RUSH
Rush Copley Medical Center

Rush Copley Medical Center

Community Health Needs Assessment 2021

Prepared by Conduent
Healthy Communities Institute

CONDUENT

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Executive Summary

Introduction & Purpose

Rush Copley Medical Center is pleased to present its 2021 Community Health Needs Assessment (CHNA). As federally required by the Affordable Care Act, this report provides an overview of the methods and processes used to identify and prioritize significant health needs in Kane County. This CHNA was conducted as a collaborative Community Health Assessment (CHA) and CHNA process. As a part of the Kane Health Counts Collaborative, Rush Copley partnered with Conduent Healthy Communities Institute (HCI) to conduct thier 2021 CHNA.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Kane County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community. Additionally, a section has been added to this report that focuses on the COVID-19 pandemic and its impact on Kane County.

Findings from this report will be used to identify, develop and target initiatives to provide and connect community members with resources to address these health challenges in Kane County.

Service Area

The Primary Service Area (PSA) for Rush Copley Medical Center encompasses 18 zip codes total. Five zip codes fall in Southern Kane County: 60505, 60506, 60507, 60538, and 60554, while six zip codes wall in Northern Kendall County: 60512, 60536, 60543, 60545, 60541, and 60560 as illustrated in Figure 1 below. The remining zip codes that comprise the Rush Copley PSA include 60502, 60504, 60503, 60519, 60548, 60552 and 60585 that fall within Kane or Kendall counties and overlap into other Illinois counties including DeKalb, Dupage, LaSalle and Will.

Demographics

Rush Copley Medical Center's Primary Service Area (PSA) has a population of approximately 383,415 persons. By race, the majority of the population in Rush Copley's PSA identifies as White (67.1%). The Black/African American community makes up 8.2%, followed by Asians comprising 6.2% of the population.

By ethnicity, Rush Copley's PSA has a larger percentage of the population that identifies as Hispanic or Latino (33.5%) compared to Kane and Kendall Counties where 33.2% and 20.4% of the population identifies as Hispanic or Latino respectively.

By age, 27.5% of the population in Rush Copley's PSA are infants, children, or adolescents (age 0-17); another 61.8% are in the age 18 to 64, while 10.7% are age 65 and older.

Methods for Identifying Community Health Needs

Secondary Data

The secondary data used in this assessment were obtained and analyzed from Kane Health Counts' Community Dashboard http://www.kanehealthcounts.org/. This includes a comprehensive set of more than 200 community health and quality of life indicators covering over 26 topic areas. Indicator values for Kane County were compared to other counties in Illinois and nationwide to compare health topics and relative areas of need. Other considerations for health areas of need included trends over time, Healthy People 2020 targets, and disparities by age, gender, and race/ethnicity.

Primary Data: Community Input

The needs assessment was further informed by: (1) focus groups hosted virtually with community members who have a fundamental understanding of Kane County's health needs and represent the broader interests of the community, and (2) a community survey distributed digitally throughout Kane County.

Summary of Findings

The collaborative CHA/CHNA findings are drawn from an analysis of an extensive set of secondary data (200 indicators from national and state data sources), in-depth primary data from community leaders, non-health professionals, organizations that serve the community at large, vulnerable populations and/or populations with unmet health needs, as well as general members of the Kane County community.

Through a synthesis of the primary and secondary data the following top health needs were determined and listed in rank order from highest to lowest.

1. Mental Health and Mental Disorders
2. Immunizations and Infectious Diseases
3. Substance Abuse
4. Exercise, Nutrition, and Weight
5. Maternal, Fetal, and Infant Health
6. Teen and Adolescent Health
7. Older Adults and Aging
8. Other Chronic Diseases
9. Education
10. Environment
11. Public Safety
12. Transportation

Disparities

The identification of disparities along race/ethnicity, gender, age, and geographic lines is important for informing and focusing strategies that will address the prioritized health needs. Primary and secondary data revealed significant community health disparities based on race/ethnicity, with Black/African American and Hispanic/Latino populations more negatively impacted than other groups in Kane County.

Furthermore, the data showed that older adults face increased health issues, while populations in certain geographic areas experience higher socioeconomic need and potentially poorer health outcomes.

Prioritized Areas

On December 8, 2020, more than 70 representative members of the Kane County community came together to learn about the significant health needs identified through primary and secondary data analysis in a virtual session led by consultants from HCI. This session was followed by an online prioritization scoring exercise of each health topic based on how well they met the defined criteria. HCI calculated the results to come up with a ranked list of significant health needs. Kane Health Counts members met on December 15, 2020 to review the ranking while considering the criteria for prioritization. The following four health areas were approved as priority areas to address by the Kane Health Counts Executive Committee on January 15, 2021:

Prioritized Health Needs
Behavioral Health (Mental Health and Substance Abuse)
Access to Health Services
Immunizations and Infectious Diseases
Exercise, Nutrition, and Weight

COVID-19 Impact Snapshot

At the time that Kane Health Counts began its collaborative CHA/CHNA process, Kane County was in the midst of dealing with the COVID-19 pandemic. The CHNA project team looked for additional sources of secondary data and gathered primary data to provide a snapshot of the impact of COVID-19 on Kane County between March 2020 and December 2020. More details of these findings are found in the "COVID-19 Impact Snapshot" section of this report.

Conclusion

This report describes the process and findings of a comprehensive and collaborative community health assessment for the residents of Kane County, IL. The prioritization of the identified significant health needs will guide the community health improvement efforts of the Kane Health Counts collaborative. Following this process, the collaborative, inclusive of Rush Copley Medical Center, will outline how it plans to address the prioritized health needs.

Introduction

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The goal of this report is to offer a meaningful understanding of the most pressing health needs across Kane County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community. Additionally, a section has been added to this report that focuses on the COVID-19 pandemic and its impact on Kane County.

Findings from this report will be used to identify, develop and target initiatives to provide and connect community members with resources to address these health challenges in Kane County.

This report includes a description of:

- **The community demographics and population served;**
- **The process and methods used to obtain, analyze and synthesize primary and secondary data;**
- **The significant health needs in the community, taking into account the needs of uninsured, low-income, and marginalized groups;**
- **The process and criteria used in identifying certain health needs as significant and prioritizing those significant community needs.**

Kane Health Counts

In 2011, Kane County Health Department (KCHD) started a Collaborative Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process. This process aimed to identify health priorities in the community and strategies to address them. Since then, KCHD has joined forces with five local hospitals, AMITA Mercy Medical Center, AMITA Saint Joseph Hospital, Northwestern Medicine Delnor Hospital, Rush Copley Medical Center, and Advocate Aurora Sherman, along with the INC Board, a mental health “708 Board” serving the southern part of Kane County and a number of community partners. This group comes together with a mutual interest in improving the health of Kane County residents. In 2014, this collaborative group was given the name Kane Health Counts.

This comprehensive community health assessment process is conducted every three years to identify the top health priorities Kane County. The Kane Health Counts collaborative works together to plan, implement and evaluate strategies that are in alignment with the identified health priorities. Together, the group strives to make Kane County the healthiest county in Illinois.

Kane Health Counts Executive Committee Leaders

Tina Link, Manager of Community Outreach, Community Health/Volunteer Services Departments
Advocate Aurora Sherman Hospital

Maria Aurora Diaz, Regional Director of Nursing, Community Health Integration
AMITA Mercy and AMITA St. Joseph Hospitals

Dalila Alegria, Executive Director
INC Board

Karin Podolski, Director, Community Health Services
Northwestern Medicine Delnor Hospital

Alex Pope, Vice President, Philanthropy & Community Engagement
Rush Copley Medical Center

Mariana Martinez, Community Health Outreach Coordinator
Rush Copley Medical Center

About Rush University System for Health

Driven by discovery, innovation and a deep responsibility for the health of our communities, Rush is a national leader in outstanding patient care, education, research, community partnerships and empowering a new generation of health care providers.

Rush comprises Rush University Medical Center, Rush Copley Medical Center, Rush Oak Park Hospital and Rush University, as well as an extensive providers network and numerous outpatient care facilities.

Our Vision
Rush will be the leading academic health system in the region and nationally recognized for transforming health care

Our Mission
The mission of Rush is to improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research and community partnerships.

About Rush Copley Medical Center

Rush Copley Medical Center, located in Aurora, Illinois, has provided quality health care to the residents of greater Fox Valley for more than 130 years. The 210-bed hospital has been recognized with "A" safety scores from the Leapfrog Group, earned Magnet accreditation from the American Nurses Credentialing Center and is proud to be a designated leader in LGBTQ Healthcare Equality by the Human Rights Campaign Foundation. With nearly 500 physicians on staff in more than 60 specialties, Rush Copley is the destination for excellence in health care with an academic connection to the Rush University System for Health.

Hospital Leadership
John Diederich, MA, MBA, FACHE
President and CEO
Rush Copley Medical Center

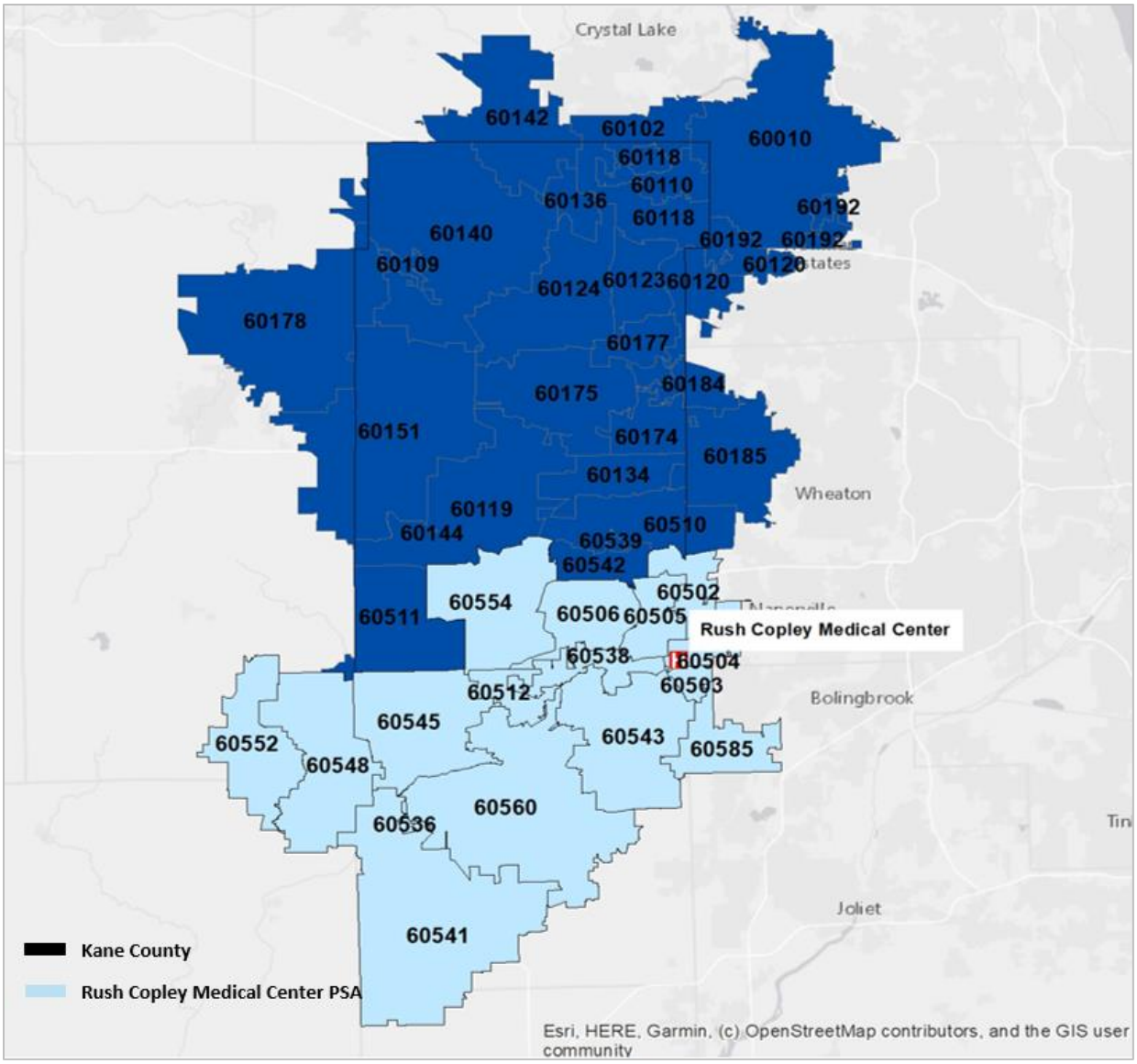
Community Benefit Team

Alexander F. Pope, Vice President/Chief Development Officer
Mariana M. Martinez, CHES® Community Health Outreach

Primary Service Area

The Primary Service Area (PSA) for Rush Copley Medical Center encompasses 18 zip codes total. Five zip codes fall in Southern Kane County: 60505, 60506, 60507, 60538, and 60554, while six zip codes fall in Northern Kendall County: 60512, 60536, 60543, 60545, 60541, and 60560 as illustrated in Figure 1 below. The remining zip codes that comprise the Rush Copley PSA include 60502, 60504, 60503, 60519, 60548, 60552 and 60585 that fall within Kane or Kendall counties and overlap into other Illinois counties including DeKalb, Dupage, LaSalle and Will.

FIGURE 1. RUSH COPLEY MEDICAL CENTER PRIMARY SERVICE AREA (PSA)



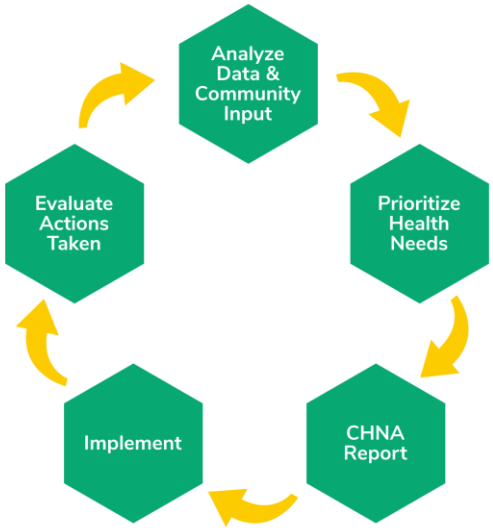
Consultants

Kane Health Counts collaborative members commissioned Conduent Healthy Communities Institute (HCI) to support report preparation for its 2021 collaborative CHA/CHNA. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent Healthy Communities Institute, please visit https://www.conduent.com/community-population-health. The following HCI team members were involved in the development of this report: Ashley Wendt, MPH – Public Health Consultant, Courtney Kaczmarsky, MPH – Public Health Consultant, Traci Van, Senior Advisor, Zack Flores – Project Coordinator, Era Chaudhry, MPH – Research Associate and Margaret Mysz, MPH – Research Associate.

Evaluation of Progress Since Prior CHNA

The CHNA process should be viewed as a three-year cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding CHNA. By reviewing the actions taken to address a priority health issue and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

FIGURE 2. THE CHNA CYCLE



Priority Health Needs from Preceding CHNA

Kane Health Count's Prioritized Health Topics for years 2018-2020 were:

- Behavioral Health
- Chronic Diseases
- Income and Education

Behavioral Health

Goal: By 2030, improve the mental health of Kane County residents.			
	Baseline	**Current**	**Status Update**
Outcome Objective			
By August 31, 2021, reduce the number of emergency department visits related to behavioral health by 5.0%.	108.01 per 10,000 residents	108	
Impact Objectives			
By Aug. 31, 2020, increase the proportion of adults aware of mental health resources by 15%.	60.9%	61.9 % (2018)	Efforts underway to increase traffic to website and coordinate services.
By Aug. 31, 2020, reduce the proportion of adults who could not get mental health resources when needed in the past year to 2.5% (or by 11%).	2.8%	7.6% (2018)	Team is working to implement online referral source.
By Aug. 31, 2020, reduce the proportion of adults that experience "fair" or "poor" mental health by 15%.	10.5%	17.8% (2018)	Focus on worksite and primary care contact points to help people with coping skills

Work to achieve these objectives was implemented in three main areas: Community Collaboration, Public Education, and Service Coordination.

Community Collaboration:
In and effort to gain a better understanding of local collaborative efforts related to behavioral health, organizations involved in efforts to reduce the burden of mental health and substance abuse were invited to present to the Kane Health Counts Behavioral Health Task Force at each of their meetings.

Public Education:
The community resource web portal was updated in 2019 with the goal of expanding its use. The Behavioral Health Council supported and promoted cross-sector trainings as well that included Lay Person's Guide to Mental Health, Mental Health First Aid (Youth and Adult) and Crisis intervention Training (CIT) and Applied Suicide Intervention Skills Training (ASIST). Finally, in order to increase funding and support for education a Children's Mental Health Initiative grant and a NACCHO Opioid grant were completed and submitted in 2019. Funding for substance use education, parent engagement and provider training were secured through grant funds in 2019 to be implemented in 2020.

Service Coordination:
As of the end of 2019, a new web-based referral system was active and on track to be used in 2020. The system being utilized is IRIS and will allow providers to make secure referrals from point to point with tracking at each step of the process. This new system will ensure all strategies in Service Coordination are tracked and about to be met.

Chronic Diseases

Goal: By 2030, reduce chronic disease in Kane County			
	Baseline	**Current**	**Status Update**
Outcome Objective			
By August 31, 2030, reduce Chronic disease in Kane County	-	-	
By August 31, 2021, decrease the number of hospitalizations due to heart disease by 5%.	66.4 per 10, residents, 2014		
Impact Objectives			
By August 31, 2021, increase the % of Kane County adults consuming 5+ servings of fruits and/or vegetables a day by 2.5%.	17.3% (2018)		
By August 31, 2021, decrease the % of Kane County adults reporting no leisure-time physical activity in the past month by 2.5 %.	27.7%, 2018		

Work to achieve these objectives was implemented in two main areas: 1) Nutrition focusing on increasing access and consumption of healthy foods and 2) Physical Activity focusing on the enhancement of the built environment.

Nutrition:
The first strategy for increasing access and consumption of healthy foods was though increasing the availability of healthy foods. Specific activities within this strategy included improving community mapping on the "mapped resources" section of the Kane Health Counts website to include farmers markets, community supported agriculture (CSAs), community gardens, and food pantries. Health messaging to promote eating fresh fruits and vegetables and accessing SNAP benefit registration were also included.

The second strategy to increase access and consumption of healthy foods included improving workplace environments. Specific activities within this strategy included promotion of increased participation in the Kane County workplace recognition program, creating a chronic disease resource toolbox and link on the Kane Health Counts website as well as creating and promoting specific health challenges within the workplace.

Physical Activity:
The first strategy for enhancing the built environment was a focus on improving sidewalks. Specific activities within this strategy included: 1) making sidewalks accessible and open for walking and biking, 2) encouraging municipalities and schools to apply for funding opportunities to improve infrastructure, 3) implementation of a bike share/bike rental program in Kane County, and 4) sponsoring a "Walk to School Day" and "Bike to Work Week".

The second strategy for enhancing the built environment was a focus on improving trail systems. One specific activity within this strategy was the addition and upgrade of trail maps and apps to be linguistically appropriate which included the addition of Spanish versions of these resources. Other activities included supporting and promoting physical activities challenges, promoting programs like Gail Borden Walking book club, and promoting bike shop and bike club groups.

The third strategy for enhancing the built environment was an additional focus on workplace environments. One specific activity included creating a toolbox for workplaces to help improve employee health. An additional activity included encouraging workplaces to advocate for bike stations and bike share program stations near their buildings.

The final strategy for enhancing the built environment was a focus on alternative transportation. This included promoting and raising awareness about Ride in Kane to townships and agencies across the county.

Income and Education

Goal: By August 31, 2030, reduce the proportion of Kane County residents living at or below 100% of poverty by 25%.				
	Baseline	**Current**	**Target**	**Status Update**
Outcome Objective				
By August 2030, reduce the proportion of Kane County residents living at or below 100% of poverty by 25%	10.7% SAIPE (2014)	10.4% (2013-2017) Kane Health Counts	8.025%	Trending down as desired.
By August 31, 2022, improve the 4-year	3 districts are under 87%	SD131-67% SD129-82%	SD131 72% SD129 87% Elgin	Graduation rates are

graduation rate of all public school districts with a baseline rate <87% by 5 percentage points	SD129 79% SD131 62.8% U-46-Elgin 80.2% Larkin 79.1% Streamwood 87% (Illinois State Board of Education, 2015)	U-46-Elgin 76%, Larkin 73%, Streamwood 86% (2019 figures)	81% Larkin 78% Streamwood 91%	trending upwards for districts 131 & 129 when compared to the 2013-2014 figures used in the Environmental Scan. U-46 is trending downwards.
Impact Objectives				
By June 30, 2021, demonstrate active, collective community engagement in improving income and education as evidenced by a career exploration communication campaign that involves 50% of middle schools.	None available	-	50%	Action team has begun Newsflash to begin engaging the middle schools.

Work to achieve these objectives was implemented through the research, design, and implementation of a career exploration campaign targeting middle school youth and their parents in Kane County.

The first strategy to improve and address challenges with income and education in Kane County focused on engage youth and parents to give input and assistance in developing a middle school career exploration campaign messaging.

The second strategy focused on implementing the career exploration campaign targeting middle school youth and their parents by conducting a series of communication campaign cycles that we evaluate and improve or expand in subsequent cycles.

Community Feedback from Preceding CHNA & Implementation Plan

Rush Copley's 2018-2020 CHNA and Implementation Plan were made available to the public and open for public comment via their website. No comments were received on either document at the time this report was written.

Community Health Needs Assessment Methodology

Overview

Two types of data were analyzed for this CHNA: primary and secondary data. Each type of data was analyzed using a unique methodology. Findings were organized by health topics. These findings were then synthesized for a comprehensive overview of the health needs in Kane County.

