

Grundy County Health Department Community Health Needs Assessment and Plan



2016-2021

IPLAN

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Morris Hospital & Healthcare Centers**

Table of Contents

Introduction	4
Background and Purpose.....	4
Service Area	4
Project Oversight	5
Author	5
Community Engagement.....	6
Methods	7
Secondary Data Collection.....	7
Primary Data Collection	7
Information Gaps	8
Identification of Significant Health Needs	9
Review of Primary and Secondary Data.....	9
Significant Health Needs.....	9
Priority Health Needs	10
Survey	10
Community Convening.....	11
Community Health Plan	12
Demographic and Socioeconomic Characteristics	13
Population.....	13
Population by Age.....	13
Race/Ethnicity	15
Unemployment.....	16
Free and Reduced Price Lunch Program	16
Poverty	16
Households and Household Income.....	17
Households by Type	18
Language.....	18
Education.....	18
High School Graduation Rates.....	19
High School Graduates	19
Social and Economic Factors Ranking.....	19
Crime Index	19

Community Input - Social and Economic Factors.....	20
Access to Care.....	22
Health Insurance.....	22
Source of Care.....	22
Access to Primary Care Community Clinics	23
Access to Providers	23
Community Input – Access to Health Care.....	24
Maternal and Child Health.....	26
Births	26
Teen Births	26
Low Birth Weight and Preterm Births	26
Cesarean Section	27
Infant Mortality	27
Chronic and Infectious Diseases.....	28
Chronic Diseases.....	28
Community Input – Asthma/Lung Disease	28
Community Input – Diabetes.....	29
Community Input – Heart Disease	30
Cancer	31
Community Input – Cancer	31
Infectious Diseases.....	32
HIV/AIDS	32
Sexually Transmitted Diseases.....	33
Health Behaviors.....	34
Health Behaviors Ranking.....	34
Health Status	34
Preventive Practices	34
Colorectal Cancer Screening	34
Flu and Pneumonia Vaccines.....	35
Women’s Health Screening.....	35
Community Input – Preventive Practices.....	35
Overweight and Obesity.....	36
Overweight, Self-Identified, 8 th and 10 th Grade Youth.....	37

Food Environment.....	37
Physical Activity	37
Community Input – Overweight and Obesity	37
Substance Abuse.....	39
Smoking.....	39
Alcohol Use.....	39
Youth Alcohol/Tobacco/Drug Use	39
Community Input – Substance Abuse	40
Mental Health.....	42
Community Input – Mental Health	42
Leading Causes of Death and Injuries	45
Premature Death.....	45
Leading Causes of Death.....	45
Cancer Death Rates	46
Injuries	46
Attachment 1. Community Health Plan.....	48
Priority 1: Mental Health/Substance Abuse	48
Priority 2: Prevention/Education	51
Priority 3: Access to Care.....	53

Introduction

Background and Purpose

There are ten essential services in public health, as well as three core functions. These include: assessment, policy development and assurance. A Community Health Needs Assessment is a necessary and vital activity for the development and enhancement of these essential services and core functions. The development of a Community Health Needs Assessment for Grundy County is the primary means to define and implement local level programs and plans that will address the specific health problems in the community. The assessment will be used as a catalyst to prioritize the health needs within Grundy County.

The Grundy County Community Health Needs Assessment and Plan is not a plan to be used solely by the Health Department or the local community hospital. It is a comprehensive community plan in which the County's unique needs are identified, analyzed and prioritized. Plans for implementation include various community organizations, utilizing a model of community assets rather than just acknowledging service gaps.

The purpose of the Community Needs Assessment and Plan is to:

- 1) Identify community health problems using data and community input.
- 2) Prioritize health problems.
- 3) Create a plan to address the priority health problems using measurable objectives.
- 4) Identify community stakeholders who should participate in the implementation of the plan.
- 5) Define a workable strategy to evaluate, implement and monitor outcomes.
- 6) Improve the health and quality of life of Grundy County.

The Grundy County Health Department and Morris Hospital have been identified as community health leaders and are committed to serving and supporting the initiatives identified in the Plan

Service Area

Established in 1841, Grundy County is situated 80 miles southwest of Chicago along Interstates 80 and 55. Grundy County measures approximately 430 square miles and is one of Illinois' most important, commercial and agricultural counties. The Illinois River, along with other streams, gives Grundy County about 45 miles of waterways. Additionally, the Illinois and Michigan canal flows through the county seat of Morris, adjacent to the Illinois River.

Grundy County includes 15 cities/communities encompassing 12 zip codes.

**Grundy County
Service Area**

City	Zip Code
Braceville	60407
Carbon Hill	60416
Channahon	60410
Coal City	60416
Diamond	60416
Dwight	60420
East Brooklyn	60474
Gardner	60424
Kinsman	60437
Mazon	60444
Minooka	60447
Morris	60450
Seneca	61360
South Wilmington	60474
Verona	60479

Project Oversight

The Community Health Needs Assessment process was a collaborative process with Grundy County Health Department and Morris Hospital. The process was overseen by:

Philip J. Jass, MPA
Public Health Administrator
Grundy County Health Department

John Roundtree
Planning Manager
Morris Hospital & Healthcare Centers

Sue Szumski, RN
Instructor
Morris Hospital & Healthcare Centers

Author

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, public health, clinics and community-based nonprofit organizations. Melissa Biel, DPA, RN conducted the Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, MEd and Sandra L. Humphrey. Biel Consulting, Inc. has extensive experience conducting Community Health Needs Assessments and working to develop, implement, and evaluate community benefit programs. www.bielconsulting.com

Community Engagement

Community input was obtained from public health professionals, community members and representatives from organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization / Community Represented
Dr. Kent Bugg	Superintendent	Coal City School District
Dr. Michael Cichon	Physician	Dwight
Jennifer Frye, NP	Nurse Practitioner	Newark
Mary Gill, RN	Registered Nurse	Mazon
Susan Hudson	Mental Health Division	Grundy County Health Department
Phil Jass	Public Health Administrator	Grundy County Health Department
Kendra Knudtson	Charge Nurse	Marseilles Healthcare Center
Kim Landers	Vice President, Patient Care Services	Morris Hospital
Diane Mangan, RN	Diabetic Educator	Morris Hospital
Rita Smith	Diabetic Educator	Newark
Chuck Szoke	Executive Director	Channahon Park District
Dr. Jennifer Thomas	Family Medicine Physician	Braidwood and Gardner
Dr. Amaal Tokars	Executive Director, Public Health Administration	Kendall County Health Department
Kathy Ulivi, NP	Nurse Practitioner	Dwight
Shawn West	Executive Director	Will-Grundy Medical Clinic

Methods

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community profile, access to health care, birth indicators, leading causes of death, chronic and communicable diseases, health behaviors, substance abuse, and mental health. These data are presented in the context of Grundy County and Illinois, framing the scope of an issue as it relates to the broader community.

Sources of data include the U.S. Census American Community Survey, Illinois Department of Public Health, Illinois Department of Employment Security, the National Cancer Registry, County Health Rankings, Illinois Youth Survey, the Illinois State Police, and others. When pertinent, these data sets are presented in the context of Illinois State.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Analysis of secondary data included an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measures Grundy County's community data findings with Healthy People 2020 objectives. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels.

Primary Data Collection

Targeted interviews were used to gather information and opinions from persons who represent the broad interests of the community. Fifteen interviews were completed during July and August, 2016. For the interviews, community stakeholders identified by the Grundy County Health Department and Morris Hospital were contacted and asked to participate in the needs assessment. The identified community stakeholders were invited by email to participate in a one-hour phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

Initially, significant health needs were identified through a review of the secondary health data collected and analyzed prior to the interviews. These data were then used to help guide the interviews. The needs assessment interviews were structured to

obtain greater depth and richness of information and build on the secondary data review. During the interviews, community participants were asked to identify the major health issues in the community, and socioeconomic, behavioral, environmental or clinical factors contributing to poor health. They were asked to share their perspectives on the issues, challenges and barriers relative to the significant health needs, and identify potential resources to address these health needs, such as services, programs and/or community efforts. The interviews focused on these significant health needs:

- Access to health care
- Asthma/lung disease
- Cancer
- Cardiovascular disease
- Diabetes
- Mental health
- Overweight/obesity
- Preventive practices (screenings, vaccines)
- Substance abuse (alcohol, drugs, tobacco)

Community participants were asked to provide additional comments to share with the Grundy County Health Department. Analysis of the primary data occurred through a process that compared and combined responses to identify themes. All responses to each question were examined together and concepts and themes were then summarized to reflect the respondents' experiences and opinions. The results of the primary data collection were reviewed in conjunction with the secondary data. Primary data findings were used to corroborate the secondary data-defined health needs, serving as a confirming data source. The responses are included in the following Community Health Needs Assessment chapters.

Information Gaps

Information gaps that impact the ability to assess health needs were identified. Some of the secondary data were not collected on a regular basis, meaning that some data are several years old. Primary data collection and the prioritization process were also subject to limitations. Themes identified from community members were likely subject to the experience of individuals selected to provide input. The final prioritized list of significant health needs is also subject to the affiliation and experience of the individuals who participated in the prioritization process.

Identification of Significant Health Needs

Review of Primary and Secondary Data

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process helped to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and ascertain community assets to address needs.

Health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators identified in the secondary data were measured against benchmark data, specifically county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources.

Significant Health Needs

The following significant health needs were determined:

- Access to health care
- Asthma/lung disease
- Cancer
- Cardiovascular disease
- Diabetes
- Mental health
- Overweight/obesity
- Preventive practices (screenings, vaccines)
- Substance abuse (alcohol, drugs, tobacco)

Priority Health Needs

The identified significant health needs were prioritized with input from the community through a survey and community convening.

Survey

Interviews with community stakeholders were used to gather input on the identified health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health issue or health factor/driver as it affects the health and lives of those in the community;
- The level of importance we should place on addressing the issue.

