

# COUNTY OF KANE

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*Kane County Board Chairman*



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Debra Savage, Chairwoman  
Illinois Health Facilities and Services Review Board  
25 West Jefferson Street, 2nd Floor  
Springfield, IL 62761

OrthoIllinois Surgery Center Elgin, LLC  
Project Number 20-040: Letter of Opposition

Dear Chairwoman Savage,

I am writing this letter to express my concerns about the possibilities of a for-profit orthopedic surgical center building a facility in the Elgin area in which I serve as the Kane County Board Chair - one of the most populous counties in the State of Illinois. When I heard of the possibility of such an entity building a facility in our community, I felt the responsibility to provide my input.

As Kane County grows and changes, we face new challenges in improving and maintaining the health of our community. The Kane County Health Department, which is one of the Departments under my purview, this year published its 2021 Community Health Assessment (the "Assessment") identifying Kane County's health needs for the foreseeable future. See Attached. This Assessment was undertaken in conjunction with several of our local health care providers and stakeholders. The Assessment is County's guidepost as to where we should allocate our resources to address the critical health needs of our residents. There is no reference to surgical facility capacity in the Assessment. Instead, the Assessment identified issues such as cost of care, mental health care, etc. as some of the County's health priorities.

My hope is that you and the other board members do not dismiss the work done by our top County Health experts who spent countless hours assessing and balancing the true health needs of our County's residents. I look forward to you making the right decision for our County's residents.

Sincerely,



Corinne Pierog  
Kane County Board Chair

## Kane County Health Department



# 2021 Community Health Assessment

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# Executive Summary

## Introduction & Purpose

Kane County Health Department (KCHD) is pleased to present its 2021 Community Health Assessment (CHA). The assessment was completed using the Mobilizing Action for Planning and Partnership (MAPP) framework, a community-wide strategic planning process for improving public health and helps communities prioritize public health issues. Kane County completed the four MAPP assessments, which together provide a comprehensive picture of health in an area. This report helps KCHD meet requirements of certified local health departments in the state of Illinois to complete a community health needs assessment every five years (77 IL Admin Code 600.210) and is part of the essential services of local public health departments based on standards by the Public Health Accreditation Board.

This CHA was completed through a collaborative effort that integrated the Community Health Needs Assessment (CHNA) process of the five hospitals in Kane County and the local mental health board. As a part of the Kane Health Counts Collaborative, the Kane County Health Department partnered with Conduent Healthy Communities Institute (HCI) to conduct this 2021 CHA.

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 patients with resources to improve these health challenges in the community.

## Kane County

Located 40 miles west of Chicago, Kane County ranks fifth largest by population of the 102 counties in Illinois. They county is among the fastest growing counties in Illinois, with a growth rate of 3.0% since 2010. Kane County is composed of five cities, 25 villages, and 16 townships within 519.9 square miles. The county is also divided into three planning areas including North, Central, and South Planning Areas.

## Demographics

Kane County has a population of approximately 536,901 persons. By race, the majority of the population in the county identifies as White (72.0%). The Black/African community makes up 5.6% of the county's population, followed by the Asian community who make up 6.4% of the population. By ethnicity, Kane County has a larger population that identifies as Hispanic/Latino (33.2%) compared to Illinois (18.1%) and U.S. (18.4%) values.

When considering the age of the population, 25.0% of the population are infants, children, or adolescents (age 0-17); another 60.9% are in the age group 18 to 64, while 4.3% are age 65 and older.

## Methods for Identifying Community Needs

Kane Health Counts is a cross-sector collaborative that brings together community partners from healthcare, public health, social services, parks and recreation, education, and law enforcement to improve health in Kane County. Kane County Health Department (KCHD) is a key partner in the Kane Health Counts Collaborative. KCHD, local hospitals partners and the local mental health board worked with the Kane Health Counts collaborative to utilize the Mobilizing Action for Planning and Partnerships (MAPP) framework to guide this joint CHA/CHNA process. The following assessments were implemented as part of this MAPP process:

### Forces of Change Assessment

The Forces of Change Assessment (FOCA) identifies forces (trends, factors, or events) impacting health in Kane County and the opportunities and threats associated with these forces. Kane County's FOCA was conducted through four online discussions with key stakeholders and community leaders based on types of forces including political, economic, technological, and social.

### Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) measures how well the local public health system works together to deliver on the 10 Essential Public Health Services and identifies opportunities for improvement. To complete the LPHSA, Kane Health Counts partners utilized the National Public Health Performance Standards (NPHPS) Local Public Health System Performance Assessment Instrument Version 3. Community partners and content experts from across the public health system completed online surveys and participated in facilitated conversations to provide their input about activities, competencies, and capacities of the Kane County public health system.

### Community Health Status Assessment & Community Themes and Strengths Assessment

Findings from secondary data and primary data were analyzed to inform Kane County Health Department's Community Health Status Assessment and Community Themes and Strengths Assessment. The Community Health Status Assessment provides an understanding of the health status, quality of life, and risk factors of a community. Findings from secondary data analysis and the online community survey helped to inform Kane County's Community Health Status Assessment. The Community Themes and Strengths Assessment provides insights about what topics and issues community members feel are important, how they perceive their quality of life, and what assets they believe can be used to improve health. Findings from community focus groups and the online community survey helped to inform Kane County's Community Themes and Strengths Assessment. Each type of data was analyzed using a unique methodology.

#### Secondary Data

Kane County conducted an analysis of secondary data to inform the Community Health Status Assessment, which identifies priority community health and quality of life issues for the county. 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

The needs assessment including collection of primary data was comprised of: (1) focus groups hosted virtually with community members to increase understanding of Kane County's health needs from the perspective of the community, and (2) a community survey distributed online throughout Kane County. Focus group findings helped to inform the Community Themes and Strengths Assessment, which identifies what residents feel are important to their health and their community. Community survey findings were used to inform both the Community Health Status Assessment and Community Themes and Strengths Assessment.

## Summary of Findings

The MAPP assessment findings, which resulted in the collaborative CHA/CHNA, 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 MAPP assessments including primary and secondary data collected, the following top health needs were determined and listed in scored rankings from highest to lowest.

1. Mental Health
2. Access to Health Services
3. Immunizations and Infectious Diseases
4. Substance Abuse
5. Exercise, Nutrition, and Weight
6. Maternal, Fetal, and Infant Health
7. Teen and Adolescent Health
8. Older Adults and Aging
9. Other Chronic Diseases
10. Education
11. Environment
12. Public Safety
13. 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, particularly among the Black and Hispanic communities. 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 the community health assessment process 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 (CHA) 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 the Kane County Health Department will outline how it plans to address the prioritized health needs. The Kane County Health Department is dedicated to serving residents of Kane County by providing exceptional care, promoting wellness and making a difference in every life we touch.



# Introduction

Kane County Health Department (KCHD) is pleased to present its 2021 Community Health Assessment (CHA). The assessment was completed using the Mobilizing Action for Planning and Partnership (MAPP) framework, a community-wide strategic planning process for improving public health and helps communities prioritize public health issues. Kane County completed the four MAPP assessments, which together provide a comprehensive picture of health in an area. This report helps KCHD meet requirements of certified local health departments in the state of Illinois to complete a community health needs assessment every five years (77 IL Admin Code 600.210) and is part of the essential services of local public health departments based on standards by the Public Health Accreditation Board.

This CHA was completed through a collaborative effort that integrated the Community Health Needs Assessment (CHNA) process of the five hospitals in Kane County and the local mental health board. As a part of the Kane Health Counts Collaborative, the Kane County Health Department partnered with Conduent Healthy Communities Institute (HCI) to conduct this 2021 CHA.

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 patients with resources to improve these health challenges in the community.

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, Community Health Integration  
AMITA Health Mercy Medical Center and AMITA Health Saint Joseph Hospital

Mary Carol MacDonald, Manager, Diabetes and Nutrition Services  
AMITA Health Saint Joseph Hospital

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

### Kane Health Counts Committee Members

Kane Health Counts Executive Committee Members consist of hospital, health department and city leaders. This governing body oversees the work of the action teams and ensures the actions are meeting the goals and objectives set for the community health improvement plan.

- Alex Pope – Rush Copley Medical Center
- Bernadette May – Family Service Association of Greater Elgin
- Bob Tanner – Greater Elgin Family Care Center
- Carl Schoedel - Kane County Department of Transportation
- Chrissie Howorth – VNA Health Care

- Dalila Alegria – INC Board
- Dan Barreiro – City of Aurora
- Erin Donlan – Gail Borden Public Library
- Jackie Forbes – Kane County Department of Transportation
- Karin Podolski – Northwestern Medicine
- Kathy Fosser - Kane County Health Department
- Laura Barrett - Kane County Health Department
- Maria Aurora Diaz – AMITA Health
- Maria Iniguez – AMITA Health
- Mariana Martinez – Rush Copley Medical Center
- Mark VanKerkhoff - Kane County Development
- Mary Carol MacDonald – AMITA Saint Joseph Hospital
- Michael Isaacson – Kane County Health Department
- Stacy Zeng – Kane County Health Department
- Susan Stack - Kane County Health Department
- Tina Link – Advocate Aurora Health Sherman Hospital
- Uche Onwuta - Kane County Health Department

## Kane County Health Department

The Health Department was formed in 1985 by resolution of the Kane County Board. The Kane County Health Department (KCHD) received national public health department five-year accreditation status on Nov. 20, 2013, through the Public Health Accreditation Board (PHAB). With this achievement, Kane County became the first county health department in Illinois to reach this status. In November 2019, KCHD successfully achieved national reaccreditation through the Public Health Accreditation Board (PHAB), extending its accreditation status for another five years.

### Our Vision

Healthy Kane 2030 Vision: Kane County residents are the healthiest in Illinois.

### Our Mission

Promote, protect and advocate for health and wellness in the community.

### Our Core Values

*We are committed to:*

**Service** - providing services to the individuals, families, businesses and communities of Kane County in a manner that always exceeds their expectations and contributes to good health.

**Respect** - basing all of our interactions with our clients/customers, partners and co-workers on the highest regard for each individual.

**Trust** - honoring the public's trust and acting with integrity to sustain and build that relationship.

**Quality** - providing our highest and best efforts in every aspect of our work and seeking ways to innovate and improve.

**Teamwork** - sustaining a commitment to work together to overcome obstacles and achieve our mission.

### Health Department Leadership

The following Kane County Health Department staff were integral in supporting this collaborative CHA/CHNA process through the Kane Health Counts Collaborative:

- Barbara Jeffers, Executive Director (through December 2020)
- Kathy Fossier, Interim Executive Director
- Uche Onwuta, Director, Division of Health Protection
- Laura Barrett, Director, Division of Disease Prevention
- Michael Isaacson, Assistant Director, Community Health
- Stacy Zeng, Community Health Planner
- Susan Stack, Communications Coordinator

## Leadership Statement to the Community

To the citizens of Kane County,

I would like to present the comprehensive 2021 Kane County Community Health Assessment. Formal community health needs assessment, prioritization, and action planning are required of certified local public health departments in the State of Illinois every five years and are further recognized as part of the essential services of local public health departments by national public health authorities, such as the Public Health Accreditation Board.

The Kane County Health Department (KCHD) has fulfilled their obligation for certification since the inception of the Illinois requirement in 1994. In addition to certification by the State, KCHD have been evaluated and achieved national accreditation status by the Public Health Accreditation Board (PHAB) in 2013; and re-accreditation status in 2019.

As Kane County grows and changes, we face new challenges in improving and maintaining the health of our community. The COVID-19 pandemic has most certainly shed some new awakenings as well as revealing new opportunities in public health. Community health needs assessment and improvement planning is essential in meeting these challenges/opportunities and helping our residents improve their health. The Community Health Assessments present the rich data collection and community engagement achieved over the past 18 months in Kane County. In coordination with the five Kane County Hospitals, the INC Board, and over 100 community stakeholders, we utilized the MAPP process – Mobilizing for Action through Planning and Partnerships. This assessment cycle included a community survey, focus groups with underserved communities, conversations with subject matter experts, community partners/leaders, stakeholders, and secondary data analysis among other activities.

We have prioritized four issues as focus areas for our efforts: behavioral health (mental health and substance abuse); access to health services; immunizations and infectious diseases; and exercise, nutrition and weight. Our goals for each of these priority areas will help us realize our vision that by 2030, Kane County is the healthiest county in Illinois, attained by the healthy choices of our residents and the model public health system in our community.

Throughout this process, we have relied on community collaboration and the support of our partners. On behalf of the Kane County Health Department, I would like to thank all of the local organizations and agencies who gave their time, effort, energy, and resources to this process. I would also like to extend a special thank you to those Kane County residents who participated in our surveys and focus groups. Their opinions and contributions are crucial to meaningful data collection.

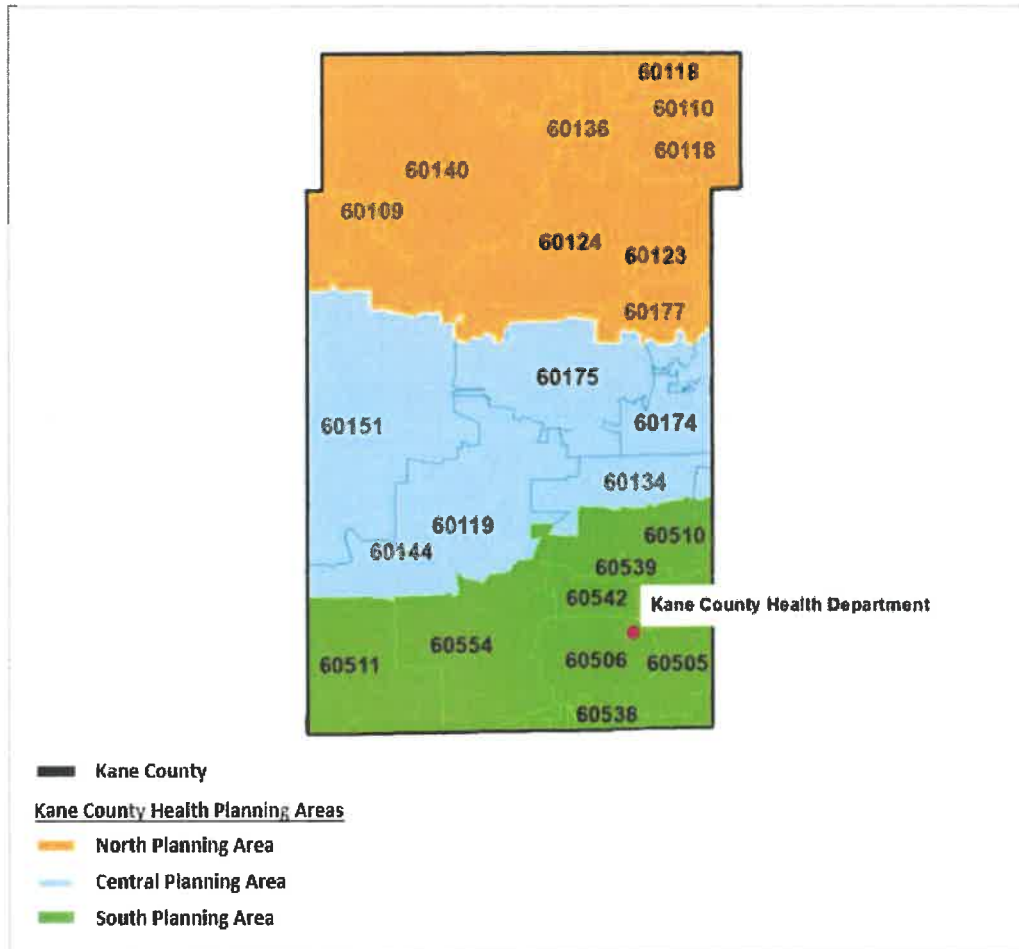
Finally, thank you to Advocate Aurora Sherman Hospital, AMITA Mercy Medical Center, AMITA Saint Joseph Hospital, the INC Board, Northwestern Medicine Delnor Hospital, and Rush Copley Medical Center for their financial contributions and consistent countless hours of collaborative partnership.

**Kathy Fosser, Interim Executive Director  
Kane County Health Department**

## Health Department Planning Areas

Kane County Health Department is defined as the geographical boundary of Kane County, IL. The county is also divided into three planning areas including a North, Central, and South Planning Area as shown in Figure 1.

