

Executive Report

2015 Community Health Needs Assessment

Cook, DuPage & Lake Counties, Illinois

Prepared for:

Metropolitan Chicago Healthcare Council (MCHC)

On Behalf of Participating Member Hospitals & Health Systems

By:

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Participating Hospitals & Health Systems

Amita Health

- **Alexian Brothers Health System**
 - Alexian Brothers Behavioral Health Hospital
 - Alexian Brothers Medical Center
 - Alexian Brothers Women & Children's Hospital
 - St. Alexius Medical Center
- **Adventist Midwest Health**
 - Adventist Bolingbrook Hospital
 - Adventist GlenOaks Hospital
 - Adventist Hinsdale Hospital
 - Adventist La Grange Memorial Hospital

Edward–Elmhurst Healthcare

- Edward Hospital & Health Services
- Elmhurst Memorial Hospital

Franciscan Alliance

- Franciscan St. James Health

Ingalls Health System

- Ingalls Memorial Hospital

Little Company of Mary Hospital and Health Care Centers

Loretto Hospital

Northwest Community Healthcare

- Northwest Community Hospital

Northwestern Medicine

- Central DuPage Hospital
- Lake Forest Hospital
- Northwestern Memorial Hospital

Palos Community Hospital

Rush System for Health

- Rush Oak Park Hospital
- Rush University Medical Center

Saint Anthony Hospital

St. Bernard Hospital and Health Care Center

Swedish Covenant Hospital

Thorek Memorial Hospital

The University of Chicago Medicine

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Introduction



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Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2009 and 2012, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Cook, DuPage, and Lake counties, Illinois. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Sponsorship

This study has been facilitated by the Metropolitan Chicago Healthcare Council (MCHC) on behalf of participating member hospitals and health systems. These hospitals and health systems include: **Amita Health (Alexian Brothers Health System** [Alexian Brothers Behavioral Health Hospital; Alexian Brothers Medical Center; Alexian Brothers Women & Children's Hospital; and St. Alexius Medical Center] and **Adventist Midwest Health** [Adventist Bolingbrook Hospital; Adventist GlenOaks Hospital; Adventist Hinsdale Hospital; and Adventist La Grange Memorial Hospital]); **Edward–Elmhurst Healthcare** (Edward Hospital & Health Services and Elmhurst Memorial Hospital); **Franciscan Alliance** (Franciscan St. James Health); **Ingalls Health System** (Ingalls Memorial Hospital); **Little Company of Mary Hospital and Health Care Centers**; **Loretto Hospital**; **Northwest Community Healthcare** (Northwest Community Hospital); **Northwestern Medicine** (Central DuPage Hospital; Lake Forest Hospital; and Northwestern Memorial Hospital); **Palos Community Hospital**; **Rush System for Health** (Rush Oak Park Hospital and Rush University Medical Center); **Saint Anthony Hospital**; **St. Bernard Hospital and Health Care Center**; **Swedish Covenant Hospital**; **Thorek Memorial Hospital**; and **The University of Chicago Medicine**.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

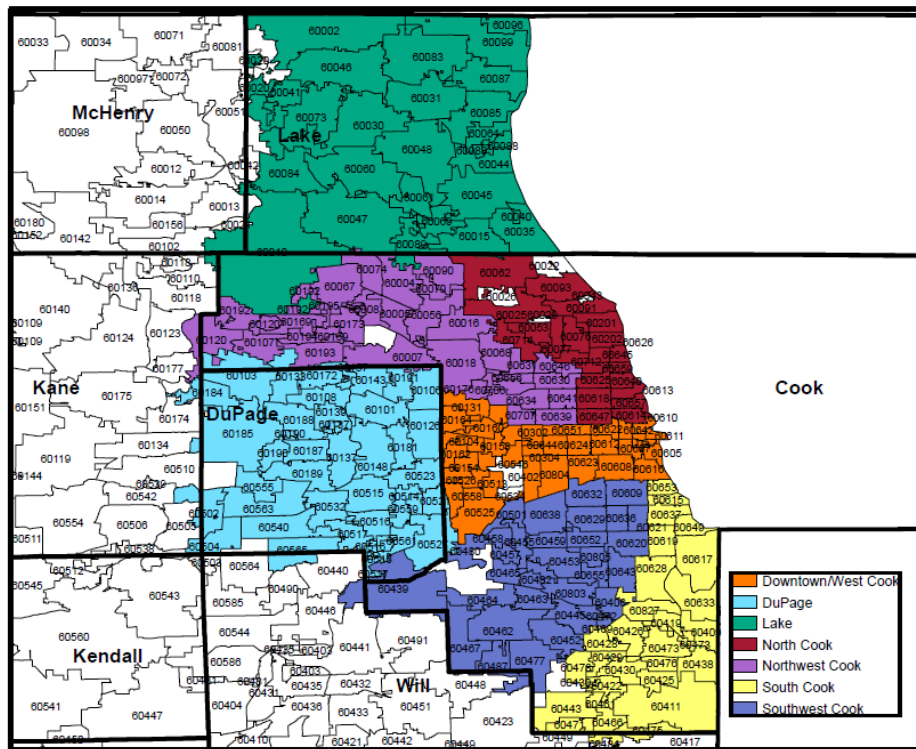
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the Metropolitan Chicago Healthcare Council and PRC, with input from participating member hospitals, and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the Metropolitan Chicago Healthcare County Region, or “MCHC Region” in this report) includes ZIP Codes included in the defined service areas of participating hospitals within the Illinois counties of Cook, Lake, and DuPage. Cook County is further segmented into five subdivisions, as described in the following map.



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC-MCHC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort was designed to provide meaningful results—not only for county-level and subcounty level geographies—but also for the various ZIP Code-configured service areas of the participating hospitals. To achieve this, the overall sample of 3,700 individuals age 18 and older in the MCHC Region was stratified at multiple levels to allow for the best distribution of surveys. Samples achieved at the county and sub-county levels are as follows:

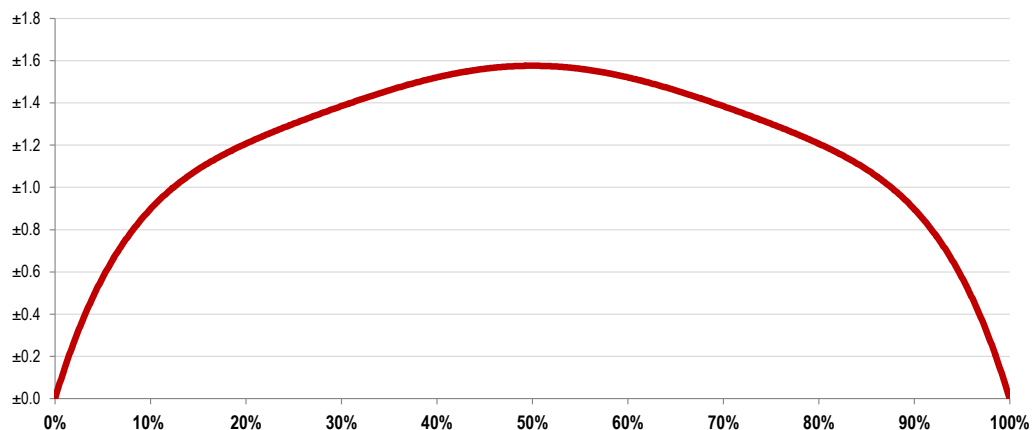
- 536 interviews in DuPage County
- 315 interviews in Lake County
- 2,849 interviews in Cook County, including:
 - 449 in North Cook
 - 360 in Northwest Cook
 - 945 interviews in Downtown/West Cook
 - 500 in Southwest Cook

– 595 in South Cook

Again, these sampling levels were determined so as to make the most efficient use of resources while yielding meaningful samples for the various geographies of interest. Interviews were administered among a random sample of households within each strata. Once the interviews were completed, these were weighted in proportion to the actual population distribution at the ZIP Code level so as to appropriately represent the MCHC Region as a whole, as well as to maintain representativeness for individual hospital service areas. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 3,700 respondents is $\pm 1.6\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 3,700 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 3,700 respondents answered a certain question with a "yes," it can be asserted that between 9.1% and 10.9% ($10\% \pm 0.9\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 48.4% and 51.6% ($50\% \pm 1.6\%$) of the total population would respond "yes" if asked this question.

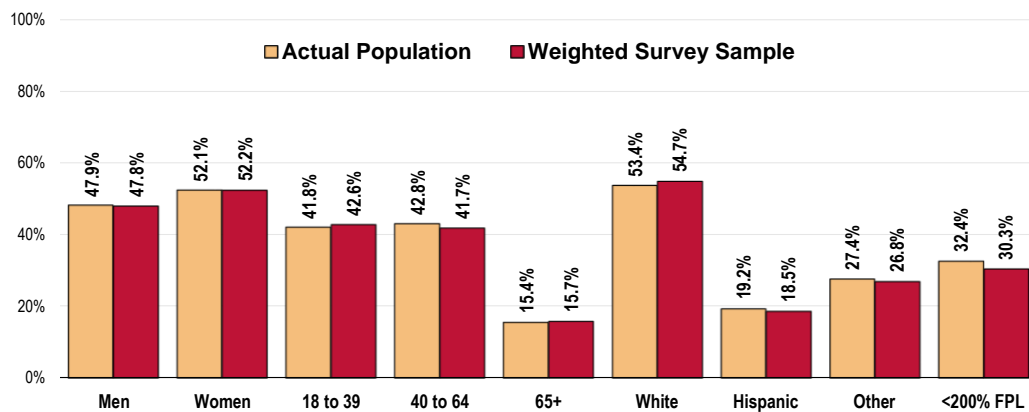
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely

gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the MCHC Region sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics (MCHC Region, 2015)



Sources: • Census 2010, Summary File 3 (SF 3). US Census Bureau.
• 2015 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2014 guidelines place the poverty threshold for a family of four at \$23,850 annual household income or lower). In sample segmentation: “**very low income**” refers to community members living in a household with defined poverty status; “**low income**” refers to households with incomes just above the poverty level, earning up to twice the poverty threshold; and “**mid/high income**” refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Metropolitan Chicago Healthcare Council; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 80 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Community/Business Leader	138	23
Other Health Provider	47	19
Physician	49	6
Public Health Expert	61	16
Social Service Representative	85	16

Final participation included representatives of the organizations outlined below.

- [A Safe Haven Foundation](#)
- [Antioch Area Healthcare Accessibility Alliance](#)
- [Austin Childcare Providers Network](#)
- [Better Health Network](#)
- [Chicago Department of Public Health](#)
- [Chicago Family Health Center](#)
- [Dominican University Health Services](#)
- [DuPage County Health Department](#)
- [DuPage Federation on Human Services Reform](#)
- [Elmhurst CUSD 205](#)
- [Enlace Chicago](#)

- Erie Family Health Center/Erie HealthReach Waukegan
- EverThrive Illinois
- Governors State Univ Dept of Health Administration
- Grand Prairie Services
- Growing Home, Inc.
- Healthcare Foundation of Northern Lake County
- Housing Forward
- Illinois Dept of Public Health, Bellwood Reg Office
- La Rabida Children's Hospital
- Lake County Forest Preserves
- Lake County Health Dept and Community Health Center
- Loretto Hospital
- Metropolitan Chicago Healthcare Council
- Naperville School District 203
- New Moms, Inc.
- North Park University
- Northwest Community Healthcare
- Northwest Community Hospital
- Northwest Compass, Inc.
- Northwestern Lake Forest Hospital
- Northwestern Memorial Hospital
- Oak Park Elementary School District
- Oak Park Township Senior Services
- Palatine Opportunity Center
- PCC Community Wellness Center
- People's Resource Center
- PLOWS Council on Aging
- Respond Now
- Saint Anthony Hospital
- Southland Ministerial Health Network
- St. Bernard Hospital and Health Care Center
- St. Joseph Services
- Stickney Public Health Department

- Swedish Covenant Hospital
- Teamwork Englewood
- United Way of Metropolitan Chicago
- Universidad Popular
- Village of Addison
- Village of Arlington Heights
- West Humboldt Park Development Council
- West Side Women
- Wheeling Township General Assistance Office

Through this process, input was gathered from several individuals whose organizations work with **low-income residents, minority populations** (including African-Americans, Arabic, Asians, autistic children, Caucasian, Chinese, disabled, Eastern Europeans, the elderly, ethnic minorities, Filipinos, Haitians, Hispanics, the homeless, immigrants, Indians, Japanese, Korean, LGBT population, low-income residents, Middle Easterners, multilingual, multiracial, Muslims, Native Americans, non-English speaking, Polish, Russian, South American, undocumented, uninsured/underinsured, women, youth) or other **medically underserved populations** (including adults, African-Americans, the disabled, elderly, ex-offenders, foreign-born residents, free care, Hispanics, homeless, immigrants, LGBT community, low-income, Medicaid/Medicare, the mentally ill, non-English speaking adults, pregnant teens, substance abusers, undocumented, uninsured/underinsured, veterans, women, young adults, youth).

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

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

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the MCHC Region were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- Illinois Department of Public Health
- Illinois State Police
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect a compilation of county-level data.

Benchmark Data

Trending

Similar surveys were administered in the MCHC Region in 2009 and in 2012 by PRC on behalf of the Metropolitan Chicago Healthcare Council. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Illinois Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS*

(Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the 2013 PRC National Health Survey; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.



Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), "significance," for the purpose of this report, is determined by a 5% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Summary of Findings

Trends Observed in the MCHC Region

This assessment allows for trending of health indicators for both survey data (since the 2009 PRC-MCHC Community Health Survey was conducted) and secondary data indicators (trends in public health data over the span of several years).

Positive Trends

The following list represents health indicators that have improved significantly over time in the MCHC Region:

Access to Health Services

- Lack of Healthcare Coverage (Adults 18-64)
- Overall Difficulty Accessing Healthcare (Adults & Children)
- Specific Access Barriers:
 - Cost (Prescriptions and Physician Visits)
 - Appointment Availability
 - Transportation
- Prescription Misuse
- Routine Medical Checkups (Adults)
- Use of the ER for Care
- Dental Checkups (Children)
- Dental Insurance Coverage
- Participation in Health Promotion Events
- Rating of Local Healthcare Services

Age-Adjusted Mortality

- Heart Disease
- Stroke
- Cancer
- Pneumonia/ Influenza
- Unintentional Injuries (Including Motor Vehicle Crashes)
- Homicides
- Diabetes Mellitus
- Alzheimer's Disease
- Kidney Disease
- HIV/AIDS

Disease

- Taking Action to Control Cholesterol (Among Those with HBC)

- Colorectal Cancer Screenings
- Pneumonia Vaccines (High-Risk Adults 18-64)
- Hepatitis B Vaccination Series

Injury & Violence

- Seat Belt Use (Adults)
- Unlocked & Loaded Weapons (Gun Owners)
- Violent Crime Rates
- Violent Crime Victimization
- Prevalence of Domestic Violence
- Perceptions of Neighborhood Safety

Births & Family Planning

- Infant Mortality
- Teen Births

Nutrition, Physical Activity & Weight

- Difficulty Buying Fresh Produce
- Medical Advice
 - On Nutrition
 - On Physical Activity
 - On Weight
- Activity Levels
 - Leisure-Time Physical Activity
 - Meeting Physical Activity Guidelines (Including Moderate Physical Activity)
 - Moderate Physical Activity

Tobacco Use

- Current Smokers
- Secondary Smoke in the Home (Households with Children)

Negative Trends

The following list represents key areas for which health indicators in the MCHC Region have worsened significantly over time:

Health Status

- Activity Limitations

Mental Health

- Suicides
- “Fair/Poor” Ratings of Mental Health Status

Access to Health Services

- Having a Medical Home (Adults 18-64 and 65+)

Disease

- Prostate Screenings (Males 50+)
- Blood Stool Exams (All 50+)
- Pneumonia Vaccinations (Adults 65+)

Injury & Violence

- Firearms in the Home (Including Homes With Children)

Nutrition, Physical Activity & Weight

- 5+ Servings of Fruit/Vegetables
- Healthy Weight/Overweight/Obesity (Adults)

Substance Abuse

- Chronic Drinking
- Illicit Drug Use

Tobacco Use

- Smoking Cessation (Regular Smokers)

Significant Health Needs of the Community

The following “areas of opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment		
Issue	Regional Areas of Opportunity	Localized Areas of Opportunity (In Addition to Regional Opportunities)
Access to Healthcare Services	<ul style="list-style-type: none"> Barriers to Access: Inconvenient Office Hours Specific Source of Ongoing Medical Care (Esp. Older Adults) Attendance at Health Promotion Events 	<p>North Cook:</p> <ul style="list-style-type: none"> Inconvenient Office Hours <p>South Cook:</p> <ul style="list-style-type: none"> Difficulty Accessing Children’s Healthcare <p>DuPage County:</p> <ul style="list-style-type: none"> Inconvenient Office Hours
Cancer	<ul style="list-style-type: none"> Cancer Deaths <ul style="list-style-type: none"> Including Prostate Cancer, Female Breast Cancer, Colorectal Cancer Deaths Cancer Incidence <ul style="list-style-type: none"> Including Prostate Cancer, Female Breast Cancer, Colorectal Cancer, Cervical Cancer Incidence Male Prostate Cancer Screening Colorectal Cancer Screenings (Including Blood Stool Exams) 	<p>North Cook:</p> <ul style="list-style-type: none"> Mammography <p>Southwest Cook:</p> <ul style="list-style-type: none"> Mammography Pap Testing <p>Lake County:</p> <ul style="list-style-type: none"> Mammography
Chronic Kidney Disease	<ul style="list-style-type: none"> Kidney Disease Deaths 	
Diabetes	<ul style="list-style-type: none"> Prevalence of Borderline/Pre-Diabetes <i>Diabetes ranked #2 as a “major problem” in the Online Key Informant Survey.</i> 	<p>South Cook:</p> <ul style="list-style-type: none"> Diabetes Prevalence
Heart Disease & Stroke	<ul style="list-style-type: none"> High Blood Pressure Prevalence <i>Heart Disease & Stroke was a top concern identified among community stakeholders.</i> 	<p>Southwest Cook:</p> <ul style="list-style-type: none"> High Blood Cholesterol Prevalence <p>Lake County:</p> <ul style="list-style-type: none"> High Blood Cholesterol Prevalence
HIV/AIDS	<ul style="list-style-type: none"> HIV Prevalence 	
Infant Health & Family Planning	<ul style="list-style-type: none"> Low-Weight Births 	
Injury & Violence	<ul style="list-style-type: none"> Bicycle Helmets [Children] Firearm Prevalence <ul style="list-style-type: none"> Including in Homes With Children Homicide Deaths Violent Crime Rate Violent Crime Experience <i>Community Violence was a top concern identified among community stakeholders.</i> 	<p>North Cook:</p> <ul style="list-style-type: none"> Children’s Use of Car Seats/Seat Belts <p>South Cook:</p> <ul style="list-style-type: none"> Neighborhood Safety <p>Downtown/West Cook:</p> <ul style="list-style-type: none"> Perceived School Safety

-- continued next page --

Areas of Opportunity (continued)		
Issue	Regional Areas of Opportunity	Localized Areas of Opportunity (In Addition to Regional Opportunities)
Mental Health	<ul style="list-style-type: none"> • “Fair/Poor” Mental Health • Suicide Deaths • <i>Mental Health was a top concern identified among community stakeholders.</i> 	<p>North Cook:</p> <ul style="list-style-type: none"> • Inadequate Sleep <p>Northwest Cook:</p> <ul style="list-style-type: none"> • Daily Stress <p>Southwest Cook:</p> <ul style="list-style-type: none"> • “Fair/Poor” Mental Health
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Fruit/Vegetable Consumption • Overweight & Obesity [Adults] • <i>Nutrition, Physical Activity & Weight was a top concern identified among community stakeholders.</i> 	<p>North Cook:</p> <ul style="list-style-type: none"> • Overweight Adults Trying to Lose • Obese Children <p>Northwest Cook:</p> <ul style="list-style-type: none"> • Obese Adults Counseled About Weight <p>Downtown/West Cook:</p> <ul style="list-style-type: none"> • Obese Children <p>South Cook:</p> <ul style="list-style-type: none"> • Overweight & Obese Children • Access to Places for Exercise <p>DuPage County:</p> <ul style="list-style-type: none"> • Low Food Access <p>Lake County:</p> <ul style="list-style-type: none"> • Low Food Access
Oral Health		<p>South Cook:</p> <ul style="list-style-type: none"> • Regular Dental Care
Potentially Disabling Conditions	<ul style="list-style-type: none"> • Activity Limitations 	
Respiratory Diseases	<ul style="list-style-type: none"> • Pneumonia/Influenza Deaths • Flu Vaccination [65+] 	<p>Northwest Cook:</p> <ul style="list-style-type: none"> • Children’s Asthma Prevalence <p>South Cook:</p> <ul style="list-style-type: none"> • Asthma Prevalence <p>Lake County:</p> <ul style="list-style-type: none"> • Pneumonia Vaccination [High-Risk Adults]
Sexually Transmitted Diseases	<ul style="list-style-type: none"> • Gonorrhea Incidence • Chlamydia Incidence 	<p>North Cook:</p> <ul style="list-style-type: none"> • Multiple Sexual Partners <p>DuPage County:</p> <ul style="list-style-type: none"> • Multiple Sexual Partners <p>DuPage County:</p> <ul style="list-style-type: none"> • Hepatitis B Vaccination <p>Lake County:</p> <ul style="list-style-type: none"> • Hepatitis B Vaccination
Substance Abuse	<ul style="list-style-type: none"> • Overall Alcohol Use • Chronic Drinking • Illicit Drug Use • Seeking Help for Alcohol/Drug Issues • <i>Substance Abuse was a top concern identified among community stakeholders.</i> 	
Tobacco Use	<ul style="list-style-type: none"> • Smoking Cessation 	<p>Northwest Cook:</p> <ul style="list-style-type: none"> • Medical Recommendations to Quit Smoking <p>Southwest Cook:</p> <ul style="list-style-type: none"> • Smoking in the Home • Cigar Smoking <p>Lake County:</p> <ul style="list-style-type: none"> • Cigar Smoking

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the MCHC Region, including comparisons among the individual communities, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

- In the following charts, MCHC Region results are shown in the larger, blue column.
- ■ The columns [to the left of the MCHC Region column] provide comparisons among the three counties, identifying differences for each as “better than” (☀️), “worse than” (☹️), or “similar to” (☞) the combined opposing areas; note also the comparisons among sub-areas within Cook County.
- ■ The columns to the right of the MCHC Region column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the MCHC Region compares favorably (☀️), unfavorably (☹️), or comparably (☞) to these external data.

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

TREND SUMMARY

(Current vs. Baseline Data)

Survey Data Indicators:

Trends for survey-derived indicators represent significant changes since 2009 (or 2012 if the indicator was not surveyed in 2009). Note that survey data reflect the ZIP Code-defined MCHC Region.

Other (Secondary) Data

Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade). Note that secondary data reflect a compilation of county-level data for the MCHC Region.

Social Determinants	Each Sub-Area vs. All Others Combined					Cook Co	DuPage Co	Lake Co
	North Cook	NW Cook	DT/ West	SW Cook	South Cook			
Linguistically Isolated Population (Percent)						8.5	5.0	5.0
Population in Poverty (Percent)						16.9	6.9	9.0
Population Below 200% FPL (Percent)						36.0	18.6	23.4
Children Below 200% FPL (Percent)						47.9	23.5	30.6
No High School Diploma (Age 25+, Percent)						15.5	7.9	11.1
Unemployment Rate (Age 16+, Percent)						6.3	4.8	4.5

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
7.6	5.1	4.8		
14.8	14.1	15.4		
32.3	31.5	34.2		
42.6	40.8	43.8		
14.1	12.7	14.0		
5.9	5.6	5.3		6.3

better similar worse

Overall Health	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% "Fair/Poor" Physical Health	14.5	9.4	23.7	21.1	24.4	18.2	10.0	14.4
% Activity Limitations	24.8	20.2	18.5	20.3	22.6	21.2	20.3	24.9
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.								

MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
16.6	16.9	15.3		15.7
21.4	17.0	21.5		15.5
better similar worse				

Access to Health Services	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% [Age 18-64] Lack Health Insurance	7.6	9.2	10.9	9.6	7.2	9.1	4.9	5.8
% [Insured] Went Without Coverage in Past Year	8.3	6.2	7.3	8.4	9.5	7.8	3.1	7.6
% Difficulty Accessing Healthcare in Past Year (Composite)	42.5	30.1	42.0	37.4	38.4	38.0	39.9	31.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	20.3	16.3	18.3	18.7	18.5	18.4	21.0	17.0
% Cost Prevented Getting Prescription in Past Year	12.1	11.7	14.7	10.9	16.9	13.0	12.5	9.0
% Cost Prevented Physician Visit in Past Year	13.5	8.8	10.9	13.3	14.6	12.1	13.7	9.4

MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
8.1	19.4	15.1	0.0	17.9
7.1		8.1		7.5
37.6		39.9		42.4
18.6		15.4		19.4
12.6		15.8		20.3
12.0		18.2		18.0

Access to Health Services (continued)	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% Difficulty Getting Appointment in Past Year	15.8	12.8	16.7	16.5	18.7	15.9	14.7	10.1
% Difficulty Finding Physician in Past Year	10.5	5.2	10.5	12.0	14.3	10.2	11.4	5.1
% Transportation Hindered Dr Visit in Past Year	10.0	7.9	9.3	11.2	9.4	9.5	4.2	6.7
% Skipped Prescription Doses to Save Costs	11.6	10.8	13.9	12.1	18.3	13.0	13.3	9.8
% Difficulty Getting Child's Healthcare in Past Year	0.0	0.7	6.4	0.9	12.4	3.7	3.6	2.8
Primary Care Doctors per 100,000						91.9	134.1	102.0
% [Age 18+] Have a Specific Source of Ongoing Care	76.4	73.3	72.2	70.5	69.5	72.6	80.7	73.8
% [Age 18-64] Have a Specific Source of Ongoing Care	77.1	72.8	71.7	71.0	69.1	72.6	84.1	74.9
% [Age 65+] Have a Specific Source of Ongoing Care	71.2	73.1	72.7	66.1	69.7	70.4	75.5	74.2
% Have Had Routine Checkup in Past Year	69.7	67.5	73.4	76.3	79.1	72.8	76.4	67.1
% Child Has Had Checkup in Past Year	96.9	93.8	90.6	87.7	91.0	92.0	91.8	90.7

MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
15.1				
9.9				
8.5				
12.7				
3.6				
98.6				
73.9				
74.4				
71.5				
72.7				
91.8				

Access to Health Services (continued)	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% Two or More ER Visits in Past Year	5.5	4.8	12.5	6.7	10.5	7.8	6.4	7.2
% Rate Local Healthcare "Fair/Poor"	10.4	13.1	15.8	13.4	20.2	14.2	10.9	11.6
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.								

MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
7.5		8.9		9.0
13.5		16.5		16.9
better similar worse				

Arthritis, Osteoporosis & Chronic Back Conditions	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% [50+] Arthritis/Rheumatism	38.2	35.8	38.2	35.3	36.9	36.8	34.8	35.1
% [50+] Osteoporosis	11.3	8.1	11.2	8.1	7.7	9.3	13.2	11.2
% Sciatica/Chronic Back Pain	19.9	17.8	16.6	15.5	19.9	17.8	19.6	19.9
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.								

MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
36.3		37.3		34.1
10.0		13.5	5.3	10.2
18.3		18.4		17.0
better similar worse				

Cancer	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
Cancer (Age-Adjusted Death Rate)						174.5	149.3	158.0
Lung Cancer (Age-Adjusted Death Rate)						43.9	36.5	38.4
Prostate Cancer (Age-Adjusted Death Rate)						23.1	17.7	18.4
Female Breast Cancer (Age-Adjusted Death Rate)						24.2	22.9	20.1
Colorectal Cancer (Age-Adjusted Death Rate)						16.7	12.5	12.8
Prostate Cancer Incidence per 100,000						159.8	148.0	141.2
Female Breast Cancer Incidence per 100,000						126.5	140.6	136.5
Lung Cancer Incidence per 100,000						66.1	60.6	60.2
Colorectal Cancer Incidence per 100,000						50.2	41.0	40.9
Cervical Cancer Incidence per 100,000						10.2	5.7	5.9
% Skin Cancer	4.4	3.3	2.0	2.9	2.0	3.0	6.2	4.5

MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
169.2	174.2	166.2	161.4	191.4
42.3	47.5	44.7	45.5	
21.9	20.5	19.8	21.8	
23.7	22.8	21.3	20.7	
15.8	15.9	14.9	14.5	
156.2	149.4	142.3		
129.4	127.4	122.7		
64.8	70.6	64.9		
48.1	48.6	43.3		
9.2	8.4	7.8		
3.6	4.6	6.7		3.3

Cancer (continued)	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% Cancer (Other Than Skin)	4.1	5.0	4.3	6.2	5.9	5.1	4.9	6.6
% [Men 50+] Prostate Exam in Past 2 Years	75.6	70.5	56.1	66.5	72.2	68.6	66.4	77.5
% [Women 50-74] Mammogram in Past 2 Years	72.9	78.6	84.3	75.6	82.2	79.0	86.6	70.6
% [Women 21-65] Pap Smear in Past 3 Years	82.6	90.1	86.4	77.0	83.8	84.0	85.6	88.4
% [Age 50-75] Colorectal Cancer Screening	71.8	68.0	71.1	68.2	77.5	71.1	66.2	71.4
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.								

MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
5.2	6.3	6.1		5.3
69.2		75.0		78.4
79.1	76.4	83.6	81.1	80.6
84.6	77.3	83.9	93.0	83.7
70.4		75.1	70.5	67.3
better similar worse				

Chronic Kidney Disease	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
Kidney Disease (Age-Adjusted Death Rate)						17.2	13.0	13.8
% Kidney Disease	2.5	1.2	2.1	4.1	4.3	2.7	2.4	2.5
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.								

MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
16.2	17.1	13.2		19.6
2.7	2.4	3.0		2.0
better similar worse				

Dementias, Including Alzheimer's Disease	Each Sub-Area vs. All Others Combined									
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co		
Alzheimer's Disease (Age-Adjusted Death Rate)						15.8	19.9	16.3		
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.										

MCHC Region	MCHC Region vs. Benchmarks			
	vs. IL	vs. US	vs. HP2020	TREND
16.4	20.0	24.0		18.7
	better	similar	worse	

Diabetes	Each Sub-Area vs. All Others Combined									
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co		
Diabetes Mellitus (Age-Adjusted Death Rate)						20.6	11.3	20.1		
% Diabetes/High Blood Sugar	10.5	7.9	11.9	13.2	16.0	11.6	10.8	11.4		
% Borderline/Pre-Diabetes	7.8	6.1	7.5	5.7	8.3	7.0	8.9	3.4		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	53.2	53.9	54.7	53.8	52.4	53.7	55.4	52.3		
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.										

MCHC Region	MCHC Region vs. Benchmarks			
	vs. IL	vs. US	vs. HP2020	TREND
19.3	19.4	21.3	20.5	23.0
11.5	9.9	11.7		10.0
6.9		5.1		
53.8		49.2		
	better	similar	worse	

Educational & Community-Based Programs	Each Sub-Area vs. All Others Combined								
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co	
% Attended Health Event in Past Year	17.9	18.9	22.2	19.8	24.6	20.4	24.0	22.6	
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

MCHC Region	MCHC Region vs. Benchmarks			
	vs. IL	vs. US	vs. HP2020	TREND
21.1		23.8		17.4
	better	similar	worse	

Family Planning	Each Sub-Area vs. All Others Combined								
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co	
% Teen Births						7.9	3.4	6.2	
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

MCHC Region	MCHC Region vs. Benchmarks			
	vs. IL	vs. US	vs. HP2020	TREND
7.2	7.6	7.8		9.7
	better	similar	worse	

Hearing & Other Sensory or Communication Disorders	Each Sub-Area vs. All Others Combined								
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co	
% Deafness/Trouble Hearing	6.4	5.4	7.0	8.1	5.9	6.6	9.4	3.9	
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

MCHC Region	MCHC Region vs. Benchmarks			
	vs. IL	vs. US	vs. HP2020	TREND
6.7		10.3		8.0
	better	similar	worse	

Heart Disease & Stroke	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
Diseases of the Heart (Age-Adjusted Death Rate)						183.4	133.0	139.4
Stroke (Age-Adjusted Death Rate)						36.8	30.8	31.5
% Heart Disease (Heart Attack, Angina, Coronary Disease)	6.9	2.6	4.3	5.4	8.2	5.3	4.5	7.9
% Stroke	4.1	2.9	2.7	2.1	4.7	3.2	1.1	3.8
% Blood Pressure Checked in Past 2 Years	98.1	96.2	94.9	91.4	96.4	95.4	96.4	94.2
% Told Have High Blood Pressure (Ever)	33.4	28.3	33.1	34.1	46.2	34.3	32.7	39.8
% [HBP] Taking Action to Control High Blood Pressure	89.7	95.1	95.9	95.3	95.6	94.3	93.0	88.7
% Cholesterol Checked in Past 5 Years	93.4	93.6	92.7	87.0	90.7	91.6	97.2	92.0
% Told Have High Cholesterol (Ever)	31.0	22.4	28.2	35.6	34.2	30.0	34.3	36.2
% [HBC] Taking Action to Control High Blood Cholesterol	87.8	90.2	86.9	90.7	89.0	88.9	90.3	94.0

MCHC Region	MCHC Region vs. Benchmarks			
	vs. IL	vs. US	vs. HP2020	TREND
172.0	173.9	171.3	156.9	219.3
35.4	37.7	37.0	34.8	46.3
5.4		6.1		5.3
3.0	2.8	3.9		3.0
95.4		91.0	92.6	95.1
34.6	30.1	34.1	26.9	28.2
93.5		89.2		94.6
92.4	74.0	86.6	82.1	91.8
31.2	36.6	29.9	13.5	31.8
89.7		81.4		86.7

Heart Disease & Stroke (continued)	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% 1+ Cardiovascular Risk Factor	76.5	79.5	83.4	82.3	89.7	81.8	77.9	78.6
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.								

MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
80.9		82.3		81.3
better similar worse				

HIV	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
HIV/AIDS (Age-Adjusted Death Rate)								
HIV Prevalence per 100,000						558.5	80.2	110.2
% [Age 18-44] HIV Test in the Past Year	26.3	30.5	25.6	26.3	43.9	29.3	26.9	18.2
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.								

MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
2.2	1.6	2.2	3.3	4.7
449.1	300.1	340.4		
28.0		19.3		29.6
better similar worse				

Immunization & Infectious Diseases	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% [Age 65+] Flu Vaccine in Past Year	73.5	62.7	53.4	53.9	44.0	57.6	47.2	61.9
% [High-Risk 18-64] Flu Vaccine in Past Year	46.4	44.8	49.9	54.7	39.1	47.2	41.6	33.9





















































MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
56.6	58.6	57.5	70.0	66.0
45.3		45.9	70.0	43.4

Immunization & Infectious Dis. (cont.)	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% [Age 65+] Pneumonia Vaccine Ever	79.8	73.5	59.2	66.1	55.8	67.1	75.5	74.5
% [High-Risk 18-64] Pneumonia Vaccine Ever	45.1	26.1	38.0	39.6	37.4	38.0	40.5	24.2
% Have Completed Hepatitis B Vaccination Series	49.5	44.5	43.1	40.0	36.6	43.1	39.1	35.6
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.								























MCHC Region	MCHC Region vs. Benchmarks			
	vs. IL	vs. US	vs. HP2020	TREND
68.9	64.6	68.4	90.0	66.9
37.3		41.9	60.0	27.6
41.8		44.7		37.1
better similar worse				

Injury & Violence Prevention	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
Unintentional Injury (Age-Adjusted Death Rate)						26.6	22.7	23.9
Motor Vehicle Crashes (Age-Adjusted Death Rate)						5.8	4.0	4.6
% "Always" Wear Seat Belt	83.0	90.8	90.1	86.9	88.7	87.9	93.8	94.0
% [Child 5-17] Missed School for Safety Reasons Last Month	0.4	0.0	4.5	0.9	4.8	2.1	1.5	1.6
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	71.2	95.2	89.7	88.0	97.6	89.2	99.2	96.8
% Child [Age 5-17] "Always" Wears Bicycle Helmet	63.9	39.2	34.0	29.9	29.1	38.3	33.1	40.3

MCHC Region	MCHC Region vs. Benchmarks			
	vs. IL	vs. US	vs. HP2020	TREND
25.7	32.9	39.2	36.4	29.6
5.4	7.9	10.7	12.4	5.8
89.4		84.8	92.0	86.1
1.9				2.0
91.7		92.2		92.8
37.6		48.7		32.4

Injury & Violence Prevention (continued)	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
Firearm-Related Deaths (Age-Adjusted Death Rate)						 11.2	 3.8	 4.7
% Firearm in Home	 6.4	 11.4	 6.4	 13.0	 19.0	 10.7	 14.7	 21.6
% [Homes With Children] Firearm in Home	 3.3	 10.1	 5.0	 12.7	 17.5	 9.2	 16.6	 23.8
% [Homes With Firearms] Weapon(s) Unlocked & Loaded						 14.0	 11.0	 4.1
Homicide (Age-Adjusted Death Rate)						 10.5	 1.8	 2.7
Violent Crime per 100,000						 630.9	 82.9	 153.3
% Victim of Violent Crime in Past 5 Years	 4.2	 5.3	 6.0	 6.1	 6.0	 5.5	 1.7	 1.9
% Perceive Neighborhood to be "Not At All Safe" from Crime	 2.9	 1.8	 5.6	 4.9	 8.6	 4.5	 1.3	 2.0
% Victim of Domestic Violence (Ever)	 8.8	 10.2	 12.9	 9.6	 14.2	 11.0	 9.6	 10.3

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

MCHC Region	MCHC Region vs. Benchmarks			
	vs. IL	vs. US	vs. HP2020	TREND
9.6	 8.8	 10.4	 9.3	 9.3
12.4		 34.7		 10.0
11.9		 37.4		 7.5
11.7		 16.8		 15.8
8.6	 6.3	 5.3	 5.5	 9.4
507.9	 403.2	 380.9		 673.0
4.6		 2.8		 5.8
3.8				 6.1
10.7		 15.0		 13.9

 better  similar  worse

Maternal, Infant & Child Health	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
No Prenatal Care in First Trimester (Percent)						5.6	4.7	5.1
Low Birthweight Births (Percent)						8.9	7.1	7.3
Infant Death Rate						6.7	4.4	5.3

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
5.5	5.4	17.3	22.1	
8.6	4.0	8.0	7.8	8.7
6.3	6.3	6.0	6.0	8.2

better similar worse

Mental Health & Mental Disorders	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% "Fair/Poor" Mental Health	12.4	12.3	13.5	16.8	14.1	13.7	10.1	13.5
% Diagnosed Depression	19.1	14.8	14.1	14.4	14.4	15.4	15.9	15.4
% Symptoms of Chronic Depression (2+ Years)	30.3	20.6	28.0	27.0	31.2	27.1	25.2	18.8
Suicide (Age-Adjusted Death Rate)						7.8	8.8	9.9
% 3+ Days Without Enough Sleep in the Past Month	66.4	56.8	62.8	61.8	59.9	61.6	64.9	65.7

MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
13.2		11.9		9.6
15.5		20.4		
26.0		30.4		26.9
8.1	9.7	12.5	10.2	7.1
62.5				61.6

Each Sub-Area vs. All Others Combined

Mental Health (continued)	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% [Those With Diagnosed Depression] Seeking Help	92.2	80.8	78.5	81.1	70.3	82.0	85.4	75.1
% Typical Day Is "Extremely/Very" Stressful	13.3	17.3	10.1	11.5	6.9	12.2	11.3	9.9
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.								

MCHC Region vs. Benchmarks

MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
81.8		76.6		
11.8		11.9		11.5
better similar worse				

Each Sub-Area vs. All Others Combined

Nutrition, Physical Activity & Weight	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% Eat 5+ Servings of Fruit or Vegetables per Day	43.8	47.8	34.5	30.1	33.8	38.3	47.6	37.7
% "Very/Somewhat" Difficult to Buy Fresh Produce	13.5	12.2	17.8	18.5	22.9	16.5	15.3	14.5
Population With Low Food Access (Percent)						8.3	26.7	35.6
% Medical Advice on Nutrition in Past Year	50.8	37.4	48.7	42.6	52.8	46.0	51.8	48.5
% Healthy Weight (BMI 18.5-24.9)	34.3	35.6	30.0	33.0	22.4	31.6	33.8	29.8
% Overweight (BMI 25+)	62.9	63.0	68.6	65.6	76.7	66.7	63.9	67.8

MCHC Region vs. Benchmarks

MCHC Region	vs. IL	vs. US	vs. HP2020	TREND
39.6		39.5		43.4
16.2		24.4		18.4
13.6	20.4	23.6		
47.1		39.2		42.4
31.8	33.0	34.4	33.9	36.6
66.4	64.7	63.1		61.8

Nutrition, Physical Activity & Weight (continued)	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% Obese (BMI 30+)	23.2	28.1	34.7	29.9	42.6	31.0	25.9	29.3
% Medical Advice on Weight in Past Year	26.7	27.1	33.6	28.2	32.0	29.4	32.7	30.8
% [Overweights] Counseled About Weight in Past Year	35.1	33.0	40.2	36.8	36.1	36.3	45.4	36.6
% [Obese Adults] Counseled About Weight in Past Year	57.1	42.9	54.9	55.4	49.9	52.0	61.4	54.4
% [Overweights] Trying to Lose Weight Both Diet/Exercise	31.4	46.4	42.7	46.1	47.0	42.7	46.0	37.9
% Child [Age 5-17] Healthy Weight	58.7	52.2	55.5	55.6	39.0	52.9	59.2	67.9
% Children [Age 5-17] Overweight (85th Percentile)	31.3	25.8	35.5	30.2	45.3	33.3	33.5	20.0
% Children [Age 5-17] Obese (95th Percentile)	26.8	1.5	23.3	13.9	31.9	19.0	21.8	8.3
% No Leisure-Time Physical Activity	16.0	17.2	18.7	20.3	22.3	18.7	14.4	13.7
% Meeting Physical Activity Guidelines	49.5	55.3	49.8	47.8	48.2	50.3	51.7	52.7
% Moderate Physical Activity	29.8	29.6	32.4	28.8	26.0	29.6	29.0	26.0

MCHC Region	MCHC Region vs. Benchmarks			
	vs. IL	vs. US	vs. HP2020	TREND
30.1	29.4	29.0	30.5	27.3
30.0		23.7		26.9
37.6		31.8		35.5
53.4		48.3		52.6
42.6		39.5		43.8
55.9		56.7		
31.6		31.5		31.1
18.1		14.8	14.5	19.1
17.5	25.1	20.7	32.6	20.3
50.7		50.3		47.9
29.1		30.6		25.1

Nutrition, Physical Activity & Weight (continued)	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% Vigorous Physical Activity	37.5	47.0	36.7	34.5	36.8	38.7	41.7	40.7
Recreation/Fitness Facilities per 100,000						9.4	14.5	16.5
% Medical Advice on Physical Activity in Past Year	56.4	42.4	57.2	48.9	54.8	51.7	55.7	54.8
% Child [Age 2-17] Physically Active 1+ Hours per Day	44.5	53.8	42.0	50.7	59.6	49.8	48.5	41.7
% "Very/Somewhat" Difficult to Access a Place for Exercise	17.2	13.6	17.9	15.0	22.1	16.8	12.1	9.6

MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
39.4		38.0		38.4
10.8	10.2	9.7		
52.6		44.0		47.9
48.8		48.6		
15.4				16.8

Oral Health	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% [Age 18+] Dental Visit in Past Year	68.7	72.4	67.1	65.0	55.3	66.4	81.4	78.4
% Child [Age 2-17] Dental Visit in Past Year	85.6	80.7	84.9	90.4	78.3	84.3	94.3	89.8
% Have Dental Insurance	61.9	74.6	70.8	69.0	69.3	69.1	79.8	80.6

MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
69.8	66.9	65.9	49.0	67.6
86.5		81.5	49.0	81.0
71.9		65.6		62.1

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better	similar	worse

Respiratory Diseases	Each Sub-Area vs. All Others Combined								
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co	
CLRD (Age-Adjusted Death Rate)						31.1	29.8	32.8	
Pneumonia/Influenza (Age-Adjusted Death Rate)						17.1	16.4	13.2	
% COPD (Lung Disease)	8.8	6.9	6.0	7.1	10.7	7.7	8.4	7.5	
% [Adult] Currently Has Asthma	9.2	5.7	10.6	9.9	13.1	9.5	7.1	7.6	
% [Asthmatics] Asthma Attack in the Past Year									
% [Child 0-17] Currently Has Asthma	5.0	14.8	8.6	7.1	8.0	9.2	8.1	5.2	
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
31.0	39.3	42.0		31.4
16.6	16.8	15.3		20.9
7.8	5.0	8.6		7.6
8.9	7.6	9.4		9.0
47.7				50.8
8.6		7.1		8.6
better similar worse				

Sexually Transmitted Diseases	Each Sub-Area vs. All Others Combined								
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co	
Gonorrhea Incidence per 100,000						230.8	25.9	52.0	
Chlamydia Incidence per 100,000						727.3	201.6	369.7	

MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
184.7	141.0	107.5		
619.6	526.1	456.7		

Sexually Transmitted Diseases (cont.)	Each Sub-Area vs. All Others Combined								
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co	
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	19.1	13.1	9.2	7.3	15.4	12.7	22.1	3.6	
% [Unmarried 18-64] Using Condoms	46.5	62.3	55.1	50.7	47.3	51.8	38.9	46.4	
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

MCHC Region	MCHC Region vs. Benchmarks			
	vs. IL	vs. US	vs. HP2020	TREND
12.9		11.7		10.8
50.1		33.6		46.3
better similar worse				

Sickle-Cell Anemia	Each Sub-Area vs. All Others Combined								
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co	
% Sickle-Cell Anemia	0.8	0.9	0.6	0.5	2.5	0.9	0.2	0.2	
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

MCHC Region	MCHC Region vs. Benchmarks			
	vs. IL	vs. US	vs. HP2020	TREND
0.8				0.6
better similar worse				

Substance Abuse	Each Sub-Area vs. All Others Combined								
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co	
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)						8.8	6.1	7.4	
% Current Drinker	60.6	66.8	59.9	56.5	51.2	59.6	68.0	57.5	
% Chronic Drinker (Average 2+ Drinks/Day)	2.3	3.6	7.2	3.6	4.4	4.2	3.6	8.0	
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	20.4	19.0	19.9	15.7	17.8	18.6	18.3	16.6	
% Drinking & Driving in Past Month	1.2	1.3	2.1	1.1	1.2	1.4	0.3	3.0	
% Liver Disease	0.7	1.7	1.3	2.3	1.2	1.4	3.0	0.6	
Drug-Induced Deaths (Age-Adjusted Death Rate)						11.2	10.5	11.8	
% Illicit Drug Use in Past Month	3.2	3.5	3.5	5.5	4.9	4.0	8.3	4.0	
% Ever Sought Help for Alcohol or Drug Problem	2.7	3.1	5.1	2.1	3.0	3.2	2.6	5.4	
<p>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>									

MCHC Region	MCHC Region vs. Benchmarks			
	vs. IL	vs. US	vs. HP2020	TREND
8.3	8.5	9.9	8.2	8.6
60.6	57.2	56.5		58.7
4.5		5.2		3.3
18.4	21.8	19.5	24.4	19.0
1.4		5.0		1.8
1.6				1.6
11.1	12.1	14.1	11.3	10.7
4.7		4.0	7.1	3.2
3.4		4.9		3.9
<p> better similar worse</p>				

Tobacco Use	Each Sub-Area vs. All Others Combined								
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co	
% Current Smoker	7.6	14.2	13.0	15.7	14.2	12.8	13.4	9.4	
% Someone Smokes at Home	9.0	11.3	16.7	21.6	15.5	14.7	10.5	10.3	
% [Non-Smokers] Someone Smokes in the Home	6.3	6.5	8.9	14.1	9.2	8.9	4.1	4.1	
% [Household With Children] Someone Smokes in the Home	6.1	11.5	14.4	19.4	15.5	13.3	3.0	8.1	
% [Smokers] Received Advice to Quit Smoking	87.3	53.8	78.1	67.6	79.9	71.0	81.0	62.0	
% [Smokers] Have Quit Smoking 1+ Days in Past Year									
% Smoke Cigars	2.9	3.2	2.6	8.8	5.3	4.4	3.4	8.8	
% Use Smokeless Tobacco	1.7	0.6	2.6	0.2	1.1	1.3	2.2	2.6	
<p>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>									

MCHC Region	MCHC Region vs. Benchmarks			
	vs. IL	vs. US	vs. HP2020	TREND
12.6	18.0	14.9	12.0	16.4
13.7		12.7		15.5
7.7		6.3		7.5
11.1		9.7		14.7
71.8		67.8		65.3
55.1		55.9	80.0	63.6
4.7		4.1	0.2	5.2
1.5	2.6	4.0	0.3	2.0
<p> better similar worse</p>				

Vision	Each Sub-Area vs. All Others Combined								
	North Cook	NW Cook	DT/ West	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co	
% Blindness/Trouble Seeing	8.4	8.3	9.4	11.6	10.8	9.6	4.7	7.6	
% Eye Exam in Past 2 Years	56.2	60.3	59.0	51.6	60.1	57.4	58.1	64.1	
Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									

MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs. US	vs. HP2020	
8.7	3.9	8.5		8.4
58.1		56.8		59.7
better similar worse				

Community Description



Professional Research Consultants, Inc.

Population Characteristics

Total Population

The MCHC Region, the focus of this Community Health Needs Assessment, encompasses 1,716.04 square miles and houses a total population of 6,837,274 residents, according to latest census estimates.

Total Population
(Estimated Population, 2009-2013)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Cook County	5,212,372	945.08	5,515.29
DuPage County	922,803	327.41	2,818.47
Lake County	702,099	443.55	1,582.9
MCHC Region	6,837,274	1,716.04	3,984.33
Illinois	12,848,554	55,504.25	231.49
United States	311,536,591	3,530,997.6	88.23

Sources:

- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at <http://www.chna.org>.

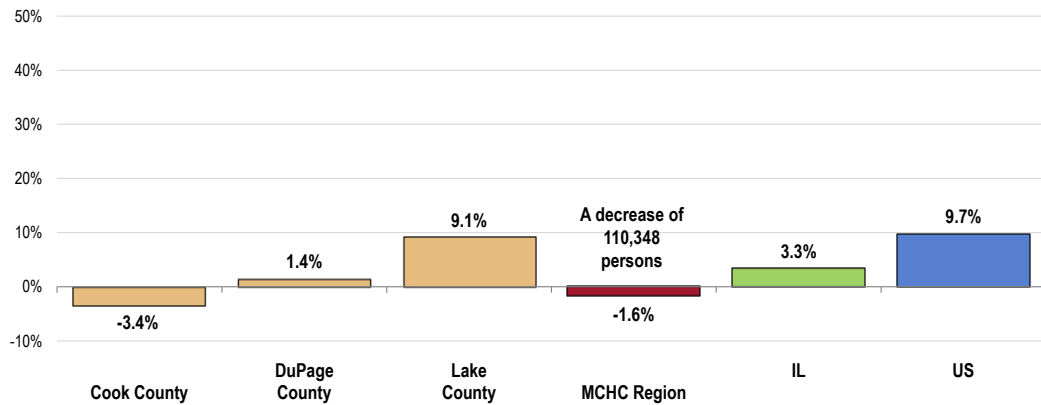
Population Change 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of MCHC Region decreased by 110,348 persons, or 1.6%.

- In contrast, the state reported an increase during this time.
- The US increased in population as well between 2000 and 2010.

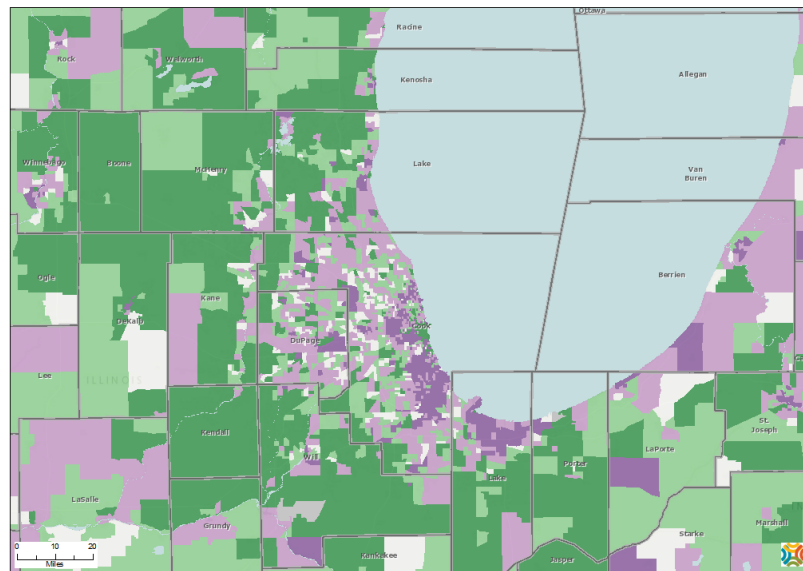
Change in Total Population (Percentage Change Between 2000 and 2010)



Sources:
 • Retrieved August 2015 from Community Commons at <http://www.chna.org>.
 • US Census Bureau Decennial Census (2000-2010).
 Notes:
 • A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Despite the overall decrease, note that much of the Lake County population (and certain pockets in western DuPage and Cook counties) increased over the past decade.

Population Change, Percent by Tract, US Census 2000-2010



Map Legend

Population Change, Percent by Tract, US Census 2000 - 2010

- Over 10.0% Increase (+)
- 1.0 - 10.0% Increase (+)
- Less Than 1.0% Change (+/-)
- 1.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data

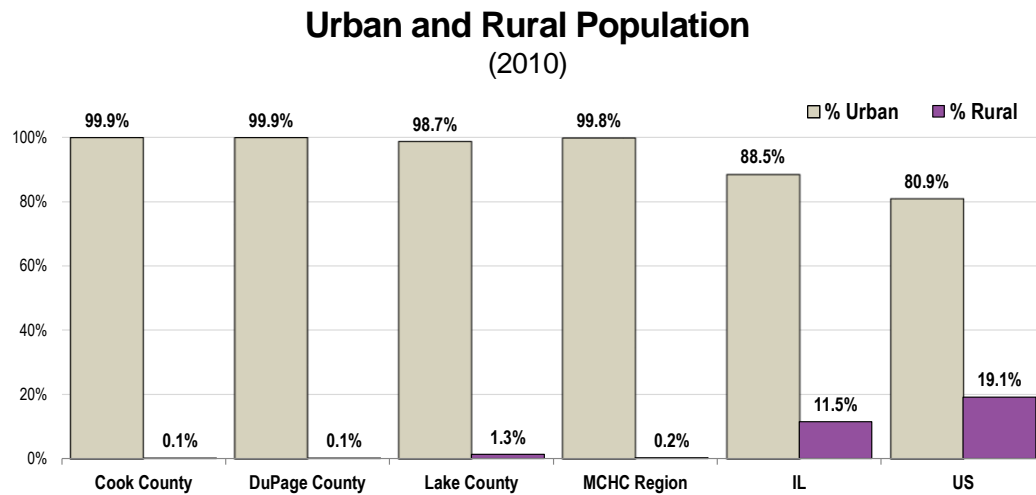
Community Commons, 8/3/2015

Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

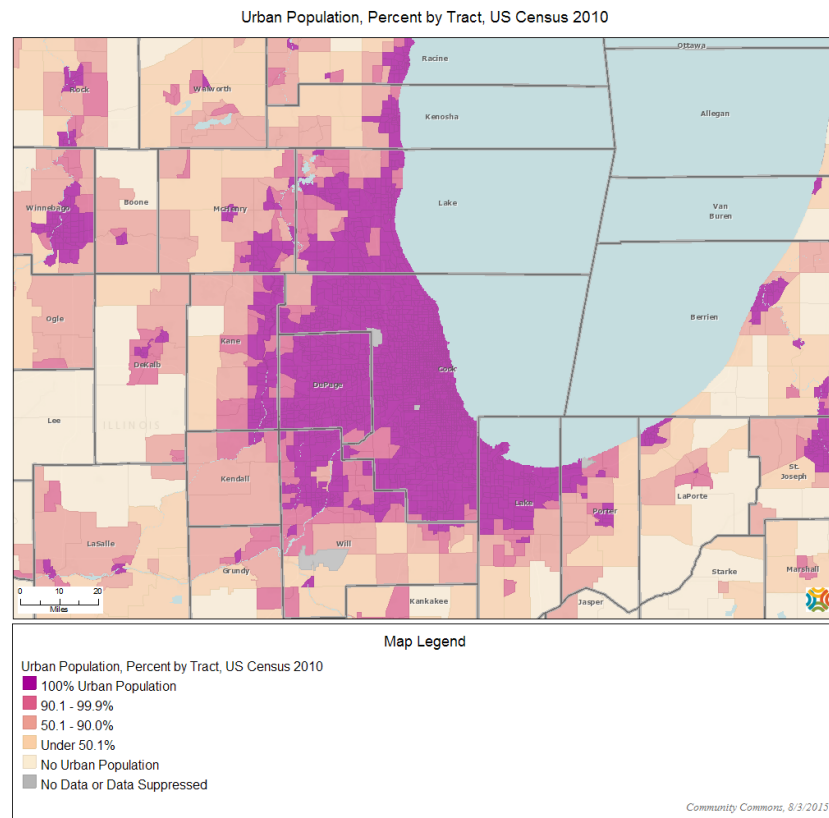
The MCHC Region is predominantly urban, with nearly 100% of the population living in areas designated as urban.

- The proportion of urban population does not vary significantly by county.
- The proportion of urban population is lower across Illinois and the US overall.



- Sources:
- US Census Bureau Decennial Census (2010).
 - Retrieved August 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

- Note the following map outlining the urban population in the MCHC Region census tracts as of 2010.



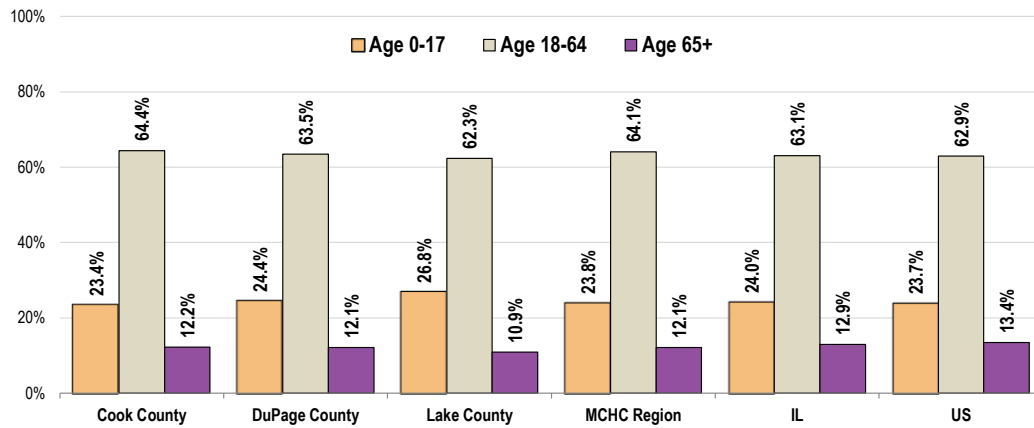
Age

It is important to understand the age distribution of the population as different age groups have unique health needs which should be considered separately from others along the age spectrum.

In MCHC Region, 23.8% of the population are infants, children or adolescents (age 0-17); another 64.1% are age 18 to 64, while 12.1% are age 65 and older.

- The proportional breakdown by age is similar to that found statewide.
- The percentage of older adults (65+) is lower than the US figure.
- By county, Lake County houses the smallest population of seniors (65+).

Total Population by Age Groups, Percent (2009-2013)



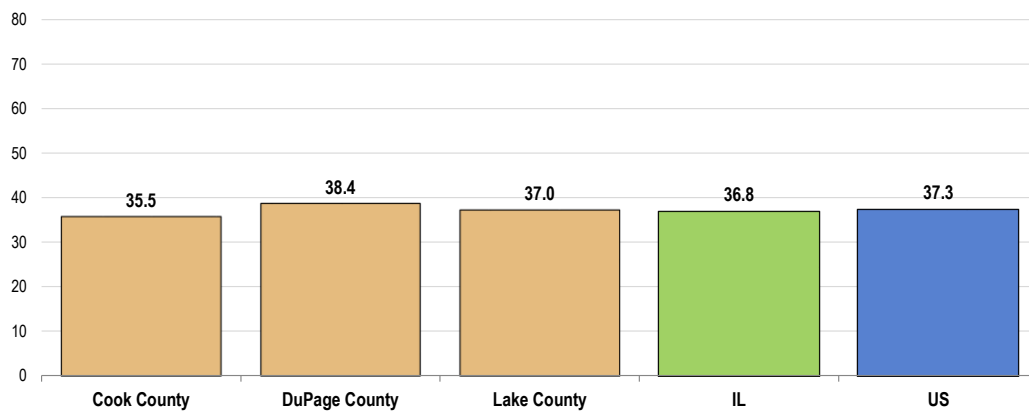
Sources:

- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at <http://www.chna.org>.

Median Age

Cook County is “younger” than the state and the nation in that the median age is lower.

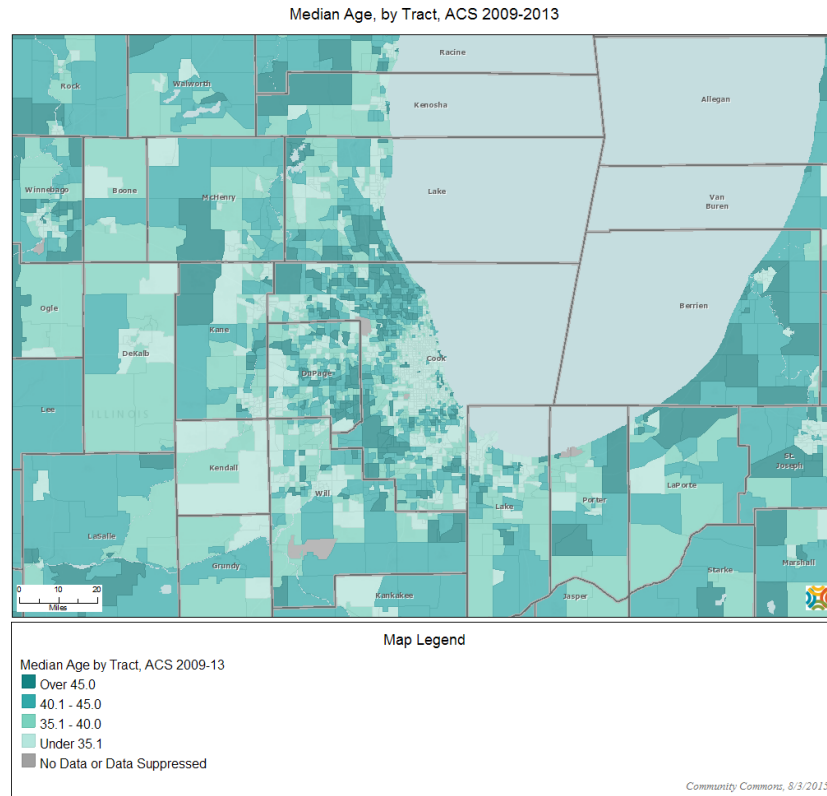
Median Age (2009-2013)



Sources:

- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at <http://www.chna.org>.

- The following map provides an illustration of the median age in the MCHC Region, segmented by census tract.



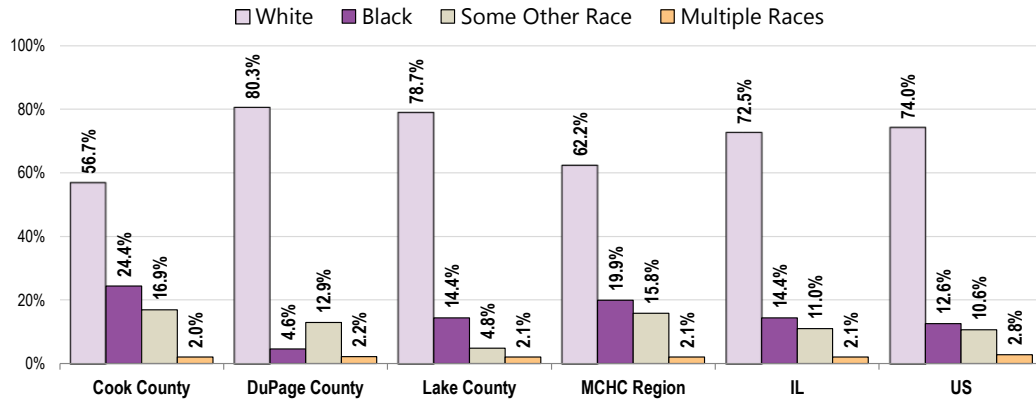
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 62.2% of residents of MCHC Region are White and 19.9% are Black.

- The region has a lower proportion of White residents and higher proportions of Black and “Other Race” residents than the state and US in general.
- By county, Cook houses the most diverse population.

Total Population by Race Alone, Percent (2009-2013)



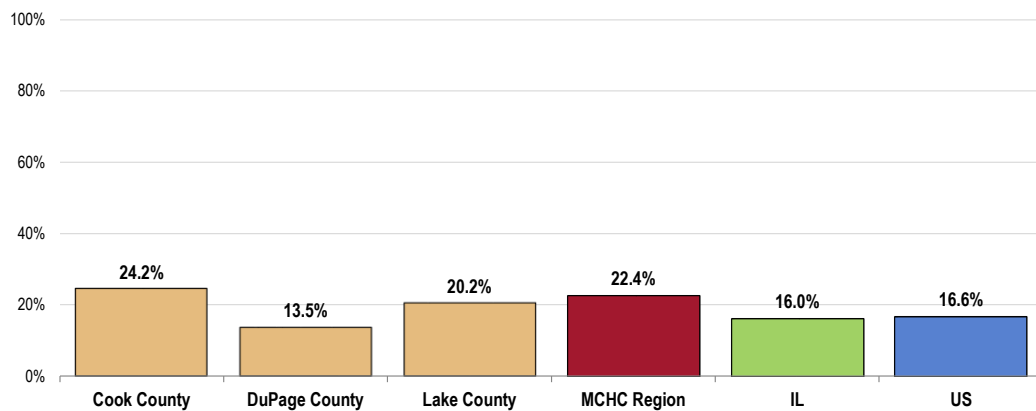
Sources:
 • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved August 2015 from Community Commons at <http://www.chna.org>.

Ethnicity

A total of 22.4% of MCHC Region residents are Hispanic or Latino.

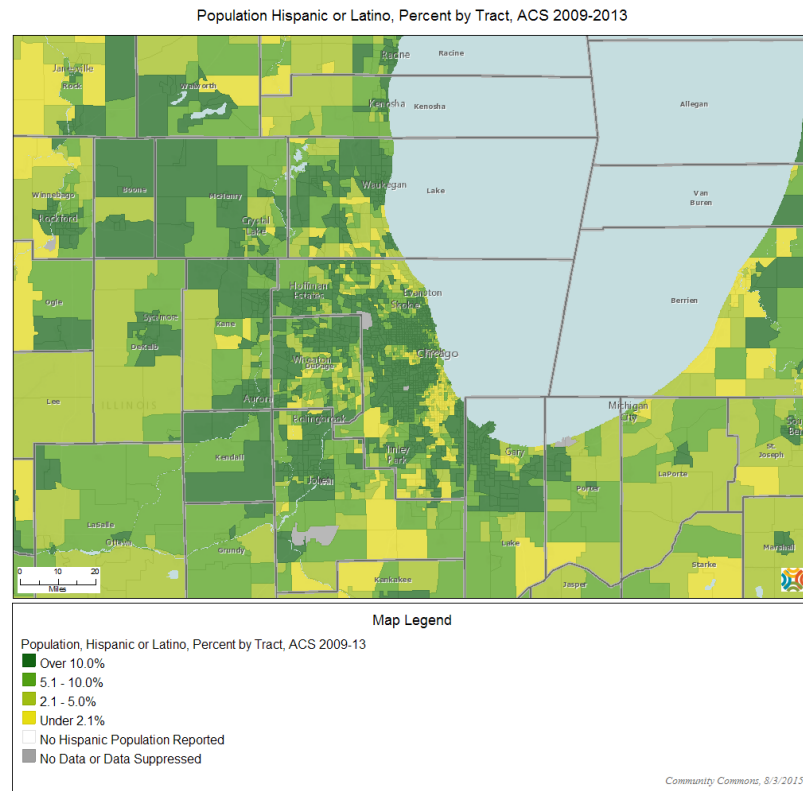
- Higher than found statewide.
- Higher than found nationally.
- The proportion is higher in Cook County than in DuPage and Lake counties.

Percent Population Hispanic or Latino (2009-2013)



Sources:
 • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved August 2015 from Community Commons at <http://www.chna.org>.
 Notes:
 • Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

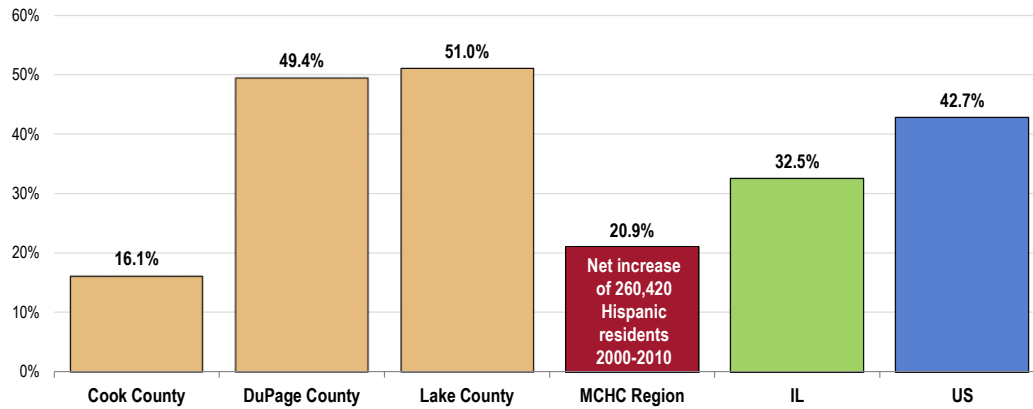
- The following map provides an illustration of the Hispanic concentration in the MCHC Region.



Between 2000 and 2010, the Hispanic population in the MCHC Region increased by 260,420 residents, or 20.9%.

- Lower (in terms of percentage growth) than found statewide.
- Much lower (in terms of percentage growth) found nationally.
- By county, note that the Hispanic population in both DuPage and Lake counties increased by approximately 50% over the past decade (much higher than the Cook County increase).

Hispanic Population Change (Percentage Change in Hispanic Population Between 2000 and 2010)



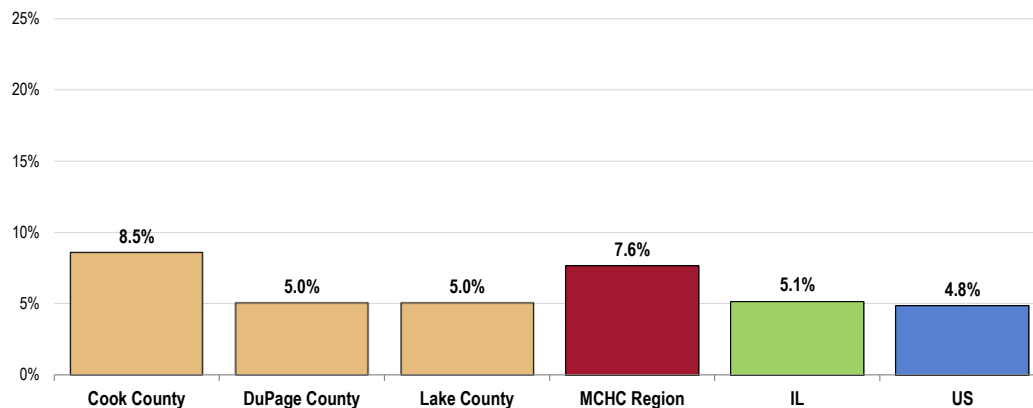
Sources: • US Census Bureau Decennial Census (2000-2010).
 • Retrieved August 2015 from Community Commons at <http://www.chna.org>.

Linguistic Isolation

A total of 7.6% of the MCHC Region population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

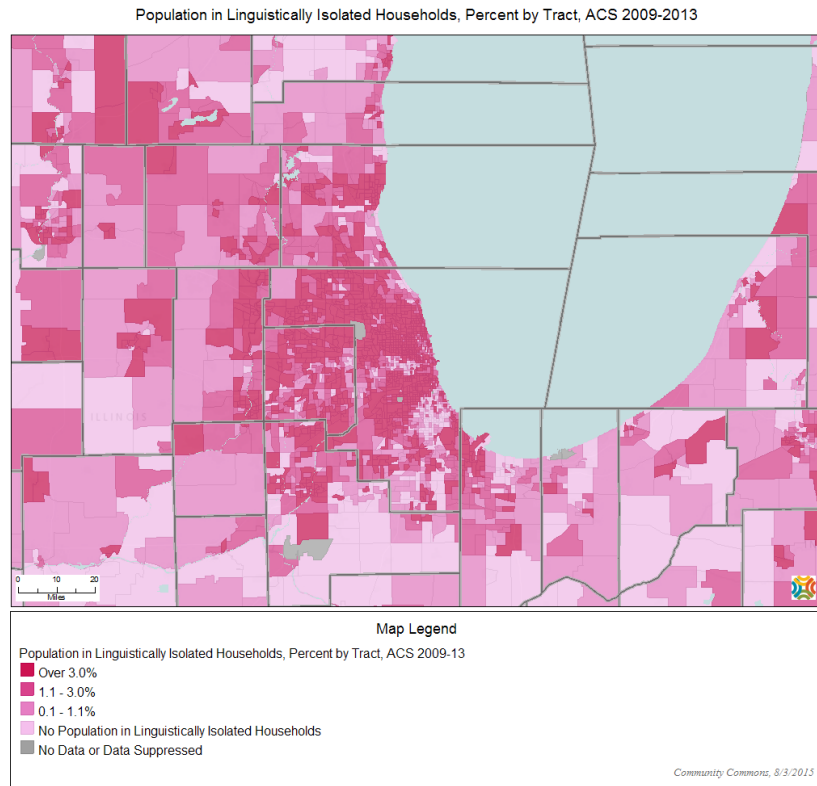
- Higher than found statewide.
- Higher than found nationally.
- Higher in Cook County than in DuPage and Lake counties.

Linguistically Isolated Population (2009-2013)



Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved August 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English “very well.”

- Note the following map illustrating linguistic isolation in the MCHC Region.



Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

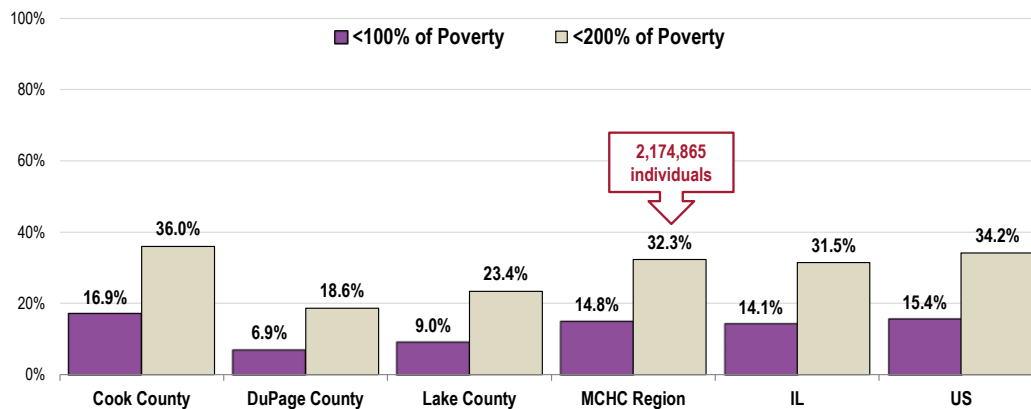
The latest census estimate shows **14.8%** of MCHC Region population living below the federal poverty level.

In all, **32.3%** of MCHC Region residents (an estimated 2,174,865 individuals) live below 200% of the federal poverty level.

- Similar to the proportion reported statewide.
- Better than found nationally.
- The proportion is unfavorably high in Cook County.

