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Valley West Hospital
2015 Community Health Needs Assessment Summary

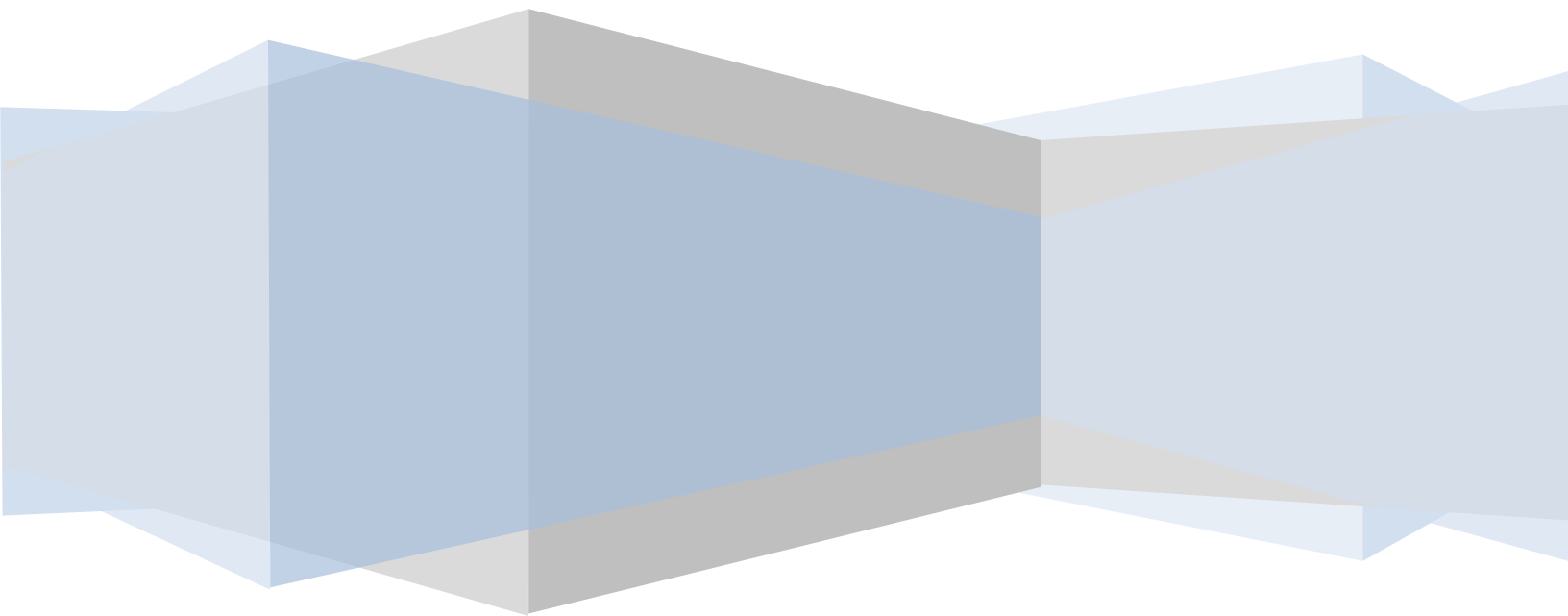


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Community Health Needs Assessment Summary

Overview of Valley West Hospital

Valley West Hospital is a private, not-for profit, short-term critical access community hospital. Valley West Hospital is approved by The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and is licensed by the state of Illinois for 25 beds. A staff of more than 500 (full-time, part-time, and on-call) includes nurses, technicians, therapist and aides. Valley West Hospital is a member of KishHealth System. Our mission is to be the cornerstone of healthcare for the communities we serve.

The overarching goal of Valley West Hospital's community benefit mission is to respond to identified health needs. Valley West Hospital has developed three initiative statements to give guidance to address identified community health needs.

Community Partnerships Focus

KishHealth System will collaborate with diverse organizations to identify a common vision and plan to create a collective impact on the overall health of the community

Coordination of Community Services Focus

KishHealth System is committed to improving access to healthcare services, with emphasis on a coordinated patient centered approach, measuring patient and population health status within hour healthcare delivery service areas.

Preventative Care Focus

KishHealth System will focus on wellness and prevention, with special emphasis on the most preventable health condition and lifestyle behaviors impacting the health of individuals and the community through health promotion activities, and policy development and environmental change.

Community Health Needs Assessment Background and Purpose

KishHealth System's Valley West Hospital, part of Northwestern Medicine has undertaken a community health needs assessment as required by federal and state laws. The needs assessment is a primary tool used by the hospital to determine its community benefit plan, which outlines how Valley West Hospital will give back to the community in the form of health care and other community services to address community health needs. This assessment incorporates component of primary and secondary data analysis that focuses on the health and social needs of the hospital service area.

In 2010, congress enacted the Patient Protection and Affordable Act (The Affordable Care Act), which instituted comprehensive health insurance reforms that will enhance the quality of health care for all Americans. The Affordable Care Act requires that all non-profit hospitals complete a community health needs assessment every three years.

Communities Served by the Hospital

Valley West Hospital serves a portion of DeKalb, Kane, Kendall and LaSalle counties residents.

Utilizing Illinois Hospital Association COMP Data, which measures hospital admissions Valley West Hospital, had approximately 975 admissions and 8,909 Emergency Department visits in 2014. In the hospital service area, estimated at 72,000 people, the inpatient market share is roughly 13.7%, see Table 1.

Who was involved in the Assessment Process

Individuals representing Kishwaukee Hospital and Valley West Hospital met periodically from April 2015 throughout October 2015 and reviewed population demographics, birth and death data and social and health indicators in order to prioritize health problems for Kishwaukee Hospital and Valley West Hospital Community Health Needs Assessment. Based on the outcome of these meetings, health priorities were narrowed down to five areas for consideration.

In November 2015, KishHealth System team members presented health priorities to the external community committee, which included a variety of individuals from local and state governmental agencies, leaders from community based organizations, foundations, school districts, colleges and local non-profit organization. These participants are experts in health care, social determinants of health, and health and social services. The input from the external group helped to ensure that needs were identified and will be responded to. For a full list of participants in the assessment process, please review attachments A & B.

How the Assessment was Conducted

Primary Data Collection

Administration of the 2015 Community Health Needs Assessment online survey was not randomized, but analysis of respondent characteristics indicated that participants responding to the survey were representative of the county's population.

The 2015 Community Health Needs Assessment Online Survey was a questionnaire style, self-administered survey, available online, in both English and Spanish, the process followed a cross sectional research design, taking a snapshot of DeKalb County residents at a single moment in time. The online survey was sponsored and hosted by KishHealth System. The results of the online survey, are available on KishHealth System's website.

Secondary Data Collection

Data necessary for the decision-making process was provided by Joel Cowen and Karen Lytwyn, retired faculty members of Health Systems Research of the University of Illinois – College of Medicine, at Rockford. Local, county, state and federal sources were collected to present a community profile, birth and death characteristics, access to healthcare, chronic disease, social issues and school and student characteristics. When pertinent, these data sets are presented in the context of DeKalb County and the State of Illinois.

Analyses were conducted at the most local level possible for Valley West Hospital's primary service area, given the availability of the data. Resources utilized include:

- American Community Survey
- American Diabetes Association
- American Medical Association
- American University Survey
- Centers for Disease Control and Prevention
- Community Needs Index
- County Health Rankings
- Illinois Department of Children and Family Services
- Illinois Department of Employment Security
- Illinois Department of Healthcare and Family Services
- Illinois Department of Public Health
- Illinois Department of Public Health Annual Hospital Questionnaire
- Illinois Department of Public Health, *Behavioral Risk Factor Survey*
- Illinois Department of Public Health, *Illinois County Cancer Statistics Review Incidence*
- Illinois Department of Public Health: *Birth Defects and other Adverse Pregnancy Outcomes in Illinois, 2004-2008*
- Illinois Hospital Association
- Illinois Hospital Association COMP Data
- Illinois Public Health Community Map
- Illinois Secretary of State
- Illinois State Police
- Kaiser Family Foundation
- National Cancer Institute
- National Center for health Statistics
- National Heart Lung and Blood Institute
- Northern Illinois University Enrollment Data
- Pioneering Healthier Communities
- State of Illinois data by zip code
- U.S. Census Bureau 2010 data
- U.S. Department of Commerce, Bureau of Economic Analysis

The full report of primary and secondary data sources and dates utilized for the Community Health Needs Assessment for Kishwaukee Hospital, and Valley West Hospital is available on KishHealth System's website.

Community Needs Index

The Community Needs Index identifies the severity of health disparities for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations. For each zip code in the U.S., the Community Needs Index aggregates five socioeconomic indicators/barriers to health care access that are known to contribute to health disparities related to income, education, culture/language, insurance and housing. Review of the Community Needs Index was used to identify communities of highest need and plan for a direct range of potential community health outreach efforts. To view the map of DeKalb County, see attachment C.

Data Analysis

Vetting of primary and secondary data included statistical analysis of trends and comparisons health indicators, issues that are occurring that affect the health of the community, and existing programs/services that contribute to/or improve the quality of life and/or overall health of the community. Using primary and secondary data collection, participants were asked to review and identify the health priorities for the community that they believe to be the most significant to the overall health of the community. There currently is not one general method accepted for priority identification of health needs. The facilitators used a rating scoring method addressed by Donna Peterson and Greg Alexander in their text, Needs Assessment in Public Health. Committee members were asked to identify the top three priorities from among the five identified using the following criteria:

- Magnitude: how many people in the community are affected by the problem?
- Seriousness and Impact: how does the health need impact health and quality of life?
- Feasibility: what assets currently exist to address the health need?
- Consequence of inaction: what impact would not addressing the problem present for the community?

Participants were asked to assign a rating between 1 – 5, 1 being low need and 5 being a high need to each of the questions presented and then tally the score. Participants then revealed their top three priority needs based on highest scores.

Data Gaps Identified

As with any assessment, limitations are always present. Where available, the most current and up-to-date data was used to determine the health needs of the community. Although the data set available is full of information, data gaps do exist.

- Demographic data using U.S. Census Bureau Information changed from the traditional “long form” to the American Community Survey, which uses an annual sample survey of about 3 million households.
- Data is not available on all topics to evaluate health needs within each race/ethnicity by age/gender specific subgroups.
- Prevalence of chronic conditions is not available for children, a group that is underrepresented in more formal data collection sets.
- County-wide data that characterize health risk and lifestyle behaviors such as, nutrition, exercise and sedentary behaviors are not available for persons 18 year and younger.
- Behavior Risk Factor Surveillance System (BRFSS) data is difficult to accurately measure subpopulations, due to BRFSS methodology issues, In addition BRFSS data for 2015 has yet to be released at the time of this report.
- In reference to the online survey, issues, such as incomplete surveys and coding as well as, other errors in the online survey, could not be altered once the survey was posted.
- Some respondents of the online survey may have had difficulty understanding the multiple choice questions and interpreting the rating and agreement scales, affecting the fact that an issue may be presented. This may have led to individuals not knowing if the issue presented needed clarification for them or they were uncertain of the issue and how it affects the health of the population.
- Reporting error, or incorrect reporting, could have occurred in the online survey because the respondent misunderstood or misinterpreted the question being asked.

Identified Needs

Cancer

Cancer remains the second leading cause of death in the United States (Center for Disease Control and Prevention, 2012) and of DeKalb County residents, see Table 3. By cancer site, lung cancer is the most common site for both genders. The leading male cancer site deaths are lung, colorectal and prostate, while the leading female cancer site deaths are lung, breast and colorectal. For information on cancer incidence by site and gender with the most significant difference since the last assessment, see Table 4.

The Centers of Disease Control and prevention reports adult smoking prevalence as the estimated percent of the adult population that currently smokes every day of “most days” and has smoked at least 100 cigarettes in their lifetime. According to the County Health Rankings 2015 approximately 20% of DeKalb County adults, aged 18 and older, self-reported tobacco use, this is higher than the averages of both the state and the U.S. According to the National Cancer Institute, smoking causes many types of cancer, including cancers of the throat, mouth, nasal cavity, esophagus, stomach, pancreas, kidney, bladder and cervix and acute myeloid leukemia.

Screening refers to tests and exam used to find disease, such as cancer, in people who do not have any symptoms. Current American Cancer Society guidelines include methods for early detection of the cervix, breast, colon and rectum, endometrial, and prostate. Cancer related check-up depending on age and gender may include exams for cancers of the thyroid, mouth, skin, lymph nodes, testes and ovaries.

Among the population 50 years and older, 53.5% in 2010 received a colonoscopy of sigmoidoscopy.

More than half of all cancer deaths can be prevented by making healthy choices such as, not smoking, maintaining a healthy weight, eating right and keeping active and participating in cancer screenings.

Cardiovascular Disease

Cardiovascular Disease, principally heart disease and stroke, is the leading cause of death in the U.S. for both men and women among all racial and ethnic groups (Centers for Disease Control and Prevention, 2012). It is also the leading cause of death among DeKalb County residents, see Table 3.

Cardiovascular disease is the most widespread and costly health problem, although heart disease and stroke are often preventable, High cholesterol is one of the major risk factors leading to heart disease, heart attack and stroke and uncontrolled high blood pressure can injure or kill. Over one-fourth of DeKalb County residents have high cholesterol (25.9%) or high blood pressure (27.3%) and almost two-thirds (64.4%) are overweight or obese based on body mass index (BMI). Overweight or obesity increases risk for high cholesterol, high blood pressure and insulin resistance, and is a precursor of type 2 diabetes - all factors that heighten risk for cardiovascular disease.

The proportions of DeKalb County residents who currently smoke is 20.0%, much higher than previous rates and slightly higher than the 18.0% rate of the state. The National Cancer Institute reports that people who smoke are up to six times more likely to suffer a heart attack than nonsmokers, and the risk increases with the number of cigarettes smoked.

Better prevention of management of high cholesterol, high blood pressure, or diabetes help to lower risk for heart disease. Lifestyle changes such as quitting or never smoking, limiting alcohol use, exercising and eating healthy all lower risk for cardiovascular disease.

Diabetes/Kidney Disease

Diabetes is a disease marked by high levels of blood glucose and can lead to serious complication and premature death. If untreated, diabetes can cause more serious health complication, including, but not limited to heart disease, stroke eye, foot and skin complication, high blood pressure, hearing loss and kidney disease as defined by the American Diabetes Association.

Almost two thirds (64.4%) of DeKalb County adults are overweight or obese based on body mass index (BMI) calculated from height and weight. The proportion of obese individuals has risen substantially since 2001, when the proportion stood at 18.8%. According to the Centers for Disease Control and Prevention, being overweight or obese increases the likelihood of developing diabetes and excess weight keeps the body from making and using insulin properly. Moderate exercise of about 30 minutes or more 5 days per week, or 150 minutes or more per week, resulting in a 5% to 7% weight loss can delay and possibly prevent type 2 diabetes.

In DeKalb County, 4.4% of the population 18 years and older are afflicted with diabetes, with a significant increase to 18.9% in those aged 65+. Diabetes was noted as a top 10 health concern in the online community survey. Also worth mentioning is the increase in diagnosis related groups within the health system for renal failure. Uncontrolled diabetes can contribute to kidney/renal issues. The components of diabetes management require monitoring blood sugar, healthy eating, physical activity and medication management.

Unaddressed Identified Needs

Two other topic areas (respiratory health and maternal child health) were identified for data collection, review and priority setting. Below is a chart of topic areas identified and a brief description why the hospital did not select to address.

