Executive Report

2015 Community Health Needs Assessment

Elmhurst Memorial Hospital Service Area
DuPage County, Illinois

Prepared for:

METROPOLITAN CHICAGO HEALTHCARE COUNCIL (MCHC)
On Behalf of Elmhurst Memorial Hospital

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Introduction

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Project Overview

Project Goals

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

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

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

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

Sponsorship

This study has been facilitated by the Metropolitan Chicago Healthcare Council (MCHC) on behalf of participating member hospitals and health systems. These hospitals and **health systems** include: **Alexian Brothers Health System/Amita Health** (Alexian Brothers Behavioral Health Hospital, Alexian Brothers Medical Center, St. Alexius Medical Center); **Amita Health** (Adventist Bolingbrook Hospital, Adventist GlenOaks Hospital, Adventist Hinsdale Hospital, Adventist LaGrange Memorial Hospital); **Edward–Elmhurst Healthcare** (Edward Hospital & Health Services, Elmhurst Memorial Hospital); **Franciscan Alliance** (Franciscan St. James Health); **Ingalls Health System** (Ingalls Memorial Hospital); Little Company of Mary Hospital and Health Care Centers; Loretto Hospital; **Northwest Community Healthcare** (Northwest Community Hospital, Northwestern Memorial Hospital); **Northwestern Medicine** (Central DuPage Hospital, Northwestern Lake Forest Hospital); Palos Community Hospital; **Rush System for Health** (Rush Oak Park Hospital, Rush University Medical Center); Saint Anthony Hospital; St. Bernard Hospital and Health Care Center; Swedish Covenant Hospital; Thorek Memorial Hospital; and the University of Chicago Medical Center.

Methodology

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

PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Elmhurst Memorial Hospital Service Area" or "EMH Service Area" in this report) includes the service area of Elmhurst Memorial Hospital, defined at the ZIP Code level. This definition is illustrated in the following map.
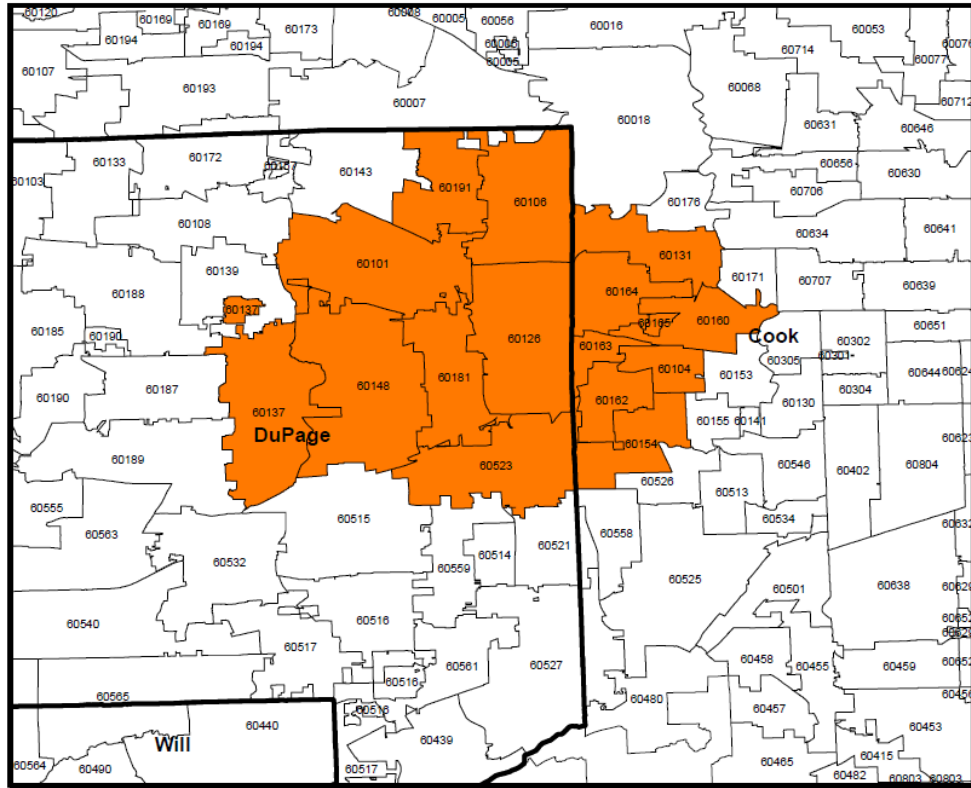
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC-MCHC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort was designed to provide meaningful results for the various ZIP Code-configured service areas of the participating hospitals. To achieve this, sampling levels were determined so as to make the most efficient use of resources while yielding meaningful samples for the various geographies of interest. Interviews were administered among a random sample of households. Once the interviews were completed, these were weighted in proportion to the actual population distribution at the ZIP Code level so as to appropriately represent the Elmhurst Memorial Hospital Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 321 respondents is ±5.7% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 321
Respondents at the 95 Percent Level of Confidence
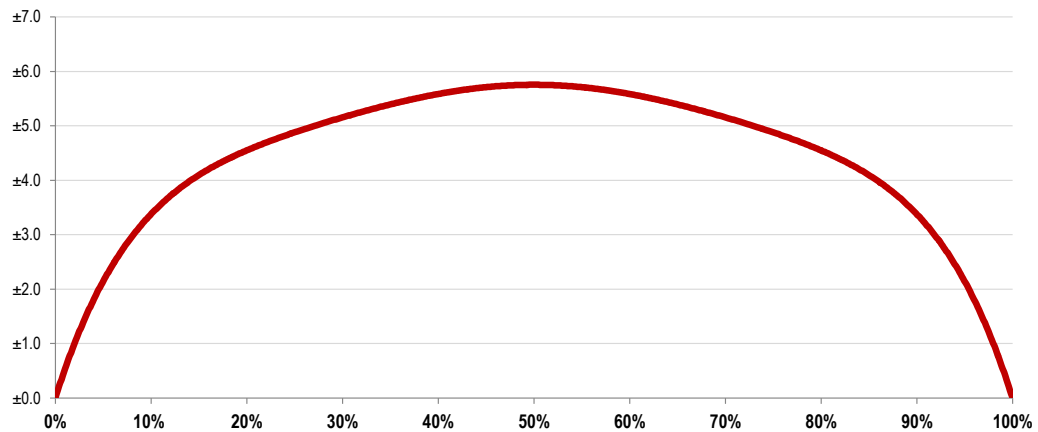
Note: ● The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response.
A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
Examples: ● If 10% of the sample of 321 respondents answered a certain question with a "yes," it can be asserted that between 6.6% and 13.4% (10% ± 3.4%)
of the total population would offer this response.
● If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 44.3% and 55.7% (50% ± 5.7%)
of the total population would respond "yes" if asked this question.

Sample Characteristics

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

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

Population & Survey Sample Characteristics
(EMH Service Area, 2015)
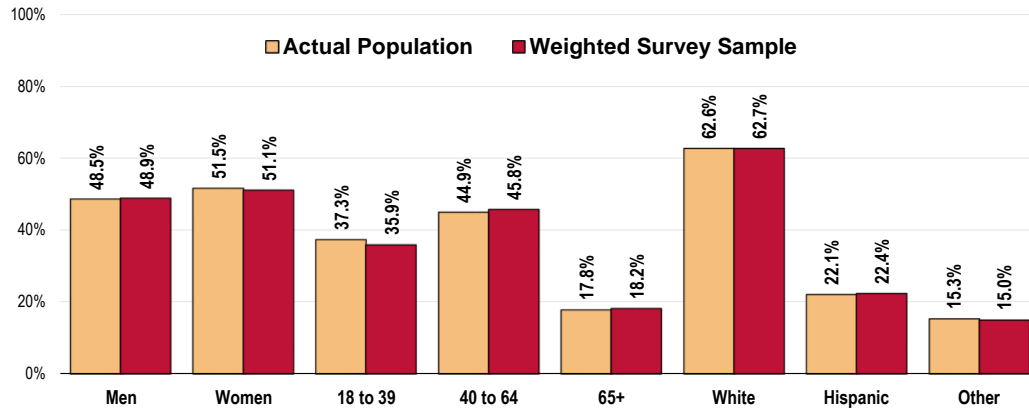
Sources:
- Census 2010, Summary File 3 (SF 3). US Census Bureau.
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2014 guidelines place the poverty threshold for a family of four at $23,850 annual household income or lower).* In sample segmentation: "<200% Poverty" refers to community members living in a household with defined poverty status or with incomes just above the poverty level, earning up to twice the poverty threshold; and ">200% Poverty" refers to those households living on incomes which are twice or more the federal poverty level.

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

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 10 community stakeholders took part in the Online Key Informant Survey,

as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Community/Business Leader	26	5
Other Health Provider	1	0
Physician	1	0
Public Health Expert	11	1
Social Service Representative	20	4

Final participation included representatives of the organizations outlined below.

- DuPage County Health Department
- DuPage Federation on Human Services Reform
- Elmhurst CUSD 205
- Metropolitan Chicago Healthcare Council
- Naperville School District 203
- People's Resource Center
- Village of Addison

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations (*including African-American, Asian, autistic children, the elderly, Hispanic, Indian, low-income residents, multilingual, and non-English speaking*) or other medically underserved populations (*including the disabled, the elderly, the homeless, LGBT community, the mentally ill, non-English speaking adults, undocumented, uninsured/ underinsured, youth*).

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

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

Public Health, Vital Statistics & Other Data

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

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

Note that secondary data reflect county-level (DuPage County) data.

Benchmark Data

Trending

Because this study is part of a larger, regional assessment, trending for survey-derived indicators is available based on past CHNAs conducted for the Metropolitan Chicago Healthcare Council (MCHC) in 2009 and 2012. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Illinois Risk Factor Data

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

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2013 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

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

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), "significance," for the purpose of this report, is determined by a 5% variation from the comparative measure.

Information Gaps

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

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

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

IRS Form 990, Schedule H Compliance

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

IRS Form 990, Schedule H	See Report Page(s)
Part V Section B Line 1a *A definition of the community served by the hospital facility*	9
Part V Section B Line 1b *Demographics of the community*	42
Part V Section B Line 1c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	265
Part V Section B Line 1d *How data was obtained*	9
Part V Section B Line 1f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 1g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	19
Part V Section B Line 1h *The process for consulting with persons representing the community's interests*	12
Part V Section B Line 1i *Information gaps that limit the hospital facility's ability to assess the community's health needs*	15

Summary of Findings

Significant Health Needs of the Community

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

Areas of Opportunity Identified Through This Assessment	

Access to Healthcare Services	• Barriers to Access
	  ○ Inconvenient Office Hours
	  ○ Emergency Room Utilization

Cancer	• Cancer Deaths
	  ○ Including Female Breast Cancer Deaths
	• Cancer Incidence
	  ○ Including Female Breast Cancer
	• Colorectal Cancer Screening

Diabetes	• Diabetes Prevalence • Prevalence of Borderline/Pre-Diabetes • *Diabetes ranked as a top concern in the Online Key Informant Survey.*
Heart Disease & Stroke	• High Blood Cholesterol Prevalence • Overall Cardiovascular Risk
Immunization & Infectious Diseases	• Pneumonia/Influenza Deaths • Pneumonia Vaccination [65+] • Pneumonia Vaccination [High-Risk 18-64] • Hepatitis B Vaccination
Injury & Violence	• Firearm-Related Deaths • Homicide Deaths
Mental Health	• "Fair/Poor" Mental Health • Diagnosed Depression • Symptoms of Chronic Depression • Stress • Suicide Deaths • *Mental Health ranked as a top concern in the Online Key Informant Survey.*
Nutrition, Physical Activity & Weight	• Fruit/Vegetable Consumption • Difficulty Accessing Fresh Produce • Low Food Access • Overweight & Obesity [Adults] • Overweight & Obesity [Children] • *Nutrition, Physical Activity & Weight ranked as a top concern in the Online Key Informant Survey.*

Areas of Opportunity Identified Through This Assessment (continued)	
Potentially Disabling Conditions	• Activity Limitations
Respiratory Diseases	• Pneumonia/Influenza Deaths • Pneumonia Vaccination [65+] • Pneumonia Vaccination [High-Risk 18-64]
Substance Abuse	• Drug-Induced Deaths • Illicit Drug Use • *Substance Abuse ranked as a top concern in the Online Key Informant Survey.*
Tobacco Use	• Smokeless Tobacco Prevalence

Prioritization of Health Needs

The 2015 CHNA findings, supplemented by findings and priorities of DuPage and Will County health assessments, were considered by the Edward-Elmhurst Health (EEH) Community Benefit Steering Committee in finalizing priorities for action over the next three years. Criteria considered in prioritization included:

- Magnitude: the size of the population affected and the degree of variance from benchmarks and trend
- Impact/Seriousness: the degree to which the issue affects or exacerbates other quality of life and health-related issues
- Feasibility: the ability for EEH to reasonably impact the issue given available resources
- Consequences of inaction: the risk of not addressing the problem at the earliest opportunity

The following priorities are recommended for the FY2017-2019 EEH community health implementation plan: Access to Health Services, Obesity, Diabetes, Nutrition, Physical Activity, Heart Disease and Stroke, Cancer, Mental Health and Substance Abuse.

Acknowledging the wide range of priority health issues that emerged from the CHNA process, EEH recommends focus on those needs with the greatest magnitude that it can most influence. Reasons for lower focus on other issues identified in the CHNA are summarized below.

Health Priorities Identified in CHNA not Directly Addressed	Rationale
Chronic Kidney Disease (EH)	*While slightly unfavorable compared to other potential needs, indicators are at least comparable to comparison groups and trend. EEH's employed/affiliated medical groups and Clinical Integration teams are already embarking on efforts to manage costs, quality and efficiency.*
Family Planning (EH)	*Several key informants in Edward's service area identified this as a concern; however, indicators are favorable compared to benchmarks and EEH's ability to impact is limited.*
HIV/AIDS (EH)	*The age-adjusted death rate for HIV/AIDs in Edward's service area is trending negatively; however, indicators are positive compared to local, state and national benchmarks.*
Injury & Violence	*While the trend is negative, area indicators are comparable to local, state and national benchmarks. This was not identified as a priority by key informants. As violence increasingly impacts EEH and its staff, it is already focused on mitigating strategies focused on its employees. In addition, continued focus on mental health and substance abuse will hopefully have an indirect positive impact on this trend.*
Potentially Disabling Conditions	*While slightly unfavorable compared to other potential needs, indicators are at least comparable to comparison groups and trend. EEH's focus on underlying causes, including prevention and management of chronic disease, may have an indirect positive impact on this issue.*
Respiratory Disease	*While slightly unfavorable compared to other potential needs, indicators are at least comparable to comparison groups and trend. Focus on smoking cessation is recommended in the Plan's 'Cancer' initiative and this may have a positive impact on this issue.*
Sexually Transmitted Disease	*While trend is negative, area indicators are positive compared to benchmarks.*
Immunization & Infectious Disease (EMH)	*While comparison to benchmarks is negative in the Elmhurst area, initiatives and payor-driven incentives are in place to actively engage the medical community in increasing the rate of immunizations.*

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Elmhurst Memorial Hospital Service Area, including trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

■ In the following charts, Elmhurst Memorial Hospital Service Area results are shown in the larger, blue column.

■ The columns to the right of the service area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the Elmhurst Memorial Hospital Service Area compares favorably (☀), unfavorably (🐙), or comparably (☁) to these external data.

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

TREND SUMMARY (Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2009 (or 2012 if the indicator was not surveyed in 2009). Note that survey data reflect the ZIP Code-defined EMH Service Area.

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

Social Determinants	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Linguistically Isolated Population (Percent)	5.0	☀ 7.6	☁ 5.1	☁ 4.8		
Population in Poverty (Percent)	6.9	☀ 14.8	☀ 14.1	☀ 15.4		
Population Below 200% FPL (Percent)	18.6	☀ 32.3	☀ 31.5	☀ 34.2		
Children Below 200% FPL (Percent)	23.5	☀ 42.6	☀ 40.8	☀ 43.8		
No High School Diploma (Age 25+, Percent)	7.9	☀ 14.1	☀ 12.7	☀ 14.0		
Unemployment Rate (Age 16+, Percent)	4.8	☀ 5.9	☀ 5.6	☀ 5.3		☁ 5.0

	☀ better	☁ similar	🌧 worse

Overall Health	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% "Fair/Poor" Physical Health	17.6	☁ 16.6	☁ 16.9	☁ 15.3		☁ 24.4
% Activity Limitations	23.4	☁ 21.4	🌧 17.0	☁ 21.5		🌧 12.4

	☀ better	☁ similar	🌧 worse

Access to Health Services	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	10.9	☁ 8.1	☀ 19.4	☁ 15.1	🌧 0.0	☁ 14.3
% [Insured] Went Without Coverage in Past Year	7.4	☁ 7.1		☁ 8.1		☁ 4.7
% Difficulty Accessing Healthcare in Past Year (Composite)	43.2	☁ 37.6		☁ 39.9		☁ 41.9
% Inconvenient Hrs Prevented Dr Visit in Past Year	24.1	🌧 18.6		🌧 15.4		☁ 20.3
% Cost Prevented Getting Prescription in Past Year	19.3	🌧 12.6		☁ 15.8		☁ 20.1
% Cost Prevented Physician Visit in Past Year	15.4	☁ 12.0		☁ 18.2		☁ 17.0
% Difficulty Getting Appointment in Past Year	14.3	☁ 15.1		☁ 17.0		☁ 14.4
% Difficulty Finding Physician in Past Year	11.9	☁ 9.9		☁ 11.0		☁ 15.7
% Transportation Hindered Dr Visit in Past Year	6.9	☁ 8.5		☁ 9.4		☁ 10.4
% Skipped Prescription Doses to Save Costs	12.1	☁ 12.7		☁ 15.3		☁ 15.7
% Difficulty Getting Child's Healthcare in Past Year	9.2	☁ 3.6		☁ 6.0		☁ 10.7

Access to Health Services (continued)	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Primary Care Doctors per 100,000	134.1	☀ 98.6	☀ 79.0	☀ 74.5		
% [Age 18+] Have a Specific Source of Ongoing Care	76.6	☁ 73.9		☁ 76.3	🌧 95.0	☁ 79.4
% [Age 18-64] Have a Specific Source of Ongoing Care	76.4	☁ 74.4		☁ 75.6	🌧 89.4	☁ 77.6
% [Age 65+] Have a Specific Source of Ongoing Care	81.0	☁ 71.5		☁ 80.0	🌧 100.0	
% Have Had Routine Checkup in Past Year	66.5	🌧 72.7	☁ 66.5	☁ 65.0		☁ 69.6
% Child Has Had Checkup in Past Year	91.3	☁ 91.8		☀ 84.1		☁ 86.8
% Two or More ER Visits in Past Year	8.2	☁ 7.5		☁ 8.9		🌧 3.2
% Rate Local Healthcare "Fair/Poor"	14.3	☁ 13.5		☁ 16.5		☁ 15.2

	☀ better	☁ similar	🌧 worse

Arthritis, Osteoporosis & Chronic Back Conditions	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Arthritis/Rheumatism	19.2			☁ 20.1		☁ 25.9
% [50+] Arthritis/Rheumatism	31.8	☁ 36.3		☁ 37.3		☁ 25.8
% [50+] Osteoporosis	10.0	☁ 10.0		☁ 13.5	🌧 5.3	☁ 4.8
% Sciatica/Chronic Back Pain	16.7	☁ 18.3		☁ 18.4		☀ 26.0

	☀	☁	🌧
	better	similar	worse

Cancer	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	149.3	☀ 169.2	☀ 174.2	☀ 166.2	☀ 161.4	☀ 170.3
Lung Cancer (Age-Adjusted Death Rate)	36.5		☀ 47.5	☀ 44.7	☀ 45.5	
Prostate Cancer (Age-Adjusted Death Rate)	17.7		☀ 20.5	☀ 19.8	☀ 21.8	
Female Breast Cancer (Age-Adjusted Death Rate)	22.9		☁ 22.8	🌧 21.3	🌧 20.7	
Colorectal Cancer (Age-Adjusted Death Rate)	12.5		☀ 15.9	☀ 14.9	☀ 14.5	

Cancer (continued)	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Prostate Cancer Incidence per 100,000	148.0	☀️ 156.2	☁️ 149.4	☁️ 142.3		
Female Breast Cancer Incidence per 100,000	140.6	🌧️ 129.4	🌧️ 127.4	🌧️ 122.7		
Lung Cancer Incidence per 100,000	60.6	☀️ 64.8	☀️ 70.6	☀️ 64.9		
Colorectal Cancer Incidence per 100,000	41.0	☀️ 48.1	☀️ 48.6	☀️ 43.3		
Cervical Cancer Incidence per 100,000	5.7	☀️ 9.2	☀️ 8.4	☀️ 7.8		
% Skin Cancer	3.5	☁️ 3.6	☁️ 4.6	☀️ 6.7		☁️ 1.4
% Cancer (Other Than Skin)	5.1	☁️ 5.2	☁️ 6.3	☁️ 6.1		☁️ 6.0
% [Men 50+] Prostate Exam in Past 2 Years	56.3	🌧️ 69.2		🌧️ 75.0		☁️ 68.8
% [Women 50-74] Mammogram in Past 2 Years	86.3	☀️ 79.1	☀️ 76.4	☁️ 83.6	☁️ 81.1	☁️ 83.7
% [Women 21-65] Pap Smear in Past 3 Years	87.5	☁️ 84.6	☀️ 77.3	☁️ 83.9	🌧️ 93.0	☁️ 81.0
% [Age 50-75] Colorectal Cancer Screening	63.2	🌧️ 70.4		🌧️ 75.1	🌧️ 70.5	☁️ 62.9

		☀️ better	☁️ similar	🌧️ worse

Chronic Kidney Disease	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Kidney Disease (Age-Adjusted Death Rate)	13.0	☀️ 16.2	☀️ 17.1	☁️ 13.2		☀️ 14.5
% Kidney Disease	1.5	☁️ 2.7	☁️ 2.4	☁️ 3.0		☁️ 0.6
		☀️ better	☁️ similar	🌧️ worse		

Dementias, Including Alzheimer's Disease	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Alzheimer's Disease (Age-Adjusted Death Rate)	19.9	🌧️ 16.4	☁️ 20.0	☀️ 24.0		☀️ 21.2
		☀️ better	☁️ similar	🌧️ worse		

Diabetes	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Diabetes Mellitus (Age-Adjusted Death Rate)	11.3	☀️ 19.3	☀️ 19.4	☀️ 21.3	☀️ 20.5	☀️ 13.7
% Diabetes/High Blood Sugar	16.3	🌧️ 11.5	🌧️ 9.9	🌧️ 11.7		🌧️ 10.0
% Borderline/Pre-Diabetes	7.4	☁️ 6.9		☁️ 5.1		🌧️ 1.5
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	58.5	☁️ 53.8		☀️ 49.2		
		☀️ better	☁️ similar	🌧️ worse		

Educational & Community-Based Programs	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Attended Health Event in Past Year	20.0	☁ 21.1		☁ 23.8		☁ 19.3
			☀ better	☁ similar	⛈ worse	

Family Planning	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Unwed Mothers	23.1	☀ 40.3	☀ 40.2	☀ 40.7		☁ 23.4
% Teen Births	3.4	☀ 7.2	☀ 7.6	☀ 7.8		☀ 4.3
			☀ better	☁ similar	⛈ worse	

Hearing & Other Sensory or Communication Disorders	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Deafness/Trouble Hearing	8.5	☁ 6.7		☁ 10.3		☁ 10.5
			☀ better	☁ similar	⛈ worse	

Heart Disease & Stroke	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)	133.0	☀ 172.0	☀ 173.9	☀ 171.3	☀ 156.9	☀ 167.7
Stroke (Age-Adjusted Death Rate)	30.8	☀ 35.4	☀ 37.7	☀ 37.0	☀ 34.8	☀ 45.1
% Heart Disease (Heart Attack, Angina, Coronary Disease)	6.6	☁ 5.4		☁ 6.1		☁ 5.9
% Stroke	2.5	☁ 3.0	☁ 2.8	☁ 3.9		☁ 5.7
% Blood Pressure Checked in Past 2 Years	93.7	☁ 95.4		☁ 91.0	☁ 92.6	☁ 95.3
% Told Have High Blood Pressure (Ever)	35.2	☁ 34.6	☁ 30.1	☁ 34.1	🌧 26.9	☁ 37.5
% [HBP] Taking Action to Control High Blood Pressure	92.2	☁ 93.5		☁ 89.2		☁ 94.3
% Cholesterol Checked in Past 5 Years	93.5	☁ 92.4	☀ 74.0	☀ 86.6	☀ 82.1	☀ 86.9
% Told Have High Cholesterol (Ever)	39.8	🌧 31.2	☁ 36.6	🌧 29.9	🌧 13.5	☁ 37.1
% [HBC] Taking Action to Control High Blood Cholesterol	88.0	☁ 89.7		☁ 81.4		☁ 82.8
% 1+ Cardiovascular Risk Factor	87.3	🌧 80.9		🌧 82.3		☁ 82.4

☀ better   ☁ similar   🌧 worse

HIV	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
HIV Prevalence per 100,000	80.2	☀ 449.1	☀ 300.1	☀ 340.4		
% [Age 18-44] HIV Test in the Past Year	29.2	☁ 28.0		☁ 19.3		☁ 33.8
		☀ better	☁ similar	🌧 worse		

Immunization & Infectious Diseases	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% [Age 65+] Flu Vaccine in Past Year	47.6	☁ 56.6	☁ 58.6	☁ 57.5	🌧 70.0	
% [High-Risk 18-64] Flu Vaccine in Past Year	35.4	☁ 45.3		☁ 45.9	🌧 70.0	☁ 42.2
% [Age 65+] Pneumonia Vaccine Ever	46.2	🌧 68.9	🌧 64.6	🌧 68.4	🌧 90.0	
% [High-Risk 18-64] Pneumonia Vaccine Ever	23.0	🌧 37.3		🌧 41.9	🌧 60.0	☁ 28.3
% Have Completed Hepatitis B Vaccination Series	33.0	🌧 41.8		🌧 44.7		☁ 27.4
		☀ better	☁ similar	🌧 worse		

Injury & Violence Prevention	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)	22.7	☀ 25.7	☀ 32.9	☀ 39.2	☀ 36.4	☁ 21.9
Motor Vehicle Crashes (Age-Adjusted Death Rate)	4.0	☀ 5.4	☀ 7.9	☀ 10.7	☀ 12.4	☀ 6.9
% "Always" Wear Seat Belt	91.7	☁ 89.4		☀ 84.8	☁ 92.0	☁ 91.4
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	94.2	☁ 91.7		☁ 92.2		☁ 96.1
% Child [Age 5-17] "Always" Wears Bicycle Helmet	29.9	☁ 37.6		🌧 48.7		
Firearm-Related Deaths (Age-Adjusted Death Rate)	3.8	☀ 9.6	☀ 8.8	☀ 10.4	☀ 9.3	🌧 3.4
% Firearm in Home	12.9	☁ 12.4		☀ 34.7		☁ 9.4
% [Homes With Children] Firearm in Home	14.3	☁ 11.9		☀ 37.4		☁ 10.3
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	14.7	☁ 11.7		☁ 16.8		
Homicide (Age-Adjusted Death Rate)	1.8	☀ 8.6	☀ 6.3	☀ 5.3	☀ 5.5	🌧 1.5
Violent Crime per 100,000	82.9	☀ 507.9	☀ 403.2	☀ 380.9		☀ 132.6
% Victim of Violent Crime in Past 5 Years	1.6	☀ 4.6		☁ 2.8		☁ 2.5

Injury & Violence Prevention (continued)

Injury & Violence Prevention (continued)	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Victim of Domestic Violence (Ever)	12.9	☁ 10.7		☁ 15.0		☁ 10.7
% Perceive Neighborhood to be "Not At All Safe" from Crime	1.4	☀ 3.8				🌧 0.0
% [Child 5-17] Missed School for Safety Reasons Last Month	0.9	☁ 1.9				☁ 1.6
		☀ better	☁ similar	🌧 worse		

Maternal, Infant & Child Health

Maternal, Infant & Child Health	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
No Prenatal Care in First Trimester (Percent)	4.7	☀ 5.5	☀ 5.4	☀ 17.3	☀ 22.1	
Low Birthweight Births (Percent)	7.1	☀ 8.6	🌧 4.0	☀ 8.0	☀ 7.8	☁ 7.4
Infant Death Rate	4.4	☀ 6.3	☀ 6.3	☀ 6.0	☀ 6.0	☀ 7.4
		☀ better	☁ similar	🌧 worse		

Mental Health & Mental Disorders	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	17.6	⛈️ 13.2		⛈️ 11.9		⛈️ 5.3
% Diagnosed Depression	19.9	☁️ 15.5		☁️ 20.4		⛈️ 9.6
% Symptoms of Chronic Depression (2+ Years)	34.7	⛈️ 26.0		☁️ 30.4		⛈️ 22.9
Suicide (Age-Adjusted Death Rate)	8.8	⛈️ 8.1	☀️ 9.7	☀️ 12.5	☀️ 10.2	⛈️ 7.1
% Have Ever Sought Help for Mental Health	27.5			☁️ 23.7		☀️ 15.5
% [Those With Diagnosed Depression] Seeking Help	89.0	☁️ 81.8		☀️ 76.6		
% Typical Day Is "Extremely/Very" Stressful	14.8	☁️ 11.8		☁️ 11.9		⛈️ 7.1
% 3+ Days Without Enough Sleep in the Past Month	65.3	☁️ 62.5				☁️ 57.2

☀️ better	☁️ similar	⛈️ worse

Nutrition, Physical Activity & Weight	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Eat 5+ Servings of Fruit or Vegetables per Day	38.9	⛅ 39.6		⛅ 39.5		🌧️ 54.6
% "Very/Somewhat" Difficult to Buy Fresh Produce	23.9	🌧️ 16.2		⛅ 24.4		🌧️ 14.2
Population With Low Food Access (Percent)	26.7	🌧️ 13.6	🌧️ 20.4	🌧️ 23.6		
% Medical Advice on Nutrition in Past Year	42.0	⛅ 47.1		⛅ 39.2		⛅ 44.4
% Healthy Weight (BMI 18.5-24.9)	23.4	🌧️ 31.8	🌧️ 33.0	🌧️ 34.4	🌧️ 33.9	⛅ 28.4
% Overweight (BMI 25+)	74.8	🌧️ 66.4	🌧️ 64.7	🌧️ 63.1		⛅ 71.2
% Obese (BMI 30+)	31.0	⛅ 30.1	⛅ 29.4	⛅ 29.0	⛅ 30.5	⛅ 32.6
% Medical Advice on Weight in Past Year	31.5	⛅ 30.0		☀️ 23.7		⛅ 32.5
% [Overweights] Counseled About Weight in Past Year	37.2	⛅ 37.6		⛅ 31.8		⛅ 41.6
% [Obese Adults] Counseled About Weight in Past Year	52.7	⛅ 53.4		⛅ 48.3		⛅ 55.9
% [Overweights] Trying to Lose Weight Both Diet/Exercise	49.6	⛅ 42.6		☀️ 39.5		⛅ 45.1

Nutrition, Physical Activity & Weight (continued)	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Child [Age 5-17] Healthy Weight	41.9	🌧️ 55.9		🌧️ 56.7		
% Children [Age 5-17] Overweight (85th Percentile)	52.5	🌧️ 31.6		🌧️ 31.5		
% Children [Age 5-17] Obese (95th Percentile)	27.0	☁️ 18.1		🌧️ 14.8	🌧️ 14.5	
% No Leisure-Time Physical Activity	21.6	☁️ 17.5	☁️ 25.1	☁️ 20.7	☀️ 32.6	☁️ 24.6
% Meeting Physical Activity Guidelines	47.1	☁️ 50.7		☁️ 50.3		☁️ 43.9
% Moderate Physical Activity	30.2	☁️ 29.1		☁️ 30.6		☀️ 20.0
% Vigorous Physical Activity	35.0	☁️ 39.4		☁️ 38.0		☁️ 34.9
Recreation/Fitness Facilities per 100,000	14.5	☀️ 10.8	☀️ 10.2	☀️ 9.7		
% "Very/Somewhat" Difficult to Access a Place for Exercise	19.2	☁️ 15.4				☁️ 15.2
% Medical Advice on Physical Activity in Past Year	48.8	☁️ 52.6		☁️ 44.0		☁️ 54.4
% Child [Age 2-17] Physically Active 1+ Hours per Day	46.5	☁️ 48.8		☁️ 48.6		

	☀️	☁️	🌧️
	better	similar	worse

Oral Health	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% [Age 18+] Dental Visit in Past Year	69.4	☁ 69.8	☁ 66.9	☁ 65.9	☀ 49.0	☁ 75.6
% Child [Age 2-17] Dental Visit in Past Year	81.1	☁ 86.5		☁ 81.5	☀ 49.0	☁ 79.1
% Have Dental Insurance	68.4	☁ 71.9		☁ 65.6		☁ 69.3

☀ better ☁ similar ⛈ worse

Respiratory Diseases	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)	29.8	☁ 31.0	☀ 39.3	☀ 42.0		☀ 32.9
Pneumonia/Influenza (Age-Adjusted Death Rate)	16.4	☁ 16.6	☁ 16.8	⛈ 15.3		☀ 19.4
% COPD (Lung Disease)	9.8	☁ 7.8	⛈ 5.0	☁ 8.6		☁ 8.9
% [Adult] Currently Has Asthma	8.1	☁ 8.9	☁ 7.6	☁ 9.4		☀ 21.5
% [Child 0-17] Currently Has Asthma	11.5	☁ 8.6		☁ 7.1		☁ 18.7
% [Asthmatics] Asthma Attack in the Past Year	49.5	☁ 47.7				

☀ better ☁ similar ⛈ worse

Sexually Transmitted Diseases	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Gonorrhea Incidence per 100,000	25.9	☀️ 184.7	☀️ 141.0	☀️ 107.5		
Chlamydia Incidence per 100,000	201.6	☀️ 619.6	☀️ 526.1	☀️ 456.7		
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	18.9	☁️ 12.9		☁️ 11.7		☁️ 14.1
% [Unmarried 18-64] Using Condoms	63.0	☀️ 50.1		☀️ 33.6		

☀️ better   ☁️ similar   🌧️ worse

Sickle-Cell Anemia	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Sickle-Cell Anemia	0.0	☀️ 0.8				☁️ 0.3

☀️ better   ☁️ similar   🌧️ worse

Substance Abuse	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	6.1	☀ 8.3	☀ 8.5	☀ 9.9	☀ 8.2	☁ 6.1
% Liver Disease	1.1	☁ 1.6				☁ 0.3
% Current Drinker	56.8	☁ 60.6	☁ 57.2	☁ 56.5		☁ 52.1
% Chronic Drinker (Average 2+ Drinks/Day)	1.4	☀ 4.5		☀ 5.2		☁ 1.9
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	19.1	☁ 18.4		☁ 19.5	☀ 24.4	☁ 20.7
% Drinking & Driving in Past Month	2.1	☁ 1.4		☀ 5.0		☁ 2.5
Drug-Induced Deaths (Age-Adjusted Death Rate)	10.5	☀ 11.1	☀ 12.1	☀ 14.1	☀ 11.3	🌧 6.9
% Illicit Drug Use in Past Month	4.5	☁ 4.7		☁ 4.0	☀ 7.1	🌧 1.1
% Ever Sought Help for Alcohol or Drug Problem	3.9	☁ 3.4		☁ 4.9		☀ 0.7

☀ better ☁ similar 🌧 worse

Tobacco Use	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Current Smoker	14.6	☁ 12.6	☁ 18.0	☁ 14.9	☁ 12.0	☁ 16.6
% Someone Smokes at Home	12.9	☁ 13.7		☁ 12.7		☀ 22.3
% [Non-Smokers] Someone Smokes in the Home	7.7	☁ 7.7		☁ 6.3		☁ 8.7
% [Household With Children] Someone Smokes in the Home	6.4	☁ 11.1		☁ 9.7		☀ 27.6
% [Smokers] Received Advice to Quit Smoking	86.2	☀ 71.8		☀ 67.8		
% [Smokers] Have Quit Smoking 1+ Days in Past Year	75.4	☀ 55.1		☀ 55.9	☁ 80.0	
% Smoke Cigars	3.4	☁ 4.7		☁ 4.1	🌧 0.2	☁ 7.2
% Use Smokeless Tobacco	4.2	🌧 1.5	☁ 2.6	☁ 4.0	🌧 0.3	🌧 0.4

☀	☁	🌧
better	similar	worse

Vision	EMHSA	EMHSA vs. Benchmarks				TREND
		vs. MCHC Region	vs. IL	vs. US	vs. HP2020	
% Blindness/Trouble Seeing	7.3	☁ 8.7	🌧 3.9	☁ 8.5		☁ 9.6
% Eye Exam in Past 2 Years	62.3	☁ 58.1		☁ 56.8		☁ 59.7
			☀ better	☁ similar	🌧 worse	

Community Description

Population Characteristics

Total Population

DuPage County, the focus of this Community Health Needs Assessment, encompasses 327.41 square miles and houses a total population of 922,803 residents, according to latest census estimates.

Total Population
(Estimated Population, 2009-2013)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
DuPage County	922,803	327.41	2,818.47
MCHC Region	6,837,274	1,716.04	3,984.33
Illinois	12,848,554	55,504.25	231.49
United States	311,536,591	3,530,997.6	88.23

Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Population Change 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of DuPage County increased by 13,014 persons, or 1.4%.

- A population decrease took place in the MCHC Region during this time.
- A smaller proportional increase than seen across the state.
- A smaller proportional increase than seen nationwide.

Change in Total Population
(Percentage Change Between 2000 and 2010)
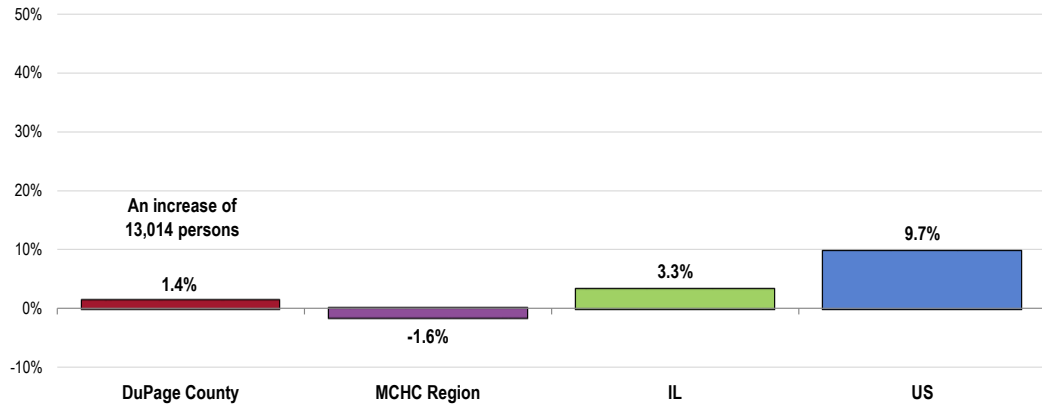
Sources: ● Retrieved August 2015 from Community Commons at http://www.chna.org.
● US Census Bureau Decennial Census (2000-2010).
Notes: ● A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Note that certain pockets in western DuPage County increased over the past decade.

Population Change, Percent by Tract, US Census 2000-2010

Map Legend

Population Change, Percent by Tract, US Census 2000 - 2010
- Over 10.0% Increase (+)
- 1.0 - 10.0% Increase (+)
- Less Than 1.0% Change (+/-)
- 1.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data

Community Commons, 10/16/2015
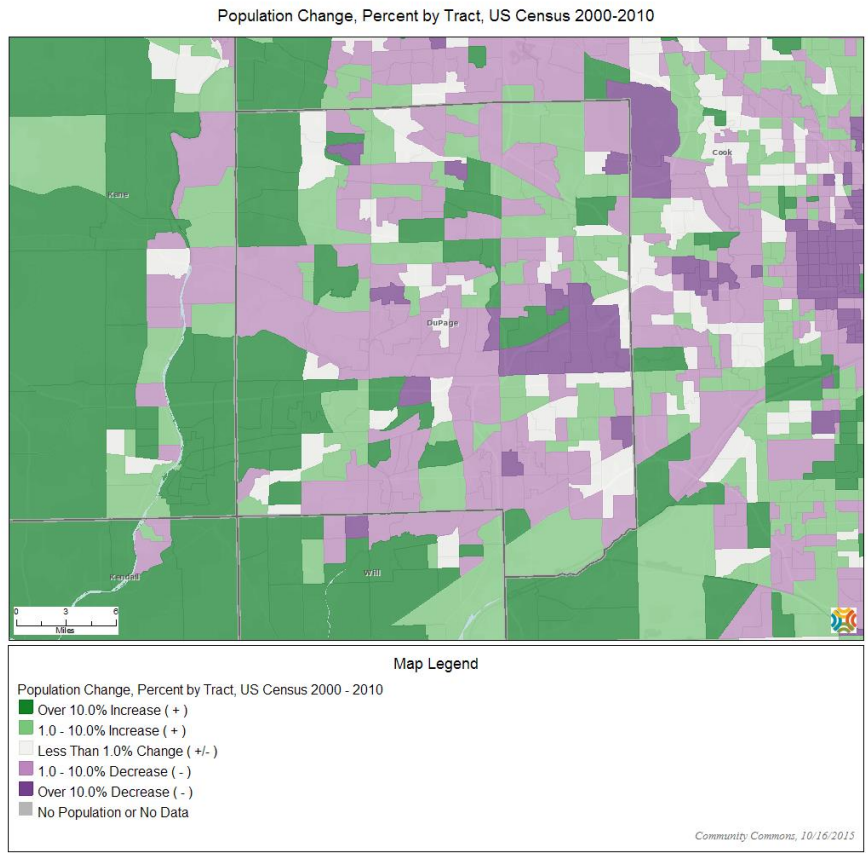
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

DuPage County is predominantly urban, with nearly 100% of the population living in areas designated as urban.

- The proportion of urban population in DuPage County is similar to the MCHC Region.
- The proportion of urban population in DuPage County is higher than that found statewide and nationally.

Urban and Rural Population
(2010)
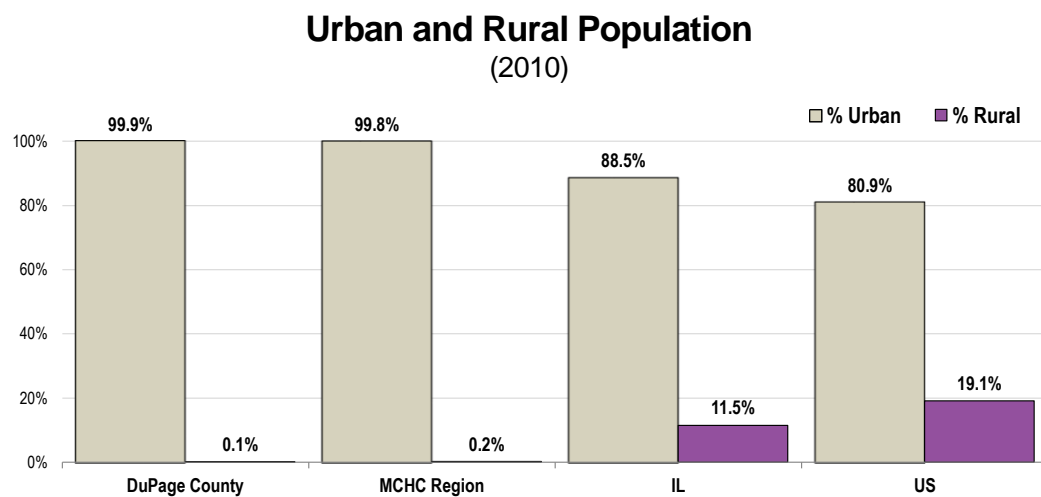
Sources:
- US Census Bureau Decennial Census (2010).
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

- Note the following map outlining the urban population in the DuPage County census tracts as of 2010.

Urban Population, Percent by Tract, US Census 2010

Map Legend

Urban Population, Percent by Tract, US Census 2010
- 100% Urban Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Urban Population
- No Data or Data Suppressed

Community Commons, 10/16/2015
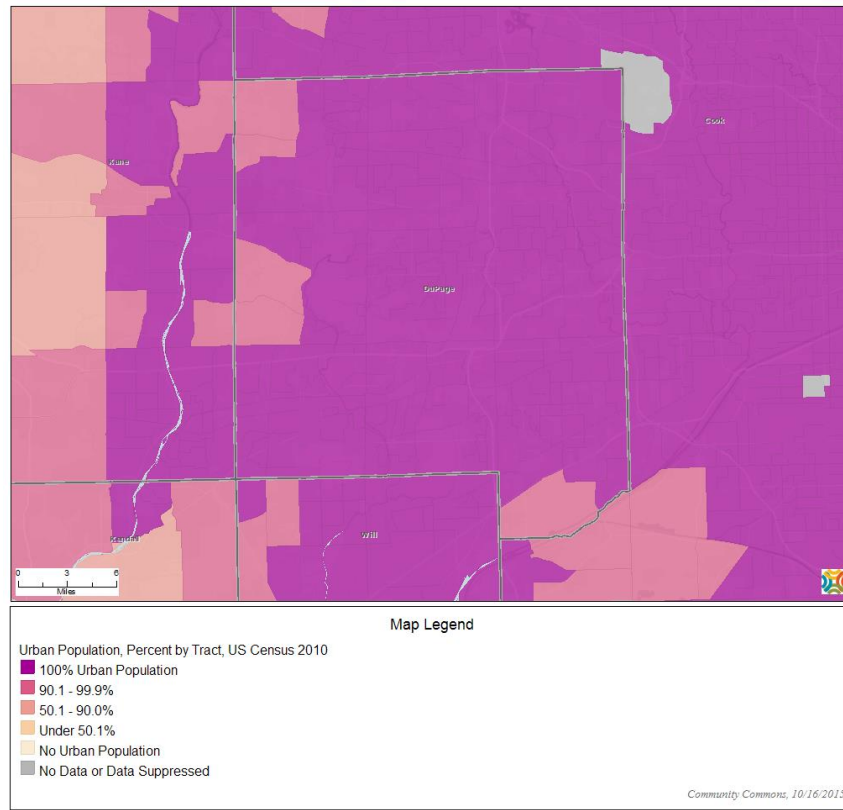
Age

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

In DuPage County, 24.4% of the population are infants, children or adolescents (age 0-17); another 63.5% are age 18 to 64, while 12.1%% are age 65 and older.

- The proportional breakdown by age is similar to that found regionally.
- The breakdown by age is similar to that found statewide.
- The percentage of older adults (65+) is lower than the US figure.

