



2022 COMMUNITY HEALTH NEEDS ASSESSMENT

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Executive Summary

Morris Hospital & Healthcare Centers is located southwest of Chicago in Morris, Illinois. It has been serving the residents of five area counties since 1906. Our mission is to improve the health of area residents.

Community Health Needs Assessment

Morris Hospital has undertaken a Community Health Needs Assessment (CHNA). The Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations directs nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to community needs. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action, focuses on geographical areas, and serves as the basis for community benefit programs.

Service Area

Morris Hospital is located at 150 W. High Street, Morris, Illinois, 60450. The service area encompasses 5 counties, and includes 20 ZIP Codes, representing 23 cities.

Morris Hospital Service Area

City	Zip Code	County
Braceville	60407	Grundy
Braidwood	60408	Will
Carbon Hill	60416	Grundy
Channahon	60410	Grundy/Will
Coal City	60416	Grundy
Diamond	60416	Grundy
Dwight	60420	Grundy/Livingston
East Brooklyn	60474	Grundy
Gardner	60424	Grundy
Kinsman	60437	Grundy
Marseilles	61341	LaSalle
Mazon	60444	Grundy
Minooka	60447	Grundy/Kendall/Will
Morris	60450	Grundy
Newark	60541	Kendall
Ottawa	61350	LaSalle
Ransom	60470	LaSalle
Seneca	61360	Grundy/LaSalle
Shorewood	60404	Will
South Wilmington	60474	Grundy
Verona	60479	Grundy
Wilmington	60481	Will
Yorkville	60560	Kendall

Methodology

Secondary Data

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 indicators, leading causes of death, COVID-19, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of Illinois.

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 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2030 objectives with service area data.

Primary Data

Fourteen (14) phone interviews were conducted during July and August 2022. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing of service area residents, who spoke to issues and needs in the communities served by the hospital.

Significant Community Needs

Significant needs were identified through a review of the secondary health data and validation through stakeholder interviews. The identified significant needs included:

- Access to Care
- Birth Indicators
- Chronic Diseases
- COVID-19
- Mental Health
- Overweight and Obesity
- Preventive Practices (screenings, vaccines)
- Substance Use

COVID-19

COVID-19 had an unprecedented impact on the health and well-being of the community. This CHNA identifies an increase in economic insecurity, food insecurity, housing and homelessness, mental health conditions and substance use as a direct or indirect result of the pandemic. Additionally, access to routine care, preventive

screenings, disease maintenance, community safety, healthy eating and physical activity declined as a consequence. Community stakeholder comments on the effect of COVID in the community are included in the CHNA.

Prioritization of Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. Mental health, substance use, chronic disease and overweight and obesity were ranked as the top four priority needs in the service area.

Report Adoption, Availability and Comments

This CHNA report was adopted by the Morris Hospital Board of Directors in December 2022. The report is widely available to the public on the hospital's web site and can be accessed at <https://www.morrishospital.org/about-us/community-health-needs-assessment/>. To send comments or questions about this report, submit your feedback to the hospital through the Contact Us feature at www.morrishospital.org/contact/.

Introduction

Background and Purpose

Morris Hospital is a nonprofit health care facility with 89 licensed beds and provides a full range of inpatient and outpatient care. Our vision of transforming health care to support healthier living is accomplished by the outstanding work of 1,400 employees, 300 volunteers, and a medical staff of more than 200 physicians and allied health/advanced practice providers representing most medical specialties. Services are provided at 28 locations in 12 communities.

The passage of the Patient Protection and Affordable Care Act (2010) requires tax-exempt hospitals to conduct a CHNA every three years and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action, focuses on geographical areas, and serves as the basis for community benefit programs. 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 located at 150 W. High Street, Morris, Illinois, 60450. The service area encompasses 5 counties, and includes 20 ZIP Codes, representing 23 cities.

Morris Hospital Service Area

City	Zip Code	County
Braceville	60407	Grundy
Braidwood	60408	Will
Carbon Hill	60416	Grundy
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Diamond	60416	Grundy
Dwight	60420	Grundy/Livingston
East Brooklyn	60474	Grundy
Gardner	60424	Grundy
Kinsman	60437	Grundy
Marseilles	61341	LaSalle
Mazon	60444	Grundy
Minooka	60447	Grundy/Kendall/Will
Morris	60450	Grundy
Newark	60541	Kendall
Ottawa	61350	LaSalle
Ransom	60470	LaSalle
Seneca	61360	Grundy/LaSalle
Shorewood	60404	Will
South Wilmington	60474	Grundy

Consultant

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Denise Flanagan, BA and Sevanne Sarkis, JD, MHA, MEd to complete the data collection. Biel Consulting, Inc. has over 25 years of experience conducting CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs.

www.bielconsulting.com

Board Approval

The Morris Hospital Board of Directors approved this report in MONTH 2022.

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 indicators, leading causes of death, COVID-19, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of Illinois, framing the scope of an issue as it relates to the state.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data 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. In some cases, data sets from public sources do not total 100%. In these cases, the data remained as reported by the data source.

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 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels.

Significant Community Needs

Initially, significant health needs were identified through a review of the secondary health data collected. The identified significant needs included:

- Access to care
- Birth indicators
- Chronic diseases
- COVID-19
- Mental health
- Overweight/obesity
- Preventive practices
- Substance use

Primary Data Collection

Morris Hospital conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs.

Fourteen (14) phone interviews were conducted during July and August 2022. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the service area, who spoke to issues and needs in the communities served by the hospital.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

During the interviews, participants were asked to share their perspectives on the issues, challenges and barriers relative to the identified health needs (What makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?), along with identifying known resources to address these health needs, such as services, programs and/or community efforts. Attachment 2 lists the stakeholder interview respondents, their titles and organizations. Attachment 3 provides stakeholder responses to the interview overview questions.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous CHNA and Implementation Strategy were made widely available to the public on the website and can be accessed at <https://www.morrishospital.org/about-us/community-health-needs-assessment/>. To date, no comments have been received.

Prioritization of Significant Needs

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

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Each of the stakeholder interviewees was sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses was noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Substance use, COVID-19, and mental health had the highest scores for severe and very severe impact on the community. Mental health and substance use were the needs with the highest scores for worsened over time. Mental health and substance use had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care	40%	0%	20%
Birth indicators	0%	0%	10%
Chronic disease	50%	20%	20%
COVID-19	80%	20%	10%
Mental health	80%	60%	80%
Overweight and obesity	60%	30%	40%
Preventive practices	20%	0%	0%
Substance use	90%	60%	80%

The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Mental health, substance use, chronic disease and overweight and obesity were ranked as the top four priority needs in the service area. Calculations resulted in the following prioritization of the significant needs.

Significant Needs	Priority Ranking (Total Possible Score of 4)
Mental health	3.80
Substance use	3.80
Chronic disease	3.50
Overweight and obesity	3.50
Access to health care	3.40
Preventive practices	3.20
Birth indicators	2.90
COVID-19	2.90

Community input on these health needs is detailed throughout the CHNA report.

Resources to Address Significant Needs

Community stakeholders identified community resources potentially available to address the significant community needs. The identified community resources are presented in Attachment 4.

Review of Progress

In 2019, Morris Hospital conducted the previous CHNA. Significant needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2019 CHNA addressed: Access to health care, chronic diseases, overweight and obesity, and health behaviors and prevention through a commitment of community benefit programs and resources. The impact of the actions that Morris Hospital used to address these significant needs can be found in Attachment 5.

Community Demographics

Population

The population in the Morris Hospital (Morris) service area is 131,796. From 2015 to 2020, the population increased by 1.7%, while the state population decreased by 1.2%.

Population and Change in Population, 2015-2020

	Population	Change in Population 2015-2020
Grundy County	50,798	1.0%
Kendall County	127,583	5.9%
LaSalle County	108,998	-3.3%
Livingston County	35,757	-5.4%
Will County	689,704	0.8%
Morris Service Area	131,796	1.7%
Illinois	12,716,164	-1.2%

Source: U.S. Census Bureau, American Community Survey, 2011-2015 & 2016-2020, DP05. <http://data.census.gov>

The population density of service area counties ranges from 824.1 persons per square mile in Will County to 34.3 persons per square mile in Livingston County.

Population Density

	Total Population	Square Miles	Persons Per Square Mile
Grundy County	50,798	419.9	121.0
Kendall County	127,583	320.6	398.0
LaSalle County	108,998	1,134.9	96.0
Livingston County	35,757	1,043.8	34.3
Will County	689,704	836.9	824.1

Source: Square miles from Illinois Department of Public Health website; population from U.S. Census Bureau, American Community Survey, 2016-2020, DP05. <http://data.census.gov>

Of the area population, 49.4% are male and 50.6% are female.

Population, by Gender

	Morris Service Area	Grundy County	Illinois
Male	49.4%	50.0%	49.1%
Female	50.6%	50.0%	50.9%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. <http://data.census.gov>

In the service area, 25.4% of the population is children, ages 0-17, and 14.5% of the population is seniors, ages 65 and older. Among service area cities, Braceville has the largest percentage of children, ages 0-17 (37.2%). East Brooklyn reported no children

living there, along with the highest percentage of seniors (26.3%) in the service area. Kinsman (4.2%) and Minooka (6.9%) had the smallest percentage of seniors.

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

	Total Population	Youth Ages 0 – 17	Seniors Ages 65 and Older
Braceville	886	37.2%	13.3%
Braidwood	6,338	22.5%	14.7%
Carbon Hill	386	33.9%	16.1%
Channahon	13,281	27.3%	14.5%
Coal City	4,941	27.7%	12.8%
Diamond	2,786	25.8%	12.5%
Dwight	3,817	22.2%	19.4%
East Brooklyn	57	0.0%	26.3%
Gardner	1,429	15.1%	15.0%
Kinsman	96	18.8%	4.2%
Marseilles	4,579	25.5%	19.2%
Mazon	1,222	24.8%	15.2%
Minooka	11,069	28.9%	6.9%
Morris	14,420	22.9%	17.6%
Newark	1,325	22.0%	17.4%
Ottawa	18,742	24.1%	17.1%
Ransom	355	27.0%	9.9%
Seneca	2,534	26.3%	11.9%
Shorewood	17,303	24.4%	18.3%
South Wilmington	702	25.8%	17.4%
Verona	259	25.9%	12.4%
Wilmington	5,883	18.0%	20.8%
Yorkville	19,386	29.6%	7.2%
Morris Service Area	131,796	25.4%	14.5%
Grundy County	50,798	25.2%	13.9%
Illinois	12,716,164	22.5%	15.7%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. <http://data.census.gov>

Population by Age

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

Population, by Age

	Morris Service Area		Grundy County		Illinois	
	Number	Percent	Number	Percent	Number	Percent
0 – 4	8,375	6.4%	3,084	6.1%	755,518	5.9%
5 – 9	9,508	7.2%	3,613	7.1%	768,804	6.0%

	Morris Service Area		Grundy County		Illinois	
	Number	Percent	Number	Percent	Number	Percent
10 – 14	9,655	7.3%	3,745	7.4%	829,779	6.5%
15 – 17	5,938	4.5%	2,376	4.7%	501,332	3.9%
18 – 20	4,689	3.6%	1,732	3.4%	497,074	3.9%
21 – 24	5,870	4.5%	2,311	4.5%	676,957	5.3%
25 – 34	17,027	12.9%	6,505	12.8%	1,763,829	13.9%
35 – 44	17,732	13.5%	7,002	13.8%	1,638,700	12.9%
45 – 54	17,496	13.3%	6,911	13.6%	1,636,992	12.9%
55 – 64	16,434	12.5%	6,439	12.7%	1,656,753	13.0%
65 – 74	11,347	8.6%	4,215	8.3%	1,146,641	9.0%
75 – 84	5,283	4.0%	1,929	3.8%	573,017	4.5%
85 and older	2,442	1.9%	936	1.8%	270,768	2.1%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. <http://data.census.gov>

Race/Ethnicity

The majority population in the service area is White/Caucasian (82.8%). 10.1% of the population is Hispanic/Latino. Black/African-American residents comprise 3.5% of the area population. The remaining racial/ethnic groups make up 3.7% of the population. The percentage of Whites in the service area is higher than in the state (60.8%).

Population, by Race and Ethnicity

	Morris Service Area	Grundy County	Illinois
White	82.8%	85.7%	60.8%
Hispanic or Latino	10.1%	10.2%	17.2%
Black or African American	3.5%	1.1%	13.9%
Other or Multiple	2.2%	2.0%	2.4%
Asian	1.4%	0.8%	5.5%
American Indian/Alaska Native	0.05%	0.04%	0.10%
Native Hawaiian/Pacific Islander	0.02%	0.04%	0.03%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. <http://data.census.gov>

When race and ethnicity are examined by place, Braceville (24.8%) and Minooka (15%) have the highest percentage of Latinos. Yorkville (10.8%) and Shorewood (5.5%) have the highest percentage of Black/African American residents. East Brooklyn (100%) and South Wilmington (98%) have the highest percentage of Whites.

Racial/Ethnic Distribution, by Place

	White	Hispanic or Latino	Black/African-American
Braceville	72.1%	24.8%	0.0%
Braidwood	92.4%	5.5%	0.1%
Carbon Hill	90.9%	8.8%	0.0%
Channahon	83.0%	14.2%	2.0%
Coal City	91.9%	3.7%	1.4%

	White	Hispanic or Latino	Black/African-American
Diamond	95.0%	3.7%	0.0%
Dwight	89.0%	7.1%	0.6%
East Brooklyn	100.0%	0.0%	0.0%
Gardner	86.0%	10.8%	0.0%
Kinsman	91.7%	8.3%	0.0%
Marseilles	92.9%	3.8%	0.3%
Mazon	95.1%	4.3%	0.0%
Minooka	80.2%	15.0%	1.8%
Morris	86.0%	9.3%	0.5%
Newark	93.2%	6.0%	0.7%
Ottawa	83.1%	9.2%	4.6%
Ransom	86.5%	11.3%	0.0%
Seneca	93.1%	4.0%	0.7%
Shorewood	75.7%	11.6%	5.5%
South Wilmington	98.0%	0.0%	0.0%
Verona	86.5%	13.5%	0.0%
Wilmington	88.5%	9.9%	0.5%
Yorkville	71.5%	11.8%	10.8%
Morris Service Area	82.8%	10.1%	3.5%
Grundy County	85.7%	10.2%	1.1%
Illinois	60.8%	17.2%	13.9%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. <http://data.census.gov>

Language

In the hospital service area, English is the most frequently spoken language (93%). 4.4% of the population, ages 5 and older, speaks Spanish in the home.

