



Community Health Needs Assessment

Northwestern Medicine Huntley Hospital
Northwestern Medicine McHenry Hospital
Northwestern Medicine Woodstock Hospital

Community Health Needs Assessment

Northwestern Medicine's northwest region consists of the following hospitals:



Northwestern Medicine
Huntley Hospital



Northwestern Medicine
McHenry Hospital



Northwestern Medicine
Woodstock Hospital

Table of contents

Introduction	4	Cancer	
About Northwestern Memorial HealthCare		Respiratory Disease	
About Northwestern Medicine Huntley Hospital, McHenry Hospital and Woodstock Hospital		Diabetes	
Acknowledgements		Reproductive Health	
The Community Health Needs Assessment	9	Risk Factors Impacting Health Outcomes	
Background		Diet & Nutrition	
Goals		Physical Activity	
NM Medicine Huntley Hospital, McHenry Hospital and Woodstock Hospital Community Service Area		Overweight and Obesity	
Methodology		Sexual Health	
Primary Data Collection		Sexually Transmitted Diseases	
Secondary Data Collection		Access to Health Services & Primary Care Providers	
Information Gaps		Oral Health	
Public Dissemination			
Public Comment			
Key Findings	13	Interpreting and Prioritizing Health Needs	36
Community Description & Demographics		Additional Resources Available to Address Significant Health Needs	38
Social Determinants of Health		Prioritization Process of Health Needs	39
General Health Status		Community Health Needs Assessment Review & Approval Process	40
Mental Health Status		Development of Implementation Plan	41
Substance Abuse & Tobacco Use		Availability of Community Health Needs Assessment to the Community	42
Morbidity, Mortality & Chronic Disease		Actions taken in 2018 CHNA	43
Stroke		Citations	55
High Blood Pressure			

Introduction

Northwestern Memorial HealthCare (NMHC) is the not-for-profit corporate parent of Northwestern Memorial Hospital (NMH); Northwestern Lake Forest Hospital d/b/a Northwestern Medicine Lake Forest Hospital (NM LFH); CDH-Delnor Health System (CDHS); Central DuPage Hospital Association d/b/a Northwestern Medicine Central DuPage Hospital (NM CDH); Delnor-Community Hospital d/b/a Northwestern Medicine Delnor Hospital (NM Delnor); KishHealth System (KHS); Kishwaukee Community Hospital d/b/a Northwestern Medicine Kishwaukee Hospital (NM Kishwaukee); Valley West Community Hospital d/b/a Northwestern Medicine Valley West Hospital (NM Valley West); Marianjoy Rehabilitation Hospital, part of Northwestern Medicine (MRH); Centegra Health System (CHS); Northern Illinois Medical Center (NIMC) d/b/a Northwestern McHenry Hospital, d/b/a Northwestern Medicine Huntley Hospital and d/b/a Northwestern Medicine Woodstock Hospital; Memorial Medical Center-Woodstock and Centegra Hospital-Huntley Holdings; Northwestern Medical Faculty Foundation d/b/a Northwestern Medical Group (NMG); Central DuPage Physician Group d/b/a Northwestern Medicine Regional Medical Group (NM RMG); Kishwaukee Physician Group, Inc. d/b/a Northwestern Medicine KishHealth Physician Group (KPG); Rehabilitation Medicine Clinic, Inc. d/b/a Marianjoy Medical Group (MMG); Northwestern Memorial Foundation (NMF); and other subsidiaries.

Working together under the brand Northwestern Medicine® (NM), NMHC and Northwestern University Feinberg School of Medicine (Feinberg) share a vision to transform medical care through clinical innovation, breakthrough research and academic excellence to make a positive difference in people's lives and the health of our communities.

NM's vision and values are deeply rooted in our Patients First mission, which includes geographical expansion to meet the growing demand for high-quality health care close to where people live and work. Since 2010, the Health System has grown to include ten hospitals and more than 100 diagnostic and ambulatory sites across Chicago, Illinois, and its surrounding counties.

Mission

Northwestern Medicine® is a premier integrated academic health system where the patient comes first.

We are all caregivers or someone who supports a caregiver.

We are here to improve the health of our community.

We have an essential relationship with Northwestern University's Feinberg School of Medicine.

We integrate education and research to continually improve excellence in clinical practice.

We serve a broad community and bring the best in medicine closer to where patients live and work.

Vision

To be a premier integrated academic health system that will serve a broad community and bring the best in medicine—including breakthrough treatments and clinical trials enhanced through our affiliation with Northwestern University Feinberg School of Medicine—to a growing number of patients close to where they live and work.

Northwestern Medicine Northwest Region (NMNR) Hospitals have a rich history of caring for their community. NMNR hospitals include:

Northwestern Medicine McHenry Hospital (NMMH)

NMMH, located at 4201 Medical Center Drive in McHenry, Illinois, is a nationally recognized 179-bed, acute care teaching hospital with over 600 physicians and 70 specialties who provide comprehensive, state-of-the-art health care to residents in McHenry and surrounding communities. NMMH is a regional destination for oncology and cardiovascular care. The facility provides emergency services, inpatient and outpatient care, and specializes in cardiovascular interventions, surgical services, inpatient physical rehabilitation and obstetrics. The McHenry campus is home to the only open-heart surgery program in the county and offers minimally invasive treatment for patients with diseased heart valves. The Cancer Center is fully accredited and offers a full range of treatment services, including radiation and an on-site infusion center.

Northwestern Medicine Huntley Hospital (NMHH)

NMHH, located at 10400 Haligus Rd. in Huntley, Illinois, is an extension of Northwestern Medicine (NM) McHenry Hospital and opened in 2016. NMHH is a comprehensive medical facility with more than 600 physicians and 70 specialties offering state-of-the-art health care to residents in the Huntley and surrounding communities. The 128-bed facility provides access to a Level 2 trauma center, surgical services including a cardiac catheterization laboratory, a 20-bed Family Birth Center, Medical-Surgical Services and a complement of supporting services. The hospital's pediatric unit is staffed by pediatric hospitalists from the Ann & Robert Lurie Children's Hospital in Chicago. The campus also features an immediate care facility along with a fitness center and wellness services designed to enhance the health and well-being of the community.

Located within the general community of Huntley is a senior community - Sun City Huntley by Del Webb. The community sits on 2,200 acres, is comprised of 43 neighborhoods, 900+ condominiums/townhouses and 5,481 single-family homes. The community is home to over 9,000 individuals age 55 and over. The NM Wellness Center located in the Sun City Prairie Lodge offers a walk-in clinic, health and wellness lectures and behavioral health services. In 2018, over 10,000 individuals participated in chronic disease screenings, educational lectures, seminars, support groups and physical therapy visits (duplicated numbers).

Northwestern Medicine Woodstock Hospital (NMWH)

NMWH, located at 3701 Doty Road in Woodstock, Illinois, is also an extension of NM McHenry Hospital. Serving the community for over 100 years, NMWH is a regional destination for behavioral health and outpatient care. The 34-bed hospital features inpatient behavioral health services, as well as an emergency department and a wide range of outpatient services including laboratory and imaging services. The campus is also home to Aunt Martha's Woodstock Community Health Center, a federally qualified health center, offering comprehensive primary care and mental health services to the uninsured and underinsured members of the McHenry community.

NM Northwest Region Hospitals have completed a comprehensive Community Health Needs Assessment (CHNA) to identify the highest priority health needs of residents of our community. This information has been utilized to guide new, and enhance existing, efforts to improve the health of our community. As described in detail in this report, the goal of the CHNA was to use a data-driven approach to determine the health status, behaviors and needs of all residents in the NM Northwest Region service area. Through this analysis, health needs were identified that are prevalent among residents across all socioeconomic groups, races and ethnicities, as well as health issues that highlight health disparities or disproportionately impact the medically underserved and uninsured.

Acknowledgements

A key component of any comprehensive assessment involves reaching out to members of the community and organizations that interact with them in an effort to better understand the needs and issues that affect the health of its citizens.

NM Northwest Region gratefully acknowledges the participation of our community partners/key stakeholders for their input on perceived needs and priorities within the communities we serve. These individuals and organizations work closely with members of our community, including those most in need and with marginalized access to healthcare services. They have given generously of their time and expertise to help guide this 2019 Community Health Needs Assessment. Organizations marked with an asterisk denote programs that work with the poor, vulnerable and marginalized in McHenry County.

- | | |
|---------------------------------------------|----------------------------------------|
| American Cancer Society* | Harvard Area Community Health Center* |
| Aunt Martha's Health Center* | Home of the Sparrow* |
| Cary Police Department | Huntley Police Department |
| City of Carpentersville | Huntley School District 158* |
| City of Crystal Lake | In Sync Systems |
| City of Harvard | League of United American Citizens* |
| City of Marengo | McHenry County Community Foundation |
| City of McHenry | McHenry County Conservation District |
| City of West Dundee | McHenry County Dental Society |
| City of Woodstock | McHenry County Department of Health* |
| Crystal Lake Elementary District 47* | McHenry County Environmental Defenders |
| Deer Path of Huntley* | McHenry County Government |
| Department of Probation & Court Services* | McHenry County Housing Authority* |
| Family Alliance* | McHenry County Medical Society |
| Family Health Partnership Clinic* | McHenry County Mental Health Board* |
| Fox River Fire Department | McHenry County Planning & Development |
| Garden Quarter Neighborhood Resource Center | McHenry County Pride* |

McHenry County Regional Office of Education*

McHenry County Sheriff's Office

McHenry County Substance Abuse Coalition*

McHenry Parents of Transgender Children*

Northern Illinois Special Recreation Assoc.*

Options & Advocacy*

PFLAG*

Pioneer Center for Human Services*

Salvation Army*

Senior Care Volunteer Network*

Senior Services, Inc.*

Shaw Media

Thresholds*

Transitional Living Services*

Turning Point*

United Way*

Village of Algonquin

Village of Bull Valley

Village of Cary

Village of Cary

Village of Fox River Grove

Village of Gilberts

Village of Holiday Hills

Village of Huntley

Village of Johnsburg

Village of Lake in the Hills

Village of Lakemoor

Village of Lakewood

Village of Oakwood Hills

Village of Pingree Grove

Village of Port Barrington

Village of Richmond

Village of Sleepy Hollow

Village of Spring Grove

Village of Wonderlake

Volunteer Center of McHenry County*

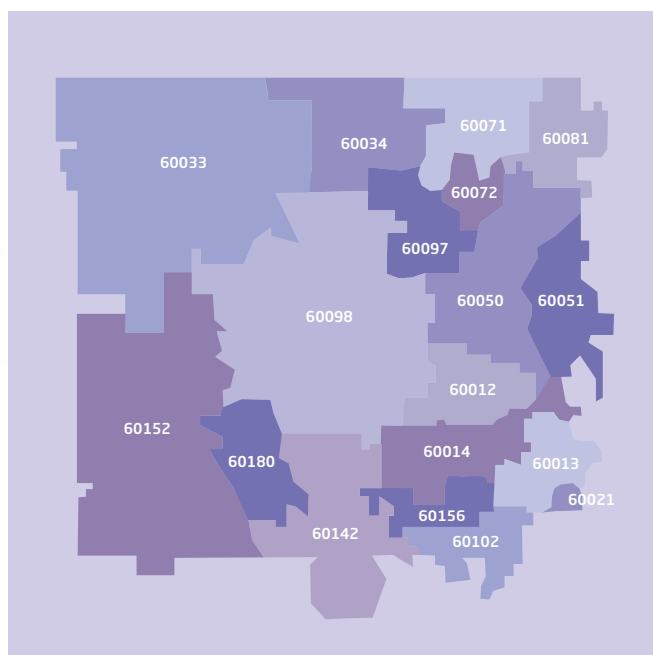
Woodstock School District 200*

Service Area

NM NWR’s primary services area is comprised of the below 18 ZIP codes, which account for 86% of patient volumes.

