2016

Morris Hospital & Healthcare Centers

Community Health Needs Assessment

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Introduction

Background and Purpose

Morris Hospital & Healthcare Centers is an 89-bed not-for-profit hospital located in Morris, Illinois. It is located 55 miles southwest of Chicago and serves the residents of Grundy County and parts of Will, LaSalle, Livingston, and Kendall counties. Along with the main hospital campus in Morris, services are provided at the Diagnostic & Rehabilitative Center, the Radiation Therapy Center, the Morris Hospital Ridge Road Campus, the Morris Hospital Yorkville Campus, and the Braidwood, Channahon, Dwight, Gardner, Marseilles, Minooka, Morris, Ottawa and Newark Healthcare Centers.

Morris Hospital & Healthcare Centers is known for its compassionate and personalized approach to healthcare. This is attributed to the outstanding work of 1,100 employees, 500 Auxilians, and a medical staff of more than 200 physicians representing most medical specialties. The mission and vision of Morris Hospital are to improve the health of area residents by transforming health care to support healthier living.

Morris Hospital has undertaken a Community Health Needs Assessment (CHNA) as required by federal law. The Patient Protection and Affordable Care Act and IRS section 501(r)(3) direct tax exempt hospitals to conduct a community health needs assessment and develop an Implementation Strategy every three years. The Community Health Needs Assessment is a primary tool used by Morris Hospital to determine its community benefit plan, which outlines how it will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

Service Area

Morris Hospital is centrally located in Morris, Illinois, in the heart of Grundy County. Situated along the Illinois River near the intersections of State Routes 6 & 47 and just one mile off Interstate 80, Morris has a population of just over 12,000 people. Morris is located in the southwestern region of Chicago's Primary Metropolitan Statistical Area.

Morris Hospital is located at 150 W. High Street, Morris, Illinois, 60450. The service area encompasses five counties, and includes 19 zip codes, representing 22 cities. The Morris Hospital service area is presented below by city, zip code and county.

Morris Hospital Service Area

City	Zip Code	County
Braceville	60407	Grundy
Braidwood	60408	Will
Channahon	60410	Grundy/Will
Coal City	60416	Grundy
Carbon Hill	60416	Grundy
Diamond	60416	Grundy
Dwight	60420	Grundy/Livingston
Gardner	60424	Grundy
Kinsman	60437	Grundy
Marseilles	61341	LaSalle
Mazon	60444	Grundy
Minooka	60447	Grundy/Kendall/Will
Morris	60450	Grundy
Newark	60541	Kendall
Ottawa	61350	LaSalle
Ransom	60470	LaSalle
Seneca	61360	Grundy/LaSalle
South Wilmington	60474	Grundy
East Brooklyn	60474	Grundy
Verona	60479	Grundy
Wilmington	60481	Will
Yorkville	60560	Kendall

Morris Hospital
Service Area
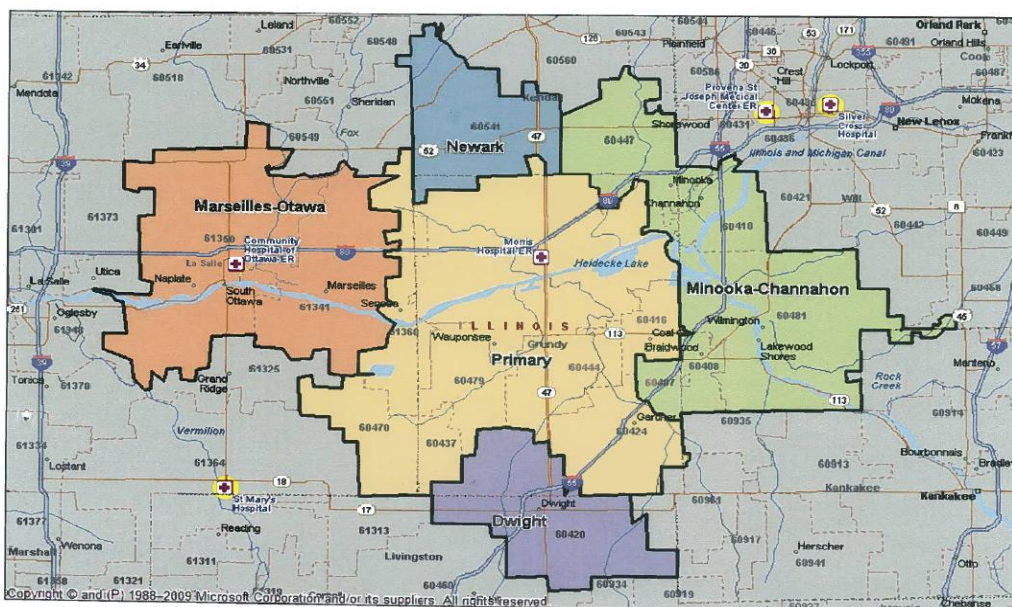
Project Oversight

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

> Philip J. Jass, MPA
> Public Health Administrator
> Grundy County Health Department
>
> John Roundtree
> Planning Manager
> Morris Hospital & Healthcare Centers
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> Instructor
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Author

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

Methods

Secondary Data Collection

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

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

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

Primary Data Collection

Targeted interviews were used to gather information and opinions from persons who represent the broad interests of the community served by the hospital. Fifteen interviews were completed during July and August, 2016. For the interviews, community stakeholders identified by Morris Hospital and the Grundy County Health Department were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or regional, state or local health or other departments or agencies that have current data or other information relevant to the health needs of the community served by the hospital facility.

The identified stakeholders were invited by email to participate in a one hour phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the

context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. A list of the stakeholder interview respondents, their titles and organizations can be found in Attachment 1.

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

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

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

Information Gaps

Information gaps that impact the ability to assess health needs were identified. Some of the secondary data are not always collected on a regular basis, meaning that some data are several years old. Primary data collection and the prioritization process were also subject to limitations. Themes identified during interviews were likely subject to the

experience of individuals selected to provide input. The final prioritized list of significant health needs is also subject to the affiliation and experience of the individuals who participated in the prioritization process.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. In compliance with these regulations, the previous hospital Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website http://www.morrishospital.org/about-us/community-health-needs-assessment/. Public comment was requested on these reports. To date, no written comments have been received.

Identification of Significant Health Needs

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

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

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

Significant Health Needs
The following significant health needs were determined:
- Access to health care
- Asthma/lung disease
- Cancer
- Cardiovascular disease
- Diabetes
- Mental health
- Overweight/obesity
- Preventive practices (screenings, vaccines)
- Substance abuse (alcohol, drugs, tobacco)

Resources to Address Significant Needs
Through the interview process, community stakeholders identified potential community resources to address the identified health needs. The identified community resources are presented in Attachment 2.

Priority Health Needs

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

Survey

Interviews with community stakeholders were used to gather input on the identified health needs. The following criteria were used to prioritize the health needs:
- The perceived severity of a health issue or health factor/driver as it affects the health and lives of those in the community;
- The level of importance the hospital should place on addressing the issue.

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

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

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

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

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

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

Community Convening

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

Priority Setting Process

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

The points could be distributed among the health needs in a number of ways:
- Give all points to a single, very important item
- Distribute points evenly among all items (if none is larger or more serious than another)
- Distribute some points to some items, no points to other items

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

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

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

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

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

Impact Evaluation

In 2013 Morris Hospital conducted their previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. In developing the Implementation Strategy associated with the 2013 CHNA, Morris Hospital chose to address: access to care to include primary health care and mental health care; chronic disease; overweight and obesity; and health behaviors and prevention. The evaluation of the impact of actions the hospital used to address these significant health needs can be found in Attachment 3.

Community Profile

Population

The population for the Morris Hospital service area is 112,742.

Population by Location

	Population
Braceville	831
Braidwood	6,191
Carbon Hill	404
Channahon	12,422
Coal City	5,460
Diamond	2,764
Dwight	4,104
East Brooklyn	147
Gardner	1,325
Kinsman	124
Marseilles	4,832
Mazon	1,093
Minooka	11,225
Morris	13,929
Newark	1,108
Ottawa	18,992
Ransom	325
Seneca	2,629
South Wilmington	688
Verona	235
Wilmington	5,934
Yorkville	17,980
Morris Service Area	112,742
Grundy County	50,173
Illinois	12,868,747

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

Population by Age

In the Morris Hospital service area, children and youth (ages 0-19) make up 29.5% of the population; 33.3% are 20-44 years of age; 25.3% are 45-64; and 11.9% of the population are seniors, 65 years of age and older. The Morris service area has a higher percentage of children and youth (ages 0-19) and a smaller percentage of adults ages 65 and over than compared to the state.

Population by Age

	Morris Service Area		Grundy County		Illinois	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	8,351	7.4%	3,412	6.8%	810,731	6.3%
Age 5-19	24,902	22.1%	11,138	22.2%	2,599,487	20.2%
Age 20-24	6,698	5.9%	2,810	5.6%	887,944	6.9%
Age 25-44	30,824	27.4%	13,848	27.6%	3,487,430	27.1%
Age 45-64	28,469	25.3%	12,944	25.8%	3,384,480	26.3%
Age 65+	13,498	11.9%	6,021	12.0%	1,698,675	13.2%
Total	112,742	100.0%	50,173	100.0%	12,868,747	100.0%

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

In a number of communities served by Morris Hospital, the percentage of youth population (ages 0-19) is over 30%. Kinsman has the highest percentage of youth (40.3%) and East Brooklyn has the lowest percentage of youth (18.4%).