FIGURE 1. KANE COUNTY HEALTH DEPARTMENT PLANNING AREAS



## 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 HCI, please visit [www.conduent.com/community-population-health](http://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, Jane Chai, MPH - Community Health Subject Matter Expert, Courtney Kaczmarzsky, MPH – Public Health Consultant, Traci Van, Senior Advisor, Era Chaudhry, MPH – Research Associate, Margaret Mysz, MPH – Research Associate, and Zack Flores – Project Coordinator.

# Evaluation of Progress Since Prior CHA

Through the Kane Health Collaborative, Kane County Health Department collaborates with other partners within Kane County to jointly address specific health needs that have been identified as priorities. From their previous joint CHA/CHNA three areas were identified for targeted work. They include: Behavioral Health, Chronic Diseases, and Income and Education. By reviewing the actions taken to address these priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during this subsequent round of their CHA cycle. The information below captures the evaluation of these efforts.

## Community Health Improvement Priorities from Preceding CHA

Kane County Health Department’s Community Health Improvement Priorities from their previous CHA cycle 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
<b>Outcome Objective</b>			
By August 31, 2021, reduce the number of emergency department visits related to behavioral health by 5.0%.	108.01 per 10,000 residents (2014)	142.15 per 10,000 residents (2018)	Team will continue to work on strategies to reduce emergency department visits related to behavioral health.
<b>Impact Objectives</b>			
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 an 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
<b>Outcome Objective</b>			
By August 31, 2030, reduce Chronic disease in Kane County	-	-	In progress. Created a web portal where community members can access information about nutrition and physical activity resources throughout Kane County as well as learn tips about healthy living.
By August 31, 2021, decrease the number of hospitalizations due to heart disease by 5%.	66.4 per 10,000 residents (2014)	No update	IDPH EMS database is updated through Q3 2015.
<b>Impact Objectives</b>			
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)	No update	In progress. Created a map to find food pantries, farmers markets and community gardens. Used campaigns to promote eating fruits and vegetables and how to register for SNAP benefits. Increased CSA subscriptions for



			underserved community members.
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	No update	In progress. Increased accessibility of sidewalks and trails for walking and biking.

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 through 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
<b>Outcome Objective</b>				
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 graduation rate of all public school districts with a baseline rate <87% by 5 percentage points	3 districts are under 87% SD129 79% SD131 62.8% U-46-Elgin 80.2% Larkin 79.1% Streamwood 87% (Illinois State Board of Education, 2015)	SD131-67% SD129-82% U-46-Elgin 76%, Larkin 73%, Streamwood 86% (2019 figures)	SD131 72% SD129 87% Elgin 81% Larkin 78% Streamwood 91%	Graduation rates are trending upwards for districts 131 & 129 when compared to the 2013-2014 figures used in the Environmental Scan. U-46 is trending downwards.
<b>Impact Objectives</b>				
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.

# Mobilizing for Action through Planning and Partnerships (MAPP) Methodology

## Overview of MAPP Process

In 2020, Kane County Health Department (KCHD) and its Kane Health Counts partners engaged in an assessment of the health of Kane County utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) collaborative process<sup>12</sup>. The MAPP model for Community Health Assessment and planning includes four different assessments that provide a comprehensive picture of health in an area. The assessments include:

- Forces of Change Assessment (FOCA)
- Local Public Health System Assessment (LPHSA)
- Community Health Status Assessment (Secondary Data and Community Survey)
- Community Themes and Strengths Assessment (Focus Groups and Community Survey)

FIGURE 2. MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS



<sup>1</sup> NACCHO (2021). Community Health Assessment and Improving Planning. Accessed from <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>

<sup>2</sup> CDC (2015). Assessment & Planning Models, Frameworks & Tools. Accessed from <https://www.cdc.gov/publichealthgateway/cha/assessment.html>

Findings from the Community Health Status Assessment and Community Themes and Strengths Assessment were considered with FOCA and LPHSA findings. Detailed descriptions of the findings from these four assessments are organized and presented by health topics in the Data Synthesis, Prioritized Significant Health Needs, and Non-Prioritized Significant Health Needs sections of this report. These findings were then synthesized for a comprehensive overview of the health needs in Kane County and its Health Planning Areas.

Figure 3 briefly describes the four assessments and methodologies that were included in the MAPP collaborative process. More details for these assessments can be found in Appendices A, B, C, and D.

**FIGURE 3. KEY COMMUNITY HEALTH ASSESSMENT MAPP COMPONENTS**

<p><b>Forces of Change Assessment</b> Identifies forces impacting health</p> <p>Methodology:</p> <ul style="list-style-type: none"> <li>Virtual conversations with community leaders and stakeholders</li> </ul>	<p><b>Local Public Health System Assessment</b> Measures how well local public health system is delivering 10 Essential Public Health Services</p> <p>Methodology:</p> <ul style="list-style-type: none"> <li>Online survey with community partners and content experts</li> <li>Virtual assessment with community partners and content experts</li> </ul>	<p><b>Community Health Status Assessment</b> Provides quantitative information about community health outcomes</p> <p>Methodology:</p> <ul style="list-style-type: none"> <li>Secondary data analysis</li> <li>Online community survey</li> </ul>	<p><b>Community Themes and Strengths Assessment</b> Gathers insights about what community members think is important to health and quality of life</p> <p>Methodology:</p> <ul style="list-style-type: none"> <li>Online community survey</li> <li>Focus groups with underserved communities</li> </ul>
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## Forces of Change Assessment

The Forces of Change Assessment (FOCA) focuses on identifying forces, otherwise considered trends, factors, or events, that are impacting health in Kane County and the opportunities and threats associated with these forces.

Stakeholders with unique knowledge of and experience of Kane County participated in four separate, one-hour online discussions centered on four discussion categories including political, economic, technology and social (Table 1).

**TABLE 1. FOCA DISCUSSION TOPICS AND DATES**

Discussion Category	Date	Number of Participants
Political	9/9/20	10
Economic	9/10/20	10
Technological	9/15/20	11
Social	9/17/20	10

## FOCA Analysis

Analysis of the FOCA discussion notes uncovered cross-cutting themes that transcend political, economic, technology, and social forces of change. Racial and economic disparities emerged out of each of the themes as communities of color and low-income community members were often cited as being most impacted by the threats discussed and being able to benefit by the opportunities identified.

The following is a brief synopsis from the discussions for each of the cross-cutting themes.

More information shared from the discussions, including opportunities and threats associated with each cross-cutting theme can be found in the detailed report (Appendix C).

### COVID-19 Pandemic

The mental health strain caused by physical distancing, especially on seniors and school-aged children and their parents, was universally noted as a concern. Also mentioned was the impact of the pandemic on different racial and ethnic groups in the community, as well as the economic toll on businesses.

### K-12 Education

With the pandemic forcing distance learning for many K-12 students, technology to support distance learning was discussed as a challenge to both students and teachers. Concerns were raised about the lack of opportunity for additional learning through in person social engagement when students are getting instruction online.

### Access to Healthcare including Mental/Behavioral Health

Noting the connection of overall physical health and mental health to individual and community well-being, participants called out access to healthcare, including mental and behavioral health, as a theme that must be considered for future community health planning. Transportation and lack of funds for needed medication were shared as barriers to accessing healthcare.

### Rising Poverty and Disparities

Low-paying jobs, unaffordable housing and limited access to services are realities and threats facing low-income residents and communities of color as shared by participants. It is believed that community organizations providing services for impacted populations can enhance their engagement and success by not just working “in” communities but working “with” communities.

### Social Unrest and Black Lives Matter

Social unrest and the Black Lives Matter movement were characterized in discussions as a wake-up call for community leaders. Proactive engagement with different community groups, fueled by “active listening” by those in positions of power, are considered opportunities to channel energy to positively impact the community as a whole and bring community members that have not been included before to the table.

## Local Public Health System Assessment

To complete the Local Public Health System Assessment (LPHSA), Kane County utilized the National Public Health Performance Standards (NPHPS) Local Public Health System Performance Assessment Instrument

Version 3. The LPHSA measures how well the public health system works together to deliver on the 10 Essential Public Health Services (Essential Services) and opportunities for improvement. Community partners and content experts from across the public health system helped to inform the LPHSA. To complete the LPHSA, the 10 Essential Services were divided among four distinct online surveys that included questions for survey respondents to rank activity related to each Essential Service from “no activity” all the way to “optimal activity.” The surveys were followed with facilitated conversations to dive deeper into each Essential Service to understand current activities, weaknesses, and near and long-term opportunities associated with each.

### Survey Scoring

Each Essential Service was scored by participants to assess public health system performance on the components of each service. Respondents were asked to rate “at what level does Kane County’s public health system” conduct each Essential Service standard and activities using the following scale in Table 2.

TABLE 2: SURVEY SCORING RANGE

<b>Optimal Activity (76-100%)</b>	The public health system is doing absolutely everything possible for this activity and there is no room for improvement.
<b>Significant Activity (51-75%)</b>	The public health system participates a great deal in this activity and there is opportunity for minor improvement.
<b>Moderate Activity (26-50%)</b>	The public health system somewhat participates in this activity and there is opportunity for greater improvement.
<b>Minimal Activity (1-25%)</b>	The public health system provides limited activity and there is opportunity for substantial improvement.
<b>No Activity (0%)</b>	The public health system does not participate in this activity at all.

### Survey Scores and Ranking

Based on survey responses, Essential Services 1, 2, 3, 4, 5, 6, 8, and 9 fell into the “Significant Activity” range for activity. Scores for Essential Services 7 and 10 put those services into the “Moderate Activity” range. The overall score for the system was 57.7, placing it in the “Significant Activity” range. Table 3 includes the score for each Essential Service as well as the overall ranking based on the survey results.

TABLE 3: ESSENTIAL HEALTH SERVICES SCORE AND RANKING

Summary of Scores and Ranking			
ES	Essential Public Health Services Description	2020 Score	Overall Ranking
1	Monitor health status to identify community health problems	62.9	2 <sup>nd</sup>
2	Diagnose and investigate health problems and health hazards in the community	60.3	4 <sup>th</sup>
3	Inform, educate and empower people about health issues	51.1	8 <sup>th</sup>
4	Mobilize community partnerships to identify and solve health problems	58.1	5 <sup>th</sup>
5	Develop policies and plans that support individual and community health efforts	65.8	1 <sup>st</sup>
6	Enforce laws and regulations that protect health and ensure safety	61.8	3 <sup>rd</sup>
7	Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable	48.6	9 <sup>th</sup>
8	Assure a competent public health and personal healthcare workforce	56.3	6 <sup>th</sup>
9	Evaluate effectiveness, accessibility, and quality of personal and population-based health service	54.6	7 <sup>th</sup>
10	Research for new insights and innovative solutions to health problems	47.7	10 <sup>th</sup>
<b>Overall LPHS Performance Score:</b>		<b>57.7</b>	

### Local Public Health System Assessment Analysis

Kane County’s Local Public Health System Assessment revealed a strong and well-functioning public health system with significant activity in completing the vast majority of the 10 Essential Public Health Services. The survey results combined with the insights captured during the follow up survey discussions reveal that the Kane County public health system is built on a foundation of trust, a spirit of collaboration and a commitment to share resources to address identified needs.

The assessment revealed key areas of excellence for Kane County. The public health system includes a strong surveillance and monitoring system that allows for timely submissions of disease information, coordination with state and national systems, and communication with local health and community providers. The local system’s emergency preparedness efforts were noted for its efficiency in planning and execution, and communication with local hospitals, municipalities, and community partners. The public health system includes strong partnerships across many organizations. Kane Health Counts was consistently mentioned as providing leadership for collaboration around community health assessment and planning. Kane County Health Department was identified as a pillar for public health activities in the county, showing its commitment to the 10 Essential Public Health Services with attainment of accreditation and reaccreditation through the Public Health Accreditation Board.

Eight of the ten Essential Services scored in the “significant activity range,” indicating that Kane County’s public health system “participates a great deal in this activity and there is opportunity for minor improvement.” The scoring range for Essential Service 7 (linking people to health services) and Essential



Service 10 (research and innovation) were in the “moderate activity range,” indicating the public health system “somewhat participates in this activity and there is opportunity for greater improvement.” Conversations throughout the assessment process underscored system partners’ concerns for local communities who may be more vulnerable to current and future public health threats. The COVID-19 pandemic and activities around civil unrest in 2020 exposed many of the strengths and areas for improvement for Kane County’s public health system.

The Local Public Health System Assessment showed that the Kane County public health system has built deep trust among current partners and a true spirit of collaboration. A comprehensive description of findings from the LPHSA can be found in the LPHSA report (Appendix D).

## Community Health Status Assessment & Community Themes and Strengths Assessment

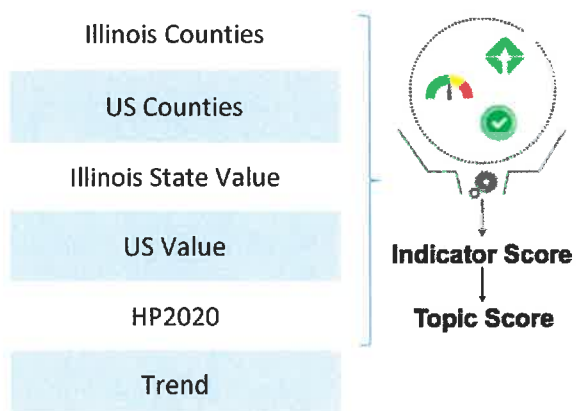
### Overview

Kane County Health Department combined primary and secondary data to inform its Community Health Status Assessment and Community Themes and Strengths Assessment. The Community Health Status Assessment provides an understanding of the health status, quality of life, and risk factors of a community. Findings from secondary data analysis and the online community survey helped to inform Kane County’s Community Health Status Assessment. The Community Themes and Strengths Assessment provides insights about what topics and issues community members feel are important, how they perceive their quality of life, and what assets they believe can be used to improve health. Findings from community focus groups and the online community survey helped to inform Kane County’s Community Themes and Strengths Assessment. Each type of data was analyzed using a unique methodology.

### 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.

FIGURE 4: SECONDARY DATA SCORING



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 (Figure 4). 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.

**TABLE 4: SECONDARY DATA TOPIC SCORING RESULTS**

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

Table 4 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.

The analysis of national, state, and local indicators that contributed to the Community Health Status Assessment can be reviewed in full in Appendix A.

## Primary Data Collection & Analysis

To ensure the perspectives of community members were considered and to support the Community Health Status Assessment and Community Themes and Strengths Assessment, input was collected from Kane County community members. Primary data used in this assessment consisted of community focus groups and an online community survey available in English and Spanish. These findings expanded upon information gathered from the secondary data analysis, FOCA, and LPHSA to inform this Kane County Health Department Community Health Assessment.

Given this CHA 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 Kane Health Counts build partnerships so as not to duplicate, but rather support existing programs and resources. This resource list is available in Appendix E.

## 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. Kane Health Counts and their community partners also 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. When analyzed by race, 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%. By ethnicity, nearly 12.5% of survey respondents identified as Hispanic/Latino, while the majority, 85.6% identified as non-Hispanic/Latino.

Further analysis of survey respondents by age showed that the 35-44 and 45-54 age groups comprised the largest portions of survey respondents, at 19.6% each. The majority of survey respondents also identified as female at 73.2%. An additional 25.9% identified as male, and 1.0% as other (transgender, non-conforming or preferred not to answer). Finally, when considering highest educational attainment, the majority of survey respondents reported having earned a bachelor's degree or higher (62.6%).

### **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<sup>3</sup>. 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 10 and 11. 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.