Language Spoken at Home for the Population Ages 5 and Over

	Morris Service Area	Grundy County	Illinois
Population, ages 5 and older	123,421	47,714	11,960,646
English only	93.0%	93.7%	77.0%
Speaks Spanish	4.4%	4.3%	13.3%
Speaks other Indo-European language	2.0%	1.5%	5.6%
Speaks Asian/Pacific Islander language	0.6%	0.4%	3.0%
Speaks other language	0.04%	0.07%	1.12%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. <http://data.census.gov>

The highest percentage of Spanish speakers among area cities is found in Verona, where 15.1% of the population speaks Spanish in the home. 6.1% of the population of Newark speaks an Indo-European language in the home.

Language Spoken at Home for the Population Ages 5 and Older

	English	Spanish	Other Indo-European
Braceville	99.2%	0.1%	0.6%
Braidwood	97.8%	1.2%	0.7%
Carbon Hill	98.3%	1.4%	0.3%
Channahon	95.2%	3.2%	1.5%
Coal City	96.6%	2.6%	0.8%
Diamond	98.3%	1.4%	0.3%
Dwight	98.7%	0.7%	0.6%
East Brooklyn	96.5%	0.0%	3.5%
Gardner	94.6%	1.4%	0.7%
Kinsman	96.6%	3.4%	0.0%
Marseilles	94.7%	1.4%	2.3%
Mazon	90.0%	2.9%	7.0%
Minooka	93.7%	4.9%	0.2%
Morris	90.0%	6.6%	3.1%
Newark	90.5%	3.5%	6.1%
Ottawa	92.4%	5.5%	1.6%
Ransom	93.1%	6.9%	0.0%
Seneca	99.4%	0.6%	0.0%
Shorewood	87.9%	7.2%	2.8%
South Wilmington	99.4%	0.0%	0.6%
Verona	84.9%	15.1%	0.0%
Wilmington	96.9%	2.4%	0.5%
Yorkville	91.3%	4.5%	4.0%
Morris Service Area	93.0%	4.4%	2.0%
Grundy County	93.7%	4.3%	1.5%
Illinois	77.0%	13.3%	5.6%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. <http://data.census.gov>

Veterans

In the service area, 7.4% of the civilian population, ages 18 and older, are veterans. This is higher than the state rate (5.6%). Rates are highest in Gardner (11.9%) and Mazon (10.3%).

Veteran Status

	Morris Service Area	Grundy County	Illinois
Veterans	7.4%	7.9%	5.6%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov>

Citizenship

In the service area, 3.4% of the population is foreign-born, which is a lower rate than in the state (13.9%). Of the foreign-born, 40.9% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	Morris Service Area	Grundy County	Illinois
Foreign born	3.4%	3.6%	13.9%
Of foreign born, not a U.S. citizen	40.9%	44.9%	47.9%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.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. The 102 Illinois 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 (7) and Grundy County (23) are ranked in the top quartile of all Illinois counties according to social and economic factors. Will County is ranked 44. Livingston County is ranked 54 and LaSalle County is ranked 76, at the bottom of the third quartile of Illinois counties for these factors.

Social and Economic Factors Ranking

	County Ranking (out of 102)
Grundy	23
Kendall	7
LaSalle	76
Livingston	54
Will	44

Source: County Health Rankings, 2022. www.countyhealthrankings.org

Poverty

The Census Bureau annually updates official poverty population statistics. In 2020, the Federal Poverty Level (FPL) was an annual income of \$12,760 for one person and \$26,200 for a family of four.

The service area poverty rate is 9%. Community poverty rates are highest among residents in Verona (21.2%) and Marseilles (20.3%). Levels of low-income residents (defined as earning less than 200% of the FPL) are 21.6% in the service area.

Poverty Levels, <100% FPL and <200% FPL

	<100% FPL	<200% FPL
Braceville	9.8%	31.7%
Braidwood	10.0%	21.1%
Carbon Hill	7.1%	42.1%
Channahon	4.3%	11.0%
Coal City	6.1%	18.4%
Diamond	11.0%	36.3%
Dwight	15.4%	32.8%
East Brooklyn	0.0%	17.5%
Gardner	6.2%	29.7%

	<100% FPL	<200% FPL
Kinsman	2.1%	14.6%
Marseilles	20.3%	35.7%
Mazon	4.7%	31.7%
Minooka	5.3%	12.9%
Morris	10.2%	23.6%
Newark	8.6%	22.1%
Ottawa	16.8%	36.7%
Ransom	15.5%	27.9%
Seneca	15.2%	23.2%
Shorewood	3.3%	10.4%
South Wilmington	7.3%	15.0%
Verona	21.2%	41.3%
Wilmington	10.9%	28.5%
Yorkville	6.6%	17.0%
Morris Service Area	9.0%	21.6%
Grundy County	7.1%	20.1%
Illinois	12.0%	27.3%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S1701. <http://data.census.gov>

12.8% of service area children, under age 18, are living in poverty. The highest rates of childhood poverty are found in Verona (50.7%) and Marseilles (32.1%). Among service area seniors, 6.3% are living in poverty. The highest rates of senior poverty are found in Dwight (12.9%) and Diamond (9.2%). Among female Heads of Household (HoH), with children, under age 18, 25.5% are living in poverty. The highest rates are found in Gardner (100%), Ransom (91.3%) and Verona (80%); the total number of female HoH with children in those towns range from 10 to 23 families.

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

	Children Under Age 18	Seniors Ages 65 and Older	Female HoH with Children *
Braceville	9.4%	3.4%	0.0%
Braidwood	9.4%	6.1%	33.6%
Carbon Hill	9.4%	1.6%	0.0%
Channahon	5.9%	3.0%	3.0%
Coal City	4.1%	4.6%	2.9%
Diamond	20.1%	9.2%	64.1%
Dwight	23.1%	12.9%	55.3%
East Brooklyn	N/A	0.0%	N/A
Gardner	9.3%	8.4%	100.0%
Kinsman	0.0%	0.0%	N/A
Marseilles	32.1%	7.3%	52.6%
Mazon	5.1%	3.2%	25.0%

	Children Under Age 18	Seniors Ages 65 and Older	Female HoH with Children *
Minooka	5.7%	3.8%	42.7%
Morris	18.3%	8.2%	18.2%
Newark	12.2%	3.9%	9.1%
Ottawa	24.9%	6.5%	35.8%
Ransom	25.0%	8.6%	91.3%
Seneca	23.7%	0.0%	58.7%
Shorewood	2.1%	7.0%	6.3%
South Wilmington	9.4%	8.2%	50.0%
Verona	50.7%	6.3%	80.0%
Wilmington	10.2%	8.9%	14.7%
Yorkville	12.9%	3.8%	42.6%
Morris Service Area	12.8%	6.3%	25.5%
Grundy County	9.9%	7.1%	23.7%
Illinois	16.2%	8.8%	33.7%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S1701 & *S1702. <http://data.census.gov> N/A = No children female HoH with children recorded in ZIP Code

Unemployment

Among the service area counties, LaSalle County (6%) had the highest unemployment rate in 2021. Kendall County (4.7%) and Livingston County (4.9%) had the lowest unemployment rates, but all area counties were below the state rate (6.1%).

Unemployment Rate

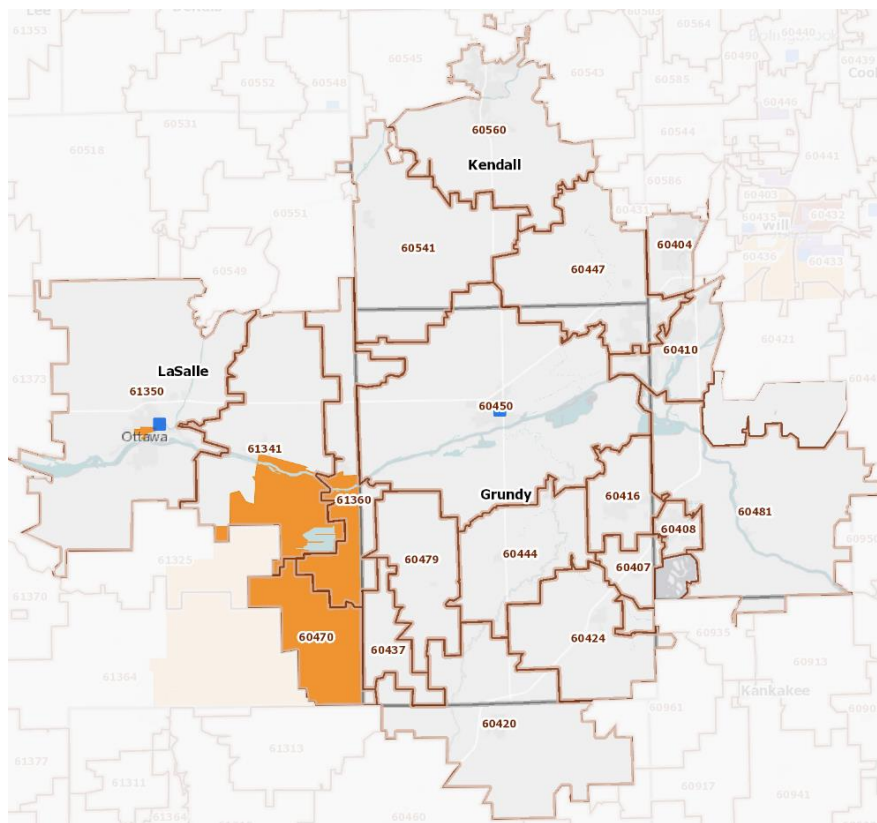
	Percent
Grundy County	5.3%
Kendall County	4.7%
LaSalle County	6.0%
Livingston County	4.9%
Will County	5.7%
Illinois	6.1%

Source: Illinois Department of Employment Security, Historical Annual Average Data by County, 2021
<https://ides.illinois.gov/resources/labor-market-information/laus/historical-monthly-annual-data.html>

Vulnerable Populations

When vulnerable populations in the area are mapped, pockets of poverty emerge. The map below shows the Morris service area (Morris Hospital is represented by the blue square located in the center, in Grundy County) and surrounding areas, highlighting the areas that have more than 20% poverty (in tan). If there were areas where more than 25% of the population had low education, defined as less than a high school education, they would be in lavender, and areas above the vulnerable thresholds for both poverty and education would be noted on the map in brown.

In the service area, a portion of ZIP Code 61350 (a central portion of Ottawa), and the southwest portion of the service area (ZIP Code 90470 along with portions of ZIP Codes 91341 and 91360) show a high percentage of poverty without low education levels. To the northeast of the service area (in and around Joliet) there are regions of low education, as well as an area containing a high percentage of vulnerable populations, with 25% or more of the population possessing less than a high school education and poverty found among 20% or more of the population. (Source: https://engagementnetwork.org/map-room/?action=tool_map&tool=footprint)



Every two years Illinois children in 8th, 10th and 12th grades are asked how often they have gone hungry because there was not enough food in their homes. In 2018, 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.

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

Numerous factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. In addition, there is a need for vacant units – both for sale and for rent – in a well-functioning housing market, to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief that they will find replacement housing. Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met. (Source: http://www.freddiemac.com/research/insight/20181205/major_challenge_to_u.s._housing_supply.page)

In Grundy County the number of housing units has increased by 4.3% in the past five years. Over the last five years, the number of households grew at a rate of 6.6% (suggesting easing of constraints on housing formation), housing units grew at a rate of 8.5%, and vacant units decreased by 40.7%. Owner-occupied housing increased 5.4%, to 72.8% of all area households, and renting increased 17.8%, with rental households forming 27.2% of all Grundy County households. Grundy County has a lower rate of vacancy, and a higher rate of owning versus renting, than the state.

Households and Housing Units, and Percent Change, 2015-2020

	Grundy County			Illinois		
	2015	2020	Percent Change	2015	2020	Percent Change
Housing units	20,249	21,113	4.3%	5,304,000	5,373,000	1.3%
Vacant	8.7%	4.9%	-40.7%	9.8%	9.1%	-5.4%
Households	18,492	20,071	8.5%	4,786,000	4,884,000	2.0%
Owner occ.	75.0%	72.8%	5.4%	66.4%	66.3%	1.9%
Renter occ.	25.0%	27.2%	17.8%	33.6%	33.7%	2.3%

Source: U.S. Census Bureau, American Community Survey, 2011-2015 & 2016-2020, DP04. <http://data.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.” 24.8% 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 Yorkville (33.1%) and Diamond (32.7%).

Households that Spend 30% or More of Income on Housing

	Percent
Braceville	15.4%
Braidwood	25.8%
Carbon Hill	21.0%
Channahon	18.5%
Coal City	22.9%
Diamond	32.7%
Dwight	24.4%
East Brooklyn	12.5%
Gardner	17.7%
Kinsman	3.3%
Marseilles	27.4%
Mazon	23.6%
Minooka	16.1%
Morris	24.5%
Newark	21.5%
Ottawa	26.9%
Ransom	9.3%
Seneca	16.9%
Shorewood	23.9%
South Wilmington	16.0%
Verona	20.7%
Wilmington	29.4%
Yorkville	33.1%
Morris Service Area	24.8%
Grundy County	22.0%
Illinois	30.4%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP04. <http://data.census.gov>

There are 49,342 households in the service area. Verona has the lowest median household income (\$42,188), followed by Diamond (\$51,019), Marseilles (\$51,835) and Ottawa (\$53,544). Shorewood (\$106,341) has the highest median household income in the service area.

Households and Median Household Income

	Number of Households	Median Household Income
Braceville	288	\$76,667

	Number of Households	Median Household Income
Braidwood	2,459	\$67,057
Carbon Hill	139	\$66,250
Channahon	4,276	\$99,429
Coal City	1,939	\$75,108
Diamond	1,206	\$51,019
Dwight	1,544	\$56,543
East Brooklyn	32	\$91,250
Gardner	569	\$67,441
Kinsman	31	\$81,875
Marseilles	1,937	\$51,835
Mazon	477	\$60,966
Minooka	3,685	\$97,097
Morris	6,206	\$61,419
Newark	439	\$101,750
Ottawa	7,764	\$53,544
Ransom	156	\$63,750
Seneca	950	\$74,907
Shorewood	6,153	\$106,341
South Wilmington	297	\$75,156
Verona	119	\$42,188
Wilmington	2,360	\$57,500
Yorkville	6,316	\$101,245
Morris Service Area*	49,342	\$77,549
Grundy County	20,071	\$75,767
Illinois	4,884,061	\$68,428

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP03. <http://data.census.gov> *Weighted average of the medians.

