been Tested for Radon	41.8			
* These local indicators use county-level data.		 better	 similar	 worse





Health Status Findings – Summary

Sexually Transmitted Diseases	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
*Gonorrhea Incidence per 100,000	42.7	 141.0	 107.5	
*Chlamydia Incidence per 100,000	303.7	 526.1	 456.7	
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	7.4		 11.7	
% [Unmarried 18-64] Using Condoms	48.3		 33.6	
* These local indicators use county-level data.		 better	 similar	 worse

Substance Abuse	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% Current Drinker	53.6	 57.2	 56.5	
% Chronic Drinker (Average 2+ Drinks/Day)	1.4		 5.2	
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	12.9	 21.8	 19.5	 24.4
% Drinking & Driving in Past Month	0.6		 5.0	
% Illicit Drug Use in Past Month	2.0		 4.0	 7.1
% Ever Sought Help for Alcohol or Drug Problem	4.9		 4.9	
		 better	 similar	 worse

Health Status Findings – Summary

Tobacco Use	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% Current Smoker	15.3	 18.1	 14.9	 12.0
% Someone Smokes at Home	8.6		 12.7	
% [Non-Smokers] Someone Smokes in the Home	5.5		 6.3	
% [Household With Children] Someone Smokes in the Home	6.3		 9.7	
% [Smokers] Received Advice to Quit Smoking	55.2		 67.8	
% Use Smokeless Tobacco	1.4		 4.0	 0.3
% Aware of the Tobacco Quit-Line	41.8			
% Ever Used an Electronic Vapor Product	15.6			
% Have a Personal Doctor or Healthcare Provider	74.7			
		 better	 similar	 worse

Vision	RCMC Service Area	RCMC Service Area vs. Benchmarks		
		vs. IL	vs. US	vs. HP2020
% Eye Exam in Past 2 Years	51.3		 56.8	
		 better	 similar	 worse

Cancer Incidence – Summary

<i>Age adjusted average annual rates per 100,000 population</i>	Kane County⁴	Kendall County⁴	Illinois⁴	U.S.⁵
Total Incidence	452.2	482.6	482.5	467.7
Males	507.0	553.4	546.2	536.1
Females	415.7	435.8	439.8	418.9
Oral Cavity and Pharynx	10.0	10.0	11.8	11.2
Lung and Bronchus	60.4	54.2	69.4	64.9
Colon and Rectum	39.8	46.5	46.8	43.3
Breast Invasive (Females)	126.0	125.7	127.7	122.8*
Breast in situ (Females)	29.9	30.4	33.9	31.1*
Prostate (Males)	140.5	137.6	138.9	142.5
Cervix (Females)	7.4	5.8	8.1	7.8
Melanomas of the Skin	18.0	22.8	17.9	19.7
Hispanics – All sites	312.8	N/A	362.8	366.6
Males	382.8	N/A	401.3	422.0
Females	261.5	N/A	338.2	331.4
Blacks – All sites	450.3	N/A	505.1	477.0
Males	554.3	N/A	615.4	594.4
Females	377.1	N/A	433.5	398.5

*Rates for breast cancer in situ and invasive are listed separately and are not included for the 'all cancer sites combined' category.

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 = 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

Section III

Focus Group Findings

Kane County Key Informants

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 focus groups in Kane County.

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

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

Final participation included representatives of the organizations outlined below.

- AIM Independent Living Center
- Batavia School District #101
- City of Aurora Fire Department
- City of Batavia Police Department
- City of Elgin Parks and Recreation
- City of Elgin Planning
- deLacey Family Education Center
- Delnor Hospital
- Dreyer Medical Clinic
- Ecker Center
- Elderday Center
- Elgin Area Chamber
- Gail Borden Library
- Kane County Board
- Kane County Development and Community Services Department
- Kane County Division of Transportation
- Kid Care Medical
- Kuipers Family Farm
- Open Door Clinic
- Rush-Copley Medical Center
- St. Charles Park District
- St. Charles School District 303
- Tri-Cities Family Services
- Village of Montgomery
- Waubonsee Community College

Kane County Key Informants - CONTINUED

Key Findings:

- **Mental Health** - The majority (84.6%) of key informants participating in the focus groups characterized Mental Health as a “major problem” in the community. Issues surrounding mental health services were mentioned multiple times in each focus group. Discussions frequently related to the following:
 - Funding cuts
 - Disparate level of access for services
 - Jail as an answer
 - Lack of follow-up or long-term care services
 - Stigma/denial
 - Co-occurrence with other health issues
 - Children and youth

- **Nutrition, Physical Activity & Weight**
 - A majority (84.6%) of key informants participating in the focus groups characterized Nutrition, Physical Activity & Weight as a “major problem” in the community. Issues relating to nutrition, physical activity, and weight were discussed at length by focus group participants, with key issues being:
 - Social norms and healthy living
 - Children and youth
 - Safety and built environment
 - Fit for Kids, Activate Elgin, and other resources
 - Accessibility for persons with disabilities
 - A number of focus group participants express concern regarding the role of social norms in nutrition, physical activity, and weight, although they feel that the county has an opportunity to differentiate itself in terms of health. Several participants noted that healthy living is all about priorities and making a choice to be healthy, though health often does not become a priority when compared against time, money, accessibility, and culture.