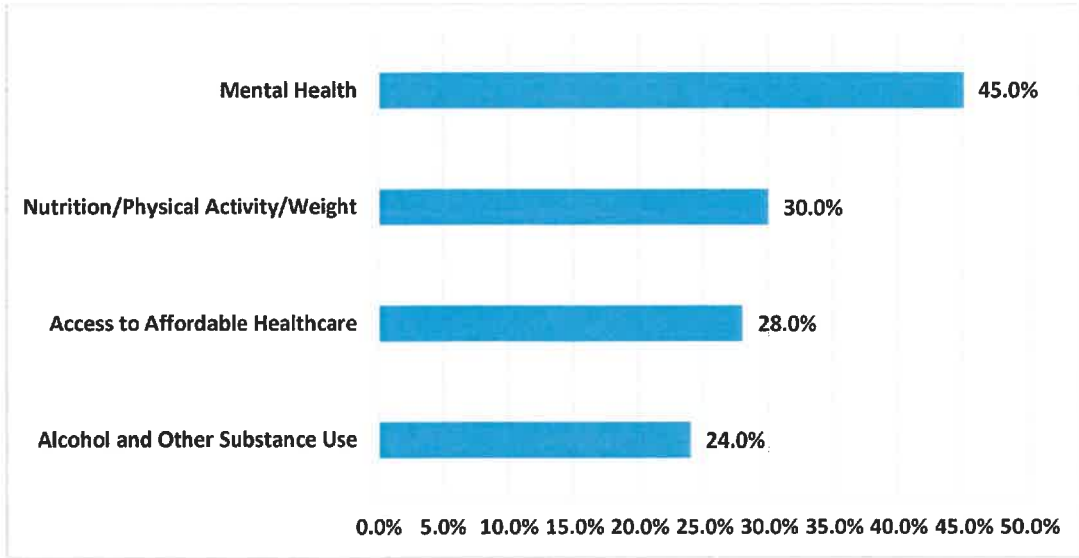
Mental health was ranked by survey respondents as the most pressing health problem (45.0% of respondents), followed by Nutrition/ Physical Activity/Weight (30.0%), Access to Affordable Healthcare (28.0%) and Alcohol and Other Substance Use (24.0%).

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<sup>3</sup> 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.

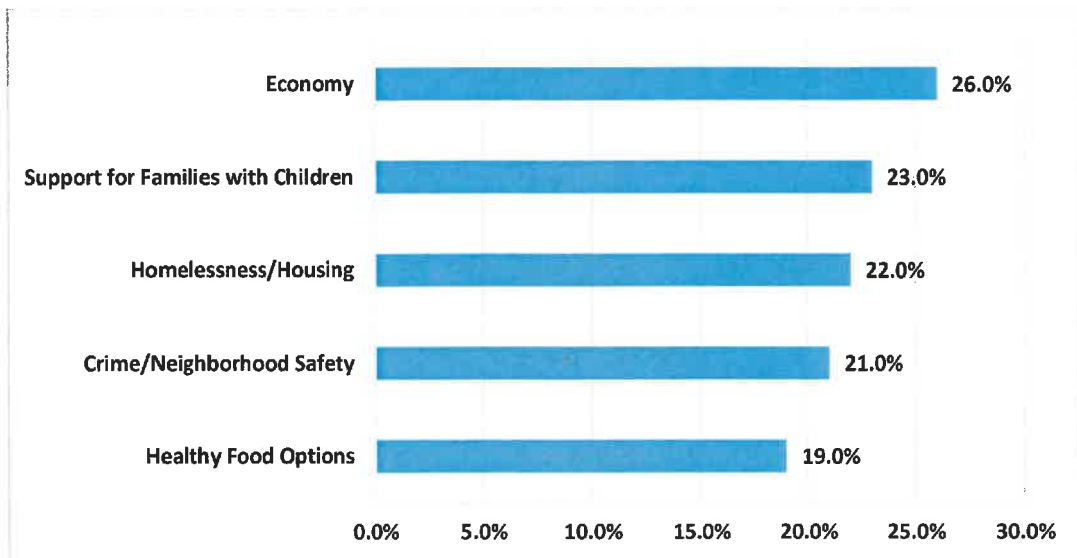
<sup>4</sup> Izrael, D. S.W. Ball, M.P. Battaglia (2016) SAS (9.4) [Source code]. [https://www.abtassociates.com/sites/default/files/files/Insights/Tools/rake\\_and\\_trim\\_G4\\_V5.sas](https://www.abtassociates.com/sites/default/files/files/Insights/Tools/rake_and_trim_G4_V5.sas)

**FIGURE 10: MOST IMPORTANT COMMUNITY HEALTH ISSUES**



As shown in Figure 11, 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 11: MOST URGENT QUALITY OF LIFE ISSUES TO ADDRESS IN KANE COUNTY**



### Focus Groups

Kane Health Counts conducted focus groups to gain deeper insights about perceptions, attitudes, experiences, or beliefs held by community members about their health. 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 participate 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, Hispanic/Latino, 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 5 provides an overview of the individual sessions as well as number of participants for each of the focus groups.

**TABLE 5: 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<sup>5</sup>. 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 6 below summarizes the main themes and topics that trended across all or almost all focus group conversations.

**TABLE 6: KANE COUNTY FOCUS GROUP THEME SUMMARY**

Main Theme	Sub-topics: Concerns, issues, and barriers	Contributing Focus Group(s)
Exercise, Nutrition and Weight	<ul style="list-style-type: none"> <li>Need for improved/additional education for parents/families</li> </ul>	African American and Hispanic/Latino Focus Groups

<sup>5</sup> 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](http://www.dedoose.com)

	<ul style="list-style-type: none"> <li>• Children’s sedentary lifestyles and nutrition in schools</li> <li>• Health behavior and social environment influence on eating habits; cultural influences</li> </ul>	
Access to Healthcare Services	<ul style="list-style-type: none"> <li>• Language barriers</li> <li>• Underinsured and affordability (costs associated with services)</li> <li>• Preventative care for older adults; how to avoid emergent situations by intervening earlier (includes access to medications)</li> <li>• Navigation and education for minority racial or ethnic groups <ul style="list-style-type: none"> <li>○ Lack of focus on men’s health in the African American community</li> </ul> </li> </ul>	All Focus Groups
Substance Abuse	<ul style="list-style-type: none"> <li>• Focus on COVID-19 has diverted attention from drug use issues in the community (ex. heroin/opioid problem)</li> <li>• Teen and adolescent use of substances; social pressure, connection to bullying and self-esteem</li> </ul>	Older Adults and Hispanic/Latino Focus Groups
Mental Health	<ul style="list-style-type: none"> <li>• Increased anxiety and Stress for parents/families with children</li> <li>• Need for mental health for older adults; impacts of social isolation due to aging issues</li> <li>• Lack of resources in the community; lack of availability and navigation/education about services available</li> </ul>	All Focus Groups

Appendix B provides a more detailed report of the main themes that trended across the individual focus group conversations for the Community Themes and Strengths Assessment.

## 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<sup>6</sup>, used to analyze the secondary data, is also limited by data availability from data sources. In some instances, there are no

<sup>6</sup> Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

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.

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 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

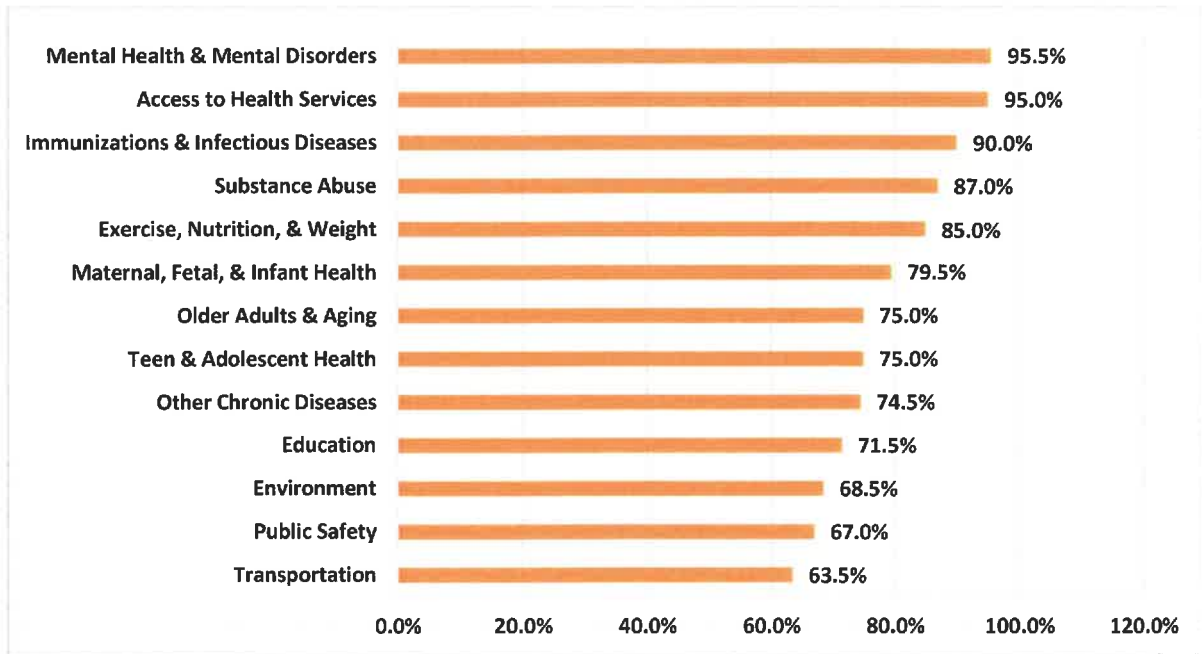
The aggregate ranking can be seen in Figure 12 below. Kane Health Counts' joint CHA/CHNA planning committee and the Kane Health Counts Executive Committee reviewed the scoring results of the significant community needs and determined prioritized health needs based on the same set of criteria used in 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, Nutrition, & 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 12: SIGNIFICANT HEALTH NEEDS PRIORITIZATION RESULTS



### Community Survey Analysis by County Planning Areas

Community survey 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. Results of this more focused analysis will be presented in the Data Synthesis Section later in the report.

# Demographics

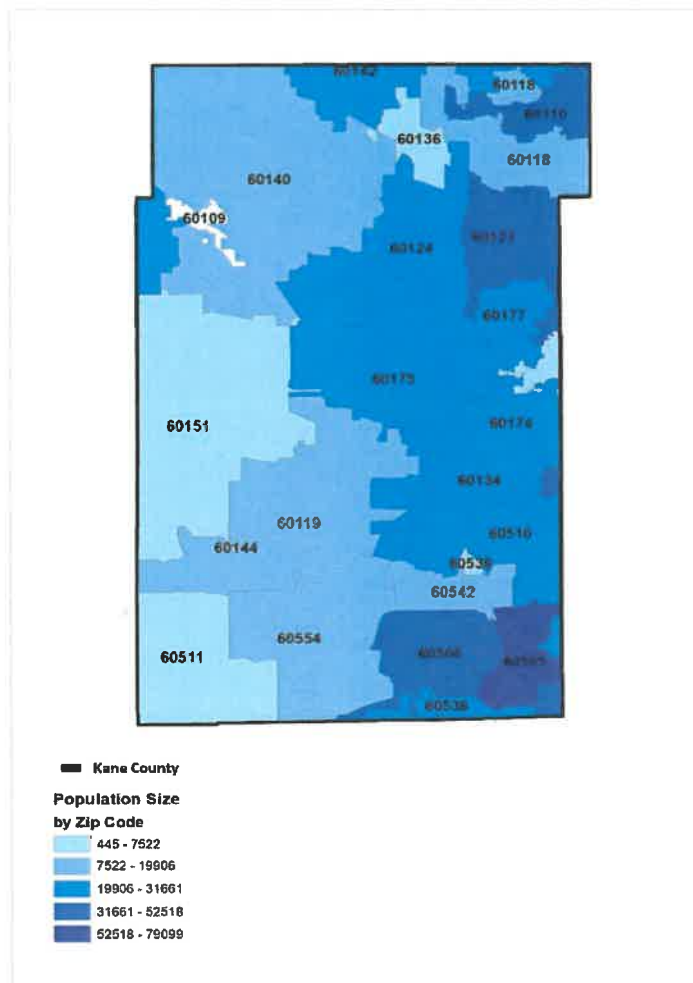
The following section explores the demographic profile of Kane County and the three Health Planning Areas that fall within the county. The demographics of a community significantly impact its health profile. Different race/ethnic, age and socioeconomic groups may have unique needs and require varied 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.

## Demographic Profile

### Population

According to the Claritas Pop-Facts 2020 population estimates, Kane County has a population of approximately 536,901. Figure 13 shows population size by zip code within Kane County and its three Health Planning Areas. The darkest blues represent zip codes with the largest population.

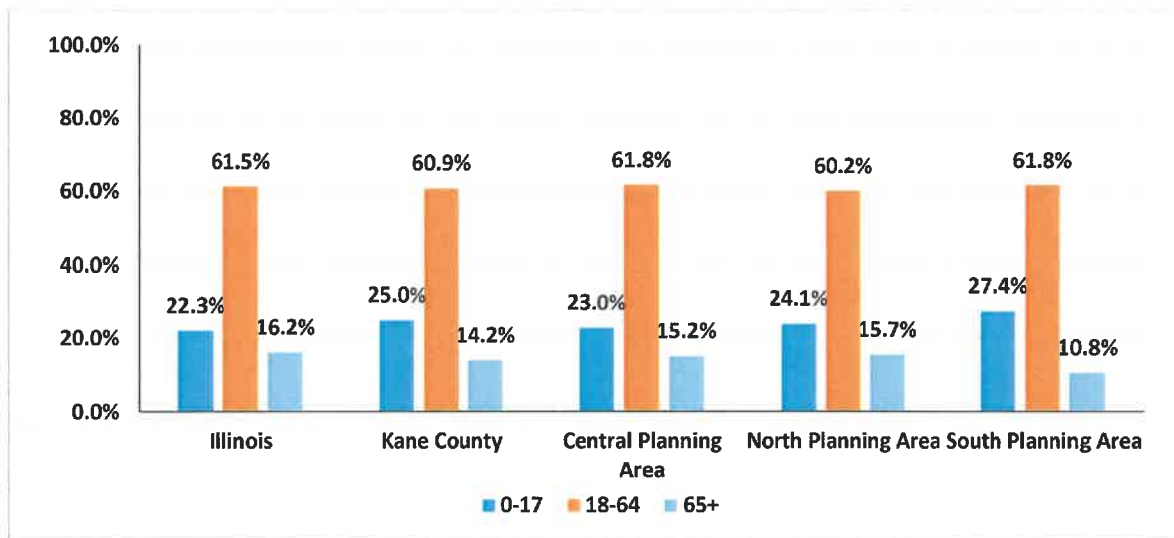
FIGURE 13: POPULATION SIZE BY ZIP CODE



## Age

Figure 14 shows Kane County and its Health Planning Areas population by age group along with population estimate for Illinois. In Kane County, 25% of the population are infants, children, or adolescents (age 0-17); another 60.9% are in the age bracket of 18 to 64, while 14.2% are age 65 and older.

