

City of
Hope®

CHICAGO

2024

Community Health Needs Assessment

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Executive Summary

City of Hope's mission is to make hope a reality for all touched by cancer and diabetes. Founded in 1913 in Duarte, CA, [City of Hope](#) has grown into one of the largest cancer research and treatment organizations in the U.S. and is one of the leading research centers for diabetes and other life-threatening illnesses. With an independent National Cancer Institute-designated comprehensive cancer center at its core, City of Hope brings a uniquely integrated model to patients that spans cancer care, research and development, academics and training, and innovative initiatives. Research and technology developed at City of Hope has been the basis for [numerous breakthrough cancer medicines](#) as well as human synthetic insulin and monoclonal antibodies. As a leader in [bone marrow transplantation](#) and immunotherapy, such as [CAR T cell therapy](#), City of Hope's personalized treatment protocols help advance cancer care throughout the world.

With a goal of expanding access to the latest discoveries and leading-edge care to more patients, families and communities, City of Hope's growing national system includes its main Los Angeles campus, a network of clinical care locations across Southern California, a new cancer center in Orange County, California and cancer centers and outpatient facilities in the Atlanta, Chicago and Phoenix areas. City of Hope's affiliated family of organizations includes [Translational Genomics Research Institute](#) and [AccessHope™](#).

Upon acquiring Cancer Treatment Centers of America in 2022, City of Hope filed for not-for-profit, tax-exempt status for the newly acquired entities, including City of Hope Chicago. Caring for the vulnerable communities in their catchment area has been a cornerstone of City of Hope's engagement with the community since its origin. Designating community benefit programs as an institutional priority has created meaningful, impactful programs that meet the needs of vulnerable populations in their service area. This institutional commitment is fostering collaboration among City of Hope employees, the local communities, and charitable organizations to participate in activities that benefit Northern Lake County.



Community Health Needs Assessment Process

In 2022, City of Hope acquired Cancer Treatment Centers of America (CTCA), expanding access to world-class research and cancer care to patients nationally. Included in the acquisition was the CTCA location in Zion, Illinois.

City of Hope Cancer Center Chicago has undertaken a Community Health Needs Assessment (CHNA) as required by

federal law. The Patient Protection and Affordable Care Act, IRS section 501(r)(3) directs tax-exempt hospitals to conduct a CHNA and develop an Implementation Strategy every three years. The CHNA is a primary tool used by City of Hope to determine its community benefit plan, which outlines how it will give back to the community in the form of health care and other services to address unmet community health needs.

This CHNA meets all requirements set by the IRS in the Patient Protection and Affordable Care Act for nonprofit hospitals. City of Hope worked in partnership with a team of community benefit experts and community members local to Zion, Waukegan and Northern Lake County.

Service Area

City of Hope Cancer Center Chicago is in Lake County at 2520 Elisha Avenue, Zion, Illinois, 60099. In addition to the main hospital, it manages two outpatient centers in the cities of Skokie and Chicago. The service area reported for this assessment are three counties: Kenosha and McHenry and Lake County with a focus on Northern Lake County and the cities of Waukegan and Zion.

County	State
Kenosha County	Wisconsin
Lake County	Illinois
ZIP Code 60087 & 60085 Waukegan	Illinois
ZIP Code 60099 Zion	Illinois
McHenry County	Illinois

Significant Community Needs

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

- Diseases of the Heart
- Cancer
- COVID-19
- Unintentional injuries
- Stroke
- Alzheimer's disease
- Diabetes
- Kidney disease
- Influenza/Pneumonia
- Septicemia

The significant community needs were identified because of interviews and focus groups with community stakeholders who were asked to identify the issues/conditions that were most pressing to them. Their responses include the following: mental health, access to care, substance abuse, cancer, COVID-19, heart disease, housing.

Report Adoption, Availability and Comments

This CHNA was presented to the Board of Directors of City of Hope Chicago for adoption during the meeting of the Board on May 17, 2024. This report is available to the public on the hospital's website, CityofHope.org/about-city-of-hope/community-outreach/community-benefit. Written comments on this report can be submitted to Katherine Easthon via katherine.easthon@coh.org.

Public Comment

In compliance with IRS regulations 501(r)(3) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public, and public comment must be solicited. In compliance with these regulations, the City of Hope Chicago CHNA and Implementation Strategy were made available to the public at CityofHope.org/about-city-of-hope/community-outreach/community-benefit.

Introduction

City of Hope is a world-renowned pioneer in cancer research, treatment and prevention, with a 100+ year legacy that began on our Los Angeles campus, home to a National Cancer Institute (NCI)-designated comprehensive cancer center. In 2022, City of Hope completed its acquisition of Cancer Treatment Centers of America (CTCA), expanding access to world-class research and cancer care to patients nationally. Included in the acquisition was the CTCA location in Zion, Illinois. This report marks City of Hope Chicago's first cycle of assessing and prioritizing the health needs of the community surrounding this medical center. This CHNA meets all requirements set by the IRS in the Patient Protection and Affordable Care Act for nonprofit hospitals.

What Is a Community Health Needs Assessment?

CHNA is a report on the health status of a community. A CHNA explores the root causes of death and disease and identifies the communities most impacted by these causes. Aside from genetic predispositions, socio-economic and behavioral factors, such as poverty, educational attainment and substance use, act as important determinants of death and disease. In conducting a CHNA, statistical data are collected from secondary sources to better understand the health and well-being of these communities. Secondary data sources often include publicly available data from U.S. Census, the Centers for Disease Control and Prevention, universities, and public health departments.

A CHNA also includes primary data collection by going into local communities and asking the people who live there for their thoughts, feelings and perspectives about health and disease in their community. Data collection may occur through phone calls, surveys, small group discussions and focus groups.

Our Service Area

City of Hope[®] Cancer Center Chicago is in Zion, Illinois, midway between Chicago and Milwaukee, with convenient outpatient locations in Skokie and downtown Chicago. The main hospital service area reported for this assessment are three counties: Kenosha and McHenry and Lake County with a focus on Northern Lake County and the cities of Waukegan and Zion.

Project Oversight

The Community Health Needs Assessment process was overseen by:

Nancy Clifton-Hawkins, M.P.H., M.C.H.E.S.

Director

Community Benefit

Office of Diversity, Equity and Inclusion

Katherine Easthon, M.B.A.

Director

Operations and Business Development

City of Hope Cancer Center Chicago

Consultants

The CHNA secondary data collection was conducted by Dr. Melissa Biel, D.P.A, M.S.N., R.N. of Biel Consulting, Inc., an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting (www.bielconsulting.com) has extensive experience in conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs.

Community Partners

To complete this CHNA, City of Hope staff collaborated with organizations that serve residents living and working in Zion and Waukegan. A list of those participating in the data collection can be found in Appendix B and C. They were specifically selected to provide to our primary data process. Our desire was to hear firsthand what the true needs of the communities are so that our analysis and interpretation of the data was aligned with the reality of those living in the City of Hope service area.

We would also like to acknowledge our team of contributors to this report: Patricia Braithwaite, Matthew Karner, and Haley Rague.

Report Adoption, Availability and Comments

This CHNA was presented to the Board of Directors of City of Hope Chicago for adoption during the meeting of the Board on May 17, 2024. This report is available to the public on the hospital's website, - benefit. Written comments on this report can be submitted to Katherine Easthon via katherine.easthon@coh.org.

Public Comment

In compliance with IRS regulations 501(r)(3) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public, and public comment must be solicited. In compliance with these regulations, the City of Hope - Chicago CHNA and Implementation Strategy are to be made available to the public at CityofHope.org/about-city-of-hope/community-outreach/community-benefit.

Data Collection Methodology

The CHNA process is designed to develop a deeper understanding of community health care needs, to inform the hospital's community benefit plan for outreach and services that complement and extend clinical services, and to improve disease prevention and overall health status.

Secondary data and primary data were collected to inform community health priorities and needs, as well as assets and gaps in resources.

Secondary Data Collection

Secondary data was collected from a variety of local, county and state sources to present community demographics, social and economic factors, COVID-19, health access, health behaviors, mental health, chronic diseases, cancer and health status, and mortality. When pertinent, these data sets are presented in the context of the State of Illinois, framing the scope of an issue as it relates to the broader community. Additional data sets can be found in Appendix A.

Secondary datasets for the hospital service area were collected and documented in data tables with narrative explanations. The tables include the data indicator, the geographic area represented, the data measurement (e.g., rate, number or percent), county and state comparisons (when available), data source and data year.

Primary Data Collection

Primary data is the result of conversations with community stakeholders, including residents, service providers and representatives across sectors, regarding how a particular health or social issue impacts them. Primary data can be gathered directly through focus groups, interviews and/or targeted surveys.

Interviews

City of Hope conducted 27 telephone interviews, which were completed from February to April 2024. Interview participants included a broad range of stakeholders concerned with health and well-being in the service area. (For a list of participants, see Appendix B)

The interview participants were asked to describe, from their perspective, some of the major health issues impacting the community, as well as populations who were not regularly accessing health care. During the interviews, participants were asked to share their perspectives on the issues, challenges and barriers relative to the identified health needs. Interviewees were also asked what makes each health

need a significant issue in the community, and what are the challenges people face in addressing these needs. (See Appendix E for a complete list of interview questions)

Focus Groups

For this CHNA, four (4) focus groups took place from March 2024 to April 2024. City of Hope partnered with community-based organizations to assist with outreach and recruitment of participants. A list of the participating organizations can be found in Appendix C. In total, 32 people participated in these focus groups.

Review of Secondary Data

How to Use This Section

This section highlights the health and social issues with the greatest impact on residents of City of Hope's service area. You can use this information to broaden your understanding of how the needs were identified and prioritized. Pay particular attention to the way that community input was used to validate the data and focus priorities at the local level.

Secondary data analysis yielded a preliminary list of significant health needs, which then informed primary data collection.

The following criteria were used to identify significant health needs:

1. Size of the problem (relative portion of population afflicted by the problem)
2. Seriousness of the problem (impact on individuals, families, and communities)

To determine prevalence and seriousness, health indicators identified in the secondary data collection were measured against benchmark data, especially to the three-county service area and Healthy People 2030 objectives, whenever available. View full list of benchmarks in Appendix A. Health indicators that performed poorly against one or more of these benchmarks were considered to have met the size or seriousness criteria.

Significant Health Needs

The following significant health needs were determined:

- Diseases of the Heart
- Cancer
- COVID-19
- Unintentional injuries
- Stroke
- Alzheimer's disease
- Diabetes
- Kidney disease
- Influenza/Pneumonia
- Septicemia

Resources to Address Significant Needs

Through focus groups and interviews, community stakeholders and residents identified community resources that can help address significant health needs. These resources are presented in Appendix D.

Identified Significant Health Needs

How to Use This Section

This section shares the insights that community members and health providers provided on the health and social issues and conditions that impact their communities. This suggests that we must address issues according to community stakeholder priorities. In the end, programs and services should be designed to address the most pressing concerns first, building trust and social capital and leading the way toward more sustainable programs and services to be implemented in the future.

Community Input on Significant Health Needs

The identified significant health needs were prioritized with input from the community. Persons participating in the interviews and focus groups were asked to identify the “most pressing” issues in the areas where they live, work and/or serve. During the focus groups the participants voted on issues they felt were most important to them. Unlike the focus groups, the Key Informant Interviewees (KIIs) responded to questions that queried their thoughts and perspectives on their most pressing issues. When combined, both focus groups and KIIs reveal more details about their community's health needs. Below you can see how each process identified themes as their most pressing issues.

<u>Focus Groups</u>	<u>Key Informant Interviews</u>
<ul style="list-style-type: none">• Mental Health• Access to Care• Substance Abuse• Cancer• COVID-19• Heart Disease	<ul style="list-style-type: none">• Mental Health• Access to Care• Chronic Disease• Housing• Education

Stakeholder feedback made it clear that prioritizing community needs, fostering collaboration, and ensuring equitable access to healthcare services are essential components in creating resilient and equitable communities. We intend to use the community input while we prepare and share our learnings for the upcoming Implementation Strategy prioritization process.

Community Demographics

How to Use This Section

This section introduces you to the people who live in City of Hope's service area. When working with communities, it is necessary to know who the residents are. While reading through this section, think about how native language, race/ethnicity, and gender might influence community programs. The data are shared in a broader context of the four counties and focused Lake County and the cities of Zion and Waukegan.

Population

The population of Lake County grew by 1.2% as compared to a drop in the overall population of the state of Illinois (-0.8%). The population of Waukegan grew 4.2% in the same period, and Zion grew by 1.8%.

Total Population and Change in Population

	Total Population	Change in population, 2017-2022
Kenosha County	168,693	0.5%
Lake County	713,159	1.2%
60087/60085 Waukegan	89,435	4.2%
60099 Zion	24,570	1.0%
McHenry County	311,133	1.0%
Illinois	12,757,634	-0.8%

Source: U.S. Census Bureau, American Community Survey, 2012-2016 & 2018-2022, DP05. <http://data.census.gov>

Gender

The hospital service area population is 50.2% male and 49.8% female.

Population, by Gender

	Lake, McHenry and Kenosha	Illinois
Male	50.2%	49.5%
Female	49.8%	50.5%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov>

Children and youth, ages 0-19, make up 31.6% of the population, 58.3% are adults, ages 20-64, and 15.1% of the population are senior adults, ages 65 and older. It is of note to mention that those aged 20-24 are the lowest percent of the total population at 6.9%.

