

Executive Summary

In accordance with the requirements of the Affordable Care Act (ACA) and Internal Revenue Service (IRS) guidelines, Edward Hospital (EH), Elmhurst Memorial Healthcare (EMH), and Linden Oaks Hospital (LOH) have adopted the enclosed joint Community Health Needs Assessment (CHNA) report and Implementation Strategy to identify, prioritize and address significant health needs within their primary service area of DuPage and Will Counties. Edward Elmhurst Health (EEH) collaborated with DuPage and Will Counties in the development of the counties' most recent CHNAs and implementation strategies and ultimately incorporated these CHNAs into this joint CHNA report.

In March, April and May, 2019, EEH sponsored a series of internal and community stakeholder forums, known as *Healthy Driven Communities*, to review County-specific CHNA information and establish recommendations for the joint CHNA and Implementation Strategy for EH, EMH, and LOH. Throughout this process, forum participants, which included representation from county health departments and medically underserved, low-income, and minority populations, prioritized issues and opportunities based on an assessment of:

- **Overlap between DuPage and Will Counties:** The fact that a health need was identified in both the DuPage and Will County CHNAs as an area of opportunity
- **Magnitude:** the size of the population affected and the degree of variance from benchmarks and trends
- **Impact/Seriousness:** the degree to which the issue affects or exacerbates other quality of life and health-related issues
- **Feasibility:** the ability for EEH to reasonably impact the issue given available resources
- **Consequences of inaction:** the risk of not addressing the problem at the earliest opportunity

The result of this process was the identification of the following significant health needs for this CHNA:

- Chronic Disease (Obesity/Diabetes, Cancer, Heart Disease/Stroke)
- Behavioral Health (Mental Health, Substance Use, Adolescent Depression and Suicide)
- Access to Primary Care and Community Resources

The following report provides a summary of EEH and characteristics of its community, the CHNA planning process and key findings, and the initiatives EEH has established in its FY2020-2022 Implementation Strategy.

Introduction

This document is the joint CHNA and joint Implementation Strategy for EH, EMH, and LOH, which was adopted for each of EH, EMH, and LOH on June 25, 2019.

Health System Information

Edward-Elmhurst Healthcare (EEH)

The Edward-Elmhurst Health system is comprised of three hospital facilities: EH, EMH, LOH. The primary service area (PSA) of EH, EMH, and LOH together - defined as the area from which these three hospital facilities draw roughly seventy-five percent (75%) of inpatient (IP) admissions – has a population of nearly one million residents and stretches approximately 42 contiguous miles from Yorkville (southwest corner of EH PSA) to Bensenville (northeast corner of EMH PSA). EH, EMH, and LOH also serve a secondary service area (SSA)—representing approximately 15% of IP discharges—of approximately 1 million additional residents.

EH (in Naperville) and EMH (in Elmhurst) operate 620 acute care beds and LOH (Naperville) operates 108 behavioral health beds. In addition, the Edward-Elmhurst Health System has more than 50 outpatient locations, a large and growing employed and affiliated physician base, two medically-based fitness centers, and numerous joint ventures designed to ensure access to cost-effective and high-quality healthcare. A summary of each hospital facility is provided below.

Edward Hospital

EH has 359 acute care beds and a medical staff of over 1,100 physicians across a full scope of medical and surgical specialties and subspecialties. EH serves the residents of Chicago's west and southwest suburbs with a PSA inclusive of the following cities: Naperville, Lisle, Warrenville, Woodridge, Plainfield, Oswego, Yorkville, Bolingbrook and Romeoville.

Elmhurst Memorial Hospital

EMH has 261 acute care beds and a medical staff consisting of over 900 physicians representing nearly every medical specialty and subspecialty. EMH serves the residents of Chicago's west suburbs with a PSA including the cities of Addison, Bellwood, Bensenville, Berkeley, Elmhurst, Franklin Park, Glen Ellyn, Hillside, Lombard, Melrose Park, Northlake, Stone Park, Villa Park, Westchester, Wood Dale and Oak Brook.

Linden Oaks

LOH is a 108-bed behavioral health hospital on Edward Hospital's Naperville campus with offices in Naperville, Plainfield, St. Charles, Woodridge, Mokena, Hinsdale, Addison and Orland Park. With more than 40 psychiatrists on its medical staff, LOH serves the residents of Chicago's west and southwest suburbs. LOH has programs for anxiety disorders, chemical dependency, addiction, depression, eating disorders, geriatric conditions and self-injury.

As the parent of EH, EMH, and LOH, EEH is a supporting organization of each of EH, EMH, and LOH that is organized and operated to benefit and perform the functions of these hospitals. In its capacity as their supporting organization, EEH coordinated the CHNA process on behalf of EH, EMH, and LOH that resulted in this report. Accordingly, any reference to the activities of EEH in this report should be understood to be activities conducted on behalf of EH, EMH, and LOH.

The mission of EEH is “Advancing the health of our communities” and its stated vision is “Transforming the healthcare experience: Safe, Seamless, and Personal”. Toward this end, EEH is committed to meeting the needs of the local community while ensuring the scale and geographic spread to provide access, efficiency and a high quality healthcare experience.

EEH’s commitment to the health of its community is fully integrated into its strategic plan, identified within one of the seven priorities (“Evolving the System”). The graphic below illustrates the EEH Roadmap, which is used to communicate the System’s highest priority initiatives to all stakeholders.

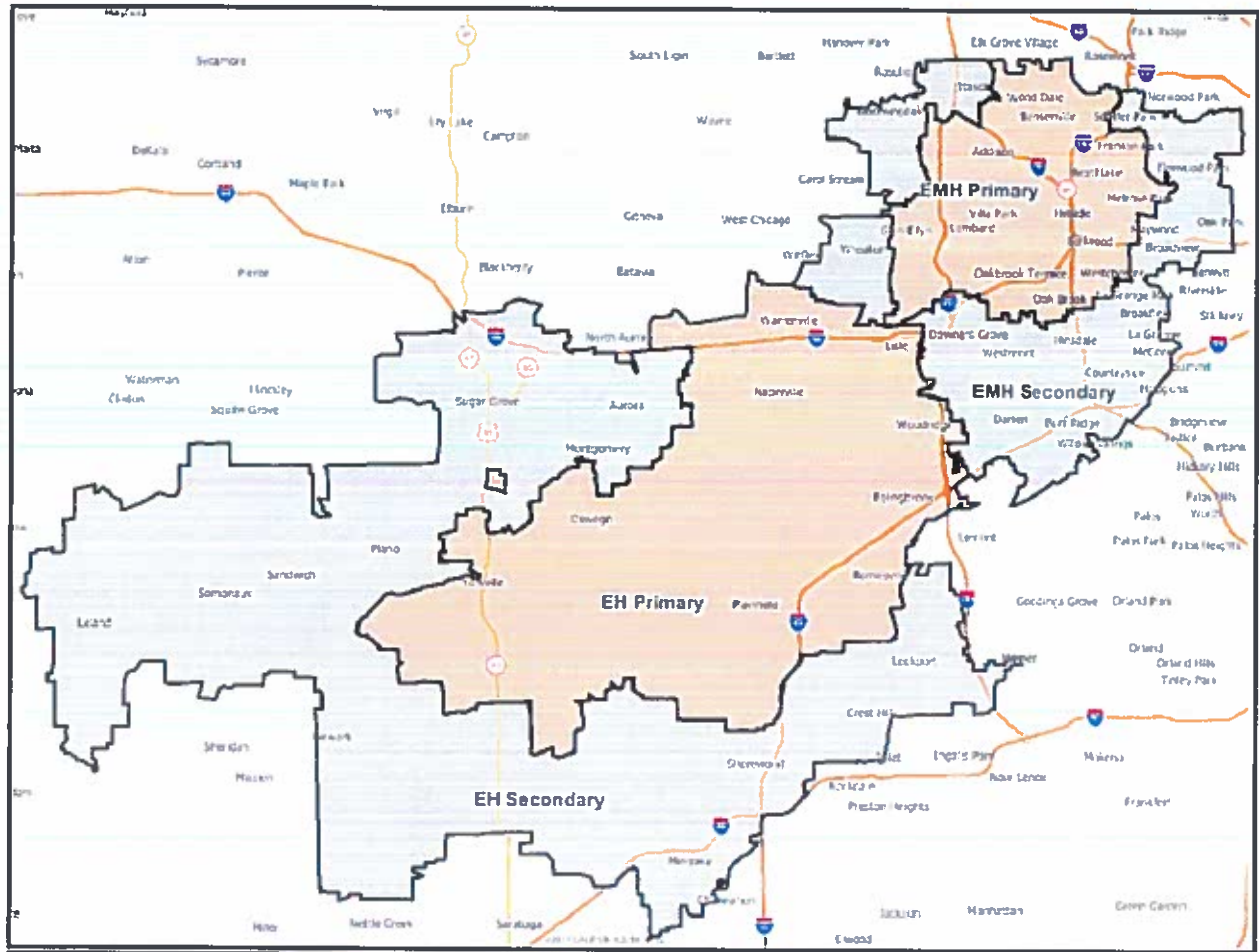


EEH community benefit planning, implementation and reporting is supported by the EEH System Community Benefit Steering Committee (Appendix D). The Committee is tasked to assess community need, establish priorities and supporting initiatives, and monitor outcomes to ensure initiatives are consistent with its mission to advance the health of the community served. In addition, as Community Benefit is integrated into the strategic plan, outcomes are reported to the System Board of Directors on a regular basis.

EEH Demographics

Edward-Elmhurst Communities Served

EH, EMH, and LOH serve a total service area (TSA) population of nearly two million residents with the majority residing in DuPage and Will counties (72%). The map below illustrates the geographic footprint of EH, EMH, and LOH. The specific communities included in EH and EMH's PSA are directly below the service area map.

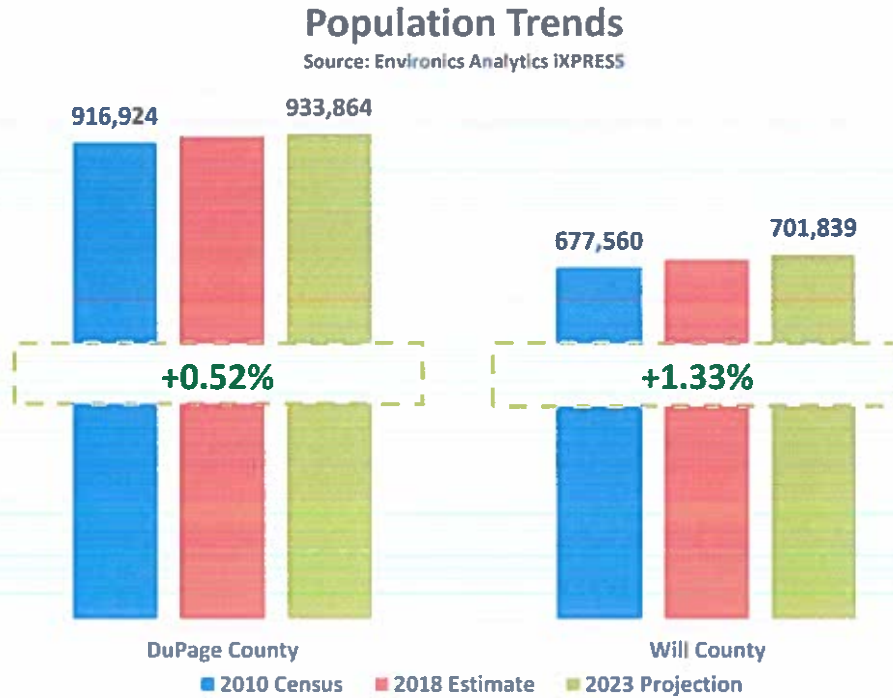


Edward Hospital		Elmhurst Hospital	
Service Area	City - Zip Code	Service Area	City - Zip Code
Edward North Primary Service Area (NPSA)	Warrenville - 60555	Elmhurst Primary Service Area (PSA)	Elmhurst - 60126
	Naperville - 60540		Hillside - 60162
	Naperville - 60563		Berkeley - 60163
	Naperville - 60565		Villa Park - 60181
	Naperville - 60566		Oak Brook - 60523
	Naperville - 60567		Bellwood - 60104
	Woodridge - 60517		Franklin Park - 60131
	Lisle - 60532		Westchester - 60154
	Aurora - 60502		Melrose Park - 60160
	Aurora - 60503		Northlake - 60164
	Aurora - 60504		Stone Park - 60165
	Naperville - 60564		Addison - 60101
	Plainfield - 60544		Bensenville - 60106
	Plainfield - 60585		Wood Dale - 60191
Plainfield - 60586	Glen Ellyn - 60137		
Edward South Primary Service Area (SPSA)	Bolingbrook - 60440	Lombard - 60148	
	Romeoville - 60446		
	Bolingbrook - 60490		
	Oswego - 60543		
	Yorkville - 60560		

The table below outlines the System’s inpatient population distribution by county. Note that while the System serves a small segment of Cook County, this segment is not a population that is disproportionately low income, minority or medically underserved when compared to DuPage and Will Counties.

County	CY2018		
	Inpatient Discharges	Percent of Total	Cumulative Percent
DuPage	22,221	50.6%	50.6%
Will	9,475	21.6%	72.2%
Cook	7,598	17.3%	89.5%
Kendall	1,351	3.1%	92.5%
Kane	1,285	2.9%	95.5%
DeKalb	383	0.9%	96.3%
Grundy	280	0.6%	97.0%
All Others	1,333	3.0%	100.0%

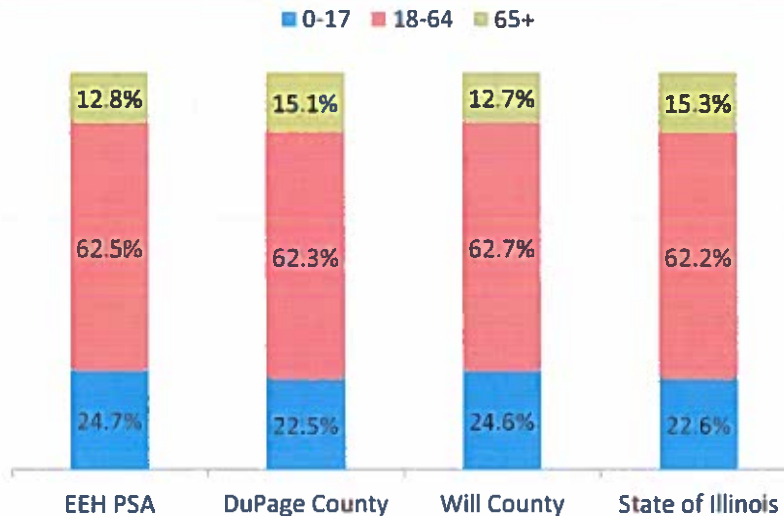
2018 population estimates and 2023 projections by county are provided below. Modest growth is projected in DuPage and Will Counties, compared to a negative growth rate for the state of Illinois (-0.7%).



Age Trends

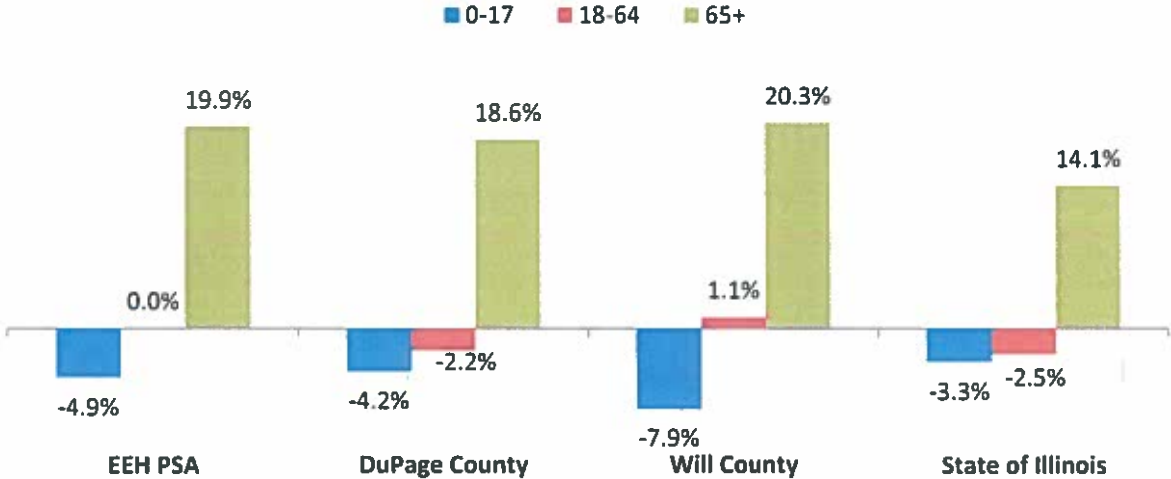
The graph below illustrates the 2018 estimated population by age group for EEH PSA, DuPage and Will counties, and the state of Illinois. While considering median age, EEH PSA and Will County are slightly younger (37.6 and 37.8 years, respectively), and DuPage County is slightly older (39.6 years) than the state of Illinois (38.3 years).

2018 Total Population by Age Groups



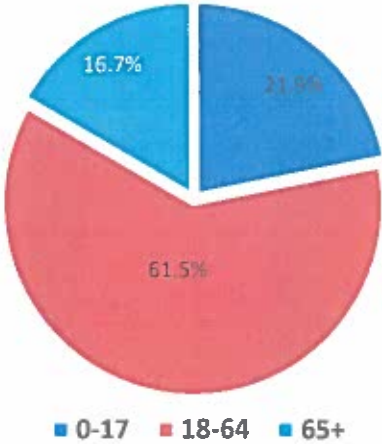
Important to note is the disproportionate growth projected for the age group of 65+ years, as demonstrated below.

2019-2023 Population Projections by Age Group



By 2023, it is projected that 17% of DuPage and Will County residents will be older than 65 years, compared to approximately 14% in 2018.

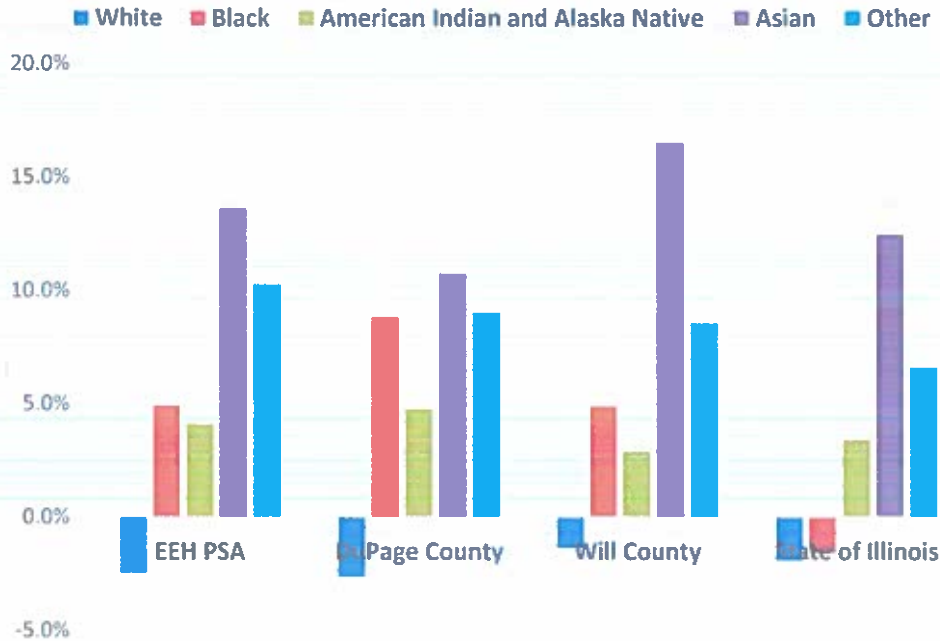
2023 Age Composition: DuPage and Will Counties



Race & Ethnicity Trends

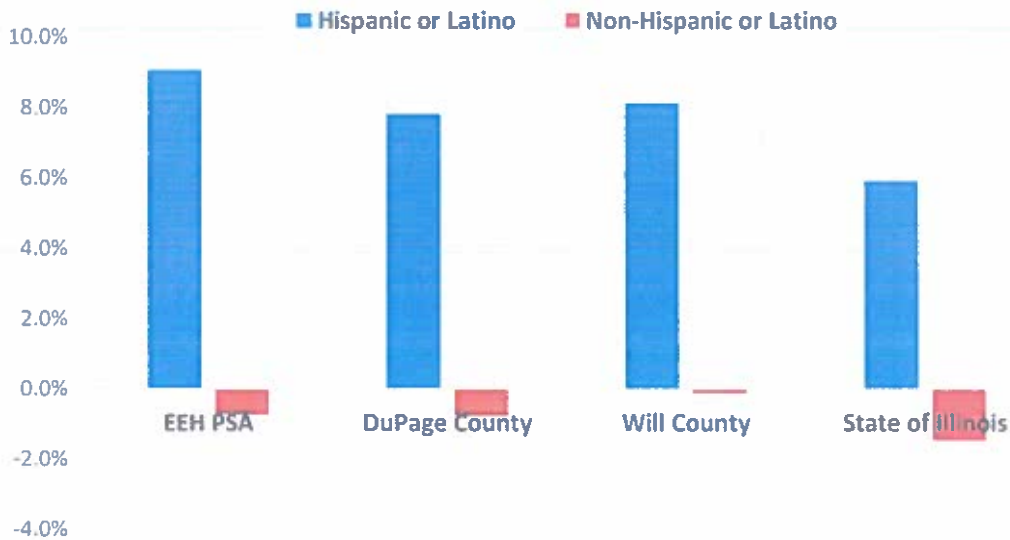
The graph below illustrates the growth projections across different races/ethnicities. Across the region and consistent with the state of Illinois, the Asian population is expected to grow at the fastest rate, followed by the Black population.

2018-2023 Projected Growth Rate by Race/Ethnicity



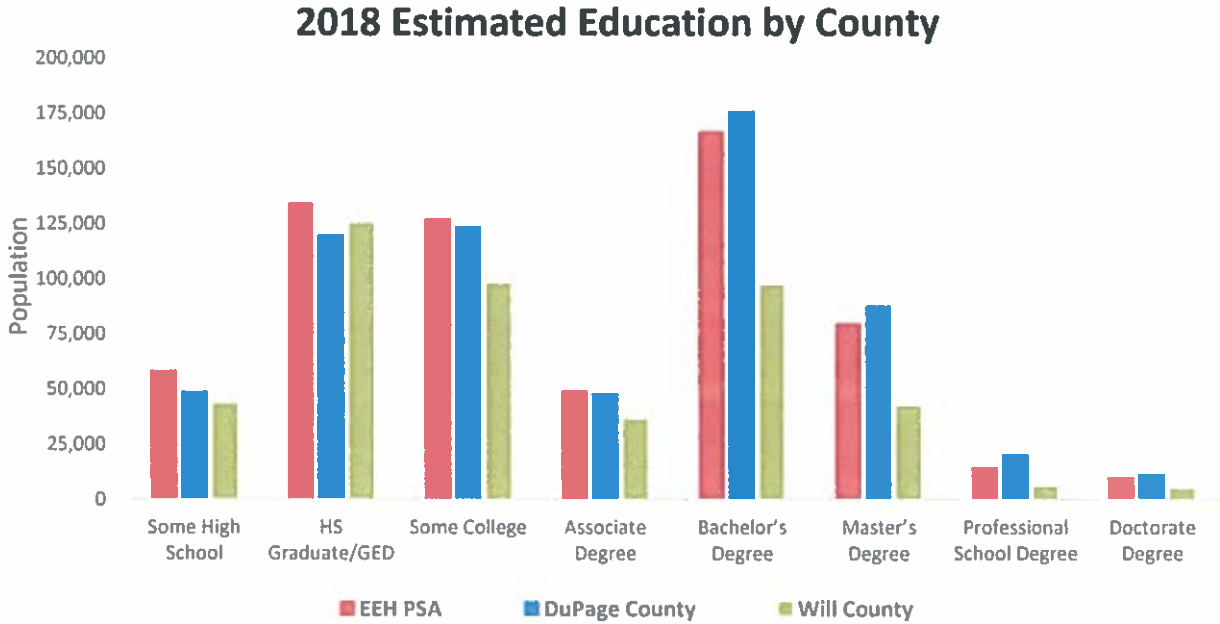
Imbedded within these trends is disproportionate growth in the Hispanic/Latino population. The graphic below indicates that this population will grow over 9% in EEH’s region, compared to statewide growth of 6%.

2018-2023 Projected Growth Rate, Hispanic or Latino



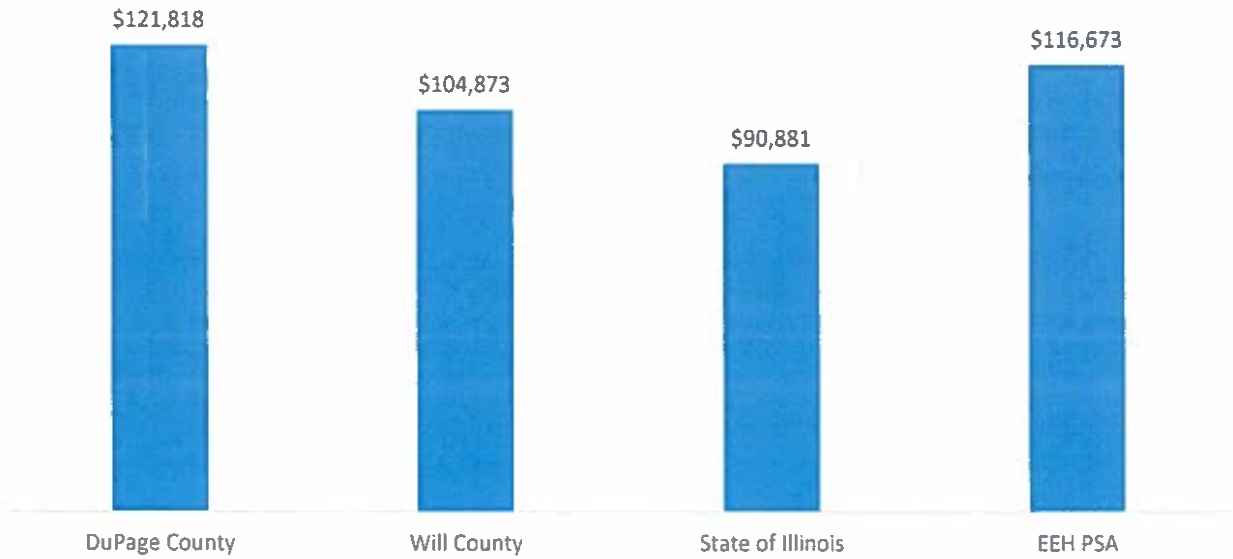
Socioeconomic Status

The graph below illustrates the estimated level of education by county. Within the EEH region, about 42% of residents have a bachelor’s, Master’s, professional school, and/or doctorate degree compared to the Illinois rate of 32%.



The region is relatively affluent compared with the state of Illinois, as depicted below. However, pockets of low income residents do exist. Specifically, while reviewing DuPage and Will Counties collectively, 7%, or nearly 120,000 residents, were below the poverty line.

2018 Estimated Household Income



Will & DuPage County Community Health Needs Assessment (CHNA) Process

County-specific CHNAs for Will and DuPage counties were developed through “Mobilizing for Action through Planning and Partnerships” (MAPP) collaborative forums, which allowed for each county, along with community leaders, to identify and prioritize the most pressing health issues within the region. This approach included comprehensive, cross-sector input to ensure creation of county plans that are relevant and responsive to community need, incorporating defined goals and initiatives. The framework incorporated the following qualitative and quantitative collection methods:

- **Community Themes and Strengths Assessment:** a community survey distributed to residents in which feedback is requested about the health of the county. The survey is often used by public health systems to evaluate community health by answering questions such as: *What is important to our community? How is quality of life perceived in our community? What assets do we have that can be used to improve community health?*
- **Local Public Health Assessment:** focused on community stakeholder input to assess how well the system works together to provide the 10 Essential Public Health Services¹. The Assessment is designed to answer two key questions, “What are the components, activities, competencies, and capacities of our local service provider system?” and “How are the 10 Essential Services being provided to our community?”
- **Community Health Status Assessment:** presents quantitative data about each respective county. The information is designed to give a thorough snapshot of the current health status.
- **Forces of Change Assessment:** aims to solicit wide-ranging input from community leaders to identify forces such as trends, factors or events that influence the health of the community. The goal is to better understand the current state in an effort to influence the outcomes of the future.

The DuPage County CHNA was conducted from January – June 2018 and finalized in December of 2018. The process was led by the DuPage County Department of Community Services, a designated Community Action Agency that works to empower people with needs in DuPage County to become self-sufficient and lead enriched, productive lives, and Impact DuPage, a collective impact partnership, primarily comprised of community leaders from health and human service sectors throughout DuPage County. EEH participated in the conduct of the DuPage County CHNA, along with the DuPage County Health Department and numerous organizations serving and representing the interests of medically underserved, low-income and minority populations. The process and methods used to conduct this CHNA and a description of how input into the CHNA was solicited and taken into account is contained in the DuPage County CHNA report, provided in Appendix A, and the participants in the DuPage County CHNA process are listed in Appendix E.

The Will County CHNA was conducted from May 2016 – May 2017 and finalized in August, 2017. Participants for each County are provided in Appendix E. EEH and EH participated in the conduct of the Will County CHNA, along with the Will County Health Department and numerous organizations serving and representing the interests of medically underserved, low-income and minority populations. The process and methods used to conduct this CHNA and a description of the participants and input provided is contained in the Will County CHNA report, provided in Appendix B.

¹ Monitor health status to identify and solve community health problems; Diagnose and investigate health problems and health hazards in the community; Inform, educate, and empower people about health issues; Mobilize community partnerships and action to identify and solve health problems; Develop policies and plans that support individual and community health efforts; Enforce laws and regulations that protect health and ensure safety; Link people to needed personal health services and assure the provision of health care when otherwise unavailable; Assure competent public and personal health care workforce; Evaluate effectiveness, accessibility, and quality of personal and population-based health services; Research for new insights and innovative solutions to health problems.

The DuPage County and Will County CHNA are incorporated by reference into this joint CHNA report for EH, EMH, and LOH.

Will & DuPage County Community Health Needs Assessment (CHNA) Findings

Key priorities and strategic initiatives from the Will and DuPage County CHNAs for each county are summarized below:

Factors Impacting Health Status

Traditionally health systems focus the majority of their resources on providing clinical care; however, evidence demonstrates that underlying social determinants of health, individual health behaviors, and physical environment play an influential role in the overall health status of communities. County CHNA data around each of these impact areas is summarized below.

Social Determinants

Social determinants creating the greatest vulnerabilities in DuPage and Will Counties are summarized below.

	DuPage County	Will County
Food Accessibility	<ul style="list-style-type: none"> • 4% decrease in residents receiving SNAP benefits • 45% of Food Insecure Children likely ineligible for Assistance (compared to IL value of 32%) • 4% of low income have low access to grocery store • 0.5 SNAP certified stores per 1,000 population-- compared to 0.7 for IL 	<ul style="list-style-type: none"> • 8.4% of households receive SNAP benefits (compared to 12.5% in IL) • Zips with > 19% of household receiving SNAP: Joliet, Park Forest, University Park • 6.8% of low income have low access to grocery store (compared to 4.5% in IL)—Romeoville, Bolingbrook, Joliet • .5 SNAP-certified stores per 1,000-- compared to 0.7 for IL
Housing Affordability	<ul style="list-style-type: none"> • 44% of renters spending 30%+ of household income on rent 	
Linguistic Isolation	<ul style="list-style-type: none"> • 4.7% of households: every member 14+ has difficulty speaking English 	<ul style="list-style-type: none"> • 31.5% of Hispanic/Latino population speak English less than "very well" — compared to 2.9% of the non-Hispanic/Latino population
Access to Transportation	<ul style="list-style-type: none"> • 6.5% of workers commute by public transit (significant gaps across ethnicities) 	<ul style="list-style-type: none"> • 4% of population uses public transit for work (compared to 5% in US, 9% in IL)
Education		<ul style="list-style-type: none"> • 9.5% of population 25+ has not graduated high school or received GED <ul style="list-style-type: none"> • 34% in Hispanic/Latino population vs. 5.8% of non-Hispanic/Latino

Health Behaviors

The behavioral factors identified as most significant across DuPage and/or Will County are included in the table below.

	DuPage County	Will County
Obesity	23% of adults are obese 14.8% of children are obese	27.8% of adults are obese 13% of 6th graders are obese
Substance Abuse	22% of adults drink excessively (National rate: 18%) 41% of teens drink excessively (target 39%) 21.7 age-adjusted hospitalizations per 10,000 due to alcohol abuse (17.3 for IL)	24% of adults drink excessively 71% of 12th graders used alcohol in past 30 days 30% of 12th graders report binge drinking
Tobacco Use	12.5% of adults smoke tobacco (target 12.0%)	13.4% of adults smoke tobacco 19% of 12th graders smoke tobacco
Marijuana	22% of teens use marijuana 49% perceive a risk (target = 50%)	39% of 12th graders used marijuana in past 30 days
Opioids & Drug-Induced Deaths	“Public health epidemic” (2013) Since 2015: <ul style="list-style-type: none"> 100% increase in fentanyl overdose deaths 370% increase in deaths due to combination of heroin and fentanyl 	Drug-Induced deaths: 11.3 /100,000 Below national average but the rate has doubled since 2003
Social Associations		19.2% of adults report having inadequate social and emotional support
Bullying	38% of 8th graders bullied over past 12 months	50% of 8th graders bullied over past 12 months

Physical Environment

The physical environment directly impacts health and quality of life. Essential to physical health are clear air and water as well as safely prepared food. Further, exposure to toxic substances increases the risk of preventable diseases. Both DuPage and Will County compare favorably to State and national benchmarks; however, areas of opportunity were identified:

- 45% of Will County municipalities do not have tobacco- or smoke-free policies. In order to support air quality, the county is focused on encouraging these policies throughout the region.
- According to the American Lung Association, the annual ozone air quality grade in DuPage County has decreased from prior evaluation period. This indicator provides insight into pollutants that ultimately impact the respiratory tract. Reduction in emissions from vehicles, motorized equipment and factories, and some consumer products would reduce the pollutants attributing to these negative health outcomes.

DuPage County & Will County Identified Areas of Opportunity

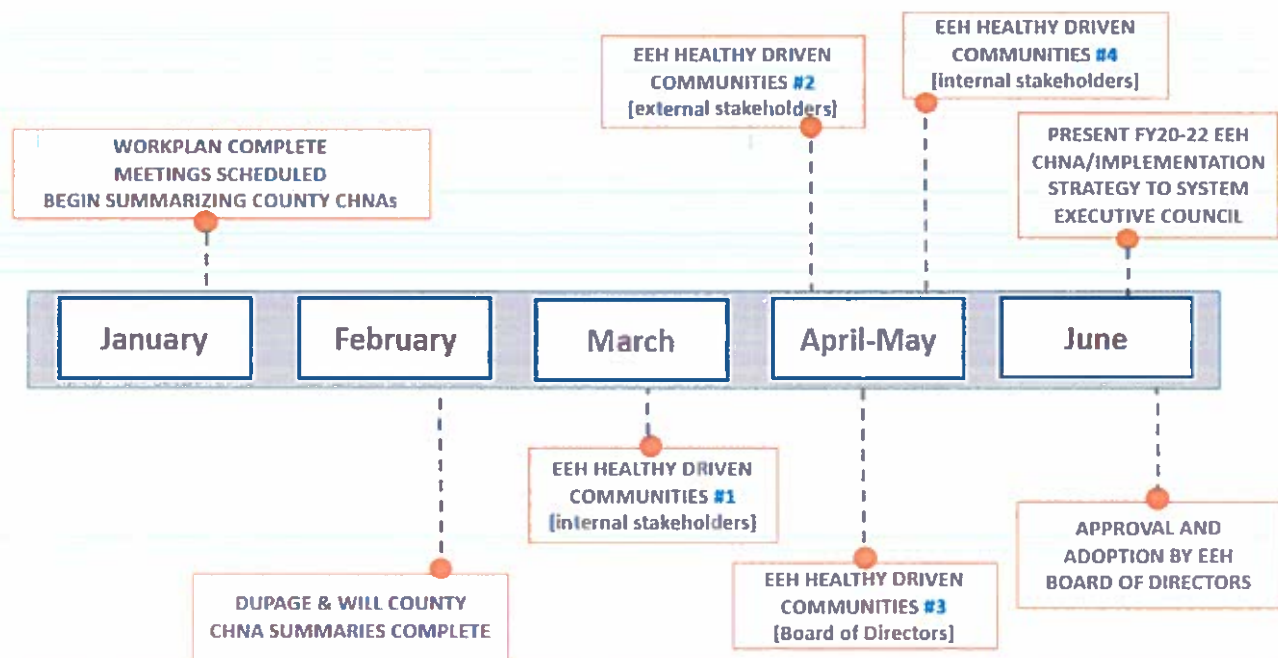
Based on the MAPP process framework, inclusive of qualitative and quantitative analysis, performance against industry benchmarks and health outcome trends, areas of opportunity to improve health status were identified by each county, as summarized below. The areas of overlap between the two were identified as: access to health care, chronic disease, and mental health/substance abuse.

Area of Opportunity	DuPage County CHNA	Will County CHNA
Access to Health Care	X	X
Affordable Housing	X	
Aging Population	X	
Childhood Nutrition	X	
Chronic Disease (Cancer/Heart Disease)	X	X
Inclusivity	X	
Language/Literary Access	X	
Mental Health	X	X
Substance Use Disorder Prevention/Treatment	X	X
Technology Access and Overuse	X	
Transportation	X	
Violence	X	
Workforce Development	X	
Animal/Vector Borne Disease		X
Diabetes		X
Education		X
Injury		X
Maternal/Child Health		X
Nutrition/Physical Activity/Weight		X
Oral Health		X
Public Transportation		X
Tobacco Use		X

EEH CHNA and Implementation Strategy Development

After collaborating with DuPage and Will Counties in the development of the counties' three year CHNAs and Implementation Strategies (with involvement ranging from participation on executive steering committees to local public health assessments) and identifying the areas of overlap between the areas of opportunity identified in the DuPage and Will County CHNAs, EEH engaged in the process summarized in the graphic below:

EEH FY19 CHNA & FY20-22 Implementation Strategy: Planning Process



This process involved internal and external (community) stakeholders (identified in Appendix C) participating in a series of forums, internally branded as *Healthy Driven Communities*. These forums were designed to review area demographics and Will and DuPage County CHNA findings and implementation strategies, finalize the selection of significant health needs for this 2019 joint CHNA report, prioritize these health needs, and identify resources potentially available to address those health needs.

Discussions generated from *Healthy Driven Communities* forums also laid the groundwork for the establishment of community benefit initiatives to support the FY2020-2022 Implementation Strategy.

Throughout the *Healthy Driven Community* forums, the following criteria were used to identify health needs as significant and prioritize them:

- **Overlap between DuPage and Will Counties:** The fact that a health need was identified in both the DuPage and Will County CHNAs as an area of opportunity through the MAPP process
- **Magnitude:** the size of the population affected and the degree of variance from benchmarks and trend
- **Impact/Seriousness:** the degree to which the issue affects or exacerbates other quality of life and health-related issues
- **Feasibility:** the ability for EEH to reasonably impact the issue given available resources
- **Consequences of inaction:** the risk of not addressing the problem at the earliest opportunity

Further, participants were asked to consider the following questions:

- What current EEH initiatives are effective and should continue or be enhanced/expanded?
- What new initiatives should EEH consider to advance the health of the community within the identified priorities?
- Are there specific population segments that require focused initiatives not already established by EEH?
- Are there additional opportunities with community partnerships to address priority areas?
- If EEH were to commit to ONE meaningful new initiative to support the health of our community, what do you suggest?

Community health educators (and MAPP collaborative project managers) from the Will and DuPage County Health Departments, participated at the first and second Healthy Driven Communities meetings held on March 19, 2019 and April 10, 2019. In partnership with EEH leadership, these representatives provided an overview of each County's CHNAs, including most significant needs and priorities, and their associated Implementation Strategies. They also actively participated in group discussions around EEH's role in addressing these priorities.

At the second Healthy Driven Communities meeting held on April 10, 2019, numerous organizations serving and representing the interests of medically underserved, low-income, and minority populations providing input. The populations being represented or served by these organizations are listed in Appendix C. This group provided their perspective of the most pressing needs of the community, confirmed and refined EEH's preliminary priorities, and provided valuable input around opportunities and initiatives to address these priorities.

EEH solicited written comments from the community on the most recent CHNA reports and Implementation Strategy of EH, EMH, and LOH. Specifically, on the webpage where these CHNA reports and Implementation Strategy are made widely available, the following solicitation was posted: "Please provide any comments you may have on our most recent Community Health Needs Assessment (CHNA) or Implementation Strategy. If you have questions or would like additional information, please email Edward-Elmhurst Health." No written comments have been received to date.

Based on the above detailed process and input, the following health needs were identified as the significant health needs of EH, EMH, and LOH's community for this 2019 CHNA report:

Primary Care Access

People who lack a regular source of health care may not receive the proper medical services when they need them, which can lead to untreated and missed diagnosis along with adverse health outcomes. In DuPage and Will Counties, approximately 15-17% of adults do not have a usual provider or source of health care. That is equivalent to roughly 257,106 individuals within these counties.

Obesity

For both children and adults, obesity is a prevalent problem within DuPage and Will counties. It can be indicative of underlying social determinants of health and an unhealthy lifestyle, which increases the risk of chronic disease. Between both counties, approximately 400,000 individuals above the age of 20 years were categorized as obese (BMI > 30). In addition, 14.8% (137,496) of children/adolescents in DuPage County are obese and 13% (90,046) of 6th graders in Will County are obese.

Chronic Disease

Of all the chronic diseases researched within the community, the following continue to elevate to the top: heart disease/stroke, cancer and diabetes. Cancer: The age-adjusted death rate due to breast cancer is 21.6/100,000 population in DuPage County and the age-adjusted cancer incidence rate is 492.5/100,000 population in Will County. Heart Disease: The age-adjusted death rate due to coronary heart disease is 68.3/100,000 in DuPage County and the coronary heart disease mortality rate is 107.7/100,000 in Will County.

Mental Health/Substance Abuse

With limited resources across both counties, behavioral health (mental health/substance use) continues to be a top concern. During the survey period, over 185,000 community members indicated that their mental health was 'not good' for at least the prior 8 days.

Adolescent Depression & Suicide

Adolescent depression and suicide have been identified as top concerns within both DuPage and Will Counties. During the assessment period, over 235,000 12th graders reported that they had contemplated suicide. Further alarming, over 450,000 12th graders reported being so sad or hopeless almost every day for 2+ weeks that they discontinued their usual activities.

This list of significant health needs was further organized into the following general categories:

- Chronic Disease (Obesity/Diabetes, Cancer, Heart Disease/Stroke)
- Behavioral Health (Mental Health, Substance Use, Adolescent Depression and Suicide)
- Access to Primary Care and Community Resources (including provider supply and availability, financial access and health literacy around how to seek care)

While all highly significant, behavioral health was identified as foundational to many other issues and as such was determined to be the highest priority health need in the community, followed by chronic disease (particularly obesity) and access to primary care and community resources.

FY2020-FY2022 Joint Implementation Strategy for EH, EMH, and LOH

As an integral part of the communities it serves, EEH already provides substantial resources to advance its mission (see Appendix F [FY2017-FY2019 EEH Implementation Strategy: Outcomes Update]). EEH will continue to support local, regional and national efforts addressing the priorities identified in its FY 2020-2022 CHNA through coalition building, advocacy, community education and financial support. Active partnership with DuPage and Will County, local municipalities, and other organizations, including but not limited to area school systems, social service agencies, advocacy groups and research organizations will be essential in addressing these priorities.

In addition to broader and ongoing initiatives around community education and advocacy, EEH will be focused over the next three years on the following initiatives (set forth in the chart below) to address the significant health needs identified in this 2019 CHNA report. Unless otherwise noted in the chart below, the entity in the Edward-Elmhurst Health system that will be devoting resources to these initiatives will be EEH. As the parent of the system, EEH is in the best position to tackle and lead these initiative on a coordinated basis. EEH will be carrying on these activities on behalf of its supported organizations, EH, EMH, and LOH. When EH, EMH, or LOH are expected to devote their own resources to an initiative, this fact will be specifically noted in the chart. As an example, as a behavioral health hospital, LOH is especially well-positioned to address the Behavioral Health significant health need and is thus specifically identified as provided resources to this need throughout the initiatives listed under priority #2.

PRIORITY #1a - Chronic Disease (Obesity [children/adults]/Diabetes)			
PROBLEM STATEMENT: For both children and adults, obesity is a prevalent problem within DuPage and Will counties. It can be indicative of underlying social determinants of health and an unhealthy lifestyle, which increases the risk of chronic disease. Between both counties, approximately 400,000 individuals above the age of 20 years were categorized as obese (BMI > 30). In addition, 14.8% (137,496) of children/adolescents in DuPage County are obese and 13% (90,046) of 6th graders in Will County are obese.			
Strategy #1: Community engagement around the prevention and management of childhood obesity	Strategy #1 Metrics	EEH Resources	Anticipated Impact of Actions
Research best practices. Partner with community organizations, grocery stores, schools and others to establish a regional initiative to address childhood obesity, including nutrition and exercise programming and referral relationship development	TBD based on initiatives developed	EEH System Project lead and coordination of community outreach	Reduce county-wide childhood obesity rates
Strategy #2: Expand treatment options for weight management	Strategy #2 Metrics	EEH Resources	Anticipated Impact of Actions
Expand Edward and Elmhurst weight management programming (weight management clinics, bariatrics, and related educational support). Expand eligibility beyond morbidly obese adults to promote earlier intervention.	Growth in participants in EEH Weight Management programs, bariatric surgical procedures	EEH System Program management and resources; marketing support	Reduce county-wide obesity rates
Continue to grow EEH System AWARE programs focused on child and adult obesity, nutrition, diabetes. Link 'at risk' patients to appropriate resources.	# of Aware assessments completed and # of referrals for follow up	EEH System Marketing support, including online/digital campaign	Reduce county-wide obesity and diabetes rates
Strategy #3: Enhance education and programming focused on prevention and early intervention around obesity and diabetes	Strategy #3 Metrics	EEH Resources	Anticipated Impact of Actions

Provide community education programs focused on weight management, nutrition and fitness	Number of community program participants	EEH System Community education coordination and resources	Reduce county-wide adult obesity rates
Continue to grow EEH System AWARE programs focused on child and adult obesity, and diabetes. Link 'at risk' patients to appropriate resources.	# of Aware assessments completed and # of referrals for follow up	EEH System Marketing support, including online/digital campaign around online assessment and associated resources	Reduce county-wide obesity and diabetes rates

PRIORITY #1b - Chronic Disease (Cancer)

PROBLEM STATEMENT: Of all the chronic diseases researched within the community, the following continue to elevate to the top as most pressing: heart disease/stroke, cancer and diabetes. The age-adjusted death rate due to breast cancer is 21.6/100,000 population in DuPage County. The age-adjusted cancer incidence rate is 492.5/100,000 population in Will County.

Strategy #1: Increase rates of screening for breast, colorectal and lung cancer	Strategy #1 Metrics	EEH Resources	Anticipated Impact of Actions
Increase cancer screening rates through EHV/PPD primary care providers (breast, colorectal)	% of providers meeting BCBSIL screening rates; increase in number of patients screened	EEH System support of Edward Health Ventures (EHV)/Physician Practice Division (PPD)	Increased BCBSIL screening rates for breast and colon cancer; reduced breast and colorectal cancer mortality
Continue CT lung screening program	Growth in lung cancer screenings	EEH System program management and marketing	Increased screening rates for lung cancer; reduced lung cancer mortality
Promote EEH System LungAware, ColonAware and BreastAware and continue targeted screening reminder programs	Growth in completed "Breast Aware" and "Lung Aware" assessments and referrals; increase in number of patients screened	EEH System digital/online marketing resources	Increased screening rates for breast, colorectal and lung cancer; reduced cancer mortality
Strategy #2: Reduce smoking and vaping (cancer/cardiovascular risk factors)	Strategy #2 Metrics	EEH Resources	Anticipated Impact of Actions
Research anti-vaping initiatives and partner with school system on education/prevention initiative	TBD based on initiatives developed	EEH System project lead; community outreach and education resources	Reduce vaping rates among children/adolescents
Sponsor community smoking cessation programs	Individuals enrolled in smoking cessation programs	EEH System community education resources	Reduce rates of tobacco use; reduce incidence of lung cancer, cardiovascular disease

PRIORITY #1c - Chronic Disease (Heart Disease/Stroke)

PROBLEM STATEMENT: Of all the chronic diseases researched within the community, the following continue to elevate to the top as most pressing: heart disease/stroke, cancer and diabetes. The age-adjusted death rate due to coronary heart disease is 68.3/100,000 in DuPage County. The coronary heart disease mortality rate is 107.7/100,000 in Will County.

Strategy #1: Early Detection and Intervention	Strategy #1 Metrics	EEH Resources	Anticipated Impact of Actions
Continue to grow EEH System HeartAware, StrokeAware (free online screening tools) and connect 'at risk' patients to appropriate resources	Number of completed assessments Number of 'at risk' identified Number of 'at risk' accepting offer	EEH System digital/online marketing resources	Reduced cardiovascular risk factors; reduce incidence and mortality for AMI, stroke
Expand UltraFast Heartscan (UFHS) programs and connect 'at risk' patients to appropriate resources	Number of UFHS	EEH System UFHS program resources; ; Marketing support	
Conduct community Peripheral vascular screenings and connect 'at risk' patients to appropriate resources	Number of screenings	EEH System vascular screening program resources; Marketing support	
Expand "Young Hearts for Life" with Midwest Heart Specialists to provide EKG testing in high schools	Individuals screened and at risk students identified	EEH System funding to YHFL program in selected school districts	Reduced cardiovascular mortality among adolescents
Strategy #2: Community education and tools to prevent and manage risk factors	Strategy #2 Metrics	EEH Resources	Anticipated Impact of Actions
Provide community education programs focused on heart health and stroke prevention	Number of community education participants	EEH System community education resources	Reduced cardiovascular risk factors; reduce incidence and mortality for AMI, stroke
Strategy #3: Reduce mortality from sudden cardiac arrest through CPR training	Strategy #3 Metrics	EEH Resources	Anticipated Impact of Actions
Sponsor CPR classes/certification programs	Number of individuals trained in CPR	EEH System CPR trainers; program coordination and promotion	Training the community on CPR could potentially reduce the mortality rates attributed from sudden cardiac arrest
PRIORITY #2 - Behavioral Health (Mental Health/Substance Use/Adolescent Depression & Suicide)			
PROBLEM STATEMENT: With limited resources across both counties, behavioral health (mental health/substance use disorders) continues to be a top concern. During the survey period, over 185,000 community members indicated that their mental health was 'not good' for at least the prior 8 days.			
Strategy #1: Increase behavioral health awareness and education/ decrease stigma	Strategy #1 Metrics	EEH Resources	Anticipated Impact of Actions
Expand Mental Health First Aid beyond Naperville into communities throughout the EEH service area	Number of community members trained	Linden Oaks leadership for coordination, training and program expansion	Reduce stigma and promote awareness and literacy around mental health issues and connect patients with appropriate treatment resources
Adopt a new curriculum around Mental Health First aid, specific to adolescents	Number of adolescents trained in TMHFA	Linden Oaks leadership for coordination, training and	

		program expansion	
Expand local community partnerships as a vehicle for continued education and awareness	Count of programs/events initiated by other organizations that LOH was actively engaged in (providing educational presentations)	Linden Oaks business development team	
Continue to support area school districts in prevention, education and identification of students using the Signs of Suicide Program		Linden Oaks leadership for coordination, training and program implementation	
Continue to provide education around adolescent mental health skills and treatment for school professional staff	Number of presentations done in schools	Linden Oaks leadership for coordination, training and program implementation	
Strategy #2: Enhance access to behavioral health treatment	Strategy #2 Metrics	EEH Resources	Anticipated Impact of Actions
Expand the local supply of psychiatrists and psychiatric Advanced Practice Clinicians through Linden Oaks Medical Group recruitment	Number of new psychiatrists and APC's. Volume of new patients	EEH System recruitment team support for LOH physicians and APCs	Increase supply of behavioral health providers and enhanced access to treatment, resulting in reduced rates of reported behavioral health issues
Evaluate telemedicine options to expand cost effective access to mental health care	Telemedicine consults generated	EEH System physician and provider engagement; IT resources; outside telemedicine vendor	Enhanced access to treatment resulting in reduced rates of reported behavioral health issues
Continue to grow behavioral health provider integration and navigation programs within physician offices and appropriate hospital departments (e.g., ED, IC)	Number of behavioral health integration/navigation referrals	Linden Oaks behavior health navigators and coordination with Edward Health Ventures and Physician Practice Division	Early detection of behavioral health concerns and access to timely and appropriate mental health care
Develop pediatric/adolescent collaborative with physician and community resources focused on depression and anxiety		Linden Oaks project lead; community/EEH education, coordination and resources	
Strategy #3: Reduce community-wide opioid abuse	Strategy #3 Metrics	EEH Resources	Anticipated Impact of Actions

<p>Continue to enhance the EEH Opioid Program Efforts</p> <ul style="list-style-type: none"> • Work with community partners on medication take back initiative and overall education/prevention efforts • Collaborate with local hospitals to establish consistent practices around opioid prescribing and monitoring • Develop tools to monitor physician opioid prescribing guidelines • Promote referrals to LOH Medication Assisted Therapy for patients with opioid dependence • Evolve pain management model to incorporate alternatives to medication management 	<p>Number of referrals to LOH Medication Assisted Therapy Total number of boxes filled</p>	<p>EEH System project Leads EEH System program management and resources EEH System public safety monitoring; coordination with pharmacy and mail rooms</p>	<p>Reduced opioid use; reduce opioid mortality rate</p>
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PRIORITY #3 - Access to Care & Community Resources

PROBLEM STATEMENT: People who lack a regular source of health care may not receive the proper medical services when they need them, which can lead to missed and untreated diagnosis along with adverse health outcomes. In DuPage and Will counties, approximately 15-17% of adults do not have a usual provider or source of health care. That is equivalent to roughly 257,106 individuals within these counties. Further, traditionally health systems focus the majority of their resources on providing clinical care; however, evidence demonstrates that underlying social determinants of health, individual health behaviors, and the physical environment play an influential role in the overall health status of communities.

Strategy #1: Enhance health literacy around accessing the most appropriate site of care	Strategy #1 Metrics	EEH Resources	Anticipated Impact of Actions
<p>Provide public education about availability of EEH network of cost effective ambulatory access points (alternative to ED) and navigation support through Immediate Care Nurse Triage Program</p>	<p>Proportionate growth in IC/WIC/Retail versus Levels 1-3 ED; Percentage of Level 4-5 Emergency Department visits in each hospital</p>	<p>EEH System marketing/digital communications; Immediate Care Triage program</p>	<p>Reduce avoidable ED utilization</p>
<p>Implement virtual triage program to provide digital guidance on the most appropriate site of care</p>	<p>Number of patients reached</p>	<p>EEH System m=digital marketing and IT resources; outside virtual triage vendor</p>	
Strategy #2: Reduce Financial Barriers to Access	Strategy #2 Metrics	EEH Resources	Anticipated Impact of Actions
<p>Promote and offer financial assistance policy to eligible patients</p>	<p>Total charity care expense as a percentage of total expense Number of individuals receiving financial assistance</p>	<p>Financial assistance policy; EEH financial counselors</p>	<p>Ensure that community un- and under-insured patients have access to high quality health care</p>
<p>Identify and assist uninsured patients in ED and other care settings in obtaining coverage through counseling and related assistance, including Medicaid Application initiative</p>	<p>Growth in uninsured patients connected to Medicaid/other insurance</p>	<p>EEH financial counselors</p>	
<p>Partner with DuPage Health Coalition, Will County MAPP collaborative, Impact DuPage to ensure access for low income residents</p>	<p>Financial and volunteer support provided to DuPage Health Coalition, Will County MAPP Collaborative.</p>	<p>EEH System Community /Government Relations and leadership support of County</p>	

	Number individuals impacted/ organization metrics	initiatives; Funding for DuPage Health Coalition and related programming	
Advocacy to support adequate Medicaid funding to ensure access to physician and hospital services for low income patients	State Medicaid funding	EEH System Community /Government Relations and leadership support of IHA, AHA, other advocacy initiatives	
Strategy #3: Increase Access to Primary Care & Specialists	Strategy #3 Metrics	EEH Resources	Anticipated Impact of Actions
Expand EEH primary care provider base, including physicians and Advanced Practice Clinicians (APCs)	Increased number of EHV/PPD providers New patients	EEH System recruitment team to support physician recruitment and practice support needs	Increased access to primary care; reduce percentage of population without 'usual source of care'
Address gaps in physician specialty coverage through annual physician needs assessments/recruitment plans	Completed physician searches/recruitment to identified specialties	EEH System recruitment team to support physician recruitment and practice support needs	Improve access to needed specialty care; reduce incidence and improve management of chronic diseases
Expand and grow Immediate Care, walk-in/retail clinic sites and connect new patients with PCPs	Visit volume Number of patients attached to PCPs	EEH System program infrastructure, marketing resources	Reduce avoidable ED utilization; increase linkages with primary care and reduce percentage of population without 'usual source of care'
Strategy #4: Increase connections between EEH patients and community organizations addressing social determinants of health	Strategy #4 Metrics	EEH Resources	Anticipated Impact of Actions
Evaluate process and technology platform for screening patients with social determinant needs and connecting to appropriate community resources	Number of patients connected with community resources	EEH System project lead; IT resources; Epic or outside vendor for technology platform	Reduce impact of social determinants of health through improved access to community resources
Evaluate opportunities to enhance support to local food banks	TBD based on initiatives developed	EEH System project lead and coordination	Reduce reported rates of food insecurity

As indicated above, community and internal stakeholders involved in the series of *Healthy Driven Community* forums concurred on the significant health needs for EH, EMH, and LOH’s 2019 joint CHNA report based on the areas of overlap between the Will and DuPage County CHNAs and consensus around where EEH can play a unique and significant role and therefore drive greatest impact. Summarized below is a list of Will and DuPage County-identified health priorities that will *not* be directly addressed by the FY2020-2022 EEH Implementation Strategy. Note that, while not directly driving initiatives around these

priorities, EEH will support many of them by participating in task forces, community collaborative forums, and coalition building activities.