Priority Identified	Supporting Data	Explanation
Respiratory Health	<ul style="list-style-type: none">• Acute respiratory illness became the most common ED visit reason, increasing to 77.2% of visits.• Acute upper respiratory illness was the leading reason for children, 0-4 years visits, from 370 in 2011 to 517 in 2014.• Acute pharyngitis led for ED visits in ages 5-14 and 15-44.• 64% of respondents to the Community Health Needs Assessment Online Survey indicated smoking as a moderate to severe problem in DeKalb County.• 60% of respondents to the Community Health Needs Assessment Online Survey	Valley West Hospital did not choose this as a priority to address; however, it may be indirectly addressed as a contributing health factor and as a result of work on other identified health priorities including; cardiovascular disease and cancer.

	indicated allergies as a moderate to severe problem in DeKalb County.	
Maternal Child Health	<ul style="list-style-type: none"> The percentage of women in DeKalb County who smoke during pregnancy has increased 3% since 2012. Currently 12% of pregnant women smoke. 105 DeKalb County births were of low weight (less than 2,500 grams or five and half pounds). The proportions of both black and Hispanic low birth weight births tripled from 2009 to 2012. 	Valley West Hospital did not choose this as a priority to address; however, it may be indirectly addressed as a contributing health factor and as a result of work on other identified health priorities such as cardiovascular disease and cancer.

Community Resources

Valley West Hospital will strive to coordinate efforts focusing on community priorities with community stakeholders including, but not limited to, DeKalb County Health Department, Kendall County Health Department, Fox Valley YMCA, Fox Valley Older Adults, medical providers, community groups, and faith based organizations and other agencies. Ideally the hospital and community organizations will pool talents, financial resources and other assets, in order to collectively work to improve the health of those in need. Below is a summary of existing healthcare facilities and other resources within the community available to meet the community health needs identified through the community health needs assessment.

Priority Identified	Populations Served	Healthcare facilities and other resources within the community to address identified health needs identified through the Community Health Needs Assessment
Cancer	Medically underserved populations Low income persons Minority groups Individuals with chronic disease Broad community	Programs and services, including but not limited to, recreation and fitness and educational programming through park districts, area YMCAs, fitness facilities, American Cancer Society, support groups and religious and philanthropic organizations. Screening activities, including but not limited to Lifeline, dermatologists providing skin checks and other cancer screening offered. Healthcare facilities, including Kishwaukee Hospital, Valley West Hospital, and several office based practices and urgent

		care facilities.
Cardiovascular Disease	Medically underserved populations Low income persons Minority groups Individuals with chronic disease Broad community	Programs and services, including but not limited to, recreation and fitness and educational programming through park districts, area YMCAs, fitness facilities American Heart Association, support groups, religious and philanthropic organizations, screening activities, pharmacies providing free blood pressure monitoring, local grocers, retailers and farmers market activities, dietary and nutrition counseling. Healthcare facilities, including Kishwaukee Hospital, Valley West Hospital, several office based practices and urgent care facilities.
Diabetes/Kidney Disease	Medically underserved population Low income persons Minority groups Individuals with chronic disease Broad community	Programs and services, including but not limited to recreation and fitness and educational programming through park districts, area YMCAs, American Diabetes Association, fitness facilities, support groups, religious and philanthropic organizations, screening activities, dietetic and nutrition counseling, local grocers, retailers, and farmers market activities.

Implementation Strategy

Valley West Hospital's Community Benefit Implementation Strategy serves as a roadmap for how community benefit resources will be deployed and how outcomes will be reported. For detailed information on the Implementation Strategy, please visit the hospital's website.

Concluding Thoughts

Some clear patterns emerged from the Community Health Needs Assessment and the Community Health Needs Assessment Online Survey, which is the need to address a myriad of preventable health conditions and lifestyle behaviors impacting the health of DeKalb County residents.

KishHealth System, will provide system wide coordination and oversight of community benefit programming, through the Community Benefit Internal Team, which will oversee the work outlined in the Implementation Strategy. The members of the team will assist with planning, programming, monitoring and evaluating outcomes. Additionally, members will identify and share best practices, promote consistency around data collection, and tracking and reporting that is consistent with internal policies and state and federal guidelines. Lastly, the team will assist in updating progress towards the goal documented in the Implementation Strategy.

For more information on the Community Health Needs Assessment, the Implementation Strategy/Community Benefit Plan, contact the Director of Community Wellness at KishHealth System.

Table 1
DeKalb County
Summary of Hospital Characteristics: 2014

Indicator	Kishwaukee	Valley West	Kindred ¹
Licensed Beds	98	25	69
Set-up Beds at Peak	98	25	69
Admissions	4,925	975	520
Patient Days	17,968	2,476	14,405
Observation Days	2,937	526	0
Average Stay (days) ²	4.2	3.1	27.7
Average Daily Census	57.3	8.2	39.5
Medicare ⁴	46.4%	48.6%	47.1%
Medicaid ⁴	7.7%	9.2%	28.7%
Other Insurance ⁴	29.7%	25.3%	24.2%
Charity Care ⁴	8.6%	8.4%	0.0%
Private Pay ⁴	7.5%	7.8%	0.0%
White	90.4%	97.0%	84.8%
Black	6.8%	1.5%	11.0%
Hispanic (of any race)	6.0%	5.2%	6.7%
Live Births	840	196	0
Inpatient Surgeries	1,358	207	0
Outpatient Surgeries	2,307	719	0
Emergency Patients	31,179	8,909	0
CT Scans	12,848	3,951	294
	2537	886	1

MRI Scans			
Ultrasound Exams	8,096	3,695	265
Inpatient Revenue ³	\$42.8	\$8.8	\$25.4
Outpatient Revenue ³	\$125	\$36.2	---
Charity Percent	2.8%	2.6%	0.0%

Kindred is classified as Long-Term Acute Care.

²Includes observation days.

³In millions.

⁴Payor is for inpatients.

Source: 2014 Annual Hospital Questionnaire, Illinois Department of Public Health.

Table 2
DeKalb County
Uninsured by selected characteristics: 2008-2010

Characteristic	Percent	Characteristic	Percent
Not a Citizen	45.0%	Work Part-Time Year Round	16.0%
Foreign Born	34.9%	Naturalized Citizen	15.0%
Unemployed	33.0%	Asian	14.8%
Hispanic	26.9%	18-64 Years Old	13.6%
Not High School Grad	24.7%	Some College or Associates	12.8%

Source: U.S. Census Bureau, American Community Survey

Table 3
DeKalb County and the United States
Deaths and Age-adjusted rates by cause: 2007-2009

Cause	DeKalb County		U.S. Rate ¹	DeKalb/U.S. Difference
	Number	Rate ¹		
All Causes	1,922	735.0	753.1	-18.1
Heart Disease	441	168.9	185.8	-16.9
Cancer (Malignant Neoplasms)	426	168.8	175.6	-6.8
Colorectal	51	20.5	16.4	+4.1
Pancreas	32	12.7	10.8	+1.9
Lung	102	41.5	49.5	-8.0
Breast	27	10.3	12.6	-2.3
Prostate	24	9.2	8.9	+0.3
Bladder	22	8.7	4.4	+4.3
Lymph	38	14.2	17.3	-3.1
Chronic Lower Respiratory Diseases ²	88	35.4	42.3	-6.9
Stroke (Cerebrovascular Diseases)	111	43.2	40.6	+2.6
Accidents	109	38.0	38.7	-0.7
Motor Vehicle	52	17.2	13.0	+4.2
Falls	15	4.7	7.3	-2.6
Poisoning	18	5.7	10.1	-4.4
Alzheimer's Disease	99	36.7	23.5	+13.2
Diabetes Mellitus	65	25.6	21.7	+3.9
Nephritis, Nephrotic Syndrome, and Nephrosis	40	15.5	14.7	+0.8
Influenza & Pneumonia	25	10.3	16.4	-6.1
Septicemia	24	9.8	11.0	-1.2
Suicide	28	8.9	11.6	-2.7
Chronic Liver Disease & Cirrhosis	17	5.4	9.2	-3.8
Perinatal Conditions	15	4.7	4.5	+0.2
Congenital Malformations	11	3.5	3.3	+0.2
Parkinson's Disease	35	13.4	6.4	+7.0

¹Rate per 100,000 populations age-adjusted.

²Previously known as Chronic Obstructive Pulmonary Disease (COPD).

Source: Centers for Disease Control and Prevention: CDC WONDER.

Table 4

DeKalb County, Illinois

Percent of cancer incidence at the three cancer sites that showed the most significant change:
2004-2008 and 2008-2012

Site	Male	Female
2008-2012		
Colorectal	47.7%	39.6%
Lung	83.0%	63.6%
Skin Melanoma	24.6%	21.7%
2004-2008		
Colorectal	63.7%	54.5%
Lung	77.7%	49.2%
Skin Melanoma	17.2%	11.9%

Source: Illinois Cancer Registry, IDPH

Table 5

DeKalb County, Illinois and the United States

Percent of population in poverty by race/ethnicity:
2008-2010 and 2009-2013

Race/Ethnicity	DeKalb County	Illinois	U.S.
2009-2013 ACS			
White Non-Hispanic	13.7%	8.3%	10.0%
Black	47.2%	28.5%	25.7%
Hispanic	38.2%	19.3%	23.3%
2008-2010 ACS			
White Non-Hispanic	11.7%	6.3%	8.1%
Hispanic	29.3%	16.5%	22.6%

Source: American Community Survey

Table 6
DeKalb County, Illinois and the United States
Percent in poverty for selected groups:
2000 and 2008-2010

Group	2011-2013 ACS			2008-2010 ACS		
	DeKalb County	Illinois	U.S.	DeKalb County	Illinois	U.S.
All Persons	20.1%	14.8%	15.9%	16.3%	13.8%	14.4%
Children 0 – 17	23.7%	21.0%	22.4%	14.8%	19.4%	20.1%

Source: American Community Survey

Table 7
DeKalb County, Illinois
Births by race/ethnicity: 2009 and 2012

Year	Total Births	White		Black		Other		Hispanic ¹	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
2012	1,188	858	72.2%	107	9.0%	31	2.6%	192	16.2%
2009	1,322	953	72.1%	110	8.3%	34	2.6%	225	17.0%

¹Hispanic may be of any race. White, black and other are racial categories.
Source: Illinois Department of Public Health

Table 8
DeKalb County, Illinois and the United States
Life Expectancy: 2000 and 2009

Year	DeKalb County		United States	
	Male	Female	Male	Female
2009	77.5	81.3	76.2	81.3
2000	75.7	80.2	74.3	79.7

Source: University of Washing Institute for Health Metrics and Evaluation

Table 9
 DeKalb County and Illinois
 Selected health behaviors: 1997-2009

Health Behavior	Percent of Population 18+				
	DeKalb County				Illinois 2009
	2009	2004	2001	1997	
Obesity					
Underweight/normal	35.6%	40.6%	44.2%	NA	38.5%
Overweight	38.4%	38.4%	37.0%	NA	33.9%
Obese	26.0%	20.9%	18.8%	24.2%	27.6%
Drinking					
At Risk for Acute/Binge Drinking	22.4%	32.2%	26.0%	22.9%	18.3%
Smoking Status					
Current Smoker	29.5%	20.0%	23.4%	24.4%	16.9%
Former Smoker	20.5%	23.2%	21.3%	23.0%	23.1%
Non-smoker	50.0%	56.7%	55.3%	52.5%	60.0%

Source: Illinois Department of Public Health, Behavioral Risk Factor Survey

Table 10
DeKalb County, Illinois
Estimated number of adults with selected diseases/conditions: 2010

Disease/Condition	18-44 Years		45-64 Years		65-74 Years		75+ Years		All Adults Number
	Rate Per 100	Number	Rate Per 100	Number	Rate Per 100	Number	Rate Per 100	Number	
Selected Circulatory Diseases									
Heart Disease	4.4	2,136	13.2	3,009	24.3	1,311	37.1	1,833	8,289
Hypertension	9.3	4,514	34.4	7,841	54.2	2,94	57.3	2,832	18,111
Stroke	0.6	291	3.0	684	6.1	329	10.7	529	1,833
Selected Respiratory Diseases									
Emphysema	0.3	146	2.1	479	5.4	291	6.3	311	1,227
Asthma	8.1	3,932	8.4	1,915	8.7	469	7.4	366	6,682
Hay Fever	6.0	2,912	10.8	2,462	7.9	426	5.5	272	6,072
Sinusitis	10.5	5,097	16.3	3,715	15.2	820	11.4	563	10,193
Chronic Bronchitis	3.0	1,456	5.3	1,208	6.0	324	6.3	311	3,299
Selected Sensory Problems									
Hearing Trouble	6.7	3,252	18.9	4,308	31.2	1,683	45.2	2,234	11,477
Vision Trouble	6.2	3,009	11.6	2,576	12.2	658	16.1	796	7,039
Absence of All Natural Teeth	2.1	1,019	7.3	1,664	19.3	1,041	30.5	1,507	5,239
Other Diseases and Conditions									
Diabetes	2.8	1,359	12.3	2,804	22.0	1,187	21.7	1,072	6,422
Ulcers	4.2	2,039	8.0	1,823	10.5	566	10.0	494	4,922
Kidney Disease	0.7	340	2.0	456	3.5	189	4.7	232	1,217
Cancer	2.2	1,068	9.9	2,257	20.4	1,101	27.2	1,344	5,770
Arthritis	7.1	3,446	30.3	6,906	49.0	2,644	54.1	2,674	15,670
Chronic Joint Symptoms	17.0	8,252	38.4	8,753	45.0	2,428	45.3	2,239	21,672
Migraines or Severe Headaches	20.4	9,902	15.6	3,556	7.4	399	5.1	252	14,109
Neck Pain	13.1	6,359	20.0	4,559	15.5	836	14.0	692	12,446
Lower Back Pain	25.2	12,232	32.4	7,385	32.5	1,753	30.9	1,527	22,897
Face or Jaw Pain	4.9	2,378	6.0	1,368	3.4	183	2.9	143	4,072

Source: Estimates based on U.S. rates from National Center for Health Statistics, Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2010, Series 10, Number 252, 2012. U.S. rates have been applied to DeKalb County 2010 Census population, by age

Attachment A

KishHealth System Facilitators

- **Dawn Roznowski**, Director, Community Wellness, Community Health Network, Diabetes Education, Employee Health and the Breastfeeding Center, KishHealth System
- **Beckie Frieders**, Community Wellness Lead and Preventative Health Educator, KishHealth System

External Committee Members

- **Paul Banister**, Pastor, Cornerstone Church & Cornerstone Food Pantry, Sandwich
- **Andrew Bobbitt**, CEO, Fox Valley Family YMCA, Plano and Sandwich
- **Valerie Budach**, Marketing & Development, Open Door Rehabilitation Center, Sandwich
- **Marta Dunne**, Bilingual Instructor, Sandwich School District #430, Sandwich
- **Jackie Eade**, West Branch Director, Fox Valley Family YMCA, Sandwich
- **Bob Hausler**, Mayor, City of Plano, Plano
- **Ashley Lach**, Health Systems Manager, American Cancer Society
- **Rebecca Morphey**, Administrative Assistant, Village of Somonauk, Somonauk
- **Ron Pieper**, Director, Indian Valley Vocational Center, Sandwich
- **Jay Streicher**, Superintendent, Somonauk School District, Somonauk
- **Sue Swithin**, Director, Sandwich Park District, Sandwich
- **RaeAnn VanGundy**, Operations Administrator, Kendall County Health Department, Yorkville

KishHealth System Committee Members

- **Brad Copple**, President, KishHealth System, part of Northwestern Medicine
- **Beckie Frieders**, Community Wellness Lead and Preventative Health Educator, Valley West Hospital, part of Northwestern Medicine
- **Dawn Roznowski**, Director, Community Wellness, Community Healthy Network, The Breastfeeding Center, Employee Health and Diabetes Education, KishHealth System, part of Northwestern Medicine

Attachment B

Information collected on the community health needs included feedback from the following community leaders. Those with an asterisk (*) after their name have special knowledge and/or expertise in public health. These individuals are considered leaders or representatives of medically underserved, low-income and minority populations or represent broad interests of the communities in DeKalb County. Several other participants were from department or agencies with current data or other information relevant to the health needs of the community.

