

2019

Morris Hospital & Healthcare Centers



Community
Health Needs
Assessment

Table of Contents

Executive Summary	4
Report Adoption, Availability and Comments	5
Introduction	6
Background and Purpose	6
Service Area	6
Project Oversight	7
Consultant	8
Data Collection Methodology	9
Secondary Data Collection	9
Primary Data Collection	9
Public Comment	10
Identification and Prioritization of Significant Health Needs	11
Review of Primary and Secondary Data	11
Priority Health Needs	11
Resources to Address Significant Health Needs	12
Review of Progress	12
Community Demographics	13
Population	13
Population by Age	14
Race/Ethnicity	15
Language	16
Social Determinants of Health	18
Social and Economic Factors Ranking	18
Poverty	18
Unemployment	20
Free and Reduced Price Lunch Program	20
Households and Household Income	21
Households by Type	23
Homelessness	24

Educational Attainment.....	25
High School Graduation Rates	25
Preschool Enrollment.....	26
Crime and Safety	26
Access to Health Care.....	30
Health Insurance Coverage	30
Usual Source of Care	30
Delayed Care.....	30
Access to Primary Care Community Clinics	31
Access to Providers	32
Community Input – Access to Health Care	32
Birth Characteristics	34
Births	34
Prenatal Care.....	34
Teen Birth Rate.....	35
Low Birth Weight and Preterm Births.....	35
Maternal Smoking.....	36
Cesarean Section	36
Infant Mortality	37
Breastfeeding.....	37
Community Input – Birth Characteristics.....	37
Leading Causes of Death.....	38
Age-Adjusted Death Rates	38
Premature Death	38
Leading Causes of Death	39
Cancer Death Rates	39
Acute and Chronic Disease.....	41
Chronic Diseases.....	41
Asthma	42
Cancer	43
HIV/AIDS	43

Community Input – Chronic Diseases.....	44
Health Behaviors	46
Health Behaviors Ranking	46
Health Status	46
Sexually Transmitted Infections	46
Overweight and Obesity	47
Community Input – Overweight and Obesity	47
Physical Activity	49
Mental Health	51
Mental Health Status	51
Community Input – Mental Health.....	52
Substance Use and Misuse.....	54
Smoking.....	54
Alcohol Use	54
Drug Use	55
Youth Alcohol, Tobacco, and Drug Use.....	56
Community Input – Substance Use and Misuse	57
Preventive Practices.....	59
Immunization of Children	59
Colorectal Cancer Screening	59
Flu and Pneumonia Vaccines	59
Women’s Health Screening	60
Prostate Cancer Screening.....	60
Community Input – Preventive Practices	60
Attachment 1. Benchmark Comparisons.....	62
Attachment 2. Community Interviewees	63
Attachment 3. Resources to Address Needs.....	64
Attachment 4. Review of Progress	66

Executive Summary

Morris Hospital & Healthcare Centers is an 89-bed nonprofit hospital located in Morris, Illinois. As required by federal law, Morris Hospital has undertaken a Community Health Needs Assessment (CHNA). The Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years. The purpose of this Community Health Needs Assessment is to identify and prioritize the significant health needs of the community served by Morris Hospital. The health needs identified in this report help to guide the hospital's community benefit activities.

Service Area

Morris Hospital is located at 150 W. High Street, Morris, Illinois, 60450. The service area encompasses five counties, and includes 20 ZIP Codes, representing 23 cities. The service area was determined from the ZIP Codes that reflect a majority of patient admissions. Whenever possible, ZIP Code level data or city data were used to most accurately describe the service area. However, some data indicators were only available at the county level.

Assessment Process and Methods

Secondary and primary data were collected to complete the CHNA. Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, access to health care, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The following criteria were used to identify significant health needs:

1. The size of the problem (relative portion of population afflicted by the problem)
2. The seriousness of the problem (impact at individual, family, and community levels)

Primary data were obtained through interviews with 14 key community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of such populations. 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 potentially available to address needs and discover gaps in resources.

Significant Health Needs

The community stakeholders were asked to prioritize the significant health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided and resulted in an overall average for each health need. Mental health, substance use and misuse, and access to health care were ranked as the top three priority needs in the service area. The significant health needs are listed below in priority order:

1. Mental health
2. Substance use and misuse
3. Access to health care
4. Chronic diseases
5. Overweight and obesity
6. Preventive practices
7. Birth characteristics

Report Adoption, Availability and Comments

This CHNA report was adopted by the Morris Hospital Board of Directors in November 2019.

This report is widely available to the public on the hospital's web site, <https://www.morrishospital.org/about-us/community-health-needs-assessment/>. Written comments on this report can be submitted to <https://www.morrishospital.org/contact/>.

Introduction

Background and Purpose

Morris Hospital & Healthcare Centers is an 89-bed nonprofit hospital located in Morris, Illinois. It is located 55 miles southwest of Chicago. In addition to 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, Mazon, Minooka, Morris, Ottawa and Newark Healthcare Centers.

Morris Hospital & Healthcare Centers is known for its compassionate and personalized approach to health care. This is attributed to the outstanding work of 1,400 employees, 539 Auxilians, and a medical staff of more than 109 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 CHNA and develop an Implementation Strategy every three years. The CHNA 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

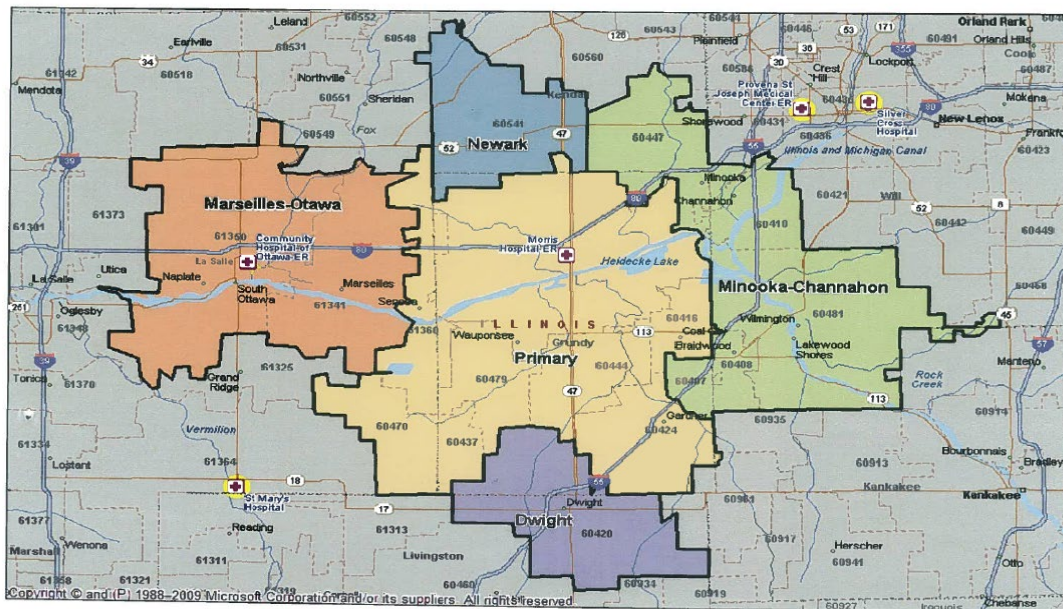
Morris Hospital is centrally located in Morris, Illinois, in Grundy County. Morris Hospital is located at 150 W. High Street, Morris, Illinois, 60450. The service area encompasses five counties, and includes 20 ZIP Codes, representing 23 cities. The Morris Hospital service area is presented below by city, ZIP Code and county.

Morris Hospital Service Area

City	Zip Code	County
Braceville	60407	Grundy
Braidwood	60408	Will
Channahon	60410	Grundy/Will
Carbon Hill	60416	Grundy
Coal City	60416	Grundy
Diamond	60416	Grundy
Dwight	60420	Grundy/Livingston
Gardner	60424	Grundy

City	Zip Code	County
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
Shorewood	60404	Will
East Brooklyn	60474	Grundy
South Wilmington	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:

John Roundtree

Manager, Strategic Planning

Morris Hospital & Healthcare Centers

Sue Szumski, RN
Instructor
Morris Hospital & Healthcare Centers

Consultant

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Melissa Biel, DPA, RN conducted the Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, Med, and Denise Flanagan, BA. 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

Data Collection Methodology

Secondary Data Collection

Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, access to health care, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. When available, data sets are presented in the context of the state to help frame 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, County Health Rankings, Illinois Department of Employment Security, Illinois Youth Survey, and the National Cancer Institute, among others.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Whenever possible, ZIP Code level data or city data were used to most accurately describe the service area. However, some data indicators were only available by county.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2020 objectives, where appropriate. 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. Attachment 1 compares Healthy People 2020 objectives with service area data.

Primary Data Collection

Interviews were used to gather information and opinions from persons who represent the interests of the community served by the hospital. Interview participant comments are included in the CHNA report. A list of the community respondents engaged in the primary data collection can be found in Attachment 2.

Interviews

Fourteen (14) interviews were completed from July through August 2019. Community stakeholders identified by the hospital were contacted and asked to participate in the

needs assessment. Interviewees included individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community. Input was obtained from the Grundy County Health Department and the Kendall County Health Department.

The identified stakeholders were invited by email to participate in a 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 needs assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

Interview questions focused on the following topics:

- Major health issues in the community
- Socioeconomic, behavioral, or environmental factors that impact health in the community
- Those most affected by the significant needs
- Issues, challenges and barriers experienced in the community
- Potential resources to address the identified health needs, such as services, programs and/or community efforts
- Additional comments and concerns

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. The previous Community Health Needs Assessment was made widely available to the public on the website <https://www.morrishospital.org/about-us/community-health-needs-assessment/>. Written comments were solicited through the hospital website at <https://www.morrishospital.org/contact/>. To date, no public comments have been received.

Identification and Prioritization of Significant Health Needs

Review of Primary and Secondary Data

Significant 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 that were 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, which performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The following significant health needs were determined:

- Access to health care
- Birth characteristics
- Chronic diseases
- Mental health
- Overweight and obesity
- Preventive practices (screenings and immunizations)
- Substance use and misuse

Priority Health Needs

The list of significant health needs 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. Community stakeholders were used to gather input and prioritize the significant health needs.

The stakeholder interviewees were asked to rank order (possible score of 4) the health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided. Among the interviewees, mental health, substance use and misuse and access to health care were ranked as the top three priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs.

Significant Health Needs in Priority Order	Rank Order Score (Total Possible Score of 4)
Mental health	4.00
Substance use and misuse	4.00
Access to health care	3.83

Significant Health Needs in Priority Order	Rank Order Score (Total Possible Score of 4)
Chronic diseases	3.73
Overweight and obesity	3.55
Preventive practices	3.55
Birth characteristics	3.10

Resources to Address Significant Health Needs

Through the interview process, community stakeholders identified resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 3.

Review of Progress

In 2016, Morris Hospital conducted the previous Community Health Needs Assessment. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's 2016-2019 Implementation Strategy addressed access to care, chronic diseases, overweight and obesity, health behaviors and prevention. A review of the impact of the actions to address these significant health needs can be found in Attachment 4.

Community Demographics

Population

The population in the Morris Hospital (Morris) service area is 130,755. From 2012 to 2017, the population increased by 3.5%, which is a higher than the rate of increase in the state (0.2%).

Total Population and Change in Population, 2012-2017

	Total Population	Change in Population 2012-2017
Grundy County	50,333	0.9%
Kendall County	122,933	7.6%
LaSalle County	111,151	(-2.2%)
Livingston County	36,812	(-5.4%)
Will County	687,727	1.5%
Morris Service Area	130,755	3.5%
Illinois	12,854,526	0.2%

Source: U.S. Census Bureau, American Community Survey, 2008-2012 & 2013-2017, DP05. [4](#)

The population density of the service area counties ranges from 821.8 persons per square mile in Will County to 35.3 persons per square mile in Livingston County.

Population Density

	Total Population	Square Miles	Persons Per Square Mile
Grundy County	50,333	419.9	119.9
Kendall County	122,933	320.6	383.4
LaSalle County	111,151	1,134.9	97.9
Livingston County	36,812	1,043.8	35.3
Will County	687,727	836.9	821.8

Source: Square miles from Illinois Department of Public Health website; population from U.S. Census Bureau, American Community Survey, 2013-2017, DP05. <http://factfinder.census.gov>

Of the area population, 49% are male and 51% are female.

Population by Gender

	Morris Service Area	Grundy County	Illinois
Male	49.0%	50.0%	49.1%
Female	51.0%	50.0%	50.9%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05. <http://factfinder.census.gov>

In the service area, 26.2% of the population is children, 0-17 years of age and 13.1% of the population is seniors, ages 65 and older. Among service area cities, Minooka has the largest percentage of children, ages 0-17 (32.7%) and the smallest percentage of

seniors, 65 and older (7.5%). East Brooklyn has the highest percentage of seniors (28.1%), and the smallest percentage of children (7.9%).