Total Population by Age Groups, Percent
(2009-2013)
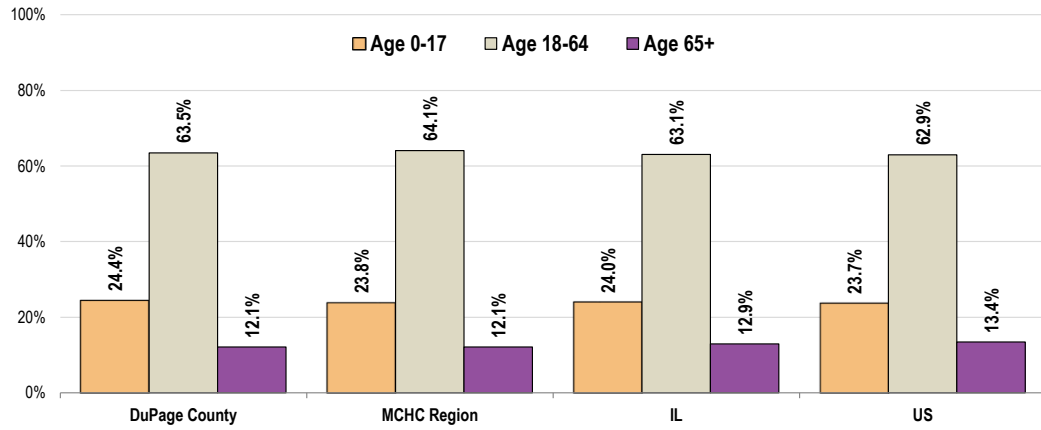
■ Age 0-17   □ Age 18-64   ■ Age 65+

	DuPage County	MCHC Region	IL	US
Age 0-17	24.4%	23.8%	24.0%	23.7%
Age 18-64	63.5%	64.1%	63.1%	62.9%
Age 65+	12.1%	12.1%	12.9%	13.4%

Sources: ● US Census Bureau American Community Survey 5-year estimates (2009-2013).
　　　　　 ● Retrieved August 2015 from Community Commons at http://www.chna.org.

Median Age

DuPage County is "older" than the state and the nation in that the median age is higher.

Median Age
(2009-2013)
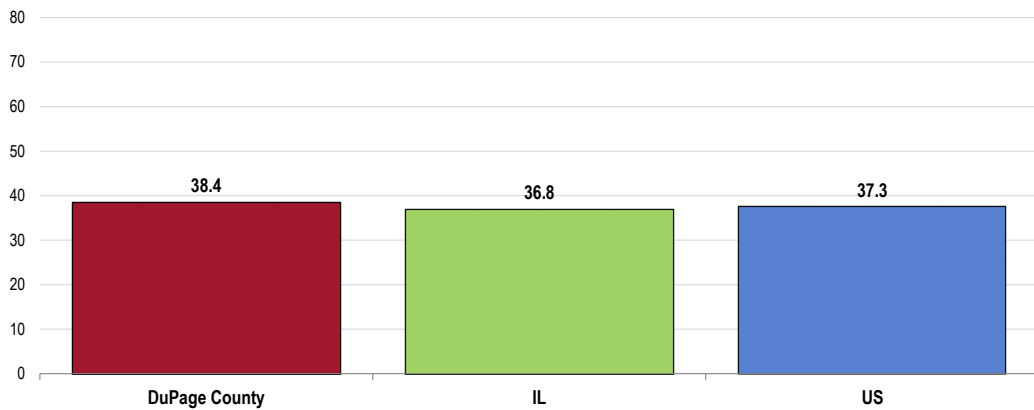
DuPage County	IL	US
38.4	36.8	37.3

Sources: ● US Census Bureau American Community Survey 5-year estimates (2009-2013).
　　　　　 ● Retrieved August 2015 from Community Commons at http://www.chna.org.

● The following map provides an illustration of the median age in DuPage County, segmented by census tract.

Median Age, by Tract, ACS 2009-2013

Map Legend

Median Age by Tract, ACS 2009-13
- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed

Community Commons, 10/16/2015
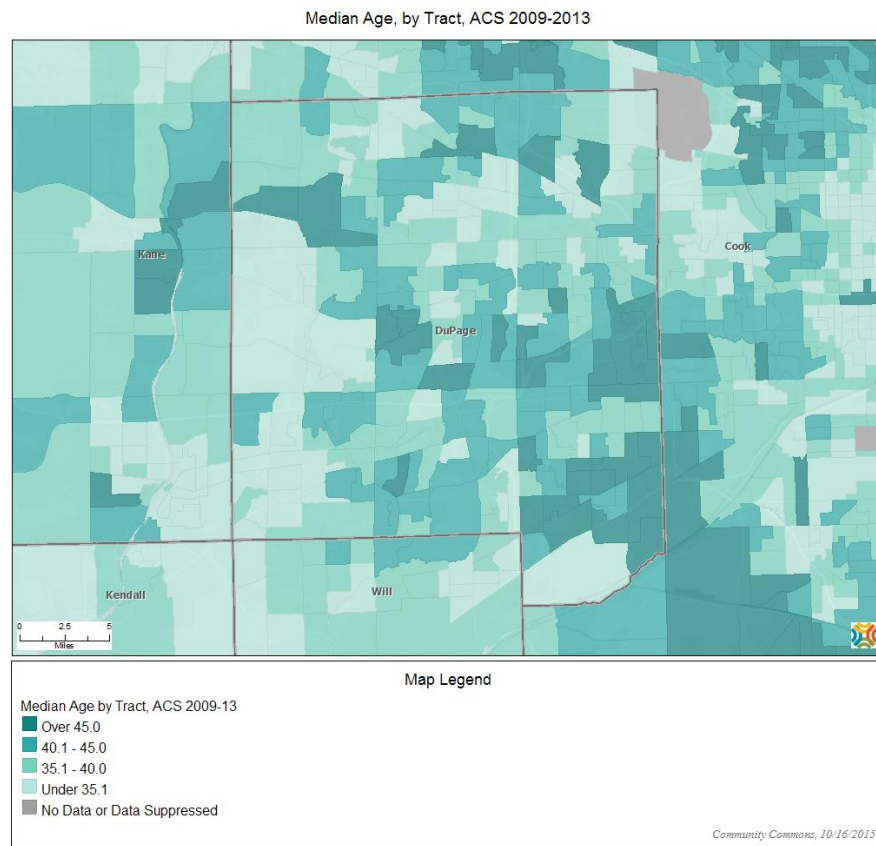
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 80.3% of residents of DuPage County are White and 4.6% are Black.

● The service area exhibits a higher proportion of White residents, a lower proportion of Black residents and a similar proportion of "Other" race residents when compared to the region, state and US.

Total Population by Race Alone, Percent
(2009-2013)
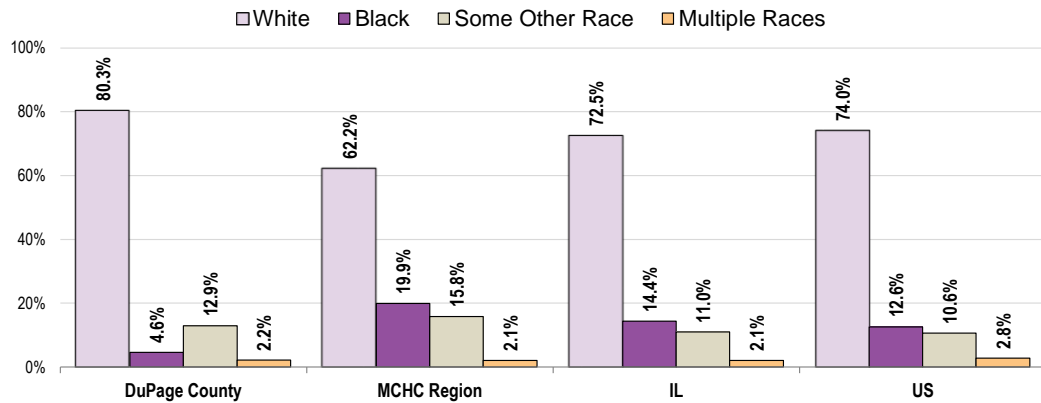
□ White　■ Black　□ Some Other Race　■ Multiple Races

Chart data:

	White	Black	Some Other Race	Multiple Races
DuPage County	80.3%	4.6%	12.9%	2.2%
MCHC Region	62.2%	19.9%	15.8%	2.1%
IL	72.5%	14.4%	11.0%	2.1%
US	74.0%	12.6%	10.6%	2.8%

Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Ethnicity

A total of 13.5% of DuPage County residents are Hispanic or Latino.

- Lower than found in the MCHC Region.
- Lower than found statewide.
- Lower than found nationally.

Percent Population Hispanic or Latino
(2009-2013)
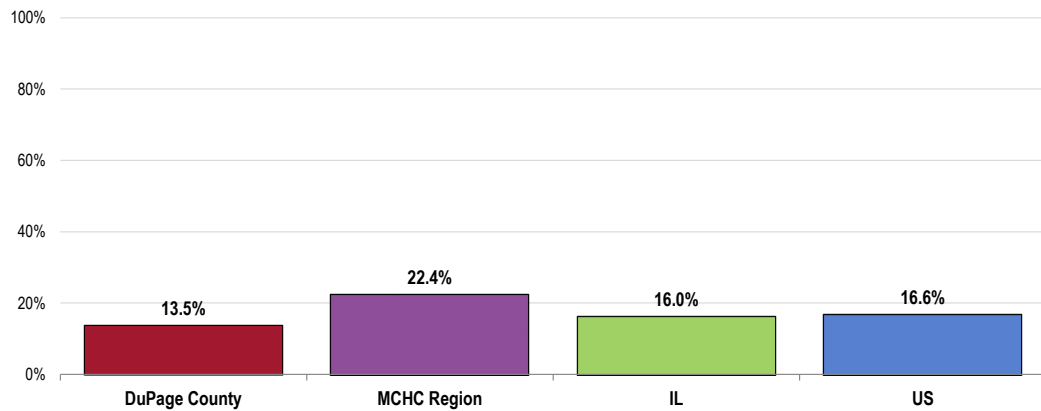
	Percent
DuPage County	13.5%
MCHC Region	22.4%
IL	16.0%
US	16.6%

Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at http://www.chna.org.

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

● The following map provides an illustration of the Hispanic concentration in DuPage County.

Population Hispanic or Latino, Percent by Tract, ACS 2009-2013

Map Legend

Population, Hispanic or Latino, Percent by Tract, ACS 2009-13
- ■ Over 10.0%
- ■ 5.1 - 10.0%
- ■ 2.1 - 5.0%
- ■ Under 2.1%
- ☐ No Hispanic Population Reported
- ■ No Data or Data Suppressed

Community Commons, 10/16/2015

Between 2000 and 2010, the Hispanic population in DuPage County increased by 40,167 residents, or 49.4%.

- ● Higher (in terms of percentage growth) than found regionally.
- ● Higher than found statewide.
- ● Higher (in terms of percentage growth) than found nationally.

Hispanic Population Change
(Percentage Change in Hispanic Population Between 2000 and 2010)

DuPage County: 49.4% (Net increase of 40,167 Hispanic residents 2000-2010)
MCHC Region: 20.9%
IL: 32.5%
US: 42.7%
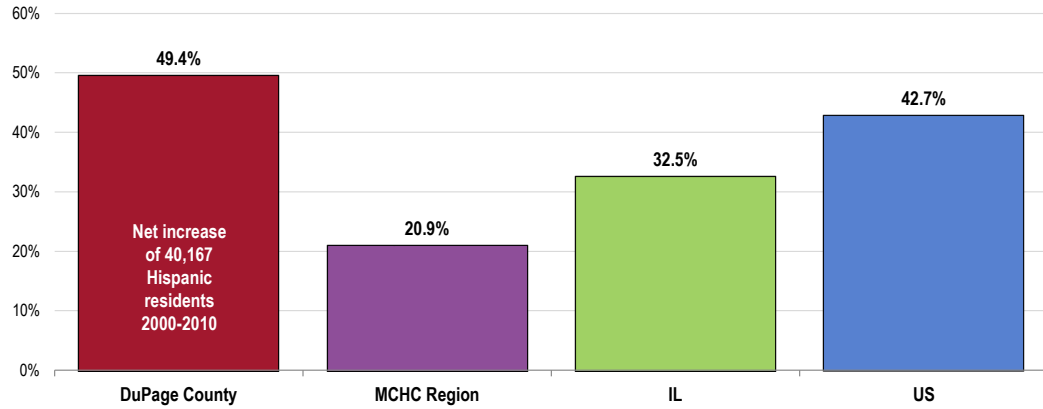
Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Linguistic Isolation

A total of 5.0% of the DuPage County population age 5 and older live in a home in which <u>no</u> persons age 14 or older is proficient in English (speaking only English, or speaking English "very well").

- Lower than found in the MCHC Region.
- Similar to the state proportion.
- Similar to the national proportion.

Linguistically Isolated Population
(2009-2013)
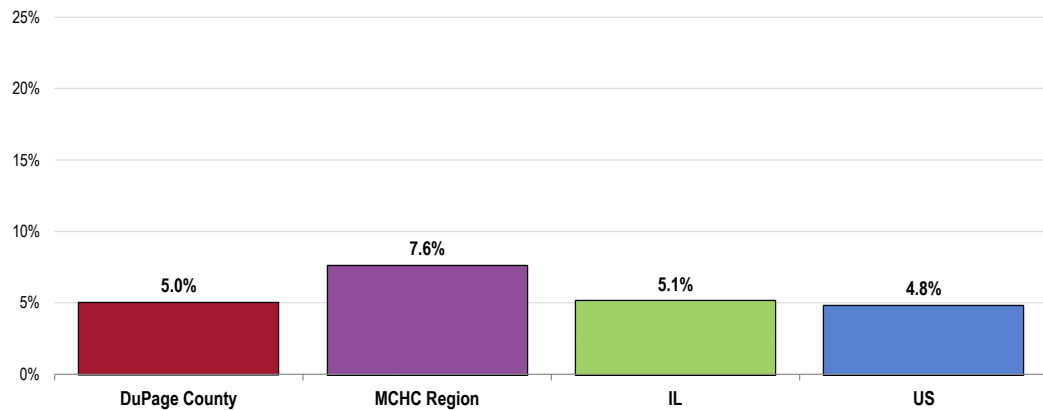
DuPage County: 5.0%
MCHC Region: 7.6%
IL: 5.1%
US: 4.8%

Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at http://www.chna.org.

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

● Note the following map illustrating linguistic isolation in DuPage County.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2009-2013

Map Legend

Population in Linguistically Isolated Households, Percent by Tract, ACS 2009-13
- Over 3.0%
- 1.1 - 3.0%
- 0.1 - 1.1%
- No Population in Linguistically Isolated Households
- No Data or Data Suppressed

Community Commons, 10/16/2015
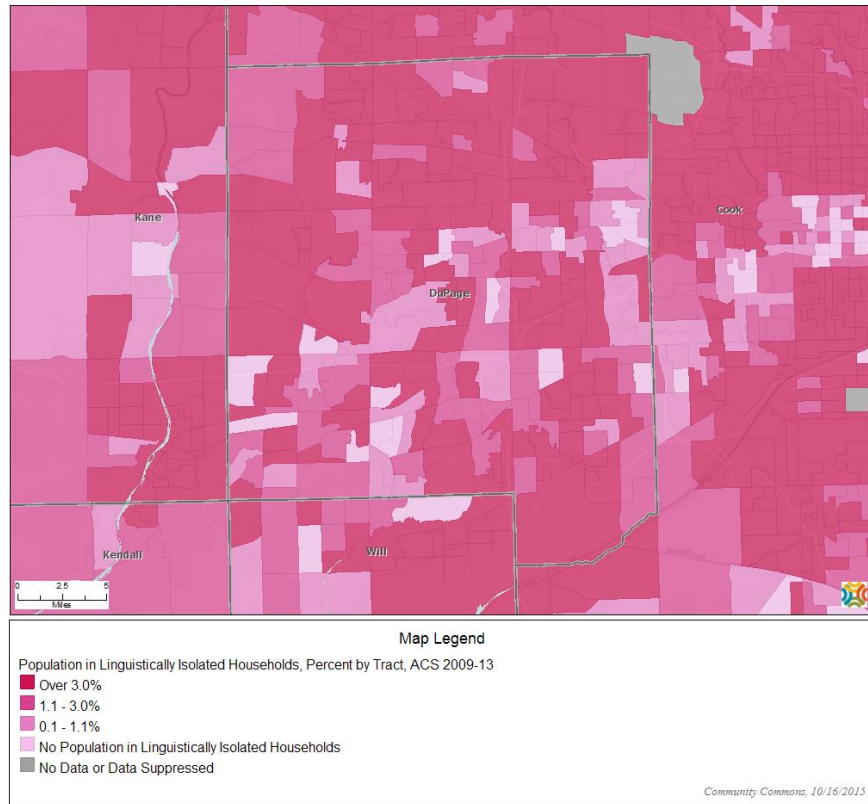
Social Determinants of Health

About Social Determinants

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

- Healthy People 2020 (www.healthypeople.gov)

Poverty

The latest census estimate shows 6.9% of the DuPage County population living below the federal poverty level.

In all, 18.6% of DuPage County residents (an estimated 168,845 individuals) live below 200% of the federal poverty level.

- Better than the regional percentage.
- Better than the proportion reported statewide.
- Better than found nationally.
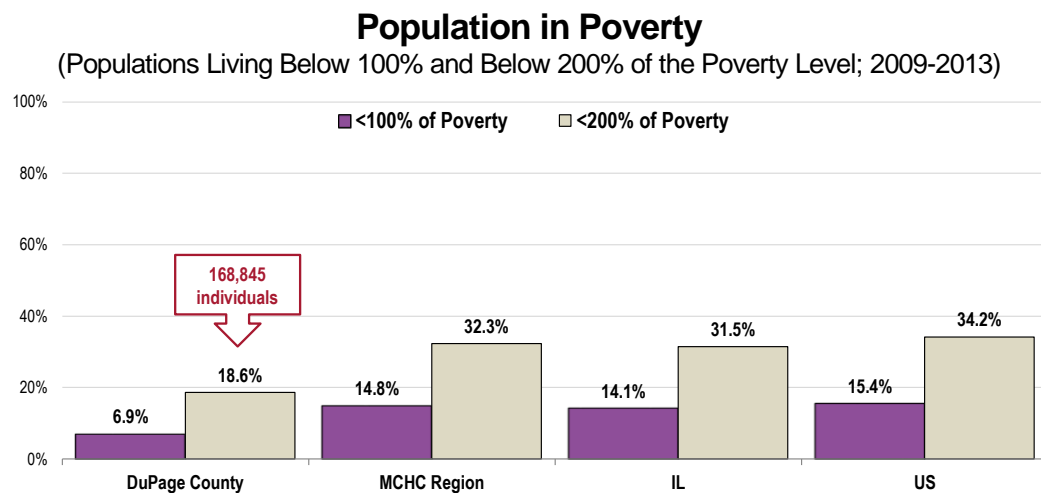
Population in Poverty
(Populations Living Below 100% and Below 200% of the Poverty Level; 2009-2013)

	<100% of Poverty	<200% of Poverty
DuPage County (168,845 individuals)	6.9%	18.6%
MCHC Region	14.8%	32.3%
IL	14.1%	31.5%
US	15.4%	34.2%

Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at http://www.chna.org.

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

- The following maps provide a visual distribution of residents by poverty level in DuPage County.

Population Below the Poverty Level, Percent by Tract, ACS 2009-2013

Map Legend

Population Below the Poverty Level, Percent by Tract, ACS 2009-13
- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

Community Commons, 10/16/2015
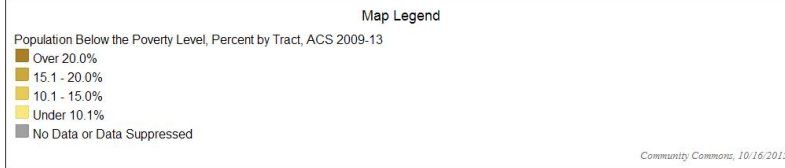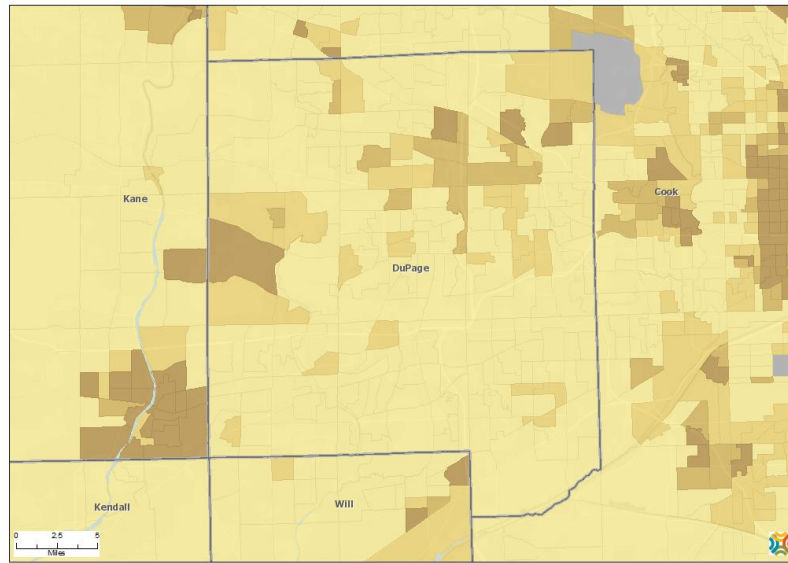
Population Below 200% of Poverty, Percent by Tract, ACS 2009-2013

Map Legend

Population Below 200% Poverty Level, Percent by Tract, ACS 2009-13
- Over 50.0%
- 38.1 - 50.0%
- 26.1 - 38.0%
- Under 26.1%
- No Data or Data Suppressed

Community Commons, 10/16/2015
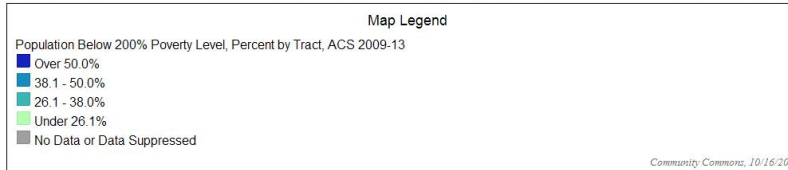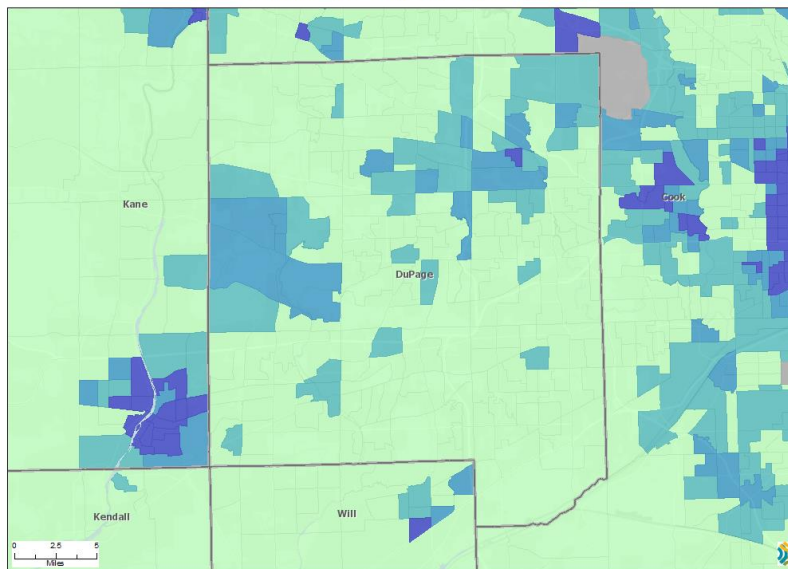
Children in Low-Income Households

Additionally, 23.5% of DuPage County children age 0-17 (representing an estimated 52,639 children) live below the 200% poverty threshold.

- Better than the proportion found regionally.
- Better than the proportion found statewide.
- Better than the proportion found nationally.

Percent of Children in Low-Income Households
(Children 0-17 Living Below 200% of the Poverty Level, 2009-2013)
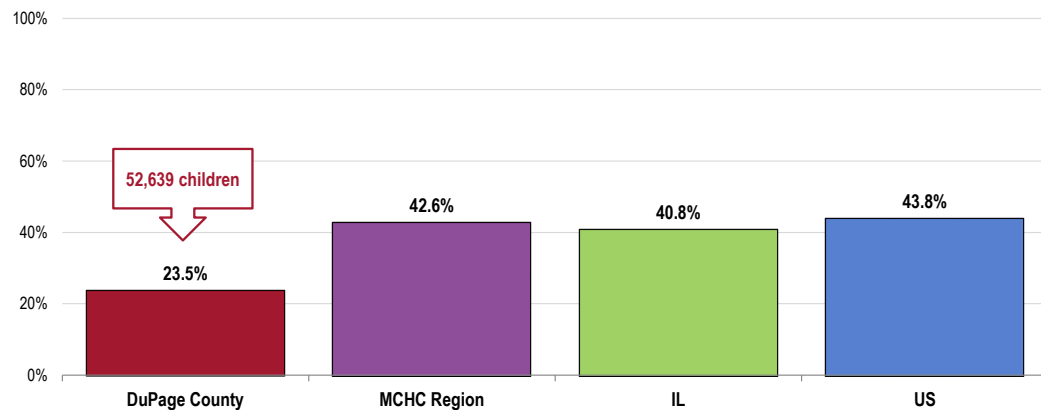
	DuPage County	MCHC Region	IL	US
	23.5% (52,639 children)	42.6%	40.8%	43.8%

Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Note the following geographic breakdown of children in lower-income households in DuPage County.

Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2009-2013

Map Legend

Population Below 200% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2009-13
- ■ Over 56.0%
- ■ 47.1 - 56.0%
- ■ 38.1 - 47.0%
- ■ Under 38.1%
- □ No Population Age 0-17 Reported
- ■ No Data or Data Suppressed

Community Commons, 10/16/2015
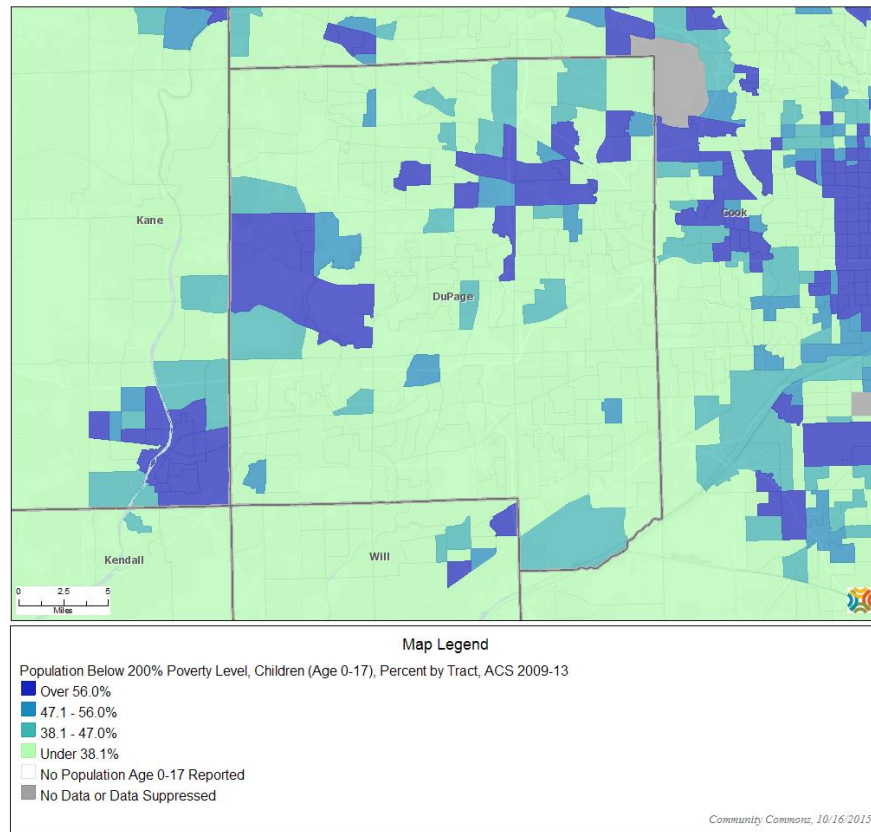
Education

Among the DuPage County population age 25 and older, an estimated 7.9% (over 48,811 people) do not have a high school education.

- More favorable than the MCHC Region.
- More favorable than found statewide.
- More favorable than the national proportion.

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2009-2013)
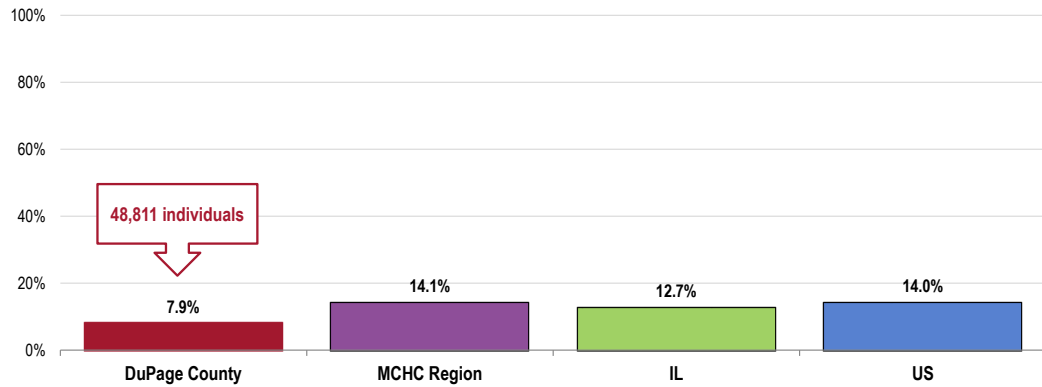
48,811 individuals

	DuPage County	MCHC Region	IL	US
	7.9%	14.1%	12.7%	14.0%

Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved August 2015 from Community Commons at http://www.chna.org.

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

- Note the following map illustrating the county population (age 25+) without a high school diploma.

Population With No High School Diploma, Percent by Tract, ACS 2009-2013

Map Legend

Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2009-13
- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed

Community Commons, 10/16/2015
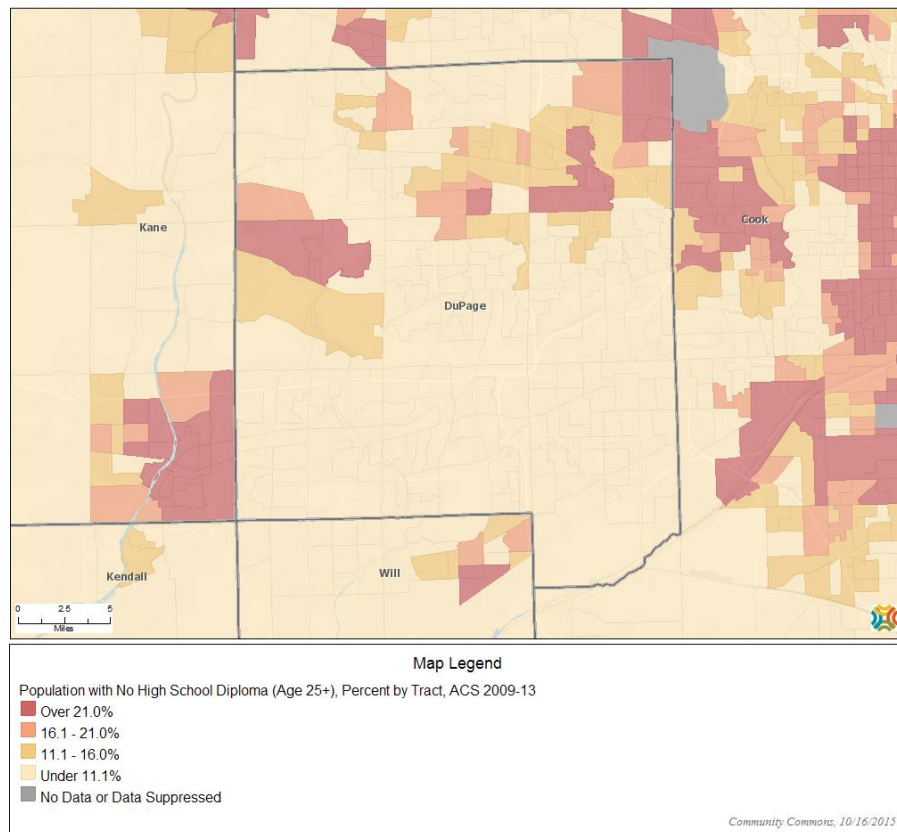
Employment

According to data derived from the US Department of Labor, the unemployment rate in DuPage County in May 2015 was 4.8%.

- Lower than the regional unemployment rate.
- Lower than the statewide unemployment rate.
- Lower than the national unemployment rate.
- TREND: Unemployment for DuPage County trended downward after peaking in 2010, echoing the regional, state and national trends.

Unemployment Rate
(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)
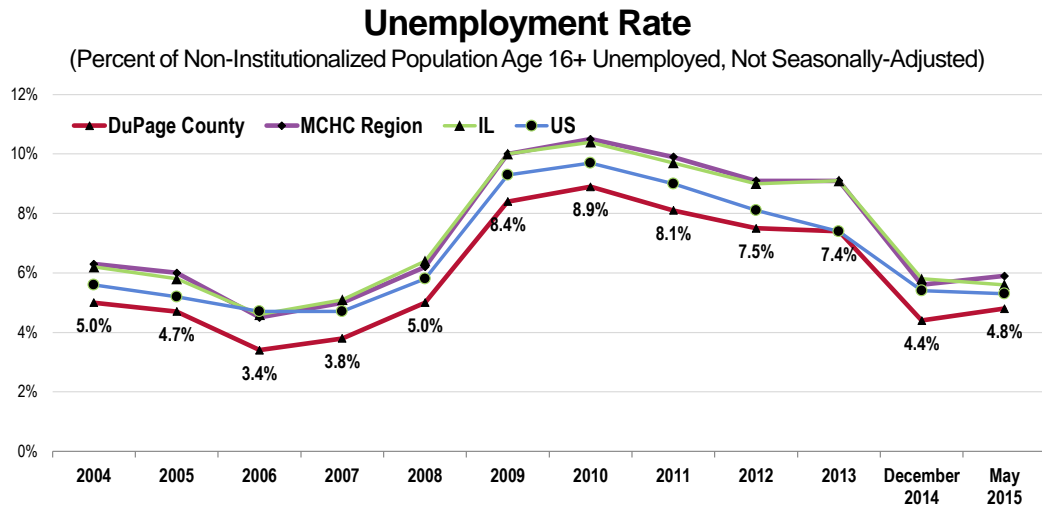
Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

General Health Status

Professional Research Consultants, Inc.

Overall Health Status

Self-Reported Health Status

A total of 47.3% of Elmhurst Memorial Hospital Service Area adults rate their overall health as "excellent" or "very good."

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

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

- Another 35.1% gave "good" ratings of their overall health.

Self-Reported Health Status
(EMH Service Area, 2015)

Good 35.1%
Fair 13.9%
Poor 3.7%
Excellent 13.7%
Very Good 33.6%
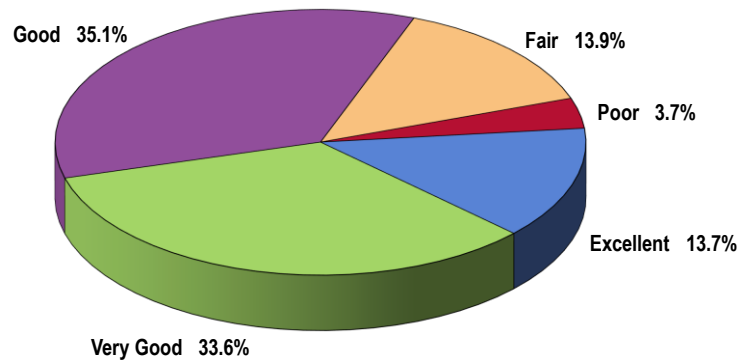
Sources: ●   2015 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 5]
Notes: ●   Asked of all respondents.

NOTE:

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

Where sample sizes permit, community-level data are provided.

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.
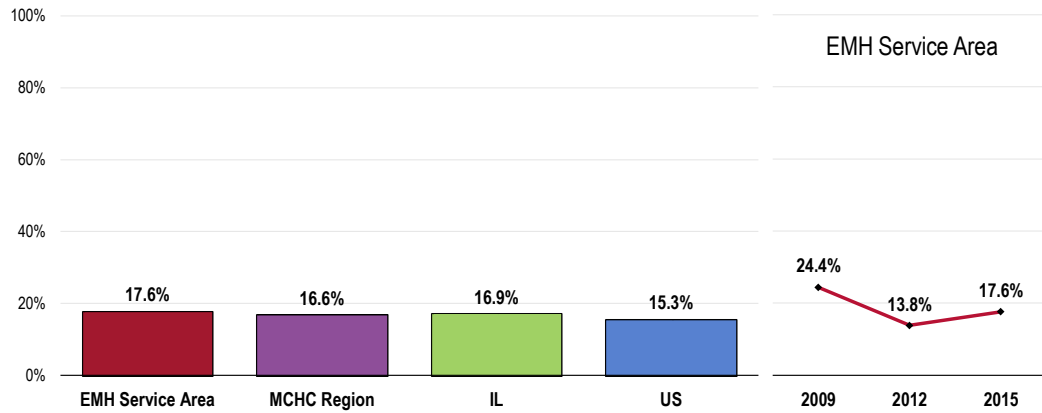
However, 17.6% of Elmhurst Memorial Hospital Service Area adults believe that their overall health is "fair" or "poor."

- Similar to MCHC Region findings.
- Similar to statewide findings.
- Similar to the national percentage.
- TREND: No statistically significant change has occurred when comparing "fair/poor" overall health reports to previous survey results.

Experience "Fair" or "Poor" Overall Health

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

- Seniors.
- Residents living at lower incomes.
- Non-White respondents.

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

Experience "Fair" or "Poor" Overall Health
(EMH Service Area, 2015)

Activity Limitations

About Disability & Health

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

A total of 23.4% of Elmhurst Memorial Hospital Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Similar to the MCHC Region.
- Less favorable than the prevalence statewide.
- Similar to the national prevalence.
- TREND: Marks a statistically significant increase in activity limitations since 2009.

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

EMH Service Area

EMH Service Area	MCHC Region	IL	US	2009	2012	2015
23.4%	21.4%	17.0%	21.5%	12.4%	18.1%	23.4%
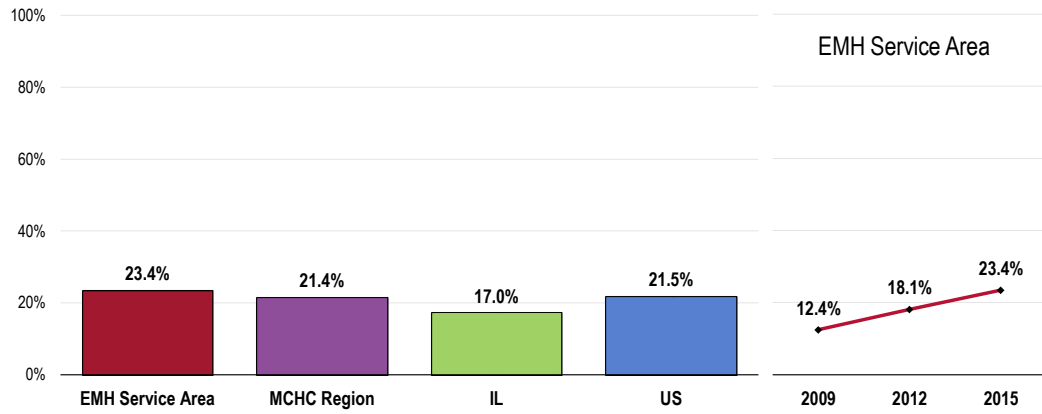
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

In looking at activity limitations by key demographic characteristics, note that:

● Adults age 65 and older are much more often limited in activities.

● None of the differences within other demographic groups was found to be statistically significant.

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(EMH Service Area, 2015)
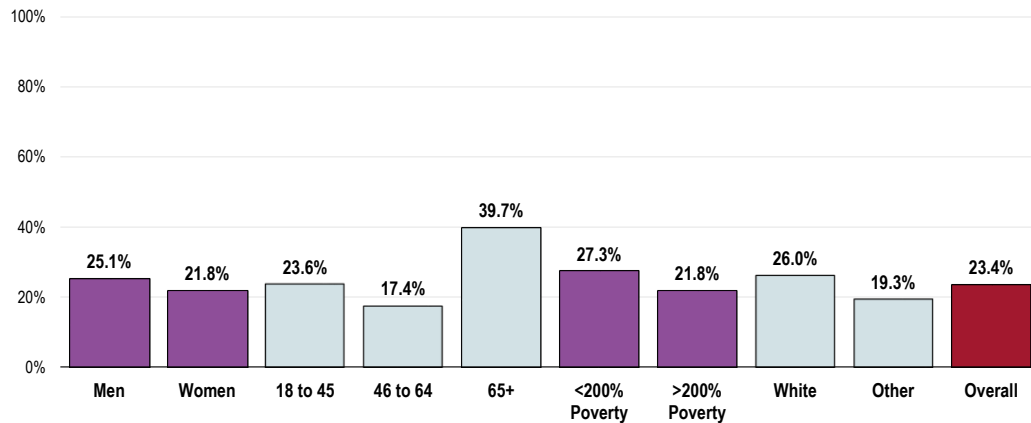
Men	Women	18 to 45	46 to 64	65+	<200% Poverty	>200% Poverty	White	Other	Overall
25.1%	21.8%	23.6%	17.4%	39.7%	27.3%	21.8%	26.0%	19.3%	23.4%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

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

Other limitations reported with some frequency include depression/mental health issues, lung/breathing problems, and heart problems.

Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; EMH Service Area, 2015)

Type of Problem	Percentage
Depression/Anxiety/Mental	15.3%
Arthritis/Rheumatism	9.1%
Back/Neck Problem	8.8%
Walking Problem	6.6%
Lung/Breathing Problem	6.1%
Fracture/Bone/Joint Injury	4.9%
Heart Problem	4.0%
Various Other (<3% Each)	45.2%
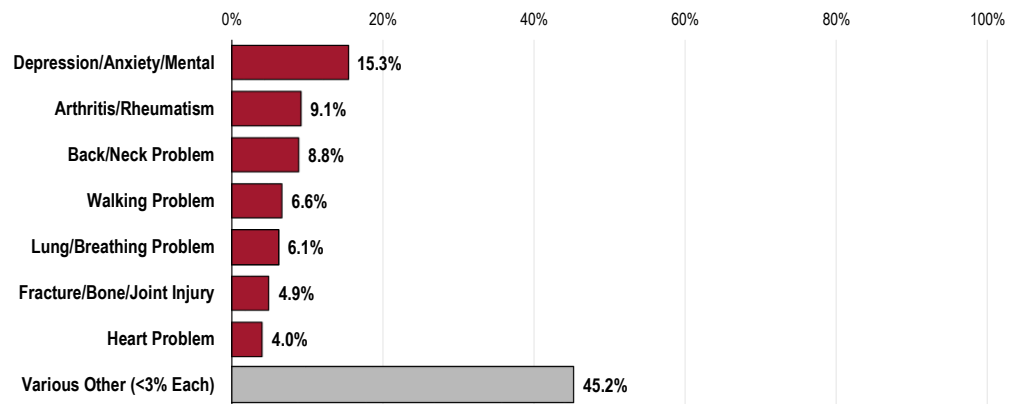
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: ● Asked of those respondents reporting activity limitations.

Mental Health

About Mental Health & Mental Disorders

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Self-Reported Mental Health Status

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

A total of 58.4% of Elmhurst Memorial Hospital Service Area adults rate their overall mental health as "excellent" or "very good."

- Another 24.0% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(EMH Service Area, 2015)
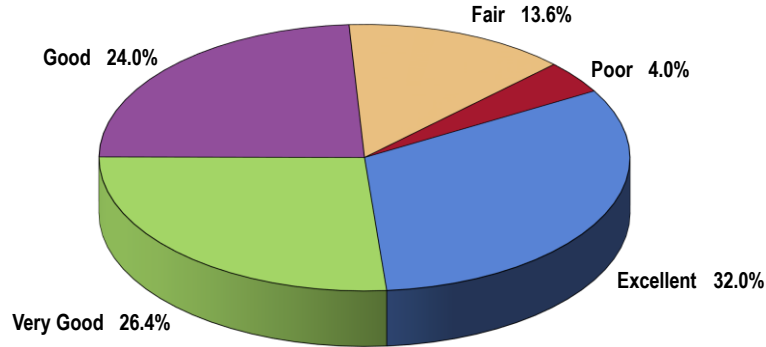
Fair 13.6%
Poor 4.0%
Good 24.0%
Excellent 32.0%
Very Good 26.4%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: ● Asked of all respondents.

A total of 17.6% of EMH Service Area adults, however, believe that their overall mental health is "fair" or "poor."

- Worse than the "fair/poor" response reported in the MCHC Region.
- Worse than that reported nationally.
- TREND: Denotes a statistically significant <u>increase</u> since 2009.

Experience "Fair" or "Poor" Mental Health

EMH Service Area

	EMH Service Area	MCHC Region	US	2009	2012	2015
	17.6%	13.2%	11.9%	5.3%	8.5%	17.6%
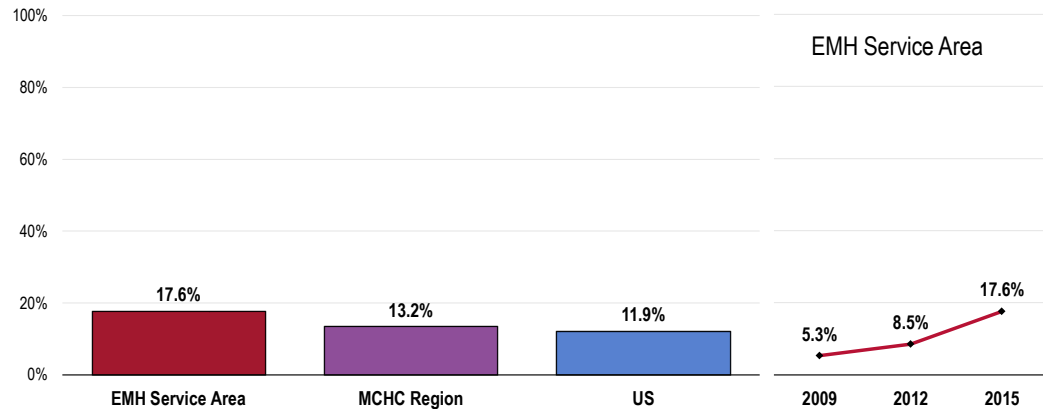
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

● Adults age 18 to 45 and Non-White respondents are much more likely to report experiencing "fair/poor" mental health than their demographic counterparts.