Population, by Age

	Lake, McHenry and Kenosha		Illinois	
	Number	Percent	Number	Percent
Age 0-4	64,310	10.8%	721,165	5.7%
Age 5-19	248,727	20.8%	2,440,444	19.1%
Age 20-24	81,861	6.9%	849,609	6.7%
Age 25-44	288,281	24.2%	3,408,960	26.7%
Age 45-64	329,690	27.6%	3,266,549	25.6%
Age 65-84	158,792	13.3%	1,808,510	14.2%
Age 85+	21,324	1.8%	262,397	2.1%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov/>

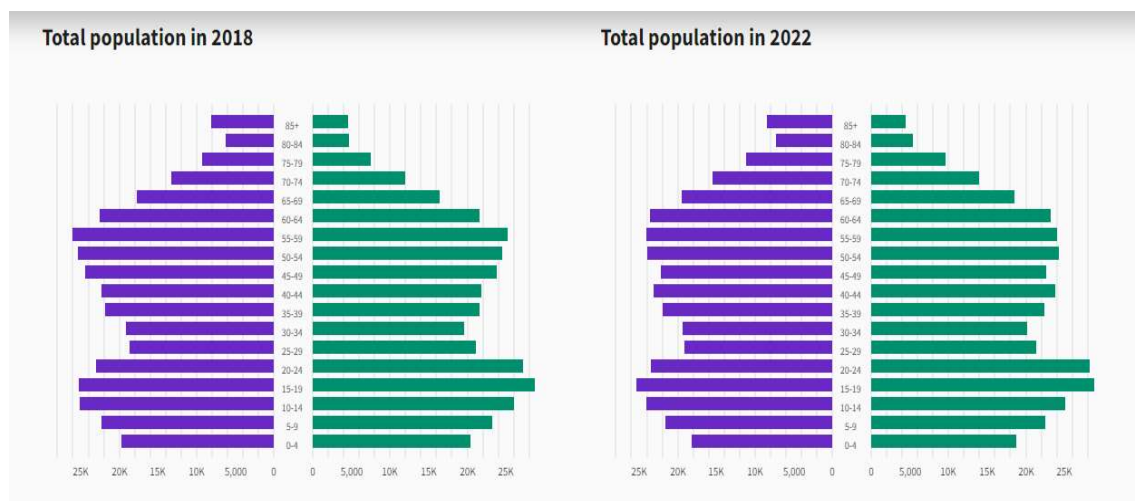
When the service area is examined by county, Lake County has the highest percentage of children and youth (26.8%). McHenry, Lake, and Kenosha Counties have a similar percentage of senior adults (15.5%, 15.0% and 14.8%). Those younger than 19 years live mostly in the cities of Waukegan and Zion (27.9% and 29.6%) respectively. Between the years 2018 and 2022, there was progressive growth across all age groups (see chart below).

Population by Youth, Ages 0-19, and Senior Adults, Ages 65 and Older

	Total Population	Youth Ages 0 – 19	Senior Adults Ages 65+
Kenosha County	169,290	25.2%	14.8%
Lake County	713,159	26.8%	15.0%
60087/60085 Waukegan	82,934	27.9%	11.3%
60099 Zion	24,570	29.6%	12.4%
McHenry County	311,133	25.5%	15.5%
Illinois	12,757,634	24.8%	16.2%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov/>

Trends in aging populations, Lake County, Illinois



Source: [USAFacts](https://data.census.gov/). Accessed 04/22/24

Race and Ethnicity

Lake County has the highest percentage of Hispanic and Asian residents (22.2%/8.0%). When you take a closer look, in Waukegan, 56.5% of the population are Hispanic or Latino residents and in Zion, 40.7% of the population are Hispanic or Latino residents. Similarly, Zion and Waukegan have a higher percentage of Blacks calling these cities home (21.6%/16.7%).

Race and Ethnicity by Three Counties and Two Cities Compared to Illinois

	Lake County	McHenry County	Kenosha County	Waukegan	Zion	Illinois
White	60.9%	80.5%	75.6%	18.2%	28.4%	60.9%
Hispanic or Latino	22.2%	13.4%	13.4%	56.5%	40.7%	17.3%
Black or African American	6.4%	1.4%	6.5%	16.7%	21.6%	13.8%
American Indian or AK Native	0.2%	0.1%	0.2%	0.9%	.13%	0.1%
Native HI or Pacific Islander	0	0	0	0	0	0
Asian	8.0%	2.9%	1.8%	5.6%	3.5%	5.6%
Two or more races	2.1%	1.6%	2.4%	1.4%	5.1%	2.0%
Some other race alone	0.2%	0.1%	0.1%	0.7%	0.6%	0.2%

[https://data.census.gov/table/ACSDP1Y2018.DP05?q=population&g=010XX00US\\$8600000_050XX00US17097,17111,55059_160XX00US1779293,1784220&moe=false](https://data.census.gov/table/ACSDP1Y2018.DP05?q=population&g=010XX00US$8600000_050XX00US17097,17111,55059_160XX00US1779293,1784220&moe=false)

Citizenship

According to the United States Census Bureau, “the foreign-born population is composed of anyone who is not a U.S. citizen at birth. This includes persons who have become U.S. citizens through naturalization, lawful permanent residents (immigrants), temporary migrants (such as foreign students), humanitarian migrants (such as refugees and asylees), and unauthorized migrants.” In the service area, 14.7% of the population is foreign-born. Of the foreign-born in the service area, 6.9% are not U.S. citizens as compared to the State of Illinois, where 46.8% of the foreign-born are not citizens.

Foreign-Born Residents and Citizenship

	MCHENRY, LAKE AND KENOSHA	Illinois
Foreign born	14.7%	14.1%
Of foreign born, not a U.S. citizen	6.9%	46.8%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov>Language

In the service area, 76% of the population, 5 years and older, speak only English in the home. 14.3% speak Spanish, 5.3% speak an Indo-European language other than Spanish or English, and 3.4% speak an

Asian or Pacific Islander language in the home.

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

	MCHENRY, LAKE AND KENOSHA	Illinois
Population, 5 years and older	1,128,675	12,036,469
English only	76.0%	76.6%
Speaks Spanish	14.3%	13.6%
Speaks non-Spanish Indo-European language	5.3%	5.6%
Speaks Asian or Pacific Islander language	3.4%	3.0%
Speaks other language	.5%	1.1%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov/>

The highest percentage of Spanish speakers, reside in Waukegan (44.7%) followed by Zion (28.5%). The highest percentage of non-Spanish Indo-European languages spoken at home live in Lake County (6.7%) and in McHenry County (3.5%). Lake County has the highest percentage of Asian language speakers (4.7%) in the service area, in Waukegan (4.7%) speak an Asian language.

Language Spoken at Home

	English	Spanish	Non-Spanish Indo European	Asian or Pacific Islander
Kenosha County	87.7%	8.2%	2.5%	1.2%
Lake County	70.1%	17.9%	6.7%	4.7%
Waukegan	47.1%	44.7%	2.6%	4.7%
Zion	66.9%	28.5%	1.7%	2.0%
McHenry County	85.5%	9.3%	3.5%	1.5%
Illinois	76.6%	13.6%	5.6%	3.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov/>

Veteran Status

In the service area, 5.7% of the civilian population, 18 years and older, are veterans. This is slightly higher than the statewide rate (5.2%). In Zion, 8.8% of the population are veterans.

Veteran Status

	Percent
Kenosha County	6.7%
Lake County	5.5%
Waukegan	4.6%
Zion	8.8%
McHenry County	5.8%
Illinois	5.2%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov/>

Social and Economic Factors

How to Use This Section

This section will now add detail on the residents who live in City of Hope's service area. With a deeper understanding of the community, you will begin to realize that many things impact health. Think about the following questions as you explore this section: How does poverty make a person vulnerable? How does unemployment impact housing? What does it mean to be food-insecure, and how does that hurt children? Listen to the voices of the community. What do they have to say? How can their opinions impact the way programs are planned?

County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. Illinois's 102 counties and Wisconsin's 72 counties are ranked according to social and economic factors with one (1) being the county with the best factors and 102 in Illinois or 72 for Wisconsin for the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. McHenry County is ranked eight (8) among Illinois counties, according to social and economic factors, while Lake County is ranked 20. Kenosha County is ranked 51 out of Wisconsin's 72 counties, for social and economic factors.

Social and Economic Factors Ranking

	County Ranking (out of 102)
Lake County	20
McHenry County	8
	County Ranking (out of 72)
Kenosha County	51

Source: County Health Rankings, 2023 <http://www.countyhealthrankings.org>

Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2022, the Federal Poverty Level (FPL) was set at an annual income of \$14,880 for one person and \$29,678 for a family of four. Among the residents in the service area, an average of 8.3% are at or below 100% of the federal poverty level and 20% are at 200% of FPL or below. Waukegan, located in Lake County, has a higher rate of people living at 100% of the FPL (15.0%) than any other area in the county. When looking at data for those living at or below 200% FPL, residents living in Waukegan (36.5%) have a higher rate than those living in Zion (33.1%). Both cities have higher rates of low-income populations when compared to the broader service area.

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

	<100% FPL	<200% FPL
Kenosha County	11.1%	25.0%
Lake County	7.8%	19.5%
Waukegan	15.0%	36.5%
Zion	14.5%	33.1%
McHenry County	6.0%	15.5%
Illinois	11.8%	26.5%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701. <http://data.census.gov/>

In Lake County, Waukegan and Zion have significantly higher rates of poverty among children and female Head of Households (HOHs), living with their own children, than do any of the service area counties. In Waukegan, 24.1% of children and 35.7% of female HoHs with children live in poverty, and in Zion, 19.1% of children and 46.9% of female HoHs with children live in poverty. Of note is the total percentage of Senior Adults who also live below the FPL in Zion and Waukegan. In Zion 14.3% of senior adults live below the FPL compared to senior adults living in Waukegan (10.5%).

Below Poverty Levels of Children, under Age 18; Senior Adults, Ages 65+; and Female HoH

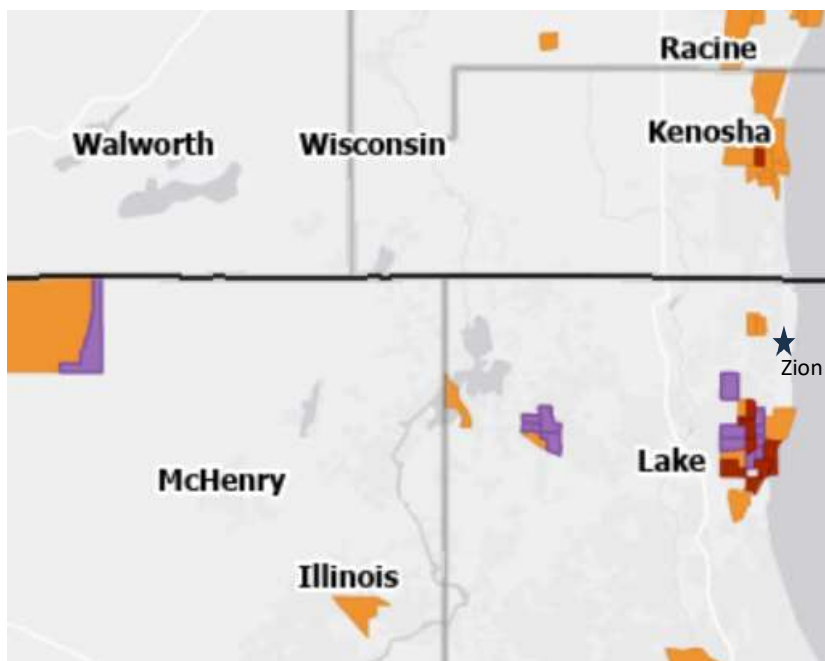
	Children	Senior Adults	Female HoH with Children*
Kenosha County	14.6%	8.4%	26.4%
Lake County	10.7%	6.4%	26.9%
Waukegan	24.1%	10.5%	35.7%
Zion	19.1%	14.3%	46.9%
McHenry County	8.1%	5.5%	22.4%
Illinois	15.3%	9.4%	32.4%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701 & *S1702. <http://data.census.gov/>

Vulnerable Populations

When vulnerable populations in the area are mapped, pockets of poverty emerge. The map below shows the three-county hospital service area, highlighting each census tract that has more than 20% poverty (in tan) and more than 25% of the population with low education, defined as less than a high school education (in lavender). Census tracts above the vulnerable threshold for both poverty and education are noted on the map in brown.

Much of the Kenosha, Wisconsin area shows a high rate of poverty without corresponding low-education (tan), as does the northwestern corner of McHenry County, Illinois. When you view Waukegan and its surrounding communities, you will see overlapping areas of with more than 20% living in poverty and more than 25% of the population with less than a high school education. These areas are identified in brown.



Vulnerable Population Footprint. CARES – University of Missouri Extension <https://careshq.org/map-room/>, 04/22/24

Food Insecurity

The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially acceptable ways. In the three counties in the service area, rates ranged from 5.9% of the overall population in McHenry County experiencing food insecurity, to 7.7% in Kenosha County. Among children, rates ranged from 4% of the children in McHenry County and 12.8% of the children in Kenosha County living in households that experienced food insecurity.

	Total Population		Children Under 18	
	Number	Rate	Number	Rate
Kenosha County	13,030	7.7%	4,910	12.8%
Lake County	46,520	6.5%	9,340	5.4%
McHenry County	18,480	5.9%	2,890	4.0%
Illinois	1,201,290	9.5%	315,330	11.3%

Source: Population Experiencing Food Insecurity. Feeding America, 2021, accessed 2/19/2024

Feeding America estimates that 53% of those experiencing food insecurity in Lake County, 66% in Kenosha County and 44% in McHenry County were eligible for nutritional programs such as SNAP.

Among children, 92% of those in Lake County, 90% in McHenry County and 72% in Kenosha County were eligible for nutritional programs such as SNAP.



Source: Feeding America. Food Insecure Children. 2021, accessed 04/22/24

Household Income

The weighted average of the median household income in the service area is \$81,935 and the service area counties ranged from \$76,583 in Kenosha County to \$104,553 in Lake County. Zion has a lower median household income (\$65,021) than service area counties.

Median Household Income

	Households	Median Household Income*
Kenosha County	66,705	\$76,583
Lake County	254,794	\$104,553
Waukegan	34,288	\$66,077
Zion	11,364	\$65,018
McHenry County	115,467	\$100,101
Illinois	4,968,761	\$78,433

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. <http://data.census.gov/> *weighted average of the county medians.

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” 34.8% of owner and renter occupied households in the service area spend 30% or more of their income on housing. In Zion, 35% of households spend 30% or more of their income on housing.

Households that Spend 30% or More of Income on Housing

	Percent
Kenosha County	28.4%
Lake County	29.0%
Waukegan	33.3%
Zion	35.0%
McHenry County	26.4%
Illinois	30.2%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP04. <http://data.census.gov/>

Unemployment

The unemployment rate in the service area, averaging over 5 years, was 4.9%. This is lower than the state unemployment rate (5.9%). For the towns of Waukegan and Zion the unemployment rate was higher at 6.0% and 7.1% respectively.