- **Diabetes** - Over one-half (57.7%) of key informants in the focus groups characterized Diabetes as a “major problem” in the community. Though ranked highly as a health priority by focus group participants (in independent, post-discussion worksheets), diabetes is one issue that was not much discussed during the group sessions. What conversation there was focused on the following issues:
 - Knowledge of available services
 - Partnerships and funding

- **Access to Care** - While 32.0% of key informants participating in the focus groups characterized Access to Healthcare Services as a “major problem” in the community, most (56.0%) characterized it as a “moderate problem.” Although this issue did not rank as highly as others (in independent, post-discussion worksheets), the issue of access to healthcare services comprised a prominent portion of focus group discussions, in one form or another. Issues discussed included:
 - Transportation and built environment
 - Awareness of available services
 - Lack of services available
 - Insurance

Kane County Key Informants - CONTINUED

- **Substance Abuse**

- One-half (50.0%) of key informants participating in the focus groups characterized Substance Abuse as a “major problem” in the community, with another 46.2% of informants giving “moderate problem” responses about substance abuse.
- The overriding perception among focus group participants is that available resources in Kane County are not adequate to meet residents’ needs for substance abuse treatment and that individuals (especially youth) lack needed support.
- A particular growing concern for participants is the use of heroin, which has become a problem in parts of Kane County recently.

- The following were characterized a “**moderate problem**” in the community.

- Cancer
- Respiratory Disease
- Injury & Violence
- Dementias, Including Alzheimer’s Disease
- Immunization & Infectious Disease
- Infant & Child Health
- HIV/AIDS
- Sexually Transmitted Diseases
- Oral Health

- The following were characterized a “**minor problem**” in the community.

- Kidney Disease
- HIV/AIDS
- Sexually Transmitted Diseases
- Tobacco Use
- Arthritis, Osteoporosis & Chronic Back Conditions

- Several notable comments were made in the focus groups regarding tuberculosis. In Kane County there is not enough access to screen everyone, and even those who receive the initial test may have to go across the large county for follow-up x-rays, depending where in the county they live.

- **Collaboration:**

- Participants spent time discussing the varying levels of collaboration occurring in the community between non-profit organizations, schools, faith-based communities, healthcare providers and hospitals. The issues discussed included:
 - Culture of collaboration
 - Funding and competition
 - Central database of available resources
 - Faith-based organizations and schools
- Many participants perceive a culture of collaboration to exist among health and community agencies in the community. Some participants were critical of the term ‘collaboration,’ as several felt that agencies excel in networking, but true collaboration is limited due to funding and competition.

Rush-Copley Community Health Needs Steering Committee

The Rush-Copley Community Health Needs Steering Committee focus group was conducted on May 13, 2015.

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

A summary of the findings from the secondary data analysis was shared with the team. The purpose and goals of the focus group included the following:

- Discussion of the data findings
- Preliminary identification of the community health needs based upon the secondary data findings
- Identification of additional community health needs unrelated to the secondary data findings

The following questions were asked of the group:

1. What do you think are the greatest overall health care needs for residents of community RCMC serves? Please explain.
2. What do you think are the greatest health care needs for the 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/Latino residents in the community? Please explain. Please feel free to comment on any other racial or ethnic health care disparities/needs.

Findings:

The group agreed upon the following as preliminary community health threats/needs:

- Obesity
- Understanding insurance coverage and benefits
- Chronic disease, particularly diabetes and hypertension
- Prevention and incentives for compliance (as related to unhealthy behaviors)
- Mental health and substance abuse
- Vaccinations

Additional comments/findings include:

- Obesity
 - RCMC has had some success with its obesity initiatives and should continue to focus on the adult population, however, the hospital may also want to consider developing a program for the pediatric population.
- Vaccinations
 - There is a rather large negative discrepancy between vaccination rates in the community served by RCMC as compared to national vaccination rates.
 - The population of people who refuse vaccinations is relatively low, but the vaccination schedule is complicated, making it more challenging for patients to comply.
 - The resources for vaccinations are available, but there are socio-economic issues that create barriers to the availability of the resources. There is also a general lack of awareness regarding vaccinations.

Rush-Copley Community Health Needs Steering Committee - CONTINUED

Additional comments/findings include (continued):

- Understanding insurance coverage and benefits
 - There is a lack of understanding of the new Marketplace plans, public aid options, and Medicaid managed care plans.
 - Many patients now have new access to insurance coverage but do not know what it means or how to take advantage of their benefits.
- Chronic disease
 - There are many disease specific programs at RCMC, but the hospital should also consider the progression of all chronic diseases by identifying and educating on the top three behaviors to encourage a healthy lifestyle.
- Prevention and incentives to compliance
 - RCMC should consider how it can incentivize the population it serves to change unhealthy behaviors.
- Mental health and substance abuse
 - 10% of RCMC ED visits have a mental health and/or substance abuse primary diagnosis.

Team/Participants:

Name	Agency/Position
Terese Raabe	Director, Planning and Business Development (Facilitator)
Gail Bumgarner	Senior Vice President, Strategy
John Davine, M.D.	Davine Family Medicine; RCMG Primary Care
Cheryl Ipema	Director, Care Management
Patti Gomez	Director, Emergency Services (RN)
Dana Balicki	Director, Heart and Vascular Institute
Claire Johnson	Senior Planner
Zaida Rodriguez	Community Relations & Outreach

Care Managers

The Rush-Copley Care Manager focus group was conducted on May 19, 2015.