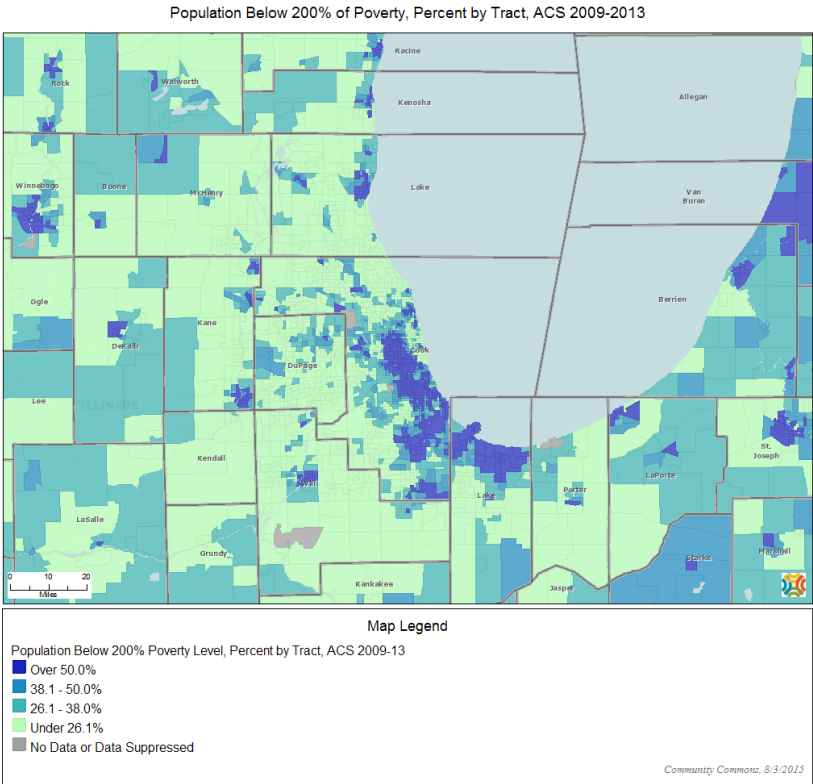
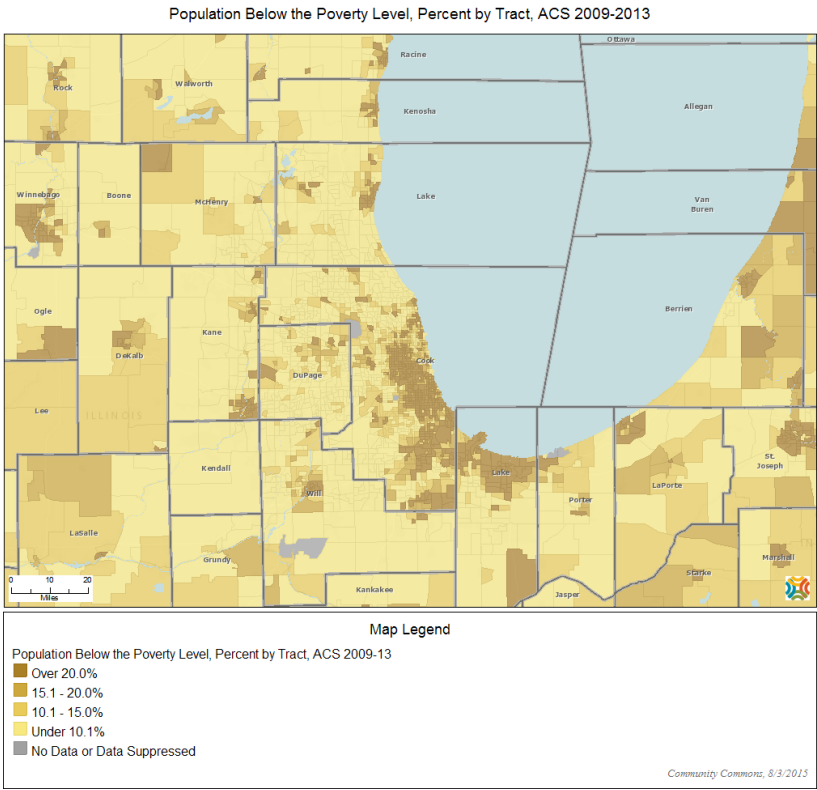
Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2009-2013)



- Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
 - Retrieved August 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- The following maps provide a visual distribution of regional residents by poverty level.

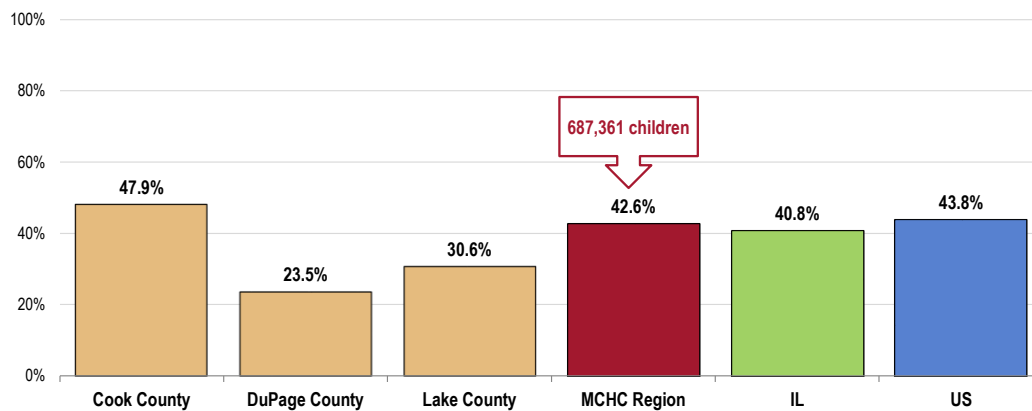


Children in Low-Income Households

Additionally, **42.6% of MCHC Region children age 0-17 (representing an estimated 687,361 children) live below the 200% poverty threshold.**

- Comparable to the proportion found statewide.
- Comparable to the proportion found nationally.
- Unfavorably high in Cook County (lowest in DuPage).

Percent of Children in Low-Income Households (Children 0-17 Living Below 200% of the Poverty Level, 2009-2013)

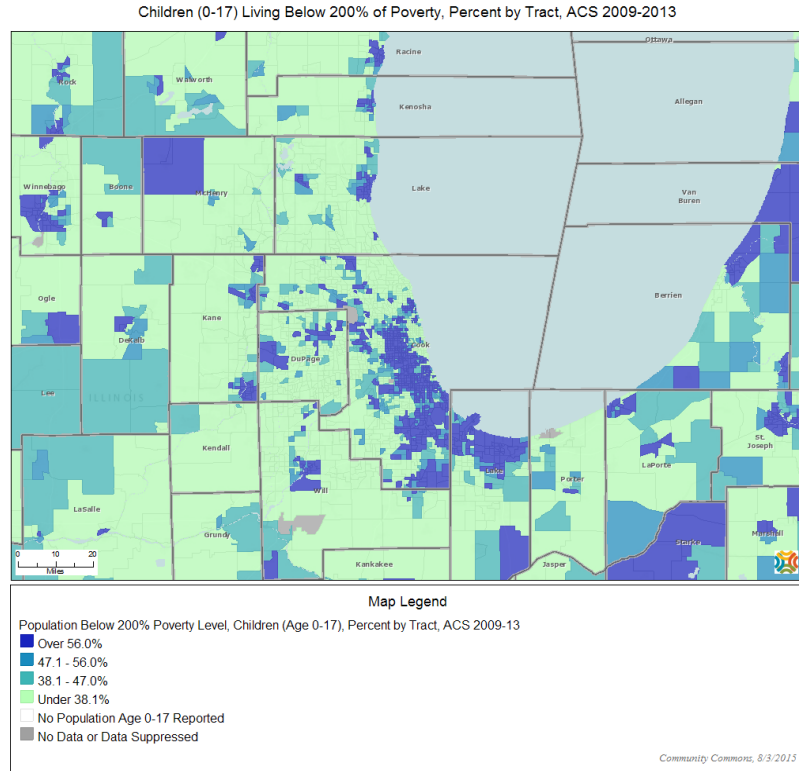


Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).

• Retrieved August 2015 from Community Commons at <http://www.chna.org>.

Notes: • This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Note the following geographic breakdown of children in lower-income households in the MCHC Region.



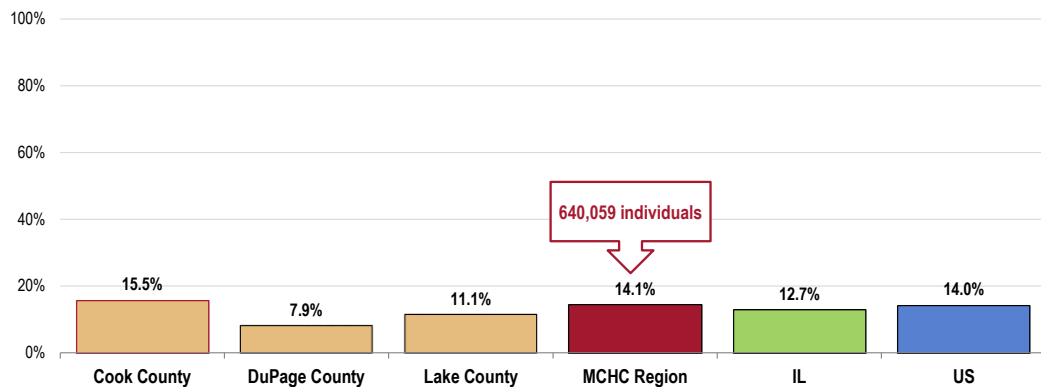
Education

Among the MCHC Region population age 25 and older, an estimated 14.1% (over 640,000 people) do not have a high school education.

- Less favorable than found statewide.
- Similar to that found nationally.
- Unfavorably high in Cook County; lowest in DuPage County.

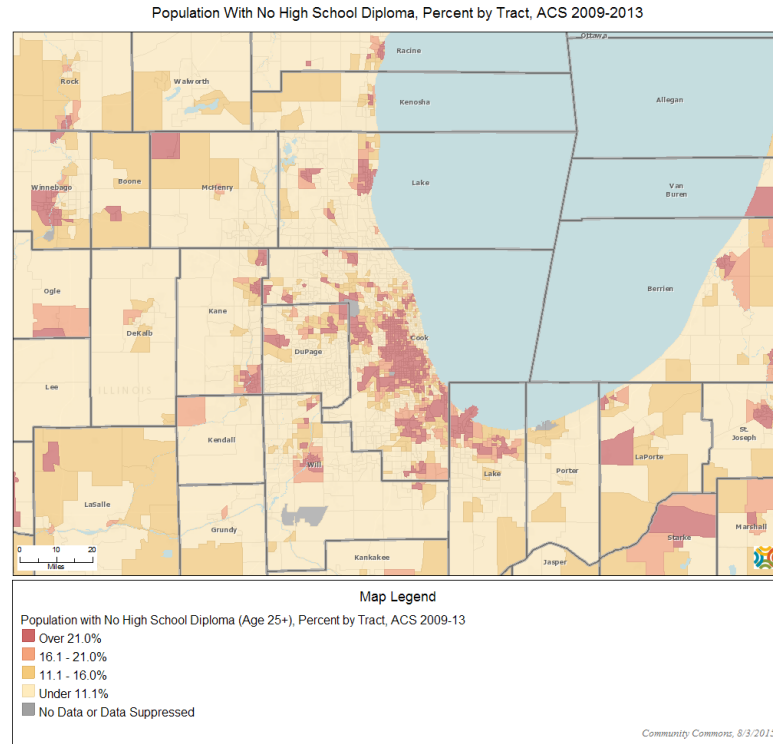
Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2009-2013)



Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved August 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because educational attainment is linked to positive health outcomes.

- Note the following map illustrating the regional population (age 25+) without a high school diploma.



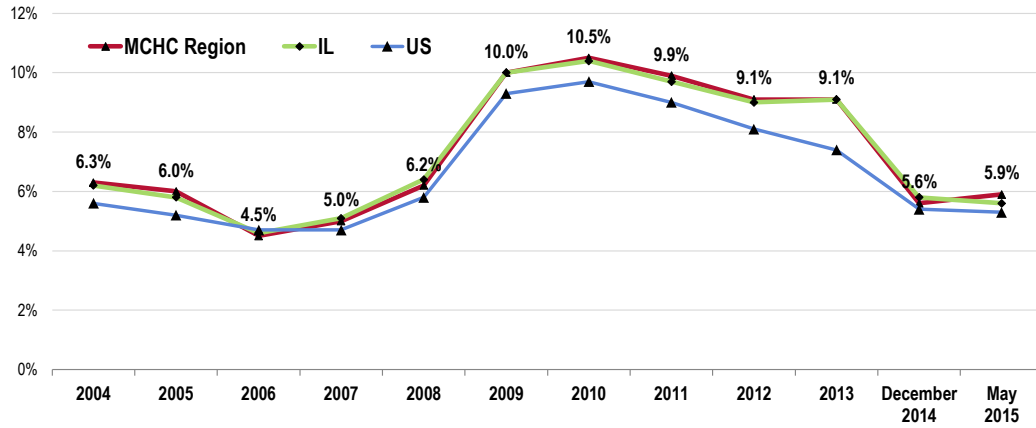
Employment

According to data derived from the US Department of Labor, the unemployment rate in the MCHC Region in May 2015 was 5.9%.

- Less favorable than the statewide unemployment rate.
- Less favorable than the national unemployment rate.
- TREND: Unemployment for the MCHC Region trended downward after peaking in 2010, echoing the state and national trends.

Unemployment Rate

(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)



- Sources:
- US Department of Labor, Bureau of Labor Statistics.
 - Retrieved August 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

General Health Status



Professional Research Consultants, Inc.

Overall Health Status

Self-Reported Health Status

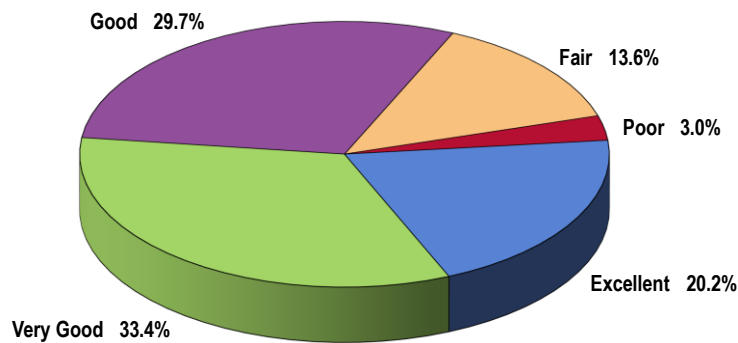
A total of 53.6% of MCHC Region adults rate their overall health as “excellent” or “very good.”

- Another 29.7% gave “good” ratings of their overall health.

The initial inquiry of the PRC Community Health Survey asked respondents the following:

“Would you say that in general your health is: excellent, very good, good, fair or poor?”

Self-Reported Health Status
(MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 16.6% of MCHC Region adults believe that their overall health is “fair” or “poor.”

- Similar to statewide findings.
- Similar to the national percentage.
- Unfavorably high in Cook County; lowest in DuPage.
 - In Cook County, unfavorably high in the Downtown/West Cook and South Cook areas.
- TREND: No statistically significant change has occurred when comparing “fair/poor” overall health reports to previous survey results.

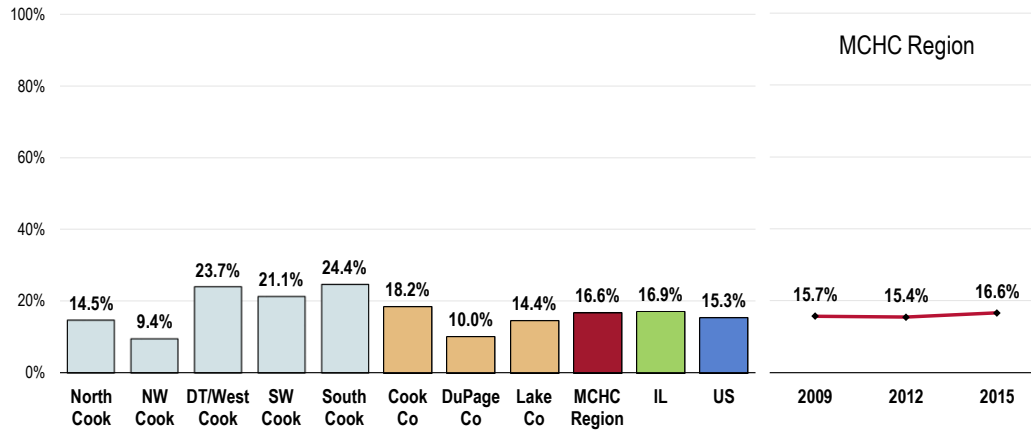
NOTE:

Differences noted in the text represent significant differences determined through statistical testing.

Where sample sizes permit, community-level data are provided.

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

Experience “Fair” or “Poor” Overall Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

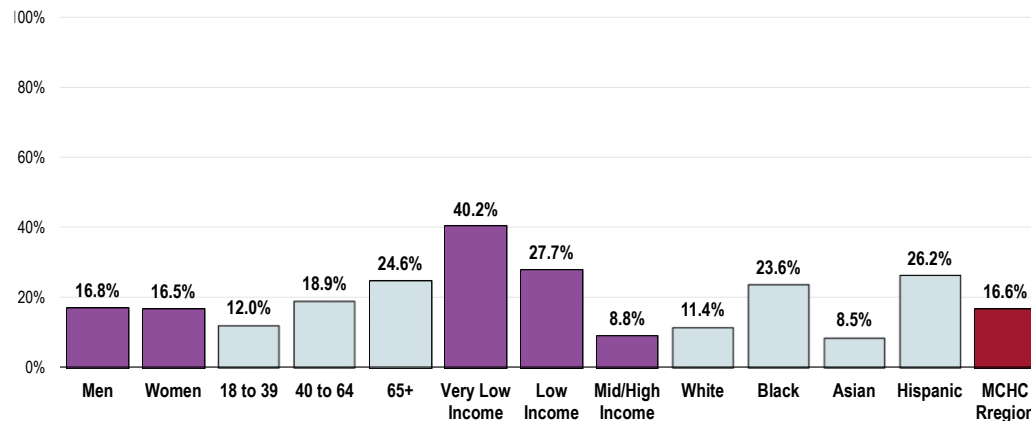
Notes: • Asked of all respondents.

Adults more likely to report experiencing “fair” or “poor” overall health include:

- Seniors (note the positive correlation with age).
- Residents living at lower incomes (negative correlation with age).
- Blacks and Hispanics.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

Experience “Fair” or “Poor” Overall Health (MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

RELATED ISSUE:
See also
*Potentially Disabling
Conditions in the
Death, Disease &
Chronic Conditions*
section of this report.

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

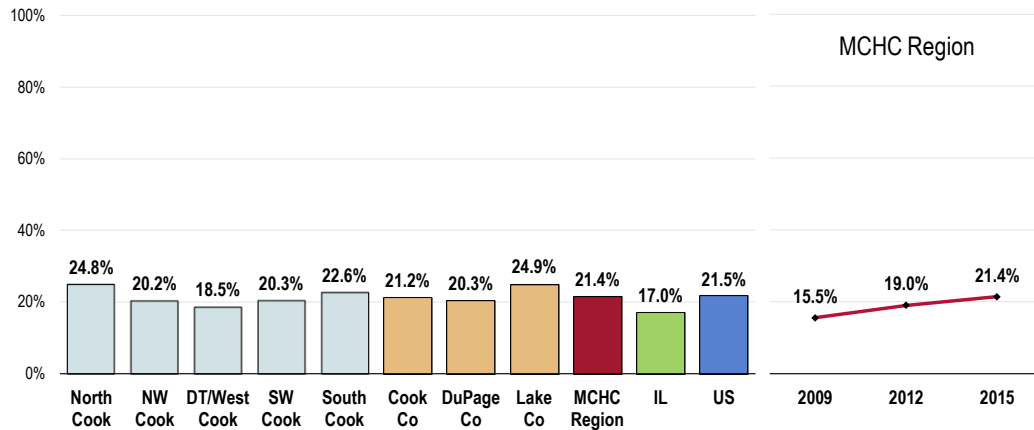
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

- Healthy People 2020 (www.healthypeople.gov)

A total of 21.4% of MCHC Region adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Less favorable than the prevalence statewide.
- Similar to the national prevalence.
- Statistically similar findings by county.
 - In Cook County, unfavorably high in the North Cook area; lowest in the Downtown/West community.
- TREND: Marks a statistically significant increase in activity limitations since 2009.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



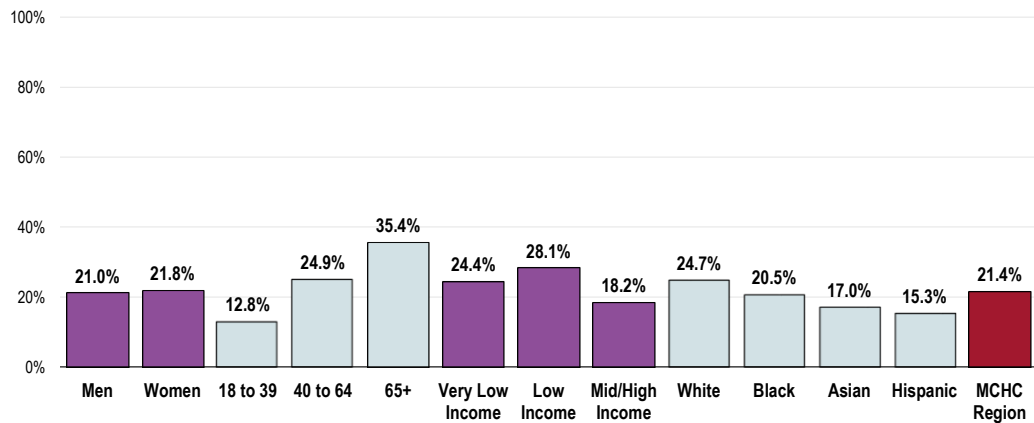
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- Adults age 40 and older are much more often limited in activities (note the positive correlation with age).
- Residents living at or near the federal poverty level are more likely to report activity limitations.
- Non-Hispanic Whites are more likely to report activity limitations.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (MCHC Region, 2015)

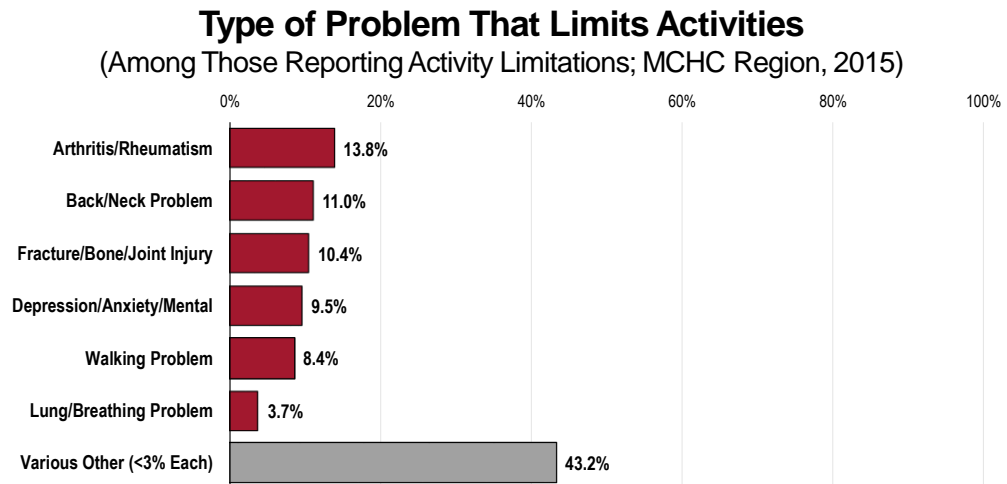


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]

Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as arthritis/rheumatism, back/neck problems, fractures or bone/joint injuries, or difficulty walking.

Other limitations reported with some frequency include depression/mental health issues and lung/breathing problems.



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of those respondents reporting activity limitations.

Mental Health

RELATED ISSUE:

See also
*Potentially Disabling
Conditions in the
Death, Disease &
Chronic Conditions
section of this report.*

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
 - The greatest opportunity for prevention is among young people.
 - There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
 - The incidence of depression among pregnant women and adolescents can be reduced.
 - School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
 - There are potential indicated preventive interventions for schizophrenia.
 - Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
 - School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
 - Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
 - Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
 - Implementation is complex, it is important that interventions be relevant to the target audiences.
 - In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.
- Healthy People 2020 (www.healthypeople.gov)

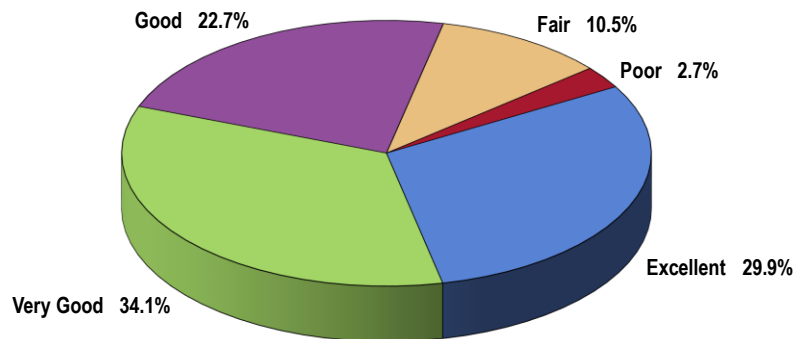
Self-Reported Mental Health Status

A total of 64.0% of MCHC Region adults rate their overall mental health as “excellent” or “very good.”

“Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?”

- Another 22.7% gave “good” ratings of their own mental health status.

Self-Reported Mental Health Status
(MCHC Region, 2015)

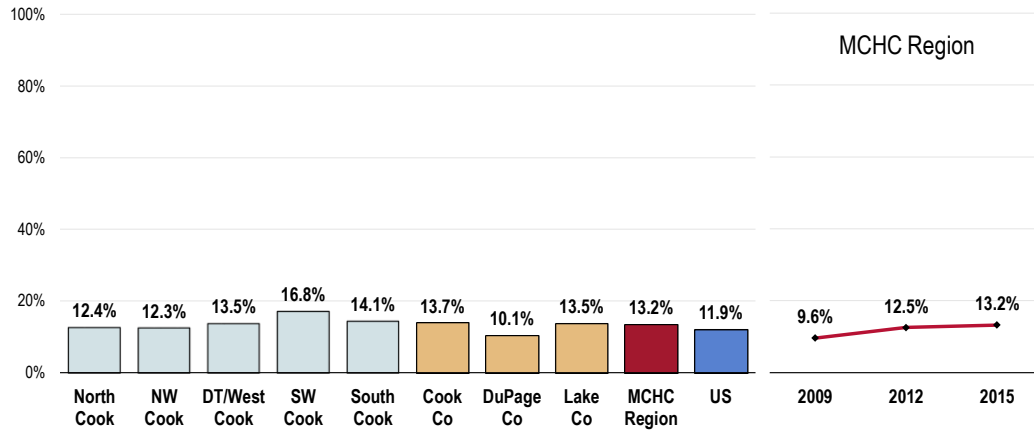


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: • Asked of all respondents.

A total of 13.2% of MCHC Region adults, however, believe that their overall mental health is “fair” or “poor.”

- Similar to the “fair/poor” response reported nationally.
- Favorably low in DuPage County.
 - In Cook County, unfavorably high in the Southwest Cook region.
- TREND: Denotes a statistically significant increase since 2009.

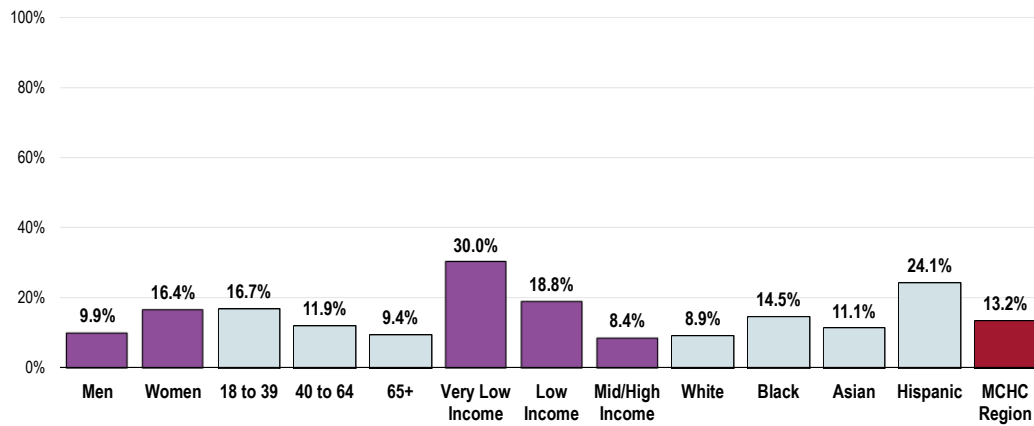
Experience “Fair” or “Poor” Mental Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Note the negative correlations between poor mental health and both age and income.
- Women, Non-Hispanic Blacks, and Hispanics are much more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

Experience “Fair” or “Poor” Mental Health (MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

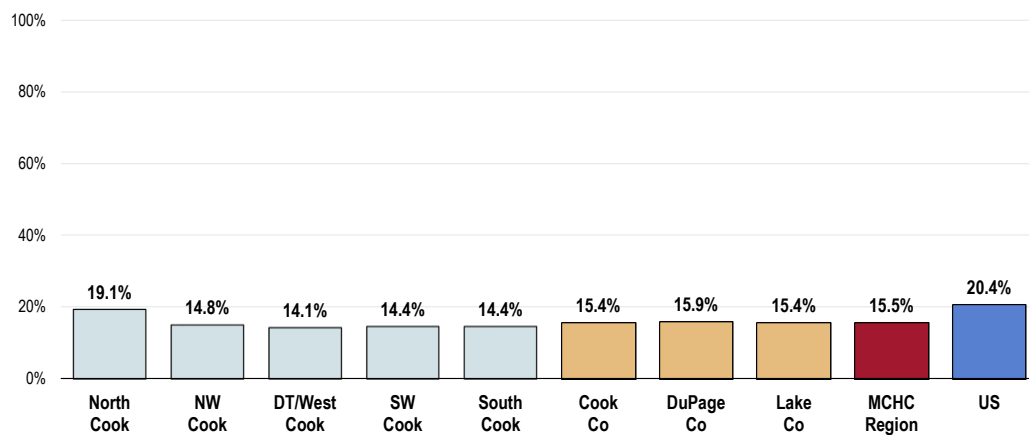
Depression

Diagnosed Depression

A total of 15.5% of MCHC Region adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Better than the national finding.
- Statistically similar by county.
 - In Cook County, unfavorably high in the North Cook area.

Have Been Diagnosed With a Depressive Disorder



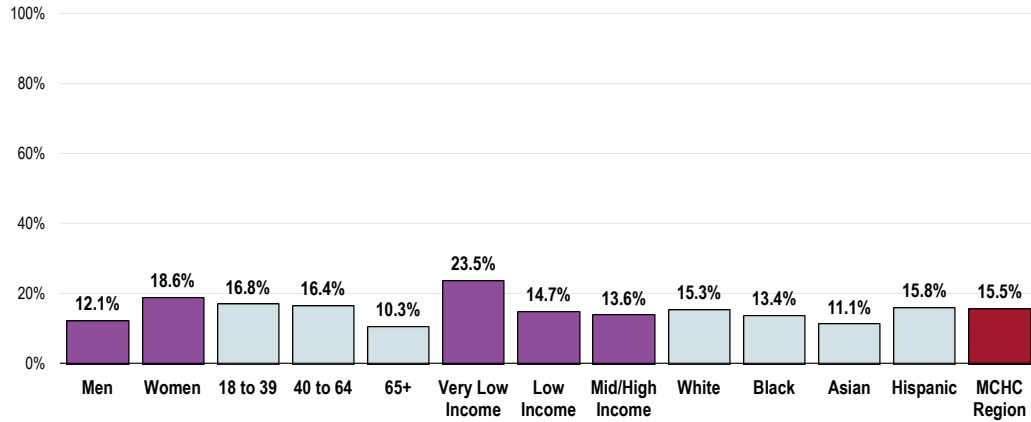
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.

The prevalence of diagnosed depression is notably higher among:

- Women.
- Adults under age 65.
- Community members living below the federal poverty level.

Have Been Diagnosed With a Depressive Disorder (MCHC Region, 2015)



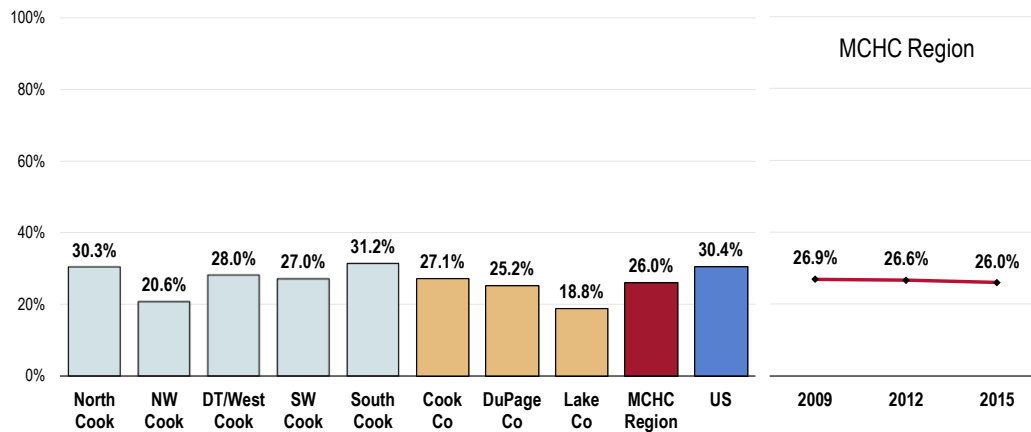
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
 Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 26.0% of MCHC Region adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- More favorable than national findings.
- Highest in Cook County; lowest in Lake County.
 - In Cook County, highest in South Cook and lowest in Northwest Cook.
- TREND: Statistically unchanged over time.

Have Experienced Symptoms of Chronic Depression

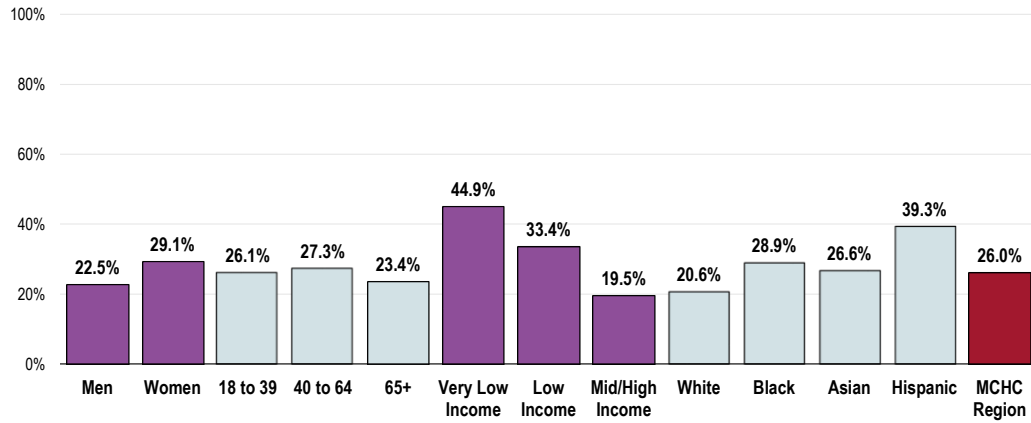


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

The prevalence of chronic depression is notably higher among:

- Women.
- Adults with lower incomes (negative correlation with income).
- Hispanics.

Have Experienced Symptoms of Chronic Depression (MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

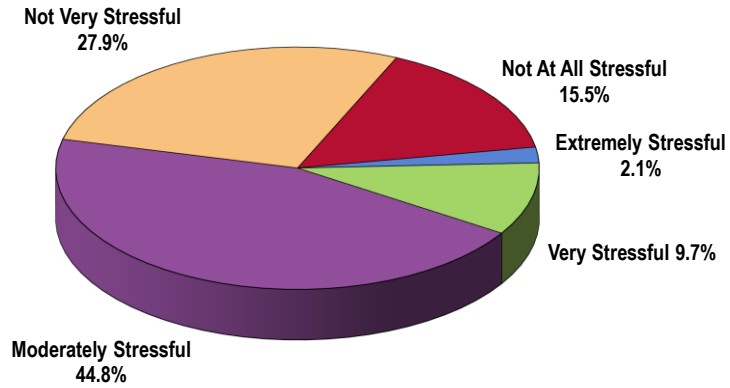
More than 4 in 10 regional adults consider their typical day to be “not very stressful” (27.9%) or “not at all stressful” (15.5%).

RELATED ISSUE:

- Another 44.8% of survey respondents characterize their typical day as “moderately stressful.”

See also *Substance Abuse in the Modifiable Health Risks* section of this report.

Perceived Level of Stress On a Typical Day (MCHC Region, 2015)

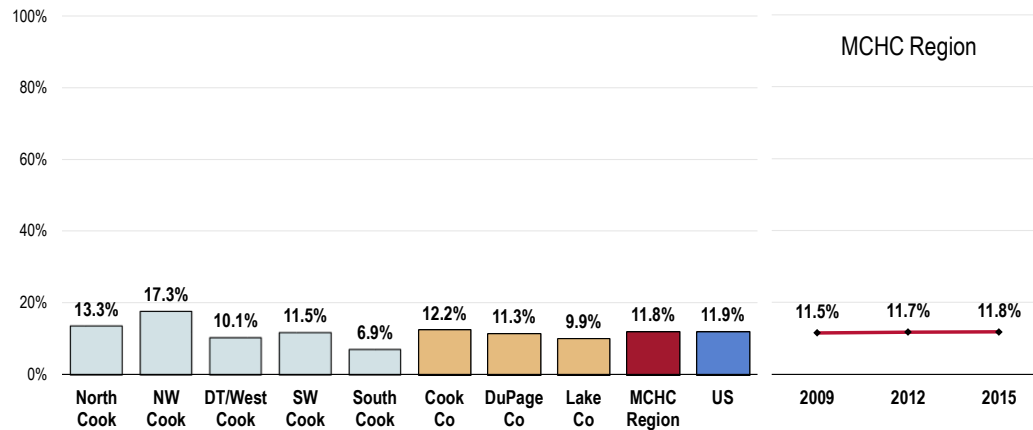


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
 Notes: • Asked of all respondents.

In contrast, 11.8% of MCHC Region adults experience “very” or “extremely” stressful days on a regular basis.

- Nearly identical to the national findings.
- Comparable findings by county.
 - In Cook County, highest in the Northwest area, lowest in the Downtown/West and South Cook communities.
- TREND: Statistically unchanged over time.

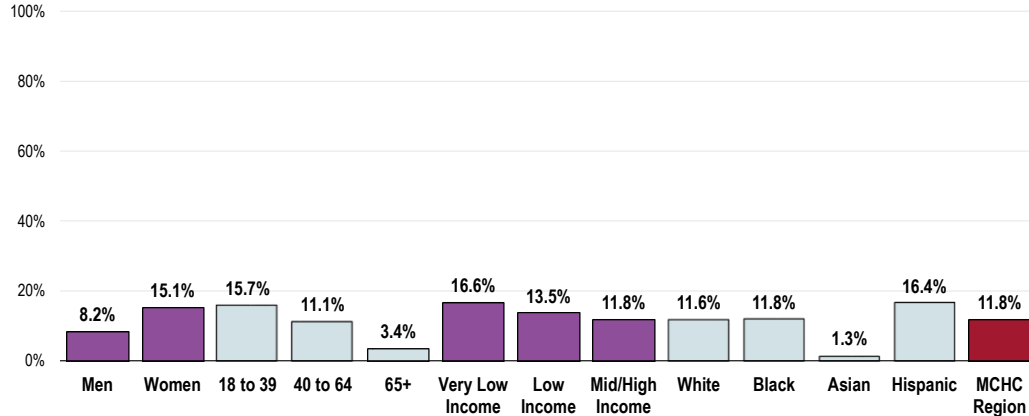
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 102]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Note that high stress levels are less prevalent among men, older residents (negative correlation with age), higher-income adults (negative correlation), and Asians.

Perceive Most Days as “Extremely” or “Very” Stressful (MCHC Region, 2015)

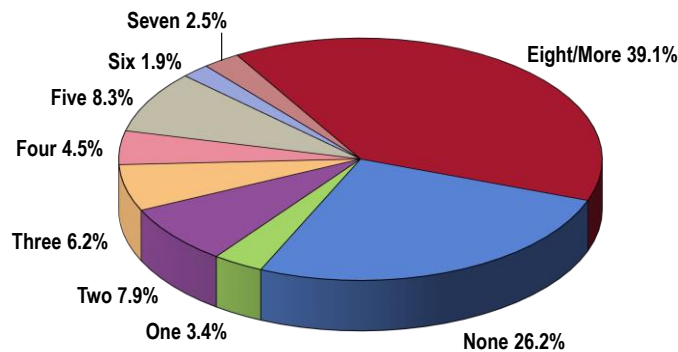


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Sleep

While 26.2% of survey respondents did not experience any days in the past month on which they did not get enough sleep, the majority (62.5%) reports experiencing 3 or more days in the past month on which they did not get enough rest or sleep.

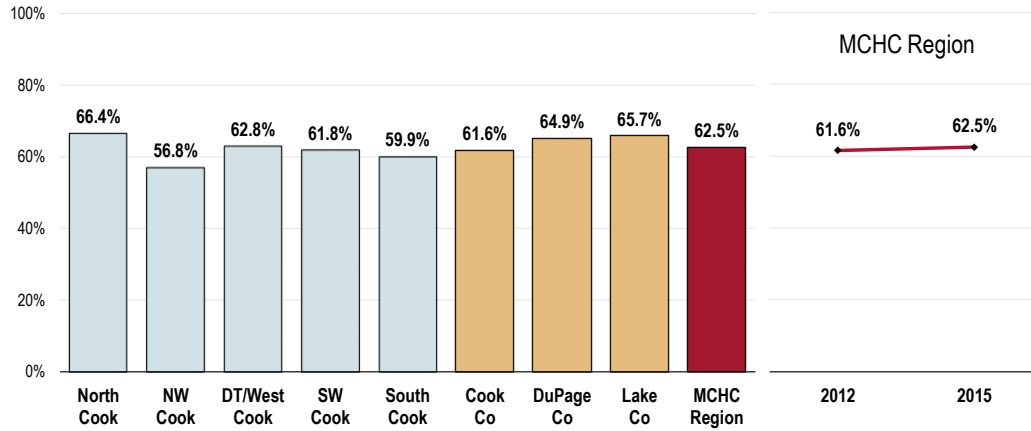
Number of Days in the Past Month Without Enough Sleep (MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
 Notes: • Asked of all respondents.

- The percentage of MCHC residents reporting 3+ days without enough rest or sleep is similar among the counties.
 - In Cook County, unfavorably high in North Cook; lowest in Northwest Cook.
- TREND: Statistically unchanged from 2012 survey results.

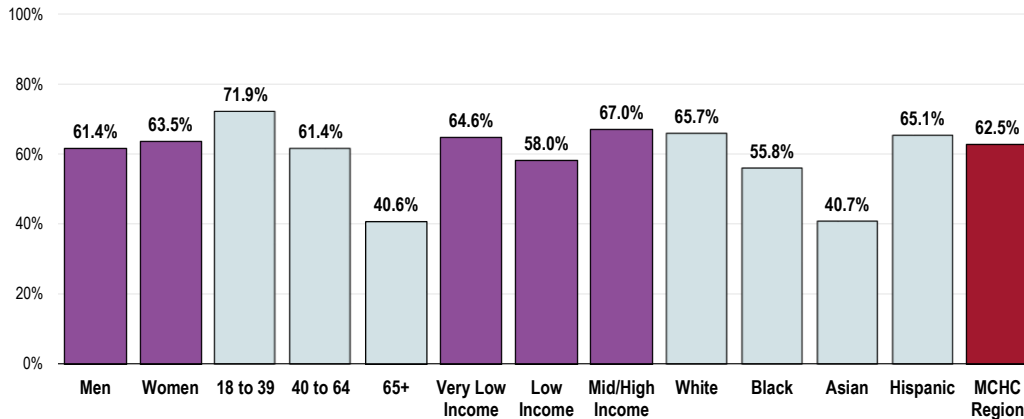
Had 3+ Days in the Past Month Without Enough Sleep



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 179]
 Notes: • Asked of all respondents.

- Adults more likely to report 3+ days of poor sleep in the past month include those under 65 (negative correlation with age), adults at either end of the income spectrum, Whites, and Hispanics.

Had 3+ Days in the Past Month Without Enough Sleep (MCHC Region, 2015)



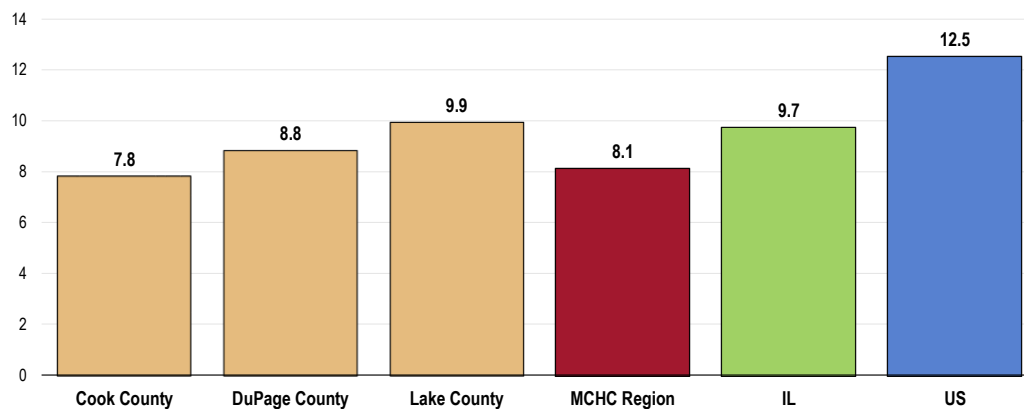
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 179]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide

Between 2011 and 2013, there was an annual average age-adjusted suicide rate of 8.1 deaths per 100,000 population in the MCHC Region.

- Lower than the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target of 10.2 or lower.
- Unfavorably high in Lake County; lowest in Cook County.

Suicide: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower

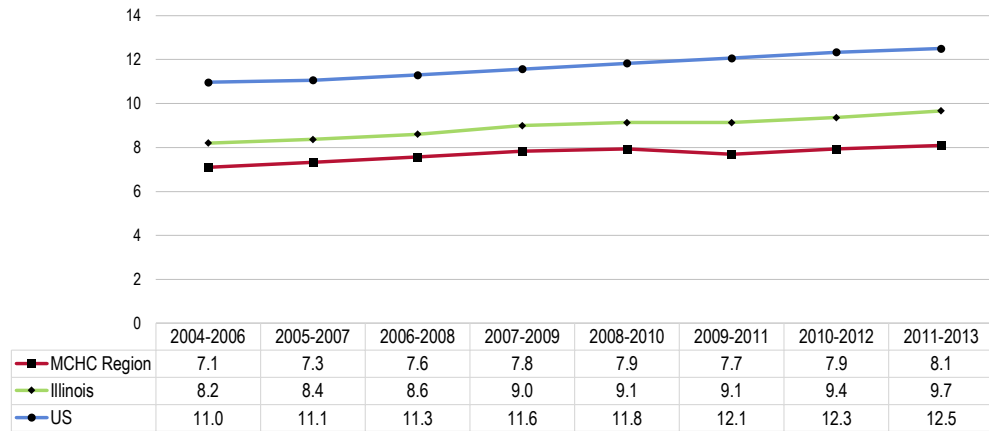


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The area suicide rate has overall trended upward, echoing state and national trends.

Suicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 10.2 or Lower



Sources: ● CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

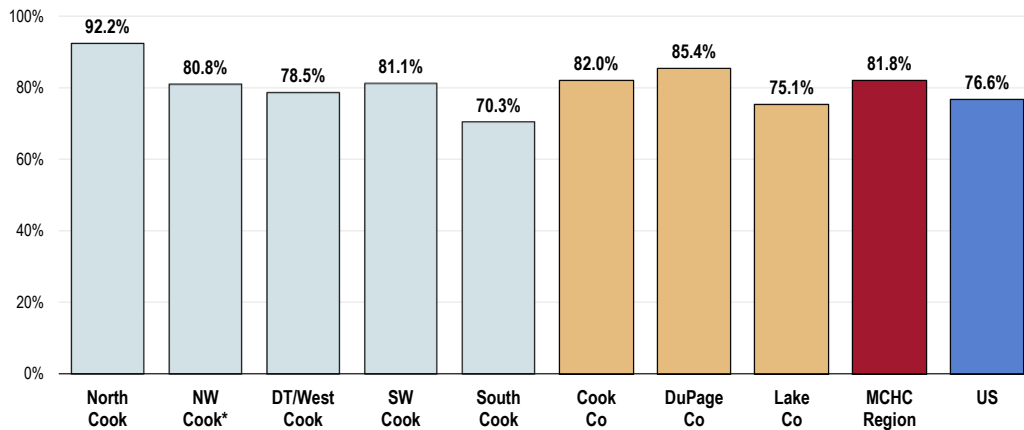
Mental Health Treatment

Among adults with a diagnosed depressive disorder, 81.8% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to national findings.
- Similar findings by county.
 - In Cook County, highest in North Cook, lowest in South Cook.

“Diagnosed depressive disorder” includes respondents reporting a past diagnosis of a depressive disorder by a physician (such as depression, major depression, dysthymia, or minor depression).

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem (Among Adults With Diagnosed Depressive Disorder)

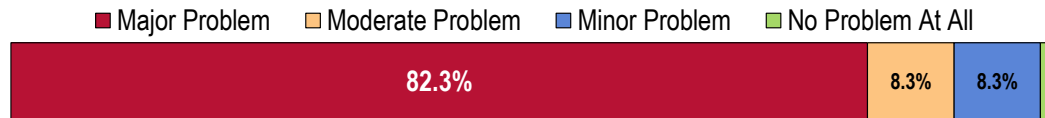


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).
 ● *Use caution when interpreting these survey results, as the sample size falls below 50.

Key Informant Input: Mental Health

Over 80% of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

CHALLENGES

Among those rating this issue as a “major problem,” the following represent what key informants see as the main challenges for persons with mental illness:

Access to Care

Access to care and treatment. Too many individuals with mental illness languish in our jails who are ill equipped to address their real problem. – Other Health Provider (Downtown/West Chicago)

The access to healthcare is very challenging, the people that struggle with mental health and need the most support do not have access to care. There's a stigma, lack of education, and this is another population that costs the community a lot of money when it was not treated. – Social Service Representative (Northwest Cook County)

Availability to get to mental health services, affordability of mental health services, treating co-morbidities. – Public Health Expert (Lake County)

Lack of access to psychiatry services and counseling. – Physician (Downtown/West Cook County)

Access to care. – Community/Business Leader (Northwest Cook County)

Access to community based counseling and treatment services in a timely fashion. – Public Health Expert (Downtown/West Cook County)

Access to care, stigma. – Physician (South Cook County)

Lack of access to counseling. Psychiatrists and other mental health resources. – Public Health Expert (Cook County Overall)

It is a generalized issue throughout Chicago. SCH mental health providers do not currently accept Medicaid, let alone uninsured patients. The FQHCs in our area do provide some mental health services, but only to established patients of their clinics or organizations. – Other Health Provider (Downtown/West Cook County)

Lack of access to mental health care for Medicaid coverage in Metro Chicago. – Other Health Provider (Southwest Cook County)

Huge gap in mental health services for people who are low income. There aren't resources to refer people to as a community based organization and the few that exist are in financial crises and/or have very long waiting times before someone can be seen. Without comprehensive mental health care people remain in crises and their other life problems are exasperated. – Social Service Representative (Downtown/West Cook County)

Long waiting lists to access psychiatric services and medications and in particular for persons recently incarcerated. – Community/Business Leader (Southwest Cook County)

Access to mental health professionals in a timely fashion and limited inpatient capacity for those who need it. Also, delays in treatment due to overburdening the mechanisms in place to evaluate patients in a crisis setting. – Physician (Northwest Cook County)

Services are not covered under many plans. Long waiting lists at the Community Mental Health Centers. – Social Service Representative (Northwest Cook County)

Lack of services for underinsured. Long wait times for services. Unable to obtain needed medications. – Other Health Provider (Northwest Cook County)

People who are underinsured or uninsured have a very hard time accessing mental health treatment. – Social Service Representative (DuPage County)

Clinics being closed. – Social Service Representative (Southwest Cook County)

Access to affordable, evidence-based mental illness services that also treat the co-occurring substance addiction and can provide resources to address the other co-morbidities of homelessness and unemployment. – Social Service Representative (Downtown/West Cook County)

Access to medications and services that are needed to manage one's illness. – Social Service Representative (Downtown/West Cook County)

Lack of access to outpatient treatment/care. – Public Health Expert (Lake County)

Access to affordable care options, stigma associated with having such an illness. – Social Service Representative (Northwest Cook County)

Our biggest challenge is affordable substance abuse treatment for persons ages 21 and up in the suburbs. While services exist for minors or for persons with good health insurance, those that lack coverage for whatever reason are left in the dark or must move to Chicago for services. – Other Health Provider (Northwest Cook County)

Having access to an integrated care system that allows for coordinated care and management for mentally ill patients. – Other Health Provider (South Cook County)

Poorly coordinated mental health system. – Public Health Expert (Downtown/West Cook County)

Recognizing the need for help, accessing appropriate treatment, and follow up care. – Community/Business Leader (Cook County Overall)

Getting services. – Public Health Expert (Southwest Cook County)

Lack of Resources

Mental Health services have been cut on local, city and state levels. Residents don't have access to services and are not processing the social and emotional challenges. – Other Health Provider (Southwest Cook County)

Difficult to treat and find resources that are affordable. – Social Service Representative (Northwest Cook County)

Since the decommissioning of services and hospitals an increasing number of the mentally unwell are also the unhoused and unemployed. Few major providers exist for low income folks who have mental health challenges. Barriers exist for those of moderate and upper level income. Schools still cannot meet the need of students and local practitioners are not well versed at screening or referrals for support. – Social Service Representative (DuPage County)

Not enough mental health care is available to those that are affected by the problem. – Community/Business Leader (Southwest Cook County)

There are scarce resources for those who are severely mentally ill. – Public Health Expert (Lake County)

Lack of resourcing for mental health treatment, lack of psychiatry, lack of resources for chronically mentally ill. – Public Health Expert (Lake County)

While there are a number of mental health programs in the community, the biggest challenge is housing for individuals facing mental health challenges. Many of the homeless in the neighborhood have mental health issues. – Other Health Provider (Southwest Cook County)

Lack of resources because of cutbacks. – Community/Business Leader (Southwest Cook County)

Needed on campus to service this population, access to Psychiatrists and Psychotherapists for outpatient services on campus, adult MH PHP/IOP not yet on campus, training and education

of general medical staff to care for patients with mental health problems. – Other Health Provider (Northwest Cook County)

Lack of community programs to assure patients get and take their medications and that get access to inpatient and outpatient therapy. Homeless issue. – Community/Business Leader (Downtown/West Cook County)

The demand for services far exceeds the capacity of providers, especially for psychiatric care. The "system" of care needs better coordination of effort and focus on prevention to avoid escalation of disease. – Community/Business Leader (Lake County)

Not enough specialists. – Physician (Southwest Cook County)

Low number of behavior health providers, particularly for underinsured individuals. – Public Health Expert (Downtown/West Cook County)

There are no mental health service providers for adults or children in this community. – Community/Business Leader (Downtown/West Cook County)

Lack of Inpatient treatment facilities, lack of programs in general. Undiagnosed problems, lack of money for medications, lack of compliance when medication is provided. No oversight/support by family or friends. Social stigmas prevent people from seeking help. – Social Service Representative (Southwest Cook County)

For individuals with severe mental illness (SMI), there are both gaps in psychiatry and medical care. The gap in psychiatry is significant and recruitment efforts are challenging. – Public Health Expert (Lake County)

Lack of providers, lack of transportation to providers, underinsured, and the stigma. – Community/Business Leader (Lake County)

Ongoing care and support are a big challenge, especially for those who have limited or no insurance. Even if a client can get their medications, which are very cost prohibitive, getting ongoing therapy with a qualified bilingual (Spanish) Psychologist is very difficult, especially for the young adult. – Other Health Provider (Northwest Cook County)

There are too few mental health providers. Psychiatrists are in short supply. Insurance companies make it very difficult to access counseling services and create many barriers to adequate and timely payment for services. There is need for more acute, inpatient services. These needs are especially pressing for those with Medicaid or without insurance. There continues to be an unnatural and detrimental bifurcation between "mental" and "physical" health when, in truth, one affects the other significantly in all of us. – Public Health Expert (Lake County)

Social Stigma

Culturally, mental illness is taboo and seldom diagnosed or treated. – Social Service Representative (Downtown/West Cook County)

Social stigma. – Physician (Southwest Cook County)

The stigma attached to mental health in the African American community. Coupled with the diminishing resources due to budget cuts. – Other Health Provider (Southwest Cook County)

Stigma related to mental health is huge. Most people don't admit having mental health issues. There are far too few services available to serve people when they do acknowledge having mental health issues. – Community/Business Leader (Southwest Cook County)

The stigma of being diagnosed with a behavior health condition. Inadequate inpatient beds or intensive outpatient assistance. Inadequate resources to identify and treat post-traumatic stress disorders, inadequate suicide/crisis prevention resources. Inadequate resources to support addiction recovery. – Other Health Provider (Northwest Cook County)

Stigma surrounding mental health persists. – Social Service Representative (Downtown/West Cook County)

Stigma is a barrier to seeking out services and there is a lack of culturally and linguistically appropriate services.

Understanding that it is a common need, dealing with the stigma. Being able to navigate the health care system and the health care financing systems to access the right care at the right time. Lack of medical provider capacity/comfort in dealing with some of the more "routine"/less acute mental health concerns in a primary care setting. – Public Health Expert (DuPage County)

Co-occurring Conditions

The biggest challenge is facing up to the issues in our lives that lead to such results as alcohol and drug abuse, domestic abuse and a whole raft of co-dependent behaviors. – Community/Business Leader (DuPage County)

This is the leading cause to community violence, people do not realize they have mental health concerns and avoid doctor visits due to the stigma of being ill. – Community/Business Leader (Southwest Cook County)

Living with low incomes can lead to high levels of stress. – Other Health Provider (Downtown/West Cook County)

Anxiety and related disorders, including substance abuse. Ours is a high-achieving, data-driven community demanding excellence of all. Adults set the tone. Most are well-educated striving for success in their careers. These parents also measure their own success by how their children perform. Students feel tremendous pressure to "exceed expectations" academically and athletically. Many adults have experienced the added stress of job loss since the economic crisis in 2008 and many have struggled with economic insecurity since. This has created stress and challenged coping skills. It has forced both parents to work to maintain prior standards of living. As costs outpace income, people worry tremendously about how to keep up and get ahead. Children feel all of this. Regardless of circumstances, they are also still expected to compete and perform, to display the right labels on their shoes, bags and phones. Denial and stigma are the biggest mental health challenges. – Community/Business Leader (DuPage County)

Violence and homelessness. – Community/Business Leader (Downtown/West Cook County)

Data Reflects High Prevalence

Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider (South Cook County)

Illinois (IL) ranks 35th nationally in per-income spending for the treatment of mental illness. IL ranks 13th in per capita income (Center for Tax and Budget Accountability, Feb 2010). In 2006, IL spent \$1,679 per mental health client. This is 61 percent less than the average expenditure in the top 10 states (State Mental Health Spending Report, Nov 2009). The conservative estimate is that 7.7 percent of IL adults, or more than 994,000, had a severe mental illness during the past year (U.S. Center for Mental Health Services, Census data Jul 2009). IL's population is 29.1 percent children under the age of 19 (3,614,014), 10 percent of these children (361,401) have a serious emotional disturbance impairing their functioning and ability to learn (U.S. Surgeon General's Report on Children, 2003, Census Jul 2009). – Public Health Expert (South Cook County)

Follow-up & Ongoing Care

Outpatient follow-up medication compliance. – Other Health Provider (Downtown/West Cook County)

Lack of continuity of care. – Other Health Provider (Downtown/West Cook County)

Very little support or resources for ongoing care. – Public Health Expert (Northwest Cook County)

Ongoing supportive services, housing, maintaining medication. – Social Service Representative (South Cook County)

Death, Disease & Chronic Conditions

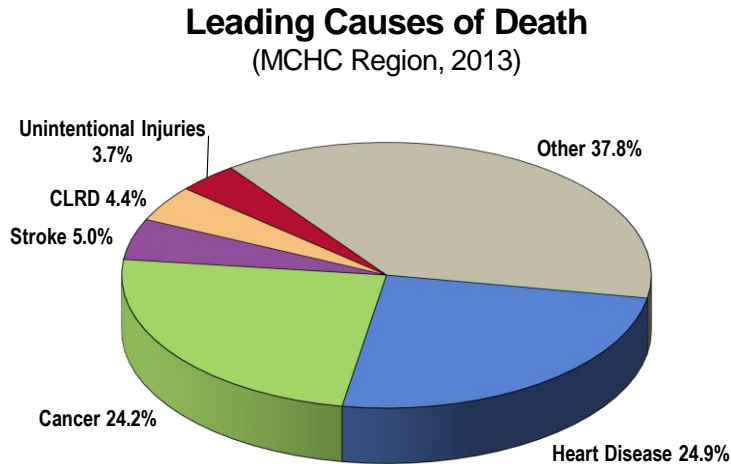


Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for more than one-half of all deaths in the MCHC Region in 2013.



- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, Illinois and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2011-2013 annual average age-adjusted death rates per 100,000 population for selected causes of death in the MCHC Region.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Note that age-adjusted mortality rates in the MCHC Region are worse than national rates for pneumonia/influenza, homicide, and kidney disease.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, MCHC Region rates fail to satisfy the related goals for heart disease and homicide.

Age-Adjusted Death Rates for Selected Causes (2011-2013 Deaths per 100,000 Population)

	MCHC Region	Illinois	US	HP2020
Diseases of the Heart	172.0	173.9	171.3	156.9*
Malignant Neoplasms (Cancers)	169.2	174.2	166.2	161.4
Cerebrovascular Disease (Stroke)	35.4	37.7	37.0	34.8
Chronic Lower Respiratory Disease (CLRD)	31.0	39.3	42.0	n/a
Unintentional Injuries	25.7	32.9	39.2	36.4
Diabetes Mellitus	19.3	19.4	21.3	20.5*
Pneumonia/Influenza	16.6	16.8	15.3	n/a
Alzheimer's Disease	16.4	20.0	24.0	n/a
Kidney Diseases	16.2	17.1	13.2	n/a
Drug-Induced	11.1	12.1	14.1	11.3
Firearm-Related	9.6	8.8	10.4	9.3
Homicide/Legal Intervention	8.6	6.3	5.3	5.5
Cirrhosis/Liver Disease	8.3	8.5	9.9	8.2
Intentional Self-Harm (Suicide)	8.1	9.7	12.5	10.2
Motor Vehicle Deaths	5.4	7.9	10.7	12.4
HIV/AIDS	2.2	1.6	2.2	3.3

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.

Note:

- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.

- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

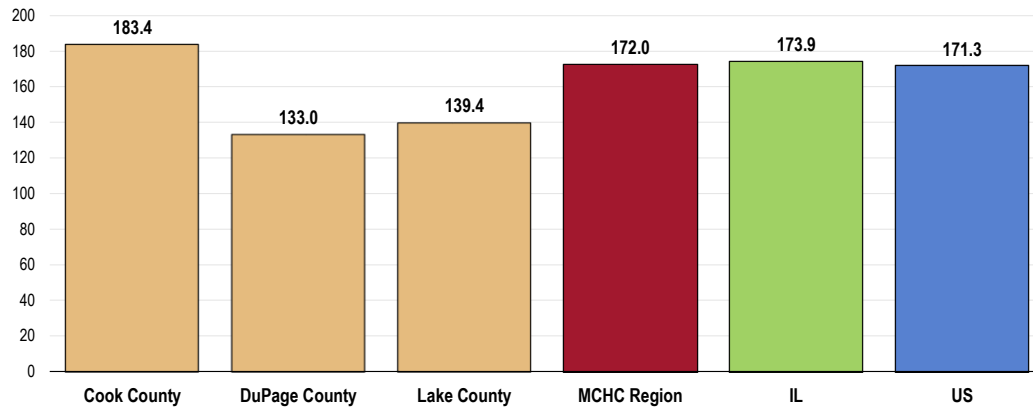
Heart Disease Deaths

Between 2011 and 2013 there was an annual average age-adjusted heart disease mortality rate of 172.0 deaths per 100,000 population in the MCHC Region.

- Similar to the statewide rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Much higher in Cook County than in DuPage and Lake counties.

The greatest share of cardiovascular deaths is attributed to heart disease.

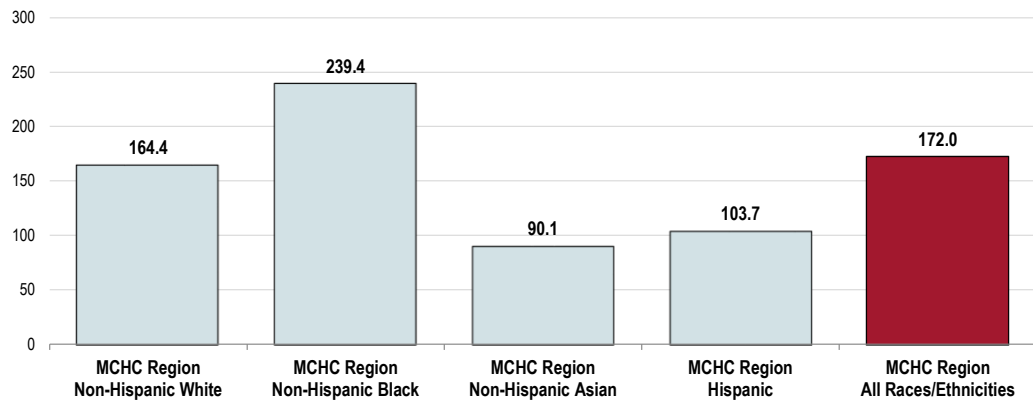
Heart Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- By race, the heart disease mortality rate is notably higher among Non-Hispanic Whites (and especially high among Non-Hispanic Blacks) when compared with Non-Hispanic Asians and Hispanics.

Heart Disease: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



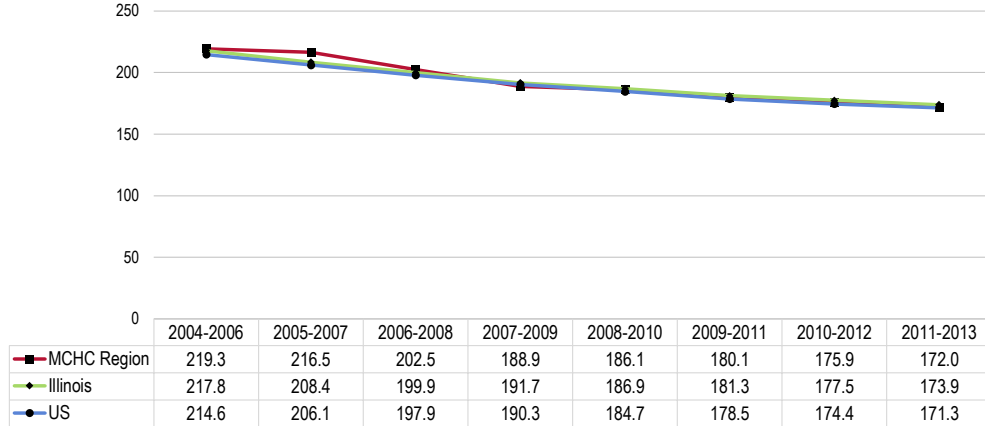
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- **TREND:** The heart disease mortality rate has decreased in the MCHC Region, echoing the decreasing trends across Illinois and the US overall.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

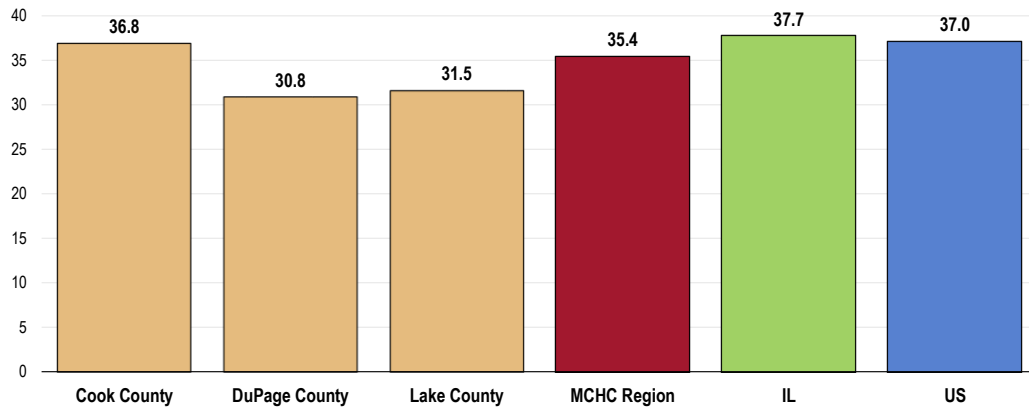
Stroke Deaths

Between 2011 and 2013, there was an annual average age-adjusted stroke mortality rate of 35.4 deaths per 100,000 population in the MCHC Region.

- More favorable than the Illinois rate.
- Comparable to the national rate.
- Similar to the Healthy People 2020 target of 34.8 or lower.
- Unfavorably high in Cook County.

Stroke: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower

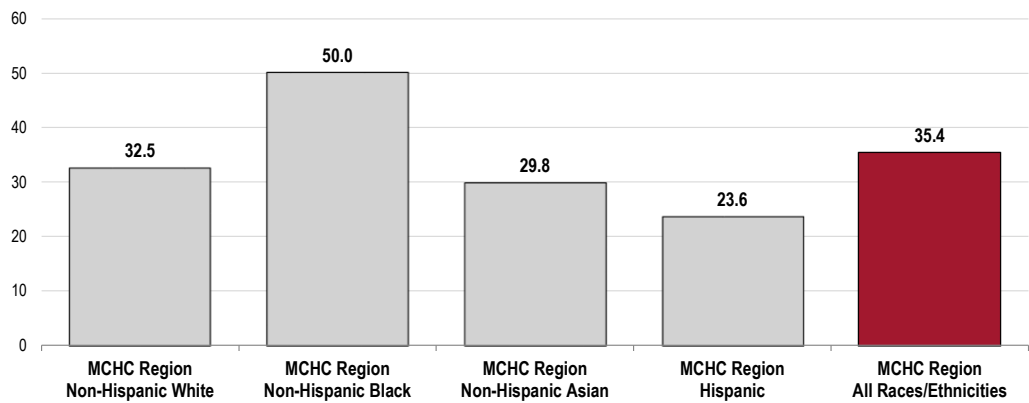


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- Stroke mortality is highest in the Non-Hispanic Black population, lowest among Hispanics in the MCHC region.

Stroke: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)

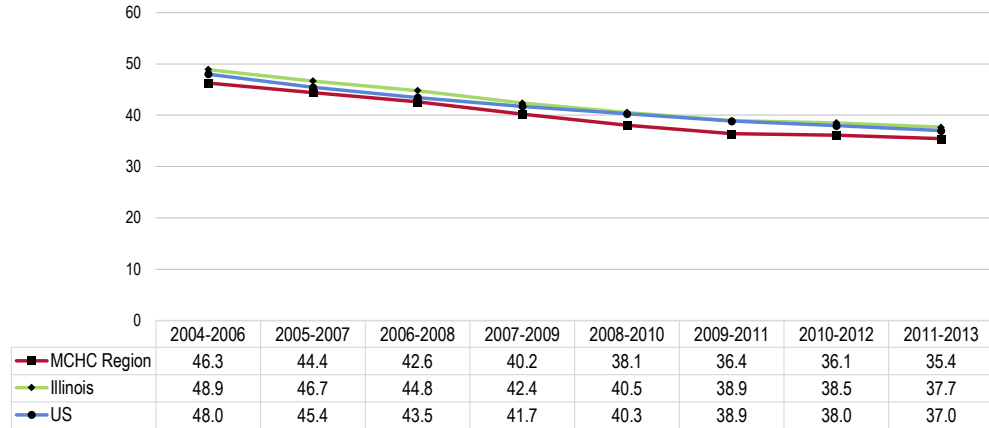
Healthy People 2020 Target = 34.8 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The stroke rate has declined in recent years, echoing the trends reported across Illinois and the US overall.

Stroke: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 34.8 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 ● Local, state and national data are simple three-year averages.

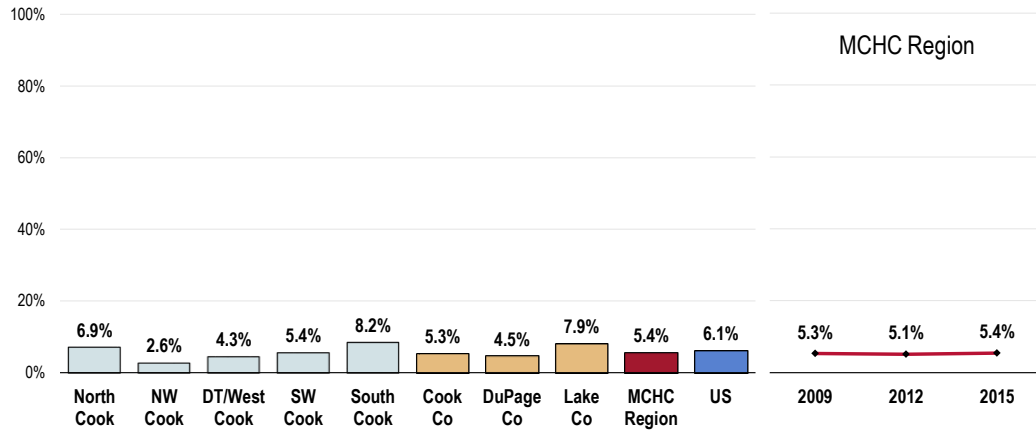
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 5.4% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- Similar by county.
 - In Cook County, unfavorably high in South Cook; lowest in Northwest Cook.
- **TREND:** Statistically unchanged since 2009.

Prevalence of Heart Disease

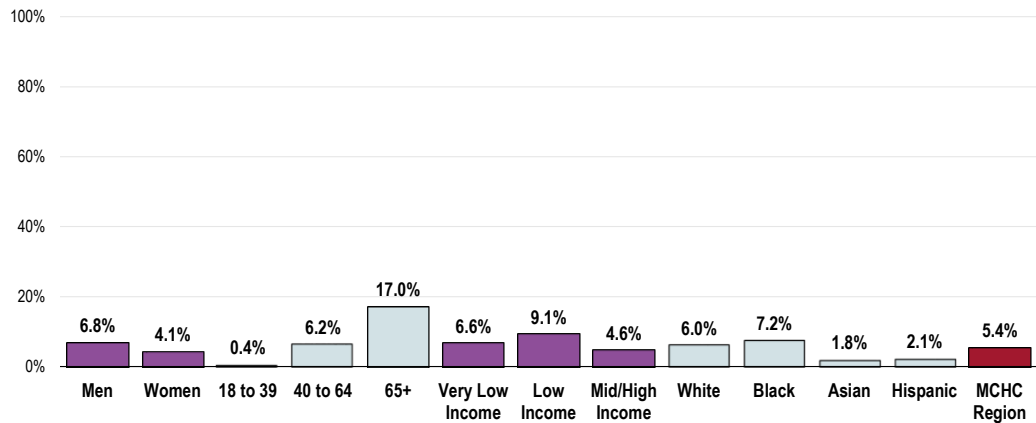


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 124]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina or coronary heart disease.

Adults more likely to have been diagnosed with chronic heart disease include:

- Men.
- Seniors (positive correlation with age).
- Residents living just above the federal poverty level (aka “the working poor”).
- Whites and Blacks.

Prevalence of Heart Disease (MCHC Region, 2015)

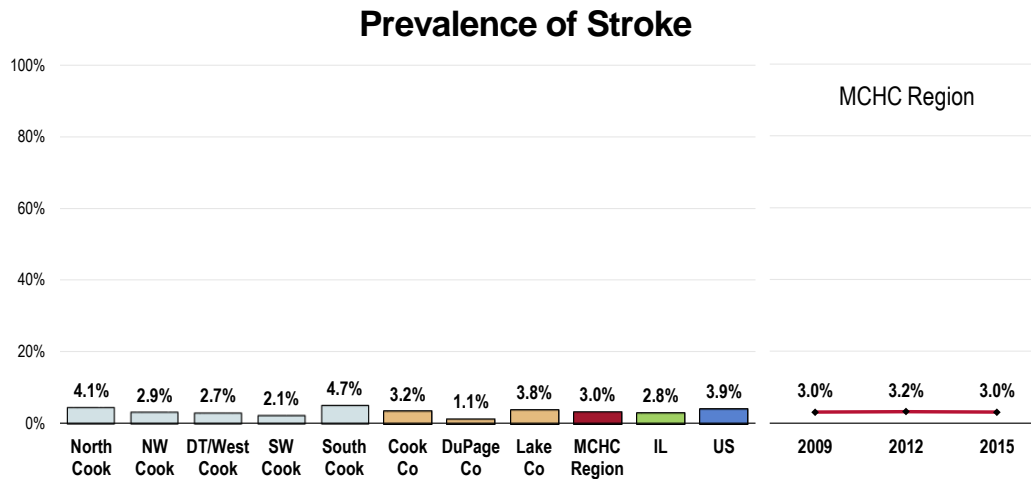


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina or coronary heart disease.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 3.0% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings.
- Similar to national findings.
- Favorably low in DuPage County.
 - In Cook County, similar findings among the five Cook County subareas.
- TREND: No change from 2009 survey findings.



