Northwestern Medicine®

2021 Community Health Needs Assessment

Northwestern Medicine Kishwaukee Hospital

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2021 Community Health Needs Assessment

Northwestern Medicine Kishwaukee Hospital

2021 – 2023 Priorities:

Access to Health Care and Community Resources
Mental Health and Substance Use Disorders
Chronic Disease

Key Dates

Adopted by the Northwestern Medicine Kishwaukee Hospital and Northwestern Medicine Valley West Hospital Board of Directors on July 15, 2021*
Tax year 2020
Fiscal year 2021

Assessment time frame: October 2020 to February 2021

Prioritization time frame: April 2021 to May 2021

Open comment time frame: May 2021 to June 2021

Made available to the public on August 31, 2021

***Note:** A copy of the minutes documenting Board approval of the CHNA is available on request.

Executive Summary

Since 2009, Northwestern Medicine Kishwaukee Hospital (NMKH) has formally completed a comprehensive Community Health Needs Assessment (CHNA) every three years, in accordance with federal IRS regulations §1.501(r)-3, thus allowing the hospital to better understand the population it serves as well as the health issues that are of greatest concern within its community. The goal of the CHNA is to assess the health needs of residents within the defined Community Service Area (CSA), prioritize those needs, and identify potential resources to address priority health needs.

In 2020, NMKH partnered with Conduent Healthy Communities Institute (HCI) to conduct a systematic, data-driven approach to provide a CHNA that incorporated data from both quantitative and qualitative sources. After data collection and analysis, NMKH took additional steps to review and interpret findings, by soliciting community input and engaging with community partners.

> This process identified areas of opportunity for community health improvement. Significant health needs were identified across all socioeconomic groups, races and ethnicities, ages (over 18 years old) and genders. The assessment highlighted health disparities and needs that disproportionately impact people who are medically underserved and uninsured.

While many health needs were identified through the CHNA process, NMKH prioritized health needs of the largest magnitude, seriousness and trend, as well as those that would be best addressed through a coordinated response from a partnership of healthcare and community resources. Through the CHNA process, the 2021 NMKH prioritized significant health needs were identified as follows:

Access to Health Care and Community Resources

Mental Health and Substance Use Disorders

Chronic Disease

In collaboration with dedicated healthcare, social service, public health and policy organizations, NMKH will develop a three-year implementation plan, drawing on collective resources to make a positive impact on some of the most critical health needs of residents in its defined CSA. Information identified during the CHNA process will help NMKH determine how to best commit resources to address priority health needs that improve the health of its community.

Introduction

About Northwestern Memorial HealthCare

Northwestern Memorial HealthCare (NMHC) is committed to its mission to: 1) provide quality medical care, regardless of the patient's ability to pay; 2) transform medical care through clinical innovation, breakthrough research and academic excellence; and 3) improve the health of the communities we serve. NMHC is a not-for-profit, integrated academic health system committed to serving a broad community. NMHC provides world-class care at 11 hospitals, three medical groups, and more than 200 diagnostic and ambulatory locations in communities throughout Chicago and the south, north, west and northwest suburbs, *one patient at a time*. NMHC hospitals are pillars in their respective communities and lead efforts to positively impact the health of the populations they serve. From facilitating collaborations with community partners to serving as major economic drivers, NMHC strengthens our communities.

About Northwestern Medicine

Working together as 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. Whether directly providing patient care or supporting those who do, every NM employee has an impact on the quality of the patient experience and the level of excellence we collectively achieve. This knowledge, expressed in our shared commitment to a single, patient-focused mission, unites us.

NM 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 Feinberg.

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.

About Northwestern Medicine Kishwaukee Hospital

Located in DeKalb, Illinois, Northwestern Medicine Kishwaukee Hospital (NMKH) is an acute-care, 98-bed community hospital with an enduring commitment to the residents of DeKalb County. Because of the limited number of physicians in DeKalb County, especially in primary care, portions of the county have been designated by the federal government as Medically Underserved Areas (MUAs). NMKH provides much-needed access to quality health care in its community. The hospital provides care through a broad range of specialties and unique services, including a state-of-the-art Breast Health Center, which opened in 2019. In FY20, NMKH's medical staff of more than 150 physicians treated patients through nearly 4,900 inpatient admissions and more than 31,600 emergency department visits.

To best serve its community, NMKH often collaborates with local health and social service organizations on community-based initiatives. These collaborations were especially valuable in enabling NMKH to quickly respond to the community's need for personal protective equipment (PPE) and food during the onset of the COVID-19 pandemic. Together with its public health and community partners, NMKH continually works to meet the needs of its community by helping to address the social determinants of health and providing critically needed resources. The Health System expanded its commitment to train the next generation of healthcare leaders and expanded the NM Discovery Program through the addition of the Greater DeKalb Chapter in FY20.

To best address the needs of our patients and community, NMKH collaborates with trusted community-based organizations throughout DeKalb County. Healthy communities are strong communities, and facilitating collaboration among organizations allows us to maximize the positive impact on our communities. We collaborate to identify and respond to priority health needs within our community and systematically reduce barriers to patient care services.

> Together, we have developed important initiatives to promote healthy lifestyles and minimize risk factors for heart disease, stroke and other chronic disease; to deliver health services to at-risk women; to address mental health and recreational drug use; and to provide access to care for patients in our community who are disproportionately affected. NMKH has a longstanding history of caring for our community, and we are committed to upholding our promise to meaningfully improve access to high-quality health care and implement targeted programs that address significant health needs of the community.

To that end, NMKH has completed a comprehensive CHNA to identify the significant health needs of residents in our community and will use this information to guide new initiatives and enhance existing efforts that improve the health of our community. As described in detail in this report, the goal of the CHNA was to implement a structured, data-driven approach to determine the health status, behaviors and needs of all residents in the NMKH Community Service Area. (The definition of this geographical boundary is described in depth in this report.) Through this assessment, we identified health needs that are prevalent among residents across all socioeconomic groups, races and ethnicities, as well as issues that highlight health disparities that disproportionately impact people who are medically underserved and uninsured.

Collective assets

All hospitals that are part of Northwestern Memorial HealthCare, including NMKH, work collaboratively to address the significant needs identified within our respective CHNAs. Leading-edge clinical care, a commitment to research, academic excellence and a commitment to the communities we serve provide the resources to address the identified health needs.

Acknowledgements

Northwestern Medicine Kishwaukee Hospital collaborated with Conduent Healthy Communities Institute (HCI) for its 2021 CHNA. HCI works with clients across the nation to drive community health improvement outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent HCI, please visit conduent.com/community-population-health/. The information contained within this report is extracted from the HCI *2021 Community Health Needs Assessment for Northwestern Medicine Kishwaukee Hospital.* All analyses conducted by HCI for this CHNA report are presented without citations. Data presented from other sources is cited as footnotes throughout the CHNA report.

NMKH gratefully acknowledges the participation of a dedicated group of organizations that gave generously of their time and expertise to help guide this CHNA report. This group formed the basis for our External Community Health Council and were vital in assisting us in the community health needs prioritization process.

External Stakeholders	Populations Served and Social Determinants Addressed
Adventure Works	Behavioral Health
B.L.L.A.C.K.: Black. Liberated. Leadership. And. Community. Kinsmanship.	Equity, Equality, Unity and Advocacy
CASA DeKalb County	Child Advocacy
DeKalb County Community Foundation	Foundation
DeKalb County Community Gardens	Food Security
DeKalb County Community Mental Health Board	Behavioral Health
DeKalb County Health Department	Health
DeKalb County Regional Office of Education	Education
DeKalb County Sheriff's Office	Law Enforcement
DeKalb County States Attorney's Office	Juvenile Justice
DeKalb County Youth Service Bureau	Youth Services
DeKalb Police Department	Law Enforcement
Family Service Agency of DeKalb County	Behavioral Health, Child Advocacy, Senior Services
Fox Valley Community Services	Senior Services

External Stakeholders (continued)	Populations Served and Social Determinants Addressed (continued)
Fox Valley YMCA	Health
Greater Family Health	Federally Qualified Health Center
Hope Haven	Homeless
Housing Authority of the County of DeKalb	Housing
Kendall County Health Department	Health
Kishwaukee College	Education
Kishwaukee Family YMCA	Health
Kishwaukee United Way	Community Resource
New Hope Missionary Baptist Church	Church
Open Door Rehabilitation Center	Intellectual and Developmental Disabilities
Opportunity House	Intellectual and Developmental Disabilities
Plano Community School District 88	Education
Safe Passage	Domestic Violence and Sexual Assault
Sandwich Community Unit School District 430	Education
Sandwich Police Department	Law Enforcement
State Representative Jeff Keicher, District 70	Government
Voluntary Action Center	Transportation, Nutrition

Identification of the NMKH Community Service Area

Defining the community is a key component of the CHNA process as it determines the scope of the assessment and implementation strategy. Stakeholders from NMHC Community Affairs and Government Relations met to discuss the NMKH CSA definition.

To define the NMKH CSA for the current CHNA, the following factors were considered:

- Geographic area served by NMKH
- Principal functions of NMKH
- Areas of high hardship (for example, differences in unmet socioeconomic needs across the county, such as education, housing, income, poverty, unemployment and dependents)
- Location of existing NM assets (such as NM-supported clinics and programs) that serve Chicago communities
- Defined hospital service areas of other local hospitals
- Any existing initiatives addressing community needs in DeKalb County

NMKH Community Service Area

The NMKH CSA is located 63 miles west of Chicago and includes a majority of DeKalb County, Illinois. The geographical boundary of the hospital's CSA is defined by 10 ZIP codes and is home to an estimated 92,385 residents, comprising 88% of DeKalb County's total population. Most of the population is centered in the cities of DeKalb, Sycamore and Cortland, which have contiguous borders. Beyond this core population center, the service area is spread out and includes rural towns to the north (Genoa, Kingston, Kirkland), west (Malta) and south (Hinckley, Shabbona, Waterman). The 10 ZIP codes that define the NMKH CSA are purple in the map in Figure 1 on the next page. The ZIP codes and corresponding area names that comprise the NMKH CSA are listed in Table 1 on the next page.

Figure 1. Northwestern Medicine Kishwaukee Hospital Community Service Area

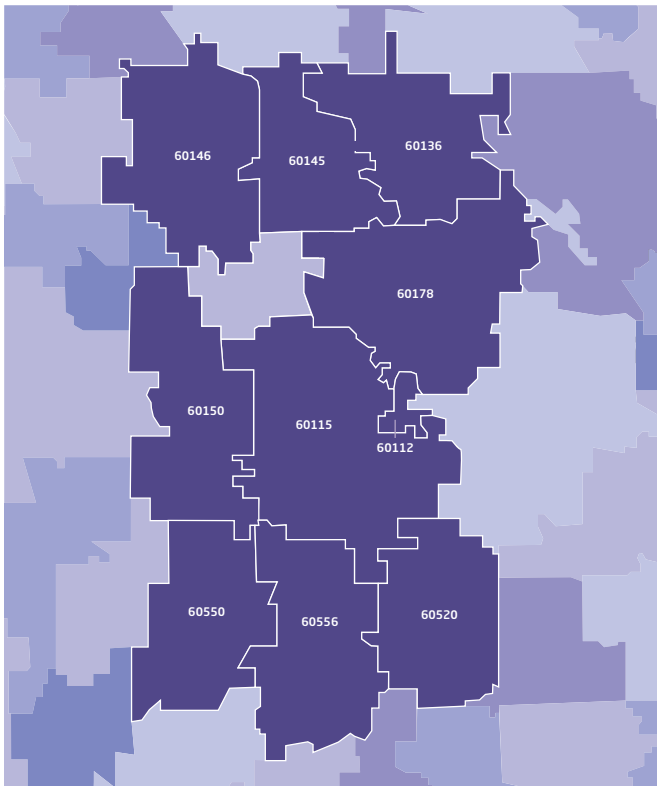


Table 1. ZIP Codes in NMKH Community Service Area

Zip Code	City or Area Name
60112	Cortland
60115	DeKalb
60135	Genoa
60145	Kingston
60146	Kirkland
60150	Malta
60178	Sycamore
60520	Hinckley
60550	Shabbona
60556	Waterman

Principal function and target population

Northwestern Medicine Kishwaukee Hospital provides comprehensive, behavioral, acute, emergent and specialty care for persons living in DeKalb County. Care is provided for all persons, including but not limited to adults, children, women, seniors and people with disabilities. Special consideration is given to underserved and disproportionately affected populations.

Inclusion of medically underserved, low-income or minority populations

NMKH is committed to improving the health of the community we serve, including all populations within our community. When developing our CSA, NMKH considered all populations within our CSA, regardless of payor status, and did not exclude medically underserved, low-income or minority populations. When disseminating the community survey, special attention was given to the distribution of survey information to include homeless, senior, LGBTQ, and migrant and refugee populations. No exclusions were made based on whether or how much patients or their insurers pay for the care received, or whether patients are eligible for assistance under NMKH's financial assistance program.

Process and methodology

Background

As noted previously, Northwestern Medicine Kishwaukee Hospital collaborated with HCI for its 2021 CHNA.

CHNA goals

The NMKH CHNA serves as a tool for reaching three related goals:

1. **Improve residents' health status, increase life spans and elevate 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 is possible to identify population segments who are most at risk for various diseases and injuries. Intervention plans targeting these segments may then combat some of the socioeconomic factors that have historically had a negative impact on residents' health.
3. **Increase accessibility to preventive services for all residents.** Access to preventive services may improve health status, life spans and overall quality of life, and impact the cost associated with care for late-stage diseases resulting from a lack of preventive care.

Collaboration

The CHNA process consisted of a systematic, data-driven approach to determine the health status, behaviors and needs of residents in the NMKH CSA. The CHNA provided information to enable hospital leadership and key community stakeholders to collaboratively 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.

Methodology

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

Secondary data sources and analysis

Secondary data used for this assessment was collected and analyzed from HCI's community indicator database. The database, maintained by researchers and analysts at HCI, includes more than 200 community indicators covering at least 22 topics in the areas of health, social determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources, such as public health indicators. The value for each of these indicators is compared to other communities, nationally set targets, and previous time periods. A comprehensive overview of secondary data findings and health indicators is presented in Appendix A.

Secondary data scoring

HCI's Data Scoring Tool® was used to systematically summarize multiple comparisons to rank indicators based on highest need. For each indicator, the DeKalb County value was compared to a distribution of Illinois and U.S. counties, state and national values, Centers for Disease Control and Prevention Healthy People 2020 targets and significant trends. Each indicator was then given a score based on the available comparisons. These comparison scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent on the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs. Because of the limited availability of ZIP code, census tract or other sub-county health data, the data scoring technique is only available at the county level. The data scoring results for NMKH are therefore presented in the context of DeKalb County.

Table 2 shows the health and quality-of-life topic scoring results for DeKalb County, with Other Chronic Diseases as the poorest-performing topic area, followed by Women's Health and Public Safety. Topics that received a score of 1.50 or higher were considered to be a significant health need. Nine topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap.

Table 2. Secondary Data Topic Scoring Results

Health and Quality-of-Life Topics	Score
Other Chronic Diseases	1.93
Women's Health	1.78
Public Safety	1.74
Mental Health and Mental Disorders	1.62
Access to Health Services	1.58
Environment	1.57
Cancer	1.56
Exercise, Nutrition, and Weight	1.56
Immunizations and Infectious Disease	1.53

Primary data collections and analysis

To expand on the information gathered from the secondary data, HCI collected community input. Primary data used in this assessment consisted of:

Key Informant Interviews

Online Community Survey

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

Existing community resources

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

Key informant interviews

Key informant interviews were conducted to collect community input. Interviewees invited to participate were recognized as having expertise in public health, having special knowledge of community health needs, representing the broad interests of the community served by the hospital, and/or being able to speak to the needs of medically underserved or disproportionately affected populations. Thirty individuals agreed to participate as key informants. Table 3 lists the represented organizations that participated in the interviews.

Table 3. Key Informant Organizations

External Stakeholders and Key Informant Organizations	Populations and Needs Served
Adventure Works	Behavioral Health
B.L.L.A.C.K.: Black. Liberated. Leadership. And. Community. Kinsmanship.	Equity, Equality, Unity and Advocacy
CASA DeKalb County	Child Advocacy
DeKalb County Community Foundation	Foundation
DeKalb County Community Gardens	Food Security
DeKalb County Community Mental Health Board	Behavioral Health
DeKalb County Health Department	Health
DeKalb County Regional Office of Education	Education
DeKalb County Sheriff's Office	Law Enforcement
DeKalb County States Attorney's Office	Juvenile Justice
DeKalb County Youth Service Bureau	Youth Services

External Stakeholders and Key Informant Organizations (continued)	Populations and Needs Served (continued)
DeKalb Police Department	Law Enforcement
Family Service Agency of DeKalb County	Behavioral Health, Child Advocacy, Senior Services
Fox Valley Community Services	Senior Services
Fox Valley YMCA	Health
Greater Family Health	Federally Qualified Health Center
Housing Authority of the County of DeKalb	Housing
Kendall County Health Department	Health
Kishwaukee College	Education
Kishwaukee Family YMCA	Health
Kishwaukee United Way	Community Resource
New Hope Missionary Baptist Church	Church
Open Door Rehabilitation Center	Intellectual and Developmental Disabilities
Opportunity House	Intellectual and Developmental Disabilities
Plano Community School District 88	Education
Safe Passage	Domestic Violence and Sexual Assault
Sandwich Community Unit School District 430	Education
Sandwich Police Department	Law Enforcement
State Representative Jeff Keicher, District 70	Government
Voluntary Action Center	Transportation, Nutrition

The 30 key informant interviews took place between October 19, 2020, and November 24, 2020. Of the 30 interviews, 29 were conducted by phone and one was conducted by email. The questions focused on the interviewee's background and organization, the biggest perceived health needs and barriers of concern in the community, and the impact of health issues on the populations they serve and other disproportionately affected populations. Interviewees were also asked about their knowledge around health topics where there were data gaps in the secondary data. In addition, questions were included to get feedback about the impact of COVID-19 on the community. The list of questions included in the key informant interviews is available on request.

Key informant analysis results

Notes captured from the key informant interviews were uploaded to the web-based qualitative data analysis tool Dedoose.[1] The transcripts were coded according to common themes in health and social determinants of health. As shown in Figure 2, the following themes emerged from analysis of the transcripts:

Figure 2. Key Informant Interview Findings

Top Health Concerns/Issues	Social Determinants of Health	Most Negatively Impacted Populations
• Access to health services • Excercise, nutrition and weight • Mental health • Substance use disorders	• Environmental (food insecurity) • Public safety • Transportation	• Low income/underserved • Minorities • Older adults • Rural/isolated communities

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

Online community survey

NMKH conducted a community survey to inform its CHNA. Community input was collected via an online survey that was promoted across 19 ZIP codes in DeKalb, Kendall, and LaSalle counties from November 17, 2020, to December 27, 2020. The survey consisted of 52 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to healthcare services, and social and economic determinants of health. Conduent Healthy Communities Institute contracted with Claritas to develop and execute the survey, which was hosted on the ConfirmIt Horizons platform. Both English and Spanish versions of the survey were made available. Paper surveys were not developed because of health concerns related to in-person survey distribution and the challenge of many distribution sites operating at limited capacity during the COVID-19 pandemic. The list of survey questions is available on request.

To ensure broad community participation, there were three channels that survey respondents could engage with the online community survey:

Online panels executed by Claritas

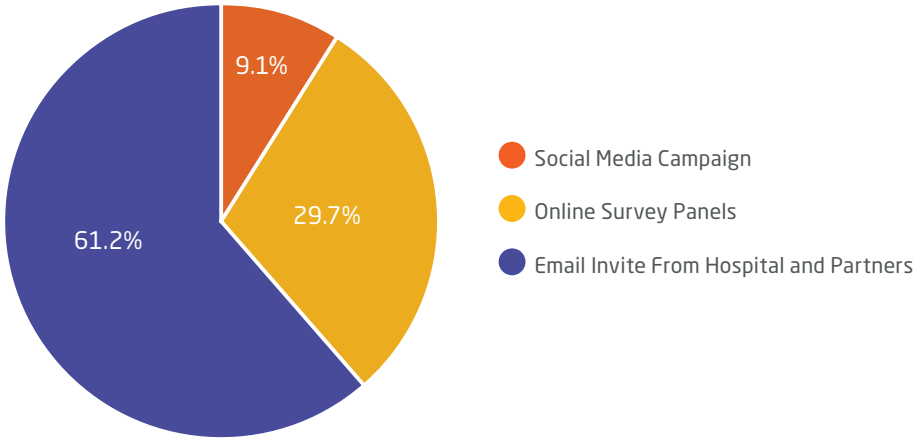
Social media campaign executed by Claritas

Email invitations and other direct marketing efforts distributed by Northwestern Medicine and its partner organizations to local residents

A total of 752 responses were collected for the overall survey target area (19 ZIP codes). Out of those survey responses, 670 (89%) were from community members residing in one of the 10 ZIP codes in the NMKH CSA. For purposes of this CHNA, the survey data that follows is based on an analysis of responses from community members residing in one of the 10 ZIP codes of the NMKH CSA.

Figure 3 shows survey respondents categorized by source. The majority of survey responses (61.2%) came from direct marketing efforts of Northwestern Medicine and its partners, followed by online survey panels (29.7%) and the social media campaign (9.1%).

Figure 3. Survey Respondents by Source, NMKH Community Service Area



Demographic profile of online survey respondents

The following charts and graphs illustrate the demographics of community survey respondents residing in the NMKH CSA.

As shown in Figure 4, on the next page, white or Caucasian community members comprised the largest percentage of survey respondents at 88.5%, which is higher than the overall 80.6% proportion of white or Caucasian community members represented by the demographics of the actual population in the NMKH CSA. Black or African American community members comprised the second largest percentage of survey respondents at 4.8%, which is lower than the overall 9.0% proportion of Black or African American community members represented by the actual population estimates in the NMKH CSA.

Figure 4. Race of Community Survey Respondents, NMKH Community Service Area

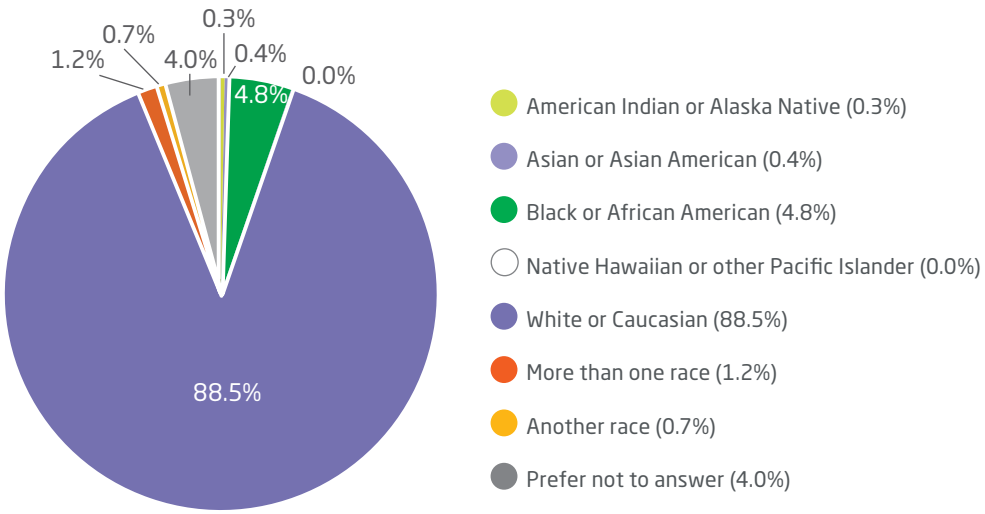


Figure 5 shows that 6.7% of survey respondents identified as Hispanic or Latino, which is lower than the actual 11.8% proportion of Hispanic or Latino community members represented in the NMKH CSA.

Figure 5. Ethnicity of Survey Respondents, NMKH Community Service Area

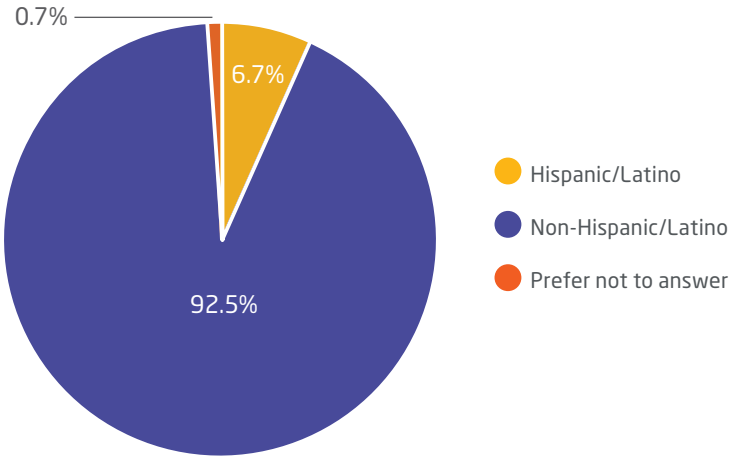
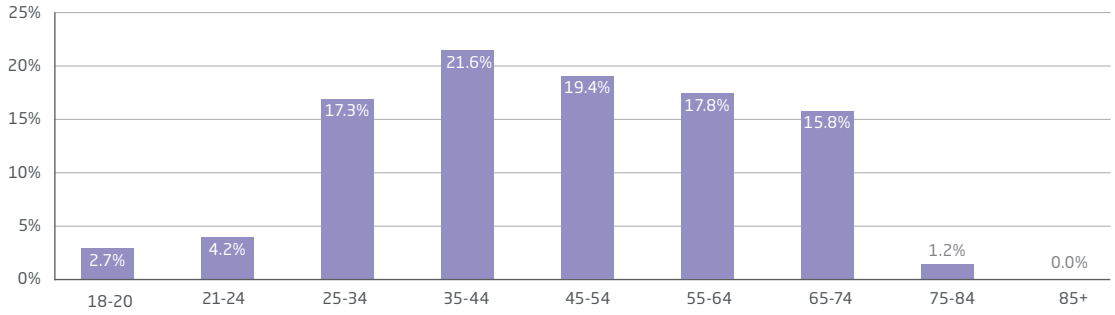


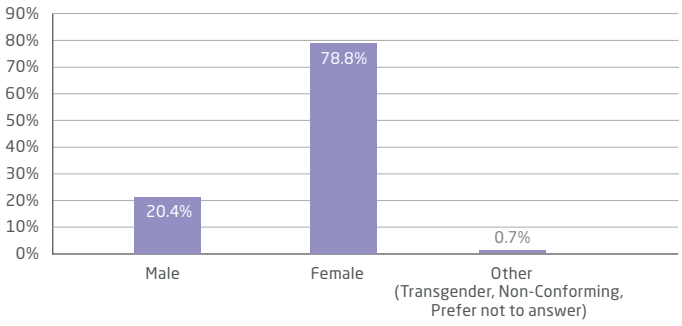
Figure 6 shows the age breakdown of survey respondents. The 35-44 age group comprised the largest portion of survey respondents, at 21.6%.

