2018 Community Health Needs Assessment Report

Total Service Area

Prepared for:

Thorek Memorial Hospital

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Professional Research Consultants, Inc.

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Introduction

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Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2009, 2012, and 2015, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of Thorek Memorial Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Thorek Memorial Hospital by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Thorek Memorial Hospital and PRC and is similar to the previous surveys used in the region, allowing for data trending.

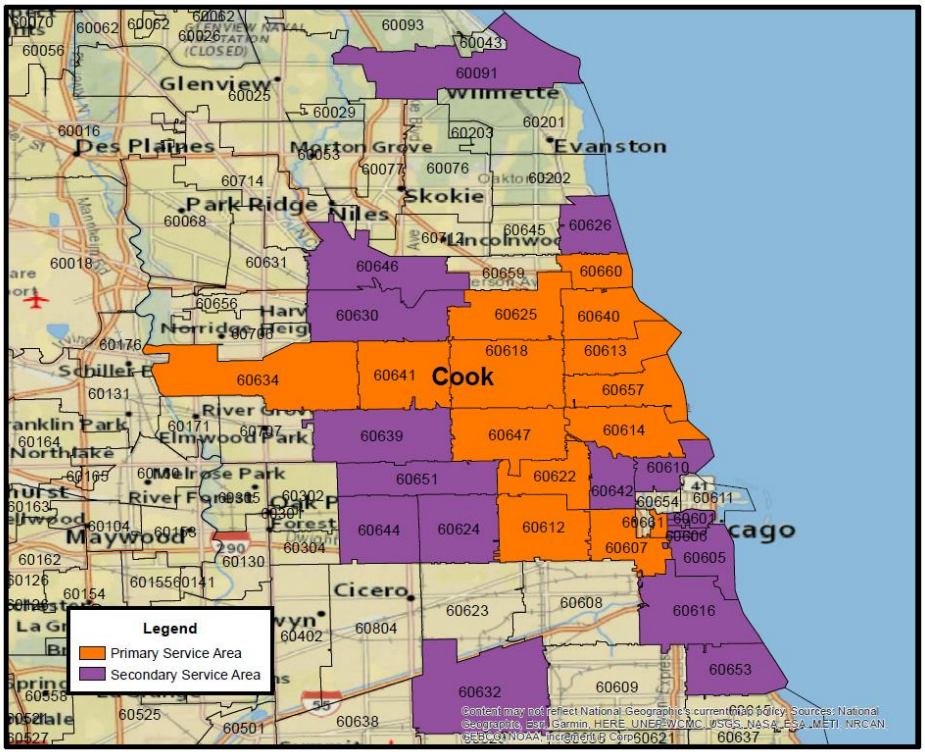
Community Defined for This Assessment

Thorek Memorial Hospital is a community-based medical facility comprised of inpatient and outpatient services. The communities included in this assessment are based on patient volume from these ZIP Codes:

60091	60614	60640
60601	60616	60641
60602	60618	60642
60603	60622	60644
60604	60624	60646
60605	60625	60647
60606	60626	60651
60607	60630	60653
60610	60632	60657
60612	60634	60660
60613	60639	

Many of the ZIP Codes, while outside the immediate patient-care zone, are included because Thorek Memorial Hospital turns no patient away based on insurance. About 45% of the hospital's **outpatient** volume is driven from outside the immediate community based on patient insurance. Thorek Memorial Hospital works closely with nursing homes throughout the city of Chicago, and that constitutes 70% of the hospital's **inpatient** admissions.

This community definition is illustrated in the following map.



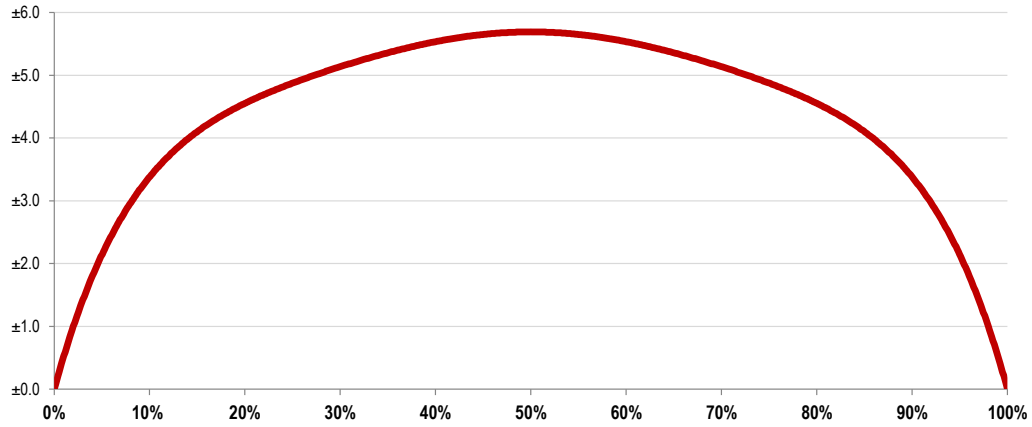
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a stratified random sample of 333 individuals age 18 and older in the Total Service Area, including 146 in the Primary Service Area and 187 in the Secondary Service Area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 333 respondents is ±5.7% at the 95 percent confidence level.

Expected Error Ranges for a Sample of 333 Respondents at the 95 Percent Level of Confidence



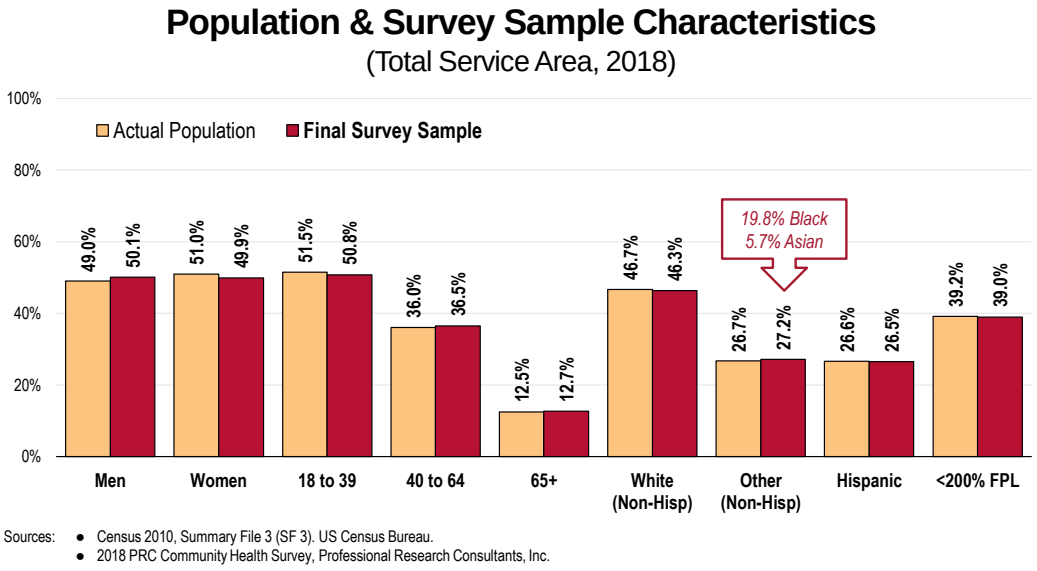
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 333 respondents answered a certain question with a "yes," it can be asserted that between 6.6% and 13.4% (10% ± 3.4%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 44.3% and 55.7% (50% ± 5.7%) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of Total Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]



Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2018 guidelines place the poverty threshold for a family of four at $25,100 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Thorek Memorial Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 12 community stakeholders took part in the Online Key Informant Survey, as outlined in the following table:

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Physicians	5	0
Public Health Representatives	6	1
Other Health Providers	13	7
Social Services Providers	7	0
Other Community Leaders	12	4

Final participation included representatives of the organizations outlined below.

- ATI Ambulance
- Bridgeview Bank–Uptown
- Buena Park Neighbors
- Chicago Department of Public Health
- Heartland Alliance Health
- North Side Housing and Supportive Services
- Uptown United

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Total Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services,

Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending

Similar surveys were administered in the Total Service Area in 2009, 2012, and 2015 by PRC on behalf of Thorek Memorial Hospital (previously as part of a larger, regional collaborative). Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Illinois Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2017 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In addition, secondary data are only available at the county level, and these data might or might not be representative of the targeted community.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H (2017)	See Report Page
Part V Section B Line 3a *A definition of the community served by the hospital facility*	9
Part V Section B Line 3b *Demographics of the community*	42
Part V Section B Line 3c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	230
Part V Section B Line 3d *How data was obtained*	9
Part V Section B Line 3e *The significant health needs of the community*	18
Part V Section B Line 3f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 3g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	19
Part V Section B Line 3h *The process for consulting with persons representing the community's interests*	12
Part V Section B Line 3i *The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)*	233

Summary of Findings

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	• Inconvenient Office Hours • Routine Medical Care (Children)
Cancer	• Cancer is a leading cause of death. • Prostate Cancer Deaths [Cook County] • Cancer (Non-Skin) Prevalence • Cervical Cancer Screening [Age 21-65] • Colorectal Cancer Screening [Age 50-75]
Heart Disease & Stroke	• Cardiovascular disease is a leading cause of death. • Blood Pressure Screening • High Blood Pressure Prevalence • Blood Cholesterol Screening
Injury & Violence	• Unintentional Injury Deaths [Cook County] • Firearm-Related Deaths [Cook County] • Homicide Deaths [Cook County] • Violent Crime Rate [Cook County] • Victim of Violence Crime [Secondary Service Area] • Neighborhood Safety [Secondary Service Area] • Injury & Violence ranked as a top concern in the Online Key Informant Survey.
Mental Health	• "Fair/Poor" Mental Health • Diagnosed Depression • Symptoms of Chronic Depression • Stress • Mental Health ranked as a top concern in the Online Key Informant Survey.

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Areas of Opportunity (continued)	
Nutrition, Physical Activity, & Weight	• Fruit/Vegetable Consumption • Difficulty Accessing Fresh Produce • Food Insecurity • Obesity [Adults] • Leisure-Time Physical Activity • Children's Physical Activity
Oral Health	• Regular Dental Care [Adults & Children] • Oral Health ranked as a top concern in the Online Key Informant Survey.
Potentially Disabling Conditions	• "Fair/Poor" Health • Activity Limitations • Alzheimer's Disease Deaths [Cook County]
Substance Abuse	• Excessive Drinking • Drinking & Driving • Unintentional Drug-Related Deaths [Cook County] • Illicit Drug Use • Personally Impacted by Substance Abuse (Self or Other's) • Substance Abuse ranked as a top concern in the Online Key Informant Survey.

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (see "Areas of Opportunity" above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above, their ranking of these issues informed the following prioritization:

1. **Mental Health**
2. **Substance Abuse**
3. **Injury & Violence**
4. **Oral Health**
5. **Access to Healthcare Services**
6. **Potentially Disabling Conditions**
7. **Heart Disease & Stroke**
8. **Nutrition, Physical Activity & Weight**
9. **Cancer**

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Total Service Area, including comparisons between the individual service areas, as well as trend data.

Reading the Summary Tables

TREND SUMMARY
(Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2009. Note that survey data reflect the ZIP Code-defined Total Service Area.

Other (Secondary) Data Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

Note that secondary data reflect Cook County data.

In the following tables, Total Service Area results are shown in the larger, blue column. *Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey (representing the hospital service area); the remaining indicators are taken from secondary data sources (and represent county-level data).*

The green columns [to the left of Total Service Area column] provide comparisons between the two service areas, identifying differences for each as "better than" (☼), "worse than" (☁), or "similar to" (⛅) the opposing area.

The columns to the right of Total Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether Total Service Area compares favorably (☼), unfavorably (☁), or comparably (⛅) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Social Determinants	Disparity Between Service Areas: PSA	Disparity Between Service Areas: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. IL	Total Service Area vs. Benchmarks: vs. US	Total Service Area vs. Benchmarks: vs. HP2020	TREND
Linguistically Isolated Population (Percent)			6.9	4.6	4.5		
Population in Poverty (Percent)			19.5	14.0	15.1		
No High School Diploma (Age 25+, Percent)			10.1	11.7	13.0		
% Worry/Stress Over Rent/Mortgage in Past Year	48.6	37.0	43.4		30.8		
% Low Health Literacy	19.6	22.1	20.7		23.3		
				better	similar	worse	

Note: In the green section, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Overall Health	Disparity Between Service Areas: PSA	Disparity Between Service Areas: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. IL	Total Service Area vs. Benchmarks: vs. US	Total Service Area vs. Benchmarks: vs. HP2020	TREND
% "Fair/Poor" Overall Health	17.9	22.4	19.9	17.9	18.1		13.4
% Activity Limitations	26.8	23.4	25.2	17.6	25.0		13.7
% Caregiver to a Friend/Family Member	22.2	20.4	21.4		20.8		
	Note: In the green section, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Access to Health Services	Disparity Between Service Areas: PSA	Disparity Between Service Areas: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. IL	Total Service Area vs. Benchmarks: vs. US	Total Service Area vs. Benchmarks: vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	4.8	11.3	7.7	10.7	13.7	0.0	24.5
% [Insured] Went w/o Healthcare Coverage in the Past Year	13.6	11.2	12.5				12.4
% Difficulty Accessing Healthcare in Past Year (Composite)	48.0	38.0	43.7		43.2		49.8
% Difficulty Finding Physician in Past Year	17.1	9.0	13.4		13.4		13.6
% Difficulty Getting Appointment in Past Year	23.6	17.6	20.9		17.5		20.4

Access to Health Services (continued)	Disparity Between Service Areas		Total Service Area	Total Service Area vs. Benchmarks			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2020	
% Cost Prevented Physician Visit in Past Year	19.7	17.5	18.7	11.2	15.4		24.1
% Transportation Hindered Dr Visit in Past Year	8.4	10.9	9.6		8.3		14.9
% Inconvenient Hrs Prevented Dr Visit in Past Year	27.4	19.8	23.9		12.5		23.2
% Language/Culture Prevented Care in Past Year	3.6	0.8	2.3		1.2		
% Cost Prevented Getting Prescription in Past Year	16.4	15.6	16.0		14.9		30.7
% Disability Prevented Medical Care in the Past Year	6.5	6.5	6.5				
% Skipped Prescription Doses to Save Costs	22.1	12.7	17.8		15.3		18.6
% Difficulty Getting Child's Healthcare in Past Year			4.8		5.6		0.5
Primary Care Doctors per 100,000 [Cook County]			123.2	96.9	87.8		118.2
% Have a Specific Source of Ongoing Care	77.3	61.1	69.9		74.1	95.0	67.4

Access to Health Services (continued)	Disparity Between Service Areas		Total Service Area	Total Service Area vs. Benchmarks			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2020	
% Have Had Routine Checkup in Past Year	68.2	72.7	70.3	70.0	68.3		66.8
% Child Has Had Checkup in Past Year			83.5		87.1		95.8
% Two or More ER Visits in Past Year	8.1	11.7	9.8		9.3		8.4
% Member of HH Received Care in a Hospital in the Past Year	41.2	34.2	38.0				
% Rate Local Healthcare "Fair/Poor"	9.8	10.7	10.7		16.2		15.5
	Note: In the green section, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Cancer	Disparity Between Service Areas		Total Service Area	Total Service Area vs. Benchmarks			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate), Cook County			162.9	163.0	155.6	161.4	184.7
Lung Cancer (Age-Adjusted Death Rate), Cook County			37.5	41.3	38.5	45.5	
Prostate Cancer (Age-Adjusted Death Rate), Cook County			23.4	20.4	18.9	21.8	
Female Breast Cancer (Age-Adjusted Death Rate), Cook County			23.1	21.1	20.1	20.7	
Colorectal Cancer (Age-Adjusted Death Rate), Cook County			16.1	15.1	13.9	14.5	
Female Breast Cancer Incidence Rate, Cook County			129.5	130.0	123.5		
Prostate Cancer Incidence Rate, Cook County			123.1	119.4	114.8		
Lung Cancer Incidence Rate, Cook County			62.0	66.8	61.2		
Colorectal Cancer Incidence Rate, Cook County			46.2	44.5	39.8		
Cervical Cancer Incidence Rate, Cook County			8.9	7.7	7.6		
% Cancer (Other Than Skin)	5.5	6.2	5.8	6.2	7.1		2.2

Cancer (continued)	Disparity Between Service Areas		Total Service Area	Total Service Area vs. Benchmarks			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2020	
% Skin Cancer	3.3	0.7	2.2	4.6	8.5		0.5
% [Women 50-74] Mammogram in Past 2 Years			79.1	78.0	77.0	81.1	84.9
% [Women 21-65] Pap Smear in Past 3 Years	77.5	74.0	75.8	83.8	73.5	93.0	87.7
% [Age 50-75] Colorectal Cancer Screening	68.5	65.4	67.0	63.5	76.4	70.5	64.7
	Note: In the green section, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Dementias, Including Alzheimer's Disease	Disparity Between Service Areas		Total Service Area	Total Service Area vs. Benchmarks			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2020	
Alzheimer's Disease (Age-Adjusted Death Rate), Cook County			23.3	25.1	30.2		16.8
	Note: In the green section, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Diabetes	Disparity Between Service Areas		Total Service Area	Total Service Area vs. Benchmarks			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2020	
Diabetes (Age-Adjusted Death Rate), Cook County			20.4	19.0	21.3	20.5	22.2
% Diabetes/High Blood Sugar	13.8	9.4	11.8	11.0	13.3		11.0
% Borderline/Pre-Diabetes	11.6	7.9	10.0		9.5		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	49.4	47.2	48.4		50.0		56.6
	Note: In the green section, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Health Education	Disparity Between Service Areas		Total Service Area	Total Service Area vs. Benchmarks			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2020	
% Attended Health Event in Past Year	16.5	12.5	14.7				16.9
	Note: In the green section, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Heart Disease & Stroke	Disparity Between Service Areas		Total Service Area	Total Service Area vs. Benchmarks			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate), Cook County			171.0	166.8	166.3	156.9	189.9
Stroke (Age-Adjusted Death Rate), Cook County			40.2	38.4	37.5	34.8	39.1
% Heart Disease (Heart Attack, Angina, Coronary Disease)	6.2	3.3	4.9		8.0		2.9
% Stroke	3.4	2.6	3.1	2.7	4.7		1.3
% Blood Pressure Checked in Past 2 Years	87.9	82.9	85.6		90.4	92.6	93.5
% Told Have High Blood Pressure (Ever)	34.3	35.3	34.7	30.8	37.0	26.9	20.5
% [HBP] Taking Action to Control High Blood Pressure			86.9		93.8		83.8
% Cholesterol Checked in Past 5 Years	90.9	81.0	86.5	86.8	85.1	82.1	91.8
% Told Have High Cholesterol (Ever)	29.9	25.5	27.9		36.2	13.5	27.4
% [HBC] Taking Action to Control High Blood Cholesterol			84.1		87.3		87.1
% 1+ Cardiovascular Risk Factor	73.0	87.4	79.2		87.2		79.8

HIV	Disparity Between Service Areas: PSA	Disparity Between Service Areas: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. IL	Total Service Area vs. Benchmarks: vs. US	Total Service Area vs. Benchmarks: vs. HP2020	TREND
HIV/AIDS (Age-Adjusted Death Rate), Cook County			2.3	1.7	2.3	3.3	
HIV Prevalence Rate, Cook County			602.0	322.9	353.2		
				better	similar	worse	

Note: In the green section, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Immunization & Infectious Diseases	Disparity Between Service Areas: PSA	Disparity Between Service Areas: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. IL	Total Service Area vs. Benchmarks: vs. US	Total Service Area vs. Benchmarks: vs. HP2020	TREND
% [Age 65+] Flu Vaccine in Past Year			75.4	56.4	76.8	70.0	76.9
% [High-Risk 18-64] Flu Vaccine in Past Year			51.7		55.7	70.0	49.9
% [Age 65+] Pneumonia Vaccine Ever			76.1	69.6	82.7	90.0	61.3
% [High-Risk 18-64] Pneumonia Vaccine Ever			40.3		39.9	60.0	28.8
% Have Received the Hepatitis B Vaccination Series	44.5	37.0	41.2				39.8
				better	similar	worse	

Note: In the green section, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Infant Health & Family Planning	Disparity Between Service Areas: PSA	Disparity Between Service Areas: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. IL	Total Service Area vs. Benchmarks: vs. US	Total Service Area vs. Benchmarks: vs. HP2020	TREND
No Prenatal Care in First Trimester (Percent), Cook County			31.0	25.5		22.1	29.2
Low Birthweight Births (Percent), Cook County			9.0	8.4	8.2	7.8	9.0
Infant Death Rate, Cook County			6.7	6.2	5.8	6.0	8.0
Births to Teenagers Under Age 20 (Percent), Cook County			5.1	5.2	5.4		9.9
				better	similar	worse	

Note: In the green section, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Injury & Violence	Disparity Between Service Areas: PSA	Disparity Between Service Areas: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. IL	Total Service Area vs. Benchmarks: vs. US	Total Service Area vs. Benchmarks: vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate), Cook County			36.0	40.4	46.7	36.4	25.9
Motor Vehicle Crashes (Age-Adjusted Death Rate), Cook County			6.0	8.4	11.4	12.4	
% "Always" Wear a Seat Belt	81.2	79.2	80.3				82.5
[65+] Falls (Age-Adjusted Death Rate), Cook County			36.4	47.3	62.1	47.0	
% [Age 45+] Fell in the Past Year	34.1	22.6	28.8		31.6		
Firearm-Related Deaths (Age-Adjusted Death Rate), Cook Co.			15.6	11.1	11.6	9.3	
Homicide (Age-Adjusted Death Rate), Cook County			14.7	8.4	6.0	5.5	11.1
Violent Crime Rate, Cook County			586.7	397.0	379.7		
% Victim of Violent Crime in Past 5 Years	3.5	10.3	6.6		3.7		9.3
% Perceive Neighborhood as "Not At All Safe" from Crime	0.7	12.9	6.2		3.6		7.8
% Victim of Domestic Violence (Ever)	16.9	17.3	17.1		14.2		17.0

Kidney Disease	Disparity Between Service Areas: PSA	Disparity Between Service Areas: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. IL	Total Service Area vs. Benchmarks: vs. US	Total Service Area vs. Benchmarks: vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate), Cook County			16.4	17.0	13.2		20.9
% Kidney Disease	3.0	1.6	2.4	3.6	3.8		2.1
	Note: In the green section, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Mental Health	Disparity Between Service Areas: PSA	Disparity Between Service Areas: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. IL	Total Service Area vs. Benchmarks: vs. US	Total Service Area vs. Benchmarks: vs. HP2020	TREND
% "Fair/Poor" Mental Health	23.0	25.9	24.4		13.0		8.8
% Diagnosed Depression	28.0	25.5	26.8	17.8	21.6		10.4
% Symptoms of Chronic Depression (2+ Years)	40.5	43.1	41.7		31.4		32.7
% Typical Day Is "Extremely/Very" Stressful	24.6	21.4	23.1		13.4		13.2
Suicide (Age-Adjusted Death Rate), Cook County			8.2	10.7	13.6	10.2	7.7

Mental Health (continued)	Disparity Between Service Areas: PSA	Disparity Between Service Areas: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. IL	Total Service Area vs. Benchmarks: vs. US	Total Service Area vs. Benchmarks: vs. HP2020	TREND
% Taking Rx/Receiving Mental Health Trtmt	18.8	13.3	16.3		13.9		
% Have Ever Sought Help for Mental Health	36.6	31.9	34.5		30.8		23.8
% [Those With Diagnosed Depression] Seeking Help			85.5		87.1		44.0
% Unable to Get Mental Health Svcs in Past Yr	9.5	6.8	8.2		6.8		
% 3+ Days Without Enough Sleep in the Past Month	73.0	63.7	68.9				64.9

Note: In the green section, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Nutrition, Physical Activity & Weight	Disparity Between Service Areas		Total Service Area	Total Service Area vs. Benchmarks			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2020	
% Food Insecure	43.5	42.7	43.1		27.9		
% Eat 5+ Servings of Fruit or Vegetables per Day	34.0	23.8	29.4		33.5		40.9
% "Very/Somewhat" Difficult to Buy Fresh Produce	30.4	28.5	29.5		22.1		21.0
% Medical Advice on Nutrition in Past Year	57.7	41.0	50.0				40.2
% No Leisure-Time Physical Activity	31.1	29.7	30.5	23.9	26.2	32.6	20.2
% Meeting Physical Activity Guidelines	18.0	26.3	21.7	21.3	22.8	20.1	
Recreation/Fitness Facilities per 100,000			11.8	10.9	11.0		
% Medical Advice on Exercise in Past Year	58.6	46.5	53.2				50.8
% Overweight (BMI 25+)	58.5	70.6	64.0	65.0	67.8		60.9
% Healthy Weight (BMI 18.5-24.9)	34.1	27.3	31.0	32.9	30.3	33.9	37.7

Nutrition, Physical Activity & Weight (continued)	Disparity Between Service Areas		Total Service Area	Total Service Area vs. Benchmarks			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2020	
% [Overweights] Trying to Lose Weight	68.5	65.8	67.1		61.3		
% [Overweight/Obese] Trying to Lose Weight With Diet/Exercise							46.5
% Obese (BMI 30+)	32.4	35.7	33.9	31.6	32.8	30.5	23.8
% Medical Advice on Weight in Past Year	33.6	27.9	31.0		24.2		28.9
% [Overweights] Counseled About Weight in Past Year	45.8	37.7	41.7		29.0		39.1
% Child [Age 5-17] Healthy Weight			46.8		58.4		56.9
% Children [Age 5-17] Overweight (85th Percentile)			30.8		33.0		43.0
% Children [Age 5-17] Obese (95th Percentile)			16.6		20.4	14.5	22.6
% Child [Age 2-17] Physically Active 1+ Hours per Day			29.1		50.5		57.4
	Note: In the green section, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Oral Health	Disparity Between Service Areas		Total Service Area	Total Service Area vs. Benchmarks			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2020	
% Have Dental Insurance	63.7	69.7	66.4		59.9		61.1
% [Age 18+] Dental Visit in Past Year	58.8	54.3	56.7	65.5	59.7	49.0	66.6
% Child [Age 2-17] Dental Visit in Past Year			72.7		87.0	49.0	72.8
	Note: In the green section, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Potentially Disabling Conditions	Disparity Between Service Areas		Total Service Area	Total Service Area vs. Benchmarks			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2020	
% [50+] Arthritis/Rheumatism	32.4	35.9	34.0		38.3		30.9
% [50+] Osteoporosis	12.3	6.2	9.4		9.4	5.3	17.0
% Sciatica/Chronic Back Pain	15.4	18.4	16.7		22.9		15.5
% 3+ Chronic Conditions	34.4	33.3	33.9		41.4		
% Eye Exam in Past 2 Years	59.5	54.8	57.3		55.3		63.5

Respiratory Diseases	Disparity Between Service Areas		Total Service Area	Total Service Area vs. Benchmarks			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate), Cook County			28.9	38.0	41.0		31.9
Pneumonia/Influenza (Age-Adjusted Death Rate), Cook County			15.3	15.3	14.3		18.8
% [Adult] Currently Has Asthma	17.1	8.3	13.1	8.2	11.8		9.5
% [Asthmatics] Asthma Attack in the Past Year			54.3				68.7
% [Child 0-17] Currently Has Asthma			6.6		9.3		10.8
% COPD (Lung Disease)	8.5	5.1	7.0	6.7	8.6		5.4
	Note: In the green section, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Sexually Transmitted Diseases	Disparity Between Service Areas: PSA	Disparity Between Service Areas: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. IL	Total Service Area vs. Benchmarks: vs. US	Total Service Area vs. Benchmarks: vs. HP2020	TREND
Chlamydia Incidence Rate, Cook County			713.1	515.6	456.1		563.9
Gonorrhea Incidence Rate, Cook County			198.2	124.0	110.7		231.8
	Note: In the green section, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

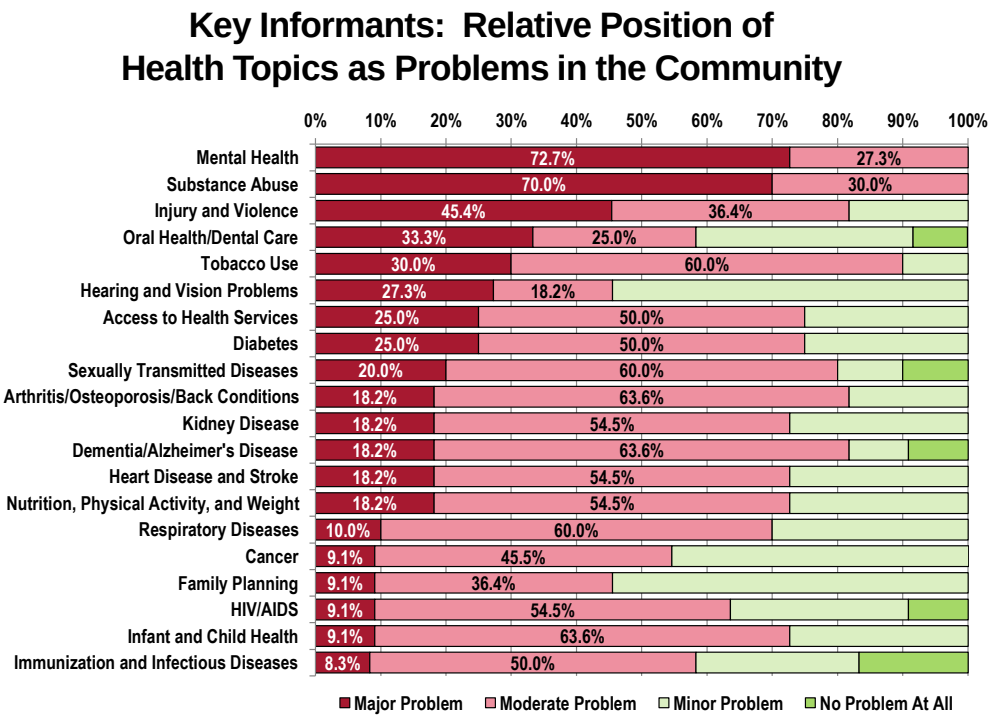
Substance Abuse	Disparity Between Service Areas: PSA	Disparity Between Service Areas: SSA	Total Service Area	Total Service Area vs. Benchmarks: vs. IL	Total Service Area vs. Benchmarks: vs. US	Total Service Area vs. Benchmarks: vs. HP2020	TREND
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate), Cook County			17.4	16.3	16.7	11.3	8.7
Cirrhosis/Liver Disease (Age-Adjusted Death Rate), Cook County			9.0	9.1	10.8	8.2	8.8
% Excessive Drinker	40.6	33.8	37.5		22.5	25.4	30.7
% Drinking & Driving in Past Month	13.9	8.6	11.5	3.8	5.2		1.8
% Illicit Drug Use in Past Month	12.0	5.3	8.9		2.5	7.1	5.0

Substance Abuse (continued)	Disparity Between Service Areas		Total Service Area	Total Service Area vs. Benchmarks			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2020	
% Ever Sought Help for Alcohol or Drug Problem	9.1	4.1	6.9		3.4		6.7
% Life Negatively Affected by Substance Abuse	51.7	38.7	45.9		37.3		
	Note: In the green section, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Tobacco Use	Disparity Between Service Areas		Total Service Area	Total Service Area vs. Benchmarks			TREND
	PSA	SSA		vs. IL	vs. US	vs. HP2020	
% Current Smoker	15.0	17.3	16.1	15.8	16.3	12.0	17.6
% Someone Smokes at Home	16.1	14.1	15.2		10.7		14.0
% [Nonsmokers] Someone Smokes in the Home	6.7	6.1	6.4		4.0		8.9
% [Household With Children] Someone Smokes in the Home			23.3		7.2		16.1
% Currently Use Vaping Products	8.5	8.3	8.4	4.3	3.8		
	Note: In the green section, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			better	similar	worse	

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of "major problem," "moderate problem," "minor problem," or "no problem at all." The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)



Community Description

Professional Research Consultants, Inc.

Population Characteristics

Total Population

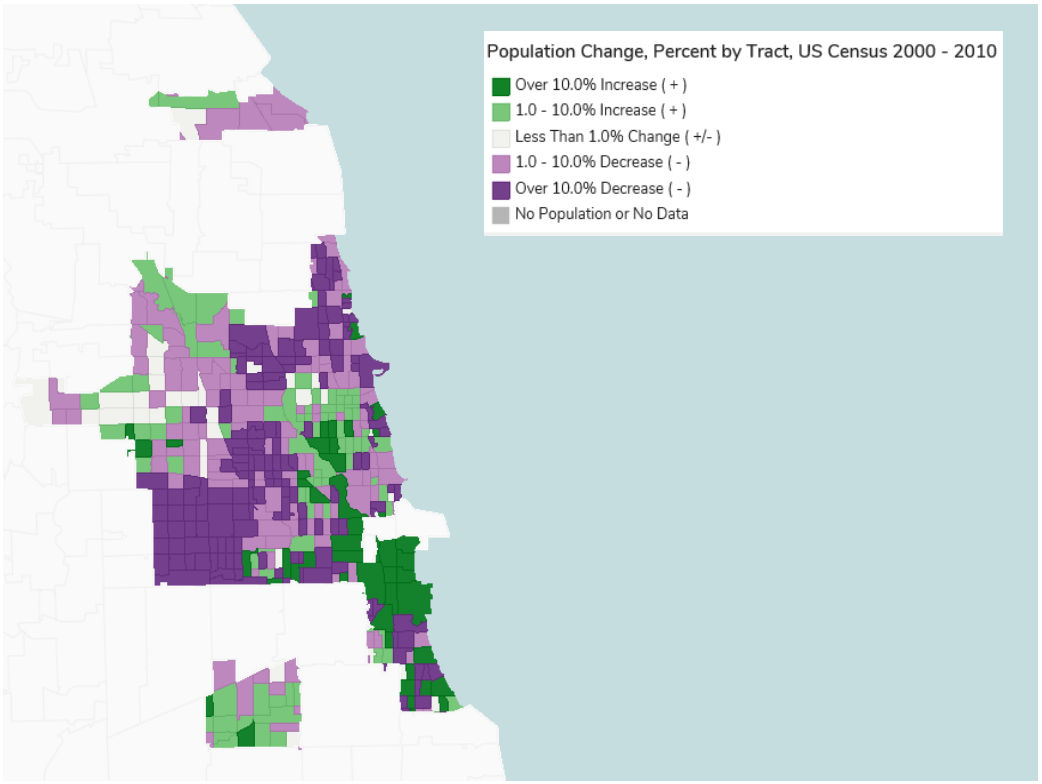
The Total Service Area (the focus of this Community Health Needs Assessment), houses a total population of 1,505,497 residents, according to latest census estimates.

Total Population

(Estimated Population, 2012-2016)

	Total Population	Percent Urban
Total Service Area	1,505,497	100.0%
Cook County	5,227,575	100.0%
Illinois	12,851,684	88.5%
United States	318,558,162	80.9%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved January 2019 from Community Commons at http://www.chna.org.



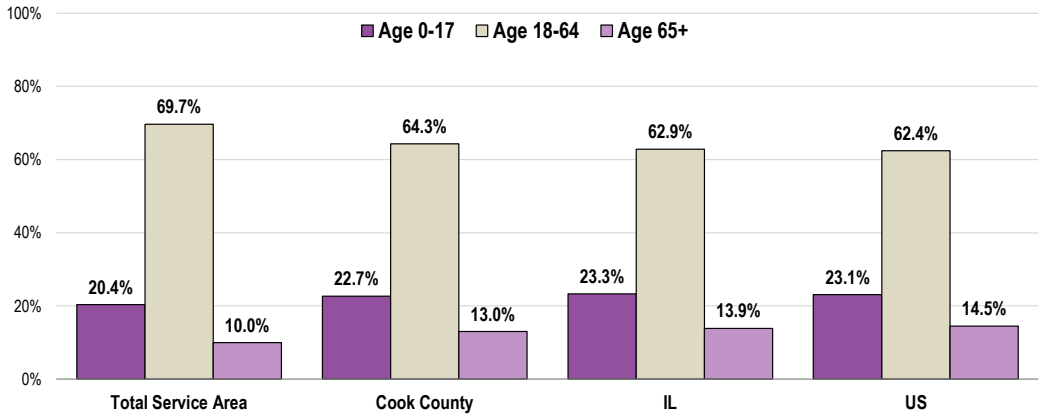
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In the Total Service Area, 20.4% of the population are infants, children, or adolescents (age 0-17); another 69.7% are age 18 to 64, while 10.0% are age 65 and older.

- The percentage of older adults (65+) is lower than the county, state, and US figures.

Total Population by Age Groups, Percent
(2012-2016)

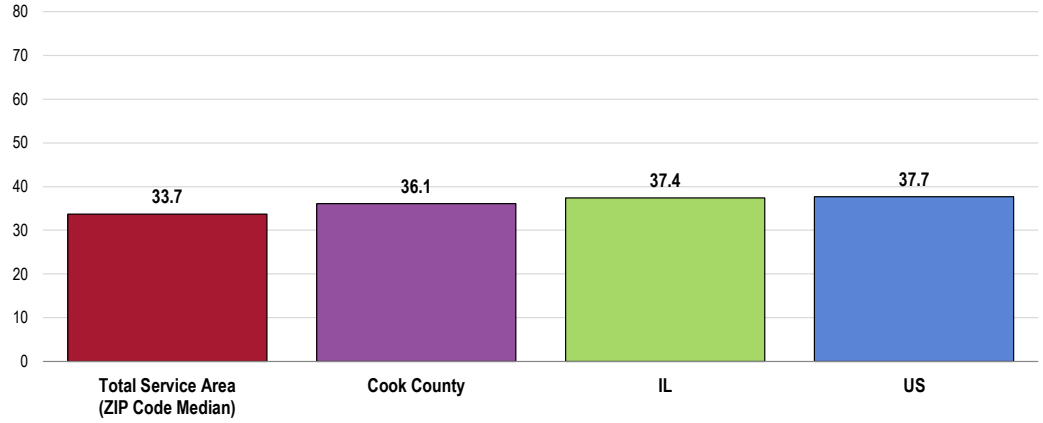


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved January 2019 from Community Commons at http://www.chna.org.

Median Age

The Total Service Area (ZIP Code median) is "younger" than the county, state, and nation in that the median age is lower.

Median Age
(2012-2016)



Sources:
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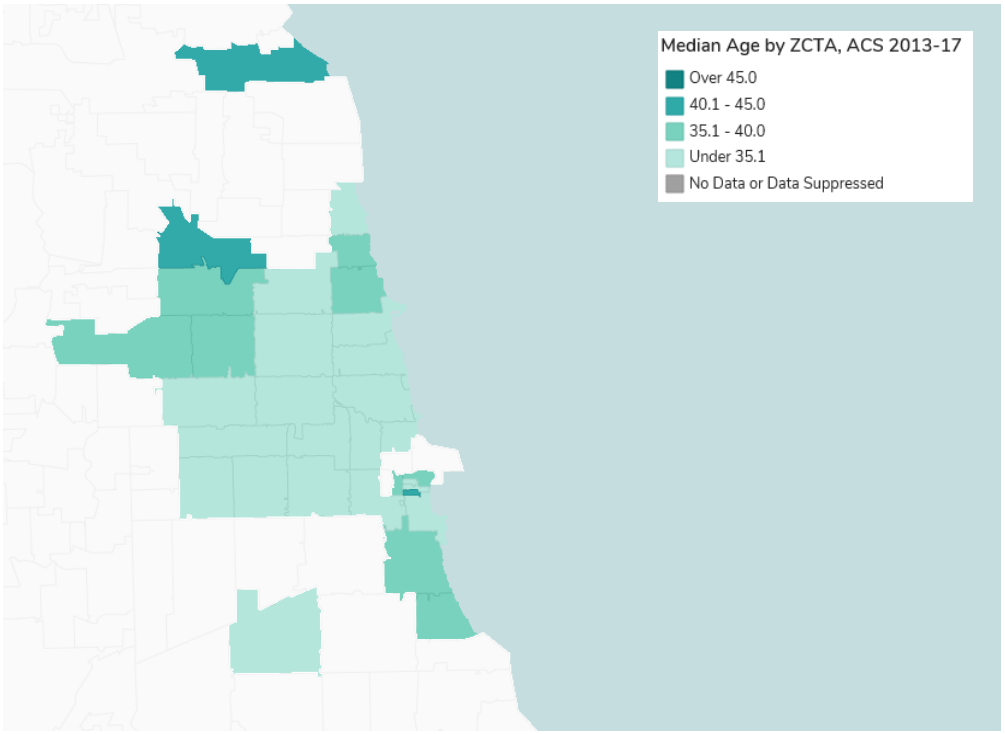
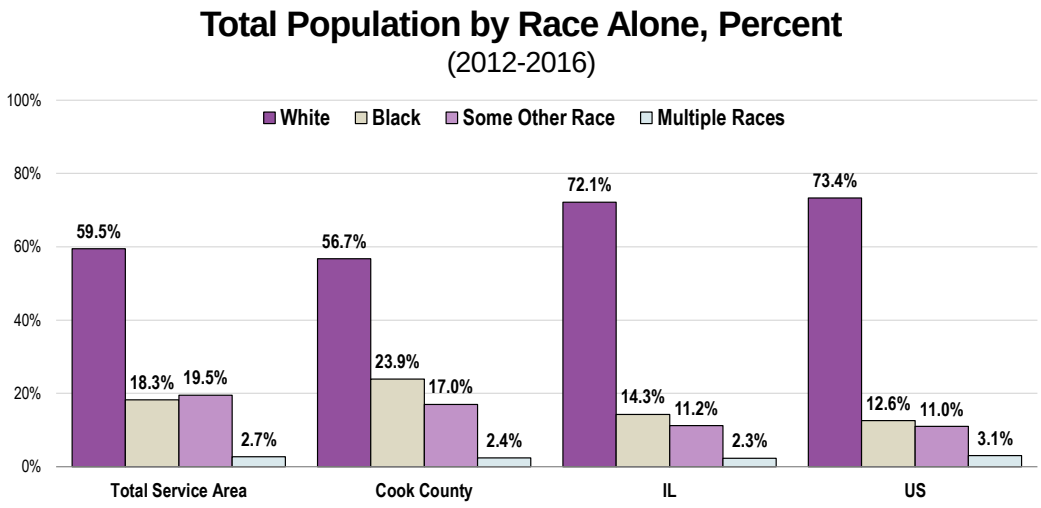


Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 59.5% of Total Service Area residents are White and 18.3% are Black.

- Statewide and nationally, the populations are much less diverse.

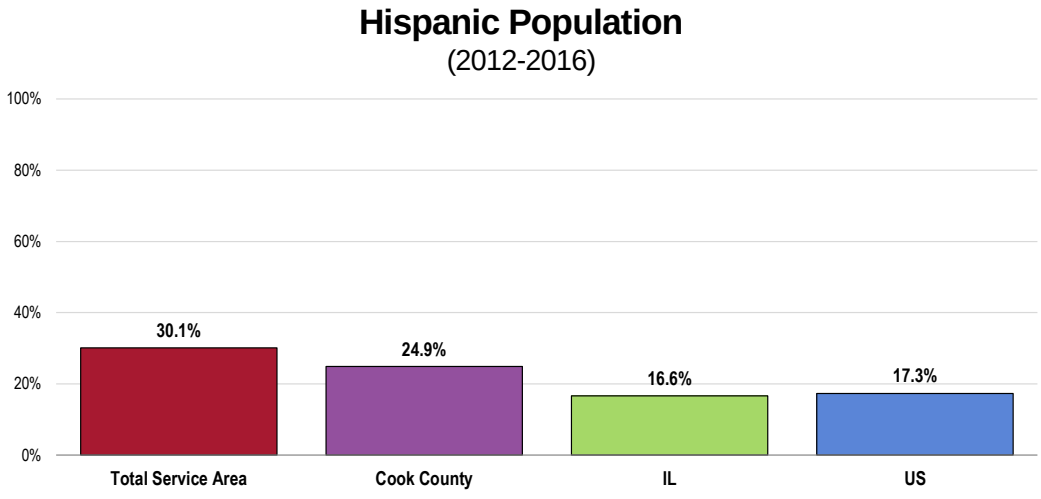


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved January 2019 from Community Commons at http://www.chna.org.

Ethnicity

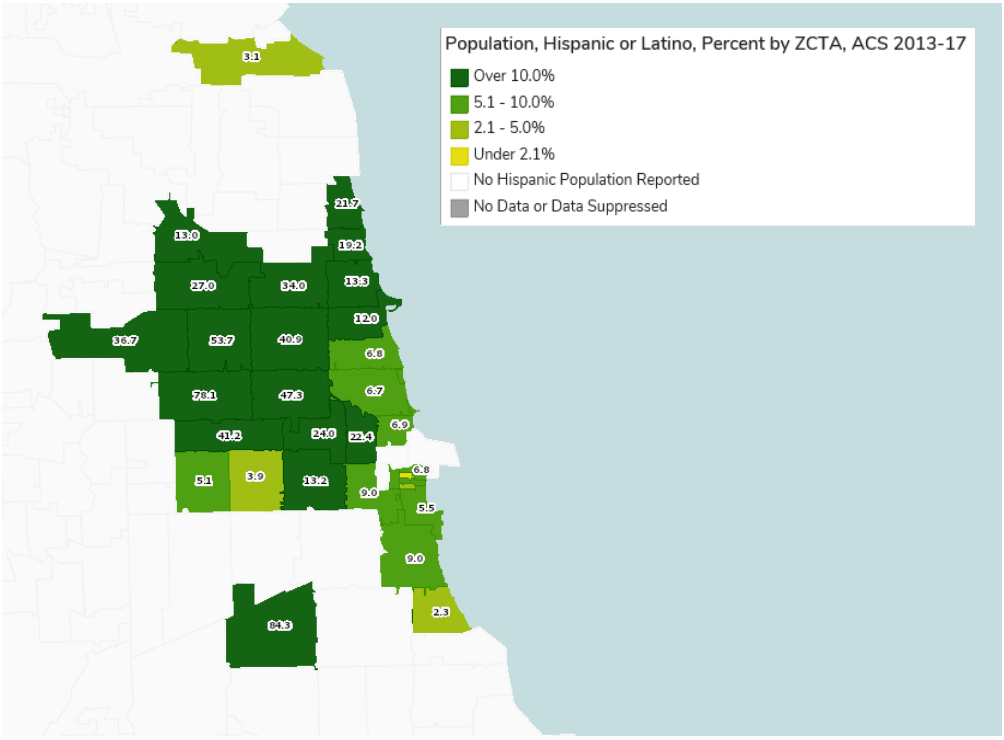
A total of 30.1% of Total Service Area residents are Hispanic or Latino.

- Higher than county, state, and nationwide percentages.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved January 2019 from Community Commons at http://www.chna.org.

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.



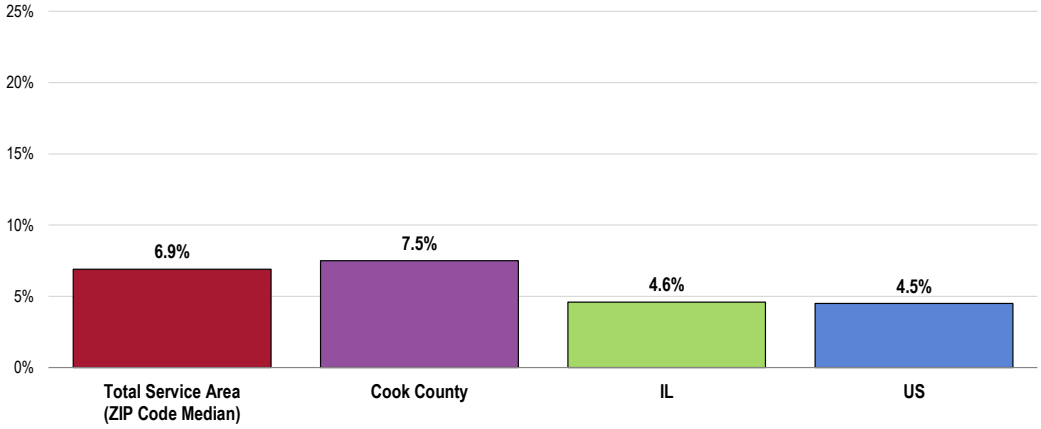
Linguistic Isolation

A total of 6.9% of the Total Service Area population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English, or speaking English "very well").

- Higher than found statewide and nationally but below the Cook County percentage.

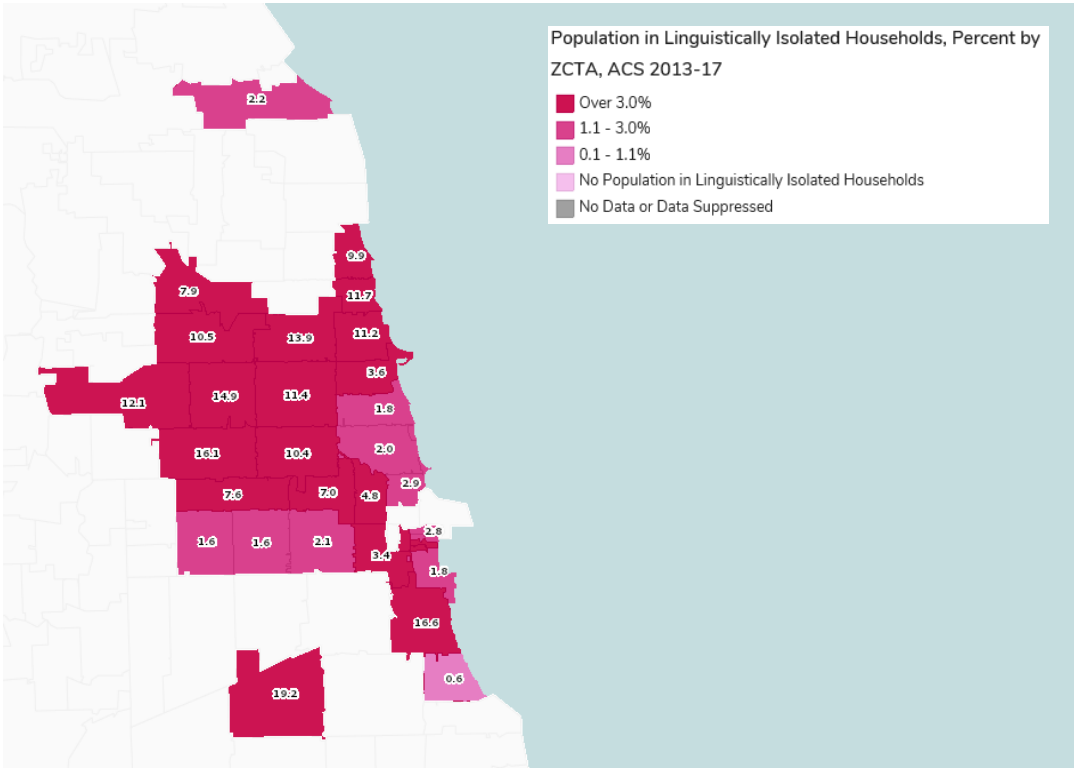
Linguistically Isolated Population

(2012-2016)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved January 2019 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."



Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

— Healthy People 2020 (www.healthypeople.gov)

Poverty

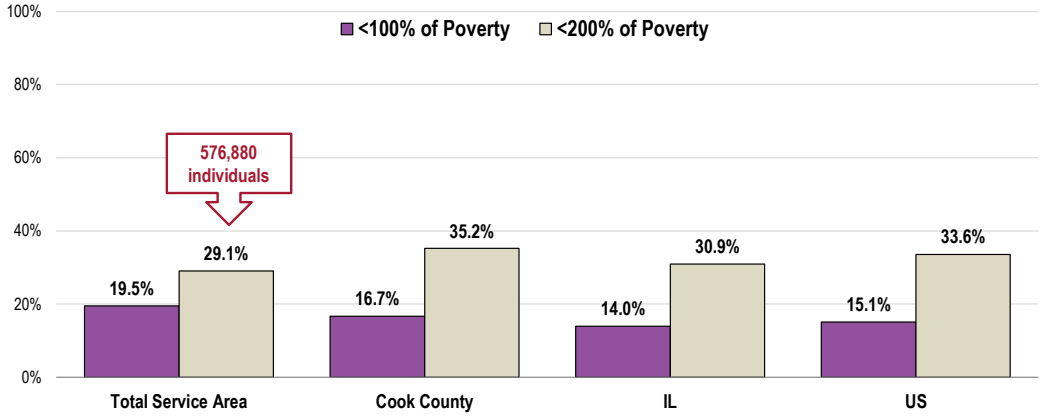
The latest census estimate shows 19.5% of the Total Service Area population living below the federal poverty level.

In all, 29.1% of the area's residents (an estimated 576,880 individuals) live below 200% of the federal poverty level.

- Similar to the state proportion.
- Below the county and national proportions.