Calculations totaling severity and importance scores from the community stakeholder interviews resulted in the following prioritization of the significant health needs:

Each of the stakeholder interviewees was sent a link to an electronic survey (Survey Monkey). The stakeholders were asked to rank each identified health need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Substance abuse, mental health, and overweight and obesity, had the highest scores in the survey. Access to care also rated high on severe impact on the community and insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absence of Resources
Access to care	55.6%	33.3%	55.6%
Asthma/lung disease	33.3%	33.3%	16.7%
Cancer	25.0%	0%	42.9%
Cardiovascular disease	37.5%	37.5%	12.5%
Diabetes	50.0%	25.0%	12.5%
Mental health	88.9%	62.5%	77.8%
Overweight and obesity	75.0%	62.5%	50.0%
Preventive practices	14.3%	28.6%	37.5%
Substance abuse	100%	66.7%	100%

The interviewees were asked to rank order the health needs according to highest level of importance in the community. The total score for each significant health need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall average for each health need. Mental health, substance abuse and access to care were ranked as the top three priority needs in the

service area. The calculations of the stakeholder interviewees resulted in the following prioritization of the significant health needs:

Significant Health Needs	Priority Ranking (Total Possible Score of 4)
Mental health	3.89
Substance abuse	3.89
Access to care	3.78
Cancer	3.67
Cardiovascular disease	3.56
Diabetes	3.56
Overweight and obesity	3.56
Preventive practices	3.33
Asthma/lung disease	2.86

Community Convening

The Grundy County Public Health Department and Morris Hospital hosted a community forum on October 7, 2016 to prioritize the significant health needs. The forum engaged 21 community leaders in public health, government agencies, schools, and nonprofit organizations that serve the medically underserved, low-income, and minority populations in the community. These individuals have current data or other information relevant to the health needs of the community served. A review of the significant health needs was presented at the community forum.

Priority Setting Process

The forum attendees were engaged in a process to prioritize the health needs using the Relative Worth method. The Relative Worth method is a ranking strategy where each participant received a fixed number of points; in this case 100 points (5 dots equaled 100 points, where each dot was worth 20 points). Instructions were given, and the criteria for assigning points were explained. The points were assigned to health needs based on the size of the problem (relative portion of population afflicted by the problem); or seriousness of the problem (impact at individual, family, and community levels).

The points could be distributed among the health needs in a number of ways:

- Give all points to a single, very important item
- Distribute points evenly among all items (if none is larger or more serious than another)
- Distribute some points to some items, no points to other items

In the tabulation, the health needs were ranked in priority order according to the total points the group assigned.

Participants engaged in a group discussion about the priority areas. Participants were asked to discuss the following questions for the high priority areas:

- For priority issues, what is going well? What works in the community to address this issue? What groups/organizations are already focused on this issue?
- What/who is missing? Where are the gaps? What are the barriers?
- What is the level of community readiness to effectively implement and support programs to address this priority need?

The information gathered from the community forums will be used for decision making in creation of the Implementation Strategy.

Significant Health Needs	Priority Ranking Number of Points
Mental health	660
Substance abuse	480
Preventive practices	360
Overweight and obesity	220
Access to care	140
Cancer	80
Cardiovascular disease	40
Asthma/lung disease	20
Diabetes	0

Community Health Plan

As a result of the prioritization process, the Grundy County Public Health Department has selected the following health problems to address in the 2016-2021 health plan:

- Mental health and substance abuse
- Access to care
- Preventive practices

Objectives and strategies for intervention for each of these health needs are detailed in Attachment 1.

Demographic and Socioeconomic Characteristics

Population

The population for Grundy County is 50,173. Morris has the largest population in the county with 13,929 residents; East Brooklyn has the smallest population at 147 persons.

Population by Location

	Population
Braceville	831
Carbon Hill	404
Channahon	12,422
Coal City	5,460
Diamond	2,764
Dwight	4,104
East Brooklyn	147
Gardner	1,325
Kinsman	124
Mazon	1,093
Minooka	11,225
Morris	13,929
Seneca	2,629
South Wilmington	688
Verona	235
Grundy County	50,173
Illinois	12,868,747

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S0101. <http://factfinder.census.gov>

Population by Age

In Grundy County, children and youth (ages 0-19) make up 29% of the population; 33.2% are 20-44 years of age; 25.8% are 45-64; and 12% of the population are seniors, 65 years of age and older. Grundy County has a higher percentage of children and youth, and a smaller percent of young adults and seniors than compared to the state.

Population by Age

	Grundy County		Illinois	
	Number	Percent	Number	Percent
Age 0-4	3,412	6.8%	810,731	6.3%
Age 5-19	11,138	22.2%	2,599,487	20.2%
Age 20-24	2,810	5.6%	887,944	6.9%
Age 25-44	13,848	27.6%	3,487,430	27.1%
Age 45-64	12,944	25.8%	3,384,480	26.3%
Age 65+	6,021	12.0%	1,698,675	13.2%
Total	50,173	100.0%	12,868,747	100.0%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S0101. <http://factfinder.census.gov>

In over half of the Grundy County communities, the percentage of youth population (ages 0-19) is over 30%. Kinsman has the highest percentage of youth (40.3%) and East Brooklyn has the lowest percentage of youth (18.4%).

Youth, Ages 0-19, as a Percent of Population

	Percent
Braceville	28.6%
Carbon Hill	29.5%
Channahon	34.4%
Coal City	30.5%
Diamond	33.8%
Dwight	24.6%
East Brooklyn	18.4%
Gardner	29.9%
Kinsman	40.3%
Mazon	32.8%
Minooka	34.6%
Morris	25.3%
Seneca	31.7%
South Wilmington	23.9%
Verona	38.7%
Grundy County	29.0%
Illinois	26.5%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S0101. <http://factfinder.census.gov>

The percentage of seniors, ages 65 and older, in the county (12%) is less than found in the state (13.2%). However, there is a wide range of senior population in the county. Minooka (5.9%), Channahon (7.9%) and Diamond (8.3%) have the smallest percentage of seniors. East Brooklyn (23.1%) and Dwight (18.4%) have the largest percentage of seniors in the area.

Seniors as a Percent of Population

	Percent
Braceville	10.4%
Carbon Hill	11.7%
Channahon	7.9%
Coal City	10.2%
Diamond	8.3%
Dwight	18.4%
East Brooklyn	23.1%
Gardner	10.5%
Kinsman	16.1%

	Percent
Mazon	14.0%
Minooka	5.9%
Morris	14.5%
Seneca	11.6%
South Wilmington	12.4%
Verona	12.4%
Grundy County	12.0%
Illinois	13.2%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S0101. <http://factfinder.census.gov>

Race/Ethnicity

The majority population in the county is White/Caucasian (88.1%), 10.1% are other race or multiple race, and 8.7% of the population is Hispanic/Latino. The remaining racial/ethnic groups make up 2.1% of the population. There is a higher percentage of Whites in the county than found in the state.

Population by Race and Ethnicity

	Grundy County	Illinois
White	88.1%	62.9%
Other or Multiple	10.1%	1.7%
Hispanic or Latino	8.7%	16.3%
Black or African American	1.4%	14.2%
Asian	0.6%	4.8%
American Indian/Alaska Native	0.1%	0.1%
Native Hawaiian/Pacific Islander	0.0%	0.0%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. <http://factfinder.census.gov>

When race and ethnicity are examined by place, Verona (28.5%), Kinsman (14.5%) and Morris (13.6%) have the highest percentage of Latinos.

Racial/Ethnic Distribution by Place

	White	Hispanic or Latino
Braceville	91.5%	5.2%
Carbon Hill	85.4%	11.9%
Channahon	93.3%	5.2%
Coal City	93.6%	1.7%
Diamond	84.5%	8.6%
Dwight	95.0%	3.4%
East Brooklyn	95.2%	4.8%
Gardner	92.6%	4.3%
Kinsman	85.5%	14.5%

	White	Hispanic or Latino
Mazon	91.1%	2.8%
Minooka	85.0%	11.2%
Morris	84.2%	13.6%
Seneca	93.6%	5.3%
South Wilmington	92.9%	6.7%
Verona	71.5%	28.5%
Grundy County	88.1%	8.7%
Illinois	62.9%	16.3%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. <http://factfinder.census.gov>

Unemployment

Unemployment in Grundy County was 8.3% in March 2016, which is higher than the state unemployment rate of 7.1%. Unemployment is higher in the county and the state when compared to the previous year.

Unemployment Rate, March 2015 – 2016

	2015	2016
Grundy County	7.6%	8.3%
Illinois	6.0%	6.8%

Source: Illinois Department of Employment Security, Local Area Unemployment Statistics, 2014

<http://www.ides.illinois.gov/LMI/Local%20Area%20Unemployment%20Statistics%20LAUS/CurrentMonthlyUnemploymentRates/COUNTY.PDF>

Free and Reduced Price Lunch Program

The number of students eligible for the free and reduced price lunch program is one indicator of the socioeconomic status of an area's youth population. In Grundy County 9% of the student population is eligible for the program. This rate is lower than the state rate of 21%.

Children Eligible for Free Lunch Program

	Percent
Grundy	9%
Illinois	21%

Source: County Health Rankings and Roadmaps; National Center for Education Statistics, 2012

<http://www.countyhealthrankings.org/app/illinois/2015/overview>

Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2014, the federal poverty threshold for one person was \$11,670 and for a family of four \$23,850. The poverty rates paint an important picture of the population within Grundy County. Poverty rates range from 3.7% of the population in Channahon to 29% of the population in Kinsman. In a number of communities, families with children under 18 years old experience poverty at higher

rates than individuals. Most notably, 29.8% of families with children in Diamond and 28% of families in Kinsman are in poverty.

Ratio of Income to Poverty Level Among Individuals and Families

	Individuals	Families with Children under 18 in Poverty
	Percent	Percent
Braceville	16.5%	17.5%
Carbon Hill	16.6%	27.0%
Channahon	3.7%	4.4%
Coal City	8.0%	4.0%
Diamond	19.0%	29.8%
Dwight	9.7%	7.6%
East Brooklyn	10.9%	0.0%
Gardner	8.7%	11.6%
Kinsman	29.0%	28.0%
Mazon	9.5%	14.0%
Minooka	7.3%	12.2%
Morris	9.5%	8.3%
Seneca	12.3%	18.1%
South Wilmington	9.8%	16.1%
Verona	13.6%	15.6%
Grundy County	9.3%	10.3%
Illinois	14.4%	20.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1701. <http://factfinder.census.gov>

Households and Household Income

There are more than 18,408 households in Grundy County. The median household income for the county is \$65,197, which is higher than the state median household income of \$57,166. East Brooklyn has the lowest household income (\$32,031), while Channahon (\$90,859) has the highest median household incomes in the county.

