IPLAN
Illinois Project for Local Assessment of Needs

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS

FEBRRURARY 2022

KANE Health Counts

UNITY FOR A HEALTHY COMMUNITY

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May 25, 2021

Illinois Department of Public Health
Attn: Nelson Agbodo, IPLAN Administrator
Division of Health Policy
525 W Jefferson-FL-2
Springfield, IL 62761

Dear Mr. Agbodo,

Kane County Health Department is scheduled to submit their IPLAN to the Illinois Department of Public Health for re-certification on September 4, 2021. I, as the Interim Executive Director, am requesting a six-month extension of the due date for the following reasons:

- Re-assignment of personnel over the past 14 months to address the covid-19 pandemic to protect the health and safety of our community
- Finalize our Community Health Improvement Plan and complete the report
- Gather signatures from the Board of Health

If this extension is granted, we will submit the required documents on or before March 4, 2022. Thank you for your consideration of this extension.

Sincerely,

Kathy Fosser

Kathy Fosser, MBA, SPHR, SHRM-SCP
Interim Executive Director

May 25, 2021

Kathy Fosser

Public Health Administrator

Kane County Health Department

1240 North Highland Avenue

Aurora, Illinois 60506

 Dear Ms. Fosser:

The Illinois Department of Public Health has reviewed a request for extending the due date for submitting the Kane County Health Department's recertification application and determined that this health department meets the conditions or circumstances specified in subsection 600.210(d)(1)(C) of the Certified Local Health Department Code. The Department agrees to extend the application deadline by 6 months to **March 4, 2022** or until the conditions or circumstances are remedied, whichever comes first. Your current certification period is also extended to expire on **May 3, 2022**.

 Please feel free to contact the IPLAN Administrator Nelson Agbodo at 217-782-0667 or

Nelson.Agbodo@illinois.gov, should you have any questions about the IPLAN process and resources.

Sincerely,

Nelson Agbodo

Nelson Agbodo

IPLAN Administrator

Division of Health Data and Policy

Enclosure:

   cc: Omayra Giachello, Regional Health Officer, West Chicago Region.
        IPLAN File

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PROTECTING HEALTH, IMPROVING LIVES

PART I: Organizational Self-Assessment

1.1 Description

The Kane County Health Department (KCHD) completed the strategic planning progess which was approved at the November 9, 2021 Board of Health Meeting. A copy of the 2021 – 2026 Strategic Plan can be found on the KCHD website: https://kanehealth.com/Pages/About.aspx

The 2021 Strategic Planning Process identified five priority areas. Strategic planning teams comprised of all levels of health department staff, will be working for the next five years focusing on the following priorities:

- Health Equity
- Communications
- Workforce Development
- Resource Development
- Strategic Collaboration

CHA (Community Health Assessment), Strategic Plan, QI (Quality Improvement) plan, and CHIP (Community Health Improvement Plan) working together:
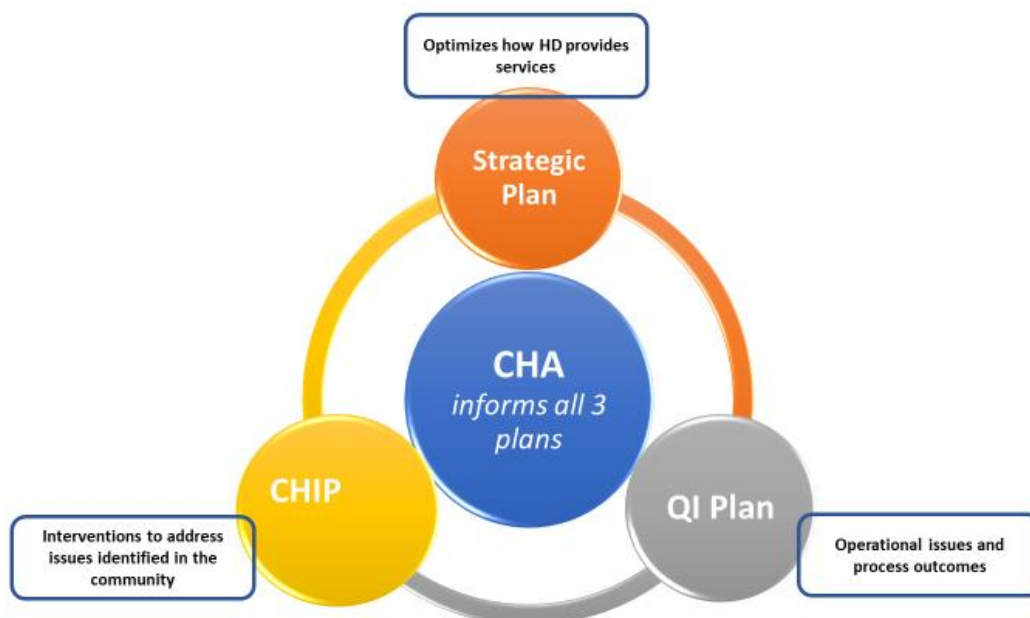
1.2 Documentation of Board of Health Approval

STATE OF ILLINOIS

COUNTY OF KANE

<div align="center">RESOLUTION: NO. <u>21 -497</u></div>

<div align="center">**AUTHORIZING KANE COUNTY HEALTH DEPARTMENT 2021-2026 STRATEGIC PLAN**</div>

WHEREAS, formal organizational assessments are required of certified local health departments in the state of Illinois every five years (77 IL Admin Code 600.210) and such organizational assessments and strategic planning are further recognized as part of meeting national performance standards of local public health departments by national public health agencies, such as the Public Health Accreditation Board; and

WHEREAS, the Kane County Health Department has fulfilled this Obligation since the inception of the Illinois requirement in 1994; and

WHEREAS, the Kane County Health Department last updated its strategic plan in 2016; and

WHEREAS, the Kane County Health Advisory Committee has actively overseen and participated in developing the strategic planning process for the Kane County Health Department that was formally initiated with a joint planning session of the Kane County Board of Health, the Kane County Health Advisory Committee, community partners, Health Department staff and senior staff from other Kane County Departments throughout; and
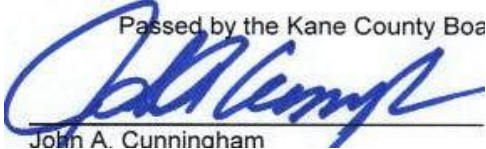
WHEREAS, at its meeting on October 20, 2021, the Kane County Health Advisory Committee accepted the draft of the 2021-2026 Strategic Plan that will be submitted to the Kane County Board of Health in November 2021 for final approval; and

NOW, THEREFORE, BE IT RESOLVED by the Kane County Board of Health that it hereby adopts the 2021-2026 Kane County Health Department Strategic Plan and organizational assessment, which directs the Kane County Health Department to implement said plan, making regular reports on progress to the Kane County Health Advisory Committee and the Kane County Board of Health.

BE IT FURTHER RESOLVED that the Chairman of the Kane County Board of Health is authorized to submit the 2021-2026 Kane County Health Department Strategic Plan and organizational to the Illinois Department of Public Health for its review and approval as required of certified local health departments in the state of Illinois every five years (77 IL Admin Code 600.210).

Passed by the Kane County Board on November 9, 2021.

John A. Cunningham
Clerk, County Board
Kane County, Illinois
Vote:
[Unanimous]

11-21 Strategic Plan

Corinne M. Pierog MA, MBA
Chairman, County Board
Kane County, Illinois

Part II: Community Health Needs Assessments

"Health Equity is the realization by people of the highest attainable level of health. Achieving health equity requires valuing all individuals and populations equally, and entails focused and ongoing societal efforts to address avoidable inequalities by ensuring the conditions for optimal health for all groups."

Adewale Troutman

Kane County Health Depatment, a collaborative of Kane Health Counts, uses the MAPP Model – Mobilizing for Action Through Planning and Partnerships – for community health planning. MAPP supports full integration of health equity into the planning process. Action Teams work to address inequities in all 4 priorities in Kane County:

- Behavioral Health
- Exercise, Nutrition & Weight
- Immunizations & Infectious Diseases
- Access to Health Services

2.1 Executive Summary

Kane County Health Department (KCHD) is pleased to present its 2021 Community Health Assessment (CHA). The assessment was completed using the Mobilizing Action for Planning and Partnership (MAPP) framework, a community-wide strategic planning process for improving public health and helps communities prioritize public health issues. Kane County completed the four MAPP assessments, which together provide a comprehensive picture of health in an area. This report helps KCHD meet requirements of certified local health departments in the state of Illinois to complete a community health needs assessment every five years (77 IL Admin Code 600.210) and is part of the essential services of local public health departments based on standards by the Public Health Accreditation Board.

This CHA was completed through a collaborative effort that integrated the Community Health Needs Assessment (CHNA) process of the five hospitals in Kane County and the local mental health board. As a part of the Kane Health Counts Collaborative, the Kane County Health Department partnered with Conduent Healthy Communities Institute (HCI) to conduct this 2021 CHA.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Kane County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community. Additionally, a section has been added to this report that focuses on the COVID-19 pandemic and its impact on Kane County.

Findings from this report will be used to identify, develop and target initiatives to provide and connect patients with resources to improve these health challenges in the community.

Kane County

Located 40 miles west of Chicago, Kane County ranks fifth largest by population of the 102 counties in Illinois. The county is among the fastest growing counties in Illinois, with a growth rate of 3.0% since 2010. Kane County is composed of five cities, 25 villages, and 16 townships within 519.9 square miles. The county is also divided into three planning areas including North, Central, and South Planning Areas.

Demographics

Kane County has a population of approximately 536,901 persons. By race, the majority of the population in the county identifies as White (72.0%). The Black/African community makes up 5.6% of the county's population, followed by the Asian community who make up 4.3% of the population. By ethnicity, Kane County has a larger population that identifies as Hispanic/Latino (33.2%) compared to Illinois (18.1%) and U.S. (18.4%) values.

When considering the age of the population, 25.0% of the population are infants, children, or adolescents (age 0-17); another 60.9% are in the age group 18 to 64, while 14% are age 65 and older.

2.2 Methods for Identifying Community Needs

Kane Health Counts is a cross-sector collaborative that brings together community partners from healthcare, public health, social services, parks and recreation, education, and law enforcement to improve health in Kane County. Kane County Health Department (KCHD) is a key partner in the Kane Health Counts Collaborative. KCHD, local hospitals partners and the local mental health board worked with the Kane Health Counts collaborative to utilize the Mobilizing Action for Planning and Partnerships (MAPP) framework to guide this joint CHA/CHNA process. The following assessments were implemented as part of this MAPP process:

Forces of Change Assessment

The Forces of Change Assessment (FOCA) identifies forces (trends, factors, or events) impacting health in Kane County and the opportunities and threats associated with these forces. Kane County's FOCA was conducted through four online discussoins with key stakeholders and community leaders based on types of forces including political, economic, technological, and social.

Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) measures how well the local public health system works together to deliver on the 10 Essential Public Health Services and identifies opportunities for improvement. To complete the LPHSA, Kane Health Counts partners utilized the National Public Health Performance Standards (NPHPS) Local Public Health System Performance Assessment Instrument Version 3. Community partners and content experts from across the public health system completed online surveys and participated in facilitated conversations to provide their input about activities, competencies, and capacities of the Kane County public health system.

Community Health Status Assessment & Community Themes and Strengths Assessment

Findings from secondary data and primary data were analyzed to inform Kane County Health Department's Community Health Status Assessment and Community Themes and Strengths Assessment. The Community Health Status Assessment provides an understanding of the health status, quality of life, and risk factors of a community. Findings from secondary data analysis and the online community survey helped to inform Kane County's Community Health Status Assessment. The Community Themes and Strengths Assessment provides insights about what topics and issues community members feel are important, how they perceive their quality of life, and what assets they believe can be used to improve health. Findings from community focus groups and the online community survey helped to inform Kane County's Community Themes and Strengths Assessment. Each type of data was analyzed using a unique methodology.

Secondary Data

Kane County conducted an analysis of secondary data to inform the Community Health Status Assessment, which identifies priority community health and quality of life issues for the county. The secondary data used in this assessment were obtained and analyzed from Kane Health Counts' Community Dashboard http://www.kanehealthcounts.org/. This includes a comprehensive set of more than 200 community health and quality of life indicators covering over 26 topic areas. Indicator values for Kane County were compared to other counties in Illinois and nationwide to compare health topics and

relative areas of need. Other considerations for health areas of need included trends over time, Healthy People 2020 targets, and disparities by age, gender, and race/ethnicity.

Primary Data

The needs assessment including collection of primary data was comprised of: (1) focus groups hosted virtually with community members to increase understanding of Kane County's health needs from the perspective of the community, and (2) a community survey distributed online throughout Kane County. Focus group findings helped to inform the Community Themes and Strengths Assessment, which identifies what residents feel are important to their health and their community. Community survey findings were used to inform both the Community Health Status Assessment and Community Themes and Strengths Assessment.

2.3 Summary of Findings

The MAPP assessment findings, which resulted in the collaborative CHA/CHNA, are drawn from an analysis of an extensive set of secondary data (200 indicators from national and state data sources), in-depth primary data from community leaders, non-health professionals, organizations that serve the community at large, vulnerable populations, and/or populations with unmet health needs, as well as genenal members of the Kane County community.

Through a synthesis of the MAPP assessments including primary and secondary data collected, the following top health needs were determined and listed in scored rankings from highest to lowest.

1. Mental Health
2. Access to Health Services
3. Immunizations and Infectious Diseases
4. Substance Abuse
5. Exercise, Nutrition, and Weight
6. Maternal, Fetal, and Infant Health
7. Teen and Adolescent Health
8. Older Adults and Aging
9. Other Chronic Diseases
10. Education
11. Environment
12. Public Safety
13. Transportation

Disparities

The identification of disparities along race/ethnicity, gender, age, and geographic lines is important for informing and focusing strategies that will address the prioritized health needs. Primary and secondary data revealed significant community health disparities based on race/ethnicity, particularly among the Black and Hispanic communities. Furthermore, the data showed that older adults face increased health issues, while populations in certain geographic areas experience higher socioeconomic need and potentially poorer health outcomes.

Prioritized Areas

On December 8, 2020, more than 70 representative members of the Kane County community came together to learn about the significant health needs identified through the community health assessment process in a virtual session led by consultants from HCI. This session was followed by an online prioritization scoring exercise of each health topic based on how well they met the defined criteria. HCI calculated the results to come up with a ranked list of significant health needs. Kane Health Counts members met on December 15, 2020 to review the ranking while considering the criteria for prioritization. The following four health areas were approved as priority areas to address by the Kane Health Counts Executive Committee on January 15, 2021:

Prioritized Health Needs
Behavioral Health (Mental Health and Substance Abuse)
Access to Health Services
Immunizations and Infectious Diseases
Exercise, Nutrition, and Weight

COVID-19 Impact Snapshot

At the time that Kane Health Counts began its collaborative CHA/CHNA process, Kane County was in the midst of dealing with the COVID-19 pandemic. The CHNA project team looked for additional sources of secondary data and gathered primary data to provide a snapshot of the impact of COVID-19 on Kane County between March 2020 and December 2020. More details of these findings are found in the "COVID-19 Impact Snapshot" section of this report.

Conclusion

This report describes the process and findings of a comprehensive and collaborative Community Health Assessment (CHA) for the residents of Kane County, IL. The prioritization of the identified significant health needs will guide the community health improvement efforts of the Kane Health Counts Collaborative. Following this process, the collaborative, inclusive of the Kane County Health Department will outline how it plans to address the prioritized health needs. The Kane County Health Department is dedicated to serving residents of Kane County by providing exceptional care, promoting wellness and making a difference in every life we touch.

2.4 Introduction & Purpose

Kane County Health Department (KCHD) is pleased to present its 2021 Community Health Assessment (CHA). The assessment was completed using the Mobilizing Action for Planning and Partnership (MAPP) framework, a community-wide strategic planning process for improving public health and helps communities prioritize public health issues. Kane County completed the four MAPP assessments, which together provide a comprehensive picture of health in an area. This report helps KCHD meet requirements of certified local health departments in the state of Illinois to complete a community health needs assessment every five years (77 IL Admin Code 600.210) and is part of the essential services of local public health departments based on standards by the Public Health Accreditation Board.

This CHA was completed through a collaborative effort that integrated the Community Health Needs Assessment (CHNA) process of the five hospitals in Kane County and the local mental health board. As a part of the Kane Health Counts Collaborative, the Kane County Health Department partnered with Conduent Healthy Communities Institute (HCI) to conduct this 2021 CHA.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Kane County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community. Additionally, a section has been added to this report that focuses on the COVID-19 pandemic and its impact on Kane County.

Findings from this report will be used to identify, develop and target initiatives to provide and connect patients with resources to improve these health challenges in the community.

> **This report includes a description of:**
>
> - The community demographics and population served;
> - The process and methods used to obtain, analyze and synthesize primary and secondary data;
> - The significant health needs in the community, taking into account the needs of uninsured, low-income, and marginalized groups;
> - The process and criteria used in identifying certain health needs as significant and prioritizing those significant community needs.

Kane Health Counts

In 2011, Kane County Health Department (KCHD) started a Collaborative Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process. This process aimed to identify health priorities in the community and strategies to address them. Since then, KCHD has joined forces with five local hospitals, AMITA Mercy Medical Center, AMITA Saint Joseph Hospital, Northwestern Medicine Delnor Hospital, Rush Copley Medical Center, and Advocate Aurora Sherman, along with the INC Board, a mental health "708 Board" serving the southern part of Kane County and a number of community partners. This group comes together with a mutual interest in improving the health of Kane County residents. In 2014, this collaborative group was given the name Kane Health Counts.

This comprehensive community health assessment process is conducted every three years to identify the top health priorities Kane County. The Kane Health Counts collaborative works together to plan, implement and evaluate strategies that are in alignment with the identified health priorities. Together, the group strives to make Kane County the healthiest county in Illinois.

Kane Health Counts Executive Committee Leaders

Tina Link, Manager of Community Outreach, Community Health/Volunteer Services Departments
Advocate Aurora Sherman Hospital

Maria Aurora Diaz, Regional Director, Community Health Integration
AMITA Health Mercy Medical Center and AMITA Health Saint Joseph Hospital

Mary Carol MacDonald, Manager, Diabetes and Nutrition Services
AMITA Health Saint Joseph Hospital

Dalila Alegria, Executive Director
INC Board

Karin Podolski, Director, Community Health Services
Northwestern Medicine Delnor Hospital

Alex Pope, Vice President, Philanthropy & Community Engagement
Rush Copley Medical Center

Mariana Martinez, Community Health Outreach Coordinator
Rush Copley Medical Center

Kane Health Counts Committee Members

Kane Health Counts Executive Committee Members consist of hospital, health department and city leaders. This governing body oversees the work of the action teams and ensures the actions are meeting the goals and objectives set for the community health improvement plan.

- Alex Pope – Rush Copley Medical Center
- Bernadette May – Family Service Association of Greater Elgin
- Bob Tanner – Greater Elgin Family Care Center
- Carl Schoedel - Kane County Department of Transportation
- Chrissie Howorth – VNA Health Care

- Dalila Alegria – INC Board
- Dan Barreiro – City of Aurora
- Erin Donlan – Gail Borden Public Library
- Jackie Forbes – Kane County Department of Transportation
- Karin Podolski – Northwestern Medicine
- Kathy Fosser - Kane County Health Department
- Laura Barrett - Kane County Health Department
- Maria Aurora Diaz – AMITA Health
- Maria Iniguez – AMITA Health
- Mariana Martinez – Rush Copley Medical Center
- Mark VanKerkhoff - Kane County Development
- Mary Carol MacDonald – AMITA Saint Joseph Hospital
- Michael Isaacson – Kane County Health Department
- Stacy Zeng – Kane County Health Department
- Susan Stack - Kane County Health Department
- Tina Link – Advocate Aurora Health Sherman Hospital
- Uche Onwuta - Kane County Health Department

Kane County Health Department

The Health Department was formed in 1985 by resolution of the Kane County Board. The Kane County Health Department (KCHD) received national public health department five-year accreditation status on Nov. 20, 2013, through the Public Health Accreditation Board (PHAB). With this achievement, Kane County became the first county health department in Illinois to reach this status. In November 2019, KCHD successfully achieved national reaccreditation through the Public Health Accreditation Board (PHAB), extending its accreditation status for another five years.

Our Vision

Healthy Kane 2030 Vision: Kane County residents are the healthiest in Illinois.

Our Mission

Promote, protect and advocate for health and wellness in the community.

Our Core Values

We are committed to:

Service - providing services to the individuals, families, businesses and communities of Kane County in a manner that always exceeds their expectations and contributes to good health.

Respect - basing all of our interactions with our clients/customers, partners and co-workers on the highest regard for each individual.

Trust - honoring the public's trust and acting with integrity to sustain and build that relationship.

Quality - providing our highest and best efforts in every aspect of our work and seeking ways to innovate and improve.

Teamwork - sustaining a commitment to work together to overcome obstacles and achieve our mission.

Health Department Leadership

The following Kane County Health Department staff were integral in supporting this collaborative CHA/CHNA process though the Kane Health Counts Collaborative:

- Barbara Jeffers, Executive Director (through December 2020)
- Kathy Fosser, Interim Executive Director
- Kinnell Snowden, Director of Finance
- Uche Onwuta, Director, Division of Health Protection
- Laura Barrett, Director, Division of Disease Prevention
- Michael Isaacson, Assistant Director, Community Health
- Stacy Zeng, Community Health Planner
- Susan Stack, Communications Coordinator

Leadership Statement to the Community

To the citizens of Kane County,

I would like to present the comprehensive 2021 Kane County Community Health Assessment. Formal community health needs assessment, prioritization, and action planning are required of certified local public health departments in the State of Illinois every five years and are further recognized as part of the essential services of local public health departments by national public health authorities, such as the Public Health Accreditation Board.

The Kane County Health Department (KCHD) has fulfilled their obligation for certification since the inception of the Illinois requirement in 1994. In addition to certification by the State, KCHD have been evaluated and achieved national accreditation status by the Public Health Accreditation Board (PHAB) in 2013; and re-accreditation status in 2019.

As Kane County grows and changes, we face new challenges in improving and maintaining the health of our community. The COVID-19 pandemic has most certainly shed some new awakenings as well as revealing new opportunities in public health. Community health needs assessment and improvement planning is essential in meeting these challenges/opportunities and helping our residents improve their health. The Community Health Assessments present the rich data collection and community engagement achieved over the past 18 months in Kane County. In coordination with the five Kane County Hospitals, the INC Board, and over 100 community stakeholders, we utilized the MAPP process – Mobilizing for Action through Planning and Partnerships. This assessment cycle included a community survey, focus groups with underserved communities, conversations with subject matter experts, community partners/leaders, stakeholders, and secondary data analysis among other activities.

We have prioritized four issues as focus areas for our efforts: behavioral health (mental health and substance abuse); access to health services; immunizations and infectious diseases; and exercise, nutrition and weight. Our goals for each of these priority areas will help us realize our vision that by 2030, Kane County is the healthiest county in Illinois, attained by the healthy choices of our residents and the model public health system in our community.
Throughout this process, we have relied on community collaboration and the support of our partners. On behalf of the Kane County Health Department, I would like to thank all of the local organizations and agencies who gave their time, effort, energy, and resources to this process. I would also like to extend a special thank you to those Kane County residents who participated in our surveys and focus groups. Their opinions and contributions are crucial to meaningful data collection.

Finally, thank you to Advocate Aurora Sherman Hospital, AMITA Mercy Medical Center, AMITA Saint Joseph Hospital, the INC Board, Northwestern Medicine Delnor Hospital, and Rush Copley Medical Center for their financial contributions and consistent countless hours of collaborative partnership.

Kathy Fosser, Interim Executive Director
Kane County Health Department

Health Department Planning Areas

Kane County Health Department is defined as the geographical boundary of Kane County, IL. The county is also divided into three planning areas including a North, Central, and South Planning Area as shown in Figure 1.

FIGURE 1. KANE COUNTY HEALTH DEPARTMENT PLANNING AREAS
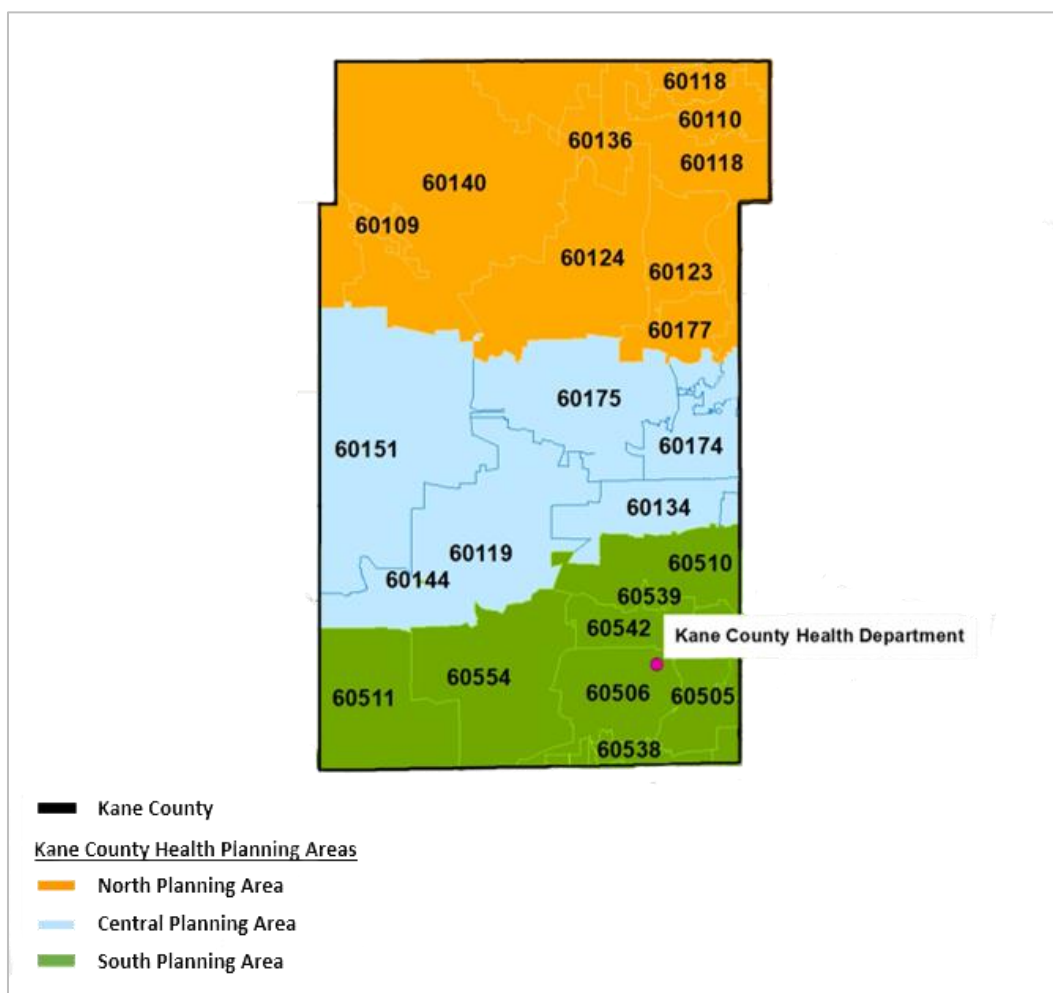
Consultants

Kane Health Counts Collaborative members commissioned Conduent Healthy Communities Institute (HCI) to support report preparation for its 2021 collaborative CHA/CHNA. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent HCI, please visit www.conduent.com/community-population-health. The following HCI team members were involved in the development of this report: Ashley Wendt, MPH – Public Health Consultant, Jane Chai, MPH - Community Health Subject Matter Expert, Courtney Kaczmarsky, MPH – Public Health Consultant, Traci Van, Senior Advisor, Era Chaudhry, MPH – Research Associate, Margaret Mysz, MPH – Research Associate, and Zack Flores – Project Coordinator.

Through the Kane Health Collaborative, Kane County Health Department collaborates with other partners within Kane County to jointly address specific health needs that have been identified as priorities. From their previous joint CHA/CHNA three areas were identified for targeted work. They include: Behavioral Health, Chronic Diseases, and Income and Education. By reviewing the actions taken to address these priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during this subsequent round of their CHA cycle. The information below captures the evaluation of these efforts.

Community Health Improvement Priorities from Preceding CHA

Kane County Health Department's Community Health Improvement Priorities from their previous CHA cycle were:

• Behavioral Health   • Chronic Diseases   • Income and Education

Behavioral Health

Goal: By 2030, improve the mental health of Kane County residents.			
	Baseline	Current	Status Update
Outcome Objective			
By August 31, 2021, reduce the number of emergency department visits related to behavioral health by 5.0%.	108.01 per 10,000 residents (2014)	142.15 per 10,000 residents (2018)	Team will continue to work on strategies to reduce emergency department visits related to behavioral health.
Impact Objectives			
By Aug. 31, 2020, increase the proportion of adults aware of mental health resources by 15%.	60.9%	61.9 % (2018)	Efforts underway to increase traffic to website and coordinate services.
By Aug. 31, 2020, reduce the proportion of adults who could not get mental health resources when needed in the past year to 2.5% (or by 11%).	2.8%	7.6% (2018)	Team is working to implement online referral source.
By Aug. 31, 2020, reduce the proportion of adults that experience "fair" or "poor" mental health by 15%.	10.5%	17.8% (2018)	Focus on worksite and primary care contact points to help people with coping skills

Work to achieve these objectives was implemented in three main areas: Community Collaboration, Public Education, and Service Coordination.

Community Collaboration:
In an effort to gain a better understanding of local collaborative efforts related to behavioral health, organizations involved in efforts to reduce the burden of mental health and substance abuse were invited to present to the Kane Health Counts Behavioral Health Task Force at each of their meetings.

Public Education:
The community resource web portal was updated in 2019 with the goal of expanding its use. The Behavioral Health Council supported and promoted cross-sector trainings as well that included Lay Person's Guide to Mental Health, Mental Health First Aid (Youth and Adult) and Crisis intervention Training (CIT) and Applied Suicide Intervention Skills Training (ASIST). Finally, in order to increase funding and support for education a Children's Mental Health Initiative grant and a NACCHO Opioid grant were completed and submitted in 2019. Funding for substance use education, parent engagement and provider training were secured through grant funds in 2019 to be implemented in 2020.

Service Coordination:
As of the end of 2019, a new web-based referral system was active and on track to be used in 2020. The system being utilized is IRIS, which stands for Integrated Referral and Intake System, and will allow providers to make secure referrals from point to point with tracking at each step of the process. This new system will ensure all strategies in Service Coordination are tracked and about to be met.

Chronic Diseases

Goal: By 2030, reduce chronic disease in Kane County			
	Baseline	**Current**	**Status Update**
Outcome Objective			
By August 31, 2030, reduce Chronic disease in Kane County	-	-	In progress. Created a web portal where community members can access information about nutrition and physical activity resources throughout Kane County as well as learn tips about healthy living.
By August 31, 2021, decrease the number of hospitalizations due to heart disease by 5%.	66.4 per 10,000 residents (2014)	No update	IDPH EMS database is updated through Q3 2015.
Impact Objectives			
By August 31, 2021, increase the % of Kane County adults consuming 5+ servings of fruits and/or vegetables a day by 2.5%.	17.3% (2018)	No update	In progress. Created a map to find food pantries, farmers markets and community gardens. Used campaigns to promote eating fruits and vegetables and how to register for Supplemental Nutrition Assistance Program (SNAP) benefits. Increased Community Supported Agriculture (CSA)

			subscriptions for underserved community members.
By August 31, 2021, decrease the % of Kane County adults reporting no leisure-time physical activity in the past month by 2.5 %.	27.7%, 2018	No update	In progress. Increased accessibility of sidewalks and trails for walking and biking.

Work to achieve these objectives was implemented in two main areas: 1) Nutrition focusing on increasing access and consumption of healthy foods and 2) Physical Activity focusing on the enhancement of the built environment.

Nutrition:
The first strategy for increasing access and consumption of healthy foods was though increasing the availability of healthy foods. Specific activities within this strategy included improving community mapping on the "mapped resources" section of the Kane Health Counts website to include farmers markets, community supported agriculture (CSAs), community gardens, and food pantries. Health messaging to promote eating fresh fruits and vegetables and accessing SNAP benefit registration were also included.

The second strategy to increase access and consumption of healthy foods included improving workplace environments. Specific activities within this strategy included promotion of increased participation in the Kane County workplace recognition program, creating a chronic disease resource toolbox and link on the Kane Health Counts website as well as creating and promoting specific health challenges within the workplace.

Physical Activity:
The first strategy for enhancing the built environment was a focus on improving sidewalks. Specific activities within this strategy included: 1) making sidewalks accessible and open for walking and biking, 2) encouraging municipalities and schools to apply for funding opportunities to improve infrastructure , 3) implementation of a bike share/bike rental program in Kane County, and 4) sponsoring a "Walk to School Day" and "Bike to Work Week".

The second strategy for enhancing the built environment was a focus on improving trail systems. One specific activity within this strategy was the addition and upgrade of trail maps and apps to be linguistically appropriate which included the addition of Spanish versions of these resources. Other activities included supporting and promoting physical activities challenges, promoting programs like Gail Borden Walking book club, and promoting bike shop and bike club groups.

The third strategy for enhancing the built environment was an additional focus on workplace environments. One specific activity included creating a toolbox for workplaces to help improve employee health. An additional activity included encouraging workplaces to advocate for bike stations and bike share program stations near their buildings.

The final strategy for enhancing the built environment was a focus on alternative transportation. This included promoting and raising awareness about Ride in Kane to townships and agencies across the county.

Income and Education

Goal: By August 31, 2030, reduce the proportion of Kane County residents living at or below 100% of poverty by 25%.				
	Baseline	**Current**	**Target**	**Status Update**
Outcome Objective				
By August 2030, reduce the proportion of Kane County residents living at or below 100% of poverty by 25%	10.7% SAIPE (2014)	10.4% (2013-2017) Kane Health Counts	8.025%	Trending down as desired.
By August 31, 2022, improve the 4-year graduation rate of all public school districts with a baseline rate <87% by 5 percentage points	3 districts are under 87% SD129-West Aurora 79% SD131-East Aurora 62.8% U-46-Elgin 80.2% Larkin-Elgin 79.1% Streamwood 87% (Illinois State Board of Education, 2015)	SD131- East Aurora 67% SD129- West Aurora 82% U-46-Elgin 76%, Larkin-Elgin 73%, Streamwood 86% (2019 figures)	SD131- East Aurora 72% SD129- West Aurora 87% U46-Elgin 81% Larkin-Elgin 78% Streamwood 91%	Graduation rates are trending upwards for districts 131 & 129 when compared to the 2013-2014 figures used in the Environmental Scan. U-46 is trending downwards.
Impact Objectives				
By June 30, 2021, demonstrate active, collective community engagement in improving income and education as evidenced by a career exploration communication campaign that involves 50% of middle schools.	None available	-	50%	Action team has begun Newsflash to begin engaging the middle schools.

Work to achieve these objectives was implemented through the research, design, and implementation of a career exploration campaign targeting middle school youth and their parents in Kane County. Due to COVID precautions and restrictions on in-person activities, the following strategies were not seen through completion, however, they were intiated:

The first strategy to improve and address challenges with income and education in Kane County focused on engage youth and parents to give input and assistance in developing a middle school career exploration campaign messaging.

The second strategy focused on implementing the career exploration campaign targeting middle school youth and their parents by conducting a series of communication campaign cycles that we evaluate and improve or expand in subsequent cycles.

Overview of MAPP Process

In 2020, Kane County Health Department (KCHD) and its Kane Health Counts partners engaged in an assessment of the health of Kane County utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) collaborative process[12]. The MAPP model for Community Health Assessment and planning includes four different assessments that provide a comprehensive picture of health in an area. The assessments include:

- Forces of Change Assessment (FOCA)
- Local Public Health System Assessment (LPHSA)
- Community Health Status Assessment (Secondary Data and Community Survey)
- Community Themes and Strengths Assessment (Focus Groups and Community Survey)

FIGURE 2. MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS

Findings from the Community Health Status Assessment and Community Themes and Strengths Assessment were considered with FOCA and LPHSA findings. Detailed descriptions of the findings from these four assessments are organized and presented by health topics in the Data Synthesis, Prioritized

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[1] NACCHO (2021). Community Health Assessment and Improving Planning. Accessed from
https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment

[2] CDC (2015). Assessment & Plannig Models, Frameworks & Tools. Accessed from
https://www.cdc.gov/publichealthgateway/cha/assessment.html

Significant Health Needs, and Non-Prioritized Significant Health Needs sections of this report. These findings were then synthesized for a comprehensive overview of the health needs in Kane County and its Health Planning Areas.

Figure 3 briefly describes the four assessments and methodologies that were included in the MAPP collaborative process. More details for these assessments can be found in Appendices A, B, C, and D.

FIGURE 3. KEY COMMUNITY HEALTH ASSESSMENT MAPP COMPONENTS

Forces of Change Assessment	**Local Public Health System Assessment**	**Community Health Status Assessment**	**Community Themes and Strengths Assessment**
Identifies forces impacting health Methodology: • Virtual conversations with community leaders and stakeholders	Measures how well local public health system is delivering 10 Essential Public Health Services Methodology: • Online survey with community partners and content experts • Virtual assessment with community partners and content experts	Provides quantitative information about community health outcomes Methodology: • Secondary data analysis • Online community survey	Gathers insights about what community members think is important to health and quality of life Methodology: • Online community survey • Focus groups with underserved communities

Forces of Change Assessment

The Forces of Change Assessment (FOCA) focuses on identifying forces, otherwise considered trends, factors, or events, that are impacting health in Kane County and the opportunities and threats associated with these forces.

Stakeholders with unique knowledge of and experience of Kane County participated in four separate, one-hour online discussions centered on four discussion categories including political, economic, technology and social (Table 1).

TABLE 1. FOCA DISCUSSION TOPICS AND DATES

Discussion Category	Date	Number of Participants
Political	9/9/20	10
Economic	9/10/20	10
Technological	9/15/20	11
Social	9/17/20	10

FOCA Analysis

Analysis of the FOCA discussion notes uncovered cross-cutting themes that transcend political, economic, technology, and social forces of change. Racial and economic disparities emerged out of each of the

themes as communities of color and low-income community members were often cited as being most impacted by the threats discussed and being able to benefit by the opportunities identified.

The following is a brief synopsis from the discussions for each of the cross-cutting themes.

More information shared from the discussions, including opportunities and threats associated with each cross-cutting theme can be found in the detailed report (Appendix C).

COVID-19 Pandemic

The mental health strain caused by physical distancing, especially on seniors and school-aged children and their parents, was universally noted as a concern. Also mentioned was the impact of the pandemic on different racial and ethnic groups in the community, as well as the economic toll on businesses.

K-12 Education

With the pandemic forcing distance learning for many K-12 students, technology to support distance learning was discussed as a challenge to both students and teachers. Concerns were raised about the lack of opportunity for additional learning through in person social engagement when students are getting instruction online.

Access to Healthcare including Mental/Behavioral Health

Noting the connection of overall physical health and mental health to individual and community well-being, participants called out access to healthcare, including mental and behavioral health, as a theme that must be considered for future community health planning. Transportation and lack of funds for needed medication were shared as barriers to accessing healthcare.

Rising Poverty and Disparities

Low-paying jobs, unaffordable housing and limited access to services are realities and threats facing low-income residents and communities of color as shared by participants. It is believed that community organizations providing services for impacted populations can enhance their engagement and success by not just working "in" communities but working "with" communities.

Social Unrest and Black Lives Matter

Social unrest and the Black Lives Matter movement were characterized in discussions as a wake-up call for community leaders. Proactive engagement with different community groups, fueled by "active listening" by those in positions of power, are considered opportunities to channel energy to positively impact the community as a whole and bring community members that have not been included before to the table.

Local Public Health System Assessment

To complete the Local Public Health System Assessment (LPHSA), Kane County utilized the National Public Health Performance Standards (NPHPS) Local Public Health System Performance Assessment Instrument Version 3. The LPHSA measures how well the public health system works together to deliver on the 10 Essential Public Health Services (Essential Services) and opportunities for improvement. Community partners and content experts from across the public health system helped to inform the LPHSA. To complete the LPHSA, the 10 Essential Services were divided among four distinct online surveys that

included questions for survey respondents to rank activity related to each Essential Service from "no activity" all the way to "optimal activity." The surveys were followed with facilitated conversations to dive deeper into each Essential Service to understand current activities, weaknesses, and near and long-term opportunities associated with each.

Survey Scoring

Each Essential Service was scored by participants to assess public health system performance on the components of each service. Respondents were asked to rate "at what level does Kane County's public health system" conduct each Essential Service standard and activities using the following scale in Table 2.

TABLE 2: SURVEY SCORING RANGE

Optimal Activity (76-100%)	The public health system is doing absolutely everything possible for this activity and there is no room for improvement.
Significant Activity (51-75%)	The public health system participates a great deal in this activity and there is opportunity for minor improvement.
Moderate Activity (26-50%)	The public health system somewhat participates in this activity and there is opportunity for greater improvement.
Minimal Activity (1-25%)	The public health system provides limited activity and there is opportunity for substantial improvement.
No Activity (0%)	The public health system does not participate in this activity at all.

Survey Scores and Ranking

Based on survey responses, Essential Services 1, 2, 3, 4, 5, 6, 8, and 9 fell into the "Significant Activity" range for activity. Scores for Essential Services 7 and 10 put those services into the "Moderate Activity" range. The overall score for the system was 57.7, placing it in the "Significant Activity" range. Table 3 includes the score for each Essential Service as well as the overall ranking based on the survey results.

TABLE 3: ESSENTIAL HEALTH SERVICES SCORE AND RANKING

ES	Essential Public Health Services Description	2020 Score	Overall Ranking
Summary of Scores and Ranking			
1	Monitor health status to identify community health problems	62.9	2nd
2	Diagnose and investigate health problems and health hazards in the community	60.3	4th
3	Inform, educate and empower people about health issues	51.1	8th
4	Mobilize community partnerships to identify and solve health problems	58.1	5th
5	Develop policies and plans that support individual and community health efforts	65.8	1st
6	Enforce laws and regulations that protect health and ensure safety	61.8	3rd
7	Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable	48.6	9th
8	Assure a competent public health and personal healthcare workforce	56.3	6th
9	Evaluate effectiveness, accessibility, and quality of personal and population-based health service	54.6	7th
10	Research for new insights and innovative solutions to health problems	47.7	10th
	Overall LPHS Performance Score:	57.7	

Local Public Health System Assessment Analysis

Kane County's Local Public Health System Assessment revealed a strong and well-functioning public health system with significant activity in completing the vast majority of the 10 Essential Public Health Services. The survey results combined with the insights captured during the follow up survey discussions reveal that the Kane County public health system is built on a foundation of trust, a spirit of collaboration and a commitment to share resources to address identified needs.

The assessment revealed key areas of excellence for Kane County. The public health system includes a strong surveillance and monitoring system that allows for timely submissions of disease information, coordination with state and national systems, and communication with local health and community providers. The local system's emergency preparedness efforts were noted for its efficiency in planning and execution, and communication with local hospitals, municipalities, and community partners. The public health system includes strong partnerships across many organizations. Kane Health Counts was consistently mentioned as providing leadership for collaboration around community health assessment and planning. Kane County Health Department was identified as a pillar for public health activities in the county, showing its commitment to the 10 Essential Public Health Services with attainment of accreditation and reaccreditation through the Public Health Accreditation Board.

Eight of the ten Essential Services scored in the "significant activity range," indicating that Kane County's public health system "participates a great deal in this activity and there is opportunity for minor improvement." The scoring range for Essential Service 7 (linking people to health services) and Essential

Service 10 (research and innovation) were in the "moderate activity range," indicating the public health system "somewhat participates in this activity and there is opportunity for greater improvement." Conversations throughout the assessment process underscored system partners' concerns for local communities who may be more vulnerable to current and future public health threats. The COVID-19 pandemic and activities around civil unrest in 2020 exposed many of the strengths and areas for improvement for Kane County's public health system.

The Local Public Health System Assessment showed that the Kane County public health system has built deep trust among current partners and a true spirit of collaboration. A comprehensive description of findings from the LPHSA can be found in the LPHSA report (Appendix D).

Community Health Status Assessment & Community Themes and Strengths Assessment
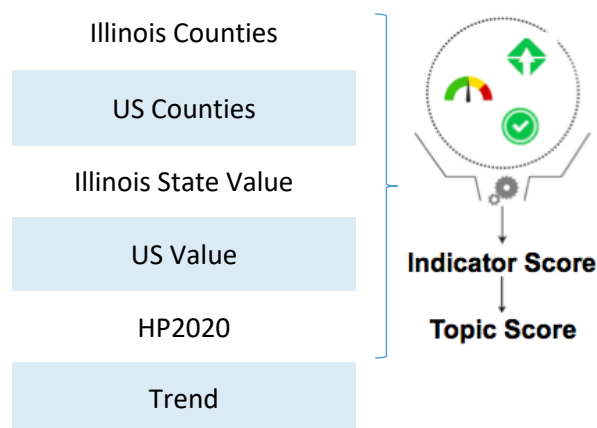
Overview

Kane County Health Department combined primary and secondary data to inform its Community Health Status Assessment and Community Themes and Strengths Assessment. The Community Health Status Assessment provides an understanding of the health status, quality of life, and risk factors of a community. Findings from secondary data analysis and the online community survey helped to inform Kane County's Community Health Status Assessment. The Community Themes and Strengths Assessment provides insights about what topics and issues community members feel are important, how they perceive their quality of life, and what assets they believe can be used to improve health. Findings from community focus groups and the online community survey helped to inform Kane County's Community Themes and Strengths Assessment. Each type of data was analyzed using a unique methodology.

Secondary Data Sources & Analysis

Secondary data used for this assessment were collected and analyzed with the Healthy Communities Institute (HCI) Community Dashboard — a web-based community health platform developed by Conduent Community Health Solutions. The Community Dashboard brings data, local resources, and a wealth of information to one accessible, user-friendly location. It includes over 219 community indicators, hospitalization/ER indicators, and behavioral health indicators covering over 25 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, nationally or locally set targets, and to previous time periods.

FIGURE 4: SECONDARY DATA SCORING

Illinois Counties

US Counties

Illinois State Value

US Value

HP2020

Trend

Indicator Score

Topic Score

HCI's Data Scoring Tool® was used to systematically summarize multiple comparisons across the Community Dashboard in order to rank indicators based on highest need. For each indicator, the Kane County value was compared to a distribution of Illinois and US counties, state and national values, Healthy People 2020, and significant trends (Figure 4). Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcomes and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.

TABLE 4: SECONDARY DATA TOPIC SCORING RESULTS

Health and Quality of Life Topics	Score
Other Chronic Diseases	1.86
Environment	1.45
Transportation	1.43
Older Adults & Aging	1.40
Access to Health Services	1.38
Immunizations & Infectious Diseases	1.36
Substance Abuse	1.35
Maternal, Fetal & Infant Health	1.32
Education	1.29
Teen & Adolescent Health	1.27
Public Safety	1.25

Table 4 shows the health and quality of life topic scoring results for Kane County, with Other Chronic Diseases as the poorest performing topic area, followed by Enviornment. The top eleven topic areas were those that scored over the 1.25 threshold in data scoring. Health topic areas with fewer than three indicators were considered a data gap. Data gaps were specifically assessed as a part of the key informant interviews to ensure that, where the secondary data fell short, primary data could provide a more accurate picture of that particular health topic area.

The analysis of national, state, and local indicators that contributed to the Community Health Status Assessment can be reviewed in full in Appendix A.

Primary Data Collection & Analysis

To ensure the perspectives of community members were considered and to support the Community Health Status Assessment and Community Themes and Strengths Assessment, input was collected from Kane County community members. Primary data used in this assessment consisted of community focus groups and an online community survey available in English and Spanish. These findings expanded upon information gathered from the secondary data analysis, FOCA, and LPHSA to inform this Kane County Health Department Community Health Assessment.

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

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

Community Survey

Another form of community input collected was via an online community survey that was available in English and Spanish from October 3, 2020 through November 13, 2020. HCI partnered with Claritas to

digitally market, distribute, and collect responses for the community survey. The survey consisted of 47 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to health care services, as well as social and economic determinants of health. Survey respondents engaged with the community survey through three distinct channels: (1) online panels executed by Claritas, (2) a social media campaign executed by Claritas, and (3) email invites and marketing flyers distributed by Kane Health Counts members and its partner organizations to Kane County residents. Kane Health Counts and their community partners also marketed and shared the survey across the county for community participation.

The community survey was promoted across Kane County from October 03, 2020 to November 13, 2020. A total of 1,543 responses were collected. When analyzed by race, White or Caucasian community members comprised the largest percentage of survey respondents at 83.9%, followed by Black/African American community members at 4.7%. By ethnicity, nearly 12.5% of survey respondents identified as Hispanic/Latino, while the majority, 85.6% identified as non-Hispanic/Latino.

Further analysis of survey respondents by age showed that the 35-44 and 45-54 age groups comprised the largest portions of survey respondents, at 19.6% each. The majority of survey respondents also identified as female at 73.2%. An additional 25.9% identified as male, and 1.0% as other (transgender, non-conforming or prefered not to answer). Finally, when considering highest educational attainment, the majority of survey respondents reported having earned a bachelor's degree or higher (62.6%).

Community Survey Analysis Results

To ensure the survey was more representative of the population of Kane County, a weighting procedure was applied. A statistical analysis software (SAS) was used for the analysis. A sample-balancing procedure was used giving each respondent a weight based on respondent-reported demographics within the survey compared to the overall proportion in Kane County[34]. Respondent answers were weighted based on age, education level, sex, and race/ethnicity resulting in 1515 respondents. Survey results moving forward in this report are based on the weighted survey answers (N = 1515).

In the survey, participants were asked about important health issues in the community and which were the most important quality of life issues to address in Kane County. The top responses for these questions are shown in Figures 10 and 11. Additionally, questions were included to get feedback about the impact of COVID-19 on the community, which is included in the "COVID-19 Impact Snapshot" section of this report.

Mental health was ranked by survey respondents as the most pressing health problem (45.0% of respondents), followed by Nutrition/ Physical Activity/Weight (30.0%), Access to Affordable Healthcare (28.0%) and Alcohol and Other Substance Use (24.0%).

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[3] Izrael, D., S.W. Ball, and M. P. Battaglia. 2017. Tips and Tricks for Raking Survey Data with Advanced Weight Trimming. SESUG SD-62-2017.