NM NWR’s primary services area closely align with McHenry County boundaries. The service area identified for this report includes the entire McHenry County. Eighty six percent of all admissions within the county are to the NM hospitals in Huntley, Woodstock and McHenry. As reported by the United States Census Bureau (2018 Quick Facts), McHenry County’s population was estimated at 308,570, making it the sixth-most populous county in Illinois. The County occupies 603.17 square miles with a population density of 511 people per square mile. The County is bordered by Boone County (west), Kane, DeKalb and Cook Counties (south), Lake County (east) and the state of Wisconsin to the north.

ZIP Code	City
60012	Crystal Lake
60013	Cary
60014	Crystal Lake
60021	Fox River Grove
60033	Harvard
60034	Hebron
60050	McHenry
60051	McHenry
60071	Richmond
60072	Ringwood
60081	Spring Grove
60097	Wonder Lake
60098	Woodstock
60102	Algonquin
60142	Huntley
60152	Marengo
60156	Lake In The Hills
60180	Union



Assessment Methodology

Northwestern Medicine commissioned Professional Research Consultants, Inc. (PRC) to conduct a comprehensive Community Health Needs Assessment (CHNA).

PRC is a nationally recognized healthcare consulting firm with extensive experience in conducting CHNAs in hundreds of communities across the United States since 1994. The PRC CHNA framework consisted of a systematic, data-driven approach to determine the health status, behaviors and needs of residents in McHenry County. The assessment provided information to enable NM hospital leadership and key community stakeholders to identify health issues of greatest concern among all residents and decide how best to commit the hospital's resources to those areas, thereby achieving the greatest possible impact on the community's health status. The PRC assessment incorporated data from both quantitative and qualitative sources and was conducted from March 2019 through May 2019.

Quantitative Data Design

Quantitative data input included secondary research (vital statistics and other existing health-related data). These quantitative components allowed for trending and comparison to benchmark data at the state and national levels. A variety of existing (secondary) data sources was consulted to complement the research quality of this CHNA.

Data for McHenry County was obtained from the following sources, with specific citations included in the graphs throughout this report:

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

For the purpose of this report, "significance" of secondary data indicators (which might be subject to reporting error) is determined by a 15 percent variation from the comparative measure.

Qualitative Data Design

Qualitative data included primary research gathered through an Online Key Informant Survey which was administered, analyzed and summarized by PRC. Key informants are those individuals who have a broad interest in the health of the community, and are in a position to advise healthcare organizations by providing a comprehensive biopsychosocial picture of community need. A list of recommended participants was provided by Northwestern Medicine and included the names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the McHenry County populations with whom they work, as well as of the community overall. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 34 community stakeholders took part in the Online Key Informant Survey. The Key Informant Online Survey was made available April 18, 2019 through May 3, 2019.

Final participation included representatives of the organizations outlined below:

American Cancer Society	McHenry County Substance Abuse Coalition
Centegra Physician Care	Northern Ill. Special Recreation Assoc.
City of Woodstock	Northwest Region of Northwestern Medicine
Family Health Partnership Clinic	Northwestern Medicine
Fox River Grove Fire Protection Dist.	Northwestern Medicine McHenry Hospital
Home of the Sparrow	Options & Advocacy Program
Huntley School District 158	PFLAG McHenry
McHenry County Department of Health	The Positive Way
McHenry Division of Transportation	Thresholds
McHenry County Mental Health Board	United Way of McHenry County
McHenry County Sheriff's Office	Village of Richmond

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations. In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented. NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Information Gaps

While this assessment is 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. 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 certain medical conditions that are not specifically addressed.

Community Health Consortium

Once the PRC data was reviewed by NM Northwest Region (NMNR) community health experts and executive leadership, a community health consortium was established. The consortium was composed of NMNR staff and clinicians who provided expertise in the areas of clinical practice and included key community stakeholders who were included in the Online Key Informant Survey. A summary of key findings and concerns was presented by PRC to the consortium members on May 29, 2019. Members of the group were asked to participate in a prioritization process session facilitated by PRC. Representatives from 45 organizations participated; 29 of which represented underserved and vulnerable populations. Further information regarding the process is discussed within the prioritization process section of this document.

Public Comment on the Prior CHNAs

NMNR hospitals made their prior CHNA report publicly available through their websites. Through that mechanism, the hospitals requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, we had not received any written comments. Northwestern Medicine hospitals will continue to use their websites as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

CHNA Overview & Key Findings

CHNA Goals

The CHNA serves as a tool toward reaching three organizational goals:

1. Improve residents' health status; increase their life spans and elevate their overall quality of life. A healthy community is one where its residents suffer little from physical and mental illness and enjoy a high quality of life.
 2. Reduce 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 segments may then be developed to combat some of the socioeconomic factors that have historically had a negative impact on residents' health.
 3. 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.
-

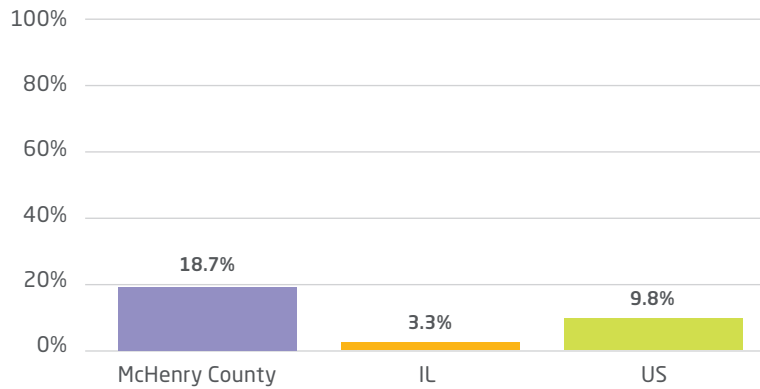
Presented below are data sets and key findings presented in the PRC report. Additionally, this information aligns with the 2017 McHenry County Department of Health Community Study. This information, coupled with input from the community and key stakeholders, forms the basis for identification and prioritization of community needs presented at the conclusion of this document.

Demographics

Population Shift

A significant positive or negative shift in the total population over time impacts healthcare providers and the utilization of community resources. Between the 2000 and 2010 US Census, the population of McHenry County increased by 48,683 persons or 18.7 percent. This reflects an increase significantly greater than state or national trends.

Change in Total Population Percentage of Change Between 2000 and 2010

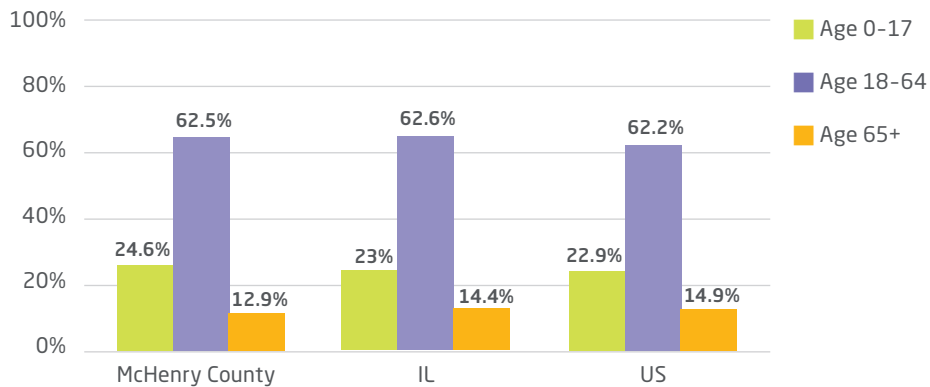


Source: US Census Bureau (200-2010)

Age

It is critical to understand the age distribution within the service area, as different age groups have unique health needs that must be considered when planning a response to community need. It is widely accepted that the US population in general will be shifting with the aging out of the “baby boomer” population. However, in McHenry County, 24.6 percent of the population are children age 0-17; another 62.5 percent are age 18-64, while only 12.9 percent are age 65 and older. Additionally, the median age in McHenry County (39.9 years) is slightly older than the state (37.7) and national (37.8) rates.

Total Population by Age Groups, Percent (2013 - 2017)

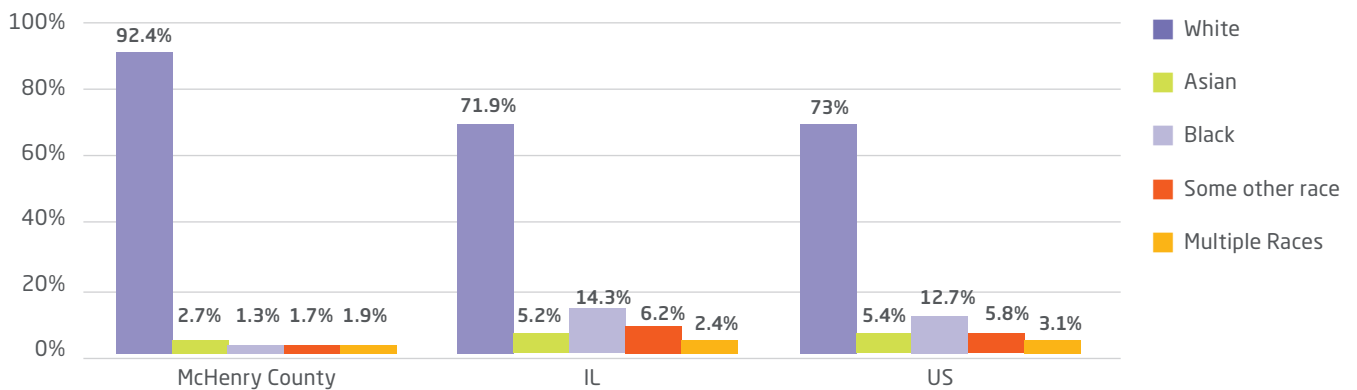


Source: US Census Bureau American Community Survey 5-year estimates

Race and Ethnicity

In looking at race independent of ethnicity (Hispanic or Latino origin), 92.4 percent of residents in McHenry County are White, 2.7 percent are Asian and 1.3 percent are Black. This distribution is notably much less diverse than both state and national data. Additionally, a total of 12.5 percent of McHenry County residents are Hispanic or Latino, once again significantly below state and national data. It is notable, however, that the Hispanic population increased by over 15,000 persons (79.8 percent) between 2000 and 2010.

Total Population by Race Alone, Percent 2013 - 2017



Source: US Census Bureau American Community Survey 5-year estimates

Linguistic Isolation

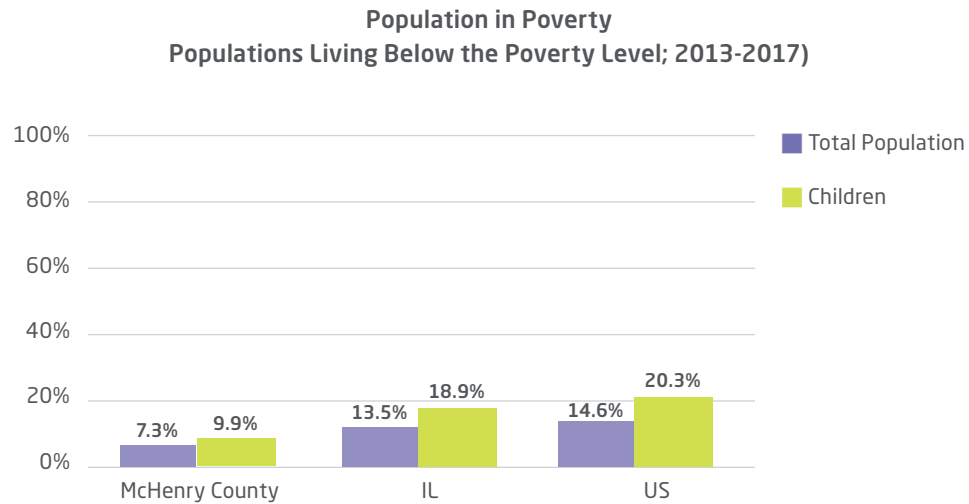
A total of 2.0 percent of McHenry residents age 5 and older live in a home in which no person age 14 or over is proficient in English. This is lower than state (4.4 percent) and national (4.4 percent) reports.