Households by Type

When households are examined by type, Kendall County has the highest percentage of family households with children, under age 18, in the service area (35.1%). In Livingston County, 5.9% of the households are female households with no husband present, and with children under age 18. LaSalle County (13%) and Livingston County (14.2%) have high rates of households with seniors living alone. Seniors living alone may be isolated and lack adequate support systems.

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	20,071	26.0%	4.7%	9.9%

Kendall	41,398	35.1%	5.2%	7.0%
LaSalle	45,089	19.5%	4.9%	13.0%
Livingston	14,366	18.6%	5.9%	14.2%
Will	232,395	29.3%	4.7%	8.4%
Morris Service Area	49,342	27.9%	5.0%	10.7%
Illinois	4,884,061	21.1%	5.4%	11.8%

Source: U.S. Census Bureau, American Community Survey, 2016-2020 and †2015-2019 (2020 5-year data not available), DP02.

<http://data.census.gov> *Family refers to married or cohabiting couples, with children of the householder under the age of 18.

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 2020 Point-In-Time count of homeless was performed in January 2020, prior to the start of the COVID-19 Pandemic, and showed an increase from 2019 in the number of persons experiencing homelessness in the Central Illinois CoC and Illinois homeless counts and a decrease in the Northwestern IL CoC, while the Will County CoC homeless count remained fairly steady. In the state and all area CoCs except the Central IL CoC, the percentage of persons housed in transitional housing declined from 2019 to 2020. Consequently, in the Will County CoC the percentage of persons found in Emergency Shelters or Safe Havens rose. For the Northwestern IL CoC and the state the percentage of unsheltered persons increased.

Homelessness, 2019-2020

	Unsheltered		Transitional Housing		Emergency Shelter Safe Haven		Total Number	
	2019	2020	2019	2020	2019	2020	2019	2020
Will County CoC (with Kendall & Grundy Co)	15.5%	15.2%	34.5%	21.7%	50.0%	63.0%	278	276
Central IL CoC (incl. Livingston County)	19.1%	12.7%	15.4%	31.9%	65.5%	55.4%	319	408
Northwestern IL CoC (incl. LaSalle County)	7.6%	13.3%	28.4%	23.7%	64.0%	63.0%	211	135
Illinois	18.5%	21.8%	23.0%	21.5%	58.5%	56.7%	10,199	10,431

Source: HUD Exchange Point-In-Time Estimates, 2019& 2020. <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

In the area COCs and the state, the number of persons who are chronically homeless increased from 2019 to 2020. The number of veterans experiencing homelessness declined in the Will County and Northwestern IL CoCs, while increasing in the Central IL

CoC and statewide. The number of unaccompanied minors (under age 18) increased in the state and the Central IL CoC. The number of young parents (under age 25) who were experiencing homelessness with children increased slightly in the state and all area CoCs except the Northwestern IL CoC.

Homeless Subgroups, 2019-2020

	Chronically Homeless		Veterans		Unaccompanied Minors (under age 18)		Parenting Youth (under age 25)	
	2019	2020	2019	2020	2019	2020	2019	2020
Will County CoC (incl. Kendall & Grundy Co)	18	24	18	0	0	0	1	3
Central IL CoC (incl. Livingston County)	49	71	18	28	0	2	10	11
Northwestern IL CoC (incl. LaSalle County)	2	16	14	5	0	0	6	5
Illinois	1,842	2,305	690	736	16	26	245	249

Source: HUD Exchange Point-In-Time Estimates, 2019& 2020. <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

Educational Attainment

Among the population, ages 25 and older, in the service area, 7.2% are not high school graduates. 25.5% of service area adults, ages 25 and older, have earned a bachelor's degree or higher.

Educational Attainment, Population Ages 25 and Older

	Morris Service Area	Grundy County	Illinois
Population, ages 25 and older	87,263	33,798	8,686,299
Less than 9 th grade	2.0%	2.1%	4.8%
9 th to 12 th grade, no diploma	5.2%	4.7%	6.0%
High school graduate	31.2%	33.8%	26.0%
Some college, no degree	26.4%	26.9%	20.5%
Associate's degree	9.8%	9.5%	8.1%
Bachelor's degree	15.7%	14.8%	21.1%
Graduate/professional degree	9.7%	8.2%	13.6%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. <http://data.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 2030 objective is a 90.7% graduation rate. LaSalle County and Livingston County graduation rates do not meet the Healthy People 2030 objective.

High School Graduation Rates, 2016-2020

	Rate
Grundy	94%
Kendall	92%
LaSalle	90%
Livingston	90%
Will	92%
Illinois	90%

Source: County Health Rankings and Roadmaps; National Center for Education Statistics, 2016-2020
<https://www.countyhealthrankings.org/app/illinois/2021/measure/factors/168/data>

Preschool Enrollment

63.1% of children, ages 3 and 4, were enrolled in preschool in the service area, which was higher than the state rate (54.6%).

Enrolled in Preschool, Children, Ages 3 and 4

	Number	Enrolled	Percent
Braceville	88	76	86.4%
Braidwood	229	125	54.6%
Carbon Hill	2	2	100.0%
Channahon	290	150	51.7%
Coal City	69	44	63.8%
Diamond	28	22	78.6%
Dwight	47	0	0.0%
East Brooklyn	0	0	N/A
Gardner	17	14	82.4%
Kinsman	3	0	0.0%
Marseilles	184	143	77.7%
Mazon	29	19	65.5%
Minooka	303	192	63.4%
Morris	501	337	67.3%
Newark	20	16	80.0%
Ottawa	505	349	69.1%
Ransom	2	1	50.0%
Seneca	72	27	37.5%
Shorewood	476	354	74.4%
South Wilmington	19	4	21.1%
Verona	7	2	28.6%
Wilmington	179	45	25.1%
Yorkville	602	395	65.6%
Morris Service Area	3,672	2,317	63.1%
Grundy County	1,310	812	62.0%
Illinois	310,067	169,361	54.6%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S1401. <http://data.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. The survey is administered every two years, and 2020 survey data were incomplete, due to the start of the Pandemic.

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://iys.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. Six of the crime categories are crimes against persons, including: criminal homicide, rape, aggravated battery/aggravated assault, robbery, human trafficking commercial sex acts, and human trafficking involuntary servitude. The remaining four categories are crimes against property, including: burglary, theft, motor vehicle theft, and arson

Per capita crime has gone down in Illinois every year from 2017 to 2020. LaSalle County had a similarly steady reduction, along with the largest decline in the Crime Index from 2017-2020 (a 39.3% decrease). Fluctuations in area rates may be due, at least in part, to the effect of small populations on the rates.

Crime Index, Rate per 100,000 Persons, 2017-2020

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
2017 Crime Index	1,010.8	945.5	1,662.3	1,319.0	1,326.5	2,403.1
2018 Crime Index	843.9	997.7	1,302.9	994.0	1,123.3	2,255.5
2019 Crime Index	937.7	916.8	1,221.3	1,012.8	1,300.1	2,200.8
2020 Crime Index	1,284.8	1,108.6	1,158.7	1,189.2	1,118.9	1,943.2
Percent change	27.1%	17.3%	-30.3%	-9.8%	-15.7%	-19.1%

Source: Illinois State Police, Uniform Crime Reports, 2018 & 2020. <https://isp.illinois.gov/CrimeReporting/CrimeInIllinoisReports>

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 in 2020 (20.8%) and Grundy County had the highest percentage of crimes against property (93.6%) among area counties.

Crime Rates, per 100,000 Persons

	2020 Total Crime Index	Crimes Against Persons		Crimes Against Property	
		Rate	Percentage	Rate	Percentage
Grundy County	1,284.8	82.6	6.4%	1,202.2	93.6%
Kendall County	1,108.6	81.4	7.3%	1,027.2	92.7%
LaSalle County	1,158.7	147.6	12.7%	1,011.1	87.3%
Livingston County	1,189.2	246.9	20.8%	942.3	79.2%
Will County	1,118.9	188.3	16.8%	930.7	83.2%
Illinois	1,943.2	403.2	20.7%	1539.9	79.3%

Source: Illinois State Police, Uniform Crime Report, 2020. <https://isp.illinois.gov/CrimeReporting/CrimeInIllinoisReports>

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 number of reported domestic offenses declined from 2019 to 2020 in Illinois and all area counties, except for Kendall County. The rate of reported domestic offenses were highest in Will County, followed by LaSalle and Kendall Counties.

Domestic Offense Rates, per 100,000 Persons, 2019-2020

	2019		2020	
	Number	Rate	Number	Rate
Grundy County	106	215.1	90	181.2
Kendall County	646	507.5	733	568.3
LaSalle County	557	510.7	540	498.2
Livingston County	76	210.9	53	150.4
Will County	5,209	781.8	4,639	697.0
Illinois	113,618	888.8	66,701	524.6

Source: Illinois State Police, Uniform Crime Report, 2020. <https://isp.illinois.gov/CrimeReporting/CrimeInIllinoisReports>

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. The biannual survey was not completed prior to the end of the 2020 school year. As a result, 2018 data are the most-recently available.

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 service area, 96.7% of the total population is insured. Children (98.4%) and seniors (99.8%) are insured at higher rates than adults, ages 19-64 (95.2%).

Health Insurance Coverage, by Age

	All Ages	Ages 0 to 18	Ages 19 to 64	Ages 65 and Older
Grundy	96.4%	97.9%	94.9%	99.9%
Kendall	95.7%	97.9%	94.0%	98.6%
LaSalle	96.0%	98.2%	93.9%	99.8%
Livingston	95.3%	96.0%	93.5%	100.0%
Will	94.9%	98.0%	92.6%	99.0%
Morris Service Area	96.7%	98.4%	95.2%	99.8%
Illinois	93.2%	96.9%	90.2%	99.1%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S2701. <http://data.census.gov>

When examined by race/ethnicity, there are differences in the rate of health insurance coverage in the service area. The service area average for health insurance coverage among the total population (noted in the previous data table) is 96.7%. The lowest rate of coverage is seen in those who identify as Hispanic (93.7%), followed by those who identified as Multiracial (94%). Service area coverage in children is 98.4%. The lowest rate of coverage is seen in non-Hispanic White children (98.1%), followed by Black/African-American children (98.6%). Among adults, ages 19 to 64, in the service area, 95.2% have health insurance. The lowest rate is found among adults who identify as Multiracial (87.2%), followed by Hispanic adults (88.1%).

Health Insurance Coverage, by Race/Ethnicity and Age Group

	Total Population	Children, Under Age 19	Adults, Ages 19-64	Seniors, Ages 65 and Older
American Indian/Alaskan Native	100.0%	100.0%	100.0%	100.0%
Native Hawaiian/Pacific Islander	100.0%	N/A	100.0%	N/A
Asian	97.8%	100.0%	96.8%	100.0%
Non-Hispanic White	97.1%	98.1%	96.0%	99.7%
Black/African American	96.2%	98.6%	94.6%	100.0%
Other race	95.1%	98.8%	92.8%	100.0%
Multiracial	94.0%	99.7%	87.2%	100.0%
Hispanic	93.7%	99.6%	88.1%	100.0%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, C27001B thru C27001I. <http://data.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, 84.1% of the population has a usual source of care. Of all area counties, Grundy County has the

highest insurance rate (see previous table) but the lowest rate for a usual source of care.

Usual Source of Care

	Percent
Grundy	84.1%
Kendall	84.2%
LaSalle	86.6%
Livingston	88.8%
Will	86.5%
Illinois	79.7%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2017-2019 and 2019 only (Illinois)
<http://app.idph.state.il.us/brfss/default.asp>

Delayed Care

In Grundy County, 27.6% of residents had not had a routine checkup in the past year, 8.5% of residents could not obtain care due to cost, and 10.9% could not fill a prescription in the past year due to cost. 18.5% 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

	No Routine Checkup in Past Year	Could Not See Doctor Due to Cost	Could Not Fill Rx Due to Cost	No Dental Visit in Past Two Years
Grundy	27.6%	8.5%	10.9%	18.5%
Kendall	24.9%	9.9%	7.3%	11.9%
LaSalle	31.6%	10.2%	10.3%	23.6%
Livingston	35.7%	6.0%	6.8%	25.9%
Will	21.4%	10.1%	11.5%	15.0%
Illinois	23.5%	13.3%	N/A	N/A

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2017-2019 and 2019 only (Illinois)
<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 service area and information from the Uniform Data System (UDS)¹, 21.5% of the population in the communities served by the hospital is categorized as low-income (200% of Federal Poverty Level) and 8.8% are at or below the Federal Poverty Level. Portions of the service area are categorized

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)

as a Health Professions Shortage Area (HPSA).

There are six 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, 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 2,814 patients in the service area, which equates to 7.8% coverage among low-income patients and 1.7% coverage among the total population. From 2018-2020, the CHC providers added 727 patients for a 34.8% increase in patients served. However, there remain 33,487 low-income residents, approximately 92.2% 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
36,301	2,814	7.8%	1.7%	33,487	92.2%

Source: UDS Mapper, 2020, 2015-2019 population numbers. <http://www.udsmapper.org>

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 3,190 residents per one primary care physician and 2,680 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 600 persons to one mental health provider.

Ratio of Population to Providers

	Primary Care Physicians	Dentists	Mental Health Providers
Grundy	3,190:1	2,680:1	600:1
Kendall	2,930:1	2,560:1	890:1
LaSalle	2,590:1	1,820:1	960:1
Livingston	2,380:1	2,210:1	670:1
Will	1,850:1	1,700:1	680:1
Illinois	1,230:1	1,220:1	370:1

Source: County Health Rankings, www.countyhealthrankings.org, Physician data from 2019, Dentist data from 2020, Mental Health provider data from 2021.

Community Input – Access to Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to care. Following are their comments summarized and edited for clarity:

- We have access issues related to specialty care and more refined services. We have to go 40 minutes to an hour to Joliet for specialty services.
- We have limited specialty care but there are a couple of different clinics in town and the hospital that helps out.
- Wait times for mental health services has increased. Transportation has decreased with less staffing and volunteers offering to transport people.
- The clinic is 2 miles away for immediate care.
- Specialists are booked for months out. Some specialists you have to travel outside of the community for, so transportation can be an issue. And throw in the cost of gas to afford to get to the appointment is a challenge. We are seeing patients who are discharged from the hospital or ED and they have no transportation, no one to pick them up and they cannot afford a taxi. Uber and Lyft are not as common here, so it is not as easy to get inexpensive rides.
- We don't have a hospital in Kendall County, so it is a drive to get services. We have clinics and our county has always scored pretty high on county health rankings, but not having a hospital makes it a bit more difficult. It is a 15–20-minute drive, but we do not have public transportation.
- Mental health and dental care have very limited resources for the uninsured or underinsured in Grundy County. General physical health, from a primary care provider, is quite accessible and available in the county.
- It is difficult getting physicians. They are retiring and not many young ones are coming in and this could be a huge issue in the next couple of years.
- We need more services for the Medicaid population.
- We always have a significant number of staff vacancies in our hospital, nursing homes and care facilities. They are all understaffed because people have left the field. What will that mean for us in terms of support? How significantly taxed and stressed our health care workers are is a definite challenge and barrier for the care experience people want.
- We have implemented a United Way 211 program so you can go to the website and find resources but if you didn't enter your information correctly you might not be included. How easy and intuitive is it to find resources and how can we do a better job to connect people to resources?