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

	Percent
Braceville	28.6%
Braidwood	23.1%
Carbon Hill	29.5%
Channahon	34.4%
Coal City	30.5%
Diamond	33.8%
Dwight	24.6%
East Brooklyn	18.4%
Gardner	29.9%
Kinsman	40.3%
Marseilles	27.6%
Mazon	32.8%
Minooka	34.6%
Morris	25.3%
Newark	30.8%
Ottawa	25.6%
Ransom	20.0%
Seneca	31.7%
South Wilmington	23.9%
Verona	38.7%
Wilmington	28.5%
Yorkville	33.5%
Morris Service Area	29.5%
Grundy County	29.0%
Illinois	26.5%

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

The percentage of seniors, ages 65 and older, in the service area (11.9%) is less than found in the state (13.2%). However, there is a wide range of senior population in the service area. Minooka (5.9%), Yorkville (7.8%) and Channahon (7.9%) have the smallest percentage of seniors. East Brooklyn (23.1%) and Dwight (18.4%) have the largest percentage of seniors in the area.

Seniors as a Percent of Population

	Percent
Braceville	10.4%
Braidwood	13.8%
Carbon Hill	11.7%
Channahon	7.9%
Coal City	10.2%
Diamond	8.3%
Dwight	18.4%
East Brooklyn	23.1%
Gardner	10.5%
Kinsman	16.1%
Marseilles	15.8%
Mazon	14.0%
Minooka	5.9%
Morris	14.5%
Newark	11.9%
Ottawa	17.7%
Ransom	11.7%
Seneca	11.6%
South Wilmington	12.4%
Verona	12.4%
Wilmington	14.2%
Yorkville	7.8%
Morris Service Area	11.9%
Grundy County	12.0%
Illinois	13.2%

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

Race/Ethnicity

The majority population (88%) in the Morris Hospital service area is White/Caucasian, and 7.8% of the population is Hispanic/Latino. The remaining racial/ethnic groups make up less than 5% of the population. The percentage of Whites in the service area is comparable to that of the county, but significantly higher than that of the state.

Population by Race and Ethnicity

Race/Ethnicity	Morris Service Area	Grundy County	Illinois
White	88.0%	88.1%	62.9%
Hispanic or Latino	7.8%	8.7%	16.3%
Black or African American	2.0%	1.4%	14.2%
Other or Multiple	1.3%	10.1%	1.7%
Asian	0.8%	0.6%	4.8%
American Indian/Alaska Native	0.1%	0.1%	0.1%
Native Hawaiian/Pacific Islander	0.0%	0.0%	0.0%

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

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

Racial/Ethnic Distribution by Place

	White	Hispanic or Latino
Braceville	91.5%	5.2%
Braidwood	96.8%	2.1%
Carbon Hill	85.4%	11.9%
Channahon	93.3%	5.2%
Coal City	93.6%	1.7%
Diamond	84.5%	8.6%
Dwight	95.0%	3.4%
East Brooklyn	95.2%	4.8%
Gardner	92.6%	4.3%
Kinsman	85.5%	14.5%
Marseilles	92.5%	5.2%
Mazon	91.1%	2.8%
Minooka	85.0%	11.2%
Morris	84.2%	13.6%
Newark	93.8%	6.0%
Ottawa	87.2%	7.3%
Ransom	97.5%	2.2%
Seneca	93.6%	5.3%
South Wilmington	92.9%	6.7%
Verona	71.5%	28.5%
Wilmington	84.8%	9.8%
Yorkville	82.2%	9.2%
Morris Service Area	88.0%	7.8%
Grundy County	88.1%	8.7%
Illinois	62.9%	16.3%

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

Unemployment

Among the counties served by Morris Hospital, La Salle County had the highest unemployment rate in 2015 at 7.0%, followed by Grundy County at 6.8%. Kendall and Livingston Counties have unemployment rates below the state rate of 5.9%.

Unemployment Rate, 2015

	Percent
Grundy County	6.8%
Kendall County	5.1%
La Salle County	7.0%
Livingston County	5.5%
Will County	6.0%
Illinois	5.9%

Source: Illinois Department of Employment Security, Historical Average Maps by County, 2015
http://www.ides.illinois.gov/LMI/Pages/Local_Area_Unemployment_Statistics.aspx

Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2014, the federal poverty threshold for one person was $11,670 and for a family of four $23,850. The poverty rates paint an important picture of the population within the Morris Hospital service area. From 3.7% of the population in Channahon to 29% of the population in Kinsman live at or below 100% of the Federal Poverty Level. In a number of communities, families with children under 18 years old experience poverty at higher rates than individuals. Most notably, over one-third of families (34.5%) with children in Marseilles are in poverty.

Ratio of Income to Poverty Level Among Individuals and Families

	Individuals at Poverty	Families with Children under 18 Years Old in Poverty
	Percent	Percent
Braceville	16.5%	17.5%
Braidwood	9.7%	20.4%
Carbon Hill	16.6%	27.0%
Channahon	3.7%	4.4%
Coal City	8.0%	4.0%
Diamond	19.0%	29.8%
Dwight	9.7%	7.6%
East Brooklyn	10.9%	0.0%
Gardner	8.7%	11.6%
Kinsman	29.0%	28.0%
Marseilles	22.0%	34.5%
Mazon	9.5%	14.0%
Minooka	7.3%	12.2%
Morris	9.5%	8.3%

	Individuals at Poverty	Families with Children under 18 Years Old in Poverty
	Percent	Percent
Newark	5.0%	3.8%
Ottawa	16.0%	25.1%
Ransom	6.2%	3.8%
Seneca	12.3%	18.1%
South Wilmington	9.8%	16.1%
Verona	13.6%	15.6%
Wilmington	11.4%	21.4%
Yorkville	4.1%	3.2%
Morris Service Area	8.5%	28.2%
Grundy County	9.3%	10.3%
Illinois	14.4%	20.4%

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

Free and Reduced Price Lunch Program

The number of students eligible for the free and reduced price lunch program is one indicator of the socioeconomic status of an area's youth population. In LaSalle County almost half of the student population (48.9%) is eligible for the free lunch program. Grundy and Kendall Counties have the lowest rates of children who qualify for the program: 25.8% and 27.5%, respectively.

Children Eligible for Free and Reduced Lunch Program

County	Percent
Grundy	25.8%
Kendall	27.5%
LaSalle	48.9%
Livingston	42.5%
Will	33.2%
Illinois	51.0%

Source: National Center for Education Statistics, 2013-2014 http://nces.ed.gov/ccd/elsi/tableGenerator.aspx

Households and Household Income

There 40,940 households in the Morris Hospital service area. Median household income for the service area was $58,638. The service is below the county in median household income, and slightly above the state median. East Brooklyn has the lowest household income ($31,250), while Yorkville ($86,387) and Channahon ($90,859) have the highest household incomes in the service area.

Households and Median Household Income

	Number of Households	Median Household Income
Braceville	299	$55,469
Braidwood	2,501	$59,614
Carbon Hill	148	$49,643
Channahon	3,803	$90,859
Coal City	2,017	$59,479
Diamond	994	$56,333
Dwight	1,661	$59,561
East Brooklyn	60	$31,250
Gardner	481	$68,990
Kinsman	41	$32,031
Marseilles	1,832	$36,352
Mazon	401	$67,550
Minooka	3,551	$84,453
Morris	5,455	$57,796
Newark	382	$70,278
Ottawa	7,668	$46,422
Ransom	136	$50,625
Seneca	883	$65,110
South Wilmington	280	$62,500
Verona	69	$54,375
Wilmington	2,278	$56,557
Yorkville	6,000	$86,387
Morris Service Area	40,940	$58,638
Grundy County	18,408	$65,197
Illinois	4,778,633	$57,166

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

Households by Type

When households are examined by type, Kendall County has the highest percentage of family households with children under 18 years old (45.1%). In Grundy County, 6.9% of the households are female households with no husband present, and with children under 18 years old. LaSalle and Livingston Counties have high rates of households with seniors living alone (12% and 12.1% respectively). Kendall and Will Counties have low rates of seniors living alone.

Households by Type, 2010-2014

County	Total Households	Family Households with Children under 18	Female Head of Household with Children under 18	Seniors, 65+, Living Alone
	Number	Percent	Percent	Percent
Grundy	18,408	33.7%	7.6%	9.1%
Kendall	38,453	42.9%	6.3%	5.5%
LaSalle	43,891	26.2%	6.4%	12.4%
Livingston	14,515	26.9%	6.0%	13.0%
Will	223,379	39.5%	6.4%	7.4%
Illinois	4,778,633	32.6%	12.7%	10.2%

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

Language

In the hospital service area, English is the most frequently spoken language (93%); 4.5% of the population speaks Spanish.

Language Spoken at Home for the Population 5 Years and Over

	Morris Service Area	Grundy County	Illinois
Population 5 years and older	104,395	46,782	12,058,076
English only	93.0%	91.6%	77.5%
Speaks Spanish	4.5%	6.6%	13.2%
Speaks other Indo-European languages	1.7%	1.0%	5.6%
Speaks Asian and Pacific Islander languages	0.6%	0.5%	2.7%
Speaks other languages	0.2%	0.3%	1.0%

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

Education

Of the population age 25 and over in the Morris Hospital service area, 91.8% are high school graduates or higher; this is higher than state (87.6%) completion rates.

Educational Attainment (Age 25+)

	Morris Service Area	Grundy County	Illinois
Population 25 years and older	72,757	32,850	8,560,555
Less than 9th Grade	2.3%	2.8%	5.5%
9th to 12th grade, no diploma	5.9%	5.1%	6.9%
High School Graduate	35.2%	36.2%	27.0%
Some College, no degree	27.3%	26.7%	21.2%
Associate's Degree	7.9%	7.8%	7.5%
Bachelor's Degree	13.6%	14.9%	19.7%
Graduate/Professional Degree	7.8%	6.5%	12.2%

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

High School Graduation Rates
High school graduation rates are determined by the percent of ninth grade students in public schools who graduate in four years. LaSalle County has the lowest graduation rate at 84% and Kendall County has the highest rate of high school graduates at 92%.