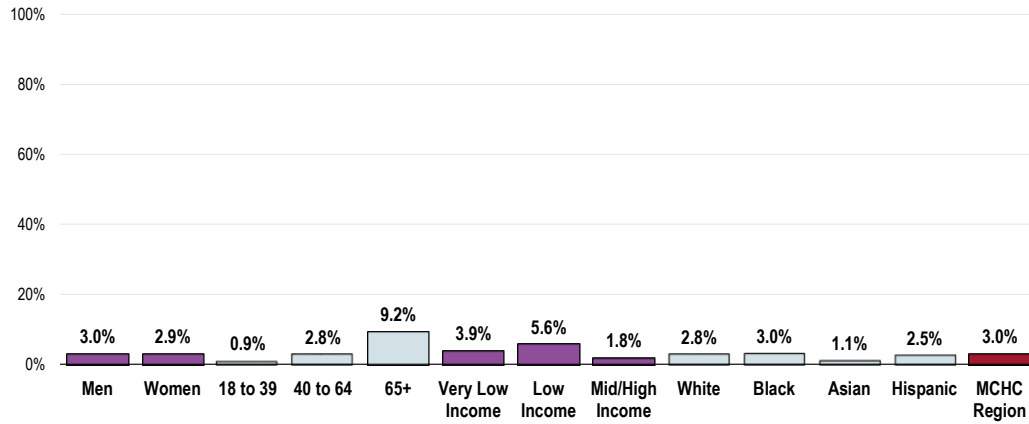
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.

Notes: • Asked of all respondents.

Adults more likely to have been diagnosed with stroke include:

- Residents age 40 and older (positive correlation with age).
- Those living in lower-income households.

Prevalence of Stroke (MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

Hypertension (High Blood Pressure)

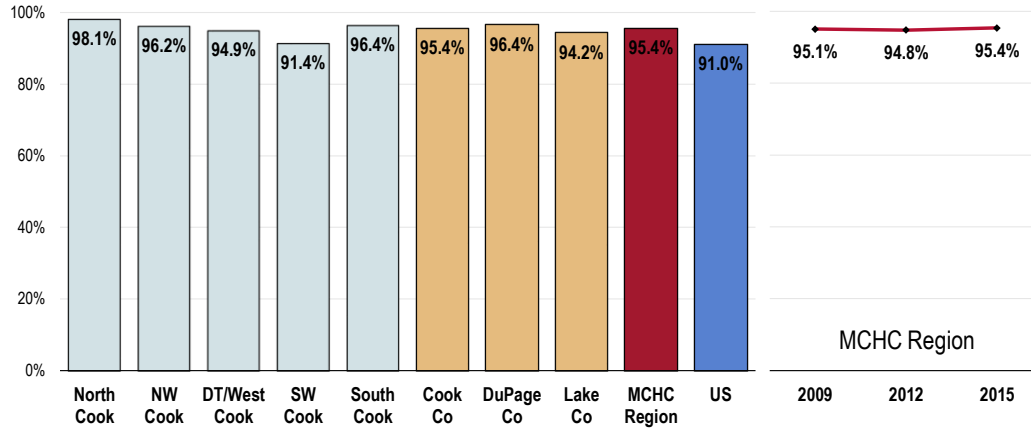
High Blood Pressure Testing

A total of 95.4% of MCHC Region adults have had their blood pressure tested within the past two years.

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (92.6% or higher).
- Similar findings by county.
 - In Cook County, favorably high in the North; lowest in the Southwest.
- TREND: Statistically unchanged since 2009.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



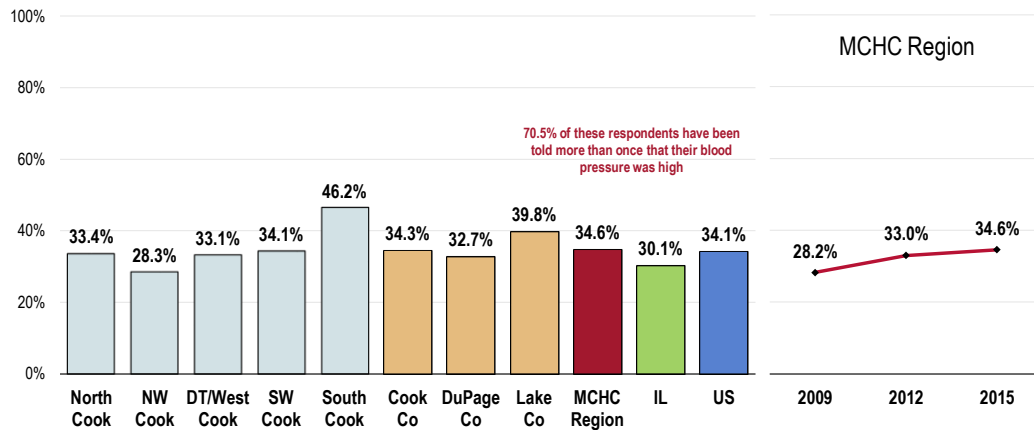
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]
 Notes: • Asked of all respondents.

Prevalence of Hypertension

A total of 34.6% of regional adults have been told that their blood pressure was high.

- Less favorable than the Illinois prevalence.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Unfavorably high in Lake County.
 - In Cook County, highest in the South, lowest in the Northwest.
- TREND: Marks a statistically significant increase over time.
- Among hypertensive adults, 70.5% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure Healthy People 2020 Target = 26.9% or Lower



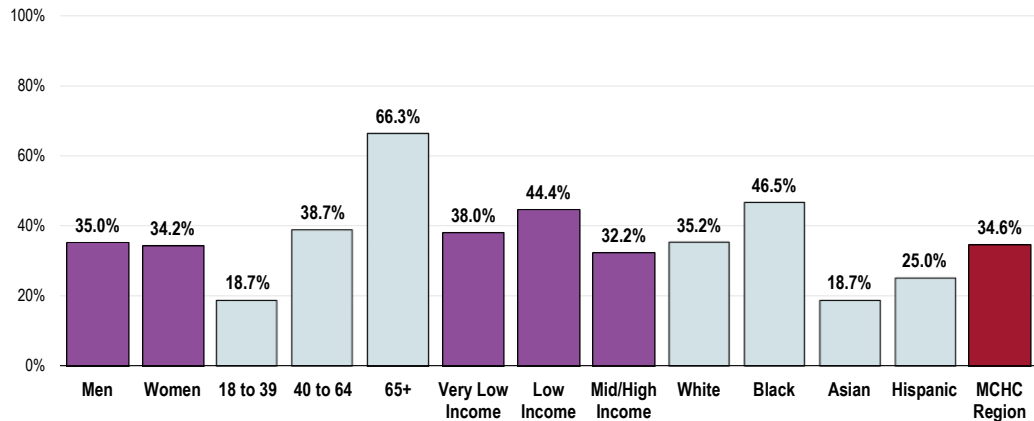
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 125]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

Notes: • Asked of all respondents.

Hypertension diagnoses are higher among:

- Adults age 40 and older, and especially those age 65+ (positive correlation).
- Residents in households with lower annual incomes.
- Whites and Blacks.

Prevalence of High Blood Pressure (MCHC Region, 2015) Healthy People 2020 Target = 26.9% or Lower



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hypertension Management

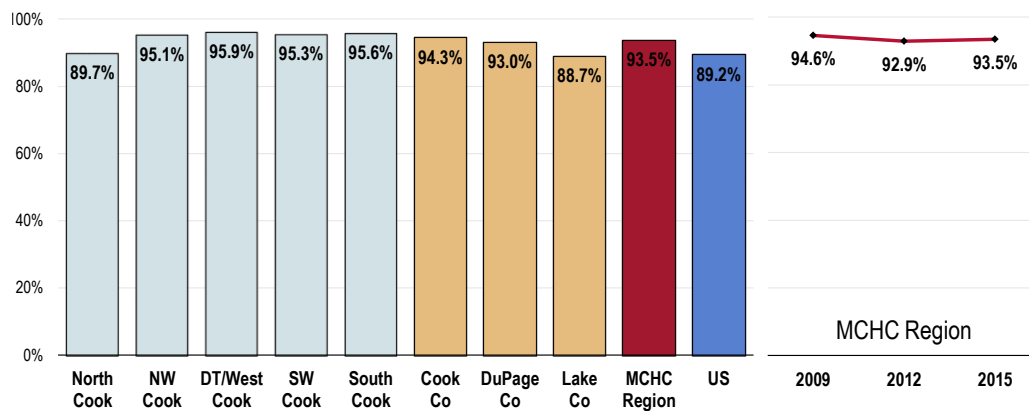
Among respondents who have been told that their blood pressure was high, 93.5% report that they are currently taking actions to control their condition.

Respondents reporting high blood pressure were further asked:

“Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?”

- Better than national findings.
- Comparable findings by county.
 - In Cook County, unfavorably low among hypertensive adults in the North.
- TREND: Statistically unchanged since 2009.

Taking Action to Control Hypertension (Among Adults With High Blood Pressure)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents who have been diagnosed with high blood pressure.
 • In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

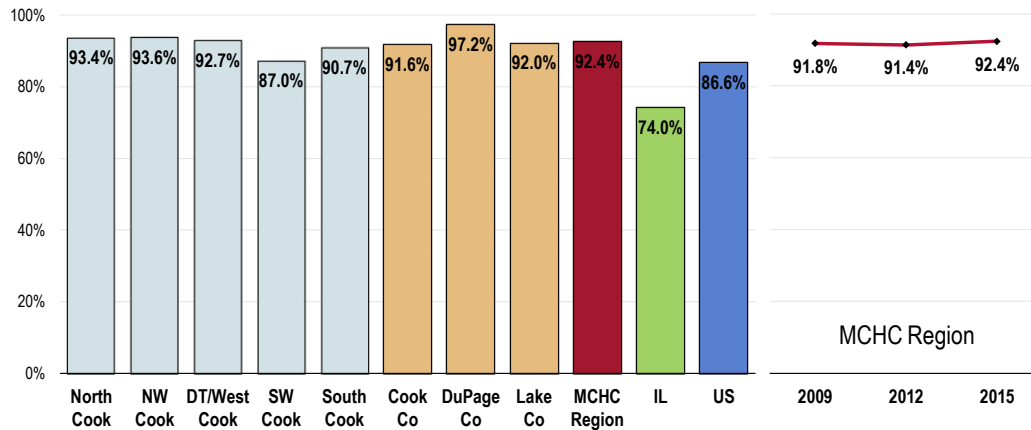
Blood Cholesterol Testing

A total of 92.4% of MCHC Region adults have had their blood cholesterol checked within the past five years.

- More favorable than Illinois findings.
- More favorable than the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Highest in DuPage County; lowest in Cook County.
 - Unfavorably low in Southwest Cook County.
- TREND: Statistically unchanged over time.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]

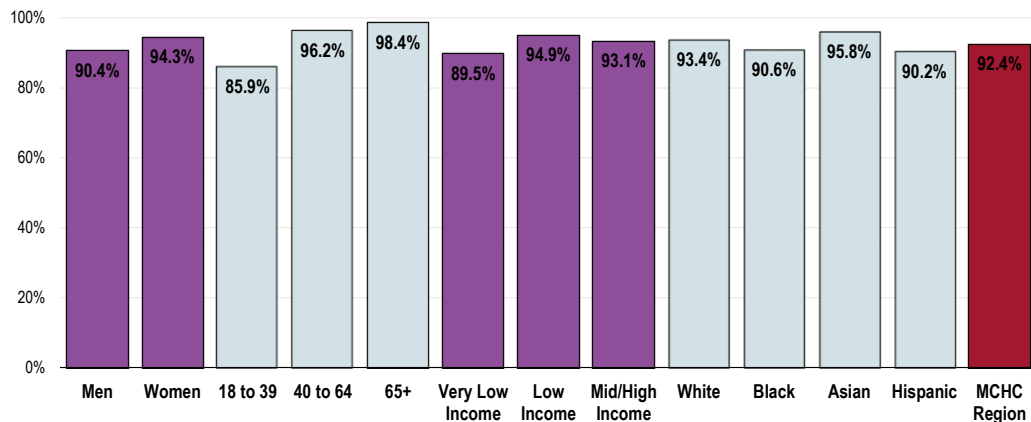
Notes: • Asked of all respondents.

The following demographic segments report lower screening levels:

- Men.
- Adults under age 65, and especially those under 40.
- Residents in the lowest income breakout.
- Blacks and Hispanics.

Have Had Blood Cholesterol Levels Checked in the Past Five Years (MCHC Region, 2015)

Healthy People 2020 Target = 82.1% or Higher



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]

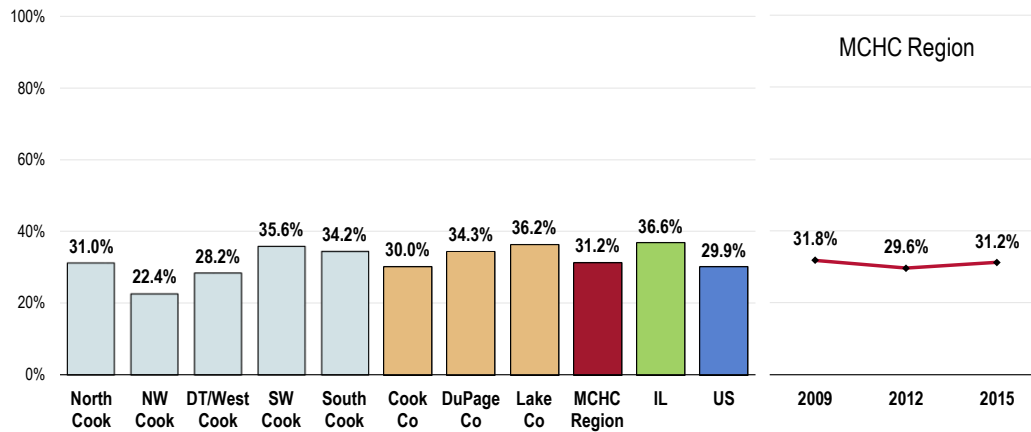
Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported High Blood Cholesterol

A total of 31.2% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the Illinois findings.
- Similar to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- Favorably low in Cook County.
 - Unfavorably high in Southwest and South Cook County; lowest in Northwest Cook.
- TREND: Statistically unchanged since 2009.

Prevalence of High Blood Cholesterol
 Healthy People 2020 Target = 13.5% or Lower



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]

 Notes:

- Asked of all respondents.
- *The Illinois data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

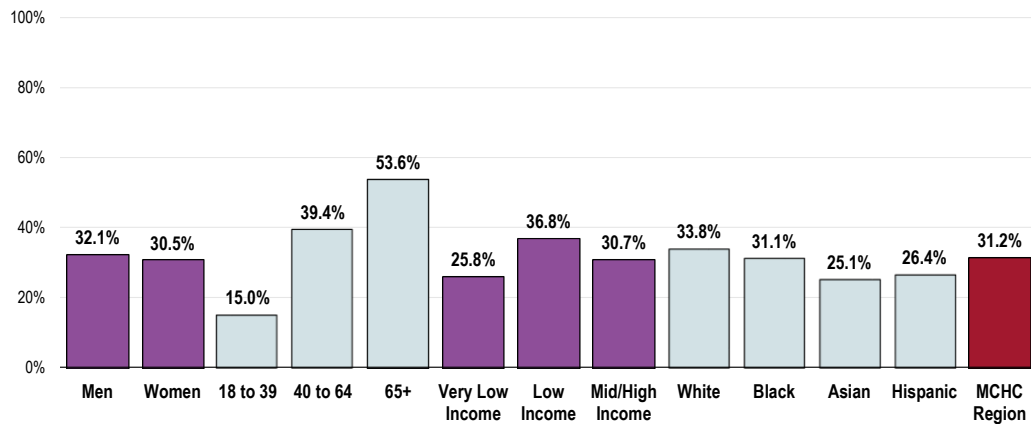
Note that 12.5% of MCHC Region adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

Further note the following:

- There is a positive correlation between age and high blood cholesterol.
- There is a higher prevalence among higher-income adults.
- Whites report a higher prevalence than Hispanics and “Other” races.
- Keep in mind that “unknowns” are relatively high in men, young adults, very low-income residents, Blacks, and Hispanics.

Prevalence of High Blood Cholesterol (MCHC Region, 2015)

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

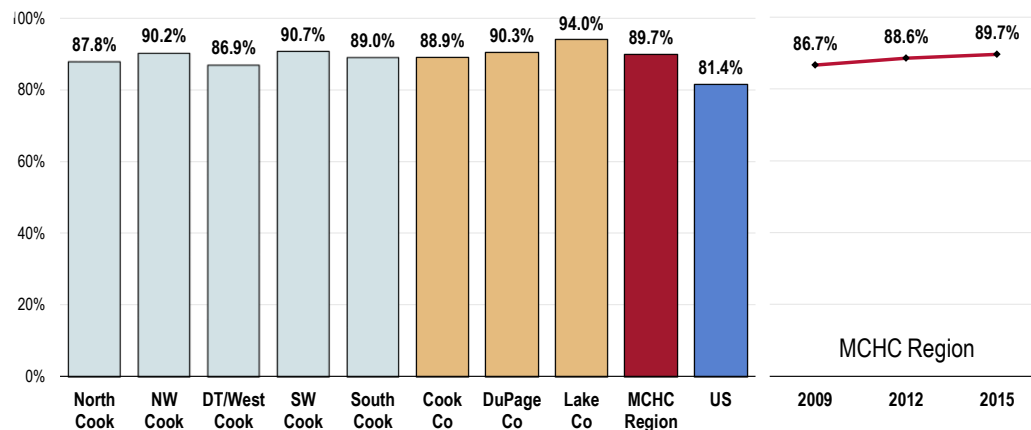
Respondents reporting high cholesterol were further asked:

"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 89.7% report that they are currently taking actions to control their cholesterol levels.

- More favorable than found nationwide.
- Favorably high among adults with high cholesterol in Lake County.
 - In Cook County, similar findings by subarea.
- TREND: Marks a statistically significant increase (improvement) since 2009.

Taking Action to Control High Blood Cholesterol Levels (Among Adults With High Cholesterol)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents who have been diagnosed with high blood cholesterol levels.
 • In this case, the term "action" refers to medication, change in diet, and/or exercise.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
 - High Blood Cholesterol
 - Tobacco Use
 - Physical Inactivity
 - Poor Nutrition
 - Overweight/Obesity
 - Diabetes
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

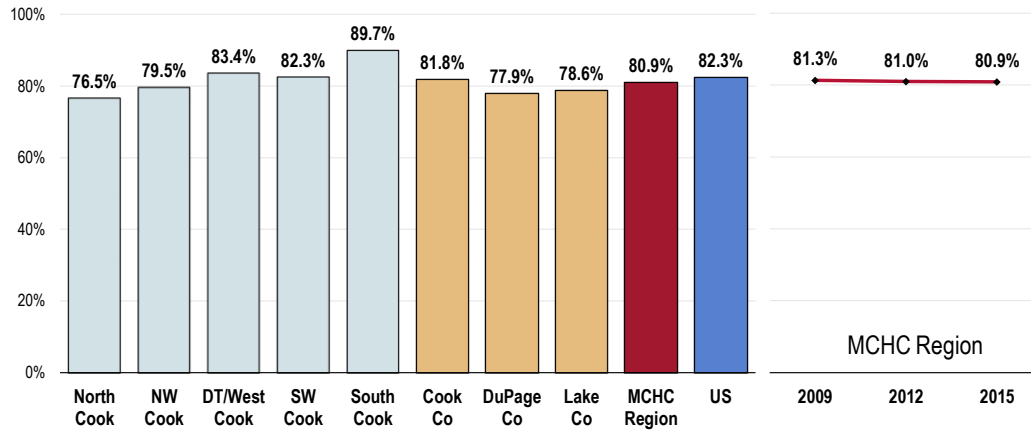
Total Cardiovascular Risk

A total of 80.9% of MCHC Region adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Similar to national findings.
- Unfavorably high in Cook County.
 - In Cook County, highest in the South and lowest in the North.
- TREND: Statistically similar to the 2009 findings.

RELATED ISSUE:
See also
Nutrition &
Overweight, Physical
Activity & Fitness and
Tobacco Use in the
Modifiable Health
Risk section of this
report.

Present One or More Cardiovascular Risks or Behaviors

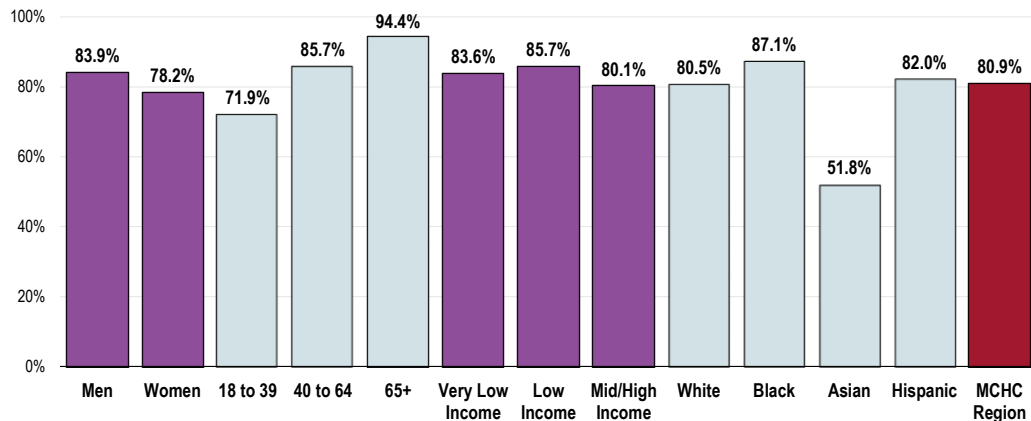


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older, and especially seniors.
- Lower-income residents.
- Whites, Blacks, and Hispanics (when compared with Asians).

Present One or More Cardiovascular Risks or Behaviors (MCHC Region, 2015)



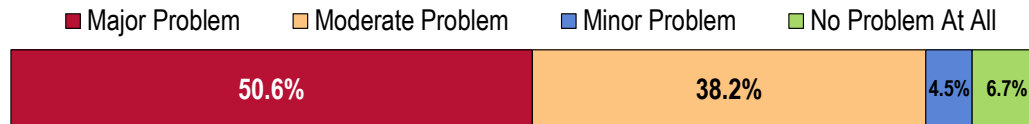
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

A narrow majority of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “major problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Leading Cause of Death

Heart disease and stroke are the number one and four causes of death in Illinois and locally. More people will die from the two than any other causes of death. – Other Health Provider (Downtown/West Chicago)

It is the largest cause of death and the greatest contributor to early loss of life. Additionally, it is a highly preventable cause of death with proper prevention and management. The contributors to heart disease and stroke are similar to those that cause other chronic diseases. – Public Health Expert (Lake County)

Heart disease and stroke is the leading cause of death in the US and in Lake County. Many of these issues are preventable with improved health habits. – Public Health Expert (Lake County)

There is a high rate of mortality due to heart disease and stroke. – Public Health Expert (Lake County)

Number two because of hospital admissions. – Public Health Expert (Lake County)

Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider (South Cook County)

High rates of disease, especially among racial and ethnic minorities. – Public Health Expert (Downtown/West Cook County)

More young people. – Social Service Representative (Northwest Cook County)

Heart disease is the number one killer for all Americans and stroke is also a leading cause of death. As frightening as those statistics are the risks of getting those diseases are even higher for African-Americans. – Public Health Expert (South Cook County)

We've reached a point demographically where the baby boomers are creating the largest senior population in US history. The elderly population will more than double by the year 2050, with most of that growth occurring between 2010 and 2030. It only stands to reason that health problems, such as heart disease and stroke, will increase. – Community/Business Leader (DuPage County)

Cardiovascular disease is the leading cause of death in the United States and is largely amenable through prevention. Financial and cultural barriers to screening, behavior change, and medication adherence all contribute to high rates of avoidable morbidity, particularly among socioeconomic groups more likely to live in urban areas. – Public Health Expert (Downtown/West Cook County)

Heart disease and stroke both can cause disability. – Public Health Expert (Northwest Cook County)

Stress affects likelihood of adopting health lifestyles. Sedentary personal habits and work environments. – Other Health Provider (Downtown/West Cook County)

Many of my siblings, relatives and neighbors have experienced heart disease and stroke. My father died as the result of this disease. – Social Service Representative (Downtown/West Cook County)

High levels of hypertension and diabetes leading to increased risk of heart attack and stroke. – Public Health Expert (Cook County Overall)

A review of the hospital admission information indicates that heart disease and strokes are major problems. For Better Health Network ACA members, heart disease seems to be prevalent. – Other Health Provider (Southwest Cook County)

Large numbers of patients in our service area have HTN, high cholesterol and/or lipids, and positive risk factors for coronary artery and peripheral vascular diseases resulting in acute coronary syndromes, heart failure (acute and chronic) and strokes. They are either insufficiently managed long-term or are noncompliant with treatment regimen as those with heart failure are at high risk for readmission within 30 days of hospital discharge. Many patients with stroke do not seek care early enough after symptom onset to be good candidates for TPA and there are inadequate resources for affordable physical, speech, and occupational therapy in locations of easy access to many patients. – Other Health Provider (Northwest Cook County)

Growing rates of disease prevalence, as well as continued concerns regarding risk behaviors contributing to disease development (except for smoking) in population. – Public Health Expert (DuPage County)

High incidence. – Social Service Representative (DuPage County)

There has been an increase in the incidence of both heart disease and stroke. People need continued education and encouragement to live healthy lifestyles and to be alert for symptoms should they occur. – Community/Business Leader (Cook County Overall)

Behavioral Risk Factors

Impact of unhealthy lifestyles. – Public Health Expert (Lake County)

Poor diets lead to poor health and poor health leads to these individuals having limited access to appropriate health care unless it is through emergency rooms. Heart diseases in people who may have other challenges often times go undetected until such time a stroke occurs, which then requires hospitalization as the first episode of care. – Other Health Provider (South Cook County)

Lack of proper nutrition, poor lifestyle choices, job and family responsibilities limit time for exercise. Fast food places are everywhere. – Social Service Representative (Southwest Cook County)

Uncontrolled DMII, HTN. – Physician (South Cook County)

As the ads say, this is a hidden killer. Excess weight is a major contributor. Increased activity outdoors can be a huge help. – Community/Business Leader (Lake County)

The volume of patients that present with these health issues goes hand in hand with obesity. – Community/Business Leader (Downtown/West Cook County)

Lack of Education

Lack of education. Swedish Covenant Hospital is a level 1 primary stroke center, but there are many people in the community that are not aware of that. – Other Health Provider (Downtown/West Cook County)

Noncompliance with medications. – Other Health Provider (Downtown/West Cook County)

People don't come in as soon as they have symptoms and then don't get maximum care. – Physician (Downtown/West Cook County)

It is one of a handful of prevalent health conditions that affect low-income communities. It can be expensive to treat if not managed early and well. – Community/Business Leader (Lake County)

People who live with these health conditions rely heavily on prescription drugs to regulate body normality. Not enough education is provided for medication ingested. – Community/Business Leader (Southwest Cook County)

There needs to be an increase in knowledge of risk factors. – Social Service Representative (Lake County)

Lack of Resources

Lack of resources. – Social Service Representative (Southwest Cook County)

Again, prevention programs that aid in lifestyle changes and education are limited and only touch the surface. Large events are great, but the one on one and smaller group support that help an individual actually improve their health before heart disease and stroke worsen are not available. – Other Health Provider (Northwest Cook County)

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 (www.healthypeople.gov)

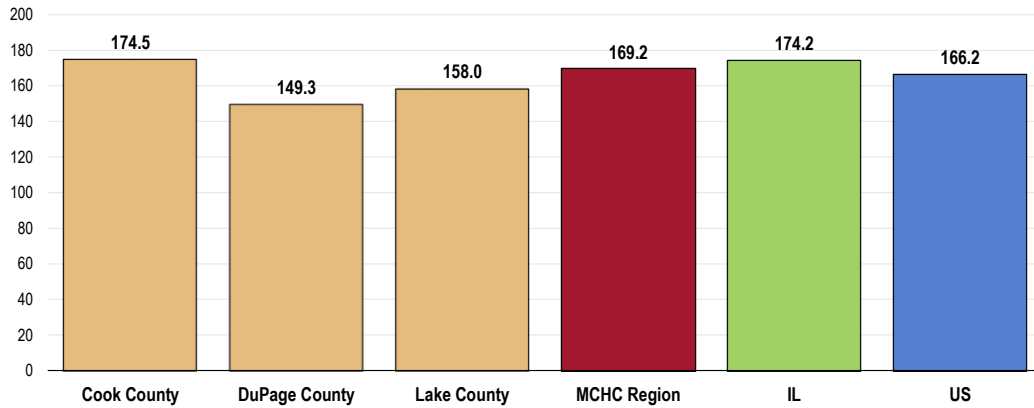
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2011 and 2013, there was an annual average age-adjusted cancer mortality rate of 169.2 deaths per 100,000 population in the MCHC Region.

- Comparable to the statewide rate.
- Comparable to the national rate.
- Comparable to the Healthy People 2020 target of 161.4 or lower.
- Unfavorably high in Cook County; lowest in DuPage.

Cancer: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



Sources:

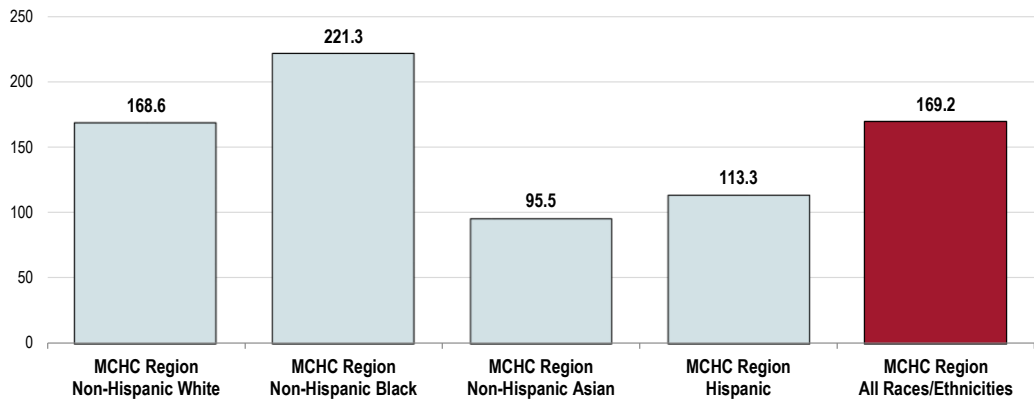
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The cancer mortality rate is notably higher among Non-Hispanic Blacks and Whites.

Cancer: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



Sources:

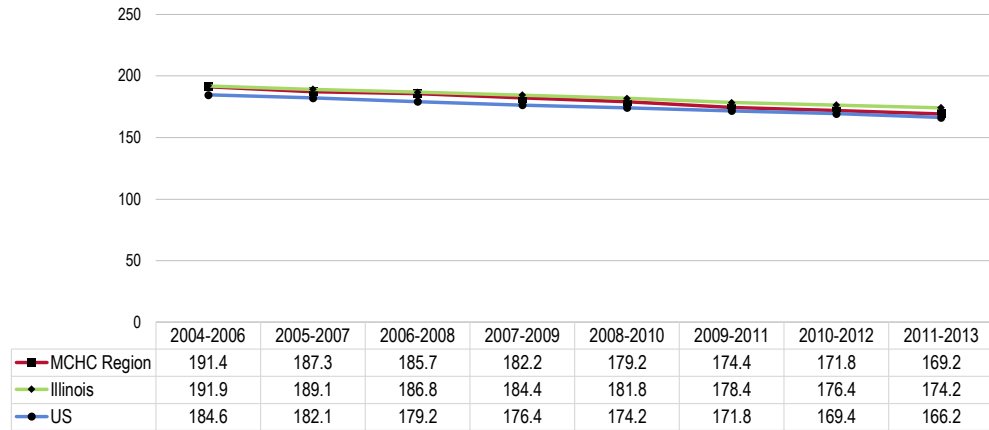
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Cancer mortality has decreased over the past decade in the MCHC Region; the same trend is apparent both statewide and nationwide.

Cancer: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the MCHC Region.

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2011-2013 annual average age-adjusted death rates):

- The MCHC Region **lung cancer** death rate is better than both the state and national rates.
- The MCHC Region **prostate cancer** death rate is worse than both the state and national rates.
- The MCHC Region **female breast** and **colorectal cancer** death rates are both similar to the related Illinois rate and worse than the US rate.
 - All four site-related cancer mortality rates are unfavorably high in Cook County.

Note that while the MCHC Region lung cancer death rate detailed in the following chart satisfies the related Healthy People 2020 target, the female breast and colorectal death rates fail to satisfy their targets (the prostate mortality rate is similar to the 2020 goal).

Age-Adjusted Cancer Death Rates by Site (2011-2013 Annual Average Deaths per 100,000 Population)

	Cook County	DuPage County	Lake County	MCHC Region	IL	US	HP2020
Lung Cancer	43.9	36.5	38.4	42.3	47.5	44.7	45.5
Female Breast Cancer	24.2	22.9	20.1	23.7	22.8	21.3	20.7
Prostate Cancer	23.1	17.7	18.4	21.9	20.5	19.8	21.8
Colorectal Cancer	16.7	12.5	12.8	15.8	15.9	14.9	14.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. Here, these rates are also age-adjusted.

“Incidence rate” or “case rate” is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

Between 2007 and 2011, MCHC Region had an annual average age-adjusted incidence rate of prostate cancer of 156.2 cases per 100,000 population.

- Comparable to the statewide incidence rate.
- Worse than the national incidence rate.
- Unfavorably high in Cook County.

There was an annual average age-adjusted incidence rate of 129.4 female breast cancer cases per 100,000 in the MCHC Region.

- Comparable to the statewide incidence rate.
- Worse than the national incidence rate.
- Favorably low in Cook County.

There was an annual average age-adjusted incidence rate of 64.8 lung cancer cases per 100,000 in the MCHC Region.

- Better than the statewide incidence rate.
- Similar to the national incidence rate.
- Unfavorably high in Cook County.

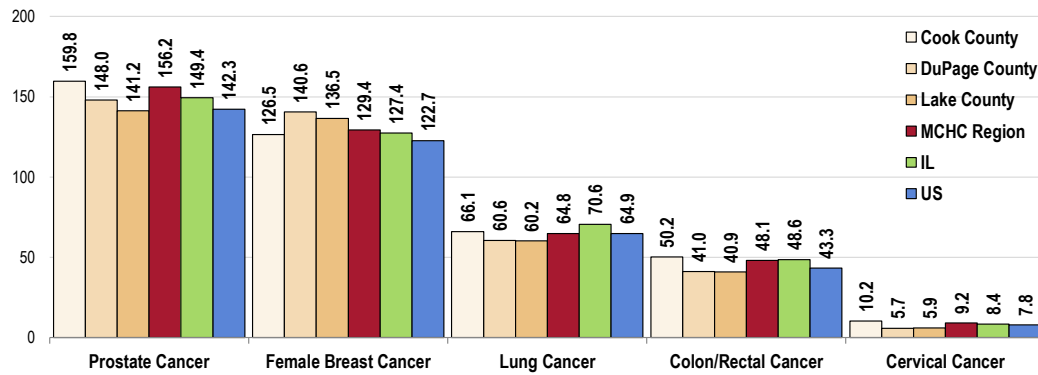
There was an annual average age-adjusted incidence rate of **colorectal cancer** of 48.1 cases per 100,000 in the MCHC Region.

- Close to the statewide incidence rate.
- Worse than the national incidence rate.
- Highest in Cook County.

There was an annual average age-adjusted incidence rate of **cervical cancer** of 9.2 cases per 100,000 in the MCHC Region.

- Worse than the statewide incidence rate.
- Worse than the national incidence rate.
- Unfavorably high in Cook County.

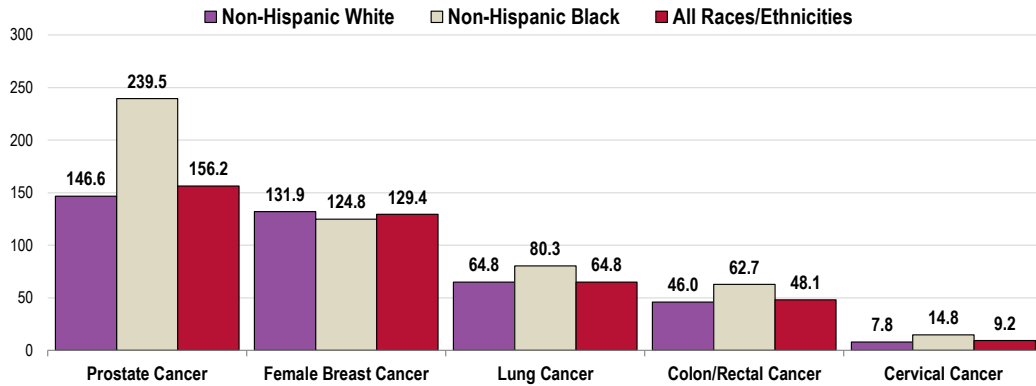
Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2007-2011)



Sources: • State Cancer Profiles: 2007-11.
 • Retrieved August 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

- By available race data, Non-Hispanic Blacks experience notably higher prostate, lung, colon/rectal, and cervical cancer incidence than Non-Hispanic Whites in the MCHC Region.
- In contrast, the female breast cancer incidence rate is slightly higher among Whites in the MCHC Region when compared with Blacks.

Cancer Incidence Rates by Site and Race/Ethnicity (Annual Average Age-Adjusted Incidence per 100,000 Population, MCHC Region 2007-2011)



Sources: • State Cancer Profiles: 2007-11.
 • Retrieved August 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

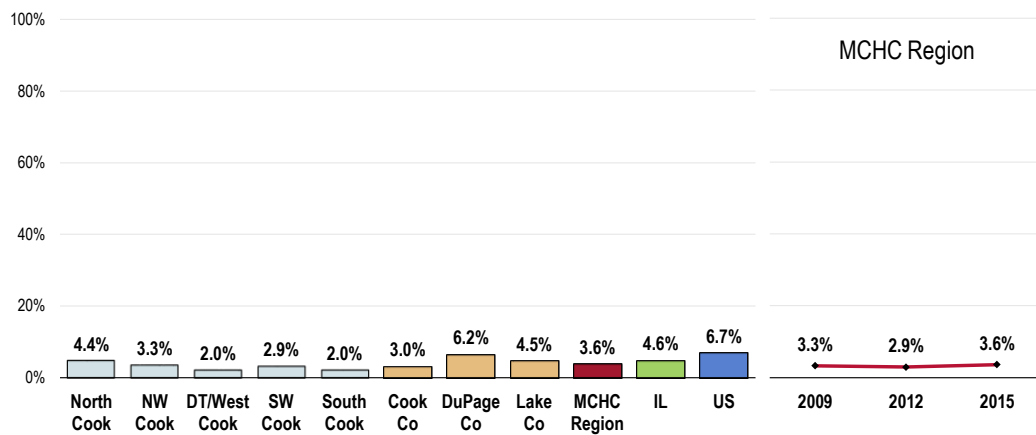
Prevalence of Cancer

Skin Cancer

A total of 3.6% of surveyed MCHC Region adults report having been diagnosed with skin cancer.

- Better than what is found statewide.
- Better than the national average.
- Particularly high in DuPage County; lowest in Cook.
 - In Cook County, favorably low in the Downtown/West community.
- TREND: Statistically unchanged over time.

Prevalence of Skin Cancer



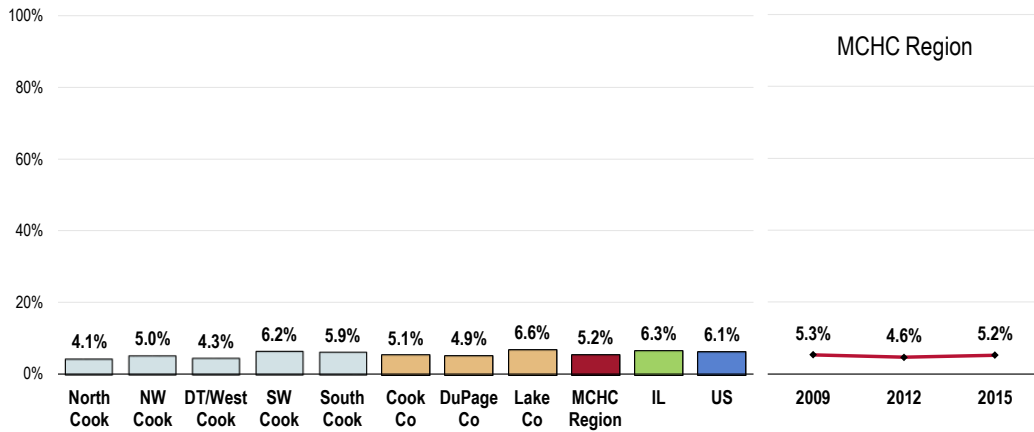
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Other Cancer

A total of 5.2% of respondents have been diagnosed with some type of (non-skin) cancer.

- More favorable than the statewide prevalence.
- Similar to the national prevalence.
- Similar findings by county.
 - Similar findings among the Cook County subareas.
- TREND: The prevalence of cancer has remained unchanged over time.

Prevalence of Cancer (Other Than Skin Cancer)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Cancer Risk

RELATED ISSUE:
 See also
*Nutrition & Overweight,
 Physical Activity &
 Fitness and Tobacco
 Use in the Modifiable
 Health Risk* section of
 this report.

About Cancer Risk

Reducing the nation’s cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to four cancer sites: prostate cancer; female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Prostate Cancer Screenings

About Screening for Prostate Cancer

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

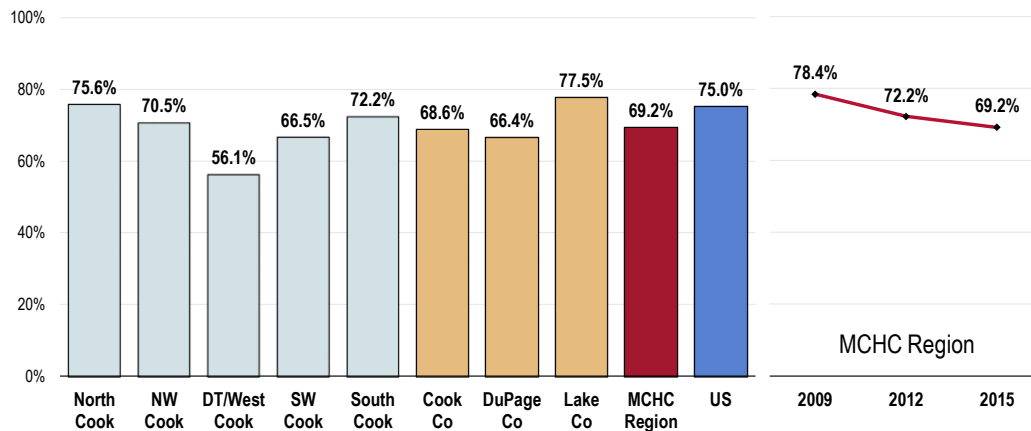
PSA Testing and/or Digital Rectal Examination

Among men age 50 and older, nearly 7 in 10 (69.2%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

Note: Since 2008 changes in clinical recommendations against routine PSA testing, most communities are seeing prevalence decline.

- Similar to national findings.
- Similar findings by county.
 - In Cook County, lowest in the Downtown/West region.
- TREND: Denotes a statistically significant decrease over time.

**Have Had a Prostate Screening in the Past Two Years
(Among Men 50+)**



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 178]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects male respondents 50+.

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

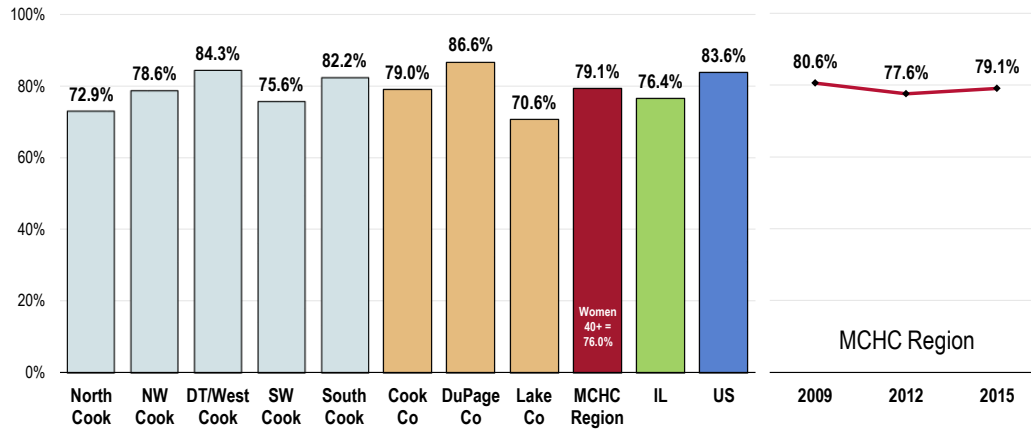
Mammography

Among women age 50-74, 79.1% have had a mammogram within the past two years.

- Similar to statewide findings (which represent all women 50+).
- Similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Lower among women in Lake County; highest in DuPage.
 - In Cook County, favorably high in the Downtown/West community.
- Among women 40+, 76.0% have had a mammogram in the past two years.
- TREND: Statistically unchanged since 2009.

Have Had a Mammogram in the Past Two Years (Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-129]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Illinois data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]
- Notes:
- Reflects female respondents 50-74.
 - *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

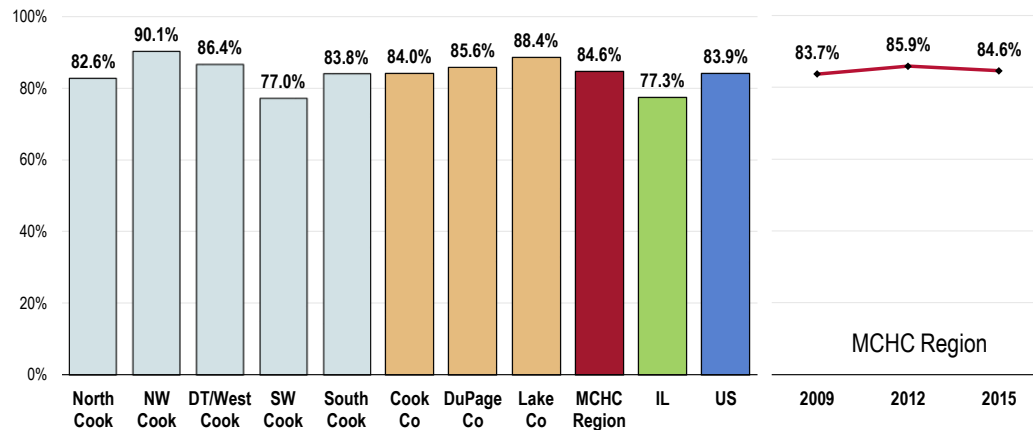
Pap Smear Testing

Among women age 21 to 65, 84.6% have had a Pap smear within the past three years.

- Higher than the Illinois findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Similar testing prevalence by county.
 - In Cook County, favorably high in the Northwest; lowest in the Southwest.
- TREND: Statistically unchanged since 2009.

Have Had a Pap Smear in the Past Three Years (Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]

 Notes:

- Reflects female respondents age 21 to 65.
- *Note that the Illinois percentage represents all women age 18 and older.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

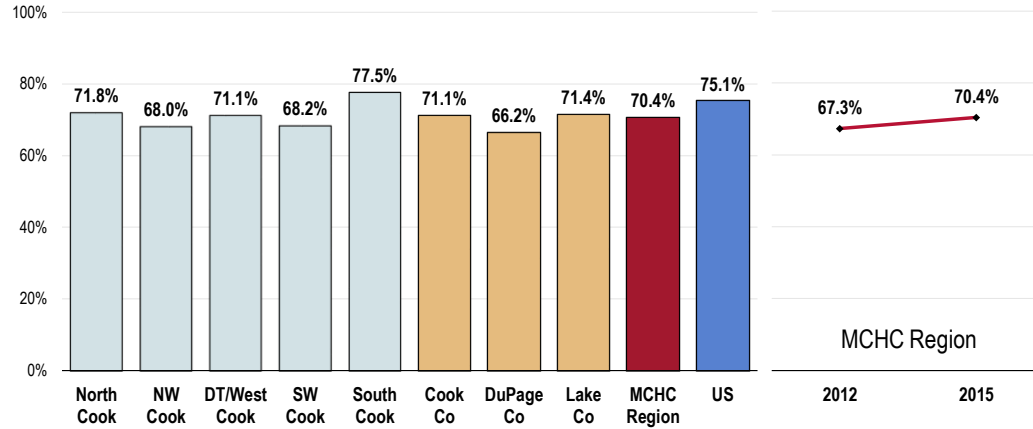
Colorectal Cancer Screening

Among adults age 50–75, 70.4% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Less favorable than national findings.
- Similar to the Healthy People 2020 target (70.5% or higher).
- Similar by county.
 - In Cook County, favorably high in the South.
- TREND: Marks a statistically significant increase from 2012 survey findings.

Have Had a Colorectal Cancer Screening (Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]
 Notes: • Asked of all respondents age 50 through 75.
 • In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Lower Endoscopy

Among adults age 50 and older, nearly three-fourths (73.2%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

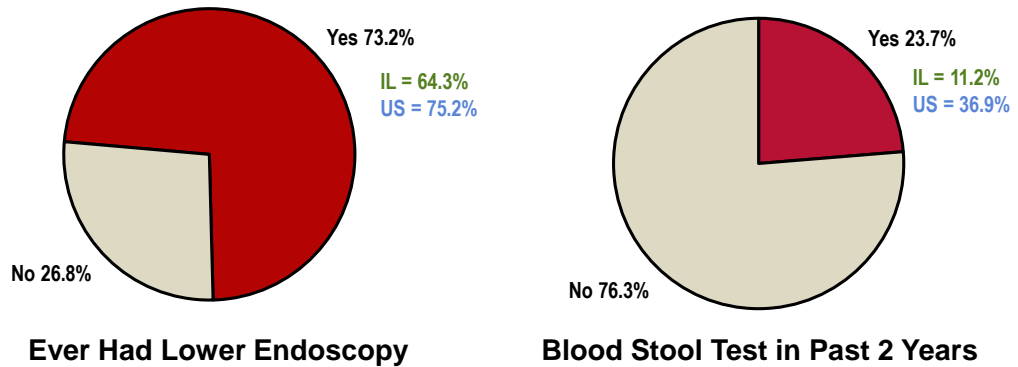
- More favorable than Illinois findings.
- Similar to national findings.

Blood Stool Testing

Among adults age 50 and older, 23.7% have had a blood stool test (aka "fecal occult blood test") within the past two years.

- Much higher than Illinois findings.
- Lower than national findings.

Colorectal Cancer Screenings (Among MCHC Region Adults Age 50 and Older, 2015)

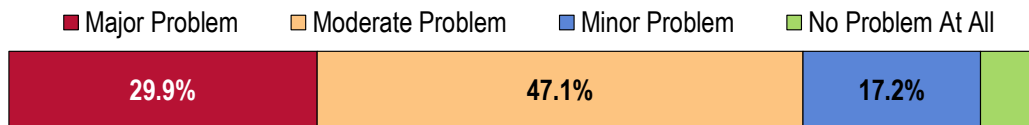


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 131-132]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Illinois data.
 Notes: • Asked of respondents age 50 and older.
 • Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized **Cancer** as a “moderate problem” in the community.

Perceptions of Cancer as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

High Prevalence

Very high prevalence in the area. Classes and support groups at local cancer support centers are filled. We have land contaminated by refineries, wells polluted by industrial chemicals and air polluted by all the traffic and congestion. Many other household and yard maintenance chemicals are ruining our soil and getting into the land, air and water. – Social Service Representative (Southwest Cook County)

I'm not saying we don't have the resources to treat people with cancer, thankfully we do, but I do feel that the number of cases is on the rise, due to numerous environmental and personal health issues. – Community/Business Leader (DuPage County)

More cases of young and middle age adults. – Social Service Representative (Northwest Cook County)

We live in an aging community and many of the citizens develop chronic conditions. – Public Health Expert (South Cook County)

The Englewood Community has high rates of breast and cervical cancer. The Metropolitan Breast Cancer Task Force provides free mammograms, but some residents aren't taking advantage of this opportunity. – Social Service Representative (Southwest Cook County)

Number of cancer patients continues to rise, requiring new options for inpatient and outpatient care. – Other Health Provider (Northwest Cook County)

Cancer is the second leading cause of death in Illinois and its costs in terms of treatment/care and impact on families is significant. – Other Health Provider (Downtown/West Chicago)

The death rates of African American women with breast cancer. The incidence of breast cancer in my community. – Other Health Provider (Southwest Cook County)

We are a breast cancer hot spot and have high incidence of several other cancers. – Social Service Representative (DuPage County)

Number-one because of hospital admissions. – Public Health Expert (Lake County)

It is the second leading cause of death in the US and Lake County. There is a great deal that can still be done to prevent many of these deaths, improved diet, more physical activity, elimination of tobacco use, etc. – Public Health Expert (Lake County)

Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider (South Cook County)

The frequency, emotional impact and cost of diagnosis and treatment on the patient and family. – Community/Business Leader (Cook County Overall)

A lot of people are affected. – Social Service Representative (Northwest Cook County)

Lack of Early Detection

Cancer is a major problem because our communities, most of which rely on Medicaid for care, are not screened or tested in a timely fashion and are being diagnosed in late stages. – Social Service Representative (Downtown/West Cook County)

When individuals learn they have cancer it's usually in the late stages. – Other Health Provider (Southwest Cook County)

Lack of early detection. Environmental issues in low income neighborhoods. – Other Health Provider (Downtown/West Cook County)

Because there is little preventative care being practiced. People don't have regular visits so early signs would be captured. They usually go to the doctor when the problem is grave and the prognosis is usually very bad. – Other Health Provider (Southwest Cook County)

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

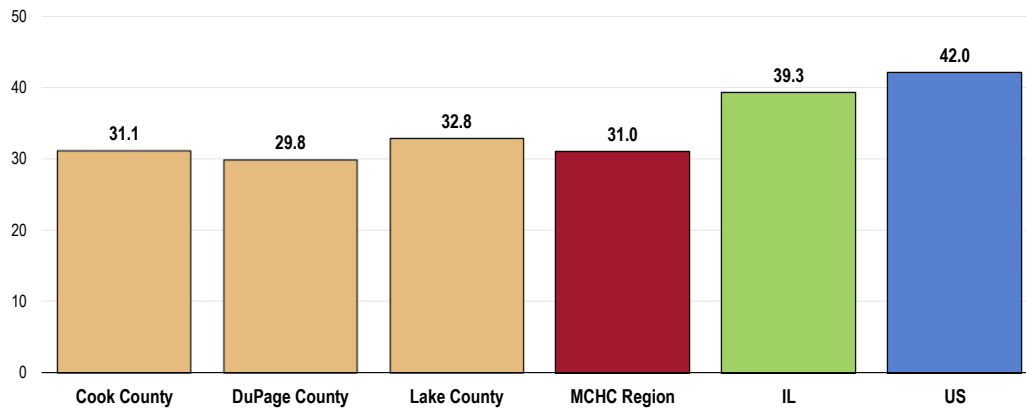
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2011 and 2013, there was an annual average age-adjusted CLRD mortality rate of 31.0 deaths per 100,000 population in the MCHC Region.

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

- Lower than found statewide.
- Lower than the national rate.
- Higher in Lake County.

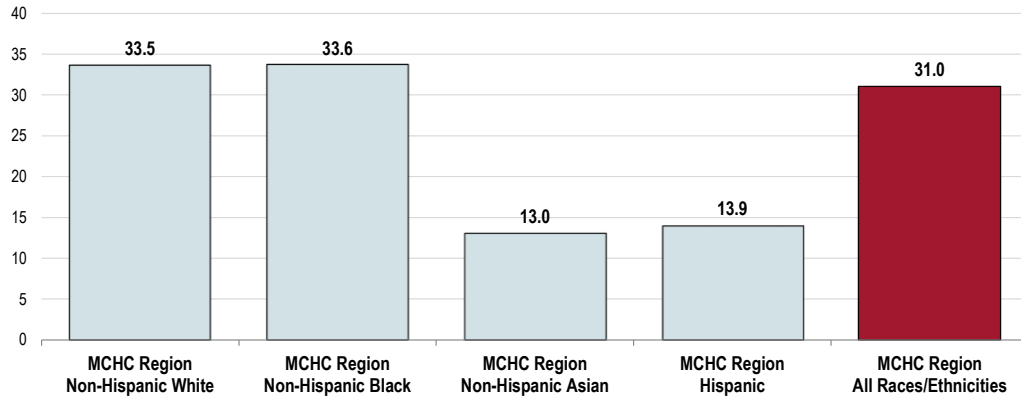
CLRD: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - CLRD is chronic lower respiratory disease.

- CLRD mortality is notably higher among Non-Hispanic Whites and Blacks in the MCHC Region.

CLRD: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)

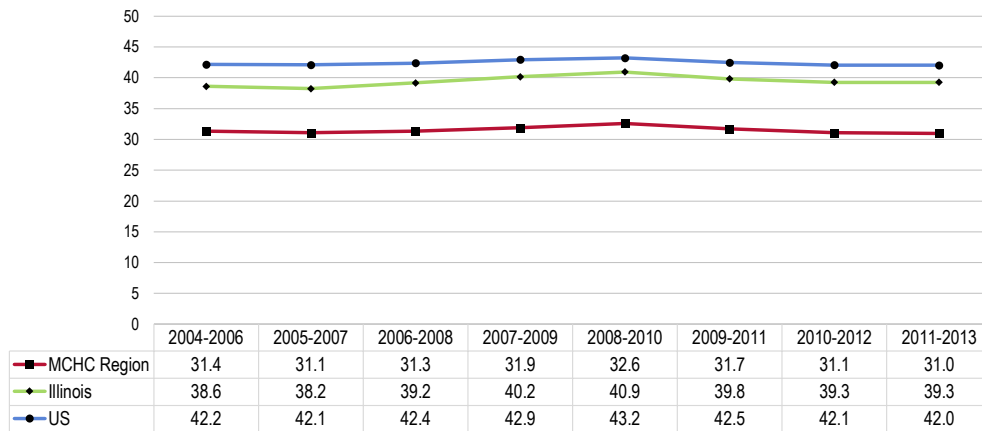


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
● CLRD is chronic lower respiratory disease.

- TREND: CLRD mortality has been largely stable over the past decade.

CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
● CLRD is chronic lower respiratory disease.

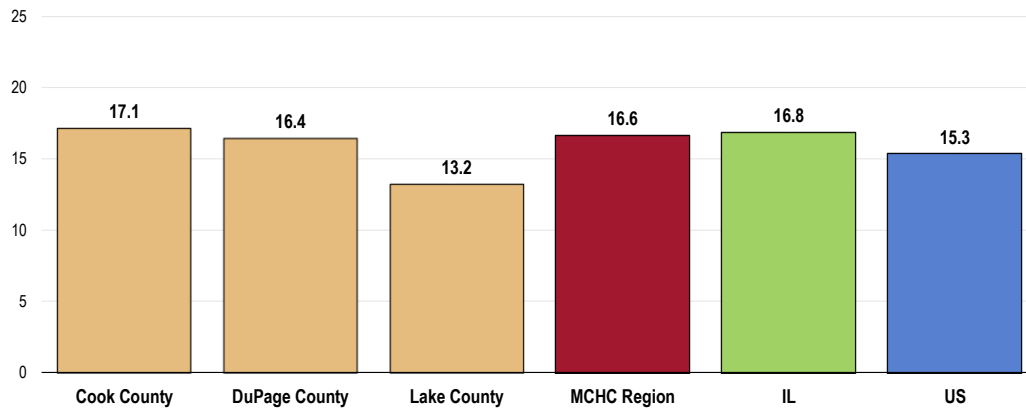
Pneumonia/Influenza Deaths

Between 2011 and 2013, there was an annual average age-adjusted pneumonia influenza mortality rate of 16.6 deaths per 100,000 population in the MCHC Region.

- Close to that found statewide.
- Higher than the national rate.
- Favorably low in Lake County.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Disease*.

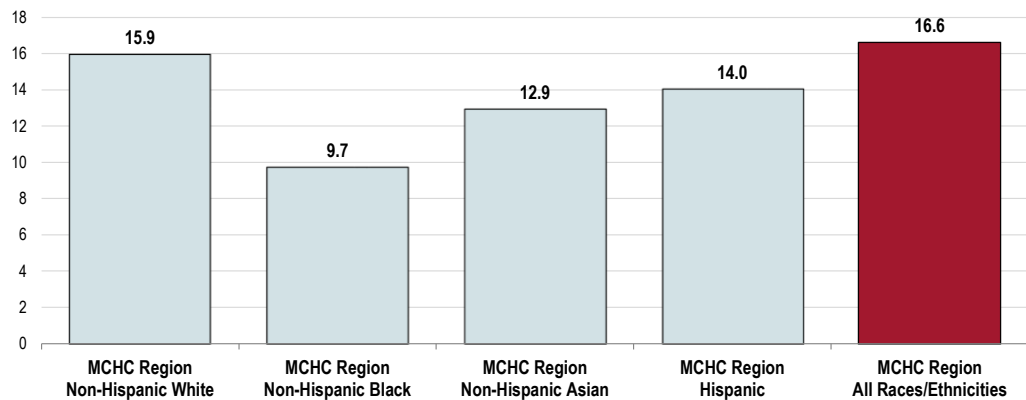
Pneumonia/Influenza: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The pneumonia/influenza mortality rate in the region is highest among Whites.

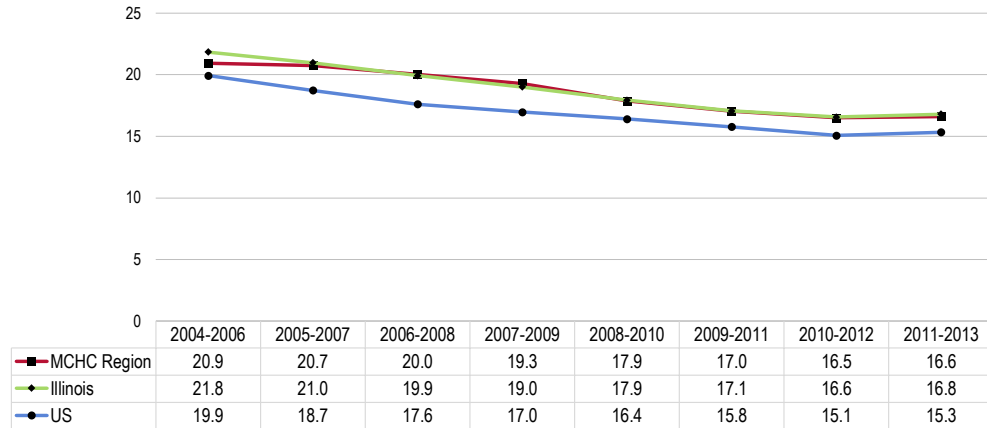
Pneumonia/Influenza: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** Regional pneumonia/influenza mortality has decreased over time, echoing the state and national trends.

Pneumonia/Influenza: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Chronic Obstructive Pulmonary Disease (COPD)

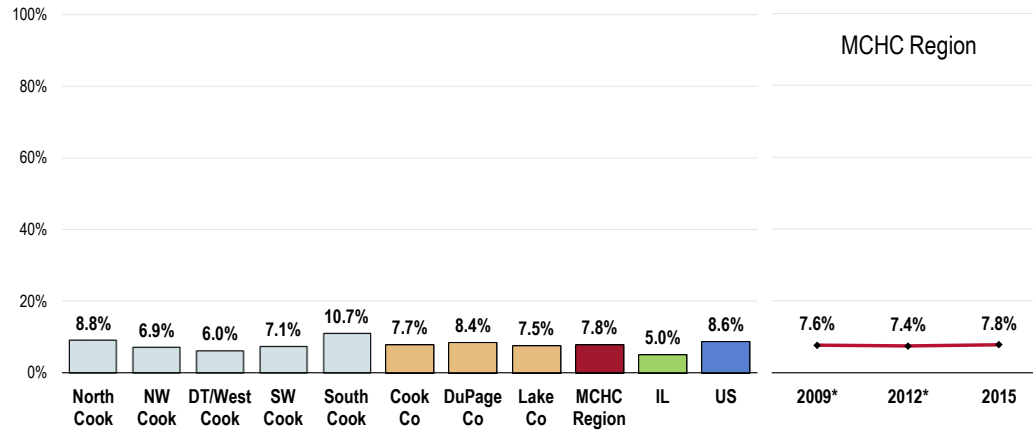
A total of 7.8% of MCHC Region adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Higher than the state prevalence.
- Similar to the national prevalence.
- Similar findings by county.
 - In Cook County, unfavorably high in the South; lowest in the Downtown/West subarea.
- **NOTE:** in prior data, this question was asked slightly differently; respondents in 2009 were asked if they had ever been diagnosed with “chronic lung disease, including bronchitis or emphysema,” rather than “COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema” as is asked currently.

TREND: In comparing to 2009 data, the change in prevalence is not statistically significant.

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

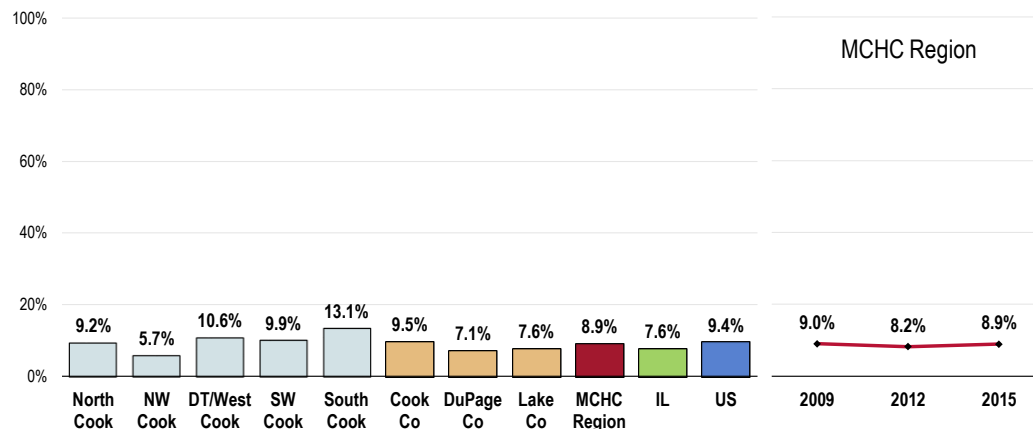
Notes: • Asked of all respondents.
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
 • *In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

Asthma

A total of 8.9% of MCHC Region adults currently suffer from asthma.

- Worse than the statewide prevalence.
- Close to the national prevalence.
- Unfavorably high in Cook County.
- Among the 5 subareas: unfavorably high in the South; lowest in the Northwest.
- TREND: The prevalence has not changed significantly since 2009.

Adult Asthma: Current Prevalence



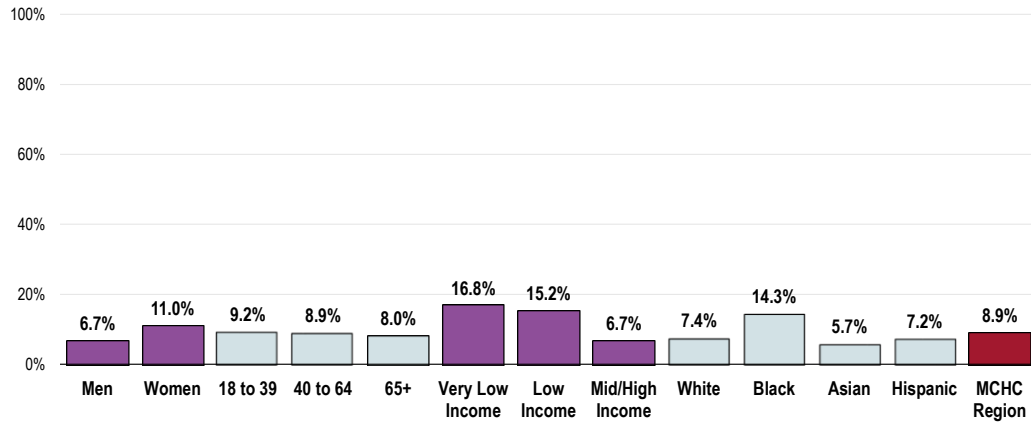
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 134]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.

Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

The following adults are more likely to suffer from asthma:

- Women.
- Low-income residents (negative correlation with income).
- Blacks.

Currently Have Asthma (MCHC Region, 2015)

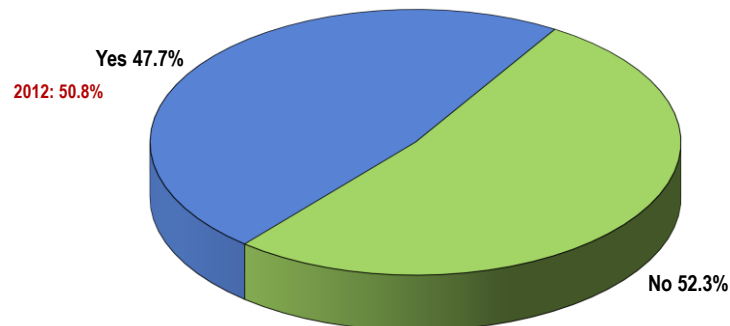


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Just less than one-half of respondents with asthma (47.7%) report having an episode of asthma or an asthma attack at least once in the past year.

- TREND: Comparable to the prevalence reported among asthmatics in 2012.

Had an Episode of Asthma or an Asthma Attack in the Past Year (MCHC Region Adults w/Asthma, 2015)



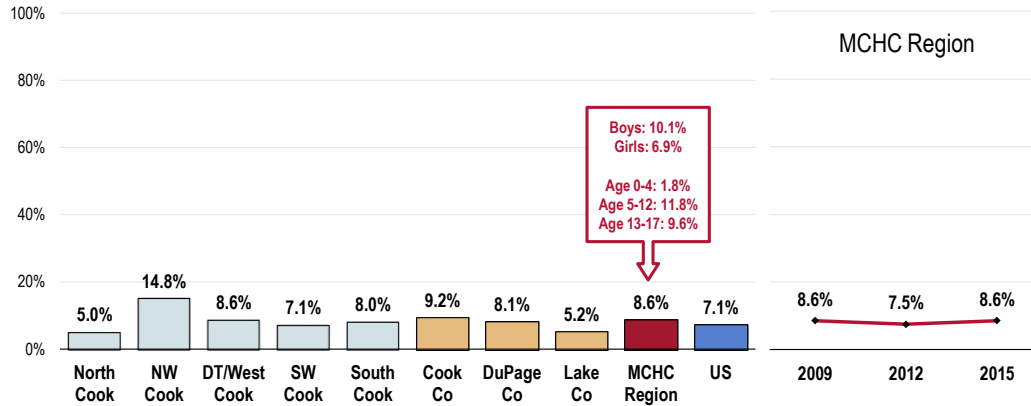
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 303]
 Notes: • Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

Children

Among MCHC Region children under age 18, 8.6% currently have asthma.

- Similar to national findings.
- Statistically similar by county.
 - In Cook County, unfavorably high in the Northwest; lowest in the North.
- TREND: The prevalence of children with asthma has not changed over time.
- No significant difference by child’s gender; note that children age 5 and older are more likely to have asthma.

Childhood Asthma: Current Prevalence
(Among Parents of Children Age 0-17)

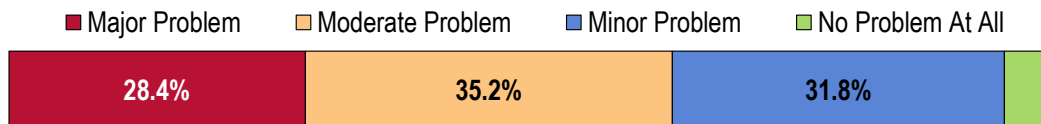


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized **Respiratory Disease** as a “moderate problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community
(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

High Prevalence

Large COPD population. – Public Health Expert (Lake County)

COPD is the third leading cause of death in the US and 50 percent of adults with low pulmonary function are not aware that they have COPD. – Other Health Provider (Downtown/West Chicago)

COPD, asthma, and emphysema are all prevalent in communities of greatest need and treatment and prevention opportunities are not as available. – Social Service Representative (Downtown/West Cook County)

Incidence of asthma and bronchitis seems to be growing among the youth I service. – Social Service Representative (Downtown/West Cook County)

The target population we serve has COPD and asthma and the biggest problem is continuity of care and access to medications. – Community/Business Leader (Southwest Cook County)

Routine absences from work and school due to untreated or poorly-treated asthma. – Community/Business Leader (Lake County)

A statistic was published a few years ago stating the community was one of the highest in the state for asthma. – Public Health Expert (Southwest Cook County)

Based on the statistics provided by the CDPH

(http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider (South Cook County)

The rate of childhood asthma is on the rise here, as well as everywhere. Lack of access to reliable and affordable primary care makes disease management very difficult. – Other Health Provider (Downtown/West Cook County)

Our service area has a large number of patients with COPD and asthma. Failure to manage them effectively long-term results in exacerbations that require acute care management by EMS and emergency departments and repeat hospital admissions. This is a costly way to address the foundational issues of prevention and better ongoing care compliance. – Other Health Provider (Northwest Cook County)

Pollution

Pollution. – Other Health Provider (Southwest Cook County)

Poor housing and pollution. – Social Service Representative (Downtown/West Cook County)

Environmental pollutants are a huge underlying cause of many conditions, from COPD to hyper allergic conditions to autism, which is skyrocketing. – Community/Business Leader (DuPage County)

Near refineries, chemicals shipped on the Cal Sag and I&M canals. Heavy truck traffic on local streets and expressways, chemicals on lawns and in air. – Social Service Representative (Southwest Cook County)

Pollution. – Other Health Provider (Downtown/West Cook County)

The Chicagoland area is notorious for air pollution. To this add the Midwest mold and pollen problem coupled with multiple families living in the one small apartment. Allergies, asthma and lack of education for prevention and intervention is great in the immigrant Latino population we care for. While private doctors will care for patients, there is a lack of care management and education on this topic among parents. – Other Health Provider (Northwest Cook County)

Tobacco

Smoking is a major social behavior that is leading to more respiratory illness. Poor living conditions is also affecting childhood asthma. – Other Health Provider (Southwest Cook County)

Smoking. – Social Service Representative (Southwest Cook County)

Smoking. – Other Health Provider (Downtown/West Cook County)

Co-occurring Conditions

High genetic prevalence, poor follow-up of patients, overcrowded housing, lack of understanding of triggers and medication misuse. – Physician (Northwest Cook County)

Oxygen Dependency

Those who are oxygen dependent have challenges with travel and during power outages. – Public Health Expert (Northwest Cook County)

Cost of Medications

Over-cost of medications. – Other Health Provider (Downtown/West Cook County)

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

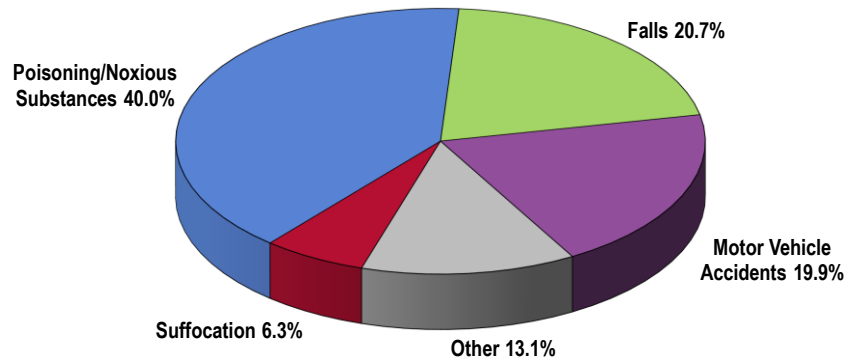
Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
 - Improving problem-solving skills (for example, parenting, conflict resolution, coping)
 - Changing policies to address the social and economic conditions that often give rise to violence
- Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Poisoning (including accidental drug overdose), falls, motor vehicle accidents, and suffocation accounted for most accidental deaths in the MCHC Region in 2013.