[4] Izrael, D. S.W. Ball, M.P. Battaglia (2016) SAS (9.4) [Source code]. https://www.abtassociates.com/sites/default/files/files/Insights/Tools/rake_and_trim_G4_V5.sas

FIGURE 10: MOST IMPORTANT COMMUNITY HEALTH ISSUES
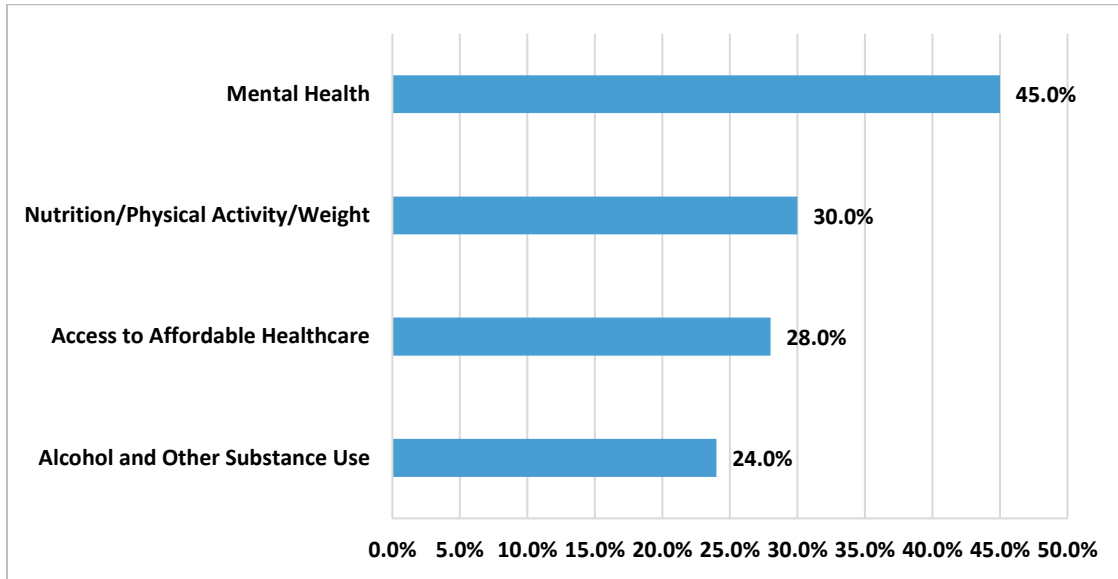
As shown in Figure 11, Economy was ranked by survey respondents as the most urgent quality of life issue in Kane County (26.0% of survey respondents), followed by Support for Families with Children (23.0%), Homelessness/Housing (22.0%), Crime/Neighborhood Safety (21.0%) and Healthy Food Options (19.0%).

FIGURE 11: MOST URGENT QUALITY OF LIFE ISSUES TO ADDRESS IN KANE COUNTY
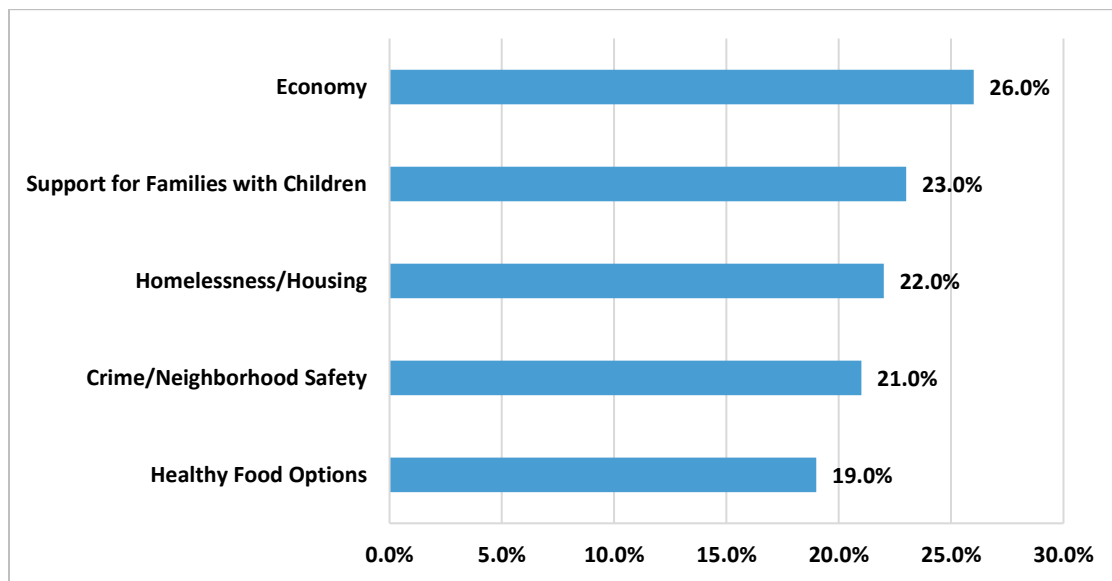
Focus Groups

Kane Health Counts conducted focus groups to gain deeper insights about perceptions, attitudes, experiences, or beliefs held by community members about their health. The data collected through the focus group process provides adjunct information to the quantitative data collection methods in a mixed methods approach. While the data collected is useful in gaining insight into a topic that may be

more difficult to gather through other data collection methods, it is important to note that the information collected in an individual focus group is not necessarily representative of other groups.

The project team developed a focus group guide made up of a series of questions and prompts about the health and well-being of residents in Kane County (see Appendix B). Community members were asked to speak to barriers and assets to their health and access to healthcare. Virtual focus groups were hosted across Kane County during October and November 2020. They lasted approximately 60 minutes and were conducted via video conference with a phone only option for those with limited or no access to a reliable device or internet. Trained facilitators implemented techniques to ensure that everyone was able to participate in the discussion. Some focus groups were specifically hosted in Spanish for the Hispanic/Latino community in Kane County. These focus groups were facilitated by bilingual facilitators leveraging the same tool implemented in English only focus groups.

Participants were recruited for the focus group sessions through the Kane Health Counts network of community partner organizations. Specific efforts were made to recruit participants from the African American, Hispanic/Latino, and Senior segments of the Kane County population. Ten focus group sessions were organized between October and November 2020 and although registration was initially strong, sessions had varying levels of attendance. COVID-19 likely had an impact on resident's participation in the focus group sessions. Table 5 provides an overview of the individual sessions as well as number of participants for each of the focus groups.

TABLE 5: KANE COUNTY FOCUS GROUP DISCUSSIONS

Focus Group Discussion	Number of Sessions	Facilitation Language	Total Community Participants
African American Health	2	English	14
Older Adult/Senior Health	3	English	33
Hispanic/Latino Health	1	Spanish	12

* 10 Focus Groups were held, 6 sessions had attendees present

The project team captured detailed transcripts of the focus group sessions. The text from these transcripts were analyzed using the qualitative analysis program Dedoose®[5]. Text was coded using a pre-designed codebook, organized by themes, and analyzed for significant observations. The findings from the qualitative analysis were combined with the findings from other data sources and incorporated into the Data Synthesis, Prioritized Health Needs, and COVID-19 sections of this report.

Themes Across All Focus Groups

Table 6 below summarizes the main themes and topics that trended across all or almost all focus group conversations.

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

Main Theme	Sub-topics: Concerns, issues, and barriers	Contributing Focus Group(s)
Exercise, Nutrition and Weight	• Need for improved/additional education for parents/families • Children's sedentary lifestyles and nutrition in schools • Health behavior and social environment influence on eating habits; cultural influences	African American and Hispanic/Latino Focus Groups
Access to Healthcare Services	• Language barriers • Underinsured and affordability (costs associated with services) • Preventative care for older adults; how to avoid emergent situations by intervening earlier (includes access to medications) • Navigation and education for minority racial or ethnic groups o Lack of focus on men's health in the African American community	All Focus Groups
Substance Abuse	• Focus on COVID-19 has diverted attention from drug use issues in the community (ex. heroin/opioid problem) • Teen and adolescent use of substances; social pressure, connection to bullying and self-esteem	Older Adults and Hispanic/Latino Focus Groups
Mental Health	• Increased anxiety and Stress for parents/families with children • Need for mental health for older adults; impacts of social isolation due to aging issues • Lack of resources in the community; lack of availability and navigation/education about services available	All Focus Groups

Appendix B provides a more detailed report of the main themes that trended across the individual focus group conversations for the Community Themes and Strengths Assessment.

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas,

within each topic there is a varying scope and depth of secondary data indicators and primary data findings.

Regarding the secondary data, some health topic areas have a robust set of indicators, but for others there may be a limited number of indicators for which data is available. The Index of Disparity[6], used to analyze the secondary data, is also limited by data availability from data sources. In some instances, there are no subpopulation data for some indicators, and for others there are only values for a select number of race/ethnic groups.

For the primary data, the breadth of findings is dependent upon who opted to participate in the focus groups. Additionally, the digital community survey was a convenience sample, which means results may be vulnerable to selection bias and make the findings less generalizable. In order to make the survey more representative, a weighting procedure was performed in SAS 9.4. This statistical procedure assigned a weight to each participant based on their unique combination of age, education, sex, race and ethnicity. A smaller weight is given to participants who responded more frequently than expected, while larger weights are given to those that were under-represented, based on the Kane County demographics.

For all data, efforts were made to include a wide a range of secondary data indicators and community member voices.

2.5 Prioritization

In order to better target activities to address the most pressing health needs in the community, Kane Health Counts convened a group of community leaders to participate in a presentation of data on significant health needs facilitated by HCI. Following the presentation and question session, participants were given access to an online link to complete a scoring exercise to rank the significant health needs based on a set of criteria. The process was conducted virtually in order to maintain social distancing and safety guidelines related to the COVID-19 pandemic.

Kane Health Counts joint CHA/CHNA planning committee and the Kane Health Counts Executive Committee reviewed the scoring results of the significant community needs and determined prioritized health needs based on the same set of criteria used in the scoring exercise. It is important to note that the list of 13 health needs was compiled through data synthesis. This process is further explained on page 48.

Process

An open invitation to participate in the Kane Health Counts joint CHA/CHNA data synthesis presentation and virtual prioritization ranking activity was extended across Kane County in the weeks preceding the meeting held on December 8, 2020. A total of 85 individuals representing local hospital systems, health department, educational institutions as well as community-based organizations and non-profits registered for the event. Sixty-five of those registered attended the virtual presentation and of these, 35 submitted feedback to the online prioritization ranking activity.

On December 8, 2020 over 60 community members from Kane County including members from Kane Health Counts, community partners, and other community leaders were virtually convened. During this meeting, the group reviewed and discussed the results of HCI's primary and secondary data analyses

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[6] Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

leading to the preliminary significant health needs discussed in detail in the data synthesis portion of this report. From there, participants were given three days to access an online link to score each of the significant health needs by how well they met the criteria set forth by Kane Health Counts.

The criteria for prioritization included:

- Scope & Severity: gauges the magnitude of each health issue
- Ability to Impact: the perceived likelihood for positive impact on each health issue

The group also agreed that root causes, disparities, and social determinants of health would be considered for all prioritized health topics resulting from the prioritization.

Participants scored each health area against each criterion on a scale from 1-3 with 1 meaning it did not meet the given criterion, 2 meaning it met the criterion and 3 meaning it strongly met the criterion. In addition to considering the data presented by HCI in the presentation and on the health topic note sheet, participants were encouraged to use their own judgment and knowledge of the community in considering how well a health topic met the criteria.

Completion of the online exercise resulted in a numerical score for each health need that correlated with how well that particular need met the criteria for prioritization. HCI downloaded the online results, calculated the scores, and then ranked the significant health needs according to their topic scores, with the highest scoring health need receiving the highest priority ranking.

Prioritized Significant Health Needs

The aggregate ranking can be seen in Figure 12 below. Kane Health Counts' joint CHA/CHNA planning committee and the Kane Health Counts Executive Committee reviewed the scoring results of the significant community needs and determined prioritized health needs based on the same set of criteria used in the scoring exercise. After combining the prioritized health areas of Mental Health and Substance Abuse into the broader category of Behavioral Health, three additional prioritized health needs were included in the final list. The four priority health areas that will be considered for subsequent implementation planning are:

4 Prioritized Health Needs
Behavioral Health (Mental Health & Substance Abuse)
Access to Health Services
Immunizations & Infectious Diseases
Exercise, Nutiriton, & Weight

A deeper dive into the primary data and secondary data indicators for each of these four priority health topic areas is provided later in this report. This information highlights how each issue became a high priority health need for Kane Health Counts. The majority of these health topic areas are consistent with

the priority areas that emerged from the previous CHNA process. Kane Health Counts plans to build upon these efforts and continue to address these health needs in its upcoming Implementation Strategy.
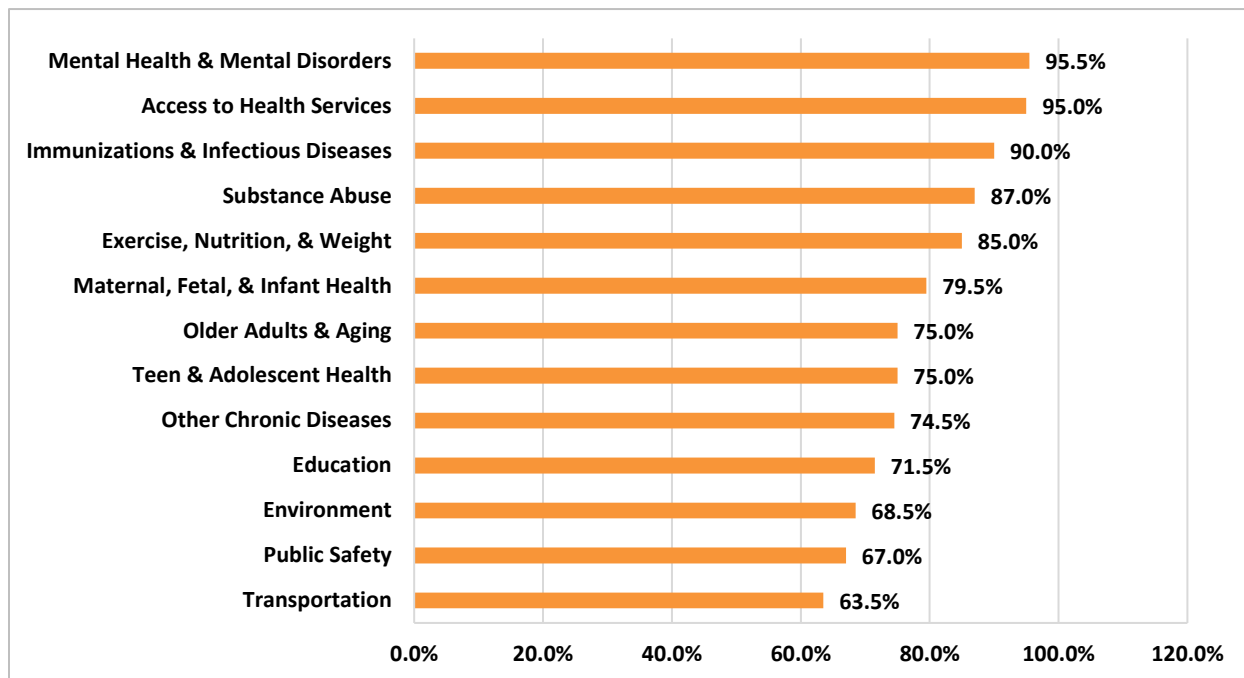
Community Survey Analysis by County Planning Areas

Community survery results for data relevant to the four prioritized health needs were also analyzed by geography for Kane County's North, Central, and South Planning Areas as designated by the Kane County Health Department. Results of this more focused analysis will be presented in the Data Synthesis Section later in the report.

Demographics

The following section explores the demographic profile of Kane County and the three Health Planning Areas that fall within the county. The demographics of a community significantly impact its health profile. Different race/ethnic, age and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. All demographic estimates are sourced from Claritas Pop-Facts® (2020 population estimates) and American Community Survey one-year (2019) or five-year (2014-2018) estimates unless otherwise indicated.

Demographic Profile

Population

According to the Claritas Pop-Facts 2020 population estimates, Kane County has a population of approximately 536,901. Figure 13 shows population size by zip code within Kane County and its three Health Planning Areas. The darkest blues represent zip codes with the largest population.

FIGURE 13: POPULATION SIZE BY ZIP CODE
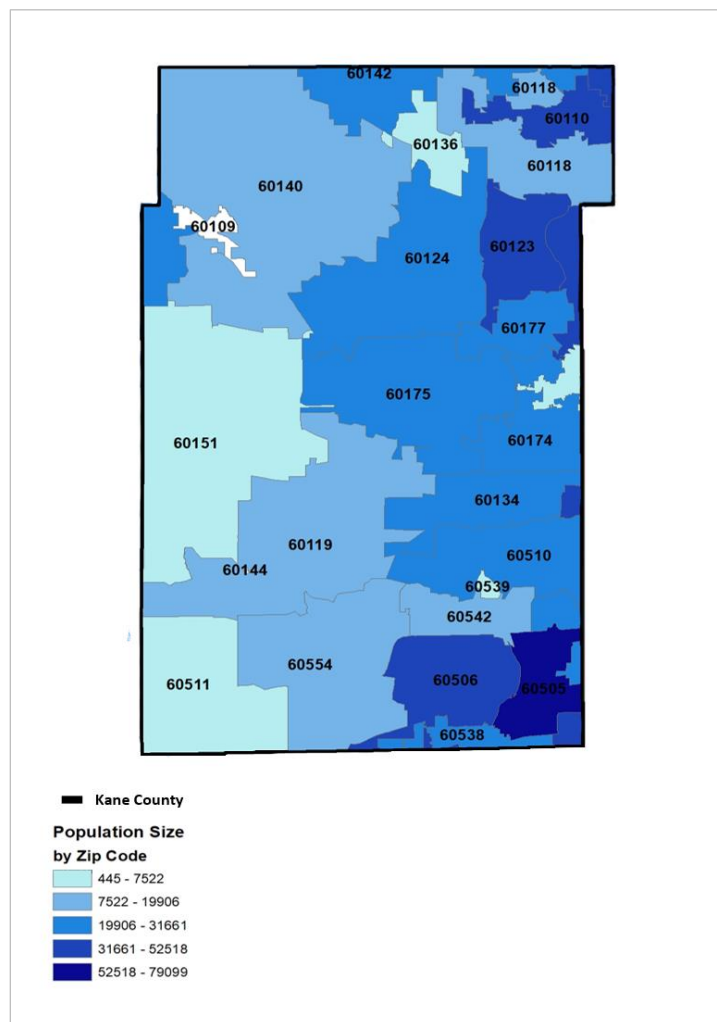
Age

Figure 14 shows Kane County and its Health Planning Areas population by age group along with population estimate for Illinois. In Kane County, 25% of the population are infants, children, or adolescents (age 0-17); another 60.9% are in the age bracket of 18 to 64, while 14.2% are age 65 and older.

FIGURE 14: POPULATION BY AGE GROUP
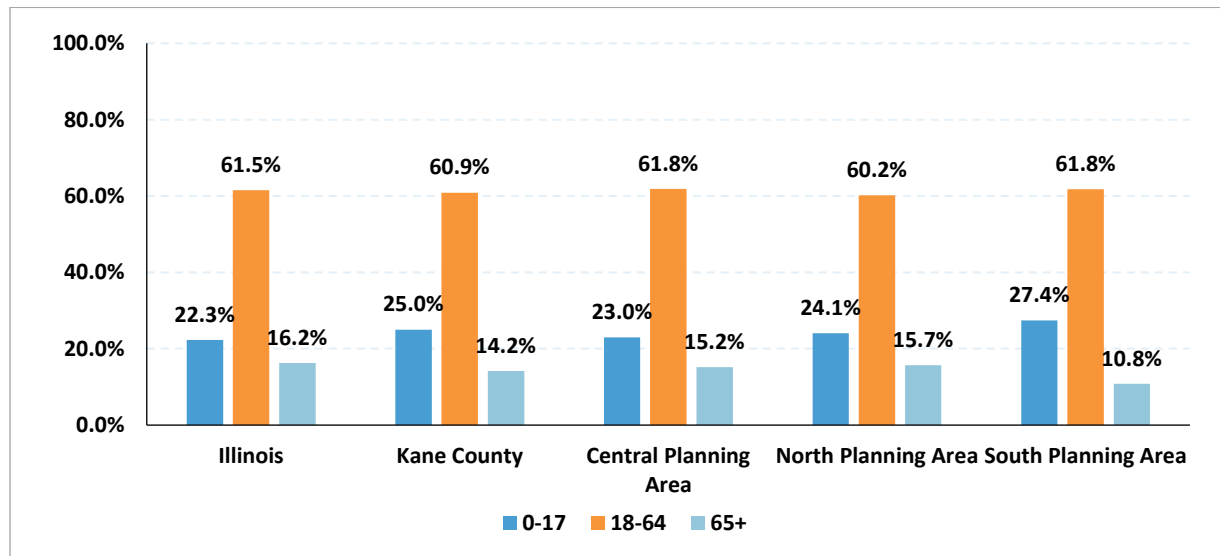
Race

The race and ethnic composition of a population can help to understand current and future needsRace and ethnicity data can also help identify and increase understanding of disparities in housing, employment, income, and poverty. By race, the majority of the population in Kane County identifies as White (72.0%) as shown in Figure 15. The Black/African American community makes up 5.55%, followed by Asians comprising 4.34% of the population.

FIGURE 15: POPULATION BY RACE

	U.S Value	Illinois	Kane County	Central Planning Area	North Planning Area	South Planning Area
■ White	72.0%	69.2%	72.4%	84.7%	74.3%	62.0%
■ Black/African American	12.8%	14.2%	5.6%	1.9%	4.1%	8.9%
■ American Indian/Alaskan Native	0.9%	0.4%	0.6%	0.3%	0.7%	0.5%
■ Asian	5.7%	5.8%	4.3%	4.3%	9.0%	6.6%
■ Native Hawaiian/Pacific Islander	0.2%	0.0%	0.0%	0.1%	0.0%	0.0%
■ Some Other Race	5.0%	7.6%	14.0%	6.6%	8.9%	18.5%
■ 2+ Races	3.4%	2.8%	3.0%	2.1%	3.1%	3.5%
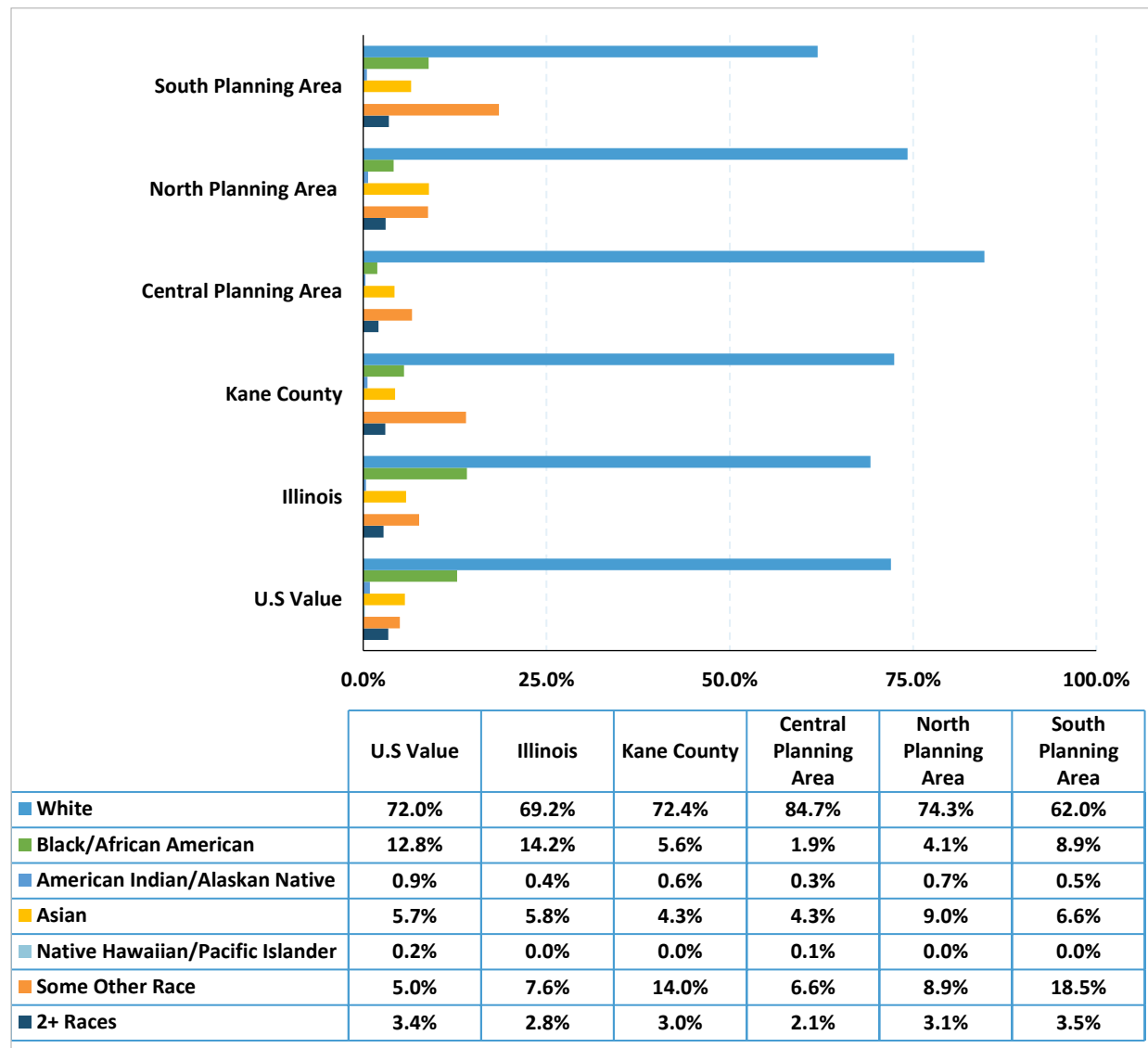
Ethnicity

As shown by Figure 16, 33.2% of the population in Kane County identifies as Hispanic/Latino. The South Planning Area, has the highest percentage of Hispanic or Latino population at 40.1%.

FIGURE 16: POPULATION BY ETHNICITY
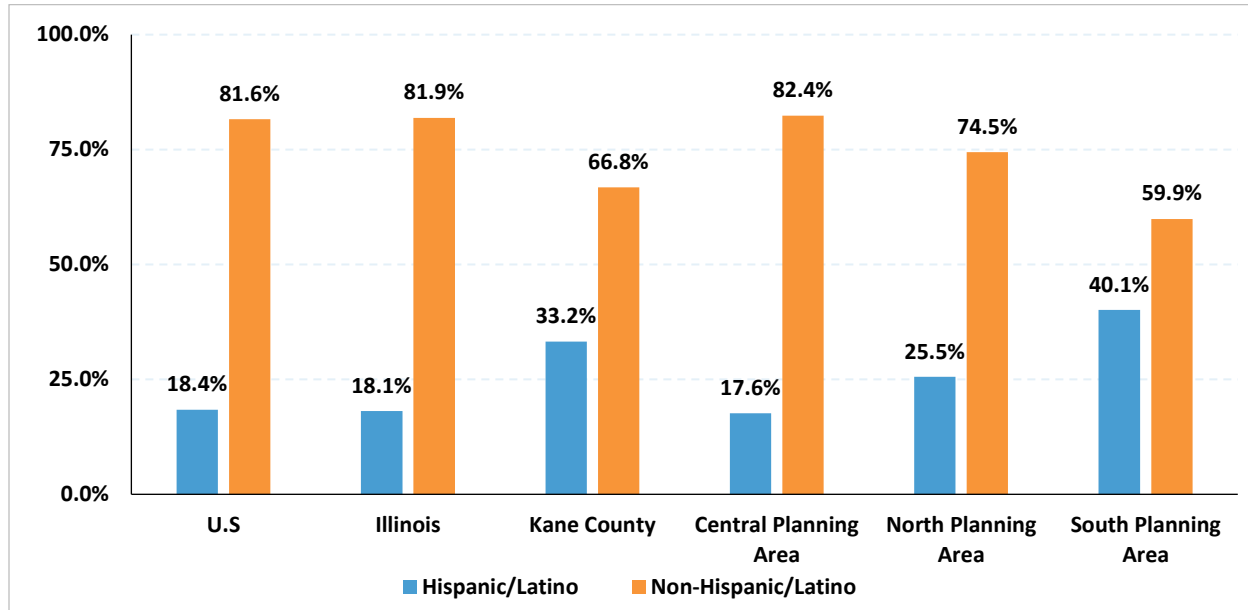
Language

Language is an important factor to ensure linguistically competent care and that community members are aware of available programs and services. Figure 17 below shows the population 5 years and older by language spoken at home. The proportion of the population who speaks English in Kane County is 68.2%. Spanish is the second most common language spoken in Kane County at 26.4%. It is important to note that the proportion of people ages 5 years and older that speak Spanish at home in Kane County (26.4%) is higher than both Illinois (14.4%) and U.S. (13.5%) values.

FIGURE 17: POPULATION AGE 5 YEARS AND OLDER BY LANGUAGE SPOKEN AT HOME

|	U.S	Illinois	Kane County	Central Planning Area	North Planning Area	South Planning Area
■ Speak Only English	78.0%	75.8%	68.2%	80.8%	70.3%	62.1%
■ Speak Spanish	13.5%	14.4%	26.4%	13.3%	19.6%	31.4%
■ Speak Asian/Pac Islander Lang	3.6%	3.3%	1.8%	1.5%	4.0%	2.6%
■ Speak Indo-European Lang	3.7%	5.7%	3.5%	4.2%	5.9%	3.6%
■ Speak Other Lang	1.2%	0.7%	0.2%	0.2%	0.3%	0.4%
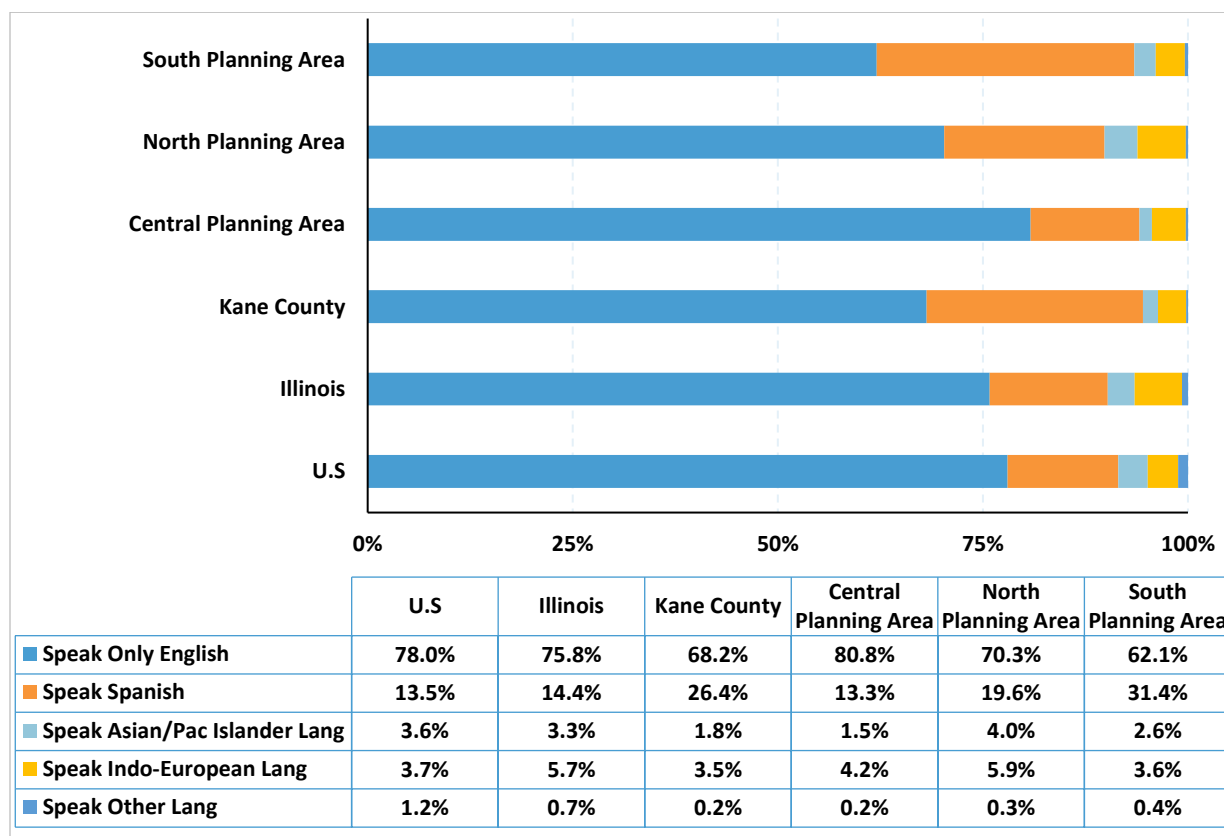
Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health of Kane County and the Health Planning Areas. Social determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. It should be noted that county level data can sometimes mask what could be going on at the zip code level in many communities. While indicators may be strong at the county level, zip code level analysis can reveal disparities.

Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower

unemployment rates. Areas with higher median household incomes also have higher home values and their residents enjoy more disposable income.

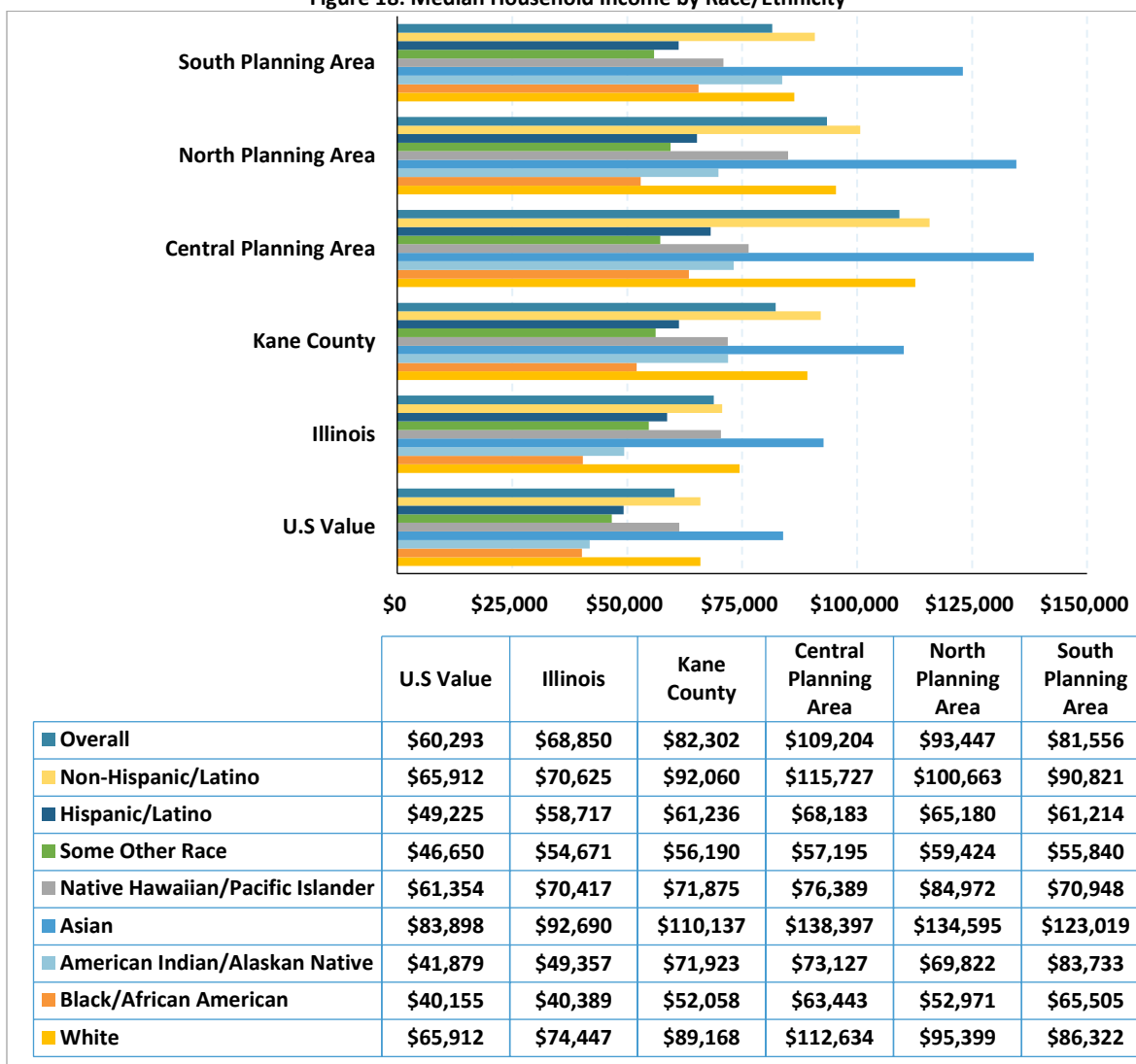Figure 18 compares the median household income values by race in Kane County. The overall median household income for the county is $82,302. Two racial groups – White and Asian – have median household incomes that fall above the overall median value. All other racial groups fall below the overall county value.

Compared to Kane County and other Health Planning Areas, the South Planning Area has the lowest median household income of $81,556. The median household income for the Black/African American community in Kane County ($52,058) is higher compared to the median household income for the Black/African American community for Illinios ($40,389) and the U.S. ($40,155). The median household income for the Hispanic/Latino community in Kane County ($61,236) is also higher compared to the median values for Illinois ($58,717) and U.S. ($40,155). The highest median household income for the Black/African American community in Kane County is in the South Planning Area ($65,505). The highest median household income for the Hispanic/Latino community within Kane County is in the Central Planning Area ($68,183).

Figure 18: Median Household Income by Race/Ethnicity

	U.S Value	Illinois	Kane County	Central Planning Area	North Planning Area	South Planning Area
Overall	$60,293	$68,850	$82,302	$109,204	$93,447	$81,556
Non-Hispanic/Latino	$65,912	$70,625	$92,060	$115,727	$100,663	$90,821
Hispanic/Latino	$49,225	$58,717	$61,236	$68,183	$65,180	$61,214
Some Other Race	$46,650	$54,671	$56,190	$57,195	$59,424	$55,840
Native Hawaiian/Pacific Islander	$61,354	$70,417	$71,875	$76,389	$84,972	$70,948
Asian	$83,898	$92,690	$110,137	$138,397	$134,595	$123,019
American Indian/Alaskan Native	$41,879	$49,357	$71,923	$73,127	$69,822	$83,733
Black/African American	$40,155	$40,389	$52,058	$63,443	$52,971	$65,505
White	$65,912	$74,447	$89,168	$112,634	$95,399	$86,322

Poverty

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

Figure 19 shows the percentage of families living below the poverty level by zip code. Darker blue colors represent a higher percentage of families living below the poverty level. Zip code 60505 in the South Planning Area and zip codes 60110 and 60506 in the North Planning Area have the highest percentages of families living below the poverty line in Kane County. In comparison to the State of Illinois (9.21%), the percentage of families living below the poverty level in Kane County is lower at (7.24%).

FIGURE 19: FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE
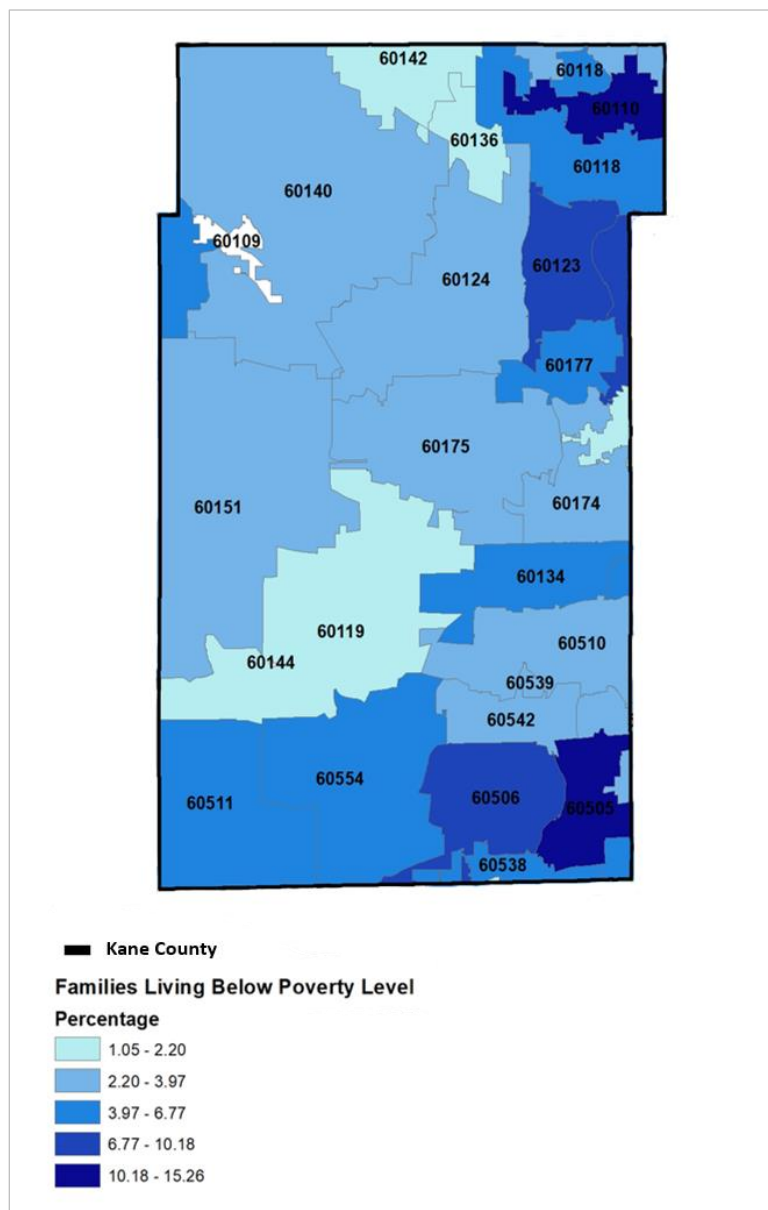
Figure 20 shows the percentage of the population in Kane County by age who are living below the poverty level. Children and adolescents who are less than 18 years old comprise the largest group who are living in poverty at 44.9%.

FIGURE 20. PEOPLE LIVING BELOW POVERTY LEVEL BY AGE
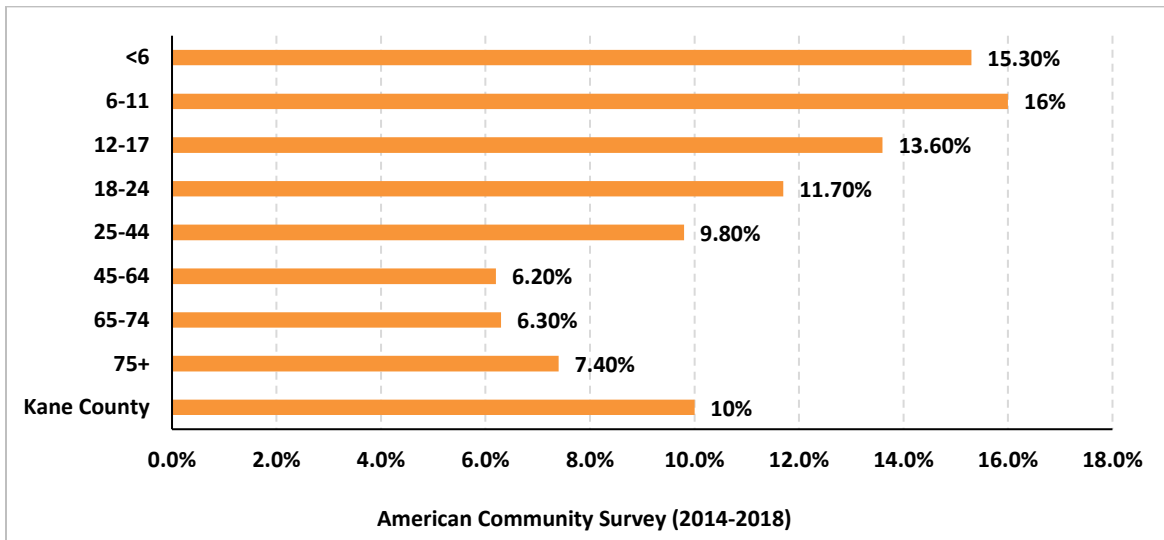
Figure 21 shows the percentage of the population in Kane County by gender who are living below the poverty level. Females make up a larger percentage of the population in Kane County who are living in poverty (11.1%).

FIGURE 21. PEOPLE LIVING BELOW POVERTY LEVEL BY GENDER
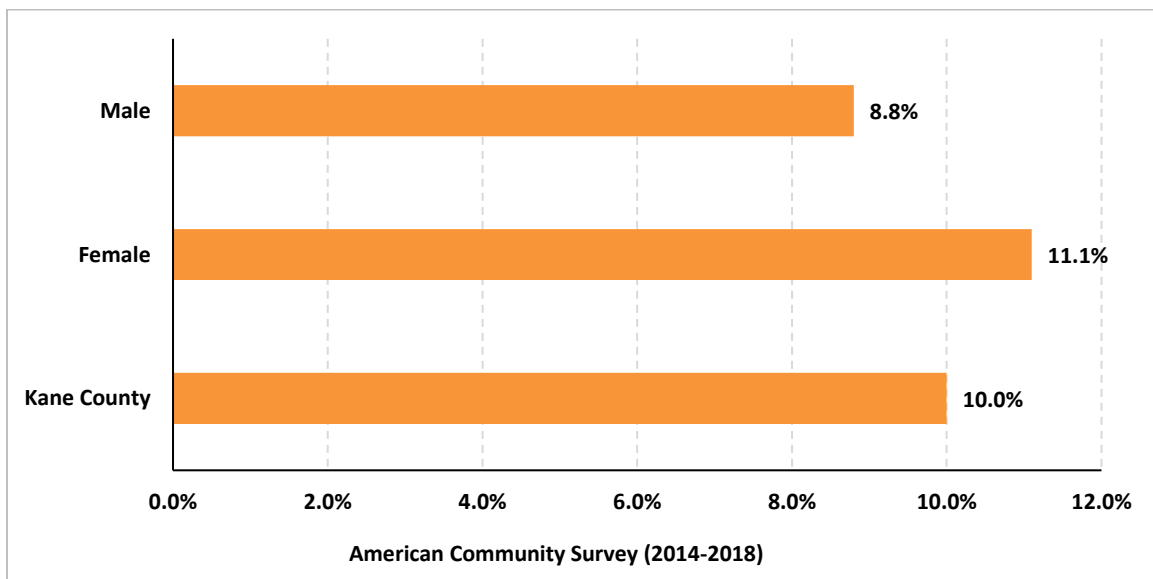
Figure 22 shows the percentage of the population in Kane County by race/ethnicity who are living below the poverty level. The largest racial/ethnic group in Kane County who are living below the poverty level are those identifying as Black/African American at 27.8% followed by those identifying as "Other" race at

19.2%. Those identifying as Black/African American, Other race, Hispanic/Latino, or as Multi-racial all experience poverty at a higher percentage compared to Kane County at 10.0%.

FIGURE 22. PEOPLE LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY
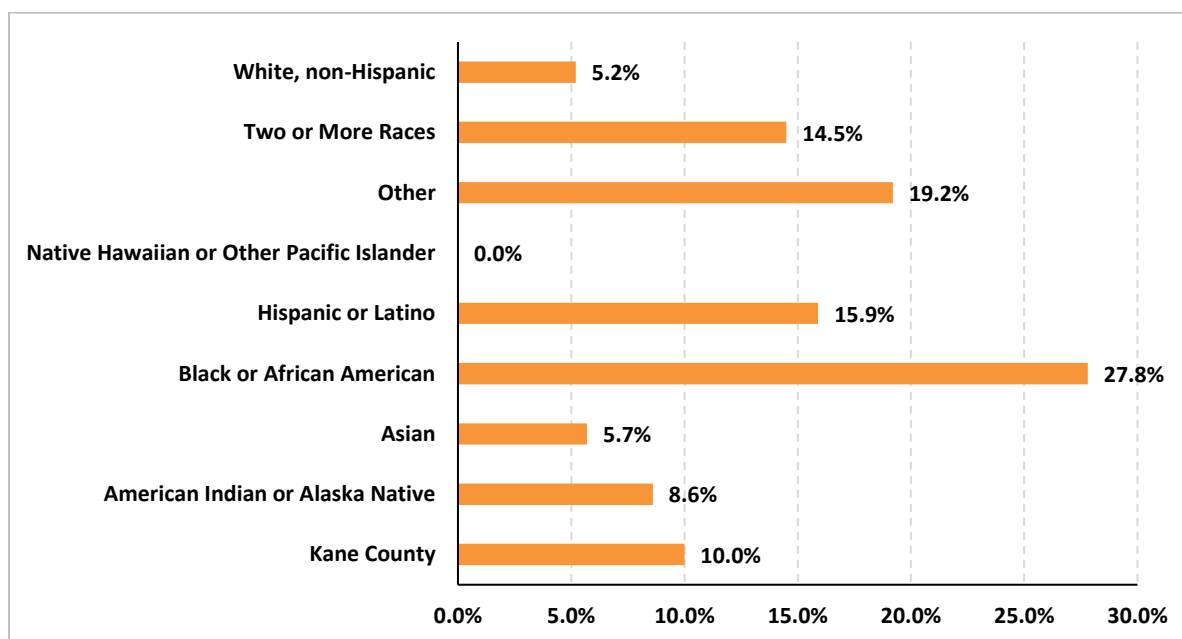
Education

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs. Figure 23 shows that Kane County has a lower percentage of people 25 years or older with bachelor's degrees or higher (32.4%) as compared to Illinois (34.1%). In comparison to all three Health Planning Areas, the South Planning Area has the lowest percentage of population with bachelor's degree or higher (32.3%). The Central Planning Area has the largest percentage of its population with a bachelor's degree or higher (44.0%) followed by the North Planning Area (37.0%)

FIGURE 23: POPULATION 25 AND OLDER BY EDUCATIONAL ATTAINMENT

	Illinois	Kane County	Central Planning Area	North Planning Area	South Planning Area
■ Doctorate Degree	1.3%	0.9%	1.3%	1.1%	1.0%
■ Professional Degree	2.2%	1.4%	2.3%	2.0%	1.2%
■ Master's Degree	9.7%	8.9%	12.7%	10.2%	9.4%
■ Bachelor's Degree	20.9%	21.2%	27.7%	23.7%	20.7%
■ Associate Degree	8.0%	7.2%	7.0%	7.6%	7.1%
■ Some College, No Degree	20.7%	21.5%	19.8%	22.2%	19.4%
■ High School Grad	26.2%	23.2%	20.5%	22.0%	21.5%
■ Some High School, No Diploma	6.1%	7.2%	3.9%	5.4%	8.8%
■ Less than 9th Grade	5.0%	8.4%	4.9%	5.8%	10.9%

SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily identify areas of high socioeconomic need. This index incorporates estimates for six different social and economic determinants of health that are associated with poor health outcomes. The data, which cover income, poverty, unemployment, occupation, educational attainment, and linguistic barriers, are then standardized, and averaged to create one composite index value for every zip code in the United States with a population of at least 200. Zip codes have index values ranging from zero to 100, where higher values are estimated to have the highest socioeconomic need and are correlated with poor health outcomes including preventable hospitalizations and premature death.

Within Kane County, zip codes are ranked based on their index value to identify the relative levels of need, as illustrated by the map in Figure 24. The following zip codes had the highest level of socioeconomic need

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(as indicated by the darkest shade of blue): 60505 (South Planning Area), 60120 (North Planning Area), and 60110 (North Planning Area). Understanding where there are communities with high socioeconomic need and associated poor health outcomes is critical to targeting prevention and outreach activities.