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 served by Rush-Copley? 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/Latino residents of 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 most common and most significant barriers to care for residents in the community, particularly for 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:

1. Chronic disease self care/management (congestive heart failure, diabetes, and chronic obstructive pulmonary disease)
2. Behavioral health
3. Understanding insurance plans, coverage, and appropriate care settings

Community health needs/concerns include:

- Transportation
 - Lack of transportation is a need across all populations and creates a barrier to accessing follow-up appointments, which can result in readmissions.
- How to navigate insurance plans
 - New Medicaid insurance and new ACA plans are challenging for patients to choose and understand (i.e., coverage, included providers, and appropriate care settings).
 - Patients (especially new moms with Medicaid) do not understand what benefits mean and which services are in-network.
- Chronic disease
 - Patients of all ages are non-compliant to medications and diet.
 - One of the barriers is being unable to afford medication and proper nutrition.
 - Patients are unaware of discounted services that are available.
 - There is cultural denial amongst the Hispanic population, and these patients are not as interested in accessing chronic disease services.
 - Patients are confused on the chronic disease process, and there is a lack of understanding of the appropriate services to access for prevention and treatment before symptoms get out of control.
 - Patients also do not fully understand medication side effects or why they need to regularly take the medication they have been prescribed, which leads to medication non-compliance and continued uncontrolled symptoms of chronic illness (i.e., diabetes, CHF, COPD).

Care Managers - CONTINUED

Additional comments/findings include (continued):

- Mental health
 - It is very difficult to get an outpatient psychiatrist appointment, particularly for the uninsured and underinsured patients (wait time is several months).
 - There are limited substance abuse and drug addiction resources for the uninsured and underinsured.
 - Outpatient follow-up is more of an issue than inpatient admission for behavioral health.
 - Not only are patients not taking personal responsibility to make a follow-up appointment, but even if they do try to make an appointment, the wait time is too long to get access to services.
 - There could be an opportunity to develop stronger relationships with mental health providers in the community to help decrease wait times through ongoing dialogue and education.
- Hispanic population
 - Teen pregnancy is common.
 - The Hispanic population experiences the same barriers in access to care, but it is exacerbated by difference in primary language.
 - The interpretative services at the hospital are sufficient, but the 1-800 telephone number for patient to use outside of the hospital is being underutilized.
 - The on-site interpreters are overworked and often get pulled off-site to physicians' offices or other facilities.
- Palliative care
 - There is a lack of understanding of palliative care, and it is often assumed to be hospice care.
 - Physicians seem to be uncomfortable having critical conversations about palliative care with patients who have had multiple admissions in a short period of time.

Focus Group Participants:

Name	Agency/Position
Terese Raabe	Director, Planning and Business Development (Facilitator)
Claire Johnson	Senior Planner (Secretary)
Cheryl Ipema	Director, Care Management
Sarah Clementz	Care Manager/Social Worker
Celeste Emrich	Care Manager/Social Worker
Laura Klein	Care Manager/RN
Sharon Mead	Care Manager/Social Worker
Jaycy Varghese	Care Manager/Social Worker
Sarah Meteja	Care Manager/RN
Jeanette Whittenberg	Care Manager/RN
Cindy Quinn	Care Manager/RN

Primary Care Physicians

The Primary Care Physicians focus group was conducted on May 27, 2015.

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 served by Rush-Copley? 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 the Hispanic/Latino residents of 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 most common and most significant barriers to care for residents in the community, particularly for 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:

1. Chronic disease (obesity in both children and adults, diabetes, asthma, eczema, and allergies)
2. Mental health
 - Access to mental health services for Medicaid patients continues to be increasingly difficult. The availability of providers/locations within the community to refer patients for services continues to decrease.
 - There is continued difficulty in finding mental health providers/facilities that will accept Medicaid and Medicaid replacement plans.
 - There is a lack of pediatric sub-specialists for mental health.
 - There is a lack of neuropsychologists and referrals for this subspecialty are difficult.
3. Access to care: Understanding insurance plans, coverage, and appropriate care settings
 - Multiple insurance issues concerning Medicaid and Medicaid replacement plans/policies.
 - Uncertainty of whether referrals are needed by the patient or provider and/or where policies are accepted.
 - Very difficult to refer/find specialty care for patients with Medicaid and Medicaid Managed Care plans; very limited access and options.
4. Lack of access to pediatric sub-specialties in the community

Primary Care Physicians - CONTINUED

Other community health needs/concerns include:

- Preventative medicine
 - Vaccine levels are low (childhood, flu and pneumonia vaccines). However, it is believed that this is not an access issue, but rather a personal/parent preference. There is an opportunity to provide more education to the community on this topic.
 - Routine screenings are lacking for the adult population (AAA, hepatitis, HPV, etc.). Many middle-aged adults are not getting the proper screenings that recommended for their age. They are mostly seeing their physician for sick visits and not well or preventative visits.
 - Potential opportunity for mobile health screening unit (similar to the Loyola model).
- It is difficult for PCP's to refer Medicaid patients for orthopedic care. Typically, patients are required to go through the ED in order to have an orthopedic (physician) consult.
- Transportation issues
 - Transportation is an issue for some colonoscopy patients (and other procedures related to sedation). Screenings are not being done because some patients have no way to get home.
 - Transportation is also an issue for the some of the senior population. They often miss follow-up appointments because they have no transportation.
- There is a potential need for an convenient care/urgent care clinic on campus at RCMC, specifically for off-hours and weekends.
- There is a lack of lack of both adult and pediatric rheumatology and dermatology.
- The PCPs find it difficult to develop/find new methods of motivating patients to make positive health changes, other than traditional education.