Experience "Fair" or "Poor" Mental Health
(EMH Service Area, 2015)
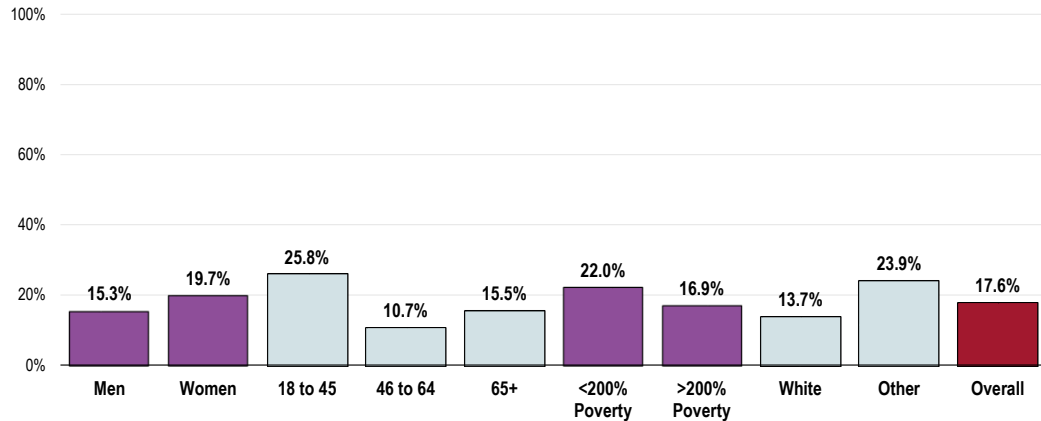
Bar chart values:
- Men: 15.3%
- Women: 19.7%
- 18 to 45: 25.8%
- 46 to 64: 10.7%
- 65+: 15.5%
- <200% Poverty: 22.0%
- >200% Poverty: 16.9%
- White: 13.7%
- Other: 23.9%
- Overall: 17.6%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Depression

Diagnosed Depression

A total of 19.9% of service area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

● Statistically similar to the MCHC Region.
● Similar to the national finding.

Have Been Diagnosed With a Depressive Disorder
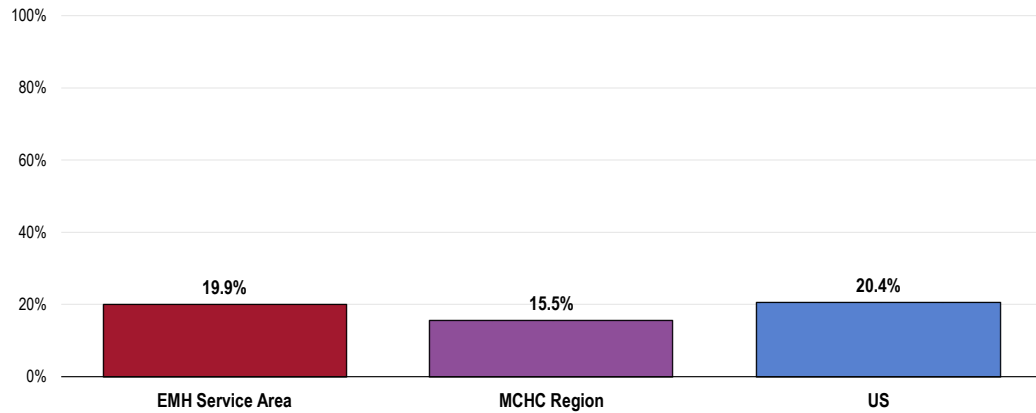
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Depressive disorders include depression, major depression, dysthymia, or minor depression.

The prevalence of diagnosed depression is notably higher among:

● Community members with lower incomes.

Have Been Diagnosed With a Depressive Disorder
(EMH Service Area, 2015)

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: ● Asked of all respondents.
● Depressive disorders include depression, major depression, dysthymia, or minor depression.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 34.7% of Elmhurst Memorial Hospital Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Higher than the MCHC Region.
- Similar to national findings.
- TREND: Marks a significant <u>increase</u> compared to previous results.

Have Experienced Symptoms of Chronic Depression
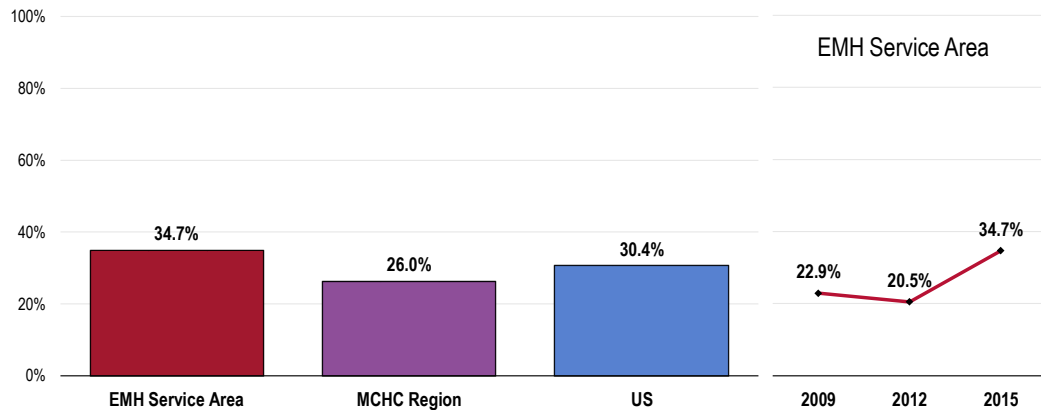
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]
      ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
      ● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

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

- Adults age 18 to 45.
- Adults with lower incomes.
- Non-white residents.

Have Experienced Symptoms of Chronic Depression
(EMH Service Area, 2015)

Men	29.8%
Women	39.4%
18 to 45	54.1%
46 to 64	25.2%
65+	15.2%
<200% Poverty	49.3%
>200% Poverty	28.7%
White	24.3%
Other	51.7%
Overall	34.7%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Stress

Overall, 39.8% of Elmhurst Memorial Hospital Service Area adults consider their typical day to be "not very stressful" (24.7%) or "not at all stressful" (15.1%).

- Another 45.4% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day
(EMH Service Area, 2015)
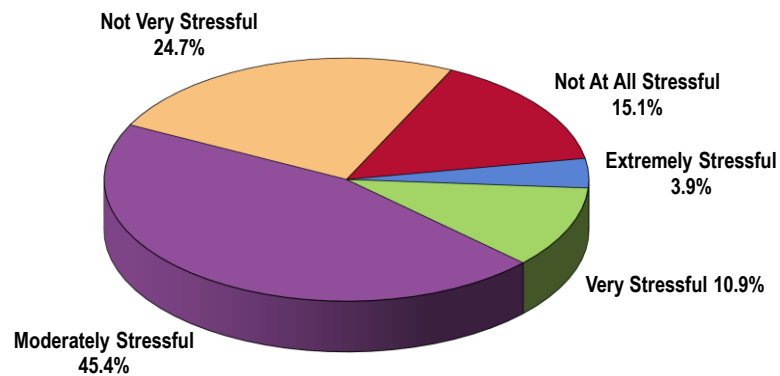
Not Very Stressful 24.7%
Not At All Stressful 15.1%
Extremely Stressful 3.9%
Very Stressful 10.9%
Moderately Stressful 45.4%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: ● Asked of all respondents.

In contrast, 14.8% of Elmhurst Memorial Hospital Service Area adults experience "very" or "extremely" stressful days on a regular basis.

- Statistically similar to the MCHC Region.
- Statistically similar to the national findings.
- TREND: Marks a significant increase over time.

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

EMH Service Area

EMH Service Area	MCHC Region	US
14.8%	11.8%	11.9%

2009	2012	2015
7.1%	12.7%	14.8%
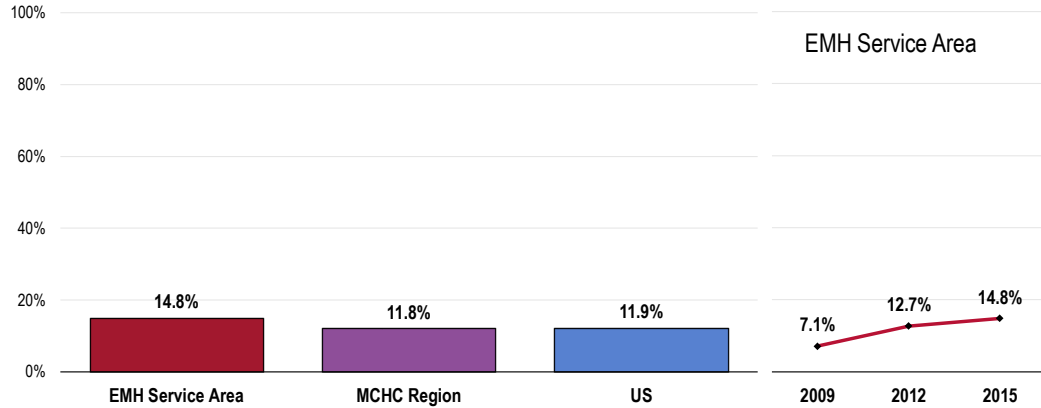
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 102]
　　　　 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Note that high stress levels are less prevalent among adults age 65 and older.

Perceive Most Days as "Extremely" or "Very" Stressful
(EMH Service Area, 2015)
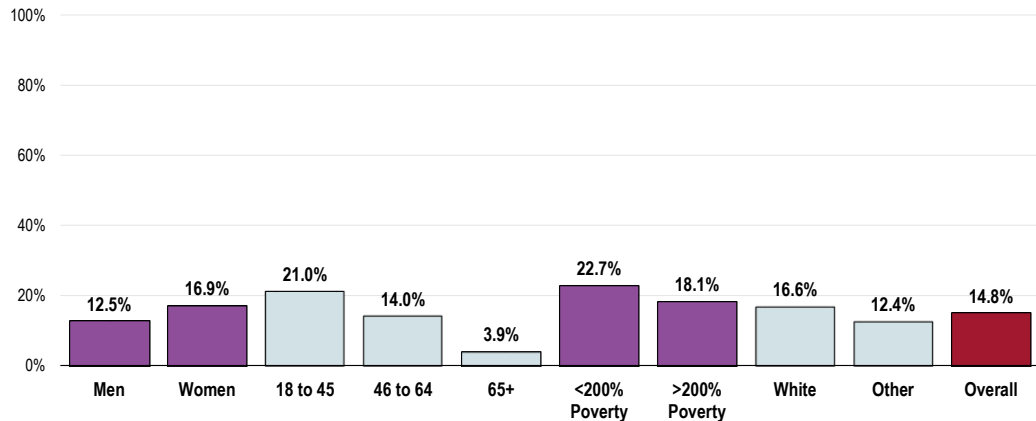
Men	Women	18 to 45	46 to 64	65+	<200% Poverty	>200% Poverty	White	Other	Overall
12.5%	16.9%	21.0%	14.0%	3.9%	22.7%	18.1%	16.6%	12.4%	14.8%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: ● Asked of all respondents.
　　　　 ● "White" race category reflects non-Hispanic White respondents.
　　　　 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Sleep

While 28.4% of survey respondents did not experience any days in the past month on which they did not get enough sleep, the majority (65.3%) reports experiencing 3 or more days in the past month on which they did not get enough rest or sleep.

Number of Days in the Past Month Without Enough Sleep
(EMH Service Area, 2015)

- Seven 3.7%
- Six 0.3%
- Five 11.7%
- Four 3.8%
- Three 8.3%
- Two 2.4%
- One 4.0%
- None 28.4%
- Eight/More 37.4%
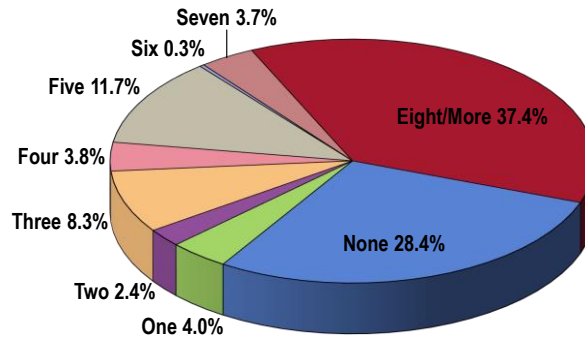
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
Notes: ● Asked of all respondents.

- The percentage of service area residents reporting 3 or more days without enough rest or sleep is similar to the MCHC Region.
- TREND: Statistically unchanged since 2012.

Had 3+ Days in the Past Month Without Enough Sleep
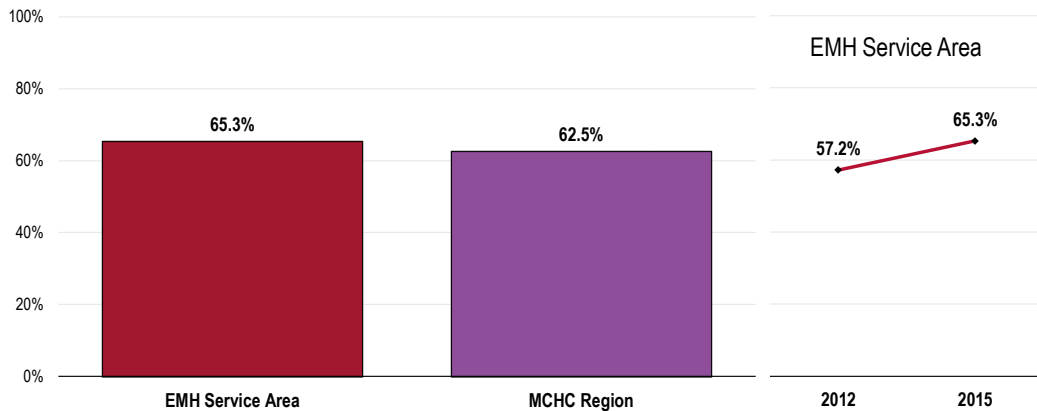
EMH Service Area

- EMH Service Area: 65.3%
- MCHC Region: 62.5%
- 2012: 57.2%
- 2015: 65.3%

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 179]
Notes: ● Asked of all respondents.

● Adults more likely to report 3+ days of poor sleep in the past month include adults age 18 to 45 (negative correlation with age) and White respondents.

Had 3+ Days in the Past Month Without Enough Sleep
(EMH Service Area, 2015)
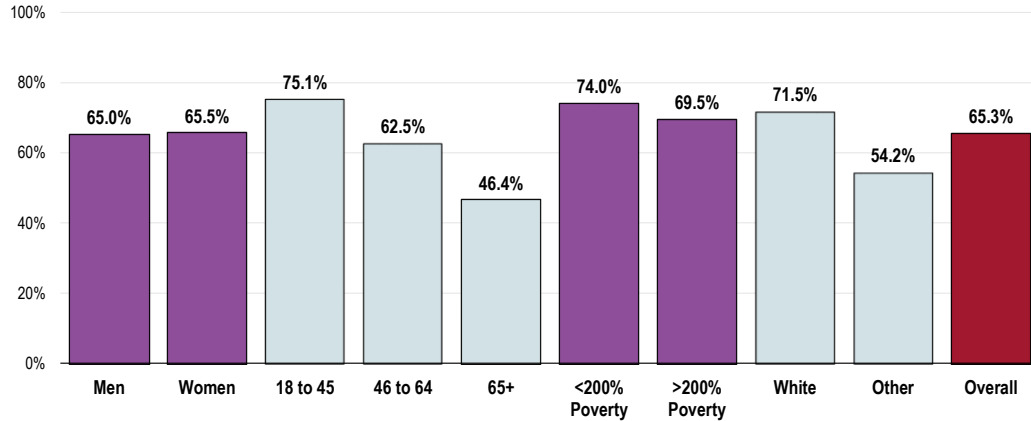
	Men	Women	18 to 45	46 to 64	65+	<200% Poverty	>200% Poverty	White	Other	Overall
	65.0%	65.5%	75.1%	62.5%	46.4%	74.0%	69.5%	71.5%	54.2%	65.3%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 179]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Suicide

Between 2011 and 2013, there was an annual average age-adjusted suicide rate of 8.8 deaths per 100,000 population in DuPage County.

● Less favorable than the MCHC Region.
● More favorable than the statewide rate.
● More favorable than the national rate.
● Satisfies the Healthy People 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower

	DuPage County	MCHC Region	IL	US
	8.8	8.1	9.7	12.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

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

- TREND: The area suicide rate has overall trended upward, echoing state and national trends.

Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower

	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	7.1	7.7	7.7	7.7	8.2	8.8	9.1	8.8
Illinois	8.2	8.4	8.6	9.0	9.1	9.1	9.4	9.7
US	11.0	11.1	11.3	11.6	11.8	12.1	12.3	12.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

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

Mental Health Treatment

Among adults with a diagnosed depressive disorder, 89.0% acknowledge that they have sought professional help for a mental or emotional problem.

"Diagnosed depressive disorder" includes respondents reporting a past diagnosis of a depressive disorder by a physician (such as depression, major depression, dysthymia, or minor depression).

- Statistically similar to the MCHC Region.
- More favorable than the national findings.

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem
(Among Adults With Diagnosed Depressive Disorder)

EMH Service Area	MCHC Region	US
89.0%	81.8%	76.6%
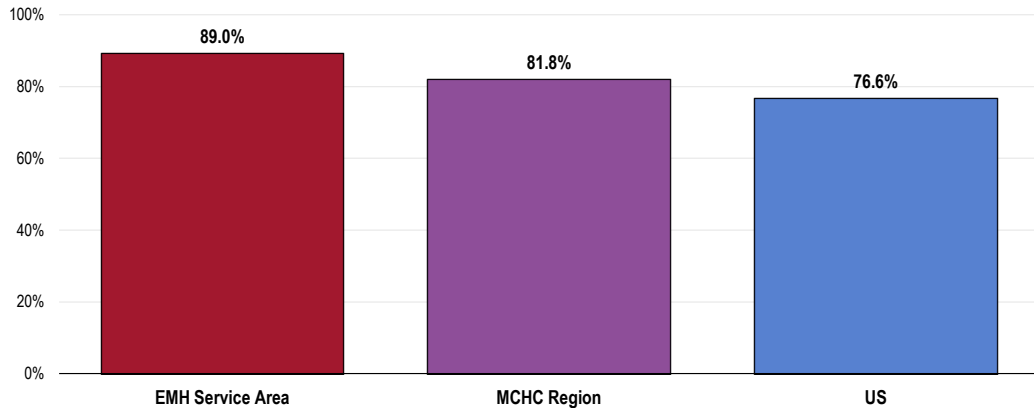
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).

Key Informant Input: Mental Health

Three in four key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health as a Problem in the Community
(Key Informants, 2015)
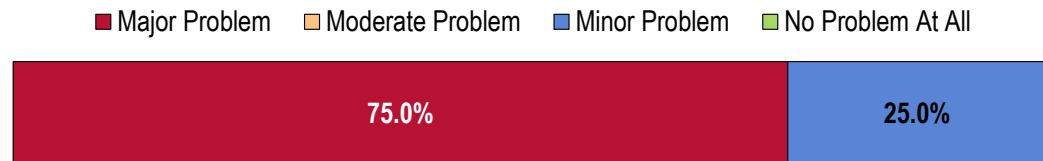
■ Major Problem ☐ Moderate Problem ■ Minor Problem ☐ No Problem At All

75.0%	25.0%

Sources:
- 2015 PRC Online Key Informant Survey.

CHALLENGES

Among those rating this issue as a "major problem," the following represent what key informants see as the main challenges for persons with mental illness:

Co-occurrences

> *Anxiety and related disorders, including substance abuse. Ours is a high-achieving, data-driven community demanding excellence of all. Adults set the tone. Most are well-educated striving for success in their careers. These parents also measure their own success by how their children perform. Students feel tremendous pressure to "exceed expectations" academically and athletically. Many adults have experienced the added stress of job loss since the economic crisis in 2008 and many have struggled with economic insecurity since. This has created stress and challenged coping skills. It has forced both parents to work to maintain prior standards of living. As costs outpace income, people worry tremendously about how to keep up and get ahead. Children feel all of this. Regardless of circumstances, they are also still expected to compete and perform, to display the right labels on their shoes, bags and phones. Denial and stigma are the biggest mental health challenges. – Community/Business Leader*

> *The biggest challenge is facing up to the issues in our lives that lead to such results as alcohol and drug abuse, domestic abuse and a whole raft of co-dependent behaviors. – Community/Business Leader*

Lack of Resources

> *Since the decommissioning of services and hospitals an increasing number of the mentally unwell are also the unhoused and unemployed. Few major providers exist for low income folks who have mental health challenges. Barriers exist for those of moderate and upper level income. Schools still cannot meet the need of students and local practitioners are not well versed at screening or referrals for support. – Social Service Representative*

> *People who are underinsured or uninsured have a very hard time accessing mental health treatment. – Social Service Representative*

Stigma

> *Understanding that it is a common need, dealing with the stigma. Being able to navigate the health care system and the health care financing systems to access the right care at the right time. Lack of medical provider capacity/comfort in dealing with some of the more routine/less acute mental health concerns in a primary care setting. – Public Health Expert*

Death, Disease & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for more than one-half of all deaths in DuPage County in 2013.

Leading Causes of Death
(DuPage County, 2013)
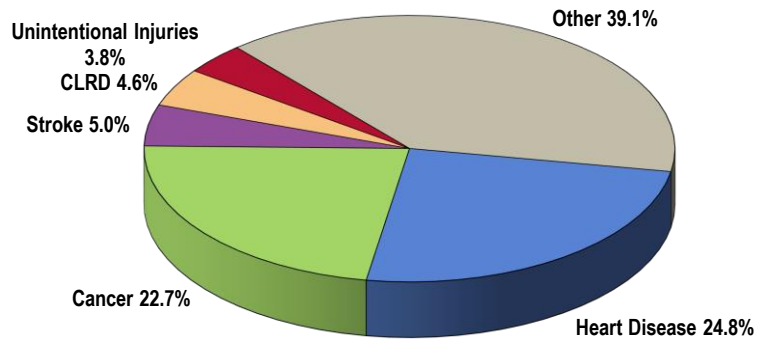
Other 39.1%
Unintentional Injuries 3.8%
CLRD 4.6%
Stroke 5.0%
Cancer 22.7%
Heart Disease 24.8%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

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

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

The following chart outlines 2011-2013 annual average age-adjusted death rates per 100,000 population for selected causes of death in DuPage County.

Note that the age-adjusted mortality rate in DuPage County for pneumonia/influenza is worse than the national rate.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, DuPage County satisfies all rates listed.

Age-Adjusted Death Rates for Selected Causes
(2011-2013 Deaths per 100,000 Population)

	DuPage County	MCHC Region	Illinois	US	HP2020
Diseases of the Heart	133.0	172.0	173.9	171.3	156.9*
Malignant Neoplasms (Cancers)	149.3	169.2	174.2	166.2	161.4
Cerebrovascular Disease (Stroke)	30.8	35.4	37.7	37.0	34.8
Chronic Lower Respiratory Disease (CLRD)	29.8	31.0	39.3	42.0	n/a
Unintentional Injuries	22.7	25.7	32.9	39.2	36.4
Diabetes Mellitus	11.3	19.3	19.4	21.3	20.5*
Pneumonia/Influenza	16.4	16.6	16.8	15.3	n/a
Alzheimer's Disease	19.9	16.4	20.0	24.0	n/a
Kidney Diseases	13.0	16.2	17.1	13.2	n/a
Drug-Induced	10.5	11.1	12.1	14.1	11.3
Firearm-Related	3.8	9.6	8.8	10.4	9.3
Homicide/Legal Intervention	1.8	8.6	6.3	5.3	5.5
Cirrhosis/Liver Disease	6.1	8.3	8.5	9.9	8.2
Intentional Self-Harm (Suicide)	8.8	8.1	9.7	12.5	10.2
Motor Vehicle Deaths	4.0	5.4	7.9	10.7	12.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

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

Cardiovascular Disease

About Heart Disease & Stroke

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

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

Between 2011 and 2013 there was an annual average age-adjusted heart disease mortality rate of 133.0 deaths per 100,000 population in DuPage County.

- Better than the regional rate.
- Better than the statewide rate.
- Better than the national rate.
- Satisfies the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).

Heart Disease: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 or Lower (Adjusted)

Bar chart data:
- DuPage County: 133.0
- MCHC Region: 172.0
- IL: 173.9
- US: 171.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

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

- By race, the heart disease mortality rate is notably higher among Non-Hispanic Whites (and especially high among Non-Hispanic Blacks) when compared with Hispanics and Non-Hispanic Asians.

Heart Disease: Age-Adjusted Mortality by Race
(DuPage County; 2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 or Lower (Adjusted)

Bar chart data:
- Non-Hispanic White: 137.8
- Non-Hispanic Black: 166.3
- Hispanic: 90.5
- Non-Hispanic Asian: 87.1
- All Races/Ethnicities: 133.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

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

● TREND: The heart disease mortality rate has <u>decreased</u> in DuPage County, echoing the decreasing trends across Illinois and the US overall.

Heart Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 or Lower (Adjusted)

	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	167.7	166.1	160.0	151.1	143.7	137.5	133.3	133.0
Illinois	217.8	208.4	199.9	191.7	186.9	181.3	177.5	173.9
US	214.6	206.1	197.9	190.3	184.7	178.5	174.4	171.3

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

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

Stroke Deaths

Between 2011 and 2013, there was an annual average age-adjusted stroke mortality rate of 30.8 deaths per 100,000 population in DuPage County.

● More favorable than the MCHC Region.
● More favorable than the Illinois rate.
● More favorable than the national rate.
● Similar to the Healthy People 2020 target of 34.8 or lower.

Stroke: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 34.8 or Lower

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

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

● Stroke mortality in DuPage County is highest in the Non-Hispanic Asian population, lowest among Hispanics.

Stroke: Age-Adjusted Mortality by Race

(DuPage County; 2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 34.8 or Lower

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

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

- TREND: The stroke rate has <u>declined</u> in recent years, echoing the trends reported across Illinois and the US overall.

Stroke: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 34.8 or Lower

	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	45.1	41.5	39.1	36.6	35.7	33.4	32.3	30.8
Illinois	48.9	46.7	44.8	42.4	40.5	38.9	38.5	37.7
US	48.0	45.4	43.5	41.7	40.3	38.9	38.0	37.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

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

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 6.6% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the MCHC Region.
- Similar to the national prevalence.
- TREND: Statistically unchanged since 2009.

Prevalence of Heart Disease

EMH Service Area

	EMH Service Area	MCHC Region	US	2009	2012	2015
	6.6%	5.4%	6.1%	5.9%	5.9%	6.6%
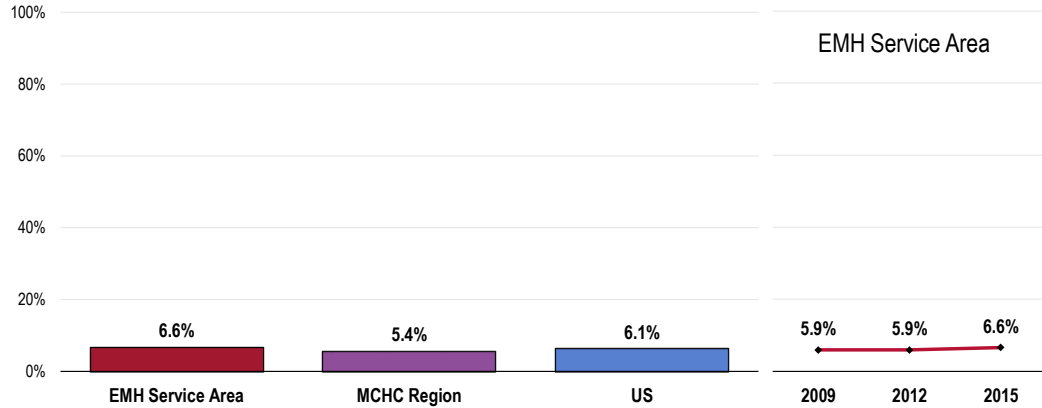
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 124]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Includes diagnoses of heart attack, angina or coronary heart disease.

Adults more likely to have been diagnosed with chronic heart disease include:

- Seniors.
- Whites.

Prevalence of Heart Disease
(EMH Service Area, 2015)

Men	Women	18 to 45	46 to 64	65+	<200% Poverty	>200% Poverty	White	Other	Overall
8.4%	4.9%	1.5%	5.8%	21.4%	5.1%	10.0%	9.0%	2.8%	6.6%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes: ● Asked of all respondents.
● Includes diagnoses of heart attack, angina or coronary heart disease.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 2.5% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to the MCHC Region.
- Similar to statewide findings.
- Similar to national findings.
- TREND: Statistically unchanged since 2009.

Prevalence of Stroke

EMH Service Area	MCHC Region	IL	US	2009	2012	2015
2.5%	3.0%	2.8%	3.9%	5.7%	3.3%	2.5%

EMH Service Area

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.

Notes:
- Asked of all respondents.

- None of the differences among demographic groups was found to be statistically significant.

Prevalence of Stroke
(EMH Service Area, 2015)

	Men	Women	18 to 45	46 to 64	65+	<200% Poverty	>200% Poverty	White	Other	Overall
	3.1%	1.9%	0.8%	3.0%	6.1%	3.9%	2.3%	3.0%	1.9%	2.5%
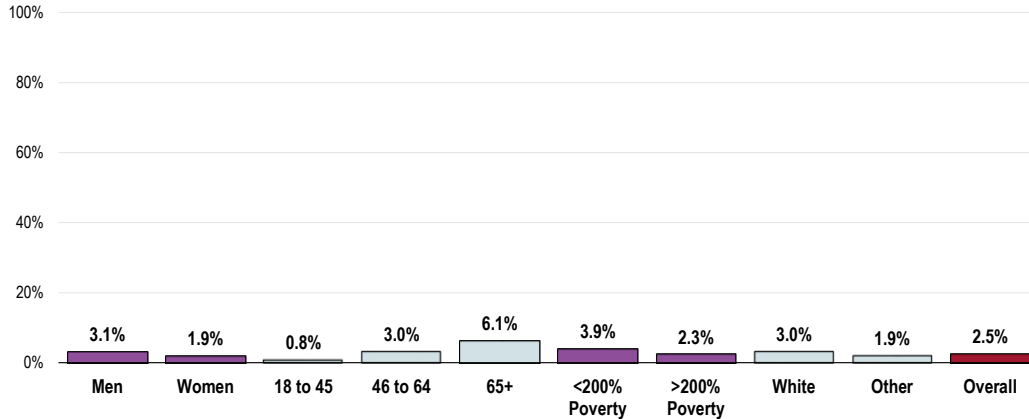
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

About Cardiovascular Risk

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

- Healthy People 2020 (www.healthypeople.gov)

Hypertension (High Blood Pressure)

High Blood Pressure Testing

A total of 93.7% of Elmhurst Memorial Hospital Service Area adults have had their blood pressure tested within the past two years.

- Similar to the MCHC Region.
- Similar to the national findings.
- Similar to the Healthy People 2020 target (92.6% or higher).
- TREND: Marks a significant <u>decrease</u> since 2012.

Have Had Blood Pressure Checked in the Past Two Years
Healthy People 2020 Target = 92.6% or Higher
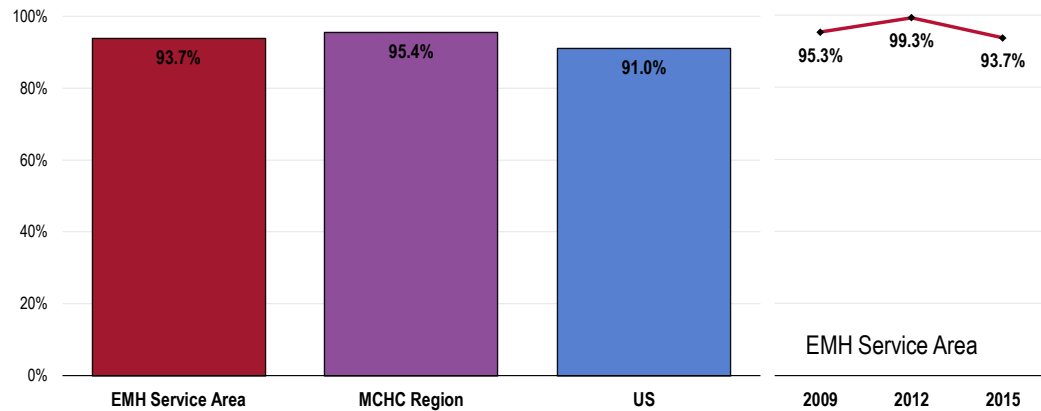
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
　　　　● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
　　　　● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]
Notes: ● Asked of all respondents.

Prevalence of Hypertension

A total of 35.2% of adults have been told at some point that their blood pressure was high.

- Similar to the MCHC Region.
- Statistically similar to the Illinois prevalence.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- TREND: Marks a significant increase since 2012.
- Among hypertensive adults, 79.1% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower

EMH Service Area

79.1% of these respondents have been told more than once that their blood pressure was high

EMH Service Area: 35.2%
MCHC Region: 34.6%
IL: 30.1%
US: 34.1%

2009: 37.5%
2012: 28.6%
2015: 35.2%
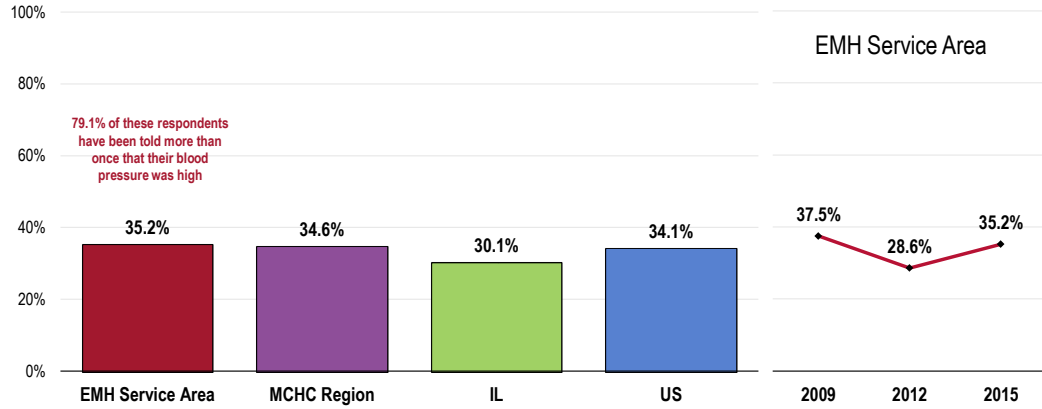
Sources:
● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 125]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
● Asked of all respondents.

Hypertension diagnoses are higher among:

● Adults age 46 and older, and especially those age 65+ (positive correlation with age).

Prevalence of High Blood Pressure

(EMH Service Area, 2015)

Healthy People 2020 Target = 26.9% or Lower

Men: 33.5%
Women: 36.9%
18 to 45: 17.2%
46 to 64: 41.7%
65+: 59.0%
<200% Poverty: 38.9%
>200% Poverty: 34.9%
White: 37.7%
Other: 30.7%
Overall: 35.2%
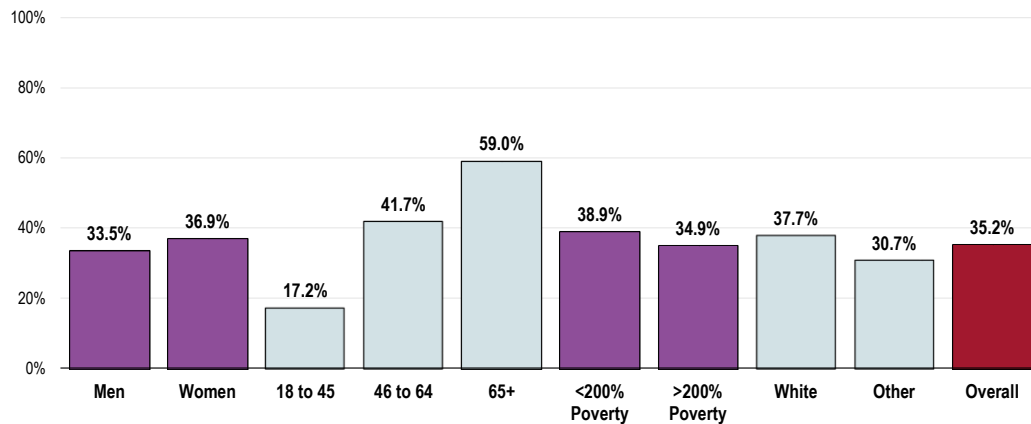
Sources:
● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Hypertension Management

Among respondents who have been told that their blood pressure was high, 92.2% report that they are currently taking actions to control their condition.

Respondents reporting high blood pressure were further asked:

"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"

- Similar to the MCHC Region.
- Similar to the national findings.
- TREND: Statistically unchanged since 2012.

Taking Action to Control Hypertension
(Among Adults With High Blood Pressure)
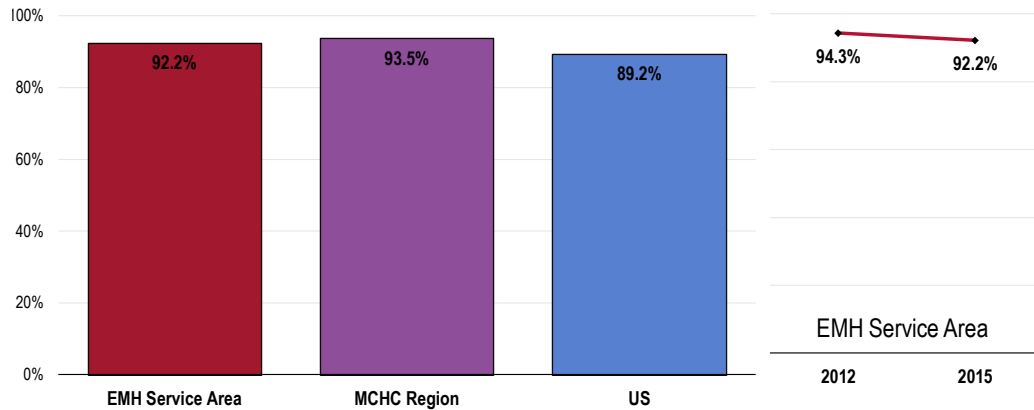
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents who have been diagnosed with high blood pressure.
● In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

Blood Cholesterol Testing

A total of 93.5% of Elmhurst Memorial Hospital Service Area adults have had their blood cholesterol checked within the past five years.

- Similar to the MCHC Region.
- More favorable than Illinois findings.
- More favorable than the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- TREND: Shows a significant increase since 2009.

Have Had Blood
Cholesterol Levels Checked in the Past Five Years
Healthy People 2020 Target = 82.1% or Higher

Bar chart values:
- EMH Service Area: 93.5%
- MCHC Region: 92.4%
- IL: 74.0%
- US: 86.6%

Trend line (EMH Service Area):
- 2009: 86.9%
- 2012: 94.3%
- 2015: 93.5%
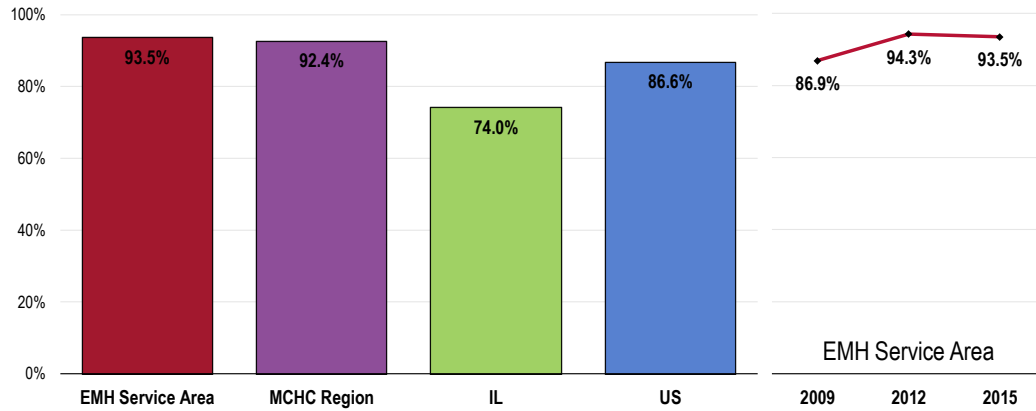
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]
Notes: ● Asked of all respondents.

The following demographic segments report <u>lower</u> screening levels:

- Men.

- Adults under age 65, and especially those under 46.

Have Had Blood
Cholesterol Levels Checked in the Past Five Years
(EMH Service Area, 2015)
Healthy People 2020 Target = 82.1% or Higher

Bar chart values:
- Men: 89.1%
- Women: 97.8%
- 18 to 45: 90.1%
- 46 to 64: 93.9%
- 65+: 99.0%
- <200% Poverty: 88.2%
- >200% Poverty: 93.0%
- White: 92.6%
- Other: 94.8%
- Overall: 93.5%
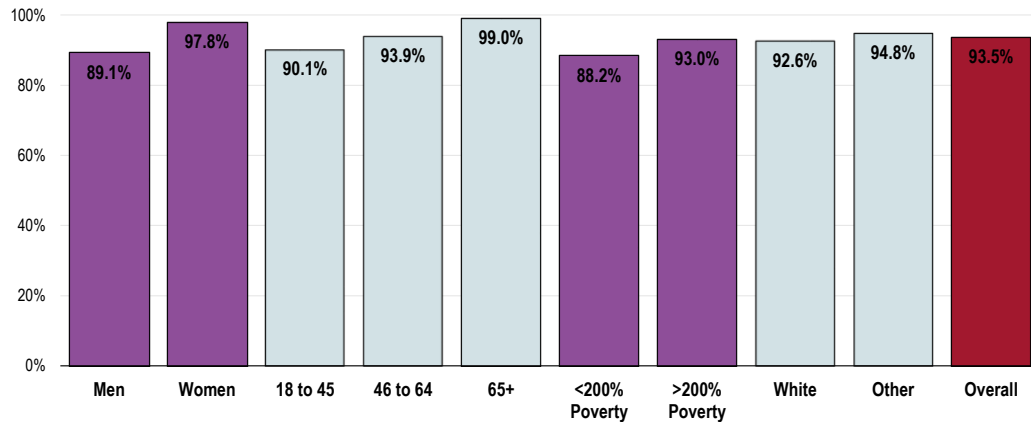
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported High Blood Cholesterol

A total of 39.8% of adults have been told by a health professional that their cholesterol level was high.

- Less favorable than the MCHC Region.
- Similar to the Illinois findings.
- Less favorable than the national prevalence.
- Almost three times the Healthy People 2020 target (13.5% or lower).
- TREND: Marks a significant <u>increase</u> since 2012.

Prevalence of High Blood Cholesterol
Healthy People 2020 Target = 13.5% or Lower

EMH Service Area

	EMH Service Area	MCHC Region	IL	US	2009	2012	2015
	39.8%	31.2%	36.6%	29.9%	37.1%	27.3%	39.8%
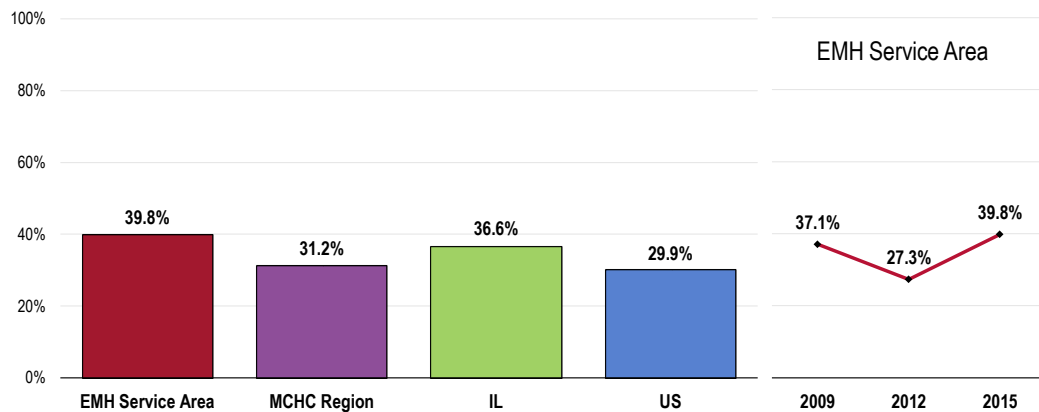
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- *The Illinois data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

Note that 12.5% of EMH Service Area adults report not having high blood cholesterol, <u>but</u>: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

Further note the following:

- High blood cholesterol is more prevalent in adults age 46 and older.
- There is a higher prevalence among higher-income adults.
- Whites report a higher prevalence than Other races.
- Keep in mind that "unknowns" are relatively high in men, young adults, and lower-income residents.

Prevalence of High Blood Cholesterol
(EMH Service Area, 2015)
Healthy People 2020 Target = 13.5% or Lower
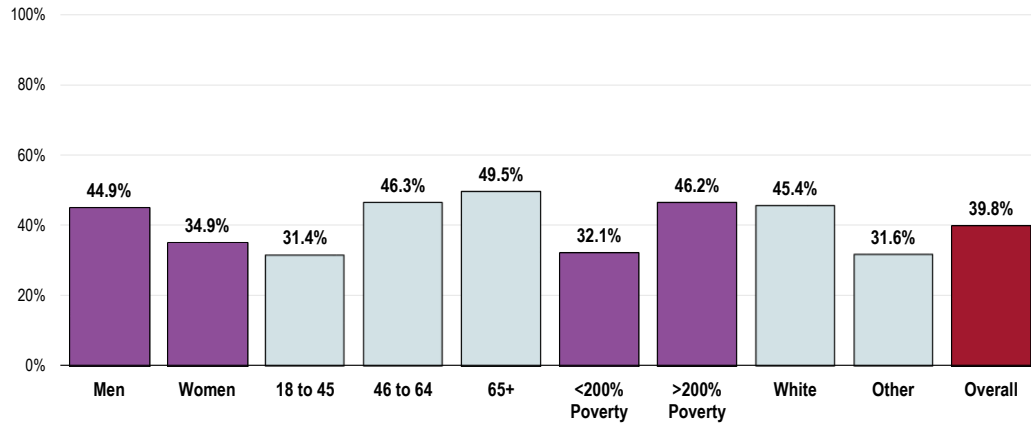
Bar chart showing prevalence percentages:
- Men: 44.9%
- Women: 34.9%
- 18 to 45: 31.4%
- 46 to 64: 46.3%
- 65+: 49.5%
- <200% Poverty: 32.1%
- >200% Poverty: 46.2%
- White: 45.4%
- Other: 31.6%
- Overall: 39.8%

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- "White" race category reflects non-Hispanic White respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

Respondents reporting high cholesterol were further asked:

"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 88.0% report that they are currently taking actions to control their cholesterol levels.

- Similar to the MCHC Region.
- Statistically similar to the national findings.
- TREND: Statistically unchanged since 2009.

Taking Action to Control High Blood Cholesterol Levels
(Among Adults With High Cholesterol)

Bar chart:
- EMH Service Area: 88.0%
- MCHC Region: 89.7%
- US: 81.4%

Trend line (EMH Service Area):
- 2009: 82.8%
- 2012: 91.1%
- 2015: 88.0%
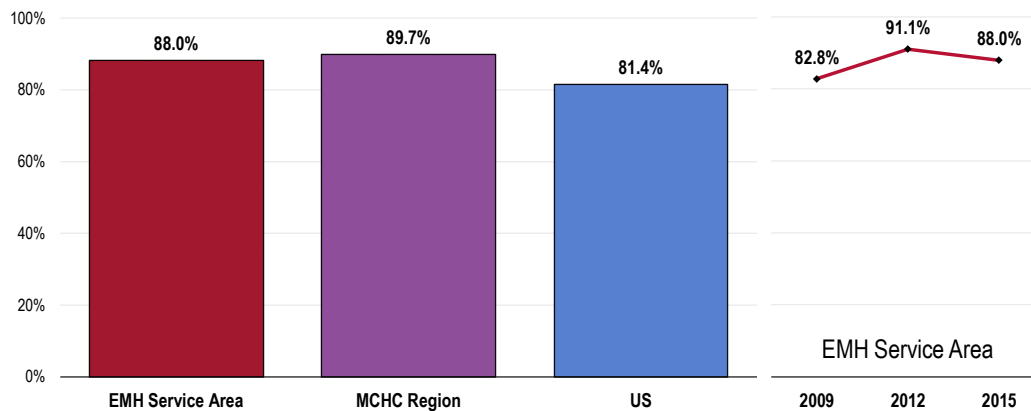
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood cholesterol levels.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

About Cardiovascular Risk

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

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

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

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

Total Cardiovascular Risk

A total of 87.3% of Elmhurst Memorial Hospital Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

RELATED ISSUE: See also Nutrition & Overweight, Physical Activity & Fitness and Tobacco Use in the Modifiable Health Risk section of this report.