Households and Median Household Income

	Number of Households	Median Household Income
Braceville	299	\$55,469
Carbon Hill	148	\$49,643
Channahon	3,803	\$90,859
Coal City	2,017	\$59,479
Diamond	994	\$56,333
Dwight	1,661	\$59,561
East Brooklyn	60	\$31,250
Gardner	481	\$68,990
Kinsman	41	\$32,031

	Number of Households	Median Household Income
Mazon	401	\$67,550
Minooka	3,551	\$84,453
Morris	5,455	\$57,796
Seneca	883	\$65,110
South Wilmington	280	\$62,500
Verona	69	\$54,375
Grundy County	18,408	\$65,197
Illinois	4,778,633	\$57,166

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP03. <http://factfinder.census.gov>

Households by Type

In Grundy County, 7.6% of the households are female households with no husband present, and with children under 18 years old. In the county, 9.1% of seniors are living alone.

Households by Type, 2010-2014

	Total Households	Family Households with Children under 18	Female Head of Household with Children under 18	Seniors, 65+, Living Alone
	Number	Percent	Percent	Percent
Grundy County	18,408	33.7%	7.6%	9.1%
Illinois	4,778,633	32.6%	12.7%	10.2%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1101. <http://factfinder.census.gov>

Language

In Grundy County, English is the most frequently spoken language (91.6%) in the home; 6.6% of the population speaks Spanish in the home.

Language Spoken at Home for the Population 5 Years and Over

	Grundy County	Illinois
Population 5 years and older	46,782	12,058,076
English only	91.6%	77.5%
Speaks Spanish	6.6%	13.2%
Speaks other Indo-European languages	1.0%	5.6%
Speaks Asian and Pacific Islander languages	0.5%	2.7%
Speaks other languages	0.3%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

Education

Of the population age 25 and over in Grundy County, 36.2% are high school graduates, which is higher than state rates (27%). Only 7.9% of adults in Grundy County do not have a high school education.

Educational Attainment (Age 25+)

	Grundy County	Illinois
Population 25 years and older	32,850	8,560,555
Less than 9 th Grade	2.8%	5.5%
9 th to 12 th grade, no diploma	5.1%	6.9%
High School Graduate	36.2%	27.0%
Some College, no degree	26.7%	21.2%
Associate's Degree	7.8%	7.5%
Bachelor's Degree	14.9%	19.7%
Graduate/Professional Degree	6.5%	12.2%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

High School Graduation Rates

High school graduation rates are determined by the percent of ninth grade students in public schools who graduate in four years. The high school graduation rate in Grundy County is 87%, which is higher than the state rate of 82% and exceeds the Healthy People 2020 objective of 82.4% graduation rates.

High School Graduates

	Percent
Grundy County	87%
Illinois	82%

Source: County Health Rankings and Roadmaps; National Center for Education Statistics, 2011-2012

<http://www.countyhealthrankings.org/app/illinois/2015/overview>

Social and Economic Factors Ranking

The County Health Rankings site ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. Illinois' 102 counties are ranked according to social and economic factors with 1 being the county with the best factors to 102 for that county with the poorest factors. Grundy County is ranked at 38, which puts it in the top half of county rankings.

Social and Economic Factors Ranking

	County Ranking (out of 102)
Grundy County	38

Source: County Health Rankings, 2015 www.countyhealthrankings.org

Crime Index

The Crime Index is comprised of ten crime categories and provides an indication of the extent serious crime occurs in a region or state. Five of the crime categories are crimes against persons including criminal homicide, rape, aggravated battery/aggravated assault, human trafficking commercial sex acts, and human trafficking involuntary servitude. The remaining five categories are crimes against property including robbery,

burglary, theft, motor vehicle theft, and arson. Grundy County experienced a decline in the Crime Index from 2013-2014 of 15.7%.

Crime Index, 2013-2014

	Grundy County	Illinois
2013 Crime Index	860	345,050
2014 Crime Index	725	308,258
Percent change	-15.7%	-10.7%

Source: Illinois State Police, [Annual Uniform Crime Report, 2014](#)

Community Input - Social and Economic Factors

Stakeholder interviews identified the most important socioeconomic, behavioral, environmental and clinical factors contributing to poor health in the community:

- People do have insurance but their deductibles or copays are so high that they tend to stay away from doctors until the point they are very sick.
- We are a rural area where people are alone with minimal things to do.
- Access to transportation is big barrier as well. People cannot get out of their houses more because they do not have the means. Isolation is an issue.
- People in our community might not be educated on certain health issues. Like taking better care of themselves with preventive medicine and a healthy diet.
- Resources are out there, but accessing them and knowing about them can be an issue.
- Environmentally we are not built for mobility; there are not a lot of walking paths, not a lot of sidewalks. Getting out and about is not really encouraged. Socially, people aren't encouraged to live healthy. It should be a widespread, concerted effort at all levels to promote taking care of one's self and everyone should be talking about making good decisions to avoid disease.
- Socioeconomics is a concern in the community. My perception is that in Grundy County we see mostly people who are indigent. Previously, if you weren't a pregnant woman, or a child, you had no medical care and were severely neglected. There is more access now, but there are very limited resources even now. The number of doctors who take Medicaid is very limited. People will still go to the ED for any medical need because they don't have a doctor or do not know who their doctor is, so they go to the ED for treatment of all maladies. The ED is overly stressed with overdoses, suicides, and minor issues because people don't have access to doctors, or behavioral health resources.
- Generational poverty and entitlement are issues. People who were raised by parents on state aid or disability and raised in that environment, they often have no aspiration of graduating from high school, getting a job and supporting themselves. They look to state aid or disability themselves.

- Environmentally we do have a nuclear facility in Grundy County. We don't know how it impacts people and people have concerns about that.
- Partly, we are a rural county. People live across from a cornfield and there are only four streets; it's country living. We miss having things like a YMCA, but that recently changed. However, we still lack places to go after school and during the summer.
- People have to travel long distances to find health care, not many physicians accept insurance. Not a lot of places to go. And people will refuse to go back for follow-up care because it's just too long of a distance.

Access to Care

Health Insurance

Health insurance coverage is considered a key component to accessing health care. The uninsured rate is 8.6% in Grundy County, which is lower than the state rate of 12.3%. East Brooklyn (17.7%), South Wilmington (13.8%), and Mazon (13.4%) have high rates of uninsured. Channahon (4.3%), Kinsman (5.6%) and Gardner (5.7%) have low rates of uninsured.

Uninsured

	Number	Percent
Braceville	83	10.0%
Carbon Hill	39	9.7%
Channahon	534	4.3%
Coal City	383	7.0%
Diamond	253	9.2%
Dwight	272	6.8%
East Brooklyn	26	17.7%
Gardner	75	5.7%
Kinsman	7	5.6%
Mazon	146	13.4%
Minooka	675	6.0%
Morris	1,398	10.2%
Seneca	256	9.7%
South Wilmington	95	13.8%
Verona	18	7.7%
Grundy County	4,306	8.6%
Illinois	1,563,887	12.3%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S2701. <http://factfinder.census.gov>

Source of Care

Residents who have a usual source of care and access to a health care provider improve the continuity of care and decrease unnecessary ER visits. Among the residents of Grundy County, 91.9% have health care coverage and 81.2% have a usual health care provider.

Source of Care

	Have Health Care Coverage	Usual Health Care Provider
Grundy County	91.9%	81.2%
Illinois	88.1%	80.9%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014
<http://app.idph.state.il.us/brfss/default.asp>

Access to Primary Care Community Clinics

Community clinics provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for Grundy County and information from the Uniform Data System (UDS)¹, 23.4% of the population in the communities in Grundy County are categorized as low-income (200% of Federal Poverty Level) and 8.2% are at or below the Federal Poverty Level.

There are Section 330 funded grantees (Federally Qualified Health Centers – FQHCs) serving the service area. These providers include: Will County Health Department Community Health Center, Aunt Martha’s Youth Service Center, and the Visiting Nurses Association of Fox Valley. Even with Section 330 funded Community Health Center (CHC) providers in the area, there are a significant number of low-income residents who are not served by one of these clinic providers. The CHCs have a total of 968 patients in the service area, which equates to 4.9% penetration among low-income patients and 9.3% penetration among the uninsured. However, there remain 18,630 low-income residents, at or below 200% FPL, and 4,088 uninsured who are not served by a health center.

Low-Income and Uninsured Patients Served and Not Served by Health Centers

Patients served by Section 330 Grantees	Penetration among Low-Income Patients	Penetration of Uninsured Population	Low-Income Not Served	Uninsured Not Served
968	4.9%	9.3%	18,630	4,088

Source: UDS Mapper, 2010-2014. www.udsmapper.org

Access to Providers

Having sufficient availability of providers is essential for people to access preventive and primary care, and when needed, referrals to appropriate specialty care. The ratios of population to one provider indicate that Grundy County has higher ratios (fewer providers) than the state.

Ratio of Population to Providers

	Primary Care Physicians	Dentists	Mental Health Providers
Grundy County	2,958:1	3,588:1	1,196:1
Illinois	1,266:1	1,453:1	604:1

Source: County Health Rankings, www.countyhealthrankings.org, Physician data from 2012, Dentist data from 2013, Mental Health provider data from 2014.

¹ The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

Community Input – Access to Health Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care:

- Cost, transportation issues, and fear of seeking out assistance are barriers to accessing care.
- If Grundy County had a free clinic and people knew about it, it would be nice. The clinic really helps in Livingston.
- The Affordable Care Act (ACA) expanded Medicaid, which helped a lot. But the ACA cut back on doctor's pay so fewer doctors take Medicaid.
- For people with Medicaid and Medicaid HMO Meridian, it's definitely a process to get access for specialists. They aren't accepting Medicaid so people have to travel 1.5 hours to get to a specialist. This is a big problem with access.
- We do a pretty good job in the county. We have a not-for-profit hospital and there is Will and Grundy free clinic. There are things in place to service those people who wish to have care. Barriers are small. Kids can get vaccines. Free clinic for veterans that's not far to go to meet their needs. If you desire care, you can get it. Those who can afford care have no issue accessing care. Most impacted are low socioeconomic class families. Social help organizations that provide services are a 20-minute drive away for our families. Public transportation options are limited. Grundy County transit is available to some families. Another barrier is the time that many organizations are open for families – often working minimum wage jobs, all day 8am-4pm and those are the same hours that Grundy County is working. There is no after-hours care. Seniors who don't drive or are afraid to drive a distance also have trouble accessing needed care.
- Transportation, especially off-hours, and no cab service. Our transportation is limited.
- Only so many hours in a day that a doctor can be there to take care of people and a lot of times, you see the same people over and over again.
- We have a lot of resources but I don't know that people know what they all are. There are tons of resources out there in the community. When you identify there is a problem, people have to jump through so many hoops and they don't want to go through all that. They think their lives are being invaded. People don't know where to go to find resources and they are so scattered over such a large geographic area.
- Homeless kids in the district do not have money for transportation.
- 3,000 people in our area needed insurance. Only 500 have gotten it so far. They didn't go to the Department of Medicaid services. Maybe they didn't have transportation, or the Internet, or they can't get to the library to go online, or it's confusing with multiple phone calls.
- Everything you talk about is north of the river – it isn't south of river – on that side they have nothing. So they just create it themselves. South is more rural. We need

to connect people to resources that are available and make them easily accessible to everyone. Hours are limiting too as a lot of workers work 9-5 and cannot take off work to access health care services.