Secondary Data Sources & Analysis

Secondary data used for this assessment were collected and analyzed with the Healthy Communities Institute (HCI) Community Dashboard — a web-based community health platform developed by Conduent Community Health Solutions. The Community Dashboard brings data, local resources, and a wealth of information to one accessible, user-friendly location. It includes over 219 community indicators, hospitalization/ER indicators, and behavioral health indicators covering over 25 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, nationally or locally set targets, and to previous time periods.

HCI's Data Scoring Tool® was used to systematically summarize multiple comparisons across the Community Dashboard in order to rank indicators based on highest need. For each indicator, the Kane County value was compared to a distribution of Illinois and US counties, state and national values, Healthy People 2020, and significant trends. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcomes and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.

FIGURE 3: SECONDARY DATA SCORING

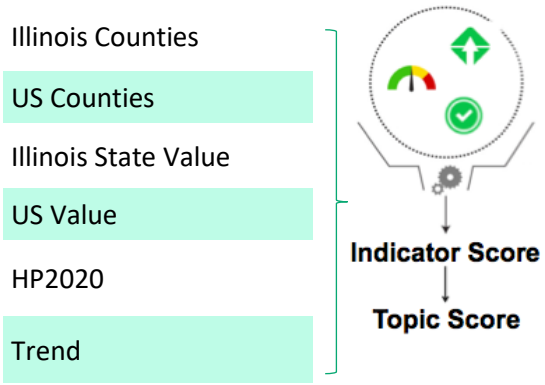


TABLE 1: SECONDARY DATA TOPIC SCORING RESULTS

Health and Quality of Life Topics	Score
Other Chronic Diseases	1.86
Environment	1.45
Transportation	1.43
Older Adults & Aging	1.40
Access to Health Services	1.38
Immunizations & Infectious Diseases	1.36
Substance Abuse	1.35
Maternal, Fetal & Infant Health	1.32
Education	1.29
Teen & Adolescent Health	1.27
Public Safety	1.25

Table 1 shows the health and quality of life topic scoring results for Kane County, with Other Chronic Diseases as the poorest performing topic area, followed by Environment. The top eleven topic areas were those that scored over the 1.25 threshold in data scoring. Health topic areas with fewer than three indicators were considered a data gap. Data gaps were specifically assessed as a part of the key informant interviews to ensure that, where the secondary data fell short, primary data could provide a more accurate picture of that particular health topic area.

Please see Appendix A for further details on the quantitative data scoring methodology.

Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, HCI collected community input as well. Primary data used in this assessment consisted of community focus groups and an online community survey that was available in English and Spanish.

Given this CHNA was conducted during the COVID-19 pandemic, primary data collection methods were conducted in a way to maintain social distancing and protect the safety of participants by eliminating in-person data collection.

As a critical aspect of the primary data collection, community members were asked to list and describe resources available in the community. Although not reflective of every resource available in the community, the list can help NMDH build partnerships so as not to duplicate, but rather support existing programs and resources. This resource list is available in Appendix C.

Focus Groups

The purpose of holding focus groups during the CHNA process is to gain more in-depth information on perceptions, insights, attitudes, experiences, or beliefs from community stakeholders. The data collected through the focus group process provides adjunct information to the quantitative data collection methods in a mixed methods approach. While the data collected is useful in gaining insight into a topic that may be more difficult to gather through other data collection methods, it is important to note that the information collected in an individual focus group is not necessarily representative of other groups.

The project team developed a focus group guide made up of a series of questions and prompts about the health and well-being of residents in Kane County (see Appendix B). Community members were asked to speak to barriers and assets to their health and access to healthcare. Virtual focus groups were hosted across Kane County during October and November 2020. They lasted approximately 60 minutes and were conducted via video conference with a phone only option for those with limited or no access to a reliable device or internet. Trained facilitators implemented techniques to ensure that everyone was able to participates in the discussion. Some focus groups were specifically hosted in Spanish for the Hispanic/Latino community in Kane County. These focus groups were facilitated by bilingual facilitators leveraging the same tool implemented in English only focus groups.

Participants were recruited for the focus group sessions through the Kane Health Counts network of community partner organizations. Specific efforts were made to recruit participants from the African American, Latino/Hispanic, and Senior segments of the Kane County population. Ten focus group sessions were organized between October and November 2020 and although registration was initially strong, sessions had varying levels of attendance. COVID-19 likely had an impact on resident's participation in the focus group sessions. Table 2 provides an overview of the individual sessions as well as number of participants for each of the focus groups.

TABLE 2: KANE COUNTY FOCUS GROUP DISCUSSIONS

Focus Group Discussion	Number of Sessions	Facilitation Language	Total Community Participants
African American Health	2	English	14
Older Adult/Senior Health	3	English	33
Hispanic/Latino Health	1	Spanish	12

** 10 Focus Groups were held, 6 sessions had attendees present*

The project team captured detailed transcripts of the focus group sessions. The text from these transcripts were analyzed using the qualitative analysis program Dedoose®[1]. Text was coded using a pre-designed codebook, organized by themes, and analyzed for significant observations. The findings from the qualitative analysis were combined with the findings from other data sources and incorporated into the Data Synthesis, Prioritized Health Needs, and COVID-19 sections of this report.

Themes Across All Focus Groups

Table 3 below summarizes the main themes and topics that trended across all or almost all focus group conversations.

TABLE 3: KANE COUNTY FOCUS GROUP THEME SUMMARY

Main Theme	Sub-topics	Contributing Focus Group(s)
Exercise, Nutrition and Weight	• Education for parents/families • Children's sedentary lifestyles and nutrition in schools • Health behavior and social environment influence on eating habits; cultural influences	African American and Hispanic/Latino Focus Groups
Access to Healthcare Services	• Language barriers • Underinsured and affordability (costs associated with services) • Preventative care for older adults; how to avoid emergent situations by intervening earlier (includes access to medications) • Navigation and education for minority racial or ethnic groups ○ Lack of focus on men's health in the African American community	All Focus Groups
Substance Abuse	• Focus on COVID-19 has diverted attention from drug use issues in the community (ex. heroin/opioid problem)	Older Adults and Hispanic/Latino Focus Groups

[1] Dedoose Version 8.0.35, web application for managing, analyzing and presenting qualitative and mixed method research data (2018). Los Angeles, CA: SocioCultural Research Consultants, LLC www.dedoose.com

	• Teen and adolescent use of substances; social pressure, connection to bullying and self-esteem	
Mental Health	• Anxiety and Stress for parents/families with children • Mental health for older adults; impacts of social isolation due to aging issues • Resources in the community; lack of availability and navigation/education about services available	All Focus Groups

Appendix B provides a more detailed report of the main themes that trended across the individual focus group conversations.

Community Survey

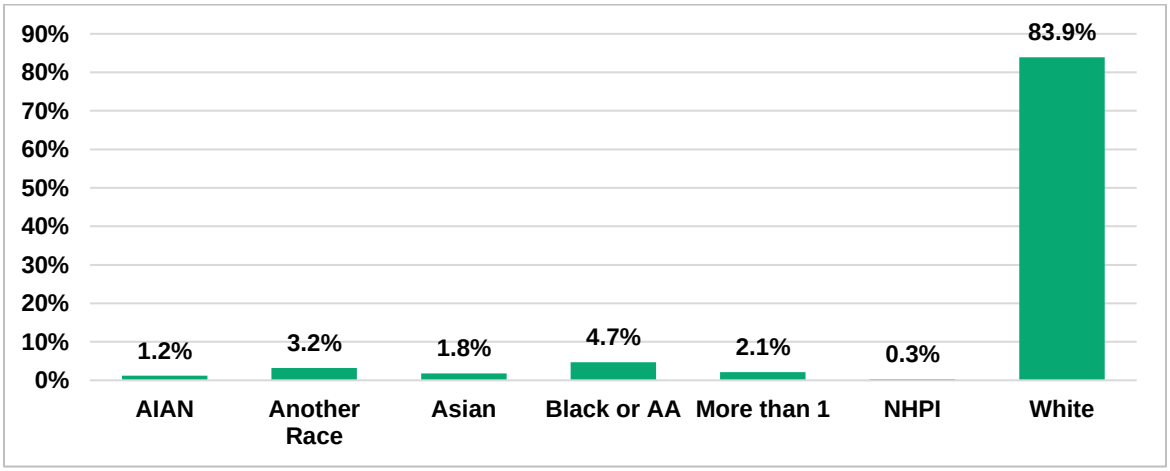
Another form of community input collected was via an online community survey that was available in English and Spanish from October 3, 2020 through November 13, 2020. HCI partnered with Claritas to digitally market, distribute, and collect responses for the community survey. The survey consisted of 47 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to health care services, as well as social and economic determinants of health. Survey respondents engaged with the community survey through three distinct channels: (1) online panels executed by Claritas, (2) a social media campaign executed by Claritas, and (3) email invites and marketing flyers distributed by Kane Health Counts members and its partner organizations to Kane County residents. To incentivize respondents and thank them for their time, online panelists were offered points or other game currency by the respective panel vendor, set in accordance with the survey length, survey topic, and the relative difficulty of obtaining the required sample, while social media respondents were offered a $5 Amazon gift card. In both cases, only those who qualified and completed the survey were awarded the incentive. Additionally, Kane Health Counts and their community partners marketed and shared the survey across the county for community participation.

The community survey was promoted across Kane County from October 03, 2020 to November 13, 2020. A total of 1,543 responses were collected. The following charts and graphs illustrate the demographics of community survey respondents.

Demographic Profile of Survey Respondents

As shown in Figure 4, White or Caucasian community members comprised the largest percentage of survey respondents at 83.9%, followed by Black/African American community members at 4.7%.

FIGURE 4: RACE OF COMMUNITY SURVEY RESPONDENTS



Nearly 12.5% of survey respondents identified as Hispanic or Latino, while the majority, 85.6% identified as non-Hispanic/Latino (Figure 5).

FIGURE 5: ETHNICITY OF COMMUNITY SURVEY RESPONDENTS

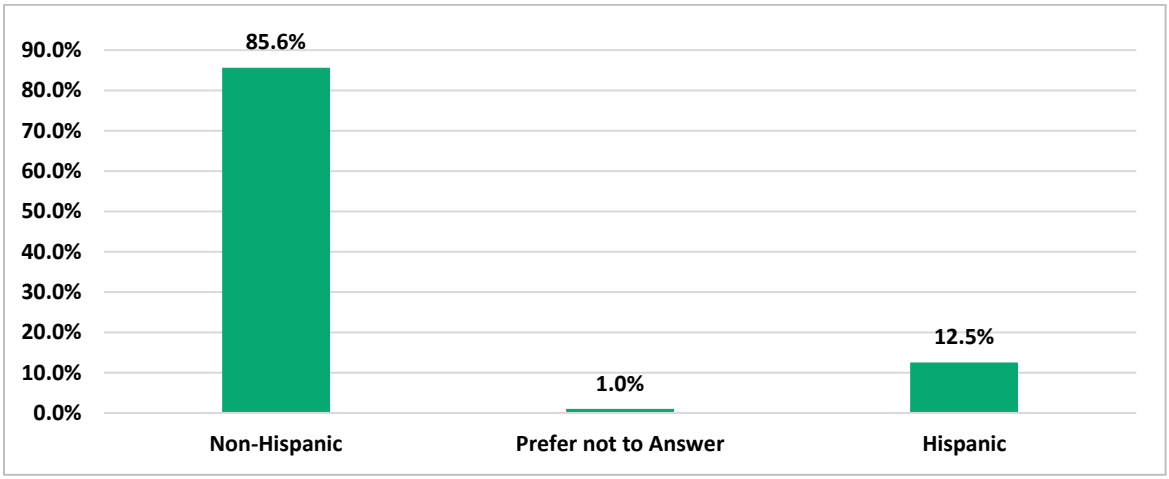
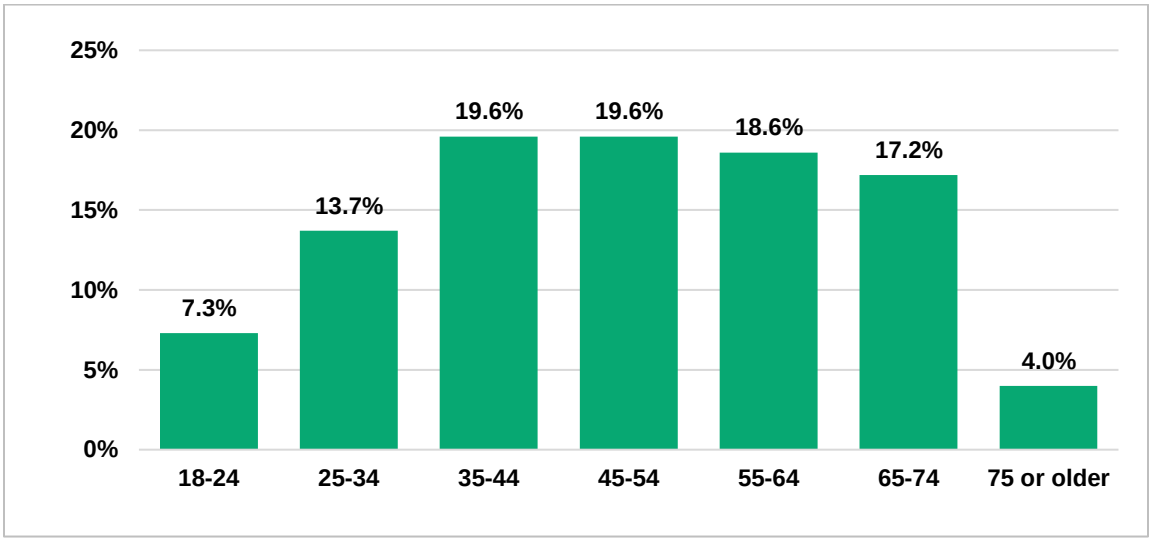


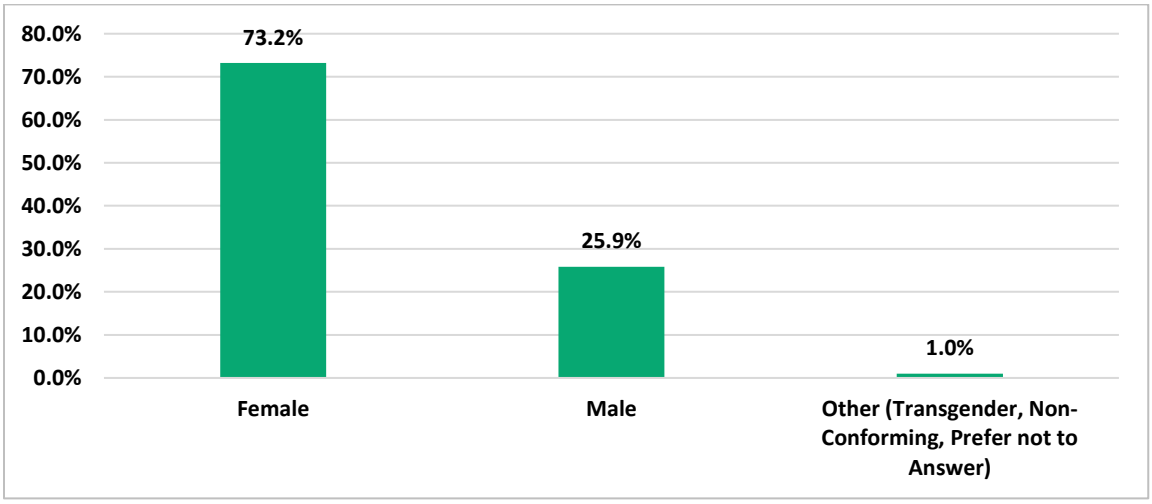
Figure 6 shows the age breakdown of survey respondents. The 35-44 and 45-54 age groups comprised the largest portions of survey respondents, at 19.6% each.

FIGURE 6: AGE OF COMMUNITY SURVEY RESPONDENTS



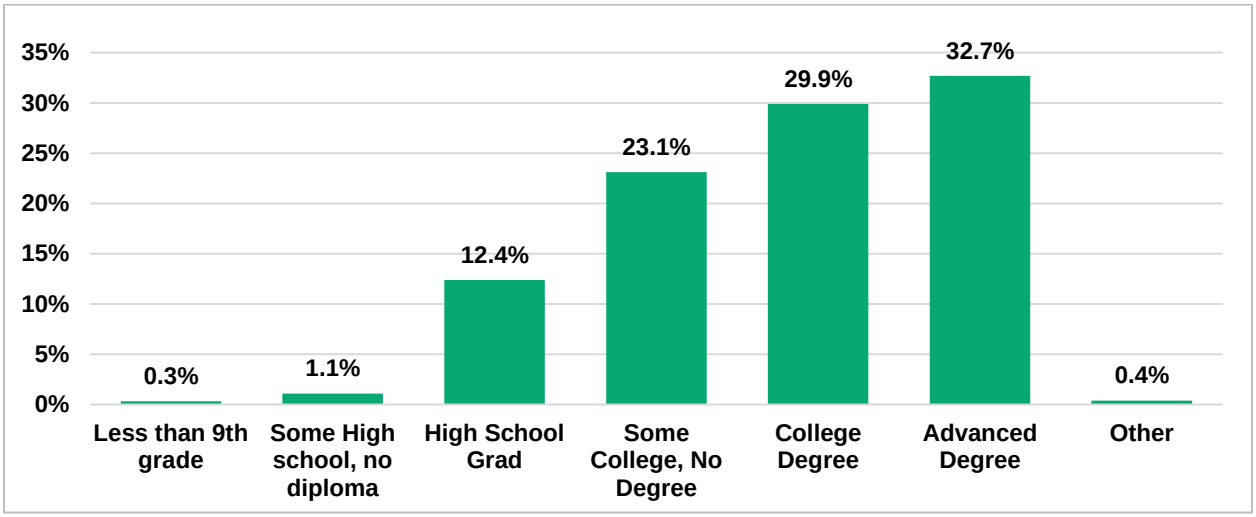
The majority of survey respondents identified as female at 73.2%. An additional 25.9% identified as male, and 1.0% as other (transgender, non-conforming or prefer not to answer), as shown in Figure 7.

FIGURE 7: SEXUAL IDENTITY OF COMMUNITY SURVEY RESPONDENTS



As shown in Figure 8, survey respondents were more likely to have a bachelor's degree or higher (62.6%).

FIGURE 8: EDUCATION OF COMMUNITY SURVEY RESPONDENTS



Community Survey Analysis Results

To ensure the survey was more representative of the population of Kane County, a weighting procedure was applied. A statistical analysis software (SAS) was used for the analysis. A sample-balancing procedure was used giving each respondent a weight based on respondent-reported demographics within the survey compared to the overall proportion in Kane County[23]. Respondent answers were weighted based on age, education level, sex, and race/ethnicity resulting in 1515 respondents. Survey results moving forward in this report are based on the weighted survey answers (N = 1515).

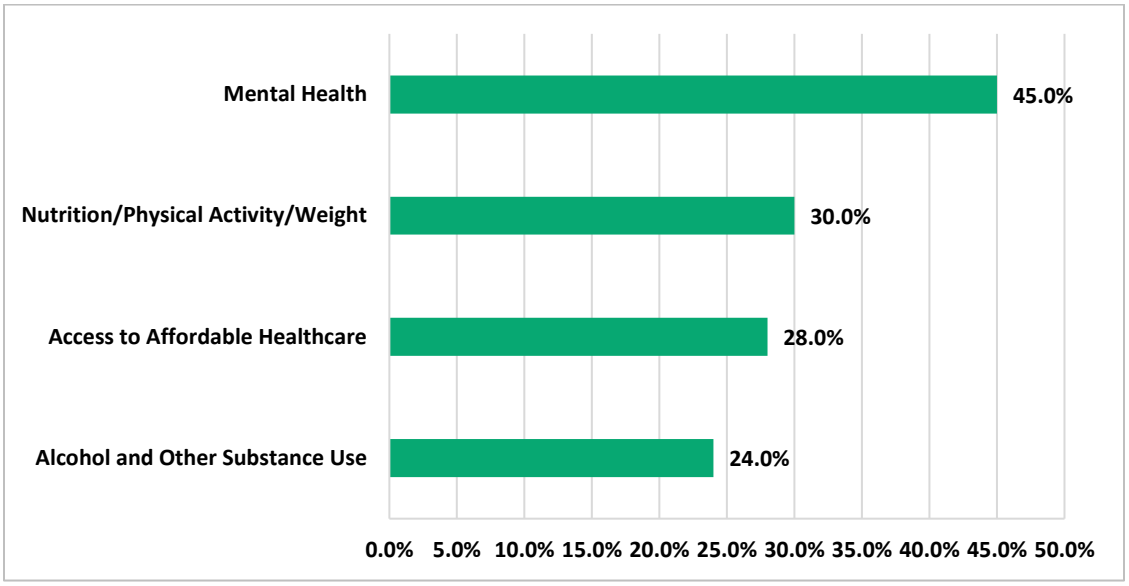
In the survey, participants were asked about important health issues in the community and which were the most important quality of life issues to address in Kane County. The top responses for these questions are shown in Figures 9 and 10. Additionally, questions were included to get feedback about the impact of COVID-19 on the community, which is included in the "COVID-19 Impact Snapshot" section of this report.

Mental health was ranked by survey respondents as the most pressing health problem (45.0% of respondents), followed by Nutrition/ Physical Activity/Weight (30.0%), Access to Affordable Healthcare (28.0%) and Alcohol and Other Substance Use (24.0%).

[2] Izrael, D., S.W. Ball, and M. P. Battaglia. 2017. Tips and Tricks for Raking Survey Data with Advanced Weight Trimming. SESUG SD-62-2017.