Population by Youth, Ages 0-17, and Seniors, Ages 65+

	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Braceville	779	24.3%	12.1%
Braidwood	6,273	20.9%	13.2%
Carbon Hill	312	29.8%	13.5%
Channahon	12,455	28.9%	10.3%
Coal City	5,574	27.1%	8.5%
Diamond	2,686	32.1%	8.3%
Dwight	4,201	19.1%	21.4%
East Brooklyn	39	7.9%	28.1%
Gardner	1,238	20.1%	10.7%
Kinsman	109	16.5%	21.1%
Marseilles	5,058	28.2%	15.4%
Mazon	927	25.4%	13.1%
Minooka	11,449	32.7%	7.5%
Morris	14,165	22.3%	16.9%
Newark	1,251	31.4%	10.2%
Ottawa	18,779	24.1%	16.9%
Ransom	370	15.7%	11.4%
Seneca	2,569	26.3%	13.1%
Shorewood	16,809	23.4%	16.1%
South Wilmington	831	22.0%	13.8%
Verona	245	31.8%	11.0%
Wilmington	5,845	25.5%	15.4%
Yorkville	18,691	30.5%	8.0%
Morris Service Area	130,755	26.2%	13.1%
Grundy County	50,333	25.8%	13.1%
Illinois	12,854,526	23.0%	14.4%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05. <http://factfinder.census.gov>

Population by Age

The Morris Hospital service area has a higher percentage of children (ages 0-17) and adults (ages 35 to 54), a smaller percentage of young adults (ages 18 to 34) and seniors (ages 55 and over) as compared to the state.

Population by Age

	Morris Service Area		Grundy County		Illinois	
	Number	Percent	Number	Percent	Number	Percent
0 – 4	9,076	6.9%	3,159	6.3%	785,560	6.1%
5 – 9	9,444	7.2%	3,620	7.2%	815,494	6.3%

	Morris Service Area		Grundy County		Illinois	
	Number	Percent	Number	Percent	Number	Percent
10 – 14	10,007	7.7%	3,810	7.6%	843,048	6.6%
15 – 17	5,715	4.4%	2,392	4.8%	514,895	4.0%
18 – 20	4,736	3.6%	1,618	3.2%	520,000	4.0%
21 – 24	6,172	4.7%	2,503	5.0%	709,450	5.5%
25 – 34	16,679	12.8%	6,293	12.5%	1,782,100	13.9%
35 – 44	18,766	14.4%	7,075	14.1%	1,661,674	12.9%
45 – 54	18,402	14.1%	7,170	14.2%	1,739,014	13.5%
55 – 64	14,653	11.2%	6,121	12.2%	1,635,359	12.7%
65 – 74	9,864	7.5%	3,925	7.8%	1,045,472	8.1%
75 – 84	4,872	3.7%	1,848	3.7%	549,583	4.3%
85+	2,369	1.8%	799	1.6%	252,877	2.0%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05. <http://factfinder.census.gov>

Race/Ethnicity

The majority population in the Morris Hospital service area is White/Caucasian (84.6%). 9.8% of the population is Hispanic/Latino. The remaining racial/ethnic groups make up 5.6% of the population. The percentage of Whites in the service area is higher than in the state (61.9%).

Population by Race and Ethnicity

	Morris Service Area	Grundy County	Illinois
White	84.6%	87.1%	61.9%
Hispanic or Latino	9.8%	9.4%	16.8%
Black or African American	3.0%	1.3%	14.1%
Other or Multiple	1.5%	1.4%	1.9%
Asian	1.0%	0.7%	5.2%
American Indian/Alaska Native	0.1%	0.0%	0.1%
Native Hawaiian/Pacific Islander	0.0%	0.0%	0.0%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05. <http://factfinder.census.gov>

When race and ethnicity were examined by place, Verona (26.1%), Minooka (16.1%) and Carbon Hill (16.0%) have the highest percentage of Latinos. Yorkville (7.5%) and Shorewood (5.2%) have the highest percentage of Black/African American residents.

Racial/Ethnic Distribution by Place

	White	Hispanic or Latino	Black/African-American
Braceville	90.0%	8.3%	0.0%
Braidwood	92.8%	5.6%	0.3%
Carbon Hill	83.0%	16.0%	0.0%
Channahon	85.9%	10.7%	0.7%
Coal City	92.2%	4.0%	1.5%
Diamond	86.8%	8.5%	2.7%

	White	Hispanic or Latino	Black/African-American
Dwight	91.9%	2.9%	2.9%
East Brooklyn	90.6%	9.4%	0.0%
Gardner	94.7%	1.9%	1.0%
Kinsman	95.4%	4.6%	0.0%
Marseilles	95.1%	3.9%	0.0%
Mazon	91.7%	7.7%	0.0%
Minooka	81.0%	16.1%	0.7%
Morris	87.2%	10.1%	1.7%
Newark	92.4%	7.1%	0.2%
Ottawa	83.6%	8.9%	4.4%
Ransom	95.4%	4.1%	0.0%
Seneca	94.4%	4.9%	0.0%
Shorewood	77.9%	12.9%	5.2%
South Wilmington	91.0%	8.5%	0.0%
Verona	73.9%	26.1%	0.0%
Wilmington	88.1%	9.9%	0.5%
Yorkville	76.9%	11.1%	7.5%
Morris Service Area	84.6%	9.8%	3.0%
Grundy County	87.1%	9.4%	1.3%
Illinois	61.9%	16.8%	14.1%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05. <http://factfinder.census.gov>

Language

In the hospital service area, English is the most frequently spoken language (92.2%). 5.2% of the population, 5 years and older, speaks Spanish in the home.

Language Spoken at Home for the Population, 5 Years and Over

	Morris Service Area	Grundy County	Illinois
Population 5 years and older	121,679	47,174	12,068,966
English only	92.2%	91.9%	77.2%
Speaks Spanish	5.2%	6.6%	13.3%
Speaks other Indo-European language	1.7%	1.1%	5.5%
Speaks Asian/Pacific Islander language	0.8%	0.4%	2.9%
Speaks other language	0.1%	0.1%	1.1%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP02. <http://factfinder.census.gov>

The highest percentage of Spanish speakers among area cities is found in Verona, where 27% of the population speaks Spanish in the home.

Language Spoken at Home for the Population, 5 Years and Over

	English	Spanish
Braceville	98.2%	0.4%
Braidwood	97.1%	1.3%
Carbon Hill	95.3%	4.3%
Channahon	92.5%	5.2%
Coal City	94.4%	5.2%
Diamond	93.8%	5.6%
Dwight	98.8%	1.0%
East Brooklyn	90.6%	7.9%
Gardner	95.7%	1.0%
Kinsman	100.0%	0.0%
Marseilles	97.0%	1.9%
Mazon	94.2%	5.1%
Minooka	87.7%	9.8%
Morris	90.9%	7.6%
Newark	92.0%	3.5%
Ottawa	93.5%	3.8%
Ransom	99.2%	0.8%
Seneca	98.9%	0.6%
Shorewood	86.5%	8.3%
South Wilmington	98.3%	0.9%
Verona	73.0%	27.0%
Wilmington	94.2%	4.3%
Yorkville	91.7%	4.0%
Morris Service Area	92.2%	5.2%
Grundy County	91.9%	6.6%
Illinois	77.2%	13.3%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP02. <http://factfinder.census.gov>

Social Determinants of Health

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 the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Kendall County (3) and Will County (16) are ranked in the top quartile of all Illinois counties according to social and economic factors. Grundy County (28) is in the second quartile. Livingston County is at the midpoint (51 out of 102). LaSalle County (74) is in the bottom third quartile of the state's counties for these factors.

Social and Economic Factors Ranking

County Ranking (out of 102)	
Grundy	28
Kendall	3
LaSalle	74
Livingston	51
Will	16

Source: County Health Rankings, 2019. www.countyhealthrankings.org

Poverty

The Census Bureau annually updates official poverty population statistics. For 2017, the Federal Poverty Level (FPL) was set at an annual income of \$12,488 for one person and \$24,858 for a family of four.

The service area poverty rate is 10.5%. Community poverty rates are highest among residents in Marseilles (24%) and Kinsman (20.2%). Levels of low-income residents (defined as earning less than 200% of the FPL) are 24.1% service-area-wide.

Ratio of Income to Poverty Level, by Location (<100% FPL and <200% FPL)

	< 100% FPL	< 200% FPL
Braceville	8.4%	27.9%
Braidwood	12.0%	21.3%
Carbon Hill	13.0%	26.9%
Channahon	5.9%	13.4%
Coal City	9.1%	20.0%
Diamond	13.5%	33.3%
Dwight	12.2%	22.0%
East Brooklyn	2.2%	29.5%

	< 100% FPL	< 200% FPL
Gardner	9.4%	27.3%
Kinsman	20.2%	33.9%
Marseilles	24.0%	43.9%
Mazon	12.8%	27.9%
Minooka	7.6%	19.6%
Morris	12.9%	27.0%
Newark	5.6%	22.3%
Ottawa	16.2%	35.3%
Ransom	4.6%	12.7%
Seneca	12.9%	23.7%
Shorewood	5.6%	13.1%
South Wilmington	6.4%	16.0%
Verona	9.4%	42.4%
Wilmington	15.1%	34.4%
Yorkville	6.4%	23.3%
Morris Service Area	10.5%	24.1%
Grundy County	9.4%	22.5%
Illinois	13.5%	30.2%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, S1701. <http://factfinder.census.gov>

14% of service area children, under age 18, are living in poverty. The highest rates of childhood poverty are found in Kinsman (44.4%) and Marseilles (40.8%). Among service area seniors, 7.7% are living in poverty. The highest rates of senior poverty are found in Verona (33.3%), Newark (14.2%), and Yorkville (13.2%). Among female Heads of Household (HoH), with children under age 18, 40.2% are living in poverty; the highest rates are found in Braceville (77.8%), Marseilles (73.8%) and Gardner (71.4%).

Poverty Levels of Children, Seniors 65+, and Female Head of Household with Children

	Children Under 18 Years Old	Seniors, 65+	Female HoH with Children *
Braceville	10.3%	4.3%	77.8%
Braidwood	13.9%	8.1%	50.9%
Carbon Hill	21.3%	2.4%	62.5%
Channahon	10.5%	3.3%	40.3%
Coal City	6.6%	9.9%	17.4%
Diamond	19.3%	5.4%	52.2%
Dwight	7.6%	11.8%	19.4%
East Brooklyn	0.0%	7.7%	0.0%
Gardner	8.4%	11.3%	71.4%
Kinsman	44.4%	8.7%	0.0%
Marseilles	40.8%	6.6%	73.8%
Mazon	22.3%	2.5%	52.0%
Minooka	10.8%	2.6%	42.9%

	Children Under 18 Years Old	Seniors, 65+	Female HoH with Children *
Morris	17.4%	10.0%	24.6%
Newark	2.8%	14.2%	9.5%
Ottawa	24.2%	8.9%	49.5%
Ransom	5.2%	0.0%	57.1%
Seneca	19.4%	6.3%	48.2%
Shorewood	7.0%	4.7%	12.7%
South Wilmington	12.6%	7.8%	31.3%
Verona	9.0%	33.3%	22.2%
Wilmington	21.9%	5.3%	41.6%
Yorkville	6.9%	13.2%	37.0%
Morris Service Area	14.0%	7.7%	40.2%
Grundy County	11.2%	9.1%	30.1%
Illinois	18.8%	8.8%	38.2%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, S1701 & *S1702. <http://factfinder.census.gov>

Unemployment

Among the counties served by Morris Hospital, LaSalle County (5.8%) had the highest unemployment rate in 2018. Kendall County (3.5%) and Will County (4%) had unemployment rates below the state rate (4.3%).

Unemployment Rate, 2018

	Percent
Grundy County	4.7%
Kendall County	3.5%
LaSalle County	5.8%
Livingston County	4.4%
Will County	4.0%
Illinois	4.3%

Source: Illinois Department of Employment Security, Historical Annual Average Data by County, 2018
http://www.ides.illinois.gov/LMI/Pages/Local_Area_Unemployment_Statistics.aspx

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. In LaSalle County, half of the student population (50.1%) is eligible for the free or reduced-price lunch program, which equals the state rate. Grundy County (24.3%) and Kendall County (24.1%) have the lowest rates of children who qualify for the program.

Children Eligible for Free and Reduced Lunch Program

	Percent
Grundy	24.3%
Kendall	24.1%

	Percent
LaSalle	50.1%
Livingston	42.9%
Will	37.3%
Illinois	50.1%

Source: National Center for Education Statistics, 2016-2017 <http://nces.ed.gov/ipeds/data/ipedsonline/ipedsonline.asp>

Illinois children in 8th, 10th and 12th grades were asked how often they had gone hungry because there was not enough food in their home. In Grundy County, 3% of surveyed students reported that they always or most of the time went hungry due to a lack of food in the home.