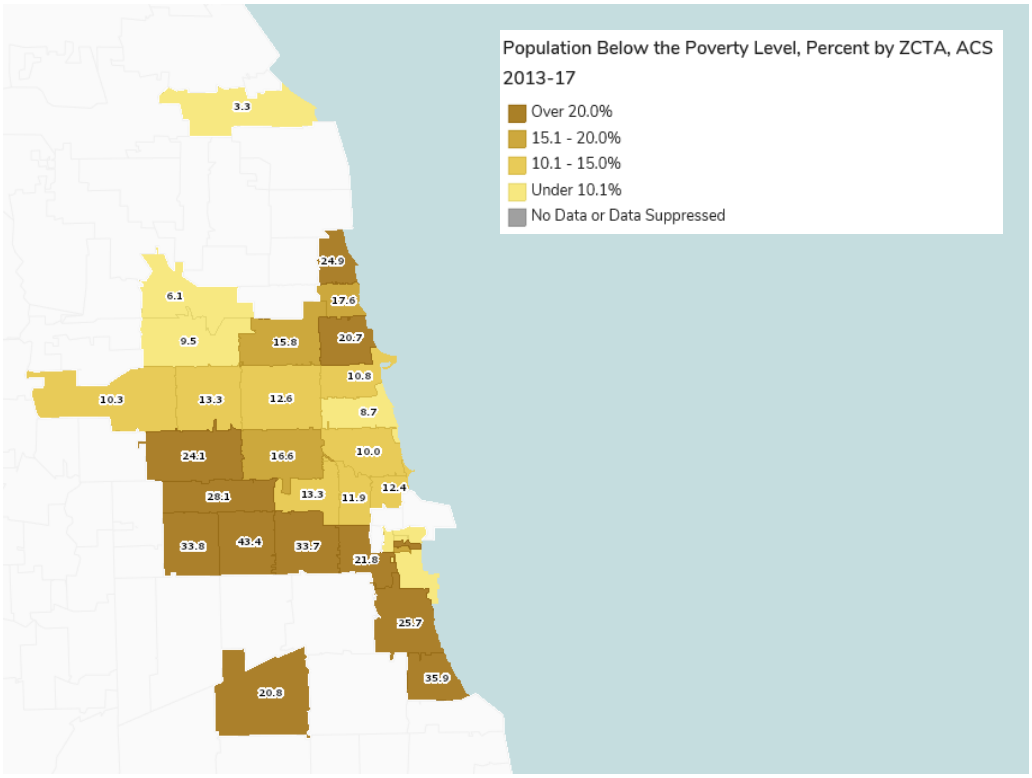
Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2012-2016)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved January 2019 from Community Commons at http://www.chna.org.

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.



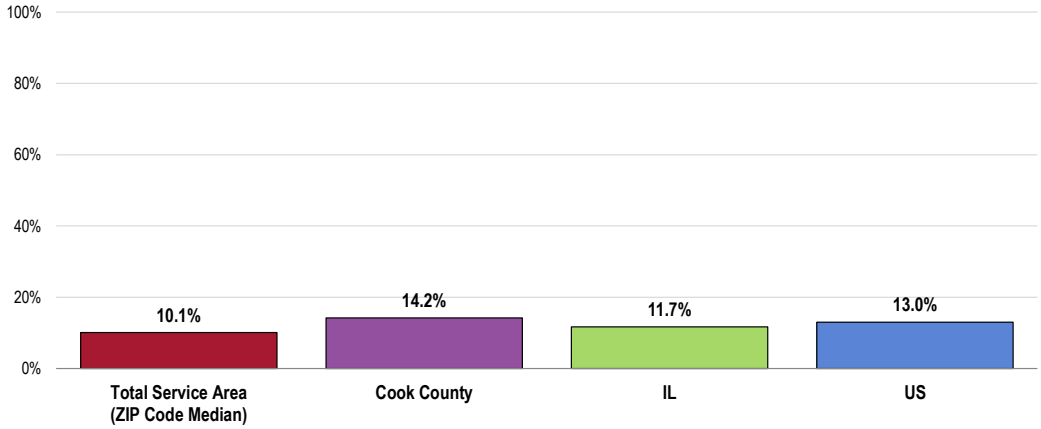
Education

Among the Total Service Area population age 25 and older, an estimated 10.1% do not have a high school education.

- Below the percentages reported across the county, state, and national overall.

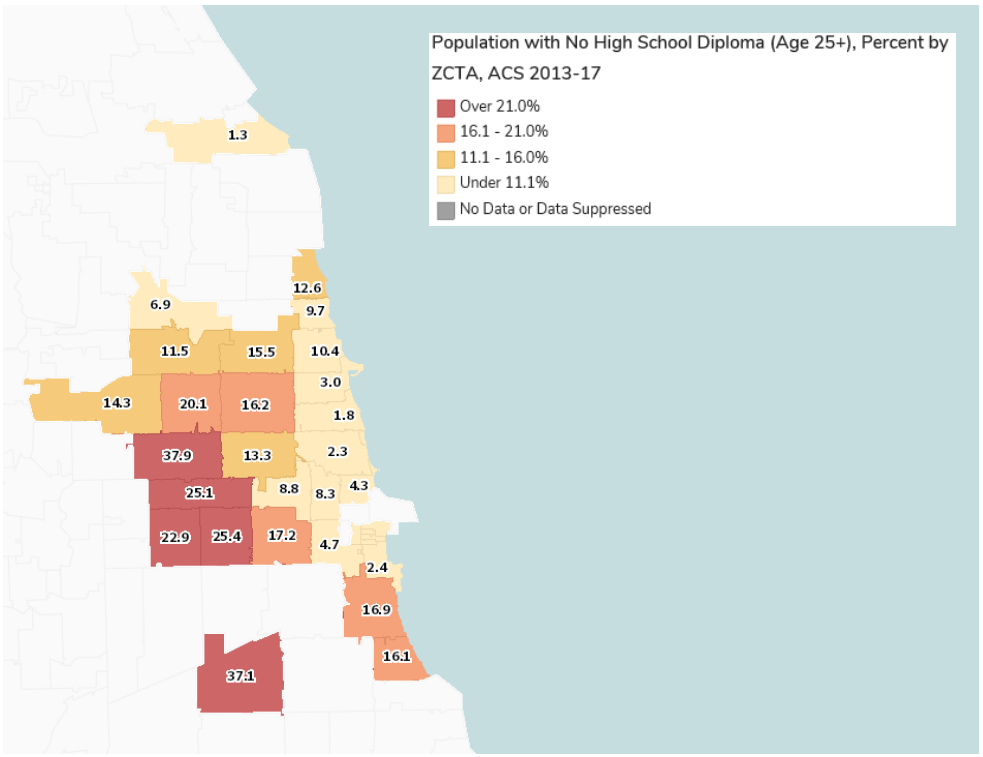
Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2012-2016)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved January 2019 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

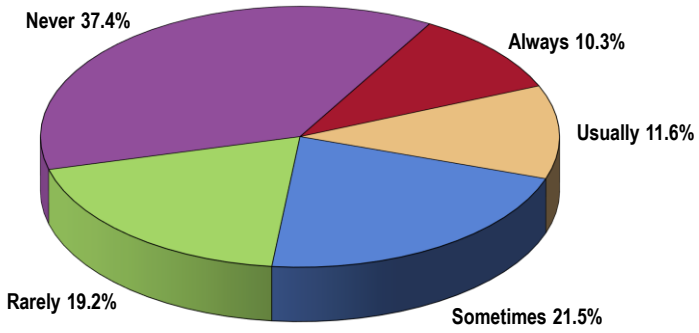


Housing Insecurity

While most surveyed adults rarely, if ever, worry about the cost of housing, a considerable share (43.4%) reported that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

Frequency of Worry or Stress Over Paying Rent/Mortgage in the Past Year

(Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
Notes: • Asked of all respondents.

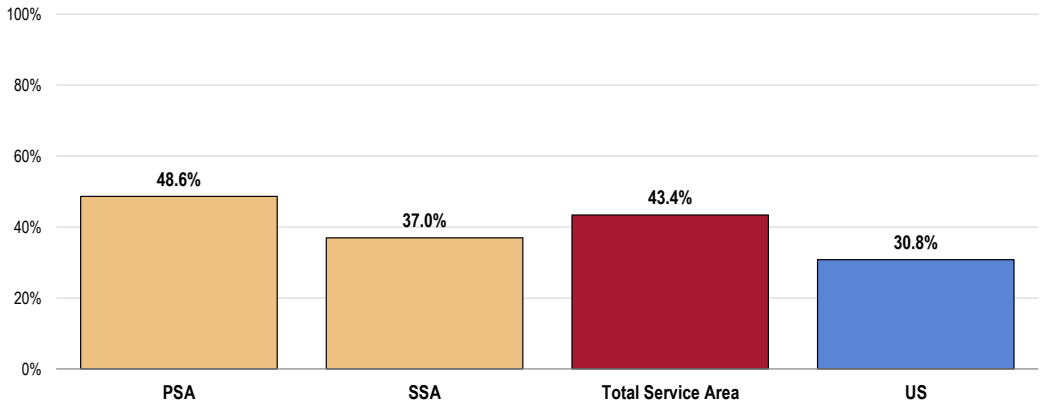
NOTE:

Differences noted in the text represent significant differences determined through statistical testing.

Where sample sizes permit, data are provided by service area (Primary vs Secondary).

- The Total Service Area proportion of adults who worried about paying for rent or mortgage in the past year is higher than the US prevalence.
- Housing insecurity is higher in the Primary Service Area.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

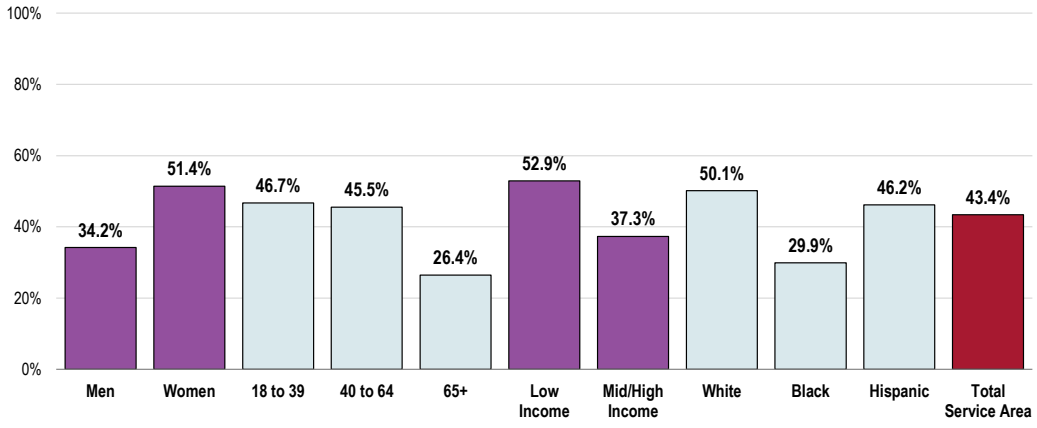
Notes:
- Asked of all respondents.

- Adults more likely to report housing insecurity include women, adults under 65, and residents living at lower incomes.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by sex, age groupings, income (based on poverty status), and race/ethnicity.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year

(Total Service Area, 2018)



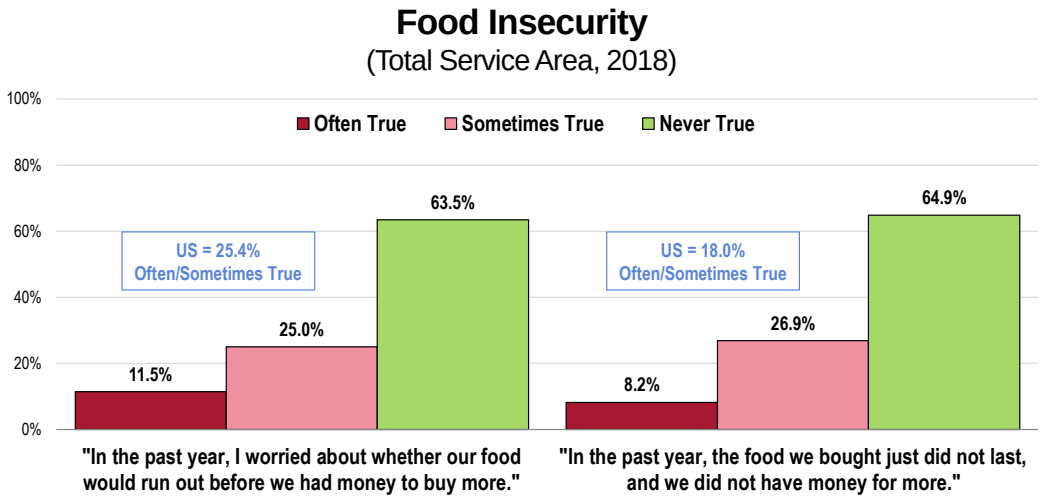
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Food Insecurity

In the past year, 36.5% of Total Service Area adults "often" or "sometimes" worried about whether their food would run out before they had money to buy more.

Another 35.1% report a time in the past year ("often" or "sometimes") when the food they bought just did not last, and they did not have money to get more.



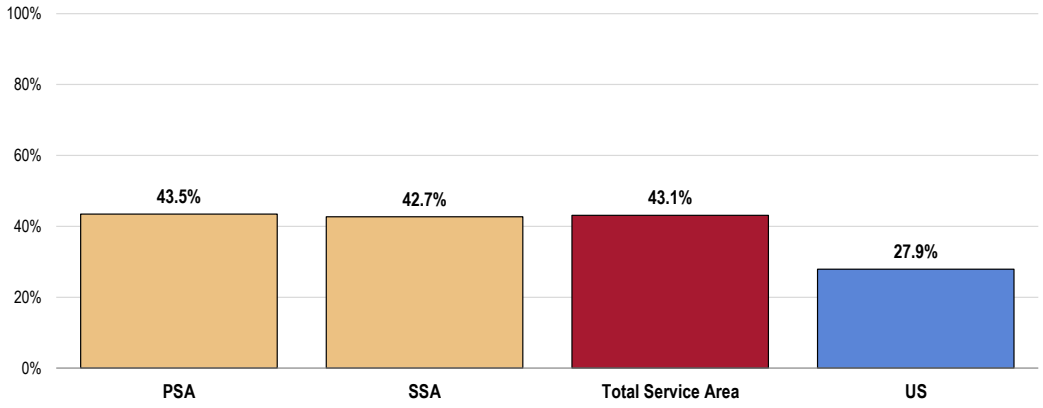
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 87-88]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects the total sample of respondents.

Overall, 43.1% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

- Worse than the US prevalence.
- Statistically similar by service area.

Food Insecurity

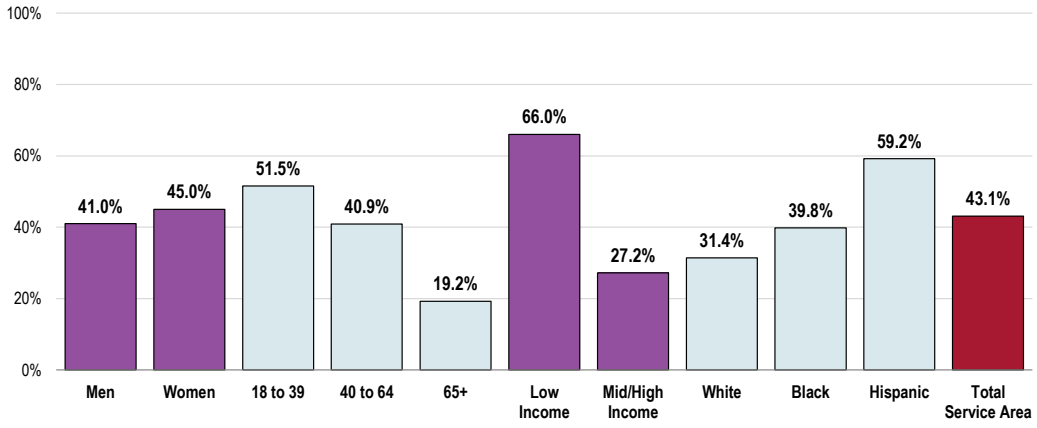


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

- Adults more likely to be affected by food insecurity include those under 65 (correlates with age), residents living at lower incomes, and Hispanics.

Food Insecurity
(Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Health Literacy

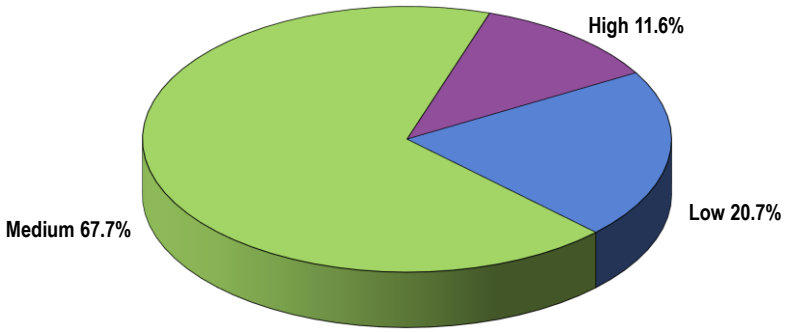
Population With Low Health Literacy

A total of 20.7% of Total Service Area adults are found to have low health literacy.

Low health literacy is defined as those respondents who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

- Comparable to national findings.
- Comparable by service area.

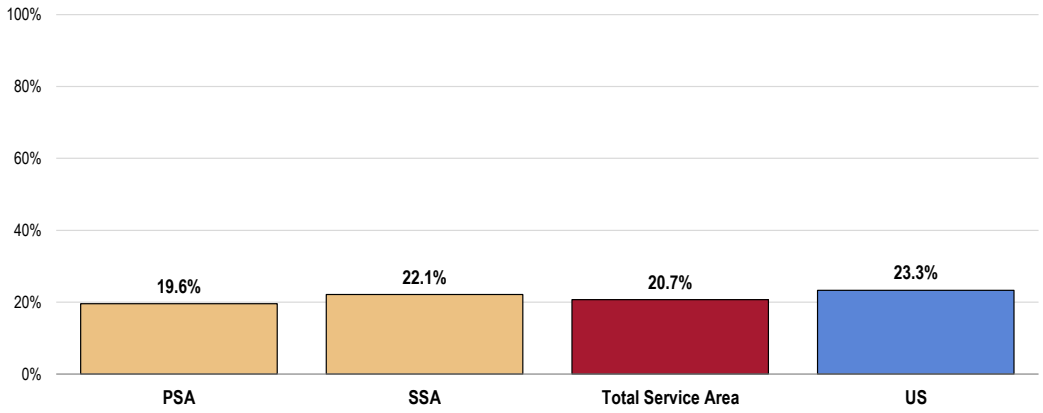
Level of Health Literacy
(Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]

Notes:
- Asked of all respondents.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Low Health Literacy

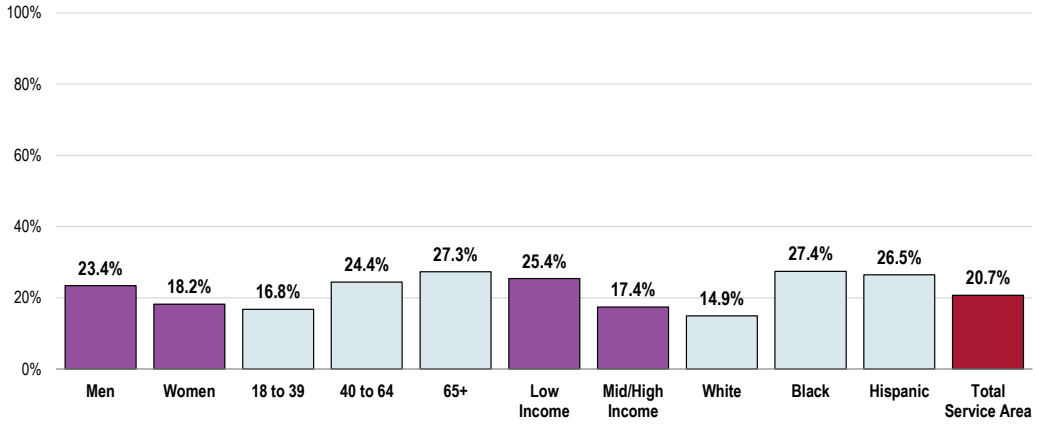


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

- Total Service Area Blacks and Hispanics are more likely to have low levels of health literacy.

Low Health Literacy
(Total Service Area, 2018)



Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Understanding Health Information

The following individual measures are used to determine the health literacy levels described above.

Written & Spoken Information

While a majority of Total Service Area adults generally find health information to be easy to understand, 8.4% experience considerable difficulty with written health information and 7.2% experience considerable difficulty with spoken health information (responding "seldom" or "never" easy to understand).

Respondents were read:

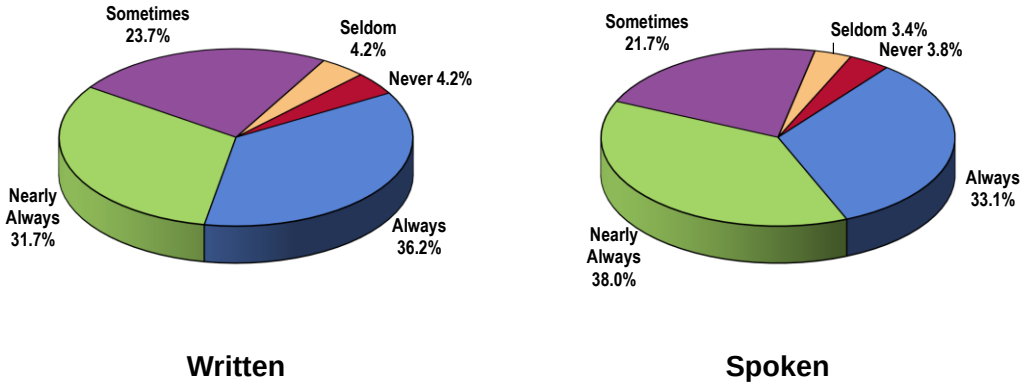
"You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places.

How often is health information **written** in a way that is easy for you to understand?

How often is health information **spoken** in a way that is easy for you to understand?"

Frequency With Which Health Information Is _____ in a Way That is Easy to Understand

(Total Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 74, 76]
Notes: ● Asked of all respondents.

Reading Health Information & Completing Health Forms

Respondents were read:

"People who might help you read health information include family members, friends, caregivers, doctors, nurses, or other health professionals. How often do you need to have someone help you read health information?"

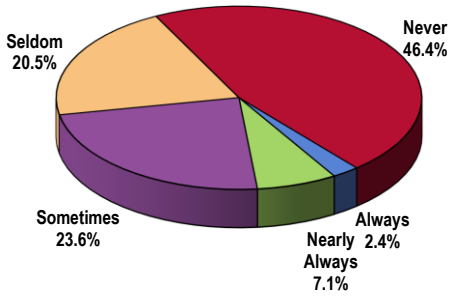
"Health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and health care. In general, how confident are you in your ability to fill out health forms yourself?

A total of 9.5% of Total Service Area adults "always" or "nearly always" need to have someone help them read health information.

A total of 2.5% of adults are "not at all confident" in their ability to fill out health forms by themselves.

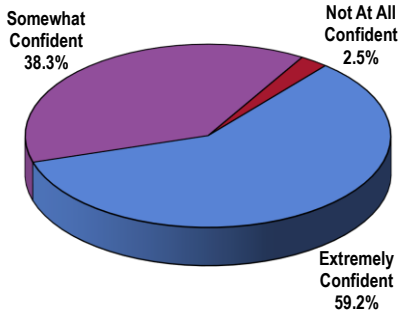
Frequency of Needing Help Reading Health Information

(Total Service Area, 2018)



Confidence in Ability to Fill Out Health Forms

(Total Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 75, 77]
Notes: ● Asked of all respondents.
● In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

General Health Status

Professional Research Consultants, Inc.

Overall Health Status

Evaluation of Health Status

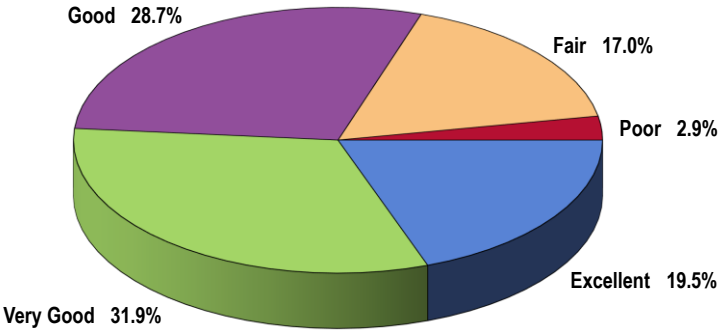
The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair, or poor?"

A total of 51.4% of Total Service Area adults rate their overall health as "excellent" or "very good."

- Another 28.7% gave "good" ratings of their overall health.

Self-Reported Health Status
(Total Service Area, 2018)

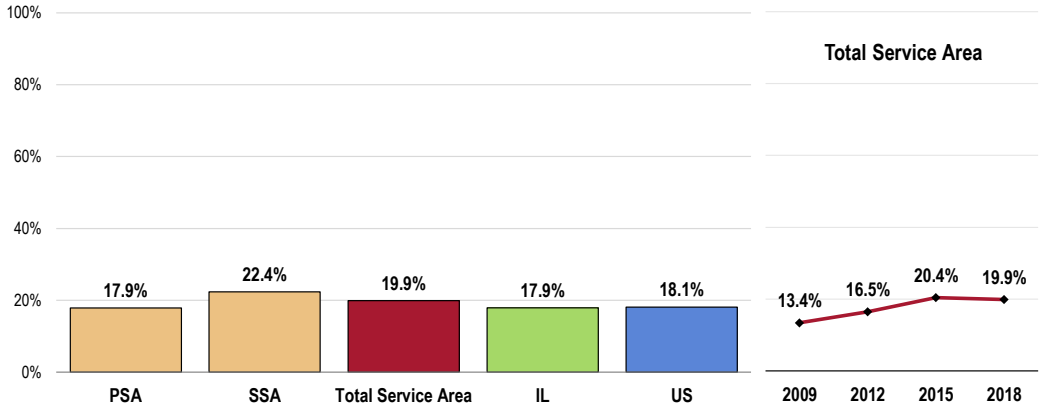


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 19.9% of Total Service Area adults believe that their overall health is "fair" or "poor."

- Similar to statewide and national findings.
- Similar findings by service area.
- TREND: Marks a statistically significant increase from the 2009 "fair/poor" overall health report.

Experience "Fair" or "Poor" Overall Health



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

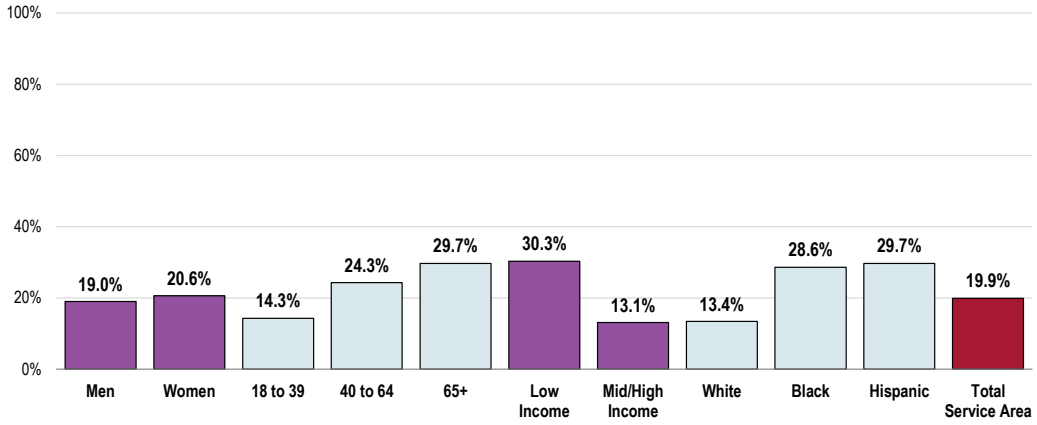
Notes:
- Asked of all respondents.

Adults <u>more</u> likely to report experiencing "fair" or "poor" overall health include:

- Seniors (age 65+).
- Residents living at lower incomes.
- Blacks and Hispanics.

Experience "Fair" or "Poor" Overall Health

(Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

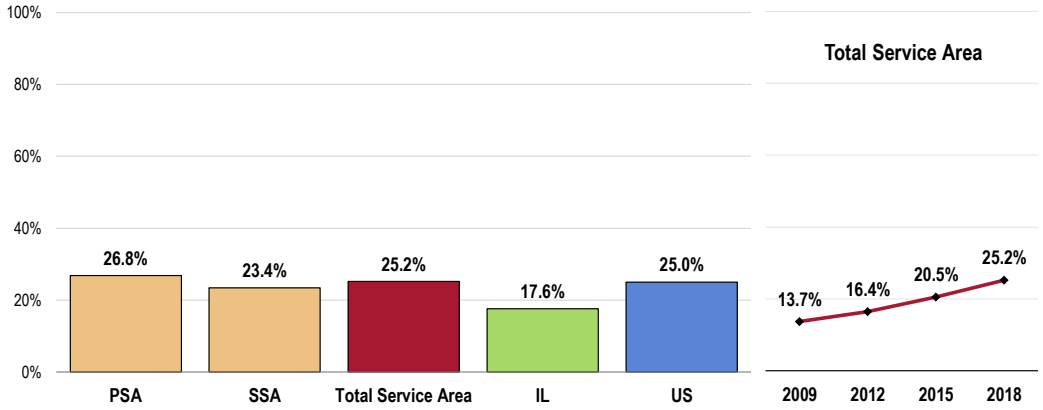
— Healthy People 2020 (www.healthypeople.gov)

A total of 25.2% of Total Service Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

RELATED ISSUE:
See also *Potentially Disabling Conditions* in the **Death, Disease & Chronic Conditions** section of this report.

- Higher than the prevalence statewide.
- Almost identical to the national prevalence.
- Similar findings by service area.
- TREND: Marks a statistically significant increase in activity limitations over time.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

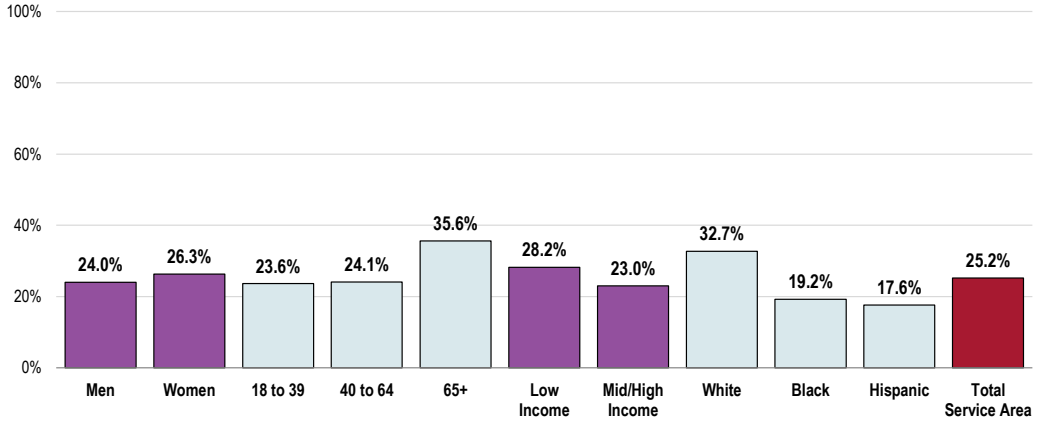
Notes:
- Asked of all respondents.

In looking at responses by key demographic characteristics, these adults are statistically more likely to report some type of activity limitation:

- Seniors.
- Non-Hispanic Whites.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]

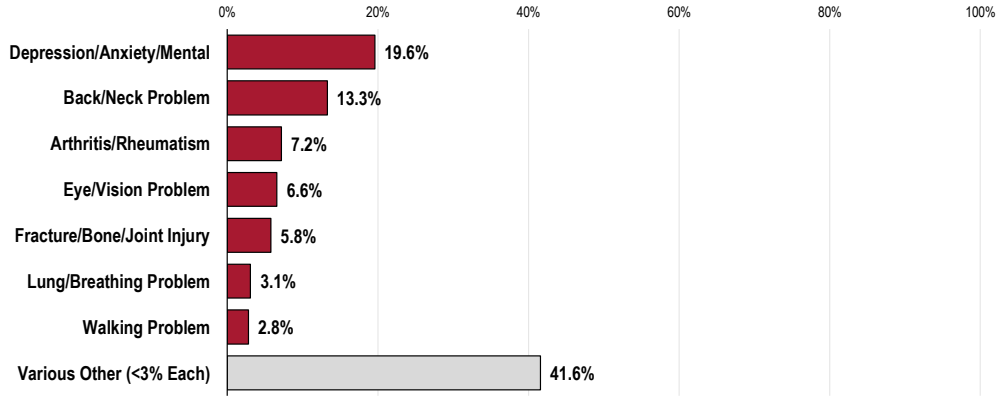
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as back/neck problems, arthritis/rheumatism, fractures or bone/joint injuries, or difficulty walking.

Other limitations noted with some frequency include those related to mental health (depression, anxiety), eye/vision problems, and lung/breathing issues.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
Notes: • Asked of those respondents reporting activity limitations.

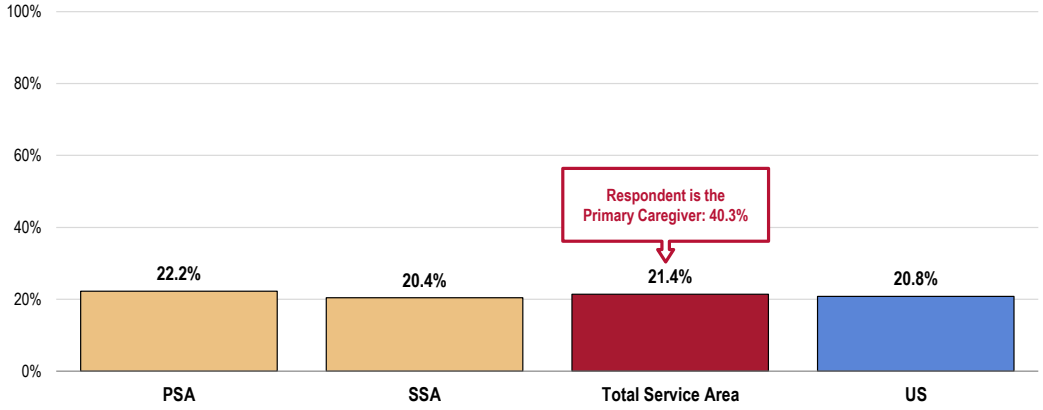
Caregiving

A total of 21.4% of Total Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- Similar to the national finding.
- Statistically similar by service area.

Of these adults, 40.3% are the ***primary*** caregiver for the individual receiving care.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

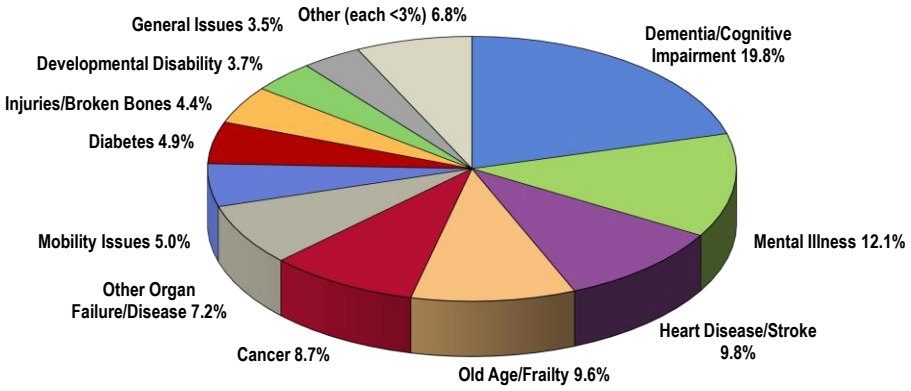


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111, 113]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

For those who provide care or assistance, the top health issues affecting those receiving their care include **dementia/cognitive impairment** (19.8%), **mental illness** (12.1%), **heart disease/stroke** (9.8%), **old age/frailty** (9.6%0, and **cancer** (8.7%).

Primary Health Issue of Person Receiving Care or Assistance

(Among Caregivers Providing Regular Care to a Friend/Family Member; Total Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: ● Asked of those respondents reporting providing regular care or assistance to a friend or family member with a health problem, long-term illness, or disability.

Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

— Healthy People 2020 (www.healthypeople.gov)

Evaluation of Mental Health Status

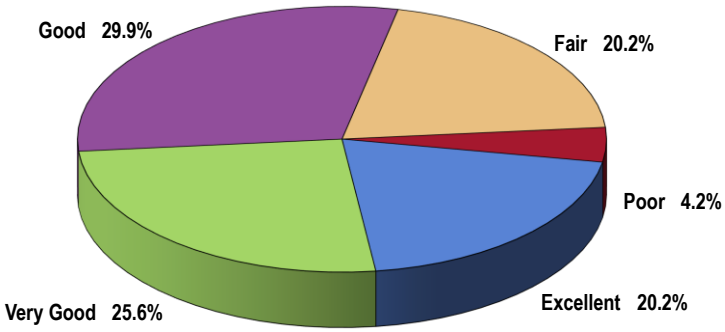
"Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?"

A total of 45.8% of Total Service Area adults rate their overall mental health as "excellent" or "very good."

- Another 29.9% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status

(Total Service Area, 2018)

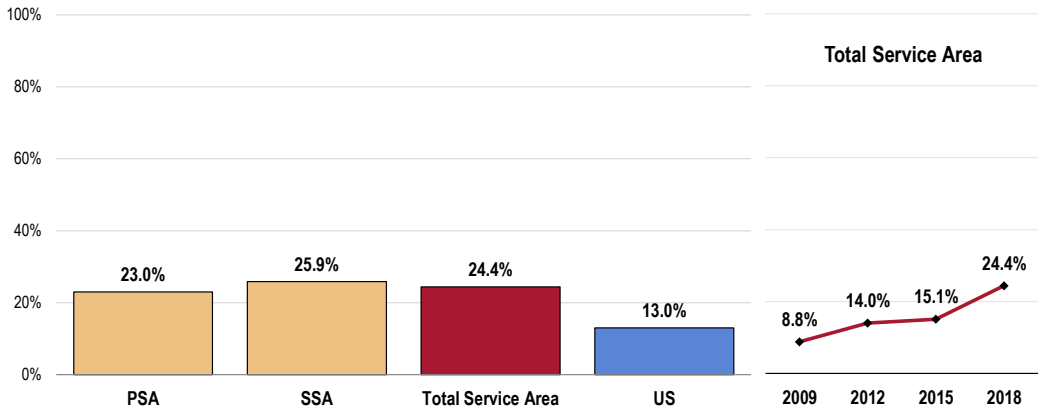


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: • Asked of all respondents.

A total of 24.4% of Total Service Area adults, however, believe that their overall mental health is "fair" or "poor."

- Worse than the "fair/poor" response reported nationally.
- Similar by service area.
- TREND: Denotes a statistically significant increase since 2009.

Experience "Fair" or "Poor" Mental Health



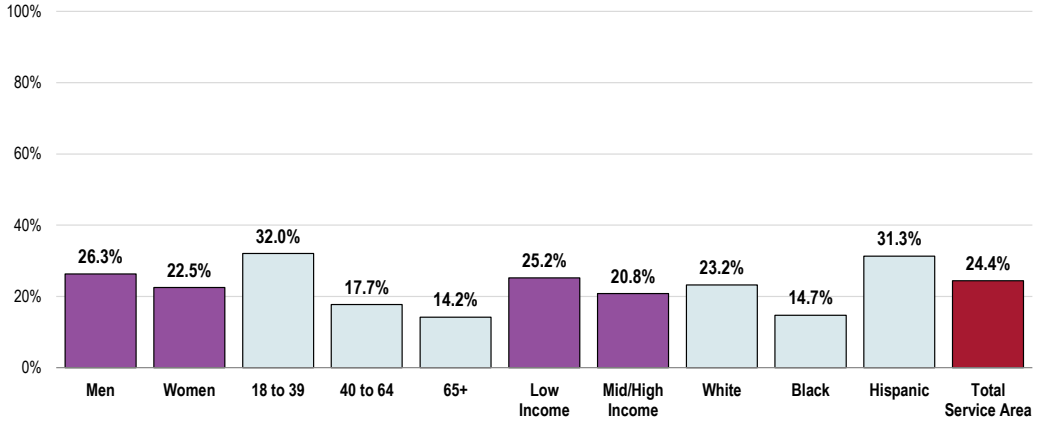
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Adults under 40 and Hispanics are much more likely to report experiencing "fair/poor" mental health than their demographic counterparts.

Experience "Fair" or "Poor" Mental Health

(Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

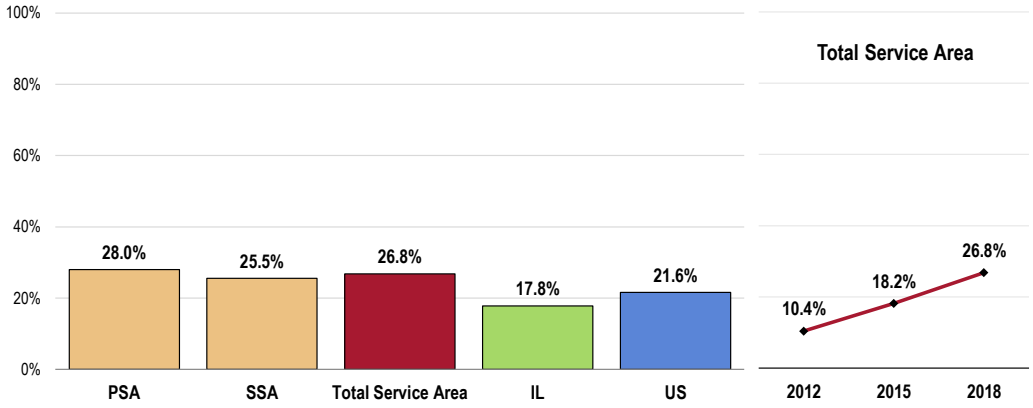
Depression

Diagnosed Depression

A total of 26.8% of area adults have been diagnosed by a physician as having a depressive disorder (depression, major depression, dysthymia, or minor depression).

- Worse than the Illinois prevalence.
- Similar to the national finding.
- Statistically similar by service area.
- TREND: Marks a statistically significant increase since 2012.

Have Been Diagnosed With a Depressive Disorder



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

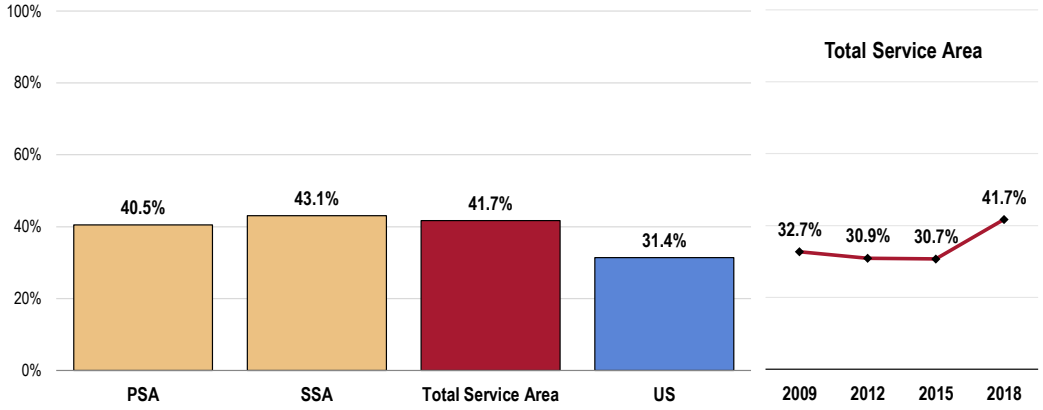
Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 41.7% of Total Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Well above the US figure.
- Similar by service area.
- TREND: Denotes a statistically significant increase over previous survey findings.

Have Experienced Symptoms of Chronic Depression



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

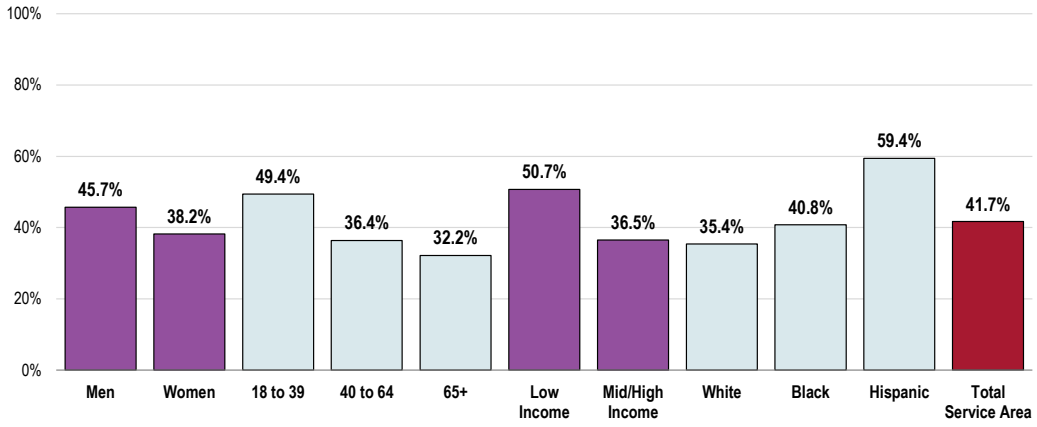
Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

- Adults under age 65 (correlates directly with age).
- Adults with lower incomes.
- Hispanics.

Have Experienced Symptoms of Chronic Depression

(Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

Just over one-third of Total Service Area adults considers a typical day to be "not very stressful" (24.3%) or "not at all stressful" (10.4%).

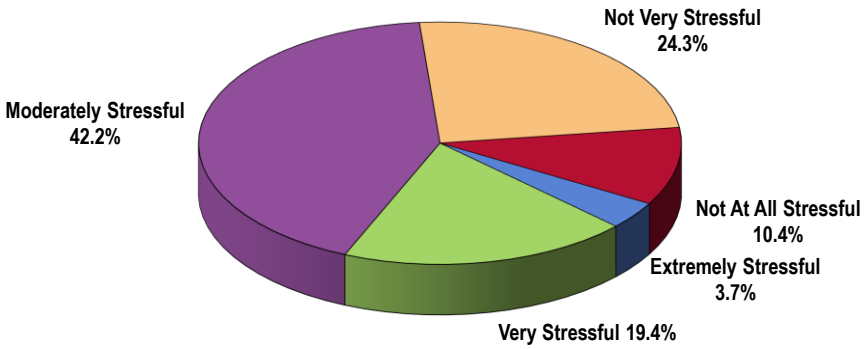
RELATED ISSUE:

See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

- Another 42.2% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day

(Total Service Area, 2018)

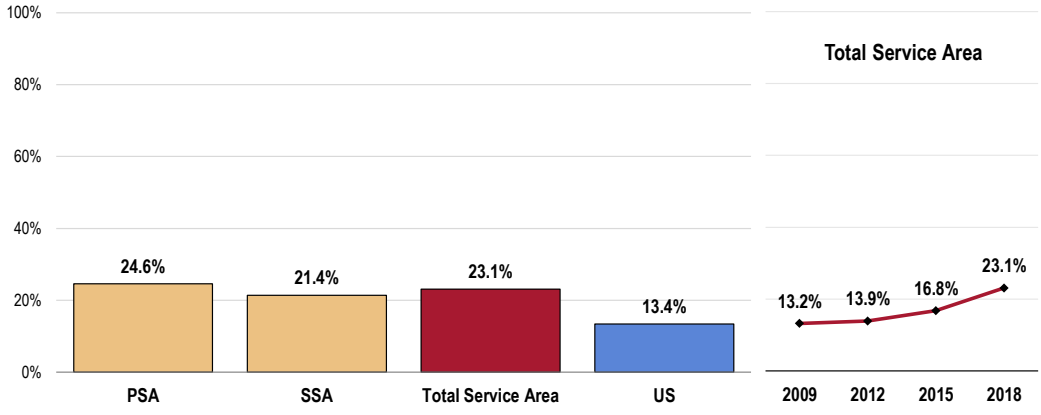


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: • Asked of all respondents.

In contrast, 23.1% of Total Service Area adults experience "very" or "extremely" stressful days on a regular basis.

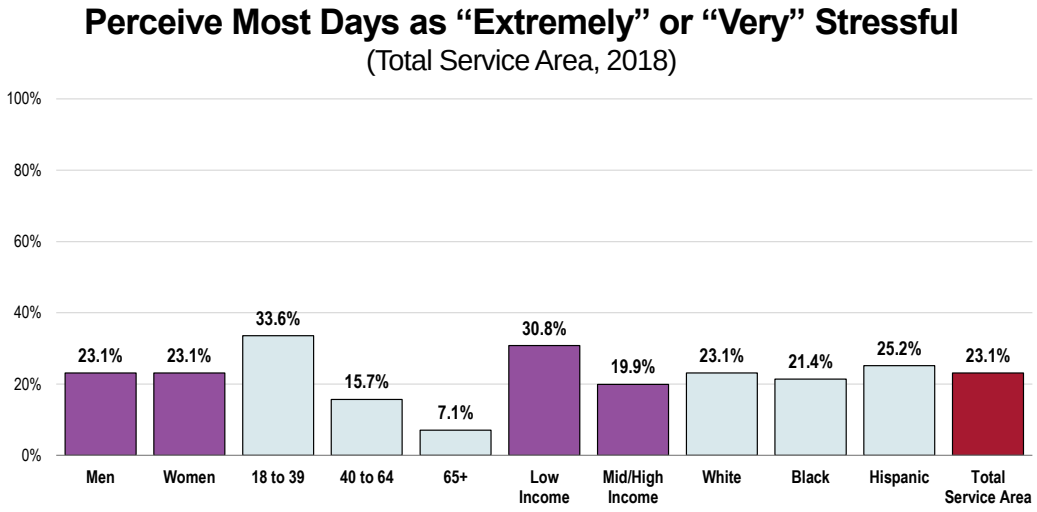
- Higher than national findings.
- Similar percentages by service area.
- TREND: Marks a statistically significant increase over time.

Perceive Most Days As "Extremely" or "Very" Stressful



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Note that high stress levels correlate with age among Total Service Area adults.



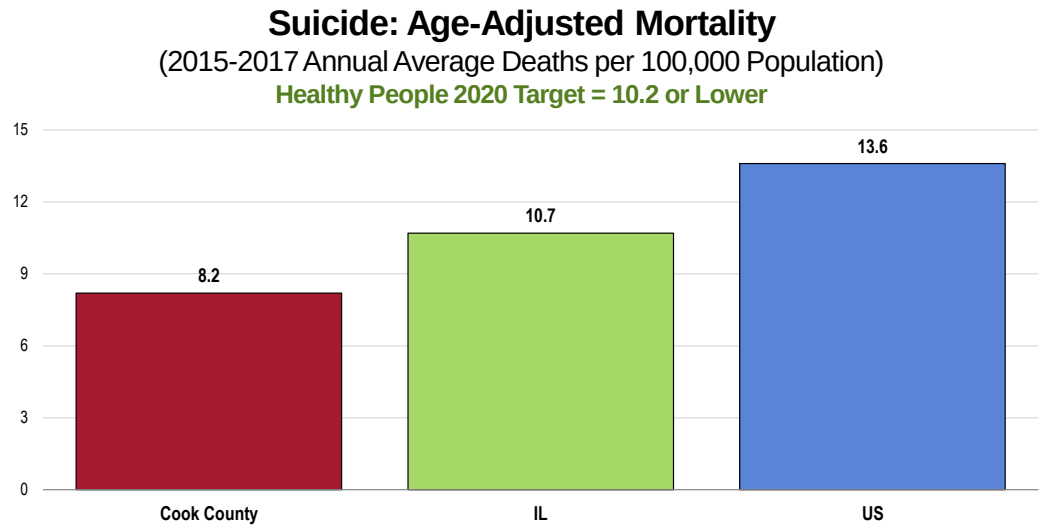
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide

Between 2015 and 2017, Cook County reported an annual average age-adjusted suicide rate of 8.2 per 100,000 population.

- Lower than the statewide and US rates.
- Satisfies the Healthy People 2020 target of 10.2 or lower.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

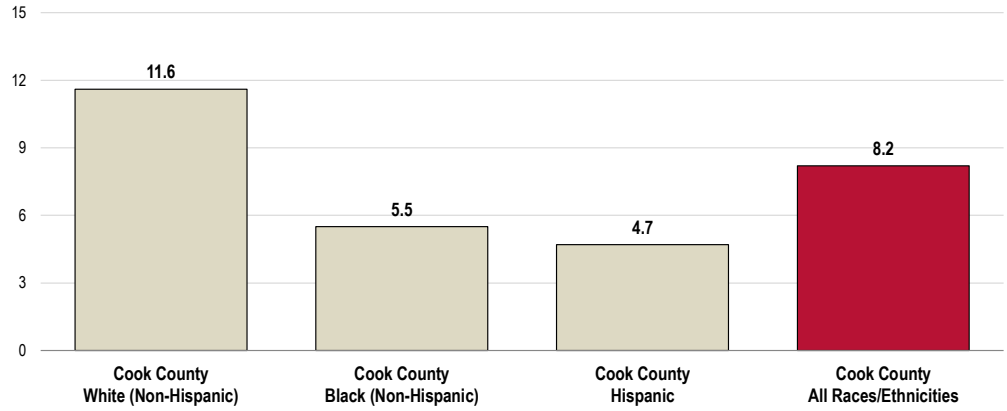
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The Cook County suicide rate is much higher among Non-Hispanic Whites than among Non-Hispanic Blacks and Hispanics.