High School Graduates

County	High School Graduation Rates
Grundy	87%
Kendall	92%
LaSalle	84%
Livingston	87%
Will	86%
Illinois	82%

Source: County Health Rankings and Roadmaps; National Center for Education Statistics, 2011-2012
http://www.countyhealthrankings.org/app/illinois/2015/overview

Social and Economic Factors Ranking
The County Health Rankings site ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents.   Illinois' 102 counties are ranked according to social and economic factors with 1 being the county with the best factors to 102 for that county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Kendall and Will Counties are ranked in the top quartile of all Illinois counties according to social and economic factors. Grundy and Livingston Counties are in the second quartile; LaSalle County is in the bottom half of the state's counties for these factors.

Social and Economic Factors Ranking

County	County Ranking (out of 102)
Grundy	40
Kendall	5
LaSalle	75
Livingston	49
Will	22

Source: County Health Rankings, 2016 www.countyhealthrankings.org

Community Input - Social and Economic Factors
Stakeholder interviews identified the most important socioeconomic, behavioral, environmental and clinical factors contributing to poor health in the community:
- People do have insurance but their deductibles or copays are so high that they tend to stay away from doctors until the point they are very sick.
- We are a rural area where people are alone with minimal things to do.

- Access to transportation is big barrier as well. People cannot get out of their houses more because they do not have the means. Isolation is an issue.
- People in our community might not be educated on certain health issues. Like taking better care of themselves with preventive medicine and a healthy diet.
- Resources are out there, but accessing them and knowing about them can be an issue.
- Environmentally we are not built for mobility; there are not a lot of walking paths, not a lot of sidewalks. Getting out and about is not really encouraged. Socially, people aren't encouraged to live healthy. It should be a widespread, concerted effort at all levels to promote taking care of one's self and everyone should be talking about making good decisions to avoid disease.
- Socioeconomics is a concern in the community. My perception is that in Grundy County we see mostly people who are indigent. Previously, if you weren't a pregnant woman, or a child, you had no medical care and were severely neglected. There is more access now, but there are very limited resources even now. The number of doctors who take Medicaid is very limited. People will still go to the ED for any medical need because they don't have a doctor or do not know who their doctor is, so they go to the ED for treatment of all maladies. The ED is overly stressed with overdoses, suicides, and minor issues because people don't have access to doctors, or behavioral health resources.
- Generational poverty and entitlement are issues. People who were raised by parents on state aid or disability and raised in that environment, they often have no aspiration of graduating from high school, getting a job and supporting themselves. They look to state aid or disability themselves.
- Environmentally we do have a nuclear facility in Grundy County. We don't know how it impacts people and people have concerns about that.
- Partly, we are a rural county. People live across from a cornfield and there are only four streets; it's country living. We miss having things like a YMCA, but that recently changed. However, we still lack places to go after school and during the summer.
- People have to travel long distances to find health care, not many physicians accept insurance. Not a lot of places to go. And people will refuse to go back for follow-up care because it's just too long of a distance.

Access to Health Care

Health Insurance

Health insurance coverage is a key component to accessing health care. County level data are examined to gain a picture of the availability of insurance and a source of care for area residents. Among children, Livingston County has the highest rate of uninsured (4.0%). LaSalle County has the highest rate of uninsured adults 18-64 years old (15.1%). The rate of uninsured seniors is very small in all counties served by Morris Hospital, with the exception of Will County (1.1%). The uninsured rates for all age groups are less than the state rates of uninsured, with the exception of children under 18 in Livingston County.

Uninsured, by Age, 2010-2014

County	Age		
	Under 18	18-64	65+
Grundy	2.2%	13.0%	0.3%
Kendall	2.3%	9.2%	0.0%
LaSalle	3.7%	15.1%	0.2%
Livingston	4.0%	11.9%	0.2%
Will	3.1%	13.3%	1.1%
Illinois	3.8%	17.8%	1.2%

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

High uninsured rates can be found among residents of Hispanic or Latino ethnicity, as well as those who lack a high school diploma, are unemployed, and/or who are at <200% of Federal Poverty Level.

Usual Source of Care

Residents who have health care coverage and a usual health care provider improve the continuity of care and decrease unnecessary ER visits. Among the residents of the Morris Hospital service area, 89.8% in Kendall County report having health care coverage, up to 91.9% in Grundy County, and 81.2% in Grundy County up to 95.6% in Livingston County report having a usual health care provider.

Source of Care

County	Have Health Care Coverage	Usual Health Care Provider
Grundy	91.9%	81.2%
Kendall	89.8%	85.5%
LaSalle	90.2%	87.0%
Livingston	91.8%	95.6%
Will	90.7%	84.1%
Illinois	**88.1%**	**80.9%**

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

Delayed Care

County residents chose to delay medical care due to the cost of care, and are not accessing dental care for long periods of time (more than two years). Among service area counties, Kendall County had the highest percentage of residents who delay medical care (13%) and Grundy had the highest rate of no dental care within the past two years (21.6%).

Delayed or Did Not Get Care in the Last 12 Months

	Could Not See Doctor Due to Cost	No Dental Visit in Past Two Years
Grundy	5.4%	21.6%
Kendall	13.0%	15.2%
LaSalle	10.4%	Insufficient responses
Livingston	10.7%	Insufficient responses
Will	10.8%	17.4%
Illinois	**2.0%**	**23.8%**

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

Access to Primary Care Community Clinics

Health centers and community clinics provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the Morris Hospital service area and information from the Uniform Data System (UDS)[1], 23.2% of the population in the communities served by Morris Hospital is categorized as low-income (200% of Federal Poverty Level) and 7.5% are at or below the Federal Poverty Level. Portions of the service are categorized as a Health Professions Shortage Area (HPSA).

There are a number of Section 330 funded grantees (Federally Qualified Health Centers – FQHCs) serving the service area. These providers include: Community Health Partnership of Illinois, Will County Health Department Community Health Center, Aunt Martha's Youth Service Center, VNA Healthcare, Lawndale Christian Health Center, and Access Community Health Network. However, there are a number of zip codes in the service area that are not serviced by any FQHCs.

Even with Section 330 funded Community Health Center (CHC) providers in at least some of the areas, there are a significant number of low-income residents who are not served by one of these clinic providers. The CHCs have a total of only 1,640 patients in

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[1] The UDS is an annual reporting requirement for grantees of HRSA primary care programs:
• Community Health Center, Section 330 (e)
• Migrant Health Center, Section 330 (g)
• Health Care for the Homeless, Section 330 (h)
• Public Housing Primary Care, Section 330 (i)

the service area, which equates to 5.7% penetration among low-income patients and 1.3% penetration among the total population. From 2012-2014 the CHC providers added 95 patients for a 6.1% increase in patients served. However, there remain 26,970 low-income residents, approximately 94% of the population at or below 200% FPL that are <u>not served</u> by a Section 330-funded grantee.

Low-Income Patients Served and Not Served by CHCs

Patients served by Section 330 Grantees	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
			Number	**Percent**
1,640	5.7%	1.3%	26,970	94.3%

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

Access to Providers

Having sufficient availability of providers is essential for people to access preventive and primary care, and when needed, referrals to appropriate specialty care. For all provider types in all counties served by Morris Hospital, there are higher population ratios (fewer providers) than when compared to state ratios. This measure represents the population per one provider.

The ratios of population to one provider indicate that Kendall County has the highest ratio (fewest primary care physicians) with 3,281 residents per one physician. Grundy County has the highest ratio of population to dentists at 3,600:1. All counties listed have more mental health providers than either physicians or dentists. Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists.

Ratio of Population to Providers

County	Primary Care Physicians	Dentists	Mental Health Providers
Grundy	2,790:1	3,600:1	1,070:1
Kendall	2,980:1	2,820:1	1,320:1
LaSalle	2,490:1	2,020:1	1,240:1
Livingston	1,820:1	2,920:1	1,220:1
Will	1,840:1	1,950:1	1,060:1
Illinois	1,240:1	1,410:1	560:1

Source: County Health Rankings, www.countyhealthrankings.org, *Physician data from 2013, Dentist data from 2014, Mental Health provider data from 2015.*

Community Input – Access to Health Care

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

- Cost, transportation issues, and fear of seeking out assistance are barriers to

accessing care.

- If Grundy County had a free clinic and people knew about it, it would be nice. The clinic really helps in Livingston.
- The Affordable Care Act (ACA) expanded Medicaid, which helped a lot. But the ACA cut back on doctor's pay so fewer doctors take Medicaid.
- For people with Medicaid and Medicaid HMO Meridian, it's definitely a process to get access for specialists. They aren't accepting Medicaid so people have to travel 1.5 hours to get to a specialist. This is a big problem with access.
- We do a pretty good job in the county. We have a not-for-profit hospital and there is Will and Grundy free clinic. There are things in place to service those people who wish to have care. Barriers are small. Kids can get vaccines. Free clinic for veterans that's not far to go to meet their needs. If you desire care, you can get it. Those who can afford care have no issue accessing care. Most impacted are low socioeconomic class families. Social help organizations that provide services are a 20-minute drive away for our families. Public transportation options are limited. Grundy County transit is available to some families. Another barrier is the time that many organizations are open for families – often working minimum wage jobs, all day 8am-4pm and those are the same hours that Grundy County is working. There is no after-hours care. Seniors who don't drive or are afraid to drive a distance also have trouble accessing needed care.
- Transportation, especially off-hours, and no cab service. Our transportation is limited.
- Only so many hours in a day that a doctor can be there to take care of people and a lot of times, you see the same people over and over again.
- We have a lot of resources but I don't know that people know what they all are. There are tons of resources out there in the community. When you identify there is a problem, people have to jump through so many hoops and they don't want to go through all that. They think their lives are being invaded. People don't know where to go to find resources and they are so scattered over such a large geographic area.
- Homeless kids in the district do not have money for transportation.
- 3,000 people in our area needed insurance. Only 500 have gotten it so far. They didn't go to the Department of Medicaid services. Maybe they didn't have transportation, or the Internet, or they can't get to the library to go online, or it's confusing with multiple phone calls.
- Everything you talk about is north of the river – it isn't south of river – on that side they have nothing. So they just create it themselves. South is more rural. We need to connect people to resources that are available and make them easily accessible to everyone. Hours are limiting too as a lot of workers work 9-5 and cannot take off work to access health care services.