Figure 6. Age of Community Survey Respondents, NMKH Community Service Area



Survey respondents skewed female, with 78.8% of survey respondents identifying as female, 20.4% as male, and 0.7% as other (transgender, non-conforming, or prefer not to answer), as shown in Figure 7.

Figure 7. Sex of Community Survey Respondents, NMKH Community Service Area



As shown in Figure 8, more than 54% of survey respondents had a bachelor's degree or higher. This is higher than the overall 31.6% proportion of people with a bachelor's degree or higher when compared to the demographics of the actual population in the NMKH CSA.

Figure 8. Education of Community Survey Respondents, NMKH Community Service Area

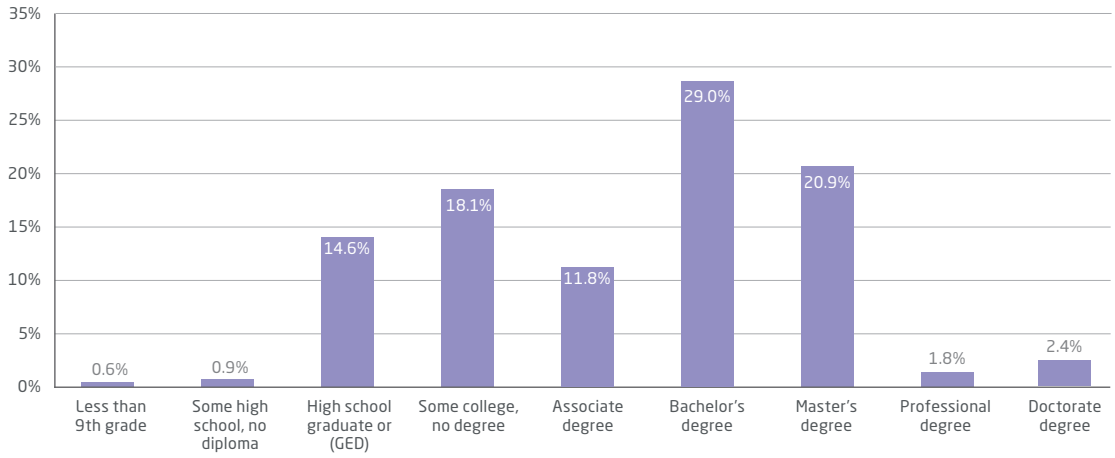
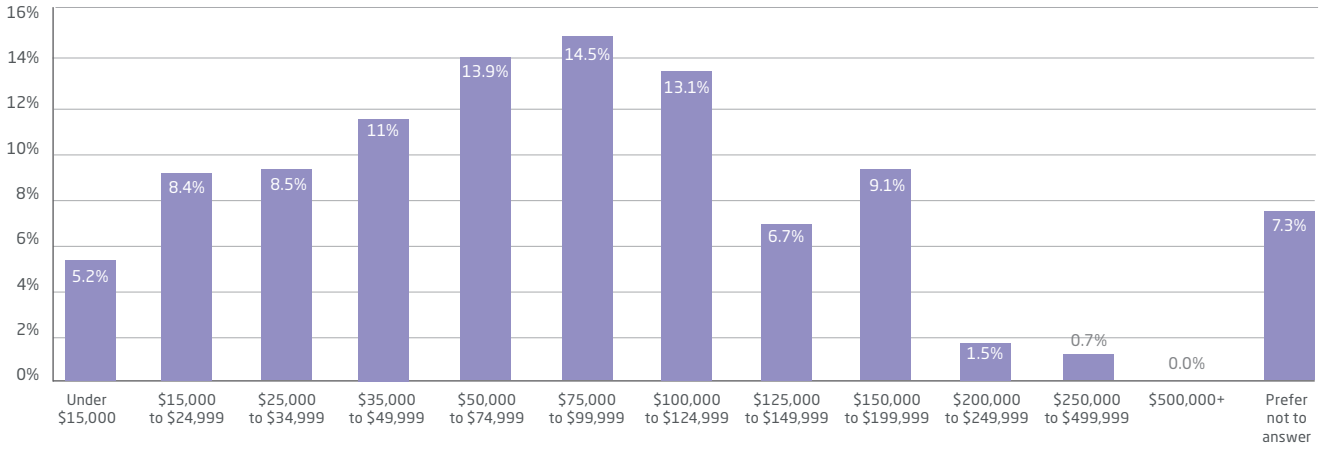


Figure 9 shows the household income of community survey respondents. The $75,000 to $99,999 income bracket made up the largest proportion of survey respondents at 14.5%.

Figure 9. Income of Community Survey Respondents, NMKH Community Service Area



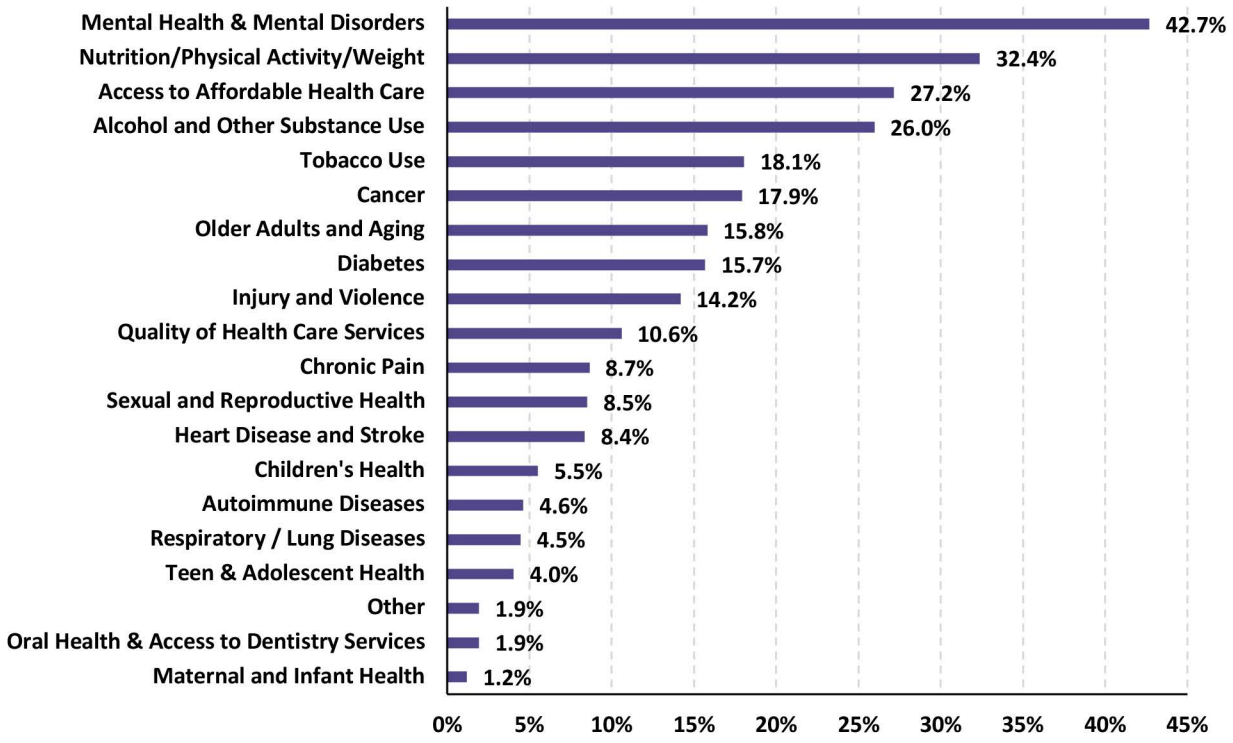
Post-stratification weighting procedure for online community survey

When reviewing the demographics of the online community survey respondents, there is some variability when compared to the demographics of the actual population in the NMKH service area. To account for these differences and to make the survey more representative of the target population distribution specific to the NMKH CSA, the analysis first underwent a post-stratification weighting procedure for the demographic variables – race, ethnicity, age, sex, education and income. This statistical procedure assigned a weight to each participant based on their unique combination of demographic variables. A smaller weight is given to participants who responded more frequently than expected, while larger weights are given to those that were underrepresented, based on the Claritas Pop-Facts® population estimates. For example, a white, non-Hispanic female might have a lower assigned weight than a non-white, Hispanic male who responded to the survey. All stratification and survey results were done in SAS® 9.4.

Community survey findings

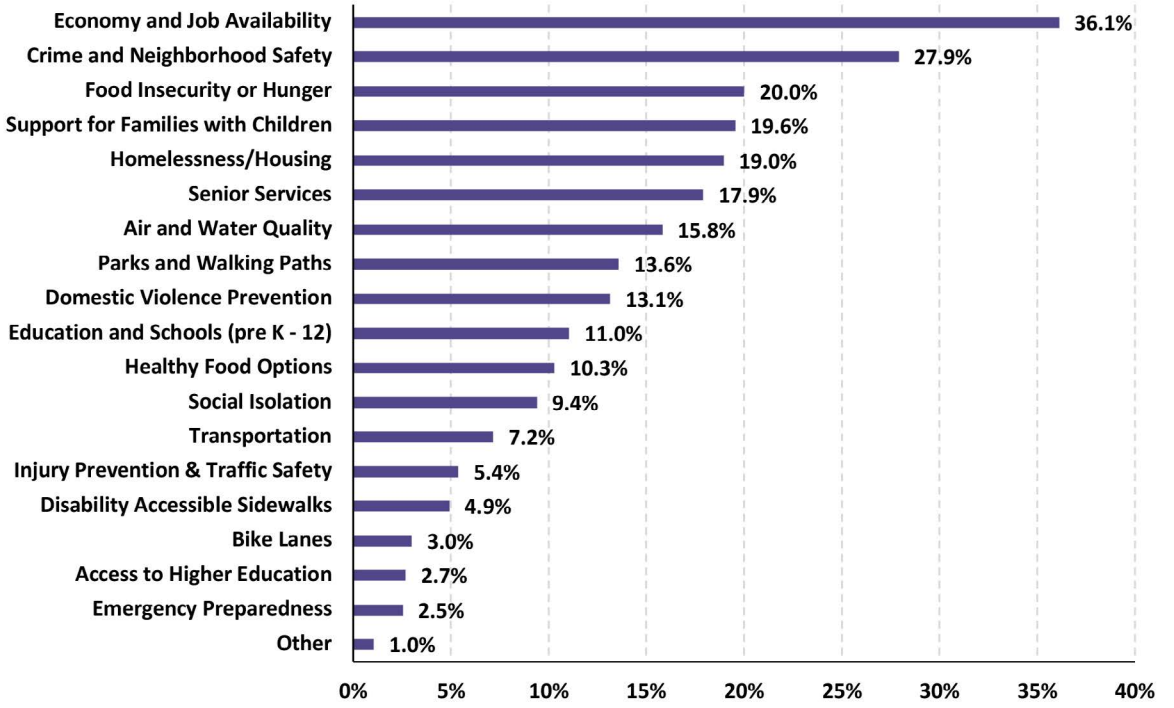
Online survey participants were asked about the most important health issues and which quality-of-life issues they would most like to see addressed in the community. The results for these questions are shown in two figures. As shown in Figure 10, Mental Health & Mental Disorders was ranked by survey respondents as the most pressing health problem (42.7% of respondents), followed by Nutrition, Physical Activity and Weight (32.4%), Access to Affordable Health Care (27.2%), and Alcohol and Other Substance Use (26.0%).

Figure 10. Most Important Community Health Issues, NMKH Community Service Area



As shown in Figure 11, Economy and Job Availability was ranked by survey respondents as the most pressing quality-of-life issue (36.1% of respondents), followed by Crime and Neighborhood Safety (27.9%), Food Insecurity or Hunger (20.0%), and Support for Families With Children (19.6%).

Figure 11. Most Important Quality-of-Life Issues, NMKH Community Service Area



Information gaps and data considerations

HCI and NMKH made substantial efforts to comprehensively collect and analyze CHNA data. However, several limitations of the data should be considered when reviewing the findings presented in this report. Although there is a wide range of health and health-related areas, there may be varying scope and depth of secondary data indicators and findings within each topic.

Regarding the secondary data, some health topic areas have a robust set of indicators, while others may have a limited number of indicators available. Population health data and demographic data are often delayed in their release, so data is presented for the most recent years available for any given data source. There is also variability in the geographic level at which datasets are available, ranging from census tract or ZIP code to statewide or national geographies. Whenever possible, the most relevant localized data is reported. Because of variations in geographic boundaries, population sizes, and data collection techniques for different locations (hospital service areas, ZIP codes, and counties), some datasets are not available for the same time spans or at the same level of localization. The Index of Disparity, used to analyze the

secondary data, is also limited by availability of subpopulation data from the data source. In some instances, there is no subpopulation data for some indicators, and for others there are only values for a select number of racial/ethnic groups. Further, persistent gaps in data systems exist for certain community health issues such as mental health and substance use disorders, crime reporting, environmental health and educational outcomes.

For the primary data, the breadth of findings is dependent on who was selected to be a key informant. In addition, the community survey was a convenience sample, which means results may be vulnerable to selection bias and make the findings less generalizable. To make the survey more representative, a weighting procedure was performed in SAS 9.4. This statistical procedure assigned a weight to each participant based on their unique combination of age, education, sex, race, ethnicity and income. A smaller weight is given to participants who responded more frequently than expected, while larger weights are given to those who were underrepresented, based on the Claritas Pop-Facts 2020 population estimates.

For all data, every effort was made to include a wide range of secondary data indicators and community member expertise areas. NMKH is committed to investigating strategies for addressing data system gaps for future assessment and implementation processes.

Comprehensive findings and analysis – demographics

The following section explores the demographic profile of the NMKH CSA. The demographics of a community significantly impact its health profile. Different racial, ethnic, age and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. All demographic estimates are sourced from Claritas Pop-Facts (2020 population estimates) and American Community Survey one-year (2019) or five-year (2014-2018) estimates unless otherwise indicated.

Demographic profile - population

According to the 2020 Claritas Pop-Facts population estimates, the NMKH CSA has an estimated population of 92,385 persons. Figure 12 shows the population size by each ZIP code, with the darkest purple representing the ZIP code with the largest population. Table 4 provides the actual population estimates for each ZIP code. The most populated areas within the hospital's CSA are ZIP code 60115 (DeKalb) with a population of 45,159 and ZIP code 60178 (Sycamore) with a population of 22,644. Together these two ZIP codes comprise more than 70% of the total population in the NMKH CSA.

Figure 12. Population Size by ZIP Code

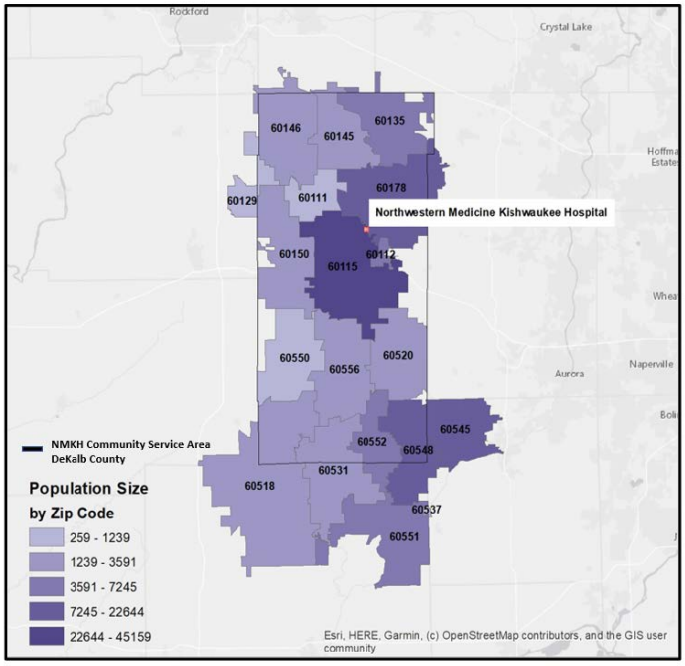


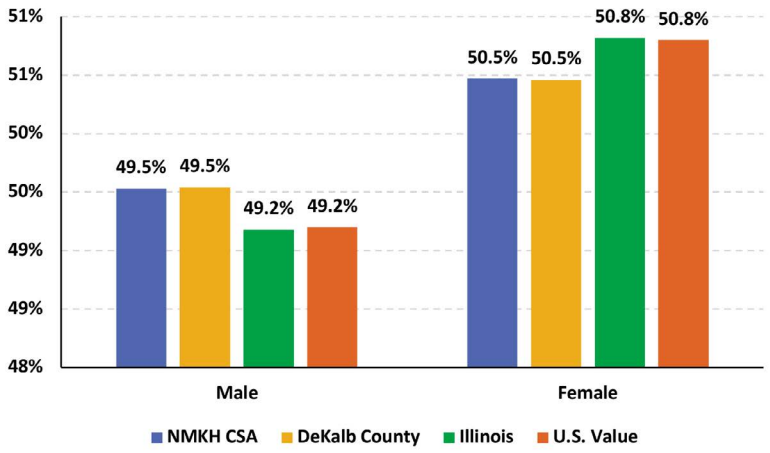
Table 4. Population Size by ZIP Code

ZIP Code	Area Name	Population
60115	DeKalb	45,159
60178	Sycamore	22,644
60135	Genoa	7,245
60112	Cortland	4,651
60520	Hinckley	2,727
60146	Kirkland	2,668
60145	Kingston	2,446
60556	Waterman	1,902
60150	Malta	1,704
60550	Shabbona	1,239

Demographic profile - sex

Figure 13 shows the NMKH CSA by sex. Males comprise 49.5% of the population, whereas females comprise 50.5% of the population.

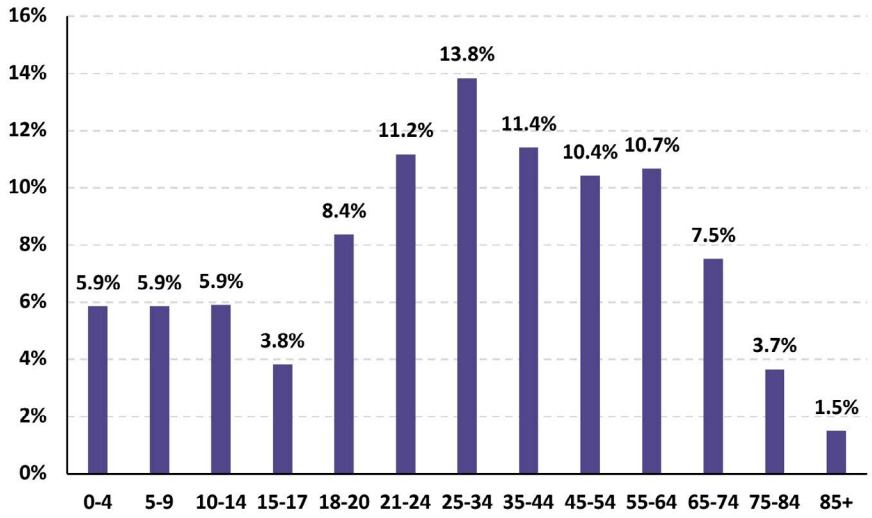
Figure 13. Population by Sex, NMKH Community Service Area



Demographic profile - age

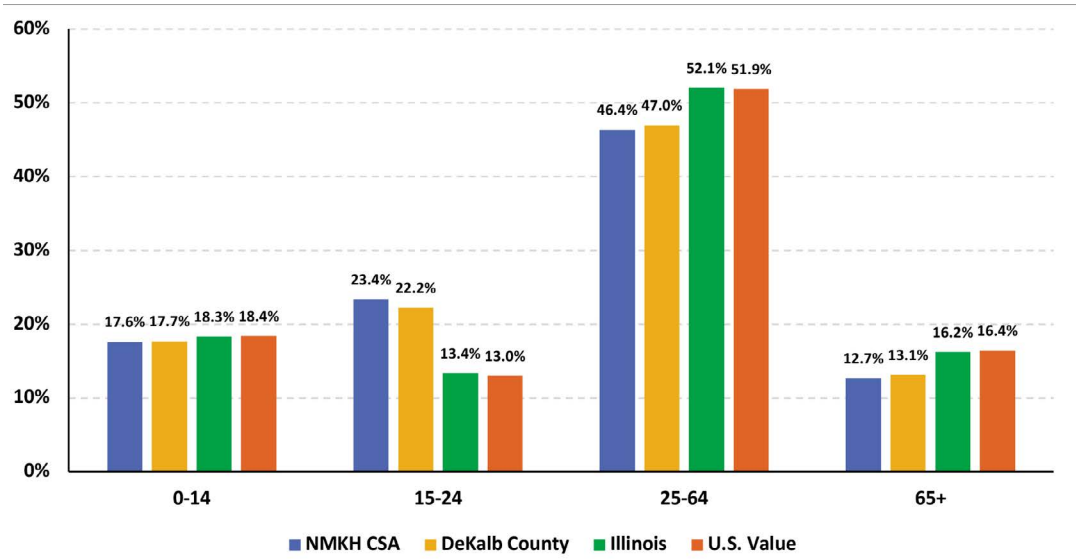
Figure 14 shows the NMKH CSA population by age group.

Figure 14. Population by Age, NMKH Community Service Area



Compared to Illinois and the U.S. (Figure 15), the 15-24 age group in the NMKH CSA represents a higher proportion of the population. Overall, the population of the NMKH CSA skews younger.

Figure 15. Population by Age, Illinois and U.S. Comparisons

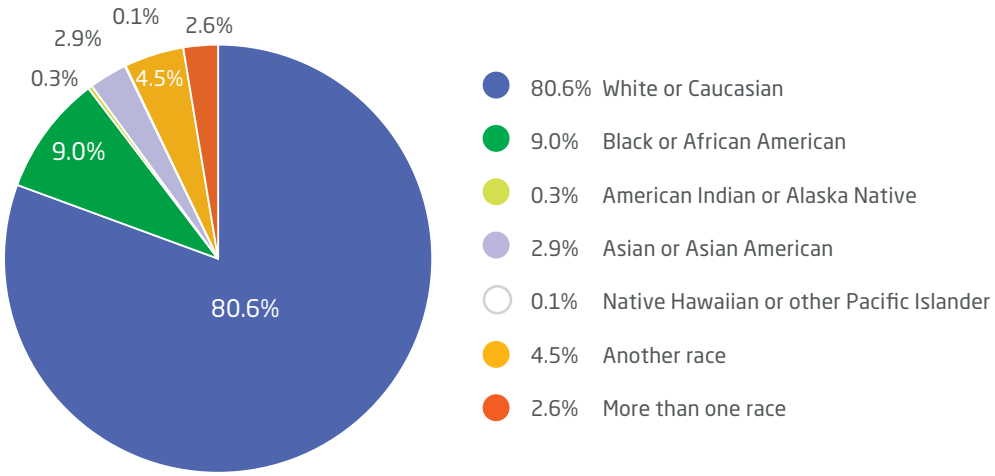


Demographic profile - racial and ethnic subgroups

The racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and child care. Analysis of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income and poverty.

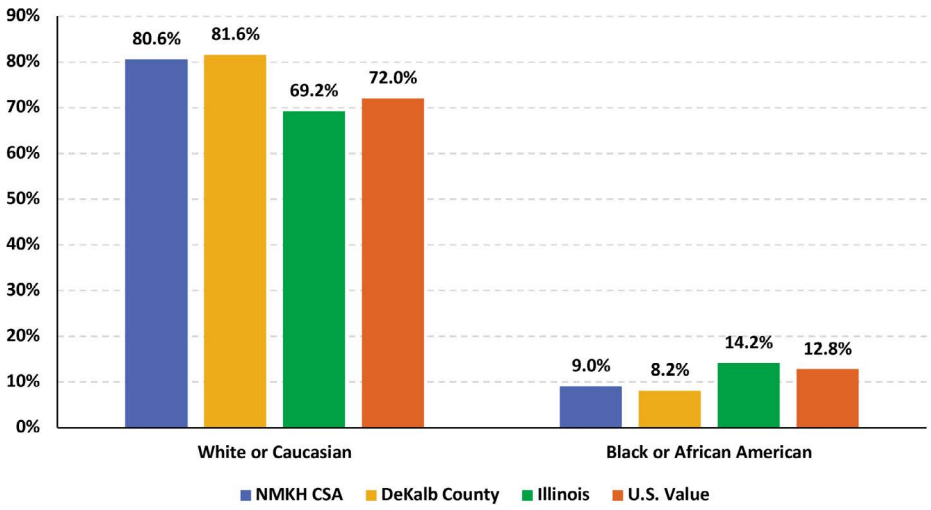
The racial makeup of the NMKH CSA shows 80.6% of the population identifying as white or Caucasian, as indicated in Figure 16 on the next page. The proportion of Black or African American community members is the second largest of all races in the NMKH CSA at 9.0%, and is the only other race that makes up more than 5% of the population.