- Worse than the MCHC Region.
- Worse than national findings.
- TREND: Marks a significant increase since 2012.

Present One or More Cardiovascular Risks or Behaviors
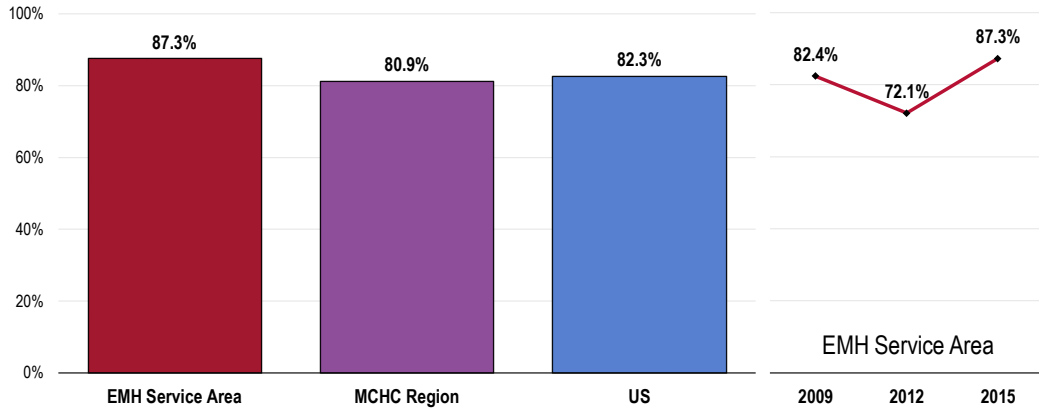
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
   ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
   ● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

● Adults age 46 and older.

● White respondents.

Present One or More Cardiovascular Risks or Behaviors
(EMH Service Area, 2015)
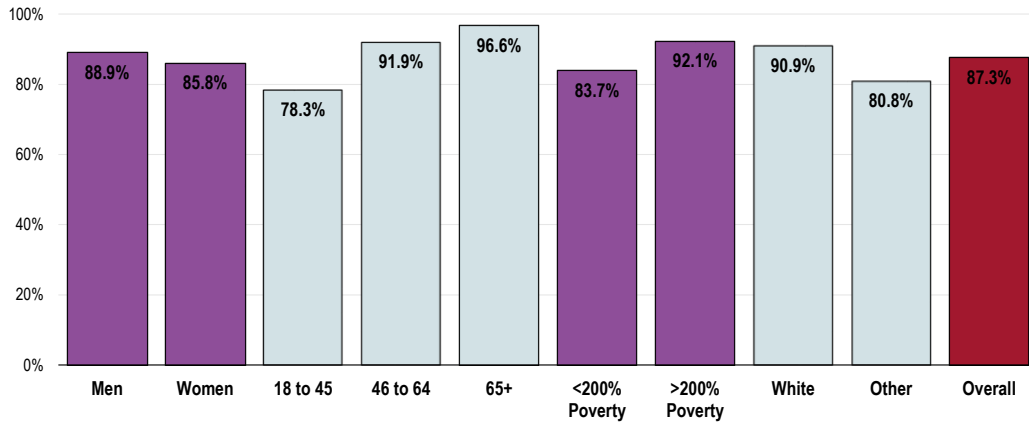
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: ● Asked of all respondents.
   ● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
   ● "White" race category reflects non-Hispanic White respondents.
   ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

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

Perceptions of Heart Disease and Stroke
as a Problem in the Community
(Key Informants, 2015)
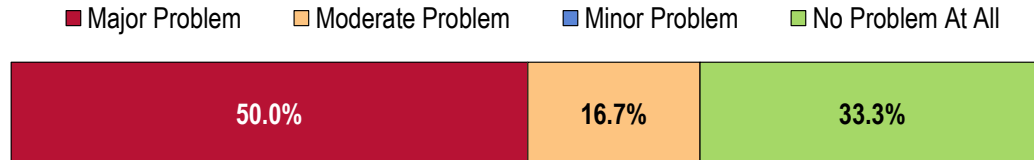
■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

50.0%	16.7%	33.3%

Sources: ●   2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Increasing Prevalence

> *Growing rates of disease prevalence, as well as continued concerns regarding risk behaviors contributing to disease development (except for smoking) in population. – Public Health Expert*
>
> *High incidence. – Social Service Representative*
>
> *We've reached a point demographically where the baby boomers are creating the largest senior population in US history. The elderly population will more than double by the year 2050, with most of that growth occurring between 2010 and 2030. It only stands to reason that health problems, such as heart disease and stroke, will increase. – Community/Business Leader*

Cancer

About Cancer

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2011 and 2013, there was an annual average age-adjusted cancer mortality rate of 149.3 deaths per 100,000 population in DuPage County.

- Lower than the MCHC Region.
- Lower than the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target of 161.4 or lower.

Cancer: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 or Lower

Bar chart showing Cancer: Age-Adjusted Mortality:
- DuPage County: 149.3
- MCHC Region: 169.2
- IL: 174.2
- US: 166.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

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

- The cancer mortality rate in DuPage County is notably higher among Non-Hispanic Blacks and Whites.

Cancer: Age-Adjusted Mortality by Race
(DuPage County; 2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 or Lower

Bar chart showing Cancer: Age-Adjusted Mortality by Race:
- Non-Hispanic White: 156.6
- Non-Hispanic Black: 200.1
- Non-Hispanic Asian: 92.0
- Hispanic: 109.7
- All Races/Ethnicities: 149.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

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

● TREND: Cancer mortality has <u>decreased</u> over the past decade in DuPage County; the same trend is apparent both statewide and nationwide.

Cancer: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 or Lower

	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	170.3	166.7	164.4	163.7	161.1	157.4	151.2	149.3
Illinois	191.9	189.1	186.8	184.4	181.8	178.4	176.4	174.2
US	184.6	182.1	179.2	176.4	174.2	171.8	169.4	166.2

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

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

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

As can be seen in the following chart (referencing 2011-2013 annual average age-adjusted death rates):

● The DuPage County death rates for **lung cancer, prostate cancer, and colorectal cancer** are <u>better than</u> the state and national rates.
● The DuPage County **female breast cancer** death rate is similar to the statewide rate but <u>worse than</u> the national rate.

While the DuPage County death rates for lung cancer, prostate cancer, and colorectal cancer detailed below satisfy the related Healthy People 2020 targets, the female breast cancer death rate fails to satisfy its target.

Age-Adjusted Cancer Death Rates by Site
(2011-2013 Annual Average Deaths per 100,000 Population)

	DuPage County	MCHC Region	IL	US	HP2020
Lung Cancer	36.5	42.3	47.5	44.7	45.5
Female Breast Cancer	22.9	23.7	22.8	21.3	20.7
Prostate Cancer	17.7	21.9	20.5	19.8	21.8
Colorectal Cancer	12.5	15.8	15.9	14.9	14.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

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

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

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

Between 2007 and 2011, DuPage County had an annual average age-adjusted incidence rate of <u>prostate cancer</u> of 148.0 cases per 100,000 population.

- Better than the regional incidence rate.
- Similar to the statewide rate.
- Similar to the national rate.

There was an annual average age-adjusted incidence rate of 140.6 <u>female breast cancer</u> cases per 100,000 in the DuPage County.

- Worse than the regional incidence rate.
- Worse than the statewide rate.
- Worse than the national rate.

There was an annual average age-adjusted incidence rate of 60.6 <u>lung cancer</u> cases per 100,000 in the DuPage County.

- Better than the regional incidence rate.
- Better than the statewide rate.
- Better than the national rate.

There was an annual average age-adjusted incidence rate of <u>colorectal cancer</u> of 41.0 cases per 100,000 in the DuPage County.

- Better than the regional incidence rate.
- Better than the statewide rate.
- Better than the national rate.

There was an annual average age-adjusted incidence rate of <u>cervical cancer</u> of 5.7 cases per 100,000 in the DuPage County.

- Better than the regional incidence rate.
- Better than the statewide rate.
- Better than the national rate.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2007-2011)

Sources:
- State Cancer Profiles: 2007-11.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

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

- By available race data, Non-Hispanic Blacks experience notably higher prostate and colon/rectal cancer incidence than Non-Hispanic Whites in DuPage County.
- In contrast, the female breast cancer and lung cancer incidence rates are higher among Whites in DuPage County when compared with Blacks.

Cancer Incidence Rates by Site and Race/Ethnicity
(Annual Average Age-Adjusted Incidence per 100,000 Population, DuPage County 2007-2011)
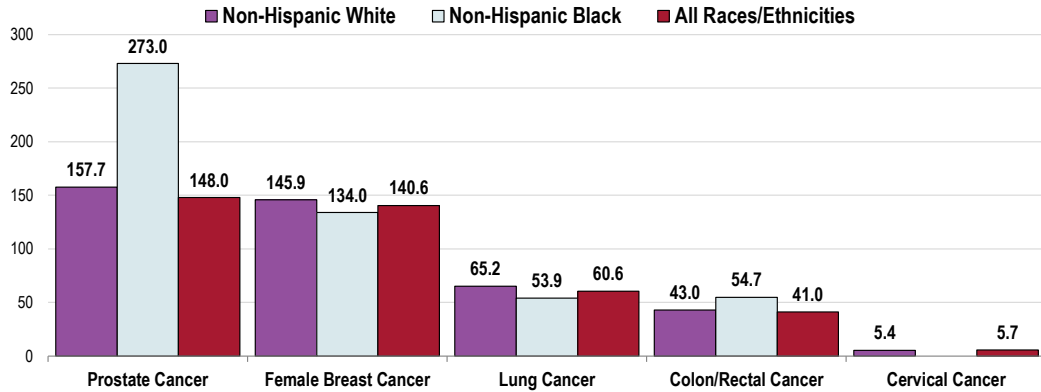
■ Non-Hispanic White □ Non-Hispanic Black ■ All Races/Ethnicities

Site	Non-Hispanic White	Non-Hispanic Black	All Races/Ethnicities
Prostate Cancer	157.7	273.0	148.0
Female Breast Cancer	145.9	134.0	140.6
Lung Cancer	65.2	53.9	60.6
Colon/Rectal Cancer	43.0	54.7	41.0
Cervical Cancer	5.4		5.7

Sources:
● State Cancer Profiles: 2007-11.
● Retrieved August 2015 from Community Commons at http://www.chna.org.

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

Prevalence of Cancer

Skin Cancer

A total of 3.5% of surveyed Elmhurst Memorial Hospital Service Area adults report having been diagnosed with skin cancer.

- Similar to the MCHC Region.
- Similar to the statewide prevalence.
- Better than the national average.
- TREND: Skin cancer prevalence has remained statistically unchanged over time.

Prevalence of Skin Cancer

EMH Service Area

EMH Service Area	MCHC Region	IL	US	2009	2012	2015
3.5%	3.6%	4.6%	6.7%	1.4%	5.0%	3.5%
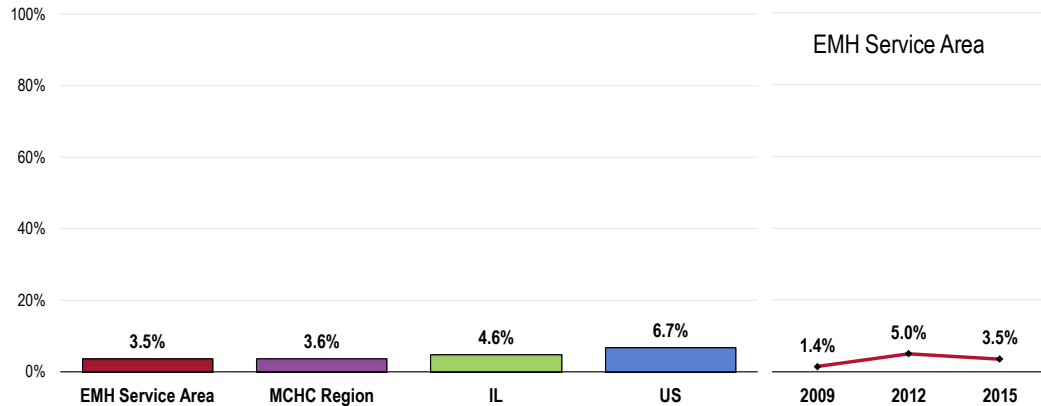
Sources:
● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
● Asked of all respondents.

Other Cancer

A total of 5.1% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the MCHC Region.
- Similar to the statewide rate.
- Similar to the national prevalence.
- TREND: The prevalence of cancer has remained unchanged over time.

Prevalence of Cancer (Other Than Skin Cancer)

EMH Service Area

EMH Service Area	MCHC Region	IL	US	2009	2012	2015
5.1%	5.2%	6.3%	6.1%	6.0%	8.1%	5.1%

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
　　　　　● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
　　　　　● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Cancer Risk

About Cancer Risk

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

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

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

Cancer Screenings

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

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

Prostate Cancer Screenings

About Screening for Prostate Cancer

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.

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

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

PSA Testing and/or Digital Rectal Examination

Among men age 50 and older, more than one-half (56.3%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

Note: Since 2008 changes in clinical recommendations against routine PSA testing, most communities are seeing prevalence decline.

- Less favorable than the MCHC Region.
- Less favorable than the national findings.
- TREND: Denotes a statistically significant <u>decrease</u> over time.

Have Had a Prostate Screening in the Past Two Years
(Among Men 50+)

EMH Service Area: 56.3%
MCHC Region: 69.2%
US: 75.0%

EMH Service Area
2009: 68.8%
2012: 81.4%
2015: 56.3%
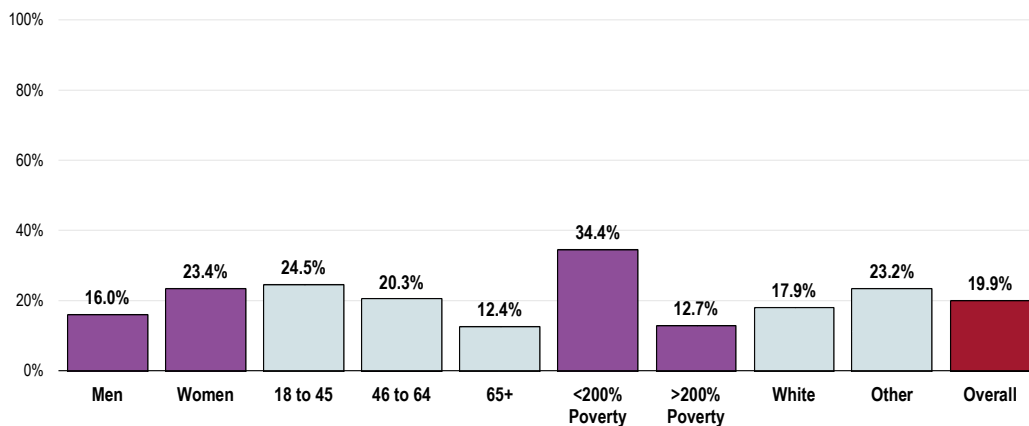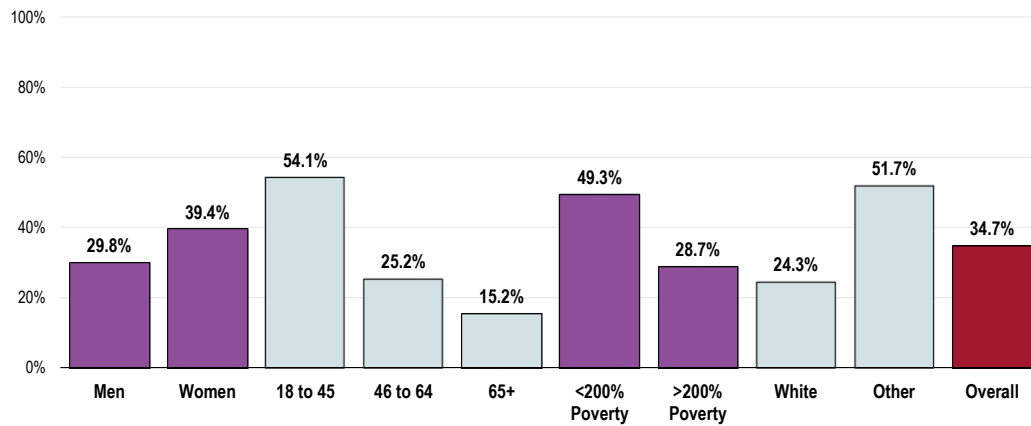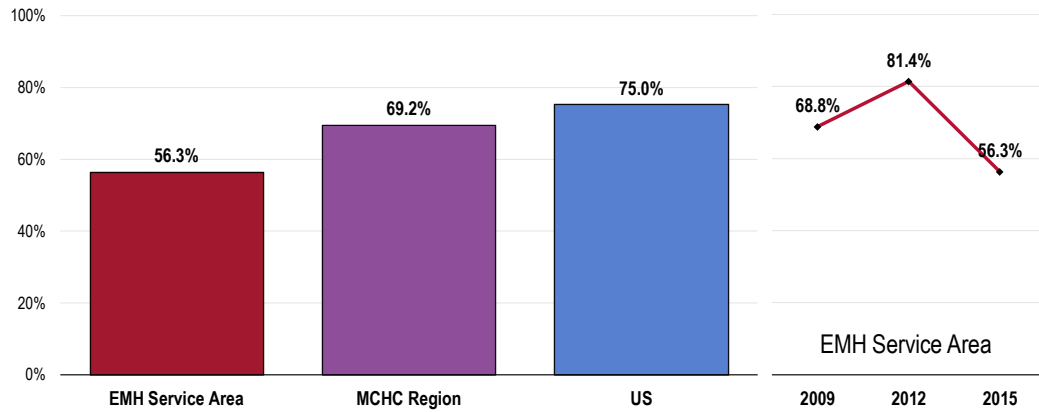
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 178]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects male respondents 50+.

Female Breast Cancer Screening

About Screening for Breast Cancer

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

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

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

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

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

Mammography

Among women age 50-74, 86.3% have had a mammogram within the past two years.

- Better than the MCHC Region.
- Better than statewide findings (which represent all women 50+).
- Similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Among women 40+, 81.8% have had a mammogram in the past two years.
- TREND: Statistically unchanged since 2012.

Have Had a Mammogram in the Past Two Years
(Among Women Age 50-74)
Healthy People 2020 Target = 81.1% or Higher
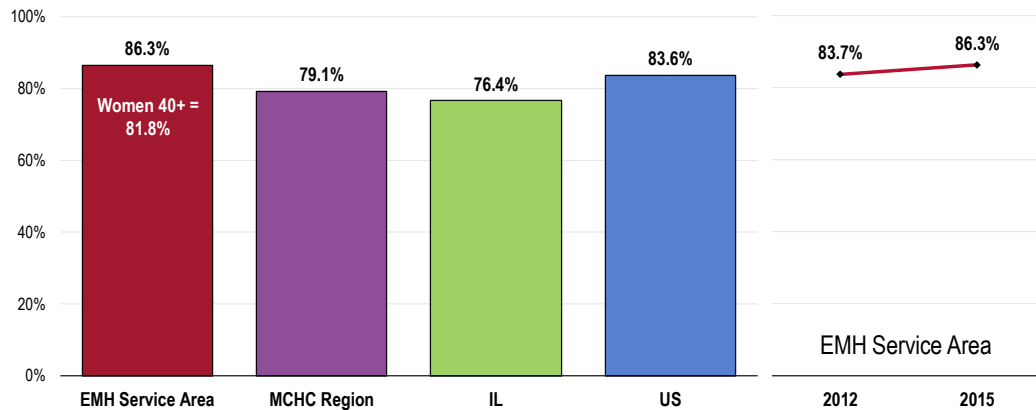
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-129]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Illinois data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]
Notes: ● Reflects female respondents 50-74.
● *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

About Screening for Cervical Cancer

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

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

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

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

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

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

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

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

Pap Smear Testing

Among women age 21 to 65, 87.5% have had a Pap smear within the past three years.

- Similar to the MCHC Region.
- Higher than the Illinois findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- TREND: Statistically unchanged since 2009.

Have Had a Pap Smear in the Past Three Years
(Among Women Age 21-65)
Healthy People 2020 Target = 93.0% or Higher
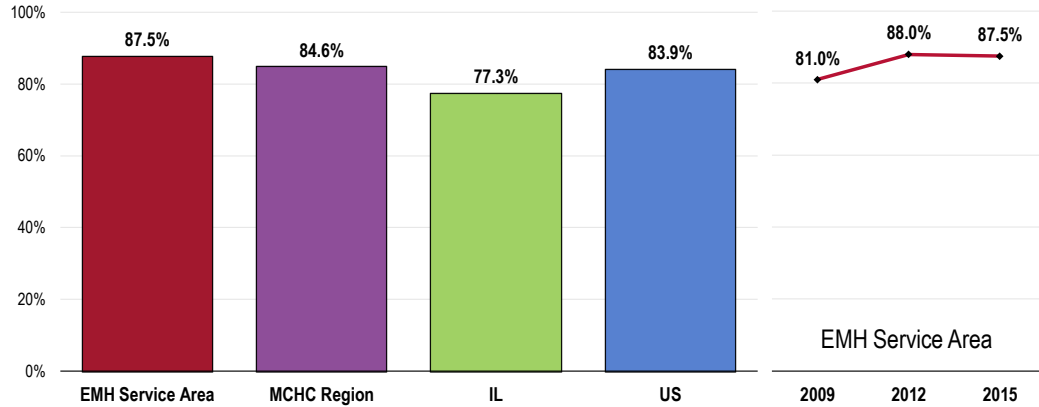
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Illinois data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]
Notes: ● Reflects female respondents age 21 to 65.
● *Note that the Illinois percentage represents all women age 18 and older.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

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

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

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

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

Colorectal Cancer Screening

Among adults age 50–75, 63.2% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Less favorable than the MCHC Region.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (70.5% or higher).
- TREND: Statistically unchanged since 2012.

Have Had a Colorectal Cancer Screening
(Among Adults Age 50-75)
### Healthy People 2020 Target = 70.5% or Higher
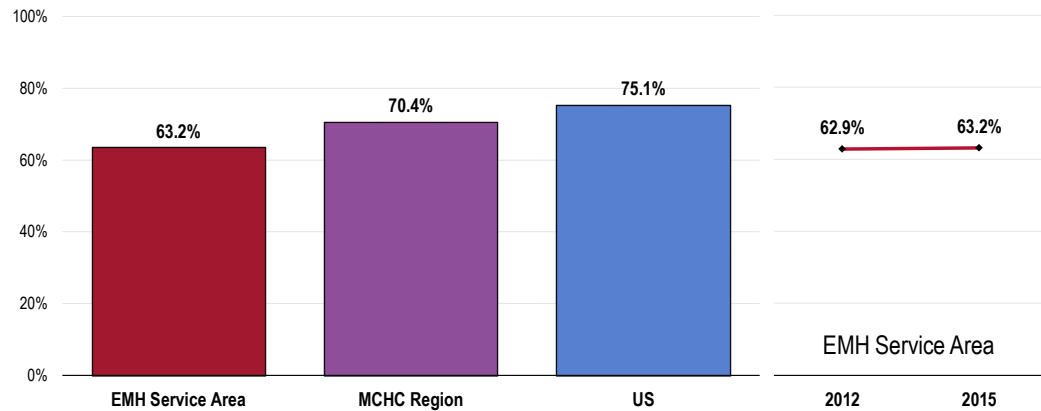
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]
Notes: ● Asked of all respondents age 50 through 75.
● In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Lower Endoscopy

Among adults age 50 and older, 65.5% have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- Similar to Illinois findings.
- Worse than national findings.

Blood Stool Testing

Among adults age 50 and older, 21.7% have had a blood stool test (aka "fecal occult blood test") within the past two years.

- Much higher than Illinois findings.
- Lower than national findings.

Colorectal Cancer Screenings
(Among EMH Service Area Adults Age 50 and Older, 2015)

No 34.5%

IL = 64.3%
US = 75.2%

Yes 65.5%

Yes 21.7%

IL = 11.2%
US = 36.9%

No 78.3%

Ever Had Lower Endoscopy   **Blood Stool Test in Past 2 Years**
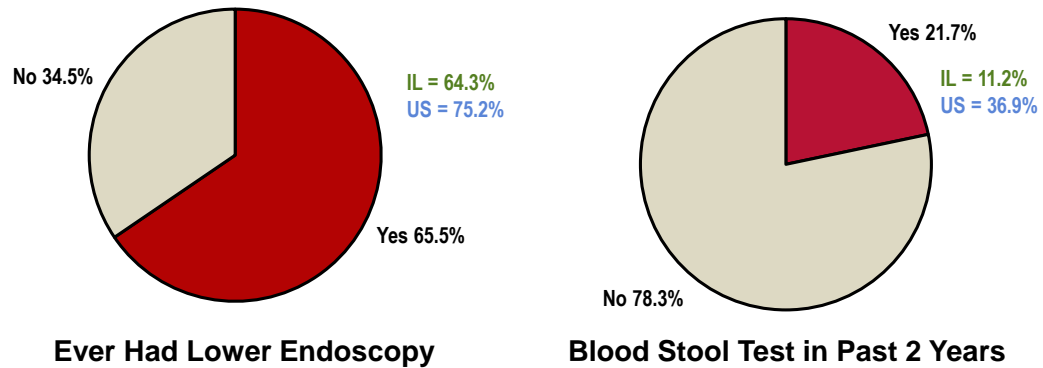
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 131-132]
　　　　　● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Illinois data.
Notes:　● Asked of respondents age 50 and older.
　　　　　● Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Key Informant Input: Cancer

Most key informants taking part in an online survey were divided between characterizing *Cancer* as a "major" or a "moderate" problem in the community.

Perceptions of Cancer
as a Problem in the Community
(Key Informants, 2015)
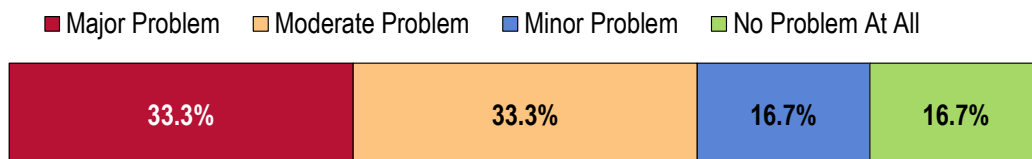
■ Major Problem　□ Moderate Problem　■ Minor Problem　■ No Problem At All

33.3%	33.3%	16.7%	16.7%

Sources:　● 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Contributing Factors

I'm not saying we don't have the resources to treat people with cancer, thankfully we do, but I do feel that the number of cases is on the rise, due to numerous environmental and personal health issues. – Community/Business Leader

We are a breast cancer hot spot and have high incidence of several other cancers. – Social Service Representative

Respiratory Disease

About Asthma & COPD

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

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

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

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

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

Risk factors for asthma currently being investigated include:

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

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

Between 2011 and 2013, there was an annual average age-adjusted CLRD mortality rate of 29.8 deaths per 100,000 population in DuPage County.

- Similar to the MCHC Region.
- Better than found statewide.
- Better than the national rate.

CLRD: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)

	Value
DuPage County	29.8
MCHC Region	31.0
IL	39.3
US	42.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

- TREND: CLRD mortality in DuPage County has trended underward over the past decade.

CLRD: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
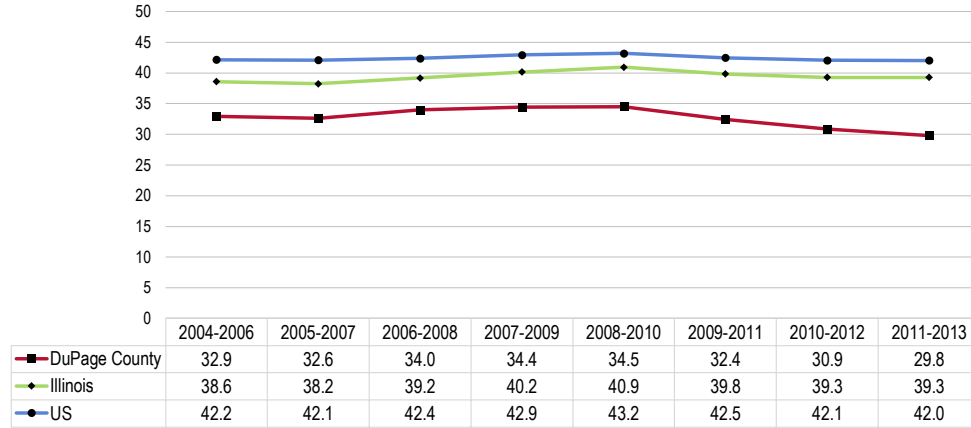
	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	32.9	32.6	34.0	34.4	34.5	32.4	30.9	29.8
Illinois	38.6	38.2	39.2	40.2	40.9	39.8	39.3	39.3
US	42.2	42.1	42.4	42.9	43.2	42.5	42.1	42.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
● CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

Between 2011 and 2013, there was an annual average age-adjusted pneumonia influenza mortality rate of 16.4 deaths per 100,000 population in DuPage County.

- Similar to the regional rate.
- Similar to the statewide rate.
- Less favorable than the national rate.

For prevalence of vaccinations for pneumonia and influenza, see also Immunization & Infectious Disease.

Pneumonia/Influenza: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)

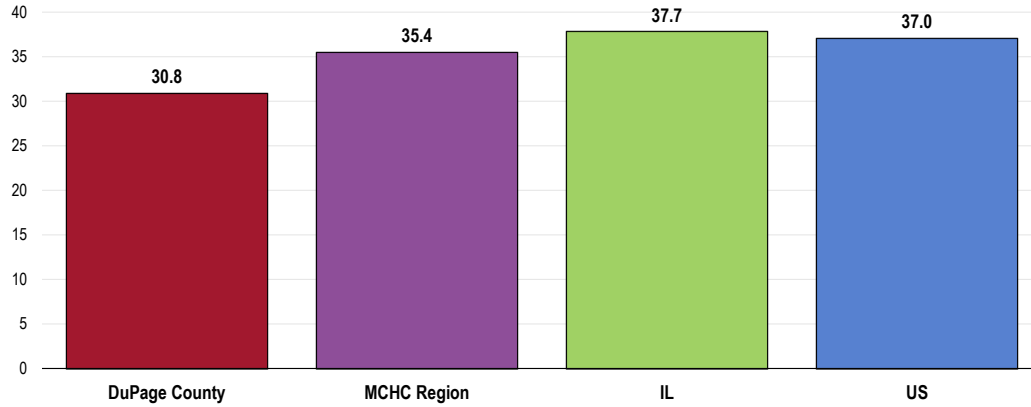| DuPage County	MCHC Region	IL	US
16.4	16.6	16.8	15.3

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

● TREND: DuPage County pneumonia/influenza mortality has decreased over time, echoing the state and national trends.

Pneumonia/Influenza: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

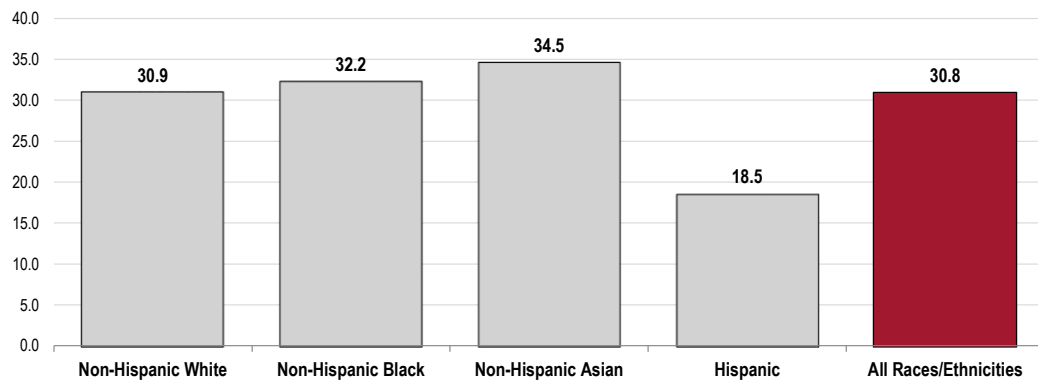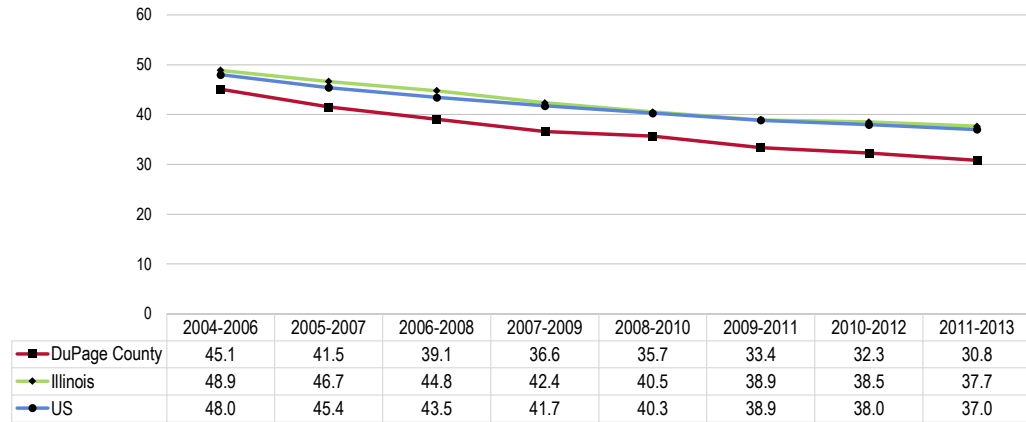|	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	19.4	19.3	18.1	16.1	14.1	13.6	14.4	16.4
Illinois	21.8	21.0	19.9	19.0	17.9	17.1	16.6	16.8
US	19.9	18.7	17.6	17.0	16.4	15.8	15.1	15.3

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Chronic Obstructive Pulmonary Disease (COPD)

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

A total of 9.8% of Elmhurst Memorial Hospital Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

● Similar to the MCHC Region.
● Higher than the state prevalence.
● Similar to the national prevalence.
● NOTE: In prior data, this question was asked slightly differently; respondents in 2009 were asked if they had ever been diagnosed with "chronic lung disease, including bronchitis or emphysema," rather than "COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema" as is asked currently.
● TREND: COPD prevalence is statistically similar over time.

Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)

EMH Service Area

					2009*	2012*	2015
9.8%	7.8%	5.0%	8.6%		8.9%	7.1%	9.8%
EMH Service Area	MCHC Region	IL	US				
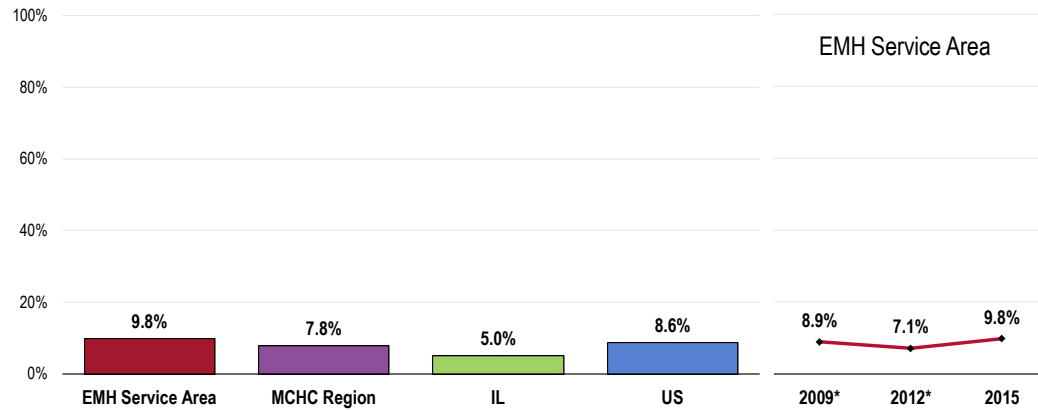
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
 ● Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
 ● *In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

Asthma

Adults

A total of 8.1% of service area adults currently suffer from asthma.

- Similar to the MCHC Region.
- Similar to the statewide prevalence.
- Similar to the national prevalence.
- TREND: Adult asthma prevalence has <u>decreased</u> significantly since 2009.

Adult Asthma: Current Prevalence

EMH Service Area

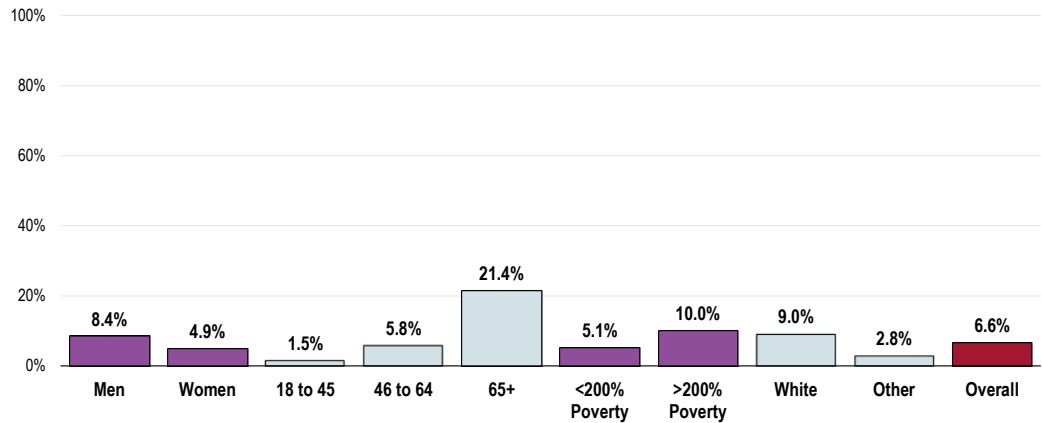|					2009	2012	2015
					21.5%		
8.1%	8.9%	7.6%	9.4%			5.0%	8.1%
EMH Service Area	MCHC Region	IL	US				
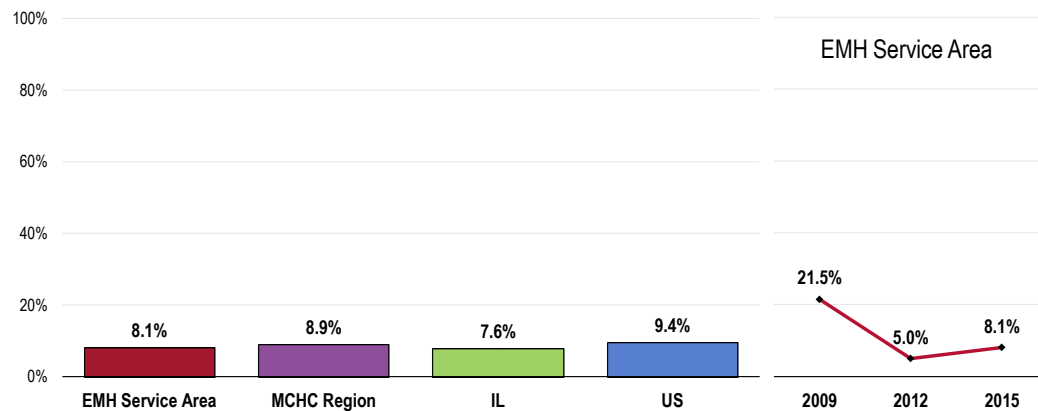
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 134]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
Notes: ● Asked of all respondents; includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

The following adults are more likely to suffer from asthma:

- Women.
- Adults age 18 to 45.
- Lower-income residents.
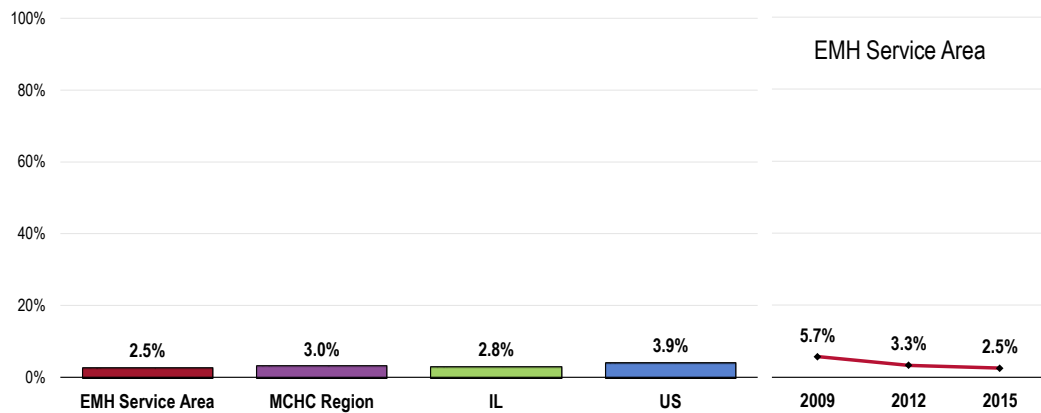- Other respondents.

Currently Have Asthma
(EMH Service Area, 2015)
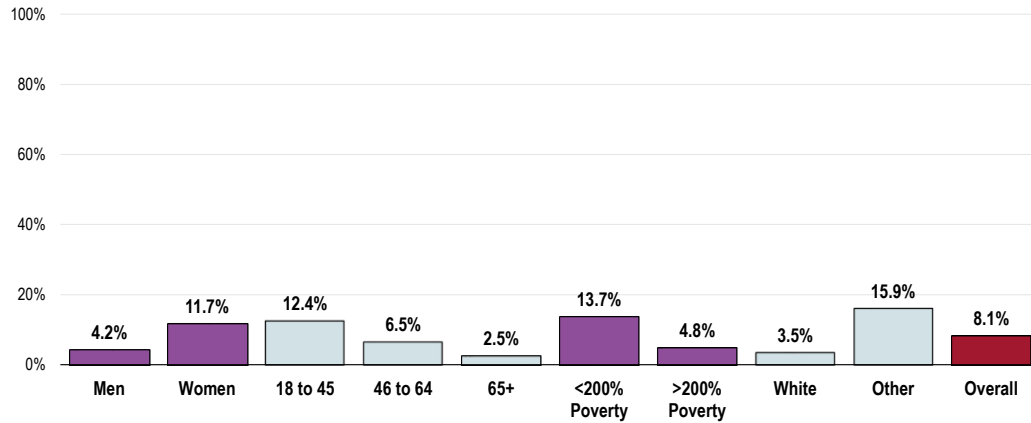
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
Notes: • Asked of all respondents.
 • "White" race category reflects non-Hispanic White respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Half of respondents with asthma (49.5%) report having an episode of asthma or an asthma attack at least once in the past year.

Had an Episode of Asthma or an Asthma Attack in the Past Year
(EMH Service Area Adults w/Asthma, 2015)

Yes 49.5%

No 50.5%
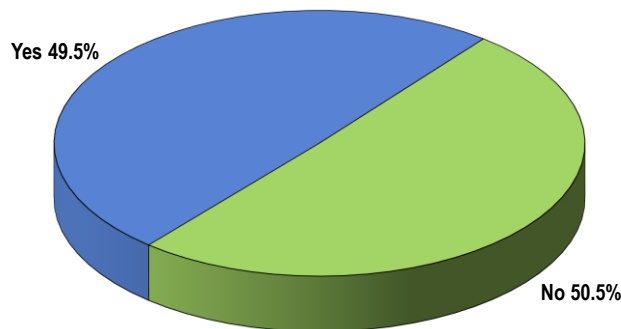
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 303]
Notes: • Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

Children

Among Elmhurst Memorial Hospital Service Area children under age 18, 11.5% currently have asthma.

- Statistically similar to the MCHC Region.
- Statistically similar to national findings.
- TREND: The prevalence of children with asthma has not changed over time.
- No significant difference by child's gender.

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

EMH Service Area

Boys: 14.9%
Girls: 8.2%

EMH Service Area	MCHC Region	US
11.5%	8.6%	7.1%

2009	2012	2015
18.7%	8.2%	11.5%
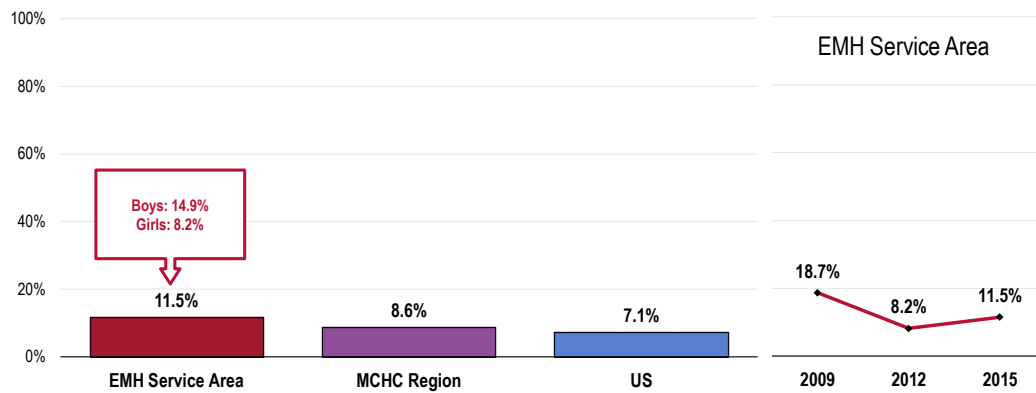
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.
● Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Key Informant Input: Respiratory Disease

Key informants taking part in an online survey were divided between characterizing *Respiratory Disease* as a "moderate" or a "minor" problem in the community.

Perceptions of Respiratory Diseases
as a Problem in the Community
(Key Informants, 2015)
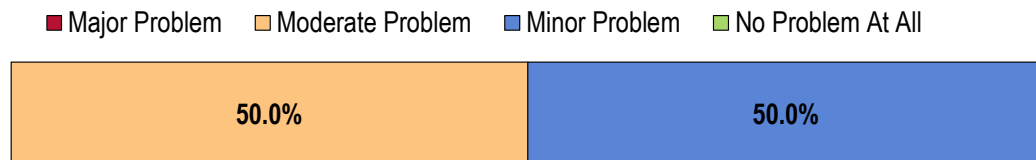
■ Major Problem □ Moderate Problem ■ Minor Problem □ No Problem At All

50.0%	50.0%

Sources: ● 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Environmental Pollutants

> *Environmental pollutants are a huge underlying cause of many conditions, from COPD to hyper-allergic conditions to autism, which is skyrocketing. – Community/Business Leader*

Injury & Violence

About Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

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

- Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Poisoning (including accidental drug overdose), falls, motor vehicle accidents, and suffocation accounted for most accidental deaths in DuPage County in 2013.