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

Birth Indicators

Births

In 2013, there were 11,453 births in the five county area served by Morris Hospital. The four-year trend shows a decrease in births.

Births by County, 2010-2013

County	Number of Births			
	2010	**2011**	**2012**	**2013**
Grundy	649	650	617	607
Kendall	1,789	1,746	1,702	1,675
LaSalle	1,259	1,221	1,119	1,131
Livingston	460	416	471	390
Will	8,572	8,102	7,988	7,650

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

The majority of births were to mothers whose race is White. Births to mothers of Hispanic ethnicity range from 4.4% in Livingston County to 21.8% in Will County.

Births by Race/Ethnicity

County	White	Black	Other	Hispanic Origin
Grundy	97.4%	1.0%	1.6%	9.9%
Kendall	91.2%	4.9%	3.9%	15.6%
LaSalle	94.6%	2.9%	2.5%	15.9%
Livingston	94.9%	4.1%	1.0%	4.4%
Will	81.3%	12.8%	5.9%	21.8%
Illinois	74.4%	17.4%	8.2%	21.3%

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

Teen Births

Teen birth rates occurred in Grundy County at a rate of 54.4 per 1,000 births (or 5.4% of total births). This rate is lower than the teen birth rate found in the state (6.8%). LaSalle (8.1%) and Livingston (9.5%) Counties have higher rates of teen births than compared to the state. When teen pregnancy rates are compared from 2012 to 2013, rates have increased in Grundy and Livingston counties, and decreased in Kendall, LaSalle and Will Counties. (When examining data, it is important to use caution when reporting results derived from small numbers.)

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

County	Births to Teens	Births	Rate per 1,000 Births	
	2013	2013	2012	2013
Grundy	33	607	48.6	54.4
Kendall	39	1,675	31.7	23.3
LaSalle	92	1,131	84.0	81.3
Livingston	37	390	89.2	94.9
Will	395	7,650	54.7	51.6
Illinois	10,634	156,918	77.0	67.8

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

Low Birth Weight and Preterm Births

Low birth weight and preterm births (before 37 completed weeks of gestation) are negative birth indicators. Babies born at a low birth weight or premature are at higher risk for disease, disability and possibly death.

All area counties have lower percentages than the state of low birth weight babies. The Healthy People 2020 objective for low birth weight infants is 7.8% of live births. The percentage of low birth weight infants in the local counties compares favorably to this benchmark.

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

County	Low Weight Births	Births	Percent
Grundy	37	607	6.1%
Kendall	93	1,675	5.6%
LaSalle	76	1,131	6.7%
Livingston	26	390	6.7%
Will	577	7,650	7.5%
Illinois	12,948	156,918	8.3%

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

Grundy (10.6%) and Kendall (10.7%) Counties have rates of premature births that are higher than the state rate (10%). The Healthy People 2020 objective for preterm births is 11.4% of live births. All counties served by Morris Hospital compare favorably to the Healthy People objective.

Preterm Births, <37 Weeks Gestation, 2013

County	Preterm Births	Births	Percent
Grundy	59	607	10.6%
Kendall	151	1,675	10.7%
LaSalle	110	1,131	9.6%
Livingston	29	390	9.7%
Will	743	7,650	9.7%
Illinois	15,615	156,918	10.0%

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

Cesarean Section

Over one-third of all births in Grundy, Kendall, Livingston and Will Counties are by Cesarean Section. This rate exceeds the state rate of 31.5%. At 31.7%, LaSalle County is slightly above the state rate for Cesarean Sections.

Cesarean Section, 2013

County	Cesarean Section	Live Births	Percent*
Grundy	215	607	35.4%
Kendall	605	1,675	36.1%
LaSalle	358	1,131	31.7%
Livingston	144	390	36.9%
Will	2,721	7,650	35.6%
Illinois	49,386	156,918	31.5%

Source: Illinois Department of Public Health, 2013 http://www.dph.illinois.gov/sites/default/files/publications/Birth-Characteristics-County-2013.pdf **Unknowns excluded from the denominator when calculating the percentage*

Infant Mortality

For four of the area counties, the number of infant deaths is too small to provide an accurate rate. For Will County, the rate of 4.6 infant deaths per 1,000 live births is below the state rate of 6.0, and is below the Healthy People 2020 objective of 6.0 infant deaths per 1,000 live births.

Infant Mortality, 2013

County	Infant Deaths	Live Births	Rate per 1,000 Live Births
Grundy	3	607	**
Kendall	6	1,675	**
LaSalle	2	1,131	**
Livingston	1	390	**
Will	35	7,650	4.6
Illinois	942	156,918	6.0

Source: Illinois Department of Public Health, 2013 http://www.dph.illinois.gov/data-statistics/vital-statistics/infant-mortality-statistics
** rate does not meet standards of reliability

Leading Causes of Death/Mortality

Age-Adjusted Death Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates. In 2013, when adjusted for age, LaSalle and Livingston Counties have higher death rates than the state. In 2014, the Grundy County age-adjusted mortality rate rises above the state rate. Kendall County has the lowest age-adjusted rate of death. LaSalle has the highest mortality rate, and with the exception of Livingston County, all county rates increased from 2013 to 2014.

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

County	Deaths		Population		Crude Rate		Age-Adjusted Rate	
	2013	2014	2013	2014	2013	2014	2013	2014
Grundy	347	414	50,228	50,425	690.8	821.0	708.9	809.0
Kendall	516	569	118,348	121,350	432.3	468.9	627.6	667.2
LaSalle	1,228	1,350	112,183	111,241	1094.6	1213.6	771.3	852.9
Livingston	427	412	38,186	37,903	1118.2	1087.0	812.6	773.3
Will	4,009	4,221	682,829	685,419	587.1	615.8	684.9	701.5
Illinois	**103,401**	**105,293**	**12,882,135**	**12,880,580**	**802.0**	**817.5**	**724.0**	**726.0**

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

Premature Death

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

Premature Death Rates, per 100,000 Persons, 2012-2014

County	Deaths	YPLL-75	County Ranking for 2011-2013 (out of 102)
Grundy	381	6,212.8	19
Kendall	535	4,516.3	2
LaSalle	1,296	6,875.2	40
Livingston	423	7,314.6	51
Will	4,073	5,022.3	14
Illinois	**103,713**	**6,263.4**	**NA**

Source: Deaths: Illinois Department of Public Health, Vital Statistics, 2012-2014. http://www.dph.illinois.gov/data-statistics/vital-statistics/death-statistics Source: YPLL-75: Health Indicators Warehouse, 2012-2014. http://www.healthindicators.gov/Indicators/Years-of-potential-life-lost-before-age-75-per-100000_3/Profile Source: Rankings: County Health Rankings, 2011-2013. www.countyhealthrankings.org

Leading Causes of Death

The leading causes of death in the service area are heart disease, cancer, stroke, and lung disease. Rates of death in three of the five counties in the Morris Hospital service area exceed the state rates of death for heart disease, stroke and lung disease. A more complete picture of disease risk and mortality is seen when the service area is examined by specific diseases. There are a number of causes of death in specific counties that exceed the state rate. LaSalle and Livingston Counties tend to have higher rates of deaths for many causes. Of note, Grundy County has the highest rate of diabetes deaths. LaSalle County has the highest rate of death from Alzheimer's disease and suicide; Livingston County has the highest rate of death from influenza/pneumonia and kidney disease.

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

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
	Rate	Rate	Rate	Rate	Rate	Rate
Diseases of the Heart	202.3	98.9	324.5	282.3	148.1	194.2
Cancer	180.5	116.2	273.3	263.8	155.1	190.2
Stroke	45.6	19.8	71.9	66.0	31.2	42.6
Chronic Respiratory Disease	45.6	28.8	71.9	55.4	29.9	43.7
Unintentional Injuries	45.6	16.5	55.7	47.5	28.7	36.0
Alzheimer's Disease	11.9	12.4	38.7	18.5	15.6	25.4
Diabetes	41.6	15.7	29.7	39.6	16.5	21.1
Influenza/Pneumonia	17.8	7.4	24.3	26.4	12.8	19.3
Kidney Disease	13.9	9.9	14.4	23.7	19.0	19.5
Septicemia	9.9	5.8	10.8	26.4	5.8	14.0
Suicide	15.9	10.7	20.7	15.8	8.2	10.8
Liver Disease/Cirrhosis	7.9	9.1	19.8	13.2	10.9	10.3
Other Causes	182.4	120.3	258.0	208.4	134.2	190.3

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

Cancer Death Rates

Rates of death from breast cancer in Grundy County exceed the state rate. Rates of death from colon/rectum cancer exceed the state rates in Grundy and LaSalle Counties, while the rates of death from lung cancer exceed the state rate in Grundy, LaSalle, Livingston and Will Counties.