Social Determinants of Health

Healthy People 2020 (HP 2020) emphasizes that health starts in the home, schools, workplaces, neighborhoods and communities. Our health is determined in part by access to social and economic opportunities; the resources available in our homes, neighborhoods and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food and air; and the nature of our social interaction and relationships. These factors are of paramount importance when assessing the health of our community.

Poverty

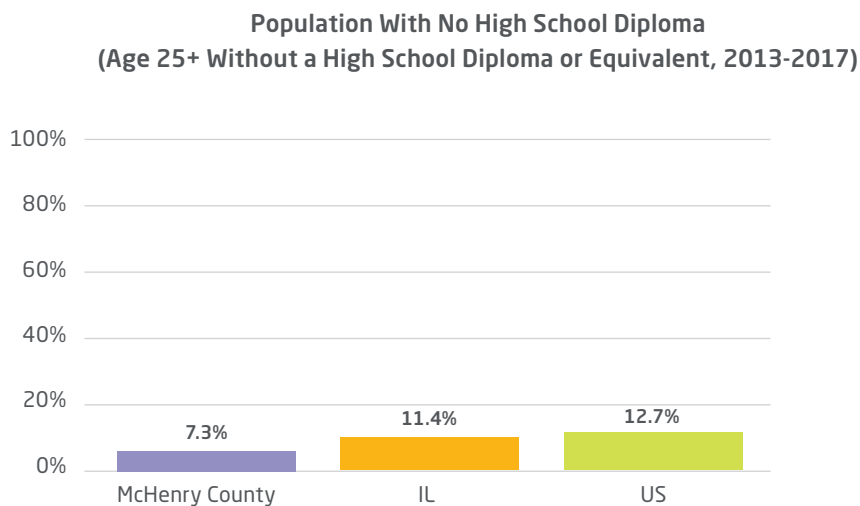
The latest census estimate shows 7.3 percent (22,339) of McHenry County residents living below the poverty level - 9.9 percent (7,415) are children between 0-17 years of age.



Source: US Census Bureau American Community Survey 5-year estimates

Education

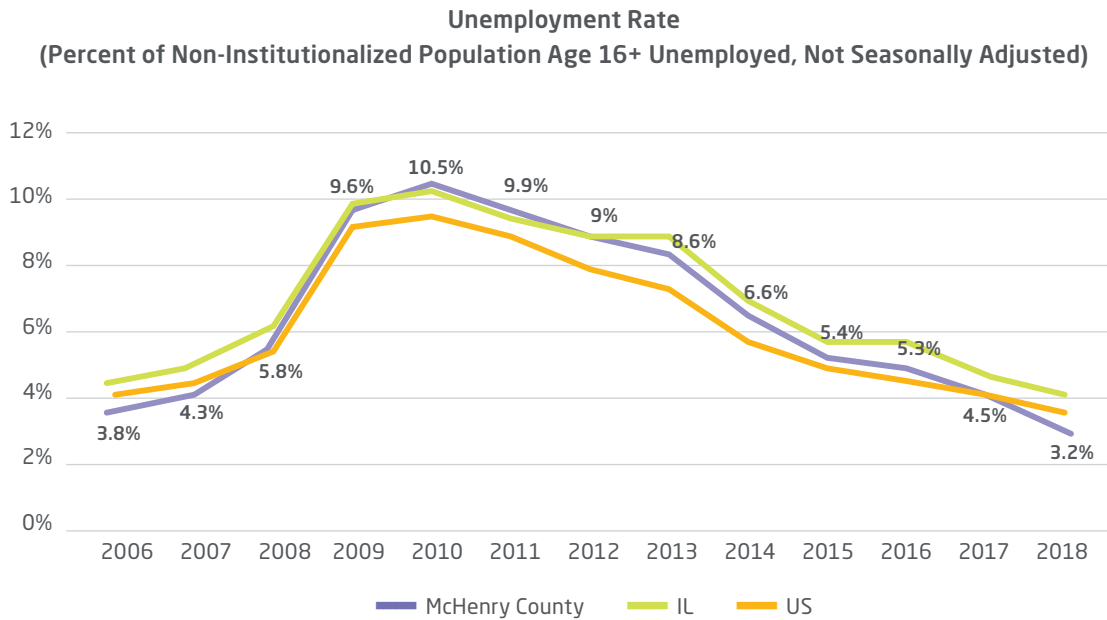
Among McHenry County residents age 25 and older, an estimated 7.3 percent (almost 15,000 people) do not have a high school education.



Source: US Census Bureau American Community Survey 5-year estimate

Employment

The unemployment rate in McHenry County as of August 2018 was 3.2 percent - lower than both state and national rates.

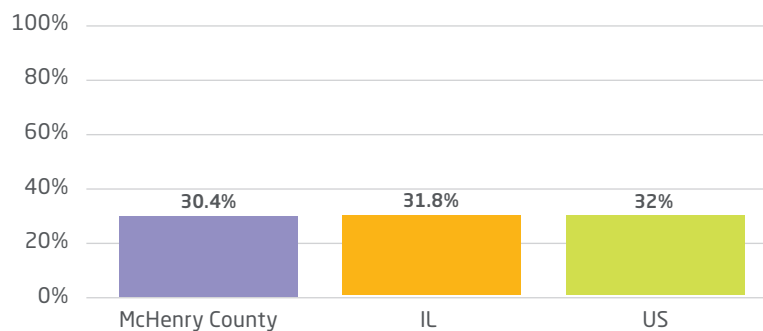


Source: US Department of Labor, Bureau of Labor Statistics

Housing

In 1981, the federal government set a standard recommending that individuals spend no more than 30 percent of monthly gross income on housing. It was noted that those who spend more than 30 percent of their income on housing become "cost burdened," thereby limiting the amount of spending for other personal needs. In McHenry County, three in ten households - 30.4 percent or 33,732 households - report spending more than 30 percent of total household income on housing costs.

Housing Costs Exceed 30 Percent of Household Income (2013-2017)

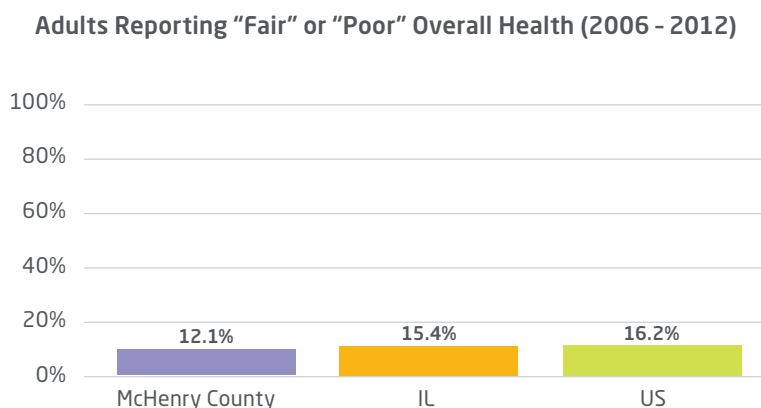


Source: US Census Bureau, American Community Survey

General Health Status

Overall Health Status

A total of 12.1 percent of McHenry County adults believe that their overall health is “fair” or “poor.” This is less than proportions reported statewide and nationally.



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

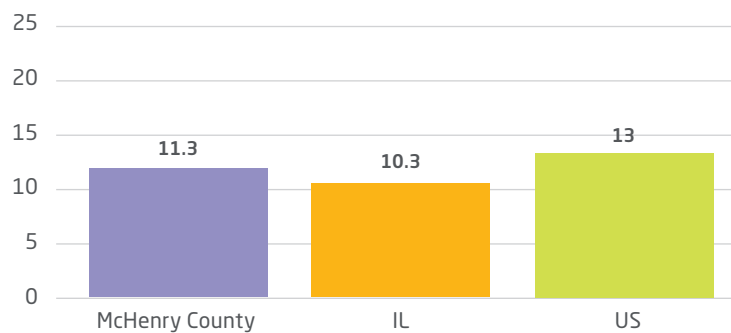
Mental Health

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. Mental health and physical health are closely connected. Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery. (Source: Healthy People 2020)

Suicide

Between 2012 and 2016, there was an annual average age-adjusted suicide rate of 11.3 deaths per 100,000 population in McHenry County. This was slightly higher than the state rate of 10.3 and lower than the national rate of 13.0. Additionally, the rate in McHenry County exceeds the HP 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality
2012-2016 Annual Average Deaths per 100,000 Population

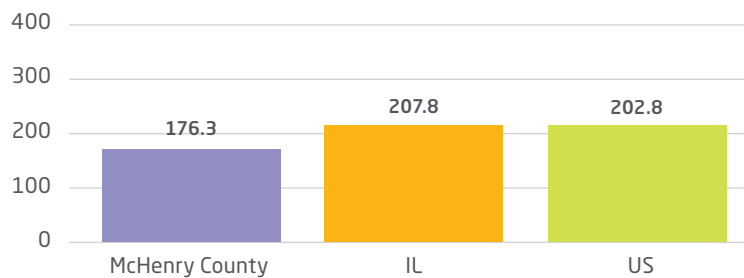


Sources: CDC National Vital Statistics System & HP 2020 Objective MHMD-1

Mental Health Providers

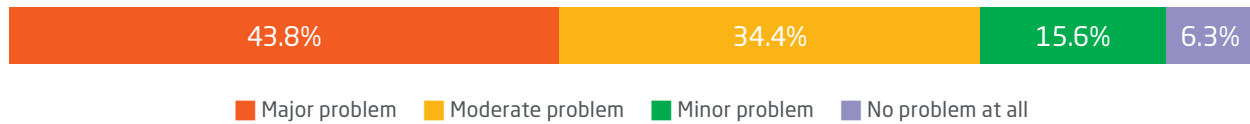
In 2019, there are 176.3 mental health providers for every 100,000 population or a total of 545 mental health providers. This number is below both state and US rates. It should also be noted that previous data shows that mental health is a growing reason for hospitalization, and that half of residents rate the availability of mental health services in the county as “fair” or “poor.” Note: mental health providers refer to psychiatrists, psychologists, clinical social workers and counselors that specialize in mental health care.

Access to Mental Health Providers (MHPs)
Number of MHPs per 100,000 population, 2019



Source: University of Wisconsin Population Health Institute, County Health Rankings

Key Informant Perceptions of Mental Health as a Problem in the Community



Source: PRC Key Informant Survey 2019

Key Informant Input

Perception of mental health as a problem in McHenry County was rated as either a major or moderate problem by 78 percent of survey respondents, citing concerns such as:

Not enough psychiatrists; takes months for patient to get an appointment

Inadequate outpatient services for adults, and limited inpatient service for children and adolescents

Lack of resources and link between mental health and gun violence

Insufficient reimbursement for providers

Lack of understanding on how to access existing services

Lack of available mental health education

Stigma still exists and that prevents people from seeking care

Immediate need for more low-income services

Mental health issues made worse by compounding drug problem

Substance Abuse and Tobacco Use

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. (Source: Healthy People 2020)

Substance Abuse

One in five McHenry County adults (20.7 percent) self-reported a history of excessive drinking. This finding was comparable to state (20.0 percent) and national (16.4 percent) trends. It also meets the HP 2020 target of 25.4 percent or lower. (Source: CDC, BRFSS data)

Perception of Substance Abuse as a Problem in the Community (Key Informants, 2019)



Source: Key Informant Survey

Key Informant Input

Half of key informants characterized substance abuse as a “major problem.” Alcohol, heroin/other opioids and prescriptions were noted as the most problematic. Top concerns included:

Not enough services; need more treatment homes/recovery homes

Need better awareness of how to access services within the county

Ease of getting alcohol and drugs

Overwhelming when you are trying to navigate services, especially when there is state or no insurance

Tobacco Use

Tobacco use is the single most preventable contributing factor of death and disease in the US. 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. (Source: Healthy People 2020)

A total of 21.2 percent of McHenry County adults currently smoke cigarettes, either regularly or occasionally. This rate is the same as the state (21.2 percent) and national (17.8 percent) trends. It significantly exceeds the HP 2020 target of 12 percent or lower.