Suicide: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

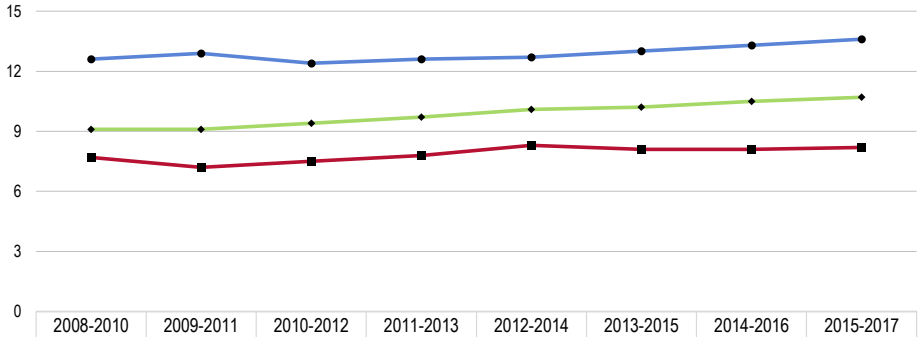
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The Cook County suicide rate has been largely stable in recent year; in contrast, the Illinois and US suicide rates have trended upward.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Cook County	7.7	7.2	7.5	7.8	8.3	8.1	8.1	8.2
IL	9.1	9.1	9.4	9.7	10.1	10.2	10.5	10.7
US	12.6	12.9	12.4	12.6	12.7	13.0	13.3	13.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

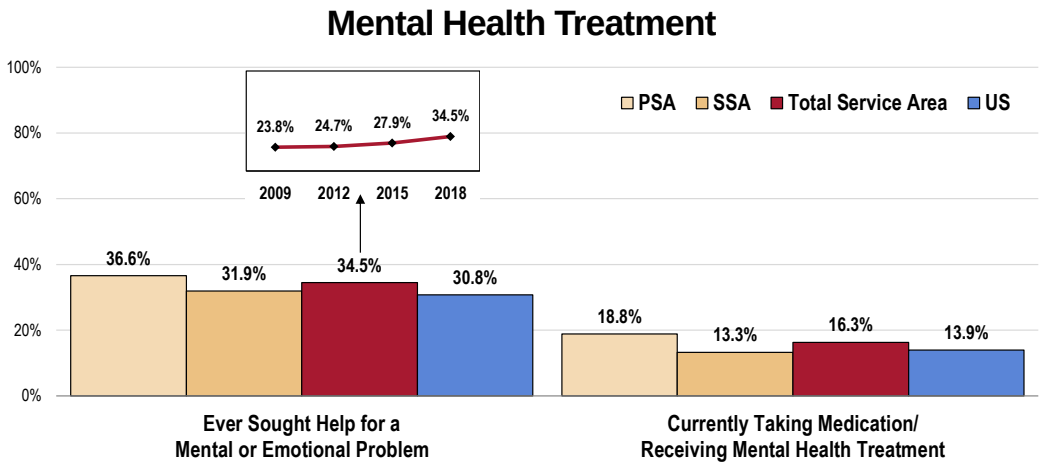
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

A total of 34.5% of Total Service Area adults acknowledge having ever sought professional help for a mental or emotional problem.

A total of 16.3% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- Compared to national findings, both indicators are comparable.
- Statistically similar findings by service area.
- TREND: The percentage of survey respondents who have sought professional help has increased significantly since 2009.



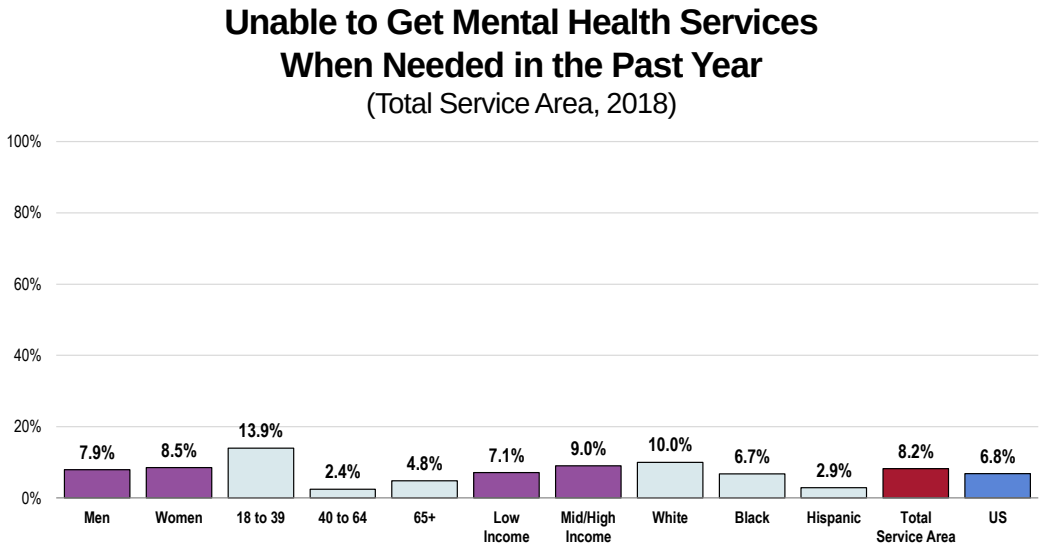
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects the total sample of respondents.

Difficulty Accessing Mental Health Services

A total of 8.2% of Total Service Area adults report a time in the past year when they needed mental health services, but were not able to get them.

- Similar to the national finding.
- Statistically similar by service area (not shown).
- Access difficulty is notably more prevalent among young adults (under age 40) and Whites in the service area.



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among the small sample of persons citing difficulties accessing mental health services in the past year, these are predominantly attributed to **personal preference**, **cost/insurance** issues, and **availability**.

Sleep

Sleep

Sleep is an important part of good health, but an estimated 35% of US adults do not get enough sleep. Approximately 83 million US adults report usually sleeping less than 7 hours in a 24-hour period. According to professional sleep societies, adults aged 18 to 60 years should sleep at least 7 hours each night for the best health and wellness.

Sleeping less than 7 hours per night is linked to increased risk of chronic diseases such as diabetes, stroke, high blood pressure, heart disease, obesity, and poor mental health, as well as early death. Not getting the recommended amount of sleep can affect one's ability to make good decisions and increases the chances of motor vehicle crashes.

Habits for improving sleep health can include:

- Be consistent. Go to bed at the same time each night and get up at the same time each morning, including on the weekends.
- Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature.
- Remove electronic devices, such as TVs, computers, and smart phones, from the bedroom.
- Avoid large meals, caffeine, and alcohol before bedtime.
- Avoid tobacco/nicotine.
- Get some exercise. Being physically active during the day can help you fall asleep more easily at night.

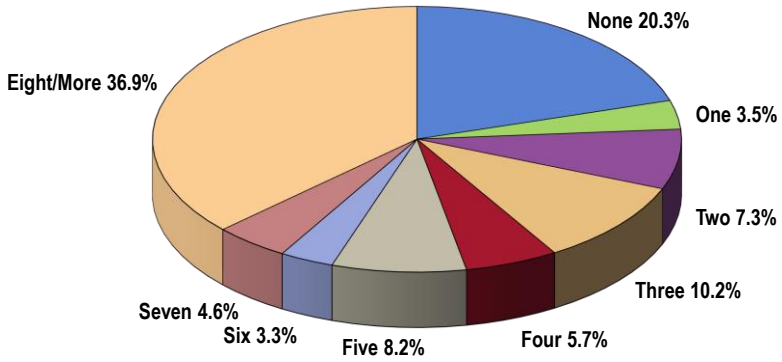
— Institute of Medicine (US) Committee on Sleep Medicine and Research; 2014 Behavioral Risk Factor Surveillance System (BRFSS), CDC

When asked about the number of nights in the past month on which survey respondents did not get enough sleep, 68.9% reported experiencing three or more such nights.

- The percentage includes 36.9% of survey respondents who report eight or more nights in the past month on which they did not sleep enough.

Number of Days in the Past Month Without Enough Sleep

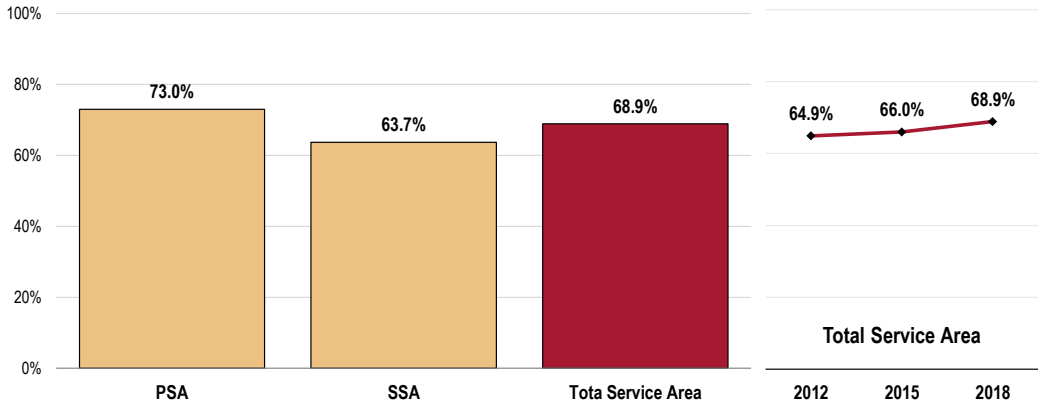
(Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
Notes: • Asked of all respondents.

- The percentage of survey respondents reporting three or more days in the past month without enough sleep is statistically similar by service area.
- TREND: The percentage is statistically unchanged over time.

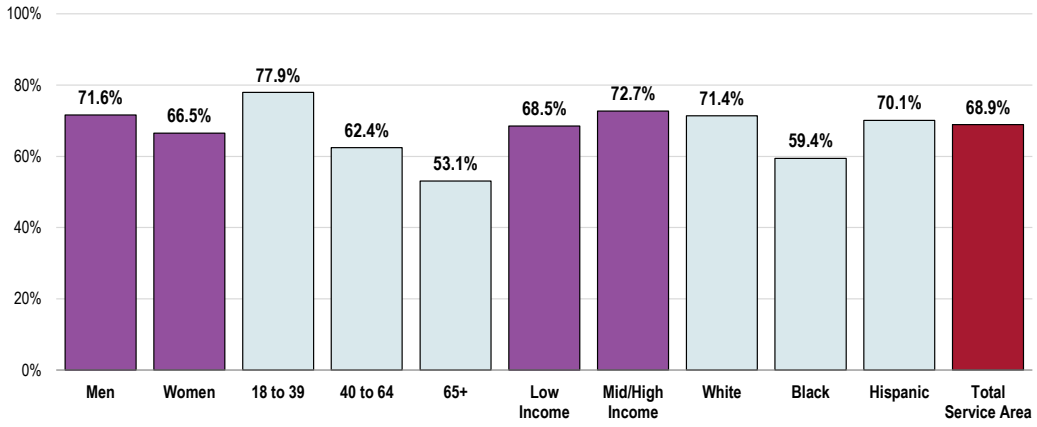
Had 3+ Days in the Past Month Without Enough Sleep



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 323]
Notes: ● Asked of all respondents.

- Note the correlation between age and sleep in the Total Service Area.

Had 3+ Days in the Past Month Without Enough Sleep
(Total Service Area, 2018)

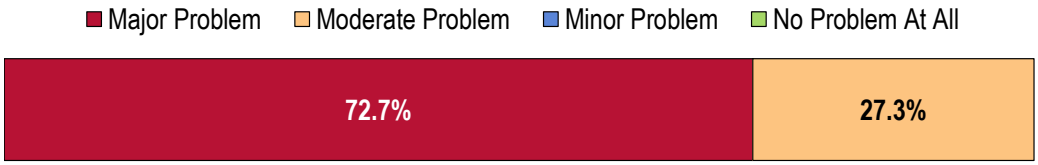


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 323]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health as a Problem in the Community
(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> *Inadequate psychiatry services and a lack of knowledge about how to access services. – Public Health Representative*
>
> *The biggest challenge is accessing high quality, low-cost mental health services. – Other Health Provider*
>
> *What is needed is a network of inpatient behavioral units. – Other Health Provider*
>
> *Preventative care is a major challenge. Clients can be seen when they are in crisis, but getting them regular access to psychiatry, counseling/therapy, etc. can be very challenging. Many providers don't seem sensitive to the needs of our population (history of homelessness, substance use, and/or people who may have very little social support). Clients who are depressed often lack the motivation to attend appointments, so bringing counseling sessions to them in the community would be a huge help. – Other Health Provider*
>
> *Access to psychiatry is a constant stress. Access to therapy services also challenging for Medicaid in general. – Other Health Provider*

Disease Management

> *Lack of continued care. A revolving door that only treats immediate crisis and does not provide any continuity. – Other Health Provider*

Contributing Factors

> *Many low-income and chronically homeless individuals suffer from mental health problems in Uptown. – Community Leader*

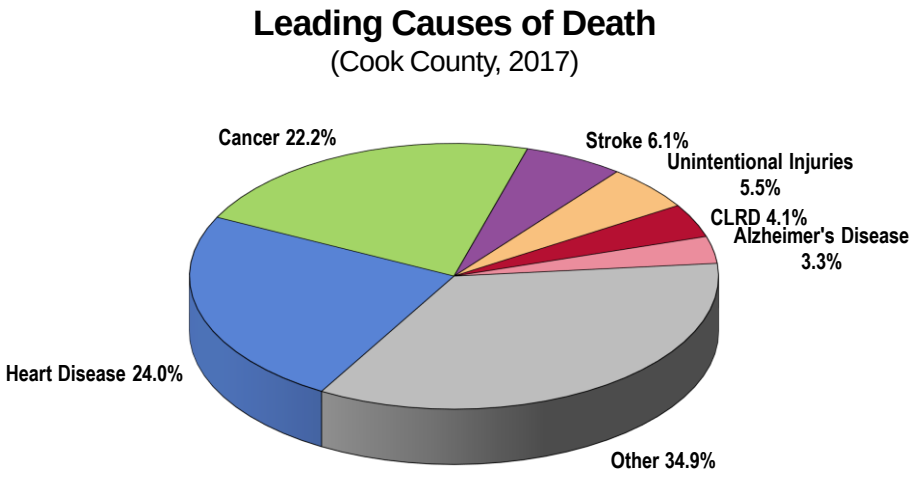
Death, Disease & Chronic Conditions

Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for over one-half of all deaths in Cook County in 2017.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, Illinois and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2015-2017 annual average age-adjusted death rates per 100,000 population for selected causes of death in Cook County.

Each of these is discussed in greater detail in subsequent sections of this report.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Age-Adjusted Death Rates for Selected Causes

(2015-2017 Deaths per 100,000 Population)

	Cook County	Illinois	US	HP2020
Diseases of the Heart	171.0	166.8	166.3	156.9*
Malignant Neoplasms (Cancers)	162.9	163.0	155.6	161.4
Cerebrovascular Disease (Stroke)	40.2	38.4	37.5	34.8
Fall-Related Deaths (65+)	36.4	47.3	62.1	47.0
Unintentional Injuries	36.0	40.4	46.7	36.4
Chronic Lower Respiratory Disease (CLRD)	28.9	38.0	41.0	n/a
Alzheimer's Disease	23.3	25.1	30.2	n/a
Diabetes Mellitus	20.4	19.0	21.3	20.5*
Drug-Induced	17.4	16.3	16.7	11.3
Kidney Diseases	16.4	17.0	13.2	n/a
Firearm-Related	15.6	11.1	11.6	9.3
Pneumonia/Influenza	15.3	15.3	14.3	n/a
Homicide	14.7	8.4	6.0	5.5
Cirrhosis/Liver Disease	9.0	9.1	10.8	8.2
Intentional Self-Harm (Suicide)	8.2	10.7	13.6	10.2
Motor Vehicle Deaths	6.0	8.4	11.4	12.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

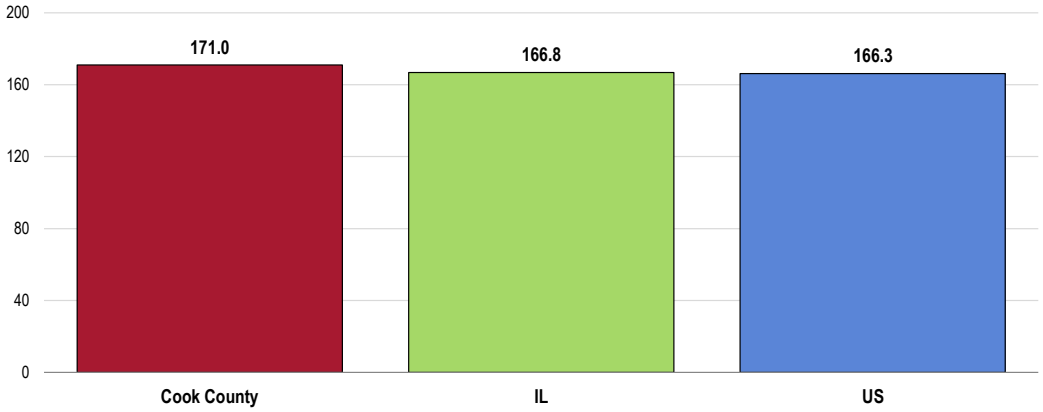
Between 2015 and 2017, there was an annual average age-adjusted heart disease mortality rate of 171.0 deaths per 100,000 population in Cook County.

- Similar to the statewide and national rates.
- Similar to the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).

Heart Disease: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

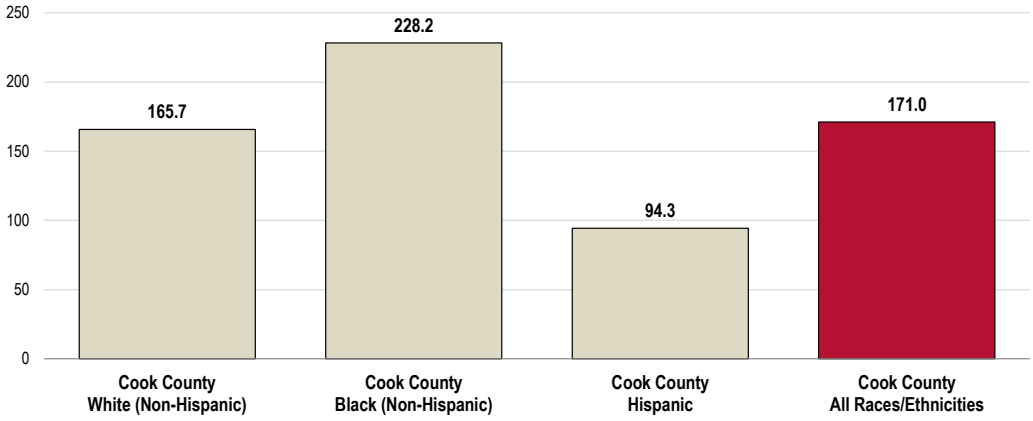
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- By race, the Cook County heart disease mortality rate is notably higher among Blacks when compared with Whites and Hispanics.

Heart Disease: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

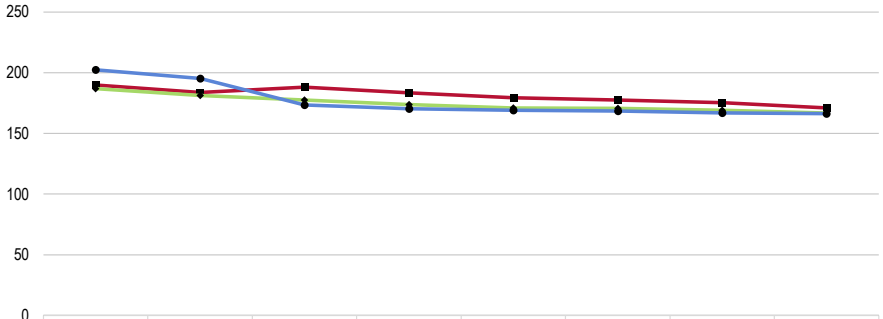
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- TREND: Death rates are slowly declining in Cook County as well as across Illinois and the US overall.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Cook County	189.9	183.7	188.1	183.4	179.5	177.4	175.2	171.0
IL	186.9	181.3	177.5	173.9	171.1	170.7	169.0	166.8
US	202.4	195.2	173.4	170.3	169.1	168.4	167.0	166.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

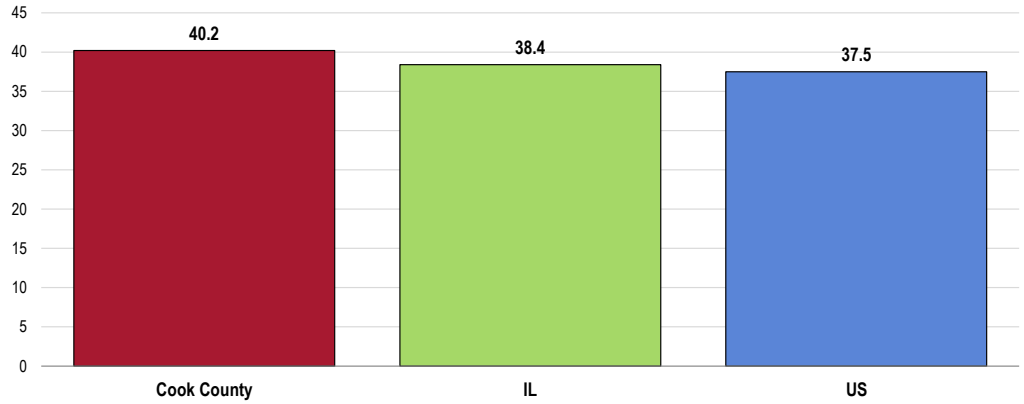
Between 2015 and 2017, Cook County reported an annual average age-adjusted stroke mortality rate of 40.2 deaths per 100,000 population.

- Similar to the Illinois and national rates.
- Similar to the Healthy People 2020 target of 34.8 or lower.

Stroke: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

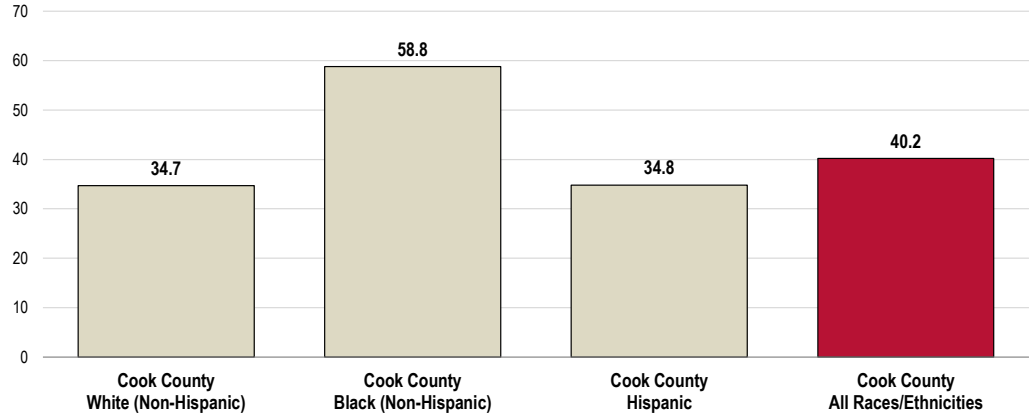
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- Stroke mortality is notably higher among Blacks in Cook County.

Stroke: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

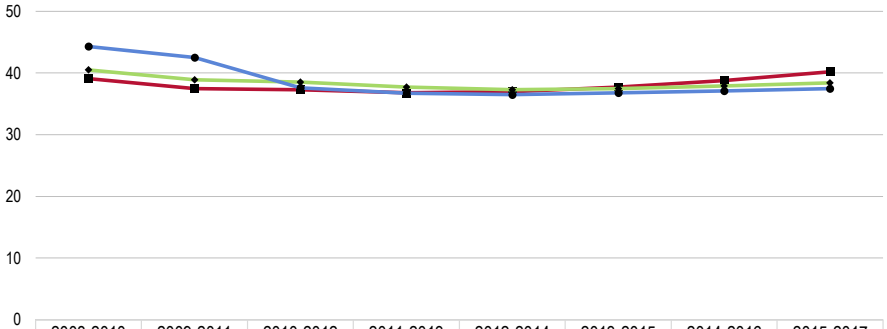
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The stroke rate has been stable in recent years, echoing the trends reported statewide and nationally.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Cook County	39.1	37.5	37.3	36.8	37.0	37.7	38.8	40.2
IL	40.5	38.9	38.5	37.7	37.3	37.5	37.9	38.4
US	44.3	42.5	37.6	36.7	36.5	36.8	37.1	37.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

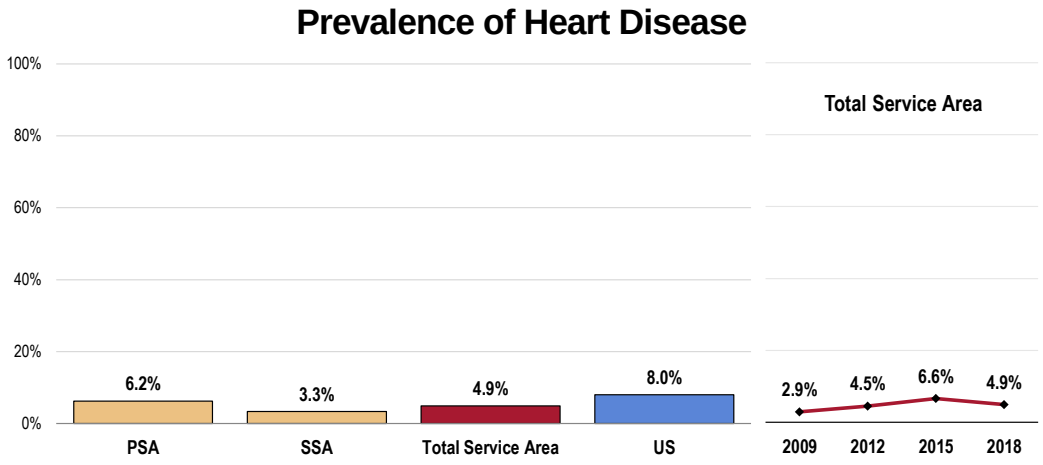
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 4.9% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

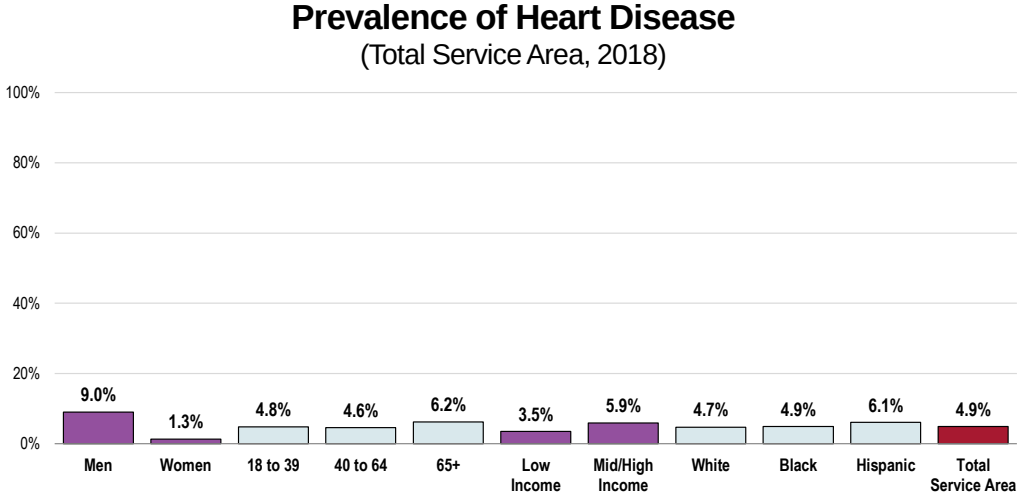
- Lower than the national prevalence.
- Similar findings by service area.
- TREND: Statistically unchanged since 2009.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

- Service area men are more likely to have been diagnosed with chronic heart disease.



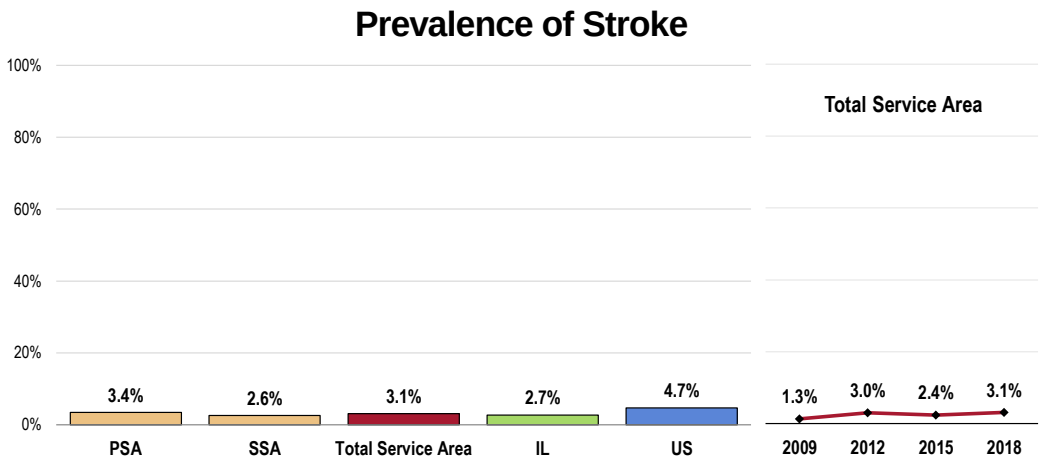
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 3.1% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide and national findings.
- Similar by service area.
- TREND: Statistically unchanged over time.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

— Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure

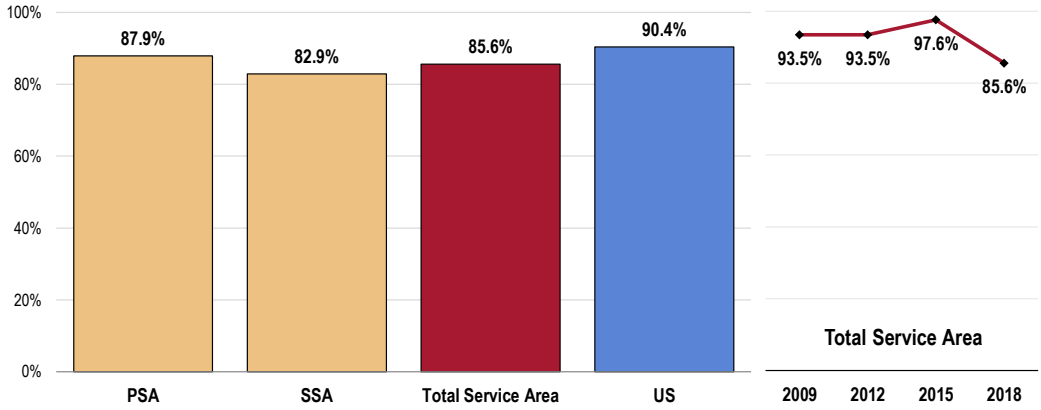
High Blood Pressure Testing

A total of 85.6% of Total Service Area adults have had their blood pressure tested within the past two years.

- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target (92.6% or higher).
- Similar findings by service area.
- TREND: Marks a statistically significant decrease from previous survey results.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure

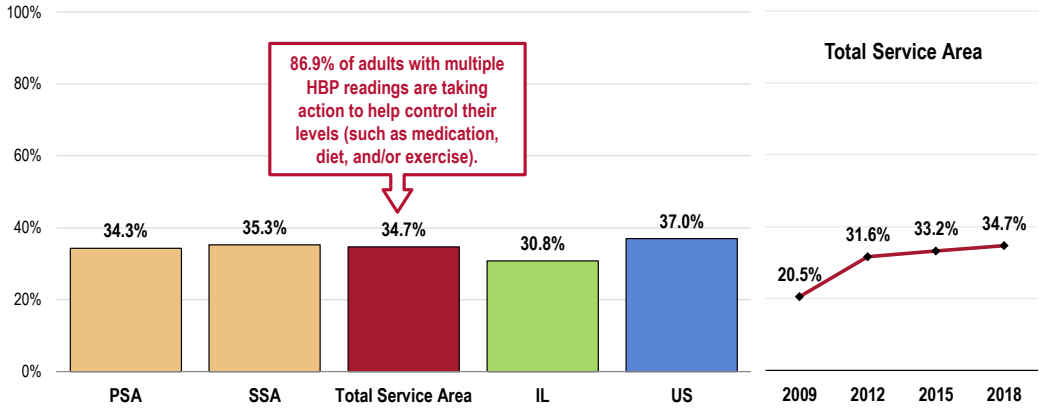
A total of 34.7% of Total Service Area adults have been told at some point that their blood pressure was high.

- Similar to state and US percentages.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- TREND: Marks a statistically significant increase from 2009 survey findings.

Among adults with multiple high blood pressure readings, 86.9% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 41, 129]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

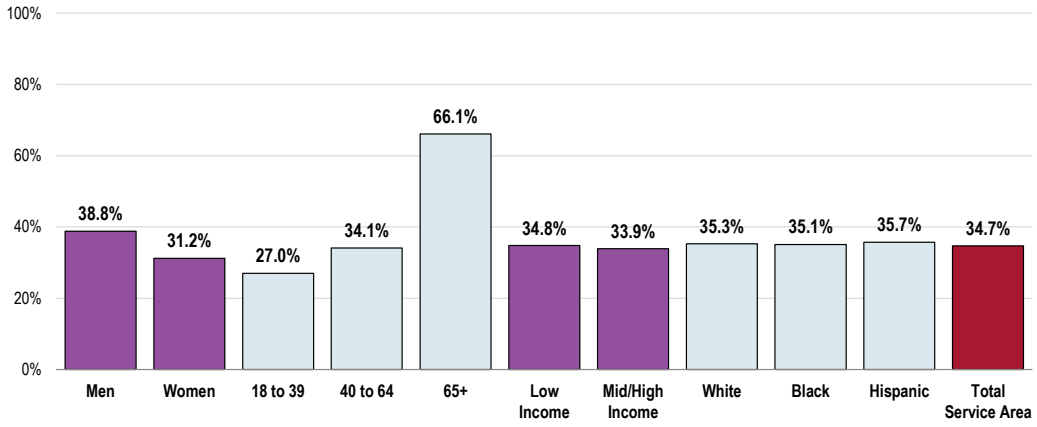
Notes:
- Asked of all respondents.

- High blood pressure is notably higher among seniors in the Total Service Area.

Prevalence of High Blood Pressure

(Total Service Area, 2018)

Healthy People 2020 Target = 26.9% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Blood Cholesterol

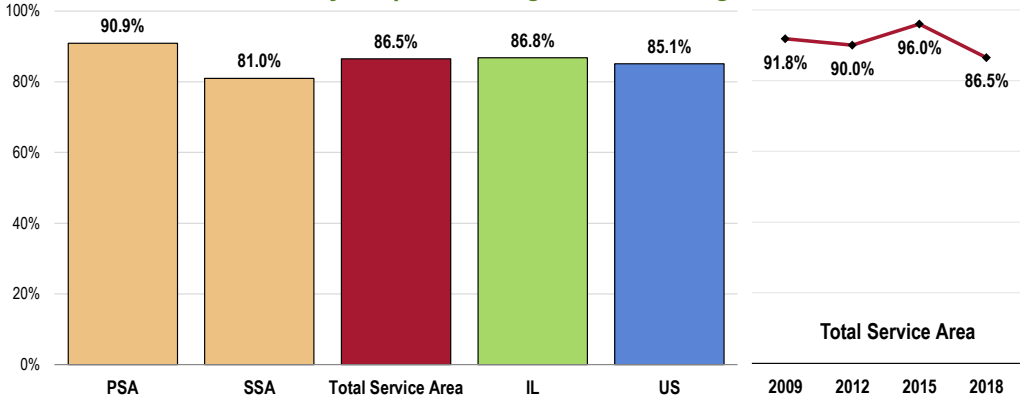
Blood Cholesterol Testing

A total of 86.5% of adults had their blood cholesterol checked in the past five years.

- Comparable to Illinois and US findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- The percentage is higher in the Primary Service Area.
- TREND: Denotes a statistically significant decrease from previous survey findings.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.

Prevalence of High Blood Cholesterol

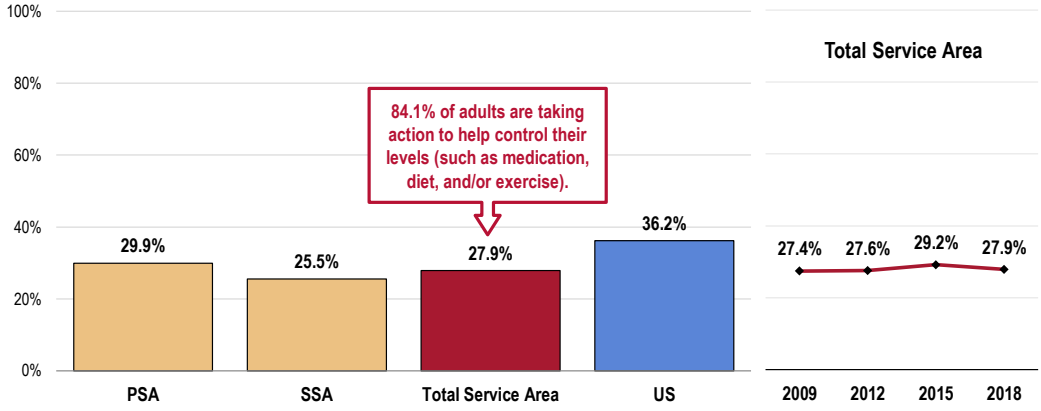
A total of 27.9% of adults have been told by a health professional that their cholesterol level was high.

- Lower than the national prevalence.
- Twice the Healthy People 2020 target (13.5% or lower).
- Similar findings by service area.
- TREND: Statistically unchanged since 2009.

Among adults with high blood cholesterol readings, 84.1% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 44, 130]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.

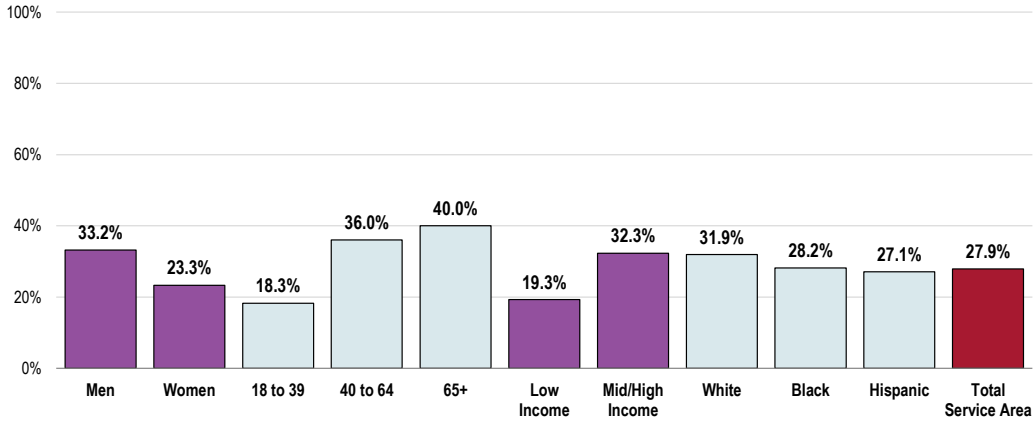
Further note the following:

- Men in the service area are more likely than women to report being diagnose with high blood cholesterol.
- There is a positive correlation between age and high blood cholesterol.
- There is a higher prevalence among higher-income adults.

Prevalence of High Blood Cholesterol

(Total Service Area, 2018)

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

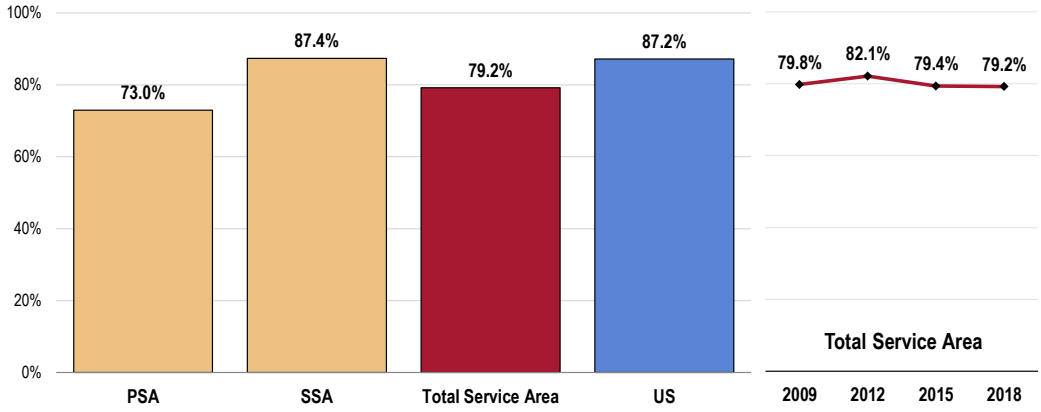
Total Cardiovascular Risk

RELATED ISSUE:
See also *Nutrition*, *Physical Activity*, *Weight Status*, and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

A total of 79.2% of Total Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Notably lower than national findings.
- Unfavorably high in the Secondary Service Area.
- TREND: Statistically similar to the 2009 findings.

Present One or More Cardiovascular Risks or Behaviors



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

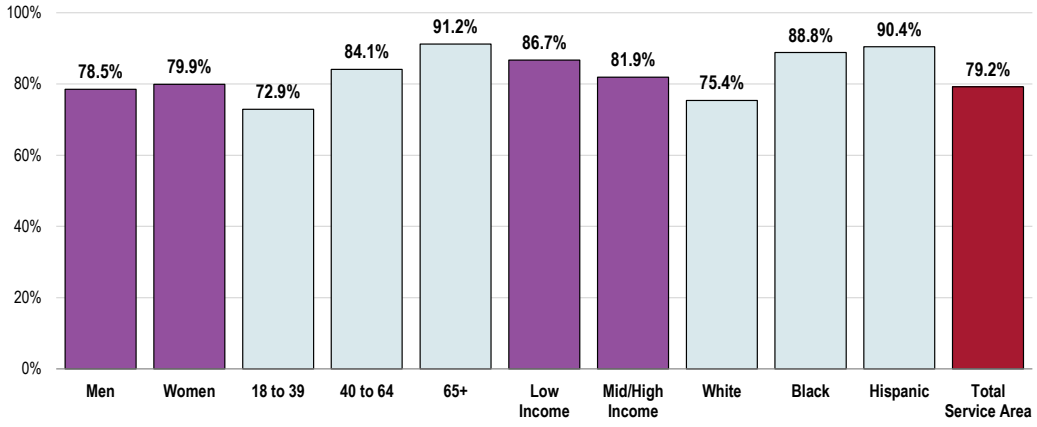
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Adults age 40 and older, especially Seniors (age 65+).
- Blacks and Hispanics.

Present One or More Cardiovascular Risks or Behaviors

(Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]

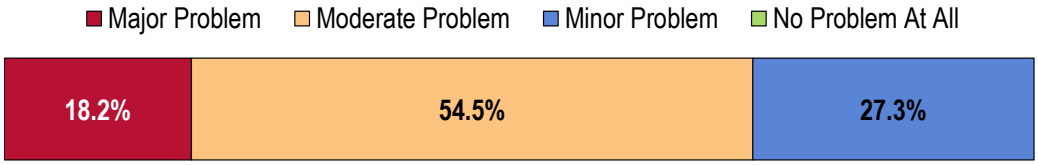
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

Over half of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevention

> *I believe there are many ways that these health conditions can be prevented, yet they still remain very high on the list of causes of death. – Other Health Provider*

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2015 and 2017, there was an annual average age-adjusted cancer mortality rate of 162.9 deaths per 100,000 population in Cook County.

- Similar to the statewide and national rates.
- Similar to the Healthy People 2020 target of 161.4 or lower.

Cancer: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

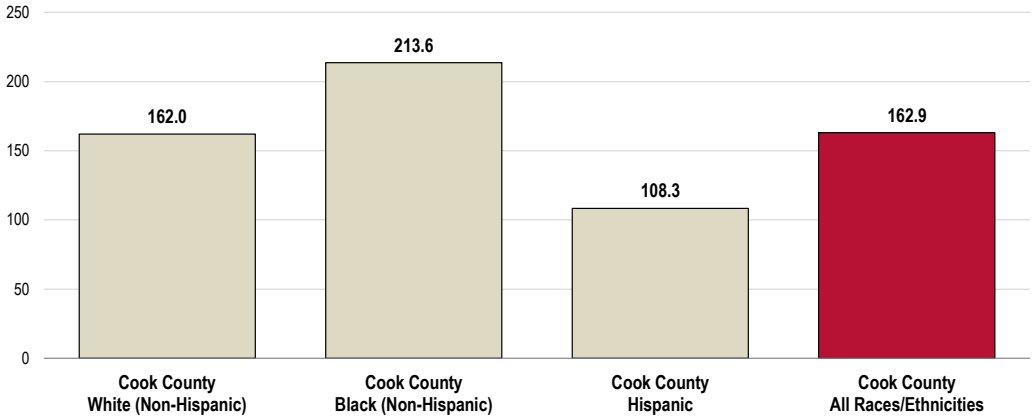
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The cancer mortality rate is notably higher among Cook County Blacks.

Cancer: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

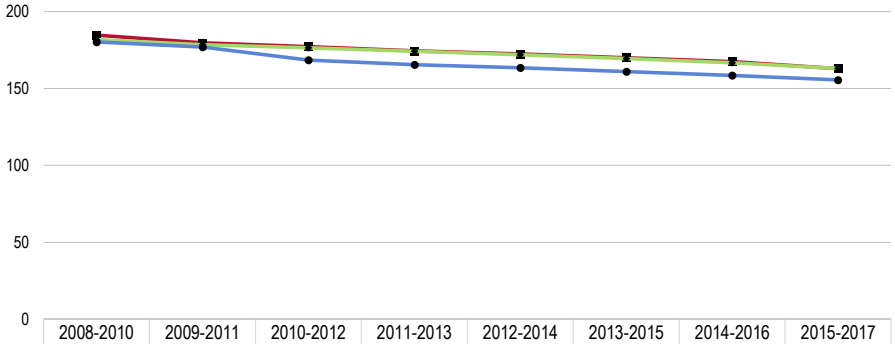
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Stroke mortality is slowly decreasing over time.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Cook County	184.7	179.7	177.2	174.5	172.4	170.1	167.4	162.9
IL	181.8	178.4	176.4	174.2	172.1	169.5	166.7	163.0
US	180.3	177.0	168.6	165.4	163.6	161.0	158.5	155.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is by far the leading cause of Cook County cancer deaths.

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both sexes).

As evident in the following chart (referencing 2015-2017 annual average age-adjusted death rates):

- Each of the Cook County cancer death rates is similar to both state and US death rates, with the exception of **prostate cancer** (the county rate is higher than the US rate).
- Note that each of the Cook County cancer death rates detailed in the following chart is similar to or satisfies the related Healthy People 2020 target.

Age-Adjusted Cancer Death Rates by Site

(2015-2017 Annual Average Deaths per 100,000 Population)

	Cook County	Illinois	US	HP2020
ALL CANCERS	162.9	163.0	155.6	161.4
Lung Cancer	37.5	41.3	38.5	45.5
Prostate Cancer	23.4	20.4	18.9	21.8
Female Breast Cancer	23.1	21.1	20.1	20.7
Colorectal Cancer	16.1	15.1	13.9	14.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted.

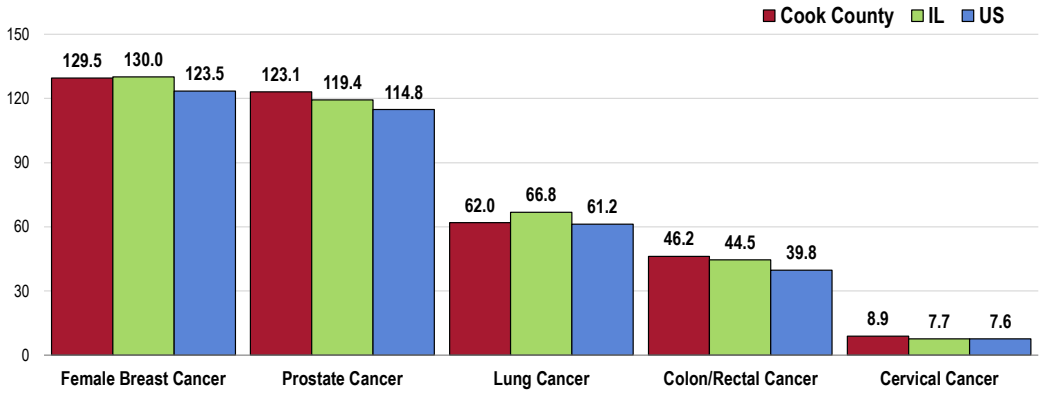
Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

Each of these 2010-2014 Cook County annual average age-adjusted cancer incidence rates shown is similar to Illinois and US rates.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2010-2014)



Sources:
- State Cancer Profiles.
- Retrieved January 2019 from Community Commons at http://www.chna.org.

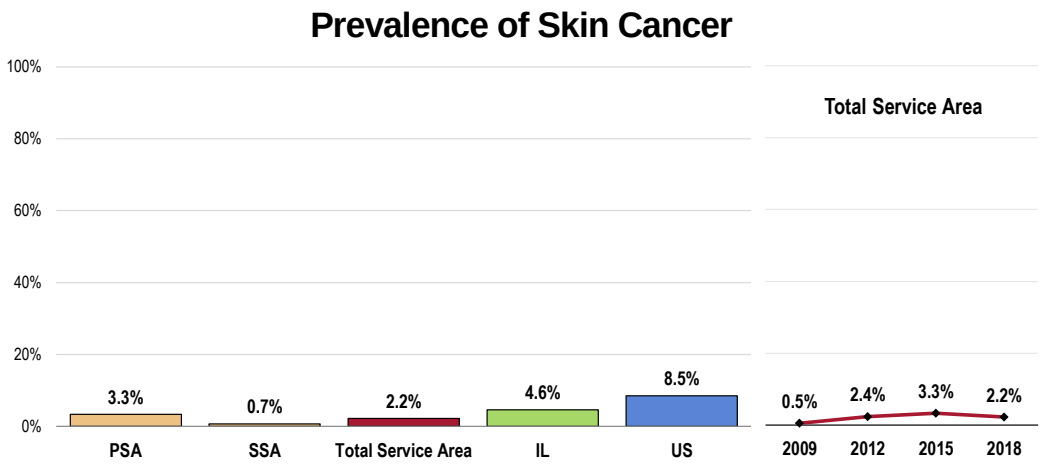
Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Prevalence of Cancer

Skin Cancer

A total of 2.2% of surveyed Total Service Area adults report having been diagnosed with skin cancer.

- Well below the state and national figures.
- Similar findings by service area.
- TREND: The prevalence of skin cancer has remained statistically unchanged over time.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

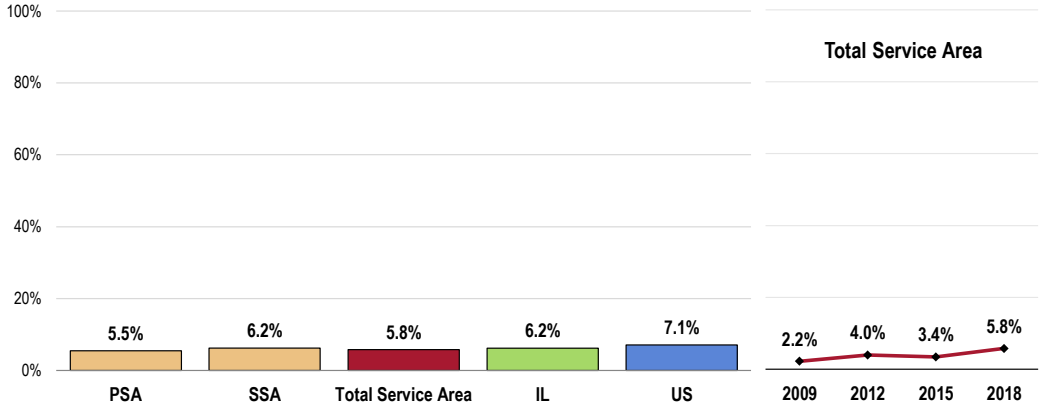
Notes:
- Asked of all respondents.

Other Cancer

A total of 5.8% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide and national percentages.
- Similar findings by service area.
- TREND: The prevalence of cancer has increased significantly over time.