Figure 16. Population by Race, NMKH Community Service Area



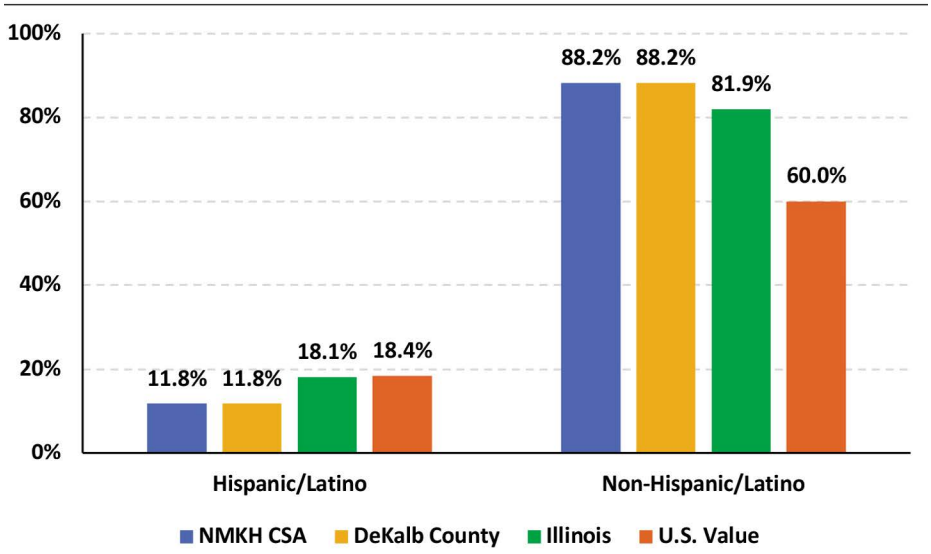
White or Caucasian community members represent a higher proportion of the population in the NMKH CSA when compared to Illinois and the U.S. (Figure 17).

Figure 17. Population by Race, Illinois and U.S. Comparisons



As shown in Figure 18, 11.8% of the population of the NMKH CSA identifies as Hispanic or Latino. This is a smaller proportion of the population when compared to Illinois and the U.S.

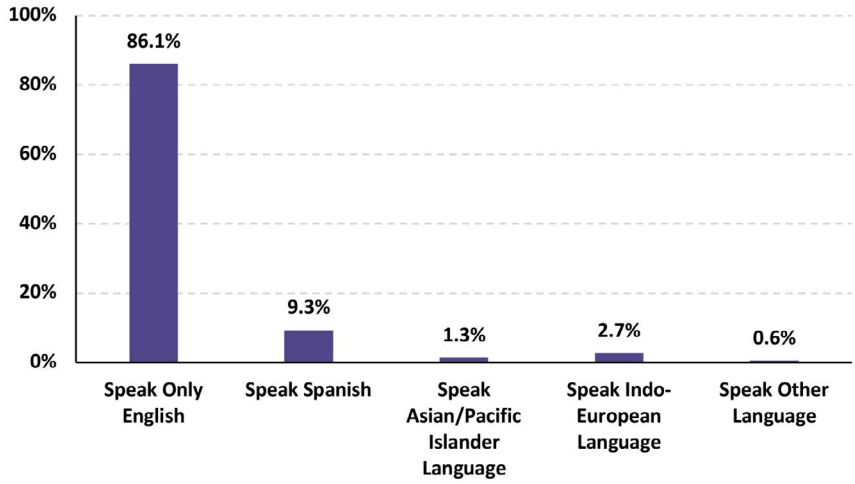
Figure 18. Population by Ethnicity



Demographic profile - language

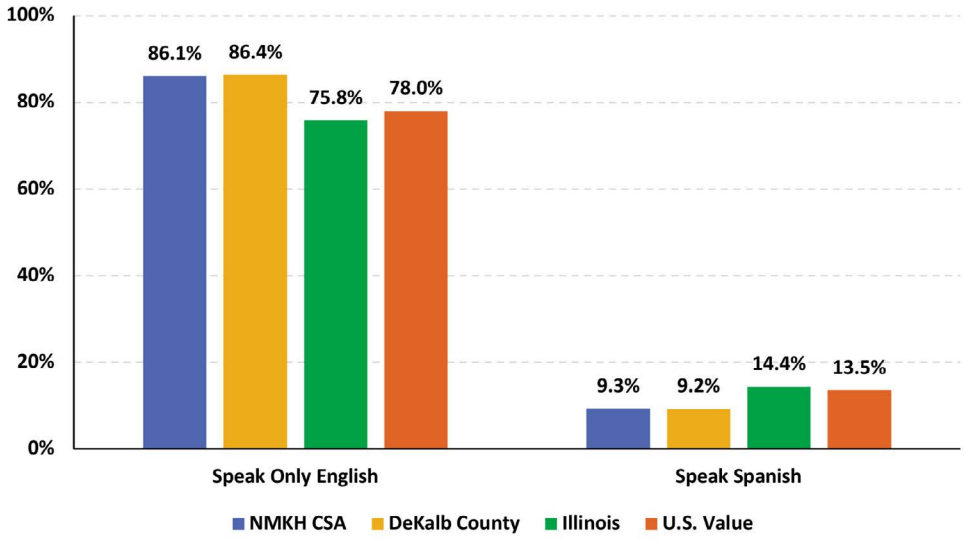
Language is an important factor to consider for outreach efforts to ensure that community members are aware of available programs and services. Figure 19 shows the percentage of the population age 5 and older by language spoken at home. The proportion of the population who speaks English is 86.1%. Spanish is the second most common language spoken at home, at 9.3% of the population.

Figure 19. Population Age 5+ by Language Spoken at Home, NMKH Community Service Area



As shown in Figure 20, English-speaking community members represent a higher proportion of the population in the NMKH CSA when compared to Illinois and the U.S.

Figure 20. Population Age 5+ by Language Spoken at Home, Illinois and U.S. Comparisons



Comprehensive findings and analysis – socioeconomics/social determinants of health

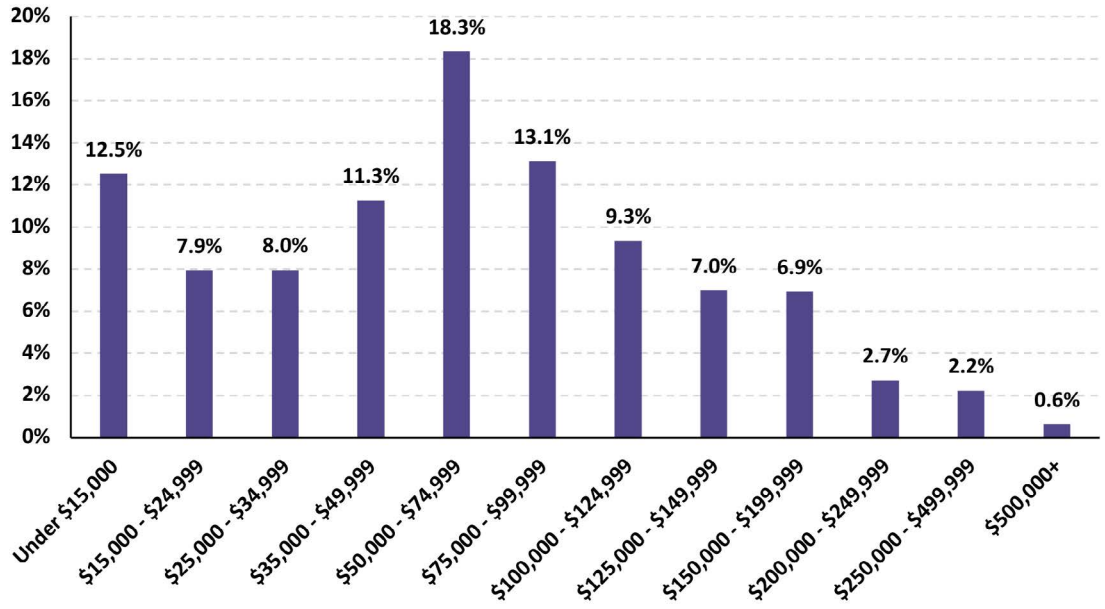
This section explores the economic, environmental and social determinants of health of the NMKH CSA. Social determinants of health are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. It should be noted that hospital service area or county-level data can sometimes mask what might be occurring at the ZIP code level in many communities. While indicators may be strong when examined at a higher level, ZIP code-level analysis can reveal disparities.

Socioeconomics/social determinants – income

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

Figure 21 provides a breakdown of households by income in the NMKH CSA. More than 18% of households have an income of $50,000 to $74,999, followed by 13.1% of households with an income of $75,000 to $99,999. Households with an income of less than $15,000 make up 12.5% of households in the NMKH CSA.

Figure 21. Households by Income, NMKH Community Service Area



The median household income for the NMKH CSA is $64,080, which is slightly lower than the Illinois value of $68,850 and slightly higher than the U.S. value of $60,293 (Figure 22).

Figure 22. Median Household Income, Illinois and U.S. Comparisons

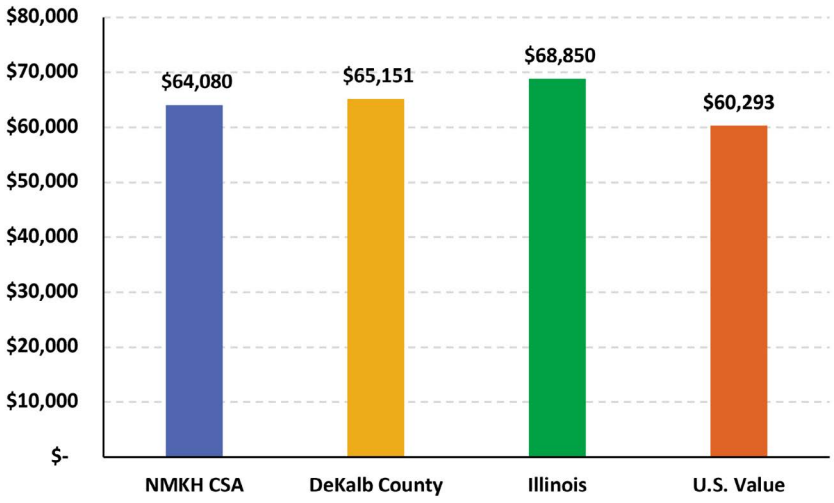
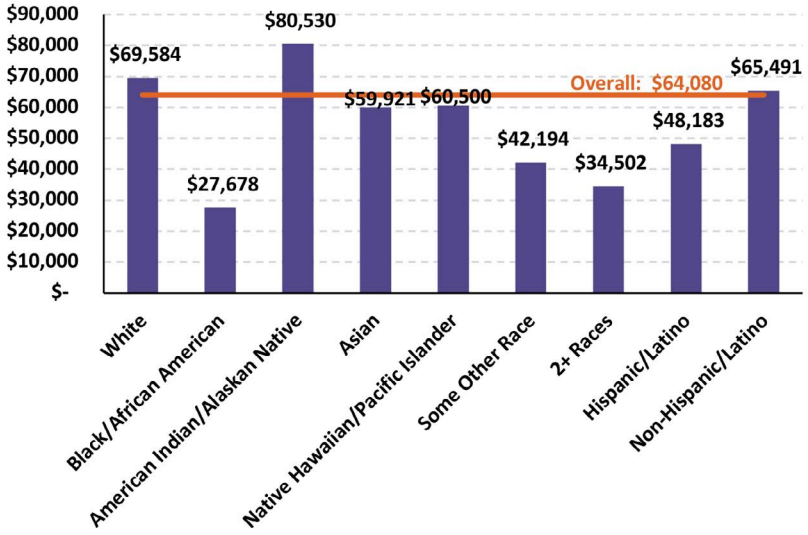


Figure 23 shows the median household income by race and ethnicity. Three racial/ethnic groups — white, American Indian/Alaskan Native, and Non-Hispanic/Latino — have median household incomes above the overall median value. All other races have incomes below the overall value, with the Black/African American population having the lowest median household income at $27,678.

Figure 23. Median Household Income by Race/Ethnicity, NMKH Community Service Area



Socioeconomics/social determinants - poverty

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

Figure 24 shows the percentage of families living below the poverty level by ZIP code. The darker purple colors represent a higher percentage of families living below the poverty level, with ZIP codes 60115 (DeKalb), 60145 (Kingston), 60112 (Cortland) and 60150 (Malta) having the highest percentages. Overall, 10.8% of families in the NMKH CSA live below the poverty level, which is higher than both the state value of 9.2% and the DeKalb County value of 10.0%. The percentage of families living below poverty for each ZIP code in the NMKH CSA is provided in Table 5.

Figure 24. Families Living Below Poverty Level by ZIP Code

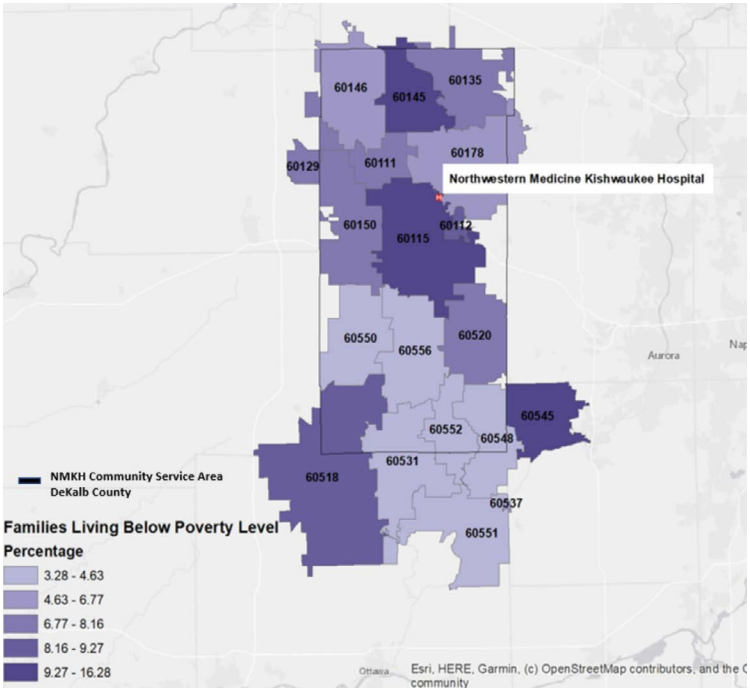


Table 5. Families Living Below Poverty Level by ZIP Code

ZIP Code	City or Area Name	Families Below Poverty Level
60115	DeKalb	16.3%
60145	Kingston	12.5%
60112	Cortland	9.1%
60150	Malta	8.2%
60520	Hinckley	7.9%
60135	Genoa	7.5%
60178	Sycamore	6.8%
60146	Kirkland	6.5%
60556	Waterman	4.6%
60550	Shabbona	4.4%
	NMKH CSA	**10.8%**
	DeKalb County	**10.0%**
	Illinois	**9.2%**

Socioeconomics/social determinants – education

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs. Figure 25 shows the percentage of the population 25 years or older by educational attainment.

Figure 25. Population 25+ by Educational Attainment, NMKH Community Service Area

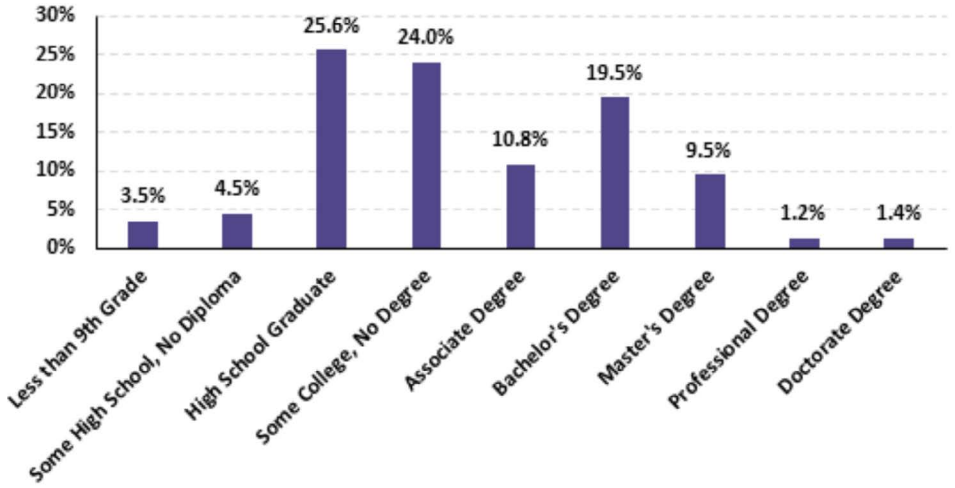
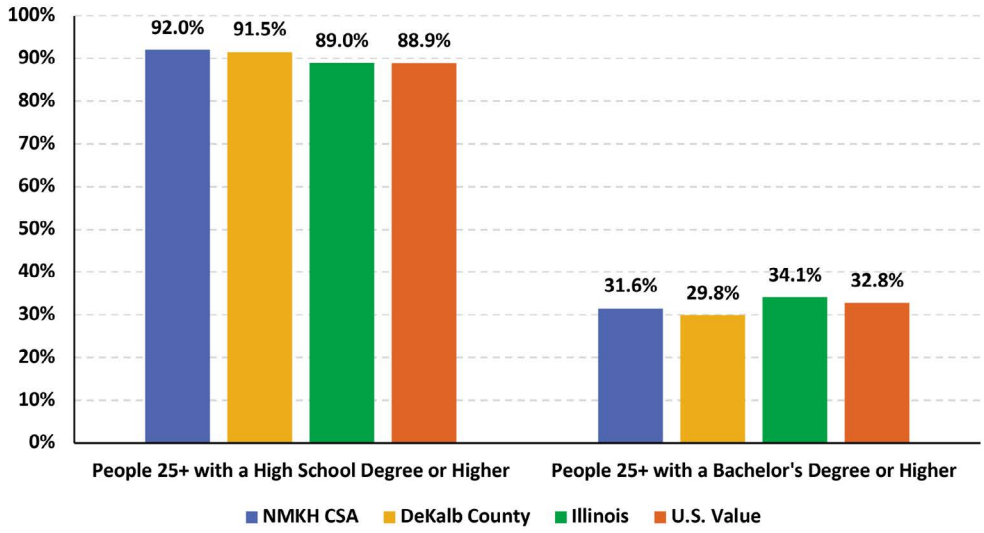


Figure 26 shows that the NMKH CSA has a higher percentage of residents with a high school degree than in Illinois and the U.S. However, the percentage of residents with a bachelor's degree is lower in the NMKH CSA than in Illinois and the U.S.

Figure 26. Population 25+ by Educational Attainment, Illinois and U.S. Comparisons



Socioeconomics/social determinants – SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily identify areas of high socioeconomic need. This index incorporates estimates for six different social and economic determinants of health that are associated with poor health outcomes. The data, which covers income, poverty, unemployment, occupation, educational attainment and linguistic barriers, is then standardized and averaged to create one composite index value for every county, ZIP code, and census tract in the U.S. with a population of at least 300. ZIP codes have index values ranging from zero to 100, where higher values are estimated to have the highest socioeconomic need and are correlated with poor health outcomes, including preventable hospitalizations and premature death.

Within the NMKH CSA, ZIP codes are ranked based on their index value to identify the relative levels of need, as illustrated by the map in Figure 27. The following ZIP codes had the highest level of socioeconomic need (as indicated by the darkest shades of purple): 60115 (DeKalb), 60145 (Kingston) and 60146 (Kirkland). Table 6 provides the index values for each ZIP code. Understanding where there are communities with high socioeconomic need, and associated poor health outcomes, is critical to targeting prevention and outreach activities.

Figure 27. SocioNeeds Index

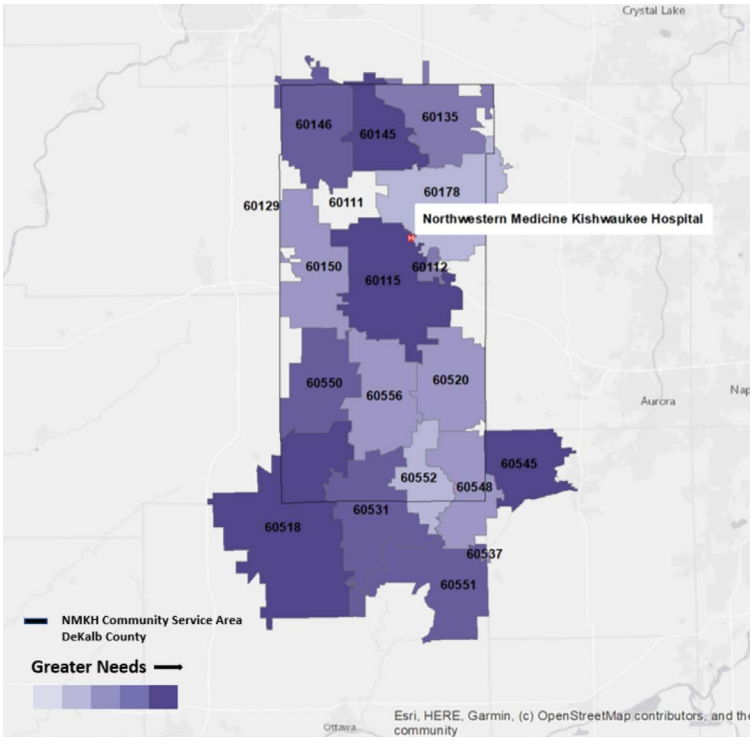


Table 6. SocioNeeds Index Values by ZIP Code

ZIP Code	Area Name	Index Value
60115	DeKalb	72.8
60145	Kingston	55.2
60146	Kirkland	51.3
60550	Shabbona	45.8
60135	Genoa	39.7
60112	Cortland	38.0
60556	Waterman	32.6
60520	Hinckley	27.6
60150	Malta	27.0
60178	Sycamore	22.2

Socioeconomics/social determinants – Food Insecurity Index

HCI developed the Food Insecurity Index® to help identify areas of low food accessibility. The index incorporates multiple social and economic determinants of health that are correlated with social and economic hardship. The component data elements, which include insurance enrollment, perceived health status, household expenditures, income and household composition, are standardized and averaged to create one composite index value for every county, ZIP code, and census tract in the U.S. with a population of at least 300. Every ZIP code is given an index value ranging from zero to 100. Higher values indicate greater need and are correlated with both inpatients and outpatients exhibiting characteristics of social and economic burden, as well as populations that are eligible for SNAP (Supplemental Nutrition Assistance Program, formerly known as food stamps). As a single indicator, the index can serve as a concise way to identify which geographic areas have the greatest need, ultimately informing the targeting of services and interventions to improve community health.

Within the NMKH CSA, ZIP codes are ranked based on their index value to identify the relative levels of need, as illustrated by the map in Figure 28. The following ZIP codes had the highest level of food insecurity (as indicated by the darkest shades of purple): 60115 (DeKalb), 60112 (Cortland) and 60550 (Shabbona). Table 7 provides the index values for each ZIP code. Understanding where there are communities with low food access and economic hardship is critical to targeting prevention and outreach activities.

Figure 28. Food Insecurity Index

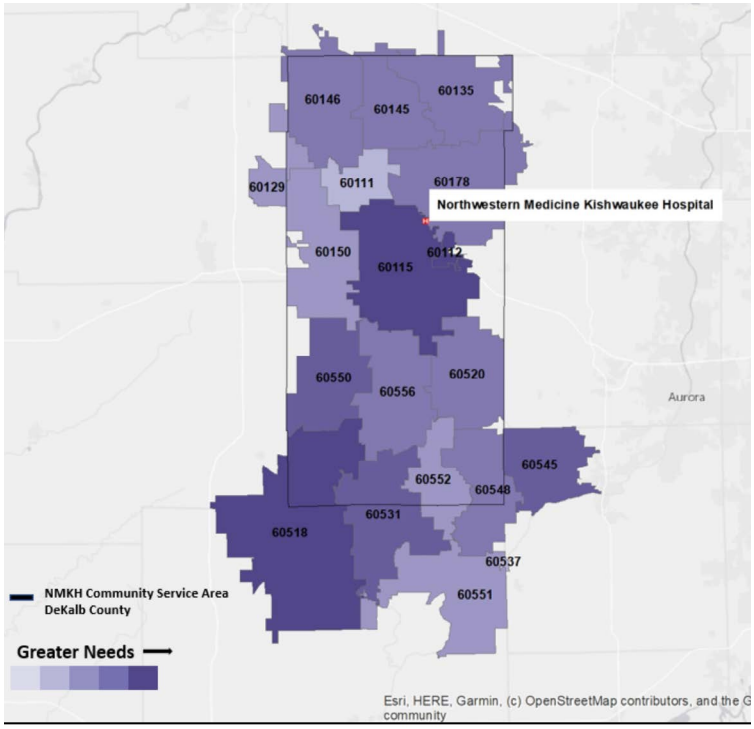


Table 7. Food Insecurity Index Values by ZIP Code

Zip Code	Area Name	Index Value
60115	DeKalb	43.1
60112	Cortland	42.6
60550	Shabbona	32.1
60556	Waterman	30.7
60146	Kirkland	29.9
60135	Genoa	28.5
60145	Kingston	27.5
60178	Sycamore	26.6
60520	Hinckley	25.4
60150	Malta	20.4

Socioeconomics/social determinants – public safety and domestic violence

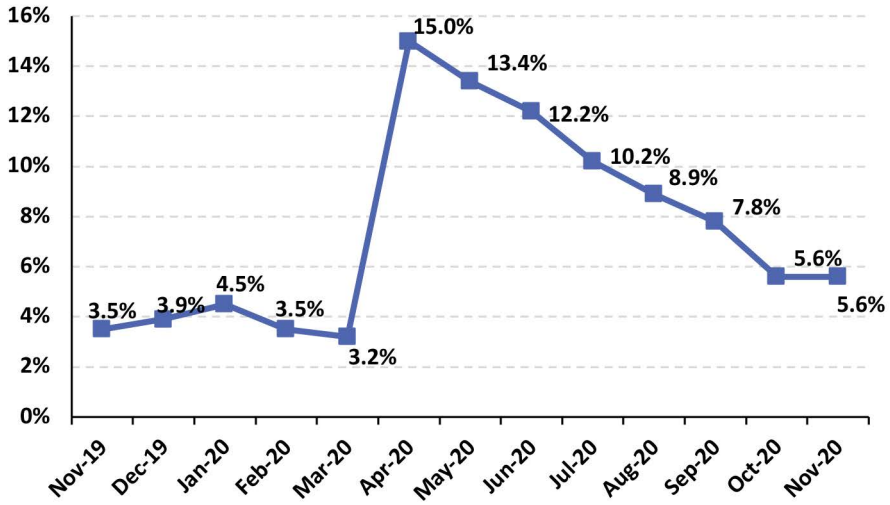
Key informants noted that reports of domestic violence and child abuse decreased during the COVID-19 pandemic. However, it is believed this was not a true drop in cases, but more likely a reporting issue because victims were isolated, lost their connection to safe adults, and did not have easy opportunities to reach out or call the police. In the survey, 8.1% of respondents reported tension among household members as a major challenge during the COVID-19 pandemic. While reports of spousal and child abuse decreased, key informants noted that the severity of what was actually happening had increased. Key informants pointed to increased isolation, stress, pressure and substance use disorders as likely causes.