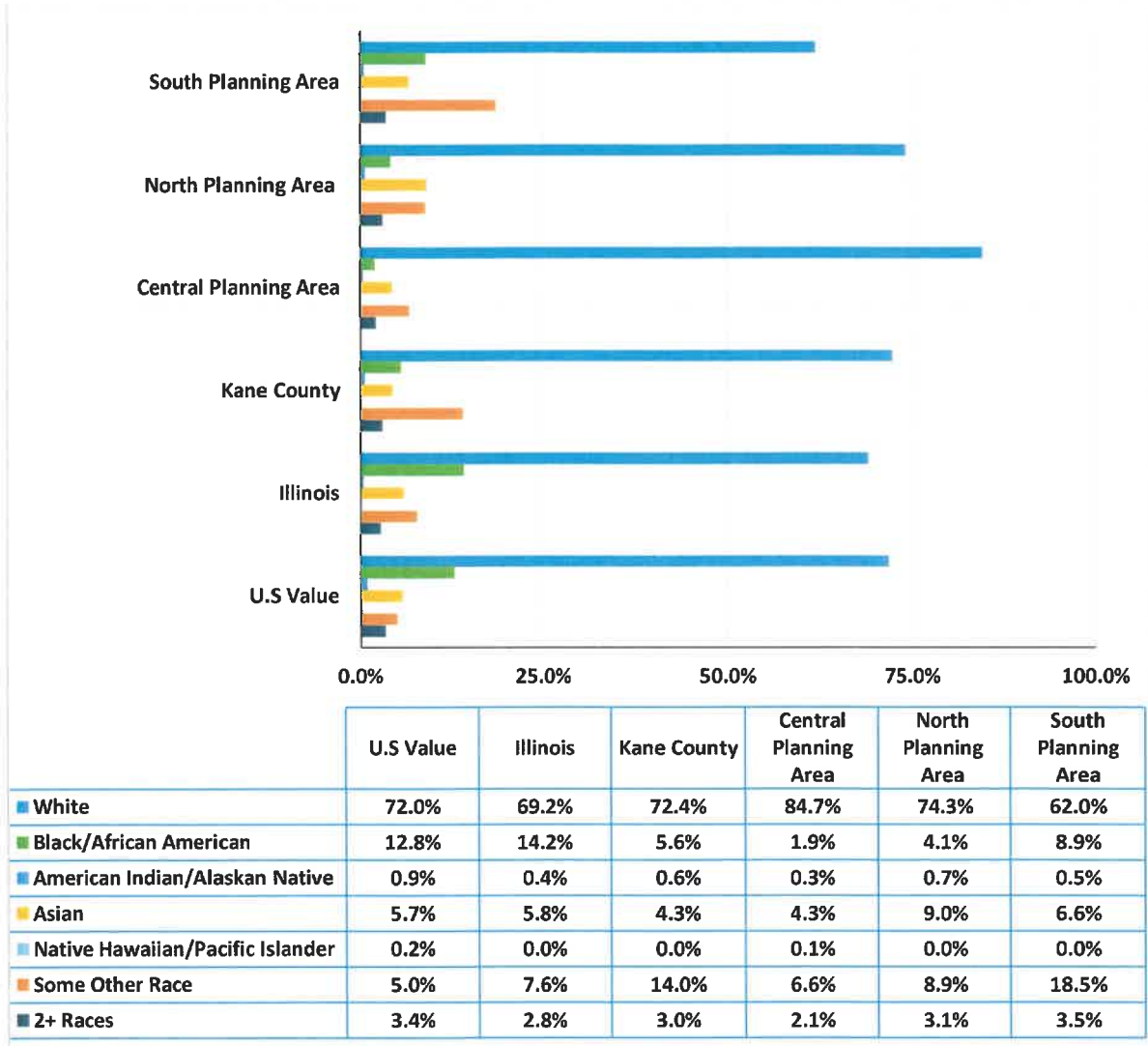
FIGURE 14: POPULATION BY AGE GROUP



## Race

The race and ethnic composition of a population can help to understand current and future needs. Race and ethnicity data can also help identify and increase understanding of disparities in housing, employment, income, and poverty. By race, the majority of the population in Kane County identifies as White (72.0%) as shown in Figure 15. The Black/African American community makes up 5.55%, followed by Asians comprising 4.34% of the population.

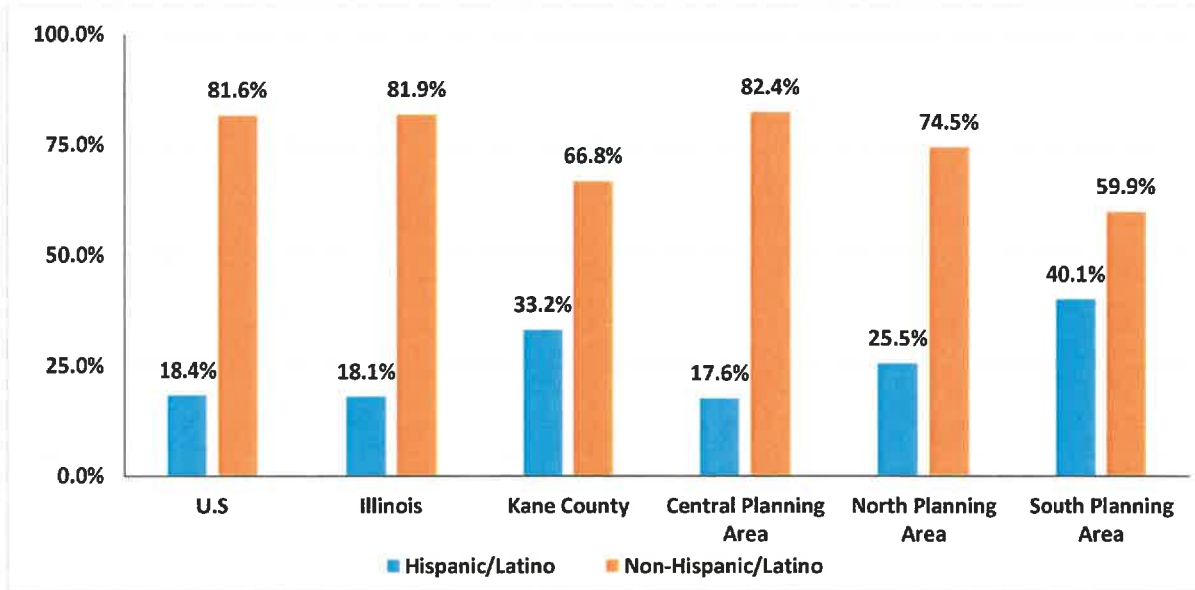
FIGURE 15: POPULATION BY RACE



## Ethnicity

As shown by Figure 16, 33.2% of the population in Kane County identifies as Hispanic/Latino. The South Planning Area, has the highest percentage of Hispanic or Latino population at 40.1%.

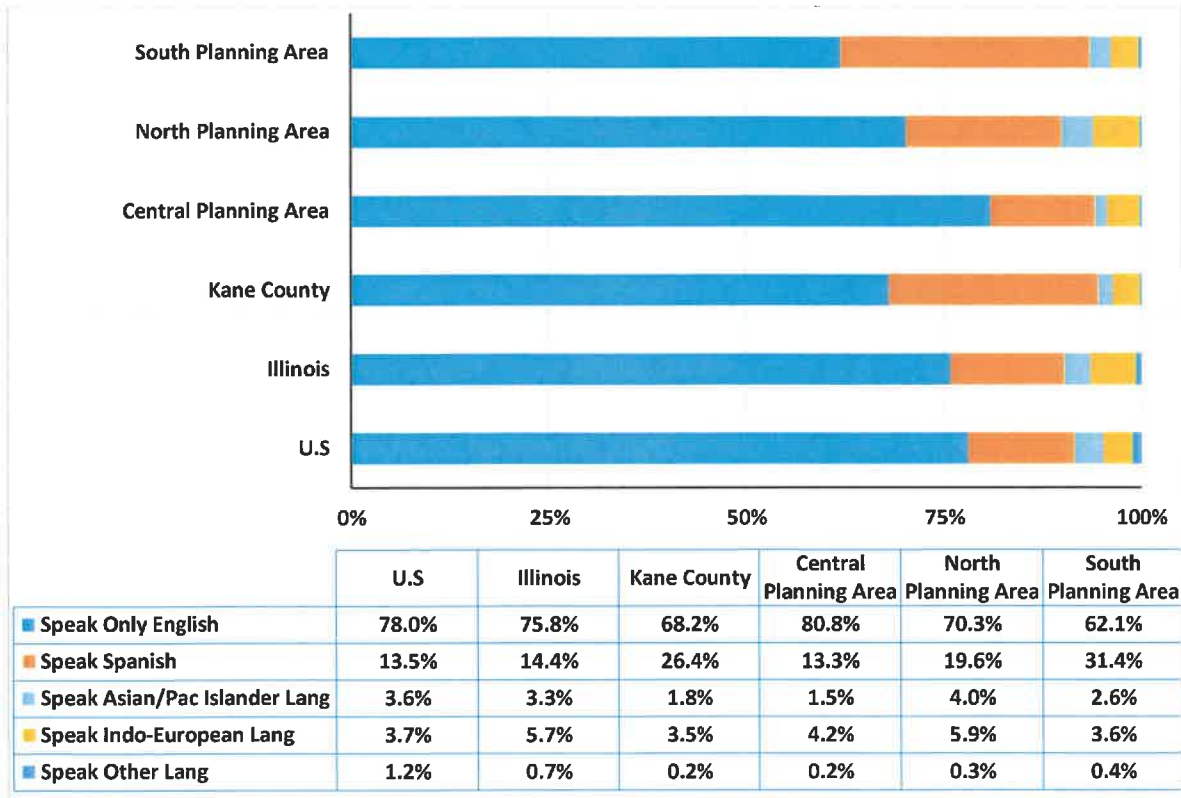
FIGURE 16: POPULATION BY ETHNICITY



## Language

Language is an important factor to ensure linguistically competent care and that community members are aware of available programs and services. Figure 17 below shows the population 5 years and older by language spoken at home. The proportion of the population who speaks English in Kane County is 68.2%. Spanish is the second most common language spoken in Kane County at 26.4%. It is important to note that the proportion of people ages 5 years and older that speak Spanish at home in Kane County (26.4%) is higher than both Illinois (14.4%) and U.S. (13.5%) values.

FIGURE 17: POPULATION AGE 5 YEARS AND OLDER BY LANGUAGE SPOKEN AT HOME



## Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health of Kane County and the Health Planning Areas. 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 may be strong at the county level, zip code level analysis can reveal disparities.

## Income

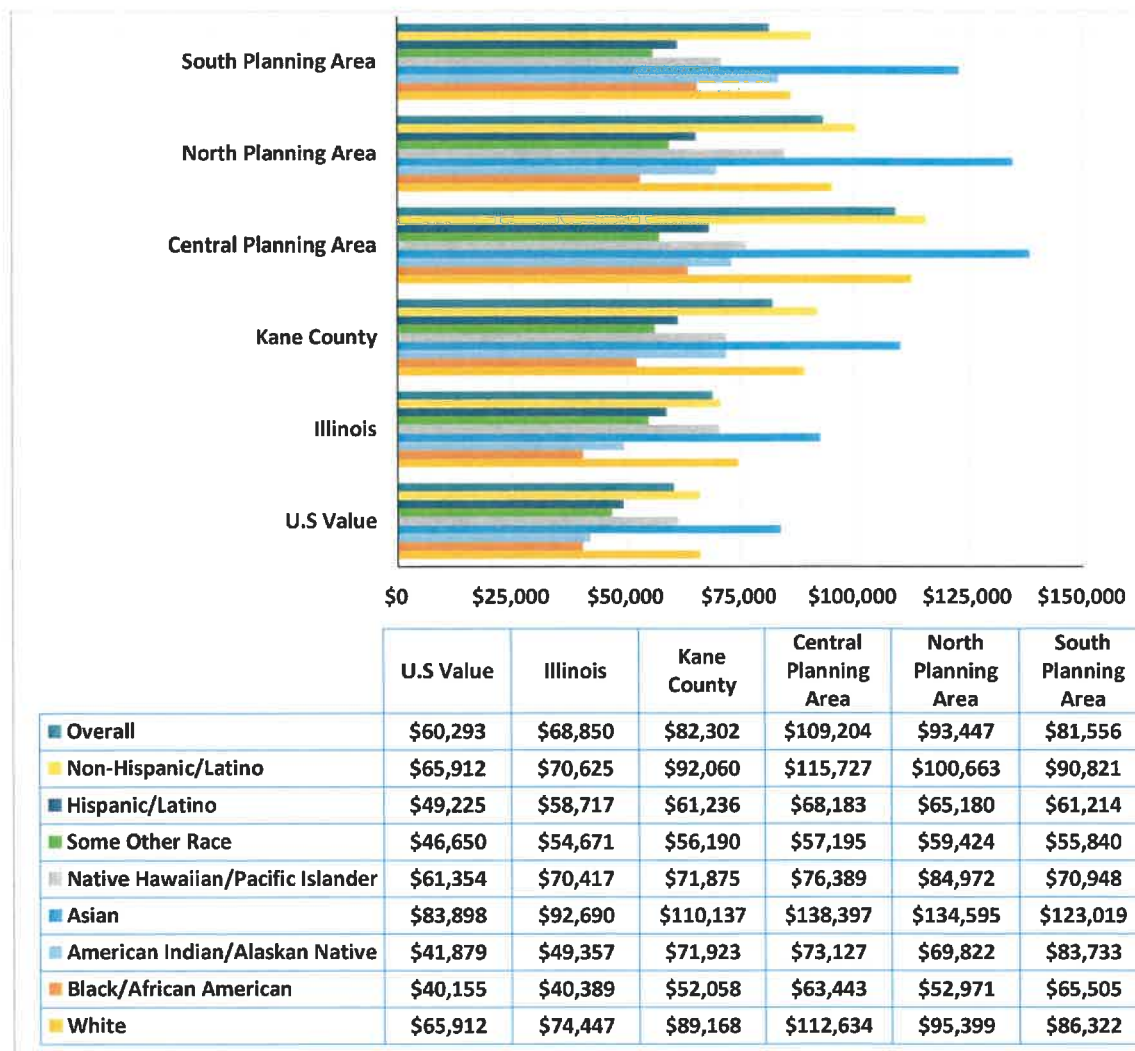
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower

unemployment rates. Areas with higher median household incomes also have higher home values and their residents enjoy more disposable income.

Figure 18 compares the median household income values by race in Kane County. The overall median household income for the county is \$82,302. Two racial groups – White and Asian – have median household incomes that fall above the overall median value. All other racial groups fall below the overall county value.

Compared to Kane County and other Health Planning Areas, the South Planning Area has the lowest median household income of \$81,556. The median household income for the Black/African American community in Kane County (\$52,058) is higher compared to the median household income for the Black/African American community for Illinois (\$40,389) and the U.S. (\$40,155). The median household income for the Hispanic/Latino community in Kane County (\$61,236) is also higher compared to the median values for Illinois (\$58,717) and U.S. (\$40,155). The highest median household income for the Black/African American community in Kane County is in the South Planning Area (\$65,505). The highest median household income for the Hispanic/Latino community within Kane County is in the Central Planning Area (\$68,183).

Figure 18: Median Household Income by Race/Ethnicity



## 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 19 shows the percentage of families living below the poverty level by zip code. Darker blue colors represent a higher percentage of families living below the poverty level. Zip code 60505 in the South Planning Area and zip codes 60110 and 60506 in the North Planning Area have the highest percentages of families living below the poverty line in Kane County. In comparison to the State of Illinois (9.21%), the percentage of families living below the poverty level in Kane County is lower at (7.24%).

FIGURE 19: FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE

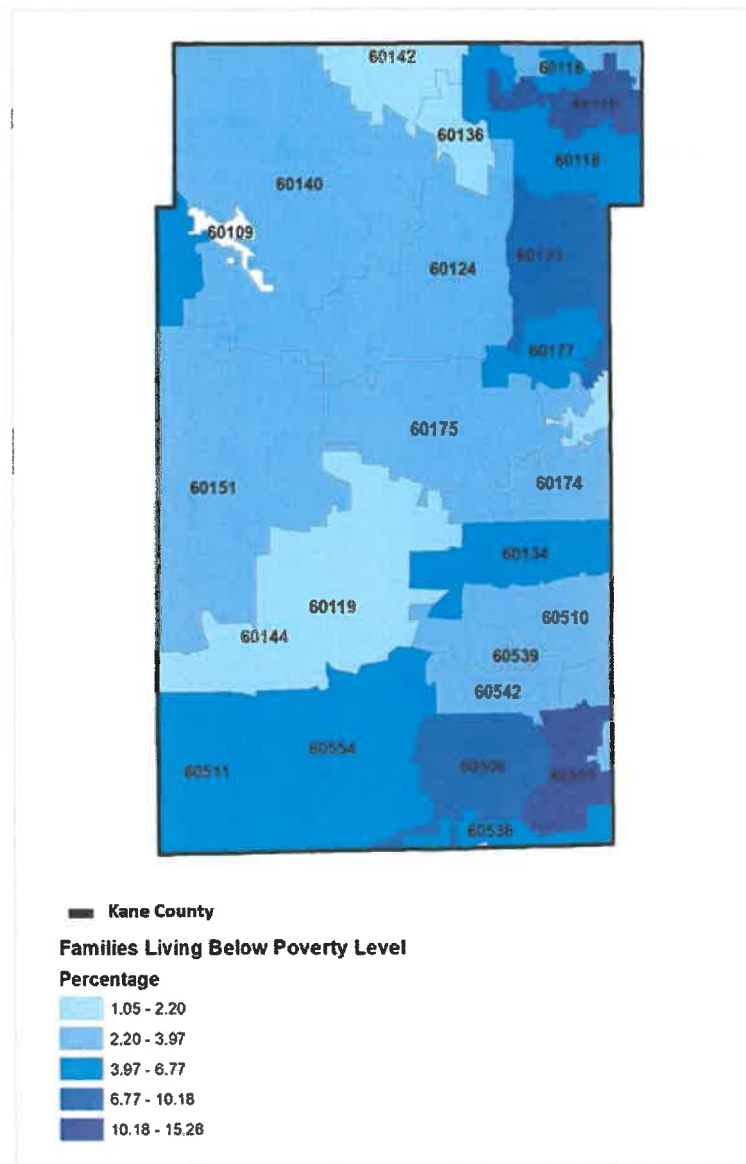




Figure 20 shows the percentage of the population in Kane County by age who are living below the poverty level. Children and adolescents who are less than 18 years old comprise the largest group who are living in poverty at 44.9%.