Prevalence of Cancer (Other Than Skin Cancer)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

RELATED ISSUE:
See also *Nutrition*, *Physical Activity*, *Weight Status,* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

— US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Mammography

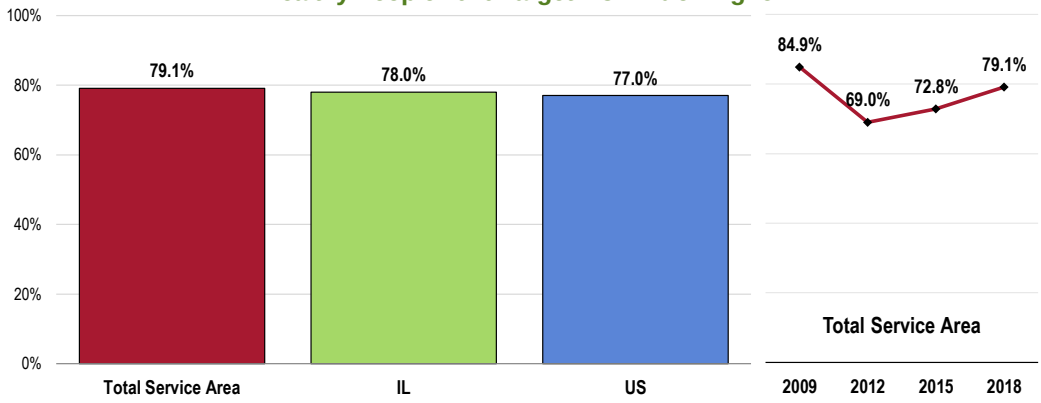
Among women age 50-74, 79.1% have had a mammogram within the past 2 years.

- Similar to statewide and national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- TREND: Statistically unchanged from 2009 survey results (though fluctuating over time).

Have Had a Mammogram in the Past Two Years

(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

— US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

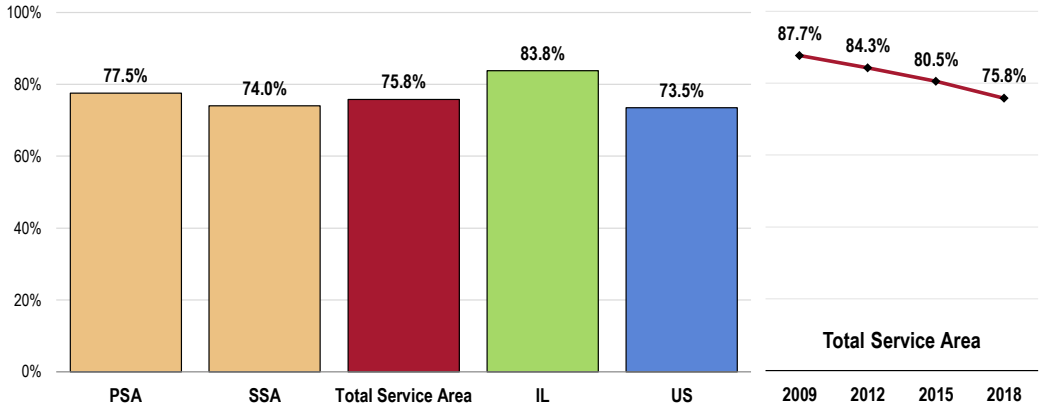
Among Total Service Area women age 21 to 65, 75.8% have had a Pap smear within the past 3 years.

- Lower than Illinois findings.
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Similar by service area
- TREND: Denotes a statistically significant decrease since 2009.

Have Had a Pap Smear in the Past Three Years

(Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21 to 65.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (fecal occult blood testing, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

— US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

Among adults age 50-75, 67.0% have had an appropriate colorectal cancer screening.

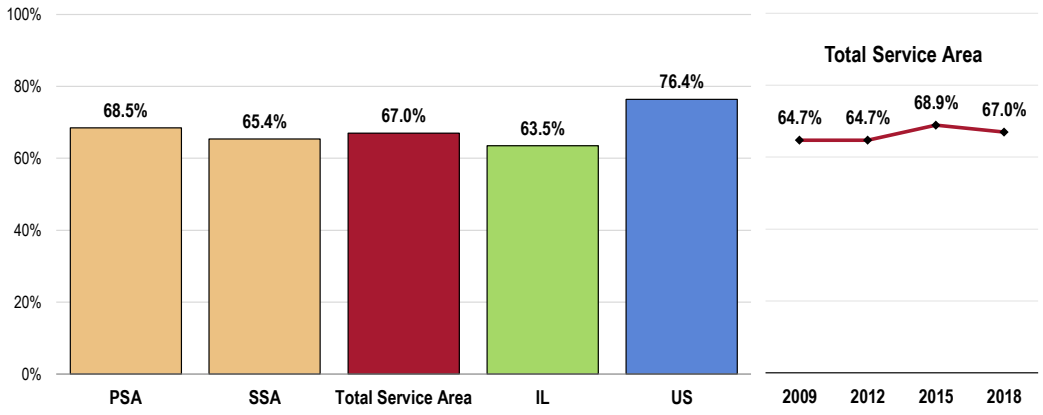
"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

- Similar to state findings.
- Lower than the US figure.
- Similar to the Healthy People 2020 target (70.5% or higher).
- Similar findings by service area.
- TREND: Statistically unchanged over time.

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

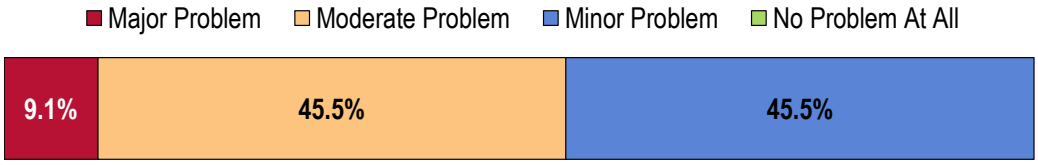
Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Key Informant Input: Cancer

Key informants were equally likely to characterize *Cancer* as a "moderate problem" and a "minor problem" in the community.

Perceptions of Cancer as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

> *I believe cancer is a widespread problem due to many individuals who have received the diagnosis. – Other Health Provider*

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

— Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

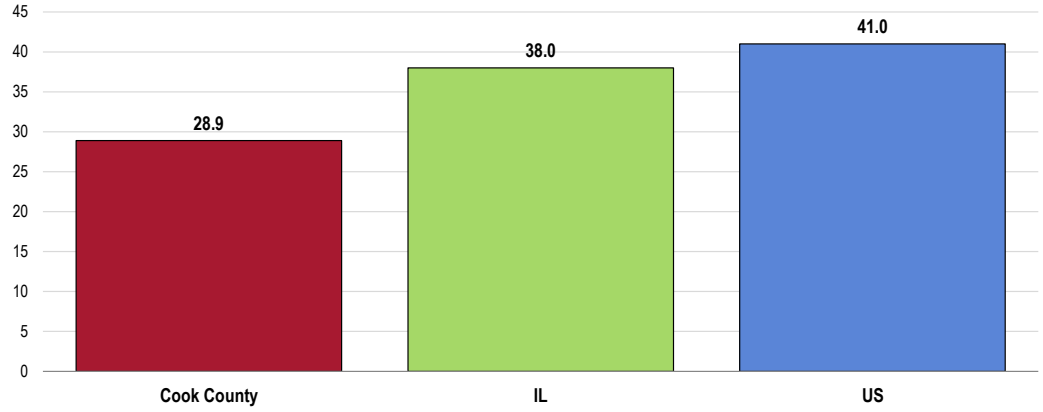
Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Between 2015 and 2017, Cook County reported an annual average age-adjusted CLRD mortality rate of 28.9 deaths per 100,000 population.

- Lower than found statewide and nationally.

CLRD: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)



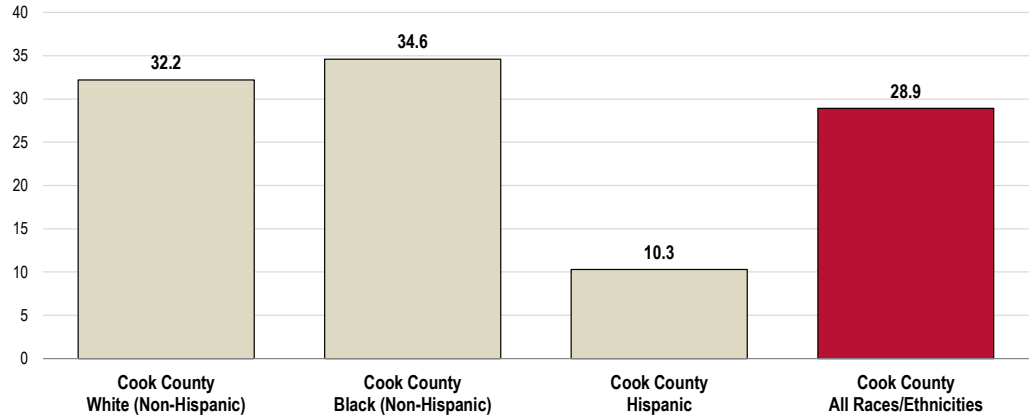
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

- CLRD mortality is notably lower among Cook County Hispanics.

CLRD: Age-Adjusted Mortality by Race

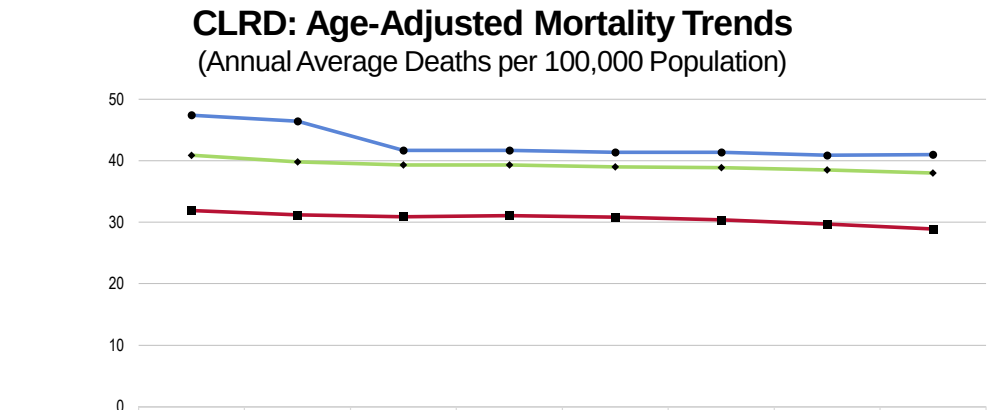
(2015-2017 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and. Informatics. Data extracted January 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

- TREND: CLRD mortality has been stable in recent years.



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Cook County	31.9	31.2	30.9	31.1	30.8	30.4	29.7	28.9
IL	40.9	39.8	39.3	39.3	39.0	38.9	38.5	38.0
US	47.4	46.4	41.7	41.7	41.4	41.4	40.9	41.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.

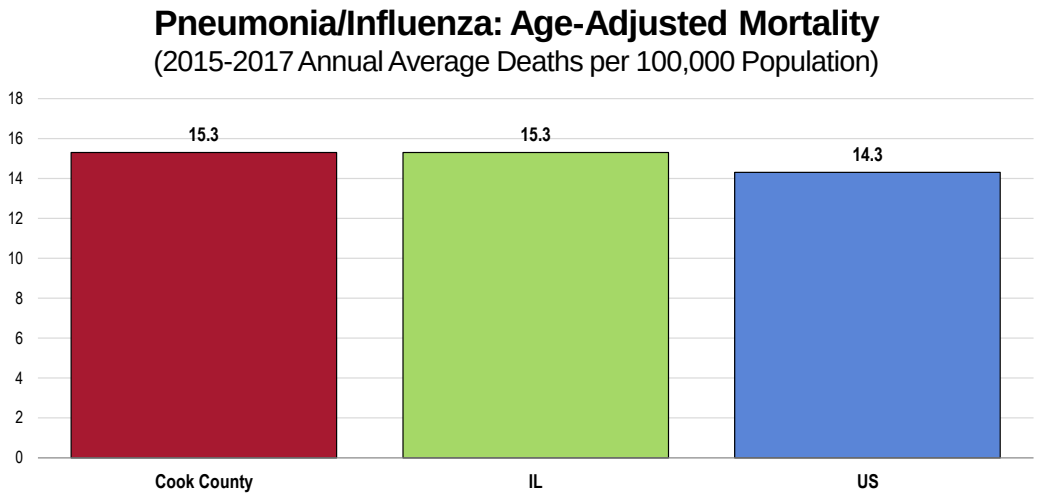
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

Between 2015 and 2017, Cook County reported an annual average age-adjusted pneumonia influenza mortality rate of 15.3 deaths per 100,000 population.

- Similar to that found statewide and nationally.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Diseases* in the **Infectious Disease** section of this report.



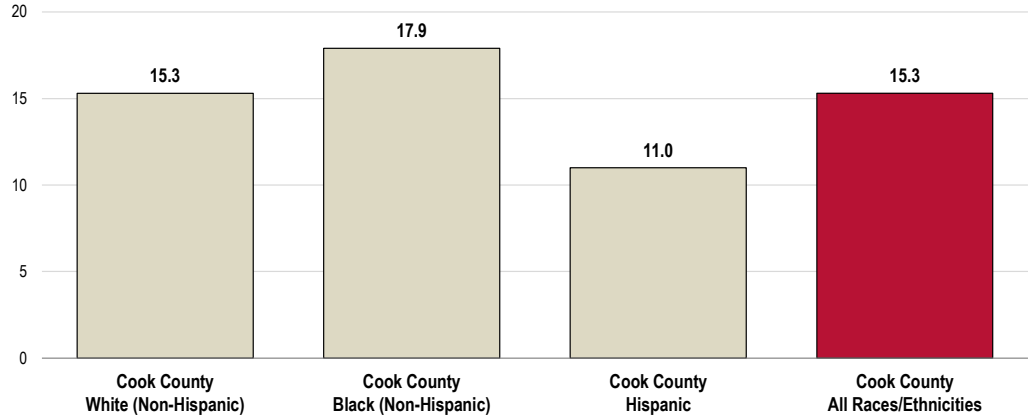
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The pneumonia/influenza mortality rate in the county is higher among the Black population.

Pneumonia/Influenza: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)



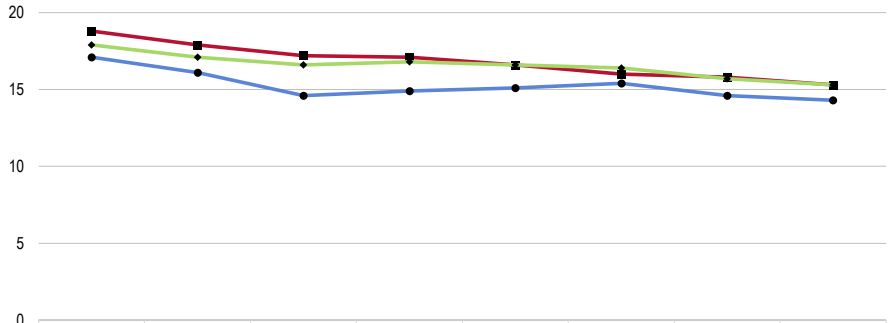
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The county's pneumonia/influenza mortality rate has decreased over time, echoing the state and national trends.

Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Cook County	18.8	17.9	17.2	17.1	16.6	16.0	15.8	15.3
IL	17.9	17.1	16.6	16.8	16.6	16.4	15.7	15.3
US	17.1	16.1	14.6	14.9	15.1	15.4	14.6	14.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Respiratory Disease

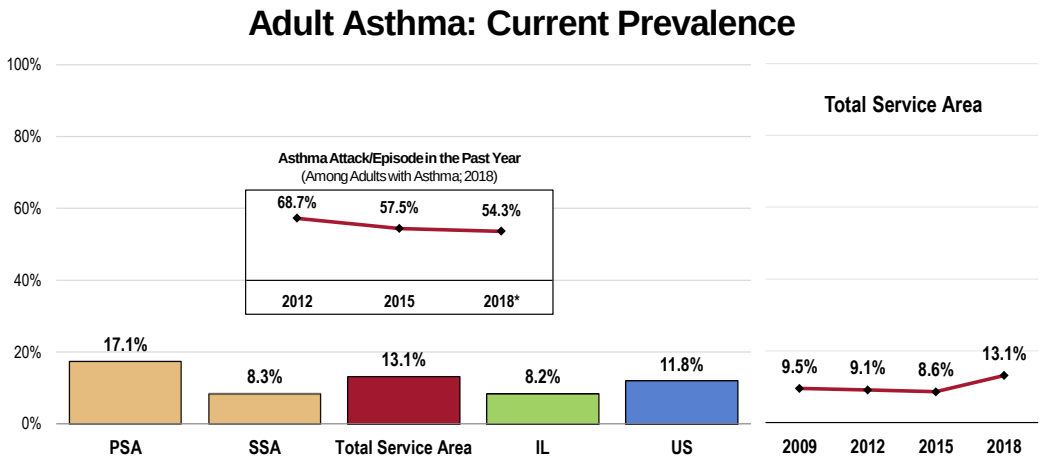
Asthma

Adults

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 13.1% of Total Service Area adults currently suffer from asthma.

- Well above the statewide prevalence.
- Similar to the national prevalence.
- Unfavorably high in the Primary Service Area.
- TREND: The prevalence of adults with current asthma has not changed significantly since 2009.
- Among the small number of survey respondents with asthma, 54.3% had an asthma attack/episode in the past year (statistically unchanged over time in the service area).

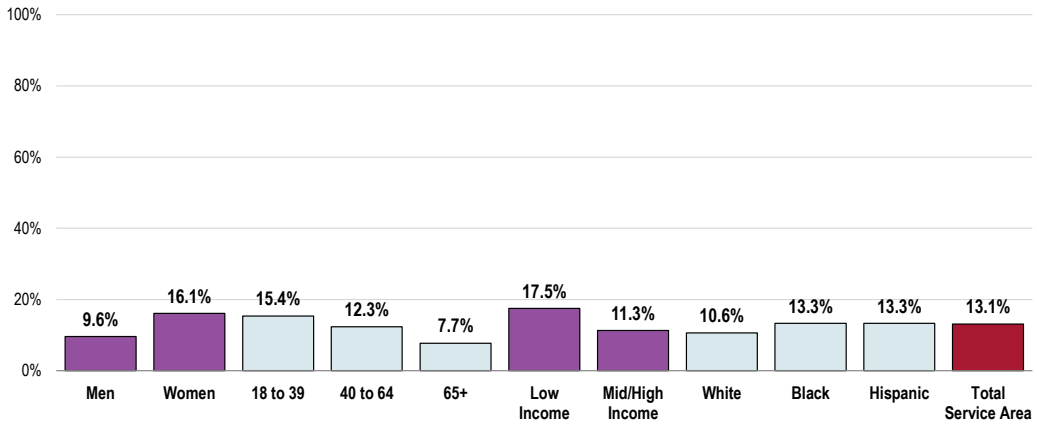


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma; *sample size is <50 (take caution when interpreting results).

- The local prevalence of asthma does not vary significantly by demographic characteristics.

Currently Have Asthma
(Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]

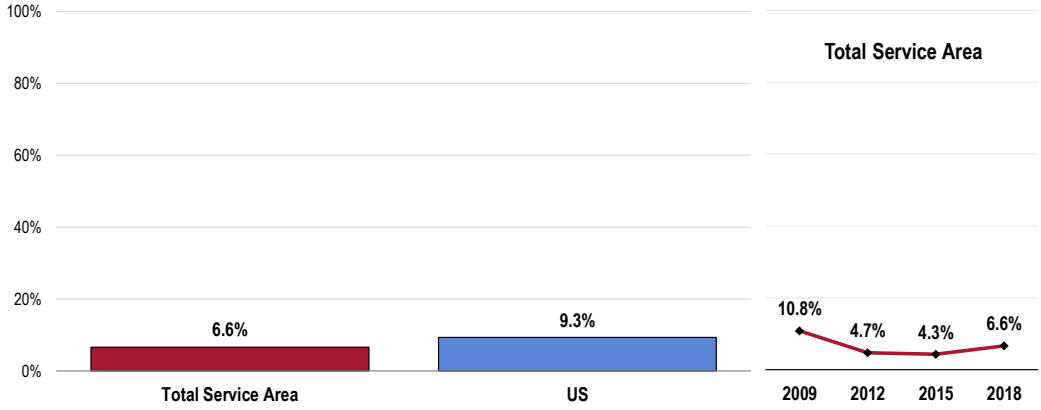
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Total Service Area children under age 18, 6.6% currently have asthma.

- Statistically similar to national findings.
- TREND: Statistically unchanged over time.

Childhood Asthma: Current Prevalence
(Among Parents of Children Age 0-17)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

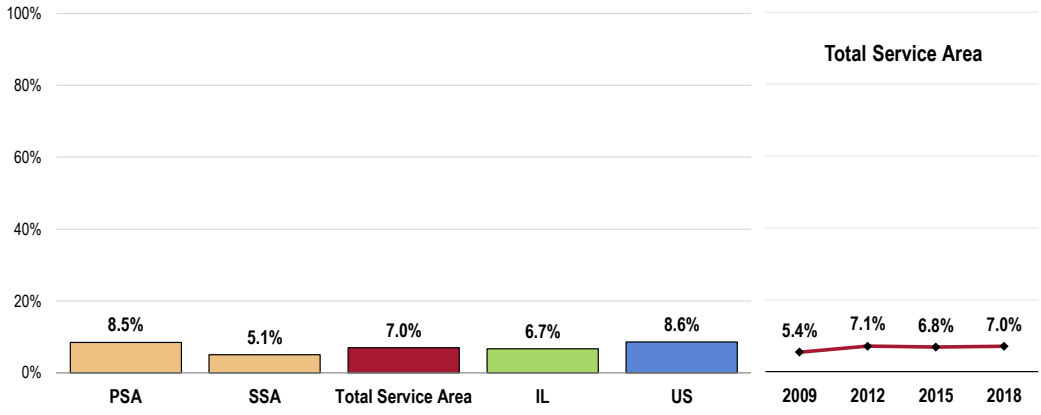
Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 7.0% of Total Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Similar to the state and national prevalence.
- Similar findings by service area.
- TREND: Statistically unchanged over time.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

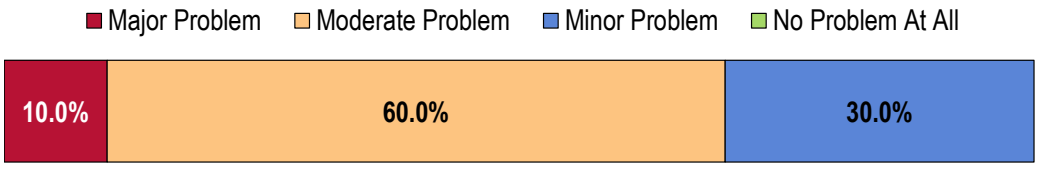
Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
- In 2009 and 2012 data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "moderate problem" in the community.

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

— Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

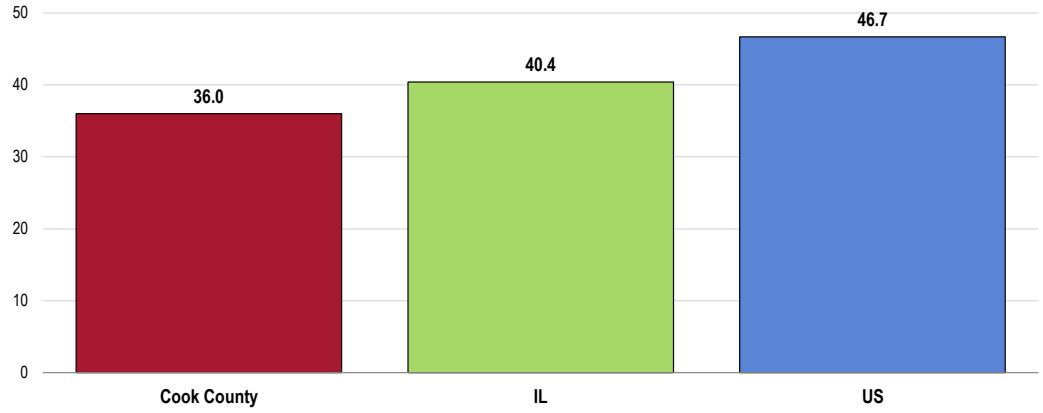
Between 2015 and 2017, there was an annual average age-adjusted unintentional injury mortality rate of 36.0 deaths per 100,000 population in the county.

- Similar to the Illinois rate.
- Lower than the national rate.
- Nearly identical to the Healthy People 2020 target (36.4 or lower).

Unintentional Injuries: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

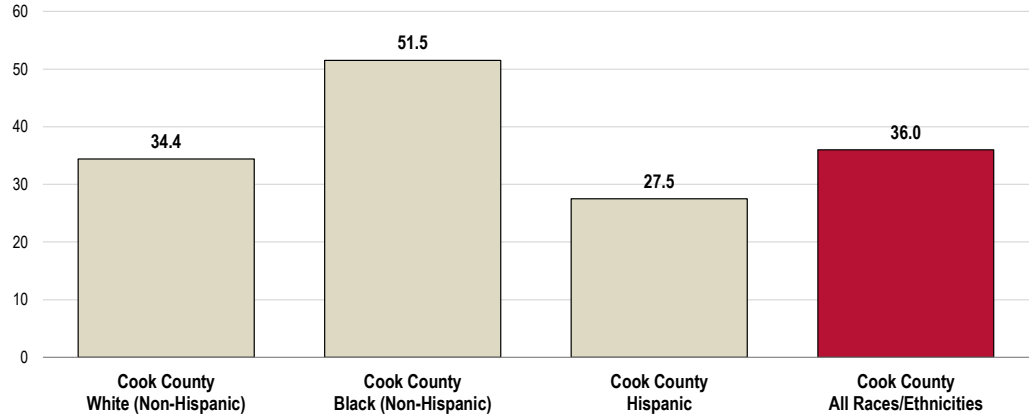
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The mortality rate is notably higher among Blacks in Cook County.

Unintentional Injuries: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

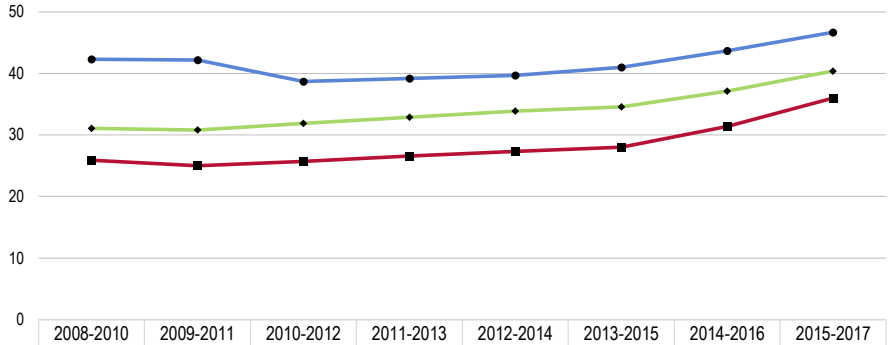
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: There is an overall upward trend in the unintentional injury mortality rate in the county, echoing the increasing trends reported in Illinois and the US overall.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Cook County	25.9	25.0	25.7	26.6	27.3	28.0	31.4	36.0
IL	31.1	30.8	31.9	32.9	33.9	34.6	37.1	40.4
US	42.3	42.2	38.7	39.2	39.7	41.0	43.7	46.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

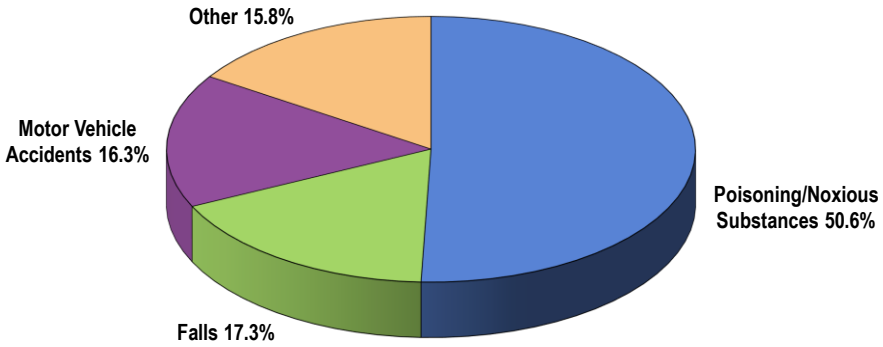
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Leading Causes of Accidental Death

Poisoning (including accidental drug overdose), falls, and motor vehicle accidents accounted for most accidental deaths in the county between 2015 and 2017.

Leading Causes of Accidental Death

(Total Service Area, 2015-2017)



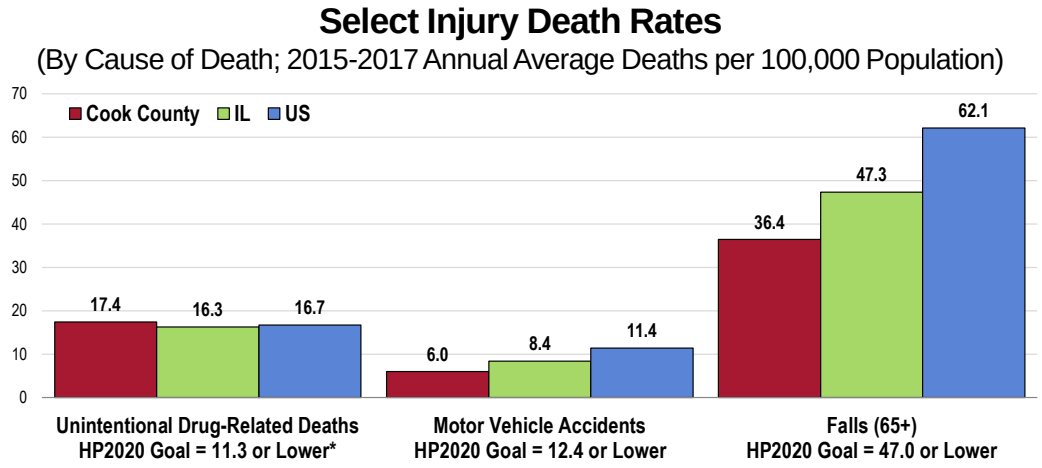
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Selected Injury Deaths

The following chart outlines mortality rates for unintentional drug-related deaths, motor vehicle crashes, and falls (among adults age 65 and older).

Each of these Cook County annual average age-adjusted mortality rates is lower than or similar to state and US rates.



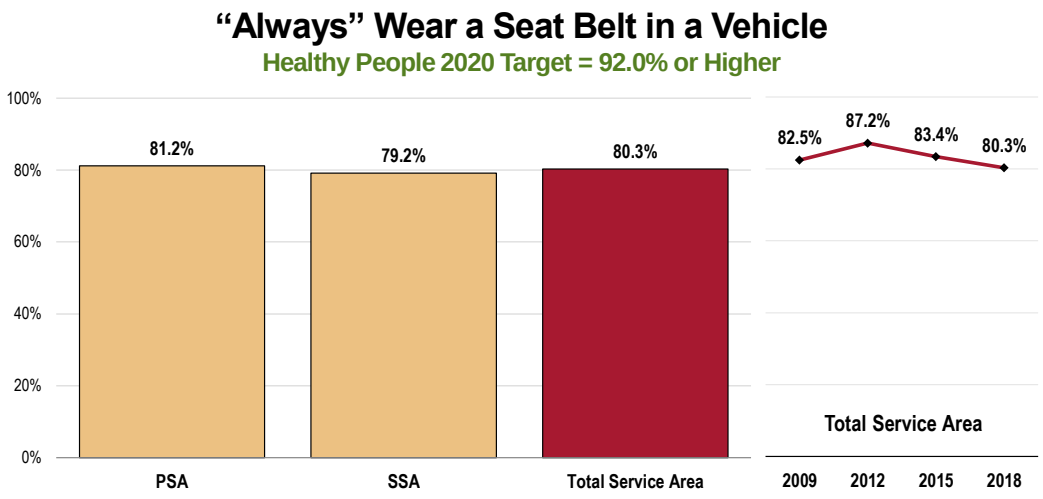
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1, IVP-23.2, SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- *Healthy People 2020 goal reflects all drug-induced deaths, both intentional and unintentional.

Use of Seat Belts

Most survey respondents (80.3%) report "always" wearing a seat belt when driving or riding in a vehicle.

- The prevalence is similar by service area.
- TREND: Seat belt usage has not changed significantly from 2009 survey results.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-15]

Notes:
- Asked of all respondents.

Falls

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years … In 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately $19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

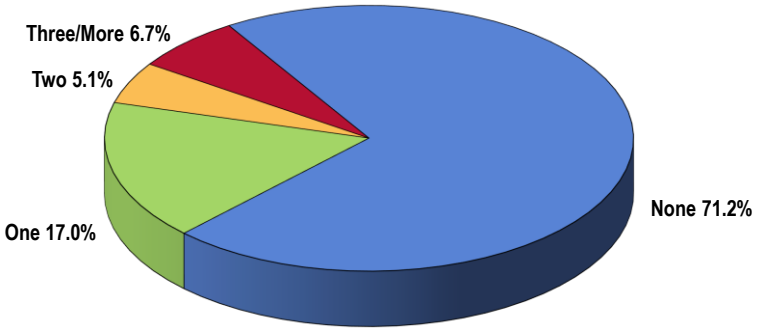
Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

— Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Among surveyed Total Service Area adults age 45 and older, 28.8% fell at least once in the past year, including 6.7% who fell three or more times.

Number of Falls in Past 12 Months

(Among Adults Age 45 and Older; Total Service Area, 2018)



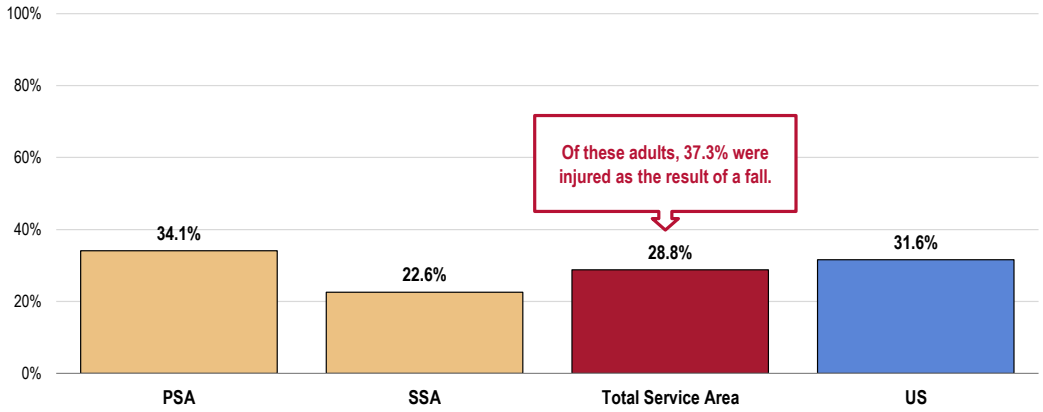
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
Notes: ● Asked of all respondents age 45+.

- The prevalence of adults age 45+ who fell at least once in the past year is similar to the national proportion.
- The proportion is statistically similar by service area.

Among those who fell in the past year, 37.3% were injured as a result of the fall.

Fell One or More Times in the Past Year

(Among Respondents Age 45 and Older)

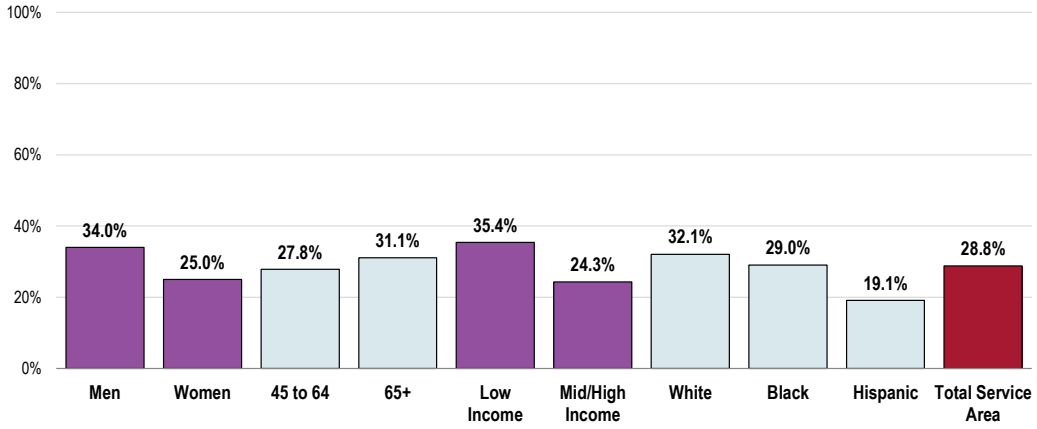


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 107-108]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of those respondents age 45 and older.

- White adults (age 45+) in the service area are statistically more likely to have fallen in the past year.

Fell One or More Times in the Past Year

(Among Respondents Age 45 and Older; Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]

Notes:
- Asked of those respondents age 45 and older.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Firearm Safety

Age-Adjusted Firearm-Related Deaths

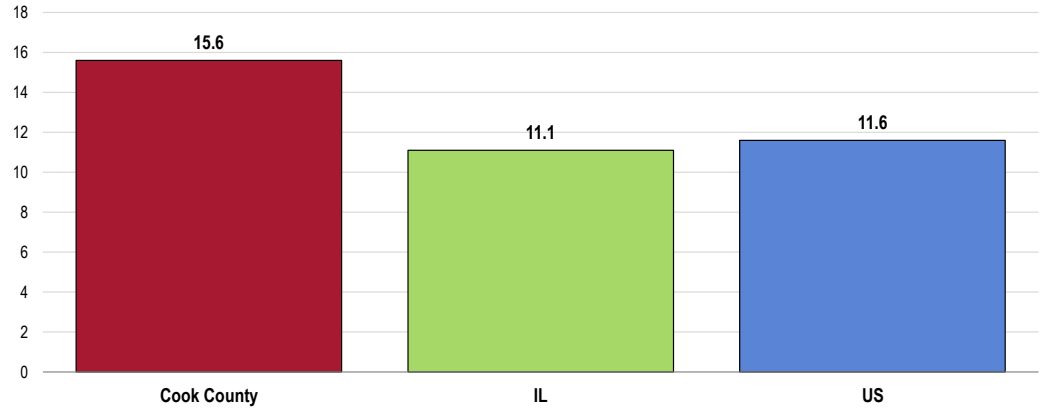
Between 2015 and 2017, firearms in Cook County contributed to an annual average age-adjusted rate of 15.6 deaths per 100,000 population.

- Worse than found statewide and nationally.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Between 2015 and 2017, there was an annual average age-adjusted homicide rate of 14.7 deaths per 100,000 population in the county.

- Much higher than the state and especially the US homicide rate.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.

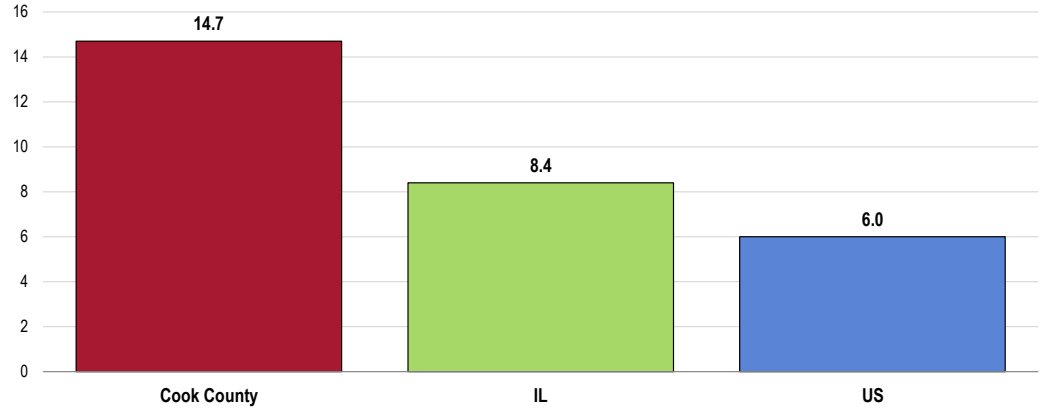
RELATED ISSUE:

See also *Mental Health: Suicide* in the **General Health Status** section of this report.

Homicide: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

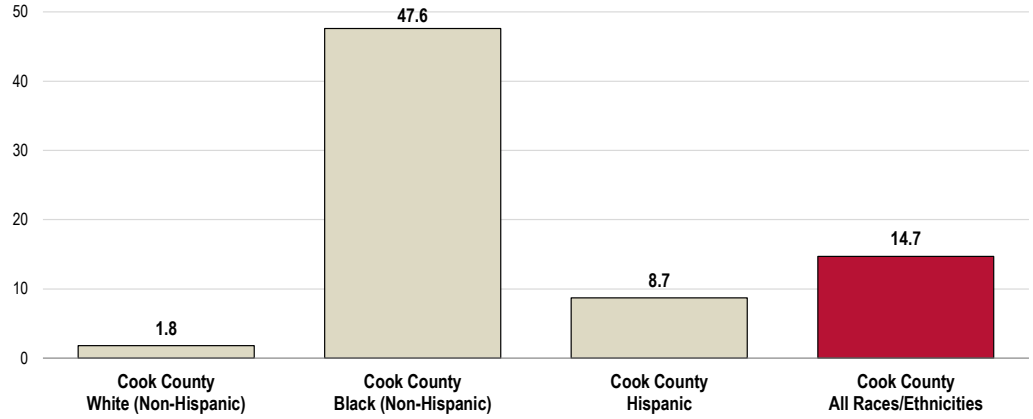
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The Cook County homicide rate is dramatically higher in the Black population.

Homicide: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

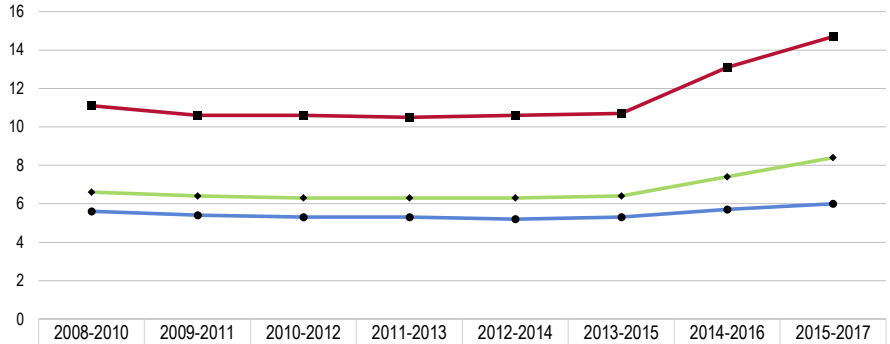
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The Cook County homicide rate has increased since the 2013-2015 reporting period (likely impacting the state trend); the US rate has remained stable.

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Cook County	11.1	10.6	10.6	10.5	10.6	10.7	13.1	14.7
IL	6.6	6.4	6.3	6.3	6.3	6.4	7.4	8.4
US	5.6	5.4	5.3	5.3	5.2	5.3	5.7	6.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Violent Crime

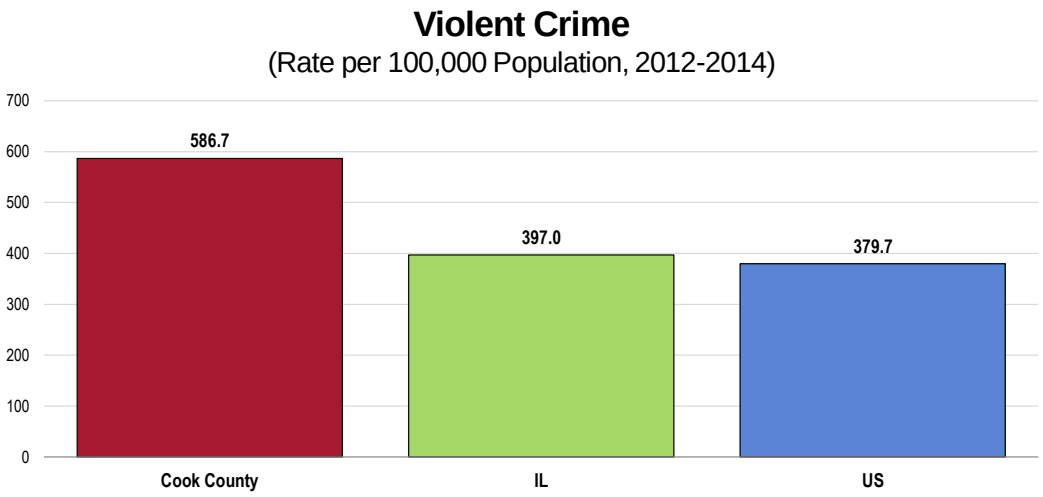
Violent Crime Rates

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2012 and 2014, there were a reported 586.7 violent crimes per 100,000 population in Cook County.

- Well above the state and US violent crime rates.



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved January 2019 from Community Commons at http://www.chna.org.

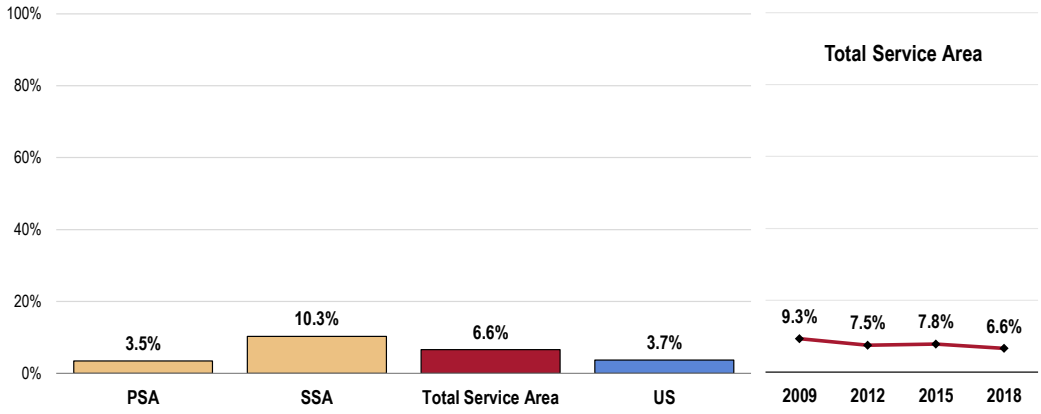
Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Community Violence

A total of 6.6% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.

- Statistically similar to national findings.
- Unfavorably high in the Secondary Service Area.
- TREND: The decrease over time is not statistically significant.

Victim of a Violent Crime in the Past Five Years



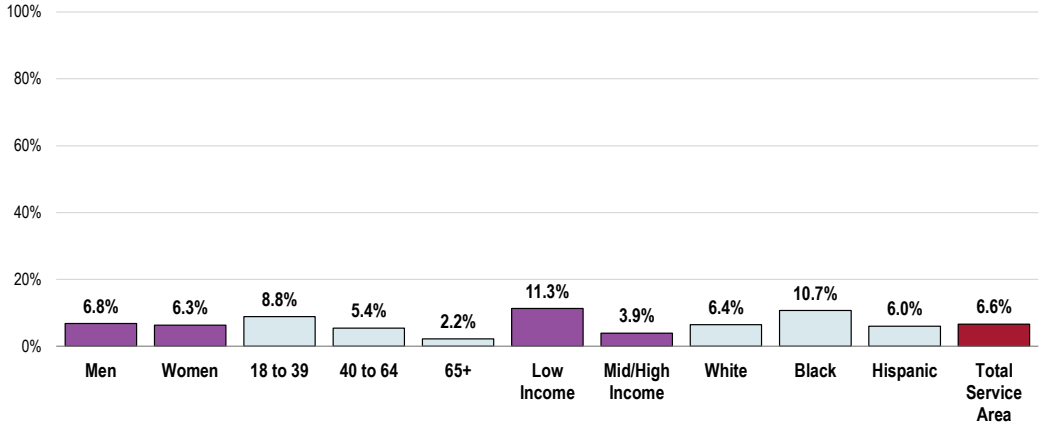
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Reports of violence are notably higher among residents living in the lower income category.

Victim of a Violent Crime in the Past Five Years

(Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Family Violence

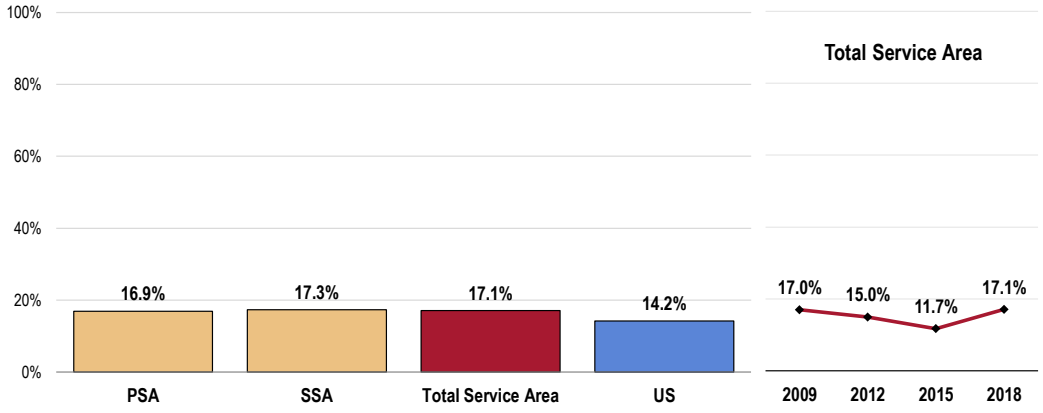
Respondents were read:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

A total of 17.1% of Total Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Comparable to national findings.
- Comparable findings by service area.
- TREND: Despite fluctuations, the prevalence is unchanged from 2009 survey results.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

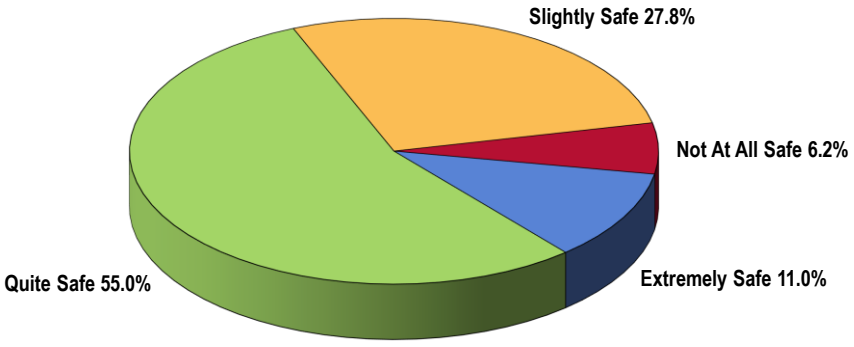


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Perceived Neighborhood Safety

While most area adults consider their own neighborhoods to be "extremely safe" or "quite safe," 34.0% consider it only "slightly safe" or "not at all safe."

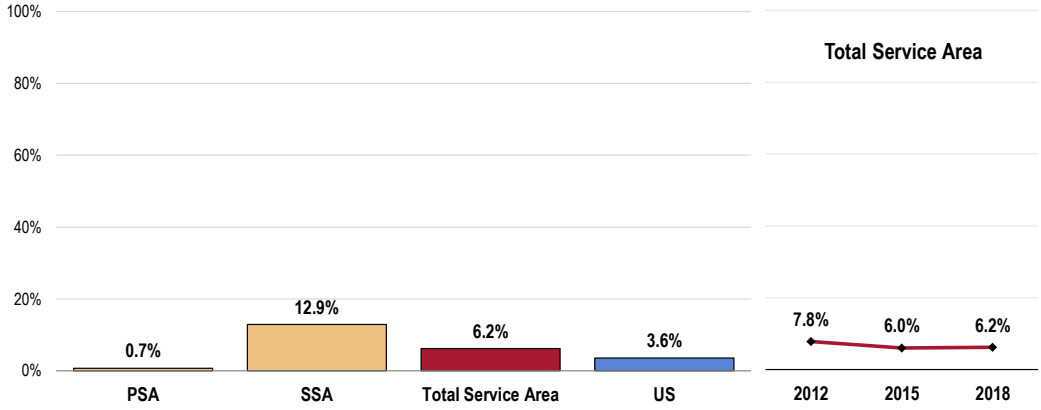
Perceived Safety of Own Neighborhood
(Total Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]
Notes: ● Asked of all respondents.

- Compared with the US prevalence, local adults are similarly likely to consider their neighborhood to be “not at all” safe.
- The percentage is dramatically higher in the Secondary Service Area.
- TREND: Statistically unchanged from 2012 survey results.

Perceive Own Neighborhood as “Not At All Safe” from Crime



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

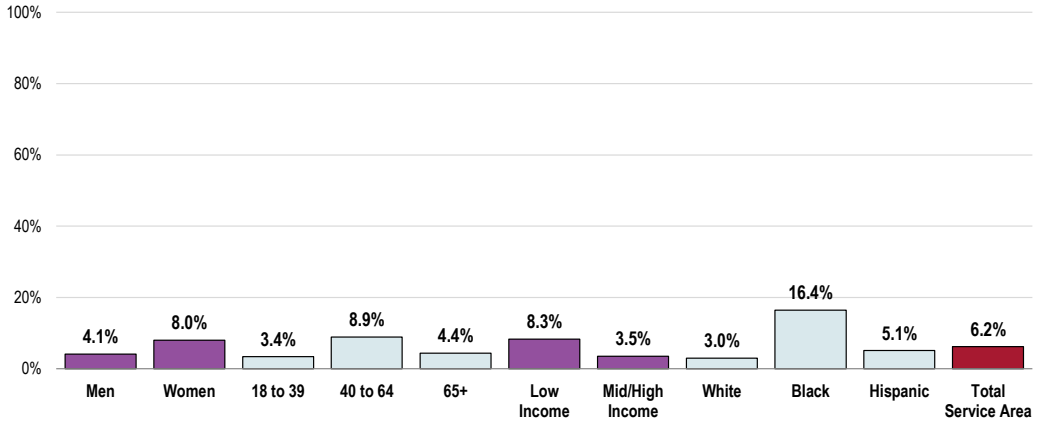
Notes:
- Asked of all respondents.

