

2012 PRC-MCHC Community Health Needs Assessment Report

Cook, DuPage & Lake Counties, Illinois

Prepared For

METROPOLITAN CHICAGO HEALTHCARE COUNCIL (MCHC)

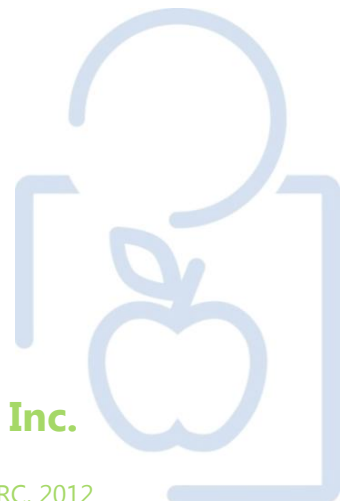
On Behalf Of Participating Member Hospitals



Professional Research Consultants, Inc.

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Participating Hospitals & Health Systems

Adventist Midwest Health

- Adventist La Grange Memorial Hospital
- Adventist GlenOaks Hospital
- Adventist Hinsdale Hospital

Alexian Brothers Health System

- Alexian Brothers Behavioral Health Hospital
- Alexian Brothers Medical Center
- St. Alexis Medical Center

Cadence Health

- Central DuPage Hospital

Edward Hospital

Elmhurst Memorial Hospital

Franciscan St. James Health

Ingalls Health System

- Ingalls Memorial Hospital

La Rabida Children's Hospital

Little Company of Mary Hospital & Health Care Centers

Northwest Community Hospital

Northwestern Lake Forest Hospital

Northwestern Memorial Hospital

Palos Community Hospital

Presence Health

- Holy Family Medical Center
- Our Lady of the Resurrection Medical Center
- Resurrection Medical Center
- Saint Francis Hospital
- Saint Joseph Hospital
- Saints Mary and Elizabeth Medical Center

Rush Health

- Rush Oak Park Hospital
- Rush University Medical Center

Saint Anthony Hospital

Saint Bernard Hospital and Health Care Center

Swedish Covenant Hospital

Thorek Memorial Hospital

University of Chicago Medical Center

University of Illinois Hospital & Health System

Vanguard Health Systems

- MacNeal Hospital
- Weiss Memorial Hospital
- Westlake Hospital
- West Suburban Medical Center

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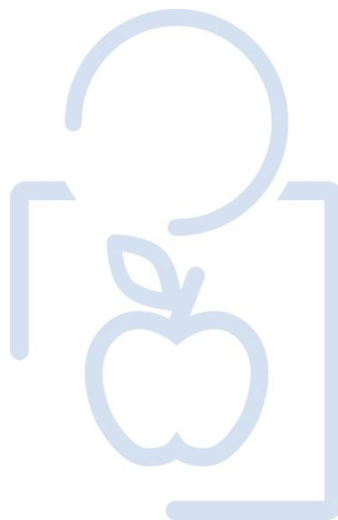
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INTRODUCTION



Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2009, 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.

The PRC-MCHC 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: **Adventist Midwest Health** (Adventist La Grange Memorial Hospital, Adventist GlenOaks Hospital, Adventist Hinsdale Hospital); **Alexian Brothers Health System** (Alexian Brothers Behavioral Health Hospital, Alexian Brothers Medical Center, St. Alexius Medical Center); **Cadence Health** (Central DuPage Hospital); **Edward Hospital**; **Elmhurst Memorial Hospital**; **Franciscan St. James Health**; **Ingalls Health System** (Ingalls Memorial Hospital); **La Rabida Children's Hospital**; **Little Company of**

Mary Hospital & Health Care Centers; Northwest Community Hospital; Northwestern Lake Forest Hospital; Northwestern Memorial Hospital; Palos Community Hospital; Presence Health (Holy Family Medical Center, Our Lady of the Resurrection Medical Center, Resurrection Medical Center, Saint Francis Hospital, Saint Joseph Hospital, Saints Mary and Elizabeth Medical Center); **Rush Health** (Rush Oak Park Hospital, Rush University Medical Center); **Saint Anthony Hospital; Saint Bernard Hospital and Health Care Center; Swedish Covenant Hospital; Thorek Memorial Hospital; University of Chicago Medical Center; University of Illinois Hospital & Health System;** and **Vanguard Health Systems** (MacNeal Hospital, Weiss Memorial Hospital, Westlake Hospital, West Suburban Medical Center).

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 a series of Key Informant Focus Groups.

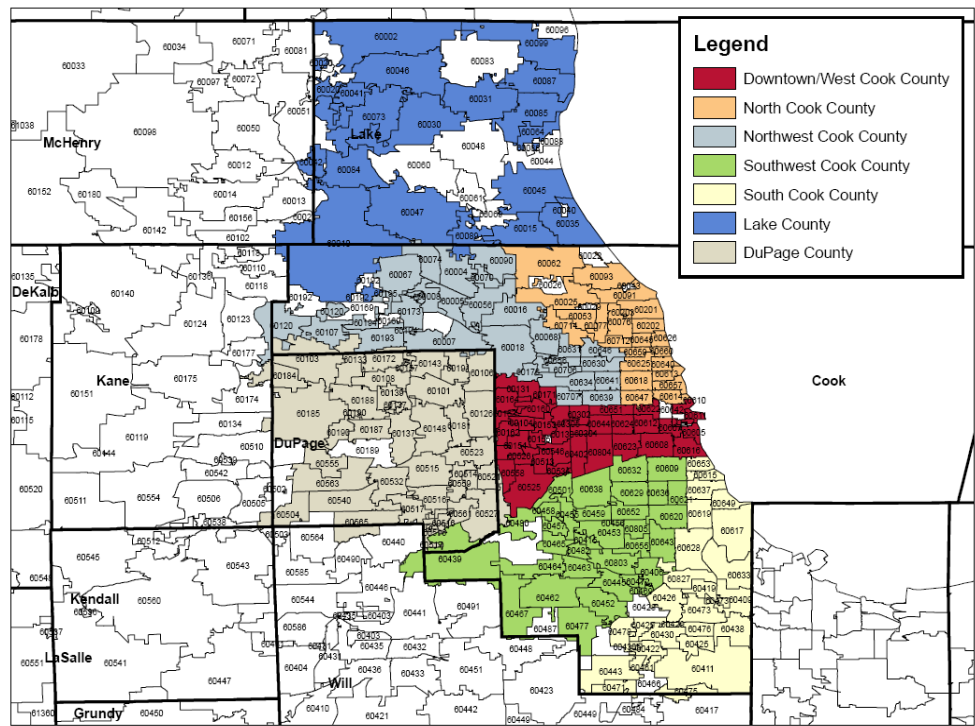
2012 PRC-MCHC Community Health Survey

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 survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “MCHC Region” in this report) includes the Illinois counties of Cook, Lake and DuPage, defined at the ZIP Code level. 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 sampling approach for this study 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 as follows:

- 525 interviews in DuPage County
- 321 interviews in Lake County
- 2,854 interviews in Cook County — *the Cook County sample was further stratified by geographic subdivisions:*
 - ▶ 613 in North Cook
 - ▶ 614 in Northwest Cook
 - ▶ 623 interviews in Downtown/West Cook
 - ▶ 590 in Southwest Cook
 - ▶ 414 in South Cook

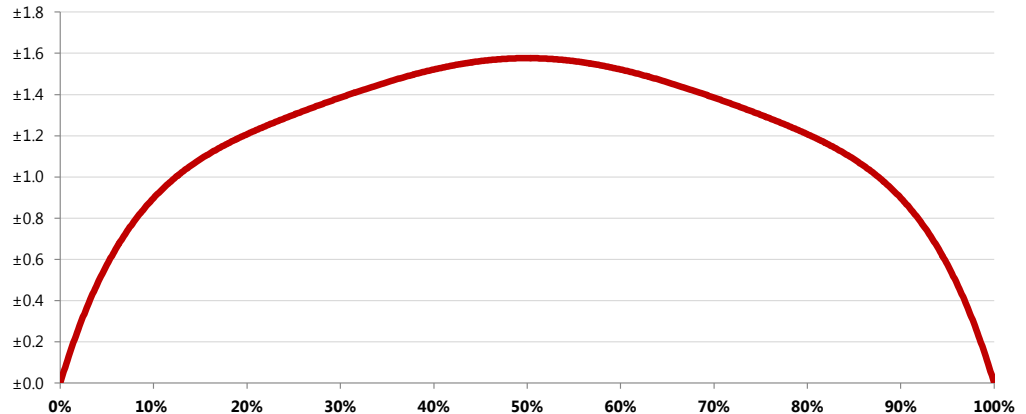
Again, these sampling levels were determined so as to make the most efficient use of resources, while yielding meaningful samples for the various geographies of interest. Interviews were administered among a random sample of households within each strata. Once the interviews were completed, these were 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).

Sampling Error

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.

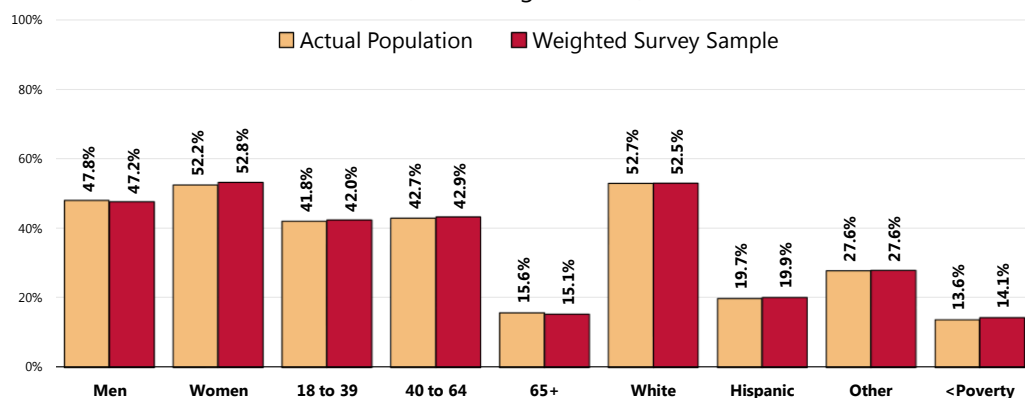
Sample Characteristics

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 charts outline 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 & Sample Characteristics

(MCHC Region, 2012)



Sources:
 • Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
 • 2012 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 2012 guidelines place the poverty threshold for a family of four at \$23,050 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.

Key Informant Focus Groups

As part of this Community Health Needs Assessment, there were eight focus groups held at various locations from June 19 to June 22, 2012. These focus groups were distributed geographically throughout the region, including three groups with a county-level focus (*i.e., discussing county-level needs*), and another five focusing on the needs of specific parts of the City of Chicago and suburban Cook County (see table below).

Location & Focus	Date
DuPage County	June 19, 2012
Lake County	June 21, 2012
Cook County (Overall)	June 21, 2012
North Cook County	June 21, 2012
North Chicago	June 22, 2012
Downtown/West Chicago	June 22, 2012
South Chicago	June 20, 2012
South Cook County	June 20, 2012

In total, 48 key informants took part, including physicians, other health professionals, social service providers, and other community leaders. Each of the county-level groups also included representatives with expertise in public health.

A list of recommended participants for the focus groups was provided by MCHC, with input from participating member hospitals. 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. Participants included representatives of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain if they would be able to attend. Confirmation calls were placed the day before the groups were scheduled in order to ensure a reasonable turnout.

Audio from the focus group sessions was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The groups were 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 Cook, DuPage and Lake counties were obtained from the following sources (specific citations are included with the charts throughout this report):

- Centers for Disease Control & Prevention
- National Center for Health Statistics
- Illinois Department of Public Health
- Illinois State Police
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Note that secondary data reflect county-level data.

Benchmark Data

Trending

A similar survey was administered in the MCHC Region in 2009 by PRC on behalf of 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 *2011 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.

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:

- **ADD/ADHD in Children 5-17**
- **Access to Health Services**
 - Overall Difficulty Accessing Healthcare (Adults & Children)
 - Specific Access Barriers:
 - Office Hours
 - Cost (Prescriptions and Physician Visits)
 - Appointment Availability
 - Transportation
 - Prescription Coverage (Insured Adults)
 - Dental Insurance Coverage
 - Participation in Health Promotion Events
- **Age-Adjusted Mortality**
 - Heart Disease
 - Stroke
 - Cancer
 - CLRD
 - Pneumonia/ Influenza
 - Unintentional Injuries (Including Motor Vehicle Crashes)
 - Firearm-Related Deaths
 - Homicides
 - Diabetes Mellitus
 - HIV/AIDS
 - Cirrhosis/Chronic Liver Disease
- **Disease**
 - Migraines/Severe Headaches
 - Deafness/Trouble Hearing
 - Tuberculosis Incidence

- Gonorrhea Incidence
- Flu Shots & Pneumonia Vaccines (High-Risk Adults 18-64)
- **Injury & Violence**
 - Seat Belt Use (Adults)
 - Violent Crime Rates
 - Domestic Violence Rates
 - Prevalence of Domestic Violence (Both Threatened and Actual)
- **Births & Family Planning**
 - Infant Mortality
 - Teen Births
- **Nutrition, Physical Activity & Weight**
 - Activity Levels
 - Leisure-Time Physical Activity
 - Moderate Physical Activity
 - Weight Control Efforts Among Overweight Adults

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
 - "Fair/Poor" Ratings of Mental Health Status
- **Access to Health Services**
 - Having a Medical Home
- **Age-Adjusted Mortality**
 - Alzheimer's Disease
 - Drug-Induced Deaths
- **Disease**
 - Hypertension
 - Prostate Screenings (Males 50+)
 - Pneumonia Vaccinations (Adults 65+)
 - Chlamydia Incidence
 - Primary/Secondary Syphilis Incidence
- **Injury & Violence**
 - Firearms in the Home (Including Homes With Children)
- **Substance Abuse**
 - Overall Alcohol Use
 - Chronic Drinking

Selected Key Findings by County

This section highlights some of this assessment's key findings by county, focusing primarily on areas where challenges and opportunities exist. This listing does not fully represent the many positive findings reported throughout this assessment. (For additional findings, please refer to the summary tables provided in the subsequent section.)

Cook County

Within the MCHC Region, Cook County faces challenges different from and more numerous than those in neighboring DuPage and Lake counties. With this in mind, the following highlights some of the key findings for Cook County overall, as well as for the individual county subdivisions examined in this report.

Access to Healthcare Services

- **Healthcare Insurance Coverage.** Residents of **Cook County** are much more likely than adults across the US to be without healthcare coverage (including supplemental coverage among seniors). Insured adults in **Cook County** are also more likely to have gone without coverage at some point in the past year (including 10.4% of insured residents in **South Cook County**).
- **Difficulties Accessing Healthcare.** **Cook County** residents are also more likely to be hindered by barriers to healthcare access when compared with adults across the nation, especially those related to cost (both physician visits and prescription medications) and inconvenient office hours. Cost as a barrier to medication is especially high among **Downtown/West, Southwest** and **South Cook County** residents; respondents in **South Cook** were also more likely to report that cost prevented a physician visit last year.
- **Children's Healthcare.** **Cook County** parents are much more likely than those across the US to report difficulties accessing a child's healthcare in the past year (4.2% vs. 1.9%, respectively).
- **Emergency Room Utilization.** Residents of **Cook County** are statistically more likely than adults across the US to report using a hospital emergency room more than once in the past year for their own healthcare. The proportion is especially high in **South Cook County**.

Cardiovascular Disease

- **Heart Disease Deaths.** The 2007-09 age-adjusted heart disease death rate was high in **Cook County** (199.3 per 100,000 population vs. 185.8 across the US).
- **Hypertension.** Over one-third of adults in **Cook County** (34.0%) have been diagnosed with high blood pressure, much higher than the percentage reported across Illinois and higher among **South** and **Southwest** residents of Cook County. Hypertension screenings are lower in **Cook County** than they are in DuPage, especially in **Northwest Cook County**.

Family Planning

- **Unwed Mothers.** In **Cook County**, nearly half of all births (45.6%) are to unwed mothers, much higher than proportions in the neighboring counties and exceeding the national figure as well.

General Health Status

- **Low Ratings of Physical Health.** **Cook County** adults are more likely than DuPage and Lake County residents to report “fair” or “poor” physical health. The prevalence is particularly high among **Southwest Cook County** residents, with one in five adults reporting low levels of physical health.

HIV

- **HIV Deaths.** The **Cook County** 2007-09 HIV death rate (4.3) is higher than the national rate (3.3).

Infant Health

- **Timely Prenatal Care.** Between 2007 and 2009, more than one in five births in **Cook County** (21.4%) did not receive prenatal care during the first trimester of pregnancy (22.6% in the **City of Chicago**), exceeding the Illinois prevalence and notably higher than the DuPage findings.
- **Low-Weight Births.** A total of 9.1% of **Cook County** births between 2007 and 2009 were born weighing less than 5 pounds, 8 ounces (9.7% in the **City of Chicago**), higher than the state and US percentages.
- **Infant Mortality.** The **Cook County** 2007-2009 infant mortality rate is worse than state and national rates (7.4 vs. 6.7 and 6.5 infant deaths per 1,000 live births, respectively).

Infectious Disease

- **Flu Shots.** The prevalence of flu shots among **Cook County** seniors (age 65+) in the past year is lower than the national prevalence and particularly low among **South Cook County** seniors.
- **Pneumonia Vaccinations.** The **Cook County** prevalence of pneumonia vaccinations among seniors falls below the prevalence reported both statewide and nationwide, and is much lower than the prevalence in Lake County.
- **Tuberculosis.** The **Cook County** tuberculosis rate (5.5 per 100,000 population) exceeds both the Illinois (3.3) and national (3.9) rates.

Injury & Violence

- **Violent Crime.** The 2007-09 violent crime and homicide rates in **Cook County** were dramatically higher than found in neighboring counties (the homicide rate was more than twice as high in the **City of Chicago** as in the suburbs), and exceeded rates reported across Illinois and the US as well. In addition, the **Cook County** firearm-related death rate was higher than the state and national rates, and three times as high as the rate reported in DuPage County.

According to survey results, **Cook County** residents are much more likely than US adults to report being the victim of a violent crime in the past 5 years (7.1% vs. 1.6%, respectively). The percentage of **Cook County** adults who perceive their neighborhood to be “not at all safe” from crime is considerably higher than the percentages reported in DuPage and Lake counties and is especially high in the **Southwest** and **South** portions of the county.

- **Family Violence.** The **Cook County** domestic violence rate exceeds the rate reported statewide and is more than four times the reported rate in DuPage County.

Kidney Disease

- **Kidney Disease Deaths.** The **Cook County** 2007-09 kidney disease death rate (20.9) was much higher than the national rate (14.7).

Mental Health

- **Mental Health Status.** Adults in **Cook County** (especially **Southwest Cook**) gave notably lower ratings of their own overall mental and emotional health.
- **Depression.** **Cook County** residents are much more likely than adults nationwide to report experiencing chronic depression.

Nutrition & Overweight

- **Fruit & Vegetable Consumption.** The percentage of adults in **Cook County** who report eating the recommended 5+ servings of fruits and vegetables per day (43.3%) is much lower than that reported nationally (48.8%) and is especially low in **Southwest Cook County** (33.6%).
- **Accessing Produce.** The proportion of **Cook County** respondents who find it “very” or “somewhat difficult” to access fresh and affordable produce (20.2%) is much higher than reported in DuPage and Lake counties, and is reported among one in four residents of **Southwest Cook County**.
- **Overweight and Obesity.** A higher percentage of adults in **Cook County** are overweight and/or obese when compared with adults across the nation. The prevalence of overweight/obesity is particularly high among residents in the **South** and **Southwest** portion of Cook County.

A full 35.9% of **Cook County** parents have overweight children, much higher than the percentage of parents in DuPage and Lake counties.

Oral Health

- **Dental Visits.** **Cook County** adults are less likely than adults statewide and those in surrounding counties to have received dental care in the past year. Among **South Cook County** residents, an even lower percentage (53.8%) received dental care in the past year.
- **Dental Coverage.** The prevalence of **Cook County** adults with dental coverage is much lower than the prevalence reported in DuPage County; in Cook County, dental coverage is especially low in **Southwest Cook**.

Physical Activity & Exercise

- **Leisure-Time Physical Activity.** Although well below the national figure, the **Cook County** prevalence of adults lacking leisure-time physical activity is higher than the DuPage County prevalence, and is especially high in the **South** and **Southwest** parts of the county.
- **Accessing a Place for Exercise.** The proportion of **Cook County** respondents who find it “very” or “somewhat difficult” to access a safe and affordable place for

exercise (18.5%) is much higher than reported in DuPage and Lake counties, and is especially high in **Southwest Cook County**.

- **Children's Screen Time.** The proportion of children age 5-17 who spend 3+ hours watching television on an average day is unfavorably high in **Cook County**, and especially high among children in the **South**. With regard to computer usage, the **Cook County** prevalence of children who spend 3+ hours on the computer is twice the national prevalence and is reported among one in four **Northwest** children.

Respiratory Disease

- **Pneumonia/Influenza.** The **Cook County** age-adjusted death rate (19.8) exceeds the state (18.6) and national (16.4) rates.

Sexually Transmitted Diseases

- **Gonorrhea.** The 2009-11 gonorrhea incidence rate in **Cook County** is nearly twice the national rate (2008-10 data), and is dramatically higher in the **City of Chicago** than in Suburban Cook County.
- **Chlamydia.** The 2009-11 chlamydia incidence rate exceeded the national incidence rate (2008-10 data) considerably (and is especially high in the **City of Chicago**).
- **Syphilis.** The county's 2009-11 primary/secondary syphilis incidence rate was 4 times the national rate (2008-10 data), and nearly 6 times as high in the **City of Chicago** as in the suburbs.
- **Sexual Behavior.** The **Cook County** prevalence of unmarried adults under 65 who had 3+ sex partners in the past year is much higher than the national average, more than twice that reported in DuPage County, and particularly high in **North Cook County**.

Sickle-Cell Anemia

- **Prevalence of Sickle-Cell Anemia.** While affecting less than one percent of survey respondents, the prevalence of sickle-cell anemia among **Cook County** residents is much higher than reported in DuPage County and especially Lake County.

Substance Abuse

- **Drinking Levels.** **Cook County** adults are more likely to be binge drinkers than adults across the nation (the prevalence is particularly high among persons in **North Cook County**).
- **Illicit Drug Use.** The **Cook County** prevalence of illicit drug use is higher than the US prevalence, more than five times the DuPage County prevalence, and is particularly high in **North Cook**.

Tobacco Use

- **Environmental Tobacco Smoke.** Roughly 21% of households in **Southwest** and **South Cook County** have someone who smokes cigarettes in the home; the overall **Cook County** prevalence is much higher than the US overall, as well as neighboring DuPage and Lake counties. The prevalence of secondhand smoke

among households with children in **Cook County** exceeds the national prevalence and is especially high in **Southwest** and **South Cook County**.

Vision

- **Blindness/Trouble Seeing.** Uncorrectable vision problems are more often reported in **Cook County** when compared with adults nationwide, and is especially high in **South Cook**.

DuPage County

Dementias, Including Alzheimer's Disease

- **Alzheimer's Disease Deaths.** The **DuPage County** 2007-09 Alzheimer's disease death rate (23.9) exceeded the rate reported across Illinois (21.2).

HIV

- **HIV Testing.** The percentage of **DuPage County** adults aged 18 to 44 who have been tested for HIV in the past year is relatively low (17.8% versus 28.2% in Cook County, 26.0% in Lake County, and 19.9% nationwide).

Infectious Disease

- **Tuberculosis.** The **DuPage County** tuberculosis rate (3.5 per 100,000) exceeds the Illinois rate (3.3).

Injury & Violence

- **Firearms.** Although well below the national figure, the prevalence of firearms kept in or around the home is higher in **DuPage County** when compared with Cook County, including in households with children.

Kidney Disease

- **Kidney Disease Deaths.** The **DuPage County** 2007-09 kidney disease death rate (17.1) was higher than the corresponding national rate (14.7).

Physical Activity

- **Sedentary Employment.** Most (70.9%) employed residents of **DuPage County** report that sitting or standing makes up the majority of their time at work, higher than the 63.2% reported among employed adults nationwide.

Substance Abuse

- **Alcohol Use.** Overall, a relatively high percentage of **DuPage County** adults use alcohol (66.0% versus 59.1% across Illinois and 58.8% nationwide).

Lake County

Cancer

- **Skin Cancer.** While self-reported skin cancer prevalence (5.1%) in **Lake County** is more favorable than the national average, it is well above the Cook County prevalence.

Chronic Pain

- **Chronic Neck Pain.** A total of 11.9% of **Lake County** adults report suffering from chronic neck pain, much higher than the Cook County percentage (7.8%).

Dementias, Including Alzheimer's Disease

- **Alzheimer's Disease Deaths.** The **Lake County** 2007-09 Alzheimer's disease death rate (23.2) exceeded the rate reported across Illinois (21.2).

Injury & Violence

- **Firearms.** Although well below the national figure, the prevalence of firearms kept in or around the home is significantly higher in **Lake County** when compared with Cook County.

Kidney Disease

- **Kidney Disease Deaths.** The **Lake County** 2007-09 kidney disease death rate (20.9) was higher than the national rate (14.7).

Mental Health

- **Suicide.** The 2007-09 suicide rate in **Lake County** is higher than both the DuPage County and Cook County rates.

Physical Activity

- **Sedentary Employment.** Most (70.9%) employed residents of **Lake County** report that sitting or standing makes up the majority of their time at work, higher than the 63.2% reported among employed adults nationwide.

Substance Abuse

- **Drug-Induced Deaths.** Although below the national mortality rate, the 2007-09 age-adjusted drug-induced death rate in **Lake County** is higher than either the Illinois or DuPage County rates.
- **Alcohol Use.** Overall, a relatively high percentage of **Lake County** adults use alcohol (64.1% versus 59.1% across Illinois).

Areas Of Opportunity For Community Health Improvement

The following “health priorities” represent recommended areas of intervention, based on the information gathered through this Community Health 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 areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers or other local organizations and community leaders as to actionability and priority.

Cook County

- **Access to Healthcare Services**
 - ▶ Barriers to Access (Including Cost of Care, Office Hours, Children’s Healthcare)
 - ▶ Healthcare Coverage (Including Medicare Supplemental Coverage and Insurance Instability)
 - ▶ Use of Emergency Room Services
- **Cardiovascular Disease**
 - ▶ Heart Disease Mortality
- **Family Planning**
 - ▶ Births to Unwed Mothers
- **HIV**
 - ▶ HIV Mortality
- **Infant Health & Family Planning**
 - ▶ Timely Prenatal Care
 - ▶ Birthweight
 - ▶ Infant Mortality
- **Infectious Disease**
 - ▶ Tuberculosis Incidence
- **Injury & Violence**
 - ▶ Homicide & Firearm-Related Mortality
 - ▶ Violent Crime & Victimization
 - ▶ Feelings of Neighborhood Safety
 - ▶ Domestic Violence
- **Kidney Disease**
 - ▶ Kidney Disease Mortality
- **Mental Health**
 - ▶ General Mental Health Status
 - ▶ Chronic Depression

- **Nutrition, Physical Activity & Overweight**
 - ▶ Fruit & Vegetable Consumption
 - ▶ Access to Affordable Fresh Produce
 - ▶ Computer Screen Time (Children)
- **Oral Health**
 - ▶ Dental Visits
 - ▶ Dental Insurance Coverage
- **Respiratory Disease**
 - ▶ Pneumonia & Influenza Mortality
 - ▶ Flu Shots (65+)
 - ▶ Pneumonia Vaccinations (65+)
- **Sexually Transmitted Diseases**
 - ▶ STD Incidence Rates (Gonorrhea, Chlamydia, Syphilis)
 - ▶ Multiple Sex Partners
- **Sickle-Cell Anemia**
- **Substance Abuse**
 - ▶ Binge Drinking
 - ▶ Illicit Drug Use
- **Tobacco Use**
 - ▶ Secondhand Smoke in the Home (Including Homes w/Children)

Additional Issues for Consideration Within Cook County Subdivisions
(In Addition to Those Identified for Cook County Overall)

North Cook County	Northwest Cook	Downtown/ West Cook	Southwest Cook	South Cook County
Routine Checkups	Osteoporosis (50+)	Cost of Prescriptions	Cost of Prescriptions	Cost of Prescriptions
Prevalence of Major Depression	Blood Pressure Screenings		"Fair/Poor" Health Status	Lack of Transportation
Overall Alcohol Use	Firearms in the Home (HHs w/Kids)		Prevalence of Heart Disease	Prescription Misuse
			Prevalence of Hypertension	Ratings of Local Healthcare
			Cardiovascular Risk Factors	Prevalence of Stroke
			Bike Helmet Usage (Children)	Prevalence of Hypertension
			Perceptions of Neighborhood Safety	Cardiovascular Risk Factors
			"Fair/Poor" Mental Health	Seat Belt Usage
			Fruit/Vegetable Consumption	Firearms in the Home
			Difficulty Accessing Fresh Produce	Ratings of Neighborhood Safety
			Prevalence of Overweight	Prevalence of Overweight
			Prevalence of Obesity	Prevalence of Obesity
			Lack of Dental Insurance	Professional Advice (Overweight Adults)
			Leisure-Time Physical Activity	Trying to Lose (Overweight Adults)
			Difficulty Accessing Places for Exercise	Dental Visits
			Use of Condoms	Leisure-Time Physical Activity
				TV Screen Time (Children)
				Nasal/Hay Fever Allergies
				Asthma (Adults)
				Vision Problems

DuPage County

- **Dementias, Including Alzheimer's Disease**
 - ▶ Alzheimer's Disease Mortality
- **Infectious Disease**
 - ▶ Tuberculosis Incidence
- **Kidney Disease**
 - ▶ Kidney Disease Mortality
- **Substance Abuse**
 - ▶ Overall Alcohol Use

Lake County

- **Dementias, Including Alzheimer's Disease**
 - ▶ Alzheimer's Disease Mortality
- **Kidney Disease**
 - ▶ Kidney Disease Mortality
- **Substance Abuse**
 - ▶ Overall Alcohol Use
 - ▶ Drug-Induced Mortality

Top Community Health Concerns Among Community Key Informants

At the conclusion of each key informant focus group, participants were asked to write down what they individually perceive as the top health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized and tallied to produce the top-ranked priorities as identified among key informants. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

For each focus group, as well as regionally, three to four issues clearly emerged as top concerns, as outlined in the table below.

Top Health Concerns Among Participating Key Informants									
	DuPage County	Lake County	Cook County (Overall)	North Cook County	North Chicago	Downtown/ West Chicago	South Chicago	South Cook County	MCHC Region Overall
#1	Mental Health	Health Education	Access to Health Services	Mental Health	Access to Health Services	Health Education & Prevention	Mental Health	Access to Health Services	Access to Health Services
#2	Access to Health Services	Access to Health Services	Prevention	Access to Health Services	Mental Health	Access to Health Services	Obesity & Nutrition	Obesity & Nutrition	Mental Health
#3	Obesity	Substance Abuse	Obesity & Nutrition	Obesity	Health Education & Prevention	Obesity & Nutrition	Trauma Care	Mental Health	Health Education & Prevention
#4	Availability of Specialists	—	Mental Health	Health Education & Prevention	Oral Health	—	—	—	Obesity & Nutrition

Summary Tables: Comparisons With Benchmark Data

TREND SUMMARY

(Current vs. Baseline Data)

Survey Data Indicators:

Trends for survey-derived indicators represent significant changes since 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 county-level data for the MCHC Region.*









































The following tables provide an overview of indicators in the MCHC Region, including comparisons among the individual county and subcounty areas, 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 green columns [to the left of the MCHC Region column] provide comparisons among the individual counties, while the tan columns ■ provide comparisons among the Cook County subdivisions; each of these areas is compared against all other areas in the MCHC Region combined. Differences are identified as "better than" (☀️), "worse than" (💜), or "similar to" (☁️) the combined opposing areas.
- The columns to the right of the MCHC Region column provide trending, as well as comparisons between the MCHC Region 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.












































Access to Health Services	Each Sub-Area vs. All Others Combined								MCHC Region	MCHC Region vs. Benchmarks			TREND
	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co		vs. IL	vs US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	 16.9	 13.7	 20.5	 20.5	 19.2	 18.1	 11.4	 11.7	16.6	 15.3	 14.9	 0.0	 17.9
% [65+] With Medicare Supplement Insurance	 81.0	 74.9	 54.0	 58.5	 57.2	 65.0	 89.7	 84.5	69.7	 75.5			 70.4
% [Insured] Insurance Covers Prescriptions	 94.4	 91.5	 92.1	 92.2	 93.4	 92.7	 95.6	 96.1	93.4	 93.9			 91.6
% [Insured] Went Without Coverage in Past Year	 4.4	 6.5	 9.8	 6.9	 10.4	 7.4	 3.4	 6.0	6.6	 4.8			 7.5
% Difficulty Accessing Healthcare in Past Year (Composite)	 38.3	 36.7	 44.5	 38.4	 46.8	 40.6	 34.9	 30.6	38.9	 37.3			 42.4
% Inconvenient Hrs Prevented Dr Visit in Past Year	 15.9	 14.2	 19.3	 20.2	 19.5	 17.7	 13.8	 16.8	17.1	 14.3			 19.4
% Cost Prevented Getting Prescription in Past Year	 10.7	 13.0	 19.5	 20.8	 21.6	 16.8	 11.6	 10.7	15.5	 15.0			 20.3
% Cost Prevented Physician Visit in Past Year	 14.6	 13.0	 18.8	 18.9	 20.4	 16.9	 11.6	 11.4	15.7	 14.0			 18.0
% Difficulty Getting Appointment in Past Year	 15.7	 11.3	 17.8	 14.5	 17.9	 15.3	 11.5	 10.8	14.4	 16.5			 17.9
% Difficulty Finding Physician in Past Year	 7.2	 8.5	 12.0	 11.8	 12.3	 10.2	 6.4	 6.6	9.4	 10.7			 10.2
% Transportation Hindered Dr Visit in Past Year	 6.4	 7.6	 9.2	 8.1	 13.0	 8.6	 5.5	 7.9	8.1	 7.7			 11.8
% Skipped Prescription Doses to Save Costs	 9.5	 13.8	 18.8	 17.8	 18.8	 15.5	 12.9	 12.5	14.9	 14.8			 15.9
% Difficulty Getting Child's Healthcare in Past Year	 4.2	 2.4	 6.1	 3.3	 4.5	 4.2	 0.0	 1.6	3.3	 1.9			 6.0































Access to Health Services (continued)	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% [Age 18+] Have a Specific Source of Ongoing Care	 74.7	 79.0	 74.7	 71.7	 74.4	 75.0	 79.1	 77.1
% Have Had Routine Checkup in Past Year	 64.3	 74.3	 70.4	 75.9	 76.8	 72.0	 69.1	 72.4
% Child Has Had Checkup in Past Year	 90.8	 86.7	 89.7	 94.2	 94.2	 90.8	 92.4	 89.5
% Two or More ER Visits in Past Year	 5.0	 6.9	 11.8	 8.8	 12.0	 8.7	 4.9	 6.8
% Rate Local Healthcare "Fair/Poor"	 11.5	 13.7	 19.0	 19.1	 23.5	 16.9	 8.9	 13.8
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	
75.7				
	76.3	95.0	74.4	
71.6				
	67.3		69.2	
90.9				
	87.0		92.4	
7.9				
	6.5		9.0	
15.5				
	15.3		16.9	
<div> better</div> <div> similar</div> <div> worse</div>				











Arthritis, Osteoporosis & Chronic Back Conditions	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% [50+] Arthritis/Rheumatism	 35.1	 34.3	 38.6	 38.7	 42.3	 37.6	 34.9	 38.7
% [50+] Osteoporosis	 12.1	 14.8	 10.2	 9.1	 6.9	 10.8	 8.4	 8.9
% Sciatica/Chronic Back Pain	 15.4	 12.7	 19.3	 13.6	 18.0	 15.7	 16.1	 18.6
% Migraine/Severe Headaches	 12.4	 11.7	 17.2	 12.8	 13.2	 13.5	 10.1	 15.4
% Chronic Neck Pain	 7.0	 7.4	 8.4	 7.9	 8.8	 7.8	 10.2	 11.9
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	
37.3	 35.4			 34.1
10.3	 11.4	 5.3		 10.2
16.0	 21.5			 17.0
13.2	 16.9			 15.2
8.5	 8.3			 7.5
 better  similar  worse				







Cancer	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
Cancer (Age-Adjusted Death Rate)						 183.6	 162.3	 172.7
Lung Cancer (Age-Adjusted Death Rate)								
Prostate Cancer (Age-Adjusted Death Rate)								
Female Breast Cancer (Age-Adjusted Death Rate)								
Colorectal Cancer (Age-Adjusted Death Rate)								
% Skin Cancer	 3.1	 2.7	 3.0	 1.8	 2.2	 2.6	 3.4	 5.1
% Cancer (Other Than Skin)	 5.1	 5.0	 4.8	 3.7	 4.4	 4.6	 4.7	 4.4
% [Men 50+] Prostate Exam in Past 2 Years	 68.6	 74.0	 63.3	 70.3	 71.4	 69.7	 77.9	 82.4
% [Women 50-74] Mammogram in Past 2 Years	 73.1	 76.5	 79.3	 77.6	 79.1	 77.1	 80.7	 75.8
% [Women 21-65] Pap Smear in Past 3 Years	 82.8	 86.6	 84.0	 87.9	 86.7	 85.4	 87.1	 87.8












MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs US	vs. HP2020	
179.3	 183.9	 175.6	 160.6	 204.9
46.9	 52.1	 49.5	 45.5	
26.6	 24.3	 22.6	 21.2	
24.8	 23.7	 22.6	 20.6	
18.0	 18.1	 16.4	 14.5	
2.9		 8.1		 3.3
4.6		 5.5		 5.3
72.2		 70.5		 78.4
77.6	 73.0	 79.9	 81.1	 80.6
85.9	 83.2	 84.7	 93.0	 83.7











Cancer (continued)	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% [Age 50+] Sigmoid/Colonoscopy Ever	 64.5	 70.1	 69.5	 63.0	 68.2	 67.1	 70.8	 74.0
% [Age 50+] Blood Stool Test in Past 2 Years	 23.4	 30.0	 25.5	 32.2	 31.2	 28.6	 28.9	 21.2
% [Age 50-75] Colorectal Cancer Screening	 62.5	 67.8	 68.1	 66.6	 65.0	 66.2	 69.4	 72.9
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	
68.3	 61.9	 72.0		 68.8
28.0	 12.4	 28.3		 27.2
67.3			 70.5	
 better  similar  worse				

Chronic Kidney Disease	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
Kidney Disease (Age-Adjusted Death Rate)						 20.9	 17.1	 17.2
% Kidney Disease	 2.3	 1.2	 2.3	 1.8	 2.1	 1.9	 2.0	 2.2
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	
20.0	 19.5	 14.7		 19.1
2.0				
 better  similar  worse				







Diabetes	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
Diabetes Mellitus (Age-Adjusted Death Rate)						 22.7	 11.5	 19.4
% Diabetes/High Blood Sugar	 8.3	 9.8	 9.3	 14.4	 13.3	 10.8	 10.0	 10.7
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	
20.9	 21.3	 21.7	 19.6	 24.6
10.7	 8.7	 10.1		 10.0
 better  similar  worse				

Each Sub-Area vs. All Others Combined









Dementias, Including Alzheimer's Disease






	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
Alzheimer's Disease (Age-Adjusted Death Rate)						 16.3	 23.9	 23.2
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	
17.8	 21.2	 23.5		 15.4
 better  similar  worse				

Each Sub-Area vs. All Others Combined







Educational & Community-Based Programs










	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% Attended Health Event in Past Year	 21.3	 17.9	 21.9	 17.9	 24.1	 20.4	 19.6	 19.3
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	
20.2		 22.2		 17.4
 better  similar  worse				

















Each Sub-Area vs. All Others Combined










Family Planning

	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% of Births to Unwed Mothers						 45.6	 23.4	 31.3
% Births to Teenagers						 10.7	 4.3	 7.6
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	
41.6	 38.0	 40.4		 36.5
9.7	 9.9	 10.3		 10.9
 better  similar  worse				






Each Sub-Area vs. All Others Combined

General Health Status	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% "Fair/Poor" Physical Health	 13.4	 12.5	 17.7	 20.6	 18.9	 16.4	 11.2	 14.3
% Activity Limitations	 18.2	 17.9	 17.8	 19.7	 20.9	 18.7	 19.6	 20.9
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	
15.4	 15.5	 16.8		 15.7
19.0	 17.8	 17.0		 15.5
 better  similar  worse				














Each Sub-Area vs. All Others Combined

Hearing & Other Sensory or Communication Disorders	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% Deafness/Trouble Hearing	 2.9	 7.0	 6.9	 5.4	 4.9	 5.5	 6.2	 7.8
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	
5.8		 9.6		 8.0
 better  similar  worse				
































Each Sub-Area vs. All Others Combined

Heart Disease & Stroke	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
Diseases of the Heart (Age-Adjusted Death Rate)						 199.3	 151.6	 151.8
Stroke (Age-Adjusted Death Rate)						 40.3	 36.9	 40.7
% Heart Disease (Heart Attack, Angina, Coronary Disease)	 3.4	 2.8	 5.5	 7.0	 6.6	 4.9	 5.2	 5.9
% Stroke	 2.1	 2.8	 3.7	 3.3	 5.3	 3.3	 2.6	 3.1
% Sickle-Cell Anemia	 0.3	 0.6	 0.6	 1.2	 0.7	 0.7	 0.3	 0.1











MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs US	vs. HP2020	
188.3	 189.3	 185.8	 152.7	 257.9
39.7	 41.8	 40.6	 33.8	 56.7
5.1		 6.1		 5.3
3.2	 2.7	 2.7		 3.0
0.6				












Each Sub-Area vs. All Others Combined












































Heart Disease & Stroke (continued)	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% Blood Pressure Checked in Past 2 Years	 94.4	 92.4	 94.1	 95.4	 96.1	 94.3	 96.7	 95.2
% Told Have High Blood Pressure (Ever)	 25.1	 32.6	 36.2	 37.9	 40.7	 34.0	 28.4	 31.5
% [HBP] Taking Action to Control High Blood Pressure	 94.8	 90.8	 92.9	 95.0	 94.3	 93.4	 93.2	 87.0
% Cholesterol Checked in Past 5 Years	 91.9	 93.8	 89.2	 93.1	 90.2	 91.7	 89.8	 91.8
% Told Have High Cholesterol (Ever)	 28.7	 28.3	 30.4	 29.4	 27.8	 29.0	 31.2	 32.7
% [HBC] Taking Action to Control High Blood Cholesterol	 89.0	 87.2	 84.9	 93.4	 87.4	 88.4	 91.6	 85.2
% 1+ Cardiovascular Risk Factor	 76.6	 80.7	 82.8	 87.3	 87.1	 82.6	 73.3	 80.0
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	
94.8				
33.0				
92.9				
91.4				
29.6				
88.6				
81.0				
 better  similar  worse				































Each Sub-Area vs. All Others Combined
















HIV	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
HIV/AIDS (Age-Adjusted Death Rate)						 4.3	 0.7	
% [Age 18-44] HIV Test in the Past Year	 22.4	 22.2	 29.5	 26.7	 45.9	 28.2	 17.8	 26.0
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	
3.8				
26.6				
 better  similar  worse				































Immunization & Infectious Diseases	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% [Age 65+] Flu Shot in Past Year	 72.0	 66.4	 69.3	 56.8	 54.9	 63.8	 65.5	 76.5
% [High-Risk 18-64] Flu Shot in Past Year	 65.9	 53.8	 56.9	 50.6	 32.0	 52.6	 45.5	 49.3
% [Age 65+] Pneumonia Vaccine Ever	 66.5	 54.4	 56.9	 48.6	 48.9	 54.7	 64.2	 69.5
% [High-Risk 18-64] Pneumonia Vaccine Ever	 39.3	 29.1	 38.0	 34.6	 34.5	 35.3	 30.9	 41.5
Tuberculosis Incidence per 100,000						 5.5	 3.5	 2.0
% Ever Vaccinated for Hepatitis B	 44.3	 34.7	 39.8	 33.9	 29.2	 37.0	 39.5	 38.8
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	
65.0	 65.5	 71.6	 90.0	 66.0
51.4		 52.5	 90.0	 43.4
57.1	 61.9	 68.1	 90.0	 66.9
35.3		 32.0	 60.0	 27.6
4.9	 3.3	 3.9	 1.0	 8.2
37.5		 38.4		 37.1
 better  similar  worse				















Injury & Violence Prevention	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
Unintentional Injury (Age-Adjusted Death Rate)						 26.7	 20.3	 26.8
Motor Vehicle Crashes (Age-Adjusted Death Rate)						 7.0	 3.6	 4.9
% "Always" Wear Seat Belt	 89.4	 90.5	 87.3	 86.5	 84.1	 87.8	 92.5	 89.9
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	 92.6	 92.8	 97.5	 93.3	 94.1	 94.2	 97.1	 92.2
% Child [Age 5-17] "Always" Wears Bicycle Helmet	 49.2	 27.3	 39.3	 17.0	 36.7	 32.7	 29.2	 38.1




































MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs US	vs. HP2020	
25.8	 31.9	 38.7	 36.0	 30.7
6.4	 9.3	 13.0	 12.4	 10.0
88.7		 85.3	 92.4	 86.1
94.4		 91.6		 92.8
32.8		 35.3		 32.4
















Injury & Violence Prevention (continued)	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
Firearm-Related Deaths (Age-Adjusted Death Rate)						 10.9	 3.3	 4.3
% Firearm in Home	 7.9	 13.0	 7.5	 12.7	 13.5	 10.7	 17.5	 19.2
% [Homes With Children] Firearm in Home	 6.0	 15.9	 8.5	 11.7	 8.2	 10.2	 17.0	 17.1
% [Homes With Firearms] Weapon(s) Unlocked & Loaded		 13.8	 16.3	 18.0	 9.9	 15.6	 7.0	 11.0
Homicide (Age-Adjusted Death Rate)						 11.2	 1.6	 2.9
Violent Crime per 100,000						 785.3	 111.6	 194.8
% Perceive Neighborhood to be "Not At All Safe" from Crime	 1.4	 3.9	 9.8	 10.6	 14.6	 7.6	 0.4	 2.7
% Victim of Violent Crime in Past 5 Years	 4.0	 4.3	 7.8	 11.5	 8.3	 7.1	 1.7	 2.9
Domestic Violence Offenses per 100,000						 1297.9	 298.8	 366.9
% Ever Threatened With Violence by Intimate Partner	 9.2	 10.2	 13.5	 10.7	 13.6	 11.3	 5.4	 13.1
% Victim of Domestic Violence (Ever)	 11.1	 11.5	 15.6	 11.7	 15.3	 12.9	 6.8	 13.5
Child Abuse Offenses per 1,000 Children						 21.9	 14.7	 22.1
	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	
9.2	 8.1	 10.2	 9.2	 11.2
12.4		 37.9		 10.0
11.9		 34.4		 7.5
13.3		 16.9		 15.8
9.1	 6.7	 5.8	 5.5	 11.5
634.1	 519.5	 454.1		 817.6
6.1				
5.9		 1.6		 5.8
1068.0	 1224.3			 1213.2
10.6		 11.7		 12.5
12.1		 13.5		 13.9
21.3	 30.0			 22.0
 better  similar  worse				

















Maternal, Infant & Child Health	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% No Prenatal Care in First Trimester						 21.4	 13.1	 17.3
% of Low Birthweight Births						 9.1	 7.4	 7.7
Infant Death Rate						 7.4	 5.2	 4.8
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	
20.1	 19.1		 22.1	 20.3
8.8	 8.4	 8.2	 7.8	 8.6
6.8	 6.7	 6.5	 6.0	 8.3
 better  similar  worse				

Mental Health & Mental Disorders	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% "Fair/Poor" Mental Health	 8.2	 13.1	 16.6	 16.2	 11.8	 13.2	 8.6	 11.5
% Major Depression	 11.3	 7.8	 9.7	 7.1	 8.9	 9.0	 6.7	 8.4
% Symptoms of Chronic Depression (2+ Years)	 24.8	 30.4	 28.5	 30.4	 25.9	 28.1	 18.8	 26.1
Suicide (Age-Adjusted Death Rate)						 7.6	 7.5	 9.1
% [Those With Major Depression] Seeking Help								
% Typical Day Is "Extremely/Very" Stressful	 9.4	 11.2	 16.3	 10.8	 9.8	 11.7	 13.5	 9.2

























































MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs US	vs. HP2020	
12.5		 11.7		 9.6
8.6		 11.7		 9.2
26.6		 26.5		 26.9
7.7	 8.9	 11.6	 10.2	 7.4
82.4		 82.0	 75.1	 75.7
11.7		 11.5		 11.5

















Each Sub-Area vs. All Others Combined









































Mental Health & Mental Disorders (continued)	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% 3+ Days Without Enough Sleep in the Past Month	 64.7	 59.1	 63.3	 64.8	 58.0	 62.3	 60.7	 58.0
% Child [Age 5-17] Takes Prescription for ADD/ADHD	 2.8	 2.9	 3.2	 3.7	 5.4	 3.5	 7.5	 8.0
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	
61.6				
4.6		 6.5		 7.5
 better  similar  worse				

























Each Sub-Area vs. All Others Combined













Nutrition & Weight Status	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% Eat 5+ Servings of Fruit or Vegetables per Day	 45.5	 48.0	 46.7	 33.6	 41.6	 43.3	 47.2	 50.1
% "Very/Somewhat Difficult" to Buy Fresh Produce Affordably	 13.0	 18.6	 22.8	 24.9	 23.0	 20.2	 9.7	 17.6
% Medical Advice on Nutrition in Past Year	 42.6	 44.5	 44.9	 44.2	 47.8	 44.6	 40.9	 48.9
% Healthy Weight (BMI 18.5-24.9)	 41.0	 31.4	 31.6	 26.5	 31.5	 32.5	 40.6	 36.9
% Overweight	 56.1	 66.4	 67.0	 72.7	 67.7	 65.7	 58.0	 61.2
% Obese	 23.8	 32.7	 30.3	 31.6	 35.5	 30.4	 22.2	 26.7
% Medical Advice on Weight in Past Year	 25.0	 30.0	 29.7	 32.0	 26.1	 28.7	 26.0	 29.9

















































































MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs US	vs. HP2020	
44.4		 48.8		 43.4
18.4				
44.4		 41.9		 42.4
34.1		 31.7	 33.9	 36.6
64.3	 63.2	 66.9		 61.8
29.0	 28.7	 28.5	 30.6	 27.3
28.4		 25.7		 26.9





































Nutrition & Weight Status (continued)	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% [Overweights] Counseled About Weight in Past Year	 37.7	 42.8	 36.5	 39.9	 32.4	 38.2	 36.7	 43.4
% [Obese Adults] Counseled About Weight in Past Year	 52.3	 56.9	 56.8	 50.2	 46.3	 52.9	 49.7	 53.6
% [Overweights] Trying to Lose Weight Both Diet/Exercise	 51.5	 48.4	 49.8	 43.7	 40.1	 47.0	 44.5	 53.3
% Children [Age 5-17] Overweight	 27.9	 35.4	 38.2	 38.5	 38.0	 35.9	 25.2	 22.5
% Children [Age 5-17] Obese	 10.6	 21.4	 21.3	 16.2	 26.4	 19.3	 15.2	 16.1
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	
38.4	 30.9			 35.5
52.6	 47.4	 31.8		 52.6
47.2	 38.6			 43.8
32.5	 30.7			 31.1
18.2	 18.9	 14.6		 19.1
 better  similar  worse				



Oral Health	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% [Age 18+] Dental Visit in Past Year	 72.6	 70.1	 62.2	 68.9	 53.8	 66.3	 77.8	 76.3
% Child [Age 2-17] Dental Visit in Past Year	 82.4	 85.5	 84.0	 87.1	 81.7	 84.4	 83.1	 87.2
% Have Dental Insurance	 63.1	 67.8	 66.4	 59.3	 60.9	 63.7	 71.8	 67.2
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	
68.8	 69.7	 66.9	 49.0	 67.6
84.5		 79.2	 49.0	 81.0
65.2		 60.8		 62.1
 better  similar  worse				










Physical Activity	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% [Employed] Job Entails Mostly Sitting/Standing	 70.8	 59.6	 68.4	 59.3	 67.6	 65.0	 70.9	 70.9
% No Leisure-Time Physical Activity	 15.0	 16.1	 16.8	 22.3	 26.0	 18.7	 14.3	 15.5
% Meeting Physical Activity Guidelines	 55.5	 50.4	 50.1	 49.9	 42.2	 50.2	 50.8	 50.4
% Moderate Physical Activity	 30.4	 25.5	 30.4	 29.9	 22.5	 28.1	 25.1	 30.3
% Vigorous Physical Activity	 42.6	 41.5	 37.8	 37.2	 34.0	 39.0	 40.4	 37.0
% Medical Advice on Physical Activity in Past Year	 47.5	 51.2	 51.4	 51.4	 49.6	 50.3	 47.5	 50.8
% "Very/Somewhat Difficult" to Access a Place for Exercise	 10.9	 18.7	 19.8	 23.3	 20.9	 18.5	 12.2	 10.2
% Child [Age 5-17] Watches TV 3+ Hours per Day	 15.0	 15.0	 20.3	 15.1	 34.6	 19.2	 12.6	 15.3
% Child [Age 5-17] Uses Computer 3+ Hours per Day	 15.4	 25.0	 11.3	 17.5	 22.7	 18.4	 17.0	 12.0
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	 41.2	 55.1	 47.8	 53.8	 47.8	 49.8	 46.2	 41.7
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	
66.4	 63.2	 63.2	 63.2	 67.2
17.8	 25.7	 28.7	 32.6	 20.3
50.3	 51.8	 42.7	 42.7	 47.9
27.8	 23.9	 23.9	 23.9	 25.1
39.0	 31.8	 34.8	 34.8	 38.4
49.9	 47.8	 47.8	 47.8	 47.9
16.8				
17.7	 19.7	 19.7	 19.7	
17.5	 9.9	 9.9	 9.9	
48.2	 43.4	 43.4	 43.4	
 better  similar  worse				

















Respiratory Diseases	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
CLRD (Age-Adjusted Death Rate)						 30.7	 34.7	 36.5
Pneumonia/Influenza (Age-Adjusted Death Rate)						 19.8	 16.3	 16.0
% Nasal/Hay Fever Allergies	 29.1	 23.2	 23.9	 24.0	 30.0	 25.8	 23.7	 23.2
% Sinusitis	 12.2	 12.7	 13.0	 10.0	 13.5	 12.2	 12.7	 14.2
% Chronic Lung Disease	 7.3	 4.7	 7.2	 8.8	 8.1	 7.2	 8.4	 7.6
% [Adult] Currently Has Asthma	 7.5	 6.0	 10.4	 7.2	 10.9	 8.2	 8.2	 7.4
% [Child 0-17] Currently Has Asthma	 6.7	 6.9	 4.6	 10.3	 8.9	 7.2	 8.8	 7.3
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	
31.5	 39.9	 42.4		 34.1
19.0	 18.6	 16.4		 23.0
25.3		 27.3		 23.3
12.5		 19.4		 14.2
7.4		 8.4		 7.6
8.2	 9.2	 7.5		 9.0
7.5		 6.8		 8.6
 better  similar  worse				

Sexually Transmitted Diseases	Each Sub-Area vs. All Others Combined							
	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
Gonorrhea Incidence per 100,000						 199.2	 22.9	 49.5
Primary & Secondary Syphilis Incidence per 100,000						 17.6	 2.4	 3.4
Chlamydia Incidence per 100,000						 621.9	 157.2	 288.8




















































MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs US	vs. HP2020	
160.1	 127.3	 103.2		 223.6
14.1	 8.5	 4.5		 5.2
525.2	 449.6	 409.8		 463.9



















Each Sub-Area vs. All Others Combined

Sexually Transmitted Diseases (continued)	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	 18.1	 13.8	 10.5	 8.1	 7.5	 11.6	 4.6	 8.5
% [Unmarried 18-64] Using Condoms	 46.3	 47.9	 47.1	 39.9	 52.1	 46.4	 43.2	 41.5
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	
10.6		 7.1		 10.8
45.7		 18.9		 46.3
 better  similar  worse				













Each Sub-Area vs. All Others Combined

Substance Abuse	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)						 8.8	 6.3	 6.9
% Liver Disease	 1.0	 1.8	 2.1	 1.7	 2.6	 1.8	 0.6	 1.7
% Current Drinker	 66.3	 61.8	 63.5	 54.0	 52.3	 60.2	 66.0	 64.1
% Chronic Drinker (Average 2+ Drinks/Day)	 4.4	 4.8	 5.3	 4.1	 3.5	 4.5	 4.2	 4.6
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	 28.8	 17.2	 21.4	 17.6	 14.3	 20.3	 19.3	 16.3
% Drinking & Driving in Past Month	 1.9	 2.1	 2.7	 2.0	 1.4	 2.1	 1.9	 3.2
% Driving Drunk or Riding with Drunk Driver	 5.1	 5.2	 9.2	 6.1	 3.9	 6.1	 3.8	 7.3

















































MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs US	vs. HP2020	
8.2	 8.2	 9.2	 8.2	 9.5
1.6				
61.3	 59.1	 58.8		 58.7
4.4	 5.7	 5.6		 3.3
19.8	 17.8	 16.7	 24.3	 19.0
2.1		 3.5		 1.8
5.8		 5.5		 5.2
















Each Sub-Area vs. All Others Combined

Substance Abuse (continued)	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
Drug-Induced Deaths (Age-Adjusted Death Rate)						 10.3	 7.8	 11.7
% Illicit Drug Use in Past Month	 6.0	 3.9	 5.2	 3.4	 2.2	 4.3	 0.8	 3.7
% Ever Sought Help for Alcohol or Drug Problem	 4.3	 2.7	 4.1	 2.4	 5.2	 3.6	 2.6	 4.8
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	
10.1	 10.5	 12.6	 11.3	 9.1
3.7		 1.7	 7.1	 3.2
3.6		 3.9		 3.9
 better  similar  worse				










Each Sub-Area vs. All Others Combined

Tobacco Use	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% Current Smoker	 15.6	 13.0	 16.1	 16.6	 17.8	 15.6	 11.2	 15.3
% Someone Smokes at Home	 10.5	 15.7	 18.1	 21.3	 21.3	 17.1	 12.1	 11.7
% [Non-Smokers] Someone Smokes in the Home	 2.7	 9.7	 11.2	 14.5	 11.7	 9.8	 6.8	 5.7
% [Household With Children] Someone Smokes in the Home	 3.8	 16.4	 14.0	 15.5	 24.2	 14.3	 13.8	 9.8
% [Smokers] Received Advice to Quit Smoking	 72.7	 72.9	 67.4	 74.5	 68.4	 71.3	 69.0	 72.1
% [Smokers] Have Quit Smoking 1+ Days in Past Year	 57.3	 51.8	 65.6	 48.8	 63.7	 57.1	 59.1	 58.9

















MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs US	vs. HP2020	
15.0	 16.9	 16.6	 12.0	 16.4
15.9		 13.6		 15.5
9.0		 5.7		 7.5
13.8		 12.1		 14.7
71.1		 63.7		 65.3
57.5		 56.2	 80.0	 63.6








Each Sub-Area vs. All Others Combined

Tobacco Use (continued)	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% Smoke Cigars	 2.9	 3.9	 6.1	 5.8	 5.1	 4.8	 2.8	 4.9
% Use Smokeless Tobacco	 1.6	 1.8	 2.0	 1.7	 1.8	 1.8	 1.6	 2.1
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.								

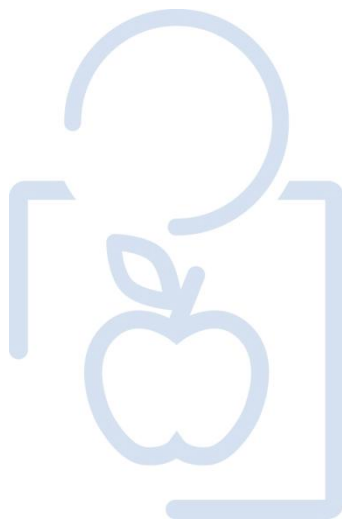
MCHC Region	MCHC Region vs. Benchmarks			TREND
	vs. IL	vs US	vs. HP2020	
4.5		 4.2	 0.2	 5.2
1.8		 2.8	 0.3	 2.0
 better  similar  worse				

Each Sub-Area vs. All Others Combined

Vision	North Cook	NW Cook	DT/W Cook	SW Cook	South Cook	Cook Co	DuPage Co	Lake Co
% Blindness/Trouble Seeing	 6.4	 6.5	 9.3	 9.1	 10.9	 8.3	 4.9	 6.0
% Eye Exam in Past 2 Years	 61.8	 61.0	 56.5	 55.1	 57.4	 58.5	 58.3	 63.1
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	
7.6		 6.9		 8.4
58.8		 57.5		 59.7
 better  similar  worse				

GENERAL HEALTH STATUS



Overall Health Status

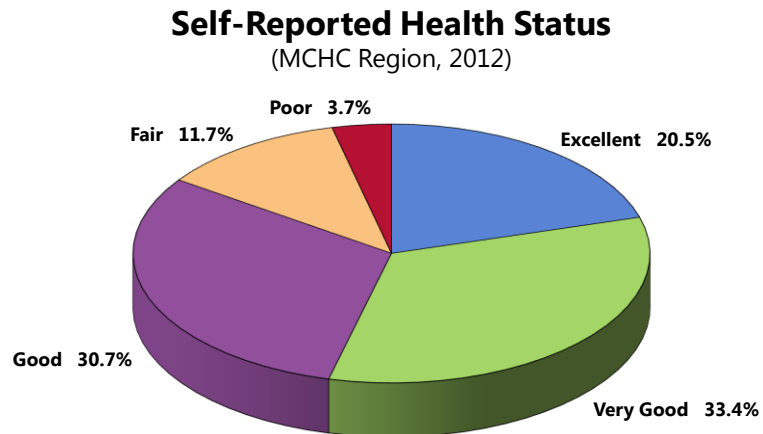
The initial inquiry of the PRC Community Health Survey asked respondents the following:

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

Self-Reported Health Status

A total of 53.9% of MCHC Region adults rate their overall health as "excellent" or "very good."

- Another 30.7% gave "good" ratings of their overall health.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

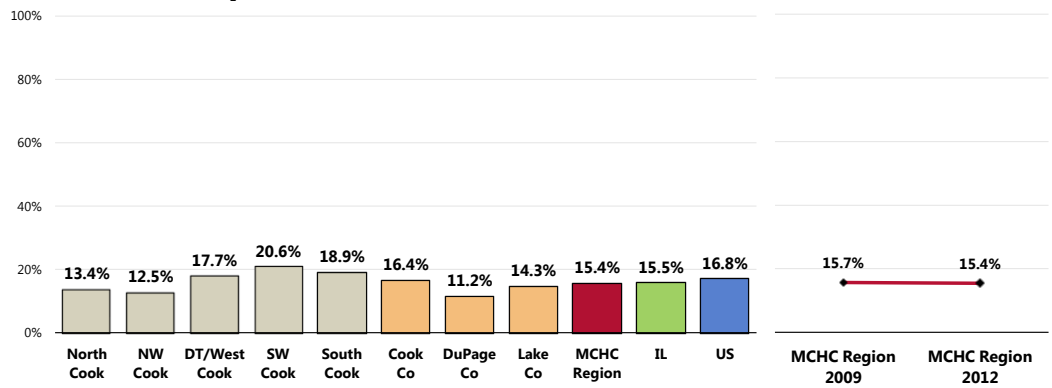
However, 15.4% of MCHC Region adults believe that their overall health is "fair" or "poor."

- Statistically similar to statewide findings.
- Statistically similar to the national percentage.
- Unfavorably high in Cook County; lowest among DuPage County residents.
 - Within Cook County, highest in Southwest Cook County, lowest in the North and Northwest portions of the county.
- 📊 No statistically significant change has occurred when comparing "fair/poor" overall health reports to 2009 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, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2010 Illinois data.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

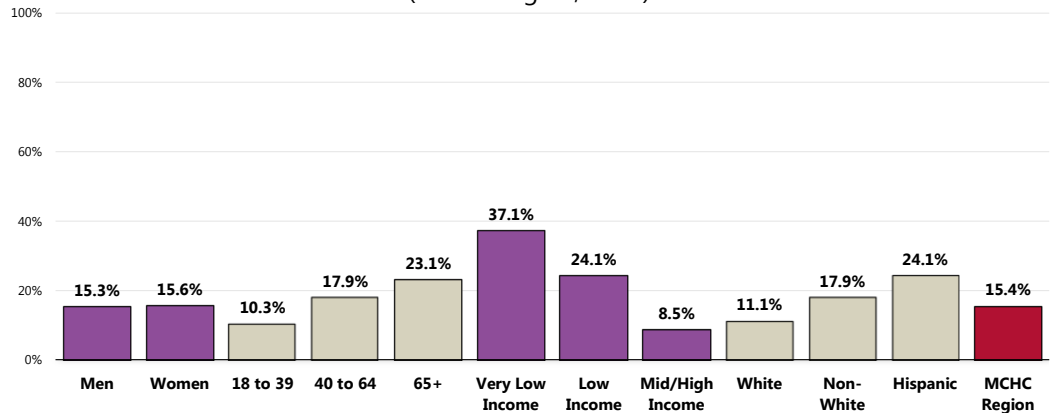
Notes: • Asked of all respondents.

Adults with the following demographic characteristics are more likely to report experiencing "fair" or "poor" overall health:

- 👤 Adults age 40 and older (note the positive correlation with age).
- 👤 Residents living at very low to low incomes (i.e., below 200% of the poverty level).
- 👤 Non-Whites and Hispanics.
- 👤 Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Experience "Fair" or "Poor" Overall Health

(MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 • 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

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.

Activity Limitations

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.

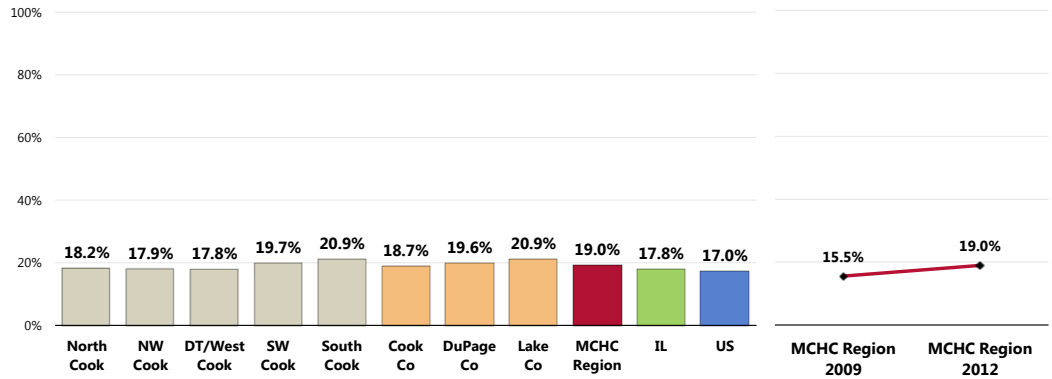
– Healthy People 2020 (www.healthypeople.gov)

A total of 19.0% of MCHC Region adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Comparable to the prevalence statewide.
- Comparable to the national prevalence.
- No statistical difference among the three counties.
 - In Cook County, no difference by sub-area.
- ▣ Marks a statistically significant increase in activity limitations since 2009.

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

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



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 125]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Illinois data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

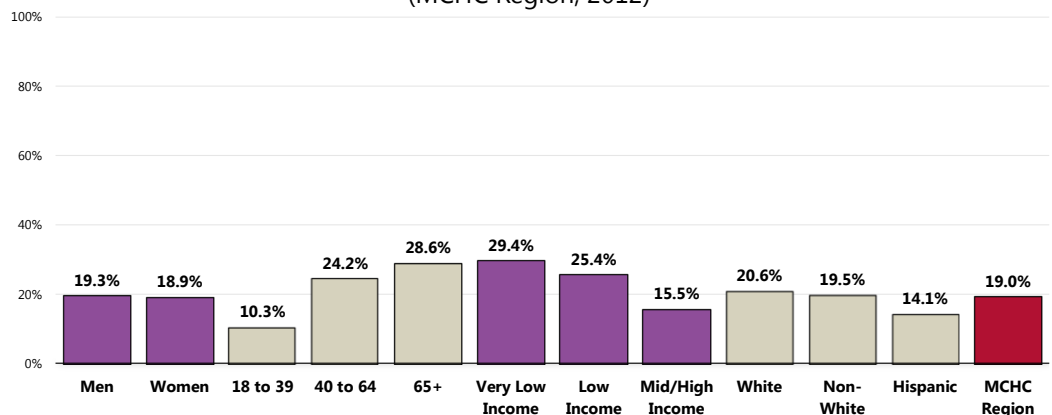
Notes:

- 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 on very low to low incomes more often report some type of activity limitation.
- Non-Hispanic Whites and Non-Whites are more likely than Hispanics to report activity limitations.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (MCHC Region, 2012)

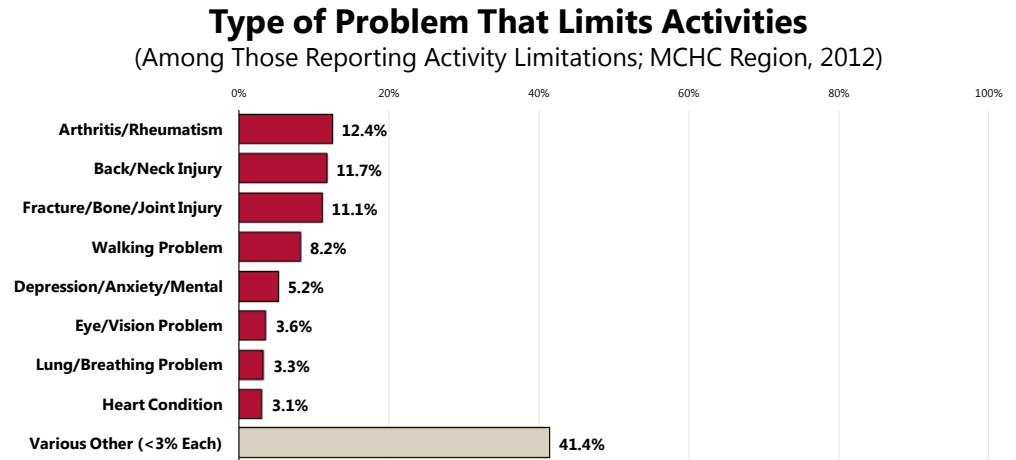


Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
- 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

Notes:

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.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
Notes: • Asked of those respondents reporting activity limitations.

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. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

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 understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. 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 among 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, and 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)

Mental Health Status

Self-Reported Mental Health Status

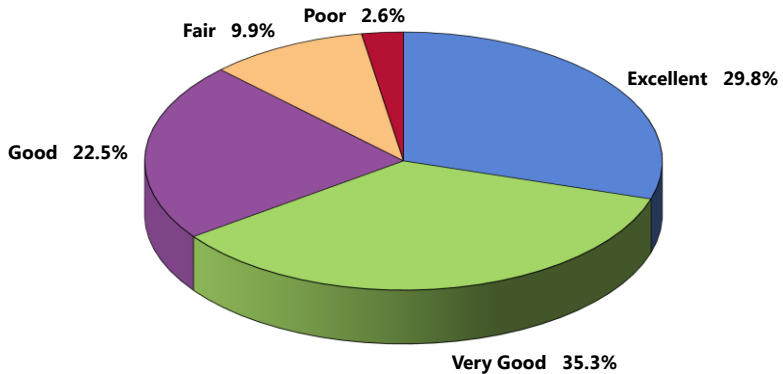
"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

Nearly two in three MCHC Region adults rate their overall mental health as "excellent" or "very good."

- Another 22.5% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status

(MCHC Region, 2012)

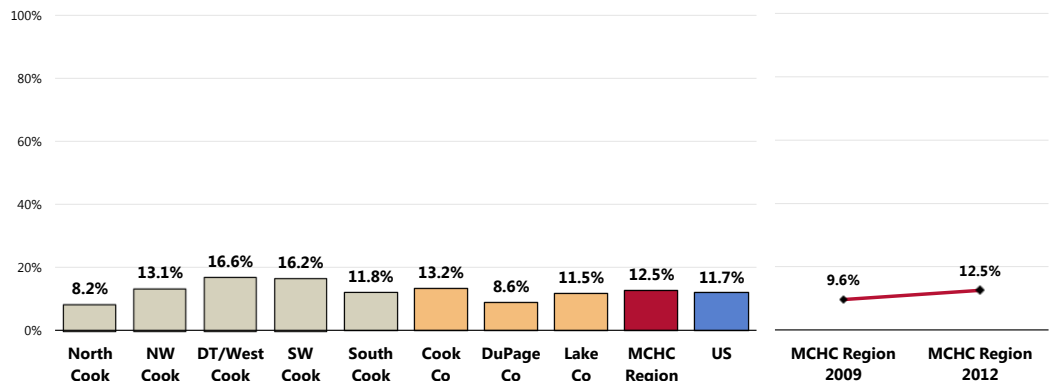


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
Notes: • Asked of all respondents.

A total of 12.5% of MCHC Region adults, however, believe that their overall mental health is "fair" or "poor."

- Similar to the "fair/poor" response reported nationally.
- Unfavorably high among Cook County respondents; lowest in DuPage County.
 - Within Cook County, statistically high in the Southwest and Downtown/West Cook County, lowest in the North.
- 📈 Marks a statistically significant increase over time.

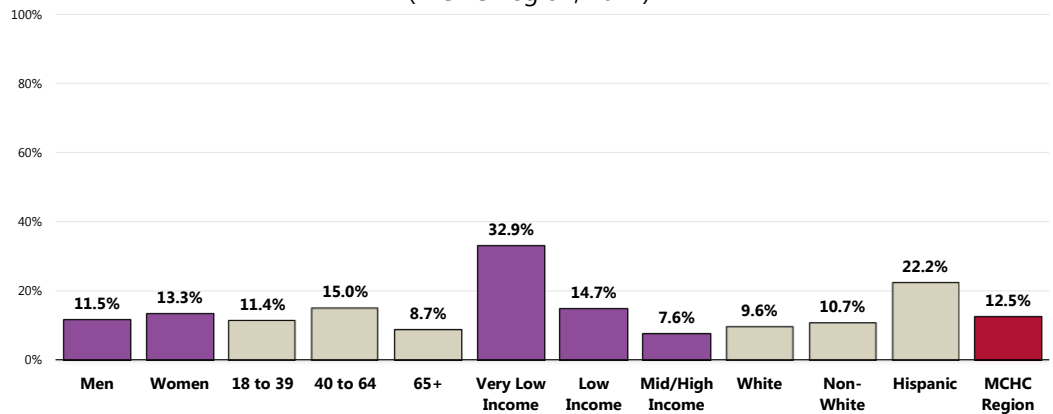
Experience "Fair" or "Poor" Mental Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 120]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Viewed by age, adults 40 to 64 express the highest indication of poor mental health.
- Note the strong negative correlation between poor mental health and income.
- Hispanics are much more likely to report experiencing “fair/poor” mental health than non-Hispanic Whites and Non-Whites.

Experience “Fair” or “Poor” Mental Health (MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]

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 for their household size. “Very Low Income” includes households living in a household with defined poverty status; “Low Income” refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and “Mid/High Income” refers to households living on incomes which are twice or more the federal poverty level.

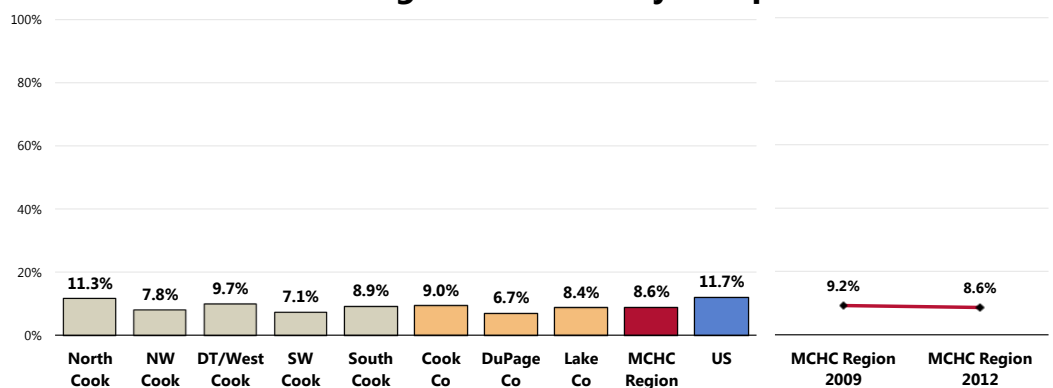
Depression

Major Depression

A total of 8.6% of MCHC Region adults have been diagnosed with major depression by a physician.

- More favorable (lower) than the national finding.
- No significant difference by county.
 - Within Cook County, highest in the North.
- Statistically unchanged over time.

Have Been Diagnosed With Major Depression






Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 33]

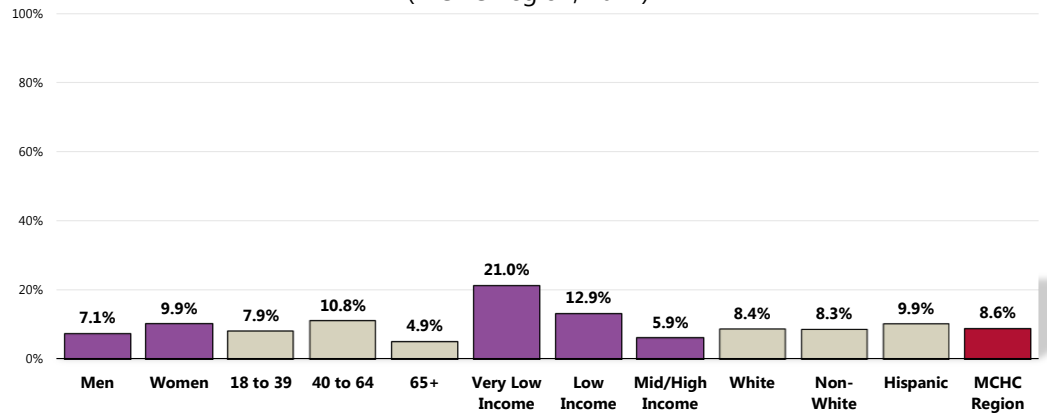
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

The prevalence of major depression is notably higher among:

-  Women.
-  Adults between the ages of 40 and 64.
-  Community members living at lower incomes.


Have Been Diagnosed With Major Depression (MCHC Region, 2012)



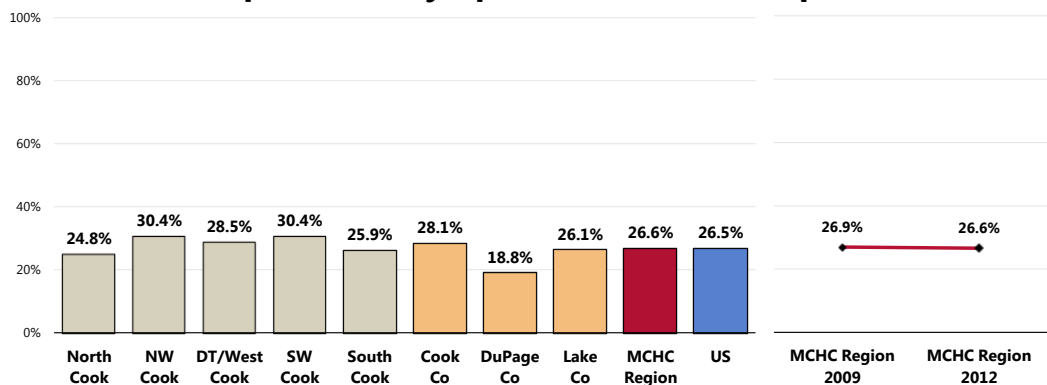
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

Symptoms of Chronic Depression

A total of 26.6% 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 (chronic depression).