Kendall County meets the Healthy People 2020 objectives for the three cancers shown (breast cancer: 20.7 per 100,000 persons; colon and rectum cancer: 14.5 per 100,000 persons; and lung cancer: 45.5 per 100,000 persons). All other counties in the Morris Hospital service area exceed the Healthy People 2020 objectives on at least two of the cancers.

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

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
	Rate	Rate	Rate	Rate	Rate	Rate
Breast	26.9	20.6	21.9	14.7	22.8	23.0
Colon and rectum	20.1	12.1	19.1	14.8	15.7	16.7
Lung	58.6	38.4	58.2	50.8	50.6	49.7

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

Chronic and Communicable Diseases

Chronic Diseases

33.8% of adults in Livingston County have been diagnosed with arthritis, which is higher than the state rate of 25.1%. Among adults, 13.9% in Grundy County have been diagnosed with asthma, higher than the state rate of 9.1%. 10.6% of Will County adults have been diagnosed with diabetes, which is higher than the state rate of 10.2%. Livingston County (4.9%) and Will County (4.5%) have higher rates of coronary heart disease that the state (3.6%).

Chronic Diseases among Adults

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Adults diagnosed with arthritis	23.0%	20.5%	29.7%	33.8%	28.7%	25.1%
Adults diagnosed with asthma	13.9%	9.2%	9.4%	10.0%	8.0%	9.1%
Adults diagnosed with diabetes	9.3%	8.6%	No data	No data	10.6%	10.2%
Adults diagnosed with coronary heart disease	3.6%	2.6%	3.4%	4.9%	4.5%	3.6%

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

Community Input – Asthma/Lung Disease

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

- Asthma and COPD are growing in the community. Smoking, working in factories (like the paper factory in town), and environmental concerns with different nuclear stations, all contribute to the issue.
- This is a heavily industrial area with a lot of petro-chemical industries. Those industries may be causing an aggravation or increase of incidence in lung disease.
- A lot of our patients smoke or they live with their children who smoke.
- Those who are low-income are not accessing care; it becomes an issue in the schools. Two onsite school nurses provide education and communication but it's a problem to get follow-up appropriate medical care for the kids to manage their asthma.
- Smoking cessation classes are provided but they are poorly attended.
- We have two part-time pulmonologists in town and a small pulmonary rehab program. The pediatricians do a good job with the youth.
- People don't take care of themselves as they should. With lung disease, people don't know they have it until they get sick. Now there is pulmonary rehab, which has helped a lot. We are going in the right direction, trying harder, more medications out there, and ways to make it more manageable.

- E-cigs can be used anywhere. You can go to public places and use e-cigs, including at restaurants; it makes no sense to me.
- Lung disease is above state levels in the area. Our use of snuff and e-cigs is higher than state and national averages.
- There are a lot of bars in the area and a lack of enforcement and follow-up tobacco programs. We have a tobacco cessation program in the county. But we need more education and smoke-free parks now to make a change.
- We need more information about smoking cessation programs. Will County has a very low incidence of smokers because the tobacco coalition has done a fantastic job there.

Community Input – Diabetes

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

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

- Ability to afford medications is a problem. It's also a challenge for people to take advantage of the free courses because of transportation and timing. And there is still need for specialist referral. It is hard to get in and there is a long wait.

Community Input – Heart Disease

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

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

the importance of your medication, what can make the biggest impact? It's education, prevention.

- We need more focus on people trying to eat better, exercise and prevent heart disease and pulmonary disease.
- We have come a long way with cardiac services in several of our communities. People are more aware of cardiac screenings. New providers are available in the different community areas and they are reaching out. More access is provided in community.

Cancer
The cancer incidence rate is the number of cases based upon 100,000 people and is an annual rate (or average annual rate). Grundy County has the highest incidence rate for all cancers (530.2 per 100,000 persons). Grundy County also has the highest incidence rate of lung cancer (92.2), colorectal cancer (54) and esophageal cancer (8.1). LaSalle County has the highest rate of prostate cancer (176.9) and Will County has the highest rate of breast cancer (128.8).

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

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
All cancers	530.2	471.5	519.9	519.0	490.7	475.6
Prostate cancer	142.1	137.6	176.9	154.9	142.1	138.9
Breast cancer	118.1	125.7	113.3	121.5	128.8	127.7
Lung and bronchus cancer	92.2	54.2	77.9	84.2	73.1	69.4
Colorectal cancer	54.0	46.5	47.9	44.1	46.5	46.8
Leukemia	14.4	15.7	13.0	21.8	15.5	13.3
Esophagus	8.1	5.2	5.4	No data	5.4	5.2

Source: National Cancer Institute, State Cancer Profiles, 2008-2012
http://statecancerprofiles.cancer.gov/incidencerates/index.php

Community Input – Cancer
Stakeholder interviews identified the following issues, challenges and barriers related to cancer disease:

- In Grundy there are lot of carcinogens like farming chemicals in river and pollution that we didn't have 30 years ago.
- Cancer high incidence rates with pancreatic cancer. We have gone a long way with breast cancer education and awareness but pancreatic information is not really out there.
- To access cancer care, there is nothing that is close by for most of our families. Closest area would be Joliet, which is about a 30-40-minute drive.
- We do a great job lot of screenings and encourage people to get screened, but I don't think we are as assertive as we need to be.

- Cancer care has come a long way over the years. There are so many more opportunities today, compared to 10-15 years ago. Doctors have done a good job trying to help people decide if they need surgery or chemo.
- We see so many people here diagnosed with cancer. We are around a lot of nuclear power plants; which may contribute to cancer rates. There are three nuclear power plants in this area and a lot of young people diagnosed with cancer. Part of it is we are not aggressive enough to get our screenings done.
- People having information about different things they can do to prevent cancer. Just like we have been able to determine smoking causes lung cancer, there is overwhelming evidence about the negative effects of sugar, lack of exercise and obesity.
- Grundy is really industrial, which results in environmental issues. There are some things people are willing to sacrifice to have jobs, so maybe we don't have clean air.
- Debilitating disease that causes fear and depression, hopelessness. People may have to leave the county for care.
- Screenings are available but people who could have it covered by insurance are coming to the free community events. We aren't capturing those people who don't have insurance and who wouldn't otherwise get screened. Transportation is an issue in getting people to places for screenings and education.

HIV/AIDS

Livingston County has an HIV incidence rate of 6.1 per 100,000 persons, the highest of the service area counties, but well below the state rate of 13.7. Livingston County also has a high rate of AIDS cases at 4.4 per 100,000 persons, below the state rate of 7.6 for AIDS cases. All other area counties also have HIV/AIDS rates far below the state rates.

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

County	HIV Incidence			AIDS Cases		
	Diagnosed as of 12/2015	Cumulative Cases Since 2008	Cumulative Rate	Diagnosed as of 12/2015	Cumulative Cases Since 2008	Cumulative Rate
Grundy	0	9	2.4	0	5	1.3
Kendall	1	21	2.3	0	14	1.6
LaSalle	2	21	2.5	0	9	1.1
Livingston	2	18	6.1	2	13	4.4
Will	30	277	5.4	10	135	2.6
Illinois	1,189	13,404	13.7	526	7,391	7.6

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

Sexually Transmitted Diseases

The service area counties saw an increase in the number of sexually transmitted diseases from 2013 to 2014. There were a few exceptions: Livingston County experienced a decrease in both Chlamydia and Gonorrhea. Grundy County experienced one fewer case of Chlamydia, and Kendall County one fewer case of Early Syphilis.

Reportable Sexually Transmitted Diseases, 2013-2014

County	Chlamydia		Gonorrhea		Early Syphilis	
	2013	2014	2013	2014	2013	2014
Grundy	79	78	6	11	No data	1
Kendall	223	262	23	34	5	4
LaSalle	280	286	62	65	1	6
Livingston	101	72	19	6	No data	1
Will	2,056	2,330	335	366	20	29
Illinois	63,797	66,536	16,464	15,970	1,607	1,682

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

Health Behaviors

Health Behaviors Ranking

The County Health Rankings site examines healthy behaviors and ranks counties according to health behavior data. Illinois' 102 counties are ranked from 1 (healthiest) to 102 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. Will County is near the top of all counties in Illinois with a ranking of 6, and Kendall County is also in the top quartile. LaSalle County's ranking of 30, Grundy County's ranking of 32, and Livingston County's ranking of 40 puts the remaining counties in the second quartile.

Health Behaviors Ranking

County	County Ranking (out of 102)
Grundy	32
Kendall	11
LaSalle	30
Livingston	40
Will	6

Source: County Health Rankings, 2016 www.countyhealthrankings.org

Health Status

Self-reported health status is a general measure of health-related quality of life in a population. When asked to rate their general health, 5.2% of Will County residents identified poor health, while 1.8% of Kendall County residents self-reported poor health. Will County residents also had the highest percentage of those reporting poor physical health in the past 30 days (43.3%), while LaSalle County had the lowest at 34%. All counties in the service area reported lower rates of poor mental health than the state rate of 39.2%. Of the three counties reporting restrictions on activities due to poor health, all had a higher rate than the state (40.1%).

Health Status Outcomes, 2010-2014

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Poor health	2.8%	1.8%	2.5%	3.2%	5.2%	3.7%
Poor physical health days in past 30 days	34.1%	34.7%	34.0%	39.9%	43.3%	40.4%
Poor mental health days in past 30 days	34.8%	36.3%	33.0%	38.1%	37.0%	39.2%
Activities limited due to health problem	44.2%	No data	46.0%	No data	43.2%	40.1%

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

Preventive Practices

Colorectal Cancer Screening

Occult blood tests, sigmoidoscopy and colonoscopy screen for colorectal cancer. In the three service area counties for which there were sufficient respondents to provide data (Grundy, Kendall and Will), 24.5% to 28.6% of adults, age 50 and over, had been screened for colorectal cancer through a home blood stool test, and 64.5% to 75.1% had been screened with a sigmoidoscopy or colonoscopy. With the exception of Grundy County's colonoscopy screening rate of 75.1%, the rate of engaging in these health prevention activities is at a rate below Healthy People 2020 objectives of 70.5%.