Leading Causes of Accidental Death (MCHC Region, 2013)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

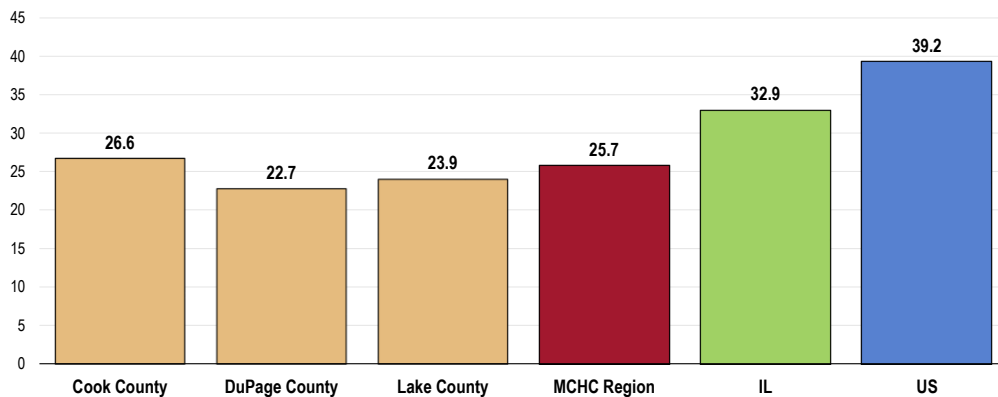
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2011 and 2013, there was an annual average age-adjusted unintentional injury mortality rate of 25.7 deaths per 100,000 population in the MCHC Region.

- More favorable than the Illinois rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (36.4 or lower).
- Highest in Cook County.

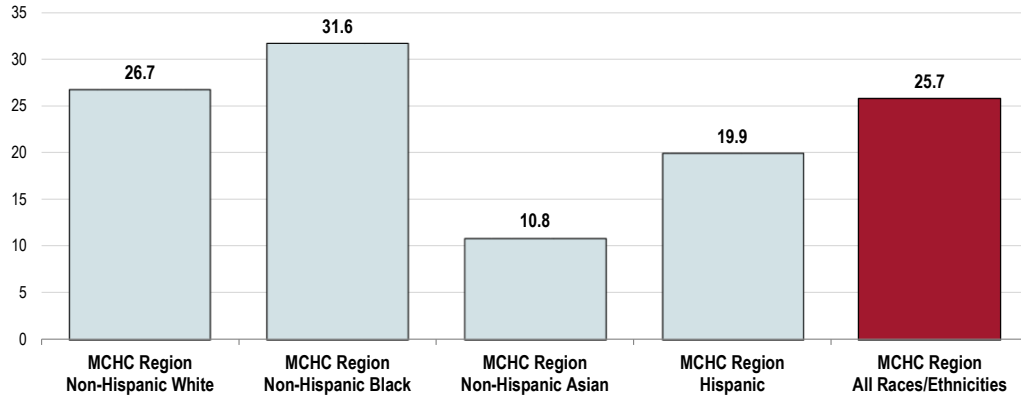
Unintentional Injuries: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The mortality rate is notably higher among Whites and Blacks when compared with Asians and Hispanics in the MCHC Region.

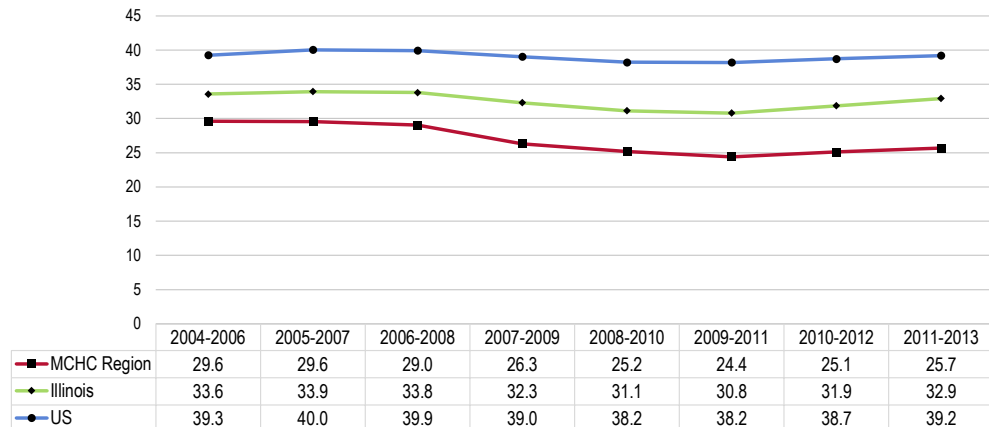
Unintentional Injuries: Age-Adjusted Mortality by Race
 (2011-2013 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 36.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Mortality rates in the MCHC Region have been consistently lower than state and national rates over the past decade.

Unintentional Injuries: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 36.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

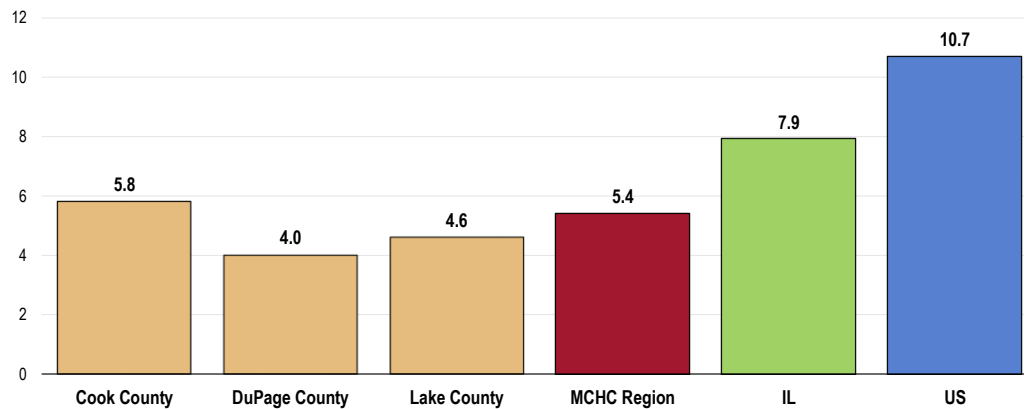
Between 2011 and 2013, there was an annual average age-adjusted motor vehicle crash mortality rate of 5.4 deaths per 100,000 population in the MCHC Region.

- Better than found statewide.
- Better than found nationally.
- Satisfies the Healthy People 2020 target (12.4 or lower).
- Highest in Cook County; lowest in DuPage.

Motor Vehicle Crashes: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower

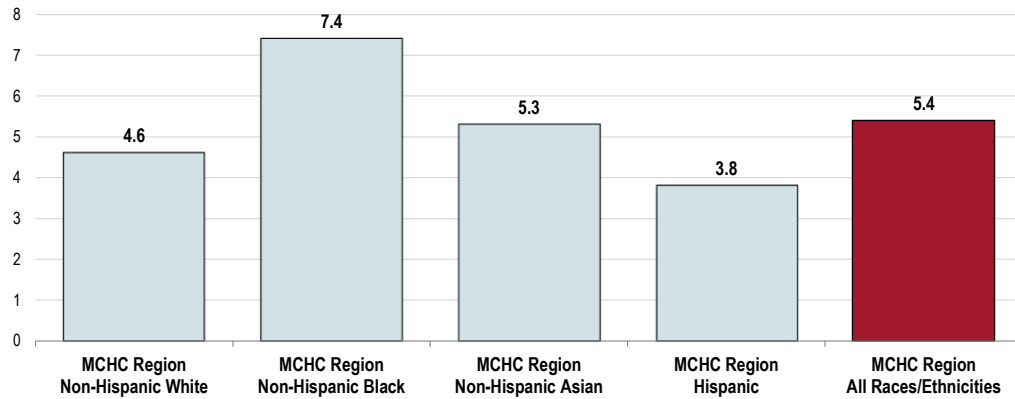


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The MCHC Region motor vehicle crash mortality rate is notably high in the Black population, lowest among Hispanics.

Motor Vehicle Crashes: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower

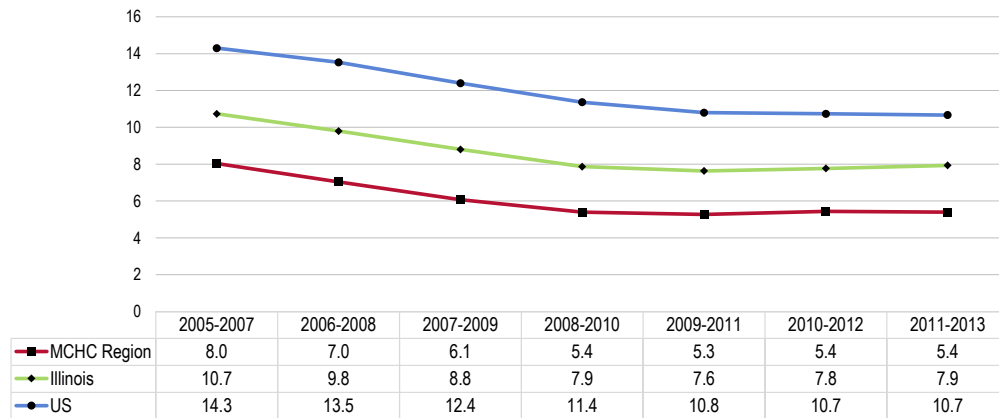


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The mortality rate in the MCHC Region has decreased over the past several years.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower

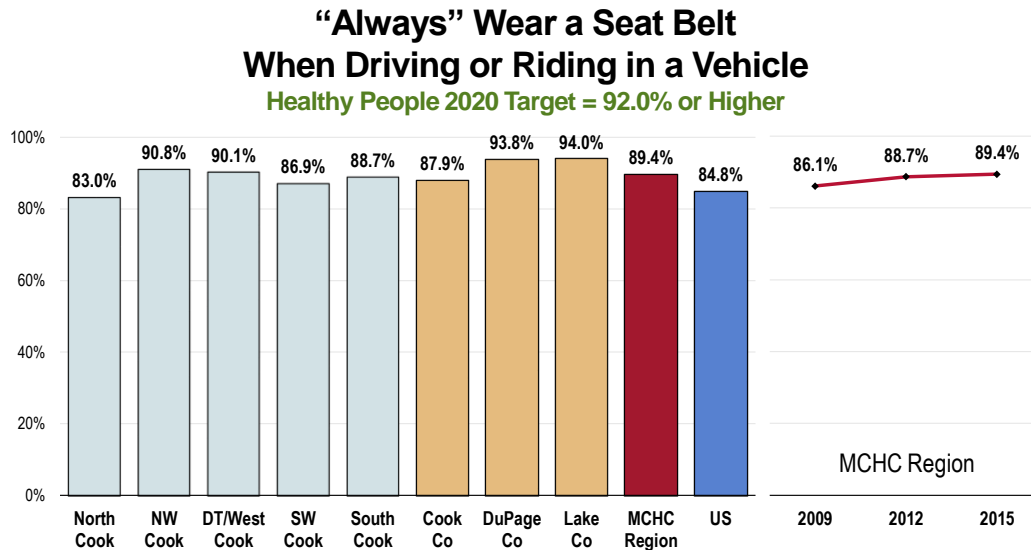


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Seat Belt Usage - Adults

Most MCHC Region adults (89.4%) report “always” wearing a seat belt when driving or riding in a vehicle.

- More favorable than the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.0% or higher.
- Lowest in Cook County; highest in Lake County.
 - Unfavorably low in North Cook County; highest in the Northwest and Downtown/West areas.
- TREND: Marks a statistically significant increase since 2009.



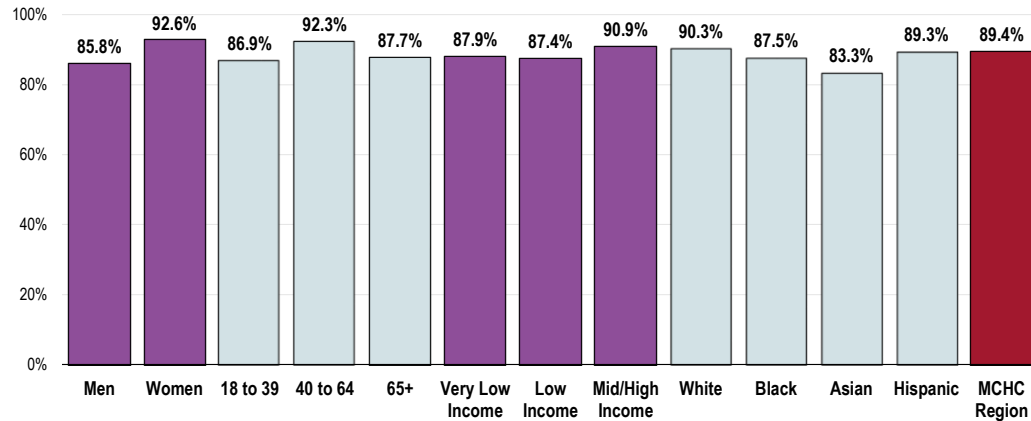
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-15]
 Notes: • Asked of all respondents.

These population segments are less likely to report consistent seat belt usage:

- Men.
- Adults under age 40 or age 65+.
- Residents living on lower incomes.
- Blacks and Asians.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle (MCHC Region, 2015)

Healthy People 2020 Target = 92.0% or Higher



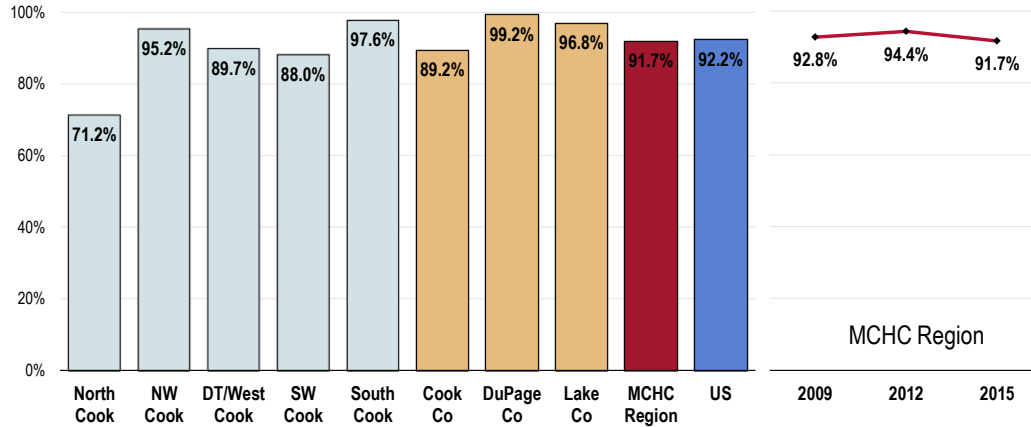
- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-15]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 - Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Seat Belt Usage - Children

A full 91.7% of MCHC Region parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Statistically similar to what is found nationally.
- Unfavorably low among Cook County children.
 - In Cook County, lowest in the North, highest in the Northwest and South subareas.
- TREND: Statistically unchanged since 2009.

Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle (Among Parents of Children Age 0-17)



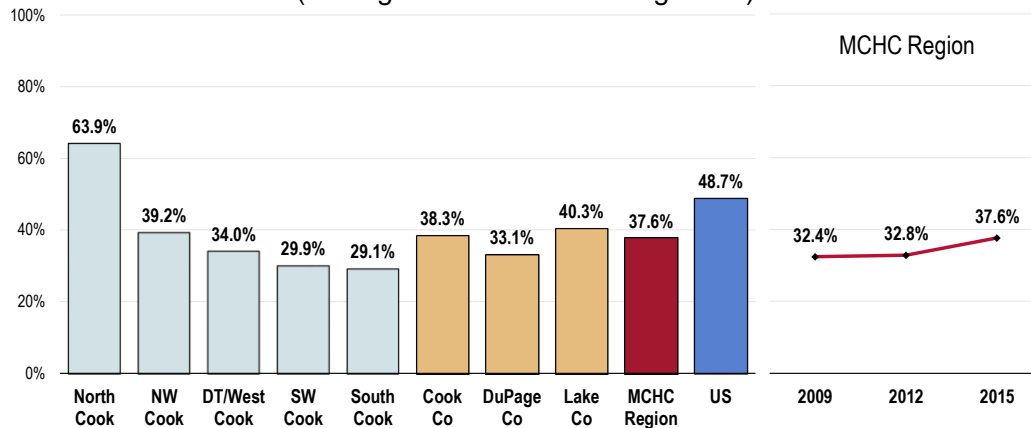
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Bicycle Safety

Just over one-third of MCHC Region children age 5 to 17 (37.6%) are reported to “always” wear a helmet when riding a bicycle.

- Much lower than the national prevalence.
- Similar findings by county.
 - In Cook County, quite high in the North; lowest in Southwest and South subareas.
- TREND: Statistically unchanged over time.

Child “Always” Wears a Helmet When Riding a Bicycle (Among Parents of Children Age 5-17)

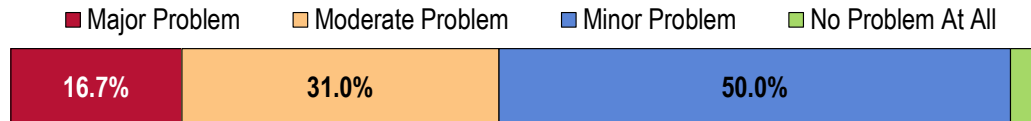


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 121]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 5 to 17 at home.

Key Informant Input: Unintentional Injury

Half of key informants taking part in an online survey characterized *Unintentional Injury* as a “minor problem” in the community.

Perceptions of Unintentional Injury as a Problem in the Community
(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

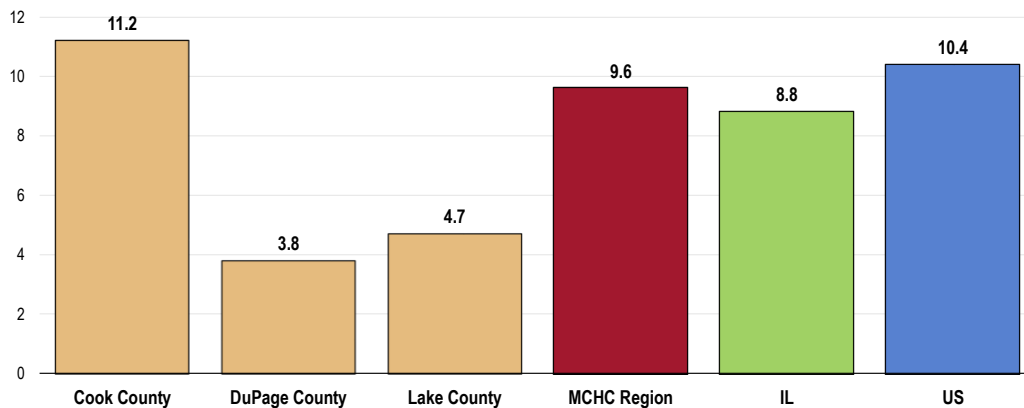
Firearm Safety

Age-Adjusted Firearm-Related Deaths

Between 2011 and 2013, there was an annual average age-adjusted rate of 9.6 deaths per 100,000 population due to firearms in the MCHC Region.

- Higher than found statewide.
- Lower than found nationally.
- Similar to the Healthy People 2020 objective (9.3 or lower).
- Notably higher in the Cook County population.

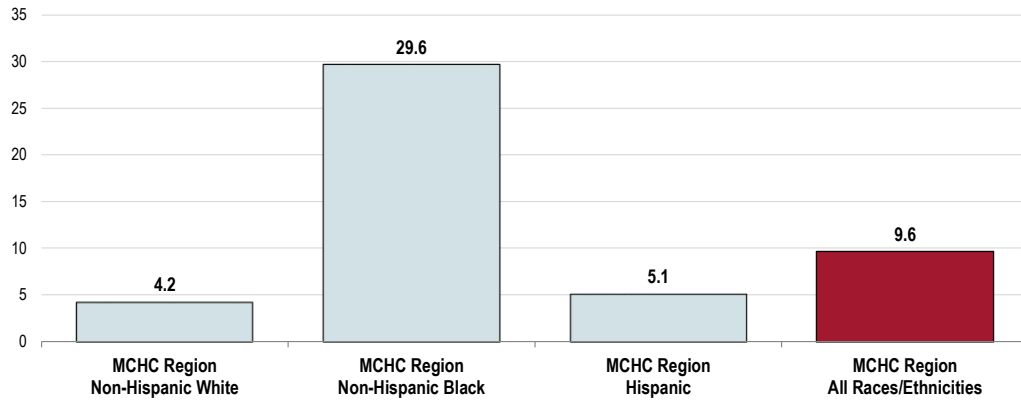
Firearms-Related Deaths: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 9.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The MCHC Region firearm-related mortality rate is notably high in the Black population.

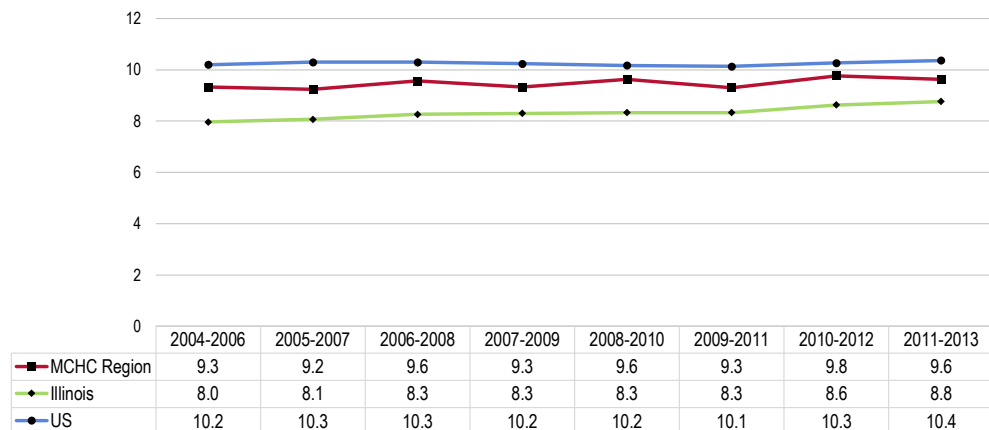
Firearms-Related Deaths: Age-Adjusted Mortality by Race
 (2011-2013 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 9.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Firearm-related mortality has been relatively stable over the past decade.

Firearms-Related Deaths: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 9.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Presence of Firearms in Homes

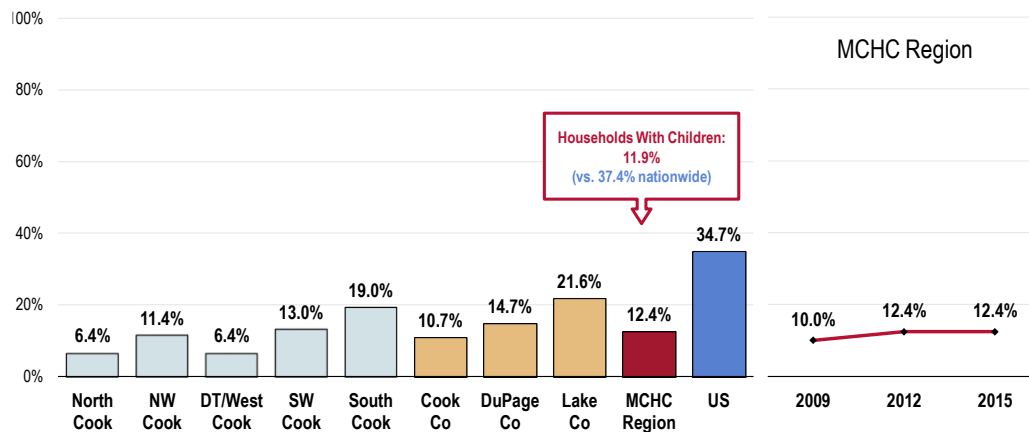
Survey respondents were further asked about the presence of weapons in the home:

“Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, ‘firearms’ include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire.”

Overall, 12.4% of MCHC Region adults have a firearm kept in or around their home.

- Much lower than the national prevalence.
- Highest in Lake County; lowest in Cook County.
 - In Cook County, unfavorably high in the South; lowest in the North and Downtown/West areas.
- TREND: Marks a statistically significant increase since 2009.
- Among MCHC Region households with children, 11.9% have a firearm kept in or around the house (well below that reported nationally).
- TREND: The prevalence of firearms in households with children has increased significantly over time (not shown).

Have a Firearm Kept in or Around the Home



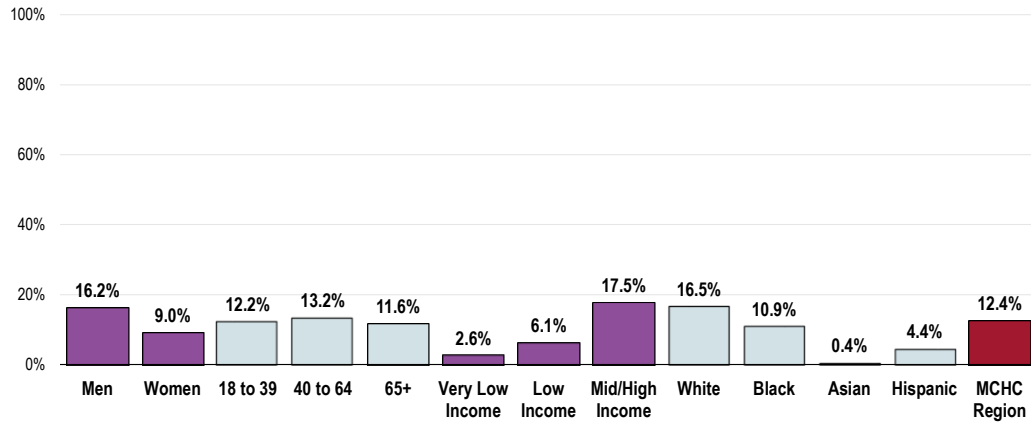
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 52, 137]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- Men.
- Higher-income households (positive correlation with income).
- Whites and Blacks.

Have a Firearm Kept in or Around the House (MCHC Region, 2015)

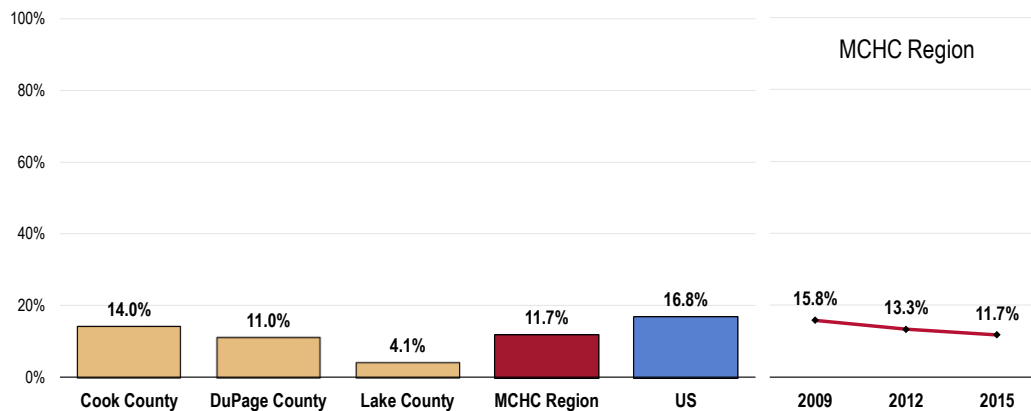


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
 Notes: • Asked of all respondents.
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among MCHC Region households with firearms, 11.7% report that there is at least one weapon that is kept unlocked and loaded.

- Better than that found nationally.
- Unfavorably high in Cook County; lowest in Lake County.
- TREND: Marks a statistically significant decrease over time.

Household Has An Unlocked, Loaded Firearm (Among Respondents Reporting a Firearm in or Around the Home)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 138]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with a firearm in or around the home.
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

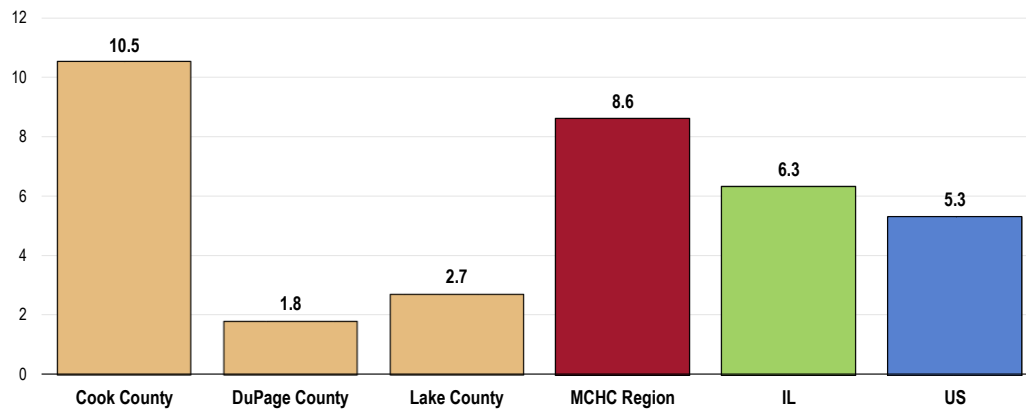
Between 2011 and 2013, there was an annual average age-adjusted homicide rate of 8.6 deaths per 100,000 population in the MCHC Region.

RELATED ISSUE:

See also *Suicide* in the **Mental Health** section of this report.

- Less favorable than the rate found statewide.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.
- Considerably higher in Cook County.

Homicide: Age-Adjusted Mortality
 (2011-2013 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 5.5 or Lower

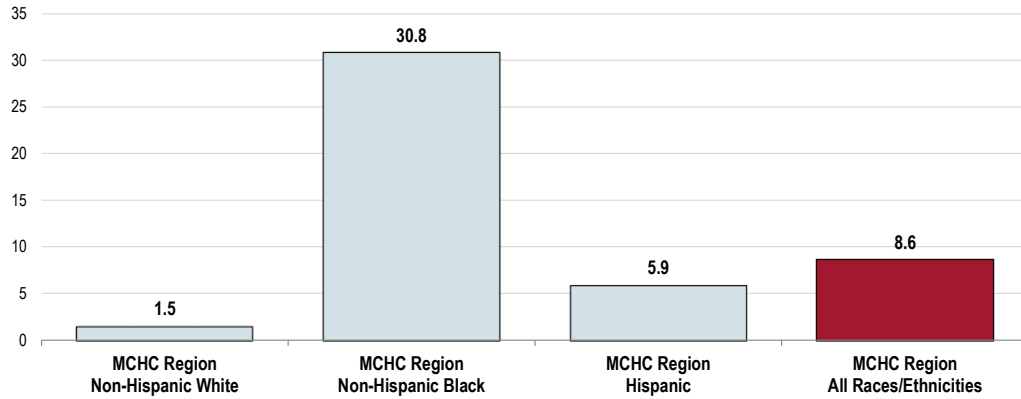


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The homicide rate is notably higher among Blacks in the MCHC Region.

Homicide: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower

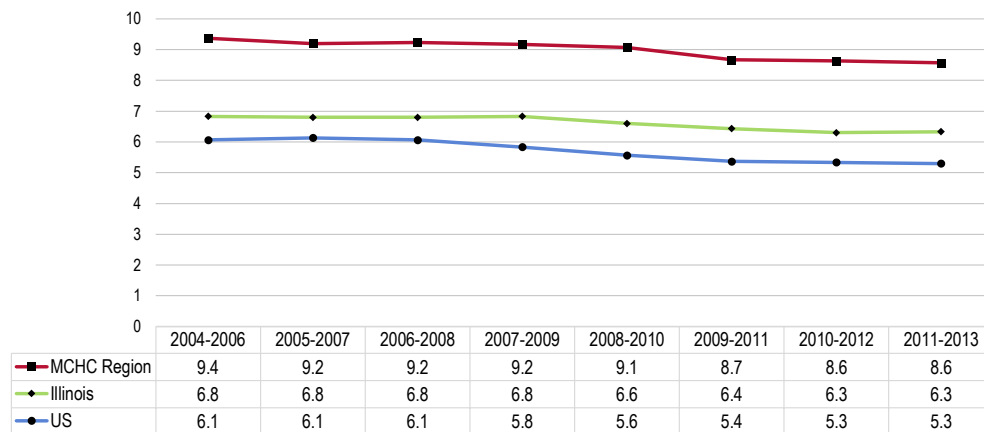


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The homicide rate decreased over the past decade in the region, echoing the state and national trends.

Homicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Violent Crime

Violent Crime Rates

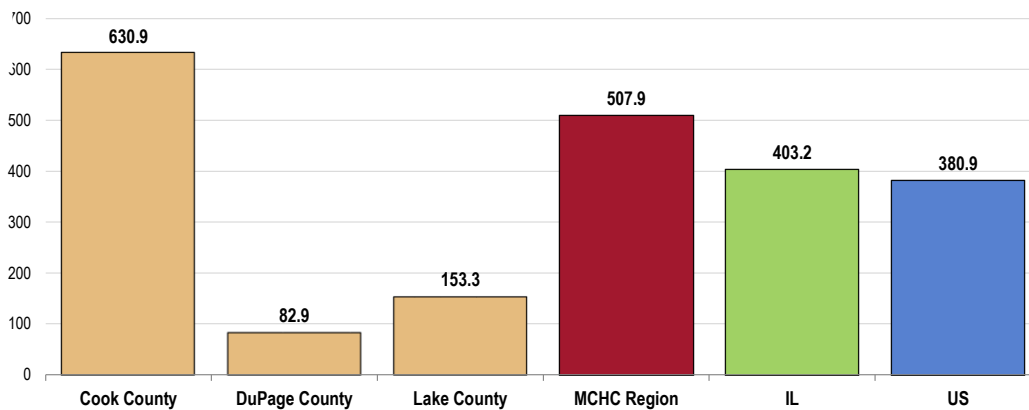
Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2011 and 2013, there were a reported 507.9 violent crimes per 100,000 population in the MCHC Region.

- Higher than the Illinois rate for the same period.
- Higher than the national rate.
- Considerably higher in Cook County.

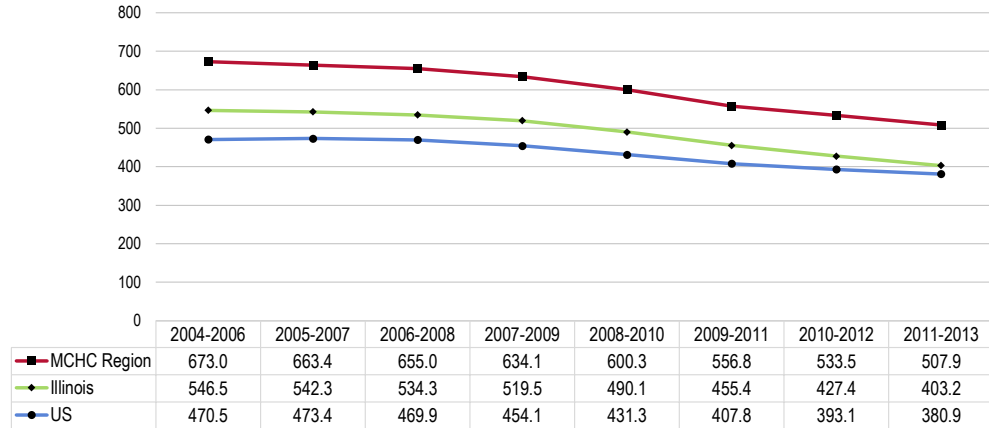
Violent Crime
(Rate per 100,000 Population, 2011-2013)



- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2011-2013.
 - Illinois State Police.
- Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
 - Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

- **TREND:** Note the decreasing trends in violent crime over the past decade.

Violent Crime (Rate per 100,000 Population)



Sources:

- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2011-2013.
- Illinois State Police.

Notes:

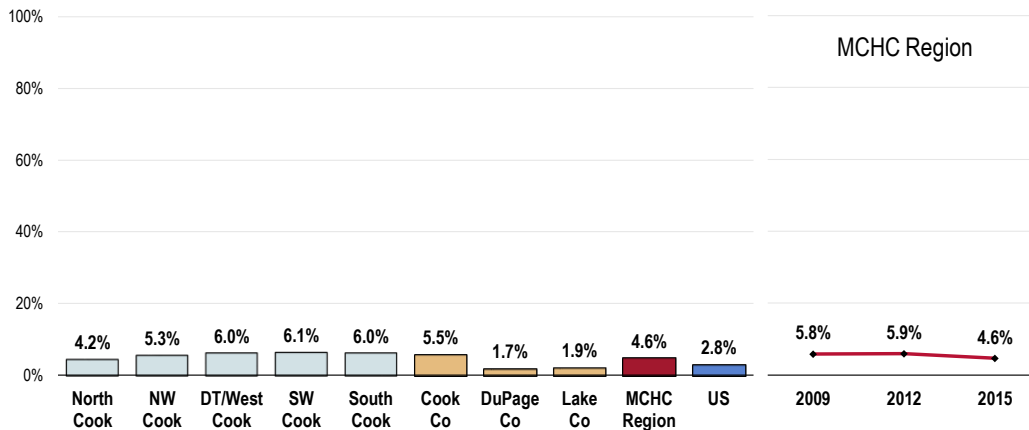
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Self-Reported Violence

A total of 4.6% of MCHC Region adults acknowledge being the victim of a violent crime in the past five years.

- Worse than national findings.
- Unfavorably high in Cook County.
 - By subarea in the county, no significant differences in prevalence of violent crime.
- TREND: Marks a statistically significant decrease over time.

Victim of a Violent Crime in the Past Five Years



Sources:

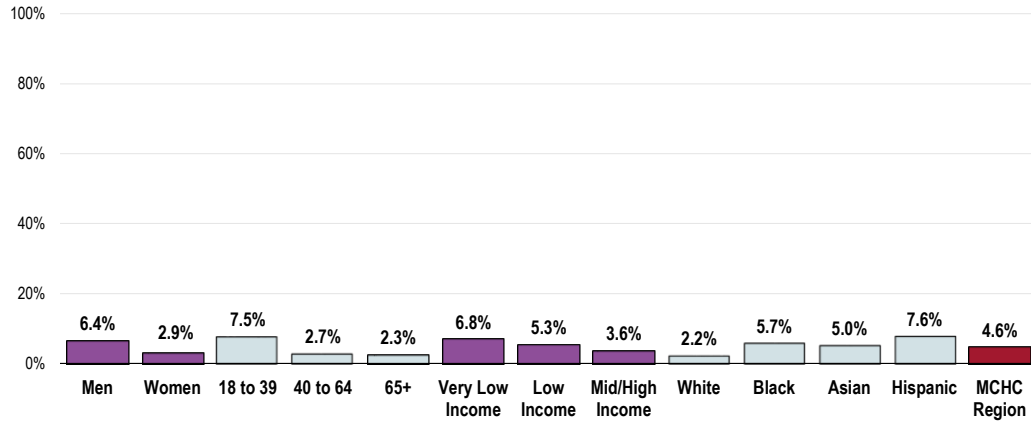
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

- Reports of violence are notably lower among women, adults age 40+ (negative correlation with age), those in households with higher incomes (negative correlation with income), and Whites.

Victim of a Violent Crime in the Past Five Years (MCHC Region, 2015)



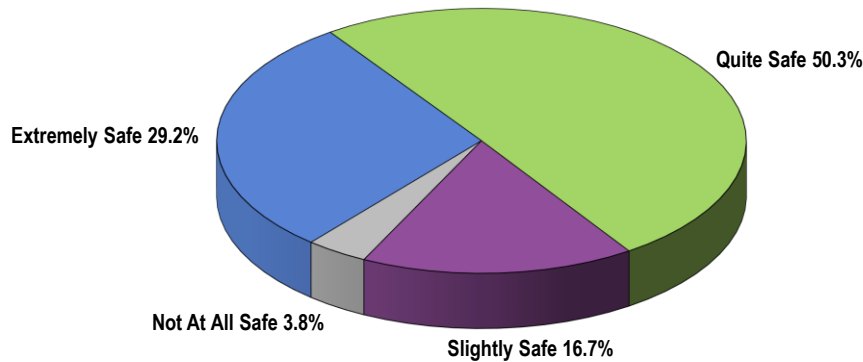
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Perceived Neighborhood Safety

Most MCHC Region adults (79.5%) consider their neighborhood to be "extremely" or "quite" safe from crime.

- Another 16.7% gave "slightly safe" ratings of their own neighborhoods.

Perceptions of Neighborhood's Safety from Crime (MCHC Region, 2015)

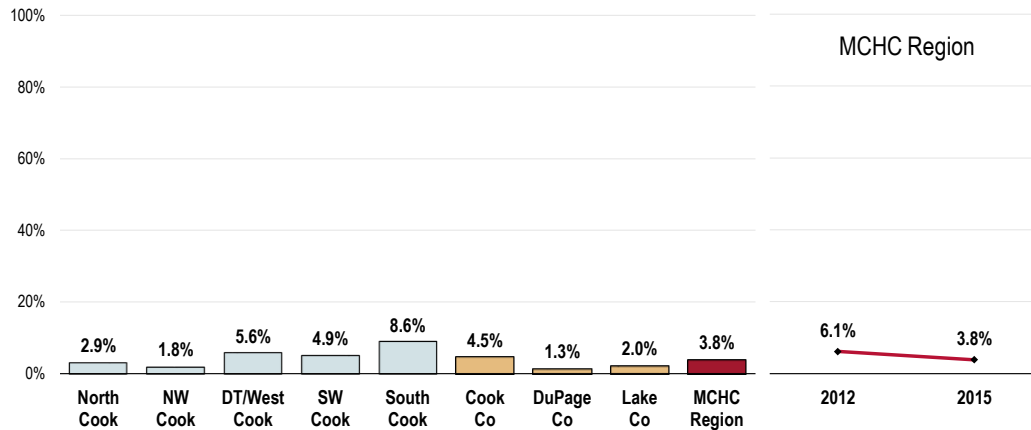


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
 Notes: • Asked of all respondents.

Note that 3.8% of survey respondents consider their neighborhood to be “not at all safe” from crime.

- Much higher in Cook County than in DuPage or Lake counties.
 - In Cook County, highest in the South; favorably low in North and Northwest Cook County.

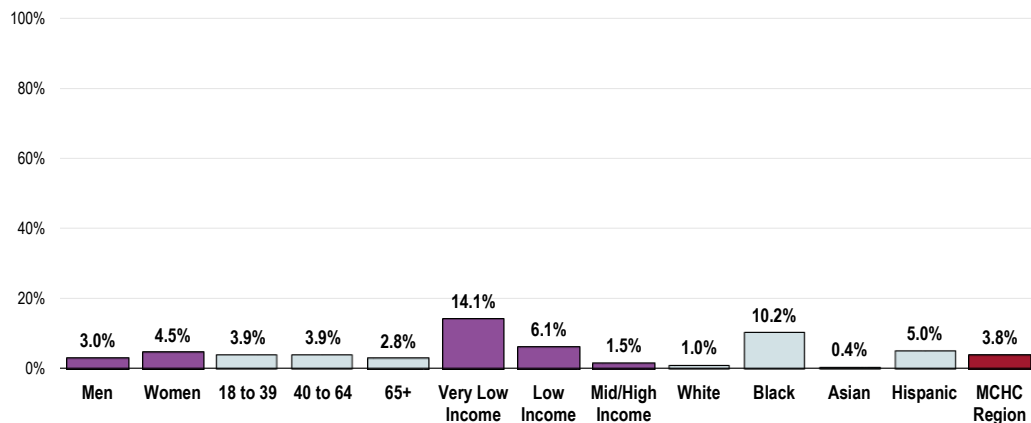
Perceive Neighborhood to be “Not At All Safe” from Crime



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 304]
 Notes: • Asked of all respondents.

- Residents more likely to give lower ratings of their neighborhood’s safety from crime include women, those living at the lower income levels (negative correlation with income), Blacks, and Hispanics.

Perceive Neighborhood to be “Not At All Safe” from Crime (MCHC Region, 2015)



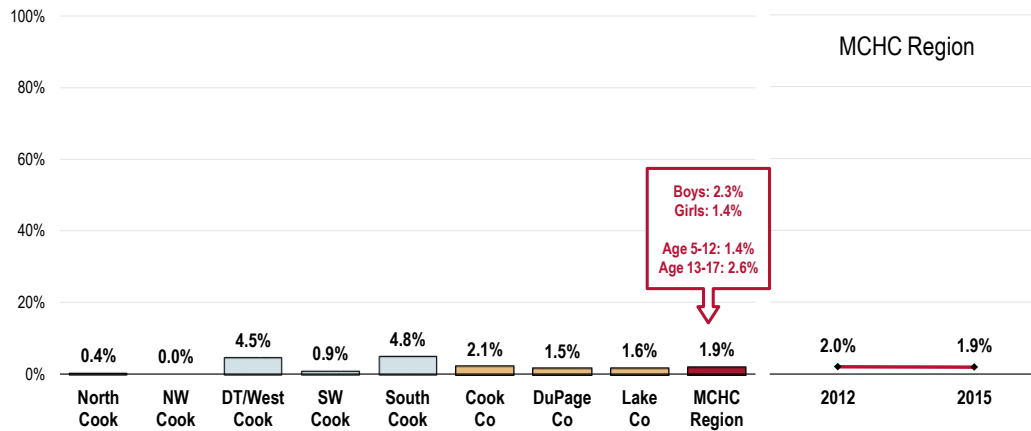
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Child Safety at School

Among regional parents of school-age children, 1.9% report that their child missed at least one day of school in the past month because of feeling unsafe.

- The prevalence is comparable by county of residence.
 - In Cook County, statistically high in the Downtown/West subarea.
- Findings do not differ significantly by child’s gender or age.
- TREND: Statistically unchanged from 2012 survey findings.

Child Missed School at Least Once Last Month Due to Feeling Unsafe (MCHC Region School-Aged Children)

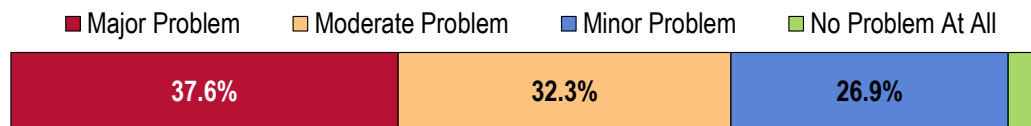


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 313]
 Notes: • Asked of those parents with school-age children.

Key Informant Input: Community Violence

A plurality of key informants taking part in an online survey characterized *Community Violence* as a “major problem” in the community.

Perceptions of Community Violence as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

Self-Reported Family Violence

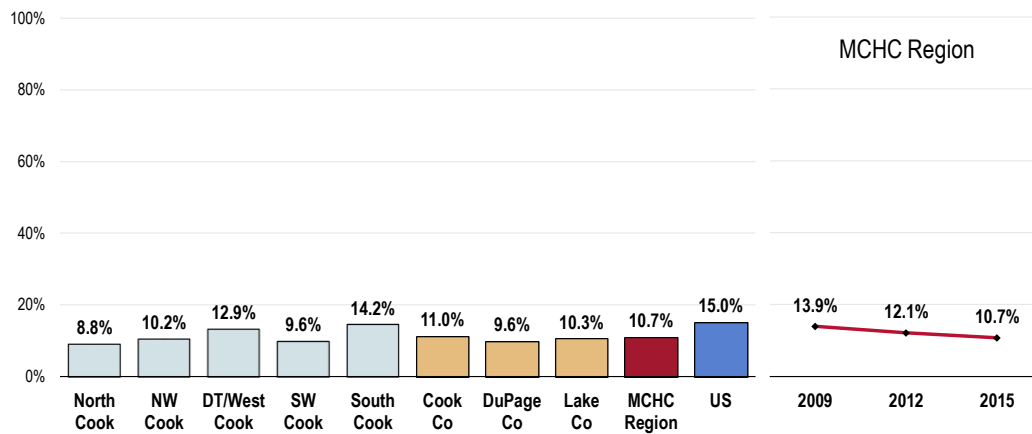
A total of 10.7% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

Respondents were told:

“By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner.”

- Lower than national findings.
- Statistically similar by county.
 - In Cook County, unfavorably high in Downtown/West and South Cook.
- TREND: Over time, the prevalence has decreased significantly.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

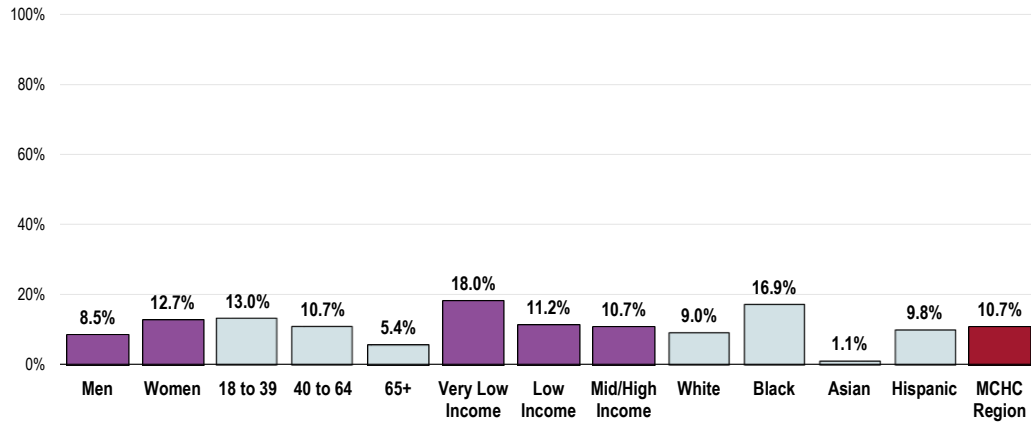


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Reports of domestic violence are notably higher among:

- Women.
- Adults under 65 (negative correlation with age).
- Adults living below the federal poverty threshold.
- Black respondents.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (MCHC Region, 2015)

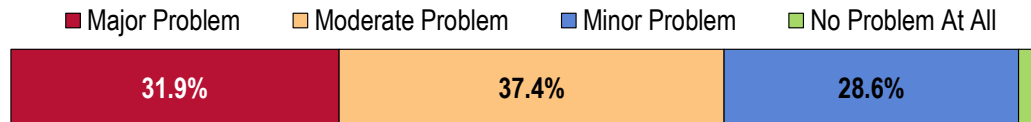


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Family Violence

The largest share of key informants taking part in an online survey characterized **Family Violence** as a "moderate problem" in the MCHC Region.

Perceptions of Family Violence as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

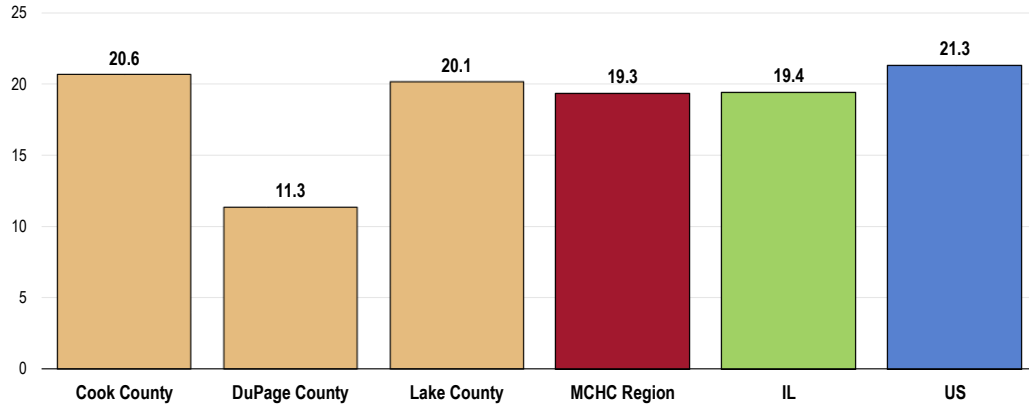
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2011 and 2013, there was an annual average age-adjusted diabetes mortality rate of 19.3 deaths per 100,000 population in the MCHC Region.

- Similar to that found statewide.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Favorably low in DuPage County.

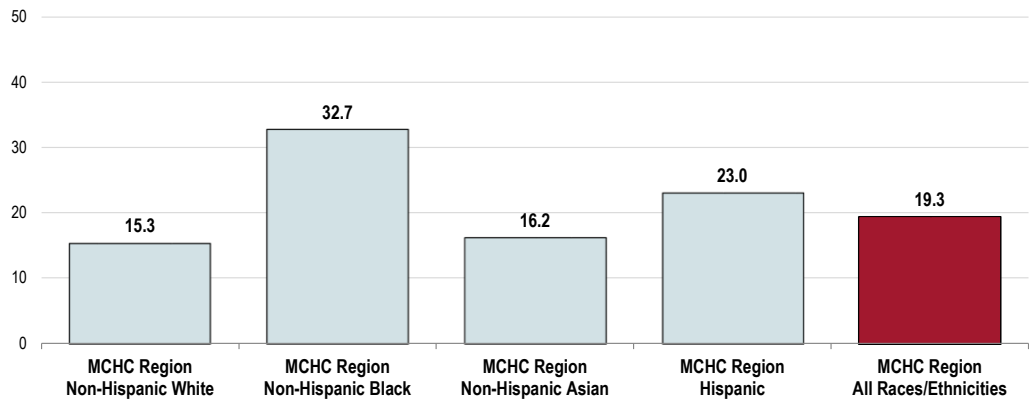
Diabetes: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- The diabetes mortality rate is notably higher among Blacks and Hispanics in the MCHC Region.

Diabetes: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



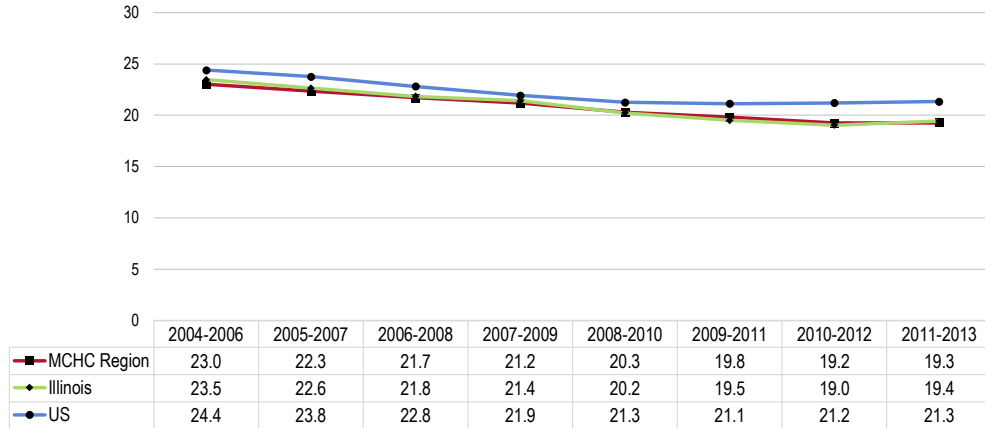
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- TREND: Diabetes mortality has decreased over the past decade.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

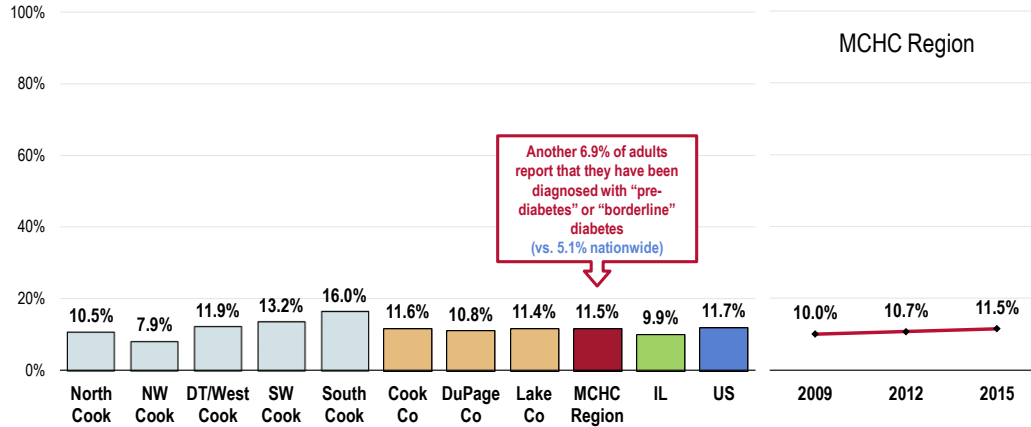
A total of 11.5% of MCHC Region adults report having been diagnosed with diabetes.

- Higher than the statewide proportion.
- Similar to the national proportion.
- Statistically similar by county.
 - In Cook County, unfavorably high in the South; lowest in the Northwest.
- TREND: The increase over time is not statistically significant.

In addition to the prevalence of diagnosed diabetes referenced above, another 6.9% of MCHC Region adults report that they have “pre-diabetes” or “borderline diabetes.”

- Less favorable than the US prevalence.

Prevalence of Diabetes



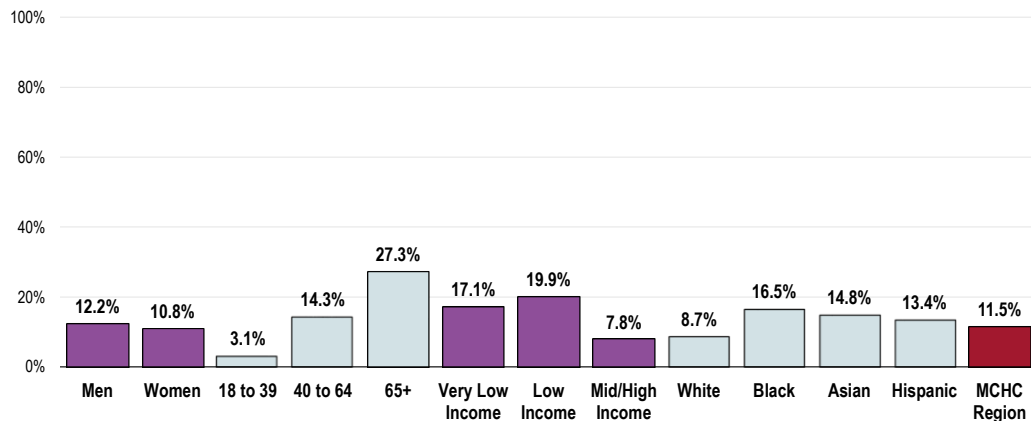
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.

Notes: • Asked of all respondents.
 • Local and national data exclude gestation diabetes (occurring only during pregnancy).

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Older adults (note the strong, positive correlation between diabetes and age, with 27.3% of seniors with diabetes).
- Residents living in households with lower annual incomes.
- Blacks, Asians, and Hispanics, when compared with Whites.

Prevalence of Diabetes (MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]

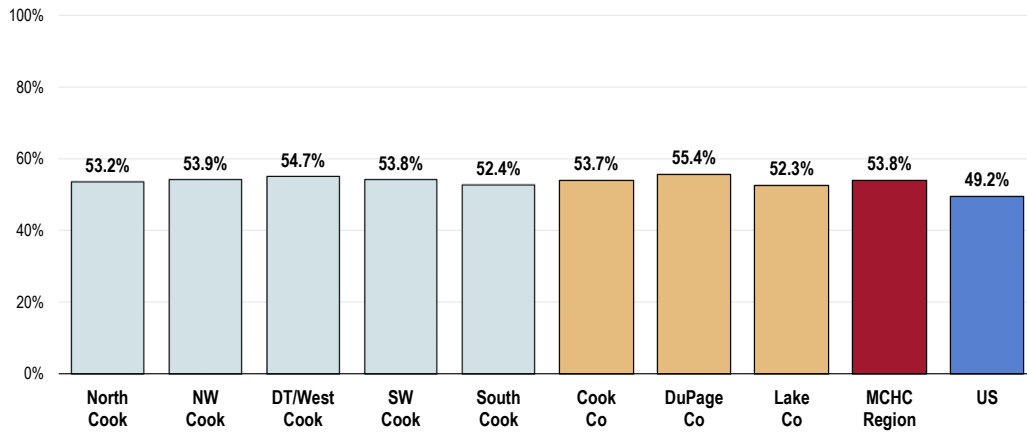
Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Testing

Of MCHC Region adults who have not been diagnosed with diabetes, 53.8% report having had their blood sugar level tested within the past three years.

- More favorable than the national proportion.
- Similar findings by county.
 - In Cook County, similar findings among the 5 subareas.

Have Had Blood Sugar Tested in the Past Three Years (Among Non-Diabetics)

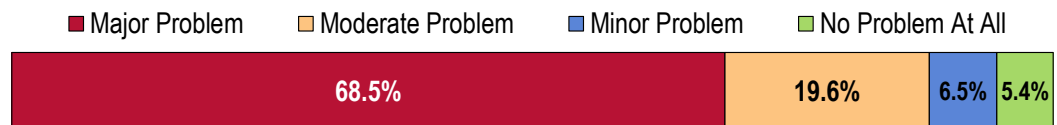


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

Nearly 7 in 10 key informants taking part in an online survey characterized *Diabetes* as a “major problem” in the community.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

CHALLENGES

Among those rating this issue as a “major problem,” the biggest challenges for people with diabetes are seen as:

Lack of Education

Controlling their disease with medication and proper food choices. – Community/Business Leader (Cook County Overall)

Patients not understanding how to effectively manage diabetes. – Public Health Expert (Downtown/West Cook County)

They may not know how to manage their diabetes. – Other Health Provider (Southwest Cook County)

The biggest challenge for people with diabetes in our community is education and lifestyle changes. Due to our ethnically diverse population, addressing this issue in a multi-platform manner is essential, i.e. need for case management in multiple languages. – Other Health Provider (Northwest Cook County)

Understanding that activity outdoors can be a huge help to combating diabetes. – Community/Business Leader (Lake County)

First is the level of awareness. People may be living with diabetes and be completely unaware of their condition. The lack of access to primary care plays a huge factor in this. When people are diagnosed, there is an issue with non-compliance. Providers need to ensure that they are providing education, information, and treatment that is attainable for the patient, as well as culturally aware. There is so much misinformation around nutrition and much of what is available is tailored specifically to the typical American diet. Cooking classes and shopping field trips for different ethnic groups to educate on what is available in their community would be one idea to start to shift the tide. – Other Health Provider (Downtown/West Cook County)

Counseling about diet and exercise. – Community/Business Leader (Northwest Cook County)

Education. – Public Health Expert (Lake County)

Lack of education, lack of access to primary care providers. – Community/Business Leader (Lake County)

Managing their diabetes, avoiding high sugar levels. – Social Service Representative (South Cook County)

Clients often have the information needed to manage their diabetes but simply do not have the means. Policy, systems, and environmental changes are necessary to encourage and allow clients to make lifestyle changes. Just knowing what to do is not the same as knowing how. – Social Service Representative (Downtown/West Cook County)

Disease management skills, limited access to specialists, access to fruits and vegetables. – Community/Business Leader (Lake County)

Nutrition education and access to medications. – Other Health Provider (Downtown/West Cook County)

Nutrition information. Access to healthy foods in food deserts. – Social Service Representative (Downtown/West Cook County)

Bad eating habits contribute to obesity, which can cause diabetic concerns for our community. Without educational programs that address obesity our community will continue to consume junk not healthy for the body. – Community/Business Leader (Southwest Cook County)

I see a lot of people unaware of nutritional information. – Social Service Representative (Lake County)

The biggest challenge for people with diabetes is access to proper diet (food and nutrition) and the availability of safe places to exercise. Without effective diet and exercise management tools, people with diabetes in the community are left with few options. As a result, the disease progresses and the individual must cope with expensive and more invasive interventions (oral medications, injectable medications, specialty care, surgery, and amputations). – Social Service Representative (Downtown/West Cook County)

Access to Healthful Food

Access to fresh produce and foods. – Community/Business Leader (Southwest Cook County)

Not enough healthy food options in the community. – Social Service Representative (Southwest Cook County)

The convenience of healthy foods and the lack of knowledge of what and how to eat proper meals. – Community/Business Leader (DuPage County)

Healthy food sources. – Public Health Expert (South Cook County)

There are not many healthy food options. There are two grocery stores but the produce is sometimes questionable. – Community/Business Leader (Downtown/West Cook County)

Lack of access to fresh foods and support for changing eating habits. Lack of access to safe physical activities. – Other Health Provider (Downtown/West Cook County)

Affordable healthy food, safe places to be physically active, limited access to primary care providers and education related to diabetes management. – Public Health Expert (Cook County Overall)

Lack of affordable healthy food and lack of knowledge go hand in hand. – Social Service Representative (Southwest Cook County)

Food Deserts, lack of access to fresh fruits and vegetables at an affordable price. – Other Health Provider (Southwest Cook County)

Access to affordable health foods. – Physician (Downtown/West Cook County)

Access to Care

They need education on preventive care. They need education on eating healthy and regular assessable physical activity. – Community/Business Leader (Downtown/West Cook County)

Accessing management services for those diagnosed and preventing diabetes in the first place. There are insurance and transportation barriers as well as knowledge gaps in proper disease maintenance. There are also financial barriers to having testing supplies. – Public Health Expert (Lake County)

Affordability of medication for type 2 diabetics and dealing with issues that longtime diabetics face, from problems with their feet to problems controlling their weight to blindness. – Community/Business Leader (DuPage County)

Compliance, affording medications, nutrition, vision care. – Social Service Representative (DuPage County)

Access to care. Access/ability to pay for healthy foods. Access to safe areas to exercise. Diagnosis (many patients with first time diagnosis in my clinic with A1C greater than 12 percent, haven't seen a physician in years). – Physician (South Cook County)

Accessing high quality care, including monitoring, medications, and education needed to effectively manage. – Public Health Expert (Lake County)

Access to ongoing preventative care and support, choices are limited and within those choices the support to manage and maintain this disease is inconsistent and limited. – Other Health Provider (Northwest Cook County)

Behavioral Risk

Adjusting lifestyle prior to the development of the disease, understanding the risk factors and the preventable steps that can positively and significantly influence the development of the disease. Once diagnosed, understanding the chronic nature of both the disease and the treatment of the disease. – Public Health Expert (DuPage County)

Stress is a barrier to adopting healthy lifestyles and also is a physiological contributor. – Other Health Provider (Downtown/West Cook County)

Poor healthcare decisions. – Social Service Representative (Northwest Cook County)

As the rate of obesity continues to rise, so do the numbers of patients with type 2 diabetes. These patients tend to have high non-compliance with their treatment plans and thus experience high numbers of complications relative to heart and kidney disease, strokes, vision complications, dental and wound complications, neuropathies, mobility challenges, etc. – Other Health Provider (Northwest Cook County)

Obesity. – Other Health Provider (Northwest Cook County)

Morbid obesity, lack of movement and this contributes to chronic diseases beyond diabetes. –

Community/Business Leader (Downtown/West Cook County)

High Prevalence

There is a high prevalence and patients are poorly compliant with plans because of insurance, work commitments, etc. – Physician (Southwest Cook County)

Increasing rates of disease due to lifestyle. – Public Health Expert (Downtown/West Cook County)

Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider (South Cook County)

It is a commonly known problem among black and Latino populations. – Social Service Representative (Downtown/West Cook County)

Diabetes is the ninth leading cause of death in Illinois and ranks even higher (four or five) in large urban metropolitan areas like Cook County. Diabetes rates have been on the rise due to higher levels of obesity in children. – Other Health Provider (Downtown/West Chicago)

Lack of Resources

There are many disparities in our county which increase diabetes risk for individuals that are black, Latino, or individuals with severe mental illness. These groups are at higher risk for diabetes and resources are limited. In addition, access to affordable fresh fruits and vegetables can be a challenge in some of our communities. – Public Health Expert (Lake County)

Community based peer support programs. – Other Health Provider (Southwest Cook County)

Support services and monitoring for Latino population and especially adolescents. – Community/Business Leader (Downtown/West Cook County)

Not having integrated care system to deal with co-occurring diseases, as it relates to behavioral health and primary health. Not having resources for educating them about their illness and the appropriate case management to follow up with, ensuring that individuals in need of close monitoring are implementing good health habits, as it relates to proper nutrition and follow up medical appointments. – Other Health Provider (South Cook County)

Compliance Issues

Very prevalent in our community, costing our community a lot of money. Struggling with getting those populations to become compliant, this health concern leads to a lot of other chronic diseases that are hard to manage. – Social Service Representative (Northwest Cook County)

Denial

Acceptance of disease. Refusal to test (some due to monetary issues), refusal of medications, refusal to gain dietary control, etc. Just refusing to accept disease and diagnosis. – Public Health Expert (Southwest Cook County)

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

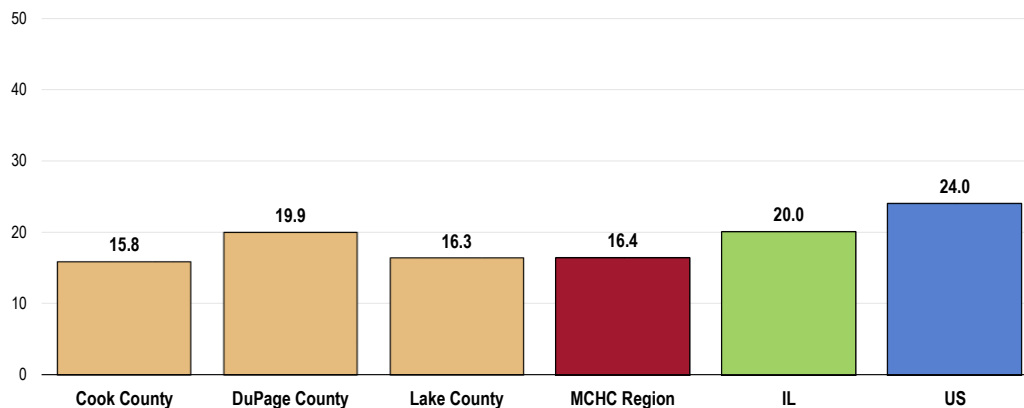
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted Alzheimer's disease mortality rate of 16.4 deaths per 100,000 population in the MCHC Region.

- Lower than the statewide rate.
- Lower than the national rate.
- Unfavorably high in DuPage County.

Alzheimer's Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)

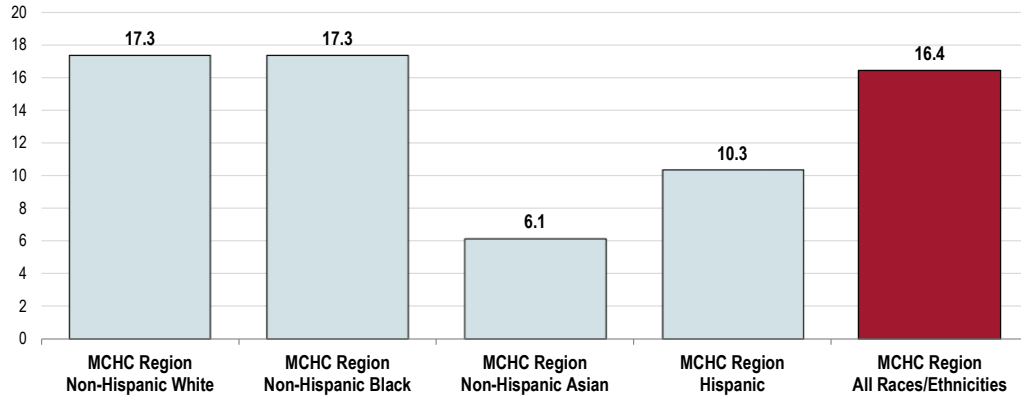


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The Alzheimer's disease mortality rate is much higher in the White and Black populations when compared with Asians and Hispanics in the region.

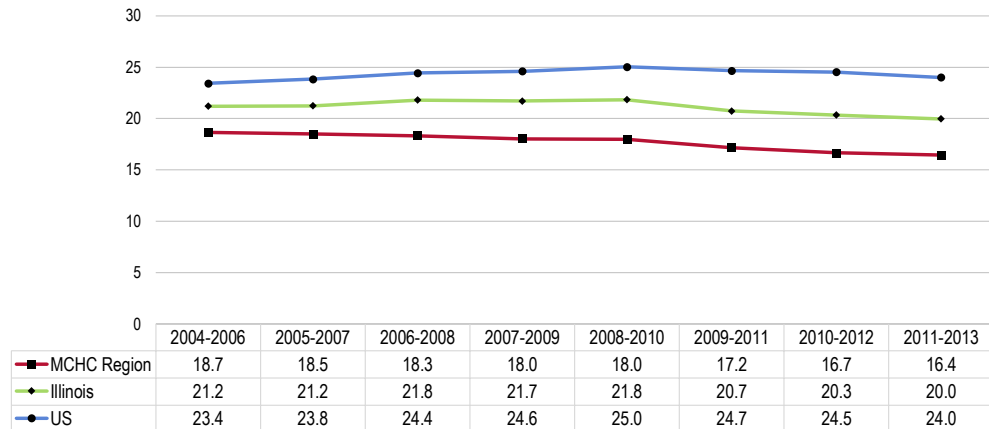
Alzheimer's Disease: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Alzheimer's disease mortality has decreased regionally and across the state over the past decade.

Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



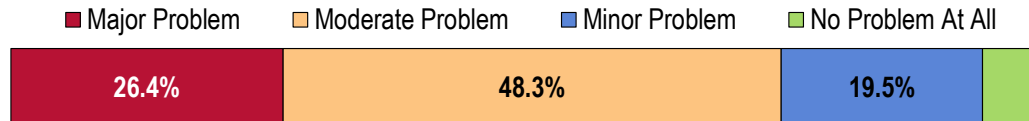
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a “moderate problem” in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community

(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Aging Population

As the population ages, the number of patients diagnosed with Alzheimer's disease will continue to rise with insufficient resources to house and care for them all safely and with dignity in a cost-effective manner. – Other Health Provider (Northwest Cook County)

Increasing aging population has increased the prevalence of age-related diseases such as dementia and Alzheimer's disease, many of who are complex cases due to multiple specialty comorbidity. – Other Health Provider (Northwest Cook County)

The population at risk is growing and we don't have any quality care facilities in my community. – Other Health Provider (Southwest Cook County)

Elderly patient population, recurring problem for patients presenting to ED for many problems that are often tied to dementia. – Physician (Northwest Cook County)

Community members are living longer and the chances of onset increase with age. The issues of care present a real challenge to family members, especially if funds are limited and outside assistance is too costly. The next twenty years will show a marked increase in patients needing care. – Community/Business Leader (Cook County Overall)

Aging of the baby boomers will present major issues when they become demented. – Social Service Representative (DuPage County)

With the aging of the baby boom generation we have a growing at-risk population for dementia/Alzheimer's disease. There is little understanding and more importantly recognition of the signs and symptoms. – Other Health Provider (Downtown/West Chicago)

We've reached a point demographically where the baby boomers are creating the largest senior population in US history. The elderly population will more than double by the year 2050, with most of that growth occurring between 2010 and 2030. It only stands to reason that health problems, such as Alzheimer's and dementia, will increase. – Community/Business Leader (DuPage County)

Affecting many people at earlier age. – Social Service Representative (Northwest Cook County)

High Prevalence

Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider (South Cook County)

The numbers of people in our community with this illness keep increasing, it affects the whole family and the access to care that is affordable is limited. – Social Service Representative (Northwest Cook County)

Many homebound clients served are afflicted with dementia or some memory loss. – Public Health Expert (Northwest Cook County)

Seeing an increase in the numbers of people seeking care for dementia. – Public Health Expert (Southwest Cook County)

There are increasing numbers of African Americans affected by this disease. Limited access to quality medical services hinders prevention and early detection. – Social Service Representative (Downtown/West Cook County)

Lack of Education

Lack of education and the fact that typically this community only goes to the doctor when there is a crisis, so early signs are missed. Finally because there are few specialists in the area and very few if any that take Medicaid or Medicare. – Other Health Provider (Southwest Cook County)

This health concern is a major issue because people are not screened regularly, seniors are challenged with living independently, they might not know they have developed either of these illnesses. – Community/Business Leader (Southwest Cook County)

Lack of Resources

Lack of services for the patient and caregivers. – Other Health Provider (Downtown/West Cook County)

Not enough specialists. – Physician (Southwest Cook County)

Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

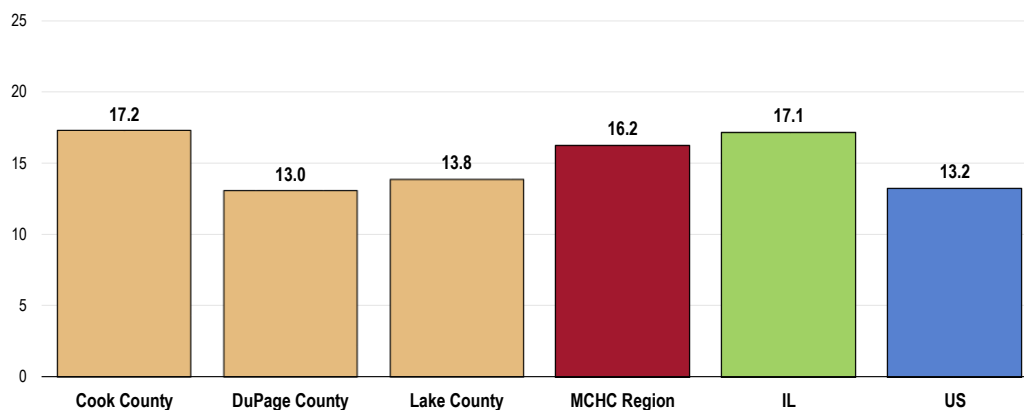
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2011 and 2013 there was an annual average age-adjusted kidney disease mortality rate of 16.2 deaths per 100,000 population in the MCHC Region.