DuPage and Will County Priority Health Issue That Will Not be Addressed and Supporting Rationale:

Health Priorities Identified	Rationale
Affordable Housing	This was identified in DuPage County and will be addressed through the DuPage Housing Collaborative. The Collaborative is comprised of representatives from nearby housing organizations, business leaders, and elected officials. As a newly formed organization in 2018, the Collaborative is beginning with a specific scope of identifying, developing, and serving one housing location in DuPage. EEH will participate in this Collaborative.
Aging Population	This was identified within DuPage county during the Forces of Change Assessment. As the population ages, different social and clinical needs will need to be addressed. EEH routinely provides programming and services responsive to this demographic segment. Specific initiatives around screening for social determinants of health for the senior population will be incorporated into the EEH implementation strategy.
Inclusivity	This was identified within DuPage county and is indirectly addressed and incorporated in Programs throughout EEH. Specifically, EEH established a diversity and inclusion council in 2016 and has implemented several initiatives to improve cultural sensitivity within the organization and promote the use of race, ethnicity and language data to eliminate disparities in health care.
Technology Access and Overuse	This was identified within DuPage County during the Forces of Change Assessment. While no quantitative data exists, community members perceive this to be a problem. The scope and problem statement need to be further refined before discussion on ways to address the issue.
Transportation	This was identified within both counties. While no quantitative data was reviewed, there is consensus around lack of a true transportation system and limited public transit routes. Support from EEH will be provided through collaborative partnerships and involvement with community coalitions. Further, as EEH aims to address transportation barriers for patients, the System already provides transportation vouchers to low income individuals on an as-needed basis, as well as a discounted ride services in the Elmhurst region.
Workforce Development	This was identified within DuPage County based on the perception that unemployment rates are misleading and that more people are unemployed or not employed in the jobs they want or were trained for. As one of the largest employers in the region, EEH is a major provider of jobs and attracts a diverse workforce. Continued growth of the organization and active involvement in regional economic

Animal/Vector Borne Disease	<p>development coalitions will ensure an ongoing positive contribution.</p> <p>This was identified within Will County as the incidence of Lyme disease, Rabies and West Niles has increased. While not directly influencing incidence, EEH provides health care services for those affected from these diseases and advises about prevention through community education efforts.</p>
Education	<p>This was identified within Will County as higher education has been linked to positive health outcomes. Specifically, ethnicity in Will County illustrated a key discrepancy in education completion, as 34% of the Hispanic/Latino population had less than a high school diploma, compared to 6% of the non-Hispanic/Latino population. As EEH's core competency is health care and not education, support will be provided through community partnerships and collaboration around job training and other initiatives where appropriate.</p>
Injury/Violence	<p>As violence increasingly impacts EEH and its staff, it is already focused on mitigating strategies focused on its employees. In addition, continued focus on mental health and substance abuse will hopefully have an indirect positive impact on this trend. Additional resources already provided by EEH include: emergency department case managers which provide follow-up care to victims of abuse; access to a pediatric care center which provides expanded services for the care of sexually abused children; child protection task force which encompasses a multidisciplinary team to provide oversight of all child abuse cases identified and reported. EEH remains committed to the provision of these services.</p>
Maternal/Child Health	<p>This was identified within Will County during the CHNA assessment process. While not directly prioritized in the FY2020-2022 EEH implementation strategy, the System already plays a major role in Maternal and Child Health through its obstetrics and pediatric service lines, which provide a full range of preventive and treatment services for women and children in the region.</p>
Oral Health	<p>This was identified within Will County, which established an initiative to collaborate with health systems that provide dental care to develop a comprehensive oral health improvement plan. As EEH does not provide dental care services, this is out of scope and will be addressed at the county level.</p>

**Appendix A: DuPage County Community Health Needs Assessment and
Implementation Strategy**

DuPage County Department of Community Services

2018 Community Needs Assessment

Prepared by Impact DuPage
July 2018

IMPACT  **DUPAGE**

Driving DuPage Forward

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Executive Summary

The mission of the DuPage County Department of Community Services (Community Services) is to provide and support programs, services and partnerships that keep people safe in their homes, environments, and relationships; provide connections between those in need and the resources that support them; and help residents escape poverty, maintain independence and achieve economic self-sufficiency.

Every three years, Community Services conducts an assessment of needs and poverty in DuPage County as part of the Community Services Block Grant program. Since 2016, Community Services has partnered with Impact DuPage to conduct these assessments. The 2018 Community Needs Assessment is comprised of qualitative and quantitative data about needs and poverty in DuPage County.

Qualitative data was collected via a client survey, stakeholder survey, and focus groups. The client survey asks about individuals' needs within categories such as employment, education, housing, and health. Nearly 2,500 surveys were collected from residents of DuPage County who obtain services from various health and human service organizations. The most common unmet needs mentioned were related to housing, finances, and transportation.

The client survey was distributed in both English and Spanish forms. Though there was agreement between English-speaking and Spanish-speaking respondents, there were some questions where there were differences in responses. A larger proportion of English-speaking respondents indicated that they needed assistance with paying for education, budgeting money, finding affordable housing, and paying for car maintenance. A larger proportion of Spanish-speaking respondents indicated they needed assistance with communication skills, receiving legal guidance about immigration, finding and cooking healthy foods, and receiving affordable health and dental care. Additionally, a larger proportion of Spanish respondents reported that safety was an improvement that they would like to see in their community.

Similar themes were observed in focus groups and the stakeholder survey. Clients who participated in focus groups also noted the challenges to finding full-time employment with wages that meet all their needs. The stakeholder survey gathered feedback from community partners, and the results highlighted both employment needs and housing needs as the greatest challenges facing low-income families in DuPage County. Stakeholders reported that low-income families and individuals need assistance with employment, job training, housing, child care, and transportation in order to achieve or maintain self-sufficiency. When asked about causes of poverty, stakeholders most frequently cited lack of education, lack of job opportunities and low wages, and lack of affordable housing.

Insights and alignment can also be gained from other county strategic planning efforts. Impact DuPage, a partnership of community leaders committed to advancing well-being, conducted a robust assessment of needs in 2018, identifying health status improvement, affordable housing, and behavioral health as strategic issues to address over the next three years. In 2016, Impact DuPage conducted focus groups to learn more about the need for affordable housing. These focus groups included current or prospective participants of the DuPage County Family Self-Sufficiency Program. Participants shared the challenges involved in finding quality, affordable housing including the difficulty of using and stigma related to housing vouchers.

Overall, poverty rates in DuPage County remain below state and national rates, but the poverty rate has increased over the last decade. Moreover, disparities can be seen, as Hispanic or Latino, black or African American, and Native Hawaiian or Pacific Islander residents have higher poverty rates than other race or ethnic populations. Similar disparities can also be seen in children, as black or African American, Native American or Alaska Native, and Hispanic or Latino children have higher poverty rates than other populations. DuPage County continues to compare favorably to Illinois and the United States in terms of educational attainment and income.

Introduction

DuPage County Department of Community Services (Community Services) is a designated Community Action Agency that works to empower people with needs in DuPage County to become self-sufficient and lead enriched, productive lives. Community Services' goals include: keeping people safe in their homes, environments, and relationships; connecting those in need to the resources that support them; and providing support to help residents escape poverty, maintain independence, and achieve economic self-sufficiency.

Community Services offers assistance to residents through the following divisions: Intake and Referral, Family Center, Senior Services, Community Development, and Housing Supports and Self-Sufficiency. Intake and Referral is the entryway into Community Services by providing centralized intake and assessment which helps to ensure residents needs are addressed and triaged to the appropriate division or local partner organization. Community Services offers a myriad of programs including case management, housing and utility assistance, transportation assistance, financial assistance and information referral. Community Services also administrates the Community Services Block Grant (CSBG). This Community Needs Assessment informs the CSBG work plan and administration of CSBG funds.

The Community Service Block Grant Advisory Board is responsible for assessing the unmet social needs of DuPage County residents and designing and funding programs that address these needs.

2018 Community Service Block Grant Advisory Board

Member Name	Represents	Sector
Laurel Bowen	Downers Grove Fish	Client Representative
Nicole Cameron	Metropolitan Family Services DuPage	Client Representative
Roger Cave (Alternate)	Parent's Alliance Employment Project	Private
Don Davia	Spectrios	Client Representative
Elizabeth Chaplin	DuPage County Board	Public/Elected Official
Vanessa Roth	Outreach Community Ministries	Private
Amy L. Grant	DuPage County Board	Public/Elected Official
"Molly" Mary K. Howieson	Bridge Community, Inc.	Private
Tonia Khouri	DuPage County Board	Public/Elected Official
Robert Larsen	DuPage County Board	Public/Elected Official
Kathleen McNamara	Carol Stream Police Department	Private
Jamie Pacis	Northwestern Medicine CDH	Private
Millie Rodriguez	Naperville Township	Client Representative
Christina LePage	People's Resource Center	Client Representative
Sam Tornatore	DuPage County Board	Public/Elected Official
Kristen Sheffield	Parent's Alliance Employment Project	Private

Qualitative Data from the Community

Community Services partnered with Impact DuPage to administer two surveys regarding community needs. Impact DuPage is a collective impact partnership, primarily comprised of community leaders from health and human service sectors throughout DuPage County, including Community Services, that is committed to creating a common understanding of community needs, gaps, and priorities to advance well-being.

Client Survey

In order to gather feedback from low-income residents on needs related to education, employment, housing, parenting, food, finances, transportation, health, and basic needs, Impact DuPage surveyed clients at health and human agencies throughout the county.

Methodology

Between February 5, 2018 and March 30, 2018, Community Services surveyed clients using the Client Needs Assessment survey (Appendix I), originally provided by the Illinois Department of Commerce & Economic Opportunity and edited for distribution by Impact DuPage in 2018 to simplify language and reduce survey length. In addition, twenty-two other health and human service agencies in DuPage County, including current Community Service Block Grant sub grantees, distributed the survey to their clients. The survey was available in both English and Spanish, as well as electronically, though the majority of surveys were completed on paper.

Survey Collection Sites

Organization	Location
360 Youth Services	1305 Oswego Road, Naperville
Bensenville School District 2	210 S. Church Street, Bensenville
Bridge Communities	505 Crescent Blvd, Glen Ellyn
Carol Stream Police Department	505 North Ave, Carol Stream
Catholic Charities	3130 Finley Road, Lombard
DuPage County Community Services	421 N. County Farm Road, Wheaton
DuPage County Family Center	422 N. County Farm Road, Wheaton
DuPage County Health Department - WPHC	245 W. Roosevelt Road, West Chicago
DuPage County Health Department - CPHC	111 N. County Farm Road, Wheaton
DuPage County Health Department - NPHC	1111 W. Lake Street, Addison
DuPage County Health Department - EPHC	1111 E. Jackson Street, Lombard
DuPage County Health Department - SEPHC	422 N. Cass Avenue, Westmont
Family Shelter Service	605 E Roosevelt Road, Wheaton
DuPagePads	601 West Liberty, Wheaton
HOME DuPage	1600 E. Roosevelt Road, Wheaton
Loaves & Fishes Community Services	1871 High Grove Lane, Naperville
Naperville Township	139 Water Street, Naperville
Midwest Shelter for Homeless Veterans	433 S. Carlton Ave, Wheaton
Outreach Community Ministries	122 West Liberty Drive, Wheaton
Open Door DuPage Federation on Human Services Reform	1717 Park, Naperville
People's Resource Center	201 S. Naperville Road, Wheaton
Repeat Boutique	1825 College Ave, Wheaton
Wayne Township	27W031 North Avenue, West Chicago

Winfield Township	130 Arbor Ave, West Chicago
West Suburban Community Pantry	6809 Hobson Valley Drive, Woodridge
workNet DuPage/WIOA	2525 Cabot Drive #302, Lisle
York Township	1502 South Meyers Road, Lombard

Each organization was provided with a summary of the results from their survey site to be used for internal strategic planning or other planning efforts.

Results

Surveys were collected from 2,496 residents in DuPage County, 2,137 in English and 359 in Spanish. Demographics of the respondents are below.

Demographic Category	Number (Percentage) of English Respondents	Number (Percentage) of Spanish Respondents
Gender		
Female	1,517 (71%)	302 (84%)
Male	520 (24%)	39 (11%)
Non-binary/third gender	7 (<1%)	2 (<1%)
Prefer not to say	9 (<1%)	0 (0%)
Prefer to self-describe	0 (0%)	0 (0%)
Did not answer	84 (4%)	16 (4%)
Age Range		
18-24 years	143 (7%)	10 (3%)
25-34 years	374 (18%)	87 (24%)
35-44 years	471 (22%)	142 (40%)
45-54 years	407 (19%)	68 (19%)
55-64 years	387 (18%)	21 (6%)
65+ years old	292 (14%)	9 (2.5%)
Did not answer	63 (3%)	22 (6%)

Respondents were asked to select the needs they could use help with regarding employment, education, financial and legal issues, housing, food and nutrition, basic needs, child care and development, parenting and family support, transportation, and health. Below are the top three needs selected in each category for DuPage County. Needs with less than five responses were not included. The total number of survey responses is listed. The top needs for zip codes with more than 30 responses can be found in Appendix II.

Between English and Spanish respondents, there were some differences in the types of assistance that was requested. English respondents indicated a higher need for resume writing, paying for education, budgeting money, finding affordable housing, paying utility bills, paying for car repairs and registration fees, and finding mental health treatment. Spanish respondents indicated a higher need for getting appropriate clothing for employment, learning English, improving communication skills, receiving legal assistance regarding immigration or deportation, getting food from food pantries, cooking healthy food, basic needs including house wares, clothing, and personal care items, getting access to the internet, obtaining health and dental insurance, and finding health and dental care.

Employment, Education, Financial, Housing, and Food Needs

Combined English and Spanish Survey Respondents

Location	N=	Employment Needs	Education Needs	Financial and/or Legal Needs	Housing Needs	Food & Nutrition Needs
DuPage County	2,496	<ul style="list-style-type: none"> Find a full-time job (20%) Training or education for the job that I want (15%) Applying for jobs (11%) 	<ul style="list-style-type: none"> Help paying for my education (16%) Learning how to use a computer (12%) Improving communication or language skills (12%) 	<ul style="list-style-type: none"> Budgeting and managing money (21%) Understanding credit scores (10%) Filling out tax forms (9%) 	<ul style="list-style-type: none"> Finding affordable housing (25%) Getting help with rent/payments (16%) Help with down payment/closing costs to buy a home (13%) 	<ul style="list-style-type: none"> Getting food from food pantries (32%) Getting more food for my money (20%) Learning how to shop and cook for healthy eating (17%)

English Survey Respondents

Location	N=	Employment Needs	Education Needs	Financial and/or Legal Needs	Housing Needs	Food & Nutrition Needs
DuPage County	2,137	<ul style="list-style-type: none"> Find a full-time job (20%) Training or education for the job that I want (15%) Applying for jobs (11%) 	<ul style="list-style-type: none"> Help paying for my education (17%) Learning how to use a computer (10%) Getting a four-year college degree (10%) 	<ul style="list-style-type: none"> Budgeting and managing money (22%) Understanding credit scores (10%) Filling out tax forms (9%) 	<ul style="list-style-type: none"> Finding affordable housing (26%) Getting help with rent/payments (16%) Help with down payment/closing costs to buy a home (13%) 	<ul style="list-style-type: none"> Getting food from food pantries (31%) Getting more food for my money (19%) Learning how to shop and cook for healthy eating (15%)

Spanish Survey Respondents

Location	N=	Employment Needs	Education Needs	Financial and/or Legal Needs	Housing Needs	Food & Nutrition Needs
DuPage County	359	<ul style="list-style-type: none"> Finding a full-time job (20%) Getting appropriate clothing for my job (15%) Training or education for the job that I want (13%) 	<ul style="list-style-type: none"> Learning English (as a second language) (50%) Improving communication or language skills (32%) Getting a high school diploma or GED/HSED (26%) 	<ul style="list-style-type: none"> Budgeting and managing money (14%) Legal help with deportation or immigration issues (14%) Filling out tax forms (10%) Understanding credit scores (10%) 	<ul style="list-style-type: none"> Finding affordable housing (19%) Making my home more energy efficient (14%) Help with a down payment/closing costs to buy a home (14%) 	<ul style="list-style-type: none"> Getting food from food pantries (37%) Learning how to model healthy eating for my children (32%) Learning how to shop and cook for healthy eating (30%)

Child Care, Parenting, Transportation, Health, and Basic Needs

Combined English and Spanish Survey Respondents

Location	N=	Basic Needs	Child Care and Development	Parenting and Family Support	Transportation	Health
DuPage County	2,496	<ul style="list-style-type: none"> Personal care items like soap, diapers, toilet paper, etc. (24%) Paying utility bills (heating, electric, and/or water) (23%) Clothing and shoes (22%) 	<ul style="list-style-type: none"> Finding affordable child care (7%) Paying for school or club activities (7%) Paying for child care (6%) 	<ul style="list-style-type: none"> Helping my child cope with emotional issues (11%) Learning how to set goals and plan for my family (10%) Disciplining my child more effectively (9%) 	<ul style="list-style-type: none"> Paying for car repairs (18%) Paying for car insurance (15%) Buying a dependable car (14%) 	<ul style="list-style-type: none"> Affordable health insurance (23%) Affordable dental insurance (21%) Finding dental care (15%)

English Survey Respondents

Location	N=	Basic Needs	Child Care and Development	Parenting and Family Support	Transportation	Health
DuPage County	2,137	<ul style="list-style-type: none"> Paying utility bills (heating, electric, and/or water) (24%) Personal care items like soap, diapers, toilet paper, etc. (22%) Clothing and shoes (21%) 	<ul style="list-style-type: none"> Paying for school or club activities (7%) Paying for child care (7%) Finding affordable child care (7%) 	<ul style="list-style-type: none"> Learning how to set goals and plan for my family (10%) Helping my child cope with emotional issues (9%) Disciplining my child more effectively (8%) 	<ul style="list-style-type: none"> Paying for car repairs (19%) Paying for car insurance (16%) Buying a dependable car (14%) 	<ul style="list-style-type: none"> Affordable health insurance (21%) Affordable dental insurance (19%) Stress, depression, or anxiety (15%)

Spanish Survey Respondents

Location	N=	Basic Needs	Child Care and Development	Parenting and Family Support	Transportation	Health
DuPage County	359	<ul style="list-style-type: none"> Personal care items like soap, diapers, toilet paper, etc. (34%) Basic furniture, appliances, or house wares (30%) Clothing and shoes (29%) 	<ul style="list-style-type: none"> Finding a before/after school program (12%) Finding child care in a convenient location (10%) Paying school fees (7%) 	<ul style="list-style-type: none"> Disciplining my child more effectively (17%) Communicating with my teenage child (17%) Talking to my child about drugs (16%) 	<ul style="list-style-type: none"> Paying for car repairs (12%) Paying for car insurance (12%) Getting to public transportation (11%) 	<ul style="list-style-type: none"> Affordable health insurance (35%) Affordable dental insurance (34%) Finding dental care (24%)

Unmet Needs – Last 12 Months

Respondents were asked, “Are there any problems or needs that you or your family faced within the last 12 months that you were unable to get help with? If Yes, please list those problems or needs.” The major themes of these unmet needs for respondents to the English survey were:

- Housing needs (118 responses) – including paying mortgage, rent, and assistance with homelessness
- Financial needs (94 responses) – including paying for utilities, medical bills, and costs related to children
- Transportation needs (77 responses) – including obtaining a reliable car or paying for car repairs

For respondents to the Spanish survey:

- Housing needs (7 responses) – including assistance with rent

Improving the Neighborhood

Respondents were asked, “What is one thing you would like to see improved in your neighborhood?” For respondents to the English survey, major themes included:

- Housing (101 responses) – particularly availability and affordability
- Transportation (78 responses) – particularly related to public transportation
- Compassion/Friendliness/Unification (56 responses)

For respondents to the Spanish survey:

- Safety (26 responses) – particularly reducing crime and gang activity

Stakeholder Survey

In addition to surveying low-income residents, feedback was collected from stakeholders in the following sectors: Community Services staff, government, Board members, education, healthcare, faith-based organization, service organization, public/private housing, neighborhood association, police, judicial, private business, and other.

Methodology

The Stakeholder Survey (Appendix III) was distributed electronically during May and June 2018 through a variety of networks, yielding 143 responses. The distribution included community coalitions, chambers of commerce, and local government groups, among others (Appendix IV). Responses came from stakeholders across all sectors:

Sector	Response Percent
Government	7.7%
DuPage County Community Services Staff	25.9%
Board Member	1.4%
Educational Institution	7.0%
Healthcare Provider	1.4%
Faith-based Organization	2.8%
Service Organization	30.1%
Public/Private Housing	0.7%

Neighborhood Association	0%
Police	2.1%
Judicial	0%
Private Business	4.2%
Other	14.0%
Did Not Answer	2.8%

Results

Stakeholders were asked to provide feedback on the needs of and availability of services to low-income residents in their community.

Employment and Child Care

	Unsure	Excessive Number	Sufficient Number	Insufficient Number	Not Any Opportunities	Did Not Answer
Full-time living wage employment opportunities	26.6%	1.4%	17.5%	54.5%	0%	0%
Childcare programs (daytime M-F) for low-income residents	39.9%	0%	18.2%	39.2%	1.4%	1.4%
Childcare programs (evenings, nights, weekends) for low-income residents	43.4%	0%	1.4%	44.8%	10.5%	0%
Pre-school programs (including Head Start programs) for low-income residents	40.6%	0%	27.3%	30.8%	1.4%	0%
Affordable child and youth (ages 5-17) activities or after school programs	30.8%	1.4%	22.4%	44.1%	1.4%	0%

Emergency Services, Health, and Transportation

Stakeholders were asked whether the number of emergency services and medical/dental services in their community was adequate or sufficient.

Levels are adequate/sufficient?	Yes	No	Unsure	Did Not Answer
Non-medical emergency services	44.8%	21.0%	31.5%	2.8%
Affordable housing	10.5%	69.2%	20.3%	0%
Emergency shelters	19.6%	49.7%	30.1%	0.7%
Medical services for low-income people	25.9%	39.2%	34.3%	0.7%
Dental services for low-income people	8.4%	54.5%	35.7%	1.4%
Wellness programs (nutrition, exercise) for low-income people*	16.8%	38.5%	44.8%	0%
Emergency food or food assistance	58.7%	24.5%	16.1%	0.7%
Public transportation options	27.3%	64.3%	7.0%	1.4%

*question asked if programs are available, rather than is the level adequate

Where does the community need assistance?

The question "Which of the following issues do you believe are the greatest challenges low-income families and individuals are currently facing?" yielded the following top five responses:

- Living wage employment (83.2%)
- Housing (74.8%)
- Child care (72.0%)
- Transportation (72.0%)
- Job training (55.9%)

The question "Which of the following areas do you believe low-income families and individuals need assistance with in order to achieve or maintain self-sufficiency?" yielded the following top five responses:

- Employment (85.3%)
- Job training (75.5%)
- Housing (74.8%)
- Child care (73.4%)
- Transportation (71.3%)

The question *“Which of the following areas do you believe the elderly (seniors) in your community need assistance with in order to remain in their home?”* yielded the following top five responses:

- Home repairs (79.7%)
- Access to transportation (73.4%)
- Yard work/snow removal (69.2%)
- Grocery shopping (67.8%)
- Housework (66.4%)

What do you believe causes poverty?

- Lack of education (49 responses)
- Lack of job opportunities, low wages (41 responses)
- Lack of affordable housing (19 responses)

What community improvement issue would you like your community to address?

- Housing (44 responses)
- Transportation (21 responses)
- Mental health (11 responses)

If you had \$1,000,000 to solve a community issue, what would you solve?

- Housing and homelessness (56 responses)
- Mental health (12 responses)
- Child care (11 responses)
- Transportation (11 responses)

Focus Groups

During April 2018, four focus groups were held to discuss the issues facing clients that utilize social services in DuPage County. Focus groups were held at Loaves & Fishes, People’s Resource Center, DuPage County Health Department’s North Public Health Center in Addison, and Metropolitan Family Services-Head Start. Across all four sessions, twenty-five total participants attended the focus groups. A fifth group at West Suburban Community Pantry was offered, but no clients attended the session.

Participants were mostly employed, but not typically in full-time positions and their wages were not enough to cover the cost of living. Those that did not have jobs reported that their limitations to finding employment were due to lack of transportation to a job, inaccessibility for persons with a disability, and the lack of job training available for people without prior experience. None of the participants were in school at the time of the focus groups, mainly due to the high cost of education and needing to take care of their family.

Paying for rent and other housing costs including bills and repairs were the most commonly reported financial concerns. The rising cost of rent prevents residents from being able to afford other necessities

like medical care and clothing. Two-thirds of participants were renters. Participants said that while there are some housing programs available, they were either unable to access them due to income or did not know where to find them.

When asked about what they considered “basic needs,” the most common answer was food. Though participants reported that they generally did have enough access to food, they said that the grocery stores and food pantries that they regularly used were sometimes too hard to get to. Eating healthy foods was a problem for half of respondents, who said that it was more expensive to eat healthy and understanding what is “healthy” can be difficult.

Finding child care was another reported problem. The high cost alone of most child care programs makes it hard to find appropriate care, not to mention other considerations such as distance from home and safety of the area. Parents of older children reported that they found it difficult to discuss privacy and how to effectively use technology without being dependent on it. Bullying and sex were issues that were noted as difficult for both parents and children to talk about.

Regarding transportation, over two-thirds of participants reported using private transportation such as cars. Public transportation was deemed to be inconvenient by most respondents because it is limited in where it goes, takes too long, and can be too complex to get to where you want to go.

Finally, a commonly cited health difficulty was finding insurance that covered medical costs, as well as understanding the complex insurance landscape. Other health-related difficulties were the high costs of prescriptions and dental care, getting transportation to the doctor, and the limited care available for people using Medicaid.

Qualitative Data Summary

The focus groups and stakeholder and client surveys yield valuable information about the unmet needs of low-income residents in DuPage County. The stakeholder survey highlighted employment as a major issue, as it is listed as both the greatest challenge facing low-income families as well as the area that residents need the most assistance with. Housing was an additional area of great need according to stakeholders, listed as the second-largest challenge and third-largest area for assistance.

The most common unmet needs for clients over the past 12 months were housing (mortgage, rent, homelessness), financial (bills, utilities, debt), and transportation. The most common areas where residents would like to see an improvement were in providing affordable housing and improving public transportation options. Also noted was the desire to see the community become more unified and friendly.

Focus group participants discussed how the rising costs of rent in DuPage County were affecting the ability to pay for other necessary services and goods. Employment is difficult to find for many residents and the jobs that are available for low-income residents are not typically full-time and wages are not high enough to meet all needs.

Other CSBG Data

2017 Intake & Referral Follow-up Call Survey

In 2017, Community Services Intake & Referral conducted a follow-up call survey (n=588), asking about client satisfaction as well as whether clients had any unmet needs. Fifty-three percent (314) of clients

responded that they did not have any unmet needs at the time of the call. For those that did have unmet needs, the most common needs included rental assistance (13.1%), energy assistance (10.7%), financial assistance (9.9%), housing (8.2%), and health care/medical assistance (8.0%).

2017 General Client Satisfaction Survey

Throughout 2017, Community Services distributed a general satisfaction survey to clients that was taken by 3,199 respondents. Ninety-six percent of respondents (3,070) responded that they were satisfied with their experience and ninety-four percent (2,992) reported that they would recommend the agency to family and friends.

Other Assessment Data – Impact DuPage

2018 Community Needs Assessment

In 2018, Impact DuPage conducted a countywide assessment of community needs. Impact DuPage is a partnership of community leaders committed to creating a common understanding of community needs, gaps, and priorities that will advance the well-being of the DuPage County community. The 2018 assessment utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework, a community-driven strategic planning process to improve community health.

The 2018 Impact DuPage assessment was comprised of four assessments/data collection methods:

- **Forces of Change:** The Forces of Change Assessment highlights the trends, issues, and factors facing DuPage County. Brainstorming sessions were conducted at 11 different community groups to gather a varied illustration of what is currently happening in the community and what is on the horizon.
- **Local System Assessment:** In April 2018, 63 community stakeholders gathered to assess how well the system works together to provide the 10 Essential Public Health Services. The participants, providing input from across different sectors, voted on different aspects of each Essential Service.
- **Landscape Review:** The Landscape Review is a community survey distributed to residents that asks their feedback about the health of DuPage County. Over 1,500 residents answered questions indicating the greatest strengths of DuPage, the prevalent health concerns and risky behaviors in the county, and what topics we should focus on improving.
- **Community Profile:** The Community Profile presents quantitative data about DuPage County. The information is designed to give a thorough snapshot of DuPage County's current health status. The report was developed using Impact DuPage's community dashboard – www.impactdupage.org.

In June 2018, the Impact DuPage Steering Committee reviewed the 2018 Assessment results and identified three strategic issues to be addressed from 2019 to 2021. These issues are:

- **Health status improvement:** How do we build a person-centered model of healthcare that is efficient and effective, creates meaningful access to care for all, and demonstrably improves health status?
- **Affordable housing:** How do we develop affordable housing that meets the demographic profile of the county?

- Behavioral health: How do we strengthen prevention and treatment of behavioral health issues for residents of DuPage County?

Impact DuPage will collaborate with different community groups, including Prevention Leadership Team, HOPE Task Force, Behavioral Health Collaborative, DuPage Health Coalition, FORWARD, and DuPage Housing Solutions to develop action plans that address these issues.

2016 Affordable Housing Focus Groups

Affordable Housing was also identified as an Impact DuPage strategic issues in 2015. In order to better understand the issue, Impact DuPage and Northern Illinois University conducted focus groups with clients of DuPagePads, case managers of social service agencies in DuPage County, and clients of the County's Family Self-Sufficiency Program. The results of the focus groups were included in the 2016 CSBG Community Assessment and are included below.

DuPagePads Clients Focus Group

Sixteen clients of DuPagePads' Permanent Supportive Housing Program and Interim Housing Program participated in a focus group on housing issues. Themes from this group included the stigma of homelessness, credit ratings and employment criteria, and issues in applying for housing choice vouchers as challenges. Participants voiced a need for a greater number of affordable housing units and incentives for owners/landlords to provide affordable housing.

Social Service Front Line Staff Focus Group

Staff from different social service organizations in DuPage County spoke of the needs and barriers their clients experience in obtaining housing. These included: affording rent while making minimum wage, bad credit and/or recent evictions, transportation challenges, housing for large families, housing for single individuals, availability of affordable housing units (e.g. long wait lists), and access to technology needed to complete applications or access resources. Populations such as chronically homeless/mentally ill, refugees, and veterans have additional challenges. Participants discussed the following strategies to prevent homelessness: financial literacy courses, affordable and accessible mental health and substance abuse counseling, counseling on breaking the cycle of homelessness, rent payment grace period, and re-evaluating crime-free housing ordinances.

Family Self-Sufficiency Program Focus Group

Twenty-one current or prospective participants of the DuPage County Family Self-Sufficiency Program discussed the difficulties seeking affordable housing. Themes included reluctance of landlords to accept housing choice vouchers and how individuals are seemingly penalized as their income increases because they either lose eligibility for the voucher program or have to contribute that money towards the voucher, rather than save it to purchase a home. Participants also noted that housing is often poor quality, landlords are unresponsive, and that they are treated differently than other renters when using a voucher. The need for more education, particularly on how to become homeowners instead of renters, was also highlighted.

Quantitative Data on Poverty

Quantitative data on poverty in DuPage County is provided courtesy of Community Commons, via the Community Needs Assessment Online Tool in the Community Action Partnership Hub, supplemented by additional data from the American Community Survey and other sources. Select tables are found below, and the full report is found in Appendix V.



Community Action Partnership

Population Profile

Population Change

Population change within DuPage County from 2000-2016 is shown below. During the fourteen-year period, total population estimates for the report area grew by 2.9 percent, increasing from 904,161 persons in 2000 to 930,514 persons in 2016.

Report Area	Total Population, 2016 ACS	Total Population, 2000 Census	Population Change from 2000-2016 Census/ACS	Percent Change from 2000-2016 Census/ACS
DuPage County	930,514	904,161	26,353	2.9%
Illinois	12,851,684	12,419,293	432,391	3.5%
United States	318,558,162	281,421,906	37,136,256	13.2%

Data Source: US Census Bureau, American Community Survey. US Census Bureau, Decennial Census. 2012-16. Source geography: County

Demographic Changes 2000-2016

Demographic changes in DuPage County show that between 2000 and 2016, the population of individuals aged 65 and over grew by 41.5 percent. All races except for White and Other increased significantly within this time period, while the Hispanic population grew by 59.7 percent.

DuPage County Population	2000	Percent of Population 2000	2016	Percent of Population 2016	Percent Change 2000-2016
Age 0-4	65,849	7.3%	55,313	5.9%	-16.0%
Age 5-17	175,983	19.5%	163,458	17.6%	-7.1%
Age 18-64	573,535	63.4%	586,881	63.1%	+2.3%
Age 64+	88,794	9.8%	124,862	13.4%	+40.6%
White	759,924	84.0%	734,032	78.9%	-3.4%
Black	27,600	3.1%	43,791	4.7%	+58.7%
Asian	71,252	7.9%	103,084	11.1%	+44.7%
American Indian	*		1,972	0.2%	N/A
Native Hawaiian/Pacific Islander	217	0.0%	336	0%	+54.8%

Two or More Races	15,482	1.7%	23,503	2.5%	+51.8%
Other	28,166	3.1%	23,796	2.6%	-15.5%
Non-Hispanic	822,795	91.0%	800,550	86.0%	-2.7%
Hispanic	81,366	9.0%	129,964	14.0%	59.7%

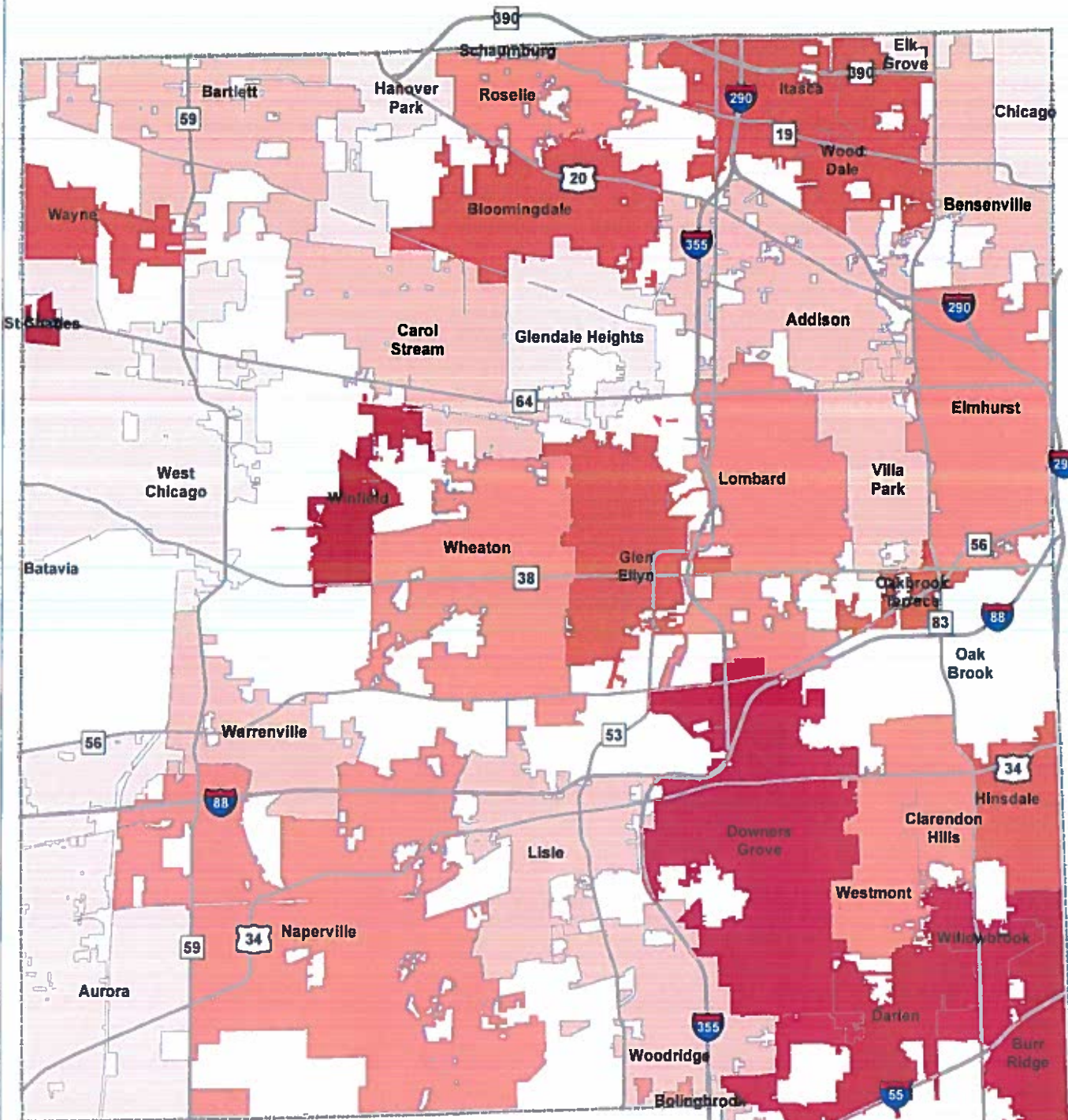
*No sample observations of this race in this year or too few observations to compute a margin of error.

Data Source: US Census Bureau, American Community Survey. US Census Bureau, Decennial Census. 2012-16.






The below map shows the median age of DuPage County residents by municipality.



Median Ages



2018 Median Age

-  0 - 35
-  >35 - 39.2
-  >39.2 - 41.4
-  >41.4 - 44.1
-  >44.1 - 57



Race and Ethnicity Demographics

Population by gender within DuPage County is shown below. According to ACS 2012-2016 5 year population estimates, the white population comprised 78.9% of DuPage County, black population represented 4.7%, and other races combined were 13.9%. Persons identifying themselves as mixed race made up 2.5% of the population.

Report Area	White Total	Black Total	American Indian/ Alaska Native Total	Asian Total	Native Hawaiian/ Pacific Islander Total	Two or More Races	Other
DuPage County, IL	734,032 (78.9%)	43,791 (4.7%)	1,972 (0.2%)	103,084 (11.1%)	336 (0.0%)	23,503 (2.5%)	23,796 (2.6%)
Illinois	9,270,907 (72.1%)	1,837,612 (14.3%)	29,399 (0.2%)	655,799 (5.1%)	4,186 (0.0%)	300,222 (2.3%)	753,559 (5.9%)
United States	233,657,078 (73.3%)	40,241,818 (12.6%)	2,597,817 (0.8%)	16,614,625 (5.2%)	560,021 (0.2%)	9,752,947 (3.1%)	15,133,856 (4.8%)

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Report Area	Total Hispanic/Latino	Total Non-Hispanic/Latino	Percent Hispanic/Latino	Percent Non-Hispanic/Latino
DuPage County, IL	129,964	800,550	14.0%	86.0%
Illinois	2,136,474	10,715,210	16.6%	83.4%
United States	55,199,107	263,359,055	17.3%	82.7%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Veterans, Age and Gender Demographics

Veterans, Age and Gender Demographics show the number of veterans living in the report area. According to the American Community Survey (ACS), 5.2% of the adult population in DuPage County are veterans, which is less than the national average of 8.0%.

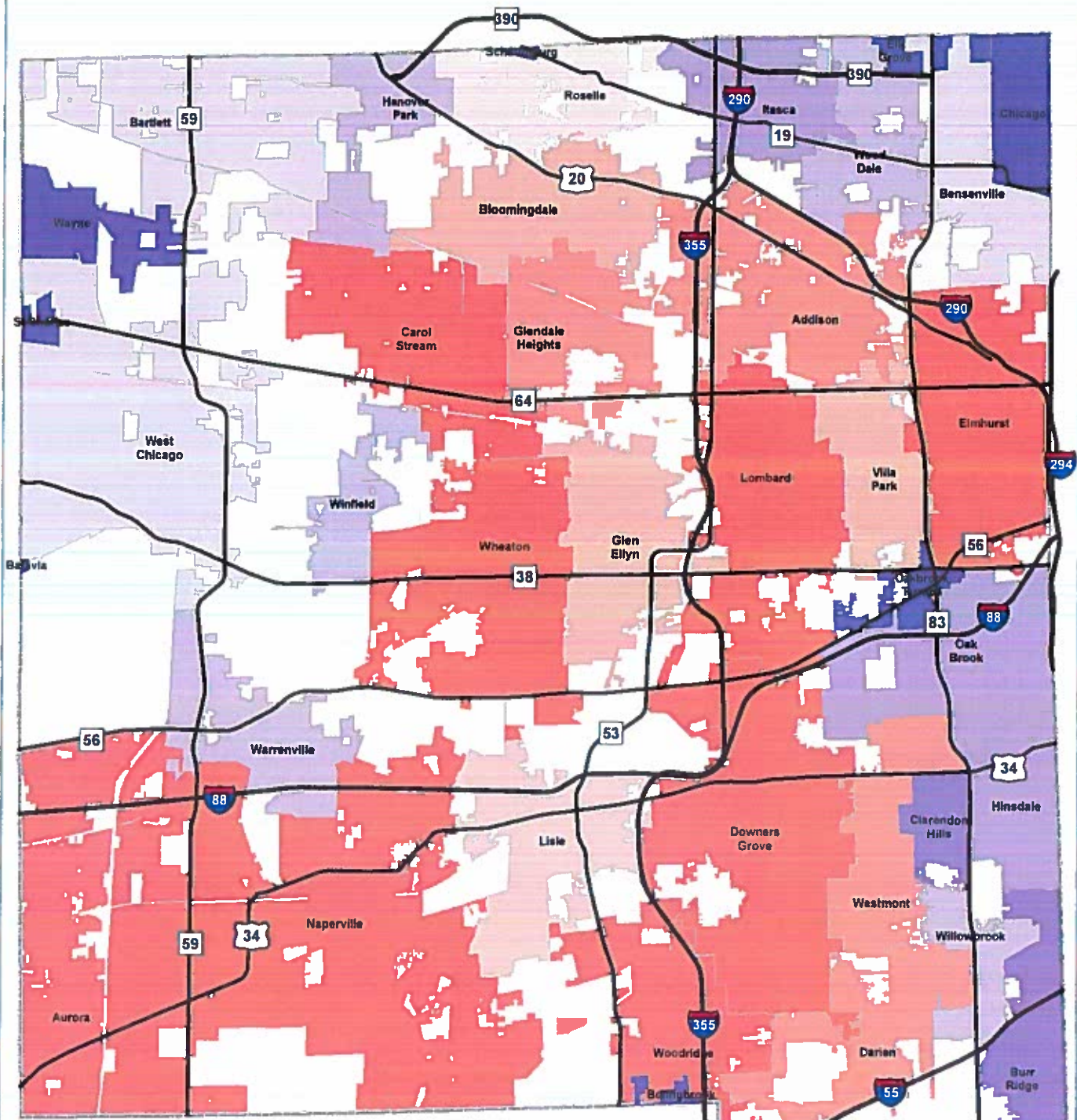
Report Area	Veterans Total	Veterans Male	Veterans Female	% Pop Over 18 Total	% Pop Over 18 Males	% Pop Over 18 Females
DuPage County, IL	37,131	35,104	2,027	5.2%	10.2%	0.6%
Illinois	643,460	601,286	42,174	6.5%	12.6%	0.8%
United States	19,535,341	17,948,822	1,586,519	8.0%	15.2%	1.3%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County












The below map shows the total number of veterans in DuPage County by municipality.



18+ Veteran Populations



ACS Age 18+ Veterans

	0 - 166		835.01 - 840
	166.01 - 330		840.01 - 975
	330.01 - 500		975.01 - 1110
	500.01 - 665		1110.01 - 1380
	665.01 - 830		1380.01 - 3748
	830.01 - 835		



Poverty

The following report section shows population estimates for all persons in poverty for report area. According to the American Community Survey 5 year estimates, an average of 7.0 percent of all persons lived in a state of poverty during the 2012 - 2016 period. The poverty rate for all persons living in the report area is less than the national average of 15.1 percent. In 2016, the federal poverty level for individuals was \$12,060, and \$24,600 for a family of four (United States Department of Health and Human Services).

Population in Poverty

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
DuPage County, IL	917,734	64,677	7.0%
Illinois	12,548,538	1,753,731	14.0%
United States	310,629,645	46,932,225	15.1%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Households in Poverty

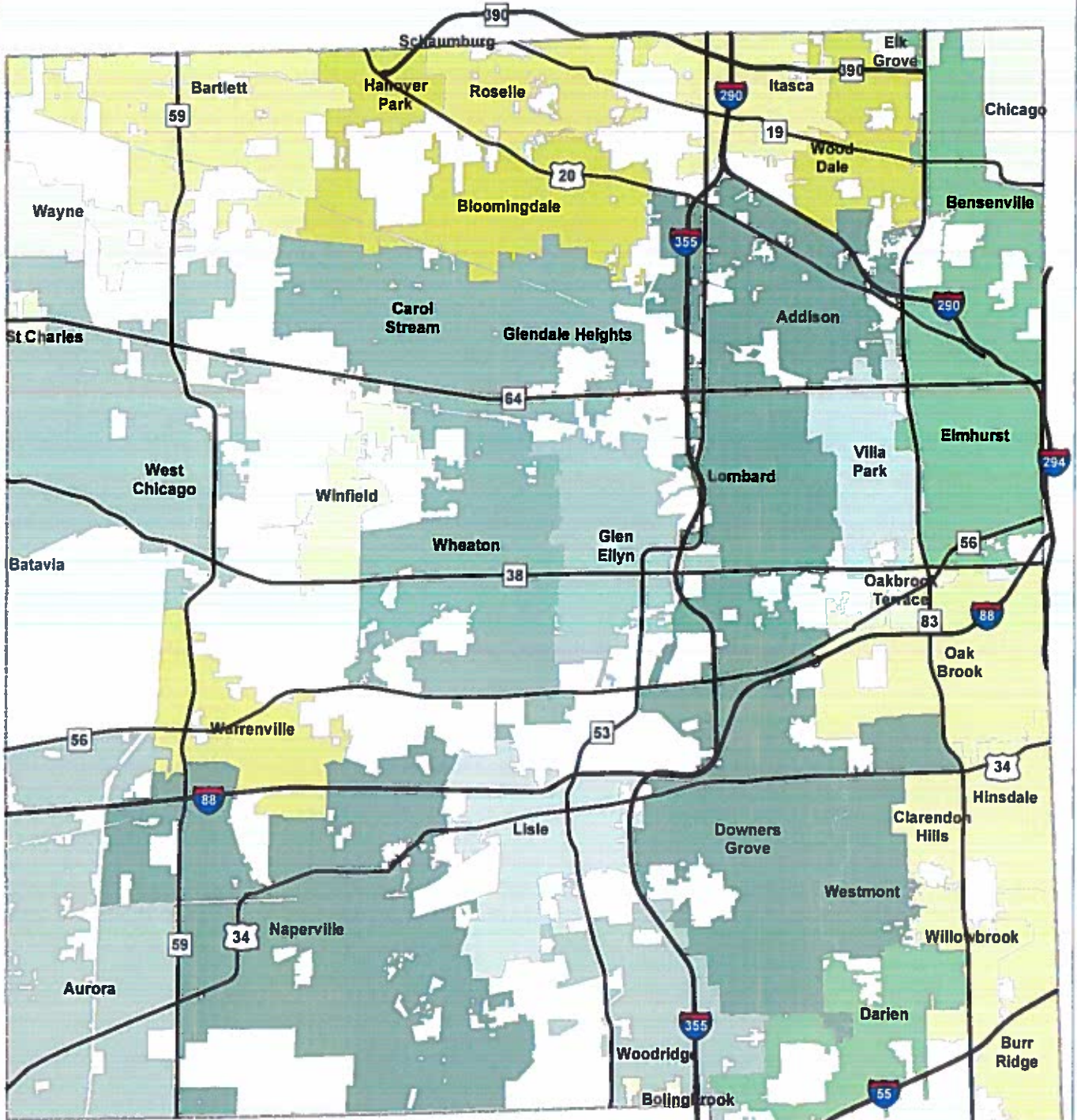
Report Area	Total Households	Households in Poverty	Percent of Households in Poverty
DuPage County, IL	338,987	24,170	7.1%
Illinois	4,802,124	639,989	13.3%
United States	117,716,237	16,652,240	14.2%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

The below maps show the total number of households, by municipality, in DuPage County that are living below 100% of the federal poverty level and the percent of individuals, by municipality, living in below 100% of the federal poverty level.



ACS Below Poverty Level



ACS HHs: Below Poverty Level

0 - 18	575.01 - 600
18.01 - 144	600.01 - 742
144.01 - 288	742.01 - 1112
288.01 - 420	1112.01 - 1297
420.01 - 555	1297.01 - 2033
555.01 - 575	

Poverty Rate Change

Poverty rate change in the report area from 2000 to 2016 is shown below. According to the U.S. Census, the poverty rate for the area increased by 3.2%, compared to a national increase of 3.8%.

Report Area	Persons in Poverty 2000	Poverty Rate 2000	Persons in Poverty 2016	Poverty Rate 2016	Change in Poverty Rate 2000-2016
DuPage County, IL	34,241	3.8%	64,677	7.0%	3.2%
Illinois	2,455,770	10.0%	1,753,731	14.0%	4.0%
United States	31,581,086	11.3%	46,932,225	15.1%	3.8%

Data Source: US Census Bureau, American Community Survey. US Census Bureau, Decennial Census. 2012-16.

Population in Poverty by Gender

The percent of females living in poverty (7.8%) residing in DuPage County is slightly higher than the percent males in poverty (6.2%) residing in DuPage County.

Report Area	Total Male in Poverty	Total Female in Poverty	Percent Male in Poverty	Percent Female in Poverty
DuPage County, IL	28,159	36,518	6.2%	7.8%
Illinois	778,721	975,010	12.7%	15.2%
United States	21,012,839	25,919,386	13.8%	16.3%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Population in Poverty by Ethnicity Alone

In DuPage County, the percent of Hispanics or Latinos living in poverty (13.7%) is more than double the percent of non-Hispanics or Latinos living in poverty (6.0%).

Report Area	Total Hispanic/Latino in Poverty	Total Non Hispanic/Latino in Poverty	Percent Hispanic/Latino in Poverty	Percent Non Hispanic or Latino in Poverty
DuPage County, IL	17,668	47,009	13.7%	6.0%
Illinois	411,749	1,341,982	19.6%	12.9%
United States	12,653,597	34,278,628	23.4%	13.4%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Population in Poverty Race Alone, Percent

In DuPage County, Black or African Americans and Native Hawaiian/Pacific Islanders have the highest rates of poverty when compared to other races.

Report Area	White	Black or African American	Native American/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	Two or more races
DuPage County, IL	5.7%	21.4%	13.2%	7.1%	22.9%	16.8%	10.5%
Illinois	10.3%	29.7%	21.1%	11.8%	12.6%	21.2%	18.4%
United States	12.4%	26.2%	27.6%	12.3%	20.1%	25.4%	19.3%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Poverty (Age 0 to 17)

Children in Poverty by Ethnicity Alone: Age 0 – 17

The percent of children in poverty by ethnicity are shown below. Of the total Hispanic or Latino children in DuPage County, 18.3 percent are living in poverty, as compared to 7.2 percent of non-Hispanic or Latino children.

Report Area	Hispanic or Latino in Poverty	Not Hispanic or Latino in Poverty	Percent of Hispanic or Latino Children in Poverty	Percent of Not Hispanic or Latino Children in Poverty
DuPage County, IL	8,314	12,381	18.3%	7.2%
Illinois	190,445	385,714	26.7%	17.3%
United States	5,525,267	9,810,516	31.3%	17.9%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Children in Poverty by Race Alone, Percent: Age 0 – 17

Of the children in DuPage County, Black or African Americans, Native American/Alaska Native, Native Hawaiian/Pacific Islanders, and individuals who identified as some other race had the highest rates of poverty when compared to other races.

Report Area	Non-Hispanic White	Black or African American	Native American/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	Multiple Race
DuPage County, IL	4.4%	31.9%	20.8%	8.2%	13.2%	22.2%	12.5%
Illinois	10.4%	41.7%	25.2%	11%	16.6%	29.8%	20.8%
United States	12.7%	37.4%	35.2%	12.5%	26.8%	34.6%	21.6%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Seniors in Poverty

Poverty rates for seniors (persons age 65 and over) are shown below. According to American Community Survey estimates, there were 6,664 seniors, or 5.5 percent, living in poverty within the report area.

Report Area	Ages 65 and Up Total Population	Ages 65 and Up In Poverty	Ages 65 and Up Poverty Rate
DuPage County, IL	120,790	6,664	5.5%
Illinois	1,719,667	151,523	8.8%
United States	44,874,586	4,195,427	9.3%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: county

Seniors in Poverty by Gender: Age 65 and Up

A slightly higher percentage of females ages 65 and up live in poverty compared to males, at the local, state, and national level.

Report Area	Total Male	Total Female	Percent of Males 65 and Up in Poverty	Percent of Females 65 and Up in Poverty
DuPage County, IL	2,316	4,348	4.4%	6.4%
Illinois	50,354	101,169	6.7%	10.4%
United States	1,455,293	2,740,134	7.3%	11.0%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Seniors in Poverty by Ethnicity Alone: Age 65 and Up

Report Area	Hispanic or Latino 65 and Up in Poverty	Not Hispanic or Latino 65 and Up in Poverty	Percent of Hispanic or Latinos 65 and Up in Poverty	Percent of Not Hispanic or Latino 65 and Up in Poverty
DuPage County, IL	629	6,035	11.3%	5.2%
Illinois	15,930	135,593	15.0%	8.4%
United States	657,884	3,537,543	19.0%	8.5%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Seniors in Poverty by Race Alone, Percent: Age 65 and Up

The table below shows the percent of seniors, by race, living in poverty. Among Native Hawaiian/Pacific Islanders over the age of 65 in DuPage County, 27.6 percent are living in poverty. Among individuals of some other race over the age of sixty-five, 31.2 percent are living in poverty.

Report Area	Non-Hispanic White	Black or African American	Native American/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	Multiple Race
DuPage County, IL	4.9%	7.1%	9.2%	7.6%	27.6%	31.2%	14.5%
Illinois	6.8%	18.1%	14.6%	11.8%	14.1%	17.5%	12.8%
United States	7.2%	17.5%	18.3%	13.0%	13.7%	22.1%	13.8%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Employment

Current Unemployment

Labor force, employment, and unemployment data for DuPage County is provided in the table below. Overall, DuPage County experienced an average 3.4% percent unemployment rate in March 2018.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
DuPage County, IL	511,928	494,599	17,329	3.4%
Illinois	6,496,831	6,210,832	285,999	4.4%
United States	162,635,301	155,857,594	6,777,707	4.2%

Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - March. Source geography: County

Five Year Unemployment Rate

Average annual unemployment change within the report area from 2012 to 2016 is shown in the chart below.

Area	2012	2013	2014	2015	2016
DuPage County	7.5%	7.4%	5.7%	4.7%	4.7%
Illinois	9.0%	9.0%	7.1%	6.0%	5.8%
United States	8.1%	7.4%	6.2%	5.3%	4.9%

Data Source: US Department of Labor, Bureau of Labor Statistics. Source geography: County

Education

Educational Attainment

Educational attainment (persons 25 and over) in DuPage County is higher when compared to Illinois and national values. The percent of individuals that have a high school diploma only (18.7%) is lower than both state and national percentages, whereas the percent of individuals with a Bachelors (28.7%) or Graduate or Professional Degree (18.6%) is higher than Illinois and U.S. percentages.

Report Area	Percent No High School Diploma	Percent High School Only	Percent Some College	Percent Associates Degree	Percent Bachelors Degree	Percent Graduate or Professional Degree
DuPage County, IL	7.6%	18.7%	19.2%	7.2%	28.7%	18.6%
Illinois	11.7%	26.5%	21.1%	7.8%	20.2%	12.7%
United States	13.0%	27.5%	21%	8.2%	18.8%	11.5%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Adult Literacy

The National Center for Education Statistics (NCES) produces estimates for adult literacy based on educational attainment, poverty, and other factors in each county.

Report Area	Estimated Population over 16	Percent Lacking Literacy Skills
DuPage County, IL	698,431	7%
Illinois	9,507,861	13%
United States	219,016,209	14.6%

Data Source: National Center for Education Statistics, NCES - Estimates of Low Literacy. Source geography: County

Housing

Homeowners

The U.S. Census Bureau estimated there were 248,762 homeowners in DuPage County in 2000, and 247,155 owner occupied homes in DuPage County for the 5 year estimated period from 2012 - 2016. The percent of owner occupied homes decreased from 76.4 percent in 2000 to 72.9 percent in 2016.

Report Area	Owner Occupied Homes 2000	% Owner Occupied Homes 2000	Owner Occupied Homes 2016	% Owner Occupied Homes 2016
DuPage County, IL	248,762	76.4%	247,155	72.9%
Illinois	3,088,884	67.3%	3,167,081	66.0%
United States	69,815,753	66.2%	74,881,068	63.6%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Housing Affordability

One indicator of housing affordability is the percentage of renters who are spending 30 percent or more of their household income on rent. In DuPage County, 43.9 percent of renters spend 30 percent or more of their household income on rent, compared to 49.6 percent for Illinois and 47.3 percent for the United States. Below is a breakdown of DuPage County renters spending 30 percent or more of household income on rent by age. Fifty-five percent of renters age 15-24 and 64 percent of renters over age 65 spend 30 percent or more of their income on rent.

DuPage County Renter Group	Percent of Renters Spending 30%+ of Income on Rent
Overall	43.9%
Age 15-24	55.7%
Age 25-34	39.2%
Age 35-64	44.8%
Age 65+	64.8%

Data Source: U.S. Census Bureau, American Community Survey 2012-2016 estimates via Impact DuPage/Healthy Communities Institute

According to the National Low Income Housing Coalition (2018), the rent affordable at minimum wage (\$8.25/hour) is \$429, while fair market rent for a zero-bedroom unit in DuPage County is \$879. The estimated mean renter wage in DuPage County is \$18.30, and the rent affordable at mean renter wage is \$952, which is below fair market rent for a one-bedroom unit (\$1,014) (National Low Income Housing Coalition, 2018).

The DuPage Housing Authority administrates the Housing Choice Voucher program, which provides rental assistance to income-eligible individuals and families. As of August 2018, approximately 800 individuals were on the wait list for a housing choice voucher. The wait list was last open on June 20, 2016. HUD allocates 3,032 vouchers to DuPage County, though availability of vouchers also depends on the average cost of a voucher and funds available (DuPage Housing Authority, 2018).