- Grundy County is the 6th wealthiest county in IL. We are a nuclear county – and Exelon pays really well. \$69,000-\$74,000 is the average household income but we still have some impoverished areas. It's those who don't have cars and access that struggle.
- Morris Hospital does a great job providing access to care. It's small but it has the best patient transportation system ever. Several transportation vans go throughout whole service area. Lot of seniors here who don't like to drive – the van comes and gets them free of charge to go to doctor office or hospital. Great job with transportation for care.
- Grundy County is in bottom quartile in access to care. We should be 1:1000 ratio of people to primary care physicians, we are 1:2500. We have issues with access to primary care, dental health, and mental health. There are pockets where things are fine like Morris – but throughout the county there are serious issues with access to care. 7,000 people of the 70,000 population in Grundy don't have insurance.
- We have a free clinic one time month. But because of transportation issues, or people do not know about it, they do not access the service. We need to improve public awareness in the county.
- Transportation is a barrier. Morris has provided transportation to medical appointments in the county; this is a real benefit. And Grundy transportation system is \$3 a ride; Morris limits it to within the county. They do provide some transportation outside of the county for oncology services but they don't take a person into Chicago or Will County where there are more medical providers available. If a veteran is west of Will County – it's an hour from Hines hospital for veterans.

Maternal and Child Health

Births

In 2013, there were 607 births in Grundy County. The four-year trend shows a decrease in births.

Births, 2010-2013

	Number of Live Births			
	2010	2011	2012	2013
Grundy County	649	650	617	607

Source: Illinois Department of Public Health, 2010-2013 <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics>

The majority of births were to mothers whose race is White (97.4%). 9.9% of births were to women of Hispanic origin.

Births by Race/Ethnicity

	White	Black	Other	Hispanic Origin
Grundy County	97.4%	1.0%	1.6%	9.9%
Illinois	74.4%	17.4%	8.2%	21.3%

Source: Illinois Department of Public Health, 2013 <http://dph.illinois.gov/sites/default/files/publications/Birth-Demographics-County-2013.pdf>

Teen Births

Teen births in 2013 occurred in Grundy County at a rate of 54.4 per 1,000 births (or 5.4% of total births). This rate is lower than the teen birth rate found in the state (6.8%). When teen pregnancy rates are compared from 2012 to 2013, rates have increased in Grundy County.

Births to Teens (Under Age 20), 2012-2013

	Births to Teens	Live Births	Rate per 1,000 Live Births	
	2013	2013	2012	2013
Grundy County	33*	607	48.6	54.4
Illinois	10,634	156,918	77.0	67.8

Source: Illinois Department of Public Health, 2012, 2013 <http://www.dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>

* When examining data, it is important to use caution when reporting results derived from small numbers.

Low Birth Weight and Preterm Births

Low birth weight and preterm births (before 37 completed weeks of gestation) are negative birth indicators. Babies born at a low birth weight or premature are at higher risk for disease, disability and possibly death. The percent of low birth weight babies in Grundy County is 6.1%. The Healthy People 2020 objective for low birth weight infants

is 7.8% of live births. The percentage of low birth weight infants in Grundy County compares favorably to this benchmark.

Low Birth Weight (Under 2,500 g), 2013

	Low Weight Births	Live Births	Percent
Grundy County	37	607	6.1%
Illinois	12,948	156,918	8.3%

Source: Illinois Department of Public Health, 2013 <http://www.dph.illinois.gov/sites/default/files/publications/Birth-Characteristics-County-2013.pdf>

Grundy County (10.6%) has a rate of premature births that is higher than the state rate (10%). However, Grundy County compares favorably to the Healthy People 2020 objective for preterm births of 11.4% of live births.

Preterm Births, <37 Weeks Gestation, 2013

	Preterm Births	Live Births	Percent
Grundy County	59	607	10.6%
Illinois	15,615	156,918	10.0%

Source: Illinois Department of Public Health, 2013 <http://www.dph.illinois.gov/sites/default/files/publications/Birth-Characteristics-County-2013.pdf>

Cesarean Section

Over one-third of all births in Grundy County are by Cesarean Section (35.4%). This rate exceeds the state rate of 31.5%.

Cesarean Section, 2013

	Cesarean Section	Live Births	Percent*
Grundy County	215	607	35.4%
Illinois	49,386	156,918	31.5%

Source: Illinois Department of Public Health, 2013 <http://www.dph.illinois.gov/sites/default/files/publications/Birth-Characteristics-County-2013.pdf>

*Unknowns excluded from the denominator when calculating the percentage

Infant Mortality

In Grundy County the infant death is too small to provide an accurate rate. The Healthy People 2020 objective is a rate of 6.0 infant deaths per 1,000 live births.

Infant Mortality, 2013

	Infant Deaths	Live Births	Rate per 1,000 Live Births
Grundy County	3	607	**
Illinois	942	156,918	6.0

Source: Illinois Department of Public Health, 2013 <http://www.dph.illinois.gov/data-statistics/vital-statistics/infant-mortality-statistics>

** rate does not meet standards of reliability

Chronic and Infectious Diseases

Chronic Diseases

23% of adults in Grundy County have been diagnosed with arthritis, which is lower than the state rate of 25.1%. Among adults, 13.9% in Grundy County have been diagnosed with asthma, higher than the state rate of 9.1%. 9.3% of Grundy County adults have been diagnosed with diabetes, and 3.6% have been diagnosed with heart disease.

Chronic Diseases among Adults

	Grundy County	Illinois
Adults diagnosed with arthritis	23.0%	25.1%
Adults diagnosed with asthma	13.9%	9.1%
Adults diagnosed with diabetes	9.3%	10.2%
Adults diagnosed with coronary heart disease	3.6%	3.6%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014

<http://app.idph.state.il.us/brfss/default.asp>

Community Input – Asthma/Lung Disease

Stakeholder interviews identified the following issues, challenges and barriers related to asthma/lung disease:

- Asthma and COPD are growing in the community. Smoking, working in factories (like the paper factory in town), and environmental concerns with different nuclear stations, all contribute to the issue.
- This is a heavily industrial area with a lot of petro-chemical industries. Those industries may be causing an aggravation or increase of incidence in lung disease.
- A lot of our patients smoke or they live with their children who smoke.
- Those who are low-income are not accessing care; it becomes an issue in the schools. Two onsite school nurses provide education and communication but it's a problem to get follow-up appropriate medical care for the kids to manage their asthma.
- Smoking cessation classes are provided but they are poorly attended.
- We have two part-time pulmonologists in town and a small pulmonary rehab program. The pediatricians do a good job with the youth.
- People don't take care of themselves as they should. With lung disease, people don't know they have it until they get sick. Now there is pulmonary rehab, which has helped a lot. We are going in the right direction, trying harder, more medications out there, and ways to make it more manageable.
- E-cigs can be used anywhere. You can go to public places and use e-cigs, including at restaurants; it makes no sense to me.
- Lung disease is above state levels in the area. Our use of snuff and e-cigs is higher than state and national averages.

- There are a lot of bars in the area and a lack of enforcement and follow-up tobacco programs. We have a tobacco cessation program in the county. But we need more education and smoke-free parks now to make a change.
- We need more information about smoking cessation programs. Will County has a very low incidence of smokers because the tobacco coalition has done a fantastic job there.

Community Input – Diabetes

Stakeholder interviews identified the following issues, challenges and barriers related to diabetes:

- More diet-based or access to correct diet. Don't think we have a food desert but more grocery stores and competition might be a factor in cost and access.
- Diabetes is a concern for those with a sedentary lifestyle.
- Socioeconomic issues contribute to diabetes if you shop at food pantries and are not able to cook what you should.
- Follow-up access, travel to follow-up care is an issue.
- We have seen an increase in diabetes with kids in schools. Becoming more and more of an issue.
- There are a lot of resources dedicated to diabetes: two endocrinologists, dietician, outpatient education, options for free glucose meters and free equipment for people.
- Don't have lot of healthy food restaurants. Lifestyle is sedentary and American style portions and people's budgets are a problem.
- We are diagnosing diabetes much better. There are medications and different choices to use; even there are some restraints with the cost of some of these medications.
- Education is so much better than used to be. Everyone checks for diabetes now on routine lab work.
- We have a diabetes program and have worked for 2 years to enroll people. It's free but we got no one to sign up. We went to different social service agencies and we couldn't recruit anyone. People aren't interested. We even go to health fairs. People say, "If I get diabetes, I'll just take a pill for it." There is apathy, a lack of interest.
- People don't realize diabetes is a monster. It's a slow, very painful death where different systems cease to work. People have a lack of awareness of the seriousness of diabetes.
- People feel they are not financially able to afford the healthier foods.
- Ability to afford medications is a problem. It's also a challenge for people to take advantage of the free courses because of transportation and timing. And there is still need for specialist referral. It is hard to get in and there is a long wait.

Community Input – Heart Disease

Stakeholder interviews identified the following issues, challenges and barriers related to heart disease:

- Heart disease is our largest issue. Interpretation of BMI (Body Mass Index) needs to be culturally competent. What we also need is to educate people that say they aren't obese but they are. That is a perception distortion. The point of measuring the BMI is not to have people look skinny but to have people at a moderate rate.
- Obesity or sedentary lifestyle contributes to heart disease.
- Fairly recent cardiovascular group at Morris; it is a big plus to have them here for Medicaid patients.
- Those who can't afford don't have access. Closest hospital Morris – 25-minute drive, then Joliet. Follow-up care is the bigger issue.
- At-risk population, elderly, more sedentary life, farming, Midwestern lifestyle of potatoes, meat, dairy.
- Morris has a full cardiology program, so there is access to testing and emergent MI, Cath lab. We have a youth screening program, discounted medications, events in the community.
- We have made numerous strides with cardiac techniques and surgeries. Overall, those types of things are working well but it's still important to increase prevention education. Heart problems seem to happen to younger and younger people. But older people seem to be living longer so it's really a matter of education.
- High blood pressure and high cholesterol are one of priorities we focused on since the last assessment. Still high problem here. Programs with community gardens, horticultural therapy, seniors to move and exercise and get vitamin D, and walking groups with employees, walking warriors, festivals and fairs – get up and move and ride your bike and fish. Plenty of water and bike paths to do those things. Lots of green space to workout.
- New cardiology physician group. In the past, we didn't have any specialists in cardiology. ICU great care for cardiac care. Hospital goes out to schools to test athletes in sports to detect heart disease or heart conditions.
- Medication compliance is #1 issue and compliance with doctor's orders. Barriers are education, access to exercise, knowledge about heart healthy diet. The big challenge is access to health care and medication compliance.
- Some of the biggest issues are that don't know what a heart healthy diet is about. If you develop this disease, and you can't afford medications or are not educated on the importance of your medication, what can make the biggest impact? It's education, prevention.
- We need more focus on people trying to eat better, exercise and prevent heart disease and pulmonary disease.