Leading Causes of Accidental Death
(DuPage County, 2013)
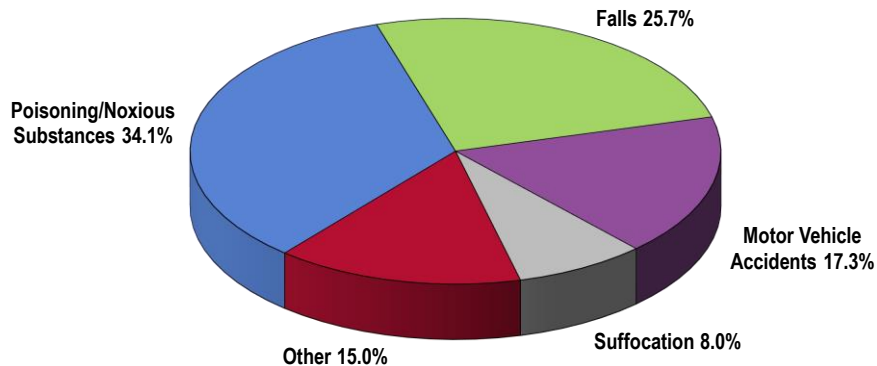
Falls 25.7%

Poisoning/Noxious Substances 34.1%

Motor Vehicle Accidents 17.3%

Suffocation 8.0%

Other 15.0%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2011 and 2013, there was an annual average age-adjusted unintentional injury mortality rate of 22.7 deaths per 100,000 population in DuPage County.

- More favorable than the MCHC Region.
- More favorable than the Illinois rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (36.4 or lower).

Unintentional Injuries: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 36.4 or Lower

	DuPage County	MCHC Region	IL	US
	22.7	25.7	32.9	39.2

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

● The county mortality rate is notably higher among Whites and Blacks when compared with Asians and Hispanics.

Unintentional Injuries: Age-Adjusted Mortality by Race
(DuPage County; 2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 36.4 or Lower

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

● TREND: The trend in the unintentional injury mortality rate in DuPage County has remained relatively stable over time.

Unintentional Injuries: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 36.4 or Lower

	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	21.9	20.6	21.4	20.6	20.9	20.9	21.9	22.7
Illinois	33.6	33.9	33.8	32.3	31.1	30.8	31.9	32.9
US	39.3	40.0	39.9	39.0	38.2	38.2	38.7	39.2

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

Between 2011 and 2013, there was an annual average age-adjusted motor vehicle crash mortality rate of 4.0 deaths per 100,000 population in DuPage County.

- Better than the MCHC Region.
- Better than found statewide.
- Better than found nationally.
- Satisfies the Healthy People 2020 target (12.4 or lower).

Motor Vehicle Crashes: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 12.4 or Lower

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate in DuPage County has decreased over the past decade.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 12.4 or Lower

	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	6.9	5.4	4.3	3.4	3.8	4.0	4.2	4.0
Illinois	11.2	10.7	9.8	8.8	7.9	7.6	7.8	7.9
US	14.6	14.3	13.5	12.4	11.4	10.8	10.7	10.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

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

Seat Belt Usage – Adults

Most Elmhurst Memorial Hospital Service Area adults (91.7%) report "always" wearing a seat belt when driving or riding in a vehicle.

- Similar to the MCHC Region.
- More favorable than the percentage found nationally.
- Similar to the Healthy People 2020 target of 92.0% or higher.
- TREND: Statistically unchanged since 2009.

"Always" Wear a Seat Belt
When Driving or Riding in a Vehicle
Healthy People 2020 Target = 92.0% or Higher

	EMH Service Area	MCHC Region	US
	91.7%	89.4%	84.8%

| EMH Service Area		
2009	2012	2015
91.4%	93.3%	91.7%

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-15]

Notes:
- Asked of all respondents.

● No significant differences in seat belt usage were found within the demographic groups.

"Always" Wear a Seat Belt
When Driving or Riding in a Vehicle
(EMH Service Area, 2015)
Healthy People 2020 Target = 92.0% or Higher

Men	Women	18 to 45	46 to 64	65+	<200% Poverty	>200% Poverty	White	Other	Overall
91.3%	92.0%	87.7%	95.4%	91.3%	93.2%	93.3%	93.4%	89.0%	91.7%
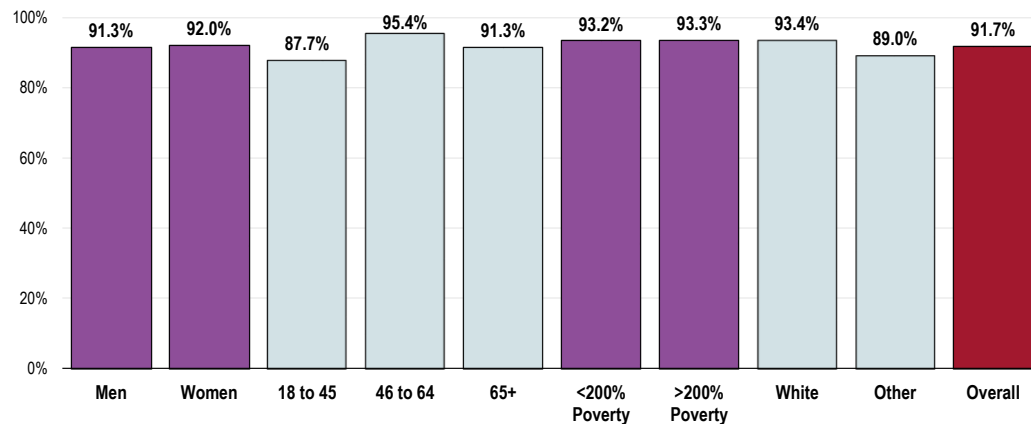
Sources:
● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-15]

Notes:
● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Seat Belt Usage – Children

A full 94.2% of Elmhurst Memorial Hospital Service Area parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

● Similar to the MCHC Region.
● Similar to what is found nationally.
● TREND: Statistically unchanged since 2009.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle
(Among Parents of Children Age 0-17)
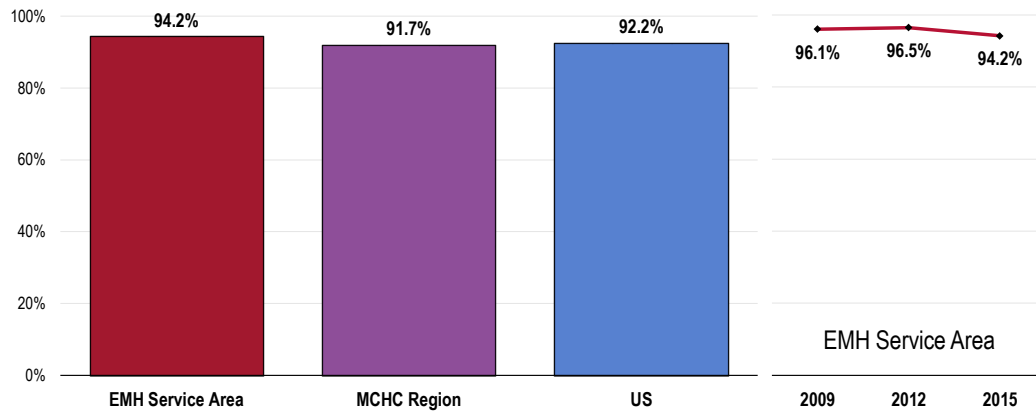
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Bicycle Safety

Nearly 3 in 10 Elmhurst Memorial Hospital Service Area children age 5 to 17 (29.9%) are reported to "always" wear a helmet when riding a bicycle.

- Statistically similar to the MCHC Region.
- Much lower than the national prevalence.

Child "Always" Wears a Helmet When Riding a Bicycle
(Among Parents of Children Age 5-17)
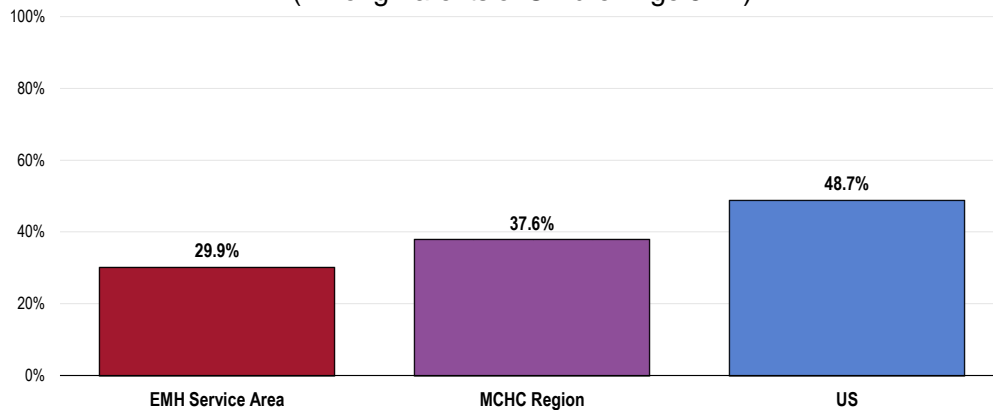
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 121]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children age 5 to 17 at home.

Key Informant Input: Unintentional Injury

Half of key informants taking part in an online survey characterized *Unintentional Injury* as a "minor problem" in the community.

Perceptions of Unintentional Injury
as a Problem in the Community
(Key Informants, 2015)

■ Major Problem ☐ Moderate Problem ☐ Minor Problem ☐ No Problem At All

16.7%	16.7%	50.0%	16.7%
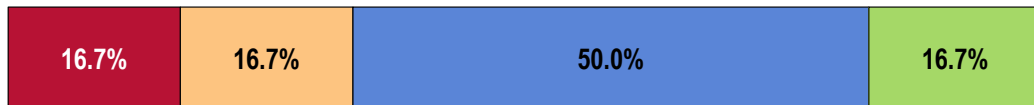
Sources: ● 2015 PRC Online Key Informant Survey.

CHALLENGES

Among those rating unintentional injury as a "major problem," the following represent what key informants see as the main issues facing residents:

Prevalence/Incidence

> *This exists in every community, seat belt use, distracted driving (texting/emailing), biking without helmets, motorcycles without helmets, unsafe housing conditions. – Social Service Representative*

Firearm Safety

Age-Adjusted Firearm-Related Deaths
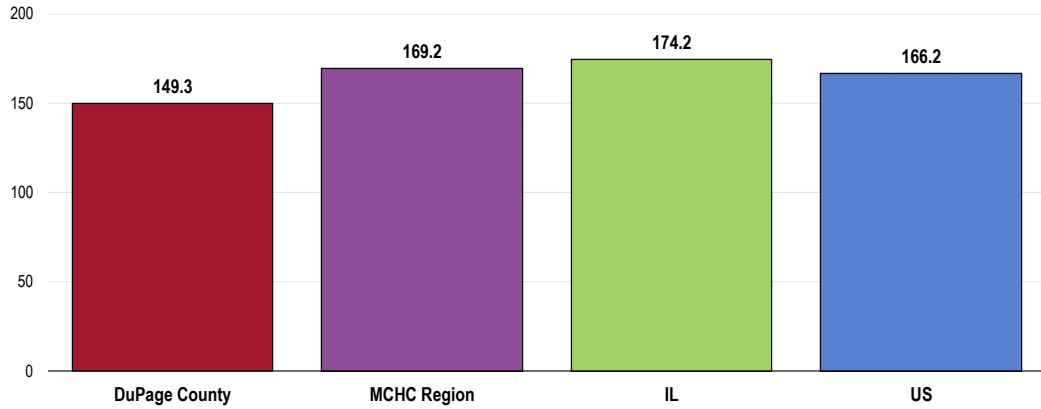
Between 2011 and 2013, there was an annual average age-adjusted rate of 3.8 deaths per 100,000 population due to firearms in DuPage County.

- Lower than the MCHC Region.
- Lower than found statewide.
- Lower than found nationally.
- Satisfies the Healthy People 2020 objective (9.3 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 9.3 or Lower

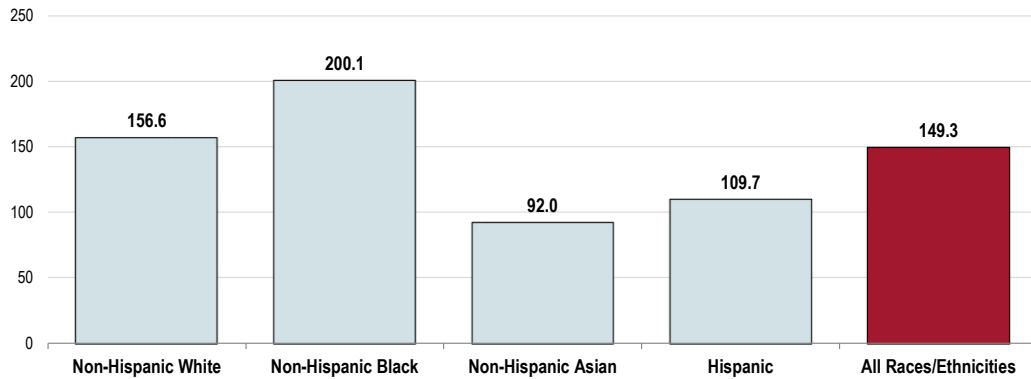| DuPage County	MCHC Region	IL	US
3.8	9.6	8.8	10.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

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

- TREND: Firearm-related mortality in the county has increased over the past decade.

Firearms-Related Deaths: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 9.3 or Lower

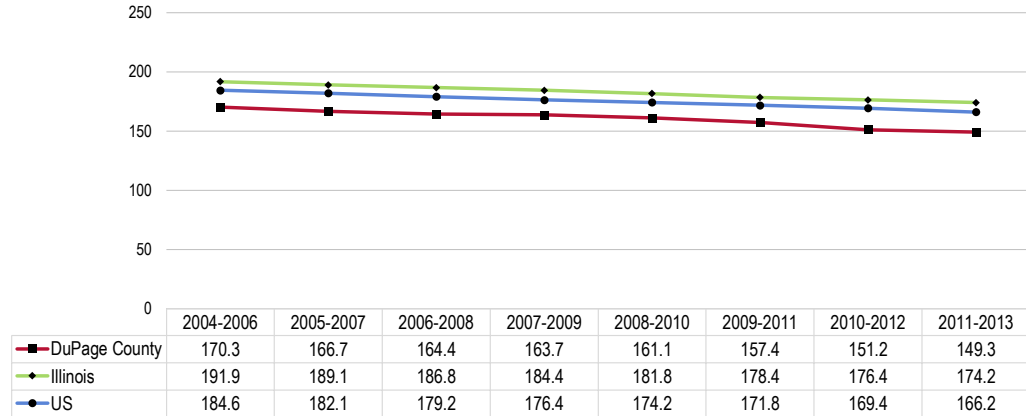|	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	3.4	3.5	3.3	3.3	3.5	3.8	4.1	3.8
Illinois	8.0	8.1	8.3	8.3	8.3	8.3	8.6	8.8
US	10.2	10.3	10.3	10.2	10.2	10.1	10.3	10.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

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

Survey respondents were further asked about the presence of weapons in the home:

"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

Presence of Firearms in Homes

Overall, 12.9% of Elmhurst Memorial Hospital Service Area adults have a firearm kept in or around their home.

- Similar to the MCHC Region.
- Much lower than the national prevalence.
- TREND: Statistically unchanged over time.
- Among service area households with children, 14.3% have a firearm kept in or around the house (well below that reported nationally).
- TREND: The prevalence of firearms in households with children has remained statistically unchanged over time (not shown).

Have a Firearm Kept in or Around the Home

EMH Service Area

Households With Children:
14.3%
(vs. 37.4% nationwide)

	EMH Service Area	MCHC Region	US	2009	2012	2015
	12.9%	12.4%	34.7%	9.4%	18.3%	12.9%
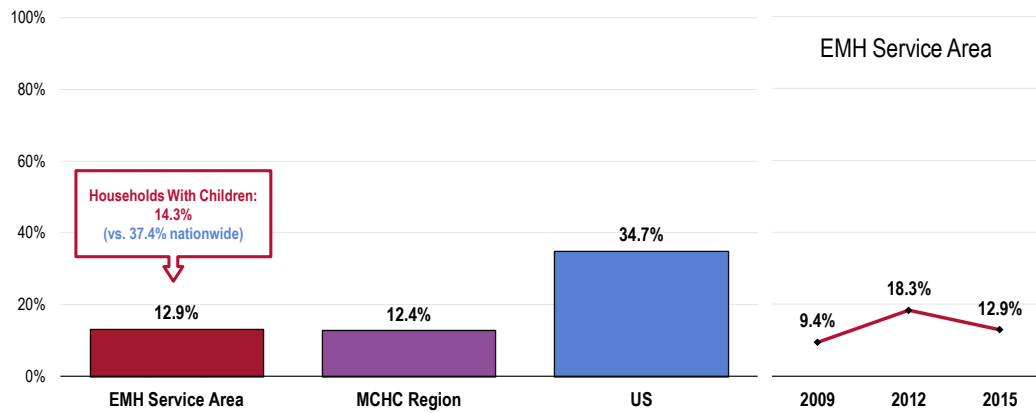
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 52, 137]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Reports of firearms in or around the home are <u>more</u> prevalent among the following respondent groups:

- Men.
- Higher-income households.
- Whites.

Have a Firearm Kept in or Around the House
(EMH Service Area, 2015)

Bar chart showing percentages:
- Men: 20.6%
- Women: 5.7%
- 18 to 45: 14.0%
- 46 to 64: 11.3%
- 65+: 16.5%
- <200% Poverty: 1.1%
- >200% Poverty: 22.8%
- White: 19.1%
- Other: 3.2%
- Overall: 12.9%
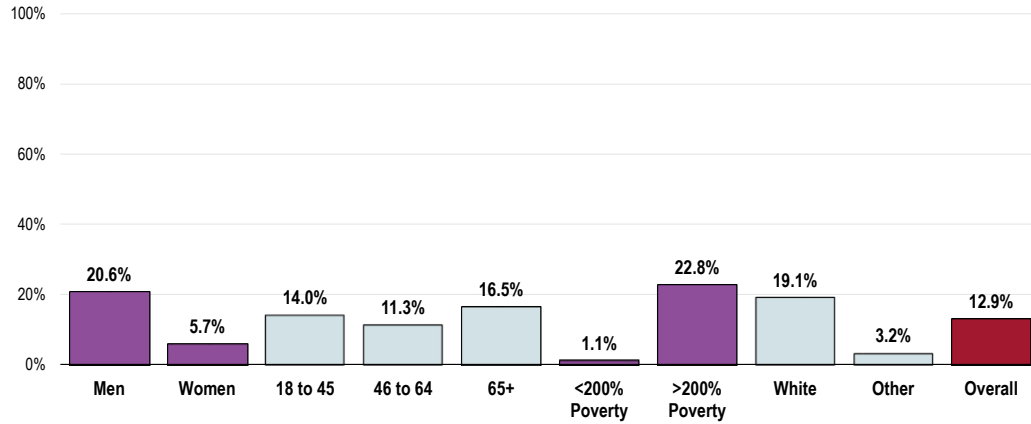
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
Notes: ● Asked of all respondents.
● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Among Elmhurst Memorial Hospital Service Area households with firearms, 14.7% report that there is at least one weapon that is kept unlocked and loaded.

- Similar to the MCHC Region.
- Similar to that found nationally.

Household Has An Unlocked, Loaded Firearm
(Among Respondents Reporting a Firearm in or Around the Home)

Bar chart showing percentages:
- EMH Service Area: 14.7%
- MCHC Region: 11.7%
- US: 16.8%
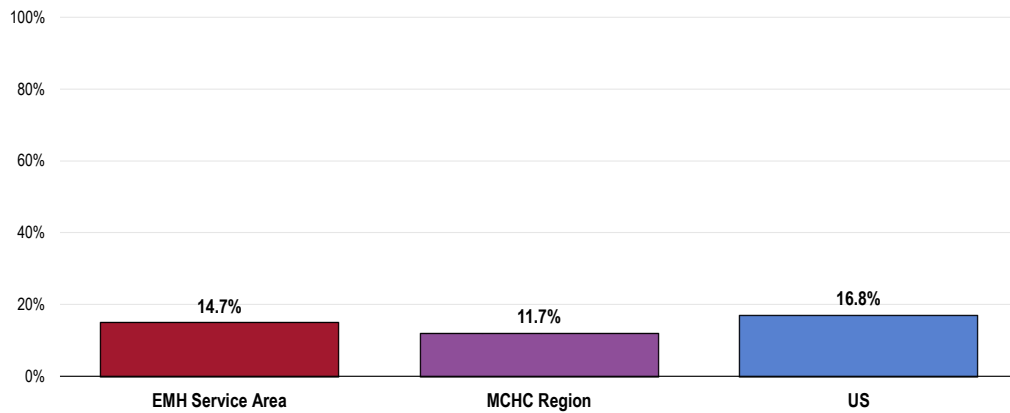
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 138]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with a firearm in or around the home.
● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Between 2011 and 2013, there was an annual average age-adjusted homicide rate of 1.8 deaths per 100,000 population in DuPage County.

RELATED ISSUE:

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

- More favorable than the MCHC Region.
- More favorable than the rate found statewide.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 5.5 or lower.

Homicide: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 5.5 or Lower

Location	Rate
DuPage County	1.8
MCHC Region	8.6
IL	6.3
US	5.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

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

- TREND: The homicide rate in DuPage County has increased over the past decade, unlike state and national trends.

Homicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 5.5 or Lower

	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	1.5	1.5	1.4	1.6	1.5	1.6	1.7	1.8
Illinois	6.8	6.8	6.8	6.8	6.6	6.4	6.3	6.3
US	6.1	6.1	6.1	5.8	5.6	5.4	5.3	5.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

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

Violent Crime

Violent Crime Rates

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

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

Between 2011 and 2013, there were a reported 82.9 violent crimes per 100,000 population in DuPage County.

- Much lower than the MCHC Region.
- Much lower than the statewide prevalence.
- Much lower than the national rate.

Violent Crime
(Rate per 100,000 Population, 2011-2013)

DuPage County	MCHC Region	IL	US
82.9	507.9	403.2	380.9

Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2011-2013.
- Illinois State Police.

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

- TREND: Note the decreasing trends in violent crime over the past decade.

Violent Crime
(Rate per 100,000 Population)

	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	132.6	132.1	123.5	111.6	100.6	92.0	90.6	82.9
Illinois	546.5	542.3	534.3	519.5	490.1	455.4	427.4	403.2
US	470.5	473.4	469.9	454.1	431.3	407.8	393.1	380.9

Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2011-2013.
- Illinois State Police.

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

Self-Reported Violence

A total of 1.6% of Elmhurst Memorial Hospital Service Area adults acknowledge being the victim of a violent crime in the past five years.

- More favorable than the MCHC Region.
- Similar to national findings.
- TREND: Statistically unchanged over time.

Victim of a Violent Crime in the Past Five Years

EMH Service Area

EMH Service Area	MCHC Region	US	2009	2012	2015
1.6%	4.6%	2.8%	2.5%	1.6%	1.6%
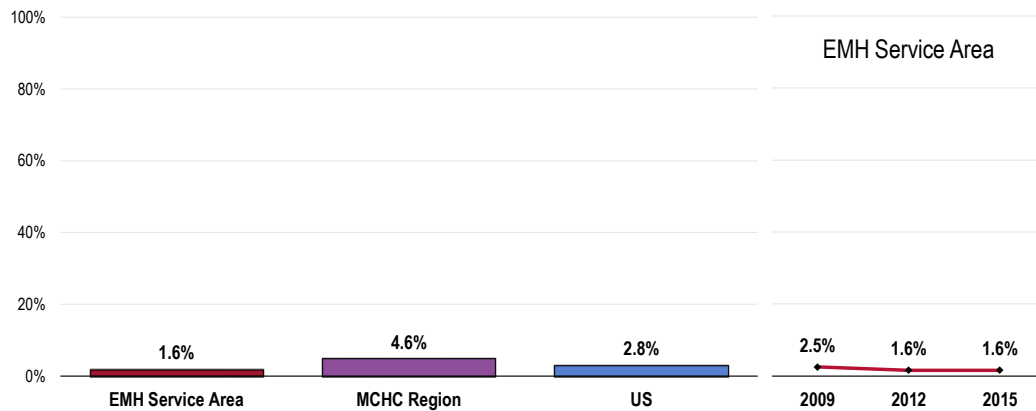
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

● Reports of violence are statistically similar within the demographic groups.

Victim of a Violent Crime in the Past Five Years
(EMH Service Area, 2015)

Men	Women	18 to 45	46 to 64	65+	<200% Poverty	>200% Poverty	White	Other	Overall
2.8%	0.5%	3.7%	0.3%	0.0%	0.0%	0.6%	0.4%	3.7%	1.6%
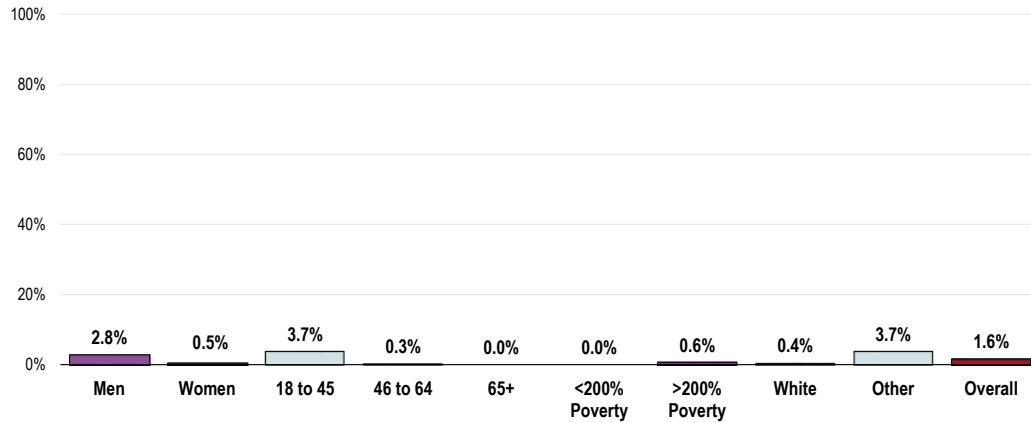
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Perceived Neighborhood Safety

The majority of Elmhurst Memorial Hospital Service Area adults (90.3%) consider their neighborhood to be "extremely" or "quite" safe from crime.

● Another 8.4% gave "slightly safe" ratings of their own neighborhoods.

Perceptions of Neighborhood's Safety from Crime
(EMH Service Area, 2015)
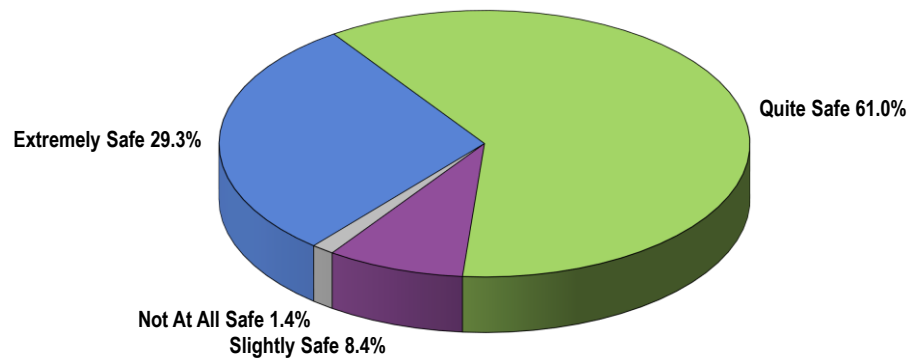
Quite Safe 61.0%

Extremely Safe 29.3%

Not At All Safe 1.4%

Slightly Safe 8.4%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
Notes: ● Asked of all respondents.

Among surveyed respondents, 1.4% consider their neighborhood to be "not at all safe" from crime.

- Better than the MCHC Region.
- TREND: Marks a significant <u>increase</u> since 2012.

Perceive Neighborhood to be "Not At All Safe" from Crime
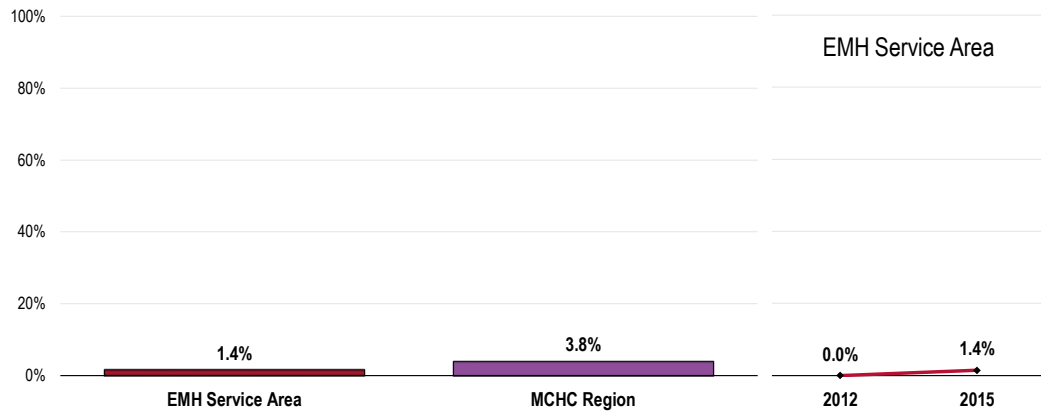
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 304]
Notes: ● Asked of all respondents.

- No significant differences in perceptions of neighborhood safety were found within the demographic groups.

Perceive Neighborhood to be "Not At All Safe" from Crime
(EMH Service Area, 2015)
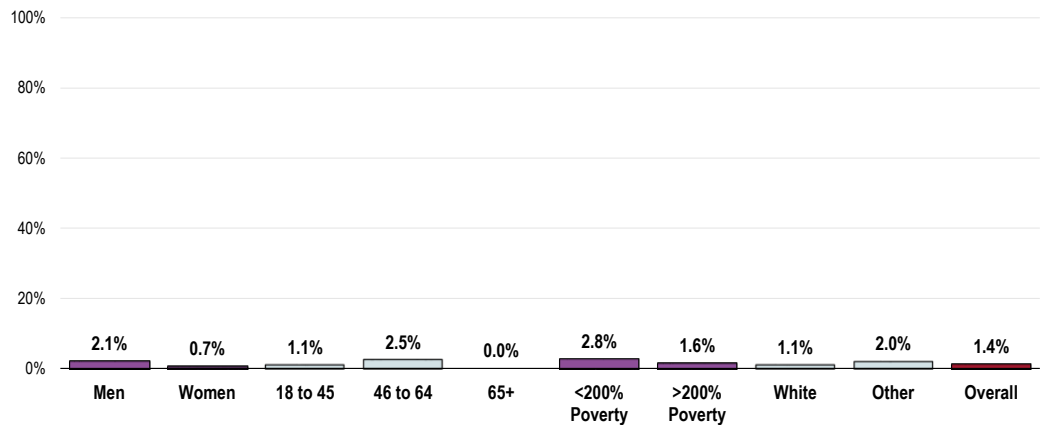
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Child Safety at School

Among service area parents of school-age children, 0.9% report that their child missed at least one day of school in the past month because of feeling unsafe.

- Similar to the MCHC Region.
- Findings do not differ significantly by child's gender.
- TREND: Statistically unchanged from 2012 survey findings.

Child Missed School
at Least Once Last Month Due to Feeling Unsafe
(EMH Service Area School-Aged Children)

EMH Service Area

Boys: 0.0%
Girls: 1.6%

0.9%	1.9%	
EMH Service Area	MCHC Region	2012 2015
		1.6% 0.9%
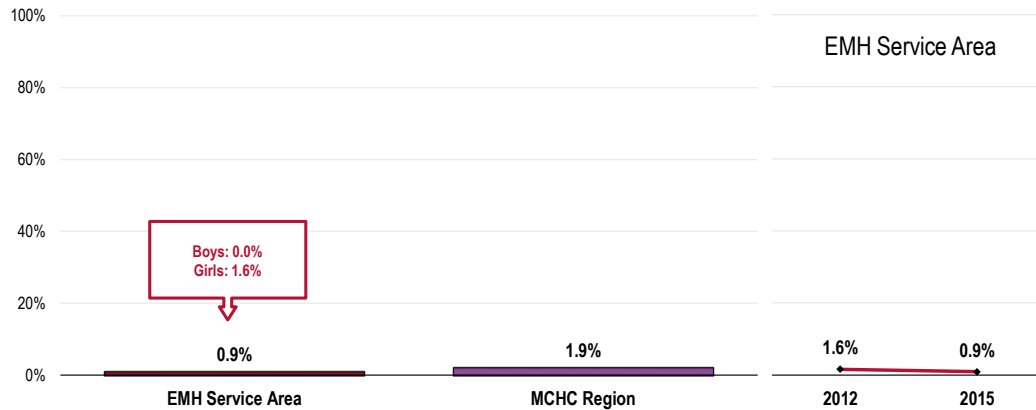
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 313]
Notes: ● Asked of those parents with school-age children.

Key Informant Input: Community Violence

A plurality of key informants taking part in an online survey characterized *Community Violence* as a "minor problem" in the community.

Perceptions of Community Violence
as a Problem in the Community
(Key Informants, 2015)

■ Major Problem　□ Moderate Problem　■ Minor Problem　□ No Problem At All

25.0%	62.5%	12.5%
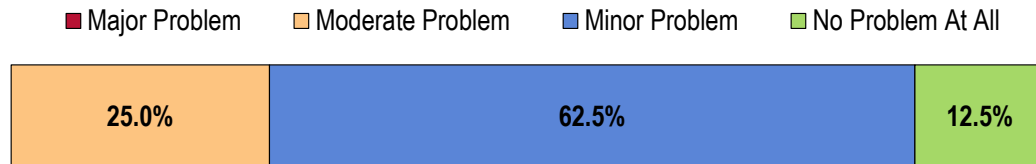
Sources: ● 2015 PRC Online Key Informant Survey.

Self-Reported Family Violence

A total of 12.9% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Similar to the MCHC Region.
- Similar to national findings.
- TREND: Unchanged from 2009 but marks a significant <u>increase</u> since 2012.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
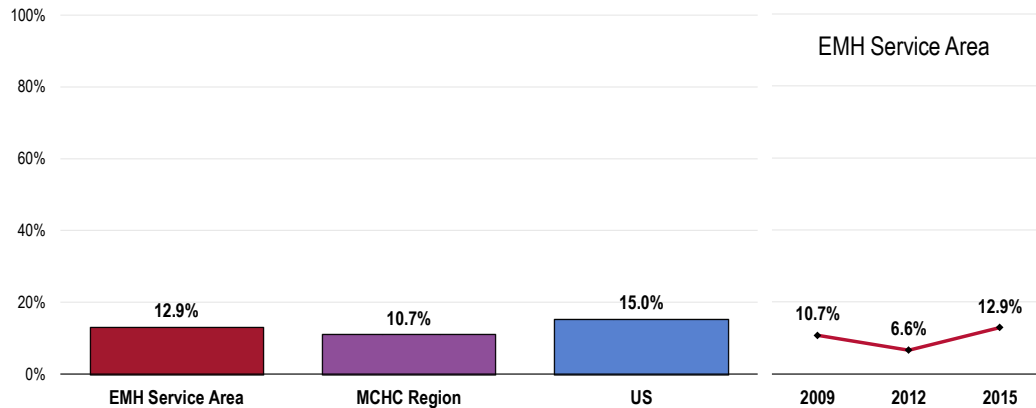
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Adults under 65.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
(EMH Service Area, 2015)

	Men	Women	18 to 45	46 to 64	65+	<200% Poverty	>200% Poverty	White	Other	Overall
%	3.4%	21.9%	14.1%	15.9%	3.9%	22.6%	13.8%	12.5%	14.1%	12.9%
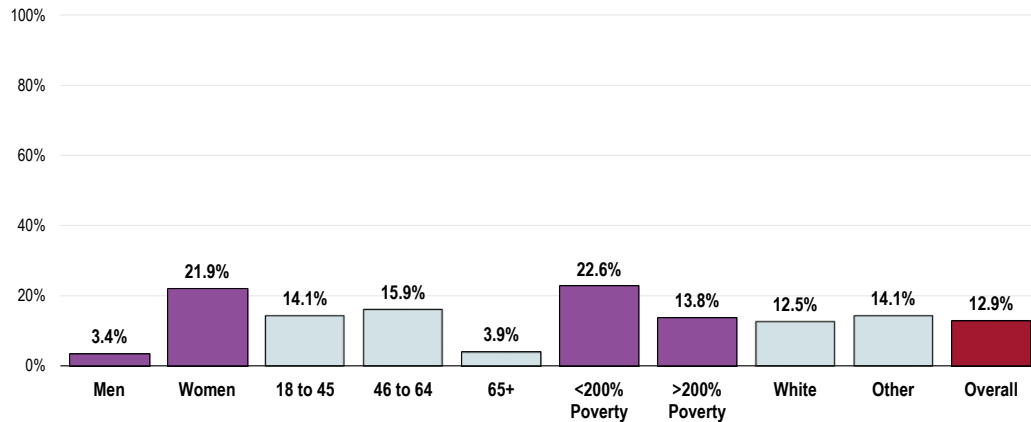
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Family Violence

More than half of key informants taking part in an online survey characterized *Family Violence* as a "moderate problem" in the community.

Perceptions of Family Violence as a Problem in the Community
(Key Informants, 2015)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	No Problem At All
28.6%	57.1%	14.3%
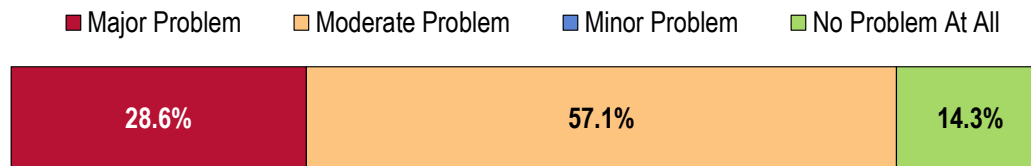
Sources: ● 2015 PRC Online Key Informant Survey.

CHALLENGES

Among those rating family violence as a "major problem," the following represent what key informants see as the main challenges:

System Issues

> *There's no systematic approach to holding perpetrators accountable and ensuring the safety of victims.*
> *– Social Service Representative*

Diabetes

About Diabetes

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

Diabetes mellitus:

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2011 and 2013, there was an annual average age-adjusted diabetes mortality rate of 11.3 deaths per 100,000 population in DuPage County.

- Better than the regional rate.
- Better than that found statewide.
- Better than the national rate.
- Satisfies the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).

Diabetes: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)

Chart showing Diabetes Age-Adjusted Mortality:
- DuPage County: 11.3
- MCHC Region: 19.3
- IL: 19.4
- US: 21.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

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

- The diabetes mortality rate in DuPage County is higher among Hispanics.

Diabetes: Age-Adjusted Mortality by Race
(DuPage County; 2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)

Chart showing Diabetes Age-Adjusted Mortality by Race:
- Non-Hispanic White: 10.9
- Non-Hispanic Asian: 11.7
- Hispanic: 17.6
- All Races/Ethnicities: 11.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

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

- TREND: Diabetes mortality in DuPage County has decreased over the past decade, similar to state and national trends.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)

	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	13.7	12.9	12.0	11.5	11.1	11.6	10.6	11.3
Illinois	23.5	22.6	21.8	21.4	20.2	19.5	19.0	19.4
US	24.4	23.8	22.8	21.9	21.3	21.1	21.2	21.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

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

Prevalence of Diabetes

A total of 16.3% of Elmhurst Memorial Hospital Service Area adults report having been diagnosed with diabetes.

- Worse than the MCHC Region.
- Worse than the statewide proportion.
- Worse than the national proportion.
- TREND: Marks a significant increase since 2009.

In addition to the prevalence of diagnosed diabetes referenced above, another 7.4% of service area adults report that they have "pre-diabetes" or "borderline diabetes."

- Similar to the US prevalence.

Prevalence of Diabetes

Another 7.4% of adults report that they have been diagnosed with "pre-diabetes" or "borderline" diabetes (vs. 5.1% nationwide)

EMH Service Area

- EMH Service Area: 16.3%
- MCHC Region: 11.5%
- IL: 9.9%
- US: 11.7%

EMH Service Area
- 2009: 10.0%
- 2012: 11.4%
- 2015: 16.3%
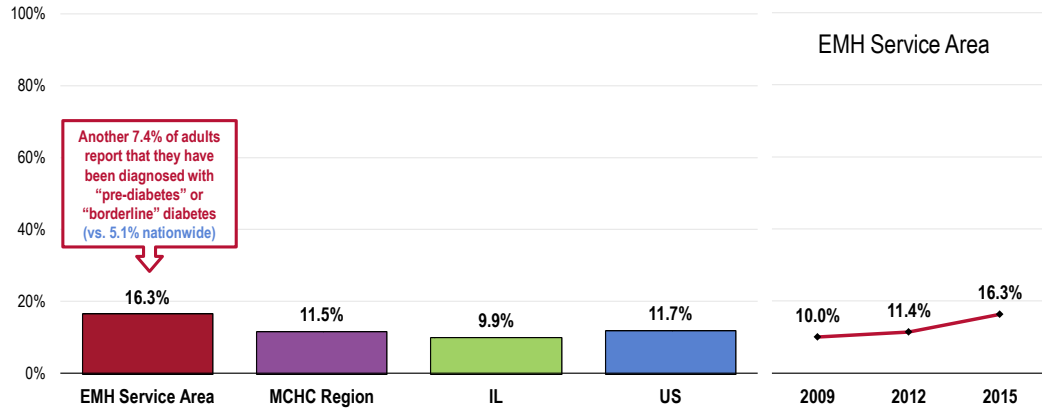
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.

Notes:
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).

- A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among adults age 46 and older; note the positive correlation between diabetes and age, with 31.0% of seniors with diabetes.

Prevalence of Diabetes
(EMH Service Area, 2015)
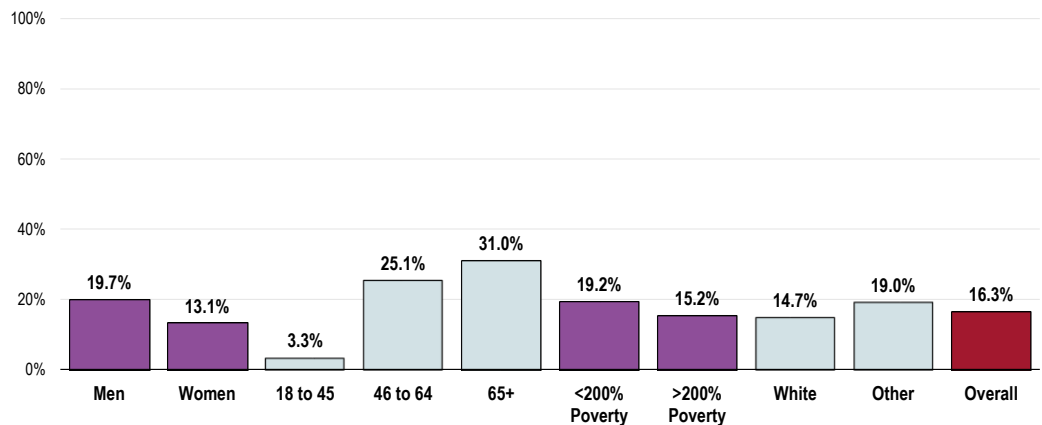
- Men: 19.7%
- Women: 13.1%
- 18 to 45: 3.3%
- 46 to 64: 25.1%
- 65+: 31.0%
- <200% Poverty: 19.2%
- >200% Poverty: 15.2%
- White: 14.7%
- Other: 19.0%
- Overall: 16.3%

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]

Notes:
- Asked of all respondents.
- "White" race category reflects non-Hispanic White respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Testing

Of Elmhurst Memorial Hospital Service Area adults who have <u>not</u> been diagnosed with diabetes, 58.5% report having had their blood sugar level tested within the past three years.

- Similar to the MCHC Region.
- More favorable than the national proportion.

Have Had Blood Sugar Tested in the Past Three Years
(Among Non-Diabetics)

	EMH Service Area	MCHC Region	US
	58.5%	53.8%	49.2%
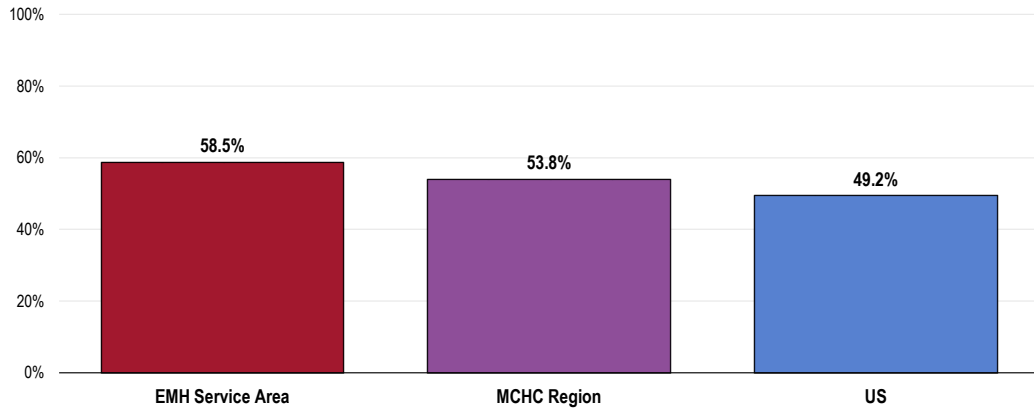
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

More than one-half of key informants taking part in an online survey characterized *Diabetes* as a "major problem" in the community.

Perceptions of Diabetes
as a Problem in the Community
(Key Informants, 2015)
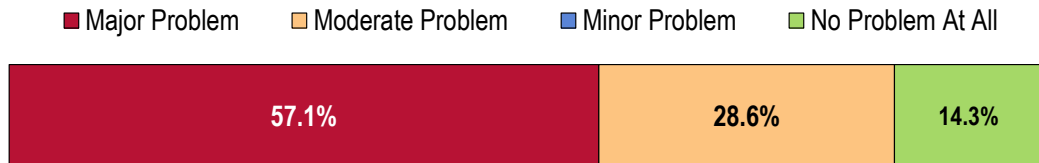
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

Major Problem	Moderate Problem	No Problem At All
57.1%	28.6%	14.3%

Sources: ● 2015 PRC Online Key Informant Survey.

CHALLENGES

Among those rating this issue as a "major problem," the biggest challenges for people with diabetes are seen as:

Education

> *The convenience of healthy foods and the lack of knowledge of what and how to eat proper meals. – Community/Business Leader*

> *Adjusting lifestyle prior to the development of the disease, understanding the risk factors and the preventable steps that can positively and significantly influence the development of the disease. Once diagnosed, understanding the chronic nature of both the disease and the treatment of the disease. – Public Health Expert*

Disease Management

> *Affordability of medication for type 2 diabetics and dealing with issues that long-time diabetics face, from problems with their feet to problems controlling their weight to blindness. – Community/Business Leader*

> *Compliance, affording medications, nutrition, vision care. – Social Service Representative*

Alzheimer's Disease

About Dementia

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted Alzheimer's disease mortality rate of 19.9 deaths per 100,000 population in DuPage County.

- Higher than the MCHC Region.
- Similar to the statewide rate.
- Higher than the national rate.

Alzheimer's Disease: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)

DuPage County	MCHC Region	IL	US
19.9	16.4	20.0	24.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

- TREND: Alzheimer's disease mortality has decreased in the county and across the state over the past decade. The US rate was more stable.

Alzheimer's Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	21.2	21.8	23.0	23.5	23.6	22.7	21.5	19.9
Illinois	21.2	21.2	21.8	21.7	21.8	20.7	20.3	20.0
US	23.4	23.8	24.4	24.6	25.0	24.7	24.5	24.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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

Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a "minor problem" in the community.