Go Hungry Most of the Time or Always, 8th, 10th and 12th Grade Youth

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
8 th grade	3%	N/A	5%	5%	5%	3%
10 th grade	3%	5%	2%	0%	4%	3%
12 th grade	3%	2%	5%	0%	3%	3%

Source: Illinois Youth Survey, 2018 <https://iys.cprd.illinois.edu/results/county>
No 8th Grade data for Kendall County.

Households and Household Income

In the hospital service area, there are 191,411 households and 200,975 housing units. Over the last five years, the population grew by 3.5%, the number of households grew at a rate of 4.4%, housing units grew at a rate of 3%, and vacant units decreased by -11.8%. Owner-occupied housing decreased 1% and renting increased 22.2%.

Households and Housing Units, and Percent Change, 2012-2017

	Morris Service Area			Grundy County			Illinois		
	2012	2017	% Change	2012	2017	% Change	2012	2017	% Change
Households	46,020	48,038	4.4%	17,987	19,006	5.7%	4,774,275	4,818,452	0.9%
Housing units	50,465	51,957	3.0%	19,919	20,566	3.2%	5,293,619	5,334,847	0.8%
Owner occ.	35,318	34,959	(-1.0%)	13,691	13,695	0.0%	3,248,521	3,185,142	(-2.0%)
Renter occ.	10,702	13,079	22.2%	4,296	5,311	23.6%	1,525,754	1,633,310	7.0%
Vacant	4,445	3,919	(-11.8%)	1,932	1,560	(-19.3%)	519,344	516,395	(-0.6%)

Source: U.S. Census Bureau, American Community Survey, 2008-2012 & 2013-2017, DP04. <http://factfinder.census.gov>

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” Those who spend 50% or more are considered “severely cost burdened.” 26% of owner and renter-occupied households in the service area spend 30% or more of their income on housing. The communities with the highest percentage of households that spend 30% or more of their income on housing are East Brooklyn (35.5%), Diamond (33.5%) and Marseilles (33.4%).

Households that Spend 30% or More of Income on Housing

	Percent
Braceville	24.1%
Braidwood	26.5%
Carbon Hill	27.9%
Channahon	21.4%
Coal City	22.4%
Diamond	33.5%
Dwight	20.0%
East Brooklyn	35.5%
Gardner	29.7%
Kinsman	16.7%
Marseilles	33.4%
Mazon	24.0%
Minooka	20.9%
Morris	29.0%
Newark	30.5%
Ottawa	26.8%
Ransom	15.8%
Seneca	24.7%
Shorewood	24.2%
South Wilmington	19.3%
Verona	25.9%
Wilmington	30.6%
Yorkville	27.8%
Morris Service Area	26.0%
Grundy County	26.4%
Illinois	32.8%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates DP04. <http://factfinder.census.gov>

There are 48,038 households in the Morris Hospital service area. The weighted median of the household incomes for the service area was \$81,570. Marseilles has the lowest median household income (\$44,153) and Shorewood (\$98,444) has the highest median household income in the service area.

Households and Median Household Income

	Number of Households	Median Household Income
Braceville	302	\$61,250
Braidwood	2,503	\$62,734
Carbon Hill	122	\$61,250
Channahon	4,004	\$88,516
Coal City	2,104	\$72,188
Diamond	940	\$57,298
Dwight	1,854	\$55,227
East Brooklyn	62	\$48,611

	Number of Households	Median Household Income
Gardner	478	\$65,000
Kinsman	43	Not Available
Marseilles	1,889	\$44,153
Mazon	367	\$63,594
Minooka	3,528	\$85,579
Morris	5,990	\$56,181
Newark	416	\$73,409
Ottawa	7,805	\$50,250
Ransom	158	\$60,000
Seneca	961	\$67,351
Shorewood	5,765	\$98,444
South Wilmington	332	\$65,313
Verona	85	\$49,375
Wilmington	2,210	\$52,867
Yorkville	6,120	\$95,383
Morris Service Area*	48,038	\$81,570
Grundy County	19,006	\$71,598
Illinois	4,818,452	\$61,229

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP03. <http://factfinder.census.gov> *Weighted average of the medians, excluding Kinsman.

Households by Type

When households are examined by type, Kendall County has the highest percentage of family households with children, under 18 years old, in the service area (41.9%). In Grundy County, 5.6% of the households are female households with no husband present, and with children under 18 years old. LaSalle County (12.2%) and Livingston County (13.9%) have high rates of households with seniors living alone.

Households by Type

	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	19,006	33.0%	5.6%	8.9%
Kendall	39,882	41.9%	6.9%	5.7%
LaSalle	44,448	26.1%	6.2%	12.2%
Livingston	4,379	26.9%	6.3%	13.9%
Will	226,668	36.8%	6.4%	8.1%
Morris Service Area	48,038	34.6%	6.0%	10.2%
Illinois	4,818,452	28.3%	6.6%	10.9%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP02. <http://factfinder.census.gov>

Homelessness

For countywide homeless counts, Kendall County and Grundy County are part of the Will County Continuum of Care (CoC). Livingston County is part of the Central Illinois Continuum of Care, which includes 10 other counties, including: DeWitt, Ford, Iroquois, Kankakee, Logan, Mason, McLean, Menard, Piatt, and Vermillion Counties. LaSalle County is part of the Northwestern Illinois Continuum of Care, which includes 15 counties: Bureau, Carroll, Henry, Jo Davies, Knox, Lee, Marshall, Mercer, Ogle, Putnam, Rock Island, Stark, Stephenson, and Whiteside Counties.

The 2018 Point-In-Time count of homeless showed an increase in the number of homeless persons in the Will County CoC and a decrease in Central IL CoC, Northwestern IL CoC, and Illinois homeless counts. The percentage of the homeless population that were unsheltered increased in the Will County CoC and Northwestern IL CoC, while decreasing in Central IL CoC and Illinois. In all CoCs but the Will County CoC, the percentage of homeless housed in transitional housing dropped from 2017 to 2018 and the percentage of homeless persons found in Emergency Shelters or Safe Havens rose.

Homelessness, 2017-2018

	Unsheltered		Transitional Housing		Emergency Shelter Safe Haven		Total Number	
	2017	2018	2017	2018	2017	2018	2017	2018
Will County CoC (with Kendall & Grundy Co)	11.0%	12.6%	38.3%	38.4%	50.7%	49.0%	282	341
Central IL CoC (incl. Livingston County)	9.5%	6.5%	22.6%	19.9%	67.9%	73.6%	433	387
Northwestern IL CoC (incl. LaSalle County)	3.7%	8.1%	40.7%	19.7%	55.6%	72.2%	243	198
Illinois	20.9%	18.2%	39.9%	22.4%	39.2%	59.4%	10,798	10,643

Source: HUD Exchange Point-In-Time Estimates, 2017& 2018. <https://www.hudexchange.info/resource/5783/2018-ahar-part-1-pit-estimates-of-homelessness-in-the-us/>

In the area COCs, the number of chronically homeless fell despite statewide growth in this subgroup. Additionally, the number of homeless veterans fell in all area CoCs and statewide. The number of unaccompanied minors (under 18 years of age) fell in the Central Illinois CoC, where almost half of the state's homeless youth are found in this area. The number of young parents (those under 25) who are homeless with children increased in all area CoCs despite falling in number statewide.

Homeless Subgroups, 2017-2018

	Chronically Homeless		Veterans		Unaccompanied Minors (under 18)		Parenting Youth (under 25)	
	2017	2018	2017	2018	2017	2018	2017	2018
Will County CoC (incl. Kendall & Grundy Co)	24	23	18	16	0	0	2	6

	Chronically Homeless		Veterans		Unaccompanied Minors (under 18)		Parenting Youth (under 25)	
	2017	2018	2017	2018	2017	2018	2017	2018
Central IL CoC (incl. Livingston County)	52	43	21	10	28	23	8	9
Northwestern IL CoC (incl. LaSalle County)	0	0	24	8	1	0	11	15
Illinois	1,475	1,625	864	804	49	48	290	264

Source: HUD Exchange Point-In-Time Estimates, 2017& 2018. <https://www.hudexchange.info/resource/5783/2018-ahar-part-1-pit-estimates-of-homelessness-in-the-us/>

Educational Attainment

Of the population age 25 and over in the Morris Hospital service area, 92.6% are high school graduates or higher. Over one-third (34.3%) of service area adults, 25 years and older, have earned a college degree.

Educational Attainment (Age 25+)

	Morris Service Area	Grundy County	Illinois
Population, 25 years and older	85,605	33,231	8,666,079
Less than 9 th Grade	2.3%	2.3%	5.2%
9 th to 12 th grade, no diploma	5.1%	4.4%	6.3%
High School Graduate	32.3%	34.4%	26.3%
Some College, no degree	25.8%	27.3%	20.9%
Associate's Degree	9.6%	9.1%	7.9%
Bachelor's Degree	15.0%	14.9%	20.5%
Graduate/Professional Degree	9.7%	7.7%	13.0%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP02. <http://factfinder.census.gov>

High School Graduation Rates

High school graduation rates are determined by the percent of ninth grade students in public schools who graduate in four years. The Healthy People 2020 objective is an 87% graduation rate. All service area county graduation rates exceed the Healthy People 2020 objective.

High School Graduation Rates, 2017-2018

	Rate
Grundy	94%
Kendall	95%
LaSalle	88%
Livingston	89%
Will	91%
Illinois	87%

Source: County Health Rankings and Roadmaps; National Center for Education Statistics, 2016-2017
<http://www.countyhealthrankings.org/app/illinois/2019/measure/factors/21/data>

Preschool Enrollment

62% of 3 and 4 year-olds are enrolled in preschool in the hospital service area, which is higher than the state rate (55.1%).

Children, 3 and 4 Years of Age, Enrolled in Preschool

	Number	Enrolled	Percent
Braceville	21	9	42.9%
Braidwood	240	65	27.1%
Carbon Hill	6	1	16.7%
Channahon	440	175	39.8%
Coal City	111	53	47.7%
Diamond	75	33	44.0%
Dwight	67	46	68.7%
East Brooklyn	0	0	Not Applicable
Gardner	23	8	34.8%
Kinsman	4	4	100.0%
Marseilles	264	190	72.0%
Mazon	31	11	35.5%
Minooka	372	285	76.6%
Morris	462	379	82.0%
Newark	43	10	23.3%
Ottawa	567	467	82.4%
Ransom	3	3	100.0%
Seneca	79	47	59.5%
Shorewood	411	219	53.3%
South Wilmington	14	12	85.7%
Verona	6	3	50.0%
Wilmington	136	52	38.2%
Yorkville	477	318	66.7%
Morris Service Area	3,852	2,390	62.0%
Grundy County	1,443	922	63.9%
Illinois	325,585	179,454	55.1%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, S1401. <http://factfinder.census.gov>

Crime and Safety

Most 10th graders from the service area counties reported feeling “very” or “sort of” safe in their neighborhoods. The lowest rate of perceived safety came from Will County where 91% of 10th graders felt safe in their neighborhoods. In Livingston County, 97% of 10th graders felt safe in their neighborhoods.

Perception of Neighborhood Safety, 10th Grade Youth

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Felt “very” or “sort of” safe	95%	95%	93%	97%	91%	91%

Source: Illinois Youth Survey, 2018. <https://iys.cprd.illinois.edu/results/county>

Bullying in Illinois schools declined from 8th grade through the 10th and 12th grades (the only grades queried). LaSalle County youth reported higher rates of bullying than did those in the other area counties. Livingston County youth reported less bullying.

Bullying Experiences at School, 10th & 12th Grade Youth, Averaged

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Been called names	20.0%	25.0%	26.5%	22.0%	19.0%	19.0%
Someone threatened to hurt them	12.5%	13.0%	17.5%	9.5%	13.0%	12.0%
Been hit, punched, kicked or pushed	5.5%	8.0%	9.0%	2.0%	6.5%	6.5%
Been harassed or had rumors spread about them on the internet or via text messages	19.5%	22.0%	24.0%	9.5%	15.5%	17.0%
Ever been bullied in the past year (reported at least 1 type of bullying)	29.5%	34.5%	39.0%	27.5%	27.0%	27.0%
Intensely bullied in the past year (reported all types of bullying)	3.5%	3.5%	5.0%	1.0%	3.5%	4.0%

Source: Illinois Youth Survey, 2018. <https://ivs.cprd.illinois.edu/results/county>

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

Among area counties, Grundy and Livingston Counties had the largest decline in the Crime Index from 2013-2016 (34.8% decrease). Livingston County did, however, experience an increase of 22.2% in the Crime Index from 2015-2016.

Crime Index, Rate per 100,000 Persons, 2013-2016

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
2013 Crime Index	1,712.2	1,235.0	1,758.7	2,089.8	1,599.5	2,678.5
2014 Crime Index	1,437.8	1,160.3	1,840.1	1,630.5	1,392.9	2,393.2
2015 Crime Index	1,284.4	1,024.1	1,910.2	1,114.3	1,528.9	2,328.4
2016 Crime Index	1,115.8	1,023.1	1,650.9	1,362.1	1,349.0	2,406.9
Percent change	- 34.8%	- 17.2%	- 6.1%	- 34.8%	- 15.7%	- 10.1%

Source: Illinois State Police, Uniform Crime Reports, 2014 & 2016. <http://www.isp.state.il.us/crime/ucrhome.cfm>

The portion of the Total Crime Index that is from crimes against persons is lower than crimes against property. Livingston County had the highest percentage of crimes against persons (9.5%) and Grundy County had the highest percentage of crimes against property (94.2%) among area counties.