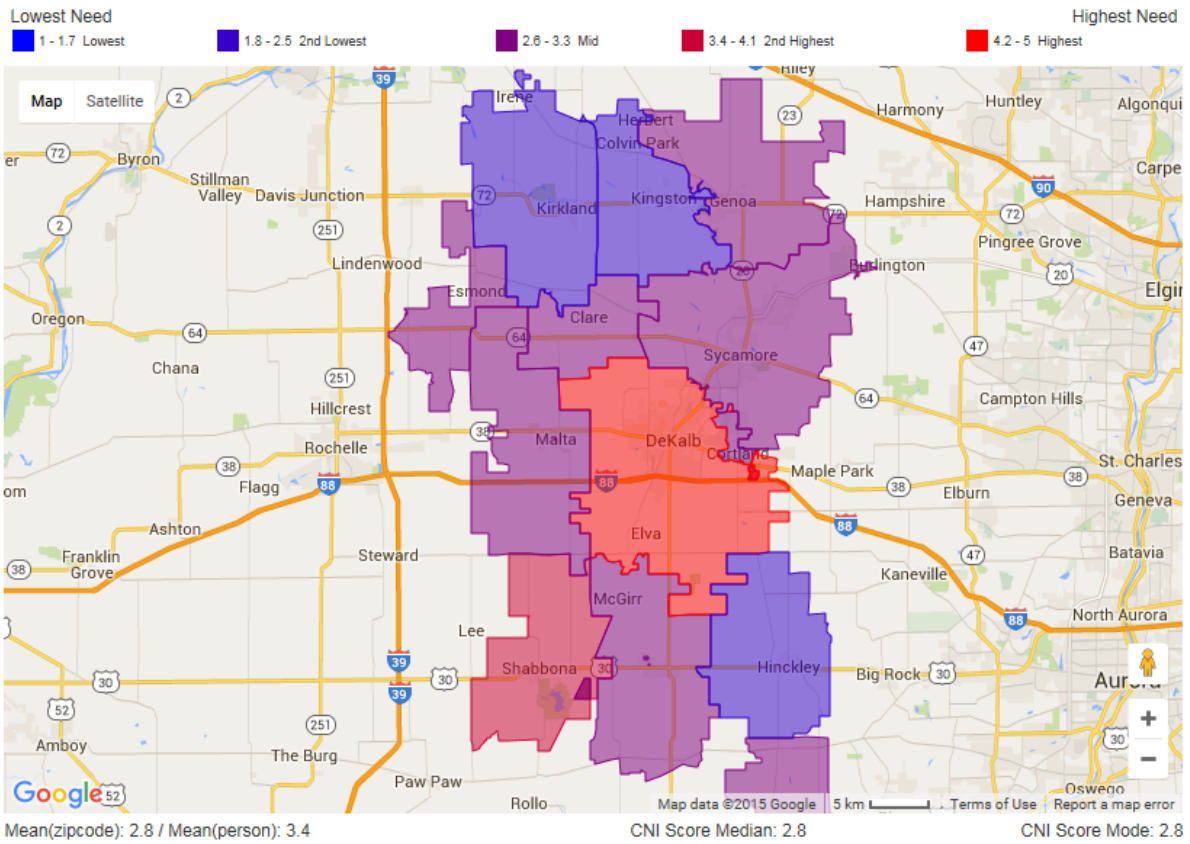
Name	Title	Affiliation	Special Knowledge/Expertise
Paul Banister	Pastor	Cornerstone Church & Cornerstone Food Pantry	Mr. Banister has expertise in spiritual health issues within the community through his work as a pastor. He also has knowledge on underserved populations, low income persons, minority groups and those with chronic disease through his organizations food pantry.
Andrew Bobbitt	CEO	Fox Valley Family YMCA	Mr. Bobbitt has expertise on medically underserved populations, low income persons, minority groups and those with chronic disease.
Valerie Budach	Marketing & Development	Open Door Rehabilitation Center	Ms. Budach has knowledge on medically underserved populations, low income person, minority groups and those with chronic disease.
Brad Copple	President	KishHealth System, part of Northwestern Medicine	Mr. Copple has expertise on healthcare issues affecting DeKalb County through his role with KishHealth System.

Marta Dunne	Bilingual Instructor	Sandwich School District	Ms. Dunne has expertise in educational issues within the community, as well as special expertise in minority health, low income persons, and medically underserved individuals.
Jackie Eade	West Branch Director	Fox Valley Family YMCA	Ms. Eade has knowledge on low income persons, minority groups and those with chronic disease through her work at the YMCA and her involvement with Live Healthy DeKalb County.
Beckie Frieders	Community Wellness Lead & Preventative Health Educator	Community Wellness Network Valley West Hospital, part of Northwestern Medicine	Ms. Frieders has expertise in community health education, with medically underserved populations, low income persons, minority groups and those with chronic disease through her work with Valley West Hospital.
Bob Hausler	Mayor	City of Plano	Mr. Hausler has knowledge of matters that affect the city of Plano as Mayor, specifically low income persons, minority groups and those with chronic disease.
Ashley Lach	Health Systems Manager	American Cancer Society	Ms. Lach has expertise in cancer evidence based strategies to advance prevention, early detection, and quality of life programs in partnership with the health system.

Rebecca Morphey	Administrative Assistant	Village of Somonauk	Ms. Morphey has knowledge of issues that affect the community of Somonauk, especially those low income persons, minority groups and those with chronic disease through her work at the village.
Ron Pieper	Director	Indian Valley Vocational Center	Mr. Pieper has educational expertise within the community and represents the needs of students and families within 11 different school districts that participate in the vocational center program offerings.
Dawn Roznowski	Director	Community Wellness Community Health Network Breastfeeding Center Diabetes Education Employee Health KishHealth System, part of Northwestern Medicine	Ms. Roznowski has expertise on medically underserved populations, low income persons, minority groups, and those with chronic disease through her work with KishHealth System.
Jay Streicher	Superintendent	Somonauk School District	Mr. Streicher has expertise in educational issues within the community and represents the needs of children and families in the Somonauk School District.
Sue Swithin	Director	Sandwich Park District	Ms. Swithin has knowledge working with individuals in the community, related to recreation and programming, including, but not limited to low income persons.

RaeAnne VanGundy*	Operations Administrator	Kendall County Health Department	Ms. VanGundy has public health expertise on medically underserved populations, low income persons, minority groups and those with chronic disease.
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Attachment C



Zip Code	CHNI Score	Population	City	County	State
60548	2.6	12124	Sandwich	DeKalb	Illinois
60550	3.4	1269	Shabbona	DeKalb	Illinois
60556	2.8	1896	Waterman	DeKalb	Illinois
60111	2.6	261	Clare	DeKalb	Illinois
60112	3	4381	Cortland	DeKalb	Illinois
60115	4.2	45987	DeKalb	DeKalb	Illinois
60129	2.8	321	Esmond	DeKalb	Illinois
60135	2.6	7186	Genoa	DeKalb	Illinois
60145	2.2	2430	Kingston	DeKalb	Illinois
60146	2.4	2780	Kirkland	DeKalb	Illinois
60150	2.8	1734	Malta	DeKalb	Illinois
60178	2.8	22478	Sycamore	DeKalb	Illinois
60520	2.4	2722	Hinckley	DeKalb	Illinois

The Community Health Needs Index is sponsored by Dignity Health and facilitated by Truven Health Analytics, 2015.

2015 Community Health Needs Assessment Online Survey

Overview

During the month of February 2015, an online community survey was made available to the general public. The confidential survey was used to measure KishHealth System service area residents' perceptions of health care delivery, access and health practices and other factors impacting residents of the community. There were 243 respondents to the online survey.

Participants

Key Characteristics of the 243 Survey Respondents

- 51% of the respondents reside in DeKalb and/or Sycamore
- 82% of the respondents were female
- All race and ethnic groups are represented
- Ages range from 18 to 65+
- 67% have a college or post graduate degree
- 12.8% are employed at least part-time, 70.5% full-time, 3.7% unemployed, 12.0% retired, 5.4% full-time homemaker, 8.3% enrolled as either a part-time or full-time student
- All income groups are represented
- 58.4% live in household with three or more members

The first series of questions provided a general description of the respondents to the survey and the households in which they live. The information is presented as a description of the group of survey respondents as a whole. The respondents are also compared to the county population as a whole.

Most of the data tables in this section of the document will have a note that tells the reader how many of the respondents answered that question (N=___), and the percentage presented are based on that number. If there is no "N=___, the percentage is based on the entire group of 243.

Location and Length of Residence

About 51.4% of the respondents live in DeKalb and Sycamore, which means that most of the responses originated from the most densely populated area of DeKalb County. Survey respondents are a mix of residents of the community from 1 to 10+ years of duration. Fewer than 6% had been living in their current municipality for less than one year at the time of the survey.

Percentage of respondents by length of residence in current municipality*

Length of residence in current municipality	Survey respondents*
<1	5.4%
1-5 years	16.9%
6-10 years	16.1%
10+ years	61.0%

*N= 241

Percentage of respondents by city, town or village*

Big Rock	<1%	Kirkland	0%	Rochelle	<1%
Clare, Esmond	<1%	Lee	0%	Sandwich	10.7%
Cortland	5.4%	Leland	2.1%	Shabbona	1.7%
DeKalb	33.3%	Malta	1.2%	Somonauk	3.3%
Earlville	1.2%	Maple Park	1.7%	Sycamore	18.1%
Hinckley	<1%	Paw Paw	<1%	Waterman	<1%
Genoa, Kingston	3.3%	Plano	4.5%	Other	8.2%

*N=240

Gender Distribution

The population of DeKalb County is about evenly divided between male and female. Compared to the county's population, women are over represented among the survey respondents (82.3%). The gender difference could result in varied responses due to a different perspective on community issues or to different patterns of health behavior.

Age Distribution

Participants in the 2015 Community Health Needs Assessment survey were limited to those individuals who were at least 18 years of age at the time of the survey distribution.

Age Group	Survey Respondents*	DeKalb County 2013 Census
18-25	4.9%	**
26-35	20.2%	**
36-45	21.4%	**
46-55	25.5%	**
56-64	16.1%	**
65+	11.1%	10.8%

*N=241

**United States Census Bureau population age categories are not broken down the same as the age groups used for the survey. Therefore, it is not accurate to give figures specific from the DeKalb County 2013 census data, as the age groups are not in alignment with the exception of the 65+ group. Response rate of those 65+ does accurately reflect the percentage of those DeKalb county residents who also fall in that age group. Please see discussion section for further explanation of the other age groups.

Racial and Ethnic Distribution

The cultural diversity of DeKalb County is represented in this survey; although the survey results under represent the Asian or Pacific Islander, Black/African American and Hispanic population in general.

Racial/Ethnic Identification	Survey Respondents	DeKalb County 2013 Census
Asian or Pacific Islander*	1.2%	2.8%
Black or African American	2.1%	7.1%
Hispanic	6.2%	10.6%
Native American*	1.2%	<1%
White or Caucasian	87.2%	78.4%
Other	2.1%	

*2013 Census data reporting is different than racial/ethnic identification previously used in the survey. The categories, Asian and Pacific Islander are broken out as separate race questions in the census. Also, Native American is no longer used as a race category; the appropriate identification category should be American Indian and Alaskan Native for future data collection. Source: United States Census Bureau

Educational Level

Based on the US Census Bureau and the American Community Survey data around educational levels in the county, individuals who have a high school diploma/GED or less are under represented among the survey respondents, while college graduates and post graduates are substantially over-represented.

Education level	Survey respondents*	DeKalb County 2013 Census
Less than 12 years	1.7%	5.3%
High School Diploma/GED	8.2%	43.8%
Some College	22.2%	26.2%
College Graduate	43.6%	20.8%
Post Graduate	23.5%	12.1%

*N=241

Source: US Census Bureau and American Community Survey

Employment Status

Survey respondents represent a diverse mix of employment statuses from full-time employment to part-time employment, to full-time student to part-time student. Approximately 3.7% respondents identified themselves as unemployed. The lower than unemployment rates are most likely caused by a lower response rate to the survey among unemployed persons.

Household Income

Approximately 47% of the respondents have household incomes in the categories of \$25,000 - \$74,999, while slightly over one-fourth reported household incomes over \$75,000. According to the 2013 American Community Survey, DeKalb County median household income was \$53,375, slightly lower than the state of Illinois average income of \$56,797.

Household Income	Survey Respondents*
<\$5,000	4.1%
\$5,000 – 14,999	6.6%
\$15,000 – 24,999	9.5%
\$25,000 – 49,999	25.1%
\$50,000 – 74,999	22.6%
\$75,000 – 99,999	14.4%
\$100,000 – 199,999	13.6%
\$200,000+	2.1%

*N=238

Household size

The largest single group responding to the survey lives in a household of three to five family members and those living in a household of one to two persons comprising the second largest group to respond to the survey.

Number of people in household	Survey respondents*, Number	Survey respondents, Percentage
1 to 2	99	40.7%
3 to 5	122	50.2%
6+	20	8.2%

*N=241

Survey Equipment and Materials

The 2015 Community Health Needs Assessment Online Survey was hosted online by KishHealth System. In addition various organizations helped to support the message of the online survey, these organizations included: DeKalb County Health Department, Kishwaukee YMCA, Live Healthy DeKalb County, Fox Valley Family YMCA, and local area Chamber of Commerce. Additionally, roughly 3,000 hard copy materials directing participants to the online survey were distributed at local businesses and organizations. Examples of these businesses and organizations included: various school districts throughout the county that put information into the virtual backpack as well as a printed copy of the survey link, local food pantries, and local churches. Also, several organizations sent e-mail blasts to member of their organizations and e-mail list databases. Finally, local newspapers carried articles about the survey inviting residents to participate.

By the end of February 2015, there were 243 surveys completed.

Variables

The 2015 Community Health Needs Assessment Online Survey consisted of three separate sections: Individual Information, Family/Household Information, and Community Information. The survey was designed to collect data on health attitudes and beliefs; health behaviors and health care seeking patterns; access to and utilization of health services and related social services; and concerns about community health issues. In addition, respondents completed a series of question related to residency, length at their current location, gender, age, race, education, employment, income and household size.

Community Health Concerns

A list of the 57 health, safety and environmental issue that might be found in the community was provided, and respondents were asked to indicate whether they felt the issue was serious problem, moderate problem, not a problem, or not sure. Overall the 20 issues of greatest concern to survey respondents were:

- 1). Overweight adults (84%)
- 2). Overweight children (81%)
- 3). Job availability (80%)
- 4). Unemployment (76%)
- 5). Health care affordability (72%)
- 6). Crime (70%)
- 7). Alcohol/Drug use (69%)
- 8). Smoking (65%)
- 9). Cancer (64%)
- 10). Diabetes (63%)
- 11). Public transportation (62%)

- 12). Housing affordability (62%)
- 13). Mental illness (62%)
- 14). Health care availability (61%)
- 15). High blood pressure (61%)
- 16). Allergies (60%)
- 17). Heart disease (58%)
- 18). Domestic violence (56%)
- 19). Suicide (56%)
- 20). Land Use/Development (55%)

The top twenty greatest concerns were determined by adding the percentages of responses indicated as serious and moderate problem.