Perceptions of Dementia/Alzheimer's Disease
as a Problem in the Community
(Key Informants, 2015)
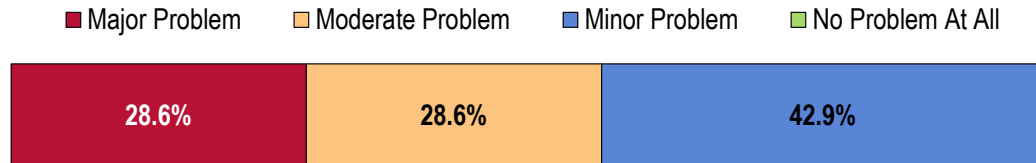
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

28.6%	28.6%	42.9%

Sources: ● 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Aging Population

> *Aging of the baby boomers will present major issues when they become demented. – Social Service Representative*

> *We've reached a point demographically where the baby boomers are creating the largest senior population in US history. The elderly population will more than double by the year 2050, with most of that growth occurring between 2010 and 2030. It only stands to reason that health problems, such as Alzheimer's and dementia, will increase. – Community/Business Leader*

Kidney Disease

About Chronic Kidney Disease

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2011 and 2013 there was an annual average age-adjusted kidney disease mortality rate of 13.0 deaths per 100,000 population in DuPage County.

- Better than the MCHC Region.
- Better than the rate found statewide.
- Similar to the national rate.

Kidney Disease: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)

DuPage County	MCHC Region	IL	US
13.0	16.2	17.1	13.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.

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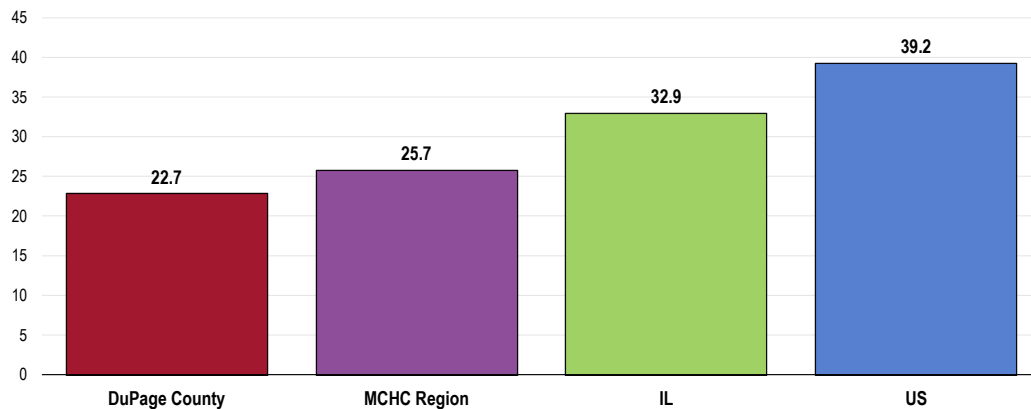- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

● The kidney disease mortality rate in DuPage County is much higher in the Black population.

Kidney Disease: Age-Adjusted Mortality by Race
(DuPage County; 2011-2013 Annual Average Deaths per 100,000 Population)

	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	All Races/Ethnicities
Value	12.2	36.2	13.0	13.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

● TREND: Kidney disease mortality in the county has decreased over the past decade.

Kidney Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	14.5	14.7	15.2	17.0	17.3	15.5	13.8	13.0
Illinois	19.0	19.3	19.5	19.8	19.7	18.9	17.8	17.1
US	14.7	14.8	14.9	15.0	15.2	14.6	13.9	13.2

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 1.5% of area adults report having been diagnosed with kidney disease.

- Similar to the MCHC Region.
- Similar to the state proportion.
- Similar to the national proportion.
- TREND: Statistically unchanged since 2012.

Prevalence of Kidney Disease

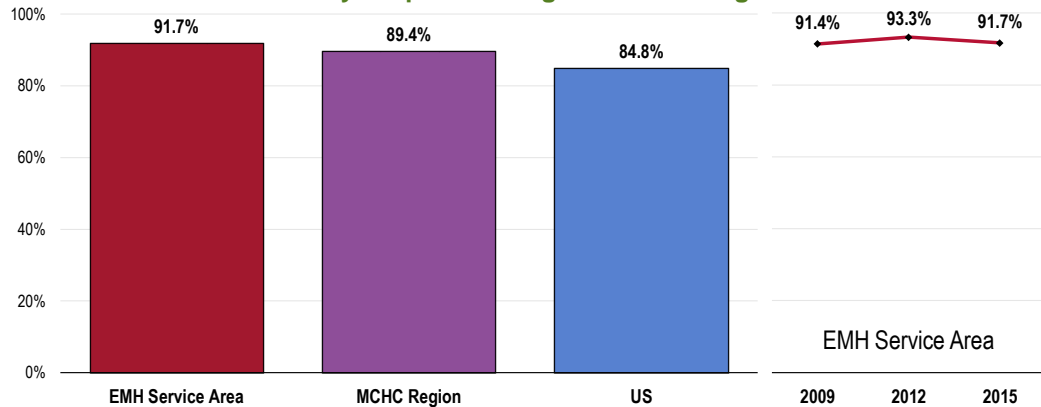| EMH Service Area	MCHC Region	IL	US	2012	2015
1.5%	2.7%	2.4%	3.0%	0.6%	1.5%

EMH Service Area
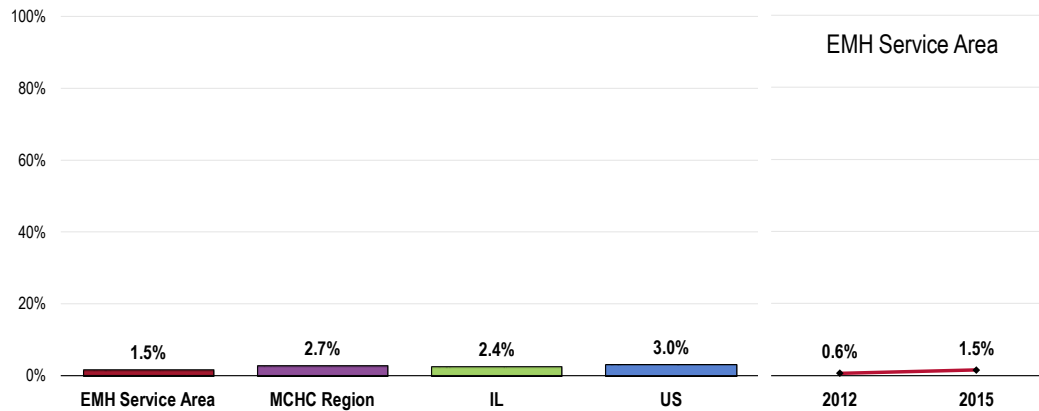
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 33]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Prevalence of kidney disease is statistically similar within the demographic groups.

Prevalence of Kidney Disease
(EMH Service Area, 2015)

Men	Women	18 to 45	46 to 64	65+	<200% Poverty	>200% Poverty	White	Other	Overall
1.4%	1.6%	0.0%	1.4%	5.7%	0.6%	2.1%	1.7%	0.5%	1.5%
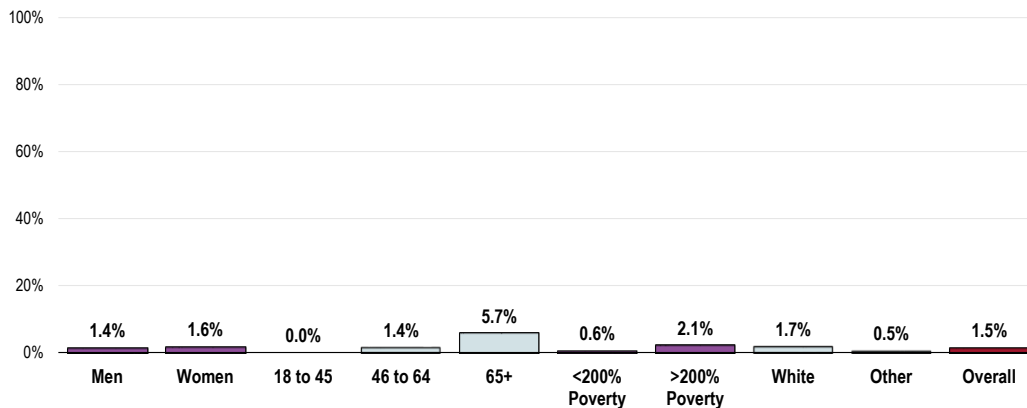
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Chronic Kidney Disease

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

Perceptions of Chronic Kidney Disease
as a Problem in the Community
(Key Informants, 2015)

■ Major Problem   ☐ Moderate Problem   ■ Minor Problem   ☐ No Problem At All

50.0%	33.3%	16.7%
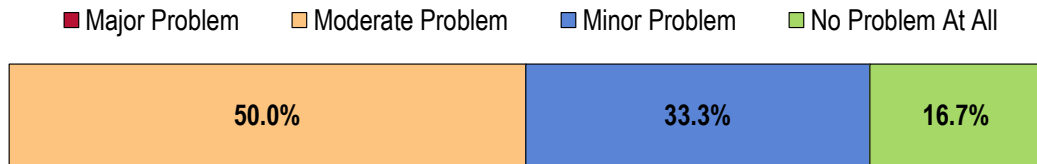
Sources: ● 2015 PRC Online Key Informant Survey.

Sickle-Cell Anemia

Prevalence of Sickle-Cell Anemia

No area adults report having been diagnosed with sickle-cell anemia.

- More favorable than the MCHC Region.
- TREND: Statistically unchanged since 2012.

Prevalence of Sickle-Cell Anemia

EMH Service Area

0.0%	0.8%	0.3%	0.0%
EMH Service Area	MCHC Region	2012	2015
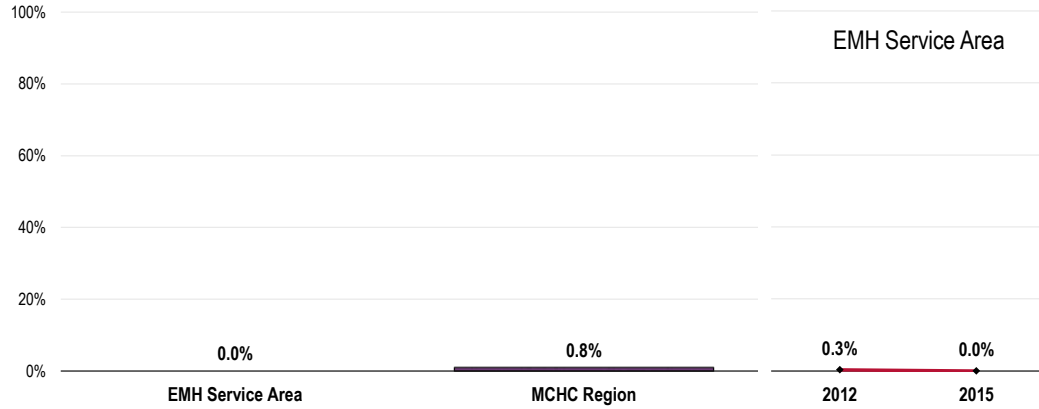
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 302]
Notes: ● Asked of all respondents.

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Back Conditions

Prevalence of Arthritis/Rheumatism

Almost one-third of Elmhurst Memorial Hospital Service Area adults age 50 and older (31.8%) reports suffering from arthritis or rheumatism.

- Similar to the MCHC Region.
- Similar to that found nationwide.
- TREND: The prevalence of arthritis/rheumatism is statistically unchanged since 2009.

Prevalence of Arthritis/Rheumatism
(Among Adults Age 50 and Older)
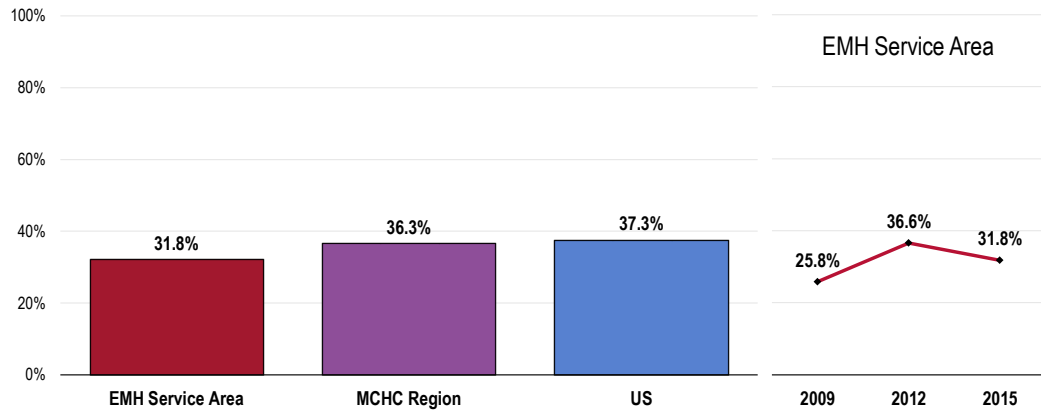
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents age 50 and older.

Prevalence of Osteoporosis

A total of 10.0% of survey respondents age 50 and older have osteoporosis.

- Identical to the MCHC Region.
- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- TREND: Statistically unchanged since 2009.

Prevalence of Osteoporosis
(Among Adults Age 50 and Older)
Healthy People 2020 Target = 5.3% or Lower
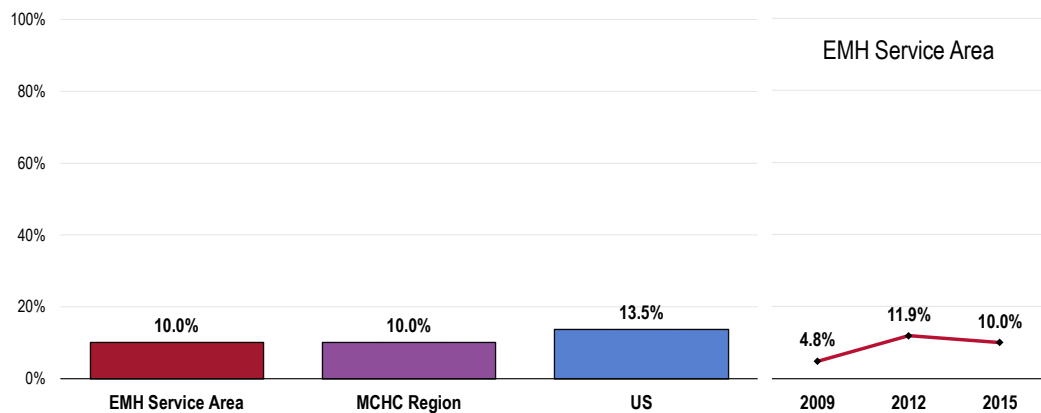
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

Notes:
- Reflects respondents age 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 16.7% of survey respondents suffer from chronic back pain or sciatica.

- Similar to the MCHC Region.
- Similar to that found nationwide.
- TREND: Marks a significant improvement since 2009.

Prevalence of Sciatica/Chronic Back Pain

EMH Service Area

	EMH Service Area	MCHC Region	US	2009	2012	2015
	16.7%	18.3%	18.4%	26.0%	15.4%	16.7%
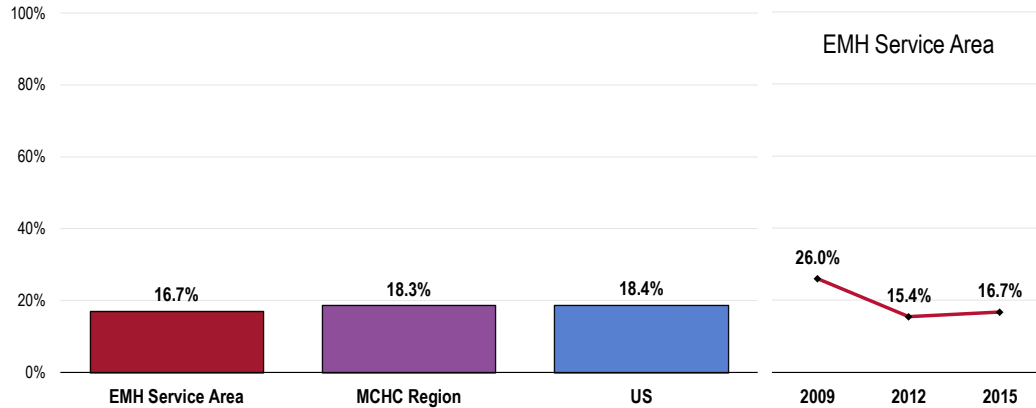
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

The largest share of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "moderate problem" in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community
(Key Informants, 2015)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

66.7%	33.3%
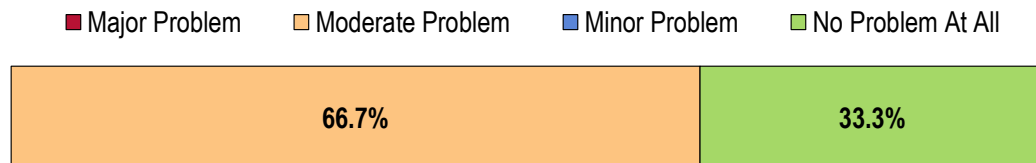
Sources:
- 2015 PRC Online Key Informant Survey.

Vision & Hearing Impairment

About Vision

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Vision Trouble

A total of 7.3% of Elmhurst Memorial Hospital Service Area adults are blind or have trouble seeing even when wearing corrective lenses.

RELATED ISSUE:

See also *Vision Care* in the **Access to Health Services** section of this report.

- Similar to the MCHC Region.
- Less favorable than the statewide prevalence.
- Similar to that found nationwide.
- TREND: No significant change over time.
- Among service area adults age 65 and older, 17.4% have vision trouble.

Prevalence of Blindness/Trouble Seeing

EMH Service Area

Among 65+: 17.4%

7.3%	8.7%	3.9%	8.5%
EMH Service Area	MCHC Region	IL	US

9.6%	5.6%	7.3%
2009	2012	2015
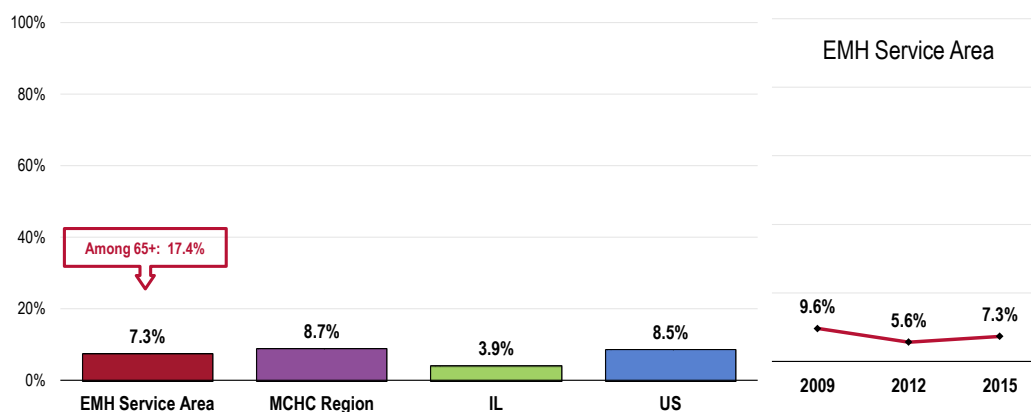
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

In all, 8.5% of Elmhurst Memorial Hospital Service Area adults report being deaf or having difficulty hearing.

- Similar to the MCHC Region.
- Similar to that found nationwide.
- TREND: Statistically unchanged over time.
- Among service area adults age 65 and older, 29.6% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing

EMH Service Area

Among 65+: 29.6%

EMH Service Area	8.5%	
MCHC Region	6.7%	
US	10.3%	

2009	2012	2015
10.5%	4.2%	8.5%
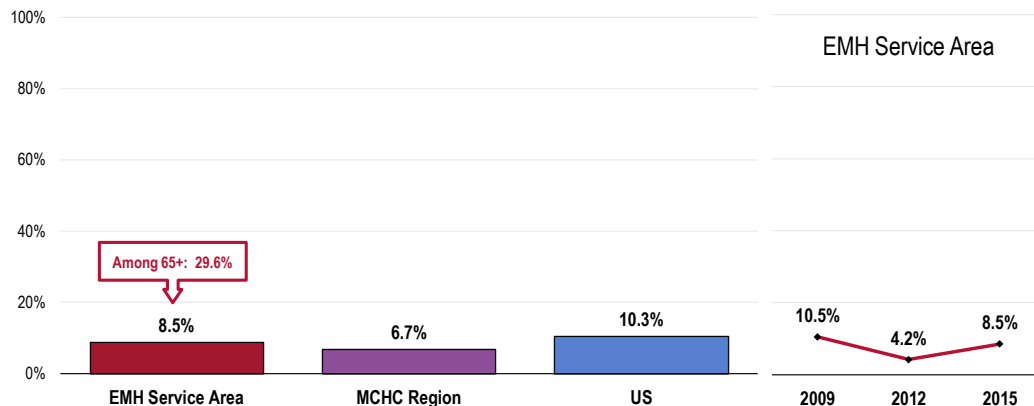
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Vision & Hearing

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

Perceptions of Hearing and Vision
as a Problem in the Community
(Key Informants, 2015)

■ Major Problem   □ Moderate Problem   ■ Minor Problem   ■ No Problem At All

50.0%	16.7%	33.3%
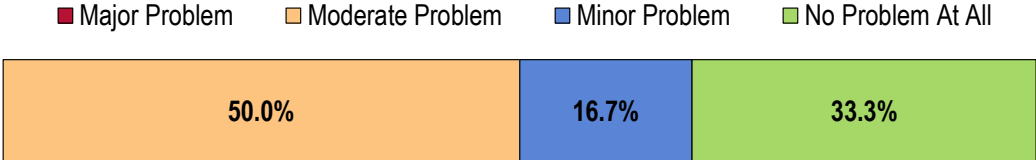
Sources: ● 2015 PRC Online Key Informant Survey.

Infectious Disease

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

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

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Among Elmhurst Memorial Hospital Service Area seniors, 47.6% received a flu shot (or FluMist®) within the past year.

- Statistically comparable to the MCHC Region.
- Statistically comparable to the Illinois finding.
- Statistically comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (70% or higher).

Older Adults: Have Had a Flu Vaccination in the Past Year
(Among Adults Age 65+)
Healthy People 2020 Target = 70.0% or Higher

Category	Percentage
EMH Service Area	47.6%
MCHC Region	56.6%
IL	58.6%
US	57.5%
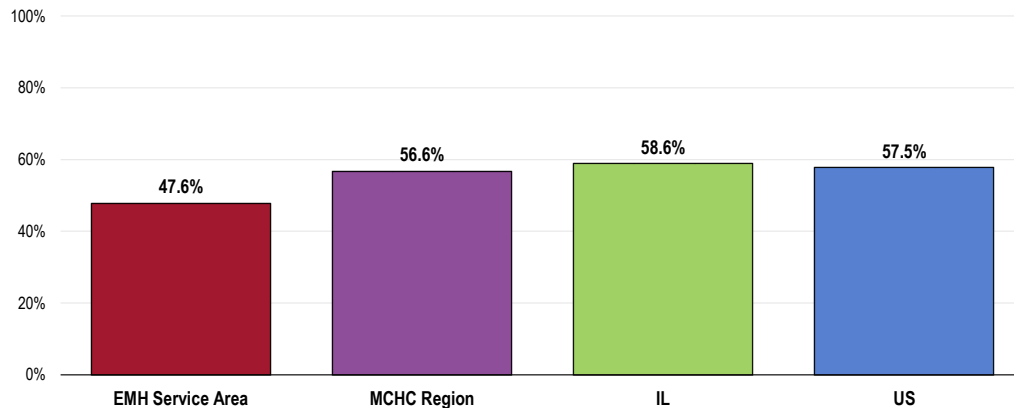
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects respondents 65 and older.
- Includes FluMist as a form of vaccination.

High-Risk Adults

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

A total of 35.4% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Statistically similar to the MCHC Region.
- Statistically similar to national findings.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- TREND: Statistically unchanged from the 2012 survey findings.

High-Risk Adults: Have Had a Flu Vaccination in the Past Year
(Among High-Risk Adults Age 18-64)
Healthy People 2020 Target = 70.0% or Higher
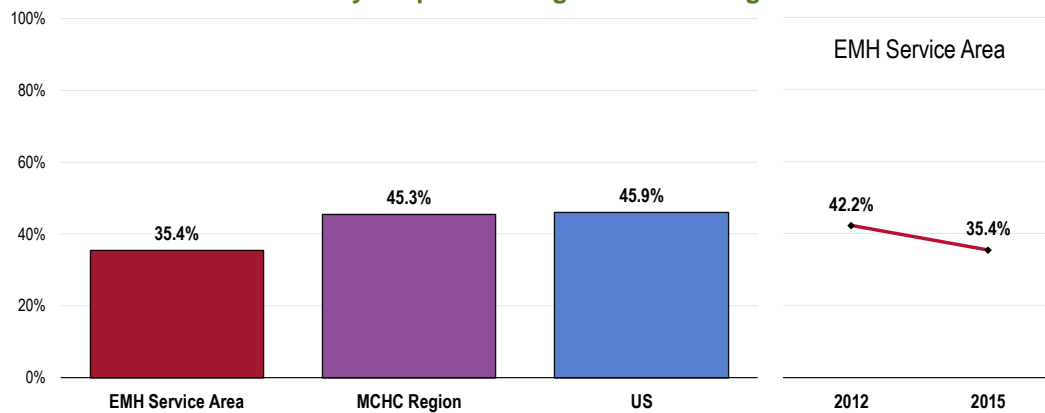
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]
Notes: ● Reflects high-risk respondents age 18-64.
● "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
● Includes FluMist as a form of vaccination.

Pneumonia Vaccination

Among adults age 65 and older, 46.2% have received a pneumonia vaccination at some point in their lives.

- Lower than the MCHC Region.
- Lower than the Illinois finding.
- Lower than the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.

Older Adults: Have Ever Had a Pneumonia Vaccine
(Among Adults Age 65+)
Healthy People 2020 Target = 90.0% or Higher

46.2% EMH Service Area
68.9% MCHC Region
64.6% IL
68.4% US
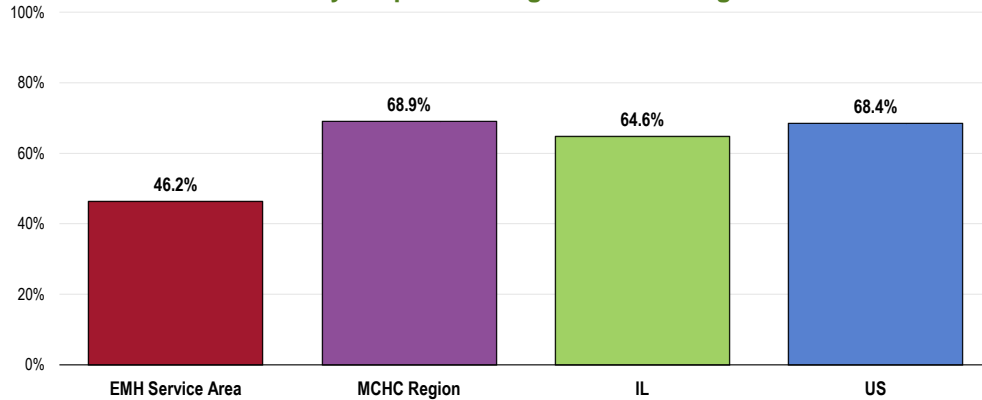
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.1]
Notes: ● Reflects respondents 65 and older.

High-Risk Adults

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

In all, 23.0% of high-risk adults age 18-64 have ever received a pneumonia vaccination.

- Less favorable than the MCHC Region.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).
- TREND: Statistically unchanged since 2012.

High-Risk Adults: Have Ever Had a Pneumonia Vaccine
(Among High-Risk Adults Age 18-64)
Healthy People 2020 Target = 60.0% or Higher

EMH Service Area

23.0% EMH Service Area
37.3% MCHC Region
41.9% US

28.3% 2012
23.0% 2015
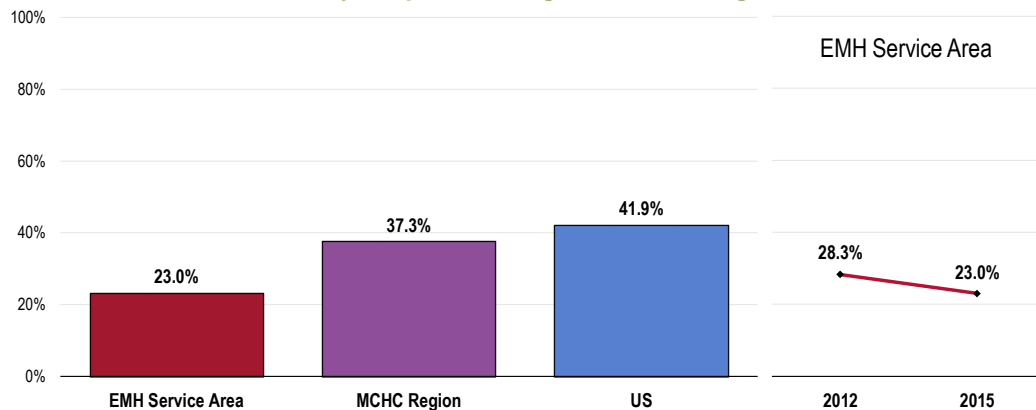
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.2]
Notes: ● Asked of all high-risk respondents under 65.
● "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About HIV

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

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

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

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

HIV Prevalence

In 2010, there was a prevalence of 80.2 HIV cases per 100,000 population in DuPage County.

- Much more favorable than the regional rate.
- Much more favorable than the statewide prevalence.
- Much more favorable than the national prevalence.
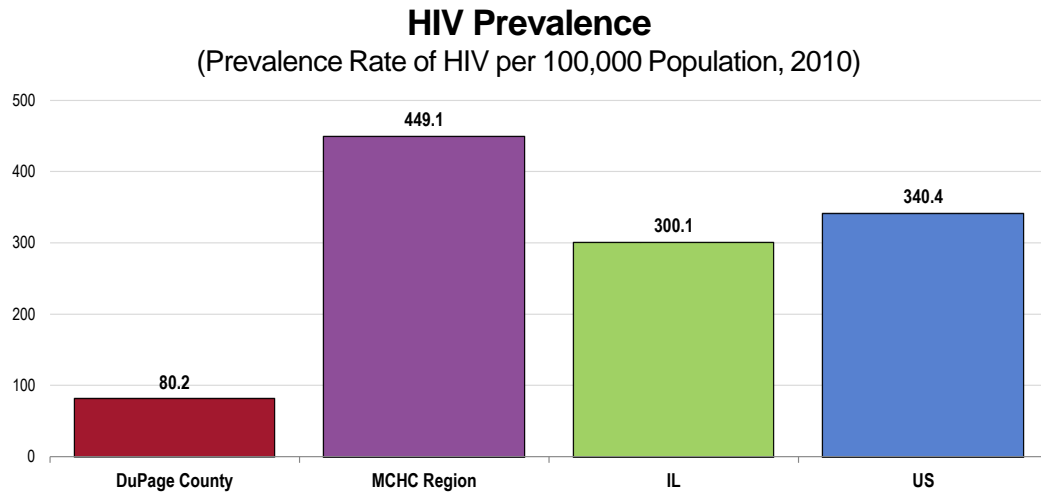
HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2010)

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

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

- By race and ethnicity, HIV/AIDS prevalence in DuPage County is particularly high among non-Hispanic Blacks.
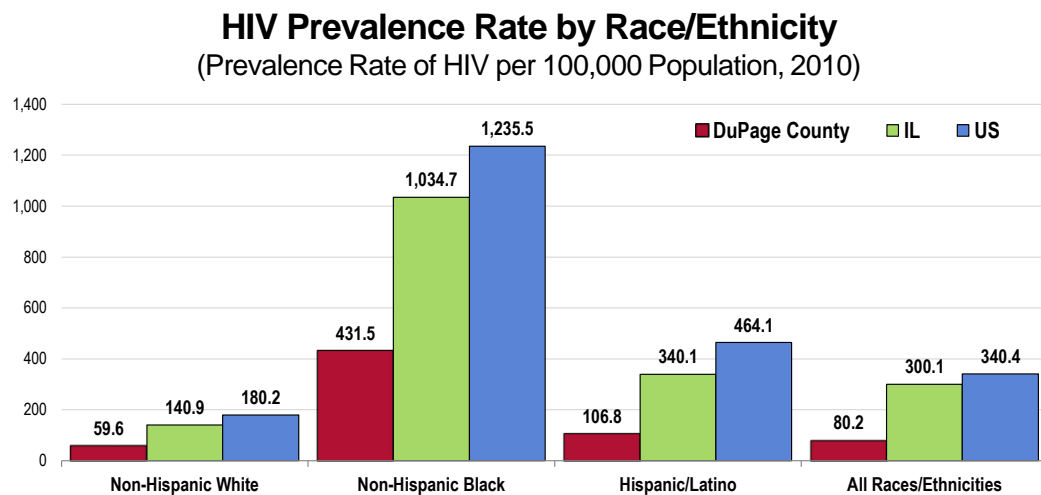
HIV Prevalence Rate by Race/Ethnicity
(Prevalence Rate of HIV per 100,000 Population, 2010)

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

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

HIV Testing

Among Elmhurst Memorial Hospital Service Area adults age 18-44, 29.2% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Similar to the MCHC Region.
- Statistically similar to the proportion found nationwide.
- TREND: Statistically similar to 2012 survey findings.

Tested for HIV in the Past Year
(Among Adults Age 18-44)
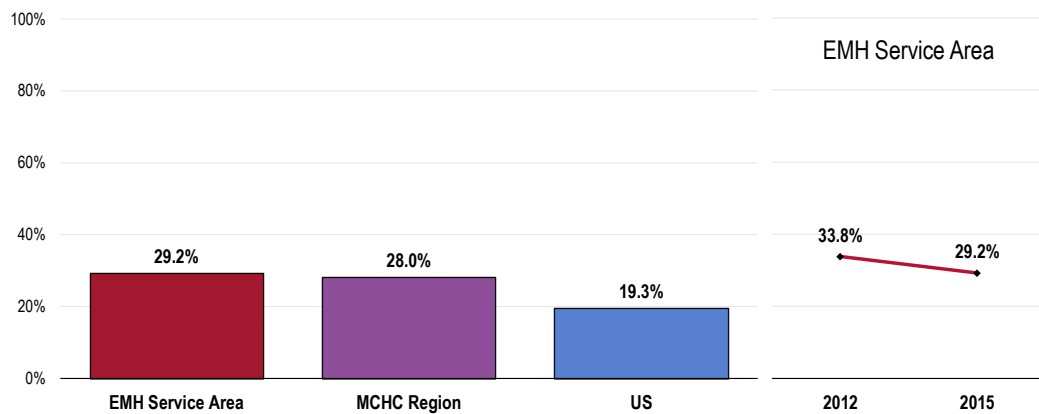
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects respondents age 18 to 44.

By demographic characteristics, these population samples (age 18-44) are <u>more</u> likely to have been tested for HIV in the past year:

- Women.
- Lower-income residents.
- Other races.

Tested for HIV in the Past Year
(Among Adults Age 18-44)
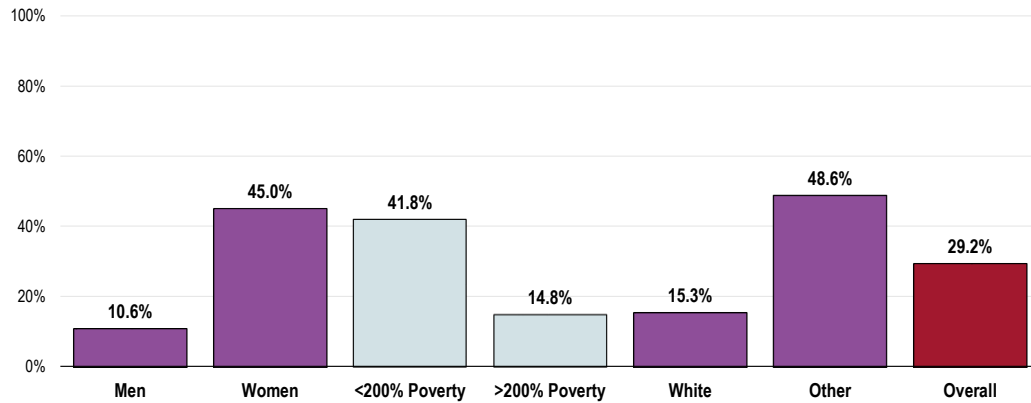
Chart showing percentages by group:
- Men: 10.6%
- Women: 45.0%
- <200% Poverty: 41.8%
- >200% Poverty: 14.8%
- White: 15.3%
- Other: 48.6%
- Overall: 29.2%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]
Notes: ● Reflects respondents age 18 to 44.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: HIV/AIDS

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

Perceptions of HIV/AIDS
as a Problem in the Community
(Key Informants, 2015)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

Moderate Problem	Minor Problem	No Problem At All
66.7%	16.7%	16.7%
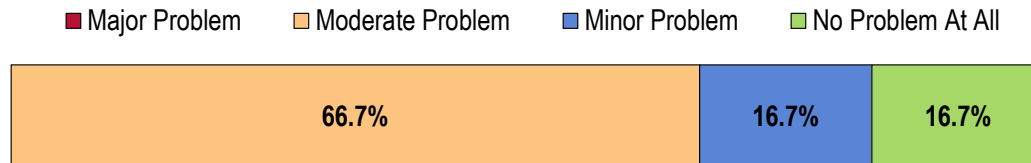
Sources: ● 2015 PRC Online Key Informant Survey.

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2012, the chlamydia incidence rate in DuPage County was 201.6 cases per 100,000 population.

- Much better than the regional incidence rate.
- Much better than the Illinois rate.
- Much better than the national rate.

The county's gonorrhea incidence rate in 2012 was 25.9 cases per 100,000 population.

- Much better than the regional incidence rate.
- Much better than the Illinois rate.
- Much better than the national rate.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2012)
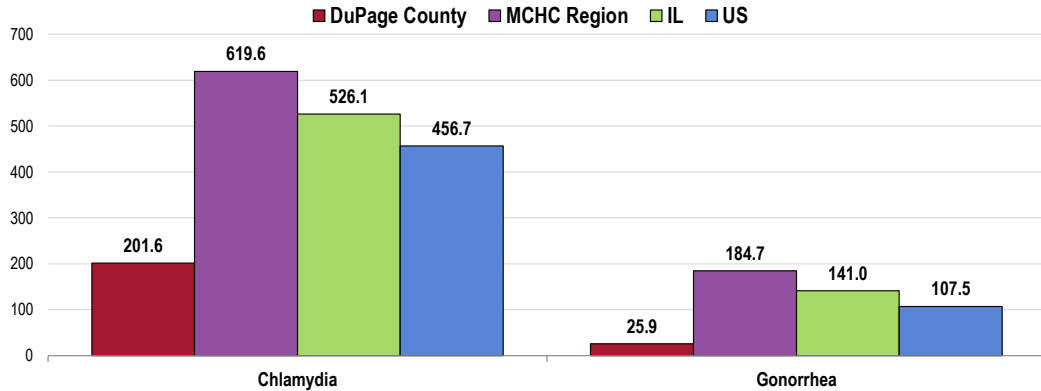
Legend: ■ DuPage County ■ MCHC Region ■ IL ■ US

	Chlamydia	Gonorrhea
DuPage County	201.6	25.9
MCHC Region	619.6	184.7
IL	526.1	141.0
US	456.7	107.5

Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.
● Retrieved August 2015 from Community Commons at http://www.chna.org.
Notes: ● This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Hepatitis B Vaccination

Based on survey data, nearly one-third of Elmhurst Memorial Hospital Service Area adults (33.0%) report having received the hepatitis B vaccination series.

- Less favorable than the MCHC Region.
- Less favorable than the national rate.
- TREND: Statistically similar over time.

Respondents were told that, to be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. They were then asked if they had completed this vaccination series.

Have Completed the Hepatitis B Vaccination Series

EMH Service Area	MCHC Region	US
33.0%	41.8%	44.7%

EMH Service Area

2009	2012	2015
27.4%	37.8%	33.0%
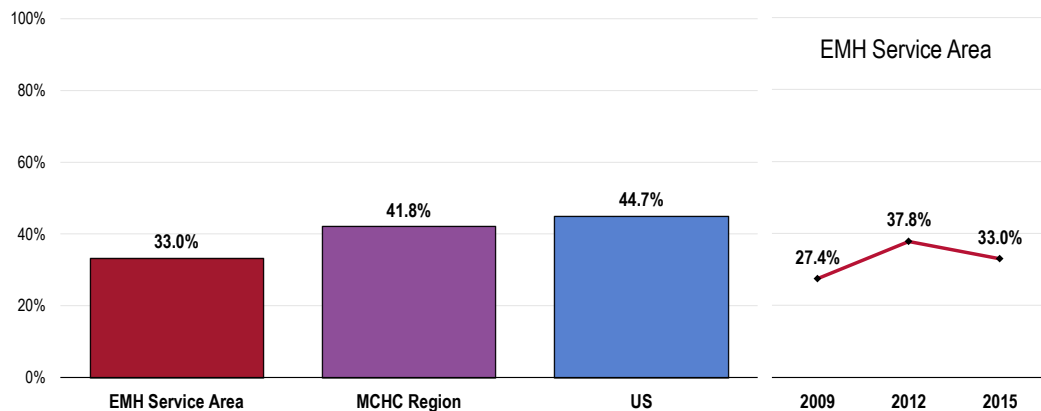
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Includes a series of three shots, usually administered at least one month between shots.

- Note the negative correlation between age and hepatitis B vaccination.

Have Completed the Hepatitis B Vaccination Series
(EMH Service Area, 2015)
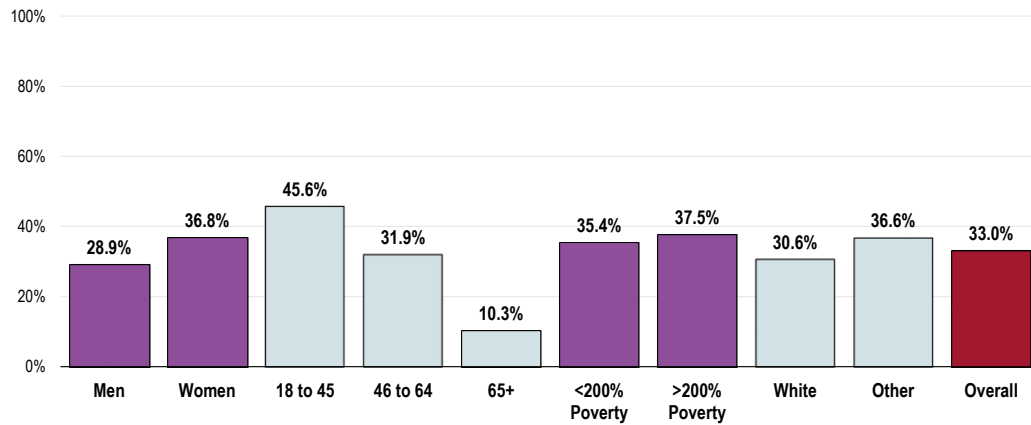
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
Notes: ● Asked of all respondents.
 ● "White" race category reflects non-Hispanic White respondents.
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Safe Sexual Practices

Sexual Partners

Among unmarried Elmhurst Memorial Hospital Service Area adults under 65, most cite having one (24.6%) or no (43.7%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months
(Among Unmarried Adults Age 18-64; EMH Service Area, 2015)

Three/More 18.9%
None 43.7%
Two 12.8%
One 24.6%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: ● Asked of all unmarried respondents under the age of 65.

However, 18.9% report three or more sexual partners in the past year.

- Comparable to the MCHC Region.
- Comparable to that reported nationally.
- TREND: Similar to 2009 data but marking a significant <u>increase</u> since 2012.

Had Three or More Sexual Partners in the Past Year
(Among Unmarried Adults Age 18-64)

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 86]
　　　　● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all unmarried respondents under the age of 65.

Those (age 18 to 64) <u>more</u> likely to report three/more sexual partners in the past year include:

- Women.
- Adults age 18 to 45.
- Other residents.

Had Three or More Sexual Partners in the Past Year
(Among Unmarried Adults Age 18-64; EMH Service Area, 2015)

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: ● Asked of all unmarried respondents under the age of 65.
　　　　● "White" race category reflects non-Hispanic White respondents.
　　　　● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Condom Use

Among Elmhurst Memorial Hospital Service Area adults who are under age 65 and unmarried, 63.0% report that a condom was used during their last sexual intercourse.

- Higher than the MCHC Region.
- Much higher than national findings.

Condom Was Used During Last Sexual Intercourse
(Among Unmarried Adults Age 18-64)
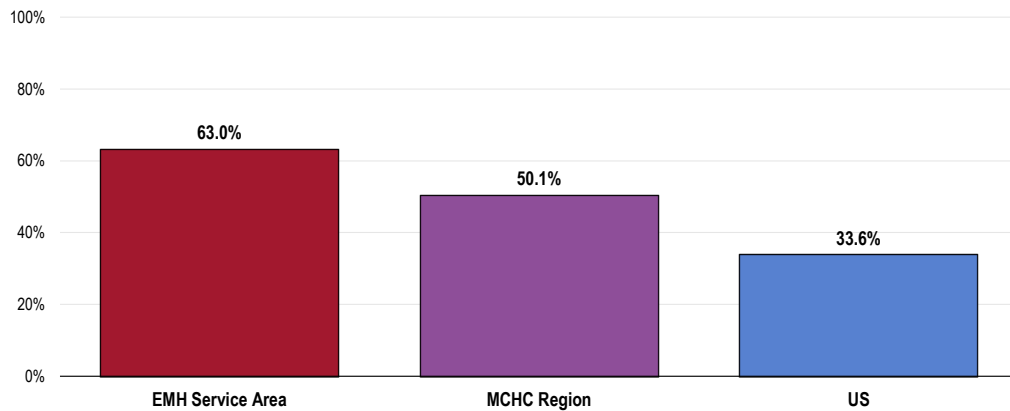
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]
　　　　● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all unmarried respondents under the age of 65.

- Residents age 46 to 64 and Whites are <u>less</u> likely to report condom use during their last sexual intercourse.