FIGURE 24: SOCIONEEDS INDEX
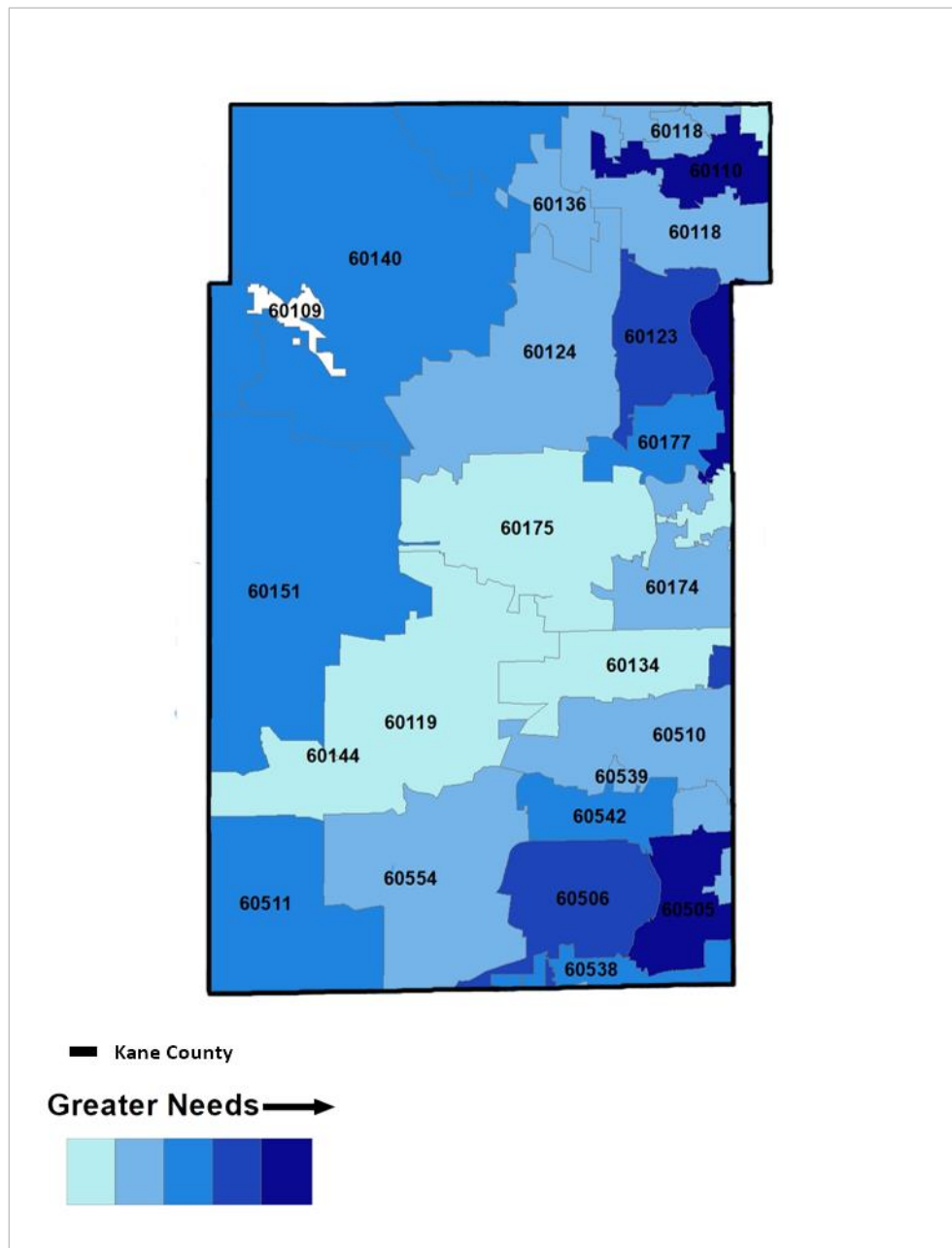
Data Synthesis

Primary and secondary data were collected, analyzed and synthesized to identify the significant community health needs in Kane County.

The top health needs identified from data sources were analyzed for areas of overlap. Primary data from focus groups, community survey, FOCA, and Public Health System Assessment as well as Secondary data findings identified 13 areas of greater need. Table 7 shows the final 13 significant health needs, listed in alphabetical order, that were included for prioritization based on the synthesis of all forms of data collected for Kane Health Counts joint CHA/CHNA.

TABLE 7: HEALTH TOPIC AND DATA COLLECTION

Health Topic	Data Source(s)
Access to Health Services	Secondary Data, Community Survey, Focus Groups, FOCA, PHSA
Education	Secondary Data, FOCA
Environment	Secondary Data
Exercise, Nutrition, & Weight	Community Survey, Focus Groups
Immunizations & Infectious Diseases	Secondary Data
Maternal, Fetal, & Infant Health	Secondary Data
Mental Health	Community Survey, Focus Groups, FOCA
Other Chronic Diseases	Secondary Data
Older Adults & Aging	Secondary Data
Public Safety	Secondary Data
Substance Abuse	Secondary Data, Community Survey, Focus Groups, FOCA
Teen & Adolescent Health	Secondary Data
Transportation	Secondary Data

Figure 25 below graphically illustrates the final 13 significant health needs, listed in alphabetical order.

FIGURE 25: HEALTH TOPIC AND DATA COLLECTION

Access to Health Services

Education

Environment

Exercise, Nutrition & Weight

Immunizations & Infectious Diseases

Maternal, Fetal, & Infant Health

Mental Health & Mental Disorders

Older Adults & Aging

Other Chronic Diseases

Public Safety

Substance Abuse

Teen & Adolescent Health

Transportation
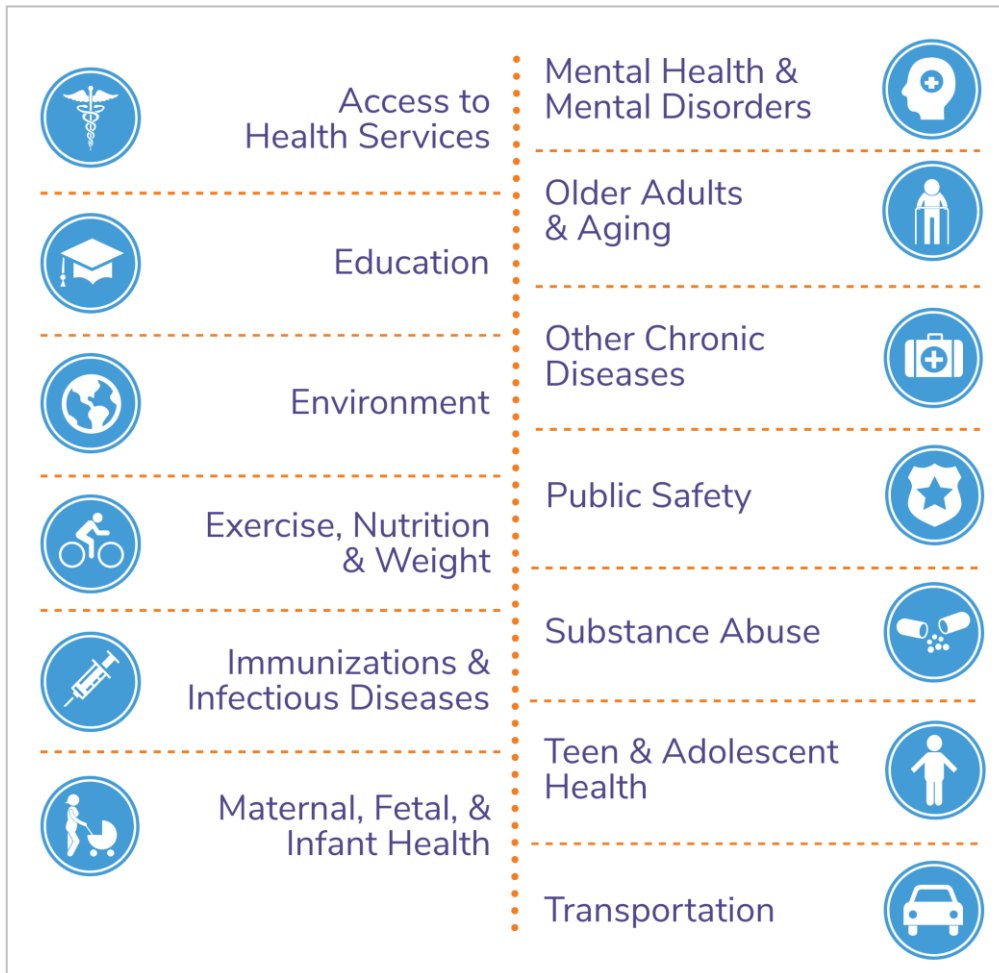
Prioritized Significant Health Needs

The following section provides detailed descriptions of the prioritized health needs, including the health issues and description of populations groups with greater needs and factors that contribute those needs. The four prioritized health needs are presented in the order of how they ranked in the prioritization process

Prioritized Health Topic #1: Behavioral Health (Mental Health & Substance Abuse)

Behavioral Health: Mental Health — Secondary Data Score: **1.19**

Key Themes from Community Input

- Top priority from Community Survey, Focus Group, and Forces of Change Assessment participants

- Mental health care, resources, and available providers are disproportionate to community need

Warning Indicators

- Poor Mental Health Days
- Age-Adjusted Hospitalization Rate due to Pediatric Mental Health

Behavioral Health: Substance Abuse — Secondary Data Score: **1.35**

Key Themes from Community Input

- Alcohol and substance abuse were priorities from the Community Survey, Focus Group and Forces of Change Assessment participants

Warning Indicators

- Teens who use Alcohol
- Alcohol-Impaired Driving Deaths
- Age-Adjusted ER and Hospitalization Rate due to Adult Alcohol Use
- Liquor Store Density
- Teens who use Marijuana
- Adults who use E-Cigarettes (past 30 days)

Secondary Data

Based on the secondary data scoring results, Behavioral Health was identified as a top health need in Kane County. This health topic includes mental health, mental health disorders, and substance abuse. Using HCI's Secondary Data scoring technique, substance abuse had the fifth highest data score and mental

health & mental disorders ranked eleventh. The overall topic scores were 1.35 and 1.19, respectively. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed in Tables 7 and 8 below.

TABLE 7: DATA SCORING RESULTS FOR MENTAL HEALTH & MENTAL DISORDERS

SCORE	MENTAL HEALTH & MENTAL DISORDERS	KANE COUNTY	ILLINOIS	U.S.	IL COUNTIES	U.S. COUNTIES	TREND
1.75	Poor Mental Health Days *(% Adults)* 2010-2014	40.5					
1.50	Age-Adjusted Hospitalization Rate due to Pediatric Mental Health *(hospitalizations/10,000 population)* 2017-2019	61.6	67.5				
1.44	Alzheimer's Disease or Dementia: Medicare Population *(%)* 2017	10	10.7	10.9			
1.44	Depression: Medicare Population *(%)* 2017	16.4	16.4	17.9			

TABLE 8: DATA SCORING RESULTS FOR SUBSTANCE ABUSE

SCORE	SUBSTANCE ABUSE	KANE COUNTY	ILLINOIS	U.S.	IL COUNTIES	U.S. COUNTIES	TREND
2.11	Teens who Use Alcohol *(%)* 2018	46	40				
1.89	Alcohol-Impaired Driving Deaths *(% of MVC deaths)* 2014-2018	32	32	28			
1.83	Age-Adjusted ER Rate due to Adult Alcohol Use *(hospitalizations/10,000 population)* 2017-2019	88	87				
1.69	Liquor Store Density *(stores/100,000 population)* 2018	11.6	10.8	10.6			
1.67	Age-Adjusted Hospitalization Rate due to Adult Alcohol Use *(hospitalizations/10,000 population)* 2017-2019	29	29.5				
1.56	Teens who Use Marijuana *(%)* 2018	24.4	26				

From the secondary data results, there are several indicators in these topic areas that raise concern for Kane County. Compared to other counties in Illinois, Kane County has higher rates of hospitalizations and ER visits due to adult alcohol use. Teen alcohol and marijuana use, although decreasing in recent years, is

also higher than most other counties in Illinois. Additionally, Kane County has higher liquor store density than most Illinois and U.S Counties.

Primary Data

Mental Health & Mental Disorders

Mental Health and Mental Disorders was a top health need from community survey, focus group, and Forces of Change Assessment participants. Mental health care, mental health resources, and the availability of mental health providers were frequently cited as disproportionate to community need. Figure 26 shows the percentage of respondents in the North, Central, and South planning areas who reported not being able to access needed mental health services in the past 12 months compared to all respondents from Kane County. The Central and South Planning Areas had a higher percentage of respondents who were unable to access these services (12.8% and 15.0% respectively) compared to Kane County at 12.0%. Overall, respondents reported cost and affordability of receiving care as their biggest barrier to care.

FIGURE 26: COMMUNITY SURVEY RESPONDENTS REPORTING INABILITY TO ACCESS MENTAL HEALTH SERVICES IN THE LAST 12 MONTHS
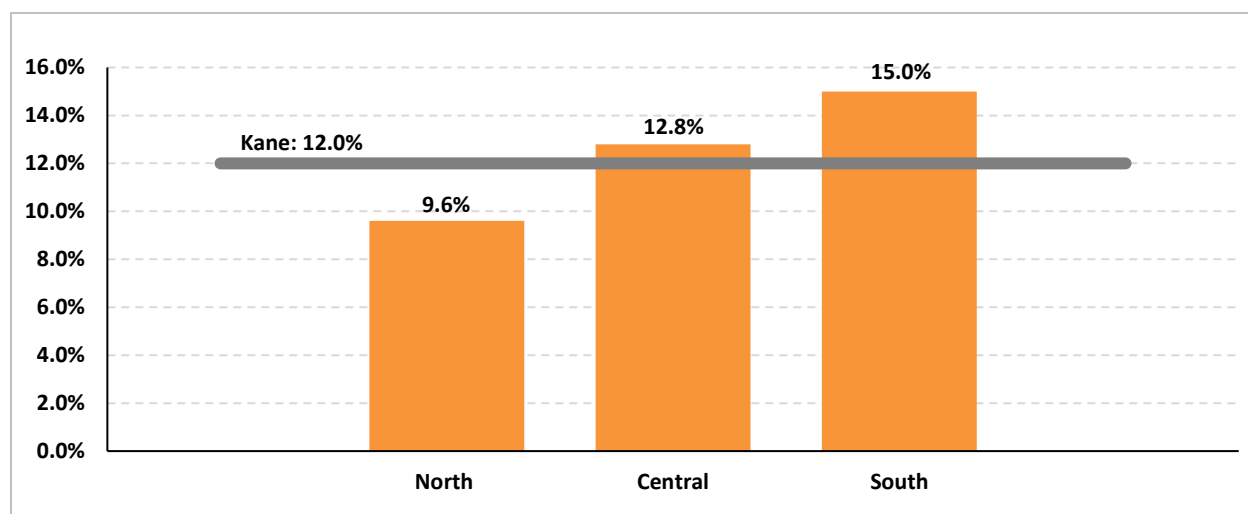
$(N_{Kane}=1,515, N_{North}=500, N_{Central}=415, N_{South}=601)$

Focus group participants emphasized the impact of anxiety and stress that parents and families with children are experiencing presently because of COVID-19 restrictions and the ever-evolving options for schooling. Social isolation was another common topic that was discussed during these conversations, specifically mentioning the impact on children, youth, and older adults. Separation from routines and social networks are greatly impacting mental health for these groups. Finally, focus group participants discussed the challenge of accessing mental health services in the community. Cost, availability of appointments, and navigation and/or knowledge about available services were all mentioned as barriers to care.

Disparities (Access to Mental Health)

Survey responses were also analyzed to identify disparities along race/ethnicity, gender, and age. Table 9 lists respondent groups where a higher percentage of a particular group experienced a greater barrier to

mental health care compared to overall Kane County community survey respondents. Higher percentages of respondents identifying as Native American, Black/African American, Native Hawaiian or Pacific Islander, Multi-racial, and Hispanic/Latino reported not being able to access mental health care when needed. Additionally, higher percentages of respondents aged 18-54 reported not being able to access mental health care when needed.

This analysis was conducted for the three Kane County Planning Areas as well, but the percentage of the population within each Planning Area who experienced a barrier to care were insufficient in size to result in meaningful results. Further information about barriers to care and disparities can be found in the Other Findings section later in this report.

TABLE 9. KANE COUNTY COMMUNITY SURVEY RESPONDENT GROUPS WITH SIGNIFICANT RACE/ETHNICITY, AGE OR GENDER DISPARITIES FOR ACCESSING MENTAL HEALTH SERVICES

Racial Groups	American Indian/Alaskan Native (AIAN), Black/African American, Native Hawaiian/Pacific Islander (NHPI), Multi-racial, Hispanic/Latino
Age Groups	45-54, 35-44, 25-34, 18-24

*Groups are presented in the order of decreasing disparity, with the group experiencing greater disparity listed first.

> " The cases of people suffering from anxiety have increased, it is important to pay attention to mental health. With problems like education, lack of parental care, financial problems and now with the pandemic, people are suffering from more stress and mental problems like anxiety, depression.
> - Focus Group Participant "

Alcohol and Substance Abuse

Alcohol and Substance Abuse were top priorities from the community survey, focus group and Forces of Change Assessment participants. Focus group participants discussed that the focus on COVID-19 has diverted attention from drug use issues that had been and continue to be present in the community, particularly issues with heroin and opioids. Additionally, focus group participants discussed teen and adolescent use/abuse of illegal substances and the interconnectedness to peer pressure, bullying, and self-esteem.

> " Bullying in schools, the sense of belonging of young people. Everyone tries to be like the rest of the other young people and this brings drug addiction problems, alcoholism and many problems for youth.
> - Focus Group Participant "

Prioritized Health Topic #2: Access to Health Services

Access to Health Services

Secondary Data Score: **1.38**

Key Themes from Community Input 💬

- Top priority Community Survey, Focus Groups, Forces of Change Assessment as well as Public Health System Assessment participants

- Cost of care is a barrier as well as closings due to Covid

- Lack of funds for needed medication

Warning Indicators ⚠

- Primary Care Provider Rate
- Clinical Care Ranking
- Adults with Health Insurance
- Children with Health Insurance

Secondary Data

Based on the secondary data scoring results, Access to Health Services was identified to be a top health need in Kane County. It had the third highest data score of all health topic areas using the data scoring technique, with a score of 1.38. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed in Table 10 below.

TABLE 10. DATA SCORING RESULTS FOR ACCESS TO HEALTH SERVICES

SCORE	ACCESS TO HEALTH CARE	KANE COUNTY	ILLINOIS	U.S.	IL COUNTIES	U.S. COUNTIES	TREND
2.03	Primary Care Provider Rate *(providers/100,000 population)* 2017	40.8	80				
1.75	Clinical Care Ranking 2020	83					
1.67	Adults with Health Insurance (%) 2018	88.2	90.1	87.5 *HP2020: 100			
1.56	Children with Health Insurance (%) 2018	95.1	96.6	94.8 *HP2020: 100			

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

Although Kane County's overall score in this area is relatively low, Kane County falls behind the State of Illinois and other counties for primary care provider rates, clinical care ranking, and adults with health insurance. Of note, the primary care provider rate is decreasing and the percent of adults with health insurance is below both the Illinois state value and the Healthy People 2020 objective.

Primary Data

Access to Health Services was a top health need identified from community survey, focus group, Forces of Change Assessment as well as Public Health System Assessment participants. Cost of care was a common barrier mentioned across these primary data sources. This included general cost to access care, lack of funds for purchasing needed medication as well as being uninsured or underinsured. Recent health facility closings and delays due to COVID-19 were also specifically mentioned as barriers to accessing care. The need for improved/increased culturally competent, accessible health care offered in languages that are spoken in the community was a theme that surfaced in the primary data as well.

Barriers and Disparities: Access to Health Services

Figure 27 shows the percentage of respondents in the North, Central, and South planning areas who reported not being able to access needed health services in the past 12 months compared to all respondents from Kane County. The Central and South Planning Areas had a higher percentage of respondents who were unable to access these services (21.5% and 21.0% respectively) compared to Kane County at 19.2%. The Northern Planning Area fell slightly under the Kane County value at 15.2%. Overall, respondents reported cost and affordability of receiving care as their biggest barrier to care. Respondents reported that health providers and/or offices/facilities being closed due to COVID-19 as being a barrier to care as well.

FIGURE 27: COMMUNITY SURVEY RESPONDENTS REPORTING INABILITY TO ACCESS HEALTH SERVICES IN THE LAST 12 MONTHS
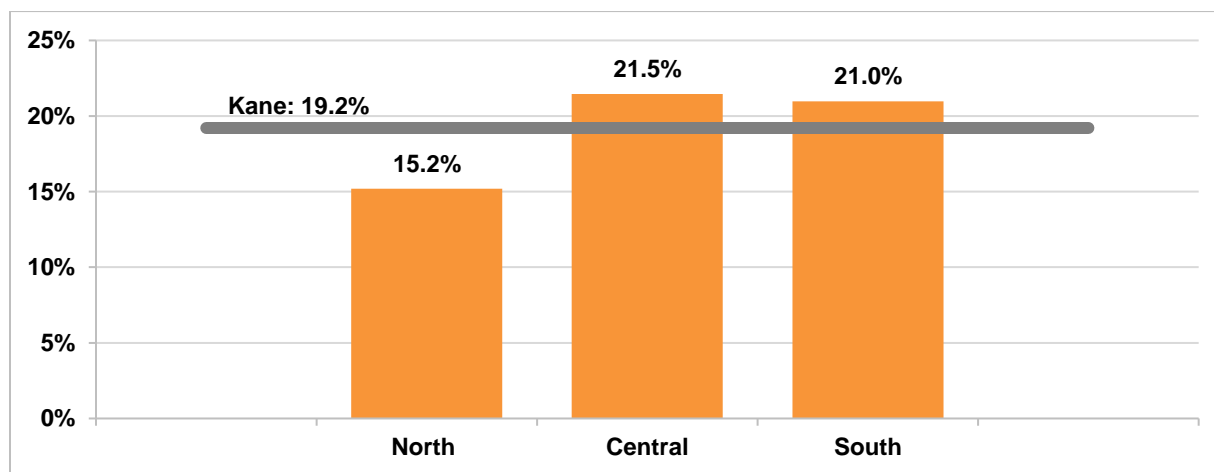
(N$_{Kane}$=1515, N$_{North}$=500, N$_{Central}$=415, N$_{South}$=601)

Table 11 lists respondent groups where a higher percentage of a particular group experienced a greater barrier to health care compared to overall Kane County community survey respondents. Higher percentages of respondents identifying as Native American, Black/African American, or Hispanic/Latino reported not being able to access care when needed. Additionally, higher percentages of respondents aged 18-54 reported not being able to access care when needed.

TABLE 11. KANE COUNTY COMMUNITY SURVEY RESPONDENT GROUPS WITH SIGNIFICANT RACE/ETHNICITY, AGE OR GENDER DISPARITIES FOR ACCESSING HEALTH SERVICES

Racial Groups	American Indian/Alaska Native, Black/African American, Hispanic/Latino
Age Groups	35-44, 45-54, 25-34, 18-24

*Groups are presented in the order of decreasing disparity, with the group experiencing greater disparity listed first.

Figure 28 shows the percentage of respondents in the North, Central, and South planning areas who reported not having health insurance or being unsure if they were covered by health insurance compared to all community survey respondents from Kane County. The South Planning Area had a higher percentage of respondents who were uninsured (12.3%) compared to Kane County at 9.9%. The Northern and Central Planning Areas were lower than the Kane County value at 9.4% and 5.3% respectively.

FIGURE 28: COMMUNITY SURVEY RESPONDENTS SELF REPORTED HEALTH INSURANCE COVERAGE: NO COVERAGE OR UNSURE IF INSURED
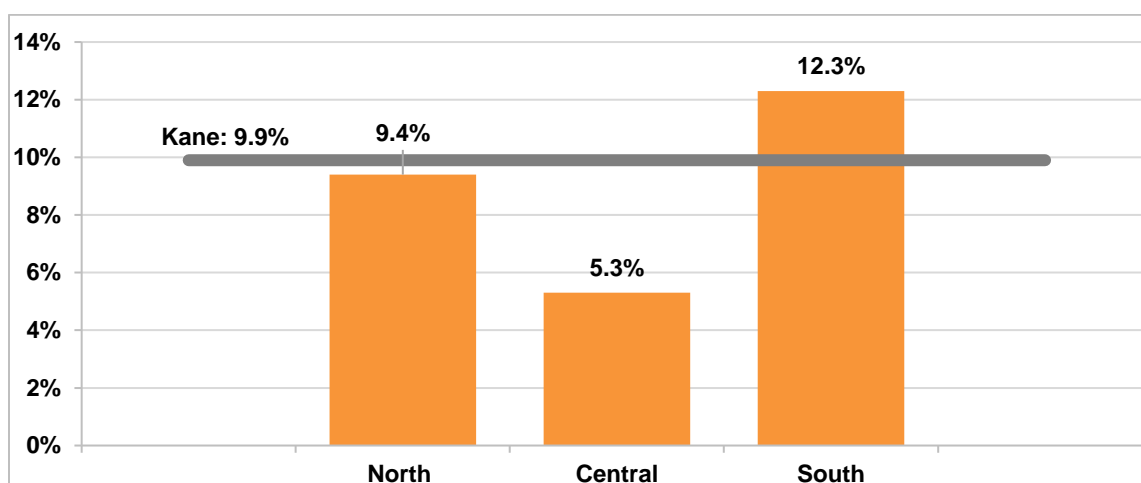
(N_{Kane}=1515, N_{North}=500, $N_{Central}$=415, N_{South}=601)

Barriers and Disparities: Access to Care in the Emergency Room

Figure 29 shows the percentage of respondents in the North, Central, and South planning areas who reported having accessed care in the emergency room (ER) in the past 12 months compared to all community survey respondents from Kane County. The South Planning Area had a higher percentage of respondents who accessed care in the ER (26.8%) compared to Kane County at 24.0%. The Northern and Central Planning Areas were lower than the Kane County value at 23.6% and 20.2% respectively. While the majority of respondents reporting accessing care in the ER did so for an emergency or life-threatening situations (55.6%), a good proportion of respondents reported accessing care in the ER due to their need for care outside of clinic hours or on the weekend when they were unable to access care elsewhere (27.3%).

(N_{Kane}=1515, N_{North}=500, N_{Central}=415, N_{South}=601)

Table 12 lists respondent groups where a higher percentage of a particular group had accessed care in the emergency room (ER) in the last 12 months compared to overall Kane County community survey respondents. A higher percentage of Black/African American, Native American, and those identifying as more than one race reported accessing care in the ER in the last year.

TABLE 12. KANE COUNTY COMMUNITY SURVEY RESPONDENT GROUPS WITH SIGNIFICANT RACE/ETHNICITY, AGE OR GENDER DISPARITIES FOR ACCESSING CARE IN THE ER

Racial Groups	American Indian/Alaska Native, Black/African American, Multi-racial

*Groups are presented in the order of decreasing disparity, with the group experiencing greater disparity listed first.

Barriers and Disparities: Access to Dental Health Services

Figure 30 below shows the percentage of respondents in the North, Central, and South planning areas who reported not being able to access needed dental health services in the past 12 months compared to all respondents from Kane County. The South Planning Areas had a higher percentage of respondents who were unable to access these services (24.0%) compared to Kane County at 21.0%. The Northern and Central Planning Areas were lower than the Kane County value at 17.0% and 19.0% respectively. Overall, respondents reported cost and affordability of receiving dental care was their biggest barrier to care. Respondents also reported that health providers and/or offices/facilities being closed due to COVID-19 as being a barrier to care. Finally, having no dental insurance was another common barrier to care that was identified.
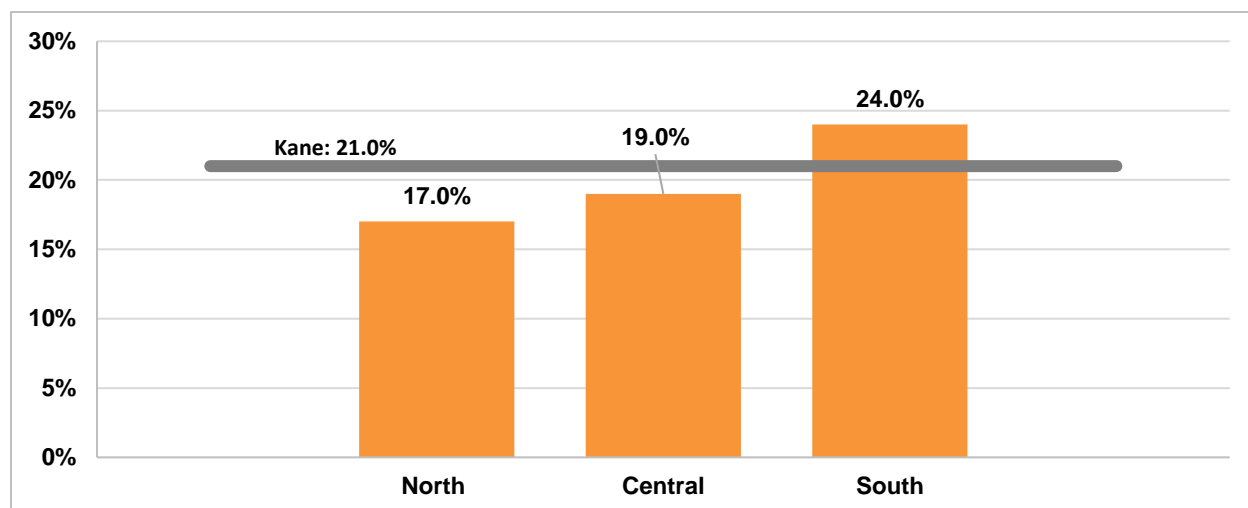
(N$_{Kane}$=1515, N$_{North}$=500, N$_{Central}$=415, N$_{South}$=601)

Table 13 lists respondent groups where a higher percentage of a particular group experienced a greater barrier to dental health services compared to overall Kane County community survey respondents. Higher percentages of respondents identifying as Native American, Black/African American, Multi-racial, Another Race, and Hispanic/Latino reported not being able to access dental care when needed.

TABLE 13. KANE COUNTY COMMUNTY SURVEY RESPONDENT GROUPS WITH SIGNIFICANT RACE/ETHNICITY, AGE OR GENDER DISPARITIES FOR ACCESSING DENTAL HEALTH SERVICES

Racial Groups	American Indian/Alaskan Native, Black/African American, Multi-racial, Another Race, Hispanic/Latino

*Groups are presented in the order of decreasing disparity, with the group experiencing greater disparity listed first.

> " Lack of health insurance, it is very expensive. There are not many clinics where they charge less or there is more help for the community.
> - Focus Group Participant

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Prioritized Health Topic #3: Immunizations and Infectious Diseases

Immunizations & Infectious Diseases

Secondary Data Score: **1.36**

Warning Indicators

- COVID-19 Daily Average Case-Fatality Rate
- HIV Diagnosed Cases
- Overcrowded Households
- Adults with Pneumonia Vaccine
- Chlamydia Incidence Rate
- Syphilis Incidence Rate

Secondary Data

Based on the secondary data scoring results, Immunizations & Infectious Diseases were identified to be a top health need in Kane County. It had the fourth highest data score of all health topic areas using the data scoring technique, with a score of 1.36. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed in Table 14.

TABLE 14. DATA SCORING RESULTS FOR IMMUNIZATIONS & INFECTIOUS DISEASES

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	KANE COUNTY	ILLINOIS	U.S.	IL COUNTIES	U.S. COUNTIES	TREND
2.50	COVID-19 Daily Average Incidence Rate (cases/100,000 population) Nov 6, 2020	84.2	79.9	47.5			↗
1.83	HIV Diagnosed Cases (# cases) 2018	32					↘
1.67	Overcrowded Households (% of households) 2014-2018	3.7	2.5				↘
1.58	Adults with Pneumonia Vaccination (%) 2010-2014	24.4					
1.50	Chlamydia Incidence Rate (cases/100,000 population) 2018	407.7	604	539.9			↗
1.50	Syphilis Incidence Rate (cases/100,000 population) 2018	3.9	11	10.8			↗

The secondary data reveal that sexually transmitted infections (STIs), specifically syphilis and chlamydia, are on the rise in Kane County. Additionally, Kane county's vaccination rates for pneumonia among adults

are among the worst in Illinois. This is particularly worrisome for 2019-2020 and beyond, as COVID-19 cases are increasing in Kane County and throughout the U.S. Overcrowding in households, which has been shown to ease transmission of infectious diseases like COVID-19, is of concern in Kane County as well.

Primary Data

Concerns related to mental health, health communication, access to care and resources and other barriers to care related to the COVID-19 pandemic were common topics that trended across this Kane County Community Health Needs Assessment. Further exploration of the key primary data findings related to COVID-19 are covered more fully in the Kane County Community Feedback section of the COVID-19 Impact Snapshot later in this report.

> " People now are very nervous about going to get their flu shots. There has been a big push for home health care to do in-home flu shots.
> - Focus Group Participant "

Prioritized Health Topic #4: Exercise, Nutrition, & Weight

Exercise, Nutrition & Weight

Secondary Data Score: **1.19**

Key Themes from Community Input

- Top priority from Community Survey and Focus Groups
- Food security; access to healthy foods and poor nutrition
- Obesity and contribution to chronic disease
- Lack of exercise

Warning Indicators

- SNAP Certified Stores
- Children with Low Access to a Grocery Store
- Farmers Market Density
- Fast Food Restaurant Density
- Grocery Store Density
- People with Low Access to a Grocery Store

Secondary Data

Based on the secondary data scoring results, Exercise, Nutrition, & Weight was identified to be a top health need in Kane County. It had the twelfth highest data score of all health topic areas using the data scoring technique, with a score of 1.19. Further analysis was done to identify specific indicators of concern

across the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed in Table 15.

TABLE 15. DATA SCORING RESULTS FOR EXERCISE, NUTRITION, & WEIGHT

SCORE	EXERCISE, NUTRITION, & WEIGHT	KANE COUNTY	ILLINOIS	U.S.	IL COUNTIES	U.S. COUNTIES	TREND
2.11	SNAP Certified Stores *(stores/1,000 population)* 2017	84.2	79.9	47.5			↗
1.67	Children with Low Access to a Grocery Store *(%)* 2015	32					
1.67	Farmers Market Density *(markets/1,000 population)* 2018	3.7	2.5				
1.67	Fast Food Restaurant Density *(restaurants/1,000 population)* 2016	24.4					↘
1.67	Grocery Store Density *(stores/1,000 population)* 2016	0.14					↘
1.50	People with Low Access to a Grocery Store *(%)* 2015	18.5					

Access to grocery stores and healthy foods are important for decreasing risk of chronic diseases, such as obesity and heart disease, and also help improve mental health. Although the overall topic score for exercise, nutrition, and weight was low for Kane County, Kane County falls behind in some important indicators under this topic. Namely, Kane County is among the worst in Illinois and the U.S. for SNAP certified stores, children with access to grocery stores, and grocery store density.

Primary Data

Exercise, Nutrition, and Weight was a top health need identified from community survey and focus group participants. Existing and increasing food insecurity due to COVID-19, access to healthy foods, and poor nutrition were all nutritional themes from primary data. Obesity and its contribution to chronic disease among residents in Kane County was of concern as well. Additionally, sedentary lifestyles and lack of exercise were also common points of discussion.

Figure 31 shows the percentage of respondents in the North, Central, and South planning areas who reported having worried about whether their food would run out before they got money to buy more sometime during the last 12 months compared to all respondents from Kane County. The South Planning Area had a higher percentage of respondents who reported this food insecurity challenge (34.0%) compared to Kane County at 30.6%. The Northern and Central Planning Areas fell under the Kane County value at 27.2% and 27.0% respectively.

FIGURE 31: COMMUNITY SURVEY RESPONDENTS REPORTING HAVING WORRIED ABOUT WHETHER THEIR FOOD WOULD RUN OUT BEFORE THEY GOT MONEY TO BUY MORE SOMETIME DURING THE LAST 12 MONTHS
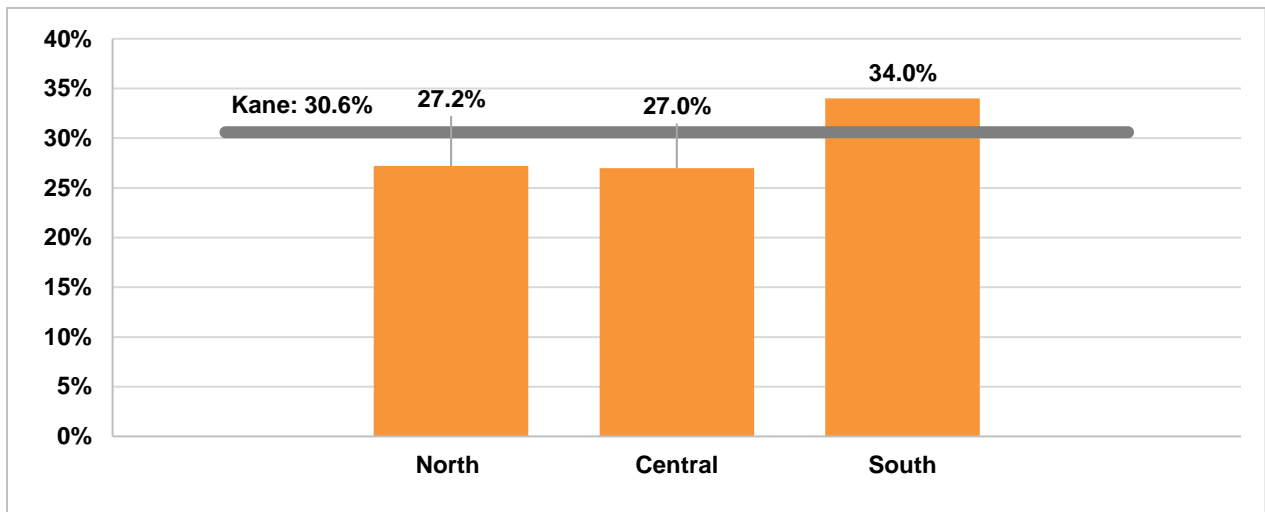
(N$_{Kane}$=1515, N$_{North}$=500, N$_{Central}$=415, N$_{South}$=601)

Figure 32 shows the percentage of respondents in the North, Central, and South planning areas who reported that there was a time during the past 12 months when the food they bought did not last and they did not have money to get more compared to all respondents from Kane County. The South Planning Area had a higher percentage of respondents who reported this food insecurity challenge (27.0%) compared to Kane County at 23.0%. The Northern and Central Planning Areas fell under the Kane County value at 20.0% and 18.0% respectively.

FIGURE 32: COMMUNITY SURVEY RESPONDENTS REPORTING THAT THERE WAS A TIME DURING THE PAST 12 MONTHS WHEN THE FOOD THEY BOUGHT DID NOT LAST AND THEY DID NOT HAVE MONEY TO GET MORE

(N$_{Kane}$=1515, N$_{North}$=500, N$_{Central}$=415, N$_{South}$=601)

Figure 33 shows the percentage of respondents in the North, Central, and South planning areas who reported that they or someone living in their home received emergency food from a church, a food pantry, or a food bank, or ate in a soup kitchen in the past 12 months compared to all respondents from Kane County. The South Planning Area had a higher percentage of respondents who accessed these support

services (27.0%) compared to Kane County at 19.0%. The Northern and Central Planning Areas fell under the Kane County value at 12.0% and 18.0% respectively.

FIGURE 33: COMMUNITY SURVEY RESPONDENTS REPORTING THAT THEY OR SOMEONE LIVING IN THEIR HOME RECEIVED EMERGENCY FOOD FROM A CHURCH, A FOOD PANTRY, OR A FOOD BANK, OR ATE IN A SOUP KITCHEN IN THE PAST 12 MONTHS
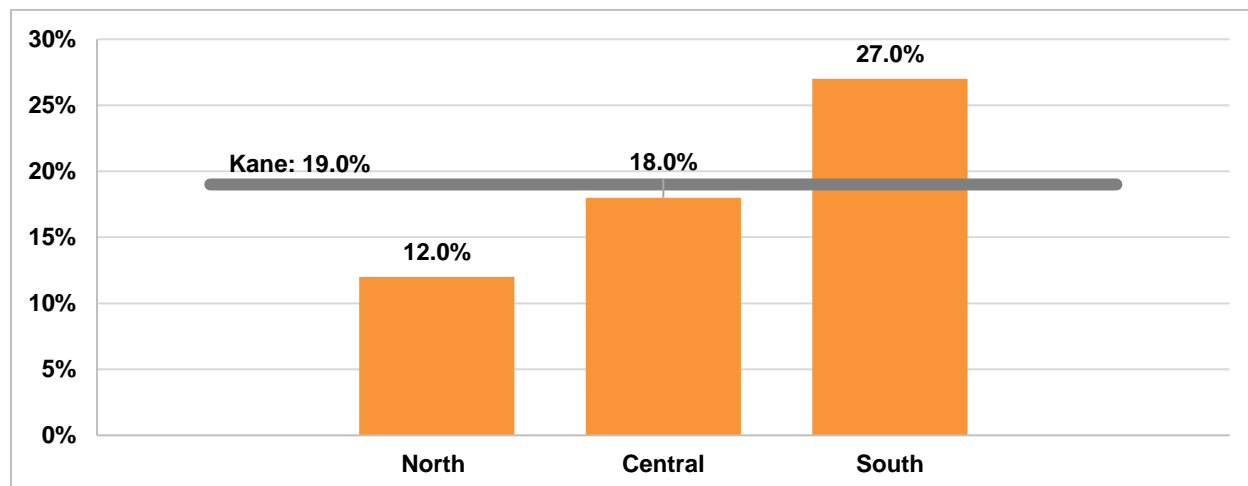
(N_{Kane}=1515, N_{North}=500, $N_{Central}$=415, N_{South}=601)

Responses from the community survey indicates that food insecurity impacts a greater number of families living in Kane County who have children living in their home compared to those who did not have children in their home. Figures 34, 35, and 36 below highlight food insecurity among community survey respondents with children in their home by Kane County Planning Areas (North, Central, and South) compared to all survey respondents from Kane County with children in their home.

Figure 34 shows the percentage of respondents with children in their home in the North, Central, and South planning areas who reported having worried about whether their food would run out before they got money to buy more sometime during the last 12 months compared to all respondents from Kane County. The Central and South Planning Areas had a higher percentage of respondents who reported this food insecurity challenge (41.0% and 45.0% respectively) compared to Kane County at 40.0%. The Northern Planning Area fell under the Kane County value at 32.0%.

FIGURE 34: COMMUNITY SURVEY RESPONDENTS WITH CHILDREN IN THEIR HOME WHO REPORTED HAVING WORRIED ABOUT WHETHER THEIR FOOD WOULD RUN OUT BEFORE THEY GOT MONEY TO BUY MORE SOMETIME DURING THE LAST 12 MONTHS
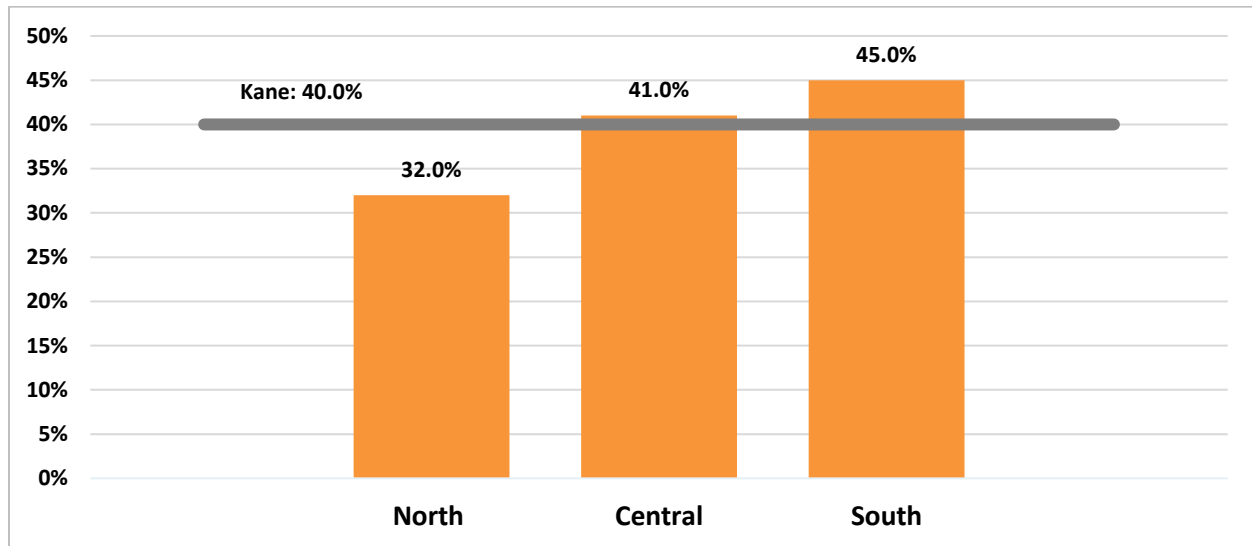
N_{Kane}=677, N_{North}=210, $N_{Central}$=181, N_{South}=293

Figure 35 shows the percentage of respondents with children in their home in the North, Central, and South planning areas who reported that there was a time during the past 12 months when the food they bought did not last and they did not have money to get more compared to all respondents from Kane County. The South Planning Area had a higher percentage of respondents who reported this food insecurity challenge (37.0%) compared to Kane County at 34.5%. The Northern and Central Planning Areas fell under the Kane County value at 30.0% and 33.0% respectively.

FIGURE 35: COMMUNITY SURVEY RESPONDENTS WITH CHILDREN IN THER HOME WHO REPORTED THAT THERE WAS A TIME DURING THE PAST 12 MONTHS WHEN THE FOOD THEY BOUGHT DID NOT LAST AND THEY DID NOT HAVE MONEY TO GET MORE
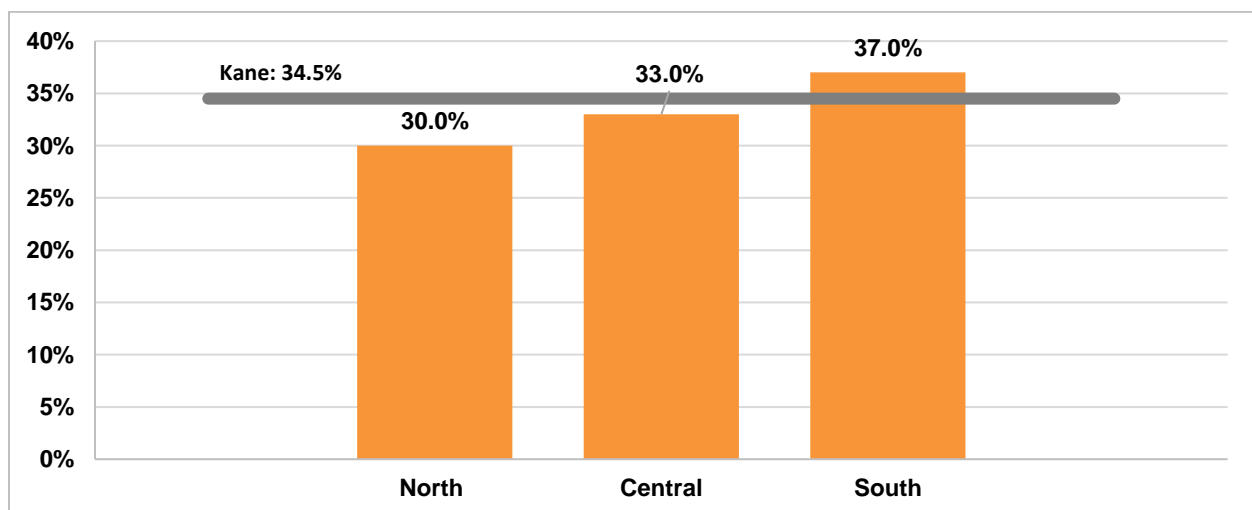
N_{Kane}=677, N_{North}=210, $N_{Central}$=181, N_{South}=293

Figure 36 shows the percentage of respondents with children in their home in the North, Central, and South planning areas who reported that they or someone living in their home received emergency food from a church, a food pantry, or a food bank, or ate in a soup kitchen in the past 12 months compared to all respondents from Kane County. The South Planning Area had a higher percentage of respondents who accessed these support services (33.0%) compared to Kane County at 30.0%. The Northern and Central Planning Areas fell under the Kane County value at 19.0% and 27.0% respectively.
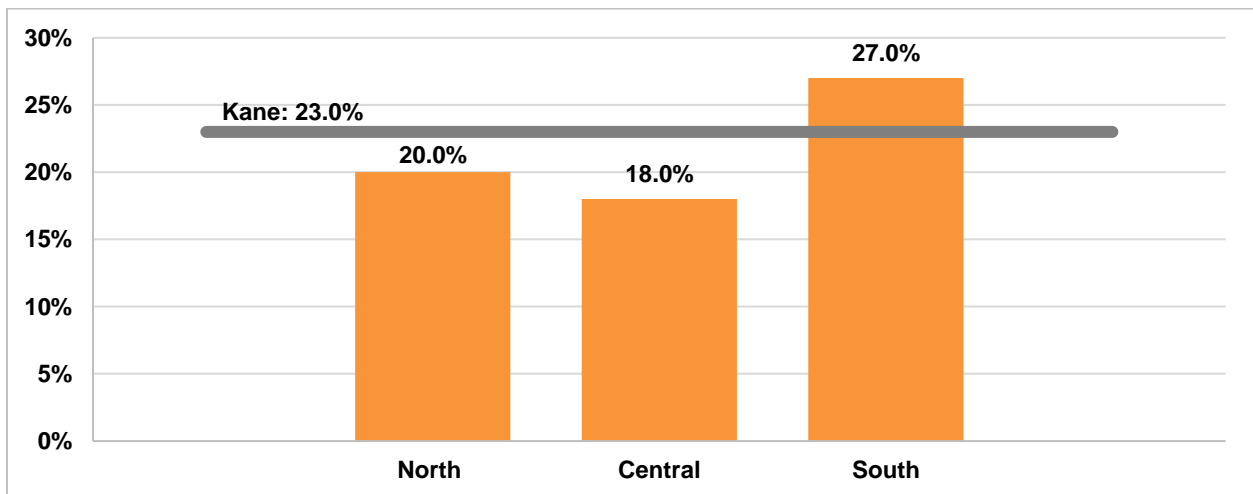
FIGURE 36: COMMUNITY SURVEY RESPONDENTS WITH CHILDREN IN THEIR HOME WHO REPORTED THAT THEY OR SOMEONE LIVING IN THEIR HOME RECEIVED EMERGENCY FOOD FROM A CHURCH, A FOOD PANTRY, OR A FOOD BANK, OR ATE IN A SOUP KITCHEN IN THE PAST 12 MONTHS
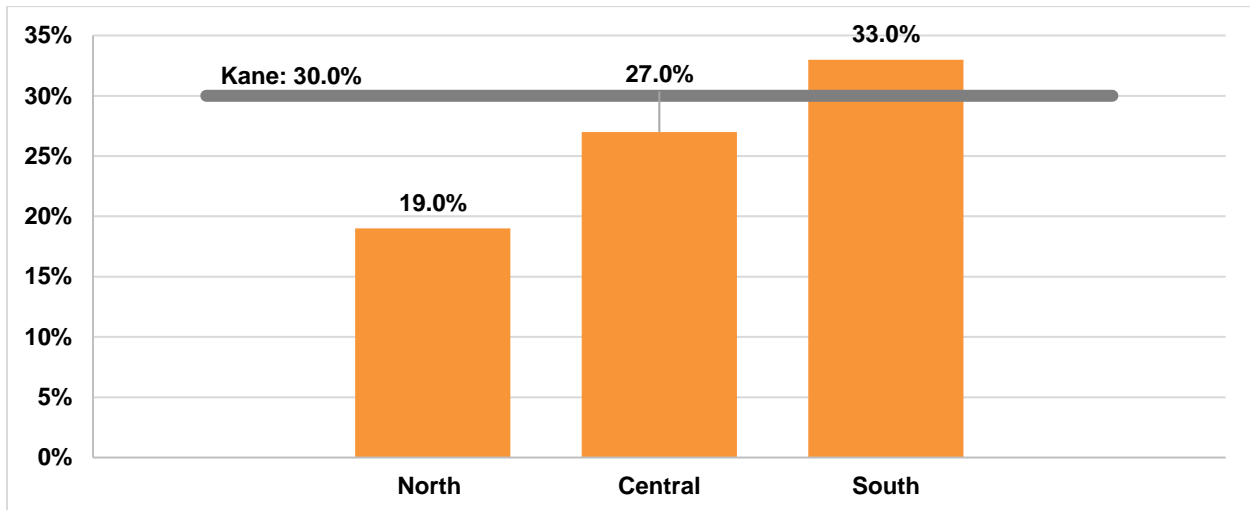
N_{Kane}=677, N_{North}=210, $N_{Central}$=181, N_{South}=293

> If you have limited resources, you'll just go to McDonalds. Exercise is another area. Being closed in and moved in very close to each other and not having a broader community really makes the virtual community more of a lifeline and more of an influence.
> - Focus Group Participant

Non-Prioritized Significant Health Needs

The following significant health needs, presented in alphabetical order, emerged from a review of the primary and secondary data. However, Kane Health Counts will not focus on these topics in their Implementation Strategy.