Colorectal Screening

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Colorectal screening (ages 50+) home blood stool test	27.8%	24.5%	No data	No data	28.6%	N/A
Colorectal screening (ages 50+) colonoscopy/Sigmoidoscopy	75.1%	64.5%	No data	No data	69.9%	65.0%

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

Flu and Pneumonia Vaccines

Community residents who are particularly vulnerable to communicable respiratory diseases are recommended to obtain yearly flu shots. In the service area, 23.9% to 42.3% of area residents obtained a flu shot. Pneumonia vaccines are recommended, especially for seniors. 22.3% to 32.1% of area residents have received a pneumonia vaccine at some time. These rates of vaccination do not meet the Healthy People Objectives for 70% flu shot vaccination and 90% of seniors to have a pneumonia vaccine.

Flu and Pneumonia Vaccines

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Flu shot in last 12 months	23.9%	40.5%	29.8%	42.3%	30.4%	38.5%
Pneumonia vaccine	23.1%	22.9%	25.3%	32.1%	22.3%	29.2%

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

Women's Health Screening

Mammograms and clinical breast exams are used for detection of breast abnormalities and cancer. The three counties in the service area with sufficient respondents (Grundy, Kendall and Will) had a high rate of compliance with breast screenings. Among women, 40 years and over, 84.4% to 93.9% have received a mammogram; in the two counties with sufficient respondents (Grundy and Will) 87.1% and 87.6% of women, respectively,

have had a clinical breast exam. The mammogram rate exceeds the Healthy People 2020 objective of 81.1% of women to receive a mammogram.

Pap smears screen for cervical cancer. Among adult women in the two counties with sufficient respondents, 87.5% in Will County and 95.7% in Grundy County have received a Pap smear; Grundy exceeds the 93% objective for Pap smears recommended by Healthy People 2020.

Mammogram, Breast Exam and Pap Smear

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Mammogram (ages 40+)	84.4%	91.1%	No data	No data	93.9%	92.2%
Clinical breast exam	87.1%	No data	No data	No data	87.6%	86.7%
Pap smear	95.7%	No data	No data	No data	87.5%	89.2%

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

Prostate Cancer Screening

In men ages 40 and above, digital rectal exams and PSA blood tests are used to screen for prostate cancer. Only Will County had sufficient respondents to the BRFSS to provide reliable data. Will County males (47.8%) had a lower rate of prostate screening than the state rate (54.2%).

Prostate Screening

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Prostate screening PSA test (ages 40+)	No data	No data	No data	No data	47.8%	54.2%

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

Community Input – Preventive Practices

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

- Prevention is always the first thing to be cut and it will cost us more down the line.
- We have more access to vaccines but some take for granted that people are getting vaccinated and think some of these diseases we are vaccinating against are dead.
- Great job always at health fairs and community clinics, pediatricians do great job with vaccinations, people just don't want to wait in line. Sometimes have to wait in line but it's free to get vaccinated at the health department.
- We do a very good job especially with young kids getting vaccines. There is a lot of education out there. Flu shots, pneumonia, meningitis shots are readily available.
- One of the barriers is we don't have enough doctors in the area to accept Medicaid. A lot of education is available, but people are still not aware and there are no

incentives for prevention.
- We offer screenings through schools, sports exams, testing for cardiac issues, diabetes center screenings during November, diabetes month, etc.
- Even those who don't take care of themselves deserve care as well. Prevention is primary. We need education about the importance of vaccines and prevention. Vaccines in IL does a good job. Pediatricians and school districts do a good job of getting kids vaccinated. You will be hard pressed to find kids not up to date on their vaccines. IL made it a regulation so there is widespread compliance.
- A barrier to preventive care is access. Do we even believe in preventive care? This is where medicine has failed for decades.
- We try to focus on prevention. We provide prostrate screening, breast care month, skin screening, but there are a limited number of people who can participate in it and transportation is an issue. A lot of my patients walk to the clinic because they don't have a car.

Overweight and Obesity

In the counties served by Morris Hospital, over one-quarter of adults are overweight and close to one-third are obese. These percentages equate to over 60% of the adult population being overweight or obese. Livingston County has the highest percentage of overweight and obese adults (70%).

Overweight and Obese Adults

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Overweight	36.6%	29.6%	28.5%	35.4%	37.9%	34.2%
Obese	29.0%	34.2%	40.0%	34.6%	27.8%	29.5%

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

When asked to describe their weight, 8th and 10th graders self-identified as being underweight, the right weight or overweight. Among 8th and 10th graders for the counties reporting, 29%-40% identified themselves as being overweight. LaSalle County youth had the highest rates of teens (40%) who self-identified as being overweight.

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

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Slightly/very overweight, 8th grade	31%	No data	33%	29%	32%	28%
Slightly/very overweight, 10th grade	35%	No data	40%	No data	31%	32%

Source: Illinois Youth Survey, 2014 https://iys.cprd.illinois.edu/results/county
No 2014 data for Kendall County; no 10th Grade data for Livingston County.

Nutrition

Increased access to fast food outlets in a community, limited access to healthy foods and inadequate consumption of fresh fruits and vegetables can increase rates of obesity, heart disease and diabetes. The Food Environment Index identifies and measures factors that contribute to a healthy food environment. Shown on a scale of 0 (worst) to 10 (best), communities in the service area all rank in the first quartile, and meet or exceed the state's rating of 7.8. In terms of limited access to healthy foods, LaSalle and Will Counties' rates of limited access is higher than the state rate of 4%.

Food Environment

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Food environment index	8.4	9.2	7.8	8.3	8.4	7.8
Limited access to healthy foods	3%	3%	6%	3%	6%	4%

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

Physical Activity

A sedentary lifestyle can lead to overweight and obesity and is a contributing factor to many chronic diseases and disabilities. Over 70% of adults in area counties get regular exercise. In Grundy County, 83.4% of adults reported exercising in the past 30 days. LaSalle County has the highest area rate of inactive adults with 18% reporting a lack of exercise.

Physical Activity, Adults

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Exercise in past 30 days	83.4%	83.3%	72.0%	74.8%	81.8%	76.0%

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

Community Input – Overweight and Obesity

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

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

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

Substance Abuse

Smoking

Smoking continues to be a leading cause of preventable death in the United States. Smoking rates in the service area range from 8.6% in Kendall County to 24.9% in Grundy County. The Healthy People 2020 objective for smoking is 12%; Kendall and Will Counties are below this rate.

Smoking Prevalence among Adults

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Smoker	24.9%	8.6%	21.4%	9.7%	13.5%	16.7%
Former smoker	21.6%	31.9%	26.1%	24.1%	24.7%	23.8%
Non-smoker	53.5%	59.5%	52.5%	66.1%	61.7%	59.6%

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

Alcohol Use

Binge drinking is measured as consuming a certain amount of alcohol in a designated period of time. For males, this is five or more drinks per occasion and for females, four or more drinks per occasion. The rate of binge drinking in three area counties exceeds the state rate of 20.3%, and two of the counties – Grundy and LaSalle – exceed the Healthy People 2020 objective of 24.4% for binge drinking.

Adult Binge Drinking

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
At risk for binge drinking	28.6%	20.2%	25.4%	20.4%	17.7%	20.3%

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

Youth Alcohol/Tobacco/Drug Use

A large percentage of 10th grade youth have drunk alcohol within the past year, from 43% to 55% in service area counties, while 24-38% have drunk alcohol within the past 30 days. 10%-29% of 10th graders have smoked a cigarette in the past year, with 12% to 29% using some form of tobacco product within the past month. 15% to 35% of area 10th graders have smoked marijuana. Use of tobacco products by youth occurs at higher rates in area counties than when compared to the state. LaSalle County has the highest occurrences of all listed substance use, while the lowest rates are seen in Will County for tobacco products, and in Livingston County for alcohol and marijuana.

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

	Grundy County	Kendall County*	LaSalle County	Livingston County*	Will County	Illinois
Smoked marijuana, past year	26%	23%	35%	15%	24%	26%
Smoked a cigarette, past year	11%	13%	29%	17%	10%	9%
Used any tobacco product, past 30 days	14%	13%	29%	16%	12%	10%
Drank alcohol in the past year	53%	49%	55%	43%	51%	48%
Drank alcohol, past 30 days	33%	30%	38%	24%	32%	27%

*Source: Illinois Youth Survey, 2014. *Kendall and Livingston Counties = 2012.* https://iys.cprd.illinois.edu/results/county
No 2014 data for 10th Graders for Kendall and Livingston Counties.

Over half the 10th grade youth population in area counties identified that alcohol, tobacco and marijuana are easy to obtain, with the exception of marijuana in Livingston county, where only a third of responding 10th graders thought it was easy to obtain. Alcohol was available to 55%-68% of 10th graders; marijuana available to 33%-59%. Cigarettes were available to 43%-63%, and other drugs were available to 32%-42% of 10th graders.

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

	Grundy County	Kendall County*	LaSalle County	Livingston County*	Will County	Illinois
Very easy and sort of easy to obtain alcohol	65%	68%	62%	58%	55%	56%
Very easy and sort of easy to obtain cigarettes	50%	55%	63%	52%	43%	47%
Very easy and sort of easy to obtain marijuana	54%	56%	59%	33%	52%	53%
Very easy and sort of easy to obtain prescription drugs	41%	No data	42%	No data	32%	32%

*Source: Illinois Youth Survey, 2014. *Kendall and Livingston Counties = 2012.* https://iys.cprd.illinois.edu/results/county
No 2014 data for 10th Graders for Kendall and Livingston Counties.