Employment Status for the Population, Ages 16 and Older

	Civilian Labor Force	Unemployed	Unemployment Rate
Kenosha County	91,569	4,889	5.3%
Lake County	386,975	18,773	5.0%
Waukegan	51,914	3,152	6.0%
Zion	16,166	1,142	7.1%
McHenry County	174,088	8,444	4.9%
Illinois	6,697,663	397,747	5.9%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. <http://data.census.gov/>

The Unhoused

A point-in-time (PIT) count of homeless people is conducted annually in every county in every state, with



unsheltered counts conducted at least every two years. These counts take place during the last 10 days of January, weather permitting. Illinois is divided up into 19 Continuums-of-Care (CoCs), with Cook County and McHenry County each being a separate CoC, as are the Chicago CoC, and the Waukegan, North Chicago/Lake County CoC. Wisconsin is divided into four CoCs: Milwaukee City and County CoC, Racine City and County CoC

and Madison/Dane County CoC. Kenosha County is part of the 'balance of the state' CoC and its data are not presented in this report.

The 2023 point-in-time count estimated 467 homeless individuals in the Waukegan, North Chicago/Lake County CoC, and 125 in the McHenry CoC. 94% of the homeless persons in the Waukegan, North Chicago/Lake County CoC were sheltered, and 72% of those in the McHenry County CoC were sheltered.

A person is defined as chronically homeless if they have a defined disability and have been homeless for at least 12 months, or on at least four separate occasions in the last three years. In 2023 the percentage of homeless persons considered to be chronically homeless in the Waukegan, North Chicago/Lake County CoC they were 6.4% of the total, and in the McHenry County CoC 16% of the homeless persons were chronically homeless.

Homeless Point-in-Time Count, 2023

	Waukegan, North Chicago/Lake County CoC	McHenry County CoC
Total Homeless	467	125
Sheltered	437	90
Emergency Shelter	346	36
Transitional Housing	91	54
Unsheltered	30	35
Chronically homeless	30	20
Unsheltered	5	16
Chronic substance abuse	49	18
Severely mentally ill	81	46
Veterans	9	17
Unaccompanied minors	0	1
Children of parenting youth	27	0

Source: U.S. Department of Housing and Urban Development (HUD), CoC Homeless Populations and Subpopulations Reports, 2023 <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

Educational Attainment

Educational attainment is a key driver of health. In the hospital service area, 8.3% of adults, 25 and older, lack a high school diploma, which is higher than the state rate (9.9%). 41.3% of area adults have a bachelor's degree, or higher, which is higher than the state rate (36.7%).

Education Levels, Population Ages 25 and Older

	Lake, McHenry and Kenosha	Illinois
Population 25 years and older	798,087	8,746,416
Less than 9 th grade	4.0%	4.5%
9 th to 12 th grade, no diploma	4.3%	5.4%
High school graduate	23.0%	25.3%
Some college, no degree	19.8%	19.8%
Associate's degree	7.8%	8.3%
Bachelor's degree	25.0%	22.0%
Graduate/professional degree	16.3%	14.7%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov/>.



Community Input:

Social and Economic issues came up frequently when asking community members what they thought were the barriers to a healthy and equitable life. As you read each example, observe where the intersections appear. Recognizing the intersectionality of issues will help in planning more sustainable and layered approaches to address them. Below are some examples of what they shared with City of Hope.

Food:

Food deserts and limited access to fresh, healthy foods in certain communities contribute to poor dietary habits and increased risk of chronic health conditions.

Access to affordable housing, nutritious food and supportive services is limited.

Poverty:

Residents of low-income neighborhoods, regardless of age or ethnicity, often experience limited access to healthcare, affordable housing, healthy food options, and educational opportunities.

Financial constraints, including poverty and low income, can limit individuals' ability to afford healthcare services, medications, and healthy food options.

Housing:

Housing is health-care, it's difficult if you're not securely housed to maintain both physical and behavioral health and meet your needs.

Housing instability and homelessness emerge as significant concerns that impact individuals' health and quality of life. Access to safe and affordable housing is crucial for addressing various health issues and promoting overall stability and well-being.

Advocate for policy reforms to address the high cost of healthcare, housing, insurance, and other basic necessities, which disproportionately affect low-income communities.

Employment:

Employment instability and lack of access to quality jobs with benefits contribute to healthcare access issues and overall well-being.

Education:

Identifying a mode of communication to distribute education and resources to all members of the community is difficult, especially considering the technological divide between older and younger age groups.

Many community members are unaware of the resources available to them that could promote a healthier lifestyle.

Immigrant populations often have trouble navigating the resources available to them pertaining to health insurance, mental health resources, and financial well-being.

A lot of our community doesn't know what they don't know, so they don't know what to ask about to learn more.

Transportation:

Lack of transportation impacts ability to access health appointments, healthy foods, and social activities throughout the community.

The community is not very walkable, and the bus system is hard to navigate/does not stop at many places people frequent.

Effects of the COVID-19 Pandemic

How to Use This Section

Our world has been impacted by the COVID-19 pandemic since early 2020. It not only caused many deaths, but it shattered many social structures and safety nets. We included this section in the CHNA because of the way this pandemic brought to light the health and social inequities of our communities. Use this section to learn more about the people living in your neighborhoods and how COVID-19 impacted them. Use it to build an understanding of how a global pandemic can take an already marginalized group of people and push them deeper into poverty and social isolation.

COVID-19

Through the end of the COVID-19 Public Health Emergency (May 10, 2023) there were 1,925,183 confirmed cases of COVID-19 in the service area. The rate for the service area was 297.6 cases per 1,000 residents. As of the same date in the service area, there were 18,231 deaths confirmed to have been caused by COVID-19, for a rate of 2.82 deaths per 1,000 residents. These rates are lower than the statewide COVID-19 infection and death rates. Infection and death rates in Kenosha County were higher than the Illinois state rates.

COVID-19, Cases and Crude Death Rates, per 1,000 Persons, through May 10, 2023

	Cases		Deaths	
	Number	Rate*	Number	Rate*
Kenosha County	57,419	339.5	726	4.29
Lake County	213,259	298.5	1,562	2.19
McHenry County	99,367	320.3	535	1.72
Illinois	4,136,659	322.9	42,005	3.28

Source: US Centers for Disease Control and Prevention, COVID Data Tracker, Archived Data. https://data.cdc.gov/dataset/Weekly-United-States-COVID-19-Cases-and-Deaths-by-yviw-z6j5/data_preview and https://data.cdc.gov/Case-Surveillance/Weekly-United-States-COVID-19-Cases-and-Deaths-by-pwn4-m3yp/data_preview *Rates calculated utilizing U.S. 2020 Decennial Census population data..

The percentage of Lake County residents, of all ages, who have had at least one dose of a COVID-19 vaccine is 92.9%. The percentage who completed the primary series of a COVID-19 vaccine is 83.5% of the county's population. The CDC's updated vaccination recommendations include an updated 2023-2024 vaccine dose for everyone ages five and older. 25.1% of county residents are up to date with their COVID vaccinations.

COVID-19 Vaccinations, Completed Primary Series and 'Up to Date', Lake County, by Age

People Vaccinated	At Least One Dose	Completed Primary Series	Updated (Bivalent) Booster Dose
Total	647,036	581,666	174,861
% of Total Population	92.9%	83.5%	25.1%
Population ≥ 5 Years of Age	637,728	575,659	174,277
% of Population ≥ 5 Years of Age	95%	87.6%	26.5%
Population ≥ 12 Years of Age	597,510	539,211	167,554
% of Population ≥ 12 Years of Age	95%	90.9%	28.3%
Population ≥ 18 Years of Age	541,596	487,603	157,824
% of Population ≥ 18 Years of Age	95%	91.9%	29.8%
Population ≥ 65 Years of Age	111,947	101,261	62,626
% of Population ≥ 65 Years of Age	95%	95%	60.7%

Source: Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2024, April 22. <https://covid.cdc.gov/covid-data-tracker>



Community Input:

Overall, the COVID-19 pandemic has brought to light existing disparities and unmet needs in healthcare and community support systems, while also catalyzing innovative solutions and greater awareness of mental health issues. The long-term impact of these changes on community health and well-being remains to be fully understood and addressed. Themes appeared from our conversations with the community regarding the ways that COVID-19 influenced and or changed the unmet health-related needs in their community. Below are examples of what our community had to say.

COVID-19's Impact on Healthcare Services

Reduced services in hospitals and healthcare facilities, leading to challenges in connecting individuals with necessary treatments, especially for screening and non-emergency services.

Short-staffed healthcare facilities and increased turnover further strained resources.

COVID-19 Changed Health Behaviors

Increased fear and hesitation about going to hospitals and other social places, leading to decreased attendance in healthcare-related activities and community engagements.

Rise in mental health and behavioral health concerns due to isolation, trauma, and disruptions in social norms.

COVID-19 Influenced Access to Care

Telehealth services have emerged as a vital tool for accessing healthcare, particularly for mental health services, although challenges with insurance coverage persist.

Some populations, such as seniors, faced barriers to accessing telehealth due to technological limitations.

COVID-19 Increased Community Support and Engagement

Increased outreach efforts by community organizations to address the heightened needs during the pandemic, including distributing masks, hand sanitizers, and meals to vulnerable populations.

Greater awareness and reduced stigma around seeking mental health services, leading to more individuals accessing support groups and counseling sessions.

Youth were set behind socially and academically. Some youths are still apprehensive about being in large community spaces, removing their masks, etc. High schoolers feel that they have fallen behind.

COVID-19 Affected Economic and Social Influences

Job market changes and shifts in priorities, such as increased value placed on family time, have influenced community dynamics and resource allocation.

Division and tribalism in beliefs and attitudes, exacerbating challenges in addressing health-related issues and adopting evidence-based practices.

Persistent unmet needs, particularly in mental health, substance abuse, and social support, highlighting the ongoing challenges even as the pandemic evolves.

Community members were uplifted with the entitlements that the government granted during the pandemic. Once these entitlements were taken away, the community was left in more economic hardship than before the pandemic.

Access to Health Services and Care

How to Use This Section

This section will explore access to health care through health insurance, sources of care, barriers to care and emergency room use to help you understand how and where residents are accessing health care. This information is vital to understand who is accessing health care and who faces barriers and does not receive the necessary services. *Tip: Use the data in this section for grant writing or program reporting.*

Health Insurance

Health insurance coverage is considered a key component to ensure access to health care. 91.5% of the population in the service area has health insurance. Of the service area counties, McHenry County has the highest health insurance rate (95.1%) and Lake County (93.2%) has the lowest rate of health insurance. The health insurance rate in Waukegan is 90.1% and in Zion it is 86.6%. For children in the service area, ages 18 and younger, 96.3% have health insurance coverage. Of service area counties, McHenry County has the highest health insurance rate among children (97.3%), and Kenosha County has the lowest percentage of children with health insurance (95.6%). Waukegan and Zion have 93.0% coverage among children. Among adults, ages 19-64, 88% in the service area have health insurance. The health insurance rate among adults in Zion is 86.9% and 80.9% in Waukegan. Children in the service area met the Healthy People 2030 goal of 92.4% coverage.

Health Insurance, Total Population, Children under Age 19, and Adults, Ages 19-64

	Total Population	Children, Under Age 19	Adults, Ages 19-64
Kenosha County	93.6%	95.6%	91.3%
Lake County	93.2%	96.6%	90.2%
Waukegan	87.6%	94.2%	80.9%
Zion	90.1%	93.0%	86.9%
McHenry County	95.1%	97.3%	93.1%
Illinois	93.0%	96.6%	89.9%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. <http://data.census.gov/>

When examined by race and ethnicity, there are differences in the rate of health insurance coverage in the service area. The service area average for health insurance coverage among the total population is 91.5%. The lowest rate of coverage is seen in those who identify as Native Hawaiian residents or Pacific Islander residents (79.6%). Service area coverage among children is 96.3%. The lowest rate of coverage (84.5%) is seen in Native Hawaiian Children or Pacific Islander children, followed by American Indian children or Alaskan Native children (93.3%). Among adults, ages 19 to 64, in the service area, 88% have

health insurance. The lowest rate is found among adults who identify as some other race (73.5%), followed by Hispanic adults (76%). Among area seniors, ages 65 and older, 64.4% of Native Hawaiian seniors or Pacific Islander seniors reported having health insurance.

Service Area Health Insurance, by Race and Ethnicity and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Senior Adults, 65+
Non-Hispanic White	95.6%	97.6%	93.7%	99.4%
Asian	92.6%	96.0%	90.7%	97.0%
Black or African American	91.4%	95.7%	87.8%	99.1%
Multiracial	86.9%	96.5%	79.7%	97.7%
American Indian or Alaskan Native	83.8%	93.3%	77.8%	98.2%
Hispanic	83.5%	95.0%	76.0%	96.1%
Other race	81.3%	94.9%	73.5%	94.1%
Native Hawaiian or Pacific Islander	79.6%	84.5%	79.3%	64.4%

Source: U.S. Census Bureau, 2016-2020 American Community Survey, C27001B thru C27001I. <http://data.census.gov/>

Taking a closer look at those without health insurance (table below), you can see that nearly all adults over the age of 65 years have health insurance. It is when we look at those younger than 65 years that we see disparities. Waukegan has more than double, under 65 years of age without health insurance (16.3%) when compared to Lake County as a whole (7.8%).