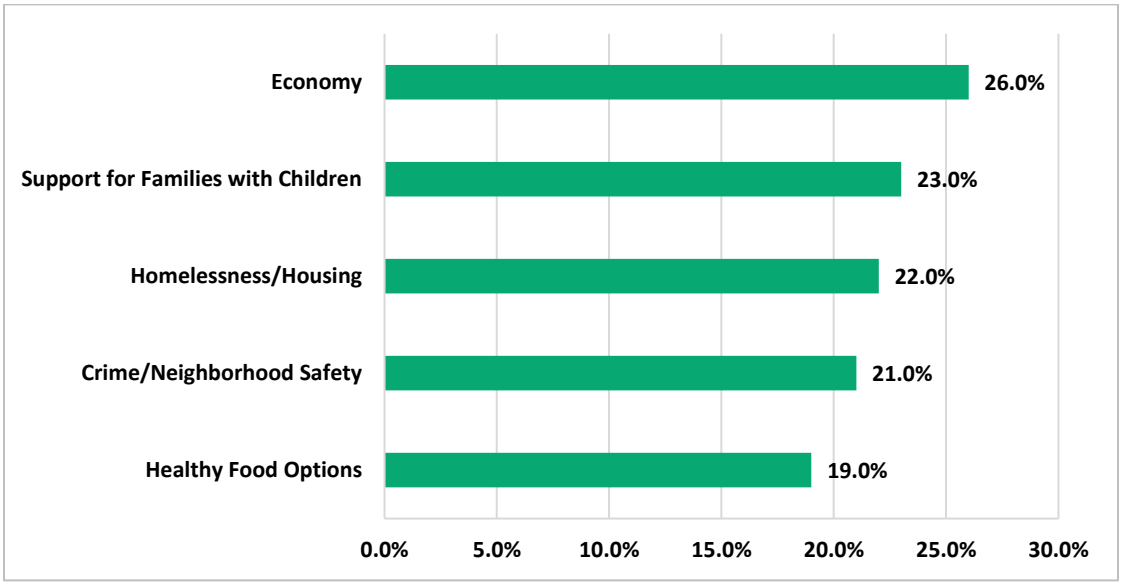
[3] Izrael, D. S.W. Ball, M.P. Battaglia (2016) SAS (9.4) [Source code]. https://www.abtassociates.com/sites/default/files/files/Insights/Tools/rake_and_trim_G4_V5.sas

FIGURE 9: MOST IMPORTANT COMMUNITY HEALTH ISSUES



As shown in Figure 10, Economy was ranked by survey respondents as the most urgent quality of life issue in Kane County (26.0% of survey respondents), followed by Support for Families with Children (23.0%), Homelessness/Housing (22.0%), Crime/Neighborhood Safety (21.0%) and Healthy Food Options (19.0%).

FIGURE 10: MOST URGENT QUALITY OF LIFE ISSUES TO ADDRESS IN KANE COUNTY



Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas,

within each topic there is a varying scope and depth of secondary data indicators and primary data findings.

Regarding the secondary data, some health topic areas have a robust set of indicators, but for others there may be a limited number of indicators for which data is available. The Index of Disparity[4], used to analyze the secondary data, is also limited by data availability from data sources. In some instances, there are no subpopulation data for some indicators, and for others there are only values for a select number of race/ethnic groups.

For the primary data, the breadth of findings is dependent upon who opted to participate in the focus groups. Additionally, the digital community survey was a convenience sample, which means results may be vulnerable to selection bias and make the findings less generalizable. In order to make the survey more representative, a weighting procedure was performed in SAS 9.4. This statistical procedure assigned a weight to each participant based on their unique combination of age, education, sex, race and ethnicity. A smaller weight is given to participants who responded more frequently than expected, while larger weights are given to those that were under-represented, based on the Kane County demographics.

For all data, efforts were made to include a wide a range of secondary data indicators and community member voices.

Prioritization

In order to better target activities to address the most pressing health needs in the community, Kane Health Counts convened a group of community leaders to participate in a presentation of data on significant health needs facilitated by HCI. Following the presentation and question session, participants were given access to an online link to complete a scoring exercise to rank the significant health needs based on a set of criteria. The process was conducted virtually in order to maintain social distancing and safety guidelines related to the COVID-19 pandemic.

Kane Health Counts joint CHA/CHNA planning committee and the Kane Health Counts Executive Committee reviewed the scoring results of the significant community needs and determined prioritized health needs based on the same set of criteria used in the scoring exercise.

Process

An open invitation to participate in the Kane Health Counts joint CHA/CHNA data synthesis presentation and virtual prioritization ranking activity was extended across Kane County in the weeks preceding the meeting held on December 8, 2020. A total of 85 individuals representing local hospital systems, health department, educational institutions as well as community-based organizations and non-profits registered for the event. Sixty-five of those registered attended the virtual presentation and of these, 35 submitted feedback to the online prioritization ranking activity. A full list of participants can be found in Appendix B.

On December 8, 2020 over 60 community members from Kane County including members from Kane Health Counts, community partners, and other community leaders were virtually convened. During this meeting, the group reviewed and discussed the results of HCI's primary and secondary data analyses leading to the preliminary significant health needs discussed in detail in the data synthesis portion of this

[4] Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

report. From there, participants were given three days to access an online link to score each of the significant health needs by how well they met the criteria set forth by Kane Health Counts.

The criteria for prioritization included:

- Scope & Severity: Gauges the magnitude of each health issue.
- Ability to Impact: The perceived likelihood for positive impact on each health issue.

The group also agreed that root causes, disparities, and social determinants of health would be considered for all prioritized health topics resulting from the prioritization.

Participants scored each health area against each criterion on a scale from 1-3 with 1 meaning it did not meet the given criterion, 2 meaning it met the criterion and 3 meaning it strongly met the criterion. In addition to considering the data presented by HCI in the presentation and on the health topic note sheet, participants were encouraged to use their own judgment and knowledge of the community in considering how well a health topic met the criteria.

Completion of the online exercise resulted in a numerical score for each health need that correlated with how well that particular need met the criteria for prioritization. HCI downloaded the online results, calculated the scores, and then ranked the significant health needs according to their topic scores, with the highest scoring health need receiving the highest priority ranking.

Prioritized Significant Health Needs

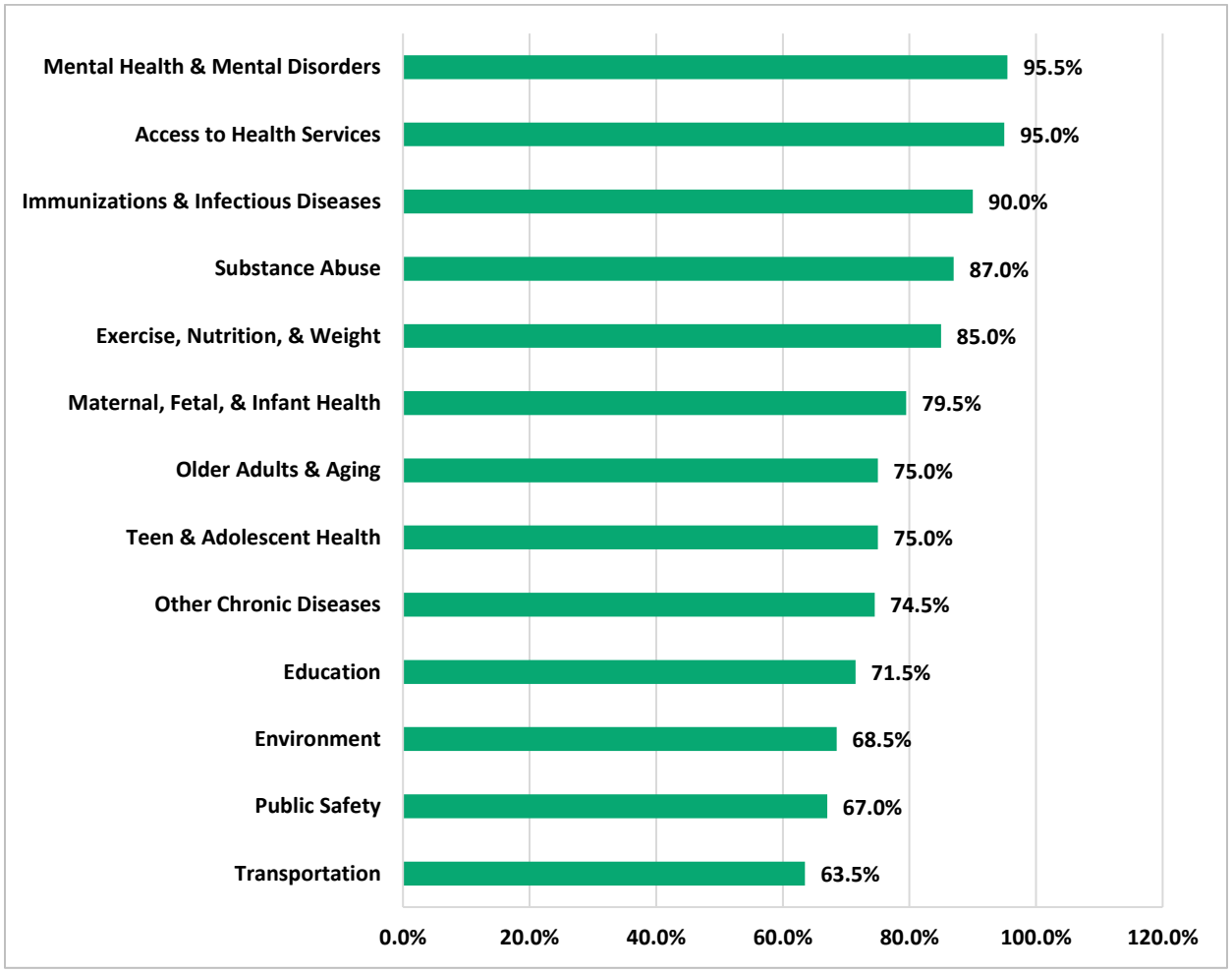
The aggregate ranking can be seen in Figure 11 below. Kane Health Counts' joint CHA/CHNA planning committee and the Kane Health Counts Executive Committee reviewed the scoring results of the significant community needs and determined prioritized health needs based on the same set of criteria used in the scoring exercise. After combining the prioritized health areas of Mental Health and Substance Abuse into the broader category of Behavioral Health, three additional prioritized health needs were included in the final list. The four priority health areas that will be considered for subsequent implementation planning are:

Prioritized Health Needs
Behavioral Health (Mental Health & Substance Abuse)
Access to Health Services
Immunizations & Infectious Diseases
Exercise, Nutiriton, & Weight

A deeper dive into the primary data and secondary data indicators for each of these four priority health topic areas is provided later in this report. This information highlights how each issue became a high priority health need for Kane Health Counts. The majority of these health topic areas are consistent with

the priority areas that emerged from the previous CHNA process. Kane Health Counts plans to build upon these efforts and continue to address these health needs in its upcoming Implementation Strategy.

FIGURE 11: SIGNIFICANT HEALTH NEEDS PRIORITIZATION RESULTS



Community Survey Analysis by County Planning Areas

Community survery results for data relevant to the four prioritized health needs were also analyzed by geography for Kane County's North, Central, and South Planning Areas as designated by the Kane County Health Department. The Primary Service Area of Rush Copley within Kane County falls within the South Planning Area. Results of this more focused analysis will be presented in the Data Synthesis Section later in the report.

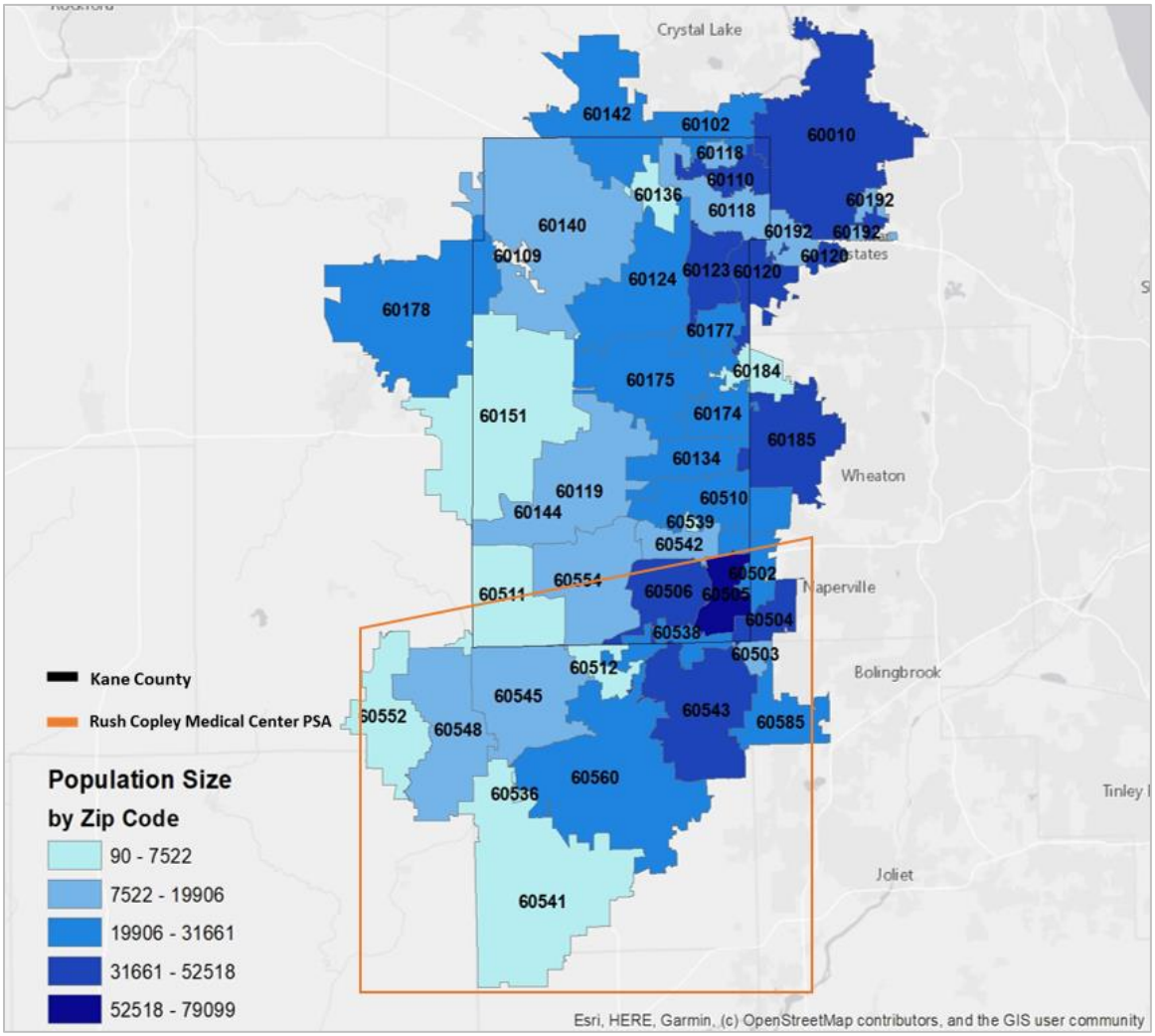
Demographics

The following section explores the demographic profile of Rush Copley's Primary Service Area (PSA) in comparison to Kane County. The demographics of a community significantly impact its health profile. Different race/ethnic, age and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. All demographic estimates are sourced from Claritas Pop-Facts® (2020 population estimates) and American Community Survey one-year (2019) or five-year (2014-2018) estimates unless otherwise indicated.

Population

According to the Claritas Pop-Facts 2020 Population Estimates, Rush Copley Medical Center's Primary Service Area (PSA) has a population of approximately 383,415 persons. Figure 12 shows the population size by each zip code within Kane County and Rush Copley Medical Center Primary Service Area with the darkest blue representing the zip codes with the largest population.

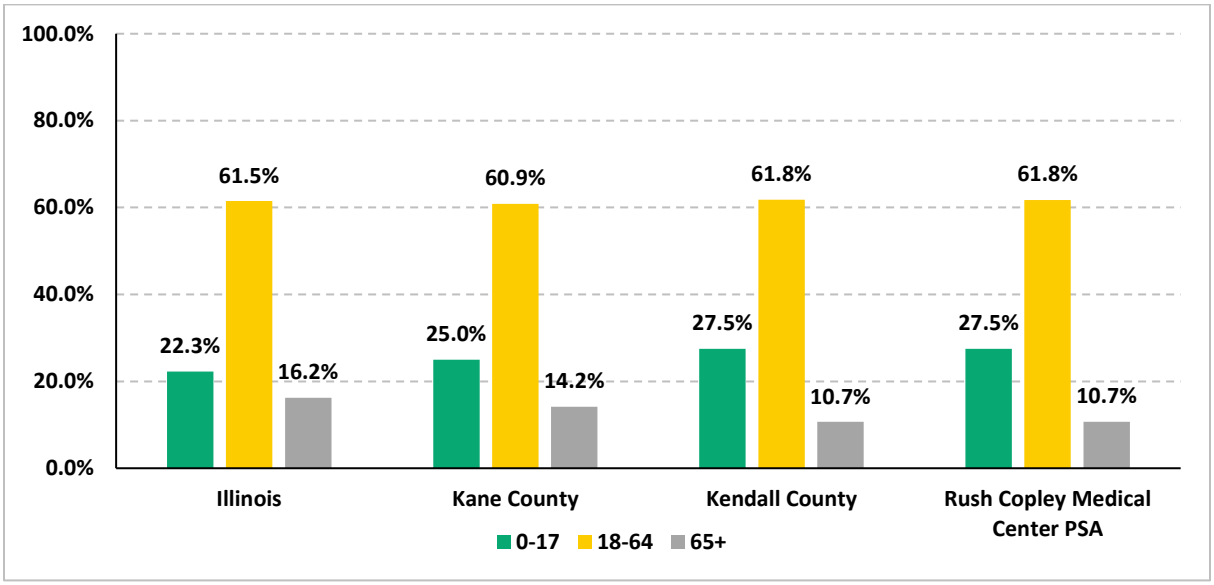
FIGURE 12. POPULATION SIZE BY ZIP CODE



Age

Figure 13 shows the Rush Copley Medical Center PSA population by age group along with Kane County, Kendall County, and Illinois state values. In Rush Copley's PSA, 27.5% of the population are infants, children, or adolescents (age 0-17); another 61.8% are in the age 18 to 64, while 10.7% are age 65 and older.

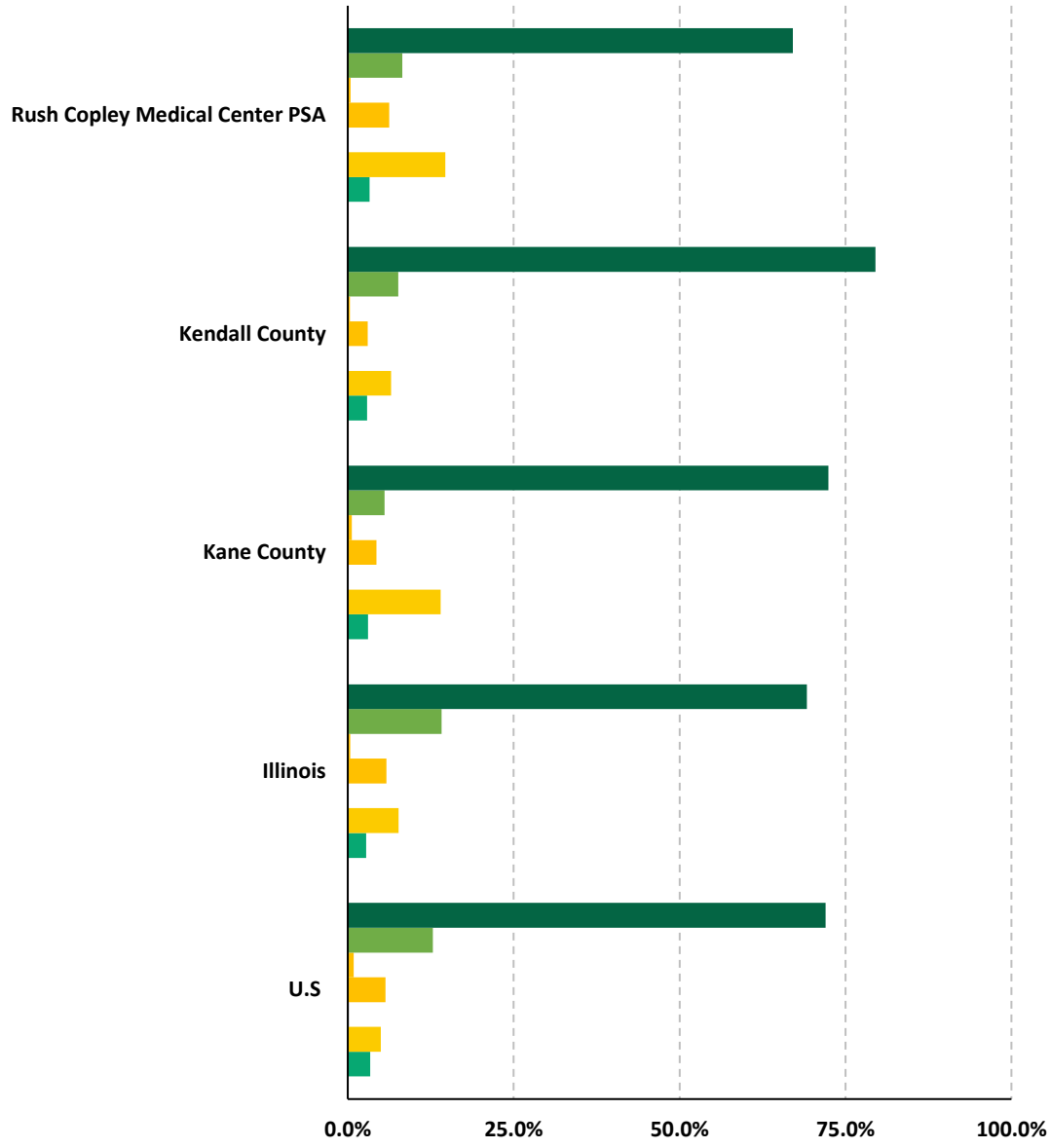
FIGURE 13. POPULATION BY AGE GROUP



Race

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and childcare. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income, and poverty. The majority of the population in Rush Copley's PSA identifies as White (67.1%) as shown in Figure 14. The Black/African American community makes up 8.2%, followed by Asians comprising 6.2% of the population.