Focus Group Participants:

Name	Agency/Position
Terese Raabe	Director, Planning and Business Development, Rush-Copley Medical Center (Facilitator)
Anna Peterson	Planning Associate, Rush-Copley Medical Center (Secretary)
Tracie O'Connor	Marketing Coordinator, Rush-Copley Medical Group
John Davine, M.D.	Davine Family Medicine, Family Medicine
Jennifer Kurka, D.O.	Rush-Copley Pediatrics and Family Medicine, Family Medicine
Eva Alessia, D.O.	Rush-Copley Pediatrics and Family Medicine, Pediatrics
Nicole Keller, D.O.	Rush-Copley Pediatrics and Family Medicine, Pediatrics
Deepak Patel, M.D.	Yorkville Primary Care, Family Medicine
Gregory Milani, M.D.	Rush- Copley Primary Care Associates, Family Practice

Kendall County Health Department

The Kendall County Health Department focus group was conducted on May 26, 2015.

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

Findings:

The discussed Kendall County health issues include:

- Access to care:
 - There is lack of access to care for the uninsured and underinsured, including limited access to local Medicaid providers. There are limited contracts with these providers, and when residents go to in-network providers they are told to go to the health department.
 - Access and promotion of available mental health services continue to be a need for all income levels and demographics, including seniors.
 - There is lack of access to affordable/free dental care.
- Although childhood vaccinations rates are low, the laws regarding vaccinations are changing, which will likely help increase the rates for childhood vaccinations.
- The lack of industry and jobs in IL, as well as increasing property taxes, hurts the overall health of the community.
- There is a need to reach the 18-30 year old community. They often don't receive general health information and/or information about services available to them.
- There is generally greater participation in health activities by Hispanic residents, as compared to other minority populations.
- The teen birth rate is increasing, and they are seeing a greater need for services at the health department.
- Significant gains were made over the last few years in educating the public about radon exposure and the associate risks. Education is on-going.
- Obesity is still a health concern, but they believe rates are leveling off. However, increasing prevalence of chronic diseases linked to obesity is a concern. There needs to be more education regarding obesity, sugar intake, and the link to cancer and diabetes.
- The county has many resources available for increasing activity levels of the residents.
- There is a need to better educate the community on the risks associated with increasing access to firearms.

Kendall County Health Department - CONTINUED

The discussed Kendall County health issues include (continued):

- RCMC can help improve the health of the community by supporting the Kendall County informatics project, donating dental equipment, participating in the Kendall County IPLAN, and continuing a strong partnership with the county health department.

Focus Group Participants:

Name	Agency/Position
Terese Raabe	Director, Planning and Business Development, Rush-Copley Medical Center (Facilitator)
Claire Johnson	Senior Planner, Rush-Copley Medical Center (Secretary)
Dr. Amaal Tokars	Executive Director, Kendall County Health Department
Beckie Rudolph	Executive Assistant, Kendall County Health Department
Rebecca Mueller	Director Community Health Services, Kendall County Health Department
RaeAnn Van Gundy	Health Information Officer, Kendall County Health Department
Steve Curatti	Program Administrator, Kendall County Health Department

Kendall County

Senior Services Advisory Council & TRIAD

The Kendall County Senior Services Advisory Council and TRIAD focus group was conducted on June 1, 2015.

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:

1. Limited mobility and lack of transportation
2. High cost of services
3. Isolation and mental health

Other community health needs/concerns include:

- Dialysis services
 - Seniors are traveling towns over because of lack of availability and access
 - Centers seem unwilling to assist with transportation
- Interpreting services
 - Lack of Spanish speaking care providers at dialysis centers and counseling services
- Alcohol abuse/addiction and dementia
 - High percentage of senior residents abuse alcohol, which in many cases exacerbates dementia among these residents
- Wellness and prevention
 - Lack of affordable health club membership or fitness classes
 - Lack of incentives for seniors to participate
- Understanding insurance
 - There are many layers of Medicare insurance coverage and benefits, which are confusing and difficult to understand
- Chronic disease management (chronic obstructive pulmonary disease and diabetes)
 - Many seniors are unwilling to admit that they have the disease due to stress of losing control and independence

Kendall County Senior Services Advisory Council & TRIAD - CONTINUED

Additional comments/findings include (continued):

- Senior housing
 - In many cases senior residents are intermixed with section 8 housing
- Counseling services
 - Isolation, lack of companionship, and depression
- Hispanic population
 - Not allowing family to be involved in care creates cultural barrier
 - Lack of Spanish-speaking staff or bilingual care providers, especially at dialysis centers and counseling services
- RCMC should continue to partner with community agencies for transportation services for seniors
- Seniors have really enjoyed educational presentations from RCMC medical staff
- Consider bringing services to seniors instead of expecting seniors to come for services

Focus Group Participants:

Name	Agency/Position
Claire Johnson	Senior Planner, Rush-Copley Medical Center (Facilitator)
Susan Hines	Community Relations Coordinator, Rush-Copley Medical Center Kendall County Senior Services Advisory Council and TRIAD
Nidya Garcia	Kendall County Senior Services Advisory Council and TRIAD
Barb Weber	Kendall County Senior Services Advisory Council and TRIAD
Patty Strahan	Kendall County Senior Services Advisory Council and TRIAD
Paul LaLonde	Kendall County Senior Services Advisory Council and TRIAD
Micki Miller	Kendall County Senior Services Advisory Council and TRIAD
Dorothy Miller	Kendall County Senior Services Advisory Council
Bev Popp	Kendall County Senior Services Advisory Council
Kari Myers	Kendall County Senior Services Advisory Council
Terry Klingel	Kendall County TRIAD
R. Wayne Dial	Kendall County TRIAD
Keith Bielma	Kendall County TRIAD

Rush-Copley Medical Center Administration

The Rush-Copley Administration focus group was conducted on June 2, 2015.