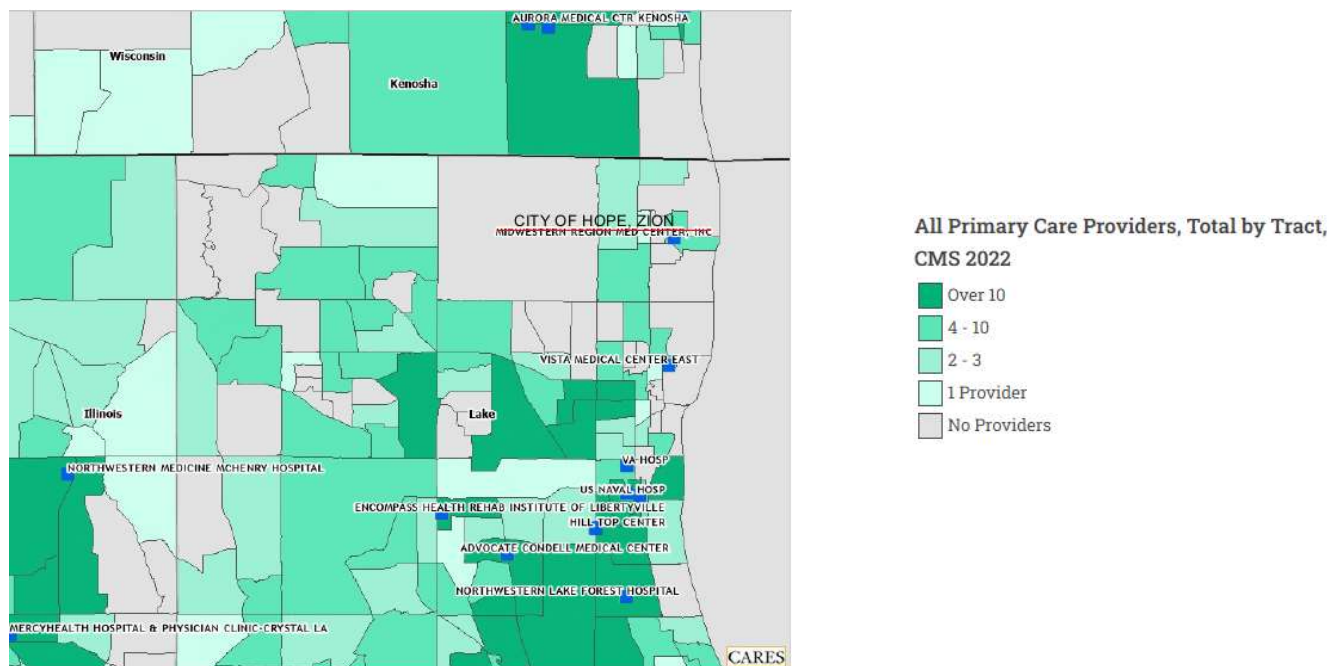
Service Area No Health Insurance, by Age Group

	Total Population under the age of 65	Senior Adults, 65+
Waukegan	16.3%	0.0%
Zion	11.9%	n/a
Lake County	7.8%	0.5%
Illinois	7.7%	0.8%

Source: U.S. Census Bureau. "Selected Characteristics of Health Insurance Coverage in the United States." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701, 2022, <https://data.census.gov/>. Accessed 04/22/24.

Sources of Care

Access to a medical home (a place where they can get regular medical care) and a primary care provider improves continuity of care and decreases unnecessary emergency room visits. The map below shows the availability of primary care providers in the Lake County Region and local hospitals.



Source: [CARES University of Missouri Extension](https://www.cares.edu/mo/). Accessed 04/22/24

The ratio of the population to primary care physicians in Lake County is 888:1 and in McHenry County it is 2,124 residents per primary care physician.

Primary Care Physicians, Number and Ratio

	Kenosha County	Lake County	McHenry County	Illinois
Number of primary care physicians	81	781	144	10,215
Ratio of population to primary care physicians	2,095:1	888:1	2,124:1	1,232:1

Source: County Health Rankings, 2023, Data from 2020. <http://www.countyhealthrankings.org>

Barriers to Care

When community members were asked about barriers to care, access to health care is consistently mentioned across multiple responses, indicating its critical importance and urgent need. Limited access to healthcare services, including primary care, preventive care, and specialty services, affects individuals' overall health outcomes and exacerbates existing health disparities. The insurance system is difficult to navigate for immigrant populations and language barriers. All counties in this service area had higher percentages of residents not having a routine check-up in the past year (see table below).

No Routine Checkup in Past Year, Age-Adjusted Rates

	Kenosha County	Lake County	McHenry County	Illinois
No routine checkup in past year	25.6%	24.1%	24.1%	*23.5%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> and https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-Place-Data-202/eav7-hnsx/about_data *Weighted average of Illinois county rates.

Finances prevented many Lake County residents from seeing a doctor, filling a prescription or seeing a dentist.

Delayed or Did Not Get Care in the Last 12 Months

	Could Not See Doctor Due to Cost	Could Not Fill Rx Due to Cost	No Dental Visit in Past Two Years
Kenosha County	Not asked	Not asked	Not asked
Lake County	10.5%	11.6%	21.6%
McHenry County	N/A	4.9%	15.6%
Illinois	**13.3%	4.9%	*19.8%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2015-2019 and, for Illinois only, 2015, *2018, or **2019. <http://app.idph.state.il.us/brfss/default.asp> and Wisconsin Department of Health Services, WISH Query system, <https://www.dhs.wisconsin.gov/wish/brfs/form.htm>

Access to Primary Care Community Health Centers

Community Health Centers (CHC) provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZIP Code Tabulation Area (ZCTA¹⁽⁰⁸¹⁾), 27.0% of the population in the service area is low-income (200% of Federal Poverty Level) and 12.0% of the population are living in poverty. There are 2,698 Section 330-funded grantees Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes clinics.

Even with Section 330 funded CHC serving the area, there are low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 882,385 patients in the service area, which equates to 46.8% penetration among low-income patients and 12.4% penetration among the total population. From 2020-2022, the CHC providers had 8,656 fewer patients for a 1.0% decrease in patients served by CHC in the service area.

¹ The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
1,884,209	882,385	46.8%	12.4%	1,001,824	53.2%

Source: UDS Mapper, 2021, 2017-2021 population numbers. <http://www.udsmapper.org>



Community Input:

Access to health care is consistently mentioned across multiple responses, indicating its critical importance and urgent need. Limited access to healthcare services, including primary care, preventive care, and specialty services, affects individuals' overall health outcomes and exacerbates existing health disparities. The insurance system is difficult to navigate for immigrant populations and language barriers. Our community had much to say about this topic.

Difficulty accessing primary care due to factors such as appointment availability, insurance coverage, and transportation limitations.

Increased reliance on emergency services due to lack of access to primary care providers.

Systemic racism and socioeconomic disparities contribute to unequal access to healthcare services and resources.

The thing that sort of underpins a lot of issues is systemic racism/poverty. So much of our healthcare system has been sort of monetized in ways that make it unfriendly or difficult to navigate.

More "all-in-one" healthcare facilities to ease transportation burdens.

Access to medications is becoming increasingly difficult with pharmacies shutting down in the community.

Sometimes some of those basic things that you would hop in the car and go to the doctor for end up being an ambulance call.

Increased incentives or motivation for high quality medical professionals to move into the local community.

Health Behaviors

How to Use This Section

Many of our health problems exist because of lifestyle or health habits that increase the risk of death and chronic disease. At City of Hope, we know that obesity increases the risk for chronic disease like diabetes and cancer. We also know that if you have diabetes, your ability to fight cancer is weaker. Using health behavior data related to obesity can help us design programs that get to the root causes of obesity and, ultimately, address risk factors for diabetes and cancer.

Health Behaviors Ranking

The County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. Illinois has 102 counties and Wisconsin has 72 counties, which are ranked from one (1) (healthiest) to 102 for Illinois or 72 for Wisconsin (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. Rankings of 2 and 8 put Lake and McHenry Counties in the top 10% of Illinois counties for healthy behaviors. Kenosha County's ranking of 28 out of Wisconsin's 72 counties places it in the top 50% of Wisconsin counties.

Health Behaviors Ranking

	County Ranking (out of 102)
Lake County	2
McHenry County	8
	County Ranking (out of 72)
Kenosha County	28

Source: County Health Rankings, 2023. <http://www.countyhealthrankings.org>

Overweight and Obesity

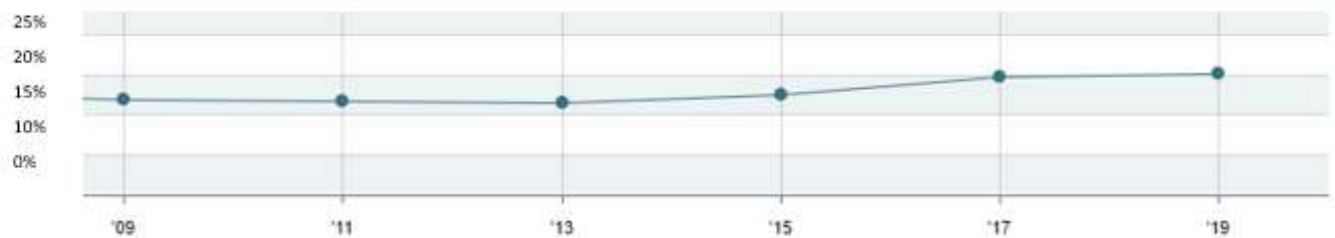
According to the Illinois Youth Survey (2022) that surveyed students in Lake County 14% of 8th graders, 13% of 10th graders and 14% of 12th graders are overweight. In McHenry County no data was available for 8th graders. For 10th and 12th graders, 15% and 13% were considered overweight. The percentage of students in the obesity category was lower. Which is a possible sign that supporting teens with nutrition and fitness programming is working. Even state data, that is several years old now, demonstrates an upward trend in obesity rates for high school students throughout the state. After a few years now, the trend seems to be leveling out.

Overweight and Obese, 8th, 10th and 12th Grade Students

	8 th Grade		10 th Grade		12 th Grade	
	Overweight	Obese	Overweight	Obese	Overweight	Obese
Kenosha County	N/A	N/A	N/A	N/A	N/A	N/A
Lake County	14%	9%	13%	8%	14%	7%
McHenry County	N/A	N/A	15%	8%	13%	7%
Illinois	Overall Highschool Obesity Rate 15.2%					

Source: Illinois Youth Survey, 2022 <https://iys.cprd.illinois.edu/results/county> N/A = Survey population too small for analysis. [State of Childhood Obesity, 2019](#). Accessed 04/22/24.

Obesity trends for Hightschool Students in Illinois



Source: [State of Childhood Obesity, 2019](#). Accessed 04/22/24.

The same cannot be said for adults. Rates of obesity among adults in service area counties ranged from 26.2% in Kenosha County, Wisconsin to 31.2% in Lake County, Illinois.

Overweight and Obesity, Adults

	Overweight	Obese	Combined
Kenosha County	31.3%	26.2%	57.5%
Lake County	38.0%	31.2%	69.2%
McHenry County	37.1%	29.2%	66.4%
Illinois	34.1%	31.6%	65.7%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2015-2019 and 2019 only (Illinois, and Kenosha County, Wisconsin) <http://app.idph.state.il.us/brfss/default.asp> and Wisconsin Department of Health Services, WISH Query system, 2019 only. <https://www.dhs.wisconsin.gov/wish/brfs/form.htm>

Data from the CDC indicated obesity rates among adults ranged from 30.2% in McHenry County to 37.2% in Kenosha County.

Obesity, Adults, Age-Adjusted Rates

	Cook County	Chicago	Kenosha County	Lake County	McHenry County	Illinois
Obesity	31.4%	34.1%	37.2%	31.2%	30.2%	*33.6%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-unth> and https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-Place-Data-202/eav7-hnsx/about_data *Weighted average of Illinois county rates.

Obesity and Food Consumption

In Lake County, 23% of 8th graders, 18% of 10th graders, and 16% of 12th graders had eaten fruit at least 3+ times during the day in the prior week. This dietary habit exceeds that of students in the same grades when compared to state data.

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

	Kenosha County	Lake County	McHenry County	Illinois
Ate fruit 0 times, 8 th grade	N/A	4%	N/A	6%
Ate fruit 0 times, 10 th grade	N/A	5%	5%	7%
Ate fruit 0 times, 12 th grade	N/A	5%	7%	8%
Ate fruit 3+ times daily, 8 th grade	N/A	23%	N/A	24%
Ate fruit 3+ times daily, 10 th grade	N/A	18%	18%	16%
Ate fruit 3+ times daily, 12 th grade	N/A	16%	14%	14%

Source: Illinois Youth Survey, 2018 <https://iys.cprd.illinois.edu/results/county> N/A = Survey population too small for analysis.

Frequent vegetable consumption (three or more times per day) rose with each grade level for both Lake County and McHenry County teens. When compared to state data, these two counties either met or exceeded rates for eating vegetables.

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

	Kenosha County	Lake County	McHenry County	Illinois
Ate veggies 0 times, 8 th grade	N/A	9%	N/A	11%
Ate veggies 0 times, 10 th grade	N/A	7%	8%	11%
Ate veggies 0 times, 12 th grade	N/A	7%	8%	10%
Ate veggies 3+ times/day, 8 th grade	N/A	19%	N/A	18%
Ate veggies 3+ times/day, 10 th grade	N/A	15%	13%	12%
Ate veggies 3+ times/day, 12 th grade	N/A	13%	11%	13%

Source: Illinois Youth Survey, 2018 <https://iys.cprd.illinois.edu/results/county> N/A = Survey population too small for analysis.

Increased access to fast food outlets in a community, limited access to healthy foods, and inadequate consumption of fresh fruits and vegetables can increase rates of obesity, heart disease and diabetes. The Food Environment Index identifies and measures factors that contribute to a healthy food environment. Reported on a scale of 0 (worst) to 10 (best), service area counties rank toward the top of the index. In Kenosha County, 10% of the population have limited access to healthy foods and 9% experience food insecurity, and in Cook County 2% have limited access to healthy foods, but 11% experience food insecurity.

Food Environment

	Kenosha County	Lake County	McHenry County	Illinois
Food environment index	8.0	8.8	8.7	8.5
Limited access to healthy foods	10%	6%	6%	5%
Food insecurity	9%	7%	7%	8%

Source: County Health Rankings, 2023; USDA Food Environment Atlas, 2019 & 2020, combined. www.countyhealthrankings.org/

Physical Activity

The CDC recommendation for adult physical activity is 30 minutes of moderate activity five times a week or 20 minutes of vigorous activity three times a week, and strength training exercises that work all major muscle groups at least 2 times per week. 22% of adults in Lake County were sedentary and did not participate in any leisure-time physical activity in the previous month.