- Lower than the rate found statewide.
- Higher than the national rate.
- Higher in Cook County.

Kidney Disease: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)

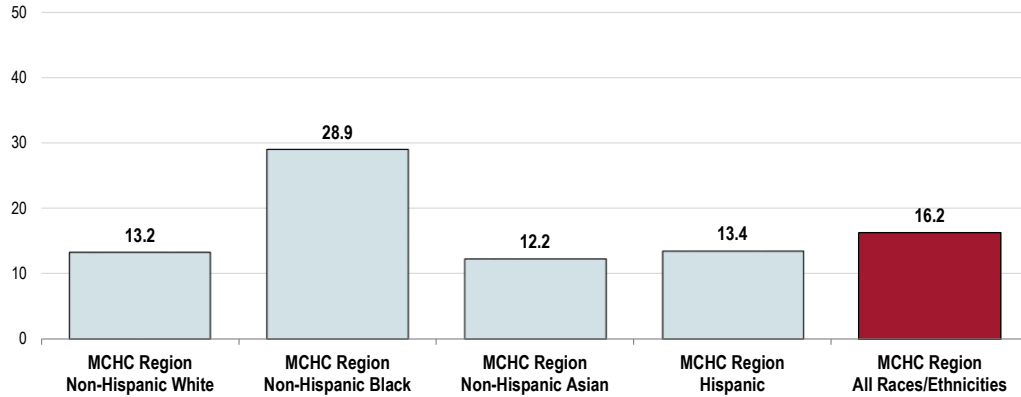


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The kidney disease mortality rate in the MCHC Region is much higher in the Black population.

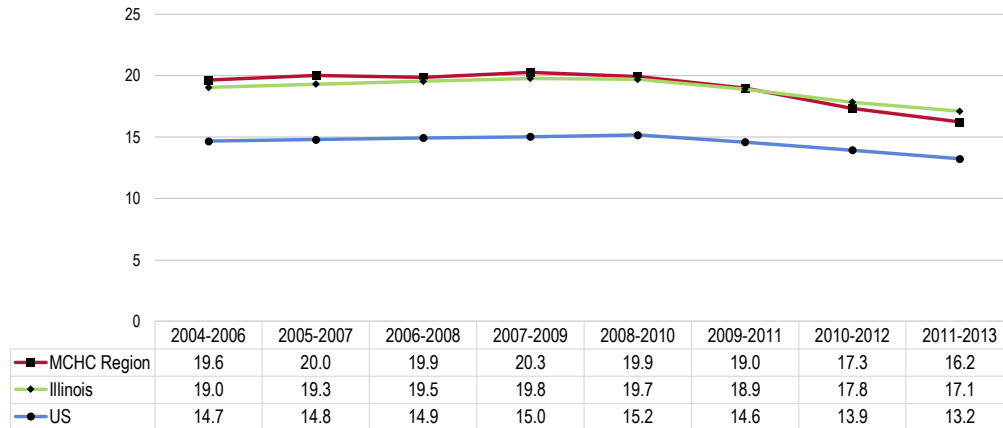
Kidney Disease: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Kidney disease mortality decreased over the past decade.

Kidney Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



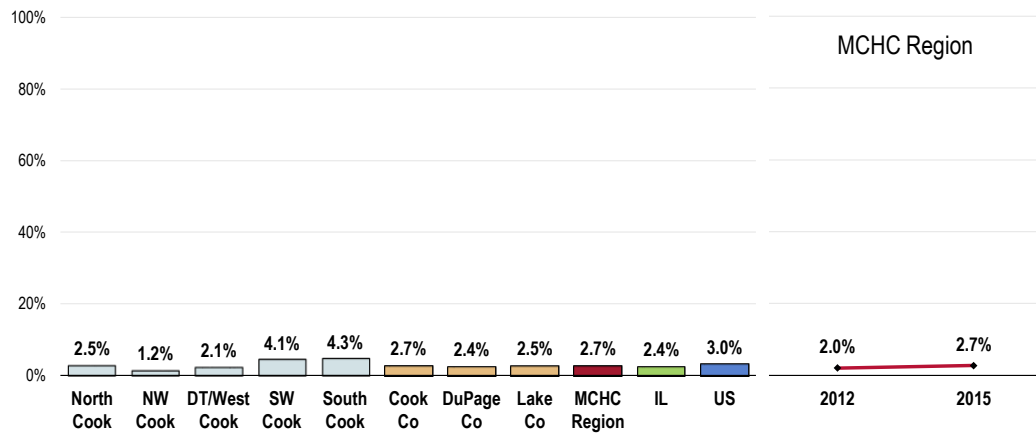
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 2.7% of MCHC Region adults report having been diagnosed with kidney disease.

- Similar to the national proportion.
- Similar to the state proportion.
- Similar findings by county.
 - In Cook County, highest in the South and lowest in the Northwest.
- TREND: Statistically unchanged since 2012.

Prevalence of Kidney Disease

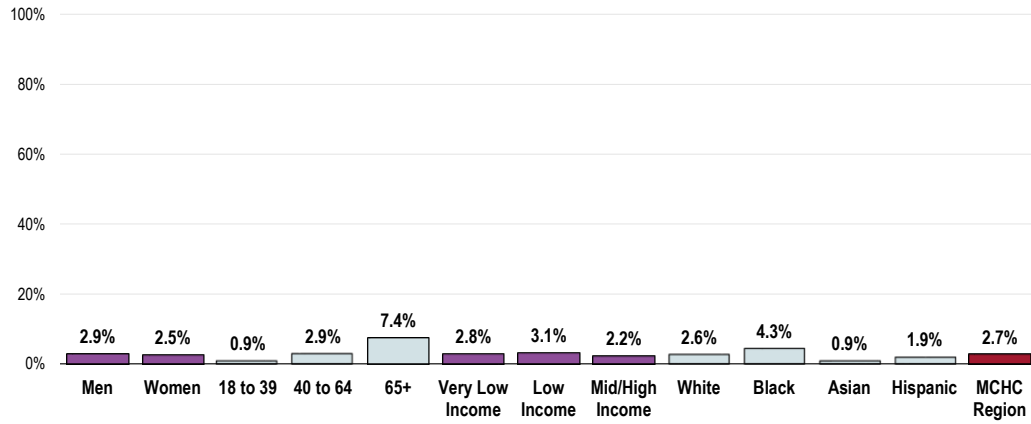


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 33]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- A higher prevalence of kidney disease is reported among Black respondents in the MCHC Region.
- Note also the positive correlation between age and kidney disease in the MCHC Region.

Prevalence of Kidney Disease (MCHC Region, 2015)

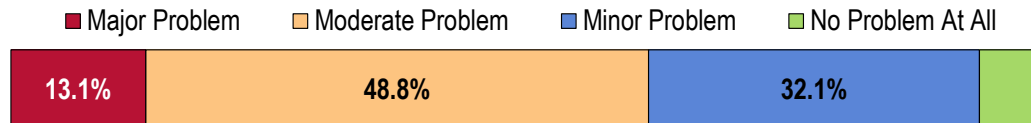


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Chronic Kidney Disease

Nearly half of key informants taking part in an online survey characterized *Chronic Kidney Disease* as a "moderate problem" in the community.

Perceptions of Chronic Kidney Disease as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

High Prevalence

There appears to be a dialysis center on every corner. – Public Health Expert (South Cook County)

Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider (South Cook County)

Uncontrolled HTN, DMII. Likely FSGS given patient population as well. – Physician (South Cook County)

Lack of Resources

Transportation. – Public Health Expert (Lake County)

It costs our community a lot of money and managing these patients. There are a lot of patients struggling. – Social Service Representative (Northwest Cook County)

There is a need for more dialysis centers in the community. – Other Health Provider (Southwest Cook County)

Co-Occurring Morbidities

The primary causes of kidney disease are uncontrolled diabetes and hypertension. Given the increase in obesity levels we've seen a concomitant increase in chronic kidney disease. – Other Health Provider (Downtown/West Chicago)

NAFLD, seeing more and more. – Physician (South Cook County)

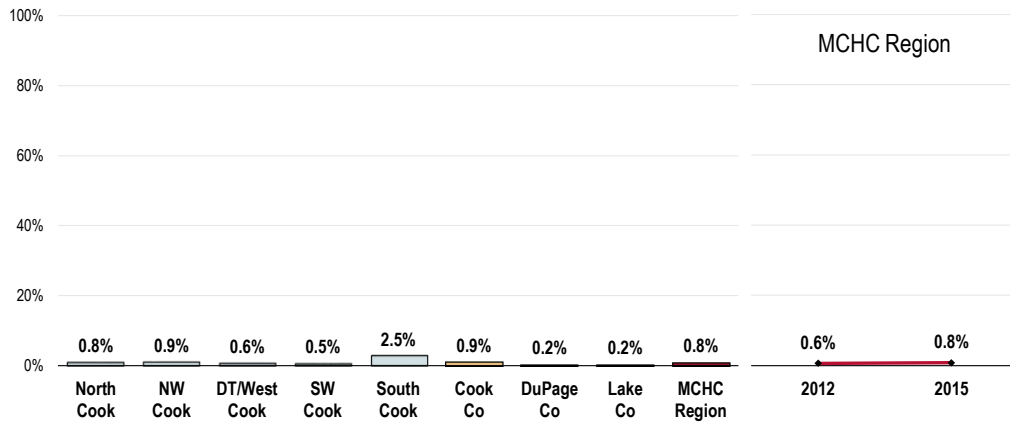
Sickle-Cell Anemia

Prevalence of Sickle-Cell Anemia

A total of 0.8% of MCHC Region adults report having been diagnosed with sickle-cell anemia.

- Highest in Cook County.
 - In Cook County, highest in the South.
- TREND: Statistically unchanged since 2012.

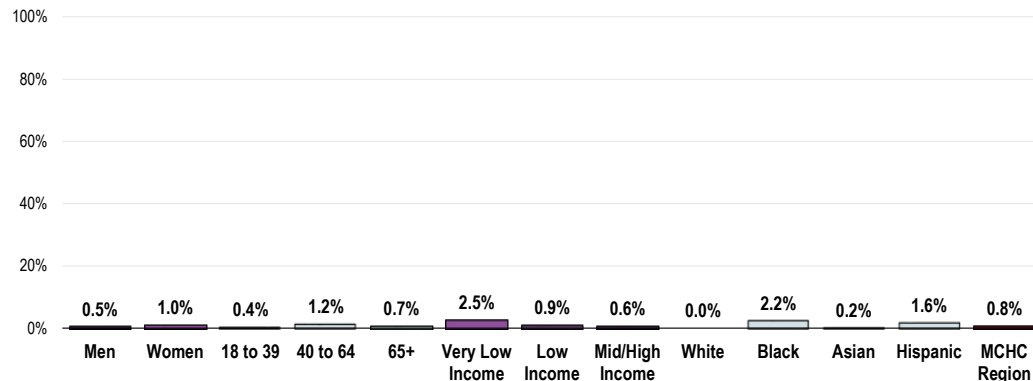
Prevalence of Sickle-Cell Anemia



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 302]
 Notes: • Asked of all respondents.

- A higher prevalence of sickle-cell anemia is reported among respondents age 40 to 64, those living in households with very low incomes, Blacks, and Hispanics.

Prevalence of Sickle-Cell Anemia (MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Back Conditions

Prevalence of Arthritis/Rheumatism

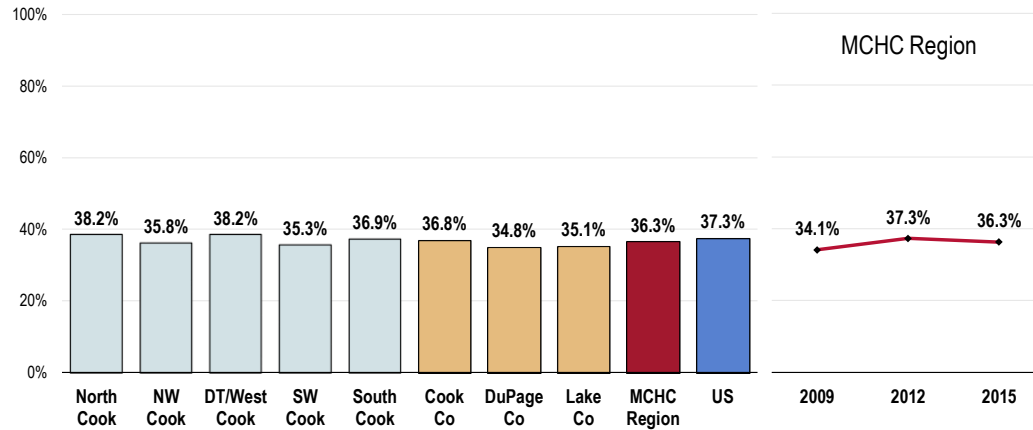
More than one-third of MCHC Region adults age 50 and older (36.3%) reports suffering from arthritis or rheumatism.

- Comparable to that found nationwide.
- Comparable findings by county.
 - Within Cook County, comparable findings by subarea.
- TREND: The prevalence of arthritis/rheumatism is similar to that reported in 2009.

RELATED ISSUE:

See also *Activity Limitations* in the **General Health Status** section of this report.

Prevalence of Arthritis/Rheumatism (Among Adults Age 50 and Older)



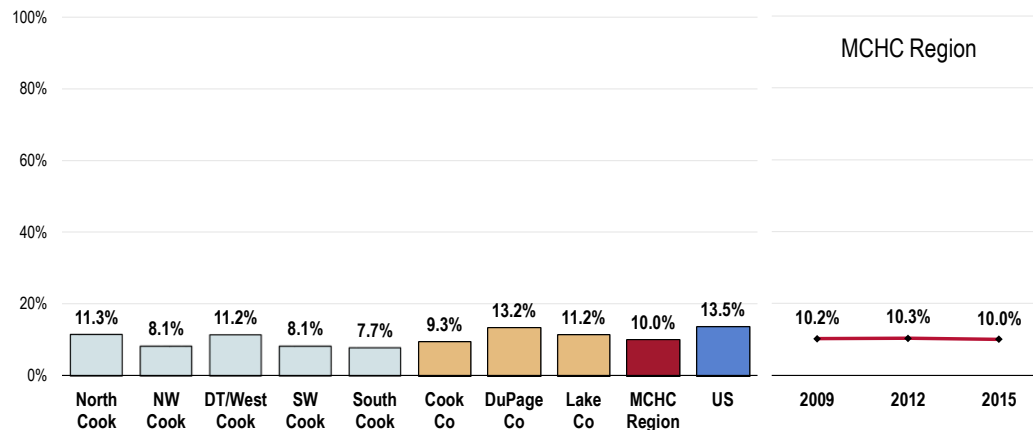
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents age 50 and older.

Prevalence of Osteoporosis

A total of 10.0% of survey respondents age 50 and older have osteoporosis.

- Lower than that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- Statistically similar by county.
 - In Cook County, similar findings by area.
- TREND: Statistically unchanged over time.

Prevalence of Osteoporosis (Among Adults Age 50 and Older) Healthy People 2020 Target = 5.3% or Lower



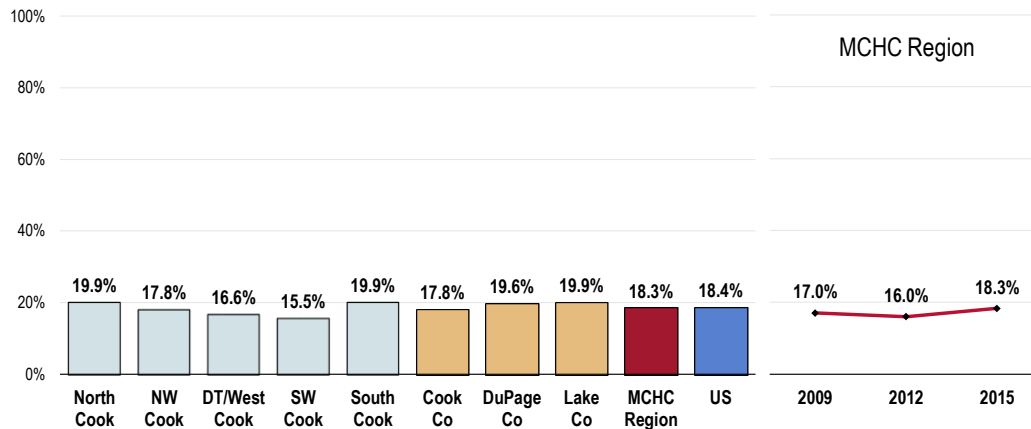
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]
 Notes: • Reflects respondents age 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 18.3% of survey respondents suffer from chronic back pain or sciatica.

- Nearly identical to that found nationwide.
- Comparable findings by county.
 - In Cook County, comparable findings by area.
- TREND: Statistically unchanged over time.

Prevalence of Sciatica/Chronic Back Pain

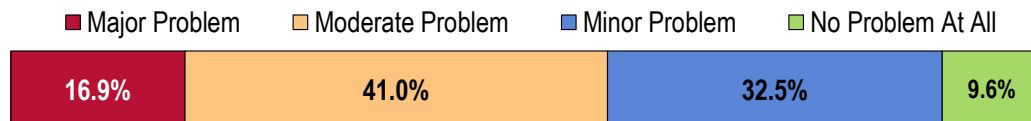


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

The largest share of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a “moderate problem” in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to these:

High Prevalence

The aging population in our community. – Community/Business Leader (Northwest Cook County)

As our generations grow old there are two types of arthritis observed, seniors with arthritis preventing completion of daily tasks, limiting physical movement and lack of exercise, making the conditions worse and/or lead to other health problems, and secondly, growing children with symptoms of rheumatoid arthritis possibly due to poor living conditions in clean environments. – Community/Business Leader (Southwest Cook County)

Back pain/joint pain/soft tissue pain seems common, as it is nationwide. Perhaps increased by physically demanding jobs, lack of access to health care resources to manage. – Public Health Expert (Cook County Overall)

High population of seniors and blue collar laborers are afflicted as they age due to age itself or physical stress from jobs. – Social Service Representative (Southwest Cook County)

Lack of Resources

Many people don't have access to therapy for such conditions or don't know about preventive measures. – Community/Business Leader (South Cook County)

Lack of access to timely physical therapy or inability to attend physical therapy sessions. Obesity. – Physician (South Cook County)

Not enough specialists. – Physician (Southwest Cook County)

The reason why this is a major problem in our community is because of the lack of specialists in this area in the northwest suburbs of Illinois. In addition, we see many patients with back conditions that have spiraled out of control due to mismanagement, lack of care and education. As a result, these people become home bound. – Other Health Provider (Northwest Cook County)

Homebound Population

As a community health nurse, I provide many home visits to the homebound residents of our community. Most are homebound due to arthritis pain and disability. – Public Health Expert (Northwest Cook County)

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

Vision Trouble

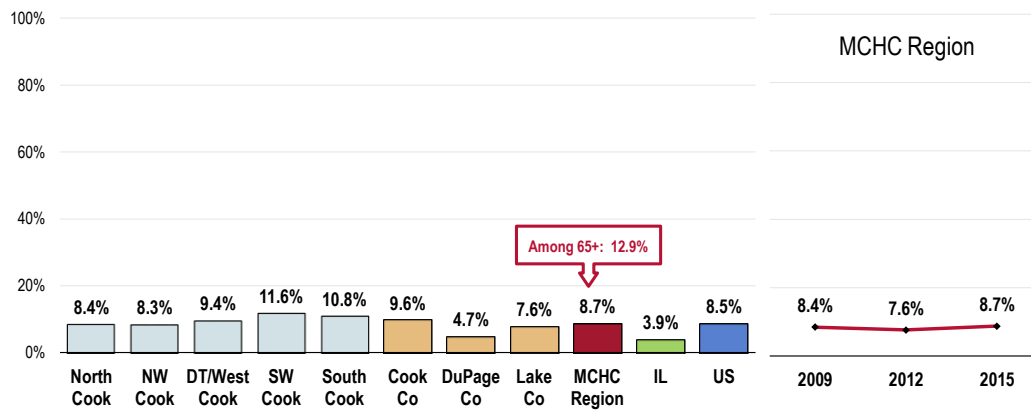
A total of 8.7% of MCHC Region adults are blind or have trouble seeing even when wearing corrective lenses.

RELATED ISSUE:

See also *Vision Care* in the **Access to Health Services** section of this report.

- Less favorable than the statewide prevalence.
- Similar to that found nationwide.
- Highest in Cook County; lowest in DuPage.
 - In Cook County, similar findings by area.
- **TREND:** No significant change over time.
- Among MCHC Region adults age 65 and older, 12.9% have vision trouble.

Prevalence of Blindness/Trouble Seeing



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

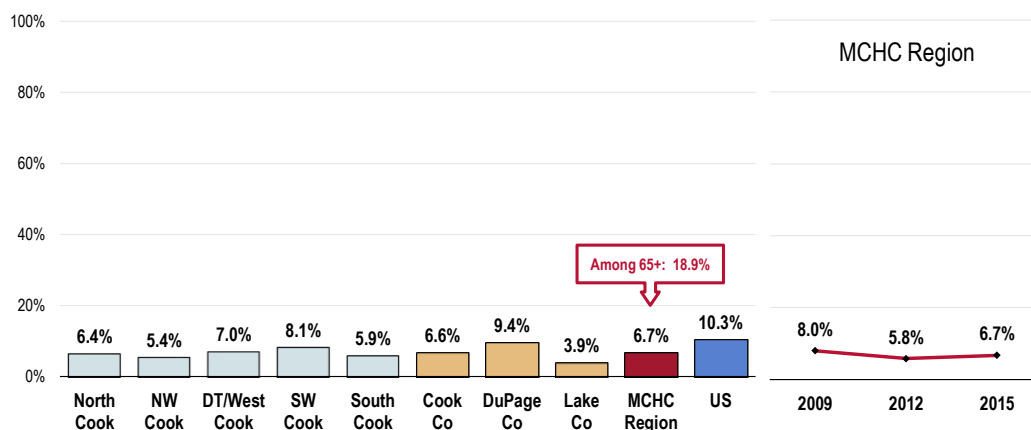
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

In all, 6.7% of MCHC Region adults report being deaf or having difficulty hearing.

- Better than that found nationwide.
- Highest in DuPage County, lowest in Lake.
 - In Cook County, similar findings among the 5 subareas.
- TREND: Statistically unchanged over time.
- Among MCHC Region adults age 65 and older, 18.9% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing

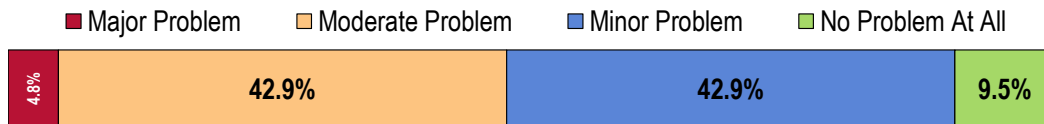


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Vision & Hearing

Most key informants taking part in an online survey were divided between characterizing *Vision & Hearing* as a “moderate” or a “minor” problem in the community.

Perceptions of Hearing and Vision as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Aging Population

Again, our aging population. We have had at least a 15 percent increase in the senior population in our area. As a mainly blue collar community, many workers are exposed to damaging noises and many younger people work at a local music theatre and don't take precautions. – Social Service Representative (Southwest Cook County)

Preventive Care

Regular screenings and doctor's visits are not practiced. Also competing priorities for single moms make these issue very low on the list as opposed to an asthma attack. Also lack of knowledge on the total impact on a person's quality of life, learning, work, etc. – Other Health Provider (Southwest Cook County)

Lack of Coverage

There is virtually no coverage for hearing aids and little for glasses. The costs are too high for low income residents to absorb. – Social Service Representative (Northwest Cook County)

Infectious Disease



Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

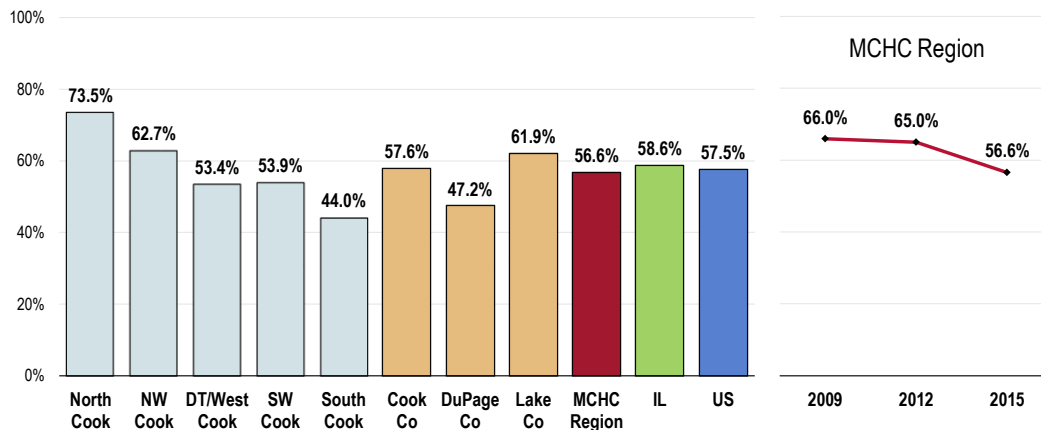
FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Among MCHC Region seniors, 56.6% received a flu shot (or FluMist®) within the past year.

- Statistically comparable to the Illinois finding.
- Statistically comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Statistically comparable by county.
 - In Cook County, highest in the North, lowest in the South.
- TREND: Marks a statistically significant decrease over time.

Older Adults: Have Had a Flu Vaccination in the Past Year (Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects respondents 65 and older.
 - Includes FluMist as a form of vaccination.

High-Risk Adults

“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

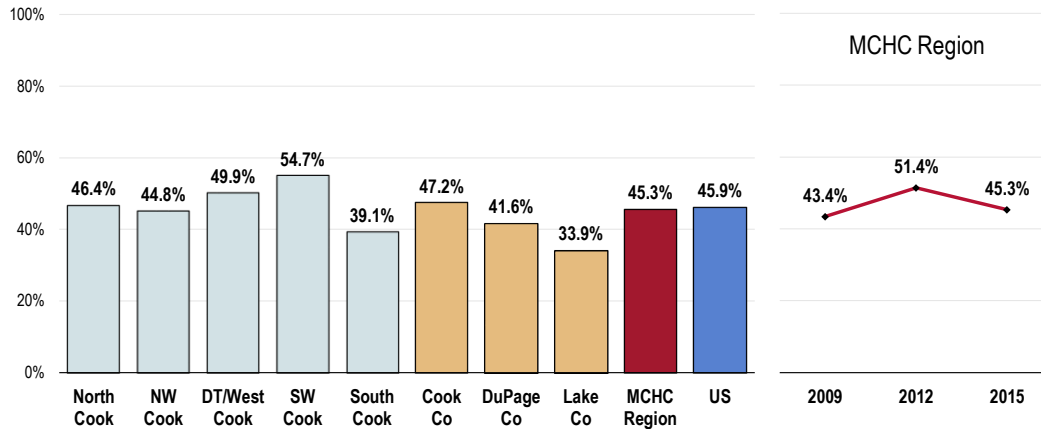
A total of 45.3% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Nearly identical to national findings.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Highest in Cook County, lowest in Lake.
 - In Cook County, lowest in the South.
- TREND: Statistically unchanged from the 2009 survey findings.

High-Risk Adults: Have Had a Flu Vaccination in the Past Year

(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 70.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
 Notes: • Reflects high-risk respondents age 18-64.
 • “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
 • Includes FluMist as a form of vaccination.

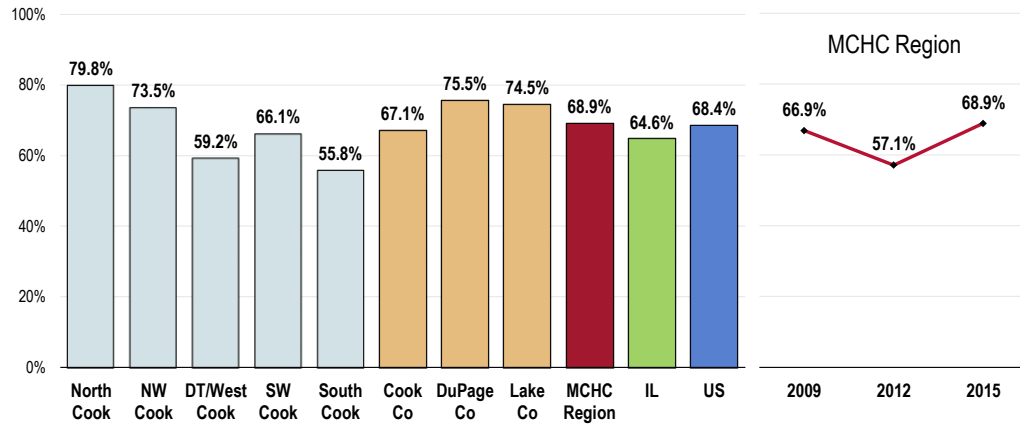
Pneumonia Vaccination

Among adults age 65 and older, 68.9% have received a pneumonia vaccination at some point in their lives.

- Comparable to the Illinois finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Comparable by county.
 - In Cook County, highest in the North, lowest in the South.
- TREND: Statistically unchanged from 2009 survey results.

Older Adults: Have Ever Had a Pneumonia Vaccine (Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.1]

Notes: • Reflects respondents 65 and older.

High-Risk Adults

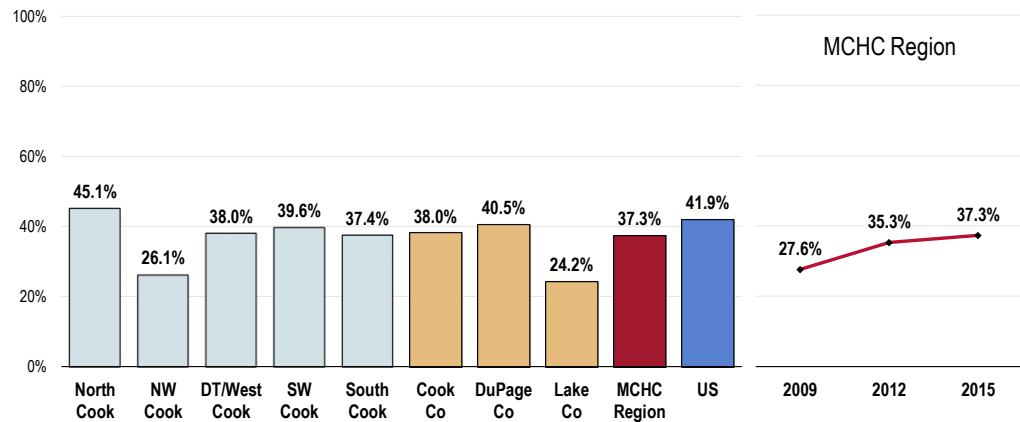
“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 37.3% of high-risk adults <65 have ever received a pneumonia vaccination.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).
- Unfavorably low in Lake County.
 - In Cook County, unfavorably low in the Northwest.
- TREND: Denotes a statistically significant increase over time.

High-Risk Adults: Have Ever Had a Pneumonia Vaccine (Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 60.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.2]

Notes: • Asked of all high-risk respondents under 65.
 • “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

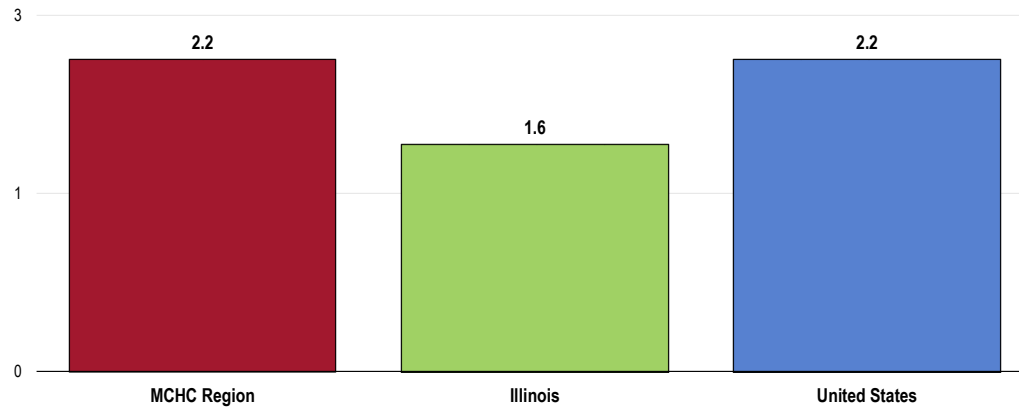
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

Between 2011 and 2013, there was an annual average age-adjusted HIV/AIDS mortality rate of 2.2 deaths per 100,000 population in the MCHC Region.

- Less favorable than that found statewide.
- Identical to the rate reported nationally.
- Satisfies the Healthy People 2020 target (3.3 or lower).

HIV/AIDS: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 3.3 or Lower

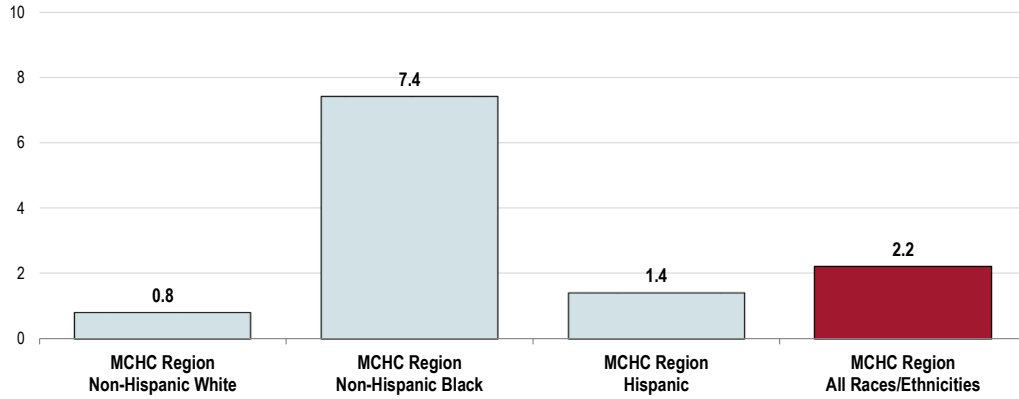


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The HIV mortality rate among Blacks in the region is considerably higher than that reported in the White and Hispanic populations.

HIV/AIDS: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower

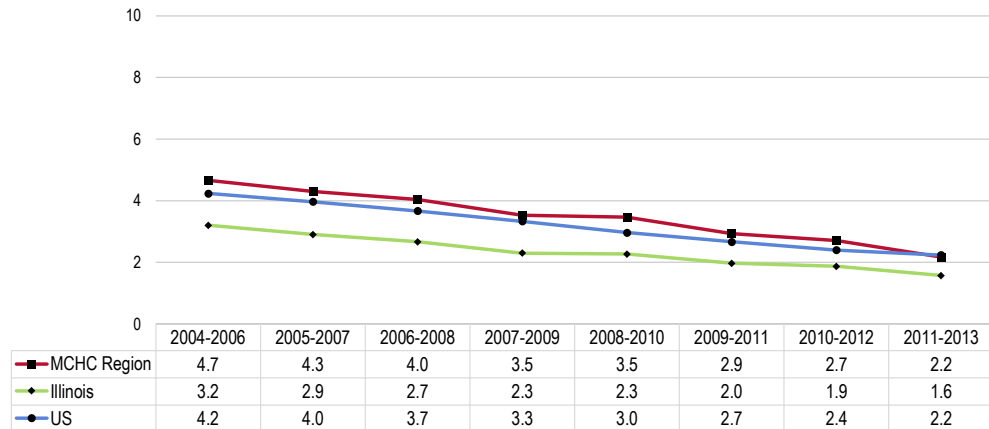


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

• TREND: Note the decreasing trends in HIV/AIDS mortality over the past decade.

HIV/AIDS: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower

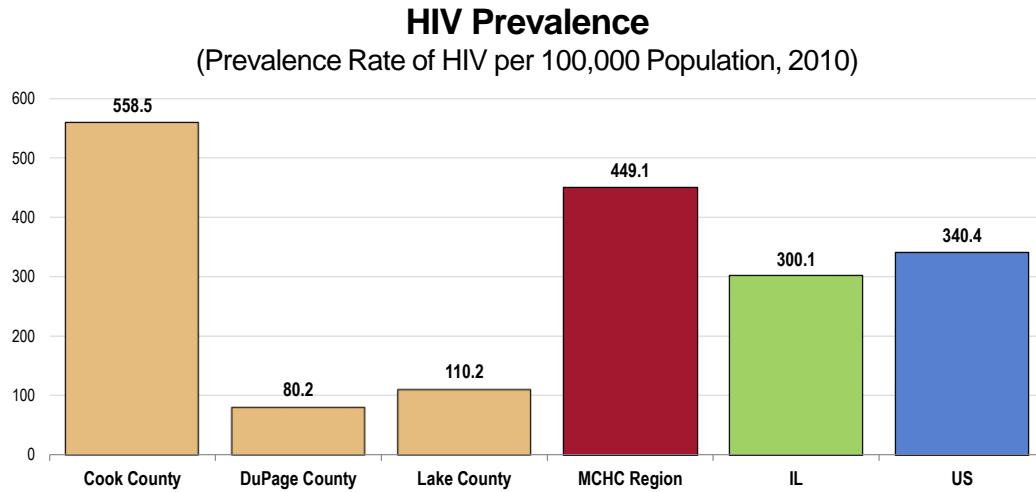


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

HIV Prevalence

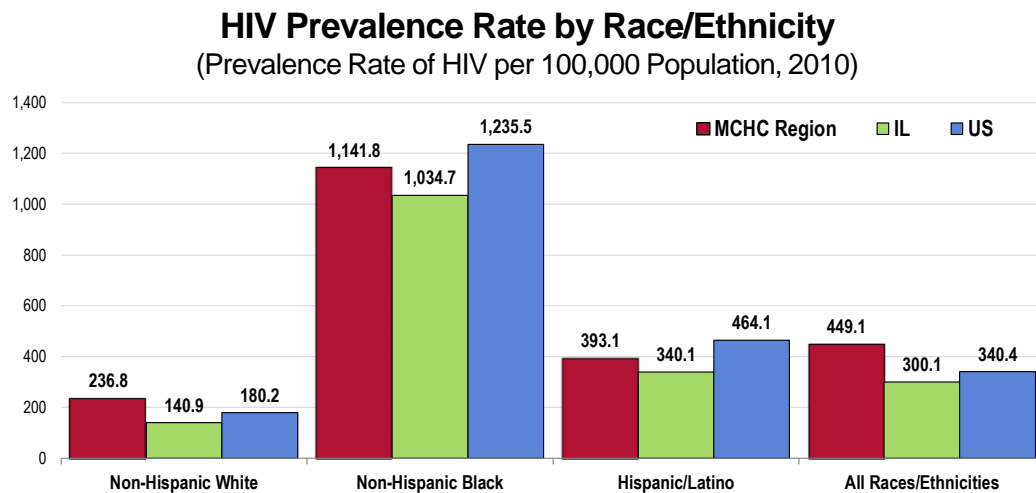
In 2010, there was a prevalence of 449.1 HIV cases per 100,000 population in the MCHC Region.

- Worse than the statewide prevalence.
- Worse than the national prevalence.
- Prevalence is dramatically higher in Cook County.



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
 • Retrieved August 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

- By race and ethnicity, HIV/AIDS prevalence in the MCHC Region is particularly high among non-Hispanic Blacks.



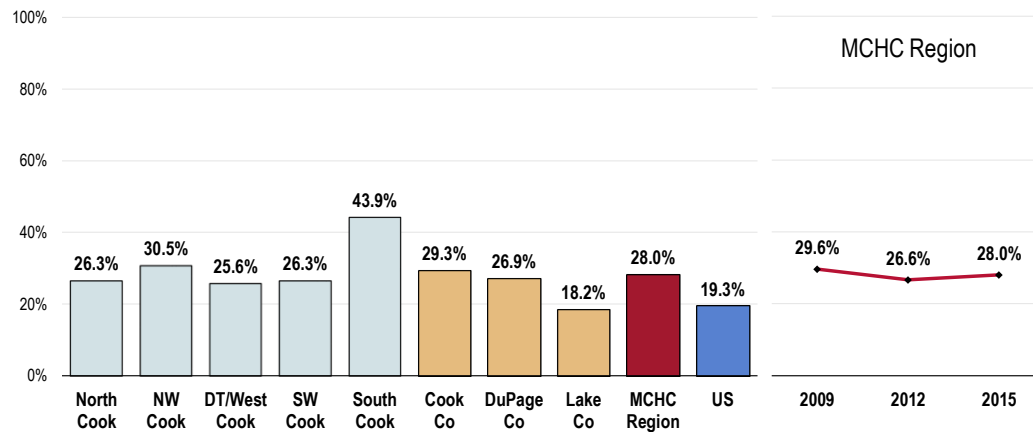
Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
 • Retrieved August 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

HIV Testing

Among MCHC Region adults age 18-44, 28.0% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Better than the proportion found nationwide.
- Relatively low in Lake County.
 - In Cook County, favorably high in the South.
- TREND: Testing has remained stable over time.

Tested for HIV in the Past Year (Among Adults Age 18-44)

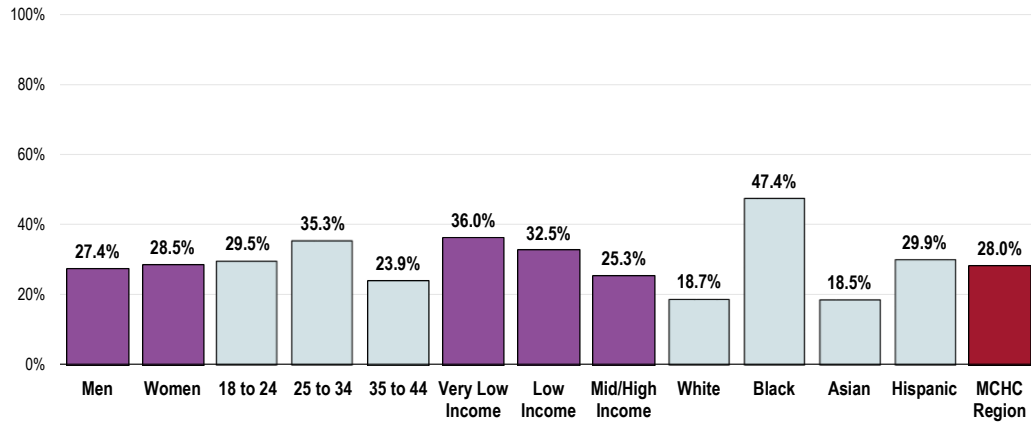


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents age 18 to 44.

By demographic characteristics, these population samples (age 18-44) are more likely to have been tested for HIV in the past year:

- Younger adults.
- Those with lower incomes (negative correlation with income).
- Blacks and Hispanics.

Tested for HIV in the Past Year (Among Adults Age 18-44)

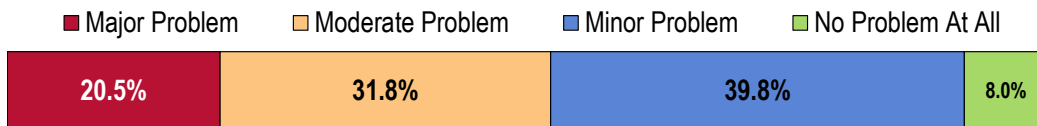


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]
 Notes: • Reflects respondents age 18 to 44.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: HIV/AIDS

The largest share of key informants taking part in an online survey characterized HIV/AIDS as a "minor problem" in the community.

Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Drug Abuse

There is a high prevalence of drug abuse in the community, particularly heroin use. Needle sharing is common. There is also both male and female prostitution associated with this drug abuse. – Other Health Provider (Southwest Cook County)

HIV/AIDS is a major problem in the community because of the co-occurrence of substance addiction disorders and the high rate of injectable drug users. There are also confounding issues around poor safe sex practices and forced prostitution. – Social Service Representative (Downtown/West Cook County)

High Rate of New Cases

Chicago, like most other large urban areas in the United States, continues to have significantly higher rates of HIV and other STI diagnoses than the country overall. Chicago's 2011 HIV prevalence rate is three times greater than the national rate, while new HIV infection and AIDS diagnosis rates are both at least double. Chicago's 2012 chlamydia rate is twice the national rate, the gonorrhea rate is three times higher, and the primary and secondary (P&S) syphilis rate is over seven times higher than the national rate. – Public Health Expert (South Cook County)

Increases in new cases. – Community/Business Leader (Downtown/West Cook County)

African Americans have the highest population with the HIV and highest rate of new infections. – Social Service Representative (Downtown/West Cook County)

While fewer people are dying from AIDS, the number of persons living with HIV/AIDS is still high. These individuals face the same burden of chronic disease and conditions as the rest of the population. – Other Health Provider (Downtown/West Chicago)

High rates of disease among black MSM. – Public Health Expert (Downtown/West Cook County)

Englewood has high rates of HIV/AIDS for youth age 14–24. There are a high number of teens that have sex unprotected, but Miles Square Health Center provides free condoms. – Social Service Representative (Southwest Cook County)

Rates of infection among Latinos. – Other Health Provider (Southwest Cook County)

Behavioral Risk

Many people are having unprotected sex, making the risk of contracting HIV/AIDS higher. People are not being tested to be aware of their status. – Other Health Provider (Southwest Cook County)

Early life experiences and resources may lead to poor choices than for people with adequate resources and positive life experiences. – Other Health Provider (Downtown/West Cook County)

Social Stigma

There is still a lot of stigma associated with it. Many are still uneducated about how it is spread. – Social Service Representative (Northwest Cook County)

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2012, the chlamydia incidence rate in the MCHC Region was 619.6 cases per 100,000 population.

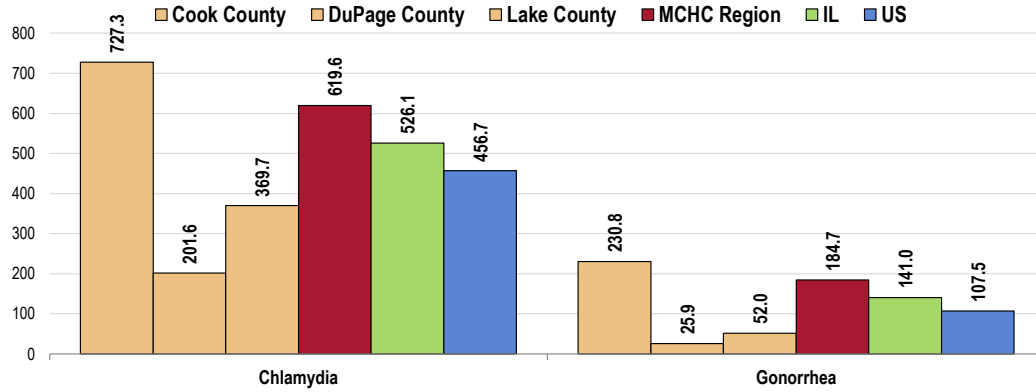
- Worse than the Illinois incidence rate.
- Worse than the national incidence rate.
- Highest in Cook County.

The gonorrhea incidence rate in the MCHC Region was 184.7 cases per 100,000 population in 2012.

- Worse than the Illinois incidence rate.

- Worse than the national incidence rate.
- Highest in Cook County.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2012)



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.
 • Retrieved August 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

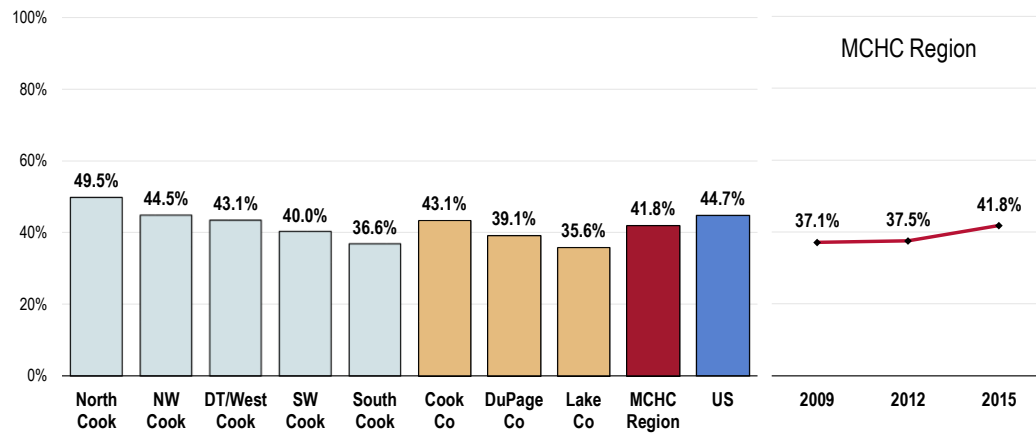
Hepatitis B Vaccination

Based on survey data, just over 4 in 10 MCHC Region adults (41.8%) report having received the hepatitis B vaccination series.

Respondents were told that, to be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. They were then asked if they had completed this vaccination series.

- Similar to what is reported nationwide.
- Highest in Cook County, lowest in Lake County.
 - In Cook County, highest in the North and lowest in the South.
- TREND: Over time, note the statistically significant increase.

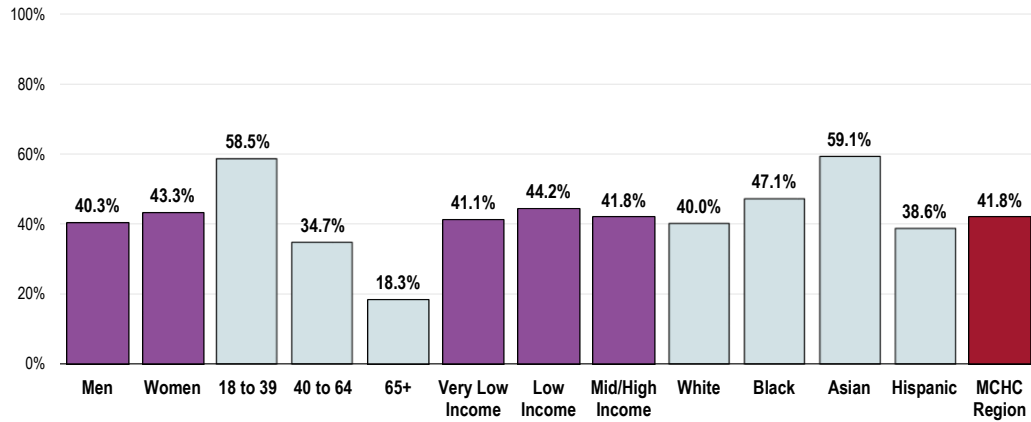
Have Completed the Hepatitis B Vaccination Series



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Includes a series of three shots, usually administered at least one month between shots.

- Note the negative correlation between age and hepatitis B vaccination.
- In addition, Blacks and Asians are much more likely than Whites and Hispanics to have received the hepatitis B vaccine.

Have Completed the Hepatitis B Vaccination Series (MCHC Region, 2015)



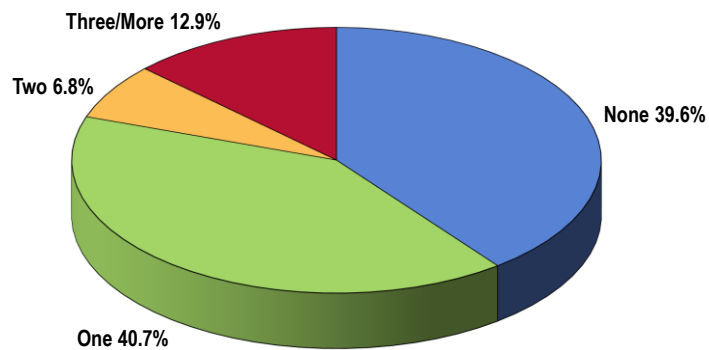
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Safe Sexual Practices

Sexual Partners

Among unmarried MCHC Region adults under 65, the vast majority cites having one (40.7%) or no (39.6%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months (Among Unmarried Adults Age 18-64; MCHC Region, 2015)

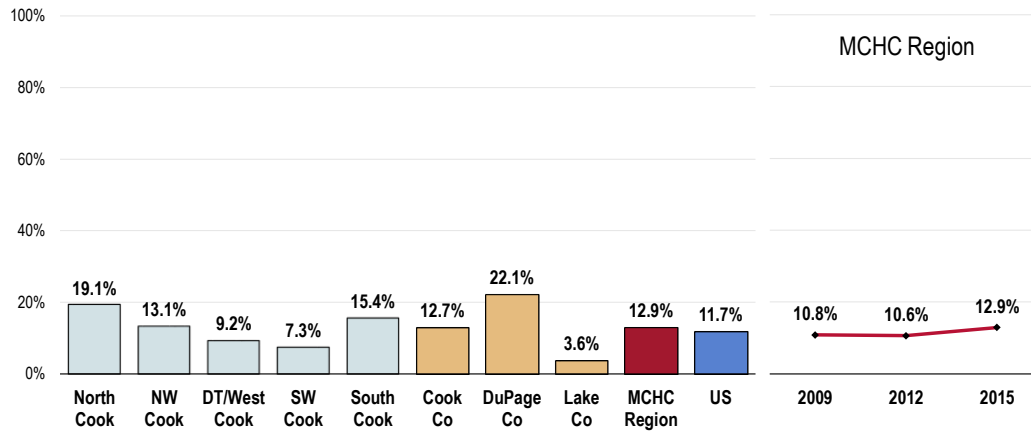


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
 Notes: • Asked of all unmarried respondents under the age of 65.

However, 12.9% report 3 or more sexual partners in the past year.

- Comparable to that reported nationally.
- Highest in DuPage County; lowest in Lake County.
 - In Cook County, highest in the North, lower in the Downtown/West and Southwest areas.
- TREND: Statistically unchanged since 2009.

Had Three or More Sexual Partners in the Past Year (Among Unmarried Adults Age 18-64)

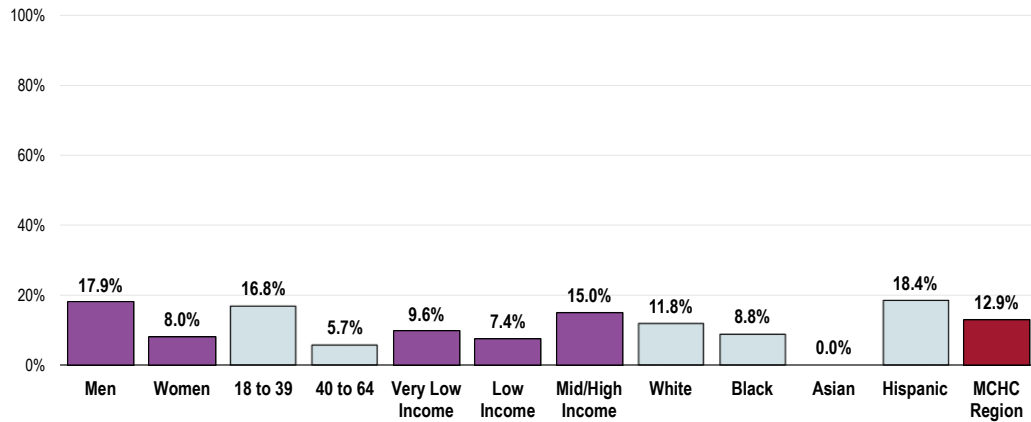


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 86]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all unmarried respondents under the age of 65.

Unmarried respondents (age 18 to 64) more likely to report three or more sexual partners in the past year include:

- Men.
- Residents age 18 to 39.
- Upper-income residents.
- Whites and Hispanics.

Had Three or More Sexual Partners in the Past Year (Among Unmarried Adults Age 18-64; MCHC Region, 2015)



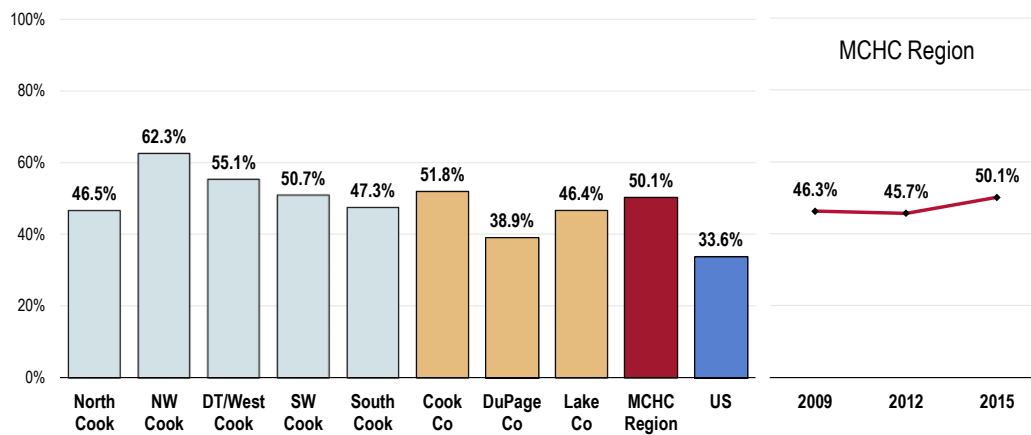
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
 Notes: • Asked of all unmarried respondents under the age of 65.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Condom Use

Among MCHC Region adults who are under age 65 and unmarried, 50.1% report that a condom was used during their last sexual intercourse.

- Much higher than national findings.
- Higher in Cook County; lower in DuPage.
 - In Cook County, highest in the Northwest.
- TREND: Statistically unchanged since 2009.

Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults Age 18-64)

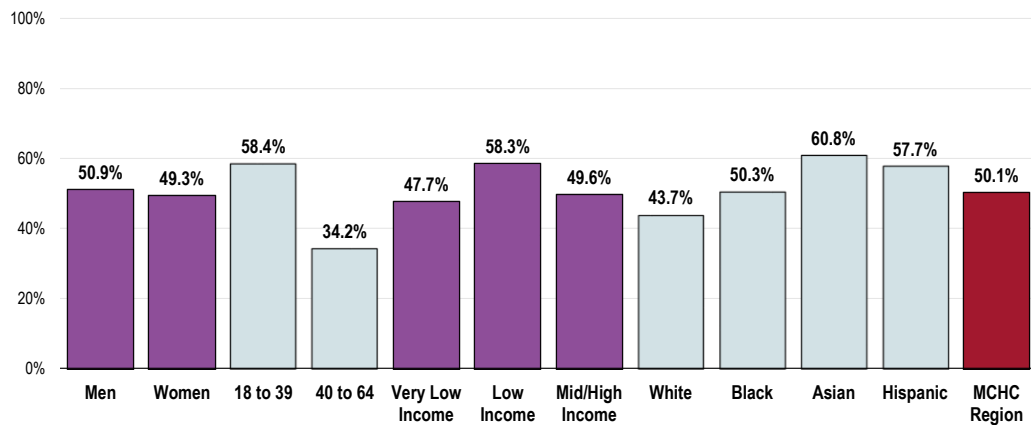


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all unmarried respondents under the age of 65.

Those less likely to report that a condom was used during their last sexual intercourse include:

- Residents age 40 through 64.
- Respondents at either end of the income spectrum.
- Whites and Blacks.

Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults Age 18-64; MCHC Region, 2015)

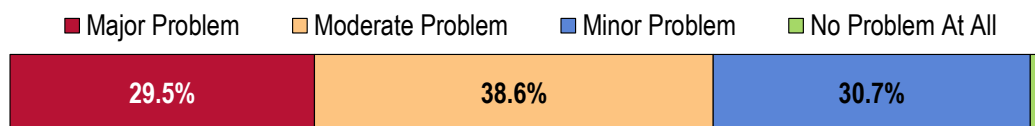


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
 Notes: • Asked of all unmarried respondents under the age of 65.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Sexually Transmitted Diseases

The largest share of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "moderate problem" in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Increasing Issue

There is an increase in gonorrheal infections. – Public Health Expert (Lake County)

While Albany Park itself is not extremely high on the charts for incidence of STIs, we are bordered to the east by several communities (Uptown, Rogers Park) where the incidence is still very high comparatively speaking. – Other Health Provider (Downtown/West Cook County)

Given the increase in pregnancy and birthrates in this community, one can assume that safe sex is not a common practice, therefore STDs are a problem. – Community/Business Leader (Downtown/West Cook County)

Sexually transmitted disease is a problem because people engage in unprotected sex and there is no such thing as protected sex. A condom may prevent pregnancy, but it doesn't prevent sexually transmitted diseases. – Community/Business Leader (DuPage County)

STD rates are higher compared to the state rates, especially in impoverished ZIP codes. Gonorrhea rates are on the rise. – Public Health Expert (Lake County)

Statistics indicate STDs are on the rise. With apps and computers, people are meeting without any personal history, which is a recipe for disaster. Rates have been shown to be increasing. Treatment centers are closing and much harder to access. – Public Health Expert (Southwest Cook County)

Sexually active young adults with multiple partners is increasing the occurrence of STDs. – Other Health Provider (Southwest Cook County)

A lot of youth are having unprotected sex. – Other Health Provider (Southwest Cook County)

Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider (South Cook County)

Chlamydia rates have increased over the last 10 years and if untreated can lead to significant reproductive issues, including fallopian tube scarring and infertility in females and urethritis and epididymitis in males. – Other Health Provider (Downtown/West Chicago)

Lack of Education

Lack of knowledge, poor health practices, myths and low self-esteem. – Other Health Provider (Southwest Cook County)

Lack of education at the grassroots level. – Community/Business Leader (Southwest Cook County)

Lack of education about STD's. – Social Service Representative (Downtown/West Cook County)

For many of the same reasons as teen pregnancy, there are not widespread accessible resources for young (and old) people to learn about STDs and how to prevent them. We can do a better job of normalizing safe sex. – Social Service Representative (Downtown/West Cook County)

Often infected individuals are not properly diagnosed, treated and educated. This puts them at risk for reinfection. – Community/Business Leader (Lake County)

Based on the previous need of family planning and HIV infections, there is a lack of understanding about STD's. – Social Service Representative (Downtown/West Cook County)

Unprotected Sex

Unprotected sex with multiple partners. High volume of STDs seen in Emergency Room. – Other Health Provider (Downtown/West Cook County)

Residents are having sex unprotected. – Social Service Representative (Southwest Cook County)

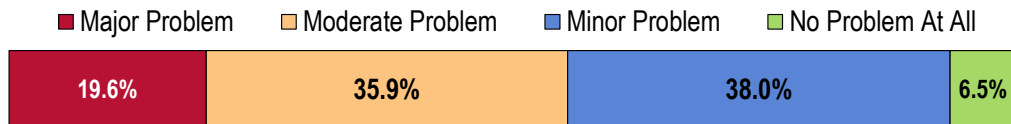
Forced prostitution and poor safe sex practices. – Social Service Representative (Downtown/West Cook County)

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

A plurality of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a “minor problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Access to Care

This is an assumption based on the lack of medical providers in the area. – Community/Business Leader (Downtown/West Cook County)

Lack of affordable medications for Hep C. – Community/Business Leader (Downtown/West Cook County)

Lack of access to primary care makes it difficult for people to adhere to immunization schedules. – Other Health Provider (Downtown/West Cook County)

Co-occurring Issues

While I do not believe that immunizations are a problem in the community, infectious diseases like pneumonia are a problem because of comorbid issues like high rate of pollution and poor housing. – Social Service Representative (Downtown/West Cook County)

Needle sharing from drug abuse can lead to infectious diseases. There is also a number of children in this community that are not receiving immunizations. – Other Health Provider (Southwest Cook County)

Incomplete Immunizations

Too many school students start school late because they are lacking immunizations. – Community/Business Leader (Southwest Cook County)

Incomplete immunizations, families deciding not to immunize children. – Social Service Representative (DuPage County)

Based on Statistics Provided by the CDPH

Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider (South Cook County)

Undocumented Population

Noncompliance in schools due to undocumented population. – Community/Business Leader (Downtown/West Cook County)

Births



Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Early and continuous prenatal care is the best assurance of infant health.

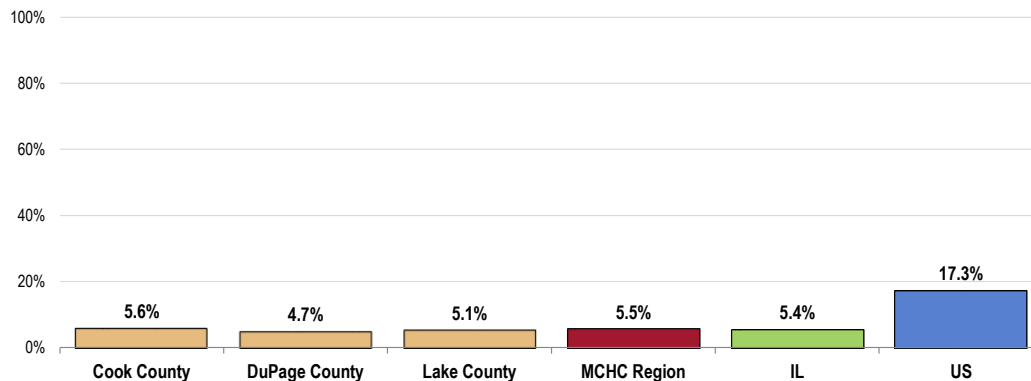
Between 2007 and 2010, 5.5% of all MCHC Region births did not receive prenatal care in the first trimester of pregnancy.

- Similar to the Illinois proportion.
- Well below the national proportion.
- Easily satisfies the Healthy People 2020 target (22.1% or lower).
- Highest in Cook County.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2007-2010)

Healthy People 2020 Target = 22.1% or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2007-10. Accessed using CDC WONDER.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
- Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

Low-Weight Births

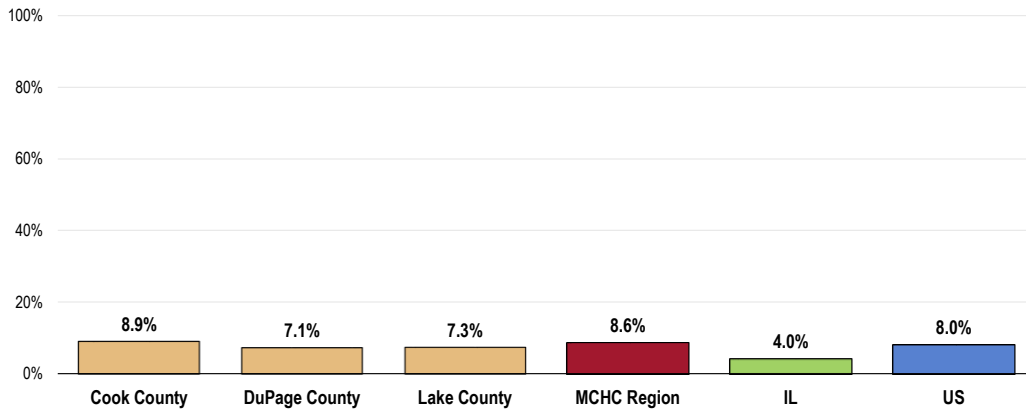
A total of 8.6% of 2011-2013 MCHC Region births were low-weight.

- Over twice the Illinois proportion.
- Higher than the national proportion.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).
- Unfavorably high in Cook County.

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

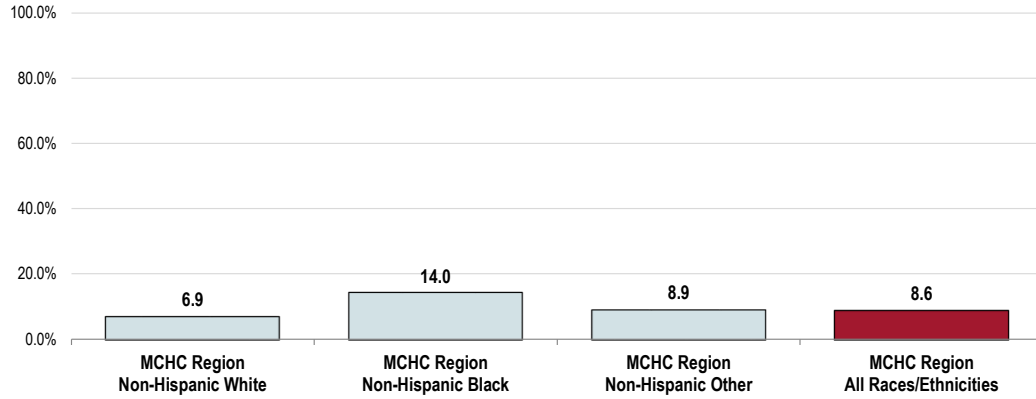
Low-Weight Births
(Percent of Live Births, 2011-2013)
Healthy People 2020 Target = 7.8% or Lower



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System: 2006-12. Accessed using CDC WONDER.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
 Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- Low-weight births are more prevalent among Blacks in the MCHC Region.

Low-Weight Births by Race/Ethnicity (Percent of Live Births, 2011-2013) Healthy People 2020 Target = 7.8% or Lower



Sources:

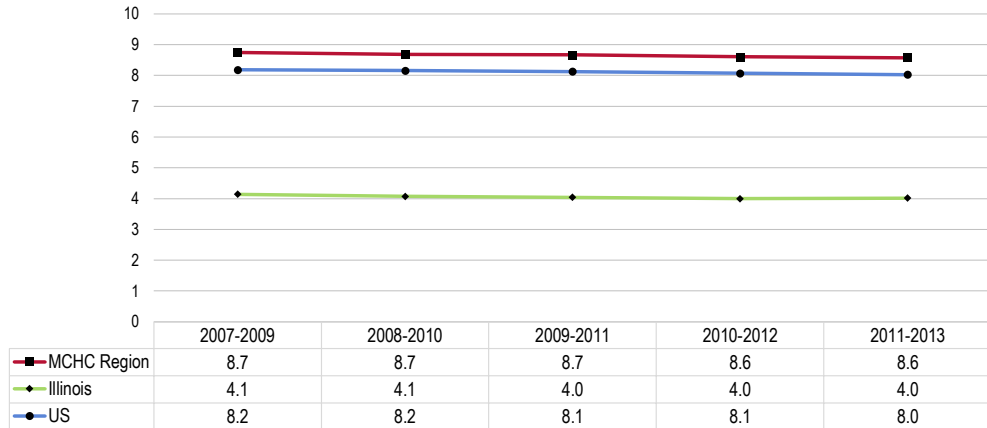
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

Note:

- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- **TREND:** The regional proportion of low-weight births remained stable over the past decade, in keeping with state and national trends.

Low-Weight Births by Race/Ethnicity (Percent of Live Births, 2011-2013) Healthy People 2020 Target = 7.8% or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

Note:

- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

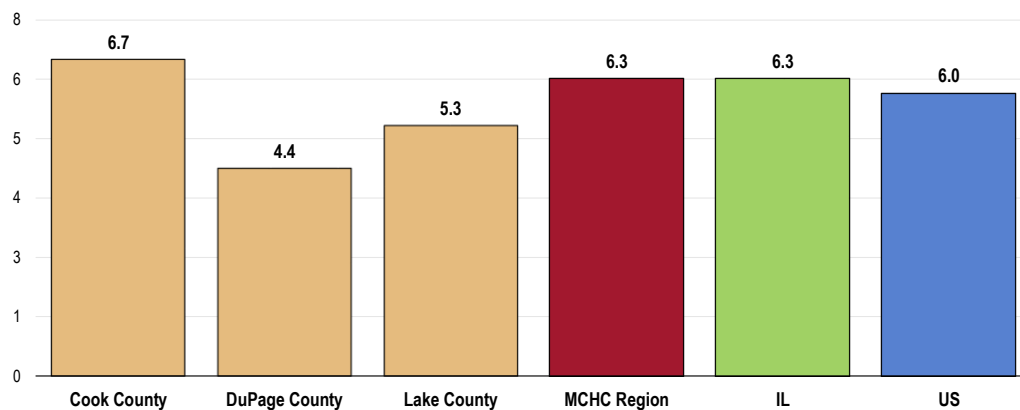
Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2011 and 2013, there was an annual average of 6.3 infant deaths per 1,000 live births.

- Identical to the Illinois rate.
- Similar to the national rate.
- Similar to the Healthy People 2020 target of 6.0 per 1,000 live births.
- Unfavorably high in Cook County; lowest in DuPage.

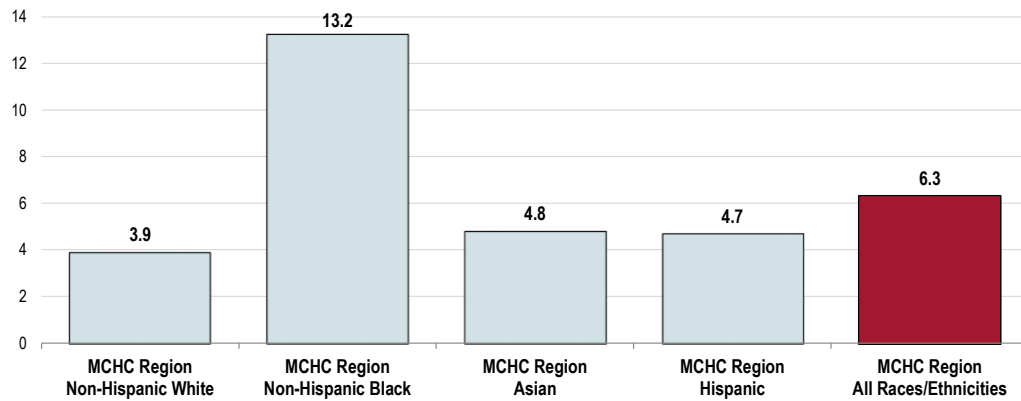
Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2011-2013)
Healthy People 2020 Target = 6.0 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
 - Retrieved August 2015 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- By race, the infant mortality rate is considerably higher among births to Black mothers.

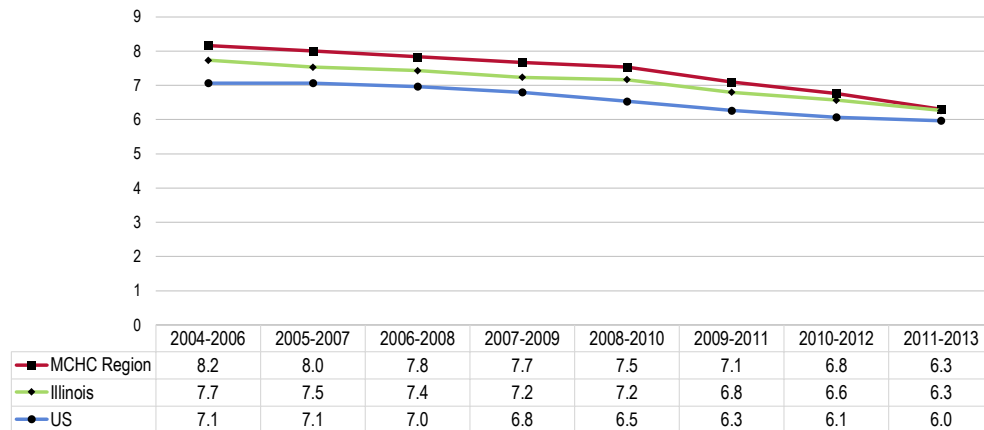
Infant Mortality by Race/Ethnicity (Annual Average Infant Deaths per 1,000 Live Births, 2011-2013) Healthy People 2020 Target = 6.0 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
 - Retrieved August 2015 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- TREND:** The infant mortality rate decreased over the past decade in the MCHC Region, echoing the state and national trends.

Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births) Healthy People 2020 Target = 6.0 or Lower

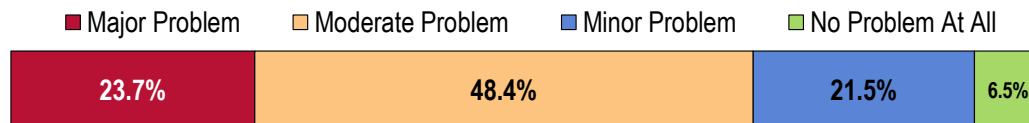


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - Centers for Disease Control and Prevention, National Center for Health Statistics.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

Nearly half of key informants taking part in an online survey generally characterized *Infant & Child Health* as a “moderate problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Birth Outcomes

The Englewood Community has somewhat high rates of preterm birth and infant mortality. Some parents don't know the proper way to sleep their infants. – Social Service Representative (Southwest Cook County)

The disparities and inequities of birth outcomes between races is distinct. Those with a lower socioeconomic status generally have worse birth outcomes in Lake County. – Public Health Expert (Lake County)

Premature birth rates are high and there is a lack of early childhood services or access to early childhood services. – Other Health Provider (Southwest Cook County)

Mortality rates. – Other Health Provider (Southwest Cook County)

High rates of infant mortality persist among racial and ethnic minorities. – Public Health Expert (Downtown/West Cook County)

Infant mortality rates remain unacceptably high. – Other Health Provider (Downtown/West Chicago)

Access to Care

Lack of access to primary care and a Pediatrician that the patients feel comfortable with. In addition, the implementation of the ACA with the managed care entities has made it extremely difficult for parents to navigate the system. I have seen parents who were assigned a PCP that they did not want and were attempting to change. In the meantime (as it can be an arduous process) they are stuck either seeing a provider that they do not like, or seeing their chosen provider and paying out of pocket. I have encountered parents who are simply delaying accessing care for their children, including babies who have recently been discharged from the NICU. – Other Health Provider (Downtown/West Cook County)

This is a community of working poor who don't always qualify for assistance that would be helpful. – Physician (Southwest Cook County)

Infant and child health is a major problem because of poor access to prenatal care and the prevalence of comorbid maternal illness like poor mental health and substance addiction. – Social Service Representative (Downtown/West Cook County)

Disparities Among Children

Many children are unhealthy in school. – Social Service Representative (Northwest Cook County)

For Better Health Network, this is a major health initiative given the number of infant and children in the network. Prenatal care is a must to deliver healthy babies. – Other Health Provider (Southwest Cook County)

Kids in group homes, foster homes. – Other Health Provider (Downtown/West Cook County)

There are disparities for infant and child health and there has been a steady increase in the number of children and adolescents that need emergency SASS behavioral health assessments. – Public Health Expert (Lake County)

Lack of Education

Lack of knowledge by patient of the importance of good prenatal care along with follow up care of the newborn (i.e. MD appointments and immunizations). – Community/Business Leader (Southwest Cook County)

Lack of education about infant and child health. Lack of early childhood funding to support programs to help communities where these gaps exist. – Social Service Representative (Downtown/West Cook County)

Statistics

Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider (South Cook County)

Behavioral Risk

Children have poor eating habits and some are underweight and some are overweight. – Community/Business Leader (Downtown/West Cook County)

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

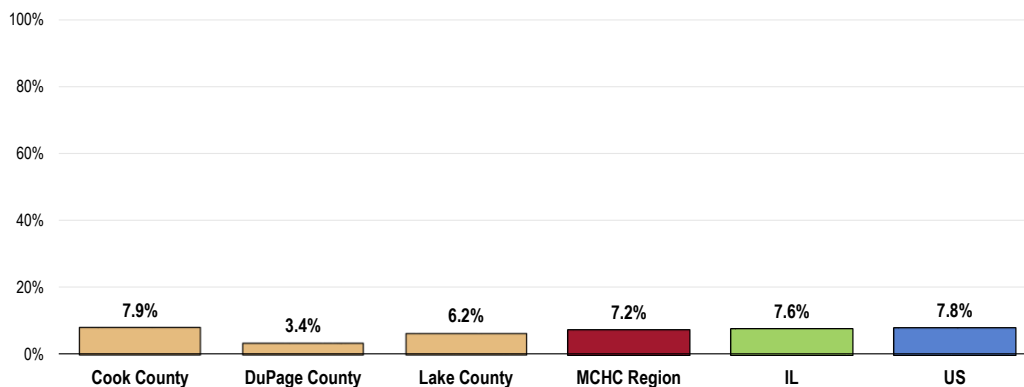
- Healthy People 2020 (www.healthypeople.gov)

Between 2011 and 2013, 7.2% of live births in the MCHC Region were to mothers under age 20.

- Lower than the Illinois proportion.
- Lower than the national proportion.
- Unfavorably high in Cook County.

Births to Teen Mothers

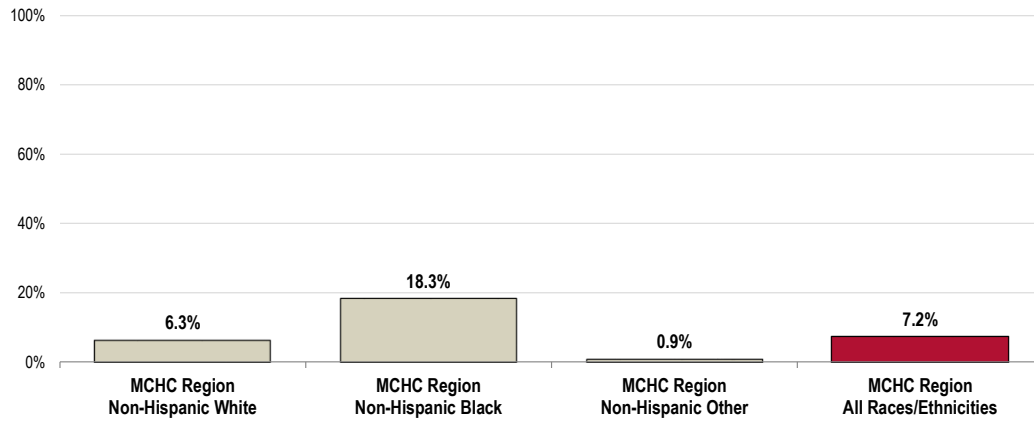
(Births to Women Under 20 as a Percentage of Live Births, 2011-2013)



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System.
 Note: • Numbers are a percentage of all live births within each population.

- By race and ethnicity, Blacks exhibit the largest proportion of teen births in the MCHC Region.

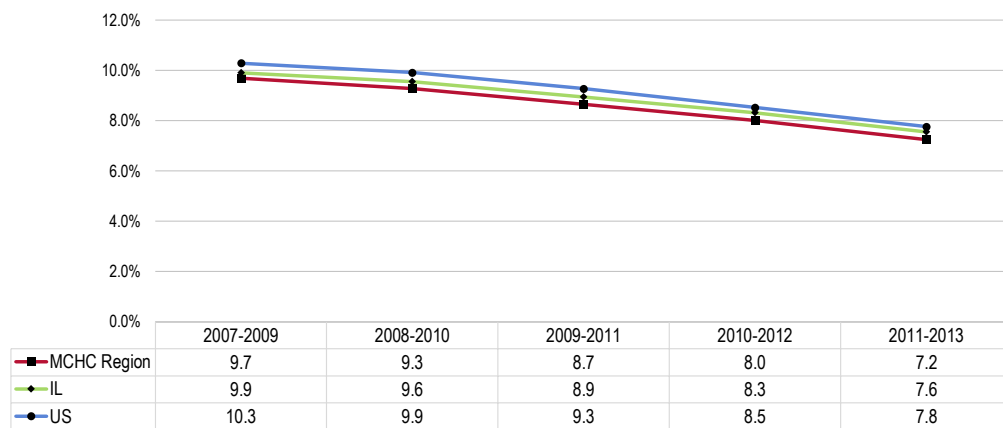
Births to Teen Mothers (Births to Women Under 20 as a Percentage of Live Births, 2011-2013)



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System: 2011-20123 Accessed using CDC WONDER.
 Note: • Numbers are a percentage of all live births within each population.

- TREND: This percentage decreased MCHC Region over the past decade, echoing the Illinois and US trends.

Teen Birth Trends (Births to Women Under Age 20 as a Percentage of Life Births)

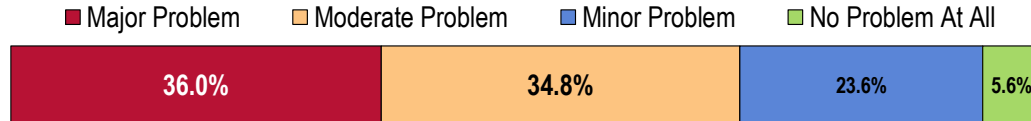


Sources: • Centers for Disease Control and Prevention, National Vital Statistics System: 2006-2012. Accessed using CDC WONDER.
 Notes: • This indicator reports the rate of total births to women under the age of 20 per 1,000 female population under 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a “major problem” in the community.

Perceptions of Family Planning as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Teen Pregnancy

High teen pregnancy rates. – Public Health Expert (Downtown/West Cook County)

There are too many teenage women who have babies. – Community/Business Leader (Southwest Cook County)

Our local high school is well known for the large number of pregnant teens. Latino mothers in our community lack a voice and a choice when it comes to pregnancy in their marriage. – Other Health Provider (Northwest Cook County)

Teen pregnancy is a major issue our youth encounter. – Community/Business Leader (Southwest Cook County)

Premature births, the number of single parents are alarming. – Other Health Provider (Southwest Cook County)

There are too many young adults and teens that are becoming pregnant. If there was more education and family planning resources available, perhaps pregnancy rates would not be so high. – Community/Business Leader (Downtown/West Cook County)

Young having babies and Latino families having too many. – Social Service Representative (Northwest Cook County)

Teen pregnancy seems to continue to grow in our community. Young girls are at a high risk when they get pregnant so young. The problems are not just physical, emotionally they are at a high risk for depression and potentially addictive and risky behavior, especially if forced to have an abortion and even give the child up for adoption. However, usually they either choose (or their parent chooses) to keep the baby or have an abortion. Many teens don't want to use birth control because they want to get pregnant! The issue we need to look at is emotional/psychological, not just a matter of handing out birth control, most know how to use it. But, most are not emotionally mature to understand the impact of their decision! – Other Health Provider (Northwest Cook County)

There is a large percentage of teenagers and youth engaged in risky sexual behaviors with many becoming parents. – Social Service Representative (Downtown/West Cook County)

Chicago maintains a higher than acceptable teen pregnancy rate as well as pregnancies that are not spaced. Teens and families need to feel empowered and able to talk about sensitive issues such as sexual activity. There is little support and resources for families beyond sex education. For uninsured women, there are few options for free birth control. – Social Service Representative (Downtown/West Cook County)

Access to Care

Access to medical care and huge gap in education about family planning. – Social Service Representative (Downtown/West Cook County)

Lack of access to resources and positive life experiences throughout life affect available choices that may be different than those chosen when resources are available. – Other Health Provider (Downtown/West Cook County)

Many services are difficult to access without speaking English or having some type of disposable income. I recently had a call from a provider in another hospital system who was trying to assist a patient in having an IUD removed. Medicare was refusing to pay. The copay at Planned Parenthood was too large for someone living on a fixed income, so they were looking for other options. My niece (who was also uninsured) has run into the same difficulties. Some forms of contraception (e.g. oral contraceptives) may be easier to procure, but the adherence is much lower. – Other Health Provider (Downtown/West Cook County)

It's become more difficult for people to access if they are not adequately insured. – Social Service Representative (DuPage County)

There is a lack of full choice and affordable services. District by district the schools teach a restricted agenda on full choice and sexual health information. In short, we don't equip our teens, young adults or adults with enough access and choices. – Social Service Representative (DuPage County)

Access to care. – Physician (South Cook County)

Birth Control

The area is very religious and are conflicted regarding the use of birth control. Women do not feel empowered to say "no," even in the immediate postpartum period. – Physician (Southwest Cook County)

A lot of young kids having children and not using protection. – Other Health Provider (Downtown/West Cook County)

It is difficult for teens to obtain without parental permission. – Social Service Representative (Northwest Cook County)

Adolescents are not using birth control and STD prevention or condoms. – Other Health Provider (Southwest Cook County)

Prevalent Issue Locally

Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider (South Cook County)

We've come a long way in this area but still have certain populations that are struggling with family planning. – Social Service Representative (Northwest Cook County)

Because of the increasing number of poor women who become pregnant. – Other Health Provider (Southwest Cook County)

Lack of Education

Greater need for comprehensive reproductive health and sexual health education, limited access to affordable family planning options, including non-hormonal forms, limited access to abortion. – Public Health Expert (Cook County Overall)

Youth need mentors to address the importance of not getting pregnant. – Community/Business Leader (Downtown/West Cook County)

Modifiable Health Risks



Professional Research Consultants, Inc.

Actual Causes Of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

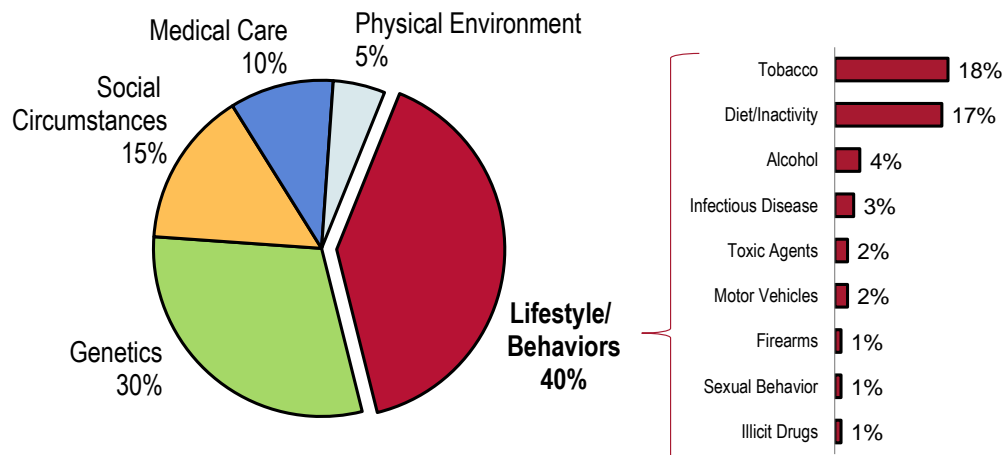
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States



Sources: • "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.
 "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular Disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular Disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental Injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic Lung Disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88-1232.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

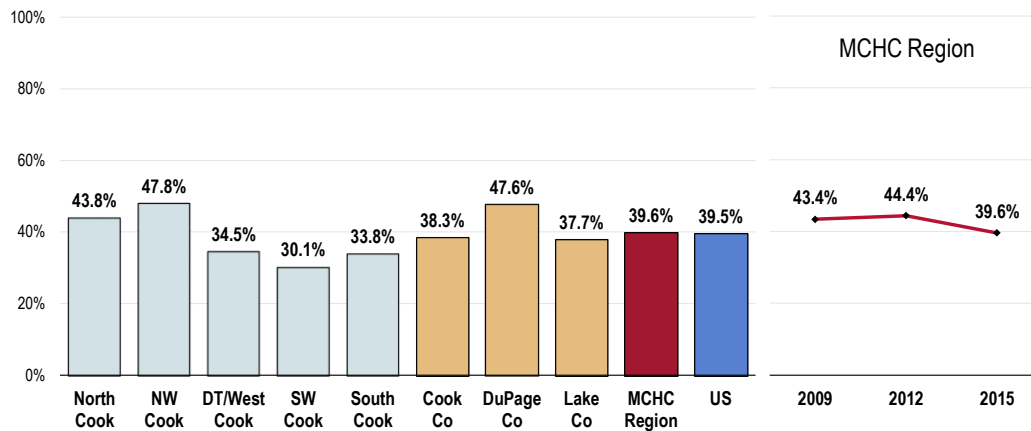
Daily Recommendation of Fruits/Vegetables

A total of 39.6% of MCHC Region adults report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

- Nearly identical to national findings.
- Highest in DuPage County.
 - In Cook County, much higher in the North and Northwest areas than in the Downtown/West, Southwest, and South areas.
- TREND: Fruit/vegetable consumption has decreased significantly since 2009.

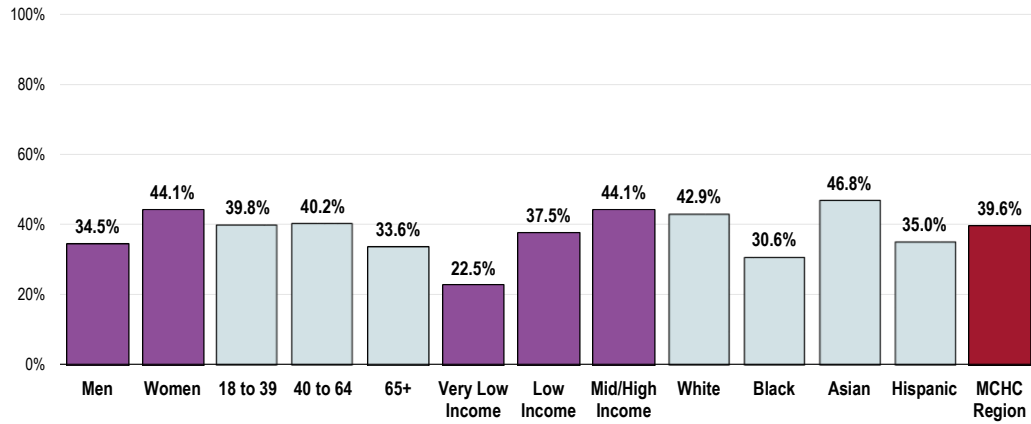
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

- Area men are less likely to get the recommended servings of daily fruits/vegetables, as are seniors, low-income adults (positive correlation with income), Blacks, and Hispanics.

Consume Five or More Servings of Fruits/Vegetables Per Day (MCHC Region, 2015)



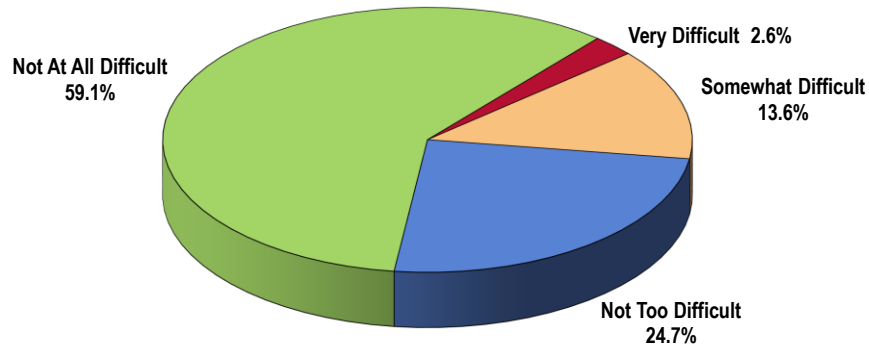
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
 Notes: • Asked of all respondents; respondents were asked to recall their food intake on the previous day.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Access to Fresh Produce

Difficulty Accessing Fresh Produce

While most report little or no difficulty, 16.2% of MCHC Region adults report that it is "very" or "somewhat" difficult for them to access affordable, fresh fruits and vegetables.

Level of Difficulty Finding Fresh Produce at an Affordable Price (MCHC Region, 2015)

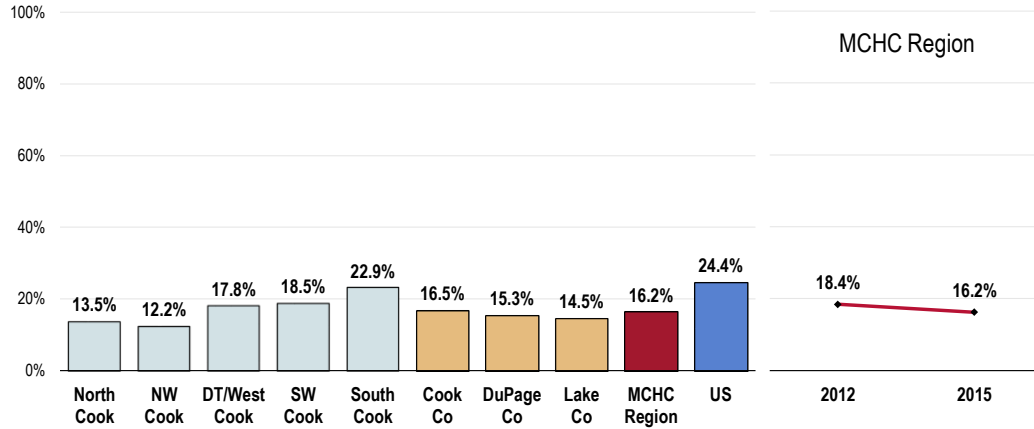


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
 Notes: • Asked of all respondents.

Respondents were asked:
 "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

- More favorable than national findings.
- Similar survey results by county.
 - In Cook County, highest in South Cook and lowest in the North and Northwest areas.
- TREND: Marks a statistically significant decrease since 2012.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

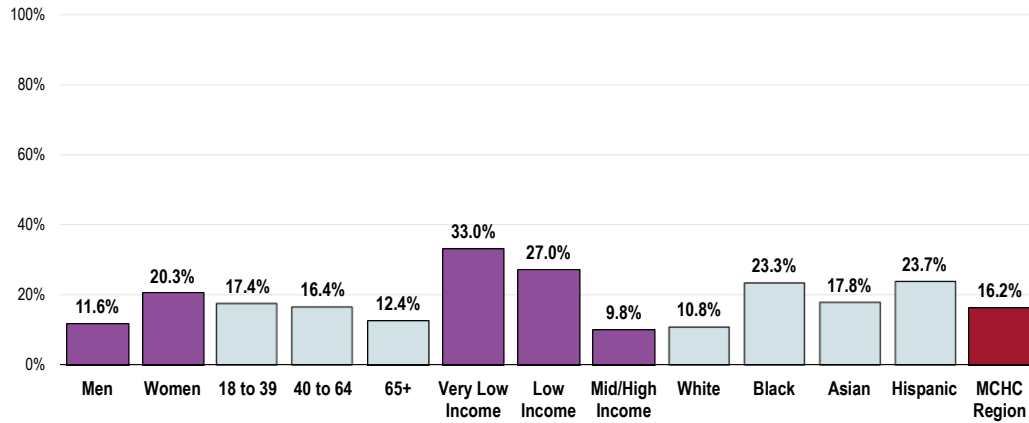


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 91]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Adults under 65 (negative correlation with age).
- Lower-income residents (negative correlation with income).
- Blacks, Asians, and Hispanics.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (MCHC Region, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
 Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 ● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Low Food Access

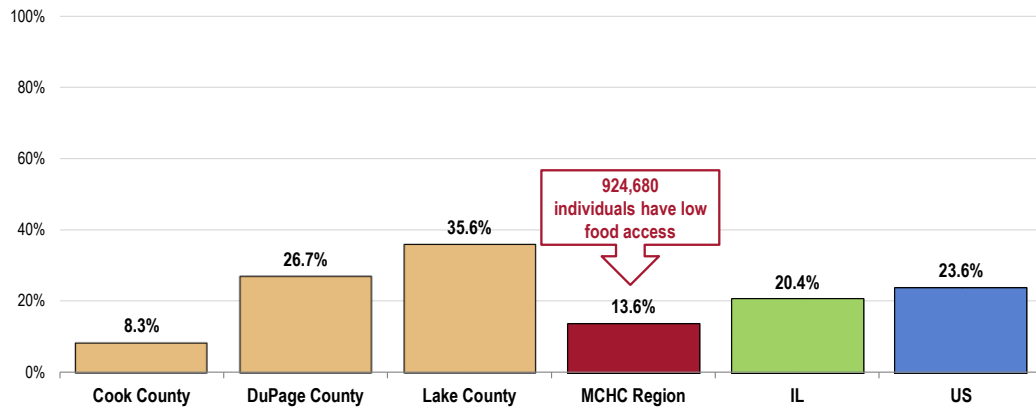
US Department of Agriculture data show that 13.6% of the MCHC Region population (representing over 924,000 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- Well below statewide findings.
- Well below national findings.
- Unfavorably high in Lake County; lowest in Cook.

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas.

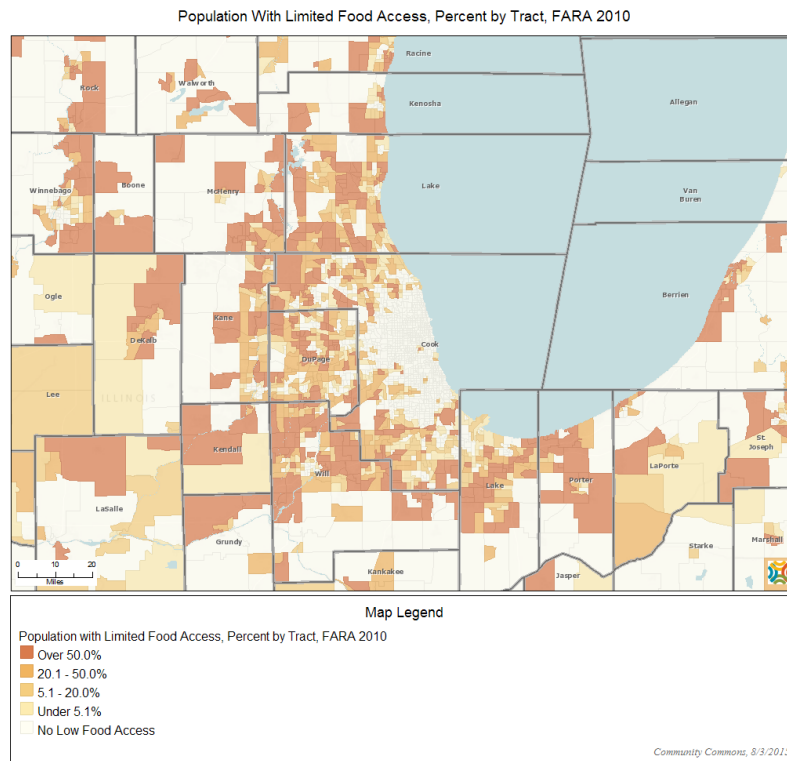
Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.
 - Retrieved August 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract.

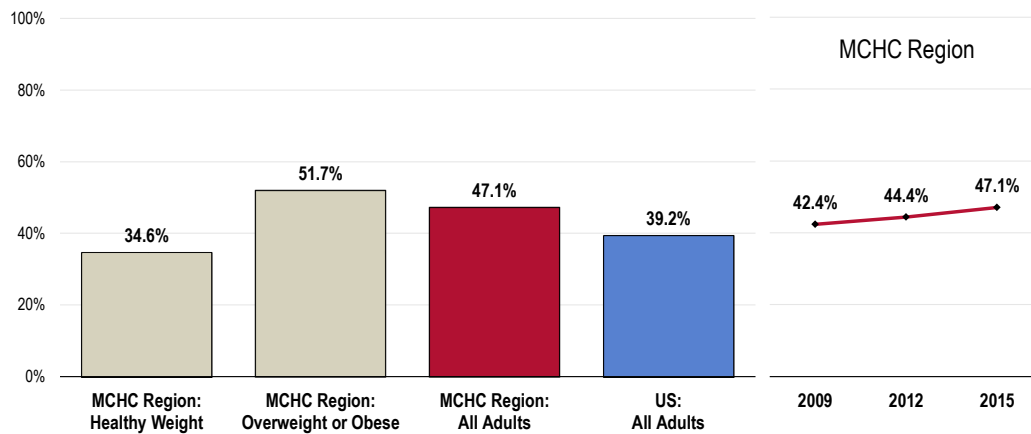


Health Advice About Diet & Nutrition

A total of 47.1% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Higher than national findings.
- TREND: Marks a statistically significant increase since 2009.
- Note: Among overweight/obese respondents, 51.7% report receiving diet/nutrition advice (meaning that nearly one-half did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

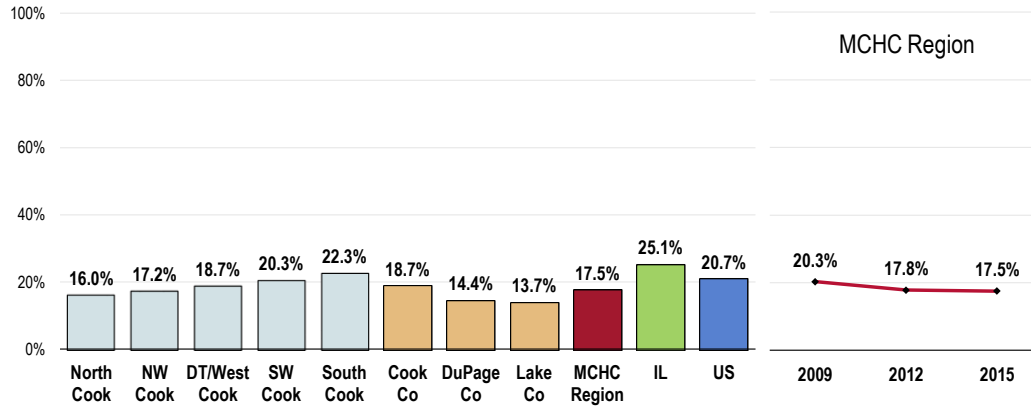
Leisure-Time Physical Activity

A total of 17.5% of MCHC Region adults report no leisure-time physical activity in the past month.

- More favorable than statewide findings.
- More favorable than national findings.

- Satisfies the Healthy People 2020 target (32.6% or lower).
- Unfavorably high in Cook County.
 - By subarea, highest in South Cook County.
- TREND: Marks a statistically significant decrease since 2009.

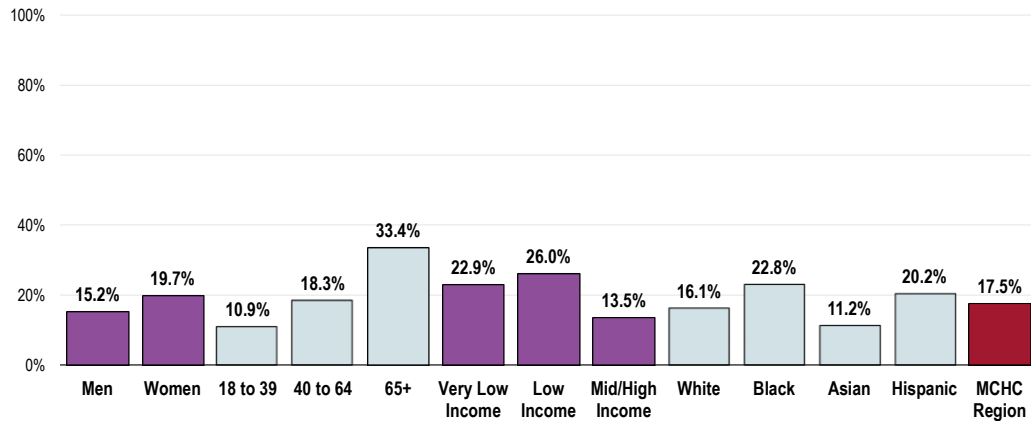
No Leisure-Time Physical Activity in the Past Month Healthy People 2020 Target = 32.6% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
 Notes: • Asked of all respondents.

- Lack of leisure-time physical activity in the area is higher among women, adults age 40+ (positive correlation with age), lower-income residents, Blacks, and Hispanics.

No Leisure-Time Physical Activity in the Past Month (MCHC Region, 2015) Healthy People 2020 Target = 32.6% or Lower



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Recommended Levels of Physical Activity

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

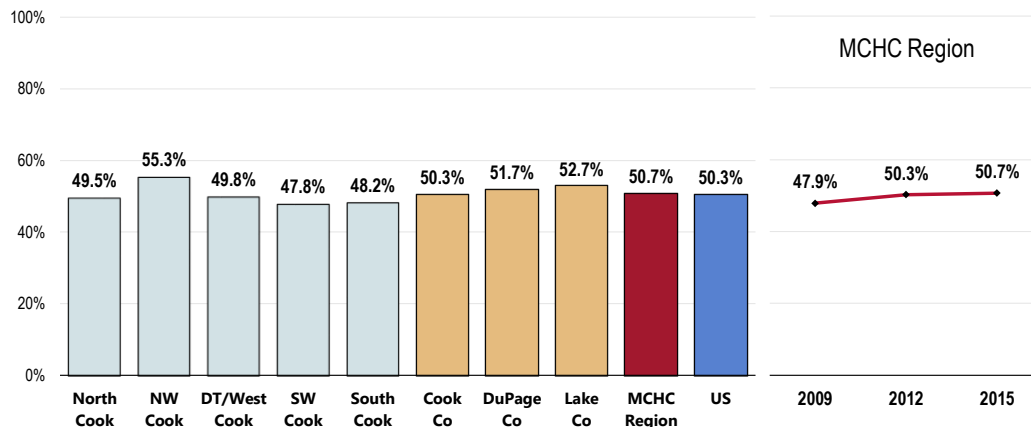
- 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 50.7% of MCHC Region adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Nearly identical to national findings.
- Similar findings by county.
- In Cook County, highest in the Northwest portion.
- TREND: Denotes a statistically significant increase since 2009.

Meets Physical Activity Recommendations



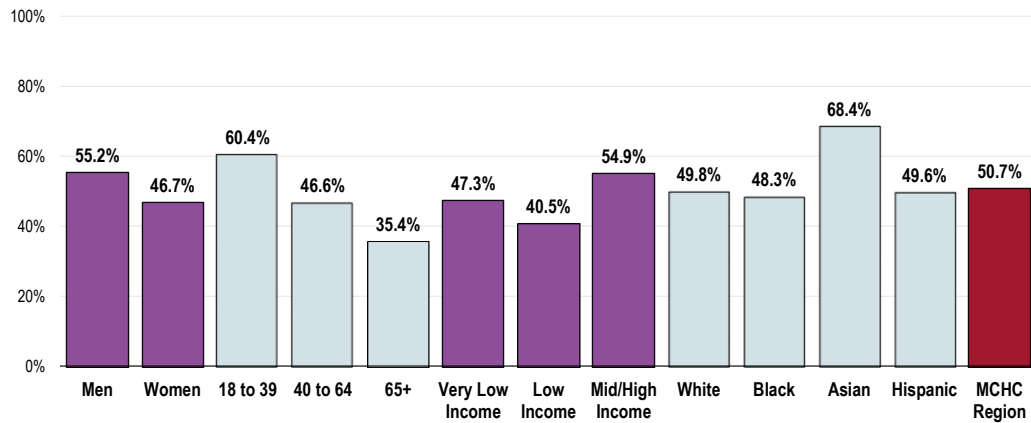
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Those less likely to meet physical activity requirements include:

- Women.
- Residents age 40 and older (negative correlation with age).
- Residents living just above the federal poverty level.
- Whites, Blacks, and Hispanics.

Meets Physical Activity Recommendations (MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

In the past month:

A total of 29.1% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

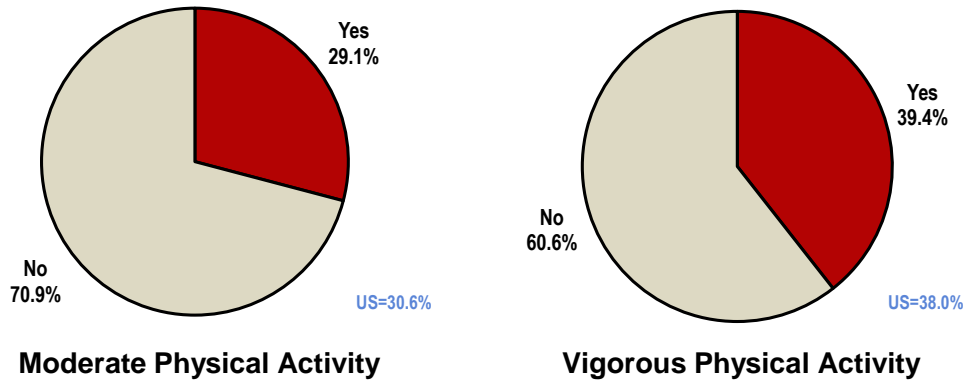
- Comparable to the national level.
- TREND: Marks a statistically significant improvement over time (not shown).

A total of 39.4% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Comparable to the nationwide figure.
- TREND: Statistically similar to 2009 findings (not shown).

The individual indicators of moderate and vigorous physical activity are shown here.

Moderate & Vigorous Physical Activity (MCHC Region, 2015)

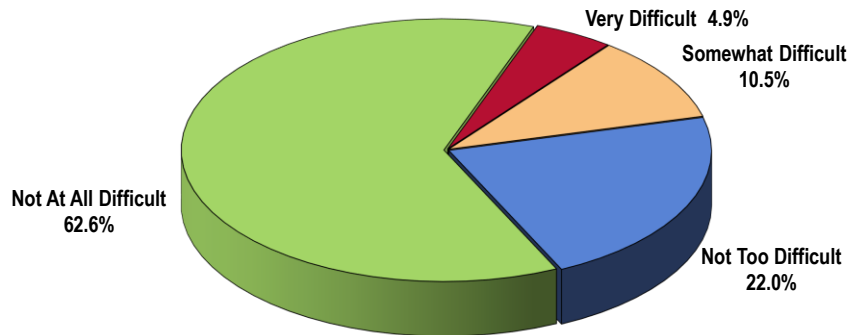


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 148-149]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
 • Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

Access to Safe & Affordable Places for Exercise

Most MCHC Region adults do not find it difficult to access safe and affordable places for exercise, with 62.6% considering it “not at all difficult” and 22.0% reporting that it is “not too difficult.”

Level of Difficulty in Accessing Safe and Affordable Places for Exercise (MCHC Region, 2015)

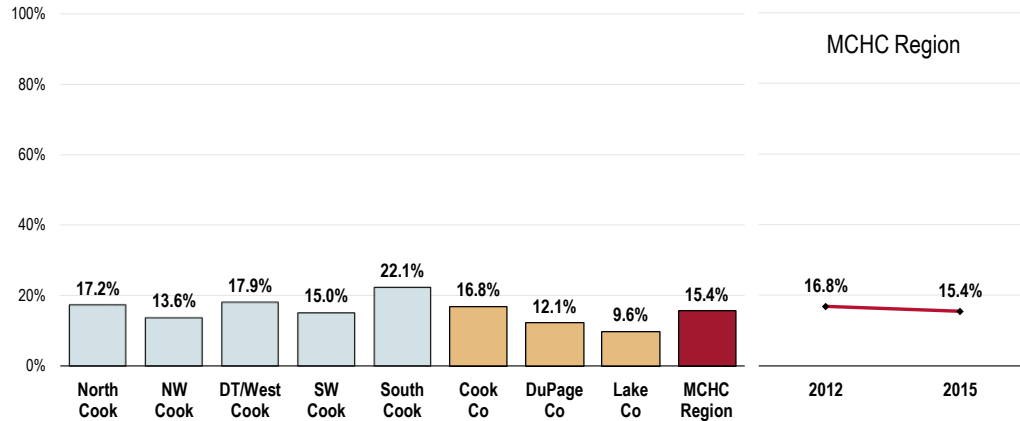


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
 Notes: • Asked of all respondents.

In contrast, a total of 15.4% of MCHC Region adults find it “somewhat” or “very” difficult to access safe and affordable places for exercise.

- Unfavorably high in Cook County.
 - Highest in South Cook County, lowest in the Northwest region.
- TREND: Statistically unchanged from 2012 survey findings.

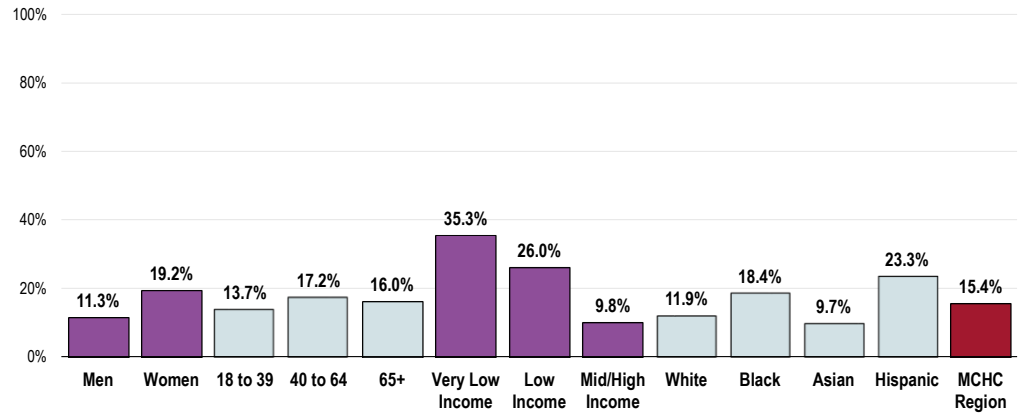
Find It “Very” or “Somewhat” Difficult to Access Safe and Affordable Places for Exercise



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 308]
 Notes: • Asked of all respondents.

- Area women are more likely to report that finding safe and affordable places for exercise is difficult, as are residents age 40 and older, those living in the lower income categories (negative correlation with income), Blacks, and Hispanics.

Find It “Very” or “Somewhat” Difficult to Access Safe and Affordable Places for Exercise (MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Access to Physical Activity

Access to Recreation & Fitness Facilities

Between 2008 and 2012, there were 10.8 recreation/fitness facilities for every 100,000 population in the MCHC Region.

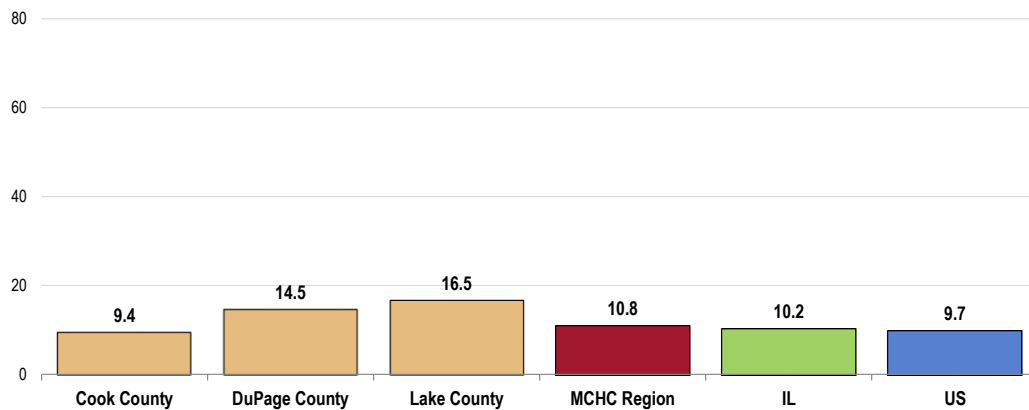
- Above what is found statewide.
- Above what is found nationally.
- Most favorable in Lake County; least favorable in Cook.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2008-2012)



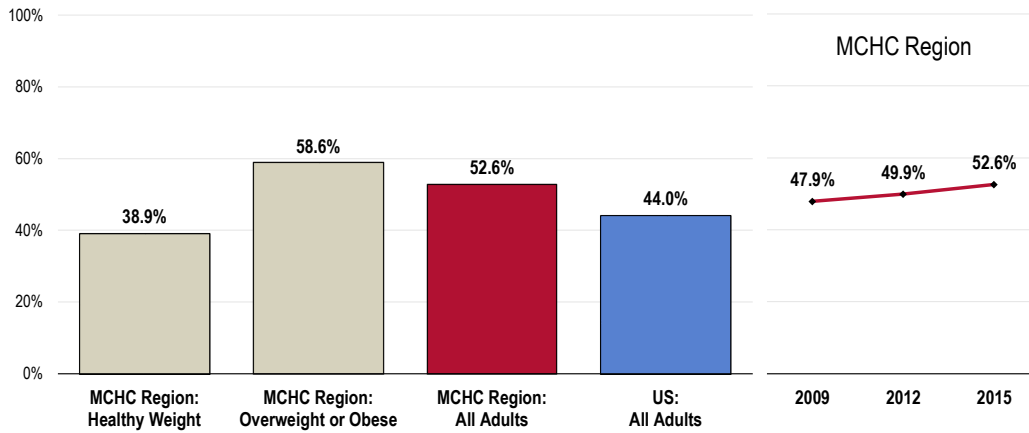
- Sources:
- US Census Bureau, County Business Patterns: 2011. Additional data analysis by CARES.
 - Retrieved August 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities"*. Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Health Advice About Physical Activity & Exercise

A total of 52.6% of MCHC Region adults report that their physician has asked about or given advice to them about physical activity in the past year.

- More favorable than the national average.
- TREND: Marks a statistically significant increase over time.
- Note: 58.6% of overweight/obese MCHC Region respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



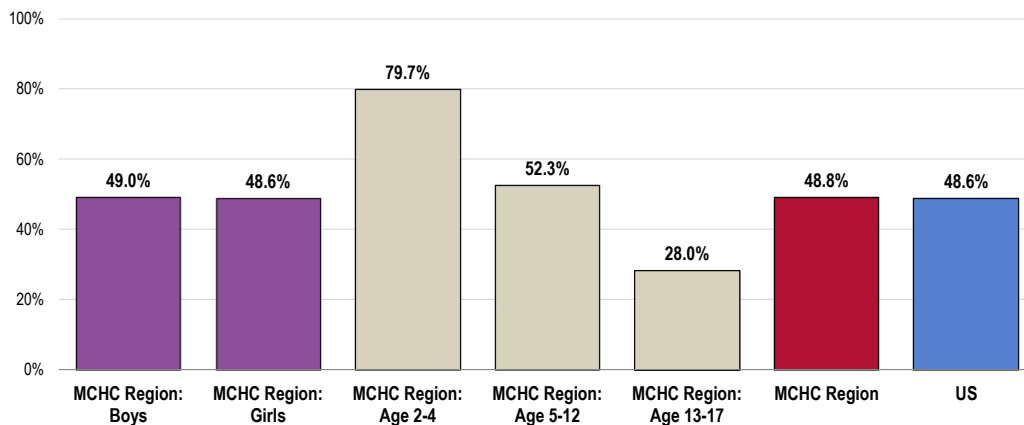
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Children’s Physical Activity

Among regional children age 2 to 17, 48.8% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Almost identical to the proportion reported nationally.
- Similar by county (not shown).
 - In Cook County, unfavorably low in the Downtown/West area; highest in the South (not shown).
- No difference by child’s gender; note the negative correlation with child’s age.

Child Is Physically Active for One or More Hours per Day (Among Children Age 2-17)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥ 30 kg/m^2 . The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥ 30 kg/m^2 , mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

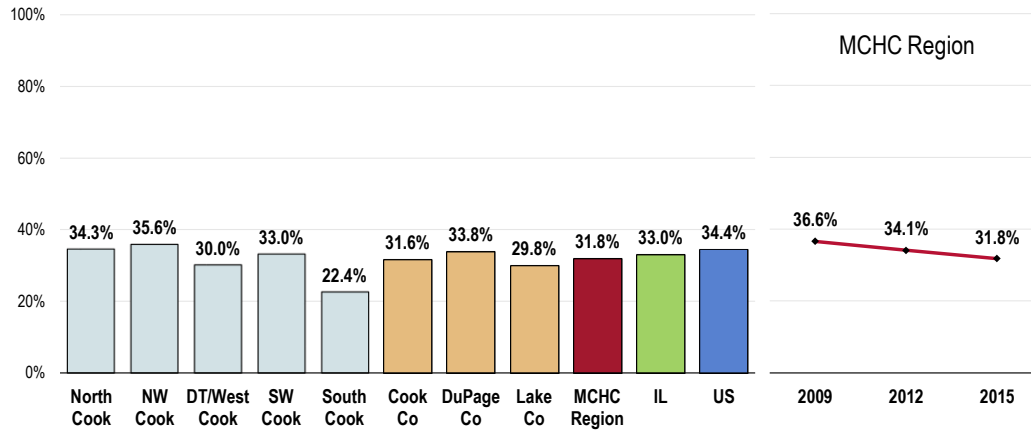
Healthy Weight

Based on self-reported heights and weights, 31.8% of MCHC Region adults are at a healthy weight.

“Healthy weight” means neither underweight, nor overweight (BMI = 18.5-24.9).

- Similar to the Illinois proportion.
- Similar to the US proportion.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).
- Similar findings by county.
 - In Cook County, unfavorably low in the South.
- TREND: Marks a statistically significant decrease over time.

Healthy Weight
 (Percent of Adults With a Body Mass Index Between 18.5 and 24.9)
Healthy People 2020 Target = 33.9% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]
 Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

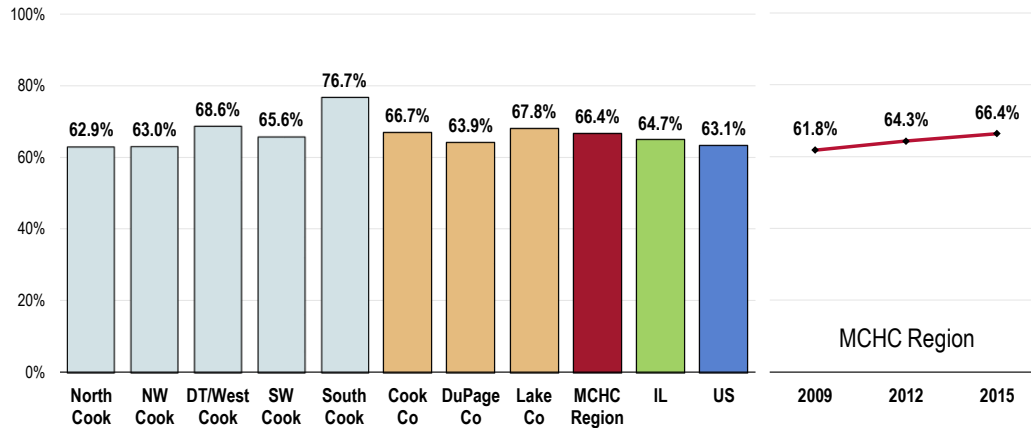
Two in three MCHC Region adults (66.4%) are overweight.

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

- Comparable to the Illinois prevalence.
- Less favorable than the US overweight prevalence.
- Comparable by county.
 - In Cook County, the proportion is highest in the South and lowest in the North.
- TREND: Statistically unchanged since 2009.

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.

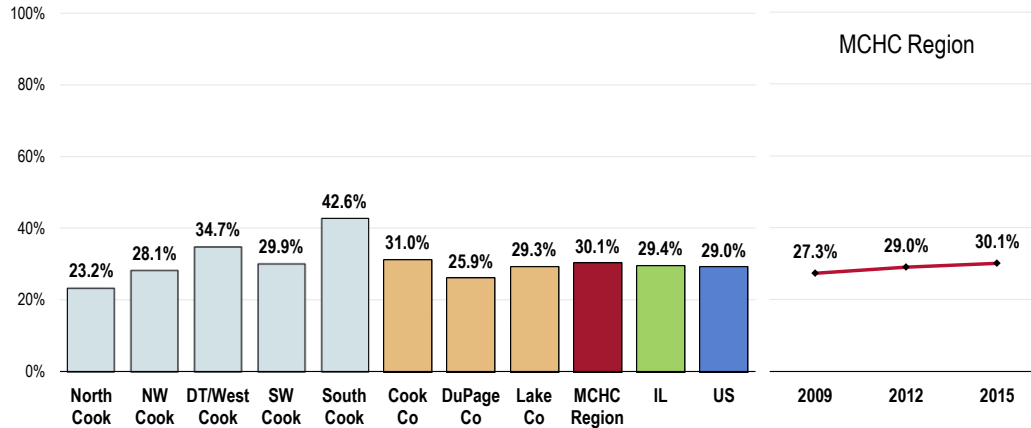
Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 30.1% of MCHC Region adults are obese.

“Obese” (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Close to Illinois findings.
- Close to US findings.
- Close to the Healthy People 2020 target (30.5% or lower).
- Unfavorably high in Cook County; lowest in DuPage.
 - By subarea: highest in the Downtown/West and South regions, lowest in the North.
- TREND: Denotes a statistically significant increase in obesity since 2009.

Prevalence of Obesity (Percent of Adults With a Body Mass Index of 30.0 or Higher) Healthy People 2020 Target = 30.5% or Lower



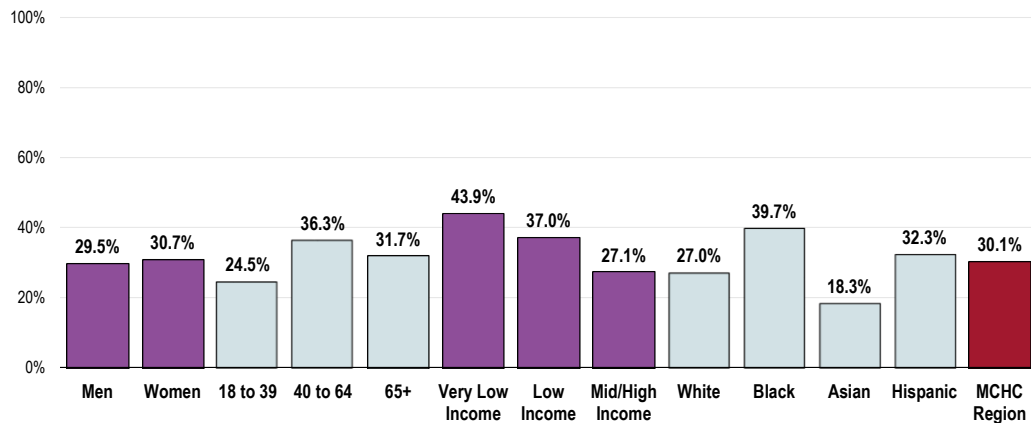
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.

Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is notably more prevalent among:

- Adults age 40 and older.
- Respondents with lower incomes (negative correlation with income).
- Blacks and Hispanics.

Prevalence of Obesity (Percent of Adults With a BMI of 30.0 or Higher; MCHC Region, 2015) Healthy People 2020 Target = 30.5% or Lower



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 • Based on reported heights and weights, asked of all respondents.

Notes: • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

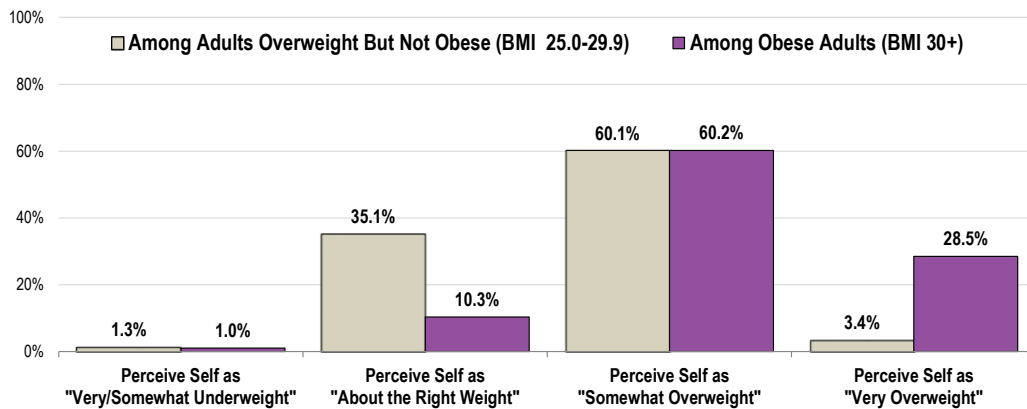
Actual vs. Perceived Body Weight

A total of 10.3% of obese adults and 35.1% of overweight (but not obese) adults feel that their current weight is “about right.”

- 60.1% of overweight (but not obese) adults see themselves as “somewhat overweight.”
- 28.5% of obese adults see themselves as “very overweight.”

Actual vs. Perceived Weight Status

(Among Overweight/Obese Adults Based on BMI; MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
 Notes: • BMI is based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Relationship of Overweight With Other Health Issues

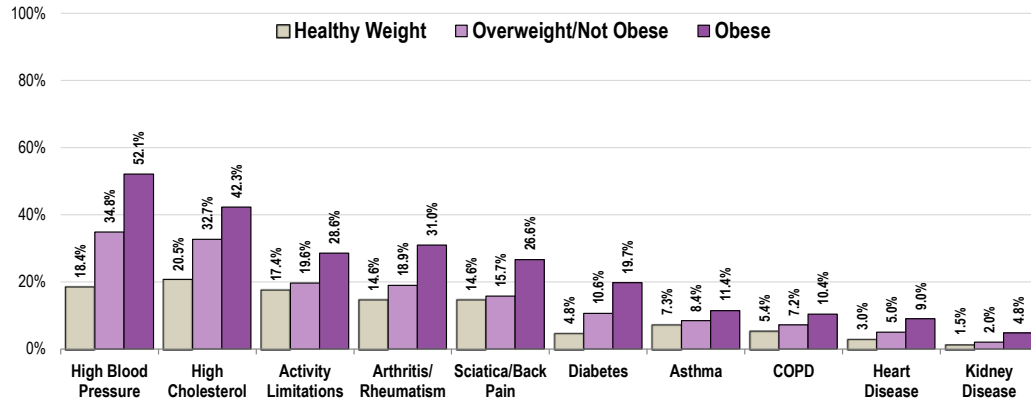
Overweight and obese adults are more likely to report a number of adverse health conditions.

Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- Activity limitations.
- Arthritis/rheumatism.
- Sciatica/chronic back pain.
- Diabetes.
- Asthma.
- COPD.
- Heart disease.
- Kidney disease.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues (By Weight Classification; MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 25, 28, 29, 33, 105, 124-126, 134, 136]
 Notes: • Based on reported heights and weights, asked of all respondents.

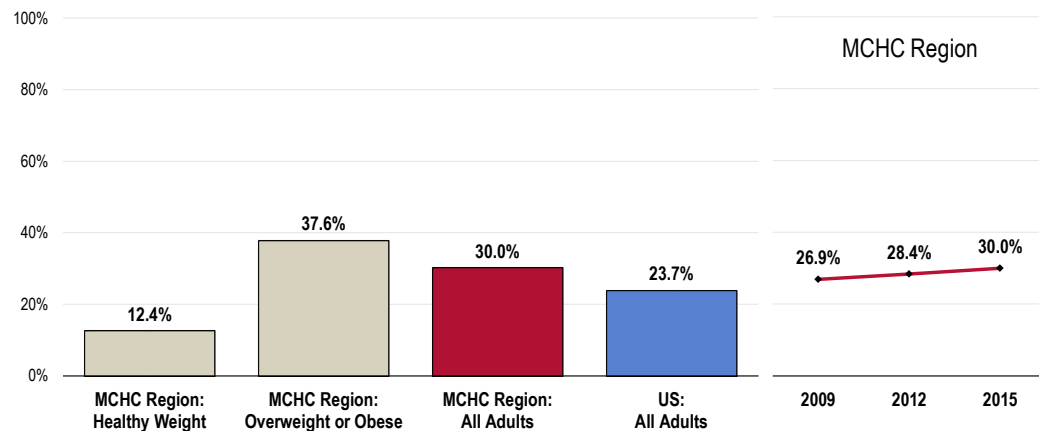
Weight Management

Health Advice

A total of 30.0% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Higher than the national findings.
- TREND: Denotes a statistically significant increase from that reported in 2009.
- Note that 37.6% of overweight/obese adults have been given advice about their weight by a health professional in the past year (*while the majority has not*).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 98, 153]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Weight Control

About Maintaining a Healthy Weight

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

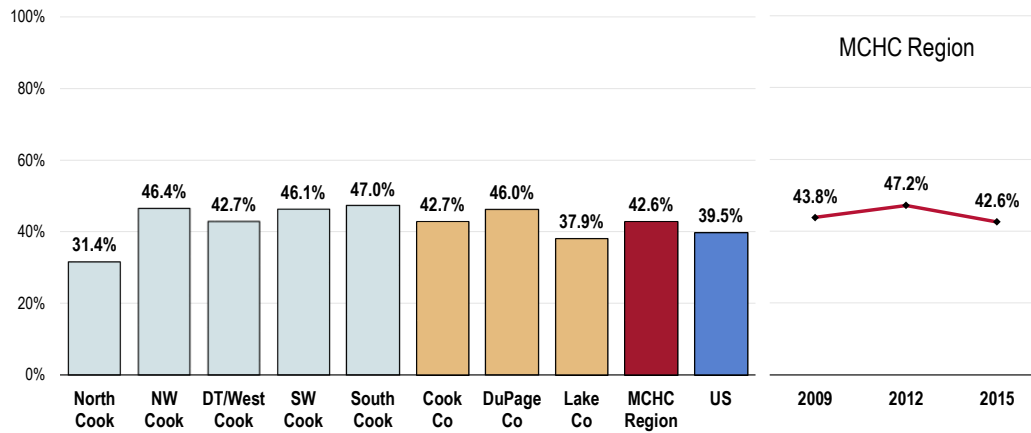
All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

- Healthy People 2020 (www.healthypeople.gov)

A total of 42.6% of MCHC Region adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.
- Similar findings by county.
 - In Cook County, unfavorably low in the North.
- TREND: Statistically similar to that reported among overweight adults in 2009.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity (Among Overweight or Obese Respondents)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents who are overweight or obese based on reported heights and weights.

Childhood Overweight & Obesity

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

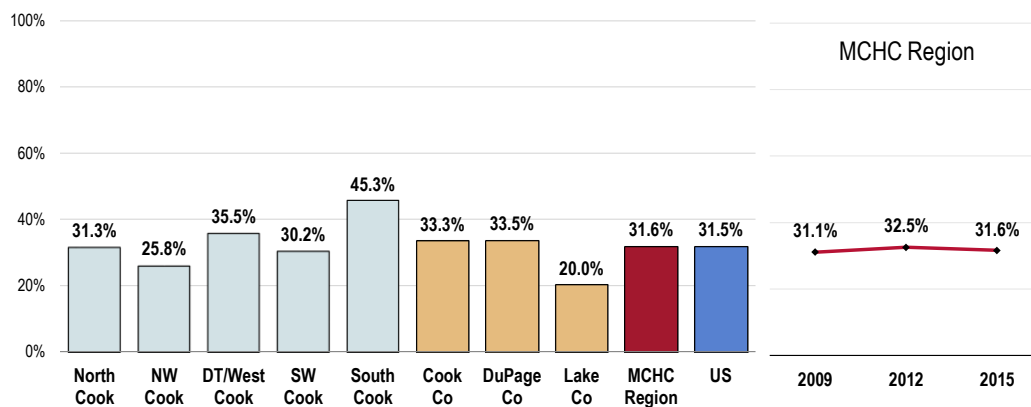
- Underweight <5th percentile
 - Healthy Weight ≥5th and <85th percentile
 - Overweight ≥85th and <95th percentile
 - Obese ≥95th percentile
- Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 31.6% of MCHC Region children age 5 to 17 are overweight or obese (≥85th percentile).

- Almost identical to the US percentage.
- Favorably low in Lake County.
 - In Cook County, highest among children in the South region.
- TREND: Statistically unchanged since 2009.

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

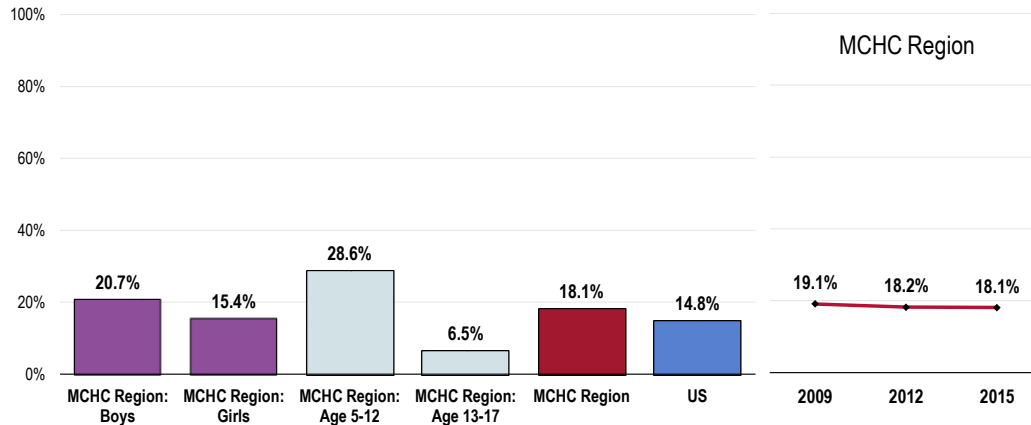
Further, 18.1% of MCHC Region children age 5 to 17 are obese (≥95th percentile).

- Statistically similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Statistically unchanged over time.
- Highest among regional children age 5-12 and boys age 5-17.

Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



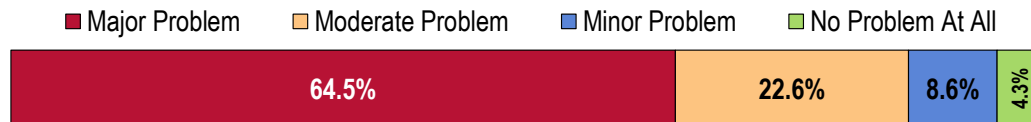
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

Nearly two-thirds of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a “major problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Behavioral Risk

Our nation is headed in the wrong direction with regards to fitness, activity and nutrition. Look at any local parade, the kids are heavier than 15 years ago. Look at any local epidemiological measure, kids and adults are heavier. We live in an area that was built on a suburban model that discourages walking. Nutritional choices are weighted against people in general, more so for those with low income as fresh and healthy foods are more expensive than processed. – Social Service Representative (DuPage County)

With limited resources, residents buy what is cheapest (fast food), which is usually not nutritious. Crime reduces the ability for children to play and be as active as they would, which causes weight gain. Lack of knowledge on healthy living, food and lifestyles. – Other Health Provider (Southwest Cook County)

Current western lifestyles create environments that favor reduced physical activity and consumption of calorie rich, nutrient poor foods. – Other Health Provider (Downtown/West Chicago)

As mentioned on the diabetes topic, it is very difficult to address nutrition and obesity in such a diverse community. I also think that it would be very worthwhile to attempt to provide education to women prior to conception and prenatally. Our midwife group is unable to take patients over a certain BMI as they are considered higher risk. This is a source of much consternation among women in the community, who may have not even considered weight to be among their risk factors. – Other Health Provider (Downtown/West Cook County)

Our eating habits continue to drive this issue. The quality of our food is also an issue, although more and more people and companies are climbing on the organic and non-GMO band wagon. Digital addictions plague our youth, who would rather play video games than play outside. Accessibility to indoor space where seniors can walk in safety for free is another important component. – Community/Business Leader (DuPage County)

Temptations by poor diet choices, lack of exercise, alcohol. – Other Health Provider (Downtown/West Cook County)

Lack of exercise, poor eating habits, limited education on health and nutrition, poor follow-up with primary care providers and lack of follow-through from providers to incentivize patients to lose weight and live a healthier lifestyle. – Physician (Northwest Cook County)

Children are becoming more and more aware of healthy options. Unfortunately, their parents are not as quick at making the changes, so the cycle continues. It is very difficult to break the bad habit cycles that families need to do in order to make life-long changes. It is very frustrating when physicians are not properly trained and more aware of the proper nutrition choices for their patients. It is not sufficient to say you need to lose weight! In addition, nutrition programs that offer ongoing support and counseling are very expensive. Another issue that does not get addressed very often is the connection of mental health and nutrition and how it affects our success or lack thereof. – Other Health Provider (Northwest Cook County)

Policy, system and environmental changes are needed to influence lifestyle changes and behaviors. While health-focused after-school programming is great, it does not change the reality of the home life of the child, nor does it change the obesogenic environment in which they live. – Social Service Representative (Downtown/West Cook County)

Lack of healthy food options. – Social Service Representative (Southwest Cook County)

There is not enough good fresh food and healthy products. Not enough structured weight training programs. – Community/Business Leader (Southwest Cook County)

Lifestyle changes are needed to improve nutrition and physical activity. To do this, ongoing investment has to occur in communities at greatest risk. – Public Health Expert (Downtown/West Cook County)

Need for nutritionally dense, active lifestyles in order to promote healthy weight for all residents. In addition, there is significant disparity within the county borders related to socioeconomic status. – Public Health Expert (DuPage County)

Infrastructure

Food deserts, lack of safe places to be active in many neighborhoods. Gun violence. – Other Health Provider (Southwest Cook County)

People don't feel safe walking or exercising outside in Chicago due to gun violence. – Physician (Downtown/West Cook County)

A recently released report from the Chicago Department of Public Health found that in the five predominantly minority communities that were surveyed, just over one-half of the 178 stores that sold food did not carry fruits and vegetables. For example, in Chicago Lawn community (52 percent African American, 35 percent Hispanic and 10 percent White) of its 43 food stores, 70 percent sell tobacco products, 30 percent sell alcohol, and only 37 percent sell fresh produce. Its residents also have higher rates of preventable hospitalizations due to such conditions as congestive heart failure and complications from diabetes. – Public Health Expert (South Cook County)

There are not enough full service grocery stores. Residents have very little access to healthy, fresh food. The violence in the community affects residents having the opportunity to engage in physical activity. High percentages of residents are overweight or obese. – Community/Business Leader (Southwest Cook County)

Restaurant menus are lots of fried food and huge portions. People work more than one job and have no time for exercise. Lack of education about healthy lifestyles. Low income and prices of healthy foods. – Community/Business Leader (Lake County)

Schools' lack of health programs and food. Ethnic issues and poor nutrition habits. Lack of exercise. – Community/Business Leader (Downtown/West Cook County)

Safe and inviting outdoor space. – Social Service Representative (Downtown/West Cook County)

Some areas are unsafe for children to be outside. Lack of time to cook healthy meals and exercise. Cost and convenience of junk/processed/prepared foods versus fruits, vegetables and lean meats. – Social Service Representative (Southwest Cook County)

Lack of parks and safe spaces in the West side communities to be outdoors. Lack of funding for programs that help to teach about nutrition and promote physical activity. Food deserts make this hard to improve. – Social Service Representative (Downtown/West Cook County)

Limited physical and all-season spaces for activity. – Public Health Expert (Downtown/West Cook County)

Safe places to exercise outside, access to good nutrition. – Physician (South Cook County)

Obesity

Obesity is an epidemic in the US. – Social Service Representative (DuPage County)

Lots of very overweight people. – Social Service Representative (Northwest Cook County)

Obesity seems to be a growing issue in this community. – Community/Business Leader (Downtown/West Cook County)

The incidence of overweight is frequent although people are becoming more aware of healthy options for their diets. This is a complex issue which has been a challenge for our entire country, let alone this region. Education has improved but we have a long way to go with respect to prepared and processed food. Michelle Obama is right in that it has to start with the children. – Community/Business Leader (Cook County Overall)

Lack of education is the leading cause of obesity. – Community/Business Leader (Southwest Cook County)

Morbid obesity. – Community/Business Leader (Downtown/West Cook County)

Dramatic disparities between communities. Obesity rates are up to three times higher in disadvantaged zip codes. Your ZIP code is more important than your genetic code. – Public Health Expert (Lake County)

Obesity is epidemic. – Physician (Southwest Cook County)

Obesity is a national issue, but due to the lack of access to healthy foods and prevalence of violence, African-Americans are disproportionately impacted. – Social Service Representative (Downtown/West Cook County)

Access to Resources

Access to opportunities for education and fitness training. – Community/Business Leader (Northwest Cook County)

Access to information, affordable food, safe neighborhoods. – Public Health Expert (Cook County Overall)

Inadequate resources is a barrier to adopting healthy lifestyles. Lack of access to nutritious food and safe places for physical activity. – Other Health Provider (Downtown/West Cook County)

Not enough specialists. – Physician (Southwest Cook County)

Affordable case management for nutrition and exercise programs. Most folks we care for cannot afford the luxuries of meeting with a regular trainer or nutritionist to help with weight issues. – Other Health Provider (Northwest Cook County)

Lack of Education

Lack of knowledge of what is healthy, nutritional food and allowing children to play indoors way too much and not encouraging them to play outdoors. With working parents, meals are what is quick and easy and carryout rather than quick, easy and healthy. – Community/Business Leader (DuPage County)

Denial, bigger is acceptable now. – Public Health Expert (Southwest Cook County)

More education free to the public is needed to address this. Could benefit those with chronic conditions such as diabetes and high blood pressure. Difficult to choose healthy foods when on limited grocery budget. – Social Service Representative (Northwest Cook County)

There needs to be an increase in knowledge and schools need to be leaders. – Social Service Representative (Lake County)

Stress

The pressure and stress of jobs, families, commuting, etc. make it difficult for individuals and families to have sufficient time to attend to physical activity. We live in a culture that values "working hard" but not "playing hard." The imbalance is significant. Additionally, Lake County is car dependent, with a limited amount of safe walking and biking areas, making exercise outdoors challenging. Confusion continues to abound healthy eating and physical activity despite the mass of information available. That may actually be the problem, too many voices, not a unified message. – Public Health Expert (Lake County)

Stress of time management leads to poor choices of food, lack of exercise as priority. – Social Service Representative (Northwest Cook County)

Statistics

Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider (South Cook County)

Public Awareness

Public awareness/belief of effects poor nutrition, lack of physical activity and overweight/obesity has on one's health. Cultural norms are faulty and strong. – Public Health Expert (Lake County)

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

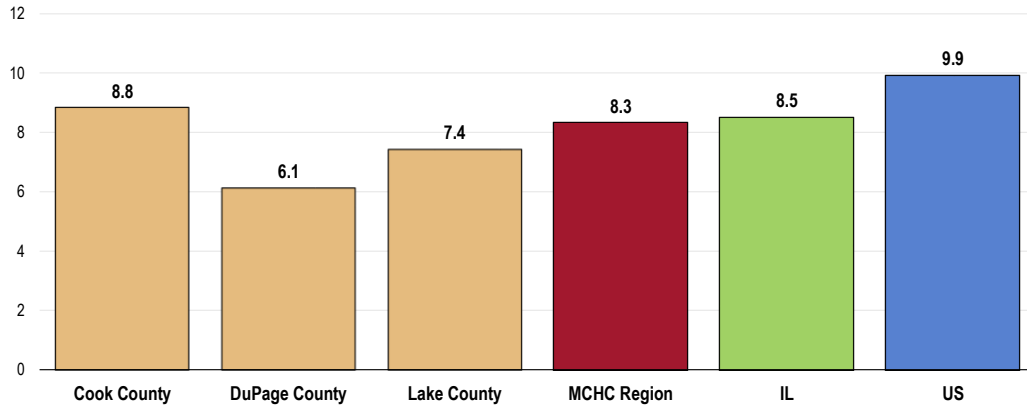
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.3 deaths per 100,000 population in the MCHC Region.

- Similar to the statewide rate.
- Lower than the national rate.
- Similar to the Healthy People 2020 target (8.2 or lower).
- Unfavorably high in Cook County, lowest in DuPage.

Cirrhosis/Liver Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower

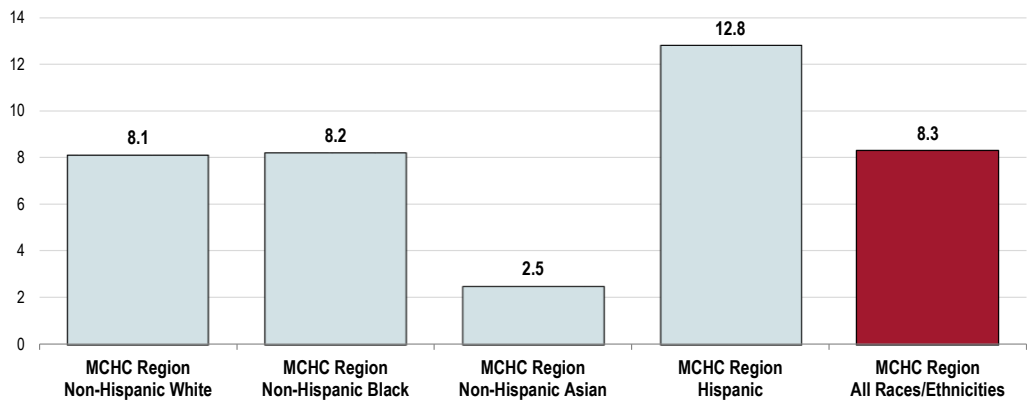


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The cirrhosis mortality rate is higher among Whites and Blacks and especially among regional Hispanics when compared with Asians.

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)

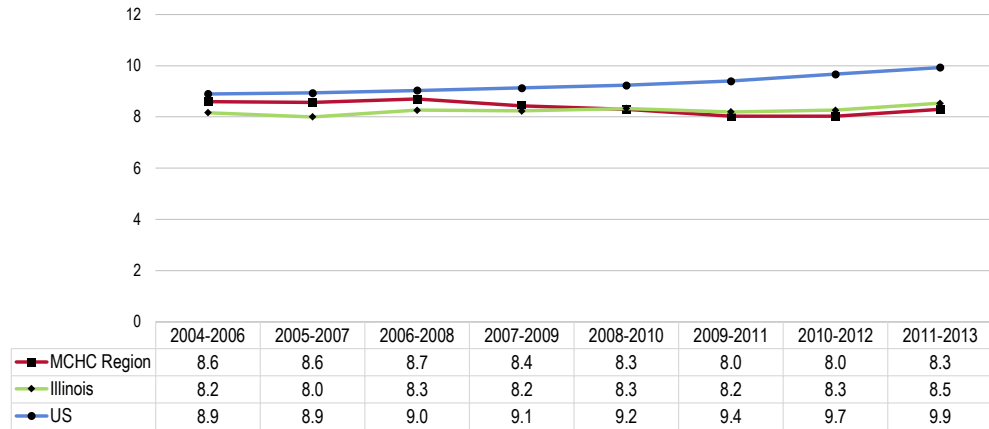
Healthy People 2020 Target = 8.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The mortality rate has not changed significantly in the region over the past decade; statewide and nationwide, rates have increased.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower



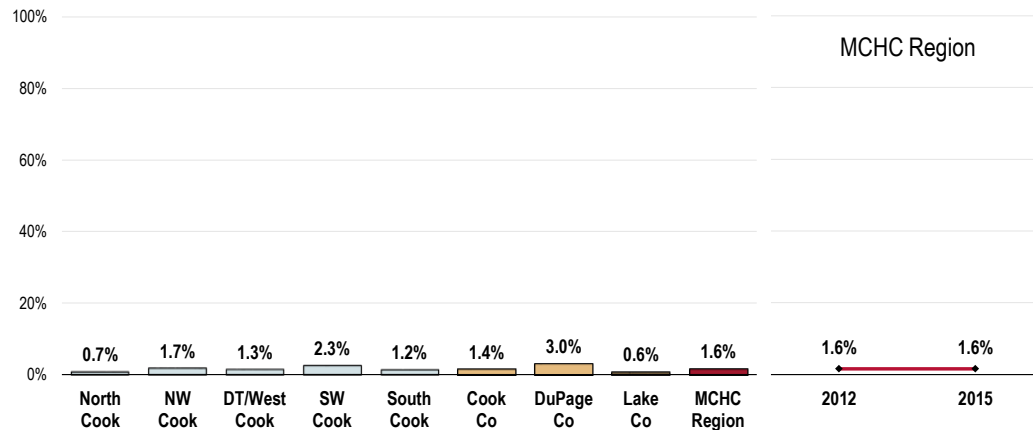
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Liver Disease Prevalence

A total of 1.6% of area adults have been diagnosed with liver disease.