FIGURE 14. POPULATION BY RACE

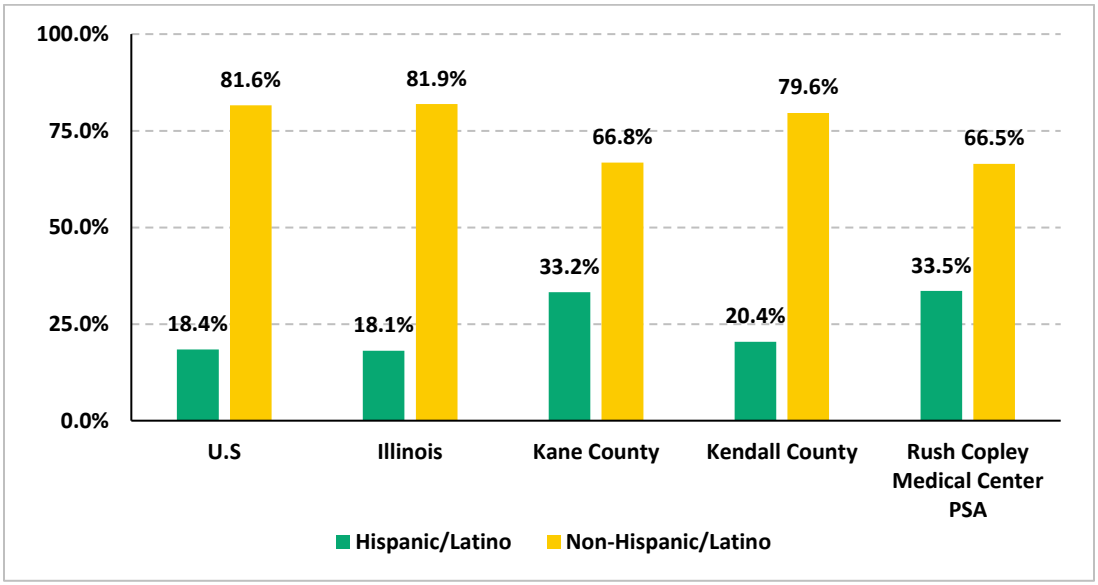


	U.S	Illinois	Kane County	Kendall County	Rush Copley Medical Center PSA
White	72.0%	69.2%	72.4%	79.5%	67.1%
Black/African American	12.8%	14.2%	5.6%	7.6%	8.2%
American Indian/Alaskan Native	0.9%	0.4%	0.6%	0.3%	0.4%
Asian	5.7%	5.8%	4.3%	3.0%	6.2%
Native Hawaiian/Pacific Islander	0.2%	0.0%	0.0%	0.1%	0.1%
Some Other Race	5.0%	7.6%	14.0%	6.5%	14.7%
2+ Races	3.4%	2.8%	3.0%	2.9%	3.3%

Ethnicity

As shown by Figure 15, 33.5% of the population of Rush Copley Medical Center's PSA identifies as Hispanic or Latino. This is a larger proportion of the population compared to Kane or Kendall Counties.

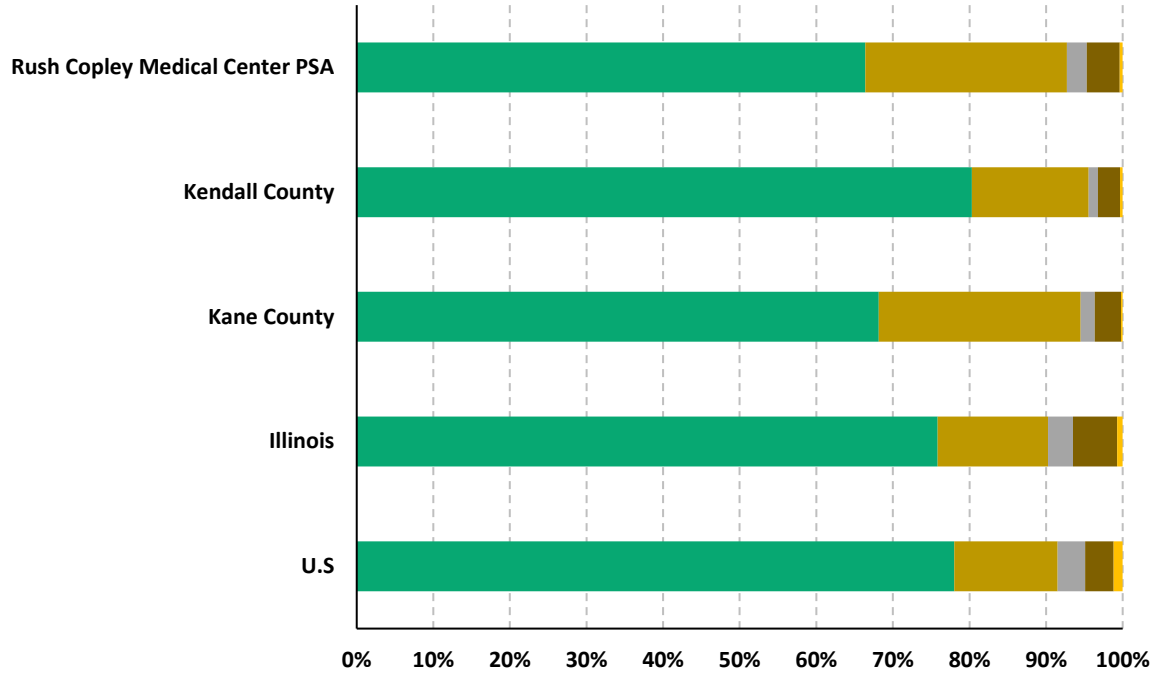
FIGURE 15. POPULATION BY ETHNICITY



Language

Language is an important factor to consider for outreach efforts in order to ensure that community members are aware of available programs and services. Figure 16 shows the population five years and older by language spoken at home. The proportion of the population who speaks English in Rush Copley's PSA is 66.4%. Spanish is the second most common language in the PSA at 26.3%. It is important to note that the percentage of Spanish spoken in Kane and Kendall Counties (26.4% and 15.3% respectively) is comparatively higher than in the state of Illinois (14.4%) and the U.S (13.5%).

FIGURE 16. POPULATION AGE 5+ BY LANGUAGE SPOKEN AT HOME



	U.S	Illinois	Kane County	Kendall County	Rush Copley Medical Center PSA
Speak Only English	78.0%	75.8%	68.2%	80.3%	66.4%
Speak Spanish	13.5%	14.4%	26.4%	15.3%	26.3%
Speak Asian/Pac Islander Lang	3.6%	3.3%	1.8%	1.2%	2.6%
Speak Indo-European Lang	3.7%	5.7%	3.5%	2.9%	4.3%
Speak Other Lang	1.2%	0.7%	0.2%	0.4%	0.4%

Social & Economic Determinants of Health

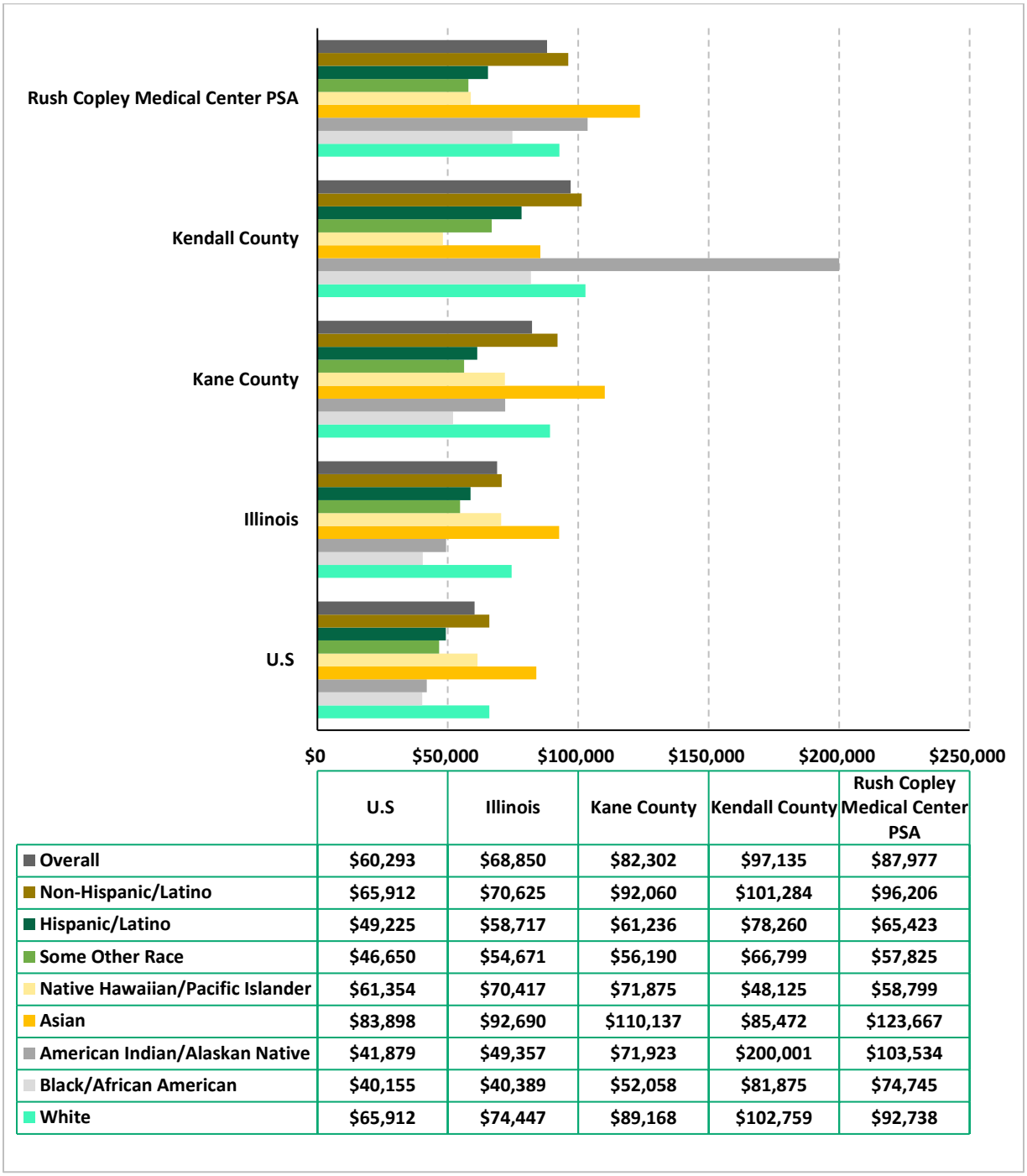
This section explores the economic, environmental, and social determinants of health of Kane County and Rush Copley's PSA. Social determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. It should be noted that county level data can sometimes mask what could be going on at the zip code level in many communities. While indicators maybe strong at the county level, zip code level analysis can reveal disparities.

Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Areas with higher median household incomes also have higher home values and their residents enjoy more disposable income.

Figure 17 compares the median household income values for each race in Rush Copley Medical Center's PSA. The overall median household income for the hospital service area is $87,977 which is higher than the overall Kane County, Illinois and U.S. values. Three races – White, Asian, and American Indian/Alaskan Natives – have median household incomes that fall above the overall median value. All other races fall below the overall value.

FIGURE 17. MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY



	U.S	Illinois	Kane County	Kendall County	Rush Copley Medical Center PSA
Overall	$60,293	$68,850	$82,302	$97,135	$87,977
Non-Hispanic/Latino	$65,912	$70,625	$92,060	$101,284	$96,206
Hispanic/Latino	$49,225	$58,717	$61,236	$78,260	$65,423
Some Other Race	$46,650	$54,671	$56,190	$66,799	$57,825
Native Hawaiian/Pacific Islander	$61,354	$70,417	$71,875	$48,125	$58,799
Asian	$83,898	$92,690	$110,137	$85,472	$123,667
American Indian/Alaskan Native	$41,879	$49,357	$71,923	$200,001	$103,534
Black/African American	$40,155	$40,389	$52,058	$81,875	$74,745
White	$65,912	$74,447	$89,168	$102,759	$92,738

Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower quality schools and decreased business survival.

Figure 18 shows the percentage of families living below the poverty level by zip code. The darker blue colors represent a higher percentage of families living below the poverty level. Zip codes 60505, 60545, and 60506 fall within Rush Copley Medical Center's PSA. These zip codes have the highest percentages of families living below the poverty level within the PSA. In comparison to Illinois state (9.2%), the percentage of families living below the poverty level in Kane (7.2%) and Kendall (3.93%) Counties are lower.

FIGURE 18. FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE

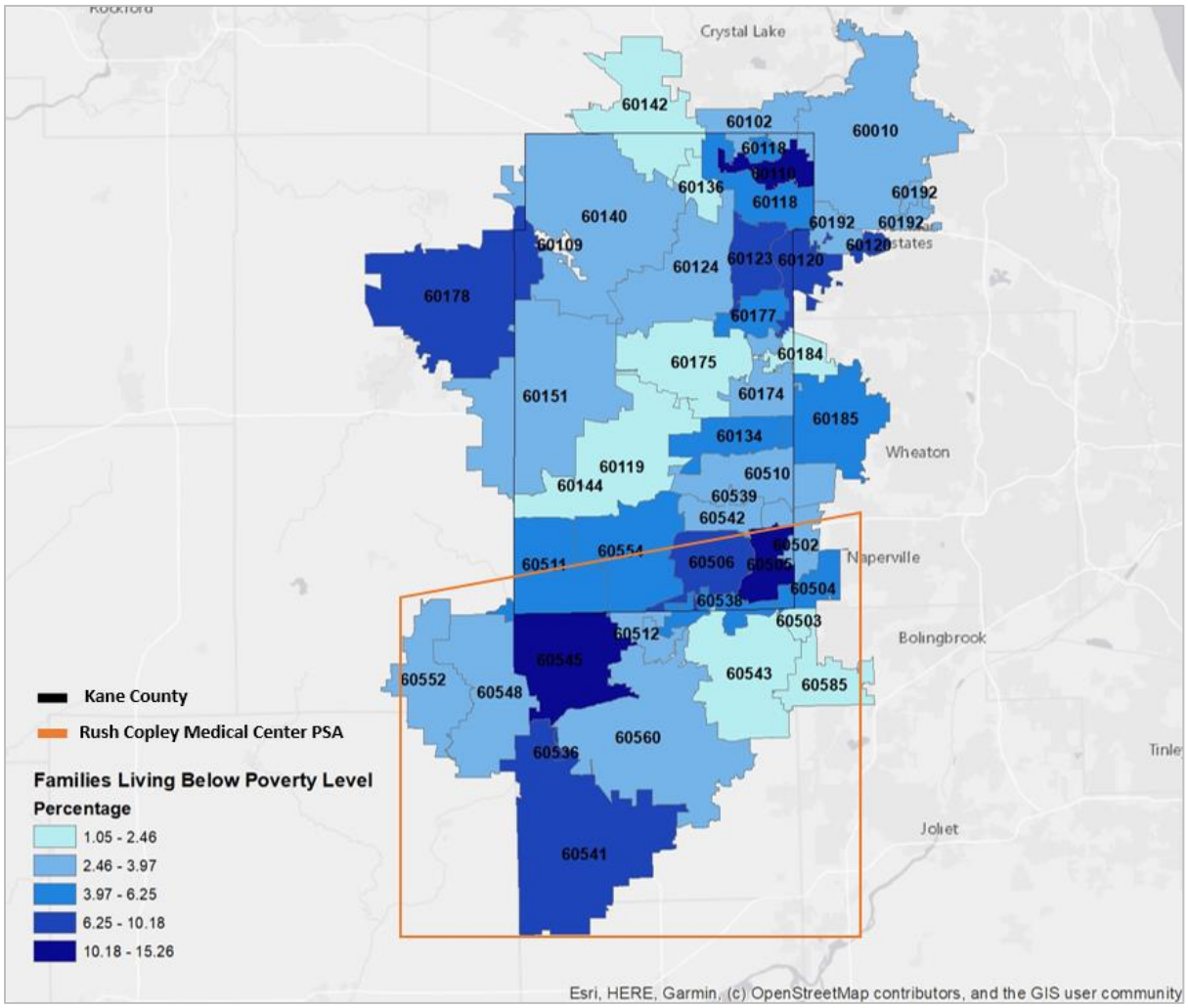
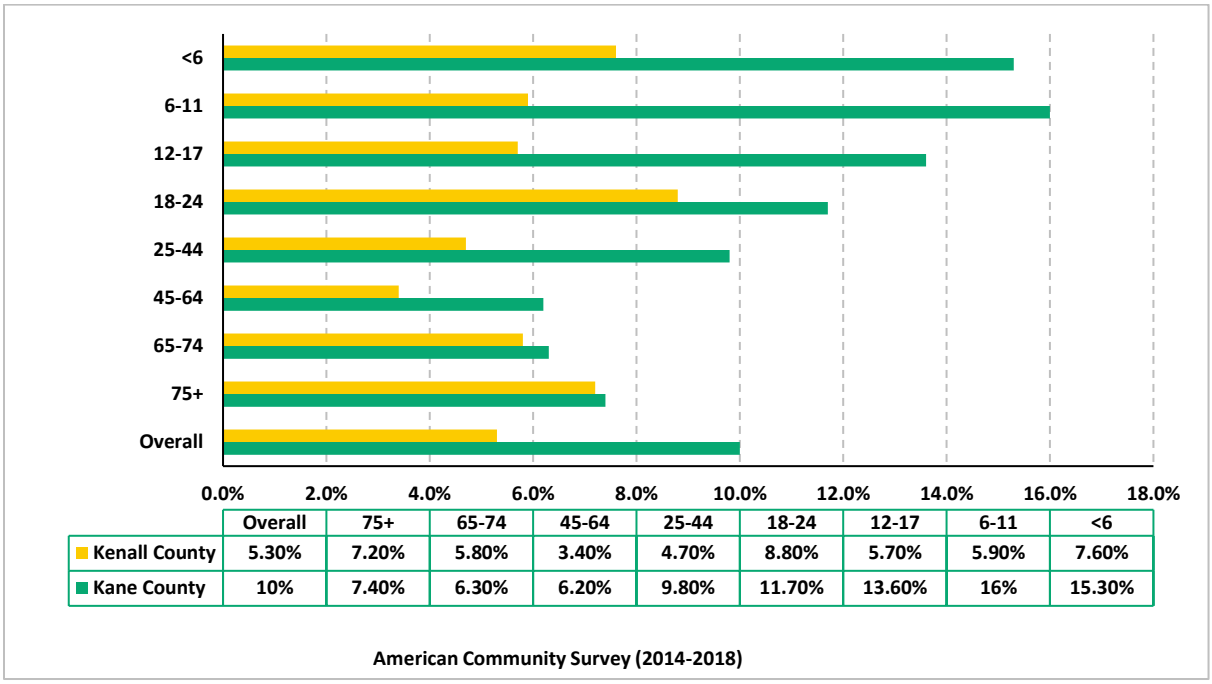


Figure 19 shows the percentage of the population in Kane and Kendall Counties by age who are living below the poverty level. Children and adolescents in Kane County who are less than 18 years old comprise the largest group who are living in poverty.

FIGURE 19. PEOPLE LIVING BELOW POVERTY LEVEL BY AGE

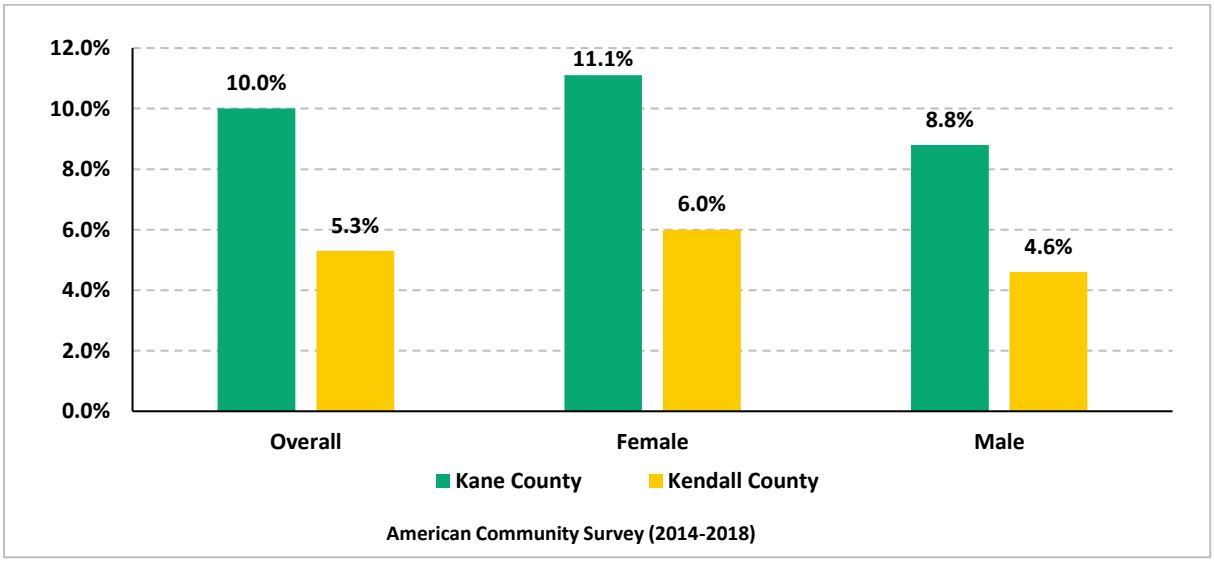


	Overall	75+	65-74	45-64	25-44	18-24	12-17	6-11	<6
Kenall County	5.30%	7.20%	5.80%	3.40%	4.70%	8.80%	5.70%	5.90%	7.60%
Kane County	10%	7.40%	6.30%	6.20%	9.80%	11.70%	13.60%	16%	15.30%

American Community Survey (2014-2018)

Figure 20 shows the percentage of the population in Kane and Kendall Counties by gender who are living below the poverty level. Females make up a larger percentage of the population in Kane and Kendall Counties who are living in poverty (11.1% and 6.0% respectively).