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 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/Latino residents of 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 most common and most significant barriers to care for residents in the community, particularly for 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:

1. Obesity (adults, pediatrics, and Hispanic/Latino children)
 - Increasing rates of diabetes and hypertension in children
 - Misconception in the Hispanic/Latino community that “a heavy child is a healthy child”
 - Residents still struggle in reading food labels correctly
 - Obesity is a primary cause of many chronic diseases
2. Access to care – assistance with navigating insurance plans and the health care system
3. Chronic disease treatment, coordination of care, and prevention
4. Mental health in vulnerable populations (homeless, seniors, pediatrics)
5. Adolescent high-risk behaviors, including distracted driving/texting, electronic cigarettes, helping them understand the long-term risks of some contraceptives
6. Cancer – the new #1 cause of mortality in the community
7. Stroke awareness, prevention, and education

Other community health needs/concerns include:

- Language barriers
- Dental care for children (fluoride treatment provided by PCPs, need for school programs in Kendall county)
- Falling asleep behind the wheel and distracted driving (talking on cell phone/texting while driving)
- Needs for seniors – mental health, connectedness, medications, and transportation
- Health care literacy (general population as well as bi-lingual)
- Need for additional translations services and interpreters
- Medication access and adherence (RCMC is currently working on initiatives regarding this need)
- Transportation needs, however, RCMC has a grant to provide vouchers
- Coordinating care so patients can make one stop for multiple services needed

Additional comments/findings include:

- Enhancing community partnerships should be considered in the strategies developed to meet the needs of the community we serve

Rush-Copley Medical Center Administration

Focus Group Participants:

Name	Agency/Position
Terese Raabe	Director, Planning and Business Development (Facilitator)
Claire Johnson	Senior Planner (Secretary)
Suzanne Sterchi	Assistant Vice President, Patient Care (RN)
Diane Homan, M.D.	Vice President, Clinical Innovation & Chief Medical Informatics Officer
Gail Bumgarner	Senior Vice President, Strategy
John Diederich	Senior Vice President, Operations & Chief Operating Officer
Steve Lowenthal, M.D.	Senior Vice President, Medical Affairs & Chief Medical Officer
Brenda Van Wyhe	Senior Vice President, Finance & Chief Financial Officer
Ryan Asmus	Vice President, Legal Affairs and General Counsel
Dennis DeMasie	Vice President, Information Technology & Chief Information Officer
Mary Shilkaitis	Vice President, Patient Care Services & Chief Nursing Officer (RN)
Alexander Pope	Vice President, Foundation & Chief Development Officer
David Petasnick	Assistant Vice President, Ancillary Services
Brenda Fann, M.D.	Assistant Vice President, Medical Affairs

Section IV

Additional Comments

Additional Comments

The following reports were made widely available on the Rush-Copley Medical Center website for the public to view and provide comment.

- FY2013 Rush-Copley Community Health Needs Assessment (CHNA)
- FY2013 Rush-Copley Implementation Strategy
- FY2016 Rush-Copley Community Health Needs Assessment - DRAFT

As of the date the CHNA and Implementation Strategy were approved and adopted by the Hospital Board, no comments were received regarding these reports. However, any future comments received by the hospital will be reviewed and taken into consideration during the development of the FY2019 CHNA and Implementation Strategy.

Section V

Rush-Copley Medical Center Utilization Data

Rush-Copley Medical Center Utilization Data

- Rush-Copley Medical Center (RCMC) had a total of 12,309 inpatient admissions in 2014, a decrease of 1.2% (-145 admissions) since 2010, however, an increase of 61 admissions from the previous year.
- Over the past five years, total births decreased by 5.2% (-184 births).
 - RCMC had the 6th highest number of births in IL 2014**
- Observation days and total outpatient visits are at the highest volumes in the last five years.
- RCMC had a total of 74,075 emergency department visits in 2014, an increase of 9,461 visits (+14.6%) since 2010.
 - RCMC ranked 11th in IL for emergency department visits in 2014**

RCMC Utilization *	2010	2011	2012	2013	2014	5-Year Change	
						n	%
Inpatient Utilization							
Admissions	12,454	11,990	12,208	12,248	12,309	(145)	-1.2%
Patient days	45,817	46,388	48,390	48,313	49,056	3,239	7.1%
Observation days	4,918	5,764	6,700	8,363	8,877	3,959	80.5%
Average length of stay	4.1	4.3	4.5	4.6	4.7	0.6	14.6%
Total Births	3,518	3,317	3,131	3,366	3,334	(184)	-5.2%
Total Outpatient Visits	192,498	193,525	196,483	216,458	220,058	27,560	14.3%
Emergency Department Visits	64,614	67,422	65,480	71,149	74,075	9,461	14.6%
Cardiac Surgery Cases	124	126	139	101	103	(21)	-16.9%
Mammography Procedures	6,604	6,884	10,292	15,576	15,284	8,680	131.4%

*Source: IDPH Annual Hospital Questionnaire, Rush-Copley Profiles, 2010-2014

**Source: IHA COMPdata

Section VI

Community Health Utilization Data

Leading Causes of Inpatient Hospitalization

- There were 32,077 inpatient hospitalizations originating from the community served by Rush-Copley Medical Center (RCMC) in 2014 (1.9% decrease between 2010 and 2014).
- The table below shows inpatient hospitalizations by Major Disease Category (MDC) in the RCMC primary service area (PSA).