Crime, Rate per 100,000 Persons, 2016

	2016 Total Crime Index	Crimes Against Persons		Crimes Against Property	
		Rate	Percentage	Rate	Percentage
Grundy County	1,115.8	64.7	5.8%	1,051.1	94.2%
Kendall County	1,023.1	71.6	7.0%	951.5	93.0%
LaSalle County	1,650.9	105.3	6.4%	1,545.7	93.6%
Livingston County	1,362.1	129.3	9.5%	1,232.9	90.5%
Will County	1,349.0	119.6	8.9%	1,229.4	91.1%
Illinois	2,406.9	286.7	11.9%	2,120.2	88.1%

Source: Illinois State Police, Uniform Crime Report, 2016. <http://www.isp.state.il.us/crime/cii2016.cfm>

A domestic offense is defined as any offense attempted or committed where a domestic relationship (defined as family or household members, persons who share or formerly shared a common dwelling, anyone related by blood, marriage or previous marriage, persons who have or have had a dating relationship, and persons with disabilities and their care givers or assistants) exists between the victim and offender. Reporting is not limited to the offenses of domestic battery, violation of order of protection, criminal sexual assault and other offenses generally associated with domestic violence, but includes all offenses. It does NOT include domestic disputes or disturbances when no offense occurred.

The rate of reported domestic offenses rose from 2015 to 2016 in Illinois and all area counties, except Grundy County. Rates of reported domestic offenses are highest in Kendall and Will Counties.

Domestic Offenses, Rate per 100,000 Persons, 2015-2016

	2015		2016	
	Number	Rate	Number	Rate
Grundy County	90	176.5	79	154.9
Kendall County	605	464.8	839	667.5
LaSalle County	396	347.3	475	416.7
Livingston County	53	122.8	67	160.4
Will County	3,491	509.3	4,238	618.2
Illinois	106,978	820.6	118,160	911.0

Source: Illinois State Police, Uniform Crime Report, 2016. <http://www.isp.state.il.us/crime/cii2016.cfm>

When asked about dating violence and psychological abuse and control within dating relationships, 4.2% of Grundy County 10th graders who had begun to date reported having been a victim of dating violence in the previous 12 months. 11.8% of Grundy

County 10th graders reported someone had put them down or attempted to control them within a dating relationship.

Dating Violence, Among 10th Grade Youth Who Have Begun to Date

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Have been slapped, kicked, punched, hit or threatened in a dating relationship in the past year	4.2%	3.3%	3.4%	3.4%	3.2%	4.0%
Someone has put them down or tried to control them in a dating relationship in the past year	11.8%	8.1%	11.1%	7.7%	8.9%	8.6%

Source: Illinois Youth Survey, 2018. <https://iys.cprd.illinois.edu/results/county>

Access to Health Care

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. In the Morris service area, 4.5% of the total population is uninsured. Children and seniors are insured at higher rates than adults, ages 19-64 years old.

Uninsured, by Age

	All Ages	0 to 18 Years	19 to 64 Years	65+ Years
Grundy	5.0%	2.4%	7.3%	0.0%
Kendall	4.6%	2.8%	6.2%	0.5%
LaSalle	6.2%	2.5%	9.4%	0.2%
Livingston	6.1%	4.7%	8.6%	0.2%
Will	6.5%	2.7%	9.3%	0.8%
Morris Service Area	4.5%	2.0%	6.6%	0.5%
Illinois	8.5%	3.3%	12.3%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, S2701. <http://factfinder.census.gov>

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. In Grundy County, 91.9% of the population has health care insurance and 81.2% have a usual source of care. Of all area counties, Grundy County has the highest insurance rate but the lowest rate for a usual source of care.

Source of Care

	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

In Grundy County, 5.4% of residents could not obtain care due to cost. 21.6% of Grundy County residents had not been to the dentist in the past two years.

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%

	Could Not See Doctor Due to Cost	No Dental Visit in Past Two Years
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, 24.1% of the population in the communities served by Morris Hospital is categorized as low-income (200% of Federal Poverty Level) and 9.8% are at or below the Federal Poverty Level. Portions of the service are categorized as a Health Professions Shortage Area (HPSA).

There are seven Section 330 funded grantees (Federally Qualified Health Centers – FQHCs) serving the service area. These providers are: Access Community Health Network, Aunt Martha's Health and Wellness, Inc., Community Health Partnership of Illinois, Greater Elgin Family Care Center, Lawndale Christian Health Center, VNA Healthcare, and Will County Health Department Community Health Center. There are a number of low-income residents who are not served by one of these clinic providers. The Community Health Centers (CHC) have a total of 2,050 patients in the service area, which equates to 5.1% coverage among low-income patients and 1.2% coverage among the total population. From 2015-2017, the CHC providers added 228 patients for a 12.5% increase in patients served. However, there remain 37,915 low-income residents, approximately 94.9% of the population at or below 200% FPL, who are not served by a Section 330-funded CHC grantee.

Low-Income Patients Served and Not Served by CHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
39,965	2,050	5.1%	1.2%	37,915	94.9%

Source: UDS Mapper, 2017. <http://www.udsmapper.org>

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)

Access to Providers

Having sufficient availability of providers is essential for people to access preventive and primary care and obtain referrals to specialists. The ratios of population to providers indicate that Grundy County has 3,150 residents per one primary care physician and 2,660 residents per one dentist. Grundy County has more mental health providers (psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists) than physicians or dentists at a ratio of 860 persons to one mental health provider.

Ratio of Population to Providers

	Primary Care Physicians	Dentists	Mental Health Providers
Grundy	3,150:1	2,660:1	860:1
Kendall	2,710:1	2,740:1	1,130:1
LaSalle	2,570:1	1,930:1	1,160:1
Livingston	1,920:1	2,610:1	940:1
Will	1,760:1	1,830:1	1,010:1
Illinois	1,230:1	1,310:1	480:1

Source: County Health Rankings, www.countyhealthrankings.org, Physician data from 2016, Dentist data from 2017, Mental Health provider data from 2018.

Community Input – Access to Health Care

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

- There is a shortage of primary care. Often times we see patients who have not had primary care or consistent wellness checks and consistent follow-up with primary care. They come to the ED or urgent care. If you have a patient plugged into primary care, the patients are monitored for screenings and preventive care and they are aware of transportation. But if they are not plugged in, they do not know about screenings and transportation and how to make that happen.
- Transportation is a barrier. We have internal transportation in the county, but it does not go outside of the county. We have two major cities with providers who are just outside the county borders, but our public transportation stays within the county, so that is challenging.
- We do a good job in Grundy with access and there is a free clinic, the Will-Grundy Medical Clinic. We have such few specialists, and it takes 6 to 8 weeks to get an appointment.
- Money is always a barrier. People on a fixed income can't afford multiple appointments to get their needs met or the deductibles and copays are high so they delay or put off care. Same for dental care.
- There are plenty of dentists, but people lack a payment source as many dentists don't provide any subsidized care.

- Grundy County lacks dental services for the Medicaid population.
- A lot of physicians are not seeing new patients.
- From the standpoint of someone who works, office hours are during regular working hours. Do I take a day off of work to go to the doctor? People don't want to do that.
- The county has seen an increase in our Medicaid population but we are not seeing an increase of Medicaid providers for dental care and behavioral health.
- We need pediatric specialists.
- There are health care providers in our community, but for poorer families that need to access Grundy County free services, they are a distance away. Work hours are also inconvenient. Medical services are only open during regular work hours, 8 am to 4 pm, and people who have hourly jobs can't get off work to access those services.
- Issues with access are having money to afford the programs and knowing where to get needed services.
- Some of the major issues include finding providers who accept Medicaid. And access issues include affordability of different health plans. Sometimes people have access to work-sponsored plans but even those can be unaffordable.
- The biggest challenge with Medicaid is getting providers to accept Medicaid. There is such a low reimbursement rate that providers don't want to participate. Once you get someone to sign up for Medicaid, and they have a Medicaid card, and no one accepts it, they are back at square one with no access to care.
- The challenges and barriers are related to health insurance and financial concerns for families. Insurance is too expensive.

Birth Characteristics

Births

In 2017, there were 11,119 births in the five county area served by Morris Hospital. The four-year trend shows a decrease in births.

Births by County, 2014-2017

	Number of Births			
	2014	2015	2016	2017
Grundy	614	607	604	593
Kendall	1,639	1,626	1,594	1,486
LaSalle	1,225	1,288	1,262	1,180
Livingston	366	407	393	434
Will	7,955	7,802	7,803	7,426
Total	11,799	11,730	11,656	11,119

Source: Illinois Department of Public Health, 2014-2017 <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics>

The majority of births in the service area were to mothers who were Non-Hispanic White. Births to mothers of Hispanic ethnicity range from 4.4% in Livingston County to 22.7% in Will County. 13.6% of births in Will County were to mothers who were Black/African American.

Births by Race/Ethnicity

	White	Black	Other	Hispanic Origin
Grundy	83.6%	2.5%	1.7%	12.1%
Kendall	69.4%	7.1%	3.6%	19.8%
LaSalle	80.1%	4.2%	1.4%	14.4%
Livingston	93.1%	1.8%	0.7%	4.4%
Will	58.0%	13.6%	5.7%	22.7%
Illinois	54.4%	17.7%	6.8%	21.0%

Source: Illinois Department of Public Health, 2017. <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>

Prenatal Care

Pregnant women in the service area counties received adequate prenatal care at rates which meet the Healthy People 2020 objective of 77.6% of women receiving adequate prenatal care (entering care in the first trimester and receiving 80% or more of all recommended prenatal visits). In Grundy County, 84.3% of pregnant women received adequate prenatal care.

Births Where Mother Received Adequate Prenatal Care

	Births with Adequate Care	Births*	Percent
Grundy	495	587	84.3%
Kendall	1,234	1,464	84.3%
LaSalle	1,023	1,173	87.2%
Livingston	360	428	84.1%
Will	5,701	7,290	78.2%
Illinois	108,132	141,349	76.5%

Source: Illinois Department of Public Health, 2017. <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>

*Where details of prenatal care are known

Teen Birth Rate

In Grundy County, 2.5% of births are to teens, ages up to 19 years old. This rate of teen births is lower than the state rate (4.8%).

Births to Teens (Under Age 18, and 18 to 19)

	Under 18 Years	18 to 19 Years	Total Births	Percent
Grundy	2	13	593	2.5%
Kendall	9	2	1,486	2.3%
LaSalle	20	71	1,180	7.7%
Livingston	4	18	434	5.1%
Will	59	187	7,426	3.3%
Illinois	1,858	5,303	149,390	4.8%

Source: Illinois Department of Public Health, 2017. <http://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. The Healthy People 2020 objective for low birth weight infants is 7.8% of live births. In Grundy County, 9.3% of births are low birth weight.

Low Birth Weight (Under 2,500 g)

	Low Weight Births	Total Births	Percent
Grundy	55	593	9.3%
Kendall	103	1,486	6.9%
LaSalle	113	1,180	9.6%
Livingston	45	434	10.4%
Will	661	7,426	8.9%
Illinois	14,898	149,390	10.0%

Source: Illinois Department of Public Health, 2017. <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>

Grundy County (10.8%) and Livingston County (10.6%) have premature birth rates that are higher than the state rate (10.4%). The Healthy People 2020 objective for preterm births is 11.4% of live births.

Preterm Births, <37 Weeks Gestation

	Preterm Births	Total Births	Percent
Grundy	64	593	10.8%
Kendall	131	1,486	8.8%
LaSalle	122	1,180	10.3%
Livingston	46	434	10.6%
Will	765	7,426	10.3%
Illinois	15,548	149,390	10.4%

Source: Illinois Department of Public Health, 2017. <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>

Maternal Smoking

12.7% of women in Grundy County smoked during pregnancy. This is higher than the state rate (10.7%). The Healthy People 2020 objective is for smoking to be limited to 1.4% of pregnant women.

Births Where Mother Smoked During Pregnancy

	Births Where Mother Smoked	Births*	Rate Per 100 Births
Grundy	76	600	12.7%
Kendall	50	1,593	3.1%
LaSalle	292	1,261	23.2%
Livingston	102	392	26.0%
Will	553	7,794	7.1%
Illinois	16,467	154,076	10.7%

Source: Illinois Department of Public Health, 2017. <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>

*Where mother's smoking status is known

Cesarean Section

In 2017, over one-third of births in Grundy, Kendall, Livingston and Will Counties were by Cesarean Section. This rate exceeds the state rate of 31.1%.