Reports of unsafe neighborhoods are notably higher among these residents:

- Adults age 40 to 64, lower income residents, and Blacks.

Perceive Own Neighborhood as “Not At All Safe” from Crime

(Total Service Area, 2018)



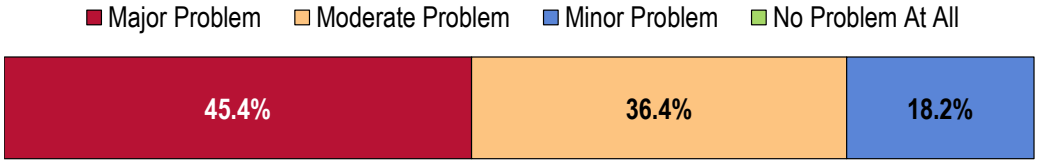
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "major problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community
(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Gun Violence

> *Certain neighborhoods in Chicago have significant problems with gun violence. Although homicides have decreased in the past couple of years, the rates still remain too high. – Public Health Representative*
>
> *An incredibly high number of gun crimes. It can generally be attributed to a lack of parental involvement, lack of education, lack of economic opportunity, and very little appreciation for human life. – Other Health Provider*
>
> *Gun violence is much too prevalent in Uptown and across Cook County. – Community Leader*

Prevalence/Incidence

> *High rate of violent crime in the city. – Community Leader*

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

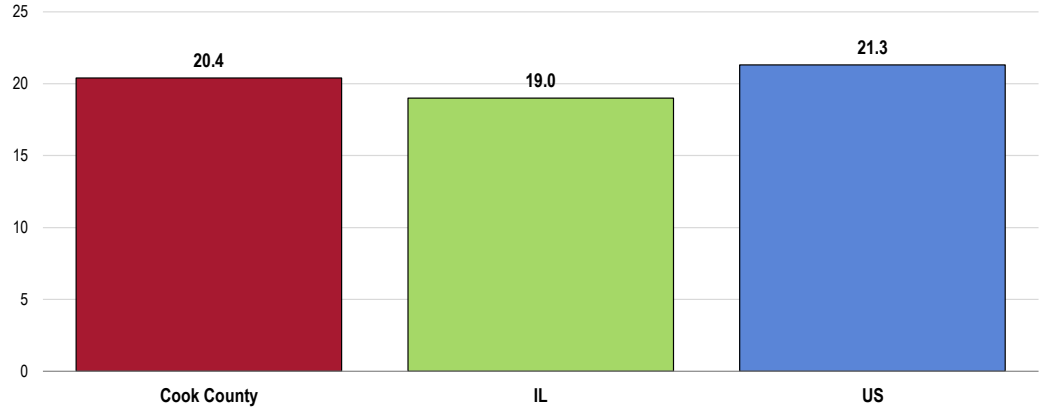
Between 2015 and 2017, there was an annual average age-adjusted diabetes mortality rate of 20.4 deaths per 100,000 population in the county.

- Similar to the death rates reported statewide and nationally.
- Similar to the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).

Diabetes: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

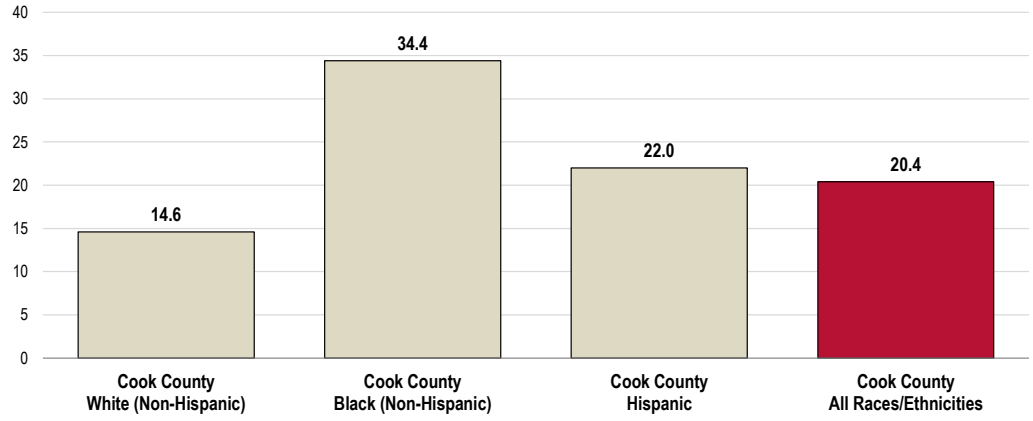
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- The diabetes mortality rate in the county is notably higher among Blacks than among Whites and Hispanics.

Diabetes: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

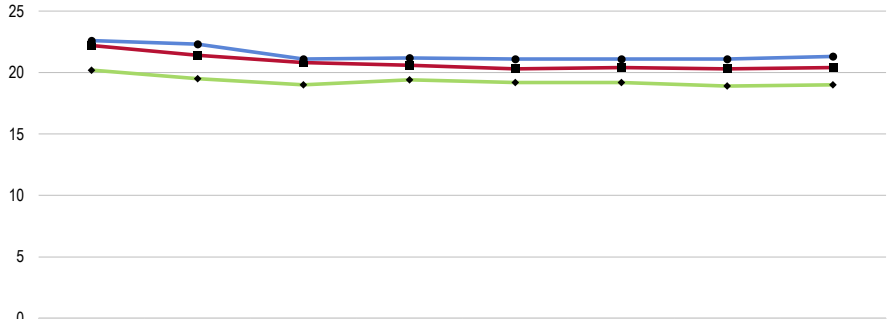
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- TREND: The diabetes mortality rate has been stable in recent years.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Cook County	22.2	21.4	20.8	20.6	20.3	20.4	20.3	20.4
IL	20.2	19.5	19.0	19.4	19.2	19.2	18.9	19.0
US	22.6	22.3	21.1	21.2	21.1	21.1	21.1	21.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

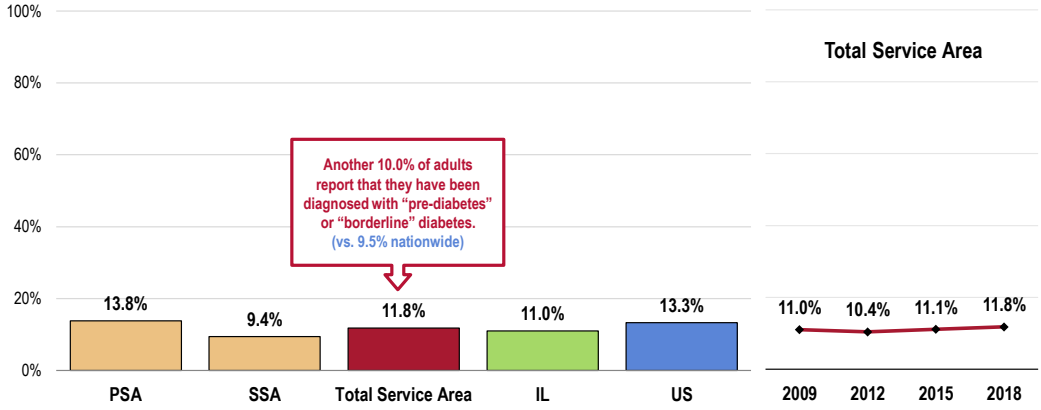
A total of 11.8% of Total Service Area adults report having been diagnosed with diabetes.

- Similar to the statewide and national proportions.
- Statistically similar by service area.
- TREND: Statistically unchanged since 2009.

In addition to the prevalence of diagnosed diabetes referenced above, another 10.0% of service area adults report that they have "pre-diabetes" or "borderline diabetes."

- Comparable to the US prevalence.
- Similar findings by area (not shown).

Prevalence of Diabetes



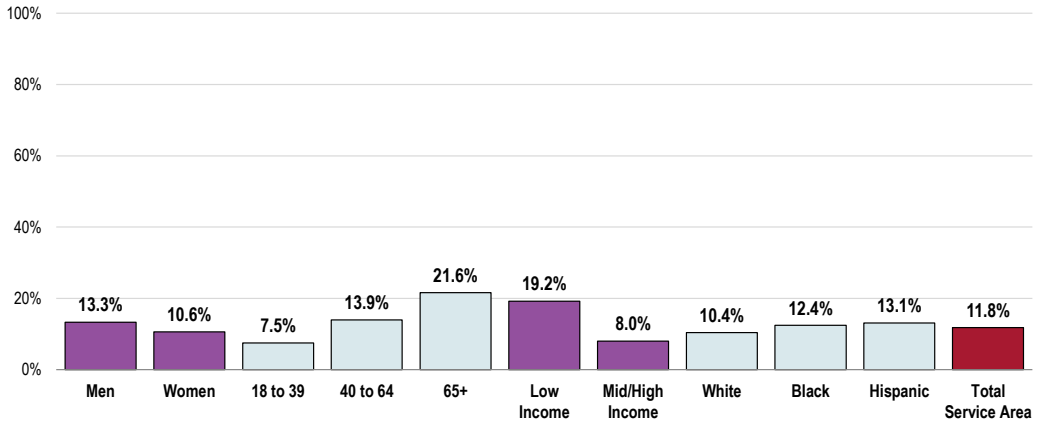
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Older adults (note the strong correlation between diabetes and age, with 21.6% of seniors diagnosed with diabetes).
- Residents in low-income households.

Prevalence of Diabetes
(Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]

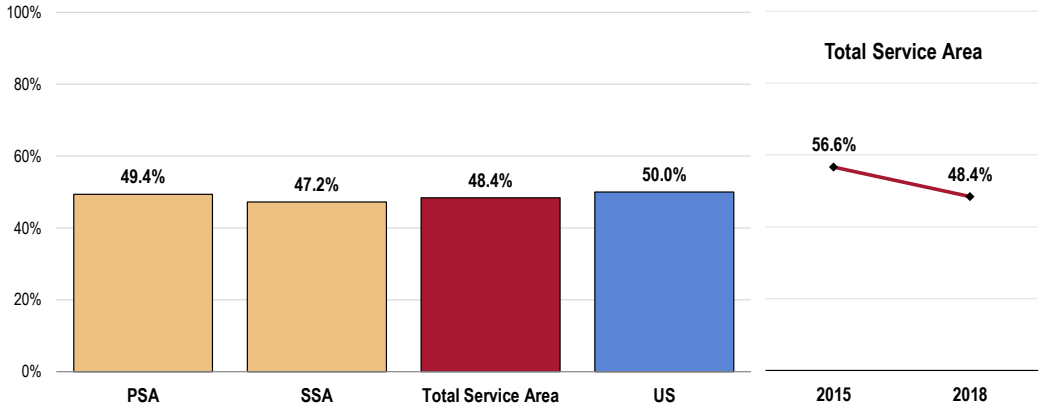
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestational diabetes (occurring only during pregnancy).

Diabetes Testing

Of area adults who have not been diagnosed with diabetes, 48.4% report having had their blood sugar level tested within the past three years.

- Similar to the national proportion.
- Statistically similar by service area.
- TREND: Marks a statistically significant decrease since 2015.

Have Had Blood Sugar Tested in the Past Three Years
(Among Nondiabetics)

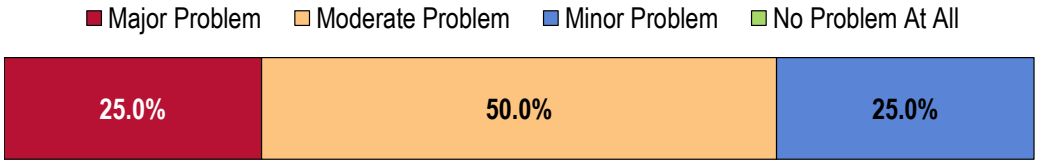


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

Half of key informants taking part in an online survey characterized *Diabetes* as a "moderate problem" in the community.

Perceptions of Diabetes as a Problem in the Community
(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Awareness/Education

> *The biggest challenges I see for people with diabetes revolve around overall education of the disease: being able to understand how their diet impacts the disease process, knowing what to do in situations where blood sugar is too high or too low. – Other Health Provider*
>
> *The challenge is continuing a healthy diet to stay healthy. Education about diabetes and how it affects patients. They need to be educated about the disease. – Other Health Provider*

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

— Healthy People 2020 (www.healthypeople.gov)

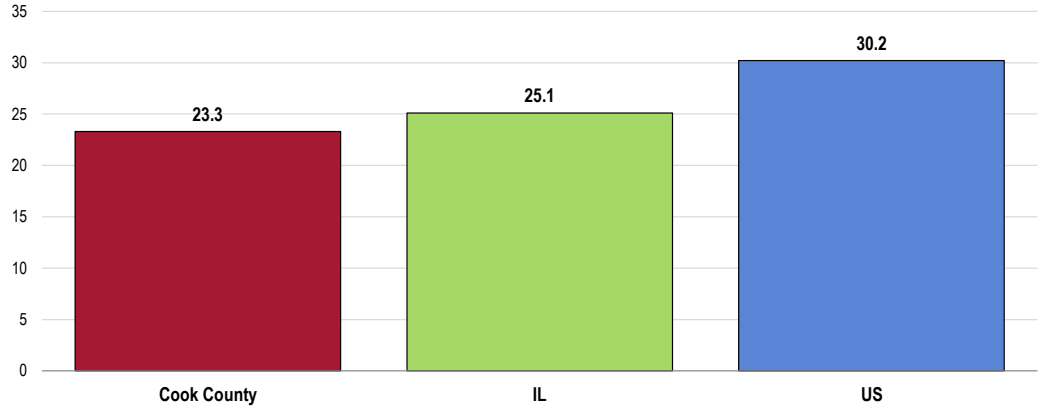
Age-Adjusted Alzheimer's Disease Deaths

Between 2015 and 2017, there was an annual average age-adjusted Alzheimer's disease mortality rate of 23.3 deaths per 100,000 population in Cook County.

- Similar to the statewide rate.
- Well below the national rate.

Alzheimer's Disease: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)



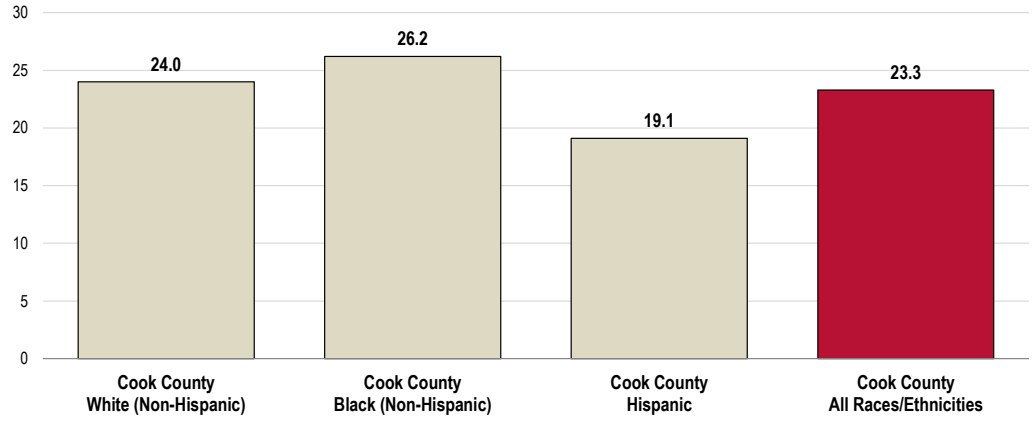
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The Alzheimer's disease mortality rate is notably lower in the Hispanic population.

Alzheimer's Disease: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)



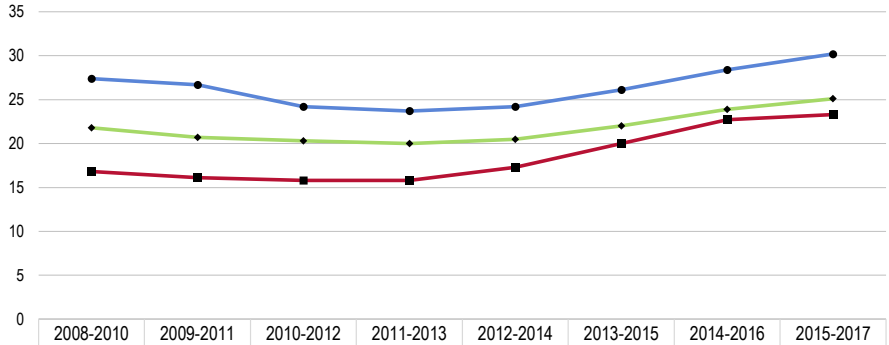
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The Alzheimer's disease mortality rate has increased over time in the county, echoing the state and national trends.

Alzheimer's Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Cook County	16.8	16.1	15.8	15.8	17.3	20.0	22.7	23.3
IL	21.8	20.7	20.3	20.0	20.5	22.0	23.9	25.1
US	27.4	26.7	24.2	23.7	24.2	26.1	28.4	30.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.

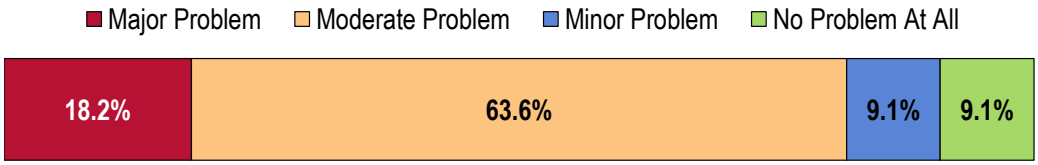
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Dementias, Including Alzheimer's Disease

Nearly two in three key informants taking part in an online survey consider *Dementias, Including Alzheimer's Disease* to be a "moderate problem" in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> *Work-up for dementia/general neurology consultation is difficult to secure. – Other Health Provider*

Kidney Disease

About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

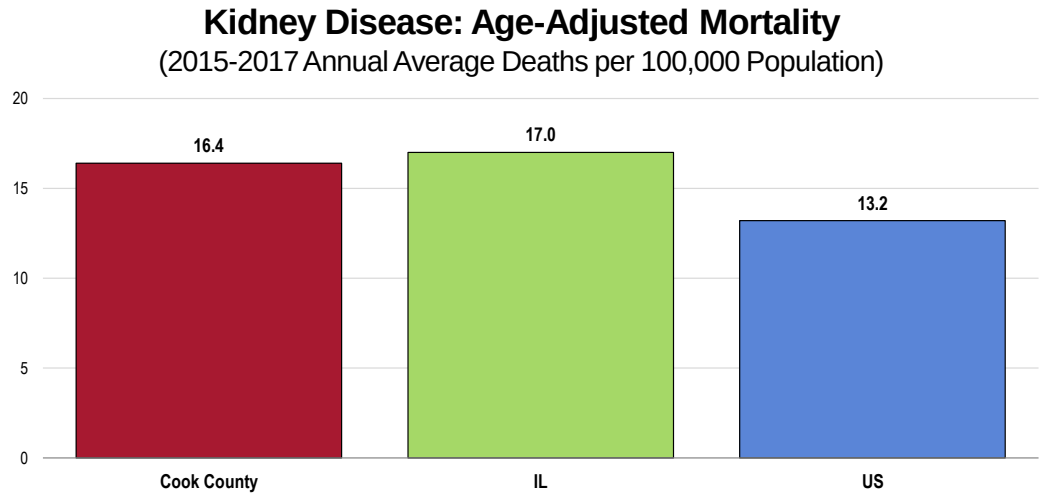
Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2015 and 2017, there was an annual average age-adjusted kidney disease mortality rate of 16.4 deaths per 100,000 population in the county.

- Comparable to the rate found statewide.
- Higher than the national rate.



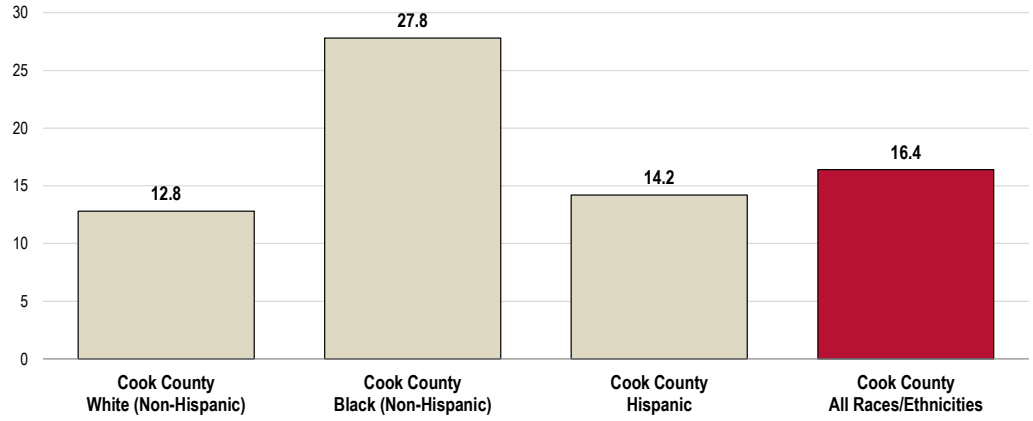
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The kidney disease mortality rate in Cook County is much higher among Blacks.

Kidney Disease: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)



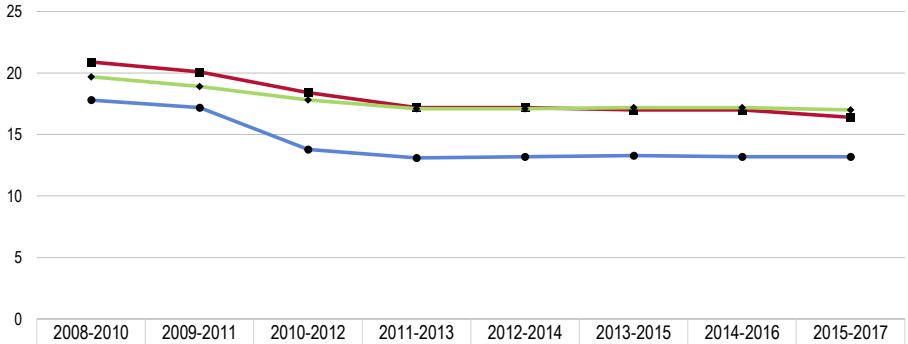
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The death rate has decreased over the past decade in the county.

Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Cook County	20.9	20.1	18.4	17.2	17.2	17.0	17.0	16.4
IL	19.7	18.9	17.8	17.1	17.1	17.2	17.2	17.0
US	17.8	17.2	13.8	13.1	13.2	13.3	13.2	13.2

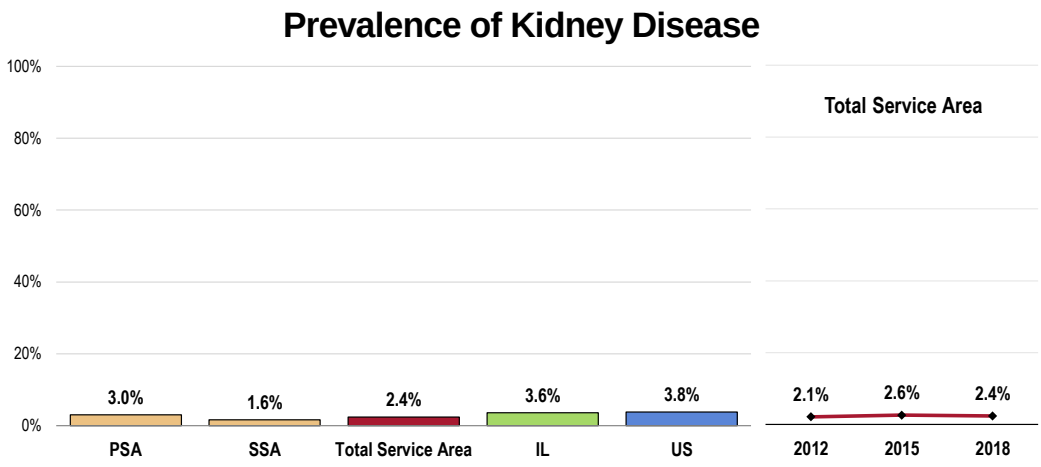
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 2.4% of area adults report having been diagnosed with kidney disease.

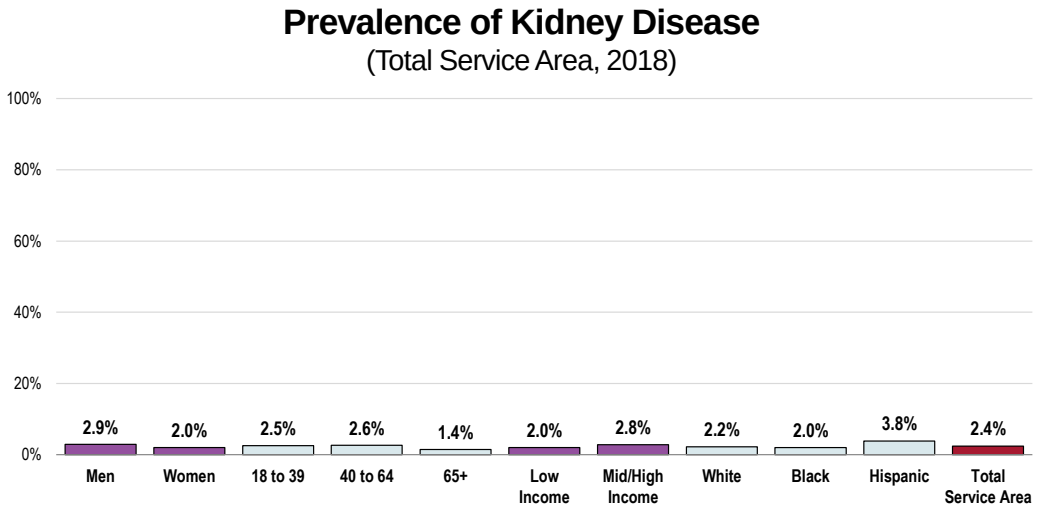
- Similar to the state and national proportions.
- Statistically similar by service area.
- TREND: Statistically unchanged since 2012.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- The prevalence of kidney disease does not vary significantly by demographics in the Total Service Area.

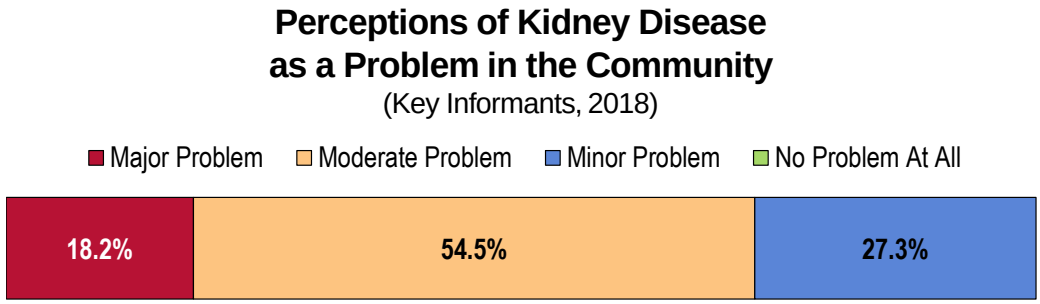


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Kidney Disease

Over half of key informants taking part in an online survey characterized *Kidney Disease* as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> *Hear feedback that access to renal specialists is challenging. – Other Health Provider*

Potentially Disabling Conditions

Arthritis, Osteoporosis & Chronic Back Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

— Healthy People 2020 (www.healthypeople.gov)

Just over one-third of Total Service Area adults age 50 and older (34.0%) reports suffering from arthritis or rheumatism.

RELATED ISSUE:

See also *Overall Health Status: Activity Limitations* in the **General Health Status** section of this report.

- Comparable to that found nationwide.
- Comparable by service area.

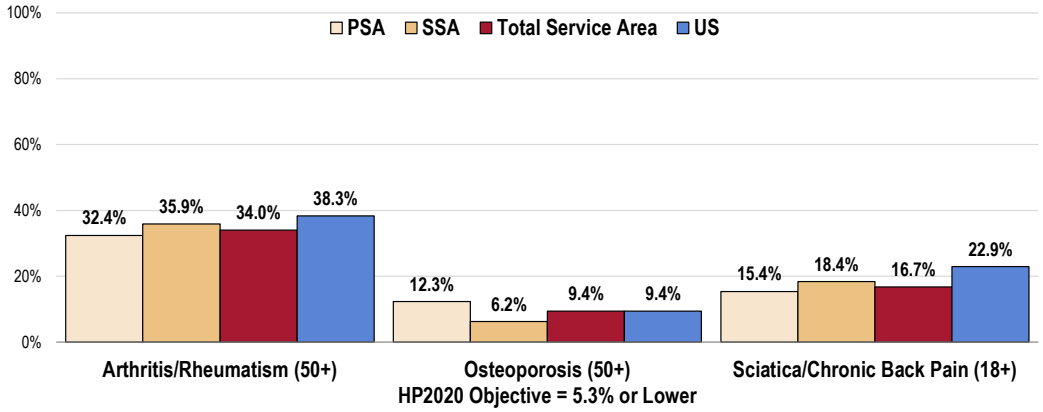
A total of 9.4% of service area adults age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- Similar by service area.

A total of 16.7% of area adults (18 and older) suffer from chronic back pain or sciatica.

- Lower than that found nationwide.
- Similar by service area.

Prevalence of Potentially Disabling Conditions



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 26, 141-142]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

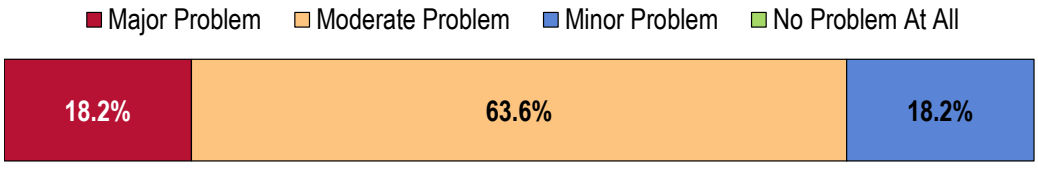
Notes:
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Nearly two in three key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "moderate problem" in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

> *I believe this is a major problem because I know many individuals in my community have medical diagnoses pertaining to chronic back pain, arthritis, and osteoporosis. – Other Health Provider*

Lack of Coordinated Care

> *Referral sources, return of consultation notes and imaging reports, timing to referrals. – Other Health Provider*

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

— Healthy People 2020 (www.healthypeople.gov)

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

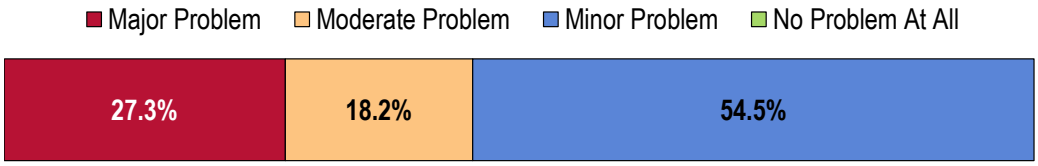
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

— Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Vision & Hearing

Key informants taking part in an online survey most often characterized *Vision & Hearing* as a "minor problem" in the community.

Perceptions of Vision and Hearing as a Problem in the Community
(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access for Medicare/Medicaid Patients

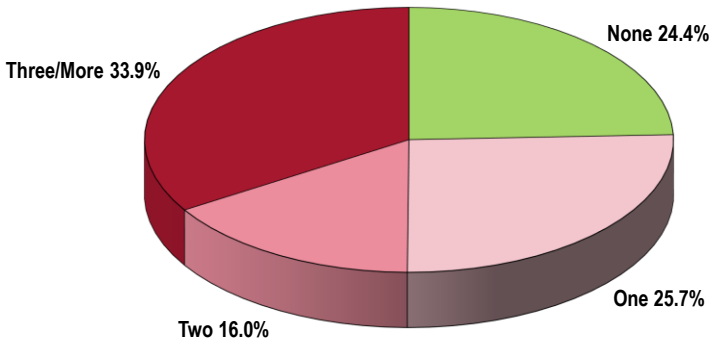
> *Providers who will do vision care/retinal screening and return reports is challenging in general, especially for Medicaid. – Other Health Provider*

Multiple Chronic Conditions

Among Total Service Area survey respondents, most report currently having at least one chronic health condition, including 25.7% with one condition, 16.0% with two conditions, and one-third (33.9%) with three or more chronic conditions.

For the purposes of this assessment, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression. Multiple chronic conditions are concurrent conditions.

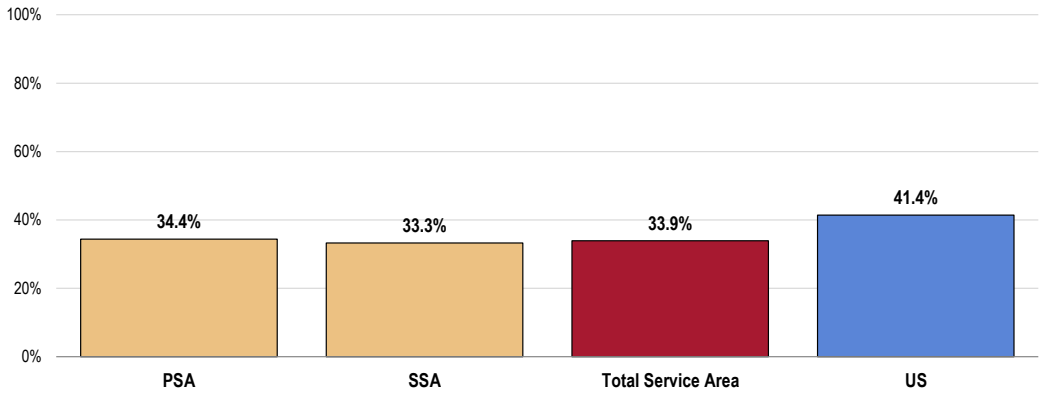
Number of Current Chronic Conditions
(Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
Notes: • Asked of all respondents.
• In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

- The prevalence of three or more chronic conditions among Total Service Area residents (33.9%) is lower than the US prevalence.
- The prevalence is similar by service area.

Currently Suffer From Three or More Chronic Conditions



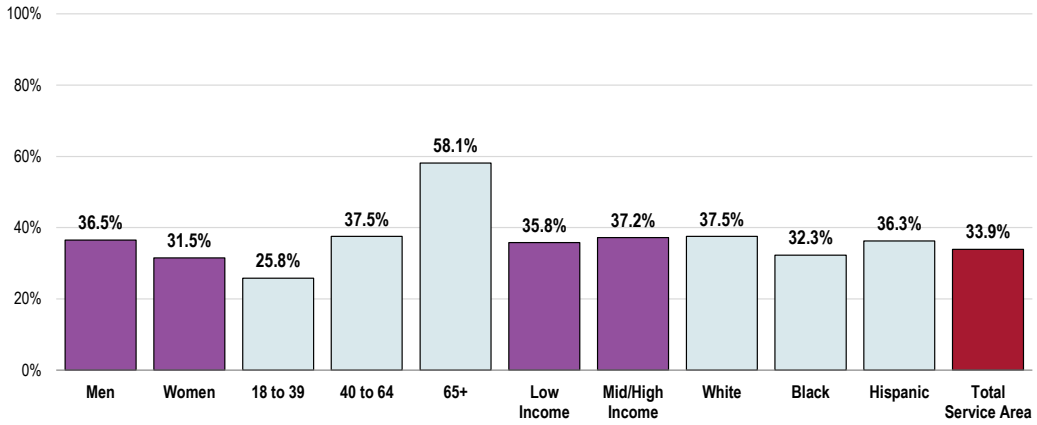
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

- Note the correlation between age and the prevalence of three or more chronic conditions among survey respondents in the Total Service Area.

Currently Suffer From Three or More Chronic Conditions

(Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Infectious Disease

Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

— Healthy People 2020 (www.healthypeople.gov)

Flu Vaccination

Among Total Service Area seniors, 75.4% received a flu shot within the past year.

- Statistically higher than the Illinois finding.
- Similar to the national finding.
- Similar to the Healthy People 2020 target (70% or higher).
- TREND: Similar to the 2012 percentage (but increasing since 2015).

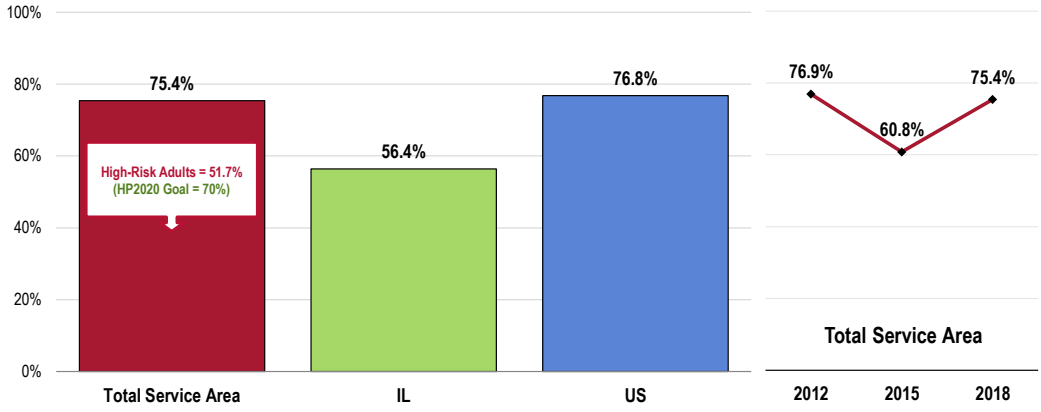
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes, or respiratory disease.

A total of 51.7% of high-risk adults age 18 to 64 received a flu shot within the past year.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144-145]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects respondents 65 and older.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes, or respiratory disease.

Pneumonia Vaccination

Among area adults age 65 and older, 76.1% have received a pneumonia vaccination at some point in their lives.

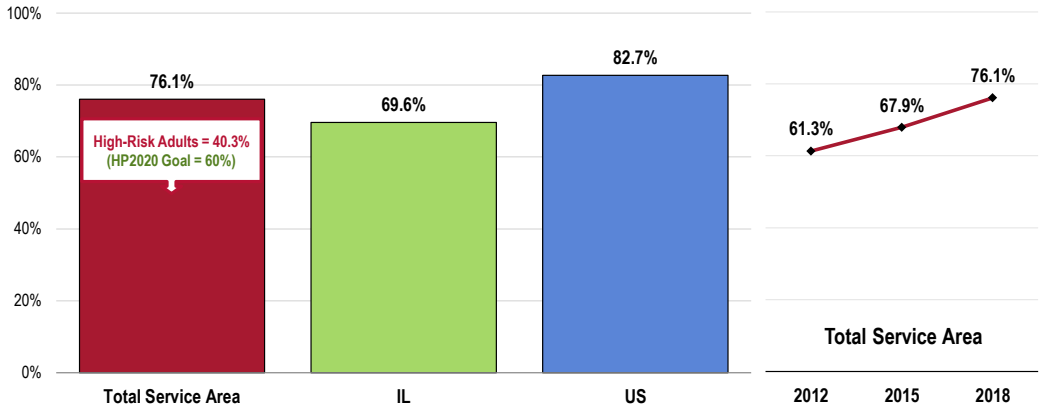
- Similar to the state and US findings.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- TREND: Marks a statistically significant increase since 2012.

A total of 40.3% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 146-147]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives IID-13.1, IID-13.2]

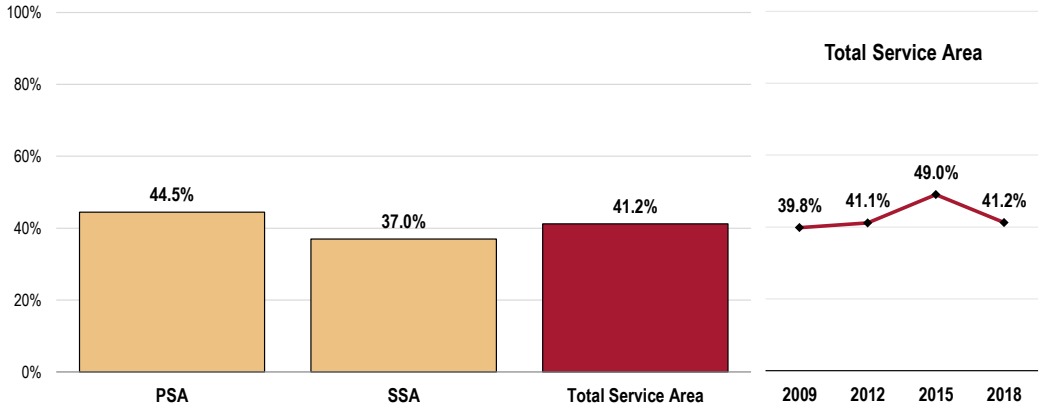
Notes:
- Reflects respondents 65 and older.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

Hepatitis B Vaccination

A total of 41.2% of survey respondents have received the three-part hepatitis B vaccination series.

- Statistically similar by service area.
- TREND: Statistically unchanged since 2009 (but decreasing since 2015).

Have Received the Hepatitis B Vaccination Series



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]
Notes: ● Asked of all respondents.

HIV

About Human Immunodeficiency Virus (HIV)

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

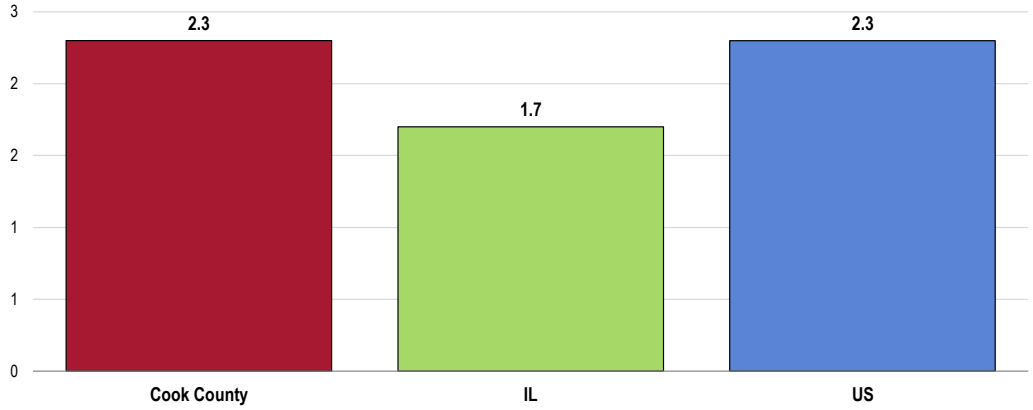
Between 2015 and 2017, there was an annual average age-adjusted HIV/AIDS mortality rate of 2.3 deaths per 100,000 population in the county.

- Higher than found statewide.
- Identical to the rate reported nationally.
- Satisfies the Healthy People 2020 target (3.3 or lower).

HIV/AIDS: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

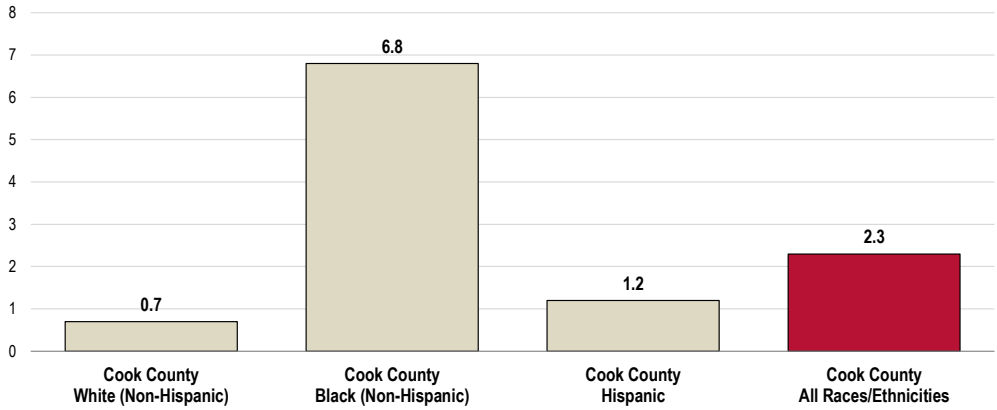
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The HIV mortality rate is dramatically higher in the county's Black community.

HIV/AIDS: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower



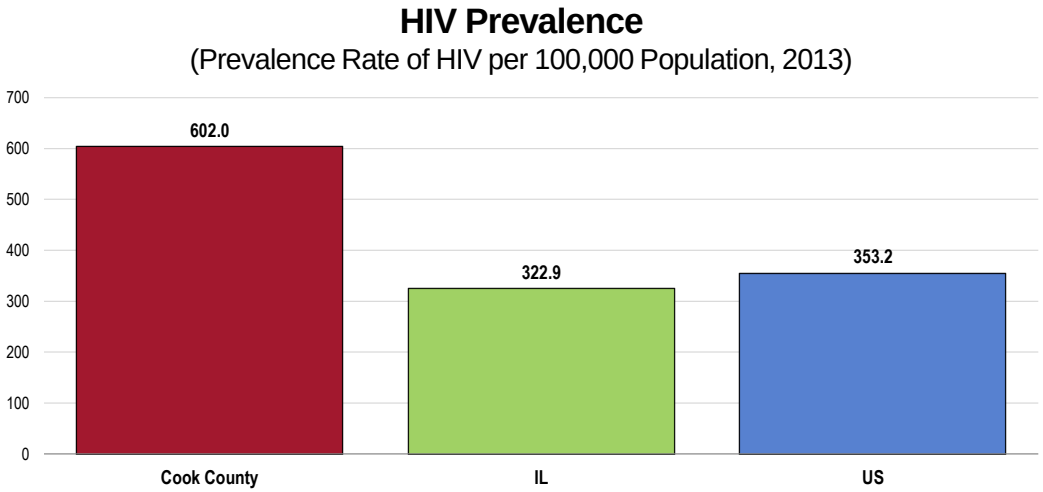
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

HIV Prevalence

In 2013, Cook County reported a prevalence of 602.0 HIV cases per 100,000 population.

- Much worse than the state and US figures.

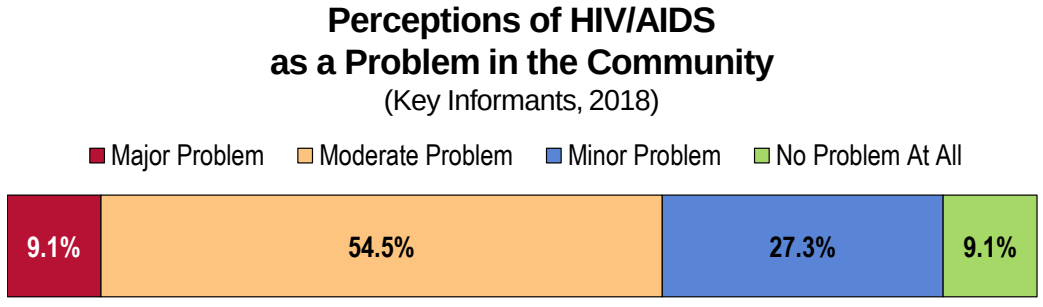


Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved January 2019 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Key Informant Input: HIV/AIDS

Over half of key informants taking part in an online survey characterized *HIV/AIDS* as a "moderate problem" in the community.



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

— Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2014, the Cook County chlamydia incidence rate was 713.1 cases per 100,000 population.

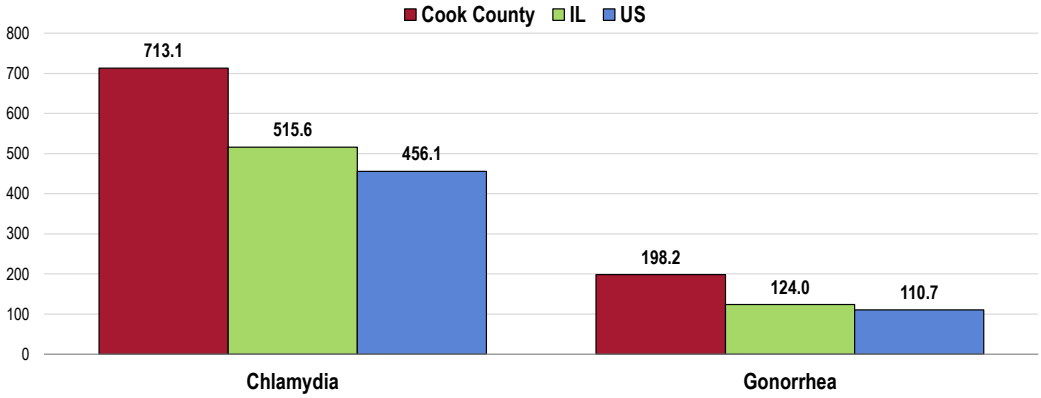
- Notably worse than the Illinois and US incidence rates.

The Cook County gonorrhea incidence rate in 2014 was 198.2 cases per 100,000 population.

- Worse than the state and national rates.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2014)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved January 2019 from Community Commons at http://www.chna.org.

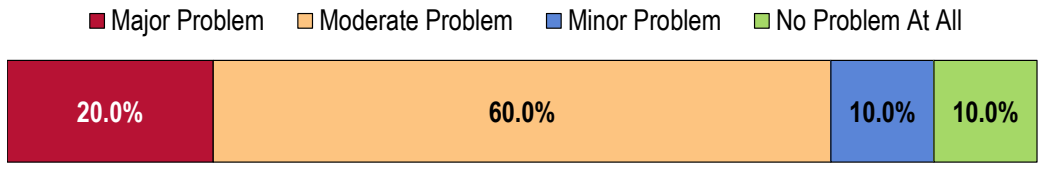
Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

A plurality of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "moderate problem" in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

> *Chlamydia, gonorrhea, and syphilis are on the rise. – Public Health Representative*

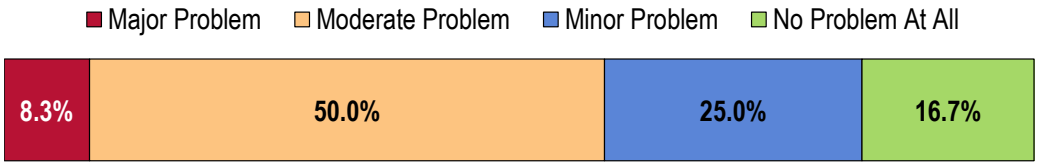
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Half of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a "moderate problem" in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Births

Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

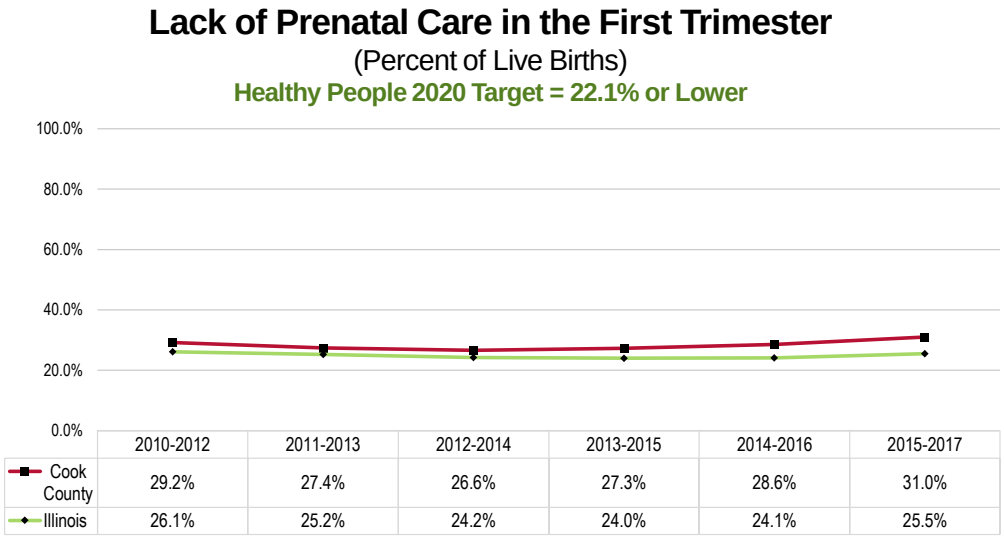
Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

— Healthy People 2020 (www.healthypeople.gov)

Early and continuous prenatal care is the best assurance of infant health.

Between 2015 and 2017, 31.0% of all Cook County births did not receive prenatal care in the first trimester of pregnancy.