The 57 concerns are organized in eight categories for purposes of discussion and analysis:

Pubic Service	Crime and Violence	Health and Safety Behaviors	Mental Health
<ul style="list-style-type: none"> • Education • Fire protection • Law enforcement • Recreation opportunities • Swimming facilities (clean/sanitary) • Transportation (public) 	<ul style="list-style-type: none"> • Alcohol/drug abuse • Bioterrorism • Child abuse • Crime • Domestic violence • Elder abuse • Gang activity • Murder/intentional injury • School violence 	<ul style="list-style-type: none"> • Firearms • Highway safety • Overweight adults • Overweight children • Pedestrian safety • Smoking • Smokeless tobacco • Teen pregnancy 	<ul style="list-style-type: none"> • Mental illness • Suicide

Health Care and Support Services	Environmental Protection	Health Condition/Diseases	Social and Economic Issues
<ul style="list-style-type: none"> • Health care (affordability) • Health care (availability) • Child care/day care • Elder care • Nursing home 	<ul style="list-style-type: none"> • Animal control • Asbestos control • Clean water • Clean/sanitary restaurants • Farming accidents • Land/Use development • Lead paint • Mosquitoes • Noise pollution • Radon gas (residential) • Recycling facilities • Secondhand smoke 	<ul style="list-style-type: none"> • Allergies • Asthma & other respiratory disease • Bulimia/Anorexia • Cancer • Diabetes • Heart disease • High blood pressure/stroke • HIV/AIDS • Infectious disease • Prenatal health • Sexually transmitted infections 	<ul style="list-style-type: none"> • Gambling • Housing (affordability) • Job availability • Unemployment

Public Services

Public transportation was identified by 62% of the respondents as a top concern for the community. Public transportation may be lacking in DeKalb County, likely the issues are outside of the cities of DeKalb and Sycamore, as a great portion of the county is rural. Residents may be looking for cost savings in gas and auto maintenance.

Public Service Concerns	Moderate to Serious Problem	Not a problem	Not sure
Education (N=237)	48%	39%	13%
Fire protection (N=237)	25%	51%	24%
Law enforcement (N=238)	31%	50%	18%
Recreation opportunities (N=237)	44%	38%	18%
Swimming facilities (safe/sanitary) (N=237)	31%	41%	28%
Transportation (N=237)	62%	19%	19%

Crime and Violence

70% of the survey respondents listed crime as a top concern for the community and it ranked sixth in the overall “top twenty” list of concerns in the community. Domestic violence came in second as a concern, followed closely by gang activity and child abuse. However, of these three indicators, domestic violence was the only other crime and violence concerns that made the “top twenty” list. At any rate, respondents believe that these are serious problems in the county.

Crime and Violence Concerns	Moderate to Serious Problem	Not a problem	Not sure
Firearms (N=238)	45%	31%	24%
Bioterrorism (N=237)	14%	61%	25%
Child abuse (N=237)	48%	23%	29%
Crime (N=237)	70%	23%	6%
Domestic violence (N=237)	56%	18%	26%
Elder abuse (N=237)	32%	31%	37%
Gang activity (N=238)	50%	25%	25%
Murder/intentional injury (N=238)	26%	42%	32%
School violence (N=237)	38%	32%	30%

Health and Safety Behaviors

Overweight adults and children were the top two rated concerns for the community with over 80% of the respondents identifying these as a problem. Obesity is a health issue that affects over half of DeKalb county residents and leads to adverse health conditions. Obesity leads to increased blood pressure, diabetes, cancer and heart disease. Children are more likely to have a higher incidence of adult onset disease such as diabetes and high blood pressure due to obesity. Smoking also made the “top twenty” list and is a serious concern of the community as 65% of respondents indicated. Smoking increases adverse health effects like coronary heart disease, stroke, cancer, reproductive health and can increase osteoporosis.

Health and Safety Behaviors Concerns	Moderate to Serious Problem	Not a problem	Not sure
Firearms (N=238)	45%	31%	24%
Highway/road safety (N=238)	51%	27%	21%
Overweight adults (N=237)	84%	5%	11%
Overweight children (N=237)	81%	6%	13%
Pedestrian safety (N=237)	45%	37%	19%
Smoking (N=237)	65%	17%	18%
Smokeless tobacco (N=237)	40%	31%	29%
Teen pregnancy (N=237)	53%	16%	31%

Health Care and Support Services

Health care affordability ranked as the fifth community health concern with 72% responding that it is a moderate to serious problem. This, along with health care availability is a concern for those who responded to survey. Likely the economy and unemployment rates in the community may attribute to these ranking as concerns.

Health Care and Support Service Concerns	Moderate to Serious Problem	Not a problem	Not sure
Health care (affordability) (N=238)	72%	13%	15%
Health care (availability) (N=238)	61%	26%	12%
Child care/day care (safe, affordable, available) (N=237)	51%	22%	27%
Elder day care (safe, affordable, available) (N=237)	37%	31%	32%
Nursing home care (safe, affordable, available) (N=238)	45%	25%	30%

Environmental Protection

Land/use development received the highest environmental concern with 55% of respondents listing this as a concern. Coming in right behind land use was concern around mosquitos and noise pollution. Mosquitos concerns could likely be due to concern related to awareness and education among residents concerning the symptoms and spreading of West Nile virus. The concern that residents are the most unsure of is Radon Gas. DeKalb County and the surrounding counties are Zone 1 counties identified by the Environmental Protection Agency for higher predicted average indoor screening levels for radon. A lack of understanding amongst residents about the high radon levels in the soil could explain the uncertainty.

Environmental Protection Concerns	Moderate to Serious Problem	Not a problem	Not sure
Animal control (N=237)	22%	59%	19%
Asbestos control (N=237)	16%	44%	40%
Clean water/Water pollution (N=237)	38%	50%	12%
Clean/sanitary restaurants (N=237)	34%	56%	10%
Farming accidents (N=237)	34%	31%	35%
Land/Use development (N=238)	55%	24%	21%
Lead paint (N=238)	21%	36%	43%
Mosquitos (N=238)	54%	27%	19%
Noise pollution (N=238)	54%	27%	19%
Radon gas (residential) (N=237)	20%	32%	48%
Recycling facilities (N=237)	44%	38%	18%
Secondhand smoke (N=237)	36%	41%	23%

Source: United States Environmental Protection Agency

Health Conditions/Diseases

Cancer (ranked 9th), diabetes (ranked 10th), high blood pressure (ranked 15th), allergies (ranked 16th), and heart disease (ranked 17th) all made the top twenty list. Since overweight adults and children were ranked as the top two concerns, it is not surprising that respondents rated other health conditions and diseases associated with obesity as well. Interestingly, infectious diseases, HIV/AIDS, sexually transmitted infections, and bulimia/anorexia were ranked low as community concerns, but many of the respondents indicated that they were not sure if these were community concerns or not.

Health Conditions/Diseases Concerns	Moderate to Serious Problem	Not a problem	Not Sure
Allergies (N=237)	60%	19%	13%
Asthma & other respiratory disease	49%	26%	25%

(N=237)			
Bulimia/Anorexia (N=237)	28%	37%	35%
Cancer (N=237)	64%	17%	19%
Diabetes (N= 237)	63%	15%	22%
Heart Disease (N=237)	63%	15%	22%
High Blood Pressure/Stroke (N=238)	61%	11%	27%
HIV/AIDS (N=238)	25%	33%	42%
Infectious Disease (N=238)	24%	39%	37%
Prenatal Health (N=237)	38%	30%	32%
Sexually Transmitted Infections (N=237)	28%	27%	46%

Mental Health

Mental illness is identified as a problem of concern for 62% of the survey respondents. The third most common reason for hospital admission in the community was psychosis, a diagnosis which includes schizophrenic disorders, mood disorders, and depressive psychosis. Suicide ranked as the eleventh leading cause of death for DeKalb county residents. This data indicates that there may be a need to educate community members on mental illness and/or provide information on where to get help.

Mental Health Concerns	Moderate to Serious Problem	Not a problem	Not sure
Mental illness (N=238)	62%	14%	24%
Suicide (N=237)	56%	17%	27%

Social and Economic Issues

Housing availability (ranked 12th), job availability (ranked 3rd) and unemployment (ranked 4th) are all considerable concerns facing many residents of the community.

Social and Economic Issue Concerns	Moderate to Serious Problem	Not a problem	Not sure
Gambling (N=238)	18%	46%	36%
Housing (affordability) (N=238)	62%	21%	16%
Job availability (N=238)	80%	11%	9%
Unemployment (N=237)	76%	8%	16%

According to the online survey results, 95% of individual respondents have health insurance coverage. Of the 95% individual respondents, 77% have private or managed care insurance, while the rest are covered by Medicaid, Medicare and military or health savings

accounts. Additionally, over 76% of the households reported that all family members have dental insurance.

Approximately 89% of respondents rated their current health status as good, very good or excellent. 80% of respondents report that they have had a physical examination within the last 12 months. Interestingly of the respondents, 50% indicated that they always or sometimes travel outside of the community when seeking medical care. The reasons for traveling outside of the county varied widely, with a majority of those who do travel outside the community indicating the main reason as seeing a specialist.

DEKALB COUNTY UPDATE: 2015

A Summary of Recent Health, Demographic
And Social Trends as Background
for the KishHealth System
Community Health Needs Assessments

September 2015

Prepared for:
KishHealth System
One Kish Hospital Drive
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Prepared by:
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Chapter 1 INTRODUCTION

This study provides a 2015 update of the health, demographic, social, and economic characteristics of DeKalb County, Illinois. A 2012 DeKalb County Community Analysis was created earlier for Kishwaukee Health System as one component of the development of the initial Community Health Needs Assessments (CHNAs) for Kishwaukee Community Hospital and Valley West Hospital. The 2012 Community Analysis was developed cooperatively with the DeKalb County Health Department.

Not-for-profit hospitals, like Kishwaukee Community and Valley West are required by the Affordable Care Act (ACA) to perform a community health needs assessment every three years. The 2012 CHNA was the first for these hospitals with the second expected to be approved and released in 2015. This report provides an update of significant changes in the local data included in the original report.

KishHealth priorities expressed in the 2012 CHNAs included:

- Access to Care
- Cancer
- Cardiovascular Disease
- Diabetes/Kidney Disease
- Healthcare Affordability
- Maternal and Child Health
- Mental Health
- Older Adult Health
- Overweight/Obese Adults and Children
- Respiratory Disease

This study focuses on key changes in local indicators that have taken place since those provided in the 2012 report. The major sources of information are the 2011-2013 (3 year) and 2009-2013 (5 year) tabulations from the American Community Survey, other Census Bureau updates, vital statistics collected by the Illinois Department of Public Health (IDPH) and analyzed by IDPH and CDC, along with other social and economic indicators drawn primarily from state and other agencies.

This study acquired current and new indicators for DeKalb County along with selected data for the communities of DeKalb, Sandwich and Sycamore as available to compare to the related information contained in the 2012 report. In addition, the following sources which profile counties were reviewed:

- Community Health Status Indicators (CDC)
- County Health Rankings (Robert Wood Johnson Foundation/University of Wisconsin Population Health Institute)
- Report on Illinois Poverty (Heartland Institute, Social Impact Research Center)

However, while sources profiled county indicators, they often did not provide a sufficient historical span to be used.

Another potential source, the Illinois Behavioral Risk Factor Survey, last released data for DeKalb County covering 2007-2009. A newer survey is in process, but results are yet to be released.

KishHealth System provided hospitalization and emergency department data for DeKalb County residents regardless of the location of the hospital. Abstracts are collected by the Illinois Hospital Association COMPdata system and provided to subscribers.

Only major changes are discussed in this report. Though the authors used their discretion for inclusion, the following guidelines were applied:

- Both positive and negative changes were eligible for inclusion.
- At least a 10% change in the indicator.
- Changes which affected one thousand persons or more.
- Reversal of a prior trend or finding
- Changes exceeding the standard error for the measure.

The study period was one of relative stability for DeKalb County, meaning that the movement of indicators was minimal in recent years. This contrasts with the 2000-2010 decade which reflected a great deal of growth and change in the county. Additionally, data availability often lags, sometimes for several years, meaning that updating may be limited or does not seem to be as current as desired.

Authors of this report are Joel B. Cowen, MA and Karen S. Lytwyn, MPH, who were also primarily responsible for the 2012 Community Analysis.

Chapter 2
POPULATION

2.1 - DeKalb County migration has reversed from an inflow in earlier recent decades to an outflow in the current decade.

Indicators of Change:

In the 2000-2009 decade, DeKalb County experienced a net in-migration of +12,562. However, from 2010 to 2014, net migration exhibited an outflow of -1,952.

In recent decades, DeKalb County also experienced relatively rapid population growth. From 2000-2010, DeKalb was the fifth fastest growing Illinois county, adding 16,191 residents, fueled largely by in-migration. Largely as a result of the change in migration, the county's population has become relatively stable with a July 1, 2014 estimate of 105,462 compared to a 2010 Census count of 105,119.

DEKALB COUNTY
COMPONENTS OF MIGRATION: 2000-2009 AND 2010-2014

Components	2010-2014 (5 Years)	2000-2009 (10 Years)
Births	5,117	11,531
Deaths	-2,938	-5,735
Natural Increase	+2,179	+5,796
Net Migration	-1,952	+12,562
International	+850	+2,439
Domestic	-2,802	+10,123

Source: U.S. Census Bureau, ACS.

Annual IRS migration data for 1040 filers shows that the “turnaround” took place between 2006-2007 when the county gained 1,029 persons and 2007-2008 with a net loss of 161. Latest IRS data (2010-2011) shows that the average household income for movers to DeKalb County earned \$30,252 while households leaving earned \$37,502.

One factor in the loss may be declining enrollment at NIU. According to the Northern Star (9-11-14), University enrollment fell 18.5% from 24,424 in Fall 2009 to 20,611 in Fall 2014 and further to 20,130 in Fall 2015 (Daily Chronicle, 9/9/15). The largest communities have been stable, although Sycamore gained 1.3% since the 2010 Census. Current (7-1-14) Census estimated populations are DeKalb (44,054), Sandwich (7,410) and Sycamore (17,753).

Chapter 3
DEMOGRAPHIC COMPOSITION

3.1 - White non-Hispanic persons declined from 79.7% (2010) to 78.7% (2011-2013) of the DeKalb County population with multiracial persons increasing the most, although the racial/ ethnic distribution remained generally similar.

Indicators of Change:

From 2010 to 2011-2013, the racial/ethnic distribution in DeKalb County remained relatively stable. “Minority” persons grew a bit as white non-Hispanic persons fell slightly. Persons with multiple races grew from 1,449 (1.4%) in 2010 to 2,070 (2%) in 2011-2013, the largest percentage change among minorities in the period.

DEKALB COUNTY
RACE/ETHNIC DISTRIBUTION: 2000 - 2011-2013

Race/Ethnicity	2011-2013	2010	2000
(Population)	104,614	105,160	88,969
White non- Hispanic	78.7%	79.7%	85.2%
Black	6.1%	6.3%	4.5%
Hispanic	10.5%	10.1%	6.6%
Asian	2.5%	2.3%	2.4%
Other	0.2%	0.2%	0.3%
Multiple Races	2.0%	1.4%	1.1%

Source: U.S. Census Bureau: 2000 and 2010 Census and 2011-2013 ACS.

During the 90s, the growth of the Hispanic population was the major race/ethnic change as the DeKalb County Hispanic population grew by 82.6%, from 5,830 (2000) to 10,647 (2010). By 2011-2013, the Hispanic increase since the 2010 Census, however, was only 3.3%, reaching 11,001. One apparent change (within the limits of small numbers) was an increase in DeKalb County Puerto Ricans by 68.4% from 643 (2010) to 1,083 (2011-13). Mexican remains the primary ancestry of Hispanics, eight of ten DeKalb County 2011-13 Hispanics. Almost four of five Hispanics lives in DeKalb (13.5%), Sycamore (9.9%) or Sandwich (13.7%) using latest estimates.