Cesarean Section

	Cesarean Section	Total Births	Percent
Grundy	199	593	33.6%
Kendall	514	1,486	34.6%
LaSalle	358	1,180	30.3%
Livingston	151	434	34.8%
Will	2,539	7,426	34.2%
Illinois	46,465	149,390	31.1%

Source: Illinois Department of Public Health, 2017. <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>

Infant Mortality

The Healthy People 2020 objective is 6.0 infant deaths per 1,000 live births. In Grundy County the infant death rate was 4.3 per 1,000 live births. All area counties meet the Healthy People 2020 objective except for LaSalle County (6.6 per 1,000 live births).

Infant Mortality, 2013-2017 Averaged, Rate per 1,000 Live Births

	Infant Deaths	Live Births	Rate
Grundy	2.6	605.0	4.3
Kendall	9.2	1,604.0	5.7
LaSalle	8.0	1,217.2	6.6
Livingston	2.2	398.0	5.5
Will	41.6	7,727.2	5.4
Illinois	967.0	55,479.6	6.2

Source: Illinois Department of Public Health, 2013-2017. <http://dph.illinois.gov/data-statistics/vital-statistics/infant-mortality-statistics/more-statistics>

Breastfeeding

Data on breastfeeding are collected by hospitals on birth certificate data forms. Breastfeeding rates at Morris Hospital indicated 80.2% of new mothers breastfed their newborns and 63.4% breastfed exclusively. The Healthy People objective 2020 goal is for 81.9% of infants to be breastfed.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Morris Hospital	410	80.2%	324	63.4%
Illinois	N/A	80.3%	N/A	63.7%

Source: Illinois Hospital Report Card, 2017. <http://www.healthcarereportcard.illinois.gov/> Illinois data from the CDC's 2018 Breast Feeding Report Card <https://www.cdc.gov/breastfeeding/pdf/2018breastfeedingreportcard.pdf> among 2015 births

Community Input – Birth Characteristics

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

- Teen pregnancy is a big factor.
- We've seen more opioid addicted babies in the last two years than ever before.
- We are seeing the impact of a lack of prenatal care and proper early childhood medical care in our 3-4-year olds. They are at risk or need special needs services from the school district. Unfortunately, the largest number of those are coming from low-income families. I think it is lack of access and awareness.
- We are most concerned about children yet to be born and the skyrocketing STI rates.

Leading Causes of Death

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 Grundy County, the age-adjusted death rate increased from 762.4 per 100,000 persons in 2016 to 811.6 per 100,000 persons in 2017. These rates exceed state death rates.

Age-Adjusted Deaths per 100,000 Persons, 2016 & 2017

	Deaths		Population		Crude Rate		Age-Adjusted Rate	
	2016	2017	2016	2017	2016	2017	2016	2017
Grundy	396	428	50,437	50,586	785.1	846.1	762.4	811.6
Kendall	560	561	124,695	126,218	449.1	444.5	599.6	598.7
LaSalle	1,296	1,353	110,642	110,067	1,171.3	1,229.3	804.9	861.7
Livingston	430	457	36,526	36,518	1,177.2	1,251.4	831.4	849.8
Will	4,501	4,775	689,529	692,661	652.8	689.4	702.9	722.0
Illinois	107,020	109,721	12,801,539	12,802,023	836.0	857.1	724.3	724.2

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. 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, Grundy and Will Counties are in the top quartile, indicating low premature death rates. LaSalle and Livingston Counties are ranked in the bottom half of Illinois counties, indicating a higher rate of premature deaths.

Premature Death Rates, per 100,000 Persons, 2015-2017

	Total Deaths	YPLL-75	County Ranking (out of 102)
Grundy	1,220	5,700	13
Kendall	1,708	4,500	3
LaSalle	4,003	8,200	61
Livingston	1,319	8,200	62
Will	13,608	5,600	12
Illinois	323,613	6,600	N/A

Source: Deaths: Illinois Department of Public Health, Vital Statistics, 2015-2017. <http://www.dph.illinois.gov/data-statistics/vital-statistics/death-statistics> Source: YPLL-75 and Rankings: County Health Rankings, 2019. www.countyhealthrankings.org

Leading Causes of Death

The top ten leading causes of death in the state are heart disease, cancer, stroke, Chronic Lower Respiratory Disease (CLRD), unintentional injuries (accidents), Alzheimer's disease, diabetes, flu/pneumonia, kidney disease, and septicemia. Beginning in 2015, rates of death by county were provided only for these ten causes of death by the IL Department of Health.

Rates of death in LaSalle County and Livingston County exceed the state rates of death for the top ten causes, with the exception of flu and pneumonia deaths in LaSalle County. Grundy County exceeds the state rates of death for CLRD, diabetes and kidney disease. Kendall County and Will County have lower rates of all ten listed causes of death than the state.

Leading Causes of Death, Crude Rates, per 100,000 Persons, 2013-2017

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Diseases of the Heart	180.4	90.1	297.3	304.2	148.7	195.4
Cancer	188.3	118.0	261.8	260.2	153.7	190.2
Stroke	37.0	24.4	59.0	66.3	34.1	43.8
Chronic Lower Respiratory Disease	58.8	26.5	74.5	62.5	32.9	43.7
Unintentional Injuries	38.5	27.3	61.5	54.3	32.0	39.7
Alzheimer's Disease	17.5	11.7	46.4	42.4	19.1	27.7
Diabetes	33.0	12.4	30.6	36.4	16.1	21.8
Influenza/Pneumonia	12.3	10.6	19.4	21.2	16.7	19.6
Kidney Disease	19.5	7.8	29.0	26.1	12.1	18.4
Septicemia	11.9	5.5	14.6	17.4	7.6	13.8

Source for Deaths: Illinois Department of Public Health, 2013-2017, <http://www.dph.illinois.gov/data-statistics/vital-statistics/death-statistics/more-statistics> Population Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05. <http://factfinder.census.gov>

Cancer Death Rates

Rates of death from breast and colon/rectal cancers in Grundy County and LaSalle County exceed the state rate. Rates of death from prostate cancer exceed the state rate

in Grundy County and Livingston County. Rates of death from lung cancer exceed the state rate in all service area counties except for Kendall County.

Cancer Death Rates, per 100,000 Persons, Age-Adjusted, 2011-2015

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Lung	51.1	41.3	54.7	51.9	47.1	46.3
Breast (females only)	22.5	21.4	24.8	13.2	21.4	22.4
Prostate (males only)	24.1	19.9	19.6	20.6	18.3	20.5
Colon and rectum	19.5	11.3	16.8	13.9	14.0	15.6

Source: National Cancer Institute, State Cancer Profiles, 2011-2015 <http://statecancerprofiles.cancer.gov/data-topics/mortality.html>

Acute and Chronic Disease

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, which is higher than the state rate of 9.1%. 10% of LaSalle County adults have been diagnosed with diabetes, which is higher than the state rate of 9%. Livingston County (4.9%) and Will County (4.5%) have higher rates of coronary heart disease than 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*	8%	9%	10%	9%	9%	9%
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>

*Source: Source: County Health Rankings, 2019, from CDC Behavioral Risk Factor Surveillance System for 2015.

www.countyhealthrankings.org

All service area counties had high rates of ER visits as a result of hypertension. Diabetes was also a reason for high ER visits. In Grundy County, ER visits for hypertension (38%) and heart disease (7.6%) were higher than state rates for these chronic conditions.

ER Visits for Chronic Conditions, Federal Fiscal Year 2016

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
All ER visits for chronic conditions	9,522	17,502	15,827	3,740	84,938	2,155,200
All cancers	1.3%	1.8%	2.6%	2.6%	1.6%	1.5%
Alzheimer's	0.4%	0.4%	0.8%	0.6%	0.5%	0.5%
Asthma	4.1%	13.8%	5.3%	5.4%	12.5%	12.1%
Other COPD	4.3%	3.8%	7.9%	6.0%	4.3%	6.1%
Diabetes, Type II	15.7%	15.1%	14.8%	13.8%	15.0%	15.8%
Hypertension	38.0%	33.8%	35.2%	24.8%	35.4%	37.0%
Ischemic Heart Disease	7.6%	7.0%	7.4%	6.2%	6.6%	7.1%
Kidney Disease	2.4%	3.1%	4.3%	4.1%	3.1%	3.4%
Osteoarthritis	2.2%	4.4%	3.8%	1.7%	4.0%	4.1%
Osteoporosis	0.4%	0.9%	0.7%	< 0.3%	0.8%	0.7%
Stroke	0.8%	1.6%	2.1%	1.7%	1.3%	1.4%
Other, or unspecified	22.8%	14.3%	15.1%	33.1%	14.9%	10.3%

Source: Illinois Department of Public Health, IQuery Data Search, FFY 2016 <https://iquery.illinois.gov/DataQuery/Default.aspx>

Among service area counties, the highest rates of hospitalization were for hypertension, heart disease and diabetes. In Grundy County, rates of hospitalization for Alzheimer's disease (2%), COPD (18.5%), heart disease, kidney disease (17.5%), osteoarthritis (15.2%) and stroke (7%) exceeded state rates of hospitalization for these chronic conditions.

Hospitalizations for Chronic Conditions, Federal Fiscal Year 2016

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
All hospitalizations for chronic conditions	5,060	7,328	11,824	3,660	60,149	1,172,492
All cancers	9.4%	10.3%	10.3%	11.0%	10.0%	9.4%
Alzheimer's	2.0%	0.8%	1.9%	1.9%	1.6%	1.7%
Asthma	8.0%	10.6%	7.2%	12.4%	10.5%	10.5%
Other COPD	18.5%	11.0%	21.0%	22.2%	15.4%	16.1%
Diabetes, Type II	22.1%	21.3%	25.6%	25.4%	26.0%	25.6%
Hypertension	57.5%	50.4%	57.7%	60.8%	58.1%	57.8%
Ischemic Heart Disease	25.7%	19.5%	20.9%	23.6%	22.1%	21.0%
Kidney Disease	17.5%	13.8%	19.1%	18.9%	17.8%	17.2%
Osteoarthritis	15.2%	14.5%	11.1%	14.0%	16.2%	13.9%
Osteoporosis	3.1%	3.9%	2.2%	3.5%	3.9%	3.1%
Stroke	7.0%	6.6%	6.7%	5.8%	6.4%	6.9%

Source: Illinois Department of Public Health, IQuery Data Search, FFY 2016 <https://iquery.illinois.gov/DataQuery/Default.aspx>

Asthma

In Grundy County, there were 386 ER visits as a result in asthma in 2016. Of these, 21.8% were for children, ages 1-17, and 77.5% of visits were for adults with asthma. Among area counties, Kendall County had the highest percentage of asthma ER visits for children (31.1%) and Livingston County had the highest percentage of ER visits for adults (82.6%).

Asthma ER Visits, Federal Fiscal Year 2016

	Asthma ER Visits	Asthma ER Visits, Ages 1-17	Asthma ER Visits, Ages 18+
Grundy	386	21.8%	77.5%
Kendall	2,412	31.1%	68.2%
LaSalle	835	21.2%	77.7%
Livingston	201	16.9%	82.6%
Will	10,651	28.7%	70.9%
Illinois	261,092	22.8%	76.7%

Source: Illinois Department of Public Health, IQuery Data Search, FFY 2016 <https://iquery.illinois.gov/DataQuery/Default.aspx>
Total does equal 100% due to suppressed data for some age groups.

Grundy County had 405 hospitalizations for asthma in 2016 and 11.9% of these visits were for children, ages 0-17, and 87.9% of hospitalizations for asthma were for adults.

In area counties, Kendall County had the highest percentage of hospitalizations for asthma among children (13.3%) and Livingston County had the highest percentage of hospitalizations for asthma among adults (95.2%).

Asthma Hospitalizations, Federal Fiscal Year 2016

	Hospitalizations for Asthma	Hospitalizations, Ages 1-17	Hospitalizations, Ages 18+
Grundy	405	11.9%	87.9%
Kendall	776	13.3%	86.7%
LaSalle	855	7.1%	92.4%
Livingston	455	4.6%	95.2%
Will	6,323	11.0%	88.6%
Illinois	123,642	9.2%	90.5%

Source: Illinois Department of Public Health, IQuery Data Search, FFY 2016 <https://iquery.illinois.gov/DataQuery/Default.aspx>
Total does equal 100% due to suppressed data for some age groups.

Cancer

The cancer incidence rate is the number of cases based upon 100,000 people and is an annual rate averaged across five years. Service area counties have a higher overall cancer incidence rate than the state rate. Among service area counties, Grundy County has the highest incidence rate for all cancers (528.1 per 100,000 persons), the highest incidence rate of female breast cancers (150.1 per 100,000 persons), colorectal cancer (47.8 per 100,000 persons) and esophageal cancer (8.2 per 100,000 persons). LaSalle County has the highest rate of prostate cancer (152.7 per 100,000 persons) among service area counties. Livingston County has the highest rate of lung and bronchial cancers (86.9 per 100,000 persons) and leukemia (16.5 cases per 100,000 persons).