- Higher than the Illinois proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Cook County	29.2%	27.4%	26.6%	27.3%	28.6%	31.0%
Illinois	26.1%	25.2%	24.2%	24.0%	24.1%	25.5%

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

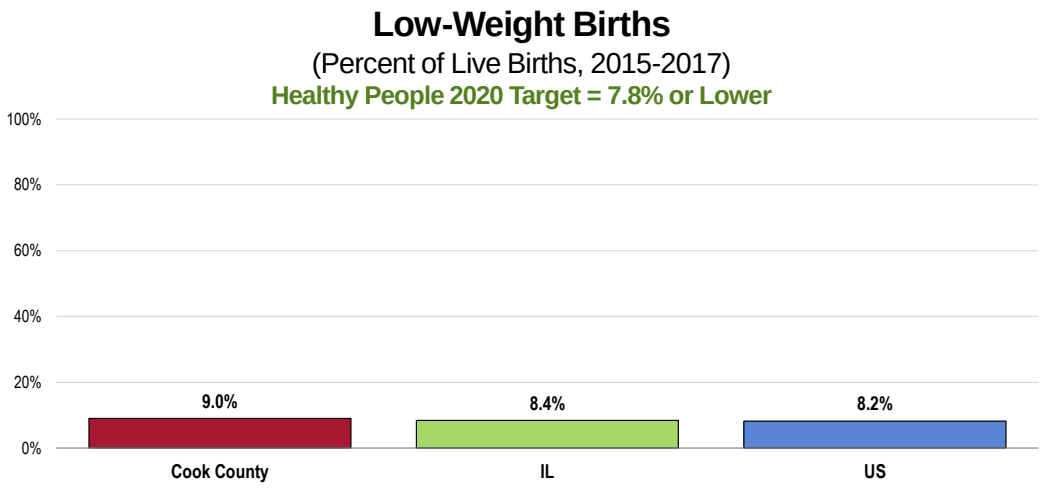
Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 9.0% of 2015-2017 Cook County births were low-weight.

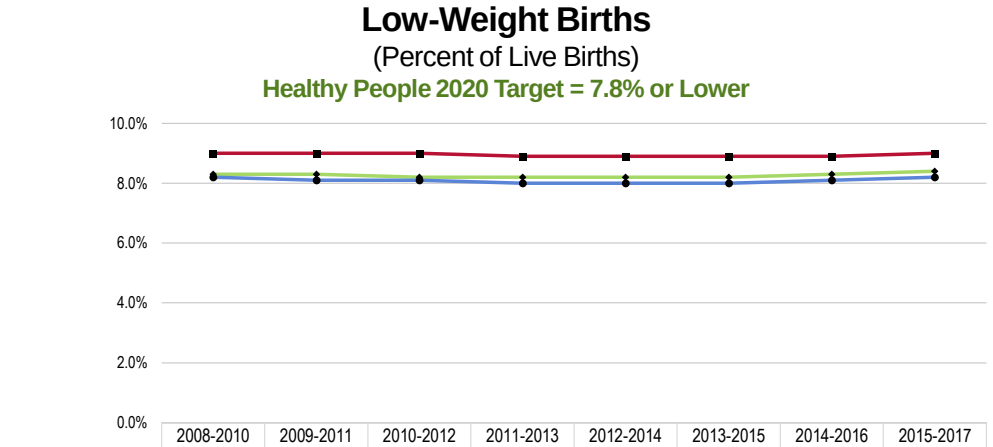
- Similar to the Illinois and US proportions.
- Similar to the Healthy People 2020 target (7.8% or lower).



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted January 2019.
- Retrieved from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- TREND: The prevalence of low-weight births has been stable over the past decade.



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Cook County	9.0%	9.0%	9.0%	8.9%	8.9%	8.9%	8.9%	9.0%
IL	8.3%	8.3%	8.2%	8.2%	8.2%	8.2%	8.3%	8.4%
US	8.2%	8.1%	8.1%	8.0%	8.0%	8.0%	8.1%	8.2%

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted January 2019.
- Retrieved from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Between 2015 and 2017, the county reported an annual average of 6.7 infant deaths per 1,000 live births.

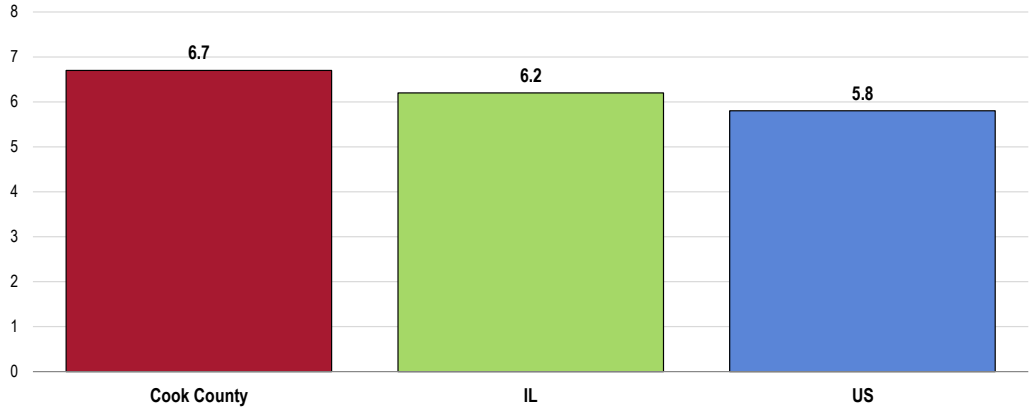
- Similar to the state and US infant mortality rates.
- Similar to the Healthy People 2020 target of 6.0 per 1,000 live births or lower.

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2015-2017)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

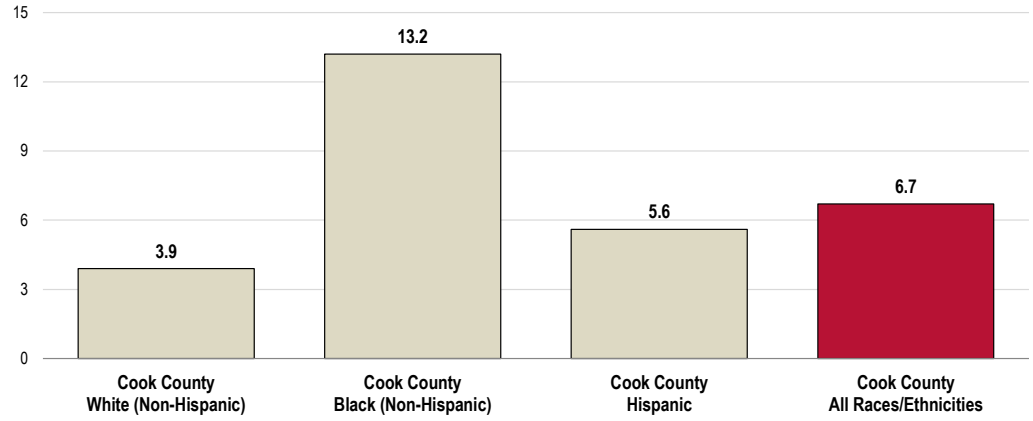
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- The infant mortality rate is notably higher among births to Black mothers in the county.

Infant Mortality by Race

(Annual Average Infant Deaths per 1,000 Live Births, 2015-2017)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

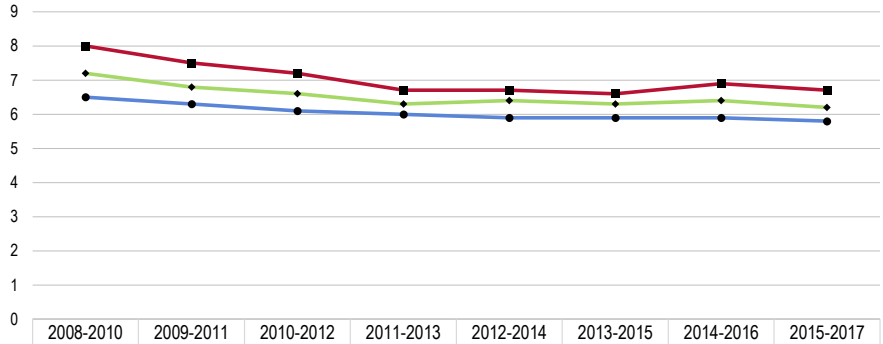
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- TREND: Infant mortality has trended downward in recent years.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2020 Target = 6.0 or Lower



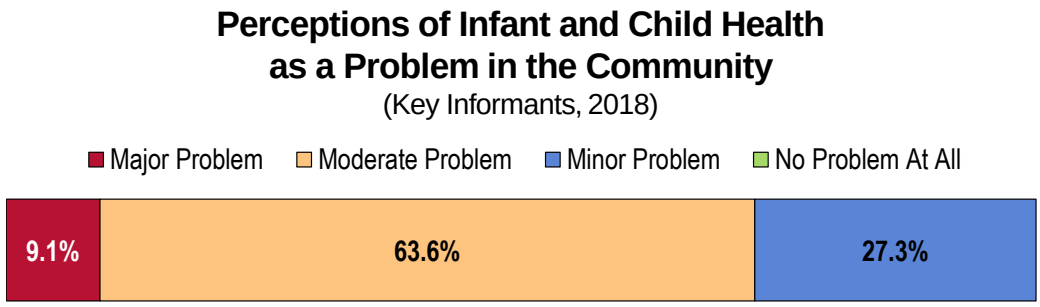
	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Cook County	8.0	7.5	7.2	6.7	6.7	6.6	6.9	6.7
IL	7.2	6.8	6.6	6.3	6.4	6.3	6.4	6.2
US	6.5	6.3	6.1	6.0	5.9	5.9	5.9	5.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted January 2019.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

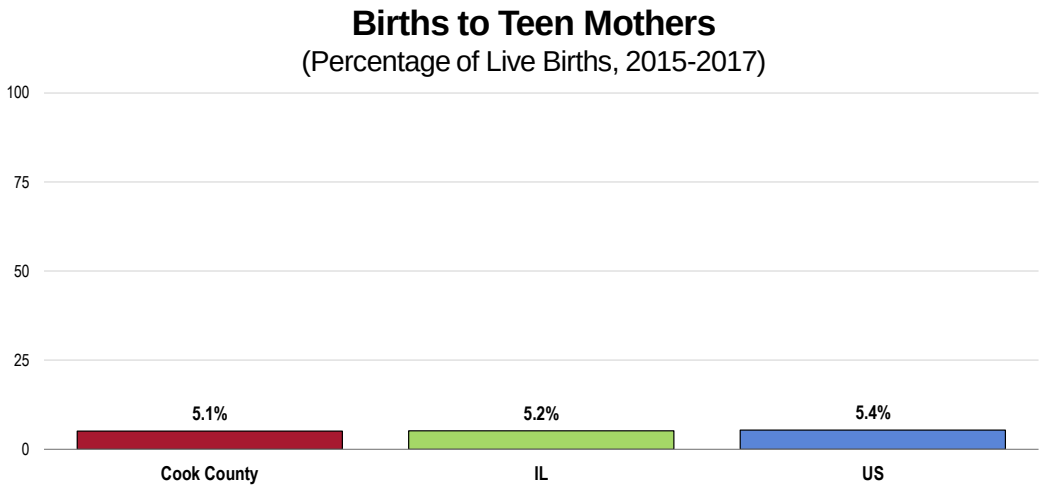
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

— Healthy People 2020 (www.healthypeople.gov)

Between 2015 and 2017, 5.1% of live births were to teen mothers in Cook County.

- Similar to the state and US percentages.



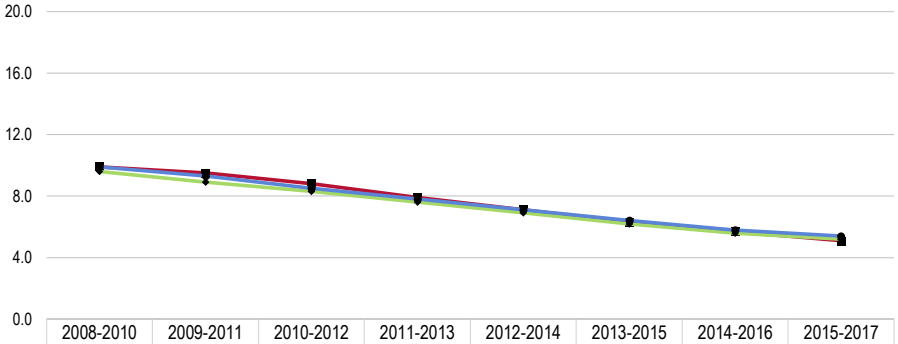
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved from Community Commons at http://www.chna.org.

Note:
- Numbers are a percentage of all live births within each population.

- TREND: The percentage of teen births has decreased considerably over time in Cook County, echoing the state and national trends.

Trend in Teen Births

(Percentage of Live Births to Women Under Age 20)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Cook County	9.9	9.5	8.8	7.9	7.1	6.3	5.7	5.1
IL	9.6	8.9	8.3	7.6	6.9	6.2	5.6	5.2
US	9.9	9.3	8.5	7.8	7.1	6.4	5.8	5.4

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved from Community Commons at http://www.chna.org.

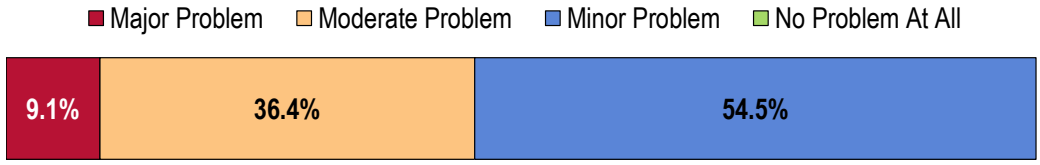
Notes:
- Numbers are a percentage of all live births within each population. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a "minor problem" in the community.

Perceptions of Family Planning as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Budgeting Toward the Future

> *Families are not budgeting for the future of new babies and for marriage. – Other Health Provider*

Modifiable Health Risks

Professional Research Consultants, Inc.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

— Healthy People 2020 (www.healthypeople.gov)

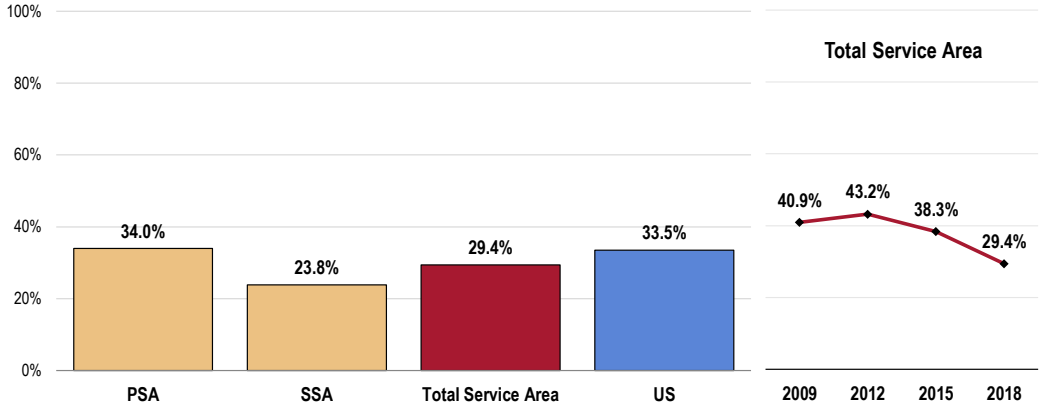
Daily Recommendation of Fruits/Vegetables

A total of 29.4% of Total Service Area adults report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

- Comparable to national findings.
- Significantly lower in the Secondary Service Area.
- TREND: Fruit/vegetable consumption has decreased significantly since 2009.

Consume Five or More Servings of Fruits/Vegetables Per Day

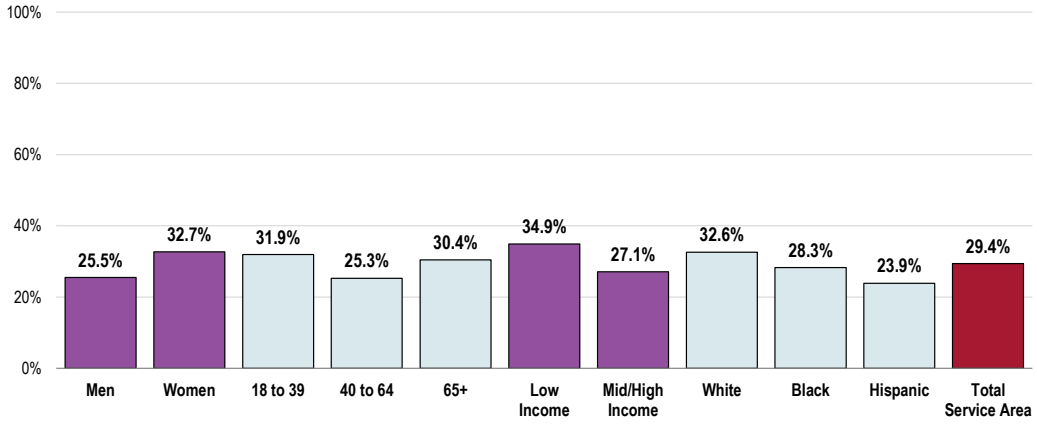


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

- The prevalence does not vary significantly by demographics in the service area.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]

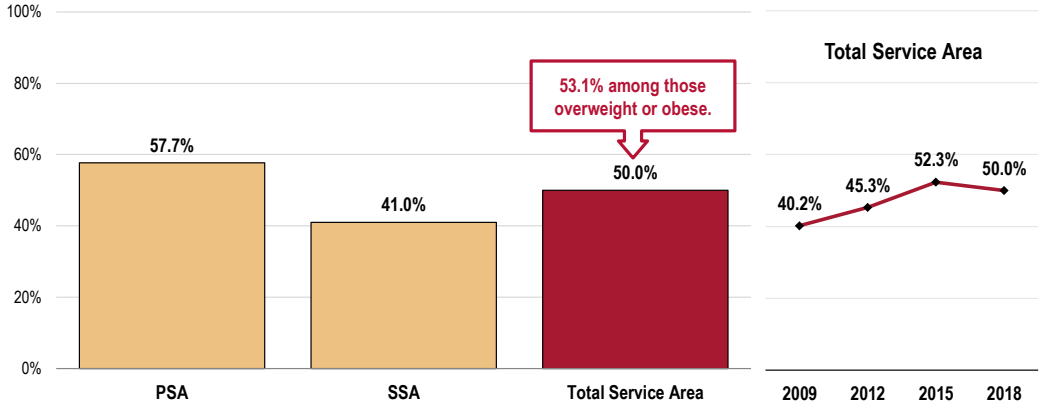
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.

Medical Advice

Half (50.0%) of survey respondents have received advice on diet and/or nutrition from a health care professional in the past year.

- Notably higher among adults in the Primary Service Area.
- TREND: Denotes a statistically significant increase since 2009.
- The prevalence is 53.1% among survey respondents who are overweight/obese.

Have Received Advice About Diet/Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]
Notes: • Asked of all respondents.

Access to Fresh Produce

Difficulty Accessing Fresh Produce

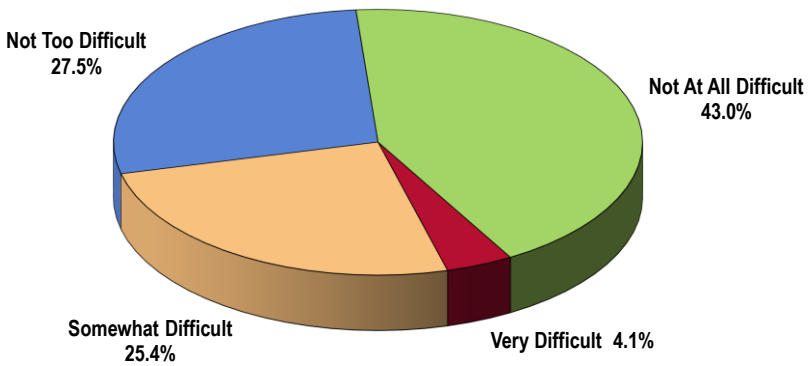
While most report little or no difficulty, 29.5% of Total Service Area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

Level of Difficulty Finding Fresh Produce at an Affordable Price

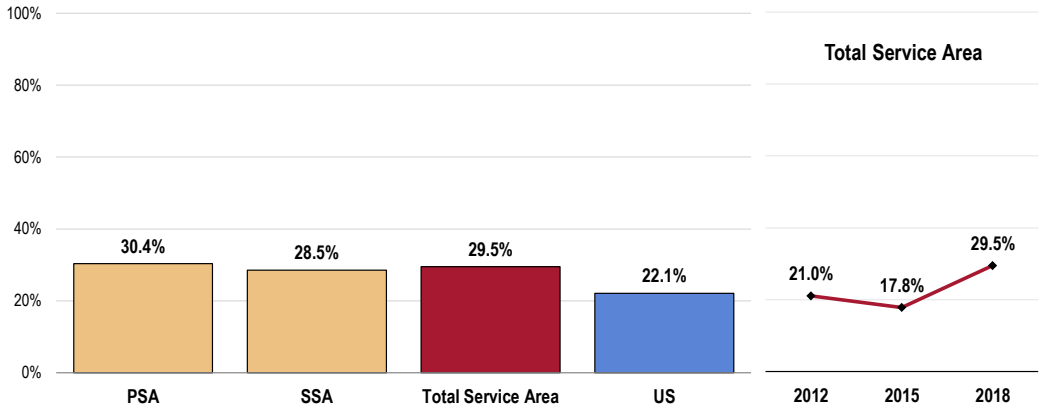
(Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: • Asked of all respondents.

- Higher than national findings.
- Similar reports by service area.
- TREND: Marks a statistically significant increase since 2012.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

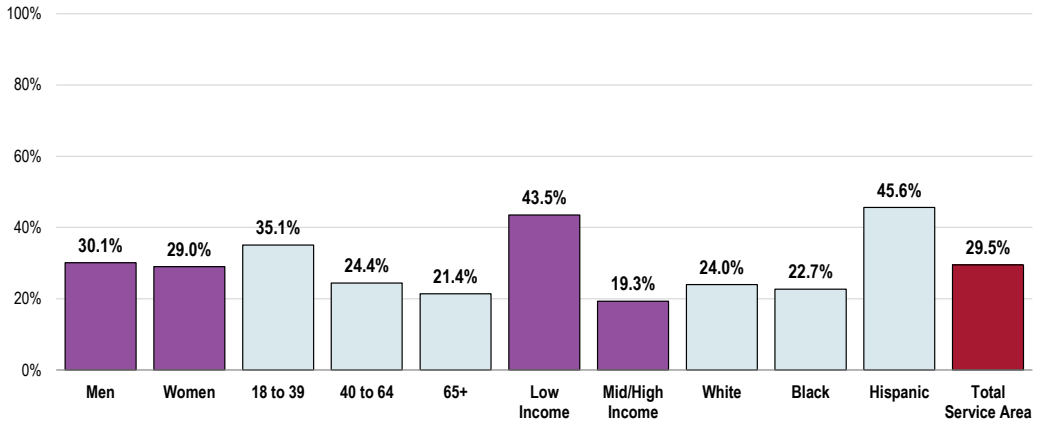
Notes:
- Asked of all respondents.

Those more likely to report difficulty accessing fresh fruits and vegetables include:

- Young adults (under 40).
- Lower-income residents.
- Hispanics.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

(Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

— Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

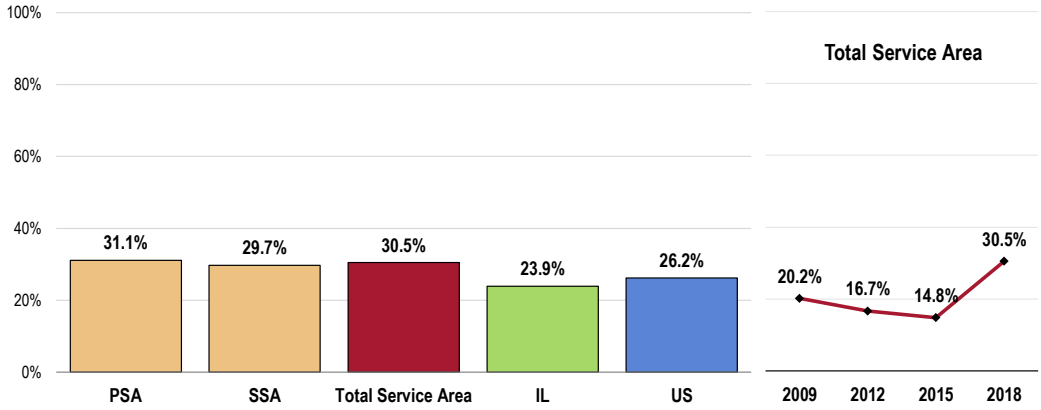
A total of 30.5% of Total Service Area adults report no leisure-time physical activity in the past month.

- Worse than statewide findings.
- Similar to national findings.

- Similar to the Healthy People 2020 target (32.6% or lower).
- Similar by service area.
- TREND: Marks a statistically significant increase from previous survey results.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

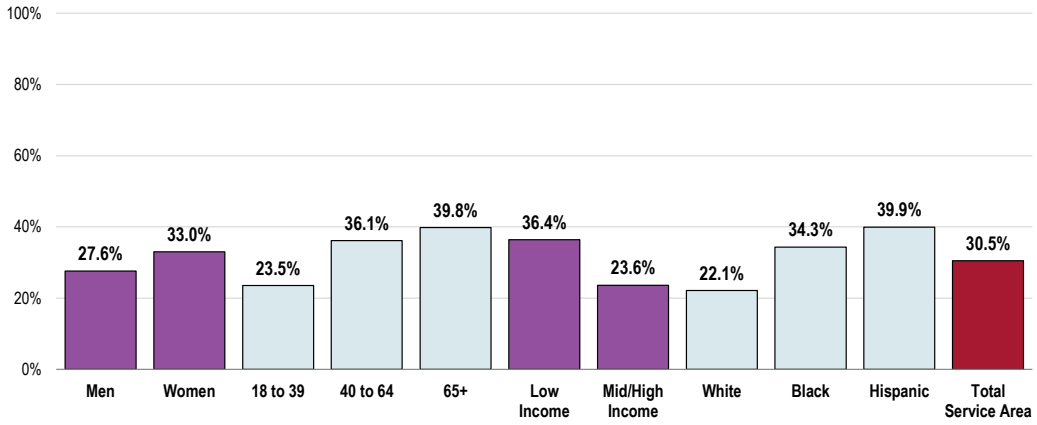
Lack of leisure-time physical activity in the area is higher among:

- Older residents (correlates with age).
- Lower-income residents.
- Hispanics.

No Leisure-Time Physical Activity in the Past Month

(Total Service Area, 2018)

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Adults

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

— 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
— Learn more about CDC's efforts to promote walking by visiting http://www.cdc.gov/vitalsigns/walking.

Aerobic & Strengthening Physical Activity

Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

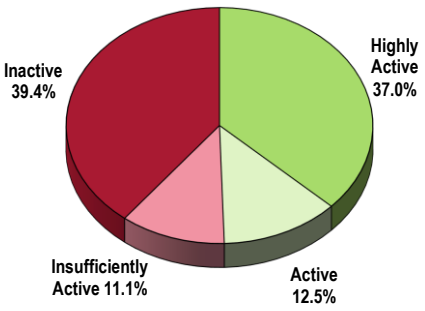
- "Inactive" includes those reporting no aerobic physical activity in the past month.
- "Insufficiently active" includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.
- "Active" includes those with 150-300 minutes of weekly aerobic physical activity.
- "Highly active" includes those with >300 minutes of weekly aerobic physical activity.

Based on reported physical activity intensity, frequency, and duration over the past month, 50.5% of Total Service Area adults are found to be "insufficiently active" or "inactive."

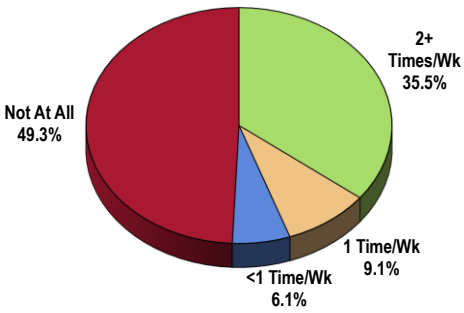
A total of 49.3% of Total Service Area adults do not participate in any types of physical activities or exercises to strengthen their muscles.

Participation in Physical Activities

(Total Service Area, 2018)



Aerobic Activity



Strengthening Activity

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 96, 150]
Notes: ● Reflects the total sample of respondents.
● In this case, "inactive" aerobic activity represents those adults participating in no aerobic activity in the past week; "insufficiently active" reflects those respondents with 1–149 minutes of aerobic activity in the past week; "active" adults are those with 150–300 minutes of aerobic activity per week; and "highly active" adults participate in 301+ minutes of aerobic activity weekly.

Recommended Levels of Physical Activity

A total of 21.7% of Total Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

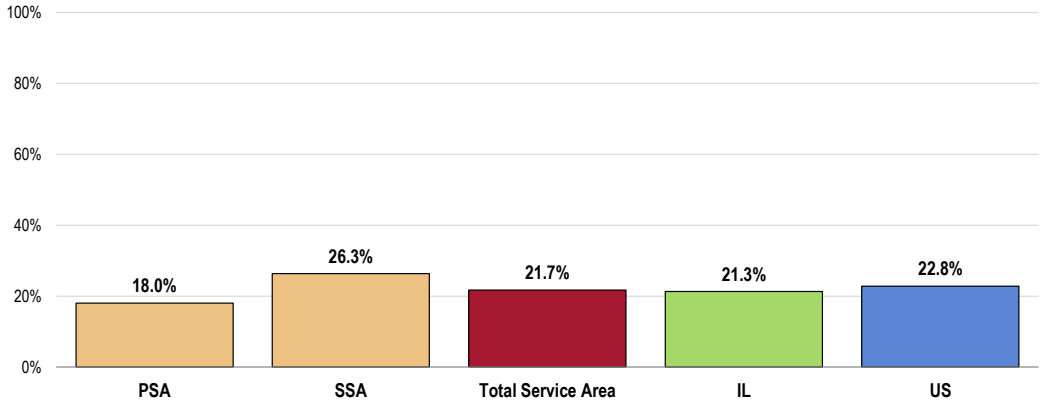
Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

- Similar to state and US percentages.
- Similar to the Healthy People 2020 target (20.1% or higher)

Meets Physical Activity Recommendations

Healthy People 2020 Target = 20.1% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity *and* report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

Recommended Levels of Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

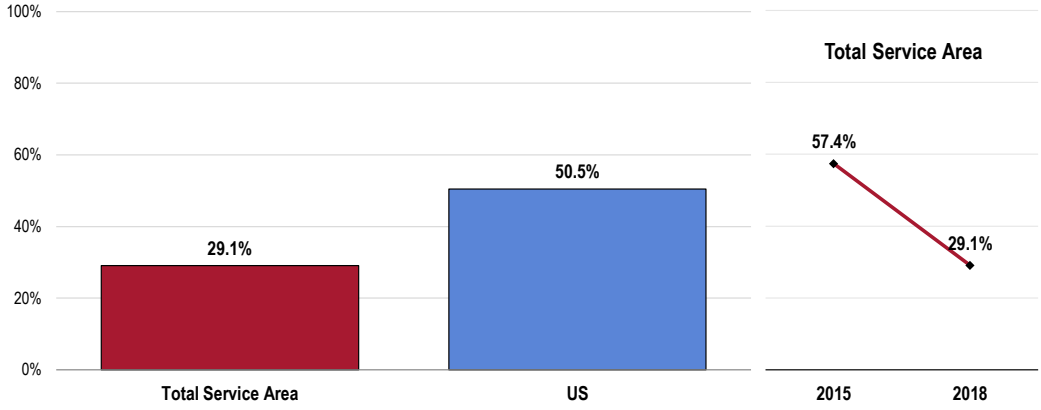
— 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Total Service Area children age 2 to 17, 29.1% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Well below that reported nationally.
- TREND: Marks a statistically significant decrease from 2015 survey findings.

Child Is Physically Active for One or More Hours per Day

(Among Children Age 2-17)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity

In 2016, there were 11.8 recreation/fitness facilities for every 100,000 residents in the Total Service Area (ZIP Code median).

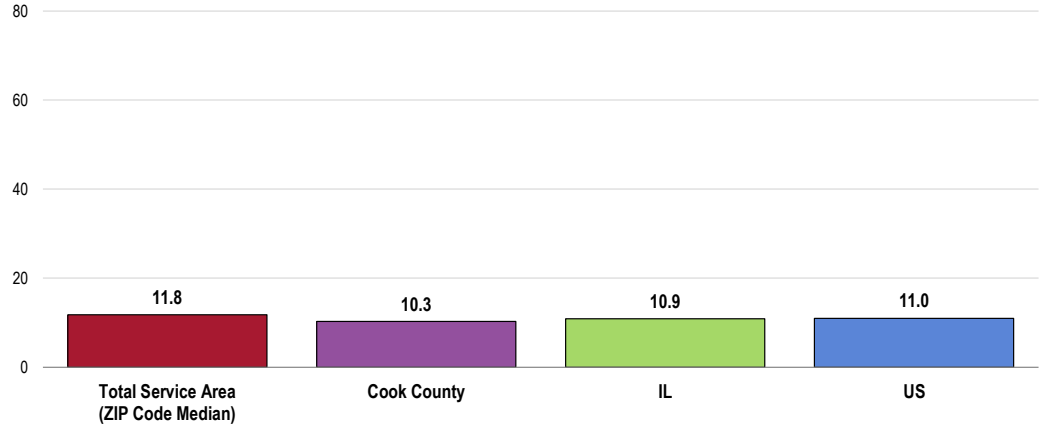
- Similar to county, state, and national proportions.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2016)



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Retrieved January 2019 from Community Commons at http://www.chna.org.

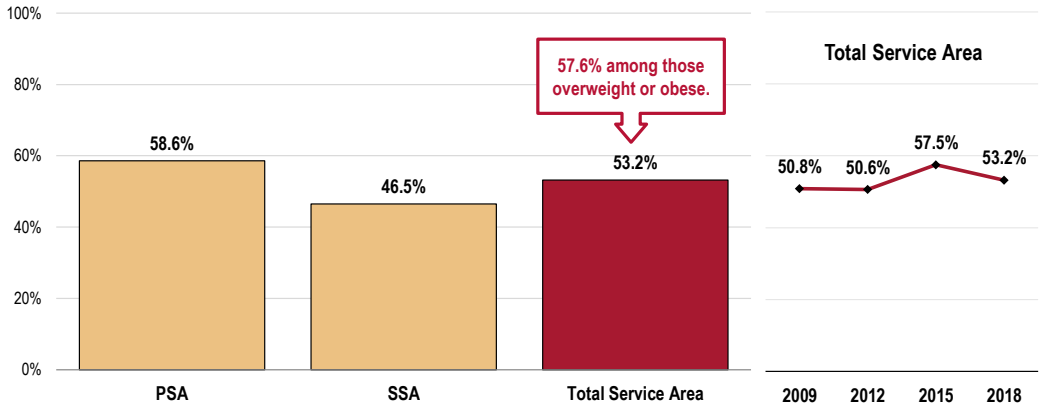
Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Medical Advice

Just over half (53.2%) of survey respondents have received advice on exercise from a health care professional in the past year.

- Notably higher among adults in the Primary Service Area.
- TREND: Statistically unchanged over time.
- The prevalence is 57.6% among survey respondents who are overweight/obese.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]
Notes: ● Asked of all respondents.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

— Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

— Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

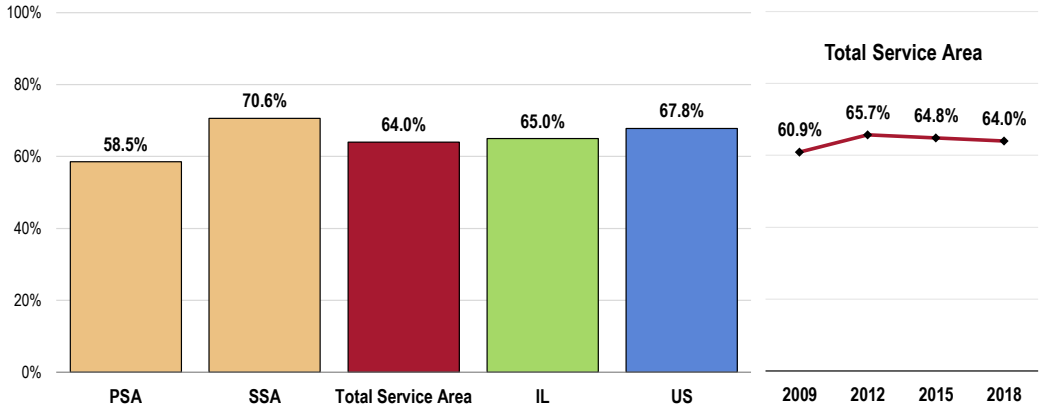
A total of 64.0% of Total Service Area adults are overweight.

Here, "overweight" includes those respondents with a BMI value ≥25.

- Comparable to the Illinois and US percentages.
- Higher in the Secondary Service Area.
- TREND: Statistically unchanged since 2009.

Prevalence of Total Overweight (Overweight or Obese)

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 155, 191)]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 33.9% of Total Service Area adults are obese.

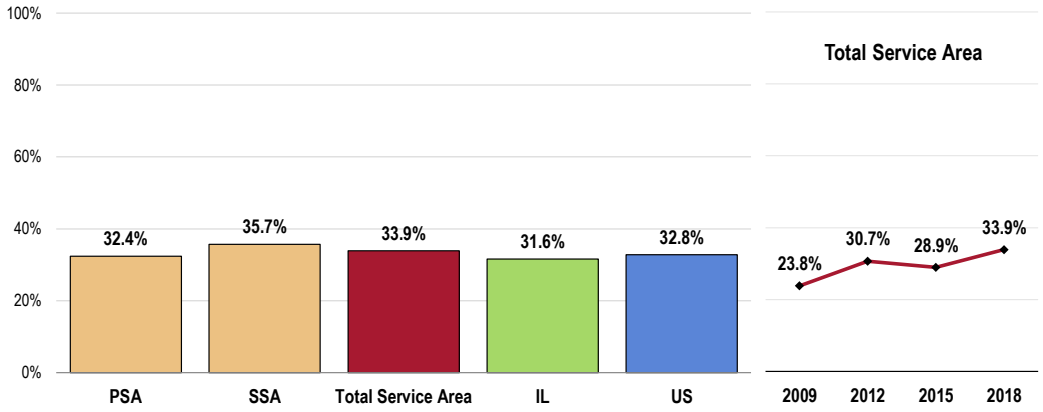
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Similar to state and national findings.
- Similar to the Healthy People 2020 target (30.5% or lower).
- Similar by service area.
- TREND: Denotes a statistically significant increase in obesity since 2009.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

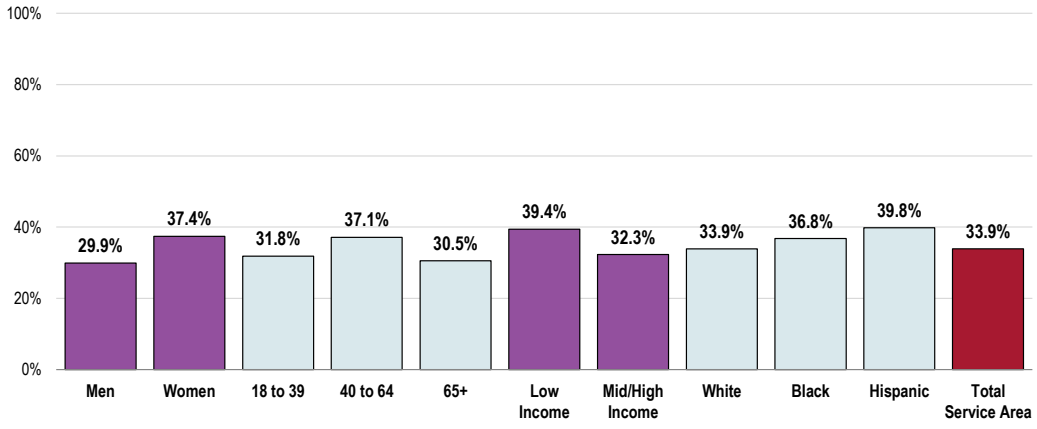
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

- The prevalence of obesity in the Total Service Area does not vary significantly by demographics.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Total Service Area, 2018)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Health Advice

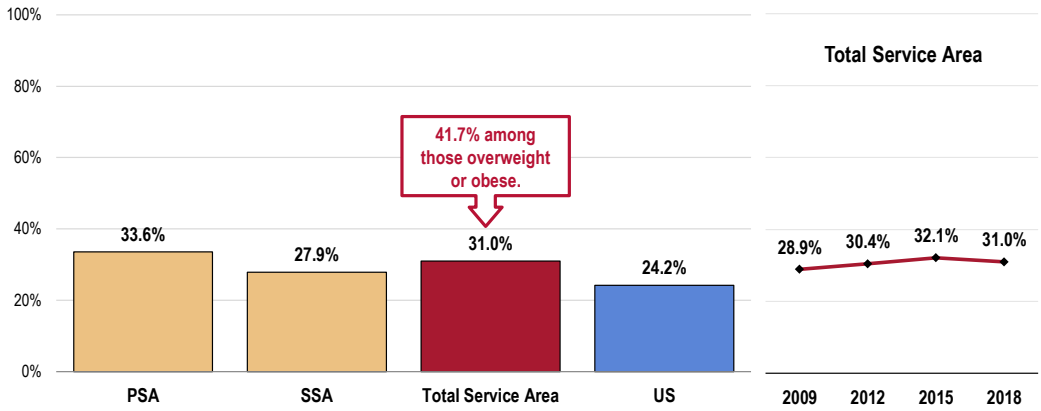
A total of 31.0% of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year.

- Higher than the national findings.
- TREND: Statistically unchanged from that reported in 2009.

Note that 41.7% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while over half have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 98, 156-157]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

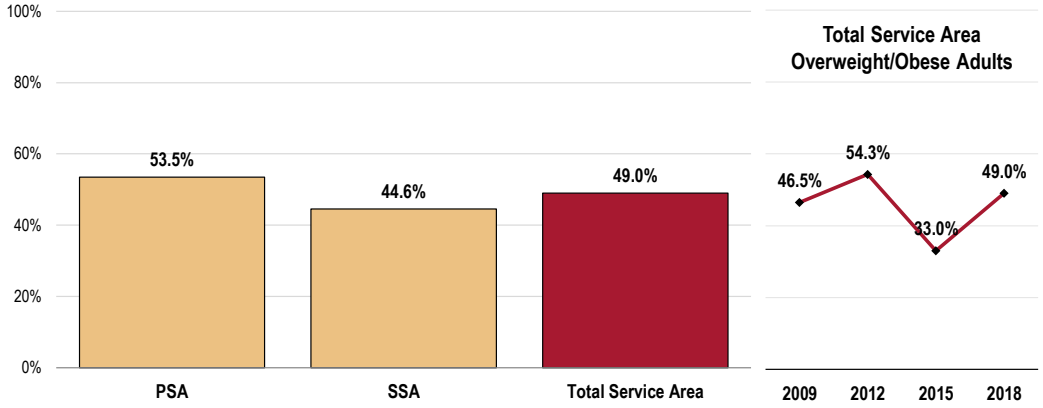
Trying to Lose Weight

Among overweight/obese adults, 49.0% are trying to lose weight by both dieting and increasing their physical activity.

- The prevalence is statistically similar by service area.
- TREND: Though fluctuating over time, the prevalence is statistically unchanged from that reported in 2009.

Trying to Lose Weight With Both Diet and Exercise

(Among Overweight/Obese Adults)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 98, 156-157]
Notes: ● Asked of all respondents.

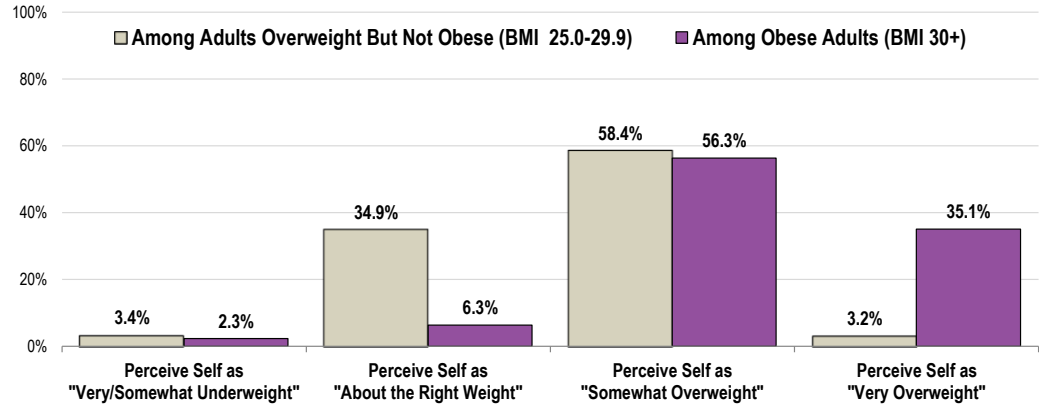
Actual vs. Perceived Weight

Asked to report what they perceive to be their current weight status, 34.9% of overweight (not obese) survey respondents consider themselves to be "just about right."

- Note that only 35.1% of obese adults consider themselves to be "very overweight."

Actual vs. Perceived Weight Status

(Among Overweight/Obese Adults Based on BMI; Total Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
Notes: ● BMI is based on reported heights and weights, asked of all respondents.
● The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Children's Weight Status

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

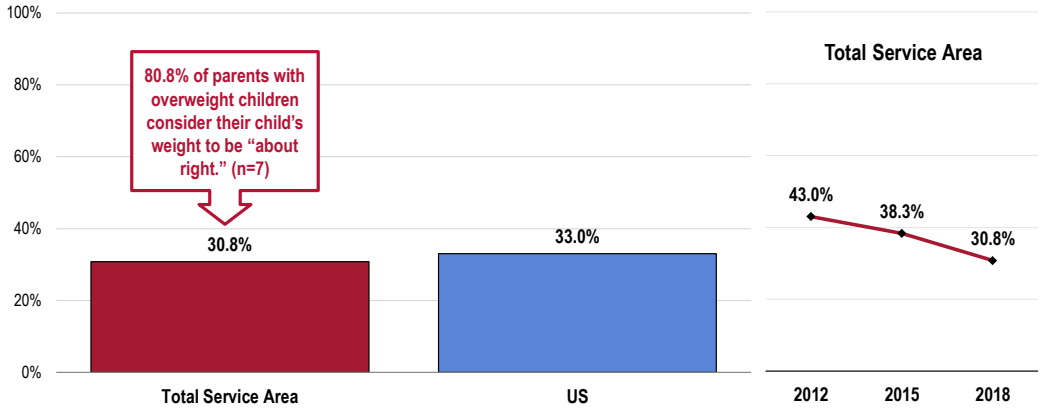
— Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 30.8% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Statistically comparable to the US prevalence.
- TREND: The decrease over time is not statistically significant.
- Among the small sample of parents with overweight children, 80.8% consider their child's weight to be "about right."

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 192, 317]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

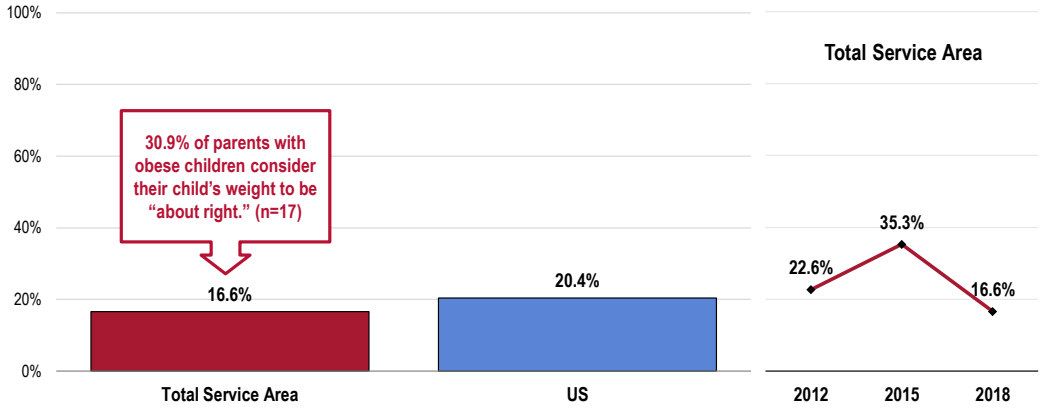
Further, 16.6% of area children age 5 to 17 are obese (≥95th percentile).

- Comparable to the national percentage.
- Comparable to the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Similar to the 2012 survey response (but decreasing since 2015).
- Among the small sample of parents with obese children, 30.9% consider their child's weight to be "about right."

Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 158, 317]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

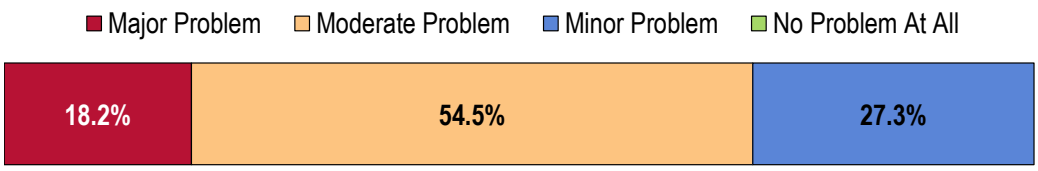
Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age; obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

Over half of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a "moderate problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” the following was mentioned:

Access to Healthy Food

> *Access to healthy food and opportunities for active living are limited in some communities in Chicago.*
> *– Public Health Representative*

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

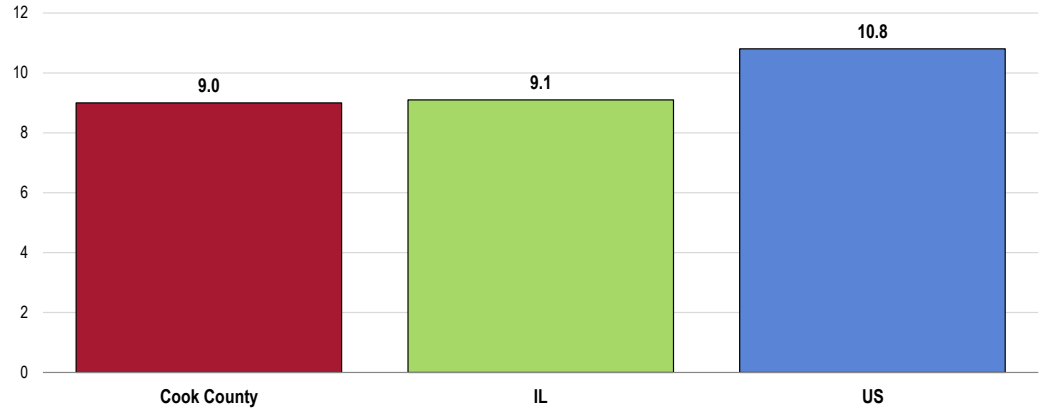
Between 2015 and 2017, Cook County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 9.0 deaths per 100,000 population.

- Similar to the statewide rate.
- Lower than the national rate.
- Similar to the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

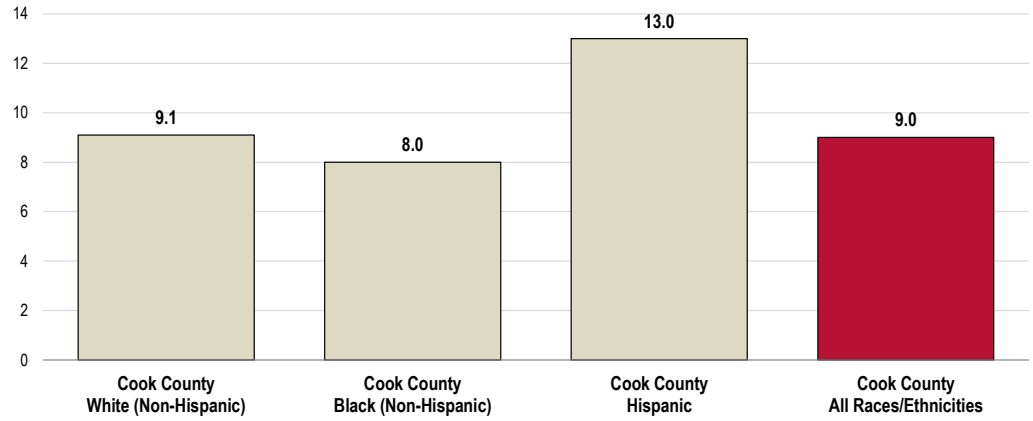
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The cirrhosis mortality rate is higher among Hispanics when compared with Whites and Blacks in Cook County.