**FIGURE 20. PEOPLE LIVING BELOW POVERTY LEVEL BY AGE**

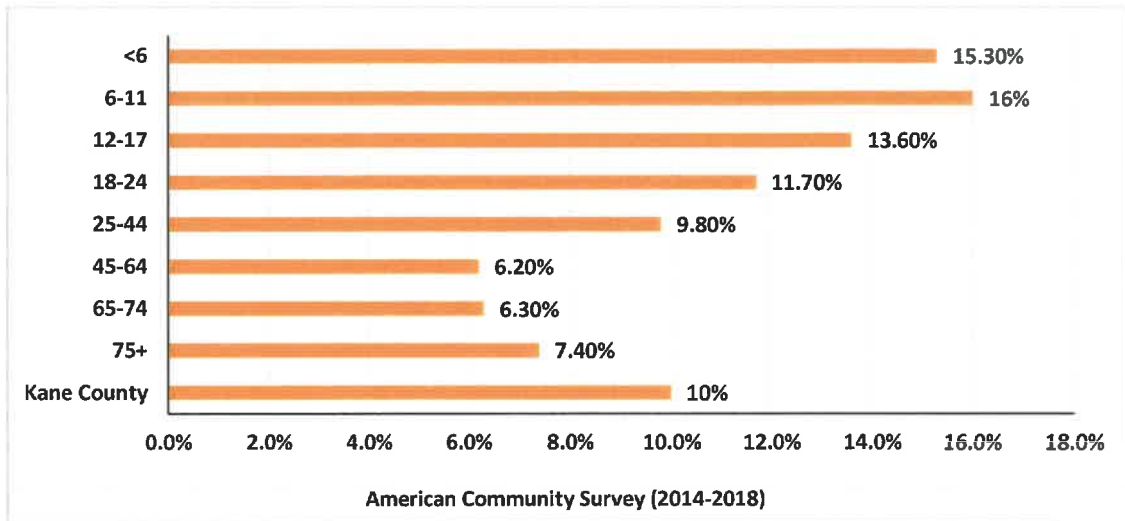


Figure 21 shows the percentage of the population in Kane County by gender who are living below the poverty level. Females make up a larger percentage of the population in Kane County who are living in poverty (11.1%).

**FIGURE 21. PEOPLE LIVING BELOW POVERTY LEVEL BY GENDER**

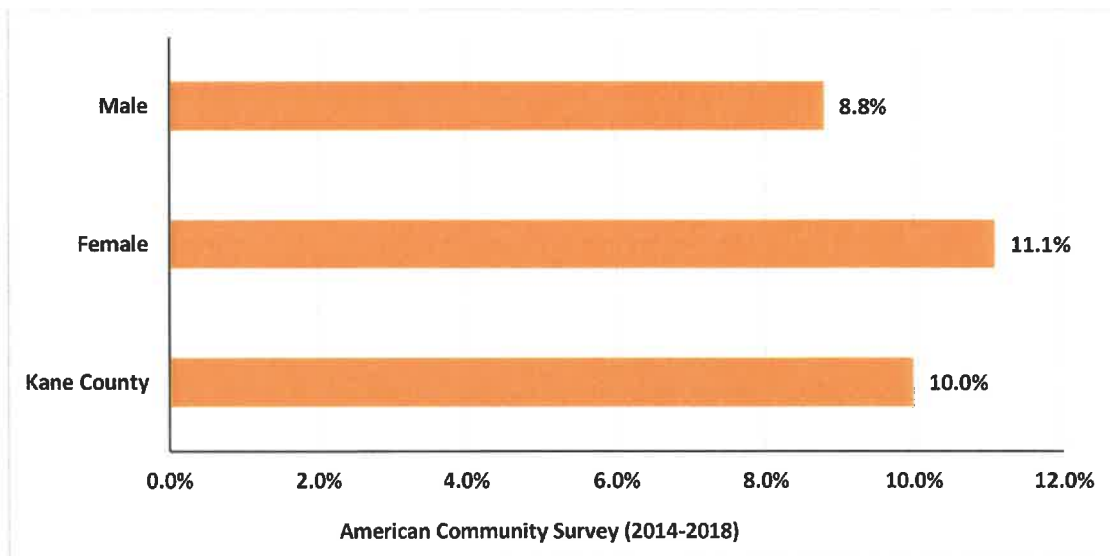
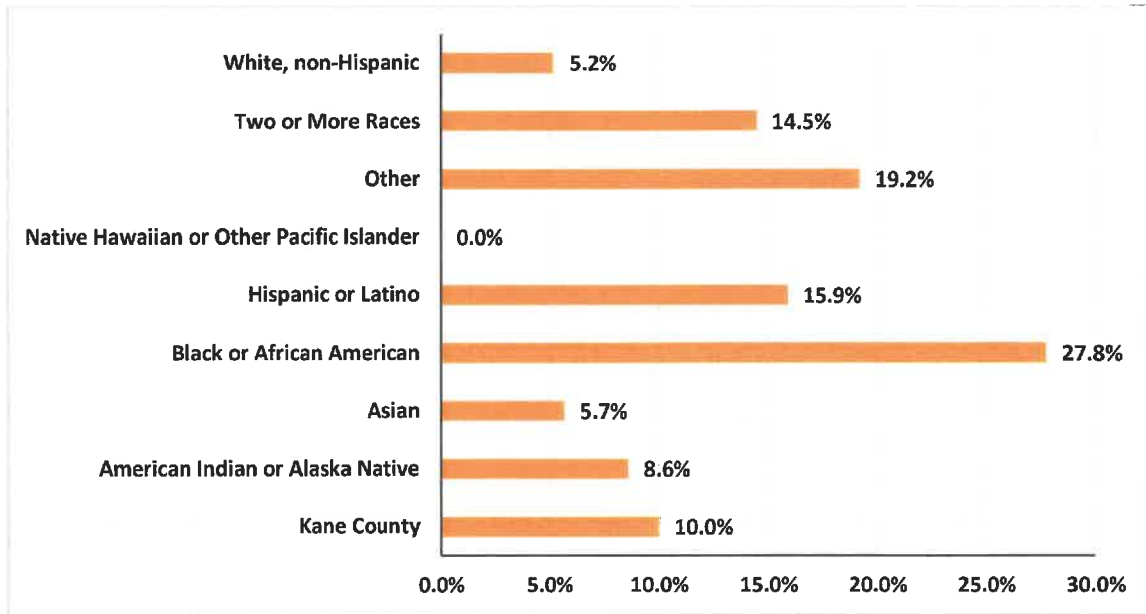


Figure 22 shows the percentage of the population in Kane County by race/ethnicity who are living below the poverty level. The largest racial/ethnic group in Kane County who are living below the poverty level are those identifying as Black/African American at 27.8% followed by those identifying as “Other” 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%.

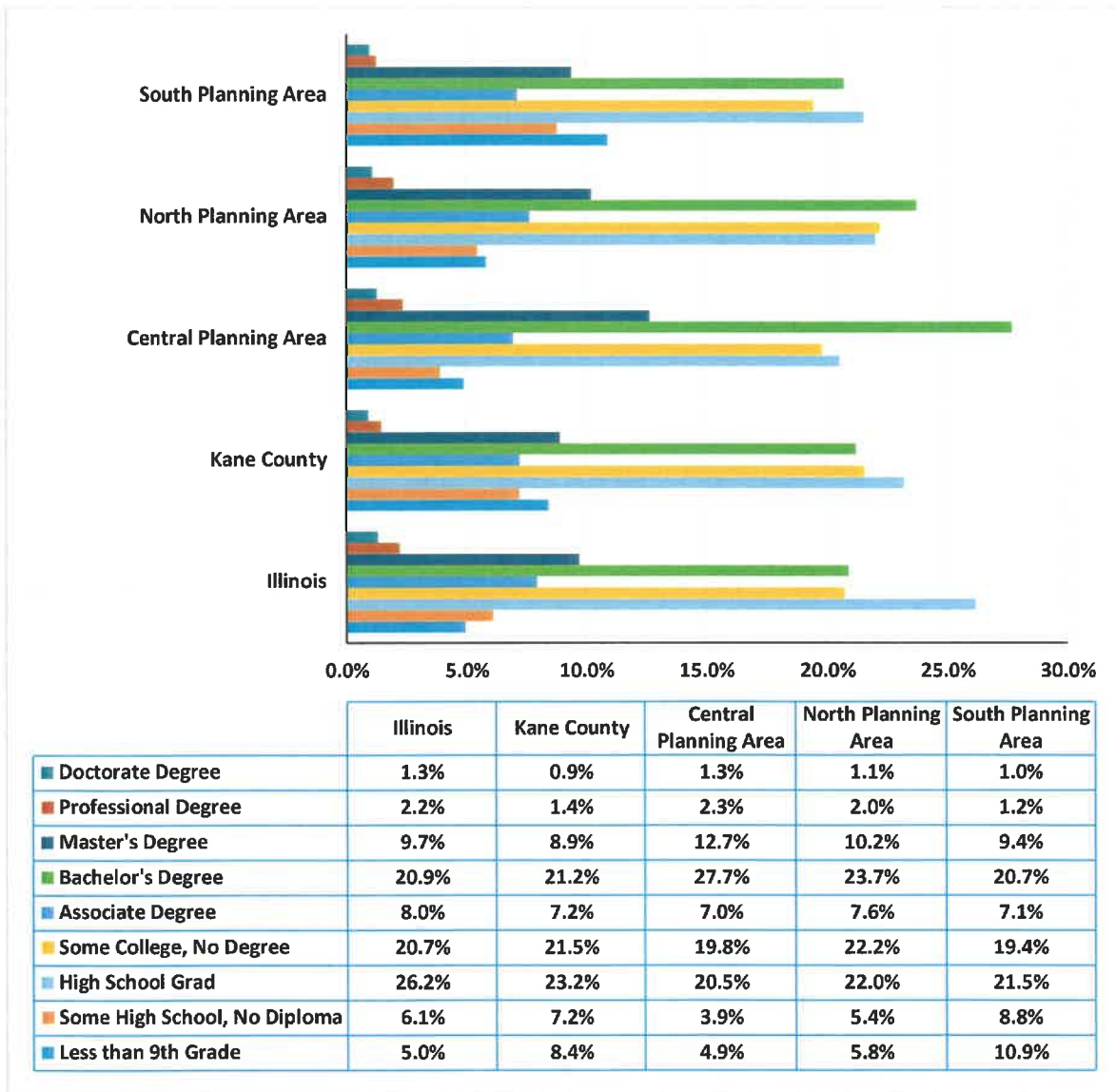
FIGURE 22. PEOPLE LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY



## 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 opens career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs. Figure 23 shows that Kane County has a lower percentage of people 25 years or older with bachelor's degrees or higher (32.4%) as compared to Illinois (34.1%). In comparison to all three Health Planning Areas, the South Planning Area has the lowest percentage of population with bachelor's degree or higher (32.3%). The Central Planning Area has the largest percentage of its population with a bachelor's degree or higher (44.0%) followed by the North Planning Area (37.0%)

FIGURE 23: POPULATION 25 AND OLDER BY EDUCATIONAL ATTAINMENT



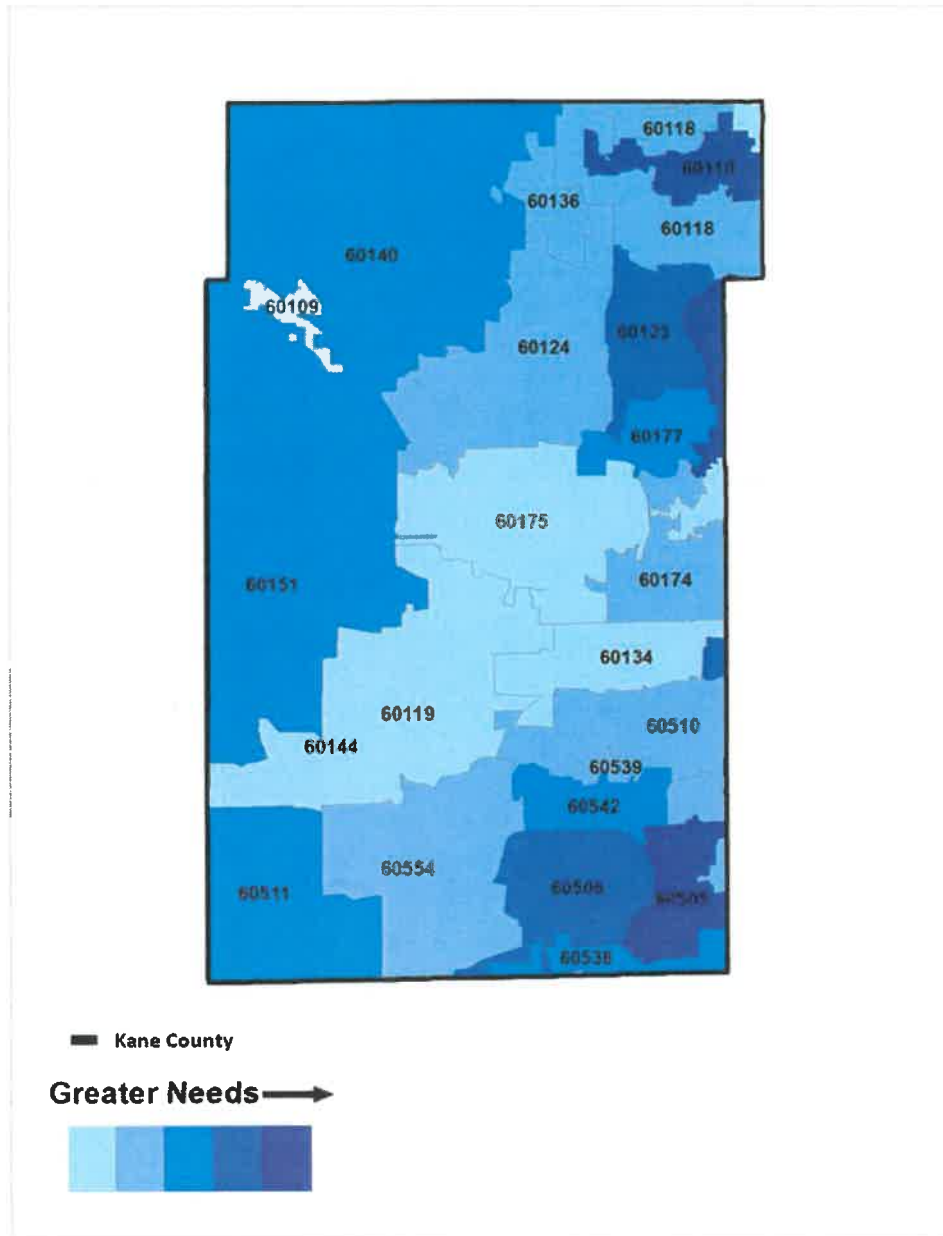
### SocioNeeds Index

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 24. The following zip codes had the highest level of socioeconomic need

(as indicated by the darkest shade of blue): 60505 (South Planning Area), 60120 (North Planning Area), and 60110 (North Planning Area). Understanding where there are communities with high socioeconomic need and associated poor health outcomes is critical to targeting prevention and outreach activities.

FIGURE 24: 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 7 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 7: 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 25 below graphically illustrates the final 13 significant health needs, listed in alphabetical order.