Cancer Incidence Rates, Age-Adjusted, per 100,000 Persons, 2011-2015

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
All cancers	528.1	493.7	508.8	502.8	484.0	463.7
Prostate cancer	140.5	134.3	152.7	125.2	129.5	114.9
Breast cancer (females only)	150.1	135.5	116.1	130.6	134.2	131.7
Lung and bronchus cancer	85.0	61.3	77.3	86.9	67.0	66.0
Colorectal cancer	47.8	44.1	45.3	45.9	44.5	43.9
Leukemia	14.7	16.0	12.4	16.5	15.7	13.4
Esophagus	8.2	4.9	4.7	N/A	5.7	5.1

Source: National Cancer Institute, State Cancer Profiles, 2011-2015 <http://statecancerprofiles.cancer.gov/incidencerates/index.php>
N/A = too few annual cases to ensure confidentiality and stability

HIV/AIDS

Will County has an HIV incidence rate of 5.5 cases per 100,000 persons, and Livingston County has an HIV incidence rate of 5.3 per 100,000 persons, the highest of the service area counties. Livingston County also has a high rate of AIDS cases (5.7 per 100,000).

persons). All area counties have HIV/AIDS rates that are lower than state rates.

HIV/AIDS Cases, per 100,000 Persons, Cumulative through September 2018

	Diagnosed as of 9/2018	HIV Incidence Cumulative Cases Since 2011	Cumulative Rate	Diagnosed as of 9/2018	AIDS Cases Cumulative Cases Since 2011	Cumulative Rate
Grundy	0	8	2.1	0	5	1.3
Kendall	2	22	2.4	0	15	1.6
LaSalle	1	14	1.6	2	7	0.8
Livingston	2	16	5.3	2	17	5.7
Will	22	293	5.5	8	117	2.2
Illinois	940	12,135	12.2	420	5,970	6.0

Source: Illinois Department of Public Health, HIV/AIDS Surveillance Update, September 2018 <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/hiv-surveillance>

Community Input – Chronic Diseases

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

- There have been some discrepancies in screenings with breast cancer. Patients are sometimes confused as to what the current recommendations are
- We see a lot of lung disease even in non-smokers.
- I do not know if we are managing arthritis as much as we should be to prevent serious joint disorders and flexibility and mobility issues as we age.
- We have 3 active nuclear energy sites within 20 miles. It is a great source of jobs, but it also comes with its risks.
- Sometimes people develop a chronic disease because they wait too long to treat their conditions. We aren't trying to keep people healthy. I feel some people think as long as they have medications, they are all set and they don't work on some of the behavioral issues that could help the disease.
- If a person needs to be referred to a specialist, it is difficult to get into see the specialist.
- Grundy County has levels of pollution because it is a very industrial area, there are a lot of factories here.
- We have a huge diabetic population. But we are not making enough changes in behaviors.
- For persons with cancer or heart disease, we have very good general care in our area hospitals. But to receive other types of specialty care, they need to go into Chicago and that is a barrier for many people.
- Early detection is critical. The more we get people out and active and promote more proactive, preventive medicine, our health care costs will come down
- Diabetes, hypertension and hyperlipidemia occur in high rates in Grundy County. But

people are unaware of their risk factors and unaware of preventive measures.

- If you are prediabetic, a lot of times the challenge is denial and not wanting to confront the situation
- There are plenty of organizations in our county that try to engage the public in a healthier lifestyle, but for a lot of people, it is difficult to change habits. Our marketing and retail and food and society makes it too appealing to live a sedentary and poor diet lifestyle. The salad at fast food restaurants are so much more expensive than the burger-fry combo.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. Illinois counties are ranked from 1 (most healthy) to 102 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. Kendall County is near the top of all counties in Illinois with a ranking of 7, and Will County is also in the top quartile. Grundy County is ranked 33 and LaSalle County is ranked of 44. Livingston County is ranked 62 out of 102 counties for health behaviors.

Health Behaviors Ranking

County Ranking (out of 102)	
Grundy	33
Kendall	7
LaSalle	44
Livingston	62
Will	19

Source: County Health Rankings, 2019. 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, 14% of Grundy County residents identified fair or poor health. Grundy County residents had 3.6 days of poor physical health and 3.4 days of poor mental health in the past 30 days. 44.2% of Grundy County residents limited their activities due to poor health.

Health Status Outcomes, 2016

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Fair or Poor health	14%	13%	16%	15%	14%	17%
Poor physical health days in past 30 days	3.6	3.3	3.8	3.9	3.4	3.8
Poor mental health days in past 30 days	3.4	3.2	3.7	3.6	3.1	3.5
Activities limited due to health problem*	44.2%	No data	46.0%	No data	43.2%	40.1%

Source: Source: County Health Rankings, 2019, from CDC Behavioral Risk Factor Surveillance System for 2016.

www.countyhealthrankings.org

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

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

Sexually Transmitted Infections

Service area counties saw an increase in the number of sexually transmitted diseases from 2015 to 2016. All area counties have STI rates that are lower than state rates.

Reportable Sexually Transmitted Infection Rates, per 100,000 Persons, 2015-2016

	Chlamydia			Gonorrhea			Early Syphilis		
	2015	2016	2016 Rate	2015	2016	2016 Rate	2015	2016	2016 Rate
Grundy	81	90	178.8	7	12	23.8	1	2	4.0
Kendall	294	364	296.1	51	82	66.7	1	3	2.4
LaSalle	285	337	303.2	30	49	44.1	8	5	4.5
Livingston	66	96	260.8	14	19	51.6	1	0	0.0
Will	2,309	2,563	372.7	390	504	73.3	57	81	11.8
Illinois	69,610	72,201	561.7	17,130	21,199	164.9	1,974	2,398	18.7

Source: Illinois Department of Public Health, Community Health Query (IQUERY), 2015, 2016.

<http://iquery.illinois.gov/DataQuery/Default.aspx> Rate determined using 2013-2017 ACS population data, so is an estimate.

Overweight and Obesity

In the counties served by Morris Hospital, over one-quarter of adults are overweight and close to one-third of those 20 years of age or more, are obese. These percentages equate to over 60% of the adult population being overweight or obese. In Grundy County, 36.6% of the adult population is overweight and 31% are obese.

Overweight and Obese Adults, 20+ Years of Age

	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	31%	30%	28%	33%	31%	29%

Source: Source: County Health Rankings, 2019, from CDC Behavioral Risk Factor Surveillance System for 2015.

www.countyhealthrankings.org

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

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

The Illinois Youth Survey asked 8th, 10th and 12th graders to categorize their weight according to Body Mass Index guidelines from the CDC. Youth self-identified as being underweight, a healthy weight, overweight or obese. In Grundy County 24% of 8th graders, 26% of 10th and 12th graders identified as overweight or obese.

BMI (Body Mass Index) Category, Self-Identified, 8th, 10th, and 12th Grade Youth

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Overweight/obese, 8 th grade	24%	N/A	29%	29%	27%	25%
Overweight/obese, 10 th grade	26%	19%	31%	24%	31%	26%
Overweight/obese, 12 th grade	26%	27%	27%	25%	24%	26%

Source: Illinois Youth Survey, 2018 <https://iys.cprd.illinois.edu/results/county>

No 8th Grade data for Kendall County.

Community Input – Overweight and Obesity

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

- We have a problem with overweight patients. Everyone is in a hurry and fast food is the easiest thing to grab. People don't have time to plan a menu and shop. Everyone is so busy, and they want it done right now. Quick and easy. I don't think they think about what they are eating.
- I believe obesity is not as much of an issue in the school district as it was 4-5 years ago. This is related to education and the quality of food we provide in the cafeteria and people are more health conscious.
- Money could be a barrier to being active, but in public parks the trails are free. Walking is a free activity,
- With an EBT card you can still buy unhealthy food. We are out to solve hunger but not add to another problem like obesity with our food choices.
- There is not enough discussion of what obesity leads to. For the first time, I'm seeing doctors actually classify obesity as a chronic disease and treating it. The health care field needs to change even more and aggressively to treat obesity.
- How do we encourage people to take advantage of biking trails, and activities for families that are fun, to keep them engaged?
- Healthy food is expensive. It is hard when there are a lot of unhealthy choices that are very easy to buy inexpensively.

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. Reported on a scale of 0 (worst) to 10 (best), counties in the service area rank in the first quartile. In Grundy County, 5% of the population have limited access to healthy foods.

Food Environment

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Food environment index	8.6	9.4	8.2	8.5	8.8	8.7
Limited access to healthy foods	5%	3%	6%	2%	6%	4%

Source: County Health Rankings, 2019; USDA Food Environment Atlas, 2015 & 2016. www.countyhealthrankings.org/

In Grundy County, 6% of 10th graders and 7% of 8th and 12th graders had eaten no fruit in the prior week.

Fruit Consumption Past 7 Days, 8th, 10th and 12th Grade Youth

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Ate fruit 0 times, 8 th grade	7%	N/A	5%	5%	7%	6%
Ate fruit 0 times, 10 th grade	6%	7%	8%	9%	7%	7%
Ate fruit 0 times, 12 th grade	7%	2%	9%	9%	6%	8%
Ate fruit 3+ times daily, 8 th grade	14%	N/A	19%	25%	22%	24%
Ate fruit 3+ times daily, 10 th grade	16%	14%	13%	9%	17%	16%
Ate fruit 3+ times daily, 12 th grade	14%	16%	10%	7%	13%	14%

Source: Illinois Youth Survey, 2018 <https://iys.cprd.illinois.edu/results/county>
No 8th Grade data for Kendall County.

In Grundy County, 13% of 8th graders, 9% of 10th graders and 8% of 12 graders reported having eaten no vegetables in the prior week.

Vegetable Consumption Past 7 Days, 8th, 10th and 12th Grade Youth

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Ate veggies 0 times, 8 th grade	13%	N/A	9%	6%	12%	11%
Ate veggies 0 times, 10 th grade	9%	12%	9%	9%	10%	11%
Ate veggies 0 times, 12 th grade	8%	0%	8%	10%	10%	10%
Ate veggies 3+ times/day, 8 th grade	13%	N/A	17%	19%	15%	18%
Ate veggies 3+ times/day, 10 th grade	15%	9%	10%	10%	12%	12%
Ate veggies 3+ times/day, 12 th grade	9%	9%	10%	12%	13%	13%

Source: Illinois Youth Survey, 2018 <https://iys.cprd.illinois.edu/results/county>
No 8th Grade data for Kendall County.

Physical Activity

A sedentary lifestyle can lead to overweight and obesity and is a contributing factor to many chronic diseases and disabilities. In Grundy County, 23% of adults reported engaging in no leisure time physical activities in the past 30 days.

No Leisure Time Physical Activity in the Past 30 Days, Adults 20+

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
No exercise, past 30 days	23%	20%	23%	27%	22%	22%

Source: Source: County Health Rankings, 2019, from CDC Behavioral Risk Factor Surveillance System for 2015.
www.countyhealthrankings.org

Having adequate access to exercise opportunities is described as residing in a census block that is within a half mile of a park, or an urban census block that is within one mile of a recreational facility or a rural census block that is within three miles of a recreational facility.

In Will County, 97% of the population has adequate access to exercise opportunities. In Livingston County, 71% of the population has adequate access to exercise opportunities.

Adequate Access to Exercise Opportunities

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Have adequate access	88%	94%	82%	71%	97%	91%

Source: County Health Rankings, 2019, from ArcGIS Business Analyst under license for the University of Wisconsin, for 2010 and 2018. www.countyhealthrankings.org

10th and 12th graders were more likely to report having not been physically active for 60 minutes on any day in the previous week than were 8th graders. However, the amount of screen time spent on non-schoolwork-related activities dropped at the higher grade levels. Service-area youth were more likely to report having spent three or more hours on an average school day playing computer or video games, or using a computer for some task other than for schoolwork than compared to youth in the state.

Sedentary Activity, Days Physically Active for at Least 60 Minutes, Past Week, 8th, 10th and 12th Grade Youth

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
0 Days, 8 th grade	3%	N/A	5%	3%	8%	8%
0 Days, 10 th grade	5%	9%	10%	4%	10%	10%
0 Days, 12 th grade	8%	21%	8%	12%	8%	12%

Source: Illinois Youth Survey, 2018 <https://iys.cprd.illinois.edu/results/county>

No 8th Grade data for Kendall County.

Sedentary Activity, TV Watching on Average School Day, 8th, 10th, and 12th Grade Youth

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Watch 3+ hours, 8 th grade	19%	N/A	23%	21%	21%	22%
Watch 3+ hours, 10 th grade	15%	25%	21%	14%	20%	19%
Watch 3+ hours, 12 th grade	17%	8%	18%	17%	15%	19%

Source: Illinois Youth Survey, 2018 <https://iys.cprd.illinois.edu/results/county>

No 8th Grade data for Kendall County.