Birth Indicators

Births

In 2019, there were 10,888 births in the five-county area served by Morris Hospital. The four-year trend shows a continued decline in births.

Births by County, 2016-2019

	2016	2017	2018	2019
Grundy	604	593	571	599
Kendall	1,594	1,486	1,515	1,548
LaSalle	1,262	1,180	1,093	1,117
Livingston	393	434	435	408
Will	7,803	7,426	7,321	7,216
Total	11,656	11,119	10,935	10,888

Source: Illinois Department of Public Health, 2016-2019 <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics>

The majority of births in the service area were to mothers who were White. Births to mothers of Hispanic ethnicity ranged from 4.9% in Livingston County to 24.2% in Will County. 13.6% of births in Will County were to mothers who were Black/African American.

Births by Race/Ethnicity

	White	Hispanic	Black	Other
Grundy	85.1%	11.0%	3.0%	0.8%
Kendall	67.0%	22.1%	7.0%	3.9%
LaSalle	81.4%	14.1%	3.1%	1.3%
Livingston	92.9%	4.9%	2.0%	0.2%
Will	56.6%	24.2%	13.6%	5.6%
Five-County Average	63.6%	21.4%	10.6%	4.4%
Illinois	54.5%	21.4%	17.2%	6.9%

Source: Illinois Department of Public Health, 2019. <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 that meet the Healthy People 2030 objective of 80.5%% 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% of pregnant women received adequate prenatal care.

Births Where Mother Received Adequate Prenatal Care

	Births with Adequate Care	Percent*
Grundy	498	84.0%

	Births with Adequate Care	Percent*
Kendall	1,267	82.7%
LaSalle	966	87.1%
Livingston	333	82.2%
Will	5,749	80.6%
Illinois	106,897	78.8%

Source: Illinois Department of Public Health, 2019. <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>

*Percent of births where details of prenatal care are known

Teen Birth Rate

In Grundy County, 4.7% of births were to teens, ages up to 19 years old. This rate of teen births was higher than the state rate (4.2%).

Births to Teens, Under Age 18, and Ages 18 to 19

	Under 18 Years	18 to 19 Years	Total Births	Percent
Grundy	5	23	599	4.7%
Kendall	7	31	1,548	2.5%
LaSalle	15	41	1,117	5.0%
Livingston	9	13	408	5.4%
Will	52	191	7,216	3.4%
Illinois	1,474	4,474	140,145	4.2%

Source: Illinois Department of Public Health, 2019. <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. In Grundy County, 7.7% of births were low birth weight.

Low Birth Weight (Under 2,500 g)

	Low Weight Births	Total Births	Percent
Grundy	46	599	7.7%
Kendall	91	1,548	5.9%
LaSalle	85	1,117	7.6%
Livingston	39	408	9.6%
Will	581	7,216	8.1%
Illinois	11,835	140,145	8.4%

Source: Illinois Department of Public Health, 2019. <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>

LaSalle County (11.1%), Grundy County (11.2%) and Livingston County (11.5%) have premature birth rates that are higher than the state rate (10.7%). The Healthy People 2030 objective for preterm births is 9.4% of live births.

Preterm Births, <37 Weeks Gestation

	Preterm Births	Total Births	Percent
Grundy	67	599	11.2%
Kendall	155	1,548	10.0%
LaSalle	124	1,117	11.1%
Livingston	47	408	11.5%
Will	757	7,216	10.5%
Illinois	14,996	140,145	10.7%

Source: Illinois Department of Public Health, 2019. <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>

Maternal Smoking

9% of women in Grundy County 17.6% in LaSalle County and 19.1% in Livingston County smoked during pregnancy. These rates are higher than the state rate (5.9%). The Healthy People 2030 objective is for smoking to be limited to 4.3% of pregnant women.

Births Where Mother Smoked During Pregnancy

	Births Where Mother Smoked	Births*	Rate Per 100 Births
Grundy	54	598	9.0%
Kendall	36	1,548	2.3%
LaSalle	196	1,114	17.6%
Livingston	78	408	19.1%
Will	292	7,211	4.0%
Illinois	8,282	139,589	5.9%

Source: Illinois Department of Public Health, IQuery Data Search, 2019 data. <https://iquery.illinois.gov/DataQuery/Default.aspx>

*Where mother's smoking status is known

Cesarean Section

In 2019, over one-third of births in Grundy, Kendall, Livingston and Will Counties were by Cesarean Section. These rates exceed the state rate of 30.6%.

Cesarean Section

	Cesarean Section	Total Births	Percent
Grundy	200	599	33.4%
Kendall	527	1,548	34.0%
LaSalle	330	1,117	29.5%
Livingston	158	408	38.7%
Will	2,405	7,216	33.3%
Illinois	42,928	140,145	30.6%

Source: Illinois Department of Public Health, 2019. <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>

Infant Mortality

The Healthy People 2030 objective is 5.0 infant deaths per 1,000 live births. Grundy

County (5.0 per 1,000 live births) and Livingston County (4.8 per 1,000 live births) meet the Healthy People 2030 objective. The rate in LaSalle County (7.9 per 1,000 live births) is higher than the state rate (6.1 infant deaths per 1,000 live births).

Infant Mortality Rate, per 1,000 Live Births, 2015-2019 Average

	Infant Deaths	Live Births	Rate
Grundey	15	2,974	5.0
Kendall	42	7,769	5.4
LaSalle	47	5,940	7.9
Livingston	10	2,077	4.8
Will	219	37,568	5.8
Illinois	4,582	746,931	6.1

Source: Illinois Department of Public Health, 2015-2019. <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 79.6% of new mothers breastfed their newborns and 68.9% breastfed exclusively. These rates of breastfeeding are lower than state rates.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Morris Hospital	446	79.6%	386	68.9%
Illinois	N/A	84.2%	N/A	73.8%

Source: Illinois Hospital Report Card, 2018. <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 2017 births

Community Input – Birth Indicators

Stakeholder interviews identified the following issues, challenges and barriers related to birth indicators. Following are their comments summarized and edited for clarity:

- There are formula shortages and we worry about diaper shortages as well. We used to see people in person for WIC services and we don't have that connection anymore, a lot of it is done over the phone. It is important for us to see how Mom interacts with the baby and we miss that when the visit takes place over the phone.
- The need for formula is difficult for parents. For those who need extra help, the formula issue is just more stress, which makes it more difficult. You can encourage moms to breastfeed, but that doesn't work with every mom.
- The acuity of illness of obstetric patients is increasing. They have more comorbidities. BMI is above normal, they have chronic illnesses, mental health issues, addiction with opioids and multiple substances. They are a more diverse

population now as well. These populations can be harder to reach, working multiple jobs or they are completely disinterested.

- Teen births are down. We did not see the 14- to 16-year-old giving birth here. But we see surrogates now, that is new, maybe we see 3 or 4 a year. Or maybe they are more open about it now.
- We have 2-3 fetal deaths a year. We see opioid addicted babies.

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 827.6 per 100,000 persons in 2019 to 974 deaths per 100,000 persons in 2020. These rates exceed state death rates, as did the rates for LaSalle and Livingston Counties. Death rates in Kendall and Will Counties were lower than the state rates in 2019 and 2020.

Age-Adjusted Death Rates, per 100,000 Persons, 2019 and 2020

	Deaths		Population		Crude Rate		Age-Adjusted Rate	
	2019	2020	2019	2020	2019	2020	2019	2020
Grundy	451	545	51,054	50,993	883.4	1,068.8	827.6	974.0
Kendall	644	769	128,990	130,638	499.3	588.6	626.7	726.0
LaSalle	1,329	1,524	108,669	107,571	1,223.0	1,416.7	841.9	949.3
Livingston	449	507	35,648	35,414	1,259.5	1,431.6	848.1	959.4
Will	4,823	5,893	690,743	688,726	698.2	855.6	691.0	827.5
Illinois	109,096	132,663	12,671,821	12,587,530	860.9	1,053.9	704.4	850.7

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 to the 102 counties in Illinois, Kendall, and Will Counties were in the top quartile, indicating low premature death rates. Grundy County had the same YPLL (6,600 years) as the state. 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, 2017-2019

	Average Annual Deaths	YPLL-75	County Ranking (out of 102)
Grundy	431.3	6,600	31
Kendall	600.7	4,300	2
LaSalle	1,341.7	8,500	78
Livingston	459.0	8,200	68
Will	4,800.3	5,900	11
Illinois	109,558.3	6,600	N/A

Source: Deaths: Illinois Department of Public Health, Vital Statistics, 2017-2019. <http://www.dph.illinois.gov/data-statistics/vital-statistics/death-statistics> Source: YPLL-75 and Rankings: County Health Rankings, 2021. www.countyhealthrankings.org

Life Expectancy at Birth

In 2019, life expectancy in Grundy County was 77.9 years, which was lower than the Illinois life expectancy rate of 79.6 years. Residents of Kendall County (81.7 years) and Will County (80.0) had the highest life-expectancy rates among area counties. Residents of LaSalle County (77.0) and Livingston County (77.1) had the lowest life-expectancy rates. By 2020, the life expectancy in Illinois had fallen by 2.5 years, to 77.1 years, while area life expectancies declined by 1.1 years in LaSalle County and by 2 years in Grundy, Livingston and Will Counties.

Life Expectancy at Birth

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Life expectancy at birth in years, 2019	77.9	81.7	77.0	77.1	80.0	79.6
Life expectancy at birth in years, 2020	75.9	80.2	75.9	75.1	78.0	77.1

Source: Illinois Department of Public Health, IQuery Data Search, 2019-2020 data. <https://iquery.illinois.gov/DataQuery/Default.aspx>

Leading Causes of Death

In 2020, COVID-19 was the third-leading cause of death in Illinois and the five service area counties. However, with relatively small populations, leading causes of death in the counties need to be considered across a larger timespan, to account for annual fluctuations. For the five years from 2016 to 2020, combined, COVID-19 is the 7th leading cause of death for the state and Kendall County, 8th for LaSalle, Livingston, and Will Counties, and the 11th leading cause of death in Grundy County. The top two causes of death in the service area counties are heart disease and cancer, with heart disease being the leading cause in Livingston and Will Counties, and cancer being the leading cause in Grundy, Kendall and LaSalle Counties.

Leading Causes of Death, Age-Adjusted Rates, per 100,000 Persons, 2016-2020

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Diseases of the heart	170.1	123.7	185.4	196.4	161.8	165.3
Ischemic heart disease	98.7	62.8	105.9	105.8	84.0	82.1

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Cancer	176.9	145.6	187.3	178.2	156.3	155.4
Unintentional injuries	51.6	35.1	65.6	64.8	38.9	45.6
Stroke	35.8	39.7	39.3	44.2	42.0	39.1
Chronic Lower Respiratory Disease	59.3	33.9	49.4	48.9	36.2	36.1
Alzheimer's disease	30.8	21.7	38.9	39.2	27.1	25.9
COVID-19	16.7	15.2	20.5	19.7	18.8	20.3
Diabetes	32.1	14.0	21.6	23.9	18.3	19.4
Kidney disease	14.9	14.9	15.0	13.8	18.9	16.7
Influenza/Pneumonia	17.6	12.3	18.7	18.0	13.7	15.0
Septicemia	9.7	8.3	9.2	12.0	9.0	11.4
Suicide	17.5	10.4	17.1	17.3	10.8	10.9
Chronic liver disease	12.3	7.9	14.5	13.9	10.9	9.8
Parkinson's disease	18.4	10.1	9.4	10.5	10.9	9.1
Essential hypertension/ hypertensive renal disease	10.7	7.3	8.9	7.6	6.8	8.3

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

Heart Disease and Stroke

With an average of 54.2 deaths per year, the age-adjusted mortality rate for ischemic heart disease in Grundy County is 98.7 deaths per 100,000 persons, while in Livingston County it is 105.8 per 100,000 persons and in LaSalle County it is 105.9 per 100,000 persons. These rates are higher than the state rate, and higher than the Healthy People 2030 objective of 71.1 heart disease deaths per 100,000 persons.

With an average of 19.4 deaths per year, the age-adjusted rate of death from stroke in Grundy County is 35.8 deaths per 100,000 persons, which is the lowest rate in the service area. These rates are higher than the Healthy People 2030 objective of 33.4 stroke deaths per 100,000 persons.

Ischemic Heart Disease and Stroke Mortality Rates, Age-Adjusted, per 100,000 Persons

	Ischemic Heart Disease		Stroke	
	Annual Number	Rate	Annual Number	Rate
Grundy County	54.2	98.7	19.4	35.8
Kendall County	61.2	62.8	35.2	39.7
LaSalle County	174.6	105.9	67.0	39.3
Livingston County	59.6	105.8	25.2	44.2
Will County	572.8	84.0	274.4	42.0
Illinois	12,847.4	82.1	6,089.6	39.1

Source: CDC National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 2016-2020.
<http://wonder.cdc.gov/>

Cancer

In Grundy County, the age-adjusted cancer mortality rate is 176.9 per 100,000 persons. This rate does not meet the Healthy People 2030 objective (122.7 deaths per 100,000 persons).

Cancer Mortality Rate, per 100,000 Persons, Age-Adjusted, 2016-2020

	Annual Number	Rate
Grundy County	99.6	176.9
Kendall County	151.6	145.6
LaSalle County	298.0	187.3
Livingston County	93.2	178.2
Will County	1,122.2	156.3
Illinois	24,068.2	155.4

Source: CDC National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 2016-2020.
<http://wonder.cdc.gov/>

The top three causes of death in Grundy County, LaSalle County and Will County are lung and bronchus, breast and prostate cancer. In Kendall County, the top three causes of cancer death are from lung and bronchus, prostate and pancreas. In Livingston County, the top three causes of cancer death are from lung and bronchus, breast and pancreas.