Only 20 percent of key informants identified tobacco use as a major problems, citing concerns related to increased use of smokeless tobacco and vaping.

Morbidity, Mortality and Chronic Disease

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 our nation today, accounting for more than \$500 billion in healthcare expenditures. HP 2020 stresses that the risk of Americans developing and dying from cardiovascular disease would be substantially reduced if changes were made in diet, physical activity and management of high blood pressure, cholesterol and smoking. Fortunately, deaths from cardiovascular disease are preventable, especially if intervention is provided across the lifespan of the disease – from early education, prevention and screening to early diagnosis, prompt treatment and comprehensive aftercare. In planning responses to the priority needs of their communities, hospitals can positively impact the health burdens of all chronic diseases by addressing the disease across the continuum of its lifespan. (Healthy People 2020)

Between 2012 and 2016, there was an annual average age-adjusted coronary heart disease mortality rate of 83.6 deaths per 100,000 population in McHenry County. While previous data shows that heart disease was a leading cause of death and hospitalization in the county, the current age-adjusted death rate is lower than the state and national rates. Additionally, the rate is lower than the HP 2020 objective of 103.4 or lower. This does not negate the need, however, for aggressive health promotion activities aimed at maintaining a healthy lifestyle and limiting modifiable risk factors to prevent the onset of heart disease. (Source: CDC National Vital Statistics System)

Stroke

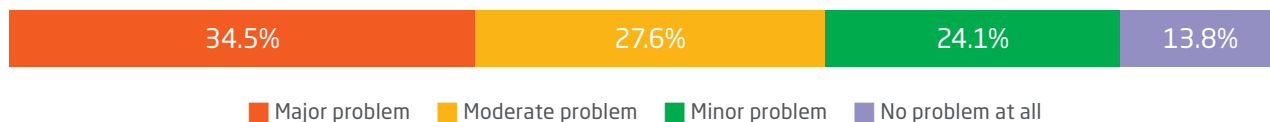
Between 2012 and 2016, there was an annual average age-adjusted stroke mortality rate of 35.5 deaths per 100,000 population in McHenry County. There were no significant differences when compared with state (37.7), national (37.7) and HP 2020 Targets (33.8 or lower). (Source: CDC Behavioral Risk Factor Surveillance System (BRFSS)).

High Blood Pressure

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 US, 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 recommended sodium intake. (Healthy People 2020)

A total of 27.4 percent of McHenry County adults have been told at some point that their blood pressure was high. There was no significant difference when compared with state (28.2 percent), national (28.2 percent) and HP 2020 targets (26.9 percent or lower). (Source: CDC Behavioral Risk Factor Surveillance System (BRFSS)).

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2019)



Source: PRC Online Key Informant Survey, 2019

Key Informant Input

Among key informants rating heart disease as a major problem, the following concerns were noted:

Heart disease and strokes are responsible for a large percentage of deaths among McHenry County residents

Heart disease and stroke were ranked as the 2nd and 5th leading causes of death in McHenry County in the Department of Health's community assessment

Heart disease and strokes are still an issue because of unhealthy lifestyles - smoking, alcohol consumption, lack of exercise, obesity

Cancer

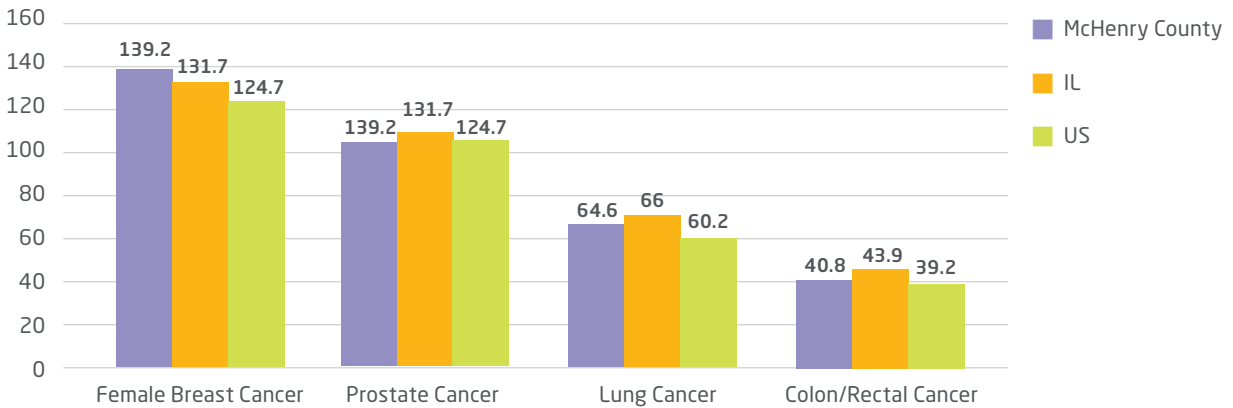
Continued advances in cancer research, detection and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the US, second only to heart disease. 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. (Healthy People 2020)

Between 2012 and 2016, there was an annual average age-adjusted cancer mortality rate of 165.7 deaths per 100,000 population in McHenry County. This rate was similar to state (169.4) and national (160.9) rates.

(Source: CDC National Vital Statistics System) The highest cancer incidence rates (number of newly diagnosed cases) were for breast and prostate cancers.

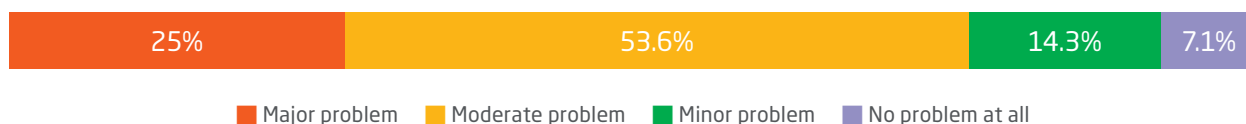
Among McHenry County women age 67-69 enrolled in Medicare, just under two-thirds (66.0 percent) had a mammogram within the past two years. While these numbers are consistent with state (65.1 percent) and national rates (63.2 percent), they do not meet the HP 2020 target of 81.1 percent or higher. (Source: Dartmouth College Institute for Health Policy and Clinical Practice)

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2011-2015)



Source: State of Illinois Cancer Profiles

Perceptions of Cancer as a Problem in the Community Key Informants, 2019



Source: PRC Online Key Informant Survey

Key Informant Input

Among key informants rating cancer as a major problem, the following concerns were noted:

Cancer is one of the biggest killers in the county, and yet there are preventable screenings available

Individuals must travel outside the county for comprehensive treatment

Primary care facilities available, but no hospital or specialty care

Unhealthy lifestyles; smoking

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. 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) Blacks; Puerto Ricans, people living in the Northeast US, people living below the Federal poverty level and employees with certain exposures in the workplace.

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. (Healthy People 2020)

Between 2012 and 2016, there was an annual average age-adjusted chronic lower respiratory disease (CLRD) mortality rate of 45.5 deaths per 100,000 population in McHenry County. CLRD includes lung diseases such as emphysema, chronic bronchitis and asthma. The McHenry County mortality rate (45.5) exceeds state (38.7) and national (41.3) rates.

(Source: CDC National Vital Statistics System)

A total of 10.6% of McHenry County adults have been diagnosed with asthma. This is lower than state (13.3 percent) and national (13.4 percent) rates. (Source: CDC, BRFSS data)

Only 15.4 percent of key informants identified respiratory diseases as a major problem in McHenry County, citing smoking and air quality as concerns.

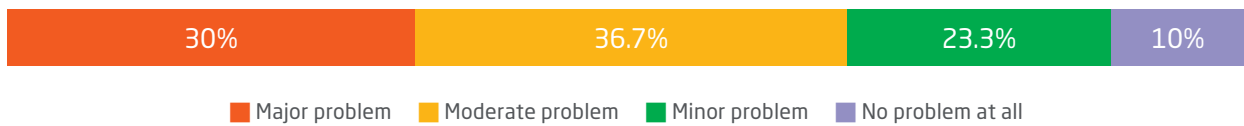
Diabetes

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. Effective therapy can prevent or delay diabetic complications. Diabetes lowers life expectancy by up to 15 years; increases the risk of heart disease by 2 to 4 times and is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness. The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems. People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes. Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

(Source: Healthy People 2010)

A total of 10.3 percent of McHenry County adults reported having been diagnosed with diabetes. This prevalence is comparable to state (9.3 percent) and national (10.2 percent) data. (Source: CDC, BRFSS data)

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2019)



Source: PRC Online Key Informant Survey

Key Informant Input

Among key informants rating diabetes as a major problem, the following concerns were noted:

Access to care is good; compliance and willingness to change behavior is the problem

Diet and exercise

Not enough preventive services or awareness of existing services for people falling on the border between pre-diabetes and diabetes

Reproductive Health

Improving the well-being of mothers, infants and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate health care and poverty.

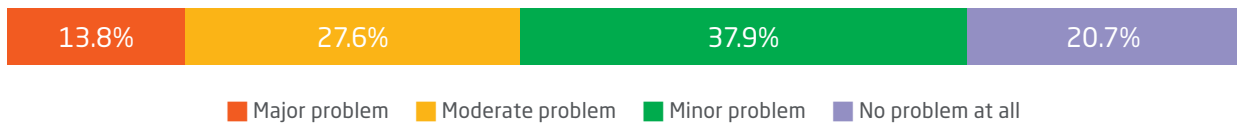
Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for Blacks. 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). (Source: Healthy People 2020)

A total of 3.9 percent of 2007-2010 McHenry County births did not receive first trimester prenatal care. This number is below state (5.4 percent) and significantly below national rates (17.3%). (Source: CDC, National Vital Statistics System)

Between 2006 and 2010, there was an annual average of 4.8 infant deaths per 1,000 live births. This infant mortality rate was less than state (6.9) and national (6.5) rates. It was also below the HP 2020 target of 6.0 or lower. (Source: CDC, National Vital Statistics System)

Between 2006 and 2012, there were 16.9 births to women age 15-19 per 1,000 women age 15-19 in McHenry County. This rate was notably lower than state (35.0) and national (36.6) rates. (Source: CDC, National Vital Statistics System)

Perceptions of Infant and Child Health as a Problem in the Community Key Informants, 2019



Source: PRC Online Key Informant Survey

Key Informant Input

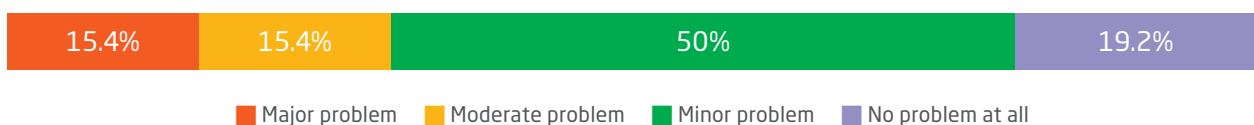
Among key informants rating infant and child health as a major problem, the following concerns were noted:

With the change to managed care for IPA patients, providers don't accept certain MCOs - leaving local clients having to find a provider, sometimes outside of the county

Lack of specialty care

Poor prenatal care for disadvantaged populations

Perceptions of Family Planning as a Problem in the Community Key Informants, 2019



Source: PRC Online Key Informant Survey

Key Informant Input

While greater than 69 percent of key informants surveyed felt that family planning was not perceived as an issue in McHenry County, the following concern identified was notable:

There are no Title X funded agencies in the community. The health department no longer provides this service. There is at least one federally qualified health center that provides this service, but it can still be expensive

Risk Factors Impacting Health Outcomes

Diet and Nutrition

It is widely accepted that diet and lifestyle have significant effects on health outcomes. While factors like obesity and sedentary lifestyle are not considered chronic diseases, they are identified as root causes and considered modifiable risk factors for the development of disease. The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthy 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

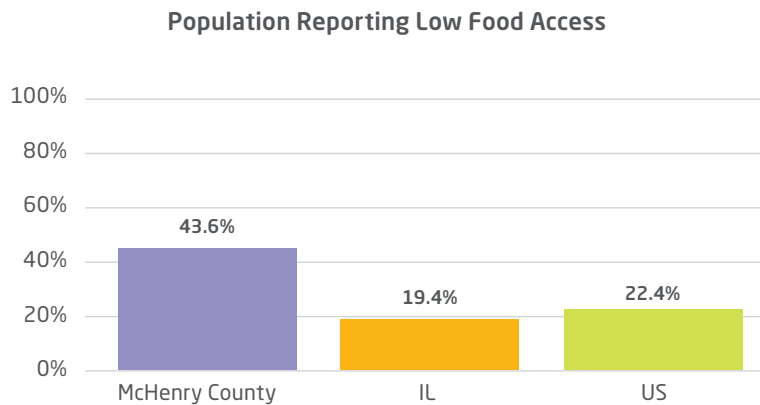
Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt) and alcohol

Limit caloric intake to meet caloric needs

Access to and availability of healthier foods can help people follow healthy 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. (Source: Healthy People 2020)

The latest data shows that there are 74.8 fast food restaurants in McHenry County for every 100,000 residents. This data is comparable to state (79.1) and national (77.1) trends. (Source: US Census Bureau, County Business Patterns)

The United States Department of Agriculture data shows that 43.6 percent of McHenry County residents (over 134,000 individuals) have low food access – defined as not living near a supermarket or large grocery store. This is notably higher than state or national trends.