Income

Two common measures of income are Median Household Income and Per Capita Income, based on U.S. Census Bureau estimates. Both measures are shown in the table below. The median household income in DuPage County (\$81,521) is higher than both state and national values. The average Per Capita income for DuPage County is \$40,547, compared to a national average of \$29,829.

Report Area	Median Household Income	Per Capita Income
DuPage County, IL	\$81,521	\$40,547
Illinois	\$59,196	\$31,502
United States	\$55,322	\$29,829

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Nutrition

Free and Reduced Lunch Program

The following report shows that 40,293 public school students (27.4%) in DuPage County were enrolled in the free or reduced price lunch programs during the 2015 - 2016 school year, which is less than the national average of 52.4 percent.

Report Area	Total Public School Students	Number Free/Reduced Price Lunch	Percent Free/Reduced Price Lunch
DuPage County, IL	147,294	40,293	27.4%
Illinois	2,018,739	1,006,936	49.9%
United States	50,611,787	25,893,504	52.6%

Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2015-16. Source geography: Address

Households Receiving SNAP by Poverty Status (ACS)

The below table shows that 20,335 households (or 6% of all households) in DuPage County received SNAP payments, based on American Community Survey 2012-2016 five year estimates. During this same period there were 16,840 households with income levels below the poverty level that were not receiving SNAP payments.

Report Area	Household Receiving SNAP Total	Household Receiving SNAP Percent	Household Receiving SNAP Income Below Poverty	Household Receiving SNAP Income Above Poverty	Household Not Receiving SNAP Total	Household Not Receiving SNAP Percent	Household Not Receiving SNAP Income Below Poverty	Household Not Receiving SNAP Income Above Poverty
DuPage County, IL	20,335	6%	7,330	13,005	318,652	94%	16,840	301,812
Illinois	636,945	13.3%	312,674	324,271	4,165,179	86.7%	327,315	3,837,864
United States	15,360,951	13.0%	7,727,684	7,633,267	102,355,286	87.0%	8,924,556	93,430,730

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Health Care

Federally Qualified Health Centers

The table below shows the Federally Qualified Health Centers in DuPage County.

County	Provider Number	FQHC Name	Address	City	Phone
DuPage County	PN: 141971	MARTIN R RUSSO FAMILY HEALTH CENTER	245 S GARY	BLOOMINGDALE	(630) 893- 5230
DuPage County	PN: 781803	VNA HEALTHCARE AT DUPAGE COUNTY HEALTH DEPARTMENT	111 N COUNTY FARM ROAD	WHEATON	(630) 978- 2532
DuPage County	PN: 781811	HAMDARD - ADDISON	228 E LAKE STREET	ADDISON	(603) 744- 6985
DuPage County	PN: 141015	WEST CHICAGO FAMILY HEALTH CTR	245 WEST ROOSEVELT	WEST CHICAGO	(630) 293- 4124
DuPage County	PN: 141045	ACCESS ADDISON HEALTH CENTER	1111 W LAKE STREET	ADDISON	(773) 257- 5093
DuPage County	PN: 141188	VNA HEALTH CARE OF FOX VALLEY - CAROL STREAM	350 SCHMALE ROAD, SUITE 150	CAROL STREAM	(630) 892- 4355
DuPage County	PN: 141191	VNA HEALTH CENTER - BENSENVILLE	28 N YORK RD	BENSENVILLE	(630) 978- 9754
DuPage County	PN: 141131	ACCESS ARMY TRAIL ROAD FAMILY HEALTH CENTER	2055 W ARMY TRAIL ROAD	ADDISON	(630) 705- 1010
DuPage County	PN: 141135	ACCESS GATEWAY CENTER FAMILY HEALTH CENTER	526 MAIN STREET	WEST CHICAGO	(630) 293- 3835

Data Source: US Department of Health Human Services, Center for Medicare Medicaid Services, Provider of Services File. December 2016. Source geography: County

Medicare and Medicaid Providers

Total institutional Medicare and Medicaid providers, including hospitals, nursing facilities, Federally qualified health centers, rural health clinics and community mental health centers for the report area are shown. According to the U.S. Department of Health and Human Services, there were 242 active Medicare and Medicaid institutional service providers in the report area in the fourth quarter of 2016.

Report Area	Total Institutional Providers	Hospitals	Nursing Facilities	Federally Qualified Health Centers	Rural Health Clinics	Community Mental Health Centers
DuPage County, IL	242	9	38	10	0	0
Illinois	3,174	243	742	335	215	3
United States	72,892	7,175	15,652	7,666	4,156	163

Data Source: US Department of Health Human Services, Center for Medicare Medicaid Services, Provider of Services File. Dec. 2016. Source geography: County

Persons Receiving Medicare

The total number of persons receiving Medicare is shown, broken down by number over 65 and number of disabled persons receiving Medicare for the report area. The U.S. Department of Health and Human Services reported that a total of 151,537 persons were receiving Medicare benefits in the report area in 2016. A large number of individuals in our society are aware that persons over 65 years of age receive Medicare; however, many of them are unaware that disabled persons also receive Medicare benefits. A total of 12,807 disabled persons in the report area received Medicare benefits in 2016.

Report Area	Persons Over 65 Receiving Medicare	Disabled Persons Receiving Medicare	Total Persons Receiving Medicare
DuPage County	138,730	12,807	151,537
Illinois	3,639,632	587,978	4,227,605
United States	48,262,205	8,890,790	57,152,995

Data Source: Centers for Medicare and Medicaid Services. 2012-16. Source geography: County

Persons Receiving Medicaid

According to the Illinois Department of Healthcare and Family Services, the total number of persons receiving comprehensive Medicaid benefits in DuPage County on June 30, 2017 was 133,266. This is a decrease from the previous year (136,220). The table below includes a breakdown of comprehensive Medicaid enrollment by enrollee type.

Report Area	ACA Newly Eligible Adults	Adults with Disabilities	Children	Other Adults	Seniors
DuPage County, IL	24,318	6,711	67,004	24,952	10,281
Illinois	631,693	246,813	1,462,872	592,850	207,590

Data Source: Illinois Department of Healthcare and Family Services. FY 2017.

Uninsured Population

The uninsured population is calculated by estimating the number of persons eligible for insurance (generally those under 65) minus the estimated number of insured persons. While DuPage County has a lower uninsured rate than both the state of Illinois and the United States, disparities are seen when looking at uninsured adults by race and ethnicity. While 4.9 percent of white, non-Hispanic adults in DuPage County are uninsured, 18.6 percent of Hispanic or Latino adults and 19.4 percent of adults identifying as “some other race alone” are uninsured.

Report Area	Insurance Population	Number Insured	Number Uninsured	Percent Uninsured
DuPage County, IL	924,733	855,194	69,539	7.5%
Illinois	12,671,738	11,438,252	1,233,486	9.7%
United States	313,576,137	276,875,891	36,700,246	11.7%

Data Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Uninsured Adults by Race/Ethnicity, Percent

Report Area	American Indian/Alaska Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian/Pacific Islander	Other	Two or More Races	White, non-Hispanic
DuPage County, IL	9.7%	8.8%	9.8%	18.6%	12.2%	19.4%	7.9%	4.9%
Illinois	14.3%	10.4%	12.6%	20.9%	15.7%	24.6%	7.9%	6.1%
United States	23.3%	10.8%	13.7%	23.4%	13.6%	26.0%	10.5%	8.1%

Data Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Please see [Community Needs Assessment Online Tool footnotes](#) for information about the data background, analysis methodologies and other related notes.

Report prepared by [Community Commons](#), April 10, 2018, with some additional data provided by Impact DuPage and select median age, veteran, and poverty maps provided by DuPage County GIS Division.

Quantitative Data Summary

Overall, poverty rates in DuPage County remain below state and national rates, but the poverty rate has increased over the last decade. Moreover, disparities can be seen, as Hispanic or Latino, black or African American, and Native Hawaiian or Pacific Islander residents have higher poverty rates than other race or ethnic populations. Similar disparities can also be seen in children, as black or African American, Native American or Alaska Native, and Hispanic or Latino children have higher poverty rates than other populations.

Unemployment rates continue to decrease in DuPage County, and DuPage County has higher percentages of residents with bachelor’s or graduate degrees than Illinois or the United States. The per capita and median household income values for DuPage continue to exceed state and national values as well. Residents of DuPage County do report slightly longer travel times to work.

Appendices

- I. Client Survey (English and Spanish)
- II. Client Survey Responses by Zip Code
- III. Stakeholder Survey
- IV. Stakeholder Survey Distribution List
- V. Quantitative Data

DuPage County Department of Community Services Needs Assessment Survey

1. Do you live in DuPage County? YES NO
2. What is your household's zip code? _____
3. What is your gender? Female Male Non-binary/third gender Prefer to self-describe _____ Prefer not to say
4. What is your age range? 18-24 years 25-34 years 35- 44 years 45-54 years 55-64 years 65+ years old

5. **EMPLOYMENT: What do you or a family member need help with (select all that apply)...**

<input type="checkbox"/> Finding a full-time job	<input type="checkbox"/> Getting appropriate clothing for my job
<input type="checkbox"/> Applying for jobs	<input type="checkbox"/> Getting equipment (e.g. tools) for my job
<input type="checkbox"/> Writing a resume	<input type="checkbox"/> Other _____
<input type="checkbox"/> Learning how to interview for a job	<input type="checkbox"/> I do not have any employment needs right now
<input type="checkbox"/> Training or education for the job that I want	

6. **EDUCATION: What do you or a family member need help with (select all that apply)...**

<input type="checkbox"/> Getting a high school diploma or GED/HSED	<input type="checkbox"/> Improving communication or language skills
<input type="checkbox"/> Getting a two-year college degree	<input type="checkbox"/> Learning English (as a second language)
<input type="checkbox"/> Getting a four-year college degree	<input type="checkbox"/> Help paying for my education
<input type="checkbox"/> Choosing a career	<input type="checkbox"/> Completing college aid forms (including FAFSA forms)
<input type="checkbox"/> Choosing a technical school program	<input type="checkbox"/> Other _____
<input type="checkbox"/> Learning how to use a computer	<input type="checkbox"/> I do not have any education needs right now

7. **FINANCIAL AND LEGAL ISSUES: What do you or a family member need help with (select all that apply)...**

<input type="checkbox"/> Budgeting and managing money	<input type="checkbox"/> Divorce problems
<input type="checkbox"/> Opening a checking or savings account	<input type="checkbox"/> Child custody problems
<input type="checkbox"/> Filling out tax forms	<input type="checkbox"/> Child support problems
<input type="checkbox"/> Understanding credit scores	<input type="checkbox"/> Getting protection in domestic violence situations
<input type="checkbox"/> Problems with a credit card or loan company	<input type="checkbox"/> Legal help with deportation or immigration issues
<input type="checkbox"/> Problems with utility or telephone company	<input type="checkbox"/> Getting legal help when denied services
<input type="checkbox"/> Problems with payday loans	<input type="checkbox"/> Other _____
<input type="checkbox"/> Foreclosure/bankruptcy/repossession problems	<input type="checkbox"/> I do not have any financial/legal needs right now

8. **HOUSING: What do you or a family member need help with (select all that apply)...**

<input type="checkbox"/> Finding affordable housing	<input type="checkbox"/> Getting help with rent deposits
<input type="checkbox"/> Help with a down payment/closing costs to buy a home	<input type="checkbox"/> Making my home more energy efficient
<input type="checkbox"/> Qualifying for a loan to buy a home	<input type="checkbox"/> Changes to my home for a person with disabilities
<input type="checkbox"/> Home ownership education	<input type="checkbox"/> Getting emergency shelter
<input type="checkbox"/> Renter/tenant rights and responsibilities education	<input type="checkbox"/> Addressing housing discrimination
<input type="checkbox"/> Learning basic home repair/property maintenance skills	<input type="checkbox"/> Other _____
<input type="checkbox"/> Getting help with rent payments	<input type="checkbox"/> I do not have any housing needs right now

9. **FOOD AND NUTRITION: What do you or a family member need help with (select all that apply)...**

<input type="checkbox"/> Getting food from food pantries	<input type="checkbox"/> Getting nutritious foods during pregnancy
<input type="checkbox"/> Learning how to shop and cook for healthy eating	<input type="checkbox"/> Obtaining breastfeeding education and assistance
<input type="checkbox"/> Getting more food for my money	<input type="checkbox"/> Other _____
<input type="checkbox"/> Getting meals delivered to my home	<input type="checkbox"/> I do not have any food/nutrition needs right now
<input type="checkbox"/> Learning how to model healthy eating for my children	

10. **BASIC NEEDS: What do you or a family member need help with (select all that apply)...**

<input type="checkbox"/> Basic furniture, appliances, or house wares	<input type="checkbox"/> Having a reliable phone
<input type="checkbox"/> Personal care items like soap, diapers, toilet paper, etc.	<input type="checkbox"/> Getting access to the Internet
<input type="checkbox"/> Clothing and shoes	<input type="checkbox"/> Paying utility bills (heating, electric, and/or water)
<input type="checkbox"/> Yard work or snow removal	<input type="checkbox"/> Other _____
<input type="checkbox"/> House work or laundry	<input type="checkbox"/> I do not have any basic needs right now
<input type="checkbox"/> Managing medications	

11. CHILD CARE AND CHILD DEVELOPMENT: What do you or your family need help with (select all that apply)...

- | | |
|--|---|
| <input type="checkbox"/> Finding child care in a convenient location | <input type="checkbox"/> Finding a before/after school program |
| <input type="checkbox"/> Finding quality licensed child care | <input type="checkbox"/> Preparing my preschool child for public school |
| <input type="checkbox"/> Finding affordable child care | <input type="checkbox"/> Paying for child care |
| <input type="checkbox"/> Finding child care for babies | <input type="checkbox"/> Paying for school supplies |
| <input type="checkbox"/> Finding child care for toddlers | <input type="checkbox"/> Paying school fees |
| <input type="checkbox"/> Finding child care for preschoolers | <input type="checkbox"/> Paying for school or club activities |
| <input type="checkbox"/> Finding evening or nighttime child care | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Finding weekend child care | <input type="checkbox"/> I do not have childcare needs right now |
| <input type="checkbox"/> Finding a quality preschool | |

12. PARENTING AND FAMILY SUPPORT: What could you or your family use help with (select all that apply)...

- | | |
|--|---|
| <input type="checkbox"/> Disciplining my child more effectively | <input type="checkbox"/> Learning how to set goals and plan for my family |
| <input type="checkbox"/> Communicating with my teenage child | <input type="checkbox"/> Talking to my child's care provider or teachers |
| <input type="checkbox"/> Addressing a child's bullying or violent behavior | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Talking to my child about drugs | <input type="checkbox"/> I do not have parenting needs right now |
| <input type="checkbox"/> Talking to my child about sex, STDs, etc. | |
| <input type="checkbox"/> Helping my child cope with emotional issues | |

13. TRANSPORTATION: Which transportation needs could you or your family use help with (select all that apply)...

- | | |
|---|--|
| <input type="checkbox"/> Getting to public transportation | <input type="checkbox"/> Getting myself to and from school |
| <input type="checkbox"/> Reliable transportation to and from work | <input type="checkbox"/> Getting my children to and from child care |
| <input type="checkbox"/> Buying a dependable car | <input type="checkbox"/> Getting my children to and from school |
| <input type="checkbox"/> Paying for car repairs | <input type="checkbox"/> Getting my children to and from activities |
| <input type="checkbox"/> Paying for car insurance | <input type="checkbox"/> Going shopping and doing errands |
| <input type="checkbox"/> Paying car registration or license fees | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Getting a driver's license | <input type="checkbox"/> I do not have transportation needs right now |
| <input type="checkbox"/> Getting to and from medical or dental appointments | |

14. HEALTH: Which health needs could you or a family member use help with (select all that apply)...

- | | |
|--|--|
| <input type="checkbox"/> Affordable health insurance | <input type="checkbox"/> Getting good medical care before my baby is born |
| <input type="checkbox"/> Affordable dental insurance | <input type="checkbox"/> Getting regular check-ups, developmental screens, or physicals for my child |
| <input type="checkbox"/> Finding health care | <input type="checkbox"/> Vaccines for my children |
| <input type="checkbox"/> Finding dental care | <input type="checkbox"/> Help with a drug or alcohol problem |
| <input type="checkbox"/> Getting my health insurance questions answered | <input type="checkbox"/> Mental health treatment |
| <input type="checkbox"/> Paying for regular medical checkups | <input type="checkbox"/> Stress, depression, or anxiety |
| <input type="checkbox"/> Paying for regular dental checkups | <input type="checkbox"/> Physical, emotional, or sexual abuse |
| <input type="checkbox"/> Paying for medicine and prescriptions | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Paying for glasses, hearing aids, wheelchairs, etc. | <input type="checkbox"/> I do not have health needs right now |
| <input type="checkbox"/> Paying for long-term health care | |
| <input type="checkbox"/> Getting help with family planning or birth control | |

15. Are there needs that you or your family faced within the last 12 months that you were unable to get help with?

- YES NO If YES, please list those problems or needs:

16. What is ONE thing you would like to see improved in your neighborhood?

Condado de DuPage – Servicios Comunitarios: Encuesta sobre los Servicios de Necesidades Básicas

1. ¿Vive usted en el Condado de DuPage? SI NO
2. ¿Cuál es el código postal de su residencia? _____
3. ¿Cuál es su género?
 Femenino Masculino No-Binario / Otro Género Prefiero Auto-describir _____ Prefiero no decir
4. ¿Cuál es su rango de edad? 18-24 años 25-34 años 35- 44 años 45-54 años 55-64 años 65+ años
5. **EMPLEO:** ¿Con que podría necesitar ayuda usted o un familiar? (seleccione todas las que apliquen)...

<input type="checkbox"/> Encontrando trabajo de tiempo completo <input type="checkbox"/> Solicitando empleo <input type="checkbox"/> Escribiendo hoja de vida <input type="checkbox"/> Aprendiendo a responder a una entrevista de trabajo <input type="checkbox"/> Entrenamiento o educación para el trabajo que quiero	<input type="checkbox"/> Adquiriendo la ropa apropiada para mi trabajo <input type="checkbox"/> Adquiriendo equipo (ej. herramientas) para mi trabajo <input type="checkbox"/> Otros _____ <input type="checkbox"/> No tengo necesidades de empleo en este momento
--	--
6. **EDUCACIÓN:** ¿Con que podría necesitar ayuda usted o un familiar? (seleccione todas las que apliquen)...

<input type="checkbox"/> Obteniendo un diploma de la secundaria o GED/HSED <input type="checkbox"/> Obteniendo un título de dos años de una universidad <input type="checkbox"/> Obteniendo un título de 4 años de una universidad <input type="checkbox"/> Escogiendo una carrera <input type="checkbox"/> Escogiendo un programa en una escuela técnica <input type="checkbox"/> Aprendiendo a usar una computadora <input type="checkbox"/> Mejorando mi comunicación o habilidad con el lenguaje	<input type="checkbox"/> Escogiendo inglés (como segundo idioma) <input type="checkbox"/> Obteniendo asistencia financiera para mi educación <input type="checkbox"/> Completando las formas de ayuda financiera (incluyendo las formas FAFSA) <input type="checkbox"/> Otros _____ <input type="checkbox"/> No tengo necesidades de educación en este momento
--	---
7. **ASUNTOS FINANCIEROS Y LEGALES:** ¿Con que podría necesitar ayuda usted o un familiar? (seleccione todas las que apliquen)...

<input type="checkbox"/> Presupuestando y administrando el dinero <input type="checkbox"/> Abriendo una cuenta de cheques o de ahorros <input type="checkbox"/> Llenando las formas de los impuestos <input type="checkbox"/> Entendiendo el puntaje de crédito <input type="checkbox"/> Problemas con la compañía de crédito o de préstamo <input type="checkbox"/> Problemas con la compañía de servicio público o de teléfono <input type="checkbox"/> Problemas con los préstamos de día de pago <input type="checkbox"/> Problemas de ejecución hipotecaria/bancarrota/recuperación	<input type="checkbox"/> Problemas de divorcio <input type="checkbox"/> Problemas con la custodia de menores <input type="checkbox"/> Problemas con la manutención de menores <input type="checkbox"/> Obteniendo orden de restricción en casos de violencia doméstica <input type="checkbox"/> Asistencia legal en casos de deportación o inmigración <input type="checkbox"/> Otros _____ <input type="checkbox"/> No tengo necesidades financieras/legales en este momento
---	--
8. **VIVIENDA:** ¿Con que podría necesitar ayuda usted o un familiar? (seleccione todas las que apliquen)...

<input type="checkbox"/> Encontrando vivienda asequible <input type="checkbox"/> Obteniendo asistencia financiera con el pago inicial o los costos de cierre para comprar vivienda <input type="checkbox"/> Calificando para un préstamo hipotecario <input type="checkbox"/> Educación acerca de cómo ser un propietario de vivienda <input type="checkbox"/> Educación sobre los derechos y responsabilidades de arrendatario/propietario <input type="checkbox"/> Aprendiendo habilidades básicas para reparar y mantener una propiedad <input type="checkbox"/> Obteniendo asistencia financiera con pago de renta	<input type="checkbox"/> Obteniendo asistencia financiera con pago del depósito de garantía para la renta <input type="checkbox"/> Haciendo que mi casa sea más eficiente en el uso de energía <input type="checkbox"/> Cambiando mi casa para que sea accesible para personas con necesidades especiales <input type="checkbox"/> Consiguiendo un albergue de emergencia <input type="checkbox"/> Hablando acerca de la discriminación en la vivienda <input type="checkbox"/> Otros _____ <input type="checkbox"/> No tengo necesidades de vivienda en este momento
--	--
9. **ALIMENTOS Y NUTRICIÓN:** ¿Con que podría necesitar ayuda usted o un familiar? (seleccione todas las que apliquen)...

<input type="checkbox"/> Consiguiendo alimentos en las alacenas o los bancos de comida <input type="checkbox"/> Aprendiendo a comprar y cocinar alimentos saludables <input type="checkbox"/> Aprendiendo a hacer mejor uso de cada dólar presupuestado para alimentación <input type="checkbox"/> Obteniendo las comidas repartidas y entregadas al hogar	<input type="checkbox"/> Aprendiendo cómo ser un ejemplo de alimentación saludable para mis hijos <input type="checkbox"/> Obteniendo alimentación saludable durante mi embarazo <input type="checkbox"/> Obteniendo asistencia y educación sobre lactancia materna <input type="checkbox"/> Otros _____ <input type="checkbox"/> No tengo necesidades nutricionales en este momento
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10. NECESIDADES BÁSICAS : ¿Con que podría necesitar ayuda usted o un familiar? (seleccione todas las que apliquen)...

- | | |
|---|---|
| <input type="checkbox"/> Muebles básicos, electrodomésticos y artículos para el hogar | <input type="checkbox"/> Acceso a un teléfono fiable |
| <input type="checkbox"/> Artículos de cuidado personal como jabón, pañales, papel higiénico, etc. | <input type="checkbox"/> Acceso al internet |
| <input type="checkbox"/> Ropa y zapatos | <input type="checkbox"/> Pagando los servicios públicos (calefacción, electricidad, y/o agua) |
| <input type="checkbox"/> Cortando el césped o removiendo la nieve | <input type="checkbox"/> Otros _____ |
| <input type="checkbox"/> Limpiando la casa o lavando la ropa | <input type="checkbox"/> No tengo necesidades básicas en este momento |
| <input type="checkbox"/> Administrando las medicinas | |

11. CRIANZA DE LOS NIÑOS Y DESARROLLO INFANTIL: ¿Con que podría necesitar ayuda usted o un familiar? (seleccione todas las que apliquen)...

- | | |
|--|--|
| <input type="checkbox"/> Encontrando cuidado de niños en un lugar conveniente | <input type="checkbox"/> Encontrando un preescolar de calidad |
| <input type="checkbox"/> Encontrando cuidado de niños con licencia y de calidad | <input type="checkbox"/> Encontrando programas antes/después de escuela |
| <input type="checkbox"/> Encontrando cuidado de niños que yo pueda costear | <input type="checkbox"/> Preparando mi niño de preescolar para la escuela pública |
| <input type="checkbox"/> Encontrando cuidado para los bebés (0-12 meses) | <input type="checkbox"/> Pagando por el cuidado de niños |
| <input type="checkbox"/> Encontrando cuidado para los bebés mayores (12-24 meses) | <input type="checkbox"/> Pagando por los suministros escolares |
| <input type="checkbox"/> Encontrando cuidado para los niños de preescolar | <input type="checkbox"/> Pagando por la cuota escolar |
| <input type="checkbox"/> Encontrando cuidado para los niños en las horas de la tarde o noche | <input type="checkbox"/> Pagando por las actividades de la escuela o después de clase. |
| <input type="checkbox"/> Encontrando cuidado para los niños en los fines de semana | <input type="checkbox"/> Otros _____ |
| | <input type="checkbox"/> No tengo necesidades de cuidado de niños en este momento |

12. CRIANZA DE LOS NIÑOS Y APOYO FAMILIAR: con cuál necesidad podría usted o su familia usar ayuda? (seleccione todas las que apliquen)...

- | | |
|--|--|
| <input type="checkbox"/> Disciplinando mis niños de una manera eficaz | <input type="checkbox"/> Aprendiendo a establecer objetivos y a planear para mi familia |
| <input type="checkbox"/> Comunicándome con mis hijos adolescentes | <input type="checkbox"/> Hablando con las personas que cuidan a mis hijos o sus maestros |
| <input type="checkbox"/> Tratando con mis niños que han demostrado una conducta violenta, de acoso o intimidación. | <input type="checkbox"/> Otros _____ |
| <input type="checkbox"/> Hablando a mis hijos acerca de las drogas | <input type="checkbox"/> No tengo necesidades con la crianza de los niños en este momento |
| <input type="checkbox"/> Hablando a mis hijos acerca de sexo, enfermedades de transmisión sexual (ETS), etc. | |
| <input type="checkbox"/> Ayudando a mis hijos como hacer frente a sus emociones | |

13. TRANSPORTE: ¿Con cuáles necesidades de transporte usted o su familia podrían necesitar ayuda? (seleccione todas las que apliquen)...

- | | |
|---|--|
| <input type="checkbox"/> Teniendo acceso a transportación pública | <input type="checkbox"/> Ir y venir por mí mismo a la escuela |
| <input type="checkbox"/> Teniendo transportación confiable para ir y venir del trabajo | <input type="checkbox"/> Llevando a mis niños de ida y regreso a la guardería |
| <input type="checkbox"/> Comprando un vehículo confiable | <input type="checkbox"/> Llevando a mis niños de ida y regreso a la escuela |
| <input type="checkbox"/> Pagando por las reparaciones del automóvil | <input type="checkbox"/> Llevando a mis niños de ida y regreso de las actividades |
| <input type="checkbox"/> Pagando por el seguro del automóvil | <input type="checkbox"/> Ir de compras o ir a hacer mandados |
| <input type="checkbox"/> Pagando por el registro o la licencia del automóvil | <input type="checkbox"/> Otros _____ |
| <input type="checkbox"/> Obteniendo la licencia para conducir | <input type="checkbox"/> No tengo necesidades de transporte en este momento |
| <input type="checkbox"/> Obteniendo transporte de ida y vuelta a las citas médicas y del dentista | |

14. SALUD: ¿Con cuáles necesidades de salud usted o su familia podrían necesitar ayuda? (seleccione todas las que apliquen)...

- | | |
|--|---|
| <input type="checkbox"/> Seguro médico de costo razonable | <input type="checkbox"/> Obteniendo buen cuidado antes del nacimiento de mi bebé |
| <input type="checkbox"/> Seguro dental de costo razonable | <input type="checkbox"/> Obteniendo revisiones de salud regulares, evaluaciones para el desarrollo o exámenes físicos para mis niños. |
| <input type="checkbox"/> Encontrando servicio médico | <input type="checkbox"/> Vacunas para mis niños |
| <input type="checkbox"/> Encontrando servicio dental | <input type="checkbox"/> Obteniendo ayuda para los problemas de drogas o alcohol |
| <input type="checkbox"/> Respondiendo a mis preguntas sobre seguro médico | <input type="checkbox"/> Tratamiento de salud mental |
| <input type="checkbox"/> Pagando por la visita regular médica | <input type="checkbox"/> Estrés, depresión y ansiedad |
| <input type="checkbox"/> Pagando por la visita regular al dentista | <input type="checkbox"/> Abuso físico, emocional o sexual |
| <input type="checkbox"/> Pagando por las medicinas y recetas medicas | <input type="checkbox"/> Otros _____ |
| <input type="checkbox"/> Pagando por lentes, audifonos, silla de ruedas, etc. | <input type="checkbox"/> No tengo necesidades de salud en este momento |
| <input type="checkbox"/> Pagando por el cuidado de salud a largo plazo | |
| <input type="checkbox"/> Asistiendo con la planeación familiar o control de la natalidad | |



15. ¿Existe algún problema que usted o su familia haya tenido durante los últimos 12 meses con el cual no logró conseguir ayuda?

SI NO Si la respuesta es SI, por favor escriba la lista de estos problemas:

16. ¿Cuál sería la MAYOR cosa que a usted le gustaría ver mejorada en su vecindario?

English Survey Respondents: Employment, Education, Financial, Housing, and Food Needs

Location	N=	Employment Needs	Education Needs	Financial and/or Legal Needs	Housing Needs	Food & Nutrition Needs
60188 Carol Stream	207	<ul style="list-style-type: none"> • Finding a full-time job (20%) • Training or education for the job that I want (12%) • Writing a resume (11%) 	<ul style="list-style-type: none"> • Help paying for my education (16%) • Learning how to use a computer (14%) • Improving communication or language skills (11%) 	<ul style="list-style-type: none"> • Budgeting and managing money (15%) • Understanding credit scores (9%) • Filling out tax forms (9%) 	<ul style="list-style-type: none"> • Finding affordable housing (23%) • Help with a down payment/closing costs to buy a home (14%) • Qualifying for a loan to buy a home (12%) • Getting help with rent/payments (12%) 	<ul style="list-style-type: none"> • Getting food from food pantries (27%) • Getting more food for my money (13%) • Learning how to shop and cook for healthy eating (9%)
60185 West Chicago	124	<ul style="list-style-type: none"> • Training or education for the job that I want (21%) • Finding a full-time job (16%) • Getting appropriate clothing for my job (12%) 	<ul style="list-style-type: none"> • Help paying for my education (19%) • Getting a high school diploma or GED/HSED (9%) • Getting a four-year college degree (9%) • Learning how to use a computer (9%) 	<ul style="list-style-type: none"> • Budgeting and managing money (17%) • Filling out tax forms (10%) • Understanding credit scores (8%) 	<ul style="list-style-type: none"> • Finding affordable housing (19%) • Qualifying for a loan to buy a home (16%) • Help with a down payment/closing costs to buy a home (11%) 	<ul style="list-style-type: none"> • Getting food from food pantries (23%) • Getting more food for my money (15%) • Learning how to shop and cook for healthy eating (11%)
60148 Lombard	320	<ul style="list-style-type: none"> • Finding a full-time job (17%) • Training or education for the job that I want (14%) • Getting appropriate clothing for my job (12%) 	<ul style="list-style-type: none"> • Help paying for my education (17%) • Learning how to use a computer (13%) • Getting a two-year college degree (10%) 	<ul style="list-style-type: none"> • Budgeting and managing money (27%) • Filling out tax forms (11%) • Understanding credit scores (9%) 	<ul style="list-style-type: none"> • Finding affordable housing (28%) • Qualifying for a loan to buy a home (14%) • Getting help with rent/payments (13%) 	<ul style="list-style-type: none"> • Getting food from food pantries (32%) • Getting more food for my money (20%) • Learning how to shop and cook for healthy eating (15%)
60187 Wheaton	116	<ul style="list-style-type: none"> • Finding a full-time job (27%) • Training or education for the job that I want (21%) • Getting appropriate clothing for my job (16%) 	<ul style="list-style-type: none"> • Help paying for my education (16%) • Getting a two-year college degree (13%) • Choosing a career (12%) • Learning English (as a second language) (12%) 	<ul style="list-style-type: none"> • Budgeting and managing money (20%) • Problems with a credit card or loan company (14%) • Understanding credit scores (11%) 	<ul style="list-style-type: none"> • Finding affordable housing (31%) • Getting help with rent/payments (25%) • Getting help with rent deposits (19%) 	<ul style="list-style-type: none"> • Getting food from food pantries (37%) • Getting more food for my money (23%) • Learning how to shop and cook for healthy eating (16%)
60139 Glendale Heights	113	<ul style="list-style-type: none"> • Finding a full-time job (15%) • Training or education for the job that I want (15%) • Writing a resume (13%) • Learning how to interview for a job (13%) 	<ul style="list-style-type: none"> • Help paying for my education (22%) • Getting a high school diploma or GED/HSED (15%) • Getting a four-year college degree (12%) 	<ul style="list-style-type: none"> • Budgeting and managing money (25%) • Filling out tax forms (12%) • Problems with a credit card or loan company (11%) 	<ul style="list-style-type: none"> • Finding affordable housing (25%) • Learning basic home repair/property maintenance skills (16%) • Getting help with rent/payments (15%) 	<ul style="list-style-type: none"> • Getting food from food pantries (31%) • Getting more food for my money (27%) • Learning how to shop and cook for healthy eating (17%)

English Survey Respondents: Employment, Education, Financial, Housing, and Food Needs (continued)

Location	N=	Employment Needs	Education Needs	Financial and/or Legal Needs	Housing Needs	Food & Nutrition Needs
60137 Glen Ellyn	101	<ul style="list-style-type: none"> • Finding a full-time job (16%) • Getting appropriate clothing for my job (16%) • Training or education for the job that I want (15%) 	<ul style="list-style-type: none"> • Help paying for my education (22%) • Learning how to use a computer (16%) • Getting a four-year college degree (12%) 	<ul style="list-style-type: none"> • Budgeting and managing money (18%) • Problems with a credit card or loan company (15%) • Understanding credit scores (12%) 	<ul style="list-style-type: none"> • Finding affordable housing (27%) • Getting help with rent/payments (19%) • Help with a down payment/closing costs to buy a home (18%) 	<ul style="list-style-type: none"> • Getting food from food pantries (38%) • Getting more food for my money (20%) • Learning how to model healthy eating for my children (13%)
60559 Westmont	92	<ul style="list-style-type: none"> • Training or education for the job that I want (17%) • Finding a full-time job (16%) • Applying for jobs (12%) 	<ul style="list-style-type: none"> • Help paying for my education (21%) • Learning how to use a computer (16%) • Getting a high school diploma or GED/HSED (12%) 	<ul style="list-style-type: none"> • Budgeting and managing money (16%) • Filling out tax forms (10%) • Problems with utility or telephone company (9%) 	<ul style="list-style-type: none"> • Finding affordable housing (29%) • Getting help with rent/payments (15%) • Help with a down payment/closing costs to buy a home (14%) 	<ul style="list-style-type: none"> • Getting food from food pantries (34%) • Getting more food for my money (21%) • Learning how to shop and cook for healthy eating (17%)
60540 Naperville	89	<ul style="list-style-type: none"> • Finding a full-time job (24%) • Writing a resume (17%) • Applying for jobs (15%) • Getting appropriate clothing for my job (15%) 	<ul style="list-style-type: none"> • Help paying for my education (22%) • Getting a two-year college degree (13%) • Getting a four-year college degree (13%) 	<ul style="list-style-type: none"> • Budgeting and managing money (29%) • Understanding credit scores (22%) • Filling out tax forms (15%) 	<ul style="list-style-type: none"> • Finding affordable housing (39%) • Learning basic home repair/property maintenance skills (19%) • Qualifying for a loan to buy a home (16%) 	<ul style="list-style-type: none"> • Getting food from food pantries (30%) • Getting more food for my money (21%) • Learning how to shop and cook for healthy eating (13%)
60101 Addison	82	<ul style="list-style-type: none"> • Finding a full-time job (23%) • Applying for jobs (12%) • Training or education for the job that I want (11%) 	<ul style="list-style-type: none"> • Help paying for my education (13%) • Learning how to use a computer (12%) • Improving communication or language skills (12%) 	<ul style="list-style-type: none"> • Budgeting and managing money (16%) • Understanding credit scores (9%) • Filling out tax forms (7%) 	<ul style="list-style-type: none"> • Finding affordable housing (27%) • Home ownership education (13%) • Getting help with rent/payments (12%) 	<ul style="list-style-type: none"> • Getting food from food pantries (35%) • Getting more food for my money (22%) • Learning how to shop and cook for healthy eating (17%)
60563 Naperville	81	<ul style="list-style-type: none"> • Getting appropriate clothing for my job (17%) • Finding a full-time job (15%) • Training or education for the job that I want (14%) 	<ul style="list-style-type: none"> • Help paying for my education (20%) • Getting a four-year college degree (9%) • Choosing a career (9%) • Improving communication or language skills (9%) 	<ul style="list-style-type: none"> • Budgeting and managing money (26%) • Problems with utility or telephone company (12%) • Understanding credit scores (10%) 	<ul style="list-style-type: none"> • Getting help with rent/payments (28%) • Finding affordable housing (27%) • Getting help with rent deposits (17%) 	<ul style="list-style-type: none"> • Getting food from food pantries (28%) • Getting more food for my money (26%) • Learning how to shop and cook for healthy eating (12%)

English Survey Respondents: Employment, Education, Financial, Housing, and Food Needs (continued)

Location	N=	Employment Needs	Education Needs	Financial and/or Legal Needs	Housing Needs	Food & Nutrition Needs
60189 Wheaton	80	<ul style="list-style-type: none"> • Training or education for the job that I want (19%) • Finding a full-time job (16%) • Writing a resume (16%) 	<ul style="list-style-type: none"> • Help paying for my education (19%) • Improving communication or language skills (15%) • Learning how to use a computer (14%) 	<ul style="list-style-type: none"> • Budgeting and managing money (26%) • Problems with a credit card or loan company (15%) • Filling out tax forms (14%) • Problems with utility or telephone company (14%) 	<ul style="list-style-type: none"> • Finding affordable housing (36%) • Help with a down payment/closing costs to buy a home (24%) • Getting help with rent/payments (23%) 	<ul style="list-style-type: none"> • Getting food from food pantries (34%) • Getting more food for my money (23%) • Learning how to shop and cook for healthy eating (16%)
60181 Villa Park	65	<ul style="list-style-type: none"> • Finding a full-time job (20%) • Training or education for the job that I want (15%) • Applying for jobs (11%) • Getting appropriate clothing for my job (11%) 	<ul style="list-style-type: none"> • Getting a high school diploma or GED/HSED (11%) • Getting a two-year college degree (11%) • Getting a four-year college degree (11%) • Completing college aid forms (including FAFSA forms) (11%) 	<ul style="list-style-type: none"> • Budgeting and managing money (29%) • Child support problems (14%) • Understanding credit scores (12%) 	<ul style="list-style-type: none"> • Finding affordable housing (28%) • Getting help with rent/payments (22%) • Making my home more energy efficient (17%) 	<ul style="list-style-type: none"> • Getting food from food pantries (29%) • Getting more food for my money (25%) • Learning how to shop and cook for healthy eating (18%)
60517 Woodridge	65	<ul style="list-style-type: none"> • Finding a full-time job (20%) • Training or education for the job that I want (15%) • Applying for jobs (12%) 	<ul style="list-style-type: none"> • Help paying for my education (22%) • Getting a two-year college degree (12%) • Choosing a career (12%) 	<ul style="list-style-type: none"> • Budgeting and managing money (31%) • Understanding credit scores (18%) • Filling out tax forms (12%) 	<ul style="list-style-type: none"> • Finding affordable housing (23%) • Getting help with rent/payments (22%) • Getting help with rent deposits (14%) 	<ul style="list-style-type: none"> • Getting food from food pantries (38%) • Getting more food for my money (20%) • Learning how to shop and cook for healthy eating (15%)
60133 Hanover Park	63	<ul style="list-style-type: none"> • Finding a full-time job (21%) • Training or education for the job I want (14%) • Applying for jobs (13%) 	<ul style="list-style-type: none"> • Getting a high school diploma or GED/HSED (19%) • Help paying for my education (17%) • Improving communication or language skills (10%) 	<ul style="list-style-type: none"> • Budgeting and managing money (27%) • Filling out tax forms (8%) • Problems with utility or telephone company (8%) 	<ul style="list-style-type: none"> • Finding affordable housing (25%) • Getting help with rent/payments (19%) • Learning basic home repair/property maintenance skills (16%) 	<ul style="list-style-type: none"> • Getting food from food pantries (27%) • Getting more food for my money (21%) • Learning how to shop and cook for healthy eating (17%)
60515 Downers Grove	57	<ul style="list-style-type: none"> • Finding a full-time job (28%) • Getting appropriate clothing for my job (16%) • Applying for jobs (11%) • Writing a resume (11%) • Learning how to interview for a job (11%) 	<ul style="list-style-type: none"> • Help paying for my education (12%) • Choosing a career (9%) • Learning how to use a computer (9%) 	<ul style="list-style-type: none"> • Budgeting and managing money (21%) • Filling out tax forms (12%) • Understanding credit scores (11%) 	<ul style="list-style-type: none"> • Finding affordable housing (23%) • Home ownership education (12%) • Making my home more energy efficient (12%) 	<ul style="list-style-type: none"> • Getting food from food pantries (24%) • Getting more food for my money (12%) • Getting nutritious foods during pregnancy (9%)

English Survey Respondents: Employment, Education, Financial, Housing, and Food Needs (continued)

Location	N=	Employment Needs	Education Needs	Financial and/or Legal Needs	Housing Needs	Food & Nutrition Needs
60532 Liste	52	<ul style="list-style-type: none"> • Training or education for the job that I want (17%) • Finding a full-time job (15%) • Applying for jobs (13%) 	<ul style="list-style-type: none"> • Help paying for my education (25%) • Choosing a career (13%) • Improving communication or language skills (12%) 	<ul style="list-style-type: none"> • Budgeting and managing money (21%) • Understanding credit scores (12%) 	<ul style="list-style-type: none"> • Finding affordable housing (35%) • Getting help with rent/payments (12%) • Help with a down payment/closing costs to buy a home (10%) • Learning basic home repair/property maintenance skills (10%) • Making my home more energy efficient (10%) 	<ul style="list-style-type: none"> • Getting food from food pantries (31%) • Getting more food for my money (25%) • Getting meals delivered to my home (13%)
60555 Warrenville	48	<ul style="list-style-type: none"> • Finding a full-time job (25%) • Training or education for the job that I want (23%) 	<ul style="list-style-type: none"> • Learn how to use a computer (17%) • Getting a high school diploma or GED/HSED (15%) • Choosing a career (10%) • Learning English (as a second language) (10%) • Help paying for my education (10%) 	<ul style="list-style-type: none"> • Budgeting and managing money (31%) • Problems with a credit card or loan company (10%) 	<ul style="list-style-type: none"> • Finding affordable housing (21%) • Getting help with rent/payments (17%) • Help with a down payment/closing costs to buy a home (15%) • Learning basic home repair/property maintenance skills (15%) • Making my home more energy efficient (15%) 	<ul style="list-style-type: none"> • Getting food from food pantries (33%) • Getting more food for my money (17%) • Learning how to shop and cook for healthy eating (13%)
60516 Downers Grove	46	<ul style="list-style-type: none"> • Finding a full-time job (26%) • Training or education for the job that I want (22%) • Writing a resume (15%) • Learning how to interview for a job (15%) 	<ul style="list-style-type: none"> • Help paying for my education (24%) • Choosing a career (15%) • Getting a two-year college degree (13%) • Learning how to use a computer (13%) 	<ul style="list-style-type: none"> • Budgeting and managing money (30%) • Problems with utility or telephone company (11%) • Foreclosure/bankruptcy/repossession problems (11%) • Child support problems (11%) 	<ul style="list-style-type: none"> • Finding affordable housing (30%) • Home ownership education (24%) • Getting help with rent/payments (15%) 	<ul style="list-style-type: none"> • Getting food from food pantries (22%) • Learning how to shop and cook for healthy eating (15%) • Getting more food for my money (15%)
60565 Naperville	46	<ul style="list-style-type: none"> • Finding a full-time job (24%) • Training or education for the job that I want (17%) • Writing a resume (11%) 	<ul style="list-style-type: none"> • Getting a four-year college degree (17%) • Help paying for my education (17%) • Choosing a career (16%) 	<ul style="list-style-type: none"> • Budgeting and managing money (24%) 	<ul style="list-style-type: none"> • Finding affordable housing (22%) • Learning basic home repair/property maintenance skills (17%) • Help with a down payment/closing costs to buy a home (15%) • Getting help with rent/payments (15%) 	<ul style="list-style-type: none"> • Getting food from food pantries (28%) • Getting more food for my money (26%) • Learning how to shop and cook for healthy eating (24%)

English Survey Respondents: Employment, Education, Financial, Housing, and Food Needs (continued)

Location	N=	Employment Needs	Education Needs	Financial and/or Legal Needs	Housing Needs	Food & Nutrition Needs
60103 Bartlett	45	<ul style="list-style-type: none"> • Finding a full-time job (13%) 				<ul style="list-style-type: none"> • Getting food from food pantries (11%)
60527 Burr Ridge	41	<ul style="list-style-type: none"> • Finding a full-time job (24%) • Training or education for the job that I want (20%) • Learning how to interview for a job (12%) 	<ul style="list-style-type: none"> • Help paying for my education (24%) • Getting a two-year college degree (22%) • Getting a four-year college degree (22%) 	<ul style="list-style-type: none"> • Budgeting and managing money (20%) • Understanding credit scores (12%) 	<ul style="list-style-type: none"> • Finding affordable housing (22%) • Qualifying for a loan to buy a home (15%) • Getting help with rent/payments (12%) • Getting help with rent deposits (12%) 	<ul style="list-style-type: none"> • Getting food from food pantries (49%) • Learning how to shop and cook for healthy eating (24%) • Getting more food for my money (24%)
60504 Aurora	38	<ul style="list-style-type: none"> • Finding a full-time job (26%) • Training or education for the job that I want (16%) 	<ul style="list-style-type: none"> • Help paying for my education (24%) • Getting a two-year college degree (18%) • Getting a four-year college degree (13%) 	<ul style="list-style-type: none"> • Budgeting and managing money (21%) • Problems with a credit card or loan company (18%) 	<ul style="list-style-type: none"> • Finding affordable housing (21%) • Help with a down payment/closing costs to buy a home (13%) • Qualifying for a loan to buy a home (13%) • Learning basic home repair/property maintenance skills (13%) • Getting help with rent/payments (13%) 	<ul style="list-style-type: none"> • Getting food from food pantries (32%) • Getting more food for my money (26%)
60561 Darrien	33	<ul style="list-style-type: none"> • Finding a full-time job (36%) • Applying for jobs (21%) • Learning how to interview for a job (21%) 	<ul style="list-style-type: none"> • Help paying for my education (15%) 	<ul style="list-style-type: none"> • Budgeting and managing money (27%) • Child support problems (18%) • Filling out tax forms (15%) • Foreclosure/bankruptcy/repossession problems (15%) • Child custody problems (15%) 	<ul style="list-style-type: none"> • Finding affordable housing (24%) • Learning basic home repair/property maintenance (21%) • Help with a down payment/closing costs to buy a home (15%) • Qualifying for a loan to buy a home (15%) • Getting help with rent/payments (15%) • Getting help with rent deposits (15%) 	<ul style="list-style-type: none"> • Getting food from food pantries (27%) • Learning how to shop and cook for healthy eating (27%) • Getting more food for my money (18%)
60126 Elmhurst	31	<ul style="list-style-type: none"> • Finding a full-time job (26%) • Training or education (19%) 	<ul style="list-style-type: none"> • Help paying for my education (16%) 	<ul style="list-style-type: none"> • Budgeting and managing money (19%) 	<ul style="list-style-type: none"> • Finding affordable housing (19%) • Help with a down payment/closing costs to buy a home (19%) • Qualifying for a loan to buy a home (16%) 	<ul style="list-style-type: none"> • Getting food from food pantries (39%) • Getting more food for my money (16%)

English Survey Respondents: Child Care, Parenting, Transportation, Health, and Basic Needs

Location	N=	Basic Needs	Child Care and Development	Parenting and Family Support	Transportation	Health
60188 Carol Stream	207	<ul style="list-style-type: none"> • Paying utility bills (heating, electric, and/or water) (22%) • Personal care items like soap, diapers, toilet paper, etc. (18%) • Clothing and shoes (13%) • Getting access to the internet (13%) 	<ul style="list-style-type: none"> • Paying for childcare (7%) • Finding affordable child care (6%) • Paying for school or club activities (5%) • Finding childcare in a convenient location (5%) 	<ul style="list-style-type: none"> • Learning how to set goals and plan for my family (8%) • Helping my child cope with emotional issues (7%) • Talking to my child about sex, STDs, etc. (5%) 	<ul style="list-style-type: none"> • Paying for car insurance (14%) • Paying for car repairs (13%) • Buying a dependable car (12%) 	<ul style="list-style-type: none"> • Affordable health insurance (16%) • Affordable dental insurance (14%) • Paying for glasses, hearing aids, wheelchairs (10%)
60185 West Chicago	124	<ul style="list-style-type: none"> • Paying utility bills (heating, electric, and/or water) (24%) • Personal care items like soap, diapers, toilet paper, etc. (21%) • Clothing and shoes (18%) 	<ul style="list-style-type: none"> • Paying school fees (11%) • Finding a before/after school program (9%) • Paying for school or club activities (9%) 	<ul style="list-style-type: none"> • Learning how to set goals and plan for my family (12%) • Disciplining my child more effectively (11%) • Helping my child cope with emotional issues (7%) 	<ul style="list-style-type: none"> • Paying for car repairs (15%) • Paying for car insurance (12%) • Buying a dependable car (11%) 	<ul style="list-style-type: none"> • Affordable health insurance (20%) • Paying for glasses, hearing aids, wheelchairs (14%) • Stress, depression, or anxiety (14%)
60148 Lombard	120	<ul style="list-style-type: none"> • Clothing and shoes (22%) • Personal care items like soap, diapers, toilet paper, etc. (21%) • Basic furniture, appliances, or house wares (19%) 	<ul style="list-style-type: none"> • Finding child care in a convenient location (6%) • Finding affordable child care (6%) • Paying for school or club activities (6%) 	<ul style="list-style-type: none"> • Helping my child cope with emotional issues (11%) • Learning how to set goals and plan for my family (8%) • Disciplining my child more effectively (6%) 	<ul style="list-style-type: none"> • Paying for car repairs (18%) • Paying for car insurance (15%) • Buying a dependable car (13%) 	<ul style="list-style-type: none"> • Affordable dental insurance (17%) • Finding dental care (16%) • Affordable health insurance (16%)
60187 Wheaton	116	<ul style="list-style-type: none"> • Basic furniture, appliances, or house wares (28%) • Clothing and shoes (22%) • Personal care items like soap, diapers, toilet paper, etc. (21%) • Having a reliable phone (21%) • Paying utility bills (heating electric, and/or water) (21%) 	<ul style="list-style-type: none"> • Finding affordable child care (10%) • Paying for school supplies (10%) • Paying for child care (9%) • Paying for school fees (9%) 	<ul style="list-style-type: none"> • Learning how to set goals and plan for my family (15%) • Disciplining my child more effectively (11%) • Communicating with my teenage child (10%) 	<ul style="list-style-type: none"> • Paying for car repairs (22%) • Paying for car insurance (21%) • Buying a dependable car (20%) 	<ul style="list-style-type: none"> • Affordable health insurance (25%) • Affordable dental insurance (23%) • Paying for glasses, hearing aids, wheelchairs, etc. (16%)
60139 Glendale Heights	113	<ul style="list-style-type: none"> • Clothing and shoes (28%) • Paying utility bills (heating, electric, and/or water) (25%) • Personal care items like soap, diapers, toilet paper, etc. (23%) 	<ul style="list-style-type: none"> • Paying for child care (15%) • Finding affordable child care (12%) • Paying school fees (11%) 	<ul style="list-style-type: none"> • Learning how to set goals and plan for my family (17%) • Helping my child cope with emotional issues (15%) • Disciplining my child more effectively (11%) 	<ul style="list-style-type: none"> • Buying a dependable car (19%) • Paying for car repairs (19%) • Getting to and from medical or dental appointments (12%) 	<ul style="list-style-type: none"> • Affordable health insurance (27%) • Affordable dental insurance (24%) • Paying for glasses, hearing aids, wheelchairs, etc. (19%)

English Survey Respondents: Child Care, Parenting, Transportation, Health, and Basic Needs (continued)

Location	N=	Basic Needs	Child Care and Development	Parenting and Family Support	Transportation	Health
60137 Glen Ellyn	101	<ul style="list-style-type: none"> Personal care items like soap, diapers, toilet paper, etc. (33%) Clothing and shoes (33%) Paying utility bills (heating, electric, and/or water) (24%) Personal care items like soap, diapers, toilet paper, etc. (28%) Paying utility bills (heating, electric, and/or water) (22%) Clothing and shoes (21%) 	<ul style="list-style-type: none"> Finding affordable child care (8%) Finding child care in a convenient location (6%) Finding a before/after school program (6%) Paying for child care (6%) Paying school fees (8%) Paying for school or club activities (8%) Paying for school supplies (5%) 	<ul style="list-style-type: none"> Disciplining my child more effectively (7%) Helping my child cope with emotional issues (6%) Learning how to set goals and plan for my family (6%) Communicating with my teenage child (13%) Learning how to set goals and plan for my family (10%) Disciplining my child more effectively (8%) Helping my child cope with emotional issues (8%) 	<ul style="list-style-type: none"> Paying for car repairs (21%) Paying for car insurance (17%) Buying a dependable car (13%) Paying for car repairs (25%) Paying for car insurance (18%) Buying a dependable car (16%) 	<ul style="list-style-type: none"> Affordable health insurance (20%) Affordable dental insurance (19%) Stress, depression, or anxiety (16%) Affordable dental insurance (23%) Affordable health insurance (20%) Stress, depression, or anxiety (18%)
60559 Westmont	92	<ul style="list-style-type: none"> Clothing and shoes (25%) Basic furniture, appliances, or house wares (22%) Personal care items like soap, diapers, toilet paper, etc. (22%) Paying utility bills (heating, electric, and/or water) (22%) 	<ul style="list-style-type: none"> Paying for child care (12%) Finding affordable child care (9%) Paying school fees (9%) 	<ul style="list-style-type: none"> Learning how to set goals and plan for my family (11%) Helping my child cope with emotional issues (10%) Disciplining my child more effectively (7%) Communicating with my teenage child (7%) Talking to my child about drugs (7%) Talking to my child about sex, STDs, etc. (7%) 	<ul style="list-style-type: none"> Paying for car repairs (24%) Buying a dependable car (20%) Paying for car insurance (18%) 	<ul style="list-style-type: none"> Affordable health insurance (26%) Affordable dental insurance (17%) Finding dental care (15%) Paying for glasses, hearing aids, wheelchairs, etc. (15%)
60101 Addison	82	<ul style="list-style-type: none"> Paying utility bills (heating, electric, and/or water) (26%) Basic furniture, appliances, or house wares (20%) Personal care items like soap, diapers, toilet paper, etc. (18%) 	<ul style="list-style-type: none"> Paying school fees (10%) Paying for child care (9%) Paying for school supplies (6%) 	<ul style="list-style-type: none"> Disciplining my child more effectively (11%) Learning how to set my goals and plan for my family (11%) Helping my child cope with emotional issues (9%) 	<ul style="list-style-type: none"> Paying for car repairs (20%) Buying a dependable car (16%) Paying for car insurance (13%) 	<ul style="list-style-type: none"> Affordable health insurance (22%) Affordable dental insurance (17%) Stress, depression, or anxiety (13%)
60563 Naperville	81	<ul style="list-style-type: none"> Paying utility bills (heating, electric, and/or water) (41%) Clothing and shoes (25%) Basic furniture, appliances, or house wares (23%) 	<ul style="list-style-type: none"> Finding affordable child care (6%) Paying for child care (6%) Finding a before/after school program (4%) Paying for school supplies (4%) Paying for school or club activities (4%) 	<ul style="list-style-type: none"> Learning how to set my goals and plan for my family (14%) Disciplining my child more effectively (7%) Helping my child cope with emotional issues (7%) 	<ul style="list-style-type: none"> Paying for car repairs (25%) Paying for car insurance (21%) Buying a dependable car (14%) 	<ul style="list-style-type: none"> Affordable dental insurance (23%) Affordable health insurance (20%) Finding dental care (19%)

English Survey Respondents: Child Care, Parenting, Transportation, Health, and Basic Needs (continued)

Location	N=	Basic Needs	Child Care and Development	Parenting and Family Support	Transportation	Health
60189 Wheaton	80	<ul style="list-style-type: none"> Personal care items like soap, diapers, toilet paper, etc. (34%) Paying utility bills (heating, electric, and/or water) (28%) Basic furniture, appliances, or house wares (26%) Clothing and shoes (26%) 	<ul style="list-style-type: none"> Paying for school supplies (14%) Finding affordable child care (11%) Paying school fees (11%) 	<ul style="list-style-type: none"> Learning how to set goals and plan for my family (16%) Disciplining my child more effectively (14%) Helping my child cope with emotional issues (14%) 	<ul style="list-style-type: none"> Paying for car repairs (21%) Paying for car insurance (21%) Paying car registration or license fees (18%) 	<ul style="list-style-type: none"> Affordable health insurance (28%) Affordable dental insurance (20%) Stress, depression, or anxiety (19%)
60181 Villa Park	65	<ul style="list-style-type: none"> Paying utility bills (heating, electric, and/or water) (28%) Personal care items like soap, diapers, toilet paper, etc. (26%) Clothing and shoes (26%) 	<ul style="list-style-type: none"> Paying for school or club activities (9%) Paying school fees (8%) 	<ul style="list-style-type: none"> Helping my child cope with emotional issues (18%) Learning how to set goals and plan for my family (8%) 	<ul style="list-style-type: none"> Buying a dependable car (17%) Reliable transportation to and from work (15%) Paying for car insurance (15%) 	<ul style="list-style-type: none"> Stress, depression, or anxiety (22%) Affordable health insurance (20%) Affordable dental insurance (18%)
60517 Woodridge	65	<ul style="list-style-type: none"> Paying utility bills (heating, electric, and/or water) 31% Personal care items like soap, diapers, toilet paper, etc. (28%) Basic furniture, appliances, or house wares (26%) 			<ul style="list-style-type: none"> Buying a dependable car (23%) Paying for car repairs (22%) Paying for car insurance (18%) 	<ul style="list-style-type: none"> Affordable health insurance (28%) Affordable dental insurance (22%) Stress, depression, or anxiety (18%)
60133 Hanover Park	63	<ul style="list-style-type: none"> Clothing and shoes (29%) Paying utility bills (heating, electric, and/or water) (29%) Personal care items like soap, diapers, toilet paper, etc. (25%) 		<ul style="list-style-type: none"> Learning how to set goals and plan for my family (16%) Disciplining my child more effectively (10%) Communicating with my teenage child (8%) 	<ul style="list-style-type: none"> Paying for car repairs (22%) Paying for car insurance (21%) Buying a dependable car (14%) 	<ul style="list-style-type: none"> Affordable dental insurance (17%) Affordable health insurance (16%) Finding dental care (16%)
60515 Downers Grove	57	<ul style="list-style-type: none"> Basic furniture, appliances, or housewares (28%) Clothing and shoes (26%) Personal care items like soap, diapers, toilet paper, etc. (18%) 	<ul style="list-style-type: none"> Finding child care in a convenient location (9%) Finding a before/after school program (9%) Paying for school fees (9%) Paying for school or club activities (9%) 	<ul style="list-style-type: none"> Disciplining my child more effectively (11%) Learning how to set goals and plan for my family (9%) 	<ul style="list-style-type: none"> Paying for car repairs (25%) Paying for car insurance (18%) Buying a dependable car (12%) Paying car registration or license fees (12%) 	<ul style="list-style-type: none"> Finding dental care (19%) Paying for regular dental check-ups (18%) Paying for medicine and prescriptions (18%)