- Nearly identical to national findings.
- Highest in Cook County, lowest in DuPage County.
 - In Cook County, most favorable in the North.
-  Unchanged in the MCHC Region since 2009.

Have Experienced Symptoms of Chronic Depression

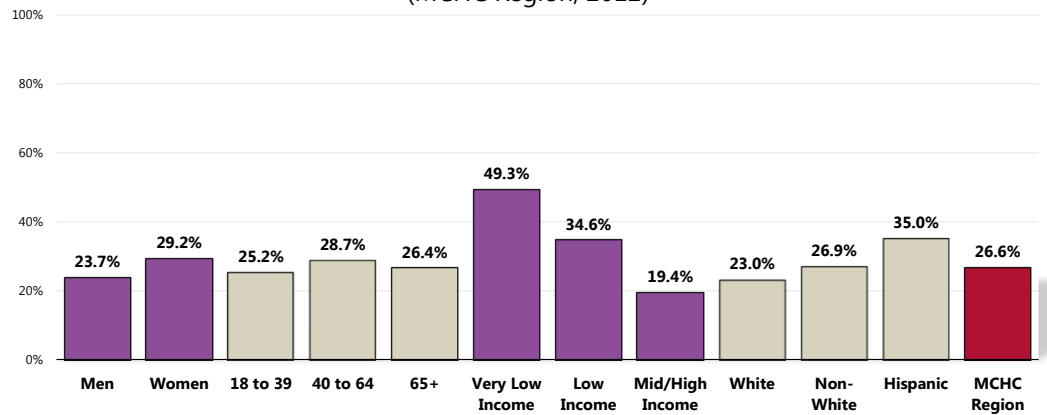


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 121]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Note that the prevalence of chronic depression in the MCHC Region is higher among:

-  Women.
-  Adults age 40 to 64.
-  Adults with low or very low incomes.
-  Hispanics.

Have Experienced Symptoms of Chronic Depression (MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 121]
 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

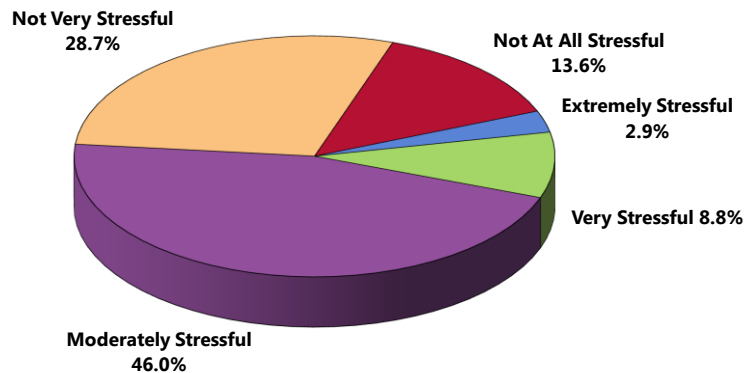
Stress

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

More than one-half of MCHC Region adults consider their typical day to be "not very stressful" (28.7%) or "not at all stressful" (13.6%).

- Another 46.0% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day (MCHC Region, 2012)

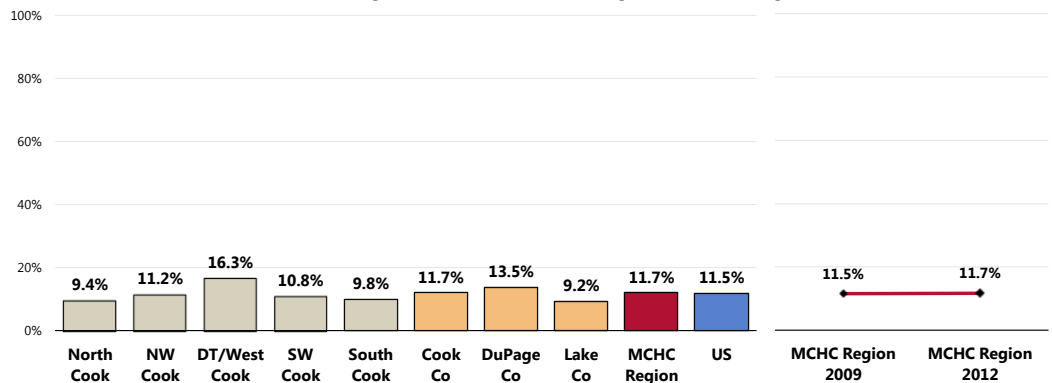


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
 Notes: • Asked of all respondents.

In contrast, 11.7% of MCHC Region adults experience “very” or “extremely” stressful days on a regular basis.

- Comparable to national findings.
- Comparable by county.
 - In Cook County, lowest in the North.
- 📊 Similar to the 2009 findings.

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



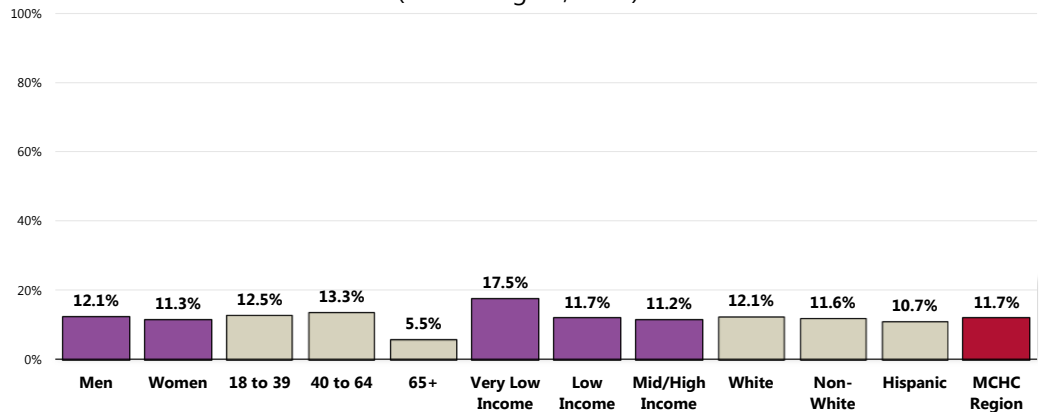
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.



Note that high stress levels are more prevalent among adults under 65 and those residents living on very low incomes.

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

(MCHC Region, 2012)

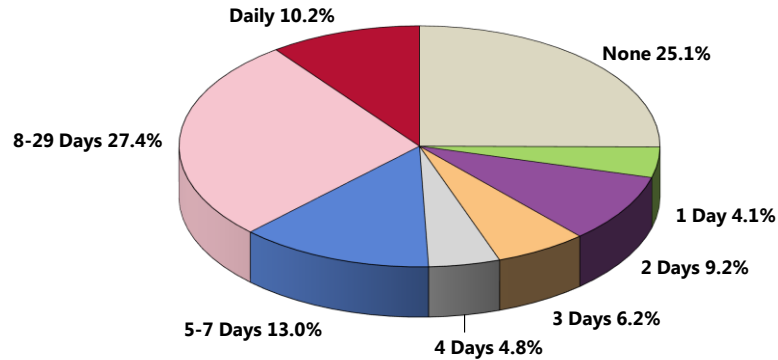


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level for their household size. “Very Low Income” includes households living in a household with defined poverty status; “Low Income” refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and “Mid/High Income” refers to households living on incomes which are twice or more the federal poverty level.

Sleep

While one in four survey respondents (25.1%) did not experience any days in the past month on which they did not get enough sleep, the majority (61.6%) reports experiencing three or more days in the past month on which they did not get enough rest or sleep.

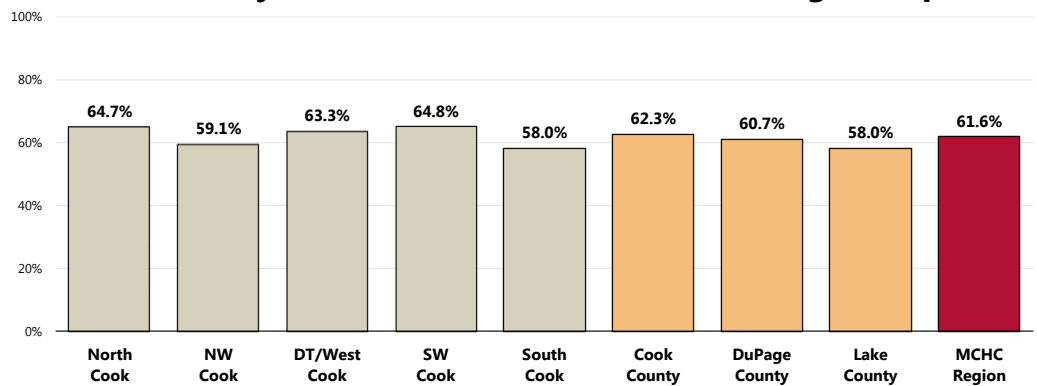
Number of Days in the Past Month Without Enough Sleep (MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes: • Asked of all respondents.

- The percentage of MCHC residents reporting three or more days on which they did not get enough sleep is similar among the counties.
 - In Cook County, the prevalence is lowest (most favorable) in the South.

Had 3+ Days in the Past Month Without Enough Sleep

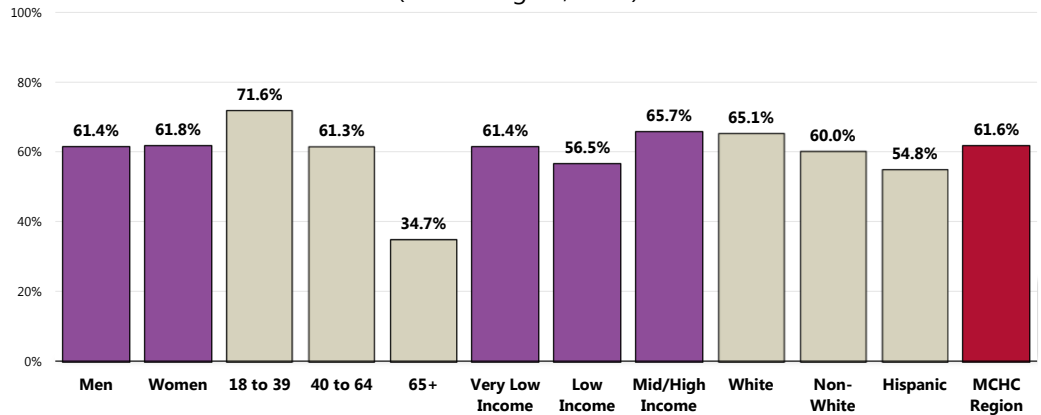


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes: • Asked of all respondents.



Adults more likely to report 3+ days of poor sleep in the past month include those under 65, higher-income residents and non-Hispanic Whites.

Had 3+ Days in the Past Month Without Enough Sleep (MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]

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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

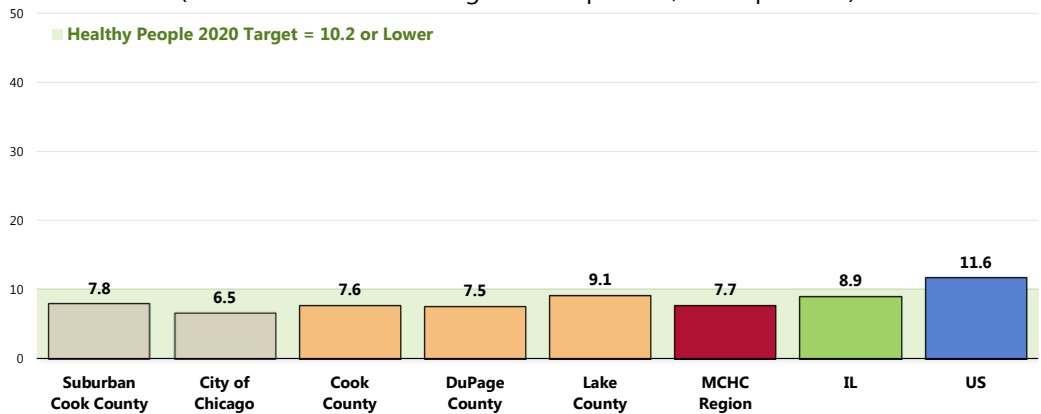
Suicide

Between 2007 and 2009, there was an annual average age-adjusted suicide rate of 7.7 deaths per 100,000 population in the overall MCHC Region.

- Lower than the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target of 10.2 or lower.
- Highest in Lake County.
- Within Cook County, somewhat higher in Suburban Cook County.

Suicide: Age-Adjusted Mortality

(2007-2009 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 June 2012.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]

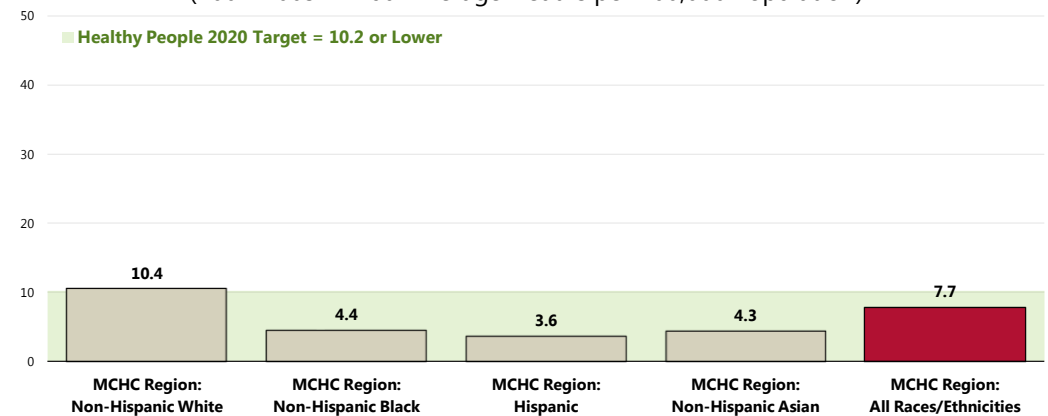
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

• Local, state and national data are simple three-year averages.

👥 The suicide rate in the MCHC Region is more than twice as high among Non-Hispanic Whites than among Non-Hispanic Blacks, Hispanics and Non-Hispanic Asians.

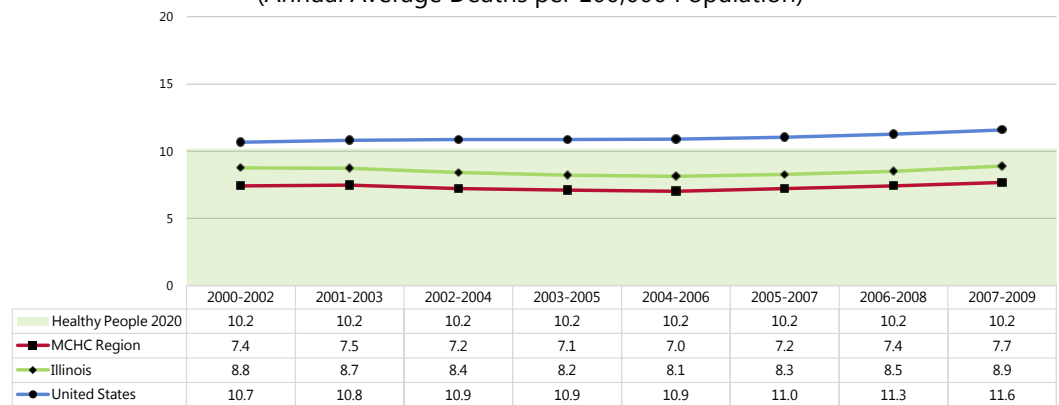
Suicide: Age-Adjusted Mortality by Race (2007-2009 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
• 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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

📈 While increasing nationally, the region's suicide rate has been fairly stable over the past decade, as has the rate across Illinois.

Suicide: 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 June 2012.
• 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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

“Diagnosed depression” includes respondents reporting a past diagnosis of major depression by a physician.

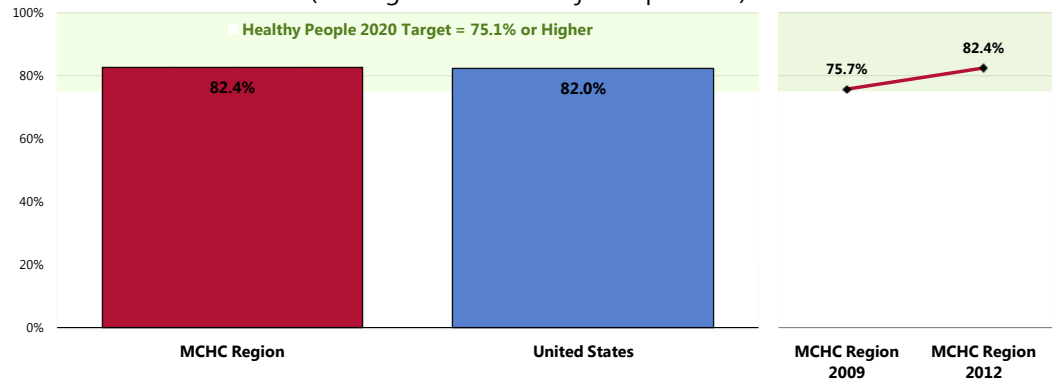
Mental Health Treatment

Among adults with diagnosed depression, 82.4% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to national findings.
- Satisfies the Healthy People 2020 target of 75.1% or higher.

 The change over time among adults with diagnosed depression is not statistically significant.

Have Sought Professional Help for a Mental or Emotional Problem (Among Those With Major Depression)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 150]

• 2011 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 MHMD-9.2]

Notes: • Asked of those respondents with major depression diagnosed by a physician.


• Trend data represent those adults with "recognized depression," including those who have been diagnosed with major depression OR have experienced 2+ years of depression at some point in their lives.

Children & ADD/ADHD

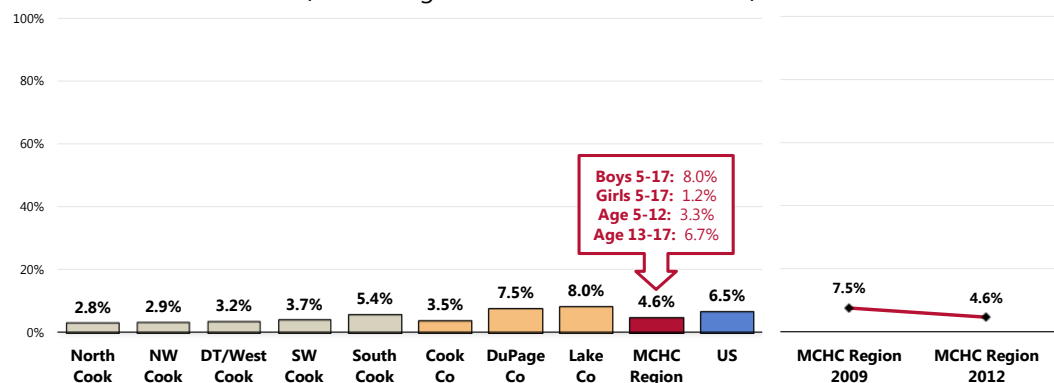
Among MCHC Region adults with children age 5 to 17, 4.6% report that their child takes medication for ADD/ADHD.

- Statistically similar to the national prevalence.
- Relatively low among children in Cook County.
 - No statistical difference by sub-area within Cook County.

 Marks a statistically significant decrease since 2009.

 The ADD/ADHD prevalence is significantly higher among regional boys and teens.

Child Takes Medication for ADD/ADHD (MCHC Region Parents of Children 5-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]

• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children aged 5 through 17.

Related Focus Group Findings: Mental Health

Many focus group participants discussed mental health in the community. Prominent issues discussed were:

- State budget cuts
- Inadequate number of psychiatrists and inpatient facilities
- City's mental health system (cost and language barriers)
- Stigma and culture, importance of education
- Stress and pressure to succeed
- Medication
- Special issues (differing by age, from youth to seniors; eating disorders; male adolescents, dual diagnoses with substance abuse)

Cook County (Overall)

During the Cook County focus group, issues surrounding mental health coverage came up several times. Persons suffering from mental illness are more likely to be vulnerable and less likely to successfully navigate the complex healthcare system. The participants feel that residents suffer due to a **limited number of psychiatrists and inpatient facilities** available to address behavioral healthcare needs. State budget cuts have affected the availability of mental health resources. Many times community members must enter into a crisis before they can access treatment. A participant explains:

"Frequently the trigger to actually accessing some mental health services is a bad thing has to happen to you: you have to have HIV, you have to have been shot, and you have to precipitate a psychotic crisis. Then you get hooked up – or you go to jail." — Cook County Participant

Many local psychiatrists have long waiting periods before initial appointments take place and generally insurance coverage for mental health services is inadequate.

"Well, congestive heart failure (CHF) treatment is through insurance so that's covered; that's a medical disease but when you try to give some kind of counseling for somebody it's a whole different thing as far as what insurance will cover. If you have a chronic mental illness they'll cover you for six visits. Well then why can you go forever with CHF? It's always been a stepchild." — Cook County Participant

Participants also feel the **stigma** surrounding mental health may hamper an individual's ability or desire to access services. Participants believe that if psychiatrists worked in primary care physician offices, or if healthcare providers worked in teams, this could lessen the stigma attached to mental health. As one member describes:

"I used to work in Minnesota and the diabetes program that I worked there we had a psychiatrist on our staff and everyone who came in had to see the psychiatrist because that was part of the team so that if they ever had problems there wouldn't be that stigma, that they would know that that's comfortable. I have been trying for 23 years to get a psychiatrist on my staff." — Cook County Participant

With the current economic climate, many residents live under a high level of **stress**. Attendees believe that stress contributes to high levels of obesity and other poor health outcomes.

North Cook County

During the North Cook County focus group, issues surrounding mental health coverage came up several times. Recent decreases in state funding have had a major impact on the accessibility and availability of behavioral health resources. Attendees believe that the behavioral health system is fragmented, and have serious concern for the chronically mentally ill (specifically, this population's ability to remain in appropriate housing).

There is an **insufficient number of psychiatrists and inpatient facilities** available to address residents' behavioral health needs. As one participant described:

"When it comes to the mentally ill it's a bleak outlook. Why? Because services are going away. Mental health is costly, and most providers are getting out of the mental health business. If you take a look at this area here, the number of hospitals that actually have inpatient mental health services has dropped dramatically." — North Cook County Participant

Several local hospitals have waiting lists for services and there is only one free-standing psychiatric hospital in the community. Public health clinics offer mental health services, but if a resident does not qualify for Medicaid, full payment may be expected. Further, due to the low Medicaid reimbursement rate for psychiatry services, locating a provider can be difficult (although adolescents can get KidCare [All Kids] which involves only a 90-day follow up). **Medication cost** can also limit a resident's ability to receive care.

Participants believe that **education** needs to occur regularly in the community to reduce stigma and help individuals and families to cope with mental illness. Additionally, many residents may have additional medical conditions that are not appropriately treated because of their mental illness, as one participant explains:

"You also are more vulnerable to medical conditions. Why? Because if you're struggling with a chronic mental illness, your level of hope is less, your level of determination is less, your energy and so on. And if you do have a medical condition on top of it – and we've seen people with diabetes, we see people with heart conditions, we see people with obesity and so on, and their medical problems tend to be worse. So they're not getting care for their medical, they're not getting care for their mental health. And then as a hospital by the time we see them they're in really bad shape, have progressed in terms of their illnesses far more rapidly than the average person." — North Cook County Participant

Focus group attendees feel **adolescent boys** warrant special consideration with regard to mental health. Participants believe adolescent boys (16 to 18) may experience feelings of hopelessness and suicide and yet be unwilling or unable to access services. In addition, participants worry about the number of youth, both male and female, who suffer from **eating disorders** and the few resources available to them. Although local hospitals do have treatment programs, cost can be prohibitive. An attendee recalls a recent conversation:

"I had somebody call who was bringing their 16-year-old grandchild home yesterday who was in intensive care for two weeks, got discharged from ICU to home with the grandparents, doesn't know what to do with this child who was tube-fed, etc. and now is home and has no access and

she said, 'We're looking for programs,' and I gave her what I could." — North Cook County Participant

Participants believe that **culture** affects mental healthcare in their community. Language and cultural beliefs can act as barriers to accessing services; some cultures do not believe that mental illness is a disease, as a participant explains:

"There are some groups that don't recognize mental illness. They don't accept that it actually is a disease. So the loved one actually suffers. So even though there's care, they may not even access it because they don't believe there's a problem." — North Cook County Participant

In addition, many new immigrants may face additional stresses or pressures which put them at increased risk for mental illness, including isolation. A participant describes:

"I think there's a lot of isolation that goes on. So I think it's really difficult – the families are working, both parents are trying to work several jobs and doing the best to provide for the families, and the kids just feel really isolated and there's just a lot of cultural differences and that has been really challenging to my patients." — North Cook County Participant

North Chicago

During the North Chicago focus group, issues surrounding mental healthcare coverage came up several times. The participants feel the community suffers due to an **inadequate number of psychiatrists, counselors, and treatment facilities**, as well as the **closing of local clinics**. The remaining clinics are overwhelmed and have long wait lists. By the time an opening becomes available, some people forget or have something take precedence over the appointment, as a participant describes:

"The wait is so long for the appointment they forget to go, they lose their childcare, and they don't have transportation. You know, you wait and wait and wait for this one appointment and then if anything happens..." — North Chicago Participant

Residents with private insurance have access to many options for psychiatrists and counselors; however, participants question the ease of individuals being able to enter the mental health system. As a participant explains:

"I would say, even for people who are insured, finding mental health – I would feel more comfortable picking my primary healthcare provider out of a list than my mental health – so I think there's a lot of people who go without treatment because they don't know who to go see. It's more like a hidden world." — North Chicago Participant

It is also important for **primary care physicians to coordinate** and refer to psychiatrists or counseling services. Participants worry that individuals do not know what to expect from the behavioral health system and may expect a quick fix. One participant describes:

"Or you don't know what to expect. I have people who go once or twice, 'Well, all they did was listen to me talk.' And I'm kind of like, 'Well, they have to figure out – yes, that's part of it.' But there's just that understanding of what to expect, too. So a lot of people don't want to – they want to be fixed, they don't want to go and talk. And they don't give it a shot. Medication takes a little while to take effect, talking takes a little while – you know you go once or twice and you're like, 'I'm done.'" — North Chicago Participant

Educating community members about the mental health system needs to occur in order to dispel the **stigma** associated with mental health in the community. Focus group attendees believe that the negative stigma greatly impacts residents' and family members' desire to obtain mental healthcare.

"The stigma associated with mental health issues too is difficult; not just for the people with chronic mental health issues but for people who maybe don't, but who see the stigma and then don't want to seek services too. So you can't find a service, and when you do, the client doesn't want to go is what I'm trying to say." — North Chicago Participant

Downtown/West Chicago

During the Downtown/West Chicago focus group, issues surrounding mental health were discussed. Participants feel that due to **state budget cuts**, the already overwhelmed mental health system has seen a decrease in available clinics and services. The City of Chicago recently overhauled the city mental health system, so about half of the chronically, mentally ill patients have transferred to community mental health centers, while the others remain in the city system:

"There were about 6,000 to 6,500 in the city's mental health system. They were scattered all over, which in one way was – I mean they weren't as well run as they should have been. And there were too few people in each of them to make it really efficient. I mean people who are – this isn't like: 'I'm a little depressed.' These are people who need their Prolixin shot. Because, otherwise, the voices will tell them to do things. But there was a lot – so 3,000 were kept in the system. The city actually used the money to hire additional psychiatrists for those who stayed in the system." — Downtown/West Chicago Participant

However, participants still consider the community to suffer due to an **inadequate number of psychiatrists, counselors, and treatment facilities** available to address residents' behavioral health needs. There is only one mental health clinic on the West side and it operates above capacity. Similar to overall healthcare, accessing the appointments can prove difficult for families who do not have insurance coverage, transportation, or who work multiple jobs.

In general, Medicaid psychiatrists have long waiting periods before initial appointments take place. Overall, the needs of the community are high and available resources are low. Participants also agree that the **stigma** surrounding mental health may hamper an individual's ability or desire to access services and many community members self-medicate with drugs and alcohol, as one participant explains:

"But technically, if all the people went to see the psychiatrist or the therapist that need to see 'em, which is the whole West Side – but by our community still being under that stigma, saying that you're crazy if you go see a psychiatrist." — Downtown/West Chicago Participant

South Cook County

During the South Cook County focus group, issues surrounding mental healthcare coverage came up several times. The participants agree that the community has **too few psychiatrists and treatment facilities** available to address residents' behavioral health needs. Similar to overall healthcare, accessing appointments can be difficult for families

who do not have insurance coverage, transportation, or who work multiple jobs. If a mentally ill resident ends up in an emergency room, it may take several days before being admitted due to an insufficient number of psychiatric inpatient beds. The need for someone to advocate for a mentally ill individual is also critical; one focus group attendee describes the gravity of the situation:

"Our mental health issues are skyrocketing. I mean they're sitting in emergency rooms for three and four days because they have nowhere to transfer them. And sometimes they try and just put them out in the street and I had one woman literally sit in the emergency room and said, 'You are not going to put my son out until you find someplace to put him.' Because if you don't stand your ground, they will just let them go." — South Cook County Participant

Both insured and uninsured patients may encounter long wait times before an initial psychiatric appointment. In addition, the South Cook County area does not offer many resources available to individuals struggling with mental illness. One participant recalls her recent experience:

"There aren't enough support groups around. I've actually had personally four families close to me affected and impacted by suicide and when I wanted to connect them to services in the South Suburban community, there were two in the entire South Suburban area. And then educationally there's not a high understanding of the range of mental illness and the impact that it has, beyond that person. It affects the families; it affects the communities." — South Cook County Participant

The National Alliance on Mental Illness (NAMI) supports family members of the mentally ill in navigating the behavioral health system and also provides education. However, **stigma** surrounding behavioral health can hamper a person's ability to access services. Focus group attendees believe that stigma greatly impacts residents' and family members' desire to obtain mental healthcare, as one participant explains:

"I think we need more focus groups to find a way to make people realize that they're not lepers; they're human beings and they're somebody's child. I joined NAMI because it helped me get my daughter better. It taught me to take her, involuntarily, to have her committed because I didn't want her to commit suicide. So if you don't get involved and speak up for that child, nobody else is going to because they figure, 'Well, if the family doesn't care, why should we care?'" — South Cook County Participant

Participants also agree that high levels of **stress** contribute to the amount of mental illness in the community. Stress has countless physical and mental consequences; many residents cannot meet their own basic needs, so the community members live in a state of constant stress. As one member describes:

"You start living out of stress. I use a term in church: worry is a sin. Worry leads to doubt, doubt leads to fear, fear lead to reaction. When you start thinking about how you're going to take care of your children, how you're going to pay your bills, you look at the news, it's bad news every day all day... you're on the way to work before they (your kids) get up— why wouldn't you be stressed." — South Cook County Participant

South Chicago

During the South Chicago focus group, issues surrounding mental healthcare coverage came up several times. The participants acknowledge an **inadequate number of psychiatrists, counselors, and treatment facilities** available to address residents' behavioral health needs. Residents must travel to other parts of the city to access quality care; many of the public mental health clinics have shut down on the South side of Chicago and there are very few, if any, options for uninsured persons. Both insured and uninsured patients may encounter long wait times before an initial psychiatric appointment. A focus group attendee describes the severity of the situation:

"So if you don't have insurance and you have a mental issue – sorry to hear that. And I think that's a problem. I mean, people have a lot of issues that need to be addressed. You've got alcoholism, you've got drug addiction, you've got trauma, you've got people who are schizophrenic, you just have plain old crazy people – I mean none of these people can get any help because there's no options – people that do not have insurance are not able to get assistance." — South Chicago Participant

Participants worry that many individuals struggling with mental illness have a **co-occurring substance abuse problem**. Many individuals may be suffering from mental illness due to experiencing trauma, and substance use may be a way for these individuals to cope.

Stigma surrounding behavioral health can also hamper a person's ability to access services. Focus group attendees believe that stigma greatly impacts residents' and family members' desire to obtain mental healthcare. A participant explains:

"We (African Americans) don't go seek out psychiatric services anyway, especially if a child has been exposed to some type of trauma or experienced some type of trauma. So we'll basically push it under the rug or we're going to pray about it. We don't take the time to seek professional services to help with trauma. So that means whatever is going on is going to build up. So we might have violent behavior, we might have other risky behavior." — South Chicago Participant

Participants also consider the high levels of **stress** in the community to contribute to the high level of mental illness. Many residents cannot meet their basic needs, so they live in a state of constant stress which has both physical and emotional effects. Focus group attendees mentioned the following as major contributors to stress: unemployment, low socioeconomic status, violence in the neighborhoods, inability to fulfill basic needs, and lack of affordable childcare. As one member describes:

"Basic needs: food, clothing, shelter ... lack thereof. Just the basic stuff and living in an unsafe environment. And then for those that don't have those issues, it's you're overworked, you're worried about being able to pay your bills." — South Chicago Participant

DuPage County

During the DuPage County focus group, issues surrounding mental health coverage came up several times. The participants believe that **stigma** can impact a resident's willingness to access behavioral healthcare. For those residents with private insurance or monetary resources, finding an appropriate provider may prove troublesome because individuals do not know where to begin the process. It is very important to educate people about the points of access for behavioral healthcare.

"I think stigma can be a challenge. I think amongst my friends who are relatively savvy about mental health issues, knowing how to discern what practitioner would be appropriate to them can even be complicated and it can be difficult to navigate the road between what is appropriate for a primary care or primary health setting versus leading to the behavioral health realm and often of course those two do not necessarily intersect very well together either." — DuPage County Participant

Many participants consider DuPage County to suffer due to an **inadequate number of psychiatrists, counselors, and treatment facilities** available to address the uninsured and Medicaid residents' behavioral health needs. Adults experiencing a psychiatric crisis may spend up to 72 hours in a hospital emergency room because of the lack of inpatient beds available.

In general, Medicaid psychiatrists have five- or six-month waiting periods before initial appointments. Furthermore, a public aid card does not guarantee a person local access. For any resident, the **cost** of mental health can become a barrier to treatment, as one participant explains:

"We've created, through our health insurance system, fairly price inflexible perceptions about health, the idea that someone would invest \$70 of their own resources toward a mental health consultation or \$125 or whatever that number may be. That may in fact be a good value but people tend to be very reluctant to invest their own resources in their healthcare decision-making." — DuPage County Participant

There is much concern about the abundance of **medication** and the fear of over-medicating occurring within the community. Residents expect a "prescription solution" and not a prescription to participate in therapy, as one participant describes:

"I think across all ages the prescribing patterns by providers of those populations are likely influenced by societal expectations for a quick fix or prescription or something tangible perhaps versus counseling, or just counseling or other behavioral or lifestyle changes that may influence their condition as well. So the expectations I think need to be balanced with the practices." — DuPage County Participant

Focus group attendees express concern for non-English speaking residents and their ability to access behavioral healthcare services. These people include both Hispanic residents and refugees, facing the same access challenges as others, but the issues are compounded by the **language barrier**.

In addition, participants believe both **senior citizens and children** have unique mental healthcare needs and these populations are many times neglected.

Lake County

During the Lake County focus group, issues surrounding mental health coverage came up several times. The participants agree that there is a growing number of chronically, mentally ill community members and the area has an **inadequate number of psychiatrists, counselors, and treatment facilities** available to address the uninsured residents' behavioral health needs. A mental health clinic is available through the Lake County Health Department, but there is a three-month wait for children and adolescents.

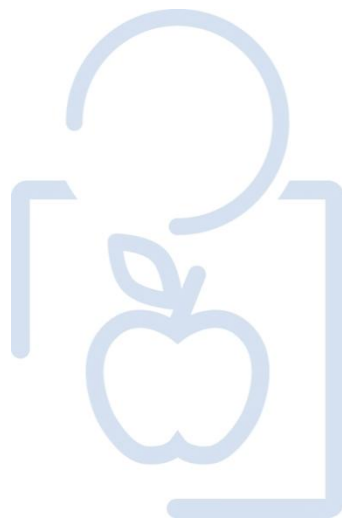
Participants believe that many residents are in denial of mental health issues within their community, but attendees cite a recent number of **suicides** in their community as a major concern for youth. The respondents worry about the limited prevention messaging occurring in the county, although the community came together after the incidents.

"I had mentioned suicide ... Lake Forest earlier this year there was I think three specific suicides involving trains – high school students stepping in front of a moving train... So what prevents I think more than the available resources, because resources are certainly available in this area — is the denial – 'there isn't really a problem,' and a need to keep the appearance so therefore it doesn't exist, or we can handle it versus the other communities where there is actual need and it's blatant and overt and people are looking and the services aren't necessarily what they should be because of funding. " — Lake County Participant

Focus group attendees feel that many residents put enormous **pressure on themselves to succeed**. For adults it is the pressure to maintain their lifestyles even with the decline in the economic climate. Many youth experience pressure to excel in academics and sports, which impacts their overall mental health and level of stress. One participant describes:

"The kids were asked, you know, basically what they saw as, you know, the number one vulnerability – and they mentioned the pressure to perform, the pressure to succeed. Then a couple of months later: these suicides. Of course appearances and so on, what's going on beneath the level and the stress and pressure that not only the mother or father feels but then the kids, in this case the trickle-down effect. And Dad might be drinking too much; Mom might be using pills, benzos to help her sleep or help with her nerves, and the kid is smoking pot and getting into other things." — Lake County Participant

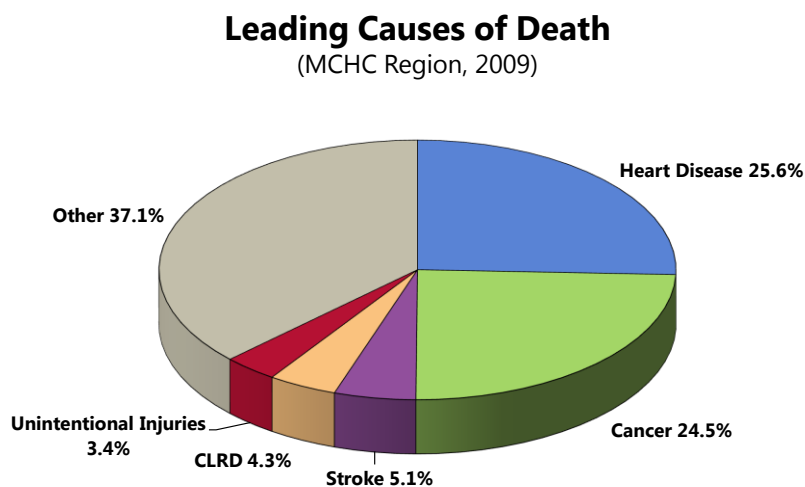
DEATH, DISEASE & CHRONIC CONDITIONS



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 2009.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
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 2007-2009 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.

Age-adjusted mortality rates in the MCHC Region are worse than national rates for pneumonia/influenza, homicide, kidney disease and HIV/AIDS.

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, stroke, cancer, homicide, diabetes mellitus and HIV/AIDS.

Age-Adjusted Death Rates for Selected Causes

(2007-2009 Deaths per 100,000)

	MCHC Region	Illinois	United States	Healthy People 2020
Diseases of the Heart	188.3	189.3	185.8	152.7*
Malignant Neoplasms (Cancers)	179.3	183.9	175.6	160.6
Cerebrovascular Disease (Stroke)	39.7	41.8	40.6	33.8
Chronic Lower Respiratory Disease (CLRD)	31.5	39.9	42.4	n/a
Unintentional Injuries	25.8	31.9	38.7	36
Diabetes Mellitus	20.9	21.3	21.7	19.6*
Kidney Diseases	20.0	19.5	14.7	n/a
Pneumonia/Influenza	19.0	18.6	16.4	n/a
Alzheimer's Disease	17.8	21.2	23.5	n/a
Drug-Induced	10.1	10.5	12.6	11.3
Firearm-Related	9.2	8.1	10.2	9.2
Homicide/Legal Intervention	9.1	6.7	5.8	5.5
Cirrhosis/Liver Disease	8.2	8.2	9.2	8.2
Intentional Self-Harm (Suicide)	7.7	8.9	11.6	10.2
Motor Vehicle Deaths	6.4	9.3	13.0	12.4
HIV/AIDS	3.8	2.2	3.3	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 June 2012.

• 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.

• Local, state and national data are simple three-year averages.

Related Focus Group Findings: Chronic Disease

All participants agree that chronic disease conditions persist in the community.

Cook County (Overall)

Focus group participants mentioned many chronic health conditions which persist in Cook County, including obesity, hypertension, post-traumatic stress disorder, HIV/AIDS-related illnesses, asthma and other respiratory diseases.

North Cook County

All participants agree that chronic disease conditions persist in the community; North Cook County focus group members specifically identified diabetes, hypertension, mental illness, substance abuse and heart disease as prevalent local conditions.

South Cook County

Group attendees frequently mentioned the prevalence of cardiovascular disease, diabetes, hypertension, mental illness and substance abuse/addiction in the South Cook County community.

South Chicago

In South Chicago, emphasis was placed on diabetes, obesity, heart disease, hypertension, respiratory diseases and mental illness.

DuPage County

DuPage County participants agreed that hospitals need to advocate for prevention and education because of the high costs of chronic disease. Focus group attendees agree that awareness, testing and screening are each critical components in combating chronic disease in the community. Participants believe that stand-alone preventive care is meaningless and that the community must invest in a systematic approach to comprehensive care.

Focus group participants mentioned several chronic health conditions, including arthritis, heart disease, obesity, asthma, hypertension, anxiety and depression-related illnesses, substance abuse and diabetes.

Lake County

Chronic conditions mentioned among Lake County attendees included asthma, diabetes, heart disease, substance abuse, hypertension, mental illness and cancer.

Cardiovascular Disease

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)

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

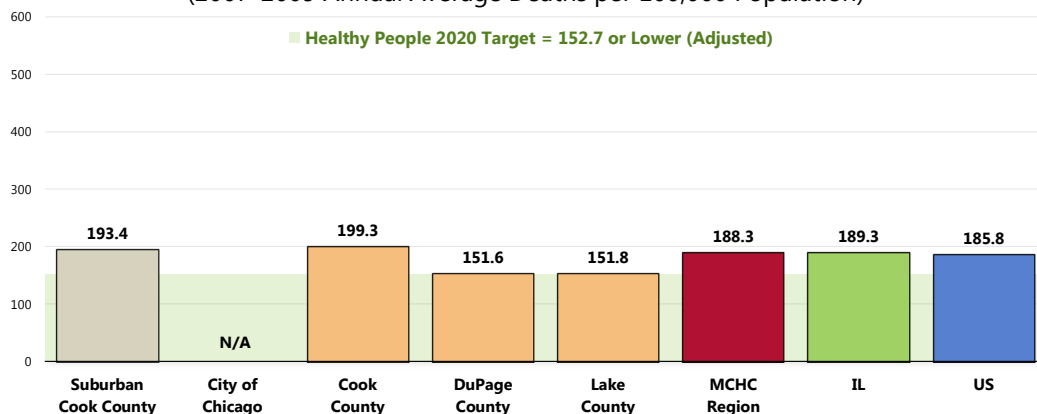
Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

Between 2007 and 2009 there was an annual average age-adjusted heart disease mortality rate of 188.3 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 (as adjusted to account for all diseases of the heart).
- Unfavorably high in Cook County.

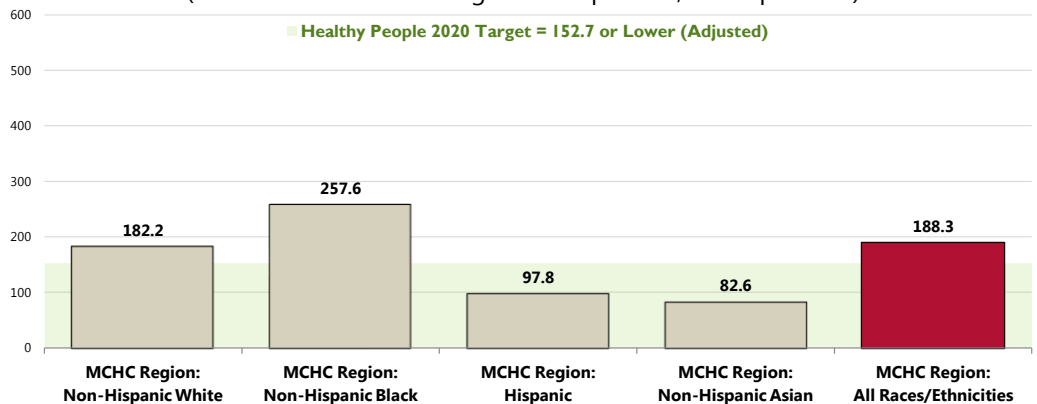
Heart Disease: Age-Adjusted Mortality (2007-2009 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
• 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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.
• The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

By race, the heart disease mortality is highest among Blacks, it is also nearly twice as high among non-Hispanic Whites when compared with Hispanics and Asians in the MCHC Region.

Heart Disease: Age-Adjusted Mortality by Race (2007-2009 Annual Average Deaths per 100,000 Population)

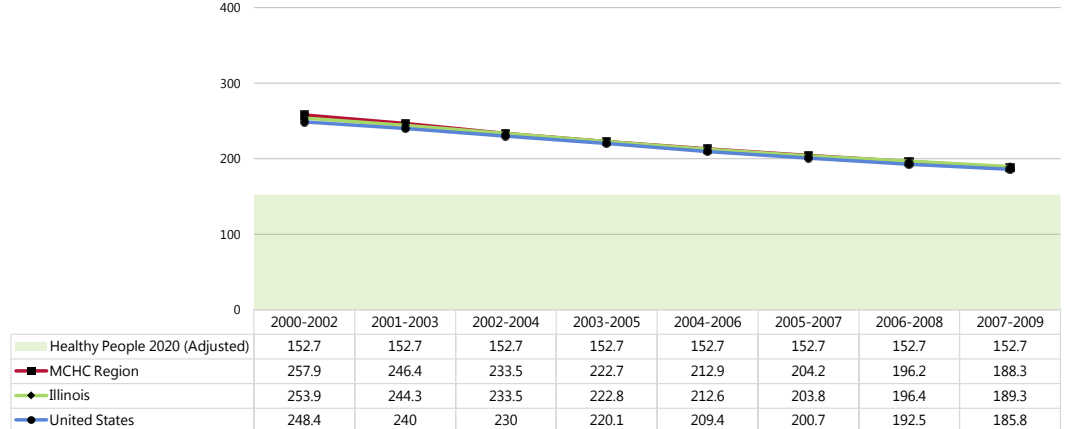


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.
• The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- ▣ The heart disease mortality rate has decreased steadily in the MCHC Region over time, echoing the decreasing trends across Illinois and the US overall.

Heart 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 June 2012.

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

• 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 U.S. Standard Population.

• Local, state and national data are simple three-year averages.

• The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

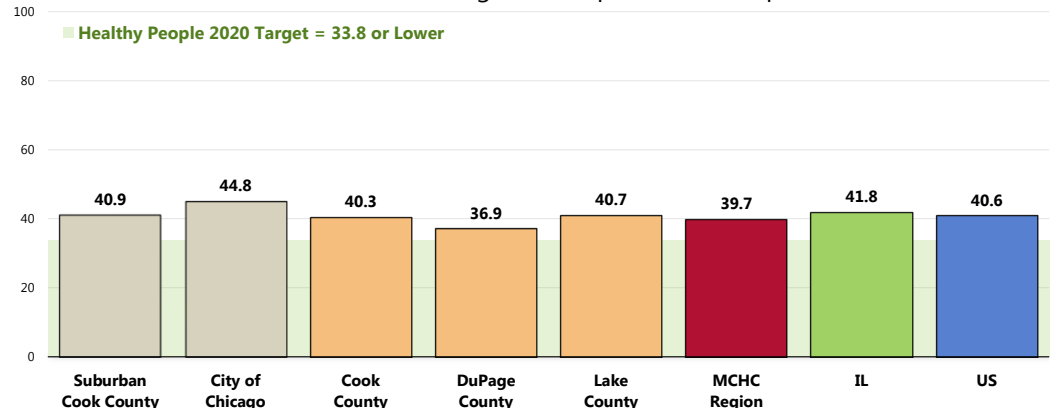
Stroke Deaths

Between 2007 and 2009, there was an annual average age-adjusted stroke mortality rate of 39.7 deaths per 100,000 population in the MCHC Region.

- More favorable than the Illinois rate.
- Comparable to the national rate.
- Fails to satisfy the Healthy People 2020 target of 33.8 or lower.
- Favorably low in DuPage County.
 - Within Cook County, Chicago's stroke rate was higher than the rate reported in Suburban Cook County.

Stroke: Age-Adjusted Mortality

(2007-2009 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 June 2012.

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]

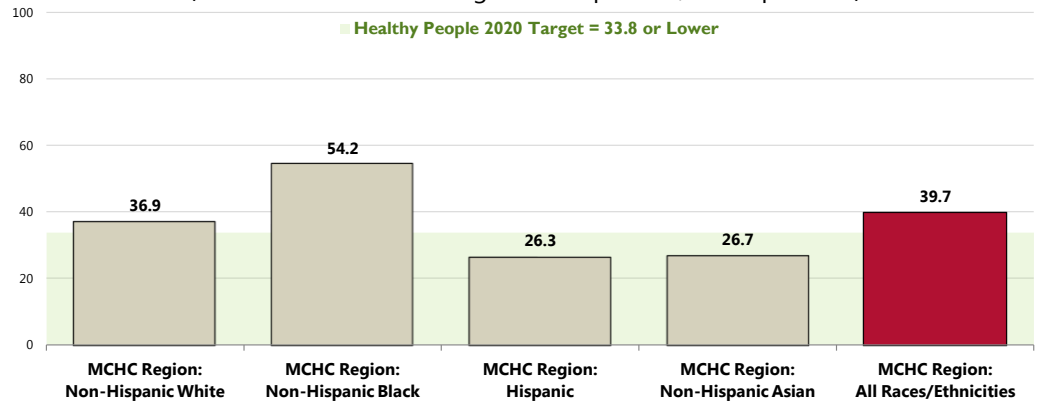
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

• Local, state and national data are simple three-year averages.

Stroke mortality is highest among Blacks in the MCHC Region, and higher among Whites than among Hispanics and Asians.

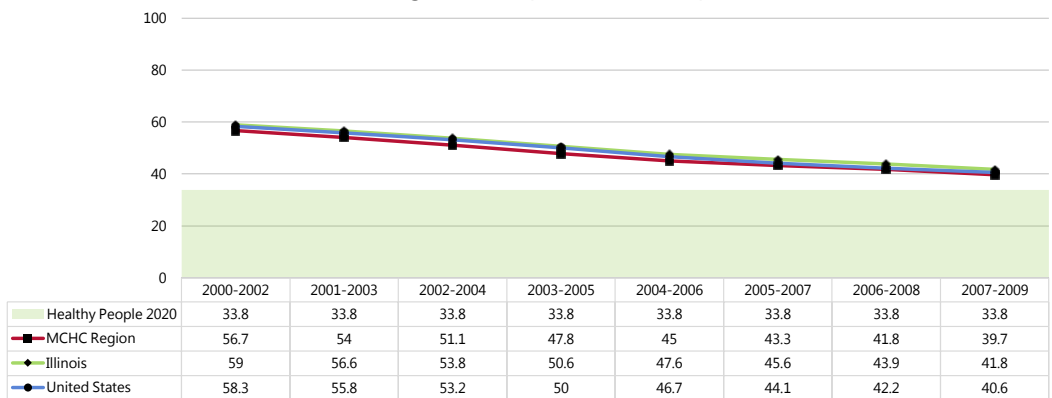
Stroke: Age-Adjusted Mortality by Race (2007-2009 Annual Average Deaths per 100,000 Population)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
 Notes: US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
 • 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 U.S. Standard Population.
 • Local, state and national data are simple three-year averages.
 • The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

The MCHC Region stroke rate has declined steadily in recent years; the same is true for rates reported across Illinois and the US overall.

Stroke: 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 June 2012.
 Notes: US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
 • 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 U.S. Standard Population.
 • Local, state and national data are simple three-year averages.

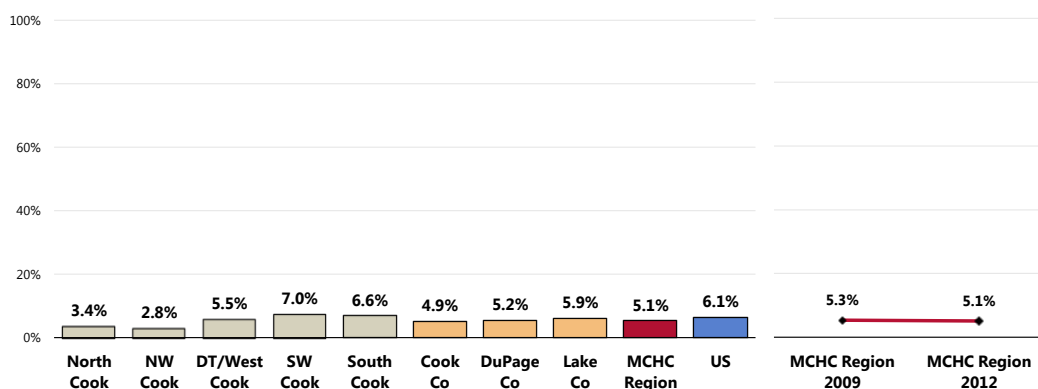
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

5.1% 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.
- No statistical difference by county.
 - In Cook County, higher in the Southwest, lower in the North and Northwest.
- 📊 Statistically unchanged since 2009.

Prevalence of Heart Disease



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

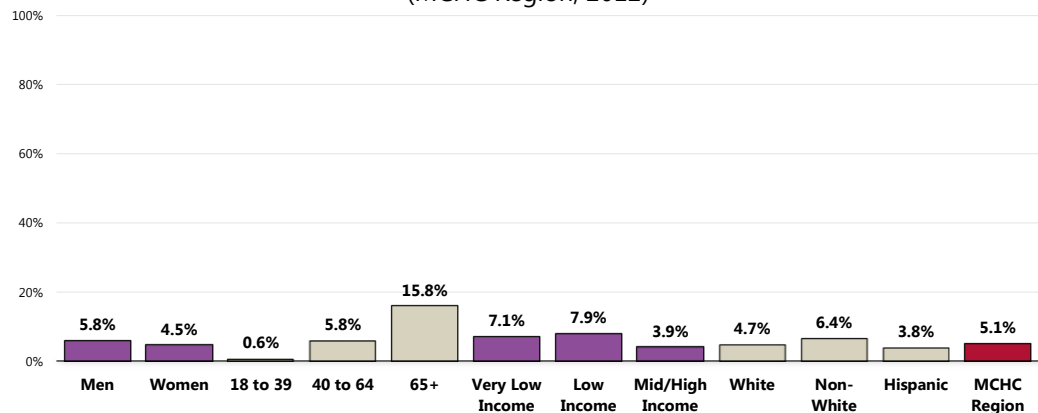
Notes: • Asked of all respondents.

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

- 👥 Adults age 40+, especially seniors (65+).
- 👥 Residents living at low to very low incomes.
- 👥 Non-Whites.

Prevalence of Heart Disease

(MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]

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).

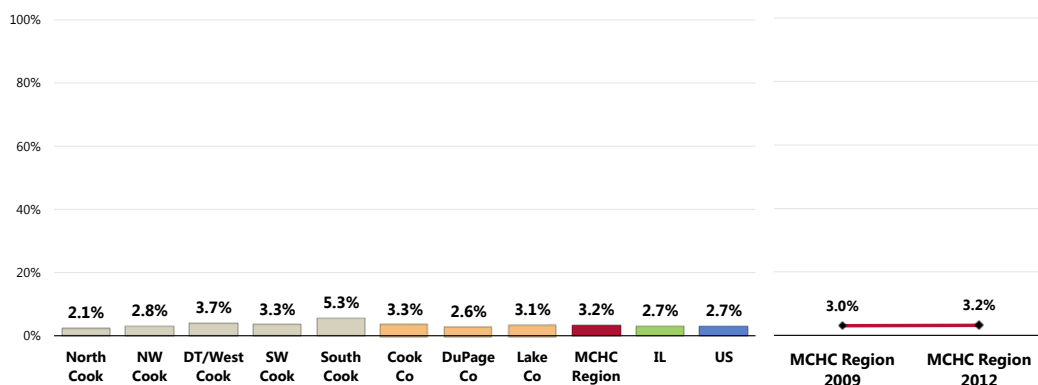
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

Prevalence of Stroke

A total of 3.2% 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.
- No significant difference in findings among the three counties.
 - Within Cook County, ranging from 2.1% in the North to 5.3% in the South.
- 📊 No change in stroke prevalence over time.

Prevalence of Stroke

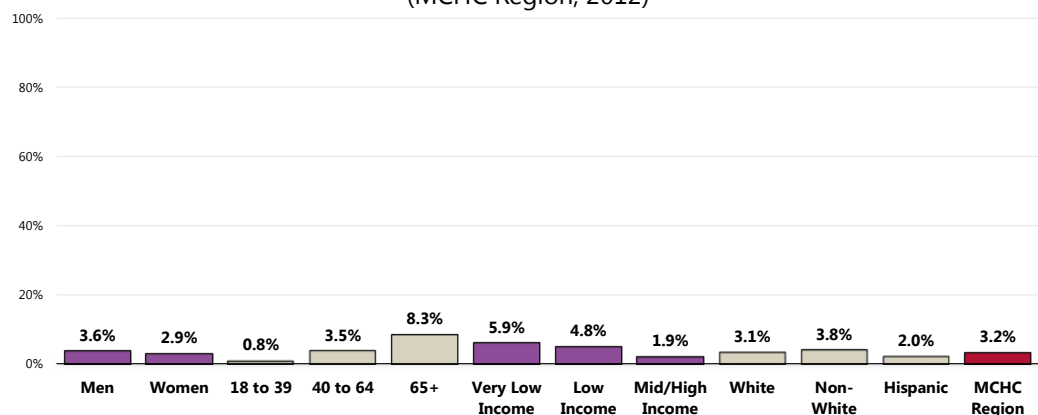


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 43]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Illinois data.

Notes: • Asked of all respondents.

👤 Adults more likely to have been diagnosed with stroke include residents age 40 and older, those living at lower income levels, and Non-Whites.

Prevalence of Stroke (MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

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.

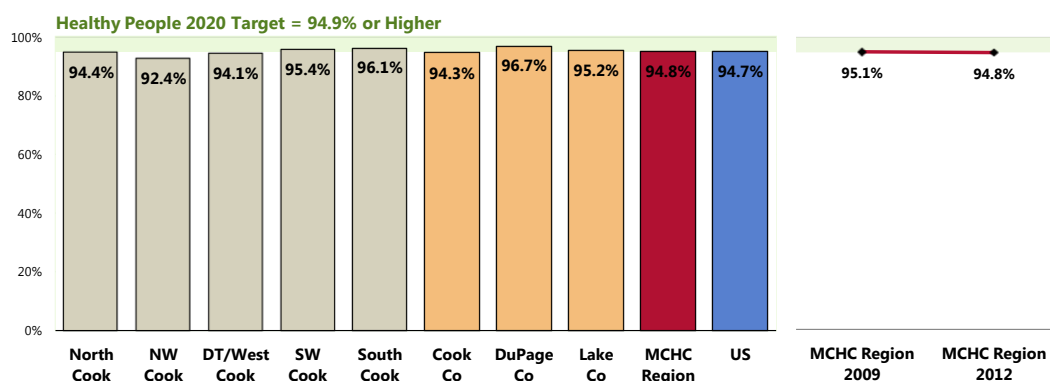
— Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure Testing

A total of 94.8% of MCHC Region adults have had their blood pressure tested within the past two years.

- Almost identical to national findings.
- Similar to the Healthy People 2020 target (94.9% or higher).
- Higher in DuPage County, lower in Cook County.
 - Within Cook County, highest in the South, lowest in the Northwest.
- 📊 Statistically unchanged since 2009.

Have Had Blood Pressure Checked in the Past Two Years



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 53]
● 2011 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

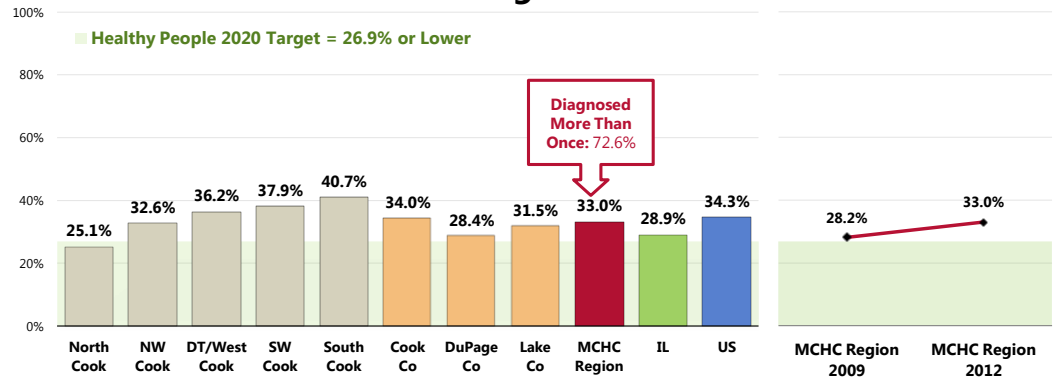
One-third (33.0%) of adults have been told at some point that their blood pressure was high.

- Less favorable than the Illinois prevalence.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Higher in Cook County, lower in DuPage County.
 - Within Cook County, less favorable in the Southwest and South, more favorable in the North.

📈 Marks a statistically significant increase in hypertension diagnoses since 2009.

👥 Among hypertensive adults, 72.6% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure

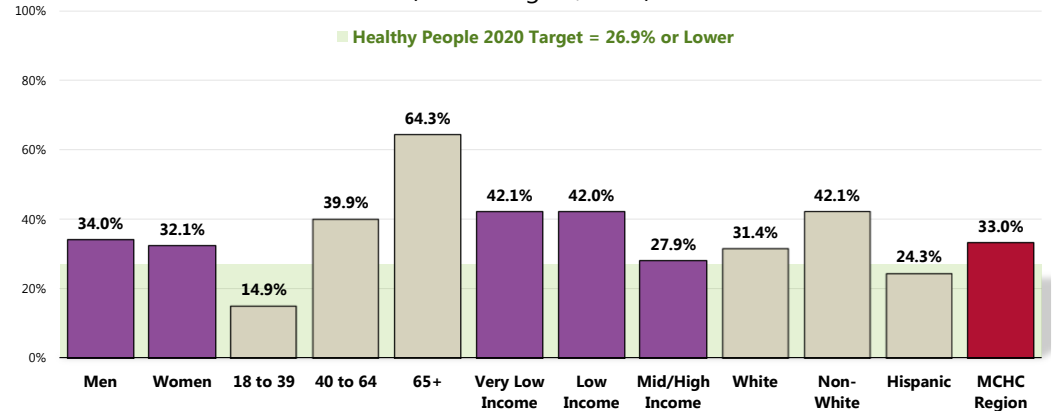


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 51, 152]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2009 Illinois data.
 • 2011 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+), residents with lower income levels, and Non-Whites.

Prevalence of High Blood Pressure (MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
 • 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

Respondents reporting high blood pressure were further asked:

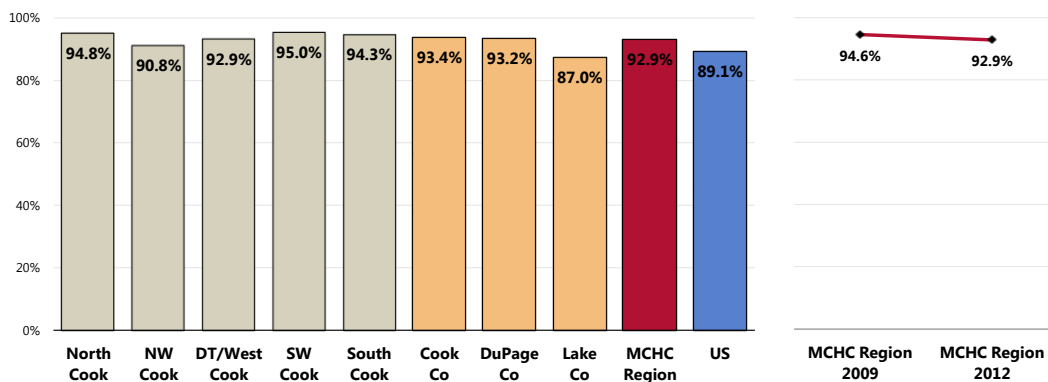
"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"

Hypertension Management

Among respondents who have been told that their blood pressure was high, 92.9% report that they are currently taking actions to control their condition.

- Similar to national findings.
- Similar findings among the three counties.
 - No significant difference by sub-area within Cook County.
- 📊 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 52]
 ● 2011 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.

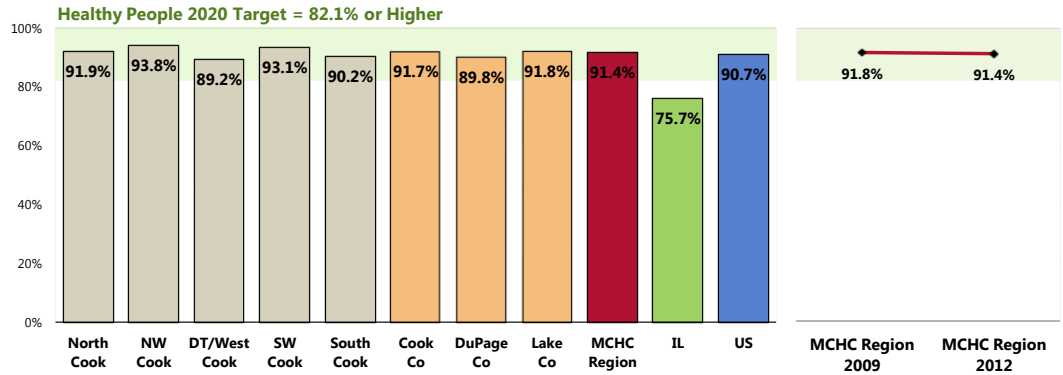
High Blood Cholesterol

Blood Cholesterol Testing

A total of 91.4% of MCHC Region adults have had their blood cholesterol checked within the past five years.

- Much higher than Illinois findings.
- Comparable to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Similar by county.
 - Most favorable in Northwest Cook County.
- 📊 Statistically unchanged over time.

Have Had Blood Cholesterol Levels Checked in the Past Five Years



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 56]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2009 Illinois data.
 • 2011 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.

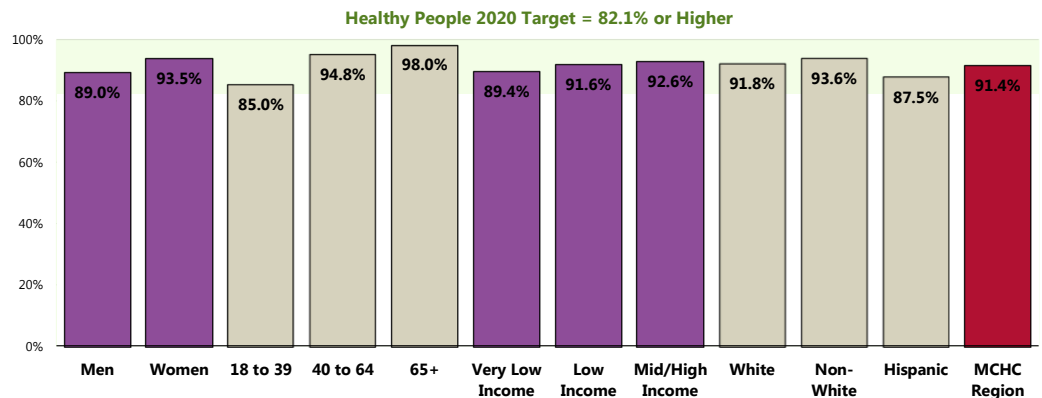
The following demographic segments report lower screening levels:

Men.

Adults under age 40 (note the positive correlation with age).

Hispanics.

Have Had Blood Cholesterol Levels Checked in the Past Five Years (MCHC Region, 2012)



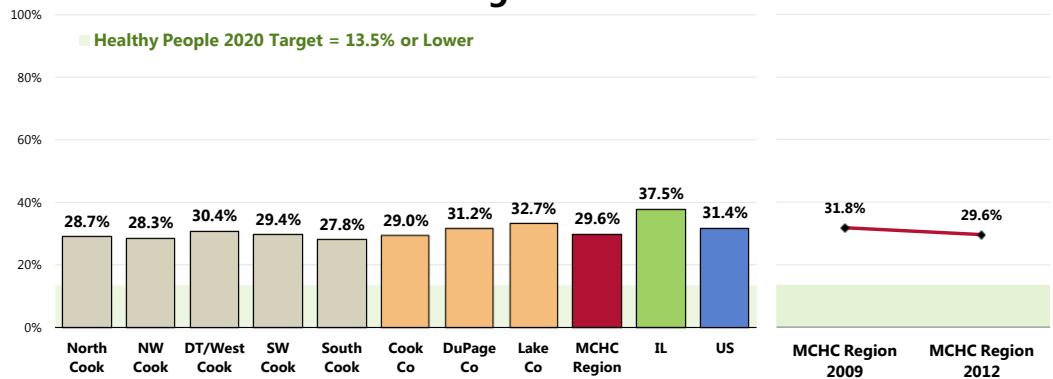
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

Prevalence of High Blood Cholesterol

A total of 29.6% 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).
- Statistically similar by county.
 - Similar by sub-area within Cook County.
- ▣ No significant change from 2009 survey findings.

Prevalence of High Blood Cholesterol



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 153]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2009 Illinois data.
• 2011 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 IL data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

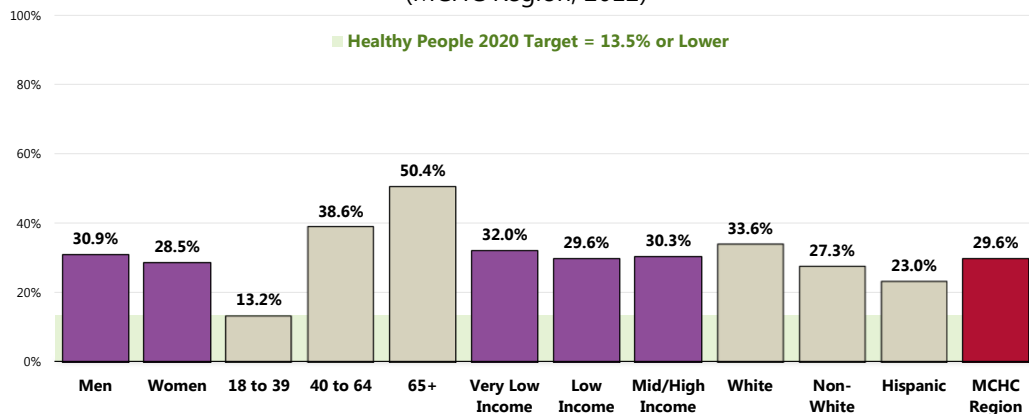
Note that 13.8% of MCHC Region adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past five years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

Note the following differences in high cholesterol prevalence by demographics in MCHC Region:

- 👤 There is a strong positive correlation between age and high blood cholesterol.
- 👤 Non-Hispanic Whites report a higher prevalence than Non-Whites and Hispanics.
- 👤 Keep in mind that “unknowns” are relatively high in men, young adults, lower-income residents, and Hispanics.

Prevalence of High Blood Cholesterol

(MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 153]
 • 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

High Cholesterol Management

Respondents reporting high cholesterol were further asked:

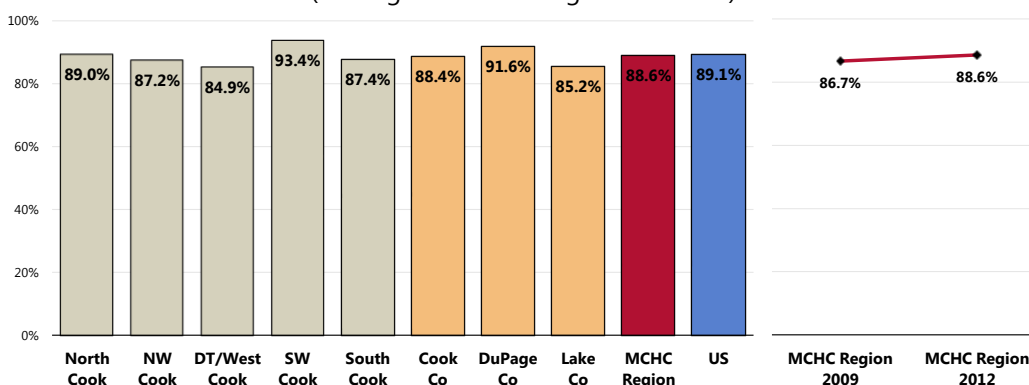
"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 88.6% report that they are currently taking actions to control their cholesterol levels.

- Similar to that found nationwide.
- Similar by county.
 - In Cook County, highest in the Southwest.
- 📊 Statistically unchanged over time.

Taking Action to Control High Blood Cholesterol Levels

(Among Adults with High Cholesterol)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 55]
 • 2011 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.

Total 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

A total of 81.0% 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.

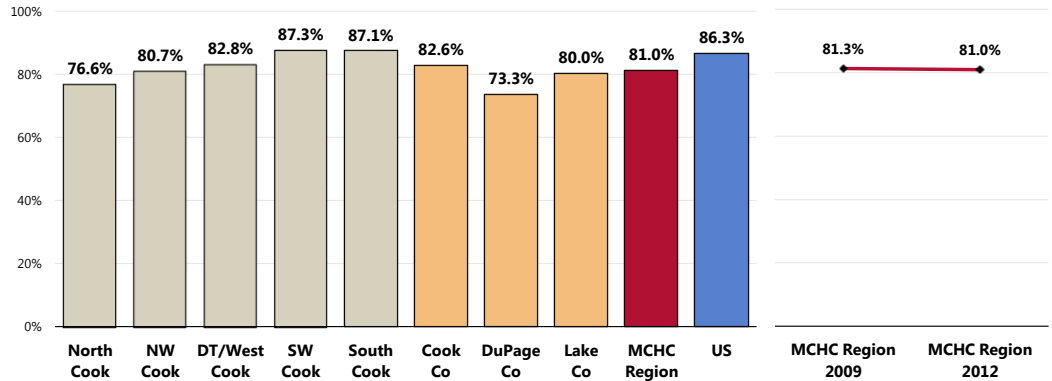
- Notably lower than national findings.
- Higher in Cook County, lower in DuPage County.
 - Within Cook County, higher in the South and Southwest, lower in the North.
- 📊 No change from 2009 findings.

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 154]

• 2011 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.

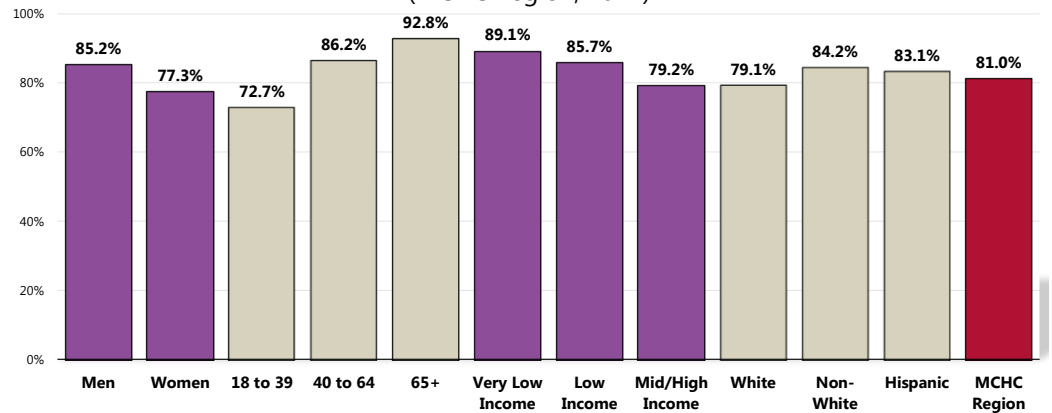
Adults age 40 and older, and especially seniors.

Lower-income residents.

Non-Whites and Hispanics.

Present One or More Cardiovascular Risks or Behaviors

(MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]

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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

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

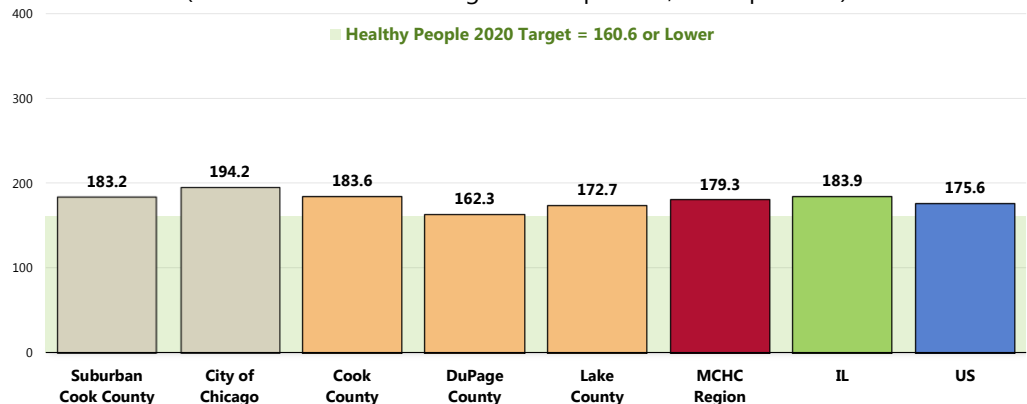
All Cancer Deaths

Between 2007 and 2009, there was an annual average age-adjusted cancer mortality rate of 179.3 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 160.6 or lower.
- Highest in Cook County, lowest in DuPage County.
- Within Cook County, the rate was somewhat higher in the City of Chicago.

Cancer: Age-Adjusted Mortality

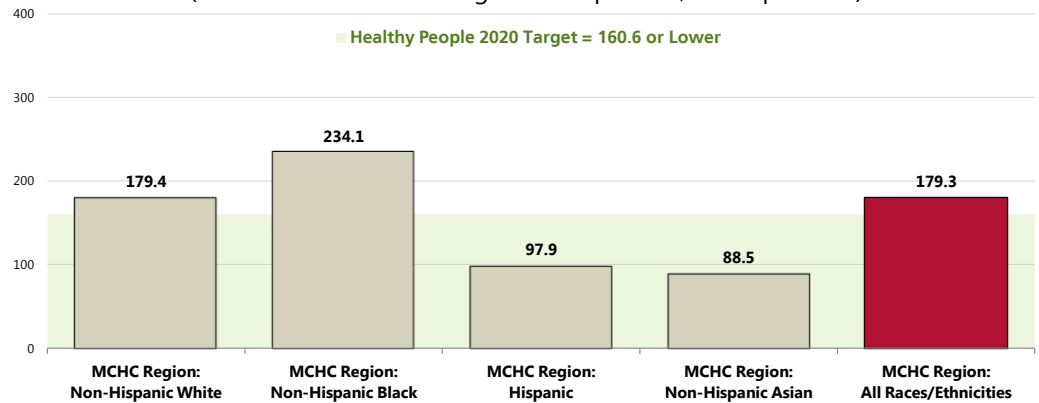
(2007-2009 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
 • 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 U.S. Standard Population.
 • Local, state and national data are simple three-year averages.

👤 The cancer mortality rate is notably higher among Blacks in the MCHC Region, followed by Whites.