- **Unfavorably high in DuPage County; lowest in Lake.**
 - In Cook County, favorably low in the North region.
- **TREND: Unchanged from 2012 survey findings.**

Prevalence of Liver Disease



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 301]
 Notes: • Asked of all respondents.

High-Risk Alcohol Use

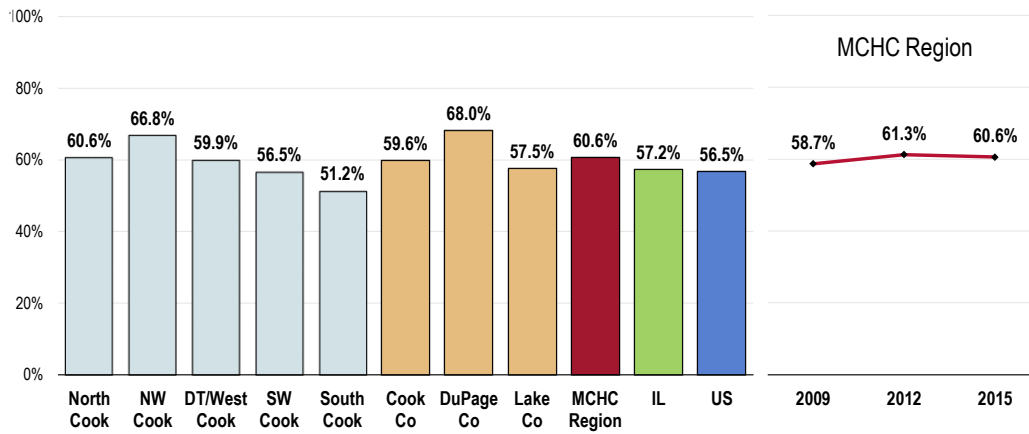
Current Drinking

A total of 60.6% of area adults had at least one drink of alcohol in the past month (current drinkers).

“Current drinkers” include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a “drink” is considered one can or bottle of beer, one glass of wine or bottle of wine cooler, one cocktail, or one shot of liquor.

- Less favorable than the statewide proportion.
- Less favorable than the national proportion.
- Unfavorably high in DuPage County.
 - In Cook County, highest in the Northwest, lowest in the South.
- TREND: Statistically unchanged since 2009.

Current Drinkers

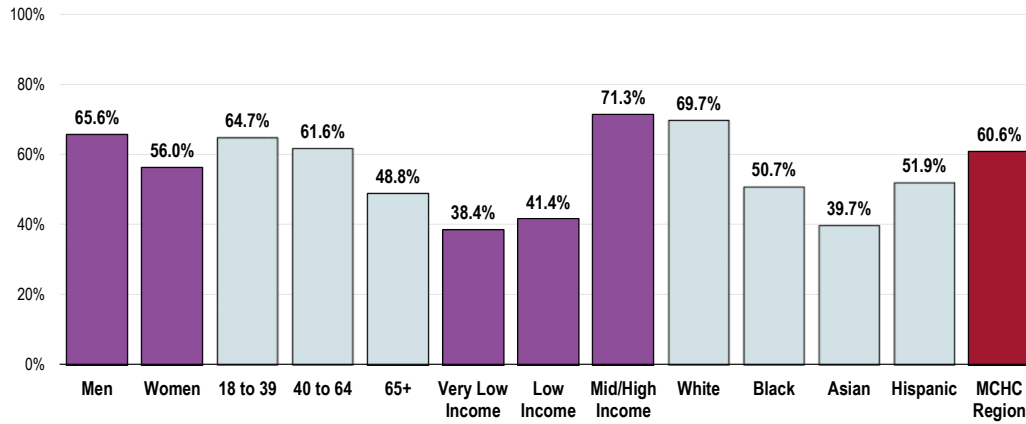


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Current drinkers had at least one alcoholic drink in the past month.

- Current drinking is more prevalent among men, adults under 65 (negative correlation with age), residents with higher incomes, and Whites.

Current Drinkers (MCHC Region, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
 Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 ● Current drinkers had at least one alcoholic drink in the past month.

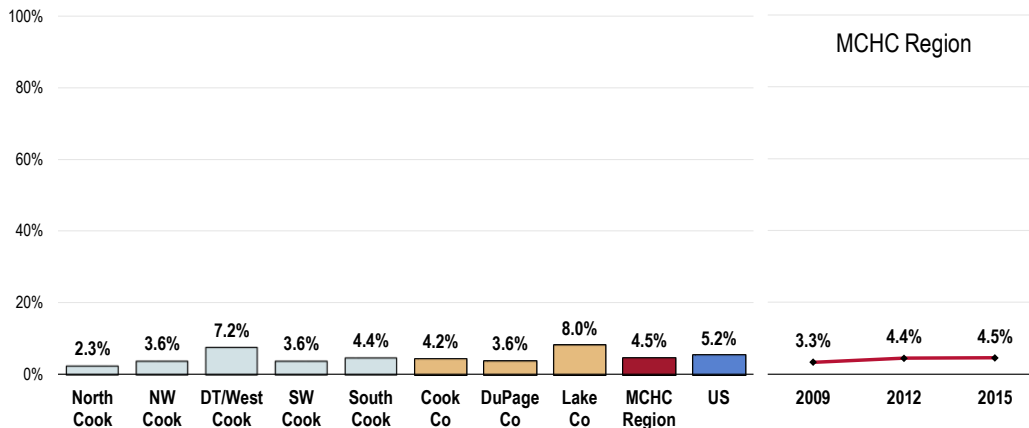
Chronic Drinking

A total of 4.5% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

"Chronic drinkers" include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

- Similar to the US proportion.
- Unfavorably high in Lake County.
 - In Cook County, highest in the Downtown/West area, lowest in the North.
- TREND: Marks a statistically significant increase since 2009.

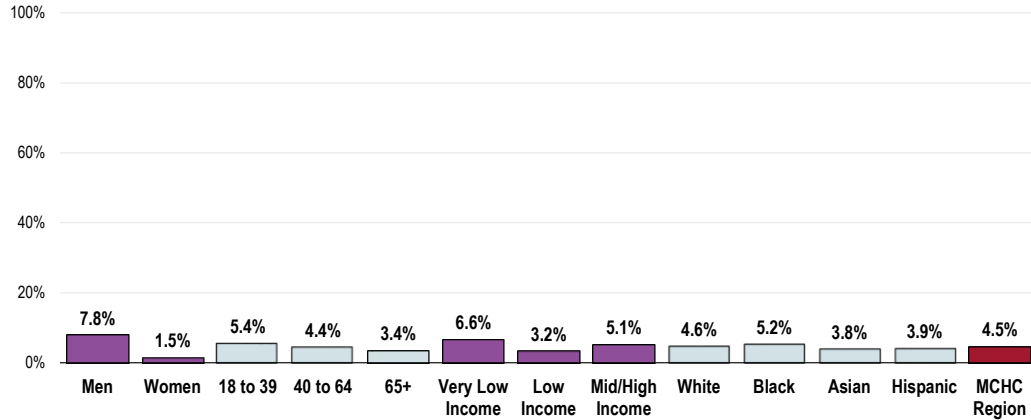
Chronic Drinkers



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 180]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.
 ● Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.

- Chronic drinking is more prevalent among men and adults living below the federal poverty threshold.

Chronic Drinkers (MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

Binge Drinking

A total of 18.4% of MCHC Region adults are binge drinkers.

Binge drinkers" include:

- 1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and
- 2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

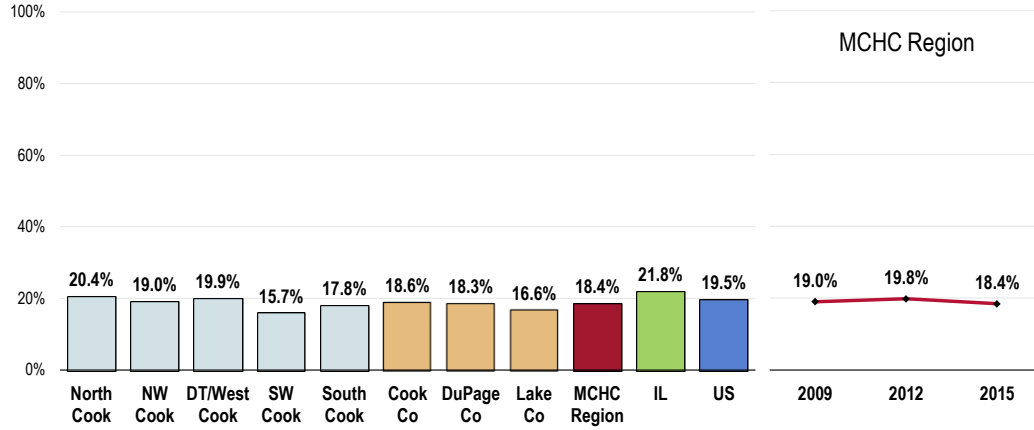
RELATED ISSUE:

See also Stress in the Mental Health & Mental Disorders section of this report.

- Below the Illinois findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (24.4% or lower).
- Statistically similar by county.
 - In Cook County, favorably low in the Southwest region.
- TREND: Statistically unchanged since 2009 (note, however, that the previous definition for binge drinking was five or more drinks, regardless of gender).

Binge Drinkers

Healthy People 2020 Target = 24.4% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 162]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Illinois data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
 Notes: • Asked of all respondents.
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

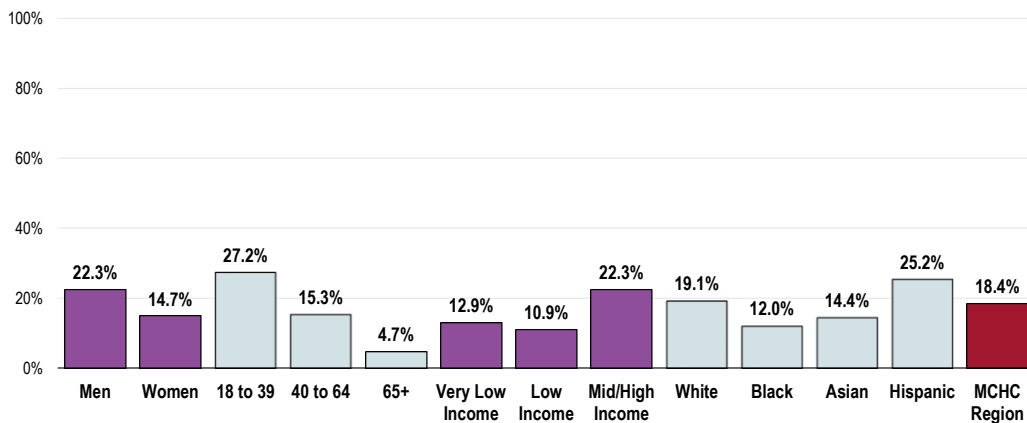
Binge drinking is more prevalent among:

- Men.
- Adults under age 65 (negative correlation with age).
- Upper-income residents.
- Whites and Hispanics.

Binge Drinkers

(MCHC Region, 2015)

Healthy People 2020 Target = 24.4% or Lower



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 162]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

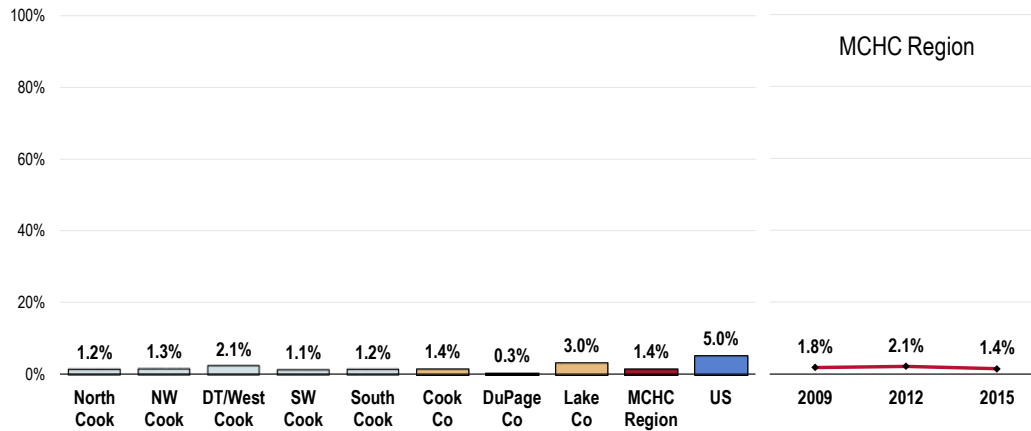
Drinking & Driving

A total of 1.4% of MCHC Region adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

- Well below the national findings.
- Most favorable in DuPage County.
 - Similar findings by Cook County subarea.
- TREND: The drinking and driving prevalence has not changed significantly since 2009.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

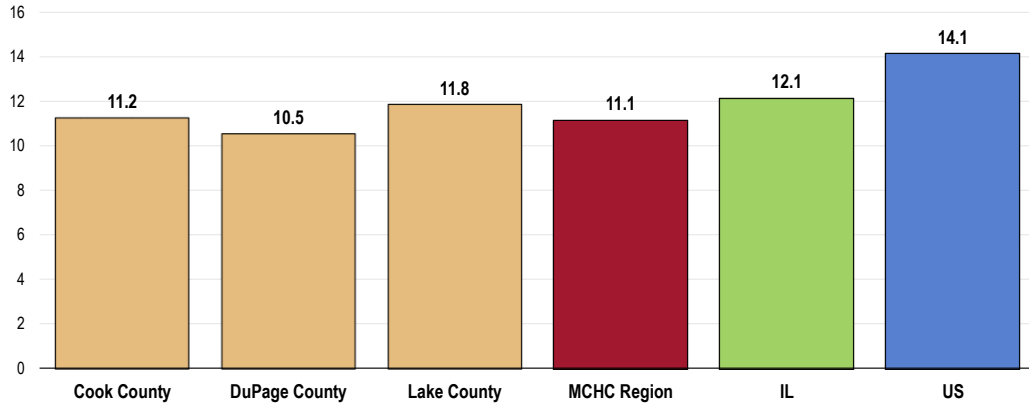
Notes: • Asked of all respondents.

Age-Adjusted Drug-Induced Deaths

Between 2011 and 2013, there was an annual average age-adjusted drug-induced mortality rate of 11.1 deaths per 100,000 population in the MCHC Region.

- More favorable than the statewide rate.
- More favorable than the national rate.
- Similar to the Healthy People 2020 target (11.3 or lower).
- Unfavorably high in Lake County.

Drug-Induced Deaths: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower



Sources:

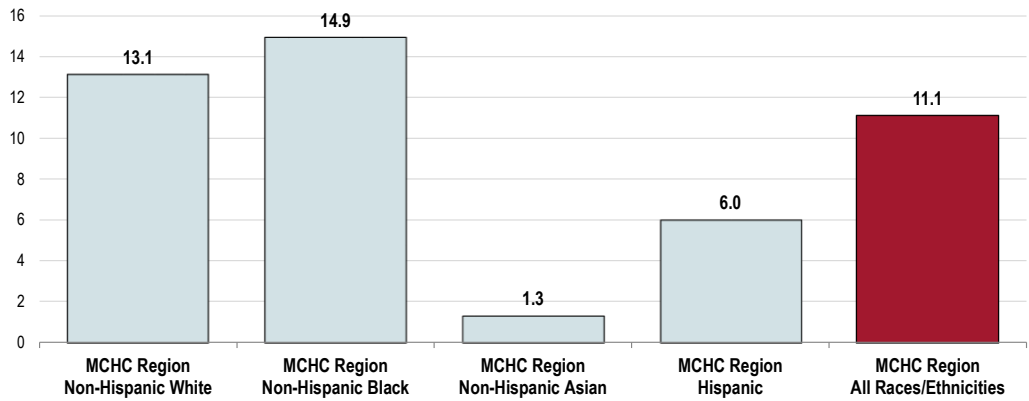
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The drug-induced mortality rate is much higher among Whites and Blacks in the region when compared with Asians and Hispanics.

Drug-Induced Deaths: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]

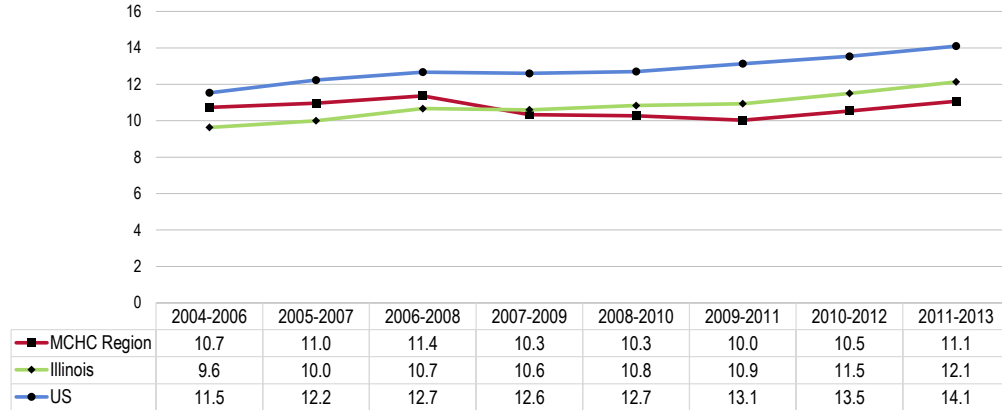
Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The regional mortality rate decreased somewhat in the late 2000s, but has since begun to rise again. Statewide and nationwide, rates increased over the past decade.

Drug-Induced Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Illicit Drug Use

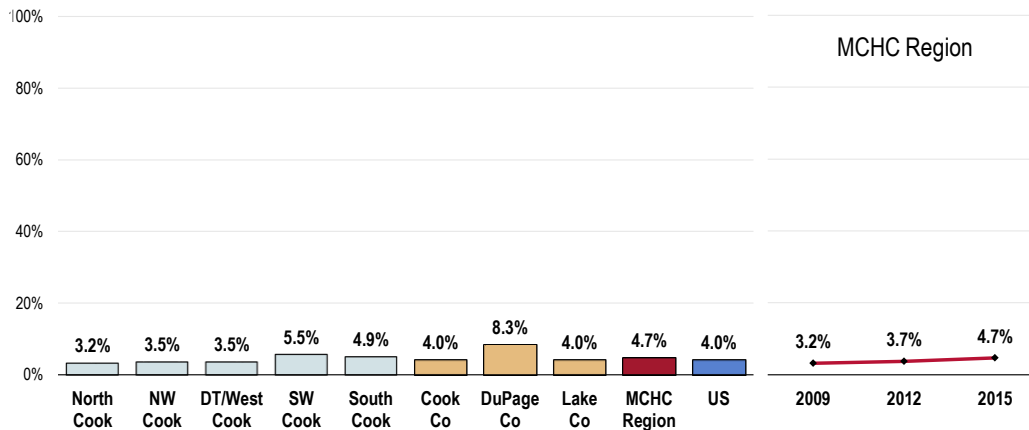
A total of 4.7% of regional adults acknowledge using an illicit drug in the past month.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

- Similar to the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Unfavorably high in DuPage County; lowest in Cook County.
 - No difference by Cook County subarea.
- TREND: Marks a statistically significant increase over time.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month Healthy People 2020 Target = 7.1% or Lower



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]

Notes:

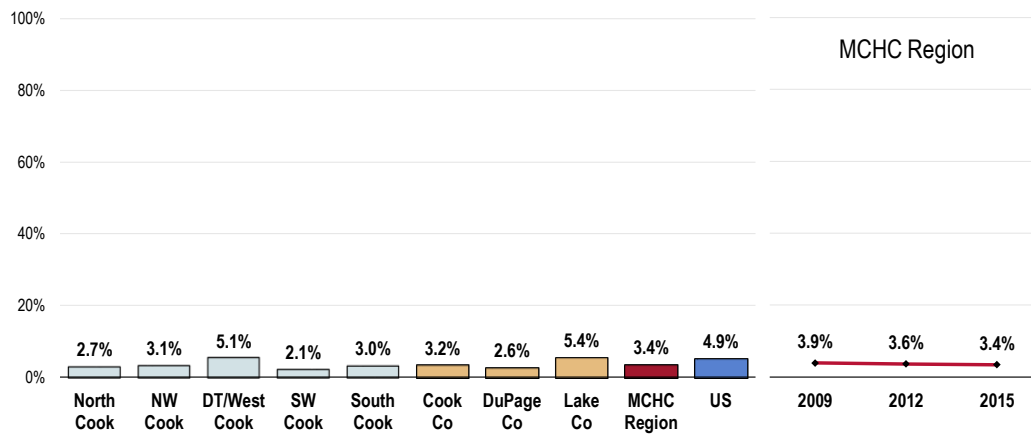
- Asked of all respondents.

Alcohol & Drug Treatment

A total of 3.4% of regional adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Below the national prevalence.
- Similar findings by county.
 - In Cook County, favorably high in the Downtown/West region.
- TREND: Statistically unchanged over time.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



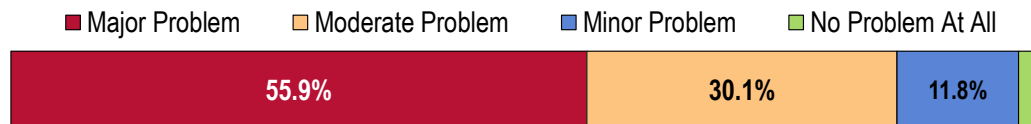
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a “major problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

BARRIERS TO TREATMENT

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

Lack of Resources

The lack of substance abuse centers in the community. Some people don't like to leave their neighborhood for services and some don't have access to a car or money for bus fare. – Social Service Representative (Southwest Cook County)

The biggest barrier is the perception of cost associated with public services that assist with treatment. – Community/Business Leader (Southwest Cook County)

There are too few low cost treatment centers available. – Community/Business Leader (Southwest Cook County)

Limited treatment centers. – Other Health Provider (Southwest Cook County)

Lack of access to affordable and effective treatment programs, stigma, denial, lack of social/family support, and poor management by health care providers. – Public Health Expert (Cook County Overall)

Access to outpatient facilities and emotionally not ready. – Public Health Expert (Lake County)

Not enough resources. – Physician (Southwest Cook County)

Lack of economic and other social resources from early childhood on. – Other Health Provider (Downtown/West Cook County)

Lack of funding for treatment in spite of health insurance status, but particularly for Medicaid/uninsured individuals. – Public Health Expert (DuPage County)

Lack of services, especially for persons who are dually diagnosed with mental health and substance abuse issues. – Community/Business Leader (Lake County)

Lack of resources to provide treatment. Gap in education about treatment so it's hard to get people convinced to go and then hard to get them in if they want to go. – Social Service Representative (Downtown/West Cook County)

Few resources for the uninsured, especially when inpatient services needed for detox. – Social Service Representative (Northwest Cook County)

The greatest barriers I see day to day in accessing substance abuse treatment are lack of substance abuse treatment centers in the northwest suburbs, lack of transportation and lack of funds or insurance coverage to pay for said treatment. – Other Health Provider (Northwest Cook County)

Education & Denial

Knowing where to go, knowing/accepting the fact that they need help, cost issues, transportation issues. – Public Health Expert (Lake County)

Not knowledgeable about where the resources are available. – Community/Business Leader (Southwest Cook County)

Not sure where to go. – Social Service Representative (Northwest Cook County)

They don't recognize they have a problem and it is difficult to move beyond an addiction. The ripple effect is devastating. – Community/Business Leader (Cook County Overall)

The greatest barriers that prevent people from accessing needed substance abuse treatment start with realizing that they are abusing alcohol and drugs. Many use socially and others self-medicate to mask stress/anxiety. It is difficult to admit a problem and even more difficult to ask for help. – Community/Business Leader (DuPage County)

Stigma attached to rehab, people unaware or in denial about friends and family members' abuse, high homeless population. – Social Service Representative (Southwest Cook County)

Shame, the cost (lack of insurance) and the strength of the addiction itself. – Community/Business Leader (DuPage County)

Fear of being labeled as crazy and the stigma associated with mental health in our neighborhood. Poor assessment of the root cause for some behaviors. Some persons in jail should really be in a mental health institution. – Other Health Provider (Southwest Cook County)

The barriers are self-imposed, they are there and available but family denial is the barrier.

Family members need to pay close attention to one another and if a problem seems to develop address it. – Community/Business Leader (DuPage County)

Inability to recognize the consequences of using, in addition stigma, and limited resources to deal with co-occurring illness. – Other Health Provider (South Cook County)

Denial that they have a problem, worries that they will be ineligible for certain jobs if it is known that they have a substance abuse history. Peer pressure to continue abusing, lack of knowledge of available resources or where they can go for help, lack of sufficient insurance to cover care. – Other Health Provider (Northwest Cook County)

Identification of this problem in the population that interfaces with medical care. – Other Health Provider (Northwest Cook County)

Access to Care

Access similar to mental health services remains a problem as oftentimes substance abuse and mental health services are offered in tandem. They are difficult to locate, difficult to get an appointment, and are not always covered by Medicaid. – Social Service Representative (Downtown/West Cook County)

Substance abuse treatment is very hard to access in our community. The level of care that the patient needs is not available and patients do not know how to access the treatments. We don't have the infrastructure to treat the number of people that are struggling with this. – Social Service Representative (Northwest Cook County)

Long waits for treatment. There are wait times between in-house hospitalization and detox and outpatient or residential programs. – Community/Business Leader (Southwest Cook County)

Insurance and availability of beds in programs. – Other Health Provider (Downtown/West Cook County)

Insurance concerns and lack of knowledge as to where to access these services. Also, a lack of available resources in general. – Other Health Provider (Downtown/West Cook County)

Access to care, the nature of the disorder, denial. – Social Service Representative (DuPage County)

Socioeconomics

This is not my area of expertise but what I know is illicit drug use is higher among white teenagers than African Americans or Latinos. Minority teenagers are more often arrested and charged with drug crimes, 95 percent of the youths before both juvenile and adult criminal court judges in Cook County in 1998 were African American or Latino. – Other Health Provider (Downtown/West Chicago)

Anyone can see drug sales being made at any time of day on any given corner. – Community/Business Leader (Downtown/West Cook County)

Easy access to cheap illegal drugs, heroin in particular. – Community/Business Leader (Lake County)

Motivation

Lack of desire to quit, limited availability of space in the local programs, easy availability of drugs in the community. – Physician (Northwest Cook County)

I think there are good substance abuse programs in the community, but as in any addiction, the person has to be willing to accept this treatment. What may be lacking is peer support programs to help members through the process of detox and during outpatient treatment.

Without a supportive environment relapse into again abusing drugs and alcohol. – Other Health Provider (Southwest Cook County)

High Rate of Local Use

Increasing rates of opioid use/abuse in Chicago. – Public Health Expert (Downtown/West Cook County)

Too many students using drugs at an early age. – Community/Business Leader (Southwest Cook County)

Most Problematic Substances

Key informants (who rated this as a “major problem”) most often identified alcohol, heroin/other opioids, cocaine/crack, and marijuana as the most problematic substances abused in the community.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	60.9%	9.1%	16.3%	39
Heroin or Other Opioids	23.9%	25.0%	23.3%	32
Cocaine or Crack	4.3%	22.7%	7.0%	15
Marijuana	4.3%	20.5%	9.3%	15
Prescription Medications	2.2%	11.4%	16.3%	13
Over-the-Counter Medications	2.2%	4.5%	4.7%	5
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	2.3%	7.0%	4
Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)	0.0%	2.3%	2.3%	2
Methamphetamines or Other Amphetamines	0.0%	0.0%	4.7%	2
Steroids	0.0%	0.0%	2.3%	1
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	0.0%	2.3%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

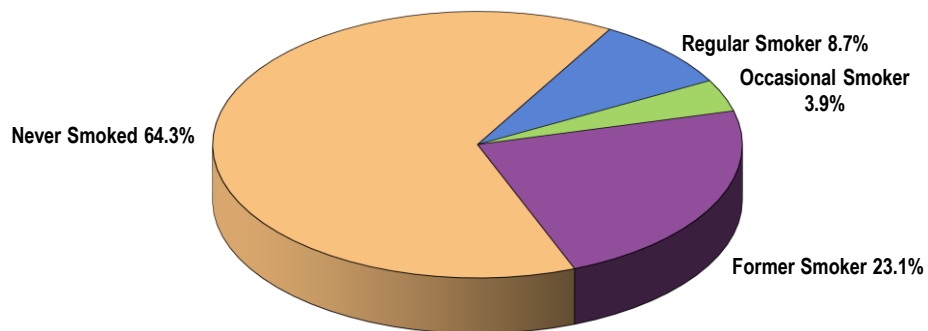
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 12.6% of MCHC Region adults currently smoke cigarettes, either regularly (8.7% every day) or occasionally (3.9% on some days).

Cigarette Smoking Prevalence
(MCHC Region, 2015)



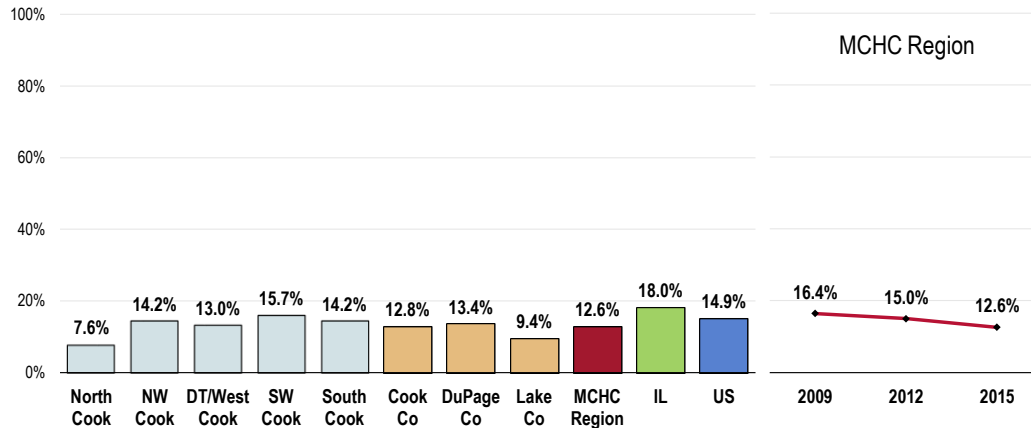
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: • Asked of all respondents.

- More favorable than statewide findings.
- More favorable than national findings.
- Similar to the Healthy People 2020 target (12% or lower).

- Most favorable in Lake County.
 - In Cook County, lowest in the North and highest in the Southwest.
- TREND: Note the statistically significant decrease since 2009.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



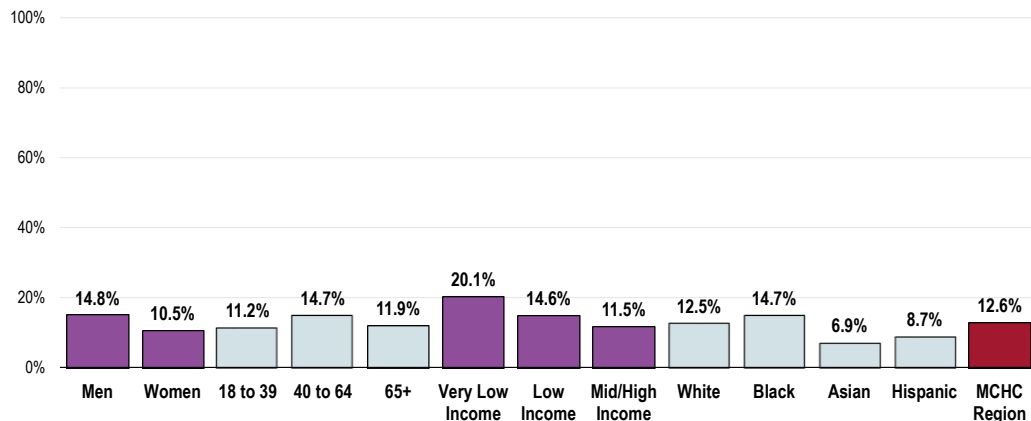
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

- Cigarette smoking is more prevalent among men, adults age 40 to 64, lower-income residents (negative correlation with income), Whites, and Blacks.

Current Smokers

(MCHC Region, 2015)

Healthy People 2020 Target = 12.0% or Lower



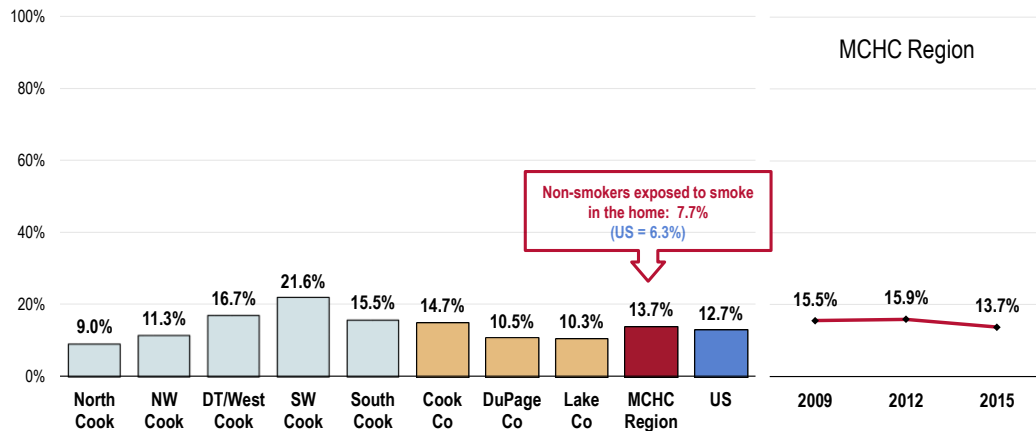
- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Includes regular and occasion smokers (everyday and some days).

Environmental Tobacco Smoke

A total of 13.7% of MCHC Region adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Similar to national findings.
- Unfavorably high in Cook County.
 - Highest in Southwest Cook, lowest in North and Northwest Cook.
- TREND: Statistically unchanged over time.
- Note that 7.7% of MCHC Region non-smokers are exposed to cigarette smoke at home, similar to what is found nationally.

Member of Household Smokes at Home

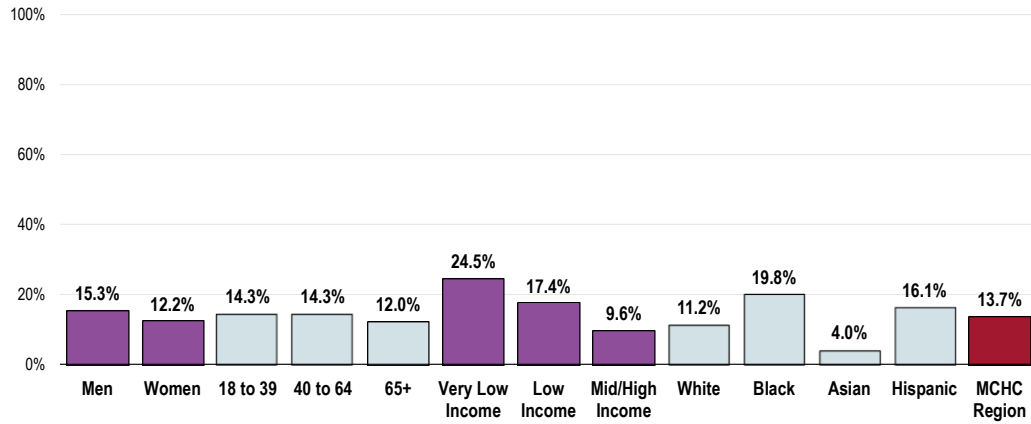


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Notably higher among men, residents with lower incomes (negative correlation with income), Blacks, and Hispanics.

Member of Household Smokes At Home (MCHC Region, 2015)

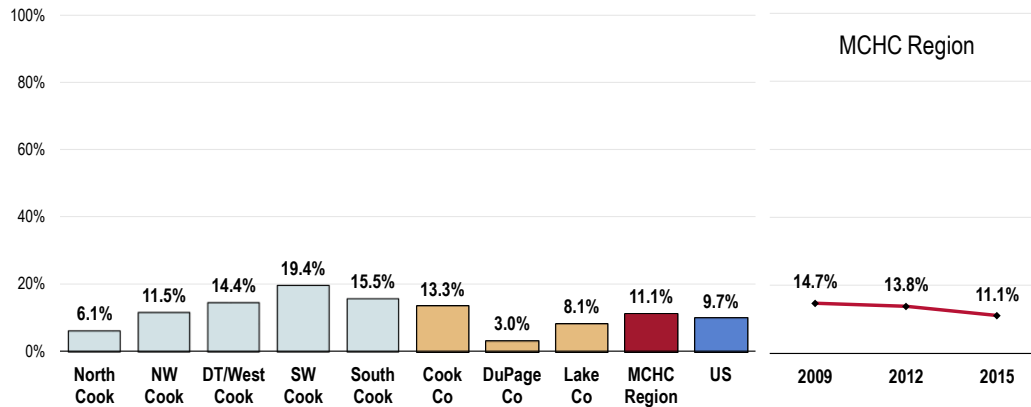


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 11.1% have someone who smokes cigarettes in the home.

- Comparable to national findings.
- Unfavorably high in Cook County; lowest in DuPage.
 - In Cook County, highest in the Southwest, lowest in the North.
- TREND: Marks a statistically significant decrease over time.

Percentage of Households With Children In Which Someone Smokes in the Home (Among Households With Children)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents with children 0 to 17 in the household.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

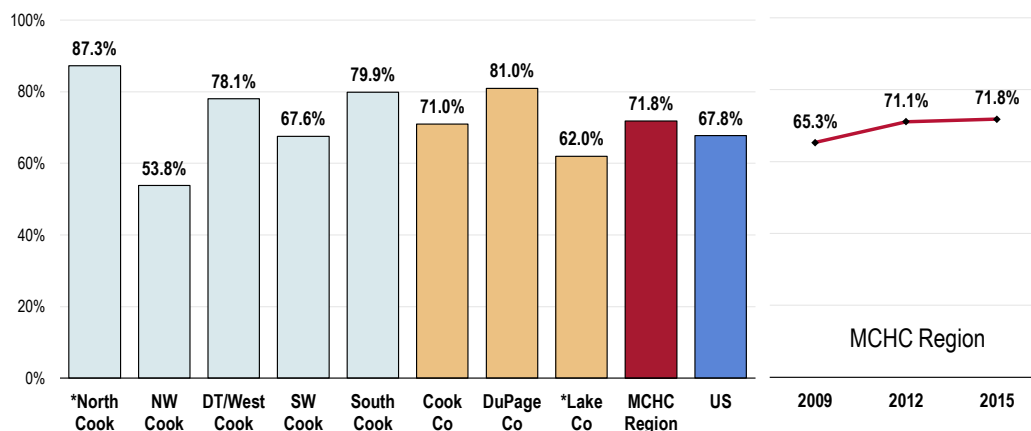
- Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 71.8% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Statistically comparable to the national percentage.
- Favorably high among smokers in DuPage County.
 - In Cook County, unfavorably low among smokers in the Northwest.
- *(Use caution when interpreting survey results among smokers in Lake County and North Cook County as these sample sizes fall below 50.)*
- TREND: No statistically significant change since 2009.

Advised by a Healthcare Professional in the Past Year to Quit Smoking (Among Current Smokers)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

 Notes:

- Asked of all current smokers.
- * Use caution when interpreting these survey results, as the sample size falls below 50.

Smoking Cessation Attempts

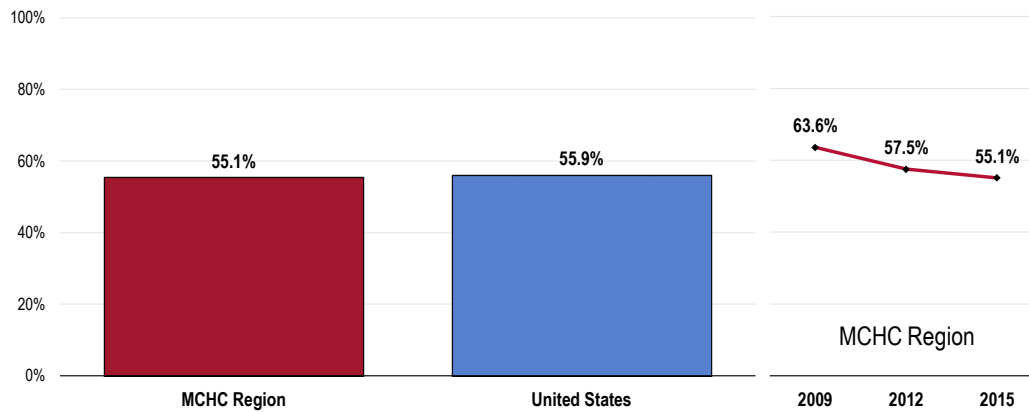
More than half of regular smokers (55.1%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Almost identical to the national percentage.
- Far from satisfying the Healthy People 2020 target (80% or higher).
- TREND: Marks a statistically significant decrease since 2009.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Everyday Smokers)

Healthy People 2020 Target = 80.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]
 Notes: • Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

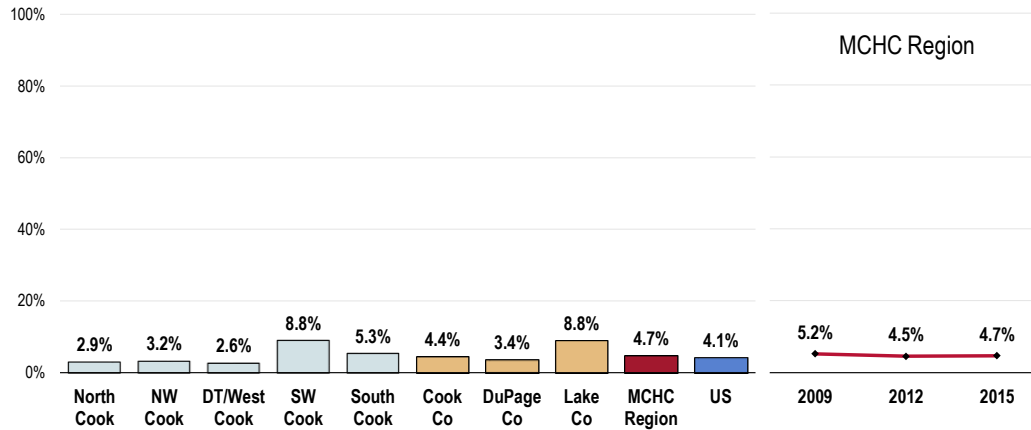
Cigars

A total of 4.7% of MCHC Region adults use cigars every day or on some days.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- Unfavorably high in Lake County.
- In Cook County, highest in the Southwest region, lowest in the North and Downtown/West areas.
- TREND: No statistically significant change since 2009.

Use of Cigars

Healthy People 2020 Target = 0.2% or Lower



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 61]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.3]
 Notes: ● Asked of all respondents.

Smokeless Tobacco

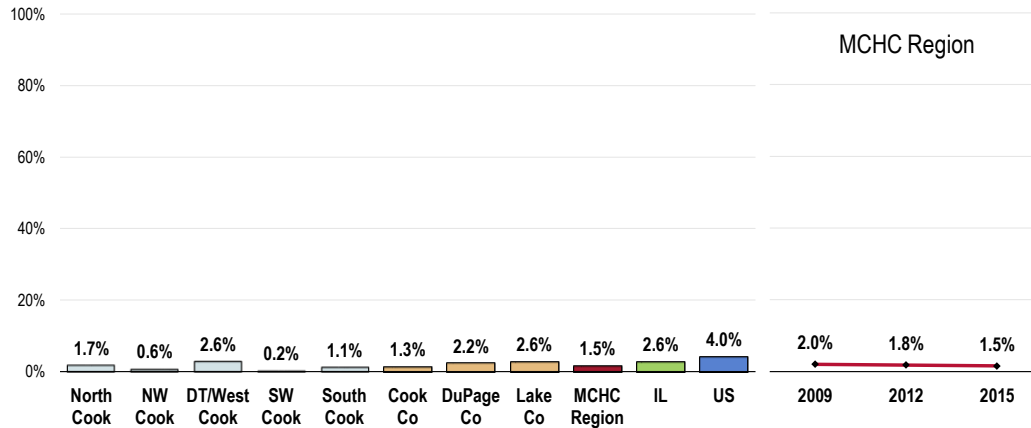
A total of 1.5% of MCHC Region adults use some type of smokeless tobacco every day or on some days.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

- Better than the state percentage.
- Better than the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Similar findings by county.
 - In Cook County, highest in the Downtown/West area, lowest in the Northwest and Southwest areas.
- TREND: Similar to 2009 findings.

Use of Smokeless Tobacco

Healthy People 2020 Target = 0.3% or Lower



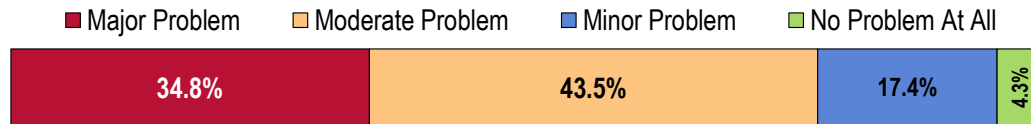
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]

Notes: • Asked of all respondents.
 • Smokeless tobacco includes chewing tobacco or snuff.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “moderate problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

High Rate of Use

Majority of populations seen are smokers. – Other Health Provider (Downtown/West Cook County)

Almost all of the patients are either smokers, live with a smoker or were smokers. Many mental health patients are given “the patch” while in inpatient at our mental health unit. However, once

they leave, these patients lack support in stopping use. – Other Health Provider (Northwest Cook County)

Lots of smokers in Antioch along with alcohol use. – Community/Business Leader (Lake County)

When I work with youth and ask them what percentage of adults they think use tobacco, I often hear 95 percent or 100 percent. – Social Service Representative (Lake County)

Widespread use. – Physician (South Cook County)

Among the immigrant population, smoking is still very much an issue. The recent budget cuts are poised to severely limit the capabilities of the Illinois Quitline, one of the few free resources available. – Other Health Provider (Downtown/West Cook County)

Consistently higher than national rates of tobacco use among Chicagoans, youth included. – Public Health Expert (Downtown/West Cook County)

Cigarette smoking is the leading cause of preventable disease and death in the United States, accounting for more than one of every five deaths. – Other Health Provider (Downtown/West Chicago)

Tobacco use is a major contributor to heart disease, asthma, COPD, and is an addiction that requires behavioral and sometimes pharmaceutical interventions, which becomes costly for those individuals who lack resources to stop smoking. – Other Health Provider (South Cook County)

As previously stated, both men and women in this community are smokers. Smoking was one of the top health issues mentioned in Better Health Network's member health risk screens. – Other Health Provider (Southwest Cook County)

There has always been underage smoking, but the proliferation of e-cigarettes and vapor smoking has made tobacco seem less dangerous, although the addiction factor is just as strong, if not stronger. – Community/Business Leader (DuPage County)

Despite the increase in cost, there is still a high number of people who smoke. – Community/Business Leader (Southwest Cook County)

Although tobacco use is down, too many teens start smoking each year. – Social Service Representative (DuPage County)

Too many young people smoking again. Chewing tobacco. – Social Service Representative (Northwest Cook County)

Too many young adolescents smoking. – Community/Business Leader (Southwest Cook County)

Easy Access

Tobacco can be easily accessed in the community. We have billboards up and there are liquor stores on every other corner. – Social Service Representative (Southwest Cook County)

Too much access and product is sold illegally on the streets. – Community/Business Leader (Southwest Cook County)

I see people of all ages, even under 18, smoking cigarettes. They are available in the corner stores, liquor store and even the Family Dollar. – Community/Business Leader (Downtown/West Cook County)

Stress

Living with low income can cause high levels of stress, which is a barrier to adopting healthy lifestyles. – Other Health Provider (Downtown/West Cook County)

Our target population has a high tendency to smoke due to stress and living in survival mode. – Community/Business Leader (Southwest Cook County)

Lack of Resources

Not enough specialists. – Physician (Southwest Cook County)

External Factors

Peer pressure, environment and lack of education. – Other Health Provider (Southwest Cook County)

Addiction

Substance addiction. – Social Service Representative (Downtown/West Cook County)

Access to Health Services



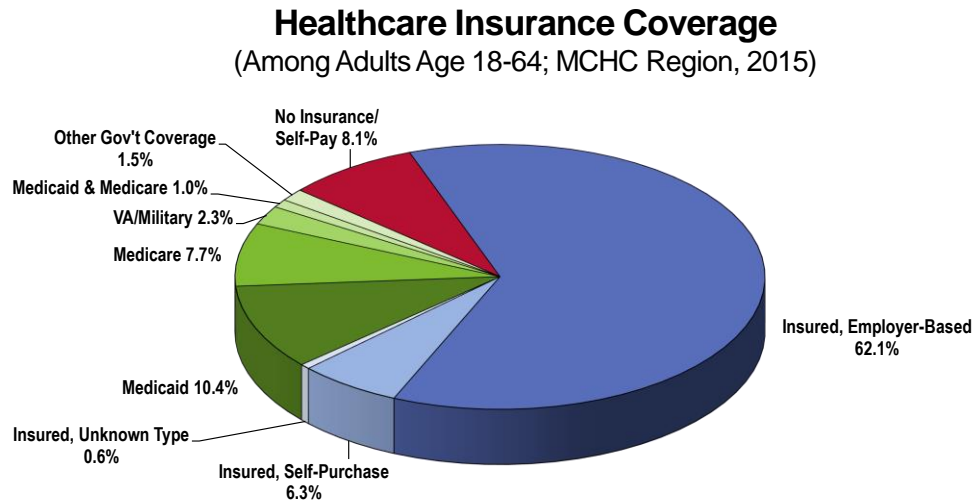
Professional Research Consultants, Inc.

Health Insurance Coverage

Type of Healthcare Coverage

A total of 69.0% of MCHC Region adults age 18 to 64 report having healthcare coverage through private insurance. Another 22.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 8.1% report having no insurance coverage for healthcare expenses.

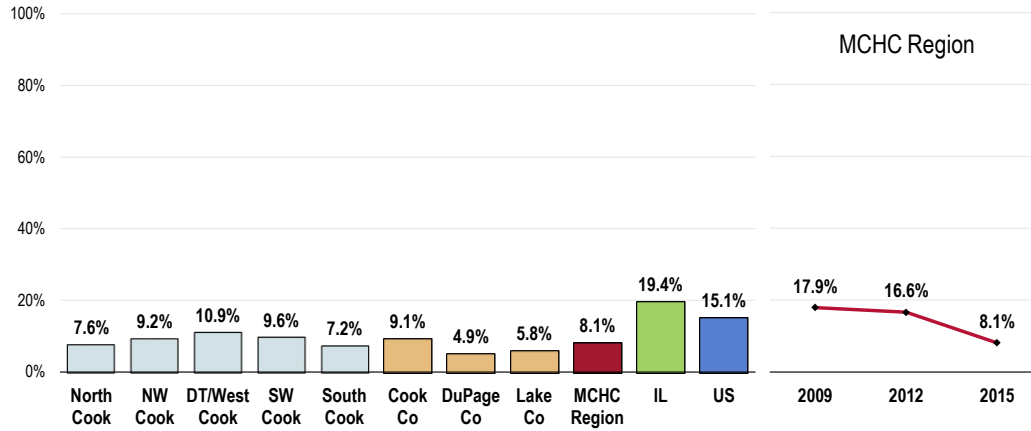
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Well below the state finding.
- Well below the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Highest in Cook County, lowest in DuPage.
 - Similar findings by Cook County subarea.
- TREND: Denotes a considerable decrease over time.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.

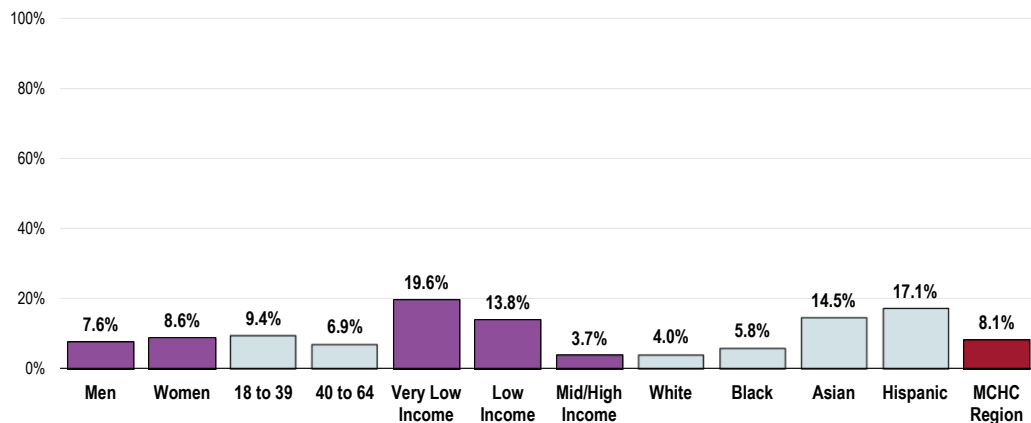
The following population segments are more likely to be without healthcare insurance coverage:

- Residents living at lower incomes (note the 19.6% uninsured prevalence among those living below the federal poverty threshold).
- Asians and Hispanics.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; MCHC Region, 2015)

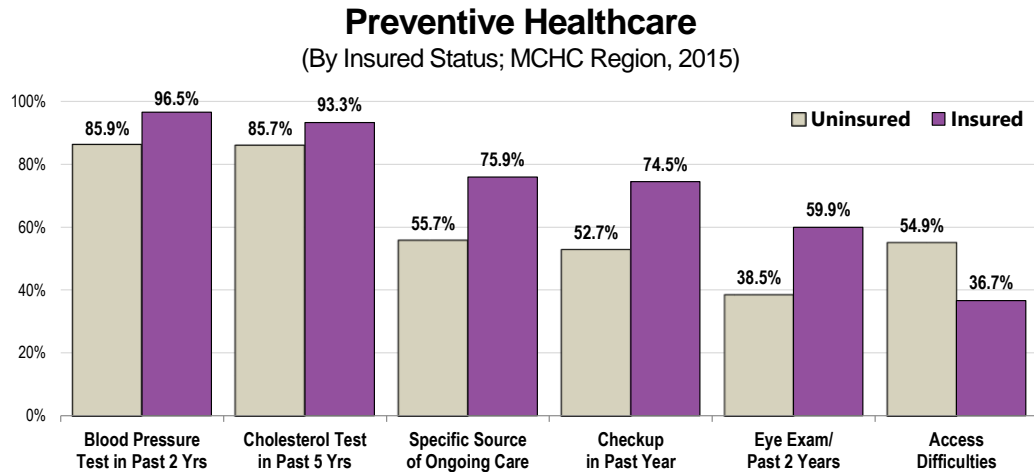
Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- As might be expected, uninsured adults in the MCHC Region are less likely to receive routine care and preventive health screenings and are more likely to have experienced difficulties accessing healthcare.



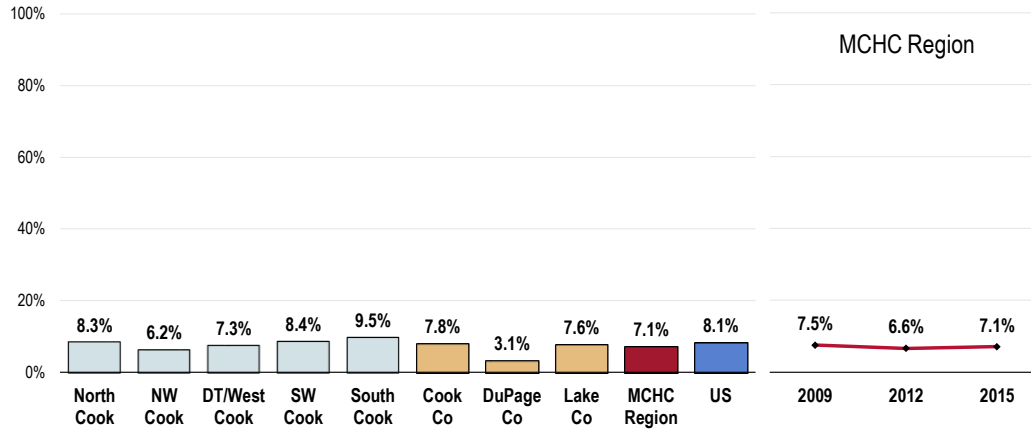
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 17, 20, 45, 48, 166, 169]
Notes: • Asked of all respondents.

Recent Lack of Coverage

Among currently insured adults in the MCHC Region, 7.1% report that they were without healthcare coverage at some point in the past year.

- Similar to US findings.
- Favorably low in DuPage County.
 - Similar findings among the geographical subareas of Cook County.
- TREND: No significant change over time in insurance instability.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 79]

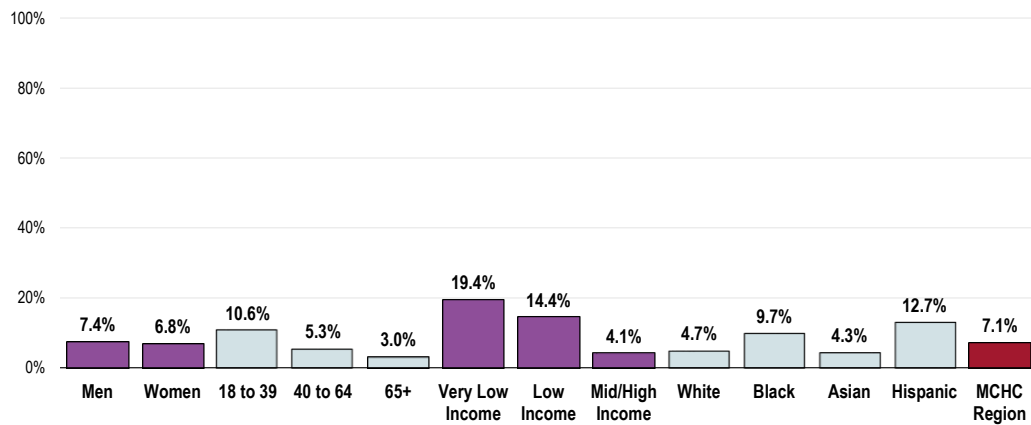
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Adults under age 65 (negative correlation with age).
- Lower-income residents (negative correlation with income).
- Blacks and Hispanics.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults; MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]

Notes: • Asked of all insured respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold;

"Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

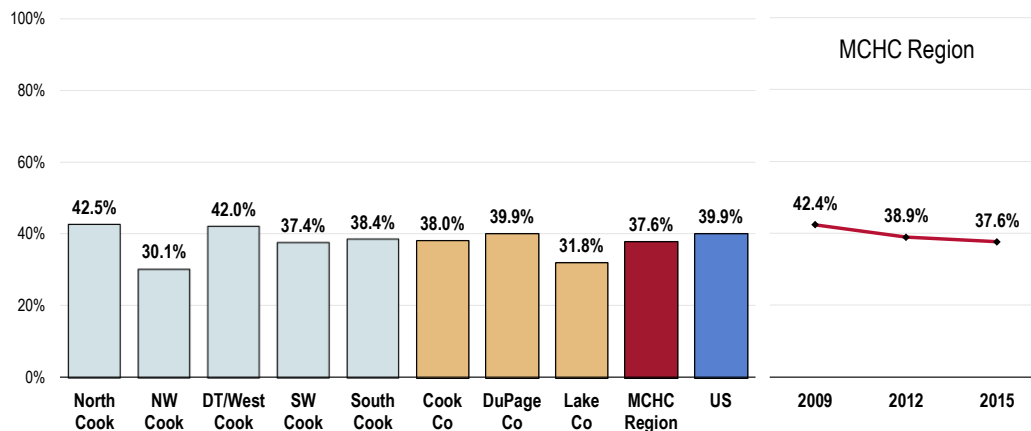
Difficulties Accessing Services

A total of 37.6% of MCHC Region adults report some type of difficulty or delay in obtaining healthcare services in the past year.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

- Comparable to national findings.
- Favorably low in Lake County.
 - In Cook County, unfavorably high in the North and Downtown/West regions.
- TREND: Denotes a statistically significant decrease since 2009.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



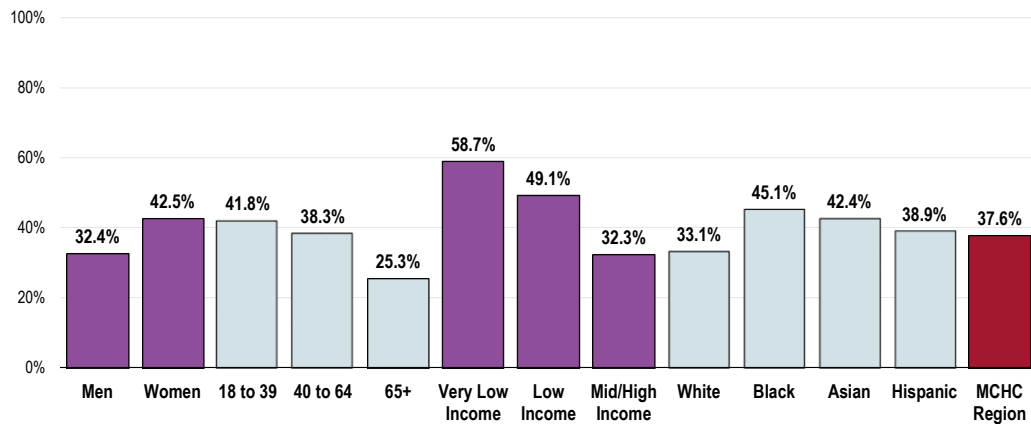
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults under the age of 65 (negative correlation with age).
- Lower-income residents (negative correlation with income).
- Blacks and Asians.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

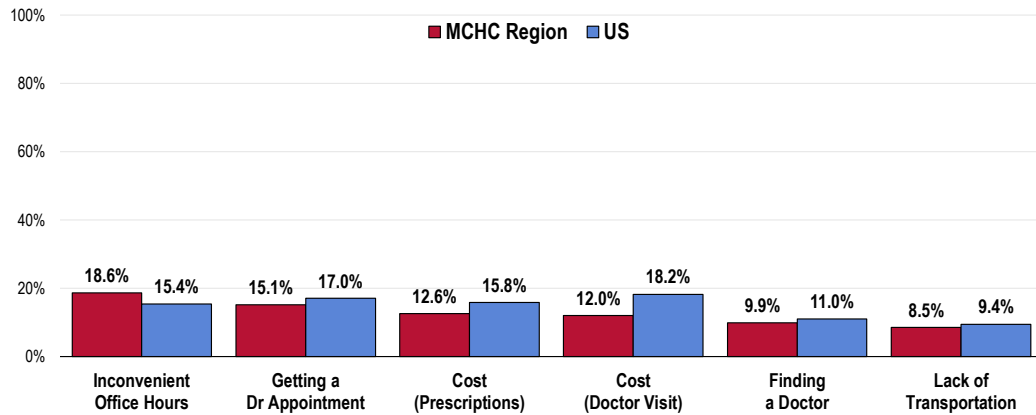
Of the tested barriers, inconvenient office hours impacted the greatest share of MCHC Region adults (18.6% say that inconvenient office hours prevented them from obtaining medical care in the past year).

- The proportion of MCHC Region adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers, with the exception of **inconvenient office hours** (less favorable than the national percentage).

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

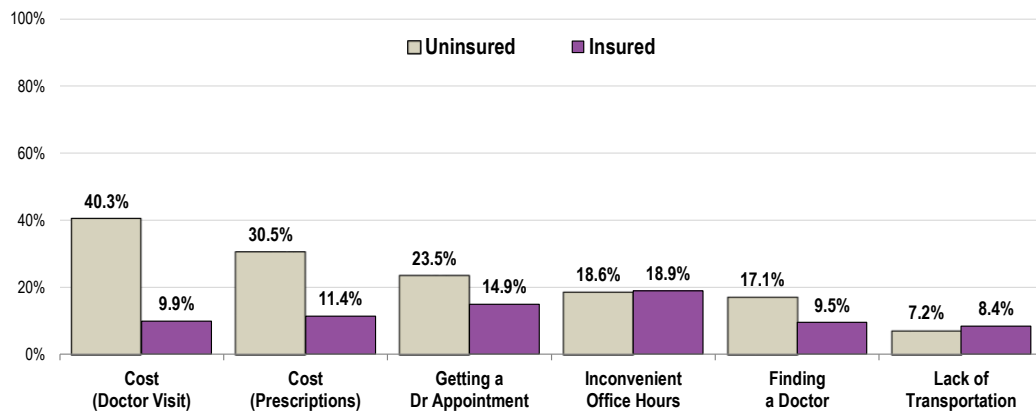
Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- As might be expected, MCHC Region adults without health insurance are much more likely to report access barriers when compared to the insured population, particularly those related to cost.

Barriers to Healthcare Access (By Insured Status; MCHC Region, 2015)



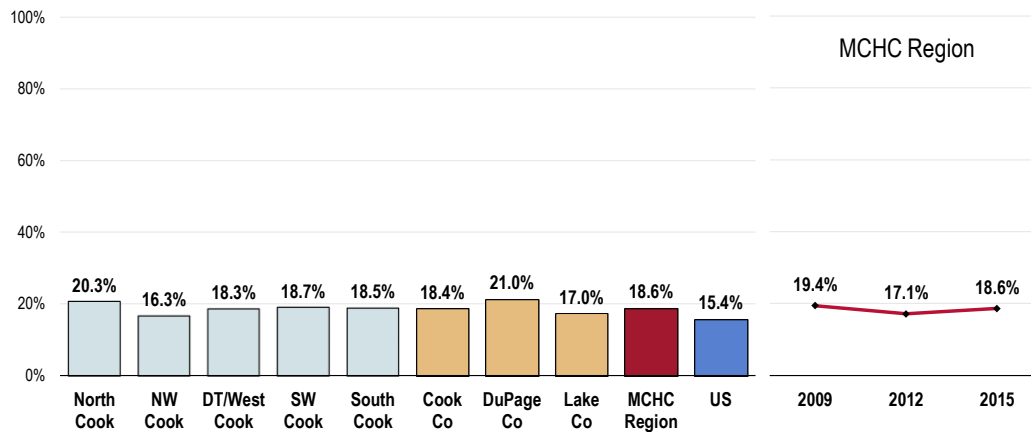
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
 Notes: • Asked of all respondents.

Inconvenient Office Hours

Among all MCHC Region adults, 18.6% report that inconvenient office hours prevented their medical care at least once in the past year.

- Less favorable than national findings.
- Statistically comparable by county.
 - In Cook County, statistically comparable by subarea.
- TREND: Statistically similar to 2009 findings.

Inconvenient Office Hours Prevented a Physician Visit in the Past Year



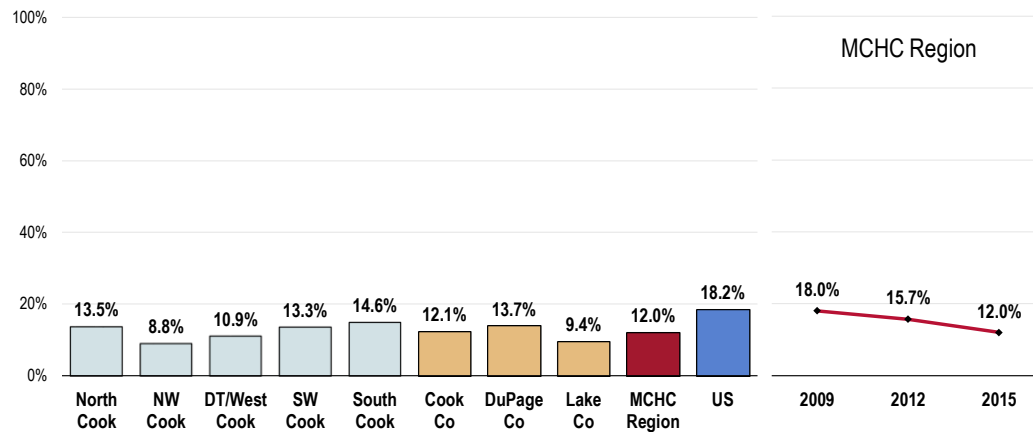
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 11]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Cost of Doctor Visits

A total of 12.0% of regional respondents report that the cost of a physician visit prevented their medical care in the past year.

- Well below the US prevalence.
- Similar by county.
 - In Cook County, favorably low in the Northwest.
- TREND: Denotes a statistically significant decrease over time.

Cost Prevented a Physician Visit in the Past Year



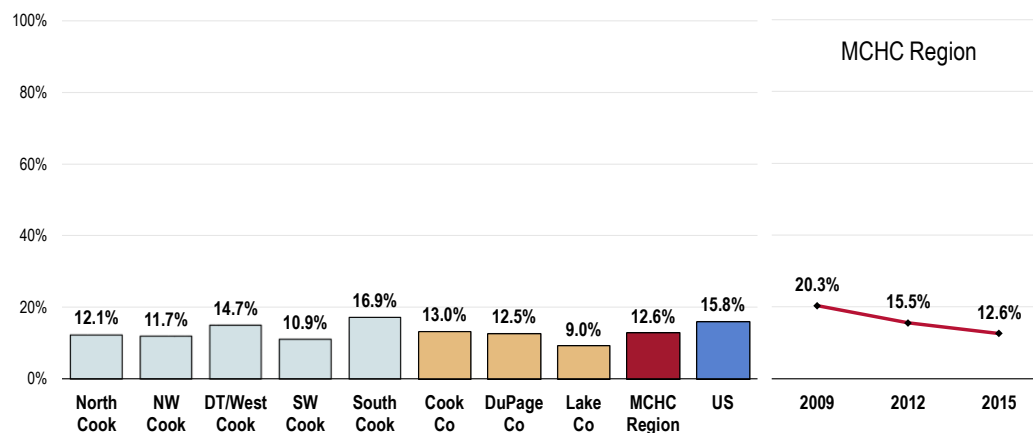
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 9]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Cost of Prescription Medications

Among all MCHC Region adults, 12.6% indicate that cost prevented a prescription medication in the past year.

- Lower than national findings.
- Favorably low in Lake County.
 - Unfavorably high in South Cook County.
- TREND: Marks a statistically significant decrease over time.

Cost Prevented a Prescription Medication in the Past Year



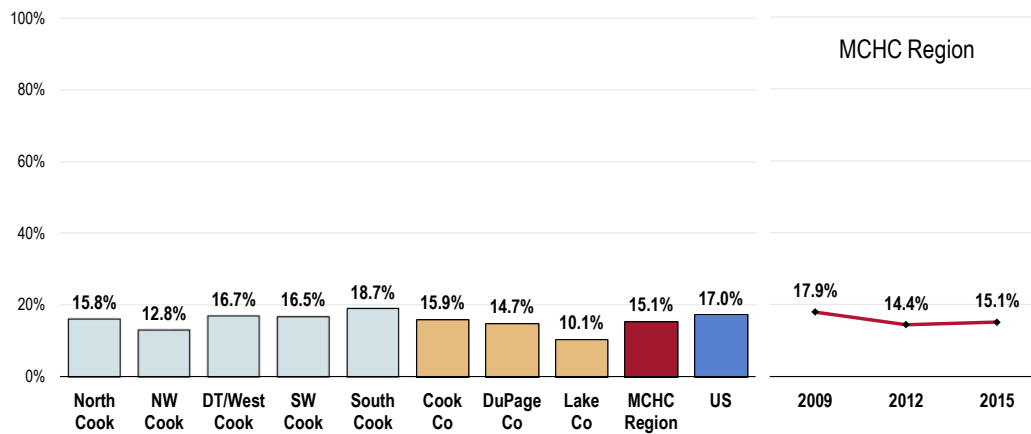
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 12]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Obtaining a Medical Appointment

For 15.1% of regional adults, difficult getting a medical appointment prevented their care in the past year.

- Similar to national findings.
- Unfavorably high in Cook County; lowest in Lake County.
 - Favorably low in Northwest Cook County.
- TREND: Denotes a statistically significant decrease over time.

Experienced Difficulty Getting a Medical Appointment in the Past Year



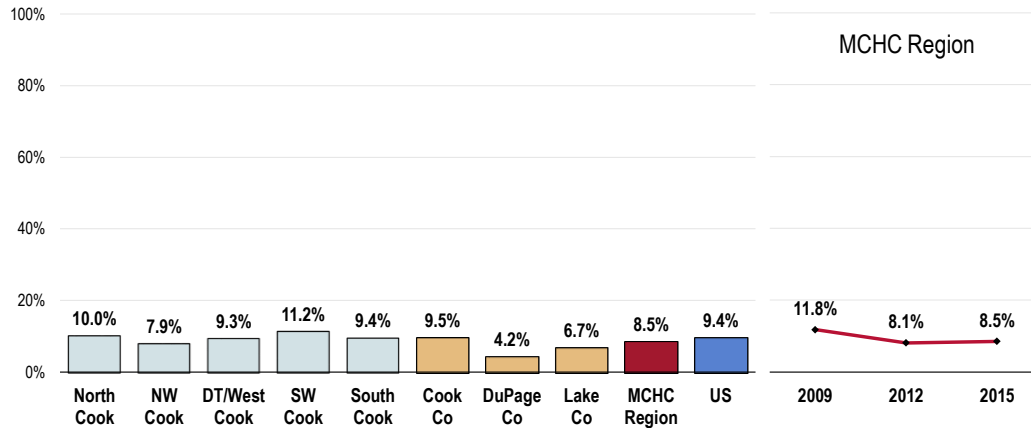
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 8]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Lack of Transportation

Among all MCHC Region adults, 8.5% indicate that a lack of transportation prevented their medical care at some point in the past year.

- Comparable to national findings.
- Unfavorably high in Cook County.
 - Similar by subarea in Cook County.
- TREND: Denotes a statistically significant decrease over time.

Lack of Transportation Prevented Medical Care in the Past Year



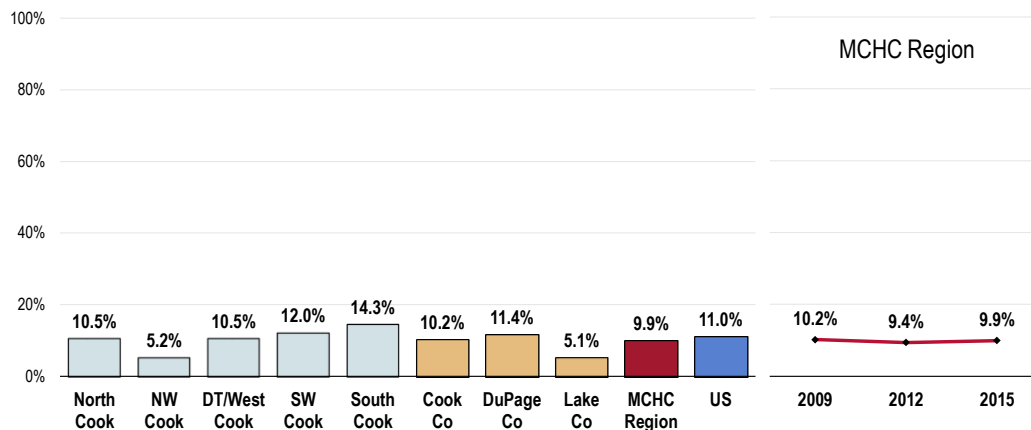
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 10]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Finding a Physician

A total of 9.9% of survey respondents had difficulty finding a physician in the past year.

- Similar to the US prevalence.
- Favorably low in Lake County.
 - In Cook County, unfavorably high in the South, lowest in the Northwest.
- TREND: Statistically similar to 2009 findings.