MDC	2010	2011	2012	2013	2014	5-Year Change	
						n	%
14 - PREGNANCY, CHILDBIRTH & THE PUERPERIUM	5,749	5,386	5,267	5,014	4,957	(792)	-13.8%
15 - NEWBORNS & OTHER NEONATES WITH CONDTN ORIG IN PERINATAL PERIOD	5,439	5,112	5,035	4,805	4,723	(716)	-13.2%
04 - DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	2,411	2,617	2,579	2,527	2,786	375	15.6%
05 - DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	2,832	3,015	2,973	2,778	2,698	(134)	-4.7%
08 - DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONN TISSUE	2,481	2,407	2,516	2,569	2,556	75	3.0%
06 - DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	2,582	2,544	2,743	2,533	2,527	(55)	-2.1%
19 - MENTAL DISEASES & DISORDERS	2,109	2,227	2,301	2,464	2,505	396	18.8%
01 - DISEASES & DISORDERS OF THE NERVOUS SYSTEM	1,668	1,642	1,802	1,726	1,771	103	6.2%
11 - DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	1,130	1,239	1,180	1,076	1,133	3	0.3%
18 - INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	650	677	840	842	1,026	376	57.8%
07 - DISEASES & DISORDERS OF THE HEPATOBIILIARY SYSTEM & PANCREAS	934	947	920	993	853	(81)	-8.7%
10 - ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	840	819	767	753	812	(28)	-3.3%
09 - DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE & BREAST	724	661	712	740	692	(32)	-4.4%
23 - FACTORS INFLUENCING HLTH STAT & OTHR CONTACTS WITH HLTH SERVCs	412	406	460	404	511	99	24.0%
13 - DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	708	645	586	539	475	(233)	-32.9%
20 - ALCOHOL/DRUG USE & ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS	435	449	500	441	450	15	3.4%
21 - INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS	393	400	350	393	415	22	5.6%
16 - DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS, IMMUNOLOG DISORD	408	386	426	423	392	(16)	-3.9%
17 - MYELOPROLIFERATIVE DISEASES & DISORDERS, POORLY DIFFERENTIATED NEOPLASM	291	267	298	267	284	(7)	-2.4%
03 - DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH & THROAT	250	270	252	277	278	28	11.2%
12 - DISEASES & DISORDERS OF THE MALE REPRODUCTIVE SYSTEM	116	120	89	84	110	(6)	-5.2%
24 - MULTIPLE SIGNIFICANT TRAUMA	63	58	56	61	56	(7)	-11.1%
02 - DISEASES & DISORDERS OF THE EYE	38	32	33	38	33	(5)	-13.2%
25 - HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS	21	32	32	24	18	(3)	-14.3%
22 - BURNS	29	23	25	22	16	(13)	-44.8%
00 - UNGROUPABLE	-	-	-	56	-	-	-
Total	32,713	32,381	32,742	31,849	32,077	(636)	-1.9%

Source: IHA COMPdata CY2010-CY2014

Note:

1) Includes all inpatient discharges in the RCMC PSA

Emergency Department Utilization

- There were 126,361 Emergency Department visits originating from the community served by RCMC in 2014 (4.8% increase between 2010 and 2014).
- The top two Emergency Department diagnoses were chest pain (78659 – CHEST PAIN NEC) and otitis media (3829 – OTITIS MEDIA NOS). Chest pain diagnoses increased by 20.4% since 2010 while otitis media diagnoses decreased by 28.3% since 2010. Some of the patients diagnosed with otitis media may now be seeking treatment at a more appropriate care setting, such as a physician office or convenient care center.
- The table below shows Emergency Department visits by principal ICD-9 diagnosis code in the RCMC PSA.