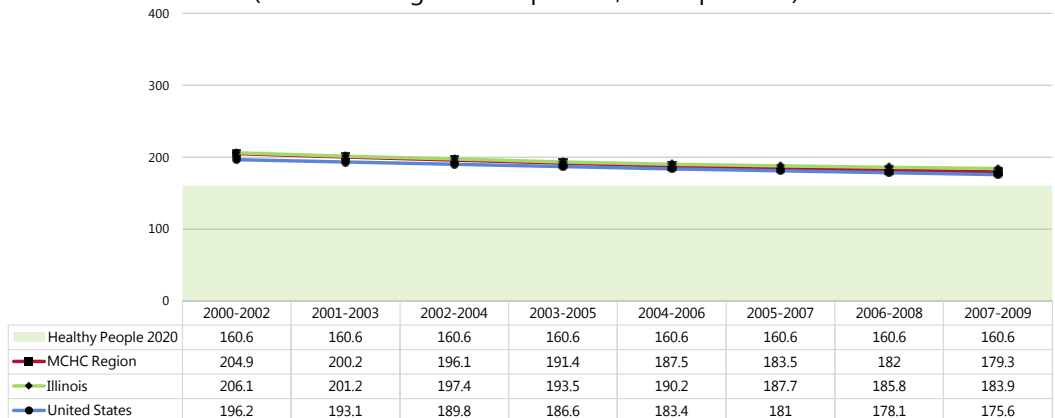
Cancer: Age-Adjusted Mortality by Race (2007-2009 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
• 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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

📉 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)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
• 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 U.S. Standard Population.
• State and national data are simple three-year averages.

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 2007-2009 annual average age-adjusted death rates):

- The MCHC Region **lung cancer** death rate is more favorable than the Illinois and US rates.
- The MCHC Region **prostate cancer** death rate is less favorable than both the state and national rates.
- The MCHC Region **female breast cancer** death rate is comparable to the Illinois rate but less favorable than the US rate.
- The MCHC Region **colorectal cancer** death rate is comparable to the state rate but less favorable than that reported nationally.

Note that each of the MCHC Region cancer death rates detailed below fails to satisfy the related Healthy People 2020 target, with the exception of lung cancer (for which the regional rate is comparable).

Age-Adjusted Cancer Death Rates by Site

(2007-2009 Annual Average Deaths per 100,000 Population)

	MCHC Region	Illinois	United States	HP2020
Lung Cancer	46.9	52.1	49.5	45.5
Prostate Cancer	26.6	24.3	22.6	21.2
Female Breast Cancer	24.8	23.7	22.6	20.6
Colorectal Cancer	18.0	18.1	16.4	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 June 2012.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

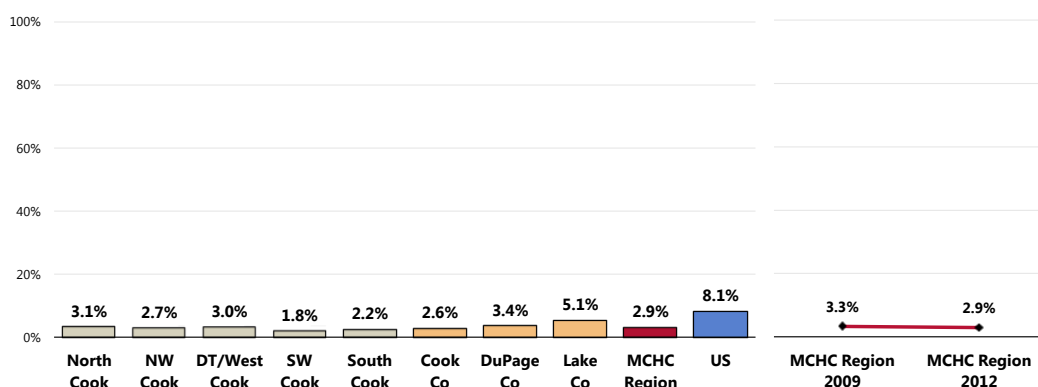
Prevalence of Cancer

Skin Cancer

A total of 2.9% of surveyed MCHC Region adults report having been diagnosed with skin cancer.

- Much lower than the national average.
- Higher in Lake County, lower in Cook County.
 - No significant difference to note among the sub-areas of Cook County.
- ☒ The prevalence of skin cancer has remained statistically unchanged over time.

Prevalence of Skin Cancer



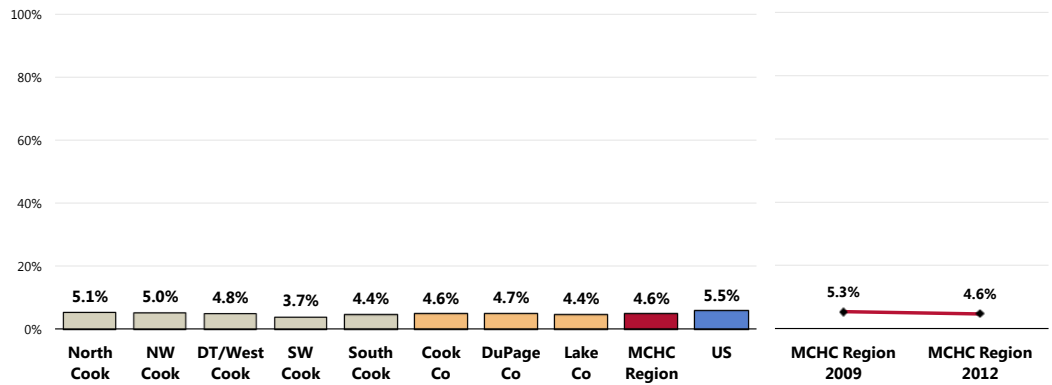
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Other Cancer

A total of 4.6% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the national prevalence.
- Similar by county.
 - Similar by Cook County sub-area.
- ☒ The prevalence of cancer has remained unchanged over time in the MCHC Region.

Prevalence of Cancer (Other Than Skin Cancer)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

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 (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

RELATED ISSUE:

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

Prostate Cancer Screenings

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.

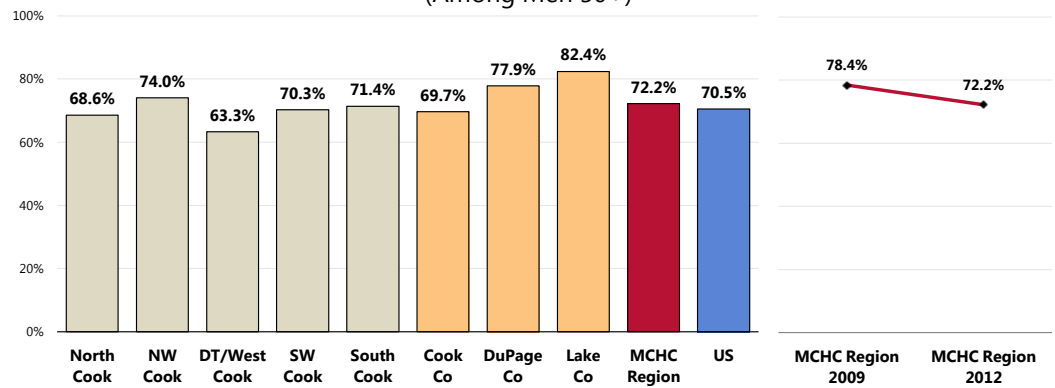
PSA Testing and/or Digital Rectal Examination

Among men age 50 and older, more than seven in 10 (72.2%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Similar to national findings.
- Higher in Lake County, lower in Cook County.
 - No statistical difference by Cook County sub-area.
- ☒ Marks a significant decrease in testing since 2009.

Have Had a Prostate Screening in the Past Two Years

(Among Men 50+)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 158]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all male respondents 50 and older.

Female Breast Cancer Screening

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

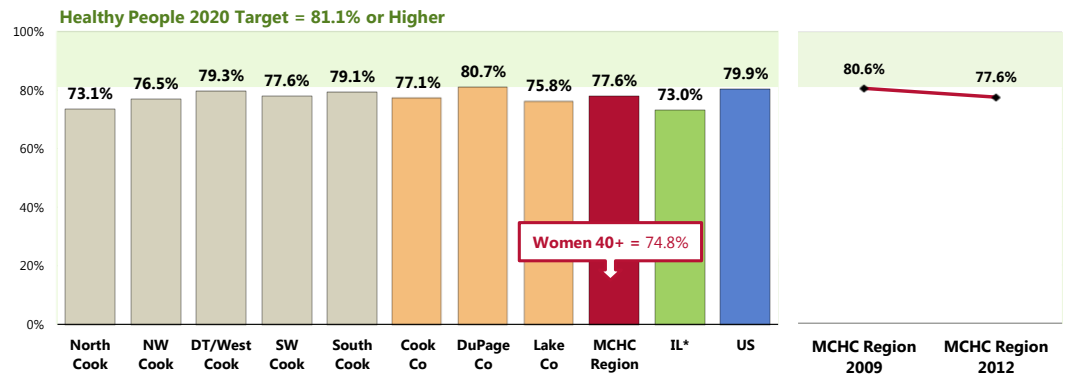
Among women age 50-74, 77.6% have had a mammogram within the past two years.

- Better than statewide findings (which represent all women 50+).
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).
- No significant difference by county.
 - Within Cook County, no difference by sub-area.
- 📊 Statistically unchanged since 2009.

👥 Among women 40+, three in four had a mammogram in the past two years.

Have Had a Mammogram in the Past Two Years

(Among Women 50-74)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 155-156]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Illinois data.
• 2011 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

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.

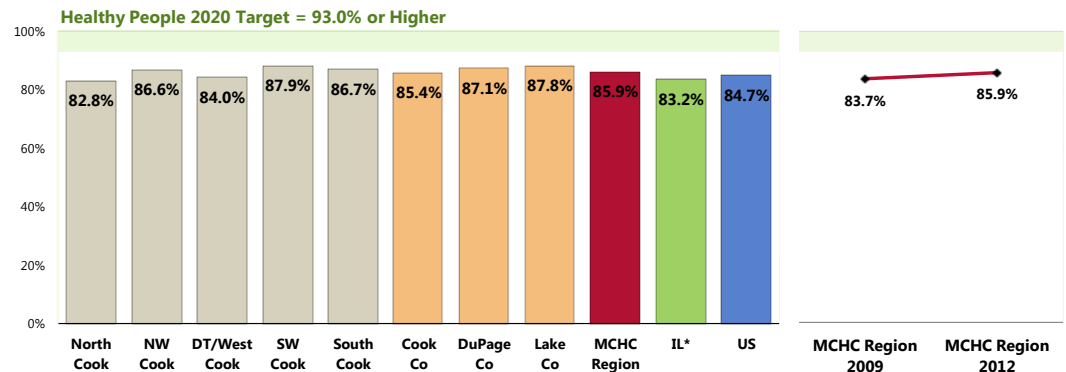
Pap Smear Testing

Among women age 21 to 65, 85.9% have had a Pap smear within the past three years.

- Better than the Illinois prevalence (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- No significant difference when viewed by county.
 - No significant difference by Cook County sub-area.
- 📊 Statistically unchanged since 2009.

Have Had a Pap Smear in the Past Three Years

(Among Women 21-65)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 157]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2010 Illinois data.
• 2011 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 IL percentage represents all women age 18 and older.

Colorectal Cancer Screenings

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

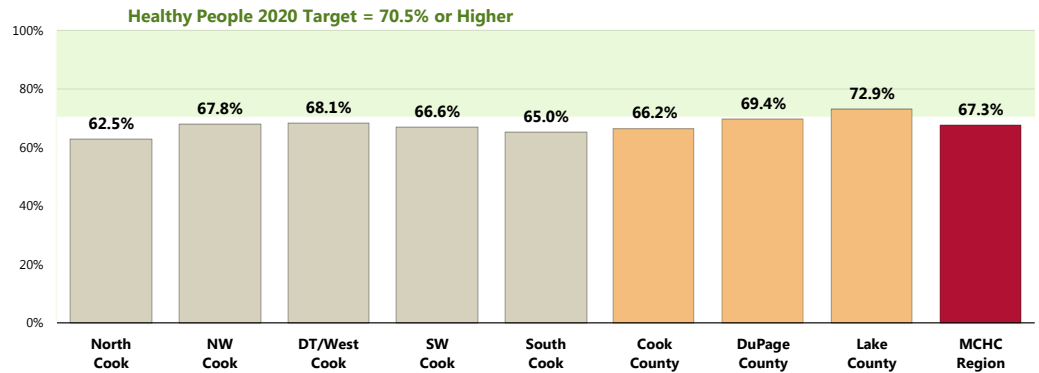
Among adults age 50-75, just over two-thirds (67.3%) have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Fails to satisfy the Healthy People 2020 target (70.5% or higher).
- No significant difference in findings by county.

- Within Cook County, similar percentages by sub-area.

Have Had a Colorectal Cancer Screening

(Among MCHC Region Adults 50-75; 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 161]
 • 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.

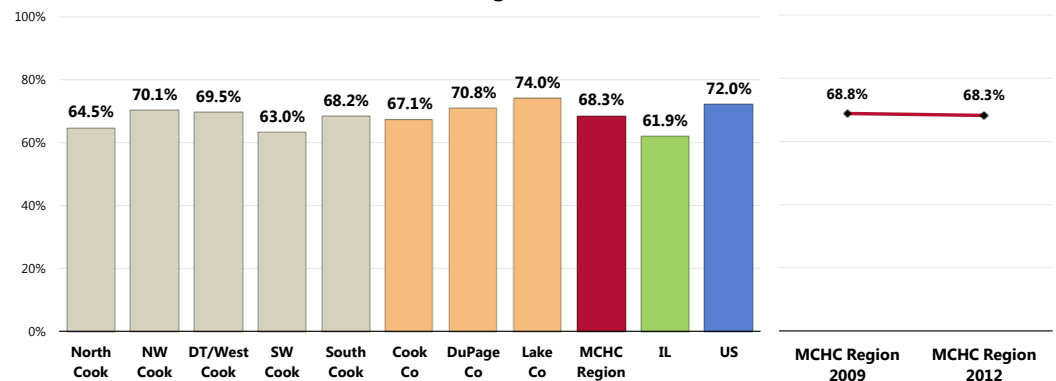
Lower Endoscopy

Among adults age 50 and older, a total of 68.3% have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- Higher than Illinois findings.
- Similar to national findings.
- Unfavorably low in Cook County.
- No significant difference by region in Cook County.
- ☒ Statistically similar to the 2009 survey findings.

Have Ever Had a Lower Endoscopy Exam

(Among Adults 50+)



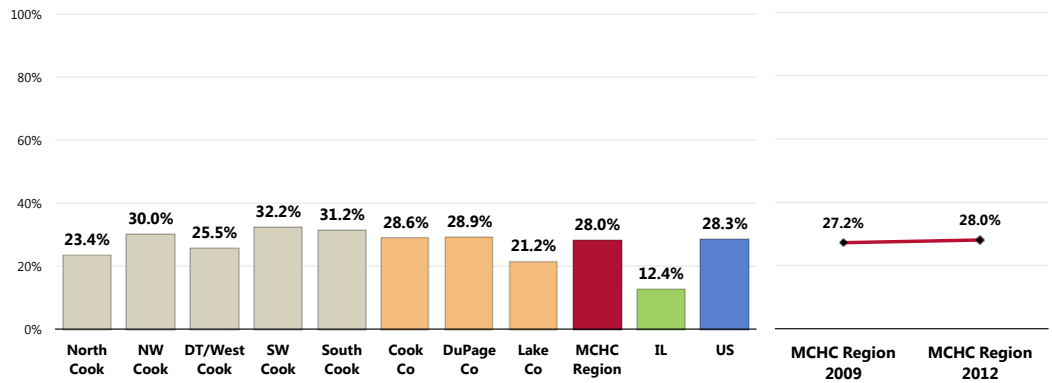
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2010 Illinois data.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents 50+.
 • Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Blood Stool Testing

Among adults age 50 and older, 28.0% have had a blood stool test (aka “fecal occult blood test”) within the past two years.

- Better than Illinois findings.
- Comparable to national findings.
- Lowest in Lake County.
 - In Cook County, unfavorably low in the North.
- 📊 Statistically unchanged since 2009.

Have Had a Blood Stool Test in the Past Two Years (Among Adults 50+)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Illinois data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents 50+.

Respiratory Disease

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.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. 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)

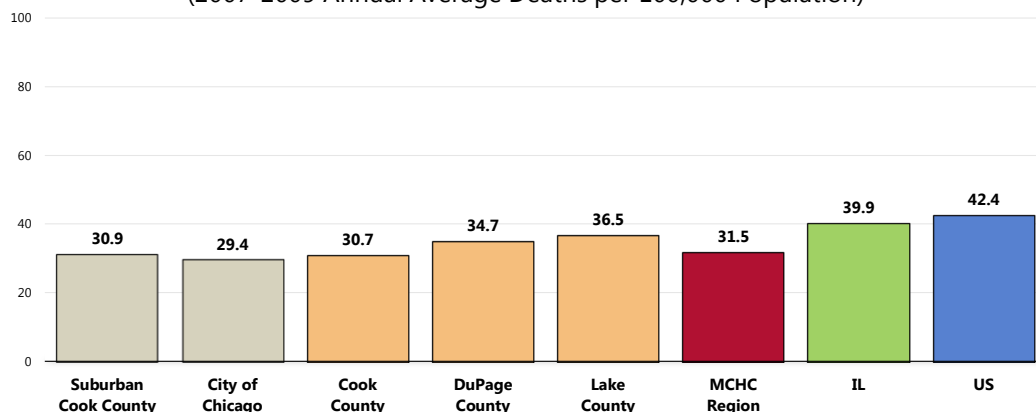
Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Between 2007 and 2009, there was an annual average age-adjusted CLRD mortality rate of 31.5 deaths per 100,000 population in the MCHC Region.

- Lower than found statewide.
- Lower than the national rate.
- Favorably low in Cook County.

CLRD: Age-Adjusted Mortality

(2007-2009 Annual Average Deaths per 100,000 Population)

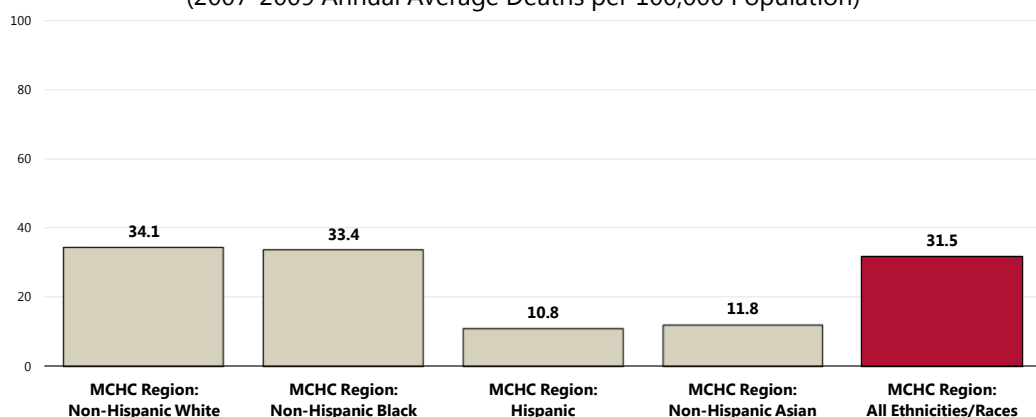


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Local, state and national data are simple three-year averages.
• CLRD is chronic lower respiratory disease.

CLRD mortality appears notably higher among Whites and Blacks in the MCHC Region.

CLRD: Age-Adjusted Mortality by Race

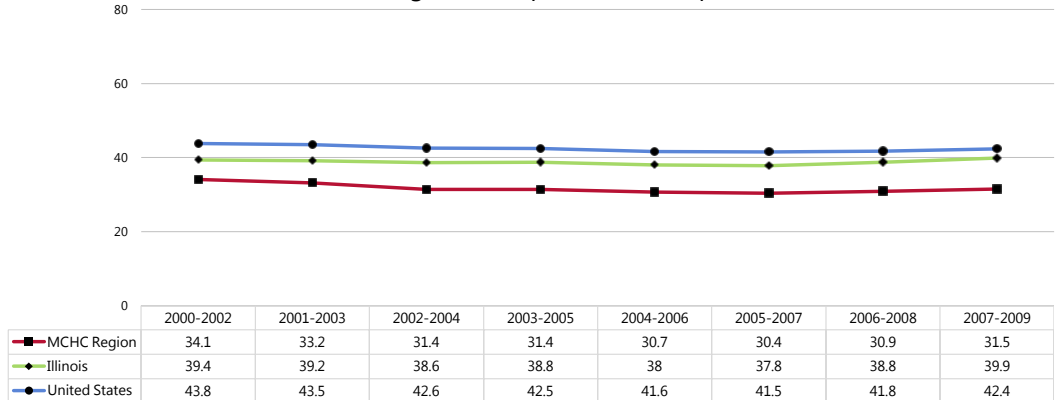
(2007-2009 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.
• CLRD is chronic lower respiratory disease.

- CLRD mortality in the MCHC Region has overall decreased over the past decade, as has CLRD mortality across the US (the state rate has been fairly stable).

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 June 2012.

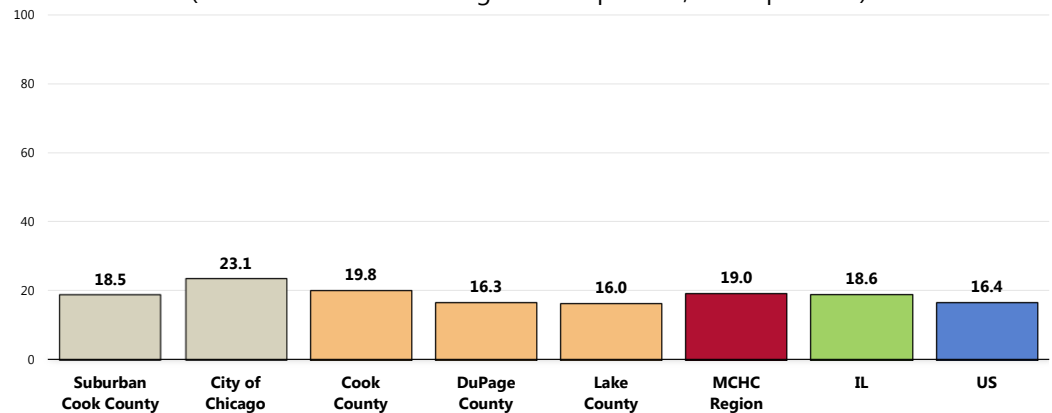
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population. State and national data are simple three-year averages. CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

Between 2007 and 2009, there was an annual average age-adjusted pneumonia influenza mortality rate of 19.0 deaths per 100,000 population in the MCHC Region.

- Comparable to that found statewide.
- Less favorable than the national rate.
- Highest in Cook County.
 - The death rate was notably higher in the City of Chicago when compared with Suburban Cook County.

Pneumonia/Influenza: Age-Adjusted Mortality (2007-2009 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 June 2012.

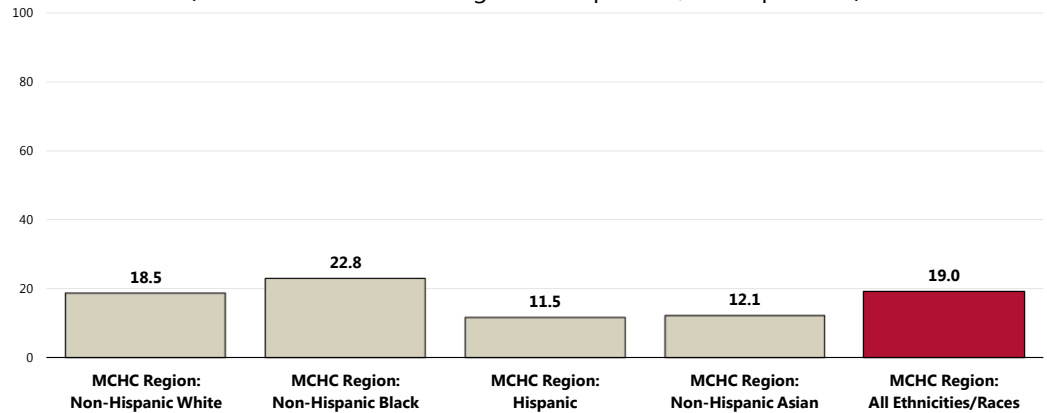
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population. Local, state and national data are simple three-year averages.

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



The pneumonia/influenza mortality rate in the MCHC Region is higher among Whites and Blacks when compared with Hispanics and Asians.

Pneumonia/Influenza: Age-Adjusted Mortality by Race (2007-2009 Annual Average Deaths per 100,000 Population)

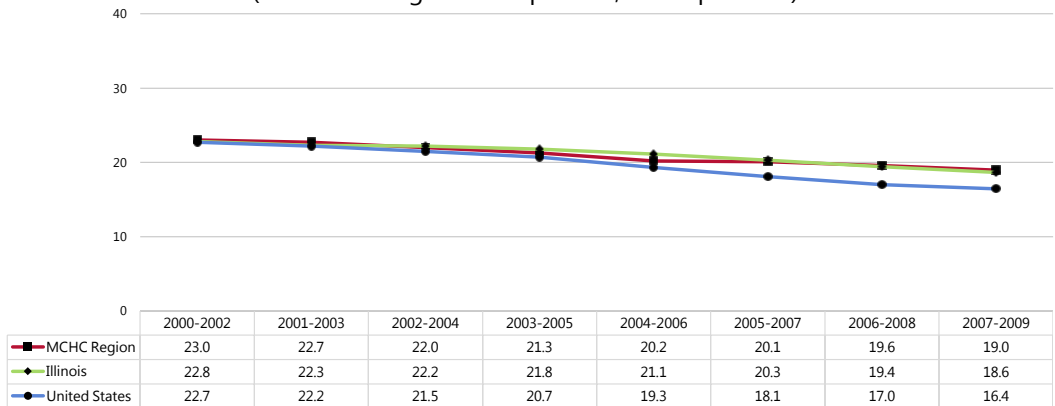


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Local, state and national data are simple three-year averages.
• CLRD is chronic lower respiratory disease.



Note the downward trend in MCHC Region pneumonia/influenza mortality. Across Illinois and the US overall, pneumonia/influenza death rates have decreased as well.

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 June 2012.
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 U.S. Standard Population.
• State and national data are simple three-year averages.

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma, nasal/hay fever allergies, sinusitis, and/or chronic lung disease.

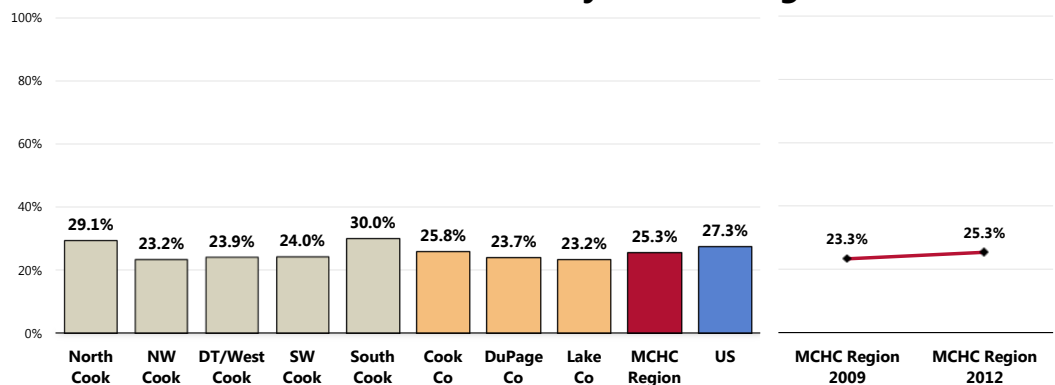
Prevalence of Respiratory Conditions

Nasal/Hay Fever Allergies

A total of one in four (25.3%) MCHC Region adults currently suffers from or has been diagnosed with nasal/hay fever allergies.

- Similar to the national prevalence.
- No significant difference among the three counties.
 - Statistically high in South Cook County and North Cook County.
- 📊 Similar to the 2009 MCHC prevalence.

Prevalence of Nasal/Hay Fever Allergies



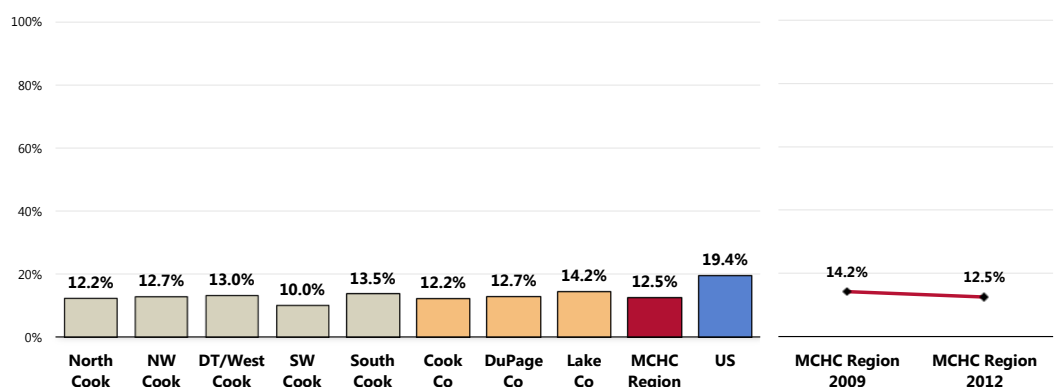
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 35]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

Sinusitis

A total of 12.5% of MCHC Region adults suffer from sinusitis.

- More favorable than the national prevalence.
- Similar findings by county.
 - In Cook County, similar findings by sub-area.
- 📊 Statistically unchanged over time.

Prevalence of Sinusitis



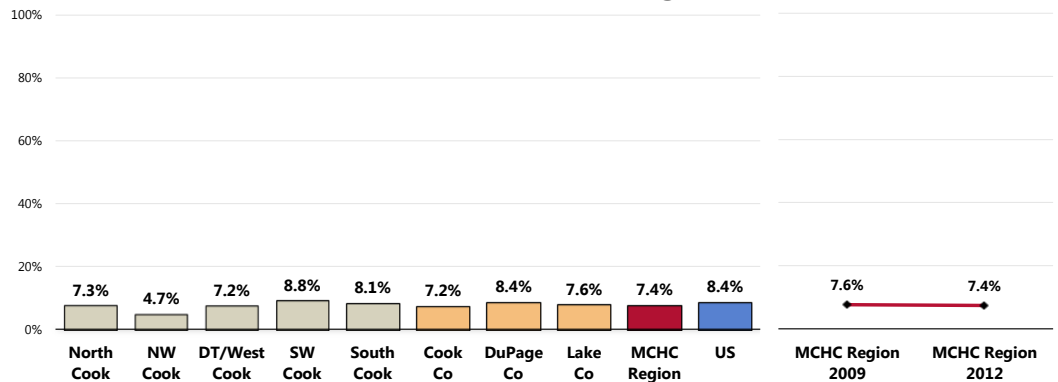
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 34]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

Chronic Lung Disease

A total of 7.4% of MCHC Region adults suffer from chronic lung disease.

- Similar to the national prevalence.
- Similar findings among the three counties.
 - Favorably low in the Northwest portion of Cook County.
- ▣ Unchanged from the 2009 MCHC Region prevalence.

Prevalence of Chronic Lung Disease



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

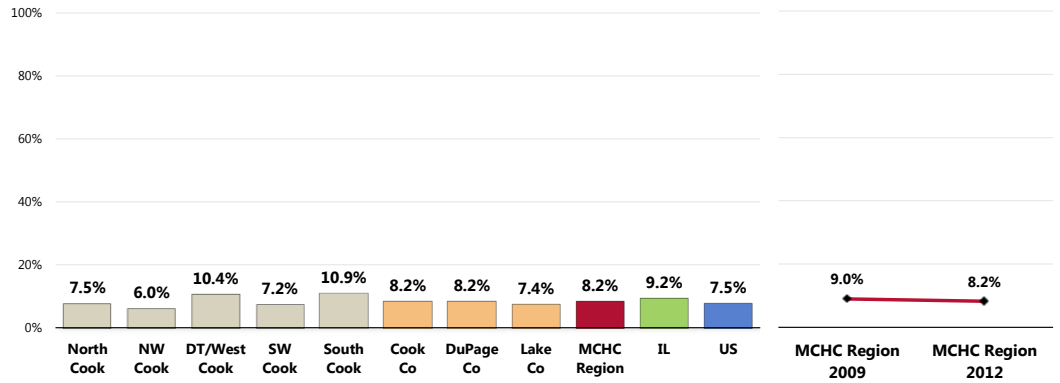
Asthma

Adults

A total of 8.2% of MCHC Region adults currently suffer from asthma.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- No significant difference by county.
 - In Cook County, highest in the South and lowest in the Northwest.
- ▣ No change to report from 2009 survey findings.

Currently Have Asthma







Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 162]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Illinois data.

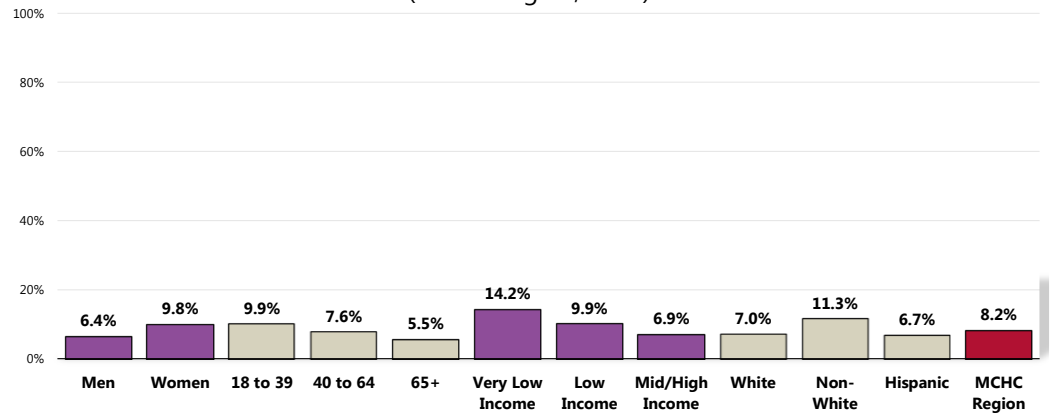
Notes:

- Asked of all respondents.

The following adults are more likely to suffer from asthma:

-  Women.
-  Young adults.
-  Low and very low-income residents.
-  Non-Whites.

Currently Have Asthma (MCHC Region, 2012)

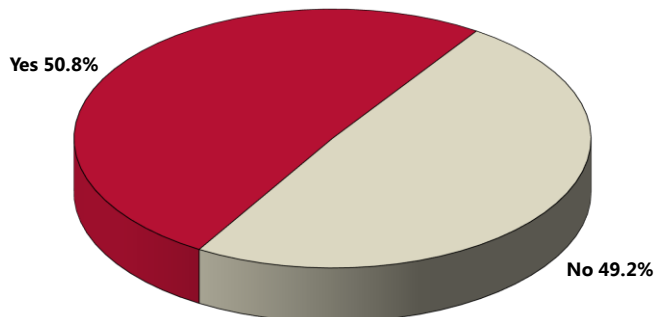


Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 162]
- 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

One-half (50.8%) of respondents with asthma reports having had an episode of asthma or an asthma attack at least once in the past year.

Had an Episode of Asthma or an Asthma Attack in the Past Year (Among MCHC Region Adults w/Asthma, 2012)



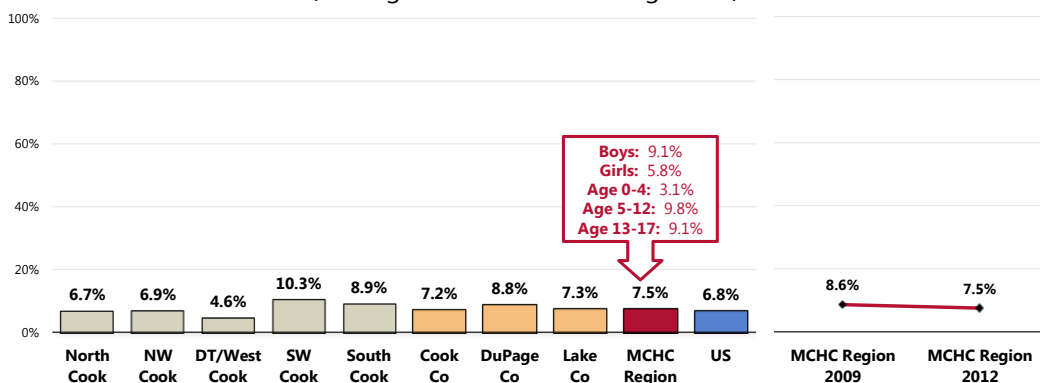
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
Notes: • Asked of all respondents with asthma.

Children

Among MCHC Region children under age 18, 7.5% currently have asthma.

- Statistically comparable to national findings.
- No significant difference by county.
 - Within Cook County, no statistical difference by sub-area.
- 👤 Viewed by age and gender, MCHC Region boys and children over the age of 4 are significantly more likely to have been diagnosed with asthma.
- 📅 The prevalence of childhood asthma has not changed significantly since 2009.

Child Currently Has Asthma (Among Parents of Children Age 0-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 163]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

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

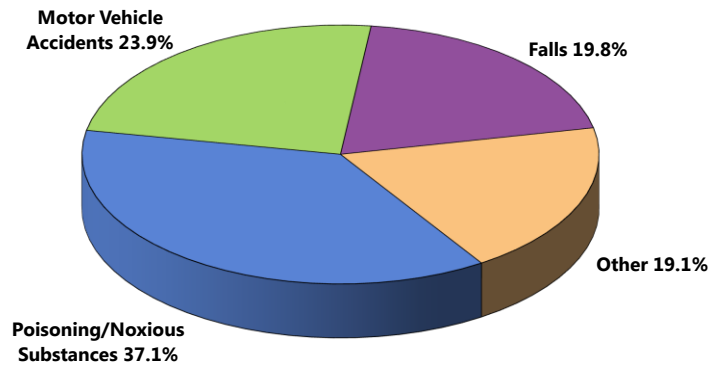
— Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Poisoning (including ingestion of poisons, as well as accidental drug overdoses), motor vehicle accidents and falls accounted for just over eight in 10 accidental deaths in the MCHC Region in 2009.

Leading Causes of Accidental Death

(MCHC Region, 2009)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury

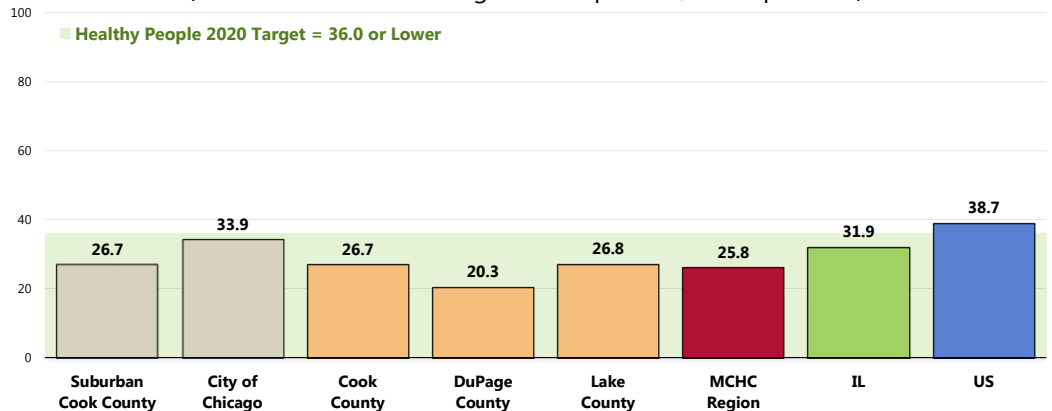
Age-Adjusted Unintentional Injury Deaths

Between 2007 and 2009, there was an annual average age-adjusted unintentional injury mortality rate of 25.8 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 (36.0 or lower).
- Favorably low in DuPage County.
 - Within Cook County, higher in the City of Chicago.

Unintentional Injuries: Age-Adjusted Mortality

(2007-2009 Annual Average Deaths per 100,000 Population)

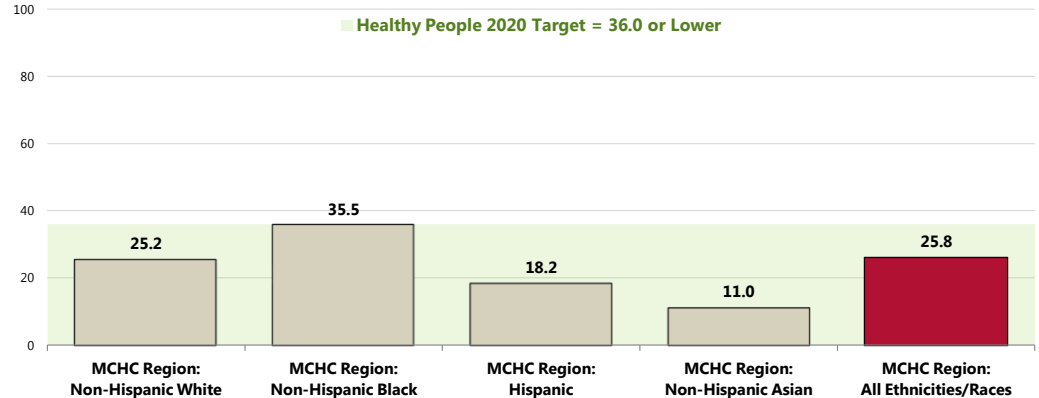


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
• 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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.



The mortality rate for unintentional injuries is highest among Blacks in the MCHC Region.

Unintentional Injuries: Age-Adjusted Mortality by Race (2007-2009 Annual Average Deaths per 100,000 Population)



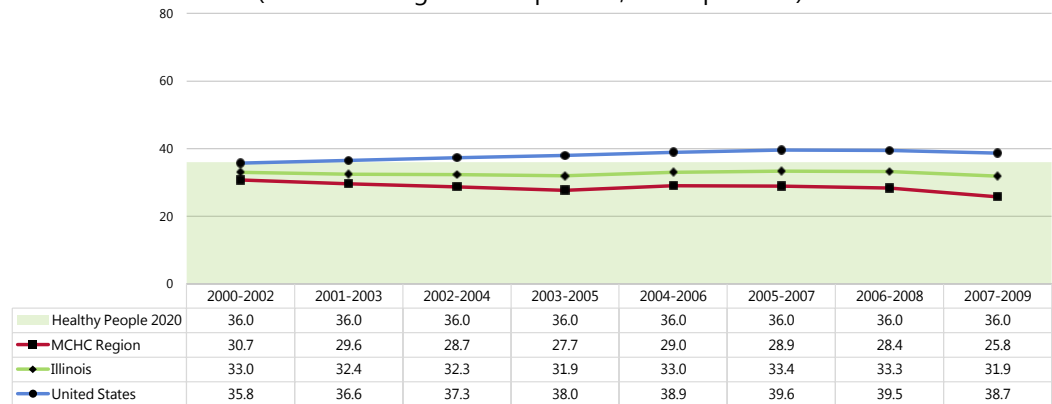
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.



Note the general downward trend in the unintentional injury mortality rate for the MCHC Region, echoing the decrease reported in Illinois. In contrast, the US rate has increased over time.

Unintentional Injuries: 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 June 2012.
• 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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

Motor Vehicle Safety

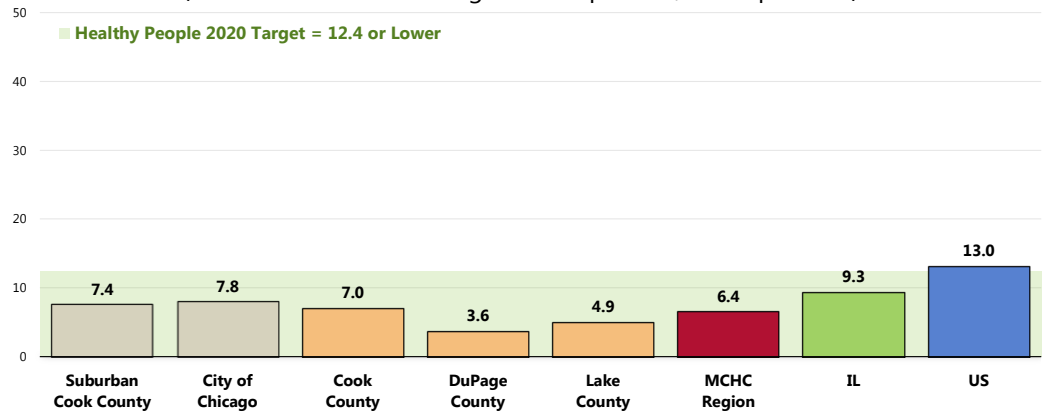
Age-Adjusted Motor-Vehicle Related Deaths

Between 2007 and 2009, there was an annual average age-adjusted motor vehicle crash mortality rate of 6.4 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 County.

Motor Vehicle Crashes: Age-Adjusted Mortality

(2007-2009 Annual Average Deaths per 100,000 Population)

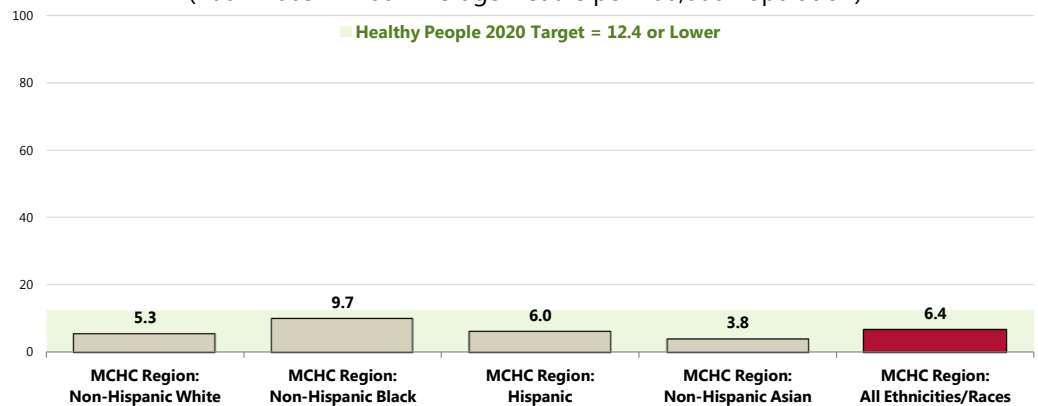


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.


👤 Blacks in the MCHC Region exhibit the highest motor vehicle crash mortality rate when compared with other races/ethnicities.

Motor Vehicle Crashes: Age-Adjusted Mortality by Race

(2007-2009 Annual Average Deaths per 100,000 Population)

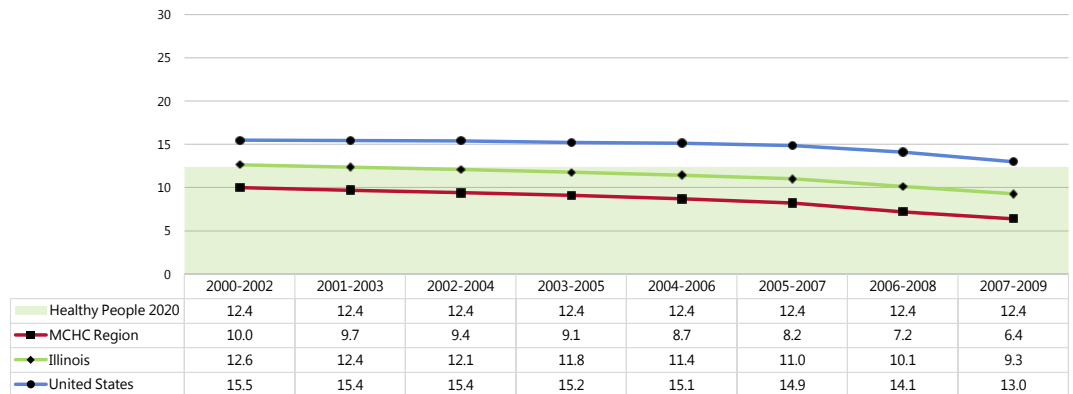


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

-  The mortality rate in the MCHC Region decreased over the past decade, as did the Illinois and US rates.

Motor Vehicle Crashes: 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 June 2012.
- 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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

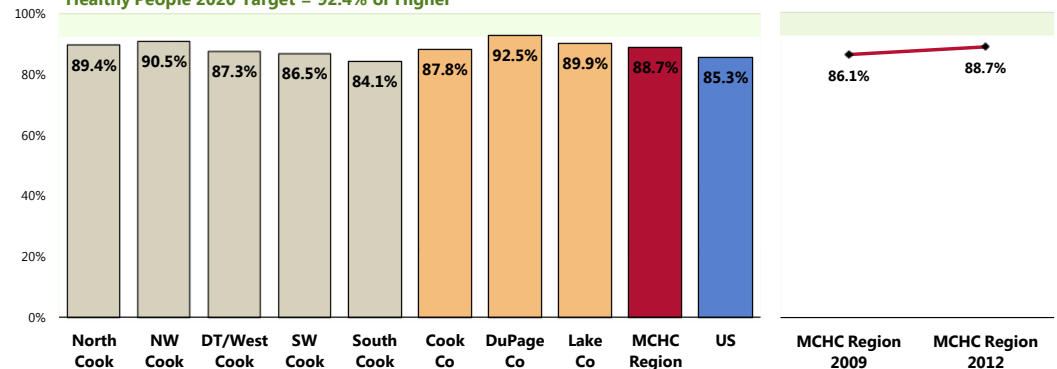
Seat Belt Usage - Adults

Most MCHC Region adults (88.7%) 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 92.4% or higher.
- Highest in DuPage County, lowest in Cook County.
 - Within Cook County, highest in the Northwest and lowest in the South.
-  Marks a significant increase (improvement) from 2009 survey findings.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle

Healthy People 2020 Target = 92.4% or Higher







Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
- 2011 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 IPV-15]

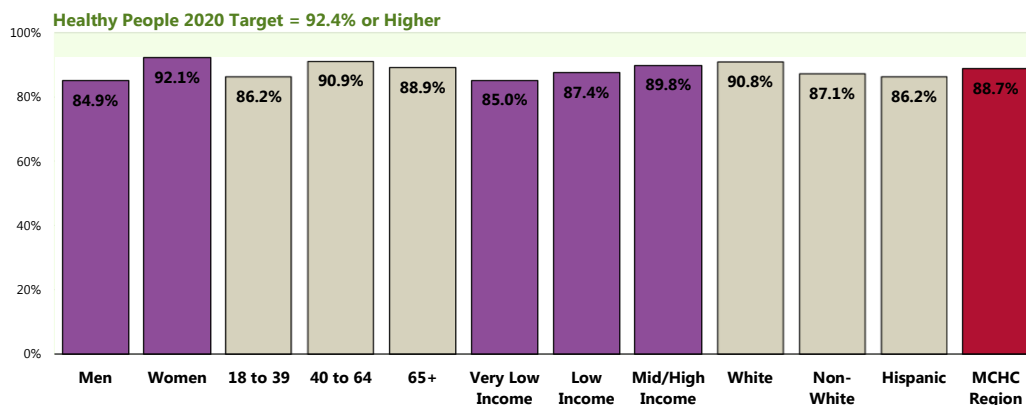
Notes:

- Asked of all respondents.

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

-  Men.
-  Young adults.
-  Residents with very low incomes.
-  Non-Whites and Hispanics.


“Always” Wear a Seat Belt When Driving or Riding in a Vehicle (MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

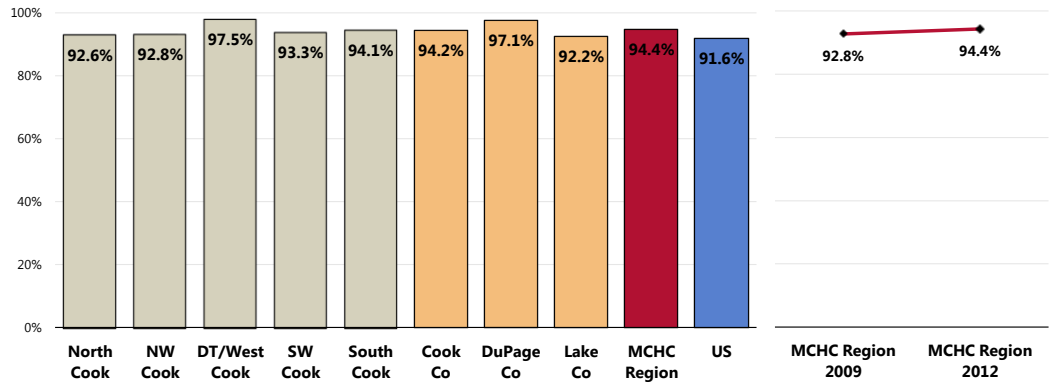
Seat Belt Usage - Children

A full 94.4% 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.
- Higher in DuPage County.
 - No significant difference by sub-area within Cook County.
-  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 141]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

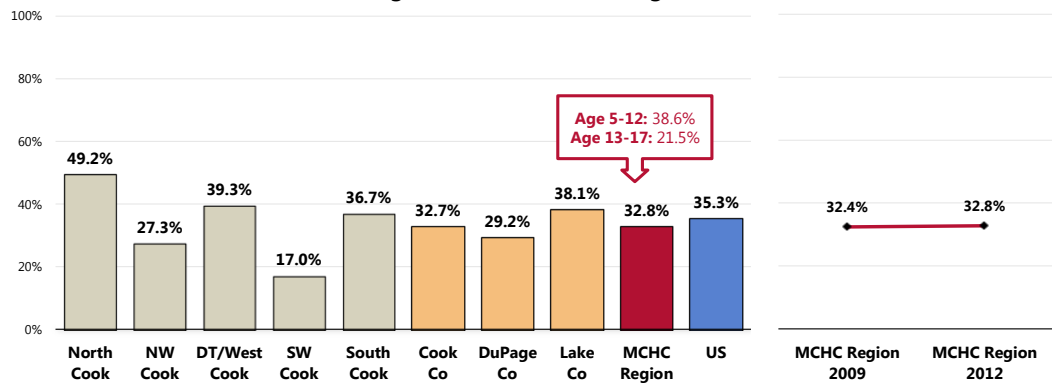
Bicycle Safety

Nearly one-third (32.8%) of MCHC Region children age 5 to 17 is reported to "always" wear a helmet when riding a bicycle.

- Similar to the national prevalence.
- No statistical difference in helmet usage by county.
 - In Cook County, ranging from 49.2% in the North to 17.0% in the Southwest.
- 📊 Statistically unchanged since 2009.

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 147]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children age 5 to 17 at home.

Firearm Safety

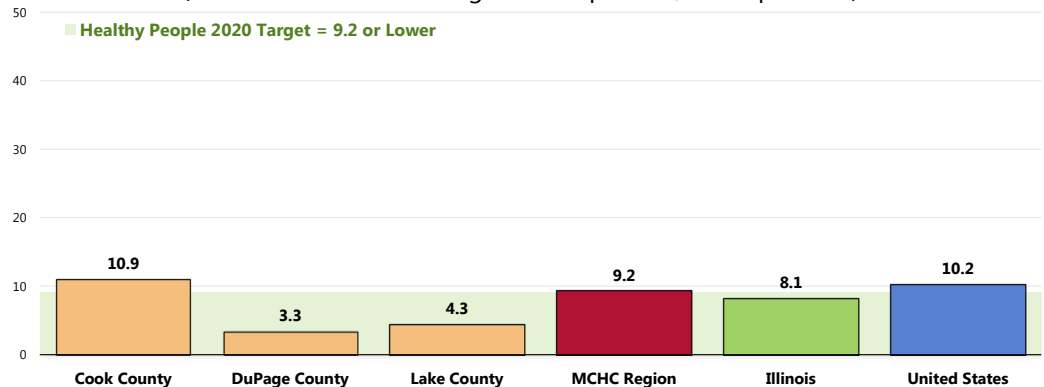
Age-Adjusted Firearm-Related Deaths

Between 2007 and 2009, there was an annual average age-adjusted rate of 9.2 deaths per 100,000 population due to firearms in the MCHC Region.

- Higher than found statewide.
- Lower than found nationally.
- Identical to the Healthy People 2020 objective (9.2 or lower).
- Less favorable in Cook County, more favorable in DuPage County.

Firearms-Related Deaths: Age-Adjusted Mortality

(2007-2009 Annual Average Deaths per 100,000 Population)



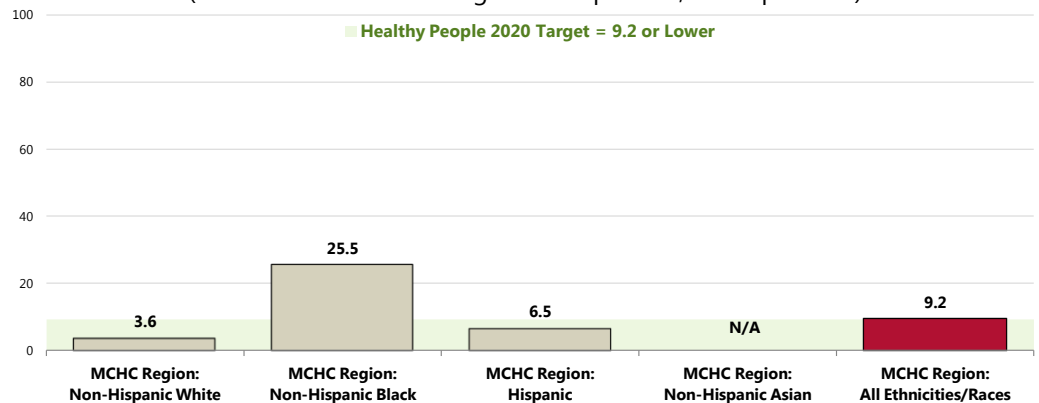
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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.
 • Local, state and national data are simple three-year averages.
 • Suburban Cook County and City of Chicago data not available.




The firearm-related mortality rate is dramatically higher among Blacks in the MCHC Region.

Firearms-Related Deaths: Age-Adjusted Mortality by Race

(2007-2009 Annual Average Deaths per 100,000 Population)

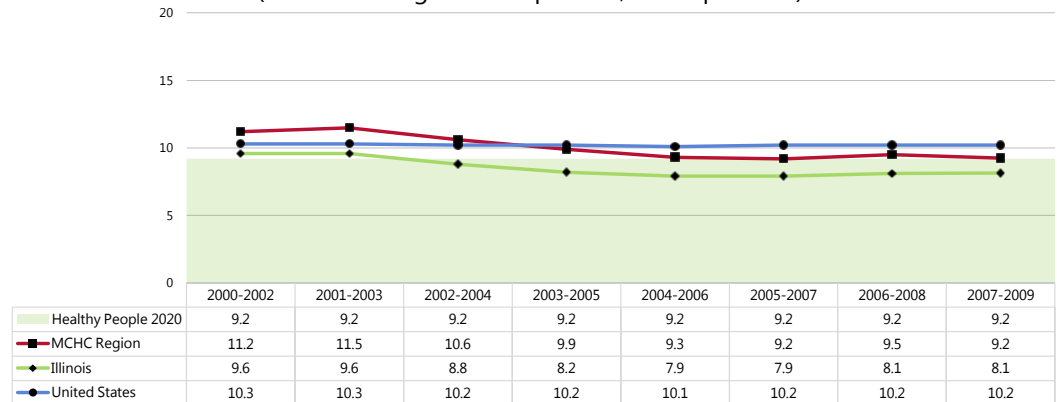


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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.
 • Local, state and national data are simple three-year averages.

-  In a positive note, the mortality rate in the MCHC Region decreased over the past decade, as did rates across the state (nationwide, firearm-related mortality was stable).

Firearms-Related Deaths: 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 June 2012.
- 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.
- Local, state and national data are simple three-year averages.


Presence of Firearms in Homes

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

- Much lower than the national prevalence.
- Much higher in DuPage and Lake counties when compared with Cook County.
 - Within Cook County, highest in the South and lowest in the North.

 Marks an increase over 2009 survey findings.

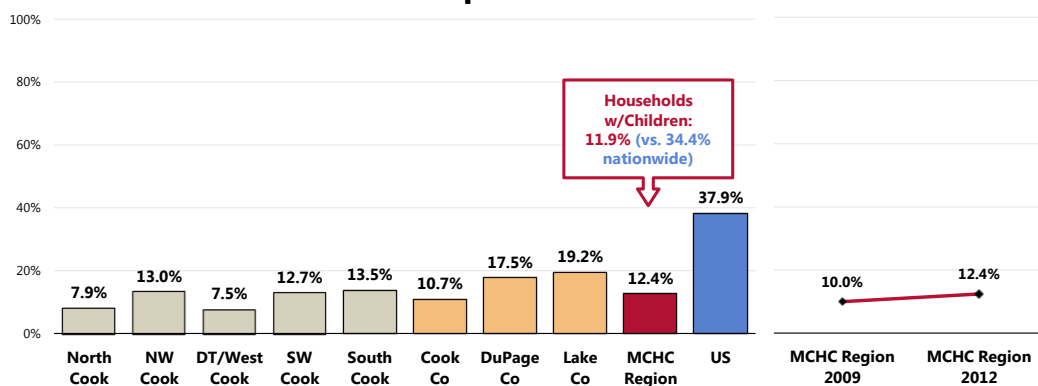
 Among MCHC Region households with children, 11.9% have a firearm kept in or around the house (more favorable than reported nationally).

 The prevalence of firearms in households with children has increased significantly over time (not shown).

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."

Have a Firearm Kept in or Around the Home



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 62, 164]

• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

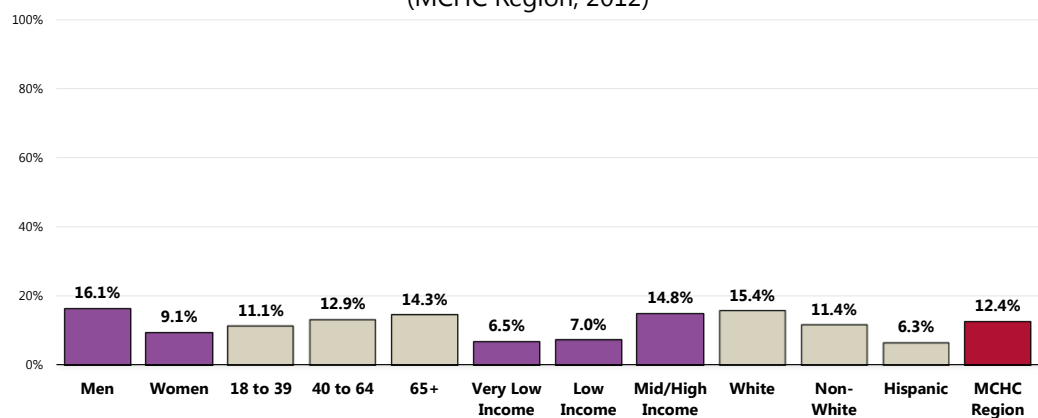
• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

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

- 👤 Men.
- 👤 Higher-income households.
- 👤 White respondents.

Have a Firearm Kept in or Around the House

(MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]

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.

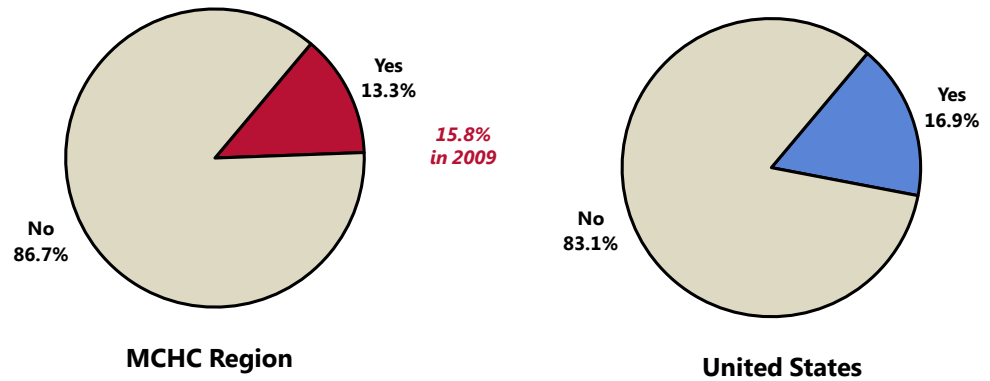
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

Among MCHC Region households with firearms, 13.3% report that there is at least one weapon that is kept unlocked and loaded.

- Statistically similar to that found nationally.
- Higher in Cook County, lower in DuPage County (not shown).
- No significant difference by sub-area in Cook County (not shown).
- 📊 Statistically similar to that reported in 2009.

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 165]
 • 2011 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)

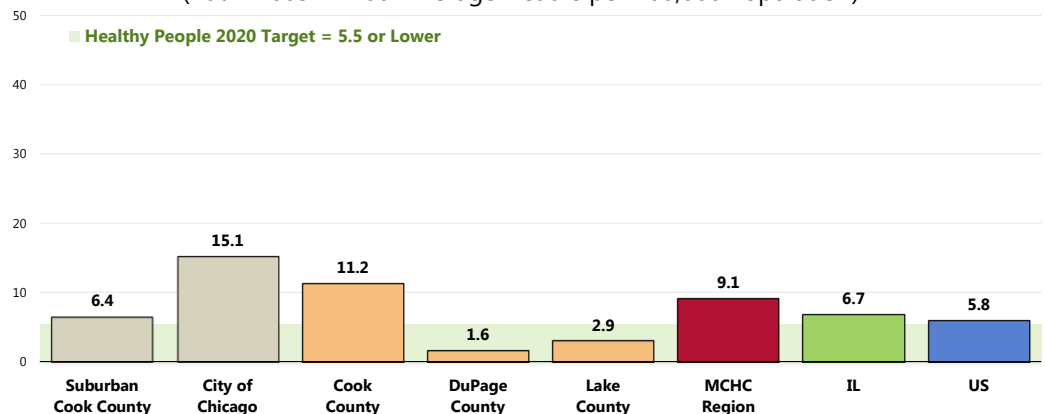
Age-Adjusted Homicide Deaths

Between 2007 and 2009, there was an annual average age-adjusted homicide rate of 9.1 deaths per 100,000 population in the MCHC Region.

- Worse than the rate found statewide.
- Worse than the national rate.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.
- Seven times as high in Cook County as in DuPage County.
- Within Cook County, more than twice as high in the City of Chicago when compared with Suburban Cook County.

Homicide: Age-Adjusted Mortality

(2007-2009 Annual Average Deaths per 100,000 Population)

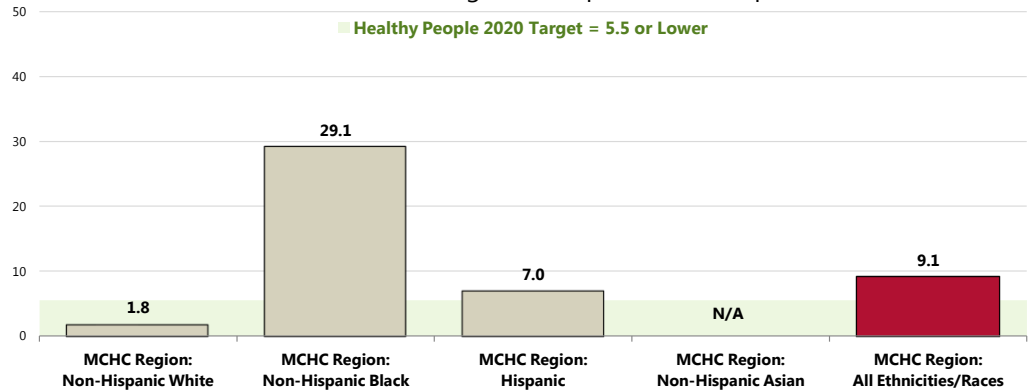


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-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 U.S. Standard Population.
 • Local, state and national data are simple three-year averages.

RELATED ISSUE:
 See also *Suicide* in the **Mental Health & Mental Disorders** section of this report.

👤 The homicide rate is exceptionally high among Blacks in the MCHC Region.

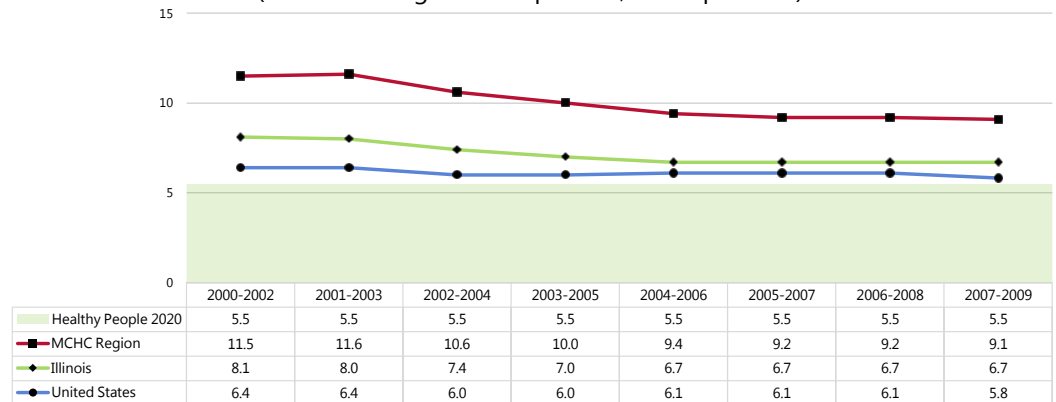
Homicide: Age-Adjusted Mortality by Race (2007-2009 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

📉 Since the 2001-2003 reporting period, the homicide rate decreased in the MCHC Region; the same decrease is noted across Illinois and the US overall.

Homicide: 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 June 2012.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

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.

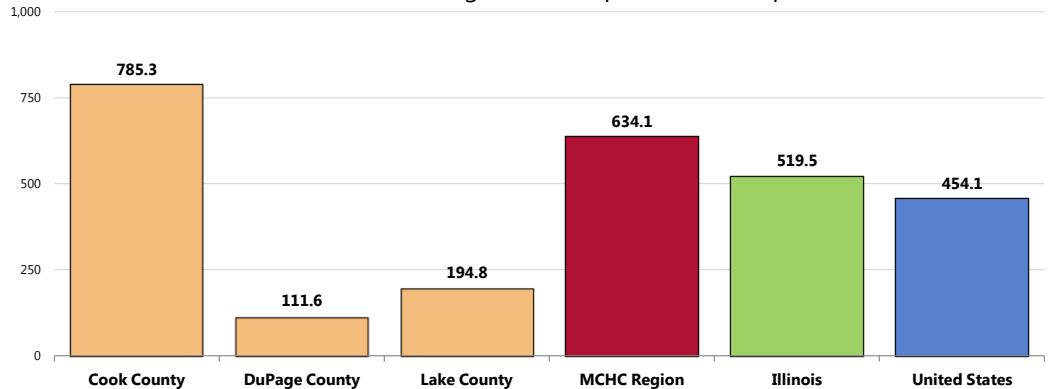
Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2007 and 2009, there was an annual average violent crime rate of 634.1 offenses per 100,000 population in the MCHC Region.

- Higher than the Illinois rate for the same period.
- Higher than the national rate.
- Highest in Cook County; relatively lower in DuPage County.

Violent Crime Rates

(2007-2009 Annual Average Offenses per 100,000 Population)

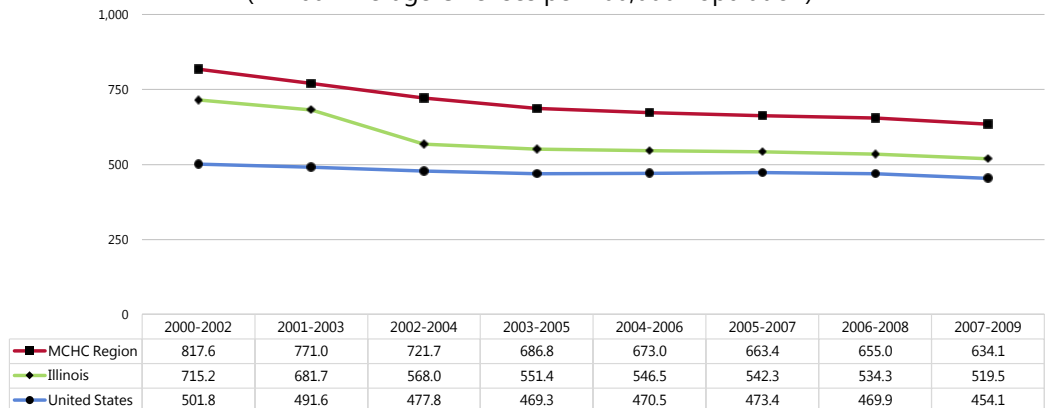


Sources: • Illinois State Police.
• US Department of Justice, Federal Bureau of Investigation
Notes: • Rates are offenses per 100,000 population among agencies reporting.

📊 The area crime rate has declined in recent years, echoing the state and national trends.

Violent Crime Rates

(Annual Average Offenses per 100,000 Population)



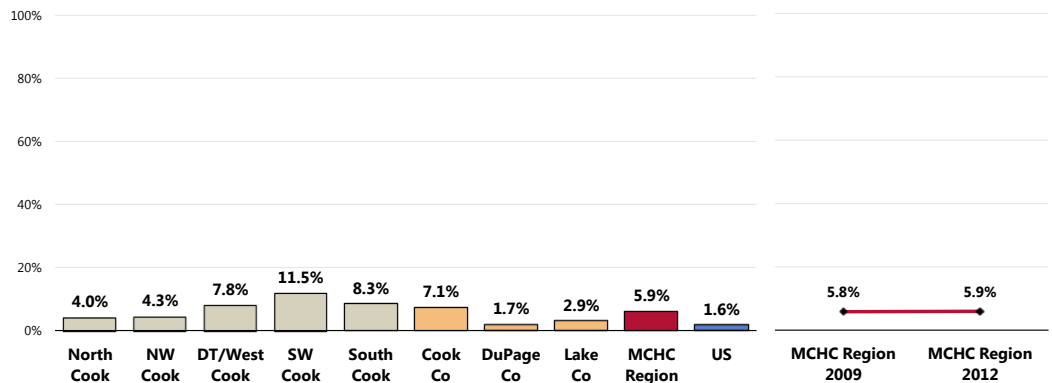
Sources: • Illinois State Police.
• US Department of Justice, Federal Bureau of Investigation
Notes: • Rates are offenses per 100,000 population among agencies reporting.

Self-Reported Violence

A total of 5.9% 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.
 - Within Cook, higher in the Southwest, lower in the North and Northwest.
- 📊 No significant change since 2009.

Victim of a Violent Crime in the Past Five Years

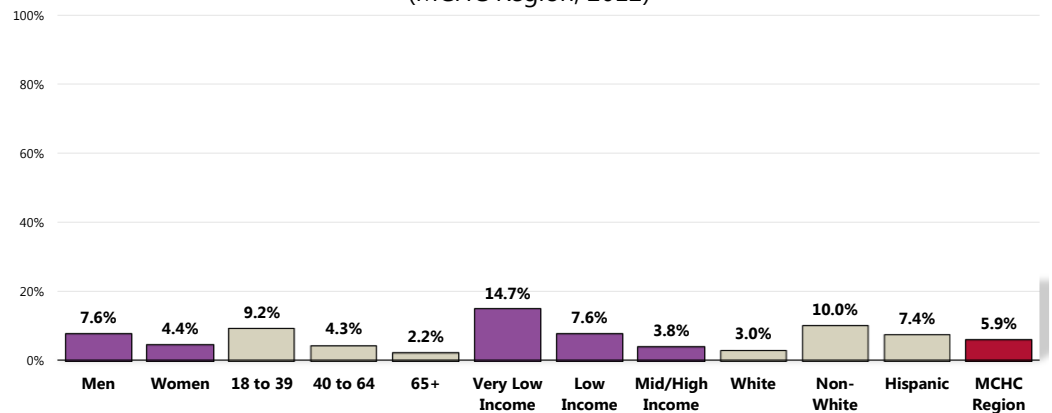


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 59]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

👤 Reports of violence are notably higher among men, young adults, residents living in the lower income categories, Non-Whites and Hispanics.

Victim of a Violent Crime in the Past Five Years

(MCHC Region, 2012)



Sources: ● 2012 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

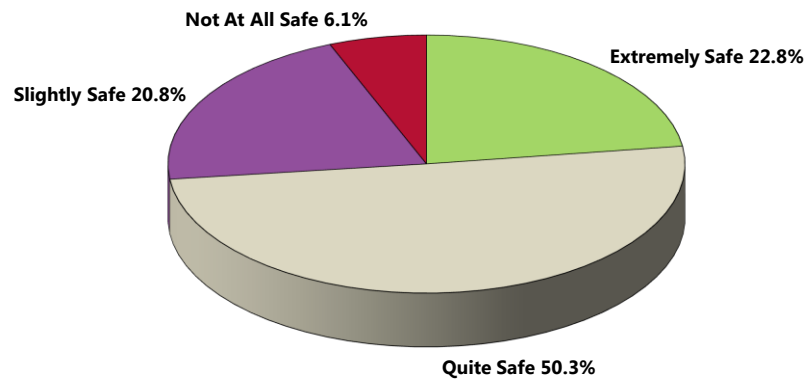
Perceived Neighborhood Safety

Most MCHC Region adults (73.1%) consider their neighborhood to be “extremely” or “quite” safe from crime.

- Another 20.8% gave “slightly safe” ratings of their own neighborhoods.

Perceptions of Neighborhood’s Safety from Crime

(MCHC Region, 2012)

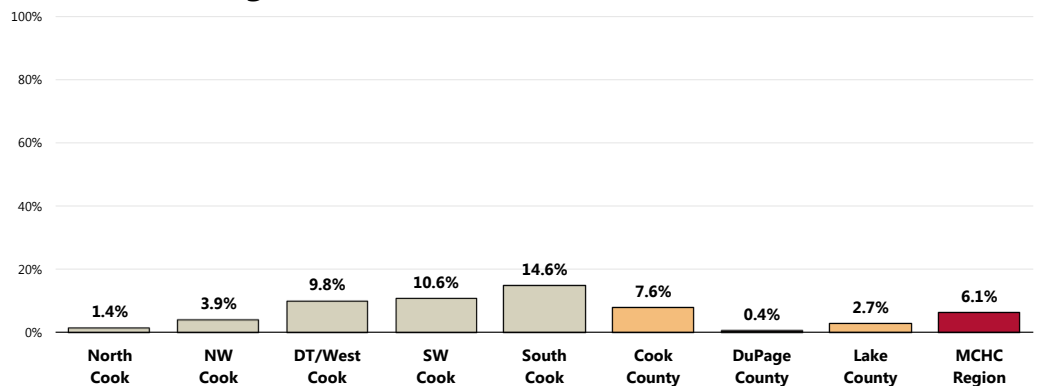


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
Notes: • Asked of all respondents.

Note that 6.1% 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, lowest in the North.

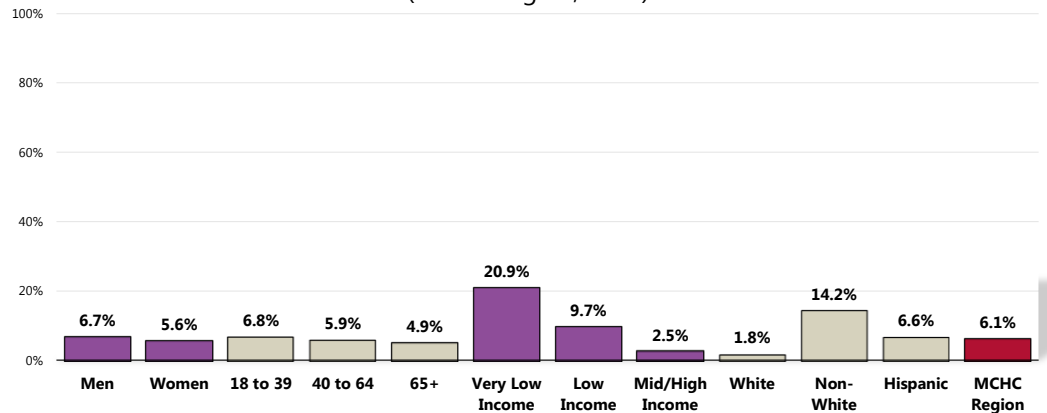
Perceive Neighborhood to be “Not At All Safe” from Crime



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
Notes: • Reflects the total sample of respondents.

Residents more likely to give lower ratings of their neighborhood's safety from crime include those living at the lower income levels, Non-Whites and Hispanics.