3.2 - The proportion of DeKalb County foreign born who became naturalized citizens grew from 33.7% in 2008-2010 to 38.4% in 2009-2013.

Indicators of Change:

Many DeKalb County residents were born outside the United States, currently almost 7% of the population. In 2008-2010, about one-third (33.7%) of the foreign born had become naturalized citizens. By 2009-2013, that proportion of naturalized foreign born grew to 38.4%.

DEKALB COUNTY
NATIVITY AND CITIZENSHIP: 2008-2010 AND 2009-2013

Nativity/Citizenship	2009-2013		2008-2010	
	Number	Percent	Number	Percent
Total	104,820	100.0%	104,983	100.0%
Native	97,546	93.1%	98,020	93.4%
Foreign Born	7,274	6.9%	6,963	6.6%
Naturalized Citizen	2,791	38.4%	2,349	33.7%
Not a Citizen	4,483	61.6%	4,614	66.3%

Source: U.S. Census Bureau: 2008-2010 and 2009-2013 ACS.

Among foreign-born individuals in the county, 239 (3.3%) entered the United States during 2010 or later, 2,442 (33.6%) came to the U.S. 2000-2009 and 4,593 entered 2000 or earlier. Whereas about half of new entrants 2010 or earlier were born in Latin America, 82.8% of recent entrants 2010 or later were born in Asia.

3.3 - Spanish-speaking DeKalb County residents improved their ability to speak English between 2008-2010 and 2011-2013.

Indicators of Change:

In addition to learning what language is usually spoken at home for persons 5+, the American Community Survey also inquires as to their ability to speak English for individuals who speak a language other than English. In 2008-2010, 46.5% of persons speaking Spanish at home said that they spoke English “very well”. By 2011-2013, those speaking English “very well” rose to 51.9%.

DEKALB COUNTY
ENGLISH ABILITY FOR SPANISH-SPEAKING PERSONS: 2008-2010 AND 2011-2013

English Speaking Ability	2011-2013	2008-2010
Spanish Speaking Persons	7,041	6,533
Speak English “Very Well”	51.9%	46.5%
Speak English “Less than Very Well”	48.1%	53.5%

Source: U.S. Census Bureau: ACS 2008-2010 and 2011-2013.

Viewed by age group for 2011-2013, English proficiency (speak English “very well”) declines with age as follows: 5-17 (78.7%), 18-64 (58.3%) and 65+ (14.8%) for Spanish-Speaking persons.

3.4 - The proportion of young children aged 0-4 decreased from 2010 to 2011-2013, while seniors 65 and older increased during the period. Persons aged 55-64 recorded the largest gain.

Indicators of Change

From the 2010 Census to the 2011-2013 ACS, the proportion of young children in DeKalb County fell from 6.3% of the population to 5.9%. Meanwhile, seniors aged 65 and older rose to 10.3% of the population from 9.8% in the 2010 Census.

DEKALB COUNTY
AGE GROUPS: 2010 and 2011-2013

Age Group	2011-2013	2010
Total	100.0%	100.0%
Under 5 Years	5.9%	6.3%
5 - 17 Years	16.1%	16.0%
18 - 24 Years	20.7%	20.7%
25 - 34 Years	13.9%	14.0%
35 - 44 Years	11.0%	11.4%
45 - 54 Years	12.0%	12.4%
55 - 64 Years	10.0%	9.3%
65 - 74 Years	5.5%	5.1%
75 - 84 Years	3.2%	3.2%
85 Years and Over	1.6%	1.5%

Source: U.S. Census Bureau, 2010 Census and 2011-2013 ACS.

The 55-64 age group increased from 9.3% to 10% during the period, rising by 0.7%, the most of any age group.

3.5 - The median age of DeKalb County residents, especially blacks (a one year median age increase), rose from 2010 to 2011-2013.

Indicators of Change:

DeKalb County’s median age increased half a year from 29.3 in 2010 to 29.8 for 2011-2013, rising at a faster rate than the U.S (+0.2 years).

DEKALB COUNTY AND U.S.
MEDIAN AGE: 2010 and 2011-2013

Year	DeKalb County	U.S.
2011-2013	29.8	37.4
2010	29.3	37.2

Source: U.S. Census Bureau, 2010 Census and 2011-2013 ACS.

Since the 2010 Census, the median age of black residents of DeKalb County rose by one full year from 20.5 in 2010 to 21.5 in the 2011-2013 ACS, following a 0.4 year decline from 2000 to 2010.

DEKALB COUNTY
MEDIAN AGE BY RACE/ETHNICITY:
2010 AND 2011-2013

Race/Ethnicity	2011-2013	2010
White Non-Hispanic	33.8	33.4
Black	21.5	20.5
Hispanic	22.1	22.5

Source: U.S. Census Bureau: 2010 Census and 2011-2013 ACS.

Overall, DeKalb County has a low median age (29.8) relative to the nation (37.4), primarily because of the presence of NIU.

The black (21.5) and Hispanic (22.1) populations are far younger than the white non-Hispanic (33.8) population.

3.6 - Sycamore showed a slight decline in the proportion of children from 2010 to 2009-2013; however, median age also declined. Sandwich also recorded a sharp decline in the proportion of children, with a substantial increase in median age (+1.4 years).

Indicators of Change

Sycamore experienced a decline in the percent of children from 2010 to the 2009-2013 ACS, falling from 25.4% to 23.1%. However, even though the proportion of children decreased, the median age in Sycamore also declined from 34.8 years in 2010 to 33.9 in the 2009-2013 ACS. This is due to the decline not only in children, but also the proportion of older people aged 65 and over as well.

The proportion of children fell in Sandwich from 25.7% in 2010 to 23.8% in 2009-2013. Sandwich also recorded a jump in median age during the period, from 37.3 to 38.7.

DEKALB, SYCAMORE AND SANDWICH
AGE AND GENDER SUMMARY: 2010 AND 2009-2013

Place	Percent < 18	Percent 65+	Median Age (Years)
2009 - 2013			
DeKalb	17.5%	7.6%	23.8
Sycamore	23.5%	10.5%	33.9
Sandwich	23.8%	13.2%	38.7
2010			
DeKalb	17.6%	7.5%	23.6
Sycamore	25.4%	10.9%	34.8
Sandwich	25.7%	13.4%	37.3

Source: U.S. Census Bureau 2010 Census and 2009-2013 ACS.

For age, only five-year ACS data is available for cities. Due to the small populations and small sample sizes, especially in Sycamore and Sandwich, data obtained from the 2009-2013 ACS may not be reliable.

Chapter 4
HOUSEHOLD STRUCTURE

4.1 - After decades of growth, the number of DeKalb County households dropped from 2010 to 2011-2013. The proportion of married couple and married with children households also decreased, though single female headed households grew, as did nonfamily households.

Indicators of Change:

After growing for most recent decades, the number of DeKalb County households stood at 37,439 in the 2011-2013 ACS, down from 38,484 in the 2010 Census. The percentage of family households (two or more related persons) dropped from 61.8% of all households in 2010 to 60.6% in 2011-2013. The proportion of married couple families declined from 47.2% to 45%, while married couples with children fell from 20.8% to 19.1%. During the same period, single female-headed families showed an increase from 10.2% of all households to 11.2%.

DEKALB COUNTY
HOUSEHOLD STRUCTURE: 2010 and 2011-2013

Characteristic	2011-2013		2010	
	Number	Percent	Number	Percent
Total Households	37,439	100.0%	38,484	100.0%
Family Households	22,683	60.6%	23,781	61.8%
Married Couple	16,853	45.0%	18,164	47.2%
With Children <18	7,158	19.1%	8,003	20.8%
Male Householder, No Wife Present	1,641	4.4%	1,699	4.4%
With Children <18	847	2.3%	860	2.2%
Female Householder, No Husband Present	4,189	11.2%	3,918	10.2%
With Children <18	2,679	7.2%	2,556	6.6%
Nonfamily Households	14,756	39.4%	14,703	38.2%

Source: U.S. Census Bureau: 2010 Census and 2011-2013 ACS.

Nonfamily households, mostly singles and seniors, expanded from 38.2% of households to 39.4%.

4.2 - The average size for DeKalb County families rose from 2010 to 2011-2013 reaching the highest average (3.29) since at least 1980. The average family size for all three major communities also increased during the period.

Indicators of Change:

The average family size increased from 3.11 to 3.29 persons, the highest average since at least 1980. The current average family size, for the first time, is slightly larger than the U.S. average.

DEKALB COUNTY AND U.S.
AVERAGE HOUSEHOLD AND FAMILY SIZE: 2010 - 2011-2013

Year	Average Family Size	
	DeKalb County	U.S.
2011-2013	3.29	3.25
2010	3.11	3.14

Source: U.S. Census Bureau: 2010 Census and 2011-2013 ACS.

All three of the major communities showed increases in average family size, especially Sycamore, which grew from an average of 3.06 persons per family in 2010 to 3.27 persons in the ACS.

Place	Average Family Size
2009-2013:	
DeKalb	3.15
Sycamore	3.27
Sandwich	3.36
2010:	
DeKalb	3.07
Sycamore	3.06
Sandwich	3.21

Source: U.S. Census Bureau: 2010 Census and 2009-2013 ACS.

4.3 - In DeKalb County in the 2011-2013 ACS, more children lived with a single mother than in the 2010 Census, while fewer children lived with a single father or a married couple.

Indicators of Change:

The percentage of children under age 18 who lived in a married couple family dropped from the 2010 Census to the 2011-2013 ACS, from 67.3% to 66.4%. Children living with single fathers also declined from 6% to 5.5%, while those living with a single mother increased from 18.6% to 20.1% during the time period.

DEKALB COUNTY
HOUSEHOLD TYPE FOR CHILDREN 0 - 17: 2010 and 2011-2013

Household Type	2011-2013		2010	
	Number	Percent	Number	Percent
Total Children	23,187	100.0%	23,490	100.0%
In Married Couple Family	15,368	66.4%	15,818	67.3%
In Male Household, No Wife	1,282	5.5%	1,400	6.0%
In Female Household, No Husband	4,660	20.1%	4,366	18.6%
Live in Nonfamily Households	1,877	8.1%	1,906	8.1%

Source: U.S. Census Bureau: 2010 Census and 2011-2013 ACS.

4.4 - DeKalb County elderly are seeing a shift in the type of household lived in. From the 2010 Census to the 2011-2013 ACS, the percentage of seniors living in a family dropped, as did the proportion of those aged 65+ who are a householder. The percentage of elderly living in nonfamily households increased.

Indicators of Change:

Seniors living in families experienced a decline from 2010 to 2011-2013, while those living in nonfamily households increased. The proportion of DeKalb County elderly who live in a family fell from 64.1% to 62.8%, while the proportion of seniors living in a nonfamily household rose from 30.8% to 32.1%. The percent of those 65+ who are a family householder dropped from 33.9% to 32.1%, as parent/parent-in-law rose from 4.4% to 5.6% and “other relative” grew from 1% to 1.4%. Both male and female seniors who live alone rose from 2010 to 2011-2013.

DEKALB COUNTY, ILLINOIS, AND U.S.
HOUSEHOLD TYPE FOR PERSONS 65+: 2010 AND 2011-2013

Household Type	2011-2013	2010
Total	100.0%	100.0%
In Family Household	62.8%	64.1%
Householder	32.1%	33.9%
Spouse	23.6%	24.5%
Parent/Parent-in-Law	5.6%	4.4%
Other Relative	1.4%	1.0%
Nonrelative	0.0%	0.2%
In Nonfamily Household	32.1%	30.8%
Male Householder	8.9%	8.3%
Living Alone	7.9%	7.7%
Not Living Alone	1.1%	0.6%
Female Householder	21.4%	21.3%
Living Alone	21.1%	20.6%
Not Living Alone	0.3%	0.7%
Nonrelatives	1.9%	1.1%
In Group Quarters	5.1%	5.2%

Source: U.S. Census Bureau: 2010 Census and 2011-2013 ACS.

4.5 - From 2009 to 2011, divorces per 100 marriages (dissolution ratio) in DeKalb County dropped from 55.3 to 50.0, narrowing the gap with the State of Illinois.

Indicators of Change:

During 2011, the DeKalb County dissolution ratio (divorces per 100 marriages) stood at exactly 50% (one divorce for every two marriages), dropping from 55.3 in 2009 and 54.0 in 2010. With the decline in divorces, the county's dissolution ratio is still above Illinois, but the gap is becoming smaller.

DEKALB COUNTY AND ILLINOIS
MARRIAGES, DIVORCES, DISSOLUTION RATIO: 2009 - 2011

Year	DeKalb County			Illinois
	Marriages	Divorces	Diss. Ratio ¹	
2011	556	278	50.0	46.1
2010	559	302	54.0	46.3
2009	546	302	55.3	44.6

¹Divorces per 100 marriages.

Source: Illinois Department of Public Health.

From 2009 to 2011, the number of marriages rose while divorces declined. 2011 is the latest marriage/divorce data available.

Chapter 5
EDUCATION AND EMPLOYMENT

5.1 - Educational attainment levels for DeKalb County residents aged 25+ continued to improve from 2008-2010 to 2011-2013.

Indicators of Change:

The Census Bureau measures educational attainment for individuals 25+, including high school graduation and completion of a bachelor's degree. Both county educational levels have been improving regularly for DeKalb County residents. From the 2008-2010 to 2011-2013 American Community Surveys, the proportion 25+ with bachelor's degrees rose from 27.5% to 30.1% with high school completion gaining one percent to 92.1%.

DEKALB COUNTY, ILLINOIS, AND U.S.
PERCENT EDUCATIONAL ATTAINMENT PERSONS 25+: 2000 - 2011-2013

Attainment	DeKalb County	Illinois	U.S.
High School Graduate			
2011-2013	92.1%	87.6%	86.3%
2008-2010	91.1%	86.5%	85.3%
2000	87.5%	81.4%	80.4%
Bachelor's Degree or Higher			
2011-2013	30.1%	31.7%	29.1%
2008-2010	27.5%	30.6%	28.0%
2000	26.8%	26.1%	24.4%

Source: U.S. Census Bureau: 2000 Census, 2008-2010 and 2011-2013 ACS.

Both measures are now better than the nation, although DeKalb County is currently trailing the state for bachelor's despite a sizable improvement of 2.6% from 2008-2010 to 2011-2013. DeKalb is not among the leading Illinois counties for college-educated residents, DuPage County being the 2011-2013 leader at 46.4%. DeKalb apparently loses many NIU graduates who leave after graduation.

5.2 - The DeKalb County economy improved significantly from 2010 to 2015 as measured by persons unemployed and the unemployment rate. However, the size of the labor force fell appreciably over the same period.

Indicators of Change:

In the recent recession, DeKalb County unemployment rose to 9.8% in 2010 after being as low as 3.9% in 2006. However, IDES data now show that significant improvement has taken place in the unemployment rate. Whereas the county has usually shown unemployment rates higher than the nation, the current rate of 5.1% is better than the U.S. at 5.2%.

DEKALB COUNTY, ILLINOIS, AND U.S.
UNEMPLOYMENT: 2010 - 2015

Year	DeKalb County			Illinois Percent	U.S. Percent
	Labor Force	Unemployed	Percent		
August 2015	55,777	2,842	5.1%	5.6%	5.2%
2014	54,705	3,592	6.6%	7.1%	6.2%
2013	59,143	4,905	8.3%	9.1%	7.4%
2012	58,986	4,893	8.3%	9.0%	8.1%
2011	58,924	5,392	9.2%	9.8%	8.9%
2010	59,257	5,823	9.8%	10.5%	9.6%

Source: Illinois Department of Employment Security.