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

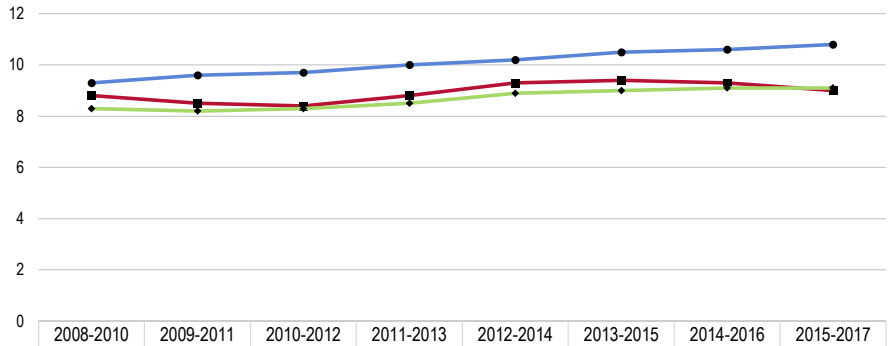
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate has fluctuated widely in the county, showing no clear trend.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Cook County	8.8	8.5	8.4	8.8	9.3	9.4	9.3	9.0
IL	8.3	8.2	8.3	8.5	8.9	9.0	9.1	9.1
US	9.3	9.6	9.7	10.0	10.2	10.5	10.6	10.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alcohol Use

Excessive Drinking

"**Excessive drinking**" includes heavy **and/or** binge drinkers:

- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

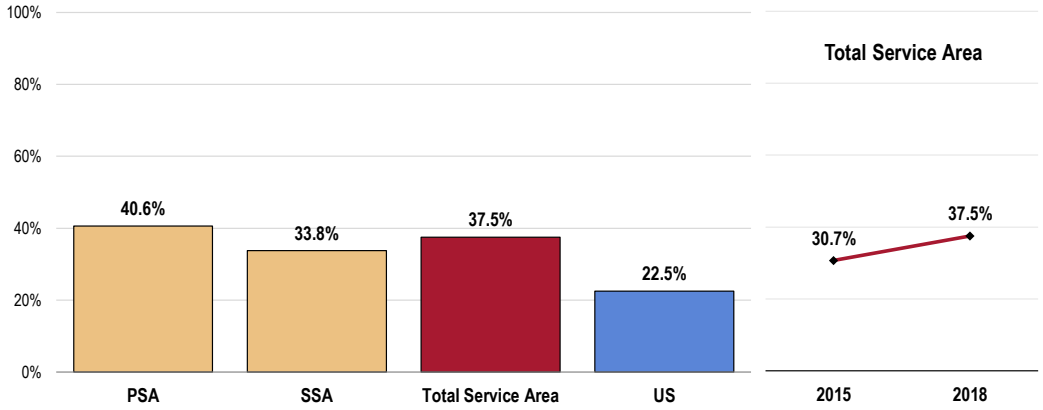
RELATED ISSUE:
See also *Mental Health: Stress* in the **General Health Status** section of this report.

A total of 37.5% of area adults are excessive drinkers (heavy and/or binge drinkers).

- Well above than the national proportion.
- Fails to satisfy the Healthy People 2020 target (25.4% or lower).
- Similar percentages by service area.
- TREND: Denotes a statistically significant increase since 2015.

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

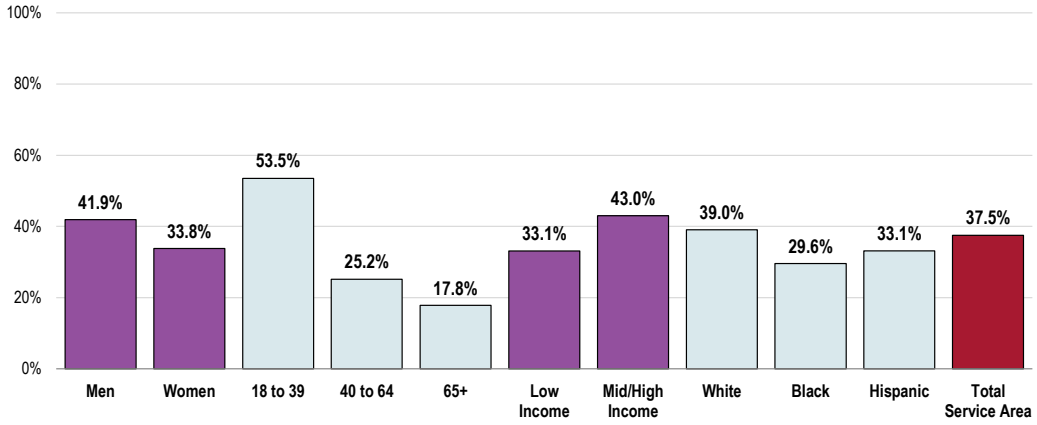
Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

- Excessive drinking in the service area correlates directly with age, as shown.

Excessive Drinkers

(Total Service Area, 2018)

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

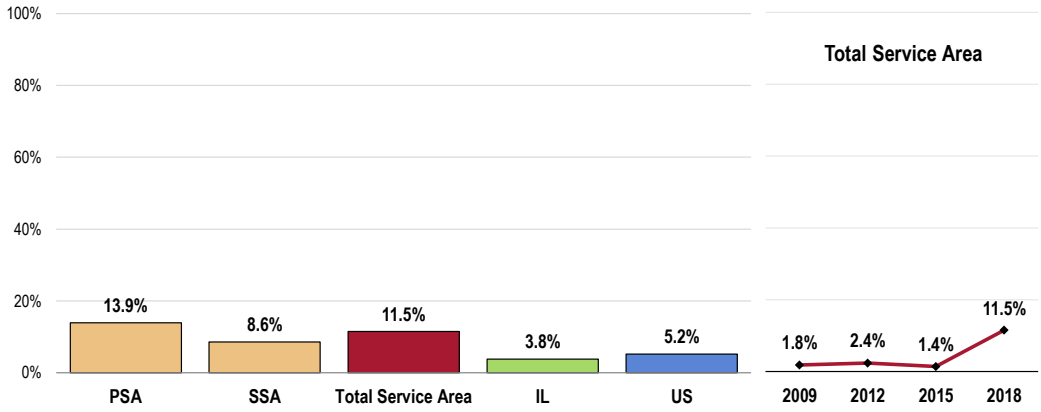
Drinking & Driving

A total of 11.5% of Total Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

- Well above state and national percentages.
- Similar findings by service area.
- TREND: The drinking and driving prevalence has increased significantly from previous survey results.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Age-Adjusted Unintentional Drug-Related Deaths

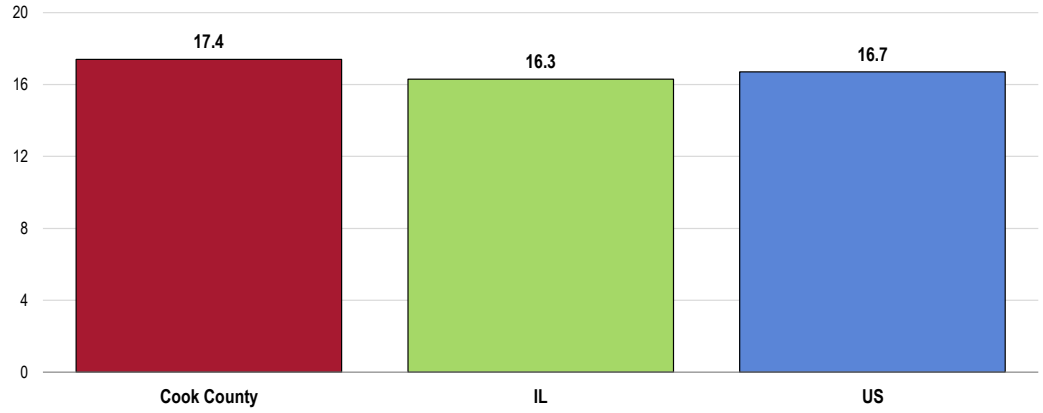
Between 2015 and 2017, there was an annual average age-adjusted unintentional drug-related mortality rate of 17.4 deaths per 100,000 population in Cook County.

- Similar to the statewide and US rates.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).

Unintentional Drug-Related Deaths: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

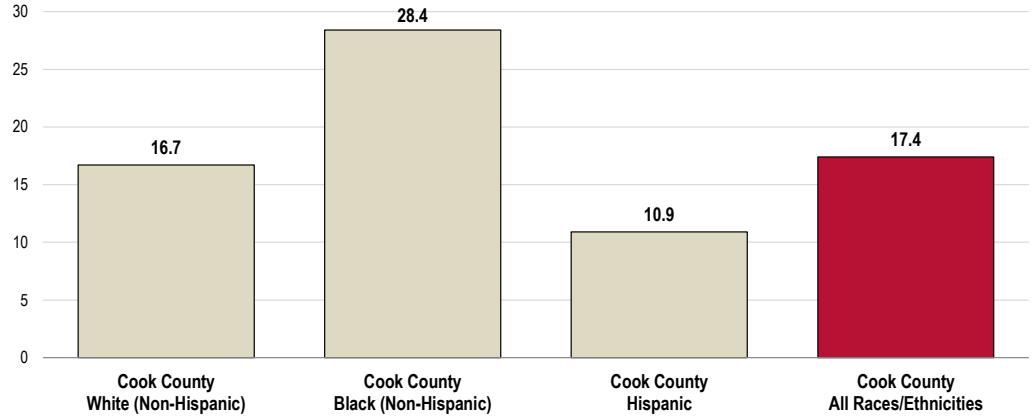
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The drug-related mortality rate is highest in the county's Black community.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

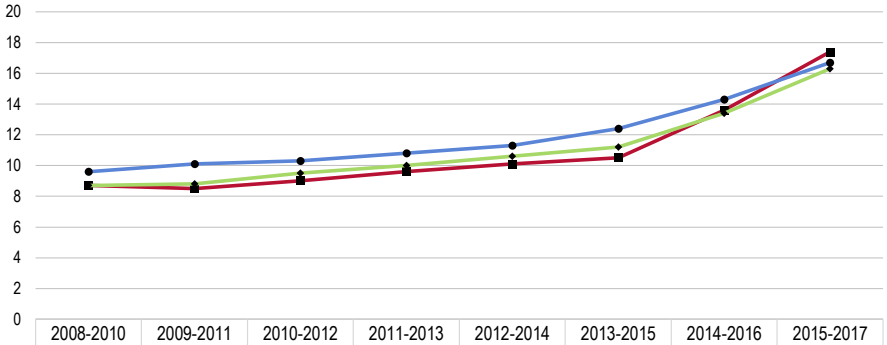
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate has increased considerably in the county, echoing the state and US rates.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Cook County	8.7	8.5	9.0	9.6	10.1	10.5	13.6	17.4
IL	8.7	8.8	9.5	10.0	10.6	11.2	13.4	16.3
US	9.6	10.1	10.3	10.8	11.3	12.4	14.3	16.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2019.
- UD Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12].

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

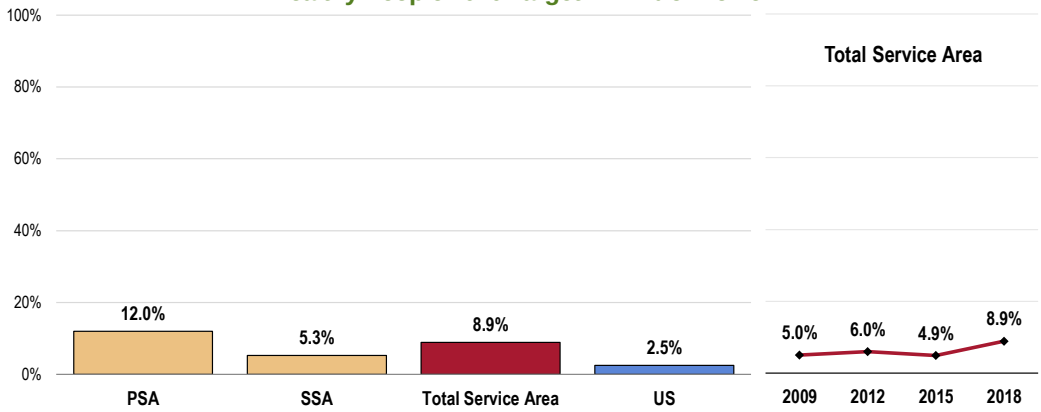
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 8.9% of Total Service Area adults acknowledge using an illicit drug in the past month.

- Much higher than the proportion found nationally.
- Similar to the Healthy People 2020 target of 7.1% or lower.
- Unfavorably high in the Primary Service Area.
- TREND: Statistically unchanged over time.

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower

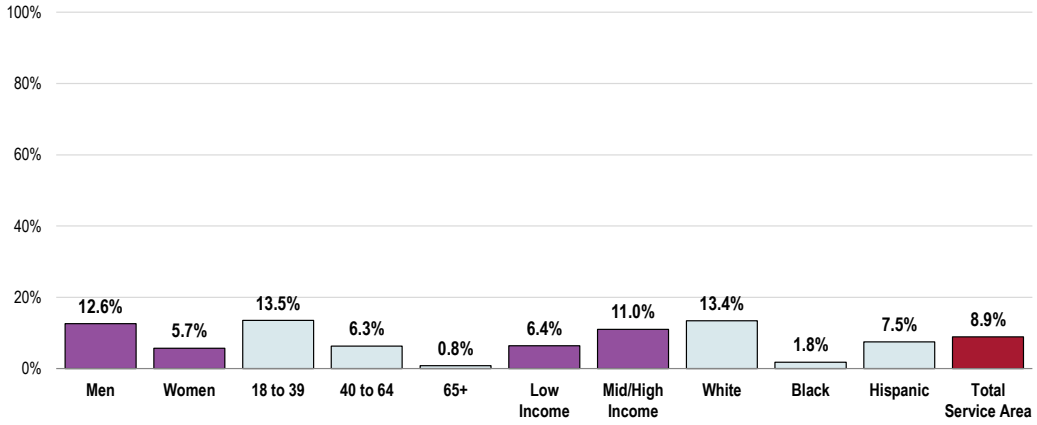


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.

- Illicit drug use is more prevalent among men, young adults, and Whites.

Illicit Drug Use in the Past Month
(Total Service Area, 2018)
Healthy People 2020 Target = 7.1% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

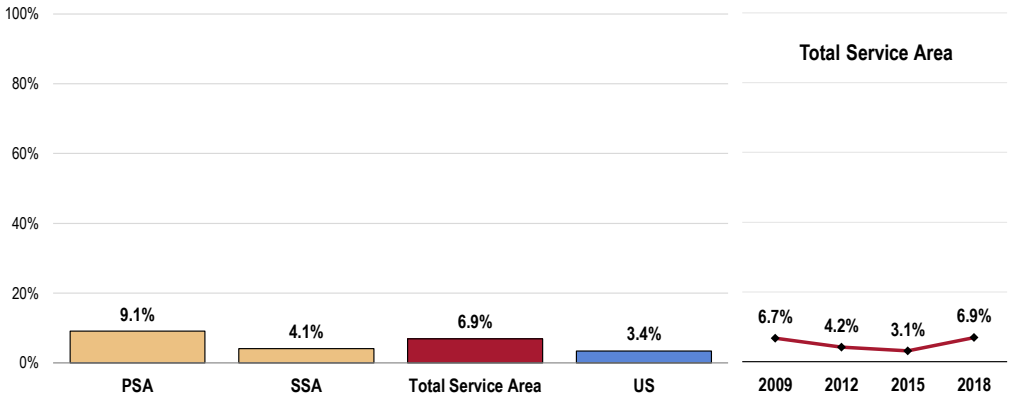
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Alcohol & Drug Treatment

A total of 6.9% of Total Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Twice the national prevalence.
- Similar findings by service area.
- TREND: Statistically unchanged over time.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

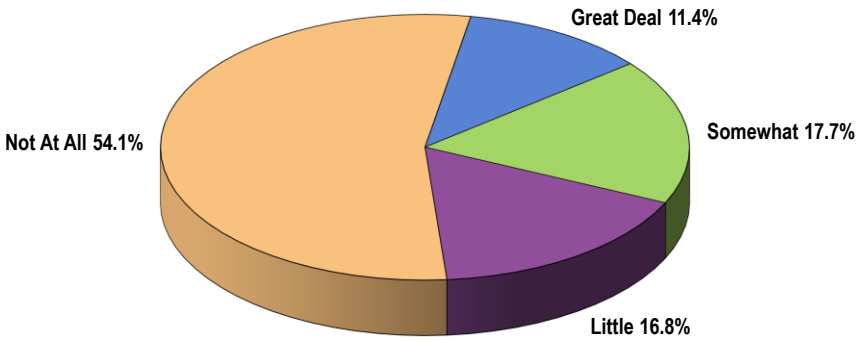
Personal Impact from Substance Abuse

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

In all, most respondents have not been personally impacted (54.1% "not at all" responses).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)

(Total Service Area, 2018)

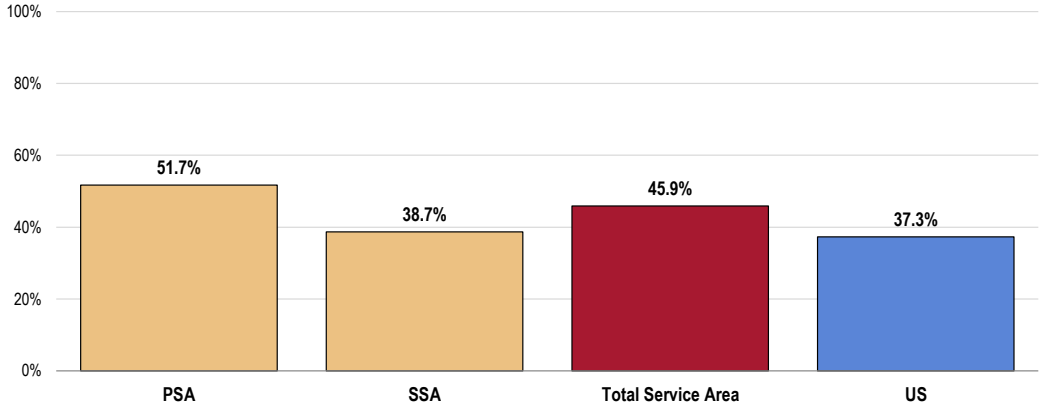


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
Notes: • Asked of all respondents.

In contrast, 45.9% of survey respondents indicate that their lives have been impacted by substance abuse, including 11.4% who report having been impacted "a great deal."

- Worse than the US figure.
- Unfavorably high in the Primary Service Area.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

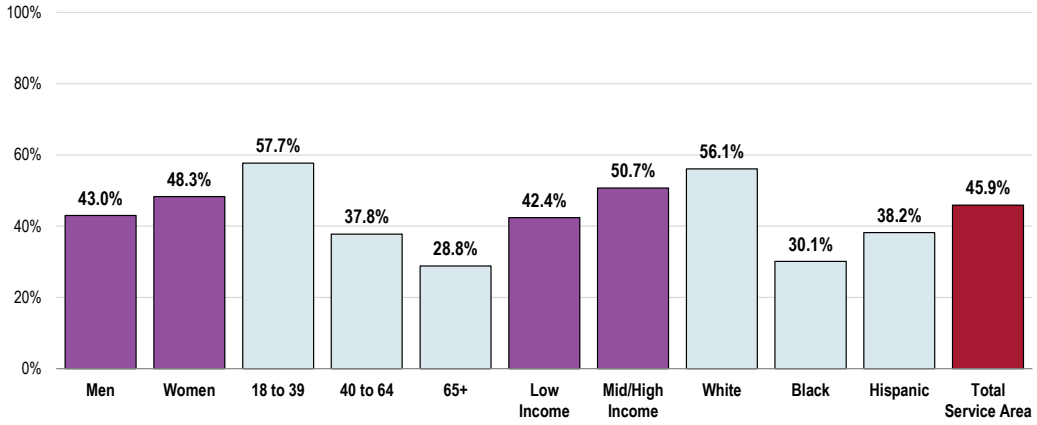
Notes:
- Asked of all respondents.
- Includes response of "a great deal," "somewhat," and "a little."

The prevalence of survey respondents whose lives have been impacted by substance abuse, whether their own abuse or that of another, is higher among the following:

- Young adults (correlates with age).
- Whites.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

(Total Service Area, 2018)

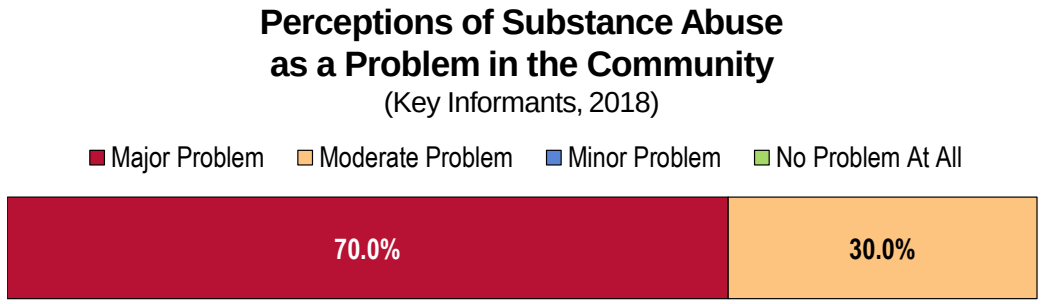


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]

Notes:
- Asked of all respondents.
- Includes response of "a great deal," "somewhat," and "a little."
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a "major problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> *Inpatient detox/rehab facilities are available but often have long waitlists and lengthy interviews to determine eligibility. PCPs and psychiatrists don't always seem aware of the best practices related to substance use treatment and the full range of options (medication-assisted treatment for alcohol use and other substance use). – Other Health Provider*
>
> *Access to affordable, high quality services. – Other Health Provider*

Awareness/Education

> *Identifying those in need and a lack of financial ability to pay. Presently, more of a Band-Aid approach than a concerted effort by those at the top of government. Many outstanding organizations do incredible work with limited resources. – Other Health Provider*

Prevalence/Incidence

> *Opioid overdose deaths continue to rise in Chicago. Most overdoses are related to heroin and fentanyl. – Public Health Representative*

Most Problematic Substances

Key informants (who rated this as a "major problem") clearly identified **alcohol** and **heroin/other opioids** as the most problematic substances abused in the community, followed by **prescription medications**.

Problematic Substances as Identified by Key Informants				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	**Total Mentions**
Alcohol	80.0%	20.0%	0.0%	**5**
Heroin or Other Opioids	20.0%	80.0%	0.0%	**5**
Prescription Medications	0.0%	0.0%	40.0%	**2**
Over-the-Counter Medications	0.0%	0.0%	20.0%	**1**
Cocaine or Crack	0.0%	0.0%	20.0%	**1**

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

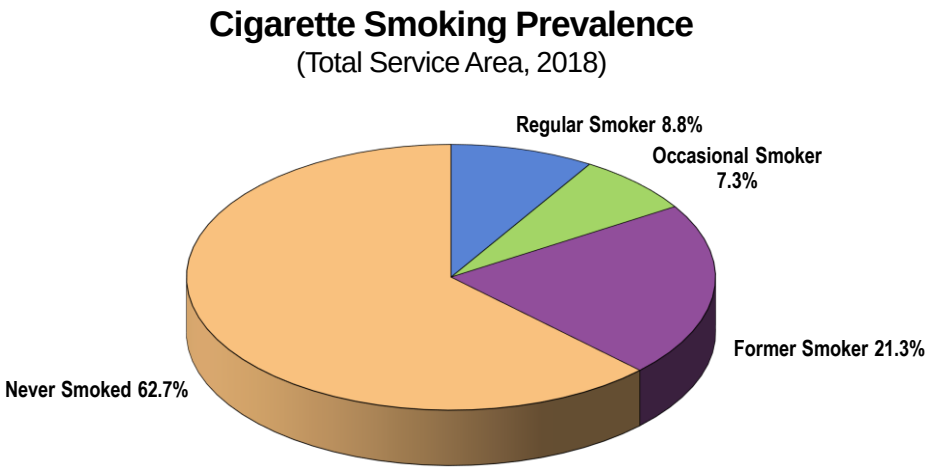
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

— Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 16.1% of Total Service Area adults currently smoke cigarettes, either regularly (8.8% every day) or occasionally (7.3% on some days).



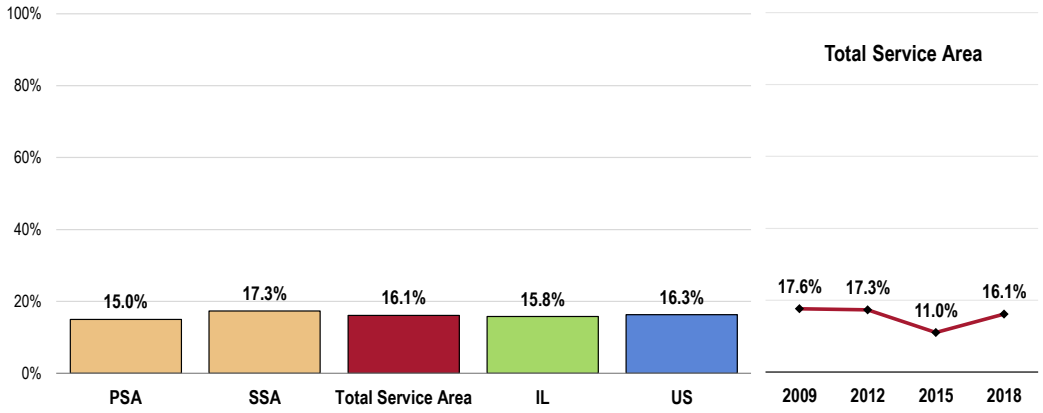
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
Notes: • Asked of all respondents.

- Similar to statewide and national findings.
- Similar to the Healthy People 2020 target (12% or lower).

- Similar prevalence by service area.
- TREND: The percentage is statistically unchanged since 2009.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 193]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

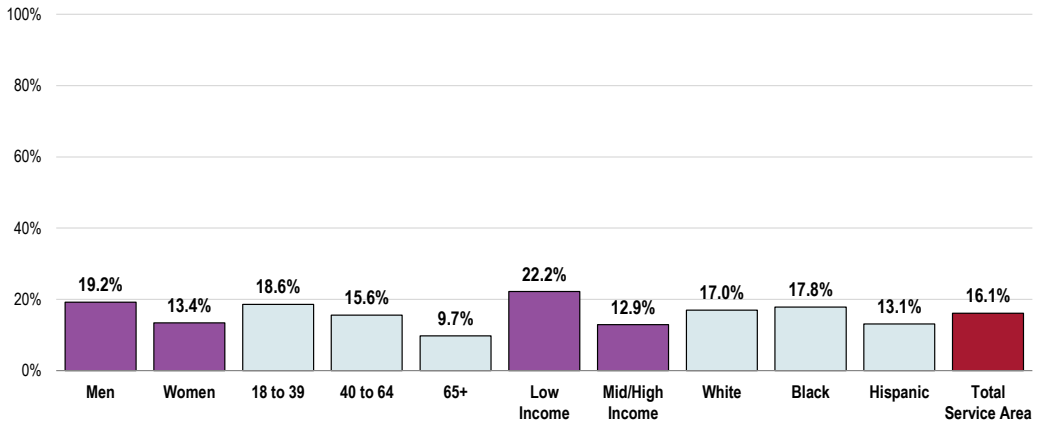
Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

- Cigarette smoking in the Total Service Area does not vary significantly by demographic characteristics.

Current Smokers

(Total Service Area, 2018)

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 193]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

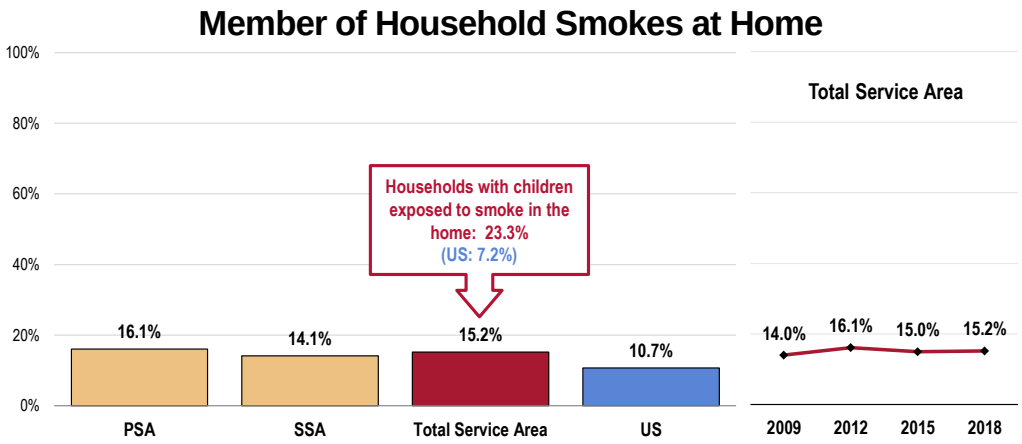
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (every day and some days).

Environmental Tobacco Smoke

A total of 15.2% of Total Service Area adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of four or more times per week over the past month.

- Worse than national findings.
- Similar findings by service area.
- TREND: Statistically unchanged over time.

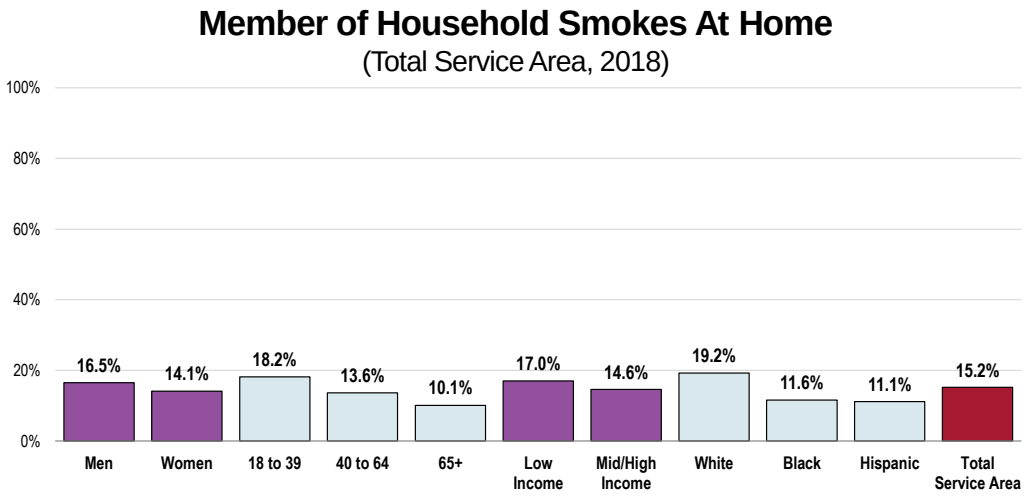
Note that 23.3% of Total Service Area children are exposed to cigarette smoke at home, three times what is found nationally.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 162]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- The prevalence does not vary significantly by demographics in the service area.

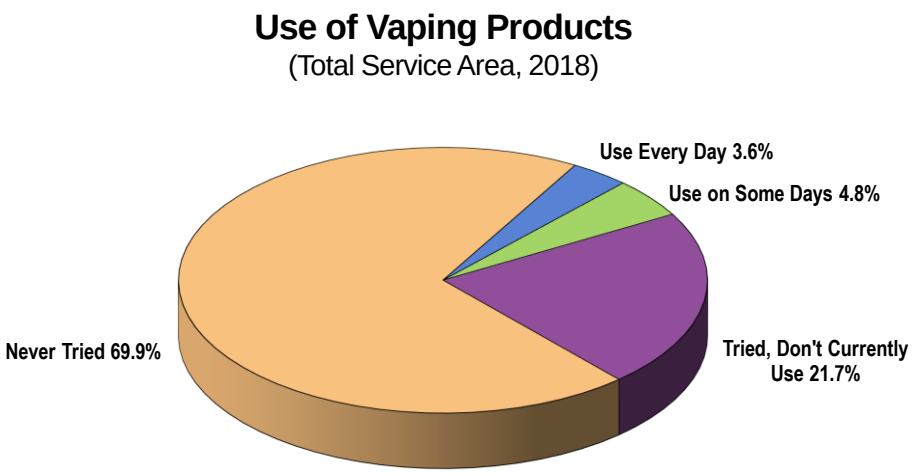


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

Use of Vaping Products

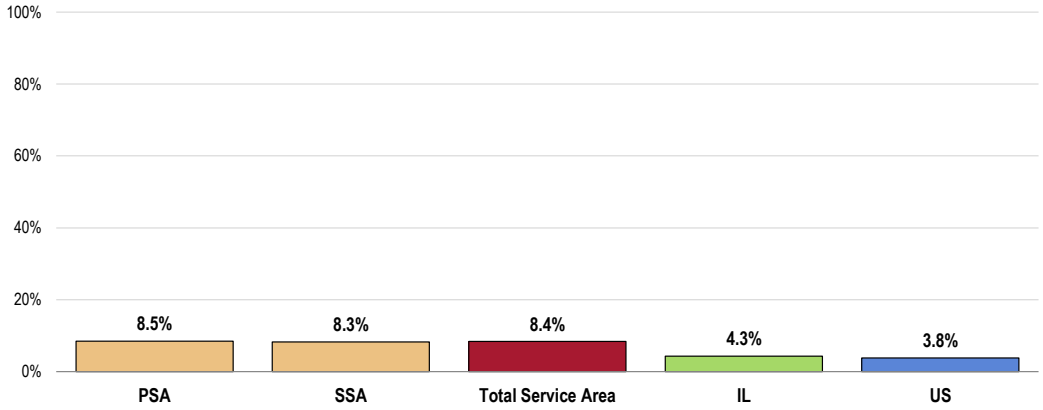
A total of 8.4% of Total Service Area adults currently use electronic cigarettes (e-cigarettes) or other electronic vaping products either regularly (3.6% every day) or occasionally (4.8% on some days).



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
Notes: • Asked of all respondents.

- Worse than state and national percentages.
- Similar prevalence by service area.

Currently Use Vaping Products
(Every Day or on Some Days)

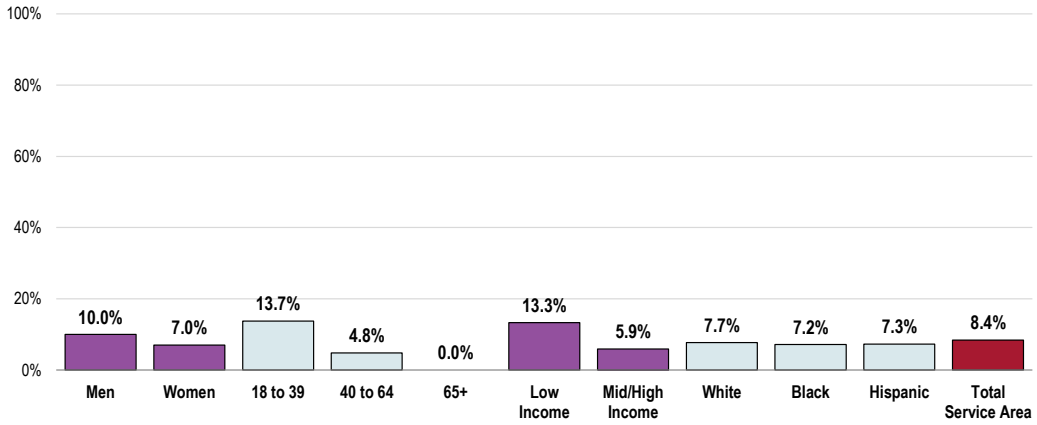


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.

Notes:
- Asked of all respondents.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

- Use of electronic cigarette/other vaping products correlates with age in the service area.

Currently Use Vaping Products
(Total Service Area, 2018)

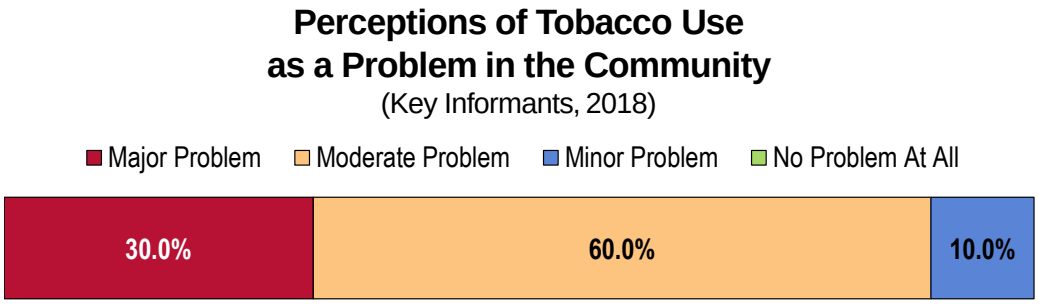


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Electronic Cigarettes

> *E-cigarette use among youth has increased dramatically. Youth who use e-cigarettes are more likely to go on to use traditional tobacco products. – Public Health Representative*

Co-Occurrences

> *Tobacco use leads to many diseases. – Other Health Provider*

Access to Health Services

Professional Research Consultants, Inc.

Health Insurance Coverage

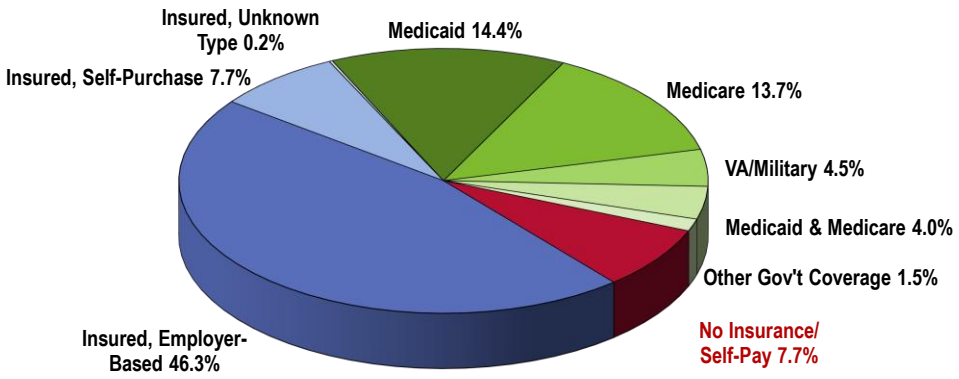
Type of Healthcare Coverage

A total of 54.2% of Total Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 38.1% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Healthcare Insurance Coverage

(Among Adults Age 18-64; Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 7.7% report having no insurance coverage for healthcare expenses.

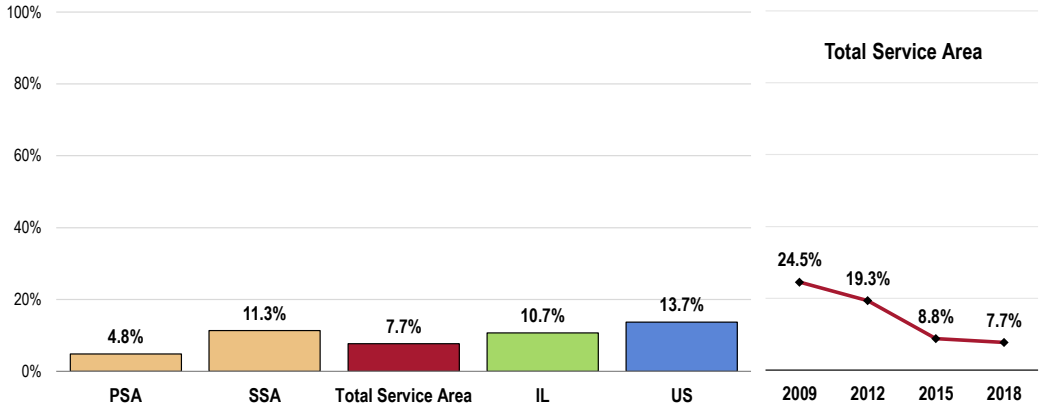
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Similar to the state finding.
- Better than the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Statistically similar percentages by service area.
- TREND: Marks a statistically significant improvement over time.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

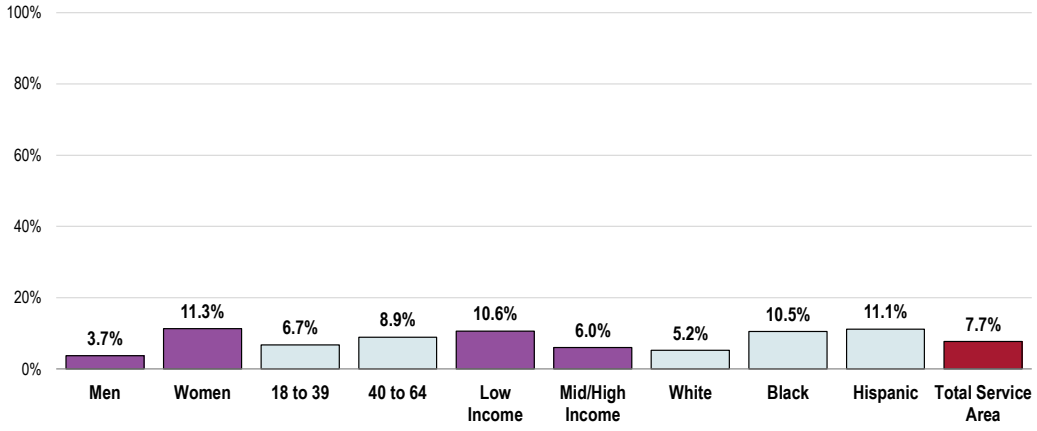
Notes:
- Asked of all respondents under the age of 65.

- Total Service Area women are more likely to be without healthcare insurance coverage.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Total Service Area, 2018)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

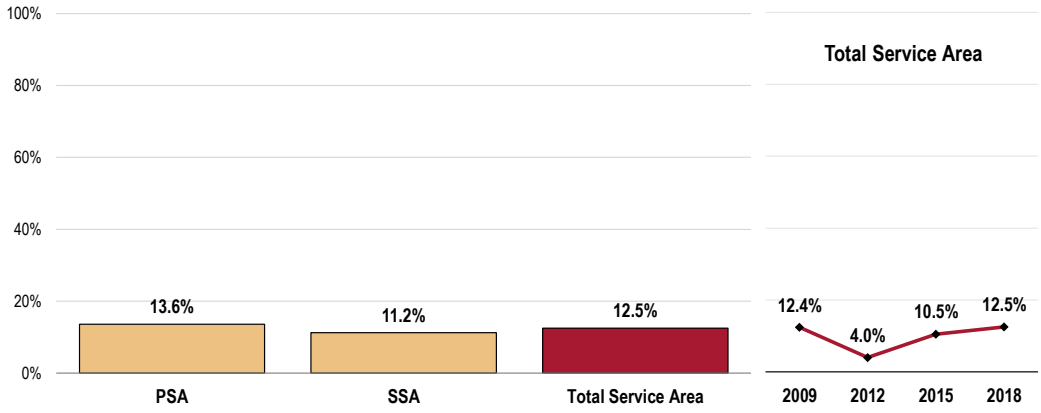
Notes:
- Asked of all respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Insurance Instability

Among survey respondents who are currently insured, 12.5% had a time in the past year when they were without coverage.

- Similar percentages by service area.
- TREND: Statistically similar to 2009 findings (though fluctuating over time).

Insurance Instability: Insured Adults Who Were Without Coverage at Some Point in the Past Year

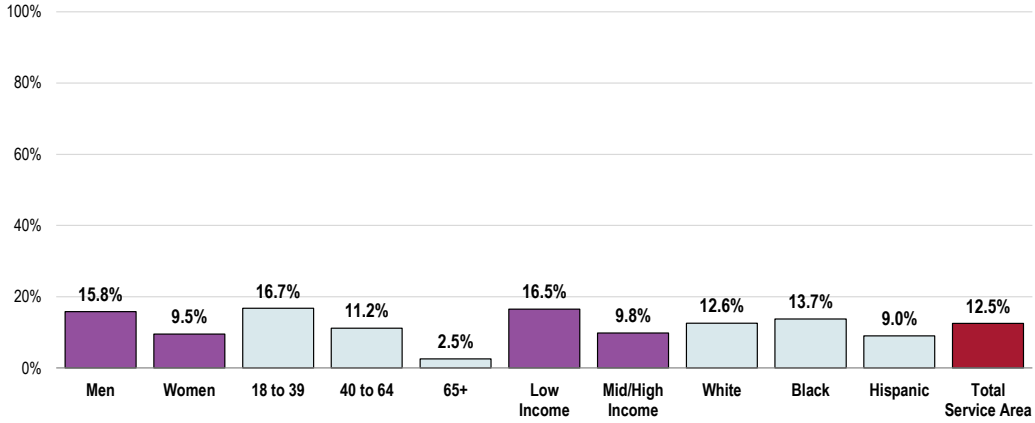


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
Notes: ● Asked of all respondents.

- Insurance instability correlates with age in the Total Service Area, as shown.

Insurance Instability: Insured Adults Who Were Without Coverage at Some Point in the Past Year

(Insured Adults; Total Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
Notes: ● Asked of all respondents with healthcare coverage.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

— Healthy People 2020 (www.healthypeople.gov)

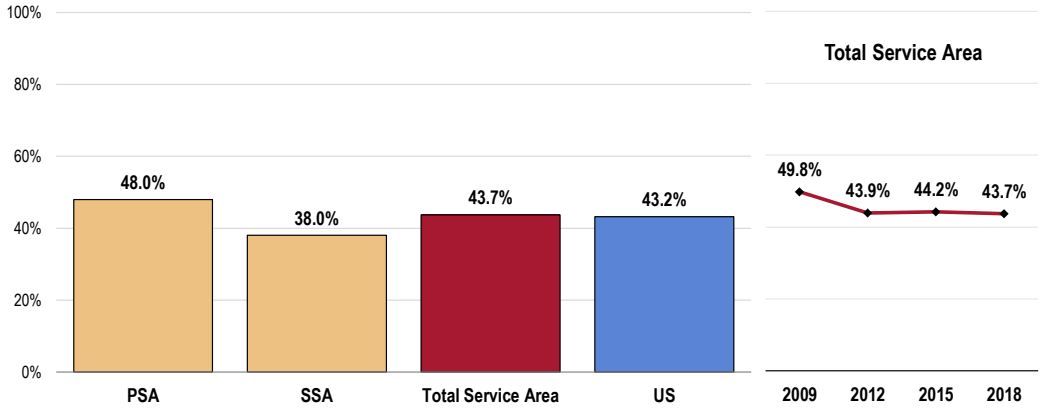
Difficulties Accessing Services

This indicator reflects the percentage of Total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 43.7% of Total Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Nearly identical to national findings.
- Statistically similar by service area.
- TREND: Statistically similar to previous findings.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

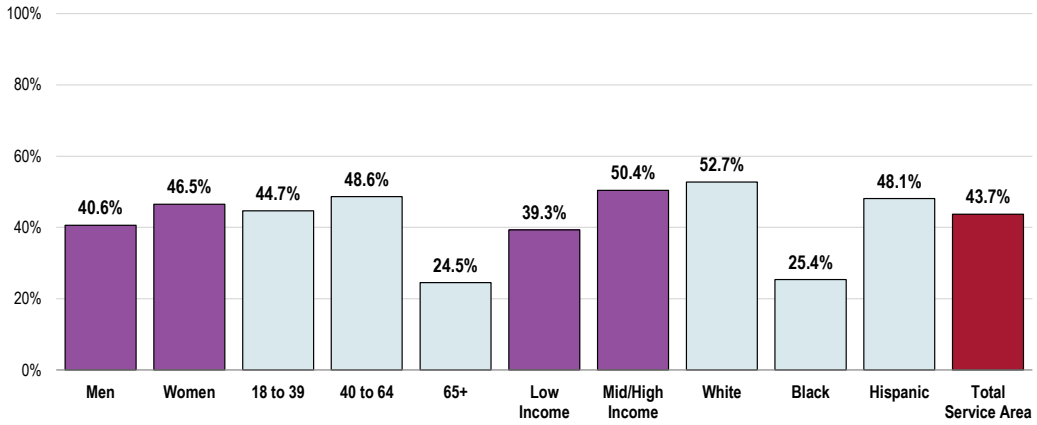


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Adults under age 65.
- Whites and Hispanics.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(Total Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
Notes: • Asked of all respondents.
• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

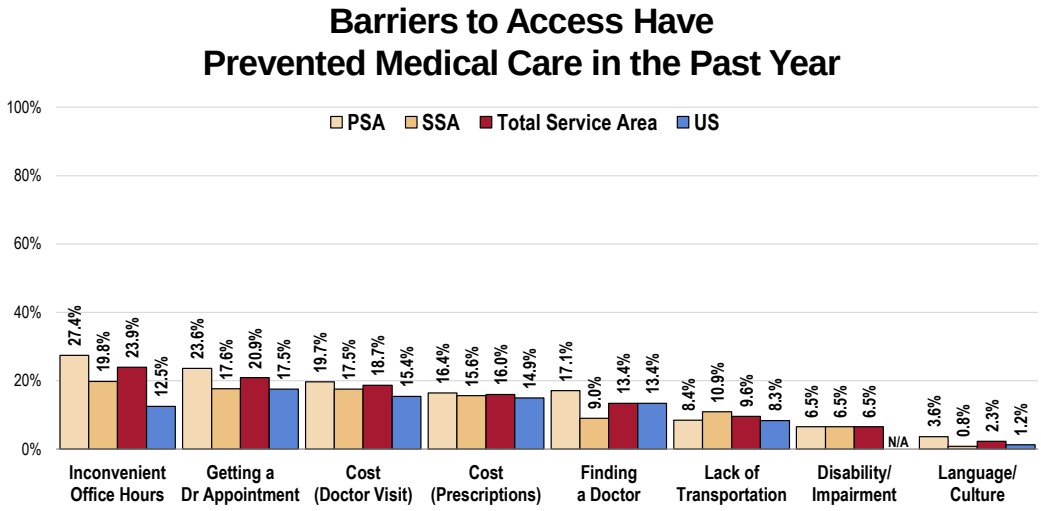
Barriers to Healthcare Access

To better understand healthcare access barriers, survey participants were asked whether any of eight types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, inconvenient office hours impacted the greatest share of Total Service Area adults (23.9% say that inconvenient hours prevented them from obtaining a visit to a physician in the past year).

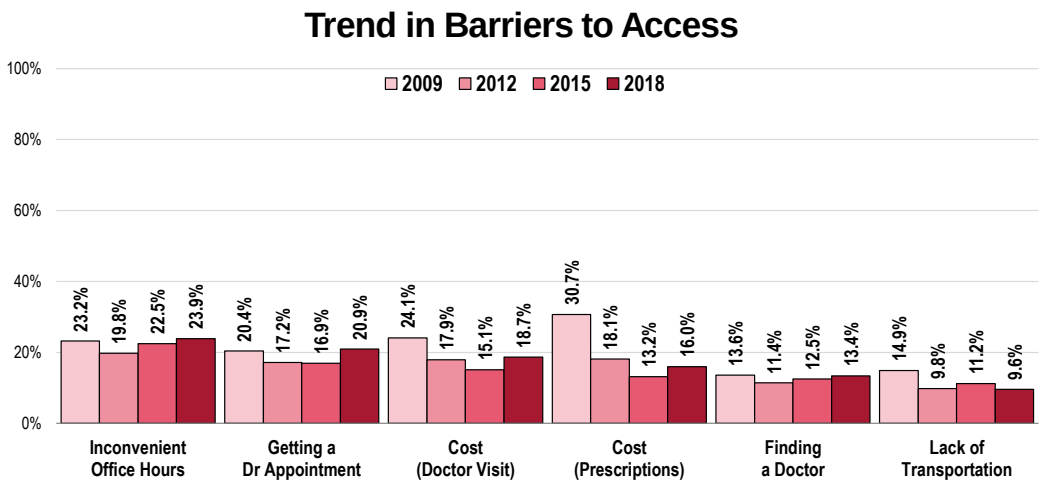
- The proportion of impacted Total Service Area adults is statistically comparable to that found nationwide for each of the tested barriers, with the exception of **inconvenient office hours** (for which the service area fared worse).
- The only significant disparity in access barriers by service area was for difficulty **finding a physician** (the prevalence was significantly higher in the Primary Service Area).



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13, 301]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- TREND: Over time, note the statistically significant improvements in the access barriers of **transportation** and **cost of prescription medications**.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-11, 13]

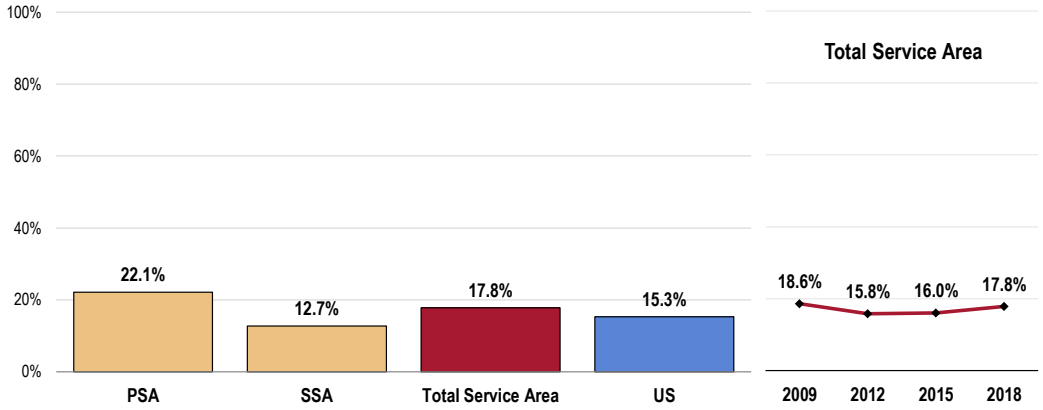
Notes:
- Asked of all respondents.