Key informants noted that the services in place pre-pandemic to support these victims came to a screeching halt. While telehealth services have been implemented, many services are still not operating in pre-pandemic mode, where therapists and social service workers would be visiting with children and victims in person. One key informant noted the challenge of mental telehealth services: How can a victim speak openly about their situation when the perpetrator might be listening from the other room?

Socioeconomics and social determinants – unemployment

As expected, DeKalb County's unemployment rate increased when stay-at-home orders were in place. Figure 29 shows that the unemployment rate increased from 3.2% in March 2020 to 15.0% in April 2020. As the state and county slowly began reopening some businesses in May, the unemployment rate went down. The county can expect to see variation in unemployment rates based on government response to the pandemic. When unemployment rates rise, there is a potential impact on health insurance coverage if jobs lost include employer-sponsored health care. The unemployment rate in DeKalb County in March 2021 was 6.30% according to the U.S. Federal Reserve.

Figure 29. Unemployment Rate, DeKalb County



Socioeconomics/social determinants – barriers to care

Community health barriers for NMKH's Community Service Area were identified as part of the primary data collection. Key informants and community survey respondents were asked to identify any barriers to health care observed or experienced in the community.

Barriers to care – transportation

The geography of the NMKH CSA lends itself to transportation issues. A majority of the population is centered in the cities of DeKalb, Sycamore and Cortland, which have contiguous borders. Beyond this core population center, the service area is spread out and includes rural towns to the north (Genoa, Kingston, Kirkland), west (Malta) and south (Hinckley, Shabbona, Waterman). The spread of the population throughout these rural towns creates difficulties for many people in need of care. While transportation did not meet the 1.50 threshold to be considered a significant need from the secondary data, it was a frequent topic raised by many key informants when discussing barriers to care. Key informants mentioned that while the hospital and many agencies are on the bus route, the service is not direct and travel can be very time-consuming. Using a five-point Likert scale, nearly 30% of survey respondents disagreed or strongly disagreed that public transportation is easy to access. Further, many key informants expressed the need to expand bus routes, especially to rural communities.

Barriers to care – cost, wait time and literacy

Among the community survey respondents who did not receive the healthcare services they needed, 29% noted wait time for services as an issue, while 35% selected cost as a barrier to seeking the care they needed. Key informants noted that waiting lists can be very long, especially for mental health services. Key informants were also concerned that low-income community members, including people who are uninsured and underinsured, do not have access to affordable healthcare providers. Key informants added that even when health insurance is available, health literacy issues make seeking or renewing healthcare coverage difficult, especially for older adults and immigrant populations. The economic secondary data further supports the primary data findings around cost and access. The median household income of the NMKH CSA is $64,080, which is about $4,700 lower than the Illinois state value. In addition, there is a disparity of approximately $36,000 in median household income for Black/African American residents, whose median household income is $27,678.

Barriers to care – trust, discrimination, language and culture

Discrimination was commonly cited by key informants as another barrier to accessing health care and social services. Key informants spoke about structural racism embedded within systems and institutions in the community (such as policy, hiring practices, the way we engage with people), and emphasized that many people who need resources and services won't get them until we transform these systems and advance racial equity. Key informants also identified African American and Latinx citizens as being disproportionately disadvantaged to white individuals, both in their access to care and prejudices they face while receiving care. One example mentioned was COVID-19 and its disproportionate impact on racial and ethnic minorities.

Several key informants mentioned a growing Hispanic population and pointed to language barriers as a common issue. One key informant mentioned that people who don't speak English do not often reach out for help. Another key informant emphasized the need to provide resources beyond translation services, and really think about how to engage the Latinx community. Further, cultural barriers often serve as a roadblock to people's willingness to take advantage of resources that do exist — for example, prevention resources and wellness activities within the Latinx community.

Lack of trust continues to be a big issue. Key informants pointed out the need to improve the patient-provider relationship, not just the quality of health care; the need includes providing a level of care where patients truly feel heard and understood, and can engage with providers who are looking out for their best interests. Not only is trust a medical care issue, but it affects the provision of social services as well. One key informant mentioned that people choose not to reveal their vulnerabilities because they fear the potential consequences. For example, multiple families living under one roof may fear eviction, or immigrant families may be hesitant to use food pantries because of a fear of deportation.

The stigma of seeking mental health treatment also continues to be a concern. Key informants noted this is especially true within the African American community, pointing out that people are often shamed, or that things are swept under the rug and people do not get the help that they need. Key informants also spoke about the issue of separateness and othering. The presence of social and economic division has created a feeling of isolation within certain neighborhoods, and some populations in the community feel as if they do not matter.

Comprehensive findings and analysis – disparities

Disparities - race, ethnicity, age and gender

Community health disparities were assessed in both the primary and secondary data collection processes. Table 8 identifies secondary data indicators with a statistically significant race, ethnicity, age or gender disparity for DeKalb County.

Table 8. Indicators With Significant Race, Ethnicity, Age or Gender Disparities

Health Indicator	Group Negatively Impacted
Workers commuting by public transportation	White, American Indian/Alaska Native, Hispanic/Latino
Adults who are obese	White, American Indian/Alaska Native
Adults who are sedentary	Hispanic/Latino
Age-adjusted hospitalization rate due to pediatric mental health	Female
Age-adjusted hospitalization rate due to adolescent suicide and intentional self-inflicted injury	Female
Age-adjusted ER rate due to opioid use	Female
Age-adjusted ER rate due to substance use	Female
Age-adjusted hospitalization rate due to adult alcohol use	Male

The indicators listed in Table 8 show a statistically significant difference in race, ethnicity or gender according to the Index of Disparity analysis. Secondary data reveals that different racial and ethnic groups are disparately impacted for commuting by public transport. In addition, the female population is the most negatively impacted in DeKalb County, experiencing four significant disparities of indicators listed in Table 8. These important gaps in data should be recognized and considered for implementation planning to mitigate the disparities often faced along gender, racial, ethnic or cultural lines.

Key informants mentioned the African American community and Latinx community as struggling more with social determinants of health. They also pointed out that these populations are more likely to be negatively impacted by poverty, which contributes to poor health outcomes. In addition, older adults were the age group that key informants mentioned the most as having more barriers to accessing health care and services compared to younger populations. They also mentioned low-income families struggling to access services.

Disparities – geographic

Geographic disparities were identified using the SocioNeeds Index. ZIP codes 60115 (DeKalb), 60145 (Kingston) and 60146 (Kirkland) were identified as ZIP codes with the highest socioeconomic need, potentially indicating poorer health outcomes for residents in those areas. Because these areas were identified as having the highest socioeconomic need, understanding the population demographics of these communities is equally as important.

The Annie Glidden North neighborhood was mentioned frequently by key informants as a geographic area of greater need. Key informants noted a high concentration of poverty, lack of transportation, higher crime rates, lack of access to health services, and lack of access to affordable, healthy food as ongoing concerns for residents in this neighborhood. Key informants also mentioned the rural areas of DeKalb County as having greater need, including the small towns of Kirkland, Kingston, Malta, Hinckley and Shabbona. Residents in these towns are isolated, services are farther away or harder to reach, and there is a growing aging population. Several key informants mentioned the Pleasant Street neighborhood as another area of need. Located closer to downtown DeKalb, transportation may be less of a concern for residents in this neighborhood, but key informants pointed to higher crime rates, a lack of services and low-wage earners when describing this as an area of need. Further, language barriers may exist in the Pleasant Street neighborhood because of a larger Latinx population.

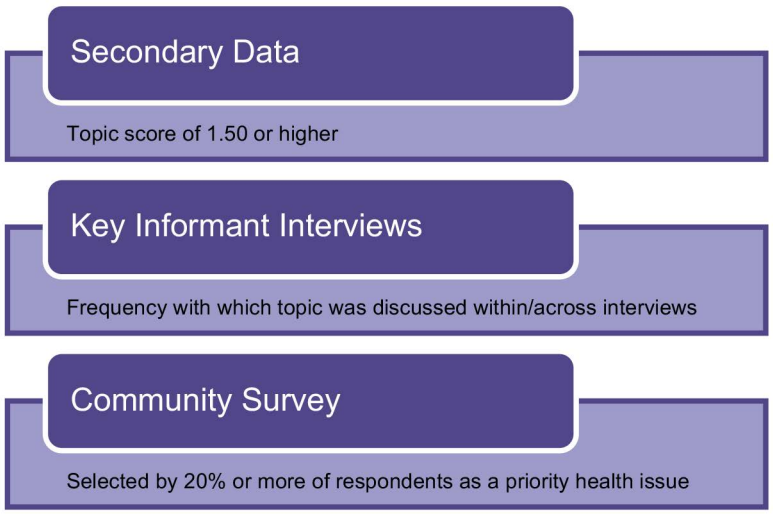
Primary and secondary data synthesis

Findings from the primary and secondary data were analyzed and synthesized to identify the significant community health needs in the NMKH CSA.

Criteria for determining significant health needs

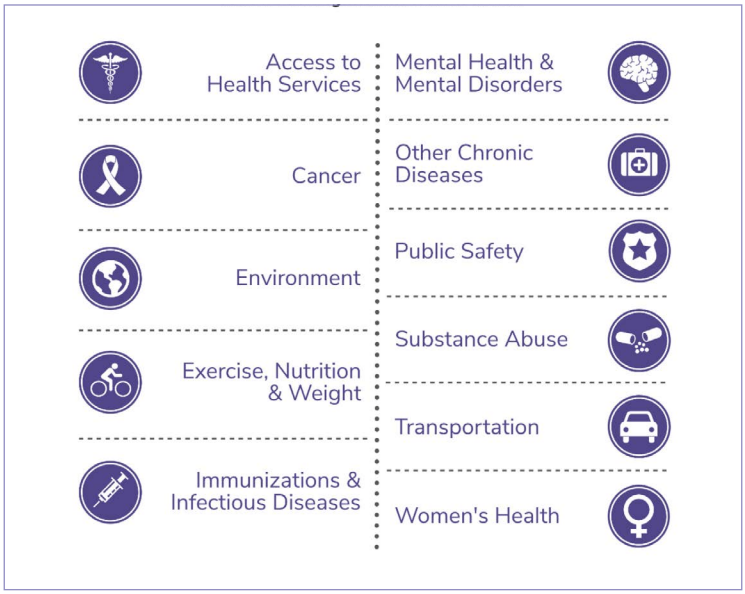
All forms of data have strengths and limitations. This assessment used three separate sources of data to help identify community health needs: secondary data, key informant interviews and a community survey. Health needs were determined to be significant if they met certain criteria in at least one of the three data sources. Figure 30 summarizes the criteria that were set for each data source to determine whether a need was considered significant.

Figure 30. Criteria Used to Determine Significant Health Needs



Overall, 11 needs emerged as significant. Figure 31, on the next page, illustrates the final 11 significant health needs, listed in alphabetical order, that were included for prioritization based on the findings of all forms of data collected for the Northwestern Medicine Kishwaukee Hospital 2021 CHNA.

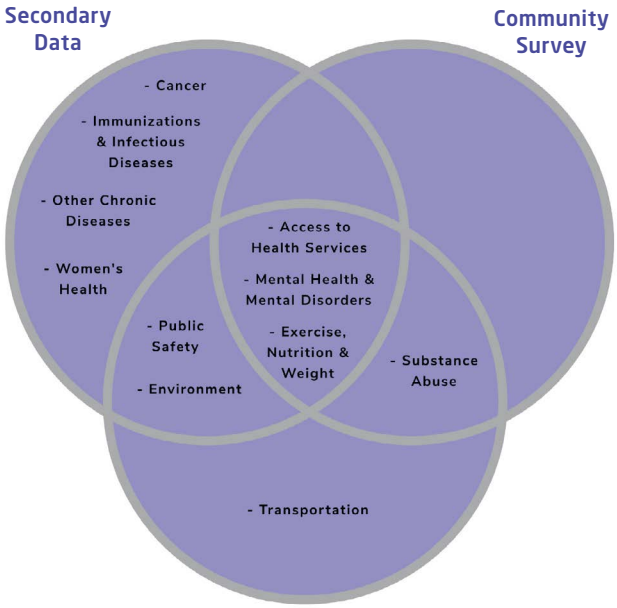
Figure 31. Significant Health Needs



Data synthesis results

The Venn diagram in Figure 32 displays the results of the primary and secondary data synthesis. For many of the topic areas, evidence of need was present across multiple data sources, including Access to Health Services; Environment; Exercise, Nutrition & Weight; Mental Health & Mental Disorders; Public Safety; and Substance Use Disorders. For other topic areas, the evidence was present in just one source of data. However, it should be noted that this may be reflective of the strength and limitations of each type of data that was considered in this process.

Figure 32. Data Synthesis Results

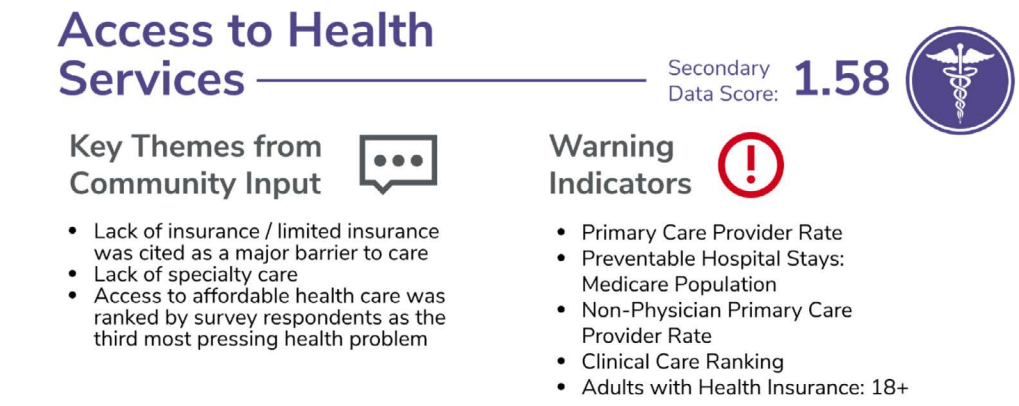


Analysis of significant health needs

The following section provides a detailed description of each significant health need. An overview is provided for each health topic, followed by a table highlighting the poorest-performing indicators and a description of key themes that emerged from primary data. The 11 significant health needs are presented in alphabetical order.

Note: As a reminder to the reader, a comprehensive explanation of the secondary data scoring methodology was discussed earlier in this report. HCI's Data Scoring Tool was used to systematically summarize multiple comparisons to rank indicators based on highest need. For each indicator, the DeKalb County value was compared to a distribution of Illinois and U.S. counties, state and national values, Healthy People 2020 targets and significant trends. Each indicator was then given a score based on the available comparisons. These comparison scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome.

Topic No. 1: Access to Health Services



Secondary data

Access to Health Services was identified as a significant health need across all three data sources, including secondary data, key informant interviews and the community survey. As discussed previously in the Methodology section, the data scoring technique is only available at the county level. The data scoring results for NMKH are therefore presented in the context of DeKalb County.

From the secondary data scoring results, Access to Health Services had the fifth highest data score of all topic areas, with a score of 1.58. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within the topic area were categorized as indicators of concern and are listed in Table 9.

Table 9. Data Scoring Results for Access to Health Services

Score	Access to Health Services	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
2.53	Primary Care Provider Rate (2017) *providers/100,000 population*	30.6	80.0	—			
2.13	Preventable Hospital Stays: Medicare Population (2015) *discharges/1,000 Medicare enrollees*	64.9	54.8	49.4			
1.78	Non-Physician Primary Care Provider Rate (2019) *providers/100,000 population*	48.0	82.4	—			
1.59	Clinical Care Ranking (2020) *ranking*	59.0	—	—		—	—
1.50	Adults with Health Insurance: 18+ (2020) *percent*	91.2	91.5	91.3		—	—

DeKalb County's Primary Care Provider Rate (which includes physicians in general practice medicine, family medicine, internal medicine, and pediatrics) is less than half the state value and has a statistically significant downward trend. While the Non-Physician Primary Care Provider Rate (which includes nurse practitioners, physician assistants and clinical nurse specialists) is significantly trending in a desirable direction, the county value is just over half of the state value and falls within the worst 25% of all U.S. counties. The indicator Preventable Hospital Stays: Medicare Population measures the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees. The rate in DeKalb County, which is higher than both state and national values, is an indicator of the quality and accessibility of primary care services

available in the county. An area with a lower density of primary care providers usually has higher rates of hospitalization for ambulatory care-sensitive conditions. If access to high-quality primary care is increased, a community may be able to reduce its preventable hospitalizations.

The indicator Clinical Care Ranking shows how DeKalb County ranks compared to all 102 counties in Illinois, and is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring and mammography screening. Counties with high ranks (1 or 2) are considered to be the healthiest. DeKalb County's value of 59 falls within the second worst quartile of all counties in Illinois. The indicator Adults With Health Insurance: 18+ shows the percentage of adults 18 years and older who have any type of health insurance coverage. While the value for DeKalb County is in the top 50% of all counties in Illinois, the value falls just short of meeting the state and national values.

Primary data

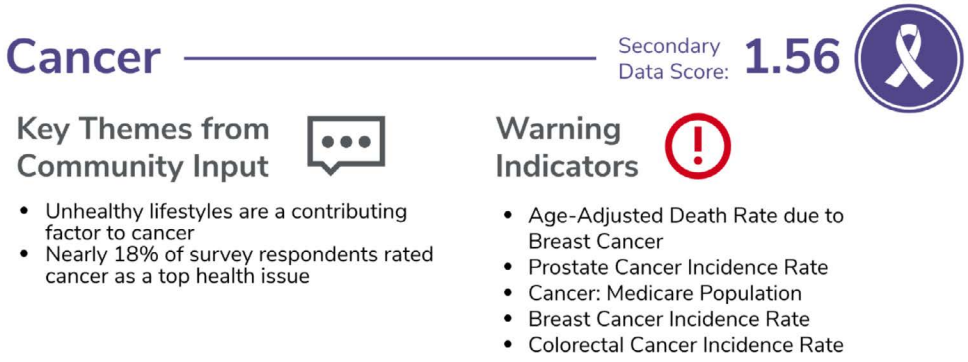
Access to affordable health care was ranked by survey respondents as the third most pressing health issue in the community. Using a five-point Likert scale, 15.7% of survey respondents disagreed or strongly disagreed that there are affordable healthcare services in the community. Key informant interviews revealed a lack of access to specialty care, including oral care, early intervention services, diagnostics, obstetrics and medication-assisted treatment. Lack of access to mental healthcare services and providers was also a common theme among key informants, and is discussed in depth under the significant health need Mental Health & Mental Disorders.

The most common forms of health plans used by survey respondents to pay for health care services included insurance through an employer, Medicare and Medicaid. When asked about the quality of healthcare services, 9.9% of survey respondents disagreed or strongly disagreed that there are good-quality healthcare services in the community. Another 11.6% of survey respondents disagreed or strongly disagreed that they are connected to a primary care doctor or health clinic with which they are happy. Nearly a quarter of survey respondents reported using the hospital Emergency Department within the past year. The top reasons cited for using the Emergency Department instead of a doctor's office or clinic included time of day (after clinic hours or weekend) and the circumstance (emergency or life-threatening situation).

Nearly 23% of survey respondents reported that they did not receive necessary healthcare services in the past year. The top reasons cited for not receiving necessary healthcare services included cost, long wait times, hours of operation and office or program closure due to COVID-19. Another 9.9% of survey respondents disagreed or strongly disagreed that they can access healthcare services within a reasonable time frame and distance from home/work. Key informants noted health system knowledge/navigation as a barrier for accessing care, and pointed to a need for more outreach and consistent messaging about services and resources available to the community. Key informants also cited lack of insurance/limited insurance as a major barrier to care. This barrier is especially prominent for those with Medicaid who need to travel farther distances to access facilities that will accept their coverage. Other obstacles to accessing health care and social services are detailed in the Barriers to Care section of this report.

> "It's difficult for the working poor to prioritize healthcare when they are prioritizing living. They often use the Emergency Department as a primary care provider."
> - Key Informant

Topic No. 2: Cancer



Secondary data

From the secondary data scoring results, Cancer was identified as a significant health need. As discussed previously in the Methodology section, the data scoring technique is only available at the county level. The data scoring results for NMKH are therefore presented in the context of DeKalb County.

From the secondary data scoring results, Cancer had the seventh highest data score of all topic areas, with a score of 1.56. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within the topic area were categorized as indicators of concern and are listed in Table 10.

Table 10. Data Scoring Results for Cancer

Score	Cancer	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
3.00	Age-Adjusted Death Rate due to Breast Cancer (2013-2017) *deaths/100,000 females*	28.4	21.0	20.1 **HP2020*** 20.7			
2.50	Prostate Cancer Incidence Rate (2013-2017) *cases/100,000 males*	125.2	109.1	104.5			

Score	Cancer	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
2.00	Cancer: Medicare Population (2017) *percent*	8.5	8.9	8.2			
1.81	Breast Cancer Incidence Rate (2013-2017) *cases/100,000 females*	129.5	133.1	125.9			
1.75	Colorectal Cancer Incidence Rate (2013-2017) *cases/100,000 population*	43.4	42.5	38.4 **HP2020*** 39.9			

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

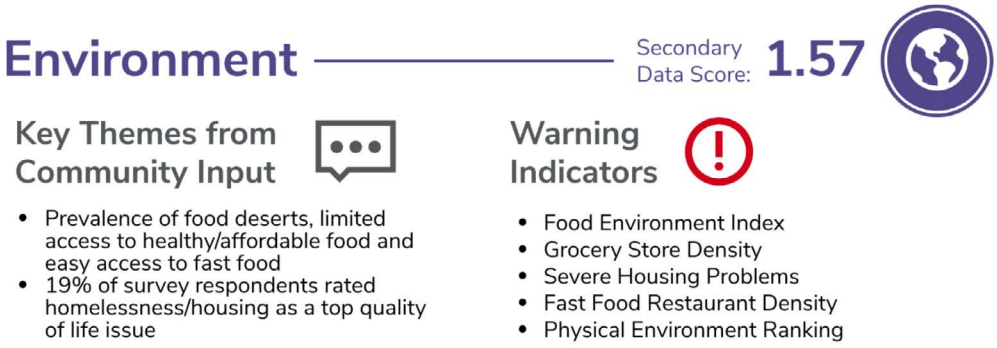
The Age-Adjusted Death Rate due to Breast Cancer is the worst performing indicator within the Cancer topic area, with an indicator score of 3.00. The rate in DeKalb County is higher than state and national values, and is in the worst 25% of counties in Illinois and the U.S. Further, the county value of 28.4 deaths per 100,000 females does not meet the Healthy People 2020 target of 20.7 deaths per 100,000 females, and the rate is increasing significantly. A related indicator, the Breast Cancer Incidence Rate, is also of concern. The county value is higher than the U.S. value and has increased over multiple measurement periods, although not significantly. Incidence rates of prostate cancer and colorectal cancer are also of concern, with both indicators having a higher county rate than the state and national rates. In both cases, the values have decreased over recent measurement periods, although not significantly. DeKalb County also fares poorly when considering the percentage of Medicare beneficiaries who were treated for cancer. While the county value is lower than the state value, it's in the second worst quartile when compared to Illinois counties and the worst quartile when compared to all counties in the U.S.

Primary data

Approximately 18% of survey respondents rated cancer as a top health issue in the community. Key informants noted that unhealthy lifestyles and obesity are contributing factors to cancer. Given that cancer is treatment-driven, key informants also voiced that having more treatment programs would be beneficial for the community.

> Obesity, unhealthy lifestyles, hereditary factors and environmental factors all contribute to cancer.
> - Key Informant

Topic No. 3: Environment



Secondary data

Environment was identified as a significant health need across two data sources, including secondary data and key informant interviews. As discussed previously in the Methodology section, the data scoring technique is only available at the county level. The data scoring results for NMKH are therefore presented in the context of DeKalb County.

From the secondary data scoring results, Environment had the sixth highest data score of all topic areas, with a score of 1.57. Environment is a broad topic that includes indicators related to the built environment, housing, climate, air quality and water quality. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within the topic area were categorized as indicators of concern and are listed in Table 11.

Table 11. Data Scoring Results for Environment

Score	Environment	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
2.13	Food Environment Index (2020) *index*	7.2	8.6	7.6			
2.06	Grocery Store Density (2014) *stores/1,000 population*	0.1	—	—			

Score	Environment	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
2.06	Low-Income and Low Access to a Grocery Store (2015) *percent*	12.6	—	—			—
2.06	Severe Housing Problems (2012-2016) *percent*	19.4	17.3	19.0			
1.94	SNAP Certified Stores (2016) *stores/1,000 population*	0.6	—	—			
1.88	Fast Food Restaurant Density (2014) *restaurants/1,000 population*	0.7	—	—			
1.88	People with Low Access to a Grocery Store (2015) *percent*	28.3	—	—			—
1.78	Physical Environment Ranking (2020) *ranking*	90.0	—	—		—	—
1.69	Children with Low Access to a Grocery Store (2015) *percent*	5.3	—	—			—

Score	Environment	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
1.69	Farmers Market Density (2016) *markets/1,000 population*	0.02	—	—	—	—	
1.69	Households with No Car and Low Access to a Grocery Store (2015) *percent*	3.1	—	—			—
1.63	Months of Mild Drought or Worse (2016) *months/year*	6.0	—	—	—	—	
1.63	Number of Extreme Precipitation Days (2016) *days*	44.0	—	—	—	—	
1.63	PBT Released** (2016) *pounds*	1.5	—	—	—	—	

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

**PBT - Persistent, bioaccumulative and toxic substances.

Many of the poorest-performing indicators are related to the built environment and food access. The Food Environment Index combines two measures of food access: the percentage of the population who is low-income and has low access to a grocery store, and the percentage of the population who did not have access to a reliable source of food during the past year. The index ranges from 0 (worst) to 10 (best) and equally weights the two measures. The value for DeKalb County, 7.2, is lower than the overall state and U.S. values. Further, DeKalb County is in the worst 25% of all counties in Illinois. Grocery Store Density in DeKalb County is in the worst-performing quartile when compared to counties in the state and counties in the U.S. Other poorly performing indicators that are measures of food access include Low-Income and Low Access to a Grocery Store, SNAP Certified Stores, Fast Food Restaurant Density, People With Low Access to a Grocery Store, Children With Low Access to a Grocery Store, Farmers Market Density, and Households With No Car and Low Access to a Grocery Store. HCI's Food Insecurity Index, discussed earlier in this report, can be used to help identify geographic areas of low food accessibility within the NMKH CSA.