**FIGURE 25: HEALTH TOPIC AND DATA COLLECTION**



# Prioritized Significant Health Needs

The following section provides detailed descriptions of the prioritized health needs, including the health issues and description of populations groups with greater needs and factors that contribute those needs. The four prioritized 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

Based on 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 7 and 8 below.

TABLE 7: 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 8: 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



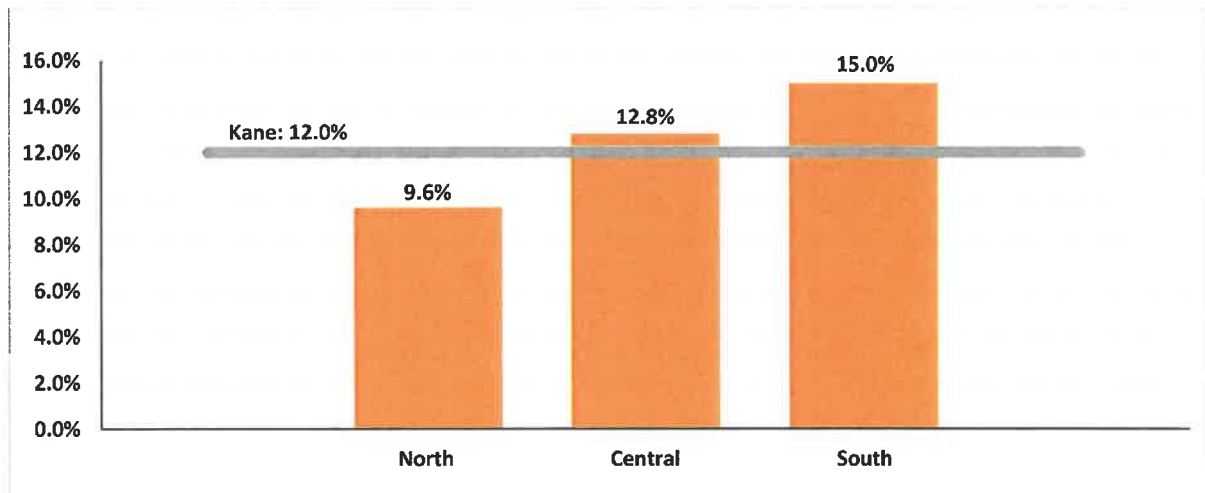
also higher than most other counties in Illinois. Additionally, Kane County has higher liquor store density than most Illinois and U.S. Counties.

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



(N<sub>Kane</sub>=1,515, N<sub>North</sub>=500, N<sub>Central</sub>=415, N<sub>South</sub>=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 9 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/Latino 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 9. KANE COUNTY COMMUNITY SURVEY RESPONDENT GROUPS WITH SIGNIFICANT RACE/ETHNICITY, AGE OR GENDER DISPARITIES FOR ACCESSING MENTAL HEALTH SERVICES**

<b>Racial Groups</b>	American Indian/Alaskan Native (AIAN), Black/African American, Native Hawaiian/Pacific Islander (NHPI), Multi-racial, Hispanic/Latino
<b>Age Groups</b>	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

Based on 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 10 below.

TABLE 10. 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.

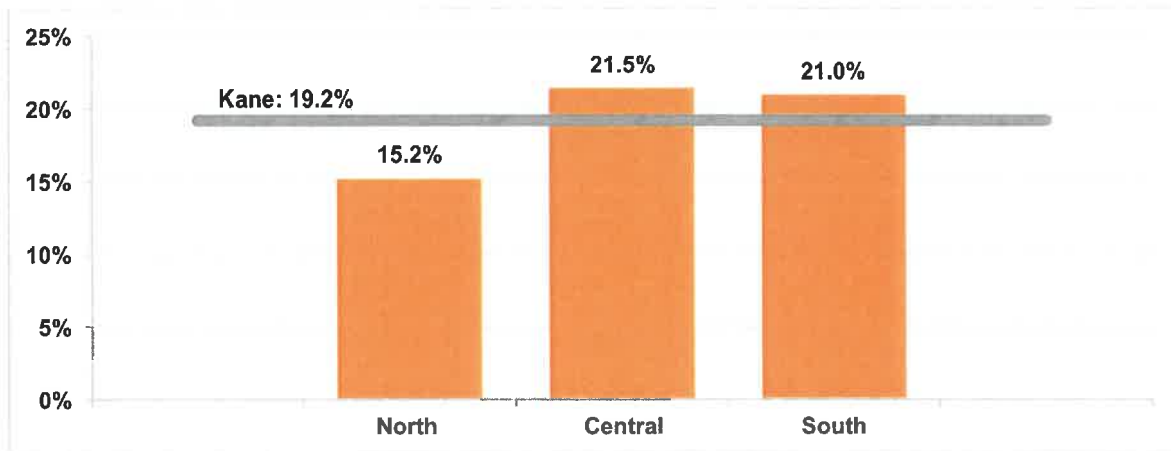
### Primary Data

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 27 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 27: COMMUNITY SURVEY RESPONDENTS REPORTING INABILITY TO ACCESS HEALTH SERVICES IN THE LAST 12 MONTHS**



(N<sub>Kane</sub>=1515, N<sub>North</sub>=500, N<sub>Central</sub>=415, N<sub>South</sub>=601)

Table 11 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/Latino 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.

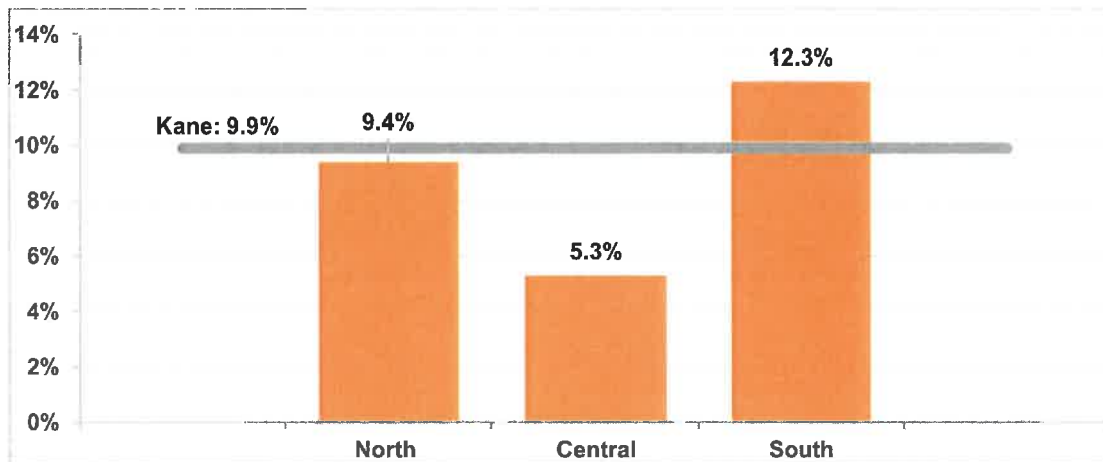
**TABLE 11. KANE COUNTY COMMUNITY SURVEY RESPONDENT GROUPS WITH SIGNIFICANT RACE/ETHNICITY, AGE OR GENDER DISPARITIES FOR ACCESSING HEALTH SERVICES**

<b>Racial Groups</b>	American Indian/Alaska Native, Black/African American, Hispanic/Latino
<b>Age Groups</b>	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 28 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 28: COMMUNITY SURVEY RESPONDENTS SELF REPORTED HEALTH INSURANCE COVERAGE: NO COVERAGE OR UNSURE IF INSURED**

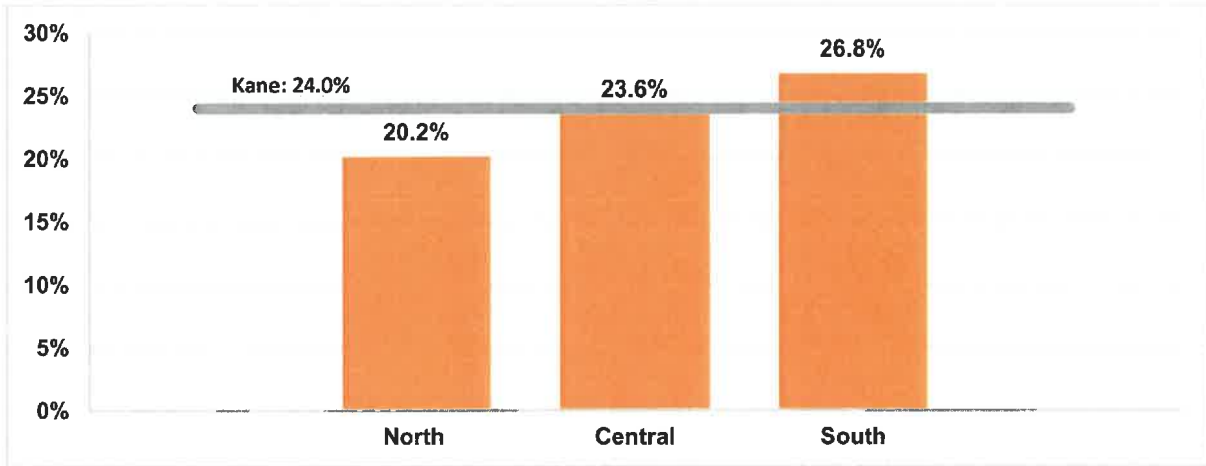


(N<sub>Kane</sub>=1515, N<sub>North</sub>=500, N<sub>Central</sub>=415, N<sub>South</sub>=601)

**Barriers and Disparities: Access to Care in the Emergency Room**

Figure 29 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 29: COMMUNITY SURVEY RESPONDENTS SELF REPORTED EMERGENCY ROOM UTILIZATION: HAVE ACCESSED THE ER IN THE PAST 12 MONTHS**



(N<sub>Kane</sub>=1515, N<sub>North</sub>=500, N<sub>Central</sub>=415, N<sub>South</sub>=601)

Table 12 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 12. KANE COUNTY COMMUNITY SURVEY RESPONDENT GROUPS WITH SIGNIFICANT RACE/ETHNICITY, AGE OR GENDER DISPARITIES FOR ACCESSING CARE IN THE ER**

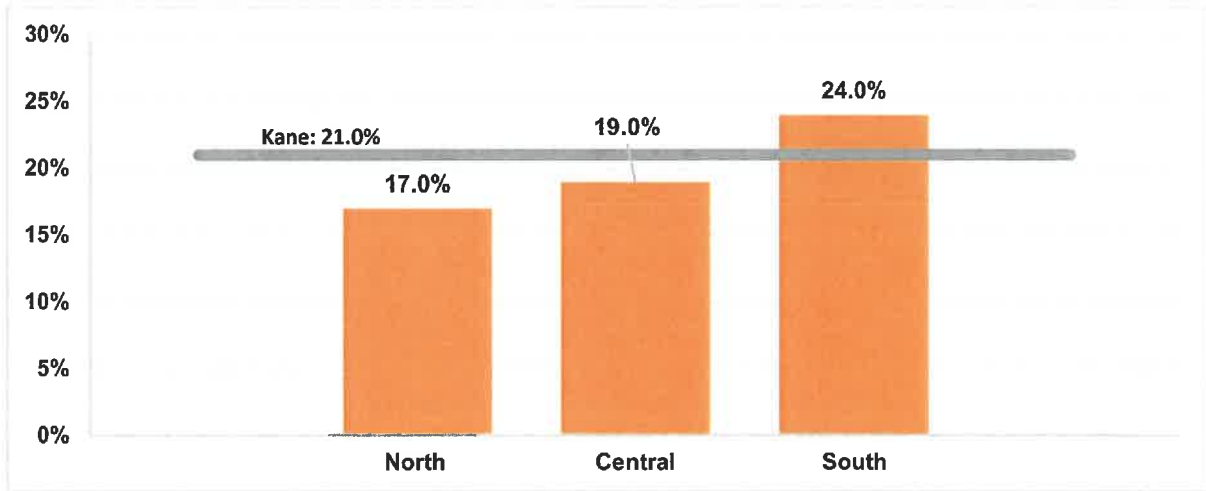
Racial Groups	American Indian/Alaska Native, Black/African American, Multi-racial
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\*Groups are presented in the order of decreasing disparity, with the group experiencing greater disparity listed first.

**Barriers and Disparities: Access to Dental Health Services**

Figure 30 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 30: COMMUNITY SURVEY RESPONDENTS REPORTING INABILITY TO ACCESS DENTAL HEALTH SERVICES IN THE LAST 12 MONTHS**



(N<sub>Kane</sub>=1515, N<sub>North</sub>=500, N<sub>Central</sub>=415, N<sub>South</sub>=601)

Table 13 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/Latino reported not being able to access dental care when needed.

**TABLE 13. KANE COUNTY COMMUNITY SURVEY RESPONDENT GROUPS WITH SIGNIFICANT RACE/ETHNICITY, AGE OR GENDER DISPARITIES FOR ACCESSING DENTAL HEALTH SERVICES**

<b>Racial Groups</b>	American Indian/Alaskan Native, Black/African American, Multi-racial, Another Race, Hispanic/Latino
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\*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

Based on 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 14.

TABLE 14. 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

## Prioritized 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

Based on 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 15.

TABLE 15. 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					

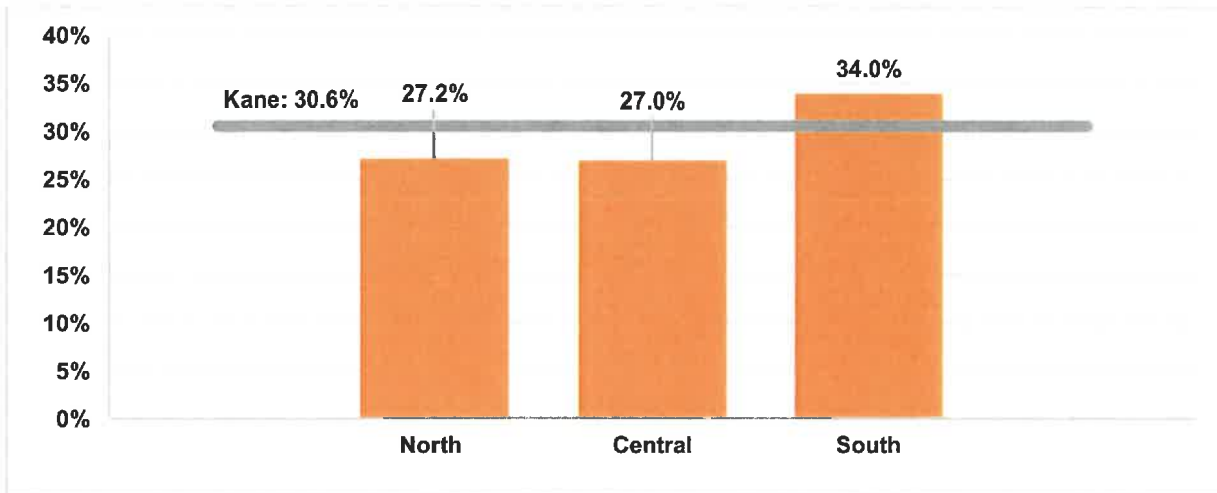
Access to grocery stores and healthy foods are important for decreasing risk of chronic diseases, such as obesity and heart disease, and also help improve mental health. Although the overall topic score for exercise, nutrition, and weight was low for Kane County, Kane County falls behind in some important 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 31 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.