English Survey Respondents: Child Care, Parenting, Transportation, Health, and Basic Needs (continued)

Location	N=	Basic Needs	Child Care and Development	Parenting and Family Support	Transportation	Health
60532 Lisle	52	<ul style="list-style-type: none"> • Clothing and shoes (23%) • Basic furniture, appliances, or house wares (21%) • Personal care items like soap, diapers, toilet paper, etc. (19%) 			<ul style="list-style-type: none"> • Getting to public transportation (13%) • Reliable transportation to and from work (12%) • Paying for car insurance (12%) 	<ul style="list-style-type: none"> • Affordable health insurance (23%) • Affordable dental insurance (21%) • Stress, depression, or anxiety (19%)
60555 Warrenville	48	<ul style="list-style-type: none"> • Paying utility bills (heating, electric, and/or water) (21%) • Personal care items like soap, diapers, toilet paper, etc. (19%) • Basic furniture, appliances, or house wares (15%) • Clothing and shoes (15%) 		<ul style="list-style-type: none"> • Learning how to set goals and plan for my family (13%) • Helping my child cope with emotional issues (10%) 	<ul style="list-style-type: none"> • Paying for car repairs (21%) • Buying a dependable car (17%) 	<ul style="list-style-type: none"> • Affordable health insurance (23%) • Stress, depression, or anxiety (21%) • Affordable dental insurance (19%)
60516 Downers Grove	46	<ul style="list-style-type: none"> • Paying utility bills (heating, electric and/or water) (20%) • Basic furniture, appliances, or house wares (17%) • Clothing and shoes (17%) 		<ul style="list-style-type: none"> • Helping my child cope with emotional issues (11%) 	<ul style="list-style-type: none"> • Paying for car repairs (20%) • Paying for car insurance (20%) • Getting to public transportation (17%) • Buying a dependable car (17%) 	<ul style="list-style-type: none"> • Affordable health insurance (30%) • Paying for medicine and prescriptions (28%) • Paying for glasses, hearing aids, wheelchairs, etc. (26%)
60565 Naperville	46	<ul style="list-style-type: none"> • Clothing and shoes (26%) • Personal care items like soap, diapers, toilet paper, etc. (24%) • Basic furniture, appliances, or house wares (22%) 	<ul style="list-style-type: none"> • Paying for school or club activities (20%) • Finding affordable child care (11%) 	<ul style="list-style-type: none"> • Helping my child cope with emotional issues (24%) • Learning how to set goals and plan for my family (15%) • Disciplining my child more effectively (11%) • Communicating with my teenage child (11%) 	<ul style="list-style-type: none"> • Paying for car insurance (15%) • Paying for car repairs (13%) • Buying a dependable car (11%) • Getting to and from medical or dental appointments (11%) 	<ul style="list-style-type: none"> • Affordable health insurance (28%) • Paying for glasses, hearing aids, wheelchairs, etc. (22%) • Affordable dental insurance (20%)
60103 Bartlett	45					<ul style="list-style-type: none"> • Affordable dental insurance (20%) • Affordable health insurance (18%) • Paying for glasses, hearing aids, wheelchairs, etc. (13%)

English Survey Respondents: Child Care, Parenting, Transportation, Health, and Basic Needs (continued)

Location	N=	Basic Needs	Child Care and Development	Parenting and Family Support	Transportation	Health
60527 Burr Ridge	41	<ul style="list-style-type: none"> • Paying utility bills (heating, electric, and/or water) (34%) • Personal care items like soap, diapers, toilet paper, etc. (29%) • Basic furniture, appliances, or house wares (24%) • Clothing and shoes (24%) 	<ul style="list-style-type: none"> • Paying for school or club activities (18%) 	<ul style="list-style-type: none"> • Learning how to set goals and plan for my family (12%) 	<ul style="list-style-type: none"> • Paying for car repairs (27%) • Paying for car insurance (17%) 	<ul style="list-style-type: none"> • Affordable dental insurance (24%) • Finding dental care (24%) • Affordable health insurance (20%)
60504 Aurora	38	<ul style="list-style-type: none"> • Personal care items like soap, diapers, toilet paper, etc. (29%) • Paying utility bills (heating, electric, and/or water) (29%) • Clothing and shoes (16%) 	<ul style="list-style-type: none"> • Paying for school or club activities (18%) 		<ul style="list-style-type: none"> • Paying for car repairs (16%) 	<ul style="list-style-type: none"> • Affordable dental insurance (26%) • Affordable health insurance (21%)
60561 Darien	33	<ul style="list-style-type: none"> • Clothing and shoes (24%) • Personal care items like soap, diapers, toilet paper, etc. (21%) • Paying utility bills (heating, electric, and/or water) (18%) 		<ul style="list-style-type: none"> • Helping my child cope with emotional issues (15%) 	<ul style="list-style-type: none"> • Paying for car repairs (18%) 	<ul style="list-style-type: none"> • Affordable dental insurance (27%) • Affordable health insurance (24%) • Finding dental care (18%) • Stress, depression, or anxiety (18%)
60126 Elmhurst	31	<ul style="list-style-type: none"> • Paying utility bills (heating, electric, and/or water) (26%) • Basic furniture, appliances, or house wares (19%) • Yard work or snow removal (19%) • House work or laundry (19%) 	<ul style="list-style-type: none"> • Paying for school or club activities (16%) 	<ul style="list-style-type: none"> • Learning to set goals and plan for my family (16%) 	<ul style="list-style-type: none"> • Paying for car repairs (29%) • Paying for car insurance (23%) • Buying a dependable car (16%) • Going shopping and doing errands (16%) 	<ul style="list-style-type: none"> • Affordable health insurance (23%) • Stress, depression, or anxiety (23%)

Spanish Survey Respondents: Employment, Education, Financial, Housing, and Food Needs

Location	N=	Employment Needs	Education Needs	Financial and/or Legal Needs	Housing Needs	Food & Nutrition Needs
60185 West Chicago	89	<ul style="list-style-type: none"> • Finding a full-time job (21%) • Getting appropriate clothing for my job (19%) • Training or education for the job that I want (16%) 	<ul style="list-style-type: none"> • Learning English (as a second language) (46%) • Improving communication or language skills (35%) • Getting a high school diploma or GED/HSED (30%) 	<ul style="list-style-type: none"> • Legal help with deportation or immigration issues (20%) • Budgeting and managing money (18%) • Understanding credit scores (13%) 	<ul style="list-style-type: none"> • Making my home more energy efficient (18%) • Finding affordable housing (17%) • Learning basic home repair/property maintenance skills (16%) 	<ul style="list-style-type: none"> • Learning how to shop and cook for healthy eating (46%) • Learning how to model healthy eating for my children (44%) • Getting food from food pantries (40%)
60101 Addison	46	<ul style="list-style-type: none"> • Finding a full-time job (24%) • Training or education for the job that I want (13%) 	<ul style="list-style-type: none"> • Learning English (as a second language) (52%) • Improving communication or language skills (35%) • Learning how to use a computer (22%) 	<ul style="list-style-type: none"> • Legal help with deportation or immigration issues (13%) 	<ul style="list-style-type: none"> • Finding affordable housing (15%) • Help with a down payment/closing costs to buy a home (15%) • Getting help with rent payments (13%) 	<ul style="list-style-type: none"> • Learning how to shop and cook for healthy eating (33%) • Getting more food for my money (22%) • Learning how to model healthy eating for my children (22%)
60106 Bensenville	39	<ul style="list-style-type: none"> • Finding a full-time job (18%) • Training or education for the job that I want (13%) • Getting appropriate clothing for my job (13%) 	<ul style="list-style-type: none"> • Improving communication or language skills (36%) • Learning English (as a second language) (31%) • Learning how to use a computer (18%) 		<ul style="list-style-type: none"> • Finding affordable housing (15%) • Help with a down payment/closing costs to buy a home (15%) • Getting help with rent payments (15%) 	<ul style="list-style-type: none"> • Getting food from food pantries (49%) • Learning how to shop and cook for healthy eating (18%) • Getting more food for my money (15%) • Learning how to model healthy eating for my children (15%)

Spanish Survey Respondents: Child Care, Parenting, Transportation, Health and Basic Needs

Location	N=	Basic Needs	Child Care and Development	Parenting and Family Support	Transportation	Health
60185 West Chicago	89	<ul style="list-style-type: none"> Personal care items like soap, diapers, toilet paper, etc. (48%) Basic furniture, appliances, or house wares (37%) Clothing and shoes (37%) 	<ul style="list-style-type: none"> Finding a before/after school program (17%) Finding child care in a convenient location (11%) Paying school fees (11%) 	<ul style="list-style-type: none"> Helping my child cope with emotional issues (28%) Disciplining my child more effectively (21%) Talking to my child about drugs (20%) 	<ul style="list-style-type: none"> Paying for car insurance (16%) Getting to public transportation (12%) Reliable transportation to and from work (12%) Paying for car repairs (12%) Getting to public transportation (13%) 	<ul style="list-style-type: none"> Affordable health insurance (36%) Affordable dental insurance (36%) Finding dental care (27%)
60101 Addison	46	<ul style="list-style-type: none"> Basic furniture, appliances, or house wares (22%) Personal care items like soap, diapers, toilet paper, etc. (20%) Getting access to the internet (20%) 	<ul style="list-style-type: none"> Finding child care in a convenient location (11%) 	<ul style="list-style-type: none"> Talking to my child about drugs (13%) Disciplining my child more effectively (11%) 	<ul style="list-style-type: none"> Getting to public transportation (13%) 	<ul style="list-style-type: none"> Affordable dental insurance (33%) Affordable health insurance (30%) Finding dental care (20%)
60106 Bensenville	39	<ul style="list-style-type: none"> Personal care items like soap, diapers, toilet paper, etc. (33%) Basic furniture, appliances, or house wares (23%) Clothing and shoes (23%) 	<ul style="list-style-type: none"> Finding child care in a convenient location (13%) 	<ul style="list-style-type: none"> Communicating with my teenage child (18%) Disciplining my child more effectively (15%) Helping my child cope with emotional issues (13%) 	<ul style="list-style-type: none"> Getting to public transportation (18%) Paying for car repairs (18%) 	<ul style="list-style-type: none"> Affordable health insurance (44%) Affordable dental insurance (36%) Paying for regular medical check-ups (21%)

2018 Community Stakeholder Survey

INSTRUCTIONS:

Please answer each question by checking the appropriate box or boxes. If a question does not apply to you, please leave it blank. "Community" is defined as the neighborhood and/or city in which you live.

1. What city do you live in? _____
2. What community stakeholder group do you belong to? select the one that best describes your group:
 Government Education service organization Law Enforcement other/resident
 DuPage County Community Services staff health care provider public/private housing judicial
 Board Member faith based neighborhood association private business
3. Are there full-time living wage employment (\$15 per hour or higher) opportunities available in your community?
 there are an insufficient number of opportunities there are a sufficient number of opportunities
 there are an excessive number of opportunities there are not any opportunities unsure
4. Why do you believe people have problems getting or keeping a full-time living wage job? select all that apply:
 jobs are not available physical or mental disabilities need better communication, people/customer job skills
 language barriers need better technical job skills health issues need child care
 lack of education transportation substance abuse issues other
5. Are child care programs with traditional hours (during the day, Monday through Friday) for low-income families available in your community?
 there are an insufficient number available there are a sufficient number available
 there are an excessive number available there are not any available unsure
6. Are child care programs with non-traditional hours (evenings, nights, and weekends) for low-income families available in your community?
 there are an insufficient number available there are a sufficient number available
 there are an excessive number available there are not any available unsure
7. Are pre-school programs (including Head Start) for low-income families available in your community?
 there are an insufficient number available there are a sufficient number available
 there are an excessive number available there are not any available unsure
8. Are affordable child and youth (ages 5 to 17) activities or after school programs available in your community?
 there are an insufficient number available there are a sufficient number available
 there are an excessive number available there are not any available unsure
9. In your community, in which areas do you believe youth (ages 12 to 17) need information, education, guidance, and/or assistance? select all that apply:
 after school supervision school attendance birth control affordable school/community activities
 learning disabilities behavior disorders tutoring mentoring/leadership/volunteering
 finding employment gang participation obesity sexually transmitted diseases
 substance abuse/tobacco teen parenting mental health physical health and dental issues none apply
10. Do you believe the schools in your community meet the education needs of the children they serve?
 In all cases in most cases in some cases in a few cases not at all unsure
11. Are there adequate levels of non-medical emergency services available in your community? YES NO unsure
12. Are there adequate levels of affordable housing available for low-income people in the community? YES NO unsure
13. Are there a sufficient number of emergency shelters available in your community? YES NO unsure
14. Are there adequate levels of medical services available for low-income people in your community? YES NO unsure
15. Are there adequate levels of dental services available for low-income people in your community? YES NO unsure
16. Are wellness programs (nutrition, exercise, etc.) available for low-income people in your community? YES NO unsure

17. Are there adequate levels of emergency food or food assistance available for low-income people in the community?
 YES NO unsure

18. Are there adequate levels of public transportation options (taxis, buses, train, etc.) available in your community?
 YES NO unsure

19. Are the homes in your community in good repair? most are some are few are none are unsure

20. Which of the following issues do you believe are the greatest challenges low-income families and individuals are currently facing? select all that apply:

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> education | <input type="checkbox"/> child care | <input type="checkbox"/> living wage employment | <input type="checkbox"/> mental health services | |
| <input type="checkbox"/> job training | <input type="checkbox"/> teen pregnancy | <input type="checkbox"/> family/child abuse | <input type="checkbox"/> medical care access | |
| <input type="checkbox"/> housing | <input type="checkbox"/> substance abuse | <input type="checkbox"/> language barriers | <input type="checkbox"/> dental care access | |
| <input type="checkbox"/> budgeting | <input type="checkbox"/> transportation | <input type="checkbox"/> health food selection | <input type="checkbox"/> health care costs | |
| <input type="checkbox"/> parenting | <input type="checkbox"/> family violence | <input type="checkbox"/> special needs children | <input type="checkbox"/> credit card debt | <input type="checkbox"/> child support |
| <input type="checkbox"/> chronic illness | <input type="checkbox"/> energy/utility costs | <input type="checkbox"/> financial literacy/planning | <input type="checkbox"/> legal issues/services | <input type="checkbox"/> none apply |

21. Which of the following areas do you believe low-income families and individuals need assistance with in order to achieve or maintain self-sufficiency? select all that apply:

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> employment | <input type="checkbox"/> mental health | <input type="checkbox"/> substance abuse treatment | <input type="checkbox"/> medical care |
| <input type="checkbox"/> job training | <input type="checkbox"/> literacy | <input type="checkbox"/> financial literacy/planning | <input type="checkbox"/> family/child abuse |
| <input type="checkbox"/> housing | <input type="checkbox"/> transportation | <input type="checkbox"/> energy/utility costs | <input type="checkbox"/> language barriers |
| <input type="checkbox"/> child care | <input type="checkbox"/> legal issues/services | <input type="checkbox"/> family planning | <input type="checkbox"/> none apply |

22. Which of the following areas do you believe the elderly (seniors) in your community need assistance with in order to remain in their home? select all that apply:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> housework | <input type="checkbox"/> yard work/snow removal | <input type="checkbox"/> home repairs | <input type="checkbox"/> energy/utility costs |
| <input type="checkbox"/> managing medications | <input type="checkbox"/> grocery shopping | <input type="checkbox"/> preparing meals | <input type="checkbox"/> laundry |
| <input type="checkbox"/> financial assistance | <input type="checkbox"/> tax preparation/legal issues | <input type="checkbox"/> access to transportation | <input type="checkbox"/> none apply |

23. Of the following, which of these do you believe low-income families and individuals need information, education, guidance, and/or assistance:

- | | | | |
|---|------------------------------|-----------------------------|---------------------------------|
| checking and savings accounts..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| credit card debt | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| credit repair | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| payday loans..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| car <u>title</u> loans (not a car purchase loan)..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| budgeting or money management issues | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| filing tax returns (Earned Income Tax Credit) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| obtaining loans | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| property tax exemptions..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| rent reimbursement claims..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| home energy/utility cost issues | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| landlord/tenant issues | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |
| housing discrimination | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> unsure |

24. On a scale of 1 to 5 (1=poor/poorly, 3=fine/adequate, and 5=excellent), please rate the following:

How would you rate your relationship with DuPage County Community Services?

- 1 2 3 4 5 no relationship

How well is DuPage County Community Services meeting the needs of low-income families and individuals?

- 1 2 3 4 5 unsure

25. What do you believe causes poverty? [please provide answer on separate sheet]

26. What community improvement initiative would you like your community to address? [please provide answer on separate sheet]

27. If you had \$1,000,000 to solve a community issue, what would you solve? [please provide answer on separate sheet]

Appendix IV

Stakeholder Survey Distribution List

- Addison Chamber of Commerce
- Addison Early Childhood Collaborative
- Bartlett Chamber of Commerce
- Behavioral Health Collaborative
- Bensenville Early Childhood Collaborative
- Birth to 5 Community Coalition
- Bloomingdale Chamber of Commerce
- Carol Stream Chamber of Commerce
- Catholic Charities Community Connections
- Chamber630
- Community Services Block Grant Advisory Board
- Darien Chamber of Commerce
- DuPage Association for the Education of Young Children
- DuPage Chiefs of Police Association
- DuPage County Continuum of Care
- DuPage Mayors and Managers Conference
- DuPage Youth Services Coalition
- Elmhurst Chamber of Commerce
- Glen Ellyn Chamber of Commerce
- Glendale Heights Youth Commission
- Healthy Lombard
- Hinsdale Chamber of Commerce
- Housing Partners
- Impact DuPage Newsletter
- Judicial Partners
- Latino Service Provider Network
- Lemont Area Chamber of Commerce
- Lisle Chamber of Commerce
- Lombard Chamber of Commerce
- Naperville Area Chamber of Commerce
- Roselle Chamber of Commerce & Industry
- St. Charles Chamber of Commerce
- Streamwood Chamber of Commerce
- The Power of Choice
- Township Offices
- Villa Park Chamber of Commerce
- WeGo Together for Kids
- Western DuPage Chamber of Commerce
- Westmont Chamber of Commerce
- Wheaton Chamber of Commerce
- Wheaton Glen Ellyn Childcare Association Members
- Wheaton/Warrenville Early Childhood Collaborative

Appendix V



Community Action Partnership

Population Profile

Population Change

Population change within DuPage County from 2000-2016 is shown below. During the fourteen-year period, total population estimates for the report area grew by 2.9 percent, increasing from 904,161 persons in 2000 to 930,514 persons in 2016.

Report Area	Total Population, 2016 ACS	Total Population, 2000 Census	Population Change from 2000-2016 Census/ACS	Percent Change from 2000-2016 Census/ACS
DuPage County	930,514	904,161	26,353	2.9%
Illinois	12,851,684	12,419,293	432,391	3.5%
United States	318,558,162	281,421,906	37,136,256	13.2%

Data Source: US Census Bureau, American Community Survey. US Census Bureau, Decennial Census. 2012-16. Source geography: County

Demographic Changes 2000-2016

Demographic changes in DuPage County show that between 2000 and 2016, the population of individuals aged 65 and over grew by 41.5 percent. All races except for White and Other increased significantly within this time period, while the Hispanic population grew by 59.7 percent.

DuPage County Population	2000	Percent of Population 2000	2016	Percent of Population 2016	Percent Change 2000-2016
Age 0-4	65,849	7.3%	55,313	5.9%	-16.0%
Age 5-17	175,983	19.5%	163,458	17.6%	-7.1%
Age 18-64	573,535	63.4%	586,881	63.1%	+2.3%
Age 64+	88,794	9.8%	124,862	13.4%	+40.6%
White	759,924	84.0%	734,032	78.9%	-3.4%
Black	27,600	3.1%	43,791	4.7%	+58.7%
Asian	71,252	7.9%	103,084	11.1%	+44.7%
American Indian	*		1,972	0.2%	N/A
Native Hawaiian/Pacific Islander	217	0.0%	336	0%	+54.8%
Two or More Races	15,482	1.7%	23,503	2.5%	+51.8%
Other	28,166	3.1%	23,796	2.6%	-15.5%

Non-Hispanic	822,795	91.0%	800,550	86.0%	-2.7%
Hispanic	81,366	9.0%	129,964	14.0%	59.7%

*No sample observations of this race in this year or too few observations to compute a margin of error.

Data Source: US Census Bureau, American Community Survey. US Census Bureau, Decennial Census. 2012-16.

Age and Gender Demographics

Population by gender within DuPage County is shown below. According to ACS 2012-2016 5 year population estimates for the report area, the female population comprised 51.0% of DuPage County, while the male population represented 49.0%.

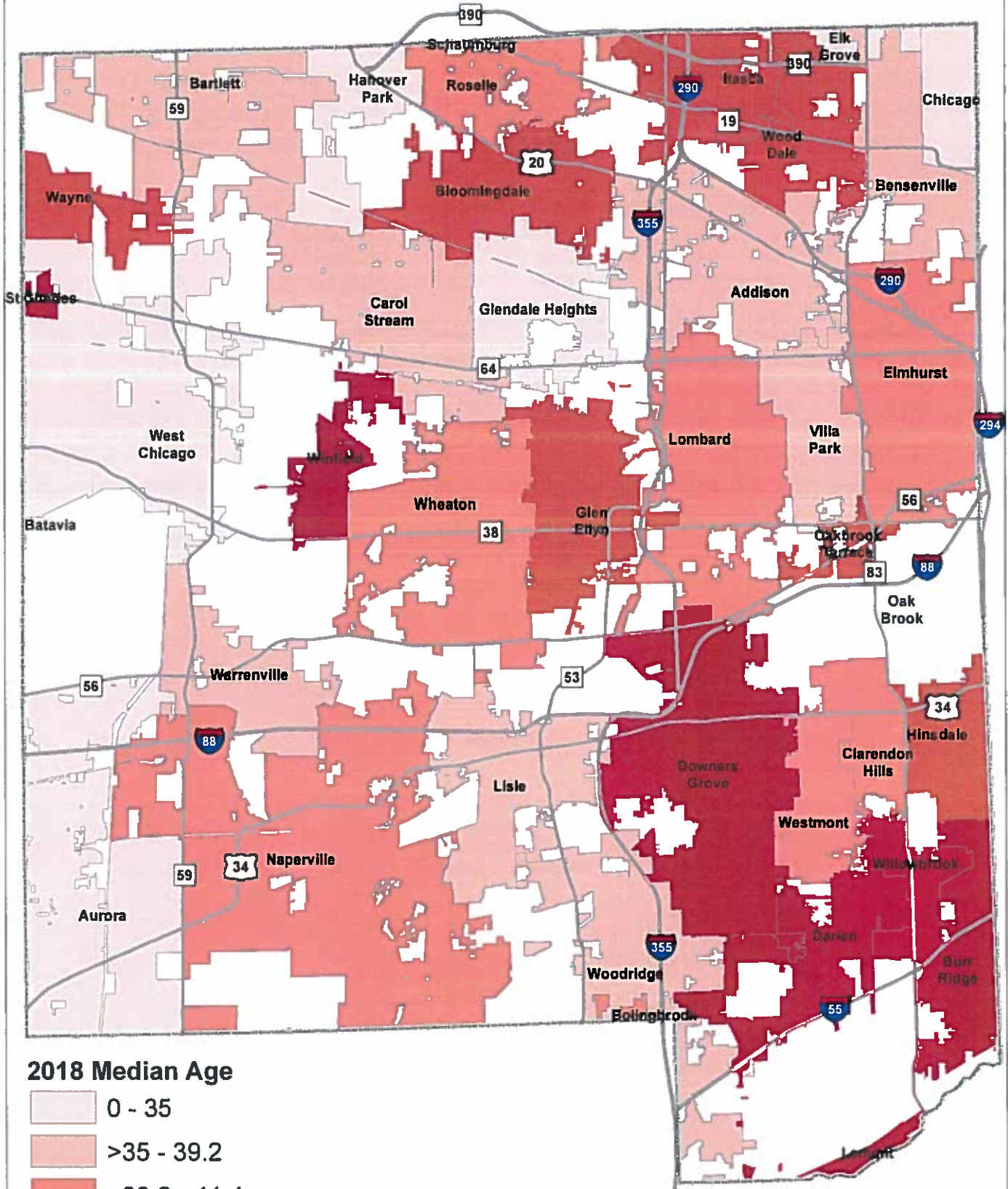
Report Area	0 to 4 Male	0 to 4 Female	5 to 17 Male	5 to 17 Female	18 to 64 Male	18 to 64 Female	Over 64 Male	Over 64 Female
DuPage County, IL	28,085	27,228	83,483	79,975	290,532	296,349	54,261	70,601
Illinois	403,373	386,832	1,122,203	1,078,221	4,017,155	4,059,803	767,729	1,016,368
United States	10,154,024	9,712,936	27,455,869	26,289,609	98,851,301	999,913,791	20,304,128	25,876,504

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

The below map shows the median age of DuPage County residents by municipality.



Median Ages



2018 Median Age

- 0 - 35
- >35 - 39.2
- >39.2 - 41.4
- >41.4 - 44.1
- >44.1 - 57



Race and Ethnicity Demographics

Population by gender within DuPage County is shown below. According to ACS 2012-2016 5 year population estimates, the white population comprised 78.9% of DuPage County, black population represented 4.7%, and other races combined were 13.9%. Persons identifying themselves as mixed race made up 2.5% of the population.

Report Area	White Total	Black Total	American Indian/ Alaska Native Total	Asian Total	Native Hawaiian/ Pacific Islander Total	Two or More Races	Other
DuPage County, IL	734,032	43,791	1,972	103,084	336	23,503	23,796
Illinois	9,270,907	1,837,612	29,399	655,799	4,186	300,222	753,559
United States	233,657,078	40,241,818	2,597,817	16,614,625	560,021	9,752,947	15,133,856

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Report Area	Total Hispanic/Latino	Total Non-Hispanic/Latino	Percent Hispanic/Latino	Percent Non-Hispanic/Latino
DuPage County, IL	129,964	800,550	14.0%	86.0%
Illinois	2,136,474	10,715,210	16.6%	83.4%
United States	55,199,107	263,359,055	17.3%	82.7%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Race Demographics – Male

Report Area	White	Black	American Indian/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	Two or More Races
DuPage County, IL	360,498	20,289	1,013	49,994	191	12,657	11,719
Illinois	4,575,085	863,538	14,886	316,062	2,313	390,049	148,527
United States	115,461,098	19,220,550	1,288,198	7,882,217	279,671	7,770,640	4,862,948

Data Source: US Census Bureau, American Community Survey. 2012-16.

Ethnicity Demographics - Male

Report Area	Total Males Hispanic/Latino	Total Males Not Hispanic/Latino	Percent of Males who are Hispanic/Latino	Percent of Males who are Not Hispanic/Latino
DuPage County, IL	66,725	389,636	14.6%	85.4%
Illinois	1,095,509	5,214,951	17.4%	82.6%
United States	27,904,147	128,861,175	17.8%	82.2%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Race Demographics – Female

Report Area	White	Black	American Indian	Asian	Native Hawaiian/Pacific Islander	Some Other Race	Two or More Races
DuPage County, IL	373,534	23,502	959	53,090	145	11,139	11,784
Illinois	4,695,822	974,074	14,513	339,737	1,873	363,510	151,695
United States	118,195,980	21,021,268	1,309,619	8,732,408	280,350	7,363,216	4,889,999

Data Source: US Census Bureau, American Community Survey. 2012-16.

Ethnicity Demographics - Female

Report Area	Total Females Hispanic/Latino	Total Females Not Hispanic/Latino	Percent of Females who are Hispanic/Latino	Percent of Females who are Not Hispanic/Latino
DuPage County, IL	63,239	410,914	13.3%	86.7%
Illinois	1,040,965	5,500,259	15.9%	84.1%
United States	27,294,960	134,497,880	16.9%	83.1%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Veterans, Age and Gender Demographics

Veterans, Age and Gender Demographics show the number of veterans living in the report area. According to the American Community Survey (ACS), 5.2% of the adult population in DuPage County are veterans, which is less than the national average of 8.0%.

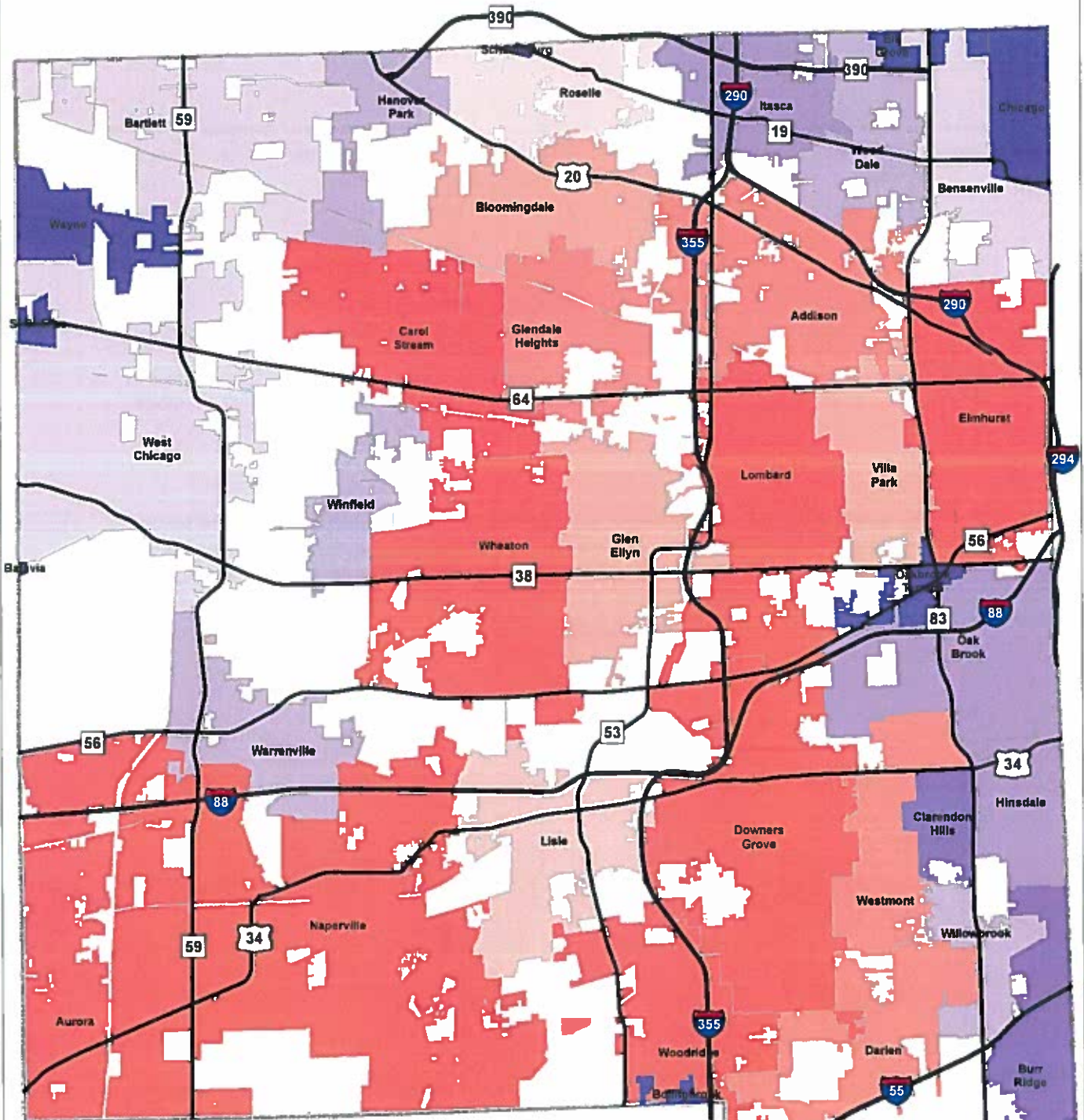
Report Area	Veterans Total	Veterans Male	Veterans Female	% Pop Over 18 Total	% Pop Over 18 Males	% Pop Over 18 Females
DuPage County, IL	37,131	35,104	2,027	5.2%	10.2%	0.6%
Illinois	643,460	601,286	42,174	6.5%	12.6%	0.8%
United States	19,535,341	17,948,822	1,586,519	8.0%	15.2%	1.3%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

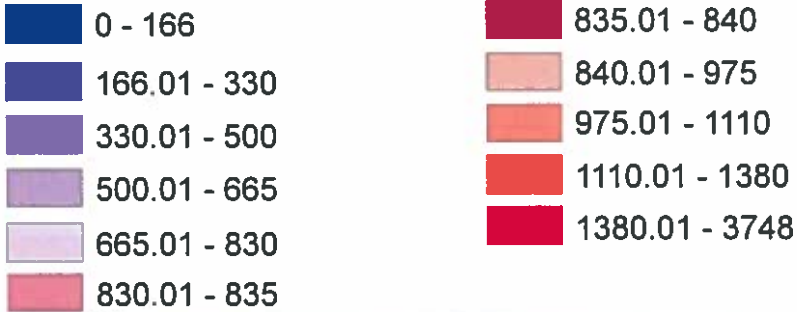
The below map shows the total number of veterans in DuPage County by municipality.



18+ Veteran Populations



ACS Age 18+ Veterans



Veterans by Age

Report Area	Veterans Males Age 18-34	Veteran Females Age 18-34	Veteran Males Age 35-54	Veteran Females Age 35-54	Veteran Males Age 55-64	Veteran Females Age 55-64	Veteran Males Age Over 65	Veteran Females Age Over 65
DuPage County, IL	1,986	461	6,118	816	5,955	290	21,045	460
Illinois	43,559	8,489	124,329	17,590	109,801	8,265	323,597	7,830
United States	1,366,074	313,688	4,027,254	673,532	3,464,291	320,832	9,091,203	278,467

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Poverty

The following report section shows population estimates for all persons in poverty for report area. According to the American Community Survey 5 year estimates, an average of 7.0 percent of all persons lived in a state of poverty during the 2012 - 2016 period. The poverty rate for all persons living in the report area is less than the national average of 15.1 percent. In 2016, the federal poverty level for individuals was \$12,060, and \$24,600 for a family of four (United States Department of Health and Human Services).

Population in Poverty

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
DuPage County, IL	917,734	64,677	7.0%
Illinois	12,548,538	1,753,731	14.0%
United States	310,629,645	46,932,225	15.1%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Households in Poverty

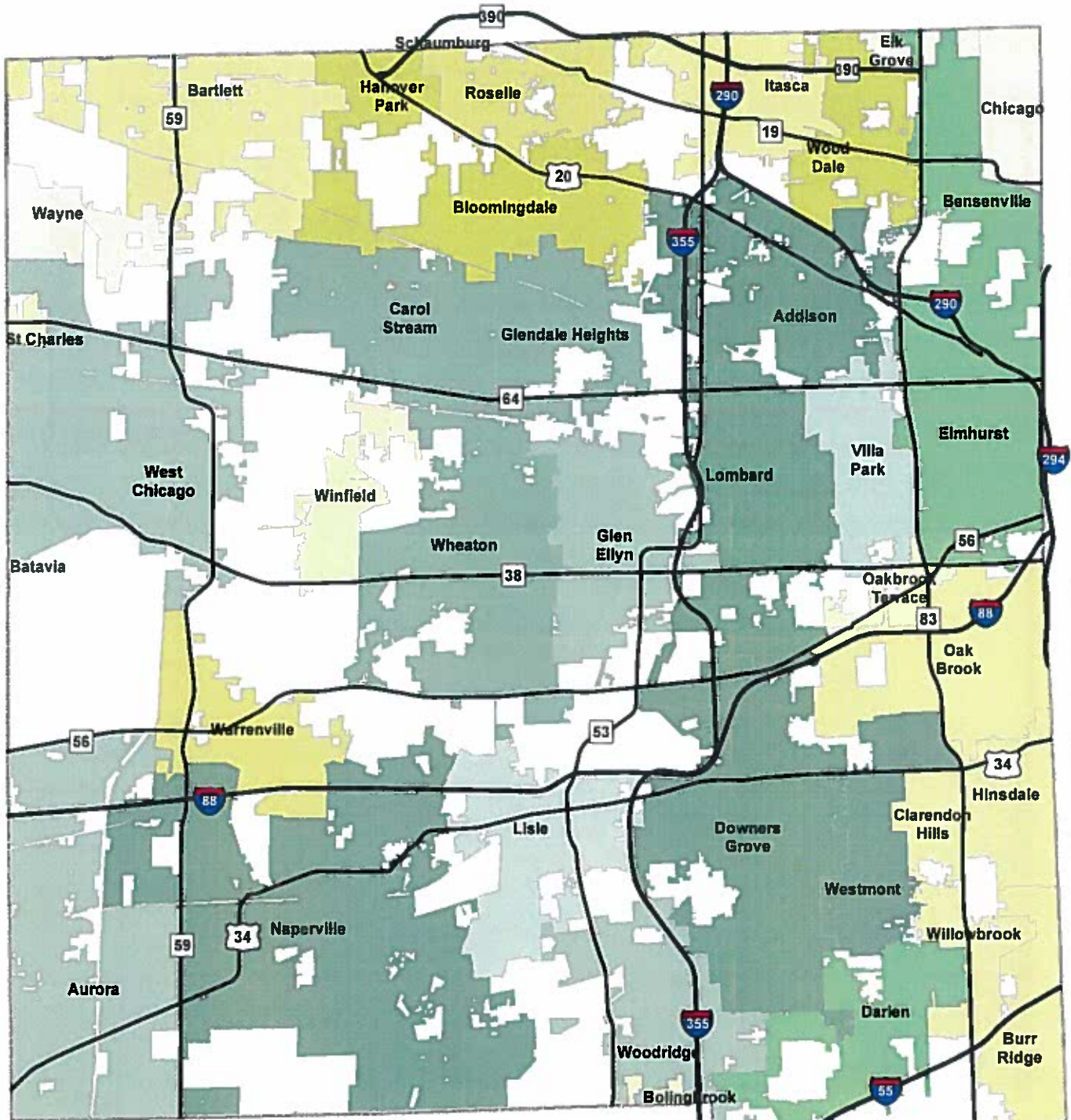
Report Area	Total Households	Households in Poverty	Percent of Households in Poverty
DuPage County, IL	338,987	24,170	7.1%
Illinois	4,802,124	639,989	13.3%
United States	117,716,237	16,652,240	14.2%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

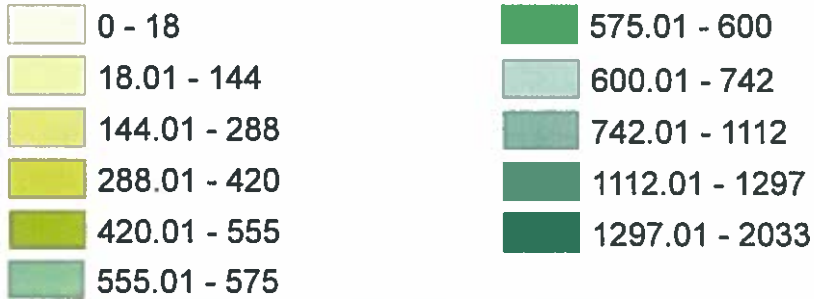
The below maps show the total number of households, by municipality, in DuPage County that are living below 100% of the federal poverty level and the percent of individuals, by municipality, living in below 100% of the federal poverty level.



ACS Below Poverty Level

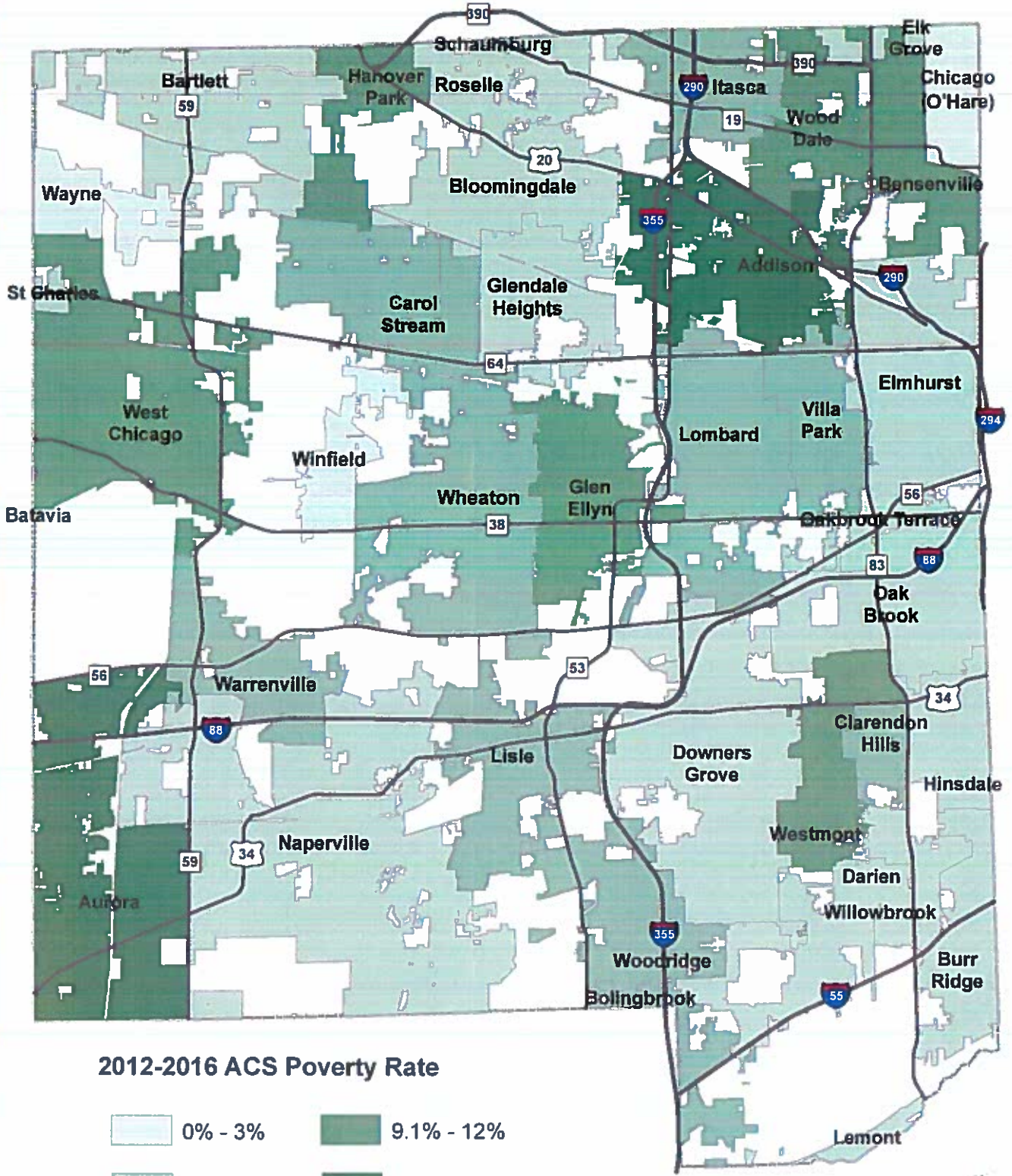


ACS HHs: Below Poverty Level

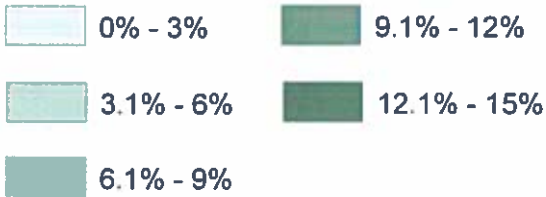




2012-2016 Poverty Rate



2012-2016 ACS Poverty Rate



Poverty Rate Change

Poverty rate change in the report area from 2000 to 2016 is shown below. According to the U.S. Census, the poverty rate for the area increased by 3.2%, compared to a national increase of 3.8%.

Report Area	Persons in Poverty 2000	Poverty Rate 2000	Persons in Poverty 2016	Poverty Rate 2016	Change in Poverty Rate 2000-2016
DuPage County, IL	34,241	3.8%	64,677	7.0%	3.2%
Illinois	2,455,770	10.0%	1,753,731	14.0%	4.0%
United States	31,581,086	11.3%	46,932,225	15.1%	3.8%

Data Source: US Census Bureau, American Community Survey. US Census Bureau, Decennial Census. 2012-16.

Population in Poverty by Gender

The percent of females living in poverty (7.8%) residing in DuPage County is slightly higher than the percent males in poverty (6.2%) residing in DuPage County.

Report Area	Total Male in Poverty	Total Female in Poverty	Percent Male in Poverty	Percent Female in Poverty
DuPage County, IL	28,159	36,518	6.2%	7.8%
Illinois	778,721	975,010	12.7%	15.2%
United States	21,012,839	25,919,386	13.8%	16.3%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Population in Poverty by Ethnicity Alone

In DuPage County, the percent of Hispanics or Latinos living in poverty (13.7%) is more than double the percent of non-Hispanics or Latinos living in poverty (6.0%).

Report Area	Total Hispanic/Latino in Poverty	Total Non Hispanic/Latino in Poverty	Percent Hispanic/Latino in Poverty	Percent Non Hispanic or Latino in Poverty
DuPage County, IL	17,668	47,009	13.7%	6.0%
Illinois	411,749	1,341,982	19.6%	12.9%
United States	12,653,597	34,278,628	23.4%	13.4%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Population in Poverty Race Alone, Percent

In DuPage County, Black or African Americans and Native Hawaiian/Pacific Islanders have the highest rates of poverty when compared to other races.

Report Area	White	Black or African American	Native American/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	Two or more races
DuPage County, IL	5.7%	21.4%	13.2%	7.1%	22.9%	16.8%	10.5%
Illinois	10.3%	29.7%	21.1%	11.8%	12.6%	21.2%	18.4%
United States	12.4%	26.2%	27.6%	12.3%	20.1%	25.4%	19.3%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Population in Poverty Race Alone, Total

Report Area	White	Black or African American	Native American/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	Two or more races
DuPage County, IL	41,535	9,215	259	7,207	77	3,986	2,398
Illinois	937,195	522,577	6,067	75,733	506	158,066	53,587
United States	28,424,685	10,111,248	692,998	2,009,019	108,956	3,765,448	1,819,871

Data Source: US Census Bureau, American Community Survey. 2012-16.

Families in Poverty by Family Type

Families in Poverty by Family Type - Total

Report Area	Total Families	Families in Poverty Total	Families in Poverty Married Couples	Families in Poverty Male Householder	Families in Poverty Female Householder
DuPage County, IL	238,201	11,943	5,532	948	5,463
Illinois	3,122,597	317,686	106,532	33,704	177,450
United States	77,608,829	8,543,087	3,104,359	914,985	4,523,743

Data Source: US Census Bureau, American Community Survey. 2012-16.

Family Poverty Rate by Family Type

The percentage of households in poverty by household type are shown for the report area. It is estimated that 5% of all households were living in poverty within the report area, compared to the national average of 11%. Of the households in poverty, female headed households represented 45.7% of all households in poverty, compared to 46.3% and 7.9% of households headed by males and married couples, respectively.

Report Area	Poverty Rate All Types	Poverty Married Couples	Poverty Male Householder	Poverty Female Householder
DuPage County, IL	5%	46.3%	7.9%	45.7%
Illinois	10.2%	33.5%	10.6%	55.9%
United States	11%	36.3%	10.7%	53%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Poverty (Age 0 to 17)

Children in Poverty by Gender: Age 0 – 17

Report Area	Male Children in Poverty	Female Children in Poverty	Percent of Male Children in Poverty	Percent of Female Children in Poverty
DuPage County, IL	9,938	10,757	9.0%	10.1%
Illinois	291,010	285,149	19.4%	19.7%
United States	7,788,380	7,547,403	21.1%	21.3%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Children in Poverty by Ethnicity Alone: Age 0 – 17

The percent of children in poverty by ethnicity are shown below. Of the total Hispanic or Latino children in DuPage County, 18.3 percent are living in poverty, as compared to 7.2 percent of non-Hispanic or Latino children.

Report Area	Hispanic or Latino in Poverty	Not Hispanic or Latino in Poverty	Percent of Hispanic or Latino Children in Poverty	Percent of Not Hispanic or Latino Children in Poverty
DuPage County, IL	8,314	12,381	18.3%	7.2%
Illinois	190,445	385,714	26.7%	17.3%
United States	5,525,267	9,810,516	31.3%	17.9%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Children in Poverty by Race Alone, Percent: Age 0 – 17

Of the children in DuPage County, Black or African Americans, Native American/Alaska Native, Native Hawaiian/Pacific Islanders, and individuals who identified as some other race had the highest rates of poverty when compared to other races.

Report Area	Non-Hispanic White	Black or African American	Native American/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	Multiple Race
DuPage County, IL	4.4%	31.9%	20.8%	8.2%	13.2%	22.2%	12.5%
Illinois	10.4%	41.7%	25.2%	11%	16.6%	29.8%	20.8%
United States	12.7%	37.4%	35.2%	12.5%	26.8%	34.6%	21.6%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Children in Poverty by Race Alone, Total: Age 0 – 17

Report Area	Non-Hispanic White	Black or African American	Native American/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	Multiple Race
DuPage County, IL	5,596	3,878	116	1,986	12	1,664	1,423
Illinois	158,481	192,946	1,772	15,027	132	71,747	30,775
United States	4,769,712	3,819,940	246,820	425,824	38,963	1,574,212	962,043

Data Source: US Census Bureau, American Community Survey. 2012-16.

Child Poverty Rate Change: Ages 0 – 4

Population and poverty estimates for children age 0-4 are shown for the report area. According to the American Community Survey 5 year data, an average of 10.1 percent of children lived in a state of poverty during the survey calendar year. The poverty rate for children living in the report area is less than the national average of 23.6 percent.

Report Area	Ages 0-4 Population	Ages 0-4 in Poverty	Ages 0-4 Poverty Rate
DuPage County, IL	54,824	5,563	10.1%
Illinois	777,999	169,063	21.7%
United States	19,554,400	4,614,933	23.6%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Children in Poverty by Gender: Age 0 – 4

Report Area	Male	Female	Percent Male	Percent Female
DuPage County, IL	2,826	2,737	10.1%	10.2%
Illinois	85,961	83,102	21.6%	21.8%
United States	2,349,027	2,265,906	23.5%	23.7%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Children in Poverty by Ethnicity Alone: Age 0 – 4

Of the total Hispanic or Latino children aged 0-4 in DuPage County, 22.4 percent are living in poverty, as compared to 6.6 percent of non-Hispanic or Latino children.

Report Area	Hispanic or Latino Children 0-4 in Poverty	Not Hispanic or Latino Children 0-4 in Poverty	Percent of Hispanic or Latino Children 0-4 in Poverty	Percent Not Hispanic or Latino Children 0-4 in Poverty
DuPage County, IL	2,738	2,825	22.4%	6.6%
Illinois	55,095	113,968	28.7%	19.4%
United States	1,683,545	2,931,388	33.4%	20.2%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Children in Poverty by Race Alone, Percent: Age 0 – 4

Approximately 24 percent of black or African American children age 0 to 4 in DuPage County are in poverty, followed by 22.0 percent of children age 0 to 4 identifying as some other race.

Report Area	Non-Hispanic White	Black or African American	Native American/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	Multiple Race
DuPage County, IL	4.9%	24.4%	0%	8.0%	0%	22.0%	8.0%
Illinois	11.7%	47.2%	22.6%	10.8%	25.3%	31.4%	22.9%
United States	14.4%	42.2%	40.2%	12.1%	28.5%	36.8%	23.8%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Children in Poverty by Race Alone, Total: Age 0 – 4

Report Area	Non-Hispanic White	Black or African American	Native American/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	Multiple Race
DuPage County, IL	1,493	658	0	529	0	325	273
Illinois	46,301	56,892	350	4,067	65	19,304	11,001
United States	1,401,761	1,155,022	72,736	109,909	11,309	464,274	342,157

Data Source: US Census Bureau, American Community Survey. 2012-16.

Child Poverty Rate Ages 5- 17

Population and poverty estimates for children age 5-17 are shown for the report area. According to the American Community Survey 5 year data, an average of 9.3% percent of children lived in a state of poverty during the survey calendar year. The poverty rate for children living in the report area is less than the national average of 20.3 percent.

Report Area	Ages 5 – 17 Total Population	Ages 5 – 17 In Poverty	Ages 5 – 17 Poverty Rate
DuPage County, IL	162,171	15,132	9.3%
Illinois	2,169,193	407,096	18.8%
United States	52,901,696	10,720,850	20.3%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Children in Poverty by Gender: Age 5 – 17

Report Area	Male	Female	Percent of Males Age 5-17 in Poverty	Percent of Females Age 5-17 in Poverty
DuPage County, IL	7,112	8,020	8.6%	10.1%
Illinois	205,049	202,047	18.6%	19.0%
United States	5,439,353	5,281,497	20.1%	20.4%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Children in Poverty by Ethnicity Alone: Age 5 – 17

Of the total Hispanic or Latino children aged 5-17 in DuPage County, 16.8 percent are living in poverty, as compared to 7.4 percent of non-Hispanic or Latino children.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Percent of Hispanic or Latino Children Age 5-17 in Poverty	Percent of Not Hispanic or Latino Children Age 5-17 in Poverty
DuPage County, IL	5,576	9,556	16.8%	7.4%
Illinois	135,350	271,746	26.0%	16.5%
United States	3,841,722	6,879,128	30.4%	17.1%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Children in Poverty by Race Alone, Percent: Age 5 – 17

Of the children aged 5-17 in poverty in DuPage County, Black or African Americans, Native Hawaiian/Pacific Islanders, and individuals who identified as some other race had the highest rates of poverty when compared to other races.

Report Area	Non-Hispanic White	Black or African American	Native American/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	Multiple Race
DuPage County, IL	4.3%	34.0%	26.2%	8.3%	15.8%	22.3%	14.4%
Illinois	9.9%	39.7%	25.9%	11.1%	12.4%	29.3%	19.8%
United States	12.1%	35.7%	33.5%	12.7%	26.1%	33.8%	20.6%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Children in Poverty by Race Alone, Total: Age 5 – 17

Report Area	Non-Hispanic White	Black or African American	Native American/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	Multiple Race
DuPage County, IL	4,103	3,220	116	1,457	12	1,339	1,150
Illinois	112,180	136,054	1,422	10,960	67	52,443	19,774
United States	3,367,951	2,664,938	174,084	315,915	27,654	1,109,938	619,886

Data Source: US Census Bureau, American Community Survey. 2012-16.

Seniors in Poverty

Poverty rates for seniors (persons age 65 and over) are shown below. According to American Community Survey estimates, there were 6,664 seniors, or 5.5 percent, living in poverty within the report area.

Report Area	Ages 65 and Up Total Population	Ages 65 and Up In Poverty	Ages 65 and Up Poverty Rate
DuPage County, IL	120,790	6,664	5.5%
Illinois	1,719,667	151,523	8.8%
United States	44,874,586	4,195,427	9.3%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: county

Seniors in Poverty by Gender: Age 65 and Up

A slightly higher percentage of females ages 65 and up live in poverty compared to males, at the local, state, and national level.

Report Area	Total Male	Total Female	Percent of Males 65 and Up in Poverty	Percent of Females 65 and Up in Poverty
DuPage County, IL	2,316	4,348	4.4%	6.4%
Illinois	50,354	101,169	6.7%	10.4%
United States	1,455,293	2,740,134	7.3%	11.0%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Seniors in Poverty by Ethnicity Alone: Age 65 and Up

Report Area	Hispanic or Latino 65 and Up in Poverty	Not Hispanic or Latino 65 and Up in Poverty	Percent of Hispanic or Latinos 65 and Up in Poverty	Percent of Not Hispanic or Latino 65 and Up in Poverty
DuPage County, IL	629	6,035	11.3%	5.2%
Illinois	15,930	135,593	15.0%	8.4%
United States	657,884	3,537,543	19.0%	8.5%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Seniors in Poverty by Race Alone, Percent: Age 65 and Up

The table below shows the percent of seniors, by race, living in poverty. Among Native Hawaiian/Pacific Islanders over the age of 65 in DuPage County, 27.6 percent are living in poverty. Among individuals of some other race over the age of sixty-five, 31.2 percent are living in poverty.

Report Area	Non-Hispanic White	Black or African American	Native American/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	Multiple Race
DuPage County, IL	4.9%	7.1%	9.2%	7.6%	27.6%	31.2%	14.5%
Illinois	6.8%	18.1%	14.6%	11.8%	14.1%	17.5%	12.8%
United States	7.2%	17.5%	18.3%	13.0%	13.7%	22.1%	13.8%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Seniors in Poverty by Race Alone, Total: Age 65 and Up

Report Area	Non-Hispanic White	Black or African American	Native American/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Some Other Race	Multiple Race
DuPage County, IL	4,861	177	9	876	8	286	151
Illinois	90,861	35,151	414	8,146	40	5,470	1,571
United States	2,538,606	685,871	42,016	238,849	5,542	162,018	63,923

Data Source: US Census Bureau, American Community Survey. 2012-16.