When 10th grade youth were asked about driving with others who have used drugs or alcohol or driving themselves after consuming alcohol or using drugs, 18%-28% indicated they had ridden in a car driven by someone under the influence. Fewer youth indicated they had driven when using marijuana (7%-11%) or alcohol (6%-7%). 69% to 77% of area 10th graders had been spoken to by a parent or guardian in the past year, regarding not driving drunk or riding in a car with drunk drivers.

Drinking/Drugs and Driving, Past 12 Months, 10th Grade Youth

	Grundy County	Kendall County*	LaSalle County	Livingston County*	Will County	Illinois
Ridden in car driven by someone, including yourself, who was drinking or using drugs	23%	24%	28%	18%	21%	19%
Driven a car when using alcohol	7%	6%	7%	6%	6%	5%
Driven a car when using marijuana	11%	9%	11%	7%	8%	9%
Been talked to by parents about not drinking and driving, or riding with a drunk driver	77%	71%	69%	69%	73%	N/A

*Source: Illinois Youth Survey, 2014. *Kendall and Livingston Counties = 2012.* https://iys.cprd.illinois.edu/results/county
No 2014 data for 10th Graders for Kendall and Livingston Counties.

Community Input – Substance Abuse

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

- The abuse of substances is main stream. The addiction is more prevalent because abuse is more prevalent.
- More people are taking heroin, smoking in general is going down, but it's still a major problem, as is vaping or e-cigarettes.
- The misuse of opiates and heroin use and abuse are seen fairly regularly. A lot of patients ask for referrals for substance abuse. Distance is a barrier as the outpatient treatment is in Morris or Joliet.
- There is an addiction MD specialist in Joliet, but not one in Morris.
- Access to care is limited if you don't have a payer source.
- More drug activity is occurring in the community. Heroin is on the rise.
- We are seeing people get rehab and help. They get dried out and clean and then they relapse. They will consume the dose they were last getting high at, which their body is no longer accustomed to and that results in a high incidence of overdose or death.
- Substance abuse is becoming more of an issue. Tobacco is not as much of an issue; abusive prescription drugs are more of a problem. Heroin is getting to be a bigger problem.
- Use of chewing tobacco and smoking seems better. We see a lot of youth smoking, pot smoking, people almost think it is normal. There are a lot of overdoses in the ED.
- Huge problem with pain management. We see a lot more people on narcotics, seeking narcotics or OxyContin.
- One of the first medicinal pot dispensaries opened here in Morris.
- People may think smaller communities don't have problems with substance abuse, but I'm seeing it more than usual. There are not sufficient resources in the service area that offer help. There is no local inpatient rehab center.

- It is so easy and cheap to get drugs, so it's a big problem. Access to illegal drugs is pretty pervasive at this time. Substance abuse has been criminalized so people are not getting treatment and help. We can find you a jail cot, but not a treatment cot. Access to care is barrier. Lack of beds and treatment facilities is a barrier.
- Education and acknowledgement is one of the barriers – a belief that we don't have a drug problem here in Grundy County. It is happening here, not just in Chicago.
- When law enforcement encounters people with substance abuse and mental health issues, their job is to gain control over a situation. When you are coming at someone who is having a psychotic break and they perceive they are in danger, they in turn may become aggressive. Mentally ill people are more in fear than they are dangerous. We need more education for first responders and law enforcement. It's become a major area of growth and at least we are acknowledging it now. We need to learn what is a more effective way to respond and de-escalate issues?
- We need a stronger educational presence earlier in the schools and factories – it needs to be everywhere. There is nowhere to refer people to. There are no local Detox centers.

Social Issues

Mental Health

Among adults, between 18.7% and 25.9% of the population in Morris Hospital service area counties rated their mental health as 'Not Good' for between 1 and 7 days in the past month. Mental health ratings of 'Not Good' for between 8 and 30 days in the past month were reported by an additional 10.4% to 15% of the population. Mental or physical health issues limited the activities for between 1 and 7 days out of the past 30 for between 19.9% and 25.4% of the adults in those counties where sufficient responses were received to provide data (Grundy, LaSalle and Will Counties). Activities were limited for between 8 and 30 days of the past 30 for an additional 13.7% to 26.1% of service area adults.

Mental Health Status in Past 30 Days, Adults

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Mental Health 'Not Good' 1-7 days in past 30	21.4%	25.9%	18.7%	23.1%	22.0%	24.4%
Mental Health 'Not Good' 8-30 days in past 30	13.4%	10.4%	14.3%	15.0%	15.0%	14.8%
1-7 days kept from doing usual activities by physical or mental health	21.0%	No data	19.9%	No data	25.4%	23.5%
8-30 days kept from doing usual activities by physical or mental health	23.2%	13.7%	26.1%	15.4%	17.8%	16.6%

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

When asked about feelings of sadness and helplessness, one-third of 10th graders from the counties reporting identified these feelings. 19%-26% of youth in area counties had seriously considered suicide; these rates are higher than the state rate of 16%.

Mental Health Indicators, 10th Grade Youth

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Felt so sad or helpless stopped usual activities	33%	No data	34%	No data	34%	31%
Seriously considered attempting suicide	21%	No data	26%	No data	19%	16%

Source: Illinois Youth Survey, 2014 https://iys.cprd.illinois.edu/results/county
No 2014 data for Kendall County; no 10th Grade data for Livingston County.

Community Input – Mental Health

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

- The biggest issue I see is the ability to refer patients to behavioral and mental health

services. There is a big shortage in psychiatry and therapists and especially getting care for Medicaid patients.

- There is a lack of mental health care in this area. It is very difficult for people who have problems to get into see someone or even find someone. Lack of providers and lack of insurance – in this area, it's very tough.

- Lacking access to mental health care is the most important health issue. We also lack close access for follow-up treatment. People are getting primary care for diabetes, cancer, etc. But for follow-up care with mental health, nothing is close by.

- Largest measurable issue is depression in adults and anxiety in youth and we know that it's very commonplace. Anxiety is something that can evolve into other things. Barriers are people being able to understand it and being able to understand what type of help is needed for them. People need to be educated about what mental health issues are, the many facets of it, and what they need to do to help themselves in their everyday life. When that is not enough, some people do want to talk to a primary care provider. People who need longer-term care may be better off with a mental health professional.

- A barrier around mental health treatment everywhere around the country is that professionals do not know how to properly assess for crisis and don't know what to do about it. They may not know when or how to refer it to someone else. They need to know how to do crisis assessment and intervention, and suicide intervention and assessment as well.

- Trying to get someone admitted on an urgent basis is a universal problem. We have to send them to Kankakee if it is a big problem. In Livingston County, we have a county program that's pretty good. People can get resources and can get in for care within a week.

- Psych services are hard to get in a timely manner. The wait time can be six months. During that wait period, there is nothing that can be done. Patients will frequent the ED until they can get in if they continue to have issues.

- Biggest issue in our community is mental health. Not that our people are any different, but it's access to quality care, places that can diagnose, counseling services, we don't have any of that here. There are no local counselors (clinical) and no psychology services, so many people in need are going undiagnosed or are diagnosed but don't have access to care.

- Student services department says it is the number one issue in our school district. See this with parents, need for family counseling, as well as kids. We have social workers and school counselors and a psychiatrist. Refer to resources that are in Morris and we have to count on parents to follow-up and to get to those resources.

- Lack of acute care facilities and can only get in if you have insurance. This leaves the rest of the population without services. We can help them get medications, but not counseling. For people getting outpatient care, they can experience an acute

crisis and wind up out of control, violent and self-destructive, homicidal or suicidal, but the inpatient facilities are all full.

- The biggest problem is there is no place to go. Just nowhere to send people. We research and research, the doctors we do have are just overwhelmed. Just so many people with issues. We try to get them help, but there are no doctors that can help them, no facilities. They closed all the mental health facilities around here in the last five years. We have places in Chicago but trying to get them in isn't easy. With nowhere to go they end up in the ED or the hospital.

- For those who are jailed have a lot of mental health issues.

- Homeless and veterans have mental health and behavioral health issues. Most have to go to suburbs to get any sort of VA care, so access issue to travel. The assigned VA is 1 hour 20 minutes away.

- There is stigma with mental health problems. We need to destigmatize it, make sure people have access to services, and there needs to be more proactive treatment.

- In mental health there is definitely a lack of collaboration between entities like schools, public health and health care systems. I think Illinois is behind Mississippi in funding for mental health. People don't see value in proactively treating it.

- We have made tremendous strides in helping people. The new psychotropic medications don't make people zombies or put them in a stupor. But a lot of work still needs to be done.

- Grundy County has a serious problem with access to psychiatric care. Bottom quartile of state.

- Children should be seeing someone trained in brain development; it's different from an adult. Kids experience suicidal attempts, anxiety bullying, severe mental illness. We don't have a child psychiatrist. Funding is major issue especially for nonprofit and public organizations.

- The state went without a budget for a year so agencies across the state closed down because of no funding. We were able to keep going with county funding. It's hard to provide quality care if there is not adequate financial support

- With nowhere to send patients it forces the hand of family practice providers to prescribe and manage psychotropic medications and that is not our forte. We need access to specialists. No group or specialty will take them. Patients trust us, they come to us, we acknowledge, yes, you need help, and it's frustrating because we have no place to send them.

- If people come to me and do not have money, I can usually connect them with basic health care needs. If mental health care is needed, then that is a different story. Even for public aid patients, I can't find a physician or mental health counselors who will see them. I'm trying to get those needs met, but there aren't enough resources to get them to a counselor or a doctor that specializes in mental health. Even certain insurances can't get enough help for these people. If a person has state aid or self-

pay, you can't get mental health care. People get put on a waiting list that is maybe 6-9 months long. You might get to see someone through the mental health department but too many people and not enough resources. It's a very long process.