The indicator Severe Housing Problems measures the percentage of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen or lack of plumbing facilities. In DeKalb County, 19.4% of households were found to have at least one of those problems. DeKalb County also fares worse when compared to the state and national values. Months of Mild Drought or Worse, Number of Extreme Precipitation Days and PBT Released are all environmental indicators with undesirable upward trends.

Primary data

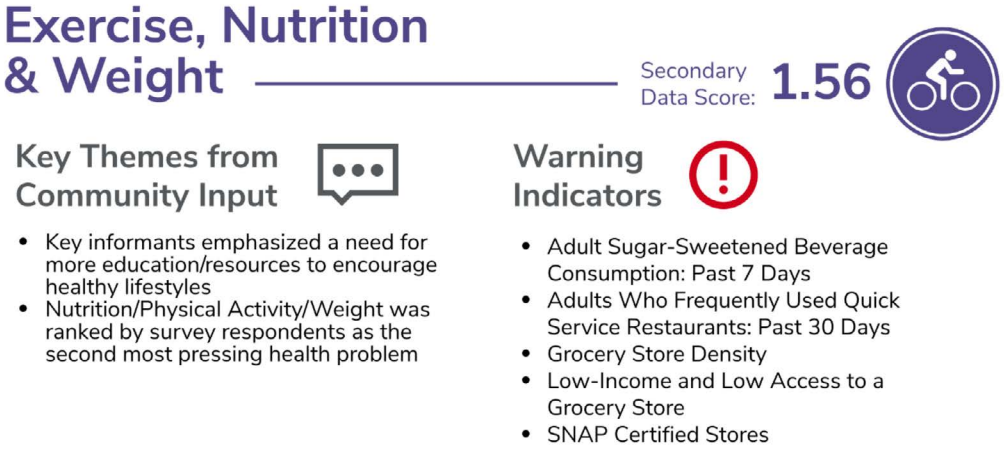
One-fifth of survey respondents rated food insecurity/hunger as a top quality-of-life issue, and it was ranked as the third most pressing quality-of-life issue that residents would like to see addressed in the community. Key informants mentioned the prevalence of food deserts in low-income communities as a major concern, not only in rural areas, but in more urbanized areas too. It was pointed out that the older adult population is often disproportionately affected because of isolation/living alone. When asked how much they agree whether affordable, healthy food options are easy to purchase, 11.6% of survey respondents disagreed or strongly disagreed. While food insecurity has always been prevalent, several informants pointed to a steep increase in food insecurity during the onset of the COVID-19 pandemic.

Homelessness/housing was rated as a top quality-of-life issue by 19% of survey respondents. A little more than 21% of survey respondents disagreed or strongly disagreed that there are affordable places to live in the community. One key informant mentioned a lack of new housing developments. The majority of survey respondents (93.6%) felt that their current housing situation met their needs. For those whose housing situation did not meet their needs, the most common reasons cited include: size/crowding; run-down/unhealthy environment, including mold or lead; and cost/rent. A little more than 12% of survey respondents reported being concerned that they may not have stable housing within the next two months.

For walking safely, 11.5% of survey respondents disagreed or strongly disagreed that there are good sidewalks or trails. One key informant mentioned a need for new housing developments and a desire to make city streets more bike-friendly to promote easier access to services.

> We have harsh places -- some people only have access to a 7-Eleven market -- so access to nutrition/healthy eating patterns can be difficult.
> - Key Informant

Topic No. 4: Exercise, Nutrition & Weight



Secondary data

Exercise, Nutrition & Weight was identified as a significant health need across all three data sources, including secondary data, key informant interviews and the community survey. As discussed previously in the Methodology section, the data scoring technique is only available at the county level. The data scoring results for NMKH are therefore presented in the context of DeKalb County.

From the secondary data scoring results, Exercise, Nutrition & Weight had the eighth highest data score of all topic areas, with a score of 1.56. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within the topic area were categorized as indicators of concern and are listed in Table 12.

Table 12. Data Scoring Results for Exercise, Nutrition & Weight

Score	Exercise, Nutrition & Weight	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
2.25	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days (2020) *percent*	82.5	80.4	80.6		—	—

Score	Exercise, Nutrition & Weight	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
2.25	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days (2020) *percent*	45.2	42.4	42.0		—	—
2.13	Food Environment Index (2020) *index*	7.2	8.6	7.6			
2.06	Grocery Store Density (2014) *stores/1,000 population*	0.1	—	—			—
2.06	Low-Income and Low Access to a Grocery Store (2015) *percent*	12.6	—	—			—
1.94	SNAP Certified Stores (2016) *stores/1,000 population*	0.6	—	—			
1.88	Fast Food Restaurant Density (2014) *restaurants/1,000 population*	0.7	—	—			

Score	Exercise, Nutrition & Weight	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
1.88	People with Low Access to a Grocery Store (2015) *percent*	28.3	—	—			—
1.69	Children with Low Access to a Grocery Store (2015) *percent*	5.3	—	—			—
1.69	Farmers Market Density (2016) *markets/1,000 population*	0.02	—	—	—	—	
1.69	Households with No Car and Low Access to a Grocery Store (2015) *percent*	3.1	—	—			—
1.59	Health Behaviors Ranking (2020) *ranking*	74.0	—	—		—	—
1.50	Food Insecure Children Likely Ineligible for Assistance (2018) *percent*	19.0	18.0	25.0			—

The worst-performing indicators within this topic area are related to health behaviors. They include the percentage of adults who consumed sugar-sweetened beverages in the past seven days and the percentage of adults who used a quick service (fast food) restaurant six times or more in the past 30 days. In both cases, the DeKalb County value is higher when compared to state and national values, and is in the worst quartile when compared to other counties in Illinois. Both the consumption of sugary drinks and frequent eating at fast food restaurants are associated with weight gain and obesity.

In reviewing additional indicators of concern, there is an emerging pattern of the built environment and its impact on access to healthy food. At least 10 indicators in this list (including the Food Environment Index, Grocery Store Density, and Low-Income and Low Access to a Grocery Store) are measures of the accessibility, availability and affordability of healthy and varied food options in the community. In nearly all cases, DeKalb County is in the worst or second worst quartile when compared to other counties in the state or nation. Several of these indicators were explored within the Environment topic area.

Primary data

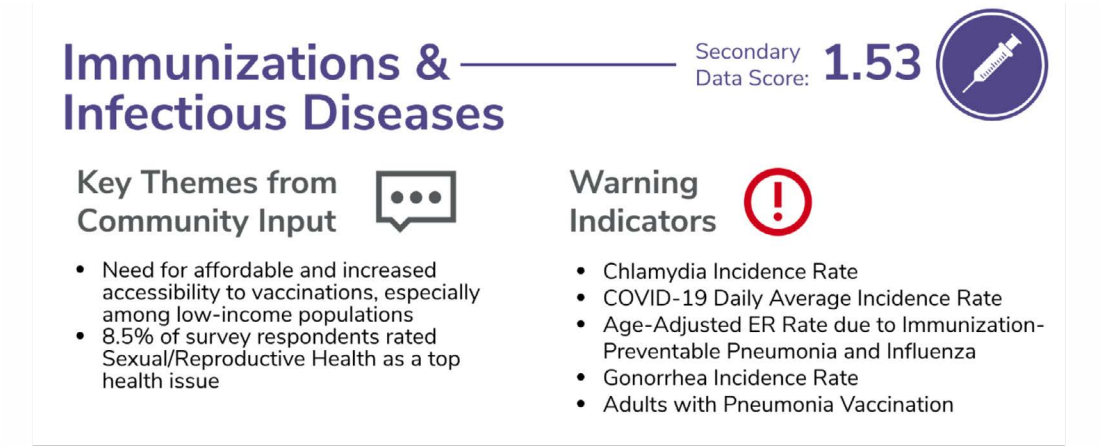
Nearly one-third of survey respondents rated Nutrition, Physical Activity and Weight as a pressing health issue, and it ranked as the second most pressing health problem overall. The high number of secondary data indicators that point to an unhealthy food environment is corroborated with results from the community survey and key informant interviews. Access to healthy food options in restaurants, stores and markets was rated by 10.3% of survey respondents as a top quality-of-life issue, and another 13% of survey respondents disagreed or strongly disagreed that local restaurants serve healthy food options. Key informants noted the prevalence of food deserts, as well as the high density of convenience and liquor stores, particularly in low-income communities.

Food insecurity or hunger was rated by 20% of survey respondents as a top quality-of-life issue they would like to see addressed in the community, with nearly 31% of survey respondents reporting they "sometimes" or "often" worried that their food would run out before they had money to buy more. Nearly 24% of survey respondents received emergency food from a church or food pantry in the past 12 months. One key informant emphasized the need to provide healthier food options at food pantries, as the foods distributed to these individuals are often prepackaged or canned items, high in sodium and fat.

Key informants mentioned the lack of exercise, inactive lifestyles, lack of nutritional foods, and learned behaviors through multiple generations as being key contributors to obesity. Improved parks and walking paths were rated by 13.6% of survey respondents as a priority issue, while key informants pointed to a lack of exercise facilities as a concern, especially during the COVID-19 pandemic.

> "As a society, we provide very poor food choices to individuals who are poor and depend on food pantries for food."
> - Key Informant

Topic No. 5: Immunizations & Infectious Diseases



Secondary data

From the secondary data scoring results, Immunizations & Infectious Diseases was identified as a significant health need. As discussed previously in the Methodology section, the data scoring technique is only available at the county level. The data scoring results for NMKH are therefore presented in the context of DeKalb County.

From the secondary data scoring results, Immunizations & Infectious Diseases had the ninth highest data score of all topic areas, with a score of 1.53. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within the topic area were categorized as indicators of concern and are listed in Table 13.

Table 13. Data Scoring Results for Immunizations & Infectious Diseases

Score	Immunizations & Infectious Diseases	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
2.19	Chlamydia Incidence Rate (2018) *cases/100,000 population*	589.1	604.0	539.9			
2.06	COVID-19 Daily Average Incidence Rate (November 13, 2020) *cases/100,000 population*	96.9	109.5	58.4			

Score	Immunizations & Infectious Diseases	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
1.88	Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza (2017-2019) *ER visits/10,000 population 18+*	39.4	33.9	—	—	—	—
1.88	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza (2017-2019) *hospitalizations/10,000 population 18+*	8.5	7.1	—		—	—
1.88	Gonorrhea Incidence Rate (2018) *cases/100,000 population*	152.8	198.6	179.1			
1.78	Adults with Pneumonia Vaccination (2010-2014) *percent*	18.4	—	—		—	—
1.78	Age-Adjusted ER Rate due to Hepatitis (2017-2019) *ER visits/10,000 population 18+*	1.1	0.7	—	—	—	—

Score	Immunizations & Infectious Diseases	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
1.69	Age-Adjusted ER Rate due to Community Acquired Pneumonia (2017-2019) *ER visits/10,000 population 18+*	38.2	32.4	—	—	—	—
1.69	Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia (2017-2019) *hospitalizations/10,000 population 18+*	29.9	24.0	—		—	—
1.63	Tuberculosis Cases (2015) *cases*	3.0	—	—	—	—	—
1.59	Adults with Influenza Vaccination (2010-2014) *percent*	34.8	—	**HP2020*** 70.0		—	—

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

Indicators of concern within this topic include sexually transmitted diseases, hospital utilization due to vaccine-preventable diseases and vaccination rates in the community.

The county's incidence rates of chlamydia and gonorrhea are in the worst 25% of counties in Illinois and the U.S. Further, rates of both indicators have increased over recent measurement periods, with the incidence rate of gonorrhea exhibiting a significant increase.

At least five indicators in Table 13 are related to hospital utilization due to vaccine-preventable diseases. These include the Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza, Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza, Age-Adjusted ER Rate due to Hepatitis, Age-Adjusted ER Rate due to Community Acquired Pneumonia, and Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia. In all cases, the rate for DeKalb County is higher than the state rate. The high rates of vaccine-preventable disease present in the county may not be surprising when considering community vaccination rates: DeKalb County is in the worst 25% of Illinois counties for Adults With Pneumonia Vaccination and Adults With Influenza Vaccination.

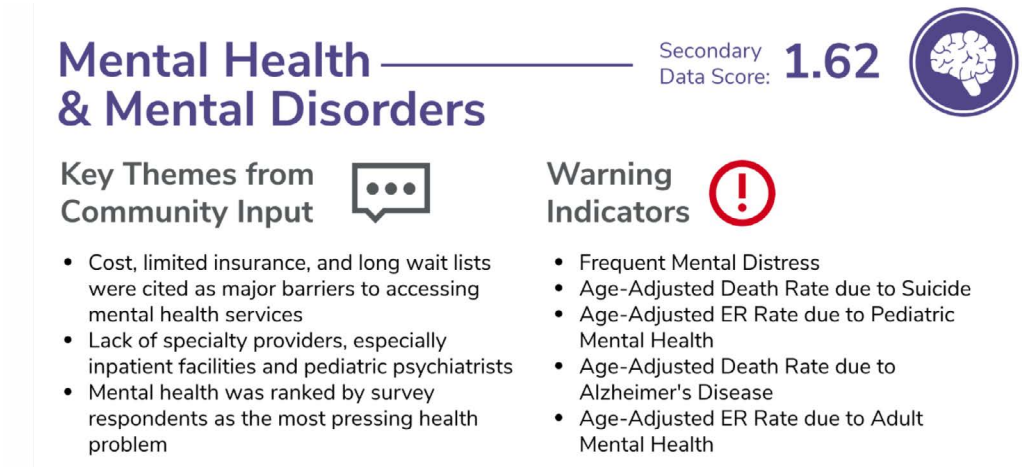
Table 13 shows the COVID-19 Daily Average Incidence Rate as another indicator of concern. At the time this report was written, the incidence of COVID-19 within the county fluctuated widely based on the day of measurement. While the distribution of vaccines had begun, immunizations were in short supply, and not all community members were eligible to receive a vaccination. A separate section has been added to this report that focuses on the impact of COVID-19.

Primary data

Sexual/reproductive health was rated as a top health issue by 8.5% of survey respondents. Survey respondents were asked whether children in their home were able to receive necessary health services over the past 12 months. For the children who did not receive necessary health care services, 13.7% were unable to receive scheduled vaccinations. Key informants mentioned the need for increased accessibility to affordable vaccinations, especially among low-income populations. It was suggested that more persistent connections to families and increased immunization clinics at schools could help improve vaccination rates in the community.

> "Why can't we have a van that drives around the community and provides vaccinations?"
> - Key Informant

Topic No. 6: Mental Health & Mental Disorders



Secondary data

Mental Health & Mental Disorders was identified as a significant health need across all three data sources, including secondary data, key informant interviews and the community survey. As discussed previously in the Methodology section, the data scoring technique is only available at the county level. The data scoring results for NMKH are therefore presented in the context of DeKalb County.

From the secondary data scoring results, Mental Health & Mental Disorders had the fourth highest data score of all topic areas, with a score of 1.62. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within the topic area were categorized as indicators of concern and are listed in Table 14.

Table 14. Data Scoring Results for Mental Health & Mental Disorders

Score	Mental Health & Mental Disorders	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
2.44	Frequent Mental Distress (2017) *percent*	12.3	11.0	12.0			
2.34	Age-Adjusted Death Rate due to Suicide (2016-2018) *deaths/100,000 population*	17.4	11.1	13.9 **HP2020*** 10.2		—	

Score	Mental Health & Mental Disorders	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
2.44	Frequent Mental Distress (2017) *percent*	12.3	11.0	12.0			
2.34	Age-Adjusted Death Rate due to Suicide (2016-2018) *deaths/100,000 population*	17.4	11.1	13.9 **HP2020*** 10.2		—	
2.06	Age-Adjusted ER Rate due to Pediatric Mental Health (2017-2019) *ER visits/10,000 population under 18*	178.3	103.8	—	—	—	—
2.00	Age-Adjusted Death Rate due to Alzheimer's Disease (2016-2018) *deaths/100,000 population*	32.1	25.4	30.6			
1.88	Age-Adjusted ER Rate due to Adult Mental Health (2017-2019) *ER visits/10,000 population 18+*	172.2	144.5	—	—	—	—
1.88	Depression: Medicare Population (2017) *percent*	16.9	16.4	17.9			

Score	Mental Health & Mental Disorders	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
1.78	Poor Mental Health Days (2010-2014) *percent*	54.6	—	—		—	—
1.50	Age-Adjusted ER Rate due to Adult Suicide and Intentional Self-inflicted Injury (2017-2019) *ER visits/10,000 population 18+*	62.6	60.0	—	—	—	—

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

Poor self-reported mental health, death rates and emergency room (ER) visits are all areas of concern related to Mental Health & Mental Disorders.

Frequent Mental Distress, with an indicator score of 2.44, is the worst-performing indicator within this topic. The indicator shows the percentage of adults who stated that their mental health was not good for 14 or more of the past 30 days. The value for DeKalb County, 12.3%, is higher than both state and national values and has increased significantly over time. Another indicator, Poor Mental Health Days, shows the percentage of adults who stated that their mental health was not good one or more days in the past month. The value for DeKalb County, 54.6%, is in the worst 25% of Illinois counties.

Death rates due to mental health and mental disorders are also of grave concern within the county. The county's Age-Adjusted Death Rate due to Suicide is higher than state and national rates, does not meet the Healthy People 2020 target, and is significantly increasing over time. The Age-Adjusted Death Rate due to Alzheimer's Disease is higher in DeKalb County than in Illinois and the U.S., and the rate has increased, although not significantly.

The county also fares poorly when considering ER visits due to mental illness. Indicators of concern include the Age-Adjusted ER Rate due to Pediatric Mental Health, the Age-Adjusted ER Rate due to Adult Mental Health, and the Age-Adjusted ER Rate due to Adult Suicide and Intentional Self-Inflicted Injury. In all cases, the DeKalb County value is higher than the Illinois state value.

The indicator Depression: Medicare Population shows the percentage of Medicare beneficiaries who were treated for depression. The value for DeKalb County is slightly higher than the state value and lower than the national value, but is significantly increasing over time.

Primary data

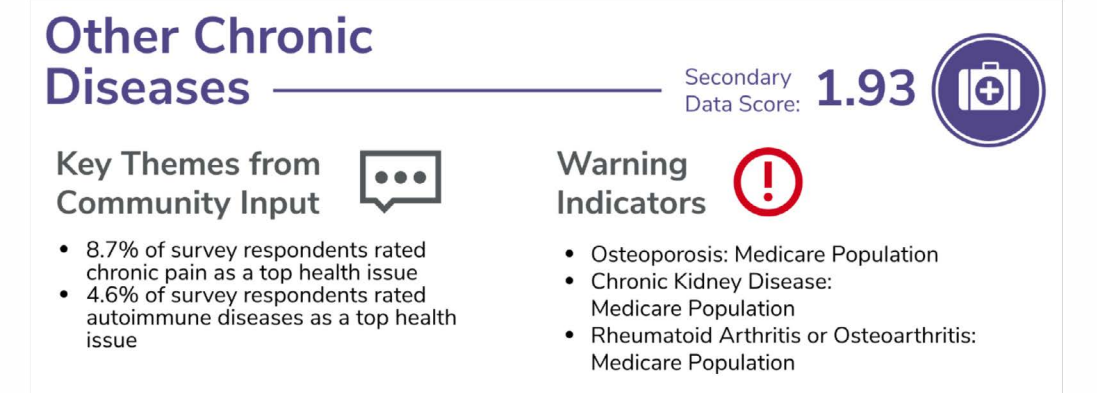
Mental health was ranked as the most pressing health problem overall among survey respondents, with 42.7% of respondents selecting mental health as a priority. More than 6% of survey respondents reported that children in their home experienced behavioral or mental health challenges over the past 12 months. Nearly all key informants spoke of mental health issues in the community. One key informant mentioned that a majority of the local school districts have had students attempt or complete suicide. Key informants expressed concern over the amount of anxiety exhibited by young children. While mental health has always been a concern, key informants pointed out that the COVID-19 pandemic has instilled even more fear, stress and anxiety within community members because of economic duress, social isolation, and the uncertainty of educational resources/remote learning.

Access to mental health services was a common theme among key informants and survey respondents, with more than 13% of survey respondents reporting that they did not receive necessary mental health services in the past year. The top reasons cited for not receiving mental health services/treatment included cost, concerns related to judgment from others, and not knowing how the treatment would work. Cost, limited insurance and long wait lines were cited as major barriers among key informants. Key informants also pointed to a lack of mental health providers, especially psychiatrists, pediatric providers and individuals specializing in different clinical modalities (for example, Play Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Eye Movement Desensitization and Reprocessing). Key informants noted a lack of inpatient programs and issue-specific treatment facilities. Several informants spoke about the difficulties of recruiting specialists because of the region's low population density and proximity to the collar counties. For these reasons, key informants mentioned that individuals and families must often travel outside of the county for psychiatric treatment.

Key informants mentioned stigma as a barrier to seeking mental health services, especially among African American people and Hispanic males. Efforts to bring counseling and therapists to these communities must consider a format where services are delivered/facilitated by people who look like those living in the community.

> "The amount of anxiety that grade schoolers have is shocking! The parent child relationship is more stressed than ever, and COVID-19 has probably just made that worse."
> - Key Informant

Topic No. 7: Other Chronic Diseases



Secondary data

From the secondary data scoring results, Other Chronic Diseases was identified as a significant health need. As discussed previously in the Methodology section, the data scoring technique is only available at the county level. The data scoring results for NMKH are therefore presented in the context of DeKalb County.

From the secondary data scoring results, Other Chronic Diseases had the highest data score of all topic areas, with a score of 1.93. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within the topic area were categorized as indicators of concern and are listed in Table 15.

Table 15. Data Scoring Results for Other Chronic Diseases

Score	Other Chronic Diseases	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
2.38	Osteoporosis: Medicare Population (2017) *percent*	6.8	6.3	6.4			
2.06	Chronic Kidney Disease: Medicare Population (2017) *percent*	24.0	24.0	24.0			

Score	Other Chronic Diseases	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
1.88	Rheumatoid Arthritis or Osteoarthritis: Medicare Population (2017) *percent*	34.0	34.6	33.1			

The secondary data results demonstrate that when it comes to Other Chronic Diseases, the Medicare population is disproportionately affected. Medicare beneficiaries who were treated for osteoporosis, kidney disease, and rheumatoid arthritis or osteoarthritis are of concern in this health topic.

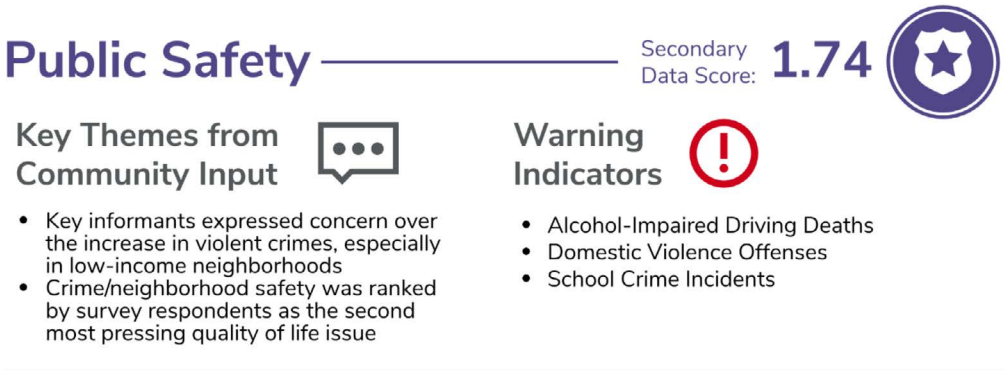
The percentage of Medicare beneficiaries who were treated for osteoporosis in DeKalb County is 6.8%, which is in the worst 25% of Illinois and U.S. counties. The percentage of Medicare beneficiaries treated for chronic kidney disease and rheumatoid arthritis or osteoarthritis is not only in the second worst quartile when compared to U.S. counties, but is also increasing significantly.

Primary data

Chronic pain was rated by 8.7% of survey respondents as a top health issue, while 4.6% of survey respondents rated autoimmune diseases as a top health issue. Key informants mentioned their concern about people with chronic disease and more complex conditions, including dementia, multiple sclerosis and epilepsy. One key informant referenced the Chronic Care Model as an integral aspect of chronic disease management, stating that clinic and community resources must work in tandem to improve the health of people with chronic illness, and any recommendations a patient receives from their doctor should actually be possible in their personal environment. Key informants also mentioned their increased concern for chronically ill people due to the avoidance or delay of routine checkups and medical care during the COVID-19 pandemic.

> We have an unhealthy society -- one that doesn't eat well, doesn't get enough sleep and doesn't get enough down time. All of this leads to obesity and a lot of chronic disease.
> - Key Informant

Topic No. 8: Public Safety



Secondary data

Public Safety was identified as a significant health need across two data sources, including secondary data and key informant interviews. As discussed previously in the Methodology section, the data scoring technique is only available at the county level. The data scoring results for NMKH are therefore presented in the context of DeKalb County.

From the secondary data scoring results, Public Safety had the third highest data score of all topic areas, with a score of 1.74. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within the topic area were categorized as indicators of concern and are listed in Table 16.

Table 16. Data Scoring Results for Public Safety

Score	Public Safety	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
2.75	Alcohol-Impaired Driving Deaths (2014-2018) *percent*	40.0	32.0	28.0			
1.88	Domestic Violence Offenses (2018) *offenses*	1061	—	—	—	—	
1.63	School Crime Incidents (2018) *incidents*	44	—	—	—	—	

The secondary data show three indicators of concern related to Public Safety. Alcohol-Impaired Driving Deaths measures the percentage of motor vehicle crash deaths that involve alcohol. The value for DeKalb County, 40%, is higher than both the state and national value, and is in the worst 25% of counties in Illinois and the U.S. Domestic violence is also a concern in the county. Law enforcement officials reported 1,061 Domestic Violence Offenses in 2018, with the number of offenses increasing significantly over the last few years. The number of School Crime Incidents, reported at 44 in 2018, also shows an upward trend, although not significantly. These incidents, reported by law enforcement officials, include attacks against school personnel, drug incidents and firearm incidents.