Employment

Current Unemployment

Labor force, employment, and unemployment data for DuPage County is provided in the table below. Overall, DuPage County experienced an average 3.4% percent unemployment rate in March 2018.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
DuPage County, IL	511,928	494,599	17,329	3.4%
Illinois	6,496,831	6,210,832	285,999	4.4%
United States	162,635,301	155,857,594	6,777,707	4.2%

Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - March. Source geography: County

Thirteen Month Unemployment Rates

Unemployment change within the report area from March 2017 to March 2018 is shown in the chart below. According to the U.S. Department of Labor, unemployment for this thirteen-month period fell from 3.8% percent to 3.4% percent.

Area	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
DuPage County	3.8%	3.7%	3.6%	4.4%	4.3%	4.5%	3.9%	4.0%	3.9%	3.9%	4.5%	4.2%	3.4%
Illinois	5.0%	4.5%	4.4%	5.1%	5.1%	5.3%	4.6%	4.5%	4.6%	4.7%	5.3%	5.0%	4.4%
United States	4.6%	4.1%	4.1%	4.5%	4.6%	4.5%	4.1%	3.9%	3.9%	3.9%	4.5%	4.4%	4.1%

Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 – March. Source geography: County

Five Year Unemployment Rate

Average annual unemployment change within the report area from 2012 to 2016 is shown in the chart below.

Area	2012	2013	2014	2015	2016
DuPage County	7.5%	7.4%	5.7%	4.7%	4.7%
Illinois	9.0%	9.0%	7.1%	6.0%	5.8%
United States	8.1%	7.4%	6.2%	5.3%	4.9%

Data Source: US Department of Labor, Bureau of Labor Statistics. Source geography: County

Commuter Travel Patterns

This table shows the method of transportation workers used to travel to work for the report area. Of the 474,127 workers in the report area, 77.5% drove to work alone while 7.5% carpooled. 6.5% of all workers reported that they used some form of public transportation, while others used some optional means including 2% walking or riding bicycles, and 0.8% used taxicabs to travel to work.

Report Area	Workers 16 and Up	Percent Drive Alone	Percent Carpool	Percent Public Transportation	Percent Bicycle or Walk	Percent Taxi or Other	Percent Work at Home
DuPage County, IL	474,127	77.5%	7.5%	6.5%	2%	0.8%	5.7%
Illinois	6,033,483	73.4%	8.3%	9.2%	3.7%	1.1%	4.4%
United States	145,861,221	76.4%	9.3%	5.1%	3.4%	1.2%	4.6%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Travel Time to Work

Travel times for workers who travel (do not work at home) to work is shown for the report area. The median commute time, according to the American Community Survey (ACS), for the report area is 27.46 minutes longer than the national median commute time of 24.95 minutes.

Report Area	Workers 16 and Up	Percent of workers with less than 10 min commute	Percent of workers with 10 to 29 min commute	Percent of workers with 30 to 59 min commute	Percent of workers with more than 60 min commute	Average Commute Time (min)
DuPage County, IL	474,127	10.2%	45.3%	32.7%	11.8%	29.1
Illinois	6,033,483	12.1%	44.3%	32.3%	11.3%	28.5
United States	145,861,221	12.9%	50.1%	28.4%	8.7%	26.1

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Education

Educational Attainment

Educational attainment (persons 25 and over) in DuPage County is higher when compared to Illinois and national values. The percent of individuals that have a high school diploma only (18.7%) is lower than both state and national percentages, whereas the percent of individuals with a Bachelors (28.7%) or Graduate or Professional Degree (18.6%) is higher than Illinois and U.S. percentages.

Report Area	Percent No High School Diploma	Percent High School Only	Percent Some College	Percent Associates Degree	Percent Bachelors Degree	Percent Graduate or Professional Degree
DuPage County, IL	7.6%	18.7%	19.2%	7.2%	28.7%	18.6%
Illinois	11.7%	26.5%	21.1%	7.8%	20.2%	12.7%
United States	13.0%	27.5%	21%	8.2%	18.8%	11.5%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Adult Literacy

The National Center for Education Statistics (NCES) produces estimates for adult literacy based on educational attainment, poverty, and other factors in each county.

Report Area	Estimated Population over 16	Percent Lacking Literacy Skills
DuPage County, IL	698,431	7%
Illinois	9,507,861	13%
United States	219,016,209	14.6%

Data Source: National Center for Education Statistics, NCES - Estimates of Low Literacy. Source geography: County

Veterans - Educational Attainment

Veterans Educational Attainment contrasts the distribution of educational attainment levels between military veterans and non-veterans in the region. Educational attainment is calculated for persons over 25, and is an estimated average for the period from 2012 to 2016. The percent of non-veterans in DuPage County with a Bachelors or higher is 48 percent, as compared to 36.4 percent of veterans.

Report Area	Veterans % No Diploma	Veterans % High School Diploma	Veterans % Some College	Veterans % Bachelors or Higher	Non-Veterans % No Diploma	Non-Veterans % High School Diploma	Non-Veterans % Some College	Non-Veterans % Bachelors or Higher
DuPage County	4.7%	23.6%	35.2%	36.4%	7.7%	18.4%	25.8%	48.0%
Illinois	7.3%	30.7%	37%	25%	12.1%	26.2%	28.2%	33.5%
United States	6.8%	28.7%	37.1%	27.4%	13.7%	27.5%	28.3%	30.6%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Housing

Housing Age

Total housing units, median year built and median age in 2016 for DuPage County are shown below. Housing units used in housing age include only those where the year built is known.

Report Area	Total Housing Units	Median Year Built	Median Age (from 2016)
DuPage County, IL	357,549	1977	37
Illinois	5,310,327	1967	47
United States	134,054,899	1977	37

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Homeowners

The U.S. Census Bureau estimated there were 248,762 homeowners in DuPage County in 2000, and 247,155 owner occupied homes in DuPage County for the 5 year estimated period from 2012 - 2016. The percent of owner occupied homes decreased from 76.4 percent in 2000 to 72.9 percent in 2016.

Report Area	Owner Occupied Homes 2000	% Owner Occupied Homes 2000	Owner Occupied Homes 2016	% Owner Occupied Homes 2016
DuPage County, IL	248,762	76.4%	247,155	72.9%
Illinois	3,088,884	67.3%	3,167,081	66.0%
United States	69,815,753	66.2%	74,881,068	63.6%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Vacancy Rates

The U.S. Postal Service provided information quarterly to the U.S. Department of Housing and Urban Development on addresses identified as vacant in the previous quarter. Residential and business vacancy rates for the report area in the first quarter of 2015 are reported. For this reporting period, a total of 5,732 residential addresses were identified as vacant in the report area, a vacancy rate of 1.5%, and 6,065 business addresses were also reported as vacant, a rate of 11.9%.

Report Area	Residential Addresses	Vacant Residential Addresses	Residential Vacancy Rate	Business Addresses	Vacant Business Addresses	Business Vacancy Rate
DuPage County, IL	393,579	5,732	1.5%	50,879	6,065	11.9%
Illinois	5,669,328	171,583	3%	544,208	60,377	11.1%
United States	146,832,025	3,825,190	2.6%	13,835,679	1,232,945	8.9%

Data Source: US Department of Housing and Urban Development. 2016-Q4. Source geography: County

Number of Unsafe, Unsanitary Homes

The number and percentage of occupied housing units without plumbing are shown for the report area. U.S. Census data shows 968 housing units in the report area were without plumbing in 2000 and ACS five year estimates show 821 housing units in the report area were without plumbing in 2016.

Report Area	Occupied Housing Units 2000	Housing Units without Plumbing 2000	Percent without Plumbing 2000	Occupied Housing Units 2016	Housing Units without Plumbing 2016	Percent without Plumbing 2016
DuPage County, IL	325,601	968	0.3%	338,987	821	0.2%
Illinois	4,591,779	23,959	0.5%	4,802,124	13,395	0.3%
United States	106,741,426	736,626	0.7%	117,716,237	453,650	0.4%

Data Source: US Census Bureau, American Community Survey. US Census Bureau, Decennial Census. 2012-16. Source geography: County

Housing Affordability

One indicator of housing affordability is the percentage of renters who are spending 30 percent or more of their household income on rent. In DuPage County, 43.9 percent of renters spend 30 percent or more of their household income on rent, compared to 49.6 percent for Illinois and 47.3 percent for the United States. Below is a breakdown of DuPage County renters spending 30 percent or more of household income on rent by age. Fifty-five percent of renters age 15-24 and 64 percent of renters over age 65 spend 30 percent or more of their income on rent.

DuPage County Renter Group	Percent of Renters Spending 30%+ of Income on Rent
Overall	43.9%
Age 15-24	55.7%
Age 25-34	39.2%
Age 35-64	44.8%
Age 65+	64.8%

Data Source: U.S. Census Bureau, American Community Survey 2012-2016 estimates via Impact DuPage/Healthy Communities Institute

According to the National Low Income Housing Coalition (2018), the rent affordable at minimum wage (\$8.25/hour) is \$429, while fair market rent for a zero-bedroom unit in DuPage County is \$879. The estimated mean renter wage in DuPage County is \$18.30, and the rent affordable at mean renter wage is \$952, which is below fair market rent for a one-bedroom unit (\$1,014) (National Low Income Housing Coalition, 2018).

The DuPage Housing Authority administrates the Housing Choice Voucher program, which provides rental assistance to income-eligible individuals and families. As of August 2018, approximately 800 individuals were on the wait list for a housing choice voucher. The wait list was last open on June 20, 2016. HUD allocates 3,032 vouchers to DuPage County, though availability of vouchers also depends on the average cost of a voucher and funds available (DuPage Housing Authority, 2018).

Income

Two common measures of income are Median Household Income and Per Capita Income, based on U.S. Census Bureau estimates. Both measures are shown in the table below. The median household income

in DuPage County (\$81,521) is higher than both state and national values. The average Per Capita income for DuPage County is \$40,547, compared to a national average of \$29,829.

Report Area	Median Household Income	Per Capita Income
DuPage County, IL	\$81,521	\$40,547
Illinois	\$59,196	\$31,502
United States	\$55,322	\$29,829

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Nutrition

Free and Reduced Lunch Program

The following report shows that 40,293 public school students (27.4%) in DuPage County were enrolled in the free or reduced price lunch programs during the 2015 - 2016 school year, which is less than the national average of 52.4 percent.

Report Area	Total Public School Students	Number Free/Reduced Price Lunch	Percent Free/Reduced Price Lunch
DuPage County, IL	147,294	40,293	27.4%
Illinois	2,018,739	1,006,936	49.9%
United States	50,611,787	25,893,504	52.6%

Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2015-16. Source geography: Address

Children Eligible for Free or Reduced Lunch by Year, 2010-11 through 2015-16

The table below shows local, state, and national trends in student free or reduced lunch eligibility. The percent of public school children eligible for free or reduced lunch in DuPage has increased from 22.5 percent in the 2010-2011 school year, to 27.4 percent in the 2015-2016 school year, but is well below the percent of children eligible in Illinois and the United States.

Note: Data for the 2011-12 school year are omitted due to lack of data for some states.

Report Area	2010-11	2012-13	2013-14	2014-15	2015-2016
DuPage County, IL	22.5%	29.2%	29.0%	32.9%	27.4%
Illinois	46.7%	50.6%	51.4%	54.1%	49.9%
United States	48.2%	51.3%	52.0%	52.0%	52.3%

Data Source: U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD)

Households Receiving SNAP by Poverty Status (ACS)

The below table shows that 20,335 households (or 6% of all households) in DuPage County received SNAP payments, based on American Community Survey 2012-2016 five year estimates. During this same period there were 16,840 households with income levels below the poverty level that were not receiving SNAP payments.

Report Area	Household Receiving SNAP Total	Household Receiving SNAP Percent	Household Receiving SNAP Income Below Poverty	Household Receiving SNAP Income Above Poverty	Household Not Receiving SNAP Total	Household Not Receiving SNAP Percent	Household Not Receiving SNAP Income Below Poverty	Household Not Receiving SNAP Income Above Poverty
DuPage County, IL	20,335	6%	7,330	13,005	318,652	94%	16,840	301,812
Illinois	636,945	13.3%	312,674	324,271	4,165,179	86.7%	327,315	3,837,864
United States	15,360,951	13.0%	7,727,684	7,633,267	102,355,286	87.0%	8,924,556	93,430,730

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: County

Health Care

Federally Qualified Health Centers

The table below shows the Federally Qualified Health Centers in DuPage County.

County	Provider Number	FQHC Name	Address	City	Phone
DuPage County	PN: 141971	MARTIN R RUSSO FAMILY HEALTH CENTER	245 S GARY	BLOOMINGDALE	(630) 893-5230
DuPage County	PN: 781803	VNA HEALTHCARE AT DUPAGE COUNTY HEALTH DEPARTMENT	111 N COUNTY FARM ROAD	WHEATON	(630) 978-2532
DuPage County	PN: 781811	HAMDARD - ADDISON	228 E LAKE STREET	ADDISON	(603) 744-6985
DuPage County	PN: 141015	WEST CHICAGO FAMILY HEALTH CTR	245 WEST ROOSEVELT	WEST CHICAGO	(630) 293-4124
DuPage County	PN: 141045	ACCESS ADDISON HEALTH CENTER	1111 W LAKE STREET	ADDISON	(773) 257-5093
DuPage County	PN: 141188	VNA HEALTH CARE OF FOX VALLEY -	350 SCHMALE ROAD, SUITE 150	CAROL STREAM	(630) 892-4355

		CAROL STREAM			
DuPage County	PN: 141191	VNA HEALTH CENTER - BENSENVILLE	28 N YORK RD	BENSENVILLE	(630) 978-9754
DuPage County	PN: 141131	ACCESS ARMY TRAIL ROAD FAMILY HEALTH CENTER	2055 W ARMY TRAIL ROAD	ADDISON	(630) 705-1010
DuPage County	PN: 141135	ACCESS GATEWAY CENTER FAMILY HEALTH CENTER	526 MAIN STREET	WEST CHICAGO	(630) 293-3835

Data Source: US Department of Health Human Services, Center for Medicare Medicaid Services, Provider of Services File. December 2016. Source geography: County

Medicare and Medicaid Providers

Total institutional Medicare and Medicaid providers, including hospitals, nursing facilities, Federally qualified health centers, rural health clinics and community mental health centers for the report area are shown. According to the U.S. Department of Health and Human Services, there were 242 active Medicare and Medicaid institutional service providers in the report area in the fourth quarter of 2016.

Report Area	Total Institutional Providers	Hospitals	Nursing Facilities	Federally Qualified Health Centers	Rural Health Clinics	Community Mental Health Centers
DuPage County, IL	242	9	38	10	0	0
Illinois	3,174	243	742	335	215	3
United States	72,892	7,175	15,652	7,666	4,156	163

Data Source: US Department of Health Human Services, Center for Medicare Medicaid Services, Provider of Services File. Dec. 2016. Source geography: County

Persons Receiving Medicare

The total number of persons receiving Medicare is shown, broken down by number over 65 and number of disabled persons receiving Medicare for the report area. The U.S. Department of Health and Human Services reported that a total of 151,537 persons were receiving Medicare benefits in the report area in 2016. A large number of individuals in our society are aware that persons over 65 years of age receive Medicare; however, many of them are unaware that disabled persons also receive Medicare benefits. A total of 12,807 disabled persons in the report area received Medicare benefits in 2016.

Report Area	Persons Over 65 Receiving Medicare	Disabled Persons Receiving Medicare	Total Persons Receiving Medicare
DuPage County	138,730	12,807	151,537
Illinois	3,639,632	587,978	4,227,605
United States	48,262,205	8,890,790	57,152,995

Data Source: Centers for Medicare and Medicaid Services. 2012-16. Source geography: County

Persons Receiving Medicaid

According to the Illinois Department of Healthcare and Family Services, the total number of persons receiving comprehensive Medicaid benefits in DuPage County on June 30, 2017 was 133,266. This is a decrease from the previous year (136,220). The table below includes a breakdown of comprehensive Medicaid enrollment by enrollee type.

Report Area	ACA Newly Eligible Adults	Adults with Disabilities	Children	Other Adults	Seniors
DuPage County, IL	24,318	6,711	67,004	24,952	10,281
Illinois	631,693	246,813	1,462,872	592,850	207,590

Data Source: Illinois Department of Healthcare and Family Services. FY 2017.

Uninsured Population

The uninsured population is calculated by estimating the number of persons eligible for insurance (generally those under 65) minus the estimated number of insured persons. While DuPage County has a lower uninsured rate than both the state of Illinois and the United States, disparities are seen when looking at uninsured adults by race and ethnicity. While 4.9 percent of white, non-Hispanic adults in DuPage County are uninsured, 18.6 percent of Hispanic or Latino adults and 19.4 percent of adults identifying as "some other race alone" are uninsured.

Report Area	Insurance Population	Number Insured	Number Uninsured	Percent Uninsured
DuPage County, IL	924,733	855,194	69,539	7.5%
Illinois	12,671,738	11,438,252	1,233,486	9.7%
United States	313,576,137	276,875,891	36,700,246	11.7%

Data Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Uninsured Adults by Race/Ethnicity, Percent

Report Area	American Indian/ Alaska Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian/ Pacific Islander	Other	Two or More Races	White, non-Hispanic
DuPage County, IL	9.7%	8.8%	9.8%	18.6%	12.2%	19.4%	7.9%	4.9%
Illinois	14.3%	10.4%	12.6%	20.9%	15.7%	24.6%	7.9%	6.1%
United States	23.3%	10.8%	13.7%	23.4%	13.6%	26.0%	10.5%	8.1%

Data Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Please see [Community Needs Assessment Online Tool footnotes](#) for information about the data background, analysis methodologies and other related notes.

Report prepared by [Community Commons](#), April 10, 2018, with some additional data provided by Impact DuPage and select median age, veteran, and poverty maps provided by DuPage County GIS Division.



Driving DuPage Forward

Impact DuPage 2019-2021 Action Plan

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Priority Area: Behavioral Health

Behavioral Health

Behavioral health continues to be a chief concern in DuPage County. Addressing behavioral health requires attention to substance use disorders as well as mental health. The Impact DuPage Steering Committee's strategic question for this priority area is "How do we strengthen prevention and treatment of behavioral health issues for residents of DuPage County?"

Why is this issue important in DuPage County?

Data from the 2018 Impact DuPage Assessment indicated a need for immediate improvement in the availability of services for people with mental health issues, substance use disorders, and both. The Assessment also emphasized the need for prevention of substance use at an early age and the reduction of stigma surrounding behavioral health. Community Assessment results relevant to this area can be seen below.

Community Profile

- Between 2015 and 2017, the DuPage County age-adjusted rate of hospitalizations due to mental health were 47.1 hospitalizations per 10,000 adults (age 18 and older)¹. During the same time, the DuPage County age-adjusted rate of hospitalization due to suicide or self-inflicted injury was 34.2 hospitalizations per 10,000 adults¹. Both rates are in the bottom 50% of Illinois counties.
- Between 2015 and 2017, the DuPage County age-adjusted rate of hospitalizations due to substance use were 9.2 hospitalizations per 10,000 adults¹. This ranks in the bottom 50% of Illinois counties.
- In 2018, 39% of 12th graders reported consuming alcohol within the last 30 days² and 24% of 12th graders reported using marijuana within the last 30 days² Both are in the bottom 50% of Illinois counties.
- Deaths as a result of heroin and fentanyl have increased steadily since 33 such deaths in 2014 to 72 such deaths in 2017³

Landscape Review: Community Survey

- When asked "What do you think are the three most important health concerns in DuPage County?" 44% of respondents answered Drug Abuse, the most frequently chosen answer. 43% of respondents selected Mental Health Problems, the second-most frequently chosen answer.
- When asked "What are the top three risky behaviors in DuPage County?" 58% of respondents chose Drug Abuse, 34% chose Alcohol Abuse, and 15% chose Tobacco Use/Smoking. These were the first, second, and ninth-most frequently selected answers, respectively, for this question.
- When asked "Where should the community focus its attention to make things better in DuPage County?" 33% of respondents selected Access to Mental Health Treatment, the most frequently selected answer. 25% of respondents chose Access to Alcohol/Drug Abuse Treatment, the second-most frequently chosen answer.

¹ Illinois Hospital Association. 2017.

² Center for Prevention Research and Development. Illinois Youth Survey. 2018.

³ DuPage County Coroner. *DuPage Narcan Program Annual Report 2017*. 2018.

Driving DuPage Forward

Forces of Change – Trends, Factors, and Events that Affect Our Community

- The regional shortage of mental health and substance use disorder treatment providers does not meet the increasing demand for both forms of treatment.
- Development of treatment facilities for both mental health and substance use disorders has been met with resistance by people living near proposed building sites.
- Stigma towards people with mental health issues and substance use disorders is prevalent and prevents necessary conversations about how to correctly address the issues.
- Prevalent overprescribing of opioids leads to easier access and greater risk of developing a substance use disorder.
- The potential for legalization of recreational marijuana use comes with uncertainty for how it will affect DuPage County.
- The opioid epidemic continues to be a complex threat with increasing deaths from opioids and more people requiring treatment that cannot access or pay for it.

Local System Assessment: Strengths, Weaknesses, and Opportunities of the Local System

- **Strengths**
 - The existing efforts of the DuPage Narcan Program have helped curb a major epidemic.
- **Weaknesses**
 - It is difficult to determine if existing services are meeting the community's mental health needs.
 - Treatment options for opioid use disorders are lacking.
 - More regulation of opioid prescriptions is necessary to prevent overprescribing.
- **Opportunities**
 - Improve the availability of treatment for both mental health and substance use disorders.

Taking Action: How do we strengthen prevention and treatment of behavioral health issues for residents of DuPage County?

To tackle the multi-faceted issue of behavioral health, Impact DuPage committee members utilized existing partnerships with the Prevention Leadership Team (PLT) and Behavioral Health Collaborative (BHC), both of which were partners for the 2016-2018 Impact DuPage action cycle for the Substance Abuse and Behavioral Health Treatment priority areas, respectively. The committee also convened with the Heroin/Opioid Prevention & Education (HOPE) Taskforce, a new initiative with broad representation from elected officials, health leaders, law enforcement, and other sectors. Between these three coalitions, the Impact DuPage Steering Committee sought to address behavioral health in DuPage from a variety of different angles.

Healthy People 2020 Objectives

The priority area of behavioral health aligns with several of Healthy People 2020's Mental Health and Mental Disorders (MHMD) and Substance Abuse (SA) objectives. These objectives are listed below.

- MHMD-6: Increase the proportion of children with mental health problems who receive treatment

Driving DuPage Forward

- MHMD-7: Increase the proportion of juvenile residential facilities that screen admissions for mental health problems
- MHMD-9: Increase the proportion of adults with mental health disorders who receive treatment
- MHMD-10: Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders
- MHMD-11: Increase depression screening by primary care providers
- MHMD-12: Increase the proportion of homeless adults with mental health problems who receive mental health service
- SA-2: Increase the proportion of adolescents never using substances
- SA-3: Increase the proportion of adolescents who disapprove of substance abuse
- SA-4: Increase the proportion of adolescents who perceive great risk associated with substance abuse
- SA-7: Increase the number of admissions to substance abuse treatment for injection drug use
- SA-8: Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year
- SA-9: Increase the proportion of persons who are referred for follow-up care for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department (ED)
- SA-12: Reduce drug-induced deaths
- SA-13: Reduce past-month use of illicit substances
- SA-19: Reduce the past-year nonmedical use of prescription drugs

Coalitions

Behavioral Health Collaborative

The Behavioral Health Collaborative (BHC) is a group of community stakeholders focused on addressing the ways that mental health and justice interact in DuPage County. The BHC contains workgroups that address gaps in care that were identified in July 2017's Sequential Intercept Mapping (SIM) workshop, currently focusing on Post-Incarceration Supports and Central Receiving Center models. Additionally, the BHC supports programs involved in mental health and law enforcement such as the Post-Crisis Response Team, mobile crisis response, and the Crisis Intervention Training (CIT).

Heroin/Opioid Prevention & Education (HOPE) Taskforce

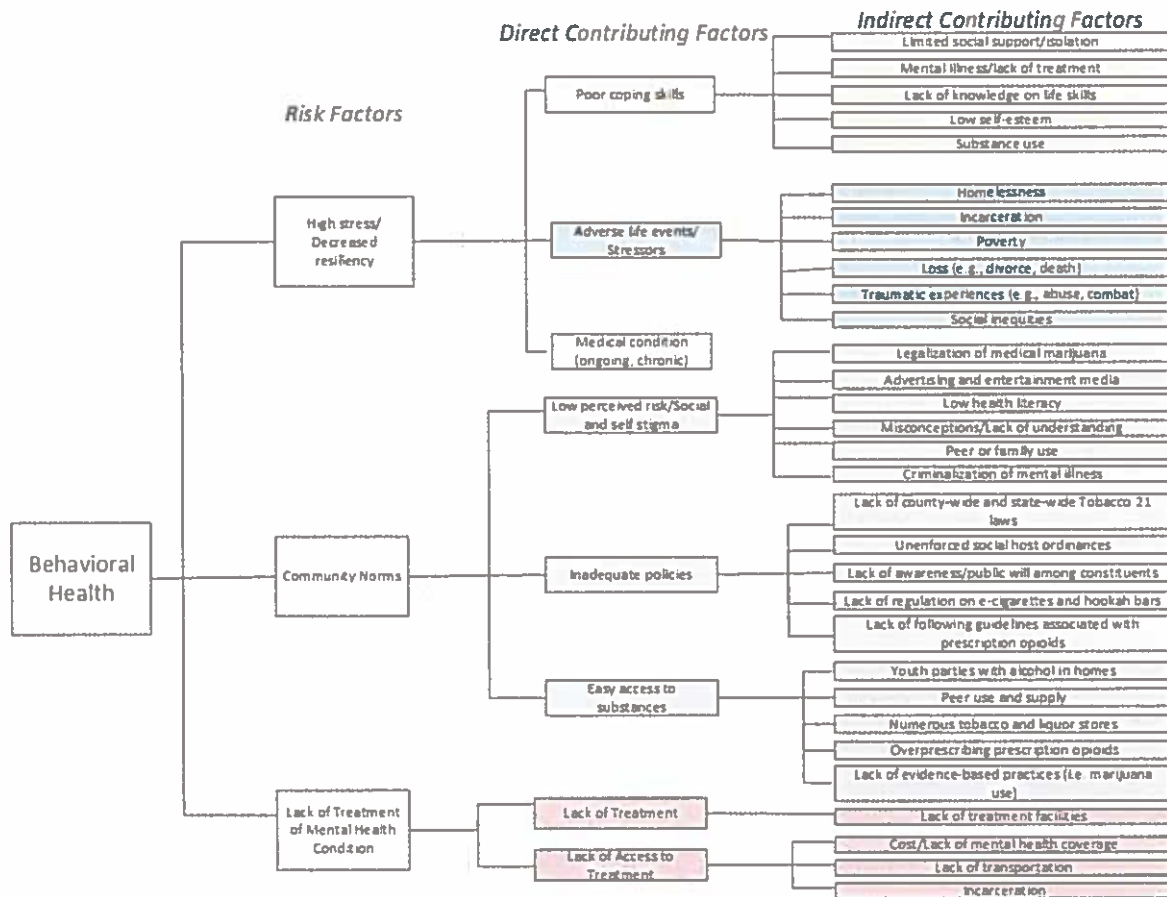
The Heroin/Opioid Prevention & Education (HOPE) Taskforce was established in early 2018 in response to the opioid epidemic and how it was manifesting in DuPage County. HOPE is comprised of representatives from the County Board, Board of Health, Sheriff's Office, Drug Court, Health Department, and others. There are five priorities for the HOPE Taskforce that are designed to approach every facet of the epidemic: reduce access to drugs, reduce opioid use and misuse, increase overdose response, integrated mental health and substance use disorder treatment and recovery, and substance use prevention and education.

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Prevention Leadership Team

The mission of the Prevention Leadership Team (PLT) is to bring together a collaboration of leaders that assess and advocate for the use of best practices to reduce risk behaviors of youth leading to substance use, abuse and addiction. PLT works toward this mission by working directly with youth and parents to educate and change attitudes towards harmful substances such as alcohol, marijuana, and prescription drugs. By addressing substance use among teenagers, PLT hopes to prevent initiation of substance use later in life.

Priority Issue Analysis



Behavioral Health Collaborative Objectives

Overall BHC Objective: By December 31, 2021, achieve a 10% reduction in the number of incoming jail inmates with a mental health issue

Outcome Objective 1: By December 31, 2021, implement PCRT program with at least eight new external police department partners.

Strategies

- Present PCRT results to municipal police departments at Chiefs Association meetings, Behavioral Health Collaborative, and in-person meetings
- Identify funding structure for portions of clinician salary to be paid by each partner department for PCRT
- Conduct training for new department(s) by existing PCR staff about day-to-day routine, recordkeeping responsibilities, lessons learned, etc.

Outcome Objective 2: By March 1, 2019, begin implementation of pre-arrest diversion program with pilot site(s).

Strategies

- Meet with potential pilot sites before implementation to identify locations for pickup, eligible crimes (if any), exact time expectations
- Hold quarterly progress meetings to discuss project experiences

Outcome Objective 3: By March 1, 2019, implement the universal screening tool to be used at the DuPage County Jail.

Outcome Objective 4: By April 1, 2019, implement the Jail Datalink agreement between the DuPage County Jail and the DuPage County Health Department.

Strategies

- Refine the screening tools to be used and test with stakeholders to ensure that it meets the needs of all involved
- Reignite participation agreement conversations with IL DMH about Jail Datalink

Driving DuPage Forward

Outcome Objective 5: By December 31, 2021, train 160 DuPage County EMS responders in Mental Health First Aid.

Strategies

- Utilize grant funding to send clinicians to MHFA training
- Schedule regular Mental Health First Aid trainings and reach out to EMS responder organizations

HOPE Taskforce Objectives

Overall HOPE Taskforce Objective: By December 31, 2021, achieve a 10% reduction in the number of deaths in DuPage County as a result of an opioid overdose.

Outcome Objective 1: By December 31, 2021, add five RxBOX units at different locations in DuPage County.

Outcome Objective 2: By December 31, 2021, develop three major takeback partnerships (events or programs) to assist residents of DuPage County in disposing their prescription medications safely.

Strategies

- Focus will be on expanding RxBoxes offered at law enforcement locations
- Encouraging other businesses/organizations about take back events

Outcome Objective 3: By December 31, 2021, reduce the number of opiates prescribed in DuPage County by 10%.

Outcome Objective 4: By December 31, 2021, provide safe prescribing training to at least 100 healthcare professionals working in DuPage County.

Strategies

- Prescriber-based education, but will be offered to all healthcare professionals interested
- Education on alternative medications available

Driving DuPage Forward

Outcome Objective 5: By December 31, 2019, establish and train five new first responder DNP program sites in DuPage County.

Outcome Objective 6: Between January 1, 2019 and December 31, 2021, train 1,500 new individuals throughout DuPage County to identify the signs of an overdose and use Narcan.

Outcome Objective 7: By December 31, 2021, establish ten new first responder organizations participating in overdose follow-up services.

Strategies

- **New first responder site areas of focus: fire departments, school nurses, EMS**
- **Providing services where after someone overdoses, they are provided with services to prevent future overdoses**

Outcome Objective 8: By December 31, 2019, add at least two medication-assisted treatment (MAT) providers that serve individuals with Medicaid and/or no insurance in DuPage County.

Strategies

- **Identify existing organizations that offer MAT in IL locations but not in DuPage**
- **Provide information about benefits of additional MAT availability in DuPage**

Outcome Objective 9: By December 31, 2021, reach 1,000,000 individuals through multimedia campaigns intended to reduce stigma surrounding substance use disorders and raise awareness of opioid overdoses.

Strategies

- **Campaigns distributed in digital advertisements, Metra signs, Pace bus signs**

Driving DuPage Forward

Prevention Leadership Team Objectives

Outcome Objective 1: Reduce the percentage of DuPage County high school students reporting consumption of alcohol within past 30 days from 30% to 25% (16.7% reduction) by 2022, as reported by the Illinois Youth Survey.

Impact Objective 1.1: Reduce the percentage of DuPage County high school students reporting that it would be “very” or “sort of easy” to obtain alcohol from 63% to 58% by 2022, as reported by the Illinois Youth Survey.

Impact Objective 1.2: Increase the percentage of DuPage County parents reporting “great” risk of harm for youth who use alcohol from 70% to 75% by 2021, as reported by PLT parental surveying.

Strategies

- **Advocating for social host policy adoption by more municipalities**
- **Parental education through Glenbard Parent Series about risk of alcohol use by teens**
- **Mass media advertisements about alcohol risks (e.g. ‘Talk, They Hear You’)**
- **Youth-led prevention activities (such as Sticker Shock)**

Outcome Objective 2: Reduce the percentage of DuPage County high school students that report using marijuana in the past 30 days from 17% to 15% (11.8% reduction) by 2022, as reported by the Illinois Youth Survey.

Impact Objective 2.1: Increase the percentage of DuPage County high school students accurately perceiving peer use of marijuana from 11% to 20% by 2022, as reported by the Illinois Youth Survey.

Impact Objective 2.2: Increase the percentage of DuPage County parents reporting “great” risk of harm for youth who use marijuana from 44% to 50% by 2021, as reported by PLT parental surveying.

Strategies

- **Support policy development of municipality zoning restrictions about recreational marijuana use before legalization**
- **Educate mayors & managers about what marijuana-related actions they control**
- **Limiting signage about marijuana use, even if it is legalized**
- **Parental education through Glenbard Parent Series**
- **Mass media advertisements through radio and digital ads about marijuana risks**
- **Community norms campaigns in schools**

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Outcome Objective 3: Reduce the percentage of DuPage County high school students reporting using prescription drugs not prescribed to them within past 30 days from 2.5% to 1% (60% reduction) by 2022, as reported by the Illinois Youth Survey.

Impact Objective 3.1: Increase the percentage of DuPage County high school students reporting “great” risk in using prescription drugs not prescribed to them from 71% to 80% by 2022, as reported by the Illinois Youth Survey.

Impact Objective 3.2: Reduce the percentage of DuPage County high school students reporting it would be “sort of” or “very easy” to obtain prescription drugs not prescribed to them from 33% to 29% by 2022, as reported by the Illinois Youth Survey.

Strategies

- **Safe prescribing trainings for prescribers in DuPage**
- **Increase drug takeback activities**
- **Parental education through the Glenbard Parent Series**
- **Mass media advertisements (such as ‘Three questions to ask your doctor’) about risks of recreational prescription drug use**

Priority Area:
Health Status Improvement

Health Status Improvement

Health Status Improvement is the confluence of providing meaningful access to care and utilizing that care to produce improvements in health outcomes. The Impact DuPage Steering Committee's strategic question for this priority area is "How do we build a person-centered model of healthcare that is efficient and effective, creates meaningful access to care for all and demonstrably improves health status?"

Why is this issue important in DuPage County?

Data from the 2018 Impact DuPage Assessment indicated a need for continued focus on issues involving residents' access to health and movement towards more positive health outcomes for DuPage residents. Community Assessment results relevant to this area can be seen below.

Community Profile

- In 2017, 93.7% of adults (ages 19+) and 97.0% of children (under 19 years old) in DuPage County had health insurance⁴.
- In 2014, 9.3% of adults reported being unable to afford seeing a doctor⁵.
- In 2014, 85.0% of adults in DuPage County reported having a usual source of health care⁶.

Landscape Review: Community Survey

- When asked "What are the three greatest strengths of DuPage County?" 20% of respondents answered Access to Health Care, the fifth-most frequently chosen answer.
- When asked "What do you think are the three most important health concerns in DuPage County?" 14% of respondents answered Not Having Insurance and 13% responded Cancers, the seventh and eighth-most frequently chosen answers, respectively.
- When asked "What are the top three risky behaviors in DuPage County?" 16% of respondents chose Not Having Insurance, the eighth-most frequently chosen answer.
- When asked "Where should the community focus its attention to make things better in DuPage County?" 16% of respondents selected Access to Health Care, the sixth-most frequently selected answer.

Forces of Change – Trends, Factors, and Events that Affect Our Community

- Residents reported confusion over what is and is not covered by health insurance, and that health insurance was too expensive.
- There has been a decrease in the amount of money invested in safety nets designed to assist people with lower incomes.

⁴ United States Census. American Community Survey. 2018.

⁵ Illinois Department of Public Health. Illinois Behavioral Risk Factor Surveillance System. Illinois Center for Health Statistics. 2014.

⁶ Illinois Department of Public Health. Illinois Behavioral Risk Factor Surveillance System. Illinois Center for Health Statistics. 2014.

Driving DuPage Forward

Local System Assessment: Strengths, Weaknesses, and Opportunities of the Local System

- **Strengths**
 - Language barriers are facilitated by cultural awareness and collaboration of services between FQHCs, Language Access DuPage Center, and the DuPage Federation.
 - Access DuPage, the DuPage Health Coalition, and DuPage County Health Department help fill coverage gaps and combine efforts across the County to serve people who need meaningful access to care.
- **Weaknesses**
 - A scarcity of resources available to social service agencies can hurt the interagency collaboration that best serves clients.
 - There are changes on the state and federal level with health insurance that leave residents in a state of confusion.
 - Access DuPage is not available to everyone in the County.
 - Funding and resources are limited and are continually changing.
- **Opportunities**
 - Raise awareness throughout the community of the services available to assist those in need.

Taking Action: How do we build a person-centered model of healthcare that is efficient and effective, creates meaningful access to care for all and demonstrably improves health status?

To address health status improvements in DuPage, the Steering Committee identified that it would be prudent to partner again with DuPage Housing Coalition and FORWARD DuPage, previous partner coalitions in the Access to Health Services and Healthy Lifestyles priority areas, respectively.

Healthy People 2020 Objectives

The priority area of health status improvement aligns with several of Healthy People 2020's Access to Health Services (AHS), Diabetes (D), and Heart Disease and Stroke (HDS) objectives. These objectives are listed below.

- AHS-1: Increase the proportion of persons with health insurance
- AHS-2: (Developmental) Increase the proportion of insured persons with coverage for clinical preventive services
- AHS-3: Increase the proportion of persons with a usual primary care provider
- AHS-4: (Developmental) Increase the number of practicing primary care providers
- AHS-5: Increase the proportion of persons who have a specific source of ongoing care
- AHS-6: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines
- D-3: Reduce the diabetes death rate
- D-5: Improve glycemic control among persons with diabetes
- D-6: Improve lipid control among persons with diagnosed diabetes

Driving DuPage Forward

- D-14: Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education
- HDS-1: (Developmental) Increase overall cardiovascular health in the U.S. population
- HDS-4: Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high
- HDS-5: Reduce the proportion of persons in the population with hypertension
- HDS-7: Reduce the proportion of adults with high total blood cholesterol levels
- HDS-10: Increase the proportion of adults with hypertension who meet the recommended guidelines
- HDS-12: Increase the proportion of adults with hypertension whose blood pressure is under control
- HDS-13: (Developmental) Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider regarding cholesterol-lowering management, including lifestyle changes and, if indicated, medication
- HDS-14: (Developmental) Increase the proportion of adults with elevated LDL-cholesterol who adhere to the prescribed LDL-cholesterol lowering management lifestyle changes and, if indicated, medication

Coalitions

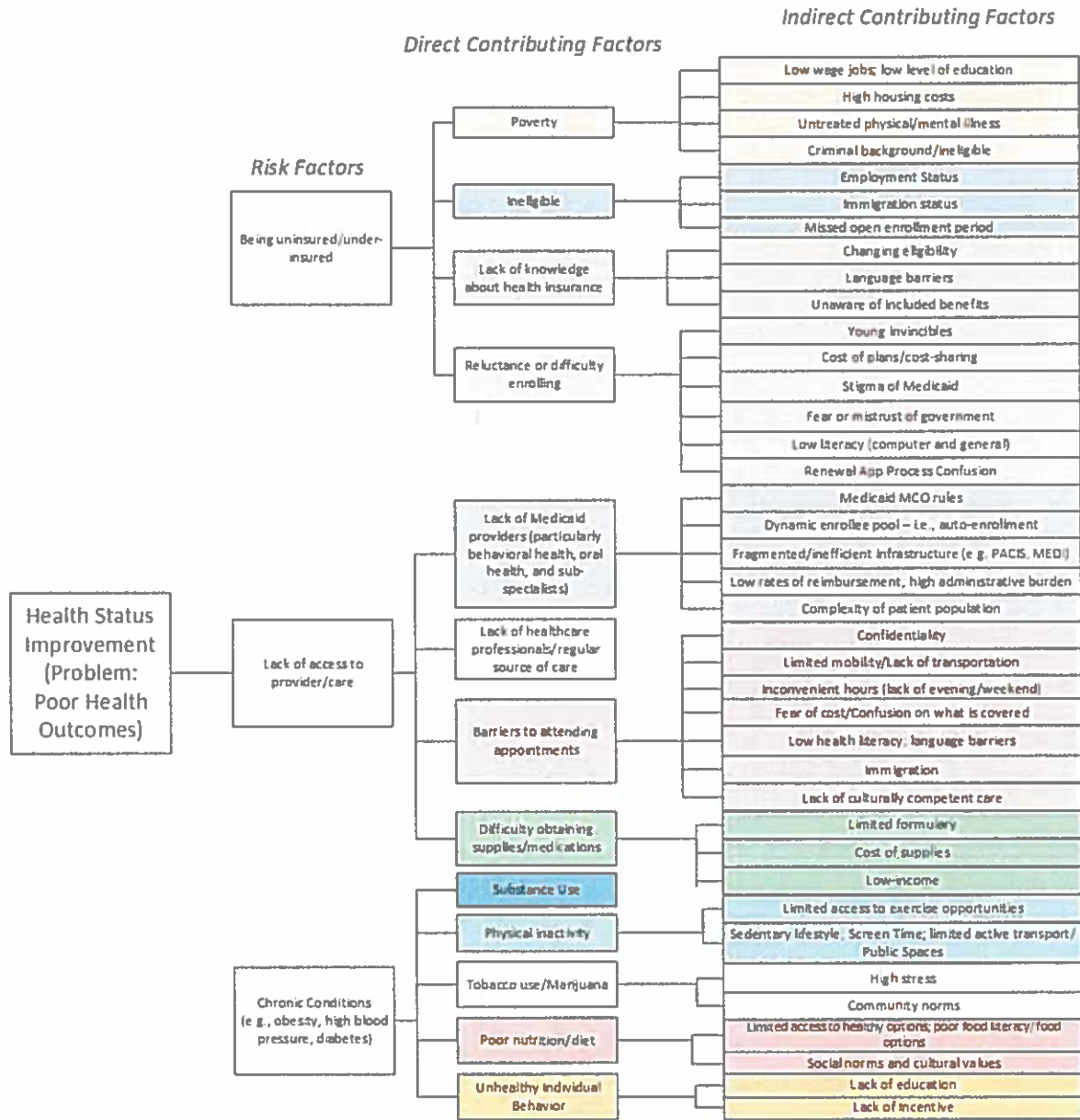
DuPage Health Coalition

The mission of the DuPage Health Coalition (DHC) is to develop and sustain in DuPage County a system for effectively and efficiently managing the health of low income populations across the continuum of care. DHC provides several innovative programs to improve access to care in DuPage, including Access DuPage, Silver Access, and Dispensary of Hope.

FORWARD DuPage

FORWARD DuPage's mission is to lead DuPage County, through a broad-based community coalition, in promoting effective and sustainable policy, system and environmental strategies regarding nutrition, physical activity, and the built environment. Though FORWARD hopes to achieve improved health outcomes for all DuPage residents, they currently identify improving the health of children in early childhood and school-aged children as their primary focus.

Priority Issue Analysis





Driving DuPage Forward

DuPage Health Coalition Objectives

Health Literacy & Education

Outcome Objective 1: For each reporting year until the end of 2021 (2018, 2019, 2020), 90% of Silver Access members complete an annual Health Literacy training.

Outcome Objective 2: For each reporting year until the end of 2021 (2018, 2019, 2020), 90% of new Access DuPage members complete Health Literacy training.

Outcome Objective 3: For each reporting year until the end of 2021 (2019, 2020, 2021), hold four Chronic Disease Management program sessions.

Insurance Coverage & Meaningful Access

Outcome Objective 4: For each reporting year until the end of 2021 (2018, 2019, and 2020), maintain a rate of 94.5% of adults in DuPage County enrolled in either insurance or health programs.

Outcome Objective 5: By December 31, 2021, achieve a 0.8 percentage point reduction from 7.8% to 7.0% in the disparity between the rate of health program coverage for Latinx adult residents and total adults in DuPage.

Chronic Disease

Outcome Objective 6: By December 31, 2021, decrease the rate of uncontrolled diabetes (HBA1C > 9) among DuPage FQHCs to 30%.

Outcome Objective 7: By December 31, 2021, increase the rate of controlled hypertension among DuPage FQHCs to 61%.

FORWARD DuPage Objectives

FORWARD DuPage is currently holding strategic planning conversations and objective finalization. When FORWARD's specific strategic plan is completed, Impact DuPage will work with FORWARD to set objectives for the 2019-2021 Impact DuPage Action Plan.

Priority Area: Affordable Housing

Affordable Housing

Affordable housing is the availability of housing that is appropriate and safe for all residents of DuPage County no matter their economic status. The Impact DuPage Steering Committee’s strategic question for this priority area is “How do we develop affordable housing that meets the demographic profile of the county?”

Why is this issue important in DuPage County?

Data from the 2018 Impact DuPage Assessment indicated a need for continued focus on issues involving residents’ access to affordable housing in DuPage across a variety of different income levels and throughout the geography of the county. Community Assessment results relevant to this area can be seen below.

Community Profile

- Between 2012 and 2016, 43.9% of renters in DuPage County spent 30% or more of their household income on rent⁷, a rate that is in the bottom 25% of Illinois counties.
- Between 2013 and 2017, 6.8% (62,247 people) of DuPage County residents were living below the Federal Poverty Level⁸. There exist disparities with regards to race and ethnicity, with significantly higher rates of poverty among African-American residents as well as Latino/Latina residents.
- In January 2018, a point in time count found 280 homeless people in DuPage County⁹.

Landscape Review: Community Survey

- When asked “What do you think are the three most important health concerns in DuPage County?” 20% of respondents answered Housing that is Safe and Affordable, the fourth-most frequently chosen answer.
- When asked “Where should the community focus its attention to make things better in DuPage County?” 22% of respondents selected Affordable Housing and 12% selected Homeless Services, the third and ninth-most frequently selected answers, respectively.

Forces of Change – Trends, Factors, and Events that Affect Our Community

- DuPage stakeholders reported that the cost of living in DuPage was already high and seemed to be increasing.
- The availability of affordable housing was low in certain geographic areas of the County.
- Housing in DuPage is too expensive, including rising taxes.
- There is a lack of housing available for elderly individuals in DuPage.

⁷ United States Census. American Community Survey. 2018.

⁸ United States Census. American Community Survey. 2018.

⁹ DuPage Continuum of Care. 2018.

Driving DuPage Forward

Taking Action: How do we develop affordable housing that meets the demographic profile of the county?

The issue of affordable housing was again recognized as a priority for DuPage residents, and the plan to address the issue began with an acknowledgement that any efforts to improve housing must be specific and targeted. With this in mind, the Steering Committee partnered with a recently-formed coalition, the DuPage Housing Collaborative, which was composed of business owners, social service providers, and other stakeholders interested in improving the state of housing in DuPage.

Healthy People 2020 Objectives

The priority area of affordable housing aligns with several of Healthy People 2020's Social Determinants of Health (SDOH) objectives. These objectives are listed below.

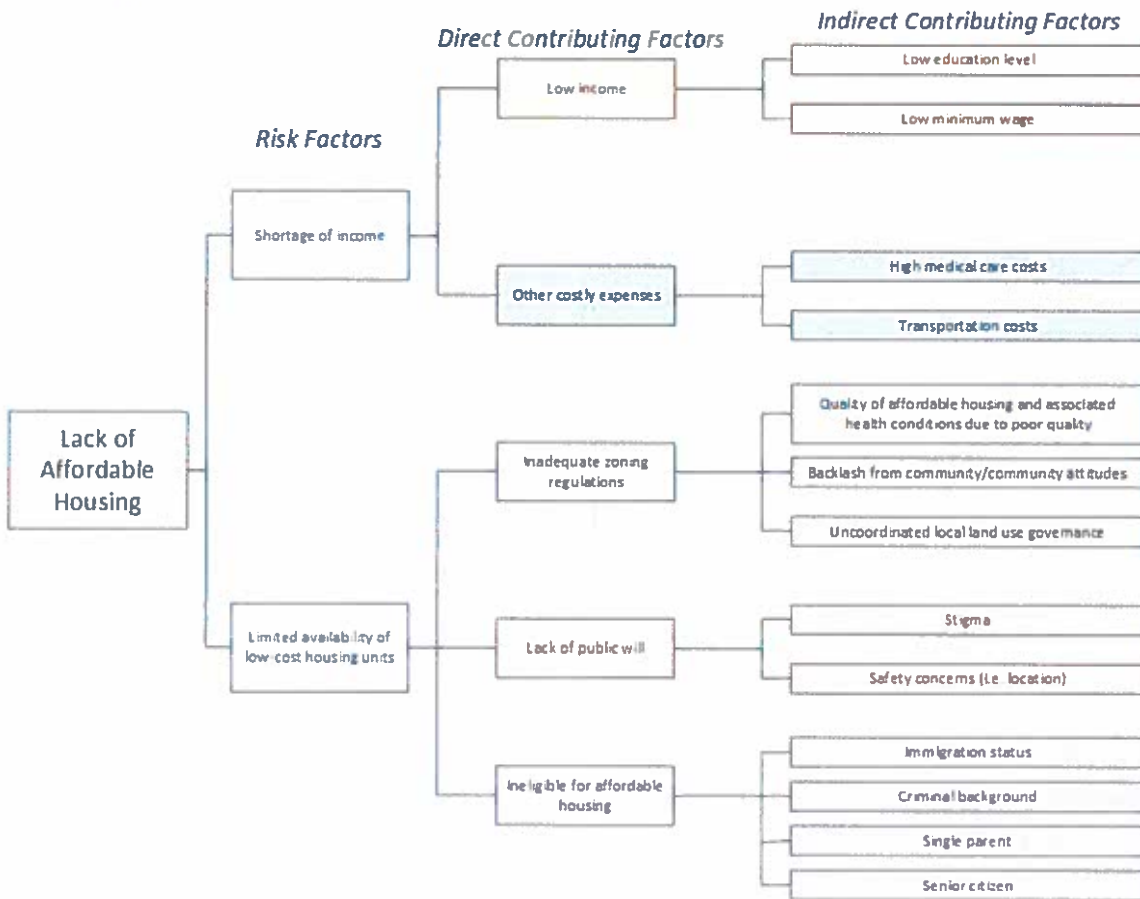
- SDOH-4: Proportion of households that experience housing cost burden
 - SDOH-4.1.1: Proportion of all households that spend more than 30% of income on housing
 - SDOH-4.1.2: Proportion of households earning less than 200% of the poverty threshold that spend more than 30% of income on housing
 - SDOH-4.2.1: Proportion of all households that spend more than 50% of income on housing
 - SDOH-4.2.2: Proportion of households earning less than 200% of the poverty threshold that spend more than 50% of income on housing

Coalition

DuPage Housing Collaborative

The DuPage Housing Collaborative's mission is to inspire community action to develop housing that serves a board range of socioeconomic and demographic profiles of those living, working, or retiring in the county. The Collaborative is comprised of representatives from nearby housing organizations, business leaders, and elected officials. As a newly formed organization in 2018, the Collaborative is beginning with a specific scope of identifying, developing, and serving one housing location in DuPage.

Priority Issue Analysis



DuPage Housing Collaborative Objectives

Outcome Objective 1: By December 31, 2019, create an affordable housing development opportunity in one DuPage County community.

Strategies

- **Frame affordable housing issue in the context that fosters community leaders' and community residents' acceptance**
- **Generate support across business and community leaders**
- **Identify opportunities for housing development**
- **Retain site control of one property in DuPage County**

Outcome Objective 2: By December 31, 2020, develop assessment of onsite supportive services at the development site.

Strategies

- **Development and implementation of assessment of neighborhood/ community needs**
- **Identify and select possible organizations to fulfill those needs**
- **Develop plan for incorporating services into site development**

Outcome Objective 3: By December 31, 2021, develop the plan for delivering supportive service needs to residents at the site.

Strategies

- **Utilize neighborhood assessment to assist in pre-identification of likely needs for residents living in housing units**
- **Development of a coordinated, multi-sector approach to address needs**
- **Identify any unmet needs or gaps of services to be brought to DuPage County and its residents**

Adopted December 14, 2018



WILL COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT



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For more information about the Will County MAPP Collaborative

Visit www.willcountymapp.org or contact:

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Email: mapp@willcountyhealth.org

ACKNOWLEDGEMENTS



To all Will County Residents and Partners in our Public Health System,

It is my pleasure to present to you the 2016 Community Health Needs Assessment for the County of Will. This document is a culmination of a great amount of effort from our Mobilizing for Action in Planning and Partnership (MAPP) Collaborative.

I use the word “our” because it is truly a group effort. The many partner organizations that devote their time to this process have donated countless hours, in addition to the responsibilities of their jobs, to make Will County a better place to live and work. Additionally, many of these member partners have been with the Collaborative for several years, and have proven to be a vital part of the process. This is evident by the successes we have been able to celebrate by documented improvements in our community.

This Community Health Needs Assessment will provide the blueprint for the MAPP Collaborative and its partner organizations for the next three years. It will assist residents, institutions, and leaders of Will County by informing them of factors that can improve health, prevent illness, and move towards health equity.

I am motivated by the opportunities this assessment provides in improving the health and wellness of Will County and look forward to working with all our community partners, and hopefully gathering additional community health partners in the process!

Susan Olenek
Executive Director
Will County Health Department
Chairman, Will County MAPP Collaborative

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Will County Community Health Needs Assessment Executive Summary

The Community Health Needs Assessment (CHNA) is a collaborative effort of the Will County Mobilizing for Action through Planning and Partnerships (MAPP) Collaborative. The purpose of the CHNA is to provide a community plan that is developed by and for the community. The assessment and planning process is required every three years for hospitals and every five years for local health departments. The Will County Health Department has aligned its assessment process with the three-year hospital requirements to avoid a duplication of efforts.

Vision, Mission, and Value Statements

Vision Statement

Achieving equitable and optimal health in body and mind for all Will County residents.

Mission Statement

The Will County MAPP Collaborative will assess the health needs of the community and develop, implement, and evaluate initiatives to promote the highest quality of life for all residents.

Value Statements

Health Equity: All individuals have the opportunity to realize their full potential and to achieve the highest quality of life.

Collective Impact: We strive to be a progressive community that maximizes the use of community partnerships and collaboration among all sectors to ensure, enhance and promote comprehensive, quality, and equitable education, healthcare, and social services.

Respect: Every life has value.

Communication: We commit to sharing our data, assessments, and plans in order to educate and engage the community.

Quality: We believe in evaluation, continuous improvement, and innovation.

Inclusiveness: We are a community rich in diversity, where involvement and commitment have deep roots among our residents.

Collaborative Process and Assessment Methodology

In 2016, the Will County MAPP Collaborative convened to conduct the third iteration of the MAPP process. MAPP is a community-driven, strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them, as defined by the 10 Essential Public Health Services. The MAPP process has six phases which include four assessments. The *Mobilizing and Organizing Partners to Achieve Health Equity* supplemental guide was used during this assessment process.

Community Health Status Assessment

The Community Health Status Assessment (CHSA) is one of four assessments conducted as a part of the MAPP process. During this assessment, information regarding demographics, health status, health

behaviors, and social determinants in the community is gathered and analyzed. Data is collected from a variety of resources and analyzed comparing local, state, and national benchmarks when available. The CHSA was conducted May – November 2016.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) aims to gather community members' perceptions, thoughts, opinions, and concerns regarding quality of life in Will County. This input provides valuable insight into the issues of importance to the community. The CTSA was conducted December 2016 – March 2017.

Forces of Change Assessment

The Forces of Change Assessment (FOCA) aims to identify all the forces and associated opportunities and threats that can affect, either now or in the future, the local public health system. Forces may be social, economic, political, technological, environmental, scientific, legal, and/or ethical in nature. Forces can be trends, factors, or events. The FOCA was conducted September – December 2016.

Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) was conducted on December 1, 2016. The LPHSA is used to understand the overall strengths and weaknesses of the public health system based on the 10 Essential Public Health Services.

Prioritization of Strategic Issues

On April 7, 2017, forty-one Will County public health stakeholders participated in a planning session at Presence Saint Joseph Medical Center to review key findings from the four MAPP assessments, identify cross-cutting themes and potential strategic issues, and prioritize a set of strategic issues. The meeting was facilitated by the Illinois Public Health Institute. Attendees identified five potential strategic issues but could not come to consensus.

In May of 2017, MAPP Executive Committee members were asked to use a *Prioritization Criteria and Planning Worksheet* during the discussion of the previously identified strategic issues. All attendees agreed that transportation is a concern, but that it could be nested under all strategic issues and become a goal of the MAPP Executive Committee. Access to healthy lifestyle choices would also be nested in all issues as a strategy.

MAPP Executive Committee members decided that behavioral health, access to dental and primary care, and chronic disease would be the top three strategic issues for the next three years.

Access to Dental and Primary Care

Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity. Access is a complex issue with multiple components including availability, affordability, and timeliness. Findings from the assessments detail access issues to healthcare services and resources. Specific priority needs identified in the assessment process include:

EXECUTIVE SUMMARY

- Better data to define and prioritize access issues, identify populations most affected, and monitor progress
- Navigating insurance and potential changes to the Affordable Care Act
- Transportation to healthcare services and resources
- Improving health literacy
- Equitable services throughout the county
- Health resources for seniors

Figure 1.1. Summary of Key Assessment Findings Related to Access to Dental and Primary Care

Access to Dental and Primary Care	
Insurance Coverage	
Issue	Target Population
9.2% of the Will County adult population under the age of 65 was uninsured in 2014. There has been an overall decrease in the percentage of uninsured population since 2010. 20.2% of the Hispanic/Latino population in Will County reported no health insurance coverage, compared to 7.1% of the non-Hispanic/Latino population.	<ul style="list-style-type: none"> • Males • African American and Asian races • Hispanic ethnicity • 60432, 60433, and 60484 zip codes
Provider Availability	
Issue	Target Population
Will County has a total of 372 primary care physicians, yielding a ratio of population to primary care physicians of 1,840:1 compared to 1,240:1 for Illinois. Will County has a total of 361 dentists, yielding a ratio of population to dentists of 1,950:1 compared to 1,410:1 for Illinois. 15.9% of adults in Will County report that they do not have at least one person that they consider to be their primary care provider. There is one community on the East side of Joliet designated by the Health Resources and Services Administration as an area having shortages of primary care, dental care, or mental health providers.	<ul style="list-style-type: none"> • 60433 zip code • Non-white males, ages 25-44 with an income less than \$35,000
Preventable Hospital Visits	
Issue	Target Population
Will County's ambulatory care sensitive condition discharge rate was 69 per 1,000 Medicare enrollees in 2014, which is higher than both Illinois (59) and the U.S. (38), but has decreased since 2010. Ambulatory care sensitive conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.	<ul style="list-style-type: none"> • Medicare beneficiaries

Improving Behavioral Health

Behavioral health is a term used to include both mental health and substance abuse disorders. Mental health disorders are among the most common causes of disability. Mental disorders attributed to 7.8% (5,783) of Will County hospitalizations in 2014, and is the third leading cause of hospitalizations overall. Findings from the assessments detail access issues to behavioral health services, as well as resources.