Cancer Death Rates, per 100,000 Persons, Age-Adjusted, 2015-2019

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
All cancers combined	181.5	152.6	189.6	180.3	159.1	158.5
Lung and bronchus	51.7	36.4	55.5	55.0	40.6	39.2
Breast (females only)	28.0	13.4	24.2	17.0	18.6	20.9
Prostate (males only)	18.5	27.9	18.5	N/A	19.5	19.7
Colon and rectum	17.3	12.4	17.9	14.2	14.2	14.5
Pancreas	11.4	14.7	12.1	16.1	11.9	11.4
Liver and bile duct	5.1	6.1	6.8	6.4	6.4	6.4
Leukemia	8.0	7.9	6.4	N/A	6.2	6.2

Source: National Cancer Institute, State Cancer Profiles, 2015-2019. <http://statecancerprofiles.cancer.gov/data-topics/mortality.html>
N/A = too few annual cases to ensure confidentiality and stability.

Unintentional Injury

The Healthy People 2030 objective is 43.2 unintentional injury deaths per 100,000 persons. The age-adjusted death rate from unintentional injuries in Grundy County is 51.6 deaths per 100,000 persons.

Unintentional Injury Mortality Rate, per 100,000 Persons, Age-Adjusted

	Annual Number	Rate
Grundy County	26.0	51.6

	Annual Number	Rate
Kendall County	40.6	35.1
LaSalle County	76.4	65.6
Livingston County	26.4	64.8
Will County	262.8	38.9
Illinois	6,161.6	45.6

Source: CDC National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 2016-2020.
<http://wonder.cdc.gov/>

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in Grundy County is 59.3 per 100,000 persons.

Chronic Lower Respiratory Disease Mortality Rate, per 100,000 Persons, Age-Adjusted

	Annual Number	Rate
Grundy County	32.4	59.3
Kendall County	32.0	33.9
LaSalle County	81.4	49.4
Livingston County	27.2	48.9
Will County	241.2	36.3
Illinois	5,594.4	36.1

Source: CDC National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 2016-2020.
<http://wonder.cdc.gov/>

Alzheimer's Disease

The mortality rate in Grundy County from Alzheimer's disease is 30.8 deaths per 100,000 persons.

Alzheimer's Disease Mortality Rate, per 100,000 Persons, Age-Adjusted

	Annual Number	Rate
Grundy County	15.8	30.8
Kendall County	18.6	21.7
LaSalle County	67.8	38.9
Livingston County	24.2	39.2
Will County	170.2	27.1
Illinois	4,103.6	25.9

Source: CDC National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 2016-2020.
<http://wonder.cdc.gov/>

Diabetes

The age-adjusted mortality rate in Grundy County from diabetes is 32.1 deaths per 100,000 persons, which is higher than the state rate (19.4 deaths per 100,000 persons).

Diabetes Mortality Rate, per 100,000 Persons, Age-Adjusted

	Annual Number	Rate
Grundy County	17.6	32.1
Kendall County	15.0	14.0
LaSalle County	34.6	21.6
Livingston County	12.4	23.9
Will County	131.0	18.3
Illinois	2,979.2	19.4

Source: CDC National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 2016-2020.

<http://wonder.cdc.gov/>

Kidney Disease

The death rate from kidney disease in Grundy County and Kendall County is 14.9 deaths per 100,000 persons.

Kidney Disease Mortality Rate, per 100,000 Persons, Age-Adjusted

	Annual Number	Rate
Grundy County	8.0	14.9
Kendall County	14.0	14.9
LaSalle County	24.8	15.0
Livingston County	7.4	13.8
Will County	127.4	18.9
Illinois	2,586.2	16.7

Source: CDC National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 2016-2020.

<http://wonder.cdc.gov/>

Pneumonia and Influenza

The age-adjusted death rate for non-COVID-19-related pneumonia and influenza in Grundy County is 17.6 deaths per 100,000 persons.

Pneumonia and Influenza Mortality Rate, per 100,000 Persons, Age-Adjusted

	Annual Number	Rate
Grundy County	9.4	17.6
Kendall County	10.8	12.3
LaSalle County	31.2	18.7
Livingston County	9.6	18.0
Will County	91.2	13.7
Illinois	2,336.0	15.0

Source: CDC National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 2016-2020.

<http://wonder.cdc.gov/>

Septicemia

In Grundy County, the age-adjusted mortality rate from septicemia (blood infection) is 9.7 per 100,000 persons.

Septicemia Mortality Rate, per 100,000 Persons, Age-Adjusted

	Annual Number	Rate
Grundy County	5.2	9.7
Kendall County	8.0	8.3
LaSalle County	14.6	9.2
Livingston County	6.8	12.0
Will County	62.0	9.0
Illinois	1,751.4	11.4

Source: CDC National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 2016-2020.

<http://wonder.cdc.gov/>

Suicide

The suicide rate in Grundy County is 17.5 deaths per 100,000 persons. This rate is higher than the state rate of 10.9 deaths, and higher than the Healthy People 2030 objective for suicide death of 12.8 deaths per 100,000 persons.

Suicide Mortality Rate, per 100,000 Persons, Age-Adjusted

	Annual Number	Rate
Grundy County	9.0	17.5
Kendall County	13.2	10.4
LaSalle County	19.0	17.1
Livingston County	6.0	17.3
Will County	75.6	10.8
Illinois	1,435.6	10.9

Source: CDC National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 2016-2020.

<http://wonder.cdc.gov/>

Liver Disease

The death rate from liver disease in Grundy County is 12.3 deaths per 100,000 persons.

Liver Disease Mortality Rate, per 100,000 Persons, Age-Adjusted

	Annual Number	Rate
Grundy County	6.8	12.3
Kendall County	9.6	7.9
LaSalle County	20.6	14.5
Livingston County	6.6	13.9
Will County	82.0	10.9
Illinois	1,470.0	9.8

Source: CDC National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 2016-2020.

<http://wonder.cdc.gov/>

Homicide

The homicide rate Kendall County is 3.8 deaths per 100,000 persons, and in Will County it is 4.1 deaths. The Healthy People 2030 objective for homicide deaths is 5.5 per 100,000 persons.

Homicide Mortality Rate, per 100,000 Persons, Age-Adjusted

	Annual Number	Rate
Grundy County	Suppressed	N/A
Kendall County	4.8	3.8
LaSalle County	2.0	N/A
Livingston County	Suppressed	N/A
Will County	28.2	4.1
Illinois	1,120.6	8.8

Source: CDC National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 2016-2020.

<http://wonder.cdc.gov/> Suppressed fewer than 10 deaths. N/A = Not available due to statistical instability and/or privacy concerns.

Drug Overdoses

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have generally been rising statewide over the past five years. When looked at in five-year periods, the rate of drug overdose mortality was higher for Livingston, LaSalle and Grundy Counties when compared to the state rate. For the period from 2016 through 2020, Kendall County met the Healthy People 2030 objective of no more than 20.7 drug overdose deaths per 100,000 persons.

Drug Overdose Mortality Number and Rate, per 100,000 Persons, Age-Adjusted

	2011-2015		2016-2020	
	Annual Number	Rate	Annual Number	Rate
Grundy County	8.8	18.4	13.4	26.9
Kendall County	10.6	8.7	19.0	15.0
LaSalle County	24.2	22.3	31.4	31.7
Livingston County	5.8	15.1	10.6	29.5
Will County	84.8	12.6	139.2	21.0
Illinois	1,631.0	12.6	2,850.0	22.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2011-2020, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

From 2016 through 2020, the age-adjusted death rate from opioid overdoses in Grundy County was 24.1 deaths per 100,000 persons, which was higher than the state rate (18.1 per 100,000 persons). The Healthy People 2030 objective is a maximum of 13.1 overdose deaths involving opioids, per 100,000 persons.

Opioid Drug Overdose Death Rates, per 100,000 Persons, Age-Adjusted

	2011-2015		2016-2020	
	Annual Number	Rate	Annual Number	Rate
Grundy County	6.0	12.6	11.8	24.1
Kendall County	6.4	5.3	15.4	12.2
LaSalle County	18.4	17.7	25.4	26.0
Livingston County	4.2	11.6	9.0	25.3
Will County	59.8	9.0	117.2	17.9
Illinois	1,143.2	8.9	2,297.0	18.1

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Multiple Cause of Death Mortality public-use data 2011-2020, on CDC WONDER. <https://wonder.cdc.gov/mcd-icd10.html>

COVID-19

COVID-19, Cases and Death Rates

Through June 13, 2022, there have been 13,485 confirmed cases of COVID-19 in Grundy County. The rate for the county was 256.7 cases per 1,000 residents. In Grundy County there have been 136 deaths confirmed to have been caused by COVID-19, for a rate of 2.59 deaths per 1,000 residents. These rates are slightly lower than the statewide COVID-19 infection and death rates. Infection and death rates in LaSalle and Livingston Counties are higher than state rates.

COVID-19, Cases and Crude Death Rates, per 1,000 Persons, through 6/13/22

	Cases		Deaths	
	Number	Rate*	Number	Rate*
Grundy County	13,485	256.7	136	2.59
Kendall County	34,402	260.9	163	1.24
LaSalle County	30,898	281.8	387	3.53
Livingston County	11,285	315.1	136	3.80
Will County	177,979	255.6	1,556	2.23
Illinois	3,365,525	262.7	33,954	2.65

Source: Illinois Department of Public Health, COVID-19 Data and Statistics, updated and accessed June 14, 2022.
<https://dph.illinois.gov/covid19/data.html> *Rates calculated utilizing U.S. 2020 Decennial Census population data.

Through June 13, 2022, there have been 44,854 confirmed cases of COVID-19, in the service area, for an infection rate of 263.6 cases per 1,000 residents. Infection rates have been highest in Ransom, with 126 confirmed cases among their 430 residents, for a rate of 293 infections per 1,000 persons, and Kinsman, with 47 confirmed cases among their 133 residents, for a rate of 353.4 infections per 1,000. Rates were lowest in Verona, with 134.9 cases per 1,000 persons.

COVID-19 Cases and Case Rates, per 1,000 Persons, through 6/13/22

Communities	Zip Code	Population	Cases	Rate*
Braceville	60407	1,730	347	200.6
Braidwood	60408	5,601	1,444	257.8
Channahon	60410	13,521	3,465	256.3
Carbon Hill Coal City Diamond	60416	9,090	2,567	282.4
Dwight	60420	4,699	1,277	271.8
Gardner	60424	2,279	518	227.3
Kinsman	60437	133	47	353.4
Marseilles	61341	7,599	2,080	273.7
Mazon	60444	1,927	384	199.3
Minooka	60447	13,907	3,832	275.5
Morris	60450	20,600	5,468	265.4
Newark	60541	3,615	762	210.8
Ottawa	61350	23,969	6,481	270.4
Ransom	60470	430	126	293.0
Seneca	61360	3,307	764	231.0

Communities	Zip Code	Population	Cases	Rate*
Shorewood	60404	19,118	5,204	272.2
East Brooklyn South Wilmington	60474	745	184	247.0
Verona	60479	1,082	146	134.9
Wilmington	60481	11,531	2,639	228.9
Yorkville	60560	25,273	7,119	281.7
Total		170,156	44,854	263.6

Source: Illinois Department of Public Health, COVID-19 Data and Statistics, updated and accessed June 14, 2022.

<https://dph.illinois.gov/covid19/data.html> *Rates calculated utilizing American Community Survey 2016-2020 population data, DP05.

57.6% of the population of Grundy County are fully vaccinated (not including booster shots) against COVID-19. This rate is lower than in the state, where 65.1% of the total population are vaccinated. Kendall County (68.9%) and Will County (66.6%) have the highest rates of full vaccination, and Livingston County (50.3%) has the lowest. The highest rates of vaccination in all counties are found among adults, ages 65 and older. 97% of Grundy seniors having received at least one dose. The lowest rates of vaccination in all counties are among children, ages 5 to 11.

Vaccinations for COVID-19, Partially and Fully Vaccinated, through 6/13/22

	Ages 5 to 11		Ages 65 and Older		Total Population	
	Partial	Full	Partial	Full	Partial	Full
Grundy County	2.2%	21.3%	6.2%	90.8%	4.2%	57.6%
Kendall County	2.6%	37.2%	0.0%	100.0%	4.6%	68.9%
LaSalle County	2.5%	23.5%	3.5%	86.1%	3.4%	58.3%
Livingston County	2.1%	11.7%	3.5%	83.9%	3.1%	50.3%
Will County	3.2%	36.2%	5.7%	91.8%	4.8%	66.6%
Illinois	3.9%	37.0%	3.7%	87.2%	5.3%	65.1%

Source: Illinois Department of Public Health, COVID-19 Vaccine Data, updated and accessed June 14, 2022.

<https://dph.illinois.gov/covid19/vaccine.html>

Community Input – COVID-19

Stakeholder interviews identified the following issues, challenges and barriers related to COVID-19. Following are their comments summarized and edited for clarity:

- Staffing has been difficult; this summer it has become more difficult to hire people in teaching and paraprofessional roles.
- There are a lot of staffing issues. People are burned out. Restaurants are struggling to get people who want to work. There are more remote positions. People want to work at home so we struggle with that.
- The public perception of vaccines is often tied to politics.
- The pandemic has caused severe staffing shortages and we are seeing new graduates coming out of school with less experience because they had less hands-on clinic time. They were doing more simulations because they could not get into the hospital setting. Staff are leaving and going with agencies or becoming travel nurses because of the great need for health care workers and the increased wages being offered. Burnout and stress have caused people to leave their professions and

change roles. It is creating additional vacancies and the overall acuity of patients have gotten so much higher because of their isolation and respiratory issues.

- With the current climate toward police, we have had some staffing issues. It is hard to keep people here and to attract new people. It is a huge issue overall for law enforcement.
- There is a huge rise in anxiety and some younger children are experiencing outbursts. We are seeing more behavioral health issues including substance use and suicide ideation and completion.
- There is a need for childcare.
- There has been a lot of remote work, which may be a benefit. Some people find better work-life balance but it is putting a strain on the economy and we are having issues recruiting people.
- There is an increase in anxiety with people overall. It impacts every single part of our lives. There is a culture of anger. We have to get back to getting along and supporting each other even if we feel differently. There is such anxiety in our society. Those who can compartmentalize and still be active and have ambition and enthusiasm is important. We have lost some of that.

Acute and Chronic Disease

Chronic Diseases

35.3% of adults in Livingston County have been diagnosed with arthritis. 15.6% of adults in Grundy County have been diagnosed with asthma. 12% of Grundy County adults and 11.7% of Will County adults have been diagnosed with diabetes. Grundy County (6.7%) has the highest rates of coronary heart disease in the service area.