- We have come a long way with cardiac services in several of our communities. People are more aware of cardiac screenings. New providers are available in the different community areas and they are reaching out. More access is provided in community.

Cancer

The cancer incidence rate is the number of cases based upon 100,000 people and is an annual rate (or average annual rate). Grundy County cancer rates exceed those of Illinois for all listed cancer except breast cancer. The overall cancer rate in Grundy County is 530.2 per 100,000 persons.

Cancer Incidence, Age-Adjusted per 100,000 Persons, 2008-2012

	Grundy County	Illinois
All cancers	530.2	475.6
Prostate cancer	142.1	138.9
Breast cancer	118.1	127.7
Lung and bronchus cancer	92.2	69.4
Colorectal cancer	54.0	46.8
Leukemia	14.4	13.3
Esophagus	8.1	5.2

Source: National Cancer Institute, State Cancer Profiles, 2008-2012.

<http://statecancerprofiles.cancer.gov/incidencerates/index.php>

Community Input – Cancer

Stakeholder interviews identified the following issues, challenges and barriers related to cancer disease:

- In Grundy there are lot of carcinogens like farming chemicals in river and pollution that we didn't have 30 years ago.
- Cancer high incidence rates with pancreatic cancer. We have gone a long way with breast cancer education and awareness but pancreatic information is not really out there.
- To access cancer care, there is nothing that is close by for most of our families. Closest area would be Joliet, which is about a 30-40-minute drive.
- We do a great job lot of screenings and encourage people to get screened, but I don't think we are as assertive as we need to be.
- Cancer care has come a long way over the years. There are so many more opportunities today, compared to 10-15 years ago. Doctors have done a good job trying to help people decide if they need surgery or chemo.
- We see so many people here diagnosed with cancer. We are around a lot of nuclear power plants; which may contribute to cancer rates. There are three nuclear power plants in this area and a lot of young people diagnosed with cancer. Part of it is we are not aggressive enough to get our screenings done.

- People having information about different things they can do to prevent cancer. Just like we have been able to determine smoking causes lung cancer, there is overwhelming evidence about the negative effects of sugar, lack of exercise and obesity.
- Grundy is really industrial, which results in environmental issues. There are some things people are willing to sacrifice to have jobs, so maybe we don't have clean air.
- Debilitating disease that causes fear and depression, hopelessness. People may have to leave the county for care.
- Screenings are available but people who could have it covered by insurance are coming to the free community events. We aren't capturing those people who don't have insurance and who wouldn't otherwise get screened. Transportation is an issue in getting people to places for screenings and education.

Infectious Diseases

In general, there is a lower incidence of infectious disease in Grundy County than compared to the state level. Exceptions to this, however, are Lyme Disease (12 cases per 100,000 persons versus 2.2 cases per 100,000 persons at the state level) and Salmonella (16 cases per 100,000 versus 14.2 cases per 100,000 persons in the state).

Infectious Diseases, per 100,000 Persons

	Grundy County	Illinois
Individuals diagnosed with Chronic Hep B*	8.0	16.0
Individuals diagnosed with Chronic Hep C^	37.9	67.6
Individuals diagnosed with Flu, with ICU Hospitalization*	2.0	12.1
Individuals diagnosed with Lyme^	12.0	2.2
Individuals diagnosed with Salmonella^	16.0	14.2
Individuals diagnosed with Chicken Pox*	4.0	4.6

Source: Illinois Department of Public Health, iQuery, *2014 and ^2015, <http://iquery.illinois.gov/DataQuery/Default.aspx>

HIV/AIDS

Grundy County has an HIV incidence rate of 2.4 per 100,000 persons, well below the state rate of 13.7. The AIDS rate is 1.3 per 100,000 persons, less than the state rate of 7.6 for AIDS cases.

HIV/AIDS Cases, per 100,000 Persons, Cumulative through 2015

	HIV Incidence			AIDS Cases		
	Diagnosed as of 12/2015	Cumulative Cases Since 2008	Cumulative Rate	Diagnosed as of 12/2015	Cumulative Cases Since 2008	Cumulative Rate
Grundy County	0	9	2.4	0	5	1.3
Illinois	1,189	13,404	13.7	526	7,391	7.6

Source: Illinois Department of Public Health, HIV/AIDS Surveillance Update, 2015 <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/hiv-surveillance>

Sexually Transmitted Diseases

Grundy County shows an increase in rates of gonorrhea and a decrease in chlamydia from 2013 to 2014.

Reportable Sexually Transmitted Diseases, 2013-2014

	Chlamydia		Gonorrhea		Early Syphilis	
	2013	2014	2013	2014	2013	2014
Grundy County	79	78	6	11	No data	1
Illinois	63,797	66,536	16,464	15,970	1,607	1,682

Source: Illinois Department of Public Health, Community Health Query (IQUERY), 2013, 2014
<http://iquery.illinois.gov/DataQuery/Default.aspx>

Health Behaviors

Health Behaviors Ranking

The County Health Rankings site examines healthy behaviors and ranks counties according to health behavior data. Illinois' 102 counties are ranked from 1 (healthiest) to 102 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. Grundy County is ranked 16 in the top quartile of Illinois counties.

Health Behaviors Ranking

	County Ranking (out of 102)
Grundy County	16

Source: County Health Rankings, 2015. www.countyhealthrankings.org

Health Status

Self-reported health status is a general measure of health-related quality of life in a population. When asked to rate their general health, 2.8% of Grundy County residents identified poor health. Over one-third of Grundy County residents had poor physical health in the past 30 days (34.1%) and poor mental health (34.8%). Grundy County adults reported restrictions on activities due to poor health (44.2%) at a higher rate than the state (40.1%).

Health Status Outcomes, 2010-2014

	Grundy County	Illinois
Poor health	2.8%	3.7%
Poor physical health days in past 30 days	34.1%	40.4%
Poor mental health days in past 30 days	34.8%	39.2%
Activities limited due to health problem	44.2%	40.1%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014

<http://app.idph.state.il.us/brfss/default.asp>

Preventive Practices

Colorectal Cancer Screening

Occult blood tests, sigmoidoscopy and colonoscopy screen for colorectal cancer. In Grundy County, 75.1% of adults, age 50 and over, had been screened with a sigmoidoscopy or colonoscopy. The rate of colorectal screening exceeds the Healthy People 2020 objective of 70.5%.

Colorectal Screening, Ages 50+

	Grundy County	Illinois
Colorectal screening blood stool test	No data	71.6%
Colorectal screening colonoscopy/Sigmoidoscopy	75.1%	65.0%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014

<http://app.idph.state.il.us/brfss/default.asp>

Flu and Pneumonia Vaccines

Community residents who are particularly vulnerable to communicable respiratory diseases are recommended to obtain yearly flu shots. In Grundy County, 23.9% of area residents obtained a flu shot; the state rate of 38.5%. Pneumonia vaccines are also recommended, especially for seniors. 23.1% of area seniors have received a Pneumonia vaccine. These rates of vaccination do not meet the Healthy People Objectives for 70% flu shot vaccination and 90% of seniors to have a pneumonia vaccine.

Flu and Pneumonia Vaccines

	Grundy County	Illinois
Flu shot in last 12 months	23.9%	38.5%
Pneumonia vaccine	23.1%	29.2%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014

<http://app.idph.state.il.us/brfss/default.asp>

Women's Health Screening

Mammograms and clinical breast exams are used for detection of breast abnormalities and cancer. Grundy County has a high rate of compliance with breast screenings. Among women, 40 years and over, 84.4% have received a mammogram, and 87.1% of women have had a clinical breast exam. The mammogram rate exceeds the Healthy People 2020 objective of 81.1% of women to receive a mammogram. Pap smears screen for cervical cancer. Among adult women, 95.7% in Grundy County have received a Pap smear. This exceeds the rate for Pap smears of 93% recommended as a Healthy People 2020 objective.

Mammogram, Breast Exam and Pap Smear

	Grundy County	Illinois
Mammogram (ages 40+)	84.4%	92.2%
Clinical breast exam	87.1%	86.7%
Pap smear	95.7%	89.2%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014

<http://app.idph.state.il.us/brfss/default.asp>

Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices:

- Prevention is always the first thing to be cut and it will cost us more down the line.
- We have more access to vaccines but some take for granted that people are getting vaccinated and think some of these diseases we are vaccinating against are dead.
- Great job always at health fairs and community clinics, pediatricians do great job with vaccinations, people just don't want to wait in line. Sometimes have to wait in line but it's free to get vaccinated at the health department.
- We do a very good job especially with young kids getting vaccines. There is a lot of education out there. Flu shots, pneumonia, meningitis shots are readily available.
- One of the barriers is we don't have enough doctors in the area to accept Medicaid. A lot of education is available, but people are still not aware and there are no incentives for prevention.
- We offer screenings through schools, sports exams, testing for cardiac issues, diabetes center screenings during November, diabetes month, etc.
- Even those who don't take care of themselves deserve care as well. Prevention is primary. We need education about the importance of vaccines and prevention. Vaccines in IL does a good job. Pediatricians and school districts do a good job of getting kids vaccinated. You will be hard pressed to find kids not up to date on their vaccines. IL made it a regulation so there is widespread compliance.
- A barrier to preventive care is access. Do we even believe in preventive care? This is where medicine has failed for decades.
- We try to focus on prevention. We provide prostate screening, breast care month, skin screening, but there are a limited number of people who can participate in it and transportation is an issue. A lot of my patients walk to the clinic because they don't have a car.

Overweight and Obesity

In Grundy County over one-third (36.6%) of adults are overweight and 29% are obese. These percentages equate to over 65% of adults being overweight or obese.