Sedentary Activity, Video or Computer Game or Computer Usage Other than for Schoolwork, on Average School Day, 8th, 10th, and 12th Grade Youth

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
For 3+ hours, 8 th grade	59%	N/A	65%	40%	60%	54%
For 3+ hours, 10 th grade	51%	49%	59%	63%	62%	51%
For 3+ hours, 12 th grade	43%	49%	53%	61%	52%	46%

Source: Illinois Youth Survey, 2018 <https://iys.cprd.illinois.edu/results/county>

No 8th Grade data for Kendall County.

Mental Health

Mental Health Status

Frequent mental distress is defined as 14 or more days of poor mental health in the past 30 days. In Grundy County, 10% of adults had frequent mental distress. 21.4% of Grundy County adults rated their mental health as 'Not Good' for 1 to 7 days in the past month. Mental health ratings of 'Not Good' for 8 to 30 days in the past month were reported by 13.4% of Grundy County adults. Mental or physical health issues limited the activities of 21% of Grundy County adults for 1 to 7 days out of the past 30 days. Activities were limited for 23.2% of Grundy County adults for 8 to 30 days of the past 30 days.

Mental Health Status in Past 30 Days, Adults

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Frequent mental distress: 14 or more days of poor mental health *	10%	9%	11%	11%	9%	10%
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>

*Source: Source: County Health Rankings, 2019, from CDC Behavioral Risk Factor Surveillance System for 2016.
www.countyhealthrankings.org

When asked about feelings of sadness and helplessness, 33% of Grundy County 10th graders identified these feelings as having interfered with their usual activities. 17% of Grundy County youth had seriously considered suicide.

Mental Health Indicators, 10th Grade Youth

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Felt so sad or helpless almost every day for two weeks or more in a row, that they stopped doing some usual activities	33%	27%	36%	31%	36%	35%
Seriously considered attempting suicide	17%	10%	20%	11%	14%	16%

Source: Illinois Youth Survey, 2018. <https://iys.cprd.illinois.edu/results/county>

Community Input – Mental Health

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

- We lack counselors and psychologists and as a result, primary care doctors are managing mental health issues.
- There is plenty of private pay but a lack of Medicaid providers. The Health Department is a primary provider of mental health care and there are challenges with availability of appointments and psychiatric care is only one day a week. There is a 6-8-week waitlist for services. We are seeing county support, we have treatment alternatives, like drug court, diversion court, mental health court, but there is not an emphasis placed on treatment.
- Suicides are an issue in our county. I often wonder how many could be prevented with additional services.
- There is quite a stigma with mental health in our small community and that is a very big challenge.
- The biggest issue we deal with is mental health and the obstacles that poorer families face in reaching the necessary services.
- We use a telehealth service for acute care, but for chronic care, medical management and/or counseling services, if you don't have money or insurance, it is very difficult to get services. And there are no mental health hospital beds. We have to go out of county for hospitalizations.
- In our area, it is very difficult for someone to get into see a practitioner. Some places only take insurance, so people are very limited in where they can go and what kind of services they can get.
- It is so hard to fit another thing into your day and if you are already struggling with mental health issues, it makes it very difficult.
- There are very few places where we can send people for mental health care. It is very difficult to get into see someone. If we could get people taken care of, we might be able to address other problems like drugs.
- We have an increasing number of our students in need of mental health care. The barriers are not enough providers for mental health care and many insurance plans do not cover enough mental health care for our kids.
- Mental health needs to be included and mandated for all insurances to cover. Mental health is just as important as physical issues.
- There is a significant shortage of providers in the county and the number of mental health beds, I'm not sure they even have any. There is no facility to my knowledge. Also, there are a significant number of ED visits related to mental health issues. They don't have beds to treat it, they don't have the office visits to treat it, they are ending up in the ED to treat it. People are traveling to other counties like Kane, Kendall or Cook for care.

- We have rising suicide and drug overdose rates. Suicide rates are rising in the area. We have inadequate psychiatric services, we have someone here only once a week, so there are long waiting lists. Suicides have been increasing from 2013 to 2017, on average 3% per year. Our population is also aging, so that brings with it a host of mental health issues.
- We've seen a significant increase in suicide with teens and adults in our community. It is happening among younger children.
- Mental health and addiction struggles overlap. When we do surveillance on mental health, the number one issue with youth is anxiety, the number one issue with adults is depression and the number one with elders is social isolation or loneliness.

Substance Use and Misuse

Smoking

Smoking continues to be a leading cause of preventable death in the United States. Smoking rates in the service area range from 14% in Kendall County to 17% in LaSalle County. The Healthy People 2020 objective for smoking is 12%.

Smoking Prevalence among Adults, 2016

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Current Smoker	15%	14%	17%	16%	15%	16%

Source: Source: County Health Rankings, 2019, from CDC Behavioral Risk Factor Surveillance System for 2016.

www.countyhealthrankings.org

In Grundy County, the rate of ER visits due to nicotine dependence is 55.5 per 1,000 persons. The hospitalization rate for nicotine dependence in Grundy County is 21.7 per 1,000 persons. These rates are the highest among service area counties and exceed state rates.

ER Visits & Hospitalizations Due to Nicotine Dependence, Crude Rate per 1,000 Persons

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
ER Visits	55.5	29.4	19.4	12.8	20.1	39.4
Hospitalizations	21.7	8.2	20.1	18.7	13.5	15.5

Source: Illinois Department of Public Health, IQuery Data Search, FFY 2016 <https://iquery.illinois.gov/DataQuery/Default.aspx>;

Source for population: U.S. Census Bureau, American Community Survey, 2008-2012 & 2013-2017, DP05.

<http://factfinder.census.gov>

Alcohol Use

Binge drinking is measured as consuming a certain amount of alcohol in a designated period of time. For males, this is five or more drinks per occasion and for females, four or more drinks per occasion. The rate of binge drinking in Grundy County (23%) exceeds the state rate of 21%. The Healthy People 2020 objective is 24.4% for binge drinking.

Adult Binge Drinking

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
At risk for binge drinking	23%	24%	21%	21%	21%	21%

Source: County Health Rankings, 2019, from CDC Behavioral Risk Factor Surveillance System for 2016.

www.countyhealthrankings.org

Alcohol impairs driving ability, and plays a role in one-third of all driving fatalities in Illinois. 47% of driving fatalities in Grundy County involved alcohol.

Driving Deaths with Alcohol Involvement

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Percent of driving deaths with alcohol involvement	47%	33%	39%	23%	36%	33%

Source: County Health Rankings, 2019, from the Fatality Analysis Report System (FARS) for 2013-2017.

www.countyhealthrankings.org

Visits to the ER or hospitalizations related to alcohol may be due to use, abuse, dependence, alcoholic liver disease, or complications of pregnancy due to alcohol. These factors led to 5.8 emergency room visits per 1,000 persons in Grundy County. Hospitalizations due to alcohol occurred at a rate of 5.9 per 1,000 persons in Grundy County.

ER Visits and Hospitalizations Due to Alcohol, Crude Rate, per 1,000 Persons

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
ER Visits	5.8	5.2	5.8	4.0	5.8	7.8
Hospitalizations	5.9	4.3	6.7	4.9	5.3	6.4

Source: Illinois Department of Public Health, IQuery Data Search, FFY 2016 <https://iquery.illinois.gov/DataQuery/Default.aspx>

Source for population: U.S. Census Bureau, American Community Survey, 2008-2012 & 2013-2017, DP05.

<http://factfinder.census.gov>

Drug Use

Drug poisoning resulted in an ER visits rate of 65.6 per 100,000 persons in Grundy County. Use of cocaine, marijuana and opioids also led to ER visits in Grundy County. There were 29.8 ER visits for cocaine and 147.0 ER visits per 100,000 persons due to opioid use.

ER Visits Due to Drugs, Crude Rate, per 100,000 Persons

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Drug Poisoning	65.6	40.7	88.2	78.8	52.1	60.5
Cocaine	29.8	47.2	45.9	27.2	61.7	96.9
Marijuana	107.3	169.9	104.4	43.5	156.6	211.9
Opioids	147.0	113.8	162.8	100.5	136.7	168.5

Source: Illinois Department of Public Health, IQuery Data Search, FFY 2016 <https://iquery.illinois.gov/DataQuery/Default.aspx>

Source for population: U.S. Census Bureau, American Community Survey, 2008-2012 & 2013-2017, DP05.

<http://factfinder.census.gov>

Hospitalizations due to drug poisoning occurred at a rate of 31.8 per 100,000 persons in Grundy County. Use of cocaine, marijuana and opioids also led to hospitalizations in Grundy County. There were 81.5 hospitalizations per 100,000 for cocaine and 325.8 hospitalizations per 100,000 persons due to opioid use.

Hospitalizations Due to Drugs, Crude Rate, per 100,000 Persons

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Drug Poisoning	31.8	17.1	27.9	32.6	26.0	32.1
Cocaine	81.5	56.1	87.3	46.2	103.4	185.0
Marijuana	226.5	217.1	231.2	195.6	260.6	315.7
Opioids	325.8	142.3	207.8	133.1	217.1	301.7

Source: Illinois Department of Public Health, IQuery Data Search, FFY 2016 <https://iquery.illinois.gov/DataQuery/Default.aspx>.

Source for population: U.S. Census Bureau, American Community Survey, 2008-2012 & 2013-2017, DP05.

<http://factfinder.census.gov>

Youth Alcohol, Tobacco, and Drug Use

Among 10th graders in Grundy County, 47% drank alcohol in the past year and 28% drank alcohol in the past 30 days. 4% of Grundy County 10th graders smoked a cigarette in the past year and 29% used a tobacco or vaping product, other than cigarettes, in the past year. 18% of Grundy County 10th graders smoked marijuana in the past year.

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

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Drank alcohol in the past year	47%	26%	48%	28%	37%	40%
Drank alcohol, past 30 days	28%	14%	33%	20%	22%	23%
Binge drank, past 2 weeks	10%	5%	11%	4%	9%	10%
Smoked a cigarette, past year	4%	4%	6%	2%	4%	5%
Smoked a cigarette, past 30 days	2%	2%	3%	2%	2%	2%
Used any tobacco or vaping product other than cigarettes, past year	29%	13%	27%	29%	15%	20%
Used any tobacco or vaping product including cigarettes, past 30 days	24%	16%	28%	21%	17%	21%
Smoked marijuana, past year	18%	12%	20%	21%	18%	20%
Smoked marijuana, past 30 days	12%	7%	12%	15%	12%	14%

Source: Illinois Youth Survey, 2018. <https://iys.cprd.illinois.edu/results/county>

Alcohol was easily available to 56% of Grundy County 10th graders. Marijuana was available to 45% of 10th graders in Grundy County. Cigarettes were available to 33% of Grundy County 10th graders and unprescribed prescription drugs were available to 29%. In Livingston County, 10th grade youth rated alcohol, tobacco and drugs as easier to get than did statewide youth.

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	56%	47%	51%	50%	43%	49%
Very easy and sort of easy to obtain marijuana	45%	35%	44%	47%	43%	46%
Very easy and sort of easy to obtain cigarettes	33%	30%	37%	37%	29%	32%
Very easy and sort of easy to obtain prescription drugs	29%	37%	30%	42%	26%	31%

Source: Illinois Youth Survey, 2018. <https://iys.cprd.illinois.edu/results/county>

13% of Grundy County 10th graders indicated they had ridden in a car driven by someone under the influence. 80% of Grundy County 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. Livingston County 10th graders were both the most likely to report having driven impaired or in the car with someone who was driving impaired (30%), and to have received a talk from their parents or guardians on the subject (87%).

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 “high” or had been using alcohol or drugs	13%	10%	23%	30%	16%	16%
Driven a car when using alcohol	4%	4%	5%	7%	3%	4%
Driven a car when using marijuana	6%	2%	7%	11%	5%	6%
Been talked to by parents about not drinking and driving, or riding with a drunk driver	80%	73%	80%	87%	76%	75%

Source: Illinois Youth Survey, 2018. <https://iys.cprd.illinois.edu/results/county>

Community Input – Substance Use and Misuse

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

- I see a lot of vaping and tobacco use in the community, and a lot of prescription drug abuse.
- When people die by overdose and we don’t always talk about it. There is a lack of awareness and communication and people think it doesn’t happen here, but it does, all the time. There have been some successes with interagency sharing of resources and education, that is encouraging, but barriers still remain. One success we’ve had recently is providing mental health first aid training to the schools.
- We have four overdoses a week. Heroin, alcohol and a mix of ecstasy cocaine and prescription Xanax or Ativan. Heroin is a big issue with drug trafficking. Sex trafficking is also an issue with the Highway 80 and 55 intersection.