Chronic Diseases, Adults

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Adults diagnosed with arthritis	29.5%	24.4%	35.3%	26.9%	25.3%	24.7%
Adults diagnosed with asthma	15.6%	7.8%	5.9%	7.9%	13.2%	8.2%
Adults diagnosed with diabetes	12.0%	8.3%	11.0%	10.0%	11.7%	11.3%
Adults diagnosed with heart disease	6.7%	2.6%	5.3%	3.8%	4.1%	3.6%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2017-2019 and 2019 only (Illinois)
<http://app.idph.state.il.us/brfss/default.asp>

Asthma

In Grundy County, there were 28 Emergency Department visits related to asthma per 10,000 persons, annually. The rate in all area counties is higher among children, ages 0 through 17, than among the overall population. In Grundy County it was 30.5 asthma-related ER visits per 10,000 children.

Asthma-Related ER Visit Rates, per 10,000 Persons, 2016-2019 Average

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Overall population	28.0	34.2	37.1	29.7	39.6	51.8
Children (below age 18)	30.5	55.4	48.5	37.2	62.3	81.0
Adults (ages 18 and older)	N/A	N/A	N/A	N/A	N/A	43.3

Source: Illinois Department of Public Health, HDD Map Series, October 2020, 2016-2019 data. N/A = Not available.
<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/asthma-hddmap-series-october-2020.pdf>

In Grundy County, there were 3.4 hospitalizations related to asthma per 10,000 persons, annually. The rate in all area counties is higher among children, ages 0 through 17, than among adults. Rates were highest in Will County.

Asthma-Related Hospitalization Rates, per 10,000 Persons, 2016-2019 Average

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Overall population	3.4	3.7	2.9	3.0	6.7	6.4
Children (below age 18)	4.1	6.4	3.3	N/A	10.5	10.7
Adults (ages 18 and older)	3.2	2.6	2.8	3.0	5.5	5.2

Source: Illinois Department of Public Health, HDD Map Series, October 2020, 2016-2019 data. N/A = Data suppressed due to low number. <https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/asthma-hddmap-series-october-2020.pdf>

There are large disparities in the prevalence of asthma in service area counties. In Grundy County, there 40.3 ER visits per 10,000 Hispanic residents and 107.7 asthma-related ER visits per 10,000 Black residents.

Asthma-Related ER Visit Rates, per 10,000 Persons, by Race/Ethnicity 2016-2019 Average

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Non-Hispanic Black	107.7	121.1	175.6	70.0	134.0	181.8
Hispanic	40.3	34.1	36.7	43.6	37.1	40.9
Non-Hispanic White	24.9	23.8	31.3	26.2	20.4	23.3

Source: Illinois Department of Public Health, HDD Map Series, October 2020, 2016-2019 data. N/A = Not available.
<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/asthma-hddmap-series-october-2020.pdf>

Cancer

The cancer incidence rate is the number of cases per 100,000 people, and is an annual rate averaged across five years. The service area counties have a higher overall cancer incidence rate than the state rate of 466.8 cancers per 100,000 persons. The top three incidence rates are for breast cancer, prostate cancer and lung and bronchus cancers.

Cancer Incidence Rates, per 100,000 Persons, Age-Adjusted, 2014-2018

	Grundy County	Kendall County		LaSalle County	Livingston County	Will County	Illinois
All cancers	546.8	498.1		506.7	531.6	491.5	466.8
Breast cancer (females only)	157.7	140.7		123.4	147.6	140.1	133.7
Prostate cancer (male)	144.3	126.4		108.6	130.2	125.9	111.5
Lung and bronchus cancer	73.3	59.7		82.2	86.6	61.8	63.0
Colorectal cancer	51.0	40.9		46.3	50.3	43.2	42.1
Uterine cancer (corpus/ NOS)	25.2	26.7		26.2	25.0	30.4	30.2
Melanoma of the skin	23.6	21.7		25.0	29.2	21.0	21.3
Urinary bladder cancer	23.9	28.0		28.5	21.0	23.1	20.5
Non-Hodgkin lymphoma	17.5	18.8		17.9	18.1	21.6	19.5
Kidney & renal pelvis cancers	19.5	17.5		22.9	21.0	18.7	18.2
Thyroid cancer	20.2	23.3		13.8	15.7	18.0	14.5
Pancreatic cancer	16.3	16.0		14.4	14.7	13.9	13.8
Leukemia	18.7	15.3		13.7	16.1	16.3	13.5
Ovarian cancer (female)	N/A	9.4		13.7	13.4	9.3	10.9
Liver & bile duct cancers	9.2	5.6		8.0	6.2	6.9	8.0
Cervical cancer (female)	N/A	5.8		7.3	N/A	7.5	7.7
Stomach cancer	7.5	8.0		5.1	N/A	7.4	7.1
Esophageal cancer	6.4	4.9		4.9	N/A	5.1	4.7

Source: National Cancer Institute, State Cancer Profiles, 2014-2018 <http://statecancerprofiles.cancer.gov/incidencerates/index.php>
 N/A = too few annual cases to ensure confidentiality and stability

HIV/AIDS

From 2013 through 2020, Will County had an HIV incidence rate of 5.6 cases per

100,000 persons, the highest in the service area. Livingston County had the highest rate of new AIDS cases diagnosed during that time period (2.6 per 100,000 persons), followed by Will County (2.1 cases per 100,000). All area counties have HIV/AIDS rates lower than state rates.

HIV/AIDS Cases and Rates, per 100,000 Persons, Cumulative through December 2020

	HIV Incidence			AIDS Cases			All Residents Living with HIV	All Residents Living with AIDS
	Diagnosed in 2020	Cumulative Cases Since 2013	Cumulative Rate 2013-2020	Diagnosed in 2020	Cumulative Cases Since 2013	Cumulative Rate 2013-2020		
Grundy	0	5	1.2	0	3	0.8	12	11
Kendall	3	25	2.7	1	11	1.2	34	25
LaSalle	3	23	2.5	0	10	1.1	44	35
Livingston	1	6	1.9	0	8	2.6	67	69
Will	11	303	5.6	5	113	2.1	461	382
Illinois	769	11,241	10.9	371	5,174	5.0	20,149	18,981

Source: Illinois Department of Public Health, HIV/AIDS Surveillance Update, December 2020 <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/hiv-surveillance>

Community Input – Chronic Disease

Stakeholder interviews identified the following issues, challenges and barriers related to chronic disease. Following are their comments summarized and edited for clarity:

- There has been a lack of or postponement of primary care during the pandemic. People delayed treatment or canceled their screenings and then forgot about them.
- Rural communities do not have the level of care that teaching hospitals do, so that is a barrier. We serve smaller populations here and we do not have the same resources.
- If you have cancer and need radiation or chemotherapy, you have to go outside of the area. We have a small dialysis place here. Most people have to leave the community for specialty and chronic disease management, which can be a challenge.
- Home care services have been impacted by the pandemic. It used to be they would get 3 days a week of services, now it is maybe only 2 days a week. Or we might discharge a patient and then they are not seen by someone for 2 days when normally they are seen the following day. So, people are not getting seen as quickly.
- We can always use more walking paths and more outdoor activities. We can send a family to McDonalds and get a full meal for \$20 but it costs \$40 for fresh vegetables at the grocery store. Community gardens or sharing community gardens might be an option.
- We talk about how to get young people to make different choices and changes in their lives, to realize they are not predestined because of the health choices of their parents or grandparents.

- Most clinicians will screen for mental health and trauma and ACEs tied to chronic diseases. They are interwoven with chronic disease and obesity.
- We know that chronic diseases are increasing and we feel most of it is due to obesity and heart diseases. We want to focus on exercise and increasing healthy eating. There is also a concern that people are not getting cancer screenings.
- We have high levels of diabetes and pre-diabetes.
- Historically we understand that Grundy has a bit of a disproportionate incidence of cancer. Sometimes, people have to travel further for chemo and radiation treatments. We are also seeing an increase in dementia and Alzheimer's disease. We may need more infrastructure here so people don't have to travel as far for cancer services.
- We are an industrial community. We are a chemical corridor and we have nuclear power stations. We are still largely an agricultural area, which means we have fertilizers and pesticides. As a result, we may see an increased rates of diseases that are related to exposure to the chemicals. More people are being diagnosed with Parkinson's disease, which may be related.

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 has a ranking of 3, and Will County has a ranking of 5. Grundy County is ranked 12 and LaSalle County is ranked of 47. Livingston County is ranked 70 out of 102 counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 102)
Grundy	12
Kendall	3
LaSalle	47
Livingston	70
Will	5

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, 16% of Grundy County residents identified fair or poor health. In 2019, Grundy County residents had had 3.5 days of poor physical health and 4.4 days of poor mental health in the past 30 days. 23.7% of Grundy County residents limited their activities in the past month due to poor mental and/or physical health, compared to 27.2% for LaSalle County and 44.7% for the state.

Health Status Outcomes, 2019

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Fair or Poor health	16%	15%	19%	20%	16%	17%
Poor physical health days in past 30 days	3.5	3.2	4.0	4.2	3.3	3.6
Poor mental health days in past 30 days	4.4	3.9	4.7	4.9	4.0	4.2
1-7 days kept from doing usual activities by physical or mental health*	12.7%	15.2%	12.0%	11.4%	12.0%	26.4%
8-30 days kept from doing usual activities by physical or mental health*	11.0%	7.3%	15.2%	8.2%	10.8%	18.3%

Source: County Health Rankings, 2022, from CDC Behavioral Risk Factor Surveillance System for 2019.

www.countyhealthrankings.org *Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2017-2019 , 2019 only (Illinois) <http://app.idph.state.il.us/brfss/default.asp>

Disability

The U.S. Census Bureau collects data on six different categories of disability or 'difficulties': difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. In Grundy County, 10.5% of the adult, non-institutionalized civilian population identified as having a disability. Rates are highest in Livingston County (18.6% of the non-institutionalized adult population) and LaSalle County (15.8% of adults).

Disability, Adults

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Adults with a disability	10.5%	10.0%	15.8%	18.6%	11.1%	13.5%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. <http://data.census.gov>

Sexually Transmitted Infections

All service area counties, except Livingston County, saw an increase in the rate of chlamydia from 2018 to 2019. Will County has the highest STI rates of area counties. All area counties have STI rates lower than state rates.

Reportable Sexually Transmitted Infection Rates, per 100,000 Persons, 2018-2020

	Chlamydia			Gonorrhea			Early Syphilis		
	2018	2019	2020	2018	2019	2020	2018	2019	2020
Grundy	237.4	268.3	186.1	31.4	54.8	60.7	3.9	2.0	2.0
Kendall	337.5	345.0	280.6	68.9	48.8	63.6	5.4	7.8	3.1
LaSalle	315.1	328.5	282.5	65.0	70.9	82.8	7.3	2.7	1.8
Livingston	322.0	176.7	235.6	56.0	33.7	50.5	0.0	2.8	0.0
Will	423.6	449.1	362.8	103.3	119.0	130.4	10.0	8.1	5.9
Illinois	607.8	639.3	542.3	199.8	231.0	245.1	22.6	21.4	21.3

Source: U.S. Centers for Disease Control (CDC), National Center for HIV, Viral Hepatitis, STD and TB Prevention (NCHHSTP), AtlasPlus Interactive Platform, 2018-2020 data. <https://www.cdc.gov/nchhstp/atlas/index.htm>

Overweight and Obesity

In Grundy County, 29.3% of adults, ages 20 and older, are overweight and 33% are obese. Will County has the highest rate of overweight adults (39.8%) and Livingston County has the highest rate of obese adults (37%) among service area counties.

Overweight and Obese, Adults, Ages 20 and Older

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Overweight*	29.3%	38.8%	32.8%	38.7%	39.8%	34.1%
Obese	33%	33%	36%	37%	33%	32%

Source: County Health Rankings, 2022, from CDC Behavioral Risk Factor Surveillance System for 2019.

www.countyhealthrankings.org *Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2017-2019 and 2019 only (Illinois) <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. The survey is conducted biannually, and 2020 data were incomplete.

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, 8 th grade	16%	N/A	16%	20%	17%	14%
Obese, 8 th grade	8%	N/A	13%	9%	10%	11%
Overweight/obese, 8 th grade	24%	N/A	29%	29%	27%	25%
Overweight, 10 th grade	17%	14%	18%	5%	18%	16%
Obese, 10 th grade	9%	5%	13%	19%	13%	10%
Overweight/obese, 10 th grade	26%	19%	31%	24%	31%	26%
Overweight, 12 th grade	15%	20%	12%	14%	15%	15%
Obese, 12 th grade	11%	7%	15%	11%	9%	11%
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. Following are their comments summarized and edited for clarity:

- In our village all new developments, including industrial, commercial and residential, institute walking paths and multi-use paths to encourage alternative forms of transportation and encourage people to walk and use the paths and parks.
- The pandemic caused eating habits to change. People are getting back into their active routines again, that is very important.
- Our screen time continues to go up. We must get back to being unplugged and outdoors. Kids are very sedentary now.
- In general, we have a lot of patients that are categorized as obese and that impacts heart disease, diabetes, and other disease processes as well as overall health and wellness. In our community we do not have the availability of options for biking, trails, etc.
- It is an ongoing concern for us. We have food pantries and people are very aware of how to access them. It is more about having fresh fruit and vegetables and having them be affordable. We stress the importance of making healthy choices but we make it very difficult to make those choices with a limited income.

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, 6% of the population have limited access to healthy foods and 8% experience food insecurity.

Food Environment

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Food environment index	8.7	9.4	7.8	7.8	9.1	8.6
Limited access to healthy foods	6%	6%	8%	6%	6%	N/A
Food insecurity	8%	4%	12%	12%	7%	N/A

Source: County Health Rankings, 2022; USDA Food Environment Atlas, 2019. 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, 26% 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

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
No exercise, past 30 days	26%	23%	29%	30%	26%	25%

Source: County Health Rankings, 2022, from CDC Behavioral Risk Factor Surveillance System for 2019.

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 Kendall County, 92% of the population has adequate access to exercise opportunities, while in Livingston County, 65% 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	66%	92%	72%	65%	91%	87%

Source: County Health Rankings, 2022, from ArcGIS Business Analyst under license for the University of Wisconsin, for 2010 and 2021. 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. 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 tasks other than for schoolwork when 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, adults had an average of 4.4 mentally unhealthy days in the prior month, and 14% had frequent mental distress. 18.9% of Grundy County adults rated their mental health as 'Not Good' for 1 to 7 days in the past month. 17.6% of Grundy County adults said they had been diagnosed with Depressive Disorder. LaSalle and Livingston Counties tended to have higher rates of poor mental health than other service area counties.