Key themes from community input are included where relevant for each non-prioritized health need along with the secondary data score and warning indicators.

Non-Prioritized Health Need #1: Education

Education

Secondary Data Score: **1.29**

Key Themes from Community Input

- Top priority in Forces of Change Assessment
- Impact due to Covid-19
- Unequal access to broadband and technology

Warning Indicators

- Student-to-Teacher Ratio
- People 25+ with a High School Degree or Higher

> I agree with the problem of feeding children at school. The solution is to stay on top of school surveys, raise our voice as parents and go talk to the district and talk about the type of food, education, bullying.
> - Focus Group Participant

Non-Prioritized Health Need #2: Environment

Environment ——————

Secondary Data Score: **1.45**

Warning Indicators ⊘

- SNAP Certified Stores
- Recognized Carcinogens Released into the Air
- Annual Ozone Air Quality
- Liquor Store Density
- Children with Low Access to a Grocery Store
- Farmers Market Density
- Fast Food Restaurant Density
- Grocery Store Density
- Overcrowded Households
- Severe Housing Problems

" Health, no exercise. They do not dedicate themselves fully to that. It would be ideal if there were more parks with equipment for sports and exercise. "
- Focus Group Participant

Non-Prioritized Health Need #3: Maternal, Fetal, & Infant Health

Maternal, Fetal & Infant Health ——————

Secondary Data Score: **1.32**

Warning Indicators ⊘

- Preterm Births
- Preterm Labor and Delivery Hospitalizations

Non-Prioritized Health Need #4: Older Adults & Aging

Older Adults & Aging

Secondary Data Score: 1.40

Warning Indicators

- Atrial Fibrillation: Medicare Population
- Cancer: Medicare Population
- Osteoporosis: Medicare Population
- Rheumatoid Arthritis or Osteoarthritis: Medicare Population
- Stroke: Medicare Population
- Hypertension: Medicare Population
- Hyperlipidemia: Medicare Population

> Mental health issues which go hand and hand with isolation. It's hard for seniors to get in and get help, there is usually a waiting list to get into these programs.
> - Focus Group Participant

Non-Prioritized Health Need #5: Other Chronic Diseases

Other Chronic Diseases

Secondary Data Score: 1.86

Warning Indicators

- Osteoporosis: Medicare Population
- Rheumatoid Arthritis or Osteoarthritis: Medicare Population

Non-Prioritized Health Need #6: Public Safety

Public Safety

Secondary Data Score: 1.25

Warning Indicators

- Alcohol Impaired Driving Deaths

Non-Prioritized Health Need #7: Teen & Adolescent Health

Teen & Adolescent Health

Secondary Data Score: **1.27**

Warning Indicators

- Teens Who use Alcohol
- Teens Who use Marijuana

" Younger people are on COVID-19 burn out, some are taking precautions, but some are not. I see elderly people with masks on, but younger people are not being as conscientious about wearing masks and they are taking more risks.
- Focus Group Participant "

Non-Prioritized Health Need #8: Transportation

Transportation

Secondary Data Score: **1.43**

Warning Indicators

- Solo Drivers with a Long Commute to Work
- Mean Travel Time to Work
- Workers Commuting by Public Transportation

" Transportation issue has always been huge. It's a blackhole for money, Riding Kane has worked on it and we have worked on it, but we are a large county; there is a lot of distance between us. It is hard to get around.
- Focus Group Participant "

Other Findings

Critical components in assessing the needs of a community are identifying barriers to and disparities in health care. Additionally, the identification of barriers and disparities will help inform and focus strategies for addressing the prioritized health needs. The following section identifies barriers and disparities as they pertain to Kane County.

Barriers to Care

Community health barriers for Kane County were identified as part of the primary data collection. Community survey respondents and focus group participants were asked to identify any barriers to healthcare observed or experienced in the community.

Transportation

Transportation, while not selected as a Prioritized Health Need by Kane Health Counts through this joint CHA/CHNA process, was still an identified significant health need that scored a 1.43 in the Secondary Data Analysis. Particular indicators of concern from the Secondary Data Analysis included the number of solo drivers who have a long commute to work, the mean travel time to work, as well as the number of workers commuting by public transportation. Additionally, 33% of community survey respondents disagreed or strongly disagreed that public transportation is easily accessible if they needed it. Focus group participants mentioned that access to transportation was a specific barrier for the elderly population in Kane County.

Cost, Literacy, and Language Barriers

In general, accessing affordable health care was a common barrier that was discussed whether due to overall cost or being underinsured or uninsured. For community survey respondents that did not receive the care they needed, 35% selected cost as a barrier to seeking the care they needed, while 28% noted that their providers or health care facilities being closed due to COVID-19 was a barrier to their care. Focus group participants were concerned that low-income community members do not have access to affordable healthcare providers. Focus group participants added that even when health insurance is available, health literacy issues and language barriers make seeking or renewing healthcare coverage difficult, especially for older adults and immigrant populations.

Disparities

Race/Ethnic & Age Disparities

Community health disparities were assessed in both the primary and secondary data collection processes. Table 16 below show secondary data indicators with statistically significant race/ethnicity, age or gender disparity for Kane County Index of Disparity analysis. Disparities should be recognized and considered for implementation planning to mitigate the challenges and barriers often faced along gender, racial, ethnic, or cultural lines.

Health Indicator	Group Negatively Impacted
Age-Adjusted Hospitalization Rate due to Adult Mental Health	American Indian/Alaska Native, Black/African American
Age-Adjusted Hospitalization Rate due to Adult Suicide and Intentional Self-Inflicted Injury	American Indian/Alaska Native, Black/African American
Age-Adjusted Death Rate due to Suicide	Male
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Male
Age-Adjusted Hospitalization Rate due to Opioid Use	Black/African American and Male
Age-Adjusted Hospitalization Rate due to Substance Use	Black/African American and Male
Age-Adjusted Death Rate due to Kidney Disease	Male
People 65+ Living Below Poverty Level	American Indian/Alaska Native, Black/African American, Hispanic/Latino, Other

Race and age proved to be a barrier to care among community survey respondents. Among survey respondents, a higher percentage of respondents identifying as Native American, Black/African American, or Hispanic/Latino reported not being able to access care when needed. Higher percentages of respondents aged 18-54 also reported not being able to access care when needed. When asked about accessing care in the emergency room, a higher percentage of Black/African American, Native American, and those identifying as more than one race reported accessing care in the ER in the last year. Additionally, a higher percentage of respondents identifying as Native American, Black/African American, Multi-racial, Another Race, and Hispanic/Latino reported not being able to access dental care when needed.

When specifically considering access to mental health services among community survey respondents, a higher percentage of respondents identifying as Black/African American, American Indian/Alaskan Native, those identifying as Multi-racial, and Hispanic/Latino reported not being able to access mental health care when needed. Higher percentages of respondents aged 18-54 reported not being able to access mental health care when needed as well.

Focus group participants mentioned the health system navigation and health education access for minority racial or ethnic groups being a barrier to equitable care. They also specifically spoke to the lack of focus on men's health topics within the African American community. Additionally, older adults were the age group that focus group participants brought up the most as having more barriers to accessing healthcare and services compared to younger populations. They also mentioned low-income families struggling to access services.

Geographic Disparities

Geographic disparities were identified using the SocioNeeds Index®. Within Kane County, the following zip codes were identified as having highest socioeconomic need (as indicated by the darkest shade of blue): 60505 (South Planning Area), 60120 (North Planning Area), 60110 (North Planning Area) as shown in Figure 37 below. Areas of highest socioeconomic need potentially indicate poorer health outcomes for residents in those areas. Because these areas were identified as having the highest socioeconomic need, understanding the population demographics of these communities is equally as important.

FIGURE 37: SOCIONEEDS INDEX
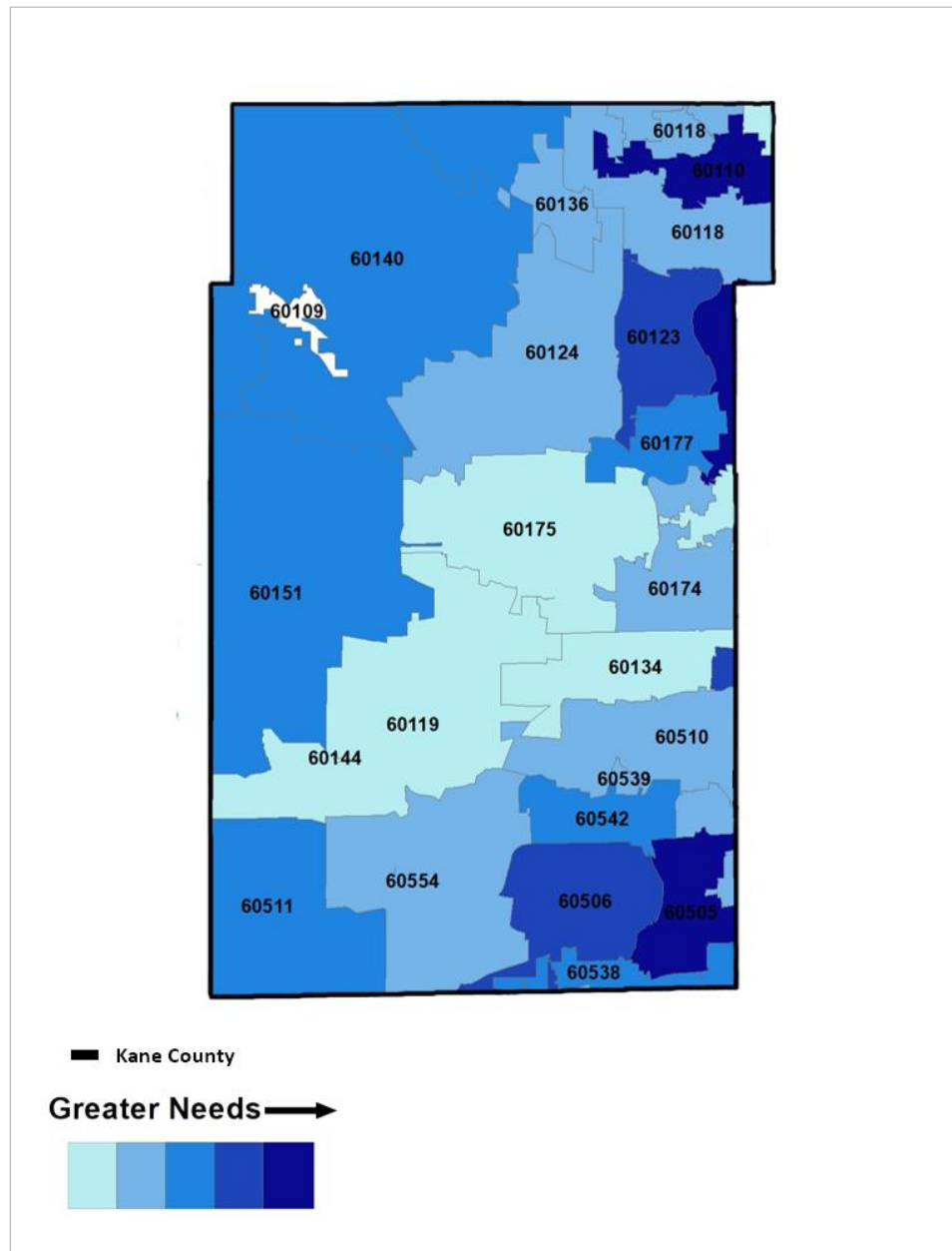
COVID-19 Impact Snapshot

Introduction

At the time that Kane Health Counts began its collaborative CHA/CHNA process, Kane County and the state of Illinois were in the midst of dealing with the novel coronavirus (COVID-19) pandemic.

The process for conducting the assessment remained fundamentally the same. However, there were some adjustments made during the primary data collection to ensure the health and safety of those participating.

Pandemic Overview

On March 13, 2020, a U.S. national emergency was declared over the novel coronavirus outbreak first reported in the Wuhan Provence of China in December 2019. Officially named COVID-19 by the World Health Organization (WHO) in February, WHO declared COVID-19 a pandemic on March 11, 2020. Upon completion of this report in February 2021, the pandemic was still very much a health crisis across the United States and in most countries.

Community Insights

The CHNA project team researched additional sources of secondary data and gathered primary data to provide a snapshot of the impact of COVID-19 on Kane County between March 2020 and January 2021. Findings are reported below.

COVID-19 Cases and Deaths in Illinois and Kane County

For current cases and deaths due to COVID-19 visit the Illinois Department of Public Health https://www.dph.illinois.gov/covid19 or the Kane County Health Department https://kanehealth.com/

Vulnerability Index

Beyond looking at what we know about COVID-19 cases and deaths, the Conduent Vulnerability Index is a measure of potential severe illness burden due to COVID-19 by county. Counties are given an index value from 1 (low vulnerability) to 10 (high vulnerability). A county with a high vulnerability score can be described as a location where a higher percentage of COVID-19 cases would result in severe outcomes such as hospitalization or death as comparted a county with a low vulnerability score.

Kane County Index Score: 4 (as of November 8, 2020)
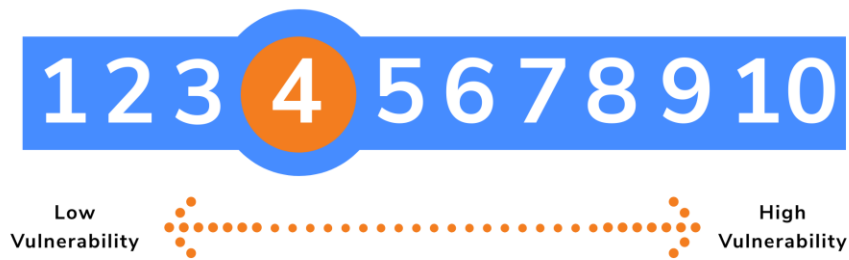
What does this score mean?

Kane County's Vulnerability Index Score is 4 out of 10. This means that county residents generally have moderate death rates due to chronic conditions, moderate socio-economic needs, and less than adequate access to healthcare and services to protect themselves from more severe COVID-19 cases and more death.

The median Vulnerability Index value in Illinois is 6 out of 10. Kane County's score of 4 indicates their residents have a lower vulnerability than a county with higher rates of chronic disease, risky behavior, and/or low access to health services.

Seventy-six counties meet the inclusion criteria for the model and have calculated Vulnerability Index values.

Kane County Unemployment Rates

As expected, Kane County's unemployment rates rose in April 2020 when stay at home orders were first in place. As illustrated in Figure 38 below, as Kane and surrounding counties began slowly reopening some businesses in May 2020, the unemployment rate gradually began to go down. As of November 2020, the latest data available at the writing of this report, the county's unemployment rate has still not returned to pre-COVID rates. The county can expect to see variation in unemployment rates based on government response to the pandemic. When unemployment rates rise, there is potential impact on health insurance coverage and health care access if jobs lost include employer-sponsored healthcare.

FIGURE 38: KANE COUNTY, ILLINOIS UNEMPLOYMENT RATE
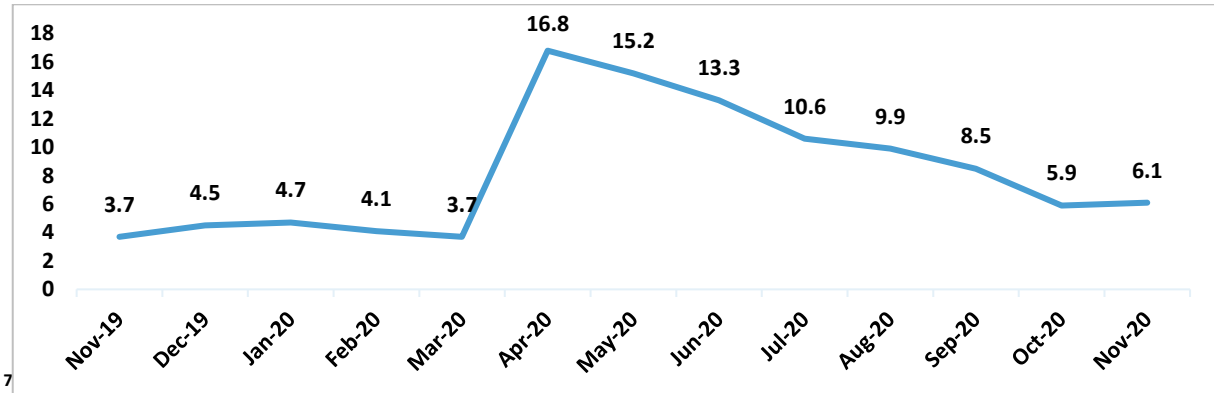
Kane County Community Feedback

The Forces of Change Assessment, Public Health System Assessment, focus groups and on-line community survey were used to capture insights and perspectives of the health needs of Kane County. Included in these primary data collection tools were questions specific to COVID-19. Survey respondents were specifically asked about the biggest challenges their households were currently facing due to COVID-19. Of the 1,342 respondents who answered this question:

- 61% Reported not knowing when the pandemic will end
- 42% Reported feeling nervous or anxious
- 37% Reported feeling alone
- 25% Experienced a shortage of sanitation and cleaning supplies
- 24% Had not being able to exercise

[77] U.S. Bureau of Labor Statistics, Unemployment Rate in Kane County, IL, retrieved from FRED, Federal Reserve Bank of St. Louis; https://fred.stlouisfed.org/series/ILKANE2URN, January 2021.

Additionally, the information highlighted below summarizes insights from community members who engaged in the various primary data collection methods from September to November 2020 regarding the impact of COVID-19 on their community.

Access to Health Services:

- People need to know what services are still available, even if it's virtually
- Continued disparities as it relates to testing and access to care for minorities
- Routine care and testing for those who can't afford it
- Need for better organization of community response

Social Determinants of Health:

- Financial and economic impact; increased job loss
- Impact on education
- Challenge/impact of distance learning
- Impact of the pandemic on different racial and ethnic groups in the community
- Impact on frontline workers

General Impact:

- COVID-19 fatigue
- Mental health strain caused by physical distancing, especially on seniors and school-aged children and their parents
- Knowing which sources of information to trust to help in your decision making
- Strain on local non-profits

Positive responses to COVID-19:

- The turnaround for the tests with pop-up testing sites are helping and getting better
- Collaboration efforts within the county
- The speed at which some services were able to be modified to meet the changing needs due to COVID-19
- Change to virtual services and appointments
- More sense of community
- More family time due to restrictions in place

Kane County Significant Health Needs and COVID-19 Impact

Each of the four prioritized health needs identified through primary and secondary data and prioritization appeared to worsen throughout the duration of the COVID-19 pandemic according to information gathered through primary data.

Behavioral Health (Mental Health and Substance Abuse)

- 61% of survey respondents reported not knowing when the pandemic will end
- 42% of survey respondents reported feeling nervous, anxious or on edge due to the COVID-19 pandemic.

- 37% of survey respondents reported loneliness/isolation and the lack of socialization as a major challenge during the COVID-19 pandemic.
- The toll of the pandemic on frontline workers was a frequent topic of discussion
- Mental health strain caused by physical distancing, especially on seniors and school-aged children and their parents
- Impact of the economy and job loss on mental health
- An increase or non-prioritization of alcohol and drug use as resources are diverted to the COVID-19 response

Access to Health Services

- Cost of accessing care and being uninsured or underinsured were identified as general barriers to care outside of the influence of the COVID-19 Pandemic. Increasing economic strain and job loss which could result in the loss of health insurance through and employer are examples of how the COVID-19 pandemic has exacerbated this barrier to care.
- Health facility closings and delays due to COVID-19 were also identified as barriers to accessing care in primary data.
- Focus group participants, particularly older adults mentioned that clear and consistent public health messaging about COVID-19 restrictions and guidelines were another common challenge to accessing care. Something as simple as knowing if their own health provider was open and accepting in-person or virtual patients was not clear or easily understood.

Immunizations and Infectious Diseases

- Improved public health communication is even more crucial as the COVID-19 vaccine rollout continues in Kane County.
- On-going need and concern to maintain other routine vaccine distribution rates particularly among vulnerable populations such as the young and elderly populations.

Exercise, Nutrition, and Weight

- The inability to exercise was noted by 24% of survey respondents in relation some of the biggest challenges they were facing in their household due to COVID-19.
- Increased food insecurity, even among those who had not experienced food insecurity previously, was noted as one of the major impacts of the COVID-19 pandemic in the community.

Recommended Data Sources

As local, state, and national data are updated and become available, these data can continue to help inform approaches to meeting existing and developing needs related to the pandemic. Recommended data sources for Kane County are included here:

National Data Sources

Data from the following national websites are updated regularly and may provide additional information into the impact of COVID-19:

- United States National Response to COVID-19 https://www.usa.gov/coronavirus
- Center for Disease Control: https://www.cdc.gov/
- U.S. Department of Health and Human Services: https://www.hhs.gov/
- Centers for Medicare and Medicaid: https://www.cms.gov/
- U.S. Department of Labor: https://www.dol.gov/coronavirus
- Johns Hopkins Coronavirus Resource Center: https://coronavirus.jhu.edu/us-map
- National Association of County Health Officials: https://www.naccho.org/
- Feeding America (The Impact of the Coronavirus on Food Insecurity): https://www.feedingamerica.org/

Illinois Data Sources

Data from the following websites are updated regularly and may provide additional information into the impact of COVID-19 in Kane County:

- Illinois Department of Public Health: https://www.dph.illinois.gov/
- Kane County Health Department: https://kanehealth.com/
- Kane Health Counts: http://www.kanehealthcounts.org/

Conclusion

This joint Community Health Assessment (CHA) and Community Health Needs Assessment (CHNA), conducted for Kane Health Counts used the four MAPP assessments, which together provided a comprehensive picture of health in Kane County. This report helps KCHD meet requirements of certified local health departments in the state of Illinois to complete a community health needs assessment every five years (77 IL Admin Code 600.210) and is part of the essential services of local public health departments based on standards by the Public Health Accreditation Board.

This CHA was completed through a collaborative effort that integrated the Community Health Needs Assessment (CHNA) process of the five hospitals in Kane County and the local mental health board. As a part of the Kane Health Counts Collaborative, the Kane County Health Department partnered with Conduent Healthy Communities Institute (HCI) to conduct this 2021 CHA.

This process was used to determine the 13 significant health needs in Kane County. The prioritization process identified four top health needs: Behavioral Health (including Mental Health & Substance Abuse), Access to Health Services, Immunizations and Infectious Diseases, and Exercise, Nutrition, and Weight.

The findings in this report will be used to guide the development of the Kane Health Counts Collaborative work plan as well as the Kane County Health Department Community Health Improvement Plan (CHIP), which will outline strategies to address identified priorities and improve the health of the community.

Part III: Community Health Improvement Plan

3.1 Introduction & Purpose

The findings from the Community Health Assessment (CHA) provide the foundation for the Community Health Improvement Plan (CHIP) and inform the work of our Kane Health Counts collaborative moving forward. The CHIP allows those interested in the health of the community to follow, track and evaluate the goals and objectives set forth by the CHIP Action Teams.

The CHIP Action Teams use many resources in addition to the CHA. Action team participants referred to **Healthy People 2030** objectives as a source for potential benchmarks when developing the implementation plans. These teams continue to lean on the Healthy People 2030 Objectives and Measures to guide their work. Action teams also use the data website, Kane Health Counts, which features useful tools such as a data dashboard and a SocioNeeds Index. This website is also utilized to diplay the action teams' implementation plans.

County Health Ranking & Roadmaps, a program of the University of Wisconsin Population Health Institite, ranked Kane County as the 7th healthiest county in Illinois in 2021. The vision of the Kane County Health Department and the Kane Health Counts Collaborative is to become the healthiest county in Illinois. This vision will be attained by the healthy choices of our residents and by the model public health system of our community. Additionally, the priorities identified during Kane County's MAPP Process were consistent with the **Healthy Illinois 2021 State Health Improvement Plan (SHIP)** priorities, as seen below:

Table 1. Number of IPLANs with Specified Health Priorities (N=92)		
Healthy Priority Type	**% (n)**	**Examples**
Chronic Disease	84% (n=77)	Cancer, Diabetes, Obesity
Mental Health	52% (n=48)	Suicide, Depression, Anxiety
Access to Care	37% (n=34)	Access to Dental Care, Primary Health Care, Community Support (Access to Care)
Substance Abuse	37% (n=34)	Opioid/Heroin Deaths, Youth Substance Abuse, Drug/Alcohol Tobacco Use
Other	14% (n=13)	Bullying, Asthma
Social Determinants of Health	13% (n=12)	Income and Education, Food Insecurity, Health Equity
Injury/ Violence	10%(n=9)	Child Abuse, Unintentional Injuries
Oral Health	9% (n=8)	Oral Health
Maternal and Child Health	9% (n=8)	Prenatal Care, Infant Mortality, Adolescent Health
STIs/Sexual Health	8% (n=7)	Sexual Health Education
Senior Health	4% (n=4)	Aging Population Needs, Dementia
Environmental	4% (n=4)	Air quality, Environmental protection services, Decreasing community population potential exposure to Lyme Disease
Lifestyle	4% (n=4)	Poor Health Behaviors

Source: Healthy Illinois 2021 Plan Update

SocioNeeds Index

The 2021 SocioNeeds Index, located on the Kane Health Counts website, is a tool used often by the CHIP action teams. This index, created by Conduent Health Communities Insititute, is a measure of socioeconomic need that is correlated with poor health outcomes.
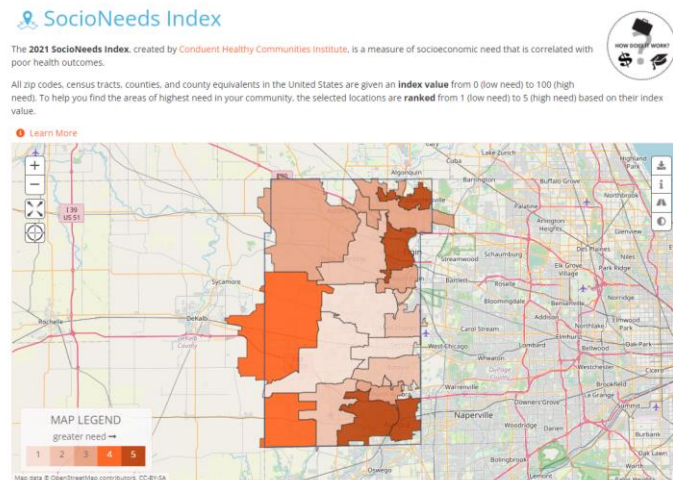
Why is the SocioNeeds Index important?

Community health improvement efforts must determine what sub-populations are most in need in order to most effectively focus services and interventions. Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity, and cancer. The SocioNeeds Index summarizes multiple socio-economic indicators into one composite score for easier identification of high need areas by zip code, census tract, or county.

How do I use the SocioNeeds Index?https://www.msn.com/en-us/feed

Within your community, the zip codes, census tracts, or counties with the highest index values are estimated to have the highest socioeconomic need. The index value for each location is compared to all other similar locations (i.e. counties compare to other counties and zip codes to other zip codes) within the comparison area to assign a relative rank (1-5). Zip codes and census tracts are ranked using natural breaks classification, which groups the locales into clusters based on similar index values.

What is this tool based on?

The SocioNeeds Index is calculated for a community from several social and economic factors, ranging from poverty to education, that may impact health or access to care. The index is correlated with potentially preventable hospitalization rates, and is calculated using Claritas estimates for 2021.

Which geography should I use?

Follow this link for more information about different geography types and when to use each one depending on data availability.

Source: Kane Health Counts :: Indicators :: 2021 SocioNeeds Index

Healthy People 2030 Objectives and Measures

Vision

A society in which all people can achieve their full potential for health and well-being across the lifespan.

Overall Health and Well-Being Measures

8 broad, global outcome measures intended to assess the Healthy People 2030 vision

Core Objectives

355 measurable public health objectives that have 10-year targets and are associated with evidence-based interventions

Leading Health Indicators

A small subset of 23 high-priority Healthy People 2030 core objectives selected to drive action toward improving health and well-being

Developmental Objectives

Public health issues with evidence-based interventions but lacking reliable data

Research Objectives

Public health issues that are not yet associated with evidence-based interventions

3.2 Vision & Values

In 2014, at a time when the Kane Health Counts Collaborative was newly formed, members of the exective committee and community stakeholders came together to develop a statement of purpose and establish a set of values to guide the community health improvement planning process. These vision and value statements still stand today and can be found on the following page.

<u>KANE HEALTH COUNTS MAPP VISION AND VALUES</u>

<u>Vision</u>: *By 2030, Kane County is the healthiest county in Illinois, attained by the healthy choices of our residents and by the model public health system in our community.*

<u>Values</u>:

1. *Teamwork*

   We value active teamwork and sustained collaboration in the pursuit of our shared goals for improving our community's health.

2. *Inclusiveness*

   We value the inclusion of all the diverse members and sectors of our community with openness and acceptance of all.

3. *Integrity*

   We value integrity which fosters honesty, trust and transparency in our community health collaboration.

4. *Commitment*

   We value the dedicated and sustained engagement of community members and organizational partners in efforts to improve our community's health

5. *Innovation*

   We value transformative, evidence-driven, cutting-edge strategies that foster community wellness by creating sustainable improvements in our health outcomes, systems, policies, and environments.

3.3 Action Team Implementation Plans

Access to Health Services

Group:	CHIP
Program/Initiative	*Access to Health Services*
Goal #1	*Improve understanding of healthcare coverage and navigation of resources.*

Access to Health Services Implementation Plan			
SMART Objective *#1* *Develop an "Access to Health Services" centralized resource for Kane County residents by December of 2023.*		***Outcome/Impact Indicator** Impact	**Objective Lead** **Objective Team**
Comments:			

Activities *(What are the steps you will do to accomplish the objective?)*	Target Dates for completion	Performance Metrics *(How will I know that we've successfully completed the activity)*	**Activity Leads** *(Who is primarily responsible to do/update this Activity?)*
1. Conduct a comprehensive assessment of current community "access to health services" resources by payer (medical, dental, behavioral health, medical supplies, medications).	April 2022	Percentage of completion	
2. Compile descriptions of all insurance plans (PPO, HMO, Tricare, Medicare, Medicaid, etc.). –possibly adapt cms version	April 2022	Percentage of completion	

	Activities	Target Dates for completion	Performance Metrics	Activity Leads
3.	Create community member and provider surveys related to barriers to accessing health services (by payer and zip code). (practice managers, navigators)	June 2022	Percentage of completion	
4.	Implement community member and provider surveys related to barriers to accessing health services (by payer and zip code).	October 2022	Percentage of completion	
5.	Analyze community member and provider surveys related to barriers to accessing health services (by payer and zip code).	December 2022	Percentage of completion	
6.	Compile supplementary options/funding to address gaps in payer coverage.	March 2023	Percentage of completion	
7.	Identify location/method/format of centralized resource.	May 2023	Percentage of completion	
8.	Create centralized resource (flowchart, FAQ, website, infographics, etc.)	December 2023	Percentage of completion	

SMART Objective #2	*Outcome/Impact Indicator	Objective Lead
Create and implement a communications campaign to increase awareness of access to health services resources by December, 2024.	Impact	
		Objective Team

Comments:

	Activities *(What are the steps you will do to accomplish the objective?)*	Target Dates for completion	Performance Metrics *(How will I know that we've successfully completed the activity)*	Activity Leads *(Who is primarily responsible to do/update this Activity?)*
1.	Engage partners who are willing to participate in campaign (creating content, sharing, etc.) and form communications workgroup.	March 2024	Percentage of completion	
2.	Create communications campaign schedule.	March 2024	Percentage of completion	
3.	Create and delegate creation of content and input into schedule.	May 2024	Percentage of completion	
4.	Implement communications campaign.	October 2024	Percentage of completion	
5.	Continuous QI for sustainability	Bi-Annual Review	Percentage of completion	

Group:	CHIP
Program/Initiative	*Access to Health Services*
Goal #2	*Improve transportation to healthcare providers and services for disparately impacted communities*

Access to Health Services Implementation Plan

SMART Objective *#1* *Promote current transportation resources for health services to the Kane County Community by December 2024.*	*Outcome/Impact Indicator Impact	Objective Lead
		Objective Team AHS-Workgroup 2

Comments: group will clearly define "disparate communities".

Activities *(What are the steps you will do to accomplish the objective?)*	Target Dates for completion	Performance Metrics *(How will I know that we've successfully completed the activity)*	Activity Leads *(Who is primarily responsible to do/update this Activity?)*
1. Gather current health care transportation options/dollars by location and payer and eligibility requirements.	March 2022	1 document summarizing current HC transportation options.	Krystal Spracklen(KDOT-Ride in Kane) Mariana Martinez (RCMC) Representative from PACE Representative from ACS Representative from each FQHC Joel from Community Health Partnership
2. Analyze transportation gaps for disparate communities.	May 2022	Percentage of completion	
3. Host survey disparate communities and medical providers to understand root causes of barriers to transportation.	October 2022	Percentage of completion	
4. Host focus groups of community members and medical providers to understand root causes of barriers to transportation.	October 2022	Percentage of completion	
5. Identify opportunities to address root causes.	November 2022	Percentage of completion	
6. Create an improvement plan based on current system and root causes.	December 2022	1 improvement plan	
7. Implement the plan.	TBD-2024	Percentage of completion	
8. Assess impact of efforts.	TBD-2024	Percentage of completion	

Behvioral Health

Group:	CHIP
Program/Initiative	*Behavioral Health*
Goal	*Reduce burden of mental health and substance use disorders in Kane County*

Behavioral Health Implementation Plan		

SMART Objective #1 By December 1, 2022, the Kane County Behavioral Health Council will form a workforce collaborative to address the recruiting, retention and training of behavioral health professionals.	***Outcome/Impact Indicator** Decrease in vacancies Decrease in staff turnover Decrease in wait to get services	**Objective Lead** **Isaacson**
		Objective Team **Kane County Behavioral Health Council**
Comments:		

Activities *(What are the steps you will do to accomplish the objective?)*	**Target Dates for completion**	**Performance Metrics** *(How will I know that we've successfully completed the activity)*	**Activity Leads** *(Who is primarily responsible to do/update this Activity?)*
1. Conduct updated assessment of current staffing statistics	March 1, 2022	Kane County Behavioral Health Staffing Summary	Isaacson
2. Catalogue existing training resources in community	March 1, 2022	Document with trainings listed	
3. Identify key certifications and training needs for workforce	March 1, 2022	Documents with desirable certifications & trainings	
4. Convene interested parties to discuss joint opportunities & develop joint plan	April 15, 2022	Meeting minutes with next steps	
5. Implement workforce collaborative plan interventions with regular measures of success identified	December 1, 2022	Annual report with progress documented	

SMART Objective #2 By July 1, 2023, the Kane County Behavioral Health Council will develop plan & implement action steps to better integrate behavioral health with primary medical care.	*Outcome/Impact Indicator Increase referrals for behavioral health Increase in reported satisfaction with interaction between behavioral health and primary care (Baseline pending)	Objective Lead Isaacson
		Objective Team Kane County Behavioral Health Council
Comments:		

Activities *(What are the steps you will do to accomplish the objective?)*	Target Dates for completion	Performance Metrics *(How will I know that we've successfully completed the activity)*	Activity Leads *(Who is primarily responsible to do/update this Activity?)*
1. Survey behavioral health and primary care organizations about readiness to integrate with barriers and opportunities identified	March 16, 2022	Summary of survey	Isaacson
2. Provide overview of IRIS electronic referral system for partners to assist with more efficient and effective referrals	April 15, 2022	Documentation of trainings with list of IRIS partners	
3. Host trainings to help coordinate services between organizations and elevate best practice models of integrated care	December 1, 2022	Documentation of trainings with participant evaluation included	
4. Conduct annual survey to gather information about status of integration	April 15, 2023	Survey results with improvement plan	
5. Implement improvement plan	July 1, 2023	Annual report with progress documented	

SMART Objective #3 By December 1, 2023, the Kane County Behavioral Health Council will complete an assessment of the current crisis intervention system and implement improvement plan	*Outcome/Impact Indicator Increase awareness of 988 Improve reported crisis response countywide	Objective Lead Isaacson
		Objective Team Kane County Behavioral Health Council
Comments:		

Activities *(What are the steps you will do to accomplish the objective?)*	Target Dates for completion	Performance Metrics *(How will I know that we've successfully completed the activity)*	Activity Leads *(Who is primarily responsible to do/update this Activity?)*
1. Map existing processes for how behavioral health crises are addressed in Kane County	July 1, 2022	Summary report with gaps & opportunities identified	Isaacson
2. Develop & implement plan to promote 988 phone line	March 1, 2023	Plan with documented activities	
3. Develop & Implement plan to improve crisis response	December 1, 2023	Plan with documented activities	

SMART Objective #4 By December 1, 2024, the Kane County Behavioral Health Council implement system to provide resources for residents whose behavioral health needs are unfunded/underfunded.	*Outcome/Impact Indicator Decrease in overdose Decrease in suicides	Objective Lead Isaacson
		Objective Team Kane County Behavioral Health Council
Comments:		

Activities *(What are the steps you will do to accomplish the objective?)*	Target Dates for completion	Performance Metrics *(How will I know that we've successfully completed the activity)*	Activity Leads *(Who is primarily responsible to do/update this Activity?)*
1. Survey behavioral health organizations, consumers and other stakeholders about current barriers to better mental health	September 1, 2022	Summary of survey results	Isaacson
2. Identify potential funding mechanisms/sources for Council/Health Department to pursue	December 1, 2022	Document with funding sources and next steps	
3. Pursue funding opportunities identified	May 1, 2023	Bimonthly funding summary	
4. Develop criteria for allocation of resources for residents impacted by unfunded/underfunded issues	December 1, 2023	Policy and procedure manual created	
5. Implement process to provide resources to impacted residents	December 1, 2024	Annual report with record of resources distributed and improvements documented	

Immunizations and Infectious Diseases

Group:	CHIP
Program/Initiative	Immunizations and Infectious Diseases (IID)
Goal #1	Increase utilization to existing infectious disease services and treatment

IID Implementation Plan		

SMART Objective #1 Increase awareness of low-cost/free resources in Kane County by February 2023	*Outcome/Impact Indicator Impact	**Objective Lead** Stacy Zeng **Objective Team** Apryll Elliott Claudia Reginato

Comments:
We need to think how the impact from this objective will be measured; will we apply a survey to measure it (the level of awareness)?

Activities *(What are the steps you will do to accomplish the objective?)*	Target Dates for completion	Performance Metrics *(How will I know that we've successfully completed the activity)*	Activity Leads *(Who is primarily responsible to do/update this Activity?)*
1. Identify low-cost/free resources available in Kane County	June 2022	List of low-cost/free resources (% of completion)	
2. Develop survey content to determine modes of communication to the community Comment: develop different formats (online, paper, focus groups)	June 2022	Survey developed and ready to distribute (% of completion)	
3. Distribute survey to determine modes of communication to the community Comment: identify venues to apply survey= at least 2 (i.e., HD website, FQHC waiting rooms, ER etc.)	September 2022	Completion of survey from participants # of venues for implementing survey would be a better metric	

Activities	Target Dates for completion	Performance Metrics	Activity Leads
4. Analyze survey results to determine best mode of communication Comment: Should we go with only one, or target at least 2 best modes of communication? In this case, the activity would be, "Identify at least 2 appropriate modes of communication with the public about available resources."	October 2022	Analysis completed and mode of communication selected Metric can be a number here (target=2)	
5. Develop support materials based on the selected mode of communication	February 2023	Distribution of support materials (% of completion)	

SMART Objective #2 Maintain current flu vaccine coverage levels across all recommended age groups in Kane County residents through 2024	*Outcome/Impact Indicator Outcome	Objective Lead Theresa Knauf Objective Team Bethany Hollarbush Kelly Howell
Comments: Plan to have an action plan developed to address issues identified related to flu vaccine hesitancy		

Activities *(What are the steps you will do to accomplish the objective?)*	Target Dates for completion	Performance Metrics *(How will I know that we've successfully completed the activity)*	Activity Leads *(Who is primarily responsible to do/update this Activity?)*
1. Determine flu vaccine coverage during the Fall 2020-Spring 2021 flu season in the vaccine eligible population	February 2022	% of completion [Reported flu vaccine rate in Kane County]	
2. Identify issues around flu vaccine hesitancy	June 2022	% of completion [Review of current literature and research data/SMEs]	

Group:	CHIP
Program/Initiative	Immunizations and Infectious Diseases Action Team
Goal #2	Decrease STDs in Kane County

IID Implementation Plan		

SMART Objective #1 Reduce the number of HIV cases in Kane County	*Outcome/Impact Indicator Outcome	Objective Lead Apryll Elliott
		Objective Team Suzanne Rozycki

Comments:

Activities *(What are the steps you will do to accomplish the objective?)*	Target Dates for completion	Performance Metrics *(How will I know that we've successfully completed the activity)*	Activity Leads *(Who is primarily responsible to do/update this Activity?)*
1. Identify marketing campaign for increasing awareness and communication for safe practice	January 2023	% of completion	
2. Identify and engage key stakeholders within Kane County to provide resources	January 2023	# of stakeholders identified [target = 3]	
3. Review and revise resources available on kanehealth.com website for HIV services	January 2023	% of completion	

SMART Objective #2		*Outcome/Impact Indicator	Objective Lead Apryll Elliott
Reduce barriers associated with accessing services for STDs by December 2023			Objective Team Gina Becker-Espinoza
Comments: Potential activity: Identification of barriers associated with accessing services for STDs (provider identified)			

Activities *(What are the steps you will do to accomplish the objective?)*	Target Dates for completion	Performance Metrics *(How will I know that we've successfully completed the activity)*	Activity Leads *(Who is primarily responsible to do/update this Activity?)*
1. Obtain baseline of current % of cases reported with EPT (expedited partner therapy) previous 5 years (2016-2020)	January 2023	% of completion	
2. Develop content of provider survey	January 2023	% of completion	
3. Apply provider survey	February/March 2023?	# of competed surveys (metric is a number, but we don't need to have a target # of respondents for now)	
4. Develop educational activity or pamphlet to be distributed to providers regarding EPT	September 2023	% of completion	
5. Survey providers in receipt of pamphlet on perspective	November 2023	# of providers who acknowledge receipt of educational material (need to define target)	

Nutrition, Exercise and Weight

Group:	CHIP
Program/Initiative	Nutrition, Exercise & Weight (NEW)
Goal	Increased awareness and utilization of community resources for nutrition, exercise and weight management in Kane County

NEW Implementation Plan		
SMART Objective #1 By June 2023, create a directory of free/low cost nutrition, exercise, and weight management programs in Kane County	***Outcome/Impact Indicator** Outcome - a Kane County directory of free/low cost N.E.W. programs	**Objective Lead:** Faith Nyong – AMITA Health Deepa Deshmukh – DuPage Dietitians
		Objective Team: Uche Onwuta, Stacy Zeng, Claudia Reginato, Alyssa Boomgarden

Comments:

Activities *(What are the steps you will do to accomplish the objective?)*	Target Dates for completion	Performance Metrics *(How will I know that we've successfully completed the activity)*	Activity Leads *(Who is primarily responsible to do/update this Activity?)*
1. Take an inventory of existing resources and identify gaps in resources	June 1, 2022	List of existing resources List of needed resources	Nyong/Deshmukh
2. Map gaps/resources to the Socio-needs Index	June 1, 2022	Map of resources by socio-needs index	Nyong/Deshmukh
3. Identifying funding sources for printing/online resource directory	June 1, 2022	List of possible funding sources/Percent of completion	Nyong/Deshmukh

	Target Dates	Performance Metrics	Activity Leads
4. Engage community organizations in creating a culturally competent and linguistically appropriate resource directory (include 211)	June 1, 2022	Number of community organizations engaged in the creation of directory/target 3	Nyong/Deshmukh
5. Create a survey on utilization of services to determine baseline	August 1, 2022	Data collection from organizations/target 5	Nyong/Deshmukh
6. Create online/pdf version of community resource directory	December 1, 2022	Completed directory posted online	Nyong/Deshmukh

SMART Objective #2	*Outcome/Impact Indicator	Objective Lead
By December 2024 establish at least 1 annual health promotional event(s) for N.E.W.	- Number of health promotional events created per year	Uche Onwuta – KCHD Mike Hay - FVPD
		Objective Team Stacy Zeng, Mariana Martinez, Maria Aurora Diaz, Nayaab Sattar

Comments: The event would be similar to March Into Health, may need to have more than one event in different parts of the county so that it is accessible for all Kane County residents

Activities *(What are the steps you will do to accomplish the objective?)*	Target Dates for completion	Performance Metrics *(How will I know that we've successfully completed the activity)*	Activity Leads *(Who is primarily responsible to do/update this Activity?)*
1. Collaborate with FVPD on a March 2022 health fair event	March 2022	Collaboration on event/target 1	Onwuta/Zeng/Hay
2. Identify partners to collaborate on this effort	April 2022	Number of partners identified/ at least 5	Onwuta/Zeng
3. Identify date and locations to host at least one annual N.E.W. event in Kane county, rotating location to make it accessible from all parts of the County	June 2022	Annual health promotion event date and location identified	Onwuta/Zeng
4. Host a N.E.W. health promotional event that is culturally and linguistically inclusive	March 2023	NEW event hosted/ target 1	Onwuta/Zeng

5. Utilize a calendar feature on Live Well Kane County website to promote health promotion events and link to KHC website calendar	Ongoing	NEW events listed on both Live Well and KHC website calendars/ target 5 events	Onwuta/Zeng
6. Utilize cross promotional marketing activities to promote health promotional activities	ongoing	Number of marketing activities / target 2	Onwuta/Zeng

SMART Objective #3		*Outcome/Impact Indicator	Objective Lead:
By December 2024, at least 5 community organizations will be utilizing IRIS for free/low-cost nutrition, exercise and weight management referrals in Kane County		- IRIS system created	Alyssa Boomgarden - VNA
			Mary Carol MacDonald – AMITA Health
			Objective Team:
			Stacy Zeng, Claudia Reginato, Nayaab Sattar

Comments:
IRIS = Integrated Referral and Intake System

Activities *(What are the steps you will do to accomplish the objective?)*	Target Dates for completion	Performance Metrics *(How will I know that we've successfully completed the activity)*	Activity Leads *(Who is primarily responsible to do/update this Activity?)*
1. IRIS Training for action team members	January 2023	100% of activity leads trained in IRIS	Boomgarden/Zeng
2. Create a protocol for managing referrals in IRIS	January 2023	NEW IRIS protocol	Boomgarden/Zeng
3. Create a profile in IRIS	June 2023	NEW IRIS profile	Boomgarden/Zeng
4. Promote IRIS referrals for N.E.W. services through outreach	Ongoing	# of outreach events to promote IRIS referral	Onwuta/Zeng

SMART Objective #4 By September 2024, establish a marketing campaign to promote N.E.W. health fair, symposia, and resources.	*Outcome/Impact Indicator - N.E.W. marketing campaign	Objective Lead: Uche Onwuta – KCHD Stacy Zeng – KCHD Maria Aurora Diaz – AMITA Mariana Martinez - RCMC
		Objective Team: Brett Meyer, Mike Hay, Rafael Martinez, Mariana Martinez, Maria Aurora Diaz
Comments:		

Activities *(What are the steps you will do to accomplish the objective?)*	Target Dates for completion	Performance Metrics *(How will I know that we've successfully completed the activity)*	Activity Leads *(Who is primarily responsible to do/update this Activity?)*
1. Identify partners willing to collaborate in the marketing campaign	June 1, 2022	List of campaign partners/target 5	Onwuta/Zeng
2. Create a backbone organization to help coordinate events and services (something similar to Fit for Kids for example)	June 1, 2022	Backbone organization created/target SOS application completed	Onwuta/Zeng
3. Develop a marketing plan	December 1, 2022	N.E.W. marketing plan/percentage of completion	Onwuta/Zeng
4. Develop a social media campaign	December 1, 2022	Social media plan/ percentage of completion	Onwuta/Zeng
5. Create a video	June 1, 2023	Marketing video created/percentage of completion	Onwuta/Zeng
6. Conduct outreach during community events	ongoing	Outreach events/ target 5 events	Onwuta/Zeng
7. Utilize cross promotional marketing activities to promote health promotional activities	ongoing	Number of marketing activities / target 2	Onwuta/Zeng

CHIP Action Team Attendance

Access to Health Services Action Team Meeting Attendance									
Organization	Member	7/30/2021	8/12/2021	8/26/2021	9/23/2021	10/14/2021	10/28/2021	WG2: 11/12	WG1: 11/30/2021
Advocate Aurora Sherman	Kanute, Joan	x					x		
Advocate Aurora Sherman	Link, Tina			x	x	x	x		
AMITA Health	Diaz, Maria Aurora	x		x	x		x		x
AMITA Health	Hunter, Ed	x	x	x			x	x	x
Community Health Partne	Gramirez, Joel						x		
Fox Valley United Way	Rudel, Deborah	x	x	x	x				
Gail Borden Library	Donlan, Erin	x		x	x	x	x		
Greater Family Care Cente	Tanner, Bob		x	x		x			
KCHD	Barrett, Laura	x	x	x	x	x	x	x	x
KCHD	Peterson, Kim	x	x	x	x	x	x	x	x
KCHD	Reginato, Claudia	x	x	x	x	x		x	x
KCHD	Zeng, Stacy	x	x	x	x	x	x	x	x
KDOT-Ride in Kane	Spracklen, Krystal							x	
Northwestern Medicine	Harvell, Jeannine		x						
Northwestern Medicine	Simmons, Jennifer						x		x
Oak Street Health	May, Jennifer	x	x	x	x		x		
Rush Copley	Ipema, Cheryl		x		x	x			
Rush Copley	Martinez, Mariana	x	x	x	x	x	x	x	
Rush Copley	Pope, Alex	x							
VNA	Howorth, Chrissie			x		x			
	Sandoval, Martin		x	x					
	Vetter, Sarah		x						