Source: US Department of Agriculture, Economic Research Service, USDA, Food Access Research Atlas

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, 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.

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

(Source: Healthy People 2020)

A total of 19.2 percent of McHenry County residents reported no leisure-time activity in the past month. This was comparable to state (20.9 percent) and national (21.6 percent) trends. (Source: CDC, BRFSS data)

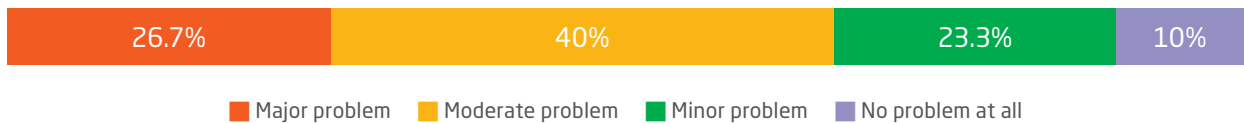
Additionally, there were 11.3 recreation/fitness facilities identified for every 100,000 residents. This was comparable to state (10.9) and national (11.0) data. (Source: US Census Bureau, County Business Patterns)

Overweight and Obesity

Obesity is a growing 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. Interventions that promote opportunities for physical activity 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. (Source: Healthy People 2020)

Three in 10 McHenry County adults age 20 or older (30.2 percent) were reported as obese in 2015. While this is comparable to state (28.4 percent) and national (28.3 percent) trends and meets the HP 2020 target of 30.5 percent or lower, it should be noted that previous data shows that the county's obesity level has increased over the past decade. (Source: CDC, National Center for Chronic Disease Prevention and Health Promotion)

Perception of Nutrition, Physical Activity and Weight as a Problem Key Informants 2019



Source: PRC Online Key Informant Survey, 2019

Key Informant Input

Over 66 percent of key informants identified nutrition, physical activity and weight as a moderate/major problem, citing concerns such as:

More Americans are living with high BMI rates and unhealthy habits, which is increasing their likelihood of developing heart disease, stroke, cancer, diabetes and other chronic diseases which are costly to the American healthcare system

Food insecurity is a problem in McHenry County

Biggest challenge is getting the community invested in activities to increase their physical activity and eat healthier

Sexual Health

HIV/AIDS

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 partners. More than 50 percent of new HIV infections occur as a result of the 21 percent 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 US 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 percent of new HIV infections occur in men

More than half occur in gay and bisexual men, regardless of race or ethnicity

Forty-five percent of new HIV infections occur in Blacks, 35 percent in whites and 17 percent in Hispanics

Improving access to quality health care 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.

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. (Source: Healthy People 2020)

In 2015, there was a prevalence of 42.2 HIV cases per 100,000 population in McHenry County. This was notably lower than state (330.1) and national (362.3) rates. (Source: CDC National Center for HIV/AIDS)

The majority (62.1 percent) of key informants identified HIV/AIDS as a minor problem in McHenry County.

Sexually Transmitted Diseases (STDs)

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 US. This problem is largely unrecognized by the public, policymakers and healthcare professionals. STDs cause many harmful, often irreversible and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, cancer, and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women.

The spread of STDs is directly affected by social, economic and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic and behavioral factors that affect the spread of STDs include racial and ethnic disparities, poverty and marginalization, access to health care, substance abuse, sexuality and secrecy (stigma and discomfort discussing sex) and sexual networks (persons “linked” by sequential or concurrent sexual partners). (Source: Healthy People 2020)

In 2016, the chlamydia incidence rate in McHenry County was 231 cases per 100,000 population. Additionally, the county gonorrhea incidence rate was 29.3 cases per 100,000 population. Each rate was significantly below state and national rates. (Source: CDC, National Center for HIV/AIDS/STD Prevention)

Sixty percent of key informants rated the problem of STDs as minor to no problem.

Access to Health Services and Primary Care Providers

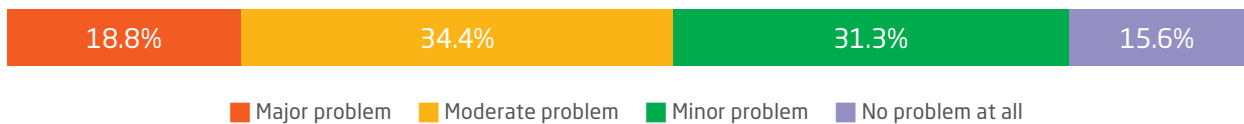
Access to comprehensive, quality healthcare services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts overall physical, social and mental health status, prevention of disease and disability; detection and treatment of health conditions; 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 healthcare system; 2) Accessing a health care location where needed services are provided; and 3) Finding a healthcare provider with whom the patient can communicate and trust.

(Source: Healthy People 2020)

Lack of Health Insurance Coverage Among adults age 18 to 64 years of age, 6.1 percent of McHenry residents reported having no insurance coverage for healthcare expenses. This was more favorable than both state and national proportions. Additionally, a total of 3.1 percent of children age 0-17 years were without insurance coverage. This was similar to state and more favorable than national trends. (Source: US Census Bureau, Small Area Health Insurance Estimates)

Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2019)



Source: Key Informant Survey

Key Informant Input

Key informants characterized access to healthcare services as a moderate problem slightly more often than a minor problem in the community, citing concerns such as:

While access to health care in our community is improving, we still have no mental health and/or substance abuse inpatient services available within the county. This creates a major roadblock for those seeking these services. We also have limited resources for psychiatric services for both the adult and child populations. Aunt Martha's has been a great resource for those that do not have insurance. But as more community members continue to struggle with being uninsured, under insured or have tremendously high deductibles, the need for general and affordable health care for these individuals continues. Also, with the lack of public transportation from one side of the county to the other, many are not able to get to Woodstock from the location of their home.

Because of the stigma associated with being LGBT (especially transgender), members of this population are hesitant to reach out to healthcare providers. There is also a basic lack of knowledge about transgender health, both physical health and mental health.

The greatest challenges are for persons who have disabilities, the elderly and those with chronic conditions who have Medicaid. This is a national issue, as well as a local one

We no longer have an inpatient hospital serving our community.

Key informants most often identified mental health care as the most difficult to access in the community.

Lack of Access to a Primary Care Provider (PCP)

Improving healthcare services depend in part on ensuring that people have a usual and ongoing source of care. This is also known as having a medical home. People with a medical home have better health outcomes and fewer disparities and costs. Having a PCP as the usual source of care is especially important as PCPs can develop meaningful and sustained relationships with patients and provide coordinated and 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 healthcare 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).

There are 170 primary care physicians in McHenry County, translating to a rate of 55.3 primary care physicians per 100,000 population. This finding was less favorable than state (96.9) and national (87.8) rates.

Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include tobacco use, excessive alcohol use and poor dietary choices.

However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race and ethnicity. Barriers that can limit a person's use of preventive interventions and treatments include limited access to and availability of dental services lack of awareness of the need for care, cost and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health. (Source: Healthy People 2020)

In 2015, there were 60.2 dentists for every 100,000 residents in McHenry County. This was lower than the state rate of 72.6 and the national rate of 65.6. (Source: US Dept. of Health and Human Services, HRSA, Area Health Resource File)

A total of 10.6 percent of McHenry County residents articulated poor dental health. This was better than both state and national rates. Note: poor dental health was defined as the loss of six or more permanent teeth. (Source: CDC BRFSS data)

Key informants completing the online survey most often characterized oral health as a minor problem in the community.

Interpreting and Prioritizing Health Needs

Following completion of the PRC CHNA, NMNR leadership convened the Community Health Consortium to review the findings. This meeting was held on May 29, 2019 from 11:00 am to 1:00 pm at the Foglia Family Foundation Education Center on the campus of Northwestern Medicine Huntley Hospital. This multidisciplinary group was made up of NM clinicians and key community stakeholders who were selected based on their specialty backgrounds and strong collaborative efforts to improve the health of the community. These individuals represented the medically underserved, minority and low-income populations. The varied backgrounds of the committee members provided diverse insight into prioritizing identified health indicators.

Key stakeholder committee members represented some of the following underserved and marginalized populations:

Homeless	Domestic violence	Uninsured, underinsured and publicly insured
Veterans	Migrants	Children
LGBT population	Substance abuse and mental health	
Seniors		

The group was asked to evaluate, discuss and prioritize health issues for the community, based on findings of the CHNA. Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research. Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. A hospital representative also provided guidance to the group, describing existing activities, initiatives and resources. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs, a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

Scope & Severity – The first rating was to gauge the magnitude of the problem in consideration of the following:

How many people are affected?

How does the local community data compare to state or national levels, or HP 2020 targets?

To what degree does each health issue lead to death or disability, impair quality of life or impact other health issues?

Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

Ability to Impact – A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact). Individuals’ ratings for each criterion was averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score.

The key stakeholder prioritization process yielded the following prioritized list of community health needs:

- | | |
|--------------------------------------------|-----------------------------|
| 1. Mental Health | 6. Heart Disease and Stroke |
| 2. Access to Healthcare Services | 7. Cancer |
| 3. Substance Abuse | 8. Tobacco Use |
| 4. Diabetes | 9. Respiratory Disease |
| 5. Nutrition, Physical Activity and Weight | 10. Oral Health |
-

Internal Prioritization Process

An NM internal planned and structured process was then used to facilitate prioritization of the identified health needs based on key stakeholder input. Tools and data utilized in the process included the CHNA data, county IPLAN data, an organizational asset inventory and alignment with NM’s guiding principles for response to community need.

These organizational guiding principles included:

Importance of the problem to the community

- Is there a demonstrated community need?
- Will action impact vulnerable populations?
- Does the identified health need impact other community issues?

Availability of tested approaches or existing resources to address the issues

- Can actionable goals be defined to address the health need?
- Does the defined solution have specific and measurable goals that are achievable in a reasonable timeframe?
- Opportunity for collective impact

- Can the need be addressed in collaboration with community or campus partners to achieve significant, long-term outcomes?
- Are there other organizations already addressing the health issue?

Applicability of NM hospitals as a change agent (such as acting as a partner, researcher or educator, or in a position to share knowledge or funding)

- Does NM have the research or education expertise/resources that address the identified health need?
- Does NM have clinical services or other expertise/resources that address the identified health need?