Mental Health Status in Past 30 Days, Adults

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Average number of mentally unhealthy days, prior month*	4.4	3.9	4.7	4.9	4.0	4.2
Frequent mental distress: 14 or more days of poor mental health*	14%	12%	15%	16%	12%	13%
Mental Health 'Not Good' 1-7 days in past 30	18.9%	17.2%	16.1%	17.3%	24.0%	22.3%
Mental Health 'Not Good' 8-30 days in past 30	14.5%	12.3%	24.5%	14.0%	11.4%	17.0%
Ever diagnosed with Depressive Disorder	17.6%	18.4%	27.5%	17.0%	17.2%	18.3%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2017-2019 and 2019 only (Illinois) <http://app.idph.state.il.us/brfss/default.asp>. *Source: County Health Rankings, 2022, from CDC Behavioral Risk Factor Surveillance System for 2019. 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>

Mental Health Care Access

Kane/Lake/McHenry and Will Counties form SAMHSA Region 2b, while Grundy and Kendall Counties are included in Region 2d along with Boone/Carroll/DeKalb/Jo Daviess/Kankakee/Lee/Ogle/Stephenson/Whiteside Counties. SAMHSA Region 3b

includes LaSalle and Livingston Counties, along with 20 other counties (Bureau/Ford/Fulton/Henderson/Henry/Iroquois/Knox/Marshall/Mason/McDonough/McLear/Mercer/Peoria/Putnam/Rock Island/Stark/Tazewell/Vermilion/Warren/Woodford). Of the three regions, adults in the region which includes LaSalle and Livingston Counties were the most likely to say that they had received mental health services in the past year (18.4%), and those in the region including Will County were the least likely (15.9%).

Mental Health Care Access, Adults, 2018-2020

	Region 3b, incl. Grundy and Kendall Counties	Region 2d, incl. LaSalle and Livingston Counties	Region 2b, incl. Will County	Illinois
Received mental health services in the past year	17.9%	18.4%	15.9%	16.9%

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), 2018-2020 National Survey on Drug Use and Health (NSDUH) <https://www.samhsa.gov/data/nsduh/2018-2020-substate-reports>

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments summarized and edited for clarity:

- We notice that students are struggling with communicating with other students. They are not able to handle stress whether that is homework, tests or everyday participation in classrooms. They are disengaging from the class. Parents' tolerance levels are not as high as they used to be when things happen in school. Kids are more withdrawn and not participating as much and they have fallen behind. As a whole, students are behind at least an entire grade level. Suicide ideation is increasing and we have had to make more calls for assistance than in the past.
- There is limited access to mental health care if you do not have health insurance.
- People are a little more stressed out and cautious, a little more afraid. Not just for the pandemic but what next is going to be thrown at you, like monkey pox and what is coming next. That is creating anxiety for people. Just coping with life, people are struggling with it.
- There are not adequate numbers of counselors, therapists and psychiatrists to address the demand. The biggest challenge is the lack of service providers. It also feels like there has been an increase in suicide and suicide ideation.
- The hours of services are quite limited. Telehealth made it a bit more accessible, but not all people have data plans to support telehealth or a secure connection to participate in telehealth services. Historically, this state reimburses from Medicaid at a much lower rate than a private insurer, so providers are less likely to contract with the state to provide services because they cannot afford to.
- For some resources you have to go out of town, like domestic violence counselors and counselors for youth who run away. Those families are already going through

dysfunction, so the probability of them going out of town for treatment, it is not realistic.

- We don't have inpatient services in Grundy County. We make referrals and we have a good connection with another provider. But sometimes there is a waitlist.
- We lack higher levels of care for mental health and substance use services. We only offer outpatient care here and this is the only place that people on Medicaid can go to in Grundy County. There is a lack of psychiatric care for those on Medicaid, and there is no funding. We also have a lack of Spanish speaker providers. Information is not well centralized so it is difficult for clients to get the services they need. Special hospitalization and residential services are not available in Grundy County. For higher level care, we have to send them out of county and that is a huge barrier because some can't get there, and with gas prices and transportation, it can be an issue.
- Social media influence had a heightened impact during isolation. I think that plays a significant impact on self-esteem and how our kids feel about themselves. Suicide and suicide ideation, there have been spurts of activity we've seen in our honor roll and athletic students and we see clusters of 4-5 kids that will reach a breaking point within a few weeks of one another. Suicide completions are being seen in Joliet to Minooka. The weight on these kids' shoulders is truly significant.
- We have support groups, counseling, and telepsychiatry, but we do not have the whole gamut of treatment options. We need an inpatient facility, and a partial day program, and ongoing outpatient care. Most small towns in America have the same issue.

Substance Use

Smoking

Smoking continues to be a leading cause of preventable death in the United States. Smoking rates in the service area ranged from 13% in Kendall County to 21% in Livingston County. The Healthy People 2030 objective for smoking is 5%.

Smoking Prevalence, Adults, 2019

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Current smoker	17%	13%	19%	21%	14%	15%

Source: County Health Rankings, 2022, from CDC Behavioral Risk Factor Surveillance System for 2019.

www.countyhealthrankings.org

Alcohol Use

Excessive drinking is defined as either binge or heavy drinking. 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. Heavy drinking is defined as a daily average of more than one drink for women and more than two drinks for men. The rate of excessive drinking in Grundy County (24% of adults in the prior month) is higher than other service area counties, and the state rate of 23%. The Healthy People 2030 objective is 25.4% for binge drinking, which the service area counties did meet.

Excessive Drinking, Adults, 2019

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Adults reporting binge or heavy drinking, prior month	24%	22%	23%	23%	21%	23%

Source: County Health Rankings, 2022, from CDC Behavioral Risk Factor Surveillance System for 2019.

www.countyhealthrankings.org

Alcohol impairs driving ability, and plays a role in almost one-third of all driving fatalities in Illinois. 33% of driving fatalities in Grundy County involved alcohol.

Driving Deaths with Alcohol Involvement, 2016-2020

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Percent of driving deaths with alcohol involvement	33%	25%	30%	26%	31%	29%

Source: County Health Rankings, 2022, from the Fatality Analysis Report System (FARS) for 2016-2020.

www.countyhealthrankings.org

Drug Use

Kane/Lake/McHenry and Will Counties form SAMHSA Region 2b, while Grundy and Kendall Counties are included in Region 2d along with Boone/Carroll/DeKalb/Jo

Daviess/Kankakee/Lee/Ogle/Stephenson/Whiteside Counties. SAMHSA Region 3b includes LaSalle and Livingston Counties, along with 20 other counties (Bureau/Ford/Fulton/Henderson/Henry/Iroquois/Knox/Marshall/Mason/McDonough/McL ean/Mercer/Peoria/Putnam/Rock Island/Stark/Tazewell/Vermilion/Warren/Woodford). Of the three regions, marijuana use is highest in the region which includes LaSalle and Livingston Counties, and lowest in the region including Will County.

Smoked Marijuana, Adults, 2018-2020

	Region 3b, incl. Grundy and Kendall Counties	Region 2d, incl. LaSalle and Livingston Counties	Region 2b, incl. Will County	Illinois
Reported smoking marijuana in the past year	18.1%	19.4%	17.0%	19.4%
Reported smoking marijuana in the past month	12.9%	14.4%	11.2%	13.3%

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), 2018-2020 National Survey on Drug Use and Health (NSDUH) <https://www.samhsa.gov/data/nsduh/2018-2020-substate-reports>

In 2020, hospitalizations and ER visits due to non-fatal opioid overdoses, occurred in Grundy County at a rate of 14.1 per 10,000 persons. Of these non-fatal overdoses, the majority came from heroin (9 per 10,000 persons) while 5.1 overdoses per 10,000 were a result of other opioids, both prescription and non-prescription. However, the majority of fatal overdoses were caused by opioids other than heroin. The rate of non-fatal overdose in Grundy County from opioids other than heroin was higher than the state rate.

Non-Fatal Opioid Overdoses, Crude Rate, per 10,000 Persons, 2020

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Heroin	9.0	2.9	6.0	5.1	5.1	10.3
Other opioids	5.1	2.4	4.0	2.6	3.2	4.3
Combined	14.1	5.3	9.9	7.7	8.3	14.5

Source: Illinois Department of Public Health, Opioid Data Dashboard, 2020 data. <https://idph.illinois.gov/OpioidDataDashboard/>

Morphine milligram equivalent (MME) is a standard measure of the potency of an opioid, which converts dosages of all opioids into the milligram equivalent of one medication “morphine” for ease of comparisons and risk evaluations. Daily dosages of > 90 MME per day are considered to be particularly high-risk for overdoses. All area counties had a higher rate of high-risk prescriptions than did the state in 2018. Grundy County had a rate of 63.2 high-risk prescriptions per 10,000 residents).

High-Risk Prescriptions (>90 MME per day), Crude Rate, per 10,000 Persons

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Morphine Milligram Equivalents (MMEs)	63.2	18.1	43.4	32.8	32.5	20.5

Source: Illinois Department of Public Health, Opioid Data Dashboard, 2018 data. <https://idph.illinois.gov/OpioidDataDashboard/>

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.

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%

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
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 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>

Perception of the risk of harm (physical or other harm) associated with using various substances generally declines with rising grade levels, being highest among 8th graders and lowest among 12th graders. 12% of Grundy County 10th graders felt that there was no or low risk associated with smoking one or more packs of cigarettes per day and 20% felt that there was no or low risk associated with drinking one or two alcoholic drinks (beer, wine, liquor) nearly every day.

The risk of harm from e-cigarette smoking and marijuana smoking is perceived to be lower, with 43% of Grundy County 10th graders saying that there is no or low risk associated with using e-cigarettes or other vaping products, and with smoking marijuana once or twice per week. Compared to 10th graders in other area counties, Livingston County 10th graders were more likely to report no or low risk, for all listed substances except marijuana. Kendall County 10th graders were less likely to report no or low risk, for all listed substances except marijuana.

Perceived Risk Associated with Substance Use, No or Low Risk, 10th Grade Youth

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
One or two drinks of an alcoholic	20%	23%	27%	18%	23%	21%

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
beverage nearly every day						
Have five+ drinks of an alcoholic beverage once or twice a week	14%	15%	20%	11%	17%	17%
Smoke one or more packs of cigarettes per day	12%	15%	12%	9%	13%	14%
Use e-cigarettes or other vaping products	43%	47%	42%	37%	44%	41%
Smoke marijuana once or twice a week	43%	32%	47%	45%	46%	43%
Use prescription drugs not prescribed to them	10%	14%	10%	2%	13%	13%

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

Community Input – Substance Use

Stakeholder interviews identified the following issues, challenges and barriers related to substance use. Following are their comments summarized and edited for clarity:

- We are a rural community so we have rural issues and we have had some meth issues. We have farms here, and they were tapping into the ammonia tanks for meth. More prominent are drug overdoses.
- Vaping in the schools is a big deal. It is hard to detect unless you catch them in the act but they are very good at hiding it. We are having problems with it in the bathroom and locker rooms.
- For addiction counseling, people need to go far outside of the community because there are limitations in the area and also it is even more limited depending on your health insurance coverage.
- There are no support groups here.
- Vaping and recreational marijuana use is very common. We are seeing more substance use in the community. If your kid is not in sports, there is not a lot to do. Sports are very engaging, but other than that, we do not have a lot of activities for youth.
- We have a lot of overdoses and intoxicated individuals that require 1:1 monitoring. That increases the staff we need and it pulls clinical staff away from other tasks because we need a sitter for that patient. It is becoming more prevalent and it increased with the pandemic. We have seen an increase in mental health and substance use in the ED with the pandemic.
- We struggle to find beds. Level two is always a struggle. And people have to travel so far, to Chicago or up North to get treatment. Travel is a barrier and cost of treatment is a barrier as well. We have seen a rise in domestic violence and child abuse and depression and anxiety.
- There is no inpatient care for mental health or substance use within the county. You have to go outside the county and it is very far for children and adolescents to travel.

- Narcan has saved a lot of lives. It is a very beneficial tool for police. We are seeing heroin and opioid drug use declining.
- The county has a Safe Passage program, where you can walk in and request substance use assistance and the Sheriff's Department in Grundy County will immediately assist you and link you to services. The services are out of town.
- Detox is a huge issue. People often need that for recovery in addition to outpatient services. Marijuana is legal so it is very accepted but it is also causing a lot of problems.
- It used to be a secret where to get drugs from but now it is open, everyone knows who the drug dealer is and have access to drugs. It feels like access is easier. It is surprising how kids know where to go to get drugs. It is a normal part of society now. Marijuana is legal here. We have a pot dispensary 3 miles from the hospital.

Preventive Practices

Immunization of Children

Rates of compliance with childhood immunizations upon entry into Kindergarten in Illinois for the 2019-2020 school year were above the national medians for 2-dose MMR (96.6%), state-required dosages for DTaP (96.5%) and 2-dose varicella (96.4%). Rates for the 2020-2021 school year were not available for Illinois.

Immunization Rates of Illinois Children Entering Kindergarten, 2019-2020 & 2020-2021

	MMR (2 doses)	DTaP (4 doses)	Varicella (2 doses)
2019-2020 school year	96.6%	96.5%	96.4%

Source: Center for Disease Control and Prevention, Morbidity and Mortality Weekly Report, January 22, 2021.

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7003a2.htm> and April 22, 2022.

<https://www.cdc.gov/mmwr/volumes/71/wr/mm7116a1.htm> N/R = Not Reported to the CDC.

Colorectal Cancer Screening

The Healthy People 2030 objective for adults, ages 50 to 75, is for 74.4% to obtain colorectal cancer screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). In Grundy County, 66.1% of adults, ages 50-75, complied with the colorectal cancer screening guidelines. This does not meet the Health People 2030 objective.

Colorectal Cancer Screening, Adults, Ages 50-75

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Colorectal cancer screening	66.1%	67.2%	63.6%	64.6%	65.4%	66.7%

Source for counties: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES

Project 2021, 2018 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-unth>

Source for Illinois: Centers for Disease Control, 2018 Behavioral Risk Factor Surveillance System (BRFSS).