FIGURE 20. PEOPLE LIVING BELOW POVERTY LEVEL BY GENDER



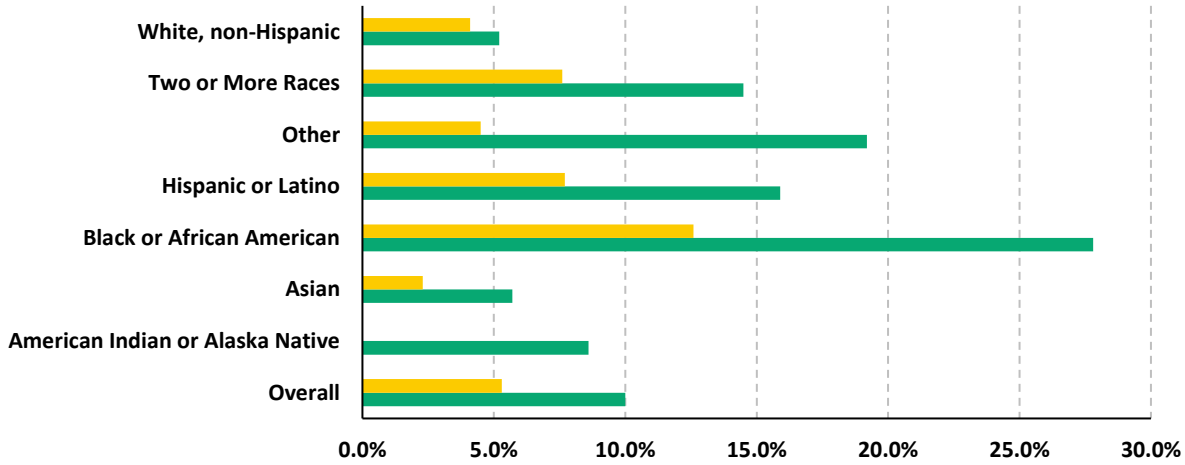
American Community Survey (2014-2018)

Figure 21 shows the percentage of the population in Kane and Kendall Counties by race/ethnicity who are living below the poverty level. The largest racial/ethnic group in Kane County who are living below the

poverty level are those identifying as Black/African American at 27.8% followed by those identifying as "Other" race at 19.2%. Those identifying as Black/African American, Other race, Hispanic/Latino, or as Multi-racial all experience poverty at a higher percentage compared to Kane County at 10.0%.

The largest racial/ethnic group in Kendall County who are living below the poverty level are those identifying as Black/African American at 12.6% followed by those identifying Hispanic or Latino at 7.7% and Two or More Races at 7.6%. Those identifying as Black/African American, Hispanic/Latino, or Multi-racial all experience poverty at a higher percentage compared to Kendall County at 5.3%.

FIGURE 21. PEOPLE LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY



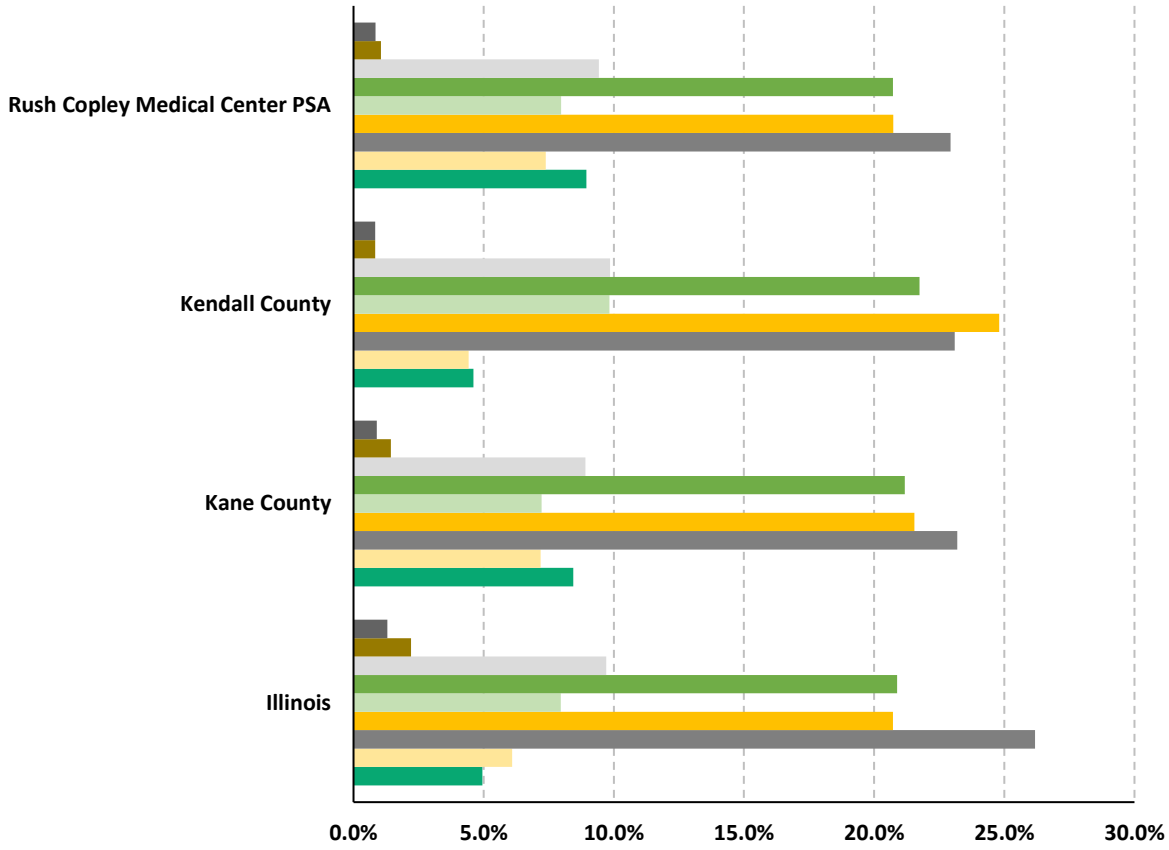
	Overall	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Other	Two or More Races	White, non-Hispanic
Kendall	5.3%	0.0%	2.3%	12.6%	7.7%	4.5%	7.6%	4.1%
Kane	10.0%	8.6%	5.7%	27.8%	15.9%	19.2%	14.5%	5.2%

American Community Survey (2014-2018)

Education

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree or higher opens career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs. Figure 22 shows that Rush Copley's PSA has a slightly lower percentage of people 25 years or older with a bachelor's degree or higher (32.0%) compared to Kane County (32.4%) or Illinois (34.1%).

FIGURE 22. POPULATION 25+ BY EDUCATIONAL ATTAINMENT



	Illinois	Kane County	Kendall County	Rush Copley Medical Center PSA
Doctorate Degree	1.3%	0.9%	0.8%	0.8%
Professional Degree	2.2%	1.4%	0.8%	1.1%
Master's Degree	9.7%	8.9%	9.9%	9.4%
Bachelor's Degree	20.9%	21.2%	21.7%	20.7%
Associate Degree	8.0%	7.2%	9.8%	8.0%
Some College, No Degree	20.7%	21.5%	24.8%	20.7%
High School Grad	26.2%	23.2%	23.1%	22.9%
Some High School, No Diploma	6.1%	7.2%	4.4%	7.4%
Less than 9th Grade	5.0%	8.4%	4.6%	9.0%

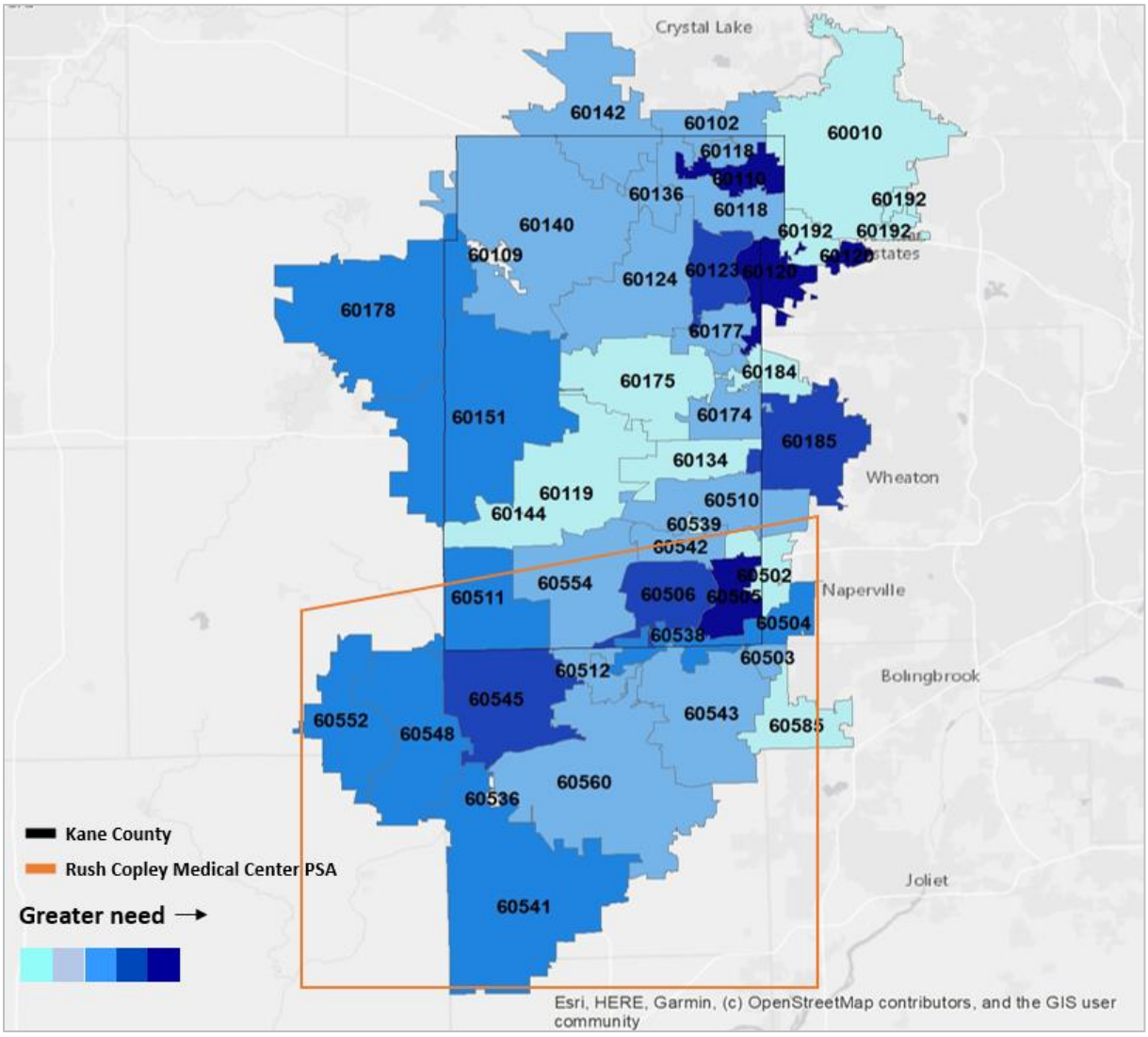
SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily identify areas of high socioeconomic need. This index incorporates estimates for six different social and economic determinants of health that are associated with poor health outcomes. The data, which cover income, poverty, unemployment, occupation, educational attainment, and linguistic barriers, are then standardized and averaged to create one composite index value for every zip code in the United States with a population

of at least 200. Zip codes have index values ranging from zero to 100, where higher values are estimated to have the highest socioeconomic need and are correlated with poor health outcomes including preventable hospitalizations and premature death.

Within Kane County, zip codes are ranked based on their index value to identify the relative levels of need, as illustrated by the map in Figure 23 below. The following zip codes have the highest level of socioeconomic need (as indicated by the darkest shade of blue): 60505, 60506 and 60545. These zip codes fall within Rush Copley Medical Center's PSA. Understanding where there are communities with high socioeconomic need, and associated poor health outcomes, is critical to targeting prevention and outreach activities.

FIGURE 23. SOCIONEEDS INDEX



Data Synthesis

Primary and secondary data were collected, analyzed and synthesized to identify the significant community health needs in Kane County.

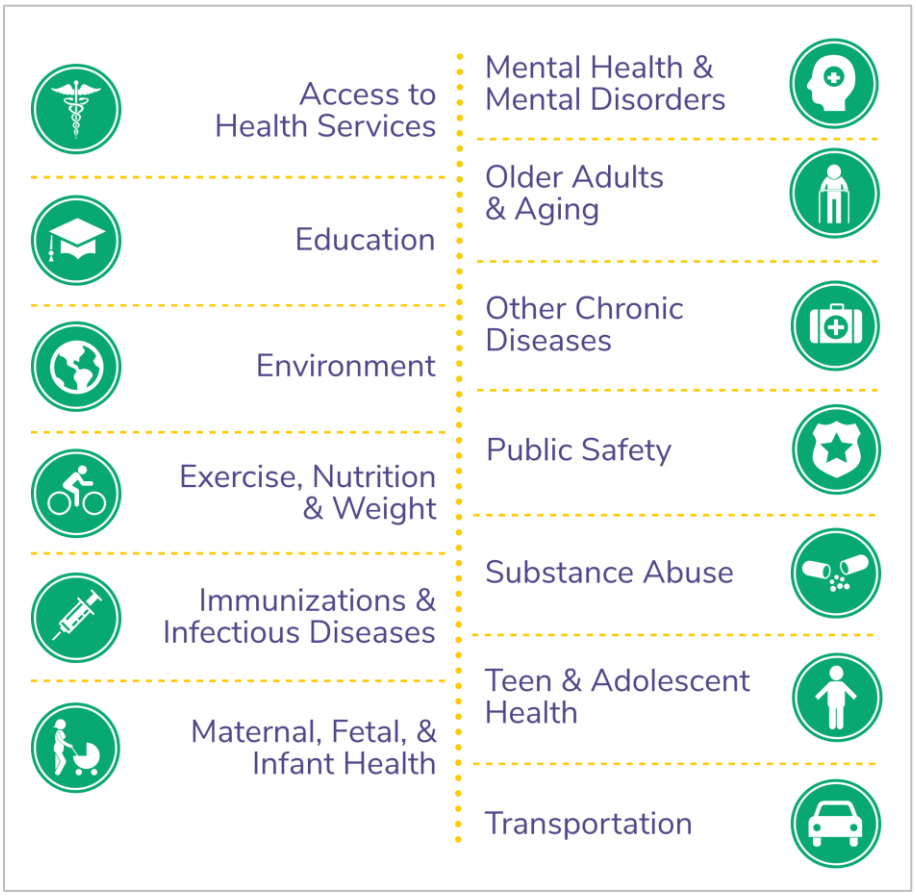
The top health needs identified from data sources were analyzed for areas of overlap. Primary data from focus groups, community survey, FOCA, and Public Health System Assessment as well as Secondary data findings identified 13 areas of greater need. Table 4 shows the final 13 significant health needs, listed in alphabetical order, that were included for prioritization based on the synthesis of all forms of data collected for Kane Health Counts joint CHA/CHNA.

TABLE 4: HEALTH TOPIC AND DATA COLLECTION

Health Topic	Data Source(s)
Access to Health Services	Secondary Data, Community Survey, Focus Groups, FOCA, PHSA
Education	Secondary Data, FOCA
Environment	Secondary Data
Exercise, Nutrition, & Weight	Community Survey, Focus Groups
Immunizations & Infectious Diseases	Secondary Data
Maternal, Fetal, & Infant Health	Secondary Data
Mental Health	Community Survey, Focus Groups, FOCA
Other Chronic Diseases	Secondary Data
Older Adults & Aging	Secondary Data
Public Safety	Secondary Data
Substance Abuse	Secondary Data, Community Survey, Focus Groups, FOCA
Teen & Adolescent Health	Secondary Data
Transportation	Secondary Data

Figure 24 below graphically illustrates the final 13 significant health needs, listed in alphabetical order.

FIGURE 24: HEALTH TOPIC AND DATA COLLECTION



Prioritized Significant Health Needs

The following section dives deeper into each of the prioritized health needs in order to understand how findings from secondary and primary data led to the health topic becoming a priority health issue for Kane Health Counts. The four health needs are presented in the order of how they ranked in the prioritization process

Prioritized Health Topic #1: Behavioral Health (Mental Health & Substance Abuse)

Behavioral Health: Mental Health

Secondary Data Score: **1.19**

Key Themes from Community Input

- Top priority from Community Survey, Focus Group, and Forces of Change Assessment participants
- Mental health care, resources, and available providers are disproportionate to community need

Warning Indicators

- Poor Mental Health Days
- Age-Adjusted Hospitalization Rate due to Pediatric Mental Health

Behavioral Health: Substance Abuse

Secondary Data Score: **1.35**

Key Themes from Community Input

- Alcohol and substance abuse were priorities from the Community Survey, Focus Group and Forces of Change Assessment participants

Warning Indicators

- Teens who use Alcohol
- Alcohol-Impaired Driving Deaths
- Age-Adjusted ER and Hospitalization Rate due to Adult Alcohol Use
- Liquor Store Density
- Teens who use Marijuana
- Adults who use E-Cigarettes (past 30 days)

Secondary Data

From the Secondary data scoring results, Behavioral Health was identified as a top health need in Kane County. This health topic includes mental health, mental health disorders, and substance abuse. Using HCI's Secondary Data scoring technique, substance abuse had the fifth highest data score and mental health & mental disorders ranked eleventh. The overall topic scores were 1.35 and 1.19, respectively. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed in Tables 5 and 6 below.

TABLE 5: DATA SCORING RESULTS FOR MENTAL HEALTH & MENTAL DISORDERS

SCORE	MENTAL HEALTH & MENTAL DISORDERS	KANE COUNTY	ILLINOIS	U.S.	IL COUNTIES	U.S. COUNTIES	TREND
1.75	Poor Mental Health Days *(% Adults)* *2010-2014*	40.5					
1.50	Age-Adjusted Hospitalization Rate due to Pediatric Mental Health *(hospitalizations/10,000 population)* *2017-2019*	61.6	67.5				
1.44	Alzheimer's Disease or Dementia: Medicare Population *(%)* *2017*	10	10.7	10.9			
1.44	Depression: Medicare Population *(%)* *2017*	16.4	16.4	17.9			

TABLE 6: DATA SCORING RESULTS FOR SUBSTANCE ABUSE

SCORE	SUBSTANCE ABUSE	KANE COUNTY	ILLINOIS	U.S.	IL COUNTIES	U.S. COUNTIES	TREND
2.11	Teens who Use Alcohol *(%)* *2018*	46	40				
1.89	Alcohol-Impaired Driving Deaths *(% of MVC deaths)* *2014-2018*	32	32	28			
1.83	Age-Adjusted ER Rate due to Adult Alcohol Use *(hospitalizations/10,000 population)* *2017-2019*	88	87				
1.69	Liquor Store Density *(stores/100,000 population)* *2018*	11.6	10.8	10.6			
1.67	Age-Adjusted Hospitalization Rate due to Adult Alcohol Use *(hospitalizations/10,000 population)* *2017-2019*	29	29.5				
1.56	Teens who Use Marijuana *(%)* *2018*	24.4	26				

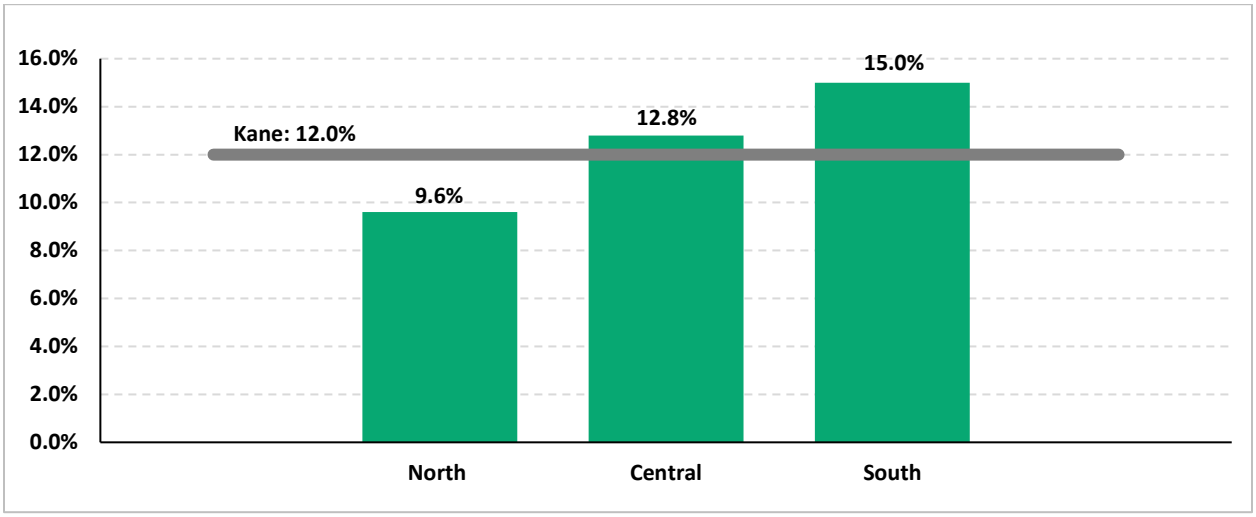
From the secondary data results, there are several indicators in these topic areas that raise concern for Kane County. Compared to other counties in Illinois, Kane County has higher rates of hospitalizations and ER visits due to adult alcohol use. Teen alcohol and marijuana use, although decreasing in recent years, is also higher than most other counties in Illinois. Additionally, Kane County has higher liquor store density than most Illinois and U.S Counties.