Sedentary Adults, 5-Year Average

	Percent
Kenosha County	21%
Lake County	22%
McHenry County	21%
Illinois	24%

Source: Source: County Health Rankings, 2023, from CDC Behavioral Risk Factor Surveillance System for 2020. www.countyhealthrankings.org

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

In Lake and Kenosha Counties, 98% of the population has adequate access to exercise opportunities. In McHenry County, 94% of the population has adequate access to exercise opportunities.

Adequate Access to Exercise Opportunities

	Kenosha County	Lake County	McHenry County	Illinois
Have adequate access	98%	98%	94%	90%

Source: Source: County Health Rankings, 2023, from ArcGIS Business Analyst and Living Atlas of the World; YMCA; US Census TIGER/Line Shapefiles, for 2020 and 2022. www.countyhealthrankings.org

The CDC recommendation for youth physical activity is 60 minutes of activity or more each day. Among Lake County youth, 8% of 12th grade students did not meet this activity recommendation on any day of the previous week. Rates of inadequate physical activity rise slightly with each grade level. 10th and 12th graders were more likely to report having not been physically active for 60 minutes on any day in the previous week than were 8th graders. However, the amount of screen time spent on non-schoolwork-related activities dropped at higher grade levels. 50% of Lake County 8th graders reported spending three-or-more hours on non-schoolwork screen time on an average school day, while by the 12th grade 48% of students did. Only 10th graders in McHenry County slightly exceeded the state screen time 52% versus 51% for the state. When comparing this data to watching tv the rates are significantly lower. The presumed explanation here is that students are spending more time on their screens, engaged in social media or watching shows on their phones instead of watching on the television.

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

	Kenosha County	Lake County	McHenry County	Illinois
0 Days, 8 th grade	N/A	7%	N/A	8%
0 Days, 10 th grade	N/A	8%	8%	10%
0 Days, 12 th grade	N/A	8%	9%	12%

Source: Illinois Youth Survey, 2018 <https://iys.cprd.illinois.edu/results/county> N/A = Survey population too small for analysis.

Sedentary Activity, Screen Time, Average School Day, 8th, 10th, and 12th Grade Students

	Kenosha County	Lake County	McHenry County	Illinois
Watch 3+ hours, 8 th grade	N/A	50%	N/A	54%
Watch 3+ hours, 10 th grade	N/A	48%	52%	51%
Watch 3+ hours, 12 th grade	N/A	48%	49%	46%

Source: Illinois Youth Survey, 2018 <https://iys.cprd.illinois.edu/results/county> N/A = Survey population too small for analysis.

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

	Kenosha County	Lake County	McHenry County	Illinois
For 3+ hours, 8 th grade	N/A	16%	N/A	23%
For 3+ hours, 10 th grade	N/A	14%	14%	19%
For 3+ hours, 12 th grade	N/A	15%	14%	19%

Source: Illinois Youth Survey, 2018 <https://iys.cprd.illinois.edu/results/county> N/A = Survey population too small for analysis.

Sexually Transmitted Infections

From 2019 to 2021 the rate of chlamydia infections fell in all area counties except Lake County. The rate of gonorrhea fell significantly in Kenosha while it rose and then fell in Lake County. But in McHenry County we see it rise from 30.7% in 2020 to 37.0 in 2021. Across that same timeframe, rates of early syphilis fell in Lake County while rising in Kenosha and McHenry Counties. None of the counties in our comparison exceeded the state rates for STIs.

Reportable Sexually Transmitted Infection Rates, per 100,000 Persons

	Chlamydia			Gonorrhea			Early Syphilis*		
	2019	2020	2021	2019	2020	2021	2019	2020	2021
Kenosha County	554.4	490.3	467.0	155.7	185.1	155.3	6.5	7.0	7.7
Lake County	429.4	420.1	448.8	77.5	95.3	92.4	9.2	7.4	2.4
McHenry County	240.8	200.5	223.7	26.3	30.7	37.0	3.9	6.5	9.0
Illinois	639.3	537.5	566.9	231.0	242.9	240.3	21.4	21.1	20.9

Source: U.S. Centers for Disease Control (CDC), National Center for HIV, Viral Hepatitis, STD and TB Prevention (NCHHSTP), AtlasPlus Interactive Platform, 2019-2021 data. <https://www.cdc.gov/nchhstp/atlas/index.htm> *Early syphilis includes primary and secondary syphilis as well as early non-primary, non-secondary syphilis.

HIV

Lake County has an HIV incidence rate (2016 through 2023) of 5.82 cases per 100,000 persons, the highest of the service area counties. Both Lake and McHenry counties have HIV/AIDS rates that are lower than state rates.

HIV/AIDS Cases, per 100,000 Persons, Cumulative through February 2023

	HIV Incidence			AIDS Cases			All residents living with HIV	All residents living with AIDS
	Diagnosed in 2023	Cumulative Cases Since 2016	Cumulative Rate 2016-2023	Diagnosed in 2023	Cumulative Cases Since 2016	Cumulative Rate 2016-2023		
Kenosha County*	7	N/A	4.2*	N/A	N/A	N/A	101 - 300	N/A
Lake County	3	293	5.82	2	122	2.42	539	464
McHenry County	0	63	2.85	0	25	1.13	107	76
Illinois		9508	10.3		4118	4.41	21,323	18,878

Source: [Illinois Department of Public Health, HIV/AIDS Surveillance Update, February 2023](#). [Dept. of Health Services, HIV in Wisconsin: Wisconsin HIV Surveillance Annual Report, 2022. Single-year rate \(2022\) only..](#)
<https://www.dhs.wisconsin.gov/hiv/data.htm>

Cigarette Smoking

Smoking continues to be a leading cause of preventable death in the United States. Smoking rates in the service area ranged from 17% in Kenosha County to 15% (McHenry County) and 14% (Lake County). The Healthy People 2030 objective for smoking is 5%. This region is well above National benchmarks.

Smoking Prevalence, Adults

		Kenosha County	Lake County	McHenry County	Illinois
Current smoker		17%	14%	15%	13%

Source: County Health Rankings, 2023, from CDC Behavioral Risk Factor Surveillance System for 2020.

www.countyhealthrankings.org

Among 10th grade students in Lake County, 3% smoked a cigarette in the past year and 22% used a tobacco or vaping product, other than cigarettes, in the past year. 21% said that they had used a tobacco or vaping product, including cigarettes, in the past month. Area rates were highest in McHenry County, where 4% of 10th grade students had smoked a cigarette in the past year, and 26% had used a tobacco or vaping product, including cigarettes, in the past month.

Use of Tobacco, 10th Grade Students

	Kenosha County	Lake County	McHenry County	Illinois
Smoked a cigarette, past year	N/A	3%	4%	5%
Smoked a cigarette, past 30 days	N/A	1%	2%	2%
Used any tobacco or vaping product other than cigarettes, past year	N/A	22%	26%	20%
Used any tobacco or vaping product including cigarettes, past 30 days	N/A	21%	26%	21%

Source: Illinois Youth Survey, 2018 <https://iys.cprd.illinois.edu/results/county> N/A = Survey population too small for analysis.

Alcohol Use

Excessive drinking is defined as either binge or heavy drinking. Binge drinking is measured as consuming a certain amount of alcohol in a designated period. For males, this is five or more drinks per occasion and for females, four or more drinks per occasion. Heavy drinking is defined as a daily average of more than one drink for women and more than two drinks for men. The rate of excessive drinking in service area counties ranges from 18%-16% of adults in the prior month, in McHenry and Lake Counties, to 25% in Kenosha County.

Excessive Drinking, Adults

	Kenosha County	Lake County	McHenry County	Illinois
Adults reporting binge or heavy drinking, prior month	25%	16%	18%	15%

Source: County Health Rankings, 2023, from CDC Behavioral Risk Factor Surveillance System for 2020.

www.countyhealthrankings.org

Area rates of binge drinking among adults ranged from 18.7% in McHenry County and 17.6% in Lake County to 23.1% in Kenosha County. The Healthy People 2030 objective is 25.4% for binge drinking, all service county below did not exceed that benchmark.

Binge Drinking, Adults, Age-Adjusted Rates

	Kenosha County	Lake County	McHenry County	Illinois
Adults reporting binge drinking, prior month	23.1%	17.6%	18.7%	*17.2%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> and https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-Place-Data-202/eav7-hnsx/about_data *Weighted average of Illinois county rates.

Alcohol impairs driving ability and plays a role in almost one-third (29%) of all driving fatalities in Illinois. In area counties, driving fatalities involving alcohol ranged from 34% in Lake County to 44% in Kenosha County.

Driving Deaths with Alcohol Involvement

	Kenosha County	Lake County	McHenry County	Illinois
Driving deaths with alcohol involvement	44%	34%	40%	29%

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

Chronic alcohol-related hospitalizations include those directly related to long-term use of alcohol, such as liver cirrhosis and alcohol dependence. With 913 chronic alcohol-related Emergency Room visits in 2021, Kenosha County ranked 7th in Wisconsin for chronic alcohol-related ER visits, and 922 inpatient visits related to chronic alcohol placed it 6th among Wisconsin counties for inpatient visits related to chronic alcohol.

Among 10th grade students in McHenry County, 45% have ever had more than a sip or two of alcohol (including beer, wine or hard liquor such as vodka, whisky or gin), and 42% drank alcohol in the past year, 25% did in the past month. 9% of students surveyed had binge drank (defined as five or more drinks on one occasion) within the past two weeks.

Use of Alcohol, 10th Grade Students

	Suburban Cook County	Chicago	Kenosha County	Lake County	McHenry County	Illinois
Have ever had more than a sip or two of alcohol	44%	50%	N/A	42%	45%	46%
Drank alcohol in the past year	40%	42%	N/A	38%	42%	40%
Drank alcohol, past 30 days	23%	27%	N/A	21%	25%	23%
Binge drank, past 2 weeks	8%	9%	N/A	7%	9%	9%

Source: Illinois Youth Survey, 2018 <https://iys.cprd.illinois.edu/results/county> N/A = Survey population too small for analysis.

Marijuana Use

Data for this section was pulled from the Substance Abuse and Mental Health Administration (SAMHSA) for the counties in this service area. Region 2b comprises Lake and McHenry Counties, in addition to Kane and Will Counties. Kenosha County is part of SAMHSA's Southeastern Wisconsin region, which also includes Jefferson, Ozaukee, Racine, Walworth, Washington, and Waukesha Counties. Of the three regions, marijuana use among adults for the past month (14.3%) as well as the past year (8.8%) is highest in Southeastern Wisconsin, including Kenosha.

Smoked Marijuana, Adults

	Region 2b, incl. Lake & McHenry	Southeastern Wisconsin, incl. Kenosha	Illinois
Reported smoking marijuana in the past year	12.5%	14.3%	14.3%
Reported smoking marijuana in the past month	8.1%	8.8%	9.3%

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), 2016-2018 National Survey on Drug Use and Health (NSDUH) <https://www.samhsa.gov/data/nsduh/2016-2018-substate-reports>

Among 10th grade students in Lake County reported a slightly lower percentage 21% to 22% for had ever used marijuana, when compared to McHenry County. Conversely, McHenry 10th graders had slightly higher rates for having used marijuana in the past year (20%/18%) or in the past 30 days (13%/12%) when compared to Lake County. These rates are very similar to the total marijuana use rates for the State of Illinois.

Use of Marijuana, 10th Grade Students

	Kenosha County	Lake County	McHenry County	Illinois
Have ever used marijuana	N/A	21%	22%	23%
Used marijuana, past year	N/A	18%	20%	20%
Used marijuana, past 30 days	N/A	12%	13%	13%

Source: Illinois Youth Survey, 2018 <https://iys.cprd.illinois.edu/results/county> N/A = Survey population too small for analysis.



Community Input:

An emerging theme around health behaviors focused on educating the community. More specifically, increasing services that provide education to residents in culturally and linguistically appropriate ways.

They also shared thoughts about chronic disease and substance use disorders.

Chronic Disease

Management and prevention of chronic diseases such as diabetes, hypertension, heart disease, and obesity are major concerns.

Lack of preventative care and education contribute to the prevalence of these diseases.

Substance Use Disorders

Substance abuse, including alcohol and drug addiction, poses significant health risks in the community.

Lack of access to treatment and support services exacerbates the problem.

High school students noted that drugs/alcohol are “in your face.” It is very easy to access these substances. They are very commonly used by peers. Marketing for these substances (like vaping) are often targeted towards their age group with fun flavors.

Lack of discipline from the school system and parents for drug and alcohol use.

Mental Health

How to Use This Section

Often, we think of physical health, mental health and dental health as separate entities. However, they are interconnected and must be addressed for a person to be in optimal health. If community programs were designed with mental health challenges in mind, barriers could be addressed to ensure future program success. For example, if you know that you want to start a program to get community members walking, but you notice that people in your community suffer from stress or depression, you could use that information to design promotional materials that reinforce how regular walking can help decrease stress and depression. You can also prepare your program to provide local resources that address these issues. Ultimately, these data can help your organizations better serve residents by being aware of and ready to address potential mental health issues.

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Lake County, the ratio of residents to mental health providers is 303:1, while in Kenosha County it is 683:1 residents per mental health provider. Large disparities such as these are also complicated when the provider does not speak the language or understand the culture of the individuals seeking care.

Mental Health Providers, Number and Ratio

	Kenosha County	Lake County	McHenry County	Illinois
Number of mental health providers	247	2,350	752	36,795
Ratio of population to mental health providers	683:1	303:1	414:1	344:1

Source: County Health Rankings, 2022. <http://www.countyhealthrankings.org>

Mental Health Status

Frequent mental distress is defined as 14 or more days of poor mental health in the past 30 days. In Kenosha County, adults had an average of 4.4 mentally unhealthy days in the prior month, and 14.7% had frequent mental distress. 22.7% of Kenosha County adults said they had been diagnosed with Depressive Disorder. While adult residents of McHenry County reported the fewest number of mentally unhealthy days in the prior month (3.3 days), and Lake County adults were the least likely to report frequent mental distress (13.6%).