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Behavioral health issues impact population groups across income levels as well as racial and ethnic groups. Specific priority needs and populations identified in the assessment process include:

- Better data to define and prioritize behavioral health issues, identify populations most affected, and monitor progress
- Adequate funding for expansion of services, resources, and providers
- Equitable services throughout the county

Figure 1.2. Summary of Key Assessment Findings Related to Behavioral Health

Improving Behavioral Health	
Provider Availability	
Issue	Target Population
<p>Will County has a total of 645 mental health providers, yielding a ratio of population to mental health providers of 1,060:1, compared to 370:1 for Illinois and 560:1 nationally. There is one community on the East side of Joliet designated by the Health Resources and Services Administration as an area having a shortage of mental health providers. According to providers, three barriers for clients to access services were identified: cost of needed services, wait for services, and distance to services. They also reported that psychiatric services are the most difficult to access.</p>	<ul style="list-style-type: none"> • 60433 zip code • Southern Will County
Emotional and Mental Health	
Issue	Target Population
<p>37% of Will County adults, aged 18 and older, self-reported that they experienced at least one and up to 30, “not good” mental health days in the past 30 days. 19.2% of adults self-reported that they receive insufficient social and emotional support all or most of the time. 28% of 12th graders experienced depression in 2014.</p>	<ul style="list-style-type: none"> • Adults • High school youth
Substance Use	
Issue	Target Population
<p>22.4% of adults, aged 18 and older, reported binge or heavy alcohol consumption. 53% of 12th graders and 33% of 10th graders reported drinking alcohol in the past 30 days. 30% of 12th graders reported binge drinking at least once in the past two weeks. 26% of 12th graders and 16% of 10th graders reported using marijuana. In the past year, 9% of 12th graders reported using any illicit drug, excluding marijuana. 6% of 12th graders and 4% of 10th graders reported using prescription drugs to get high in the past 30 days. 35% of 12th graders experienced two or more negative consequences from drug use, indicating the potential need for substance abuse assessment.</p>	<ul style="list-style-type: none"> • Adults • High school youth
Drug Overdose	
Issue	Target Population
<p>In 2015, there were 89 total overdose deaths, 66% of which were male. Of the 89 accidental overdoses, 52 deaths were heroin</p>	<p>Males</p>

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related. Combined drug intoxication was the second leading cause of accidental overdose. Will County's drug induced mortality rate in 2014 was 12.75, which is a significant increase from 5.93 in 2003.	
Suicide	
Issue	Target Population
In 2015, there were 285 unnatural deaths in Will County, of which approximately 20% were attributed to suicide. Will County's suicide rate is 9.2. There are significant disparities within gender and race, with males more likely to commit suicide at a rate of 15.1 versus females at 3.7. 13% of 12 th graders and 15% of 10 th graders reported that they had considered suicide in the past year, which has decreased since 2014.	<ul style="list-style-type: none"> White males High school youth

Preventing and Reducing Chronic Disease

Chronic diseases are the most common, costly, and preventable of all health problems. Heart disease is the second leading cause of hospitalizations in Will County and cancer is the fifth. Heart disease, cancer, and diabetes account for approximately 58% of all deaths in Will County. Many chronic diseases are linked to lifestyle choices, or health risk behaviors, which can be changed. Four of these health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excess alcohol consumption—cause much of the illness, suffering, and early death related to chronic diseases and conditions. Findings from the assessments detail access issues to chronic disease resources. Specific priority needs and populations identified in the assessment process include:

- Better data to define and prioritize chronic disease problems, identify populations most affected, and monitor progress
- Healthcare services to prevent or enable early detection of disease, reduce risk factors, and manage conditions
- Strategies that link community and clinical services to ensure that people with or at high risk of chronic diseases have access to the resources they need to prevent or manage these diseases
- Access to affordable, healthy foods

Figure 1.3. Summary of Key Assessment Findings Related to Chronic Disease

Preventing and Reducing Chronic Disease	
Cancer Incidence and Mortality	
Issue	Target Population
In 2014, there was a total of 4,223 deaths in Will County. Cancer is the second leading cause of death. Of the total cancer deaths, lung cancer is the top cause in Will County. From 2009-2013, there were 15,268 newly-diagnosed cases of cancer in Will County, with an age-adjusted cancer incidence rate of 492.5 per 100,000 population. Men were slightly more likely to develop cancer than women. Women mostly developed breast cancer and men mostly	<ul style="list-style-type: none"> Males Adults aged 50 to 75 years Females aged 21 to 65 years Females aged 50 to 74 years

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<p>developed prostate cancer. 69.9% of men have reported ever having a Colonoscopy/Sigmoidoscopy. Only 58.4% of women met breast cancer screening guidelines, which is approximately a 15% decrease from 2009. 78% of adult women met cervical cancer screening guidelines.</p>	
Chronic Disease Mortality	
Issue	Target Population
<p>Will County's coronary heart disease mortality rate of 107.7 per 100,000 population is slightly higher than the state rate. The White population has the highest rates of reported heart disease, however, heart disease mortality is highest among African Americans. Over the past decade, mortality due to diabetes has slowly decreased in Will County. In 2014, the age-adjusted mortality rate of diabetes was 14.9 deaths per 100,000 population, well below the Healthy People 2020 target of 66.6 deaths. The concern with diabetes is the high percentage of Medicare beneficiaries with diabetes.</p>	<ul style="list-style-type: none"> African Americans Medicare beneficiaries
Obesity	
Issue	Target Population
<p>26.8% of adults in Will County are obese. Males were more likely to be obese than women. Additionally, 34.3% of adults, aged 18 and older, self-reported that they were overweight, with the highest percentage being Non-Hispanic White. 21% of adults are physically inactive. Only 30% of 6th graders and 22% of 12th graders met the recommended physical activity guidelines. 80.7% of Will County adults are consuming less than five servings of fruits and vegetables each day, compared to 76.3% in Illinois. 53% of Will County 6th graders ate fruit and 71% ate vegetables less than two times a day.</p>	<ul style="list-style-type: none"> White males Middle and high school youth
Food Access	
Issue	Target Population
<p>436,934 people live in a food desert census tract in Will County. This indicator reports the number of neighborhoods in the report area that are within food deserts.</p>	<p>60417, 60432, 60433, 60436, 60440, 60441, and 60484 zip codes</p>
Tobacco Use	
Issue	Target Population
<p>During 2010-2014, 13.4% of Will County adults were smokers. For the state of Illinois and the U.S., this figure was higher, with 16.7% and 16.8% of adults reporting they were current smokers. The percentage of smokers in Will County has declined since 2001 but is still higher than the Healthy People 2020 target of 12%. 12% of 12th graders reported using cigarettes, while another 10% reported using smokeless tobacco.</p>	<ul style="list-style-type: none"> Adults High school youth

Goals and action plans will be developed or updated for each of these priority health issues. These action plans will be implemented and aligned to improve the local public health system and ultimately the health and well-being of the Will County community, in alignment with the collaborative's vision.

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Demographic Profile of Will County

According to the U.S. Census Bureau, Will County has grown rapidly over the past decade. Although the total population for Will County was projected to reach 810,000 by 2015, it only reached 687,263. However, Will County's population has and is expected to continue outpacing the growth rate for Illinois.

Will County has a total of 849 square miles (12 of which are water), 31 zip codes, 23 cities, and five area codes. Of 12,859,995 Illinois residents, 5% (687,263) resided in Will County in 2015. A majority of these Will County residents reside in Joliet, Plainfield, Bolingbrook, and Romeoville. Will County is predominantly urban, with 96.07% of the total population living in urban areas. Geographically, southern Will County is largely rural.

The median age of Will County is 36.2 years, and the County's population is slightly younger than Illinois' population. According to the 2014 U.S. Census Bureau, 63% of Will County's population is below the age of 45, compared to 60% statewide.

In 2014, the majority of Will County's population was White (77.6%), followed by Black/African American (12.2%), Asian (5.6%), and American Indian/Alaska Native (0.7%). The population for all races increased since 2010, however the White population has decreased overall since 2000. The Hispanic/Latino ethnicity has increased since 2000 and 2010 (8.7% in 2000 to 15.6% in 2010 to 16.1% in 2014).

The population of foreign-born residents in Will County increased slightly between 2011 and 2014 (an increase of 3,057 residents). Currently, the foreign-born population constitutes 11.8% of the Will County population. As of 2014, a little over half of the foreign-born population had become U.S. citizens. Almost 80% of Will County's foreign-born population originated from Latin America (48.9%) and Asia (30.4%) in 2014. A higher concentration of Will County's foreign-born population resided in northern Will County and in the Joliet area.

As of 2014, there are 94,393 families with children (under age 18) which accounts for 42.3% of total households in Will County. This percentage is 10% higher than in Illinois (32.3%).

In Will County, 8.32% of the population, or 56,202 people has a disability. This percentage is slightly lower than Illinois (10.62%). Large concentrations of this population resided in certain areas in northern, eastern, and southern Will County, as well as Joliet.

In Will County, 6.6% of the total population, or 32,514 people, are veterans, who mostly reside in southern and eastern Will County.

Will County Mobilizing for Action through Planning and Partnerships Collaborative

The Community Health Needs Assessment (CHNA) is a collaborative effort of the Will County Mobilizing for Action through Planning and Partnerships (MAPP) Collaborative. The purpose of the CHNA is to provide a community plan that is developed by and for the community. The assessment

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and planning process is required every three years for hospitals and every five years for local health departments. The Will County Health Department has aligned its assessment process with the three year hospital requirements to avoid a duplication of efforts.

The MAPP Project was established in 2008 as an effort to meet the IRS guidelines for not-for-profit hospitals and the requirements of the Illinois Department of Public Health for local health department certification. A 25 member steering committee guided the community through the MAPP Strategic Planning Framework. The assessment phase was completed in 2010, with approval of the plan in January 2011.

The Will County MAPP Collaborative was formed following the completion of the MAPP Project in 2011. The second iteration of the MAPP process began in September 2012 and was completed in May 2014. The third round of the MAPP process began in January 2016.

The MAPP Executive Committee meets bi-monthly to provide oversight to the ongoing MAPP process and make recommendations to the overall operations of the MAPP Collaborative. A program coordinator was appointed in March 2013. The coordinator is a full-time staff member of the Will County Health Department, with partial funding by the Will County MAPP Collaborative. Action Teams were established around the identified priorities and have been implementing action plans and strategies to address those needs. The action teams are led by chairs and co-chairs from partner organizations. Most of the teams meet monthly or bi-monthly as needed. Organizations involved in the MAPP Executive Committee are listed below.

- AMITA Health Adventist Medical Center Bolingbrook
- Aunt Martha's Youth Services
- Catholic Charities
- Chestnut Health Systems
- Easterseals Joliet Region, Inc.
- Edward Hospital
- Governors State University
- New Life Church
- Presence Saint Joseph Medical Center
- Senior Services of Will County
- Silver Cross Hospital
- Stepping Stones, Inc.
- United Way of Will County
- Will County Community Health Center
- Will County Executive's Office
- Will County Health Department
- Will-Grundy Medical Clinic

The Data, Evaluation, and Monitoring Team (DEM) was established to review and monitor the progress of the Action Teams, and maintain and update data for the Community Health Status Assessment. The team also serves as a resource for the data needs of the Action Teams.

The general membership consists of partners who are not involved directly with an Action Team, but participate as appropriate for their organization. They contribute to the overall assessment process and some implementation strategies.

Many partners participated in developing this Community Health Needs Assessment, which are listed on the next page:

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1. Agape Missions, NFP
2. Agency on Aging Northeastern IL
3. AMITA Health Adventist Medical Center Bolingbrook
4. Aunt Martha's Youth Services
5. Bluestem Earth Festival
6. Bolingbrook Fire Department
7. Braidwood Area Healthy Community Coalition
8. Breast Intentions of Illinois
9. C.W. Avery Family YMCA
10. Catholic Charities Diocese of Joliet
11. Channahon Park District
12. Chestnut Health Systems
13. Child and Family Connections #15
14. Child Care Resource & Referral
15. CITGO Petroleum Corp
16. Coldwell Banker Residential
17. Community Alliance & Action Network
18. Community Lifeline Ministries, Inc.
19. Cornerstone Services Inc.
20. Easterseals Joliet Region, Inc.
21. Edward-Elmhurst Health
22. Evergreen Terrace Apartments
23. Food Allergy Research & Education
24. Forest Park Center
25. Franciscan Communities, Inc.- Marian Village
26. Glenwood Rehab Center
27. Governors State University
28. Greater Joliet Area YMCA
29. Guardian Angel Community Services
30. Harvey Brooks Foundation
31. Heritage Woods of Plainfield
32. Illinois Department of Children & Family Services
33. Illinois Department of Employment Security
34. J.F. Holder Foundation
35. Joliet Fire Department
36. Joliet Junior College
37. Joliet Police Department
38. Joliet Public School District 86
39. Joliet Township High School District 204
40. Lakewood Nursing Center
41. Lewis University
42. Mari Gallagher Research & Consulting Group
43. Mokena Police Department
44. Mt. Zion Baptist Church
45. New Life Church
46. PACE Suburban Bus
47. Plainfield Counseling Center LLC
48. Presence Home Care
49. Presence Saint Joseph Medical Center
50. PT Solutions Physical Therapy
51. Rasmussen College
52. Senior Services Center of Will County
53. Silver Cross Healthy Community Commission
54. Silver Cross Hospital
55. Illinois Department of Public Health
56. Stepping Stones, Inc.
57. TEC Services Consulting Inc.
58. The Community Foundation of Will County
59. Trinity Services, Inc.
60. United Way of Will County
61. University of Illinois Extension
62. University of St Francis
63. Valley View School District
64. VNA Health Care
65. Warren-Sharpe Community Center
66. Will County Adult Detention Facility
67. Will County Board
68. Will County Board of Health
69. Will County Center for Community Concerns
70. Will County Circuit Clerk
71. Will County Community Health Center
72. Will County Emergency Management Agency
73. Will County Executive's Office
74. Will County Forest Preserve District
75. Will County GIS
76. Will County Health Department
77. Will County Land Use Department
78. Will County Medical Reserve Corps
79. Will County Residents
80. Will County Veterans Assistance Commission
81. Will Grundy Center for Independent Living
82. Will-Grundy Medical Clinic

Vision, Mission, and Value Statements

The Will County MAPP Collaborative chose to revise the current vision statement, but also add mission and value statements. The collaborative used the current vision statement to develop the new value statements. There were three rounds of voting on developed statements. Approximately 100 MAPP

members participated in this voting process. MAPP Executive Committee members gave final approval in November 2016 on the statements listed below.

Vision Statement

Achieving equitable and optimal health in body and mind for all Will County residents.

Mission Statement

The Will County MAPP Collaborative will assess the health needs of the community and develop, implement and evaluate initiatives to promote the highest quality of life for all residents.

Value Statements

Health Equity: All individuals have the opportunity to realize their full potential and to achieve the highest quality of life.

Collective Impact: We strive to be a progressive community that maximizes the use of community partnerships and collaboration among all sectors to ensure, enhance and promote comprehensive, quality and equitable education, healthcare and social services.

Respect: Every life has value.

Communication: We commit to sharing our data, assessments and plans in order to educate and engage the community.

Quality: We believe in evaluation, continuous improvement and innovation.

Inclusiveness: We are a community rich in diversity, where involvement and commitment have deep roots among our residents.

Collaborative Process and Assessment Methodology

Framework

In 2016, the Will County Mobilizing for Action through Planning and Partnerships (MAPP) Collaborative convened to conduct the third iteration of the MAPP process. MAPP is a community driven, strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them as defined by the 10 Essential Public Health Services. The MAPP process includes four assessments, as shown in the graphic to the right.

Figure 3.1. MAPP Process Framework



Community Health Status Assessment

The Community Health Status Assessment (CHSA) is one of four assessments conducted as a part of the MAPP process. During this assessment, information regarding demographics, health status, health behaviors and social determinants in the community is gathered and analyzed. Data is collected from a variety of resources and analyzed comparing local, state, and national benchmarks when available.

The CHSA provides a picture of our community by answering three questions:

1. Who are we and what do we bring to the table?
2. What are the strengths and risks in our community that contribute to health?
3. What is our health status?

The MAPP process recommends and identifies health indicators in the following eleven categories for conducting the CHSA:

- Demographics
- Socioeconomics
- Health Resource Availability
- Quality of Life
- Behavioral Risk Factors
- Environmental Health
- Social and Mental Health
- Maternal and Child Health
- Death, Illness and Injury
- Communicable Diseases
- Sentinel Events

In the summer of 2016, a student intern from University of Illinois collected and summarized data in the above categories. County level data from public and proprietary sources were used. The MAPP Data, Evaluation, and Monitoring (DEM) Team, which was established by the Will County MAPP Collaborative in 2013, reviewed, edited, and provided data for the report. Additional partnering organizations provided staff and interns to assist in collecting additional data for the report.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) aims to gather community members' perceptions, thoughts, opinions, and concerns regarding quality of life in Will County. This input provides valuable insight into the issues of importance to the community. This assessment engages the community by requesting their input on the following questions:

1. What is important to our community?
2. How is quality of life perceived in our community?
3. What are the assets in our community?

Community engagement is key to the success of any community-wide initiative, and provides residents with a sense of ownership and participation in their county. The Will County MAPP Collaborative conducted a survey among Will County residents to answer the questions above.

The Will County MAPP Collaborative participated in the CTSA through the use of a community-wide survey. The survey contained 55 questions on a variety of topics, including quality of life, health status, access to resources, social support, economic opportunity, health equity, and social issues. Residents were able to report on their perceptions of health and quality of life issues within their homes, community, and county. Most of the survey questions asked participants to rate issues on a Likert scale, however, some questions were open-ended, giving respondents opportunities to comment on their responses.

The CTSA survey was developed using Survey Monkey, and made available online in both English and Spanish. The survey was open to all Will County residents and the collection period ran from January 23, 2017 to February 27, 2017. 1,620 surveys were collected during the collection period (1,582 English and 38 Spanish). Survey results were analyzed by the CTSA Subcommittee and used to gather the top identified health and quality of life issues in Will County.

Upon a mid-collection period review of the random sample of survey participants, it was identified that the demographics were not reflective of the entire Will County population. Underrepresented populations included the following groups: Latino/Hispanic, African American, men, youth/young adults, and residents from Plainfield, Bolingbrook, and Romeoville. The CTSA Subcommittee attempted to further reach these populations by distributing paper copies of the survey to various groups throughout the county, including the YMCA, youth groups in Bolingbrook and Wilmington, and a prominent African American cultural organization. Surveys were also collected from clients of the Will County Health Department's WIC (Women, Infants, and Children) and Immunizations programs in waiting areas. 170 paper surveys were collected and input into Survey Monkey for analysis.

Questions addressing health equity were included in the survey to measure the effects of discrimination on health. Respondents were asked to identify perceptions of discrimination due to race, ethnicity, and color in Will County. These questions were adapted from "Experiences of discrimination: Validity and reliability of a self-report measure for population health research on racism and health."

Forces of Change Assessment

The Forces of Change Assessment (FOCA) aims to identify all the forces and associated opportunities and threats that can affect, either now or in the future, the local public health system. Forces may be social, economic, political, technological, environmental, scientific, legal, and/or ethical in nature. Forces can be trends, factors, or events.

- Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- Factors are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

During the FOCA, participants answer the following questions:

1. What is occurring or might occur that affects the health of our community or the local public health system?
2. What specific threats or opportunities are generated by these occurrences?

The Will County MAPP Collaborative participated in the FOCA through a three phase process. In October of 2016, the Will County MAPP Collaborative participated in the first phase of the FOCA. MAPP members were emailed and invited to participate in a survey through Survey Monkey to identify the forces of change affecting Will County's local public health system and the community. The survey contained open-ended questions, with guided prompts, intended to identify the forces of change. The survey used eight categories of forces, as well as an "other" option, to elicit broad community input. Survey results were analyzed by the FOCA Subcommittee and used to gather the top identified forces.

Results from this survey were summarized and used to develop the second survey, which solicited refined community input to identify threats and opportunities to previously identified forces from the previous survey. This survey was sent to members of the MAPP Executive Committee, Action Teams, Will County Board of Health, and Presence Community Leadership Board. The survey contained open-ended questions with guided prompts. Also in this survey, we asked respondents to choose the top 10 forces they felt impacted the Will County public health system or community. Both surveys were open to anyone who lived or worked in Will County.

Following the initial compilation of FOCA by community members, the forces were combined into cross-cutting themes and a neutral facilitator guided the MAPP Executive Committee through the third phase of the process. Committee members were presented with the top eleven forces identified to have the most impact on Will County's public health system. MAPP Executive Committee members participated in a facilitated dialogue on November 16, 2016 in which they discussed the forces and were asked to identify additional missing forces. Committee members then participated in an activity where they were asked specific health equity questions to determine the need to identify additional forces, threats, and opportunities.

Local Public Health System Assessment

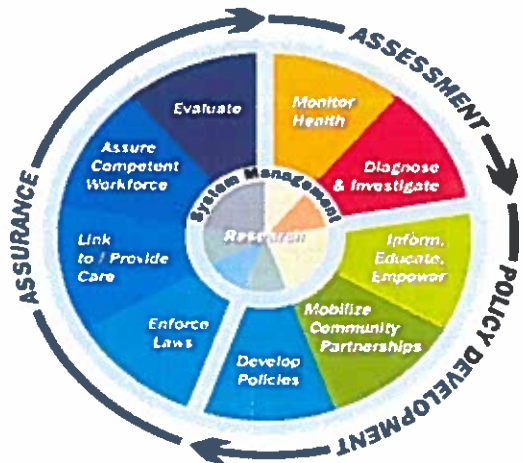
The Local Public Health System Assessment (LPHSA) was conducted on December 1, 2016. The LPHSA is used to understand the overall strengths and weaknesses of the public health system based on the 10 Essential Public Health Services shown in Figure 3.2.

Conducting the Local Public Health System Assessment (LPHSA), answers the following questions:

1. What are the activities, competencies, and capacities of the local public health system?
2. How are the 10 Essential Public Health Services being provided to the community?

The National Public Health Performance Standards (NPHPS) Assessment is the instrument used to measure the performance of the local public health system – defined as the collective efforts of public, private, and voluntary entities, as well as individuals and informal associations that contribute to the public’s health within a jurisdiction. Any organization or entity that contributes to the health or wellbeing of a community is considered part of the public health system. Ideally, a group that is broadly representative of these public health system partners participates in the assessment process. By sharing diverse perspectives, all participants gain a better understanding of each organization’s contributions, the interconnectedness of activities, and how the public health system can be strengthened. The NPHPS does not focus specifically on the capacity or performance of any single agency or organization.

Figure 3.2. Essentials of Public Health



The instrument is framed around the 10 Essential Public Health Services (EPHS) that are utilized in the field to describe the scope of public health. The 10 EPHS support the three core functions of public health: assessment, policy development, and assurance. NPHPS results are intended to be used for quality improvement purposes for the public health system and to guide the development of the overall public health infrastructure.

The 2016 Will County LPHSA included supplemental questions for each EPHS to identify how well the local public health system acknowledges and addresses health inequities. The LPHSA supplement is called “System Contributions to Assuring Health Equity,” from the National Association of County and City Health Officials (NACCHO) MAPP User’s Handbook.

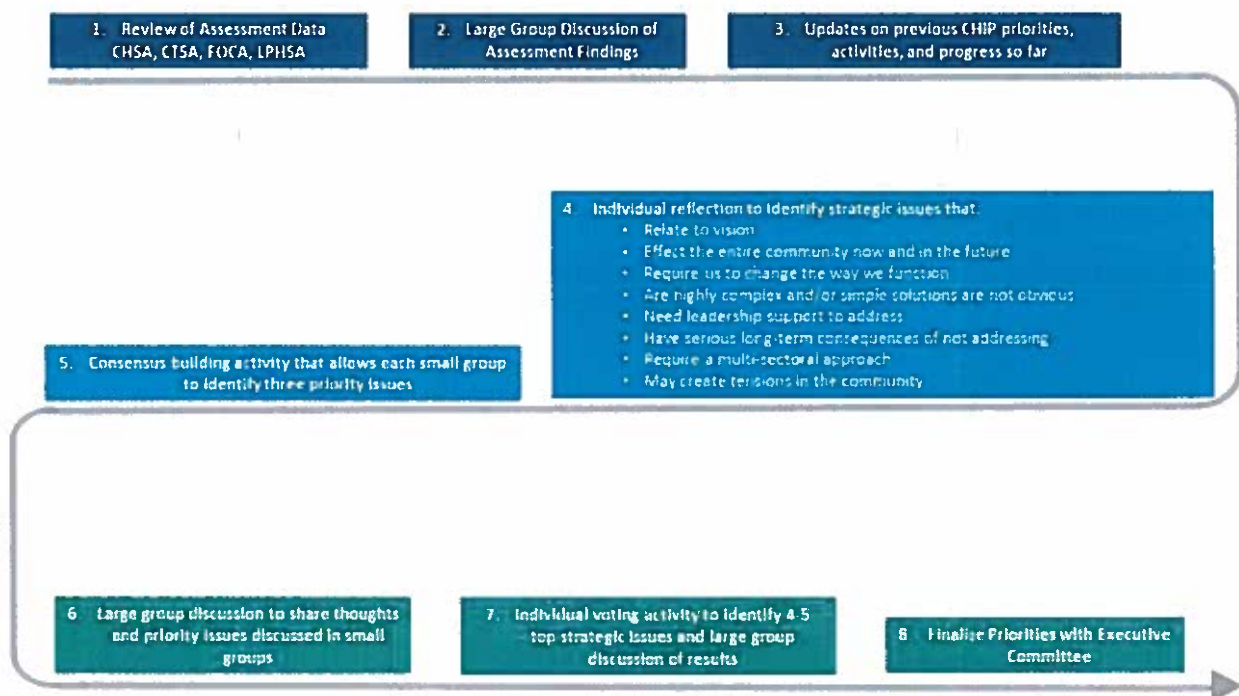
The event drew 79 public health system partners that included public and voluntary sectors. The composition of attendees reflected a diverse representation of partners.

Prioritization of Strategic Issues

On April 7, 2017, 41 Will County public health stakeholders participated in a six hour meeting at Presence Saint Joseph Medical Center to review key findings from the four MAPP assessments, identify cross-cutting themes and potential strategic issues, and prioritize a set of strategic issues. The meeting was facilitated by the Illinois Public Health Institute.

Following the discussion of assessment findings and updates on previous Community Health Implementation Plan priorities, participants individually reflected on the top strategic issues by noting up to five top strategic issues for Will County. Individual reflections were discussed in small groups to build a consensus around the top strategic issues using a set of defined prioritization criteria (Figure 3.2). Each small group came to consensus on the top three strategic issues.

Figure 3.3. Process for Prioritization of Strategic Issues



Next, each small group shared their recommendations and rationale for the top three strategic issues, followed by a facilitated discussion to further explore and define the potential priorities. This discussion yielded a consolidated list of potential top strategic issues, as well as consensus agreement from the large group that behavioral health should be one of the top priorities. To further narrow the set of strategic issues, participants were given dots to use as votes to identify the top strategic priorities. Thus, the following top priorities were identified:

- Lack of access to care
- Access to healthy lifestyle choices and resources/creating a culture of health
- Chronic disease
- Transportation (transportation was also nested under access to care by some groups)
- Behavioral health

The results of the voting activity are presented in Figure 3.4.

Figure 3.4. Results of Voting Activity to Narrow Priorities*

Priorities	Number of Votes	Percentage
Lack of access to care	16	26%
Access to healthy lifestyle choices and resources/Creating a culture of health	17	27%
Chronic disease	15	24%
Transportation (Transportation was also nested under access to care by some groups)	14	23%

*There was consensus that behavioral health should be a priority, so it was not voted on.

Because the votes for each of the priorities were so close, the meeting attendees were asked to give further feedback on the priorities on the evaluation forms. Slightly more than a third of evaluation respondents indicated that creating a culture of health should be an overarching theme, goal, or vision that is embedded into all other priorities. The same number of respondents indicated that transportation should be a separate priority and not nested under access to care. Two respondents suggested combining access to care and chronic disease into a single priority and there were multiple respondents recommending consolidation of some of the priorities. Figure 3.5 provides an outline of the top priorities discussed and key aspects of each strategic priority.

Figure 3.5. Priority Areas Identified by the Overall Group



*Transportation was nested under lack of access to care and as a separate category

**The entire group agreed that behavioral health should be a priority health issue, so it was not included during the individual voting activity.

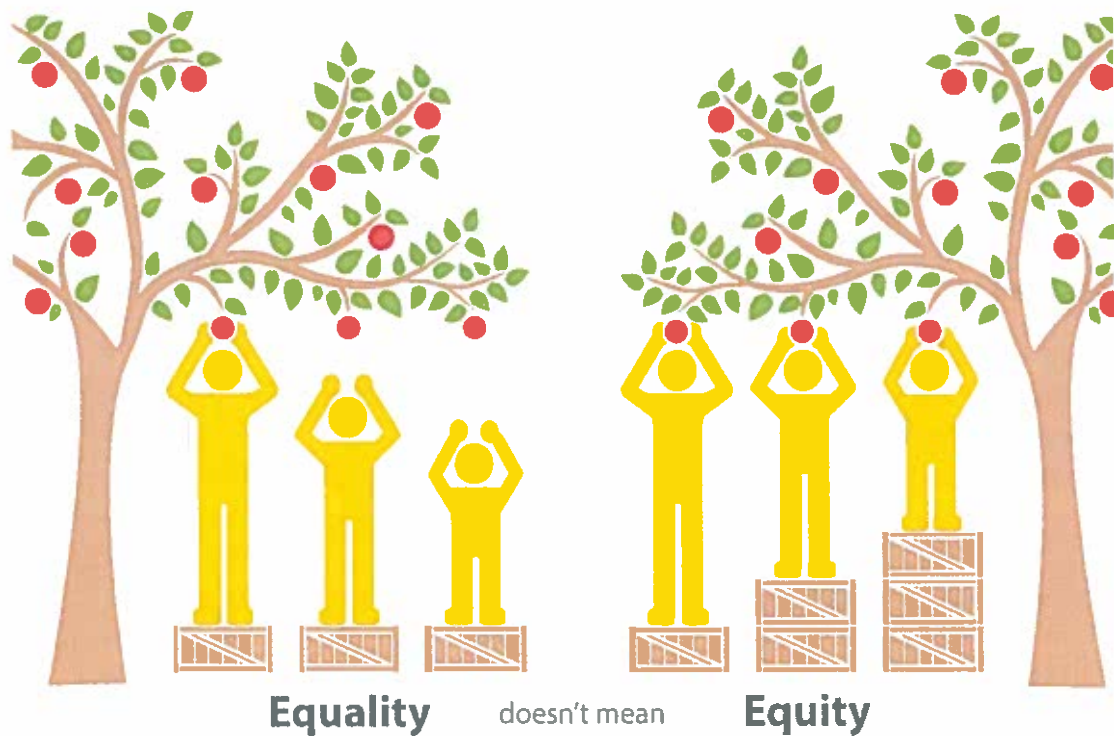
In May of 2017, MAPP Executive Committee members were asked to use a Prioritization Criteria and Planning Worksheet during the discussion of the previously identified strategic issues. All attendees agreed that transportation is a concern, but that it could be nested under all strategic issues, as well as become a goal of the MAPP Executive Committee. Access to healthy lifestyle choices would also be nested in all issues as a strategy.

MAPP Executive Committee members decided that behavioral health, access to dental and primary care, and chronic disease prevention would be the top three strategic issues for the next three years. Goals and action plans will be developed or updated for each of these priority health issues. These action plans will be implemented and aligned to improve the local public health system, and ultimately the health and wellbeing of the Will County community in alignment with our vision.

Health Equity

One of the core values of the Will County MAPP Collaborative is health equity, with the belief that all individuals have the opportunity to realize their full potential and to achieve the highest quality of life. Healthy People 2020 defines health equity as the "attainment of the highest level of health for all people." To achieve health equity, avoidable health inequities and health disparities must be eliminated. This requires short and long term strategies addressing the root causes of health inequities and health disparities, specifically social determinants of health. The *Mobilizing and Organizing Partners to Achieve Health Equity* supplemental guide was used during this assessment process.

Figure 3.6. Health Equity



Source: Saskatoon Health Region, https://www.communityview.ca/infographic_SHR_health_equity.html

Key Findings of Strategic Issue: Access to Dental and Primary Care

Overview

Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity. Access to healthcare improves both individual and community health. Access is a complex issue with multiple components including availability, affordability, and timeliness. Findings from the assessments detail access issues to healthcare services, as well as resources. Certain communities in Will County labeled as a healthcare provider shortage area also experience issues with social, economic, and environmental inequities.

Specific priority needs and populations identified in the assessment process include:

Needs	Populations
<ul style="list-style-type: none"> • Better data to define and prioritize access issues, identify populations most affected, and monitor progress • Navigating insurance and potential changes to the Affordable Care Act • Transportation to healthcare services and resources • Improving health literacy • Equitable services throughout the county • Health resources for seniors 	<ul style="list-style-type: none"> • Medicaid recipients • Medicare recipients • Hispanic/Latino population • East side of Joliet (60432 and 60433) • Southern Will County

Assessment Findings

The Forces of Change Assessment and Local Public Health System Assessment identified the lack of equitable and quality healthcare as a major concern in Will County. Opportunities pinpointed in these assessments include:

- Improve population health by developing county-wide healthcare programs
- Increase advocacy and funding for equitable healthcare
- Increase capacity for provision of services
- Improve system interoperability of electronic medical records

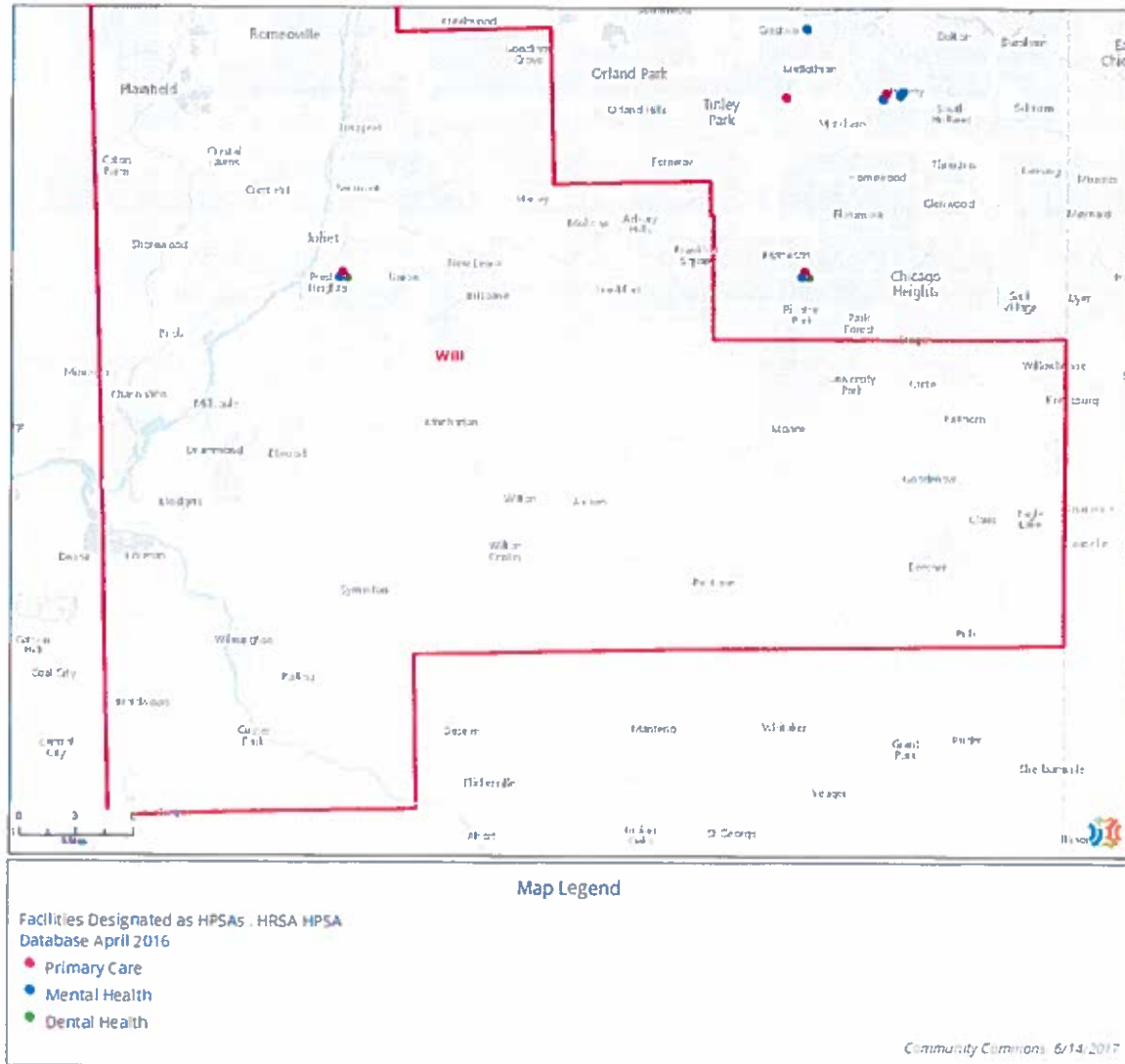
Insurance Coverage

The lack of health insurance is considered a key driver of health status and is a primary barrier to healthcare access including regular primary, specialty, dental, and other healthcare services. According to the U.S. Census Bureau, 9.2% of the Will County population under the age of 65 was uninsured in 2014, compared to 12.3% of the Illinois population. There has been an overall decrease in the percentage of uninsured population since 2010 (12.3%). According to the 2014 American Community Survey, 20.2% of the Hispanic/Latino population in Will County reported no health insurance coverage,

ACCESS TO DENTAL AND PRIMARY CARE

The U.S. Department of Health Resources and Service Administration (HRSA) has developed shortage designations that are used to determine if areas or population groups are Health Professional Shortage Areas (HPSA). HPSAs may be designated as having a shortage of primary medical care, dental, or mental health providers. In Will County, the east side of Joliet has been identified as a HPSA for primary care, dentists, and mental health providers, as identified on the map below. 12.9% (87,398) of Will County residents live in a HPSA.

Figure 4.2. Map of Provider Shortage in Will County, 2016



Data Source: Health Resources and Services Administration, Health Professional Shortage Area Database, 2016

In 2014, 84.1% of adults had a primary healthcare provider, which is a slight decrease from previous years. The percentage in Will County is higher than what was reported for Illinois in 2013 (79.9%) and

ACCESS TO DENTAL AND PRIMARY CARE

the HP2020 Target (83.9%). Even though Will County meets the HP2020 target, there are significant disparities in gender, income, race, and age, as displayed in Figure 4.3.

Figure 4.3. Will County Adults Who Report Having a Regular Provider, 2010-2014

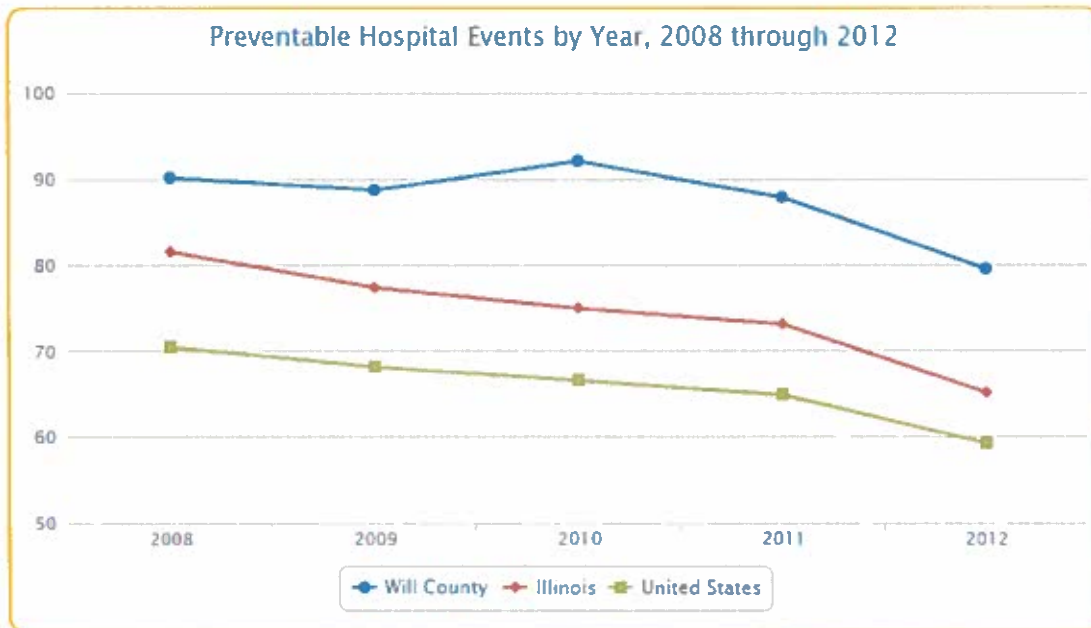
Gender		Income		Race		Age	
Female	90.6%	\$15-35,000	76.9%	Non-white	77.5%	25-44	79.4%
Male	77.5%	\$35-50,000	95.0%	White	85.9%	45-64	86.5%
		> \$50,000	85.0%			65+	95.7%

Data Source: Illinois Behavioral Risk Factor Surveillance System, 2010-14

Preventable Hospital Events

Figure 4.4 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

Figure 4.4. Medicare Preventable Hospital Events in Will County



Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Healthcare, 2012

Community Survey

In the Community Themes and Strengths Assessment (CTSA), a survey was distributed to the community. Survey respondents were asked where they receive healthcare and dental services. The majority of respondents (91.2%) visit a private dentist for dental services. With respect to healthcare services, respondents visit a variety of locations. 80.4% receive healthcare from a private practice or

family healthcare provider, 39.7% go to the Immediate Care Center, 25.7% visit the hospital emergency rooms, 20.8% visit Quick Clinics, such as Walgreens or CVS, and 6.9% visit Community Health Centers.

Respondents receive health-related information from a variety of sources as well. The majority (64.0%) get their information from the internet. Other prominent sources of health information identified include: the doctor (52.8%), online/print newspaper (45.6%), village/township newsletter (32.4%), social media (31.7%), the hospital (31.3%), family members (27.1%), and the local health department (25.6%).

Residents indicated the high cost of healthcare as their main concern, noting that the high cost limits their use of services and resources. Also, out of pocket expenses place a huge financial burden on individuals and families in the County.

When asked to rate the quality of life in Will County, the majority of survey respondents (74.7%) perceive life in Will County as “very good” or “good.” The most commonly mentioned issues regarding the quality of life, related to healthcare, include:

- High cost of living
- Lack of quality healthcare
- Lack of access to transportation
- Lack of services for senior citizens

Approximately one quarter (26.5%) of respondents negatively perceive the quality of healthcare in Will County. Survey participants mentioned a few issues in particular, including a shortage of hospitals and medical facilities, low quality service at the existing hospitals, a lack of mental/behavioral health providers, and difficulty locating Medicaid providers. It should be noted that many respondents mentioned having to drive out of Will County, often long distances, to find a medical provider that accepts their insurance. Multiple mentions of a lack of healthcare services in Southern and Eastern Will County are of importance as well. Comments show that navigating and accessing healthcare in Will County is especially challenging for senior citizens and residents with Medicaid.

Key Findings of Strategic Issue: Behavioral Health

Overview

Behavioral health is a term used to include both mental health and substance abuse disorders. Mental health is defined as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively, and is able to make a contribution to their community. The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify:

- Risk factors, which predispose individuals to mental illness
- Protective factors, which protect them from developing mental disorders

Mental health disorders are among the most common causes of disability. Mental health disorders attributed to 7.8% (5,783) of Will County hospitalizations in 2014, and it is the third leading cause of all hospitalizations.

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems.

Findings from the assessments detail access issues to behavioral health services, as well as resources. Behavioral health issues impact population groups across income levels, as well as racial and ethnic groups. Certain communities in Will County labeled as mental healthcare provider shortage areas also experience issues with social, economic and environmental inequities.

Specific priority needs and populations identified in the assessment process include:

Needs	Populations
<ul style="list-style-type: none"> • Better data to define and prioritize behavioral health issues, identify populations most affected, and monitor progress 	<ul style="list-style-type: none"> • 60433 zip code • Southern Will County • Youth • White population
<ul style="list-style-type: none"> • Adequate funding for expansion of services, resources, and providers 	<ul style="list-style-type: none"> • Males
<ul style="list-style-type: none"> • Equitable services throughout the county 	

Assessment Findings

The Forces of Change Assessment and Local Public Health System Assessment identified behavioral health as a major concern in Will County. Opportunities pinpointed in these assessments include:

- Increase education, advocacy, and prevention efforts to decrease substance abuse trends and stigma around behavioral health

- Increase coordination of care between social service agencies, law enforcement, and healthcare agencies
- Advocacy for increased funding and reimbursements for services

Provider Availability

In 2012, the State closed the Tinley Park Mental Health Center which was the only long-term state-run inpatient facility for the chronically mentally ill located near Will County. While there are other mental health services in Will County, none are inpatient facilities. All three hospitals in Will County have inpatient mental health units, totaling 75 beds.

Will County has a total of 645 mental health providers, yielding a ratio of population to mental health providers of 1,060:1, compared to 370:1 for Illinois and 560:1 nationally.

The U.S. Department of Health Resources and Service Administration (HRSA) has developed shortage designations that are used to determine if areas or population groups are Health Professional Shortage Areas (HPSA). The East side of Joliet (zip code 60433) has been identified as a HPSA for mental health providers.

The Will County MAPP Collaborative has found through a capacity assessment of key stakeholders that behavioral health is a key area of need in Will County. The MAPP Behavioral Action Team, with guidance from the University of Saint Francis, surveyed providers and referrers in 2016 to get a picture of system capacity. In this survey, three barriers for clients to access services were identified; cost of needed services (34%), wait for services (32%), and distance to services (30%). The survey also found that, according to providers, psychiatric services were hardest to access, especially for mental health disorders.

Self-Reported Emotional and Mental Health

One of the indicators in the Behavioral Risk Factor Surveillance Survey (BRFSS) is to measure the number of days residents report their mental health to be ‘not good,’ during the last 30 days.

Figure 5.1. Will County Adults Who Report Bad Mental Health Days

BRFSS Round	1-7 Mental Health Days ‘Not Good’	8-30 Mental Health Days ‘Not Good’
	Collective %	Collective %
2010-2014	22.0%	15.0%
2007-2009	17.3%	17.3%
2004-2006	25.8%	11.6%
2001-2003	26.8%	10.4%

Data Source: Illinois Behavioral Risk Factor Surveillance System, 2001-14

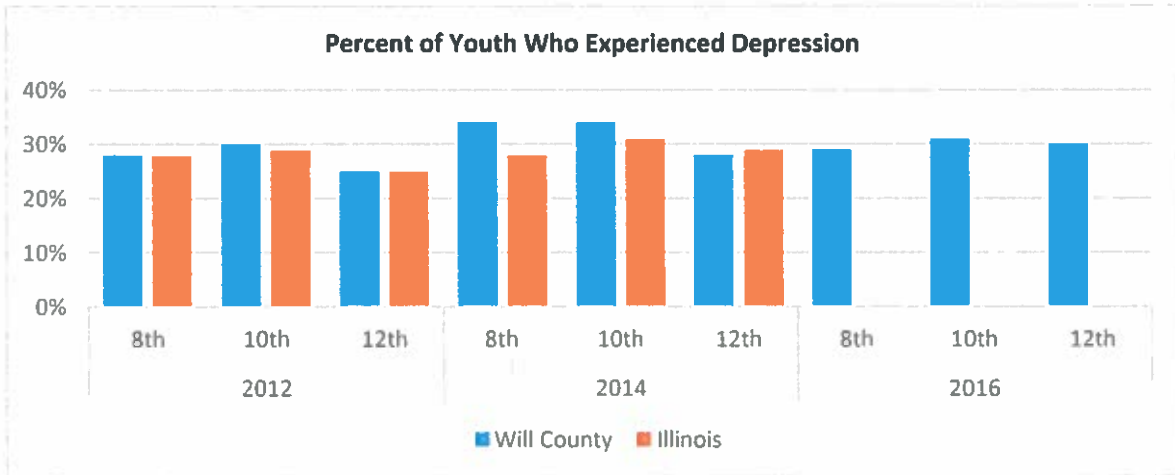
Emotional Support

The percentage of adults, aged 18 and older, who self-report that they receive insufficient social and emotional support all or most of the time in Will County is 19.2% (91,148).

Youth Depression

When asked, “During the past 12 months did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?,” 30% of 12th graders responded yes in 2016, which is an increase from 28% reported in 2014.

Figure 5.2. Percent of Will County Youth Who Experienced Depression in the Past Year

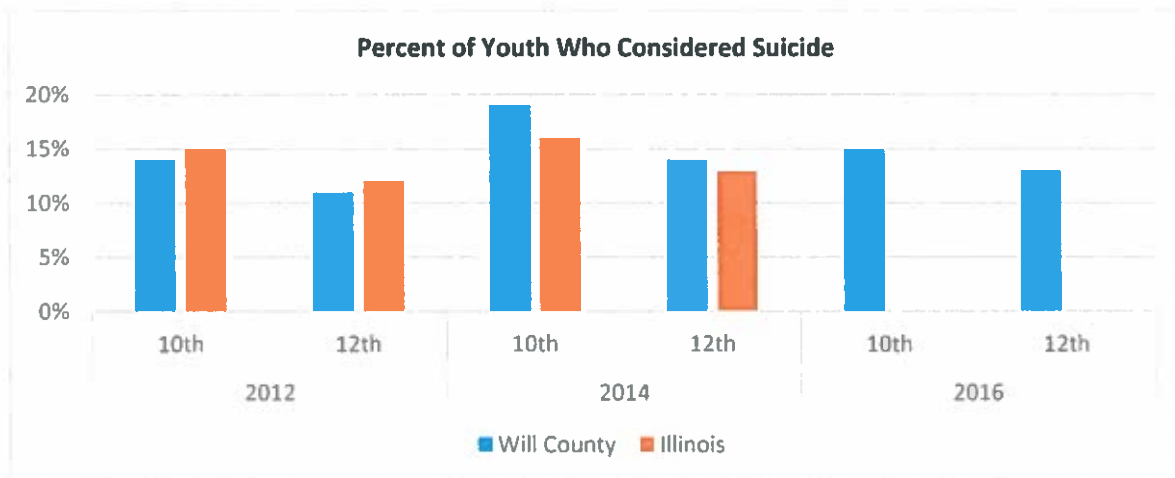


Data Source: Illinois Youth Survey, 2016

Suicide

When asked, “During the past 12 months did you ever seriously consider attempting suicide?,” 13% of 12th graders and 15% of 10th graders responded yes, which has decreased from 2014, as shown in the figure below.

Figure 5.3. Percent of Will County Youth Who Considered Suicide in the Past Year

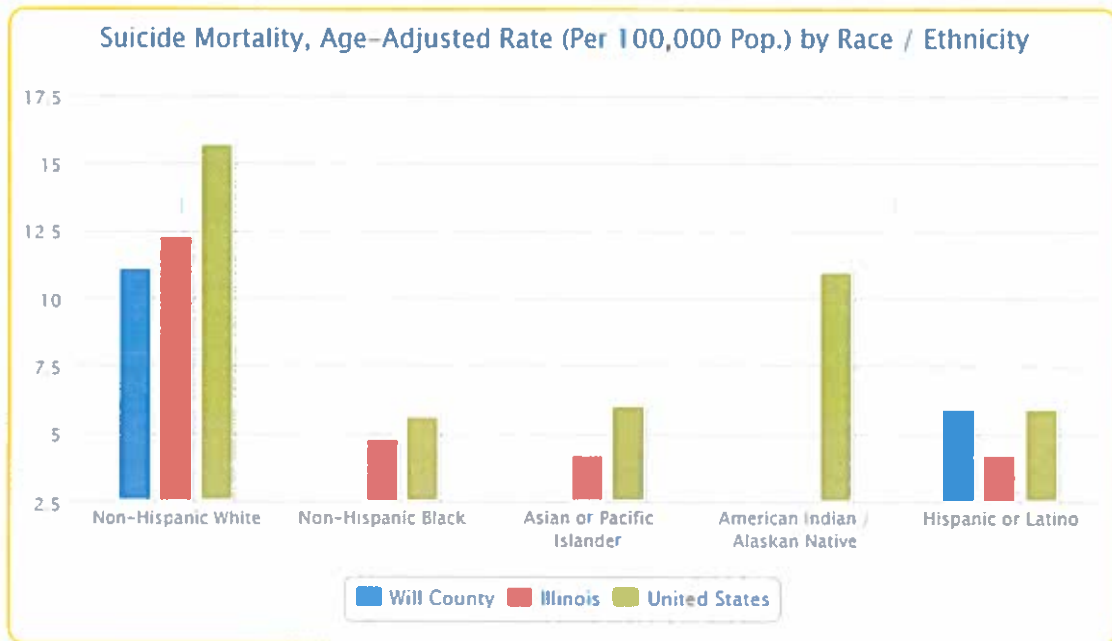


Data Source: Illinois Youth Survey, 2016

Unnatural deaths include all suicides, homicides, traffic fatalities, work-related accidents, all other accidental deaths, and any deaths where the cause or manner cannot be determined. In 2015, there were 285 unnatural deaths in Will County. Of those 285 unnatural deaths, approximately 20% were attributed to suicide.

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Will County’s suicide rate is 9.2. There are significant disparities within gender and race, with males more likely to commit suicide at a rate of 15.1 versus females at 3.7. Breakdown by race/ethnicity is displayed in the graph below.

Figure 5.4. Will County Adult Suicide Mortality Rate by Race/Ethnicity, 2010-2014



Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2010-14

Substance Use

Youth Substance Use

Will County youth substance use in 2014:

- 53% of 12th graders and 33% of 10th graders reported drinking alcohol in the past 30 days
- 30% of 12th graders reported binge drinking at least once in the past two weeks
- 26% of 12th graders and 16% of 10th graders reported using marijuana
- In the past year, 9% of 12th graders reported using any illicit drug excluding marijuana
- 6% of 12th graders and 4% of 10th graders reported using prescription drugs to get high in the past 30 days

BEHAVIORAL HEALTH

- 35% of 12th graders experienced two or more negative consequences from drug use, indicating the potential need for substance abuse assessment

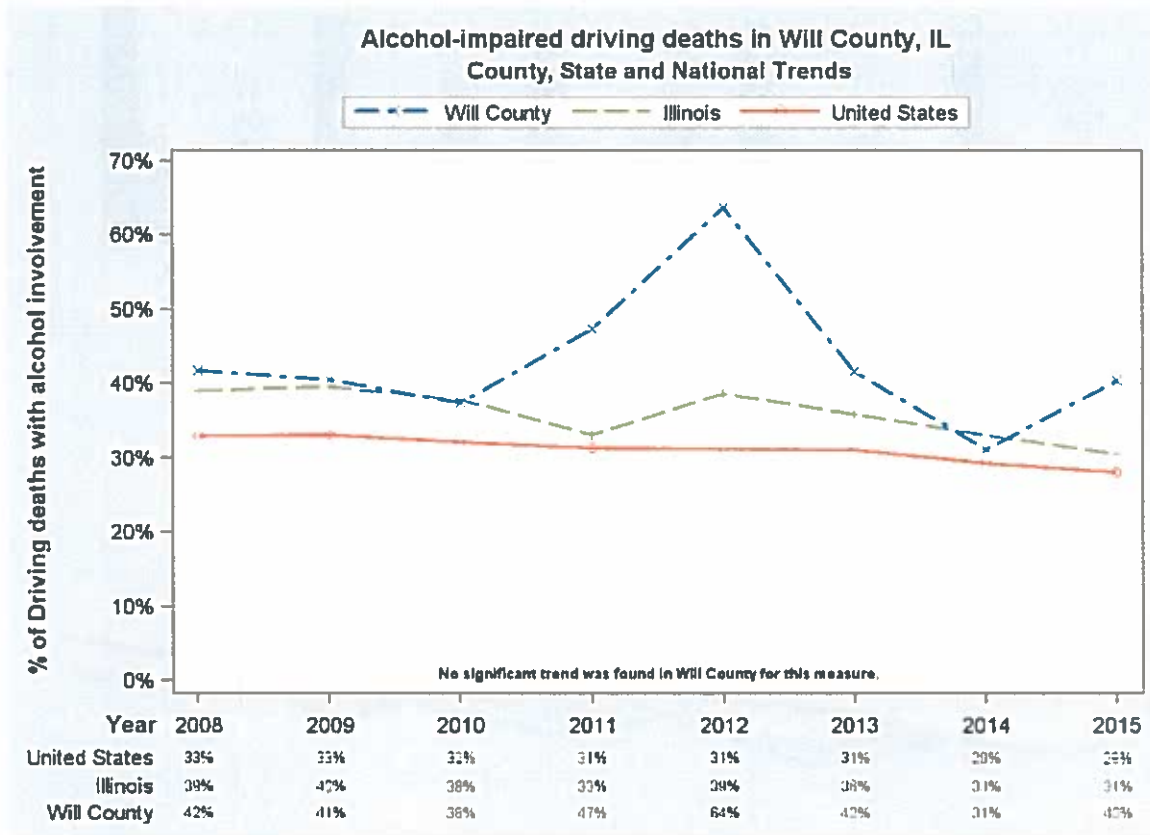
Alcohol Use

Less than a quarter (22.4%) of adults, aged 18 and older, reported binge or heavy alcohol consumption (defined as more than two drinks per day for men and one drink per day for women).

Liquor store access reports the number of beer, wine, and liquor stores per 100,000 population. In 2014, Will County (10.48) had a slightly higher rate of liquor establishments than in Illinois (10.2), however, still lower than the United States (10.6).

The percent of driving deaths which include alcohol is declining statewide and nationally, but is on the rise in Will County, as illustrated in the graph below.