Behavioral Health Council Attendance

Name	Organization	Engagement	Feb-21	Mar-21	Jun-21	Jul-21	Sep-21	Nov-21	TOTAL 2021
Barb Gacic									0
Kimberely Haag									0
John Knewitz									0
Bill Scown									0
Toni Stella									0
Eric Lenzo	Advocate Aurora Health	Joined 6/2/21			1	1			2
Tina Link	Advocate Aurora Health								0
Jeanne Ang	Advocate Sherman Hospital		Jan-00						1
Lore Baker	AID	Joined 6/2/21			1	1	1		3
Kim Buckheister	AID								0
Joanne Furnas	AID		1		1	1	1		4
Malaina Hanke	AID	Joined 5/29/19							0
Jennifer Hanson	AID		1		1	1	1	1	5
Ashley Heinekamp	AID					1			1
Lynn O'Shea	AID								0
Rajnish Mandrelle	AID								0
Kim White	AID								0
Edward Hunter	AMITA Health	Joined 2/17/21	1	1					2
Maria Ledezma-Talavera	AMITA Health								0

Name	Organization	Notes							Total
Amanda Bertrand	AMITA Health Foglia	Joined 5/29/19							0
Jolene LeRoy	AMITA Heath MMC/Interfaith Coalition			1	1		1	1	4
Maria Aurora Diaz	AMITA Health Mercy Medical Center								0
Dianne Mclaughlin	AMITA Health Mercy Medical Center								0
Chris Quinlan	AMITA Health Mercy Medical Center B	HJoined 6/2/21			1				1
Lisa Raciak	AMITA Health Mercy Medical Center	Joined 3/27/19							0
Ed Hunter	AMITA Health SJH, EPD & EFD Chaplain/Fox Valley Hands of Hope	Retired from Amith Health SJH		1	1	1	1		4
Marsha Conroy	Aunt Martha's Health & Wellness								0
Kenneth King	Aunt Martha's Health & Wellness								0
Ana Maya	Aunt Martha's Health & Wellness								0
Kenny Martín-Ocasio	Aunt Martha's Health & Wellness	Joined 3/27/19		1	1		1	1	4
Adam Chunn	Aurora University/Kuhn Counseling	Joined 6/2/21			1				1
Sharon Sillitti	Aurora University	Joined 11/20/19							0
Alisha Barnum	Barnum Counseling of St. Charles & Naperville		1	1		1	1	1	5
Jenny Geltz	Breaking Free								0
Teddi Krochman	Breaking Free								0
Nikki Lay	Breaking Free								0
Betsy Santana	Breaking Free	Joined 3/27/19							0
Erica Hoogewarf	CASA Kane County								0
Tim Buhrt	Centennial Counseling								0
Annette Cowart	Changing Children's Worlds Foundation								0
Kristin Gilbertson	Changing Children's Worlds Foundation		1						1
Andrea Johnson	Changing Children's Worlds Foundation								0
Diane McFarlin	Changing Children's Worlds Foundation								0

Name	Organization	Note							Total
Kimberly Svevo-Cianci	Changing Children's Worlds Foundation			1		1	1	1	4
Akshara Vivekananthan	Changing Children's Worlds Foundation								0
Gil Feliciano	Coalition for a Safe & Health Elgin/Ecker Center		1		1	1			3
Maureen Manning	Community Crisis Center		1	1	1	1			4
Mary Smith	Court Services								0
Brittany Henning	District 131 Project Aware								0
Sandra Sarmiento	District 131								0
Jackie Weaver	District 131								0
Jim Brunetti	Ecker Center for Behavioral Health								0
Raquel Doyle	Ecker Center for Behavioral Health								0
Deb Howe	Ecker Center for Behavioral Health		1		1	1	1		4
Daphne Sandouka	Ecker Center for Behavioral Health								0
Jerry Skogmo	Ecker Center for Behavioral Health								0
Herb Stricklin	Ecker Center for BH (No longer @ Breaking Free)								0
Rick Vanderforest	Ecker Center for Behavioral Health								0
Kristy Bassett	Edward Hines Jr. VA Hospital		1	1		1			3
Bernadette May	Family Service Association of Greater Elgin Area		1		1	1	1	1	5
Janeth Barba	Family Service Association of Greater Elgin Area								0
Eric Ward	Family Counseling Service - Aurora							1	1
Jonathan Shively	Fox Valley Hands of Hope	Joined 3/17/21		1	1				2
Erik Meeks	Fox Valley Hands of Hope	Joined 7/31/19		1	1	1	1	1	5
Katie Anderson	Gateway Foundation								0
Jim Scarpace	Gateway Foundation				1				1
Greg Tierney	Gateway Foundation								0
Bob Tanner	Greater Elgin Family Care Center								0

Name	Organization	Note								Total
Dianna Manjarrez	Greater Elgin Family Care Center									0
Colleen Balija	Inc. Board		1	1	1	1	1	1		6
Dagoberto Contreras	Inc. Board	Joined 5/29/19								0
Dalila Alegria	Inc. Board	New Executive Director		1	1	1	1	1		5
Jerry Murphy	Inc. Board	Retired 4/1/19								0
Tiffany Larocque	Inc. Board Intern	Joined 11/17/21							1	1
Vern Tepe	Kane County Board		1	1	1	1		Jan-00		5
Jennifer Becker	Kane County Department of Transport	aNo longer there								0
Julia Schick	Kane County Juvenile Justice Council						1	1		2
Terry Ostrander	Kane County Office of Emergency Man	aNo longer retired		1						1
Martha Paschke	Kane County SAO (Pre-Arrest Diversion	Joined 7/21/21					1			1
Aubrey Benton	Kuhn Counseling Center									0
Baylee Moon	Kuhn Counseling Center	Joined 9/15/21						1	1	2
Jenni Watgen	Kuhn Counseling Center		1	1	1	1	1	1		6
Liz Eakins	Lazarus Hosue									0
Leanne Deister-Goodwin	Lazarus Hosue									0
Sandra Harrison	LITE (Leaders in Transformational Education)									0
Darryl Harrison	DVA Training									0
Denise Elsbree	Linden Oaks									0
Melissa Headlund-Nelson	Linden Oaks									0
Christine Lueckhoff	Linden Oaks									0
Susie Maguire	Linden Oaks St. Charles Outpatient	Joined 6/2/21			1		1	1		3
Patricia Noble	Linden Oaks									0
Amit Thaker	Linden Oaks	marketing developer								0
Megan Walsh	Linden Oaks									0

Name	Organization	Notes							Total
Marianne Fidishin	Mid-Valley Special Ed Coop								0
Alisa Neary	Mutual Ground	Joined 11/20/19	1			1			2
Stephanie Bossarte	Mutual Ground								0
Michelle Meyer	Mutual Ground	Joined 11/17/21						1	1
Laurie Huske	NAMI Kane County North								0
Laura Martinez	NAMI KDK	Joined 2/17/21	1	1					2
Carol Speckman	NAMI KDK	New Executive Director							0
Ryan Phillips	NAMI	Joined 5/29/19							0
Allison Johnsen	Northwestern Medicine Delnor Hospital		1	1		1	1	1	5
Jessica Lapinski	Northwestern Medicine								0
Margie Sieka	Northwestern Medicine CDH BH	Joined 11/17/21						1	1
Jennifer Simmons	Northwestern Medicine								0
Michael Tinken	Northwestern Medicine								0
Steve Holtsford	NM Delnor/Lighthouse Recovery	Guest-opioid taskforce							0
Dennis Delgado	One Hope United								0
Jill Novacek	One Hope United	Joined 3/27/19							0
Victoria Russo	One Hope United	Joined 5/29/19							0
Dianne Henning	Open Door Health Center								0
Perry Maier	Open Door Health Center								0
Christine Mitchell	Open Door Health Center								0
Rahman Burton	Regional Transportation Authority	Collaborative speaker							0
Michele Ali	Rush-Copley Medical Center	Joined 5/29/19							0
Cheryl Ipema	Rush-Copley Medical Center		1		1	1			3
Rebecca Lara	Rush-Copley Medical Center								0

Imelda Garcia	Senior Services Associates									0
Micki Miller	Senior Services Associates			1	1	1	1	1	1	6
Bette Schoenholtz	Senior Services Associates									0
Antonina Barr	Sequel Youth Services									0
Carolyn Waibel	STC 708	Joined 5/29/19								0
Ron Weddell	STC 708	Joined 5/29/19								0

Name	Organization	Note							Total
Sue Ellen Foley	Streamwood Behavioral Health Services								0
Jen Mcgowen	Streamwood Behavioral Health Services		1		1	1	1		4
Natasha Clark	Suicide Prevention Services								0
Stephanie Weber	Suicide Prevention Services								0
Miranda Barfuss	TriCity Family Services								0
Kelly Horn	TriCity Family Services								0
Jules O'Neal	TriCity Family Services								0
Laura Poss	TriCity Family Services		1	1			1	1	4
Malley Smith	UIC	Joined 3/27/19							0
Jennifer DiCostanzo	VNA Health Care	Joined 11/17/21						1	1
Amy Downing	VNA Health Care	Joined 5/29/19							0
Chrissie Howorth	VNA Health Care								0
Maria Varela	VNA Health Care	Joined 11/17/21						1	1
Kelly Huggins	Waterford Place Cancer Resource Center								0
Jill Setork	Waterford Place Cancer Resource Center								0
Mike Moran	Waubonsee Community College		1	1	1	1	1	1	6
Nancy Mullen	Youth Outlook						1		1
Total External			22	19	24	25	23	24	137
Michael Isaacson	Kane County Health Department		1	1	1	1	1	1	6
Anna Czerniak	Kane County Health Department		1	1	1	1	1	1	6
Kate McCormack	Kane County Health Department				1				1
~~Marija Hegel~~	Kane County Health Department								0
Kim Peterson	Kane County Health Department								0
Sophia Ottomanelli	Kane County Health Department						1	1	2
Sidney Fedor	Kane County Health Department	Intern						1	1
~~Angela Brown~~	Kane County Health Department			1					1
~~Monka Ramus~~	Kane County Health Department	Intern							0
~~Louise Lie~~	Kane County Health Department								0
Lisa Bloom	Kane County Health Department								0
Stacy Zeng	Kane County Health Department	New Health Plann	1		1	1	1	1	5
Kathy Fosser	Kane County Health Department								0
~~Barbara Jeffers~~	Kane County Health Department								0
Total Internal			3	3	4	3	4	5	22
Total Attendance			25	22	28	28	27	29	159

Immunizations and Infectious Diseases Action Team Meeting Attendance

Organization	Member	7/14/2021	7/30/2021	8/12/2021	8/26/2021	9/9/2021	9/23/2021	10/7/2021	10/21/2021	11/4/2021	11/18/2021
7 Hills Healthcare Center- East Dunc	Bush, Aaron		x	x	x	x					
Advocate Aurora Sherman	Link, Tina				x						
AMITA Health	Diaz, Maria Aurora				x	x	x		x		
Aunt Martha's	Fitzgerald, Stella		x					x			
KCHD	Elliott, Apryl	x	x	x	x	x	x	x	x	x	x
KCHD	Howell, Kelly				x	x		x	x	x	x
KCHD	Knauf, Theresa	x		x	x	x	x	x			
KCHD	Reginato, Claudia	x	x	x	x	x		x			
KCHD	Zeng, Stacy	x	x	x	x	x	x	x	x	x	x
Medical Reserve Corps	Hollarbush, Bethany						x		x	x	x
Northwestern Medicine	Alvarado, Sandy									x	x
Rush Copley	Martinez, Mariana	x			x						
Rush Copley	Becker-Espinoza, Gina							x	x		
Rush Copley	Walker, Kristi		x	x		x	x				
St. Charles School District	Landers, Wendy		x						x	x	x
Suzanne Rozycki	Rozycki, Suzanne			x	x	x	x	x	x	x	x
Winters Family Practice in Elgin	Solis, Diana				x						

Member	Organization	8/5/2021	8/19/2021	9/2/2021	9/30/2021	10/7/2021	11/4/2021	12/2/2021
NEW Action Team Meeting Attendance								
Boomgarden, Aly	VNA/Dietitian				x	x	x	x
Deshmukh, Deepa	Dietitian		x	x	x	x	x	x
Diaz, Maria Aurora	AMITA Health		x	x	x	x		
Forbes, Jackie	KDOT	x			x	x	x	x
Gamble, Mya	American Heart Assoc.						x	
Hay, Mike	Fox Valley Park Dist.	x			x	x	x	x
Link, Tina	Advocate Sherman						x	
MacDonald, Mary Carol	AMITA Health	x	x	x	x	x	x	x
Martinez, Mariana	Rush Copley		x	x	x	x	x	
Martinez, Rafael	Fox Valley Park Dist.		x	x	x	x	x	
Meier, Brett	Fox Valley Park Dist.		x	x	x	x	x	x
Nelson, Valerie	Former KCHD intern				x			
Nunez, Lorena	Greater Family Healt	x	x	x	x	x	x	
Nyong, Faith	AMITA Health	x			x	x		x
Onwuta, Uche	KCHD	x	x	x	x	x	x	x
Reginato, Claudia	KCHD	x	x	x	x	x	x	x
Rerko, Cheryl	Rush Copley					x	x	
Roberti, Mary	Cooperative ministires							x
Roznowski, Dawn	Northwestern Medicine				x	x		
Sattar, Nayaab	UofIllinois Extension					x	x	
Simmons, Jennifer	Northwestern Medicine						x	x
Tansley, Matt	KC Development				x		x	
Zambrano, Emmanuel	American Cancer Society						x	
Zeng, Stacy	KCHD	x	x	x	x	x	x	x

3.4 Community Engagement

Community engagement is key when striving for health equity. As a way to provide the community with information on the CHIP and the work of our Action Teams, the Kane Health Counts Collaborative holds an annual Communtiy Health Symposium. This symposium spotlights our health priorities and provides updates on current objectives.

In 2018, Kane Health Counts kicked off their very first symposium spotlighting Chronic Disease. Photogrpahs from the 2019 symposium are featured on the following pages. During the 2019 symposium, Behavioral Health was in the spotlight with a focus on childhood trauma. The traditionally in-person event was not held in 2020 due to challenges brought on by the COVID-19 pandemic.

In 2021, Kane Health Counts held the first virtual symposium via Zoom. The 2021 symposium spotlight was Behavioral Health and the program was titled, *Building Community Resilience*. While Behavioral Health had the spotlight in previous years, we felt it was a timely topic given the impact of the pandemic on our community. During the hour long symposium, we showcased our new health priorities and goals setforth by our action teams. We had 113 participants join this event.

2019 Kane Health Couts Symposium

2019 Kane Health Couts Symposium

Appendices Summary

The following support documents are shared separately on the Kane County Health Department https://www.kanehealth.com/ and Kane Health Counts Websites http://www.kanehealthcounts.org/

A. Community Health Status Assessment (Methodology and Data Scoring Tables)

A detailed overview of the Conduent HCI data scoring methodology and indicator scoring results from the secondary data analysis.

B. Community Themes and Strengths Assessment Tools

Quantitative and qualitative community feedback data collection tools that were vital in capturing community feedback during this collaborative CHA/CHNA:

- Community Survey
- Focus Group Guide
- Focus Group Findings Summary

C. Forces of Change Assessment Report

Implementing a Forces of Change Assessment was a key component of the MAPP process that contributed to the overall collaborative CHA/CHNA process. A summary report of key findings from this FOCA assessments is included in this appendix.

D. Local Public Health System Assessment Report

Implementing a Local Public Health System Assessment was a key component of the MAPP process that contributed to the overall collaborative CHA/CHNA process. A summary report of key findings from this LPHSA assessments is included in this appendix.

E. Community Resources

This document highlights existing resources that organizations are currently using and available widely in the community.

F. Potential Community Partners

The tables in this section highlight potential community partners who were identified during the qualitative data collection process for this collaborative CHA/CHNA.

Kane County Health Department

APPENDICES: 2021 COMMUNITY HEALTH ASSESSMENT

Appendix A: Community Health Status Assessment
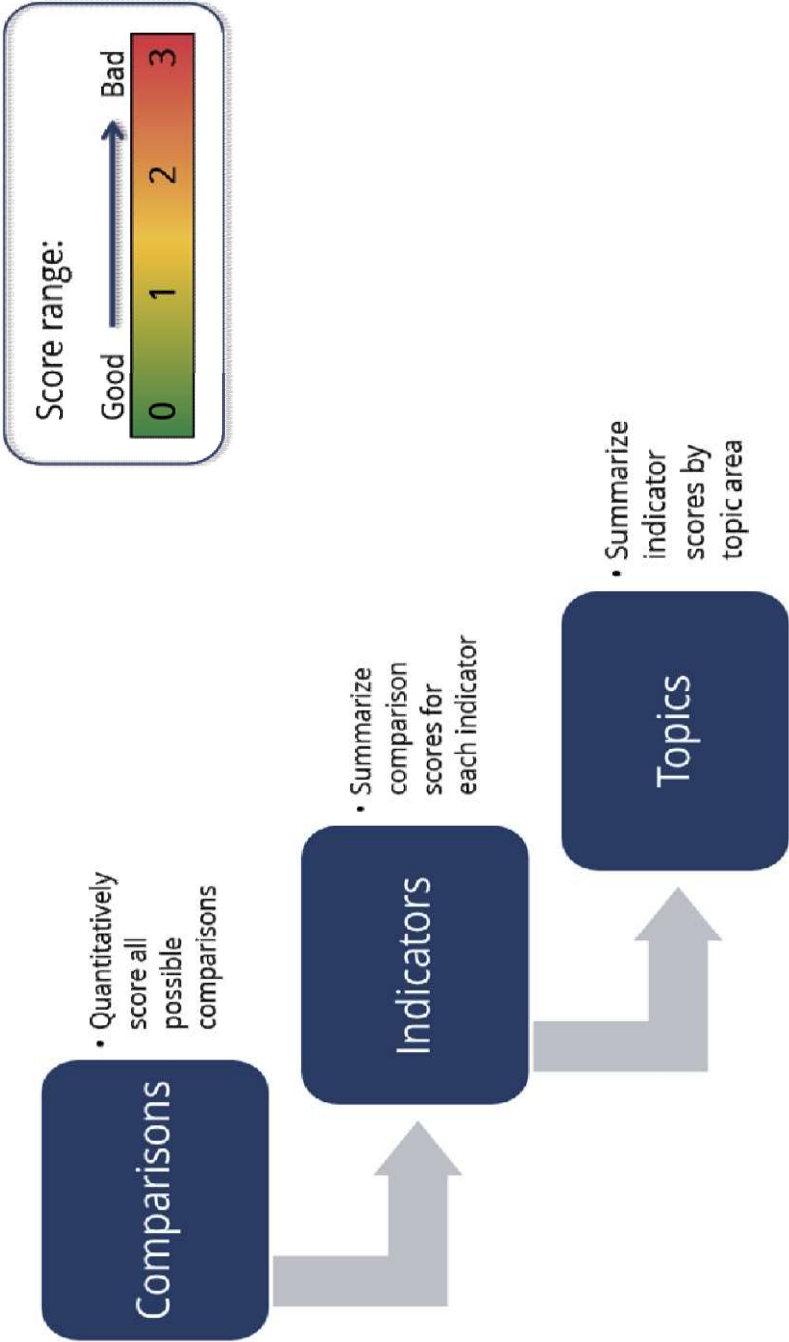
METHODOLOGY AND DATA SCORING TABLES

Conduent Healthy Communities Institute Data Scoring Tool - Methodology

Scoring Method

Data Scoring is done in three stages:

Comparisons
- Quantitatively score all possible comparisons

Indicators
- Summarize comparison scores for each indicator

Topics
- Summarize indicator scores by topic area

Score range:

Good → Bad

0 1 2 3

For each indicator, your county is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons ("in the red") scored high, whereas indicators with good comparisons ("in the green") scored low.

HCI Platform County Distribution Gauge

Comparison to Values: State, National, and Targets

Your county is compared to the state value, the national value, and target values. Targets values include the nation-wide Healthy People 2020 (HP2020) goals as well as locally set goals. Healthy People 2020 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

HCI Platform Compare to State or National Value

HCI Platform Compare to Healthy People 2020 Target

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Significant Disparities

When a given indicator has data available for subgroups like race/ethnicity, age or gender–and values for we are able determine if there is a significant difference between the subgroups value and the overall two values with non-overlapping confidence intervals. Only significant differences in which a subgroup is the overall value are identified.

How to Cite Conduent HCI's Data Scoring Tool

Conduent Healthy Communities Institute (Year). Data Scoring Tool. Title of web site. Retrieved date. URL of website.

Appendix A: Secondary Data Detailed Methodology and Data Scoring Tables

Appendix A: Secondary Data Detailed Methodology and Data Scoring Tables

Secondary Data Sources

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

Appendix A: Secondary Data Detailed Methodology and Data Scoring Tables

SCORE	ACCESS TO HEALTH SERVICES	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
2.03	Primary Care Provider Rate	providers/ 100,000 population	40.8		80		2017		7
1.75	Clinical Care Ranking	ranking	83				2020		7
1.67	Adults with Health Insurance	percent	88.2	100	90.1	87.5	2018		1
1.56	Children with Health Insurance	percent	95.1	100	96.6	94.8	2018		1
1.42	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	71.3		82.4		2019		7
0.92	Dentist Rate	dentists/ 100,000 population	66.3		77.9		2018		7
0.83	Adults with Health Insurance: 18+	percent	92.5		91.5	91.3	2020		6
0.83	Preventable Hospital Stays: Medicare Population	discharges/ 1,000 Medicare enrollees	50.7		54.8	49.4	2015		20

SCORE	CANCER	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
2.44	Cancer: Medicare Population	percent	9.2		8.9	8.2	2017		5
1.39	Prostate Cancer Incidence Rate	cases/ 100,000 males	104.9		109.1	104.5	2013-2017		16
1.06	Breast Cancer Incidence Rate	cases/ 100,000 females	120.6		133.1	125.9	2013-2017		16
1.00	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	10.7		12.2	11.8	2013-2017	Male (15.8)	16
0.81	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	17.6	21.8	20	19	2013-2017		16
0.72	Colorectal Cancer Incidence Rate	cases/ 100,000 population	36.1	39.9	42.5	38.4	2013-2017		16
0.39	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	12.7	14.5	14.7	13.7	2013-2017		16
0.25	Cervical Cancer Incidence Rate	cases/ 100,000 females	6.2	7.3	7.7	7.6	2013-2017		16
0.17	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	50.2		63.7	58.3	2013-2017		16
0.00	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	17.1	20.7	21	20.1	2013-2017		16
0.00	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	33	45.5	41.1	38.5	2013-2017		16

SCORE	CHILDREN'S HEALTH	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
1.67	Children with Low Access to a Grocery Store	percent	5.3				2015		23
1.56	Children with Health Insurance	percent	95.1	100	96.6	94.8	2018		1
1.50	Age-Adjusted Hospitalization Rate due to Pediatric Mental Health	hospitalizations/ 10,000 population under 18 years	61.6		67.5		2017-2019		13
1.33	Age-Adjusted ER Rate due to Pediatric Asthma	ER visits/ 10,000 population under 18 years	51		78.7		2017-2019		13
1.33	Age-Adjusted ER Rate due to Pediatric Mental Health	ER visits/ 10,000 population under 18 years	101.5		103.8		2017-2019		13
1.25	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	hospitalizations/ 10,000 population under 18 years	5.7		11.8		2017-2019		13
1.25	Blood Lead Levels in Children (>=5 micrograms per deciliter)	percent	2.5		3.4		2014		19

Appendix A: Secondary Data Detailed Methodology and Data Scoring Tables

SCORE		UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
0.67	Food Insecure Children Likely Ineligible for Assistance	percent	2		18	25	2018		8
0.64	Substantiated Child Abuse Rate	cases/ 1,000 children	8.1		9.7	9.2	2015		11
0.50	Child Food Insecurity Rate	percent	9.4		12.7	15.2	2018		8
SCORE	**DIABETES**	**UNITS**	**KANE COUNTY**	**HP2020**	**Illinois**	**U.S.**	**MEASUREMENT PERIOD**	**HIGH DISPARITY**	**Source**
1.67	Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	hospitalizations/ 10,000 population 18+ years	14.1		15.1		2017-2019	Male (18.6)	13
1.58	Hospitalization Rate due to Short-Term Complications of Diabetes	hospitalizations/ 100,000 population 18+ years	49.7		67.3		2015		12
1.50	Age-Adjusted ER Rate due to Short-Term Complications of Diabetes	ER visits/ 10,000 population 18+ years	2		1.7		2017-2019	ack (10.5): Male (2.	13
1.33	Age-Adjusted Hospitalization Rate due to Diabetes	hospitalizations/ 10,000 population 18+ years	26.9		31.8		2017-2019		13
1.33	Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	hospitalizations/ 10,000 population 18+ years	20.9		23.6		2017-2019		13
1.25	Adults with Diabetes	percent	7.5		10		2010-2014	Male (9.9)	10
1.25	Hospitalization Rate due to Uncontrolled Diabetes	hospitalizations/ 100,000 population 18+ years	13.6		17.4		2015		12
1.17	Age-Adjusted ER Rate due to Type 2 Diabetes	ER visits/ 10,000 population 18+ years	28.7		42.3		2017-2019	Black (109.4), Hispanic / Latino (34.4)	13
1.17	Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes	hospitalizations/ 10,000 population 18+ years	8		10		2017-2019	Black (25.5)	13
1.17	Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	hospitalizations/ 10,000 population 18+ years	4.8		6.6		2017-2019		13
1.14	Hospitalization Rate due to Long-Term Complications of Diabetes	hospitalizations/ 100,000 population 18+ years	73.7		105.6		2015	Male (93.8)	12
1.14	Hospitalization Rate due to Lower-Extremity Amputation among Diabetic Patients	hospitalizations/ 100,000 population 18+ years	8.9		16.5		2015		12
1.11	Diabetes: Medicare Population	percent	25.6		27.2	27.2	2017		5
1.00	Age-Adjusted ER Rate due to Diabetes	ER visits/ 10,000 population 18+ years	33.1		48.6		2017-2019		13
1.00	Age-Adjusted ER Rate due to Long-Term Complications of Diabetes	ER visits/ 10,000 population 18+ years	4.7		7.2		2017-2019	Black (21.5) Hispanic / Latino (7.8)	13
1.00	Age-Adjusted ER Rate due to Uncontrolled Diabetes	ER visits/ 10,000 population 18+ years	24.9		30.7		2017-2019		13
SCORE	**ECONOMY**	**UNITS**	**KANE COUNTY**	**HP2020**	**Illinois**	**U.S.**	**MEASUREMENT PERIOD**	**HIGH DISPARITY**	**Source**

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Appendix A: Secondary Data Detailed Methodology and Data Scoring Tables

Score	Indicator	Units				Year	Rank
2.17	Renters Spending 30% or More of Household Income on Rent	percent	50.4	48.8	50.2	2014-2018	1
2.11	SNAP Certified Stores	stores/ 1,000 population	0.5			2016	23
1.75	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	27.1			2017	25
1.67	Overcrowded Households	percent of households	3.7	2.5		2014-2018	1
1.67	Severe Housing Problems	percent	17.8	17.3	19	2012-2016	7
1.67	Unemployed Workers in Civilian Labor Force	percent	10.6	11.5	10.5	July 2020	21
1.42	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	percent	63.9			2017	25
1.42	Social and Economic Factors Ranking	ranking	30			2020	7
1.33	Low-Income and Low Access to a Grocery Store	percent	3.8			2015	23
1.25	Households that are Below the Federal Poverty Level	percent	9			2017	25
					Black (14.5) American Indian / Alaska Native (12.7) Other Race (19.9) Hispanic / Latino (14.8)		
1.00	People 65+ Living Below Poverty Level	percent	6.7	8.8	9.3	2014-2018	1
1.00	Projected Child Food Insecurity Rate	percent	18.3			2020	8
1.00	Projected Food Insecurity Rate	percent	12.2			2020	8
0.89	Students Eligible for the Free Lunch Program	percent	40	46.7	41.2	2018-2019	17
0.78	Households with Cash Public Assistance Income	percent	1.7	2.4	2.5	2014-2018	1
0.75	Persons with Disability Living in Poverty	percent	18.9	26.5	26.1	2018	1
0.67	Food Insecure Children Likely Ineligible for Assistance	percent	2	18	25	2018	8
0.50	Child Food Insecurity Rate	percent	9.4	12.7	15.2	2018	8
0.50	Children Living Below Poverty Level	percent	15	18.1	19.5	2014-2018	1
0.50	Food Insecurity Rate	percent	7.1	10.1	11.5	2018	8
0.50	People Living 200% Above Poverty Level	percent	74.5	70.6	68.1	2014-2018	1
0.50	Per Capita Income	dollars	34924	34463	32621	2014-2018	1
0.50	Persons with Disability Living in Poverty (5-year)	percent	19.1	26.3	26.7	2014-2018	1
0.39	Homeownership	percent	70.1	59.6	56.1	2014-2018	1
0.17	Median Household Income	dollars	76912	63575	60293	2014-2018	1
0.17	People Living Below Poverty Level	percent	10	13.1	14.1	2014-2018	1

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SCORE	EDUCATION	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
1.72	Student-to-Teacher Ratio	students/teacher	15.7		15	16.5	2018-2019		17
1.67	People 25+ with a High School Degree or Higher	percent	84.1		88.9	87.7	2014-2018		1
1.11	High School Graduation	percent	88.1	87	85.4	85.3	2017-2018		7
0.67	People 25+ with a Bachelor's Degree or Higher	percent	33.1		34.1	31.5	2014-2018		1

SCORE	ENVIRONMENT	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
2.11	SNAP Certified Stores	stores/ 1,000 population	0.5				2016		23
1.83	Recognized Carcinogens Released into Air	pounds	51211				2018		24
1.75	Physical Environment Ranking	ranking	101				2020		7
1.69	Annual Ozone Air Quality	grade	F				2016-2018		2
1.69	Liquor Store Density	stores/ 100,000 population	11.6		10.8	10.6	2018		22
1.67	Children with Low Access to a Grocery Store	percent	5.3				percent		23
1.67	Farmers Market Density	markets/ 1,000 population	0				2016		23
1.67	Fast Food Restaurant Density	restaurants/ 1,000 population	0.6				2014		23
1.67	Grocery Store Density	stores/ 1,000 population	0.2				2014		23
1.67	Overcrowded Households	percent of households	3.7		2.5		2014-2018		1
1.67	Severe Housing Problems	percent	17.8		17.3	19	2012-2016		7
1.61	Months of Mild Drought or Worse	months per year	7				2016		19
1.61	Number of Extreme Precipitation Days	days	44				2016		19
1.50	People with Low Access to a Grocery Store	percent	18.5				2015		23
1.39	Number of Extreme Heat Days	days	13				2016		19
1.39	Number of Extreme Heat Events	events	4				2016		19
1.33	Low-Income and Low Access to a Grocery Store	percent	3.8				2015		23
1.33	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014		23
1.25	Annual Particle Pollution	grade	A				2016-2018		2
1.25	Blood Lead Levels in Children (>=5 micrograms per deciliter)	percent	2.5		3.4		2014		19
1.17	People 65+ with Low Access to a Grocery Store	percent	1.8				2015		23
1.00	Daily Dose of UV Irradiance	Joule per square meter	2242		2506		2015		19
1.00	Households with No Car and Low Access to a Grocery Store	percent	0.9				2015		23
0.67	Access to Exercise Opportunities	percent	96.4		90.8	84	2020		7
0.56	Food Environment Index	index	9.3		8.6	7.6	2020		7

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
2.11	SNAP Certified Stores	stores/ 1,000 population	0.5				2016		23
1.67	Children with Low Access to a Grocery Store	percent	5.3				2015		23
1.67	Farmers Market Density	markets/ 1,000 population	0				2016		23

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Score	Indicator	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
1.67	Fast Food Restaurant Density	restaurants/ 1,000 population	0.6				2014		23
1.67	Grocery Store Density	stores/ 1,000 population	0.2				2014		23
1.50	People with Low Access to a Grocery Store	percent	18.5				2015		23
1.36	Adults Who Are Obese	percent	29.9	30.5			2010-2014		10
1.33	Low-Income and Low Access to a Grocery Store	percent	3.8				2015		23
1.33	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014		23
1.25	Adult Fruit and Vegetable Consumption	percent	18.5				2007-2009	Male (11.5)	10
1.25	Health Behaviors Ranking	ranking	2				2020		7
1.17	People 65+ with Low Access to a Grocery Store	percent	1.8				2015		23
1.08	Adults who are Sedentary	percent	18	32.6			2010-2014		10
1.00	Households with No Car and Low Access to a Grocery Store	percent	0.9				2015		23
1.00	Projected Child Food Insecurity Rate	percent	18.3				2020		8
1.00	Projected Food Insecurity Rate	percent	12.2				2020		8
0.67	Access to Exercise Opportunities	percent	96.4		90.8	84	2020		7
0.67	Food Insecure Children Likely Ineligible for Assistance	percent	2		18	25	2018		8
0.56	Food Environment Index	index	9.3		8.6	7.6	2020		7
0.50	Child Food Insecurity Rate	percent	9.4		12.7	15.2	2018		8
0.50	Food Insecurity Rate	percent	7.1		10.1	11.5	2018		8
SCORE	HEART DISEASE & STROKE	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
2.44	Atrial Fibrillation: Medicare Population	percent	9.7		8.9	8.4	2017		5
1.89	Stroke: Medicare Population	percent	3.9		3.8	3.8	2017		5
1.78	Hypertension: Medicare Population	percent	58.3		58.2	57.1	2017		5
1.72	Hyperlipidemia: Medicare Population	percent	43.2		39.8	40.7	2017		5
1.56	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	36	34.8	38	37.3	2016-2018		4
1.42	High Cholesterol Prevalence	percent	31.6	13.5			2007-2009		10
1.33	Age-Adjusted Hospitalization Rate due to Acute Myocardial Infarction	hospitalizations/ 10,000 population 18+ years	21.8		25.1		2017-2019	Male (29.9)	13
1.33	Age-Adjusted Hospitalization Rate due to Hypertension	hospitalizations/ 10,000 population 18+ years	6.1		8.1		2017-2019	Black (24.8)	13
1.25	Risk-Adjusted Hospitalization Rate due to Angina without Procedure	hospitalizations/ 100,000 population 18+ years	4.8		9.4		2014		12
1.17	Age-Adjusted Hospitalization Rate due to Heart Failure	hospitalizations/ 10,000 population 18+ years	42.4		61.5		2017-2019		13
1.14	Risk-Adjusted Hospitalization Rate due to Heart Failure	hospitalizations/ 100,000 population 18+ years	268.1		378.3		2014		12
1.14	Risk-Adjusted Hospitalization Rate due to Hypertension	hospitalizations/ 100,000 population 18+ years	31.9		47.3		2014	Black (107.6)	12
1.08	High Blood Pressure Prevalence	percent	23	26.9			2007-2009		10

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SCORE		UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
1.00	Age-Adjusted ER Rate due to Heart Failure	ER visits/ 10,000 population 18+ years	7.9		15.3		2017-2019		13
1.00	Age-Adjusted ER Rate due to Hypertension	ER visits/ 10,000 population 18+ years	35.2		61.5		2017-2019		13
0.89	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	50.4		57.4		2018		19
0.67	Ischemic Heart Disease: Medicare Population	percent	23.9		26.8	26.9	2017		5
0.61	Heart Failure: Medicare Population	percent	12.3		15.2	13.9	2017		5
0.22	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	65.5	103.4	83.7	92.7	2016-2018	Male (92.5)	4

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
2.50	COVID-19 Daily Average Incidence Rate	cases per 100,000 population	84.2		79.9	47.5	2020		9
1.83	HIV Diagnosed Cases	cases	32				2018		12
1.67	Overcrowded Households	percent of households	3.7		2.5		2014-2018		1
1.58	Adults with Pneumonia Vaccination	percent	24.4				2010-2014		10
1.50	Chlamydia Incidence Rate	cases/ 100,000 population	407.7		604	539.9	2018		18
1.50	Syphilis Incidence Rate	cases/ 100,000 population	3.9		11	10.8	2018		18
1.42	Adults with Influenza Vaccination	percent	43.3	70			2010-2014		10
1.42	Age-Adjusted Hospitalization Rate due to Hepatitis	hospitalizations/ 10,000 population 18+ years	1.4		1.4		2017-2019		13
1.39	Lyme Disease Cases	cases	7				2016		12
1.39	Tuberculosis Cases	cases	15				2019		12
1.33	Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza	ER visits/ 10,000 population 18+ years	33.1		33.9		2017-2019		13
1.31	Risk-Adjusted Hospitalization Rate due to Bacterial Pneumonia	hospitalizations/ 100,000 population 18+ years	246.1		252.4		2014		12
1.25	Age-Adjusted ER Rate due to Hepatitis	ER visits/ 10,000 population 18+ years	0.4		0.7		2017-2019	Male (0.5)	13
1.17	Gonorrhea Incidence Rate	cases/ 100,000 population	77.8		198.6	179.1	2018		18
1.11	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	0.7		1.4	1.7	44141		9
1.00	Age-Adjusted ER Rate due to Community Acquired Pneumonia	ER visits/ 10,000 population 18+ years	24.2		32.4		2017-2019		13
1.00	Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia	hospitalizations/ 10,000 population 18+ years	20.1		24		2017-2019		13
1.00	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	hospitalizations/ 10,000 population 18+ years	5.3		7.1		2017-2019		13
0.50	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	12.9		15.5	14.2	2016-2018		4

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
1.78	Preterm Births	percent	11	9.4	10.7		2018		12
1.50	Preterm Labor and Delivery Hospitalizations	percent	3.7		4.1		2017-2019		13
1.44	Babies with Low Birth Weight	percent	7.6	7.8	8.6		2018		12
0.97	Teen Births	percent	1		1.1	2.8	2018		12

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SCORE		UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
0.89	Infant Mortality Rate	deaths/ 1,000 live births	4.9	6	6.3		2016-2018		12
SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
1.75	Poor Mental Health Days	percent	40.5				2010-2014		10
1.50	Age-Adjusted Hospitalization Rate due to Pediatric Mental Health	hospitalizations/ 10,000 population under 18 years	61.6		67.5		2017-2019		13
1.44	Alzheimer's Disease or Dementia: Medicare Population	percent	10		10.7	10.9	2017		5
1.44	Depression: Medicare Population	percent	16.4		16.4	17.9	2017		5
1.33	Age-Adjusted ER Rate due to Pediatric Mental Health	ER visits/ 10,000 population under 18 years	101.5		103.8		2017-2019		13
1.33	Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury	hospitalizations/ 10,000 population aged 10-17	100.5		106		2017-2019	Female (135.5)	13
1.33	Age-Adjusted Hospitalization Rate due to Adult Mental Health	hospitalizations/ 10,000 population 18+ years	64.7		84.5		2017-2019	Black (170.7) American Indian / Alaska Native (78.4) Native Hawaiian / Pacific Islander (1061.4)	13
1.33	Age-Adjusted Hospitalization Rate due to Adult Suicide and Intentional Self-inflicted Injury	hospitalizations/ 10,000 population 18+ years	51.3		65.4		2017-2019	Black (102.5) American Indian / Alaska Native (63.1) Native Hawaiian / Pacific Islander (1001.2)	13

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SCORE		UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY Black (342.2) Native Hawaiian / Pacific Islander (528.3)	Source
1.17	Age-Adjusted ER Rate due to Adult Mental Health	*ER visits/ 10,000 population 18+ years*	129.1		144.5		2017-2019		13
1.00	Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury	*ER visits/ 10,000 population aged 10-17*	80.3		114.5		2017-2019	Female (112.4)	13
1.00	Age-Adjusted ER Rate due to Adult Suicide and Intentional Self-inflicted Injury	*ER visits/ 10,000 population 18+ years*	38.1		60		2017-2019		13
0.78	Frequent Mental Distress	*percent*	10.8		11	12	2017		7
0.69	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	8.4	10.2	11.1	13.9	2016-2018	Male (12.8)	4
0.61	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	15.4		25.4	30.6	2016-2018		4
SCORE	**OLDER ADULTS & AGING**	**UNITS**	**KANE COUNTY**	**HP2020**	**Illinois**	**U.S.**	**MEASUREMENT PERIOD**	**HIGH DISPARITY**	**Source**
2.44	Atrial Fibrillation: Medicare Population	*percent*	9.7		8.9	8.4	2017		5
2.44	Cancer: Medicare Population	*percent*	9.2		8.9	8.2	2017		5
2.44	Osteoporosis: Medicare Population	*percent*	7		6.3	6.4	2017		5
2.17	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	35.7		34.6	33.1	2017		5
1.89	Stroke: Medicare Population	*percent*	3.9		3.8	3.8	2017		5
1.78	Hypertension: Medicare Population	*percent*	58.3		58.2	57.1	2017		5
1.72	Hyperlipidemia: Medicare Population	*percent*	43.2		39.8	40.7	2017		5
1.50	Chronic Kidney Disease: Medicare Population	*percent*	22.6		24	24	2017		5
1.44	Alzheimer's Disease or Dementia: Medicare Population	*percent*	10		10.7	10.9	2017		5
1.44	Depression: Medicare Population	*percent*	16.4		16.4	17.9	2017		5
1.39	Asthma: Medicare Population	*percent*	4.7		4.9	5.1	2017		5
1.28	Hospitalization Rate due to Hip Fractures Among Males 65+	*hospitalizations/ 100,000 males 65+ years*	413.4	418.4	435		2017-2019		13
1.17	People 65+ with Low Access to a Grocery Store	*percent*	1.8				2015		23
1.11	Diabetes: Medicare Population	*percent*	25.6		27.2	27.2	2017		5
1.00	Hospitalization Rate due to Hip Fractures Among Females 65+	*hospitalizations/ 100,000 females 65+ years*	652.1	741.2	762		2017-2019		13

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SCORE		UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
1.00	People 65+ Living Below Poverty Level	percent	6.7		8.8	9.3	2014-2018	Black (14.5) American Indian / Alaska Native (12.7) Other Race (19.9) Hispanic / Latino (14.8)	1
0.72	People 65+ Living Alone	percent	24.3		28.5	26.1	2014-2018		1
0.67	Ischemic Heart Disease: Medicare Population	percent	23.9		26.8	26.9	2017		5
0.61	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/ 100,000 population	15.4		25.4	30.6	2016-2018		4
0.61	COPD: Medicare Population	percent	9.5		11.9	11.7	2017		5
0.61	Heart Failure: Medicare Population	percent	12.3		15.2	13.9	2017		5
SCORE	ORAL HEALTH	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
1.00	Age-Adjusted ER Rate due to Dental Problems	ER visits/ 10,000 population	48.1		75.8		2017-2019	Black (204.7) Native Hawaiian / Pacific Islander (441)	13
1.00	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	10.7		12.2	11.8	2013-2017	Male (15.8)	16
0.92	Dentist Rate	dentists/ 100,000 population	66.3		77.9		2018		7
SCORE	OTHER CHRONIC DISEASES	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
2.44	Osteoporosis: Medicare Population	percent	7		6.3	6.4	2017		5
2.17	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	35.7		34.6	33.1	2017		5
1.50	Chronic Kidney Disease: Medicare Population	percent	22.6		24	24	2017		5
1.33	Age-Adjusted Death Rate due to Kidney Disease	deaths/ 100,000 population	16.7		16.9	13	2016-2018	Male (22.6)	4
SCORE	OTHER CONDITIONS	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
1.75	Risk-Adjusted Hospitalization Rate due to Perforated Appendix	hospitalizations/ 1,000 appendicitis admissions 18+ years	277.2		373.3		2014		12

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SCORE		UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
1.33	Age-Adjusted ER Rate due to Headaches	ER visits/ 10,000 population 18+ years	127.7		134.9		2017-2019	Black (320.9) Native Hawaiian / Pacific Islander (496.6); Female (194.2)	13
1.17	Age-Adjusted Hospitalization Rate due to Dehydration	hospitalizations/ 10,000 population 18+ years	18.1		21.3		2017-2019		13
1.17	Age-Adjusted Hospitalization Rate due to Urinary Tract Infections	hospitalizations/ 10,000 population 18+ years	16.8		19.5		2017-2019	Female (22.1)	13
1.14	Risk-Adjusted Hospitalization Rate due to Urinary Tract Infections	hospitalizations/ 100,000 population 18+ years	139.7		167.9		2014	Female (168.6)	12
1.00	Age-Adjusted ER Rate due to Dehydration	ER visits/ 10,000 population 18+ years	20.6		27.5		2017-2019		13
1.00	Age-Adjusted ER Rate due to Urinary Tract Infections	ER visits/ 10,000 population 18+ years	115.6		132.6		2017-2019	Female (193.3)	13
0.92	Risk-Adjusted Hospitalization Rate due to Dehydration	hospitalizations/ 100,000 population 18+ years	100.8		139.2		2014		12
SCORE	**PREVENTION & SAFETY**	**UNITS**	**KANE COUNTY**	**HP2020**	**Illinois**	**U.S.**	**MEASUREMENT PERIOD**	**HIGH DISPARITY**	**Source**
1.67	Severe Housing Problems	percent	17.8		17.3	19	2012-2016		7
1.33	Age-Adjusted Hospitalization Rate due to Unintentional Falls	hospitalizations/ 10,000 population 18+ years	55.1		62		2017-2019		13
1.28	Hospitalization Rate due to Hip Fractures Among Males 65+	hospitalizations/ 100,000 males 65+ years	413.4	418.4	435		2017-2019		13
1.00	Age-Adjusted ER Rate due to Unintentional Falls	ER visits/ 10,000 population 18+ years	247.8		304.7		2017-2019	Black (333.2) Native Hawaiian / Pacific Islander (1310.4)	13
1.00	Death Rate due to Drug Poisoning	deaths/ 100,000 population	14.2		20.6	21	2016-2018		7
1.00	Hospitalization Rate due to Hip Fractures Among Females 65+	hospitalizations/ 100,000 females 65+ years	652.1	741.2	762		2017-2019		13
SCORE	**PUBLIC SAFETY**	**UNITS**	**KANE COUNTY**	**HP2020**	**Illinois**	**U.S.**	**MEASUREMENT PERIOD**	**HIGH DISPARITY**	**Source**

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SCORE		UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
1.89	Alcohol-Impaired Driving Deaths	percent	32		32	28	2014-2018		7
1.39	Domestic Violence Offenses	offenses	1681				2018		15
1.39	Hate Crime Offenses	offenses	3				2018		15
1.39	School Crime Incidents	incidents	218				2018		15
1.25	Age-Adjusted ER rate due to Assault by Firearms	ER visits/ 10,000 population	0.2		0.6		2015-2017		13
1.25	Age-Adjusted Hospitalization rate due to Assault by Firearms	hospitalizations/ 10,000 population	0.1		0.4		2015-2017		13
0.81	Violent Crime Rate	crimes/ 100,000 population	165.7		403.1	386.5	2014-2016		7
0.64	Substantiated Child Abuse Rate	cases/ 1,000 children	8.1		9.7	9.2	2015		11

SCORE	RESPIRATORY DISEASES	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
2.50	COVID-19 Daily Average Incidence Rate	cases per 100,000 population	84.2		79.9	47.5	44141		9
1.58	Adults with Pneumonia Vaccination	percent	24.4				2010-2014		10
1.42	Adults with Current Asthma	percent	7.6				2010-2014		10
1.42	Adults with Influenza Vaccination	percent	43.3	70			2010-2014		10
1.39	Asthma: Medicare Population	percent	4.7		4.9	5.1	2017		5
1.39	Tuberculosis Cases	cases	15				2019		12
1.33	Age-Adjusted ER Rate due to Adult Asthma	ER visits/ 10,000 population 18+ years	33.5		45.6		2017-2019	Black (234.4)	13
1.33	Age-Adjusted Hospitalization Rate due to Asthma	ER visits/ 10,000 population	38		54.1		2017-2019	Black (222.2)	13
1.33	Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza	ER visits/ 10,000 population 18+ years	33.1		33.9		2017-2019		13
1.33	Age-Adjusted ER Rate due to Pediatric Asthma	ER visits/ 10,000 population under 18 years	51		78.7		2017-2019		13
1.33	Age-Adjusted Hospitalization Rate due to Adult Asthma	hospitalizations/ 10,000 population 18+ years	5.5		7.1		2017-2019	ck (28.2); Female (7...	13
1.33	Age-Adjusted Hospitalization Rate due to Asthma	hospitalizations/ 10,000 population	5.6		8.3		2017-2019	ck (24.1); Female (7...	13
1.31	Risk-Adjusted Hospitalization Rate due to Bacterial Pneumonia	hospitalizations/ 100,000 population 18+ years	246.1		252.4		2014		12
1.25	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	hospitalizations/ 10,000 population under 18 years	5.7		11.8		2017-2019		13
1.25	Hospitalization Rate due to COPD or Asthma in Older Adults	hospitalizations/ 100,000 population 40+ years	341.8		516.9		2015		12
1.14	Hospitalization Rate due to Asthma in Younger Adults	hospitalizations/ 100,000 population 18-39 years	23.4		49		2015	Female (31.4)	12
1.11	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	0.7		1.4	1.7	44141		9
1.00	Age-Adjusted ER Rate due to Community Acquired Pneumonia	ER visits/ 10,000 population 18+ years	24.2		32.4		2017-2019		13
1.00	Age-Adjusted ER Rate due to COPD	ER visits/ 10,000 population 18+ years	17.3		37.7		2017-2019	Black (69.3)	13

Appendix A: Secondary Data Detailed Methodology and Data Scoring Tables

SCORE		UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
1.00	Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia	hospitalizations/ 10,000 population 18+ years	20.1		24		2017-2019		13
1.00	Age-Adjusted Hospitalization Rate due to COPD	hospitalizations/ 10,000 population 18+ years	24.4		33.2		2017-2019		13
1.00	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	hospitalizations/ 10,000 population 18+ years	5.3		7.1		2017-2019		13
0.61	COPD: Medicare Population	percent	9.5		11.9	11.7	2017		5
0.50	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	12.9		15.5	14.2	2016-2018		4
0.17	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	50.2		63.7	58.3	2013-2017		16
0.00	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	33	45.5	41.1	38.5	2013-2017		16

SCORE	SOCIAL ENVIRONMENT	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
1.89	Mean Travel Time to Work	minutes	28.9		29	26.6	2014-2018		1
1.67	People 25+ with a High School Degree or Higher	percent	84.1		88.9	87.7	2014-2018		1
1.56	Voter Turnout: General Election	percent	68.1		70.6		2016		14
1.42	Social and Economic Factors Ranking	ranking	30				2020		7
1.17	Single-Parent Households	percent	26.5		32.5	33.1	2014-2018		1
0.83	Adults with Internet Access	percent	96.2		94.4	94	2020		6
0.83	Households with a Computer	percent	93.7		90.7	90	2020		6
0.72	People 65+ Living Alone	percent	24.3		28.5	26.1	2014-2018		1
0.67	People 25+ with a Bachelor's Degree or Higher	percent	33.1		34.1	31.5	2014-2018		1
0.64	Substantiated Child Abuse Rate	cases/ 1,000 children	8.1		9.7	9.2	2015		11
0.50	Children Living Below Poverty Level	percent	15		18.1	19.5	2014-2018		1
0.50	Per Capita Income	dollars	34924		34463	32621	2014-2018		1
0.39	Homeownership	percent	70.1		59.6	56.1	2014-2018		1
0.17	Median Household Income	dollars	76912		63575	60293	2014-2018		1
0.17	People Living Below Poverty Level	percent	10		13.1	14.1	2014-2018		1

SCORE	SUBSTANCE ABUSE	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
2.11	Teens who Use Alcohol	percent	46		40	28	2018		3
1.89	Alcohol-Impaired Driving Deaths	percent	32		32	28	2014-2018		7

Appendix A: Secondary Data Detailed Methodology and Data Scoring Tables

Score	Indicator	Units					Year	Disparity	
1.83	Age-Adjusted ER Rate due to Adult Alcohol Use	ER visits/ 10,000 population 18+ years	88		87		2017-2019	Black (148.3) Native Hawaiian / Pacific Islander (370.5): Male (127)	13
1.69	Liquor Store Density	stores/ 100,000 population	11.6		10.8	10.6	2018		22
1.67	Age-Adjusted Hospitalization Rate due to Adult Alcohol Use	hospitalizations/ 10,000 population 18+ years	29		29.5		2017-2019	White (31.9) Native Hawaiian / Pacific Islander (419.5); Male (42.4)	13
1.56	Teens who Use Marijuana	percent	24.4		26		2018		3
1.50	Adults Who Use Electronic Cigarettes: Past 30 Days	percent	4.3		4.2	4.4	2020		6
1.42	Adults who Binge Drink	percent	18.7	24.2			2010-2014		10
1.42	Adults who Smoke	percent	14	12			2010-2014		10
1.42	Age-Adjusted ER Rate due to Adolescent Alcohol Use	ER visits/ 10,000 population aged 10-17	14		14		2017-2019		13
1.25	Age-Adjusted Hospitalization Rate due to Adolescent Alcohol Use	hospitalizations/ 10,000 population aged 10-17	3.5		4.7		2017-2019		13
1.25	Health Behaviors Ranking	ranking	2				2020		7
1.17	Age-Adjusted ER Rate due to Opioid Use	ER visits/ 10,000 population 18+ years	13.5		25.2		2017-2019	Black (30.2) Native Hawaiian / Pacific Islander (330.8); Male (17.4)	13
1.17	Age-Adjusted ER Rate due to Substance Use	ER visits/ 10,000 population 18+ years	25.3		52.9		2017-2019	Black (61.3) Native Hawaiian / Pacific Islander (413.7); Male (33.8)	13

SCORE		UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
1.17	Age-Adjusted Hospitalization rate due to Opioid Use	hospitalizations/ 10,000 population 18+ years	5.1		15.2		2017-2019	Black (10.2) Native Hawaiian / Pacific Islander (523.4); Male (6.4)	13
1.17	Age-Adjusted Hospitalization Rate due to Substance Use	hospitalizations/ 10,000 population 18+ years	7.2		19.2		2017-2019	Black (16.4) Native Hawaiian / Pacific Islander (551.9); Male (9.2)	13
1.00	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Deaths per 100,000 population	14.8		20.5	20.7	2016-2018	Male (19.9)	4
1.00	Death Rate due to Drug Poisoning	deaths/ 100,000 population	14.2		20.6	21	2016-2018		7
0.67	Adults Who Used Smokeless Tobacco: Past 30 Days	percent	1.7		1.8	2	2020		6
0.67	Teens who Smoke	percent	4.4		5		2018		3

SCORE	TEEN & ADOLESCENT HEALTH	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
2.11	Teens who Use Alcohol	percent	46		40		2018		3
1.56	Teens who Use Marijuana	percent	24.4		26		2018		3
1.33	Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury	hospitalizations/ 10,000 population aged 10-17	100.5		106		2017-2019	Female (135.5)	13
1.00	Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury	ER visits/ 10,000 population aged 10-17	80.3		114.5		2017-2019	Female (112.4)	13
0.97	Teen Births	percent	1		1.1	2.8	2018		12
0.67	Teens who Smoke	percent	4.4		5		2018		3

SCORE	TRANSPORTATION	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
2.00	Solo Drivers with a Long Commute	percent	42.4		41.3	36	2014-2018		7
1.89	Mean Travel Time to Work	minutes	28.9		29	26.6	2014-2018		1
1.78	Workers Commuting by Public Transportation	percent	2.6	5.5	9.4	5	2014-2018		1
1.33	Workers who Drive Alone to Work	percent	79.7		73.1	76.4	2014-2018		1
1.00	Households with No Car and Low Access to a Grocery Store	percent	0.9				2015		23
0.56	Households without a Vehicle	percent	4.4		10.8	8.7	2014-2018		1

Appendix A: Secondary Data Detailed Methodology and Data Scoring Tables

SCORE	WOMEN'S HEALTH	UNITS	KANE COUNTY	HP2020	Illinois	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
1.06	Breast Cancer Incidence Rate	cases/ 100,000 females	120.6		133.1	125.9	2013-2017		16
0.25	Cervical Cancer Incidence Rate	cases/ 100,000 females	6.2	7.3	7.7	7.6	2013-2017		16
0.00	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	17.1	20.7	21	20.1	2013-2017		16

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Kane County Health and Quality of Life Topics	Score
Other Chronic Diseases	1.86
Environment	1.45
Transportation	1.43
Older Adults & Aging	1.40
Access to Health Services	1.38
Immunizations & Infectious Diseases	1.36
Substance Abuse	1.35
Maternal, Fetal & Infant Health	1.32
Education	1.29
Teen & Adolescent Health	1.27
Public Safety	1.25
Heart Disease & Stroke	1.24
Diabetes	1.24
Prevention & Safety	1.21
Mental Health & Mental Disorders	1.19
Exercise, Nutrition, & Weight	1.19
Other Conditions	1.19
Children's Health	1.17
Respiratory Diseases	1.15
Economy	1.01
Oral Health	0.97
Social Environment	0.88
Cancer	0.75
Women's Health	0.44

Appendix B: Community Themes and Strengths Assessment Tools

Welcome to the Kane Health Counts community health survey. The information collected in this survey will allow community organizations across the county to better understand the health needs in your community. The knowledge gained will be used to implement programs that will benefit everyone in the community. We can better understand community needs by gathering the voices of community members like you to tell us about the issues that you feel are the most important.