Mental Health Status in Past 30 Days, Adults

	Kenosha County	Lake County	McHenry County	Illinois
Average number of mentally unhealthy days, prior month**	4.4	3.5	3.3	3.2
Frequent mental distress: 14 or more days of poor mental health	14.7%	13.6%	14.2%	*14.4%
Ever diagnosed with Depressive Disorder	22.7%	17.3%	19.4%	*18.2%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> and https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-Place-Data-202/eav7-hnsx/about_data *Weighted average of Illinois county rates. **Source: County Health Rankings, 2023, from CDC Behavioral Risk Factor Surveillance System for 2020. www.countyhealthrankings.org N/A = Not Applicable

When asked about feelings of sadness and helplessness, 33% of McHenry County 10th grade students identified these feelings as having interfered with their usual activities in the past year. 15% of Lake County and McHenry County youth had seriously considered suicide in the past year.

Mental Health Indicators, 10th Grade Students

	Kenosha County	Lake County	McHenry County	Illinois
Felt so sad or helpless almost every day for two weeks or more in a row, that they stopped doing some usual activities, past year	N/A	31%	33%	35%
Seriously considered attempting suicide, in the past year	N/A	15%	15%	16%

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

Mental Health Care Access

Mental Health Care Access data was also pulled from the Substance Abuse and Mental Health Administration's (SAMHSA) National Survey on Drug Use and Health. Lake and McHenry Counties are included in SAMHSA Region 2b, along with Kane and Will Counties. Kenosha County is part of SAMHSA's Southeastern Wisconsin region, along with Jefferson, Ozaukee, Racine, Walworth, Washington and Waukesha Counties. Of the three regions, adults in the Southeastern Wisconsin region, which includes Kenosha County, were the most likely to say that they had received mental health services in the past year (17.6%), and those in Region 2b, were the least likely (14.1%).

Mental Health Care Access, Adults

	Region 2b, incl. Lake & McHenry	Southeastern Wisconsin, incl. Kenosha	Illinois
Received mental health services in the past year	14.1%	17.6%	14.7%

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), 2016-2018 National Survey on Drug Use and Health (NSDUH) <https://www.samhsa.gov/data/nsduh/2016-2018-substate-reports>



Community Input:

Throughout the interviews and focus groups, mental health appeared as a major concern for everyone from teenagers to older adults and from firefighters to our servant leaders in the local non-profit organizations. Mental health challenges are highlighted as a pressing issue that requires immediate attention.

Mental health concerns, including stress, anxiety, depression, and trauma, are prevalent in the community.

Limited access to mental health resources and counseling services exacerbates these issues.

Increased access to mental health resources, counseling services, and support programs is essential for addressing mental health concerns and improving overall well-being in the community.

Stigma surrounding mental health services, particularly within certain cultural communities, can discourage individuals from accessing mental healthcare.

Youth often face challenges related to mental health, social media influence, and changes in their environment, such as limited access to recreational activities or increased exposure to unsafe neighborhoods.

Tailor programs to meet the specific needs of diverse populations, including offering group sessions, one-on-one counseling, and culturally relevant materials to address mental health and other wellness needs.

Lack of mental health support within the school system. The ratio of counselors per student is very low.

COVID-19 Related

...Rise in mental health and behavioral health concerns due to isolation, trauma, and disruptions in social norms.

Telehealth services have emerged as a vital tool for accessing healthcare, particularly for mental health services, although challenges with insurance coverage persist.

Chronic Diseases

How to Use This Section

This section addresses health status and various chronic diseases, including diabetes, heart disease and high blood pressure. The data describes who is impacted, where it occurs most often and how the community thinks these conditions impact their lives. How could you use this information to build a program or deliver services when funding is lean? Community input can provide rich detail on how best to address barriers and ensure program success.

Diabetes

9.8% of adults in the State of Illinois have been diagnosed with diabetes. All counties in the City of Hope service area are slightly below the state rate.

Diabetes, Adults, Age-Adjusted Rates

	Kenosha County	Lake County	McHenry County	Illinois
Adults diagnosed with diabetes	8.3%	9.1%	8.1%	*9.8%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> and https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-Place-Data-202/eav7-hnsx/about_data *Weighted average of Illinois county rates.

Diabetes Mortality

The crude mortality rate from diabetes in the service area is 23.8 deaths per 100,000 persons.

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

	Annual Number	Rate
Kenosha County	47	27.8
Lake County	142	20.2
McHenry County	67	21.7
Illinois	3,144	24.8

Source: CDC National Center for Health Statistics, WONDER Online Database, Multiple Cause of Death Files, 2018-2021. <http://wonder.cdc.gov/>

Heart Disease

4.7% of Lake County and McHenry County adults reported having been told by a health professional that they have coronary heart disease, as compared to 5.1% of adults in Kenosha County.

Coronary Heart Disease, Adults, Age-Adjusted Rates

	Kenosha County	Lake County	McHenry County	Illinois
Adults diagnosed with coronary heart disease	5.1%	4.7%	4.7%	*5.0%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-unfb> and https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-Place-Data-202/eav7-hnsx/about_data *Weighted average of Illinois county rates.

Heart Disease and Stroke Mortality

With an average of 491 deaths per year, the crude mortality rate for ischemic heart disease in Lake County is 70.3 deaths per 100,000 persons, while in McHenry County it is 85.5 per 100,000 persons. These rates are lower than the Illinois state rate. The rate in Kenosha County (123.1 deaths per 100,000 persons) is higher than the state rate. Lake County meets the Healthy People 2030 objective of 71.1 heart disease deaths per 100,000 persons. With an average of 239 deaths per year, the crude rate of death from stroke in Lake County is 34.1 deaths per 100,000 persons, which is the lowest rate in the four area counties. These rates are higher than the Healthy People 2030 objective of 33.4 stroke deaths per 100,000 persons.

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

	Ischemic Heart Disease		Stroke	
	Annual Number	Crude Rate	Annual Number	Crude Rate
Kenosha County	209	123.1	84	49.3
Lake County	491	70.3	239	34.1
McHenry County	264	85.5	112	36.2
Illinois	12,617	99.6	6,384	50.4

Source: CDC National Center for Health Statistics, WONDER Online Database, Multiple Cause of Death Files, 2018-2021. <http://wonder.cdc.gov/>

Hypertension Prevalence and Management

High blood pressure (hypertension) is a co-morbidity factor for diabetes and heart disease. The reported rate of high blood pressure in Lake County is 26.3%, in Kenosha County it is 28.6%, and in Chicago it is 30.8%.

High Blood Pressure Prevalence, Adults, Age-Adjusted

	Kenosha County	Lake County	McHenry County	Illinois
Adults diagnosed with high blood pressure	28.6%	26.3%	27.6%	*29.0%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-unth> and https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-Place-Data-202/eav7-hnsx/about_data *Weighted average of Illinois county rates.



Community Input:

When discussing chronic disease, the community members rallied around two major themes, managing chronic disease and access to health education that could help support people trying to prevent or managing their condition. Here is an example of what they had to contribute to this discussion.

Management and prevention of chronic diseases such as diabetes, hypertension, heart disease, and obesity are major concerns.

Lack of preventative care and education contribute to the prevalence of these diseases.

Limited health literacy and awareness of available resources hinder individuals' ability to access and utilize healthcare services effectively.

Education on healthy lifestyle choices, disease prevention, and available support services is needed.

Cancer

How to Use This Section

City of Hope is designated by the National Cancer Institute as a comprehensive cancer center. Unlike many general nonprofit hospitals, City of Hope is a specialty hospital. The data in this section will help you understand who has cancer, where they live and whether they are taking preventive measures. Community conversations about cancer are fascinating, as it becomes clear how inequalities in social and economic factors make it hard for people to engage in behaviors that can prevent certain cancers and get help when they need it. Use this section to find information about variation in cancer prevalence by geography and racial/ethnic subpopulations. You can also use this section to compare cancer incidence rates against cancer mortality by subpopulation — observing that some groups are more likely to have shortened lifespan than others due to cancer.

Cancer Incidence

The cancer incidence rate is the number of diagnosed cases per 100,000 people, and is an annual rate averaged across five years. Lake County has a lower overall diagnosed cancer incidence rate and Kenosha County has a higher rate (492.5) than Lake and McHenry counties (454.1/466.5) cancers per 100,000 persons. The leading incidence rates are for breast cancer, prostate cancer, and lung and bronchus cancer.

Cancer Incidence Rates, Age-Adjusted, per 100,000 Persons, 5-Year Average

	Kenosha County	Lake County	McHenry County	Illinois
All cancers	492.5	454.1	466.5	459.7
Breast cancer (females only)	131.4	137.8	145.2	132.6
Prostate cancer (male)	120.3	114.7	104.0	115.1
Lung and bronchus cancer	71.2	50.2	57.1	59.3
Colorectal cancer	37.9	35.7	38.4	39.8
Uterine cancer (corpus/ NOS)	29.0	30.0	30.0	30.3
Melanoma of the skin	24.3	27.6	33.7	22.5
Urinary bladder cancer	23.4	20.6	21.0	19.6
Non-Hodgkin lymphoma	20.1	22.2	19.1	18.9
Kidney & renal pelvis cancers	18.8	15.7	16.5	18.2
Pancreatic cancer	13.4	14.0	13.9	14.1
Leukemia	18.5	15.0	12.7	13.6
Thyroid cancer	10.4	15.0	14.2	13.3
Oral cavity & pharynx	11.4	10.2	13.1	12.2
Ovarian cancer (female)	12.0	10.2	11.7	10.3
Liver & bile duct cancers	7.5	7.1	7.7	8.1
Cervical cancer (female)	7.7	5.7	6.8	7.4
Stomach cancer	6.4	6.8	6.0	6.9

Brain and ONS	9.4	7.0	7.2	6.2
Esophageal cancer	5.4	4.6	4.7	4.7

Source: National Cancer Institute, State Cancer Profiles, 2016-2020 <http://statecancerprofiles.cancer.gov/incidencerates/index.php>

Breast Cancer

The Healthy People 2030 objective for mammograms is for 80.3% of women, ages 50-74, to have a mammogram within the past two years. None of the service area counties met the objective.

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

	Kenosha County	Lake County	McHenry County	Illinois
Mammogram in past 2 years	71.6%	77.2%	73.6%	*74.9%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> and https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-Place-Data-202/eav7-hnsx/about_data *Weighted average of Illinois county rates.

Rates of female breast cancer diagnosed in the three service area counties range from 131.4 cancers per 100,000 women in Kenosha County to 145.2 cancers per 100,000 women in McHenry County. Despite having the lowest rate of diagnosed breast cancer in the service area, Kenosha County almost has the highest rate of death due to female breast cancer (20.2 deaths per 100,000 women) as compared to the slightly higher death rate (20.5) in McHenry County. The rate of death from female breast cancer is higher in all three service area counties than the Healthy People 2030 objective (15.3 deaths per 100,000 women).

Breast Cancer Rates (Female Only), Age-Adjusted, per 100,000 Females, 5-Year Average

	Kenosha County	Lake County	McHenry County	Illinois
Incidence	131.4	137.8	145.2	132.6
Mortality	20.2	19.9	20.5	20.5

Source: National Cancer Institute, State Cancer Profiles, 2016-2020 <http://statecancerprofiles.cancer.gov/incidencerates/index.php> and <http://statecancerprofiles.cancer.gov/data-topics/mortality.html>

Human Papilloma Virus Vaccine

The Healthy People 2030 objective is for 80% of adolescents, ages 13 through 15, to receive two (if immunocompetent) or three (if immunocompromised) doses of HPV vaccine, as recommended.

Receiving two doses from age 11 to 12 is considered 'on time' vaccination and receiving them from ages 13 to 14 is considered 'late' vaccination. Generally, female adolescents in Illinois, as in the U.S., are leading males in HPV immunization, with 67.1% of Illinois adolescent females, ages 13 to 17, having been vaccinated as compared to 64.3% of adolescent males. While males in Wisconsin seem to be being

vaccinated against HPV at higher rates (70.4%) than females (67.6%), they also do not meet the Healthy People 2030 objective.

Per the IDPH's publication *HPV-Associated Cancers in Illinois, Part II*, Up-to-Date HPV vaccination percentages in Illinois were higher in urban areas, such as Cook County and Suburban Cook County, larger cities, including Chicago, Champaign, Peoria and Springfield, and suburban areas in northeastern and central Illinois.

Per the CDC, rates are higher (67.4%) among adolescents living at or above poverty, and lower (55.5%) among those adolescents living in poverty. Rates were highest among non-Hispanic Black adolescents (70.3%), followed by non-Hispanic White adolescents (64.3%) and lowest among Hispanic adolescents (61.6%). Rates were higher in Chicago (69.6% for females and 68.9% for males) than in the state (66.6% for females and 63.3% for males).

HPV Vaccination (≥ 2 doses), Adolescents Ages 13 to 17, Illinois, by Demographics

	Female	Male
At or above poverty	67.4%	
Below poverty	55.5%	
Black, non-Hispanic	70.3%	
White, non-Hispanic	64.3%	
Hispanic	61.6%	
Illinois	67.1%	64.3%

Source: U.S. CDC, TeenVaxView, 2022, <https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/index.html>

HPV vaccination rates were slightly higher in Wisconsin than in Illinois, but primarily for those adolescents living in Metropolitan Statistical Areas (MSAs), which are defined as geographical entities based on a county or group of counties with at least one urbanized area with a population of at least 50,000 and adjacent counties with economic ties to the central area. In Wisconsin, the HPV vaccination rate is higher (75%) for those adolescents living in poverty than the rate (67.5%) for those living at or above poverty. The rate is higher (68.4%) among non-Hispanic White adolescents than among Hispanic adolescents (53.1%).

HPV Vaccination (≥ 2 doses), Adolescents 13 to 17, Wisconsin, by Demographics

	Female	Male
At or above poverty	67.5%	
Below poverty	75.0%	
White, non-Hispanic	68.4%	
Hispanic	53.1%	
Living in an MSA principal city	72.6%	
Living in a MSA non-principal city	68.0%	
Living in a non-MSA	65.4%	
Wisconsin	67.6%	70.4%

Source: U.S. CDC, TeenVaxView, 2022, <https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/index.html>

Cervical Cancer

The Healthy People 2030 objective for Pap smears is 79.2% of women, ages 21-65, to be screened in the past three years. All the service area counties met the objective. The rate was lowest in Lake County (81.8%), and highest in Kenosha County (83.7%). Lake County was still slightly higher than the state rate of 81%.