Figure 5.5. Percent of Driving Deaths with Alcohol Involvement



Data Source: University of Wisconsin Population Health Institute. *County Health Rankings* Key Findings, 2016

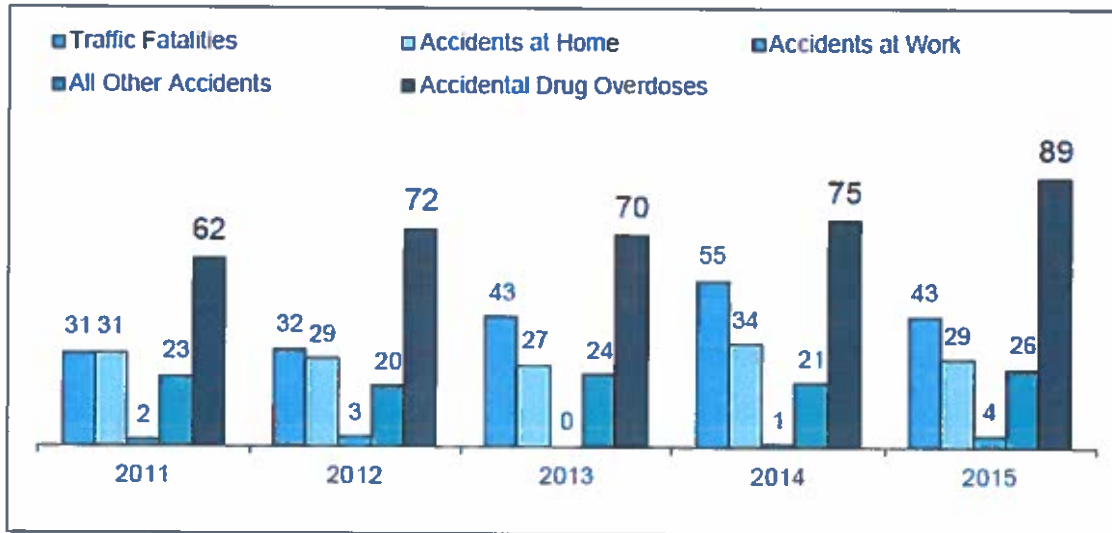
Overdoses and Drug Induced Mortality

In 2015, males accounted for 66% of accidental overdose deaths in Will County. According to the Will County Coroner's Office, heroin deaths continue to be the leading cause of accidental overdose deaths.

Of the 89 accidental overdoses, 52 deaths were heroin related. Combined drug intoxication was the second leading cause of accidental overdose. Figure 5.6 displays the causes of accidental deaths in Will County.

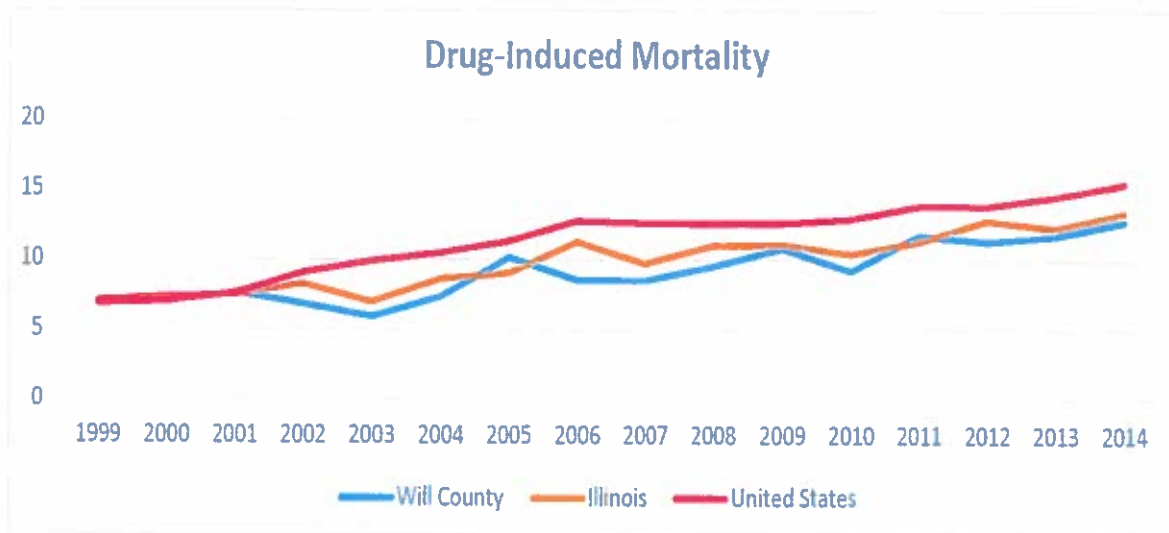
Drug induced mortality reports the rate of death due to drug overdose per 100,000 population. Will County is above the Healthy People 2020 target of 11.3 deaths per 100,000 population, as indicated in Figure 5.7.

Figure 5.6. Adult Accidental Deaths in Will County



Data Source: The Will County Coroner Annual Report, 2015

Figure 5.7. Will County Drug Induced Mortality Rate



Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2010-14

Community Survey

In the Community Themes and Strengths Assessment (CTSA), a survey was distributed to the community. Survey respondents were asked where they receive mental health services. Those seeking mental health services visit a private practice or family health care provider (37.8%), the hospital emergency room (6.7%), Community Health Centers, such as Aunt Martha’s or the Will County Community Health Center (5.1%), or an Immediate Care Center (3.2%).

Questions on a variety of health issues were asked in the survey and respondents were able to rate the impact of each issue in their home, in their community, and in the county on a Likert scale. The following health issues were identified by survey respondents, combining the answers “It is somewhat a problem” and “It is a large problem.”

Figure 5.8. Top Health Issues Identified as ‘Somewhat’ or a ‘Large’ Problem

	At Home	In my Community/Neighborhood	In Will County
1	Depression/Anxiety Disorder	Illegal Drug Abuse	Illegal Drug Abuse
2	Other Mental Health Issues	Underage Drinking	Prescription Drug Abuse
3	Dementia/Alzheimer’s Disease	Excessive Drinking/Alcohol Abuse	Underage Drinking
4	Excessive Drinking/Alcohol Abuse	Prescription Drug Abuse	Violence
5	Illegal Drug Abuse	Depression/Anxiety Disorder	Excessive Drinking/Alcohol Abuse

The following figures display the number of respondents rating health issues as a problem in their homes, communities, and in Will County.

Figure 5.9. Health Issues Rated as a Problem at Home

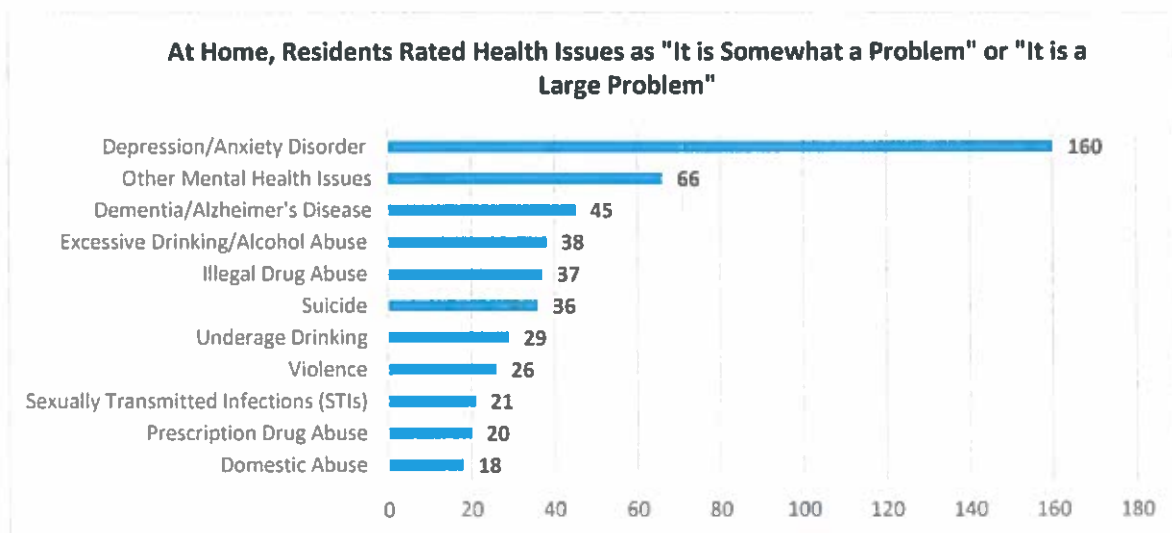


Figure 5.10. Health Issues Rated as a Problem in the Neighborhood/Community

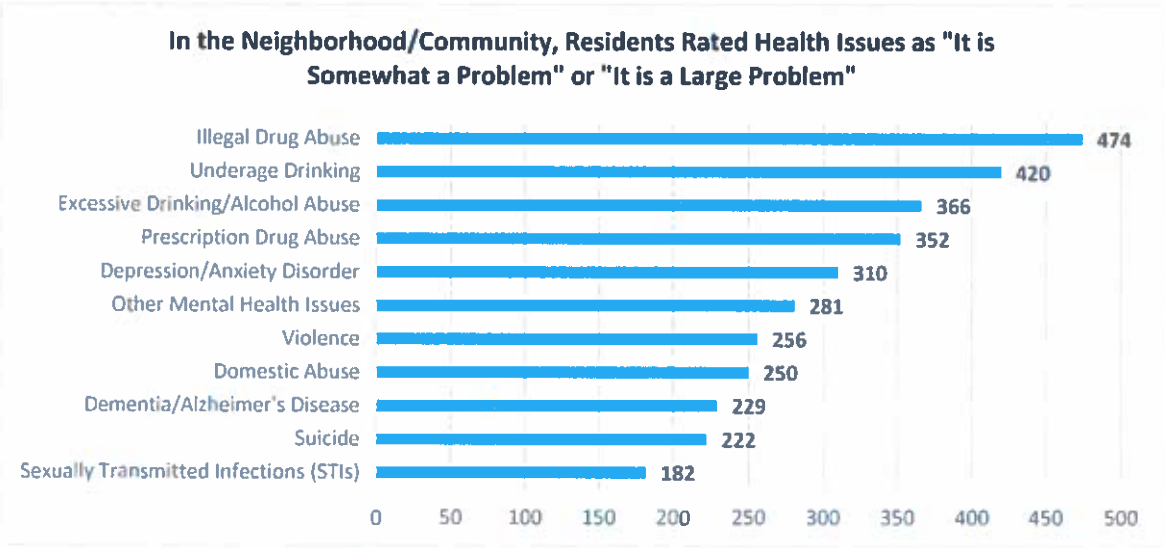
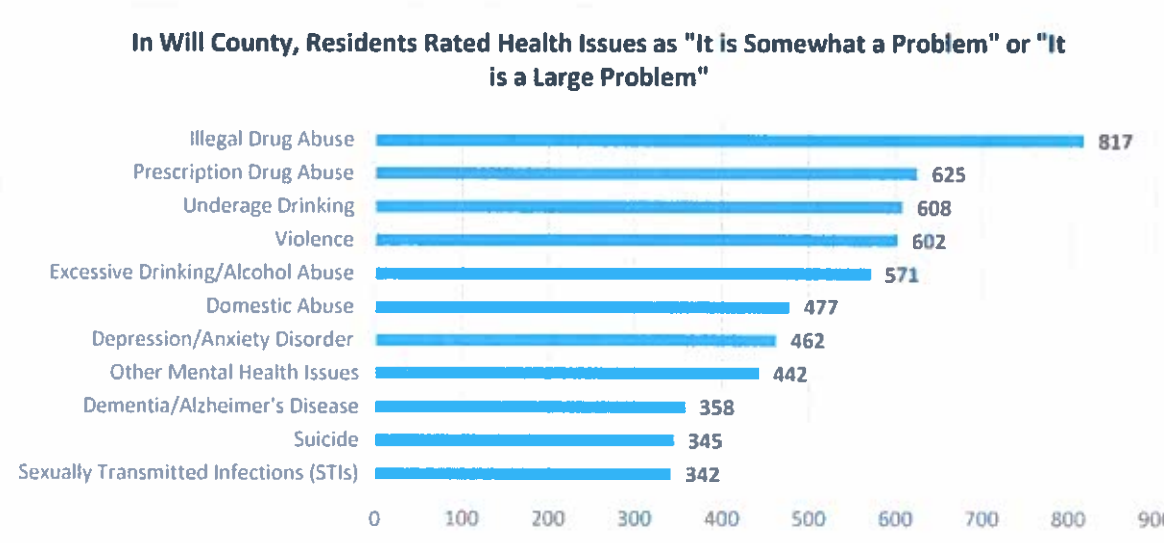


Figure 5.11. Health Issues Rated as a Problem in Will County



Residents were invited to list any further comments to help us understand their ratings. Of the 1,620 respondents, 68 chose to leave a comment. Of these comments, the main area of concern was on drug and alcohol problems in the county. Specifically, respondents mentioned the rise of heroin overdoses and illegal drug abuse in recent years. Another area of concern mentioned was a lack of services and housing for individuals with any type of mental/emotional disorder.

Key Findings of Strategic Issue: Chronic Disease

Overview

Chronic diseases, such as heart disease, cancer, type 2 diabetes, stroke, and obesity, are the most common, costly, and preventable of all health problems. Heart disease is the second cause of hospitalizations in Will County and cancer is the fifth. Heart disease, cancer and diabetes account for approximately 58% of all deaths in Will County.

Many chronic diseases are linked to lifestyle choices, or health risk behaviors, which are unhealthy behaviors that can be changed. Four of these health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excess alcohol consumption—cause much of the illness, suffering, and early death related to chronic diseases and conditions. Eating nutritious foods, becoming more physically active, and avoiding tobacco can help avoid developing many of these diseases and conditions.

Findings from the assessments detail access issues to healthcare services and resources. Specific priority needs and populations identified in the assessment process include:

Needs	Populations
<ul style="list-style-type: none"> • Better data to define and prioritize chronic disease problems, identify populations most affected, and monitor progress • Healthcare services to prevent or enable early detection of disease, reduce risk factors, and manage conditions • Strategies that link community and clinical services to ensure that people with or at high risk of chronic diseases have access to the resources they need to prevent or manage these diseases • Access to affordable, healthy foods 	<ul style="list-style-type: none"> • Medicare population • Males • African American population • 60417, 60432, 60433, 60436, 60440, 60441, and 60484 zip codes

Assessment Findings

The Forces of Change Assessment identified access to and affordability of healthy foods as a major concern in Will County. Opportunities pinpointed in these assessments include:

- Increase advocacy and funding for healthy eating campaigns and policies to support healthy eating
- Focus on bringing new healthy businesses, grocery stores, farmers markets, and community gardens to Will County

Cancer Incidence and Mortality

CHRONIC DISEASE

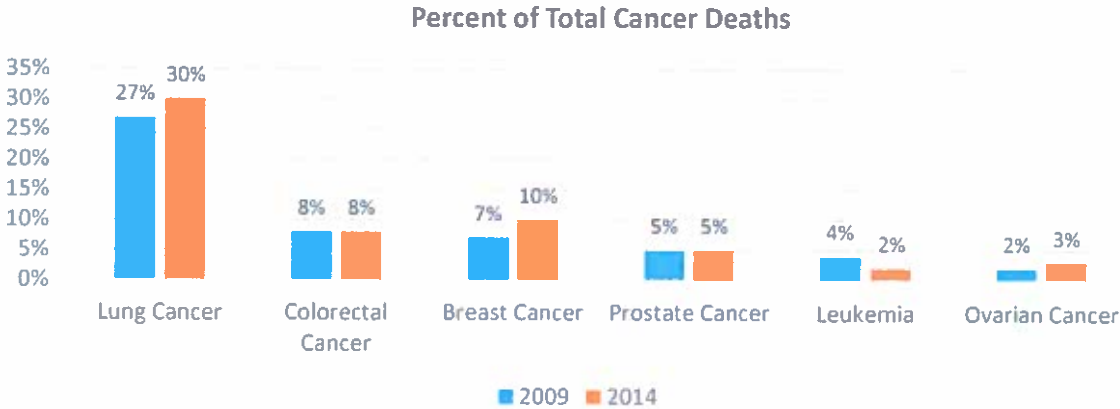
In 2014, there were 4,223 deaths in Will County. Cancer was the leading cause of death in Will County until 2014, when it was surpassed by diseases of the heart. Cancer is now the second leading cause of death. The table below shows the leading causes of death in Will County. Of the total cancer deaths, lung cancer is the top cause in Will County, as shown in Figure 6.1.

Figure 6.1. Leading Causes of Will County Deaths in 2014

2014 Leading Causes of Death in Will County	Number of Deaths	Percent of Deaths
All Causes	4,223	100.0%
Cancer	1,063	25.1%
Diseases of the Heart	1,105	26.1%
Chronic Lower Respiratory Diseases	205	4.8%
Accidents	197	4.6%
Cerebrovascular Disease	214	5.0%
Nephritis and Nephrosis	130	3.0%
Alzheimer's Disease	107	2.5%
Diabetes	113	2.7%
Septicemia	40	0.9%
Pneumonia	88	2.0%
Suicide/Self-harm	56	1.3%
Chronic Liver Disease/Cirrhosis	75	1.8%

Data Source: Illinois Department of Public Health, Vital Statistics, 2014

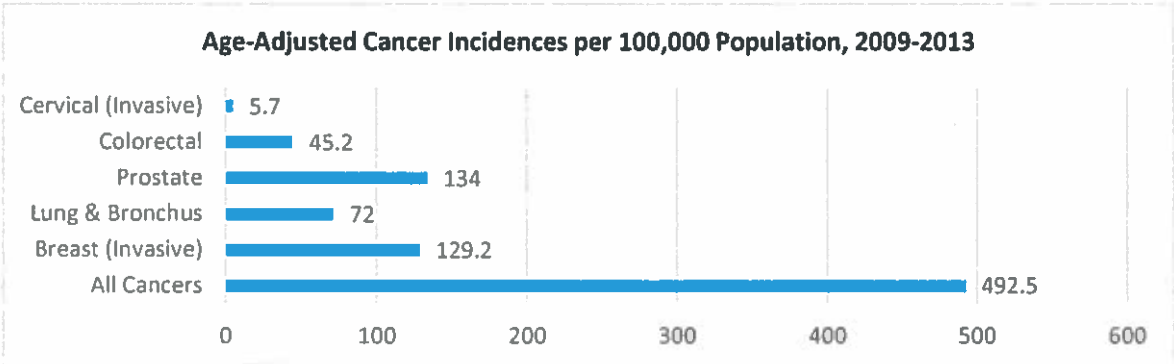
Figure 6.2. Will County Percent of Cancer Deaths by Type



Data Source: Centers for Disease Control and Prevention, CDC Wonder, 2009-14

From 2009-2013, there were 15,268 newly diagnosed cases of cancer in Will County. The age-adjusted cancer incidence rate was 492.5 per 100,000 population. Men were slightly more likely to develop cancer than women. Women mostly developed breast cancer (129.2 per 100,000 women) and men mostly developed prostate cancer (134 per 100,000 men).

Figure 6.3. Will County Age-Adjusted Cancer Incidence by Type



Data Source: Will County Health Department 2015 Annual Report

Lung Cancer

Lung cancer is the most common cause of cancer death among both females and males, accounting for approximately 27% of all cancer deaths in Will County during 2014. Cigarette smoking is the most significant risk factor for lung cancer, though other risk factors include environmental sources such as tobacco smoke and air pollution, radiation exposure, and occupational exposure to organic chemicals such as radon and asbestos. The lung cancer incidence rate in Will County is 72, which is much higher than the state (67.9) and national (62.62) rates.

Colorectal Cancer

Colorectal cancer is the third most commonly diagnosed cancer among men and women, as well as the third leading cause of cancer deaths in Will County. While the colorectal cancer mortality rate for Will County is decreasing, it is still higher than the Illinois colorectal cancer mortality rate and the Healthy People 2020 target. According to the 2010-2014 Behavioral Risk Factor Surveillance System (BRFSS), 69.9% of men in Will County have reported ever having a colonoscopy/sigmoidoscopy.

Breast Cancer

In Will County, 58.4% of women met breast cancer screening guidelines, which is approximately a 15% decrease from 2009 and well below the Healthy People 2020 goal. The Will County breast cancer mortality rate is 16.6 deaths, which is lower than the state and Healthy People 2020 target. However, female breast cancer incidence increased 5% between 2000 and 2013.

Prostate Cancer

Prostate cancer is the fourth leading cause of cancer death in Will County. After increasing from 1995-2004, incidence rates of prostate cancer have been steadily decreasing and have returned to an incidence rate of 134.2, which is significantly higher than the national rate of 123.41.

CHRONIC DISEASE

Cervical Cancer

Cervical cancer used to be one of the most common causes of cancer deaths in women, but the mortality rate due to cervical cancer, has declined significantly over the years. In 2013, there were 100 cases of cervical cancer with an age-adjusted incidence rate of 5.7, which has continued to decline since 2005. According to the 2006-2012 BRFSS data, approximately 78% of adult women met cervical cancer screening guidelines, which is significantly lower than the Healthy People 2020 target of 93%.

Chronic Disease Management

The percentage of adults with a reported chronic disease is similar to state and national percentages, as show in in Figure 6.4, however the Medicare population has a higher percentage of reported heart disease, high cholesterol, and diabetes.

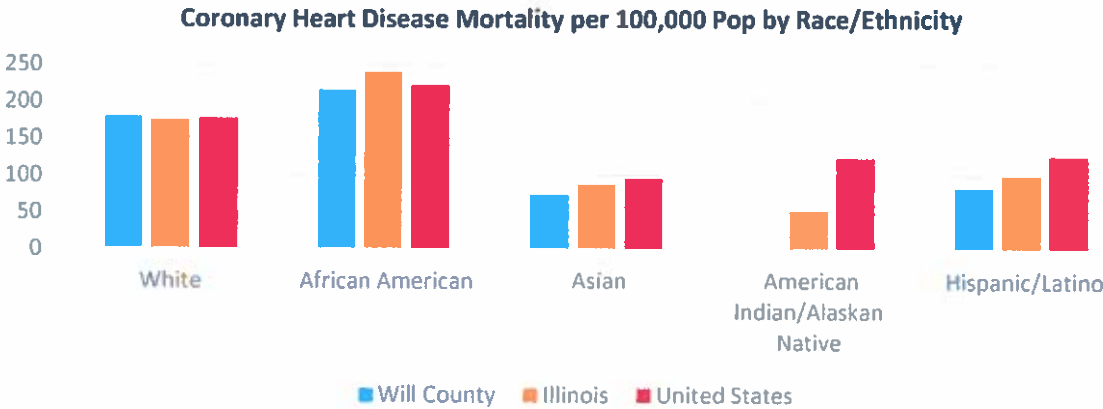
Figure 6.4. Percent of Adults with a Chronic Disease, 2014-15

	Total Adults			Medicare Population		
	Will County	Illinois	U.S.	Will County	Illinois	U.S.
Heart Disease	2.4%	3.8%	4.4%	28%	26.8%	26.46%
High Blood Pressure	28.2%	28.2%	28.16%	28.8%	56.35%	54.99%
High Cholesterol	38.89%	38.02%	38.52%	51.51%	46.19%	44.61%
Diabetes	8.2%	8.47%	9.19%	27.38%	26.27%	26.55%

Data Source: Centers for Medicare and Medicaid Services, 2015 and Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2014

Will County's coronary heart disease mortality rate of 107.7 is slightly higher than both Illinois' mortality rate and the Healthy People 2020 target. The White population has the highest rates of reported heart disease, however, heart disease mortality is highest among African Americans, as shown in Figure 6.5.

Figure 6.5. Will County Heart Disease Mortality Rate by Race/Ethnicity, 2010-2014

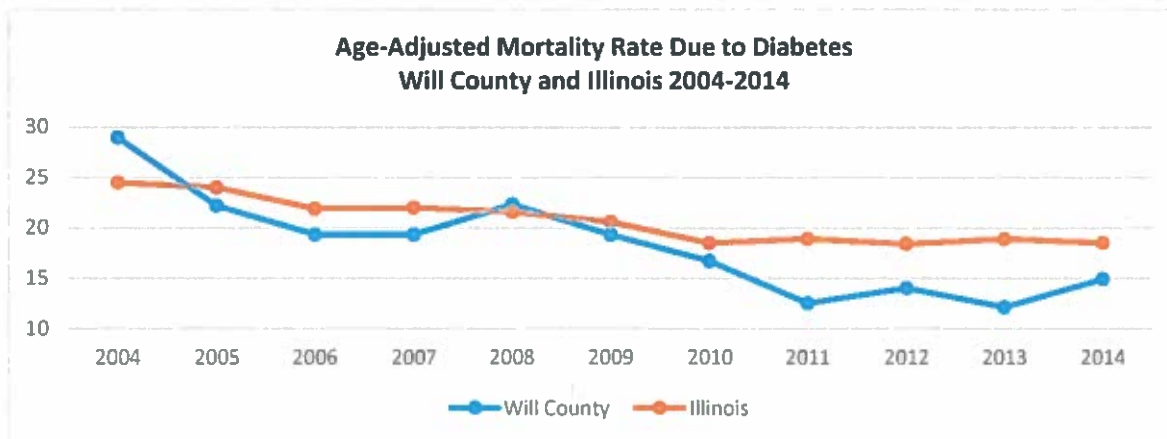


Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13

CHRONIC DISEASE

Over the past decade, mortality due to diabetes has slowly decreased in Will County, as shown in Figure 6.6. In 2014, the age-adjusted mortality rate of diabetes was 14.9 deaths, well below the Healthy People 2020 target of 66.6 deaths. The concern with diabetes is the high percentage of Medicare beneficiaries with diabetes, as shown in Figure 6.4.

Figure 6.6. Will County Diabetes Mortality Rate

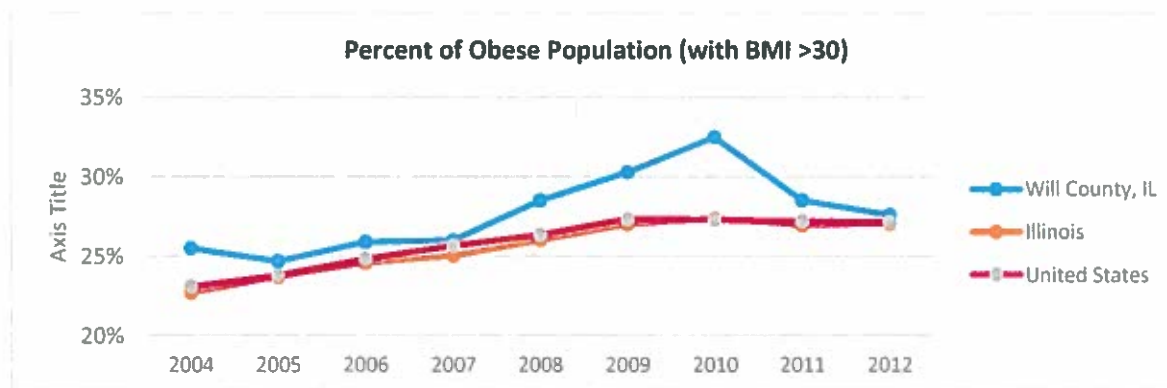


Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2009-13

Obesity

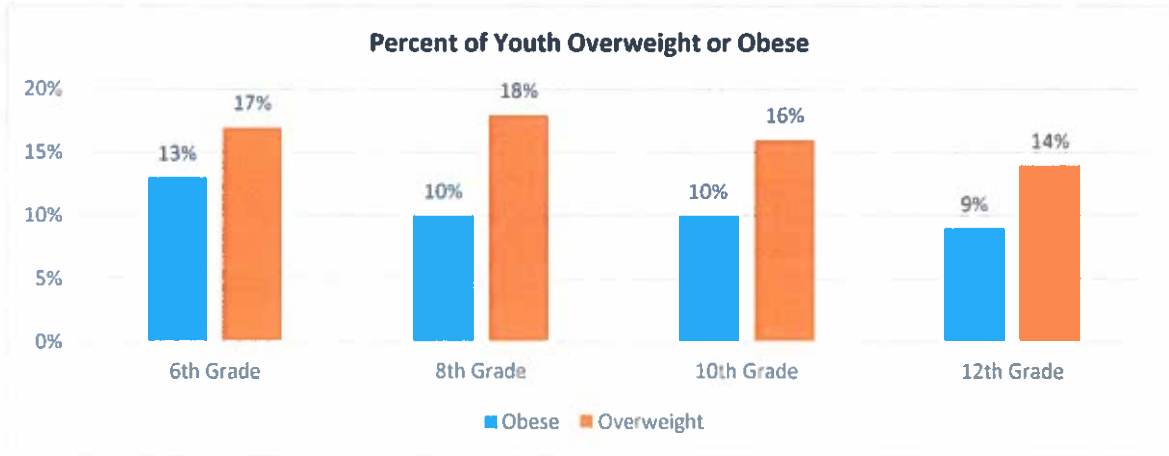
Excess weight is a prevalent problem in the U.S., as it indicates an unhealthy lifestyle and puts individuals at risk for further health issues. The graph below reports the percentage of adults aged 20 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). Males were more likely to be obese than females. Additionally, 34.3% of adults aged 18 and older self-reported that they have a BMI between 25-30 (overweight), with the highest percentage being Non-Hispanic White. Additionally, obesity is an issue in Will County youth, as shown in Figure 6.7.

Figure 6.7. Percent of Will County Adult Population Who Are Obese



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012

Figure 6.8. Percent of Overweight and Obese Will County Youth, 2014



Data Source: Illinois Youth Survey, 2014 County Report

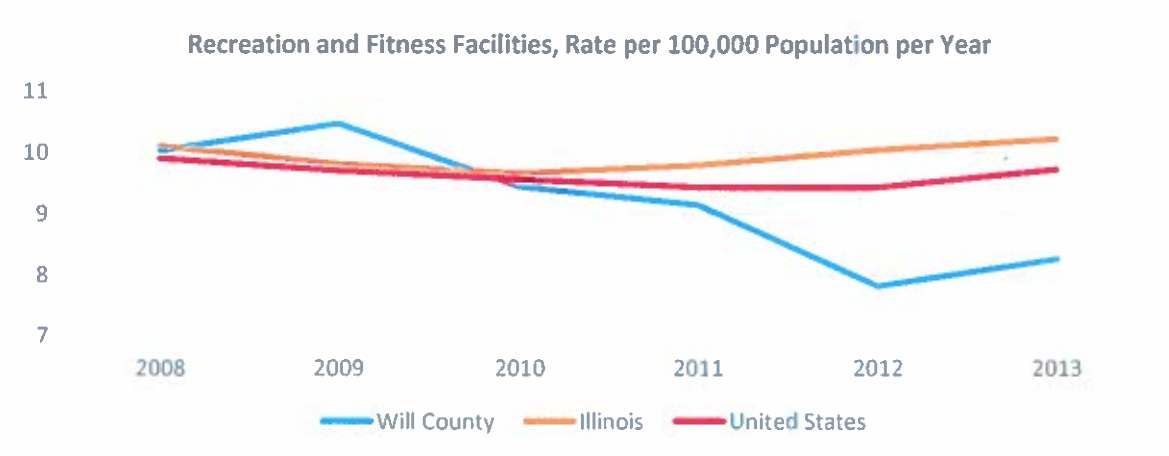
Healthy Food Consumption

Healthy food consumption is an issue among youth and adults in Will County. Among Will County adults, 80.7% are consuming less than five servings of fruits and vegetables each day, compared to 76.3% in Illinois and 75.7% in the U.S. 53% of Will County 6th graders ate fruit and 71% ate vegetables less than two times per day. 67% of Will County 12th graders ate fruit and 74% ate vegetables less than two times per day.

Physical Inactivity

Physical inactivity is a contributing factor to obesity and many chronic diseases. The figure below reports the number, per 100,000 population, of recreation and fitness facilities. A lack of access to recreation and fitness facilities contributes to low levels of physical activity.

Figure 6.9. Rate of Will County Recreational Facilities per 100,000 Population

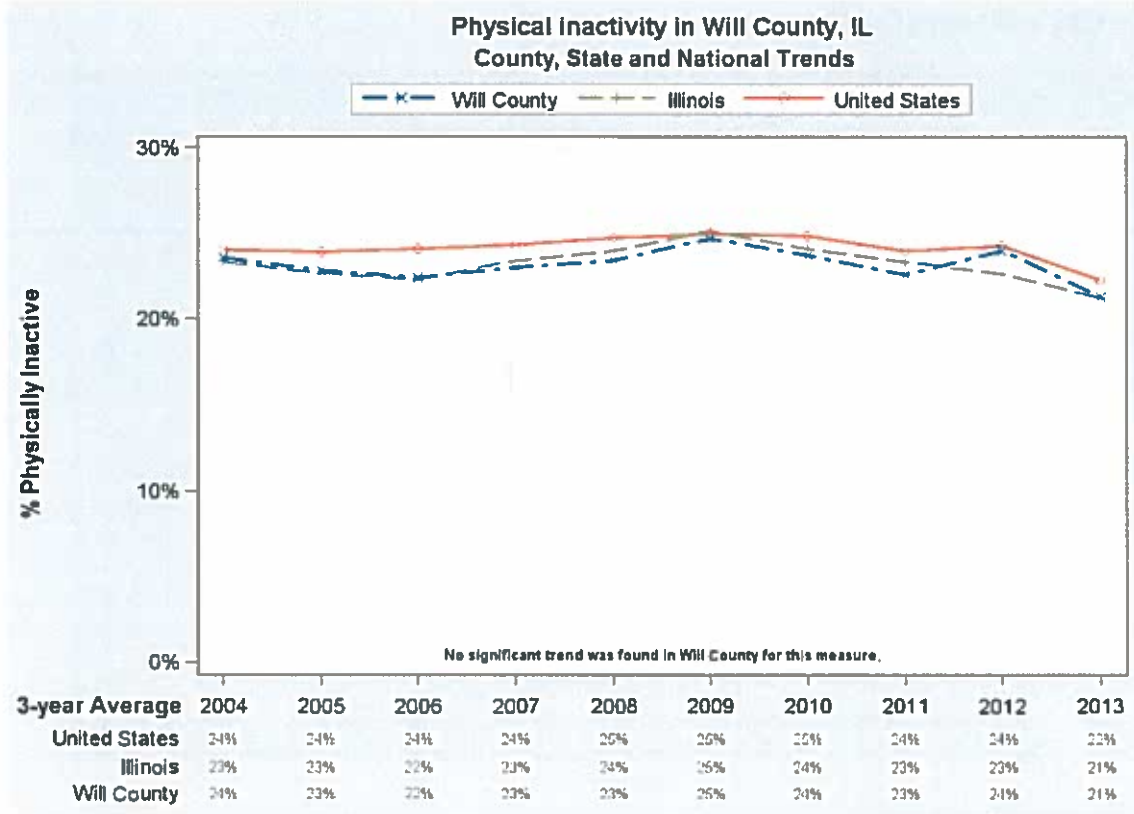


Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES, 2013

CHRONIC DISEASE

Among adults and older adults, physical activity can lower the risk of early death, coronary heart disease, stroke, high blood pressure, type 2 diabetes, cancer, falls, and depression. Adults are recommended to get 150 minutes of moderate-to-vigorous physical activity per week, however many adults are physically inactive as show in Figure 6.10.

Figure 6.10. Percent of Adults Physically Inactive



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012

Physical inactivity is also an issue among Will County youth. In 2014, only 30% of 6th graders and 22% of 12th graders met the recommended physical activity guidelines. On an average school day, youth are spending more than the recommended screen time on electronics (not including time for school work), as shown in Figure 6.11.

Figure 6.11. Screen Time Spent On an Average School Day, 2014

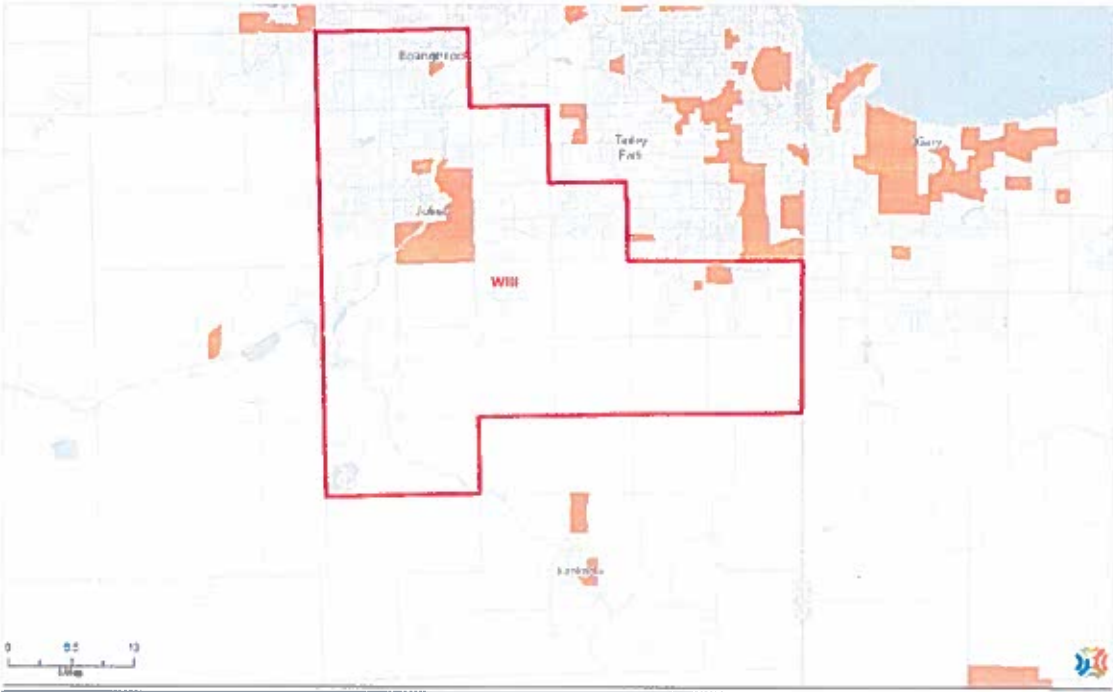
	2+ Hours Screen Time	2+ Hours Television
6 th Grade	67%	60%
8 th Grade	77%	59%
10 th Grade	68%	50%
12 th Grade	62%	54%

Data Source: Illinois Youth Survey, 2014

Food Access

An environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. There are 81 neighborhoods in Will County that are within food deserts, affecting approximately 437,000 residents, located in or around Joliet, as shown in Figure 6.12. Also, 16.36% of the population do not have access to healthy foods as shown in Figure 6.13.

Figure 6.12. Will County Food Desert by Census Tract, 2015



Map Legend

Food Desert Census Tracts. 1 Mi. / 10 Mi. by Tract. FARA 2015
 Food Desert
 Not a Food Desert
 No Data

Community Commons. 6/21/2017

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2015

Figure 6.13. Percentage of Population Living In Census Tracts with No or Low Access to Healthy Retail Food Stores, 2011

Report Area	% Population with No Food Outlet	% Population with No Healthy Food Outlet	% Population with Low Healthy Food Access	% Population with Moderate Healthy Food Access	% Population with High Healthy Food Access
Will County	1.08%	16.36%	37.11%	43.14%	2.30%
Illinois	0.79%	21.04%	38.50%	36.13%	3.53%
United States	0.99%	18.63%	30.89%	43.28%	5.02%

Data Source: Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity, 2011

CHRONIC DISEASE

Access to healthy, affordable food is a key component of obesity and chronic disease prevention. Retailers who accept SNAP and WIC provide a measure of food security and healthy food access for women and children in poverty, as well as environmental influences on dietary behaviors. Figure 6.14 depicts that Will County has a shortage of retailers which accept SNAP or WIC compared to the state rate.

Figure 6.14. Rate of Grocery Stores, SNAP and WIC-Authorized Retailers per 100,000 Population

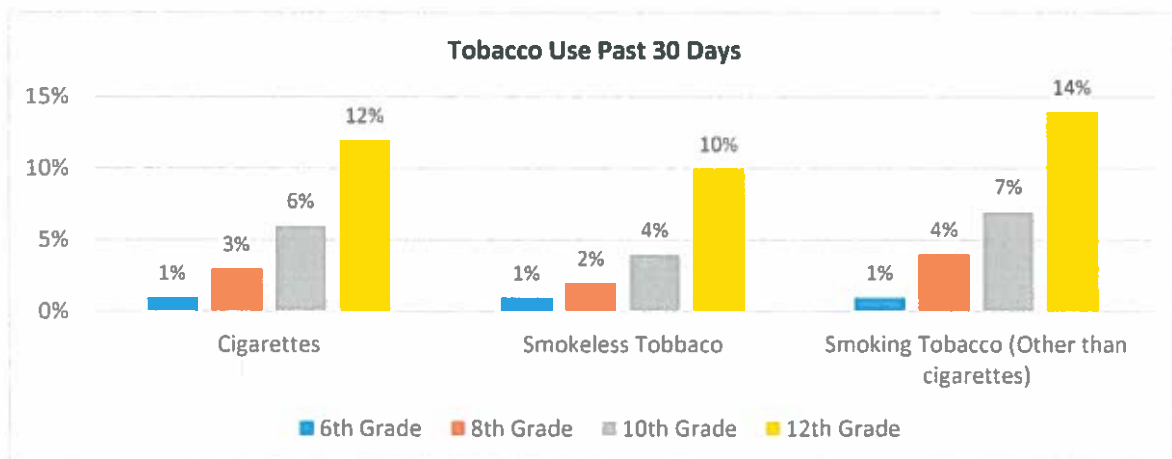
Report Area	Grocery Store Rate	SNAP-Authorized Retailers Rate	WIC-Authorized Food Store Rate
Will County	15.05	5.3	15
Illinois	21.8	7.27	18.4
United States	21.1	8.29	15.6

Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES, 2016 and US Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas. 2011 and US Census Bureau, County Business Patterns 2014

Tobacco Use

In 2010-2014, 13.4% of Will County adults were smokers. For the state of Illinois and the U.S, this figure was similar with 16.7% and 16.8% of adults reporting they were current smokers. The percentage of smokers in Will County has declined since 2001 but is still higher than the Healthy People 2020 target of 12%. Tobacco use is also an issue among Will County youth, as shown in Figure 6.15.

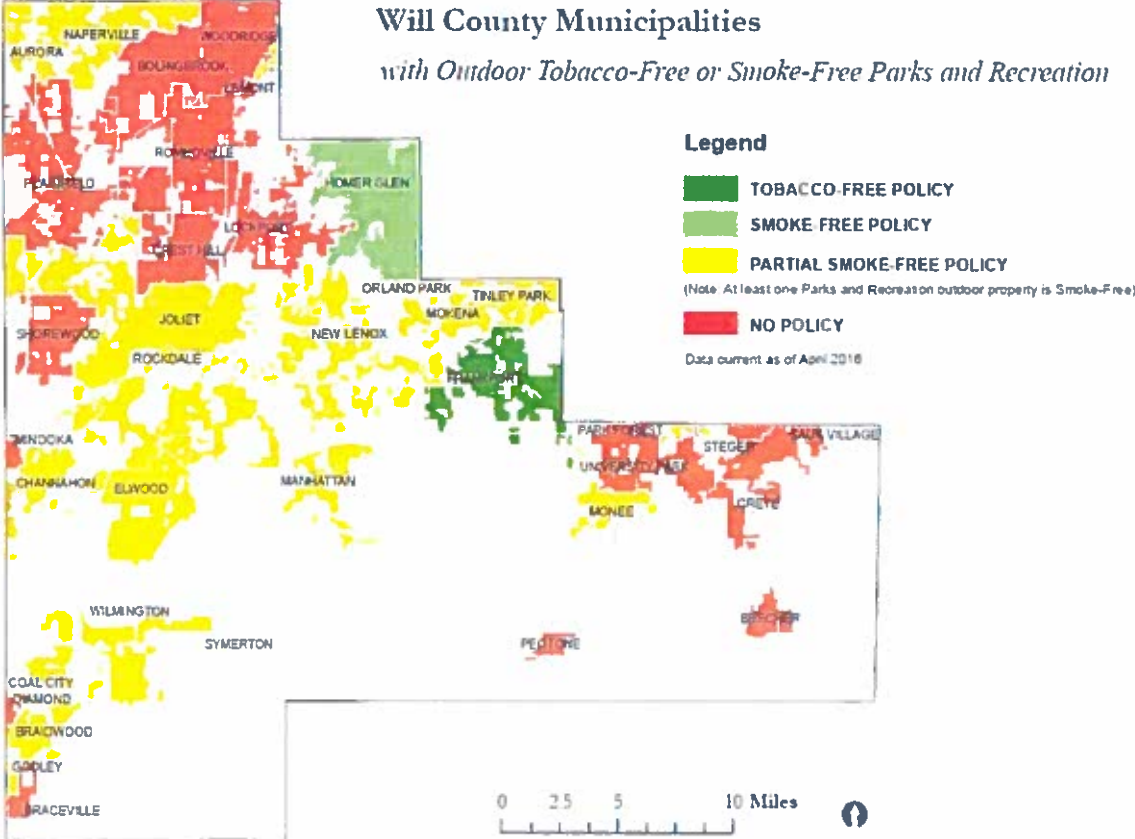
Figure 6.15. Percent of Will County Youth Tobacco Use, Past 30 Days, 2014



Data Source: Illinois Youth Survey, 2014

The Smoke-Free Illinois Act [PA 95-0017] enacted on January 1, 2008, and amended on February 4, 2009, prohibits smoking in all public places and within 15 feet of any entrance, exit, window, and ventilation intake. Tobacco-free outdoor policies have become a growing trend in Will County. As of 2016, 55% of Will County municipalities have a partial or 100% smoke/tobacco-free outdoor policy, as shown in Figure 6.16.

Figure 6.16. Will County Municipalities with Outdoor Tobacco-Free or Smoke-Free Policies, 20146



Data Source: Will County Health Department, Tobacco Control & Prevention Program, 2016

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Community Health Status Assessment Executive Summary

Based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020, the following “areas of opportunity” represent the significant health needs of the community.

Areas of Opportunity Identified by the Will County Community Health Status Assessment

Area of Opportunity	Data Identified	Target Population
Access to Health Services	Health professional shortage area designation	(60433)
	Lack of Consistent Source of Primary Care	<ul style="list-style-type: none"> • Males • Non-white • Ages 25-44 • Incomes less than \$35,000 • Males • African American or Black, Asian, and other races • Hispanic ethnicity • 60432, 60433, and 60484 zip codes
Animal/Vector Borne Disease	Lack of Health Insurance	
	More medical/surgical, intensive care beds, obstetric beds, and mental illness beds	All of Will County
	Primary care physician ratio	All of Will County
	Preventable hospital events	Medicare Enrollees
Cancer	Lyme disease incidence	
	Rabies incidence	All of Will County
	West Nile incidence	
	Second cause of death	
Diabetes	Breast cancer mortality rate	
	Colorectal mortality rate and colonoscopy screenings	All of Will County
	Mammograms	
	Pap screenings	
Education	Adults who have been told they have diabetes	All of Will County
	Population with diabetes	Medicare <ul style="list-style-type: none"> • Males • American Indian/Alaskan Native and other races • 60432, 60433, 60435, and 60436 zip codes
	High school diploma	Bolingbrook, Crete-Monee, Joliet Central, Joliet West, and Reed-Custer high schools
	High school four year graduation rate	

Heart Disease	High blood pressure prevalence and many report not taking prescribed medication	All of Will County
	High total blood cholesterol prevalence	
	Top cause of death and high mortality rate and second cause of hospitalizations	
Injury	Fourth cause of hospitalizations and death	All of Will County
Maternal and Child Health	Fertility rate	All of Will County
	Low birth rate	African American or Black
	Infant mortality rate	African American or Black
Mental Health	8-30 days adult mental health not good	All of Will County
	Mental health professional shortage area designation	60433
	Mental health provider ratio	All of Will County
	Social associations	All of Will County
	Third cause of hospitalizations	All of Will County
	Youth experiencing depression	8 th – 12 th grades
Nutrition, Physical Activity and Weight	Low grocery store and healthy food retailer access and lack of retailers that accept SNAP and WIC	All of Will County and low income
	Low park and recreational facility access	All of Will County
	Obesity	Adult
Oral Health	Physical inactivity	
	Dental health professional shortage area designation	60433
Public Transportation	Dental health provider ratio	All of Will County
	Commuting to work	All of Will County
Substance Abuse	Accidental drug overdoses	All of Will County
	Heavy alcohol consumption	Adult and youth 10 th – 12 th grades
	Liquor store access	All of Will County
	Prescription drug misuse	10 th – 12 th graders
	Substance use assessment need	12 th graders
Tobacco Use	Lung cancer is the leading cause of cancer deaths	All of Will County
	Outdoor tobacco-free areas	
	Tobacco use	Adults and 12 th graders

Community Themes and Strengths Assessment Executive Summary

A community survey open to all Will County residents was conducted from January 26, 2017 – February 27, 2017. As a result, 1,620 responses were elicited from the community, answering questions on their perceptions of their quality of life, social issues, health issues, and access to health care. The complete results can be found in Appendix C.

As the majority of respondents were over the age of 45, women, and identified as White, the survey sample does not represent all Will County residents. However, responses were recorded from every zip code in Will County. The majority of respondents have also lived in Will County for over 15 years.

The survey captured valuable data on the health system in Will County. Most respondents visit their private practice provider for health care, however, many also visit immediate care centers, hospital emergency rooms, and quick clinics. They receive health information from a variety of sources, namely the internet, their doctor, and the newspaper. The majority of respondents also have health insurance through their employer.

The majority of respondents perceive life in Will County as “very good” or “good.” Issues such as quality of the environment, quality of health care, lack of senior services, high rates of crime and violence, high cost of living, and discrimination contribute to lower ratings of the quality of life in Will County.

Health equity questions were asked in this survey to determine any perceived discrimination in Will County due to race, ethnicity, or color. Many people have felt discriminated against at work or on the street/in a public setting.

The following themes were identified by survey respondents as perceived issues that need to be addressed in Will County:

- Discrimination
- High rates of crime and violence
- Illegal and prescription drug abuse
- Increased cost of living
- Lack of affordable housing
- Lack of community
- Lack of good jobs / healthy economy
- Lack of mental health services
- Lack of quality health care
- Lack of services for senior citizens
- Lack of transportation
- Underage and excessive drinking

Forces of Change Assessment Executive Summary

The Forces of Change Assessment (FOCA) elicited broad community input to identify forces of change impacting the local public health system in Will County. Community members reported on current trends, events, and factors that may have implications on the local public health system and quality of life for Will County residents. FOCA participants also addressed threats and opportunities posed by each of the major forces.

An analysis of the forces reported by community members and the MAPP Executive Committee throughout the FOCA process produced seven cross-cutting issues, listed below.

- Behavioral health/substance abuse
- Lack of access to/affordability of healthy foods
- Lack of access to transportation
- Lack of equitable and quality healthcare
- Political climate
- Unemployment/underemployment
- Violence

While many of these forces of change are external influences and often cannot be avoided, community members identified several opportunities to create positive change in Will County regarding the issues at hand. Below are notable opportunities associated with each of the cross-cutting issues.

Force of change	Opportunities identified
Behavioral health/substance abuse	<ul style="list-style-type: none"> • Increase education, advocacy, and prevention efforts to decrease substance abuse trends and stigma around behavioral health • Increase coordination of care between social service agencies, law enforcement, and healthcare agencies
Lack of access to and affordability of healthy foods	<ul style="list-style-type: none"> • Increase advocacy and funding for healthy eating campaigns and policies to support healthy eating • Focus on bringing new healthy businesses, farmers markets, and community gardens to Will County
Lack of access to transportation	<ul style="list-style-type: none"> • Development of a comprehensive transportation plan for Will County • Increase advocacy and funding for enhanced transportation
Lack of equitable and quality healthcare	<ul style="list-style-type: none"> • Improve population health by developing county-wide healthcare programs • Increase advocacy and funding for equitable health care
Political climate	<ul style="list-style-type: none"> • Increase advocacy for health care and prevention efforts • Community collaboration to improve the health and wellness of Will County
Unemployment/underemployment	<ul style="list-style-type: none"> • Increased advocacy for employment support and development of workforce programs • Encourage and attract more businesses to bring jobs to Will County

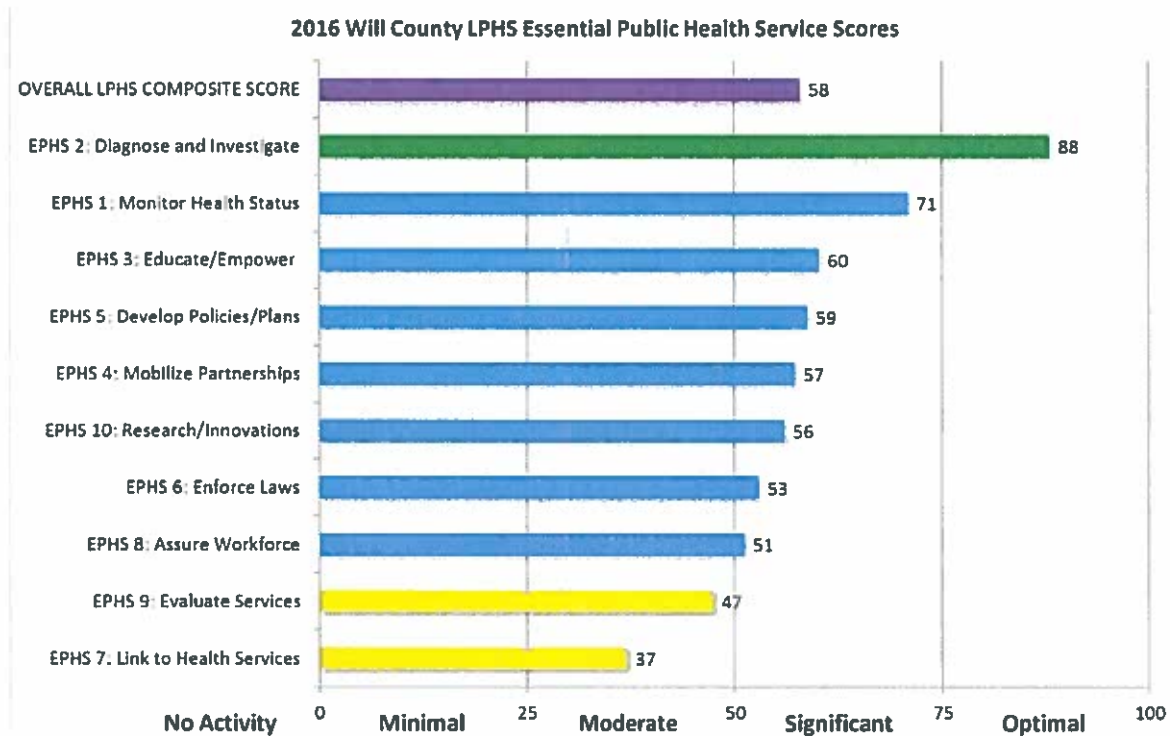
Violence	<ul style="list-style-type: none">• Increase improvement opportunities for education, employment, community service, and family development• Collaboration between law enforcement and community members to develop a comprehensive violence reduction plan
-----------------	--

The issues mentioned above, as well as the opportunities stemming from them, will inform future strategic planning in Will County to improve the health and overall quality of life of Will County residents. The FOCA and other MAPP assessments are key in identifying and prioritizing health issues in Will County.

Local Public Health Status Assessment Executive Summary

Cross-Cutting Themes from the Will County Local Public Health System Assessment (LPHSA)

The average scores by Essential Public Health Service (EPHS) from the December 1, 2016 Will County LPHSA are pictured below. The highest score was EPHS 2, Diagnose and investigate health problems and health hazards in the community. The lowest score was EPHS 7, Link people to needed personal health services and assure the provision of health services. The overall system performance composite score was 58 (significant), without the Health Equity Measures averaged into the score.¹



Throughout the discussions of the 10 Essential Public Health Services, a number of cross-cutting themes emerged in the dialogue across groups. The themes arose as strategic areas to address to improve the functioning, capacity, and effectiveness of the local public health system (LPHS) in Will County. These include:

- Participants identified a need for better **sub-population data** and standardized data related to health equity.
- **Lack of funding and budget cuts** affect the provision of services in every public health domain in the LPHS, from policy implementation to research.

¹ The 2016 Health Equity Measures were not incorporated into the 2016 EPHS composite scores. Please see page 16 for further explanation.

- **Lack of awareness** among the general public affects LPHS performance in all Essential Public Health Services. People are unaware of many public health activities, including assessments, planning, policy, and services.
- More **consumer voices** need to be heard in decision-making, planning, implementation, and evaluation of community initiatives. Participants expressed their desire for an even higher level of engagement from the community.
- Participants noted that Will County organizations do well connecting and networking but capacity is a barrier to adequate service provision, particularly for **substance abuse and mental health services**.
- Will County is diverse and **outlying areas are disconnected** and/or lack providers.
- Advanced technology (such as electronic medical records) is widely used across the LPHS, but **system interoperability** is an issue.
- Participants noted a need for adequate representation from **marginalized populations** in many domains including data collection, leadership roles, and decision-making.
- Participants in several breakout sessions noted **critical partners were missing** from the discussion.
- The LPHS needs **formal, coordinated assessments** in various areas including personal health needs and workforce needs.