Perceive Neighborhood to be "Not At All Safe" from Crime (MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]

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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

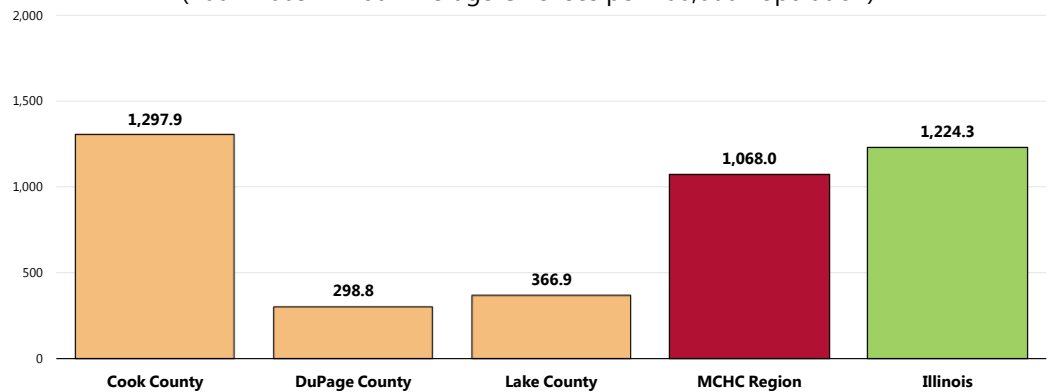
Family Violence

Keep in mind that these data only reflect those incidents reported to law enforcement (offenses).

Between 2007 and 2009, there was an annual average domestic violence rate of 1,068.0 offenses per 100,000 population in the MCHC Region.


- Lower than the Illinois rate for the same period.
- Notably higher in Cook County than in neighboring counties.

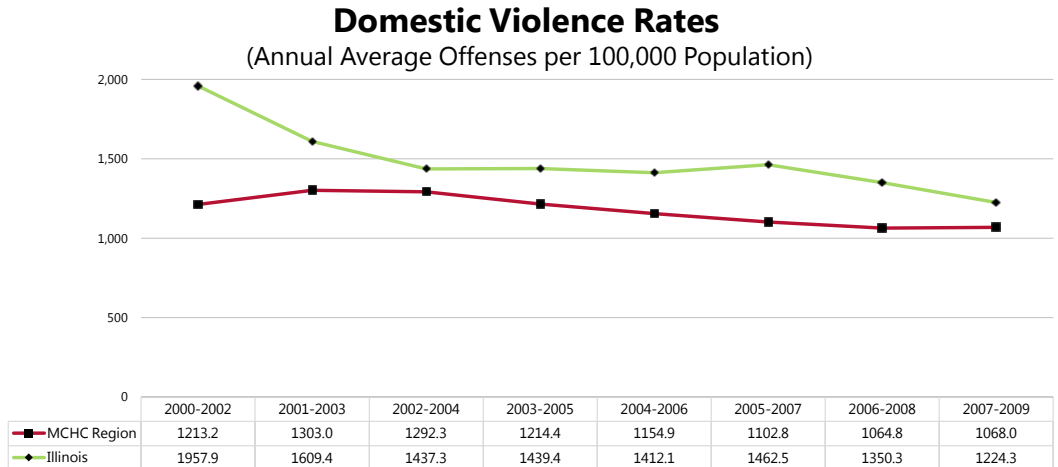
Domestic Violence Rates (2007-2009 Annual Average Offenses per 100,000 Population)



Sources: • Illinois State Police.

Notes: • Rates are domestic calls for assistance per 100,000 population.

-  The domestic violence rate decreased overall in the MCHC Region over the past decade, although not as dramatically as the Illinois trend.



Sources: • Illinois State Police.
Notes: • Rates are domestic calls for assistance per 100,000 population.

Self-Reported Family Violence


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."*

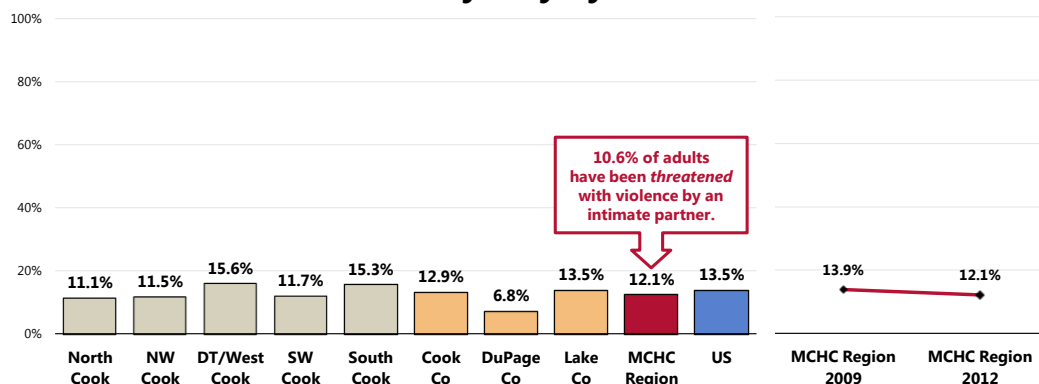
A total of 10.6% of MCHC Region adults report that they have ever been threatened with physical violence by an intimate partner.

- Similar to that reported nationally.
- Twice as high in Cook County as in DuPage County (not shown).
 - In Cook County, no significant difference by sub-area.

A total of 12.1% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Similar to national findings.
- Lowest in DuPage County.
 - No significant difference by region in Cook County.
-  Marks a statistical decrease in domestic violence since 2009.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

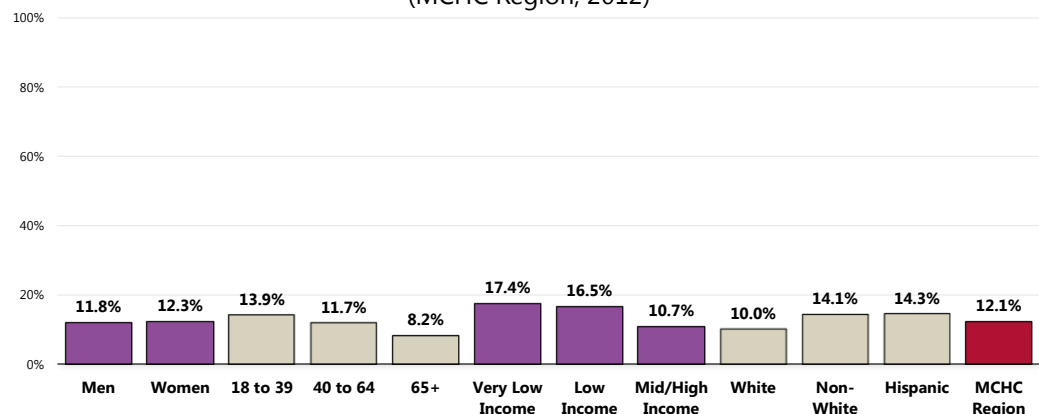


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 60-61]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Reports of domestic violence are also notably higher among:

- 👤 Young adults.
- 👤 Residents with lower incomes.
- 👤 Non-White and Hispanic respondents.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

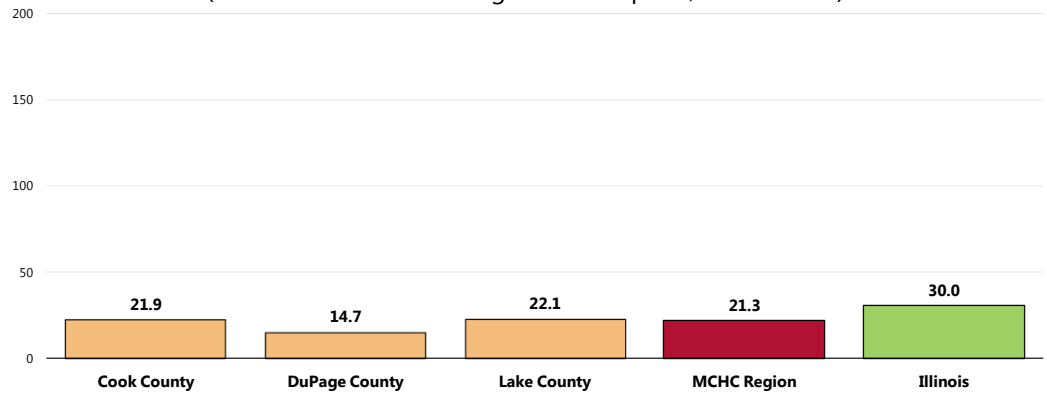
Child Abuse Rates

Between 2008 and 2010, there was an annual average child abuse offense rate of 21.3 offenses per 1,000 children in the MCHC Region.

- Better than the Illinois rate for the same period.
- Lowest in DuPage County.

Keep in mind that these data only reflect those incidents reported to law enforcement.

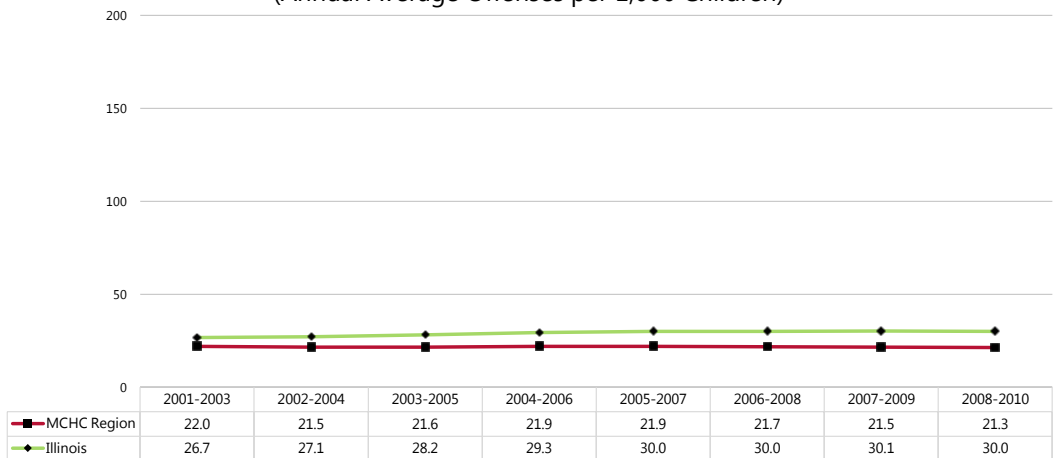
Reported Child Abuse Rates (2008-2010 Annual Average Offenses per 1,000 Children)



Sources: • Illinois State Police.
Notes: • Rates are reports of child abuse per 1,000 children.

- ▣ The region's reported child abuse rate has not changed notably in recent years, while the Illinois rate increased slightly.

Reported Child Abuse Rates (Annual Average Offenses per 1,000 Children)



Sources: • Illinois State Police.
Notes: • Rates are reports of child abuse per 1,000 children.

Related Focus Group Findings: Violence

Violence in the community arose as a topic in most focus groups, with main issues including:

- Impact of violence (including gang violence)
- Domestic violence
- Long-term consequences of trauma
- Normalization of violence

Cook County (Overall)

According to participants, **violence** is pervasive in Cook County. This level of violence **impacts both mental and physical health**. The mental health repercussions of trauma are countless, and the environment surrounding violence also inhibits community members' ability to participate in physical activity because of safety concerns. A participant recalls a recent experience:

"The level of violence that a lot of my patients live within, within the neighborhoods around them, within their own homes and maybe the perimeter around the school is somewhat safe but once you leave that one-block area you're on your own." — Cook County Participant

Participants also express concern about the level of **domestic violence** in the community. The capacity of domestic violence shelters has been threatened due to budget cuts, so although shelters exist in the community, there are fewer beds and they are farther away. Local agencies also must combat cultural beliefs and the internalization and normalization some women experience as victims of domestic abuse. These agencies must figure out ways to help residents realize the severity of a volatile home life.

"When you talk about shelters, well first the individuals would need to know and understand that this isn't the norm because it's really like business as usual, you hear these stories and it's so matter of fact, business as usual, that why would you think to go to a shelter if it's business as usual to have this going on?" — Cook County Participant

Downtown/West Chicago

According to participants, **violence** is pervasive on the West side. A major contributor to violence in the community is alcohol and drug use. This violence inhibits families' ability to participate in outdoor activities, or physical activity, because they may be afraid to go out. The persistent violence also impacts service providers' ability to stay positive and continue working toward improving the communities. One participant recalls a recent experience:

"I'm beginning to think that it also causes trauma for those of us who are trying to provide services. I mean something just happened a day or so ago, and I'm still shaking my head about it. You know? But it didn't – it happened because I was involved in helping with the youth. But I didn't know how much it really bothered me, until...I'm getting flashbacks of it." — Downtown/West Chicago Participant

Focus group participants spoke at length about the **gang violence** that occurs in the community and the **long-term consequences of trauma**. Participants believe that these traumatic events can have both physical and mental consequences for community members, contributing to obesity, mental health issues, stress and hypertension. One participant explains:

"So violence – if you could have like a line that goes through a lot of the issues, I'm quite sure that you would find either violence that had in the person's life, in their community, in their family. And it cannot help but have an effect on their health, whether it's them personally or – if you ever try to take care of a child who's been shot, a paraplegic – and trying to understand what they're going to go through the rest of their life." — Downtown/West Chicago Participant

Attendees worry that many youth **normalize the level of violence** in their lives because it becomes the status quo. Focus group members agree that many children suffer from post-traumatic stress disorders. Another participant expands on the anger that youth feel, stemming from the violence in their lives:

"It's affecting them in a way that is coming out in anger and frustration. When you see children come in, in the morning with their lip poked out, angry at school, anything will set them off. Because they haven't released the stress and the tension from the effect of seeing someone killed, their blood running all over the street. So we have to address their mental state. And we haven't gotten to that yet." — Downtown/West Chicago Participant

South Cook County

According to participants, **violence and crime** are common in South Cook County and may go unreported because law enforcement assistance is not sufficient. Residents also may not have access to crisis support. The violence affects all community members and is heightened for the many people who are just trying to survive from one day to the next. A participant describes her experience in the community:

"I'm amazed at the break-ins and different things that are going on. It makes me afraid to go out anymore. I make sure I lock my door; I'm always looking around my shoulder. I mean it's everywhere but I mean it just seems like all of a sudden the Southland is really getting hit pretty hard. It's scary." — South Cook County Participant

Focus group attendees believe there are many reasons behind the increase in crime and violence. These include the stress from a lack of basic needs, anger, and the poor economic climate. A participant explains:

"I've seen mothers going through small cases with the police system because they were trying to really just feed their children. It's not that they have criminal intent or that type of mindset, it was, 'I've got to get some food on the table by any means necessary for this week, otherwise they're going to take my children.' So there are a number of different factors that weigh in for the violence." — South Cook County Participant

Focus group participants worry about the **gang violence** occurring in the community. Gang violence continues to increase in South Cook County because of "renegade gangs" and a lack of leadership or consequences if a gang member acts out. One participant describes the current environment:

"You've got these young guys have come up, they're not listening to nobody. They're doing their own things. So we've got pockets of renegade kind of situations where the big guy might say, 'All right, you don't do that. Cut that.' And they say, 'Well I don't want to hear that.'" — South Cook County Participant

CeaseFire represents one local organization that combats gang violence and works with the youth in the community, conducting street outreach to impact the community.

"CeaseFire gets funding to come in the community and try to squash situations that have arisen because what I found is conflict resolution is bad; people don't deal with their issues like intelligently they sit down they say I'm going to get even because that's the way they deal with it. But then anger, father not home or in prison and there's a lot of anger in these young people. There's cause for rebelliousness. If you sit and talk with them you can see their heart. They're not really bad kids; they just don't know direction." — South Cook County Participant

South Chicago

According to participants, **violence** is common in South Chicago and affects all community members. Participants expressed concern about how desensitized some community members (including children) are to violence due to the pervasiveness in their neighborhoods.

Focus group attendees agree that there are many reasons behind the increase in violence, including the poor economic climate, stress from a lack of basic needs, gangs and unsupervised youth. Focus group attendees spent some time discussing how relocation of residents has also been a contributor to the increase in violence, as one participant recalls:

"When we relocated individuals in different areas that they were not used to living in – that also caused the violence to escalate. Especially on the South side because you move people from the North side to the South side. So then you're a white teen and so we're going to fight you because we don't like you. So you're mixing all of these different developments that never got along, didn't get along before, didn't know each other before, and that's when you have a lot of friction." — South Chicago Participant

In addition, local schools are quick to expel problem students in order to maintain high graduation rates, so youth are out on the street unsupervised. A participant describes:

"A lot of the high schools are competing against the other high schools now. And so as opposed to putting students on corrective action plans, they're kicking them out. And so you have a student who's been expelled from school who contributes to finding additional ways to raise funds – or to entertain themselves." — South Chicago Participant

Furthermore, there are limited after-school programs or safe spaces for youth to be after school. Attendees believe that having supervised activities and keeping youth in school as long as possible would help decrease violence in their community. Focus group participants worry about the number of gangs in the community. Gang violence continues to increase in South Chicago because of renegade gangs and a lack of leadership or consequences if a gang member acts out. A participant describes the current environment:

"There used to be a structure to the gangs; so when you had the projects and the high-rises and different things like that, you had this building belonged to this gang. They had a supreme captain and military rank. But now that all the high-rises have been knocked down you have rival gang members that are creating their own inner gang and they're the ones that's creating the violence on their block. So at least before if a murder happened or something happened, you could go to the head of that gang and find out who committed it and you would get justice. Now you can't do that." — South Chicago Participant

Participants also have concern about the level of **domestic violence** occurring in the community. Attendees feel victims of domestic violence have limited choices for shelters because the beds fill up quickly and many victims may remain in the volatile environment.

Lake County

According to participants, the level of violence in Lake County has increased in recent years, and that violence has a detrimental impact on an individual's mental health. Attendees express specific concern for **domestic violence** in their community. There are a limited number of bed and shelters available for victims of domestic violence in Lake County.

"I think we also need to be cognizant of the domestic violence that occurs; it's in every community, it's not just in low-resourced communities. It's much more hidden in the more affluent communities but it's quite considerable." — Lake County Participant

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. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. 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.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

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)

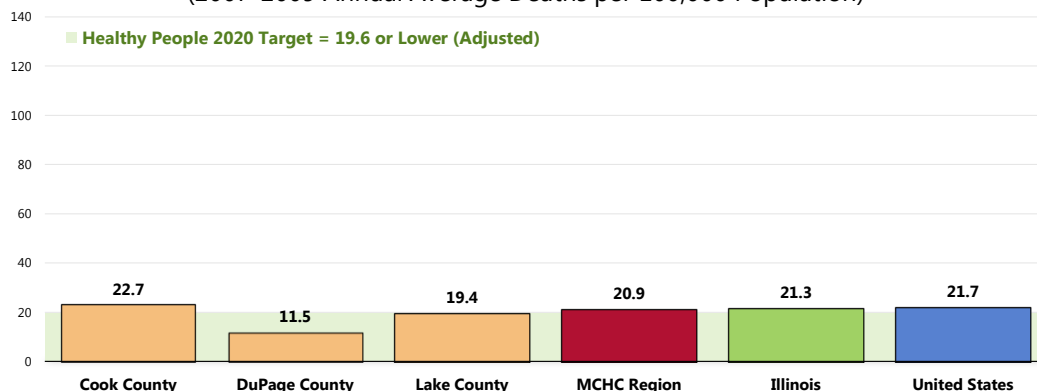
Age-Adjusted Diabetes Deaths

Between 2007 and 2009, there was an annual average age-adjusted diabetes mortality rate of 20.9 deaths per 100,000 population in the MCHC Region.

- Similar to that found statewide.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target (19.6 or lower).
- Almost twice as high in Cook County as in DuPage County.

Diabetes: Age-Adjusted Mortality

(2007-2009 Annual Average Deaths per 100,000 Population)

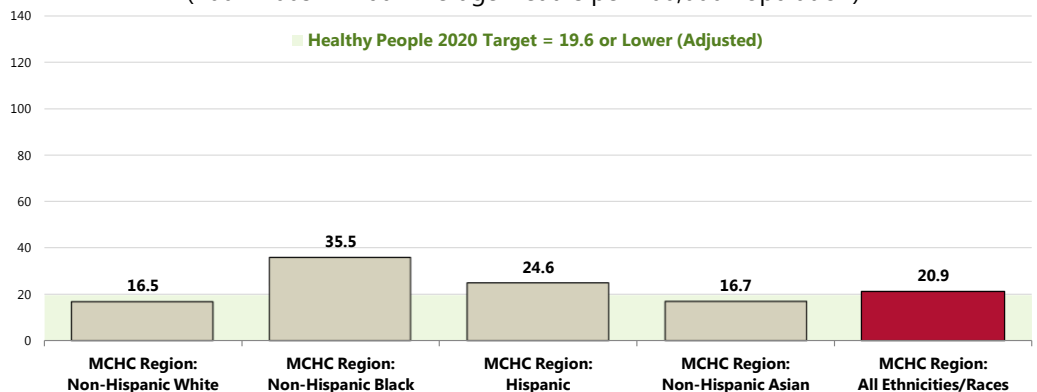


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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 U.S. Standard Population.
 • Local, state and national data are simple three-year averages.
 • The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
 • Suburban Cook County and City of Chicago data not available.

👥 The diabetes mortality rate in the MCHC Region is notably higher among Blacks and Hispanics than among Whites or Asians.

Diabetes: Age-Adjusted Mortality by Race

(2007-2009 Annual Average Deaths per 100,000 Population)

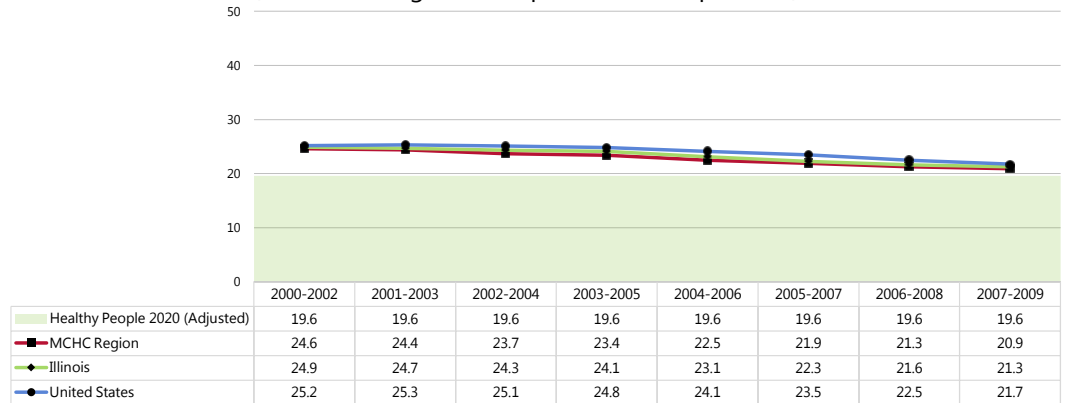


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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 U.S. Standard Population.
 • The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- Diabetes mortality has decreased over time in the MCHC Region, mirroring the downward trends across Illinois and the US.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



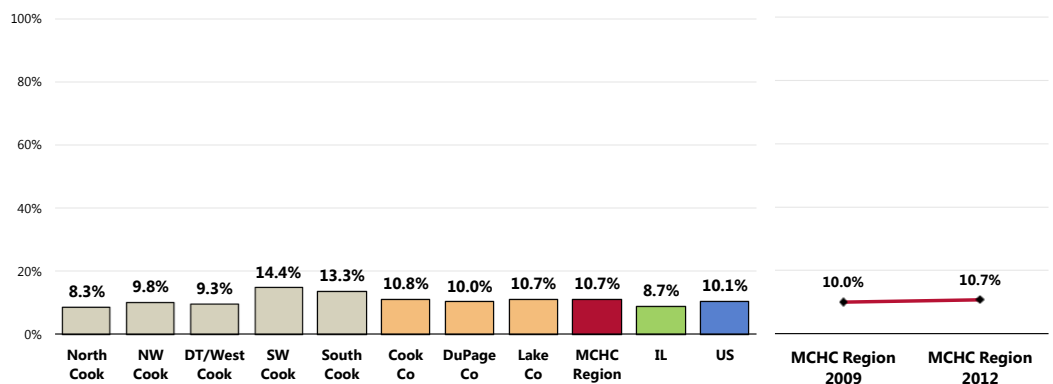
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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 U.S. Standard Population.
 - Local, state and national data are simple three-year averages.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 10.7% of MCHC Region adults report having been diagnosed with diabetes.

- Higher than the proportion statewide.
- Similar to the national proportion.
- Similar prevalence by county.
 - In Cook County, highest in the Southwest and lowest in the North.
- Statistically unchanged regionally since 2009.

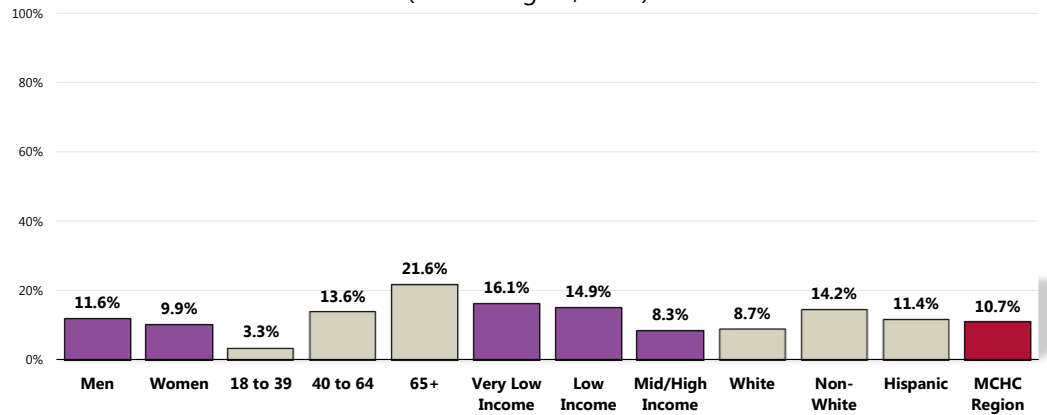
Prevalence of Diabetes



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2010 Illinois data.
- Notes:
- Asked of all respondents.
 - Local and national data exclude gestation diabetes (occurring only during pregnancy).

- 👥 Note the positive correlation between diabetes and age (with more than one in five seniors having diabetes).
- 👥 Also, residents living at low or very low income levels are more likely to be diabetic, as are Non-Whites in the MCHC Region.

Prevalence of Diabetes (MCHC Region, 2012)

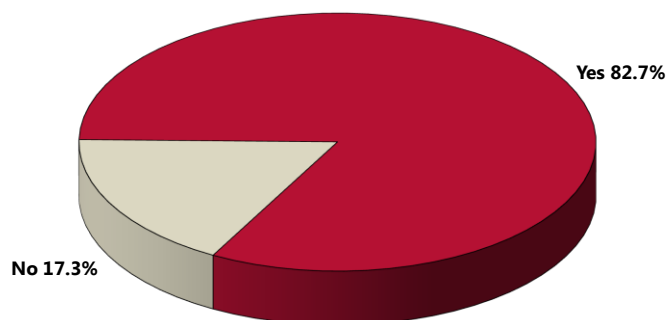


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.
 • Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Treatment

Among MCHC Region adults with diabetes, most (82.7%) are currently taking insulin or some type of medication to manage their condition.

Taking Insulin or Other Medication for Diabetes (Among MCHC Region Diabetics)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
 Notes: • Asked of all diabetic respondents.

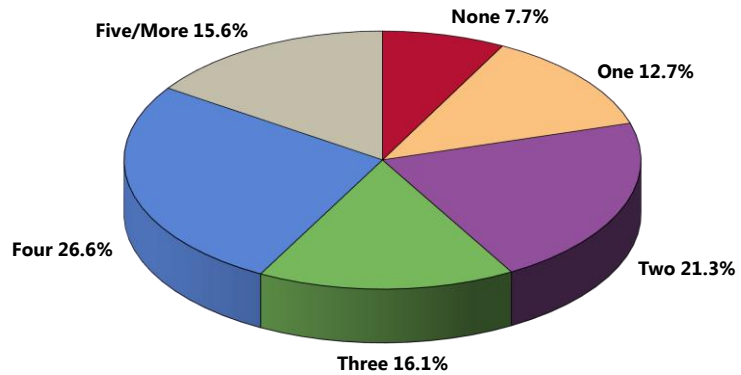
Diabetes-Related Medical Visits

Among area adults with diabetes, a total of 92.3% report at least one medical visit for their diabetes in the past year.

- To note, 15.6% of MCHC Region diabetics had five or more medical visits for their diabetes in the past year.

Number of Medical Visits Due to Diabetes in the Past Year

(Among MCHC Region Diabetics)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
Notes: • Asked of all diabetic respondents.

Alzheimer's Disease

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.

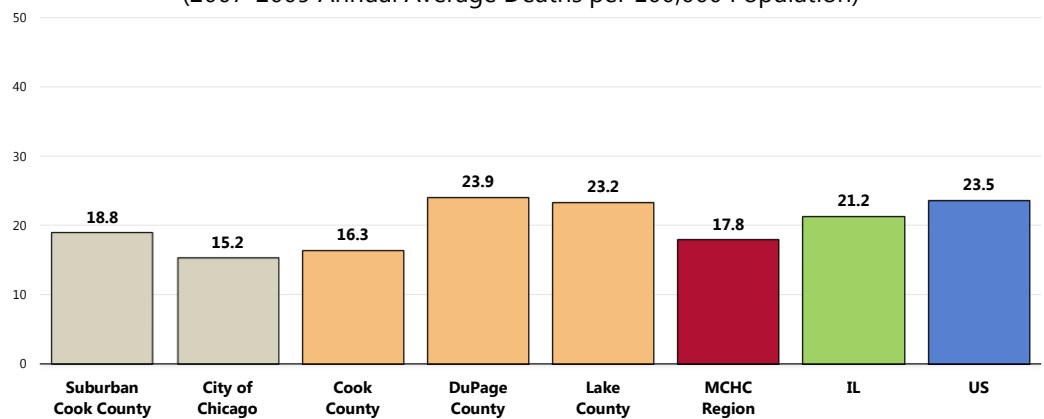
– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2007 and 2009, there was an annual average age-adjusted Alzheimer's disease mortality rate of 17.8 deaths per 100,000 population in the MCHC Region.

- More favorable than the statewide rate.
- More favorable than the national rate.
- Favorably low in Cook County.
 - Within Cook County, higher in Suburban Cook County.

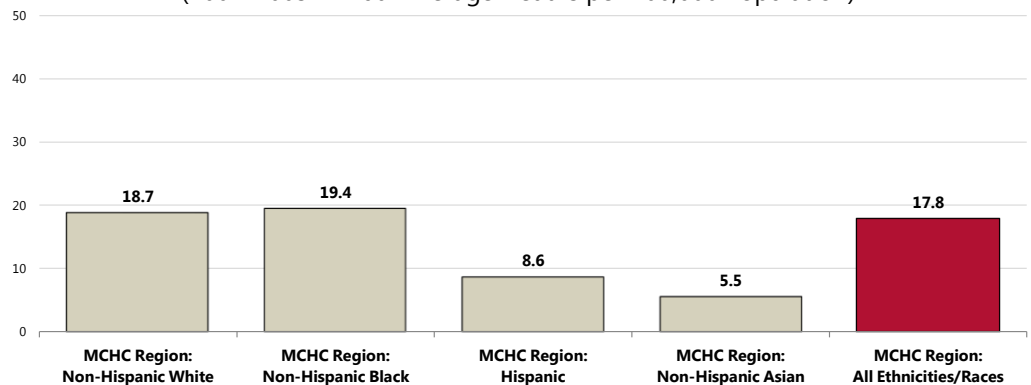
Alzheimer's Disease: Age-Adjusted Mortality (2007-2009 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

👥 The Alzheimer's disease mortality rate appears much higher among Whites and Blacks in the region.

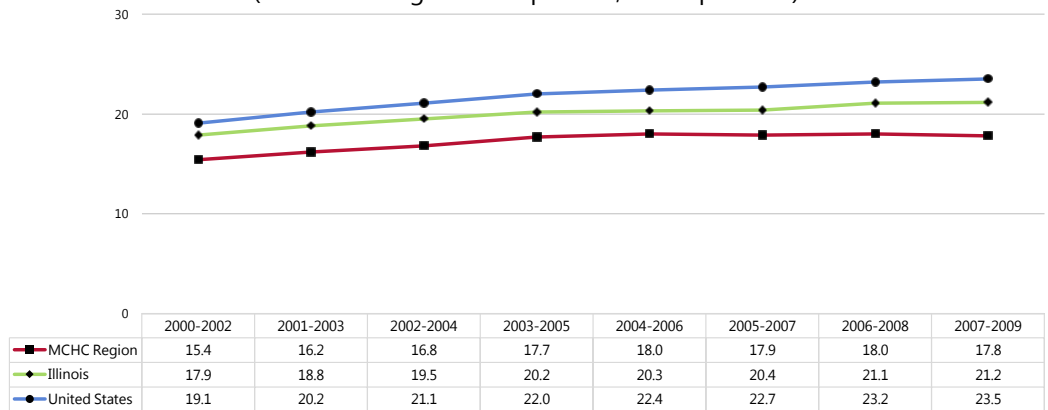
Alzheimer's Disease: Age-Adjusted Mortality by Race (2007-2009 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

📈 Note the increase in Alzheimer's disease mortality in the MCHC Region over the past decade, echoing the Illinois and US rate trends.

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 June 2012.
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 U.S. Standard Population.

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.

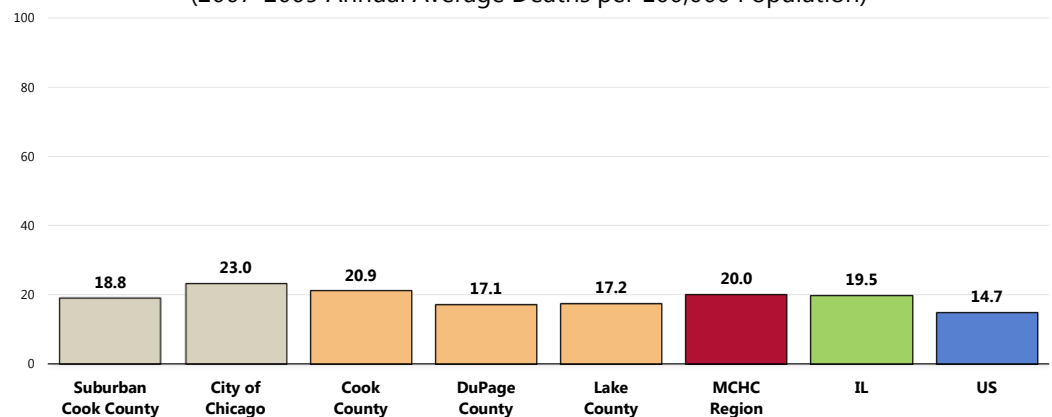
— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths


Between 2007 and 2009 there was an annual average age-adjusted kidney disease mortality rate of 20.0 deaths per 100,000 population in the MCHC Region.

- Similar to the rate found statewide.
- Less favorable than the national rate.
- Highest in Cook County.
 - Higher in the City of Chicago than in Suburban Cook County.

Kidney Disease: Age-Adjusted Mortality (2007-2009 Annual Average Deaths per 100,000 Population)

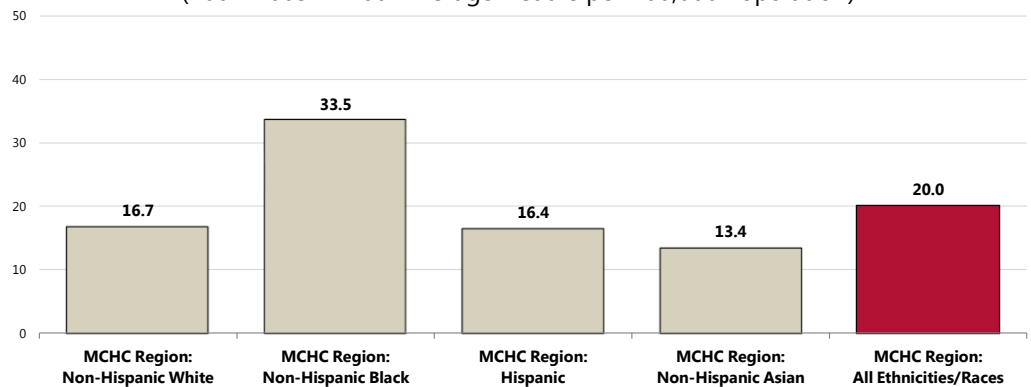


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

 The kidney disease mortality rate in the MCHC Region is quite high (33.5) among Blacks.

Kidney Disease: Age-Adjusted Mortality by Race

(2007-2009 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 June 2012.

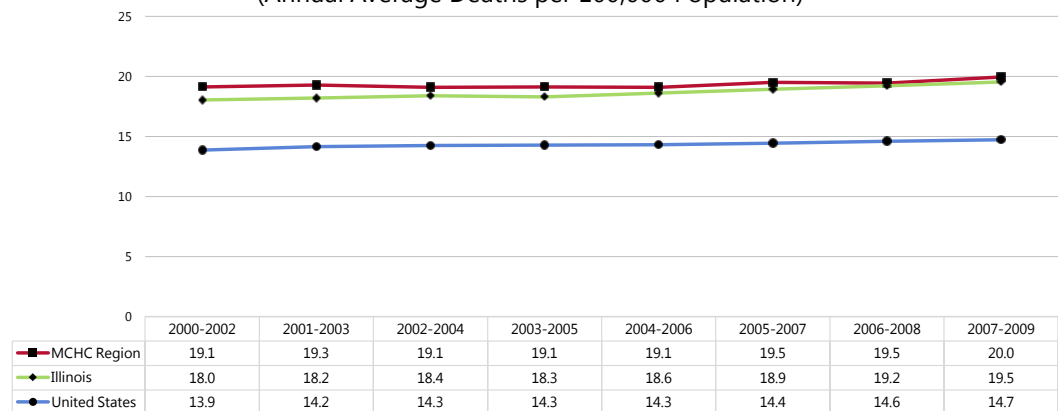
Notes:

- 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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

 Over the past decade, kidney disease mortality has been relatively stable in the MCHC region; stable rates are noted for Illinois and the US as well.

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 June 2012.

Notes:

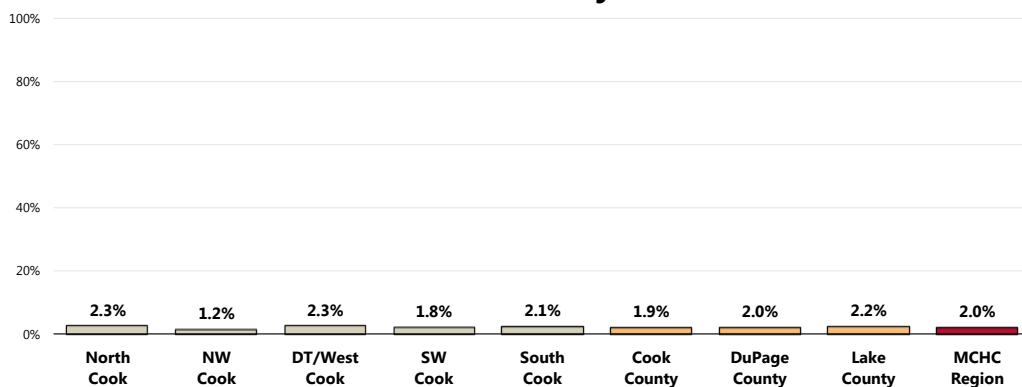
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- State and national data are simple three-year averages.

Prevalence of Kidney Disease

Among MCHC Region survey respondents, 2.0% currently suffer from kidney disease.

- No significant difference by county.
- Within Cook County, no difference in kidney disease prevalence by sub-area.

Prevalence of Kidney Disease



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 39]

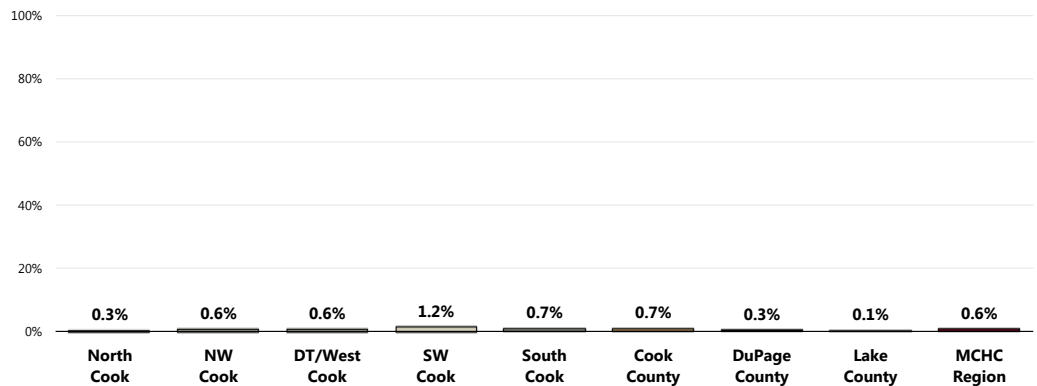
Notes: ● Reflects the total sample of respondents.
● Does not include kidney stones, bladder infections or incontinence.

Sickle-Cell Anemia

A total of 1.6% of MCHC Region adults report having been diagnosed with sickle-cell anemia.

- Highest in Cook County.
- In Cook County, lowest in the North.

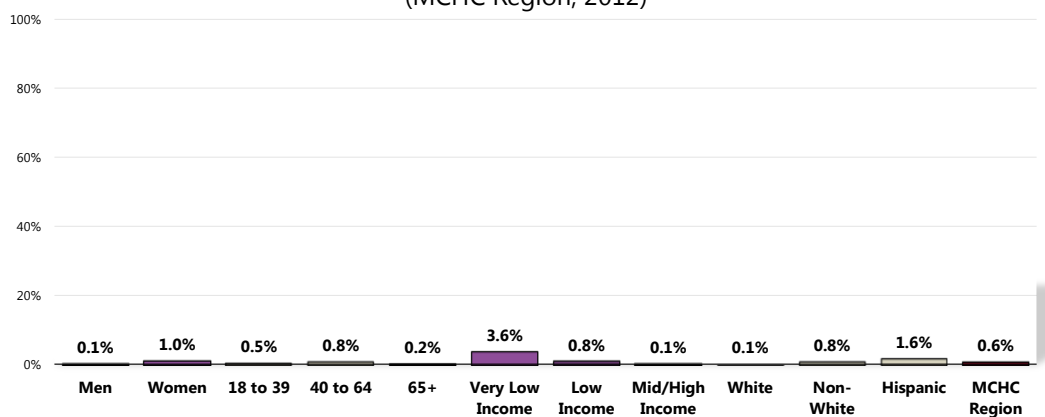
Prevalence of Sickle-Cell Anemia



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
 Notes: • Reflects the total sample of respondents.

- 👤 A slightly higher prevalence of sickle-cell anemia is reported among women, adults age 40 to 64, those living on very low incomes, Non-Whites and Hispanics in the MCHC Region.

Prevalence of Sickle-Cell Anemia (MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

Potentially Disabling 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)

RELATED ISSUE:
See also *Activity Limitations* in
the **General Health Status**
section of this report.

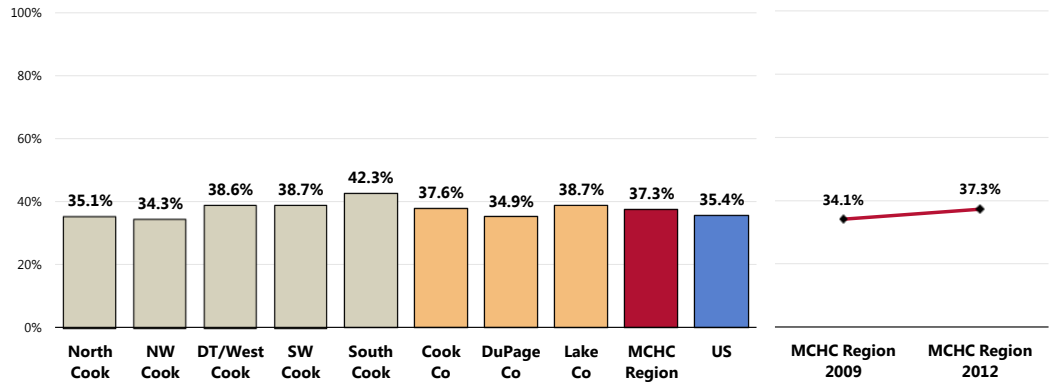
Arthritis, Osteoporosis, & Chronic Pain

Prevalence of Arthritis/Rheumatism

More than one in three (37.3%) MCHC Region adults age 50 and older reports suffering from arthritis or rheumatism.

- Comparable to that found nationwide.
- No significant difference by county.
 - No significant difference by Cook County sub-area.
- 📊 The prevalence of arthritis/rheumatism is similar to that reported in 2009.

Prevalence of Arthritis/Rheumatism (Among Adults 50+)



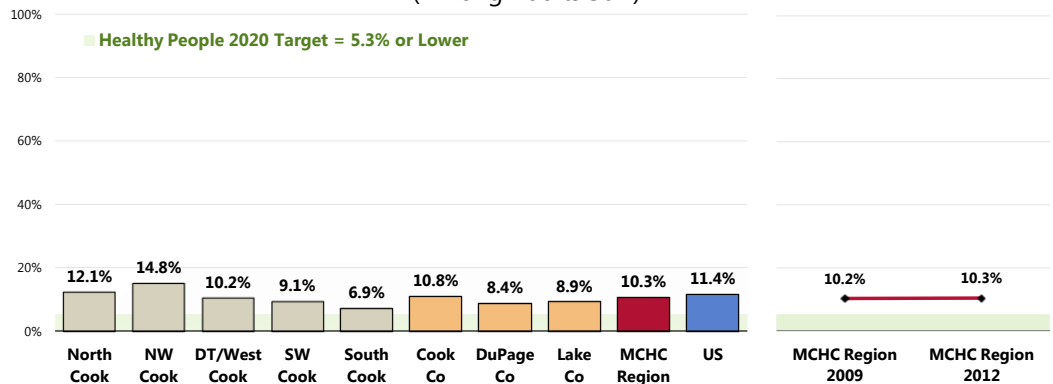
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 168]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents 50 and older.

Prevalence of Osteoporosis

A total of 10.3% of survey respondents age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- No significant difference among the three counties.
 - In Cook County, higher in the Northwest and lower in the South.
- ☒ No change from 2009 survey findings.

Prevalence of Osteoporosis (Among Adults 50+)



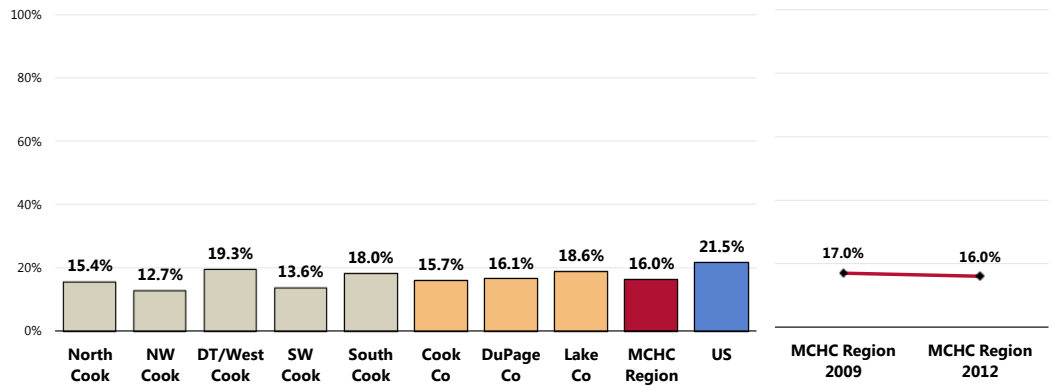
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]
 Notes: • Reflects respondents 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 16.0% of survey respondents suffer from chronic back pain or sciatica.

- More favorable than that found nationwide.
- No significant difference among the three counties.
 - Favorably low in the Northwest region of Cook County.
- 📉 No significant change since 2009.

Prevalence of Sciatica/Chronic Back Pain



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

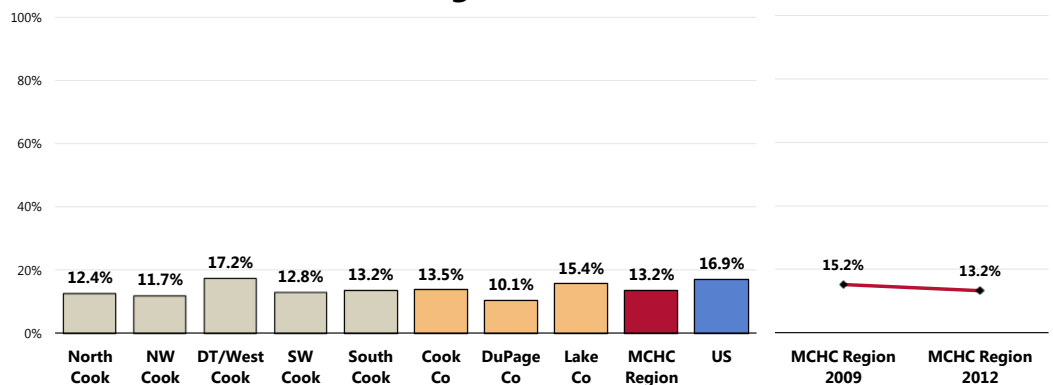
Notes: • Asked of all respondents.

Prevalence of Migraines/Severe Headaches

A total of 13.2% of survey respondents report suffering from migraines or severe headaches.

- Better than that found nationwide.
- Favorably low in DuPage County.
 - No significant difference by sub-area in Cook County.
- 📉 Marks a significant decrease in the MCHC Region.

Prevalence of Migraines/Severe Headaches



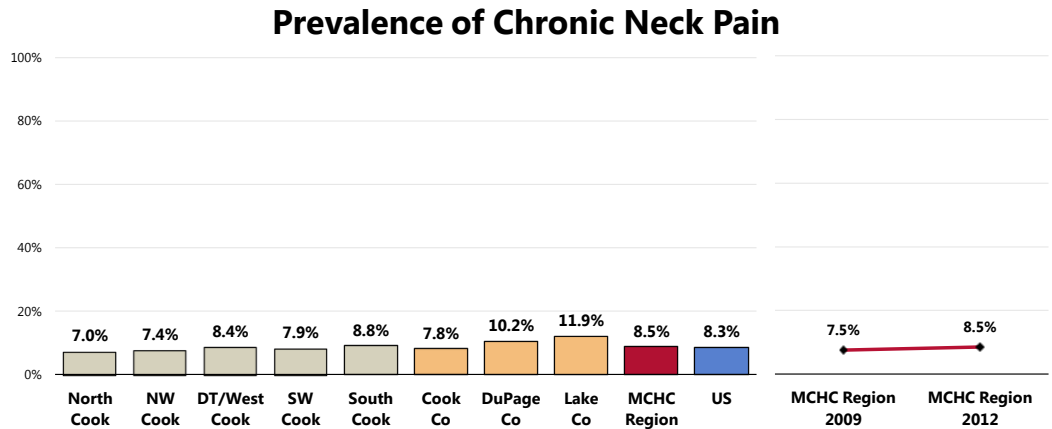
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Prevalence of Chronic Neck Pain

A total of 8.5% of survey respondents currently suffer from chronic neck pain.

- Nearly identical to that found nationwide.
- Higher in Lake County, lower in Cook County.
 - No significant difference by Cook County sub-area.
- 📊 Statistically unchanged since 2009.



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 37]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

Vision & Hearing Impairment

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)

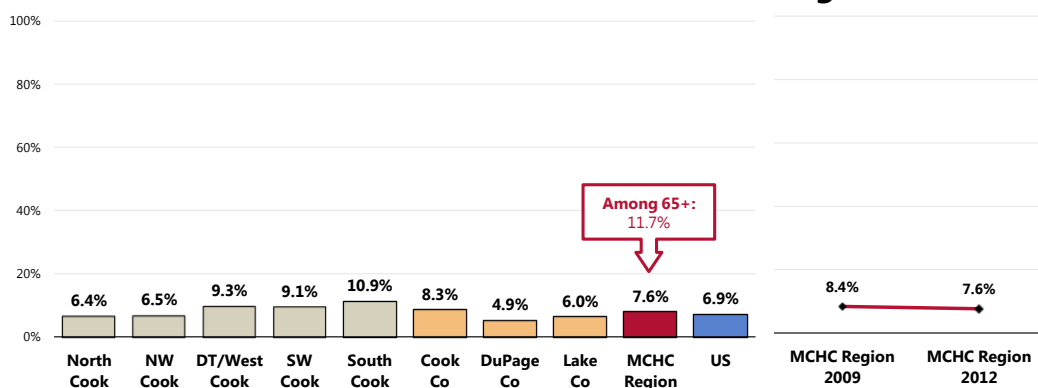
Vision Trouble

A total of 7.6% of MCHC Region adults are blind, or have trouble seeing even when wearing corrective lenses.

- Similar to the prevalence found nationwide.
- Higher in Cook County, lower in DuPage County.
 - In Cook County, higher in the South and lower in the North.
- 📊 No significant change from 2009 survey findings.
- 👥 Among MCHC Region adults age 65 and older, 11.7% have vision trouble.

RELATED ISSUE:
See also *Vision Care* in
the **Access to Health
Services** section of this
report.

Prevalence of Blindness/Trouble Seeing



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Hearing Trouble

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.

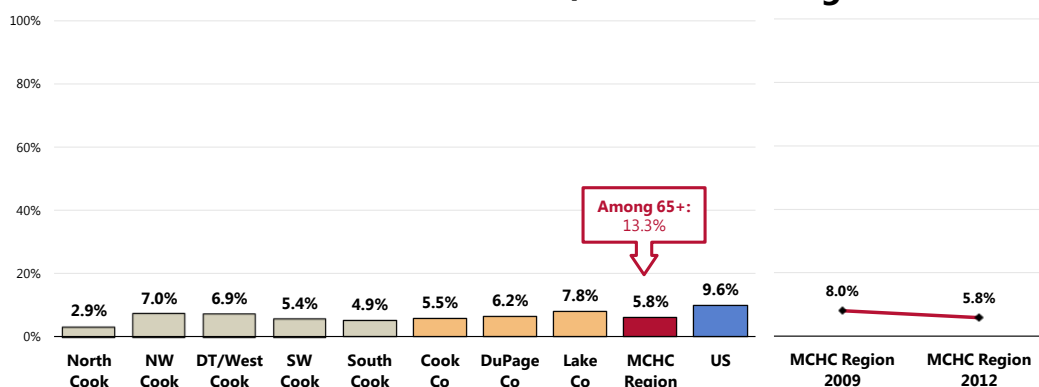
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

— Healthy People 2020 (www.healthypeople.gov)

In all, 5.8% of MCHC Region adults report being deaf or having difficulty hearing.

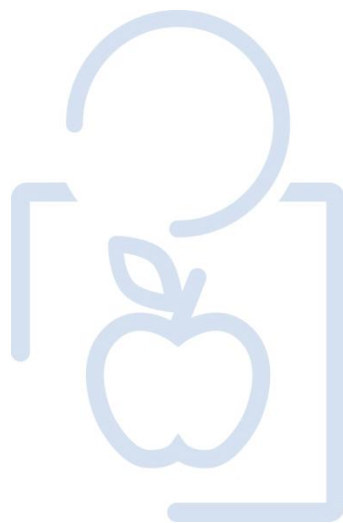
- Better than that found nationwide.
- No significant difference by county.
 - Lowest in North Cook County.
- 📉 Marks a significant decrease in deafness or difficulty hearing since 2009.
- 👥 Among MCHC Region adults age 65 and older, 13.3% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

INFECTIOUS DISEASE



Influenza & Pneumonia Vaccination

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 Vaccination

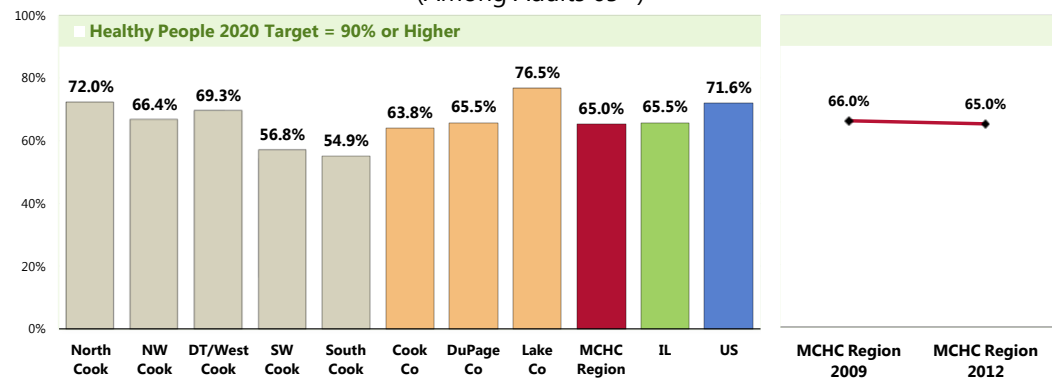
FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Among area seniors, 65.0% received a flu shot (or FluMist®) within the past year.

- Statistically comparable to the Illinois finding.
- Lower than the national finding.
- Fails to satisfy the Healthy People 2020 target (90% or higher).
- Higher in Lake County.
 - Within Cook County, lowest in the South.
- ☒ Statistically unchanged since 2009.

Have Had a Flu Vaccination in the Past Year

(Among Adults 65+)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 170]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Illinois data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.7]

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 51.4% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

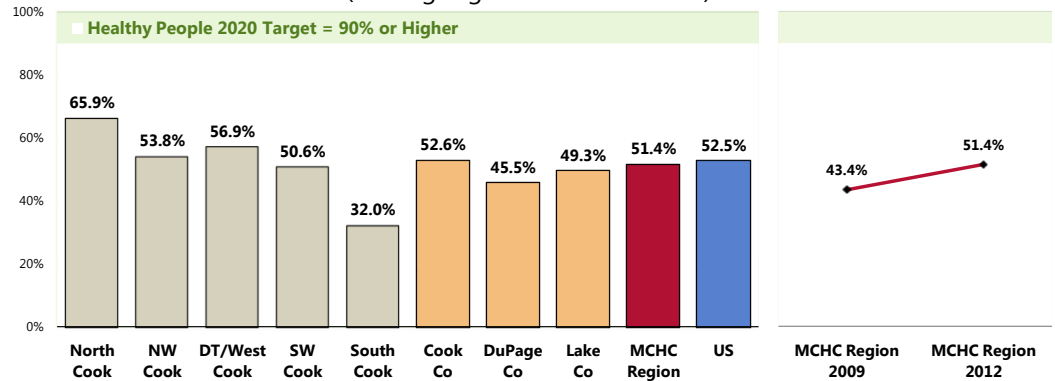
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (90% or higher).
- Similar by county.

➤ Highest in Cook County's North area, lowest in the South.

📊 Statistically similar to 2009 findings.

Have Had a Flu Vaccination in the Past Year

(Among High-Risk Adults 18-64)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 171]
 • 2011 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-12.6]
 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, 57.1% have received a pneumonia vaccination at some point in their lives.

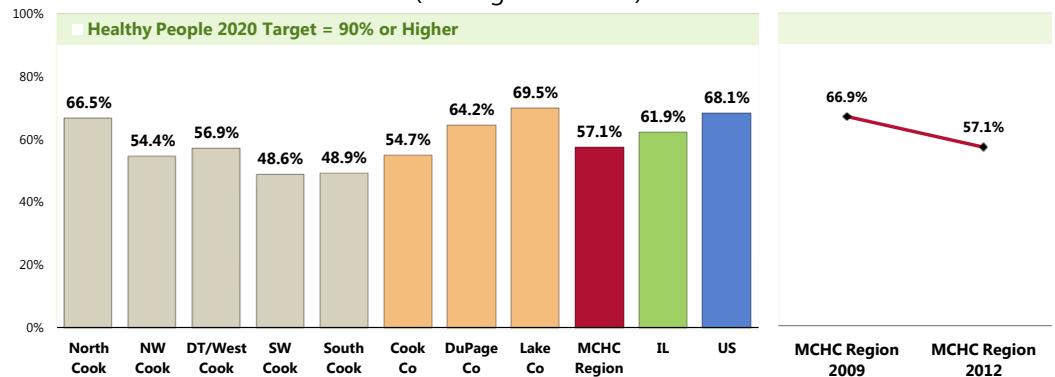
- Lower than the Illinois finding.
- Lower than the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Higher in Lake County, lower in Cook County.

➤ Within Cook County, highest among seniors in the North.

📊 Denotes a significant decrease in vaccinations since 2009.

Have Ever Had a Pneumonia Vaccine

(Among Adults 65+)



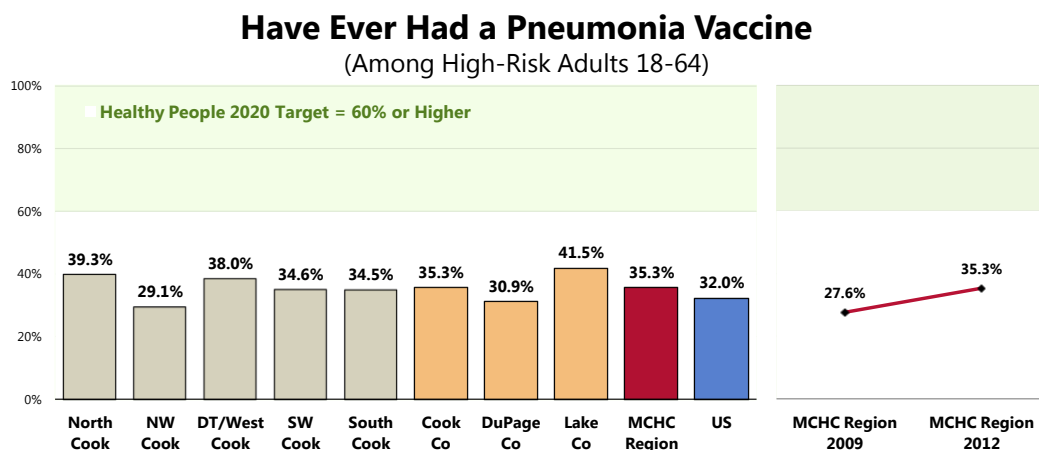
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 172]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 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 35.3% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).
- No significant difference by county.
 - In Cook County, no difference by sub-area.
- 📊 Denotes a statistically significant increase over 2009 survey findings.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 173]
 • 2011 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.

Tuberculosis

Viral hepatitis and tuberculosis (TB) can be prevented, yet healthcare systems often do not make the best use of their available resources to support prevention efforts. Because the US healthcare system focuses on treatment of illnesses, rather than health promotion, patients do not always receive information about prevention and healthy lifestyles. This includes advancing effective and evidence-based viral hepatitis and TB prevention priorities and interventions.

– Healthy People 2020 (www.healthypeople.gov)

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

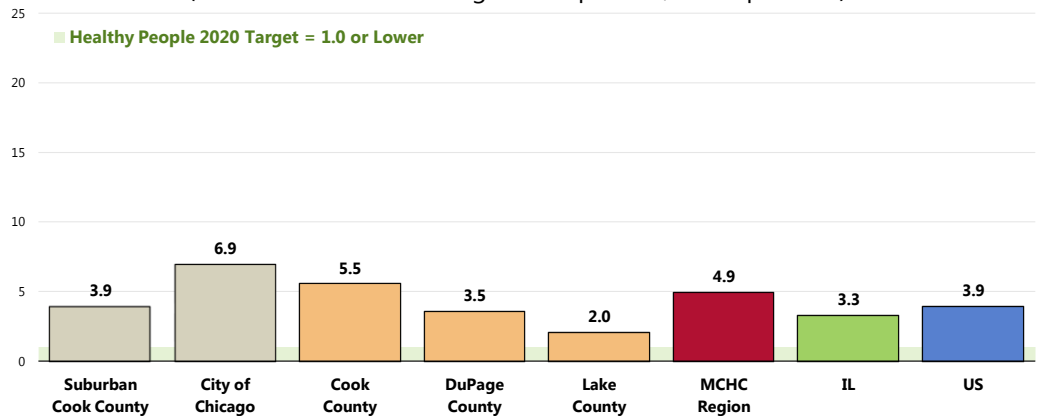
It is usually expressed as cases per 100,000 population per year.

Between 2008 and 2010, the annual average tuberculosis incidence rate (new cases per year) was 4.9 cases per 100,000 population in the MCHC Region.

- Above the Illinois incidence rate.
- Above the national incidence rate.
- Fails to satisfy the Healthy People 2020 target (1.0 or lower).
- Highest in Cook County, lowest in Lake County.
 - Within Cook County, the tuberculosis rate was much higher in the City of Chicago.

Tuberculosis Incidence

(2008-2010 Annual Average Cases per 100,000 Population)




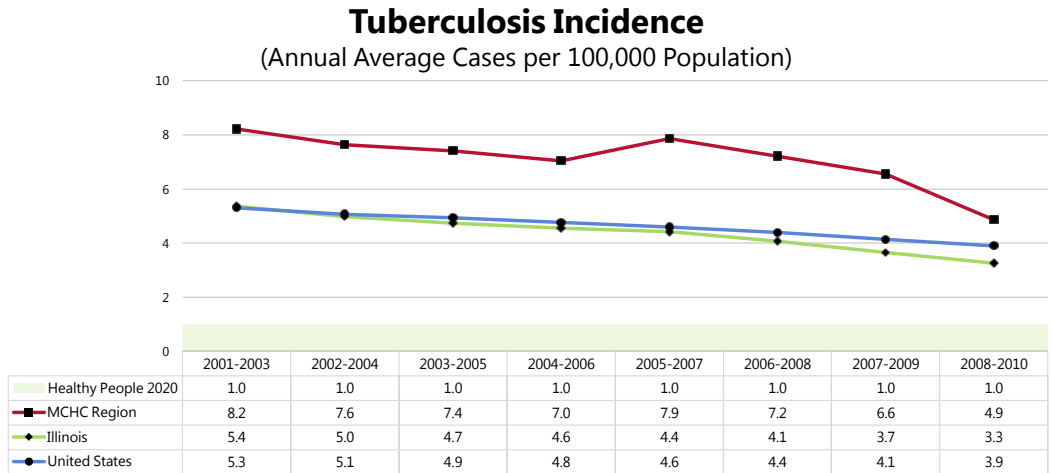
Sources:

- Illinois Department of Public Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-29]
- Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office.

Notes:

- Rates are annual average new cases per 100,000 population.

 Tuberculosis incidence has decreased in recent years in the MCHC Region.



Sources:

- Illinois Department of Public Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-29]
- Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office.

Notes:

- Rates are annual average new cases per 100,000 population.

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.

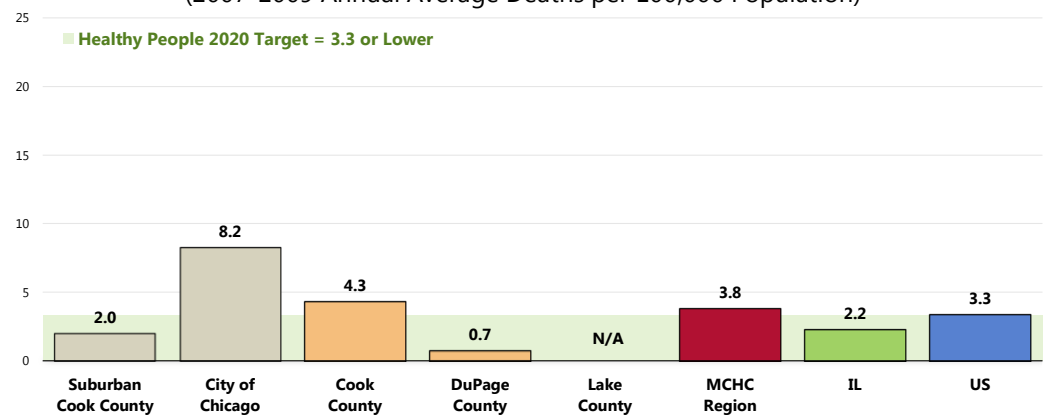
– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

Between 2007 and 2009, there was an annual average age-adjusted HIV/AIDS mortality rate of 3.8 deaths per 100,000 population in the MCHC Region.

- Higher than found statewide.
- Higher than the rate reported nationally.
- Fails to satisfy the Healthy People 2020 target (3.3 or lower).
- Six times as high in Cook County as in DuPage County (not available in Lake County).
- Within Cook County, the rate is more than four times as high in the City of Chicago when compared with Suburban Cook County.

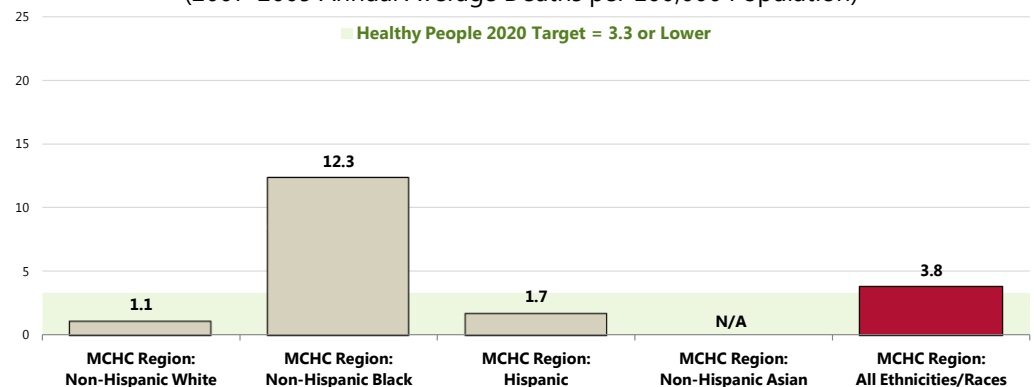
HIV/AIDS: Age-Adjusted Mortality (2007-2009 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
• 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 U.S. Standard Population.

👥 The region's HIV/AIDS mortality rate is dramatically higher among Blacks when compared to other races/ethnicities.

HIV/AIDS: Age-Adjusted Mortality by Race (2007-2009 Annual Average Deaths per 100,000 Population)

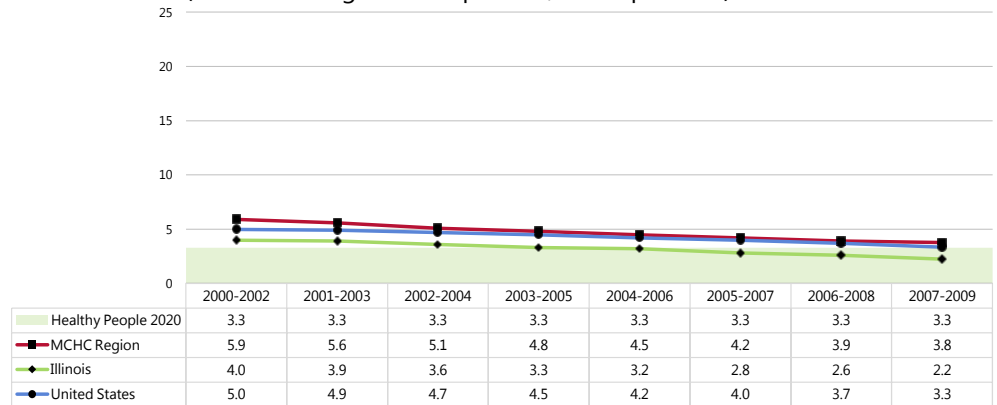


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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 U.S. Standard Population.

- HIV/AIDS mortality has decreased over the past decade in the MCHC Region, echoing the state and national trends.

HIV/AIDS: 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 June 2012.
 • 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 U.S. Standard Population.
 • Local, state and national data are simple three-year averages.

HIV Testing

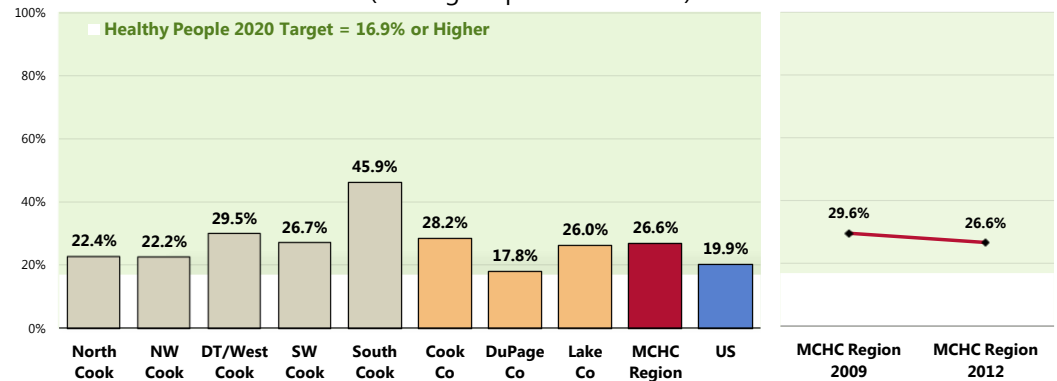
Among MCHC Region survey respondents age 18-44, 26.6% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Higher than the proportion found nationwide.
- Satisfies the Healthy People 2020 target of 16.9% or higher.
- Higher in Cook County, lower in DuPage County.
 - Within Cook County, higher in the South and lower in the North and Northwest regions.

- Testing has remained statistically stable since 2009.

Tested for HIV in the Past Year

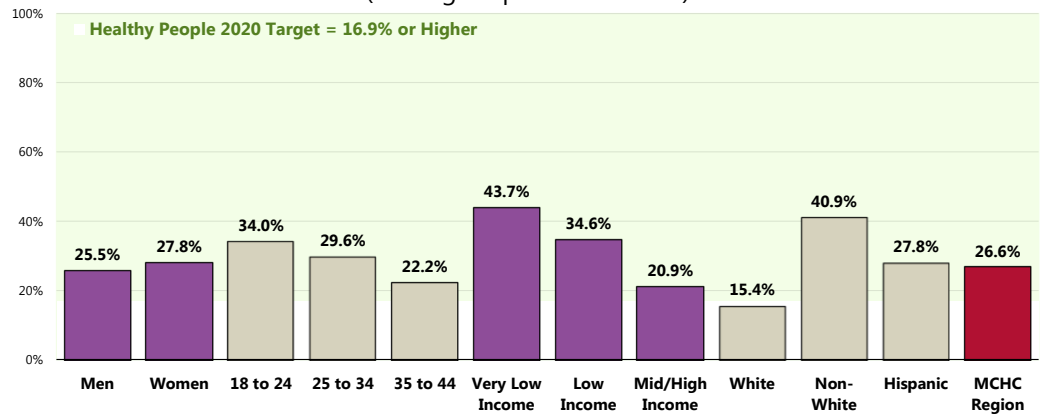
(Among Respondents 18-44)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 176]
 • 2011 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 HIV-141]
 Notes: • Reflects respondents age 18 to 44.
 • Note that the Healthy People 2020 objective is for ages 15-44.

👥 Testing in the past year is higher among adults under 35, those living in low or very low income categories, Non-Whites and Hispanics.

Tested for HIV in the Past Year (Among Respondents 18-44)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-14.1]
 Notes: • Reflects respondents age 18 to 44.
 • Note that the Healthy People 2020 objective is for ages 15-44.
 • 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

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.

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. 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. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. 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 the influence of these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

- **Racial and ethnic disparities.** Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.
- **Poverty and marginalization.** STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and either access to care or health-seeking behavior is compromised.
- **Access to health care.** Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.
- **Substance abuse.** Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.
- **Sexuality and secrecy.** Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.
- **Sexual networks.** Sexual networks refer to groups of people who can be considered “linked” by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, then the person is at higher risk for STDs than a similar individual from a nonrisky network.

— Healthy People 2020 (www.healthypeople.gov)

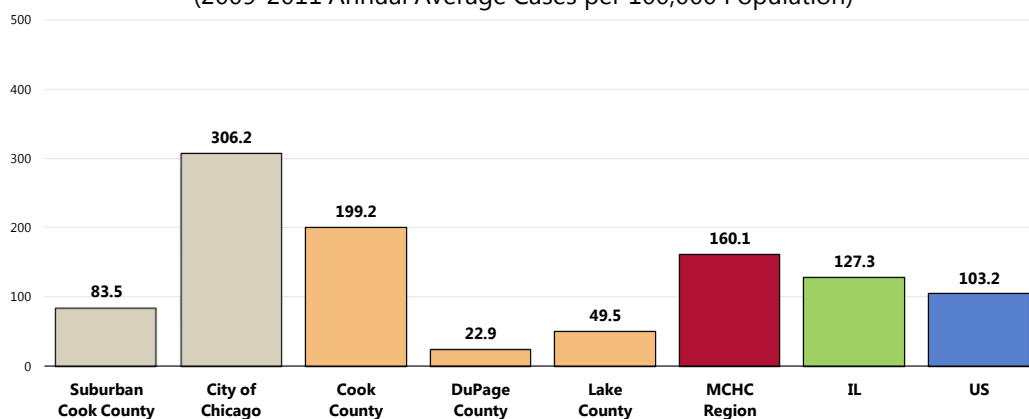
Gonorrhea

Between 2009 and 2011, the annual average gonorrhea incidence rate was 160.1 cases per 100,000 population in the MCHC Region.

- Higher than the Illinois incidence rate.
- Higher than the national incidence rate.
- Quite high in Cook County; lowest in DuPage County.
- The rate is much higher in the City of Chicago when compared with Suburban Cook County.

Gonorrhea Incidence

(2009-2011 Annual Average Cases per 100,000 Population)

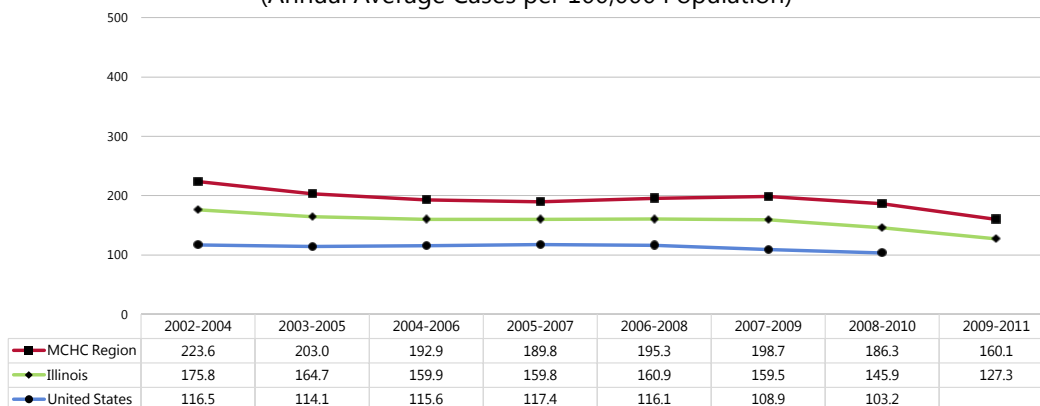


Sources: • Illinois Department of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.
• US rate reflects 2008-2010 data.

- ☒ The gonorrhea rate has decreased over the past decade in the MCHC Region, similar to the statewide and nationwide trends.

Gonorrhea Incidence

(Annual Average Cases per 100,000 Population)



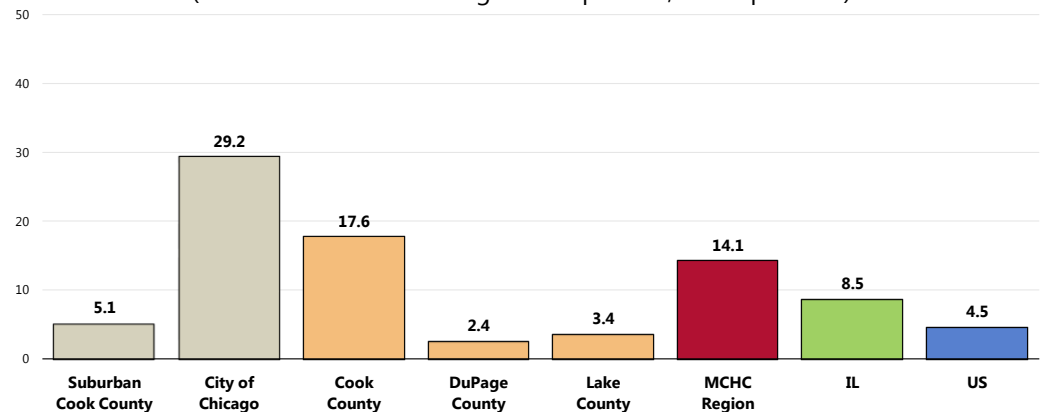
Sources: • Illinois Department of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Syphilis

Between 2009 and 2011, the annual average primary/secondary syphilis incidence rate was 14.1 cases per 100,000 population in the MCHC Region.