REMINDER: You must be 18 years old or older to complete this survey. We estimate that it will take 10 minutes to complete. Survey results will be available and shared broadly in the community within the next year. The responses that you provide will remain anonymous and not attributed to you personally in any way. If you have any questions, please contact Stacy Zeng by email at ZengStacy@co.kane.il.us or Louise Lie at LieLouise@co.kane.il.us. Thank you very much for your input and your time!

Your participation in this survey is completely voluntary. Please note that by clicking the forward button below you are agreeing to have the following data collected:

- **Your responses to survey questions and form fields**
- **Your IP address**
- **The date and time when you took the survey or submitted the form**
- **Information about the type of device you are taking the survey from (phone/tablet/desktop/OS and browser version)**

1. In what zip code do you live?

[   ]

2. Are you of Hispanic or Latino origin or descent?

◯ Yes   ◯ No   ◯ Prefer not to answer

3. What race best describes you?

◯ American Indian or Alaska Native   ◯ White or Caucasian

◯ Asian or Asian American   ◯ More than one race

◯ Black or African American   ◯ Another race

◯ Native Hawaiian or other Pacific Islander   ◯ Prefer not to answer

In this survey, "community" refers to the major areas where you live, shop, play, work, and get services.

4. How would you rate your community as a healthy place to live? (Select one)

◯ Very Unhealthy ◯ Unhealthy ◯ Somewhat Healthy ◯ Healthy ◯ Very Healthy

5. In the following list, what do you think are the **three** most important "health problems" in your community? (Those problems that have the greatest impact on overall community health.)

☐ Auto Immune Diseases (multiple sclerosis, Crohn's disease, etc.)

☐ Cancer

☐ Diabetes

☐ Heart Disease and Stroke

☐ Respiratory/Lung Diseases (asthma, COPD, etc.)

☐ Chronic Pain

☐ Access to Affordable Health Care Services (doctors available nearby, wait times, services available nearby, takes insurance)

☐ Quality of Health Care Services Available

☐ Mental Health and Mental Disorders (anxiety, depression, suicide)

☐ Nutrition, Physical Activity, and Weight

☐ Other (please specify)

☐ Oral Health and Access to Dentistry Services (dentists available nearby)

☐ Sexual and Reproductive Health (family planning services, sexually transmitted diseases/infections, etc.)

☐ Alcohol and Other Substance Use

☐ Tobacco Use (including e-cigarettes, chewing tobacco, etc.)

☐ Injury and Violence

☐ Older Adults and Aging (hearing/vision loss, arthritis, etc.)

☐ Maternal and Infant Health

☐ Children's Health

☐ Teen & Adolescent Health

6. In your opinion, which of the following would you <u>most</u> like to see addressed in your community? (Select Up to 3)

☐ Crime and neighborhood safety (robberies, shootings, other violent crimes)

☐ Domestic violence prevention (intimate partner, family, or child abuse)

☐ Injury prevention and traffic safety (traffic safety, drownings, bicycling and pedestrian accidents)

☐ Homelessness and unstable housing

☐ Transportation

☐ Emergency Preparedness

☐ Air and water quality

☐ Food insecurity or hunger

☐ Healthy food options - restaurants, stores, or markets

☐ Other (please specify)

☐ Parks and walking paths

☐ Bike lanes

☐ Disbility accessible sidewalks and other structures

☐ Economy and job availability

☐ Education and schools (Pre-K to 12th grade)

☐ Access to higher education (2-year or 4-year degrees)

☐ Senior services (over 65)

☐ Support for families with children (child care, parenting support)

☐ Social isolation

Access to Health Services

7. Below are some statements about **health care services** in your community. Please rate how much you agree or disagree with each statement.

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
There are good quality health care services in my community.	◯	◯	◯	◯	◯
There are affordable health care services in my community.	◯	◯	◯	◯	◯
I am connected to a primary care doctor or health clinic that I am happy with.	◯	◯	◯	◯	◯
I can access the health care services that I need within a reasonable time frame and distance from my home or work.	◯	◯	◯	◯	◯
I know where to find the health care resources or information I need when I need them.	◯	◯	◯	◯	◯

8. How would you rate your own personal health in the past 12 months? (Select one)

◯ Very Unhealthy ◯ Unhealthy ◯ Somewhat Healthy ◯ Healthy ◯ Very Healthy

9. Do you currently have a health insurance plan/health coverage?

◯ Yes

◯ No

◯ I don't know

10. Which type(s) of health plan(s) do you use to pay for your health care services? (Select all that apply)

- [ ] Medicaid

- [ ] Medicare

- [ ] Insurance through an employer (HMO/PPO) - either my own or partner/spouse/parent

- [ ] Insurance through the Health Insurance Marketplace/Obama Care/Affordable Care Act (ACA)

- [ ] Private Insurance I pay for myself (HMO/PPO)

- [ ] Indian Health Services

- [ ] Veteran's Administration

- [ ] COBRA

- [ ] I pay out of pocket/cash

- [ ] Other (please specify)

[   ]

* 11. In the past 12 months, was there a time that you needed **health care services** but did not get the care that you needed?

○ Yes

○ No - I got the services that I needed

○ Does not apply - I did not need health care services in the past year

12. Select the top reason(s) that you did not receive the **health care services** that you needed in the past 12 months. (Select all that apply)

- [ ] Cost- too expensive/can't payHours of No insuranceCultural/religious reasons
- [ ] Lack of transportation
- [ ] Language barrier
- [ ] operation did not fit myInsurance not
- [ ] Wait is too long
- [ ] accepted schedule
- [ ]
- [ ] COVID-19

No doctor is nearby

Office/service/program closed due to

- [ ] Other (please specify)

[   ]

* 13. In the past 12 months, was there a time that you needed *dental or oral health services* but did not get the care that you needed?

◯ Yes

◯ No - I got the services that I needed

◯ Does not apply - I did not need dental/oral health services in the past year

14. Select the top reason(s) that you did not receive the *dental or oral health services* that you needed in the past 12 months. (Select all that apply)

☐ Cost- too expensive/can't payHours of   ☐ operation did not fit myInsurance not   ☐ accepted schedule
☐ No insuranceCultural/religious reasons
                                           ☐ Wait is too long
☐ Lack of transportation   ☐
                                           ☐ No doctor is nearby
☐ Language barrier   ☐ Office/service/program closed due to COVID-19
☐ Other (please specify)

[   ]

* 15. In the past 12 months, was there a time that you needed or considered seeking *mental health services or alcohol/substance abuse treatment* but did not get services?

◯ Yes

◯ No - I got the services that I needed

◯ Does not apply - I did not need services in the past year

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16. Select the top reason(s) that you <u>did not</u> receive *mental health services or alcohol/substance use treatment*. (Select all that apply)

- [ ] Cost- too expensive/can't pay
- [ ] No insurance
- [ ] Lack of transportation
- [ ] Hours of operation did not fit my schedule
- [ ] Other (please specify)

- [ ] Language barrier
- [ ] Wait is too long
- [ ] No doctor is nearby
- [ ] Office/service/program closed due to COVID-19

- [ ] Insurance not accepted
- [ ] I did not know how treatment would work
- [ ] I worried that others would judge me
- [ ] Cultural/religious reasons

* 17. In the past 12 months, did you go to a hospital Emergency Department (ED)?

○ Yes   ○ No – I have not gone to the hospital ED

18. Please select the number of times you have gone to the ED in the past 12 months.

○ 1   ○ 4
○ 2   ○ 5
○ 3   ○ 6 or more

19. What were the main reasons that you went to the ED instead of a doctor's office or clinic? (Select any that apply)

- [ ] After clinic hours/weekend
- [ ] I don't have a regular doctor/clinic
- [ ] I do not have health insurance
- [ ] Concerns about cost or co-pays
- [ ] Other (please specify)

- [ ] Emergency/Life-threatening situation
- [ ] Long wait for an appointment with my regular doctor
- [ ] Needed food, shelter, or other resources

* 20. How many children (under age 18) currently live in your home? (Select one)

◯ None ◯ 4

◯ 1 ◯ 5

◯ 2 ◯ 6 or more

◯ 3

Children's Health

The following questions refer to children under 18 that live in your home.

21. Which type(s) of health plans(s) do children in your home have to cover the costs of health care services? (Select all that apply)

☐ Medicaid/Children's Health Insurance Program (CHIP)　　☐ Indian Health Services

☐ Medicare　　☐ Veteran's Administration

☐ Insurance through an employer (HMO/PPO) - either my own or partner/spouse

☐ COBRA

☐ None - I pay out of pocket/cash

☐ Insurance through the Health Insurance Marketplace/Obama Care/Affordable Care Act (ACA)

☐ Private Insurance I pay for myself (HMO/PPO)

☐ Other (please specify)

[   ]

22. Have the children (under 18) in your home experienced any of the following health issues? (Select all that apply)

☐ No, the child/children have not faced any health issues		☐ Birth-related (ex. low birth weight, premature, prenatal)
☐ Childhood disabilities/special needs		☐ Child abuse/child neglect
☐ Allergies		☐ Diabetes/Pre-diabetes/High blood sugar
☐ Asthma		☐ Hearing and /or vision
☐ Autoimmune diseases		☐ Nervous system disorders
☐ Injuries or accidents that required immediate medical care (ex. sports injuries, bicycle accidents)		☐ Stroke
		☐ Drug or alcohol use
☐ Behavior Challenges/Mental Health		☐ Using tobacco, e-cigarettes, or vaping
☐ Heart Disease or other heart conditions		☐ Teen pregnancy
☐ Cancer		☐ Sexually Transmitted Disease
☐ Child/children overweight		
☐ Child/children underweight		
☐ Other (please specify)		

[ ]

* 23. In the past 12 months, was there a time when children in your home needed *medical care or other health related services* but did not get the services that they needed?

○ Yes

○ No - they got the services that they needed

○ Does not apply - the child/children did not need services

24. Which of the following services were the children in your home <u>not</u> able to get in the past 12 months when they needed them? (Select all that apply)

☐ Well child visit/check-up ☐ Nutrition services

☐ Scheduled vaccination(s) ☐ Dental care (routine cleaning or urgent care)

☐ Prescription medications ☐ Mental health services

☐ Sick visit/urgent care visit ☐ Alcohol or other substance abuse treatment

☐ Emergency care services ☐ Services for Special Needs

☐ Routine care/treatment for ongoing or chronic condition – ex. allergies, respiratory conditions, diabetes

☐ Other (please specify)

25. Select the top reason(s) that children in your home did not get the medical/health care services that they needed in the past 12 months. (Select all that apply)

☐ Cost- too expensive/can't pay ☐ Wait is too long

☐ No insurance ☐ No doctor is nearby

☐ Lack of transportation ☐ Office/service/program closed due to COVID-19

☐ Not able to take off work for an appointment ☐ Insurance not accepted

☐ Language barrier ☐ Cultural/religious reasons

☐ Other (please specify)

Employment and Education

26. Below are some statements about *employment and education* in your community. Please rate how much you agree or disagree with each statement.

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
There are plenty of jobs available for those who are over 18 years old.	○	○	○	○	○
There are plenty of jobs available for those who are 14 to 18 years old.	○	○	○	○	○
There are job trainings or employment resources for those who need them.	○	○	○	○	○
Childcare (daycare/pre-school) resources are affordable and available for those who need them.	○	○	○	○	○
The K-12 schools in my community are well funded and provide good quality education.	○	○	○	○	○
Our local University/Community College provides quality education at an affordable cost.	○	○	○	○	○

* 27. Which of the following categories *best reflects* your current employment status? (Select one)

○ Employed, working full-time

○ Employed, working part-time

○ Homemaker/Work in the Home

○ Not employed, looking for work

○ Not employed, NOT looking for work

○ Retired

○ Student

28. What is the main reason(s) you are not working? (Select any that apply)

☐ Ill or disabled, not able to work   ☐ Taking care of family member

☐ Furloughed or temporarily unemployed   ☐ Need more training

☐ Cannot find work

☐ Other (please specify)

[   ]

Housing and Transportation

29. Below are some statements about **_housing and transportation_** in your community. Please rate how much you agree or disagree with each statement.

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
There are affordable places to live in my community.	○	○	○	○	○
Streets in my community are typically clean and buildings are well maintained.	○	○	○	○	○
I feel safe in my own neighborhood.	○	○	○	○	○
Crime is not a major issue in my neighborhood.	○	○	○	○	○
Public Transportation is easy to get to if I need it.	○	○	○	○	○

30. What transportation do you use most often to go places? (Select one)

○ I drive my own car   ○ I ride a bicycle

○ I walk   ○ I take a car ride service (Uber/Lyft)

○ I ride a motorcycle or scooter   ○ I take a bus

○ Someone drives me   ○ I take a taxi car service

○ I use medical transportation/specialty van transport   ○ Hitchhike

○ Other (please specify)

[   ]

31. Which of the following categories **best** reflects your current living situation? (select one)

○ Live alone in a home (house, apartment, condo, trailer, etc.)

○ Live in a home with another person such as a partner, sibling(s), or roommate(s)

○ Live-in single-family home that include a spouse or partner AND a child/children under age 25

○ Live in a multi-generational home (home includes grandparents or adult children over age 25)

○ Multi-family home (more than one family lives in the home)

○ Live in an assisted living facility (such as a nursing home)

○ Temporarily staying with a relative or friend

○ Staying in a shelter or are homeless (living on the street)

○ Living in a tent, recreational vehicle (RV), or couch-surfing

* 32. Does your current housing situation meet your needs?

○ Yes ○ No

Housing and Transportation

33. What issues do you have with your current housing situation? (Select all that apply)

☐ Too small /crowded

☐ Problems with other people

☐ Unsafe, high-crime

☐ Too run down or unhealthy environment (ex. mold, lead)

☐ Rent/facility is too expensive

☐ Other (please specify)

☐ Mortgage is too Expensive

☐ Too far from town/services

☐ Current housing is temporary, need permanent housing

☐ Need supportive and/or assisted living

[   ]

Housing and Transportation

34. In the *past 2 years*, was there a time when you (and your family) were living on the street, in a car, or in a temporary shelter?

○ Yes, *1 or 2 times* in the past 2 years

○ Yes, *3 or more times* in the past 2 years

○ No

35. In the *past 12 months*, has the utility company shut off your service for not paying your bills?

◯ Yes   ◯ No   ◯ Does not apply - I do not pay utility bills

36. Are you worried or concerned that in the **next 2 months** you (and your family) may not have stable housing that you own, rent, or stay in as part of a household?

◯ Yes ◯ No

Access to Healthy Food and Physical Activity Resources

37. Below are some statements about **access to food and resources** in your community. Please rate how much you agree or disagree with each statement.

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
We have good parks and recreational facilities.	◯	◯	◯	◯	◯
There are good sidewalks or trails for walking safely.	◯	◯	◯	◯	◯
It is easy for people to get around regardless of abilities.	◯	◯	◯	◯	◯
The air and water quality are good in my community.	◯	◯	◯	◯	◯
Affordable healthy food options are easy to purchase at nearby grocery stores or farmer's markets.	◯	◯	◯	◯	◯
In my neighborhood it is easy to grow/harvest and eat fresh food from a home garden.	◯	◯	◯	◯	◯
Local restaurants serve healthy food options.	◯	◯	◯	◯	◯

38. In the *past 12 months*, did you worry about whether your food would run out before you got money to buy more?

◯ Often ◯ Sometimes ◯ Never

39. In the *past 12 months*, was there a time when the food that you bought just did not last, and you did not have money to get more?

◯ Often ◯ Sometimes ◯ Never

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40. In the *past 12 months*, did you or someone living in your home receive emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?

○ Often ○ Sometimes ○ Never

Corona Virus (COVID-19)

During this time, we understand that COVID-19 has impacted everyone's lives, directly and indirectly. We would like to know how these recent events have impacted you and your household to better understand how our community has been affected overall.

REMINDER: This is an anonymous survey. If you or anyone in your household has questions or concerns related to COVID-19, information is available at www.kanehealth.com. If you need assistance finding local resources and support services, please call 211.

41. We know the COVID-19 pandemic is challenging in many ways. Please select from the following list the issues that are the biggest challenge for your household right now. (select all that apply)

☐ Household member(s) have COVID-19 or COVID-like symptoms (fever, shortness of breath, dry cough)

☐ Access to basic medical care

☐ Access to emergency medical services

☐ Access to prescription medications

☐ A shortage of food

☐ A shortage of healthy food

☐ A shortage of sanitation and cleaning supplies (e.g., toilet paper, disinfectants, etc.)

☐ Options for child care services/lack of child care support

☐ Not being able to exercise

☐ Feeling alone/isolated, not being able to socialize with other people

☐ Feeling nervous, anxious, or on edge

☐ Not knowing when the pandemic will end/not feeling in control

☐ Household members not getting along

☐ Lack of technology to communicate with people outside of my household (e.g. internet access, computer, tablet, etc.)

☐ Lack of skills to use technology to communicate

☐ Unsheltered or homeless

☐ Lack of access to facilities to maintain hygiene

Demographics

Please answer a few final questions about yourself so that we can see how different types of people feel about these local health issues.

42. What is your age?

○ 18-24

○ 25-34

○ 35-44

○ 45-54

○ 55-64

○ 65-74

○ 75 or older

○ Prefer not to answer

43. To which gender identity do you most identify?

○ Female   ○ Transgender Female   ○ Gender Non-Conforming

○ Male   ○ Transgender Male   ○ Prefer not to answer

○ Other identification (optional)

[   ]

44. What is the highest level of education you have completed?

○ Did not attend school   ○ 10th grade

○ 1st grade   ○ 11th grade

○ 2nd grade   ○ Graduated from high school

○ 3rd grade   ○ 1 year of college

○ 4th grade   ○ 2 years of college

○ 5th grade   ○ 3 years of college

○ 6th grade   ○ Graduated from college

○ 7th grade   ○ Some graduate school

○ 8th grade   ○ Completed graduate school

○ 9th grade

45. What is your total household income?

○ Less than $20,000   ○ $75,000 to $99,999

○ $20,000 to $34,999   ○ $100,000 to $149,999

○ $35,000 to $49,999   ○ $150,000 or More

○ $50,000 to $74,999   ○ Prefer not to answer

46. What language do you mainly speak at home?

○ American Sign Language (ASL)

○ Arabic

○ English

○ French

○ Laotian

○ Spanish

○ Uzbek

○ Vietnamese

○ Some other language (please specify)

[   ]

47. Do you identify with any of the following statements? (Select all that apply)

☐ I have a disability

☐ I am a Veteran

☐ I am part of the LGBTQ+ community

☐ I am an immigrant or refugee

☐ Prefer not to answer

☐ I do not identify with any of these

INTRODUCTION

{Introduce Yourself and Others on the Team.}

{"Let's get started…I will read this first part because it is really important to cover all of the topics and I want to make sure not to miss anything."}

Opening Script: Thank you for taking the time to speak with us to support the Kane Health Counts Community Health Assessment. We anticipate that this discussion will last no more than 45 minutes. You have been invited to take part in this focus group because of your experience living or working in Kane County. The focus of our Community Health Assessment is how to improve health in the community and understand what challenges people living within Kane County area facing in regards to their health. We are going to ask a series of questions related to health issues in the community specifically focused on children and adolescent health. We hope to get through as many questions as possible and hear each of your perspectives as much as time allows.

For this discussion group, I will invite you to share as much or little as you feel comfortable sharing with the others in the group. The results of this assessment will be made available to the public. We will be taking notes on your responses, but your names will not be associated with any direct quotes. Your identity will be kept confidential, so please share your honest opinions.

We do have a few ground rules for this virtual discussion that I would like to review with you. It is important that everyone has a chance to be heard, so we ask that only one person talks at a time (most important ground rule for today). You may also mute yourself when you are not speaking to cut down on background noise. Finally, please respect the opinions of others, as the point of the discuss is to collect various points of view. And remember, there are no right or wrong answers, so please share freely and openly.

Does anyone have any questions before we get started?

Okay, let's get started by going around and introducing ourselves. Please tell everyone your first name, what community you live in, and if you are interested in sharing, your involvement in the community (could be your job or work for example).

{Introductions}

Thank you for introducing yourselves. Now we will get started with our discussion.

COVID-19 QUESTION

1. **We know that COVID-19 has significantly impacted everyone's lives. What have you seen as the biggest challenges in Kane County during this time?**
   [Probe 1: Which groups of people are having the hardest time right now?]
   [Probe 2: How have you seen these challenges being addressed, if at all?]

GENERAL HEALTH QUESTIONS

{For the next set of questions, I would like for you to think about the health of the community in Kane County before Covid-19}

2. **What is the most critical health related problem that residents are facing in your community that you would change or improve?**
   [*Probe 1: Why do you think this is the most critical health issue? What do you think is the cause if this problem in your community?*]
   [*Probe 1: What would you do to address this problem? What is needed to address this problem?*]

3. **Are there groups in your community that are facing particular health issues or challenges? Which groups are these?**
   [*Probe: Are these health challenges different if the person is a particular age, or gender, race or ethnicity? Or lives in a certain part of the county for example?*

4. **From the health issues and challenges we've just discussed, which do you think are the hardest to overcome?**
   [*Probe: Are some of these issues more urgent or important than others? If so, why?*]

5. **What do you think causes residents to be healthy or unhealthy in your community?** [*Probe 1: What types of things influence their health, to make it better or worse?*]
   [*Probe 2: What might prevent someone from accessing care for these health challenges? Examples could include lack of transportation, lack of health insurance coverage, doctor's office hours, language or cultural barriers, etc.*]

6. **What resources are available for residents in your community?**
   [*Probe 1: Are there specific community organizations or agencies that you see taking a strong leadership role for improving the health of particular groups in your community?*]
   [*Probe 2: Do you see residents taking advantage of them? Why or why not?*]
   [*Probe 3: What additional programs and resources do you think are needed to best meet the needs of residents in Kane County?*]

CLOSING QUESTION

{I have one more question as we close out our discussion today.}

7. **Can you think of any other ways we could improve the health of residents in the community that we have not already talked about today?**
   [*Probe: Is there anything else you would like to add that we haven't discussed?*]

CONCLUSION

{Review the summary points and key takeaways from discussion}

{Check if note taker needs any clarification}

CLOSURE SCRIPT: Thank you very much for your time and willingness to share your experiences with us today. We will include your comments in our data to describe how health can be improved for residents in your community. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

I also wanted to let you know that we are currently conducting an online Kane Health Counts Community Health Survey that is a part of the Community Health Needs Assessment process. If you would be interested in participating in the survey or willing to help share the link with your organization, community partners, friends, or family who live, work, or play in Kane County, it would be greatly appreciated. We will send you a follow-up email thanking you for your participation today and will include more information about the community survey with a link.

Kane Health Counts Kane County: Focus Group Analysis Results

Kane Health Counts conducted focus groups to gain deeper insights about perceptions, attitudes, experiences, or beliefs held by community members about their health. The data collected through the focus group process provides adjunct information to the quantitative data collection methods in a mixed methods approach. While the data collected is useful in gaining insight into a topic that may be more difficult to gather through other data collection methods, it is important to note that the information collected in an individual focus group is not necessarily representative of other groups.

The project team developed a focus group guide made up of a series of questions and prompts about the health and well-being of residents in Kane County. Community members were asked to speak to barriers and assets to their health and access to healthcare. Virtual focus groups were hosted across Kane County during October and November 2020. They lasted approximately 60 minutes and were conducted via video conference with a phone only option for those with limited or no access to a reliable device or internet. Trained facilitators implemented techniques to ensure that everyone was able to participate in the discussion. Some focus groups were specifically hosted in Spanish for the Hispanic/Latino community in Kane County. These focus groups were facilitated by bilingual facilitators leveraging the same tool implemented in English only focus groups.

Participants were recruited for the focus group sessions through the Kane Health Counts network of community partner organizations. Specific efforts were made to recruit participants from the African American, Hispanic/Latino, and Senior segments of the Kane County population. Ten focus group sessions were organized between October and November 2020 and although registration was initially strong, sessions had varying levels of attendance. COVID-19 likely had an impact on resident's participation in the focus group sessions. Table 1 provides an overview of the individual sessions as well as number of participants for each of the focus groups.

TABLE 1: KANE COUNTY FOCUS GROUP DISCUSSIONS

Focus Group Discussion	Number of Sessions	Facilitation Language	Total Community Participants
African American Health	2	English	14
Older Adult/Senior Health	3	English	33
Hispanic/Latino Health	1	Spanish	12

* 10 Focus Groups were held, 6 sessions had attendees present

The project team captured detailed transcripts of the focus group sessions. The text from these transcripts were analyzed using the qualitative analysis program Dedoose®[1]. Text was coded using a pre-designed

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

codebook, organized by themes, and analyzed for significant observations. The findings from the qualitative analysis were combined with the findings from other data sources and incorporated into the Data Synthesis, Prioritized Health Needs, and COVID-19 sections of this report.

Themes Across All Focus Groups

Table 2 below summarizes the main themes and topics that trended across all or almost all focus group conversations.

TABLE 2. KANE COUNTY FOCUS GROUP THEME SUMMARY

Main Theme	Sub-topics: Concerns, issues, and barriers	Contributing Focus Group(s)
Exercise, Nutrition and Weight	• Need for improved/additional education for parents/families • Children's sedentary lifestyles and nutrition in schools • Health behavior and social environment influence on eating habits; cultural influences	African American and Hispanic/Latino Focus Groups
Access to Healthcare Services	• Language barriers • Underinsured and affordability (costs associated with services) • Preventative care for older adults; how to avoid emergent situations by intervening earlier (includes access to medications) • Navigation and education for minority racial or ethnic groups ○ Lack of focus on men's health in the African American community	All Focus Groups
Substance Abuse	• Focus on COVID-19 has diverted attention from drug use issues in the community (ex. heroin/opioid problem) • Teen and adolescent use of substances; social pressure, connection to bullying and self-esteem	Older Adults and Hispanic/Latino Focus Groups
Mental Health	• Increased anxiety and Stress for parents/families with children • Need for mental health for older adults; impacts of social isolation due to aging issues • Lack of resources in the community; lack of availability and navigation/education about services available	All Focus Groups

Summary of African American Sessions

The majority of participants in these sessions resided in the Aurora, Illinois area.

COVID-19 Impact: Participants were interested in gaining more information about the local impact of COVID-19. They noted that they felt that they were more informed about what is happening in larger metropolitan areas across the US than what was happening locally in their community. One of the top concerns raised by participants was the potential for increases in mental health issues in the community due to the preventative restrictions in place to contain the spread of COVID-19. The primary causes for this increased concern for mental health participants raised were:

- Social isolation - limiting and reducing social interactions
- Feeling nervous and lots of unknowns about COVID-19
- Job loss and worry about the local economic impact

Inequities in access to testing for minority community members was also raised by participants as a top priority issue:

> *"For example, if you go and get testing for free you get results in 3-5 days, if you go and pay for tests with Cadillac health insurance at your doctor's office, you get the results much quicker. Another example, if I am working and I am the primary bread winner in my home, if I get a positive test result what do I do, when I find out that I am positive what do I do. If there is no support after testing what do I do. The majority of people that are testing positive are minorities and there is nothing that is put in place. If we really care about everyone being safe, then we need to make the adequate accommodations."*

Participants also were concerned that with the prioritization of COVID-19 and that there could be a negative impact on other chronic conditions and access to health and social services. Contributing to the concerns about social isolation and access to services were the many programs, events, and services that had been cancelled due to the preventative COVID-19 measures such as the fresh fruit/produce truck stopped serving the community over the summer, multiple health fairs were cancelled, charity walk/runs were cancelled, homeless intake paused at times, a church mental health initiative was paused indefinitely, and all in-person church meetings/activities were stopped.

> *"What happens if you need food and you don't have a car? How do you stand in line at the food pantry? Even though there is a lot of effort put in, more can be done especially at the organization level."*

> *"This year, members of the Fox Valley Faith and Health Network, and the African American community in general, were unable to participate in the Gospel Run scheduled to be held around the lakefront in Chicago. Instead, a number of us participated in the virtual walk. Secondly, we collaborate with the American Cancer Association to raise breast cancer awareness and to raise funds for the association. This year, we didn't have our usual walk event; however, we continue to strive to raise funds for the association. Last, but not least, we were unable to hold our annual health fair."*

A few participants noted that they had recently started to notice fatigue in the community with COVID19 restrictions and worried that people may not be taking preventative measures as seriously as they had earlier in the pandemic (ex. mask-wearing). Multiple participants with children shared their concerns about not knowing how this would impact children long-term. They shared the challenges they were having with keeping the children engaged and active, while also balancing their own time with other obligations (ex. work, home, etc.). An unexpected positive impact of COVID-19 participants noted was an increased interest in exercise and staying active since the COVID-19 restrictions were put in place.

> "There is an increased interest in exercise. I have found myself riding bikes, playing sports, and hopscotch with the kids so that the kids get their required 30-45 minutes a day."

Additional health concerns in the community:

Nutrition – Health Behaviors and Social Environment: Participants discussed the connection in their community between healthy eating and the importance of the social environment and modeling healthy behaviors. Inequities in access to healthy food options was also brought up as a barrier to healthy eating in the African American Community. Participants felt that while there are programs or services to increase healthy eating and access to healthy foods, there may be stigma in the community preventing those who may need them from utilizing those programs and services.

> "Culture and tradition drive a lot of what we have been eating. People are turning to vegan diets, trying to be more intentional about their food choices. What we are hearing about how we look at food and deciding that I am not going to do that anymore. The culture changes because we are changing the culture one person at a time. I have had to change and be more intentional about my choices not just for me but for my children and grandchildren and setting an example."

> "It is about 'mindset', sometimes I know I can do better but I don't always. There is an inequality of having healthy choices, but we also need to be showing examples of healthy eating consistently. We need to change our conditioning."

> "Programs through the state are trying to address nutrition through food programs, but some people have too much pride to use those services."

Access to Services – Minority race/ethnicity: A portion of the discussion focused on access to services for minority groups in the community. One participant raised the issue that policies that have an impact on health and well-being often times are designed for those who have access to certain resources.

> "There are continued disparities as it relates to testing and access to care for minorities...We continue to see minorities as an afterthought, we put policies and procedures in place that work for the [well off] families with a house/fence. Most people especially in Aurora do not live that way."

Men's Health: Another important topic of discussion was Men's Health in the African American community. Men's Health was raised in the context of preventative health services and chronic diseases. Participants agreed that diabetes, cancer, and heart disease were major issues in the community and that more could be done to outreach to men to encourage wellness checkups and seek preventative health services (ex. cancer screenings).

"There is a heavy focus on women's health issues. We do a lot for women but neglect the men in the community. We need to make sure that they get their checkups. There needs to be just as much emphasis on the men as we put on women's health issues."

Summary of Older Adults/Senior Sessions

The majority of participants in these sessions resided in the Elgin and Aurora, Illinois area.

COVID19 Impact:

- Quality of Life – Social Environment

  "Able to be being around people, that's the only thing we want. Everything is isolated. Even in the senior building their community is closed. They can't even go there. The zoom is not doing a lot and that's what we want, to get back there and meet."

  "I have concern right now is that my nephew son passed away yesterday because of Covid-19. I want to go to his funeral, but I am afraid to go because specially he is died of covid19. Also, I don't know whether my nephew also has it. What did you do when members of your families die of that disease and you want to go the funeral, but you are afraid because you don't want to hug them?"

  "I think isolation has been taking longer than expected. It's taken the toll on us one way or the other. No matter how busy you try to stay busy or positive, it's just been dragging on for too long. And now it's like if it's ever going to end. We reached to end on how to combat it. These last few days weather is being so really really nice. It's been exceptionally nice, and we have enjoyed it by sitting outside and just passes the time outside and it's not going to last. As winters comes on it's going to be hard on all of us and it's really challenging right now to get ourselves to keep going. I try to keep busy day in and day out but sometimes it's just not working." o Mental Health

  "I wanted to say for sometimes because we are keeping quarantine is not something we used to. I don't drive. It picks my depression up."

    o Transportation
- Health Behaviors – Fear/Stigma, knowledge/navigation
- Access to Healthcare Services

Additional health concerns in the community:

- Substance Abuse (not an older adults issue):

  "The community was talking about heroin, since covid we haven't heard a word about heroin. We were having a dangerous mix of drugs that was killing our young people. The community was talking about mental health issues, the craziness of this disease has changed the communication. Now all we hear about is covid."

- Access to Health Services - Health Care Costs including medications and preventative care:

"Ability to have regular check-ups, seniors tend not to do that, they wait until somethings really wrong with them before they go. Also concerned about medications because they are frugal beyond belief, they will cut the medicine in half and there is a lot of selfmedicating going on. This was an issue before Covid. Patients stop taking medication due to cost."

"Our business is helping people with dementia, how do you pay for the care you need when you have dementia? Are people better off in their homes or in communities where you have nurses? I don't know if because of covid and with so many people working from home, it could be that people are being taken care of by their household in 2-3 generation homes. I just got two emergency calls for two people who want to move in today. One family said their loved one, for the last 4 months, has lived with them and now they can't do it anymore. This would've been someone who would have moved their mom into a nursing home before covid but now we only hear about the crisis part because they are waiting and keeping them home until there's a crisis."

- Mental Health (age related due to isolation):

"Mental health issues which go hand and hand with isolation. It's hard for seniors to get in and get help, there is usually a waiting list to get into these programs."

"Would like to see more mental health services and intergenerational activities so that younger people can learn from the seniors because they have a lot of information. These are hard to arrange given conflicting schedules, but it brings a sense of life and adventure to see the kids and it's important for the kids to learn the living history that the seniors represent."

- Older Adults as a Vulnerable Population:

"Depends on their race, a lot of systemic inequality that goes on. Certain populations are better served than others, so this makes a difference in terms of what you have access to. It's also important for a community to value their community members, seniors are often the least valued piece now. They are all focused on kids and their futures but not about the seniors who built the community. Seniors are not treated well in the community, are not valued, and the Covid pandemic has shown that." **Summary of Spanish Language Session**

COVID19 Impact:

- Social Environment and Isolation for Children
- Support for parents/people with children – school/education

Additional health concerns in the community:

- Exercise, Nutrition, and Weight; adults and children:

"Lack of educating parents that it [technology] is not the first option that one has to use to entertain children. We must eliminate a sedentary lifestyle and be more active because that is why there is a lot of childhood diabetes, obesity and bullying for being chubby."

"There is not much information about children's parts. Money is invested in other things not so important, but not so much for the feeding of children or in programs that educate parents on how to improve nutrition, emotional education and in what way we can help our children to improve their self-esteem."

- Substance Abuse; specifically, teen and adolescent use:

"Bullying in schools, the sense of belonging of young people. Everyone tries to be like the rest of the other young people and this brings drug addiction problems, alcoholism and many problems for the youth."

- Access to Healthcare Services – language barriers and costs:

"Limited by language, they don't go because they don't know English. Information needs to be provided in both languages. Nepalese staff are added to the community and their barrier is language, Syrian children. There are a variety of races and they will not seek help because they are uncomfortable with the language. They also do not go for little flexibility in the schedule."

"Lack of health insurance, it is very expensive. There are not many clinics where they charge less or there is more help for the community."

- Mental Health – stress and anxiety:

"The cases of people suffering from anxiety have increased, it is important to pay attention to mental health. With problems like education, lack of parental care, financial problems and now with the pandemic, people are suffering from more stress and mental problems like anxiety, depression."

"If there was more support for us mothers, such as some kind of therapy that encourages us, give us help in many ways."

Appendix C: Forces of Change Assessment Report

Kane County

Forces of Change Assessment 2020

Prepared by Conduent
Healthy Communities Institute

Kane County Forces of Change Assessment Summary Report

Background:

In 2020, Kane County Health Department and its Kane Health Counts partners conducted a comprehensive assessment of the health of Kane County. They used the Mobilizing Action for Planning and Partnerships (MAPP) model for community health assessment and planning.

The Focus of Change Assessment (FOCA) is one of four different assessments in the MAPP model that provides a comprehensive picture of health in the area. The FOCA focuses on identifying forces, otherwise considered trends, factors, or events, that are impacting health in Kane County and the opportunities and threats associated with these forces.

Assessment Framework:

The following four categories were used as a framework for the assessment, with participants identifying and discussing forces within each of these categories of influence:

- Political
- Economic
- Technological
- Social

Assessment Approach:

Kane Health Counts members helped to identify stakeholders with unique knowledge of and experience with the public health system to participate in four separate, one-hour online discussions centered on the four categories noted above.

Stakeholders represented a variety of public health system sectors including:

Public Health	Higher Education
Hospitals/Health Systems	Local Cities
Mental Health	School Districts
Behavioral Health/Substance Abuse	Community Based / Social Services Organizations

Online discussions were held as follows:

Discussion Category	Date	Number of Participants
Political	9/9/20	10
Economic	9/10/20	10
Technology	9/15/20	11
Social	9/17/20	10

Each discussion included stakeholders from Kane County as well as a neutral facilitator, content expert and note taker from Conduent Healthy Communities Institute (HCI). All participants received a Forces Work Sheet to pre-populate and send to HCI prior to their participation in the online discussion. HCI used information from the work sheets to develop an initial list of forces and pre-populate the discussion note sheet to start off each discussion.

The discussions included a brief overview of MAPP and purpose of the FOCA. Participants were then led through each of the forces populated on the note sheet and asked to provide their insights and perspectives as to:

- Clarification of the force (if needed)
- Addition of additional forces (if needed)
- Opportunities associated with each force
- Threats associated with each force

Notes were captured live during the online discussions and shown through the "share screen" feature of Microsoft Teams. This process allowed participants to ensure their thoughts were captured accurately and give them the chance to request adjustments to the notes in real time if needed.

Analysis:

Following the FOCA, HCI representatives with experience in primary data analysis reviewed notes from the discussion and identified cross-cutting themes that transcend political, economic, technology, and social forces of change. Racial and economic disparities emerged out of each of the themes as communities of color and low-income community members were often cited as being most impacted by the threats discussed and being able to benefit by the opportunities identified.

Cross Cutting Themes:

This section includes a table summarizing opportunities and threats identified for each crosscutting theme and a brief summary of the main points brought up by participants in the discussions about each theme.

COVID-19 Pandemic

Opportunities	Threats
- Innovation and technology to provide services, reach hard-hit populations - Targeted, culturally competent and linguistically appropriate messaging - Increased access to mental/behavioral health	- Racial disparities and impact on different populations - Limited stimulus money for businesses, elevated unemployment rates - Record-level state and local budget deficits – CARES Act falls short of meeting needs

• Renewed focus and interest in physical fitness and exercise at home Community • organizations working together to meet needs	• Impact of physical distancing on mental health • Strain on local not-for-profits

Not surprisingly, the COVID-19 pandemic was top of mind with each of the discussion groups. The impact of the pandemic on different racial and ethnic groups in the community was seen as both a threat as well as an opportunity to target efforts with culturally appropriate messaging. The mental health strain caused by physical distancing, especially on seniors and school-aged children and their parents, was universally noted as a concern. As the pandemic continues, the economic toll on businesses, local budgets and the workforce is considered a major threat to the well-being of the community. The CARES Act has been beneficial to some businesses, but not as far reaching as needed. Although there continues to be uncertainty around when a vaccine might be widely available and when the pandemic will end, the situation has fostered collaboration and innovation within the community.

K-12 Education

Opportunities	Threats
• Distance learning – students and teachers connect virtually • Students increase independent learning skills • Enhanced technology skills by both students and teachers • Hybrid learning options • Students can work at their own pace • Address food insecurities for families • More attention being paid to capital investments in technology	• Elevated stress experienced by students, parents and teachers • Decreased social interactions • Inconsistent parent engagement • Unequal access to technology infrastructure – communities of color and low-income families have the least access • Inability for teachers to fulfill their roles as mandated reporters to keep kids safe • Strain on budgets – families and schools • Burden on parents to work and also manage online education for their children • Potential data privacy issues with online educational platforms

Education and the changes necessary due to the COVID-19 pandemic occupied much of the discussions. Focusing on students of the K-12 education system, the benefits as well of pitfalls of distance learning were addressed. Technology to support learning outside the classroom represents both access to education and a challenge to teachers and students. Physical distancing, which is a driver of online education, keeps students and teachers safe from exposure to the virus, but denies them the opportunity for more meaningful engagement and learning through in-person social interaction. Access to the needed infrastructure for successful distance learning, such as adequate internet speed and

computers, often depend on the geographic region where the student lives, their racial/ethnic background and the economic status of their family.

Access to Health Care including Mental/Behavioral Health

Opportunities	Threats
• Increased use of telemedicine • Payers reimbursing for more telemedicine visits • FQHCs (Federally Qualified Health Centers) expanding into providing mental health services • Mental health counseling/therapy expanding outside clinician office into community	• Technological access for underserved communities • Lack of access for uninsured/underinsured populations • Transportation barriers to get to inperson appointments • Increased need for mental and behavioral health • Patients do not have money to pay for needed medications • Potential data privacy issues with more use of telemedicine

Noting the connection of overall physical health and mental health to individual and community well-being, participants called out access to health care (including mental and behavioral health) as a theme that must be considered for future community health planning. There was energy and excitement around the expanded use of telemedicine to meet both primary care and mental health needs, but simultaneous acknowledgement that disparities exist between community members with access to technology/telemedicine, and those without. Additionally, transportation issues and lack of funds for medication are barriers to health. Expansion of mental health services (such as counseling and therapy into community places like churches, libraries and senior centers) will create expanded access to these vital service needs.

Rising Poverty and Disparities

Opportunities	Threats
• Work with communities that need services and support to enhance engagement and tailor interventions • Promote trade programs and publicize job services in the community – apprenticeship positions pay students while they learn	• Gap between jobs vs. skills needed in the workforce • Lack of affordable housing • Digital divide between "the haves and the have nots" – low-income and minority populations impacted the most • Low-paying jobs do not cover rent/necessities for living

• Local colleges offering classes/degrees/certifications to prepare the workforce • Use data to better understand how certain communities and populations in the county are being impacted • Target students to teach life skills such as personal finance • Develop safe parks and walking paths • Targeted interventions and policies to address communities facing disparities • Create all-inclusive housing facilities for families to live and stay together Strong entrepreneurial skills in Latinx community	• Increase in homelessness – not enough shelters • Workers that are not eligible for unemployment benefits – unable to provide for their families during the pandemic • Unhealthy nutrition options – food deserts • Lack of physical activity due to unsafe neighborhoods • Low literacy levels of Latinx parents

Participants viewed rising poverty and disparities in the community from the lens of "the haves and the have nots." Low-paying jobs, unaffordable housing and limited access to services are realities and threats facing low-income residents and communities of color. Providing the younger generation with higher education options as well as trade school programs is considered a step toward moving people out of generational poverty. Community organizations providing services for impacted populations can enhance their engagement and success by not just working "in" communities but working "with" communities. Advocacy efforts can be concentrated in high-risk neighborhoods to bring housing, education, employment, and healthy food options to help improve overall quality of life.

Social Unrest and Black Lives Matter

Opportunities	Threats
• Listen to the community • Criminal justice reform • Educate on bias and racism • Enhance community engagement specifically with youth and members of the Black and Latinx communities • Address health disparities which were highlighted by the COVID-19 pandemic • The health system can be a leader in convening community dialogue and addressing issues	• Health and economic disparities based on race/ethnicity • Broken immigration system • Mistrust in healthcare • Mistrust of police and government by community members • Misunderstanding of minority communities • Racial profiling • Upcoming election • Inconsistent State vs. Federal policies

Social unrest and the Black Lives Matter movement were characterized in discussions as a wake-up call for community leaders. Economic and health disparities have long impacted communities of color.

Recent events are further highlighting social injustices, particularly in the black community. Proactive engagement with different community groups, fueled by "active listening" by those in positions of power, are considered opportunities to channel energy to positively impact the community as a whole and invite to the table community members that have been oppressed. The upcoming presidential election is exacerbating the level of angst in communities due to a bipartisan divide, and the seeming inability of political leaders to work together. No matter who wins the election, the President will have to address a mounting federal deficit, which strains state and local leaders' abilities to invest in their communities to make needed changes.

Conclusion:

The cross-cutting themes identified by the FOCA participants represent issues that will have implications for the local health system and the community of Kane County. As Kane Health Counts and other collaborative community efforts move forward with planning strategies to address community needs and improve the quality of life for all Kane County residents, solutions should take into consideration these cross-cutting themes.