Overweight and Obese Adults

	Grundy County	Illinois
Overweight	36.6%	34.2%
Obese	29.0%	29.5%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014
<http://app.idph.state.il.us/brfss/default.asp>

Among 8th and 10th graders in Grundy County, 31% of 8th graders and 35% of 10th graders identified themselves as being overweight.

Overweight, Self-Identified, 8th and 10th Grade Youth

	Grundy County	Illinois
Slightly/very overweight, 8 th grade	31%	28%
Slightly/very overweight, 10 th grade	35%	32%

Source: Illinois Youth Survey, 2014. <https://iys.cprd.illinois.edu/results/county>

Food Environment

Increased access to fast food outlets in a community, limited access to healthy foods and inadequate consumption of fresh fruits and vegetables can increase rates of obesity, heart disease and diabetes. The Food Environment Index identifies and measures factors that contribute to a healthy food environment. Shown on a scale of 0 (worst) to 10 (best), Grundy County ranks as an 8.4, which exceeds the state rating of 7.8. Only 3% of Grundy County residents have limited access to health foods.

Food Environment

	Grundy County	Illinois
Food environment index	8.4	7.8
Limited access to healthy foods	3%	4%

Source: County Health Rankings, 2015; USDA Food Environment Atlas, 2010 & 2012. www.countyhealthrankings.org/

Physical Activity

A sedentary lifestyle can lead to overweight and obesity and is a contributing factor to many chronic diseases and disabilities. In Grundy County, 83.4% of adults reported exercising in the past 30 days.

Physical Activity, Adults

	Grundy County	Illinois
Exercise in past 30 days	83.4%	76.0%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014
<http://app.idph.state.il.us/brfss/default.asp>

Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity:

- Nationwide, there is pretty good evidence we aren't making a lot of progress in addressing obesity. It is becoming more common and can lead to diabetes and cardiac problems. Morris is trying to get a YMCA off the ground with help from Joliet YMCA, not sure they have any other programs that address that. Some provide health clubs throughout region, coaching, but other than YMCA or park district cost may be a barrier as well.
- We eat a lot of fast food and processed food. People are ingesting things we didn't ingest 30 years ago.

- We are doing more to promote healthy eating and exercise at schools and we are starting to see a difference.
- There are plenty of exercise facilities in the area: YMCA, 24-Hour Fitness, yoga studios. We have access to places to exercise, walking, running, and tennis clubs.
- Our sedentary lifestyles, large portions, behavioral management increase obesity. And in winter it is not as easy to exercise.
- Everyone sits in front of a computer all day. Kids especially don't get enough exercise. People need to move.
- On TV all we see are food advertisements. We just need to eat right and exercise and maintain a healthy weight.
- There is a lack of activities for people and numerous taverns and bars. People sit around and eat and drink. People say I can't wait until the kids graduate so I can leave here.
- This issues leads back to lack of education and proper diet and nutrition. Some local resources like the YMCA and the Diabetes Center offer classes on nutrition.
- Grundy County is not very walkable. Not very friendly in terms of getting exercise. There is lot of obesity in Grundy County. There is a lack of access to exercise, or don't have time, working a lot, have children, it's not convenient, general apathetic attitude to living healthy. Fast food is celebrating – you cap off your work week with a pizza. Widespread public education is needed.
- We don't have community based programs. We have a YMCA but you must pay to join and that is a stopping point in communities where people don't have jobs. There is only one grocery store in Dwight, and none in Gardner. They are forced to buy from family restaurant or Subway-type restaurant. Food pantries and hospital help coordinate the food pantry drop off and outreach programs.
- People who want to make meaningful changes in their life want to be refreshed and want to go to things that are inspiring. People want to go where others ready to make the same changes.
- Farmer markets are really for the upper middle classes. Usually people in their 20s and 60s cannot afford that.

Substance Abuse

Smoking

Smoking continues to be a leading cause of preventable death in the United States. Smoking rates in Grundy County are 24.9% among adults. The Healthy People 2020 objective for smoking is 12%. 3.3% of adults use smokeless tobacco in Grundy County. Rates of smoking and smokeless tobacco use are higher in Grundy County than in the state.

Smoking Prevalence among Adults

	Grundy County	Illinois
Smoker	24.9%	16.7%
Former smoker	21.6%	23.8%
Non-smoker	53.5%	59.6%
Uses smokeless tobacco	3.3%	3.1%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014
<http://app.idph.state.il.us/brfss/default.asp>

Alcohol Use

Binge drinking is measured as consuming a certain amount of alcohol in a designated period of time. For males this is five or more drinks per occasion and for females four or more drinks per occasion. The rate of binge drinking in Grundy County is 28.6%, which exceeds the state rate of 20.3%, and the Healthy People 2020 objective of 24.4% for binge drinking. 7.6% of adults in Grundy County are at risk for chronic drinking and 4% are at risk for drinking and driving. These rates are higher than the state rates..

Adult Binge Drinking

	Grundy County	Illinois
At risk for binge drinking	28.6%	20.3%
At risk for chronic drinking	7.6%	5.4%
At risk for drinking and driving	4.0%	1.9%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014
<http://app.idph.state.il.us/brfss/default.asp>

Youth Alcohol/Tobacco/Drug Use

A majority of 10th and 12th grade youth in Grundy County have used alcohol, cigarettes, inhalants or marijuana in the past year. 14% of 10th graders and 24% of 12th graders have used tobacco in the past month and 17% of 10th graders and 28% of 12th graders have had more than 5 drinks at one time (binge drinking) in the past 2 weeks. These rates of alcohol, tobacco and drug use are higher in Grundy County than the state.

Use of Alcohol/Tobacco/Drugs, 10th and 12th Grade Youth

	Grundy County		Illinois	
	10 th Grade	12 th Grade	10 th Grade	12 th Grade
Used alcohol, cigarettes, inhalants or marijuana in past year	54%	72%	51.2%	66.3%
Used alcohol in past 30 days	33%	48%	27.4%	44.4%
Used any tobacco product in past 30 days	14%	24%	9.5%	23.0%
Used any prescription drugs to get high in past 30 days	5%	6%	3.4%	5.2%
Binge drinking in past 2 weeks	17%	28%	11%	25.5%

Source: Illinois Youth Survey, 2014. <https://iys.cprd.illinois.edu/results/county/>; <https://iys.cprd.illinois.edu/results/state/>

Over half the 10th grade youth population in Grundy County identified that alcohol, cigarettes and marijuana were easy to obtain. Alcohol was available to 65% of 10th graders; marijuana available to 54%. Cigarettes were available to 50%, and prescription drugs were available to 41% of 10th graders. These rates of access in Grundy County are higher than found in the state.

Ease of Obtaining Alcohol/Tobacco/Drugs, 10th Grade Youth

	Grundy County	Illinois
Easy and sort of easy to obtain alcohol	65%	56%
Easy and sort of easy to obtain cigarettes	50%	47%
Easy and sort of easy to obtain marijuana	54%	53%
Easy and sort of easy to obtain prescription drugs	41%	32%

Source: Illinois Youth Survey, 2014. <https://iys.cprd.illinois.edu/results/county/>; <https://iys.cprd.illinois.edu/results/state/>

Community Input – Substance Abuse

Stakeholder interviews identified the following issues, challenges and barriers related to substance abuse:

- The abuse of substances is main stream. The addiction is more prevalent because abuse is more prevalent.
- More people are taking heroin, smoking in general is going down, but it's still a major problem, as is vaping or e-cigarettes.
- The misuse of opiates and heroin use and abuse are seen fairly regularly. A lot of patients ask for referrals for substance abuse. Distance is a barrier as the outpatient treatment is in Morris or Joliet.
- There is an addiction MD specialist in Joliet, but not one in Morris.
- Access to care is limited if you don't have a payer source.
- More drug activity is occurring in the community. Heroin is on the rise.
- We are seeing people get rehab and help. They get dried out and clean and then they relapse. They will consume the dose they were last getting high at, which their

body is no longer accustomed to and that results in a high incidence of overdose or death.

- Substance abuse is becoming more of an issue. Tobacco is not as much of an issue; abusive prescription drugs are more of a problem. Heroin is getting to be a bigger problem.
- Use of chewing tobacco and smoking seems better. We see a lot of youth smoking, pot smoking, people almost think it is normal. There are a lot of overdoses in the ED.
- Huge problem with pain management. We see a lot more people on narcotics, seeking narcotics or OxyContin.
- One of the first medicinal pot dispensaries opened here in Morris.
- People may think smaller communities don't have problems with substance abuse, but I'm seeing it more than usual. There are not sufficient resources in the service area that offer help. There is no local inpatient rehab center.
- It is so easy and cheap to get drugs, so it's a big problem. Access to illegal drugs is pretty pervasive at this time. Substance abuse has been criminalized so people are not getting treatment and help. We can find you a jail cot, but not a treatment cot. Access to care is barrier. Lack of beds and treatment facilities is a barrier.
- Education and acknowledgement is one of the barriers – a belief that we don't have a drug problem here in Grundy County. It is happening here, not just in Chicago.
- When law enforcement encounters people with substance abuse and mental health issues, their job is to gain control over a situation. When you are coming at someone who is having a psychotic break and they perceive they are in danger, they in turn may become aggressive. Mentally ill people are more in fear than they are dangerous. We need more education for first responders and law enforcement. It's become a major area of growth and at least we are acknowledging it now. We need to learn what is a more effective way to respond and de-escalate issues?
- We need a stronger educational presence earlier in the schools and factories – it needs to be everywhere. There is nowhere to refer people to. There are no local Detox centers.

Mental Health

In Grundy County, 15.3% of adults had been identified as having a depressive disorder, this is less than the state rate. 21.4% of adults in Grundy County had poor mental health status 1-7 days in the past month and 13.4% had poor mental health for 8-30 days in the past month.

Mental Health Indicators, Adults

	Grundy County	Illinois
Ever told have a depressive disorder	15.3%	16.7%
Mental health status not good for 1-7 days in past month	21.4%	24.4%
Mental health status not good for 8-30 days in past month	13.4%	14.8%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014
<http://app.idph.state.il.us/brfss/default.asp>

When asked about feelings of sadness and helplessness, one-third of 10th graders (33%) from Grundy County identified these feelings. 21% of youth had seriously considered suicide, which is higher than the state rate of 16%.