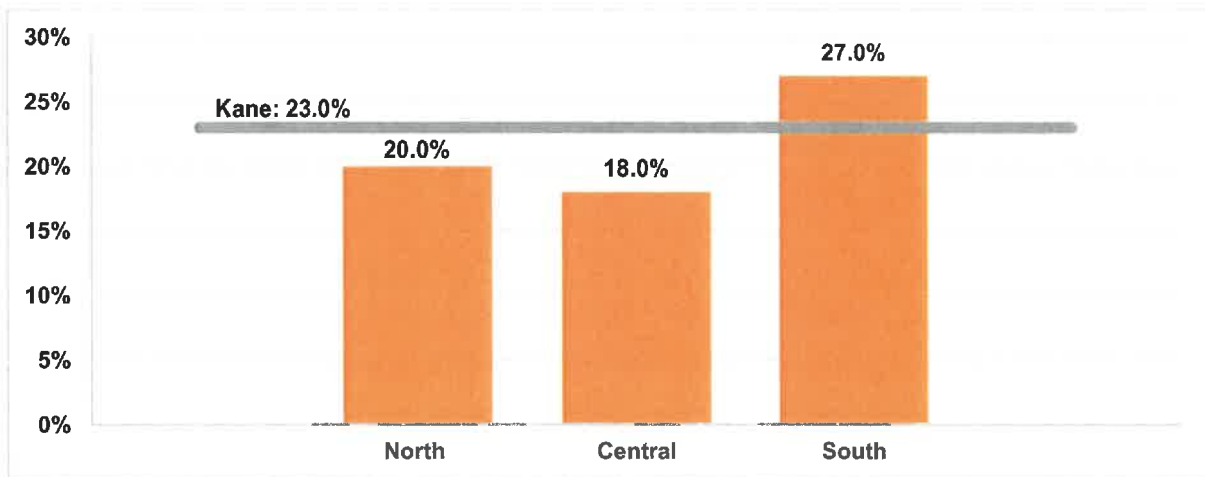
**FIGURE 31: COMMUNITY SURVEY RESPONDENTS REPORTING HAVING WORRIED ABOUT WHETHER THEIR FOOD WOULD RUN OUT BEFORE THEY GOT MONEY TO BUY MORE SOMETIME DURING THE LAST 12 MONTHS**



(N<sub>Kane</sub>=1515, N<sub>North</sub>=500, N<sub>Central</sub>=415, N<sub>South</sub>=601)

Figure 32 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 32: 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**

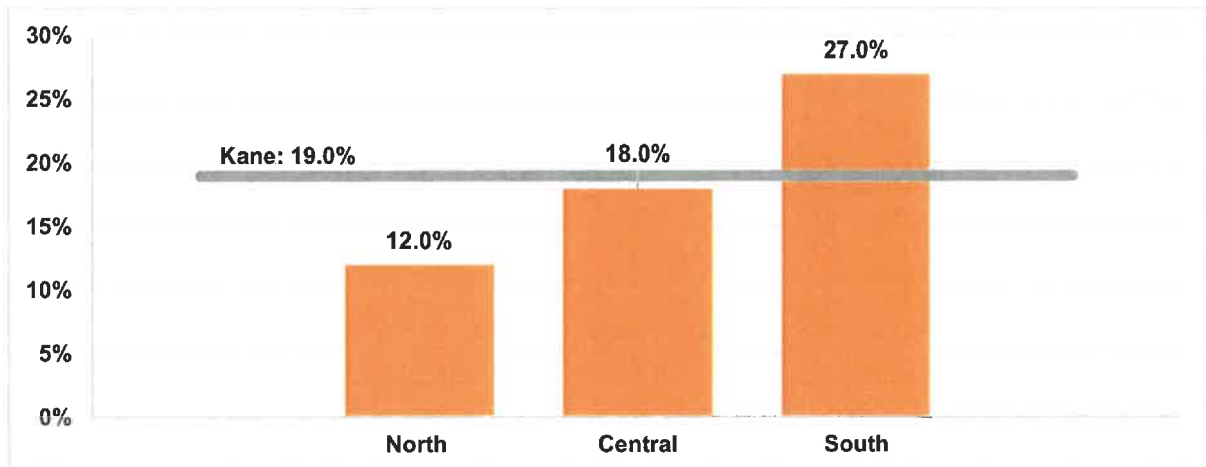


(N<sub>Kane</sub>=1515, N<sub>North</sub>=500, N<sub>Central</sub>=415, N<sub>South</sub>=601)

Figure 33 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 33: 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**

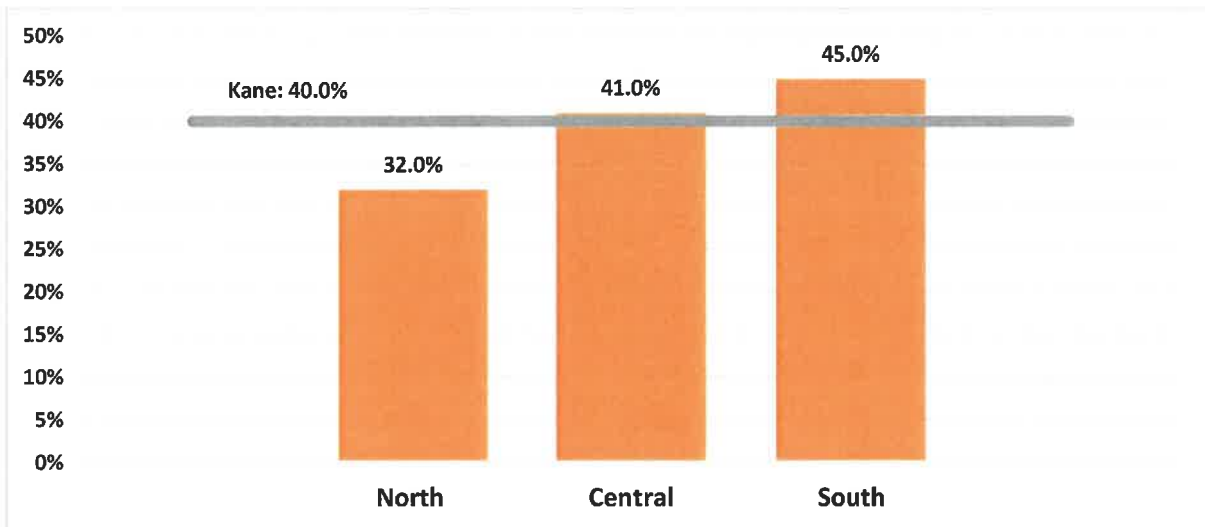


(N<sub>Kane</sub>=1515, N<sub>North</sub>=500, N<sub>Central</sub>=415, N<sub>South</sub>=601)

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 34, 35, and 36 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 34 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 32.0%.

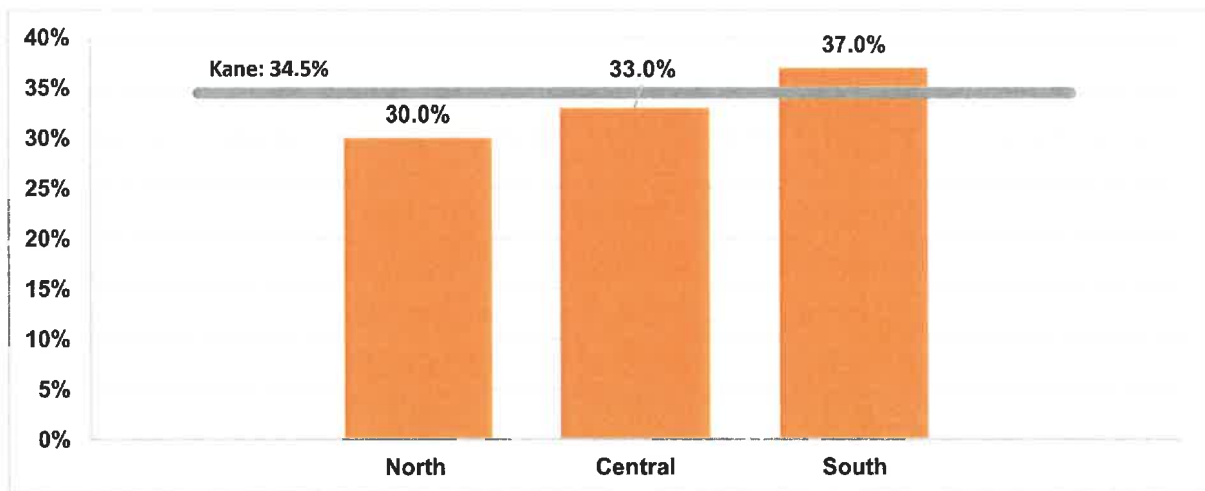
**FIGURE 34: COMMUNITY SURVEY RESPONDENTS WITH CHILDREN IN THEIR HOME WHO REPORTED HAVING WORRIED ABOUT WHETHER THEIR FOOD WOULD RUN OUT BEFORE THEY GOT MONEY TO BUY MORE SOMETIME DURING THE LAST 12 MONTHS**



N<sub>Kane</sub>=677, N<sub>North</sub>=210, N<sub>Central</sub>=181, N<sub>South</sub>=293

Figure 35 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.

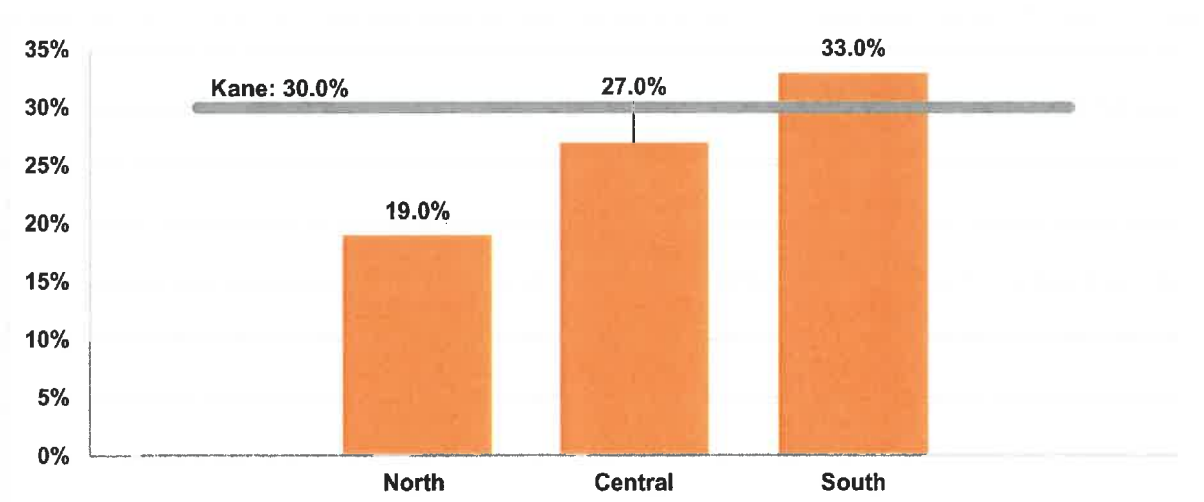
**FIGURE 35: COMMUNITY SURVEY RESPONDENTS WITH CHILDREN IN THEIR HOME WHO REPORTED THAT THERE WAS A TIME DURING THE PAST 12 MONTHS WHEN THE FOOD THEY BOUGHT DID NOT LAST AND THEY DID NOT HAVE MONEY TO GET MORE**



N<sub>Kane</sub>=677, N<sub>North</sub>=210, N<sub>Central</sub>=181, N<sub>South</sub>=293

Figure 36 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 36: 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 Diseases

### 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 16 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 16. 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/Latino 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.

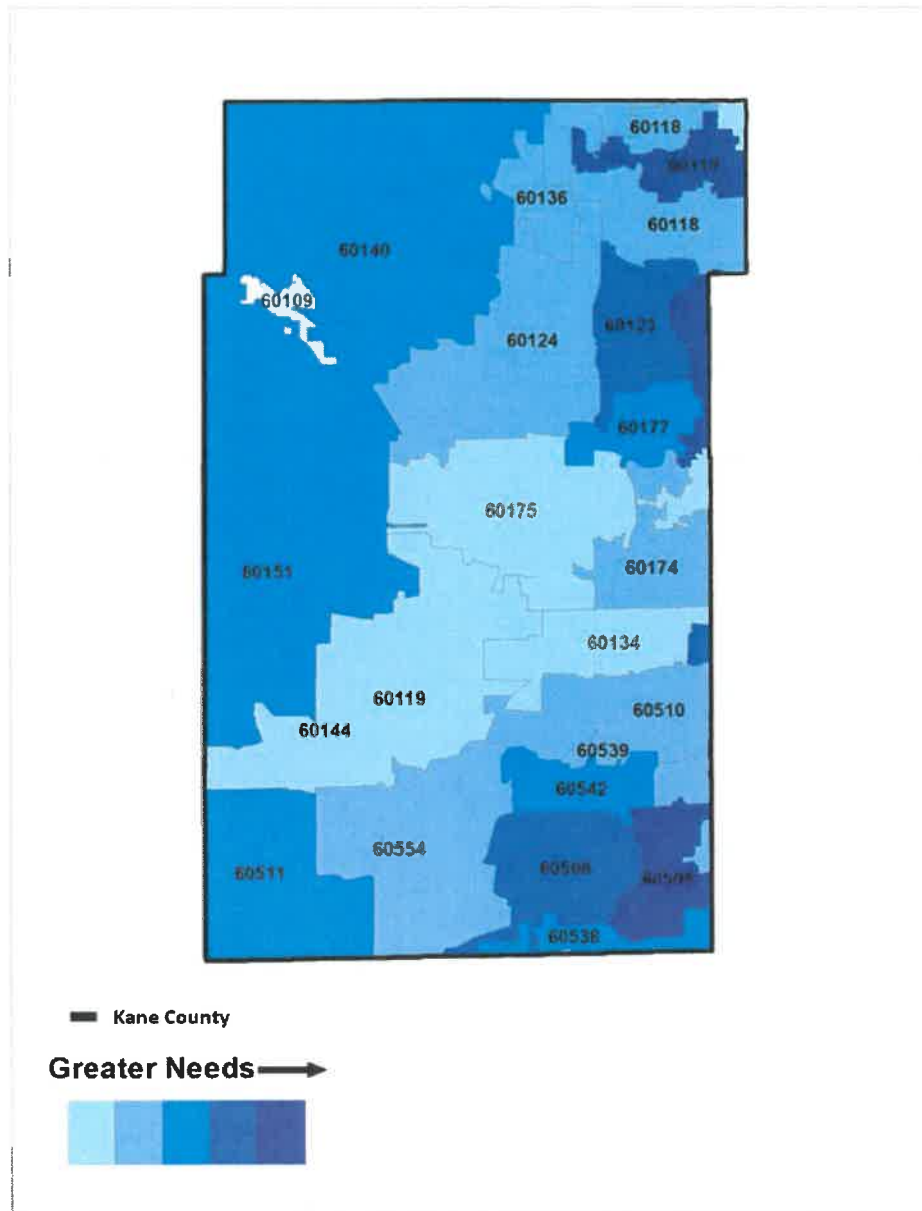
Focus group participants mentioned the health system navigation and health education access for minority racial or ethnic groups being a barrier to equitable care. They also specifically spoke to the lack of focus on men’s health topics within the African American community. Additionally, older adults 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 37 below. 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 37: 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 Province 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 compared 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 38 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 38: KANE COUNTY, ILLINOIS UNEMPLOYMENT RATE



## 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

<sup>77</sup> 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.



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 the four MAPP assessments, which together provided a comprehensive picture of health in Kane County. This report helps KCHD meet requirements of certified local health departments in the state of Illinois to complete a community health needs assessment every five years (77 IL Admin Code 600.210) and is part of the essential services of local public health departments based on standards by the Public Health Accreditation Board.

This CHA was completed through a collaborative effort that integrated the Community Health Needs Assessment (CHNA) process of the five hospitals in Kane County and the local mental health board. As a part of the Kane Health Counts Collaborative, the Kane County Health Department partnered with Conduent Healthy Communities Institute (HCI) to conduct this 2021 CHA.

This process was used to determine the 13 significant health needs in Kane County. 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 Kane County Health Department Community Health Improvement Plan (CHIP), which will outline strategies to address identified priorities and improve the health of the community.

# Appendices Summary

The following support documents are shared separately on the Kane County Health Department <https://www.kanehealth.com/> and Kane Health Counts Websites <http://www.kanehealthcounts.org/>

## A. Community Health Status Assessment (Methodology and Data Scoring Tables)

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

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. Forces of Change Assessment Report

Implementing a Forces of Change Assessment was a key component of the MAPP process that contributed to the overall collaborative CHA/CHNA process. A summary report of key findings from this FOCA assessments is included in this appendix.

## D. Local Public Health System Assessment Report

Implementing a Local Public Health System Assessment was a key component of the MAPP process that contributed to the overall collaborative CHA/CHNA process. A summary report of key findings from this LPHSA assessments is included in this appendix.