Estimated resources, timeframe and size of impacted population

Identification of Existing Healthcare Facilities and Resources

A key component of the prioritization and planning process involves identifying existing healthcare resources who may already be offering programs designed to target a community need.

This minimizes the risk of duplication of services and provides opportunities for partnership with other organizations who may be best suited to take the lead in programming. For example, McHenry County has three federally qualified health centers and one free clinic providing comprehensive primary care to underserved individuals and families. This provides an opportunity to work collaboratively with these organizations.

Additional Resources Available to Address the Significant Health Needs

The following list represents potential measures and resources (such as programs, organizations and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

American Cancer Society	National Alliance on Mental Illness (NAMI)	Northern Illinois Rehab
Aunt Martha's	Senior Services	QPR Suicide Prevention Programming
Behavioral Services	Illinois Migrant Council	Rosecrance McHenry County
Community Education	Federally Qualified Health Centers	School Systems
Community Health Clinic	American Heart Association	Sober Living Homes
Family Health Partnership Clinic	McHenry County Parks and Recreation	Fresh Thyme Farmers Markets
Illinois Migrant Council	Fire Services/EMS	Lifetime Fitness
McHenry County Department of Health	NAMI	Community Health Partnership
Northwest Treatment Associates	AID Community Mental Health Center	A New Way of Life
Mercy Health McHenry	Center for Emotional Wellness	Advantage Group Foundation
American Cancer Society	Horizons Behavioral Health	Live4Lali
Family Health Partnership Clinic	Mathers Clinic	McHenry County Substance Abuse Coalition
Gavers Breast Center	McHenry County Mental Health Board	States Attorney
Gavers Community Cancer Foundation	New Directions Addictions	Substance Abuse Coalition
Good Shepherd Cancer Center	Recovery Services	Illinois Tobacco Quitline
Independence Health & Therapy		

Priority Health Needs Identified

Americans are living longer, but they are sicker. While we are experiencing consistent increases in life expectancy, our longer lives are burdened with increasing chronic illnesses. Sedentary behavior and preventable chronic disease are compromising our community's health. More than one-quarter of the population is obese, and diabetes is at epidemic levels.

Hand-in-hand with a decreasing quality of life is an astounding increase in the economic impact of managing these diseases. The Robert Wood Johnson Foundation estimates that by the year 2030, annual medical costs associated with treating preventable obesity-related diseases are estimated to increase to \$66 billion, with a resultant loss in economic productivity of between \$390 and \$580 billion annually.

A 2012 CNN documentary entitled *Escape Fire* drives home the stark reality that we can no longer afford to focus on acute care as the center of health care, but must also focus on prevention, education, chronic disease management and case coordination to maximize the health of our nation's most valuable asset: our people. As healthcare providers, we must continue to challenge ourselves to provide high-quality, state-of-the-art health care to our community. As experts and leaders in the healthcare industry, we must also look outside our doors and reach out to the communities we serve, striving to enhance the quality of life by engaging in evidence-based activities that will promote health across the lifespan.

To that end, NMNR has identified three priority health needs that will enable us and our community partners to maximize the health benefits generated by our collective resources over the next few years. In selecting these priorities, we considered the degree of community health need, capacity and available resources of other agencies to meet the need, and the suitability of our own expertise and resources to address the need. In particular, we identified health needs that would be addressed through a coordinated response from a range of healthcare and community resources. We believe these health needs will be impacted through the integrated efforts of our organization and our community partners.

Priority needs identified through the 2019 CHNA include:

1. Access to Health Care
2. Chronic Disease
 - a. Cancer
 - b. Diabetes
 - c. Heart Disease and Stroke
 - d. Nutrition, Physical Activity and Weight
3. Mental Health and Substance Abuse

Priority Health Needs Not Addressed

While the need for improved dental health and access to dental providers exists, NM leadership does not feel that we possess the expertise to address this health concern. Rather, we will work collaboratively with existing community initiatives to promote programming which will expand access to dental care and improve dental health of community residents.

CHNA Review and Approval Process

It is the policy of Northwestern Medicine to thoroughly review the completed CHNA. The approval process includes:

Review and approval by NM Community Affairs Department

Review and approval by local NM hospital president(s)

Review and approval by NM CEO

Review and approval by NM Regional Board of Directors

Documentation of approval by the NM Regional Board of Directors will be noted within the Board minutes and is available for review upon request.

Development of Implementation Plan

NM Northwest Region Hospitals (NMNR) will continue to work with the Community Health Consortium to develop a comprehensive Community Health Implementation Plan (CHIP) that addresses each priority health need.

NM and its community health partners share a vision of a healthy community and are committed to working together to address significant health needs. Through its affiliation with Northwestern Memorial HealthCare, and its sister organizations within Northwestern Medicine, we can support efforts to positively change the health status of our community by taking on a number of roles:

A direct clinical service provider, through application of our research and education expertise

An educator, by sharing our knowledge of health literacy, quality improvement or information technology

A supporter, by providing indirect support to organizations that can impact health

A funder, by funding initiatives undertaken by others

Availability of CHNA to the Community

A copy of the final CHNA will be widely available to the community via the websites for all three Northwest Region Hospitals. Copies of the CHNA will be provided as requested to the members of the Community Health Consortium Committee. Paper copies of the CHNA will also be available upon request by contacting the Director of Community Affairs for Northwest Region Hospitals.

Actions Taken to Address the 2018 CHNA Priority Health Needs

Priority

Obesity

Objectives

Increase education on Medicaid/Medicare/Private Insurance benefits for those with BMI>30

FY18 Outcomes

From July 2017 to June 2018, 850 Medicare beneficiaries received information on insurance options and assistance with enrollment into various programs.

Stub Year Outcomes

From July to August 2018, 80 Medicare beneficiaries received information on insurance options and assistance with enrollment into various programs.

Additional Information

Senior Health Insurance Program (SHIP): SHIP is a free statewide health insurance counseling service for Medicare beneficiaries and their caregivers. SHIP counselors are trained to educate consumers and answer questions about Medicare, Medicare Supplement, long term care insurance, Medicare HMOs, private fee-for-service and other health insurance; organize and assist in filing Medicare and Medicare Supplement claims; and analyze Medicare Supplement and long term care policies.

Priority

Obesity

Objectives

Expand nutrition education with food pantry clients

Priority

Obesity

Objectives

Social media campaigns to increase the awareness of local physical activity opportunities

FY18 Outcomes

Educational videos were created and shared across Centegra Health System's various social media platforms and website with approximately 5,000 views tracked on YouTube that encompassed 126 hours in staff time. The videos addressed various needs identified in the CHNA and were shared through social media posts, the website and via Health Today.

Additional Information

Social media education: 07/31/17 Sunday Setup- Cucumber Chickpea Salad 07/31/17 Sunday Setup- Kale Medley Salad 07/31/17 Sunday Setup-Thai Chicken Salad 11/30/17 Importance of Breastfeeding 01/31/18 Food Additives Information 01/31/18 Nutrition for Strength and Toning Animation 02/28/18 Weight Loss-Where Do I Begin? Health Today: Health Today is an educational magazine that is mailed to more than 90,000 homes three times a year.

Priority

Obesity

Objectives

Increase residents' physical activity

FY18 Outcomes

Girls on the Run: 13 people served and 48 hours of staff time
Santa Run: 4 hours of staff time
Health Bridge tiered associate memberships: 3,832 people served
Health Bridge charitable memberships: 1,245 people served
community sponsorships: \$24,675

Stub Year Outcomes

Community sponsorships: \$7,775

Additional Information

Girls on the Run: In 2018, 48 hours of staff time were dedicated to coaching 13 participants in Girls on the Run over the course of 10 weeks. Lessons encourage positive emotional, social, mental and physical development. Physical activity is woven into the program to inspire an appreciation of fitness and to build habits that lead to a lifetime of health. At the end of each three-month session, the girls participate in a 5K event. Santa Run: The Kiwanis Club of Crystal Lake created the Santa Run to provide a fun family event that directly benefits agencies that impact the lives of kids in McHenry County.

Centegra Health Bridge Fitness Center: Individuals can qualify for a free or discounted membership based on income, employee status, physician referral or medical request

Priority

Obesity

Objectives

Provide access to free educational and support group activities that are focused on healthy weight and healthy lifestyle

FY18 Outcomes

Weight loss surgery support group: 15 sessions

Healthy Doses physician lectures:
248 people attended over 13 sessions

Nutrition seminars: 150 attendees over 7 sessions

Additional Information

Weight loss surgery support group: This support group is open to past, present and future weight-loss surgery patients, regardless of where treatment occurs. Healthy Doses physician lectures: Healthy Doses is a series of free information sessions led by clinical experts from Centegra Health System on health care topics.

Priority

Obesity

Objectives

Increase awareness of weight status and impact to health

FY18 Outcomes

2/23/2018 Centegra Health Strong Woman Event:
83 BMI screenings
3/20/2018 Know Your Numbers:
34 BMI screenings
6/15/2018 Know Your Numbers:
34 BMI screenings

Additional Information

Centegra Health Strong Woman Event: The event included interactive health presentations, screenings and one-on-one time with medical professionals. Know Your Numbers: The event included an 8- to 12-hour fasting finger-stick blood test for cholesterol, blood sugar, blood pressure and body mass index. A physician was onsite to discuss results one-on-one with each participant. Other health experts in cardiology, oncology, sleep and neurorehabilitation were available to talk to as well.

Priority

Cardiovascular Disease

Objectives

Conduct Heart Age Screenings and prevention education to McHenry County and regional area residents

FY18 Outcomes

2/23/2018 Centegra Health Strong Woman Event: 152 screenings
Community screenings: From March through June 2018, 6 screening dates were held in the community

Stub Year Outcomes

Community screenings: From July through August 2018, 3 screening dates were held in the community

Additional Information

Heart Age Screening Tool: The Heart Age screening tool is a calculator that helps people find out more about their risk for heart disease. The tool indicates whether your heart's age is younger or older than your actual age.

Priority

Cardiovascular Disease

Objectives

Provide info to the under 30 population on healthy lifestyle/measures to prevent heart disease

FY18 Outcomes

Online media: Educational videos were created and shared across Centegra Health System's various social media platforms and website with approximately 5,000 views tracked on YouTube

Health Today: Readership of 280,000
Woodstock North High School Health Fair: 1/2018 - Centegra Health System employees from the Cardiovascular team distributed "Under 30" flier and discussed heart health with more than 300 students
Centegra Health Strong Woman Event: 2/23/2018 - Distributed "Under 30" flier to younger attendees

Stub Year Outcomes

Health Today: Readership of 280,000
HealthBeats: 136,700 listeners

Additional Information

Health Today: Health Today is an educational magazine that is mailed to more than 90,000 homes three times a year.

HealthBeats: HealthBeats are educational radio spots that air throughout the day three times a week on Star 105.5 and 103.9 radio.

Priority

Cardiovascular Disease

Objectives

Provide education on cardiac conditions and cardiovascular disease prevention to the community

FY18 Outcomes

COPD support group: 20 people

CPR Training: 150 people

EMS continuing education: 2,457 people

Feeling Great is Ageless Expo: 6/16/2018 - 61 attendees

Stub Year Outcomes

EMS continuing education: 181 people

Blacktop Bash: 7/28/2018 - 170 people

Additional Information

COPD support group: The COPD support group focuses on patients, family and caregivers for people living with COPD by providing education on various topics including medications, inhaler use, emotional aspects of COPD and lung disease. The one-hour sessions include guest speakers and the opportunity to share ideas with others affected by this condition.

Feeling Great is Ageless: Feeling Great is Ageless is a fitness, health and wellness expo that featured free screenings, nutrition programs and educational information from various Centegra Health System service lines.