Though the improvement in this period has been real, the unemployment rate has been made even more favorable by a considerable drop in the size of the labor force, perhaps reflecting the population out-migration during the period or declining labor force participation.

Chapter 6
INCOME AND POVERTY

6.1 - From 2008-2010 to 2011-2013, the median income for black households in DeKalb County fell by 19.3%, while the medians countywide and for white non-Hispanic and Hispanic households rose. Median household income dropped for Sycamore and Sandwich.

Indicators of Change:

While the median household income for all DeKalb County households (+1.7%), as well as white non-Hispanic (+3.3%) and Hispanic (+7.7%) households rose from 2008-2010 to 2011-2013, the median for black households declined substantially. Median household income among blacks dropped by 19.3% from \$22,061 in 2008-2010 to just \$17,793 for 2011-2013.

DEKALB COUNTY
MEDIAN HOUSEHOLD INCOME
BY RACE/ETHNICITY: 2008-2010 AND 2011-2013

Race/Ethnicity of Householder	2011-2013	2008-2010	Percent Change
White Non-Hispanic	\$56,095	\$54,325	+3.3%
Black	\$17,793	\$22,061	-19.3%
Hispanic	\$34,796	\$32,322	+7.7%
All Races/Ethnicities	\$52,095	\$51,241	+1.7%

Source: U.S. Census Bureau: ACS.

Median household income fell in both Sycamore and Sandwich. Sycamore's median dropped from \$66,359 to \$63,037, while Sandwich declined slightly from \$57,610 to \$57,165. Median household income in the City of DeKalb, though lower than the other two communities, grew a bit.

DEKALB, SYCAMORE AND SANDWICH:
MEDIAN HOUSEHOLD INCOME: 2008-2010 AND 2009-2013

Place	2009-2013	2008-2010 ¹
DeKalb	\$37,719	\$36,829
Sycamore	\$63,037	\$66,359
Sandwich	\$57,165	\$57,610

¹2006-2010 for Sandwich.

Source: U.S. Census Bureau, ACS.

6.2 - Per capita personal income rose a bit in DeKalb County from \$30,725 in 2010 to \$34,959 in 2013, 22% lower than the U.S. per capita and 23% lower than Illinois. However, the state ranking for the county dropped from 87th to 91st among the 102 Illinois counties.

Indicators of Change:

In 2010, DeKalb County's per capita personal income (PCPI) of \$30,725 ranked 87th of the 102 Illinois counties,. However, in 2013, the county's rank fell to 91st, with a PCPI of \$34,959. Although this figure is a 13.7% increase from 2010, the county is 23% lower than the state and 22% lower than the U.S. level of \$39,937.

DEKALB COUNTY, ILLINOIS, AND U.S.
PER CAPITA PERSONAL INCOME (PCPI)¹: 2010 - 2013

Year	DeKalb County	Illinois	U.S.	DeKalb PCPI as Percent of U.S.
2013	\$34,959	\$46,980	\$44,765	78%
2010	\$30,725	\$42,040	\$39,937	77%

¹Personal income includes earnings, dividends, interest, rent, and government payments including Social Security, disability, Medicare, Medicaid, unemployment, and veterans benefits.
Source: Bureau of Economic Analysis, U.S. Dept. of Commerce.

The presence of college students at NIU plays a role in the low per capita levels.

6.3 - From 2008-2010 to 2011-2013 the proportion of DeKalb County residents in poverty, especially children, rose dramatically. The percentage of children in poverty increased 60.1%, while the proportion of all residents in poverty increased by 23.3%.

Indicators of Change:

From 2008-2010 to 2011-2013, the proportion of DeKalb County residents in poverty rose from 16.3% to 20.1%, a 23.3% increase, more than either the state (+7.2%) or nation (+10.4%). The percentage of local children in poverty jumped dramatically, from 14.8% for 2008-2010 to 23.7% for 2011-2013, representing a 60.1% increase and placing the local poverty rate for children higher than the state and nation. About one in four children now live in poverty. This compares to increases of 8.2% for Illinois and 11.4% for the nation.

DEKALB COUNTY, ILLINOIS, AND U.S.
POVERTY FOR ALL PERSONS AND CHILDREN 0 - 17: 2008-2010 AND 2011-2013

Year	DeKalb County	Illinois	U.S.
2011-2013 ACS			
All Persons	20.1%	14.8%	15.9%
Children 0-17	23.7%	21.0%	22.4%
2008-2010 ACS			
All Persons	16.3%	13.8%	14.4%
Children 0-17	14.8%	19.4%	20.1%

Source: U.S. Census Bureau: ACS.

The proportion of all persons and children in poverty for Sandwich more than doubled from 2006-2010 to 2009-2013. For all Sandwich residents, the poverty rate rose from 5.5% to 11.6%, while for children, the proportion jumped from 7.9% to 12.8%.

6.4 - From 2008-2010 to 2011-2013, poverty levels for both DeKalb County blacks (+20.4%) and Hispanics (+30.3%) rose significantly.

Indicators of Change:

Poverty rates for both DeKalb County blacks and Hispanics rose significantly from the 2008-2010 to the 2009-2013 ACS. The level of poverty for black residents increased by 20.4% from 39.2% to 47.2% (nearly one in two persons), while the rate for Hispanics rose from 23.3% to 38.2% (+30.3%). The poverty level for white non-Hispanics rose by 17.1% from 11.7% to 13.7% during the same period.

DEKALB COUNTY
PERCENT IN POVERTY BY RACE/ETHNICITY: 2008-2010 AND 2009-2013

Race/Ethnicity	2009-2013	2008-2010
White Non-Hispanic	13.7%	11.7%
Black	47.2%	39.2%
Hispanic	38.2%	29.3%

Source: U.S. Census Bureau: ACS.

6.5 - From 2011 to 2014, Medicaid enrollees in DeKalb County increased from 15,735 to 18,694, reaching the highest enrollment ever. Recipients now account for 17.8% of the population, up from 14.5% in 2011.

Indicators of Change:

In June 2014, the number of persons receiving Medicaid in DeKalb County stood at 18,694, a 18.8% increase from 2011, and the highest level in recent years. This number represents 17.8% of the county's population, up from 14.5% in 2011.

DEKALB COUNTY
MEDICAID RECIPIENTS: 2011 - 2014
(as of June each year)

Year	Persons	Percent
2014	18,694	17.8%
2013	15,887	15.2%
2012	16,013	15.3%
2011	15,735	14.5%

Includes TANF, Family Health Plans, and Aid to Aged, Blind, and Disabled.

Source: Illinois Dept. of Healthcare and Family Services

Over half (53.8%) of DeKalb County Medicaid enrollees are children.

Chapter 7
BIRTHS

7.1 - Since 2009, both the number of births and birth rate (births per 1,000 population) have declined in DeKalb County. From 2009 to 2012, births fell from 1,322 to 1,188, with the birth rate dropping from 12.3 to 11.3. The proportion of Hispanic births fell slightly, while black births increased during the period.

Indicators of Change:

DeKalb County reported 1,188 births in 2012, a 10.1% decline from the 1,322 births in 2009. The county's birth rate decreased from 12.3 to 11.3, representing a decline of 8.1%. The Illinois 2012 birth rate was 12.4.

DEKALB COUNTY
BIRTHS AND BIRTH RATES¹: 2009-2012

Year	Births	Rate
2012	1,188	11.3
2011	1,231	11.8
2010	1,272	12.1
2009	1,322	12.3

¹Births per 1,000 population.

Source: Illinois Dept. of Public Health.

A preliminary 2013 DeKalb County birth count of 1,178 has been released by IDPH with a note that late certificates may still be received. By race/ethnicity, the proportion of black births rose a bit from 8.3% in 2009 to nine percent in 2012, while both the number and percentage of Hispanic births fell.

DEKALB COUNTY
BIRTHS BY RACE AND ETHNICITY: 2009 AND 2012

Category	2012		2009	
	Number	Percent	Number	Percent
Total Births	1,188	100.0%	1,322	100.0%
White non-Hispanic	858	72.2%	953	72.1%
Black non-Hispanic	107	9.0%	110	8.3%
Other non-Hispanic	31	2.6%	34	2.6%
Hispanic	192	16.2%	225	17.0%

Source: Illinois Department of Public Health

7.2 - From 2009 to 2012, both the number of births and birth rate (births per 1,000 population) rose in Sandwich, but declined in DeKalb and Sycamore.

Indicators of Change:

From 2009 to 2012, the number of births to Sandwich residents rose from 96 to 123. Correspondingly, Sandwich’s birth rate (births per 1,000 population) jumped from 12.9 in 2009 to 16.7 in 2012.

DEKALB COUNTY COMMUNITIES
BIRTHS AND BIRTH RATE¹: 2009 AND 2012

Resident Place	2012		2009	
	Births	Rate	Births	Rate
DeKalb	485	11.1	581	13.2
Sycamore	261	14.9	273	15.6
Sandwich	123	16.7	96	12.9

¹Births per 1,000 population.

Source: Illinois Dept. of Public Health.

For both DeKalb and Sycamore, the number of births declined during the four-year period, along with a decline in the birth rates for the two communities.

7.3 - After rising from 2000 to 2009, DeKalb County's fertility rate fell from 2009 to 2012, although the rate is still much lower than the state.

Indicators of Change:

In 2009, the DeKalb County fertility rate (births per 1,000 women aged 15-44) stood at 51.3, up from 47.5 in 2000. However, from 2009 to 2012, this trend reversed. The county's fertility rate dropped to 46.3 births per 1,000 females ages 15-44.

DEKALB COUNTY AND ILLINOIS
FERTILITY RATES¹: 2000, 2009 AND 2012

Year	DeKalb County			Illinois Rate ¹
	Births	Females Ages 15-44	Rate ¹	
2012	1,188	25,635	46.3	60.8
2009	1,322	25,735	51.3	64.7
2000	1,118	23,553	47.5	67.4

¹Births per 1,000 women of childbearing age defined as 15-44 years.

Source: Illinois Department of Public Health.

DeKalb County's fertility level falls well below the Illinois figure, with the 2012 rate being 23.8% lower than the state. The large non-childbearing population at NIU has a considerable effect on the fertility rate.

7.4 - The proportion of births to DeKalb County younger women through age 24 fell from 2009 to 2012, while births to women in the older age groups 25-39 increased. During this period, the median age of mothers giving birth rose half a year.

Indicators of Change:

DeKalb County mothers giving birth are becoming somewhat older. From 2009 to 2012, the proportion of births to women 24 and younger dropped, accounting for 25.3% of all births during 2012, compared to 31.5% of births during 2009. The percentage of births to mothers aged 25-39 in 2012 accounted for 72.2% of births, rising from 66.3% in 2009.

DeKalb County's 2012 median age of mother stood at 28.5 years, a half year older than 2009's 27.9 years.

DEKALB COUNTY, ILLINOIS, AND U.S.
BIRTHS BY AGE OF MOTHER AND MEDIAN AGE: 2009 AND 2012

Age Group	2012		2009	
	Number	Percent	Number	Percent
Total	1,188	100.0%	1,322	100.0%
< 20 Years	70	5.9%	92	7.0%
20 - 24 Years	231	19.4%	324	24.5%
25 - 29 Years	415	34.9%	427	32.3%
30 - 34 Years	324	27.3%	326	24.7%
35 - 39 Years	119	10.0%	123	9.3%
40+ Years	29	2.4%	30	2.3%
Median Age of Mother	28.5		27.9	

Source: Illinois Department of Public Health.

For the State of Illinois, the median age of mother was similar to DeKalb County, at 29.0.

7.5 - From 2009-2012, births to teens (<20 years old) fell in DeKalb County, with the proportion remaining well below state and national levels.

Indicators of Change:

DeKalb County recorded 70 teen births in 2012, which accounted for just 5.9% of all births, the lowest proportion ever. This is a decline from 92 teen births (7%) during 2009. The level of teen births locally remains well below state and national proportions.

DEKALB COUNTY, ILLINOIS, AND U.S.
TEEN BIRTHS¹: 2009 AND 2012

Year	DeKalb County		Illinois Percent	U.S. Percent
	Number	Percent		
2012	70	5.9%	7.7%	7.8%
2009	92	7.0%	9.6%	10.0%

¹Ages 19 and under.

Source: Illinois Department of Public Health;
National Center for Health Statistics

Sycamore experienced a decline in teen births from 2009 (7.3%) to 2012 (3.1%), while Sandwich saw an increase in the proportion of teen births, from 8.1% to 13.5%.

7.6 - The proportion of DeKalb County low birth weight infants rose to the highest level in at least 30 years during 2012, accounting for 8.8% of all births. For the first time, the percentage of low birth weight births is higher than Illinois and the U.S.

Indicators of Change:

During 2012, the proportion of low birth weight births for DeKalb County mothers stood at 8.8% of all births, the highest level in at least 30 years, and an increase from 2009's level of just 6.4%. For the first time, the proportion of low birth weight births was higher than the state (8.2%) and nation (8%).

DEKALB COUNTY, ILLINOIS, AND U.S.
LOW BIRTH WEIGHT¹ INFANTS: 2009 AND 2012

Year	DeKalb County		Illinois	U.S.
	Number	Percent		
2012	105	8.8%	8.2%	8.0%
2009	84	6.4%	8.4%	8.2%

¹Weight of less than 5 lbs. 8 oz. (2,500 grams).

Source: Illinois Dept. of Public Health; National Center for Health Statistics.

The proportion of both black and Hispanic low birth weight births tripled from 2009 to 2012. Among black births, the rate jumped from 4.5% low birth weight infants of all black births in 2009 to 13.1% in 2012. The Hispanic rate increased from 3.1% to 9.9%.

DEKALB COUNTY
LOW BIRTH WEIGHT BIRTHS BY RACE AND ETHNICITY: 2009 AND 2012

Category	2012		2009	
	Number	Percent	Number	Percent
White non-Hispanic	67	7.8%	67	7.0%
Black non-Hispanic	14	13.1%	5	4.5%
Other non-Hispanic	5	16.1%	5	14.7%
Hispanic	19	9.9%	7	3.1%

Source: Illinois Department of Public Health

For the City of DeKalb, the proportion of low birth weight births rose from 5.9% of all births in 2009 to 10.3% in 2012.

7.7 - The proportion of DeKalb County mothers who used tobacco during pregnancy rose by 30% from 2009 to 2012.

Indicators of Change:

The proportion of DeKalb County mothers who used tobacco during pregnancy increased by 30% from 2009 to 2012. In 2009, 9.2% of pregnant women reported they used tobacco, rising to 12% in 2012.

DEKALB COUNTY
MOTHERS WHO USED TOBACCO DURING PREGNANCY: 2009 AND 2012

Year	Number	Percent
2012	143	12.0%
2009	121	9.2%

Source: Illinois Dept. of
Public Health.

7.8 - From 2009 to 2012, the DeKalb County infant death rate (infant deaths per 1,000 live births) fell from 8.3 to 5.1.

Indicators of Change:

During the four-year period from 2009 to 2012, the infant death rate (infant deaths per 1,000 live births) for DeKalb County dropped from 8.3 in 2009 to 5.1 in 2012. Because few infant deaths take place, the rate can be variable. The number of infant deaths during the period fell from 11 to 6. Additionally, in 2010, the county recorded just two infant deaths, for a rate of 1.6.

DEKALB COUNTY
NUMBER OF INFANT DEATHS AND INFANT DEATH RATE¹: 2009 - 2012

Year	Infant Deaths	Infant Death Rate
2012	6	5.1
2011	8	6.5
2010	2	1.6
2009	11	8.3

¹Infant deaths per 1,000 births.
Source: Illinois Dept. of Public Health.