Primary Data

Mental Health & Mental Disorders

Mental Health and Mental Disorders was a top health need from Community Survey, Focus Group, and Forces of Change Assessment participants. Mental health care, mental health resources, and the availability of mental health providers were frequently cited as disproportionate to community need. Figure 25 shows the percentage of respondents in the North, Central, and South planning areas who reported not being able to access needed mental health services in the past 12 months compared to all respondents from Kane County. The Central and South Planning Areas had a higher percentage of respondents who were unable to access these services (12.8% and 15.0% respectively) compared to Kane County at 12.0%. Overall, respondents reported cost and affordability of receiving care as their biggest barrier to care.

FIGURE 25: COMMUNITY SURVEY RESPONDENTS REPORTING INABILITY TO ACCESS MENTAL HEALTH SERVICES IN THE LAST 12 MONTHS



(N_{Kane}=1,515, N_{North}=500, $N_{Central}$=415, N_{South}=601)

Focus group participants emphasized the impact of anxiety and stress that parents and families with children are experiencing presently because of COVID-19 restrictions and the ever-evolving options for schooling. Social isolation was another common topic that was discussed during these conversations, specifically mentioning the impact on children, youth, and older adults. Separation from routines and social networks are greatly impacting mental health for these groups. Finally, focus group participants discussed the challenge of accessing mental health services in the community. Cost, availability of appointments, and navigation and/or knowledge about available services were all mentioned as barriers to care.

Disparities (Access to Mental Health)

Survey responses were also analyzed to identify disparities along race/ethnicity, gender, and age. Table 7 lists respondent groups where a higher percentage of a particular group experienced a greater barrier to mental health care compared to overall Kane County community survey respondents. Higher percentages of respondents identifying as Native American, Black/African American, Native Hawaiian or Pacific Islander, Multi-racial, and Hispanic reported not being able to access mental health care when needed. Additionally, higher percentages of respondents aged 18-54 reported not being able to access mental health care when needed.

This analysis was conducted for the three Kane County Planning Areas as well, but the percentage of the population within each Planning Area who experienced a barrier to care were insufficient in size to result in meaningful results. Further information about barriers to care and disparities can be found in the Other Findings section later in this report.

TABLE 7. KANE COUNTY COMMUNITY SURVEY RESPONDENT GROUPS WITH SIGNIFICANT RACE/ETHNICITY, AGE OR GENDER DISPARITIES FOR ACCESSING MENTAL HEALTH SERVICES

Racial Groups	American Indian/Alaskan Native (AIAN), Black/African American, Native Hawaiian/Pacific Islander (NHPI), Multi-racial, Hispanic
Age Groups	45-54, 35-44, 25-34, 18-24

*Groups are presented in the order of decreasing disparity, with the group experiencing greater disparity listed first.

> The cases of people suffering from anxiety have increased, it is important to pay attention to mental health. With problems like education, lack of parental care, financial problems and now with the pandemic, people are suffering from more stress and mental problems like anxiety, depression.
> - Focus Group Participant

Alcohol and Substance Abuse

Alcohol and Substance Abuse were top priorities from the Community Survey, Focus Group and Forces of Change Assessment participants. Focus group participants discussed that the focus on COVID-19 has diverted attention from drug use issues that had been and continue to be present in the community, particularly issues with heroin and opioids. Additionally, focus group participants discussed teen and adolescent use/abuse of illegal substances and the interconnectedness to peer pressure, bullying, and self-esteem.

> Bullying in schools, the sense of belonging of young people. Everyone tries to be like the rest of the other young people and this brings drug addiction problems, alcoholism and many problems for youth.
> - Focus Group Participant

Prioritized Health Topic #2: Access to Health Services

Access to Health Services

Secondary Data Score: **1.38**

Key Themes from Community Input

- Top priority Community Survey, Focus Groups, Forces of Change Assessment as well as Public Health System Assessment participants
- Cost of care is a barrier as well as closings due to Covid
- Lack of funds for needed medication

Warning Indicators

- Primary Care Provider Rate
- Clinical Care Ranking
- Adults with Health Insurance
- Children with Health Insurance

Secondary Data

From the secondary data scoring results, access to health services was identified to be a top health need in Kane County. It had the third highest data score of all health topic areas using the data scoring technique, with a score of 1.38. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed in Table 8 below.

TABLE 8. DATA SCORING RESULTS FOR ACCESS TO HEALTH SERVICES

SCORE	ACCESS TO HEALTH CARE	KANE COUNTY	ILLINOIS	U.S.	IL COUNTIES	U.S. COUNTIES	TREND
2.03	Primary Care Provider Rate *(providers/100,000 population)* *2017*	40.8	80				
1.75	Clinical Care Ranking *2020*	83					
1.67	Adults with Health Insurance (%) *2018*	88.2	90.1	87.5 *HP2020: 100			
1.56	Children with Health Insurance (%) *2018*	95.1	96.6	94.8 *HP2020: 100			

**HP2020 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2020 represents a Healthy People target to be met by 2020.*

Although Kane County's overall score in this area is relatively low, Kane County falls behind the State of Illinois and other counties for primary care provider rates, clinical care ranking, and adults with health insurance. Of note, the primary care provider rate is decreasing and the percent of adults with health insurance is below both the Illinois state value and the Healthy People 2020 objective.

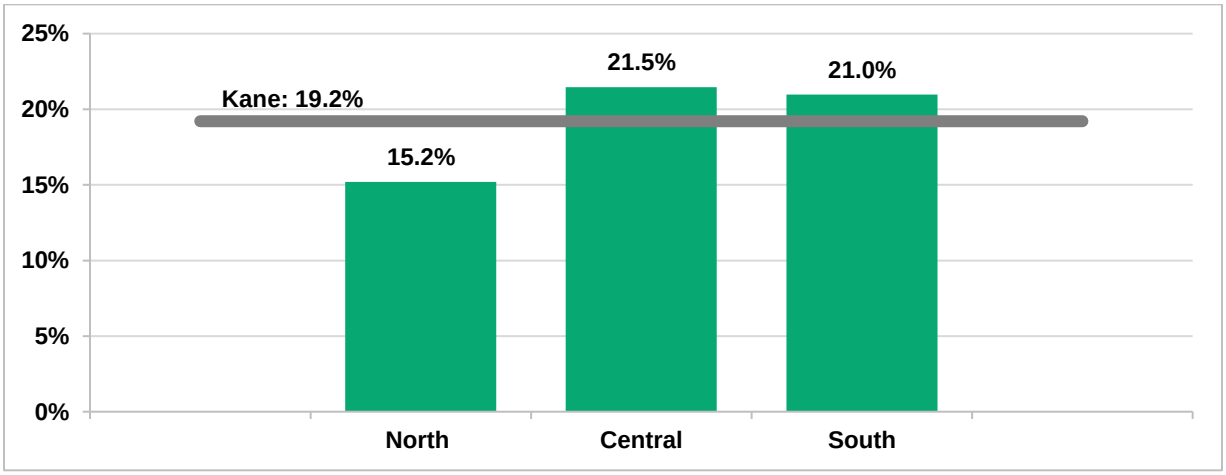
Primary Data

Access to Health Services was a top health need identified from Community Survey, Focus Group, Forces of Change Assessment as well as Public Health System Assessment participants. Cost of care was a common barrier mentioned across these primary data sources. This included general cost to access care, lack of funds for purchasing needed medication as well as being uninsured or underinsured. Recent health facility closings and delays due to COVID-19 were also specifically mentioned as barriers to accessing care. The need for improved/increased culturally competent, accessible health care offered in languages that are spoken in the community was a theme that surfaced in the primary data as well.

Barriers and Disparities: Access to Health Services

Figure 26 shows the percentage of respondents in the North, Central, and South planning areas who reported not being able to access needed health services in the past 12 months compared to all respondents from Kane County. The Central and South Planning Areas had a higher percentage of respondents who were unable to access these services (21.5% and 21.0% respectively) compared to Kane County at 19.2%. The Northern Planning Area fell slightly under the Kane County value at 15.2%. Overall, respondents reported cost and affordability of receiving care as their biggest barrier to care. Respondents reported that health providers and/or offices/facilities being closed due to COVID-19 as being a barrier to care as well.

FIGURE 26: COMMUNITY SURVEY RESPONDENTS REPORTING INABILITY TO ACCESS HEALTH SERVICES IN THE LAST 12 MONTHS



(N_{Kane}=1515, N_{North}=500, $N_{Central}$=415, N_{South}=601)

Table 9 lists respondent groups where a higher percentage of a particular group experienced a greater barrier to health care compared to overall Kane County community survey respondents. Higher percentages of respondents identifying as Native American, Black/African American, or Hispanic reported not being able to access care when needed. Additionally, higher percentages of respondents aged 18-54 reported not being able to access care when needed.

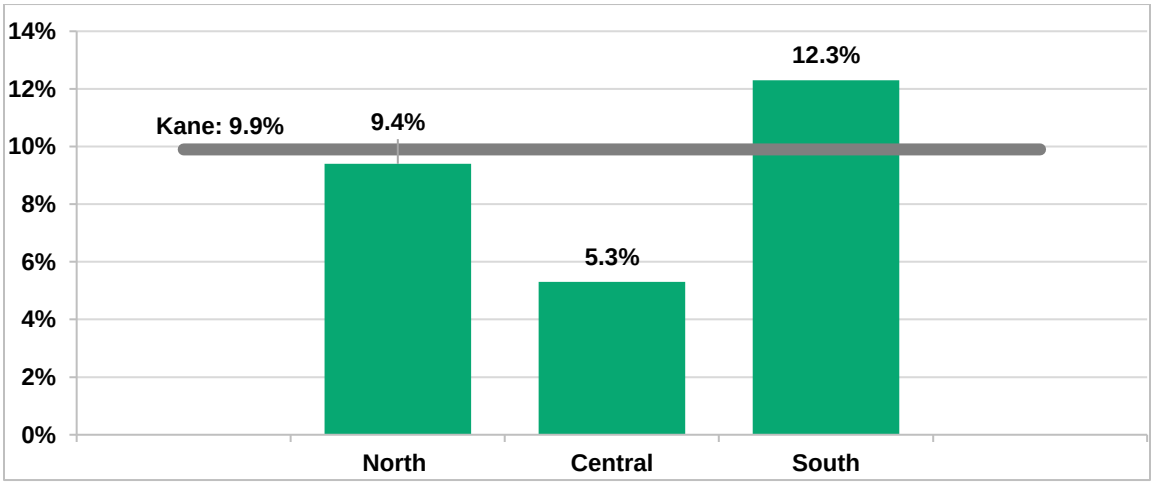
TABLE 9. KANE COUNTY COMMUNITY SURVEY RESPONDENT GROUPS WITH SIGNIFICANT RACE/ETHNICITY, AGE OR GENDER DISPARITIES FOR ACCESSING HEALTH SERVICES

Racial Groups	American Indian/Alaska Native, Black/African American, Hispanic
Age Groups	35-44, 45-54, 25-34, 18-24

*Groups are presented in the order of decreasing disparity, with the group experiencing greater disparity listed first.

Figure 27 shows the percentage of respondents in the North, Central, and South planning areas who reported not having health insurance or being unsure if they were covered by health insurance compared to all community survey respondents from Kane County. The South Planning Area had a higher percentage of respondents who were uninsured (12.3%) compared to Kane County at 9.9%. The Northern and Central Planning Areas were lower than the Kane County value at 9.4% and 5.3% respectively.

FIGURE 27: COMMUNITY SURVEY RESPONDENTS SELF REPORTED HEALTH INSURANCE COVERAGE: NO COVERAGE OR UNSURE IF INSURED

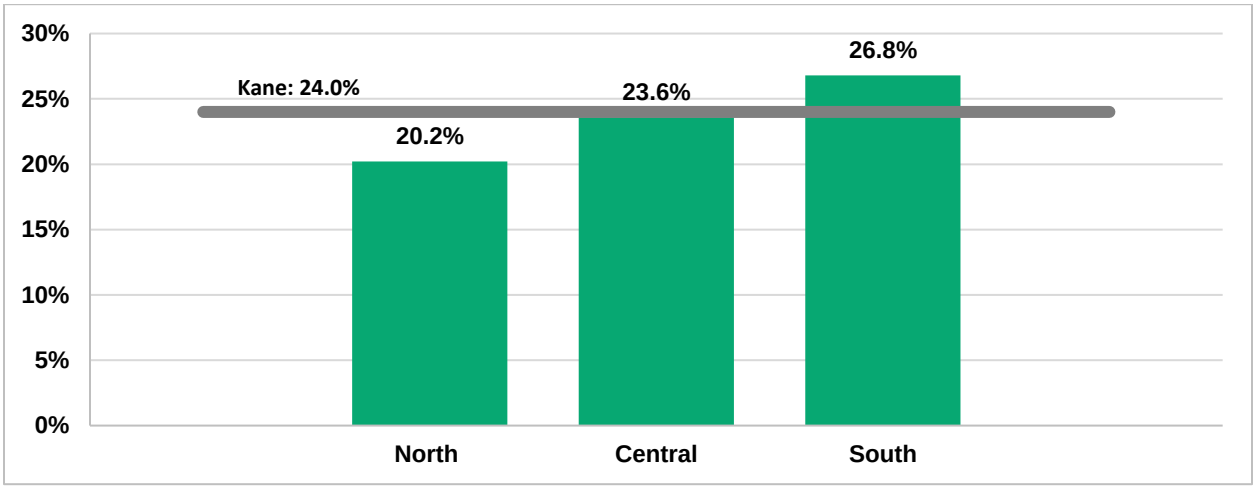


(N_{Kane}=1515, N_{North}=500, $N_{Central}$=415, N_{South}=601)

Barriers and Disparities: Access to Care in the Emergency Room

Figure 28 shows the percentage of respondents in the North, Central, and South planning areas who reported having accessed care in the emergency room (ER) in the past 12 months compared to all community survey respondents from Kane County. The South Planning Area had a higher percentage of respondents who accessed care in the ER (26.8%) compared to Kane County at 24.0%. The Northern and Central Planning Areas were lower than the Kane County value at 23.6% and 20.2% respectively. While the majority of respondents reporting accessing care in the ER did so for an emergency or life-threatening situations (55.6%), a good proportion of respondents reported accessing care in the ER due to their need for care outside of clinic hours or on the weekend when they were unable to access care elsewhere (27.3%).

FIGURE 28: COMMUNITY SURVEY RESPONDENTS SELF REPORTED EMERGENCEY ROOM UTILIZATION: HAVE ACCESSED THE ER IN THE PAST 12 MONTHS



(N_{Kane}=1515, N_{North}=500, $N_{Central}$=415, N_{South}=601)

Table 10 lists respondent groups where a higher percentage of a particular group had accessed care in the emergency room (ER) in the last 12 months compared to overall Kane County community survey respondents. A higher percentage of Black/African American, Native American, and those identifying as more than one race reported accessing care in the ER in the last year.

TABLE 10. KANE COUNTY COMMUNITY SURVEY RESPONDENT GROUPS WITH SIGNIFICANT RACE/ETHNICITY, AGE OR GENDER DISPARITIES FOR ACCESSING CARE IN THE ER

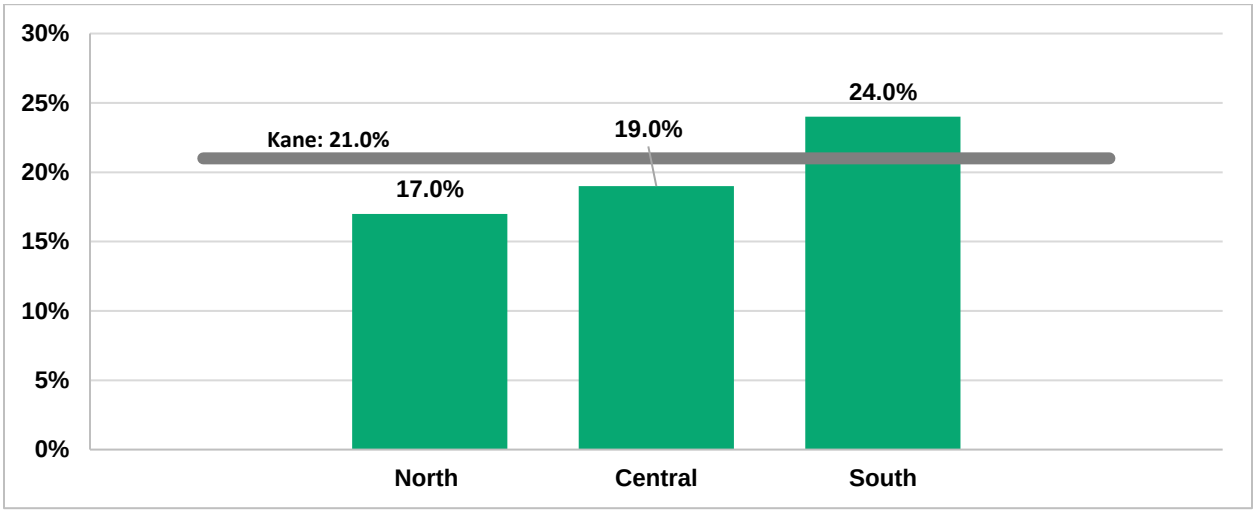
Racial Groups	American Indian/Alaska Native, Black/African American, Multi-racial

*Groups are presented in the order of decreasing disparity, with the group experiencing greater disparity listed first.

Barriers and Disparities: Access to Dental Health Services

Figure 29 below shows the percentage of respondents in the North, Central, and South planning areas who reported not being able to access needed dental health services in the past 12 months compared to all respondents from Kane County. The South Planning Areas had a higher percentage of respondents who were unable to access these services (24.0%) compared to Kane County at 21.0%. The Northern and Central Planning Areas were lower than the Kane County value at 17.0% and 19.0% respectively. Overall, respondents reported cost and affordability of receiving dental care was their biggest barrier to care. Respondents also reported that health providers and/or offices/facilities being closed due to COVID-19 as being a barrier to care. Finally, having no dental insurance was another common barrier to care that was identified.

FIGURE 29: COMMUNITY SURVEY RESPONDENTS REPORTING INABILITY TO ACCESS DENTAL HEALTH SERVICES IN THE LAST 12 MONTHS



(N_{Kane}=1515, N_{North}=500, $N_{Central}$=415, N_{South}=601)

Table 11 lists respondent groups where a higher percentage of a particular group experienced a greater barrier to dental health services compared to overall Kane County community survey respondents. Higher percentages of respondents identifying as Native American, Black/African American, Multi-racial, Another Race, and Hispanic reported not being able to access dental care when needed.

TABLE 11. KANE COUNTY COMMUNTY SURVEY RESPONDENT GROUPS WITH SIGNIFICANT RACE/ETHNICITY, AGE OR GENDER DISPARITIES FOR ACCESSING DENTAL HEALTH SERVICES

Racial Groups	American Indian/Alaskan Native, Black/African American, Multi-racial, Another Race, Hispanic

*Groups are presented in the order of decreasing disparity, with the group experiencing greater disparity listed first.

> Lack of health insurance, it is very expensive. There are not many clinics where they charge less or there is more help for the community.
> - Focus Group Participant

Prioritized Health Topic #3: Immunizations and Infectious Diseases

Immunizations & Infectious Diseases

Secondary Data Score: **1.36**

Warning Indicators

- COVID-19 Daily Average Case-Fatality Rate
- HIV Diagnosed Cases
- Overcrowded Households
- Adults with Pneumonia Vaccine
- Chlamydia Incidence Rate
- Syphilis Incidence Rate

Secondary Data

From the secondary data scoring results, Immunizations & Infectious Diseases were identified to be a top health need in Kane County. It had the fourth highest data score of all health topic areas using the data scoring technique, with a score of 1.36. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed in Table 12.

TABLE 12. DATA SCORING RESULTS FOR IMMUNIZATIONS & INFECTIOUS DISEASES

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	KANE COUNTY	ILLINOIS	U.S.	IL COUNTIES	U.S. COUNTIES	TREND
2.50	COVID-19 Daily Average Incidence Rate *(cases/100,000 population)* *Nov 6,2020*	84.2	79.9	47.5			
1.83	HIV Diagnosed Cases *(# cases)* *2018*	32					
1.67	Overcrowded Households *(% of households)* *2014-2018*	3.7	2.5				
1.58	Adults with Pneumonia Vaccination *(%)* *2010-2014*	24.4					
1.50	Chlamydia Incidence Rate *(cases/100,000 population)* *2018*	407.7	604	539.9			
1.50	Syphilis Incidence Rate *(cases/100,000 population)* *2018*	3.9	11	10.8			

The secondary data reveal that sexually transmitted infections (STIs), specifically syphilis and chlamydia, are on the rise in Kane County. Additionally, Kane county's vaccination rates for pneumonia among adults are among the worst in Illinois. This is particularly worrisome for 2019-2020 and beyond, as COVID-19 cases are increasing in Kane County and throughout the U.S. Overcrowding in households, which has been shown to ease transmission of infectious diseases like COVID-19, is of concern in Kane County as well.