- Worse than the Illinois incidence rate.
- Worse than the national incidence rate.
- Highest in Cook County.
- The rate is much higher in the City of Chicago when compared with Suburban Cook County.

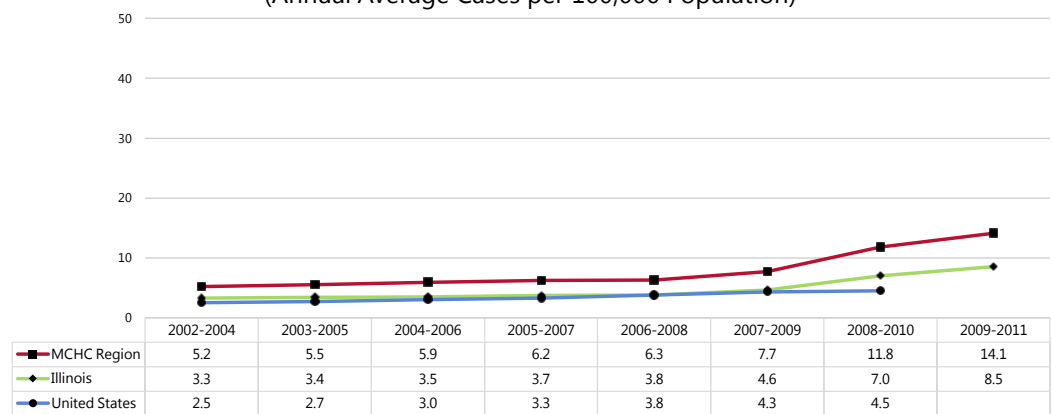
Primary/Secondary Syphilis Incidence (2009-2011 Annual Average Cases per 100,000 Population)



Sources: • Illinois Department of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.
• US rate reflects 2008-2010 data.

- ☒ Syphilis incidence has increased in the MCHC Region in recent years, echoing the increasing trend reported in Illinois. The national rate has increased steadily over the past decade as well, although less notably.

Primary/Secondary Syphilis Incidence (Annual Average Cases per 100,000 Population)



Sources: • Illinois Department of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

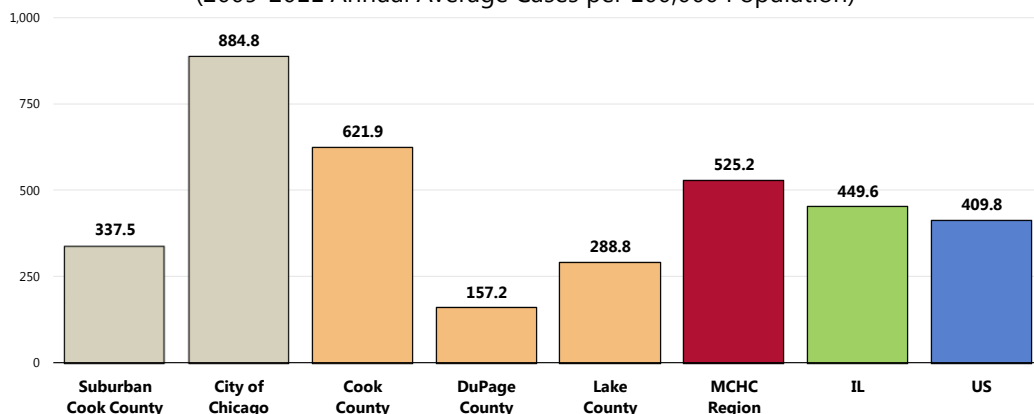
Chlamydia

Between 2009 and 2011, the annual average chlamydia incidence rate was 525.2 cases per 100,000 population in the MCHC Region.

- Worse than the Illinois incidence rate.
- Worse than the national incidence rate.
- Highest in Cook County.
- The rate is much higher in the City of Chicago when compared with Suburban Cook County.

Chlamydia Incidence

(2009-2011 Annual Average Cases per 100,000 Population)

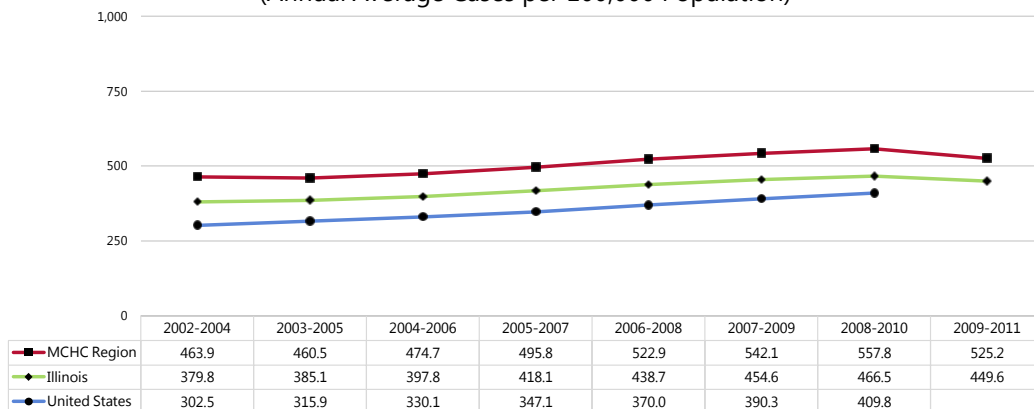


Sources: • Illinois Department of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.
• US rate reflects 2008-2010 data.

- ☒ Chlamydia incidence increased over the past decade in the MCHC Region, as did incidence in Illinois and the US overall.

Chlamydia Incidence

(Annual Average Cases per 100,000 Population)



Sources: • Illinois Department of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

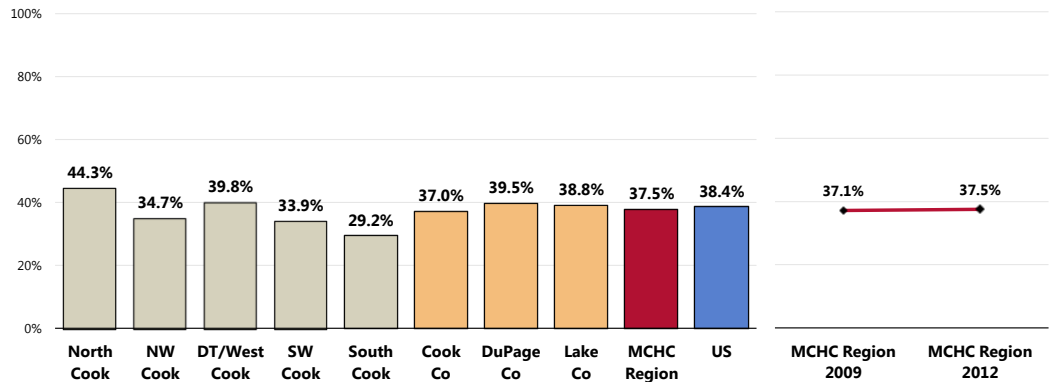
Hepatitis B Vaccination

Based on survey data, a total of 37.5% of residents report having received the hepatitis B vaccine.

- Similar to what is reported nationwide.
- No significant difference by county.
 - In Cook County, higher in the North and lower in the South.

📊 No significant change from 2009 survey results.

Have Ever Received the Hepatitis B Vaccination

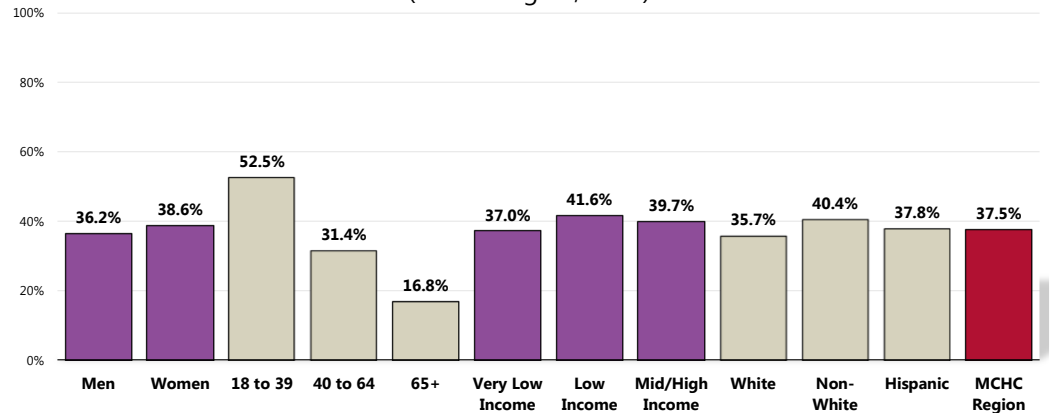


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 82]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

👤 Young adults and Non-Whites are more likely than their demographic counterparts to have received the hepatitis B vaccine.

Have Ever Received the Hepatitis B Vaccination

(MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 82]
 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

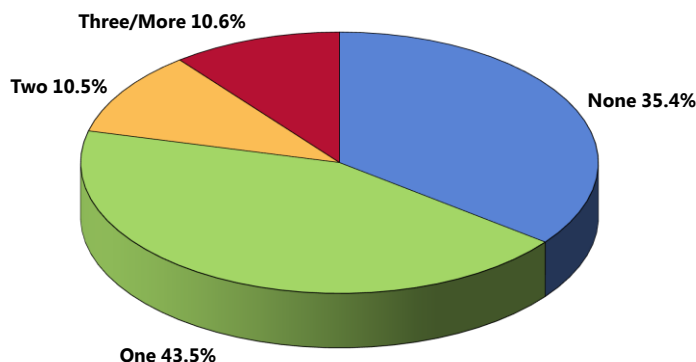
Safe Sexual Practices

Sexual Partners

Among unmarried MCHC Region adults under 65, the vast majority cites having one (43.5%) or no (35.4%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months

(Among Unmarried Adults 18-64; MCHC Region, 2012)



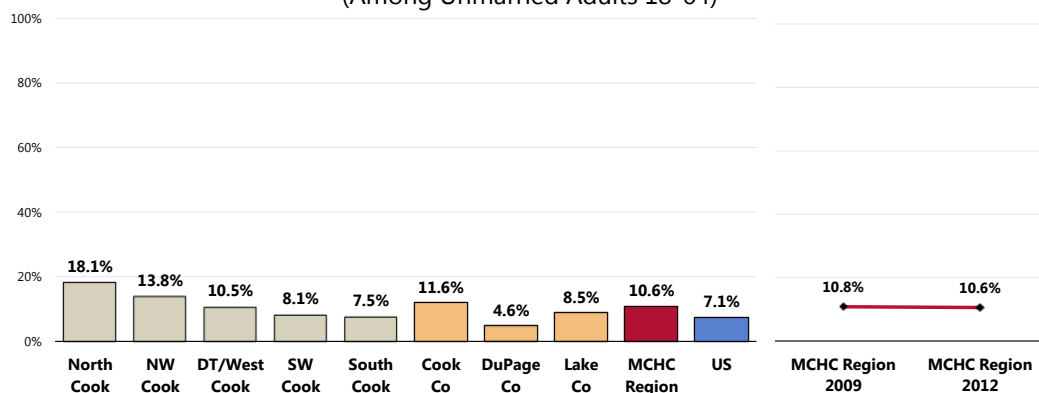
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 10.6% report three or more sexual partners in the past year.

- Statistically comparable to that reported nationally.
- Higher in Cook County, lower in DuPage County.
 - Within Cook County, higher in the North region and lower in the South and Southwest.
- 📊 Statistically unchanged since 2009.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults 18-64)



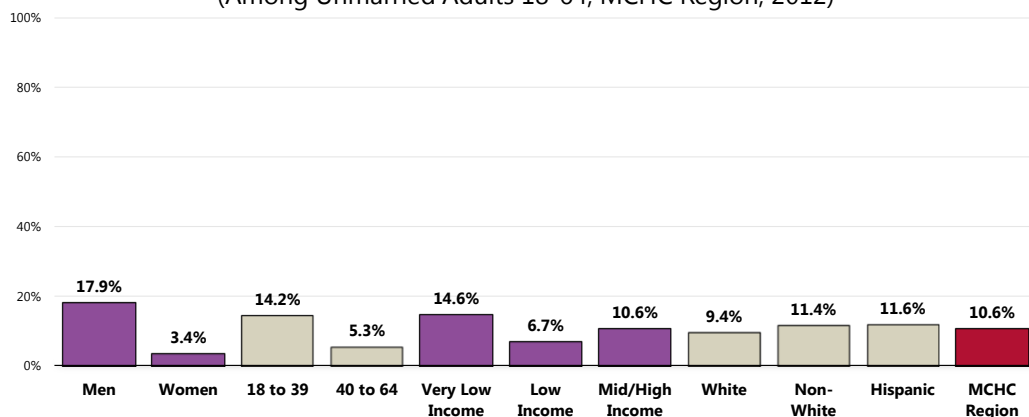
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 103]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all unmarried respondents under the age of 65.

Unmarried respondents (age 18 to 64) more likely to report three or more sexual partners in the past year include:

- Men.
- Young adults.
- Adults living in households with very low incomes.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults 18-64; MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

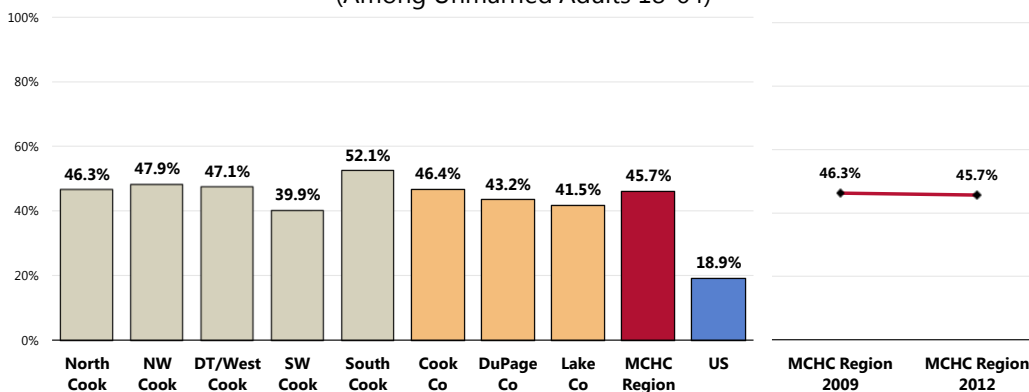
Condom Use

Among MCHC Region adults who are under age 65 and unmarried, 45.7% report that a condom was used during their last sexual intercourse.

- Much higher than the national prevalence.
- No significant difference by county.
- Relatively low in the Southwest region of Cook County.
- 📊 Statistically unchanged since 2009.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults 18-64)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 104]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all unmarried respondents under the age of 65.

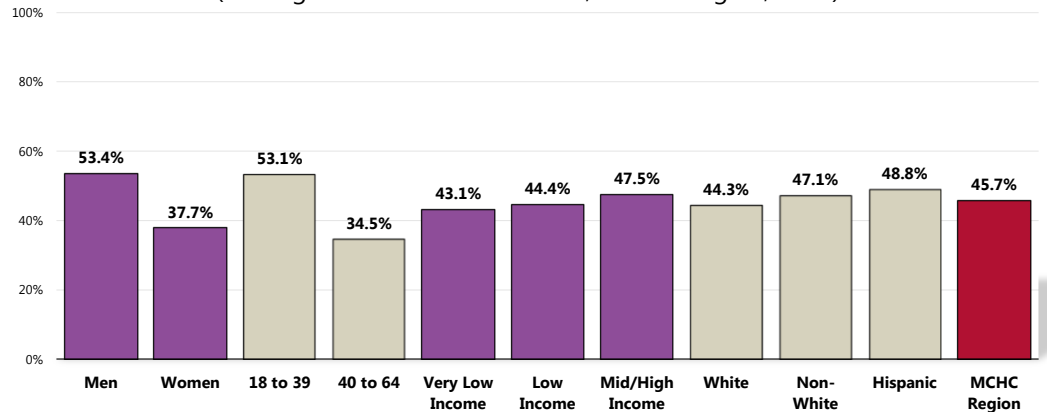
Those less likely to report that a condom was used during their last sexual intercourse include:

👤 Women.

👤 Residents age 40 through 64.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults 18-64; MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]

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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

Related Focus Group Findings: Sexually Transmitted Infections

Focus group participants in Downtown/West Chicago and South Cook County discussed sexually transmitted infections, with emphasis on the following issues:

- High level of STIs, including HIV/AIDS
- Education

Downtown/West Chicago

Focus group participants worry about the high levels of **sexually transmitted infections (STIs)** in the community, specifically **HIV/AIDS** in the Austin neighborhood. The overall health consequences and mental health repercussions of STIs can be exponential to a person. In addition, residents of all ages transmit and receive STIs, not just young people. A participant explains the concern for seniors in the community:

"But how it happens is on the first of the month, when the men meet the ladies of the night – alright? And they pay them. You don't know what they've got. So during the month, the men go back to the women in the building, pass it onto them. Which the mothers don't know they've got. So they're sitting up there with it, and they don't know they've got it. Then the teenagers get it from the men." — Downtown/West Chicago Participant

Focus group participants reinforce the idea that STI diagnosis occurs at any age; therefore, **education** needs to occur in the schools, but also in faith-based organizations. Attendees recognize the private nature of sexual health and that currently the general population does not want to discuss it; however, providers and social service agencies must find a way to bridge the gap and get the information to everyone. Education must meet people where they live, work and play. A participant explains:

"So now we've got a whole area that's not being addressed because they don't want anybody to know they've got it. So I said, 'Let's go in the building, in that community room, and explain it to them.'" — Downtown/West Chicago Participant

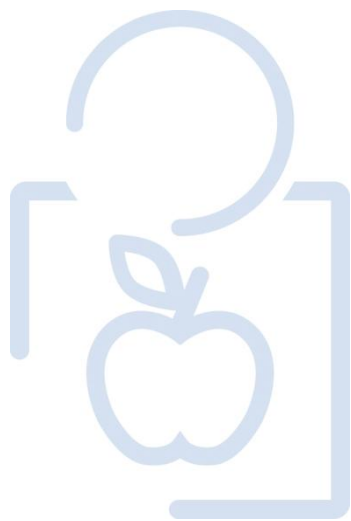
South Cook County

Focus group participants worry about the high levels of **sexually transmitted infections (STIs)** in the community. These infections are affecting all demographics, and attendees expressed specific concern for senior citizens, as one participant explained:

"The checks come on the first of the month. The young ladies in the community know that so they appeal to the older men. The older men, during the rest of the month they're flirting with the older women. We found that STDs were being transferred to different seniors. And when your mind is going and coming and here's a person you ironed for, you cooked for, you cleaned for sometimes. Then at the end of the month now this stuff happens. And for a senior with an STD you're like, 'What in the world is going on?'" — South Cook County Participant

Participants believe that more **education** needs to occur in the community regarding sexual health. Attendees recognize that sexual health is a private matter; however, adult conversations need to happen regularly in order to help curb the spread of STIs.

BIRTHS



Prenatal Care

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)

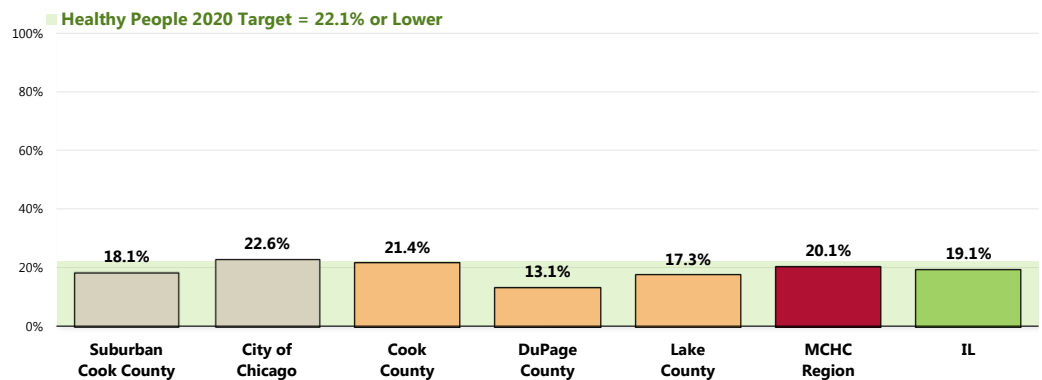
Early and continuous prenatal care is the best assurance of infant health.

Between 2007 and 2009, 20.1% of all MCHC Region births did not receive prenatal care in the first trimester of pregnancy.

- Comparable to the Illinois proportion.
- Satisfies the Healthy People 2020 target (22.1% or lower).
- Less favorable in Cook County, more favorable in DuPage County.
 - Higher in the City of Chicago when compared with Suburban Cook County.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2007-2009)



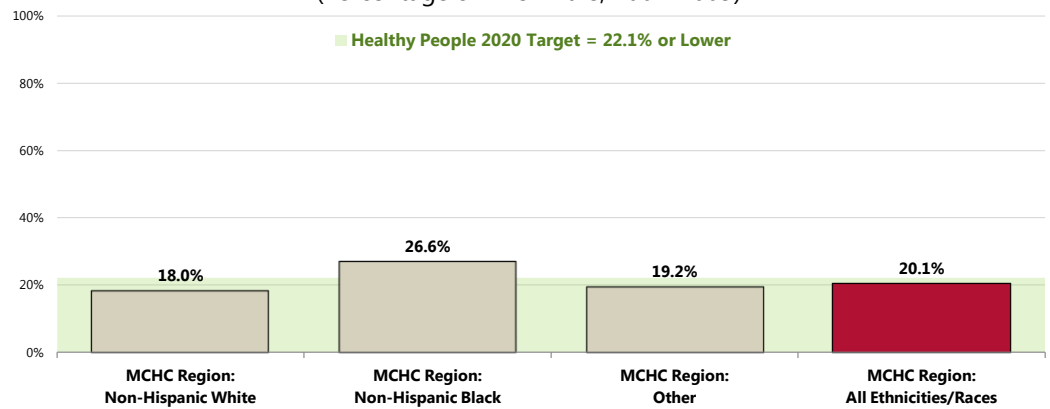
Sources: • Illinois Department of Public Health.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
Note: • Numbers are a percentage of all live births within each population.



Lack of prenatal care is notably more prevalent among Non-Hispanic Blacks in the MCHC Region.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2007-2009)



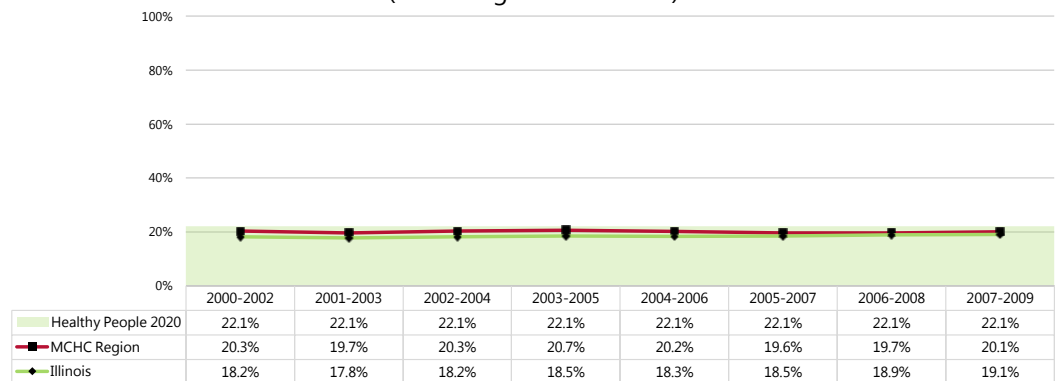
Sources: • Illinois Department of Public Health.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
Note: • Numbers are a percentage of all live births within each population.



Receipt of prenatal care has been stable over the past decade in the MCHC Region.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births)



Sources: • Illinois Department of Public Health.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
Note: • Numbers are a percentage of all live births within each population.

Birth Outcomes & Risks

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.

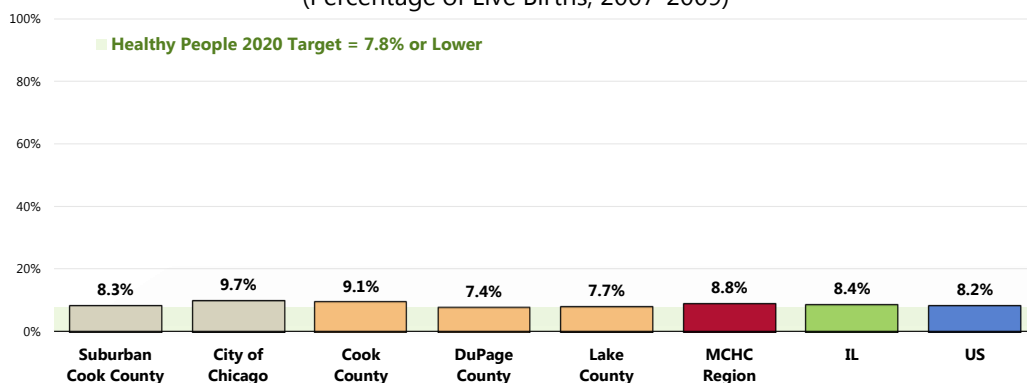
Low-Weight Births

A total of 8.8% of 2007-2009 MCHC Region births were low-weight.

- Comparable to the Illinois proportion.
- Above the national proportion.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).
- Unfavorably high in Cook County.
 - Somewhat higher in the City of Chicago when compared with suburban births.

Low-Weight Births

(Percentage of Live Births, 2007-2009)



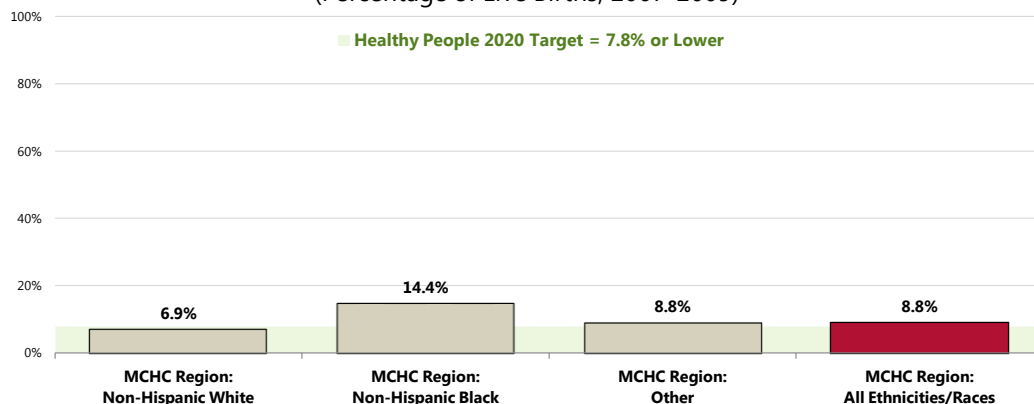
Sources: • Illinois Department of Public Health.
 • Centers for Disease Control and Prevention, National Vital Statistics System.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
 Note: • Numbers are a percentage of all live births within each population.
 • Defined as an infant born weighing less than 5.5 pounds (2,500 grams) regardless of gestational age.




Low-weight births are more prevalent among Blacks in the MCHC Region.

Low-Weight Births

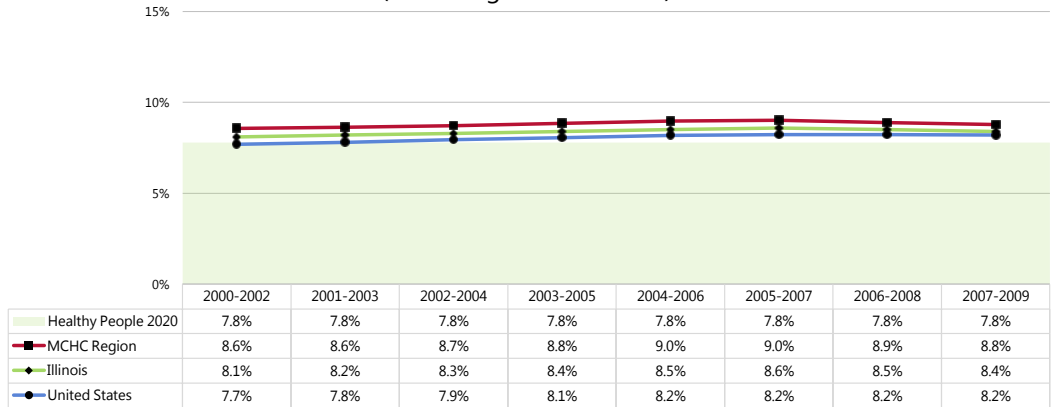
(Percentage of Live Births, 2007-2009)



Sources: • Illinois Department of Public Health.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
 Note: • Numbers are a percentage of all live births within each population.
 • Defined as an infant born weighing less than 5.5 pounds (2,500 grams) regardless of gestational age.

-  The proportion of low-weight births has been fairly stable over the past decade in the MCHC Region.

Low-Weight Births (Percentage of Live Births)



Sources:

- Illinois Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

 Note:

- Numbers are a percentage of all live births within each population.
- Defined as an infant born weighing less than 5.5 pounds (2,500 grams) regardless of gestational age.

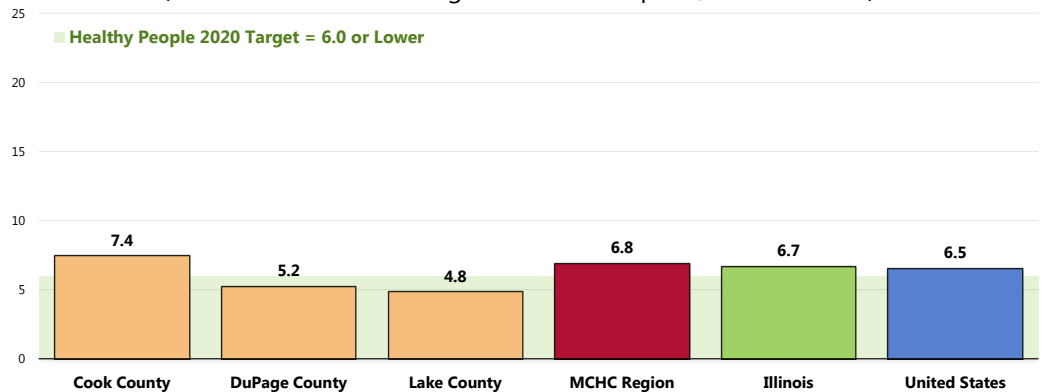
Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2007 and 2009, there was an annual average of 6.8 infant deaths per 1,000 live births.

- Similar to the Illinois rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.
- Higher in Cook County, lower in Lake County.

Infant Mortality Rate (2007-2009 Annual Average Infant Deaths per 1,000 Live Births)



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
- 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:

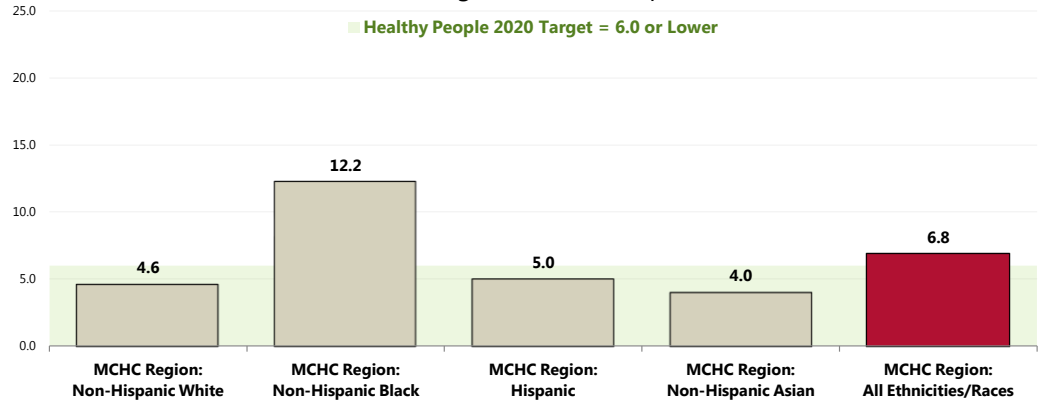
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
- Suburban Cook County and City of Chicago data is unavailable.



The infant mortality rate is notably high among births to Non-Hispanic Black mothers in the MCHC Region.

Infant Mortality Rate

(2007-2009 Annual Average Infant Deaths per 1,000 Live Births)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]

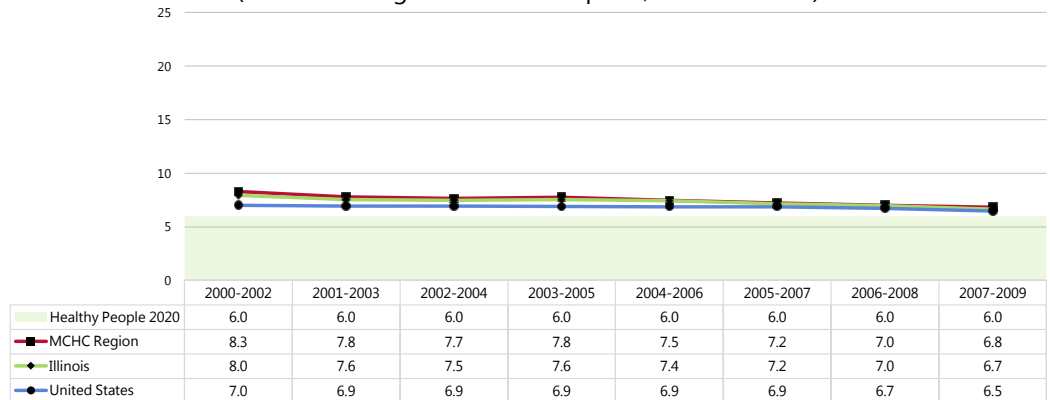
Notes: • Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.



Infant mortality has decreased over the past decade in the MCHC Region, echoing the trends reported for Illinois and the US overall.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.

• 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.

Family Planning

Family planning is one of the 10 great public health achievements of the 20th century. The availability of family planning services allows individuals to achieve desired birth spacing and family size and contributes to improved health outcomes for infants, children, and women. Family planning services include contraceptive and broader reproductive health services (patient education and counseling), breast and pelvic examinations, breast and cervical cancer screening, sexually transmitted infection (STI) and HIV prevention education/counseling/testing/referral, and pregnancy diagnosis and counseling. For many women, a family planning clinic is their entry point into the healthcare system and is considered to be their usual source of care. This is especially true for women with incomes below the poverty level, women who are uninsured, Hispanic women, and Black women.

Unintended pregnancies (those reported by women as being mistimed or unwanted) are associated with many negative health and economic outcomes. In 2001, almost one-half of all pregnancies in the US were unintended. For women, negative outcomes associated with unintended pregnancy include:

- Delays in initiating prenatal care
- Reduced likelihood of breastfeeding
- Poor maternal mental health
- Lower mother-child relationship quality
- Increased risk of physical violence during pregnancy

Children born as a result of an unintended pregnancy are more likely to experience poor mental and physical health during childhood and poor educational and behavioral outcomes.

– Healthy People 2020 (www.healthypeople.gov)

Births to Unwed Mothers

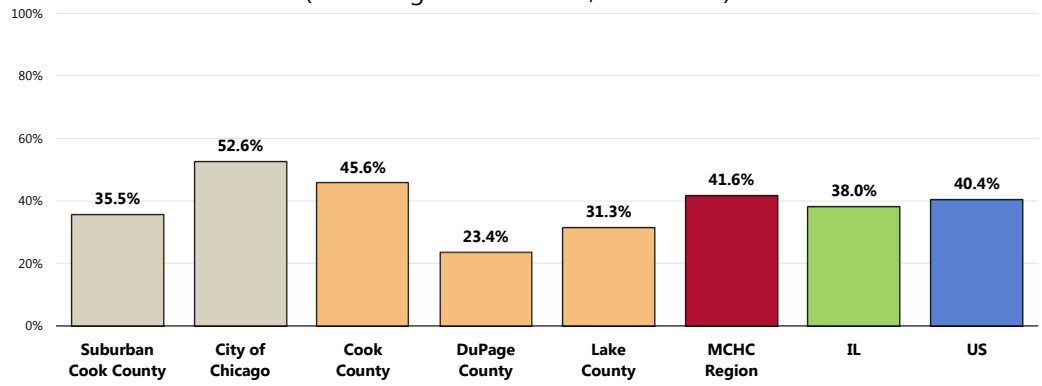
According to the CDC, an unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviors during pregnancy that are associated with adverse effects. For example, women with an unintended pregnancy may delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups, such as teens, are at a higher risk.

Because it is impossible to measure the true incidence of unintended pregnancy in the US, the following indicator looks at births occurring among unmarried mothers as a proxy measure for pregnancies that are not intended (knowing that this is not always the case).

A total of 41.6% of 2007-2009 births were to unwed mothers.

- Higher than the percentage reported statewide.
- Similar to the US percentage.
- Much higher in Cook County when compared with DuPage County.
 - Accounting for more than half of all births in the City of Chicago.

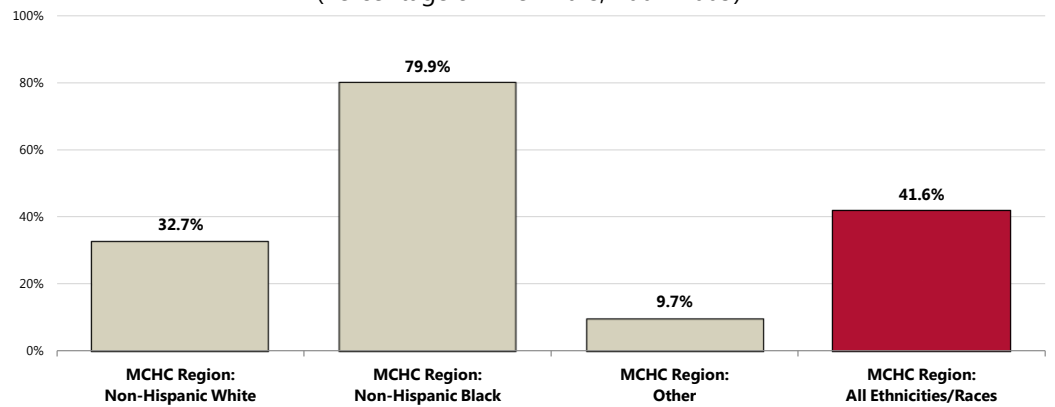
Births to Unwed Mothers (Percentage of Live Births, 2007-2009)




Sources: • Illinois Department of Public Health.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.

👤 Nearly 80% of births to Non-Hispanic Blacks in the MCHC Region are to unwed mothers.

Births to Unwed Mothers (Percentage of Live Births, 2007-2009)

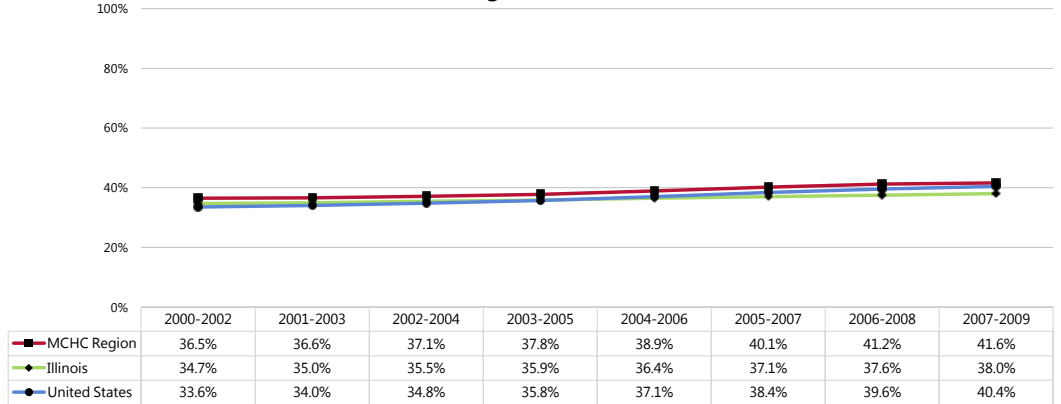


Sources: • Illinois Department of Public Health.
Note: • Numbers are a percentage of all live births within each population.

-  The percentage of births to unwed mothers in the MCHC Region increased over the past decade, in keeping with the state and national trends.

Births to Unwed Mothers

(Percentage of Live Births)



Sources:

- Illinois Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.

Note:

- Numbers are a percentage of all live births within each population.

Births to Teen Mothers

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

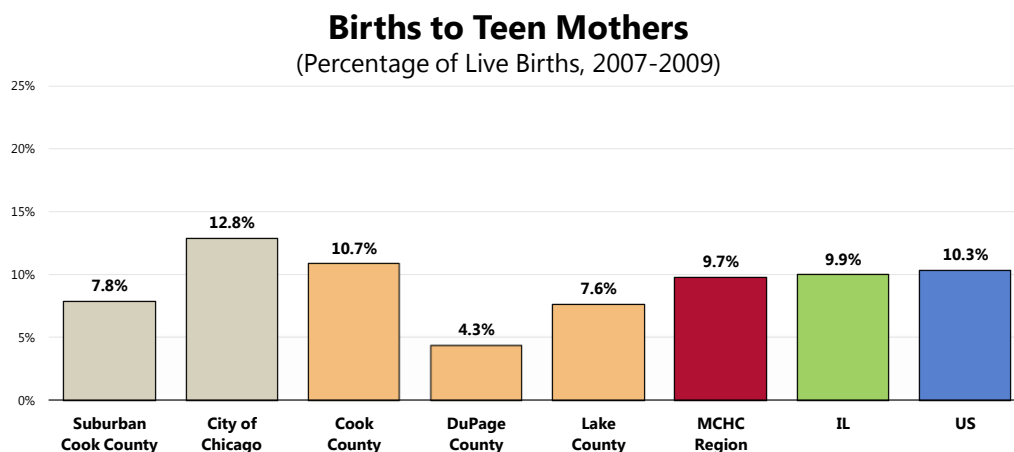
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

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)

A total of 9.7% of 2007-2009 MCHC Region births were to teenage mothers.

- Similar to the Illinois proportion.
- Lower than the national proportion.
- More than twice as high in Cook County as in DuPage County.
 - Higher in the City of Chicago when compared with Suburban Cook County.



Sources:

- Illinois Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.

Note:

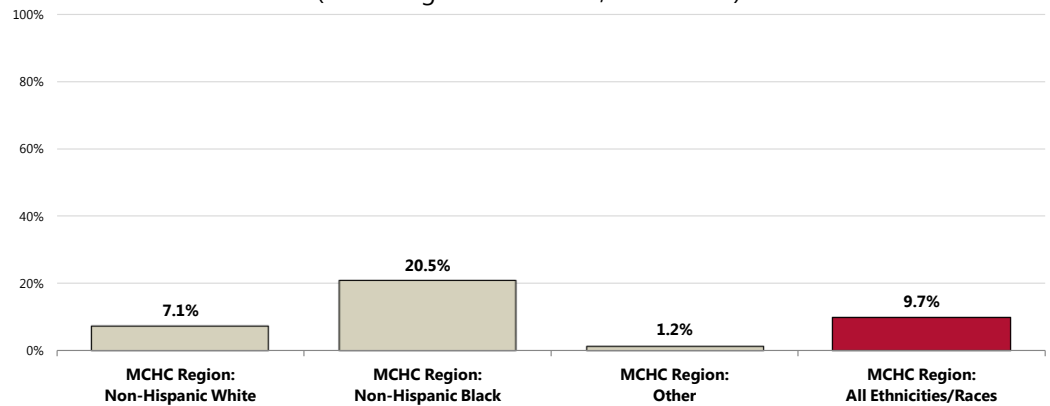
- Numbers are a percentage of all live births within each population.



The prevalence of teen births is highest among Blacks in the MCHC Region.

Births to Teen Mothers

(Percentage of Live Births, 2007-2009)



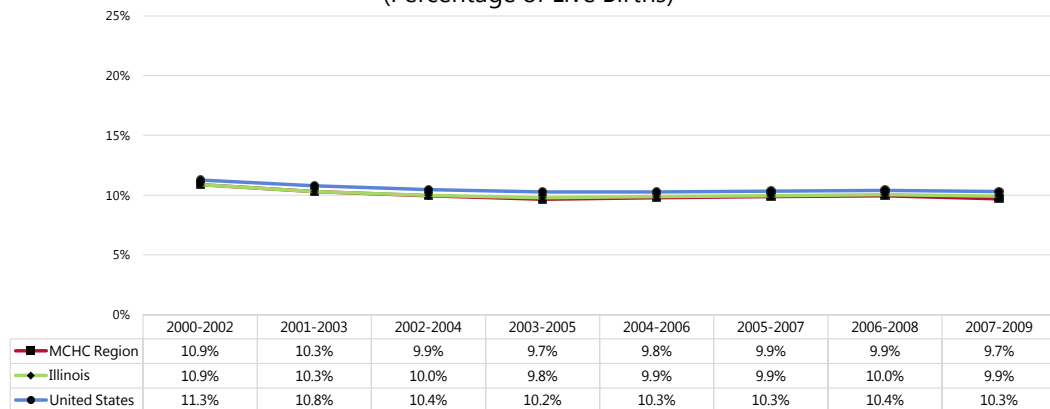
Sources: • Illinois Department of Public Health.
Note: • Numbers are a percentage of all live births within each population.



The proportion of teen births has decreased slightly over time in the MCHC Region, following the downward trends reported in Illinois and the US overall.

Births to Teen Mothers

(Percentage of Live Births)



Sources: • Illinois Department of Public Health.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.

Related Focus Group Findings: Adolescent Sexual Health

Many focus group participants are concerned with adolescent sexual health in the community, especially teen pregnancy:

- Teen pregnancy (access to education, birth control, reduced stigma)

North Cook County

Currently, schools do not offer **sex education classes**, but participants view access to this education as an opportunity to empower teenagers to make informed decisions about their sexual health. Parents need to comprehensively educate their children and not be afraid to discuss the topic. A participant explains:

"I have a daughter so I remember being with her in Girl Scouts and sitting with the moms who were all talking about the way they were talking to their girls about sex and those kinds of things: 'Don't do it, it's awful, it hurts,' I mean all these horror – I just sat there, I'm like, 'Oh please stop it.' I just said, 'Well you can go talk to Emily. She knows everything and all the words for it too, and she's not pregnant.' I think our generation – I'll speak for myself – we were brought up with that. It was the fear. And it didn't work; there were girls pregnant too." — North Cook County Participant

On the other hand, respondents believe that youth do have ample access to **birth control**, but some cultures and families do not seek out the service or even refuse to allow their child to take the prescription. One participant recalls her experiences:

"Again, culturally with the population I'm working with it's okay that they're 18: they don't want birth control, the grandmas are like, 'No, I want her to be pregnant,' and it blows me away. It's like, 'Well that's what we do. She's of the age now and she will bring me grandchildren.' And a lot of times they'll say, 'Well it's against my religion,' and so I'll ask them, 'Because you're Catholic?' 'Yes.' I say, 'Well you're not supposed to be having sex.' So it can be frustrating because I don't think it's necessarily a lack of access. We're offering it and putting it out there." — North Cook County Participant

Focus group attendees worry there is a **reduced stigma** around teen pregnancy and it is now an accepted reality. A participant describes:

"I think the issue when you talk to people now there's no stigma anymore. I mean if you pick up 'People' magazine everybody's having their babies before they get married and it's someone to love." — North Cook County Participant

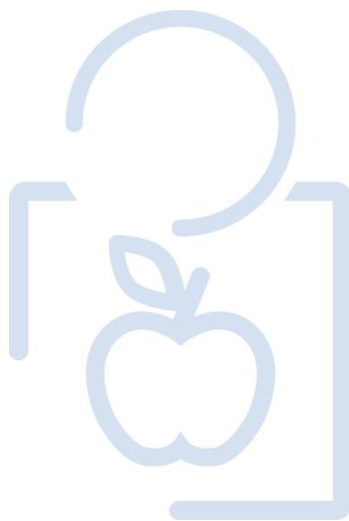
Many respondents also believe youth are having children because they want to have fulfillment in their lives and a baby can provide unconditional love. Some youth have a psychological desire to have something to love.

Lake County

Participants express concern for the number of **pregnant teens** in their community. The attendees believe that becoming pregnant in high school is no longer stigmatized, even though the mental health repercussions of unplanned pregnancy can still exponentially affect a young person, as one participant explains:

"We work with a number of pregnant teenagers and these kids are just in chaos, more than we've ever seen. These are low-income, low-resourced kids." — Lake County Participant

MODIFIABLE HEALTH RISKS



Actual Causes Of Death

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.

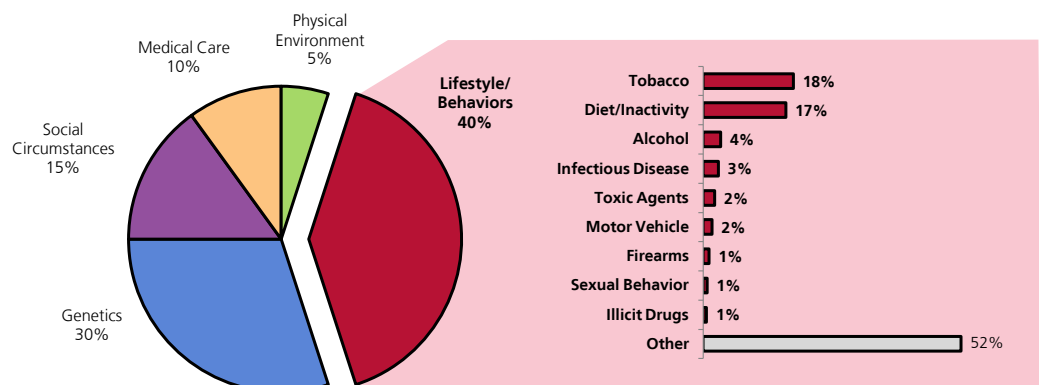
— Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

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.

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.

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. 21, 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.

Nutrition

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)

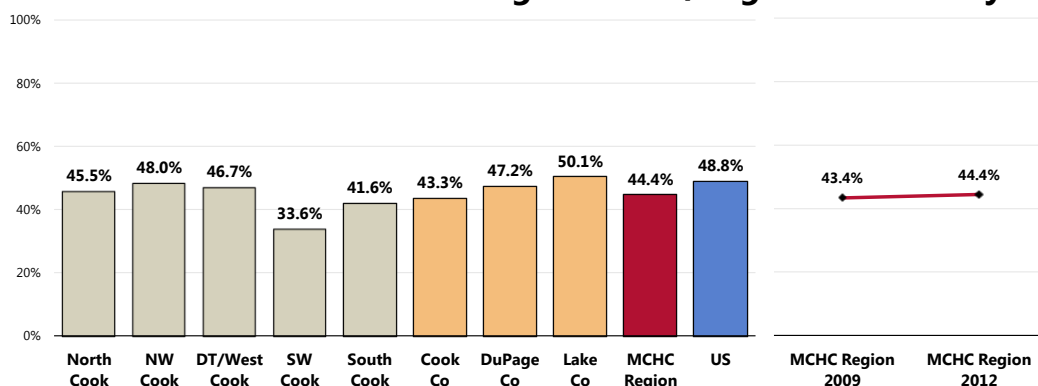
Daily Recommendation of Fruits/Vegetables

A total of 44.4% of MCHC Region adults report eating five or more servings of fruits and/or vegetables per day.

- Less favorable than national findings.
- Higher in Lake County, lower in Cook County.
 - Within Cook County, higher in the Northwest and lower in the Southwest.
- 📊 Fruit/vegetable consumption has not changed significantly since 2009.

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.

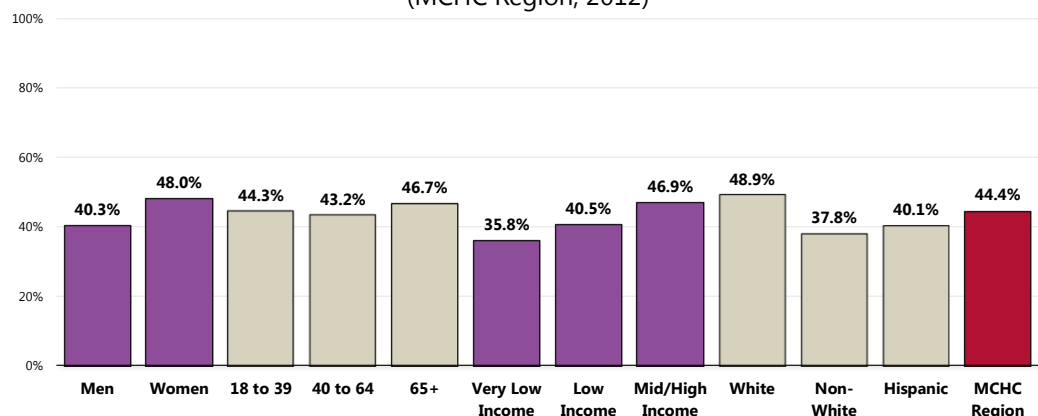
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 178]
 • 2011 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 lower income adults, Non-Whites and Hispanics.

Consume Five or More Servings of Fruits/Vegetables Per Day (MCHC Region, 2012)

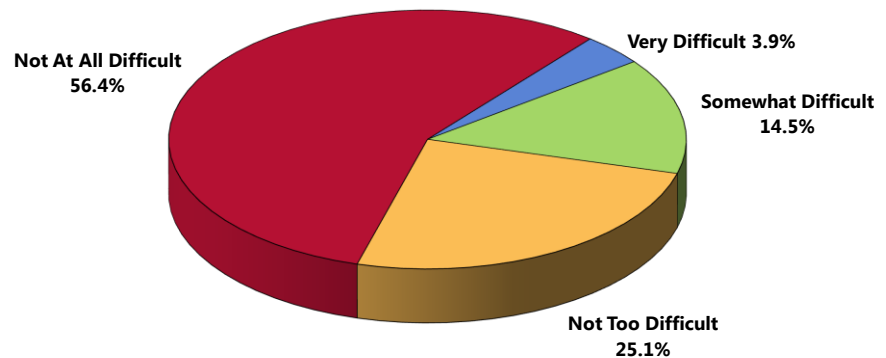


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Access to Affordable Fresh Produce

Most MCHC Region adults do not find it difficult to find fresh, affordable produce in their community, with 56.4% of respondents reporting it is “not at all difficult” and 25.1% indicating that it is “not too difficult.”

Level of Difficulty in Buying Affordable Fresh Produce (MCHC Region, 2012)

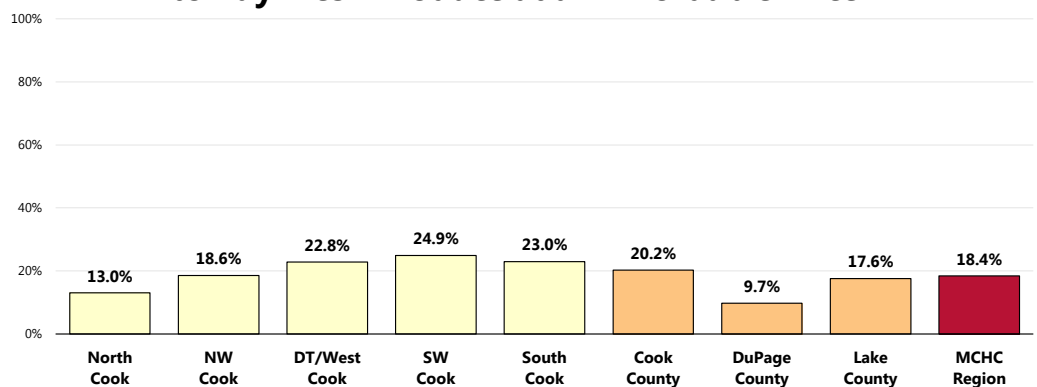


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
Notes: • Asked of all respondents.

On the other hand, a total of 18.4% of MCHC Region adults find it “somewhat” or “very” difficult to find affordable fresh fruits and vegetables in the area.

- More than twice as high in Cook County as in DuPage County.
- In Cook County, highest in the Southwest and lowest in the North.

Find It “Very” or “Somewhat” Difficult to Buy Fresh Produce at an Affordable Price

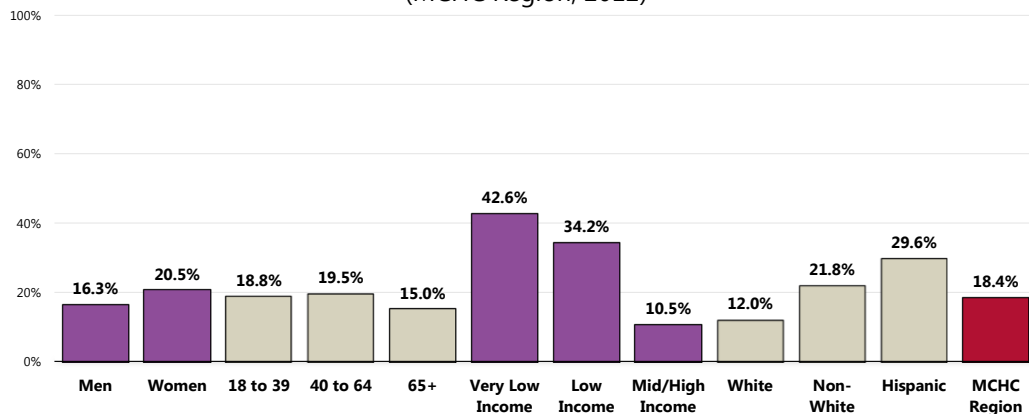


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
Notes: • Asked of all respondents.

- 👥 Area women are more likely to report that finding affordable fresh produce is difficult, as are adults under 65, and especially residents living in the lower income categories, Non-Whites and Hispanics.

Find It "Very" or "Somewhat" Difficult to Buy Fresh Produce at an Affordable Price

(MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]

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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

Health Advice About Diet & Nutrition

A total of 44.4% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

• Statistically similar to national findings.

• No significant difference by county (not shown).

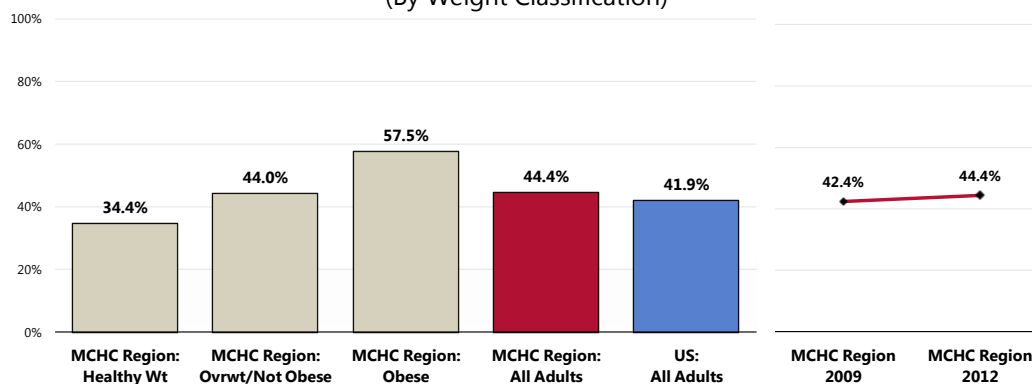
➤ No significant difference by sub-area in Cook County (not shown).

📊 Statistically unchanged since 2009.

👤 Note: Among obese respondents, 57.5% report receiving diet/nutrition advice (meaning that more 40% 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]

• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Related Focus Group Findings: Nutrition

Many focus group participants discussed nutrition. The main findings include:

- Poor eating habits
 - Food deserts
 - Convenient option
 - Cost
- Nutritional education
- Hunger
- Basic needs are not being met

Cook County (Overall)

Focus group attendees believe that many residents within Cook County cannot meet their own **basic needs**. The environment in which these individuals live does not support their ability to make healthy choices, like eating nutritious foods or participating in physical activity.

"I think we call too many things 'lifestyle' that really are 'environment.' I'm not talking about belching smokestacks although that's one piece of it but if you're living in a high crime neighborhood, how can I blame you for not getting out and exercising or not getting your kids out and exercising; it doesn't seem very productive. If you're living in a food desert – I have students in West Garfield all the time and they are astonished by how few food choices there are for people to take advantage of in that neighborhood that are affordable, that are fresh." — Cook County Participant

Attendees stress the importance of meeting people where they live, work and play in order to make the most impact. In addition, agencies must recognize the hardships which residents face daily, as one participant explains:

"I think the problem is also small rewards. Like everybody knows pretty much that smoking isn't good for you, but a cigarette is a reward and it's within people's reach, more or less. And food is a reward, God knows, and it's within people's reach. And so you have to think small because if you think big you aren't going to meet these people where they really live. I serve a low income population and probably most of them are below the poverty line...So I can hardly begrudge them a cigarette or food if they're obese because that's it. They aren't going to go on vacation." — Cook County Participant

North Chicago

Many residents living in North Chicago possess **poor eating habits**. They consume fast food, which has limited nutritional value but represents a **convenient option** and tastes good, so kids want it. In addition, residents **perceive healthy foods to cost more** money, as a participant explains:

"And the misconception that healthy things cost more. Yes, McDonald's is convenient, but for your \$4 happy meal, you could probably buy a lot of fruits and vegetables." — North Chicago Participant

Focus group attendees think **nutrition education** should occur regularly, as many people do not know how to cook 'healthy meals.' Learning how to read labels, understand nutritional facts, and participating in cooking classes would benefit the entire community, ensuring that residents know how to cook healthy meals for their families. An educational class should also be a requirement for those receiving Supplemental Nutrition Assistance Program (SNAP) benefits since current recipients are allowed to purchase anything, including soda and junk food. Some recipients may simply not know how to cook other foods or what other options would be healthier. Many children grow up in households where their parents do not know how to cook, so they never learn, as one participant describes:

"And if you grew up with parents who, basically single moms who didn't know how to good food choices, and then that continues on. Where is that break? And where is that education about healthy food choices?" — North Chicago Participant

There are several organizations trying to **combat poor nutrition**. Many community gardening initiatives have begun in the community. The Women, Infant and Children (WIC) program provides education and has provided coupons for participants to buy foods at local farmers' markets in the past. Senior citizens also receive food vouchers. Additionally, many small local ethnic grocery stores have fresh produce available at a less expensive price than chain grocery stores, as one participant recalls:

"There are a number of these ethnic fruit and vegetable stores that also may sell meat and not quite full-service, but pretty close. You know where the fruits and vegetables are quite reasonable, less expensive than in the main – the chain grocery stores." — North Chicago Participant

Downtown/West Chicago

Many residents living west of downtown possess **poor eating habits** and sometimes these residents do not have the option to eat healthier. Many times community members purchase food at a corner stores because they live in a **food desert**, or an area where grocery stores do not operate. Many times residents can buy a bag of chips, for less than the cost of a banana. Fast food and microwavable meals represent a **convenient option** for busy families and their dollar may go farther when purchasing these things. A mobile van does operate in the West side neighborhoods and they do have Farmer's Markets, but the **cost is prohibitive** for many community members. A participant recalls a recent experience:

"It was \$6.00 for a pound of cherries. Okay. So you brought these produce markets into Austin, a low-income community, because you want to provide fresh produce. But then you're not looking at the fact of – the cost factor that goes with that. And then this particular produce was less than eight blocks from Food for Less, Wal-Mart's grocery store, ALDI, and Save a Lot. I said, 'Because they can walk down the street to any of these stores and buy the same fruit for much less.'" — Downtown/West Chicago Participant

Focus group attendees think **nutritional education** should target the entire family. Residents do not know how to cook healthy meals on a budget. Participants know that WIC represents one organization providing nutritional education classes to their

recipients. In addition, area churches have started providing cooking classes to their congregations. A participant describes the education efforts:

"Fresh Moves. So the person will come and get some of the vegetables off of there. They'll call all the WIC clients in, and they'll actually, using the kitchen, show them how you can prepare this without the salt – as much salt or the butter. So it's a movement. It's trying. Before with WIC, you couldn't get – you couldn't use your coupons to even get fresh vegetables or whatever else."
— Downtown/West Chicago Participant

Participants also have concern about the level of **hunger** on the West side of Chicago because of the high level of unemployment and low wage jobs. Many school-aged children receive free or reduced-cost lunches. Local schools offer both breakfast and lunch to enrolled students, but for some of these children this may be the only meals they eat each day. In addition, school lunches may not provide the best nutritional value, although the lunches continue to improve.

"And I think in some places that might be the one or only meal that they get, is in school. Yeah. I mean it's 10 out of 21 meals a week are in school, if the child is in school, which poses a big 'if.'"
— Downtown/West Chicago Participant

DuPage County

Participants believe residents in DuPage County have many opportunities to purchase healthy foods, but **cost** can be prohibitive for some low income residents. Other community members choose fast food and convenient stores out of habit, and eating out represents a **convenient option** for busy families.

Focus group attendees believe food choices have improved in the past few years. Today, the Northern Illinois Food bank offers **nutrition education** classes and a mobile truck which provides healthier options than in previous years due to pressure from local agencies:

"I've seen Northern Illinois Food Bank, for example, be pushed to make some of the choices they make available to their food banks healthier. One of the schools actually refused to let the food bank in to their area with their mobile trucks until they got a healthier mix of food choices."
DuPage County Participant

In addition, schools are placing more importance on healthy food choices and healthy snacks, and local school lunches continue to improve.

Lake County

Many residents living in Lake County possess **poor eating habits**. Some residents may live in a part of the community considered a **food desert** with no access to a grocery store. Many times community members must purchase food at a corner store or even the Dollar Store. Additionally, grocery shopping can prove troublesome if residents do not have access to a personal vehicle. Fast food represents a **convenient option** for busy families or those working multiple jobs, and a cheaper option as well.

Focus group attendees also believe that **nutritional education** does not occur regularly in the community and many households lack knowledge about how to prepare healthy meals. One participant explains:

"That doesn't mean that you necessarily have enough money or situation enough to be able to prepare good food if you're working two jobs. How much cooking are you going to be doing? You've got a five-pound bag of beans that take hours to soak and then to cook. I mean I think there are just a lot of things that make it very complicated. So to go to the Dollar Store at the corner and get a can of soup and some white bread and call that lunch, but your sodium intake's been good enough through that probably for three days." — Lake County Participant

Participants also express concern about the level of **hunger** in Lake County despite the level of affluence in the community overall. There are several options for low income residents, including the Supplemental Nutritional Assistance Program (SNAP) and Women, Infant and Children (WIC) for families with young children. (WIC does provide nutritional education to its members.) There are many food pantries within Lake County and participants spoke highly of the Northern Illinois Food Bank, but attendees believe that these resources do not combat the bigger issues surrounding hunger and malnutrition. An attendee explains:

"Northern Illinois Food Bank is a wonderful resource. I think they have something like 130 food pantries in Lake County and then there are churches and other organizations that kind of just ask for people to bring in various things. But those have some limitations too. Most of those pantries ask for you to sign in and give name and address or some identifier because they won't give you food day after day. And that's not a solution; it's just a Band-Aid." — Lake County Participant

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)
- 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)
- 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)

Level of Activity at Work

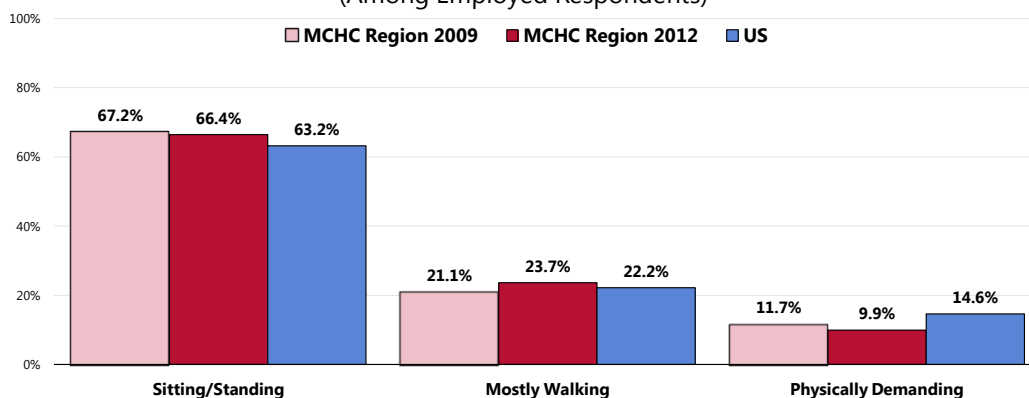
A majority of employed respondents reports low levels of physical activity at work.

- A total of two in three employed respondents (66.4%) report that their job entails mostly sitting or standing, similar to the US figure.
- 23.7% report that their job entails mostly walking (similar to that reported nationally).
- 9.9% report that their work is physically demanding (lower than reported nationally).
- Viewed by county, workers in Cook County are less likely to hold sedentary positions (not shown).
 - Within Cook County, workers in the North are more likely to be sedentary at work, while those in the Northwest and Southwest are less likely to report mostly sitting or standing while at work (not shown).

📊 Statistically similar to 2009 findings.

Primary Level of Physical Activity At Work

(Among Employed Respondents)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 110]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of those respondents who are employed for wages.

Leisure-Time Physical Activity

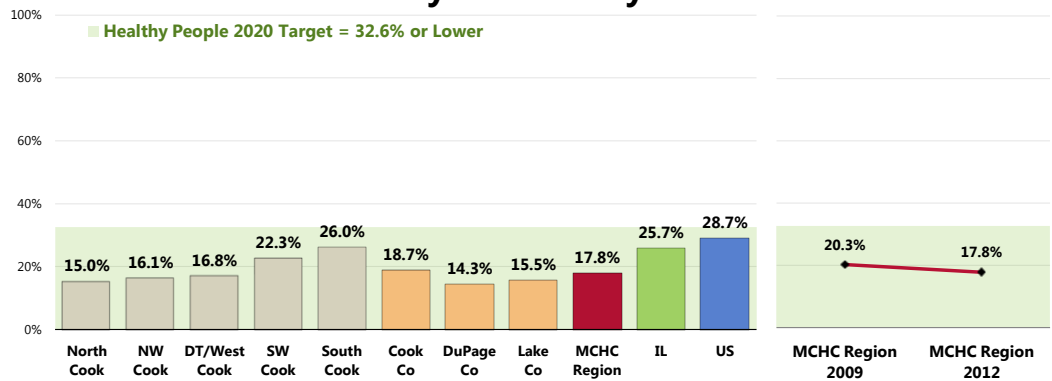
A total of 17.8% of MCHC Region adults report no leisure-time physical activity in the past month.

- More favorable than statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Higher in Cook County, lower in DuPage County.
 - Higher in South and Southwest Cook County, lower in North Cook County.

📊 Marks a statistically significant decrease since 2009.

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.

No Leisure-Time Physical Activity in the Past Month



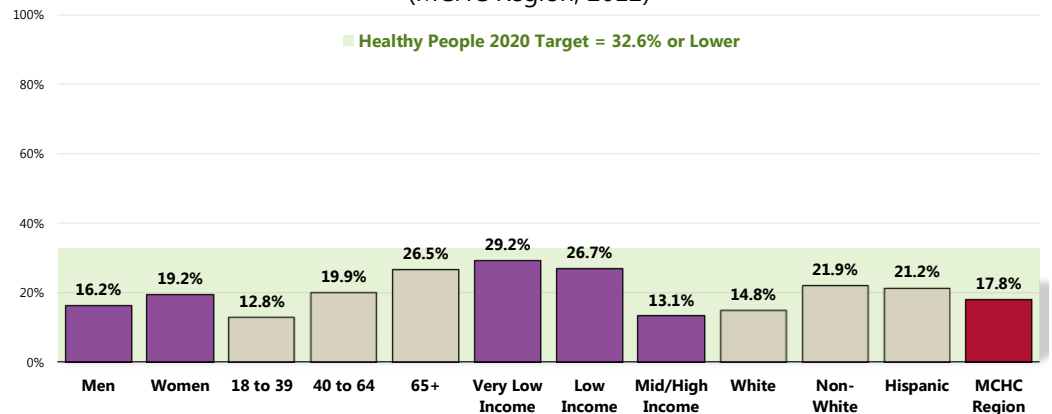
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 111]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Illinois data.
 • 2011 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 and older.
- 👥 Residents living on low to very low incomes.
- 👥 Non-Whites and Hispanics.

No Leisure-Time Physical Activity in the Past Month (MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
 • 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

Activity Levels

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.

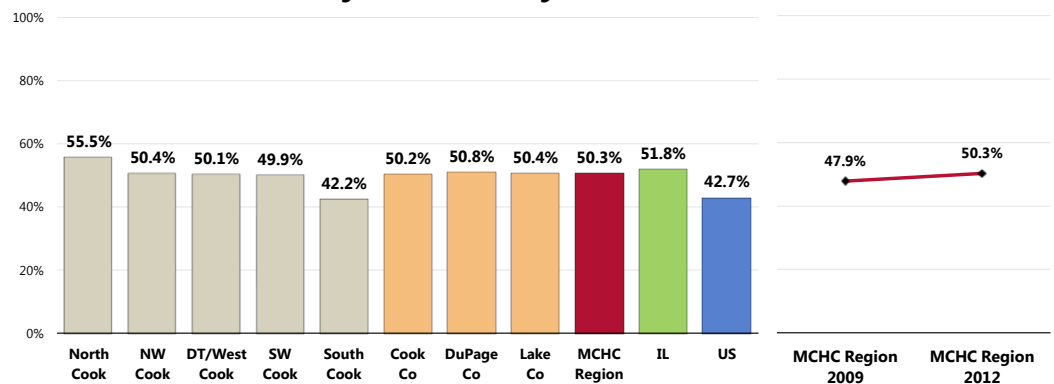
– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

One-half (50.3%) of MCHC Region adults participates in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).





- Comparable to statewide findings.
- More favorable than national findings.
- No significant difference by county.
 - In Cook County: highest in the North, lowest in the South.
- 📊 Statistically unchanged since 2009.

Meets Physical Activity Recommendations

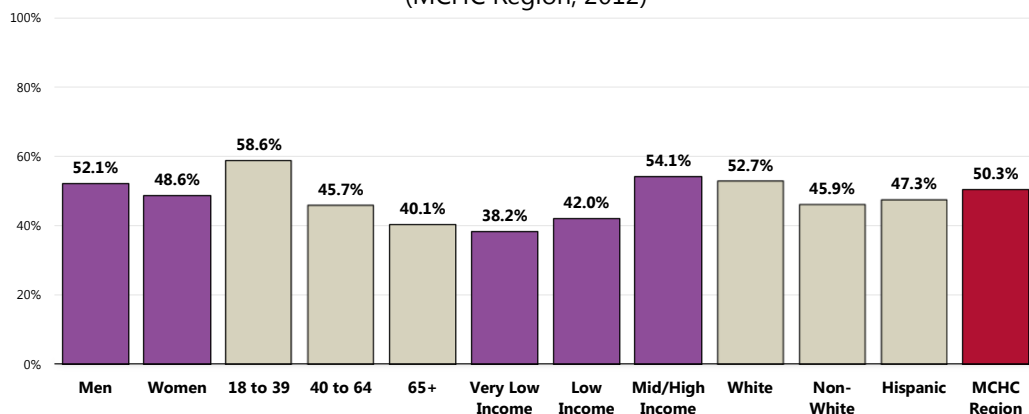


- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 181]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2009 Illinois data.
- 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.
-  Adults age 40 and older.
-  Residents living on low to very low incomes.
-  Non-Whites and Hispanics.

Meets Physical Activity Recommendations (MCHC Region, 2012)




Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more 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 27.8% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

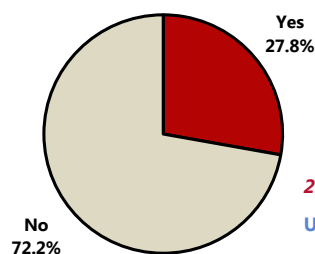
- More favorable than the national level.
- No significant difference by county (not shown).
 - In Cook County, unfavorably low in the South (not shown).
-  Marks a significant decrease since 2009.

A total of 39.0% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

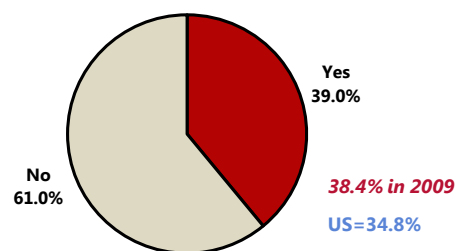
- More favorable than statewide figure.
- More favorable than the nationwide figure.
- No significant difference by county (not shown).
 - Unfavorably low in the South region of Cook County (not shown).
-  Statistically similar to 2009 findings.

The individual indicators of moderate and vigorous physical activity are shown here.

Moderate & Vigorous Physical Activity (MCHC Region, 2012)



Moderate Physical Activity



Vigorous Physical Activity

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 183-184]

• 2011 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.

25.1% in 2009

US=23.9%

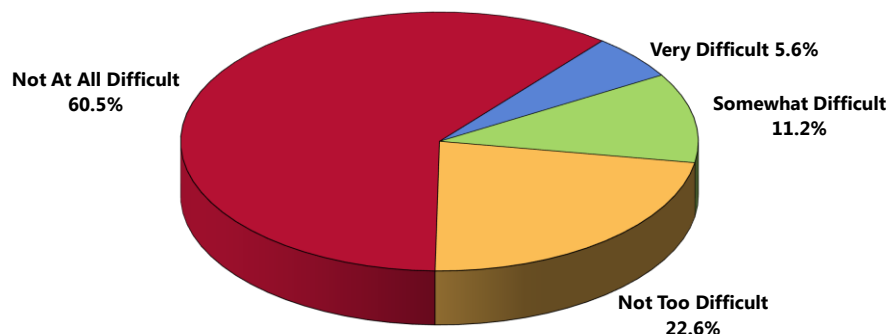
38.4% in 2009

US=34.8%

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 60.5% considering it “not at all difficult” and 22.6% reporting that it is “not too difficult.”

Level of Difficulty in Accessing Safe and Affordable Places for Exercise (MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]

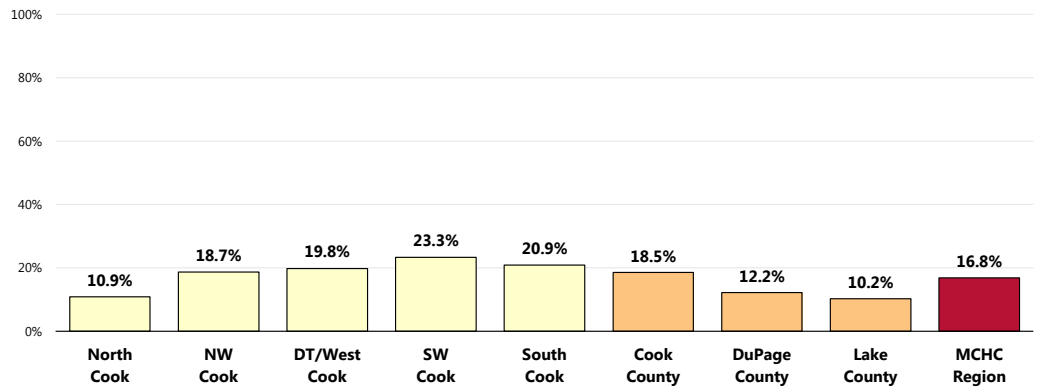
Notes: • Asked of all respondents.

• In this case, places might include a park, gym, YMCA or recreation center.

In contrast, a total of 16.8% of MCHC Region adults find it “somewhat” or “very” difficult to access safe and affordable places for exercise.

- Unfavorably high in Cook County.
 - In Cook County, higher in the Southwest and lower in the North.