Chapter 8
DEATHS

8.1 - From 2007-2009 to 2011-2013, a time of relative population stability for DeKalb County, minority deaths grew by 58.1% while white non-Hispanic deaths expanded by only 4.2%. Hispanic and black age-adjusted death rates worsened appreciably.

Indicators of Change:

In 2011-2013, DeKalb County experienced 117 minority deaths, 58.1% more than the 74 recorded in 2007-2009. Meanwhile, white, not-Hispanic deaths grew only 4.2% from 1,848 to 1,926. Crude and age-adjusted death rates jumped appreciably for the Black and Hispanic groups.

DEKALB COUNTY
DEATHS AND DEATH RATE BY RACE/ETHNICITY: 2007-2009 AND 2011-2013

Race/Ethnicity	Year	Number of Deaths	Population (3 Years)	Death Rate per 100,000	
				Crude	Age-Adjusted
White non-Hispanic	2011-2013	1,926	249,590	771.7	730.6
	2007-2009	1,848	254,989	724.7	746.2
Hispanic	2011-2013	51	33,151	153.8	511.5
	2007-2009	32	30,234	105.8	358.0
Black	2011-2013	55	22,227	247.4	995.3
	2007-2009	31	19,274	157.2	804.4
Asian	2011-2013	15	11,389	Not Available	
	2007-2009	11	10,696	Not Available	
Total Minority	2011-2013	117	64,598		
	2007-2009	74	58,504		

Source: CDC WONDER.

Minority deaths are relatively few due to the young age structure. When age is considered the rates are higher, although the adjusted Hispanic death rate is still better than the white non-Hispanic. The black age-adjusted rate in 2011-2013 was well above the white non-Hispanic rate, especially after a sizable leap from 2007-2009.

8.2 - Other than heart disease and cancer, the greatest growth in recent death causes has been for respiratory diseases.

Indicators of Change:

From 2007-2009 to 2011-2013, DeKalb County death causes which increased by 10 deaths or 10%, were dominated by those for respiratory conditions.

By Frequency (+10 or more):		By Percent (+10% or more):	
1. Cancer (all)	+41	1. Influenza/Pneumonia	+56.0%
2. Heart Disease	+30	2. Chronic Respiratory	+28.4%
3. Lung Cancer	+26	3. Lung Cancer	+25.5%
4. Chronic Respiratory	+25		
5. Influenza/Pneumonia	+14		

Source: CDC WONDER.

Compilation of death causes in three year groupings allows for greater stability than single year figures. For the baseline 2007-2009 and the most recent years of 2011-2013, respiratory conditions are prominent other than the two largest categories – cancer and heart disease which constitute almost half of all deaths. Respiratory conditions which increased include lung cancer, chronic lower respiratory disease (formerly COPD) and influenza/pneumonia. After cancer and heart causes, chronic lower respiratory disease with 113 deaths in 2011-2013 is now the largest death cause.

Despite the recent gains, age-adjusted death rates for these three respiratory death causes are now similar to the nation, although they had been much lower than the nation in the recent past.

Death Cause	DeKalb County Deaths per 100,000 Population		U.S. 2011-2013
	2011-2013	2009-2011	
Lung Cancer	47.4	41.5	44.7
Respiratory Disease	42.6	35.4	42.1
Influenza/Pneumonia	13.8	10.3	15.4

Source: CDC WONDER.

8.3 - Years of potential life lost in DeKalb County before age 75 per 100,000 population improved by 13.8%, from 5,740 in 2010-2012 to 4,946 in 2015.

Indicators of Change:

Years of Potential Life Lost (YPLL) is a summary measure of premature mortality (early death) calculated by adding the years that persons would have lived had they not died before age 75. The annual County Health Rankings provides these measures for a recent three-year period using CDC data for the county. (Sources: County Health Rankings for 2015 (2010-2012 data) and 2011 (2005-2007 data)).

Health Ranking Year	Data Years	YPLL <75/100,000
2015	2010-2012	4,946
2011	2005-2007	5,740

Source: County Health Rankings for 2015 (2010-2012 data) and 2011 (2005-2007 data).

The most recent DeKalb County YPLL figure of 4,946 is quite favorable, ranking tenth among the 102 Illinois counties and substantially better than the overall Illinois rate of 6,349.

8.4 - The number of deaths involving DeKalb and Sycamore residents increased appreciably from 2008-2012, 15.5% for DeKalb and 44.8% for Sycamore.

Indicators of Change:

In recent years, deaths have increased since 2008 for residents of DeKalb and Sycamore. DeKalb deaths increased by 15.5% in the five-year period, but with a dip in 2011. Sycamore deaths rose an appreciable 44.8%. Sandwich did not exhibit the same pattern.

DEKALB COUNTY COMMUNITIES
NUMBER OF DEATHS: 2008-2012

Year	DeKalb	Sycamore	Sandwich
2012	290	168	125
2011	248	132	115
2010	276	127	103
2009	275	111	125
2008	251	116	135

Source: Illinois Dept. of Public Health.

The change in DeKalb and Sycamore deaths would appear to indicate population aging.

2008 is used as the benchmark year since IDPH changed the recording of residence in that year to eliminate data for townships.

Chapter 9
CANCER INCIDENCE

9.1 - Although the overall cancer incidence rate rose slightly for DeKalb County residents from 2004-2008 to 2008-2012, the gender gap (in which male incidence has been higher) is narrowing. The incidence rate for males fell, while the rate for females rose.

Indicators of Change:

For the five-year period 2008-2012, DeKalb County's average annual age-adjusted cancer incidence rate stood at 494.0, up three percent from 2004-2008. Although men have historically recorded a higher incidence of cancer than women, the gap appears to be narrowing. From 2004-2008, the rate for males fell by 2.6% from 547.9 to 533.7, while the rate for females rose by 7.4% - from 438.7 to 471.1.

DEKALB COUNTY
AVERAGE ANNUAL CANCER INCIDENCE RATE¹: 2004-2008 AND 2008-2012

Population	2008-2012	2004-2008	Percent Change
Total	494.0	479.4	+3.0%
Male	533.7	547.9	-2.6%
Female	471.1	438.7	+7.4%

¹Age-adjusted rate per 100,000 population.

Source: Illinois Department of Public Health, *Illinois County Cancer Statistics Review Incidence, 2004 - 2008 and 2008-2012*.

9.2 - Three specific cancer sites - colon/rectum (decreased), lung/bronchus (increased), and melanoma of the skin (increased) - showed significant change from 2004-2008 to 2008-2012.

Indicators of Change:

Three specific cancer sites recorded significant changes from 2004-2008 to 2008-2012. Colorectal cancer dropped from a rate of 58.3 to 44.0 (-24.5%), with both genders declining. Lung/Bronchus cancer increased from a rate of 61.2 to 71.6 (+17%). Women, especially, recorded a large increase in lung/bronchus cancer incidence, with the rate rising by 29.3%. Melanoma also saw a substantial increase between the two five-year periods, increasing from a rate of 13.9 to 22.5 (+61.8%), with the female rate almost doubling.

DEKALB COUNTY
AGE-ADJUSTED CANCER RATE¹ BY SITE: 2004-2008 AND 2008-2012

Site	Both Genders		Male		Female	
	2008-2012	2004-2008	2008-2012	2004-2008	2008-2012	2004-2008
Colon and Rectum	44.0	58.3	47.7	63.7	39.6	54.5
Lung and Bronchus	71.6	61.2	83.0	77.7	63.6	49.2
Melanoma of the Skin	22.5	13.9	24.6	17.2	21.7	11.9

Source: Illinois Department of Public Health, *Illinois County Cancer Statistics Review Incidence, 2004-2008 and 2008-2012*.

Chapter 10
HOSPITALIZATION (INPATIENT) USE

10.1 - From 2011 to 2014, hospitalization of DeKalb County residents declined by one-sixth or 16.1%, with the greatest decline in the 0-14 age group (-53.8%).

Indicators of Change:

Hospital discharges involving DeKalb County residents fell from 10,581 in 2011 to 8,882 in 2014 when newborn are excluded. Rates per 10,000 declined from 1,010.2 to 897.6.

DEKALB COUNTY
HOSPITAL DISCHARGES BY GENDER/AGE GROUP: 2011 AND 2014

Group	2014		2011	
	Number	Rate	Number	Rate
Total	8,882	897.8	10,581	1,010.2
Male	3,605	691.0	4,349	834.0
Female	5,277	990.3	6,232	1,184.8
0-14	415	217.9	899	468.4
15-44	2,710	526.3	3,153	603.1
45-64	2,182	948.6	2,434	1,069.1
65+	3,566	3,035.8	4,095	3,886.7

Rates are per 10,000 population, newborn excluded.
Source: Illinois Hospital Association COMPdata,
Census Bureau.

While use dropped for all groups, the largest decline was for the 0-14 age group falling by 53.8% with fewer behavioral and physical health reasons for inpatient use. For instance, personality and impulse control hospitalizations among youth went from 17 (2011) to 2 (2014) cases.

Hospitalization of DeKalb County residents grows with age, persons 65+ are discharged at nearly six times the rate of the under 65 group. Women are discharged almost 50% more than men due to longevity, maternity.

10.2 - Heart failure and shock (DRGs 308,309,310) discharges of DeKalb County residents declined by 31.0% from 242 in 2011 to 167 in 2014.

INDICATORS OF CHANGE:

Heart failure and shock (cardiogenic shock) takes place when the heart has been damaged so much that it is unable to supply enough blood to the organs of the body. Three DRGs cover this condition.

DEKALB COUNTY
HEART FAILURE AND SHOCK DRGs: 2011 AND 2014

DRG	2014	2011
291 with major complications	38	76
292 with complications	95	105
293 no complications	34	61
TOTAL	167	242

Source: IHA COMPdata.

DRG 292 is the 14th most common hospitalization reason (excluding births) overall for DeKalb County residents, but reaches third among persons 75+, who experienced 64 cases in 2014.

10.3 - Cardiac arrhythmia (DRGs 308, 309, 310) discharges of DeKalb County residents declined by 29.0% from 200 in 2011 to 142 in 2014.

Indicators of Change:

Cardiac arrhythmia involves heart rhythm problems in which electrical impulses cause the heart to beat too fast, slow or irregularly. Three DRGs cover this condition as well as conduction (generation of impulses) disorders.

DEKALB COUNTY
CARDIAC ARRYTHMIA DRGs: 2011 AND 2014

DRG	2014	2011
308 with major complications	31	18
309 with complications	35	60
310 no complications	76	122
TOTAL	142	200

Source: IHA COMPdata.

DRG 310 is the 20th most common hospitalization reason (excluding births) overall for DeKalb County residents, but reaches 6th among persons 65-74 who experienced 21 cases in 2014 and 12th among persons 75+ who experienced 27 cases in 2014.

10.4 - Chest pain (DRG 313) discharges of DeKalb County residents fell by 69.2% from 117 in 2011 to 36 in 2014.

Indicators of Change:

Chest pain is a general cardiovascular diagnosis (DRG 313) without accompanying known complications which may, in some cases, be open to federal medical necessity review.

DEKALB COUNTY
CHEST PAIN DRG: 2011 AND 2014

DRG	2014	2011
313 Chest Pain	36	117

Source: IHA COMPdata.

For local residents, DRG 313 had fallen from the 13th most common DRG in 2011 to 49th in 2014.

10.5 - Chronic obstructive pulmonary disease (COPD) – DRGs 190,191,192 - discharges of DeKalb County residents fell by 22.1% from 271 in 2011 to 211 in 2014.

Indicators of Change:

COPD is a progressive disease which makes breathing difficult, causing coughing from mucus, wheezing, shortness of breath and chest tightness. Cigarette smoking is the leading cause of COPD, while air pollution may also contribute.

DEKALB COUNTY
COPD DRGs: 2011 AND 2014

DRG	2014	2011
190 COPD with major complications	74	77
191 COPD with complications	57	111
192 COPD no complications	80	83
TOTAL	211	271

Source: IHA COMPdata.

By rank, COPD DRG 192 peaks in the 45-64 (5th) and 65-74 (6th) age groups. The largest decline, however, occurred in the 75+ age group for DRG 191 with a decline from 52 (2011) to 25 (2014) cases.

10.6 - Bronchitis and asthma (DRGs 202,203) discharges of DeKalb County residents fell by 21.8% from 101 in 2011 to 79 in 2014.

Indicators of Change:

Bronchitis and asthma are inflammatory airway conditions. Acute bronchitis is caused by viral or bacterial infections while chronic bronchitis is longer lasting, caused by long-term exposure to environmental irritants. Two DRGs cover these conditions.

DEKALB COUNTY
BRONCHITIS AND ASTHMA DRGs: 2011 AND 2014

DRG	2014	2011
202 with complications	41	61
203 without complications	38	40
TOTAL	79	101

Source: IHA COMPdata.

Uncomplicated bronchitis and asthma primarily affects children and youth. DRG 203 is the second most common DRG for those 5-14 and seventh among 0-4 year olds. These two age groups account for almost two-thirds of all DRG 203 cases.

10.7 - Syncope (DRG 312) discharges of DeKalb County residents fell by 65.1% from 106 in 2011 to 37 in 2014.

Indicators of Change:

Syncope is sudden fainting or loss of consciousness caused by a fall in blood pressure. All discharges due to syncope are covered by DRG 312.

DEKALB COUNTY
SYNCOPE DRG: 2011 AND 2014

DRG	2014	2011
312 Syncope & Collapse	37	106

Source: IHA COMPdata.

Syncope was the fifth most common 2011 DRG among persons 75+ with 59 cases, but by 2014 the number of cases had fallen to 19 cases and a ranking of 28th.

10.8 - Esophagitis, gastroenteritis, and miscellaneous digestive disorders (DRGs 391,392) discharges of DeKalb County residents fell by 42.2% from 313 in 2011 to 181 in 2014.

Indicators of Change:

DRGs 391,392 cover digestive conditions including inflammation of the esophagus, intestines and stomach.

DEKALB COUNTY
DIGESTIVE DISORDERS DRGs: 2011 AND 2014

DRG	2014	2011
391 with major complications	31	21
392 no complications	150	289
TOTAL	181	313

Source: IHA COMPdata.

DRG 392 was the seventh most common hospitalization diagnosis for DeKalb County residents, fourth if newborn and delivery DRGs are not considered. Cases fell appreciably from 313 in 2011 when only psychoses and joint replacement were more frequent.

DRG 392 was the second most common reason for hospitalization in 2014 among persons aged 65-74, topped only by joint replacement.

10.9 - Miscellaneous disorders of nutrition, metabolism, fluids/electrolytes > age17 (DRGs 640,641) discharges of DeKalb County residents fell by 20.3% from 2011 to 2014.

Indicators of Change:

These two DRGs include nutrition, metabolic and related conditions and diseases, excluding diabetes. Related conditions are dehydration, eating disorders, hypoglycemic coma, malnutrition and vitamin deficiencies. DRGs 640 and 641 are included.

NUTRITION, METABOLIC, ELECTROLYTE DRGs

DRG	2014	2011
640 with major complications	61	105
641 no complications	41	23
TOTAL	102	128

Source: IHA COMPdata.

10.10 - Cellulitis (DRGs 602,603) discharges of DeKalb County residents fell by 22.1% from 181 in 2011 to 141 in 2014.

Indicators of Change:

Cellulitis is a serious skin infection. Two DRGs cover the condition.

DEKALB COUNTY
CELLULITIS DRGs: 2011 AND 2014

DRG	2014	2011
602 age > 17 with major complications	13	10
603 age >17 without major complications	128	171
TOTAL	141	181

Source: IHA COMPdata.