- Vaping is a problem with young kids, especially high school kids. The biggest issue with vaping is high school kids thinking it is safer than cigarette smoking. It is a trend kids are going through.
- The biggest thing we deal with are drug overdoses – mainly heroin, fentanyl and prescription drugs.
- There have been several fatalities this year that we contribute to alcohol and driving. outpatient care, or some medicated treatment. Narcan all police agencies carry this.
- Alcohol continues to be an issue and heroin is an issue in the school district. Getting kids appropriate care when we have a student who has an issue is always a challenge. We have to go outside of the community.
- We've had a situation with a couple of students who have overdosed at home on heroin, and it becomes a school issue because they are our kids.
- In IL, we are making pot legal. I'm not so sure making it mainstream is a good idea.
- We need more education about vaping because I don't believe we know the seriousness of it.
- We do not have enough health providers and hospital beds.
- Drug overdose rates have increased an average of 47% per year in Grundy County. In IL, it was 12%, so it is rising here a lot faster than other areas. We have one person in the Health Department who is dedicated to substance use. We only offer outpatient services. We do not have a higher level of care like inpatient or residential and we do not have any kind of medication assisted treatment. It is a funding issue. We don't have staff or facilities.
- We are experiencing 4-6 week waits for assessments for mental health and substance use. If someone wants to quit using and they have to wait 6 weeks, they won't make it.
- With the changes in legislation, people are concerned marijuana will be legal.
- Alcohol is available anytime, anywhere. It is still the legal drug of choice. Pot will be legal in IL soon. There are a lot of people who are self-medicating. In drug court, we discover people were using and addicted because they were trying to self-medicate to deal with mental health issues.
- When people go to mental health court, it is usually very positive. I hear reports of success stories, where perhaps for the first time, people get the support they needed. Because of the severity and oversight of the court, it has forced them to participate in their own treatment. Others get treatment and graduate and their willpower lessens, and they get back into it.

Preventive Practices

Immunization of Children

Rates of compliance with childhood immunizations upon entry into Kindergarten in Illinois for the 2017-2018 school year were above the national medians for 2-dose MMR (94.3%), state-required dosages for DTaP (95.1%) and 2-dose varicella (93.8%).

Immunization Rates of Illinois Children Entering Kindergarten, 2015-2016 & 2017-2018

	Immunization Rate		
	MMR (2 doses)	DTaP (4 doses)	Varicella (2 doses)
2015-2016 School Year	94.9%	95.0%	95.5%
2017-2018 School Year	95.2%	95.3%	94.8%

Source: Center for Disease Control and Prevention, Morbidity and Mortality Weekly Report, October 12, 2018.

<https://www.cdc.gov/mmwr/volumes/67/wr/mm6740a3.htm> and October 7, 2016

<https://www.cdc.gov/mmwr/volumes/65/wr/mm6539a3.htm>

Colorectal Cancer Screening

Occult blood tests, sigmoidoscopy and colonoscopy screen for colorectal cancer. In Grundy County, 27.8% of adults, age 50 and over, had been screened for colorectal cancer through a home blood stool test, and 75.1% had been screened with a sigmoidoscopy or colonoscopy. The Healthy People 2020 objective colorectal cancer screening is 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

In Grundy County, 23.9% of residents obtained a flu shot. This rate does not meet the Healthy People 2020 objective for 70% of the population to have a flu shot vaccination. Pneumonia vaccines are recommended for seniors. 23.1% of Grundy County residents have received 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. In Grundy County, 87.1% of women have had a clinical breast exam. Among Grundy County women, 40 years and over, 84.4% have received a mammogram. 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 Grundy County, 95.7% have received a Pap smear. This exceeds the Healthy People 2020 objective for Pap smears of 93%.

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

Digital rectal exams and PSA blood tests are used to screen for prostate cancer among men, ages 40 and above. Will County had sufficient respondents 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:

- We have many clinics that promote screenings.
- Our county is lacking a prevention specialist. Outreach and education exist, but they are underfunded and there is a lack of coordinated efforts throughout the county.
- We see a fair amount of accidents involving distracted driving, due to texting, and we do checkpoints and have community awareness events.
- There are a lot of opportunities for vaccinations, wellness baby care and annual flu and free vaccines

- A lot of people don't see the value of preventive care. We are not educating people about the benefits of prevention starting at an early age.
- One of the issues we deal with are people who do not believe in immunizations. People are opting out, which is concerning.
- People don't get physicals or routine labs because their insurance does not cover them and by the time they need to get something done, it is at a point where it is very serious.
- In Grundy County and elsewhere, it is just not something people focus on. There is also a lack of access and we do not have a culture of prevention.
- We don't have enough staff to go out and educate people.
- We have to be able to talk about lifestyle changes the same way we do for cardiac patients.

Attachment 1. Benchmark Comparisons

Where data were available, Morris Hospital's health and social indicators were compared to the Healthy People 2020 objectives. The **bolded items** are Healthy People 2020 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2020 Objectives
High school graduation rate	88% - 95%	87%
Child health insurance rate	98.0%	100%
Adult health insurance rate	93.4%	100%
Unable to obtain medical care	5.4% - 13.0%	4.2%
Colon/rectum cancer death	11.3 -19.5 per 100,000	14.5 per 100,000
Lung cancer death	41.3 – 54.7 per 100,000	45.5 per 100,000
Female breast cancer death	13.2 – 24.8 per 100,000	20.7 per 100,000
Prostate cancer death	18.3 – 24.1 per 100,000	21.8 per 100,000
Adequate prenatal care	78.2% - 87.2%	77.6%
Low birth weight infants	6.9% - 10.4% of live births	7.8% of live births
Infant death rate	4.3 - 6.6 per 1,000 live births	6.0 per 1,000 live births
Adult obese, age 20+	28% - 33%	30.5%
Teens obese	5% -19%	16.1%
Adults engaging in binge drinking	21% - 24%	24.2%
Cigarette smoking by adults	14% - 17%	12%
Pap smears, 21-65-year-olds, screened in the past 3 years	87.5% - 95.7%	93%
Mammograms, ages 50-74, screened in the past 2 years	84.4% - 93.9% of women, ages 40+	81.1%
Annual adult influenza vaccination	23.9% - 42.3%	70%

Attachment 2. Community Interviewees

Name	Title	Organization
Ken Briley	Sheriff	Grundy County
Julianne Buck	Executive Director	Community Foundation of Grundy County
Dr. Kent A. Bugg, PhD	Superintendent	Coal City District #1
Missy Durkin	Executive Director	Greater Joliet Area YMCA
Mary Gill, RN	Physician Office Nurse	Morris Hospital and Healthcare Centers
Leigh Anne Hall, RD, CWC, CWWS, CWWPM	Wellness Manager	Morris Hospital and Healthcare Centers
Terri Jacob, MSN, RN, BHN-C	Nurse Navigator	Morris Hospital and Healthcare Centers
Darcy Jasien	Director of Behavioral Health	Grundy County Health Department
Kim Landers, RN, MS, NEA-BC	Vice President, Patient Care Services and Chief Nurse Executive	Morris Hospital and Healthcare Centers
Michael J. Leonard, CPRE	Executive Director	Channahon Park District
Diane Mangan, BSN, RN, CDE	Diabetes Nurse Educator	Morris Hospital Diabetes Education Center
Shawn Marconi, MBA	Executive Director	Will-Grundy Medical Clinic
Michelle L. Pruim	Public Health Administrator	Grundy County Health Department
Amaal V.E. Tokars, PhD	Executive Director	Kendall County Health Department

Attachment 3. Resources to Address Needs

Community stakeholders and residents identified community resources potentially available to address the identified health needs. This is not a comprehensive list of all available resources. For additional resources refer to 2-1-1 Illinois at <https://www.illinois211.org/>.

Health Need	Community Resources
Access to health care	815-941-HELP Behavioral Health Alliance Catholic Charities Center for Disability Services Community Foundation Cornerstone Services Disability Resource Center Family Guidance Center Grundy County Interagency Council Help 4 Hope United Way Veterans Assistance Commission We Care of Grundy County Will-Grundy Medical Clinic
Birth characteristics	Catholic Charities Child and Family Connections Easter Seals Joliet Region Family Guidance Center Grundy County Special Education Cooperative Grundy Partnership for Children IL Department of Healthcare and Family Services SNAP Food Stamps United Way WIC and WIC Clinics
Chronic diseases	American Cancer Society Prairie Land Regional Office American Lung Association Anatomical Gift Association of IL Grundy County Interagency Council Community Nutrition Network American Heart Association IL Arthritis Foundation
Mental health	Agape Missions Alliance Counseling and Coaching AMT Counseling Management Services Aspire Center for Positive Change Behavioral Health Alliance Childhood Trauma Treatment Program Community Foundation Mental Health Coalition Community Solutions Crossroads Counseling Services Depression and Bipolar Support Alliance Family Counseling Center Institute for Personal Development Lighthouse Counseling Mental Health Court

	<p>NAMI</p> <p>The Summit Center for Mental Health</p> <p>Veteran's Court</p>
Overweight and obesity	<p>Channahon Park District</p> <p>Coal City Food Pantry</p> <p>Gardner Food Pantry</p> <p>Gooselake Prairie State Natural Area</p> <p>Mazon Food Pantry</p> <p>Minooka Food Pantry</p> <p>Mobile Food Pantry</p> <p>Weight Watchers</p> <p>YMCA</p>
Preventive practices	<p>Grundy County Health Department</p> <p>Home Instead Senior Care</p> <p>Will-Grundy Medical Clinic</p>
Substance use & misuse	<p>AA</p> <p>Branden House</p> <p>Breaking Free</p> <p>Celebrate Recovery</p> <p>Chestnut Health Systems</p> <p>Gateway Foundation</p> <p>HA</p> <p>Heroin Epidemic Relief Organization</p> <p>IL Tobacco Quitline</p> <p>Linden Oaks</p> <p>NA</p> <p>Silver Cross</p> <p>Silver Oaks</p> <p>Sisters and Brothers Helping Each Other</p> <p>Smart Recovery</p> <p>Stepping Stones</p> <p>Substance Use Court</p> <p>Veteran's Court</p>

Attachment 4. Review of Progress

In 2016, Morris Hospital conducted its previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. In developing the hospital's Implementation Strategy, associated with the 2016 CHNA, Morris chose to address: access to care, chronic diseases, overweight and obesity, health behaviors and prevention.

Access to Care

Transportation continues to be 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 two years, the hospital transported over 168,700 persons.

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

The Will-Grundy Medical Clinic is a free clinic to those who qualify for the services. Doctors and Advance Practice Nurses from Morris Hospital annually provided 96 hours of care at the Will-Grundy Medical Clinic. The hospital financially supported the clinic through payment of salaries for the physician and nurse donated time, cash donations to the clinic, and provisions of office space in Morris.

Enrollment advisors helped over 700 seniors with insurance assistance through the Senior Health Insurance Program.

559 at-risk seniors received in-home monitoring systems and at-home medication dispensers to improve compliance and decrease med errors in clients' homes. These programs increase safety and allow seniors to stay in their homes.

Chronic Diseases

AHA Heartsaver CPR was provided to 108 persons.

Diabetic Education Class reached 172 persons with diabetics and their families to assist in managing their disease. The class was presented by a diabetic educator (RN), a dietitian, and a pharmacist. Additionally, a Diabetic Support Group was offered.

Morris Hospital participated in Heart Health month, presenting information on prevention, treatment and heart disease management.

The Look Good Feel Better program assisted 13 women undergoing cancer treatment. There were over 630 patient and family encounters for support group sessions over the past three years. These support groups were offered:

- Chronic Obstructive Pulmonary Disease
- Congestive Heart Failure
- Diabetes
- Epilepsy
- Head and Neck Cancer
- Heart to Heart
- I Can Cope (cancer)
- Stroke and Aphasia

ECG screenings of 3,055 high school students were conducted to discover any undiagnosed heart conditions in an effort to prevent sudden cardiac arrests.

Health Behaviors and Prevention

A 6-hour American Red Cross course was offered to 144 children, 11 years or older, to develop babysitting skills that include leadership, basic care, safety and first aid.

A half-day camp reached 321 4th, 5th, and 6th grade students from area schools. Information was presented to educate children on what to do in case of an emergency.

Health fairs reached over 5,220 residents in Channahon, Minooka, Coal City, Mazon and Morris. Included at the health fairs were screenings for blood pressure, fasting blood sugar and body fat analysis. Health education was provided to the participants.

The hospital offered a number of preventive screenings, including:

- 64 men received prostate cancer screening
- 144 persons were screened for diabetes
- 127 persons received skin cancer screening

Presentations/programs and community outreach reached 394 community residents to promote good health and provide information on a number of health topics.

Lactation specialists offered support and education to 68 breastfeeding women.

Senior Fit reached 19,751 seniors through a program designed to enhance overall

senior fitness. The class offered a balanced fitness program that included cardio/respiratory, muscle, endurance and flexibility training.

Morris Hospital prepared over 27,500 meals and delivered them to persons experiencing food insecurity. Additionally, the hospital provided meals and clean linens to the Grundy County homeless shelter. This support touched the lives of 2,837 persons.

Sports physicals were provided for 539 teens at area schools.

Overweight and Obesity

An 8-week program assisted 167 people in life-style and eating habit changes to promote health and weight loss. A monthly support group was also included as part of the program.

Morris Hospital partnered with the YMCA to open a facility in Morris to improve the health of the community. The hospital supports the Prescription for Fitness program, which gives clients a free 30-day trial membership to the YMCA. The YMCA sign-up fee is waived if the client attends four times in the trial month.