Principal ICD-9 Diagnosis	2010	2011	2012	2013	2014	5-Year Change	
						n	%
78659 - CHEST PAIN NEC	2,255	2,303	2,787	2,470	2,716	461	20.4%
3829 - OTITIS MEDIA NOS	3,423	3,509	2,888	2,647	2,456	(967)	-28.3%
5990 - URIN TRACT INFECTION NOS	2,126	2,005	1,860	2,030	2,293	167	7.9%
4659 - ACUTE URI NOS	3,188	3,160	2,829	2,352	2,288	(900)	-28.2%
7840 - HEADACHE	1,997	2,030	2,161	1,909	2,061	64	3.2%
78650 - CHEST PAIN NOS	1,790	2,210	1,977	1,937	2,041	251	14.0%
78900 - ABDOMINAL PAIN UNSPECIFIED SITE	2,702	2,895	3,116	2,166	1,808	(894)	-33.1%
462 - ACUTE PHARYNGITIS	1,970	2,102	1,799	1,479	1,735	(235)	-11.9%
486 - PNEUMONIA, ORGANISM NOS	2,004	2,034	1,801	1,669	1,724	(280)	-14.0%
78909 - ABDOMINAL PAIN OTHER SPECIFIED SITE	1,248	1,368	1,656	1,426	1,663	415	33.3%
4871 - FLU WITH RESPIRATORY MANIFESTATION NEC	104	404	937	797	1,651	1,547	1487.5%
5589 - NONINFECTIOUS GASTROENTERITIS NEC	2,200	1,900	1,728	1,834	1,637	(563)	-25.6%
78060 - FEVER NOS	1,813	1,939	2,310	1,662	1,562	(251)	-13.8%
78703 - VOMITING ALONE	1,294	1,254	1,155	1,386	1,408	114	8.8%
4660 - ACUTE BRONCHITIS	761	1,046	1,128	1,159	1,292	531	69.8%
49392 - ASTHMA NOS WITH (ACUTE) EXACERBATION	1,135	1,159	1,398	1,301	1,278	143	12.6%
7295 - PAIN IN LIMB	916	1,074	1,135	1,101	1,255	339	37.0%
95901 - HEAD INJURY NOS	946	1,053	1,274	1,308	1,232	286	30.2%
7242 - LUMBAGO	905	936	1,102	1,099	1,199	294	32.5%
34690 - MIGRAINE UNSPECIFIED WITHOUT NTRC MGRN	974	1,116	1,254	1,146	1,187	213	21.9%
7804 - DIZZINESS AND GIDDINESS	910	999	1,029	991	1,130	220	24.2%
0340 - STREPTOCOCCAL SORE THROAT	1,133	1,118	953	678	1,122	(11)	-1.0%
8830 - OPEN WOUND OF FINGER	1,185	1,095	1,153	1,068	1,094	(91)	-7.7%
84500 - SPRAIN OF ANKLE NOS	1,088	1,094	1,148	1,117	1,059	(29)	-2.7%
920 - CONTUSION FACE/SCALP/NECK	1,245	1,301	1,246	1,031	1,051	(194)	-15.6%
7802 - SYNCOPE AND COLLAPSE	931	956	971	999	1,026	95	10.2%
64893 - OTHER CURRENT CONDITION-ANTEPARTUM	1,007	1,077	1,149	1,032	1,024	17	1.7%
*OTHER PRINCIPAL DIAGNOSES	79,270	80,332	82,092	79,001	84,369	5,099	6.4%
Total	120,520	123,469	126,036	118,795	126,361	5,841	4.8%

Source: IHA COMPdata CY2010-CY2014

Note:

1) Includes all ED discharges in the RCMC PSA

2) *OTHER PRINCIPAL DIAGNOSES includes principal ICD-9 diagnoses with less than 1,000 discharges

Section VII

County Health Rankings

Community 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	LaSalle
Health Outcomes		5	2	3	21	11	47
Mortality		4	2	1	14	10	55
Premature death	6,349	4,689	4,374	4,195	5,271	4,946	7,212
Morbidity		27	13	23	39	29	44
Poor or fair health	15%	12%	11%	12%	13%	13%	15%
Poor physical health days	3.4	3.1	3.1	2.8	3.2	3.1	3.8
Poor mental health days	3.3	3.0	2.5	3.1	3.2	3.5	2.7
Low birthweight	8.4%	7.4%	7.0%	7.3%	7.6%	6.9%	7.6%
Health Factors		28	5	1	19	25	75
Health Behaviors		4	6	1	13	21	43
Adult smoking	18%	15%	16%	12%	18%	20%	22%
Adult obesity	27%	27%	31%	24%	29%	29%	30%
Food environment index	7.8	8.7	9.2	8.8	8.4	6.9	7.8
Physical inactivity	23%	21%	19%	19%	23%	20%	23%
Access to exercise opportunities	89%	94%	92%	99%	96%	75%	78%
Excessive drinking	20%	20%	19%	20%	24%	24%	24%
Alcohol-impaired driving deaths	37	38%	44	27%	46%	32%	38%
Sexually transmitted infections	526	302	189	201	315	487	259
Teen birth rate	35	35	19	14	23	16	36
Clinical Care		74	19	2	34	45	69
Uninsured	15%	16%	9%	11%	11%	13%	12%
Primary care physicians	1,266:1	2,292:1	3,281:1	746:1	1,967:1	2,685:1	2,354:1
Dentists	1,453:1	1,734:1	2,842:1	1,045:1	1,997:1	1,904:1	2,077:1
Mental health providers	604:1	660:1	1,438:1	421:1	1,173:1	703:1	1,368:1
Preventable hospital stays	65	64	62	54	80	71	82
Diabetic screening	85%	86%	88%	87%	84%	89%	82%
Mammography screening	64.4%	64.0%	63.2%	66.6%	64.4%	62.9%	62.9%
Social & Economic Factors		36	3	2	21	25	75
High school graduation	82%	83%	92%	93%	86%	87%	84%
Some college	66.7%	59.0%	75.1%	76.8%	69.0%	72.1%	58.3%
Unemployment	9.2%	8.9%	8.3%	7.5%	9.4%	8.3%	11.4%
Children in poverty	21%	16%	8%	10%	12%	18%	20%
Income inequality	4.8	4.2	3.1	4.1	3.7	5.2	4.4
Children in single-parent households	32%	26%	20%	19%	22%	26%	31%
Social associations	9.9	7.5	4.7	8.7	6.5	9.4	13.6
Violent crime rate	430	183	134	97	167	258	118
Injury deaths	50	33	33	32	39	37	71
Physical Environment		93	92	75	97	87	60
Air pollution-particulate matter	12.5	12.8	12.8	13.0	13.1	12.6	12.5
Drinking water violations	2%	0%	0%	2%	2%	2%	1%
Severe housing problems	19%	19%	14%	16%	16%	21%	13%
Driving alone to work	74%	81%	85%	78%	82%	77%	85%
Long commute-driving alone	40%	44%	51%	42%	50%	41%	30%