DRG 603 is the ninth most common diagnosis for hospitalization of local residents, fifth if delivery and newborn are not included. This DRG is most frequent in the 45-64 age group where cellulitis constitutes the fourth leading diagnosis.

10.11 - Cesarean section (DRGs 765, 766) discharges of DeKalb County residents fell by 11.8% from 450 in 2011 to 397 in 2014.

Indicators of Change:

Two DRGs cover births which involve cesarean sections.

DEKALB COUNTY
CESAREAN SECTION DRGs: 2011 AND 2014

DRG	2014	2011
765 with complications	123	139
766 no complications	274	311
TOTAL	397	450

Source: IHA COMPdata

Uncomplicated cesarean (DRG 765) was the third leading 2014 diagnosis for hospitalized DeKalb County residents aged 15-44 while complicated C-sections (DRG 766) stood fourth.

10.12 - Septicemia or severe sepsis (DRGs 870,871,872) discharges of DeKalb County residents increased by 31.0% from 129 in 2011 to 169 in 2014.

Indicators of Change:

Septicemia is bacteria in the blood that often occurs with severe infections. Also called sepsis, septicemia is a “serious life-threatening infection.” (NIH) Three DRGs apply to septicemia.

DEKALB COUNTY
SEPTICEMIA AND SEPSIS DRGs: 2011 AND 2014

DRG	2014	2011
870 >17 with major ventilation 96+ hours	11	6
871 >17 no major ventilation 96+ hr., with major complications	121	92
872 >17 no ventilation 96+ hr. no major complications	37	31
TOTAL	169	121

Source: IHA COMPdata

DRG 871 is the eleventh most common diagnostic group, sixth if newborn and delivery are not included. DRG 871 places fourth for person 65-74 and 75+, sixth in the 45-64 age group.

10.13 - Renal failure (DRGs 682,683,684) discharges of DeKalb County residents increased by 24.7% from 97 in 2011 to 121 in 2014.

Indicators of Change:

Renal (kidney) failure is covered by three DRGs.

DEKALB COUNTY
RENAL FAILURE DRGs: 2011 AND 2014

DRG	2014	2011
682 with major complications	45	37
683 with complications	71	54
684 no complications	5	6
TOTAL	121	97

Source: IHA COMPdata

Renal failure appears most frequently as DRG 683 which is the sixth most common DRG in the 75+ age group.

10.14 - “Problem births” of DeKalb County mothers and infants appear to have increased based on the fact that three related DRGs increased 47.6% from 250 in 2011 to 369 in 2014.

Indicators of Change:

Several delivery and newborn DRGs appear to indicate growth in “problem” or otherwise complicated births among DeKalb County residents. The three selected DRGs involved are shown below.

DEKALB COUNTY
“PROBLEM” PREGNANCY DRGs: 2011 AND 2014

DRG	2014	2011
774 Vaginal Delivery with complicating diagnosis	109	84
793 Full term, major problems	22	42
794 Neonate, with other major problems	238	124
TOTAL	369	250

Source: IHA COMPdata

The largest of these categories, DRG 794, ranked 11th of all DRGs with 124 cases in 2011, but by 2014 had moved to 6th with 238 cases. DRG 774 stood at 21st in 2011, but reached 12th by 2014.

Chapter 11
EMERGENCY DEPARTMENT USE

11.1 - From 2011 to 2014, emergency department visits increased by 9.8% or about one-tenth. For seniors aged 65+, visits grew by 25.6%.

Indicators of Change:

Emergency department visits involving DeKalb County residents grew from 31,467 in 2011 to 34,552 in 2014, or 9.8%. Rates per 1,000 population rose from 300.4 in 2011 to 327.6 in 2014. The present rate is about one annual visit for every three residents, although the data includes duplicated use by the same individuals.

DEKALB COUNTY RESIDENTS
EMERGENCY DEPARTMENT VISITS BY AGE GROUP: 2011 AND 2014

Age	2014		2011	
	Number	Rate ¹	Number	Rate ¹
Total	34,552	327.6	31,467	300.4
Age Group				
0 - 4 Years	3,822	627.8	4,328	681.9
5 - 14 Years	4,023	309.9	3,925	305.5
15 - 44 Years	16,692	323.1	14,844	283.9
45 - 64 Years	5,890	256.1	5,087	223.4
65+ Years	4,125	351.2	3,283	311.6

¹Rate per 1,000 population.

Source: Illinois Hospital Association.

ED use for the 0-4 age group is substantially higher than other age groups, more than double the rate for the 5-14 and 45-64 age groups. However, ED use dropped from 2011 to 2014 for the 0-4 age group while all other age groups expanded. The greatest expansion was in the 65+ group, which increased use by 25.6% from 2011 to 2014.

11.2 - Acute respiratory illness became the most common ED visit reason, moving from 591 cases in 2011 to 1,047 in 2014, an increase of 77.2%.

Indicators of Change:

Respiratory symptoms continue to top the reasons (ICD-9) that DeKalb County residents utilize hospital emergency departments. Leading visit reasons are: 1) acute respiratory illness, 2) acute pharyngitis and 3) otitis media. These three reasons constituted 2,447 visits in 2014 compared to 2,005 in 2011. Acute URI grew by 77.2%, moving from 591 cases in 2011 to 1,047 in 2014.

**DEKALB COUNTY RESIDENTS
10 LEADING EMERGENCY DEPARTMENT VISIT REASONS: 2011 AND 2014**

ICD-9	2014			2011		
	Rank	Cases	Rate ¹	Rank	Cases	Rate ¹
4659 Acute URI Nos	1	1,047	99.3	3	591	56.4
462 Acute Pharyngitis	2	747	70.8	2	662	63.2
3829 Otitis Media Nos	3	653	61.9	1	752	71.8
5990 Urinary Tract Inf Nos	4	639	60.6	6	504	48.1
78659 Chest Pain Nec	5	561	53.2	8	470	44.9
5589 Noninf Gastroent Nec&nos	6	530	50.3	5	508	48.5
78650 Chest Pain Nos	7	519	49.2	7	486	46.4
7840 Headache	8	513	48.6	4	552	52.7
78909 Abdominal Pain-site Nec	9	499	47.3	10	437	41.7
490 Bronchitis Nos	10	445	42.2	9	465	44.4

NOS = Not otherwise classified NEC = Not elsewhere classified.

¹Cases per 10,000 population.

Source: Illinois Hospital Association, COMPdata.

Acute URI was the leading visit reason among children 0-4 and expanded from 370 cases in 2011 to 517 in 2014.

Acute pharyngitis (sore throat) led the 5-14 and 15-44 age groups with a 21.2% 2011-2014 gain in the 15-44 group. Among persons 45-64 and 65-74, chest pain led. However, for persons 75+, urinary tract infections and syncope are on top.

Otitis media (ear infection) cases dropped during the study period, especially for children 0-4. Ear infection cases were the leading ED visit reason in 2011, but fell to third three years later. Acute bronchitis cases fell in 2014 to half the 2011 level (416 to 208).

Chapter 12
HEALTH STATUS

12.1 - The proportion of uninsured DeKalb County residents aged <65 declined from 13.7% in 2010 to an estimated 11.9% in 2015.

Indicators of Change:

In 2010, the American Community Survey estimated that 15.7% of DeKalb County residents under 65 were not insured. The Affordable Care Act (Obamacare) did not fully go into effect until 2014. In the 2015 ACA enrollment period (reenrollment takes place yearly), according to the Kaiser Family Foundation (KFF) using zip code data, 2,681 DeKalb County residents enrolled. KFF estimates that 57% of enrollees were previously uninsured, yielding an estimated DeKalb County enrollment of 1,528 individuals who were previously uninsured.

DEKALB COUNTY
UNINSURED PERSONS <65 YEARS OLD

Year	Persons <65	Uninsured	
		Number	Percent
2015	88,573 est.	10,565	11.9%
2010	88,573	12,093	13.7%

Source: Kaiser Family Foundation.

KFF calculates that 37% of DeKalb County individuals eligible to enroll in the ACA did so, the same proportion as took place for the entire state during 2015 enrollment.

12.2 - The number of Medicare-enrolled DeKalb County residents hospitalized per 100,000 with ambulatory-care sensitive conditions declined to 71 in 2012 from 92 in 2006-2007.

Indicators of Change:

Ambulatory-care sensitive hospital admissions are those which could have been prevented through primary care interventions. The County Health Rankings depend on the Dartmouth Atlas which calculated county rates using CMS (Medicare) files.

The 2011 Report Card, using 2006-2007 Medicare data, provided a DeKalb County rate of 92 ambulatory-care sensitive admissions per 100,000 Medicare enrollees. By the 2015 Report Card, the DeKalb County rate (2012 data) dropped by 22.8% to 71 admissions per 100,000 Medicare enrollees. (County Health Rankings 2011 and 2015 which used 2006-2007 and 2012 data from the Dartmouth Atlas which applied data from CMS (Medicare) files.

DEKALB COUNTY
MEDICARE ENROLLEES: AMBULATORY-CARE SENSITIVE HOSPITAL ADMISSIONS

Report Card Year	Data Year	Admissions per 100,000
2015	2012	71
2011	2006-2007	92

Source: County Health Rankings 2011 (2006-07 data) and 2015 (2012 data) from the Dartmouth Atlas which applied data from CMS (Medicare) files.

12.3 - From 2011 to 2015, the percentage of DeKalb County diabetic Medicare enrollees aged 65-75 who received HbA1c monitoring rose from 82% to 89%.

Indicators of Change:

HbA1c is a hemoglobin blood test which reveals whether the blood sugar has been controlled over a 2-3 month period. The County Health Rankings depended on the Dartmouth Atlas which calculated county rates using CMS (Medicare) files. The 2011 Rankings, using 2006-2007 Medicare data, provided a DeKalb County level of 82% A1c compliance for diabetic Medicare enrollees. By the 2015 Rankings, the DeKalb County compliance level rose to 89% of enrollees.

(Source: County Health Rankings 2011 and 2015 which used 2006-2007 and 2012 data from the Dartmouth Atlas by applying data from CMS (Medicare) files).

Chapter 13
CRIME AND VIOLENCE

13.1 - DeKalb County's overall crime rate dropped by 11.3% from 2009 to 2013, falling from 2,578.0 to 2,287.5. However, the county's violent crime rate increased a bit.

Indicators of Change:

A geographic area's crime rate (per 100,000 population) is based on the occurrence of eight Crime Index crimes. Four of the index crimes are violent crimes – murder, criminal sexual assault (rape), robbery, and aggravated assault; while the other four are property crimes – burglary, larceny/theft, motor vehicle theft, and arson. DeKalb County's 2013 overall crime rate of 2,287.5 is 11.3% lower than the 2009 rate of 2,578.0. This decline is primarily the result of a 13.7% decrease in the rate of property crime during the four-year period. Despite the overall drop in crime, the violent crime rate rose from 237.9 to 267.4. Notable is the 48.6% jump in the rate of aggravated assault from 2009 to 2013.

DEKALB COUNTY
CRIME RATE¹: 2009 AND 2013

Crime	2013		2009	
	Number	Rate	Number	Rate
Criminal Homicide	3	2.9	1	0.9
Forcible Rape	46	43.9	68	64.0
Robbery	32	30.6	48	45.1
Aggravated Assault	199	190.0	136	127.9
Burglary	264	252.1	368	346.1
Theft	1,791	1,709.9	2,052	1,930.0
Motor Vehicle Theft	44	42.0	55	51.7
Arson	17	16.2	13	12.2
Total Crime	2,396	2,287.5	2,741	2,578.0
Percent Rate Change	-11.3%			

¹Rate per 100,000 population.

Source: Illinois State Police

While both DeKalb and Sandwich recorded decreases of about seven percent in their crime rates from 2009 to 2013, the rate for Sycamore rose by 4.3%.

13.2 - The drug arrest rate in DeKalb County jumped by 88.4% from 2009 to 2013. Arrests for controlled substances and the hypo syringe needle act more than doubled. For the first time, the drug arrest rate for DeKalb County is higher than for the state.

Indicators of Change:

In 2013, the county recorded 1,060 drug arrests, for a rate of 1,012.0 per 100,000 population. The number of drug arrests rose from 571 in 2009, while the rate jumped from 537.1, representing an 88.4% increase. The arrest rate for both controlled substances and the hypo syringe needle act more than doubled during the four-year period. Arrests for controlled substances increased by 168.1%, while those for violation of the needle act increased by 103.6%.

For the first time in recent history, the 2013 drug arrest rate for DeKalb County (1,012.0) was higher than the state (837.8). This is mostly accounted for by much higher rates for cannabis and drug paraphernalia arrests.

DEKALB COUNTY
DRUG OFFENSE ARRESTS: 2009 AND 2013

Offense	2013		2009		% Rate Change	Illinois Rate 2013
	Number	Rate ¹	Number	Rate ¹		
Cannabis	546	521.3	312	293.5	+77.6%	424.1
Controlled Substance	132	126.0	50	47.0	+168.1%	228.3
Hypo Syringe Needle Act	6	5.7	3	2.8	+103.6%	7.9
Drug Paraphernalia	376	359.0	206	193.8	+85.2%	169.3
Total Drug Arrests	1,060	1,012.0	571	537.1	+88.4	837.8

¹Rate per 100,000 population.

Source: Illinois State Police

13.3 - Both the number and rate of Driving Under the Influence (DUI) arrests in DeKalb County dropped from 2010 to 2013, following the Illinois trend.

Indicator of Change:

From 2010 to 2013, both the number and rate (arrests per 100,000 population aged 16+) of Driving Under the Influence (DUI) arrests in DeKalb County fell by 18.3%. The number of arrests dropped from 585 in 2010 to 478 in 2013, while the rate decreased from 694.9 to 566.9. The 18.3% decline is exactly the same as the decline for the state.

DEKALB COUNTY AND ILLINOIS
DRIVING UNDER THE INFLUENCE (DUI) ARRESTS: 2010 AND 2013

Year	DeKalb County		Illinois
	Number	Rate ¹	Rate ¹
2013	478	566.9	339.4
2010	585	694.9	416.0

¹Arrests per 100,000 population age 16+, using Census estimates and 2010 data.

Source: Illinois Sec. of State.

13.4 - The rate of both reported (42.6) and indicated (9.5) child abuse rose for DeKalb County from FY2010 to FY2014. Local rates are higher than those for Illinois.

Indicators of Change:

During FY2014, reports of child abuse in DeKalb County numbered 977, a rate of 42.6 per 1,000 children aged 0-17, the highest rate since 1994. The rate represents a 43.9% increase from 2010's rate of 29.6. Reports of abuse are not always found to be deserving of investigation, and many are not found to be indicated when investigated. Indicated means that sufficient credible evidence has been found to support an abuse/neglect claim. During FY2014 the indicated abuse rate for the county stood at 9.5, rising from 7.2 in 2010.

Historically, both the rate of reported and indicated child abuse in DeKalb County has been similar to or lower than the state. In 2014, however, the reported rate of 42.6 was 46.9% higher than the state rate of 29.0, while the indicated rate was 25% higher than Illinois.

DEKALB COUNTY AND ILLINOIS
NUMBER AND RATE OF CHILD ABUSE REPORTS AND INDICATED CASES:
FY2010 AND FY2014

Fiscal Year	Reported			Indicated		
	DeKalb County		Illinois Rate	DeKalb County		Illinois Rate
	Number	Rate ¹		Number	Rate ¹	
2014	977	42.6	29.0	218	9.5	7.6
2010	696	29.6	29.6	169	7,2	8.3

¹Number of abuse/neglect reports or indicated cases per 1,000 children aged 0-17, based on individual year Census Bureau population.

Source: Illinois Department of Children and Family Services