Primary Data

Concerns related to mental health, health communication, access to care and resources and other barriers to care related to the COVID-19 pandemic were common topics that trended across this Kane County Community Health Needs Assessment. Further exploration of the key primary data findings related to COVID-19 are covered more fully in the Kane County Community Feedback section of the COVID-19 Impact Snapshot later in this report.

> People now are very nervous about going to get their flu shots. There has been a big push for home health care to do in-home flu shots.
> - Focus Group Participant

Prioritizied Health Topic #4: Exercise, Nutrition, & Weight

Exercise, Nutrition & Weight

Secondary Data Score: **1.19**

Key Themes from Community Input

- Top priority from Community Survey and Focus Groups
- Food security; access to healthy foods and poor nutrition
- Obesity and contribution to chronic disease
- Lack of exercise

Warning Indicators

- SNAP Certified Stores
- Children with Low Access to a Grocery Store
- Farmers Market Density
- Fast Food Restaurant Density
- Grocery Store Density
- People with Low Access to a Grocery Store

Secondary Data

From the secondary data scoring results, Exercise, Nutrition, & Weight was identified to be a top health need in Kane County. It had the twelfth highest data score of all health topic areas using the data scoring technique, with a score of 1.19. Further analysis was done to identify specific indicators of concern across

the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed in Table 13.

TABLE 13. DATA SCORING RESULTS FOR EXERCISE, NUTRITION, & WEIGHT

SCORE	EXERCISE, NUTRITION, & WEIGHT	KANE COUNTY	ILLINOIS	U.S.	IL COUNTIES	U.S. COUNTIES	TREND
2.11	SNAP Certified Stores *(stores/1,000 population)* *2017*	84.2	79.9	47.5			
1.67	Children with Low Access to a Grocery Store *(%)* *2015*	32					
1.67	Farmers Market Density *(markets/1,000 population)* *2018*	3.7	2.5				
1.67	Fast Food Restaurant Density *(restaurants/1,000 population)* *2016*	24.4					
1.67	Grocery Store Density *(stores/1,000 population)* *2016*	0.14					
1.50	People with Low Access to a Grocery Store *(%)* *2015*	18.5					

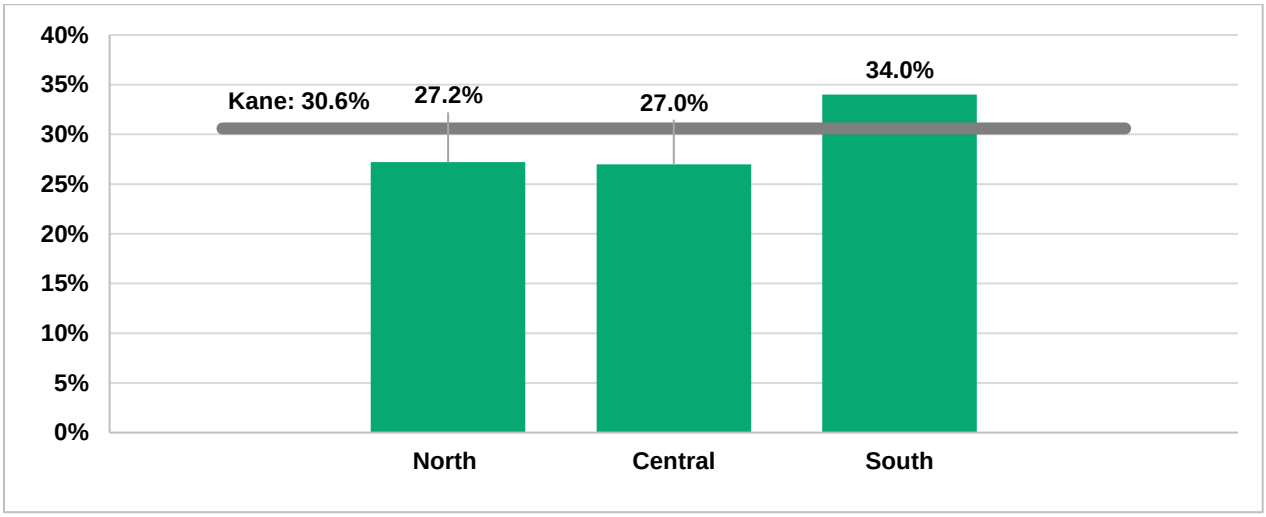
Access to grocery stores and healthy foods are important for decreasing risk of chronic diseases, such as obesity and heart disease, and also help improve mental health. Although the overall topic score for exercise, nutrition, and weight was low for Kane County, Kane County falls behind in some important indicators under this topic. Namely, Kane County is among the worst in Illinois and the U.S. for SNAP certified stores, children with access to grocery stores, and grocery store density.

Primary Data

Exercise, Nutrition, and Weight was a top health need identified from Community Survey and Focus Group participants. Existing and increasing food insecurity due to COVID-19, access to healthy foods, and poor nutrition were all nutritional themes from primary data. Obesity and its contribution to chronic disease among residents in Kane County was of concern as well. Additionally, sedentary lifestyles and lack of exercise were also common points of discussion.

Figure 30 shows the percentage of respondents in the North, Central, and South planning areas who reported having worried about whether their food would run out before they got money to buy more sometime during the last 12 months compared to all respondents from Kane County. The South Planning Area had a higher percentage of respondents who reported this food insecurity challenge (34.0%) compared to Kane County at 30.6%. The Northern and Central Planning Areas fell under the Kane County value at 27.2% and 27.0% respectively.

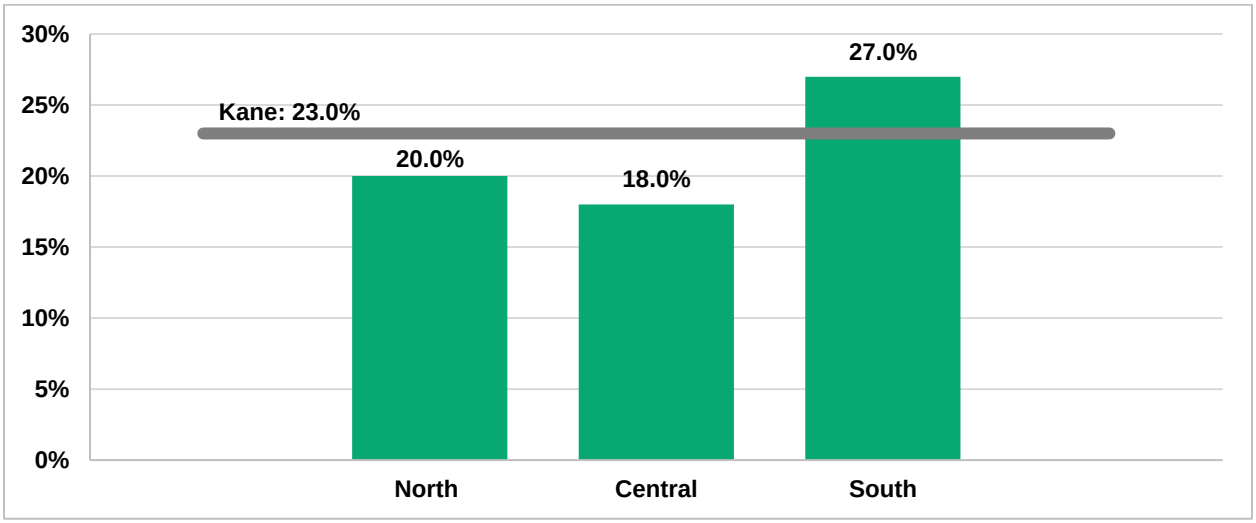
FIGURE 30: COMMUNITY SURVEY RESPONDENTS REPORTING HAVING WORRIED ABOUT WHETHER THEIR FOOD WOULD RUN OUT BEFORE THEY GOT MONEY TO BUY MORE SOMETIME DURING THE LAST 12 MONTHS



(N_{Kane}=1515, N_{North}=500, $N_{Central}$=415, N_{South}=601)

Figure 31 shows the percentage of respondents in the North, Central, and South planning areas who reported that there was a time during the past 12 months when the food they bought did not last and they did not have money to get more compared to all respondents from Kane County. The South Planning Area had a higher percentage of respondents who reported this food insecurity challenge (27.0%) compared to Kane County at 23.0%. The Northern and Central Planning Areas fell under the Kane County value at 20.0% and 18.0% respectively.

FIGURE 31: COMMUNITY SURVEY RESPONDENTS REPORTING THAT THERE WAS A TIME DURING THE PAST 12 MONTHS WHEN THE FOOD THEY BOUGHT DID NOT LAST AND THEY DID NOT HAVE MONEY TO GET MORE

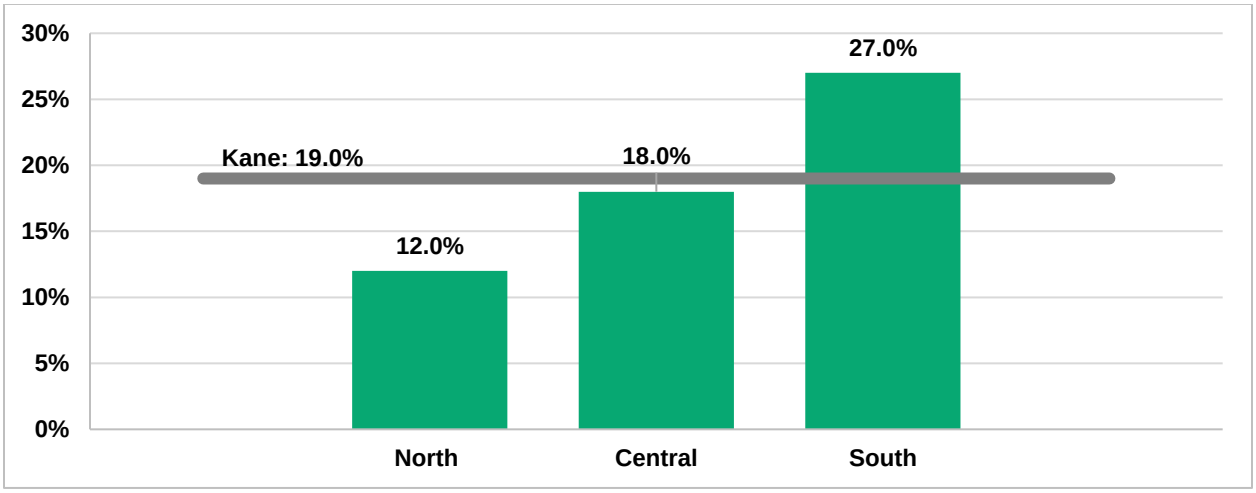


(N_{Kane}=1515, N_{North}=500, $N_{Central}$=415, N_{South}=601)

Figure 32 shows the percentage of respondents in the North, Central, and South planning areas who reported that they or someone living in their home received emergency food from a church, a food pantry, or a food bank, or ate in a soup kitchen in the past 12 months compared to all respondents from Kane

County. The South Planning Area had a higher percentage of respondents who accessed these support services (27.0%) compared to Kane County at 19.0%. The Northern and Central Planning Areas fell under the Kane County value at 12.0% and 18.0% respectively.

FIGURE 32: COMMUNITY SURVEY RESPONDENTS REPORTING THAT THEY OR SOMEONE LIVING IN THEIR HOME RECEIVED EMERGENCY FOOD FROM A CHURCH, A FOOD PANTRY, OR A FOOD BANK, OR ATE IN A SOUP KITCHEN IN THE PAST 12 MONTHS

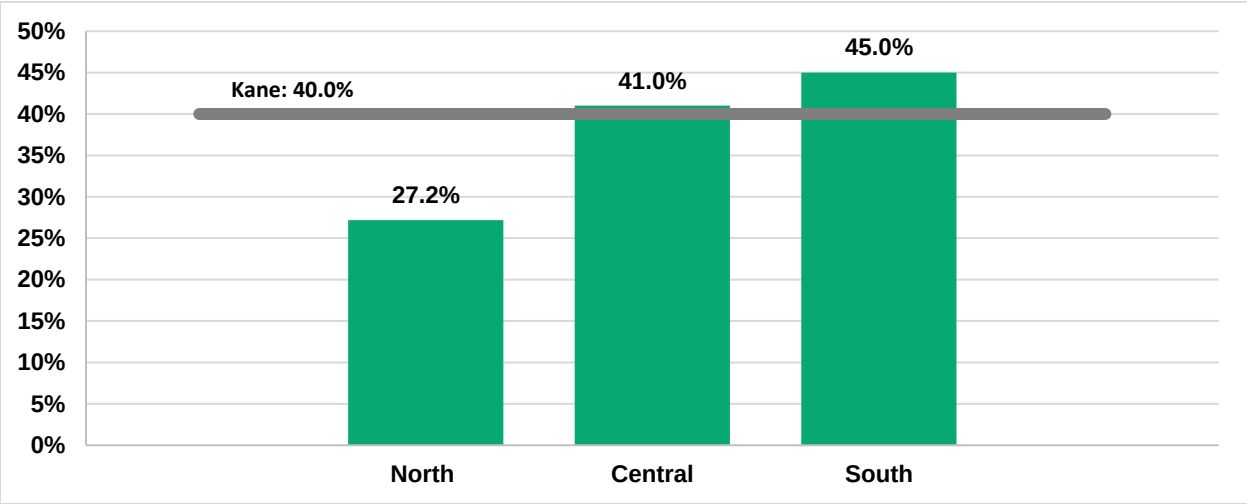


(N_{Kane}=1515, N_{North}=500, $N_{Central}$=415, N_{South}=601)

Responses from the community survey indicates that food insecurity impacts a greater number of families living in Kane County who have children living in their home compared to those who did not have children in their home. Figures 30, 31, and 32 below highlight food insecurity among community survey respondents with children in their home by Kane County Planning Areas (North, Central, and South) compared to all survey respondents from Kane County with children in their home.

Figure 33 shows the percentage of respondents with children in their home in the North, Central, and South planning areas who reported having worried about whether their food would run out before they got money to buy more sometime during the last 12 months compared to all respondents from Kane County. The Central and South Planning Areas had a higher percentage of respondents who reported this food insecurity challenge (41.0% and 45.0% respectively) compared to Kane County at 40.0%. The Northern Planning Area fell under the Kane County value at 27.2%.

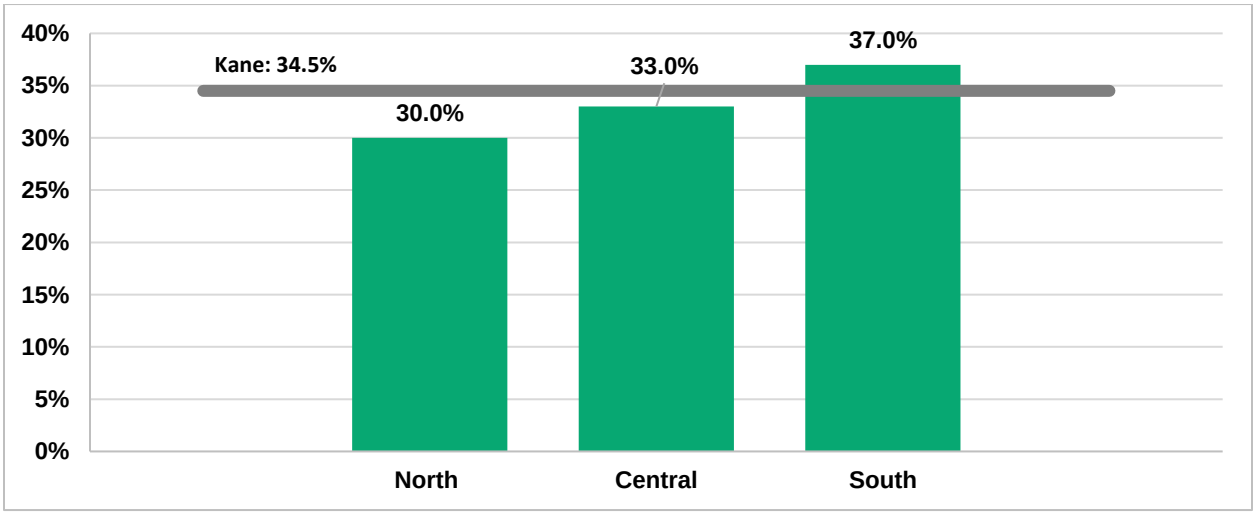
FIGURE 33: COMMUNITY SURVEY RESPONDENTS WITH CHILDREN IN THEIR HOME WHO REPORTED HAVING WORRIED ABOUT WHETHER THEIR FOOD WOULD RUN OUT BEFORE THEY GOT MONEY TO BUY MORE SOMETIME DURING THE LAST 12 MONTHS



N_{Kane}=677, N_{North}=210, $N_{Central}$=181, N_{South}=293

Figure 34 shows the percentage of respondents with children in their home in the North, Central, and South planning areas who reported that there was a time during the past 12 months when the food they bought did not last and they did not have money to get more compared to all respondents from Kane County. The South Planning Area had a higher percentage of respondents who reported this food insecurity challenge (37.0%) compared to Kane County at 34.5%. The Northern and Central Planning Areas fell under the Kane County value at 30.0% and 33.0% respectively.

FIGURE 34: COMMUNITY SURVEY RESPONDENTS WITH CHILDREN IN THER HOME WHO REPORTED THAT THERE WAS A TIME DURING THE PAST 12 MONTHS WHEN THE FOOD THEY BOUGHT DID NOT LAST AND THEY DID NOT HAVE MONEY TO GET MORE

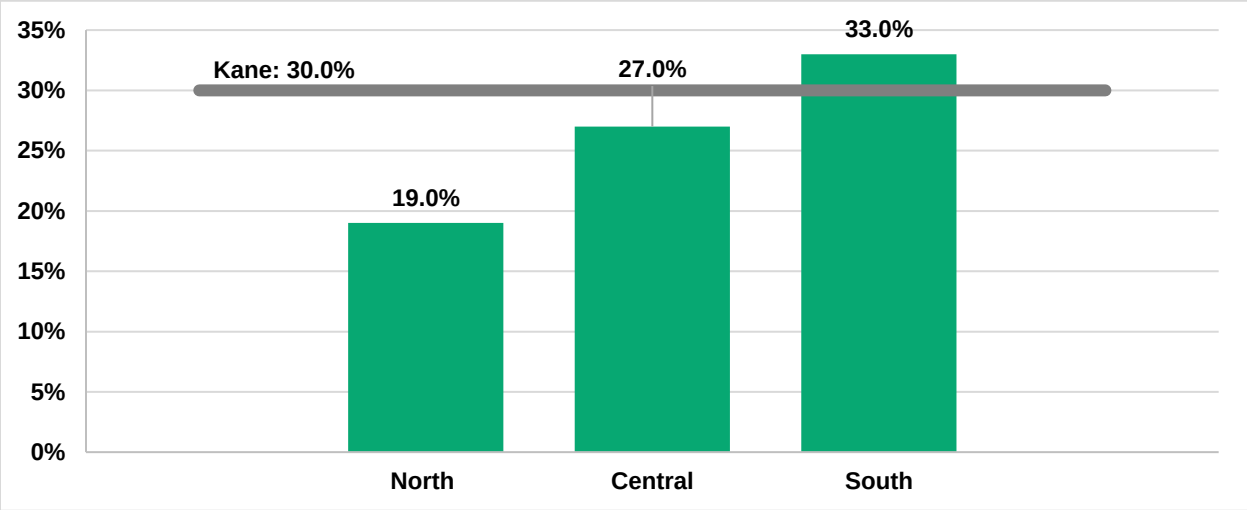


N_{Kane}=677, N_{North}=210, $N_{Central}$=181, N_{South}=293

Figure 35 shows the percentage of respondents with children in their home in the North, Central, and South planning areas who reported that they or someone living in their home received emergency food

from a church, a food pantry, or a food bank, or ate in a soup kitchen in the past 12 months compared to all respondents from Kane County. The South Planning Area had a higher percentage of respondents who accessed these support services (33.0%) compared to Kane County at 30.0%. The Northern and Central Planning Areas fell under the Kane County value at 19.0% and 27.0% respectively.

FIGURE 35: COMMUNITY SURVEY RESPONDENTS WITH CHILDREN IN THEIR HOME WHO REPORTED THAT THEY OR SOMEONE LIVING IN THEIR HOME RECEIVED EMERGENCY FOOD FROM A CHURCH, A FOOD PANTRY, OR A FOOD BANK, OR ATE IN A SOUP KITCHEN IN THE PAST 12 MONTHS



N_{Kane}=677, N_{North}=210, $N_{Central}$=181, N_{South}=293

> If you have limited resources, you'll just go to McDonalds. Exercise is another area. Being closed in and moved in very close to each other and not having a broader community really makes the virtual community more of a lifeline and more of an influence.
> - Focus Group Participant

Non-Prioritized Significant Health Needs

The following significant health needs, presented in alphabetical order, emerged from a review of the primary and secondary data. However, Kane Health Counts will not focus on these topics in their Implementation Strategy.

Key themes from community input are included where relevant for each non-prioritized health need along with the secondary data score and warning indicators.