Key strengths of the LPHS that were noted throughout the assessment include:

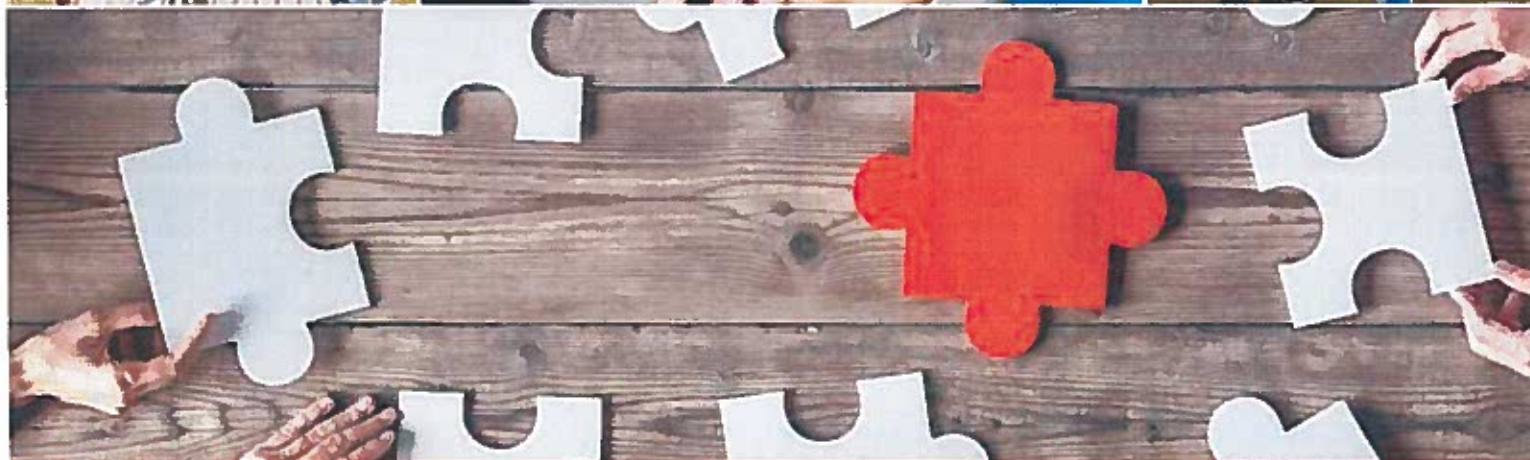
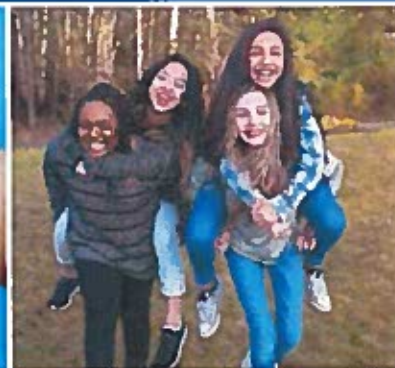
- Participants agreed that the LPHS excels at **collecting and sharing data**, with known limitations.
- The group reported that the MAPP process has **enhanced collaboration** throughout the LPHS by building relationships based on respect and trust, and by facilitating communication between partners and constituents in the community.
- Participants acknowledged a high level of involvement from many partners, especially with the **Will County MAPP Collaborative**. The Collaborative was frequently cited by participants as a leading example and was lauded for its recruitment efforts and the work of its action teams.
- The LPHS demonstrates **diverse partnerships** which serves as a mechanism to bring forth the voices from a variety of perspectives.
- There is awareness and excitement about **health equity** research and planning, which represents readiness to dig into the opportunities for growth.
- Participants across several discussion groups stated that the LPHS performed strongly in **emergency preparedness**. The LPHS has resources available for emergency planning, and participants recognized synergy between emergency planning partners.





Will County Community Health Implementation Plan

➔ 2017-2020



Will County MAPP Collaborative

The Will County Mobilizing for Action through Planning and Partnerships (MAPP) Collaborative is a multi-sectoral partnership working towards improving the local public health system. Funding for the Collaborative is provided by AMITA Health Adventist Medical Center Bolingbrook, Edward-Elmhurst Health, Presence Saint Joseph Medical Center, Silver Cross Hospital, and Will County Health Department. The Will County MAPP Collaborative coordinates development of a community-driven health assessment and implementation plan with input from many partners who live and/or work in Will County.

Mission Statement

The Will County MAPP Collaborative will assess the health needs of the community and develop, implement, and evaluate initiatives to promote the highest quality of life for all residents.

Vision Statement

Achieving equitable and optimal health in body and mind for all Will County residents.

Value Statements

Health Equity: All individuals have the opportunity to realize their full potential and to achieve the highest quality of life.

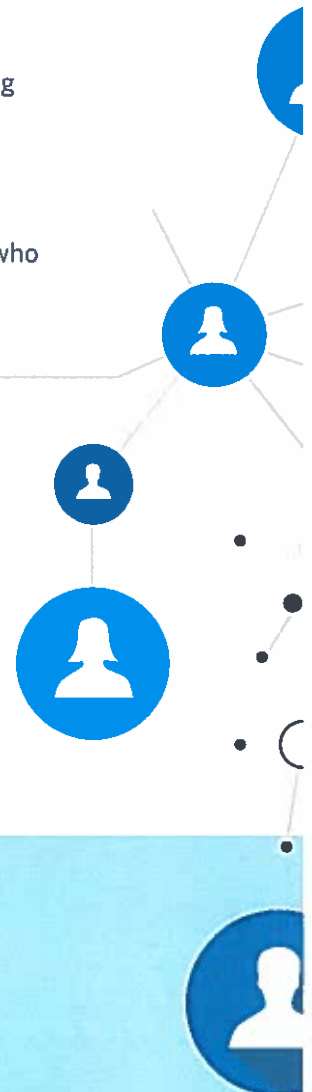
Collective Impact: We strive to be a progressive community that maximizes the use of community partnerships and collaboration among all sectors to ensure, enhance, and promote comprehensive, quality and equitable education, healthcare and social services.

Respect: Every life has value.

Communication: We commit to sharing our data, assessments, and plans in order to educate and engage the community.

Quality: We believe in evaluation, continuous improvement, and innovation.

Inclusiveness: We are a community rich in diversity, where involvement and commitment have deep roots among our residents.



Our Partners



Agape Missions, NFP

Agency on Aging Northeastern IL

AMITA Health Adventist Medical Center Bolingbrook

Aunt Martha's Youth Services

Bluestem Earth Festival

Bolingbrook Fire Department

Braidwood Area Healthy Community Coalition

Breast Intentions of Illinois

C.W. Avery Family YMCA

Catholic Charities Diocese of Joliet

Channahon Park District

Chestnut Health Systems

Child and Family Connections #15

Child Care Resource & Referral

CITGO Petroleum Corp

Coldwell Banker Residential

Community Alliance & Action Network

Community Lifeline Ministries, Inc.

Cornerstone Services, Inc.

Disability Resource Center

Easterseals Joliet Region, Inc.

Edward-Elmhurst Health

Evergreen Terrace Apartments

Food Allergy Research & Education

Forest Park Center

Franciscan Communities, Inc.- Marian Village

Glenwood Rehab Center

Governors State University

Greater Joliet Area YMCA

Guardian Angel Community Services

Harvey Brooks Foundation

Heritage Woods of Plainfield

Illinois Department of Children & Family Services

Illinois Department of Employment Security

J.F. Holder Foundation

Joliet Fire Department

Joliet Junior College

Joliet Police Department

Joliet Public School District 86

Joliet Township High School District 204

Lakewood Nursing Center

Lewis University

Mokena Police Department

Mt. Zion Baptist Church

New Life Church

PACE Suburban Bus

Plainfield Counseling Center, LLC

Presence Home Care

Presence Saint Joseph Medical Center

PT Solutions Physical Therapy

Rasmussen College

Senior Services Center of Will County

Silver Cross Healthy Community Commission

Silver Cross Hospital

Illinois Department of Public Health

Stepping Stones, Inc.

TEC Services Consulting, Inc.

The Community Foundation of Will County

Trinity Services, Inc.

United Way of Will County

University of Illinois Extension

University of St Francis

Valley View School District 365U

VNA Health Care

Warren-Sharpe Community Center

Will County Adult Detention Facility

Will County Board

Will County Board of Health

Will County Center for Community Concerns

Will County Circuit Clerk

Will County Community Health Center

Will County Emergency Management Agency

Will County Executive's Office

Will County Forest Preserve District

Will County GIS

Will County Health Department

Will County Land Use Department

Will County Medical Reserve Corps

Will County Residents

Will County Veterans Assistance Commission

Will-Grundy Medical Clinic

Overall Health of Will County



9 snapshots of some of the key factors affecting the health and well-being of Will County residents.

→ 1

60433 has the highest shortage of primary care, dental care, and mental health providers

→ 2

20.2% of Hispanic/Latino population are uninsured

→ 3

Will County has a shortage of mental health and primary care providers



→ 4

Mental disorders are the **3rd** leading cause of hospitalizations in Will County



→ 5

In 2015, there were **89** overdose deaths, of which **52** were heroin related

→ 6

20% of the **285** un-natural deaths in Will County were attributed to suicide

→ 7

34% of adults are overweight and **27%** suffer from obesity

→ 8

Heart disease and **cancer** are the leading causes of death in Will County

→ 9

16% of the population does not have access to healthy foods



Introduction & Overarching Goals

In January 2016, The Will County MAPP Collaborative started their third iteration of a collaborative Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP). We used the National Association for County and City Health Officials Mobilizing for Action through Planning and Partnerships framework to complete the assessment and plan. A collaborative team of community stakeholders came together to gather and analyze health-related information, identify the most pressing needs, and pinpoint ways to make health improvements.

→ 3

**PRIORITY
HEALTH
NEEDS**

Based on the committee's extensive research and review of available data, the following concerns surfaced as the highest priority health needs for Will County:

- Access to Dental and Primary Care
- Behavioral Health
- Chronic Disease

→ 3 YEAR PLAN

After completing the CHNA, the Collaborative convened partners to develop goals, strategies, and objectives detailed in the CHIP to be addressed over the next three years. Many of the strategies identified were determined to be cross-cutting across the selected health priorities which are labeled as “Overarching Goals.”



Overarching Goals

- 1** Advocate for a “Health in All Policies” approach to improve Will County’s built environment and transportation system
- 2** Collect, analyze, and disseminate high quality public health data
- 3** Explore becoming a trauma-informed county
- 4** Increase business and philanthropy partnerships in community engagement
- 5** Raise awareness of health inequities and expand understanding of health equity
- 6** Reduce prevalence and inequities of obesity and obesity related diseases



Access to Dental & Primary Care

Why is this an issue?

Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity. Access to healthcare improves both individual and community health. Access is a complex issue with multiple components including availability, affordability, and timeliness. Findings from the Community Health Needs Assessment detail access issues to healthcare services, as well as resources. Certain communities in Will County labeled as a healthcare provider shortage area also experience issues with social, economic, and environmental inequities.

Specific priority needs and populations identified in the assessment process include:

→ NEEDS

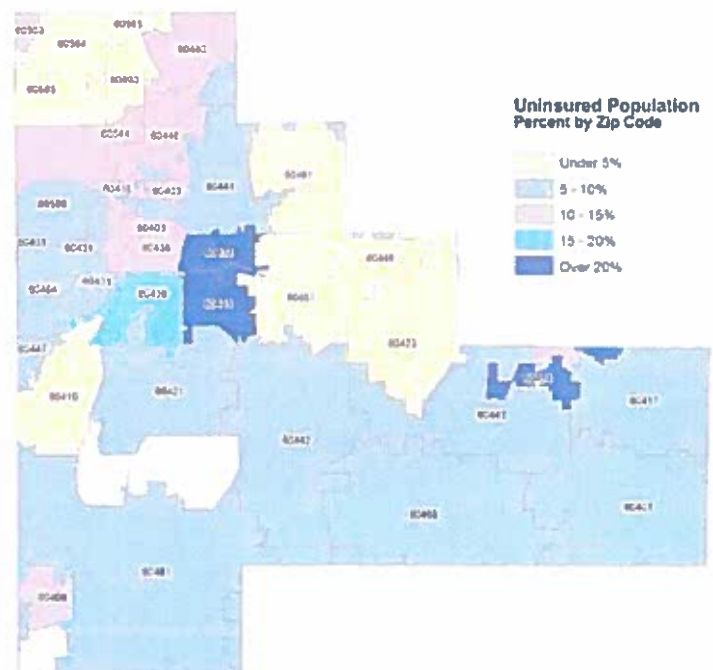
- Better data to define and prioritize access issues, identify populations most affected, and monitor progress
- Navigating insurance and potential changes to the Affordable Care Act
- Transportation to healthcare services and resources
- Improving health literacy
- Equitable services throughout the county
- Health resources for seniors

→ POPULATIONS

- Medicaid recipients
- Medicare recipients
- Hispanic/Latino population
- 60432, 60433, 60436, and 60441 zip codes
- Southern Will County

54,042
→ **UNINSURED**

54,042 people in Will County do not have insurance, the largest inequities in health insurance coverage occur by race/ethnicity; whites have the lowest rate (**5.05%**) compared to African Americans (**10.21%**), Asians (**10.19%**) or Hispanics (**18.14%**).



What has been done → TO ADDRESS IT?

Access to care has been a health issue for more than two decades. Currently, there are four hospitals and three federally-qualified health centers (FQHCs) serving Will County residents. Some FQHCs have mobile units providing health services. The FQHCs still have the capacity to see patients with Medicaid, Medicare, private insurance, or no insurance at all.

Over the past three years, The Will County MAPP Collaborative developed a campaign to educate health care consumers on how to appropriately utilize services. The campaign listed symptoms on when to go your primary care provider or the emergency room, all the while promoting the local FQHCs.

KNOW WHERE TO GO

Medical Home VS. Emergency Room

<p style="text-align: center; font-weight: bold; font-size: 1.2em;">GO TO</p> <p style="text-align: center; font-weight: bold;">Medical Home:</p> <div style="text-align: center;">  </div> <p style="text-align: center; font-weight: bold; font-size: 0.8em;">When</p> <ul style="list-style-type: none"> • FEVER • SORE THROAT, COUGH • EARACHE • TOOTHACHE • DIARRHEA, VOMITING • PAINFUL URINATION • ALLERGIES • MINOR CUT • STITCHES REMOVAL • INJURY OR SPRAIN • PHYSICAL • PRESCRIPTION REFILL 	<p style="text-align: center; font-weight: bold; font-size: 1.2em;">GO TO</p> <p style="text-align: center; font-weight: bold;">Emergency Room:</p> <div style="text-align: center;">  </div> <p style="text-align: center; font-weight: bold; font-size: 0.8em;">When</p> <ul style="list-style-type: none"> • BLEEDING WON'T STOP • HARD TO BREATHE • SERIOUS INJURY OR ACCIDENT • SEIZURES OR CONVULSIONS • RISK OF POISONING • HEAD INJURY OR CONCUSSION • SUDDEN CHANGES IN VISION, SPEECH OR MOVEMENT IN ARMS OR LEGS • CHEST PAIN • FEELINGS OF SUICIDE 	<p>What is a Medical Home?</p> <p>A medical home is a place where all of your health care is coordinated by a Primary Care Provider (PCP), including check-ups, shots, sick visits or any other medical needs. Your Primary Care Provider, which should be your first stop to wellness, can be a doctor's office, community health center, clinic, or health department. A hospital emergency room or emergency department is not a medical home.</p> 
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TO FIND A MEDICAL HOME, OR FOR MORE INFORMATION VISIT

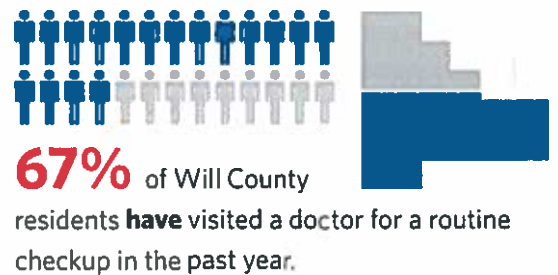
Aurora Health 8-1-1 817-247-2626	VNA Health Care 2600 Rogers St. B-1 & Veterans Bldg. 630-835-1100	Will County Community Health Center 8-1-1 630-732-8677	Will County Medical Clinic 8-1-1 630-255-2022
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www.willknowwheretogo.org

The information on this flyer is provided as an informational resource only. For all services and hours, please visit www.willknowwheretogo.org

Visit WillKnowWhereToGo.org for more information.

18.5%
of adults **do not**
have a regular doctor.



Access to Dental and Primary Care Goal & Strategies

GOAL: Increase consumers' effective use of health systems

STRATEGIES:

- Ensure communities with high rates of uninsured have certified application counselors to assist with enrollment and education on Marketplace and Medicaid benefits
- Explore the use of community health workers to educate the importance of preventative and routine care
- Engage community partners to develop a community-specific comprehensive oral health improvement plan
- Foster collaboration between health systems that provide dental care

Behavioral Health

Why is this an issue?

Behavioral health is a term used to include both mental health and substance abuse disorders. The existing model for understanding mental health emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems.

Findings from the assessments detail issues with access to behavioral health services, as well as resources. Behavioral health issues impact population groups across income levels, as well as racial and ethnic groups. Certain communities in Will County labeled as mental healthcare provider shortage areas also experience issues with social, economic, and environmental inequities.

Specific priority needs and populations identified in the assessment process include:

→ NEEDS

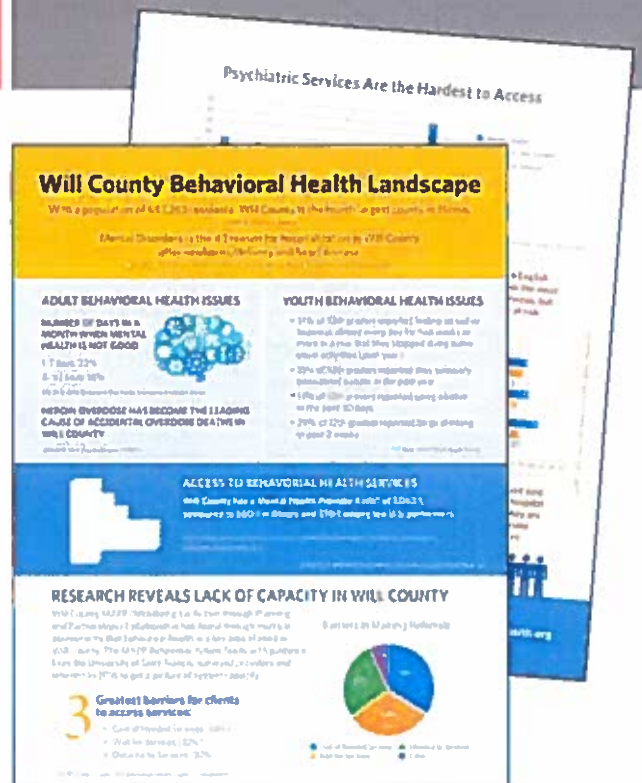
- Better data to define and prioritize behavioral health issues, identify populations most affected, and monitor progress
- Adequate funding for expansion of services, resources, and providers
- Equitable services throughout the county

→ POPULATIONS

- 60433 zip code
- Southern Will County
- Youth
- White population
- Males

What has been done → TO ADDRESS IT?

Will County MAPP Collaborative has found, through multiple assessments, that behavioral health is a key area of need in Will County. The MAPP Behavioral Health Action Team, with guidance from the University of Saint Francis, surveyed providers and referrers in 2016 to get a picture of system capacity.





Mental Health First Aid is a public education program designed to teach individuals how to interact with and help someone

experiencing a mental health or addictions challenge or crisis. Participants learn mental illness signs and symptoms, risk assessment, intervention strategies, and effective communication skills. Will County MAPP Collaborative has teamed up with Linden Oaks to provide low-cost trainings to community members. Since 2014, 890 people have become Mental Health First Aiders.

Will County has a total of **645** mental health providers, yielding a ratio of population to providers of **1,060:1** compared to **370:1** for Illinois.



Common Cause!

Mental health disorders are among the most common causes of disability. Mental health disorders attributed to **7.8% (5,783)** of all Will County hospitalizations in 2014, and it is the third leading cause of all hospitalizations.



30% of 12th graders and **22.4%** of adults reported binge drinking.



More than half of all unnatural deaths are attributed to accidental overdose and suicide.



Behavioral Health Goals & Strategies

GOAL: Increase access to coordinated health systems and behavioral health services

STRATEGIES:

- Conduct assessment of behavioral health systems capacity
- Develop and promote a behavioral health resource inventory
- Create a workforce development and training plan to increase capacity and address gaps in the supply of behavioral health services
- Promote Crisis Intervention Training for police officers and Mental Health First Aid Training for first responders
- Expand and promote Safe Passage and Change police deflection programs
- Promote evidence-based integration of primary and behavioral health care

GOAL: Reduce prescription drug and other opiate overdoses

STRATEGIES:

- Explore physician education initiative to reduce high-risk opioid prescribing
- Expand prescription drug and other opiate overdose community education
- Promote and expand drug take back bins and events
- Expand access to Naloxone training and distribution
- Promote medication assisted treatment and expand availability of medication to treat opioid use disorder in primary and behavioral health care settings

Chronic Disease

Why is this an issue?

Chronic diseases (such as heart disease, cancer, type 2 diabetes, stroke, and obesity) are the most common, costly, and preventable of all health problems. Many chronic diseases are linked to lifestyle choices, or health risk behaviors, which are unhealthy behaviors that can be changed. Four of these health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excess alcohol consumption—cause much of the illness, suffering, and early death related to chronic diseases. Eating nutritious foods, becoming more physically active, and avoiding tobacco can help avoid developing many of these diseases.

Findings from the assessments detail issues with access to healthcare services and resources. Specific priority needs and populations identified in the assessment process include:

→ NEEDS

- Better data to define and prioritize chronic disease problems, identify populations most affected, and monitor progress
- Healthcare services to prevent or enable early detection of disease, reduce risk factors, and manage conditions
- Strategies that link community and clinical services to ensure that people with, or at high risk of, chronic diseases have access to the resources they need to prevent or manage these diseases
- Access to affordable, healthy foods

→ POPULATIONS

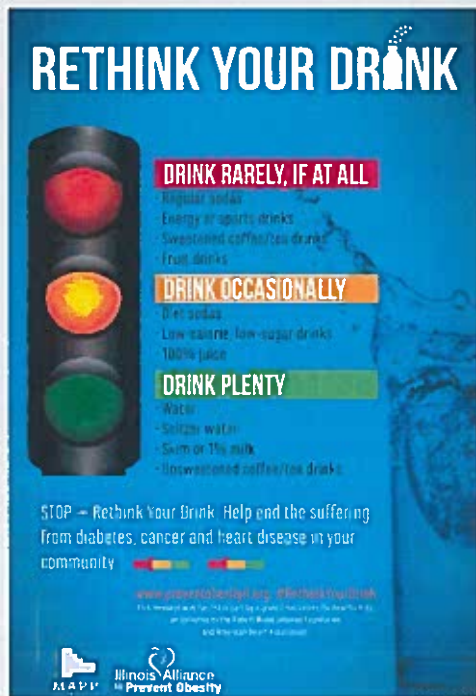
- Medicare population
- Males
- African American population
- 60417, 60432, 60433, 60436, 60440, 60441, and 60484 zip codes

What has been done

→ TO ADDRESS IT?



WEWILL WorkHealthy is a worksite wellness recognition program developed in 2013. It recognizes the worksites in Will County that are engaged in worksite wellness best practices through an application process. This application consists of policies, programs, and services pertaining to health promotion, physical activity, behavioral health, environmental health, nutrition, and safety. WEWILL WorkHealthy is a two-year award program with levels of recognition: Honorable Mention, Bronze, Silver, Gold, and the Innovation Award. Nineteen organizations have received recognition, impacting more than 10,000 Will County employees.



In an effort to reduce obesity, the Will County MAPP Collaborative implemented an educational campaign called Rethink Your Drink, to educate the public about the dangers of sugar-sweetened beverages. Over 30 agencies have held a Rethink Your Drink event. More information and resources can be found online at: WillRethinkYourDrink.org.

Heart disease is the second cause of hospitalizations in Will County and cancer is the fifth.



Heart disease, cancer and diabetes account for approximately **58%** of all deaths in Will County.

27% of Medicare enrollees have diabetes.

Chronic Disease Goals & Strategies

GOAL: Increase access and availability of healthy food and beverages

STRATEGIES:

- Promote strategies to limit availability and access to sugar-sweetened beverages in community settings
- Increase adoption and implementation of comprehensive workplace wellness policies and practices that includes improving the availability of healthy food and beverages, including reducing sodium content
- Increase adoption and implementation of healthy eating policies and practices, including sodium reduction, in early childcare centers, schools, colleges and hospitals

GOAL: Reduce household food insecurity

STRATEGIES:

- Explore and expand partnerships that would result in increased availability of affordable, healthy foods (either by large or small retailers, farmer's markets, roadside stands, and community gardens) in low-income communities and/or food deserts
- Work with food pantries and emergency meal programs to stock and deliver healthy foods and beverages
- Implement and promote utilization of dollar-matching programs (double value coupons) for consumers that participate in SNAP and WIC
- Explore food insecurity screenings and referral systems to connect individuals at risk for food insecurity with local food resources

GOAL: Increase physical activity opportunities

STRATEGIES:

- Promote and/or improve access to physical activity spaces in safe community settings (i.e. walk/bike paths, joint use agreements with schools, parks, etc.)
- Increase adoption and implementation of comprehensive workplace wellness policies and practices that include improving and increasing access to physical activity opportunities
- Increase adoption and implementation of physical activity policies and practices in early childcare centers, schools, colleges, and hospitals

GOAL: Improve prevention and management of diabetes

STRATEGIES:

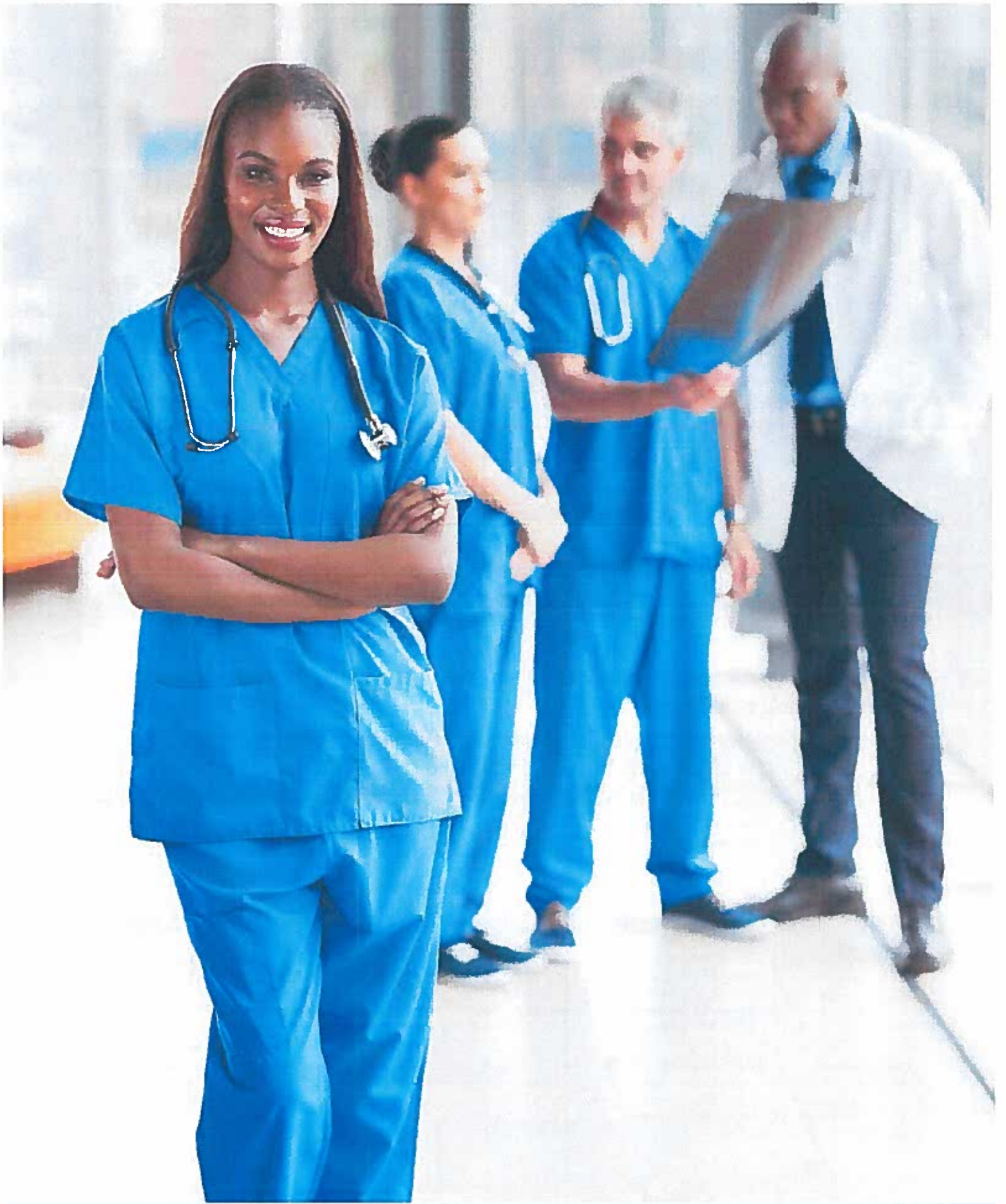
- Increase access to and utilization of community-based services for diabetes prevention, risk reduction, and disease management
- Implement referral systems in health care settings that link patients to community resources
- Explore and support opportunities for community health workers in prevention, risk reduction, and management of diabetes



Health Indicators

→ ACCESS TO DENTAL AND PRIMARY CARE

Indicators	Description	Will County (WC) Baseline (Year)	Priority Population	Priority Population (PP) Baseline (Year)	2020 Target (% Change from Baseline)
Primary Care Provider	Percentage of adults who have a personal doctor or health care provider	84.1% (2014)	Males	77.5% (2014)	WC: 92.5% PP: 85.25% (10% increase)
No Health Insurance	Percentage of the population without health insurance	9.2% (2014)	Hispanic	20.2% (2014)	WC: 7.4% PP: 16.2% (20% decrease)
Routine Checkup	Percentage of adults who visited a health care provider for a routine checkup in the past year	66.6% (2014)	Countywide	66.6% (2014)	73.3% (10% increase)
Preventable Hospital Visits	Emergency Department visits for "All Primary Care Sensitive" cases expressed as a crude rate per 10,000 area population	1,354.38 per 10,000 (2015)	Countywide	1,354.38 per 10,000 (2015)	1286.66 per 10,000 (5% decrease)
Dental Emergency Room Visits	Age-adjusted rate of dental related emergency department visits	Data available in 2018	Data available in 2018	Data available in 2018	Data available in 2018
Annual Dental Cleaning	Percentage of adults who report having their teeth cleaned by a dentist or dental hygienist in the past year	74.3% (2014)	Countywide	74.3% (2014)	81.73% (10% increase)





Health Indicators

→ BEHAVIORAL HEALTH

Indicators	Description	Will County (WC) Baseline (Year)	Priority Population	Priority Population (PP) Baseline (Year)	2020 Target (% Change from Baseline)
Behavioral Health Provider Ratio	Ratio of population to mental health providers	1060:1 (2015)	Countywide	1060:1 (2015)	954:1 (10% decrease)
Poor Mental Health Days	Percentage of adults who experience 8-30 days of poor mental health	15% (2014)	Countywide	15% (2014)	13.5% (10% decrease)
Behavioral Health Hospitalizations	Emergency Department visits for "Behavioral Health" expressed as a crude rate per 10,000 area population	83.43 per 10,000 (2012-2014)	Countywide	83.43 per 10,000 (2012-2014)	75.09 per 10,000 (10% decrease)
Opioid Overdose Death Rate	The opioid and/or heroin overdose death rate for 2015, expressed as an area-level rate per 100,000 population	11.49 per 100,000 (2015)	Countywide	11.49 per 100,000 (2015)	10.34 per 100,000 (10% decrease)

→ CHRONIC DISEASE

Indicators	Description	Will County (WC) Baseline (Year)	Priority Population	Priority Population (PP) Baseline (Year)	2020 Target (% Change from Baseline)
Obesity	Percentage of adults with a Body Mass Index (BMI) greater than 30	27.80% (2014)	Countywide	27.80% (2014)	25.0% (10% decrease)
Fruit & Vegetable Servings	Percentage of adults who consume less than 5 servings of fruits and vegetables each day	80.7% (2009)	Countywide	80.7% (2009)	64.6% (20% decrease)
Soda Consumption	Percentage of adults that did not drink sugary beverages in the past 7 days	17.7% (2014)	Countywide	17.7% (2014)	21.2% (20% increase)
Physical Activity	Percentage of adults who have no leisure time for activity	24% (2012)	Countywide	24% (2012)	19.2% (20% decrease)
Low to No Food Access	Percentage of population with low food access	45.21% (2010)	Low income populations	6.85% (2010)	WC: 40.7% PP: 6.2% (10% decrease)
Diabetes	Percentage of adults who have been told they have diabetes by a doctor	10.6% (2014)	Medicare population	27.4% (2014)	WC: 9.5% PP: 24.7% (10% decrease)
Uncontrolled Diabetes Hospitalizations	The rate of preventable hospitalizations for Uncontrolled Diabetes per 100,000 population	20.42 per 100,000 (2015)	African Americans	63.97 per 100,000 (2015)	WC: 18.4 per 100,000 PP: 57.6 per 100,000 (10% decrease)





Taking the Next Step!

→ 1st STEP TO ACHIEVING HEALTH & EQUITY

The Will County Community Health Implementation Plan is the public health blueprint to address health issues over the next three years. Addressing health priorities is the first step to achieving health equity in our county. Based on the identified health priorities, Action Teams were formed to develop the goals, strategies, and objectives you read in this plan. Action teams will continue to meet to develop work plans to implement strategies identified in the Community Health Implementation Plan. Since the need for involvement from diverse organizations at a variety of levels is always present, the Will County MAPP Collaborative welcomes additional partners.

Visit www.willcountymapp.org to get the whole story of the Collaborative, full assessment reports (with sources related to the information in this document), and other materials.



Get Involved!

Find out how to volunteer to help strengthen the community either as an individual or organization.

Call: 815-727-5089

Email: mapp@willcountyhealth.org

Visit: www.willcountymapp.org



The Will County MAPP Collaborative is funded by:

- AMITA Health Adventist Medical Center Bolingbrook
- Edward - Elmhurst Health
- Presence Saint Joseph Medical Center
 - Silver Cross Hospital
- Will County Health Department

815-727-5089

mapp@willcountyhealth.org

WillCountyMapp.org

Designed by
MOATZART
GRAPHIC DESIGN & WEB DEVELOPMENT

Appendix C: EEH Healthy Driven Communities Focus Groups

HEALTHY DRIVEN COMMUNITIES, MEETING #1: INTERNAL MEETING ATTENDEES (3/19/19)

Cheryl Eck	AVP, Strategy & Planning
Keith Hartenberger	System Director, Public Relations
Cindy Eggemeyer	Executive Director, Fitness Centers
Jim Economou	System Director, Pat Access & Pre Svs Ctr.
Laura Eslick	System VP, Operations
Diane Fitzpatrick	Director, Patient Care
Annette Kenney	Exec VP, Chief Strategy & Marketing Officer
Don Dahlheimer	Chaplain
Lynn Cochran	System VP, Ops & EH CNO
John Klosowski	Director, Physician Practice Operations
Barney McGrane	System Director, Public Safety
Marcie Lafido	System Director, Case Management/Social Work
Bridget McLemore	Service Line Director, Specialty Services & Rehab
Cindy Rentsch	Service Line Director, Emergency Services
Lou Mastro	System CEO, Edward-Elmhurst Health
Jean Lydon	System VP, Ops & EMH CNO
Katie Polz	Ambulatory Strategy System Director
Jenna VanGilder	System Service Line Director, Cancer Services and Palliative Care
Sheri Scott	AVP, Marketing and Communications
Amrita Raghuraman	Will County, MAPP Collaborative Project Manager and Community Health Educator at Will County Health Department
Bill Kottmann	President & CEO, Edward Hospital
Karen Swiderski	Chaplain
Amit Thaker	Director, Business Development, Linden Oaks
Diane Long	System Director, Children's Services
Sarah Troll	DuPage County, Impact DuPage Project Manager
Cathy Smith	Services Line Director, Cardio/Neuro IP & CVS
Mary Ellen Pavlik	Executive Assistant, Marketing

HEALTHY DRIVEN COMMUNITIES, MEETING #2: EXTERNAL FORUM ATTENDEES (4/10/19)

Nicki Anderson – Naperville Area Chamber of Commerce	Sameera Luthman – Naperville Park District
David Atchison – Edward-Elmhurst Health - Trustee	Jane Macdonald – Loaves & Fishes Community Services
Andrew Baasen – Residential Home Health	Jenny MacDougall – St. Patrick’s Residence
Melinda Barber – Elmhurst College	Alicia Mandolini – DuPage PADS
Pat Bradley – Edward-Elmhurst Health	Mary Lou Mastro – Edward-Elmhurst Health
Rita Lopez Brosnan – Metropolitan Family Services	Teresa McDaniel – Residential Home Health
Tremaine Brown – Lexington Health Network	Kirsten Mullinax – Edward-Elmhurst Health
Valerie Cahill – Rotary Club of Elmhurst	Kara Murphy – DuPage Health Coalition
Stacy Colgan – Naperville Community Unit School District 203	Susan Nance – Naperville Park District
Lynette Cremerius – Residential Home Health	Becky Neal – YMCA Chicago
Marilyn Daley – St. Patrick’s Residence	Mary Ellen Pavlik – Edward-Elmhurst Health
Colin Dalough – Edward-Elmhurst Health	Robert Platt – Edward-Elmhurst Health - Trustee
Jennifer Darnell – Lexington Health Network	Michael Raczak – Indian Prairie School District 204
Joe DePaulo – Edward-Elmhurst Health - Trustee	Amrita Raghuraman – Will County Collaborative
Janet Derrick – Loaves & Fishes Community Services	James Rogers – Elmhurst Park District
Pamela Dunley – Elmhurst Hospital	Ylandus Roundy – Artis Senior Living of Elmhurst
Cheryl Eck – Edward-Elmhurst Health	Katie Russell – Edward-Elmhurst Health
Trish Fairbanks – Linden Oaks Behavioral Health	Yvette Saba – Edward-Elmhurst Health
Stacey Fontechia – Naperville Park District	Dawn Sandner – Edward-Elmhurst Health
Katie Gallagher – Robert Crown Center	Amy Scheller – City of Naperville – Fire Dept.
Kristine Gericke – Naperville Community Unit School District 203	Gina Sharp – Linden Oaks Behavioral Health
Keith Hartenberger – Edward-Elmhurst Health	Dr. Char Slezak – SamaraCare Counseling
Tony Harvat – Tabor Hills	Cathy Smith – Edward-Elmhurst Health
Kandice Henning – Alive Center NFP	Karina Suarez – VNA Health Care
Dr. Michael Hoffman – Elmhurst Clinic	Dr. Karen Sullivan – Indian Prairie School District 204
Lisa Horne – Family Shelter Service	Karen Swiderski – Edward-Elmhurst Health
Kathy Jarman – Kindred Hospice Care	Amit Thaker – Linden Oaks Behavioral Health
Harley Jones – 360 Youth Services	Sarah Troll – DuPage County Collaborative
Dr. Joseph Kaliski – Elmhurst Clinic	Jennifer Ulmer – Tabor Hills
Mary Keating – DuPage County	Jenna VanGilder – Edward-Elmhurst Health
Annette Kenney – Edward-Elmhurst Health	Benny White – City of Naperville - Councilman
John Klosowski – Edward-Elmhurst Health	Rev. Rich Wolf – St. Peter’s UCC Church
Dr. Kathy Kosteck – Elmhurst Community Unit School District 205	Maureen Wood – BrightStar Care
Diane Long – Edward-Elmhurst Health	Rev. Matt Parker Wrzeszcz – Yorkfield Presbyterian Church

HEALTHY DRIVEN COMMUNITIES, MEETING #3: EEH Board of Directors (4/23/19)

Ron Schubel, Chair
Dave Atchison
David Brueggen
Sean Chou
Joe Depaulo
Mary Kay Ladone
Rocco Martino
Mary Lou Mastro
Ron Nyberg (by phone)
Robert Platt
Ram Shivakumar

HEALTHY DRIVEN COMMUNITIES, MEETING #4: INTERNAL MEETING ATTENDEES (5/15/19)

Sherri Hill	AVP, Clinical Excellence & Patient Safety
Pam Dunley	President & CEO, Elmhurst Hospital
Keith Hartenberger	System Director, Public Relations
Jean Lydon	System VP, Ops & EMH CNO
Don Dahlheimer	Chaplain
Trish Fairbanks	AVP, CNO, Linden Oaks
Michael Hoffmann, MD	Physician
Teri Kaneski	System Director, Clinical Integration & Population Management
Marcie Lafido	System Director, Case Management/Social Work
Cindy Eggemeyer	Executive Director, Fitness Centers
Katie McGovern	AVP, Physician Practice Management
Kirsten Mullinax	Community Wellness Coordinator
Annette Kenney	Exec . VP, Chief Strategy & Marketing Officer
Bridget McLemore	Service Line Director, Specialty Services & Rehab
Barney McGrane	System Director, Public Safety
Diane Long	System Director, Children's Services
Karen Swiderski	Chaplain
Jenna VanGilder	System Service Line Director, Cancer Services and Palliative Care
Colin Dalough	Community & Gov Relations Manager
Sheri Scott	AVP, Marketing and Communications
Katie Polz	Ambulatory Strategy System Director
Cathy Smith	Services Line Director, Cardio/Neuro IP & CVS
Cindy Rentsch	Service Line Director, Emergency Services
Mary Ellen Pavlik	Executive Assistant, Marketing
Gina Sharp	President & CEO, Linden Oaks
Dr. Daniel Sullivan	Chief Medical Officer/VP Medical Affairs
Yvette Saba	System VP,Ops

Appendix D: EEH System Community Benefit Steering Committee

Annette Kenney	Exec VP, Chief Strategy & Marketing Officer
Katie Polz	Ambulatory Strategy System Director
Colin Dalough	Community & Gov Relations Manager
Sheri Scott	AVP, Marketing and Communications
Cheryl Eck	AVP, Strategy & Planning
Keith Hartenberger	System Director, Public Relations
Jessica Wolf	Assistant General Council
Katie McGovern	AVP, Physician Practice Management
Yvonne Maltese	Planning Analyst
Amit Thaker	Director, Business Development, Linden Oaks
Gina Sharp	President & CEO, Linden Oaks
Jason Ogden	AVP, Corporate Controller & Treasury Management
Marcie Lafido	System Director, Case Management/Social Work
Kirsten Mullinax	Community Wellness Coordinator
John Klosowski	Director, Physician Practice Operations
Alicia Holloway	System Director, Reimbursement

Appendix E: DuPage County CHNA Planning Process-Collaborating Partners

Participant Name	Title	Organization	Sector
Liz Murphy	CDE Manager	DuPage County Health Department	Government
Maureen Lamperis	Health and Nutrition Coordinator	Metropolitan Family Services (HeadStart)	Human Services
Adrian Ocampo	EM Specialist	DuPage County Office of Homeland Security and Emergency Management	Government
Sabit Abbasi	Emergency Management Coordinator	DuPage County Office of Homeland Security and Emergency Management	Government
Aisha Achesah	Community Health Coordinator	Advocate Good Samaritan Hospital	Health Care
Adam Maycock	COO	AMITA Health	Health Care
Sarah Goodworth	Project Manager - Accountable Health Communities	AMITA Health	Health Care
June Makowski		Edward-Elmhurst Health	Health Care
Katie Russell		Edward Elmhurst Health	Health Care
Stan Kedzior	Director of Mission Integration	AMITA Health	Health Care
Mila Tsagalis	Director of Community Initiatives	DuPage County Health Department	Government
Marjory Lewe-Brady	Director of Partnerships	WeGo Together for Kids	Education

Barb Szczepaniak	Director of Programs	DuPage Foundation	Philanthropy
Kay McKeen	Founder and Executive Director	SCARCE	Environment
Rose Naseef		SCARCE	Environment
Amy Palumbo-Galarza	Director of Community Services	Catholic Charities	Vulnerable Populations
Becky Beilfuss	Executive Director	Teen Parent Connection	Vulnerable Populations
Nicole Pica	Program and Development	DuPage Senior Citizens Council	Vulnerable Populations
Giovanna Losurdo	EM Specialist	DuPage County Office of Homeland Security and Emergency Management	Government
Jessica Lucas	Senior Program Manager	United Way of Metro Chicago	Philanthropy
Robin Conrad	Senior Program Director	Fry Family YMCA of Metro Chicago	Sports and Recreation
Benjamin Weseloh	Director	West Chicago Library	Government
Christina LePage	Senior Program Manager	People's Resource Center	Vulnerable Populations
Keith Hartenberger	Public Information Officer	Edward-Elmhurst Health	Health Care
Ann Marie Andexler	Program Coordinator, Community and Government Affairs	Northwestern Medicine	Health Care
Emily Goulding	Manager	AMITA Health	Health Care
Tammy Pressley	Director - Community, Government, and Public Affairs	Northwestern Medicine	Health Care
Barb Sorgatz	Regional Consultant	Illinois Department of Human Services	Government
Dennis Brennan	Legislative Manager	DuPage County Health Department	Government
Harvey Mull	Compliance Coordinator	DuPage County Health Department	Government
Christopher Hoff	Assistant Director of Community Health Resources	DuPage County Health Department	Government
Lee Goodson-Hassert	Director Community and Government Relations	Edward Hospital	Health Care

Kali Thomas	EM Specialist	DuPage County Office of Homeland Security and Emergency Management	Government
Ryan Kennedy	Juvenile Probation Services Supervisor	DuPage County Court	Government
Kathleen Nutt	Health and Wellness Director	YMCA of Metropolitan Chicago	Sports and Recreation
Lanny Wilson	Vice President	DuPage County Board of Health	Government
Cara Payne	Communications Manager	DU-COMM	Government
Karen Ayala	Executive Director	DuPage County Health Department	Government
Laura Anderson		Illinois Department of Human Services	Government
Kara Murphy	President	DuPage Health Coalition	Health Care
Mary Keating	Director of Community Services	DuPage County	Government
Candace King	Executive Director	DuPage Federation on Human Services Reform	Human Services
Sendy Soto	Director of Community Benefit and Advocacy	AMITA Health	Health Care
Judie Caribeaux	Executive Director	Family Shelter Service	Vulnerable Populations
Carol Simler	President & CEO	DuPagePads	Vulnerable Populations
Marianne Pokorny	Assistant Manager	YWCA Child Care Resource and Referral	Vulnerable Populations
Nadja Millare	Title X Program Manager	Access Community Health Network	Health Care
Rebecca Melsa	Health and Wellness Coordinator - Naperville	YMCA of Metropolitan Chicago	Sports and Recreation
Laura Beard	Chief Professional Officer - West Suburban Region	United Way of Metro Chicago	Philanthropy
Adam Forker	Director of Client Access	DuPage County Health Department	Government
Cheryl Mayer	Manager, Behavioral Health Outpatient and Crisis Services	Advocate Good Samaritan Hospital	Health Care
Patricia DiMaria		AMITA Health	Health Care
Marcie Lafido	System Director Care Coordination	Edward-Elmhurst Health	Health Care
Tasha Samuels		DuPage Senior Citizens Council	Vulnerable Populations

Joan Fox	Administrator, Housing Supports and Self-Sufficiency	DuPage County	Government
Bill Hamik	Chair, DuPage Housing Solutions	DuPagePads	Vulnerable Populations
Terry Johnson	Associate Professor of Nursing	Elmhurst College	Education
Rashmi Chugh	Medical Director	DuPage County Health Department	Government
Alexa Eide	Quality and Compliance Coordinator	DuPage County Health Department	Government
Alicia Battle	Assistant Professor	Benedictine University	Education
David Shoham		Loyola University Chicago	Education
Sarah Henrie	Human Resources Generalist	DuPage County Health Department	Government
Ruth Kafesnztok		Loyola University Chicago	Education
Sarah Troll	Population Health Coordinator	DuPage County Health Department	Government
Scott Kaufmann	Population Health Specialist	DuPage County Health Department	Government
Marija Maretic	Population Health Intern	DuPage County Health Department	Government
Cindy Machonis	Division Support Assistant	DuPage County Health Department	Government

Appendix F: Evaluation of the Impact of Actions Taken to Address the Significant Health Needs Identified in the FY2016 CHNAs for EH, EMH, and LOH-

EH, EMH, and LOH's prior implementation strategy for the FY 2017-2019 period includes activities to address the priority issues of access to health services, obesity (including diabetes, nutrition, and physical activity), early prevention and detection, and mental health/substance abuse. Governance and oversight is provided by the EEH Community Benefit Steering Committee (Appendix E), a system-wide committee with representation from nursing and other clinical areas, case management and social work, population health management, legal, finance, planning, marketing, and community/government relations.

Highlights of accomplishments are summarized below.

Access to Healthcare Services

Primary Care Access

In response to physician community need assessments, EEH expanded its employed and affiliated provider network by roughly 65% since FY2014 and by 8% in FY2018; the majority of this growth has been within primary care. Edward Medical Group and Elmhurst Memorial Medical Group providers are spread over 45 miles and are available to see patients in over 60 outpatient locations. In total, the physician network treated over 140,000 Medicaid and Medicare visits (+2% growth from prior year), ensuring access to high quality care within the community.

Ambulatory Sites and Cost Effective Care

EEH aims to enhance access to healthcare services by ensuring outpatient services are available both conveniently and at a lower cost than the Emergency Department. Toward this end, EEH expanded its ambulatory network over the past four years to include seven immediate care locations, three walk-in clinics in primary care offices and nine "retail" health clinics in area Jewel Osco stores. In FY2018 alone, these ambulatory locations generated a visit volume of roughly 140,000 visits—an increase of 10% from prior year. This expansion has allowed for an appropriate shift of low-acuity emergency department visits toward these less expensive sites, thus increasing capacity in the emergency department for high-acuity urgent and emergent visits more suitable for this setting.

Financial Assistance

Informing under- and uninsured patients that financial assistance is available is an important part of EEH's plan to increase patient access to needed health care services. EEH proactively screens patients, identifies those in need, and directs them based on their particular financial situation. In FY2018 alone, EEH provided more than \$17M in financial assistance to qualified patients. In addition, EEH's financial assistance policy was revised to ensure system-wide consistency. Details about the financial assistance program, thresholds and the application process can be found on the System's website:

<https://www.eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/>.

DuPage Health Coalition

The DuPage Health Coalition is a nonprofit organization with a mission to develop and sustain a system for managing the health of low-income and medically vulnerable residents of DuPage County. It operates through a partnership of health providers including hospitals, physicians and leaders of community organizations. EEH has provided funding to the organization since its founding in 1986, and in FY2018 a

total of \$841,178 was donated to assist with the operation of the Coalition's three key programs – Access DuPage, Silver Access, and Dispensary of Hope.

- The Access DuPage program coordinates health services for low income and medically uninsured residents of DuPage County. The program operates through a network of volunteer physicians, hospitals and other support services.
- Silver Access provides families who are eligible for the Affordable Care Act Marketplace with assistance paying premiums in order to reduce financial barriers to insurability.
- DuPage Dispensary of Hope provides medications to low income and uninsured DuPage County residents.

Medicaid Application Initiative

EEH continues its partnership with Change Healthcare with the goal to provide under- and uninsured patients with insurance coverage through various Medicaid programs. The service is offered to patients receiving care as an inpatient, in the emergency department and in various outpatient departments, and is tailored to guide the patient through a complex application process for applicable federal, state, and community benefit programs. During FY17-19, the EEH System is expected to connect over 4,000 patients with coverage through this initiative

Obesity, Community Wellness & Disease Prevention

Healthy Driven Web-based Resources

EEH continued its initiatives aimed at encouraging individuals to focus on their health and wellness through an online platform available on the EEH website (EEHealth.org) and through other, more traditional vehicles. Resources include:

- Healthy Driven blogs: a minimum of five new articles post every week and highlight an array of health-related topics authored by EEH experts
- Five monthly eNewsletters sent to community residents – Healthy Driven Life, Healthy Driven Hearts, Healthy Driven Cancer Fight, Healthy Driven Minds, and Healthy Driven Moms
- Weight loss and nutrition resources
- Cooking videos and healthy recipes
- Find a Doctor features - includes detailed information highlighting physician-specific attributes and customer reviews and rankings
- On-line scheduling capabilities to ensure community members can easily and conveniently connect with physicians and services. Over 80,000 physician visits and 15,000 services were scheduled through this platform.
- HealthAware screenings (free, five-minute tests to determine a person's risk for disease or disorders)
- Live Chat with behavioral health representatives

Through these programs EEH has been able to successfully enhance the way patients obtain healthcare services.

Edward-Elmhurst Weight Loss Programming

EEH continues to offer a variety of weight loss options. Currently, the System has two weight loss clinics offering services within its communities, located in Naperville and Elmhurst. These clinics utilize a comprehensive, multidisciplinary approach to weight management and lifestyle change, including medical monitoring, guidance on nutrition and exercise, and psychological counseling regarding food and addiction. During FY2018 integration efforts across the two clinics led to the sharing of best practice

for improved health outcomes and a more comprehensive approach to weight loss. Collectively over the FY17-19 period, the clinics treated over 37,000 visits.

In addition to these weight management services, EEH continues to offer bariatric surgery, a procedure aimed to help patients reach their weight loss goals. Over 350 patients were treated using this surgical approach during the FY17-19 period. Further, during FY2018 Elmhurst Hospital's Bariatric and Weight Management Center was accredited as a Comprehensive Center under the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program, a joint program of the American College of Surgeons and American Society for Metabolic and Bariatric Surgery. Access within the community was improved as an increasing number of insurance plans require that bariatric surgical sites hold this accreditation.

Heart Disease/Stroke

Young Hearts for Life

During FY17, FY18 and FY19, EEH continued to support and participate in the Young Hearts for Life (YH4L) program, which is the largest program in the United States for the prevention of sudden cardiac death for youths. The organization's mission is to:

- Offer free electrocardiograms to all students to detect conditions which may cause sudden cardiac death
- Educate the community about sudden cardiac death and how it can be prevented
- Help schools/trainers prepare an Emergency Action Plan to effectively manage cardiac emergencies
- Provide families who have lost a child or sibling with support through interaction with other families who have faced the same unimaginable loss

EEH is the major sponsor for Naperville Districts 203/204, Addison and Willowbrook District 88, Elmhurst District 305 and Oswego High School District 308. In FY18 alone, EEH provided \$52,500 in financial support for this important initiative, which resulted in roughly 7,300 screenings.

Integrative Medicine Programming

During FY2017 EEH implemented an integrative medicine program, providing services on the Elmhurst campus; this program was expanded to the Edward campus during FY2018. Integrative medicine is a healing-oriented approach that considers the entire individual throughout the healing process, integrating therapeutic techniques to address the mind, body and soul. Some examples of integrative medicine therapies offered by EEH that support heart disease and stroke patients are listed below:

- Acupuncture: aims to balance blood pressure, reduce pain and stress, and promotes overall healing
- Reiki, Guided Imagery, Hypnosis, and Mindfulness therapies: promotes healthy sleep patterns, relaxation and stress reduction
- Naturopathic Nutrition: therapy for improved lifestyle and nutrition choices with the goal to reduce the risks of heart disease and stroke

Cancer

Access to Medication

Annually, the EEH Cancer Committee utilizes the CHNA along with internal data to identify barriers to care for the oncology population. It has been found that: 1) patients modify their medication protocols due

to cost barriers and 2) cost barriers prevent patients from obtaining prescription medication. These issues pose a significant barrier to optimal patient outcomes. As such, ensuring access to recommended medication for cancer treatment is a priority for EEH.

During the FY17-19 period, EEH continued to provide navigational support to reduce financial barriers to medication compliance, including:

- Educating patients of EEH financial services available to them. Patients are referred to resources onsite such as:
 - Patient Innovation Center (an intervention initiated by EEH to assist patients in navigating health insurance)
 - EEH Financial Counseling Office, Cancer Center Insurance Specialists, and Oncology Social Worker (to assist in applying for prescription financial assistance as well as practical assistance provisions)
 - Care Advisors (provides assistance in applying to Medicaid)
- Patients are referred to resources within the community as identified by the EEH oncology social worker. Examples include:
 - The American Cancer Society (offers insurance specialists adequately trained to assist patients under the age of 65 in navigating health insurance)
 - Senior Health Insurance Program Specialists (located throughout the community to assist patients with Medicare related questions and concerns)

Support Programs and Community Education Events

EEH offers a comprehensive array of support programs and wellness classes for cancer patients and their families. Numerous events were held at all three cancer centers throughout the year with topics ranging from “Coping with a Cancer Diagnosis”, “Eating Well While on Treatment” and “Transitioning from Cancer Patient to Survivor.” As an example of program reach, during FY2018 over 2,100 patients attended these various support programs and education events. Additionally, EEH continues to partner with external organizations to provide support and educational resources to cancer patients, their caregivers and families.

Mental Health, Mental Disorders and Substance Abuse

Site and Service Expansion

Linden Oaks Hospital (LOH) and Linden Oaks Medical Group (LOMG) counseling services continue to expand into underserved communities.

- As a result of strong growth in the past two years, the EEH Board of Directors approved a plan to expand LOH services in Hinsdale and Mokena. These expansions will increase access to the community by adding specialty programs and reducing delays in treatment.
- In an attempt to expand services and address the high prevalence of obesity, LOH implemented a binge eating disorder program. The program provides exercise classes as well as individual, group and family nutritional counseling.
- A new location in Addison was opened and offers a wide range of specialty services.
- LOH established a new site in Orland Park.
- Based on community demand, an evening chemical dependency program was added in Plainfield.

Community Outreach

LOH continues to add and enhance community outreach programs to ensure the needs of the community are met.

- In conjunction with the city of Arlington Heights, LOH launched a program to help community members addicted to opioids. Under the program, an individual suffering from addiction who comes into contact with police or firefighter/paramedics will be transported to the Linden Oaks Behavioral Health Unit at Northwest Community Hospital in order to meet with a counselor to determine the best treatment plan. Community members with limited or no insurance coverage are eligible to apply for financial assistance through the village health department's counseling subsidy program.
- LOH continues to provide Mental Health First Aid training for the community. During FY2018 over 1,400 community members were trained; this marked a milestone for LOH as over 10,000 individuals have been trained since inception of the program. Furthermore, LOH is the largest training coalition in Illinois, accounting for over 20% of the individuals trained in the state.
- With over 50 programs as of FY2018, LOH continued to focus on mental health education for community members and healthcare professionals. Participants included students, teachers, administrators, law enforcement, and the general public. Important and relevant to the community, topics ranged from depression and anxiety to school refusal.

Behavioral Health Integration (BHI)

- With the goal of improving the patient experience and enhancing compliance, LOH's Behavioral Health Integration (BHI) program provides: 1) early detection of behavioral health concerns and; 2) access to timely and appropriate mental health care. Through this program, BHI clinicians are embedded within primary care offices to immediately intervene for patients demonstrating depression, anxiety, and other behavioral health symptoms. Based on strong demand, the program was expanded in FY2018 to support specialists. As an example of program impact, there were roughly 10,000 visits during FY2018, which represents an increase of nearly 50% from prior year.

In addition, while not originally identified as a priority in the FY2017-2019 Community Benefit Plan, EEH embraced strategies to address the area's opioid epidemic. EEH has been recognized by both the Illinois Hospital Association and the American Hospital Association for its activities, which have included development of:

- A multidisciplinary approach to pain management focusing on alternatives to opioid prescription
- Physician education and implementation of specialty-specific prescription guidelines
- A community opioid "Take Back" program for the safe disposal of opioids
- A process to collaborate with local hospitals to standardize opioid prescribing guidelines across the region