Prescriptions

Among all Total Service Area adults, 17.8% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Comparable to national findings.
- Unfavorably high in the Primary Service Area.
- TREND: Statistically similar to 2009 findings.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



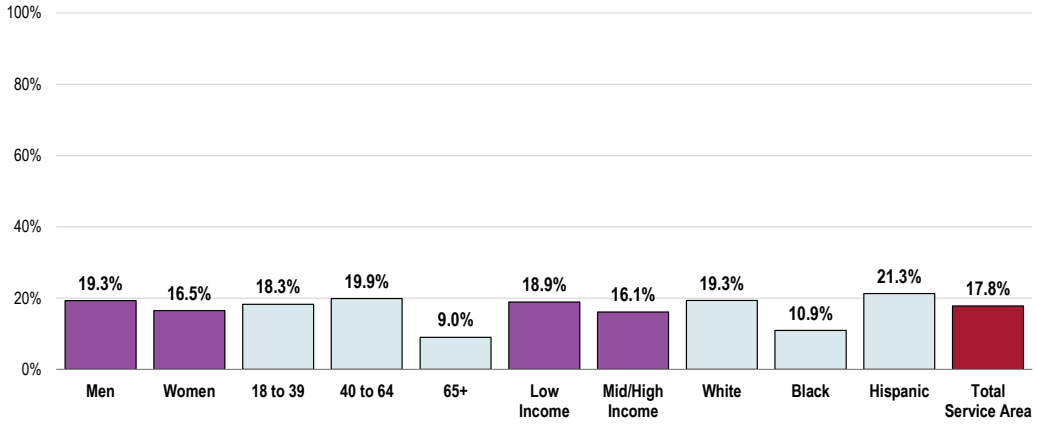
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Residents under age 65 are more likely to have skipped or reduced their prescription doses in the past year.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

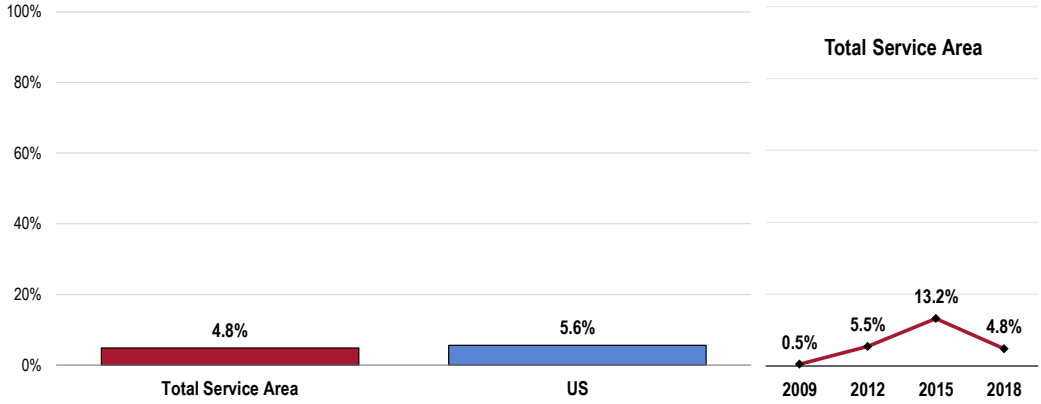
A total of 4.8% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

- Statistically similar to what is reported nationwide.
- TREND: Statistically similar to the 2009 survey results but fluctuating considerably over time.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



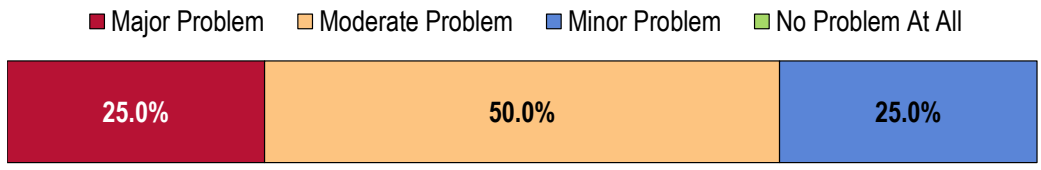
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Healthcare Services

Half of key informants taking part in an online survey characterized *Access to Healthcare Services* as a "moderate problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2018)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Lack of Communication Between Doctors

> *One of the primary issues I'm finding is from a care coordination standpoint. Doctors are not communicating with one another, and individuals are being seen by multiple providers/hospital systems that don't attempt to obtain one another's records or report back about visits. Specialists need to get better about updating referring providers about visits, what was discussed, what was prescribed, etc. Our participants are not volunteering this information or easily communicating this back to the doctors, and MDs or their teams need to be more accountable in relaying this information to care teams. Since this generally doesn't happen, patients are prescribed conflicting medications at times, they're receiving multiple orders for imaging that may not need to happen, and their primary doctors are unaware of what the specialists are doing. The referrals are fairly useless if the information isn't communicated back to the referral source. – Other Health Provider*

Access to Care/Services

> *Availability of resources in the community. There are community CM's related to certain insurances, but for those on Medicaid benefits, there is a lot of opportunity for education to manage certain diagnoses. – Other Health Provider*

Affordable Care/Services

> *My concerns are for dental. Many people can't afford to visit a dentist. Their teeth are falling out. – Other Health Provider*

Insurance Issues

> *Availability to noninsured. How to enroll individuals in health care insurance. – Community Leader*

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified behavioral health and dental care as the most difficult to access in the community.

Medical Care Difficult to Access as Identified by Key Informants				
	Most Difficult	Second-Most Difficult	Third-Most Difficult	**Total Mentions**
Behavioral Health	33.3%	33.3%	0.0%	**2**
Dental Care	33.3%	0.0%	33.3%	**2**
Substance Abuse Treatment	0.0%	33.3%	0.0%	**1**
Primary Care	0.0%	0.0%	33.3%	**1**

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

— Healthy People 2020 (www.healthypeople.gov)

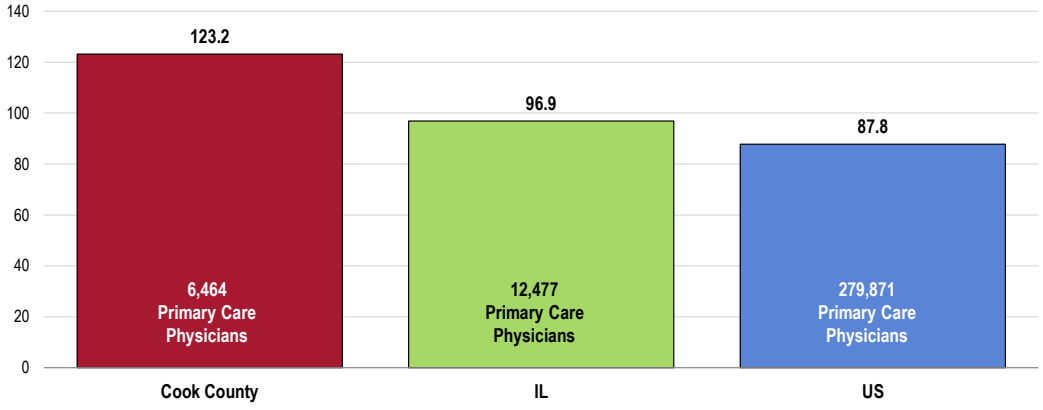
Access to Primary Care

In Cook County in 2014, there were 6,464 primary care physicians, translating to a rate of 123.2 primary care physicians per 100,000 population.

- Well above what is found statewide and nationally.

Access to Primary Care

(Number of Primary Care Physicians per 100,000 Population, 2014)

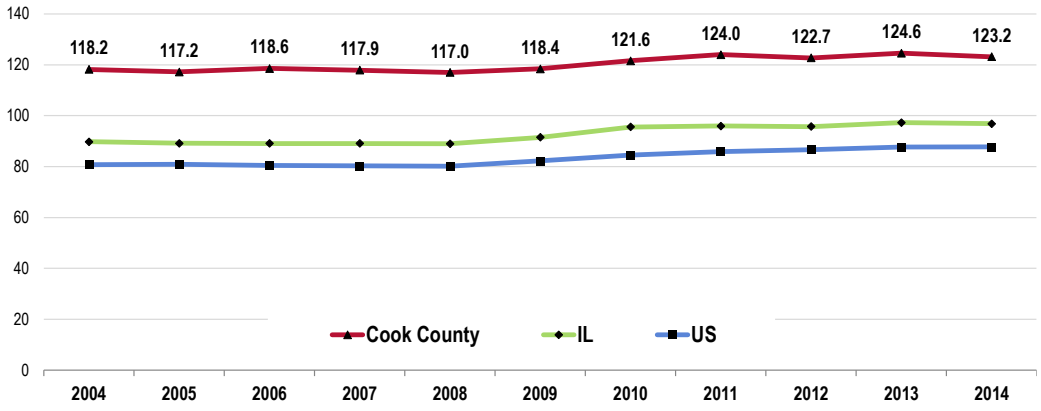


Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved January 2019 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- TREND: Access to primary care (in terms of the rate of primary care physicians to population) has not changed greatly over the past decade in the county.

Trends in Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population)



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved January 2019 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Specific Source of Ongoing Care

A total of 69.9% of Total Service Area adults were determined to have a specific source of ongoing medical care.

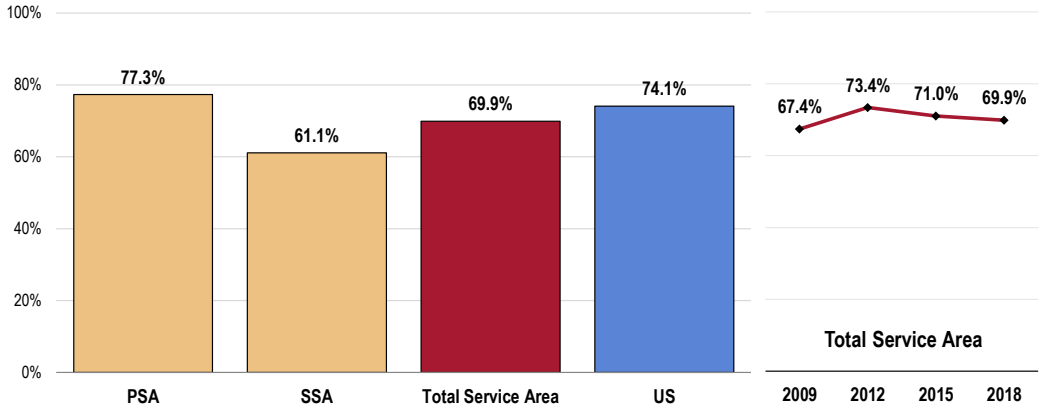
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Unfavorably lower in the Secondary Service Area.
- TREND: Statistically unchanged over time.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

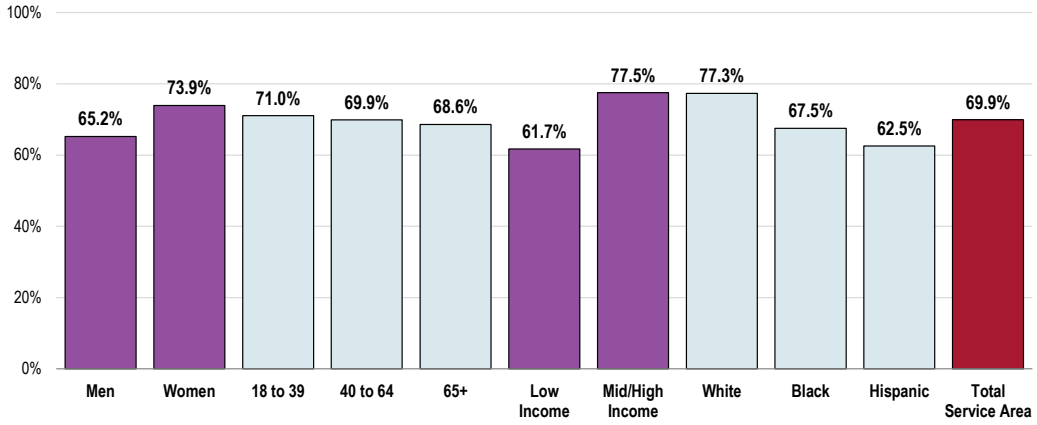
When viewed by demographic characteristics, the following population segments are <u>less likely</u> to have a specific source of care:

- Lower-income adults.
- Hispanics.

Have a Specific Source of Ongoing Medical Care

(Total Service Area, 2018)

Healthy People 2020 Target = 95.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

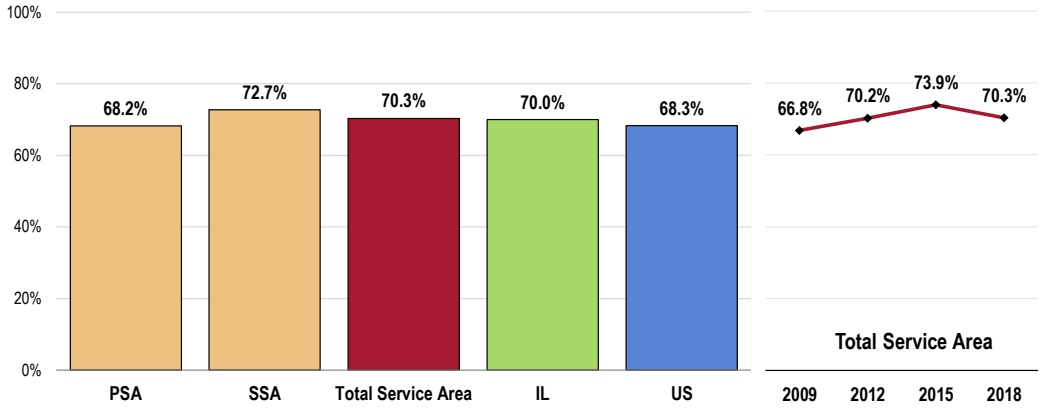
Utilization of Primary Care Services

Adults

Most local adults (70.3%) visited a physician for a routine checkup in the past year.

- Comparable to state and US findings.
- Comparable by service area.
- TREND: Statistically similar to 2009 findings.

Have Visited a Physician for a Checkup in the Past Year

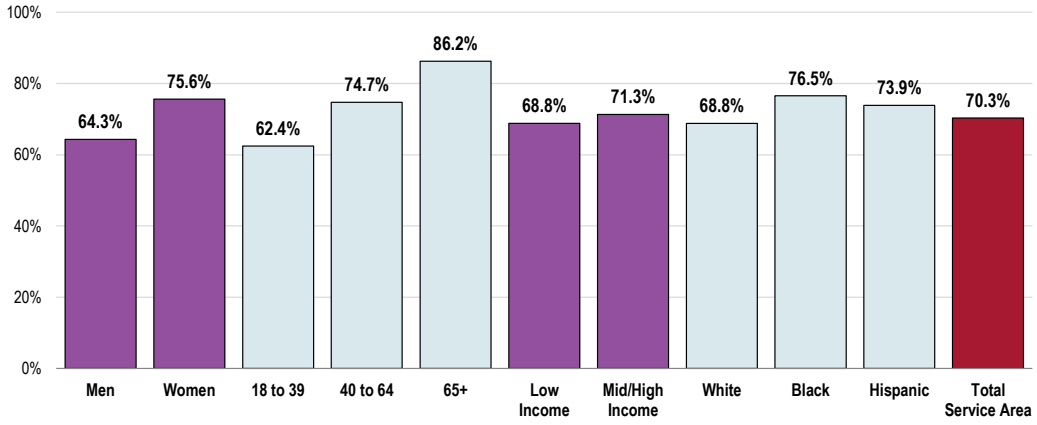


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Adults under age 65 are less likely to have received routine care in the past year (note the correlation with age), as are men in the service area.

Have Visited a Physician for a Checkup in the Past Year
(Total Service Area, 2018)



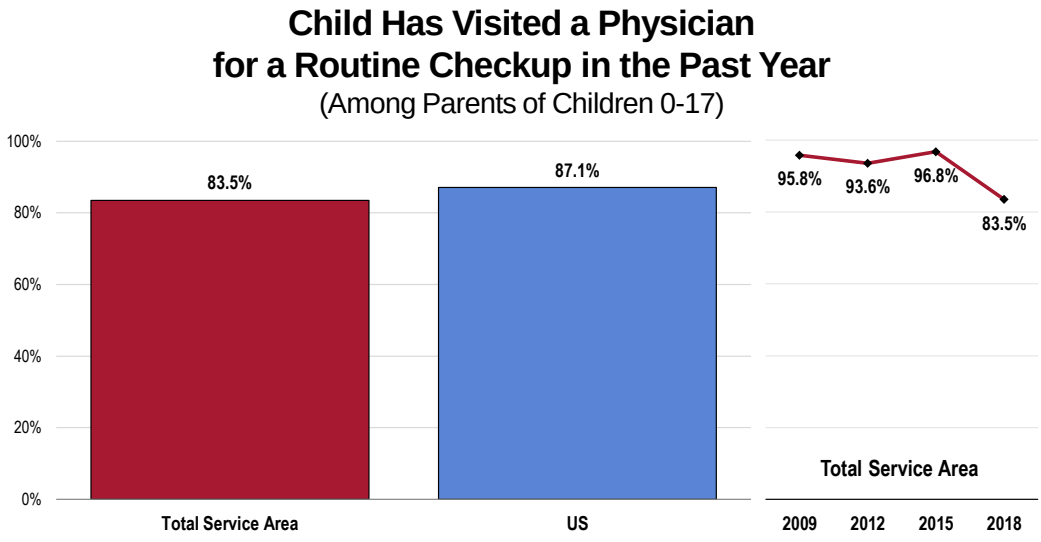
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 83.5% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- TREND: Denotes a statistically significant decrease from previous survey findings.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

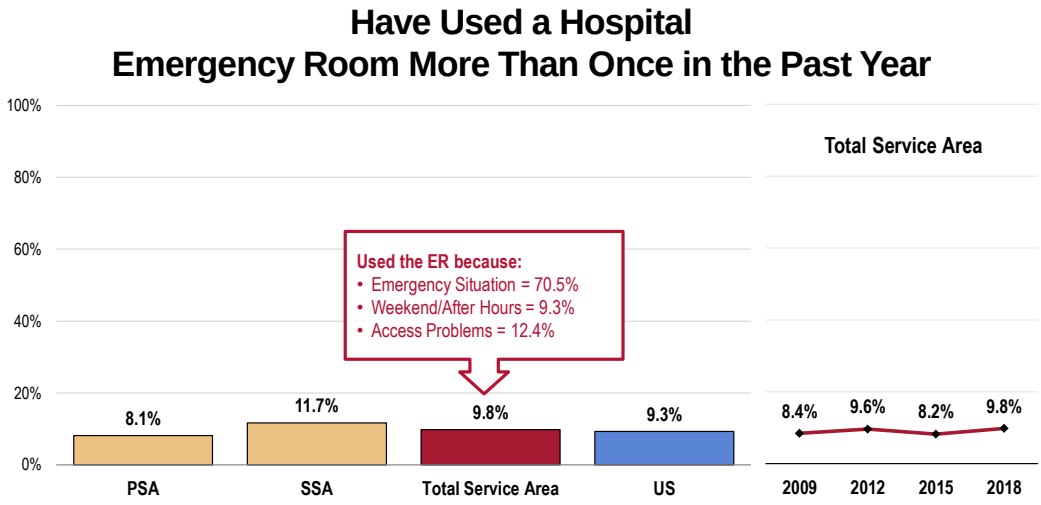
Notes:
- Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 9.8% of Total Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to national findings.
- Similar findings by service area.
- TREND: Statistically unchanged over time.

Of those using a hospital ER, 70.5% say this was due to an **emergency or life-threatening situation**, while 9.3% indicated that the visit was during **after-hours or on the weekend**. A total of 12.4% cited **difficulties accessing primary care** for various reasons.

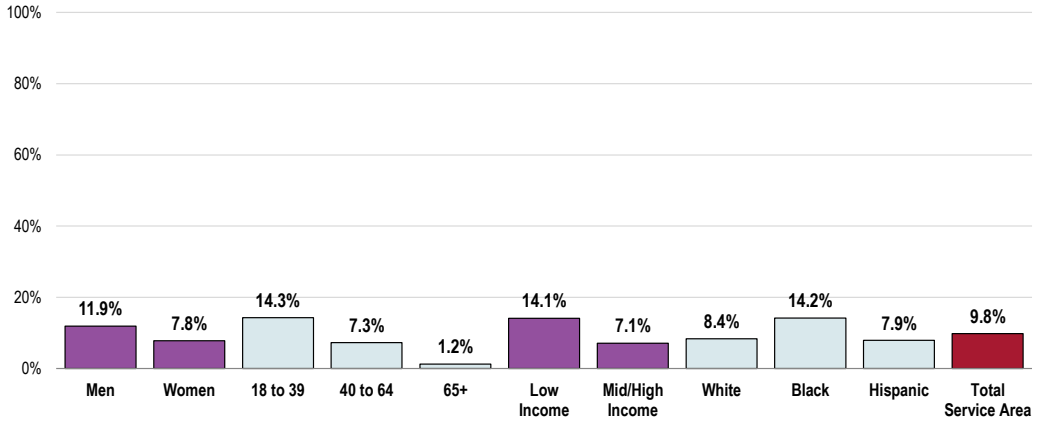


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Use of the ER for medical care in the past year appears to correlate with age in the Total Service Area.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

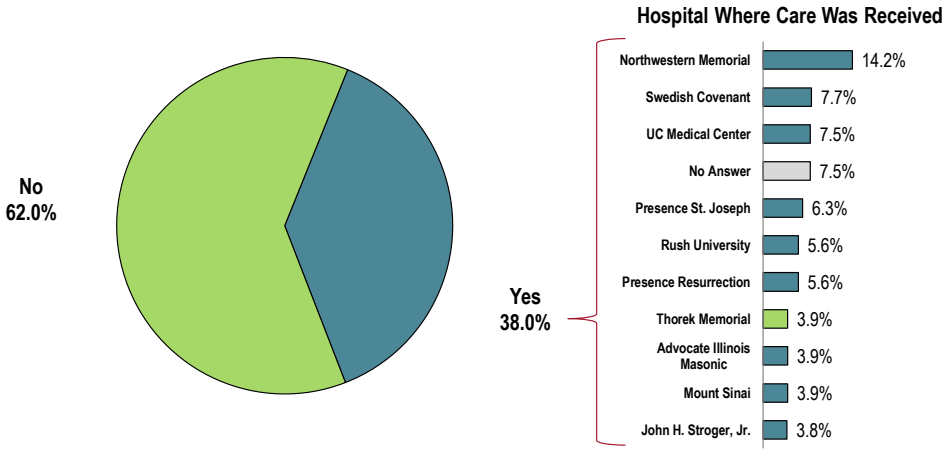
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hospital Care

A total of 38.0% of survey respondents indicate that they or a member of their household received care in a hospital within the past year.

- Of these adults, the largest share received care at Northwestern Memorial (mentioned by 14.2%), followed by mention of Swedish Covenant (7.7%), University of Chicago Medical Center (7.5%), Presence St. Joseph (6.3%), Rush University (5.6%), and Presence Resurrection (5.6%).
- Note that **Thorek Memorial Hospital** was mentioned by 3.9% of these respondents.

Member of Household Received Care in a Hospital in the Past Year



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 315-316]
Notes: ● Asked of all respondents.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

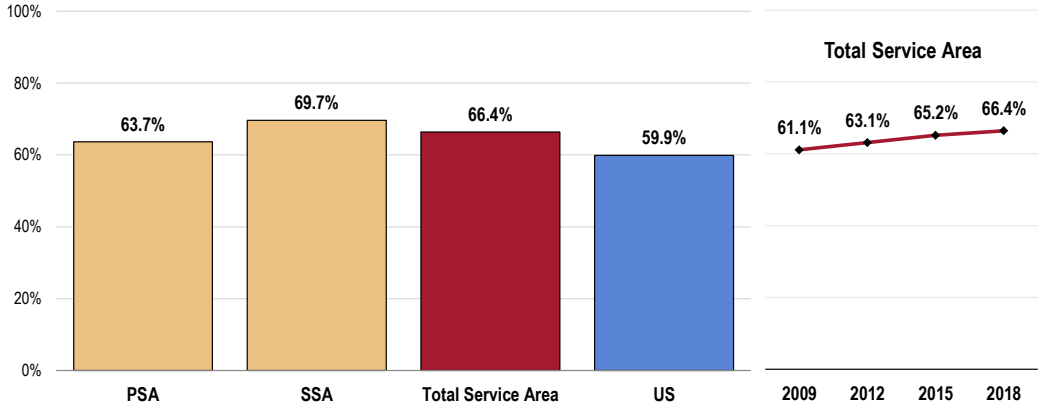
— Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Two in three Total Service Area adults (66.4%) have dental insurance that covers all or part of their dental care costs.

- Higher than the national finding.
- Similar prevalence by service area.
- TREND: Statistically unchanged since 2009.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

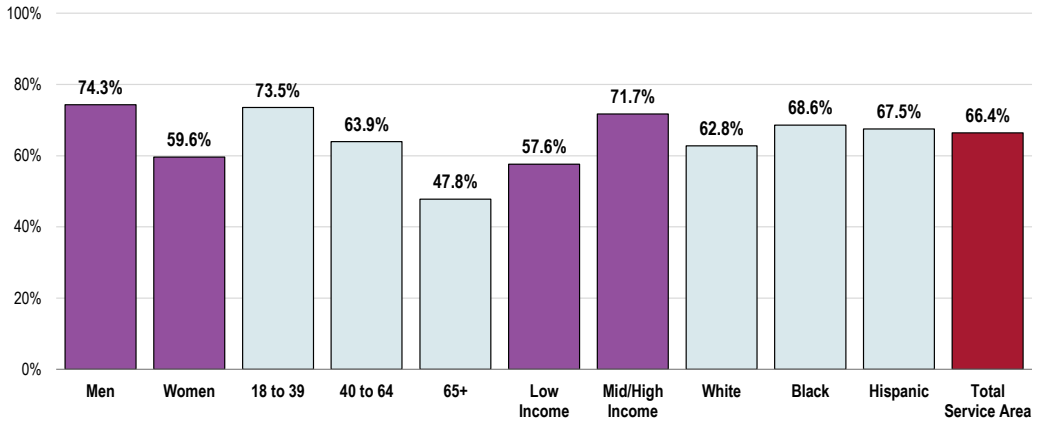
Notes:
- Asked of all respondents.

These adults are less likely to be covered by dental insurance:

- Women.
- Adults 40 and older (correlates with age).
- Lower-income residents.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

(Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]

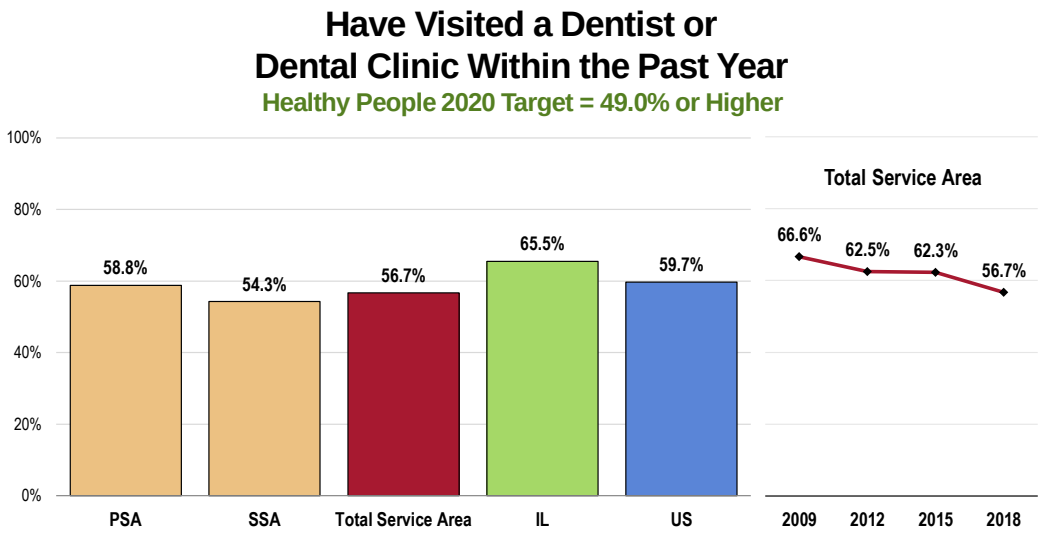
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Care

Adults

A total of 56.7% of Total Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Well below the statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49.0% or higher).
- Similar prevalence by service area.
- TREND: Denotes a statistically significant decrease since 2009.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Illinois data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.

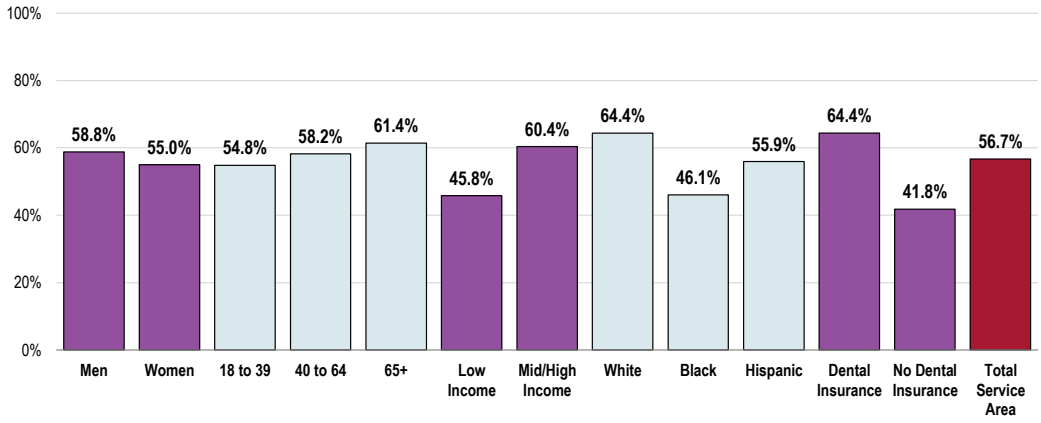
Note the following:

- Persons living in the higher income categories report much higher utilization of oral health services (low-income adults fail to satisfy the Healthy People 2020 target).
- Whites are much more likely than Blacks to report recent dental care.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Total Service Area, 2018)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

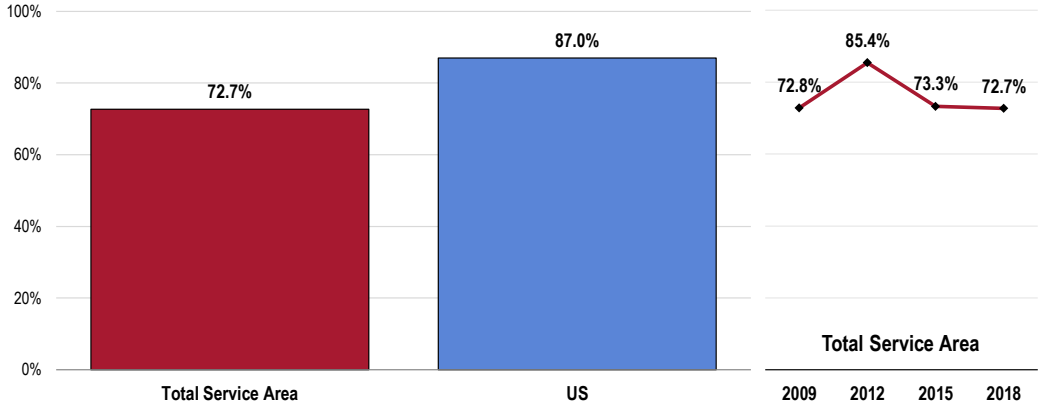
A total of 72.7% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Lower than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Statistically unchanged from 2009 findings (but decreasing since 2012).

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher

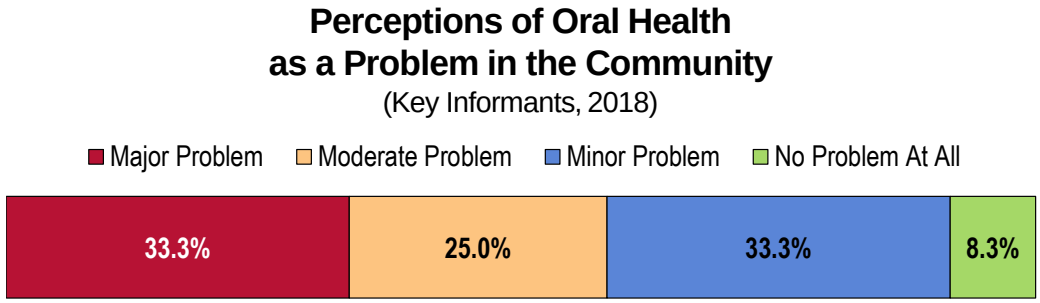


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey were equally likely to characterize *Oral Health* as a "major problem" and a "minor problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Affordable Care/Services

> *Similar concern to many aspects of care, especially for Medicaid. – Other Health Provider*
>
> *My concerns are for dental. Many people can't afford to visit a dentist. Their teeth are falling out. – Other Health Provider*

Co-Morbidities

> *Dental care is connected to many other health conditions if not kept up with regularly. – Other Health Provider*

Vision Care

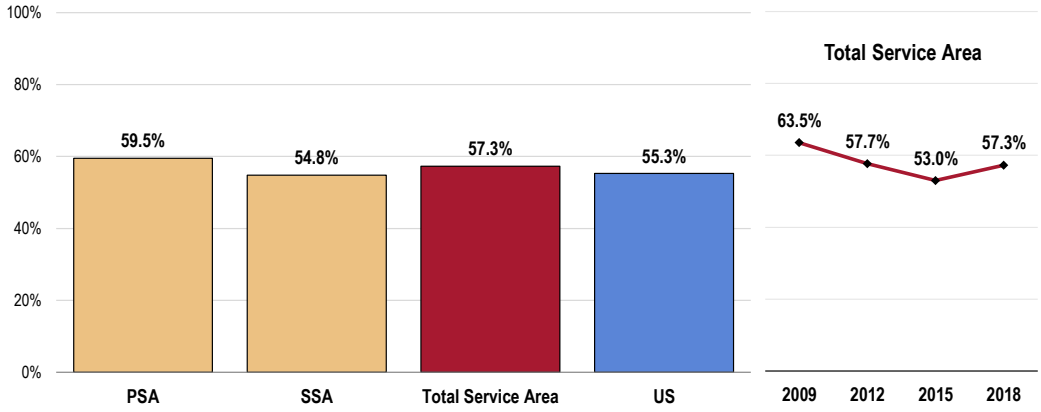
RELATED ISSUE:

See also *Potentially Disabling Conditions: Vision & Hearing Impairment* in the **Death, Disease & Chronic Conditions** section of this report.

A total of 57.3% of Total Service Area residents had an eye exam in the past two years during which their pupils were dilated.

- Statistically comparable to national findings.
- Comparable percentages by service area.
- TREND: Statistically unchanged over time.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



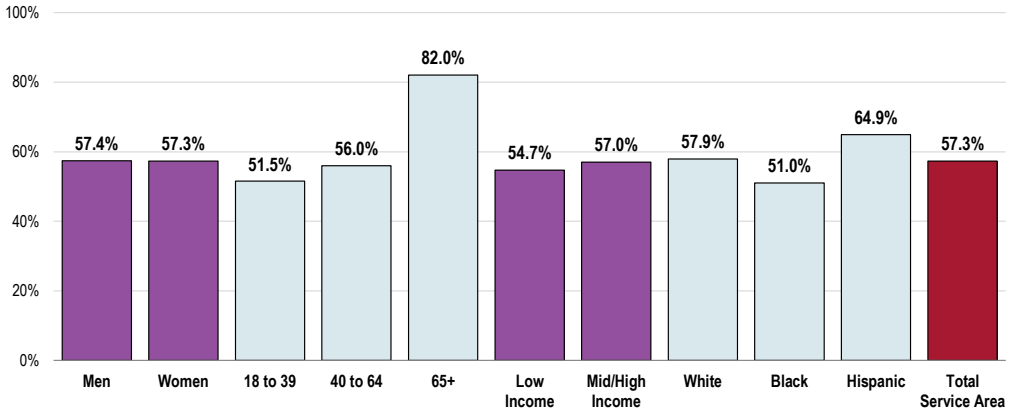
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Service area residents under 65 are much less likely to report recent vision care.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Health Education

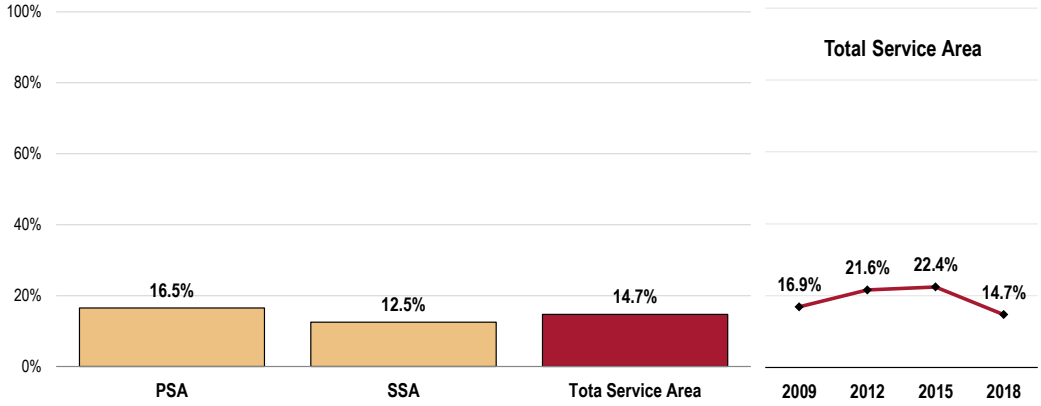
Professional Research Consultants, Inc.

Attendance at Health Promotion Events

A total of 14.7% of survey respondents participated in some kind of health promotion event in the past year.

- Similar prevalence when viewed by service area.
- TREND: Statistically unchanged over time.

Participated in a Health Promotion Activity in the Past Year



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
Notes: ● Asked of all respondents.

Local Resources

Professional Research Consultants, Inc.

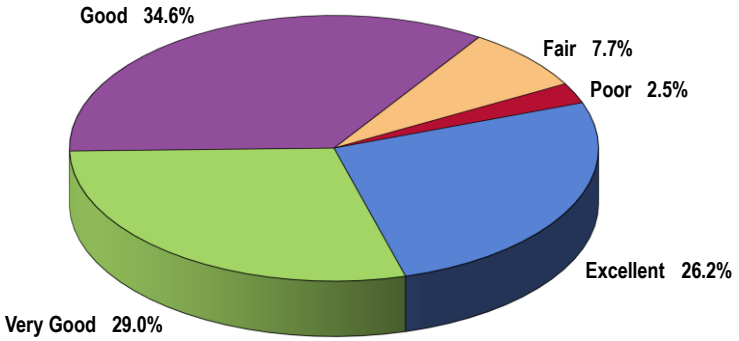
Perceptions of Local Healthcare Services

Over half of Total Service Area adults (55.2%) rates the overall healthcare services available in their community as "excellent" or "very good."

- Another 34.6% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community

(Total Service Area, 2018)

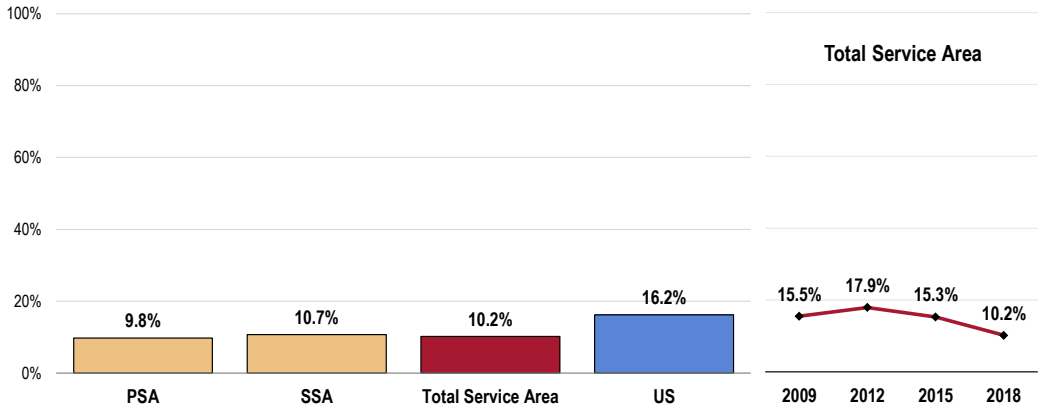


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 10.2% of residents characterize local healthcare services as "fair" or "poor."

- More favorable than reported nationally.
- Similar findings by service area.
- TREND: Marks a statistically significant improvement in ratings.

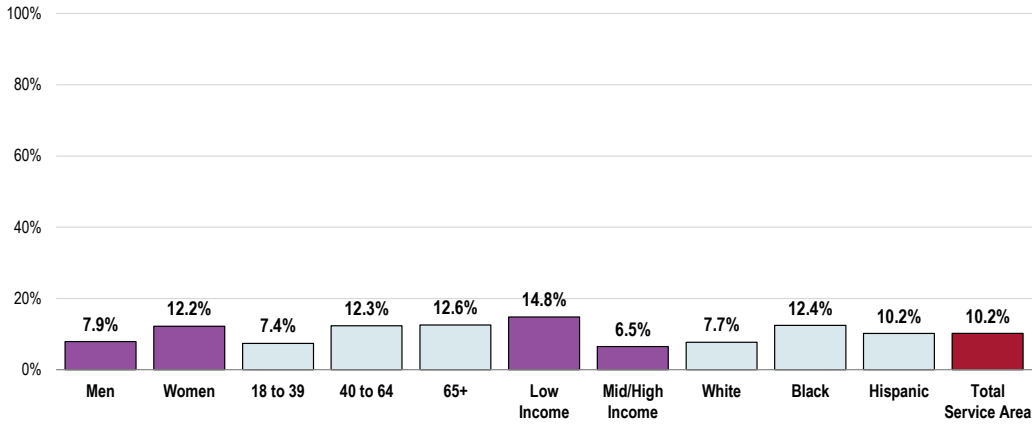
Perceive Local Healthcare Services as "Fair/Poor"



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Low-income residents in the Total Service Area are more critical of local healthcare services.

Perceive Local Healthcare Services as "Fair/Poor"
(Total Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
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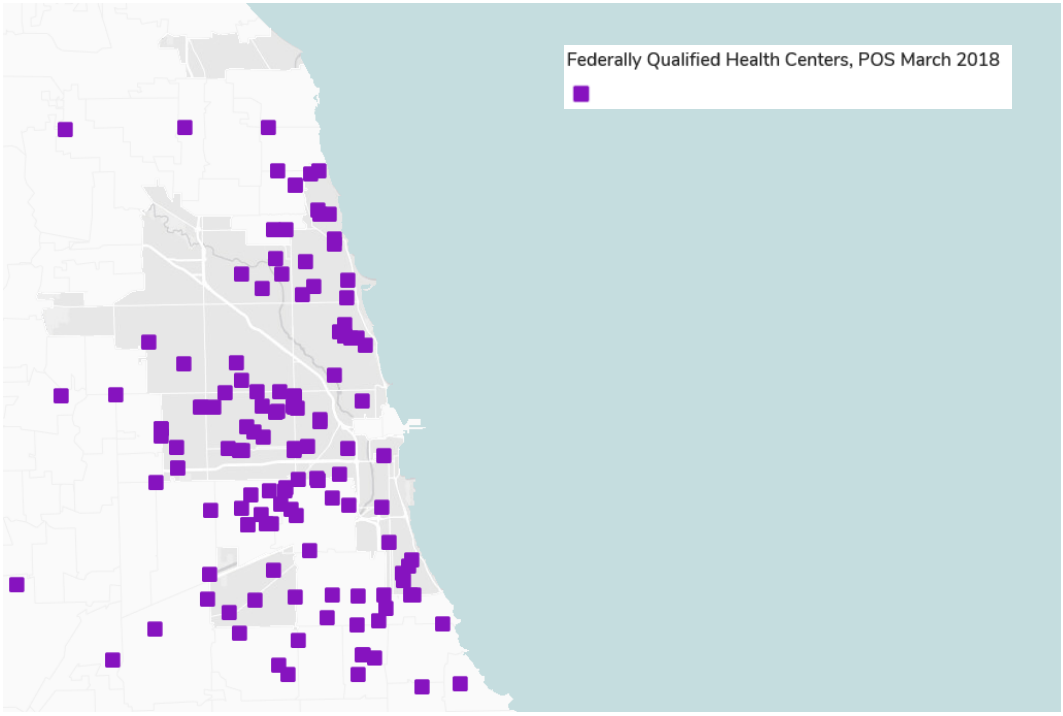
Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map details the hospitals and Federally Qualified Health Centers (FQHCs) within the Total Service Area as of March 2018.



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare Services

- *City Coalition for the Homeless*
- *Department of Family Services*
- *Salvation Army*

Arthritis, Osteoporosis & Chronic Back Conditions

- *Advocate Health Group*
- *Heartland Alliance Health*
- *Heartland Health Centers*

Cancer

- *Advocate Illinois Masonic Hospital*
- *Northwestern Memorial Hospital*
- *Rush University Medical Center*
- *Stroger Hospital*

Diabetes

- *Heartland Alliance Health*

Family Planning

- *Department of Family Services*

Hearing & Vision

- *Broadway Eye Institute*
- *Illinois Eye Institute*
- *Lenscrafters*
- *Pearle Vision*

Heart Disease & Stroke

- *Advocate Illinois Masonic Hospital*
- *Northwestern Memorial Hospital*
- *Rush University Medical Center*
- *Stroger Hospital*

Injury & Violence

- *Addiction Services*
- *Chicago Department of Public Health*
- *Chicago Survivors*
- *Chicago's Child Advocacy Center*
- *Churches*
- *Community Outreach*
- *Community Policing*
- *Kumba Lynnx*
- *Mental Health Services*
- *School System*

Kidney Disease

- *DaVita Dialysis*
- *Northwestern Memorial Hospital*

Mental Health

- *Asian Human Services*
- *Bobby Wright Community Triage Center*
- *C4*
- *Chicago Department of Public Health*
- *Community Counseling Centers of Chicago*
- *Federally Qualified Health Centers*
- *Heartland Alliance Health*
- *Lutheran Social Services*
- *NAMI*
- *Roseland Community Triage Center*
- *Sarah's Circle*
- *Thorek Memorial Hospital*
- *Thresholds*
- *Trilogy*
- *Veterans Administration*

Nutrition, Physical Activity & Weight

- *Bike Lanes*
- *Chicago Pubic Schools*
- *Greater Chicago Food Depository*

Oral Health

- *Goldie's Place*

Heartland Alliance Health

Sexually Transmitted Diseases

Chicago Public Schools

Substance Abuse

Above and Beyond Recovery Center
Addiction Services
Gateway Foundation
Haymarket Center
Healthcare Alternative Systems
Heartland Alliance Health
Loretto Hospital
The Kennedy Forum
Thorek Memorial Hospital
Thresholds

Tobacco Use

City of Chicago
Clearn Indoor Air Ordinance

Appendix

Professional Research Consultants, Inc.

Evaluation of Past Activities

2018 Community Benefit Plan Programs

In calendar year 2018, TMH provided community benefits that included specialized, hospital-sponsored health services, prevention, education, health screenings and charity care. Many are longstanding services for which TMH has been well known; others have been recently initiated in response to emerging needs. All these services are now part of the hospital's Community Benefits Program and are provided in concert with the hospital's mission and core values to address the health care needs of our community.

Thorek Memorial Hospital's community health programs in 2018 – as a result of its last Community Health Needs Assessment – are described below.

A. Improving Access to Healthcare Services

Target Population: Community Members who are uninsured, underinsured and the broader community experiencing access to health care.

Goals: Increase the proportion of persons with a usual primary care provider; increase the number of primary care visits; and reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care/screenings. Lower use of Emergency Room visits for non-urgent medical treatment

Primary Care Services
The TMH Ambulatory Care Center extended hours of operations for ease of access. Evening hours are now available to address access and ER congestion. Three hospital clinic locations now have hours 6pm and after to better serve the patient population.

Emergency Care
The TMH state-of-the-art emergency department continues to help the indigent community who await response from the City of Chicago's shelter services.

Center for Primary Care/ACS/China Square/Lincoln Square
The TMH clinics accept appointments and walk-in patients. Hours vary based on location.

Transportation
TMH provides transportation via hospital van and contracted transportation services to 50+ Club members and others within designated geographic boundaries, as determined appropriate based on need and clinical status.

Medical Offices in Senior Residence Buildings
TMH operates medical offices in senior resident sites on the north side of Chicago in Thorek's primary services area. Typical office staffing consists of a RN and a physician. TMH also helps to provide access to specialty (consultant) physician services to members on an as needed basis.

B. Focus on Mental Health & Wellness

Target Population: While there are many vulnerable populations, focus and thrust of TMH plan is to address three major populations: the indigent, the elderly, individuals who have substance abuse, alcohol and are at-risk for mental illness, and also the chronically ill. It is our hope that our program transforms these populations from vulnerability to wellness and resilience.

Goals: Improve access to and create additional capacity to address mental health needs of the community; and improve health-related quality of life and well-being for all individuals

Medical Stabilization Unit
Designed to stabilize patients suffering from withdrawal from alcohol and opiates, the 6 North nursing unit is a 30-bed general medicine unit providing multidisciplinary care to patients with withdrawal or alcohol intoxication as their primary diagnosis. Once stabilized, patients are provided with referrals for treatment of their addiction as well as follow up for any other medical problems

Outpatient Mental Health
TMH now offers 6 days per week outpatient mental health services. This includes medication management and traditional therapy/counseling. The clinic is staffed by:

MDs
NP
LCSW

Inpatient Mental Health
TMH now has 44 beds for inpatient mental health. The beds are divided by floors, 3 East and 4 East. The units are staffed with the following:

MDs
RNs
LPNs
Crisis Workers
LCSWs
CNAs

Thorek's Adult Mental Health Program primarily treats patients with the following diagnoses:

- Schizophrenic Disorders
- Schizo-Affective Disorder
- Bi-Polar Disorders
- Dissociative Disorders
- Major Depressive Disorders
- Acute Psychosis
- Dual Diagnoses (medical and behavioral**)**

Free Screenings
Thorek provides free mental health status screenings at off-site elderly housing facilities and various community fairs/events.

C. Promoting Oral Care

Target Population: Uninsured and underinsured adults and children within Thorek's primary service areas.

Goals: Reduce the proportion of children and adults with untreated dental decay; and increase the proportion of children and adults who have used the oral health system in the past year.

Medical Office in Hospital
Ardita Dalipi, DDS, operates an office within Thorek's Professional Office Building. Dr. Dalipi specializes in family dentistry with a specific focus on pediatric dentistry. She is part of the American Dental Association as well as both the Illinois and Chicago Dental Societies. Dr. Dalipi speaks both English and Spanish, accepts most insurance plans and accepts walk-ins.

Free Exams
Thorek offered free back-to-school dental exam coupons at several community events. Free Adult Exams and X-Rays are also regularly offered.

D. Cancer Programs

Target Population: Uninsured and underinsured adults within Thorek's primary service areas; Women (ages 40 and up) within Thorek's primary service areas.

Goals: Earlier detection of breast cancer and skin cancer, allowing for timely intervention and better prognosis; and increase awareness of hospital's cancer services.

Skin Cancer Screenings
Thorek offered free skin cancer screenings to the public in July of 2018. The visual took place at the hospital's main campus and were performed by Thorek physician Neal Spero, M.D. Dr. Spero gave participants the results immediately and recommended follow-up care, if necessary. Nearly 18 people received the free screening.

Discounted Mammography
For those without insurance or who wish to pay for themselves, Thorek Memorial Hospital offers digital mammograms at a discounted fee of $145. Our fee includes both the exam and the radiologist's reading, without any unexpected or additional charges. Direct mail pieces were sent to over 10,000 women within Thorek's primary service area to raise awareness of the discounted service.

E. Language Assistance/Hearing Impaired Programs

Target Population: Underserved, non-English speaking/Hearing Impaired community

Pacific Interpreters allows non-English speaking and hearing impaired patients to communicate with their medical providers. The following are the types of communications that is offered through Pacific Interpreters:

- Phone
- Tablet
- In Person

F. Education

Target Population: Seniors and broader community

Thorek Memorial offers a range of health and wellness activities, including traditional worksite health fairs, screenings and educational seminars; access to behavior modification programs, such as weight management and smoking cessation.

G. Charity Care

Target Population: Underserved, underinsured, uninsured and broader community

Thorek provides medically necessary services to all patients regardless of race, creed, color, gender, or country of national origin and without regards to ability of the patient to pay for such services. Thorek provides a minimum 53% discount of charges for all patients without insurance, regardless of income or assets. Patients are eligible for an additional 25% quick pay discount on the remaining amount due after the initial 53% discount. Patients are eligible for additional payment reductions and or interest free payment plans up to and including complete write-off of charges for patients that are eligible for the Hospital's charity care policy or show severe financial distress.

For patients that do not meet charity care guidelines, a 53% (based on 600% of federal poverty guidelines) initial discount is taken and the remainder is eligible for a 25% immediate payment discount. The remaining amount will be paid based upon an agreed upon payment plan (up to one year) with the patient or will receive further discount based upon the individual patient's financial situation. Any final amount that will be paid is determined and paid in full or according to an agreed upon payment plan with the patient (up to one year). Every opportunity will be made to ensure the patient has the chance to pay what they can afford too based upon their financial situation at that time. The Hospital does not attempt to garnish any wages of the patient, does not file liens on any personal property of the patient, nor does it pursue any other aggressive collection techniques in pursuit of payment.