Priority

Cardiovascular Disease

Objectives

Provide free blood pressure screenings to the community

FY18 Outcomes

2/23/2018 Centegra Health Strong Woman Event: 211 screenings

3/20/2018 Know Your Numbers: 34 screenings

6/15/2018 Know Your Numbers: 34 screenings

6/16/2018 Feeling Great is Ageless Expo: 61 screenings
12 food pantry screening events with Community

Wellness: 225 screenings

Additional Information

Free blood pressure screenings were conducted throughout McHenry County at various community and food pantry events.

Priority

Colon Cancer

Objectives

Provide access points for distribution of free FOBT kits to reduce the structural barrier

FY18 Outcomes

9/16/2017 men's screening event - Distributed 14 FOBT kits

10/14/2017 women's screening event - Distributed 13 FOBT kits

Stub Year Outcomes

None

Additional Information

The fecal occult blood test (FOBT) is a lab test used to check stool samples for hidden blood. Blood in the stool may indicate colon cancer or polyps in the colon or rectum. If blood is detected, additional tests may be needed to determine the source of the bleeding. Priority

Priority

Colon Cancer

Objectives

Utilize a reminder system to increase % of returns of FOBT kits to labs for processing and therefore increasing the number of screenings

FY18 Outcomes

2017 - 8 FOBT kits were returned without reminder; 20 reminders were sent after 2 weeks; 7 additional kits were returned Total of 15 out of 28 FOBT kits were returned

Priority

Colon Cancer

Objectives

Provide free FOBT kits at six Centegra access points in McHenry County during March Colorectal Cancer Awareness Month

FY18 Outcomes

2018 - 79 FOBT kits were distributed Total of 59 out of 79 FOBT kits were returned (75% return rate compared to 68% in 2017)

Additional Information

62 reminders were sent after 2 weeks, 9 tested positive for occult blood. 9 Follow up calls and certified letters were sent.

Priority

Colon Cancer

Objectives

Provide free FOBT kits at CHS pharmacies in McHenry County during flu shot campaign from October to February

FY18 Outcomes

Did not occur due to Centegra Health System retail pharmacies closing.

Stub Year Outcomes

Did not occur due to Centegra Health System retail pharmacies closing.

Priority

Skin Cancer

Objectives

Continue to conduct skin cancer screenings on individuals in greater McHenry County

FY18 Outcomes

2017 - 4 skin cancer screening events were conducted and 72 people were screened (6 women screened positive at Women's Cancer Screening Event)

2018 - 2 skin cancer screening events were conducted and 44 people were screened

Additional Information

Women's Cancer Screening Event Event for women over 40 included mammograms, pelvic exams, PAP, HPV, skin cancer, colon cancer, lung cancer, oral, head and neck cancer screenings.

Priority

Skin Cancer

Objectives

Conduct educational activities on skin cancer prevention at outdoor recreational areas and provide free sunscreen SPF 15 or higher to adults and children

FY18 Outcomes

7/13/2017 - 19 people
8/10/2017 - 19 people
8/31/2017 - 17 people

Priority

Skin Cancer

Objectives

Provide sun protection brochures and posters using American Cancer Society Slip! Slop! Slap! educational approach at community pools

FY18 Outcomes

7/21/2017 - 35 people
7/26/2017 - 31 people
8/31/2017 - 23 people

Additional Information

American Cancer Society Slip! Slop! Slap! Program: The American Cancer Society encourages people to slip on a shirt, slop on sunscreen and slap on a hat during sun exposure to protect themselves from UV rays.

Priority

Lung Cancer

Objectives

Provide comprehensive tobacco control programs to greater McHenry County residents. Program includes pharmacist, counselor and dietitian speakers along with facilitator with day and evening offerings to increase participation

FY18 Outcomes

American Cancer Society Freshstart Tobacco Cessation Program August 2017 - 4 out of 7 participants regularly attended

October 2017 - 5 out of 7 participants regularly attended

Additional Information

American Cancer Society Freshstart Tobacco Cessation Program: The Freshstart Tobacco Cessation Program is designed to help smokers plan a successful quit attempt by providing essential information, skills for coping with cravings and group support.

Priority

Lung Cancer

Objectives

Tobacco control program surveillance, evaluation and monitoring quit rates with participants

FY18 Outcomes

American Cancer Society Freshstart Tobacco Cessation Program August 2017 - 0% quit, 75% had a start date within 1 month of the final class, 50% reduced their smoking by 75% October 2017 - 40% quit, 60% had a start date within 1 month of the final class, 40% reduced their smoking by 75%

Priority

Diabetes

Objectives

Increase the number of blood glucose screenings in the community

FY18 Outcomes

2/23/2018 Centegra Health Strong Woman Event: 270

3/20/2018 Know Your Numbers: 34

6/15/2018 Know Your Numbers: 34 Northern Illinois Food Bank Screenings: 104 Community Glucose Screenings: 213

Additional Information

Free blood glucose screenings were conducted throughout McHenry County at various community and food pantry events.

Priority

Behavioral Health/Mental Health

Objectives

Increase awareness of Centegra and community behavioral health services through community presentations, seminars and networking events

FY18 Outcomes

Intake Coordinators Meeting: 40 attendees monthly

Walk for Awareness: 8/26/2017 - 350 attendees

Coffee with the Chief 9/11/2017:
Woodstock 30 attendees

1/16/2018: Crystal Lake 20 attendees

Mental Health, Suicide Prevention, and Recovery Conference: 9/15/2017 - 235 attendees

QPR training:

1/31/2018: 10 attendees

2/28/2018: 450 attendees

3/8/2018: 640 attendees

5/14/2018: 12 attendees

5/17/2018: 25 attendees

Petition of Involuntary Admission Training to NAMI staff: 9/18/2017 - 8 attendees

Home State Bank Health Fair: 9/26/2017 - 200 attendees

Health Care Career Fair at Woodstock High School: 10/20/2017 - 300 attendees

Slangin HOPE Radio interview: 11/13/2017

Health Fair at Woodstock North High School: 1/25/2018 - 930 attendees

People in Need Forum: 1/27/2018 - 700 attendees

Stub Year Outcomes

Mental Health Board Resource Fair: 8/8/2018 - 150 attendees

QPR training: 8/30/2018 - 5 attendees

Additional Information

Intake Coordinators Meeting: Provide monthly updates on Centegra Health System behavioral health services, as well as, to receive updates from other service providers within the community. This meeting occurs on the third Tuesday of each month and is attended by people who represent a variety of McHenry County community partners.

Walk for Awareness: Offered a resource table providing information on Centegra Health System behavioral health services and Survivors of Suicide Loss Support Group.

Coffee with the Chief Partnered with local Police Departments to provide information and education on Centegra Health System behavioral health services. QPR (Question. Persuade. Refer): Reduces suicidal behaviors through proven suicide prevention training program.

Priority

Behavioral Health/Mental Health

FY18 Outcomes

Centegra Health Strong Woman Event:
2/23/2018 - 300 attendees

Suicide the Ripple Effect film screening:
3/20/2018 - 100 attendees

Out of the Darkness Walk: 4/28/2018: 250 attendees

Star 105.5 radio interview: 5/9/2018

Community meetings: Met with 8 community partners to educate and provide resources about Centegra Health System behavioral health services.

Priority

Behavioral Health/Mental Health

Objectives

Increase access to behavioral health support through texting in partnership with the MC-HELP program

FY18 Outcomes

MCHELP: 205 users and 2,056 texts

Stub Year Outcomes

MCHELP: 64 users and 540 texts

Additional Information

The MCHELP App is a quick click to reach immediate crisis support and information via text or voice. MCHELP connects to: Crisis line for text and voice 24/7: Anonymous access to trained, licensed crisis counselors in times of emergency, concern, anxiety or need.

A Way Out: Easy access for treatment as well as amnesty to individuals with drug and alcohol use disorders.

2-1-1 McHenry County Health & Human Resources: Live phone advice on housing, employment, family issues and social service support available 24/7.

McHenry County Mental Health Board Network: Behavioral health support lists and links.

Priority

Behavioral Health/Mental Health

Objectives

Increase access to care for the chronically homeless population frequently accessing high-cost community services (Housing First Initiative)

FY18 Outcomes

Centegra Health System provided corporate sponsorships to the below organizations, which provide shelter and resources to the homeless population in McHenry County.

Turning Point - \$4,200 2017 - \$1,700 2018 - \$2,500

Pioneer Center for Human Services - \$1,800 2017 - \$1,800

Home of the Sparrow - \$2,150 2018 - \$2,150

Additional Information

Turning Point Turning Point provides emergency shelter for adults and children in domestic violence crisis.

Pioneer Center for Human Services Pioneer Center for Human Services meets people's basic needs of food, shelter and support through programs designed for youth, families and individuals who are experiencing homelessness. Their services include McHenry County PADS, Runaway and Homeless Youth Program, and Homeless Youth 18-23 Program.

Home of the Sparrow offers a rapid rehousing program, affordable housing program, subsidized apartment program and short-term transitional shelter for homeless women and children.

Priority

Behavioral Health/Mental Health

Objectives

Increase behavioral health assessments and educational opportunities for patients experiencing medical conditions and at risk of a behavioral health condition

FY18 Outcomes

Psychiatric Consultation Liaison Service:
4,720 staff hours and 2,900 people served

Additional Information

The Psychiatric Consult Liaison Service partners with the Inpatient Psychiatric Service to readily serve patients. They work with psychiatrists to assess for risk, place hold orders, patient safety companion orders and determine the appropriate level of care. The goal is to create a service that mimics the Emergency Department structure, which relies on the collaboration between Crisis Associates and Emergency Department Physicians with telephonic psychiatric support to serve this population. This allows for 7 day a week coverage with no gaps in psychiatric service by utilizing the Psychiatric Consult Liaison Service as an extension of the Psychiatric Service by improving the care for patients on inpatient units.

Priority

Substance Abuse

Objectives

Partner with the McHenry County Substance Abuse Coalition to support collaborative community planning and education

FY18 Outcomes

Centegra Health System dedicated 20 staff hours towards planning and education.

2017 Presentation to 80 students at Alden Hebron Middle School about staying happy without the use of drugs

Presentation to 100 students at Cary Junior High on basic drug education

The Roar for Recovery: 8/31/2017 - 75 attendees
2018 Panel presentation at Centegra Health System Medical Staff meeting on opiate awareness/prescribing patterns/overdose prevention strategies
Administrations: 67 Survivals: 55 Percent survived: 82%

Stub Year Outcomes

Centegra Health System dedicated 20 staff hours towards planning and education.

The Ride for Recovery: 8/12/2018 - 36 participants

The Roar for Recovery: 8/30/2018

Additional Information

The Ride for Recovery: A bicycle ride through parts of McHenry County (6 riders) and a motorcycle ride (30 riders) through Lake and McHenry Counties. Attendees rode past sites that provide substance abuse services including The Other Side in Crystal Lake and Gateway Foundation Residential facility on Lake Villa. Many riders lost loved ones to overdose. Others were in active recovery. The event ended at Yamaha Cycle Craft in Woodstock where there was information available about treatment and recovery.

The Roar for Recovery: A police escorted ride from Woodstock Harley Davidson to the Square where speakers including the McHenry County States Attorney and a few people in recover talked about the needs of the people with substance use disorders in our community. It ended with a recitation of people who died by overdose and then a prayer for them and a roar of motorcycle engines to stir up the passion for recovery.

Priority

Substance Abuse

Objectives

Continue to provide local law enforcement access to training and Naloxone kits through IDHS DOPP program to increase likelihood of preventing an opiate overdose

Stub Year Outcomes

Administrations: 11

Survivals: 9%

Survived: 82%

Additional Information

Illinois Department of Human Services/Drug Overdose Prevention Program: Training and administration is provided by a Centegra Health System Substance Abuse Nurse. The Narcan (naloxone) is funded by the McHenry County Mental Health Board.