Appendix D: Local Public Health System Assessment Report

Kane County

Local Public Health System Assessment 2020

Prepared by Conduent
Healthy Communities Institute

Kane County Local Public Health System Assessment 2020

Background

In September and October 2020, Kane County Public Health Department and its Kane Health

Counts partners engaged in an assessment of the health of Kane County utilizing the Mobilizing Action for Planning and Partnerships (MAPP) collaborative process. The MAPP model for community health assessment and planning includes four different assessments that provide a comprehensive picture of health in an area.

To complete the Local Public Health System Assessment (LPHSA) of MAPP, Kane utilized the

National Public Health Performance Standards (NPHPS) Local Public Health System Performance Assessment Instrument Version 3. The LPHSA helps to describe how well the public health system works together to deliver the 10 Essential Public Health Services (Essential Services) and opportunities for improvement. These Essential Services are utilized in the field to describe the scope of public health and listed in the "Assessment Framework" section of this report.
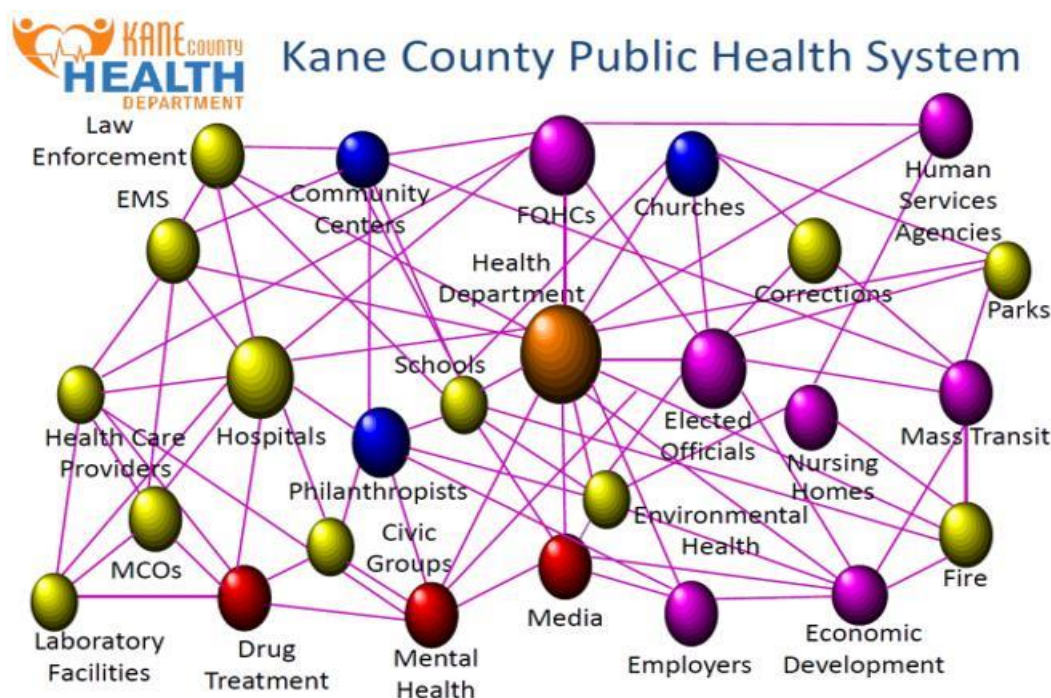
Assessment Framework

The LPHSA measures the collective efforts of the public health system. The instrument is framed around the 10 Essential Public Health Services framework, which was developed in 1994 by a federal working group and serves as the description of activities that public health systems should undertake in all communities. These include:

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, Educate and empower people about health issues

Kane County Local Public Health System Assessment 2020

4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable
8. Assure a competent public health and personal healthcare workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

In mid-September 2020, after Kane County had launched its LPHSA process, updates to the 10 Essential Public Health Services were announced through the "The Futures Initiative." This resulted in a revised version of the 10 Essential Public Health Services that centers on equity and incorporates concepts relevant to current and future public health practice.

In response to these updates, the LPHSA discussions held as part of the assessment process, included additional questions to draw attention to the focus of health equity in current and future public health practice.

Assessment Approach

Kane County commissioned Conduent Healthy Communities Institute (HCI) to assist with this LPHSA and author this report. Conduent Healthy Communities Institute's mission is to improve the health and environmental sustainability of cities, counties and communities through services and technology. HCI support hospitals and health departments in meeting their community health assessment requirements.

To complete this LPHSA, Conduent HCI conducted included four distinct online surveys and facilitated conversations, each focusing on two to three Essential Services.

Kane Health Counts members reached out to colleagues, partners and other community organizations involved in the public health system to encourage them to take the surveys and invited them to participate in the follow up live discussions. Representatives from various sectors of the public health system participated including Kane County Health Department, local hospitals and health systems, mental and behavioral health, education, substance abuse treatment, local government, housing, transportation, local nonprofit and faith-based organizations.

Each discussion included 7-11 stakeholders from various sectors within Kane County's public health system. Conversations were led by a facilitator with support from a content expert and notetaker from Conduent Healthy Communities Institute (HCI).

Essential Service Topics	Survey Live Dates	Number of Respondents	Discussion Date	Number of Participants
Monitor, Diagnose and Investigate (ES1, ES2)	9/14/20 - 9/25/20	31	10/1/20	8

Inform, Educate and Empower (ES3, ES4, ES7)	9/14/20 - 9/25/20	28	10/6/20	10
Policy, Planning and Regulations (ES 5, ES6)	9/14/20 - 9/30/20	20	10/8/20	11
Workforce, Research and Evaluation (ES8, ES9, ES10)	9/14/20 - 9/30/20	18	10/13/20	7

The discussions included a brief overview of MAPP and purpose of the LPHSA. Participants were then led through a discussion focused on the Kane County public health system covering the following topics: review of survey results, discussion of current activities, health equity considerations, strengths, weaknesses, and near and long-term improvement opportunities for each Essential Service. Notes were captured live during the online discussions and shown through the "share screen" feature of Microsoft Teams. This process allowed participants to ensure their thoughts were captured accurately and request adjustments to the notes in real time as needed.

Survey Scoring

Each Essential Service was scored by participants to assess public health system performance on the components of each service. Respondents were asked to rate "at what level does Kane County's public health system" conduct each Essential Service standard and activities using the following scale:

Optimal Activity (76-100%)	The public health system is doing absolutely everything possible for this activity and there is no room for improvement.
Significant Activity (51-75%)	The public health system participates a great deal in this activity and there is opportunity for minor improvement.
Moderate Activity (26-50%)	The public health system somewhat participates in this activity and there is opportunity for greater improvement.
Minimal Activity (1-25%)	The public health system provides limited activity and there is opportunity for substantial improvement.
No Activity (0%)	The public health system does not participate in this activity at all.

Essential Health Service Survey Scores and Ranking

Based on survey responses, Essential Services 1, 2, 3, 4, 5, 6, 8, and 9 fell into the "Significant

Activity" range for activity. Scores for Essential Services 7 and 10 put those services into the "Moderate Activity" range. The overall score for the system was 56.7, placing it in the "Significant Activity" range.

Kane County Local Public Health System Assessment 2020

Essential Health Services Scores

Essential Service	Score
Overall Cumulative System Performance Score:	56.7
Essential Service 1 Monitor Health Status	62.9
Essential Service 2 Diagnose & Investigate	60.3
Essential Service 3 Educate/Empower	51.1
Essential Service 4 Mobilize Partnerships	58.1
Essential Service 5 Develop Policies/Plans	65.8
Essential Service 6 Enforce Laws	61.8
Essential Service 7 Link to Health Services	48.6
Essential Service 8 Assure Workforce	56.3
Essential Service 9 Evaluate Services	54.6
Essential Service 10 Research/Innovations	47.7

The following table includes the score for each Essential Service as well as the overall ranking from highest to lowest based on survey results.

Summary of Scores and Ranking			
ES	**Essential Public Health Services Description**	**2020 Score**	**Overall Ranking**
1	Monitor health status to identify community health problems	62.9	2nd
2	Diagnose and investigate health problems and health hazards in the community	60.3	4th
3	Inform, educate and empower people about health issues	51.1	8th
4	Mobilize community partnerships to identify and solve health problems	58.1	5th
5	Develop policies and plans that support individual and community health efforts	65.8	1st

6	Enforce laws and regulations that protect health and ensure safety	61.8	3rd
7	Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable	48.6	9th
8	Assure a competent public health and personal healthcare workforce	56.3	6th
9	Evaluate effectiveness, accessibility, and quality of personal and population-based health service	54.6	7th
10	Research for new insights and innovative solutions to health problems	47.7	10th
	Overall LPHS Performance Score:	**57.7**	

Essential Service Assessment Results

The following sections offer detail by Essential Service including:

- Essential Service definition and standards
- Survey results describing level of activity
- Summary of current activities and strengths, weaknesses, and opportunities

Essential Service 1: Monitor Health Status to Identify Community Health Problems

Essential Service 1 is composed of the following standards:

- ✦ 1.1: Population-Based Community Health Assessment (CHA)
- ✦ 1.2: Current Technology to Manage and Communicate Population Health Data
- ✦ 1.3: Maintaining Population Health Registries

Kane County Local Public Health System Assessment 2020
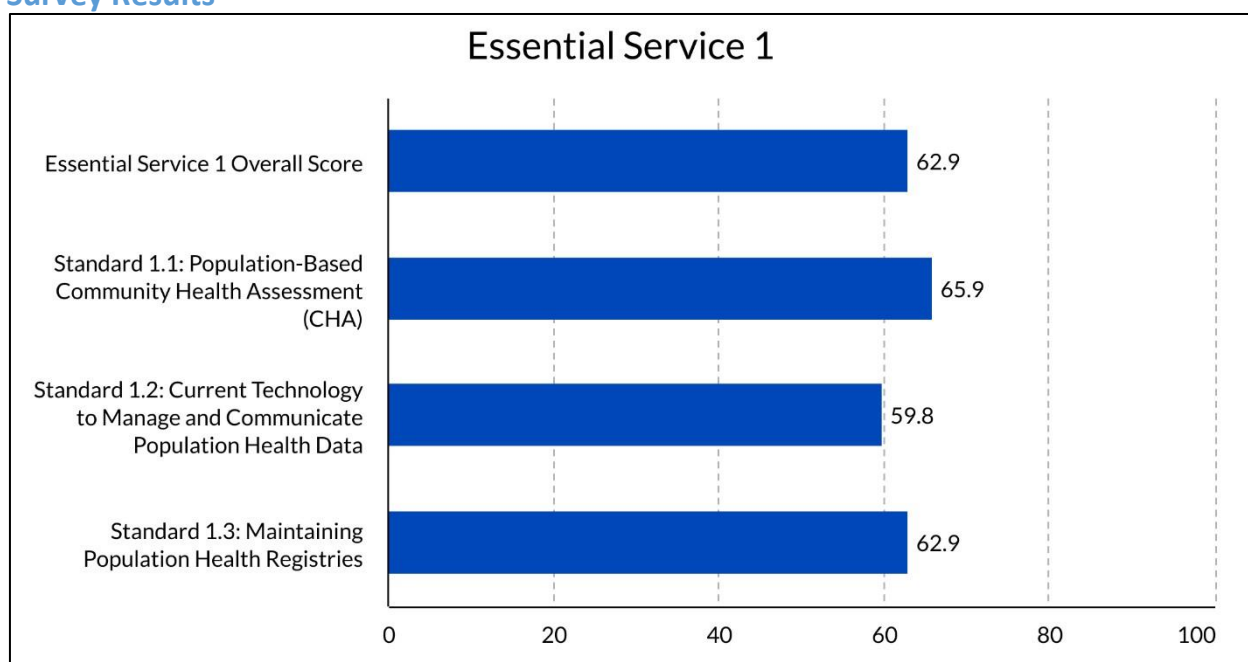
Survey Results

The overall score for Essential Service 1 (ES 1) based on responses by 31 survey responses was 62.9 and ranked 2nd highest among scores for the 10 Essential Services. This puts this Essential

Service in the "Significant Activity" range indicating that Kane County's public health system "participates a great deal in this activity and there is opportunity for minor improvement." Individual scores for the standards making up ES 1 all scored in the "Significant Activity" range.

Essential Service 1 Current Activities Summary

To better understand Essential Service 1 performance in Kane County, an online group discussion was held on October 1, 2020. Eight stakeholders participated in the discussion including representation from Kane County Health Department, local hospital systems, and mental health services. Participants reviewed the ES 1 survey results and then engaged in discussions about current activities for the service. Based on these activities, participants then identified what they thought to be strengths, weaknesses, short-term improvement opportunities, and long-term improvement opportunities.

Note: The information captured in this table is based on what participants are aware of and may not be comprehensive for Kane County.

Standard 1.1, Population-Based Community Health Assessment (CHA) (Score: 65.9, Significant Activity). This standard explores the extent to which the local public health system regularly assesses the health of the community, updates the CHA, and promotes the use of the CHA among community members and partners. Participants shared that over the past 15 years, Kane County has conducted a community health needs assessment that includes focus groups and community input with Kane Health Department leading efforts. Noted as important in these efforts was the ability to stratify target areas for the county.

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(Score: 59.8, Significant Activity). This standard explores the performance of the local public health system in using technology and methods to combine, analyze, and show data for health and public health data. Kane Health Counts (www.kanehealthcounts.com) was identified as a key community resource that includes priority areas, data, and dashboards that track community progress. The platform is leveraged for health centers conducting needs assessments and grant funding. In addition, most hospitals have tracking systems in electronic health records (EHR) that include social determinants of health data. To address the 2020 COVID-19 pandemic, participants noted that Kane County Health Department has tracked and displayed county information about COVID-19 and disproportionately affected communities on a dashboard available on a public website.

Standard 1.3, Maintaining Population Health Registries (Score: 62.9, Significant Activity). This standard explores the extent to which data are regularly collected to update population health registries and the extent to which data from these health registries is used to inform the community health assessment and other health analyses. Participants noted that Kane County maintains vital records, reportable diseases, and hospital surveillance through several systems:

Influenza Illness Surveillance System, hospital discharge surveillance system, Illinois National

Electronic Data Surveillance System for tracking reportable disease, Illinois Vital Records Surveillance System, Cancer Registry, and ESSENCE system for Syndromic Surveillance. Other systems tracking prevention and risk include Illinois Comprehensive Automated Immunization

Registry Exchange (I-CARE), Adverse Pregnancy Outcomes Registry System (APORS), and Healthy Homes and Lead Poisoning Surveillance System (HHLPSS). Behavioral health and prevention are tracked through the Red Cap system for collecting information related to mental health concerns and a Narcan distribution database. County metrics for COVID-tracking is conducted through the Illinois Department of Public Health.

ES 1: Monitor Health Status to Identify Community Health Problems Current Activities Summary Table	
• Health Department-led CHNA and CHA process • United funding sources to address substance use disorder, mental health and developmental disabilities • COVID-19 tracking – monitoring what's happening in the county, and which populations are disproportionally affected	• Healthy Homes and Lead Poisoning Surveillance System (HHLPSS) • Essence for Syndromic Surveillance • Hospital Discharge Surveillance System • Adverse Pregnancy Outcomes Registry System (APORS) • Community health centers data system • Opioid Taskforce database • Narcan distribution database

• Kane County Influenza Illness Surveillance System • Illinois Vital Records Surveillance System • Cancer Registry	• IDPH county metrics for COVID-19 • Red Cap collecting mental health concerns

Essential Service 1 Strengths, Weaknesses, and Opportunities

Considering the standards that make up ES 1 and what they know to be currently in place, participants identified strengths, weaknesses and opportunities for Kane County, which are summarized below.

Strengths
• Ability to dissect COVID data and look at how specific groups are being affected • Real-time data available for the county • Strong healthcare system including the health department, hospitals, physicians and Federally Qualified Health Centers • Syndromic surveillance to quickly identify unusual clusters
Weaknesses
• Unable to stratify some data at a granular level (demographic, geographic) • Great resources in the community, but silos exist • Medicare numbers aren't readily accessible
Near-Term Improvement Opportunities
• Put together a children's mental health dashboard (monitor suicide ideation) • Improve the framework to get information out to municipalities • Dig deeper into specific groups within the community to understand health issues/needs • Develop a tracking system for specialty care needs for underserved/uninsured population • Launch chronic disease portal (in development)
Long-Term Improvement Opportunities
• Improve ability to track chronic disease across the community • Engage directly with communities most affected by mental and physical health issues

Essential Services 2: Diagnose and investigate health problems and health hazards in the community

Essential Service 2 is composed of the following standards:

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- ✦ 2.1: Identifying and Monitoring Health Trends
- ✦ 2.2: Investigating and Responding to Public Health Threats and Emergencies
- ✦ 2.3: Laboratory Support for Investigating Health Threats

Survey Results

Essential Service 2

Essential Service 2 Overall Score	60.3
Standard 2.1: Identifying and Monitoring Health Threats	62.1
Standard 2.2: Investigating and responding to the public health threats and emergencies	62.5
Standard 2.3: Laboratory support for investigating health threats	56.3
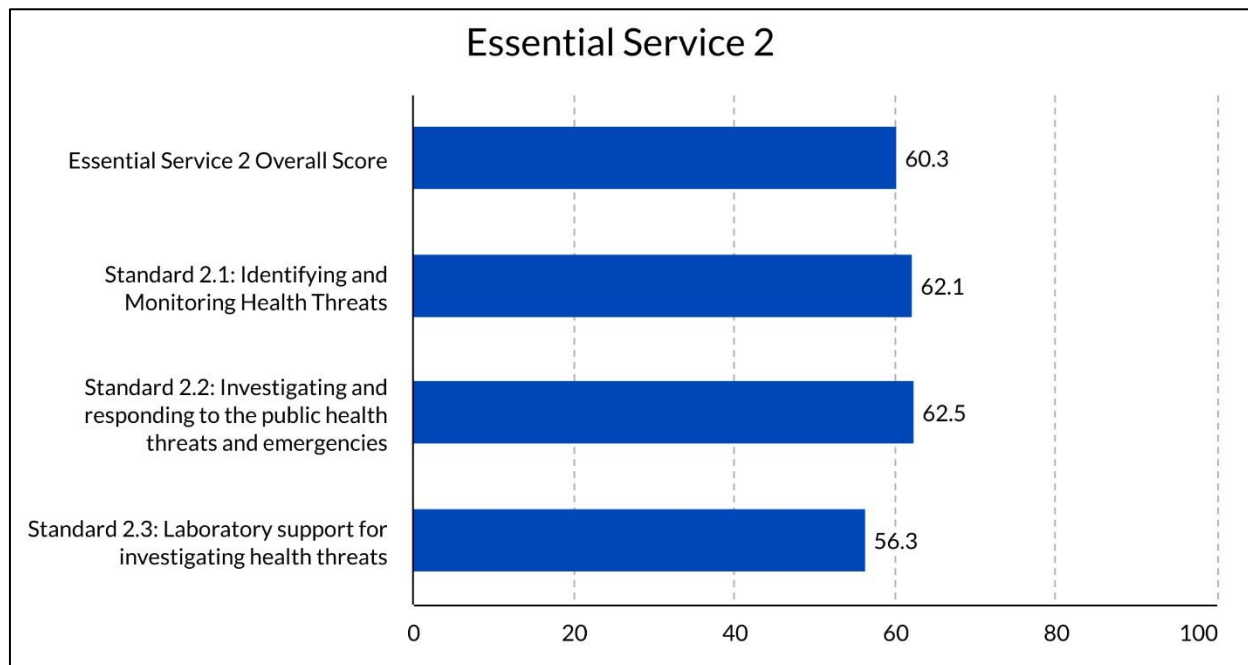
The overall score for Essential Service 2 (ES 2) based on responses by 31 survey responses was

60.3 and ranked 4th highest among scores for the 10 Essential Services. This puts this Essential

Service in the "Significant Activity" range indicating that Kane County's public health system "participates a great deal in this activity and there is opportunity for minor improvement." Individual scores for the standards making up ES 2 all scored in the "Significant Activity" range.

Essential Service 2 Current Activities Summary

To better understand Essential Service 2 performance in Kane County, an online group discussion was held on October 1, 2020. Eight stakeholders participated in the discussion including representation from Kane County Health Department, local hospital systems, and mental health services. Participants reviewed the ES 2 survey results and then engaged in discussions about current activities for the service. Based on these activities, participants then identified what they thought to be strengths, weaknesses, short-term improvement opportunities, and long-term improvement opportunities.

Note: The information captured in this table is based on what participants are aware of and may not be comprehensive for Kane County.

Standard 2.1, Identifying and Monitoring Health Trends (Score: 62.1, Significant Activity). This standard explores the performance of the local public health system monitor and identify outbreaks, disasters, emergencies, and other emerging threats to public health. Participants

Kane County Local Public Health System Assessment 2020

described a responsive and timely surveillance system with reportable diseases submitted through the Illinois Department of Public Health (IDPH) electronic reporting disease system. With Illinois' National Electronic Disease Surveillance System (I-NEDSS), Kane County can look at data in real time and address clusters. The use of Salesforce for contract tracing was described as a helpful tool. Participants indicated that the health department is effective in testing, monitoring, and containing outbreaks including those around measles, tuberculosis, lead, and legionella. To address the 2020 COVID-19 pandemic, participants expressed that Kane County Health Department has done a good job of working with businesses in addressing local outbreaks.

Standard 2.2, Investigating and Responding to Public Health Threats and Emergencies (Score: 62.5, Significant Activity). This standard explores the performance of the local public health system in collecting and analyzing data on public health threats and responding to emergencies. Participants shared that collaboration between hospitals and the health department in identifying potential outbreaks has been efficient and effective. Hospital infection control practitioners alert the health department as they become aware of public health outbreaks or threats. Kane County Health Department was noted as working well with communities to address concerns. Other partners involved in collaborative response efforts include schools, business, federally qualified health centers (FQHCs), private practices, and others. The local emergency response program under the Sheriff's Office includes a designated coordinator at the health department. Participants expressed that communications related to public health threats and emergencies to be helpful and inclusive of key partners. Hospital emergency medical services staff are in contact with the health department and work with municipalities. Examples of successful communication included the ability to receive personal protective equipment (PPE) in a streamlined manner during recent civil unrest and a mass shooting event.

Standard 2.3, Laboratory Support for Investigating Health Threats (Score: 56.3, Significant Activity). This standard explores the performance of the local public health system in collecting and analyzing data on public health threats and responding to emergencies. The survey results put laboratory support for investigating health threats in the significant range with a score of 56.3. Participants noted that laboratory services have been constrained by budgets and force local laboratories to be dependent on free laboratory services by the state.

ES 2: Diagnose and Investigate Health Problems and Health Hazards Current Activities Summary Table	
• Health Department providing COVID-19 contract tracing for business – using Salesforce • Testing and monitoring process for disease outbreaks (e.g., Covid-19, measles, TB, Lead)	• Good Health Department and hospital collaboration through infection control practitioners • IDPH electronic reporting disease system • Process in place for submitting reportable disease to the health department
• INEDSS - able to look at data in real time and address any clusters identified	• Emergency response program under the Sheriff's Office

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Essential Service 2 Strengths, Weaknesses, and Opportunities

Considering the standards that make up ES 2 and what they know to be currently in place, participants identified strengths, weaknesses and opportunities for Kane County, which are summarized below.

Strengths
• Able to build on successful response to previous disease outbreaks for COVID-19
• Good collaboration between organizations in the public health system
• Active medical reserve corps used for investigating and responding to health issues
• Opioid Surveillance System – including law enforcement and other community agencies
• County workgroup focused on families for inclusion, diversity & equity
• Children's mental health data available through three behavior health providers to get insights about difference diagnoses and identify trends

Weaknesses
• Disconnect between providers and mental health agencies
• Rural western part of the community faces access issues
• Lack of adequate local laboratory services for COVID-19 testing – dependent on the state to provide free testing
• No local health department community health center

Near-Term Improvement Opportunities
• Build trust with immigrant community to reduce fear and improve engagement (challenges came up in COVID-19 response)
• Laboratory support: opportunities to partner in order to build capacity and bring more lab services into the community
• Utilize emergency response to COVID-19 to learn and improve processes
• Proactively prepare for and debrief outbreaks in order to enhance emergency services and response

Long-Term Improvement Opportunities
• Rethink engagement and services during a time where people are more isolated and disconnected from their providers
• Better coordination between mental health agencies to enhance access to services during a pandemic or other health emergencies
• Focus on response to the homeless/houseless population's health needs
• Collaborate with providers to address chronic health conditions in the community

- Expand health services into the rural, western part of the community to better monitor health conditions
- Find ways to engage the African American community to identify and address health disparities (this community makes up a smaller percent of the population, but bears the brunt of the diseases)
- Focus on immigrant, Latinx, migrant works and refugee populations for targeted outreach
- Address social determinants of health through collaboration across the local health system to proactively address needs before they become issues

Essential Services 3: Inform, educate and empower people about health issues

Essential Service 3 is composed of the following standards:

✦ 3.1: Health Education and Promotion
✦ 3.2: Health Communication
✦ 3.3: Risk Communication

Survey Results
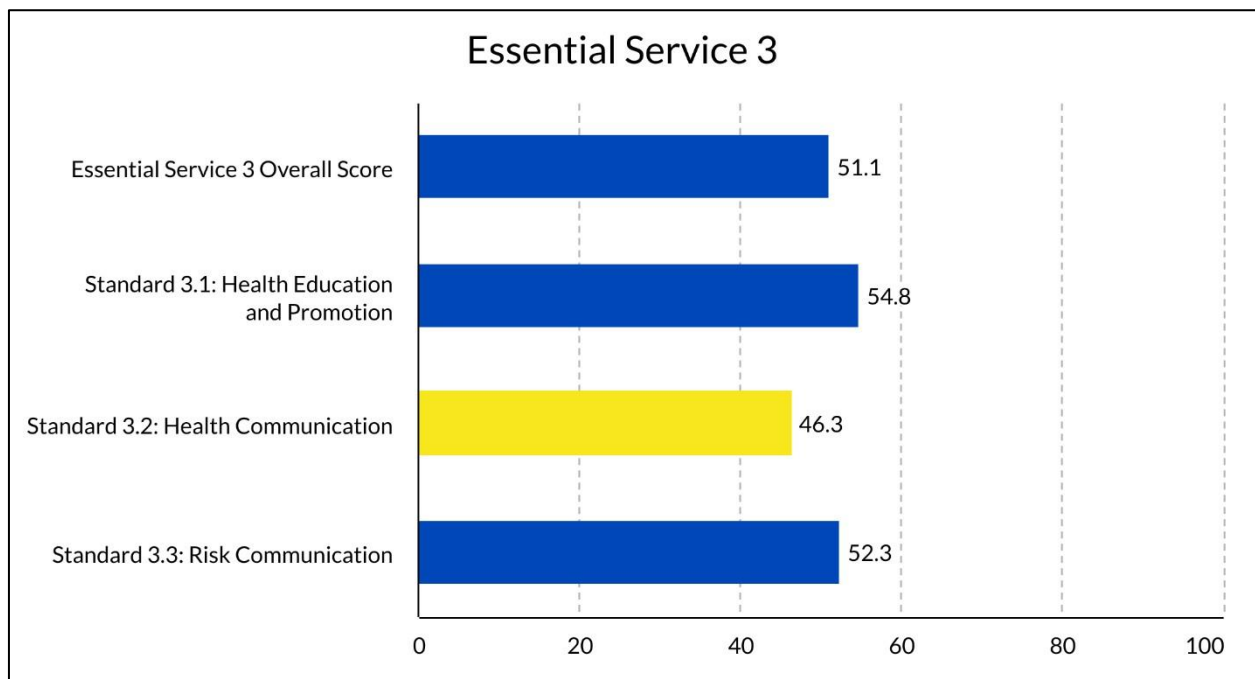
The overall score for Essential Service 3 (ES 3) based on responses by 28 survey responses was

51.1 and ranked 8th highest among scores for the 10 Essential Services. This puts this Essential Service in the "Significant Activity" range indicating that Kane County's public health system "participates a great deal in this activity and there is opportunity for minor improvement." Individual scores for standards 3.1

and 3.3 were also in the "Significant Activity" range. Standard 3.2 scored 46.3, putting it in the "Moderate Activity" range indicating that the local public health system "somewhat participates in this activity and there is opportunity for greater improvement."

Essential Service 3 Current Activities Summary

To better understand Essential Service 3 performance in Kane County, an online group discussion was held on October 6, 2020. Ten stakeholders participated in the discussion including representation from Kane County Health Department, local hospital systems, nonprofit organizations, schools, and universities. Participants reviewed the ES 3 survey results and then engaged in discussions about current activities for the service. Based on these activities, participants then identified what they thought to be strengths, weaknesses, short-term improvement opportunities, and long-term improvement opportunities.

Note: The information captured in this table is based on what participants are aware of and may not be comprehensive for Kane County.

Standard 3.1, Health Education and Promotion (Score: 54.8, Significant Activity). This standard explores the extent to which the local public health system provides policy makers, stakeholders, and the public with health information and recommendations for policies; and coordinates and engages the community in health promotion and education activities.

Participants shared that there is a range of activities in this area. Kane County Health

Department distributes newsletters via email and on their website on a range of topics. System partners conduct health promotion through health fairs, community health workers and nursing, which can help reach vulnerable populations. Elected officials work collaboratively with the health department and hospital systems for health promotion. Information and resources are shared by community partners through community meetings with diverse organizations.

Standard 3.2, Health Communication (Score: 46.3, Moderate Activity). This standard explores the extent to which the local public health system uses health communication strategies to contribute to healthy living including developing health communication plans for media and public relations, using relationships with media, and conducting spokespersons training on public health issues. Kane County Health Department public health information communicates with media. Kane Health Counts (www.kanehealthcounts.org) also acts as a resource for the media, showing data and priorities for the county. System partners coordinate with Spanishlanguage media for outreach to the Spanish-speaking community.

Standard 3.3, Risk Communication (Score: 52.3, Significant Activity). This standard explores the local public health system performance in using health risk communications strategies including developing an emergency communications plan; ensuring systems are in place for rapid response; and providing crisis response training. Participants shared that health care agencies are able to connect quickly and work together well in response to emergencies. Kane County's emergency preparedness coordinator helps to gather information and collaborates with the Kane County Health Department and Kane County Sheriff's Office at the county level and local Emergency Medical Services agencies.

ES 3: Inform, Educate and Empower People About Health Issues Current Activities Summary Table

- Newsletters available in print and on Health Department and other websites on a variety of topics (e.g. vaccine awareness, mental health, emergency preparedness, lead testing) – mostly available in English, some also in Spanish
- Reflejo publication – information for Hispanic/Spanish-speaking community
- Kane Health Count site has links to partners' health information
- Faith Nursing Program (Amita)
- Community education and outreach departments/service lines in each health system
- Community meetings to share resources and training opportunities

- Annual African American Health Fair
- Compañeros en Salud health festivals for uninsured and underinsured
- Municipalities work collaboratively with the Health Department to distribute health related information
- Health Department has a Public Information Officer on staff
- Interagency Health Advisory Committee meets monthly and disseminates health information as needed
- Northern IL Public Health Committee focuses on public health emergency response
- Each health system has an Emergency Preparedness Coordinator in place

Essential Service 3 Strengths, Weaknesses, and Opportunities

Considering the standards that make up ES 3 and what they know to be currently in place, the participants identified strengths, weaknesses and opportunities for Kane County, which are summarized below.

Strengths
- Strong collaboration between agencies and municipalities to respond to community needs (e.g., COVID)   - Hospitals and the Health Department have good relationships with schools to get information distributed   - FQHCs provide primary care to uninsured and underinsured including health education   - Health systems collaborate on some health education for the community   - Population health is more integrated and mainstream in the public health system   - COVID-19 increased awareness of how social determinants of health impact people
Weaknesses

- Not able to adequately address needs of vulnerable populations such as homeless
- Limited collaboration with FQHCs through Kane Health Counts
- Lack of bicultural/bilingual mental health services
- An automatic process is not in place to consider, integrate cultural competency
- Shortage of psychiatric services
- Gap in childcare services and reaching at-risk families during COVID

Near-Term Improvement Opportunities

- Increase collaboration across health agencies on community education and outreach
- Create intentional engagement with homeless residents to address health needs
- Increase access to specialty care for uninsured and underinsured
- Engage with FQHCs through Kane Health Counts and the CHIP
- Leverage potential avenues of funding that are accessible to FQHCs
- Investigate other channels to get information out to community beyond email and websites

Long-Term Improvement Opportunities

- Extend support for homeless community members to help them get back on their feet (e.g., support services, shelters, mental health counseling, addiction treatment, housing, GED, job training)
- Partner with the business community to integrate homeless back into the work environment
- Address restrictions within community programs that limit access to services based on a person's past
- Increase availability of mental health services including psychiatric care in the community
- Offer bicultural and bilingual mental health services

Essential Services 4: Mobilize community partnerships to identify and solve health problems

Essential Service 4 is composed of the following standards:

- ✦ 4.1: Constituency Development
- ✦ 4.2: Community Partnerships

Kane County Local Public Health System Assessment 2020

Survey Results

Essential Service 4

Essential Service 4 Overall Score	58.1
Standard 4.1: Constituency Development	58.1
Standard 4.2: Community Partnerships	58.1

0   20   40   60   80   100
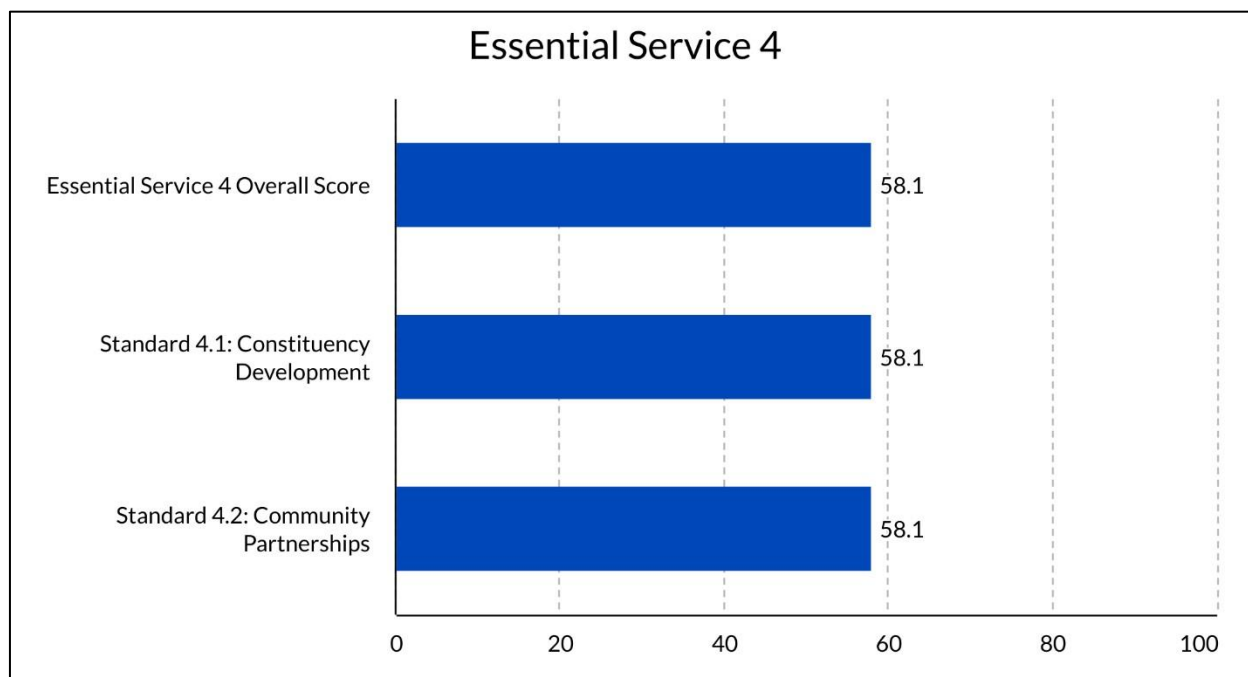
The overall score for Essential Service 4 (ES 4) based on responses by 28 survey responses was

58.1 and ranked 5th highest among scores for the 10 Essential Services. This puts this Essential

Service in the "Significant Activity" range indicating that Kane County's public health system "participates a great deal in this activity and there is opportunity for minor improvement." Individual scores for the standards making up ES 4 all scored in the "Significant Activity" range.

Essential Service 4 Current Activities Summary

To better understand Essential Service 4 performance in Kane County, an online group discussion was held on October 6, 2020. Ten stakeholders participated in the discussion including representation from Kane County Health Department, local hospital systems, nonprofit organizations, schools, and universities. Participants reviewed the ES 4 survey results and then engaged in discussions about current activities for the service. Based on these activities, participants then identified what they thought to be strengths, weaknesses, short-term improvement opportunities, and long-term improvement opportunities.

Note: The information captured in this table is based on what participants are aware of and may not be comprehensive for Kane County.

Standard 4.1, Constituency Development (Score: 58.1, Significant Activity). This standard explores the local public health system performance in identifying and involving a wide range of community partners and providing opportunities to contribute to community health. Participants described successful community engagement and collaboration efforts including countywide activities that have been sustained over time, with task teams that bring these partnerships to life. Past initiatives have engaged with the community through open forums

Prepared by Conduent Healthy Communities Institute

and townhalls. Involvement from multiple agencies to partner with the Mayor's collaborative to push anti-smoking initiative forward was an example of efforts in this area.

Standard 4.2, Community Partnerships (Score: 58.1 Significant Activity). This standard explores the extent to which the local public health system establishes community partnerships and strategic alliances to provide a comprehensive approach to community health improvement; establishes a broad-based community health improvement committee; and assesses the impact of these efforts. Participants described a wide range of community partnerships that included different regions of Kane County as well as different topical areas. Kane Health Counts was cited as a partnership that includes many representatives from different organizations including libraries, hospitals, mental health board, behavioral clinics, schools from pre-school through universities, local municipalities, businesses, and government agencies. Other strong community partnerships include the Kane County System of Care, A-OK (All Our Kids), Human Service Council, and Compañeros en Salud.

ES 4: Mobilize Community Partnerships to Identify and Solve Health Problems Current Activities Summary Table	
• Community engagement and collaboration process (assessment) has been sustained over past 12 years • Action teams are in place including the Health Department and other partners • Kane Health Counts community collaborative with representation from much of the public health system • Kane County System of Care (Children's Mental Health Grant) • All Our Kids Early Childhood Network – early childhood education • Kane County 211	• Collaborative efforts among multiple agencies and organizations • The Majors' Collaborative includes multiple agencies and organizations that share information and support informed decision making about marijuana • Work Group for Inclusion, Diversity and Equity – information provided for entire community • Human Service Council focused on Greater Elgin area • Resource Council of Behavioral Health • Substance use services and providers collaborate and partner on warm handoffs between clients

Essential Service 4 Strengths, Weaknesses, and Opportunities

Considering the standards that make up ES 4 and what they know to be currently in place, the participants identified strengths, weaknesses and opportunities for Kane County, which are summarized below.

Strengths

- Strong relationships between organizations exist in the community that help support reactive efforts to meet health needs as they come up
- Kane Health Counts members have deep knowledge of groups in county and who to pull into collaboration efforts
- Mental Health Council broadened to include behavioral health
- Strong funding community that pool resources and work together to support organizations providing basic health needs during COVID – 19
- Free breakfast and lunch meals offered to elementary schools in Kane County
- The Health Department's Home Isolation Strike Team was mobilized to assist anyone isolated during COVI-19 with food and supplies
- Libraries are valued partners in getting messages out to the community
- Park District provides services in the community and work collaboratively with others
- Evaluation process in place related to community assessments with regular progress reports from Action Teams

Weaknesses

- COVID-19 has revealed areas of need to be strengthened (e.g., homelessness, housing, food insecurity, unemployment)
- Food insecurity response is slower than it should be
- Limited resources for the Home Isolation Strike Team
- Community tends to be more "reactive" than "proactive"

Near-Term Improvement Opportunities

- Focus on different regions of the county and unique needs of those regions to be more strategic with efforts
- Reach out to organizations not currently collaborating with the public health system to engage them in efforts
- Focus on priorities that emerged due to COVID-19
- Connect with 211 and the resources associated with it
- Reach out to the growing Laotian population in Elgin
- Partner with food security programs and organizations
- Involve more senior services, assisted living, independent housing, senior housing groups with community health efforts
- Promote grant opportunities from the hospitals and other funders in the community to a wide variety of organizations to enhance reach of funding
- Target collaboration with the faith community, currently engagement is intermittent

Long-Term Improvement Opportunities

> • Work with larger funders and policy makers to address needs and have greater impact

- Engage the Park District in collaborative efforts to meet community needs, especially in the rural communities
- Partner more with schools (public and private) at all levels to address health issues

Essential Services 5: Develop policies and plans that support individual and community health efforts

Essential Service 5 is composed of the following standards:

✦ 5.1: Governmental Presence at the Local Level
✦ 5.2: Public Health Policy Development
✦ 5.3: Community Health Improvement Process and Strategic Planning

Survey Results
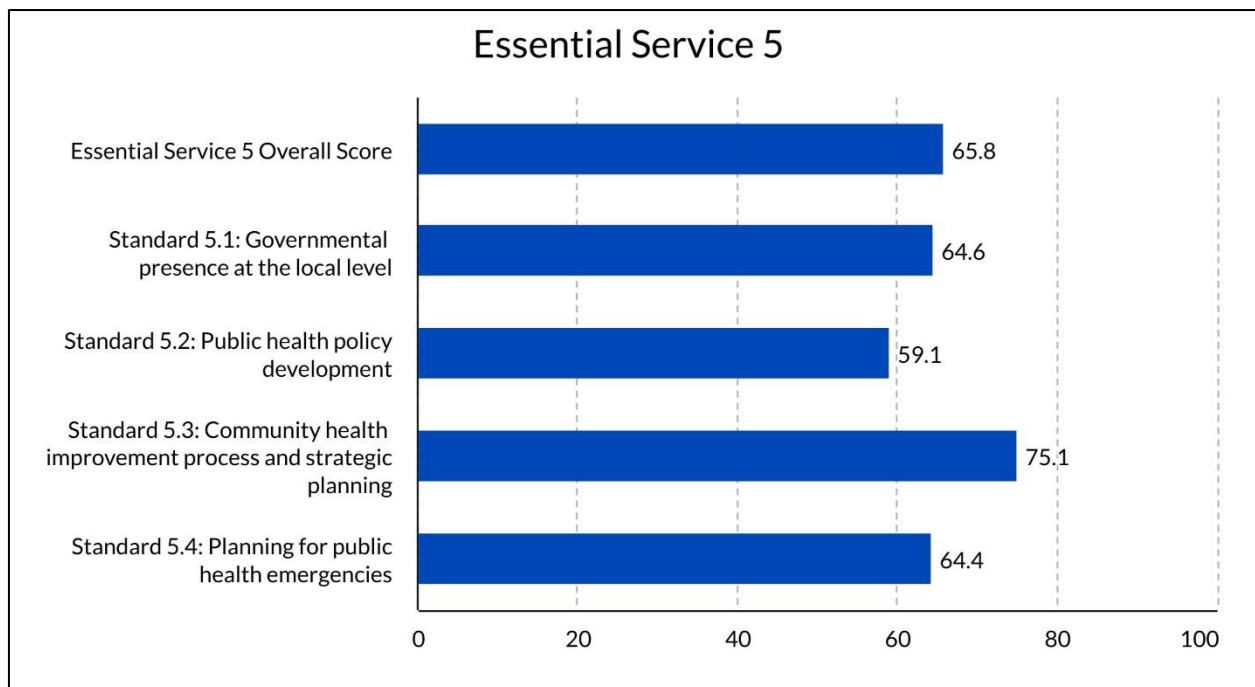
The overall score for Essential Service 5 (ES 5) based on responses by 20 survey responses was

65.8 and ranked highest among scores for the 10 Essential Services. This puts this Essential

Service in the "Significant Activity" range indicating that Kane County's public health system "participates a great deal in this activity and there is opportunity for minor improvement." Individual scores for the standards making up ES 5 all scored in the "Significant Activity" range.

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Essential Service 5 Current Activities Summary

To better understand Essential Service 5 performance in Kane County, an online group discussion was held on October 8, 2020. Eleven stakeholders participated in the discussion including representation from Kane County Health Department, local hospital systems, mental health services, and non-profit organizations, and schools. Participants reviewed the ES 5 survey results and then engaged in discussions about current activities for the service. Based on these activities, participants then identified what they thought to be strengths, weaknesses, short-term improvement opportunities, and long-term improvement opportunities.

Note: The information captured in this table is based on what participants are aware of and may not be comprehensive for Kane County.

Standard 5.1, Governmental Presence at the Local Level (Score: 64.6, Significant Activity). This standard explores the extent to which the local public health system regularly supports the work of the local health department to ensure the 10 Essential Public Health Services are provided; sees that the local health department is accredited; and ensures the local health department receives appropriate resources. Participants were pleased to share that Kane

County was the first local health department in the state to be accredited by the Public Health Accreditation Board (PHAB) and earned reaccreditation in November 2019. PHAB's initial accreditation assesses a health department's capacity to carry out the ten Essential Public Health Services; manage an effective health department; and maintain strong and effective communications with the governing entity. Becoming reaccredited shows the health department's continued improvement and advancement thereby becoming increasingly effective at improving the health of the population they serve.

Standard 5.2, Public Health Policy Development (Score: 59.1, Significant Activity). This standard explores the local public health system performance in contributing to public health policies; alerts policymakers and the community of the possible public health impacts of policies; and reviews existing policies at least every three to five years. Participants shared coordinated efforts by the partner organizations that include Kane County Health Department, municipalities, state work groups and regional consortiums. Partners have worked together on a range of policy issues including those related to smoking, legalization of marijuana, COVID-19, and substance use including opioids.

Standard 5.3, Community Health Improvement Process and Strategic Planning (Score: 75.1, Significant Activity). This standard explores the extent to which the local public health system establishes a community health improvement plan (CHIP) with broad-based participation; develops strategies to achieve identified CHIP objectives; and connects its organization strategic plans with the CHIP. Kane Health Counts is a broad-based partnership that leads completion of Kane County's CHIP every three years. Kane County uses the Mobilizing Action for Planning and

Partnerships (MAPP) process to complete its CHIP. Kane Health Counts includes an Executive Committee that meets every two months and action teams meeting monthly. An annual meeting is organized with the community to share the status of goals and objectives. Information is also shared on the Kane Health Counts website (www.kanehealthcounts.org) including reports, objectives, and other updates about implementation of the CHIP. The CHIP is conducted every three years to be in alignment with hospital partners cycles; partner organizations including local hospital systems utilize the CHIP to align priorities and strategies.

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Standard 5.4, Planning for Public Health Emergencies (Score: 64.4, Significant Activity). This standard explores the performance of the local public health system in supporting a workgroup to develop and maintain preparedness and response plans; developing a plan for its use; and testing and revising the plan, at least every two years. Participants shared that there is ongoing work with the Emergency Medical Services, law enforcement, and hospital partners to responds to emergencies including environmental hazards and civil unrest. Regular exercises are completed with after action reports to determine areas of improvement. Plans are updated annually and shared with relevant departments.

ES 5: Develop Policies and Plans that Support Individual and Community Health Efforts Current Activities Summary Table	
• Health Department and municipalities work together on policies to ensure guidelines are appropriate and followed (e.g., smoking, legalization of marijuana) • Local and statewide coordination related to Opioid and substance use policies • Kane County Opioid Task Force and state work groups including local Health Department officers • Northern IL Public Health Consortium - 17 local HDs representing 80% state of IL • Hospitals' strategic planning process addresses community priorities based on resources and strengths • Hospitals, municipalities and school districts work together to address chronic diseases • Increased focus on supporting family caregivers of older adults • Health Department, nine township boards, three municipal boards and developmental disabilities boards partner on strategic planning related to goals and objectives to address mental health needs	• Kane County Health Department reaccredited by PHAB in November 2019 for 5 years • Collaborative community health needs assessment process in place every three years using MAPP process • Annual meeting with the community • Action Teams meet regularly (monthly); pull together community and sectors together based on objectives • Executive Committee meetings (every 2 months); oversees goals, review updates, collaborate, determine if pivot is needed • Annual meeting with community to share status of goals and objectives, report on outcomes that have occurred • Kane Health Counts website is updated with Action Team activities • Hospital implementation strategies aligned with county activities and based on findings from the assessment • Coordinated emergency operations plans updated annually by county; Health Department is involved

Essential Service 5 Strengths, Weaknesses, and Opportunities

Considering the standards that make up ES 5 and what they know to be currently in place, the participants identified strengths, weaknesses and opportunities for Kane County, which are summarized below.