Mental Health Indicators, 10th Grade Youth

	Grundy County	Illinois
Felt so sad or helpless stopped usual activities	33%	31%
Seriously considered attempting suicide	21%	16%

Source: Illinois Youth Survey, 2014. <https://iys.cprd.illinois.edu/results/county>

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health:

- The biggest issue I see is the ability to refer patients to behavioral and mental health services. There is a big shortage in psychiatry and therapists and especially getting care for Medicaid patients.
- There is a lack of mental health care in this area. It is very difficult for people who have problems to get into see someone or even find someone. Lack of providers and lack of insurance – in this area, it's very tough.
- Lacking access to mental health care is the most important health issue. We also lack close access for follow-up treatment. People are getting primary care for diabetes, cancer, etc. But for follow-up care with mental health, nothing is close by.
- Largest measurable issue is depression in adults and anxiety in youth and we know that it's very commonplace. Anxiety is something that can evolve into other things. Barriers are people being able to understand it and being able to understand what type of help is needed for them. People need to be educated about what mental health issues are, the many facets of it, and what they need to do to help themselves

in their everyday life. When that is not enough, some people do want to talk to a primary care provider. People who need longer-term care may be better off with a mental health professional.

- A barrier around mental health treatment everywhere around the country is that professionals do not know how to properly assess for crisis and don't know what to do about it. They may not know when or how to refer it to someone else. They need to know how to do crisis assessment and intervention, and suicide intervention and assessment as well.
- Trying to get someone admitted on an urgent basis is a universal problem. We have to send them to Kankakee if it is a big problem. In Livingston County, we have a county program that's pretty good. People can get resources and can get in for care within a week.
- Psych services are hard to get in a timely manner. The wait time can be six months. During that wait period, there is nothing that can be done. Patients will frequent the ED until they can get in if they continue to have issues.
- Biggest issue in our community is mental health. Not that our people are any different, but it's access to quality care, places that can diagnose, counseling services, we don't have any of that here. There are no local counselors (clinical) and no psychology services, so many people in need are going undiagnosed or are diagnosed but don't have access to care.
- Student services department says it is the number one issue in our school district. See this with parents, need for family counseling, as well as kids. We have social workers and school counselors and a psychiatrist. Refer to resources that are in Morris and we have to count on parents to follow-up and to get to those resources.
- Lack of acute care facilities and can only get in if you have insurance. This leaves the rest of the population without services. We can help them get medications, but not counseling. For people getting outpatient care, they can experience an acute crisis and wind up out of control, violent and self-destructive, homicidal or suicidal, but the inpatient facilities are all full.
- The biggest problem is there is no place to go. Just nowhere to send people. We research and research, the doctors we do have are just overwhelmed. Just so many people with issues. We try to get them help, but there are no doctors that can help them, no facilities. They closed all the mental health facilities around here in the last five years. We have places in Chicago but trying to get them in isn't easy. With nowhere to go they end up in the ED or the hospital.
- For those who are jailed have a lot of mental health issues.
- Homeless and veterans have mental health and behavioral health issues. Most have to go to suburbs to get any sort of VA care, so access issue to travel. The assigned VA is 1 hour 20 minutes away.

- There is stigma with mental health problems. We need to destigmatize it, make sure people have access to services, and there needs to be more proactive treatment.
- In mental health there is definitely a lack of collaboration between entities like schools, public health and health care systems. I think Illinois is behind Mississippi in funding for mental health. People don't see value in proactively treating it.
- We have made tremendous strides in helping people. The new psychotropic medications don't make people zombies or put them in a stupor. But a lot of work still needs to be done.
- Grundy County has a serious problem with access to psychiatric care. Bottom quartile of state.
- Children should be seeing someone trained in brain development; it's different from an adult. Kids experience suicidal attempts, anxiety bullying, severe mental illness. We don't have a child psychiatrist. Funding is major issue especially for nonprofit and public organizations.
- The state went without a budget for a year so agencies across the state closed down because of no funding. We were able to keep going with county funding. It's hard to provide quality care if there is not adequate financial support
- With nowhere to send patients it forces the hand of family practice providers to prescribe and manage psychotropic medications and that is not our forte. We need access to specialists. No group or specialty will take them. Patients trust us, they come to us, we acknowledge, yes, you need help, and it's frustrating because we have no place to send them.
- If people come to me and do not have money, I can usually connect them with basic health care needs. If mental health care is needed, then that is a different story. Even for public aid patients, I can't find a physician or mental health counselors who will see them. I'm trying to get those needs met, but there aren't enough resources to get them to a counselor or a doctor that specializes in mental health. Even certain insurances can't get enough help for these people. If a person has state aid or self-pay, you can't get mental health care. People get put on a waiting list that is maybe 6-9 months long. You might get to see someone through the mental health department but too many people and not enough resources. It's a very long process.
- Mental health has gotten worse in the past few years. Just not enough people to take care of them, no counselors that take state aid. Psychiatrists on a wait list. Inpatient very hard to get inpatient beds. Fewer people who deal with children.

Leading Causes of Death and Injuries

Age-adjusted death rates are an important factor to examine when comparing mortality data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates. The death rate increased in Grundy County from 2013 to 2014. In 2014, the Grundy county age-adjusted mortality rate (809) exceeded the state rate (726).

Age-Adjusted Deaths per 100,000 Persons, 2013 & 2014

	Deaths		Crude Rate		Age-Adjusted Rate	
	2013	2014	2013	2014	2013	2014
Grundy County	347	414	690.8	821.0	708.9	809.0
Illinois	103,401	105,293	802.0	817.5	724.0	726.0

Source: CDC National Center for Health Statistics, WONDER Online Database; <http://wonder.cdc.gov/>

Premature Death

Premature death is represented by the Years of Potential Life Lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost to the YPLL. The YPLL measure is presented as a rate per 100,000 persons. When compared against all 102 counties in Illinois, Will County is in the second quartile, indicating relatively low premature death rates.

Premature Death Rates, per 100,000 Persons, 2015

	Deaths	YPLL-75	County Ranking (out of 102)
Grundy County	482	6,133	29

Source: County Health Rankings, 2015, www.countyhealthrankings.org

Leading Causes of Death

The leading causes of death in the service area are heart disease and cancer. Stroke, respiratory disease and unintentional injury are included in the top five causes of death. There are a number of causes of death in Grundy County that exceed the state rate. These include heart disease, stroke, respiratory disease unintentional injury, diabetes and suicide.

Leading Causes of Death, per 100,000 Persons, 2014

	Grundy County	Illinois
	Rate	Rate
Diseases of the heart	202.3	194.2
Cancer	180.5	190.2
Stroke	45.6	42.6
Chronic Respiratory Disease	45.6	43.7
Unintentional injuries	45.6	36.0
Alzheimer's disease	11.9	25.4
Diabetes	41.6	21.1
Influenza/Pneumonia	17.8	19.3
Kidney disease	13.9	19.5
Septicemia	9.9	14.0
Suicide	15.9	10.8
Liver Disease/Cirrhosis	7.9	10.3
Other causes	182.4	190.3

Source: Illinois Department of Public Health, 2014, <http://www.dph.illinois.gov/data-statistics/vital-statistics/death-statistics/more-statistics>

Cancer Death Rates

Rates of death from breast cancer, colon and rectum cancer and lung cancer in Grundy County exceed the state rates for these types of cancer.

Cancer Death Rates, per 100,000 Persons, Age-Adjusted, 2008-2012

	Grundy County	Illinois
	Rate	Rate
Breast	26.9	23.0
Colon and rectum	20.1	16.7
Lung	58.6	49.7

Source: National Cancer Institute, State Cancer Profiles, 2012 <http://statecancerprofiles.cancer.gov/data-topics/mortality.html>

Injuries

While the rate of ER visits due to injury is higher in Grundy County (107.4 per 1,000 persons) than the state (82.0 per 1,000 persons), the rate of hospitalization due to injury is nearly equal at the county and state levels (5.0 vs. 4.9).

ER Visits and Hospitalizations Due to Injury; Number, and Rate per 1,000 Persons

	Grundy		Illinois	
	Number	Rate	Number	Rate
ER Visits due to injury, 2010	5,388	107.4	1,055,123	82.0
Hospitalizations due to injury, 2011	250	5.0	63,183	4.9

Source: Illinois Department of Public Health, iQuery, 2010 and 2011, <http://iquery.illinois.gov/DataQuery/Default.aspx>

Illinois has 11 Emergency Medical Service Regions. Region 7 encompasses Grundy, Will and Kankakee Counties, as well as parts of southern Cook and Kendall Counties. There is a lower percentage of trauma admissions in Region 7 than in the state for falls, fires and explosions, other external causes, and self-inflicted injuries. The percentage of trauma admissions for motor vehicle crashes, firearms, and intentional injury inflicted by others is higher in Region 7 than in the state.

Trauma Admissions; Number, and Percent of Total, 2013

	EMS Region 7		Illinois	
	Number	Percent	Number	Percent
Falls (Unintentional)	2,683	51.7%	24,537	56.8%
Motor Vehicle Crashes (Unintentional)	1,098	21.2%	7,980	18.5%
All Other External Causes	533	10.3%	5,585	12.9%
Firearm (All Intent)	408	7.9%	2,527	5.9%
Intentional Injury/Inflicted by Others	387	7.5%	1,633	3.8%
Intentional Injury/Self-Inflicted	49	0.9%	487	1.1%
Fires and Explosions (Unintentional)	29	0.6%	57	0.9%
Total	5,187	100%	43,179	100%

Source: Illinois Department of Public Health, EMS Data Reporting System, Trauma Registry, 2013, <http://app.idph.state.il.us/emsrpt/form-trauma.asp>

In Grundy County 9.5% of residents do not use a seatbelt. This is higher than the state rate of 9.2% of residents never or rarely using a seatbelt.

Population At Risk for Injury Due to No Seatbelt Use, 2010-2014

	Grundy	Illinois
At Risk for Injury Due to No Seatbelt Use	9.5%	9.2%

Source: Illinois Behavioral Risk Factor Surveillance System (BRFSS), 2010-2014, <http://app.idph.state.il.us/brfss/default.asp>

Attachment 1. Community Health Plan

The purpose of the community health plan is to increase prevention and improve the health of Grundy County residents through a commitment of public health resources. The health plan was developed with input from the Board of Health and the Public Health Management Team through a review of the community health needs data and prioritization of needs by the community. The following criteria were used to determine the health needs to be addressed:

- **Organizational Capacity:** There is capacity to address the issue.
- **Existing Infrastructure:** There are programs, systems, staff and support resources in place to address the issue.
- **Established Relationships:** There are established relationships with community partners to address the issue.
- **Ongoing Investment:** Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.
- **Focus Area:** Has acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.

Based on these criteria the following health needs were selected for the 2016-2021 health plan: mental health and substance abuse; preventive practices (screenings and vaccines) and public health education; and access to health care.