<https://www.cdc.gov/brfss/brfssprevalence/index.html>

Flu and Pneumonia Vaccines

In Grundy County, 43.1% of adult residents obtained a flu shot. This rate does not meet the Healthy People 2030 objective for 70% of the population to have a flu shot vaccination. Pneumonia vaccines are recommended for seniors. 37.1% 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	43.1%	38.7%	33.0%	31.7%	31.2%	61.1%
Pneumonia vaccine	37.1%	29.8%	40.2%	38.2%	30.9%	69.0%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2017-2019 and 2019 only (Illinois)

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

Mammograms

The Healthy People 2030 objective for mammograms is for 77.1% of women, ages 50 to 74, to have a mammogram within the past two years. In Grundy County, 71.8% of women obtained mammograms, which does not meet the objective.

Mammogram in the Past 2 Years, Women, Ages 50-74

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Mammogram, past 2 years	71.8%	75.1%	67.4%	69.1%	74.1%	78.7%

Source for counties: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2018 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> Source for Illinois: Centers for Disease Control, 2018 Behavioral Risk Factor Surveillance System (BRFSS). <https://www.cdc.gov/brfss/brfssprevalence/index.html>

Pap Smears

The Healthy People 2030 objective for Pap smears is for 84.3% of women, ages 21-65, to be screened in the past three years. In Grundy County, 85.3% of women obtained pap smears in the prior three years. LaSalle and Livingston Counties did not meet the objective.

Pap Smear in the Past 3 Years, Women, Ages 21-65

	Grundy County	Kendall County	LaSalle County	Livingston County	Will County	Illinois
Pap smear, past 3 years	85.3%	86.5%	83.1%	83.0%	84.4%	80.2%

Source for counties: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2018 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> Source for Illinois: Centers for Disease Control, 2018 Behavioral Risk Factor Surveillance System (BRFSS). <https://www.cdc.gov/brfss/brfssprevalence/index.html>

Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments summarized and edited for clarity:

- There is a lot of hesitancy or resistance with the COVID vaccine. Preventive screenings have been increasing as we come out of the pandemic.
- Our health department and hospital did a good job with the COVID vaccine. If people wanted the vaccines, they could get them.
- People may be behind on not getting their mammograms or missed their annual primary care appointment and maybe they haven't rescheduled it yet. Telehealth is a newer concept to some people, but it has been great to be able to offer it.
- Childhood immunizations are picking back up. There was a time when there weren't a lot of doctor appointments.
- I'm not aware of any barriers, they are offered regularly, there are different opportunities where they are free and affordable and that is the same with the COVID vaccine. One thing, we have several smaller schools in the community and

they don't have trained staff to help with immunization compliance and education. There is a need for more school nursing resources.

- Many people have reported having trouble accessing health care. That goes back to multiple doctors retiring and people are just trying to find a primary care provider. And for a while, you couldn't get an appointment for preventive services.

Attachment 1: Benchmark Comparisons

Where data were available, Morris Hospital's health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	90% - 94%	90.7%
Child health insurance rate	98.4%	92.1%
Adult health insurance rate	95.2%	92.1%
Unable to obtain medical care	6.0% - 10.2%	3.3%
Cancer deaths	145.6 - 187.3	122.7 per 100,000 persons
Colon/rectum cancer death	12.4 - 17.9	8.9 per 100,000 persons
Lung cancer death	36.4 - 55.5	25.1 per 100,000 persons
Female breast cancer death	13.4 - 28.0	15.3 per 100,000 persons
Prostate cancer death	18.5 - 27.9	16.9 per 100,000 persons
Stroke deaths	35.8 - 44.2	33.4 per 100,000 persons
Unintentional injury deaths	35.1 - 65.6	43.2 per 100,000 persons
Suicides	10.4 - 17.5	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	7.9 - 14.5	10.9 per 100,000 persons
Homicides	3.8 - 4.1	5.5 per 100,000 persons
Drug-overdose deaths	15.0 - 31.7	20.7 per 100,000 persons
Overdose deaths involving opioids	12.2 - 26.0	13.1 per 100,000 persons
Adequate prenatal care	80.6% - 87.1%	80.5% of pregnant women
Pre-term births	10.0% - 11.5%	9.4% of live births
Infant death rate	4.8 - 7.9	5.0 per 1,000 live births
Adult obese	33% - 37%	36.0%, adults ages 20+
Teens obese	5% - 19%	15.5%, children/youth, 2-19
Adults engaging in binge drinking	21% - 24%	25.4%
Cigarette smoking by adults	13% - 21%	5.0%
Pap smears, ages 21-65-, screened in the past 3 years	83.0% - 86.5%	84.3%
Mammograms, ages 50-74, screened in the past 2 years	67.4% - 75.1%	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	63.6% - 67.2%	74.4%
Annual adult influenza vaccination	31.2% - 43.1%	70.0%

Attachment 2: Community Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Daniel R. Duffy	Village Administrator	Village of Minooka
Missy Durkin	Chief Operating Officer	Greater Joliet Area YMCA
Darcy Jasien, MS, LCPC	Director of Behavioral Health	Grundy County Health Department
Kim Landers, MS, RN, NEA-BC, FACHE	Vice President Patient Care Services & Chief Nursing Officer	Morris Hospital & Healthcare Centers
Michael J. Leonard, CPRE	Executive Director	Channahon Park District
Rebecca McKee	Wellness Manager	Morris Hospital & Healthcare Centers
Nancy E. Norton	President & Chief Executive Officer	Grundy Economic Development
Chris Pozzi, BS LEHP	Public Health Administrator	LaSalle County Health Department
Michelle L. Pruim	Public Health Administrator	Grundy County Health Department
Angela Solis, CADC, CCTP	Owner/Licensed Clinical Professional Counselor	Crossroads Counseling Services, PLLC
Christopher T. Spencer	Superintendent	Coal City District #1
Alicia Steffes	Chief of Police	Morris Police Department
Karie Steken	Nurse Manager	Morris Hospital & Healthcare Centers
RaeAnn VanGundy, MPH	Executive Director/Public Health Administrator	Kendall County Health Department

Attachment 3: Community Stakeholder Interview Responses

Community interview participants were asked to name some of the major health issues affecting individuals in the community. Responses included:

- COVID issues. Morris Hospital has been helpful. And they have a facility to test.
- Social and emotional issues for kids is what is most needed. And diabetes in kids is becoming more prevalent.
- Getting seniors active and social, having opportunities to allow their mental health to improve and working with employees for the same issues.
- Mental health and addiction and suicides.
- We are struggling to hire and onboard licensed experienced behavioral health practitioners. Vaccine hesitancy, social isolation for senior populations, and a lack of knowledge of Lyme disease and vector born diseases. And affordable housing.
- Mental health and substance use, prevention and treatment. Another issue is affordable housing.
- Mental health for adults.
- Coming out of the pandemic we see a lot of people who have deferred care. People have conditions that are more chronic than they were before and new issues they are battling. We've become a more sedentary community and we gravitate toward comfort food to deal with that stress.
- Some specialist providers. Pulmonology is a huge need in our area, gastroenterologist, dermatology and endocrinology are also limited. The biggest need we have is to have specialists serve the health needs of our community.

Interview participants were asked what factors or conditions contribute to these health issues. Their responses included:

- COVID and not having social interaction.
- With the pandemic, there was a lot of isolation, and that impacted mental health and physical health when people were isolated and quarantined and at home.
- Poverty, disparities, lack of knowledge, overall lack of workforce.
- It is a lack of resources, a lack of providers, low reimbursement rates from the state.
- It is not that there isn't treatment available, but we can't force people into treatment.
- An aging population. Everyone is concerned about the isolation from COVID and suicide rates are increasing. We need more healthy behaviors to get everyone moving. But there is still a lot of isolating and an overall sedentary lifestyle. As a result, obesity is increasing.
- Generational mental illness and substance use and the pandemic. Also, there are a lack of resources, especially for our Medicaid population.
- There is so much uncertainty and constant anxiety. We are seeing inflation and grocery prices continue to have an impact on what people can purchase and that will

influence wellbeing.

- Smoking, not following a diet, lack of education, work-life balance, working more than one job.

Who or what groups in the community are most affected by these issues? Responses included:

- Older adults.
- Teens and adults from 20 to 45.
- 20–40-year-old males.
- Persons on Medicaid, the under or uninsured.
- Everyone is impacted with the mental health issues and people who cannot properly care for themselves. We have people who wander the streets and cause disturbances or sit in a parking lot all day and they may be homeless, but they do not want help. This impacts the entire community.
- That population over age 65.
- With substance use, we are looking at middle and high school age students.
- The biggest increase in services has been for children and teens. Our numbers have more than doubled in the past year mostly for mental health. But we are also seeing an increase in teen substance use.
- We are seeing 2nd grade, 5- to 7-year-olds, they have missed out on all their milestones of socialization and interaction. We've seen pretty significant behavioral issues because people do not have that repetition of interaction and social skills and they have experienced isolation and attachment issues being at home for longer. It has been a strain because a lot of extra nurturing is needed. We are seeing more social and emotional skills as issues more than in the past. The pandemic is a direct contributor to that.
- Grundy County poverty isn't as significant as other counties, but there is still some social economic and equity issues with some diverse populations and single parents.

How has the COVID-19 pandemic influenced or changed the unmet health-related needs in your community? Responses included:

- We've had more students who need social emotional educational linkages. We have had more students that visit our social workers and counselors in the past 1.5 years.
- I don't feel like there is as much access to mental health care and we hear about a lot of wait lists to see a mental health therapist or other specialists. I spoke to parents of a 13-year-old, and they were experiencing a 2-3 month wait to get an appointment.
- Early on, things changed significantly. But now we are learning to live with it. we are pretty much back to pre-pandemic program levels and how we serve our community.

- It has exacerbated the issues with mental health and addiction because of the isolation, lack of social outlets and kids not being in school.
- The availability of staffing and resources has decreased since COVID. It makes it difficult to transfer patients and for them to receive care.
- It has greatly changed and influenced our whole workforce. There is a lack of trust of governmental services and of health care systems.
- It has increased our behavioral health and substance use concerns. It has brought it to light without sufficient resources to meet the needs.
- There is an increase in people being more stressed, experiencing more anxiety, and there is a shortage of therapists. We struggle to secure and find therapists to meet our needs.
- We have huge unmet needs with our homeless population. We try to house them but some of them are not mentally healthy enough to be isolated in a hotel room by themselves. We have found out that a lot of people don't do well in isolation.
- Telehealth helped people who had transportation issues. We've also seen a decrease with some in-person services for seniors. Some of them do not have access to the technology they need for telehealth and, as a result, they have become increasingly isolated.
- When it comes to kids and school, we are seeing big increases in social anxiety. We are also seeing issue with their growth and maturity levels.
- It has had a very severe impact. People's normal preventive maintenance, scans, health and wellness visits, child wellness visits were put on hold.
- No one wants to wear a mask.
- We've lost many female workers who have decided to stay home or work modified school schedule jobs that are 8 am to 2 pm. They make less money but don't have to leave the house and they have more independence and don't work any holidays. We have lost 48% of our staff since April 2020.

Attachment 4: Resources to Address Community Needs

Community stakeholders identified resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to Illinois 211 at <https://www.illinois211.org/>.

Health Need	Resources
Access to health care	Community Foundation of Grundy County, Grundy County Health Department, LaSalle County Health Department, Kendall County Health Department, Morris Hospital & Healthcare Centers, United Way of Grundy County, Wilmington Coalition for a Healthy Community
Birth Indicators	Child & Family Connections, Grundy Area PADS: Providing Assistance to Develop Self-Sufficiency, Grundy Partnership for Children, SNAP Food Stamps, WIC Clinics, United Way of Grundy County, Will County Substance Abuse Prevention Coalition
Chronic diseases	American Cancer Society, Arthritis Foundation American Heart Association, American Lung Association, Grundy County Health Department, Kendall County Health Department, LaSalle County Health Department, Morris Hospital & Healthcare Centers
COVID-19	Grundy County Health Department, Grundy Economic Development, Kendall County Health Department, LaSalle County Health Department, Morris Hospital & Healthcare Centers, We Care of Grundy County
Mental health	998 Crisis Line, Agape Missions, Behavioral Health Alliance of Grundy County, Crossroads Counseling, Family Counseling Agency of Will County & Grundy Counties, Illinois Counseling Association, Illinois Drug Court, Illinois Mental Health Counselors Association, Illinois Mental Health Court, IPD: Institute for Personal Development, NAMI: National Alliance on Mental Illness, Perfectly Flawed
Overweight and obesity	Community Nutrition Network 7 Senior Services Association, Morris Hospital & Healthcare Centers, YMCA
Preventive practices	Grundy County Health Department, Kendall County Health Department, LaSalle County Health Department, Morris Hospital & Healthcare Centers
Substance use	Behavioral Health Alliance of Grundy County, Narcotics Anonymous, National Center on Addiction and Substance Abuse, Perfectly Flawed, Safe Passage Program, Silver Oaks Behavioral Hospital: Mental Health Hospital, Will County Substance Abuse Prevention Coalition

Attachment 5: Report of Progress

Morris Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2019 CHNA. The hospital addressed:

- Access to health care
- Chronic diseases
- Health behaviors and prevention
- Overweight and obesity

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2019 CHNA.

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 service to help community members access health care services, routine appointments and diagnostic tests. In the past two years, the hospital provided 12,625 rides.

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 seniors with insurance assistance through the Senior Health Insurance Program.

492 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 232 persons. Certification for adult, children and infant CPR, AED use and first aid was offered.

Diabetic Education Class reached 58 persons with diabetics and their families to assist in managing their disease. The class was presented by a diabetic educator (RN), a dietician, and a pharmacist. Additionally, a Diabetic Support Group was offered.

LIFT Fitness Class (Low Intensity Functional Training) was provided to 20 cancer patients at the Radiation Oncology Center to increase mobility and movement after surgery, chemo and radiation therapy.

Peddling for Parkinson's is a program that reached 108 persons with Parkinson's to reduce symptoms of the disease through riding a stationary bike for one hour, three times a week.

There were over 245 patient and family encounters for support group sessions for Epilepsy and Head and Neck Cancer.

ECG screenings of 169 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 15 children, 11 years or older, to develop babysitting skills that include leadership, basic care, safety and first aid.

Health fairs reached residents in Channahon, Minooka, Coal City, Marseilles, Mazon, Ottawa 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.

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

Senior Fit reached 6,317 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 meals and delivered them to 1,098 persons experiencing food insecurity. Additionally, the hospital provided meals and clean linens to the Grundy

County homeless shelter. This support touched the lives of 547 persons.

Sports physicals were provided for 628 teens at area schools.

Social services provided support, information and referrals to over 1,300 persons needing assistance with advance directives, caregiver options, substance use information, and counseling options.

Overweight and Obesity

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.

An exercise class was provided for pregnant women.