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

	Kenosha County	Lake County	McHenry County	Illinois*
Pap smear in past 3 years	83.7%	81.8%	82.3%	*81.0%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> and https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-Place-Data-202/eav7-hnsx/about_data *Weighted average of Illinois county rates.

Rates of cervical cancer diagnosed in the three service area counties range from 5.7 cancers per 100,000 women in Lake County to 7.7 cervical cancers per 100,000 women in Kenosha County.

Cervical Cancer Rates, per 100,000 Females, Age-Adjusted, 5-Year Average

	Kenosha County	Lake County	McHenry County	Illinois
Incidence	7.7	5.7	6.8	7.4
Mortality	N/A	1.4	2.1	2.1

Source: National Cancer Institute, State Cancer Profiles, 2016-2020 <http://statecancerprofiles.cancer.gov/incidencerates/index.php> and <http://statecancerprofiles.cancer.gov/data-topics/mortality.html> N/A = too few annual cases to ensure confidentiality and stability

Colorectal Cancer

The Healthy People 2030 objective for adults, ages 50 to 75 years old, is for 68.3% to obtain colorectal cancer screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). Of the three service area

counties, only Lake County met this objective, with 68.5% of adults, ages 50 to 75, receiving the screening. The lowest rate of screening was in Kenosha County (59.2%).

Screening for Colorectal Cancer, Adults, Ages 50-75, Age-Adjusted

	Kenosha County	Lake County	McHenry County	Illinois
Screened for colorectal cancer	59.2%	68.5%	67.3%	*67.4%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> and https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-Place-Data-202/eav7-hnsx/about_data *Weighted average of Illinois county rates.

Rates of colorectal cancers diagnosed in the three service area counties ranged from 35.7 cancers per 100,000 persons in Lake County to 38.4 cancers per 100,000 persons in McHenry County. Rates of death from colorectal cancers in the service area ranged from 12.1 deaths per 100,000 persons in Kenosha and Lake Counties to 14.6 deaths per 100,000 persons in McHenry County. The rate of death from colorectal cancers is higher in all three service area counties than the Healthy People 2030 objective (8.9 deaths per 100,000 persons).

Colorectal Cancer Rates, per 100,000 Persons, Age-Adjusted, 5-Year Average

	Cook County	Kenosha County	Lake County	McHenry County	Illinois
Incidence	39.6	37.9	35.7	38.4	39.8
Mortality	14.4	12.1	12.1	14.6	14.0

Source: National Cancer Institute, State Cancer Profiles, 2016-2020 <http://statecancerprofiles.cancer.gov/incidencerates/index.php> and <http://statecancerprofiles.cancer.gov/data-topics/mortality.html>

Lung Cancer

Rates of lung and bronchial cancers diagnosed in the three service area counties range from 50.2 cancers per 100,000 persons in Lake County to 71.2 cancers per 100,000 persons in Kenosha County, a rate which is higher than the Illinois County rate. Rates of death from lung and bronchial cancers in the service area ranged from 31.9 deaths per 100,000 persons in Lake County to 44.2 deaths per 100,000 persons in Kenosha County. The rate of death from lung and bronchial cancers is higher in all three service area counties than the Healthy People 2030 objective (25.1 deaths per 100,000 persons).

Lung and Bronchial Cancer Rates, per 100,000 Persons, Age-Adjusted, 5-Year Average

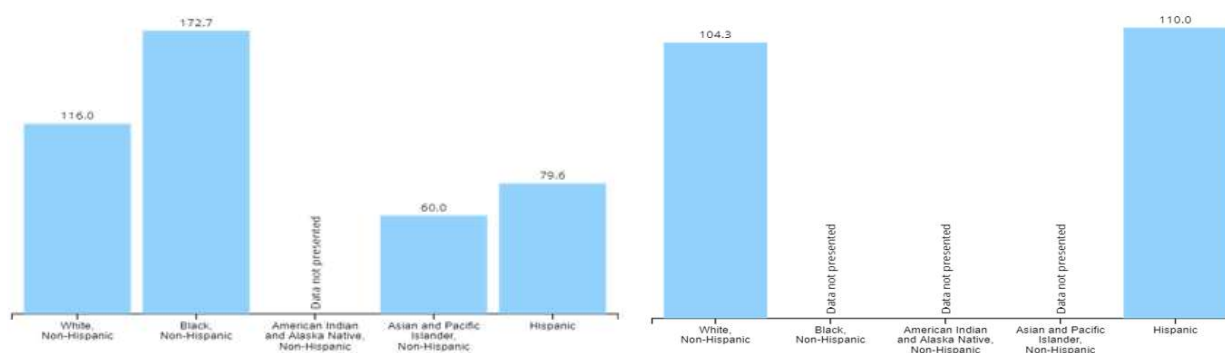
	Kenosha County	Lake County	McHenry County	Illinois
Incidence	71.2	50.2	57.1	59.3
Mortality	44.2	31.9	35.4	37.3

Source: National Cancer Institute, State Cancer Profiles, 2016-2020 <http://statecancerprofiles.cancer.gov/incidencerates/index.php> and <http://statecancerprofiles.cancer.gov/data-topics/mortality.html>

Prostate Cancer

When reviewing the rate of new prostate cancers among racial/ethnic groups, African Americans had a higher rate of diagnosis (172.7) in Lake County as compared to undetectable new cases in McHenry County. For Hispanics, it was higher in McHenry County (110.0) as compared to Lake County (79.6). White men living in Lake County had a higher rate (116.0) compared to the men living in McHenry County with a new diagnosis rate of 104.3. Asians living in McHenry County did not have high enough numbers to report, yet in Lake County, Asian men had a 60.0 rate for new prostate cancer diagnosis.

Rate of New Prostate Cancers in Lake County and McHenry Counties, Illinois, by Race and Ethnicity Males 2016-2020.



Source - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2022 submission data (1999-2020): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, released in November 2023. Accessed 4/23/24.

Rates of prostate cancer diagnosed in the three service area counties ranged from 104 cancers per 100,000 persons in McHenry County to 120.3 cancers per 100,000 persons in Kenosha County. Rates of death from prostate cancer in the service area ranged from 18.7 deaths per 100,000 persons in Lake County to 21 deaths per 100,000 persons in Kenosha County. The rate of death from prostate cancer is higher in all three service area counties than the Healthy People 2030 objective (16.9 deaths per 100,000 persons).

Prostate Cancer Rates, per 100,000 Persons, Age-Adjusted, 5-Year Average

	Kenosha County	Lake County	McHenry County	Illinois
Incidence	120.3	114.7	104.0	115.1
Mortality	21.0	18.7	18.9	19.5

Source: National Cancer Institute, State Cancer Profiles, 2016-2020 <http://statecancerprofiles.cancer.gov/incidencerates/index.php> and <http://statecancerprofiles.cancer.gov/data-topics/mortality.html>

Cancer Mortality Rates

The overall rate of death from cancer, in McHenry and Lake Counties, is lower than the Illinois state rate.

The rate for all three service area counties is higher than the Healthy People 2030 objective (122.7 deaths per 100,000 persons). The cancers with the highest death rate are lung and bronchus, breast and prostate cancers.

Cancer Death Rates, per 100,000 Persons, Age-Adjusted, 5-Year Average

	Kenosha County	Lake County	McHenry County	Illinois
All cancers combined	163.4	145.5	154.9	155.3
Lung and bronchus	44.2	31.9	35.4	37.3
Breast (females only)	20.2	19.9	20.5	20.5
Prostate (males only)	21.0	18.7	18.9	19.5
Colon and rectum	12.1	12.1	14.6	14.0
Pancreatic cancer	11.8	11.9	12.1	11.6
Ovarian cancer (female)	5.0	7.6	8.3	6.7
Liver and bile duct	5.8	5.3	5.6	6.4
Leukemia	5.6	6.5	6.3	6.1
Uterine cancer (female)	4.9	5.3	4.8	5.7
Non-Hodgkin lymphoma	5.1	5.7	5.6	5.2
Brain and ONS cancers	6.4	4.5	5.3	4.2
Urinary bladder	4.8	4.5	4.8	4.2
Esophageal cancer	5.5	4.1	4.7	4.0
Kidney & renal pelvis	3.5	3.3	3.1	3.6
Stomach cancer	3.0	3.0	2.6	3.0
Oral cavity & pharynx	2.2	1.9	2.1	2.7
Cervical cancer (female)	N/A	1.4	2.1	2.1
Melanoma of the skin	2.9	2.2	2.7	1.9
Thyroid cancer	N/A	0.6	N/A	0.5

Source: National Cancer Institute, State Cancer Profiles, 2016-2020. <http://statecancerprofiles.cancer.gov/data-topics/mortality.html>
N/A = too few annual cases to ensure confidentiality and stability.



Community Input:

During the listening sessions, discussion of cancer appeared as a resource in the community that could help with mammograms. When reviewing the notes, while cancer was not called out specifically, they did refer to it as part of prevention. Often within the context of what acts as a barrier to accessing health care. This is another example of how looking for the intersections we can find synergy to address more than one issue at a time.

Management and prevention of chronic diseases such as diabetes, hypertension, heart disease, and obesity are major concerns.

Lack of preventative care and education contribute to the prevalence of these diseases.

Education on healthy lifestyle choices, disease prevention, and available support services is needed.

Inadequate infrastructure and systemic barriers prevent equitable access to healthcare and other essential services.

Immigrant populations, including undocumented individuals, face barriers such as language access, fear of seeking medical help due to immigration status concerns, and lack of culturally competent care.

Communication barriers, including language differences and mistrust of institutions, may prevent marginalized communities from accessing vital information and seeking assistance.

Some populations, such as seniors, faced barriers to accessing telehealth due to technological limitations.

Health Status and Mortality

How to Use This Section

Learning about mortality and the leading cause of death is crucial to understand what is needed to create a healthier community and how to support people at increased risk of death. Understanding the many different causes of death in a community can help us see patterns and even illuminate issues that might put people at increased risk of disease. Use this section to understand the health concerns in City of Hope's service area and what health solutions those communities need.

Self-Reported Health Status

Self-reported health status is a general measure of health-related quality of life in a population. When asked to rate their general health, 11.9% of McHenry County and 13.0% of Lake County residents identified fair or poor health. McHenry County residents said they had an average of 2.4 physically unhealthy days in the prior month, as compared to 3.2 physically unhealthy days for residents of Kenosha County. 8.9% of Lake County residents said that they had poor physical health for 14 or more days out of the previous 30.

Health Status Outcomes, Age-Adjusted Rates

	Kenosha County	Lake County	McHenry County	Illinois
Fair or Poor health	13.8%	13.0%	11.9%	*14.6%
Average number physically unhealthy days, prior month**	3.2	2.5	2.4	2.7
Poor physical health ≥ 14 days in past 30	10.1%	8.9%	9.2%	*10.3%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> and https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-Place-Data-202/eav7-hnsx/about_data *Weighted average of Illinois county rates. and **Source: County Health Rankings, 2023, from CDC Behavioral Risk Factor Surveillance System for 2020. www.countyhealthrankings.org N/A = Not Applicable

Premature Death

Life expectancy ranged from 77.8 years in Kenosha County to 81 years in Lake County. In Kenosha County, 356 persons per 100,000 persons died before the age of 75, which is considered a premature death. In Lake County, 257 persons per 100,000 dies prematurely. The total of the years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for Kenosha County is 6,754 years, while for Lake County it is 5,097 years.

Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	Kenosha County	Lake County	McHenry County	Illinois
Life expectancy at birth in years	77.8	81.0	80.3	78.6
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	356	257	268	352
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	6,754	5,097	5,287	7,066

Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings. 2018-2020. <http://www.countyhealthrankings.org>

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control the influence that different population age distributions might have on health event rates. However, the CDC is not making age-adjusted mortality rates available at the county level.

In the service area counties, crude mortality rates ranged from 733.8 deaths per 100,000 persons in Lake County to 958.6 deaths per 100,000 persons in Kenosha County. The average for the service area is 859.7 deaths per 100,000 residents. These rates of death are lower than the Illinois death rate (941 deaths per 100,000 residents), except for Kenosha County.

Age-Adjusted Deaths per 100,000 Persons, 4-Year Total Deaths and Crude Rate

	Deaths	Crude Rate
Kenosha County	6,492	958.6
Lake County	20,562	733.8
McHenry County	9,484	769.0
Illinois	476,829	941.0

Source: CDC National Center for Health Statistics, WONDER Online Database, Multiple Cause of Death Files, 2018-2021. <http://wonder.cdc.gov/>

Leading Causes of Death

In 2020 and 2021, COVID-19 was the third-leading cause of death in Illinois and the three service area counties. With relatively small populations, leading causes of death in the counties need to be considered across a longer time span to even out annual fluctuations. For the four years from 2018 to 2021, combined, COVID-19 drops to the 6th leading cause of death for the state, and Kenosha, Lake, and

McHenry Counties. In the chart below, COVID-19 is averaged across two years, while the remaining causes of death are averaged across four.

The top two causes of death in Illinois and each of the three area counties are heart disease and cancer, with heart disease being the leading cause in Kenosha County and Illinois, and cancer being the leading cause in Lake and McHenry Counties.