Experienced Difficulty Finding a Doctor in the Past Year



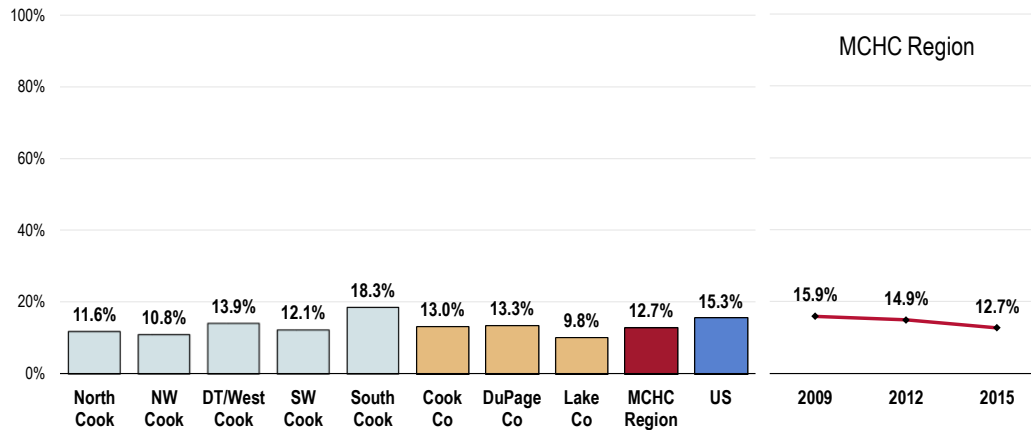
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 7]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Prescriptions

Among all MCHC Region adults, 12.7% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- More favorable than national findings.
- Similar by county.
 - In Cook County, unfavorably high in the South.
- TREND: Denotes a statistically significant decrease over time.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

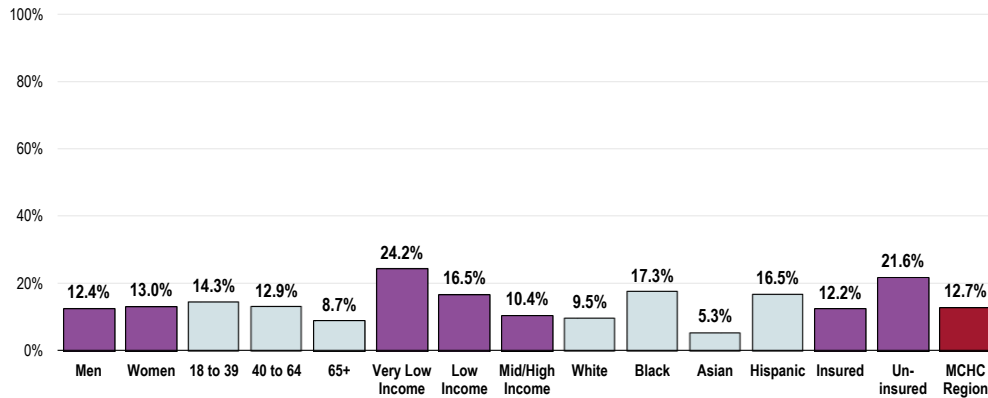


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Adults under 65 (negative correlation with age).
- Respondents with lower incomes (negative correlation with income).
- Blacks and Hispanics.
- Uninsured adults.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

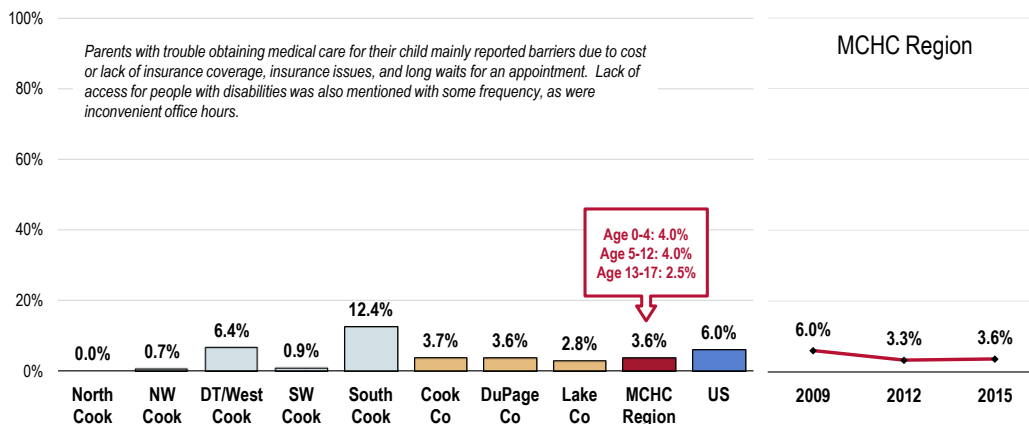
Accessing Healthcare for Children

A total of 3.6% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

- Statistically similar to what is reported nationwide.
- Similar by county.
 - In Cook County, unfavorably high in Downtown/West and South Cook.
- TREND: Denotes a statistically significant decrease over time.
- Lowest (2.5%) among parents of teens.

Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)



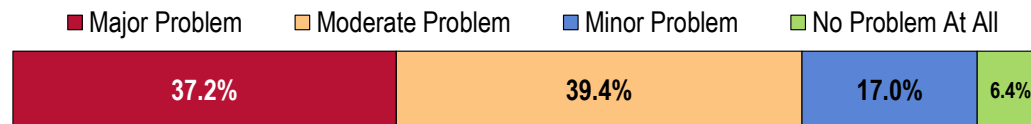
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 111-112]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited long waits for appointments. Lack of access for people with disabilities was also mentioned with some frequency, as were inconvenient office hours.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey more often characterized **Access to Healthcare Services** as a “moderate problem” in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Access to Care

Access to a facility which can support the cultural and insurance needs if the patient. – Community/Business Leader (Southwest Cook County)

Access to mental health care, including specialty care and psychiatry. Without such access to affordable care, both mental health and physical health outcomes will be negatively impacted and very quickly. Medicaid services are really scarce for mental health. Psychiatry is scarcer than psychotherapy for all populations regardless of the insurer. There is a lack of providers who are willing to bill any form of government or private insurance. The horrific gun violence in South Cook is renewing itself over and over because families are not getting the most basic care when their loved ones are lost to gun violence. The impact on physical and mental health is serious and resources are already hard to access. Many providers do not know how to provide adequate care for their patients who are transsexual, lesbian or gay. Lack of exposure or training. My community needs better access to quality, confidential substance abuse assessment and treatment. – Other Health Provider (Southwest Cook County)

There is still a need to utilize primary care physicians in a consistent manner. Additionally, those who utilize FQHC's have long waits for appointments. For those who utilize the county system, the process is extremely difficult, especially when having to access specialists in the city at Stroger. – Social Service Representative (South Cook County)

Physician shortage, no viable insurance options available for new or less than five year immigrants, care that is expensive and thus unattainable, transportation issues related to doctor visits or follow up appointments. – Social Service Representative (Downtown/West Cook County)

Transportation to services in the local community, hours of operations for some PCP office locations, lack of awareness of community based programs and services. – Other Health Provider (Southwest Cook County)

Need for language access services due to the increasing number of persons with limited English proficiency in DuPage County. – Social Service Representative (DuPage County)

I am not sure if the community is aware of their medical options and also there are not many FQHC's in the area. There exist mostly store front clinics who offer questionable care. – Community/Business Leader (Downtown/West Cook County)

Access to specialty services and specialist. Long term care needs for undocumented mental health outpatient services. – Community/Business Leader (Downtown/West Cook County)

Uninsured/Underinsured Populations

There are not many walk-in/outpatient clinics that accept public aid or are low cost. While we try to keep people out of the Emergency Room, many people who cannot afford the out of pocket expense will go to the ER because many community clinics do not accept public aid. – Other Health Provider (Northwest Cook County)

We have a large population of undocumented persons who do not qualify for insurance or public aid. While we do have a closely affiliated FQHC, the copay that they require can make services unavailable to many in our community who are living at or below the poverty line. In addition, the diversity that exists makes it extremely difficult to conduct successful outreach and education programs. One of the biggest deficits in our community appears to be that people do not know what is available in terms of healthcare, and even if they know that it exists, they do not know how to access it. – Other Health Provider (Downtown/West Cook County)

Many people are uninsured. There are not enough hospitals, trauma centers, or health clinics in the community. – Community/Business Leader (Southwest Cook County)

The biggest challenge is finding a doctor who accepts Medicaid. The new DHS system for managed care was supposed to help with this issue, but according to the feedback we receive from residents, it has not. – Social Service Representative (Northwest Cook County)

Not so much a health issue, but healthcare for the self-pay and/or undocumented patients that are very ill and placement after the hospitalization. – Social Service Representative (Northwest Cook County)

No appointments for patients that are self-pay or have Medicaid. – Social Service Representative (Northwest Cook County)

Few providers willing to serve uninsured and Medicaid patients, limited access to a variety of specialists, including mental health, limited transportation options, limited language and cultural competencies. – Community/Business Leader (Lake County)

Affordable Services

Cost of care is expensive, we believe that individuals that we serve have limited access to care due to either being uninsured or underinsured and lack knowledge of how to navigate the system in order to apply for additional benefits. – Other Health Provider (South Cook County)

For the uninsured, especially undocumented individuals, lack of affordable health care. Hours of operation of health care providers not convenient for population served. Health literacy and patients not having access to providers who speak their language. – Public Health Expert (Downtown/West Cook County)

Affordability of preventative care. – Social Service Representative (Northwest Cook County)

Co pays and deductibles can be a burden for low income people, even if insured. Undocumented residents to not have access to ACA benefits. – Other Health Provider (Downtown/West Cook County)

People who are ineligible for ACA care (undocumented) need services. Access to DuPage is a critical lifeline for them. People who are in Medicaid managed care are often confused about how to use their benefits. People on high deductible ACA plans really can't afford to get care and are 'functionally uninsured.' – Social Service Representative (DuPage County)

Affordability of services. Undocumented and recent residents are excluded from ACA. Many people with ACA or other insurance have high deductible and expensive plans, effectively preventing them from using them. Exorbitant health care fees and lack of transparency in how health care costs are determined. Poverty. Racism. Transphobia. – Public Health Expert (Cook County Overall)

Community Education

As a provider of both mental health care and substance addiction counseling and treatment, the biggest challenge related to access is the acknowledgement of illness and the support of

the individual in the community. Our participants are limited by transportation and that has been addressed through the distribution of bus passes (although this remains a challenge in terms of cost, since the expense is not reimbursed). Our participants are also denied access through the multifactorial domains of homelessness and unemployment. Again, these issues are addressed (but not solved) through strategic partnerships with other community-based organizations and our own service provision of residential treatment and transitional housing. And so, the stigmas of mental illness and the co-occurrence of substance use disorders remains a restriction on access to care. – Social Service Representative (Downtown/West Cook County)

The vast amount of our health dollars go to illness, not health. There is little interest in the healthcare community to create a culture of health (RWJF). To do so would be the greatest contribution to the health of all the residents in Lake County by healthcare providers and institutions. – Public Health Expert (Lake County)

Understanding the transition of Medicaid to managed care plans, high deductible marketplace plans requiring a significant investment of out of pocket costs, and access to specialty health services, vision, dental, hearing, mental health/substance abuse for safety net (Medicaid, uninsured and underinsured populations). – Public Health Expert (DuPage County)

The services might be there, but people do not know how to access them. People are unaware of where they can receive healthcare, reduced cost prescriptions and specialists. – Social Service Representative (Lake County)

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified mental health, specialty care, substance abuse treatment, chronic disease care, and dental care as the most difficult to access in the community.

	Most Difficult to Access	Second–Most Difficult to Access	Third–Most Difficult to Access	Total Mentions
Mental Health Care	44.1%	30.3%	6.3%	27
Specialty Care	26.5%	0.0%	28.1%	18
Substance Abuse Treatment	5.9%	21.2%	15.6%	14
Chronic Disease Care	2.9%	18.2%	9.4%	10
Dental Care	2.9%	15.2%	12.5%	10
Primary Care	11.8%	9.1%	3.1%	8
Urgent Care	2.9%	0.0%	12.5%	5
Prenatal Care	0.0%	3.0%	6.3%	3
Pain Management	0.0%	0.0%	3.1%	1

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

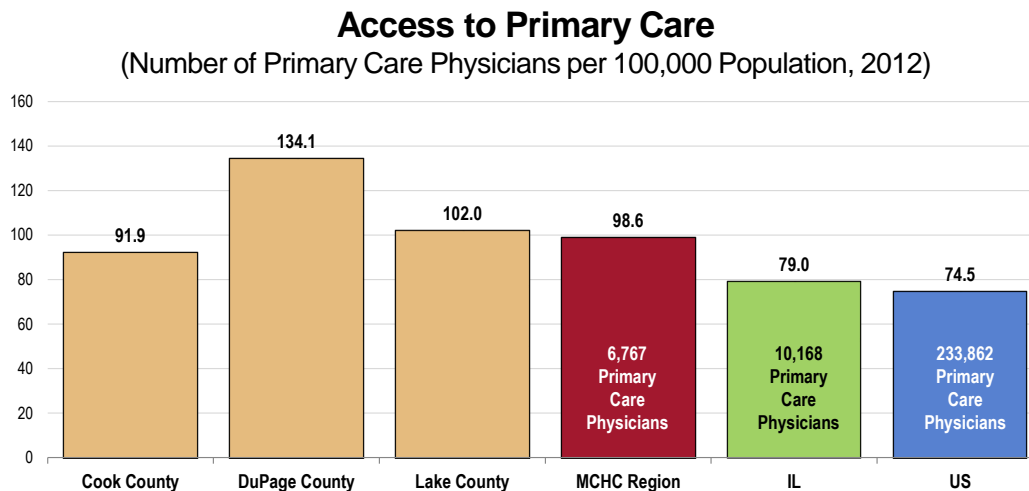
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In the MCHC Region in 2012, there were 6,767 primary care physicians, translating to a rate of 98.6 primary care physicians per 100,000 population.

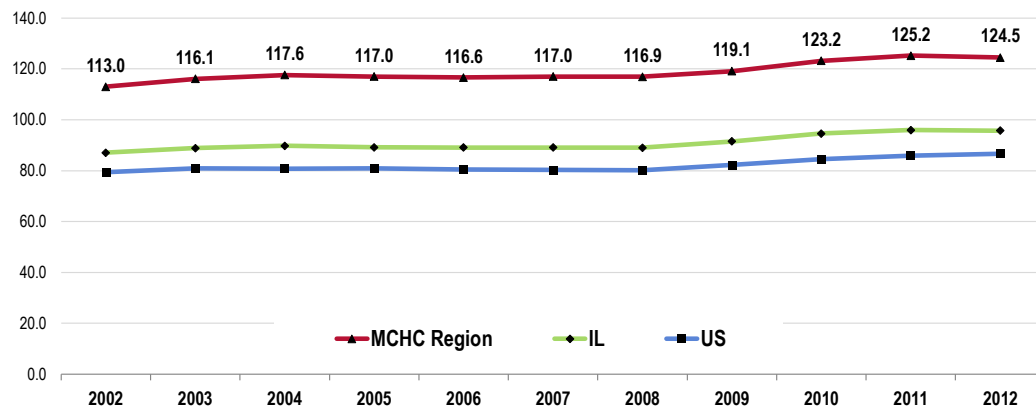
- Well above the primary care physician-to-population ratio found statewide.
- Well above the ratio found nationally.
- Highest in DuPage County.



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
 - Retrieved August 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- **TREND:** Access to primary care (in terms of the ratio of primary care physicians to population) has improved over the past decade in the MCHC Region, echoing the state and national trends.

Trends in Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population)



Sources:

- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
- Retrieved August 2015 from Community Commons at <http://www.chna.org>.

 Notes:

- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Specific Source of Ongoing Care

A total of 73.9% of MCHC Region adults were determined to have a specific source of ongoing medical care.

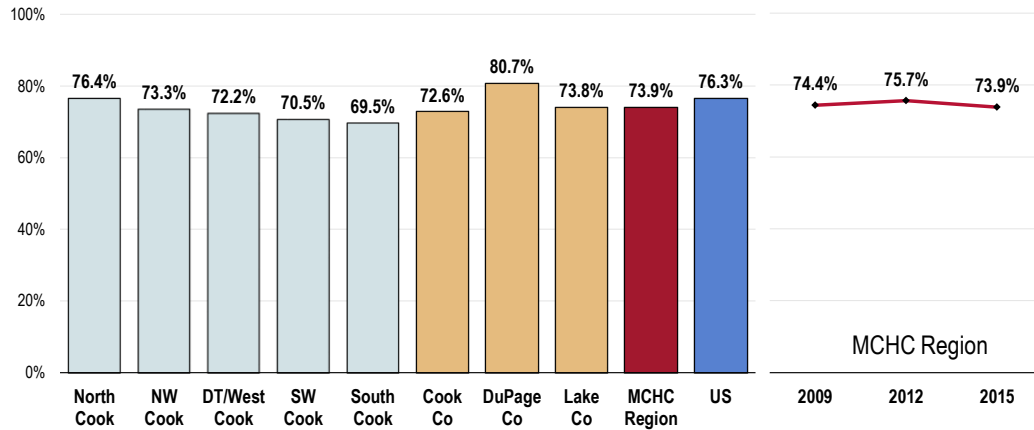
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Lowest in Cook County, highest in DuPage.
 - Favorably high in North Cook County.
- **TREND:** Statistically unchanged over time.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher [All Ages]



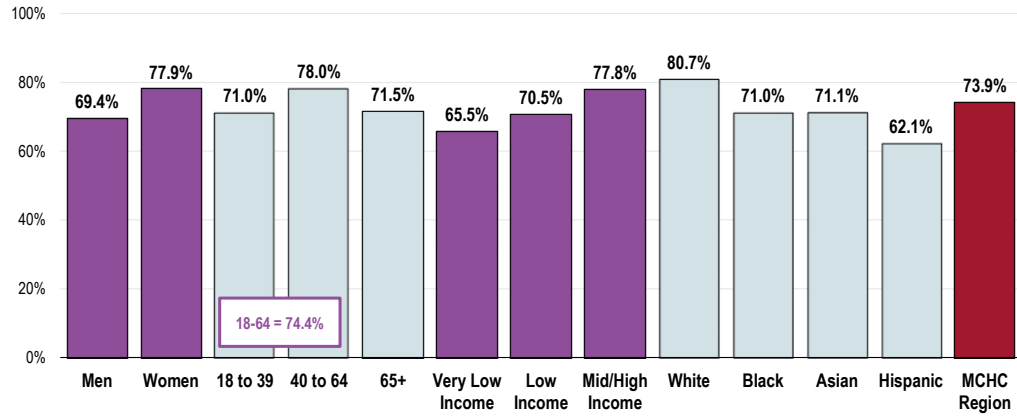
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
 Notes: • Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under age 40 and age 65+.
- Lower-income adults (positive correlation with income).
- Blacks, Asians, and Hispanics.
- Among adults age 18-64, 74.4% have a specific source for ongoing medical care, comparable to national findings.
 - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 71.5% have a specific source for care, less favorable than the percentage reported among seniors nationally.
 - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care (MCHC Region, 2015)

Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]



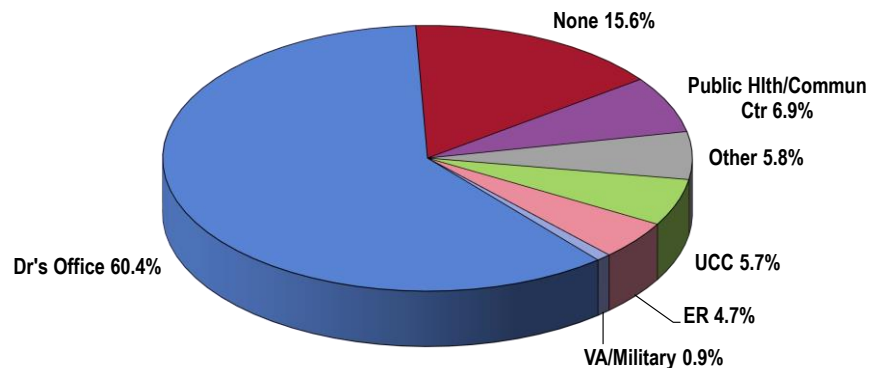
- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-168]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.1, 5.3, 5.4]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (60.4%) identified a particular doctor's office, followed by references to public or community health centers (mentioned by 6.9%) and urgent-care centers (5.7%).

Note that 4.7% of respondents rely on a hospital emergency room, and 0.9% use some type of military/VA facility.

Particular Place Utilized for Medical Care (MCHC Region, 2015)



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
- Notes:
- Asked of all respondents.

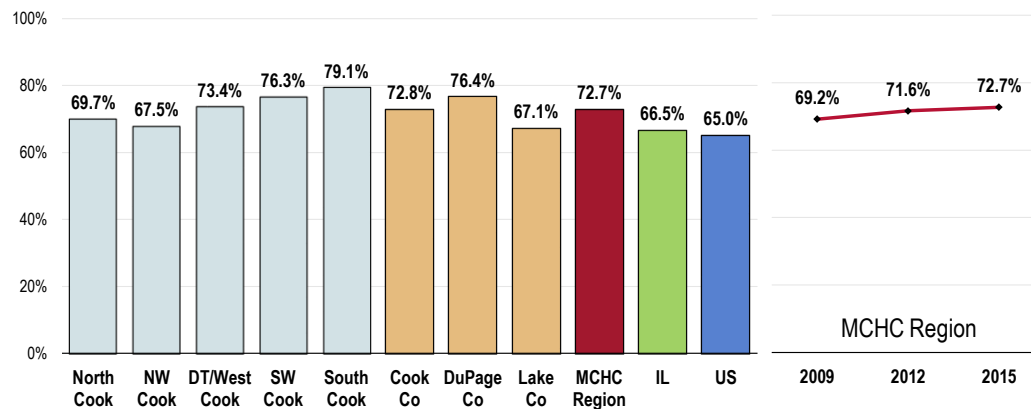
Utilization of Primary Care Services

Adults

Over 7 in 10 adults (72.7%) visited a physician for a routine checkup in the past year.

- Higher than state findings.
- Higher than national findings.
- Highest in DuPage County; lowest in Lake County.
 - In Cook County, highest in the South and Southwest, lowest in the Northwest.
- TREND: Marks a statistically significant increase over time.

Have Visited a Physician for a Checkup in the Past Year



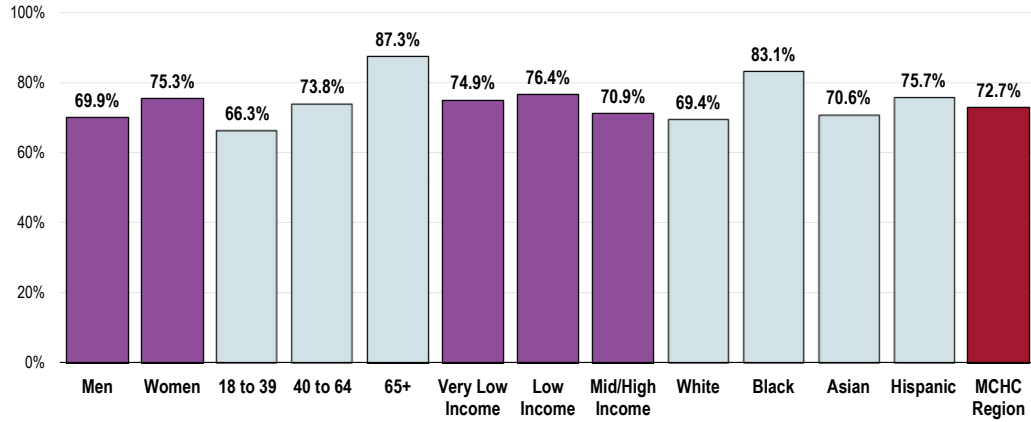
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

These adults are less likely to have seen a doctor for a routine checkup in the past year:

- Men.
- Young adults (note the positive correlation with age).
- Upper-income residents.
- Whites and Asians.

Have Visited a Physician for a Checkup in the Past Year (MCHC Region, 2015)



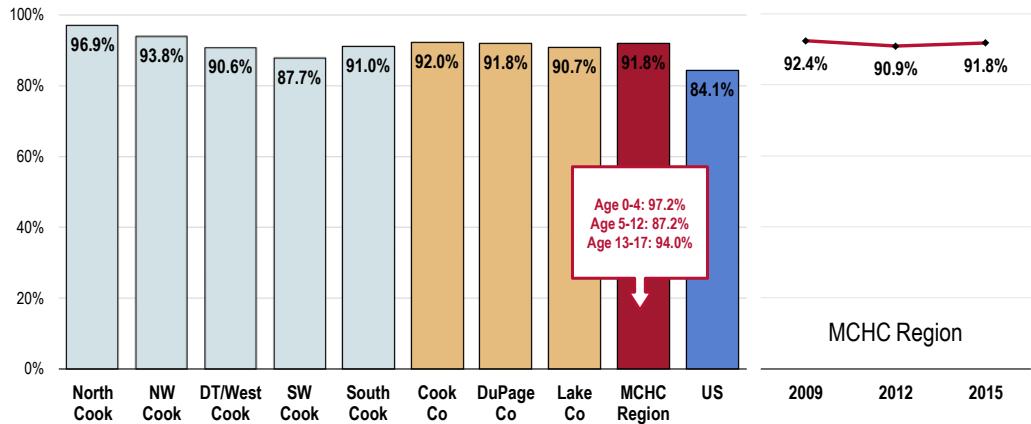
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among parents, 91.8% report that their child had a routine checkup in the past year.

- Higher than the national findings.
- Comparable findings by county.
 - In Cook County, favorably high in the North.
- TREND: Statistically similar to 2009 findings.
- Note that routine checkups are highest in the MCHC Region among children <5.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)



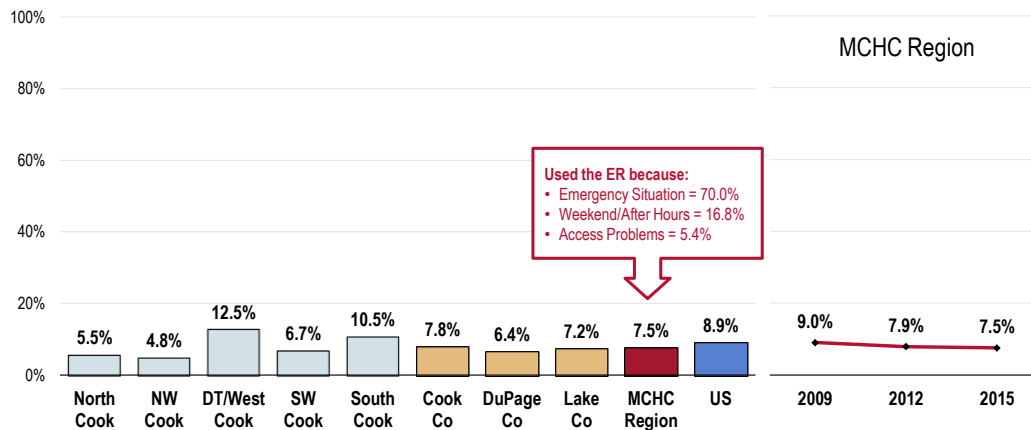
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 7.5% of MCHC Region adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to national findings.
- Comparable findings by county.
 - Unfavorably high in the Downtown/West and South Cook regions.
- TREND: Statistically unchanged over time.

Have Used a Hospital Emergency Room More Than Once in the Past Year



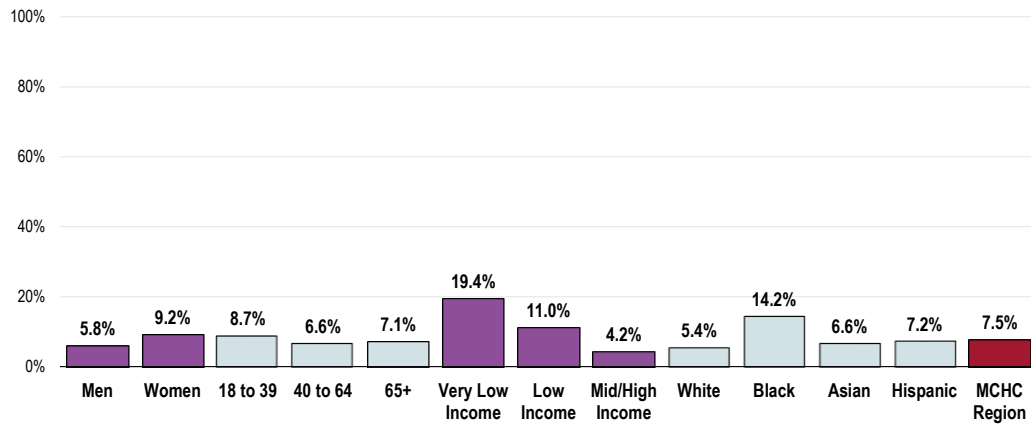
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Of those using a hospital ER, 70.0% say this was due to an **emergency or life-threatening situation**, while 16.8% indicated that the visit was during **after-hours or on the weekend**. A total of 5.4% cited **difficulties accessing primary care** for various reasons.

These population segments were more likely to have used the ER more than once for care in the past year:

- Women.
- Lower-income residents (negative correlation with income).
- Blacks.

Have Used a Hospital Emergency Room More Than Once in the Past Year (MCHC Region, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]

- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

• Healthy People 2020 (www.healthypeople.gov)

Dental Care

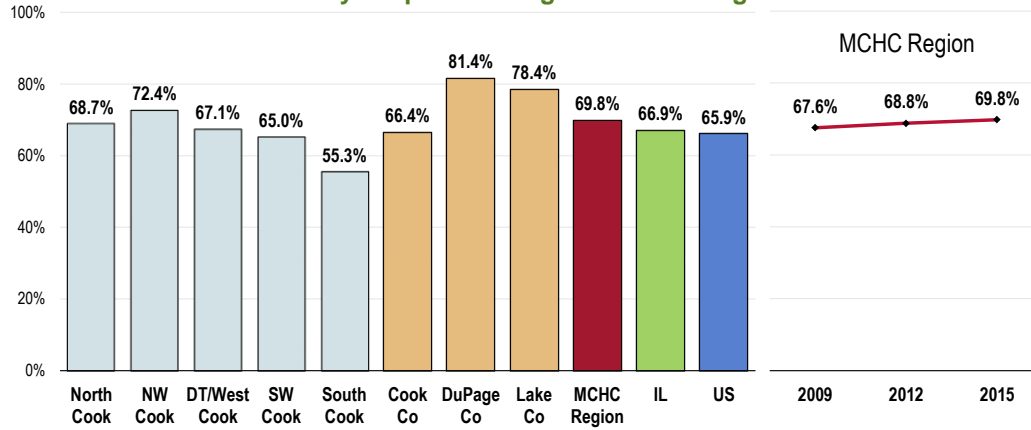
Adults

A total of 69.8% of MCHC Region adults have visited a dentist or dental clinic (for any reason) in the past year.

- Better than statewide findings.
- Better than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Favorably high in DuPage and Lake counties.
 - In Cook County, lowest in the South and highest in the Northwest.
- TREND: Statistically unchanged since 2009.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Illinois data.

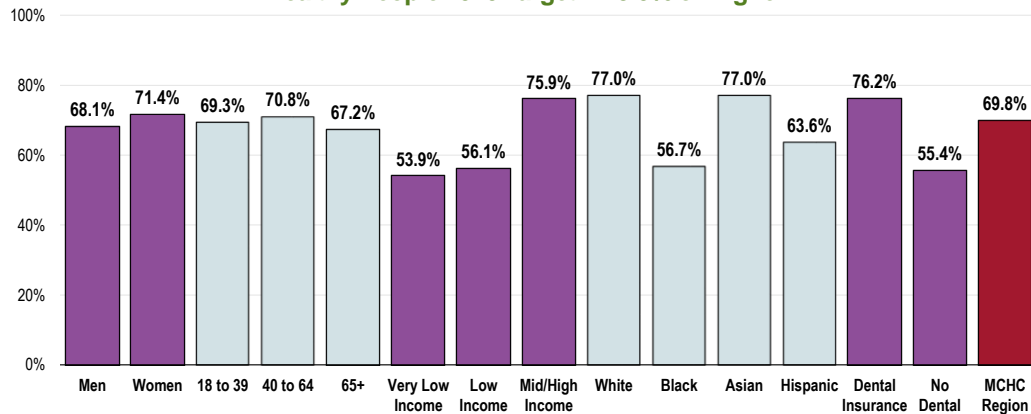
Notes: • Asked of all respondents.

These regional residents are less likely to report recent dental care:

- Men.
- Lower-income residents.
- Blacks and Hispanics.
- Persons without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year (MCHC Region, 2015)

Healthy People 2020 Target = 49.0% or Higher



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 • Asked of all respondents.

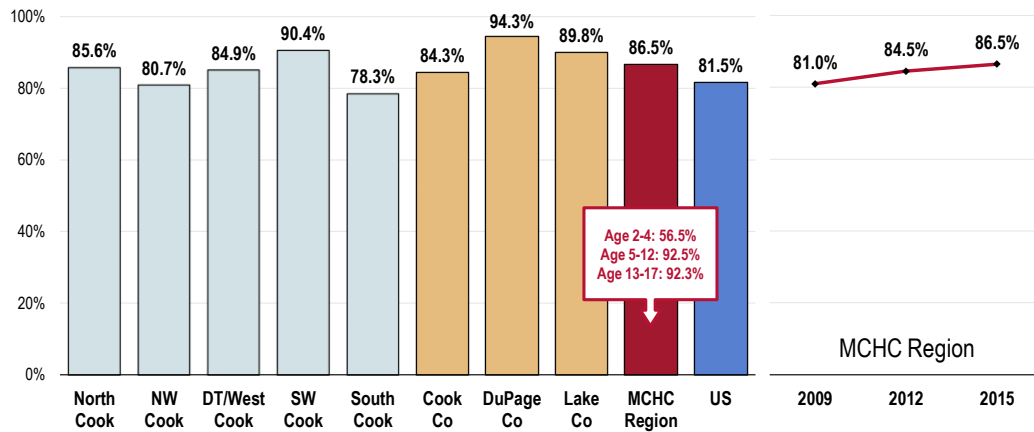
Notes: • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

A total of 86.5% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Highest in DuPage County, lowest in Cook County.
 - Favorably high in Southwest Cook County.
- TREND: Marks a statistically significant increase in children’s dental care since 2009.
- As may be expected, regular dental care is notably lower among children age 2 to 4.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
 (Among Parents of Children Age 2-17)
 Healthy People 2020 Target = 49.0% or Higher



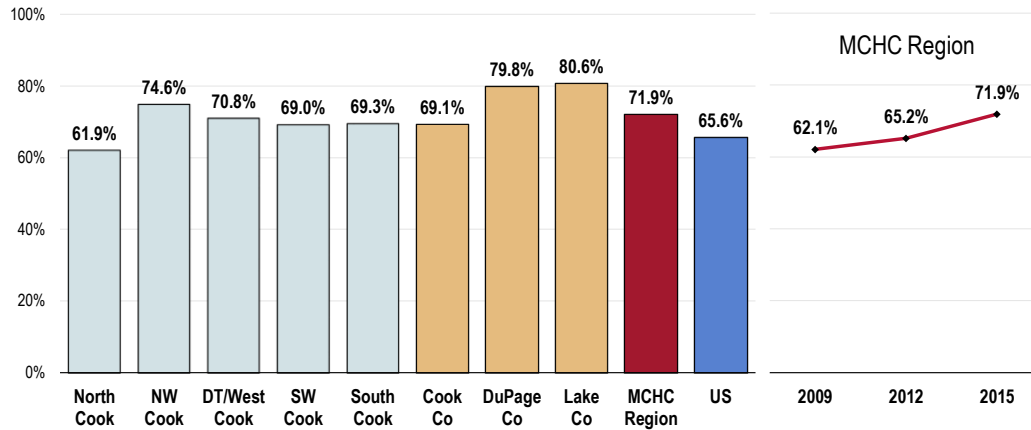
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents with children age 2 through 17.

Dental Insurance

Over 7 in 10 MCHC Region adults (71.9%) have dental insurance that covers all or part of their dental care costs.

- Higher than the national finding.
- Unfavorably low in Cook County.
 - Lowest in North Cook, highest in Northwest Cook.
- TREND: Marks a statistically significant increase since 2009.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

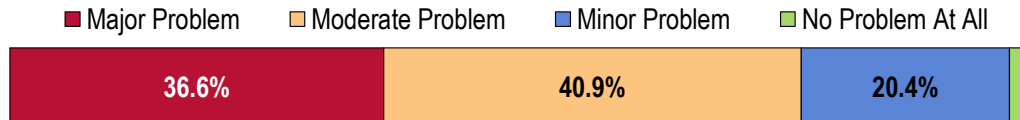


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Oral Health

Key informants taking part in an online survey more often characterized *Oral Health* as a “moderate problem” in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, August 2015.

TOP CONCERNS

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Access to Care

Access to affordable care. – Social Service Representative (Downtown/West Cook County)

Due to the cost of dental work a lot of individuals prefer to neglect oral concerns until pain is unbearable. – Community/Business Leader (Southwest Cook County)

Cost and fear of the dentist. Primary care physicians usually check the mouth. – Social Service Representative (Southwest Cook County)

Dental care is expensive and not usually covered by insurance plans. Medicaid coverage is very limited. – Social Service Representative (Northwest Cook County)

It's too expensive! Low priority until pain erupts. – Social Service Representative (Downtown/West Cook County)

Lack of access for those with limited financial means and/or those without insurance. – Social Service Representative (DuPage County)

Access to dental care, especially in areas of poverty and lack of access to affordable care. – Other Health Provider (Northwest Cook County)

For clients requiring dental care beyond routine services, clients need to pay for full service even with Medicaid. – Community/Business Leader (Southwest Cook County)

Great number of underserved without access to care. – Community/Business Leader (Northwest Cook County)

Lack of access to health professionals providing affordable care and lack of public insurance coverage. – Other Health Provider (Downtown/West Cook County)

Few to no services available that are affordable for people paying out of pocket. Usually excluded from health insurance plans. – Public Health Expert (Cook County Overall)

Expensive. – Social Service Representative (Northwest Cook County)

Some residents don't have access to dental services. – Social Service Representative (Southwest Cook County)

Lack of access to oral care. – Public Health Expert (Lake County)

Access to care. – Social Service Representative (Lake County)

Insurance Issues

Limited coverage under Medicaid for adult dental concerns and very few providers. For those with high deductibles, lack of access/care for adults/children. – Public Health Expert (DuPage County)

Inadequate access to dental care for people with Medicaid. – Physician (Downtown/West Cook County)

Dentist who won't take Medicaid. No services for adult dental. Children can get care at FQHC's. Medicare doesn't pay for dental and it is out of pocket. – Community/Business Leader (Downtown/West Cook County)

Cuts in funding at the federal level removed some of the coverage. Families have limited providers that will take the type of coverage that they may have. Priorities, basic emergency health is the priority, everything else has to wait until the basic needs are met and that rarely occurs. – Other Health Provider (Southwest Cook County)

Lack of Resources

Dental Care is a major problem because of the lack of dentists in the area that will accept Medicaid. Furthermore, Medicaid does not cover the most basic of preventive oral care. – Other Health Provider (Southwest Cook County)

There is no dental provider in this area. – Community/Business Leader (Downtown/West Cook County)

Very few providers in the area. – Community/Business Leader (Lake County)

Socioeconomics

Oral care in most newly arrived Latino immigrants is lacking greatly. Oral care is seen as a luxury. Education is lacking and/or costly for patients. This is especially true for the adults. While children can afford to see a dentist given Illinois' Medicaid coverage, adults are not covered most of the time. – Other Health Provider (Northwest Cook County)

Oral disease remains pervasive among families with lower incomes or less education, the frail elderly, those with disabilities. – Other Health Provider (Downtown/West Chicago)

Statistics

Based on the statistics provided by the CDPH (http://www.chicagohealthatlas.org/place/south_shore#environmental_health), we believe this is a major problem within the community. – Other Health Provider (South Cook County)

Vision Care

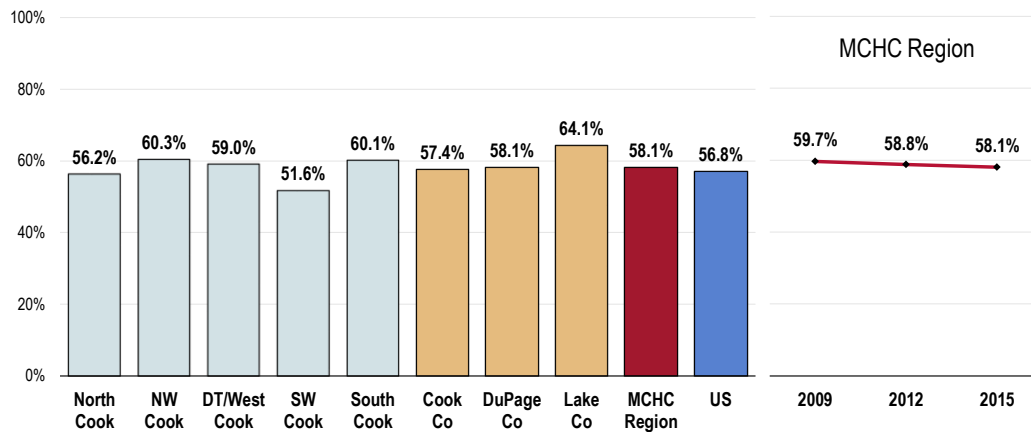
A total of 58.1% of residents had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE:

See also [Vision & Hearing](#) in the [Death, Disease & Chronic Conditions](#) section of this report.

- Statistically comparable to national findings.
- Favorably high in Lake County.
 - Unfavorably low in Southwest Cook County.
- TREND: Comparable to the 2009 survey findings.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

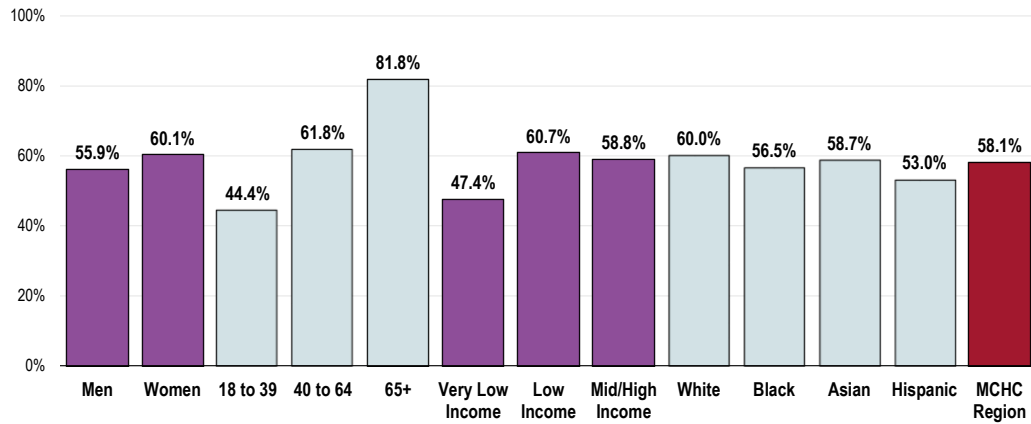


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Recent vision care in the MCHC Region is less often reported among:

- Men.
- Younger adults (note the positive correlation with age).
- Residents living below the federal poverty threshold.
- Hispanics.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (MCHC Region, 2015)



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Health Education & Outreach



Professional Research Consultants, Inc.

Healthcare Information Sources

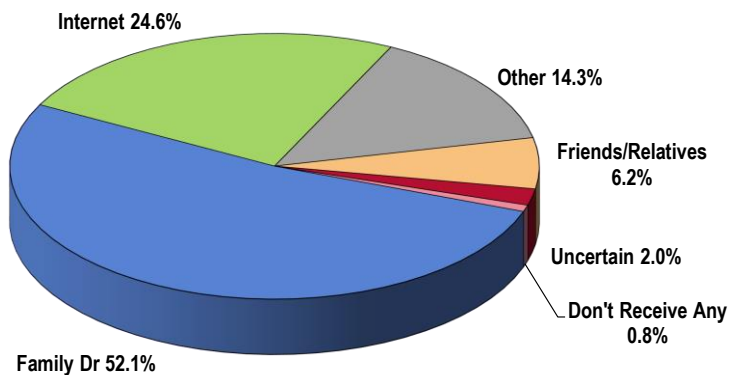
Family physicians and the Internet are residents' primary sources of healthcare information.

- 52.1% of MCHC Region adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 24.6%.

Other sources mentioned include friends and relatives (6.2%).

- Just 0.8% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
Notes: • Asked of all respondents.

Participation in Health Promotion Events

About Educational & Community-Based Programs

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

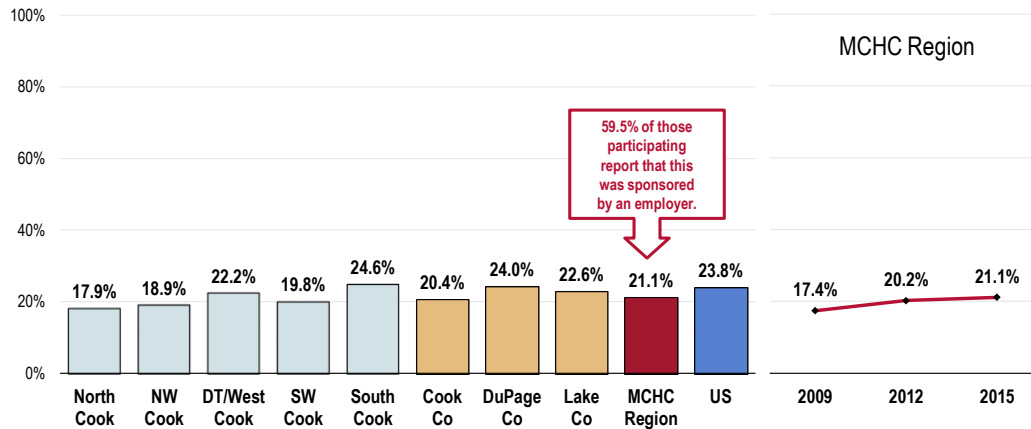
Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

- Healthy People 2020 (www.healthypeople.gov)

A total of 21.1% of MCHC Region adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Lower than the national prevalence.
- Similar by county.
 - In Cook County, favorably high in the South.
- TREND: Marks a statistically significant increase since the 2009 survey was conducted.
- Note that 59.5% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.

Participated in a Health Promotion Activity in the Past Year

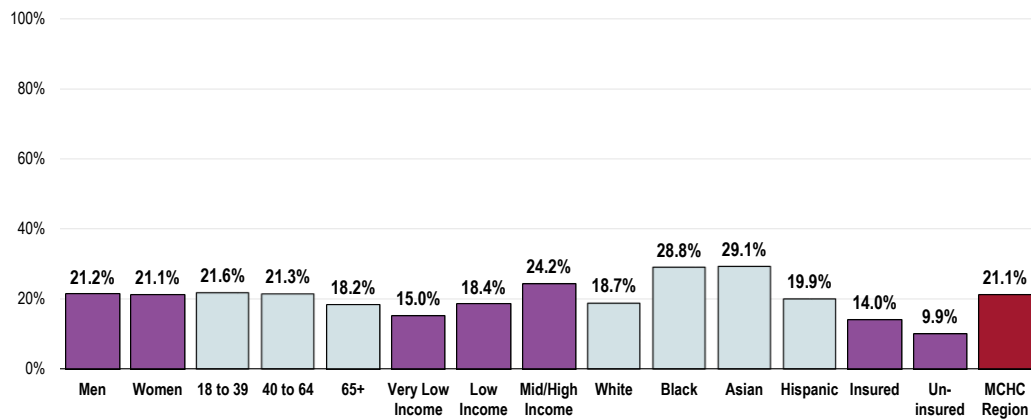


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 311-312]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

These adults are less likely to report participation in a health promotion activity in the past year:

- Lower-income residents (positive correlation with income).
- Whites and Hispanics.
- The uninsured.

Participated in a Health Promotion Activity in the Past Year (MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Local Resources



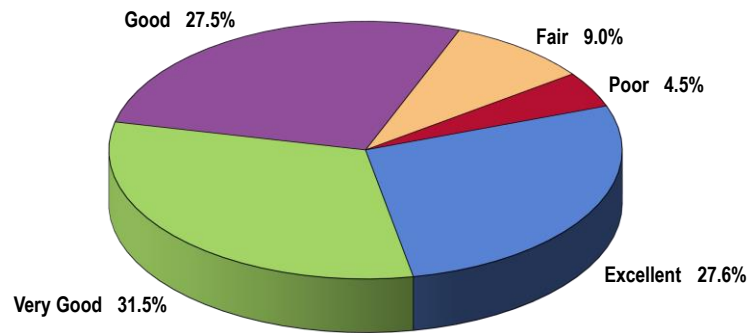
Professional Research Consultants, Inc.

Perceptions of Local Healthcare Services

Nearly 6 in 10 MCHC Region adults (59.1%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 27.5% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community
(MCHC Region, 2015)

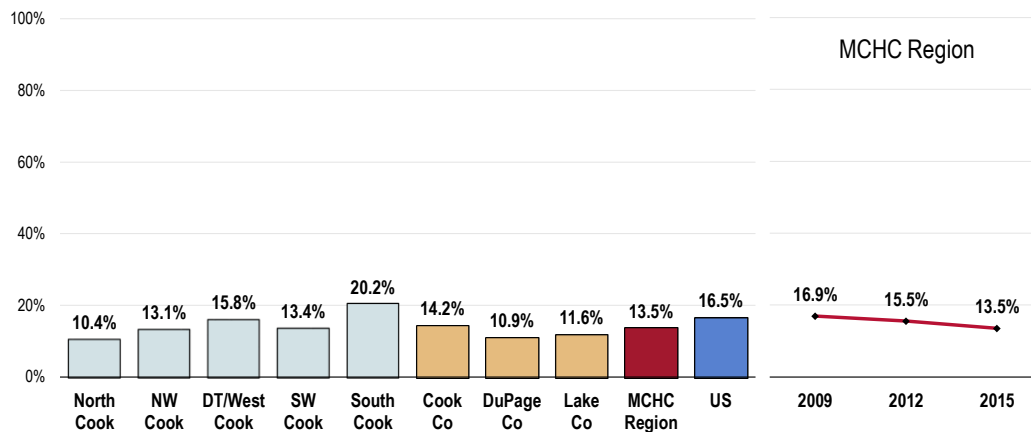


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 13.5% of residents characterize local healthcare services as “fair” or “poor.”

- More favorable than reported nationally.
- Unfavorably high in Cook County; lowest in DuPage.
 - In Cook County, lowest in the North, highest in the South.
- TREND: Marks a statistically significant improvement in ratings.

Perceive Local Healthcare Services as “Fair/Poor”

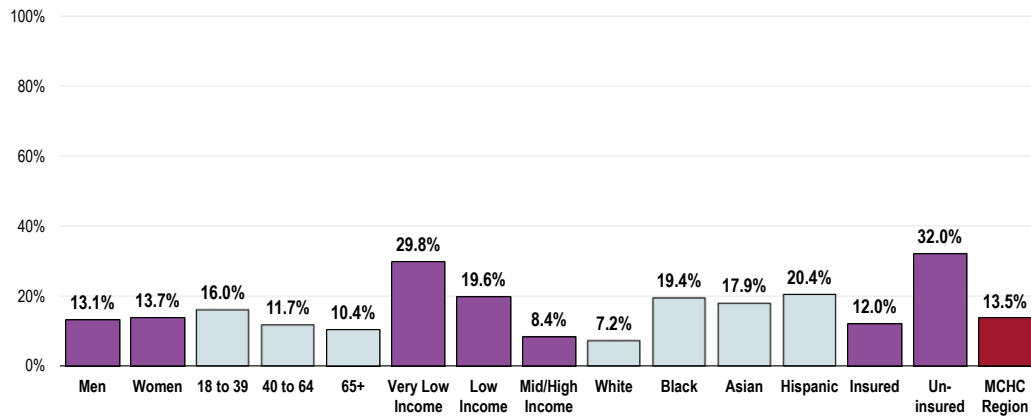


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- Adults under age 65 (negative correlation with age).
- Residents with lower incomes (negative correlation with income).
- Blacks, Asians, and Hispanics.
- Uninsured adults.

Perceive Local Healthcare Services as “Fair/Poor” (MCHC Region, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes: • Asked of all respondents.

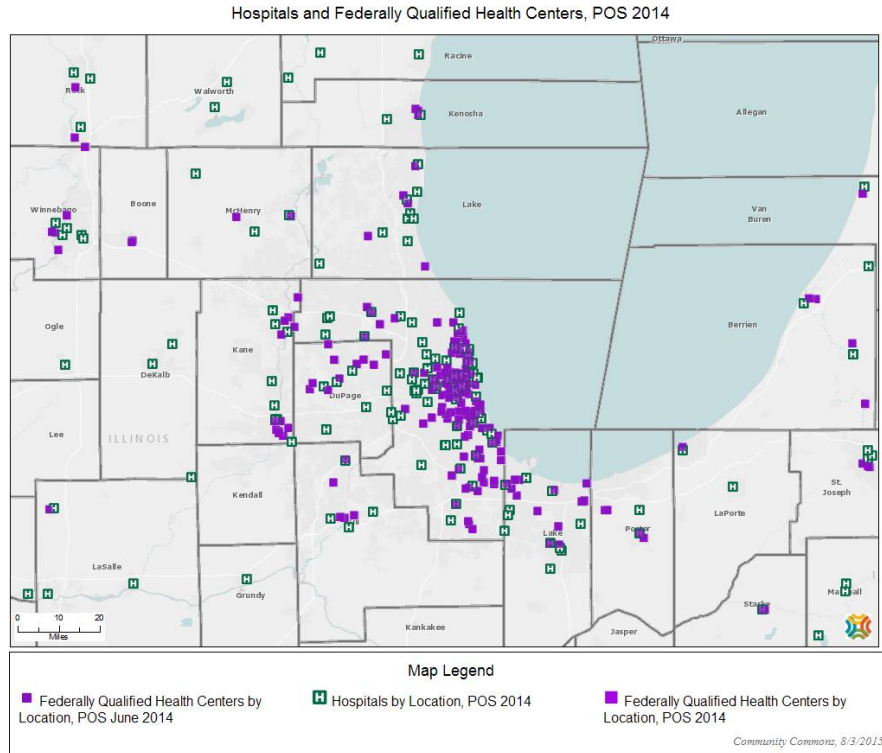
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

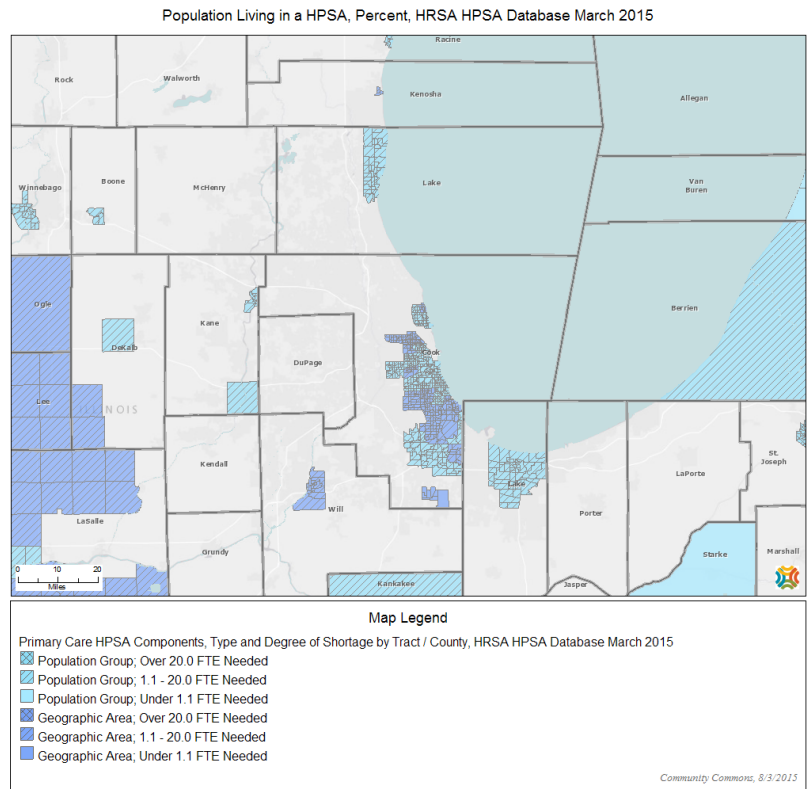
The following map provides an illustration of hospitals Federally Qualified Health Centers (FQHCs) within the MCHC Region as of 2014.



Health Professional Shortage Areas (HPSAs)

Note the areas in the following map designated by the US Department of Health and Human Services as a health professional shortage area (HPSA) in the MCHC Region.

A "health professional shortage area" (HPSA) is defined as having a shortage of primary medical care, dental or mental health professionals.



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

Access Community Health Network
ADAPT
Asian Home Svcs, Centro Romero and Korean American Svcs
Asian Human Services
Aunt Martha's
Brighton Park Neighborhood Council
Catholic Charities
Centro de Salud Esperanza
Chicago Commons/Nia Family Center
Chicago Department of Public Health–CDPH
Churches
Cook County Health Department
CRC Health and Wellness
DuPage County Health Department
DuPage Health Coalition – Access DuPage
Engage DuPage
Erie Family Health Center
Erie Foster Avenue Health Center
Esperanza Health Centers
Fantus
Federally Qualified Health Centers
Genesis
Hamdard
Health Department
Healthcare Alternative System
Heartland Health Center
Illinois Coalition of Free and Charitable Clinics
Ingalls Hospital
Jorge Prieto Clinic, Cook County Health System
La Casa Norte
La Rabida Children's Hospital
Lake County Health Department
Little Company of Mary Hospital
Logan Square Neighborhood Association
Loretto Hospital
Mile Square Health Center
Near North Health Service Corporation
Nicasa

PCC Wellness
Rosalind Franklin University
Roseland and St. Bernard Pediatric Mobile Units
Safety Net Hospitals
Safety Net Mental Health Services
Saint Anthony Hospital Community Wellness Program
Southland Healthcare Forum
Specialist
St. Bernard's Ambulatory Outpatient Center
St. James Hospital
Streamwood Clinic
Swedish Covenant Hospital
TASC
Thrive Counseling Center
Vista Health Center of Cook County
West Humboldt Park Development Council
West Suburban Hospital
Westside Health Authority
Zion Benton Children's Service

Arthritis, Osteoporosis & Chronic Back Conditions

Arlington Heights Senior Center
Chicago Park District Free Gym Membership
Chiropractors, Naturopathy, Osteopathy
Hospitals
Local Park District
Northwest Community Healthcare
Northwest Community Hospital
Pain Specialists
Palatine Township Senior Center
Physical Therapy if on HHC
Primary Care Providers
Saint Anthony Hospital Physical Therapy
Senior Centers
Sports Therapy and Physical Therapy Businesses
Trinity Physical Therapy
Universidad Popular

Cancer

Academic Medical Centers
Access Community Health
Affordable Care Act
AIDS Foundation
Alexian Brothers
American Cancer Society
American Cancer Society and Gilda's Club
Cancer Support Centers
Cancer Treatment Centers of America – Zion

CDH Cancer Center
Christ Hospital
DCHD Breast and Cervical Cancer Programs
Edward Elmhurst Healthcare
Englewood Health Center
Erie Family Health
Esperanza Health Center
Health Department
Healthy Eating Through Park Districts
Home Health
Hospice Care
Hospitals
Internet Support
John H. Stroger Hospital
Lake County Health Department Tobacco Cessation
Largest Medical Districts in the World
Lawndale Christian Health Center
Local Physician Offices
Metropolitan Chicago Breast Cancer Task Force
Miles Square Health Clinic
Mount Sinai Hospital
North FQHC's
Northwest Community Healthcare
Northwestern Medicine Delnor Hospital
OB/GYN
Outpatient Infusion Clinics
Palliative Care
PCC Community Wellness Center
Rush University Medical Center
Saint Anthony Hospital
Skin Care
St. Bernard Hospital
University of Chicago Medical Center
University of Illinois Cancer Center
Volunteer Health Associations
Whole Foods Cooking Classes

Chronic Kidney Disease

Affordable Care Act
American Diabetes Association
American Kidney Foundation
Davita Dialysis
Individual Dialysis Clinic
La Rabida Children's Hospital
Local Health Departments
Local Hospitals
Major Academic Medical Centers
National Kidney Fund of Illinois
Pace Bus

Primary Care
Saint Anthony Hospital Little Village Clinic
Taxi
Trinity Diabetes Education Program
U of C Diabetes Education Program

Dementias, Including Alzheimer's Disease

Alden Courts of Waterford
Alexian Brothers Senior Assisted Living
Alzheimers Center
Behavioral Health Referral at LHD
Catholic Charities
Cook County Health Systems
Department of Aging
Emergency Room
Friendship Village
Geriatric Care
Group Homes
Home Health
Hospital
Local Care Giving Agency
Metropolitan Family Services
Nursing Homes
Primary Care Providers
Public Health Nursing
Respite
Senior Center for Case Management
Senior Services Through DuPage County
Silverado Naperville
Skilled Nursing Facilities
Social Services
Spring Meadows Naperville
Sunrise of Naperville
Support Groups
The Greater Illinois Chapter of Alzheimers Association
West Suburban Hospital

Diabetes

Access Community Health Network
Addison Park District Centennial Fitness Center
Affordable Care Act Extending Coverage
Alexian Brothers Hospital
American Cancer Society
Antioch Area Healthcare Accessibility Alliance
Arlington Senior Center
Aunt Martha's
Be Well
Beloved Community Family Wellness Center
Boys and Girls Club

Chicago Family Health Center
Chicago Food Depository
Chicago Park District
CLOCC
Community Care Connection
Community Health Clinic
Community Health Worker Program
CRC Health and Wellness
CVS Minute Clinics
Diabetes Care Center at St. Anthony
Diabetes Care Services
Diabetes Educators
Doctor's Office
DuPage County Health Department
DuPage PADS
Education Explaining the Health Benefits of Nature
Educational Programs Through Community
Edward–Elmhurst Hospital
Elmhurst Memorial Hospital
Englewood Health Center
Erie Family Health
Erie Health Reach Waukegan Health Center
Esperanza Health Center
FQHCs
Free Educational Materials in Waiting Areas
Growing Home Farm
Growing Movement in Community Gardening
Gyms
Health Fairs
Home Care
Hospital Based Classes
Ingalls Hospital
La Rabida Children's Hospital
Lake County Health Department
LCM Diabetic Educational Classes
Local Health Department
Loyola Center for Health
Major Academic Medical Centers
Mano a Mano Diabetes Program
Mercy Hospital
Miles Square Health Center
Mount Sinai Hospital
National Diabetes Education Program
National Diabetes Prevention Program
National Digestive Diseases Information Clearinghouse
Natl Institute of Diabetes & Digestive & Kidney Disease
NCH Community Health Workers
NCH Community Nursing
NCH Diabetes Services and Education

NCH Wellness Center
New Life Center
Northwest Community Hosp Promatores de Salud Program
Northwest Community Hospital Emerald Circle Program
Northwestern Memorial Hospital
Norwegian American Hospital
Olympia Fields Hospital
Pak Park Farmer's Markets
PHN Meet With DM Patients
Pilot Produce Stands
Primary Care Providers
Programs Through Cook County
Rosalind Franklin Care Van
Rush University Medical Center
SAH
Saint Anthony Hospital
School Based Health Services
St. Bernard Hospital
St. James Hospital
Support Groups
Swedish Covenant Hospital
Trinity Diabetes Education
Universidad Popular Health Literacy Program
University of Chicago Diabetes Education Classes
University of Chicago Medical Center
Vista
Walgreens
Walking Paths in Forest Preserves
Whole Foods Cooking Classes
Wound Clinics

Family Planning

Affirming Sex Education Providers
Alivio Medical Center
Anchor Health Services
CDPH
CRC
DHS Office
Doctor's Office
Erie Family, Heartland Health and Planned Parenthood
Family Focus
Family Planning Curriculum Taught in Churches
FQHCs
General Practitioners
Health Centers
Lawndale Christian Health Center
Midwest Access Project
Monticello Medical Clinic
Near North Health Service

New Moms
PHD
Planned Parenthood
Primary Care Providers
Public School Sex Education
Regional Office of Education
Saint Anthony Hospital
St. Bernard Women's Wellness Program
Teen Parent Connection
Title X Program at CFHC
Vista
Westside Health Authority
WIC
Women's Health Clinics

Hearing & Vision

Illinois College of Optometry
Local Private Practices
Oasis for the Visually Impaired Support Group
Progress Center in Blue Island
Reading for the Blind
Sertoma
St. Bernard Pediatric Health Mobile Unit
Testing at Birth

Heart Disease & Stroke

Advocate Condell Medical Center
American Heart Association
Area FQHC's
Beloved Community Family Wellness Center
Chicago Coalition for the Homeless
Chicago Department of Public Health
Christ Hospital Educational Seminars
CLOCC
Community Health Screenings
Competent Cardiologists
CPD Gym Membership
Edward–Elmhurst Hospital
Englewood Health Center
Erie Health Center
Exercise and Rehab Facilities
Health Fairs
Healthy Chicago Healthy Hearts Campaign
Heart Failure Programs to Prevent Remission
Hospitals
Illinois Department of Public Health
Ingalls Hospital
Keep Your Heart Healthy
Lake County Health Department

Local Health Departments
Loyola Center for Health
Major Academic Medical Centers
Mile Square Health Center
Northwestern/Lake Forest Hospital
Nutrition Education at Senior Centers
Nutrition Education Programs
Olympia Fields Hospital
Parks and Other Facilities for Exercise
Physicians
Rush Medical Center
SCH
School Based Nutrition Programs
Specialists
Spend Time Outdoors
St. James Hospital
STEMI and Stroke Centers
Swedish Covenant Hospital
Thapelo Institute
Tobacco Cessation Program at Lake County Health Dept
Trained EMS
University of Chicago Medical Center
Vista Hospital
Whole Foods Classes

HIV/AIDS

Access Community Health Network
AFC
Affordable Care Act
Behavioral Health and Substance Abuse Programs
Behive/HIVco
CDPH HIV Bureau
Chicago HIV Risk Reduction Partnership for Youth
Health Department
Healthcare Alternative Systems
Heartland Alliance
Howard Brown
Illinois Masonic
Lawndale Christian Health Center
Norwegian American Hospital
Ruth M. Rothstein CORE Center
Sinai Health System
The AIDS Foundation of Chicago
The Gift House
Vida/SIDA, Puerto Rican Cultural Center

Immunization & Infectious Diseases

Access Community Health Network
Area FQHC's

CDPH and IDPH
 Chicago Monticello Medical Center
 Erie Family Health Center
 Erie, Heartland and Swedish Clinics
 Health Department
 Howard Brown
 In-Store Clinics
 Mile Square Health Center
 Near North Health
 Norwegian American Hospital
 Pharmacists
 Primary Care Physicians
 School Health Centers
 Sinai Health System
 St. Bernard Hospital
 Urgent Care Centers

Infant & Child Health

Access Community Health Network
 Affordable Care Act Extending Coverage
 Carole Roberston Center
 CDPH MCH Program
 CDPH/CPS Teen Pregnancy Prevention Program
 Churches
 Cook County Department of Public Health
 CRC
 Early Intervention at Lake County Health Department
 Erie and Heartland
 EverThrive Illinois
 Family
 Family Case Management at Lake County Health Dept
 Federally Qualified Health Centers
 Gads Hill Center
 Growing Network of Community Health Workers
 Healthcare Alternative Systems
 Illinois Action for Children
 La Rabida Children's Hospital
 Lake County Health Department SASS Program
 Lawndale Christian Health Center
 Mile Square Health Center
 New Moms
 Norwegian American Hospital
 Nurse Family Partnerships at Lake County Health Dept
 Planned Parenthood
 Saint Anthony Hospital
 School Programs
 Sinai Children's Hospital
 Social Services
 St. Bernard Hospital Pediatric Mobile Unit

Vista
WIC

Mental Health

360 Youth Services
 A Safe Haven Foundation
 Access Community Health Network
 Ada S. McKinley Social Services
 Adolescent and Adult Mental Health Facility
 Adventist Institute for Behavioral Medicine
 Alexian Brothers Behavioral Health Hospital
 Alexian Center for Mental Health
 Anonymous Support Groups
 Antioch Community Counseling Services
 Arden Shore Child and Family Services
 Association House of Chicago
 Behavior Health Programs at FQHC's
 Behavioral Health Services at Lake County Health Dept
 Bobby E. Wright
 C4 Recovery Point
 Catholic Charities
 Chicago for Homeless
 Church
 City Department of Health
 Community Counseling Centers of Chicago
 Community Counseling Centers of Chicago–C4
 Community Mental Health Agencies
 Community Youth Network
 CRC
 Detox/Rehab Facilities
 DuPage County Health Department
 DuPage County's Behavioral Health Treatment
 Eckert Center
 Edward Hospital
 Edward–Elmhurst Hospital
 Emergency Departments
 Engage DuPage Program That Facilitates Linkage
 Erin Family Health Center
 Family Guidance Centers
 Gateway Foundation
 Grand Prairie Services
 Greater Lawn Mental Health
 Haymarket
 Healthcare Alternative Services
 Heartland Alliance
 Heartland International Health Center
 Hospitals
 Howard Brown Health Center
 HRDI

I Am Able
Illinois Children's Healthcare Foundation
Independence Center
Inpatient & Outpatient Services at St. Bernard Hospital
Inpatient Adolescent Psychiatric Unit
Inpatient Adult Psychiatric Unit
Jackson Park Psychiatry
Jail
Jocelyn Center
Kenneth Young Center
La Rabida Children's Hospital
Lake County Courts
Lake County Health Department
Law Enforcement
LHD Behavioral Health Department
Linden Oaks
Local Faith Based Organizations
Low Cost Counseling Programs
LSSI Welcoming Center
Lutheran Social Services
Mental Health Association of Greater Chicago
Mental Health First Aid
Mental Health of America of Illinois
Metropolitan Family Health
Mt. Sinai
NAMI
NCH's Mental Health Navigator Program
NICASA
Non-Profit Aging Agencies
North River Mental Health
Northwest Community Hospital
Omni Youth Services
Outpatient Psychiatrists
PADS Homeless Shelter
PHD
Pillars
Pilsen Wellness Center
Presence Behavioral Health
Primary Care Physicians
Private Mental Health Resources
Programs run out of the 63rd Street Clinic
Psychologists & Psychiatrists Practice Through Region
Rosalind Franklin University
Rosecrance
Safety Net Non-Profit Providers
SAH Mental Health Wellness Program
Saint Anthony Hospital
Saint Anthony Hospital's Community Wellness Programs
Salvation Army

Samaritan Interfaith
Sass Mental Health
School Counselors
School Nurses, Deans and Social Workers
Social Work Officers in Police Departments
St. Bernard Hospital
The Bridge
The Circle
Thresholds
Thrive Counseling Center
Trilogy
Turning Point
Vista Health Center
Vista West Psychiatric Unit
Welcome Center at SCH
Zacharias Sexual Abuse Center

Nutrition, Physical Activity & Weight

AAHAA Walking Club
Access for Divvy Bikes
Access to Parks
Active Transportation Alliance
Addison Park District
Affordable and Healthy Restaurants
Alexian Brothers Medical Center
American Heart Association
Angelic Organics Community Learning Center
Arlington Senior Services
Be Well–Lake County
Beaches and Playgrounds
Boys and Girls Club
CeaseFire
Centennial Park Indoor Fitness Facility
Center for Health and DuPage County Health Department
Chicago Department of Public Health
Chicago Park District
Christ Hospital Exercise Programs
CLOCC
Clubs and Support Groups
Community Gardens
Community Hunger Network and People's Research Center
Community Improvements, Sidewalks and Lights
Community Sports Programs
Consortium to Lower Obesity in Chicago Children
Cook County Department of Public Health
CRC Health Programs
Edward–Elmhurst Hospital
Efforts to Strengthen Prairie Path
Erie

Exercise Facilities
Farmers Markets Accepting LINK Cards
Fitness Boot Camps at Hamilton Park
Forest Preserve
FORWARD Coalition
Galter LifeCenter
Growing Homes Wood St. Urban Farm
Health Care Providers
Health Centers
Health Department
Health Fairs
Hospitals and Clinics
IGrow Chicago
Illinois AAP
Illinois Alliance to Prevent Obesity
Kells Park
La Rabida Children's Hospital
Lake County Forest Preserve
Let's Move Campaign
Library With Programs
LifeTime Fitness
Local Farmers Markets
Local Health Provider Organizations
Logan Square Neighborhood Association
Municipal Parks and Recreational Districts
Municipal Strategies to Develop Support Health
NCH Community Health Workers
Nutrition Education Providers
Nutritional Information in Restaurants
Parks
Parks With Walking Paths
Pilot Produce Market Projects
Primary Care Providers
Programs at FQHC's
Schools
Senior Nutrition Programs
Telpochcalli Community Education Project
The Chicago Park District and Cook County Forest Preser
The Chicago Partnership for Health Promotion
UP Healing Program
Village Parks and Recreation Programs
Vista
Weight Watchers
Wellness Center
West Humboldt Park Development Council
WIC Nutritional Counseling
Workplace Wellness
YMCA

Oral Health

Access Community Health Network
 Affordable Care Act
 Asian
 Aunt Martha's Health Center
 College of Dentistry, University of Illinois at Chicago
 College of Lake County Dental Hygienist Program
 Dental Office
 Dental School Clinics
 DuPage County Health Department Clinic
 DuPage Dental Care Connections
 Erie
 Erie Family Health Center
 Free Dental Clinic
 Heartland
 IFLOSS
 LaGrange Community Nurse
 Lake County Health Department
 Local Dental Societies
 Midwest University Dental Clinic
 NCH Mobile Dental Clinic
 On Call Oral Surgeons at Hospitals
 PCC Community Wellness Center
 Preferred Dentistry Associates
 Private Dental Practices
 Ready, Set Smile Program
 Smile Squad
 St. Bernard Dental Center
 Veterans Assistance Commission
 Zion Benton Children's Services

Respiratory Diseases

Access Community Health Center
 Affordable Care Act
 American Lung Association
 Cardiopulmonary Rehab at the Hospital
 Chicago Stop Smoking Program
 Durable Medical Equipment Companies
 Erie Family Health Center
 Erie Health Reach Waukegan Health Center
 Health Departments
 Hospitals and Medical Offices
 La Rabida Children's Hospital
 Lake County Health Department
 Mano-a-Mano Family Resource Center
 Mount Sinai Asthma Program
 Northwest Community Hospital
 Norwegian American Hospital
 Primary Care Physicians

Pulmonary Physicians
Respiratory Health Association
School Based Health Center at Round Lake High School
Sinai Health System/Mount Sinai Hospital
Trained EMS

Sexually Transmitted Diseases

Area Hospitals
Beloved Health Center
Chicago Department of Public Health
Chicago Monticello Medical Center
Clara's House
Community Health Clinic
Core Center
Englewood Health Center
Erie Health Reach Waukegan Health Center
Federally Qualified Health Centers
Free Condoms
Health Department
Heartland, Erie, Planned Parenthood, IDPH, CDPH
Howard Brown Health Center
Imagine Englewood
La Rabida Children's Hospital
Lake County Health Department
LHD/Hospital System
Miles Square Health Center
Near North
Planned Parenthood
Planned Parenthood, Oak Park
Primary Care Physicians
Robert Crown Center, Hinsdale
Schools
St. Bernard Hospital
STI Clinic Lake County Health Department

Substance Abuse

901 Kirchoff Outpatient Substance Abuse Program
Alcoholics Anonymous
Alexian Brothers
Behavioral Health Services/LSSI
Behavioral Health Treatment Collaborative
Chicago Recovery Alliance
Community Outreach Intervention Projects
DFSS Substance Abuse
Doctors and Mental Health Professionals
Edward–Elmhurst Hospital, Elmhurst
Forthcoming Adult Addictions Residential
Gateway
Haymarket

Health Department
Healthcare Alternative Systems
Hospitals
Illinois DASA
Lake County Health Department
Linden Oaks
Local Support Groups
Lutheran Social Services
MacNeal Hospital, Berwyn
Nicasa
Non-Profit Safety Net Resources
Omni Youth Treatment Center
Outpatient Substance Abuse Centers
PADS
Police Department
Private Services
Project Connect
Reach for Recovery Programs
Rosecrance
School Advisors
Serenity House
Share
South Suburban Council
St. Bernard Hospital
Substance Abuse Programs at FQHCs
TASC
Teen Challenge
The Bridge Substance Abuse Services
Wayback Inn, Maywood
Women's Treatment Center, Chicago
YouthBuild Lake County

Tobacco Use

Affordable Care Act
American Lung Association
Chicago Stop Smoking Program
County Care Smoking Cessation Support
E-Cigarette Incentives
Edward-Elmhurst Hospital, Elmhurst
Edward-Elmhurst Hospital, Naperville
Illinois Quitline
Lake County Health Department
Local Health Departments
Private Doctors
Quitline
Respiratory Health Association
Smoking Cessation Programs