Section VIII

Data Sources

Data Sources

Source Number	Data Source
1	<p>Professional Research Consultants, Inc. <i>Community Health Survey Results and Assessment – 2014</i></p> <p>Note: The following sources below compile the above data resource.</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• Drug Abuse Warning Network, www.samhsa.gov• ESRI ArcGIS Map Gallery• Illinois Department of Public Health• Illinois State Board of Education• Kane County Health Department• National Cancer Institute, State Cancer Profiles• OpenStreetMap (OSM)• US Census Bureau, American Community Survey• US Census Bureau, County Business Patterns• US Census Bureau, Decennial Census• US Department of Agriculture, Economic Research Service• US Department of Health and Human Services• US Department of Health and Human Services, Health Resources and Services Administration (HRSA)• US Department of Justice, Federal Bureau of Investigation• US Department of Labor, Bureau of Labor Statistics• Walkscore.com
2	<p>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 – 2014</i></p>
3	<p>Illinois Behavioral Risk Factor Surveillance System 2013 (http://app.idph.state.il.us/brfss/); as included and referenced in the Professional Research Consultants, Inc. <i>Community Health Survey Results and Assessment – 2014</i></p>
4	<p>IDPH State Cancer Registry 2008-2012 data updated/reported as of April 2015; accessed on 6/2/15, (http://www.idph.state.il.us/cancer/15/county_rpt/ERS_15-06_County_Cancer_Incidence_Report_Illinois_2008-2012.pdf)</p>
5	<p>CDC U.S. Cancer Statistics (2007-2011, age-adjusted rates); accessed on 6/3/15, (http://apps.nccd.cdc.gov/uscs/)</p>

**Source
Number****Data Source (CONTINUED)**

6	Healthy People 2020 (http://www.healthypeople.gov/2020/default.aspx); accessed between 4/1/15-6/25/15; as included and referenced in the Professional Research Consultants, Inc. <i>Community Health Survey Results and Assessment – 2014</i> , as well as in the Rush-Copley CHNA
7	Kane County Community Health Assessment (IPLAN) MAPP process reports – 2014-2015 <ul style="list-style-type: none">• 2014 Kane County Community Health Needs Assessment Executive Summary Report (http://kanehealth.com/PDFs/CHIP/KaneCHNADatabook.pdf)• Forces of Change Report (http://kanehealth.com/PDFs/CHA/ForcesofChangeAssessment12-30-14.pdf)• Local Public Health System Assessment (http://kanehealth.com/PDFs/CHA/LocalPublicHealthSystemAssessment12-30-14.pdf)
8	Kane County Community Health Improvement Plans (CHIPs) <ul style="list-style-type: none">• 2012-2016 Community Health Improvement Plan (http://kanehealth.com/PDFs/CHIP/CHIP-short.pdf)• 2017-2020 Community Health Improvement Plan
9	Kendall County 2011-2016 IPLAN (http://health.co.kendall.il.us/IPLAN/IPLAN.pdf)
10	Rush-Copley Medical Center FY2013 Community Health Assessment Report
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 – 2014</i>
12	Illinois Department of Public Health Annual Hospital Questionnaire, Rush-Copley Medical Center Profiles, 2010-2014
13	IHA COMPdata (2010-2014 data); accessed 4/1/15-6/1/15
14	No longer applicable from last assessment
15	Rush-Copley Medical Center Internal Data Systems (AS400/SCM) Trend and utilization data (2010-2014); accessed 3/1/15-6/1/15
16	No longer applicable from last assessment
17	No longer applicable from last assessment
18	No longer applicable from last assessment
19	County Health Rankings and Roadmaps 2015; accessed 6/3/15 http://www.countyhealthrankings.org/#app/
20	Latino Mental Health Project, October 15, 2011, Robert Daugherty, Aurora University

**Source
Number****Data Source (CONTINUED)**

-
- 21 Fit Kids 2020 Plan (Kane County)
(http://www.makingkanefitforkids.org/wordpress/wp-content/uploads/2011/08/FFK_2020_Plan.pdf)
- 22 United States 2010 Census; accessed 6/17/15
(<http://www.census.gov/>)
(http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_5YR_S1701&prodType=table)
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- 23 The Nielsen Company (socioeconomic data and demographics);
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- 24 Realtytrac (data May 2015); accessed 5/6/15,
(<http://www.realtytrac.com/>)
- 25 U.S. Bureau of Labor Statistics (data May 2015); accessed 5/6/15
(<http://www.bls.gov/>)
- 26 U.S. Department of Health and Human Services, The Office of Minority Health (2010 data);
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(<http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=70>)
- 27 Robert Wood Johnson Foundation; accessed 6/22/15
(<http://www.rwjf.org/en/our-topics/topics/health-care-access.html>)
- 28 Kaiser Health News, Many Patients Struggling to Understand New Health Insurance, 6/6/14,
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(<http://khn.org/news/health-insurance-literacy-ap/>)
- 29 ObamaCare Enrollment Numbers, accessed 6/25/15
(<http://obamacarefacts.com/sign-ups/obamacare-enrollment-numbers/>)
- 30 Modern Healthcare, ACA open enrollment for 2015 causing anxiety for plans, providers,
September 13, 2014; accessed 6/22/15
(<http://www.modernhealthcare.com/article/20140913/MAGAZINE/309139987>)
- 31 Association of Community Health Improvement (ACHI), Community Health Assessment Toolkit;
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(<http://www.assesstoolkit.org/>)
- 32 American Medical Association
(<http://www.ama-assn.org/ama/pub/physician-resources/public-health/promoting-healthy-lifestyles/obesity.page>); accessed 6/29/15
-