Priority

Substance Abuse

Objectives

Implement the "A Way Out" program in partnership with the State's Attorney, McHenry County Mental Health Board, community providers, and law enforcement partners

FY18 Outcomes

A Way Out - McHenry County - 12 staff hours were dedicated over 4 sessions that took place at Centegra Health System Woodstock Hospital

2017 - 89 participants (67 males, 22 females) Average age of participant: 36
2018 - 108 participants (74 males and 34 females) Average age of participant: 32

Additional Information

A Way Out - McHenry County: offers substance abuse assessments 24/7 to anyone in McHenry County that wishes to seek recovery. Appropriate inpatient or outpatient referral and placement by assessment and based on availability. If an individual is unable to

pay for treatment due to lack of insurance or financial resources, they will not be turned away. A Way Out works with providers that are able to accept a number of different insurance plans and can accommodate those without insurance.

Priority

Substance Abuse

Objectives

Establish opiate education partnerships (i.e., workplace partners, OB units, community, etc.)

FY18 Outcomes

OB Addiction/Stigma Training:

12/6/2017: 16 attendees

12/11/2017: 8 attendees

Additional Information

OB Addiction/Stigma Training: Supports the ILPQC Initiative Mothers and Newborns Affected by Opioids (MNO)

Priority

Depression, Anxiety, Suicide

Objectives

Provide leadership within the Suicide Prevention Taskforce to promote community education and planning processes

FY18 Outcomes

Suicide Prevention Taskforce leadership: 50 hours of staff time

Priority

Depression, Anxiety, Suicide

Objectives

Coordinate an annual Suicide Prevention Conference in September

FY18 Outcomes

McHenry County Suicide Prevention, Mental Health Wellness & Recovery Conference:
9/15/2017: 350 attendees

Additional Information

The McHenry County Mental Health Board partnered with the Suicide Prevention Task Force at the first Suicide and Mental Health Recovery Conference to promote public awareness of mental health concerns, the prevalence of suicide and substance abuse in McHenry County. The theme was Uniting Our Voices, Strength and Recovery. More than 20 behavioral health and education exhibitors participated.

Priority

Depression, Anxiety, Suicide

Objectives

Facilitate community support groups for survivors of suicide

FY18 Outcomes

Survivors of Suicide grief support group 22 support groups - 72 attendees

Stub Year Outcomes

Survivors of Suicide grief support group 3 support groups - 10 attendees

Additional Information

Survivors of Suicide grief support group: The group is intended for individuals who have experienced the loss of a loved one to suicide. The group meets on the first Thursday and third Wednesday of each month at the McHenry County Mental Health Board. Survivors at any stage are welcome.

Priority

Depression, Anxiety, Suicide

Objectives

Provide PHQ-9 depression screening tool to patients within the Centegra Physician Care primary care setting

FY18 Outcomes

Centegra Physician Care providers use PHQ-2 & PHQ-9 to screen their patients for depression. 74.52% performance rate in 2017 calendar year 39.18% increase in screenings in 2017 compared to 2016

Additional Information

Centers for Medicare & Medicaid Services (CMS) randomly selected 616 Centegra Health System patients, sent to quality team to submit data for 248 patients to CMS. 15 were items measured including depression.

Priority

Transportation

Objectives

Provide free transportation to the local community to or from a Centegra facility

FY18 Outcomes

From July 2017 to June 2018, 14,500 patients to Centegra facilities free of charge.

Stub Year Outcomes

From July to August 2018, 2,400 patients to Centegra facilities free of charge.

Additional Information

Centegra Patient Express vans are available for people who need transportation to or from a Centegra facility. It is a free service for those who do not have a driver's license, who are being admitted or discharged from the hospital, who are undergoing treatment that prohibits driving or for patients without any other means of transportation.

Priority

Community Resource Support

Objectives

Partner with United Way of Greater McHenry County to promote community awareness of 2-1-1 within McHenry County and inform the performance improvement process

FY18 Outcomes

Centegra Health System is a partner on this initiative.

Stub Year Outcomes

Centegra Health System is a partner on this initiative.

Additional Information

Free confidential help and resources are provided by a trained specialist to address any health or human service challenge. The call center operates 24/7/365. If people call the 1-800 line and ask for a referral to a local service it connects them to 211. The call may or may not get routed to Centegra Health System. Results of 2-1-1 are not tracked.

Priority

Community Resource Support

Objectives

Increase awareness of Centegra and community behavioral health services through community presentations, seminars and networking events

FY18 Outcomes

Centegra Health System is a partner on this initiative.

Stub Year Outcomes

Centegra Health System is a partner on this initiative.

References

The following is a comprehensive list of the charts and displays included in this report, including data sources, years, and accompanying notes.

Key Informants: Relative Position of Health Topics as Problems in the Community

(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.

Notes: Asked of all respondents.

Total Population

(Estimated Population, 2013-2017)

Sources: US Census Bureau American Community Survey 5-year estimates.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Change in Total Population

(Percentage Change Between 2000 and 2010)

Sources: US Census Bureau Decennial Census (2000-2010).

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

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

Total Population by Age Groups, Percent

(2013-2017)

Sources: US Census Bureau American Community Survey 5-year estimates.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Median Age

(2013-2017)

Sources: US Census Bureau American Community Survey 5-year estimates.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Total Population by Race Alone, Percent

(2013-2017)

Sources: US Census Bureau American Community Survey 5-year estimates.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Hispanic Population

(2013-2017)

Sources: US Census Bureau American Community Survey 5-year estimates.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistically Isolated Population

(2013-2017)

Sources: US Census Bureau American Community Survey 5-year estimates.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."

Population in Poverty

(Populations Living Below the Poverty Level; 2013-2017)

Sources: US Census Bureau American Community Survey 5-year estimates.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Population with No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2013-2017)

Sources: US Census Bureau American Community Survey 5-year estimates.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: This indicator is relevant because educational attainment is linked to positive health outcomes.

Unemployment Rate

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

Sources: US Department of Labor, Bureau of Labor Statistics. Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Housing Costs Exceed 30% of Household Income

(2013-2017)

Sources: US Census Bureau, American Community Survey. Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

Adults With "Fair" or "Poor" Overall Health

(2006-2012)

Sources: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: This indicator is relevant because it is a measure of general poor health status.

Suicide: Age-Adjusted Mortality

(2012-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 10.2 or Lower

Sources: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

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

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

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

Access to Mental Health Providers

(Number of Mental Health Providers per 100,000 Population, 2019)

Sources: University of Wisconsin Population Health Institute, County Health Rankings.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Perceptions of Mental Health as a Problem in the Community

(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.

Notes: Asked of all respondents.

Coronary Heart Disease: Age-Adjusted Mortality

(2012-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 = 103.4 or Lower

Sources: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

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

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

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

Stroke: Age-Adjusted Mortality

(2012-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 33.8 or Lower

Sources: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

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

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

Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population

Prevalence of High Blood Pressure

(2006-2012)

Healthy People 2020 = 26.9% or Lower

Sources: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

Notes: This indicator is relevant because coronary heart disease is a leading cause of death in the US and is also related to high blood pressure, high cholesterol, and heart attacks.

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

(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.

Notes: Asked of all respondents.

Cancer: Age-Adjusted Mortality

(2012-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 161.4 or Lower

Sources: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

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

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

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

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2011-2015)

Sources: State Cancer Profiles.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Mammogram in Past Two Years

(Female Medicare Enrollees Age 67-69; 2015)

Healthy People 2020 = 81.1% or Higher

Sources: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives C-17]

Notes: This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems.

Perceptions of Cancer as a Problem in the Community

(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.

Notes: Asked of all respondents

Chronic Lower Respiratory Disease: Age-Adjusted Mortality (2012-2016 Annual Average Deaths per 100,000 Population)

Sources: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

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.

This indicator is relevant because lung disease is a leading cause of death in the United States.

Prevalence of Asthma

(2011-2012)

Sources: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: Asked of all respondents.

Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.

Notes: Asked of all respondents.

Unintentional Injuries: Age-Adjusted Mortality

(2012-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 36.4 or Lower

Sources: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

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

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

Motor Vehicle Crashes: Age-Adjusted Mortality

(2012-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 12.4 or Lower

Sources: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]

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

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

This indicator is relevant because motor vehicle crash deaths are preventable, and they are a cause of premature death.

Violent Crime

(Rate per 100,000 Population, 2012-2014)

Sources: Federal Bureau of Investigation, FBI Uniform Crime Reports.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime

statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Perceptions of Injury and Violence as a Problem in the Community

(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.

Notes: Asked of all respondents.

Prevalence of Diabetes

(Adults Age 20 and Older; 2006-2012)

Sources: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Perceptions of Diabetes as a Problem in the Community

(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.

Notes: Asked of all respondents.

Perceptions of Kidney Disease as a Problem in the Community

(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.

Notes: Asked of all respondents.

Population with Any Disability

(Total Civilian Non-Institutionalized Population; 2013-2017)

Sources: US Census Bureau, American Community Survey.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.

Notes: Asked of all respondents.

Perceptions of Vision and Hearing as a Problem in the Community

(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.

Notes: Asked of all respondents.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community

(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.

Notes: Asked of all respondents.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.

Notes: Asked of all respondents.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2007-2010)

Healthy People 2020 = 22.1% or Lower

Sources: Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.

Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]

Note: This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2006-2010)

Healthy People 2020 = 6.0 or Lower

Sources: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

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

Notes: Infant deaths include deaths of children under 1 year old. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Perceptions of Infant and Child Health as a Problem in the Community

(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.

Notes: Asked of all respondents.

Teen Birth Rate

(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2006-2012)

Sources: Centers for Disease Control and Prevention, National Vital Statistics System.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services.

Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Perceptions of Family Planning as a Problem in the Community (Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.

Notes: Asked of all respondents.

Fast Food Restaurants

(Number of Fast Food Restaurants per 100,000 Population, 2016)

Sources: US Census Bureau, County Business Patterns. Additional data analysis by CARES.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Population With Low Food Access

(Percent of Population Far From a Supermarket or Large Grocery Store, 2015)

Sources: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

No Leisure-Time Physical Activity in the Past Month

(Adults Age 20+, 2015)

Healthy People 2020 = 32.6% or Lower

Sources: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

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

Notes: This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Population with Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2016)

Sources: US Census Bureau, County Business Patterns. Additional data analysis by CARES.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Prevalence of Obesity

(Adults Age 20+ With a Body Mass Index \geq 30.0, 2015)

Healthy People 2020 = 30.5% or Lower

Sources: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

Notes: 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.

This indicator is relevant because excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.

Notes: Asked of all respondents.

Excessive Drinkers

(2006-2012)

Healthy People 2020 = 25.4% or Lower

Sources: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]

Notes: This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.

Notes: Asked of all respondents.

Current Smokers

(2006-2012)

Healthy People 2020 = 12.0% or Lower

Sources: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes: Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.

HIV Prevalence

(Prevalence Rate of HIV per 100,000 Population, 2015)

Sources: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Perceptions of HIV/AIDS as a Problem in the Community
(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2016)
Sources: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
Notes: This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2019)
Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Uninsured Population
(2013-2017)

Healthy People 2020 Target = 0.0%
Sources: U.S. Census Bureau, Small Area Health Insurance Estimates. & American Community Survey 5-year estimates. Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1.1].
Notes: The lack of health insurance is considered a key driver of health status. This indicator is relevant because lack of insurance is a primary barrier to healthcare access (including regular primary care, specialty care, and other health services) that contributes to poor health status.

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2019)
Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.
Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2014)
Sources: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
Notes: Doctors classified as "primary care physicians" by the

AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Access to Dentists

(Number of Primary Care Physicians per 100,000 Population, 2015)
Sources: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
Notes: This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Adults with Poor Dental Health

(Loss of Six or More Permanent Teeth, 2006-2010)
Sources: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. Retrieved April 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
Notes: This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Perceptions of Oral Health as a Problem in the Community
(Key Informants, 2019)

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.



Northwestern Medicine Huntley Hospital
Northwestern Medicine McHenry Hospital
Northwestern Medicine Woodstock Hospital

nm.org