- Mental health has gotten worse in the past few years. Just not enough people to take care of them, no counselors that take state aid. Psychiatrists on a wait list. Inpatient very hard to get inpatient beds. Fewer people who deal with children.

Crime Index

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

Grundy County saw the largest decline in the Crime Index from 2013-2014 (-15.7%). Livingston County experienced an increase of 29.1% in the Crime Index from 2013-2014.

Crime Index, 2013-2014

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
2013 Crime Index	860	1,474	1,973	618	10,922	345,050
2014 Crime Index	725	1,408	2,047	798	9,547	308,258
Percent change	-15.7%	-4.5%	3.8%	29.1%	-12.6%	-10.7%

Source: Illinois State Police, Annual Uniform Crime Report, 2014

Attachment 1. Community Stakeholder Input

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

Interviewees

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

Community Prioritization Attendees

	Name	Organization / Community Represented
1	Mary Jo Ahearn	Morris Hospital
2	Jenny Berrie	LaSalle County Health Department
3	Leslie Dougherty	LaSalle County Health Department
4	Missy Durkin	YMCA
5	Erin Frobish	Morris Hospital
6	Leigh Ann Hall	Morris Hospital
7	Susan Hudson	Grundy County Health Department
8	Phil Jass	Grundy County Health Department
9	Julie Kerestes	LaSalle County Health Department
10	Kristin Knutson	Channalon Park District
11	Dean Marketti	Morris Hospital
12	Karen Nall	United Way
13	Barb Ragan	Morris Hospital
14	John Roundtree	Morris Hospital
15	Dick Sefton	Senior Health Insurance Program
16	Angela Solis	Crossroads Counseling
17	Mary Stith	Morris Hospital
18	Sue Szumski	Morris Hospital
19	David Welter	IL State Representative
20	Sarah Wrightson	Morris Hospital
21	Anita Young	Chestnut Health System

Attachment 2. Community Resources

Community resources to potentially address the identified significant health needs are listed below. This is not a comprehensive list of all available resources. For additional resources refer to United Way of Grundy County http://uwgrundy.org/partners.html and 211 Illinois at http://www.unitedwayillinois.org/211/211.php.

Access to care
- Community Health Partnership of Illinois
- Grundy County Health Department
- Grundy Transit System (GTS)
- Hines Hospital
- Homeless Shelter
- Kendall-Grundy Community Action
- Livingston Family Care Center
- Morris Hospital Patient Transportation
- Morris transportation call on demand
- Pathway of Hope
- Salvation Army
- Veteran's Association
- We Care
- Will County Health Department Community Health Center
- Will-Grundy Medical Clinic

Asthma
- Riverside Medical Center
- Will County Health Department Community Health Center
- Morris Hospital & Healthcare Centers

Cancer
- American Cancer Society Relay for Life
- Joliet Oncology Associates
- Morris Hospital's ovarian cancer awareness group, breast cancer support group, head and neck cancer support group, and annual survivor's dinner at hospital
- Morris Hospital Radiation/Oncology Center

Cardiovascular Disease
- American Heart Association
- Fitness center indoor track
- YMCA

- Morris Hospital 's Certified Stroke Center

Diabetes
- American Diabetes Association
- Morris Hospital's Certified Diabetes Center

Mental Health
- Breaking Free, Inc.
- Catholic Charities
- Crisis Line
- Grundy County Health Department
- Institute for Personal Development
- Mental Health Task Force
- NAMI

Overweight and obesity
- Community based park district that provides recreation programs and open spaces
- Community Nutrition Network
- Food pantry
- Grundy County Health Department
- Morris Hospital & Healthcare Centers
- YMCA

Preventive Practices
- Aunt Martha's Youth Service Center and Health Center
- Foundation for Meningitis – Beth Ann Miller Foundation
- Free Clinic
- Grundy County Health Department
- Morris Hospital & Healthcare Centers
- Riverside Medical Center
- Vaccines in Illinois
- Will County Health Department Community Health Center

Substance Abuse
- Alcoholics Anonymous/Narcotics Anonymous
- Breaking Free, Inc.
- D.A.R.E. in schools
- Grundy County Health Department
- Linden Oaks Behavioral Health

- Rosencrantz Rehab
- Stepping Stones
- Will County Health Department Community Health Center

Attachment 3. Impact Evaluation

Morris Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2013 Community Health Needs Assessment. The Implementation Strategy addressed the following health needs through a commitment of community benefit programs and resources: access to care to include primary health care and mental health care; chronic disease; overweight and obesity; and health behaviors and prevention.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and activities. Strategies to address the priority health needs were identified. The following section outlines the hospital's work on the selected significant health needs since the completion of the 2013 CHNA.

Access to Care

To ensure access to health care services, including basic and preventive care, Morris continued plans to expand health care services to Coal City. They purchased land to provide primary and specialty care services in the area. They also participated in annual Coal City Family Wellness Nights with health education and referrals to health care and social services resources. This effort reached 2,750 persons.

Transportation is a significant health need in the Morris Hospital service area. To address this need, the hospital provided a van service to help community members access health care services, routine appointments and diagnostic tests. In the past three years, the hospital transported over 51,500 persons. Persons who used the transportation service commented that they had no other source of transportation or were unable to drive due to their health conditions. Examples of persons using the service were those needing dialysis and chemotherapy, seniors, and those recovering from surgery.

Morris continued to recruit underrepresented specialty care providers to the community. Their efforts attracted pediatricians, obstetricians, cardiologists and others providers to the area. This has resulted in service area residents not having to travel to other cities to access needed health care.

Trained volunteers are enrollment advisors that help seniors with insurance assistance through the Senior Health Insurance Program. Over 460 hours of assistance annually were provided to support increased insurance enrollment.

To provide increased access to needed mental health resources and services, Morris participates in the area Mental Health Coalition. The hospital continues to work on a

master plan to expand ER beds, which will provide needed emergency psych/mental health beds.

Chronic Disease
Morris Hospital undertook health education events, support groups and screenings to address chronic diseases.

Health Education
Topics were presented on heart health, healthy eating, physical activity, stress reduction, portion control, signs and symptoms of stroke, controlling high blood pressure, women and heart disease, diabetes management, pulmonary disease management, prediabetes, and others. Over 3,500 persons attended the health education sessions.

Screenings
The following screenings were provided:
Skin cancer – 183
Prostate cancer – 110
Blood glucose – 86
Blood pressure – 308
In addition to these screenings conducted at community events, Morris instituted a weekly screening and health risk assessment effort called Wellness Wednesdays. A variety of screenings (carotid artery, peripheral artery disease, heart, and others) were offered at reduced prices on a weekly basis.

Support Groups
There were over 500 patient and family encounters for support group sessions over the past three years. These support groups were offered:
Stroke and Aphasia support group
Diabetes support group
Cardiovascular disease support group
Head and Neck Cancer support group

Overweight and Obesity
To promote awareness of efforts in the community to improve healthy living and address overweight and obesity, the hospital provided health-focused information through community radio spots, newspaper ads, and the *Health Source* newsletter. Morris offered a senior exercise class at the YMCA, four days a week and at an area church in Minooka two days a week. This class is a balanced fitness program that included a combination of cardio-respiratory, muscle, endurance and flexibility training.

Over the past three years, there were close to 30,000 visits by seniors to the exercise classes. The hospital initiated a Healthy Lifestyle/Healthy Eating program open to the community. There were 480 client visits to this program since 2013.

Efforts have been undertaken citywide to address overweight and obesity by promoting healthy eating. The Grundy County Public Health Department maintains a community garden, growing a variety of fresh vegetables. Morris Hospital hired a chef to bring healthy menus to the hospital cafeteria. The hospital now offers more low-fat food options, fish and vegetable choices. These changes have been welcomed by families and staff.

Health Behaviors and Prevention
Morris Hospital has improved community health by increasing a number of prevention strategies. They provided 494 Lifeline Medical Alert systems for low-income residents. They paid for installation and maintenance of the service at a cost of $138,464. This helped disabled persons and seniors safely stay in their homes. As part of the Lifeline installation process, in-home fall prevention assessments were provided. They also provided in home meals to seniors who are homebound. Since 2013, 26,644 meals were delivered.

Another effort by the hospital to improve seniors' health is the medication dispenser program. This program installed dispensers in clients' homes to help reduce taking duplicate medications or forgetting to take medications. This program assisted 165 persons since 2013 at a cost to the hospital of $63,298 in dispenser installations.

The hospital offered smoking cessation counseling, CPR and first aid classes and flu vaccines to the community.

A number of preventive health efforts were offered to children and their families. The hospital participated in seven health fairs in the past three years that targeted children with health education and resources. They participated in the Grundy Partnership for Children. The hospital participated in an annual Back to School Fair in 2013 and 2014 that served close to 2,000 children.

Grants Program
During 2013 and 2014, Morris Hospital distributed $49,612 dollars to community organizations to address the priority health needs. The funds went to support the following organizations and programs:

Organization	Program
Child Care Resource and Referral	Child Mental Health and library at two childcare centers
Coal City Fire Protection	Upgrade cardiac monitors
Community Nutrition Network and Senior Services	Senior meal program
Dwight EMS	Stryker cots
Gardener South Wilmington High School	AED Unit
Grundy County Drug Court	Mental health, medical and dental care for participants
Guardian Angel Community Services	Domestic Violence
Marseilles Nursing Services	Needed equipment and health education handouts for clients
Morris Public Pool	AED Unit
Newark Fire Protection District	Stryker cots