Primary data

Crime/neighborhood safety was ranked as the second most pressing quality-of-life issue overall among survey respondents, with 27.9% of respondents identifying crime/safety as a priority. Using a five-point Likert scale, a little more than 77% of survey respondents reported feeling safe in their own neighborhood, while 60.4% of survey respondents agreed or strongly agreed that crime is not a major issue in their neighborhood. Nearly 80% of survey respondents agreed or strongly agreed that the community has parks and recreational facilities that are safe. Key informants expressed concern over the increase in violent crimes, especially in low-income neighborhoods. Two neighborhoods — Annie Glidden North and Pleasant Street — were highlighted as areas that suffer from higher crime rates. One key informant pointed to the higher crime rate in these neighborhoods leading to a feeling of isolation among its residents, and discussed the importance of a community where everyone belongs. Another key informant mentioned community policing as a strategy to reduce crime.

The high number of domestic violence offenses reported in the secondary data for DeKalb County is supported with further evidence from survey respondents and key informants. Domestic violence prevention was selected as a top quality-of-life issue by 13.1% of survey respondents. Multiple key informants spoke about the prevalence of domestic violence and the damage it causes to people's health, including neurological and brain damage. Key informants emphasized more screening is needed to identify cases of domestic violence, which are often underreported. Further, a lack of reporting and increased isolation during the COVID-19 pandemic have exacerbated the severity of child abuse and domestic violence.

> "Domestic violence is a true health care issue. People aren't aware of the numbers -- we know there's many more people in the shadows who could use our help and don't come forward."
> - Key Informant

Topic No. 9: Substance Use Disorders

Substance Abuse

Secondary Data Score: 1.46

Key Themes from Community Input

- Key informants noted a lack of inpatient drug treatment facilities and a need for medication management
- 26% of survey respondents rated alcohol and substance abuse as a top health issue

Warning Indicators

- Alcohol-Impaired Driving Deaths
- Adults Who Use Electronic Cigarettes: Past 30 Days
- Age-Adjusted Hospitalization Rate due to Adolescent Alcohol Use
- Teens who Smoke
- Teens who Use Alcohol

Secondary data

Substance Use Disorders was identified as a significant health need across two data sources, including key informant interviews and the community survey. As discussed previously in the Methodology section, the data scoring technique is only available at the county level. The data scoring results for NMKH are therefore presented in the context of DeKalb County.

From the secondary data scoring results, Substance Use Disorders had the 11th highest data score of all topic areas, with a score of 1.46. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within the topic area were categorized as indicators of concern and are listed in Table 17.

Table 17. Data Scoring Results for Substance Use Disorders

Score	Substance Use Disorders	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
2.75	Alcohol-Impaired Driving Deaths (2014-2018) *percent*	40.0	32.0	28.0			
2.63	Adults Who Use Electronic Cigarettes: Past 30 Days (2020) *percent*	5.1	4.2	4.4		—	—

Score	Substance Use Disorders	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
1.78	Age-Adjusted Hospitalization Rate due to Adolescent Alcohol Use (2016-2018) *hospitalizations/10,000 population 10-17 years*	7.3	4.8	—	—	—	—
1.59	Teens who Smoke (2018) *percent*	7.2	5.0	—		—	
1.56	Teens who Use Alcohol (2018) *percent*	43.0	40.0	—		—	
1.56	Teens who Use Marijuana (2018) *percent*	24.5	26.0	—		—	
1.50	Adults Who Used Smokeless Tobacco: Past 30 Days (2020) *percent*	2.6	1.8	2.0		—	—
1.50	Age-Adjusted Hospitalization Rate due to Adult Alcohol Use (2017-2019) *hospitalizations/10,000 population 18+ years*	22.3	29.5	—		—	—

From the secondary data results, there are many Substance Use Disorders indicators of concern. These indicators can be grouped into those that describe behaviors (substance use) and those that describe outcomes (hospitalizations or deaths).

Behavioral indicators of concern among the adult population include use of electronic cigarettes and use of smokeless tobacco. In DeKalb County, 5.1% of adults used electronic cigarettes in the past 30 days, which is higher than the state

and national value and in the worst 25% of Illinois counties. Another 2.6% of adults in DeKalb County used smokeless tobacco in the past 30 days, which is higher than the state and national value. Smokeless tobacco includes chewing tobacco, snuff, dip and snus, and is associated with many health problems.

Behavioral indicators of concern among teenagers include smoking rates, alcohol use and marijuana use. The indicator Teens Who Smoke shows the percentage of 12th grade students who smoked cigarettes on at least one day during the 30 days prior to the survey. The value for DeKalb County, 7.2%, is higher than the Illinois value of 5%. The percentage of teenagers in DeKalb County who drink alcohol is 43%, which is also higher than the Illinois value of 40%. Another 25% of teenagers in the county use marijuana. While this is lower than the state value of 26%, it falls within the worst 25% of counties in Illinois.

Outcome indicators of concern are all related to alcohol use. Hospitalization rates due to adolescent alcohol use are higher in the county than in the state, while hospitalization rates due to adult alcohol use are in the worst 25% of counties in Illinois. Further, the worst-performing indicator within this topic is Alcohol-Impaired Driving Deaths. In DeKalb County, 40% of motor vehicle crash deaths involve alcohol, which is higher than the state value of 32%, higher than the national value of 28%, and in the worst 25% of counties in Illinois and the U.S.

Primary data

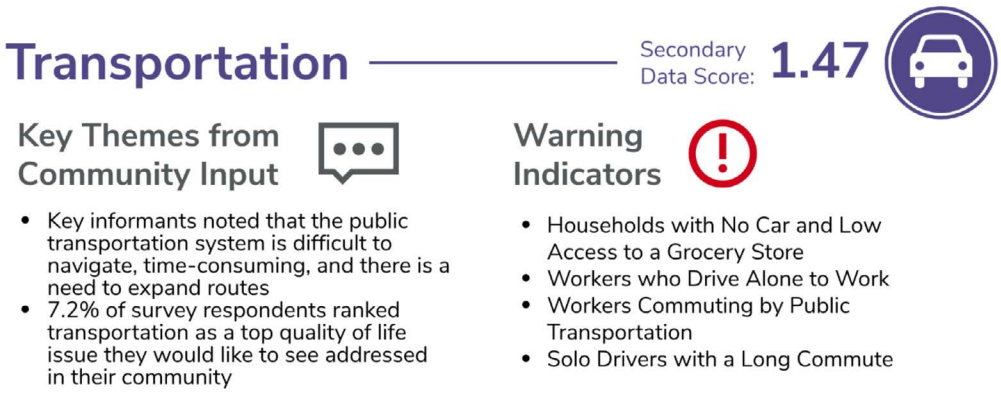
Alcohol/substance misuse was ranked as the fourth most pressing health problem overall, with 26% of survey respondents identifying alcohol and substance misuse as a priority. The high rate of alcohol-impaired driving deaths reported in the secondary data for DeKalb County is supported with findings from key informants. At least one key informant mentioned the high rate of DUI (driving under the influence) arrests, and pointed to the high rate of alcohol consumption within the community as a likely factor. Key informants also mentioned a growing trend of vaping and cannabis use in the community, especially in the teen/adolescent population; these insights are also supported by the secondary data. Key informants reported that vaping is often seen as a safer alternative to smoking tobacco, and that additional education and mitigation strategies will be needed to reduce vaping use among youth. Opioid misuse and overdoses were reported as another area of concern. Key informants also reported that substance misuse and addiction have increased during the COVID-19 pandemic because of increased isolation, anxiety and stress.

Key informants reported a lack of inpatient drug treatment facilities in the county, and emphasized the need for issue-specific facilities (alcohol addiction, opioid addiction). One key informant suggested easier access to needle exchange programs would be helpful. Key informants also discussed the need for medication management, particularly for people struggling with substance use disorders and addiction.

Further, several key informants spoke about the need for an improved collaborative partnership between law enforcement and local mental health and substance use disorder efforts. This partnership would not only support law enforcement, but also help victims receive the type of support they might need from a social service perspective.

> We don't have anywhere to take these people. They go to the hospital, get quick help, and then cycle right back. It's not just a 2-3 day treatment that's needed. There's a lack of providers/resources, and we lack issue-specific facilities to help people struggling with addiction.
> - Key Informant

Topic No. 10: Transportation



Secondary data

Transportation was identified as a significant health need based on findings from key informant interviews. As discussed previously in the Methodology section, the data scoring technique is only available at the county level. The data scoring results for NMKH are therefore presented in the context of DeKalb County.

From the secondary data scoring results, Transportation had the 10th highest data score of all topic areas, with a score of 1.47. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within the topic area were categorized as indicators of concern and are listed in Table 18.

Table 18. Data Scoring Results for Transportation

Score	Transportation	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
1.69	Households with No Car and Low Access to a Grocery Store (2015) *percent*	3.1	—	—			—
1.69	Workers who Drive Alone to Work (2014-2018) *percent*	80.1	73.1	76.4			

Score	Transportation	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
1.63	Workers Commuting by Public Transportation (2014-2018) *percent*	1.8	9.4	5.0 **HP2020*** 5.5			
1.50	Solo Drivers with a Long Commute (2014-2018) *percent*	36.5	41.3	36.0			

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

Households With No Car and Low Access to a Grocery Store shows the percentage of housing units that do not have a car and are more than one mile from a supermarket if in an urban area, or more than 10 miles from a supermarket if in a rural area. The value for DeKalb County, 3.1%, is in the second worst quartile when compared to other counties in Illinois and the U.S.

Two indicators in Table 18 are related to modes of commuting: Workers Who Drive Alone to Work and Workers Commuting by Public Transportation. Driving alone to work consumes more fuel and resources than public transportation. It also increases air pollution and traffic congestion. For both of these indicators, DeKalb County fares worse than the Illinois and U.S. value.

The indicator Solo Drivers With a Long Commute measures the proportion of commuters who drive alone to work and commute for more than 30 minutes. The value for DeKalb County, 36.5%, is in the second worst quartile when compared to Illinois and U.S. counties.

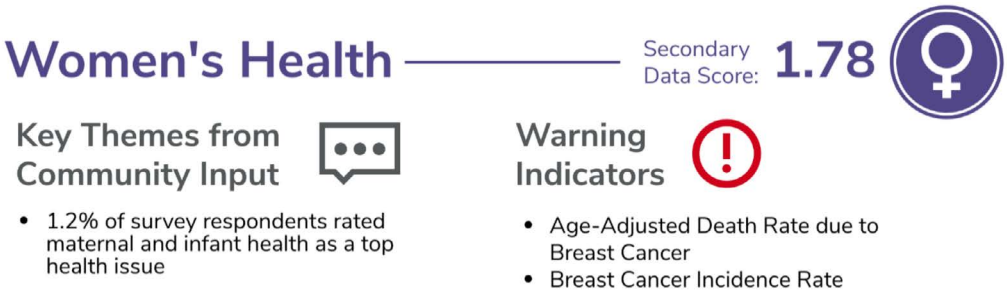
Primary data

Transportation was ranked by 7.2% of community survey respondents as a top quality-of-life issue they would like to see addressed in the community. The most common forms of transportation used by survey respondents included: driving their own car (82.8%), someone else driving them (9.3%), walking (3.9%) and taking the bus (1.6%). Nearly 30% of survey respondents disagreed or strongly disagreed that public transportation is easy to access. For the community survey respondents who did not receive the healthcare services they needed, 15.0% noted that lack of transportation as an issue. Another 9.9% of survey respondents disagreed or strongly disagreed that they could access the healthcare services they need within a reasonable time frame and distance from home or work.

Transportation was frequently mentioned by key informants when discussing barriers to care. Key informants cited lack of an adequate public transportation system, including limited and indirect bus routes. Transportation is discussed further in the Barriers to Care section of this report.

> DeKalb County is fractured in that most of the health resources are very much centered in the DeKalb/Sycamore area. Lack of transportation for others to get to those services is an ongoing issue.
> - Key Informant

Topic No. 11: Women's Health



Secondary data

From the secondary data scoring results, Women's Health was identified as a significant health need. As discussed previously in the Methodology section, the data scoring technique is only available at the county level. The data scoring results for NMKH are therefore presented in the context of DeKalb County.

From the secondary data scoring results, Women's Health had the second highest data score of all topic areas, with a score of 1.78. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within the topic area were categorized as indicators of concern and are listed in Table 19.

Table 19. Data Scoring Results for Women's Health

Score	Women's Health	DeKalb County	Illinois	U.S.	Illinois Counties	U.S. Counties	Trend
3.00	Age-Adjusted Death Rate due to Breast Cancer (2013-2017) *deaths/100,000 females*	28.4	21.0	20.1 **HP2020*** 20.7			
1.81	Breast Cancer Incidence Rate (2013-2017) *cases/100,000 females*	129.5	133.1	125.9			

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

Two indicators of concern related to Women's Health include death and incidence rates of breast cancer. The Age-Adjusted Death Rate due to Breast Cancer is higher in DeKalb County than in Illinois and the U.S., and it supersedes the Healthy People 2020 target of 20.7 deaths per 100,000 females. The rate is also in the worst quartile when compared to other counties in Illinois and the U.S., and is increasing significantly. Further, the Breast Cancer Incidence Rate of 129.5 cases per 100,000 females is higher than the national value of 125.9 cases per 100,000 females, but lower than the state value of 133.1 cases per 100,000 females. These indicators are also highlighted as indicators of concern in the Cancer topic area.

Primary data

Maternal and infant health was rated as a top health issue by 1.2% of survey respondents. One key informant mentioned a need for greater access to birth control. Another key informant discussed the desire for the community to adopt a "whole child approach" — a system that begins by helping women make educated choices before pregnancy, provides resources during pregnancy and birth, and carries children up into kindergarten.

Prioritization of community need – process and methodology

Following the assessment period, NMKH conducted a systematic, data-driven evaluation and prioritization process of the identified significant health needs. The prioritization process was conducted from April 2021 to May 2021 and involved the establishment of an Internal and External Community Health Council (CHC). The External CHC was comprised of members from the Community Stakeholders (including representatives from public health, medically underserved, low-income and minority populations).

Internal Community Health Council

Following completion of the CHNA, NMKH leadership convened the Internal CHC to review the findings. This multidisciplinary committee was made up of key internal stakeholders who were selected based on strong administrative/clinical expertise along with an organizational commitment to improve the health of the community, including medically underserved, minority and low-income populations. The varied backgrounds of the committee members provided diverse insight into the process of prioritizing identified health needs. Departments represented and rationale for inclusion are outlined in Table 20.

Table 20. Internal Community Health Council Members

Department	Rationale	Member	Position
External Affairs	Community relationships, knowledge, data and hospital resources	Ann Hall	Vice president
		Karin Podolski	Director
		Renee Ellingson	Program manager
Analytics	Patient data, IS systems and analytics	John Parker	Director
		Clinton Garafolo	Program manager
Case Management	Social determinants of health, patient barriers and communities	Karen Barron	Director
Emergency Medicine	Social determinants of health, patient needs	Andrew Oleksyn, MD	ED medical staff
Hospital Operations	Hospital and staff operations	Michael Kokott	VP of Operations
		Beth Mosher	Director of Operations
Human Resources	Diversity and inclusion strategies	Director of Operations	Director
Human Resources	Health education strategies	Erin Kersten	Director
Medical Staff	Medical staff operations and knowledge	Michael Kulisz, MD	CMO, Valley West Hospital
Regional Medical Group Clinical Operations	Physician operations	Kelly Collins	Director
Nursing	Patients, barriers and community nursing	Corinne Haviley	Senior vice president, CNE

Table 20. Internal Community Health Council Members (continued)

Department	Rationale	Member	Position
Philanthropy	Community outreach programming and fundraising opportunities	Catherine Wierz	Director
Process Improvement	Process improvement strategies	Amy Leonard	Manager
Quality	Hospital quality data and resources	Jeannine Majer	Clinical Quality leader
Strategy	Business development and strategies	Alicia Watson	Senior strategy consultant

External Community Health Council and community stakeholders

The following community organizations, which are representative of the assessed Community Service Area (including those who serve medically underserved, low-income and minority populations), were formally engaged to participate in the NMKH prioritization process. These key stakeholders, listed in Table 21, were selected based on strong collaborative efforts to improve the health of the community, and their varied backgrounds in providing diverse insight into prioritizing the identified health needs.

Table 21. External Community Health Council and Community Stakeholders

External Community Health Council and Stakeholders	Populations Served and Social Determinants Addressed
Adventure Works	Behavioral Health
B.L.L.A.C.K.: Black. Liberated. Leadership. And. Community. Kinsmanship.	Equity, Equality, Unity and Advocacy
CASA DeKalb County	Child Advocacy
DeKalb County Community Foundation	Foundation
DeKalb County Community Gardens	Food Security
DeKalb County Community Mental Health Board	Behavioral Health
DeKalb County Health Department	Health
DeKalb County Regional Office of Education	Education
DeKalb County Sheriff's Office	Law Enforcement
DeKalb County States Attorney's Office	Juvenile Justice
DeKalb County Youth Service Bureau	Youth Services
DeKalb Police Department	Law Enforcement
Family Service Agency of DeKalb County	Behavioral Health, Child Advocacy, Senior Services

External Community Health Council and Stakeholders (continued)	Populations Served and Social Determinants Addressed (continued)
Fox Valley Community Services	Senior Services
Fox Valley YMCA	Health
Greater Family Health	Federally Qualified Health Center
Hope Haven	Homeless
Housing Authority of the County of DeKalb	Housing
Kendall County Health Department	Health
Kishwaukee College	Education
Kishwaukee Family YMCA	Health
Kishwaukee United Way	Community Resource
New Hope Missionary Baptist Church	Church
Open Door Rehabilitation Center	Intellectual and Developmental Disabilities
Opportunity House	Intellectual and Developmental Disabilities
Plano Community School District 88	Education
Safe Passage	Domestic Violence and Sexual Assault
Sandwich Community Unit School District 430	Education
Sandwich Police Department	Law Enforcement
State Representative Jeff Keicher, District 70	Government
Voluntary Action Center	Transportation, Nutrition

Prioritization process and methodology

A structured process was used to inform both councils regarding the NMKH prioritization process of the identified health needs. The Internal CHC was engaged to review guiding principles, examine CHNA findings (including the 11 significant health needs and their associated 15 key themes), apply the prioritization factors when completing the Pairwise Survey Tool, and participate in robust conversations regarding potential priority health needs for the NMKH CSA.

The External CHC received the 15 key themes and were asked to input feedback regarding the topic priorities via use of the Pairwise Survey Tool.

It should be noted that communication with both councils was held online because of COVID-19. The Pairwise Survey Tool was selected for its quality and design, but also ease of use.

The prioritization process was also reviewed by the Internal CHC with regards to alignment with Northwestern Medicine's guiding principles in response to community need, including:

Importance of the problem to the community:

- Is there a demonstrated community need?
- Will action impact disproportionately affected 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 time frame?

Opportunity for collective impact:

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

Applicability of NMKH as a change agent (partner, research, educator, or the role of knowledge sharing in providing direct funding):

- Does NMKH have the expertise or resources to address the identified health need?

Estimated resources, time frame and size of impacted population

A data book was developed to detail findings of each area of opportunity, including prevalence, morbidity, and mortality of the condition, for easy comparison across needs. This data book was distributed to the Internal CHC outlining the following prioritization factors for objective analysis:

- **Magnitude:** How many people in the community are and will be impacted?
- **Seriousness and impact:** How does the identified need impact health and quality of life?
- **Feasibility:** What capacity and assets currently exist to address the need?
- **Consequences of inaction:** What impact would inaction have on the population health of the community?
- **Trend:** How has the need changed over time?

Pairwise prioritization tool

The Pairwise Prioritization Ranking Survey Tool uses a machine-optimized process to display items two at a time. Respondents are asked to pick one of the two items. Using a dynamic lookup model, the pairwise ranking process then optimizes for orthogonality first. This means that all the items are randomly divided into groups of two each and presented to the respondent. After that, the selected items are again recursively grouped two at a time, again randomized until the final item is reached.

This process then deterministically defines the best option, and a tree is created. Once the tree is created, the system can then rank all the items based on the respondent's input. This model allows for a simple and effective mobile-friendly process, where users swipe left and right, to determine the efficacy of an item. It can order a respondent's preference without resorting to a complex cognitive load.

Prioritization timeline

First meeting with Internal CHC, to review findings	April 12, 2021
First prioritization survey sent to Internal CHC	April 12, 2021
Reminder to complete survey	April 29, 2021
Second prioritization survey sent to Internal CHC	May 5, 2021
First prioritization survey sent to External CHC	May 5, 2021
Results compiled	May 10, 2021
Second meeting, to present data	May 10, 2021
Prioritization voting complete and priorities finalized	May 17, 2021

Prioritized significant health needs identified

NMKH has prioritized three significant health needs that will enable us, in partnership with the community, to maximize the health outcomes generated by our collective resources over the next few years. In selecting these priorities, we considered the degree of the community need, capacity and available resources to meet the need, and the suitability of our own expertise to address the need. In particular, we identified health needs that would be best 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. Key themes were also included and integrated into the determination of our priority needs as many times they served as contributing factors and/or root causes of the priority need.

A deeper dive into the primary data findings and secondary data indicators for each of these topics as presented previously in this report was made in the consideration and determination of the 2021 prioritized health needs. This information highlights in detail how each issue became a high-priority health need for NMKH.

Through this process, the 2021 NMKH priority significant health needs were identified as shown in Table 22.

Table 22. NMKH Prioritized Health Needs

Access to Health Care and Community Resources
Mental Health and Substance Use Disorders
Chronic Disease

Non-prioritized health needs

As discussed previously, NMKH has identified three priority health needs that we believe we are best positioned to impact based on our expertise and resources. However, NMKH also commits staff, expertise and financial resources to work collaboratively within the community to impact the remaining health needs. Table 23 lists areas in which NMKH serves and interacts with outside community organizations in support of the non-prioritized health needs.

Table 23. Activities in Support of Non-Prioritized Health Needs

Environment	
Barb Food Mart	Funding to support food pantry
Children's Home and Aid	Funding to support programming
DeKalb County Community Gardens	Funding to support programming
DeKalb County Economic Development Corporation	Funding to support programming
Genoa-Kingston United Way	Funding to support food pantry
Hope Haven of DeKalb County, Inc.	Funding to support homeless shelter
Northern Illinois Food Bank	Funding to support food pantry
Opportunity House, Inc.	Funding to support housing, employment and social services to adults with special needs
Pay It Forward House	Funding to support healthcare hospitality house
Regional Access & Mobilization Project, Inc. (RAMP)	NMKH and Valley West Farmers Market Voucher Program
Exercise, Nutrition & Weight	
DeKalb Barb Boosters (The Challenge)	Funding to support health-related programs
DeKalb Park District	Funding to support health-related programs
Kishwaukee Family YMCA	Funding to support health-related programs

Table 23. Activities in Support of Non-Prioritized Health Needs (continued)

Exercise, Nutrition & Weight	
Sycamore Park District	Funding to support health-related programs
Voluntary Action Center	Funding to support transportation and Meals on Wheels program
Various locations	NMKH and Valley West Community Health Services provide evidence-based education and screenings
Various locations	NMKH Leishman Center for Culinary Health provide evidence-based education to adults and children
Various locations	NMKH and Valley West Community Health Services provides evidence-based CATCH education program
Immunization & Infectious Disease	
Various locations	Flu vaccine clinics
Various locations	COVID-19 vaccine clinics
Public Safety	
CASA DeKalb County, Inc.	Funding to support health-related programs
DeKalb Chamber of Commerce	Funding to support DeKalb County Culture Celebration via the Leadership Academy
DeKalb County Health Department	Funding to support health-related programs
Kishwaukee Education Consortium	Funding to support installation of vape detectors in college bathrooms
Kishwaukee Kiwanis of DeKalb	Funding to support development and maintenance of bicycle pathways
Kishwaukee United Way	Funding to support transportation to doctor's appointments
Knights of Columbus Council No. 717	Funding to support first responders
Various locations	Provide evidence-based youth education and prevention campaign for alcohol, drug use and smoking
Various locations	NMKH and Valley West Community Health Services provide evidence-based Think First education on prevention of brain/spinal cord injury
Various locations	NMKH and Valley West Community Health Services provide evidence-based Safe Sitter education program

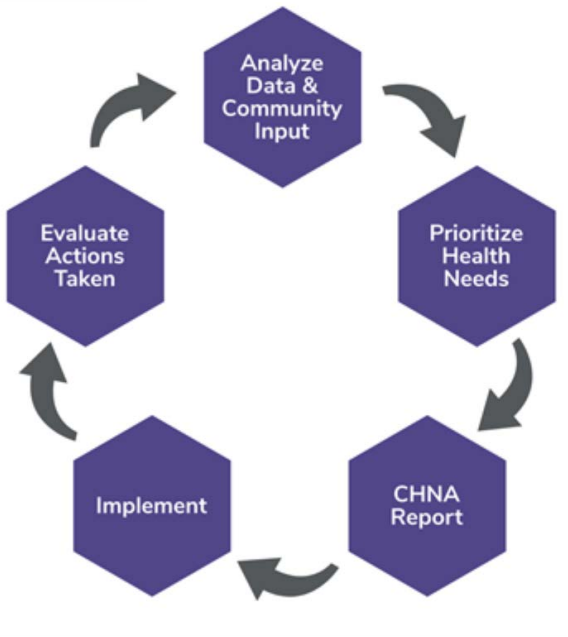
Table 23. Activities in Support of Non-Prioritized Health Needs (continued)

Additional Activities	
Kishwaukee and Valley West Hospital Women Matter	Provide free or reduced cost mammograms for women in DeKalb County
Elder Care Services of DeKalb County	Funding to support depression self-management program

Summary of progress since previous NMKH Community Health Needs Assessment

NMKH completes its CHNA every three years. An important piece of this three-year cycle includes the ongoing review of progress made on priority health topics set forth in the preceding CHNA and implementation strategy (Figure 33). By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next assessment.

Figure 33. The CHNA Cycle



Priority health needs from the preceding NMKH CHNA

In response to a comprehensive CHNA, NMKH and NM Valley West Hospital (NMVWH) identified four priority health areas for 2018-2020:

- Adolescent Health
- Behavioral Health and Substance Use Disorders
- Chronic Disease (Cancer and Cardiovascular Disease)
- Maternal and Child Health

Highlights of progress with priority health needs

The following sections include notable highlights from a few of the initiatives implemented since the last CHNA to address the priority health needs. A more detailed and comprehensive delineation of NMKH's initiatives, responses and outcomes is included in the 2020 Community Health Improvement Plan Report (CHIP-R) and is available on request.