## E. Community Resources

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

## F. 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.

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
<b>ADMINISTRATOR NAME:</b>	Polly Davenport	White	72.2%	Hispanic or Latino:	0.0%
<b>ADMINISTRATOR PHONE:</b>		Black	8.0%	Not Hispanic or Latino:	82.2%
<b>OWNERSHIP:</b>	Presence Central and Suburban Hospitals Network	American Indian	0.1%	Unknown:	17.8%
<b>OPERATOR:</b>	Presence Central and Suburban Hospitals Network	Asian	1.8%	License Number:	4887
<b>MANAGEMENT:</b>	Not for Profit Church	Hawaiian/ Pacific	0.1%	Site Number:	4887
<b>CERTIFICATION:</b>		Unknown	17.8%	HPA:	A-11
<b>FACILITY DESIGNATION:</b>	General Hospital			HSA:	8
<b>ADDRESS</b>	77 North Airlite Street	<b>CITY:</b> Elgin	<b>COUNTY:</b> Kane County		

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	<u>Authorized CON Beds 12/31/2019</u>	<u>Peak Beds Setup and Staffed</u>	<u>Peak Census</u>	<u>Admissions</u>	<u>Inpatient Days</u>	<u>Observation Days</u>	<u>Average Length of Stay</u>	<u>Average Daily Census</u>	<u>CON Occupancy Rate %</u>	<u>Staffed Bed Occupancy Rate %</u>
<b>Medical/Surgical</b>	99	99	68	4,048	16,663	1,965	4.6	51.0	51.6	51.6
0-14 Years				0	0					
15-44 Years				460	1,711					
45-64 Years				1,209	4,839					
65-74 Years				1,054	4,167					
75 Years +				1,325	5,946					
<b>Pediatric</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Intensive Care</b>	15	15	11	867	2,220	3	2.6	6.1	40.6	40.6
Direct Admission				698	1,709					
Transfers				169	511					
<b>Obstetric/Gynecology</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
<b>Neonatal</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long Term Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Swing Beds</b>			0	0	0		0.0	0.0		
<b>Total AMI</b>	30			943	6,565	0	7.0	18.0	60.0	
Adolescent AMI		6	3	160	1,093	0	6.8	3.0		49.9
Adult AMI		24	24	783	5,472	0	7.0	15.0		62.5
<b>Rehabilitation</b>	40	40	37	778	8,821	0	11.3	24.2	60.4	60.4
<b>Long-Term Acute Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
<b>Facility Utilization</b>	<b>184</b>			<b>6,467</b>	<b>34,269</b>	<b>1,968</b>	<b>5.6</b>	<b>99.3</b>	<b>54.0</b>	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payer Source</u>							
	<u>Medicare</u>	<u>Medicaid</u>	<u>Other Public</u>	<u>Private Insurance</u>	<u>Private Pay</u>	<u>Charity Care</u>	<u>Totals</u>
<b>Inpatients</b>	55.2%	18.4%	0.0%	20.6%	2.3%	3.6%	
	3568	1191	0	1330	148	230	6,467
<b>Outpatients</b>	38.9%	21.1%	0.0%	30.5%	6.0%	3.4%	
	26767	14481	0	20987	4151	2339	68,725

<u>Inpatient and Outpatient Net Revenue by Payer Source</u>								<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u>
<u>Financial Year Reported:</u>	<u>Medicare</u>	<u>Medicaid</u>	<u>Other Public</u>	<u>Private Insurance</u>	<u>Private Pay</u>	<u>Totals</u>			
<b>Inpatient Revenue (\$)</b>	60.1%	20.2%	0.0%	33.9%	-14.2%	100.0%		3,387,455	
	44,620,012	14,975,192	0	25,160,315	-10,520,506	74,235,013	1,686,532		
<b>Outpatient Revenue (\$)</b>	35.3%	23.3%	0.0%	48.5%	-7.2%	100.0%			
	21,755,731	14,362,873	0	29,855,771	-4,415,561	61,558,814	1,700,923	2.5%	

<u>Birthing Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>		
Number of Total Births:	0		Level I	Level II	Level II+	Kidney:		0
Number of Live Births:	0	Beds	0	0	0	Heart:		0
Birthing Rooms:	0	Patient Days	0	0	0	Lung:		0
Labor Rooms:	0	Total Newborn Patient Days			0	Heart/Lung:		0
Delivery Rooms:	0					Pancreas:		0
Labor-Delivery-Recovery Rooms:	0					Liver:		0
Labor-Delivery-Recovery-Postpartum Rooms:	0					Total:		0
C-Section Rooms:	0							
CSections Performed:	0							

**Laboratory Studies**

Inpatient Studies	197,004
Outpatient Studies	124,033
Studies Performed Under Contract	10

\$ 135,293,927

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Sheri De Shazo	White	86.7%	Hispanic or Latino:	20.8%
ADMINISTRATOR PHONE:	224-783-8002	Black	6.5%	Not Hispanic or Latino:	78.7%
OWNERSHIP:	Advocate Sherman Hospital	American Indian	0.1%	Unknown:	0.5%
OPERATOR:	Advocate Sherman Hospital	Asian	3.2%	License Number:	5884
MANAGEMENT:	Not for Profit Church	Hawaiian/ Pacific	0.3%	Site Number:	5884
CERTIFICATION:		Unknown	3.2%	HPA:	A-11
FACILITY DESIGNATION:	General Hospital			HSA:	8
ADDRESS	1425 N Randall Road	CITY:	Elgin	COUNTY:	Kane County

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2019	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
<b>Medical/Surgical</b>	189	189	174	9,828	39,767	5,954	4.7	125.3	66.3	66.3
0-14 Years				0	0					
15-44 Years				1,369	4,800					
45-64 Years				2,920	11,262					
65-74 Years				2,252	9,331					
75 Years +				3,287	14,374					
<b>Pediatric</b>	8	8	6	153	289	343	4.1	1.7	21.6	21.6
<b>Intensive Care</b>	30	30	28	1,906	5,409	14	2.8	14.9	49.5	49.5
Direct Admission				1,402	3,648					
Transfers				504	1,761					
<b>Obstetric/Gynecology</b>	28	28	26	2,344	5,392	110	2.3	15.1	53.8	53.8
Maternity				2,344	5,392					
Clean Gynecology				0	0					
<b>Neonatal</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long Term Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Swing Beds</b>			0	0	0		0.0	0.0		
<b>Total AMI</b>	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
<b>Rehabilitation</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long-Term Acute Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
<b>Facility Utilization</b>	<b>255</b>			<b>13,727</b>	<b>50,857</b>	<b>6,421</b>	<b>4.2</b>	<b>156.9</b>	<b>61.5</b>	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
<b>Inpatients</b>	48.6%	16.1%	0.0%	31.5%	0.0%	3.8%	
	6675	2215	0	4320	0	517	13,727
<b>Outpatients</b>	32.7%	16.3%	0.0%	47.8%	1.5%	1.7%	
	99267	49461	0	145126	4633	5064	303,551

Financial Year Reported:	1/1/2019 to	12/31/2019	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
<b>Inpatient Revenue (\$)</b>	52.2%	8.1%	0.0%	39.5%	0.2%	100.0%		9,881,000	
	75,802,092	11,797,772	0	57,292,723	292,812	145,185,399	4,909,000		
<b>Outpatient Revenue (\$)</b>	31.8%	6.1%	0.0%	61.8%	0.3%	100.0%		Total Charity Care as % of Net Revenue	
	48,475,394	9,370,784	0	94,329,494	445,292	152,620,964	4,972,000	3.3%	

Birthing Data

Number of Total Births:	124,377,486	2,295
Number of Live Births:		2,261
Birthing Rooms:	0	
Labor Rooms:	0	
Delivery Rooms:	0	
Labor-Delivery-Recovery Rooms:	10	
Labor-Delivery-Recovery-Postpartum Rooms:	0	
C-Section Rooms:	2	
CSections Performed:	618	

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	28	28	16
Patient Days	3,713	489	1,760
Total Newborn Patient Days			5,962

Laboratory Studies

Inpatient Studies	327,041
Outpatient Studies	529,061
Studies Performed Under Contract	0

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

151,622,217  
50.9

<b>Reference Numbers</b>	Facility Id	7002835	Number of Operating Rooms	4
Health Service Area	001	Planning Service Area	201	Procedure Rooms
Rockford Orthopedic Surgery Center d/b/a OrthoIII			Exam Rooms	
346 Roxbury Road			Number of Recovery Stations Stage 1	3
Rockford, IL 61107			Number of Recovery Stations Stage 2	3

<b>Administrator</b>	<b>Date Complete</b>
Donald Schreiner	
<b>Contact Person</b>	<b>Telephone</b>
Stacey Halverson	815-381-7331
<b>Registered Agent</b>	
Jan H. Ohlander	
<b>Property Owner</b>	

**Type of Ownership**  
 Limited Liability Company (RA required)

**HOSPITAL TRANSFER RELATIONSHIPS**

HOSPITAL NAME	NUMBER OF PATIENTS
OSF Saint Francis, Inc., Rockford	13

**Legal Owner(s)**

**STAFFING PATTERNS**

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	
Physicians	
Nurse Anesthetists	
Director of Nurses	
Registered Nurses	22.85
Certified Aides	15.49
Other Health Profs.	
Other Non-Health Profs	5.85
<b>TOTAL</b>	

**NUMBER OF PATIENTS BY AGE GROUP**

AGE	MALE	FEMALE	TOTAL
0-14 years	70	53	123
15-44 years	489	640	1,129
45-64 years	1,167	962	2,129
65-74 years	408	293	701
75+ years	166	121	287
<b>TOTAL</b>	<b>2,300</b>	<b>2,069</b>	<b>4,369</b>

**NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE**

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	27	59	86
Medicare	402	630	1,032
Other Public Insurance	0	0	0
Private Pay	1,639	1,603	3,242
Charity Care	1	8	9
Charity Care	0	0	0
<b>TOTAL</b>	<b>2,069</b>	<b>2,300</b>	<b>4,369</b>

**NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
11.8%	0.4%	0.0%	81.1%	6.7%	100.0%		
2,353,641	84,922	0	16,179,799	1,334,860	19,953,222	0	0%



**% BIK Util**

63%  
75%  
54%  
47%  
68%  
68%  
69%  
63%  

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65%

**% BIK Util**

43%  
75%  
90%  
47%  
47%  
14%  
72%  
52%  

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58%

**% Bilik Util**

49%
49%
73%
19%
88%
26%
0%
42%
47%

**% Bilik Util**

75%
49%
91%
72%
89%
18%
0%
64%
60%

**% Bilik Util**

33%
73%

84%  
56%  
86%  
23%  
66%  
45%  
60%

**% Bilik Util**

53%  
63%  
78%  
49%  
76%  
29%  
41%  
53%  
58%

OrthoIllinois Monthly Block Time

Report Month: January 2021

Block Holder	Block Day	% Blk Util	Avail Min	In Blk Min	Out Blk Min	Rel Min	Unused Min	In Blk Cases	Total Avail Min	% Blk Util
Bohrnkamp, Frank C, MD	Wednesday	75%	3480	2605	0	0	334	4	900	63%
Zigmond, Jr., Roberto, MD	Monday	54%	1320	709	602	0	611	9	1320	54%
Kozaglio, Jeffrey A, MD	Friday	62%	1320	818	386	0	699	11	1320	47%
Mox, Scott W, MD	Thursday	68%	1020	662	468	0	468	8	1020	68%
Mox, Scott W, MD	Monday	69%	540	373	254	0	157	4	540	72%
Palmer, Shawn W, DO	Monday	63%	2880	1813	324	0	1067	16	2880	65%
Stanley, Tom D, MD	Monday	65%	12720	8224	2516	0	4486	86	12720	65%
Totals: 65%										

Report Month: February 2021

Block Holder	Block Day	% Blk Util	Avail Min	In Blk Min	Out Blk Min	Rel Min	Unused Min	In Blk Cases	Total Avail Min	% Blk Util
Bohrnkamp, Frank C, MD	Wednesday	43%	3480	1500	0	0	514	2	900	43%
Kozaglio, Jeffrey A, MD	Monday	50%	3480	2600	12	0	880	21	3480	75%
Mox, Scott W, MD	Friday	47%	1320	613	708	0	705	10	1320	47%
Mox, Scott W, MD	Thursday	39%	990	583	358	270	402	7	1360	47%
Mox, Scott W, MD	Monday	72%	540	388	152	0	157	1	540	72%
Palmer, Shawn W, DO	Monday	52%	2880	1599	178	0	1271	11	2880	52%
Stanley, Tom D, MD	Monday	61%	12220	7420	2124	510	4930	74	12720	58%
Totals: 61%										

Report Month: March 2021

Block Holder	Block Day	% Blk Util	Avail Min	In Blk Min	Out Blk Min	Rel Min	Unused Min	In Blk Cases	Total Avail Min	% Blk Util
Bohrnkamp, Frank C, MD	Wednesday	49%	3480	1700	0	0	456	3	900	49%
Zigmond, Jr., Roberto, MD	Monday	61%	3480	2126	706	0	870	17	3480	61%
Kozaglio, Jeffrey A, MD	Friday	73%	1650	1204	706	0	446	18	1650	73%
Mox, Scott W, MD	Thursday	88%	1530	1316	119	330	1274	5	1880	88%
Mox, Scott W, MD	Monday	44%	515	270	142	405	345	0	515	44%
Palmer, Shawn W, DO	Monday	0%	0	0	0	0	0	0	540	0%
Stanley, Tom D, MD	Monday	63%	13920	12085	43	960	715	9	2880	42%
Totals: 59%										

Report Month: April 2021

Block Holder	Block Day	% Blk Util	Avail Min	In Blk Min	Out Blk Min	Rel Min	Unused Min	In Blk Cases	Total Avail Min	% Blk Util
Bohrnkamp, Frank C, MD	Wednesday	72%	3480	2528	148	0	222	5	900	75%
Zigmond, Jr., Roberto, MD	Monday	91%	1320	1200	0	0	1780	14	1320	69%
Kozaglio, Jeffrey A, MD	Friday	72%	1310	959	834	0	117	17	1310	72%
Mox, Scott W, MD	Thursday	89%	1260	1126	733	0	134	24	1260	89%
Mox, Scott W, MD	Monday	51%	446	228	0	844	218	0	446	49%
Palmer, Shawn W, DO	Monday	0%	0	0	0	540	0	0	540	0%
Stanley, Tom D, MD	Monday	64%	2,880	1,836	384	0	1044	16	2880	64%
Totals: 67%										

Report Month: May 2021

Block Holder	Block Day	% Blk Util	Avail Min	In Blk Min	Out Blk Min	Rel Min	Unused Min	In Blk Cases	Total Avail Min	% Blk Util
Bohrnkamp, Frank C, MD	Wednesday	55%	3480	1936	0	0	607	2	900	55%
Zigmond, Jr., Roberto, MD	Monday	73%	1320	968	388	0	957	21	1320	73%
Kozaglio, Jeffrey A, MD	Friday	56%	1,320	745	1,134	0	816	12	1320	48%
Mox, Scott W, MD	Thursday	86%	1260	1086	1020	0	174	14	1360	86%
Mox, Scott W, MD	Monday	23%	1020	237	127	0	783	4	1020	23%
Palmer, Shawn W, DO	Monday	66%	540	354	311	0	186	6	540	66%
Stanley, Tom D, MD	Monday	45%	2,880	1,390	10	1,371	10	6	2880	45%
Totals: 60%										

Order Date: January 10 Mar 2021

Block Holder	Block Day	% Blk Util	Avail Min	In Blk Min	Out Blk Min	Rel Min	Unused Min	In Blk Cases	Total Avail Min	% Blk Util
Bohrnkamp, Frank C, MD	Wednesday	53%	4500	2387	148	0	2133	16	4500	53%
Zigmond, Jr., Roberto, MD	Monday	78%	17280	13543	412	0	3306	17	18270	63%
Kozaglio, Jeffrey A, MD	Friday	51%	6930	3580	2237	330	4186	7	8520	42%
Mox, Scott W, MD	Tuesday	79%	6300	4998	3603	270	1302	5	6570	76%
Mox, Scott W, MD	Monday	41%	3881	1572	734	1489	2396	19	5370	28%
Palmer, Shawn W, DO	Monday	69%	1620	1116	821	1080	504	16	2700	41%
Stanley, Tom D, MD	Monday	57%	13440	7672	797	959	5768	62	14400	53%
Totals: 62%										