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Strengths
- Exceptional collaboration with community partners; willingness to share data and information to identify biggest needs, think outside of the box and be mobile   - Children's Health Grant Community Implementation Team – representation, input and participation from diverse populations (parents, professionals)   - Additional funding received for mental health services in southern end of the county   - Research project with Northern IL University to assess lead in homes using well water   24 elected officials (covering 500 square miles of county) participate in different groups and annual meetings; very involved in different priority areas

Weaknesses
- Federal guidelines not always aligned with state guidelines related to COVID-19   - Health Department created by 1985 resolution rather than referendum so have to rely heavily on grant funding to cover 45% of its budget

Near-Term Improvement Opportunities
- Seek Health Department referendum to enhance ability to more successfully address needs in community and direct resources towards needs verse spending time to chase grants and being bound by deliverables outlined in grants   - Emergency services partnership with faith-based organizations and businesses during COVID-19 and other emergencies to address emerging needs (e.g., food, housing)   - Increase intentional engagement and partnership with community members to get feedback, especially from communities most affected by COVID-19   - Go where communities are in most needs (immigrants, refugees); bring services and opportunities to them, meet them where they're more comfortable

| Long-Term Improvement Opportunities |
|---|
| Keep social determinants of health (income, education, food security, housing/rent) at forefront of policies and programs developed Focus on big picture – not just physical and mental health, but also environmental factors (air, water, lead) that have a long-term, systemic influence on health Increase communication with elected officials (local, state, federal) to share input that may influence policies Incorporate ACEs trauma-informed policies in workplaces and schools |

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Essential Services 6: Enforce laws and regulations that protect health and ensure safety

Essential Service 6 is composed of the following standards:

✦ 6.1: Reviewing and Evaluating Laws, Regulations, and Ordinances
✦ 6.2: Involvement in Improving Laws, Regulations, and Ordinances
✦ 6.3: Enforcing Laws, Regulations, and Ordinances

Survey Results

Essential Service 6

Essential Service 6 Overall Score	61.8
Standard 6.1: Reviewing and evaluating laws, regulations, and ordinances	63.3
Standard 6.2: Involvement in improving laws, regulations, and ordinances	54.7
Standard 6.3: Enforcing laws, regulations, and ordinances	67.3
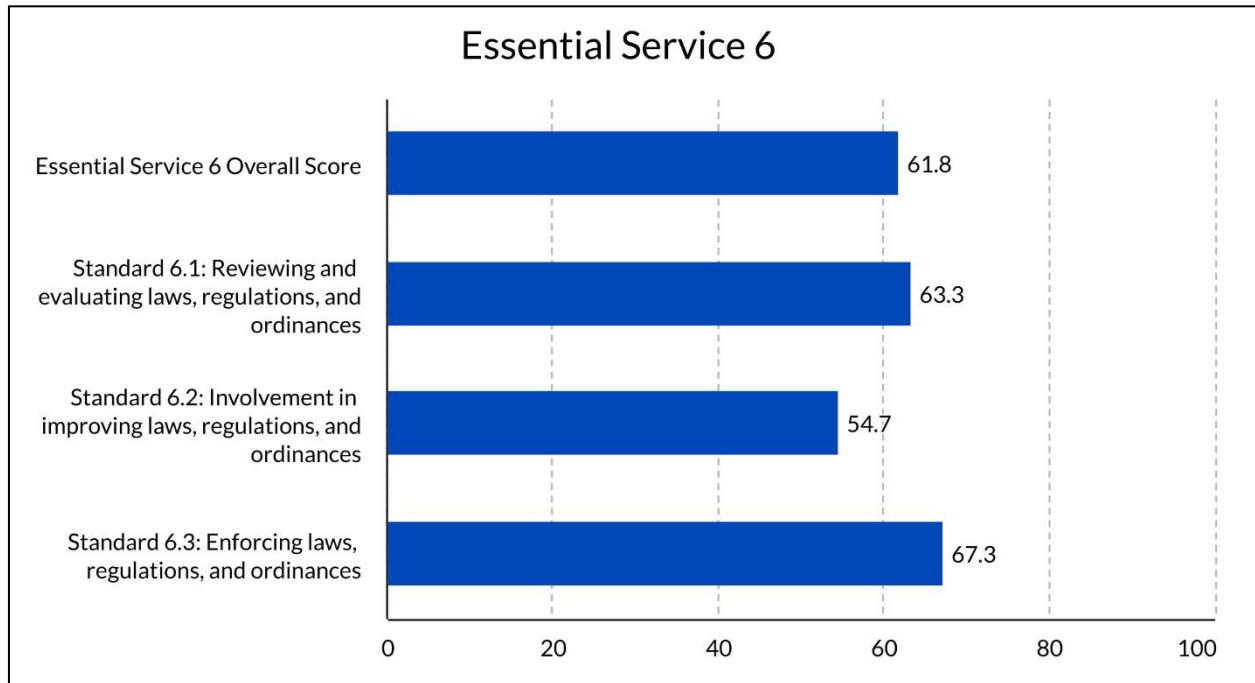
The overall score for Essential Service 6 (ES 6) based on responses by 20 survey responses was

61.8 and ranked 3rd highest among scores for the 10 Essential Services. This puts this Essential

Service in the "Significant Activity" range indicating that Kane County's public health system "participates a great deal in this activity and there is opportunity for minor improvement." Individual scores for the standards making up ES 6 all scored in the "Significant Activity" range.

Essential Service 6 Current Activities Summary

To better understand Essential Service 6 performance in Kane County, an online group discussion was held on October 8, 2020. Eleven stakeholders participated in the discussion including representation from Kane County Health Department, local hospital systems, mental health services, and non-profit organizations, and schools. Participants reviewed the ES 6 survey results and then engaged in discussions about current activities for the service. Based on these activities, participants then identified what they thought to be strengths, weaknesses, short-term improvement opportunities, and long-term improvement opportunities.

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Note: *The information captured in this table is based on what participants are aware of and may not be comprehensive for Kane County.*

Standard 6.1, Reviewing and Evaluating Laws, Regulations, and Ordinances (Score: 63.3, Significant Activity). This standard explores the local public health system performance in identifying public health issues that should be addressed through laws and regulations; reviewing laws and regulations with public health impact; having access to legal counsel for technical assistance; and involving governing entities in reviewing and developing public health laws and regulations. Participants noted that Kane County's Health Advisory Committee provides advice to the Kane County Health Department and Board of Health in matters related to public health policies and strategic initiatives. The Health Advisory Committee is composed of designated roles including nurse, dentist, physician, and community leaders. The County Board's Legislative Committee provides a process in which any department, including public health, can bring forth bills that need support; these are placed on an agenda for review and decision from the County's perspective.

Standard 6.2, Involvement in Improving Laws, Regulations, and Ordinances (Score: 54.7, Significant Activity). This standard explores the performance of the local public health system in identifying local public health issues inadequately addressed in existing laws and regulations; participating in changing existing laws and regulations to protect and promote public health; providing technical assistance in drafting language for proposed changes or new laws and regulations; and evaluating the effects of policies and regulations. The health department shared that it participates in the Northern Illinois Public Health Consortium to review public health related legislation and encourage local and state officials to support policies that improve public health. Local hospitals and Federally Qualified Health Centers engage in review and advocacy at state and federal levels through government relations departments. Hospitals also participate in the Illinois Hospital and Health Association, which supports integrated policy efforts. Many partners participate in public health advocacy through formalized process through trade associations that coordinate responses to regional and state laws. Participants described coordinated activities around policy including efforts to promote public health policy included efforts related to for smoke-free Kane ordinances and to a separate campaign to help educate community members about the impact of a new marijuana law.

Standard 6.3, Enforcing Laws, Regulations, and Ordinances (Score: 67.3, Significant Activity). This standard explores the performance of the local public health system in identifying organizations with authority to enforce public health laws; ensuring that a local health department has authority to act in public health emergencies; ensuring that enforcement activities are conducted; informing and educating about relevant laws; and evaluating compliance with public health laws. Participants identified that Kane County's various departments are responsible for local public health and safety code enforcement including those related to restaurant inspections, communicable disease control such as tuberculosis, and water quality. Memoranda of Understanding and relationships are developed to ensure enforcement of school policies related to food-borne illnesses and communicable diseases.

In response to the COVID-19 in 2020, Kane County Health Department has worked with state offices to coordinate rules and guidelines around the pandemic. Participants reported divided experience related to enforcement of COVID-19 mitigation including those related to physical distancing and face coverings.

> **ES 6: Enforce Laws and Regulations that Protect Health and Ensure Safety**
> **Current Activities Summary Table**

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• Hospitals have government relations departments with local representation that focus on state/federal advocacy efforts • Health Department has Health Advisory Committee • Legislation is passed through Legislative Committee or Northern IL Public Health Consortium, which concentrate on public health related legislation • Hospitals partner with IL Hospital and Health Association to support/oppose various bills • Advocacy efforts in place through AMITA, Health Department and American Cancer Society • Public health lobbying – formalized process through trade association; collaborate on monthly basis on bills and legislations that may affect the community • County Board has legislative committee where any department including public health can bring forth bills that need support; placed on agenda for review and decision making	• FQHCs advocacy and legislation efforts in place • EMS advocacy and legislative bodies with fire and law enforcement • Public health seeks out partners for support on specific bills • MOU and relationships established between public health and schools; collaborate with school nurses and superintendents on school surveillance (e.g., flu season, absenteeism, link to foodborne illnesses) • Work group created (local representatives) to share guidelines and interventions; weekly meeting with State Board of Education and public health to review guidelines and discuss interventions for schools; school toolkit created to help navigate issues (e.g., quarantine, isolation) • Code enforcement is part of county (e.g., food, water, infectious disease) • Legal process for enforcing codes includes vetting through State Attorney Office, opening for public comments, education

Essential Service 6 Strengths, Weaknesses, and Opportunities

Considering the standards that make up ES 6 and what they know to be currently in place, the participants identified strengths, weaknesses and opportunities for Kane County, which are summarized below.

Strengths

• Outstanding collaboration between Health Department and community
• Community engagement in enforcement and sharing complaints/input on major and minor violations happening through website/designated number, email, mail, voice mail, and direct calls to staff, elected officials, sheriff's office
• During COVID, Health Department met with churches, chambers of commerce, homeless shelters, schools to share information on guidelines and supportive services
• Advocacy for mental health including parity laws (e.g., insurance coverage for mental health along with physical health insurance opportunities)
• Advocacy for older adults and other vulnerable population impacted by COVID-19

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Weaknesses
- Enforcement is difficult when law enforcement and/or the community is not on board   - Divided experience with enforcing COVID-19 related orders   - No clear guidance provided through Governor's reopening phases and IL public health on older adult facilities   - Disparities experienced by essential workers (e.g., service workers, manufacturing plants) not able to isolate from families, take time off from work or work from home during COVID-19   - Lack of good infection control plans in nursing homes   - Minority populations disproportionality affected by COVID-19; Hispanic population with highest rates and African American population with highest mortality   - Limited test kits revealed who was being tested for COVID at the start of the pandemic - mostly those with access to health care (predominately White community members)
Near-Term Improvement Opportunities
- Collaborate more on defining guidelines and guidance for older adults during an event like the COVID-19 pandemic   - Increase collaboration between individual agencies to work on mental health advocacy efforts together   - Identify where populations are and how to get information out to them quickly and safely
Near-Term Improvement Opportunities
Increase continuity and alignment with State Attorney, law enforcement, hospitals and Health Department in enforcing laws and ordinances; put politics aside and see what can be done for community collectively; need to come together and deliver cohesive/unified message to community

Essential Services 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable

Essential Service 7 is composed of the following standards:

✦ 7.1: Identifying Personal Health Service Needs of Populations
✦ 7.2: Ensuring People are Linked to Personal Health Services

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Survey Results

Essential Service 7

Essential Service 7 Overall Score	48.6
Standard 7.1: Identifying personal health service needs of populations	49.8
Standard 7.2: Ensuring people are linked to personal health services	47.5
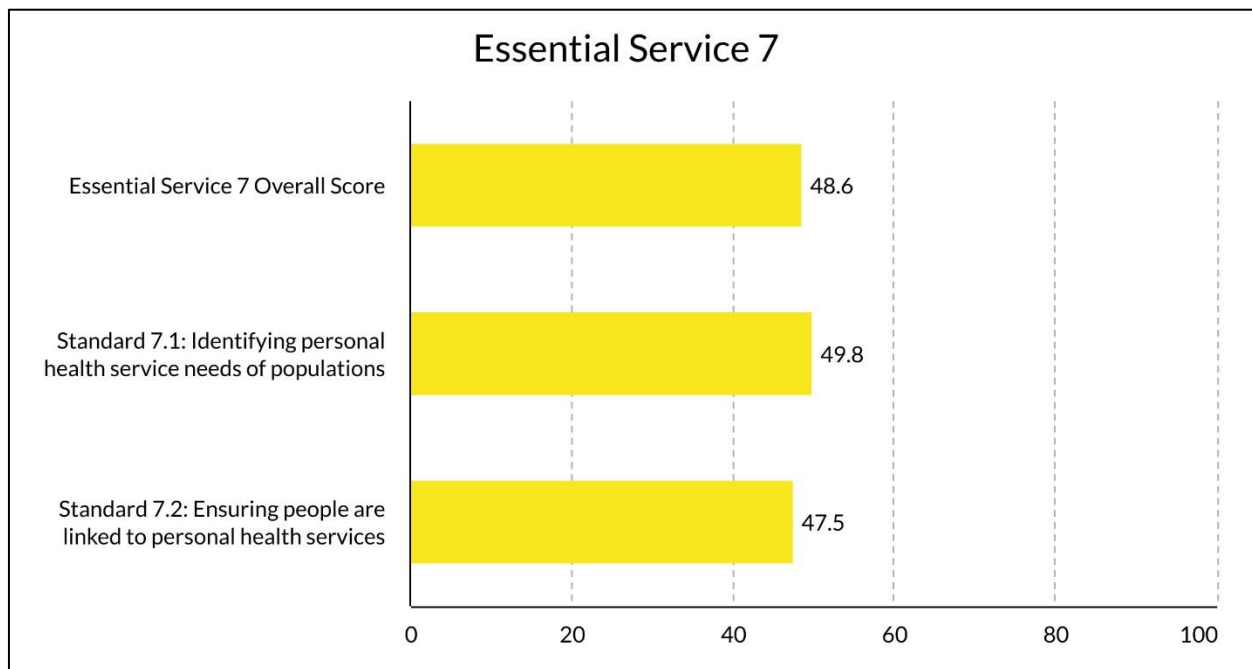
The overall score for Essential Service 7 (ES 7) based on responses by 28 survey responses was

48.6 and ranked 9th highest among scores for the 10 Essential Services. This puts this Essential

Service in the "Moderate Activity" indicating that Kane County's public health system "somewhat participates in this activity and there is opportunity for greater improvement." Individual scores for the standards making up ES 7 all scored in the "Moderate Activity" range.

Essential Service 7 Current Activities Summary

To better understand Essential Service 7performance in Kane County, an online group discussion was held on October 6, 2020. Ten stakeholders participated in the discussion including representation from Kane County Health Department, local hospital systems, nonprofit organizations, schools, and universities. Participants reviewed the ES 7 survey results and then engaged in discussions about current activities for the service. Based on these activities, participants then identified what they thought to be strengths, weaknesses, short-term improvement opportunities, and long-term improvement opportunities.

Note: The information captured in this table is based on what participants are aware of and may not be comprehensive for Kane County.

STANDARD 7.1, IDENTIFYING PERSONAL HEALTH SERVICE NEEDS OF POPULATIONS (SCORE: 49.8,

Moderate Activity). This standard explores the performance of the local public health system in identifying groups who have trouble accessing personal health services and unmet needs; defining roles and responsibilities for partners in responding to unmet needs; and understanding reasons for people not getting health services they need. Participants shared a variety of activities to better understand the

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needs of the population and gaps in services. Community health needs assessments conducted by hospitals included questions about access to services, primary care, health insurance, and mental health. Kane County Health Department conducted surveys and focus groups with parents and youth to better understand unmet needs and barriers to health and mental health services for children and families. A health equity and diversity survey was conducted with providers to better understand mental health needs in the community. Data on Kane Health Counts (www.kanehealthcounts.org) shares information on gaps in services including mental health services, and shows breakouts by race/ethnicity, age, and location.

Standard 7.2, Ensuring People are Linked to Personal Health Services (Score: 47.5, Moderate Activity). This standard explores the performance of the local public health system in connecting people to organizations providing personal health services taking into account unique needs of different populations; helping people sign up for public benefits; and coordinating the delivery of personal health and social services to ensure care. Participants highlighted activities conducted by multiple partners in the local public health system linking populations to needed services. Community health workers in emergency departments connect patients to needed services including FQHCs, housing, mental health, and resources for food. Agreements with Federally Qualified Health Centers (FQHCs) and hospitals are established such that hospitals cover services at no or low cost for individuals who cannot afford them. FQHCs also have health promoters and migrant programs that assist with Medicaid enrollment. Leased offices in rural areas provide easier access to mental health services. The local 211 screens individuals for needs and connects them to agencies and services. Family Focus, a local nonprofit, connects individuals with SNAP benefits and other resources as needed. Finally, the county public health system advocates for access to care on local and state levels including Medicaid coverage of mental health.

ES 7: Mobilize Community Partnerships to Identify and Solve Health Problems Current Activities Summary Table	
• Community health workers in ER departments connect patients to other services (e.g., FQHCs, housing, mental health services, food) • Office space is leased in two rural areas for agencies to provide mental health services	• Health equity and diversity survey was conducted with providers to understand mental health needs in community • Health Department surveys conducted with parents and focus groups with youth to better understand barriers to children and family mental health services
to the community, so people don't have to go to Aurora and Elgin to get services • 211 phone line provides referral to services • East side of Aurora has food pantry in high school building and an FQHC mobile site to provide services to students • Agreements between FQHCs and hospitals - if there are services that the clinic can't take care of, hospitals will cover those services at low cost or free	• Resources established in the community to assist with Medicaid and safety net program enrollment (e.g., FQHC health promoters, community health workers in hospitals, Family Focus – social service agency that offers assistance) • Advocacy efforts are in place at the local and state levels to have Medicaid cover mental health services

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Essential Service 7 Strengths, Weaknesses, and Opportunities

Considering the standards that make up ES 7 and what they know to be currently in place, the participants identified strengths, weaknesses and opportunities for Kane County, which are summarized below.

Strengths
- Information pushed out through schools for dental programs and family services   - Intentional focus on having resources translated in Spanish   - Bilingual mental health providers in the community   - Telemedicine and telehealth   - Opioid efforts - numbers tracked, harm reduction   - Health fair in southern region of county focuses on African American community members   - AMITA faith nurses in churches   - Health Department focuses on infant mortality
Weaknesses
- Quality of translation of health materials is not consistent   - Community members' lack of education or knowledge about resources in area (e.g. people making 911 calls to get prescription assistance)   - Technology challenges for community members and specific populations such as low income   - Lack of bilingual mental health providers – long wait lists
Near-Term Improvement Opportunities
Create intentional efforts to translate materials from community health centers and other organizations serving the refugee population in Kane County
- Train healthcare providers and mental health staff in addressing needs of LBGTQ community   - Use the new Opioid Coordinator at the Health Department to revitalize efforts of the steering committee focused on programs that address opioid addiction   - Target interventions to specifically address needs of the African American population   - Increase representation within Kane Health Counts to sectors within the public health system that are missing
Long-Term Improvement Opportunities

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- Recruit for bilingual mental health therapists and staff
- Identify strategies to reach community members through telehealth and address technological challenges/barriers
- Strategies to enhance specialty care services for FQHC patients
- Collaborate with independent physicians to open up panels to community members without commercial insurance
- Better identify barriers preventing people from accessing services (e.g., transportation, finances, insurance coverage)
- Tap into research and innovation at major medical centers in the Chicago area to leverage locally
- Develop a process to integrate referrals and create a feedback loop between ED community health workers, providers, and social service providers
- Create a planning group of local health systems' CEOs and strategists to focus on where collaboration can occur outside of competition

Essential Services 8: Assure a competent public health and personal health care workforce

Essential Service 8 is composed of the following standards:

- ✦ 8.1: Workforce Assessment, Planning and Development
- ✦ 8.2: Public Health Workforce Standards
- ✦ 8.3: Life-Long Learning through Continuing Education, Training, and Mentoring
- ✦ 8.4: Public Health Leadership Development

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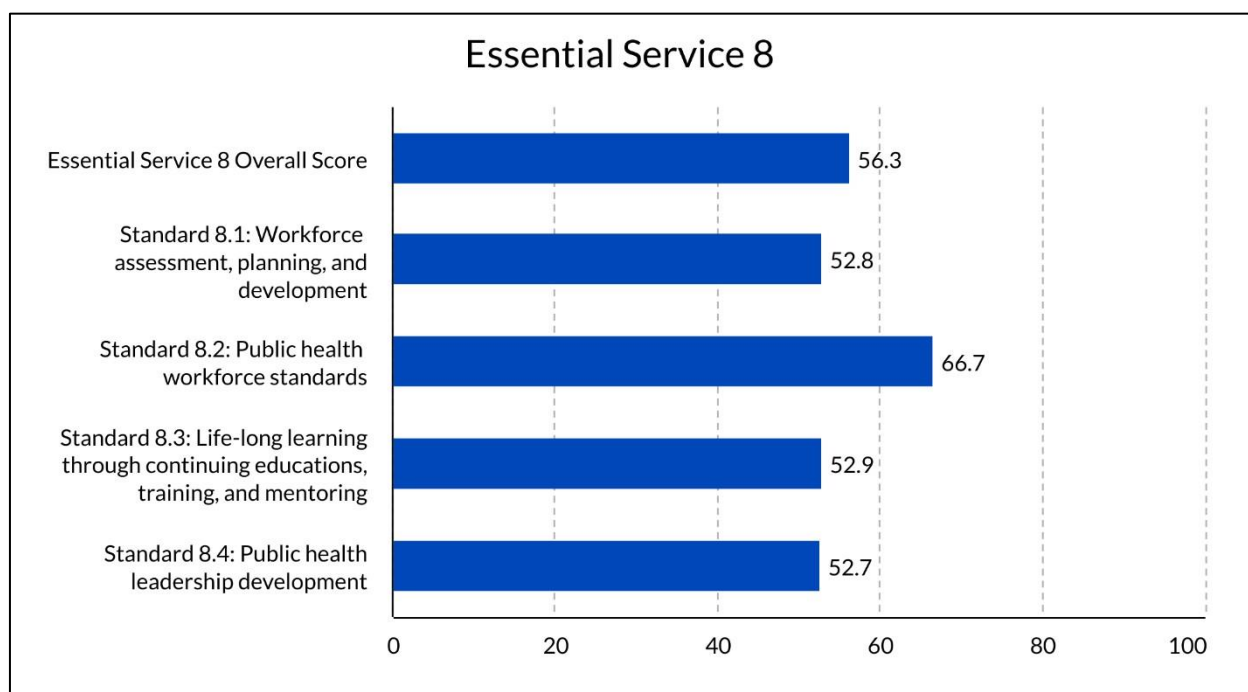
Survey Result

The overall score for Essential Service 8 (ES 8) based on responses by 18 survey responses was

56.3 and ranked 6th highest among scores for the 10 Essential Services. This puts this Essential

Service in the "Significant Activity" range indicating that Kane County's public health system "participates a great deal in this activity and there is opportunity for minor improvement." Individual scores for the standards making up ES 8 all scored in the "Significant Activity" range.

Essential Service 8 Current Activities Summary

To better understand Essential Service 8 performance in Kane County, an online group discussion was held on October 13, 2020. Seven stakeholders participated in the discussion including representation from Kane County Health Department, local hospital systems, nonprofit organizations, and mental health services. Participants reviewed the ES 8 survey results and then engaged in discussions about current activities for the service. Based on these activities, participants then identified what they thought to be strengths, weaknesses, shortterm improvement opportunities, and long-term improvement opportunities.

Note: The information captured in this table is based on what participants are aware of and may not be comprehensive for Kane County.

Standard 8.1, Workforce Assessment, Planning and Development (Score: 52.8, Significant Activity). This standard explores the extent to which the local public health system assesses, reviews, and shares information about the local public health system workforce assessment. Participants shared that the Kane County Health Department conducts a workforce assessment and creates a plan that looks at its existing workforce including strengths and needs using the public health core competencies. The

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workforce development plan is aligned with requirements by the Public Health Accreditation Board. Hospital systems also engage in regular efforts to assess the workforce and needs for training.

Standard 8.2, Public Health Workforce Standards (Score: 66.7, Significant Activity). This standard explores the performance of the local public health system in ensuring that the workforce have required certificates, licenses, and education; developing and maintaining job standards; and basing hiring and performance reviews in public health competencies.

Participants shared the different standards in place across different organizations and how they are monitored. Health department job descriptions and annual evaluations include responsibilities and duties outlined by Public Health Core Competencies. Hospital systems have a defined process for creating job descriptions and identifying necessary competencies for positions. Hospitals hold annual skills competencies where employees demonstrate skills; these efforts are consistent with requirements for accreditation by the Joint Commission.

Standard 8.3, Life-Long Learning through Continuing Education, Training, and Mentoring (Score: 52.9, Significant Activity). This standard explores the performance of the local public health system in encouraging lifelong learning by identifying education and training needs; providing ways for developing core public health skills; developing incentives for training; and creating and supporting collaborations between organizations to support training and education. Participants shared that there are many opportunities for continuing education including healthcare workforce CEs and certifications. Kane Health Department and hospitals have tuition reimbursement to help incentivize continuous education and training. Partnerships between the health department and health systems provide internship and volunteer opportunities for students in public health, healthcare, and behavioral health fields.

Standard 8.4, Public Health Leadership Development (Score: 52.7, Significant Activity). This standard explores the performance of the local public health system in providing broad access to leadership development; creating a shared vision of community health; ensuring that organizations and individuals have opportunities to provide leadership; and providing opportunities for leadership development that reflect the diversity of the community. Participants shared that the system does collaborate across organizations to ask about specific needs to contribute to a shared vision. There are coaching and mentoring program that assist with career and leadership development. Partners also shared programs that fostered diversity and inclusion in the workforce. Various Human Resource departments use an equity lens across the system. Partners described efforts for diversity at the board and leadership level, however some also noted that leadership retention can be a challenge.

ES 8: Assure a Competent Public Health and Personal Health Care Workforce Current Activities Summary Table	
• Healthcare workforce programs for Continuing Education	• Hospitals have in process in place for workforce assessment planning twice a

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- Collaboration between behavioral health providers and local university for internships (Masters and undergrad)
- High school student volunteer program through local hospitals to expose students to job opportunities beyond traditional clinical roles of doctors and nurses
- Partnership between organizations for Point of Distribution sites around the county
- Medical Reserve Corp volunteers help with food insecure community members
- Kane County Health Department Workforce Development Plan: looks at existing workforce, current strengths and needs, alongside public health core competencies to drive workforce development strategy
- Health Department job descriptions include responsibilities/duties as well as demonstrated skill and knowledge; annual reviews evaluate against job description requirement as well as public health core competencies

- year looking at opportunities for openings and productivity
- Hospitals have defined process for job descriptions, competencies, trainings, etc. that follow accreditation requirements from the Joint Commission
- The Health Department, hospitals and some community-based organizations offer tuition reimbursement programs for employees
- Various coaching and mentoring programs are in place in the community related to health system positions
- Hospital and Health Department offer certifications
- Health Department offers clinical rotations for the nursing program students focused community health
- Advocate Aurora focuses on diversity and inclusion within workforce development and recruitment
- A local funder works with community agencies to understand needs related to workforce recruitment and development to guide future funding

Essential Service 8 Strengths, Weaknesses, and Opportunities

Considering the standards that make up ES 8 and what they know to be currently in place, the participants identified strengths, weaknesses and opportunities for Kane County, which are summarized below.

Strengths

- The public health system utilizes data from the community assessments to understand where needs are and focus workforce development efforts
- Diversity of community served is considered and cultural competence training is provided for staff
- Discovery Program helps introduce high school students to careers in healthcare
- Alignment Collaborative for Education provides resources/materials on different topics including healthcare careers tailored to high school students

- Parent Café's: Health Department community engagement strategy to get parent feedback on health-related issues; some are targeted specifically for minority or underserved communities
- Advocate Health participated in racial discussion to share stories and foster discussion
- Focus on LGBTQ community

Weaknesses

- County is challenged with recruiting diverse leadership for paid positions as well as volunteer board service
- Southern end of the county is challenged with retaining leadership and availability of leadership workforce pool
- It's challenging to recruit diverse (race/ethnicity, gender, age) board members for community boards
- Not enough of the younger population involved with leadership development or board service
- Transportation barriers for some populations in the county so they can't access needed services (e.g., health, social, employment, school)
- Lack of bilingual staff, therapists and psychiatrists

Near-Term Improvement Opportunities

- Make healthcare workforce continuing education classes available to a cross-sector of employees in the health system
- Look for more collaboration opportunities for education and training across the county
- Work with Kane County HR Department to create Health Department specific polices related to job performance evaluation that embeds public health core competencies
- Create strategies to recruit younger people to get involved in leadership positions (e.g. serve on boards of local organizations)
- Expand the Discovery Program to reach more high school-aged students
- Target recruitment efforts for bilingual therapists and psychiatrists to meet growing need
- Expand outreach through Alignment Collaborative for Education to include middle school students and look for other opportunities to engage this age group
- Use partnership between organizations for Point of Distribution sites around the county for mass vaccination events

Long-Term Improvement Opportunities

- Develop long-term, county-wide staffing plans to staff healthcare based on population changes (e.g., getting older)
- Focus provider recruitment efforts on specialty care shortages

- Collaborate on development and implementation of training for health system staff specific to LGBTQ community
- Include cultural competency in all training for public health system employees

Essential Services 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Essential Service 9 is composed of the following standards:

✦ 9.1: Evaluating Population-Based Health Services
✦ 9.2: Evaluating Personal Health Services
✦ 9.3: Evaluating the Local Public Health System

Survey Results
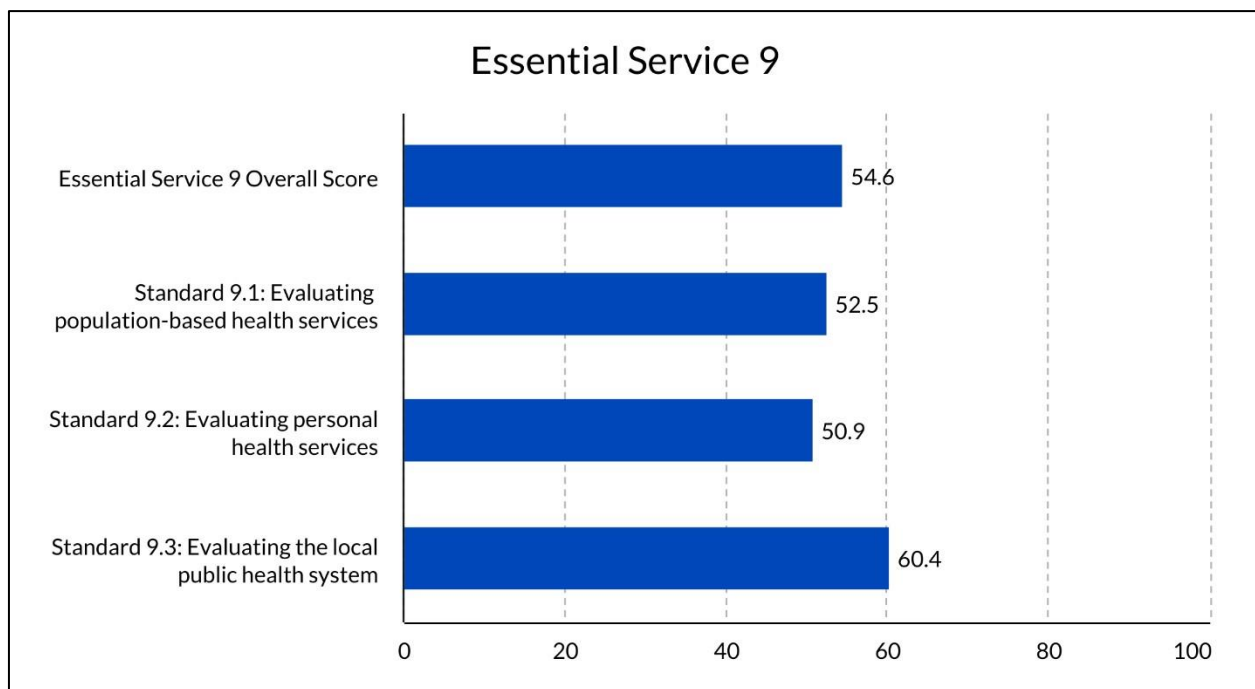
The overall score for Essential Service 9 (ES 9) based on responses by 18 survey responses was

54.6 and ranked 7th highest among scores for the 10 Essential Services. This puts this Essential

Service in the "Significant Activity" range indicating that Kane County's public health system "participates a great deal in this activity and there is opportunity for minor improvement." Individual scores for the standards making up ES 9 all scored in the "Significant Activity" range.

Kane County Local Public Health System Assessment 2020

Essential Service 9 Current Activities Summary

To better understand Essential Service 9 performance in Kane County, an online group discussion was held on October 13, 2020. Seven stakeholders participated in the discussion including representation from Kane County Health Department, local hospital systems, nonprofit organizations, and mental health services. Participants reviewed the ES 9 survey results and then engaged in discussions about current activities for the service. Based on these activities, participants then identified what they thought to be strengths, weaknesses, shortterm improvement opportunities, and long-term improvement opportunities.

Note: The information captured in this table is based on what participants are aware of and may not be comprehensive for Kane County.

Standard 9.1, Evaluating Population-Based Health Services (Score: 52.5, Significant Activity). This standard explores the performance of the local public health system in evaluating the effectiveness of population-based health services, which are aimed at disease prevention and health promotion for the entire community. Participants shared that population-based health services are typically aligned through strategies identified through Kane Health Counts, which identifies strategies to meet needs found in community health assessments. Participants identified a range of population-based health services through Kane County Health Department including those addressing children's mental health, tobacco prevention, opioid abuse, immunizations, and others. These programs are initiated based on alignment with identified needs through Kane Health Counts or Kane County Health Department's mission or strategic plan. The health department evaluates programs through measures of outputs, outcomes, satisfaction surveys, and pre-post tests. Community Benefit departments at hospitals also study the effectiveness of their programs to evaluate their community impact.

Standard 9.2, Evaluating Personal Health Services (Score: 50.9, Significant Activity). This standard explores the extent to which the local public health system evaluates the accessibility, quality, and effectiveness of personal health services; uses technology to improve quality of care; and uses findings to improve services. Participants shared that both hospitals and the health department regularly evaluate the quality and effectiveness of services by looking at outcomes and patient experience services.

Standard 9.3, Evaluating the Local Public Health System (Score: 60.4, Significant Activity). This standard explores the performance of the public health system as a whole, including identifying organizations to contribute to the 10 Essential Public Health Services; evaluating of the public health system; assessing how well organizations are coordinating services; and using results to improve the system. Kane County evaluates the performance of the local public health system through the Local Public Health System Assessment (LPHSA). This assessment is conducted with partners across the public health system to describe how well the public health system works together to deliver the 10 Essential Public Health Services.

ES 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
Current Activities Summary Table

Kane County Local Public Health System Assessment 2020

• Hospital patient experience surveys look at the quality, effectiveness of services • Health Department has an evaluation system to follow up with clients to rate services provided • Health Department surveys restaurants related to code enforcement • Specific effort to target churches through community health workers for feedback about services needed • Health Department workgroup for diversity and inclusion (open to health professionals, youth, community members) utilized survey to Identify problem areas and will have additional follow-up surveys in community with metrics to measure progress toward goals	• Pre and post-tests in place for various certifications • Hospitals focus on gathering outcomes data to show impact of community programs • Community funders require outputs and outcomes from grantees to evaluate efficacy of programs and determine if funding is making an impact • Kane Health Counts has a process to review stated objectives and strategies to determine what has been completed and where work is still needed • Kane County has many different public health programs funded through grants and they have built in evaluation based on the grant requirements

Essential Service 9 Strengths, Weaknesses, and Opportunities

Considering the standards that make up ES 9 and what they know to be currently in place, the participants identified strengths, weaknesses and opportunities for Kane County, which are summarized below.

| **Strengths** |
|---|
| • Collaborative community and health system that works together to support each other in addressing needs
• Assessment process includes community input through interviews and focus groups |
| **Weaknesses** |
| • Community residents are not taxed to support the Health Department like in other communities, so the Health Department has to rely on grant funds to support much of their efforts
• Health Department must rely on grant funding and the grant deliverables don't always match up with identified community needs |
| **Near-Term Improvement Opportunities** |

• Put in place an evaluation of outreach efforts • Pull in more diverse agencies/municipalities into action groups and Kane Health Counts
• Improve communication between community organizations about health promotion efforts going on in the community
Long-Term Improvement Opportunities
• Help community partners to educate their teams about outcomes and evaluation • Look at the salaries for the Health Department in comparison to other health professions/areas to anticipate challenges in filling positions when pay scales are so different

Essential Services 10: Research for new insights and innovative solutions to health problems

Essential Service 10 is composed of the following standards:

- ✦ 10.1: Fostering Innovation
- ✦ 10.2: Linking with Institutions of Higher Learning and/or Research
- ✦ 10.3: Capacity to Initiate or Participate in Research

Survey Results
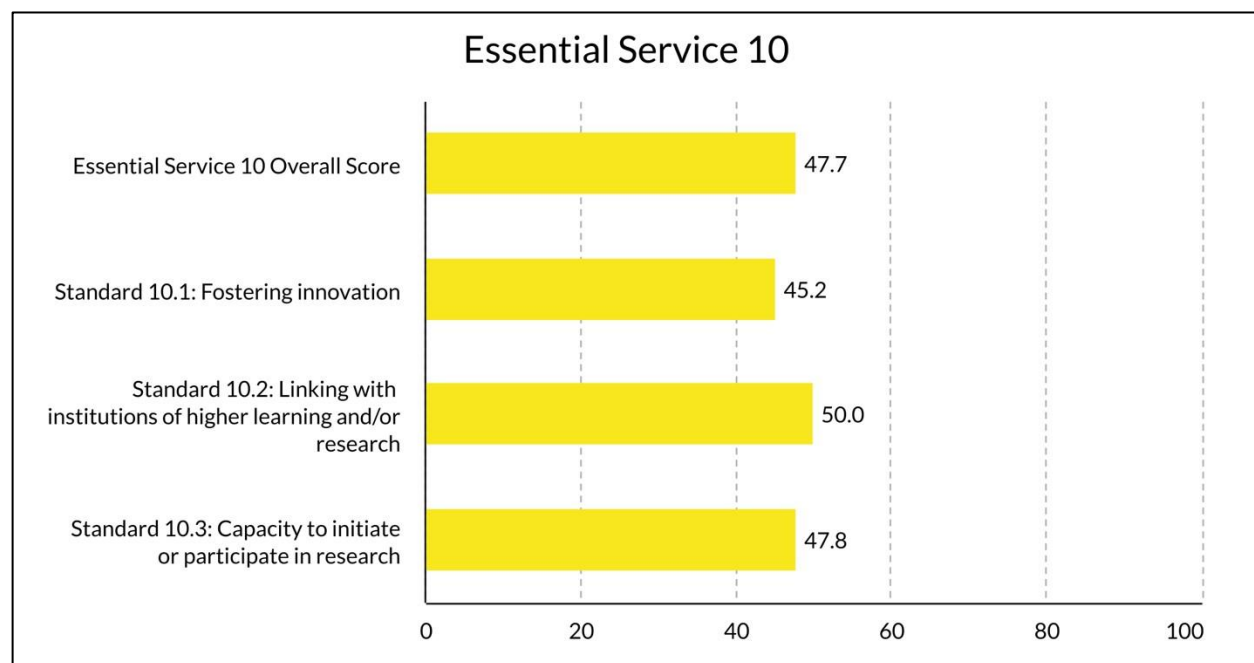
The overall score for Essential Service 10 (ES 10) based on responses by 18 survey responses was 47.7 and ranked 10th among scores for the 10 Essential Services. This puts this Essential Service in the

Kane County Local Public Health System Assessment 2020

"Moderate Activity" range indicating that Kane County's public health system "somewhat participates in this activity and there is opportunity for greater improvement."

Individual scores for the standards making up ES 10 all scored in the "Moderate Activity" range.

Essential Service 10 Current Activities Summary

To better understand Essential Service 10 performance in Kane County, an online group discussion was held on October 13, 2020. Seven stakeholders participated in the discussion including representation from Kane County Health Department, local hospital systems, nonprofit organizations, and mental health services. Participants reviewed the ES 10 survey results and then engaged in discussions about current activities for the service. Based on these activities, participants then identified what they thought to be strengths, weaknesses, shortterm improvement opportunities, and long-term improvement opportunities.

Note: The information captured in this table is based on what participants are aware of and may not be comprehensive for Kane County.

Standard 10.1, Fostering Innovation (Score: 45.2, Moderate Activity). This standard explores the extent to which the public health system provides staff with time and resources to conduct studies to test new solutions, suggest ideas for new research, keep up current best practices in public health, and encourage community participatory research. Participants shared that the work of Kane Health Counts Action Teams has helped to foster some innovation and best practices and has potential to do more. Participants were pleased to share several innovative projects including a mobile health clinic to help reduce Emergency Department visits and unnecessary hospital visits.   Another innovative project mentioned utilized volunteers from the Medical Reserve Corps (MRC) to bring lead testing in unincorporated areas of Kane County.

Standard 10.2, Linking with Institutions of Higher Learning and/or Research (Score: 50.0, Moderate Activity). This standard extent to which the local public health system establishes relationships and partnerships with colleges, universities, and other research organizations. Participants shared that there are existing partnerships with local universities and hospitals. Kane County participates in the Nurse Family Partnership, which is a national evidence-based program.

Standard 10.3, Capacity to Initiate or Participate in Research (Score: 47.8, Moderate Activity). This standard explores the extent to which the local public health system collaborates with researchers, supports research with necessary resources, shares findings with the community, and evaluates research efforts. Participants indicated that system partners try to bring research to different areas and more could be done. Partners do utilize social media to increase awareness of research opportunities among community members.

ES 10: Research for New Insights and Innovative Solutions to Health Problems Current Activities Summary Table	
• Advocate Sherman partnered with state of IL on innovation: only hospital (1st in state) to have mobile integrated health	• Northwestern Medicine draws research into different areas of Kane County; use social media to make community members aware of opportunities

clinic to help reduce ER visits, unnecessary hospital visits • Children's mental health grant includes evaluation of children health outcomes being conducted by Child & Family Health research team; results of this evaluation help to fuel innovation	• Kane Cares: Nurse Family Partnership (national research) program • Share findings with community members via publications and social media

Essential Service 10 Strengths, Weaknesses, and Opportunities

Considering the standards that make up ES 10 and what they know to be currently in place, the participants identified strengths, weaknesses and opportunities for Kane County, which are summarized below.

Strengths
• COVID created a unique way of coming together in ways that we wouldn't have before and helped forge new relationships • Several large healthcare organizations in the county

Weaknesses
• Constraints of grant restrictions may not necessarily foster innovation

Near-Term Improvement Opportunities
• Add an innovation focus to Kane Health Counts Action Teams • Collaborate between health system providers to understand and develop materials would be helpful for discussing vaccines with hesitant parents • Look at research more strategically and seek to collaborate with universities and hospitals • Become more adept at reaching audiences (especially younger populations) through social media

Long-Term Improvement Opportunities
• Look at what resources can be leveraged across hospitals and the public health system to support research and foster innovation

Conclusion

Kane County's Local Public Health System Assessment revealed a strong and well-functioning public health system with significant activity in completing the vast majority of the 10 Essential Public Health Services. The survey results combined with the insights captured during the follow up survey discussions

reveal that the Kane County public health system is built on a foundation of trust, a spirit of collaboration and a commitment to share resources to address identified needs.

The assessment revealed key areas of excellence for Kane County. The public health system includes a strong surveillance and monitoring system with timely submissions of disease information, coordination with state and national systems, and communication with local health and community providers. The local system's emergency preparedness efforts were noted for its efficiency in planning and execution, and communication with local hospitals, municipalities, and community partners. The public health system includes strong partnerships across many organizations. Kane Health Counts was consistently mentioned as providing leadership for collaboration around community health assessment and planning. Kane County Health Department was identified as a pillar for public health activities in the county, showing its commitment to the 10 Essential Public Health Services with attainment of accreditation and reaccreditation through the Public Health Accreditation Board.

Conversations throughout the assessment process underscored system partners concerns for local communities who may be more vulnerable to current and future health and public health threats. These include, but are not limited to, rural communities, African American communities, Latinx communities, those experiencing homelessness, immigrant and refugee communities, and LGBTQ communities. The county's public health system currently includes many practices to support diversity, equity, and inclusion. However more work in outreach and inclusion of these many communities was identified as a need to strengthen the system. Workforce development and more linguistically and culturally appropriate materials and practices were also expressed as efforts that could broaden the public health system's impact for vulnerable populations, especially in linking to personal health care services.

The COVID-19 pandemic and activities around civil unrest in 2020 exposed many of the strengths and areas for improvement for Kane County's public health system. COVID-19 further emphasized the disparities based on race, income, housing, and employment as well as needs for behavioral health services that existed prior to the pandemic. Emergency response systems were lauded by partners for efficient and effective communications across system partners. Community engagement efforts by the health department and other partners were also a highlight. However, difficulty implementing public health orders to mitigate spread of COVID-19 showed the need for clear guidance at the policy level and buy-in from policy makers, community members, and law enforcement.

The Local Public Health System Assessment showed that the Kane County public health system has built deep trust among current partners and a true spirit of collaboration. Some areas for broader collaboration that could benefit the system included workforce development, evaluation, and research and innovation. While individual agencies showed efforts in these areas, sharing findings and coordination of planning efforts across the system could help better inform future efforts and direct resources. The near and long-term opportunities identified and summarized in this report provide ideas for future strategic planning to improve the health system's ability to deliver the 10 Essential Public Health Services and improve Kane County's public health system.

Appendix E: Community Resources

Kane County Community Resources

Increased collaboration and broader county-wide collaboration during the 2021 CHA/CHNA process established stronger relationships across Kane County. There are existing resources that organizations are currently using and available widely in the community:

State and Local Sources

Fox Valley United Way
https://www.foxvalleyunitedway.org/

Illinois Department of Public Health
https://www.dph.illinois.gov/

Kane County 211
https://www.navigateresources.net/path/

Kane County Health Department
https://kanehealth.com/

Kane County Government
https://www.countyofkane.org/

Kane Health Counts
http://www.kanehealthcounts.org/

Community Partners

The following is a list of current and potential community partners identified during the collaborative Kane Health Counts CHA/CHNA.

- African American Cultural Board

- African American Sororities and Fraternities "The Divine Nine"

- AgeGuide Northeastern IL

- American Cancer Society

- Association for Individual Development

- Aunt Martha's Health & Wellness

- Aurora Food Pantry

- Blue Cross and Blue Shield of Illinois

- BPS District 101

- Bridging The Gap of Aurora, Inc.

- City of Aurora, IL

- Community Advocacy Awareness Network

- Community Foundation of the Fox River Valley

- District 129

- Ecker Center for Behavioral Health

- Fox Valley Community Services

- Fox Valley Montessori School

- Fox Valley United Way - SPARK Early Childhood Collaboration

- Gail Borden Public Library

- Grand Victoria Foundation

- Hesed House

- Kane County 211

- Kane County Development and Community Services Department

- Kane County Juvenile Justice Council

- Kane County Regional Office of Education

- Kids Above All

- Leaders In Transformational Education

- Main Baptist Church

- Mutual Ground

- NAMI-KDK

- Rudnicki Consulting Services

- Save One Life Foundation

- School District U-46

- Senior Services Associates

- Streamwood Behavioral Health Center

- Sugar Grove United Methodist Church

- The Church of Jesus Christ of Latter-day Saints

- Tri City Health Partnership

- TriCity Family Services

- Two Rivers Head Start Agency

- VNA Health Care

- Waubonsee Community College

- World Relief Chicagoland

- Xilin Association

Kane Health Counts
Health Needs Prioritization

December 2020

This "cheat sheet" will help you assess each of the pressing health needs identified duing the Kane Health Counts Data Synthesis that was presented on Tuesday, December 8th and how each of those health needs relate to the criteria set forth by Kane Health Counts for prioritizing health topics in Kane County. For each health need you will score how well you believe the health need meets the criteria. The table below mimics the table you will utilize on Survey Monkey to participate in the Prioritization Activity. Upon completion and submission of your survey, Conduent Healthy Communities Institute will total the scores from all the surveys and provide the health needs list back to Kane Health Counts in rank order from the highest scoring need to the lowest scoring need. Kane Health Counts collaborative will use these results to inform their decision making process on the "prioritized" health needs they will focus on over the next few years.

INSTRUCTIONS

1. Access the Kane Health Counts Prioritization Activity here
   https://www.surveymonkey.com/r/KaneCountsPrioritization
2. Review the instructions in the online activity.
3. Recall the two prioritization critera:
   - **Ability to Impact:** The perceived likelihood for positive impact on each health issue.
   - **Scope & Severity:** Gauges the magnitude of each health issue.
4. Health needs will be listed along the side of the table. The criterion will be listed along the top of the table.
5. Score each of the 13 health needs for how well you think each meets the 2 criteria above. You will score each from 1 to 3:
   1 = Does not meet criteria; 2= Somewhat meets the criteria; 3 = Fully meets criteria
6. Once you've scored each of the 13 health needs by *Ability to Impact* and *Scope and Severity*, please complete the other questions included in the online form and submit your results.

Please note, you may take as much time as you need to complete the survey once you open it, but each person is only able to participate in the survey once.

To be counted and analyzed, surveys must be completed and submitted by Close of Buisness, this Friday, December 11th.

Please reach out to Ashley Wendt with Conduent Healthy Communities Institute at ashley.wendt@conduent.com with any questions or technical issues.

STATE OF ILLINOIS

COUNTY OF KANE

RESOLUTION NO. <u>22 - 56</u>

AUTHORIZING ADOPTION OF 2021-2024 COMMUNITY HEALTH IMPROVEMENT PLAN BY KANE COUNTY BOARD

WHEREAS formal community health needs assessments, prioritization, and action planning are required of certified local health departments in the state of Illinois every five years (77 IL Admin Code 600.210) and are further recognized as part of the essential services of health departments by national public health authorities, such as the Public Health Accreditation Board; and

WHEREAS, the Kane County Health Department has fulfilled this obligation since the inception of the Illinois requirement in 1994; and

WHEREAS, the five hospitals located in Kane County as well as the INC. Board NFP, a mental health 708 Board serving townships in southern Kane County, and the local community paltners, have worked collaboratively over the past 18 months with the Kane County Health Department to conduct the Mobilizing for Action through Planning and Partnership process in order to better identify and understand the health-related community assets, needs and priorities related to the health of Kane County residents in the most comprehensive way possible; and

WHEREAS, the parties seek to use the results of this community health assessment to then work collaboratively amongst themselves and with other interested parties in Kane County to improve the health and well-being of Kane County individuals, families, population groups and the community as a whole; and

WHEREAS the community health assessment and improvement planning process led to the creation of Kane Health Countsl a cottabative Of individuals and organizations dedicated to addressing health problems in Kane County by creating goals, objectives, and strategies for community health improvement; and

WHEREAS, Kane Health Counts has actively participated in developing the findings and recommendations Of this collaborative community health assessment and improvement planning process throughout the past 18 months; and

WHEREAS, Kane Health Counts has identified behavioral health, access to health services, immunizations and infectious diseases, and nutrition, exercise and weight as the top four priority issues in Kane County; and

WHEREAS, the Kane Health Counts Executive Committee recommends the adoption of the 2021-2024 Kane County Community Health Improvement Plan by the Kane County Board of Health; and
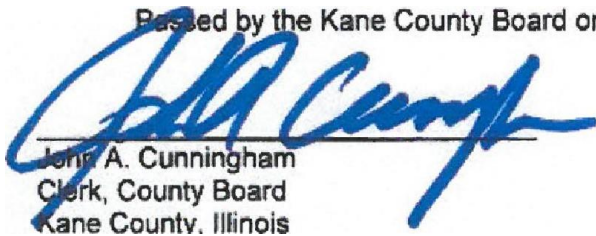
NOW, THEREFORE, BE IT RESOLVED by the Kane County Board of Health that it hereby adopts the 2021-2024 Kane County Community Health Improvement Plan and encourages Kane County residents, community and faith-based organizations, educational institutions, health and social service organizations, municipalities and other governmental agencies to actively work to achieve improved community health outcomes; and
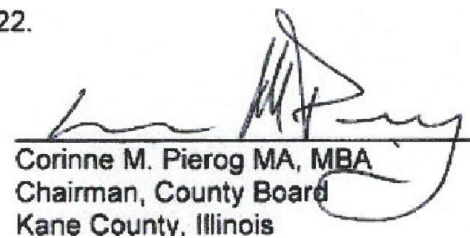
BE IT FURTHER RESOLVED that the Chairman of the Kane County Board of Health is authorized to submit the 2021-2024 Kane County Community Health Improvement Plan to the Illinois

1

Department of Public Health for its review and approval as required of certified local health departments in the state of Illinois every five years (77 IL Admin Code 600.210).

Passed by the Kane County Board on February 8, 2022.

John A. Cunningham
Clerk, County Board
Kane County, Illinois

Corinne M. Pierog MA, MBA
Chairman, County Board
Kane County, Illinois

Vote:
[Unanimous]

21-12 IPLAN