Many of the activities below are combined efforts of NMKH and NMVWH. Data collected and reported reflects the outcome of each of the respective events. We were unable to sort out participation by service area. Therefore, the data is reported jointly.

Adolescent Health

In conjunction with national and local benchmarks, the following goals were established in response to Adolescent Health needs:

NMKH and NMVWH will continue to support efforts to advocate for the integration of evidenced-based anti-bullying curriculum in schools by providing leadership, investing resources and working collaboratively with other community organizations throughout the county.

NMKH and NMVWH support policy efforts throughout DeKalb County promoting the importance of being a trauma-informed community.

NMKH and NMVWH strategies to address Adolescent Health included:

NMKH and NMVWH will advocate for use of evidence-based anti-bullying curriculum in schools.

NMKH and NMVWH will collaborate with schools to address depression and substance use among adolescents using evidence-based interventions and education.

NMKH and NMVWH will deliver an evidence-based youth prevention and education program aimed at reducing alcohol use to students in grades 6-12.

NMKH and NMVWH will implement a communication campaign addressing the contributing factors related to past 30-day alcohol use.

NMKH and NMVWH will engage local school districts in DeKalb County to participate in the Illinois Youth Survey (IYS), and during non-survey years will engage the districts to review the latest IYS data.

NMKH and NMVWH will provide an evidence-based curriculum focusing on causes and risk factors of brain and spinal cord injury, injury prevention measures and the use of safety habits at an early age.

NMKH and NMVWH will provide Kids Can Cook classes at Leishman Center for Culinary Health to promote healthy cooking using fresh ingredients, promote healthy eating and teach age-appropriate culinary skills.

NMKH and NMVWH will directly or indirectly support activities related to smoking prevention programs in school-age children.

NMKH and NMVWH will provide evidence-based programs for students in grades 6-8 to be safe when they are home alone, watching younger siblings or babysitting.

NMKH and NMVWH will provide the evidence-based program CATCH (Coordinated Approach to Child Health) to create behavior changes in students to identify healthy foods and increase physical activity.

Key outcomes and metrics included:

Anti-bullying surveying was disseminated to students in grades 8, 10 and 12 in DeKalb County.

IYS data was used to gauge DeKalb County students in grades 8, 10 and 12 in questions about trusted resources and experiences with depression.

An evidence-based youth prevention and education program aimed at reducing alcohol use was provided to 703 DeKalb County students in grades 6-8.

A communication campaign addressing contributing factors related to past 30-day use of alcohol impacted 2,879 students.

Thirteen of 16 DeKalb County schools registered and completed the 2020 IYS.

An evidence-based brain and spinal cord injury prevention program had 787 participants and distributed 637 helmets.

Five Kids Can Cook classes had 71 youth participants.

The Catch My Breath smoking prevention program was taught nine times and reached 178 students in grade 6.

The evidence-based babysitting program Safe Sitter was offered five times, reaching 42 students in grades 6-8.

The CATCH program was delivered to one school in DeKalb County, impacting 128 students.

Behavioral Health and Substance Use Disorders

In conjunction with national and local benchmarks, the following goals were established in response to Behavioral Health and Substance Use Disorders:

NMKH and NMVWH continue to support efforts and work throughout DeKalb County to increase the capacity of mental health services throughout the county.

NMKH and NMVWH support policy efforts throughout DeKalb County promoting the importance of being a trauma-informed community.

NMKH and NMVWH strategies to address Behavioral Health and Substance Use Disorders included:

NMKH and NMVWH will support policy and efforts in becoming a trauma-informed community.

NMKH and NMVWH will support efforts to eliminate the stigma of mental health.

NMKH and NMVWH will reduce high-risk opioid prescribing through provider education and guidelines.

NMKH and NMVWH will implement a communication campaign addressing alcohol misuse by teens in local school districts.

NMKH and NMVWH will raise awareness of the drug take-back programs in the service areas.

NMKH and NMVWH will increase drug prevention programs in communities and schools to target opioid and prescription drug misuse.

NMKH and NMVWH will participate in the DeKalb County Overdose Prevention Program task force.

Key outcomes and metrics included:

An NM systemwide committee has been formed and a grant application will be submitted to initiate training of staff around trauma-informed care.

- Once content is created and piloted, Community Health Services will investigate the ability to expand to NMKH and NMVWH.

The Mental Health First Aid/Mental Health First Aid for Youth training course was offered twice, impacting 21 individuals. All completed the course exam with a passage rate of 100%.

There were 819 opioid prescriptions for general surgery at NMKH and NMVWH.

A communication campaign addressing contributing factors related to past 30-day use of alcohol impacted 2,879 students.

Throughout DeKalb County, 796.2 pounds of unwanted, unused or expired medication was disposed of.

Lessons specific to opioid misuse were given to 328 DeKalb County students in grades 6 and 7.

Chronic Disease (Cancer and Cardiovascular Disease)

In conjunction with national and local benchmarks, the following goals were established in response to Chronic Disease (Cancer and Cardiovascular Disease):

NMKH and NMVWH continue to support efforts to increase prevention and screenings of chronic disease by providing leadership, investing resources and working collaboratively with other community organizations throughout the county.

NMKH and NMVWH collaborate internally with departments (Leishman Center for Culinary Health, Regional Medical Group, and Bluhm Cardiovascular Institute) to broaden the reach toward patients who benefit from screenings and programs related to cancer and cardiovascular disease.

NMKH and NMVWH continue to provide community education related to chronic disease in the areas of evidence-based primary intervention (disease prevention, health promotion).

NMKH and NMVWH provide evidence-based secondary interventions (screenings).

NMKH and NMVWH provide evidence-based tertiary interventions (education for individuals affected with a chronic disease in an effort to promote an optimum state of individual wellness).

NMKH and NMVWH continue to provide acute care for chronic disease and chronic disease management to all individuals, regardless of ability to pay.

NMKH and NMVWH strategies to address Chronic Disease (Cancer and Cardiovascular Disease) included:

NMKH and NMVWH will educate the community on the importance of screening for cancer and early detection.

NMKH and NMVWH will offer free or reduced-cost mammograms for targeted populations.

NMKH and NMVWH will offer educational programs on smoking cessation in the community.

NMKH and NMVWH will promote the availability of smoking cessation classes and the Illinois Quitline.

NMKH and NMVWH will directly or indirectly support activities related to smoking prevention programs for school-age children.

NMKH and NMVWH will partner with the DeKalb Health Department staff to educate the Women, Infants, and Children (WIC) population on the effects of smoking during pregnancy and effects of secondhand smoke.

NMKH and NMVWH will continue to offer hospital and community-based programs to increase awareness, educate and screen for hypertension and related health conditions.

NMKH and NMVWH will promote Know Your Numbers, an evidence-based approach to community awareness.

NMKH and NMVWH will offer education sessions for targeted populations to address prevention of cardiovascular disease through healthy diet and cooking programs at the Leishman Center for Culinary Health and through the DASH program to manage high blood pressure.

NMKH and NMVWH will offer the American Health Association CPR program.

NMKH and NMVWH will provide resources and tools to patients diagnosed with heart failure to improve self-management skills and quality of life.

Key outcomes and metrics included:

Gut Health and Breast Health basics programs were created to educate about screening for cancer and early detection.

Promotion of low-dose CT lung cancer screenings made 275 community contacts.

The Women Matter program, a no-cost mammography service provided to DeKalb County women with no insurance coverage, screened 14 patients, two of whom required follow-up.

Six Courage to Quit classes were facilitated, and two referrals were made to the Illinois Quitline.

The Catch My Breath smoking prevention program was taught nine times and reached 178 students in grade 6.

Prevention team members were trained for the program NOT on Tobacco available for schools within DeKalb County.

Provided on-site at NMKH, NMVWH, and businesses and organizations in DeKalb County, 22 biometric screenings reached 158 community participants.

As a result of biometric screenings, 27 of 54 community participants were referred to primary care providers for follow-up on their results.

Three weekly blood pressure screenings within DeKalb County saw 1,580 community participants.

Leishman Center for Culinary Health taught 868 community participants through 93 in-house classes.

Four DASH programs were held, reaching 19 participants.

Offered at NMKH and NMVWH, five Family and Friends CPR classes had 59 participants.

A community-based heart failure program enrolled 65 patients between September 2019 and August 2020.

Maternal and Child Health

In conjunction with national and local benchmarks, the following goals were established in response to Maternal and Child Health:

NMKH and NMVWH continue to collaborate with the DeKalb County Health Department to advance the work of the approved Community Health Improvement Plan set forth by the DeKalb County Health Department.

NMKH and NMVWH support efforts by providing leadership, investing resources and working with health department staff to effectively meet the needs of the community served by both organizations.

NMKH and NMVWH strategies to address Maternal and Child Health included:

NMKH and NMVWH will assess the capacity to provide referral systems for smoking cessation among pregnant women.

NMKH and NMVWH will support messaging related to The Basics of DeKalb County.

NMKH and NMVWH will update childbirth education classes to include messaging on domestic violence and resources available for referral.

NMKH and NMVWH will support policy and efforts in becoming a trauma-informed community.

NMKH and NMVWH will investigate opportunities to increase referrals to the Breastfeeding Centers to WIC clients at the DeKalb County Health Department.

NMKH and NMVWH will partner with DeKalb County Health Department staff to educate the WIC population on the effects of smoking during pregnancy and the effect of secondhand smoke.

NMKH and NMVWH will investigate the feasibility of offering a childbirth education class in Spanish.

Key outcomes and metrics included:

Childbirth education classes were updated with information about virtual smoking cessation class offerings.

Community benefit funding was provided for The Basics DeKalb County materials to be distributed to young clientele at the DeKalb County Health Department.

Childbirth education, newborn care, and breastfeeding classes updated their PowerPoint slides with contact information for Safe Passage (a domestic violence shelter in DeKalb County).

Safe Passage stickers were designed and affixed to all booklets distributed in all prenatal classes.

An NM systemwide committee has been formed and a grant application will be submitted to initiate training of staff around trauma-informed care.

Once content is created and piloted, Community Health Services will investigate the ability to expand to NMKH and NMVWH.

First-time or follow-up lactation consultations were given one on one 874 times.

Of this number, 8% were for WIC clients.

The Breastfeeding Center Warm Line received 1021 calls.

Of these calls, 35%-40% were from WIC clients.

Generally referred from pediatrician offices, 90% of walk-in visitors to the Breastfeeding Center were WIC clients.

Spanish versions of all prenatal classes were made available to community participants.

Community feedback from previous CHNAs and implementation plans

- The NMKH 2016-2018 and 2018-2020 CHNAs and implementation plans were made available to the public and open for public comment via the website nm.org/about-us/community-initiatives/community-health-needs-assessment.
- No comments were received on either document at the time this report was written.

Note: Reports are available at no charge. The public may request the report in the following ways:

Visit: Northwestern Medicine Kishwaukee Hospital
Main Entrance Welcome Desk
1 Kish Hospital Drive
DeKalb, Illinois 60115

Online: nm.org/about-us/community-initiatives/community-health-needs-assessment

Call: 312.926.2301 (TTY: 711)

Email: communityhealth@nm.org

Appendix A

Comprehensive Secondary Data Findings and Health Indicators
DeKalb County

DeKalb County Indicator Scores

Score	Access to Health Services	Units	DeKalb County	HP2020	Illinois	U.S.	Measurement Period	High Disparity	Source *
2.53	Primary Care Provider Rate	providers/100,000 population	30.6		80.0		2017		6
2.13	Preventable Hospital Stays: Medicare Population	discharges/1,000 Medicare enrollees	64.9		54.8	49.4	2015		19
1.78	Non-Physician Primary Care Provider Rate	providers/100,000 population	48.0		82.4		2019		6
1.59	Clinical Care Ranking	ranking	59				2020		6
1.50	Adults with Health Insurance: 18+	percent	91.2		91.5	91.3	2020		5
1.31	Adults with Health Insurance	percent	94.6	100	90.1	87.5	2018		1
1.31	Children with Health Insurance	percent	97.4	100	96.6	94.8	2018		1
1.09	Dentist Rate	dentists/100,000 population	61.5		77.9		2018		6

Comprehensive Secondary Data Findings and Health Indicators
DeKalb County

0.94	Adults who Visited a Dentist	percent	51.9		52.6	51.9	2020		5
Score	**Cancer**	**Units**	**DeKalb County**	**HP2020**	**Illinois**	**U.S.**	**Measurement Period**	**High Disparity**	**Source**
3.00	Age-Adjusted Death Rate due to Breast Cancer	deaths/100,000 females	28.4	20.7	21.0	20.1	2013-2017		15
2.50	Prostate Cancer Incidence Rate	cases/100,000 males	125.2		109.1	104.5	2013-2017		15
2.00	Cancer: Medicare Population	percent	8.5		8.9	8.2	2017		4
1.81	Breast Cancer Incidence Rate	cases/100,000 females	129.5		133.1	125.9	2013-2017		15
1.75	Colorectal Cancer Incidence Rate	cases/100,000 population	43.4	39.9	42.5	38.4	2013-2017		15
1.44	Oral Cavity and Pharynx Cancer Incidence Rate	cases/100,000 population	12.4		12.2	11.8	2013-2017		15
1.38	Lung and Bronchus Cancer Incidence Rate	cases/100,000 population	66.5		63.7	58.3	2013-2017		15
1.31	Age-Adjusted Death Rate due to Lung Cancer	deaths/100,000 population	44.8	45.5	41.1	38.5	2013-2017		15
0.94	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/100,000 population	14.2	14.5	14.7	13.7	2013-2017		15
0.53	Age-Adjusted Death Rate due to Prostate Cancer	deaths/100,000 males	16.0	21.8	20	19	2013-2017		15

Comprehensive Secondary Data Findings and Health Indicators
DeKalb County

Score	Children's Health	Units	DeKalb County	HP2020	Illinois	U.S.	Measurement Period	High Disparity	Source
0.53	Cervical Cancer Incidence Rate	cases/100,000 females	6.6	7.3	7.7	7.6	2013-2017		15
Score	**Children's Health**	**Units**	**DeKalb County**	**HP2020**	**Illinois**	**U.S.**	**Measurement Period**	**High Disparity**	**Source**
2.06	Age-Adjusted ER Rate due to Pediatric Mental Health	ER visits/10,000 population under 18 years	178.3		103.8		2017-2019		12
1.69	Children with Low Access to a Grocery Store	percent	5.3				2015		22
1.50	Age-Adjusted ER Rate due to Pediatric Asthma	ER visits/10,000 population under 18 years	62.8		78.7		2017-2019	Black (362.6)	12
1.50	Food Insecure Children Likely Ineligible for Assistance	percent	19.0		18.0	25.0	2018		7
1.41	Substantiated Child Abuse Rate	cases/1,000 children	9.1		9.7	9.2	2015		10
1.31	Children with Health Insurance	percent	97.4	100	96.6	94.8	2018		1
1.22	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	hospitalizations/10,000 population under 18 years	4.6		11.8		2017-2019		12
1.22	Blood Lead Levels in Children (≥5 micrograms/deciliter)	percent	1.4		3.4		2014		18

Comprehensive Secondary Data Findings and Health Indicators
DeKalb County

1.13	Age-Adjusted Hospitalization Rate due to Pediatric Mental Health	hospitalizations/10,000 population under 18 years	49.2		67.5		2017-2019	Female (62.4)	12
0.56	Child Food Insecurity Rate	percent	12.6		12.7	15.2	2018		7
Score	**DIABETES**	**Units**	**DeKalb County**	**HP2020**	**Illinois**	**U.S.**	**Measurement Period**	**High Disparity**	**Source**
1.50	Age-Adjusted ER Rate due to Short-Term Complications of Diabetes	ER visits/10,000 population 18+ years	1.9		1.7		2017-2019		12
1.50	Age-Adjusted ER Rate due to Uncontrolled Diabetes	ER visits/10,000 population 18+ years	33.1		30.7		2017-2019	Black (148.1) Hispanic/Latino (63.8)	12
1.41	Adults with Diabetes	percent	9.2				2010-2014		9
1.31	Age-Adjusted ER Rate due to Type 2 Diabetes	ER visits/10,000 population 18+ years	37.6		42.3		2017-2019	Black (176.1) Hispanic/Latino (69.6)	12
1.31	Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	hospitalizations/10,000 population 18+ years	11.4		15.1		2017-2019	Male (16.4)	12

Comprehensive Secondary Data Findings and Health Indicators
DeKalb County

1.31	Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	hospitalizations/10,000 population 18+ years	17.0		23.6		2017-2019	Black (66.3) Male (21.9)	12
1.13	Age-Adjusted ER Rate due to Diabetes	ER visits/10,000 population 18+ years	41.6		48.6		2017-2019	Black (179.4) Hispanic/Latino (72.6)	12
1.13	Age-Adjusted Hospitalization Rate due to Diabetes	hospitalizations/10,000 population 18+ years	21.2		31.8		2017-2019	Male (27.3)	12
1.13	Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	hospitalizations/10,000 population 18+ years	4.4		6.6		2017-2019		12
1.06	Diabetes: Medicare Population	percent	25.6		27.2	27.2	2017		4
0.94	Age-Adjusted ER Rate due to Long-Term Complications of Diabetes	ER visits/10,000 population 18+ years	4.7		7.2		2017-2019	Black (25.9)	12
0.94	Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes	hospitalizations/10,000 population 18+ years	5.3		10		2017-2019		12

Comprehensive Secondary Data Findings and Health Indicators
DeKalb County

Score	ECONOMY	Units	DeKalb County	HP2020	Illinois	U.S.	Measurement Period	High Disparity	Source
2.56	Homeownership	percent	52.2		59.6	56.1	2014-2018		1
2.13	Renters Spending 30% or More of Household Income on Rent	percent	51.5		48.8	50.2	2014-2018		1
2.06	Low-Income and Low Access to a Grocery Store	percent	12.6				2015		22
2.06	People Living Below Poverty Level	percent	16.5		13.1	14.1	2014-2018		1
2.06	Severe Housing Problems	percent	19.4		17.3	19	2012-2016		6
1.94	SNAP Certified Stores	stores/1,000 population	0.6				2016		22
1.78	Households that are Below the Federal Poverty Level	percent	15.9				2017		24
1.63	Households with Cash Public Assistance Income	percent	2.4		2.4	2.5	2014-2018		1
1.50	Food Insecure Children Likely Ineligible for Assistance	percent	19.0		18.0	25.0	2018		7
1.50	Per Capita Income	dollars	28,073		34,463	32,621	2014-2018		1

Comprehensive Secondary Data Findings and Health Indicators
DeKalb County

1.41	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	percent	64.0				2017		24
1.31	People Living 200% Above Poverty Level	percent	67.5		70.6	68.1	2014-2018		1
1.31	Unemployed Workers in Civilian Labor Force	percent	8.9		11.1	8.5	August 2020		20
1.22	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	20.1				2017		24
1.22	Social and Economic Factors Ranking	ranking	22				2020		6
1.19	Overcrowded Households	percent of households	1.8		2.5		2014-2018		1
1.13	Projected Child Food Insecurity Rate	percent	22.3				2020		7
1.13	Projected Food Insecurity Rate	percent	15.7				2020		7
0.94	Food Insecurity Rate	percent	10.2		10.1	11.5	2018		7

Comprehensive Secondary Data Findings and Health Indicators
DeKalb County

0.56	Child Food Insecurity Rate	percent	12.6		12.7	15.2	2018		7
0.56	Children Living Below Poverty Level	percent	17.4		18.1	19.5	2014-2018		1
0.56	Median Household Income	dollars	61,086		63,575	60,293	2014-2018		1
0.56	Students Eligible for the Free Lunch Program	percent	36.6		46.7	41.2	2018-2019		16
0.53	Persons with Disability Living in Poverty	percent	14.5		26.5	26.1	2018		1
0.50	People 65+ Living Below Poverty Level	percent	6.2		8.8	9.3	2014-2018		1
0.38	Persons with Disability Living in Poverty (5-year)	percent	19.9		26.3	26.7	2014-2018		1
Score	**Education**	**Units**	**DeKalb County**	**HP2020**	**Illinois**	**U.S.**	**Measurement Period**	**High Disparity**	**Source**
1.13	Student-to-Teacher Ratio	students/teacher	14.9		15.0	16.5	2018-2019		16
1.00	High School Graduation	percent	89.9	87.0	85.4	85.3	2017-2018		6
1.00	People 25+ with a Bachelor's Degree or Higher	percent	31.4		34.1	31.5	2014-2018		1

Comprehensive Secondary Data Findings and Health Indicators
DeKalb County

0.63	People 25+ with a High School Degree or Higher	percent	92.4		88.9	87.7	2014-2018		1
Score	**Environment**	**Units**	**DeKalb County**	**HP2020**	**Illinois**	**U.S.**	**Measurement Period**	**High Disparity**	**Source**
2.13	Food Environment Index	index	7.2		8.6	7.6	2020		6
2.06	Grocery Store Density	stores/1,000 population	0.1				2014		22
2.06	Low-Income and Low Access to a Grocery Store	percent	12.6				2015		22
2.06	Severe Housing Problems	percent	19.4		17.3	19.0	2012-2016		6
1.94	SNAP Certified Stores	stores/1,000 population	0.6				2016		22
1.88	Fast Food Restaurant Density	restaurants/1,000 population	0.7				2014		22
1.88	People with Low Access to a Grocery Store	percent	28.3				2015		22
1.78	Physical Environment Ranking	ranking	90				2020		6
1.69	Children with Low Access to a Grocery Store	percent	5.3				2015		22
1.69	Farmers Market Density	markets/1,000 population	0				2016		22

Comprehensive Secondary Data Findings and Health Indicators
DeKalb County

1.69	Households with No Car and Low Access to a Grocery Store	percent	3.1				2015		22
1.63	Months of Mild Drought or Worse	months/year	6.0				2016		18
1.63	Number of Extreme Precipitation Days	days	44				2016		18
1.63	PBT Released	pounds	1.5				2018		23
1.38	Number of Extreme Heat Days	days	10				2016		18
1.38	Number of Extreme Heat Events	events	2				2016		18
1.38	Recognized Carcinogens Released into Air	pounds	50.1				2018		23
1.31	People 65+ with Low Access to a Grocery Store	percent	2.1				2015		22
1.31	Recreation and Fitness Facilities	facilities/1,000 population	0.1				2014		22
1.22	Blood Lead Levels in Children (≥5 micrograms/decilit er)	percent	1.4		3.4		2014		18
1.19	Overcrowded Households	percent of households	1.8		2.5		2014-2018		1
0.97	Liquor Store Density	stores/100,000 population	8.6		10.8	10.6	2018		21

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0.94	Access to Exercise Opportunities	percent	84.3		90.8	84	2020		6
0.81	Daily Dose of UV Irradiance	Joule/square meter	2,247		2,506		2015		18
Score	**Exercise, Nutrition & Weight**	**Units**	**DeKalb County**	**HP2020**	**Illinois**	**U.S.**	**Measurement Period**	**High Disparity**	**Source**
2.25	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	percent	82.5		80.4	80.6	2020		5
2.25	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	percent	45.2		42.4	42.0	2020		5
2.13	Food Environment Index	index	7.2		8.6	7.6	2020		6
2.06	Grocery Store Density	stores/1,000 population	0.1				2014		22
2.06	Low-Income and Low Access to a Grocery Store	percent	12.6				2015		22
1.94	SNAP Certified Stores	stores/1,000 population	0.6				2016		22
1.88	Fast Food Restaurant Density	restaurants/1,000 population	0.7				2014		22
1.88	People with Low Access to a Grocery Store	percent	28.3				2015		22

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1.69	Children with Low Access to a Grocery Store	percent	5.3				2015		22
1.69	Farmers Market Density	markets/1,000 population	0				2016		22
1.69	Households with No Car and Low Access to a Grocery Store	percent	3.1				2015		22
1.59	Health Behaviors Ranking	ranking	74				2020		6
1.50	Food Insecure Children Likely Ineligible for Assistance	percent	19.0		18.0	25.0	2018		7
1.41	Adults Who Are Obese	percent	29.6	30.5			2010-2014	Female (37.7)	9
1.31	People 65+ with Low Access to a Grocery Store	percent	2.1				2015		22
1.31	Recreation and Fitness Facilities	facilities/1,000 population	0.1				2014		22
1.22	Adult Fruit and Vegetable Consumption	percent	23.5				2007-2009		9
1.22	Adults who are Sedentary	percent	19.4	32.6			2010-2014	Female (26.6)	9
1.13	Projected Child Food Insecurity Rate	percent	22.3				2020		7

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1.13	Projected Food Insecurity Rate	percent	15.7				2020		7
0.94	Access to Exercise Opportunities	percent	84.3		90.8	84.0	2020		6
0.94	Food Insecurity Rate	percent	10.2		10.1	11.5	2018		7
0.56	Child Food Insecurity Rate	percent	12.6		12.7	15.2	2018		7
Score	**Heart Disease & Stroke**	**Units**	**DeKalb County**	**HP2020**	**Illinois**	**U.S.**	**Measurement Period**	**High Disparity**	**Source**
2.38	Atrial Fibrillation: Medicare Population	percent	9.2		8.9	8.4	2017		4
1.69	Age-Adjusted Hospitalization Rate due to Acute Myocardial Infarction	hospitalizations/10,000 population 18+ years	25.4		25.1		2017-2019	Male (37.5)	12
1.63	Age-Adjusted Death Rate due to Heart Attack	deaths/100,000 population 35+ years	57.6		57.4		2018		18
1.63	Stroke: Medicare Population	percent	3.7		3.8	3.8	2017		4
1.50	Age-Adjusted ER Rate due to Heart Failure	ER visits/10,000 population 18+ years	16.6		15.3		2017-2019	Black (50.2)	12
1.50	Age-Adjusted ER Rate due to Hypertension	ER visits/10,000 population 18+ years	59.0		61.5		2017-2019	Black (499.7)	12