Find It “Very” or “Somewhat” Difficult to Access Safe and Affordable Places for Exercise

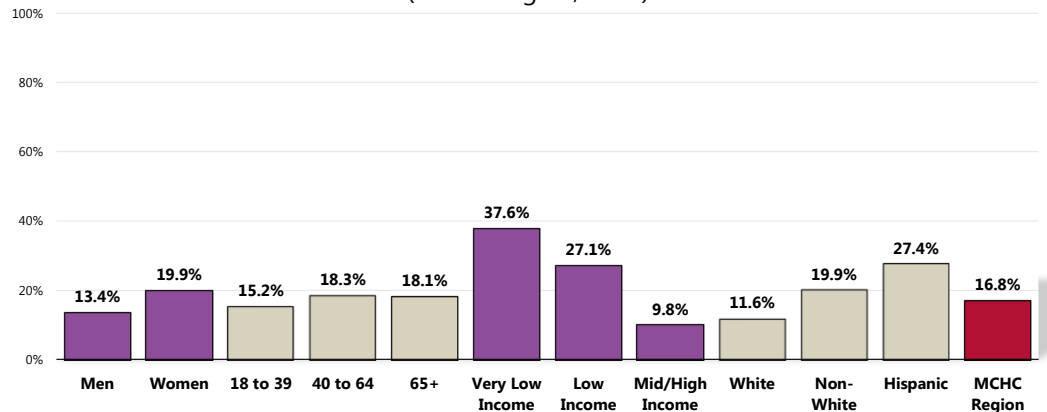


Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]
 Notes: • Asked of all respondents.
 • Examples include a park, gym, YMCA or recreation center.



Area women are more likely to report that finding safe and affordable places for exercise is difficult, as are residents living in the lower income categories, Non-Whites and Hispanics.

Find It “Very” or “Somewhat” Difficult to Access Safe and Affordable Places for Exercise (MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]
 Notes: • Asked of all respondents.
 • Examples include a park, gym, YMCA or recreation center.
 • 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 for their household size. “Very Low Income” includes households living in a household with defined poverty status; “Low Income” refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and “Mid/High Income” refers to households living on incomes which are twice or more the federal poverty level.

Health Advice About Physical Activity & Exercise

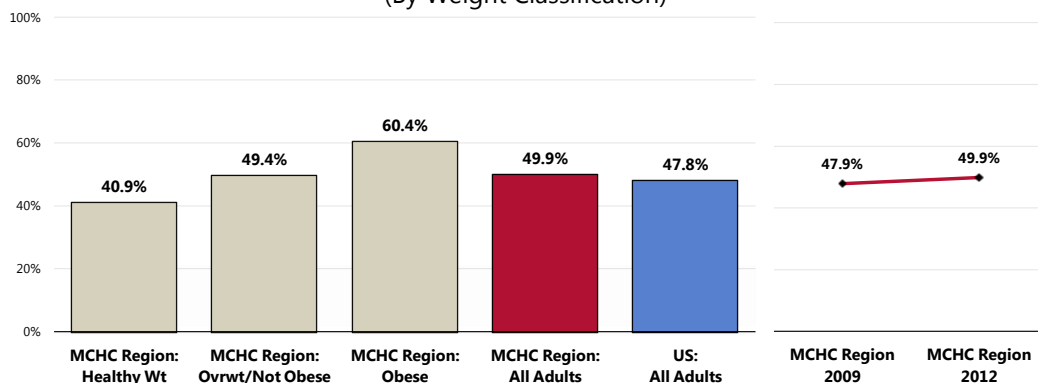
One-half (49.9%) of MCHC Region adults reports that their physician has asked about or given advice to them about physical activity in the past year.

- Similar to the national average.

- ▣ Similar to the 2009 survey findings.

- 👥 Note: 60.4% of 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]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

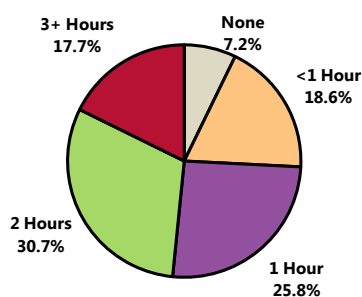
Children's Screen Time

Among children aged 5 through 17, 17.7% are reported to watch three or more hours of television per day; 17.5% are reported to spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).

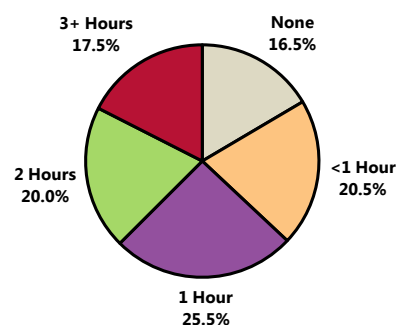
- Comparable to the US proportion of television viewing by children, but less favorable than the US proportion of computer usage.

Children's Screen Time

(Among Parents of Children Ages 5-17; MCHC Region, 2012)



Hours per Day of Television



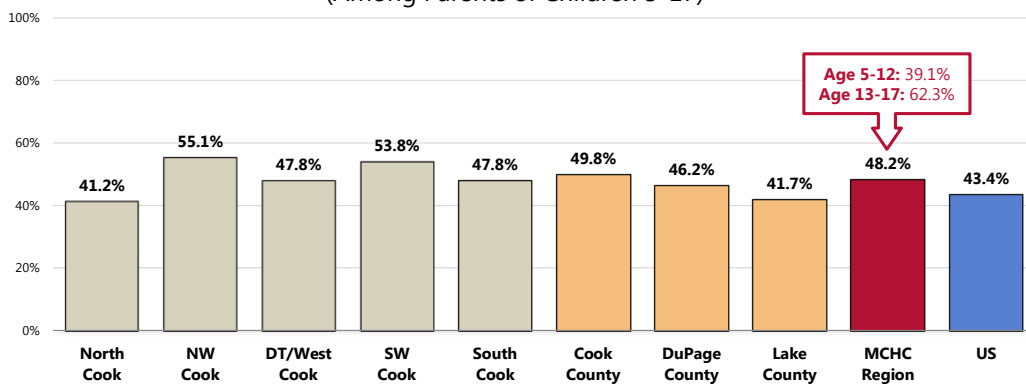
Hours per Day of Other Screen Time
(i.e., video games, computer/Internet entertainment)

Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 148-149, 185-186]
Notes: • Asked of respondents with a child aged 5 to 17 in the household.

When combined, 48.2% of MCHC Region children aged 5 to 17 spend three or more hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- Statistically similar to that found nationally.
- No significant difference by county.
 - In Cook County, no significant difference by sub-area.
- 👤 By age, significantly higher among **teens** in the MCHC Region.

Children With Three or More Hours per School Day of Total Screen Time [TV, Computer, Video Games, Etc. for Entertainment] (Among Parents of Children 5-17)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 187]
Notes: • Asked of all respondents with children 5-17 at home.
• For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
• "Three or more hours" includes reported screen time of 180 minutes or more per day.

Related Focus Group Findings: Physical Activity

Many focus group participants discussed physical activity in the community, with the primary discussion centered on:

- Sedentary lifestyles
- Television and video game screen time
- Education, emphasis on wellness
- Personal choice

North Cook County

Participants believe that many local residents live a very **sedentary lifestyle** and that **children watch more television and play more video games** than ever before, coupled with limited physical education and recesses during the day. Some participants believe that this change has occurred because more parents send youth to an after-school program and emphasis is not placed on exercise. One participant explains:

"And again, you're talking about latchkey kids who come home where those of us that are older used to go out and play; these kids don't go out and play. They go home and they sit with an iPad or a computer or a game and that's what they're doing afterschool... The houses are quiet after school. That never used to happen. People ran home, threw their books and then first thing they could do was get outside. Nobody does that anymore." — North Cook County Participant

Focus group attendees point out that a cultural change must take place in order to produce a shift in physical activity levels among community members, believing that the community needs to shift the focus to **wellness**. Several local agencies are attempting to do this: some offer free aerobic classes to eliminate any cost barriers, and one local business sponsored a weight-loss challenge for employees and had excellent results, as one participant recalls:

"We called it Loser's Win and we did – we had financial rewards, and it worked. I hoped I would get two or three teams of four; we wound up with 60 people– and we only have 100 (employees) or less...But the morale in the building changed, and that was one of the keys. And we were able to build a little exercise room literally out of nothing. We took the old police treadmill, we got an elliptical from the fire department they were throwing out and added a few weights and some exercise bands and some DVDs." — North Cook County Participant

North Chicago

Participants believe that residents have **many opportunities to participate in physical activity** in the community. Many local parks, lakes and bike paths exist in the community, facilitating physical activity. In addition, resources like the Galter LifeCenter and the park district provide excellent programs for youth, and the senior centers provide exercise classes and other organized activities for their members. Generally, local residents do not have safety concerns, especially during the day time.

Although residents have access to physical activity spaces, many community members do not make the **personal choice** to exercise. One focus group attendee believes that if

agencies can change the message then more people may overcome their mental roadblock:

"I mean we live in a city where we can walk to things. We don't have driveways where you pull out and go to the grocery store and pull in. Maybe that's the difficult thing is...When you hear you got to work out three times a week for an hour, people are like, 'I can't do that.' But just walking to the grocery store instead of taking the bus the four blocks. Those kinds of things too are important messages." — North Chicago Participant

DuPage County

Participants consider many residents to live a very **sedentary lifestyle**, and attendees expressed concern about community residents' inactivity. Adults do not set a good example for their children and focus group members doubt there is even a willingness to change. One participant describes her frustrations:

"We're a district that doesn't even have buses so there are ample opportunities for kids to get to school, whether it's biking or walking, although we're a little limited with some sidewalks and stuff but even in communities where there are lots of sidewalks and stuff parents drive them. On the sunniest day there'll be lines of cars out there and when you talk about behaviors that could be modified, it's the parents' behavior." — DuPage County Participant

Throughout DuPage County there are many indoor gyms and walking trails, but community members do not utilize them regularly. While in more isolated parts of the county some participants feel fear may limit residents' ability to be outside, compared to Chicago these areas are limited. Cost and transportation can act as barriers for low income residents as well.

Attendees also believe children spend more time in front of **television or video games** than ever before and children need more structured after-school activities. In addition, agencies must **educate** parents about the importance of physical activity and the easy ways their families can participate. A participant explains how walking school buses can be implemented into any community:

"We just got the Safe Routes to School grant for the state through Winfield and there are ways to do that with walking school buses where you have parent volunteers or older kid volunteers and it's just you walk along and you pick another kid up and you just – or biking. I mean there's ways around that so you have somebody looking out for them and I just think that we're not as creative about finding those ways." — DuPage County Participant

Weight Status

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: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. 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 $\geq 30 kg/m^2$, 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

“Healthy weight” means neither underweight, nor overweight (BMI = 18.5-24.9).

Based on self-reported heights and weights, 34.1% of MCHC Region adults are at a healthy weight.

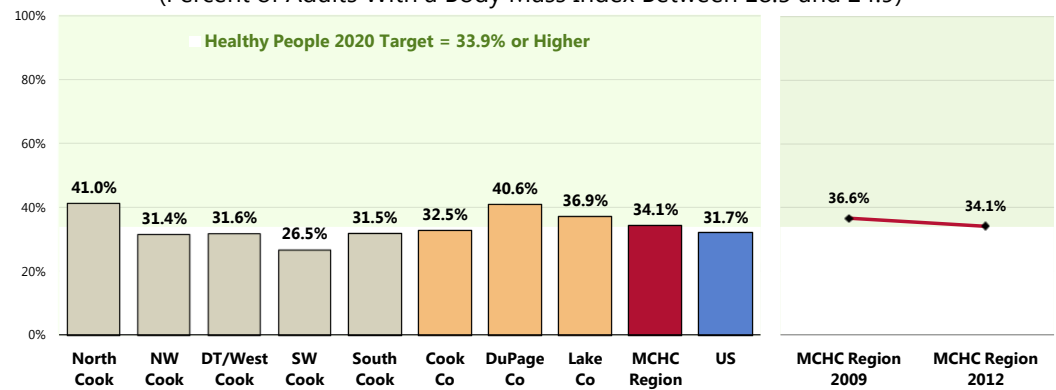
- Similar to national findings.
- Similar to the Healthy People 2020 target (33.9% or higher).
- Higher in DuPage County, lower in Cook County.

- Within Cook County, the prevalence of healthy weight is higher in the North and lower in the Southwest.

Statistically unchanged since 2009.

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 189]

• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Based on reported heights and weights, asked of all respondents.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]

• 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

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

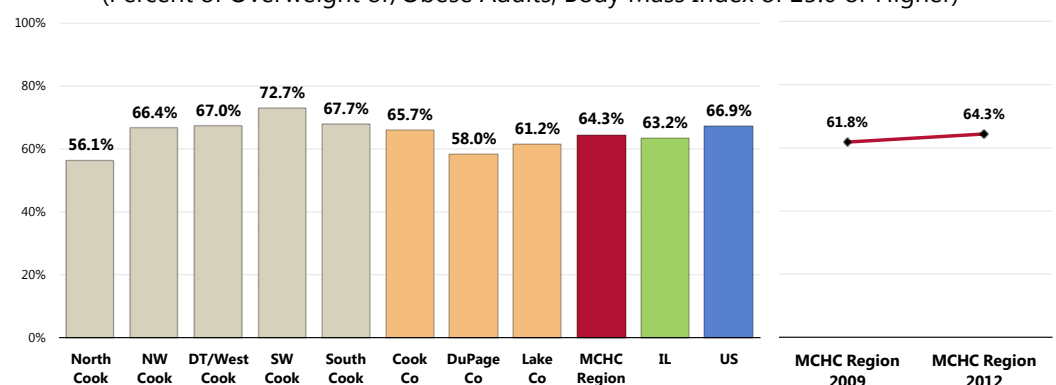
Nearly two in three MCHC Region adults (64.3%) are overweight.

- Comparable to the Illinois prevalence.
- Comparable to the US overweight prevalence.
- Much higher in Cook County than in DuPage County.
 - Higher in the Southwest portion of Cook County; lower in the North.

Statistically unchanged since 2009.

Prevalence of Total Overweight

(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 189]

• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 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.

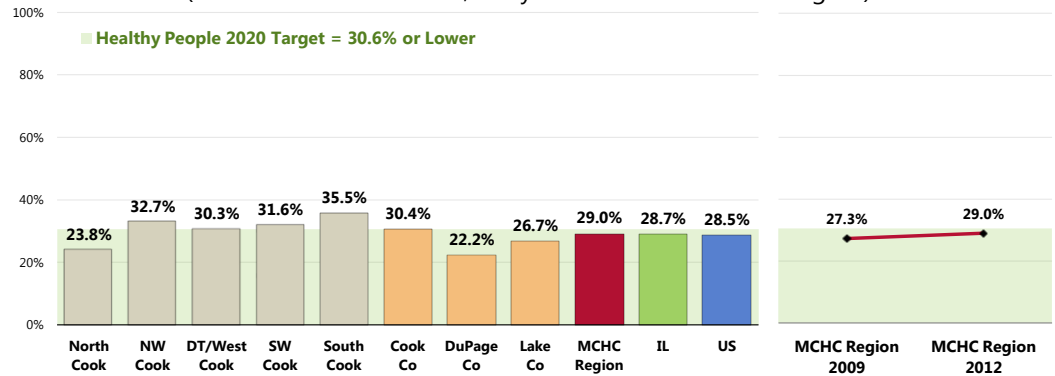
“Obese” (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

Further, 29.0% of MCHC Region adults are obese.

- Comparable to Illinois findings.
- Comparable to US findings.
- Satisfies the Healthy People 2020 target (30.6% or lower).
- Higher in Cook County, lower in DuPage County.
 - In Cook County, higher in the South and lower in the North.
- 📊 Statistically similar to prior findings.

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)

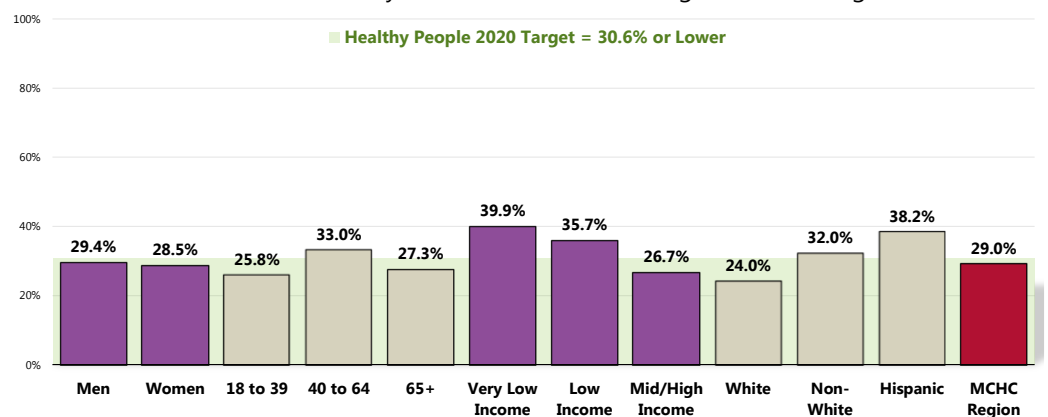


- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 189]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2010 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 prevalence among adults between the ages of 40 and 64, residents living in the lower income breakouts, Non-Whites and Hispanics.

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher; MCHC Region, 2012)



- Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- Based on reported heights and weights, 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 for their household size. “Very Low Income” includes households living in a household with defined poverty status; “Low Income” refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and “Mid/High Income” refers to households living on incomes which are twice or more 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.

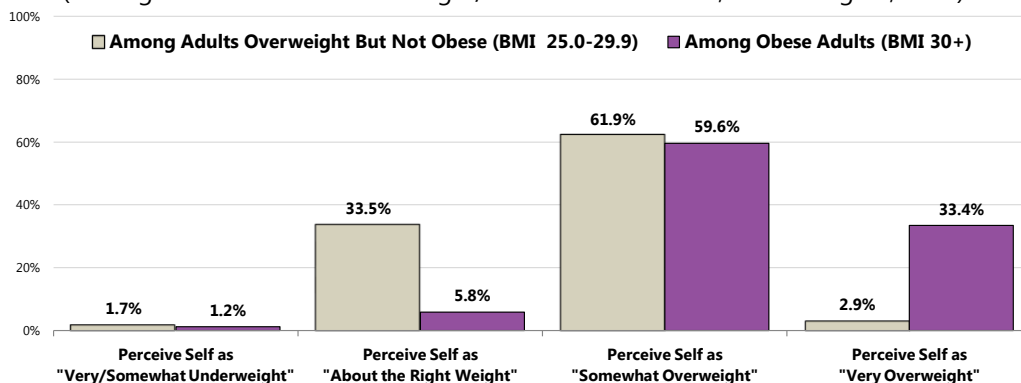
Actual vs. Perceived Body Weight

A total of 5.8% of obese adults and 33.5% of overweight (but not obese) adults feel that their current weight is “about right.”

- 61.9% of overweight (but not obese) adults see themselves as “somewhat overweight.”
- 33.4% of obese adults see themselves as “very overweight.”

Actual vs. Perceived Weight Status

(Among Adults Who Are Overweight/Obese Based on BMI; MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]

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.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions.

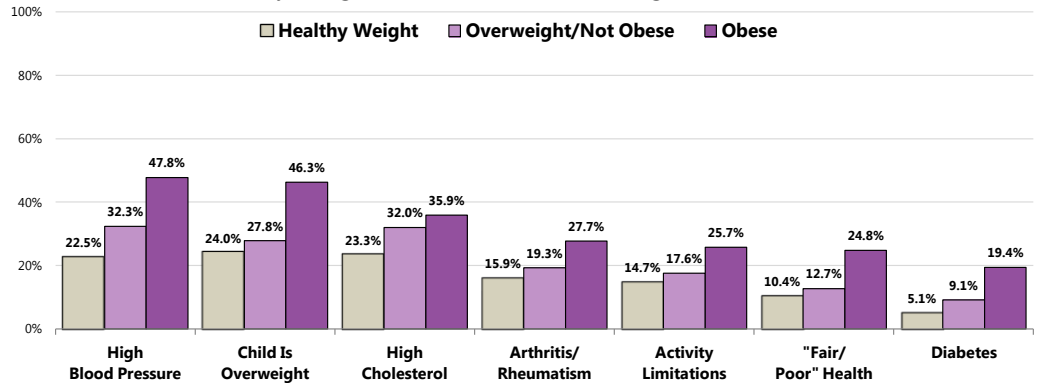
Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- Arthritis/rheumatism.
- Activity limitations.
- “Fair” or “poor” physical health.
- Diabetes.

Overweight/obese residents are also more likely to have overweight children.

Relationship of Overweight With Other Health Issues

(By Weight Classification; MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 28, 47, 125, 152-153, 193]
Notes: • Based on reported heights and weights, asked of all respondents.

Weight Management

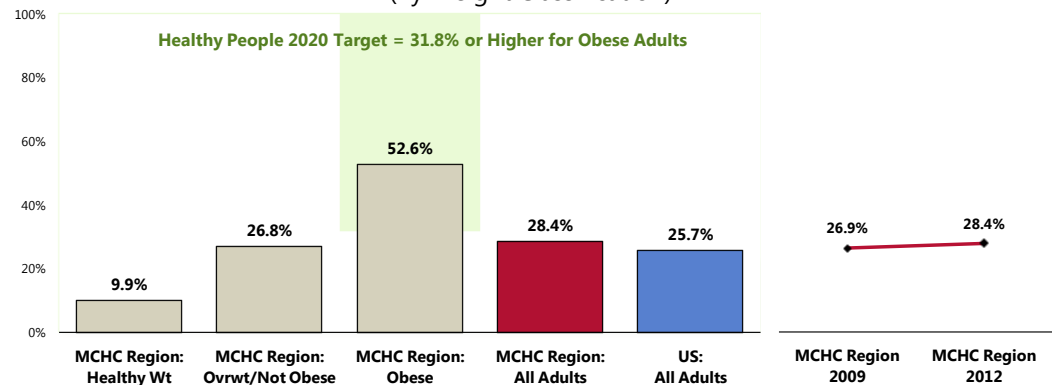
Health Advice

A total of 28.4% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- 📊 Statistically unchanged from that reported in 2009.
- 👥 Note that 52.6% of obese adults have been given advice about their weight by a health professional in the past year (while nearly one-half has not).
 - Similar to the US prevalence among the obese (not shown).
 - This satisfies the Healthy People 2020 target of 31.8% or higher.
 - No change from 2009 survey findings among obese respondents (not shown).

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 118, 191-192]
• 2011 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-6.2]
Notes: • Asked of all respondents.

Weight Control

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)

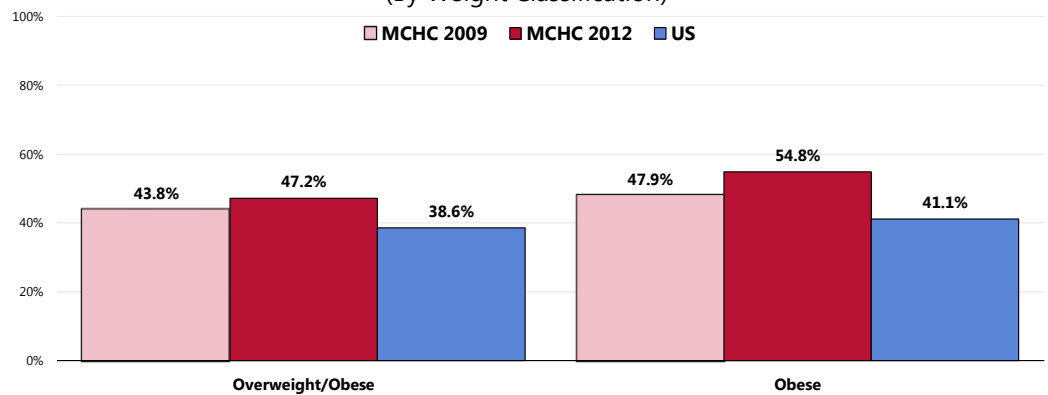
A total of 47.2% of MCHC Region adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- More favorable than national findings.
- No significant difference by county (not shown).
 - In Cook County, unfavorably low among overweight adults in the South (not shown).

📊 Statistically similar to 2009 findings.

👥 Note: 54.8% of obese MCHC Region adults report that they are trying to lose weight through a combination of diet and exercise, higher than what is found nationally and marking an improvement over time among obese respondents.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity (By Weight Classification)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 190]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Based on reported heights and weights, asked of all respondents.

Childhood Overweight & Obesity

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

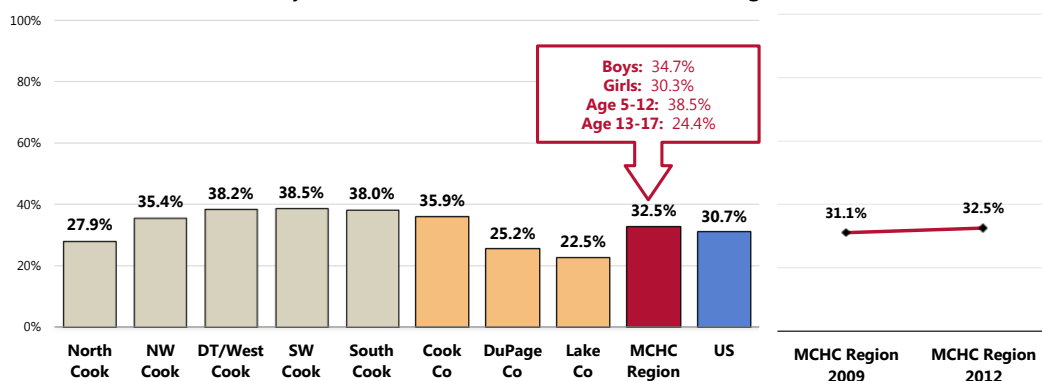
– Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 32.5% of MCHC Region children age 5 to 17 are overweight or obese (≥85th percentile).

- Statistically comparable to that found nationally.
- Much higher in Cook County.
 - No significant difference by sub-area in Cook County.
- 📊 Statistically unchanged since 2009.
- 👤 Statistically significant by age: children age **5 to 12** are more likely than teens to be overweight in the MCHC Region.

Child Total Overweight Prevalence

(Percent of Children 5-17 Who Are Overweight/Obese;
Body Mass Index in the 85th Percentile or Higher)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 193]

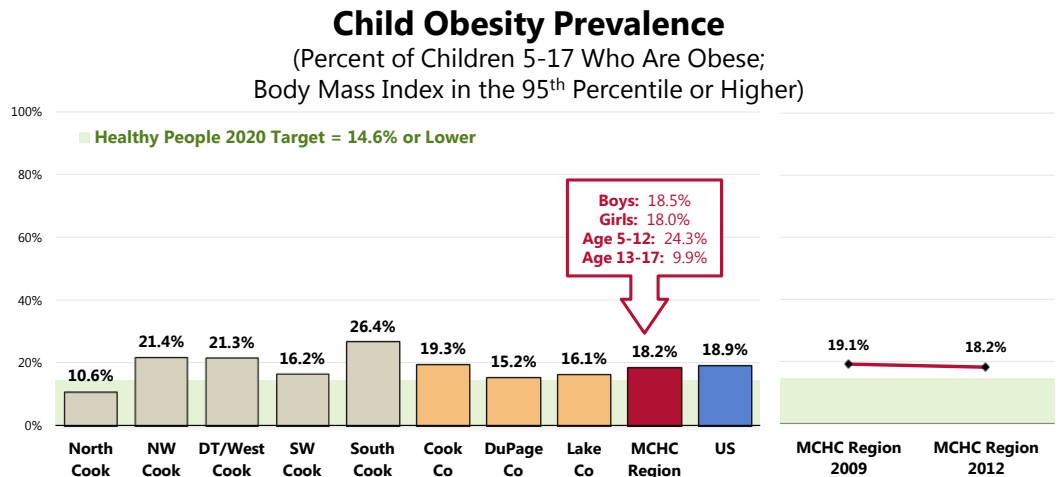
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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, 18.2% of MCHC Region children age 5 to 17 are obese (≥95th percentile).

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.6% or lower for children age 2-19).
- No significant difference in childhood obesity by county.
 - Favorably low in the North region of Cook County.
- 📊 Statistically unchanged since 2009.
- 👤 Statistically significant by age: MCHC Region children age **5 to 12** are more likely than teens to be obese.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 193]
• 2011 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.

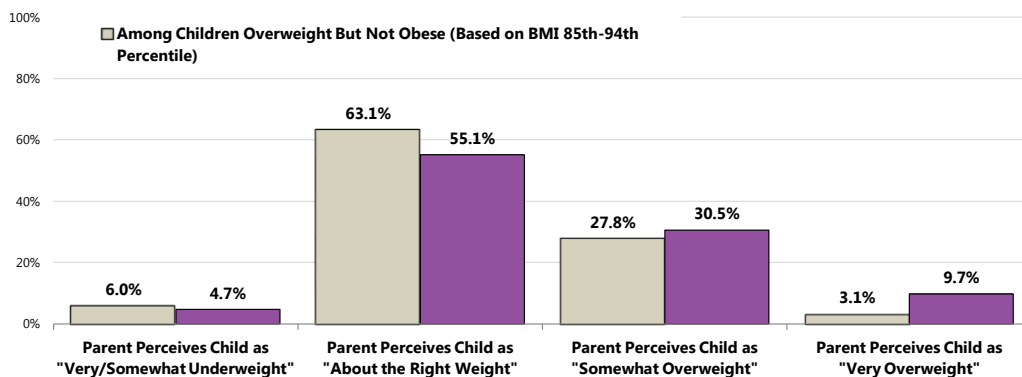
Actual vs. Perceived Body Weight

Interestingly, among parents of children age 5-17 who are overweight (but not obese), most (63.1%) see their child as being at "about the right weight." The same is true for 55.1% of parents with obese children.

- Only 27.8% perceive their overweight (not obese) child to be "somewhat overweight."
- A smaller proportion (9.7%) of parents with obese children considers their child to be "very overweight."

Children's Actual vs. Perceived Weight Status

(Among Children 5-17 Who Are Overweight/Obese Based on BMI; MCHC Region, 2012)



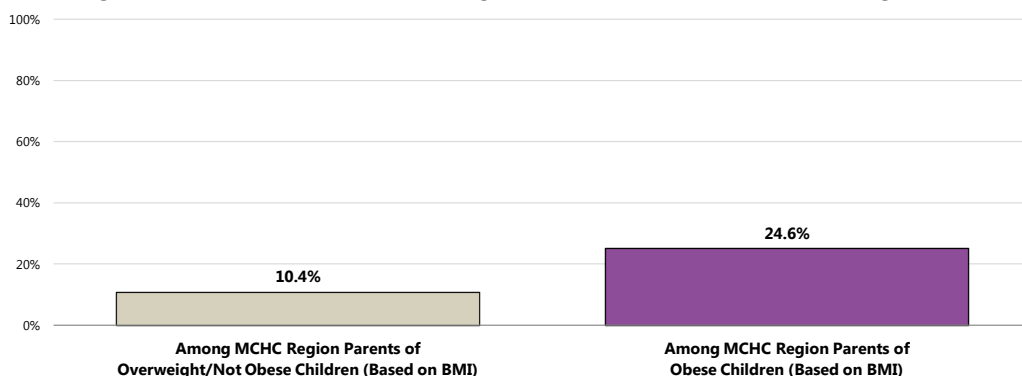
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.

A total of 10.4% of parents with overweight (not obese) children have been told by a school or health professional that their child is overweight.

- The prevalence is 24.6% among parents of obese children.

Parent Has Been Told in the Past Year by a School or Health Professional That Their Child Is Overweight

(Among Children 5-17 Who Are Overweight/Obese Based on BMI; MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.

Related Focus Group Findings: Obesity

Many focus group participants discussed obesity rates in the community, with primary themes including:

- Childhood obesity
- Poor eating habits
 - Fast Food

North Cook County

Many residents living in North Cook County worry about the increasing rates of **childhood obesity** and believe that many residents possess **poor eating habits**. **Fast food** restaurants are abundant in the community and these restaurants offer potentially unhealthy food choices. Fast food and microwavable meals are a common option for community members. Many residents are overscheduled and on the run, so fast food establishments become the obvious choice. Other low income families may feel their dollar will go further at a fast food chain than purchasing fresh produce. A participant explains:

"It's (junk food) comforting and what we were talking about earlier about what's happening with our economy and families are really struggling, both parents are working, foods like McDonald's are very attractive and they're quick and they're easy." — North Cook County Participant

South Cook County

Many residents living in South Cook County possess **poor eating habits** and many areas of the community are considered to be "food deserts" because there are no local grocery stores. Instead, community members purchase food at corner stores; these corner stores sell a bag of chips for less money than the cost of fresh produce. **Fast food** and junk food represent **less expensive options** for community members who feel their dollar may go farther with these purchases; income creates a mental barrier for residents.

Focus group attendees think **nutritional and wellness education** should occur regularly, as many people do not know how to cook healthy meals. Several local faith-based organizations have begun to offer physical activity classes and cooking classes to congregation members. A participant describes his churches efforts:

"We have zumba classes and we have trainers who come in and speak to our men. We changed the way we eat. I've formed in the Southland Ministers a health ministry in each church where after church, rather than have our regular macaroni and cheese, fried chicken and all of that we say, 'Look, let's do eat some healthy after church stuff. Let's bake this chicken, let's grill it, let's do some salads.' And I got some young ladies who come in and go from church to church, teaching them how to do things like that." — South Cook County Participant

Participants also express concern about the **low levels of physical activity** in the community. Focus group members agree that physical activity is not a priority for local adults, and that for local youth, the number of school recesses continues to decrease. While the area has great walking and biking trails, residents do not use them due to fear of potential violence. One solution to increasing physical activity could include the creation of walking groups; a participant expands:

"The bike trails are sometimes prohibitive. You have a great point: if people had groups, because you don't want to do it by yourself because it's a safety issue too. They're beautiful; they're paved here in South Cook. I think we have the best trails in Illinois." — South Cook County Participant

South Chicago

Many residents living in South Chicago possess **poor eating habits** and many areas of the community are considered to be "food deserts" because there are no local grocery stores. Convenient stores are abundant in the community, but these stores do not offer inexpensive "healthy foods."

Focus group attendees agree that **nutritional education** should occur regularly, as many people do not know how to cook healthy meals. KLEO, a local non-profit, offers a food pantry for residents and provides cooking classes. KLEO advertises these popular services through their website, flyers and word-of-mouth. A participant describes the efforts:

"We bring out a chef that shows them how to cook the food that they're about to receive and so now these individuals leave; they've been screened, they've gotten free food, now they have a recipe when they get home they can cook with it." — South Chicago Participant

Participants also express concern about the **low levels of physical activity** in the community. Space for physical activity is not always available. Fitness centers are inaccessible due to the **cost** and outdoor physical activity options may be limited due to **safety concerns**. A participant sums up concerns surrounding nutrition and physical activity:

"We live in a food desert. The mom and pop stores that are available in the area continue to push unhealthy foods, even though we're campaigning to try to change those things. Also there's not affordable health and wellness centers they can go to; when I say that, I'm talking about fitness centers where they can go to classes, where they can feel safe and comfortable when they go to the store (a) and then (b) to work out. If they wanted to go to the park are they going to feel safe and comfortable going to the park?" — South Chicago Participant

South Chicago **youth** have additional barriers to accessing physical activity, with cost becoming a major obstacle as most sports or recreation activities have an associated fee. The park districts have a limited number of slots for summer programs, but getting a space is challenging. One participant recalls her experiences with the system:

"Many of the staff in my program have young children in school. They go to Chicago public schools. Every summer they enroll their children in the park district for summer program. It's almost like the lottery in terms of how you access it. They sit by their computer to be online and hopefully be one in a million that will get accepted for the slot. But they still have to pay a considerable amount of money for ... it fills up within a matter of hours after they announce that this is the one day that you can go online and register your child for summer camp. It is a huge hurdle." — South Chicago Participant

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

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

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

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.

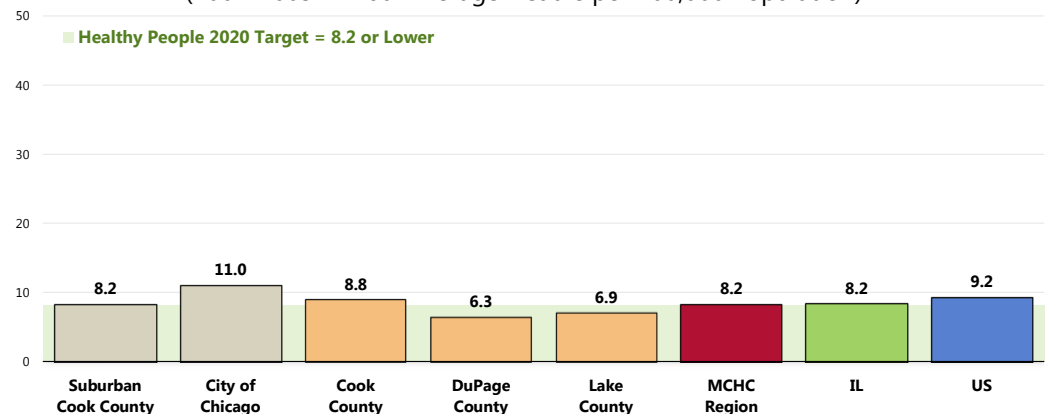
— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2007 and 2009, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.2 deaths per 100,000 population in the MCHC Region.

- Identical to the statewide rate.
- Lower than the national rate.
- Identical to the Healthy People 2020 target (8.2 or lower).
- Highest in Cook County, lowest in DuPage County.
 - Higher in the City of Chicago.

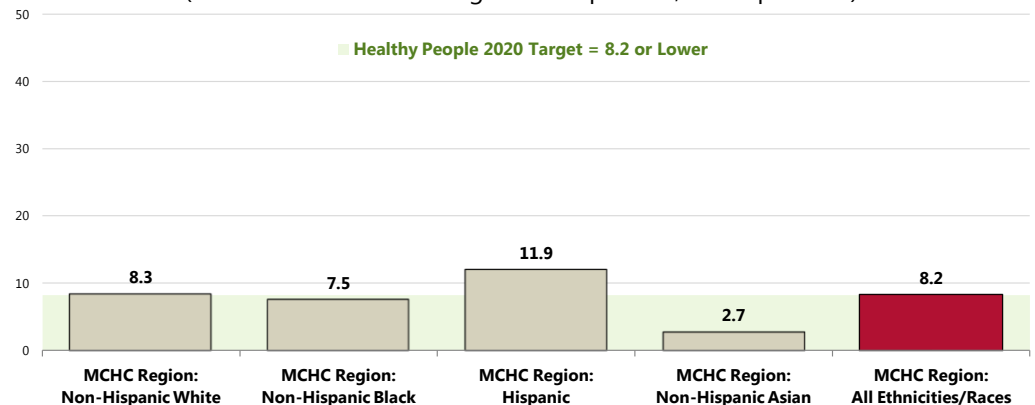
Cirrhosis/Liver Disease: Age-Adjusted Mortality (2007-2009 Annual Average Deaths per 100,000 Population)




Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
• 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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

👤 The cirrhosis mortality rate appears to be higher among Hispanics when compared with other races/ethnicities in the MCHC Region.

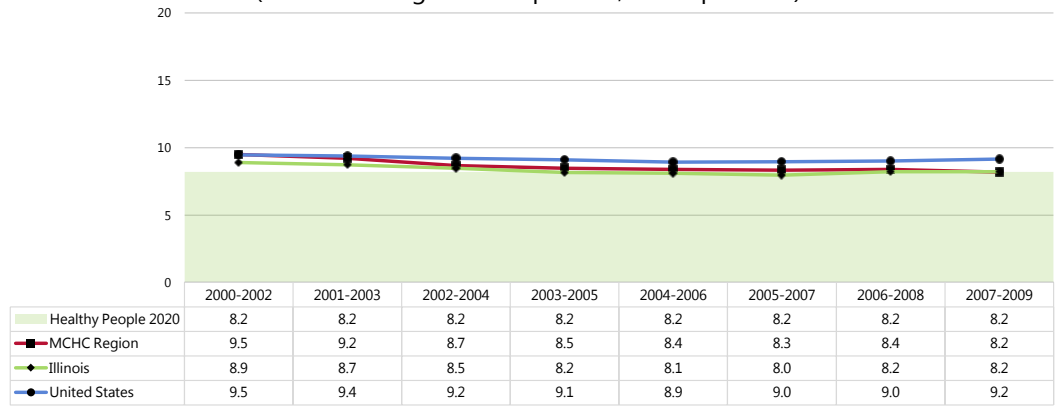
Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race (2007-2009 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
• 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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

 The cirrhosis/liver disease mortality rate has decreased slightly in the region.

Cirrhosis/Liver 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 June 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]

Notes:

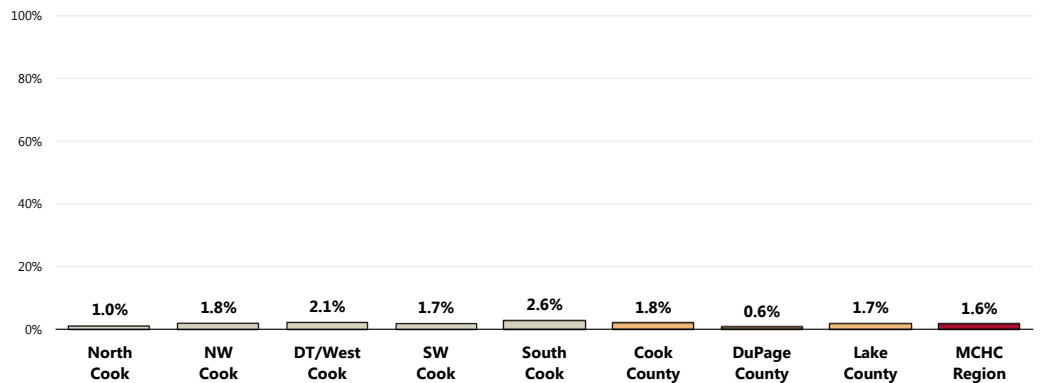
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- State and national data are simple three-year averages.

Prevalence of Liver Disease

Among MCHC Region survey respondents, 1.6% have been diagnosed with liver disease.

- Lowest in DuPage County.
- In Cook County, lowest in the North.

Prevalence of Liver Disease



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 38]

Notes:

- Reflects the total sample of respondents.

High-Risk Alcohol Use

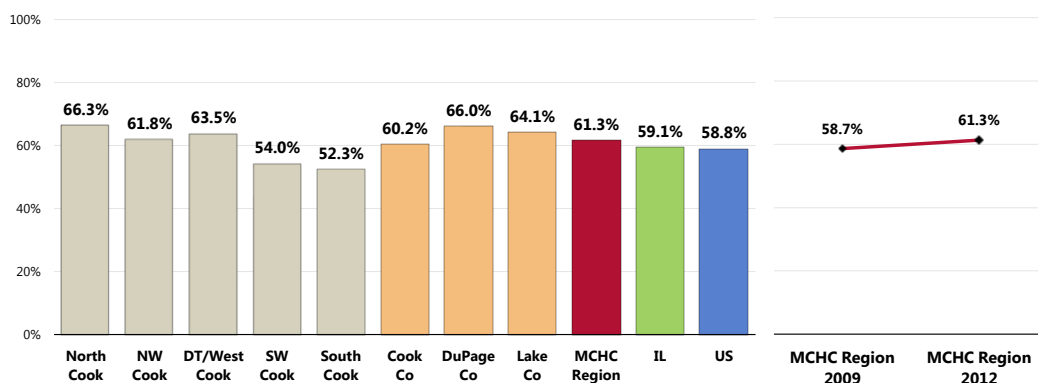
Current Drinking

"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, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

A total of 61.3% of area adults had at least one drink of alcohol in the past month (current drinkers).

- Higher than the statewide proportion.
- Statistically similar to the national proportion.
- Higher in DuPage County, lower in Cook County.
 - In Cook County, higher in the North, lower in the South and Southwest.
- ▣ Marks a significant increase from 2009 survey findings.

Current Drinkers



Sources:

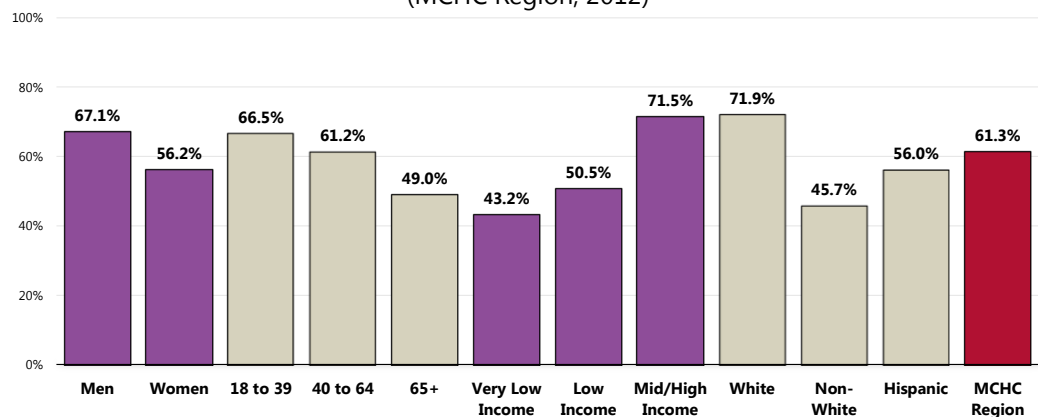
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 198]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Illinois data.
- 2011 PRC National 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, residents under 65, higher-income adults, and Whites.

Current Drinkers (MCHC Region, 2012)



Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 198]

 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.
- Current drinkers had at least one alcoholic drink in the past month.

Chronic Drinking

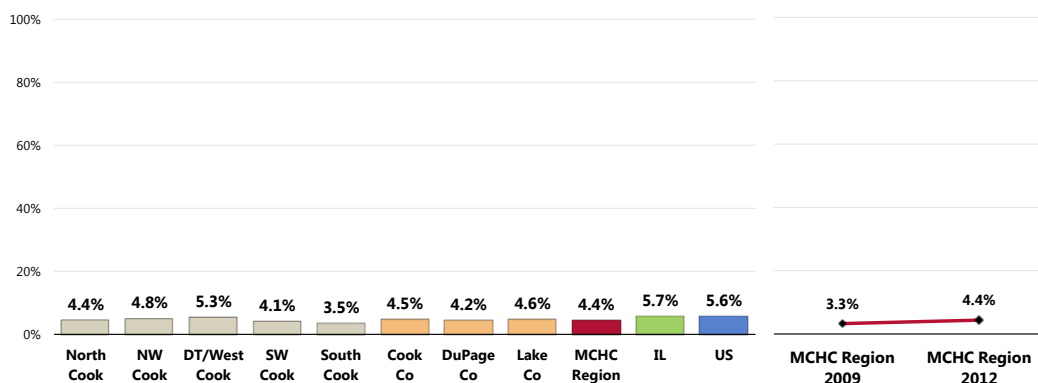
"Chronic drinkers" include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

A total of 4.4% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).


- Lower than the statewide proportion.
- Similar to the national proportion.
- No significant difference by county.
 - In Cook County, no difference by sub-area.

 Marks a significant increase since 2009.

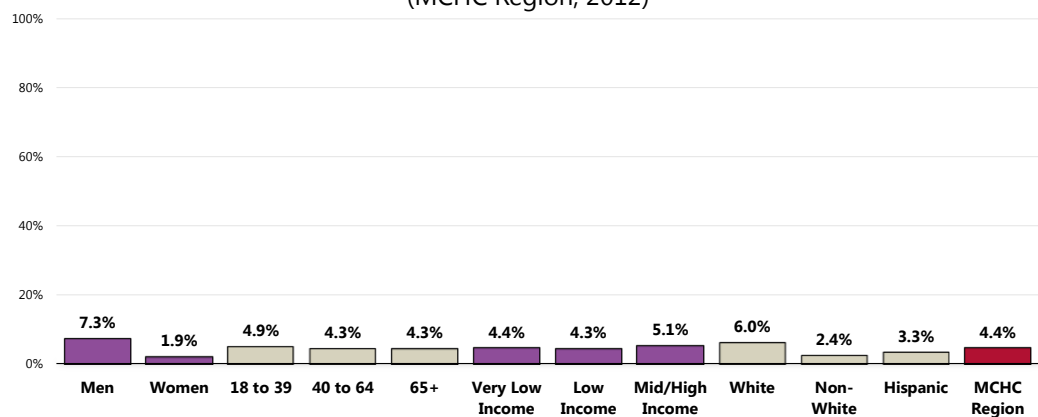
Chronic Drinkers



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 199]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Illinois data.
 Notes: • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • Asked of all respondents.
 • Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.
 • *The state definition for chronic drinkers is males consuming 2+ drinks per day and females consuming 1+ drink per day.

 Chronic drinking is more prevalent among men and Whites in the MCHC Region.

Chronic Drinkers (MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 199]
 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.
 • Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

RELATED ISSUE:
 See also *Stress* in the
**Mental Health & Mental
 Disorders** section of this
 report.

"Binge drinkers" include:

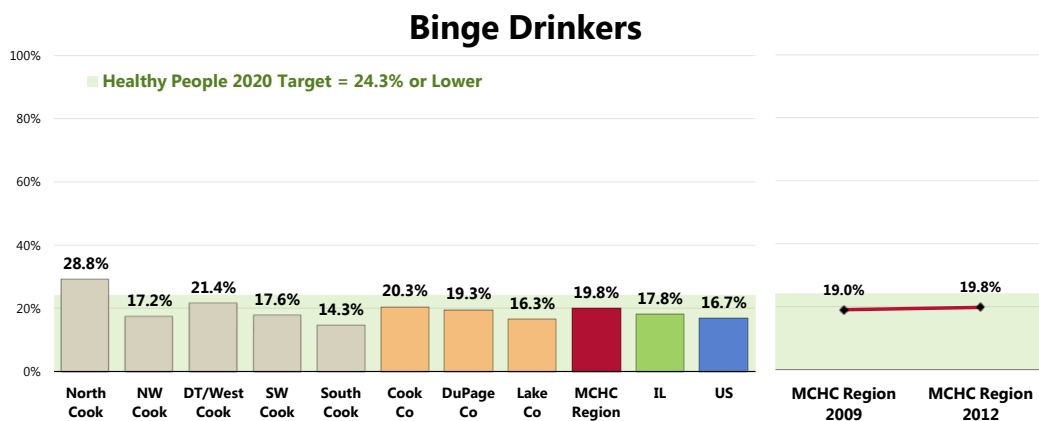
1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking four or more alcoholic drinks on any single occasion during the past month.

Binge Drinking

A total of one in five MCHC Region adults (19.8%) is a binge drinker.

- Higher than Illinois findings.
- Higher than national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).
- No significant difference among the three counties.
 - In Cook County, higher in the North and lower in the Northwest and South regions.
- 📊 Statistically unchanged since 2009.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 200]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Illinois data.
 • 2011 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]

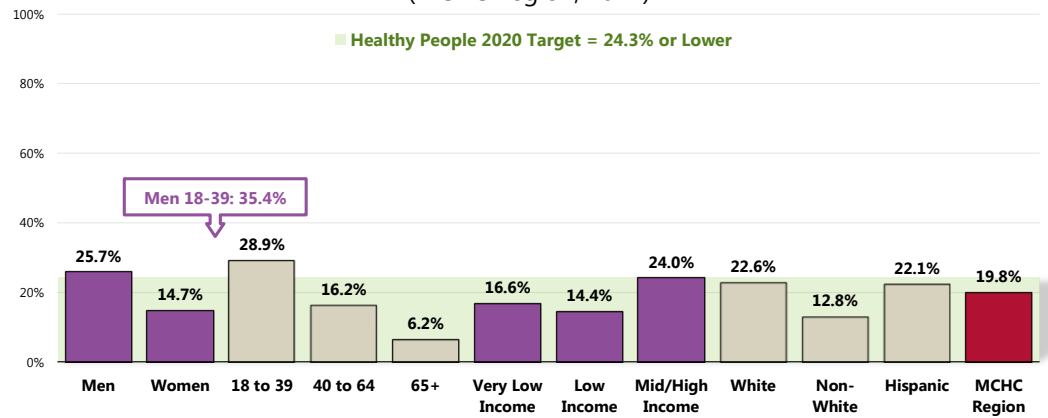
Notes: • Asked of all respondents.
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- 👤 Men (especially those under age 40).
- 👤 Young adults.
- 👤 Residents living in the higher income category.
- 👤 Whites and Hispanics.

Binge Drinkers

(MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 200]
 • 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more 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

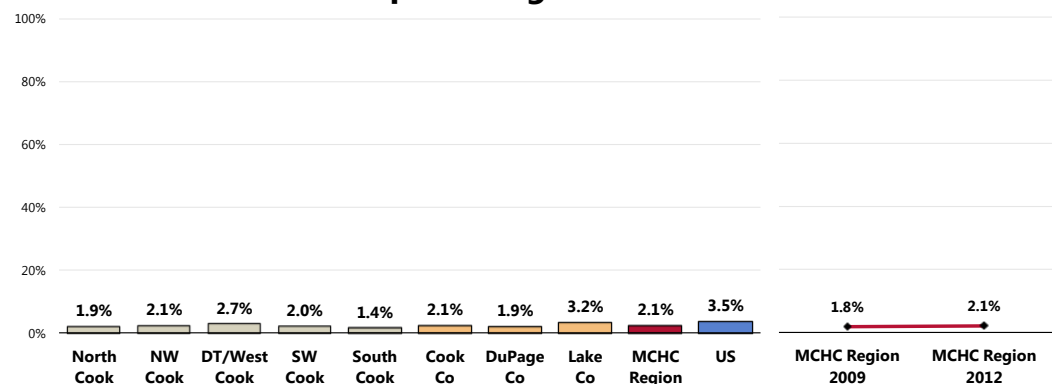
Drinking & Driving

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.

A total of 2.1% of MCHC Region adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- More favorable than national findings.
- No significant difference by county.
 - No significant difference by sub-area in Cook County.
- ☒ The drinking and driving prevalence has not changed significantly over time.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 75]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

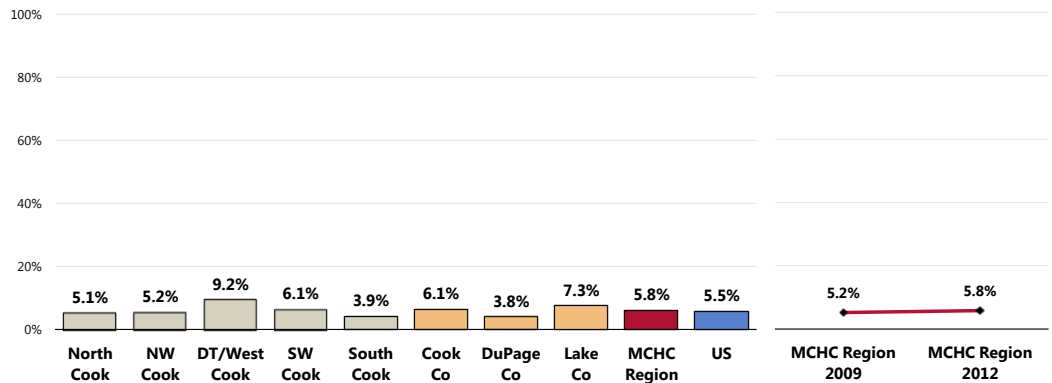
Notes: • Asked of all respondents.

A total of 5.8% of MCHC Region adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- Comparable to national findings.
- Favorably low in DuPage County.
 - In Cook County, lowest in the South.

Statistically unchanged since 2009 in the MCHC Region.

Have Driven Drunk OR Ridden With a Driver in the Past Month Who Had Too Much to Drink



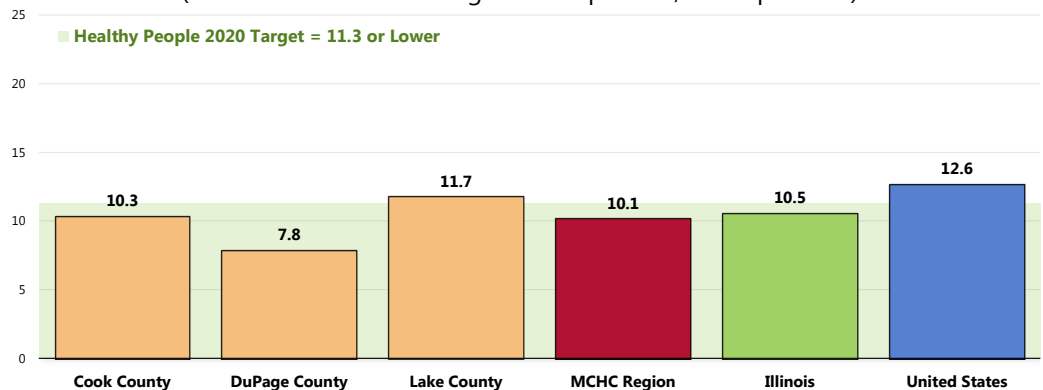
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 201]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Age-Adjusted Drug-Induced Deaths

Between 2007 and 2009, there was an annual average age-adjusted drug-induced mortality rate of 10.1 deaths per 100,000 population in the MCHC Region.

- Similar to the statewide rate.
- Better than the national rate.
- Satisfies the Healthy People 2020 target (11.3 or lower).
- Highest in Lake County; lowest in DuPage County.

Drug-Induced Deaths: Age-Adjusted Mortality (2007-2009 Annual Average Deaths per 100,000 Population)

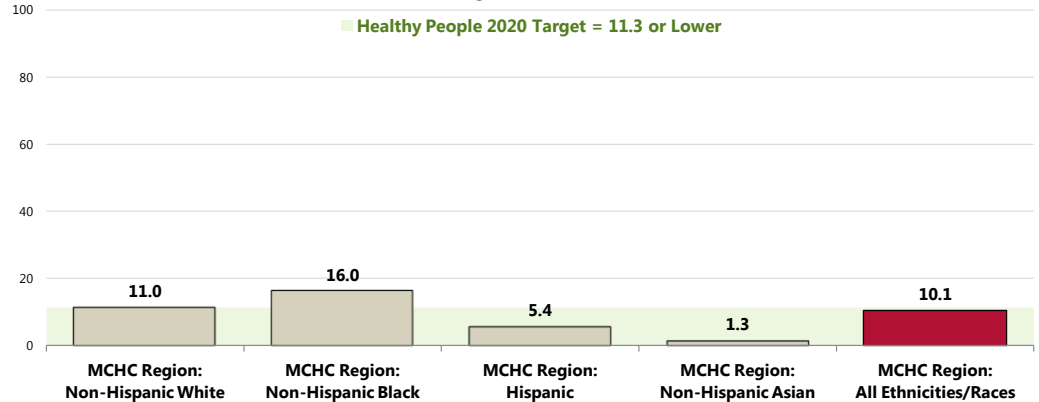


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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.
• Local, state and national data are simple three-year averages.
• Suburban Cook County and City of Chicago data not available.



The drug-induced mortality rate appears to be higher among Whites and especially Blacks when compared with Hispanics and Asians in the MCHC Region.

Drug-Induced Deaths: Age-Adjusted Mortality by Race (2007-2009 Annual Average Deaths per 100,000 Population)

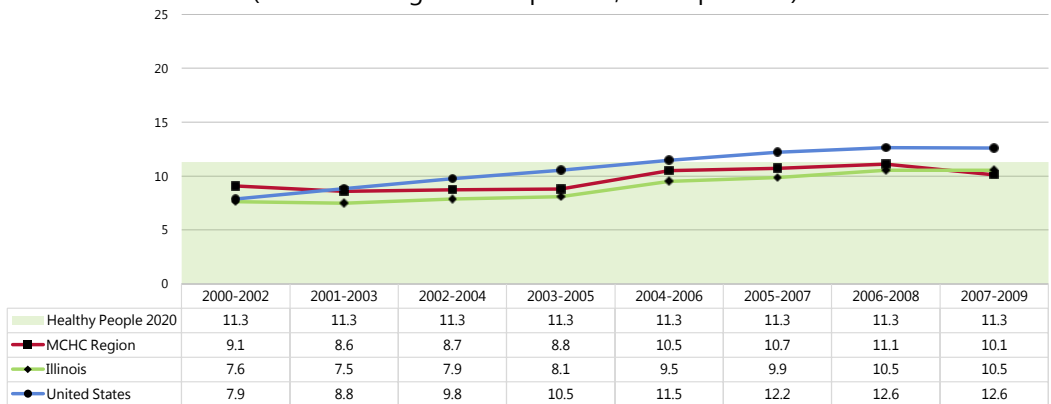


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2012.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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.
• County, state and national data are simple three-year averages.



Drug-induced mortality has increased over time in the region. Statewide and nationwide, rates have increased as well.

Drug-Induced Deaths: 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 June 2012.
• 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.
• County, state and national data are simple three-year averages.

Illicit Drug Use

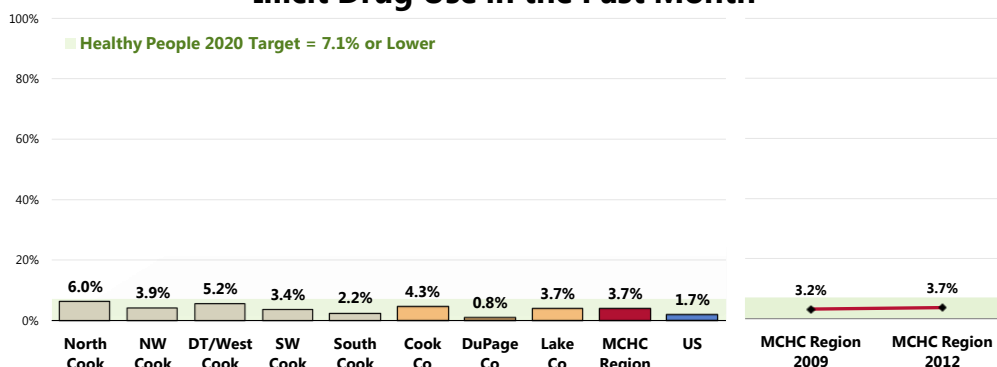
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

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.

3.7% of MCHC Region adults acknowledge using an illicit drug in the past month.

- Twice the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Higher in Cook County, lower in DuPage County.
 - In Cook County: higher in the North, lower in the South.
- 📊 Statistically unchanged in the region since 2009.

Illicit Drug Use in the Past Month



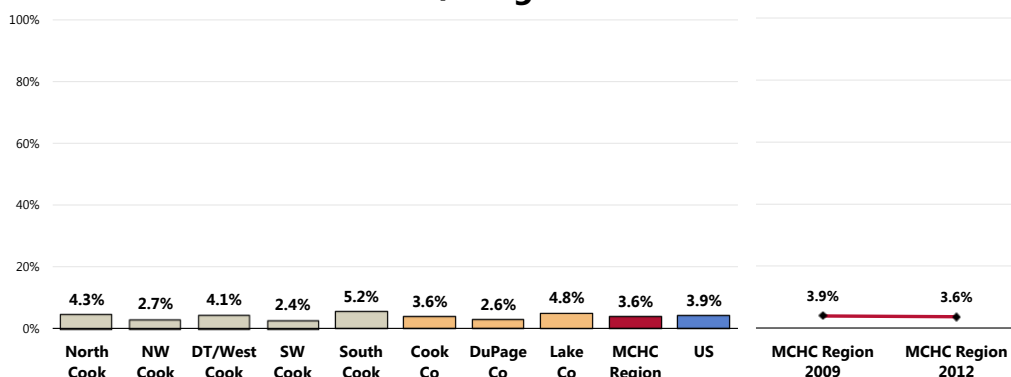
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 77]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all respondents.

Alcohol & Drug Treatment

A total of 3.6% of MCHC Region adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- No significant difference by county.
 - In Cook County, lowest in the Southwest.
- 📊 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 78]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Related Focus Group Findings: Substance Abuse

Substance abuse is of great concern to focus group participants. The myriad issues discussed surrounding substance abuse included:

- Prevalence of substance abuse (including drugs/alcohol and prescription medication)
- Self-medication
- Violence
- Stigma and education (faith-based organizations)
- Abuse among adolescents
- Limited treatment facilities, Grand Prairie Services
- Prevention programs

Cook County (Overall)

A number of focus group participants express concern with the **prevalence of substance abuse** in the community, especially prescription drug abuse and heroin. Participants agree that not enough prevention occurs in the community and that education on substance abuse needs to begin early. There are several substance abuse treatment facilities which anyone can enter regardless of insurance status, but the current **stigma** attached to substance abuse affects local agencies' ability to make an impact on the community:

"If you're not insured or have poor economic mobility, you have very good programs like Gateway and Haymarket. Those programs do a very good job. Resurrection has good outreach certainly for mental health in particular. But there is still a problem, a bias and a lack of education as to brain diseases, the whole spectrum." — Cook County Participant

North Cook County

A number of focus group participants worry about the **prevalence of substance abuse** in the community, especially alcohol, designer drugs like bath salts and K2, marijuana, heroin and prescription drugs. Participants worry about the high levels of youth experimenting with prescription drugs and the easy access many have to these drugs in their own homes. One participant explains:

"What's increasing more rapidly than that is prescription medication. When you see an overdose, especially when it's a prescription, most of the time it's because kids can really get it from their parents in their medicine cabinet." — North Cook County Participant

Additionally, many kids are home alone after school because both parents work and have limited or no supervision. This unsupervised time allows even the best-behaved child to make a potentially bad choice.

There are also a **limited number of treatment providers/facilities** for individuals with substance abuse problems, especially if the resident does not have insurance. For those

residents on Medicaid, there is a three- to six-week waiting period and this waiting period does not facilitate sobriety.

Participants stress the importance of **prevention programming**. Focus group attendees feel parents must accept the reality that drugs exist in the community and that their child may encounter them, so they need substance abuse prevention education. Several prevention programs have demonstrated a decrease in substance use, but funding was eliminated. This education needs to begin early before introduction from peers, as one participant explains:

"I think we're so ready to – we put out the fire, we put on a Band-Aid but that prevention piece, especially with the kids in schools and stuff it's just not out there. Even when we're in the junior highs it's so difficult to talk to the younger kids about drug and sex and all that because parents are like, 'What? No, too young.' And you're like you don't want to do it once they're exposed to it you want to prepare them. So that sometimes can be a challenge for the schools and for healthcare workers that are out there in the community trying to do prevention; it's trying to get to the parents. You've got to talk about this." — North Cook County Participant

Another participant sums up the parental denial:

"The challenge is that – and many parents won't accept that drugs are freely accessible in our suburbs. People think you can escape the city so you escape and the drugs are not only readily available but they're very cheap. I mean obviously it's free to get prescription narcotics at home or alcohol." — North Cook County Participant

North Chicago

A number of focus group participants worry about the **prevalence of substance abuse** occurring in the community. Attendees believe that alcohol use occurs more frequently among the higher income populations, and drug use more often among the low income and minority populations, but that alcohol and drug use takes place within every demographic. In addition, respondents perceive a recent increase in heroin use.

"We're seeing an upsurge in heroin usage, where we hadn't seen for – I used to see heroin addicts a lot. I do drug use. And then it went out of favor, but now because it's smokable, we're seeing an increase in heroin." — North Chicago Participant

The number of resources to combat addiction and substance abuse remain low in the community and there are a **limited number of treatment providers/facilities** for individuals with substance abuse problems. Finding treatment facilities that will accept under- or uninsured populations remains very difficult.

Downtown/West Chicago

A number of focus group participants express concern with the **prevalence of substance abuse** in the community, specifically crack, cocaine, marijuana, prescription drug abuse and alcohol dependency. Drug use and addiction affects all ages and areas of the community. Participants have specific concern for seniors overusing prescription drugs. Focus group attendees describe downtown residents as "functional users" and participate in recreational alcohol and drug use; however, attendees cite specific concern for the West side population. The West side population, predominately African American, uses

drugs and alcohol to **self-medicate** and escape from the violence. Marijuana use is commonplace, as one participant explains:

"It's medicating yourself because of everything that's going on. So it's easier to take a drink. Smoking marijuana on the west side of Chicago by youth is the same thing as me drinking this pop." — Downtown/West Chicago Participant

Focus group members also consider the West side to experience a lot of **violence** due to drug trafficking.

South Cook County

Attendees believe that drug use affects all demographics of the community, including youth and senior citizens. A number of focus group participants worry about the **prevalence of substance abuse** in the community and the limited number of treatment facilities. **Grand Prairie Services** represent one of the only local agencies providing substance abuse treatment services. Participants worry because of the substantial budget cuts which substance abuse treatment agencies have experienced in the past few years.

"Drug use doesn't discriminate against income levels, across ethnicities. We're seeing higher rates of young adults using, along with their parents who are using to cope to get through the recession." — South Cook County Participant

Participants consider the high levels of alcohol and drug use to be mechanisms for **self-medication** and escape from everyday life. In addition, many individuals suffering from mental illness have co-occurring substance abuse concerns, as one participant describes:

"Mental illness and substance abuse most of the time come hand in hand. But you have to treat the – it's the chicken or the egg at that point but when it's substance abuse that is probably the prevalent piece you need to treat. It's even harder to get treatment with two together." — South Cook County Participant

South Chicago

A number of focus group participants worry about the **prevalence of substance abuse** in the community, especially alcohol abuse. In addition, there are a limited number of treatment providers/facilities for individuals with substance abuse problems. Several non-profit organizations refer residents to Jordan House, which provides substance abuse treatment; however, Jordan House only provides services to insured or Medicaid patients, so access is a major obstacle for those without insurance.

"We partner with a group called Jordan House. And what they do is they'll come out and do substance abuse counseling. But you have to have insurance. So that's the only that they get the help is if they have a Medical Card." — South Chicago Participant

DuPage County

A number of focus group participants express concern with the **prevalence of substance abuse** in the community, specifically alcohol, marijuana, prescription drugs, opiates, synthetic drugs and aerosols. Substance abuse crosses all spectrums of society but co-occurs regularly with the mentally ill populations. Marijuana use is a serious

concern and attendees feel the number of middle school users is higher than ever; however, participants expressed the most concern for prescription drug misuse. A participant explains how prescription drugs have become the new “gateway” drug:

“We’re seeing that gateway changing a little bit, when you look at the old literature it was smoking, marijuana – and now we’re seeing the opiates that are in medicine cabinets and prescription drugs, especially valium are tending to be the gateway drugs that we’re seeing now.”
— DuPage County Participant

Focus group members worry about the abundance of **prescription drug abuse** due to easy access and the normalization of medicating.

“It seems like there’s almost a sense of normalizing of a lot of medications that were once reserved for sort of exceptional circumstances are now sort of first line therapy. So now when someone is having a difficult time sleeping instead of addressing sleep hygiene it may be very easy for them to just be prescribed a medication but the long-term consequences of those actions can be profound, not just for the person who’s taking it but for the family who then learns that that’s the appropriate way to respond to whatever it is that ails you, or that it’s no big deal if he takes Xanax. So then just in terms of a perception you have the sense that either taking on-label or off-label it’s just not that big a deal.” — DuPage County Participant

Attendees believe that all members of the community need regular substance abuse **education**.

Lake County

A number of focus group participants express concern with the **prevalence of substance abuse** in the community, especially crack, heroin, marijuana, prescription drug abuse and alcohol. Drug use and addiction affects all demographics in the community; in addition, many individuals suffering from substance abuse have co-occurring mental health issues.

Participants have specific concern for early use in **youth** and their amount of prescription drug abuse. One participant explains how prescription drugs have become the new gateway drug:

“Though more and more in this area one of the stereotypes of course is the thinking that hard drug abuse is strictly a lower socioeconomic problem and crack and heroin – we see folks right in this area, what goes on behind closed doors: crack, heroin, kids more and more, teenagers. Pain pills – usually start with pain pills; they pull them out of mom or dad’s cabinet or get them from a friend like oxycodone or Norco or something and then move on potentially to heroin because after a while tolerance – pain pills aren’t enough and they go to heroin.” — Lake County Participant

There are **limited treatment facilities** for individuals with substance abuse problems. The participants did not know of any local treatment facilities accessible to uninsured or public aid residents. Resurrection is one facility offering substance abuse counseling and treatment for community members who have private insurance.

Participants stress the importance of substance abuse **prevention education**. Currently for youth the amount of prevention and the type of education depends upon the school

district. There are substance abuse professionals in some schools, but the number available is dependent on funding. As one participant explains:

"I had one of the school social workers from Lake Forest High School who isn't there any longer but tell me basically that when it came to viewing addiction as a disease that that was absolutely not – that that was basically unacceptable in this community and they were going for harm reduction, not an abstinence-based model which, you know, there are a lot of – a few different arguments for that: 'It's okay, Little Johnny, that you smoke pot, just don't use cocaine.'" — Lake County Participant

Attendees also believe that **faith-based organizations**, especially African American churches, can play a major role in helping residents maintain sobriety. A participant describes:

"I think in lower income, not to say it's not necessarily the same as higher income but as far as the importance of church, I've had several African American patients for instance – again, not to say – but – and Latino community, but the role that the church plays in helping them to stay sober and stay connected and try to live a principled life. So that's a big part." — Lake County Participant

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US \$193 billion annually in direct medical expenses and lost productivity.

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.

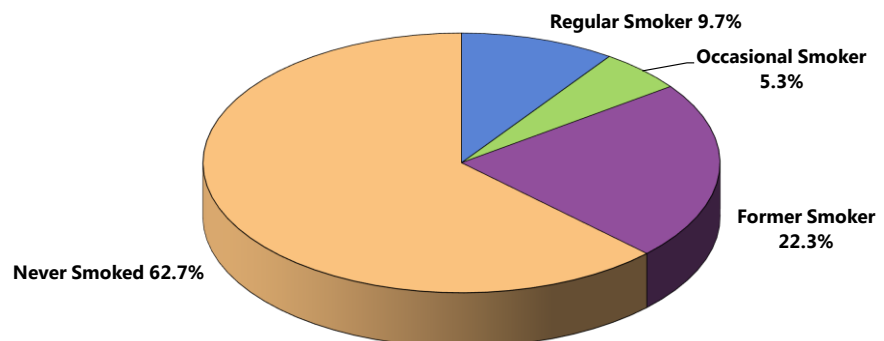
– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 15.0% of MCHC Region adults currently smoke cigarettes, either regularly (9.7% every day) or occasionally (5.3% on some days).

Cigarette Smoking Prevalence
(MCHC Region, 2012)

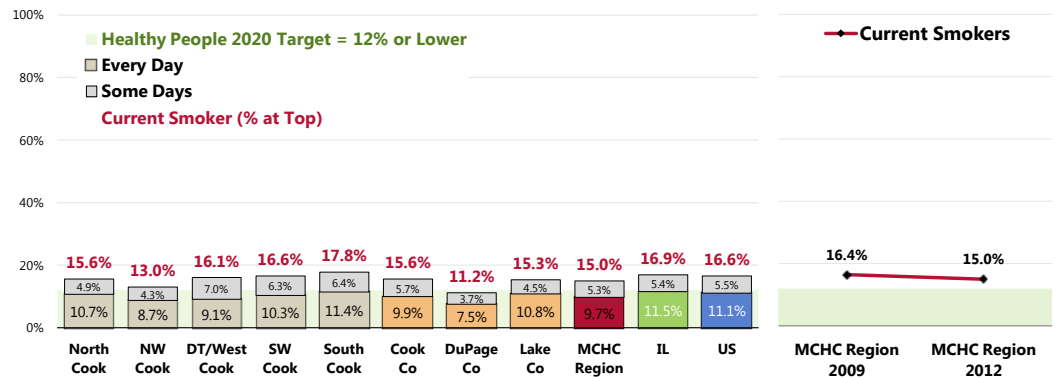


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
Notes: • Asked of all respondents.

- Lower than statewide findings.
- Similar to national findings.

- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Higher in Cook County, lower in DuPage County.
 - In Cook County, favorably low in the Northwest.
- ☒ The current smoking prevalence is statistically unchanged from 2009 findings.

Current Smokers



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 194]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Illinois data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

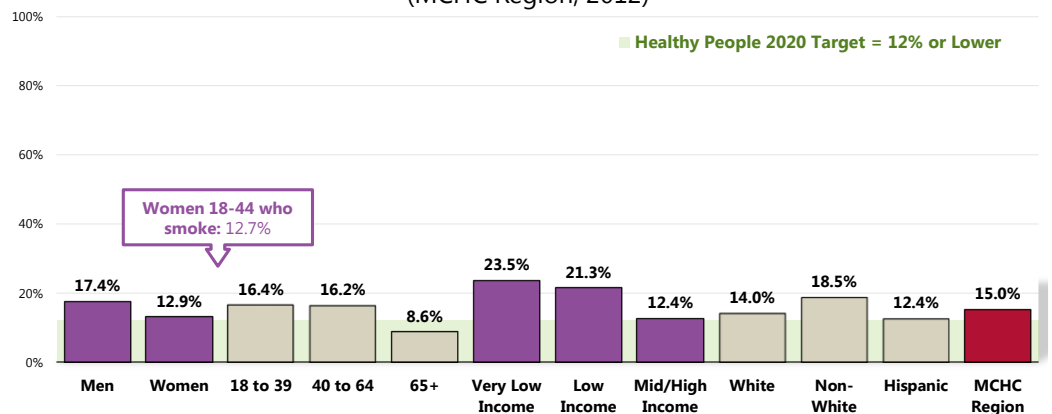
 Notes:

- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

Cigarette smoking is more prevalent among:

- 👤 Men, adults under 65, lower-income residents, and Non-Whites.
- 👤 Note also that 12.7% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers (MCHC Region, 2012)



Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 194-195]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

 Notes:

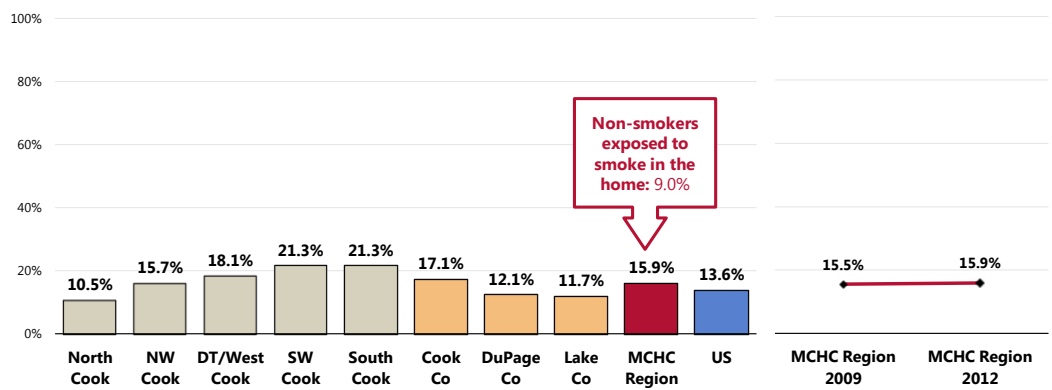
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.
- Includes regular and occasional smokers (everyday and some days).

Environmental Tobacco Smoke

A total of 15.9% of MCHC Region adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home in the past month an average of four or more times per week.

- Similar to national findings.
- Unfavorably high in Cook County.
 - Higher in the South and Southwest regions of Cook County, lower in the North.
- 🏠 No significant change from 2009 survey findings.
- 👤 Note that 9.0% of MCHC Region **non-smokers** are exposed to cigarette smoke at home.

Member of Household Smokes at Home



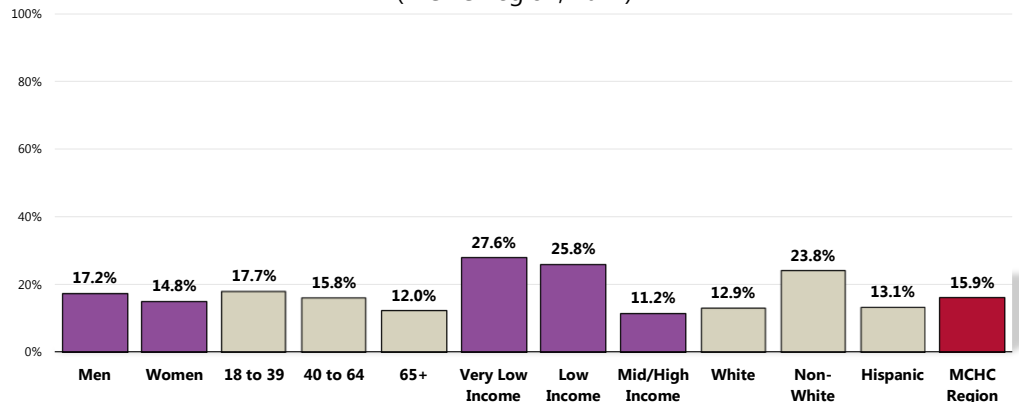
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 69, 196]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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.