Condom Was Used During Last Sexual Intercourse
(Among Unmarried Adults Age 18-64; EMH Service Area, 2015)
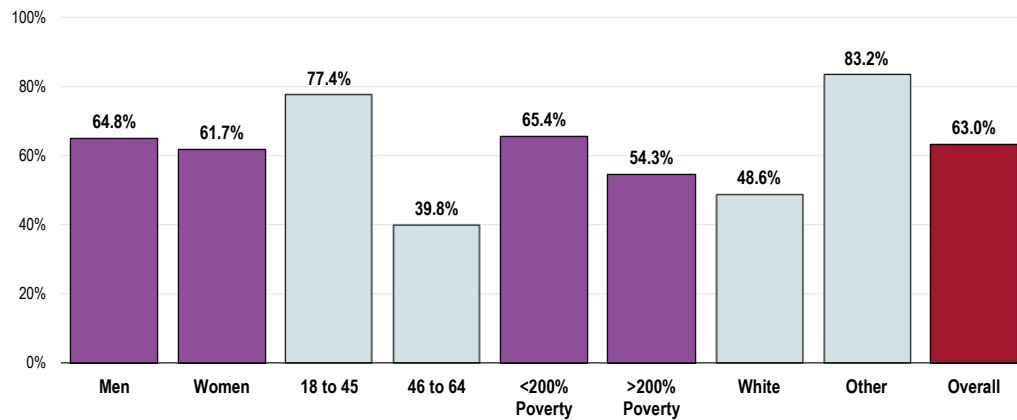
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
Notes: ● Asked of all unmarried respondents under the age of 65.
　　　　● "White" race category reflects non-Hispanic White respondents.
　　　　● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Sexually Transmitted Diseases

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

Perceptions of Sexually Transmitted Diseases as a Problem in the Community
(Key Informants, 2015)
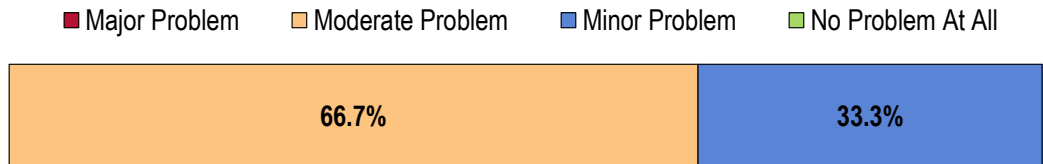
■ Major Problem   ☐ Moderate Problem   ■ Minor Problem   ☐ No Problem At All

66.7%	33.3%

Sources: ● 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Prevalence/Incidence

> *Sexually transmitted disease is a problem because people engage in unprotected sex and there is no such thing as protected sex. A condom may prevent pregnancy, but it doesn't prevent sexually transmitted diseases. – Community/Business Leader*

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

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

Perceptions of Immunization and Infectious Diseases as a Problem in the Community
(Key Informants, 2015)
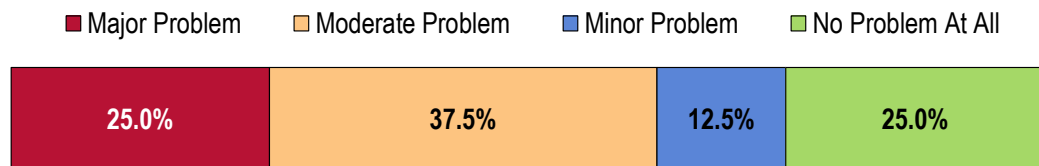
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

25.0%	37.5%	12.5%	25.0%

Sources: ● 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Incomplete Immunizations

> *Incomplete immunizations, families deciding not to immunize children. – Social Service Representative*

Births

Prenatal Care

About Infant & Child Health

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

Between 2007 and 2010, 4.7% of all DuPage County births did <u>not</u> receive prenatal care in the first trimester of pregnancy.

- Better than the regional proportion.
- Better than the Illinois proportion.
- Much better than the national proportion.
- Easily satisfies the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births, 2007-2010)
Healthy People 2020 Target = 22.1% or Lower
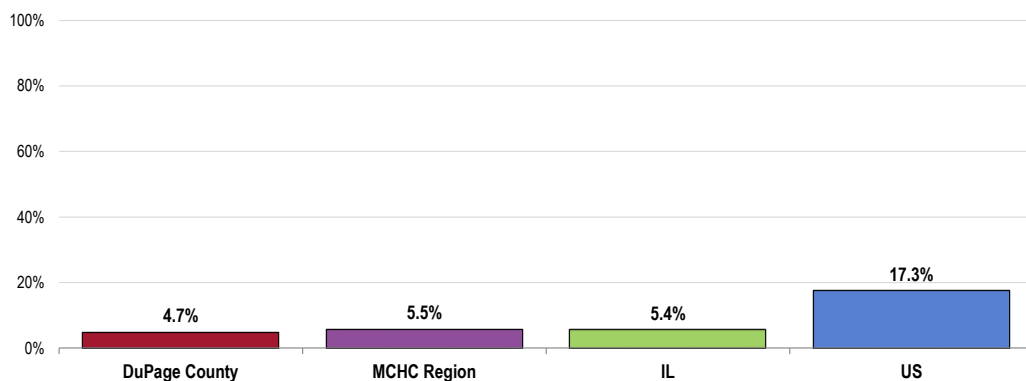
	DuPage County	MCHC Region	IL	US
	4.7%	5.5%	5.4%	17.3%

Sources:
- Retrieved August 2015 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

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

Birth Outcomes & Risks

Low-Weight Births

A total of 7.1% of 2011-2013 DuPage County births were low-weight.

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

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

- More favorable than the MCHC Region.
- Less favorable than the Illinois proportion.
- More favorable than the national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).

Low-Weight Births
(Percent of Live Births, 2011-2013)
Healthy People 2020 Target = 7.8% or Lower
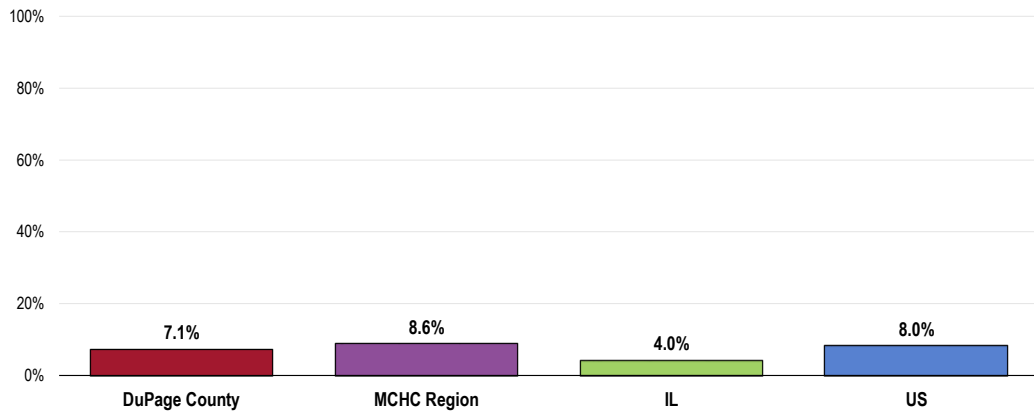
Category	Percent
DuPage County	7.1%
MCHC Region	8.6%
IL	4.0%
US	8.0%

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-12. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

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

- Low-weight births are more prevalent among Blacks in DuPage County.

Low-Weight Births by Race/Ethnicity
(DuPage County; Percent of Live Births, 2011-2013)
Healthy People 2020 Target = 7.8% or Lower
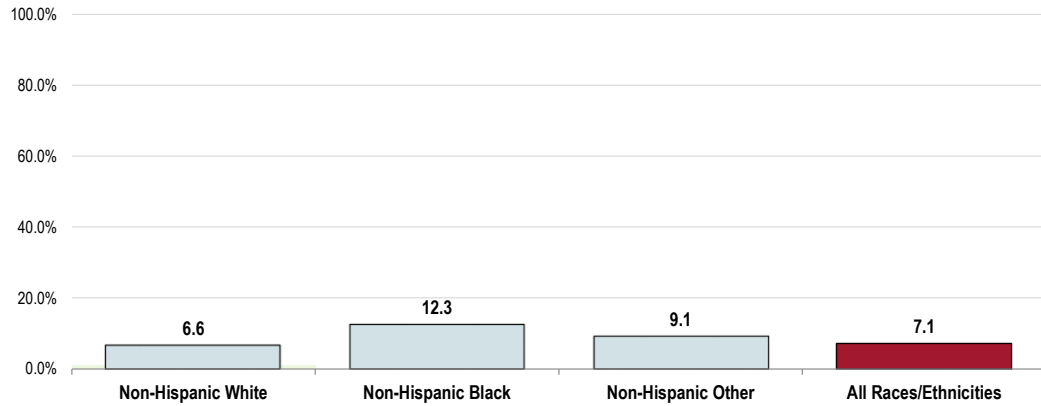
Category	Value
Non-Hispanic White	6.6
Non-Hispanic Black	12.3
Non-Hispanic Other	9.1
All Races/Ethnicities	7.1

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

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

- TREND: The county proportion of low-weight births remained stable over the past decade, in keeping with state and national trends.

Low-Weight Births
(DuPage County; Percent of Live Births)
Healthy People 2020 Target = 7.8% or Lower

	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	7.4	7.3	7.4	7.1	7.1
Illinois	4.1	4.1	4.0	4.0	4.0
US	8.2	8.2	8.1	8.1	8.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

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

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2011 and 2013, there was an annual average of 4.4 infant deaths per 1,000 live births.

- Better than the MCHC Region.
- Better than the Illinois rate.
- Better than the national rate.
- Satisfies the Healthy People 2020 target of 6.0 or fewer per 1,000 live births.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2011-2013)
Healthy People 2020 Target = 6.0 or Lower

DuPage County	MCHC Region	IL	US
4.4	6.3	6.3	6.0
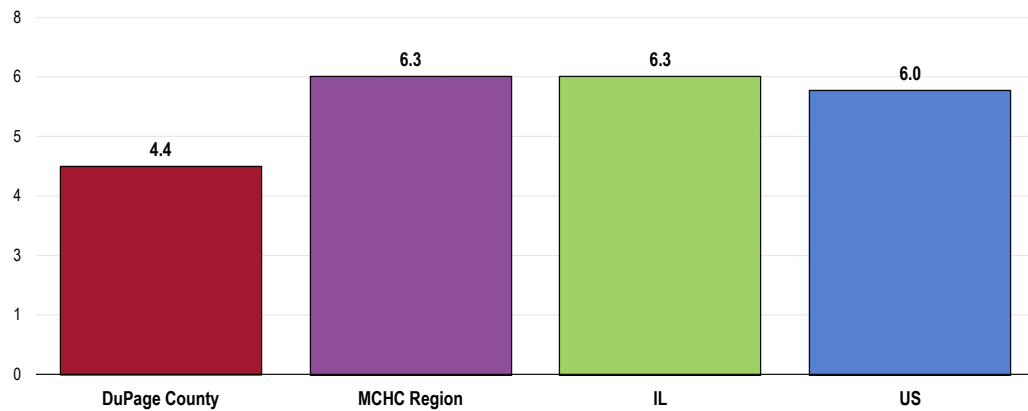
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- Retrieved August 2015 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- By race, the infant mortality rate in DuPage County is considerably higher among births to Black mothers.

Infant Mortality by Race/Ethnicity
(DuPage County; Annual Average Infant Deaths per 1,000 Live Births, 2011-2013)
Healthy People 2020 Target = 6.0 or Lower

Non-Hispanic White	Non-Hispanic Black	Hispanic	All Races/Ethnicities
3.8	9.0	4.5	4.4

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- TREND: The infant mortality rate has decreased over the past decade in DuPage County, echoing the state and national trends.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2020 Target = 6.0 or Lower
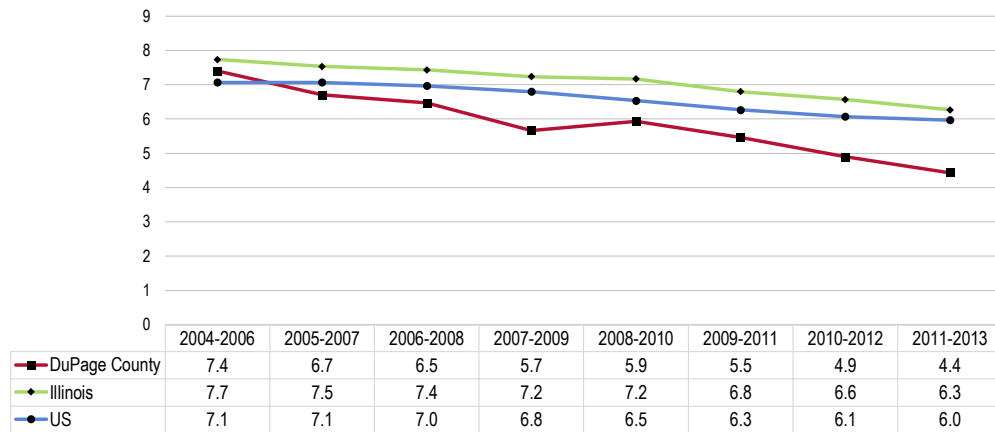
	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	7.4	6.7	6.5	5.7	5.9	5.5	4.9	4.4
Illinois	7.7	7.5	7.4	7.2	7.2	6.8	6.6	6.3
US	7.1	7.1	7.0	6.8	6.5	6.3	6.1	6.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

The largest share of key informants taking part in an online survey generally characterized *Infant & Child Health* as a "moderate problem" in the community.

Perceptions of Infant and Child Health
as a Problem in the Community
(Key Informants, 2015)

■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

25.0%	37.5%	25.0%	12.5%
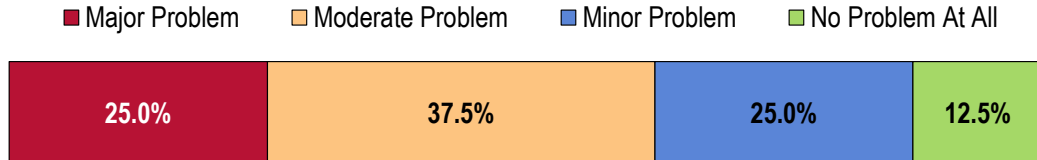
Sources: ● 2015 PRC Online Key Informant Survey.

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

Between 2011 and 2013, 3.4% of live births in DuPage County were to mothers under age 20.

- Lower than the MCHC Region.
- Lower than the Illinois proportion.
- Lower than the national proportion.

Births to Teen Mothers
(Births to Women Under 20 as a Percentage of Live Births, 2011-2013)

DuPage County	MCHC Region	IL	US
3.4%	7.2%	7.6%	7.8%
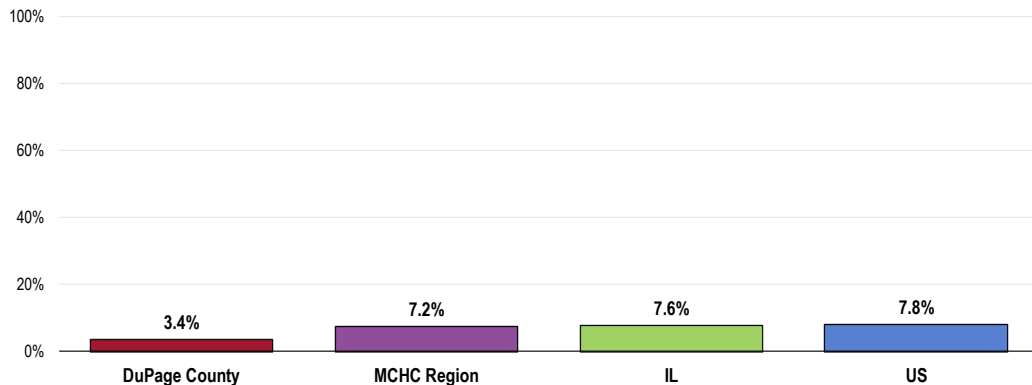
Sources: • Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.

- By race and ethnicity, Blacks exhibit the largest proportion of teen births in the county.

Births to Teen Mothers
(DuPage County; Births to Women Under 20 as a Percentage of Live Births, 2011-13)
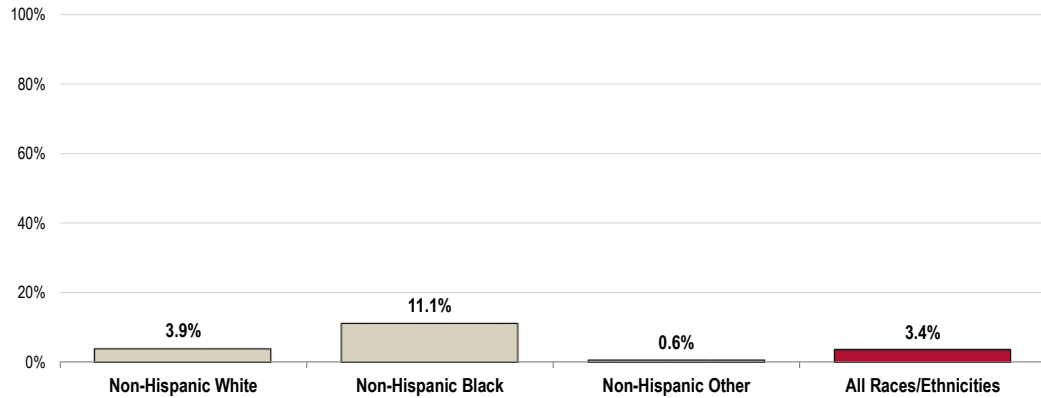
	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other	All Races/Ethnicities
	3.9%	11.1%	0.6%	3.4%

Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System: 2011-20123 Accessed using CDC WONDER.
Note: ● Numbers are a percentage of all live births within each population.

- TREND: This percentage decreased in DuPage County over the past decade, echoing the Illinois and US trends.

Teen Birth Trends
(Births to Women Under Age 20 as a Percentage of Life Births)
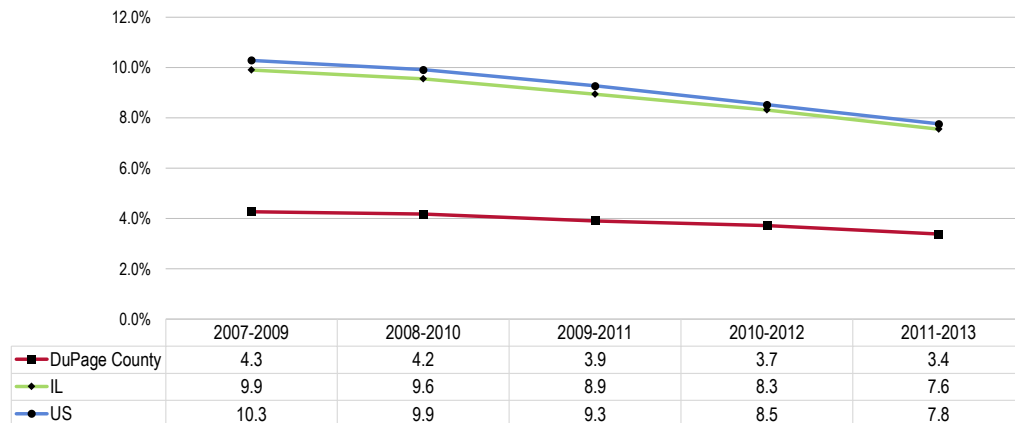
	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	4.3	4.2	3.9	3.7	3.4
IL	9.9	9.6	8.9	8.3	7.6
US	10.3	9.9	9.3	8.5	7.8

Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System: 2006-2012. Accessed using CDC WONDER.
Notes: ● This indicator reports the rate of total births to women under the age of 20 per 1,000 female population under 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a "major problem" in the community.

Perceptions of Family Planning
as a Problem in the Community
(Key Informants, 2015)
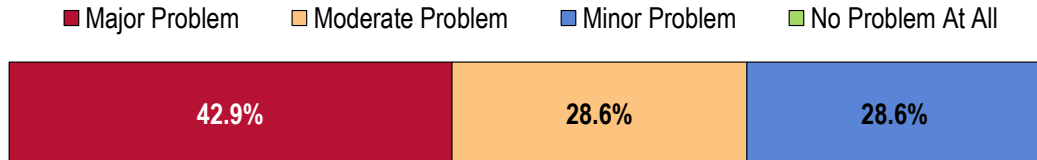
■ Major Problem   ☐ Moderate Problem   ■ Minor Problem   ☐ No Problem At All

Major Problem	Moderate Problem	Minor Problem
42.9%	28.6%	28.6%

Sources: ● 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Access to Care

> *There is a lack of full choice and affordable services. District by district the schools teach a restricted agenda on full choice and sexual health information. In short, we don't equip our teens, young adults or adults with enough access and choices. – Social Service Representative*
>
> *It's become more difficult for people to access if they are not adequately insured. – Social Service Representative*

Modifiable Health Risks

Actual Causes Of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States
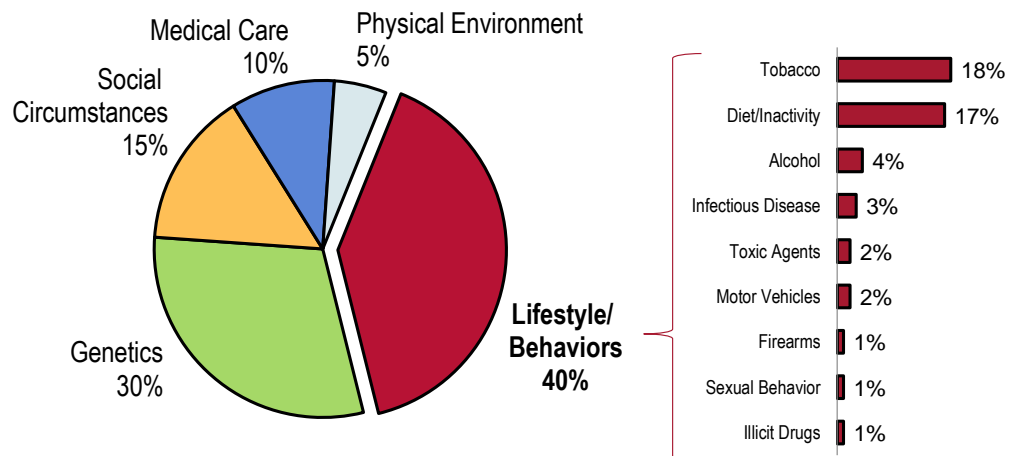
Sources: ● "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.
"Actual Causes of Death in the United States": (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular Disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular Disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental Injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic Lung Disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987.
DHHS Pub. No. (PHS) 88–1232.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

Daily Recommendation of Fruits/Vegetables

A total of 38.9% of Elmhurst Memorial Hospital Service Area adults report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

- Similar to regional results.
- Similar to the national findings.
- TREND: Fruit/vegetable consumption has <u>decreased</u> significantly since 2009.

Consume Five or More Servings of Fruits/Vegetables Per Day

EMH Service Area

	EMH Service Area	MCHC Region	US
	38.9%	39.6%	39.5%

2009	2012	2015
54.6%	49.3%	38.9%
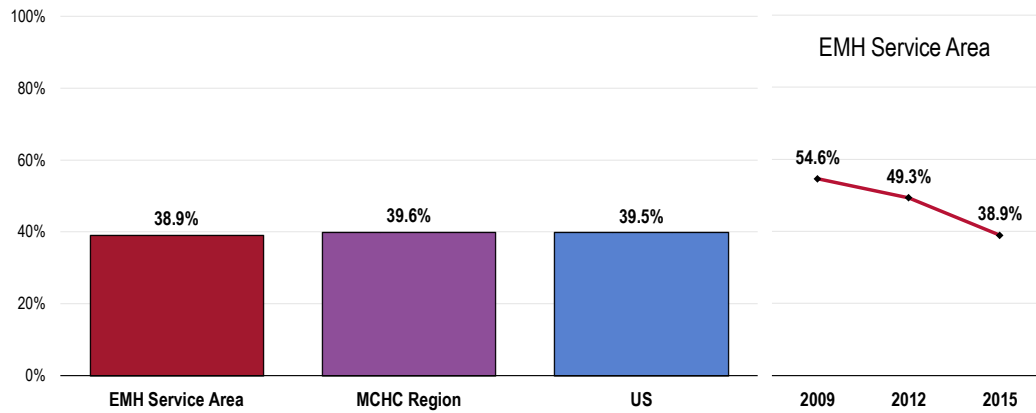
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
  ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
  ● For this issue, respondents were asked to recall their food intake on the previous day.

- Lower-income residents are <u>less</u> likely to get the recommended servings of daily fruits/vegetables, as are respondents in the "Other" races category.

Consume Five or More Servings of Fruits/Vegetables Per Day
(EMH Service Area, 2015)
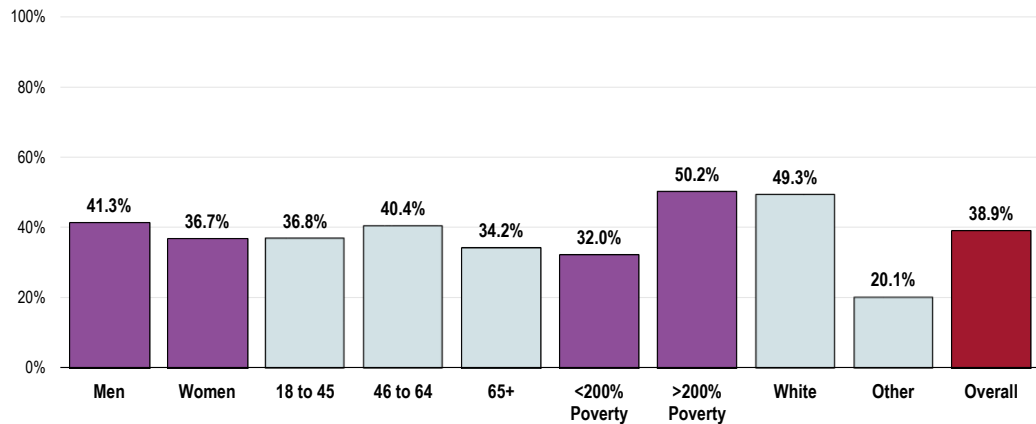
Men	Women	18 to 45	46 to 64	65+	<200% Poverty	>200% Poverty	White	Other	Overall
41.3%	36.7%	36.8%	40.4%	34.2%	32.0%	50.2%	49.3%	20.1%	38.9%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
Notes: ● Asked of all respondents; respondents were asked to recall their food intake on the previous day.
  ● "White" race category reflects non-Hispanic White respondents.
  ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Access to Fresh Produce

Difficulty Accessing Fresh Produce

While most report little or no difficulty, 23.9% of Elmhurst Memorial Hospital Service Area adults report that it is "very" or "somewhat" difficult for them to access affordable, fresh fruits and vegetables.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(EMH Service Area, 2015)
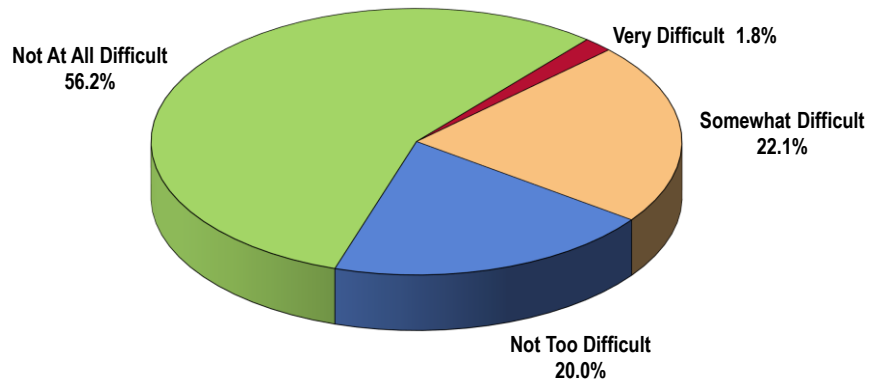
Not At All Difficult 56.2%
Very Difficult 1.8%
Somewhat Difficult 22.1%
Not Too Difficult 20.0%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: ● Asked of all respondents.

- Worse than the regional results.
- Similar to national findings.
- TREND: Marks a statistically significant increase since 2012.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

EMH Service Area

EMH Service Area 23.9%
MCHC Region 16.2%
US 24.4%
2012 14.2%
2015 23.9%
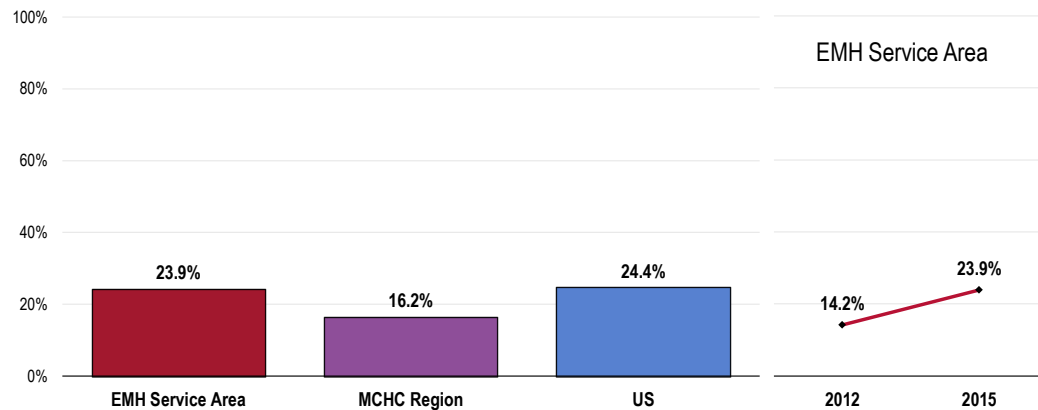
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 91]
         ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

● Adults under 46 and residents of Other races are more likely to report difficulty getting fresh fruits and vegetables.

Find It "Very" or "Somewhat"
Difficult to Buy Affordable Fresh Produce
(EMH Service Area, 2015)

Bar chart values:
- Men: 21.9%
- Women: 25.6%
- 18 to 45: 30.6%
- 46 to 64: 18.9%
- 65+: 20.8%
- <200% Poverty: 26.0%
- >200% Poverty: 20.5%
- White: 15.6%
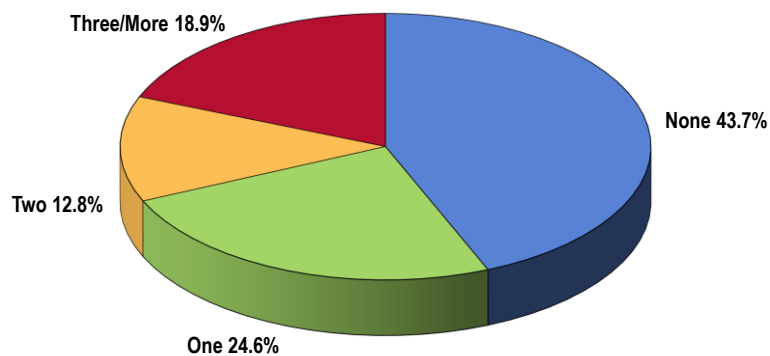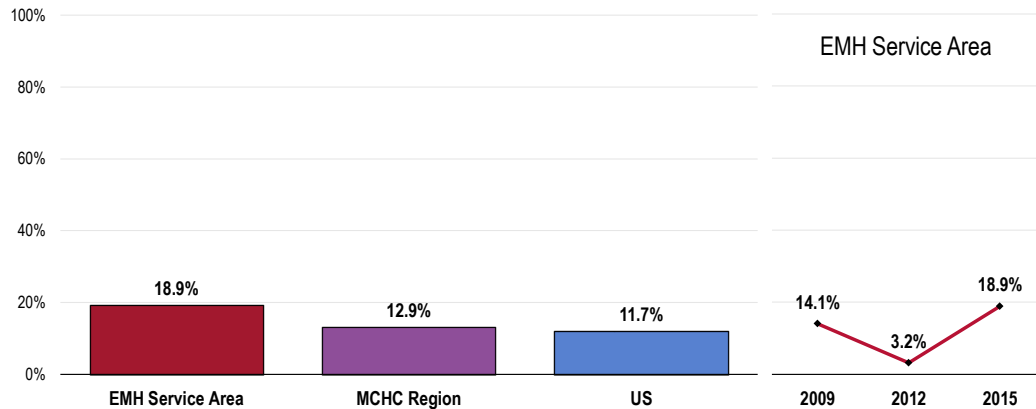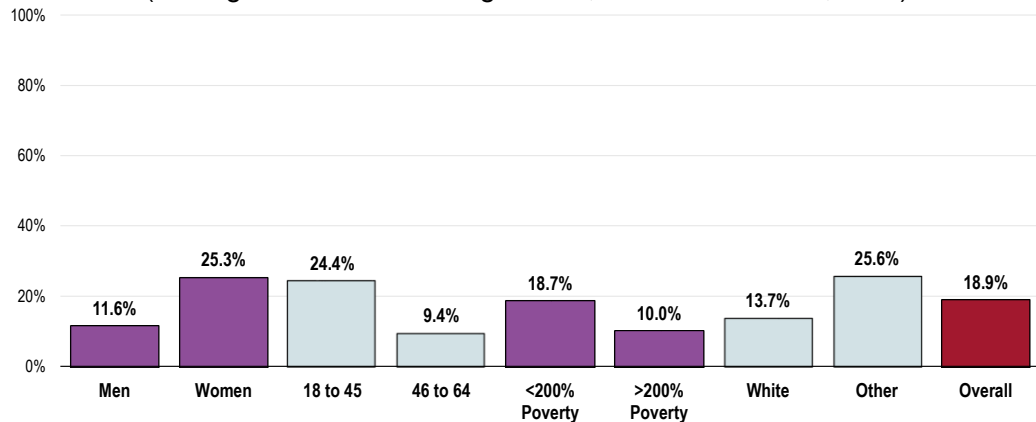- Other: 38.0%
- Overall: 23.9%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Low Food Access (Food Deserts)

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that 26.7% of the DuPage County population (representing over 245,000 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

● Worse than regional results.
● Worse than statewide findings.
● Worse than national findings.

Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

245,009 individuals have low food access

Location	Percent
DuPage County	26.7%
MCHC Region	13.6%
IL	20.4%
US	23.6%
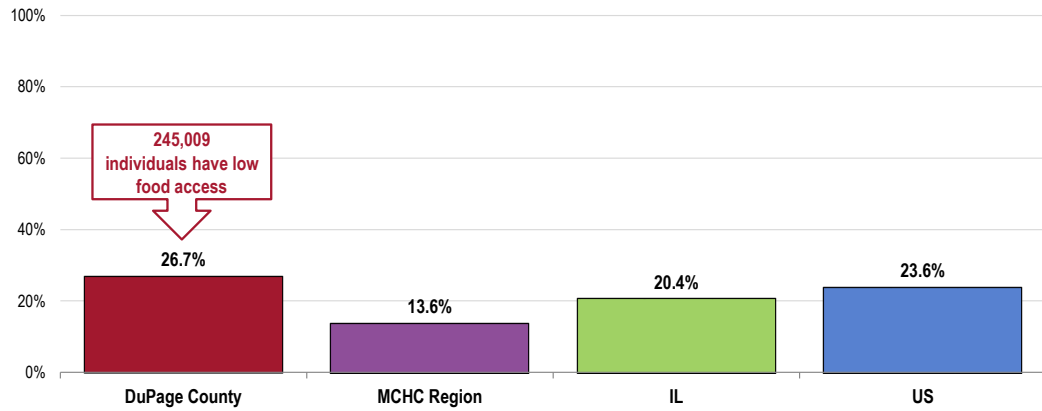
Sources:
● US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.
● Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes:
● This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

● The following map provides an illustration of food deserts by census tract.

Population With Limited Food Access, Percent by Tract, FARA 2010
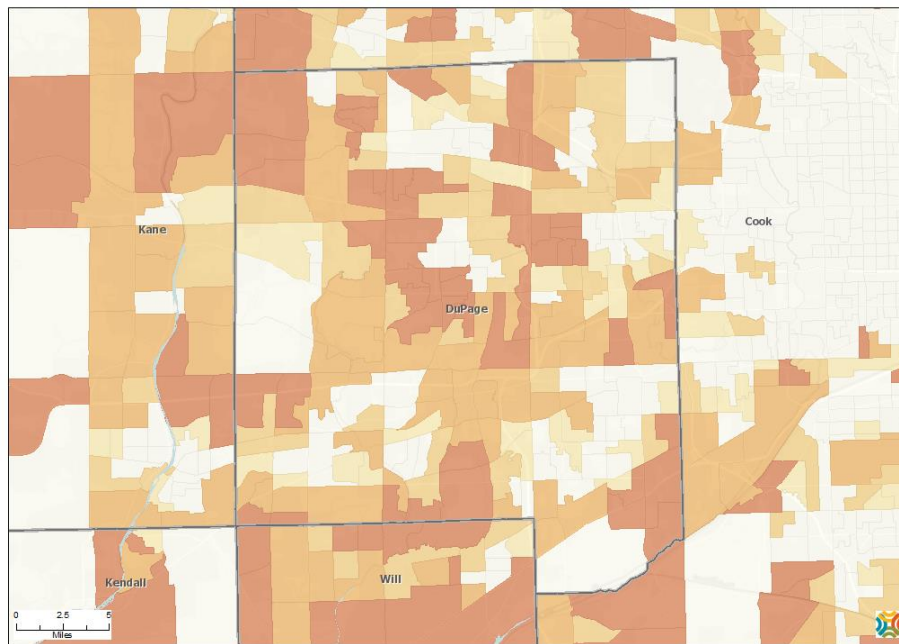
Map Legend

Population with Limited Food Access, Percent by Tract, FARA 2010

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access

Community Commons, 10/16/2015

Health Advice About Diet & Nutrition

A total of 42.0% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Similar to the regional results.
- Similar to national findings.
- TREND: Statistically similar over time.
- Note: Among overweight/obese respondents, 47.0% report receiving diet/nutrition advice (meaning that more than one-half did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)
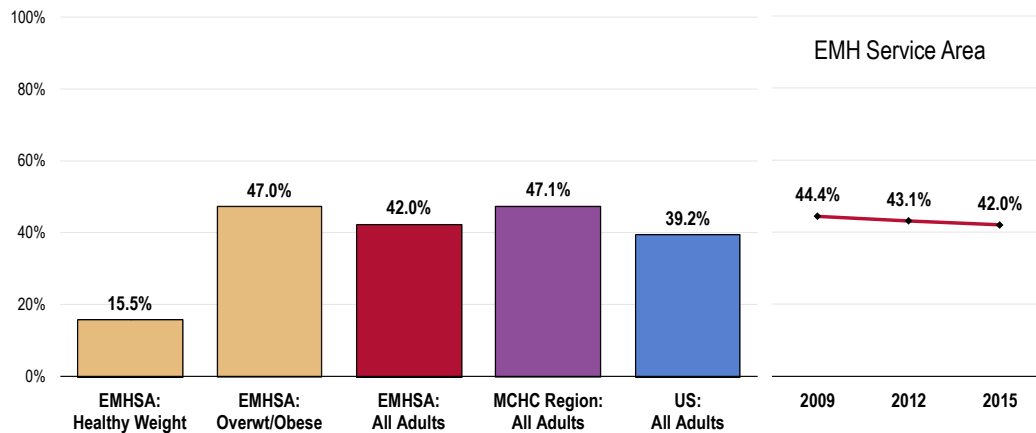
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

A total of 21.6% of Elmhurst Memorial Hospital Service Area adults report no leisure-time physical activity in the past month.

- Similar to the regional results.
- Similar to statewide findings.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

● Similar to national findings.

● Satisfies the Healthy People 2020 target (32.6% or lower).

● TREND: Statistically similar over time.

No Leisure-Time Physical Activity in the Past Month
Healthy People 2020 Target = 32.6% or Lower
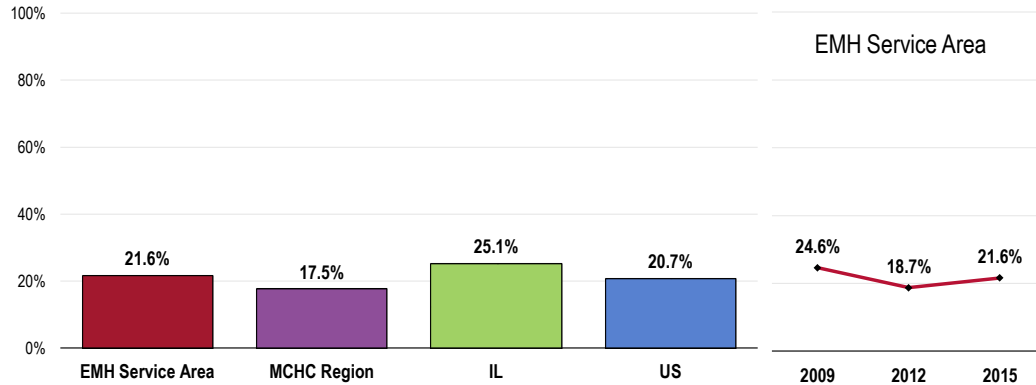
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]
Notes: ● Asked of all respondents.

● Lack of leisure-time activity in the service area is higher among seniors.

No Leisure-Time Physical Activity in the Past Month
(EMH Service Area, 2015)
Healthy People 2020 Target = 32.6% or Lower
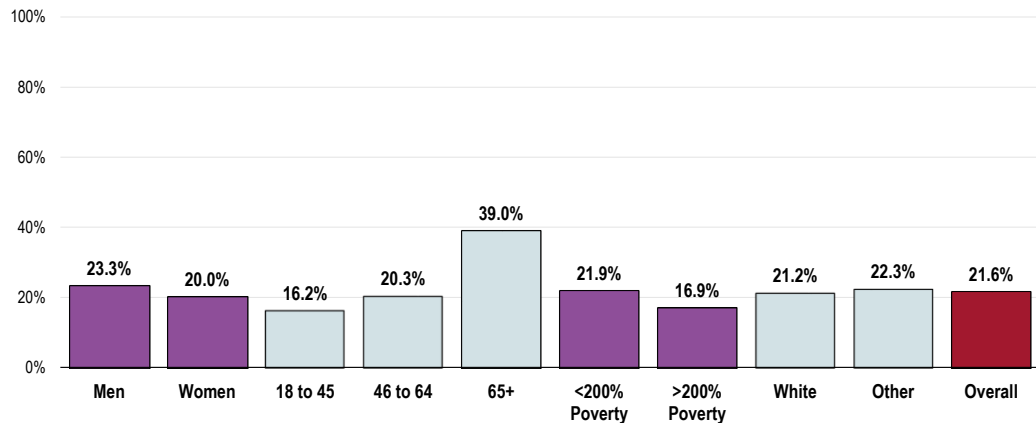
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Recommended Levels of Physical Activity

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

- 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 47.1% of Elmhurst Memorial Hospital Service Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Similar to the regional results.
- Similar to national findings.
- TREND: Statistically similar over time.

Meets Physical Activity Recommendations
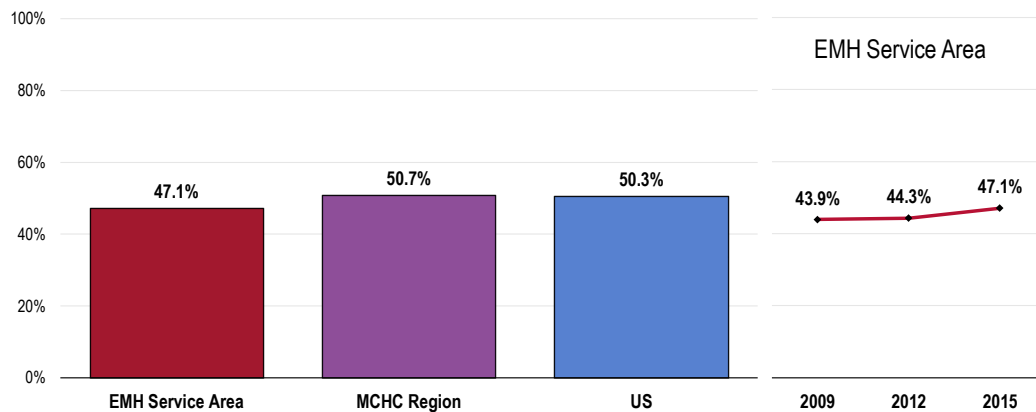
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]
         ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
         ● In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

● Seniors are <u>less</u> likely to meet physical activity requirements.

Meets Physical Activity Recommendations
(EMH Service Area, 2015)

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.
● In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

In the past month:

The individual indicators of moderate and vigorous physical activity are shown here.

A total of 30.2% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

● Comparable to the national level.
● TREND: Marks a statistically significant <u>improvement</u> over time (not shown).

A total of 35.0% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

● Comparable to the nationwide figure.
● TREND: Statistically similar to 2009 findings (not shown).

Moderate & Vigorous Physical Activity
(EMH Service Area, 2015)

Moderate Physical Activity

Yes 30.2%

No 69.8%

US=30.6%

Vigorous Physical Activity

Yes 35.0%

No 65.0%

US=38.0%
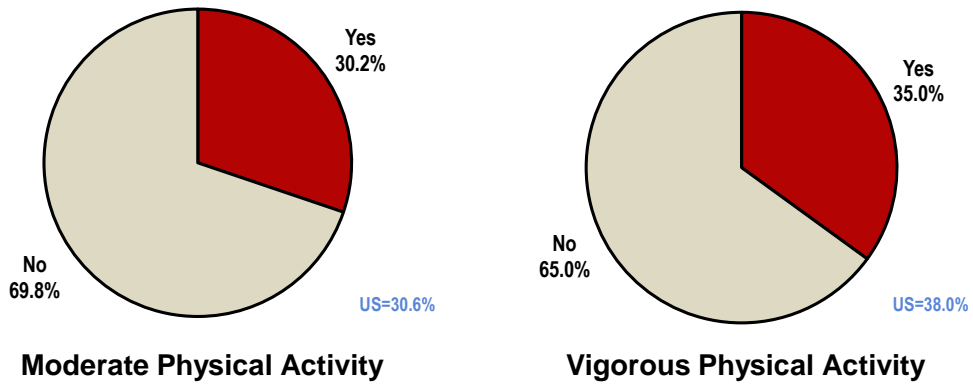
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 148-149]
　　　　 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
　　　　 ● Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week
　　　　　　 for at least 30 minutes per time.
　　　　 ● Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least
　　　　　　 20 minutes per time.

Access to Safe & Affordable Places for Exercise

Most Elmhurst Memorial Hospital Service Area adults do not find it difficult to access safe and affordable places for exercise, with 57.1% considering it "not at all difficult" and 23.7% reporting that it is "not too difficult."

Level of Difficulty in Accessing
Safe and Affordable Places for Exercise
(EMH Service Area, 2015)
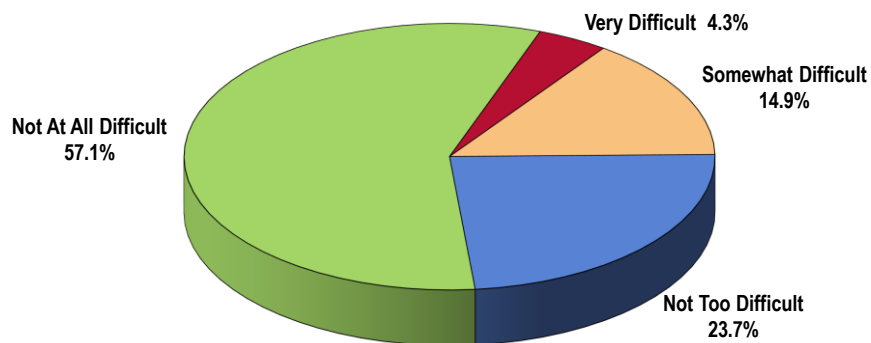
Very Difficult 4.3%

Somewhat Difficult 14.9%

Not At All Difficult 57.1%

Not Too Difficult 23.7%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
Notes: ● Asked of all respondents.

In contrast, a total of 19.2% of Elmhurst Memorial Hospital Service Area adults find it "somewhat" or "very" difficult to access safe and affordable places for exercise.

- Similar to the MCHC Region.
- TREND: Statistically similar to 2012 survey findings.