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1.44	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/100,000 population	37.5	34.8	38.0	37.3	2016-2018		3
1.44	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/100,000 population	87.2	103.4	83.7	92.7	2016-2018	Male (124.4)	3
1.31	Age-Adjusted Hospitalization Rate due to Heart Failure	hospitalizations/10,000 population 18+ years	51.5		61.5		2017-2019	Black (271.4)	12
1.31	Age-Adjusted Hospitalization Rate due to Hypertension	hospitalizations/10,000 population 18+ years	5.4		8.1		2017-2019	Black (31.9)	12
1.31	Hypertension: Medicare Population	percent	55.6		58.2	57.1	2017		4
1.22	High Blood Pressure Prevalence	percent	25.9	26.9			2007-2009		9
1.22	High Cholesterol Prevalence	percent	27.3	13.5			2007-2009		9
0.69	Heart Failure: Medicare Population	percent	12.4		15.2	13.9	2017		4
0.25	Ischemic Heart Disease: Medicare Population	percent	22.3		26.8	26.9	2017		4

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0.19	Hyperlipidemia: Medicare Population	percent	35.5		39.8	40.7	2017		4
Score	**Immunizations & Infectious Diseases**	**Units**	**DeKalb County**	**HP2020**	**Illinois**	**U.S.**	**Measurement Period**	**High Disparity**	**Source**
2.19	Chlamydia Incidence Rate	cases/100,000 population	589.1		604.0	539.9	2018		17
2.06	COVID-19 Daily Average Incidence Rate	cases/ 100,000 population	96.9		109.5	58.4	November 13, 2020		8
1.88	Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza	ER visits/10,000 population 18+ years	39.4		33.9		2017-2019		12
1.88	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	hospitalizations/10,000 population 18+ years	8.5		7.1		2017-2019		12
1.88	Gonorrhea Incidence Rate	cases/100,000 population	152.8		198.6	179.1	2018		17
1.78	Adults with Pneumonia Vaccination	percent	18.4				2010-2014		9

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1.78	Age-Adjusted ER Rate due to Hepatitis	ER visits/10,000 population 18+ years	1.1		0.7		2017-2019		12
1.69	Age-Adjusted ER Rate due to Community Acquired Pneumonia	ER visits/10,000 population 18+ years	38.2		32.4		2017-2019		12
1.69	Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia	hospitalizations/10,000 population 18+ years	29.9		24.0		2017-2019	Black (115.7)	12
1.63	Tuberculosis Cases	cases	3				2015		11
1.59	Adults with Influenza Vaccination	percent	34.8	70.0			2010-2014		9
1.38	HIV Diagnosed Cases	cases	4				2018		11
1.22	Age-Adjusted Hospitalization Rate due to Hepatitis	hospitalizations/10,000 population 18+ years	0.9		1.4		2017-2019		12
1.19	Overcrowded Households	percent of households	1.8		2.5		2014-2018		1
1.13	Syphilis Incidence Rate	cases/100,000 population	1.9		11.0	10.8	2018		17
0.88	COVID-19 Daily Average Case-Fatality Rate	deaths/100 cases	0.1		0.9	1.6	November 13, 2020		8

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0.19	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/100,000 population	12.6		15.5	14.2	2016-2018		3
Score	**Maternal, Fetal & Infant Health**	**Units**	**DeKalb County**	**HP2020**	**Illinois**	**U.S.**	**Measurement Period**	**High Disparity**	**Source**
2.25	Preterm Births	percent	12.3	9.4	10.7		2018		11
1.81	Babies with Low Birth Weight	percent	9.3	7.8	8.6		2018		11
1.13	Preterm Labor and Delivery Hospitalizations	percent	3.5		4.1		2017-2019		12
1.00	Infant Mortality Rate	deaths/1,000 live births	5.1	6.0	6.3		2016-2018		11
0.72	Teen Births	percent	1.0		1.1	2.8	2018		11
Score	**Mental Health & Mental Disorders**	**Units**	**DeKalb County**	**HP2020**	**Illinois**	**U.S.**	**Measurement Period**	**High Disparity**	**Source**
2.44	Frequent Mental Distress	percent	12.3		11.0	12.0	2017		6
2.34	Age-Adjusted Death Rate due to Suicide	deaths/100,000 population	17.4	10.2	11.1	13.9	2016-2018		3
2.06	Age-Adjusted ER Rate due to Pediatric Mental Health	ER visits/10,000 population under 18 years	178.3		103.8		2017-2019		12
2.00	Age-Adjusted Death Rate due to	deaths/100,000 population	32.1		25.4	30.6	2016-2018		3

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	Alzheimer's Disease								
1.88	Age-Adjusted ER Rate due to Adult Mental Health	ER visits/10,000 population 18+ years	172.2		144.5		2017-2019		12
1.88	Depression: Medicare Population	percent	16.9		16.4	17.9	2017		4
1.78	Poor Mental Health Days	percent	54.6				2010-2014		9
1.50	Age-Adjusted ER Rate due to Adult Suicide and Intentional Self-inflicted Injury	ER visits/10,000 population 18+ years	62.6		60.0		2017-2019		12
1.13	Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury	hospitalizations/10,000 population aged 10-17	88.4		106.0		2017-2019	Female (132.2)	12
1.13	Age-Adjusted Hospitalization Rate due to Adult Suicide and Intentional Self-inflicted Injury	hospitalizations/10,000 population 18+ years	39.3		65.4		2017-2019		12
1.13	Age-Adjusted Hospitalization Rate due to	hospitalizations/10,000 population under 18 years	49.2		67.5		2017-2019	Female (62.4)	12

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	Pediatric Mental Health								
0.94	Age-Adjusted Hospitalization Rate due to Adult Mental Health	hospitalizations/10,000 population 18+ years	33.7		84.5		2017-2019		12
0.88	Alzheimer's Disease or Dementia: Medicare Population	percent	9.4		10.7	10.9	2017		4
Score	**Older Adults & Aging**	**Units**	**DeKalb County**	**HP2020**	**Illinois**	**U.S.**	**Measurement Period**	**High Disparity**	**Source**
2.38	Atrial Fibrillation: Medicare Population	percent	9.2		8.9	8.4	2017		4
2.38	Osteoporosis: Medicare Population	percent	6.8		6.3	6.4	2017		4
2.06	Chronic Kidney Disease: Medicare Population	percent	24.0		24.0	24.0	2017		4
2.00	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	32.1		25.4	30.6	2016-2018		3
2.00	Cancer: Medicare Population	percent	8.5		8.9	8.2	2017		4
1.88	Asthma: Medicare Population	percent	5.0		4.9	5.1	2017		4

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1.88	Depression: Medicare Population	percent	16.9		16.4	17.9	2017		4
1.88	Hospitalization Rate due to Hip Fractures Among Females 65+	hospitalizations/100,000 females 65+ years	854.1	741.2	762.0		2017-2019		12
1.88	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	34.0		34.6	33.1	2017		4
1.63	Stroke: Medicare Population	percent	3.7		3.8	3.8	2017		4
1.31	Hypertension: Medicare Population	percent	55.6		58.2	57.1	2017		4
1.31	People 65+ with Low Access to a Grocery Store	percent	2.1				2015		22
1.06	COPD: Medicare Population	percent	11.5		11.9	11.7	2017		4
1.06	Diabetes: Medicare Population	percent	25.6		27.2	27.2	2017		4
0.94	Hospitalization Rate due to Hip Fractures Among Males 65+	hospitalizations/100,000 males 65+ years	349.9	418.4	435.0		2017-2019		12
0.88	Alzheimer's Disease or	percent	9.4		10.7	10.9	2017		4

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	Dementia: Medicare Population								
0.69	Heart Failure: Medicare Population	percent	12.4		15.2	13.9	2017		4
0.63	People 65+ Living Alone	percent	24.3		28.5	26.1	2014-2018		1
0.50	People 65+ Living Below Poverty Level	percent	6.2		8.8	9.3	2014-2018		1
0.25	Ischemic Heart Disease: Medicare Population	percent	22.3		26.8	26.9	2017		4
0.19	Hyperlipidemia: Medicare Population	percent	35.5		39.8	40.7	2017		4
Score	**Oral Health**	**Units**	**DeKalb County**	**HP2020**	**Illinois**	**U.S.**	**Measurement Period**	**High Disparity**	**Source**
1.44	Oral Cavity and Pharynx Cancer Incidence Rate	cases/100,000 population	12.4		12.2	11.8	2013-2017		15
1.13	Age-Adjusted ER Rate due to Dental Problems	ER visits/10,000 population	70.3		75.8		2017-2019		12
1.09	Dentist Rate	dentists/100,000 population	61.5		77.9		2018		6
0.94	Adults who Visited a Dentist	percent	51.9		52.6	51.9	2020		5

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Score	Other Chronic Diseases	Units	DeKalb County	HP2020	Illinois	U.S.	Measurement Period	High Disparity	Source
2.38	Osteoporosis: Medicare Population	percent	6.8		6.3	6.4	2017		4
2.06	Chronic Kidney Disease: Medicare Population	percent	24.0		24.0	24.0	2017		4
1.88	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	34.0		34.6	33.1	2017		4
1.38	Age-Adjusted Death Rate due to Kidney Disease	deaths/100,000 population	16.0		16.9	13.0	2016-2018		3
Score	**Public Safety**	**Units**	**DeKalb County**	**HP2020**	**Illinois**	**U.S.**	**Measurement Period**	**High Disparity**	**Source**
2.75	Alcohol-Impaired Driving Deaths	percent	40.0		32.0	28.0	2014-2018		6
1.88	Domestic Violence Offenses	offenses	1061				2018		14
1.63	School Crime Incidents	incidents	44				2018		14
1.41	Substantiated Child Abuse Rate	cases/1,000 children	9.1		9.7	9.2	2015		10
1.41	Violent Crime Rate	crimes/100,000 population	275.8		403.1	386.5	2014-2016		6
1.38	Hate Crime Offenses	offenses	2				2018		14

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Score	Respiratory Diseases	Units	DeKalb County	HP2020	Illinois	U.S.	Measurement Period	High Disparity	Source
2.06	COVID-19 Daily Average Incidence Rate	cases/100,000 population	96.9		109.5	58.4	November 13, 2020		8
1.88	Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza	ER visits/10,000 population 18+ years	39.4		33.9		2017-2019		12
1.88	Age-Adjusted Hospitalization Rate due to Adult Asthma	hospitalizations/10,000 population 18+ years	7.8		7.1		2017-2019	Black (23.3) Female (12.2)	12
1.88	Age-Adjusted Hospitalization Rate due to COPD	hospitalizations/10,000 population 18+ years	42.5		33.2		2017-2019		12
1.88	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	hospitalizations/10,000 population 18+ years	8.5		7.1		2017-2019		12
1.88	Asthma: Medicare Population	percent	5.0		4.9	5.1	2017		4
1.78	Adults with Pneumonia Vaccination	percent	18.4				2010-2014		9

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1.69	Age-Adjusted ER Rate due to Community Acquired Pneumonia	ER visits/10,000 population 18+ years	38.2		32.4		2017-2019		12
1.69	Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia	hospitalizations/10,000 population 18+ years	29.9		24.0		2017-2019	Black (115.7)	12
1.63	Tuberculosis Cases	cases	3				2015		11
1.59	Adults with Influenza Vaccination	percent	34.8	70.0			2010-2014		9
1.50	Age-Adjusted ER Rate due to Asthma	ER visits/10,000 population	44.7		54.1		2017-2019	Black (294.6)	12
1.50	Age-Adjusted ER Rate due to Pediatric Asthma	ER visits/10,000 population under 18 years	62.8		78.7		2017-2019	Black (362.6)	12
1.41	Adults with Current Asthma	percent	8.5				2010-2014	Male (13.2)	9
1.38	Lung and Bronchus Cancer Incidence Rate	cases/100,000 population	66.5		63.7	58.3	2013-2017		15
1.31	Age-Adjusted Death Rate due to Lung Cancer	deaths/100,000 population	44.8	45.5	41.1	38.5	2013-2017		15

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1.31	Age-Adjusted ER Rate due to Adult Asthma	ER visits/10,000 population 18+ years	38.4		45.6		2017-2019	Black (271) Hispanic/Latino (42.8) Female (49.1)	12
1.31	Age-Adjusted Hospitalization Rate due to Asthma	hospitalizations/10,000 population	7.0		8.3		2017-2019	Female (10.1)	12
1.22	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	hospitalizations/10,000 population under 18 years	4.6		11.8		2017-2019		12
1.13	Age-Adjusted ER Rate due to COPD	ER visits/10,000 population 18+ years	37.4		37.7		2017-2019		12
1.06	COPD: Medicare Population	percent	11.5		11.9	11.7	2017		4
0.88	COVID-19 Daily Average Case-Fatality Rate	deaths/100 cases	0.1		0.9	1.6	November 13, 2020		8
0.19	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/100,000 population	12.6		15.5	14.2	2016-2018		3
Score	**Social Environment**	**Units**	**DeKalb County**	**HP2020**	**Illinois**	**U.S.**	**Measurement Period**	**High Disparity**	**Source**
2.56	Homeownership	percent	52.2		59.6	56.1	2014-2018		1
2.06	People Living Below Poverty Level	percent	16.5		13.1	14.1	2014-2018		1

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2.00	Single-Parent Households	percent	33.9		32.5	33.1	2014-2018		1
1.50	Per Capita Income	dollars	28,073		34,463	32,621	2014-2018		1
1.41	Substantiated Child Abuse Rate	cases/1,000 children	9.1		9.7	9.2	2015		10
1.31	Voter Turnout: General Election	percent	70.8		70.6		2016		13
1.22	Social and Economic Factors Ranking	ranking	22				2020		6
1.19	Mean Travel Time to Work	minutes	25.8		29.0	26.6	2014-2018		1
1.00	People 25+ with a Bachelor's Degree or Higher	percent	31.4		34.1	31.5	2014-2018		1
0.75	Adults with Internet Access	percent	96.2		94.4	94.0	2020		5
0.75	Households with a Smartphone	percent	90.2		87.9	87.1	2020		5
0.75	Households with an Internet Subscription	percent	86.5		81.0	80.9	2014-2018		1
0.75	Households with One or More Types of Computing Devices	percent	92.8		88.3	88.8	2014-2018		1
0.63	People 25+ with a High School Degree or Higher	percent	92.4		88.9	87.7	2014-2018		1

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0.63	People 65+ Living Alone	percent	24.3		28.5	26.1	2014-2018		1
0.56	Children Living Below Poverty Level	percent	17.4		18.1	19.5	2014-2018		1
0.56	Median Household Income	dollars	61,086		63,575	60,293	2014-2018		1
Score	**Substance Abuse**	**Units**	**DeKalb County**	**HP2020**	**Illinois**	**U.S.**	**Measurement Period**	**High Disparity**	**Source**
2.75	Alcohol-Impaired Driving Deaths	percent	40.0		32.0	28.0	2014-2018		6
2.63	Adults Who Use Electronic Cigarettes: Past 30 Days	percent	5.1		4.2	4.4	2020		5
1.78	Age-Adjusted Hospitalization Rate due to Adolescent Alcohol Use	hospitalizations/10,000 population aged 10-17	7.3		4.8		2016-2018		12
1.59	Health Behaviors Ranking	ranking	74				2020		6
1.56	Teens who Smoke	percent	7.2		5.0		2018		2
1.56	Teens who Use Alcohol	percent	43.0		40.0		2018		2
1.56	Teens who Use Marijuana	percent	24.5		26.0		2018		2
1.50	Adults Who Used Smokeless	percent	2.6		1.8	2.0	2020		5

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	Tobacco: Past 30 Days								
1.50	Age-Adjusted Hospitalization Rate due to Adult Alcohol Use	hospitalizations/10,000 population 18+ years	22.3		29.5		2017-2019	Male (30.1)	12
1.41	Adults who Binge Drink	percent	13.7	24.2			2010-2014		9
1.31	Adults who Smoke	percent	15.9	12.0	14.3	15.1	2020		5
1.31	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	deaths/100,000 population	19.2		20.5	20.7	2016-2018		3
1.22	Age-Adjusted ER Rate due to Adolescent Alcohol Use	ER visits/10,000 population aged 10-17	11.0		14.0		2017-2019		12
1.13	Age-Adjusted ER Rate due to Opioid Use	ER visits/10,000 population 18+ years	11.3		25.2		2017-2019	Male (15.2)	12
1.13	Death Rate due to Drug Poisoning	deaths/100,000 population	16.6		20.6	21.0	2016-2018		6
0.97	Liquor Store Density	stores/100,000 population	8.6		10.8	10.6	2018		21
0.94	Age-Adjusted ER Rate due to Substance Use	ER visits/10,000 population 18+ years	22.6		52.9		2017-2019	Male (29.7)	12
0.94	Age-Adjusted Hospitalization Rate due to Opioid Use	hospitalizations/10,000 population 18+ years	4.5		15.2		2017-2019		12

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0.94	Age-Adjusted Hospitalization Rate due to Substance Use	hospitalizations/10,000 population 18+ years	5.1		19.2		2017-2019		12
Score	**Teen & Adolescent Health**	**Units**	**DeKalb County**	**HP2020**	**Illinois**	**U.S.**	**Measurement Period**	**High Disparity**	**Source**
1.56	Teens who Smoke	percent	7.2		5.0		2018		2
1.56	Teens who Use Alcohol	percent	43		40.0		2018		2
1.56	Teens who Use Marijuana	percent	24.5		26.0		2018		2
1.13	Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury	hospitalizations/10,000 population aged 10-17	88.4		106.0		2017-2019	Female (132.2)	12
0.72	Teen Births	percent	1.0		1.1	2.8	2018		11
Score	**Transportation**	**Units**	**DeKalb County**	**HP2020**	**Illinois**	**U.S.**	**Measurement Period**	**High Disparity**	**Source**
1.69	Households with No Car and Low Access to a Grocery Store	percent	3.1				2015		22
1.69	Workers who Drive Alone to Work	percent	80.1		73.1	76.4	2014-2018		1

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1.63	Workers Commuting by Public Transportation	percent	1.8	5.5	9.4	5.0	2014-2018	White (1.0) American Indian/Alaska Native (0) Hispanic/Latino (1.2)	1
1.50	Solo Drivers with a Long Commute	percent	36.5		41.3	36.0	2014-2018		6
1.19	Mean Travel Time to Work	minutes	25.8		29.0	26.6	2014-2018		1
1.13	Households without a Vehicle	percent	6.4		10.8	8.7	2014-2018		1
Score	**Women's Health**	**Units**	**DeKalb County**	**HP2020**	**Illinois**	**U.S.**	**Measurement Period**	**High Disparity**	**Source**
3.00	Age-Adjusted Death Rate due to Breast Cancer	deaths/100,000 females	28.4	20.7	21.0	20.1	2013-2017		15
1.81	Breast Cancer Incidence Rate	cases/100,000 females	129.5		133.1	125.9	2013-2017		15
0.53	Cervical Cancer Incidence Rate	cases/100,000 females	6.6	7.3	7.7	7.6	2013-2017		15

*Data source key from Conduent Healthy Communities Institute in Appendix C.

Appendix B

Community Resource List

Acute care hospitals and emergency departments

Advocate Sherman Hospital
Community Hospital of Ottawa
Edward Hospital
Kindred Hospital – Sycamore
Linden Oaks Hospital at Edward Hospital
Mendota Community Hospital
Mercyhealth Javon Bea Hospital
Morris Hospital and Healthcare Centers
Northwestern Medicine Central DuPage Hospital
Northwestern Medicine Delnor Hospital
Northwestern Medicine Kishwaukee Hospital
Northwestern Medicine Valley West Hospital
OSF St. Anthony Medical Center – Rockford
Rochelle Community Hospital
Rush-Copley Emergency Center – Yorkville
Rush-Copley Medical Center – Aurora
Swedish American Hospital

Federally Qualified Health Centers and other safety-net providers

Access Community Health Centers
Aunt Martha's Youth Service Center, Inc.
Aurora Community Health Center
Community Health Partnership of Illinois
Crusader Community Health
Greater Family Health
VNA Health Care
Will County Community Health Center

Home health care

Access Home Health
Alpha Home Healthcare
Country Home Care, Inc.
Comfort Keepers
Community Alliance
Crescent Home Care
Franciscan Home Care
Gentiva Health Services
Homebound Health Care
Home Helpers
Home Instead
Home Touch Healthcare
Kindred at Home
KSB Home Care
Northwestern Medicine Home Health DeKalb
Right at Home
Swedish American Home Healthcare
Visiting Angels
Visiting Nurse Association of Fox Valley
Visiting Nurse Association of Rockford
Vital Wellness

Hospice care

Gentiva Hospice
Heartland Hospice
Homebound Hospice
Passages Hospice
Seasons Hospice
Unity Hospice
Vitas Hospice

Mental health services and facilities

AMITA Health Alexian Brothers Behavioral Health Hospital
Centennial Counseling Center
Children's Home & Aid
Elgin Mental Health Center
Family Service Agency
LaSalle County North Central Behavioral Health
Northern Illinois University Student Counseling Center
North Central Behavioral Health System
Northwestern Medicine Behavioral Health Services
Northwestern Medicine Ben Gordon Center
Suicide Prevention Services

Nursing homes, adult care and long-term care

Alternatives for the Older Adult LaSalle County
Bethany Healthcare & Rehab Center
Bridge Community Center LaSalle County
DeKalb County Rehabilitation & Nursing Center
Fox Valley Older Adult Services
Healthcare Center East
Hillside Healthcare
Kindred Hospital
Mendota Area Senior Services
Oak Crest Retirement Center
Peterson Health Care
Pine Acres Rehab and Living Center
Prairie Crossing & Rehabilitation Center
Sandwich Rehabilitation and Health Care
The Tillers Oswego
Willowcrest Nursing Pavilion

Health and human services community programming
(addressing health disparities and social determinants of health)

Adventure Works
Annie Glidden North Revitalization Plan and Annie Glidden North Task Force
Association for Individual Development (AID)
Bags for Beds program
Barb Food Mart
Bethany Road Bible Church
Bilingual Parent Advisory Committee (BPAC) – Plano School District
Brown Law Group
B.L.L.A.C.K. (Black. Liberated. Leadership. And. Community. Kinship.)
Camp Power
CASA DeKalb County, Inc.
City of DeKalb
City of Plano
City of Sandwich
City of Sycamore
Cornerstone Church
DeKalb Chamber of Commerce
DeKalb County Board of Health
DeKalb County Community Development Department
DeKalb County Community Foundation
DeKalb County Community Gardens
- Box of Hope
- Food Pantries
- Walnut Grove Vocational Farm

DeKalb County Community Mental Health Board
DeKalb County Economic Development Corporation
DeKalb County Food Security Council
DeKalb County Government
DeKalb County Health Department
- WIC (Women, Infants, and Children)

Health and human services community programming (addressing health disparities and social determinants of health) (continued)

DeKalb County Nonprofit Partnership (DCNP)
DeKalb County Partnership for a Substance Abuse Free Environment (DCP/SAFE)
DeKalb County Regional Office of Education
- Child & Family Connections

DeKalb County Sheriff's Office
DeKalb County State Attorney's Office
DeKalb County Trauma Informed Committee
DeKalb County Youth Service Bureau
- Youth & Family Counseling
- Prevention Services

DeKalb Community Unit School District 428
DeKalb Fire Department
DeKalb Park District
DeKalb Police Department
Elder Care Services
Epilepsy Foundation North Central Illinois
Evangelical Lutheran Church of St. John
Family First Physicians
Family Focus (after-school program for Plano High School students)
Family Service Agency of DeKalb County
- Center for Counseling
- Children's Advocacy Center
- Senior Services
- Youth Mentoring
- Community Action Program

First Lutheran Church
Fox Valley Community Services
Fox Valley Family YMCA
Genoa-Kingston School District
Greater Elgin Family Care Center
Harvest Chapel – The Store
Hope Haven
HOPE Drug Program
Housing Authority of the County of DeKalb
Illinois Department of Human Services
Indian Creek School District
Indian Valley Vocational Center
Islamic Center of DeKalb
Juvenile Justice Council of DeKalb County
Kendall County Health Department
Kindergarten Readiness Collaborative
Kishwaukee College
Kishwaukee Family YMCA
- LIVESTRONG (Cancer Survivor Program)
- Pedaling for Parkinson's

Kishwaukee United Way
- 2-1-1 Information and Referral
- ALICE (Asset Limited, Income Constrained, Employed)
- Money Smart Week
- Pioneering Healthier Communities

Kiwanis
Know Your Numbers (wellness program)
Lion's Club (strong in several communities, including Waterman, Malta, Cortland)
Live Healthy DeKalb County
New Hope Missionary Baptist Church
Northern Illinois University (NIU):
- Center for Governmental Studies
- Clinical Services – Speech-Language-Hearing Clinic
- Emergency Management and Planning
- Health Services
- School of Nursing

Open Door Rehabilitation Center
Opportunity House
Peer Support Training (for dispatchers, jailers, patrol officers)
- Plano Area Alliance Supporting Student Success (PAASSS)

Health and human services community programming
(addressing health disparities and social determinants of health) (continued)

Plano Community Unit School District 88
Plano Police Department
RAMP
Rotary Club of Sandwich
Safe Passage
Sandwich Community Unit School District 430
Sandwich Fair Association
Sandwich Lions Club
Sandwich Park District
Sandwich Public Library
Somonauk School District
State Representative, District 70
Sycamore Park District
Sycamore Police Department
Sycamore School District
The Waters Dental Group
TRIAD groups
Two Rivers Head Start Agency
Veterans of Foreign Wars
Voluntary Action Center
- Meals on Wheels
- Transportation Programs

WNIJ and WNIU public radio

Appendix C

Conduent Healthy Communities Institute Data Sources

Key	Data Source
1	American Community Survey
2	Center for Prevention Research and Development, Illinois Youth Survey
3	Centers for Disease Control and Prevention
4	Centers for Medicare & Medicaid Services
5	Claritas Consumer Profiles
6	County Health Rankings
7	Feeding America
8	Healthy Communities Institute
9	Illinois Behavioral Risk Factor Surveillance System
10	Illinois Department of Children and Family Services
11	Illinois Department of Public Health
12	Illinois Hospital Association
13	Illinois State Board of Elections
14	Illinois State Police
15	National Cancer Institute
16	National Center for Education Statistics
17	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
18	National Environmental Public Health Tracking Network
19	The Dartmouth Atlas of Health Care
20	U.S. Bureau of Labor Statistics
21	U.S. Census Bureau County Business Patterns
22	U.S. Department of Agriculture Food Environment Atlas
23	U.S. Environmental Protection Agency

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