Non-Prioritized Health Need #1: Education

Education

Secondary Data Score: **1.29**

Key Themes from Community Input

- Top priority in Forces of Change Assessment
- Impact due to Covid-19
- Unequal access to broadband and technology

Warning Indicators

- Student-to-Teacher Ratio
- People 25+ with a High School Degree or Higher

> I agree with the problem of feeding children at school. The solution is to stay on top of school surveys, raise our voice as parents and go talk to the district and talk about the type of food, education, bullying.
> - Focus Group Participant

Non-Prioritized Health Need #2: Environment

Environment

Secondary Data Score: **1.45**

Warning Indicators

- SNAP Certified Stores
- Recognized Carcinogens Released into the Air
- Annual Ozone Air Quality
- Liquor Store Density
- Children with Low Access to a Grocery Store
- Farmers Market Density
- Fast Food Restaurant Density
- Grocery Store Density
- Overcrowded Households
- Severe Housing Problems

> Health, no exercise. They do not dedicate themselves fully to that. It would be ideal if there were more parks with equipment for sports and exercise.
> - Focus Group Participant

Non-Prioritized Health Need #3: Maternal, Fetal, & Infant Health

Maternal, Fetal & Infant Health

Secondary Data Score: **1.32**

Warning Indicators

- Preterm Births
- Preterm Labor and Delivery Hospitalizations

Non-Prioritized Health Need #4: Older Adults & Aging

Older Adults & Aging

Secondary Data Score: **1.40**

Warning Indicators

- Atrial Fibrillation: Medicare Population
- Cancer: Medicare Population
- Osteoporosis: Medicare Population
- Rheumatoid Arthritis or Osteoarthritis: Medicare Population
- Stroke: Medicare Population
- Hypertension: Medicare Population
- Hyperlipidemia: Medicare Population

> "Mental health issues which go hand and hand with isolation. It's hard for seniors to get in and get help, there is usually a waiting list to get into these programs."
> - Focus Group Participant

Non-Prioritized Health Need #5: Other Chronic Dease

Other Chronic Diseases

Secondary Data Score: **1.86**

Warning Indicators

- Osteoporosis: Medicare Population
- Rheumatoid Arthritis or Osteoarthritis: Medicare Population

Non-Prioritized Health Need #6: Public Safety

Public Safety

Secondary Data Score: **1.25**

Warning Indicators

- Alcohol Impaired Driving Deaths

Non-Prioritized Health Need #7: Teen & Adolescent Health

Teen & Adolescent Health

Secondary Data Score: **1.27**

Warning Indicators

- Teens Who use Alcohol
- Teens Who use Marijuana

> Younger people are on COVID-19 burn out, some are taking precautions, but some are not. I see elderly people with masks on, but younger people are not being as conscientious about wearing masks and they are taking more risks.
> - Focus Group Participant

Non-Prioritized Health Need #8: Transportation

Transportation

Secondary Data Score: **1.43**

Warning Indicators

- Solo Drivers with a Long Commute to Work
- Mean Travel Time to Work
- Workers Commuting by Public Transportation

> Transportation issue has always been huge. It's a blackhole for money, Riding Kane has worked on it and we have worked on it, but we are a large county; there is a lot of distance between us. It is hard to get around.
> - Focus Group Participant

Other Findings

Critical components in assessing the needs of a community are identifying barriers to and disparities in health care. Additionally, the identification of barriers and disparities will help inform and focus strategies for addressing the prioritized health needs. The following section identifies barriers and disparities as they pertain to Kane County.

Barriers to Care

Community health barriers for Kane County were identified as part of the primary data collection. Community survey respondents and focus group participants were asked to identify any barriers to healthcare observed or experienced in the community.

Transportation

Transportation, while not selected as a Prioritized Health Need by Kane Health Counts through this joint CHA/CHNA process, was still an identified significant health need that scored a 1.43 in the Secondary Data Analysis. Particular indicators of concern from the Secondary Data Analysis included the number of solo drivers who have a long commute to work, the mean travel time to work, as well as the number of workers commuting by public transportation. Additionally, 33% of community survey respondents disagreed or strongly disagreed that public transportation is easily accessible if they needed it. Focus Group participants mentioned that access to transportation was a specific barrier for the elderly population in Kane County.

Cost, Literacy, and Language Barriers

In general, accessing affordable health care was a common barrier that was discussed whether due to overall cost or being underinsured or uninsured. For community survey respondents that did not receive the care they needed, 35% selected cost as a barrier to seeking the care they needed, while 28% noted that their providers or health care facilities being closed due to COVID-19 was a barrier to their care. Focus Group participants were concerned that low-income community members do not have access to affordable healthcare providers. Focus Group participants added that even when health insurance is available, health literacy issues and language barriers make seeking or renewing healthcare coverage difficult, especially for older adults and immigrant populations.

Disparities

Race/Ethnic & Age Disparities

Community health disparities were assessed in both the primary and secondary data collection processes. Table 14 below show secondary data indicators with statistically significant race/ethnicity, age or gender disparity for Kane County Index of Disparity analysis. Disparities should be recognized and considered for implementation planning to mitigate the challenges and barriers often faced along gender, racial, ethnic, or cultural lines.

TABLE 14. INDICATORS WITH SIGNIFICANT RACE/ETHNICITY, AGE OR GENDER DISPARITIES

Health Indicator	Group Negatively Impacted
Age-Adjusted Hospitalization Rate due to Adult Mental Health	American Indian/Alaska Native, Black/African American
Age-Adjusted Hospitalization Rate due to Adult Suicide and Intentional Self-Inflicted Injury	American Indian/Alaska Native, Black/African American
Age-Adjusted Death Rate due to Suicide	Male
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Male
Age-Adjusted Hospitalization Rate due to Opioid Use	Black/African American and Male
Age-Adjusted Hospitalization Rate due to Substance Use	Black/African American and Male
Age-Adjusted Death Rate due to Kidney Disease	Male
People 65+ Living Below Poverty Level	American Indian/Alaska Native, Black/African American, Hispanic/Latino, Other

Race and age proved to be a barrier to care among community survey respondents. Among survey respondents, a higher percentage of respondents identifying as Native American, Black/African American, or Hispanic reported not being able to access care when needed. Higher percentages of respondents aged 18-54 also reported not being able to access care when needed. When asked about accessing care in the emergency room, a higher percentage of Black/African American, Native American, and those identifying as more than one race reported accessing care in the ER in the last year. Additionally, a higher percentage of respondents identifying as Native American, Black/African American, Multi-racial, Another Race, and Hispanic/Latino reported not being able to access dental care when needed.

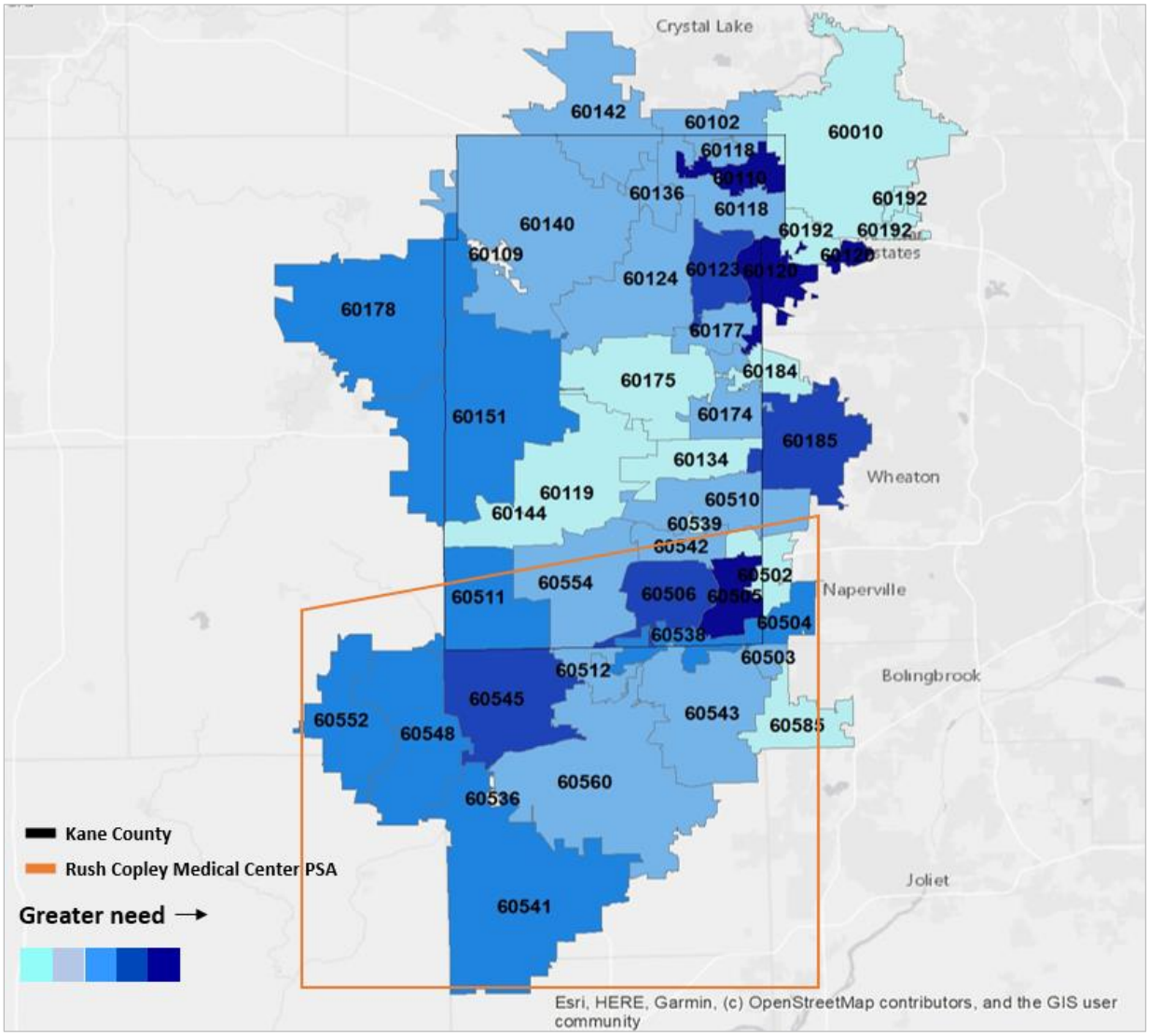
When specifically considering access to mental health services among community survey respondents, a higher percentage of respondents identifying as Black/African American, American Indian/Alaskan Native, those identifying as Multi-racial, and Hispanic/Latino reported not being able to access mental health care when needed. Higher percentages of respondents aged 18-54 reported not being able to access mental health care when needed as well.

Focus Group participants mentioned the health system navigation and health education access for minority racial or ethnic groups being a barrier to equitable care. They also specifically spoke to the lack of focus on men's health topics within the African American community. Additionally, older adults were the age group that focus group participants brought up the most as having more barriers to accessing healthcare and services compared to younger populations. They also mentioned low-income families struggling to access services.

Geographic Disparities

Geographic disparities were identified using the SocioNeeds Index®. Within Kane County, the following zip codes were identified as having highest socioeconomic need (as indicated by the darkest shade of blue): 60505 (South Planning Area), 60120 (North Planning Area), 60110 (North Planning Area) as shown in Figure 36 below. Zip codes 60505, 60506 and 60545 have the highest level of socioeconomic need among all zip codes within Rush Copley's PSA. Areas of highest socioeconomic need potentially indicate poorer health outcomes for residents in those areas. Because these areas were identified as having the highest socioeconomic need, understanding the population demographics of these communities is equally as important.

FIGURE 36: SOCIONEEDS INDEX



COVID-19 Impact Snapshot

Introduction

At the time that Kane Health Counts began its collaborative CHA/CHNA process, Kane County and the state of Illinois were in the midst of dealing with the novel coronavirus (COVID-19) pandemic.

The process for conducting the assessment remained fundamentally the same. However, there were some adjustments made during the primary data collection to ensure the health and safety of those participating.

Pandemic Overview

On March 13, 2020, a U.S. national emergency was declared over the novel coronavirus outbreak first reported in the Wuhan Provence of China in December 2019. Officially named COVID-19 by the World Health Organization (WHO) in February, WHO declared COVID-19 a pandemic on March 11, 2020. Upon completion of this report in February 2021, the pandemic was still very much a health crisis across the United States and in most countries.

Community Insights

The CHNA project team researched additional sources of secondary data and gathered primary data to provide a snapshot of the impact of COVID-19 on Kane County between March 2020 and January 2021. Findings are reported below.

COVID-19 Cases and Deaths in Illinois and Kane County

For current cases and deaths due to COVID-19 visit the Illinois Department of Public Health https://www.dph.illinois.gov/covid19 or the Kane County Health Department https://kanehealth.com/

Vulnerability Index

Beyond looking at what we know about COVID-19 cases and deaths, the Conduent Vulnerability Index is a measure of potential severe illness burden due to COVID-19 by county. Counties are given an index value from 1 (low vulnerability) to 10 (high vulnerability). A county with a high vulnerability score can be described as a location where a higher percentage of COVID-19 cases would result in severe outcomes such as hospitalization or death as comparted a county with a low vulnerability score.

Kane County Index Score: 4 (as of November 8, 2020)

What does this score mean?

Kane County's Vulnerability Index Score is 4 out of 10. This means that county residents generally have moderate death rates due to chronic conditions, moderate socio-economic needs, and less than adequate access to healthcare and services to protect themselves from more severe COVID-19 cases and more death.

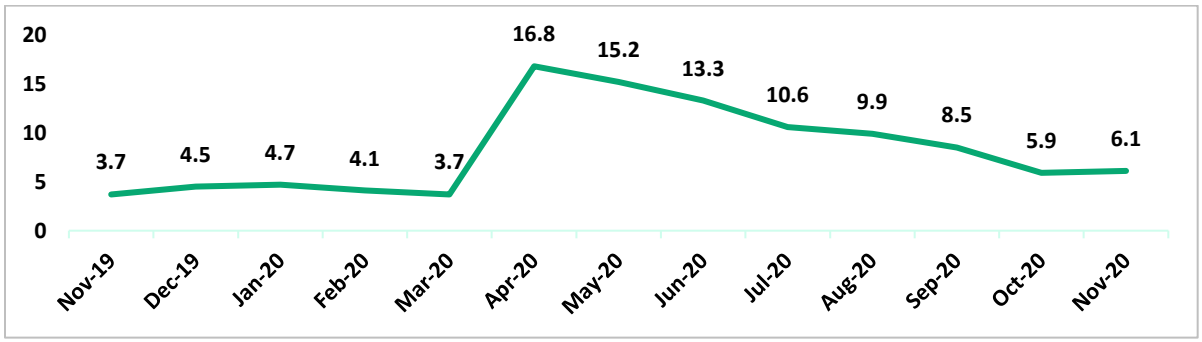
The median Vulnerability Index value in Illinois is 6 out of 10. Kane County's score of 4 indicates their residents have a lower vulnerability than a county with higher rates of chronic disease, risky behavior, and/or low access to health services.

Seventy-six counties meet the inclusion criteria for the model and have calculated Vulnerability Index values.

Kane County Unemployment Rates

As expected, Kane County's unemployment rates rose in April 2020 when stay at home orders were first in place. As illustrated in Figure 37 below, as Kane and surrounding counties began slowly reopening some businesses in May 2020, the unemployment rate gradually began to go down. As of November 2020, the latest data available at the writing of this report, the county's unemployment rate has still not returned to pre-COVID rates. The county can expect to see variation in unemployment rates based on government response to the pandemic. When unemployment rates rise, there is potential impact on health insurance coverage and health care access if jobs lost include employer-sponsored healthcare.

FIGURE 37: KANE COUNTY, ILLINOIS UNEMPLOYMENT RATE[5]



[5] U.S. Bureau of Labor Statistics, Unemployment Rate in Kane County, IL, retrieved from FRED, Federal Reserve Bank of St. Louis; https://fred.stlouisfed.org/series/ILKANE2URN, January 2021.

Kane County Community Feedback

The Forces of Change Assessment, Public Health System Assessment, focus groups and on-line community survey were used to capture insights and perspectives of the health needs of Kane County. Included in these primary data collection tools were questions specific to COVID-19. Survey respondents were specifically asked about the biggest challenges their households were currently facing due to COVID-19. Of the 1,342 respondents who answered this question:

- 61% Reported not knowing when the pandemic will end
- 42% Reported feeling nervous or anxious
- 37% Reported feeling alone
- 25% Experienced a shortage of sanitation and cleaning supplies
- 24% Had not being able to exercise

Additionally, the information highlighted below summarizes insights from community members who engaged in the various primary data collection methods from September to November 2020 regarding the impact of COVID-19 on their community.

Access to Health Services:

- People need to know what services are still available, even if it's virtually
- Continued disparities as it relates to testing and access to care for minorities
- Routine care and testing for those who can't afford it
- Need for better organization of community response

Social Determinants of Health:

- Financial and economic impact; increased job loss
- Impact on education
- Challenge/impact of distance learning
- Impact of the pandemic on different racial and ethnic groups in the community
- Impact on frontline workers

General Impact:

- COVID-19 fatigue
- Mental health strain caused by physical distancing, especially on seniors and school-aged children and their parents
- Knowing which sources of information to trust to help in your decision making
- Strain on local non-profits

Positive responses to COVID-19:

- The turnaround for the tests with pop-up testing sites are helping and getting better
- Collaboration efforts within the county
- The speed at which some services were able to be modified to meet the changing needs due to COVID-19
- Change to virtual services and appointments
- More sense of community
- More family time due to restrictions in place

Kane County Significant Health Needs and COVID-19 Impact

Each of the four prioritized health needs identified through primary and secondary data and prioritization appeared to worsen throughout the duration of the COVID-19 pandemic according to information gathered through primary data.

Behavioral Health (Mental Health and Substance Abuse)

- 61% of survey respondents reported not knowing when the pandemic will end
- 42% of survey respondents reported feeling nervous, anxious or on edge due to the COVID-19 pandemic.
- 37% of survey respondents reported loneliness/isolation and the lack of socialization as a major challenge during the COVID-19 pandemic.
- The toll of the pandemic on frontline workers was a frequent topic of discussion

- Mental health strain caused by physical distancing, especially on seniors and school-aged children and their parents
- Impact of the economy and job loss on mental health
- An increase or non-prioritization of alcohol and drug use as resources are diverted to the COVID-19 response

Access to Health Services

- Cost of accessing care and being uninsured or underinsured were identified as general barriers to care outside of the influence of the COVID-19 Pandemic. Increasing economic strain and job loss which could result in the loss of health insurance through and employer are examples of how the COVID-19 pandemic has exacerbated this barrier to care.
- Health facility closings and delays due to COVID-19 were also identified as barriers to accessing care in primary data.
- Focus Group participants, particularly older adults mentioned that clear and consistent public health messaging about COVID-19 restrictions and guidelines were another common challenge to accessing care. Something as simple as knowing if their own health provider was open and accepting in-person or virtual patients was not clear or easily understood.

Immunizations and Infectious Diseases

- Improved public health communication is even more crucial as the COVID-19 vaccine rollout continues in Kane County.
- On-going need and concern to maintain other routine vaccine distribution rates particularly among vulnerable populations such as the young and elderly populations.

Exercise, Nutrition, and Weight

- The inability to exercise was noted by 24% of survey respondents in relation some of the biggest challenges they were facing in their household due to COVID-19.
- Increased food insecurity, even among those who had not experienced food insecurity previously, was noted as one of the major impacts of the COVID-19 pandemic in the community.

Recommended Data Sources

As local, state, and national data are updated and become available, these data can continue to help inform approaches to meeting existing and developing needs related to the pandemic. Recommended data sources for Kane County are included here:

National Data Sources

Data from the following national websites are updated regularly and may provide additional information into the impact of COVID-19:

- United States National Response to COVID-19 https://www.usa.gov/coronavirus
- Center for Disease Control: https://www.cdc.gov/
- U.S. Department of Health and Human Services: https://www.hhs.gov/
- Centers for Medicare and Medicaid: https://www.cms.gov/
- U.S. Department of Labor: https://www.dol.gov/coronavirus
- Johns Hopkins Coronavirus Resource Center: https://coronavirus.jhu.edu/us-map
- National Association of County Health Officials: https://www.naccho.org/
- Feeding America (The Impact of the Coronavirus on Food Insecurity): https://www.feedingamerica.org/

Illinois Data Sources

Data from the following websites are updated regularly and may provide additional information into the impact of COVID-19 in Kane County:

- Illinois Department of Public Health: https://www.dph.illinois.gov/
- Kane County Health Department: https://kanehealth.com/
- Kane Health Counts: http://www.kanehealthcounts.org/

Conclusion

This joint Community Health Assessment (CHA) and Community Health Needs Assessment (CHNA), conducted for Kane Health Counts used a comprehensive set of secondary and primary data to determine the 13 significant health needs in Kane County, Illinois. The prioritization process identified four top health needs: Behavioral Health (including Mental Health & Substance Abuse), Access to Health Services, Immunizations and Infectious Diseases, and Exercise, Nutrition, and Weight.

The findings in this report will be used to guide the development of the Kane Health Counts Collaborative work plan as well as the Rush Copley's Implementation Strategy which will outline strategies to address identified priorities and improve the health of the community.

Please send any feedback and comments about this CHNA to Questions related to our CHNA and CHIP an be direcete to Alexander F. Pope, Vice President/Chief Development Officer at alexander.pope@rushcopley.com or Mariana M. Martinez, CHES® Community Health Outreach Coordinator at mariana.martinez@rushcopley.com with "CHNA Comments" in the subject line. Feedback received will be incorporated into the next CHNA process.

Appendices Summary

The following support documents are shared separately on the Rush Copley Medical Center Website https://www.rush.edu/locations/rush-copley-medical-center

A. Detailed Methodology and Data Scoring Tables (Secondary Data)

A detailed overview of the Conduent HCI data scoring methodology and indicator scoring results from the secondary data analysis.

B. Community Themes and Strengths Assessment Tools (Primary Data)

Quantitative and qualitative community feedback data collection tools that were vital in capturing community feedback during this collaborative CHA/CHNA:

- Community survey
- Focus Group Guide
- Focus Group Findings Summary

C. Community Resources

This document highlights existing resources that organizations are currently using and available widely in the community.

D. Potential Community Partners

The tables in this section highlight potential community partners who were identified during the qualitative data collection process for this collaborative CHA/CHNA.

E. Local Public Health System Assessment and Forces of Change Assessment Reports

Implementing a Local Public Health System Assessment and Forces of Change Assessment were key components of the MAPP process that contributed to the overall collaborative CHA/CHNA process. Summary reports of key findings from these assessments are included in this appendix.