Leading Causes of Death, Age-Adjusted Rates, per 100,000 Persons, 2018-2021*

	Kenosha County	Lake County	McHenry County	Illinois
Diseases of the heart	201.5	146.7	166.5	207.6
Ischemic heart disease	123.1	70.3	85.5	99.6
Cancer	187.2	159.2	178.9	188.3
COVID-19*	123.5	76.2	67.6	107.0
Unintentional injuries	74.3	38.2	44.2	53.2
Stroke	48.1	34.1	36.2	50.4
Chronic Lower Respiratory Disease	49.3	29.9	35.5	42.5
Alzheimer's disease	28.6	31.0	28.4	32.8
Diabetes	27.8	20.2	21.7	24.8
Kidney disease	18.9	17.2	15.8	20.7
Influenza/Pneumonia	16.7	13.1	9.2	17.3
Septicemia	9.7	13.0	9.6	13.8
Chronic liver disease	17.0	9.9	12.0	12.5
Parkinson's disease	11.8	10.8	10.4	11.7
Suicide	15.5	9.8	10.9	11.3
Essential hypertension/ hypertensive renal disease	8.9	7.0	9.7	10.8
Homicide	5.5	3.4	N/A	9.5

Source: CDC National Center for Health Statistics, WONDER Online Database, Multiple Cause of Death Files, 2018-2021 averaged. *COVID-19, 2020-2021 averaged. N/A = suppressed for low numbers / confidentiality concerns. <http://wonder.cdc.gov/>

Appendix

Appendix A: Benchmark Comparisons

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

Indicators	Service Area Data	Healthy People 2030 Objectives
Child health insurance rate	96.3%	92.4%
Adult health insurance rate	88.0%	92.4%
Unable to obtain medical care	10.5% - 15.6%	5.9%
Cancer deaths	145.5 - 163.4	122.7 per 100,000 persons
Colon/rectum cancer deaths	12.1 - 14.6	8.9 per 100,000 persons
Lung cancer deaths	31.9 - 44.2	25.1 per 100,000 persons
Female breast cancer deaths	19.9 - 22.3	15.3 per 100,000 persons
Prostate cancer deaths	18.7 - 21.7	16.9 per 100,000 persons
Ischemic heart disease	70.3 - 123.1	71.1 per 100,000 persons
Stroke deaths	34.1 - 49.9	33.4 per 100,000 persons
Unintentional injury deaths	38.2 - 74.3	43.2 per 100,000 persons
Suicides	9.1 - 15.5	12.8 per 100,000 persons
Liver disease deaths	9.9 - 17.0	10.9 per 100,000 persons
Homicides	3.4 - 16.2	5.5 per 100,000 persons
Adult obese, ages 18+	30.2% - 37.2%	36.0% of adults aged 20+
Teens obese, grades 8 to 12	8% - 20%	15.5% of children and teens ages 2 to 19
Adults engaging in binge drinking	16.5% - 23.1%	25.4%
Cigarette smoking by adults	13% - 17%	6.1%
Pap smears, ages 21-65, screened in the past 3 years	80.4% - 83.7%	79.2%
Mammograms, ages 50-74, screened in the past 2 years	71.6% - 77.2%	80.3%
Colorectal cancer screenings, ages 50-75, screened per guidelines	59.2% - 68.5%	68.3%

Appendix B: Interview Participants

Organization	Name	Title
Cancer Wellness Center	Nora Barquin	Clinical Associate
Cancer Wellness Center	Savina Chacheva	Program Director
Health Care Foundation of Northern Lake County	Venoncia M. Baté-Ambrus, PhD, MS, MA	Executive Director
Heart of the City	Francisco Martinez, M.Ed.	Director of Youth Development
Heart of the City	Natasha Kopystynsky	Wellness and Community Engagement Coordinator
Hispanic American Community Education and Services (HACES)	Alicia Garcia	Director of Programs
Highland Park Hospital	Hania Fuschetto	Community Relations Manager
Illinois Breast and Cervical Cancer Program – Lake County Health Department and Community Health Center	Vianey Casillas B.S.N., R.N.	IBCCP Coordinator
Lake County Health Department and Community Center	Olivia Livingston, MHA	Continuous Quality Improvement Specialist
Lake County Partners	Bethany Williams	Strategy & Intelligence Director
Lake County Partners	Kevin Considine	President & CEO
Lake County Regional Office of Education	Michael Karner, Ed.D	Lake County Regional Superintendent of Schools
Our Shining Stars Foundation	Latrisha Cole	Chief Executive Officer
Staben House, Waukegan Township	Loretta Pable, MA	Program Director
Our Shining Stars Foundation	Latrisha Cole	Chief Executive Officer
Patricia Jones Center – Waukegan Township	Cheri Pierson-White	Assistant Manager
Staben House, Waukegan Township	Loretta Pable, MA	Program Director
The Inn on Sheridan	Amber Alden	Director of Sales
United Way of Kenosha County	Carolynn Friesch	Chief Executive Officer
University of Illinois Extension	Dale Kehr, MBA	Family Consumer & Sciences Educator, SNAP-Ed
Waukegan Township	Kaneicia Brown, MBA	Health, Wellness, and Work-Life Coordinator PAJC
YouthBuild Lake County	Kashmir Krump	Director of Apprenticeship and Placement
Family First Center	Manny Hernandez	Director of Community
Zion-Benton Public Library	Lindsay Frey, MLIS	Adult Services Coordinator
Zion Fire-Rescue Department	Justin Stried	Fire Chief
Zion Police Department	Eric Barden	Chief of Police
Zion Township	Amy Onan	Client Workforce Coordinator

Appendix C: Focus Group Participants

Organization	Participants	Number of Participants
Zion Benton Public Library	Library board members and library staff	4
Zion Fire-Rescue Department	Firefighters/paramedics	6
Zion-Benton Township High School	High school cheerleading team	16
Zion Township	Supervisor and staff	6

Appendix D: Resources to Address Community Needs

Community stakeholders identified resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to:

Lake County — www.unitedwayoc.org/how-we-are-doing-more/get-help-211/

Kenosha County — [211 Wisconsin \(communityos.org\)](http://211.Wisconsin.communityos.org)

McHenry County — [Dial 2-1-1 | get connected. get help. | United Way of Greater McHenry County \(uwmchenry.org\)](http://Dial2-1-1.getconnected.gethelp.UnitedWayofGreaterMcHenryCounty.uwmchenry.org)

Significant Health Needs	Community Resources
Mental Health	<ul style="list-style-type: none"> • NAMI Lake County • Catholic Charities – Behavioral Health • Lake County Health Department – Mental Health First Aid • Lake County Health Department – Young Mental Health First Aid • Lake County Health Department – Mental Health Crisis Care • NICASA Behavioral Health Services • AMITA Health Alexian Center for Mental Health • Captain James A Lovell Federal Health Care Center • Thresholds – Intensive Outreach for Mental Health • Josselyn Center • Willow House • Global Executive Council Services – Walk in Behavioral Health Clinic • Independence Center
Access to Care	<ul style="list-style-type: none"> • Erie Family Health Center • Lake County Health Department – Zion Health Center • Lake County Health Department - North Shore Health Center • Lake County Health Department - Grand Avenue Health Center • Arosa Liv home – In-Home Care • Hanul Family Alliance – Home Care Program • LHC Illinois Home Health Care • Equal Hope • YWCA Metropolitan Chicago – Health and Human Services Program • Illinois Department of Insurance – Get Covered Illinois • Illinois Department of Human Services – Medicaid • Rosalind Franklin University Health Clinics – Community Care Connection • Waukegan Township – Senior Health Insurance Program (SHIP)
Chronic Disease	<ul style="list-style-type: none"> • Lake County Health Department – Zion Health Center • Lake County Health Department - North Shore Health Center • Lake County Health Department - Grand Avenue Health Center • Need2Know Lake County Program • Rosalind Franklin University Health Clinics – Community Care Connection

Significant Health Needs	Community Resources
	<ul style="list-style-type: none"> • YWCA Metropolitan Chicago – Health and Human Services • Greater Family Health – Primary Health Care • Rosalind Franklin University Health Clinics – Interprofessional Community Clinic • Waukegan Public Library Health Literacy Program • Mano a Mano – Healthy Families Program • Age guide Northeastern Illinois • Roberti Community House – Community Health Support
Cancer	<ul style="list-style-type: none"> • Cancer Wellness Center • YWCA Metropolitan Chicago • CancerCare Co-Payment Assistance • Cancer Hope Network • GO2 Foundation for Lung Cancer • National Children’s Cancer Society • City of Hope Cancer Fighters
Unintentional Injury	<ul style="list-style-type: none"> • NorthShore University Health System Immediate Care sites • Northwestern Medicine – Emergency Center • Vista Health System • Catholic Charities Emergency Assistance Program • Waukegan Township – Emergency Assistance • Mano a Mano
Food Insecurity	<ul style="list-style-type: none"> • Adelante Center for Entrepreneurship – Post Pantry • Beth AM • Catholic Charities Shreiber Center • Church of the Holy Spirit Food Pantry • CSBG Food Pantry • Cool Ministries Food Pantries • First Presbyterian Church of Libertyville Food Pantry • Holy Family Episcopal Church – RX Mobile Pantry • Hope Center Food Pantry • Northern Illinois Food Bank – Food Pantry Locator • Family Resource Center of Zion • Keeping Families Covered - Formula • Mother’s Milk Bank of the Western Great Lakes • First United Methodist Church – Free Meal Program • Most Blessed Trinity Soup Kitchen • Saint Anastasia Soup Kitchen • Shiloh Baptist Church – Soup Kitchen • St. Vincent de Paul of Chicago • Illinois Department of Human Services – Food stamps/SNAP • Lake County Health Department WIC
Social Determinants of Health	<ul style="list-style-type: none"> • City of Lake Forest Dickinson Hall Senior Center • Catholic Charities • Wings of Mercy, Inc • Eldercare – transportation services

Significant Health Needs	Community Resources
	<ul style="list-style-type: none"> • Home Instead Senior Care – Transportation Program • Lake County Government Division of Transportation • Ride Lake County – Transportation • Seniors Alone Guardianship & Advocacy Services • Warren Township Transportation Program • Waukegan Township – Patricia A. Jones Center Senior Activity Center • United Way of Lake County • Zion Township • Waukegan Township • Community Partners for Affordable Housing • Kindred Life Ministries • Allendale Association – Residential Services • Lake County Haven – Shelter and Transitional Housing • PADS Lake County Programs and Services • Pioneer Center for Human Services • Lake County Housing Authority • Waukegan Housing Authority • A Safe Place – Permanent Supportive Housing • Assisi Homes of Gurnee – Senior Housing Program • Community Partners for Affordable Housing (CPAH) • Illinois Housing Search • Waukegan Public Library – Wi-Fi Access • Zion Benton Public Library – Wi-Fi Access

Appendix E: Key Informant Interview Questions

Interview Questions and Notes

Please tell me about your organization and your programs/services? Tell me about the community or communities you serve? (The demographic of the community they serve, e.g. immigrant (from where?), languages spoken, types of jobs they have, are they renters or home owners, do they have free and reduced price lunch rates, etc.).

What are the most significant health issues or needs in the community (communities) you serve? How do these health issues or needs affect people's daily lives?

Which of these are the top three priority needs/issues, considering both their importance and urgency?

What factors or conditions contribute to these health issues? (e.g., social, cultural, behavioral, environmental, or medical) [*Note: Ask for up to three issues.*]

Who or what groups in the community are most affected by these issues? (e.g., youth, older residents, racial/ethnic groups, specific neighborhoods) [*Note: Ask for up to three issues.*]

What are some major barriers or challenges to addressing these issues? [*Note: Ask for up to three issues.*]

1. In general, for the community?
2. Specifically, what challenges does your organization face in serving your target populations and addressing these issues (besides funding)?

What do you think are effective strategies for addressing these issues?

What resources exist in the community to help address these health issues? (e.g., people, organizations or agencies, programs, or other community resources)

What else is important for us to know about significant health needs in the community?

1. What are the needs that your programs/services are trying to meet?

2. From your experience, what are the factors that have the greatest impact on their health?
3. What inhibits or promotes the secure, consistent access to and use of health care for residents of the service area?
4. Would you like to add any additional information?

Appendix F: Focus Group Questions and Protocol

Community Health Needs Assessment City of Hope Focus Group Questions

Supplies Needed:

Post It Notes
Pens/Pencils
Refreshments
Gift Cards
Flip chart and markers

Note to Facilitator:

Write the significant health needs on flip chart pages and place around room for prioritization exercise.

Agency/Participant Information (Please Complete for Each Focus Group Facilitated)

Date:	Facilitator:
Organization:	Location:
Description of Group (e.g., parent group):	
Language: English	
# of Participants:	# Males: # Females: # Non-Binary:
Age Range: (unless you know prior to convening the group, provide description based on observation only)	Race/Ethnicity Representation: (unless you know prior to convening the group, provide description based on observation only)
Number of Gift Cards Distributed:	
Special Notes/Comments:	

Focus Group Introduction Script

Introduce self. *I am here today on behalf of City of Hope. The hospital is conducting a community health needs assessment. The information that is gathered here today will provide City of Hope with useful information as they consider priorities for services and programs that benefit the community. Whatever you say during this focus group session will remain confidential. Your name will not be used or associated with any comments that are made. Your participation in this group is entirely voluntary. You may get up and leave at any time. I will be available after the group to answer any questions that you may have about the process or procedures associated with this focus group.*

There are no expectations about what is going to be said here today. There is no right or wrong answer. Please feel free to express your opinions on the topics we discuss. Let's get started.

Ask:

1. ***What would you say are the biggest issues and health concerns in the community?***

Have note taker write down these issues on the sticky flip chart. If you are running the focus group on your own, you can write it on the chart.

Access to Health Care

- Tell me about some of the challenges and barriers people face when dealing with accessing health care or getting health insurance coverage.
- Are there groups or areas in the community that are most affected by accessing health care?
- What are the programs and resources in the community that are successful in helping people access health care and get health insurance coverage?

Cancer

- Tell me about some of the challenges and barriers people face when dealing with cancer.
- Are there groups or areas in the community that are most affected by cancer?
- What are the programs and resources in the community that are successful in helping people prevent or care for their cancer?

Heart Disease

- Tell me about some of the challenges and barriers people face when dealing with heart disease.
- Are there groups or areas in the community that are most affected by heart disease?
- What are the programs and resources in the community that are successful in helping people prevent or care for heart disease?

Mental Health Care

- Tell me about some of the challenges and barriers people face when dealing with mental health issues.
- Are there groups or areas in the community that are most affected by mental health issues?
- What are the programs and resources in the community that are successful in helping people with mental health issues?

COVID-19

- Tell me about some of the challenges and barriers people face when dealing with the aftermath of COVID-19.
- Are there groups or areas in the community that are most affected by COVID-19?
- What are the programs and resources in the community that are successful in helping people move forward in regard to how COVID-19 impacted them?

Substance Abuse and Tobacco Use Drugs/Alcohol/Smoking

- Tell me about some of the challenges and barriers people face when dealing with substance abuse and smoking.
- Are there groups or areas in the community that are most affected by drugs, alcohol and smoking?
- What programs and resources in the community are successful in helping people prevent or treat substance abuse and tobacco use?



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