Priority 1: Mental Health/Substance Abuse

Populations disproportionately affected by mental health and substance abuse are teens and young adults, the homeless, uninsured and underinsured, seniors and families with children. Risk factors include a family history of mental illness and/or substance abuse, stress, abuse and neglect, traumatic experiences, head injury and some chronic diseases. 21.4% of adults in Grundy County had poor mental health status 1-7 days in the past month and 13.4% had poor mental health for 8-30 days in the past month. When asked about feelings of sadness and helplessness, one-third of 10th graders (33%) from Grundy County identified these feelings. 21% of youth had seriously considered suicide, which is higher than the state rate of 16%. Smoking continues to be a leading cause of preventable death in the United States. Smoking rates in Grundy County are 24.9% among adults. The Healthy People 2020 objective for smoking is 12%. 3.3% of adults use smokeless tobacco in Grundy County. Rates of smoking and smokeless tobacco use are higher in Grundy County than in the state.

Outcome Objectives

- By 2021, decrease the percentage of adults who have poor mental health status from 13.4% to 10%, as reported on the Illinois Behavioral Risk Factor Survey.

- By 2021, decrease the percentage of adult smokers from 24.9% to 20%.

Impact Objectives

- By 2021, increase Grundy County residents' awareness of mental health and substance abuse resources available in the community.
- By 2021, reduce barriers in the community to access resources to address mental health and substance abuse issues.

Intervention Strategies

- In Grundy County, there are very few providers that offer mental health services and even less for those who have Medicaid as their primary insurance.
- Many people with mental health and/or substance abuse issues present themselves to the emergency department at Morris Hospital.
- Grundy County Health Department is the only Medicaid provider for mental health/substance abuse services in the area.
- There are no inpatient services for mental health/substance abuse available in Grundy County.

To address mental health and substance abuse, Grundy County Health Department will:

- Provide the following services
 - Individual Counseling (age 7 and up)
 - Psychiatric and Psychotropic Medication
 - Crisis Stabilization
 - Substance Abuse Treatment
 - Hoarding Therapy
 - DUI Services
 - Drug Court & Mental Health Court
 - Group Therapy (i.e. anxiety, fear, anger, substance abuse, depression, meditation)
- Be involved with the Grundy County Behavioral Health Alliance, which is a network of local organizations gathered together to discuss the issues surrounding behavioral health.
- Utilize the Mental Health Advisory Committee to solicit feedback on program services, address barriers and develop new strategies.
- Utilize the Grundy County Health Department Board of Health for guidance on policies and procedures, strategic planning and budget oversight.
- Collaborate with the judicial system in Grundy County for Drug Court and Mental Health Court.
- Work with the Substance Abuse and Mental Health Service Administration (SAMHSA) for the youth Mental Health First Aid grant until funding ceases.

- Stay accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) to increase standards of care and practices.
- Participate in external audits including, but not limited to: Medicaid, County auditors, CARF, Drug, Alcohol and Substance Abuse (DASA) and other entities as appropriate.

Community Resources

- Behavioral Health Alliance
- Community Foundation
- County Coroner
- Grundy County Health Department Board of Health
- Illinois Department of Human Services (IDHS)
- Illinois Department of Public Health (IDPH)
- Mental Health Advisory Committee
- Schools
- State's Attorney
- Substance Abuse and Mental health Service Administration (SAMHSA)
- Other organizations within the county that support mental health and substance abuse services

Estimated Funding needed for Implementation

Funding for mental health is almost nonexistent. In 2013 the Grundy County Health Department funding that supported mental health services totaled \$197,910. In 2014 it increased to \$229,508. In 2015 the amount totaled \$216,151. In 2016, the total was \$111,305 and a grant was received through SAMHSA for \$120,925 that will last 3 years. In 2017 the amount is \$112,305 with the SAMHSA grant at \$112,554. Funding for continued services will need to come from local organizations and from various grant opportunities; otherwise, services may be lost.

Partnering with the Morris Hospital is an opportunity that may be possible depending on the funding from the hospital and collaboration between the organization as well as other partners in the county. A strategic plan will include a comprehensive business plan and operational plan to include Advanced Practice Nurses in addition to Psychiatrists and the development of a system that can be duplicated throughout the county. It may take another partnering hospital (i.e. Riverside Hospital) to contribute to services in the southern part of the county.

Priority 2: Preventive Practices (Screenings and Vaccines) and Public Health Education

Health education and preventive practices reduce death and disability and improves health. These services prevent and detect illnesses and diseases—from flu to cancer—in earlier, more treatable stages, significantly reducing the risk of illness, disability, early death, and medical care costs for individuals and the community. Populations who tend to not obtain needed preventive care and health education are the uninsured and underinsured, non-English speakers and persons with low literacy, persons who lack transportation and seniors. Risk factors include low-socioeconomic status and low education levels.

In Grundy County, 23.9% of area residents obtained a flu shot; the state rate of 38.5%. Pneumonia vaccines are also recommended, especially for seniors. 23.1% of area seniors have received a Pneumonia vaccine. These rates of vaccination do not meet the Healthy People Objectives for 70% flu shot vaccination and 90% of seniors to have a pneumonia vaccine. Mammograms and clinical breast exams are used for detection of breast abnormalities and cancer. Grundy County has a high rate of compliance with breast screenings. Among women, 40 years and over, 84.4% have received a mammogram, and 87.1% of women have had a clinical breast exam. The mammogram rate exceeds the Healthy People 2020 objective of 81.1% of women to receive a mammogram. Pap smears screen for cervical cancer. Among adult women, 95.7% in Grundy County have received a Pap smear. This exceeds the rate for Pap smears of 93% recommended as a Healthy People 2020 objective.

Outcome Objective

- By 2021, increase the percentage of Grundy County adults by 10% who receive health education and prevention information and services.

Impact Objectives

- By 2021, increase Grundy County residents' awareness of health education and preventive services available in the community.
- By 2021, reduce barriers in the community to access needed health education resources and preventive services.

Intervention Strategies

To address Prevention and Education needs, Grundy County Health Department will:

- Utilize existing funding and seek new funding to hire a Health Educator whose main role will be to implement and monitor Prevention and Education activities.
- Participate in health education and wellness events throughout the county

- Promote Prevention and Education during our monthly radio spot. A new topic will be discussed monthly.
- Participate in community activities by attending and providing prevention information on relevant health topics (i.e. substance abuse, obesity, etc.).
- Continue to work with community stakeholders to provide messages about Prevention and Education.
- Provide Prevention and Education health topics during appointments with clients.
- Continue to provide WIC services in Grundy County and incorporate a Prevention and Education component.
- Work with local care providers to offer Prevention and Education clinics (i.e. blood pressure checks, blood sugar level checks, nutrition course, etc.)
- Continue to provide educational opportunities including, but not limited to:
 - Food Service Sanitation Managers Certification Course
 - Youth Mental Health First Aid
 - Nutrition
 - CPR, First Aid and AED

Community Resources

- Morris Hospital
- Behavioral Health Alliance
- Community Foundation
- County Coroner
- Grundy County Health Department Board of Health
- Grundy County Interagency Council (GCIC)
- Grundy County Chamber of Commerce
- Illinois Department of Human Services (IDHS)
- Illinois Department of Public Health (IDPH)
- Mental Health Advisory Committee
- Schools
- State's Attorney
- Substance Abuse and Mental health Service Administration (SAMHSA)
- Other organizations within the county that support Prevention and Education.

Estimated Funding needed for Implementation

The most critical component for the Health Department to fund is a full time health educator. This person will be responsible for all Grundy County Health Department prevention and education activities. Additional funding will be needed to participate in health education and wellness events as well as provide education materials. The Grundy County Health Department will team up with local partners and seek grant

opportunities that best support a prevention and education component, filling in the gaps of identified needs without duplicating services.

Priority 3: Access to Care

Having sufficient availability of providers is essential for people to access preventive and primary care, and when needed, obtain referrals to appropriate specialty care. Residents who have a usual source of care and access to a health care provider improve the continuity of care and decrease unnecessary ER visits. Populations who are most affected by lack of access to health care are those who lack insurance and have high deductible plans, non-English speakers, immigrants, teens and young adults, and persons who lack transportation. Risk factors include low-socioeconomic status, the unemployed, women head of household with children, and lack of available primary care and specialty care providers.

Health insurance coverage is considered a key component to accessing health care. The Healthy People 2020 objective is that 100% of persons have health insurance. The uninsured rate is 8.6% in Grundy County, which is lower than the state rate of 12.3%. East Brooklyn (17.7%), South Wilmington (13.8%), and Mazon (13.4%) have high rates of uninsured. Channahon (4.3%), Kinsman (5.6%) and Gardner (5.7%) have low rates of uninsured. Having sufficient availability of providers is essential for people to access preventive and primary care, and when needed, referrals to appropriate specialty care. The ratios of population to one provider indicate that Grundy County has higher ratios (fewer providers) than the state.

Outcome Objective

- By 2021, increase the percentage of adults in Grundy County who have a usual source of care from 81.2% to 83%.

Impact Objective

- By 2021, increase Grundy County residents' ability to access health and dental care.

Intervention Strategies

To address Access to Care, Grundy County Health Department will:

- Continue to credential with private insurance companies.
- Work with local partners and area agencies to provide services that are not easily accessible in this area to Grundy County residents.
- Work with public transportation providers (i.e. Grundy Transit System (GTS)) to provide reliable transportation to and from appointments for those in need.

- Collaborate with Morris Hospital and their transportation component to address transportation barriers in county and health department services.
- Begin to develop resources to offer health care services at various locations throughout Grundy County.
- Partner with local medical professionals to provide their services at primary care clinics.
- Seek out resources to provide better access to dental care in Grundy County (i.e. Smile Illinois).
- Partner with local schools to educate administrators on the need for access to dental care; in turn reaching students and parents in the district.

Community Resources

- Morris Hospital
- Behavioral Health Alliance
- Community Foundation
- Grundy County Transit System
- Grundy County Health Department Board of Health
- Illinois Department of Human Services (IDHS)
- Illinois Department of Public Health (IDPH)
- Schools
- Other organizations within the county that support Access to Care

Estimated Funding needed for Implementation

The Grundy County Health Department will continue to provide access to the services that are currently funded. Partner agencies will fund the programs they currently offer. Additional grant funded and/or tax dollars are needed to provide additional services and to allow for a transportation budget. In addition, we may be able to offer some services for a fee, such as blood pressure screening, blood tests, etc.