- 👤 Smoke in the home is more often reported by men, adults under 65, residents living in the lower income categories, and Non-Whites.

Member of Household Smokes At Home

(MCHC Region, 2012)



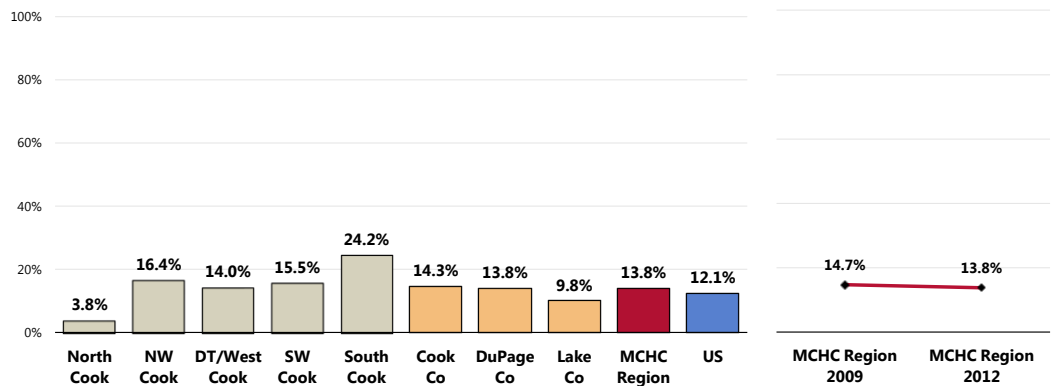
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]

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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more 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, 13.8% have someone who smokes cigarettes in the home.

- Similar to the national proportion.
- Similar by county.
 - Quite high in the South region of Cook County; lowest in the North.
- ☒ Statistically similar to 2009 findings.

Percentage of Households With Children In Which Someone Smokes in the Home



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 197]
 ● 2011 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.

Smoking Cessation

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.

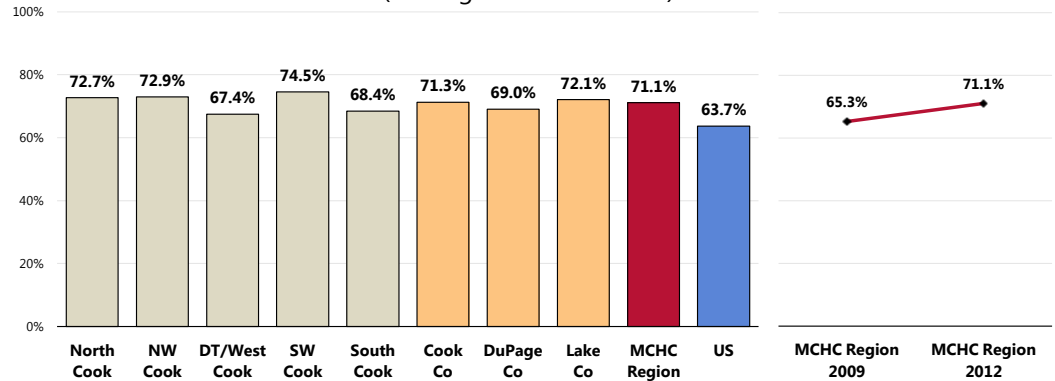
— Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 71.1% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Statistically similar to the national percentage.
- No significant difference by county.
 - No significant difference by sub-area in Cook County.
- ☒ Statistically similar to 2009 findings.

Advised by a Healthcare Professional in the Past Year to Quit Smoking (Among Current Smokers)



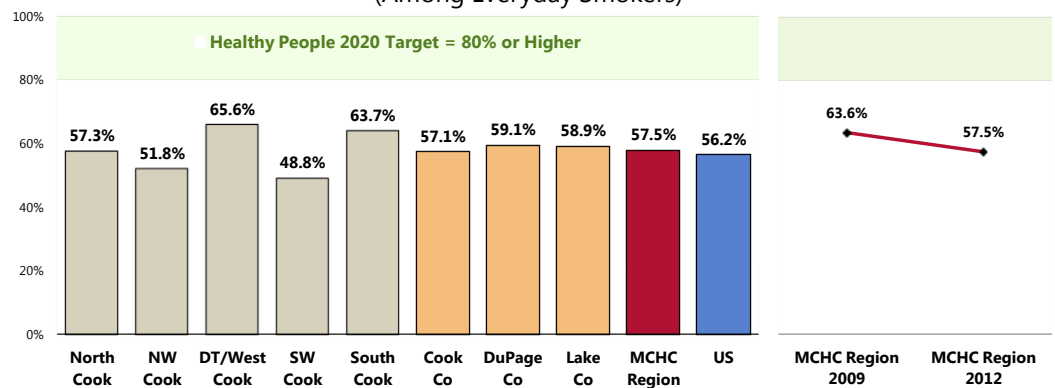
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 68]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all current smokers.

Smoking Cessation Attempts

More than one-half (57.5%) of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- Similar findings among regular smokers in the three counties.
 - Similar findings by sub-area in Cook County.
- ☒ Statistically similar to 2009 findings.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking (Among Everyday Smokers)



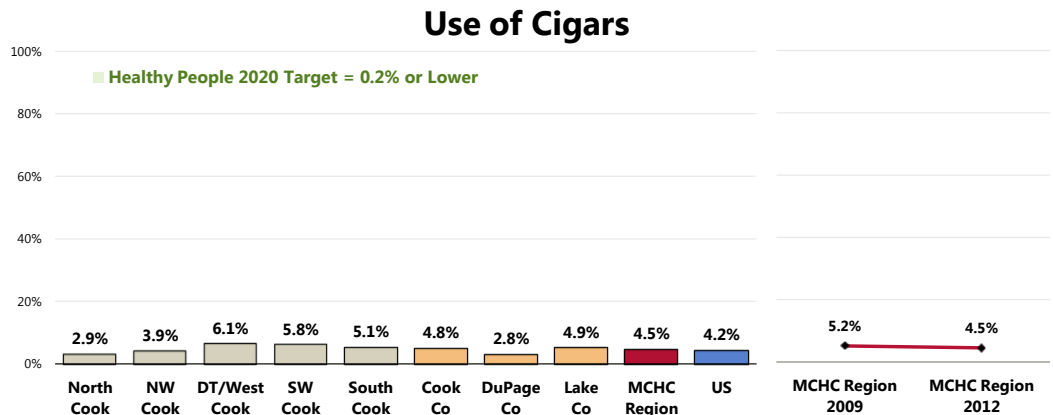
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]
Notes: • Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

Cigars

A total of 4.5% 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).
- Favorably low in DuPage County.
 - Lowest in the North region of Cook County.
- 📊 Statistically similar to 2009 findings.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 71]
• 2011 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.

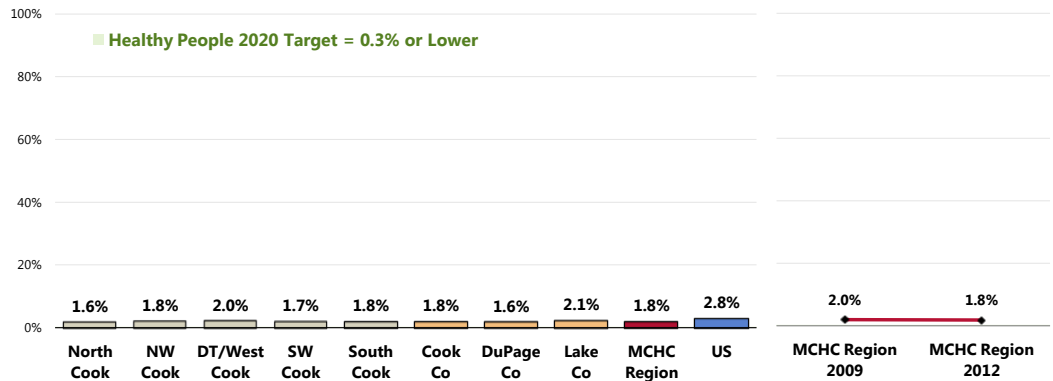
Smokeless Tobacco

A total of 1.8% of MCHC Region adults use some type of smokeless tobacco every day or on some days.

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Similar by county.
 - Similar by sub-area within Cook County.
- 📊 Similar to 2009 findings.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

Use of Smokeless Tobacco



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]
 • 2011 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-1.2]
 Notes: • Asked of all respondents.
 • Smokeless tobacco includes chewing tobacco or snuff.

Related Focus Group Findings: Tobacco

Group attendees are concerned with tobacco use in the community. Topics of discussion included:

- No smoking ordinance
- Health consequences of secondhand smoke
- Cigarette tax, cigarette “markets”
- Adolescent usage
- Chewing tobacco
- Use among the mentally ill
- Use among minorities

North Cook County

Focus group participants feel cigarette smoking is a concern, especially for **youth** in their community. Many attendees believe both boys and girls begin smoking at a young age and some may use smoking as a weight-control mechanism.

“Back to the anorexia, eating disorders, I think the old – it’s not old, but if you smoke you’ll lose weight, and you do. And then that gets out and you might as well smoke.” — North Cook County Participant

Respondents also worry about **chewing tobacco** or snuff use. Boys are more likely to chew tobacco and it is perceived to be common practice amongst athletes.

North Chicago

Focus group participants believe that cigarette smoking continues to occur throughout the community, regardless of income. Participants did agree that **youth** and **residents with mental illness** may be smoking more than in years past.

"It's pretty much across the board. But I know our patients with mental health issues seem to have a much higher rate. I don't think that's really – I know typically demographically I think more low-income are smoking. But it's not a huge difference. A lot of our private-insurance patients are smoking just as much." — North Chicago Participant

Downtown/West Chicago

Focus group participants agree that cigarette smoking is of small concern compared with the number of residents who regularly smoke marijuana. As one participant describes:

"I've been in the schools on the west side for 30 years, and I was surprised to see there's not as many teenagers as there was when I was going to school – that were smoking cigarettes. Now they are smoking them blunts. But I didn't see a lot of children smoking cigarettes." — Downtown/West Chicago Participant

Although the level of smoking in adults has decreased due to the **no smoking ordinance**; however, the attendees worry about the **health consequences of secondhand smoke** on children. Participants worry about the level of asthma and other respiratory diseases seen among the West side neighborhood's children. A focus group member explains:

"A local study showed the high rate of tobacco use in the communities. And we looked at – but it also showed the high rate of tobacco use that was in the same houses that had asthma." — Downtown/West Chicago Participant

South Cook County

Focus group participants agree that cigarette smoking is a concern, especially for **minority residents**. The consequences of smoking worry participants, who believe that many smokers lead unhealthy lives and that smoking compounds their health issues. Attendees also believe that many residents use cigarettes as a way to relieve **stress**. As one participant describes:

"Hispanics and African Americans use Newports as a way of getting through the day. So they will literally – something happens or they miss they PACE bus and they know they have to wait an hour and a half for the next one, they probably will go through at least five to ten cigarettes within that hour and a half alone, taxing their body – without water – they're not necessarily carrying the bottle of water – they'll sell it but they won't drink it." — South Cook County Participant

South Chicago

Focus group participants feel that cigarette smoking is a concern, specifically for **youth** in their community. Participants believe that the non-smoking ordinance has lowered overall rates, but attendees see youth smoking in the neighborhoods or on their way to school.

Attendees also expressed concern about illegal **cigarette markets** evident in the community. The cost of cigarettes now exceeds \$10 dollars, so some smokers in the community participate in the purchasing of illegal cigarettes at cigarette markets, where cigarettes are sold individually. A participant explains:

"They do it in the open (sell cigarettes). Open street market. We have farmer's markets and cigarette markets." — South Chicago Participant

DuPage County

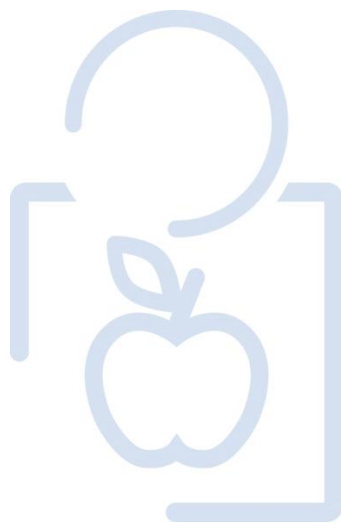
Focus group participants agree that cigarette smoking is not a concern for the majority of their community, but attendees worry about the number of **youth** who begin smoking as teenagers. Participants hope that an increase in **cigarette tax** may deter some teenagers from smoking. As one participant describes:

"We're actually hoping with the increase of the cigarette tax, that's the biggest variable in terms of getting youth to stop smoking, extra buck." — DuPage County Participant

Lake County

Focus group participants agree that cigarette smoking is a concern in Lake County, although the level of smoking in adults has been impacted due to the **no-smoking ordinance** and the **increase in cigarette tax**.

ACCESS TO HEALTH SERVICES

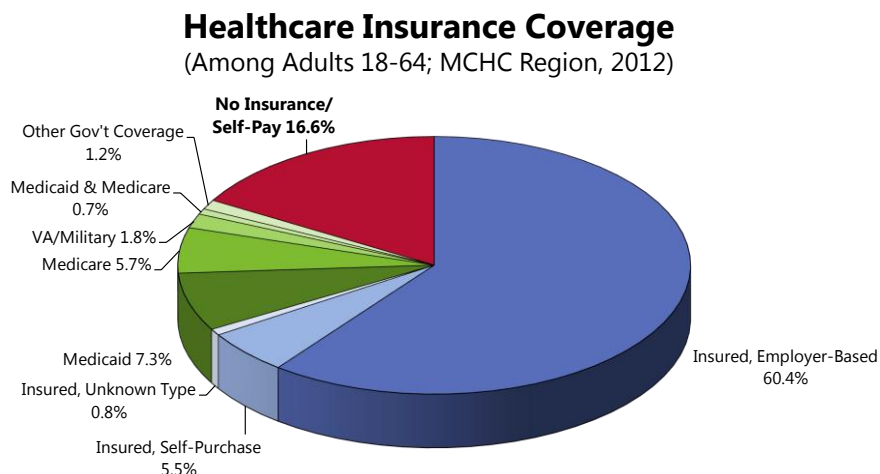


Health Insurance Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Type of Healthcare Coverage

Two-thirds (66.7%) of MCHC Region adults age 18 to 64 report having healthcare coverage through private insurance. Another 16.7% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]
Notes: • Reflects respondents age 18 to 64.

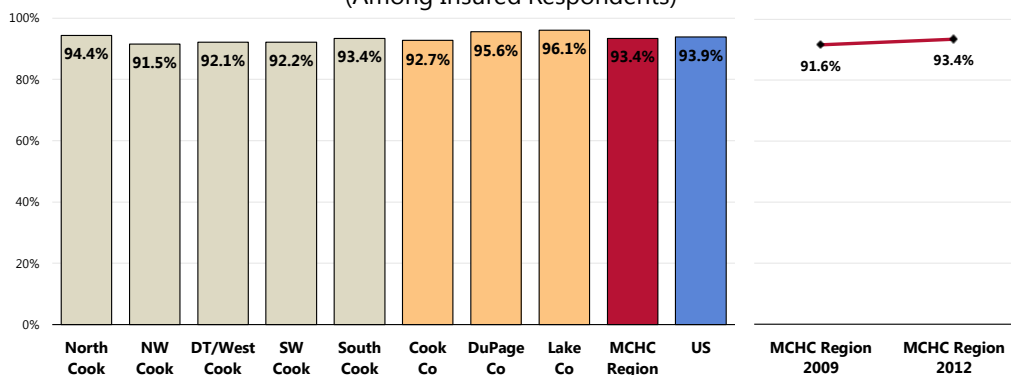
Prescription Drug Coverage

Among insured adults, 93.4% report having prescription coverage as part of their insurance plan.

- Comparable to the national prevalence.
- Lowest in Cook County.
- No significant difference by region within Cook County.
- ⚠ Denotes a statistically significant increase since 2009.

Health Insurance Covers Prescriptions at Least in Part

(Among Insured Respondents)



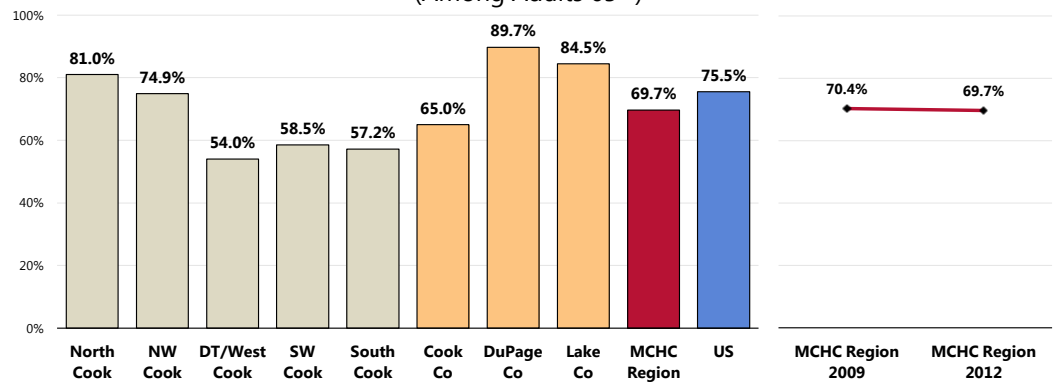
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 93]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with healthcare insurance coverage.

Supplemental Coverage

Among Medicare recipients, the majority (69.7%) has additional, supplemental healthcare coverage.

- Comparable to that reported among Medicare recipients nationwide.
- Unfavorably low among Medicare recipients in Cook County.
 - Within Cook County, highest in the North and Northwest regions.
- ▣ Statistically similar to the proportion reported in 2009.

Have Supplemental Coverage in Addition to Medicare (Among Adults 65+)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents age 65+.

Lack of Health Insurance Coverage

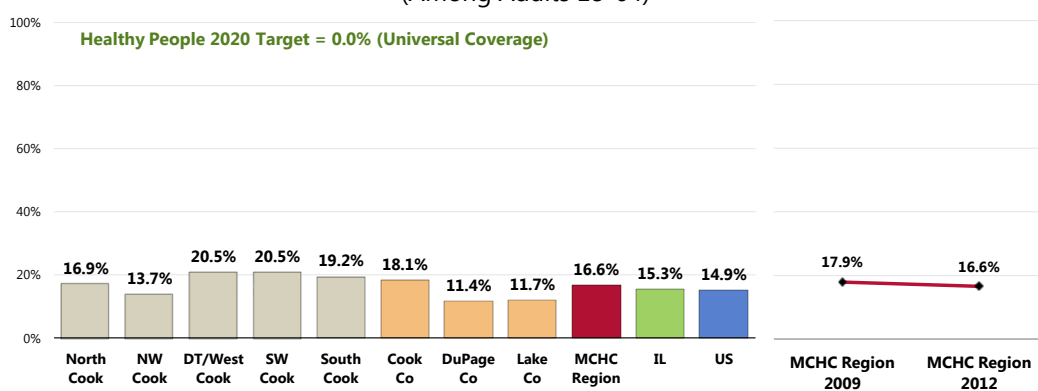
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 16.6% report having no insurance coverage for healthcare expenses.

- Similar to the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Lack of coverage among adults under 65 is highest in Cook County.
 - The proportion is favorably low in the Northwest region of Cook County.
- 📊 Statistically similar to 2009 findings.

Lack of Healthcare Insurance Coverage

(Among Adults 18-64)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 202]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Illinois data.
• 2011 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]

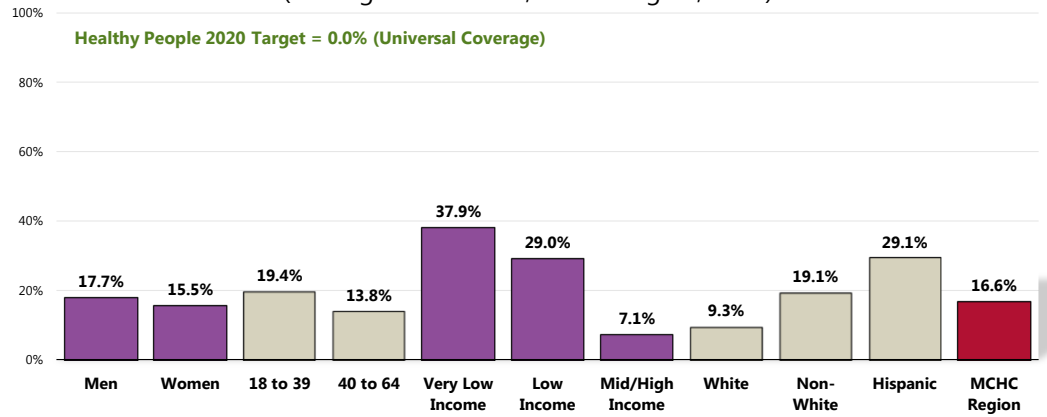
Notes: • Asked of all respondents under the age of 65.

The following population segments (under 65) are more likely to be without healthcare insurance coverage:

- 👤 Young adults.
- 👤 Residents living at lower incomes (note the 37.9% uninsured prevalence among very low income adults).
- 👤 Non-Whites and Hispanics.

Lack of Healthcare Insurance Coverage

(Among Adults 18-64; MCHC Region, 2012)



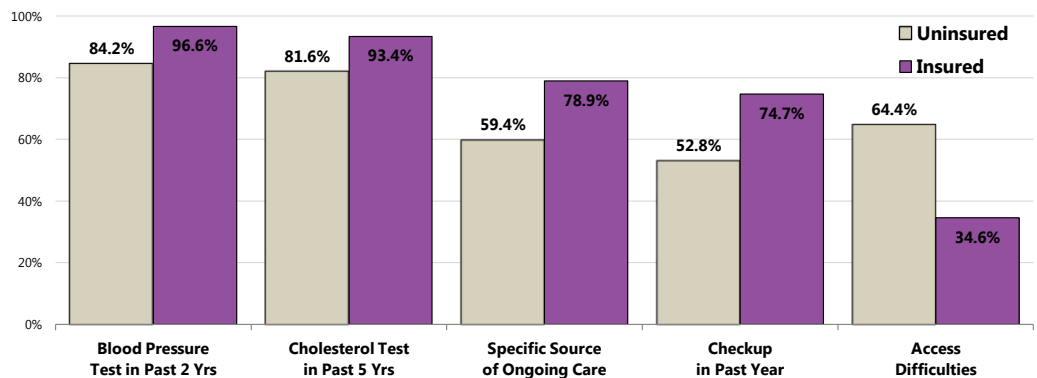
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
 Notes: • Asked of all respondents under the age of 65.
 • Hispanics can 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more 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.

Preventive Healthcare

(By Insured Status; MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 17, 53, 56, 203, 206]
 Notes: • Asked of all respondents.

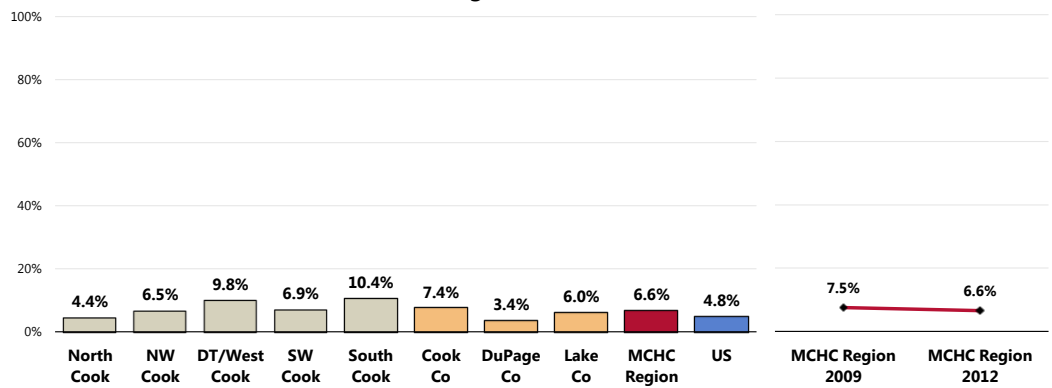
Recent Lack of Coverage (Insurance Instability)

Among currently insured adults in the MCHC Region, 6.6% report that they were without healthcare coverage at some point in the past year.

- Higher than US findings.
- Higher in Cook County, lower in DuPage County.
 - Within Cook County, highest in the South and lowest in the North.
- ☒ Insurance instability in the region is similar to what was found in 2009.

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 94]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

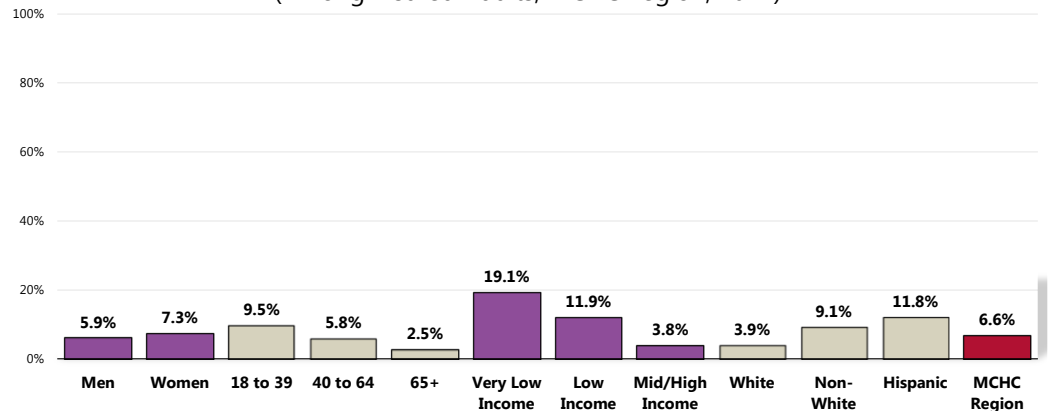
Notes: • Asked of all insured respondents.

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 40.
- 👤 Residents living in the lower income categories.
- 👤 Non-Whites and Hispanics.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults; MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]

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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

Difficulties Accessing 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)

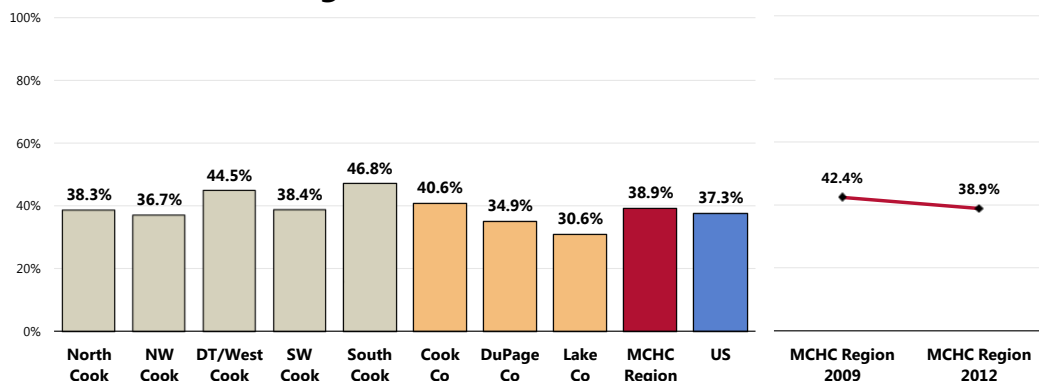
Difficulties Accessing Services

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.

A total of 38.9% of MCHC Region adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Statistically similar to national findings.
- Unfavorably high in Cook County.
 - Quite high in the South area of Cook County; lowest in the Northwest.
- 📉 Denotes a 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 206]

● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

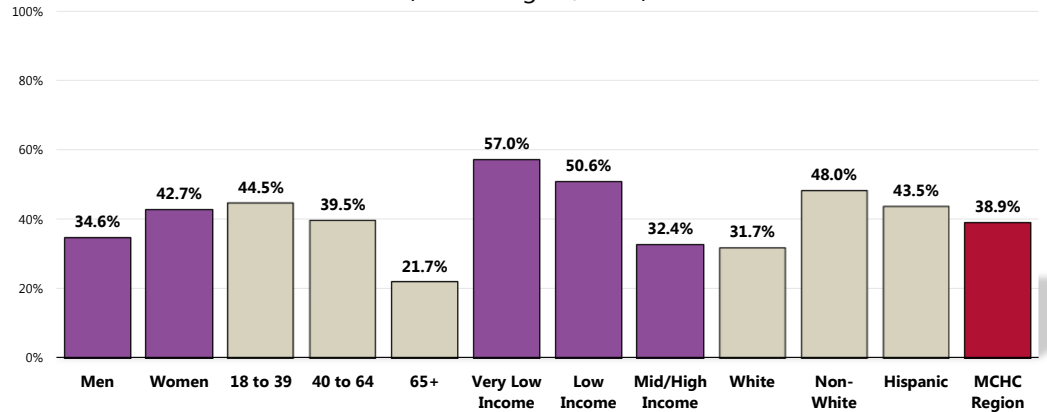
Notes: ● Asked of all respondents.

● 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.
- 👥 Lower-income residents (impacting a majority of “very low”-income residents).
- 👥 Non-Whites and Hispanics.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 206]

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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

Barriers to Healthcare Access

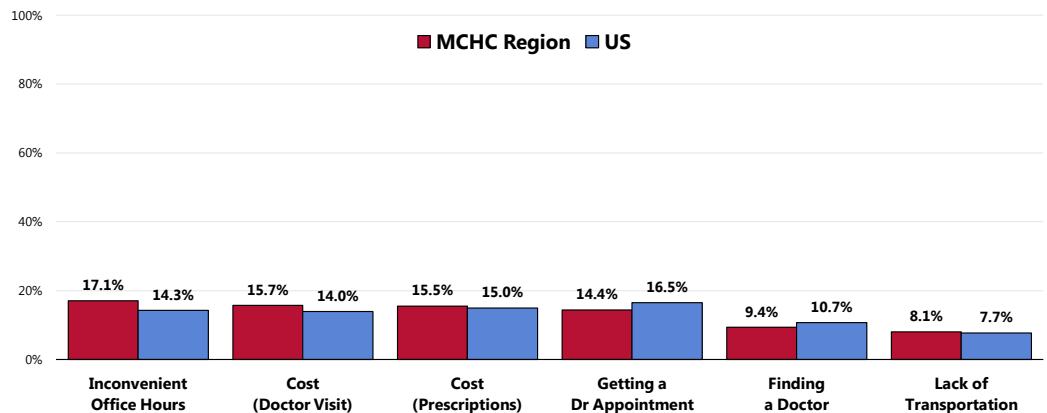
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, inconvenient office hours impacted the greatest share of MCHC Region adults (17.1% say that inconvenient office hours prevented them from obtaining a visit to a physician in the past year).

- The proportion of MCHC Region adults impacted was statistically comparable to that found nationwide for each of the tested barriers, with the exception of **office hours** (for which the regional percentage is less favorable than the US percentage).

Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]

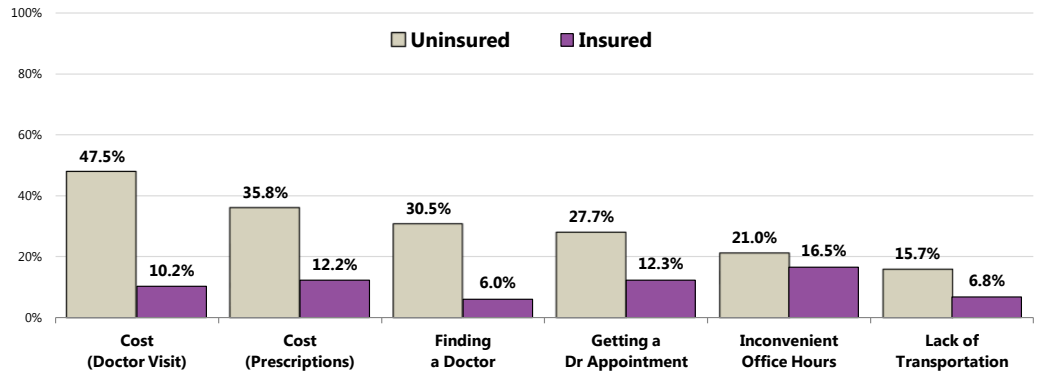
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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 or finding a doctor to go to.

Barriers to Healthcare Access

(By Insured Status, Adults 18+; MCHC Region, 2012)

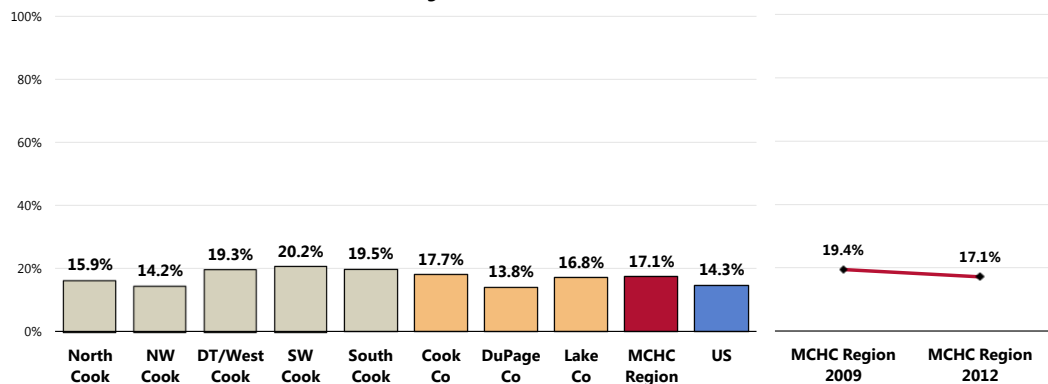


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
Notes: • Asked of all respondents.

Inconvenient Office Hours

- Inconvenient office hours are more often noted to be a barrier to access among residents of Cook County, and less often noted in DuPage County.
 - Within Cook County, the proportion is favorably low in the Northwest.
- The prevalence has decreased significantly over time.

Inconvenient Office Hours Prevented a Physician Visit in the Past Year

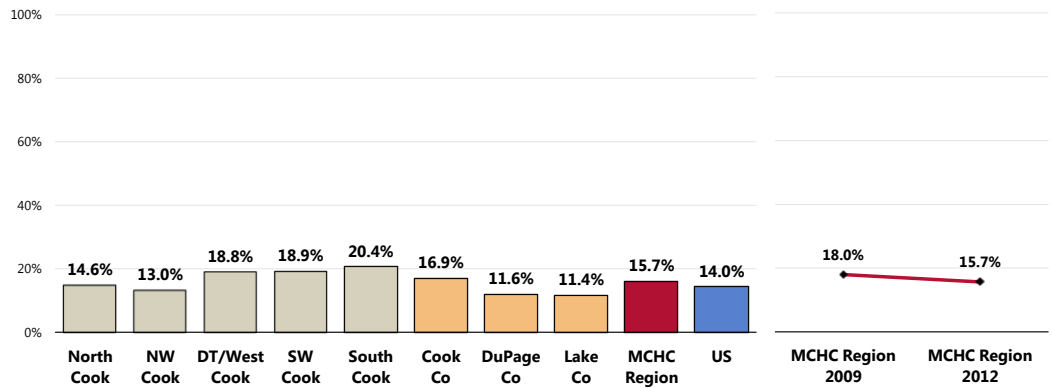


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 11]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Cost of Physician Visits

- The proportion of adults noting that cost was a barrier to physician visits in the past year is unfavorably high in Cook County.
 - Within Cook County, the proportion is highest in the South and lowest in the Northwest.
- ☒ The prevalence has decreased significantly over time.

Cost Prevented a Physician Visit in the Past Year

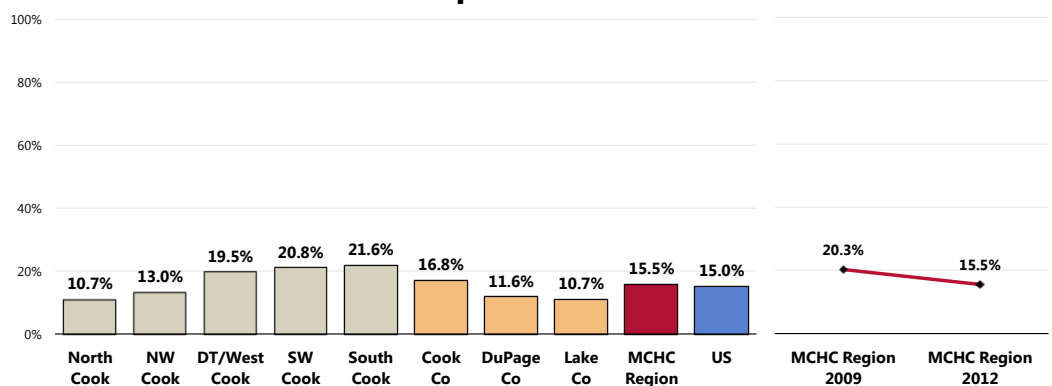


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 9]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

Cost of Prescriptions

- The proportion of adults noting that cost was a barrier to prescription medication in the past year is unfavorably high in Cook County.
 - Within Cook County, the proportion is high in the South and Southwest regions and favorably low in the North and Northwest.
- ☒ The prevalence has decreased significantly since 2009.

Cost Prevented a Prescription Medication in the Past Year

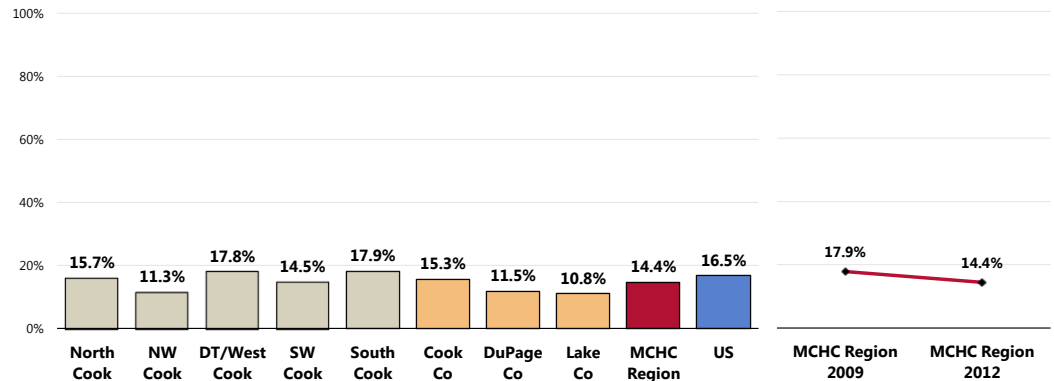


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 12]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

Difficulty Obtaining Medical Appointments

- Difficulty getting a medical appointment was more often noted among respondents in Cook County.
 - Within Cook County, the proportion is favorably low in the Northwest.
- 📊 The prevalence has decreased significantly since 2009.

Experienced Difficulty Getting a Medical Appointment in the Past Year

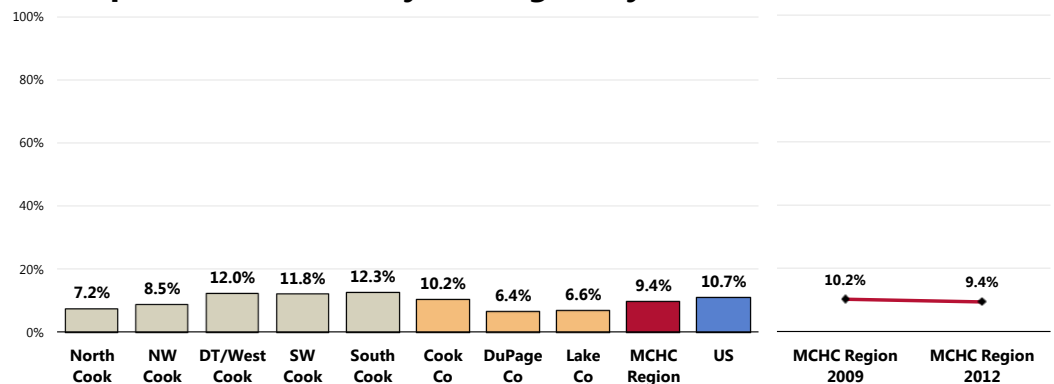


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 8]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

Difficulty Finding a Physician

- Difficulty finding a physician was more often noted among Cook County residents.
 - Within Cook County, the proportion is favorably low in the North.
- 📊 Statistically unchanged since 2009.

Experienced Difficulty Finding a Physician in the Past Year

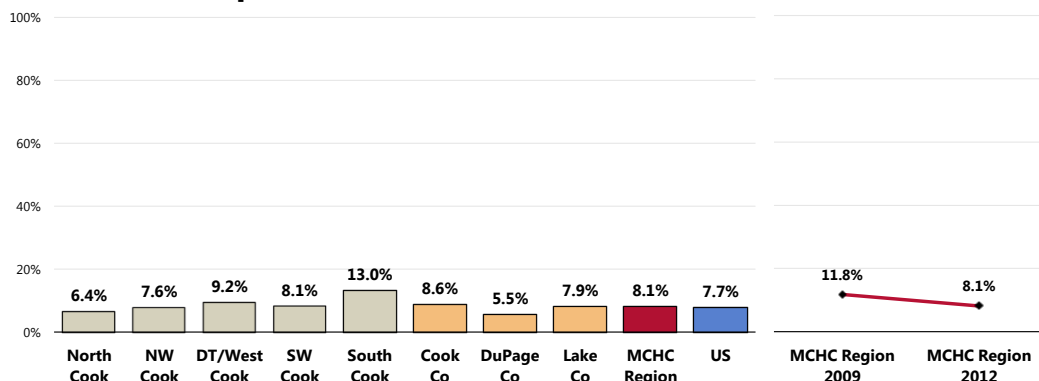


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 7]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

Lack of Transportation

- Lack of transportation affected more respondents in Cook County in the past year when compared with respondents in DuPage County.
- Within Cook County, the proportion is highest in the South and lowest in the North.
- ☒ The prevalence has decreased significantly since 2009.

Lack of Transportation Prevented Medical Care in the Past Year



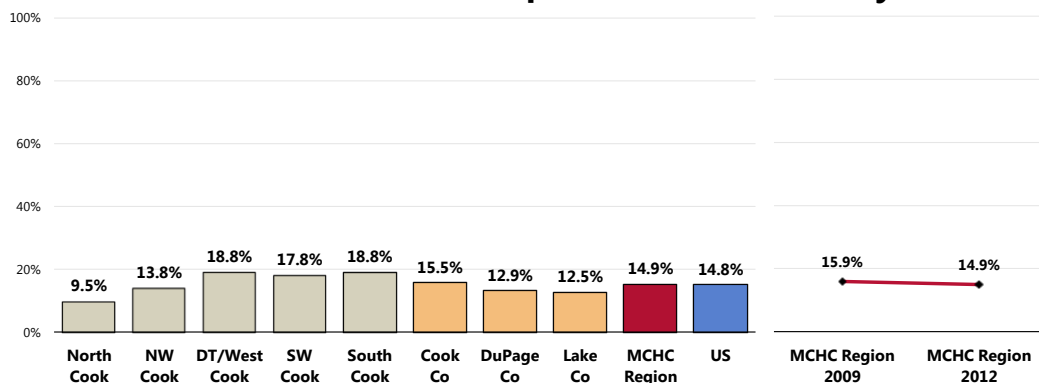
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 10]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

Prescriptions

Among all MCHC Region adults, 14.9% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Almost identical to national findings.
- Higher in Cook County.
- Lowest in North Cook County.
- ☒ Statistically similar to 2009 findings.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



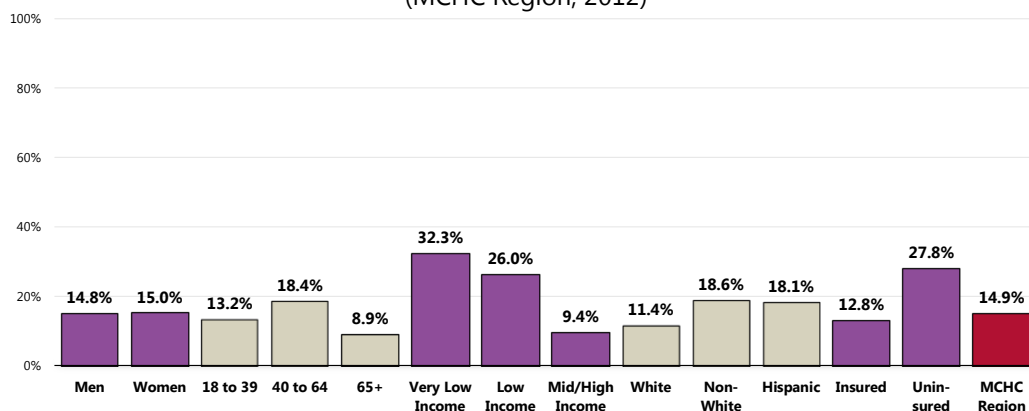
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- 👤 Adults age 40 to 64.
- 👤 Respondents with lower incomes.
- 👤 Non-Whites and Hispanics.
- 👤 Uninsured adults.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(MCHC Region, 2012)



Sources: • 2012 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

Accessing Healthcare for Children

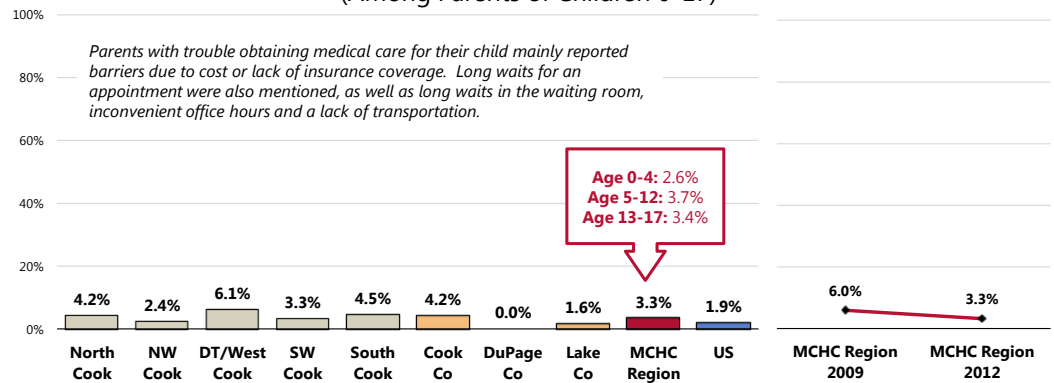
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 3.3% 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.

- Statistically similar to what is reported nationwide.
- Higher in Cook County; note the 0.0% reported among parents in DuPage County.
 - No significant difference by sub-area in Cook County.
- 📉 Marks a significant decrease since 2009.
- 👤 No significant difference by child's age.

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 134-135]
 • 2011 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, long waits in the waiting room, inconvenient office hours and a lack of transportation.

Related Focus Group Findings: Access to Healthcare

Many focus group participants are concerned with access to healthcare. Various topics discussed include:

- Basic needs not addressed
- Medical homes, use of the ER
- Lack of a trauma center
- Barriers to accessing healthcare
 - Uninsured and underinsured
 - Cost (office visits and prescriptions)
 - Transportation (PACE bus system, taxis, city trains)
 - Medicaid reimbursement rates, FQHCs
 - Office hours
 - Lack of childcare
 - Specialists
 - Language and interpretive services, cultural competence

Cook County

Focus group participants believe residents encounter several **barriers** when trying to **access healthcare services** in Cook County, and many disparities exist within the community (dependent upon geography). A participant explains:

"Place plays a very large part in the disparity that we see between the healthy and those who aren't healthy. I'd like to suggest, and this isn't my idea, but that we actually talk about 'sick

care' as what we now know as 'healthcare,' and that 'healthcare' we actually talk about 'prevention' and community programs that support a person with self-management." — Cook County Participant

Focus group members report that many residents are **under-insured or uninsured**, which creates additional barriers to accessing healthcare, especially specialty services. The underinsured population includes the working poor: those individuals who may qualify for employer insurance but the deductibles are too high or the monthly employee cost is too much, so they elect to go without.

"You have the people with lots of resources, insurance, then you have folks that don't have or they have public aid. But then you have those in the middle, the working poor, so I want to just bring that up, the difficulty with those populations whereas they have employment and maybe their place of employment even offers health insurance but they cannot afford to take that." — Cook County Participant

Additionally, participants feel the **cost** of healthcare and prescription medication can overburden families, even those with insurance.

"Well if you don't have the money when you go to see a doctor you don't know how much it's going to cost. Because unlike everything else in the world there could be a basic price given to you but lab tests, medicine, x-rays. So you really don't know. And that causes huge difficulty. Also the uninsured pay full price, unlike everybody else." — Cook County Participant

There are several school-based clinics and federally qualified health centers (FQHCs) in the community which operate on a sliding fee schedule to provide services to uninsured residents. However, the clinics are overwhelmed, so residents face extensive wait times or wait lists. **Transportation** may also hinder access. The current public transit routes don't always travel past a clinic, so some residents do not have easy access to a clinic. As one participant describes:

"FQHCs and community health centers are in the areas but they're overwhelmed. Also if you can't get to a clinic then there's no point. In suburban Cook County distances are fairly —public transportation is fairly poor. So you combine those two things and you can't maybe get to a FQHC even though it's relatively near but it isn't on a major route, or you're not on a major route." — Cook County Participant

Some residents may qualify for **Medicaid** or **public aid**, but finding a provider who accepts that insurance can prove difficult because respondents feel the number of physicians who accept Medicaid has decreased in recent years, due to the low **reimbursement rate** and the opportunity for primary care physicians to receive higher returns in other states.

North Cook County

Focus group participants believe that some residents encounter **barriers** when trying to **access healthcare services** in North Cook County, and that access to healthcare is **dependent upon insurance status**. For the uninsured or underinsured populations, getting an appointment to see a physician can be difficult. The underinsured population includes the working poor: those patients who may qualify for employer insurance but

the deductibles are too high or the monthly employee cost is too great, so they elect to go without. Medicaid residents may struggle to find a provider who accepts that insurance; respondents agree that the number of physicians accepting Medicaid has decreased in recent years due to the low **reimbursement rate**. One physician explains the reality he faces:

"In my own private practice I have a couple cases I just do pro bono. The reason I do them for free is that it's simpler for me to absorb the cost and provide the care than to go through the hoops and to rebill and to wonder, 'Am I going to get paid three or four, five months from now?'"

— North Cook County Participant

Uninsured residents can access healthcare at several **Federally Qualified Health Centers**, but these clinics operate over-capacity. Another common occurrence involves physicians who utilize informal referrals, or personal networks, to obtain care for their patients, as one participant describes:

"So a lot of Medicaid to me in the suburbs is either the clinics, the FQHC which is good and those kinds of places, or it's relationship-based: Dr. X calls a friend and says, 'Hey, could you take one patient?'"

— North Cook County Participant

Transportation also represents a major barrier to accessing healthcare services in the North Cook County communities. The transportation options include the **PACE bus system** and **taxis**. Public aid does provide some discounts, but there is no plan for transportation to improve.

Language barriers can also hamper a resident's ability to access healthcare, and focus group participants pointed out that this barrier extends beyond the Spanish population. Having someone who can interpret for a non-English speaker is critical, both for the physician and the office staff. Community members may even be asked to travel to the county hospital because of inadequate interpretive services at their local physician office. One participant explains her frustrations:

"Many of our patients needing to do therapy in Spanish, that's a huge challenge. During family therapy the kids may speak English but the parents don't and so sometimes the teens will then go through therapy but they're then telling their parents what they're doing in therapy which makes it difficult."

— North Cook County Participant

North Chicago

Focus group participants believe that residents encounter several **barriers** when trying to **access healthcare services** in North Chicago, and they agree that access to healthcare is **insurance dependent**: if residents possess private insurance, there are many local providers available and accessible. Several options exist for the uninsured population, including the Irving Park Clinic (which is free and staffed by volunteers), Healthcare for the Homeless, the ARK, the Compassionate Care Network, Asian Health Services, school health centers and **Federally Qualified Health Centers (FQHCs)**; however, the FQHCs are overwhelmed and many have long waits. The FQHCs operate on a sliding fee schedule starting at \$30, but do not deny services based on ability to pay. One participant explains:

"So some agencies (FQHCs) have more of a collection orientation upfront than others, and that's just the way some people choose to operate or not. But no one gets sent to collections that I'm aware of. There could be some FQHCs doing that; we don't. And we're not denying services at the front desk to someone who doesn't have money. We will ask them to pay, we will tell them what the charge for the visit is – that's how we do business, but no one gets thrown back out the door." — North Chicago Participant

The **hours of operation** for all clinics in the area may limit access to care because participants cannot afford to take an entire day off of work and clinics close before their shift ends.

In addition, the **cost of prescription medication** can overburden families and local prescription programs have been eliminated. Residents now must travel to the county hospital for free or reduced-cost prescriptions, which can take hours via public transport, as one participant explains:

"So we could get my patients free drugs from Stroger delivered to us because we were part of the neighborhood. That doesn't happen anymore and we can't even write prescriptions to Cook County anymore and Cook County now has a \$5 co-pay for their prescriptions and you usually have to wait at least two days to get your medication. So if you live up here, or in a suburb to get down there to get seen, which will take about 12 hours – then go to the pharmacy and then you have to come back." — North Chicago Participant

Affordability and/or availability of childcare can also limit a resident's ability to access healthcare. Many residents need to bring their children with them to appointments because they cannot afford childcare, so if this is not an option, then residents do not go to the appointment.

Transportation also represents a major barrier to accessing healthcare services in the North Chicago communities. The cost to ride the train (\$2.25/ride or \$5.75/day) can limit a person's ability to access the train. In addition, the train does not have many routes into the North Chicago suburbs. Residents can utilize the PACE bus system, but hours of operation and limited routes hinder its utility.

Focus group members feel the community is extremely diverse. The attendees believe that both physicians and social service agencies need to possess **cultural competence** in order to make an impact on an individual's health. Culturally-competent providers recognize how culture affects a patient's attitude and can tailor their message accordingly. Having someone who can interpret for a non-English speaker is also critical; a professional interpreter is preferred over a family member as many times information may be inadvertently changed. A participant explains the importance of an interpreter:

"We have many patients like I said that are Korean, Russian – and so, there needs to be a middle man to help with interpretation. And you know what they say, something gets lost in the interpretation, right? But we try. And it's not 100 percent effective or successful but we just – there's always plenty of room for improvement." — North Chicago Participant

Currently there are an inadequate number of **interpretive services** in the North Chicago communities. Interpreters are needed for many languages (not just Spanish) as the

community includes many refugee populations. Some agencies have even begun using Skype to facilitate interpretive services.

Participants also feel that **patient navigators** are needed to help patients maneuver the healthcare system. These individuals could help patients with any questions or concerns that arise. A local hospital utilizes a patient navigator to assist with day-to-day operations and customer services complaints, as a participant explains:

"There's a website out there and I'm not everyone here...or able to see the website. It's 'yelp' – where you see all these replies and comments by, I think there's a hospital sector there. And so everyday our patient advocate reads the comments and they're not really kind of – you can lose your appetite just reading some of those comments. And she will answer or – not be specific, but say, 'Let me give you a call.' Or, 'I'll give you a call within the next hour.'" And she follows up on those." — North Chicago Participant

Downtown/West Chicago

Participants believe that while many residents living in downtown Chicago have higher incomes and private insurance, the number of insured persons is decreasing. For those residents living west of the highway, many do not have the ability to meet their **basic needs**, so these residents do not think about long-term health consequences or the importance of preventative healthcare. A participant explains:

"And it's like, 'Ten to twenty years? What are you talking about? You know? I'm trying to get through today. I'm trying to make sure my kid gets home from school without being shot. I'm trying to figure out how I'm going to stay in this house that I can't afford, that I'm renting or buying or whatever.' And then we're talking about 10, 20 years. All we've got is bad news for these folks sometimes. So how we talk about it – it's really – it's a tough sell." — Downtown/West Chicago Participant

Another participant expands:

"These guys are trying to keep their heads above water. It's like somebody out in the ocean, treading water. And you're saying, 'You know have you ever thought about taking a swimming lesson.' And it's like, 'Yeah that sounds like a great idea. If I get to shore and I survive this, I would love to take swimming lessons.'" — Downtown/West Chicago Participant

Focus group participants agree that residents encounter several **barriers** when trying to **access healthcare services** in the community, and new state legislation has made access even more difficult. The **cost** of healthcare and **prescription medication** can overwhelm families, *even those with insurance*. Participants worry about the new Medicaid prescription plan that allows for only four prescriptions at any given time and additional prescriptions require co-payments. There is much concern about the ability of residents to afford any additional medications. An attendee explains:

"If the doctor gives the best treatment in the world and sends his patient home, and he sends them home to somebody who doesn't have enough money to buy the prescription, we are back to square one." — Downtown/West Chicago Participant

Another participant expands on the disconnect between patients and providers as it relates to prescription medication adherence:

"And it's going to be even harder to afford, now that they made the cut in Medicaid. I think I just read that they're going to pay for four medications. But it's like, 'Well, good luck with that with chronic disease.' So I think sometimes it's not like a – I mean healthcare professionals think its ignorance. But it's like this problem-solving. They're figuring out how they're going to keep themselves above water." — Downtown/West Chicago Participant

There are federally qualified health centers (FQHCs) in the community, which operate on sliding fee schedules to provide services to uninsured residents. Focus group members feel many residents are **under-insured or uninsured**, creating additional barriers to accessing healthcare. The uninsured include both low income and hourly employees or individuals who recently lost a job. The underinsured population includes the working poor: those individuals who may qualify for employer insurance but the deductibles are too high or the monthly employee cost is too much, so they elect to go without.

Some residents may qualify for **Medicaid** or **public aid**, but finding a provider who accepts that insurance can prove difficult; respondents feel the number of physicians accepting Medicaid has decreased in recent years due to the low **reimbursement rate** and lengthy waiting periods before reimbursement. Many physicians will have trouble keeping the doors open if they accept a large number of Medicaid patients. A participant explains:

"So when you're sitting there, waiting for the state to cut a Medicare check, that they're waiting to get their – to come from the feds – you're sitting. You're sitting there with no cash flow or whatever." — Downtown/West Chicago Participant

Physician **office hours** also affect residents' ability to access healthcare. Many residents work multiple jobs, which can make seeing a doctor during normal office hours difficult. There is much fear over losing a job if the community member must miss work. One member describes:

"For a lot of folks, they can't afford the time off to go. You know? I had a lady today – and it's time in general. She's the sole caretaker of her mother with dementia. And she squeezed out the time to come see me this morning but I said, 'Well, you need these other things.' And she says, 'It's not happening. Because I don't have the time. I'd have to pay somebody to watch my mom if I come see you guys.'" — Downtown/West Chicago Participant

Participants also spoke about how limited **transportation** options hinder healthcare access. In downtown Chicago transportation runs 24 hours a day, 7 days a week, but west of the highway transportation routes are limited and hours of operation vary. The cost of the train (\$2.25/ride) may also limit a resident's ability to use the service. A participant recalls:

"Downtown has 24-hour access to transportation, whereas once you get west of the Expressway, it's limited. So sometimes it might cut off at 6:00 p.m. So let's say, for example, someone needs to get – has an emergency room situation at midnight. They're depending on an ambulance to get them from wherever they are to one of the major hospitals." — Downtown/West Chicago Participant

South Cook County

Focus group participants believe that residents encounter several **barriers** when trying to **access healthcare services** in South Cook County, and that new state legislation has made access even more difficult. Focus group members agree that many residents are **under-insured or uninsured**, creating additional barriers to accessing healthcare. The underinsured population includes the working poor: those individuals who may qualify for employer insurance but the deductibles are too high or the monthly employee cost is too much, so they elect to go without.

There are several **public clinics** which uninsured persons can access, but these clinics remain understaffed and overwhelmed. The clinics also may possess older technology and have **limited hours of operation**, which are often inconvenient for working adults. One participant explains:

"I mean the equipment is slightly old, the staff in the South Suburban community in general is very warm but they're understaffed at their respective facilities. All of them are struggling immensely from their infrastructure because they're behind in their State of Illinois payments, so some of them have had to cut back on their hours and those hours that they're cutting back are hurting the community, especially when it comes to transportation to get to the clinics." — South Cook County Participant

Some residents may qualify for **Medicaid** or **public aid**, but finding a provider who accepts that insurance can prove difficult; respondents agree that the number of physicians who accept Medicaid has decreased in recent years due to the low **reimbursement rate** and lengthy waiting periods before reimbursement. Although participants perceive there to be many primary care doctors in the area, many do not accept new Medicaid patients because of the reimbursement schedule; physicians cannot afford to wait for payments, as one participant describes:

"They (the state) pay so late you could put somebody out of business... The earliest for reimbursements is six to nine months." — South Cook County Participant

The **cost** of healthcare and prescription medication can overburden families, *even those with insurance*. Many families in the community live below the poverty line, so any cost can act as a deterrent; these families subsequently over-utilize the **emergency room** and never obtain preventative care:

"Well I think overall because there are so many different pockets of poverty that their access to healthcare is a big different with the clinics that they have access to and overall I think they're doing emergency care as their primary care." — South Cook County Participant

Participants also spoke about how limited **transportation** options hinder healthcare access, especially for those residents without a personal vehicle in South Cook County. The United Way previously operated a transportation network, but funding ran out. The **PACE bus system** operates within the community and attendees believe that PACE represents a great partner, but the organization also has funding dilemmas. Compared with urban Chicago, the South Cook County public transportation options are considered "abysmal." PACE does provides some discounts and residents can call and request a pick up, but this service has a fee.

Attendees also agree that the current bus routes do not provide adequate geographic coverage and the buses do not run 24/7. On the weekends, the bus may run only once per hour, if at all. Even during the week, it can take residents several hours to get to a destination, which can impede healthcare access. Additionally, many community members may have to walk quite a bit to get to a bus stop, which may be troublesome during inclement weather or for those residents with activity limitations. A participant recalls:

"Most of the routes when you get dropped off and you've got to get there the best way you can from there and it might be two, three, four, five blocks, depending upon the new areas that we're in, like when new construction goes up in an area, and then they don't have a bus route going in that direction. So you're basically going to have to get somebody to take you or you're going to be in trouble." — South Cook County Participant

Participants have concern about community members' access to a local **trauma center**, speaking at length about the need for a trauma center. There are very few local facilities that will accept uninsured trauma victims, and those that do may go on "bypass" (diverting patients to another hospital), so the next closest facility is Cook County which can take over an hour to access due to heavy traffic.

"We don't have a trauma center in Southland. Blunt trauma, you fall, car accident, that's one thing – you got insurance most likely. But you get shot, cut, stabbed, then you don't have insurance sometimes. So now you got to go all the way to Stroger, if this is on bypass, and it does go on bypass quite a bit." — South Cook County Participant

South Chicago

Focus group participants believe that residents encounter several **barriers** when trying to **access healthcare services** in South Chicago, agreeing that access to healthcare is **income- and insurance-dependent**. There are several Federally Qualified Health Centers (including KOMED) which uninsured persons can access, but these clinics are understaffed and overwhelmed. The clinics can have lengthy wait times, so residents may need to take a whole day off work if they want to obtain care, which many residents cannot afford to do. One participant describes her recent experience:

"I got upstairs, there were a million people sitting in that waiting room. And I left. So if I'm leaving, think about all the other people that just see the amount of people that are in front of you and leave and not know what's wrong with them." — South Chicago Participant

The **cost of prescription medication** can overburden families, *even those with insurance*. Many families in the community live below the poverty line, so any cost can act as a deterrent to medication. Attendees worry that with the new state legislation effective July 1st 2012 (which limits the number of Medicaid-covered prescriptions), residents' health will continue to deteriorate.

Some residents may qualify for **Medicaid** or **public aid**, but finding a provider who accepts that insurance can prove difficult; respondents consider the number of physicians accepting Medicaid to have decreased in recent years due to the low **reimbursement rate** and lengthy waiting periods before reimbursement.

Transportation also represents a major barrier to accessing healthcare services in the South Chicago communities. To easily maneuver the community, residents must have access to a personal vehicle, but parking is costly. A participant explains:

"When I went to Oak Park last week, I put a quarter in; it was 45 minutes to an hour for one quarter. You can run and go and conduct your business and handle everything that you need to handle for a quarter...But on the other side of town, the South side, one quarter in a lower economic neighborhood – one quarter was 15 minutes. The disparity doesn't make any sense at all." — South Chicago Participant

Residents can utilize the **PACE bus system and city trains**, but hours of operation and limited routes hinder access. The train may be under repair for months at a time, further limiting the accessible transportation network. In addition, many transportation vendors who previously serviced the Medicaid/Medicare populations no longer operate in the community due to low reimbursement rates.

"Transportation access totally depends on where you live and where you're trying to go. They've cut back on the number of the buses; they've deleted a lot express routes. The train was down for four months. The red line which goes south will be closed for five months for repair – only on the South side." — South Chicago Participant

Participants have concern about community members' lack of access to a local **trauma center**. Focus group attendees spoke at length about the need for a trauma center due to the high levels of gun violence in the community. The closest trauma center is at least 30 minutes away and emergency rooms can go on "bypass" (diverted to other hospitals), making access more difficult. A participant explains his frustrations:

"I think the number one factor is there are no trauma centers on the South side of Chicago. And so when you look at when how many shootings that we have on the South side, and not to have a trauma center anywhere in the area that's being affected the most is just astonishing to me." — South Chicago Participant

Participants also feel that the lack of a **medical home** negatively impacts residents. Overall the population in South Chicago is transient, and residents often do not have a regular medical provider. Many agencies have begun to offer mobile clinics and health fairs to reach this population, but continuity of care and medical records do not follow these families, often resulting in duplicative services. In addition, participants worry about the actual amount of follow-through with recommendations provided from the medical staff. Attendees stress the need for mobile clinics to somehow allow for medical records to follow the patients. As one participant explains:

"One of the challenges with the mobile model, in terms of providing healthcare as it relates to children is the inconsistent nature of it...So that school-aged children, specifically, if the families only have the mobile resource, they tend to be over-immunized because the medical record doesn't follow them typically. So every year they're being re-serviced and duplicated efforts." — South Chicago Participant

DuPage County

Focus group participants agree that residents encounter several **barriers** when trying to **access healthcare services** in the community. Focus group members feel many residents are **under-insured or uninsured**, creating additional barriers to accessing healthcare. The underinsured population includes the working poor: those individuals who may qualify for employer insurance but the deductibles are too high or the monthly employee cost is too much, so they elect to go without.

There are three federally qualified health centers (FQHCs) in DuPage County which operate on sliding fee schedules to provide services to uninsured residents who meet income criteria. The FQHCs offer many primary care services, but may have some limitations regarding specialty care. An attendee describes the dilemma:

"The cost can still be prohibitive for some patients although not all, and again, the challenge in that setting is that they're not necessarily very well-connected to all of the other kind of healthcare needs that person might have. So they might be able to be treated for their diabetes in that environment, which is great but at the point at which they need to see a specialist they may run out of options pretty quickly." — DuPage County Participant

Participants have concern for Medicaid patients who need access to **specialists**, as many times these patients must wait months before a specialty appointment becomes available and many residents will need to travel to the University of Chicago.

"There's months waits, very difficult to get through to, hard to even if they tell you to come back or to call. Then they wait for two more months to get another appointment. You have really sick people that need care and you can't get them what they need." — DuPage County Participant

In addition to accessing healthcare through the FQHCs, uninsured residents residing in DuPage County may qualify for Access DuPage; Access DuPage provides services to uninsured residents and works to eliminate healthcare disparities. One participant explains the program:

"It's really a clinic-without-walls program, although there are clinics that are incorporated within the network. Our goal is absolutely to provide as near to comprehensive as we can access to care but certainly from the perspective of many of those patients it is not seamless and there is a lot of variety about their experience of care depending on where they are assigned for primary care." — DuPage County Participant

For residents who qualify for **Medicaid** or **public aid**, finding a provider to accept that insurance can be difficult. Participants agree that the number of physicians who accept Medicaid has decreased in recent years due to the low **reimbursement rate** and lengthy waiting periods before reimbursement. Many physicians will have trouble keeping the doors open if they accept a large number of Medicaid or Medicare patients. One group participant explains:

"While most doors remain open to Medicaid recipients, it is a much more begrudging open door than it once was, and people are increasingly frustrated." — DuPage County Participant

Participants also spoke about how limited **transportation** options hinder healthcare access. If a resident does not have access to a vehicle, the PACE bus system is the only option. PACE bus routes have limited hours of operation and routes. Transportation within municipalities is comprehensive, but issues arise trying to get across to another town, as one participant describes:

"You can get to the border of the town but you can't get to the next one. It's like okay, 'We'll just drop you here.'" — DuPage County Participant

Attendees also have concern about the barriers which **language- and hearing-impaired** residents face when accessing healthcare services. Interpretive services are available; however, they may not always be utilized due to a variety of reasons. A participant explains:

"You're supposed to use interpreters, but again, it depends upon where they are, and if you have to have a last-minute appointment of some sort they're not available, and that makes it difficult." — DuPage County Participant

Focus group participants believe that having a **medical home** is critical to maintaining overall health. The attendees feel many residents do not have a medical home and even if they go to the same doctor's office, they may see a different provider each time.

"You go into a clinic, you see somebody different every time you're in there. Used to be you had a single provider who would recognize unusual symptoms or signs. I don't think many people see the same doctor over and over again." — DuPage County Participant

Furthermore, participants worry that residents have less time with their doctor during an appointment than ever before due to productivity pressures. This limited amount of time means critical information may not be relayed from patient to physician and vice versa.

Lake County

Focus group participants consider Lake County residents to fall at either end of the income spectrum, which polarizes healthcare access. Residents living on lower incomes and many minority residents experience **health disparities** and have poorer health outcomes, as one participant describes:

"I think we see the disparities in health. The Caucasian community does relatively well; the Latino community does less well; the African American community does considerably worse." — Lake County Participant

Uninsured residents encounter several **barriers** when trying to **access healthcare services** in the community. Participants believe that the number of uninsured residents has increased in the past few years and there are not enough facilities serving residents who do not have insurance or public aid. The health department is the primary option for uninsured residents, but it holds a long waiting list. The emergency room then becomes the next best option for these uninsured individuals.

"There are so many barriers to people being healthy if you have no money. The economics is one thing but people can't eat well so they eat junk that makes them sick. Well then the access to medical care is very limited. You can go to a couple of different places but not very many, the

health department being the primary provider of that service as well. Couple other clinics around but there are 110,000 people who are uninsured in Lake County and we don't even see half of them all. We just haven't got that kind of capacity." — Lake County Participant

A mobile screening van operates within Lake County and makes stops throughout the community, including public places like the YMCA. Many residents utilize this opportunity to obtain free healthcare screenings. A participant recalls her experience with the mobile van:

"That vehicle makes stops where I work at the Y among other places, and it's always packed. People know when that vehicle is coming, it's well-received, it's free, there are six or so screenings that are offered. It's more screening. They do some osteoporosis screening, they do blood pressure, there's a nurse that one consults with and it's a great free thing but certainly that's just the tip of the iceberg, just scratching the surface." — Lake County Participant

Prescription medication costs and co-payments can overwhelm residents as well. Participants worry about the new Medicaid prescription plan that allows for only four prescriptions at any given time and additional prescriptions require co-payments as of July 1, 2012. There is much concern about the chronically ill resident's ability to afford any additional medications, as a participant explains:

"There's going to be four medications permitted for Medicaid clients total come July 1st. I don't know what people do in psychotropic and have diabetes and hypertension and arthritis or whatever else. It's really quite tragic." — Lake County Participant

Some residents may qualify for **Medicaid** or **public aid**, but finding a provider who accepts that insurance can prove difficult. Participants consider the number of physicians who accept Medicaid to have decreased in recent years due to the low **reimbursement rates**. Many physicians will have trouble staying in business if they accept a large number of Medicaid patients. A participant clarifies:

"Illinois is actually one of the poorest reimbursement levels for Medicaid in the country. And this is a very affluent area overall for doing business. So it's really a disconnect for providers in this community who have high overhead costs to maintain their business. There's pressure to have them accept Medicaid clients. Well if you can make \$100 with one client who has insurance and \$50 with Medicaid clients it takes two of those to make the one level of income. So it's a very highly imbalanced system and our safety net is only getting weaker and more fractured all the time." — Lake County Participant

Another concern discussed in the focus group was the **language barrier** which some residents face. There is a large Hispanic population in Lake County and many may have limited English proficiency. Having someone who can interpret for a non-English speaker, both for the physician and the office staff, and who can provide health education in dual languages is critical. Participants recognize that having bilingual staff and materials may cost more and this can be an additional financial burden on providers.

"With the growing Hispanic population there's more and more need for materials to be in Spanish... But again, that gets into dual cost if you're the provider, you're printing in English, you're printing in Spanish, you have a Spanish website, you have an English website." — Lake County Participant

Participants also spoke about how limited **transportation** options hinder healthcare access within Lake County, which is a car-dependent community. Lake County is geographically dispersed and it can take hours on public transport to travel from one side of the county to another. The bus services are available throughout the day, but have limited routes and hours of operation. A participant recalls:

"We have limited light rail, we have some public transit but it takes – I think the last I heard was 2-1/2 hours to go from Waukegan to Vernon Hills by public transit because of the infrequency and the limited hours and that kind of thing. A lot of buses don't run after 9 or 10 o'clock at night; some of them don't run on the weekends or on Sunday at all or that kind of thing." — Lake County Participant

Primary Care Services

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)

Specific Source of Ongoing Care

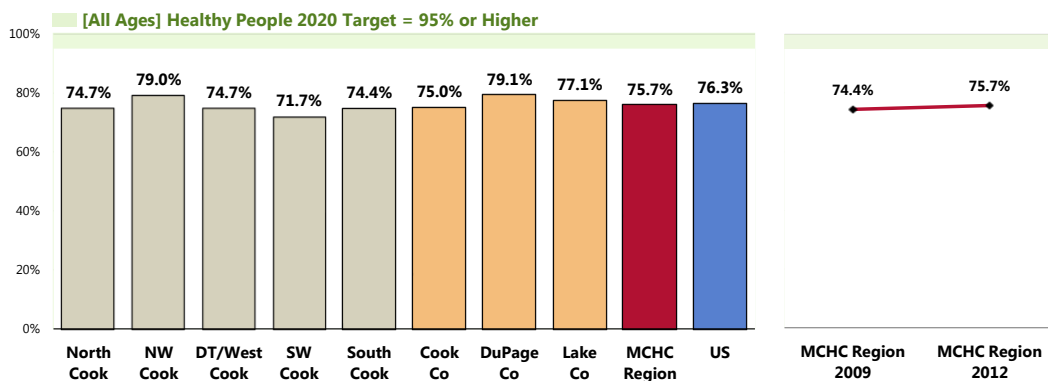
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is also known as a "medical home."

A hospital emergency room is not considered a source of ongoing care in this instance.

Three in four MCHC Region adults (75.7%) were determined to have a specific source of ongoing medical care (a "medical home").

- Similar to national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).
- Higher in DuPage County, lower in Cook County.
 - In Cook County, favorably high in the Northwest.
- Statistically unchanged since 2009.

Have a Specific Source of Ongoing Medical Care

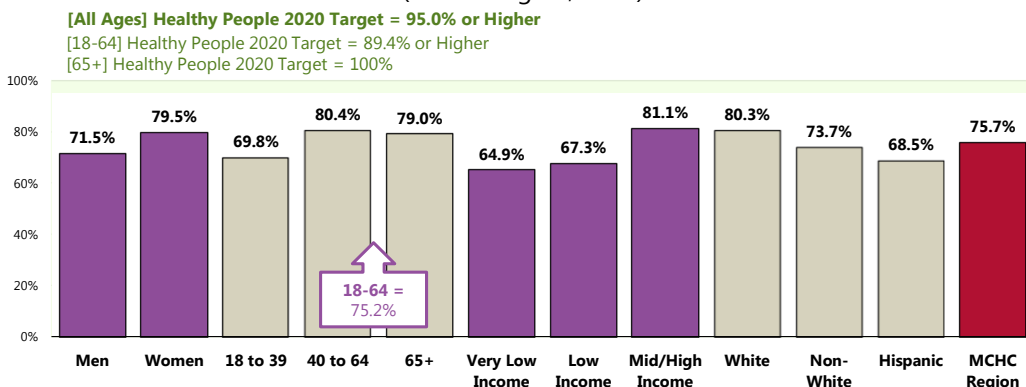


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 203]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
 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.
- 👤 Lower-income adults.
- 👤 Non-Whites and Hispanics.
- 👤 Among adults age 18-64, 75.2% have a specific source for ongoing medical care, nearly identical to the US prevalence.
 - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- 👤 Among adults 65+, 79.0% have a specific source for care, comparable to 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, 2012)



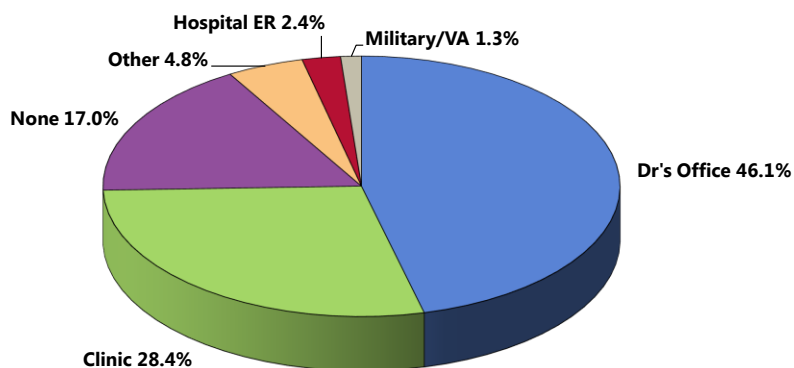
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 203-205]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.1, 5.3, 5.4]
 Notes: • Asked of all respondents.
 • Hispanics can be 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more 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 (46.1%) identified a particular doctor's office.

A total of 28.4% say they usually go to some type of clinic, while 2.4% rely on a hospital emergency room and 1.3% cited military or VA resources.

Particular Place Utilized for Medical Care (MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
Notes: • Asked of all respondents.

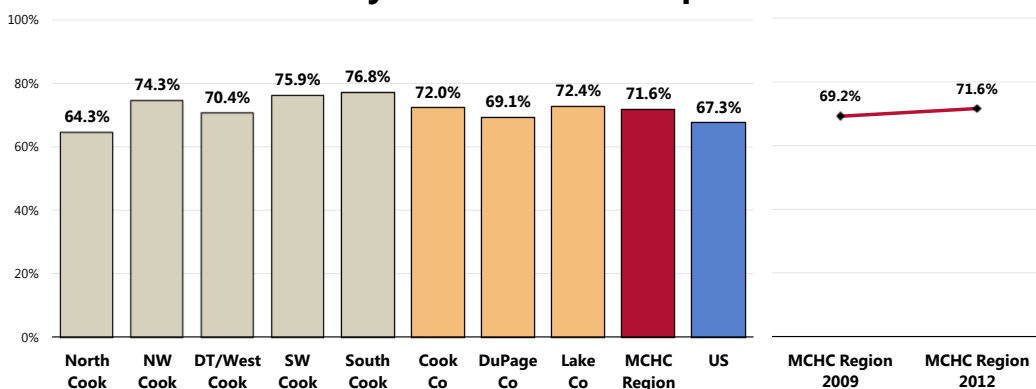
Utilization of Primary Care Services

Adults

The majority (71.6%) of adults visited a physician for a routine checkup in the past year.

- Better than national findings.
- No significant difference by county.
 - In Cook County, highest in the South and Southwest regions, lowest in the North.
- ☒ Statistically similar to 2009 findings.

Have Visited a Physician for a Checkup in the Past Year

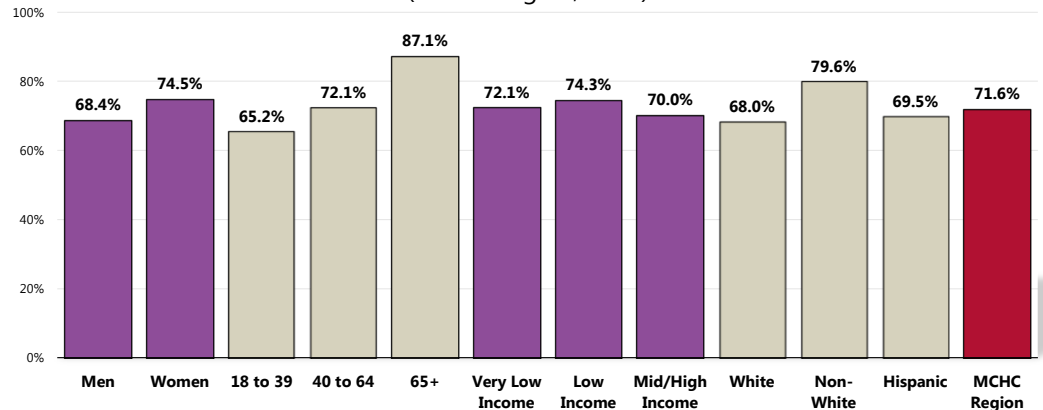


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.



Men and young adults are less likely to have received routine care in the past year (note the positive correlation with age), as are Whites and Hispanics.

Have Visited a Physician for a Checkup in the Past Year (MCHC Region, 2012)



Sources: • 2012 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

Children

Among surveyed parents, 90.9% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- Similar by county.
- Statistically higher in Southwest Cook County.

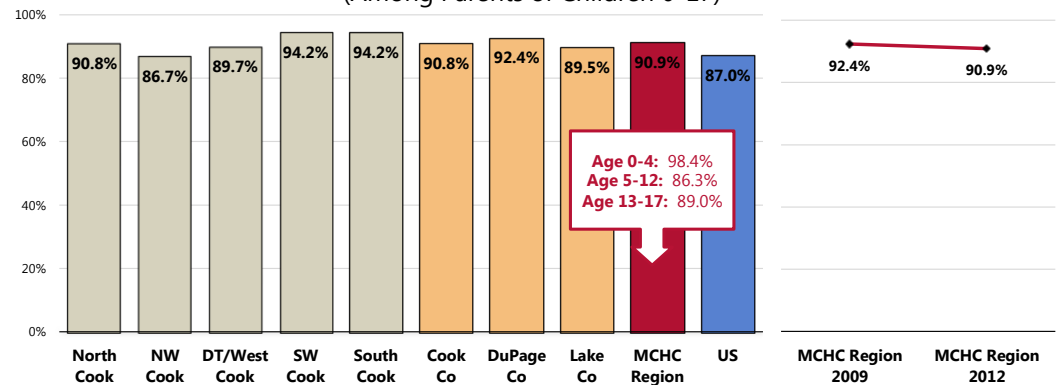


Note that routine checkups are highest in the MCHC Region among children under age 5.



Statistically similar to 2009 findings.

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 136]

Notes: • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

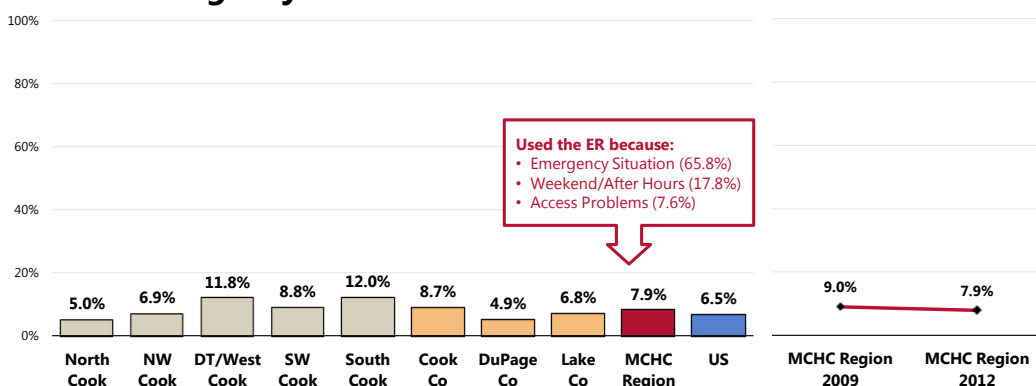
• Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 7.9% 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.
- Higher in Cook County, lower in DuPage County.
 - Within Cook County, higher in the South and lower in the North.
- 🏠 Statistically similar to 2009 findings.

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]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

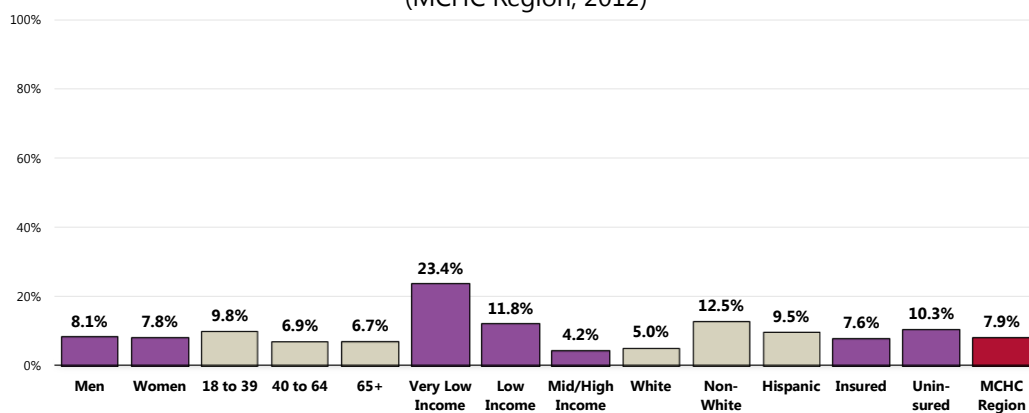
Notes: • Asked of all respondents.

Of those using a hospital ER, 65.8% say this was due to an **emergency or life-threatening situation**, while 17.8% indicated that the visit was during **after-hours or on the weekend**. A total of 7.6% cited **difficulties accessing primary care** for various reasons.

- 👥 Survey respondents more likely to have used an ER more than once in the past year include young adults, residents living in the lower income breakouts (especially), Non-Whites and Hispanics.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(MCHC Region, 2012)



Sources: • 2012 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

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.

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
- Poor dietary choices

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
- 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.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

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)

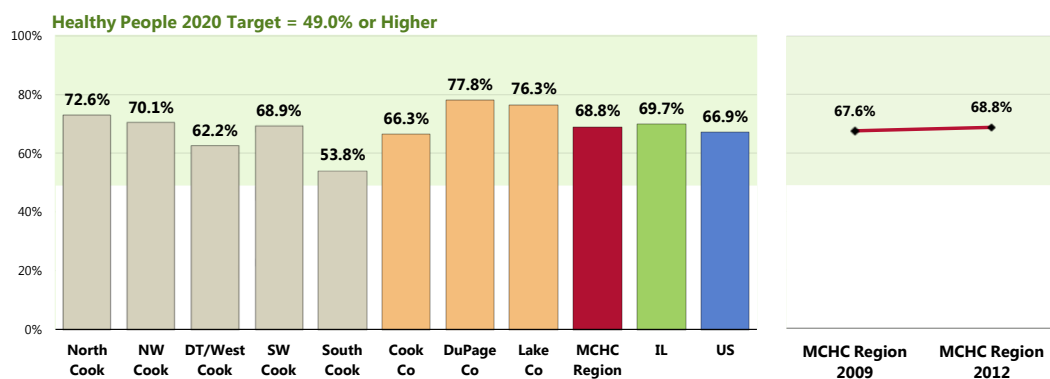
Dental Care

Adults

Just under seven in 10 MCHC Region adults (68.8%) visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide findings.
 - Similar to national findings.
 - Satisfies the Healthy People 2020 target (49% or higher).
 - Unfavorably low in Cook County.
 - Within Cook County, higher in the North and Northwest and lower in the South.
- 📊 Statistically similar to 2009 findings.

Have Visited a Dentist or Dental Clinic Within the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
• 2011 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, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2010 Illinois data.

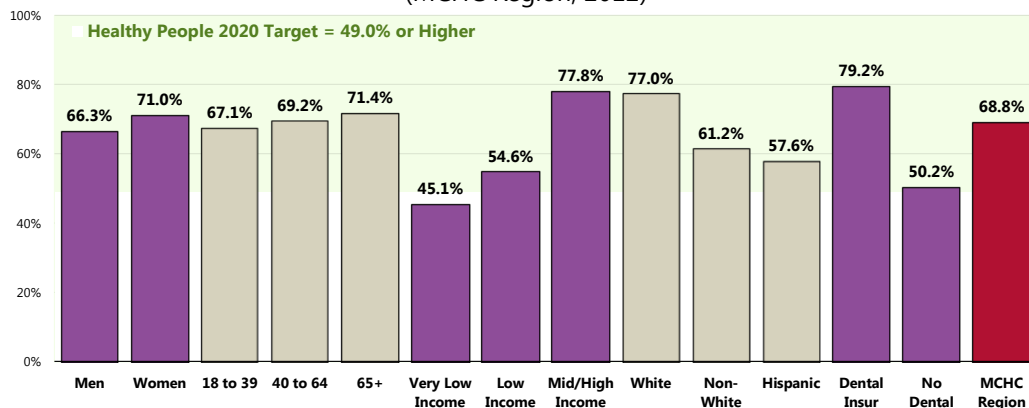
Notes: • Asked of all respondents.

Note the following:

- 👤 Men are less likely than women to have received dental care in the past year.
- 👤 Persons living in the higher income category report much higher utilization of oral health services.
- 👤 Whites are much more likely than Non-Whites or Hispanics to report recent dental care.
- 👤 As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(MCHC Region, 2012)



Sources: • 2012 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]
 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

Children

A total of 84.5% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

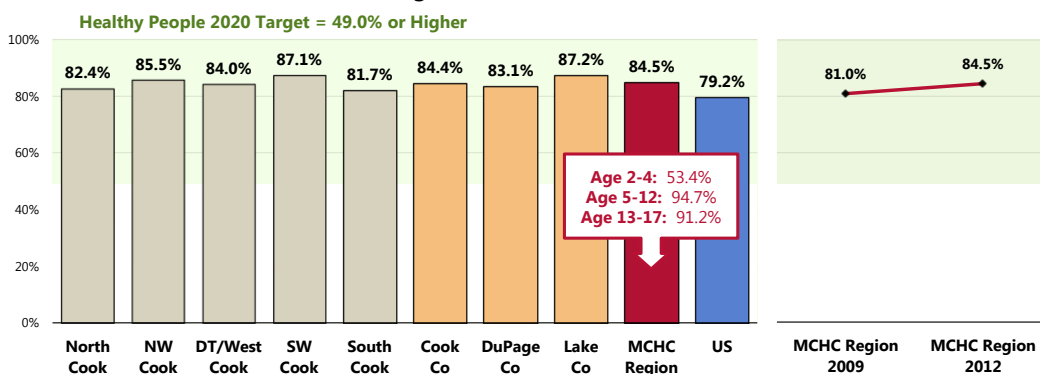
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- No significant difference by county.
 - No significant difference by sub-area within Cook County.

As expected, regular dental care is notably lower among children age 2 to 4.

Statistically similar to 2009 survey findings.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children 2-17)



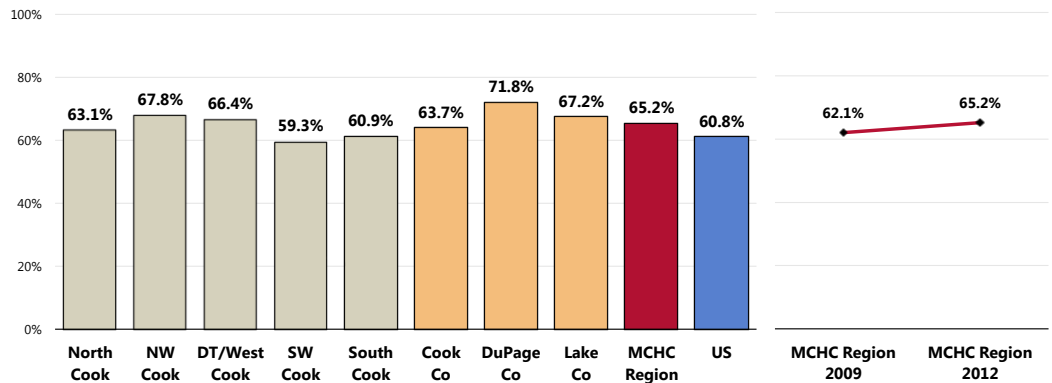
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 137]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents with children age 2 through 17.

Dental Insurance

Nearly two in three MCHC Region adults (65.2%) have dental insurance that covers all or part of their dental care costs.

- Better than the national finding.
- Higher in DuPage County, lower in Cook County.
 - Higher in the Northwest area of Cook County, lower in the Southwest.
- 📈 Marks a significant increase in the prevalence of dental coverage 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]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Related Focus Group Findings: Oral Health

Many focus group participants discussed oral health in the community. The main issues discussed include:

- Barriers to accessing dental treatment (uninsured/no dental coverage)
- Dental Connections
- Poor health outcomes
- Heartland International Health Center

North Chicago

Focus group participants believe that neglect of oral health can result in a significant decrease in a person's overall health. Attendees recognize the importance of **regular preventative dental care**; however, many residents face barriers in accessing dental treatment. Many refugee residents may never have seen a dentist in their country of origin, so they face additional challenges to improving their oral health. One participant describes:

"We do see a lot of refugees coming through the dental program who have never seen a dentist in their life. And that still happens with people right here in the United States, but we've seen 23-year-olds going in for extractions and that is not cost effective or fair to them." — North Chicago Participant

For those residents without **dental insurance**, many cannot afford basic care and fall through the cracks. Only a limited number of dentists serve community members with Medicaid insurance due to low reimbursement rates. Further, upcoming Medicaid cuts will only cover emergency dental care.

The **Heartland International Health Center**, a Federally Qualified Health Center (FQHC), has two dentists on staff and oral health services available to the public, but the demand far surpasses the resources. In turn, waiting lists become extensive, as a participant explains:

"I think we are the only more consistently open resource that will theoretically take any patient, but that's a wonderful theory when we know how long our waiting lists get. So we always have to do a little bit of clinical triaging with our dental team and there's really no fair and great way to do it. But even if that worked well, which is a leap –I mean we all know Medicaid doesn't cover costs and that's particularly true in dental care, particularly as people age." — North Chicago Participant

DuPage County

Focus group participants believe that oral health affects a person's overall health and that it is critical to get regular dental care. Respondents believe preventative dentistry is important to an individual's long-term oral health; however, many families **cannot access dental treatment** if they do not have private insurance.

The local health department provides referrals to **Dental Connections** which operates with volunteer dentists and hygienists (though due to high demand these dentists mainly work on emergency dental care and not preventative cleanings).

Lake County

Focus group participants agree that oral health has an effect on a person's overall health and that it is critical to get regular dental care. Inadequate preventative dental care directly impacts the level of **poor health outcomes**. Attendees feel that residents who possess dental insurance have many choices for care, but for those without **dental insurance** there are few, if any, preventative care options. As of July 1, 2012, Medicaid adults only receive emergency dental care (oftentimes a tooth extraction). A participant expresses her frustrations with the new program:

"Illinois is now allowing only emergency dental care for adults as of July 1. And we do know things like dental disease promotes prematurity and low birth weight with a baby – when a woman's pregnant she has dental disease, high probability of low birth weight or prematurity which puts them in a NICU which only drives up cost. Again, if you're well-resourced it's not a problem; we've got a lot of great physicians and dentists in the area and if anything probably dentists are looking for business." — Lake County Participant

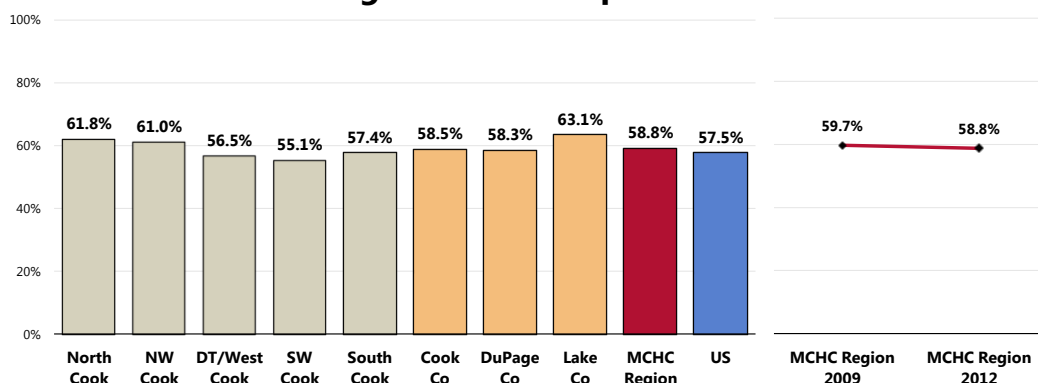
Vision Care

RELATED ISSUE:
See also *Vision & Hearing* in
the **Deaths & Disease**
section of this report.

A total of 58.8% of residents had an eye exam in the past two years during which their pupils were dilated.

- Statistically comparable to national findings.
- No significant difference by county.
 - No significant difference by sub-area in Cook County.
- Similar to 2009 survey findings.

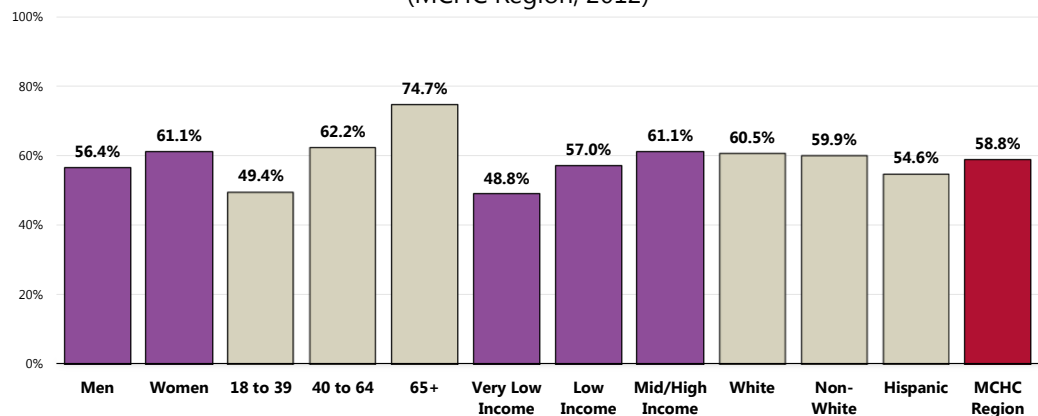
Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

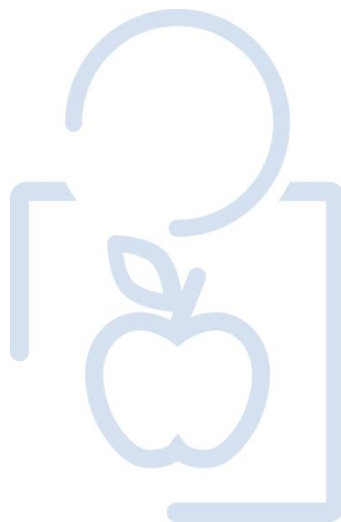
Recent vision care in the MCHC Region is less often reported among men, young adults, residents with very low incomes, and Hispanics.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (MCHC Region, 2012)



Sources: ● 2012 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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

HEALTH EDUCATION & OUTREACH

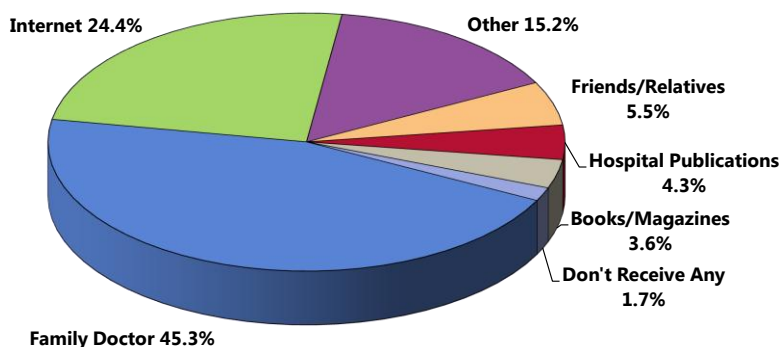


Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 45.3% of MCHC Region adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 24.4%.
 - Other sources mentioned include friends and relatives (5.5%), hospital publications (4.3%) and books and magazines (3.6%).
- Just 1.7% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of all respondents.

Related Focus Group Findings: Education

The topics of health education and prevention needs for the community arose with frequency during focus groups, with primary themes including:

- Prevention
- Health literacy
- Provide education where people live, work and play
- Employee wellness programs
- Cultural competency
- Use of radio and billboards

Cook County (Overall)

Focus group participants feel that health education represents an important aspect of **prevention** and improving the overall health of community members. Attendees believe Cook County residents suffer due to limited prevention programming and prevention does not occur regularly because of minimal subsidies for those services. School-based clinics do their best to educate students, but funding is always a challenge:

"I'm going back to our school-based health centers and I think of all the wonderful work that our RNs do and that it's all prevention and education and keeping people out of the emergency departments. But nobody pays me for that. So you're constantly writing grants which are not sustainable and taking up time of mine where I could be doing something much more functional than continuing to write." — Cook County Participant

Providing education where people live, work and play is critical to ensuring that education reaches the entire community. Agencies and providers must recognize the diverse cultures and ethnicities in the community and provide programming in multiple languages.

Overall, **health literacy levels** remain low and urgently need to increase. Higher health literacy would help residents realize the importance of preventative healthcare, medication management and healthy eating. Health-literate residents would improve the communication between physicians and patients.

Participants also feel strongly that **employee wellness programs** can positively impact workers. In addition to better engagement at work, many wellness programs increase overall health and quality of life.

"So now there's a push to encourage employers to continue with the health prevention programs and not to look for a return on the investment per se but look for – these are all jargon – return on engagement, that what happens is because you offer this prevention in general your employees will feel more engaged even if they don't take advantage of the prevention services." — Cook County Participant

Downtown/West Chicago

Focus group participants feel **health education** represents an important aspect of **prevention** and improving the overall health of community members. All aspects of health need to be discussed, including stigmatized topics like mental health and HIV/AIDS.

Providing education where **people live, work, and play** is critical, and outreach should include health screenings and education. The health education messaging must occur regularly and if possible, should utilize community health workers. Currently the community still functions with old wives' tales or hearsay from neighbors, as one participant explains:

"A lot of our communities are still – still functioning under – I want to say – not necessarily lists, but what they used to do. Okay? 'You don't need to go to the hospital for that. Just put that on there,' or 'Just do that,' or 'It's okay if your sugar is a little high,' or whatever else. And all of those things – well, what does that even mean?" — Downtown/West Chicago Participant

Some participants simply lack the knowledge or information to grasp the depth of a medical situation. One participant recalls a recent event with a tragic outcome:

"A young lady that lives across the street from me – her sister died. And her sister had been having symptoms of hypertension. Passed out at work, which is why they rushed her to the emergency room. The doctor gave her a prescription for a hypertensive medication. She didn't know how serious – and her sister said to me, 'Well, Athena, what happened. We know you do medical stuff. You know we don't know what happened. He gave her a prescription.' The reason he gave her the prescription was – when you get a prescription, the next thing is to go fill the prescription. Well, he told her she had high blood pressure, but they also told her she was okay when she left the emergency room." — Downtown/West Chicago Participant

Culturally-appropriate education can also have a powerful affect. Providers and social service agencies must listen to community members and meet them where they stand, remembering **"stages of change" theory**.

"If you're not ready to hear something, well, that puts you at Stage 1 or whatever. So why do we keep designing programs and interventions for people who are not ready to hear? When we should be designing programs for each of the stages." — Downtown/West Chicago Participant

South Chicago

Focus group participants feel that health education is an important aspect of prevention and improving the overall health of community members. KLEO, a local non-profit, provides health fairs and food pantry days which also include health education for participants.

Overall, focus group attendees perceive **health literacy** levels to remain low and agree that they urgently need to increase. Health literacy would help residents realize the importance of preventative healthcare, medication management, healthy eating, and consequences of drug use. Currently, many residents do not realize that their choices impact their health, and that they are not predestined to have a health condition. As one participant explains:

The community has a low health literacy. They may think that because mama had diabetes, I'm going to get diabetes. They don't realize that's it's something that they can prevent. You know, 'I'm 50 years old and I made it this far, I've lived a really good life, I've lived a long life,' because some people don't know that they can live a longer life, you don't have to go through all these different illnesses, these chronic diseases that you have." — South Chicago Participant

The focus group participants believe that both physicians and social service providers need to possess **cultural competence** in order to make an impact on an individual's health. Culturally-competent providers recognize the myriad ways in which culture affects a patient's attitude and can tailor their message accordingly. Physicians must demonstrate high levels of cultural sensitivity and community members must be willing to listen. The focus group participants stress the importance of two-way communication between physician and patient. Here, one participant describes the responsibility which physicians possess:

"I would also add that the medical community shares some of the responsibility on that because I think often physicians are oriented to that frame of mind and that thought process that some people of color will not access services. And so they stop offering." — South Chicago Participant

Having open-minded and culturally-competent providers is even more important in communities of color, as participants believe that African Americans in general have feelings of mistrust toward medical professionals. Having **churches** and other types of organizations relaying health messages can have a strong impact on community members. Additional types of media, like **radio and billboards**, need to reinforce health messages as well. A participant describes:

"To piggyback on the marketing piece – radio would be a really useful tool because often this community (African Americans) doesn't necessarily trust researchers and physicians from experiments that took place years ago." — South Chicago Participant

Participation in Health Promotion Events

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)

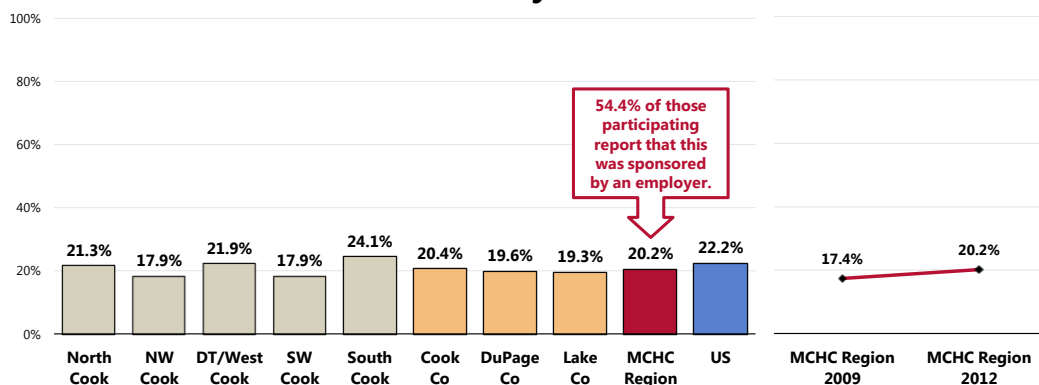
A total of 20.2% of MCHC Region adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Comparable to the national prevalence.
- No significant difference by county.
 - Within Cook County, highest in the South.

📈 Marks a significant increase since 2009.






👥 Note that 54.4% 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



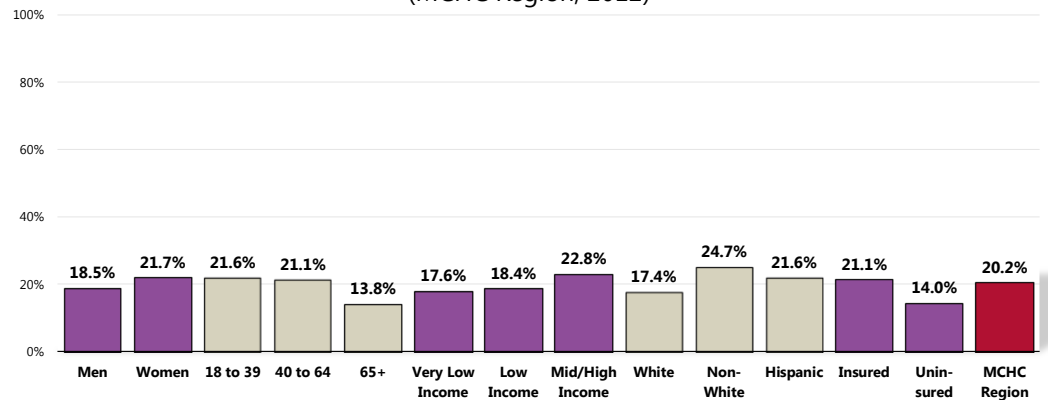
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-129]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

The following chart outlines participation by various demographic characteristics. Population segments less likely to have attended a health promotion event in the past year include the following:

-  Men.
-  Seniors.
-  Residents living at lower income levels.
-  Whites.
-  The uninsured.

Participated in a Health Promotion Activity in the Past Year

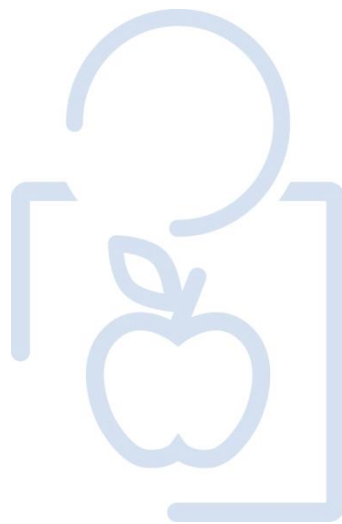
(MCHC Region, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]

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 for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.

LOCAL HEALTHCARE

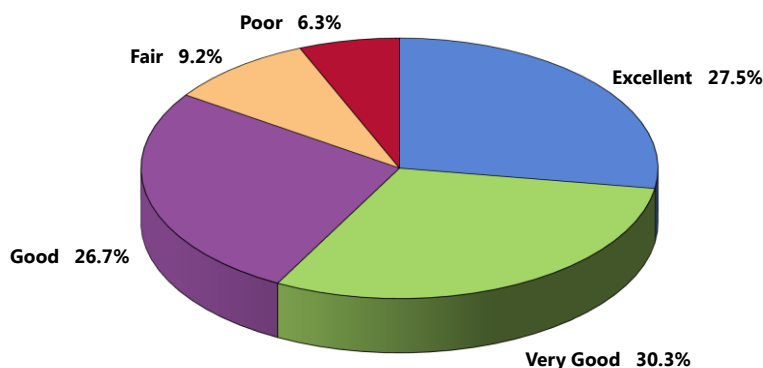


Perceptions of Local Healthcare Services

More than one-half of MCHC Region adults (57.8%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 26.7% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community
(MCHC Region, 2012)

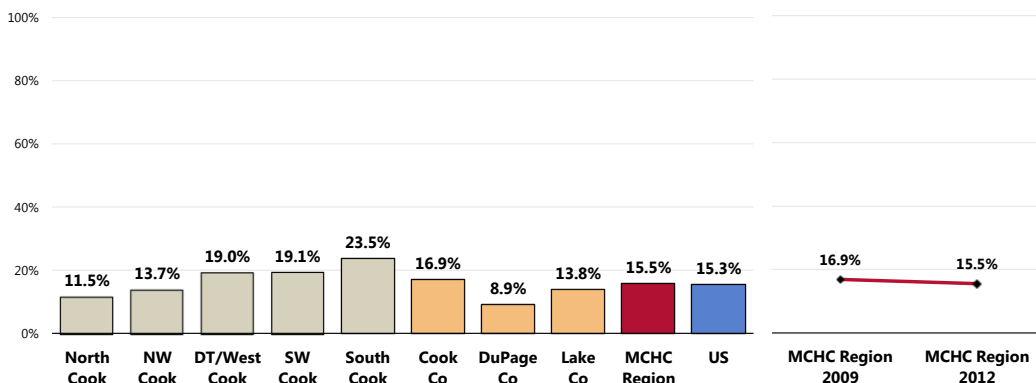


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 15.5% of residents characterize local healthcare services as "fair" or "poor."

- Similar to that reported nationally.
- Notably high in Cook County; lowest in DuPage County.
 - Within Cook County, highest in the South and lowest in the North and Northwest.
- 📊 Statistically similar to 2009 findings.

Perceive Local Healthcare Services as "Fair/Poor"

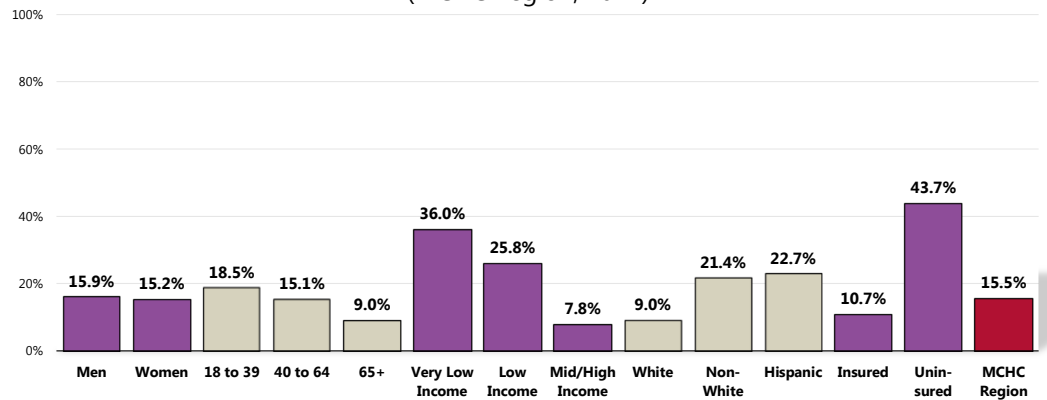


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- Adults under age 65.
- Residents with lower incomes.
- Non-Whites and Hispanics.
- Uninsured adults.

Perceive Local Healthcare Services as “Fair/Poor” (MCHC Region, 2012)

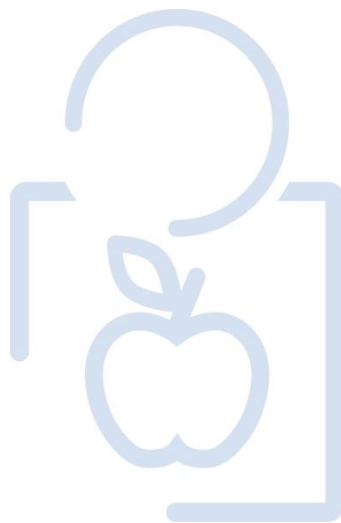


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

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 for their household size. “Very Low Income” includes households living in a household with defined poverty status; “Low Income” refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and “Mid/High Income” refers to households living on incomes which are twice or more the federal poverty level.

OTHER ISSUES



Collaboration

Key informants participating in the focus groups spent time discussing the varying degrees of collaboration occurring in the community between non-profit organizations, schools, healthcare providers and hospitals. The issues surrounding collaboration included:

- Varying degrees of collaboration
- Operation in silos
- Resource guide
- Low level of funding/competition for funding
- Need for health navigators
- Volunteerism
- High levels of cooperation and trust, streamlining services
- Faith-based organizations
- www.findhelplakecounty.org

Cook County (Overall)

Many of the focus group respondents agree that there are **varying degrees of collaboration** in Cook County and that collaboration is not the norm. Historically, organizations in Cook County have **operated in silos** and do not communicate (aside from non-profits). The status quo frustrates participants because they believe it is critical to connect primary care physicians with public health and for hospitals to coordinate care.

However, with the reduction in state funding and with grant applications pushing coordination, attendees note that some collaborative efforts have begun:

"I mean I think that recent events have tended to create more pressures, opportunities in some cases to look at ways to partner and work together to address issues where it used to be one organization that could do it. As those resources are being cut back they're looking for partners to kind of continue meeting that need that's out there even if they can't do it within their own organization." — Cook County Participant

Participants also see a need for a **resource guide**, some type of clearinghouse or system where agencies and residents can locate information about the current resources available. Participants believe easy access to information and services will facilitate better access to care for the community members. One participant explains:

"I think a lot of it's we don't have the information at our fingertips and then it becomes a hassle to do it so we don't. In the last two years is when I finally found out about access clinics." — Cook County Participant

North Cook County

Many of the focus group respondents agree that collaboration does occur within the North Cook County community, but feel that these efforts can improve. Participants believe organizations and healthcare providers **must collaborate to really impact the health** of residents, that it is only through these efforts that the dialogue can begin and resources become linked. As one participant explains:

"So I think that in our community there is an interrelationship that's essential because as we talked about the different populations we're working with, not one of us by ourselves can actually effectively manage and treat the individual in terms of what they need." — North Cook County Participant

Focus group attendees recognize that many agencies **compete for the same funding**, so collaborations can be challenging to get underway. At the same time, agencies cannot devote enough time to actually doing the work in the community because of grant reporting requirements. One participant describes how her organization had to eliminate funding to an agency because of this scenario:

"And the other issue I see is that so much of the funding that comes from the government or from outside sources comes from putting more money on collecting the data than doing the work. We had an agency that we worked with that we finally stopped our affiliation because we kept asking for outcomes. Finally what we realized is although we were having a hospital employee do their intake for them it was the intake numbers that got them funding, right? But they didn't really have enough providers so they would see maybe four people a year." — North Cook County Participant

Participants believe that **health navigators** would really benefit the community. A health navigator could help patients maneuver the complex health system and make sure appropriate referrals to local non-profit agencies took place. Many attendees feel patients get "lost in the system," as one attendee describes:

"I don't know that as a community that we have anybody out there navigating this person. I mean we do it and like Joe said, in the hospital they have social workers, and they set everybody up and give them this whole list and say, 'Go on your way.' That person may call an office and somebody's mean to them or rude and that's the end of that one ... And if you're already feeling disadvantaged and then you just see them when they come back, 'Didn't you do this?' 'Well no, they were mean to me or they said I can't go on Tuesday, I didn't understand them.' So they're lost to the navigation, we pick it up again for a little bit when they come back, send them back out there. To me it's a ball that keeps bouncing back and forth. It's so frustrating to watch." — North Cook County Participant

A collaborative effort would need to be undergone to effectively create this type of navigation system. Attendees would like to see a large organization (similar to the Metropolitan Chicago Healthcare Council [MCHC]) lead a health navigation effort. As one participant explains:

"What strikes me hearing everyone here today is that a medium entity like MCHC should be setting up these navigation type programs within districts in the Chicago area and set it up and put the blueprint in place through this type of funding that then can be sustained over time...it's a multidimensional problem but if we could build a blueprint for a community it would be great." — North Cook County Participant

North Chicago

Many of the focus group respondents agree that a **willingness to collaborate** exists within the North Chicago community, but that organizations feel enormous time, turnover and financial pressures, limiting their capacity for collaboration. Participants consider informal networks and referrals to represent the most successful collaborative efforts. As one participant explains:

"I would say there's a great desire on behalf of most agencies. It seems to be the same agencies that you see at meetings. Resources are thin. I think that it's a lot of informal collaboration. Just thinking last night, I saw a patient at a shelter who had seen Teresa at Heartland that morning, who knew I was going to be there that night. And so we had this informal referral going around and we know, 'Oh, I know so-and-so is working here, I'm going to call them and see if there's a place over there where I can send.'" — North Chicago Participant

Limited funding makes it difficult for agencies to work together, although grants that require collaboration can act as a catalyst. Recognizing quality collaborations can be the most efficient use of resources. Participants feel sometimes they are overburdened by the number of meetings and if local organizations could **streamline their collaborative efforts**, so much more could be accomplished.

"For us, we kind of designate one person to go to all the meetings and then bring it all back and disseminate it to all the case managers. Because we do home visits, we're going out on the home visits. But the case managers have to be out doing the home visits; the doctors have to be seeing the patients. You know they don't have time to be out collaborating all the time unless you find that super champion that's out doing everything. But not everybody's a super person." — North Chicago Participant

Focus group attendees agree that local non-profits need to capitalize on relationships that the **faith-based organizations** have within the community; these established relationships can create buy-in for the agencies. Local agencies need to work on opening the lines of communication.

"In terms of partnering with congregations to share information to access, groups of people do health and wellness activities. I think congregations would be very open, a number of them would be very open to it." — North Chicago Participant

Downtown/West Chicago

Many of the focus group respondents consider **poor collaboration** to be the status quo in the City of Chicago, although the city is perceived as trying very hard to collaborate with Cook County. Currently most organizations **operate in silos** and some duplication of service occurs; however, new grant applications push collaboration, so organizations have begun to coordinate efforts.

Participants agree that the state budget cuts and the overall **low level of funding** affect agencies ability to collaborate. A participant describes how he considers organizations to compete under the name of collaboration:

"So instead of having collaboration, we have competition under the name of collaboration. So when they get ready to send in their grant application, of course everybody is there. But when you come to the table, and you start breaking it down – 'Okay. Now who's really going to do

this?' 'Well, that's not what I was going to do. Why do you get to – why are you the fiduciary agency, and not me?' You know?" — Downtown/West Chicago Participant

South Cook County

Many of the focus group respondents feel that **varying levels of collaboration** occur amongst the South Cook County community agencies. There is a history of competition amongst agencies; however, new funding opportunities push collaboration, so organizations have just begun to coordinate efforts. Participants agree that all agencies could enhance their collaborative efforts across sectors, and respondents specified that the school systems could participate more regularly.

Participants feel that agencies must **complement and not compete** in order to have the biggest impact on residents. Focus group attendees have hope for future collaborative efforts:

"I believe that as we move forward we'll start to see deeper collaborative partnerships that actually have leverage power and utilize those conglomerates in pockets of industry-based areas whether it's mental health or developmental disabilities, to come together to have that larger voice for human services overall to put pressure on legislators to do something different so that it doesn't feel so much like they're taking the human out of human services." — South Cook County Participant

South Chicago

Focus group respondents agree that collaboration does occur within the South Chicago community, but that organizations have room for improvement; larger organizations need to spearhead collaborates and coordinate their efforts. As a participant explains:

"We can do a much better job of collaboration. Organizations like those larger, non-profits that are backed by big money backers. And those organizations can collaborate with smaller organizations that are doing a lot of good services." — South Chicago Participant

Limited funding makes it more difficult for agencies to work together, although new grant applications request coordinated efforts. Currently, many agencies **compete for the same funding**. Focus group attendees have hope for future collaborative efforts similar to the University of Chicago efforts:

"The University of Chicago's been reaching out to a lot of different people to work with them on various programs that they're trying to do within the community. So I know that if you look at that example, that's one example they've been reaching out to different, smaller, grass-root organizations to work with them. But there could be more." — South Chicago Participant

DuPage County

Many of the focus group respondents consider **a culture of collaboration** to exist within DuPage County. Several focus group participants feel there is excellent collaboration happening in the community between businesses, schools, organizations and healthcare facilities. Access DuPage and FORWARD represent two very successful collaborative efforts. In addition, focus group attendees agree that hospitals can really drive

collaborative efforts and act as catalysts in getting coordinated efforts off the ground, but feel that hospital systems need to work together to accomplish this type of ideal.

Other focus group participants feel that a history of collaboration has paved the way for future coordination, but the current financial climate creates some strain on organizations, which illustrates how important collaboration is for organizations. One participant describes:

"One of the things that we've been fairly successful at in this county is in building collaborative collaborations, and it's not a natural act for organizations to collaborate. But we've been at it awhile and had a number of successes, to the point where when you start dealing with big issues, and these are big issues, you simply can't do it as individual organizations; you have to – because no one organization has the resources it takes to really bend the curve on these things." — DuPage County Participant

Another participant expands on the value, aside from monetary value, which collaborations bring to social service agencies within the community:

"Collaboration is not just those dollars that come but also the knowledge or the skills or the relationships, other forms of leverage that can help small, non-profit organizations be able to do something they otherwise would not be able to do whether it's graphic design assistance from the health department or you know, I reached out to a hospital and I said, 'I want to know which vendor you guys are buying your medical supplies ... can you use your relationship to get us better pricing so that we can make our money go further?' And that cost them nothing and they were happy to do it and would be happy to do it again but it allows us to get a lot further than we would do without those partnerships." — DuPage County Participant

Agencies within DuPage County work hard to ensure they don't duplicate efforts, and try to provide comprehensive services for the residents. One participant explained their methods:

"You collect the people you need around you, get out of each other's way and start moving, and then report back, you know, and I think that the report-back piece is key." — DuPage County Participant

Participants also believe the level of **volunteerism** is high within their community and agencies do a good job of making volunteer opportunities easy and accessible to community members.

Lake County

Focus group respondents agree that there is **high level of cooperation and trust** amongst most social service agencies in the community. Many non-profit agencies refer back and forth to obtain the best care for their clients. Some large hospitals compete with other large systems though, creating some division.

Participants feel that the **low level of funding** affect agencies' ability to collaborate. One participant describes how organizations must compete for funding:

"I agree with you, it's a business; even the non-profits are obviously still a business. There's a lot of intelligence they all have on the competitors; that's just part of business. But it's also in my current position with the YMCA obviously we are a non-profit. We too compete in a way, so yes, we all get along, we all work together but the reality is our budget is very bleak and we're competing with United Way for a grant. So that's the reality, and they're competing with us." — Lake County Participant

Attendees believe that the website **www.findhelplakecounty.org** is a great resource where community members and providers can learn what resources exist within the community. Residents and agencies may not know every asset offhand, but this website allows users the ability to determine available resources.

Special Populations

Senior Health

Many focus group participants discussed geriatric health concerns, covering topics such as:

- A need for health advocates
- Isolation
- Cultural sensitivity

Cook County (Overall)

Focus group attendees believe that senior citizens experience unique health concerns. Some senior citizens may have hearing or vision difficulties. In general, physicians do not have extra time to explain procedures or prescriptions to them; therefore, many seniors leave the office without a complete understanding of their medications. Participants agree that having a **health advocate** for this population would assist in comprehension and treatment adherence. Further, long-term use of health advocates could potentially result in lower hospitalization rates.

"They have a little bit of a hearing problem and the providers speak fast like me and soft, so the seniors can't hear. Nothing is given to them in writing to follow up. There isn't a chance to meet with somebody perhaps less expensive than the physician's specialist provider to really go through the visit to say, 'What just happened here and what questions do you have?' or beforehand to say what questions you have when you want to go in. I despair for the people who don't have somebody to accompany them on every visit and help them." — Cook County Participant

North Chicago

Focus group participants worry about the high levels of **isolation** which many seniors live with daily. Local neighborhoods do not facilitate easy access and are even perceived as limiting a senior citizen's ability to get around town. There are many resources available for seniors, but attendees feel this population is unaware of all the opportunities accessible to them. In addition, seniors may not ask for help because they do not want to be considered a burden to their families, as a participant explains:

"Seniors have a knowledge deficit, too, on what is available. For example, my father: he lives across the street at Covenant Home. He is 89. But for the longest time he didn't want to – for one thing, he didn't know about resources, and he didn't want to access any of them. 'Because he didn't want to be a burden.'" — North Chicago Participant

Many seniors possess strong ties with their heritage and culture. Providers and social service agencies need to possess **cultural sensitivity** when working with these populations. As one participant describes:

"So we have a vast, large scale of minorities. And often they're senior. There's this apathy, there's no interest I've noticed in seeking healthcare, or health and wellness. And part of that is truly cultural too. I know that in the Asian community, your orientation is to try to stay healthy. You eat more vegetables and what have you. And when you do get sick, you accept that. You know, that's your fate. And you don't resist it. You may want to seek treatment, but to an extent you don't resist the deterioration of your body or whatever. So we need that cultural sensitivity."
— North Chicago Participant

Specialists

Many focus group participants discussed a perceived lack of medical specialties available in the community, with focus on:

- Additional specialists needed
- Specialty care for uninsured

DuPage County

Most focus group participants believe that DuPage County needs **additional specialists**, with perceived needs including rheumatologists, dermatologists, psychiatrists, gastroenterologists, neurologists, and ear, nose and throat physicians.

However, Access DuPage helps connect **uninsured persons with local specialists**, generally at no charge. Hospitals provide a large amount of charity care for these people through a collaborative effort with Access DuPage. If the person cannot get charity care from a local hospital, the resident then travels to the University of Chicago where they may experience a lengthy wait. A participant explains the issue for Medicaid patients:

"The Medicaid population of DuPage County has gone from 60,000 to 140,000 in six years. And what's true in the country is also true in DuPage and that is they have reasonably good access to primary care; specialty care is in my opinion a real hard nut to crack. It's probably easier for us to get an uninsured patient under Access DuPage – access to specialty care than to have a Medicaid patient get access to specialty care." — DuPage County Participant

North Cook County

Nearly all of the focus group participants feel that the community has a **sufficient number of specialists available**; however, additional specialists are perceived to be needed in orthopedics, diabetes, endocrinology and ophthalmology.

South Chicago

Nearly all of the focus group participants agree that the community has a **limited number of specialists available**. Respondents agree that specialists are needed in the following areas: psychiatry, dentistry, ophthalmology, rehabilitative services (both physical and speech), and wellness/fitness coaches. A participant describes:

"Wellness, you know. Myself as an example, I have a Blue Cross Blue Shield PPO and they always send me these discounts for fitness plans, part of their program. But when I click to link on where the closest one, it's a Life Time Gym at Orland Park. Well, that's about 25 miles South from where I live. Not quite something in my neighborhood." — South Chicago Participant

Adolescent Males

Lake County

Lake County focus group participants are concerned with adolescent health in the community, especially among adolescent males. The focus group members believe that **adolescent males** represent a hidden population that can have serious health issues.

In general, young men and adolescent boys are perceived as facing great pressure to be sexually active and to abuse substances; this demographic may struggle to form relationships, face stigma surrounding accessing mental health and some lack male role models, as one participant describes:

"I think young boys and young men are kind of a hidden population for – especially in low resource communities, many of them are poorly, or hardly parented at all. There's a great deal of absenteeism of adult men in the community, there's a lot of pressure to be sexually active and they're baby daddies more than once oftentimes but they don't know what to do in a relationship with a girl, they don't know what to do in a relationship with any adults. They're really very lost over and over again. So you see of over and over again, these kids falling out of school and to what? They don't seem to have hope, they don't seem to have a future and they haven't any skills to overcome that." — Lake County Participant

Housing & Homelessness

Lake County

Lake County focus group participants are concerned with the lack of affordable, quality housing available in the community, with the primary concern being:

- Homeless residents and families

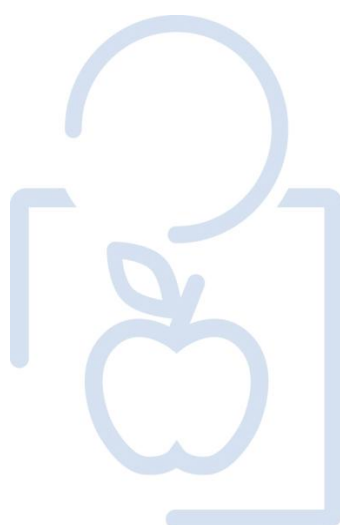
Participants express concern for **homeless residents and families**. The cost of living in Lake County is high and many families suffer due to the current economic climate. Many families have few options if they can no longer afford their home and have to wait for a Section 8 voucher, as one participant explains:

"But the housing is not cheap in this area, the Section 8 or subsidized housing, unless you have a large family or some really unusual thing it's a year's wait, many years' wait to get subsidized housing. What do people do in the meantime?" — Lake County Participant

In addition, some youth are considered "serially homeless" because they move from home to home. These children may have additional mental or physical healthcare needs which may go unnoticed due to the situation. A participant describes the scenario:

"We see serial homelessness, if that's the right term, where they lived with a parent who they got in conflict; they moved to their grandmother's. That didn't work out so well; they go to the boyfriend's. The boyfriend ditched them; they went back to the mother. And this can be their lives for more than a short time." — Lake County Participant

APPENDIX



2012 PRC-MCHC Community Health Survey Instrument



METROPOLITAN CHICAGO HEALTHCARE COUNCIL 2012 PRC-MCHC Community Health Survey

Hello, this is _____ with Professional Research Consultants. We are conducting a survey to study ways to improve the health of your community.

1. In order to randomly select the person I need to talk to, I need to know how many adults 18 and over live in this household?

One
Two
Three
Four
Five
Six or More

2. Would you please tell me which ZIP Code area you live in?

3. Area.

Downtown/West Cook County
North Cook County
Northwest Cook County
South Cook County
Southwest Cook County
Lake County
DuPage County

This survey may be recorded for quality assurance.

4. Gender of Respondent.

Male
Female

5. Would you say that in general your health is:

Excellent
Very Good
Good
Fair
or Poor

6. And, how would you rate the overall health care services available to you? Would you say:

Excellent
Very Good
Good
Fair
or Poor

7. Was there a time in the past 12 months when you needed medical care, but had difficulty finding a doctor?

Yes
No

8. Was there a time during the past 12 months when you had difficulty getting an appointment to see a doctor?

Yes
No

9. Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost?
- Yes
No
10. Was there a time during the past 12 months when a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?
- Yes
No
11. Was there a time during the past 12 months when you were not able to see a doctor because the office hours were not convenient?
- Yes
No
12. Was there a time in the past 12 months when you needed a prescription medicine, but did not get it because you could not afford it?
- Yes
No
13. Was there a time in the past 12 months when you skipped doses or took smaller doses in order to make your prescriptions last longer and save costs?
- Yes
No
14. Was there a time during the past 12 months when you experienced difficulties or delays in receiving needed health care for ANY reason?
- Yes
No
15. Is there a particular place that you usually go to if you are sick or need advice about your health?
- (SKIP to 17)
- Yes
No

16. What kind of place is it:

- (SKIP to 17) A Hospital-Based Clinic
- (SKIP to 17) A Clinic That is NOT Part of a Hospital
- (SKIP to 17) An Urgent Care/Walk-In Clinic
- (SKIP to 17) A Doctor's Office
- (SKIP to 17) A Hospital Emergency Room
- (SKIP to 17) Military or Other VA Healthcare
or Some Other Place

17. A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.
About how long has it been since you last visited a doctor for a routine checkup?

- Within the Past Year (Less Than 1 Year Ago)
- Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
- Within the Past 5 Years (2 Years But Less Than 5 Years Ago)
- 5 or More Years Ago

18. During the past 12 months, has a doctor asked you about or given you advice regarding diet and nutrition?

- Yes
- No

19. During the past 12 months, has a doctor asked you about or given you advice regarding physical activity or exercise?

- Yes
- No

20. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

- Within the Past Month (Less Than 1 Month Ago)
- Within the Past Year (1 Month But Less Than 12 Months Ago)
- Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
- 2 or More Years Ago
- [Never]

21. About how long has it been since you last visited a dentist or a dental clinic for any reason?

- Within the Past Year (Less Than 1 Year Ago)
- Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
- Within the Past 5 Years (2 Years But Less Than 5 Years Ago)
- 5 or More Years Ago
- [Never]

22. Do you currently have any health insurance coverage that pays for at least part of your DENTAL care?

Yes

No

23. In the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes ER visits that resulted in a hospital admission.

1 to 30

(SKIP to READ BOX before 25)

0

24. What is the MAIN reason you used the emergency room instead of going to a doctor's office or clinic?

After Hours/Weekend
Cost
Don't Have a Doctor/Clinic
Don't Have Insurance
Emergency/Life-Threatening Situation
Long Wait for an Appointment
Other (Specify)

Would you please tell me if you have ever suffered from or been diagnosed with any of the following medical conditions: (Insert Qs in BOLD)?

25. Chronic Lung Disease, Including Bronchitis or Emphysema

Yes
No

26. Blindness or Trouble Seeing, Even When Wearing Glasses

Yes
No

27. Deafness or Trouble Hearing

Yes
No

28. Arthritis or Rheumatism

Yes
No

29. Sciatica or Chronic Back Pain

Yes
No

30. Cancer, Not Counting Skin Cancer

Yes
No

31. Skin Cancer

Yes
No

32. Osteoporosis

Yes
No

33. Major Depression Diagnosed by a Doctor

Yes
No

34. Sinusitis

Yes
No

35. Nasal or Hay Fever Allergies

Yes
No

36. Migraine or Severe Headaches

Yes
No

37. Chronic Neck Pain

Yes
No

38. Liver Disease

Yes
No

39. Kidney Disease, Not Counting Kidney Stones, Bladder Infections, or Incontinence

Yes
No

40. Sickle-Cell Anemia

Yes

No

(End of Rotate)

Now I would like to ask you some questions about cardiovascular disease. Has a doctor, nurse or other health professional EVER told you that you had any of the following: (Insert Qs in BOLD)?

41. A Heart Attack, Also Called a Myocardial Infarction

Yes

No

42. Angina or Coronary Heart Disease

Yes

No

43. A Stroke

Yes

No

(End of Rotate)

44. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

Yes

(SKIP to 47)

No

45. Do you still have asthma?

Yes

(SKIP to 47)

No

46. During the past 12 months, have you had an episode of asthma or an asthma attack?

Yes

No

47. Have you ever been told by a doctor that you have diabetes?

(If Respondent is Female, READ: Not counting diabetes only occurring during pregnancy?)

Yes

(SKIP to 50)

No

(SKIP to 50) Pre-Diabetes or Borderline Diabetes

48. Are you now taking insulin or other medication for your diabetes?

Yes

No

49. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

0 to 100

50. Have you ever been told by a doctor, nurse or other health care professional that you had high blood pressure?

Yes

(SKIP to 53)

No

51. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

(INTERVIEWER: If "Never", PROBE.)

More Than Once

(SKIP to 53)

Only Once

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

Yes

No

53. About how long has it been since you last had your blood pressure taken by a doctor, nurse or other health professional?

Within the Past 6 Months (Less Than 6 Months Ago)

Within the Past Year (6 Months But Less Than 1 Year Ago)

Within the Past 2 Years (1 Year But Less Than 2 Years Ago)

Within the Past 5 Years (2 Years But Less Than 5 Years Ago)

5 or More Years Ago

54. Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?

Yes

(SKIP to 56)

No

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

Yes

No

56. About how long has it been since you last had your blood cholesterol checked?

Within the Past Year (Less Than 1 Year Ago)

Within the Past 2 Years (1 Year But Less Than 2 Years Ago)

Within the Past 5 Years (2 Years But Less Than 5 Years Ago)

5 or More Years Ago

[Never]

57. How often do you use seat belts when you drive or ride in a car? Would you say:

Always

Nearly Always

Sometimes

Seldom

or Never

58. Now I would like to ask, how safe from crime do you consider your neighborhood to be? Would you say:

Extremely Safe

Quite Safe

Slightly Safe

or Not At All Safe

59. Have you been the victim of a violent crime in your area in the past 5 years?

Yes

No

The next questions are about different types of violence in relationships with an intimate partner. 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. This information will help us to better understand the problem of violence in relationships. This is a sensitive topic. Remember, you do not have to answer any question you do not want to.

60. Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or hurt you in any way.

Yes

No

61. Has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way?

Yes

No

62. The next questions are about safety and firearms. Firearms include pistols, shotguns, rifles, and other types of guns. This does NOT include starter pistols, BB guns, or guns that cannot fire.

Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car?

(If Respondent does not feel this is relevant to a health survey, explain "Sometimes the use of firearms can lead to injury, which is a health problem.")

Yes

(SKIP to 65)

No

63. An unlocked firearm is one that does NOT need a key or combination to get to the gun or fire it. The safety is NOT counted as a lock. Are any of these firearms unlocked?

Yes

(SKIP to 65)

No

64. Are any of these unlocked firearms now loaded?

Yes

No

65. Have you smoked at least 100 cigarettes in your ENTIRE life?

(5 Packs = 100 Cigarettes)

Yes

No

66. Do you NOW smoke cigarettes "Every Day," "Some Days," or "Not At All"?

(SKIP to 69)

Every Day
Some Days
Not At All

67. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

Yes
No

68. In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking?

Yes
No

69. In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars or pipes anywhere in your home on an average of four or more days per week?

Yes
No

70. Do you currently use chewing tobacco, snuff, or snus (pronounced "snoose"; rhymes with goose) "Every Day," "Some Days," or "Not At All"?

Every Day
Some Days
Not At All

71. Do you now smoke cigars "Every Day," "Some Days," or "Not At All"?

Every Day
Some Days
Not At All

72. The next few questions are about alcohol use. Keep in mind that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

(NOTE: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.)

(SKIP to 76)

1 to 30
0

73. On the day(s) when you drank, about how many drinks did you have on the average?
(If "None", PROBE)
- 1 to 10
74. (If Respondent is MALE, Read:) Considering all types of alcoholic beverages, how many TIMES during the past 30 days did you have 5 or more drinks on an occasion?
- (If Respondent is FEMALE, Read:) Considering all types of alcoholic beverages, how many TIMES during the past 30 days did you have 4 or more drinks on an occasion?
- 0 to 30
75. Keep in mind that all of your answers are strictly confidential, and that no one will be able to view your individual responses or attribute them specifically to you. With this in mind, during the past 30 days, how many times have you driven when you've had perhaps too much to drink?
- 0 to 30
76. During the past 30 days, how many times have you RIDDEN with a driver who had perhaps too much to drink?
- 0 to 30
77. During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?
- Yes
No
78. Have you ever sought professional help for an alcohol or drug-related problem?
- Yes
No
79. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?
- Yes
No
80. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose? The seasonal flu vaccine sprayed in the nose is also called FluMist.
- Yes
No

81. A pneumonia shot or pneumococcal (pronounced "new-moh-KAH-kull") vaccine is usually given only once or twice in a person's lifetime and is different from the seasonal flu shot. Have you EVER had a pneumonia shot?
- Yes
No
82. Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.
- Yes
No
83. Next, I'd like to ask you some general questions about yourself.
- What is your age?
- 18 to 110
84. Are you of Hispanic or Latino origin, or is your family originally from a Spanish-speaking country?
- Yes
No
85. What is your race? Would you say:
- American Indian, Alaska Native
Native Hawaiian, Pacific Islander
Asian
Black/African American
White
[Latino/Hispanic]
Other (Specify)
86. Are you:
- Married
Divorced
Widowed
Separated
Never Been Married
or A Member of an Unmarried
Couple

87. Do you identify yourself as:

Straight or Heterosexual
Gay or Lesbian
Bisexual
or Something Else

88. What is the highest grade or year of school you have completed?

Never Attended School or Kindergarten Only
Grades 1 through 8 (Elementary)
Grades 9 through 11 (Some High School)
Grade 12 or GED (High School Graduate)
College 1 Year to 3 Years (Some College or Technical School)
Bachelor's Degree (College Graduate)
Postgraduate Degree (Master's, M.D., Ph.D., J.D.)

89. Are you currently:

Employed for Wages
Self-Employed
Out of Work for More Than 1 Year
Out of Work for Less Than 1 Year
A Homemaker
A Student
Retired
or Unable to Work

90. Do you have any government-assisted healthcare coverage, such as:

(SKIP to 92) Medicare
(SKIP to 93) Medicaid or Another State Sponsored Program
(SKIP to 93) or VA or Military Benefits
(SKIP to 93) [Medicare and Medicaid]
[Other Government Sponsored Program]
[None]

91. Do you currently have:

Health insurance that you get through your own or someone else's employer or union;

Health insurance that you purchase yourself;

Or, you do NOT have health insurance and pay for health care entirely on your own?

(INTERVIEWER: If Respondent Is NOT Sure Which Insurance is Included, READ: Please think about insurance plans that cover the cost of doctor and hospital bills in general, and NOT insurance that covers ONLY dental care, vision care, accidents, or that pays you extra cash while in the hospital.)

(SKIP to 93) Health Ins, Through Employer or Union

(SKIP to 93) Health Insurance, Self-Purchased

(SKIP to 95) No Insurance/Self-Pay

(SKIP to 93) [Insured, Unknown Type]

(SKIP to 93) [Government-Assisted Coverage Only]

92. Do you have any other supplemental health insurance, in addition to your Medicare coverage?

Yes

No

93. Does your health coverage pay at least part of the cost of your prescription medicines?

Yes

No

94. During the past 12 months, did you have health insurance coverage ALL of the time, or was there a time in the year when you did NOT have any health coverage?

Insured ALL of the Year

Had a Time Without Insurance

95. Now I would like to ask, about how much do you weigh without shoes?

96. About how tall are you without shoes?

NOTE: If Q4 is "Male", SKIP to NOTE before 99.

If Q4 is "Female", CONTINUE.

97. A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?

Within the Past Year (Less Than 1 Year Ago)
Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
Within the Past 3 Years (2 Years But Less Than 3 Years Ago)
Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
5 or More Years Ago
[Never]

98. A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?

Within the Past Year (Less Than 1 Year Ago)
Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
Within the Past 3 Years (2 Years But Less Than 3 Years Ago)
Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
5 or More Years Ago
[Never]

NOTE: If Q4 is "Male" AND Q83 is 40 Years of Age or Older, ASK Q99.

All Others, SKIP to NOTE before 101.

99. A prostate-specific antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. How long has it been since you had your last PSA test?

Within the Past Year (Less Than 1 Year Ago)
Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
Within the Past 3 Years (2 Years But Less Than 3 Years Ago)
Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
5 or More Years Ago
[Never]

100. A digital rectal exam is when a doctor, nurse or other health professional places a gloved finger in the rectum to feel the size, hardness and shape of the prostate gland. How long has it been since your last digital rectal exam?

Within the Past Year (Less Than 1 Year Ago)
Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
Within the Past 5 Years (2 Years But Less Than 5 Years Ago)
5 or More Years Ago
[Never]

NOTE: If Q83 is 50 Years of Age or Older, ASK Q101.

All Others, SKIP to NOTE before 103.

101. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?

Within the Past Year (Less Than 1 Year Ago)

Within the Past 2 Years (1 Year But Less Than 2 Years Ago)

Within the Past 3 Years (2 Years But Less Than 3 Years Ago)

Within the Past 5 Years (3 Years But Less Than 5 Years Ago)

Within the Past 10 Years (5 Years But Less Than 10 Years Ago)

10 or More Years Ago

[Never]

102. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?

Within the Past Year (Less Than 1 Year Ago)

Within the Past 2 Years (1 Year But Less Than 2 Years Ago)

Within the Past 3 Years (2 Years But Less Than 3 Years Ago)

Within the Past 5 Years (3 Years But Less Than 5 Years Ago)

5 or More Years Ago

[Never]

NOTE: If Q83 is 18-64 Years of Age and Q86 is "Married", SKIP to 105.

If Q83 is 65 Years of Age or Over, SKIP to 105.

All Others, CONTINUE.

The next few questions are about health and sexuality. Please remember that your answers are strictly confidential.

103. During the past 12 months, with how many people have you had sexual intercourse?

0 to 999

104. Was a condom used the last time you had sexual intercourse?

Yes

No

105. The next question is about the national health problem of HIV, the virus that causes AIDS. I'd like to ask you about testing, but I will NOT ask you about the results of any test you may have had. Remember that your answers are strictly confidential.

Not counting tests you may have had when donating or giving blood, when was the last time you were tested for HIV?

Within the Past Month (Less Than 1 Month Ago)
Within the Past 6 Months (1 Month But Less Than 6 Months Ago)
Within the Past Year (7 Months But Less Than 1 Year Ago)
Within the Past 3 Years (1 Year But Less Than 3 Years Ago)
Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
5 or More Years Ago
[Never]

106. Now I would like you to think about the foods you ate or drank yesterday. Include all the foods you ate, both at home and away from home.

How many servings of fruit or fruit juices did you have yesterday?

0 to 25

107. How many servings of dark green or orange vegetables, such as carrots, broccoli, or sweet potatoes, did you have yesterday?

(Examples of dark green vegetables are broccoli, spinach, collards, etc.)
(Examples of orange vegetables are carrots and sweet potatoes, etc.)

0 to 25

108. How many servings of other vegetables did you have yesterday?

(Examples are potatoes, corn, onions, peas, etc.)

0 to 25

109. 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

The next questions are about physical activity.

110. When you are at work, which one of the following best describes what you do? Would you say:

(INTERVIEWER: If Respondent has more than one job, PROBE for all jobs overall.)

Mostly Sitting or Standing
Mostly Walking
or Mostly Heavy Labor or Physically Demanding Work

111. During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?

(SKIP to 114) Yes
No

112. The next questions ask about vigorous and moderate physical activity. Vigorous activities cause large increases in breathing or heart rate, while moderate activities cause small increases in breathing or heart rate.

Now, thinking about when you are not working, how many days per week or per month do you do VIGOROUS activities for at least 20 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing and heart rate?

DAYS PER WEEK
DAYS PER MONTH

NOTE: SKIP to 113.

113. And on how many days per week or per month do you do MODERATE activities for at least 30 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

DAYS PER WEEK
DAYS PER MONTH

NOTE: SKIP to 114.

114. How difficult is it for you to access safe and affordable places to get physical activity or exercise, such as at a park, gym, YMCA, or recreation center? Would you say:

Very Difficult
Somewhat Difficult
Not Too Difficult
or Not At All Difficult

115. Are you now trying to lose weight?

(SKIP to 118)

Yes

No

116. Are you eating either fewer calories or less fat to lose weight?

Yes

No

117. Are you using physical activity or exercise to lose weight?

Yes

No

118. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

Yes

No

119. How would you describe your own personal weight? Would you say that you are:

Very Underweight

Somewhat Underweight

About the Right Weight

Somewhat Overweight

or Very Overweight

120. 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

121. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

Yes

No

122. Thinking about the amount of stress in your life, would you say that most days are:

Extremely Stressful
Very Stressful
Moderately Stressful
Not Very Stressful
or Not At All Stressful

123. Have you ever sought help from a professional for a mental or emotional problem?

Yes
No

124. The next question is about getting enough sleep. During the past 30 days, for about how many days have you felt you did NOT get enough rest or sleep?

0 to 30

125. Now I would like to ask you about health problems or impairments you may have.

Are you limited in any way in any activities because of physical, mental or emotional problems?

Yes
(SKIP to 127) No

126. What is the major impairment or health problem that limits you?

Arthritis/Rheumatism
Back or Neck Problem
Fractures, Bone/Joint Injury
Walking Problem
Lung/Breathing Problem
Hearing Problem
Eye/Vision Problem
Heart Problem
Stroke Problem
Hypertension/High Blood Pressure
Diabetes
Cancer
Depression, Anxiety, Emotional
Problem
Other Impairment/Problem

127. Where do you get most of your healthcare information?

Family Physician
Friends/Relatives
Hospital Publications
Insurance
Newspaper
Internet
[Don't Receive Any]
Other (Specify)

128. In the past 12 months, have you participated in any organized health promotion activities, such as health fairs, health screenings, or seminars, either through your work, hospital, or community organizations?

Yes
(SKIP to 130) No

129. Was this offered through your employer?

Yes
No

130. Total Family Household Income.

131. How many children under the age of 18 are currently LIVING in your household?

(SKIP to 132) One
Two
Three
Four
Five or More
(SKIP to GOODBYE) [None]

I would like to ask some questions about the healthcare of one of these children. In order to randomly select one, please answer the following questions about the child who had the most recent birthday.

132. Is this child a boy or a girl?

(INTERVIEWER: Code "Boy" = "Male". Code "Girl" = "Female".)

Male
Female

133. And how old is he or she?

(INTERVIEWER: Code "Under 1 Year Old" as 0.)

0 to 17

134. Was there a time in the past 12 months when you needed medical care for this child, but could not get it?

Yes

(SKIP to 136)

No

135. What was the MAIN reason you could not get medical care for this child? Would you say:

(INTERVIEWER: If more than one instance, PROBE for the most recent.)

Cost/No Insurance

Distance

Office Wasn't Open When I Could Get There

Too Long a Wait For an Appointment

Too Long a Wait in Waiting Room

No Transportation

No Access for People With Disabilities

The Medical Provider Didn't Speak My Language

Didn't Accept My Insurance

Other (Specify)

136. About how long has it been since this child visited a DOCTOR for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?

Within the Past 6 Months (Less Than 6 Months Ago)

Within the Past Year (6 Months But Less Than 1 Year Ago)

Within the Past 2 Years (1 Year But Less Than 2 Years Ago)

Within the Past 5 Years (2 Years But Less Than 5 Years Ago)

5 or More Years Ago

[Never]

NOTE: If Q133 is Under 2 Years Old, SKIP to 138.

All Others, ASK Q137.

137. About how long has it been since this child visited a dentist or dental clinic?

Within the Past 6 Months (Less Than 6 Months Ago)

Within the Past Year (6 Months But Less Than 1 Year Ago)

Within the Past 2 Years (1 Year But Less Than 2 Years Ago)

Within the Past 5 Years (2 Years But Less Than 5 Years Ago)

5 or More Years Ago

[Never]

138. Has a doctor or other health professional ever told you that this child had asthma?

(SKIP to NOTE before 140)

Yes

No

139. Does this child still have asthma?

Yes

No

NOTE: If Q133 is 5 Years of Age or Older, ASK Q140.

If Q133 is 4 Years of Age or Younger, SKIP to 141.

140. Does this child currently take medication for Attention-Deficit/Hyperactivity Disorder or Attention-Deficit Disorder, also called ADHD or ADD?

Yes

No

141. How often does this child wear a child restraint or seat belt when riding in a car? Would you say:

Always

Nearly Always

Sometimes

Seldom

or Never

NOTE: If Q133 is Under 2 Years Old, SKIP to GOODBYE.

142. And how much does this child weigh without shoes?

143. About how tall is this child?

144. Would you describe this child's weight as:

Very Underweight

Somewhat Underweight

About the Right Weight

Somewhat Overweight

or Very Overweight

145. In the past 12 months, has a health professional or someone at your child's school told you that this child was overweight?

Yes

No

NOTE: If Q133 is 5-17 Years Old, CONTINUE.

If Q133 is 4 Years of Age or Younger, SKIP to GOODBYE.

146. NOT USED

147. In the past year, how often has this child worn a bicycle helmet when riding a bicycle? Would you say:

Always

Nearly Always

Sometimes

Seldom

or Never

148. On an AVERAGE SCHOOL DAY, how many hours or minutes does this child spend watching TV?

MINUTES

HOURS

NOTE: SKIP to 149.

149. Including video games and computer or internet, how many hours or minutes of screen time does this child use for entertainment on an AVERAGE SCHOOL DAY?

MINUTES

HOURS

That's my last question. Everyone's answers will be combined to give us information about the health practices of residents in this community. Thank you very much for your time and cooperation.

*****CALCULATED VARIABLES (NOT ASKED)*****

150. [Persons With Major Depression] Have Sought Help.

Yes
No

151. Heart Attack/Angina/Coronary Disease (Composite).

Yes
No

152. High Blood Pressure.

HBP Diagnosis (Ever)
No HBP Diagnosis (Tested in Past 5 Years)
Not Tested in Past 5 Years

153. High Blood Cholesterol.

HBC Diagnosis (Ever)
No HBC Diagnosis (Tested in Past 5 Years)
Not Tested in Past 5 Years

154. Cardiovascular Risk (Composite).

1+ Cardiovascular Risk Factors
No Risk Factors

155. [Women 40+] Mammogram In The Past 2 Years.

Yes
No

156. [Women 50-74] Mammogram In The Past 2 Years.

Yes
No

157. [Women 21-65] Pap Smear In The Past 3 Years.

Yes
No

158.	[Men 50+] Prostate Screening In The Past 2 Years (PSA/DRE).	Yes No
159.	[Adults 50+] Sigmoidoscopy/Colonoscopy EVER.	Yes No
160.	[Adults 50+] Blood Stool Test In The Past 2 Years.	Yes No
161.	[Adults 50-75] Colorectal Cancer Screening (FOBT/Sigmoidoscopy/Colonoscopy).	Yes No
162.	[Adult] Currently Has Asthma.	Yes No
163.	[Child] Currently Has Asthma.	Yes No
164.	[Households With Children] Presence of Firearms.	Yes No
165.	[Homes With Firearms] With Unlocked & Loaded Weapon(s).	Yes No
166.	[Children 0-4] "Always" Uses Auto Child Restraint.	Yes No

167.	[Children 5-17] "Always" Uses Seat Belt.	Yes No
168.	[Adults 50+] Arthritis/Rheumatism.	Yes No
169.	[Adults 50+] Osteoporosis.	Yes No
170.	[Adults 65+] Flu Shot In The Past Year.	Flu Shot Only Flu Mist Only Both Neither
171.	[High-Risk Adults 18-64] Flu Shot In The Past Year.	Flu Shot Only Flu Mist Only Both Neither
172.	[Adults 65+] Pneumonia Vaccine EVER.	Yes No
173.	[High-Risk Adults 18-64] Pneumonia Vaccine EVER.	Yes No
174.	[Unmarried Women 18-44] Condom Use.	Yes No

175.	[Unmarried Men 18-44] Condom Use.	Yes No
176.	[Adults 18-44] HIV Testing In Past Year.	Yes No
177.	[Adults 18-64] HIV Testing Ever.	Yes No
178.	5+ Servings of Fruits/Vegetables Per Day.	Yes No
179.	2+ Servings of Fruit Per Day.	Yes No
180.	3+ Servings of Vegetables Per Day, With One-Third Dark Green/Orange.	Yes No
181.	Meets Physical Activity Guidelines.	Yes No
182.	Achieves More Extensive Health Benefits From Physical Activity.	Yes No
183.	Moderate Physical Activity (30+ Minutes/5+ Times per Week).	Yes No

184. Vigorous Physical Activity (20+ Minutes/3+ Times per Week).

Yes

No

185. [Child 5-17] Three or More Hours of TV Per Day.

Yes

No

186. [Child 5-17] Three or More Hours of Computer Use Per Day.

Yes

No

187. [Child 5-17] Total Screen Time (Combined TV/Computer).

None

Less Than One Hour (1-59 Minutes)

One Hour (60-119 Minutes)

Two Hours (120-179 Minutes)

Three Hours (180-239 Minutes)

Four Hours (240-299 Minutes)

Five Hours (300-359 Minutes)

Six or More Hours (360+ Minutes)

188. Body Mass Index.

0.0 to 99.9

189. Weight Status.

Underweight (BMI < 18.5)

Healthy Weight (18.5 ≤ BMI < 25.0)

Overweight, Not Obese (25.0 ≤ BMI < 30.0)

Obese (BMI ≥ 30.0)

190. [Overweights] Trying to Lose Weight With Both Diet/Exercise.

Yes

No

191. [Overweights] Counseled About Weight.

Yes

No

192. [Obese] Counseled About Weight.

Yes

No

193. [Children 5-17] Weight Status.

Not Overweight

Overweight (85th-94th Percentile)

Obese (95th Percentile)

194. Smoking Status.

Current Smoker – Regular (Every Day)

Current Smoker – Occasional (Some Days)

Former Smoker

Never Smoked

195. [Women 18-44] Current Smoker (Regular or Occasional).

Yes

No

196. [Non-Smokers] Smoker In The Home.

Yes

No

197. [Households With Children] Smoker In The Home.

Yes

No

198. Current Drinker (1+ Drinks in Past Month).

Yes

No

199. Chronic Drinker (60+ Drinks in Past Month).

Yes

		No
200.	Binge Drinker (5+ Drinks on an Occasion for Men/4+ for Women).	Yes No
201.	Drinking/Driving OR Rode With Drunk Driver.	Yes No
202.	[Adults 18-64] Insured Status.	Health Insurance, Through Employer or Union Health Insurance, Self-Purchased Medicare Medicaid VA or Military Benefits No Insurance/Self-Pay Insured, Unknown Type Other Government-Sponsored Program Medicare and Medicaid
203.	[Adults 18+] Specific Source of Ongoing Care.	Yes No
204.	[Adults 18-64] Specific Source of Ongoing Care.	Yes No
205.	[Adults 65+] Specific Source of Ongoing Care.	Yes No

206.	Difficulties Accessing Healthcare in Past Year (Composite).	Yes No
207.	Child's Age.	0 to 4 5 to 12 13 to 17
208.	Gender of Respondent.	Male Female
209.	Age Groupings.	18 to 39 40 to 64 65/Over
210.	Combined Race/Ethnicity.	Non-Hispanic White Non-Hispanic Black Hispanic Non-Hispanic Asian Non-Hispanic American Native Other
211.	HHS Poverty Status (Two Categories).	Below 200% of Poverty 200% of Poverty or Higher
212.	HHS Poverty Status (Three Categories).	Below Poverty 100% to 199% of Poverty 200% of Poverty or Higher