Find It "Very" or "Somewhat" Difficult to Access Safe and Affordable Places for Exercise
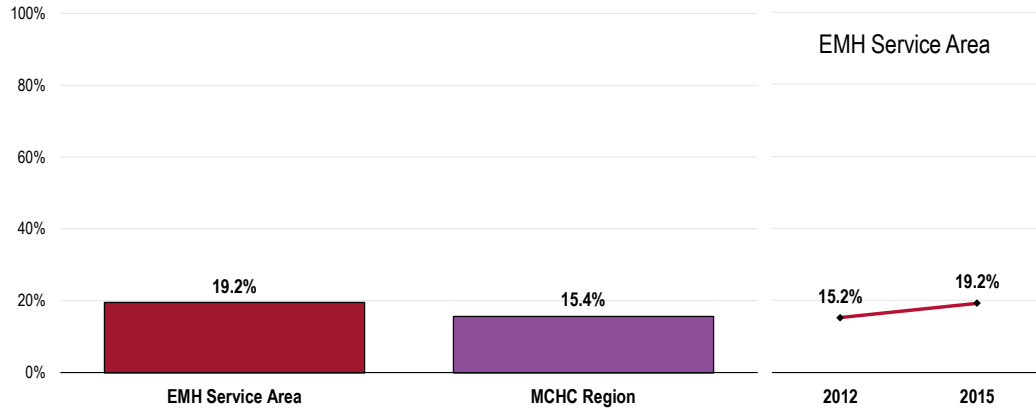
EMH Service Area

	EMH Service Area	MCHC Region	2012	2015
	19.2%	15.4%	15.2%	19.2%

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 308]
Notes: ● Asked of all respondents.

Those <u>more likely</u> to report difficulty in finding safe and affordable places for exercise:

- Women.
- Households with lower incomes.

Find It "Very" or "Somewhat" Difficult to Access Safe and Affordable Places for Exercise
(EMH Service Area, 2015)

Men	Women	18 to 45	46 to 64	65+	<200% Poverty	>200% Poverty	White	Other	Overall
12.4%	25.8%	23.6%	13.4%	23.7%	29.7%	11.4%	20.6%	15.8%	19.2%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Access to Physical Activity

Access to Recreation & Fitness Facilities

Between 2008 and 2012, there were 14.5 recreation/fitness facilities for every 100,000 population in DuPage County.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

- Better than the regional results.
- Better than what is found statewide.
- Better than what is found nationally.

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2008-2012)

DuPage County	14.5
MCHC Region	10.8
IL	10.2
US	9.7
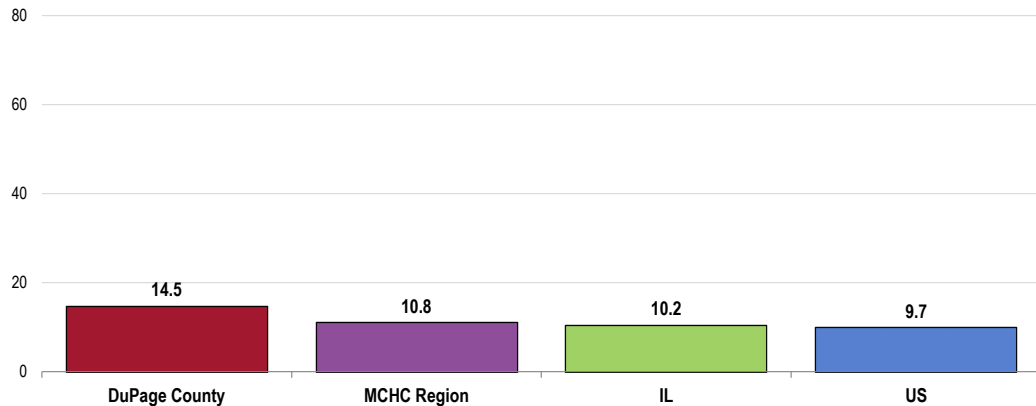
Sources:
- US Census Bureau, County Business Patterns: 2011. Additional data analysis by CARES.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Health Advice About Physical Activity & Exercise

A total of 48.8% of Elmhurst Memorial Hospital Service Area adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Similar to the regional results.
- Similar to the national average.
- TREND: Statistically unchanged over time.
- Note: 55.1% of overweight/obese Elmhurst Memorial Hospital Service Area respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the
Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)
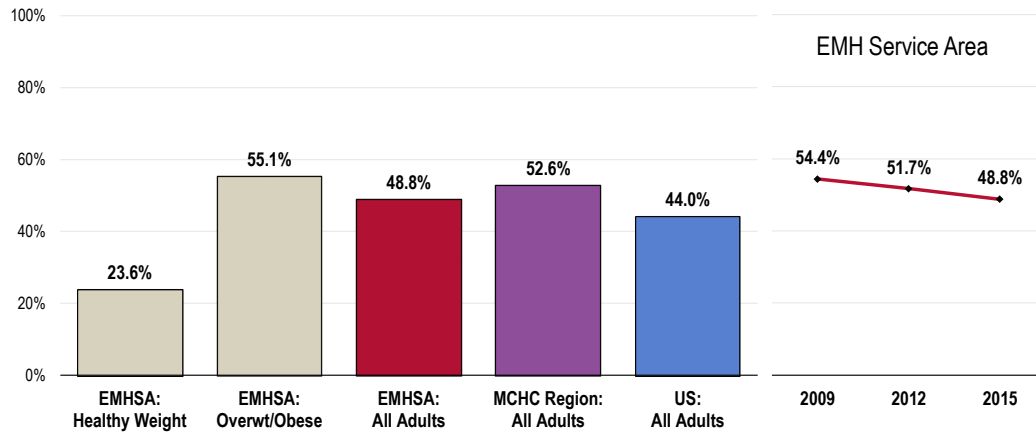
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
　　　　 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Children's Physical Activity

Among service area children age 2 to 17, 46.5% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Similar to the regional results.
- Similar to the proportion reported nationally.
- No statistical difference by child's gender.

Child Is Physically Active for One or More Hours per Day
(Among Children Age 2-17)
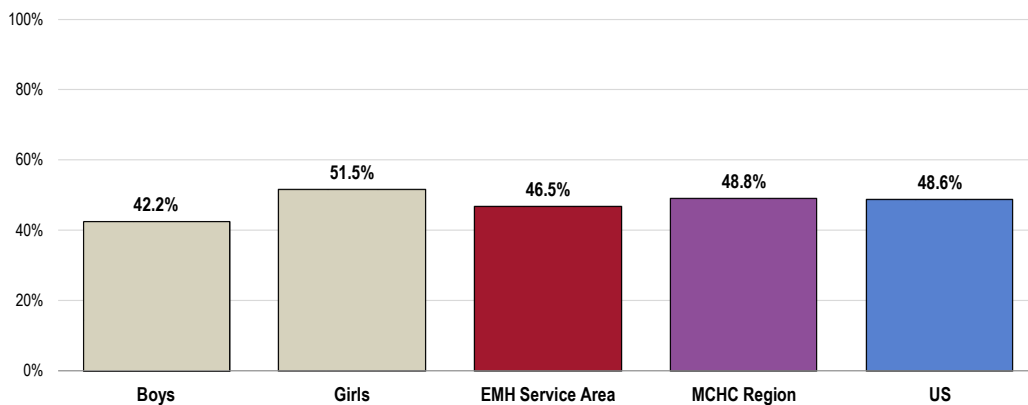
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
　　　　 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children age 2-17 at home.
　　　　 ● Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches^2)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Healthy Weight

Based on self-reported heights and weights, 23.4% of Elmhurst Memorial Hospital Service Area adults are at a healthy weight.

"Healthy weight "means neither underweight, nor overweight (BMI = 18.5-24.9).

- Worse than the regional results.
- Worse than the Illinois proportion.
- Worse than the US proportion.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).
- TREND: Similar to 2009 findings but marking a statistically significant <u>decrease</u> since 2012.
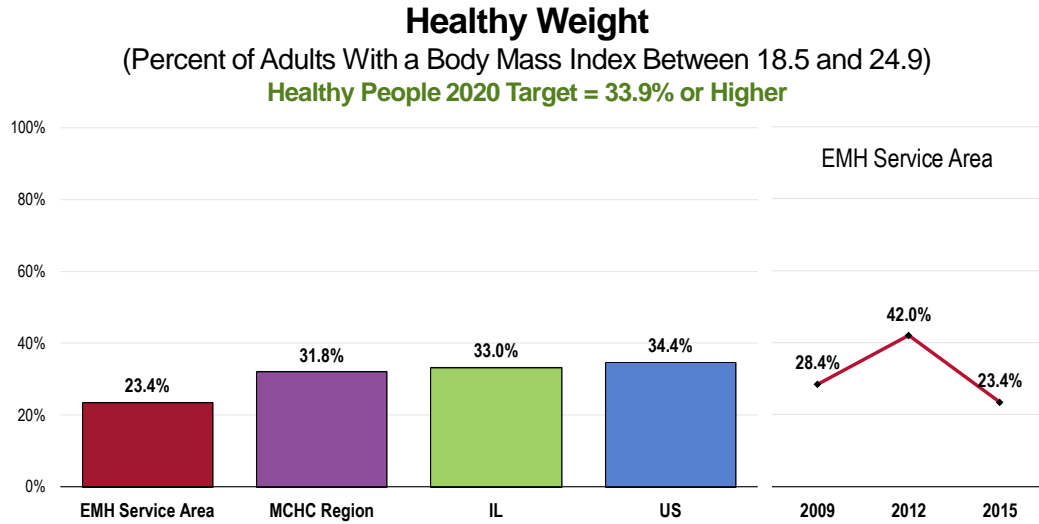
Healthy Weight
(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)
Healthy People 2020 Target = 33.9% or Higher

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

About 3 in 4 Elmhurst Memorial Hospital Service Area adults (74.8%) are overweight.

Here, "overweight" includes those respondents with a BMI value ≥25.

- Worse than the regional results.
- Worse than the Illinois proportion.
- Worse than the US overweight prevalence.
- TREND: Similar to 2009 data but signifying a statistically significant <u>increase</u> since 2012.

Prevalence of Total Overweight
(Percent of Adults With a Body Mass Index of 25.0 or Higher)

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.

Notes: ● Based on reported heights and weights, asked of all respondents.
● The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 31.0% of Elmhurst Memorial Hospital Service Area adults are obese.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Similar to regional results.
- Similar to Illinois findings.
- Similar to US findings.
- Similar to the Healthy People 2020 target (30.5% or lower).
- TREND: Statistically unchanged over time.

Prevalence of Obesity
(Percent of Adults With a Body Mass Index of 30.0 or Higher)
Healthy People 2020 Target = 30.5% or Lower
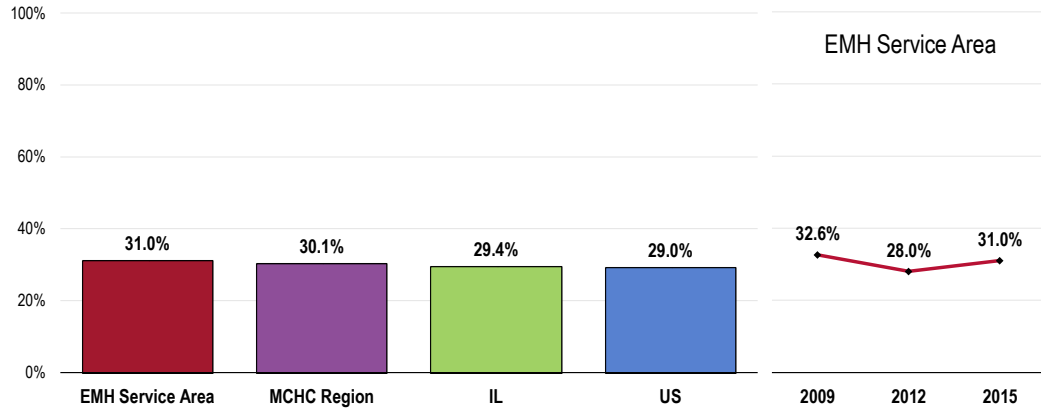
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

- No statistically significant differences in obesity prevalence were found within the demographic groups.

Prevalence of Obesity
(Percent of Adults With a BMI of 30.0 or Higher; EMH Service Area, 2015)
Healthy People 2020 Target = 30.5% or Lower
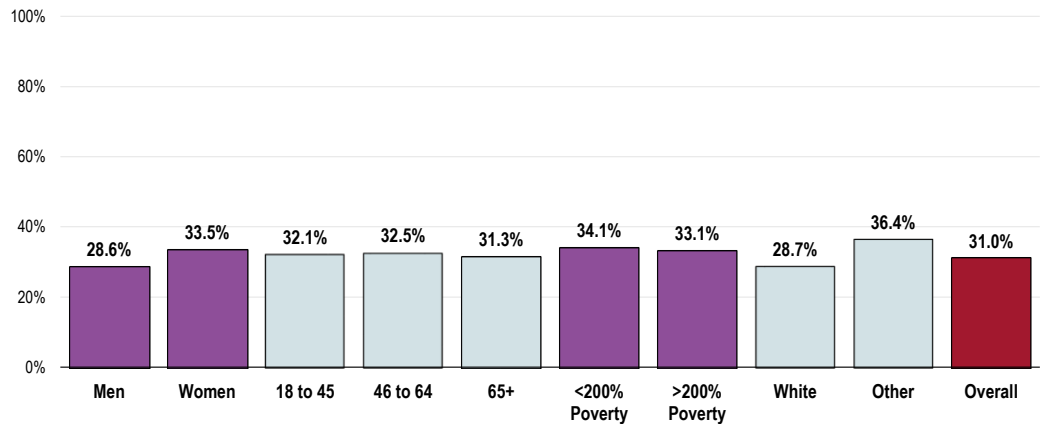
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- "White" race category reflects non-Hispanic White respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Actual vs. Perceived Body Weight

A total of 5.1% of obese adults and 22.8% of overweight (but not obese) adults feel that their current weight is "about right."

- 76.4% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 32.8% of obese adults see themselves as "very overweight."

Actual vs. Perceived Weight Status
(Among Overweight/Obese Adults Based on BMI; EMH Service Area, 2015)
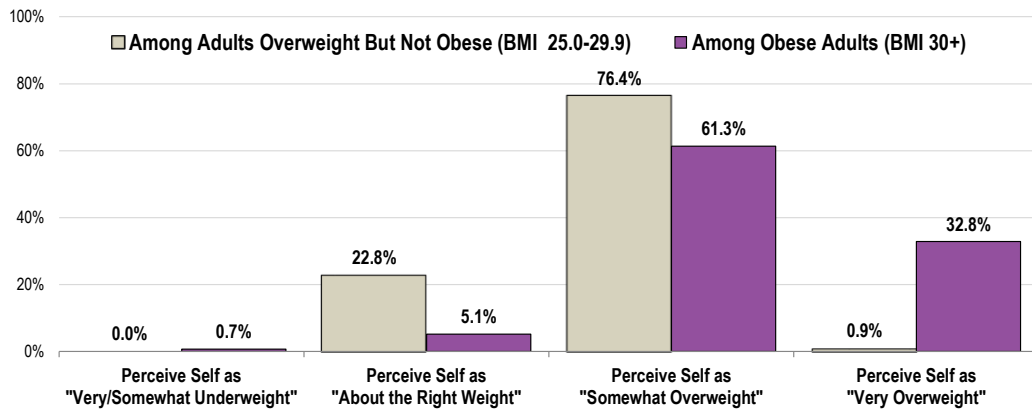
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: ● BMI is based on reported heights and weights, asked of all respondents.
● The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

The correlation between overweight and various health issues cannot be disputed.

- High cholesterol.
- Hypertension (high blood pressure).
- Activity limitations.
- Diabetes.
- Heart disease.

Relationship of Overweight With Other Health Issues
(By Weight Classification; EMH Service Area, 2015)

☐ Healthy Weight ☐ Overweight/Not Obese ■ Obese

	High Cholesterol	High Blood Pressure	Activity Limitations	Diabetes	Heart Disease
Healthy Weight	27.3%	23.4%	12.7%	0.0%	2.6%
Overweight/Not Obese	43.6%	28.2%	24.0%	18.6%	5.6%
Obese	49.8%	52.0%	28.6%	24.8%	12.4%
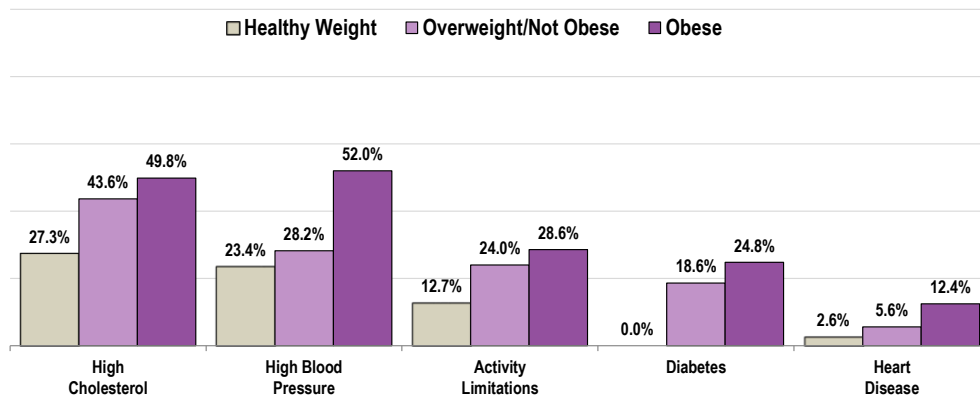
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 105, 124-126, 136]
Notes: ● Based on reported heights and weights, asked of all respondents.

Weight Management

Health Advice

A total of 31.5% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Similar to the regional results.
- Higher than the national findings.
- TREND: Statistically unchanged over time.
- Note that 37.2% of overweight/obese adults have been given advice about their weight by a health professional in the past year (*while the majority has not*).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

EMH Service Area

EMHSA: Healthy Weight	EMHSA: Overwt/Obese	EMHSA: All Adults	MCHC Region: All Adults	US: All Adults
7.3%	37.2%	31.5%	30.0%	23.7%

2009	2012	2015
32.5%	27.9%	31.5%
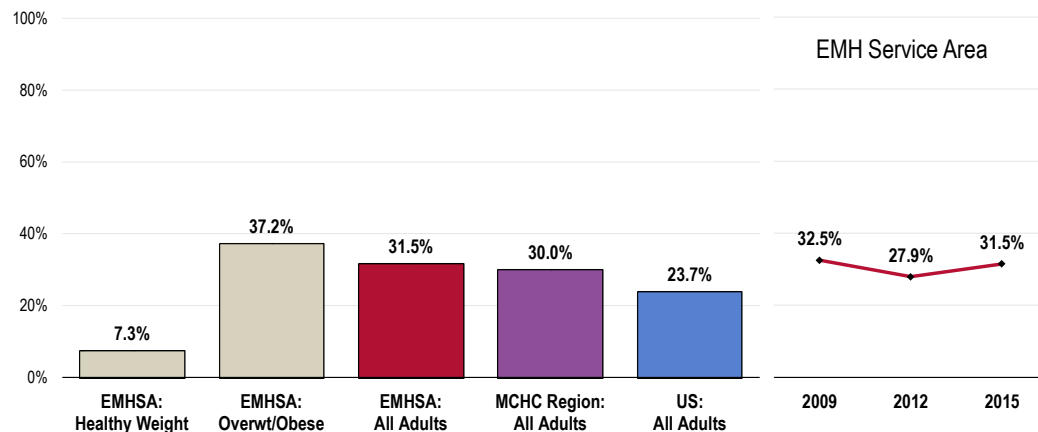
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 98, 153]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Weight Control

About Maintaining a Healthy Weight

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

- Healthy People 2020 (www.healthypeople.gov)

One-half of Elmhurst Memorial Hospital Service Area adults who are overweight (49.6%) say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Comparable to the regional results.
- Better than national findings.
- TREND: Statistically similar to that reported among overweight adults in 2009.

Trying to Lose Weight by Both
Modifying Diet and Increasing Physical Activity
(Among Overweight or Obese Respondents)

EMH Service Area

EMH Service Area	MCHC Region	US	2009	2012	2015
49.6%	42.6%	39.5%	45.1%	46.6%	49.6%
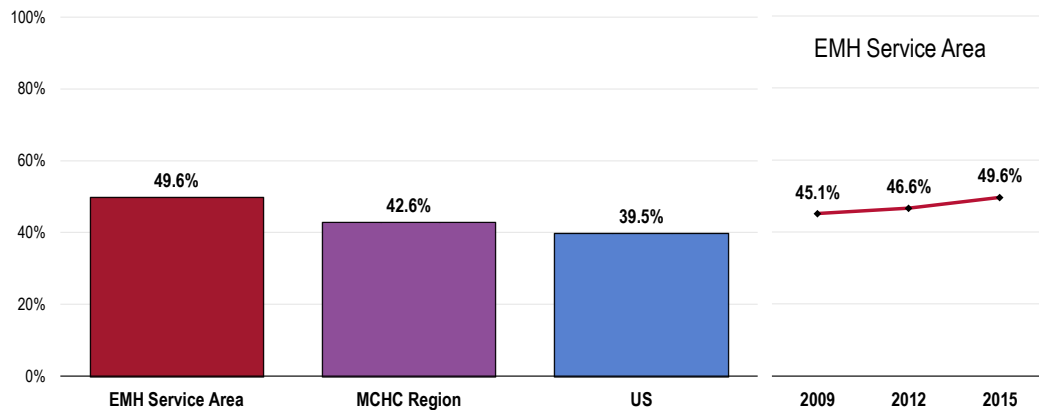
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
        ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects respondents who are overweight or obese based on reported heights and weights.

Childhood Overweight & Obesity

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight   <5th percentile
- Healthy Weight   ≥5th and <85th percentile
- Overweight   ≥85th and <95th percentile
- Obese   ≥95th percentile

- Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 52.5% of service area children age 5 to 17 are overweight or obese (≥85th percentile).

- Worse than the regional results.
- Worse than the US percentage.

Child Total Overweight Prevalence
(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)
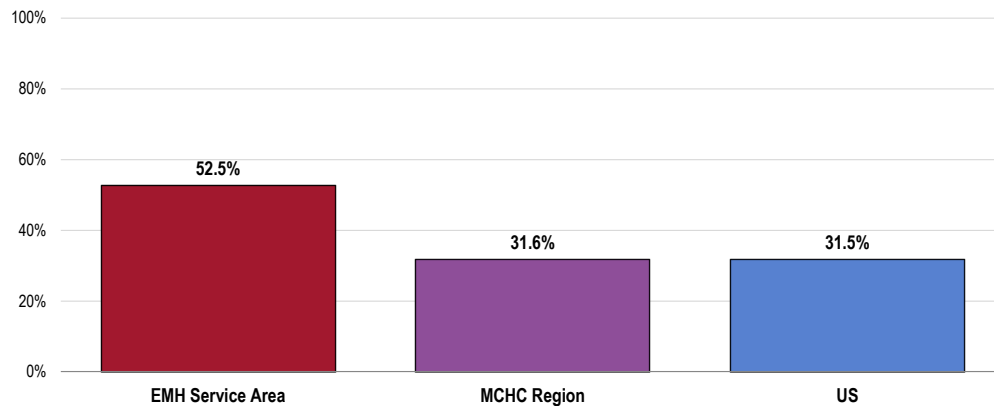
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
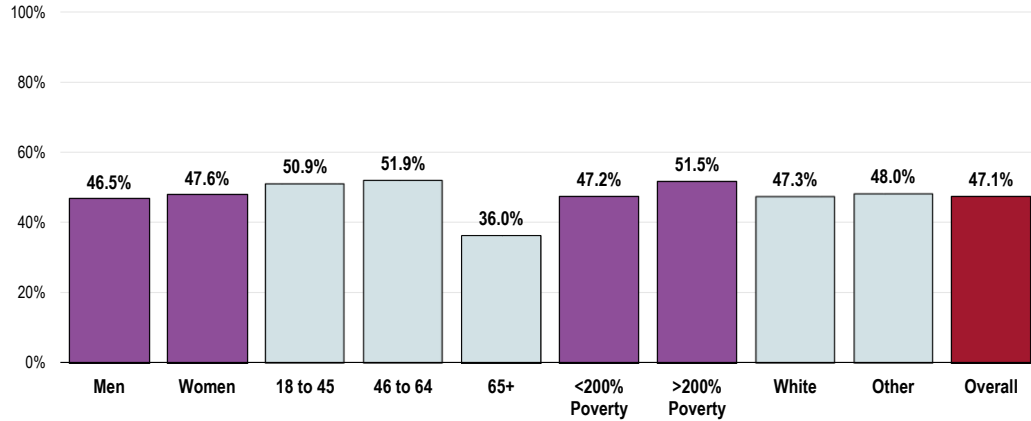- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 27.0% of Elmhurst Memorial Hospital Service Area children age 5 to 17 are obese (≥95th percentile).

- Comparable to the regional results.
- Worse than the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).
- No statistical difference by child's gender.

Child Obesity Prevalence
(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)
Healthy People 2020 Target = 14.5% or Lower
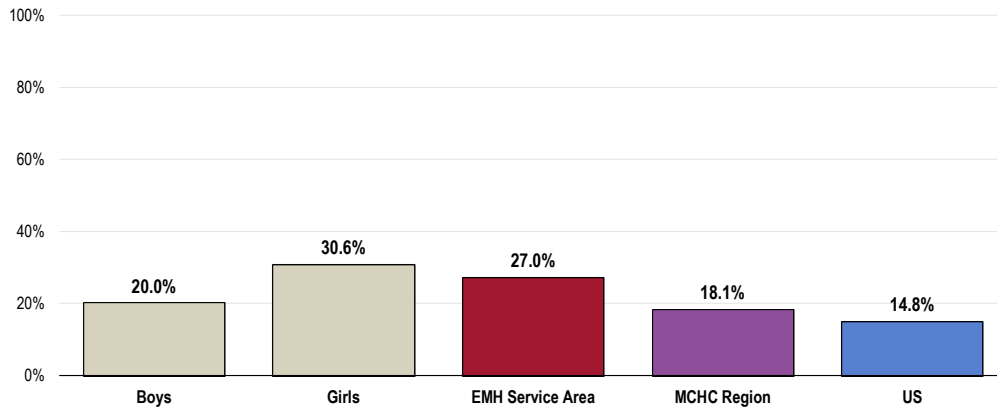
Boys 20.0%	Girls 30.6%	EMH Service Area 27.0%	MCHC Region 18.1%	US 14.8%

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

A plurality of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a "major problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Key Informants, 2015)

■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

Major Problem	Moderate Problem	Minor Problem
62.5%	12.5%	25.0%

Sources:
- 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Lack of Education

Lack of knowledge of what is healthy, nutritional food and allowing children to play indoors way too much and not encouraging them to play outdoors. With working parents, meals are what is quick and easy and carryout rather than quick, easy and healthy. – Community/Business Leader

Need for nutritionally dense, active lifestyles in order to promote healthy weight for all residents. In addition, there is significant disparity within the county borders related to socioeconomic status. – Public Health Expert

Infrastructure

Our nation is headed in the wrong direction with regards to fitness, activity and nutrition. Look at any local parade, the kids are heavier than 15 years ago. Look at any local epidemiological measure, kids and adults are heavier. We live in an area that was built on a suburban model that discourages walking. Nutritional choices are weighted against people in general, more so for those with low income as fresh and healthy foods are more expensive than processed. – Social Service Representative

Contributing Factors

Our eating habits continue to drive this issue. The quality of our food is also an issue, although more and more people and companies are climbing on the organic and non-GMO band wagon. Digital addictions plague our youth, who would rather play video games than play outside. Accessibility to indoor space where seniors can walk in safety for free is another important component. – Community/Business Leader

Obesity

Obesity is an epidemic in the US. – Social Service Representative

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 6.1 deaths per 100,000 population in DuPage County.

- Better than the MCHC Region.
- Better than the statewide rate.
- Better than the national rate.
- Similar to the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 8.2 or Lower

Category	Value
DuPage County	6.1
MCHC Region	8.3
IL	8.5
US	9.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

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

- TREND: The mortality rate has not changed significantly in the county over the past decade; meanwhile, statewide and nationwide rates have increased.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 8.2 or Lower

	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	6.1	6.4	6.6	6.4	6.2	6.3	6.5	6.1
Illinois	8.2	8.0	8.3	8.2	8.3	8.2	8.3	8.5
US	8.9	8.9	9.0	9.1	9.2	9.4	9.7	9.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

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

Liver Disease

A total of 1.1% of Elmhurst Memorial Hospital Service Area adults report having been diagnosed with liver disease.

- Similar to the regional results.
- TREND: Statistically unchanged from 2012 survey findings.

Prevalence of Liver Disease

EMH Service Area

EMH Service Area	MCHC Region	2012	2015
1.1%	1.6%	0.3%	1.1%
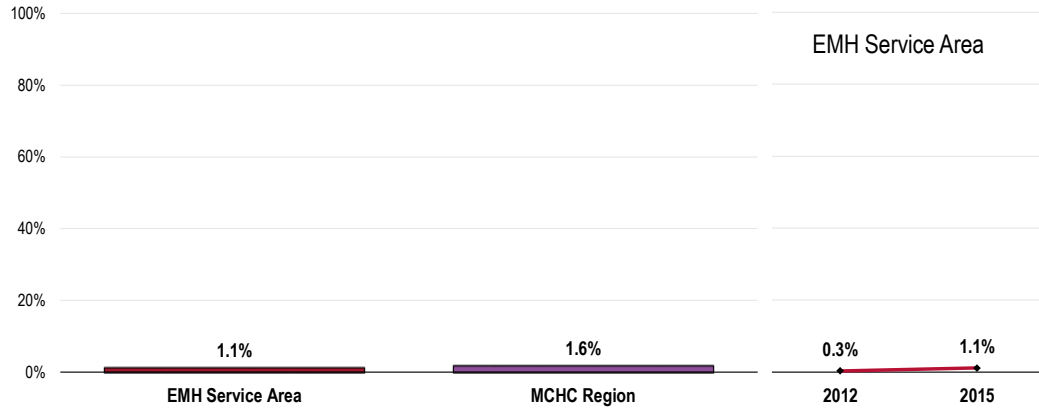
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 301]
Notes: ● Asked of all respondents.

High-Risk Alcohol Use

Current Drinking

A total of 56.8% of area adults had at least one drink of alcohol in the past month (current drinkers).

"Current drinkers" include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

- Comparable to the regional results.
- Comparable to the statewide proportion.
- Comparable to the national proportion.
- TREND: Similar to 2009 findings but marking a significant decrease since 2012.

Current Drinkers
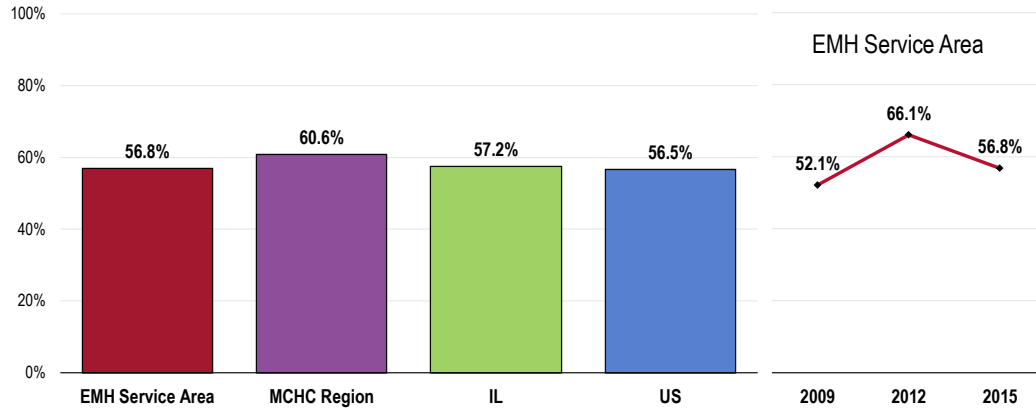
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Current drinkers had at least one alcoholic drink in the past month.

- Current drinking is more prevalent among adults age 18 to 45, residents with higher incomes, and Whites.

Current Drinkers
(EMH Service Area, 2015)

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.
● Current drinkers had at least one alcoholic drink in the past month.

Chronic Drinking

A total of 1.4% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

"Chronic drinkers" include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

- Better than the regional results.
- Better than the US proportion.
- TREND: Statistically unchanged over time.

Chronic Drinkers

EMH Service Area

				2009	2012	2015
EMH Service Area 1.4%	MCHC Region 4.5%	US 5.2%		1.9%	3.6%	1.4%
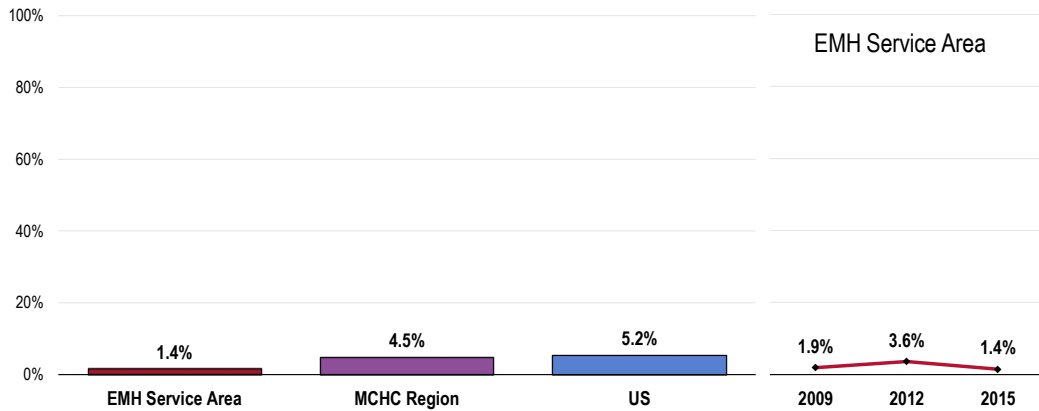
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 180]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.

- No significant differences by demographic characteristic.

Chronic Drinkers
(EMH Service Area, 2015)

| Men	Women	18 to 45	46 to 64	65+	<200% Poverty	>200% Poverty	White	Other	Overall
0.4%	2.3%	2.9%	0.3%	0.5%	1.7%	1.4%	0.7%	0.3%	1.4%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.
● Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

Binge Drinking

A total of 19.1% of Elmhurst Memorial Hospital Service Area adults are binge drinkers.

Binge drinkers" include:

1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

RELATED ISSUE: See also Stress in the Mental Health & Mental Disorders section of this report.

- Similar to the regional results.
- Similar to the Illinois findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (24.4% or lower).
- TREND: Statistically unchanged over time (note, however, that the previous definition for binge drinking was five or more drinks, regardless of gender).

Binge Drinkers
Healthy People 2020 Target = 24.4% or Lower

	EMH Service Area	MCHC Region	IL	US	2009	2012	2015
	19.1%	18.4%	21.8%	19.5%	20.7%	16.9%	19.1%
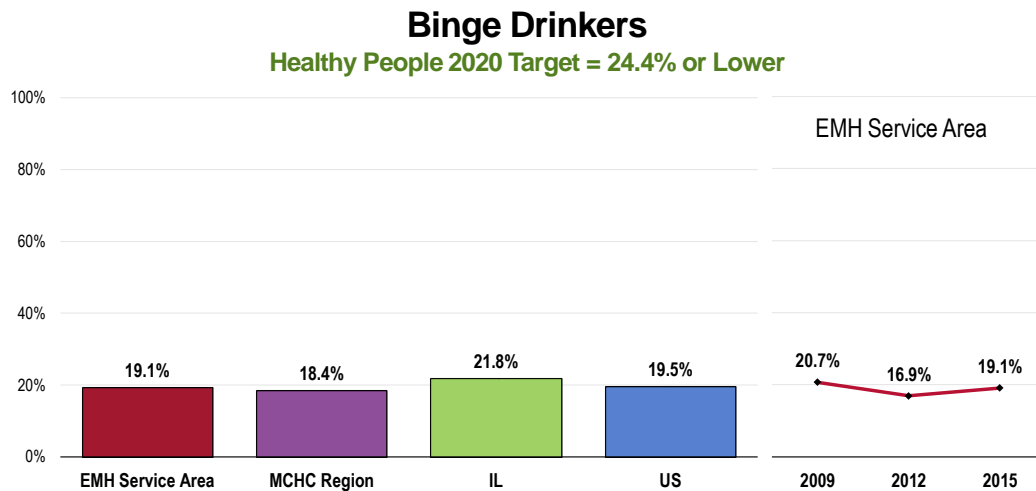
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 162]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- Adults age 18 to 45.
- Higher-income residents.

Binge Drinkers
(EMH Service Area, 2015)
Healthy People 2020 Target = 24.4% or Lower
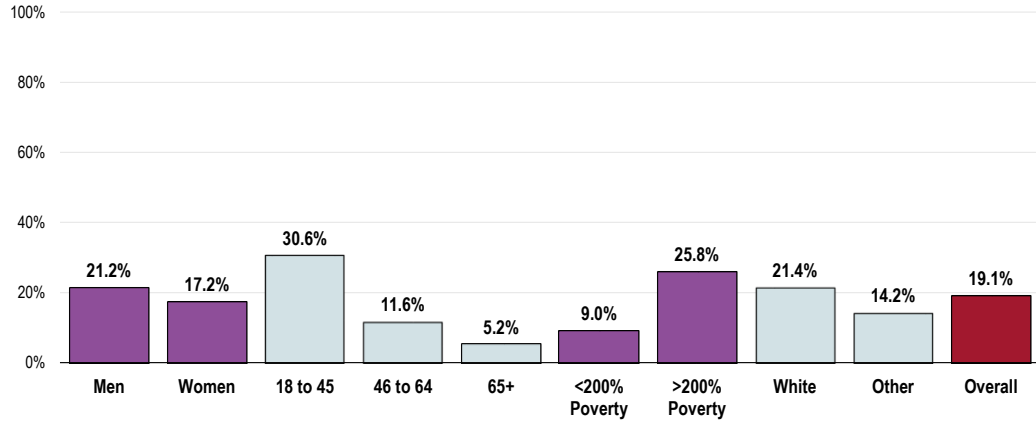
Chart showing Binge Drinkers percentages:
- Men: 21.2%
- Women: 17.2%
- 18 to 45: 30.6%
- 46 to 64: 11.6%
- 65+: 5.2%
- <200% Poverty: 9.0%
- >200% Poverty: 25.8%
- White: 21.4%
- Other: 14.2%
- Overall: 19.1%

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 162]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- "White" race category reflects non-Hispanic White respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

Drinking & Driving

A total of 2.1% of Elmhurst Memorial Hospital Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

- Similar to the regional results.
- More favorable than the national findings.
- TREND: Statistically unchanged over time.

Have Driven in the Past Month
After Perhaps Having Too Much to Drink

EMH Service Area

Chart showing percentages:
- EMH Service Area: 2.1%
- MCHC Region: 1.4%
- US: 5.0%
- 2009: 2.5%
- 2012: 0.9%
- 2015: 2.1%
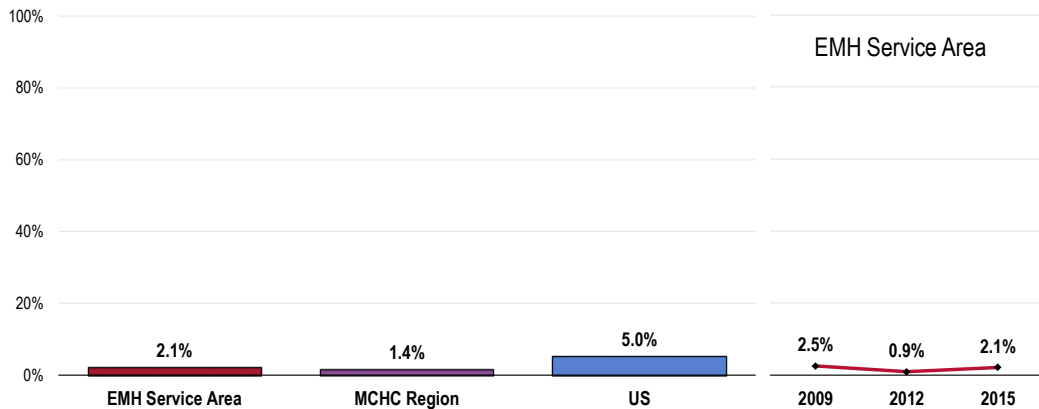
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Age-Adjusted Drug-Induced Deaths

Between 2011 and 2013, there was an annual average age-adjusted drug-induced mortality rate of 10.5 deaths per 100,000 population in DuPage County.

- More favorable than the MCHC Region.
- More favorable than the statewide rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (11.3 or lower).

Drug-Induced Deaths: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower

DuPage County	MCHC Region	IL	US
10.5	11.1	12.1	14.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

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

- The drug-induced mortality rate in DuPage County is slightly higher among Whites than among Hispanics.

Drug-Induced Deaths: Age-Adjusted Mortality by Race
(DuPage County; 2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower

Non-Hispanic White: 6.7
Hispanic: 6.0
All Races/Ethnicities: 10.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

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

- TREND: The county mortality rate has increased over the past decade, mirroring state and national trends.

Drug-Induced Deaths: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower

	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
DuPage County	6.9	7.1	8.2	8.0	8.4	8.2	9.8	10.5
Illinois	9.6	10.0	10.7	10.6	10.8	10.9	11.5	12.1
US	11.5	12.2	12.7	12.6	12.7	13.1	13.5	14.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

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

Illicit Drug Use

A total of 4.5% of Elmhurst Memorial Hospital Service Area adults acknowledge using an illicit drug in the past month.

- Similar to the regional results.
- Similar to the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- TREND: Marks a statistically significant <u>increase</u> over time.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month
Healthy People 2020 Target = 7.1% or Lower

EMH Service Area	MCHC Region	US	2009	2012	2015
4.5%	4.7%	4.0%	1.1%	0.8%	4.5%

EMH Service Area
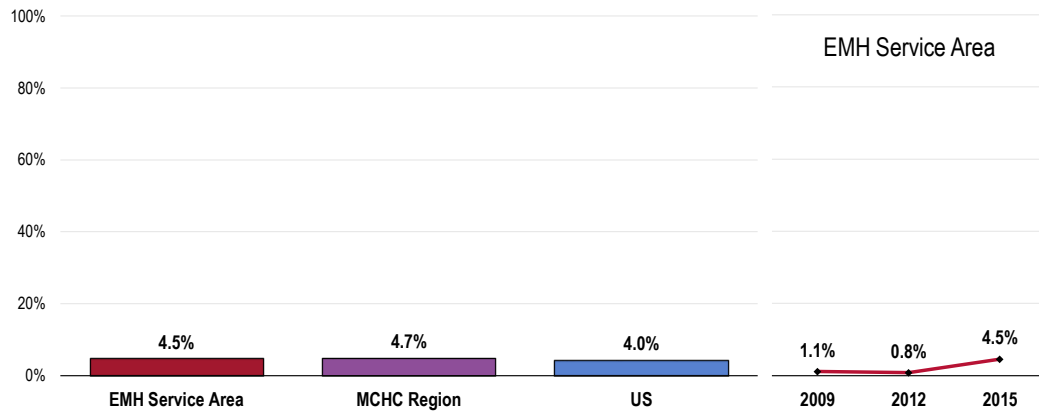
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.

Alcohol & Drug Treatment

A total of 3.9% of Elmhurst Memorial Hospital Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to the regional results.
- Similar to the national prevalence.
- TREND: Marks a significant <u>increase</u> since 2009.

Have Ever Sought Professional Help
for an Alcohol/Drug-Related Problem
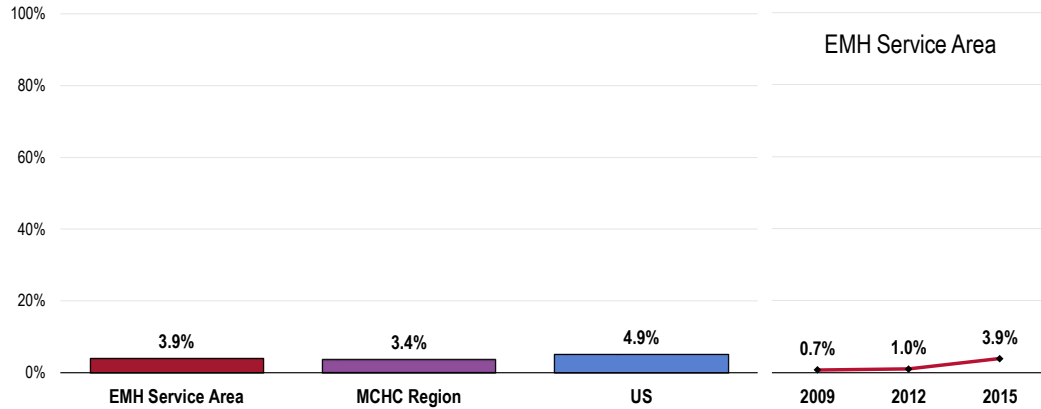
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Substance Abuse

Three-fourths of key informants taking part in an online survey characterized
Substance Abuse **as a "major problem" in the community.**

Perceptions of Substance Abuse
as a Problem in the Community
(Key Informants, 2015)

■ Major Problem　　■ Moderate Problem　　■ Minor Problem　　■ No Problem At All

75.0%	25.0%
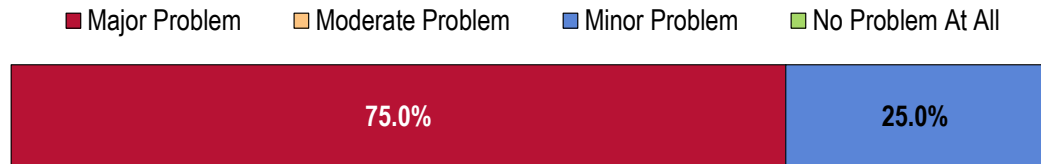
Sources:　● 2015 PRC Online Key Informant Survey.

BARRIERS TO TREATMENT

Among those rating this issue as a "major problem," the greatest barriers to accessing
substance abuse treatment are viewed as:

Stigma/Denial

The barriers are self-imposed, they are there and available but family denial is the barrier. Family members need to pay close attention to one another and if a problem seems to develop address it. – Community/Business Leader

Shame, the cost (lack of insurance) and the strength of the addiction itself. – Community/ Business Leader

The greatest barriers that prevent people from accessing needed substance abuse treatment start with realizing that they are abusing alcohol and drugs. Many use socially and others self-medicate to mask stress/anxiety. It is difficult to admit a problem and even more difficult to ask for help. – Community/Business Leader

Access to Care

> *Lack of funding for treatment in spite of health insurance status, but particularly for Medicaid/uninsured individuals. – Public Health Expert*

> *Access to care, the nature of the disorder, denial. – Social Service Representative*

Most Problematic Substances

Key informants (who rated this as a "major problem") most often identified alcohol, heroin/other opioids, and marijuana as the most problematic substances abused in the community.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	80.0%	0.0%	0.0%	4
Heroin or Other Opioids	20.0%	20.0%	40.0%	4
Marijuana	0.0%	40.0%	20.0%	3
Methamphetamines or Other Amphetamines	0.0%	0.0%	20.0%	1
Prescription Medications	0.0%	20.0%	0.0%	1
Over-the-Counter Medications	0.0%	20.0%	0.0%	1
Steroids	0.0%	0.0%	0.0%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 14.6% of Elmhurst Memorial Hospital Service Area adults currently smoke cigarettes, either regularly (11.5% every day) or occasionally (3.1% on some days).

Cigarette Smoking Prevalence
(EMH Service Area, 2015)
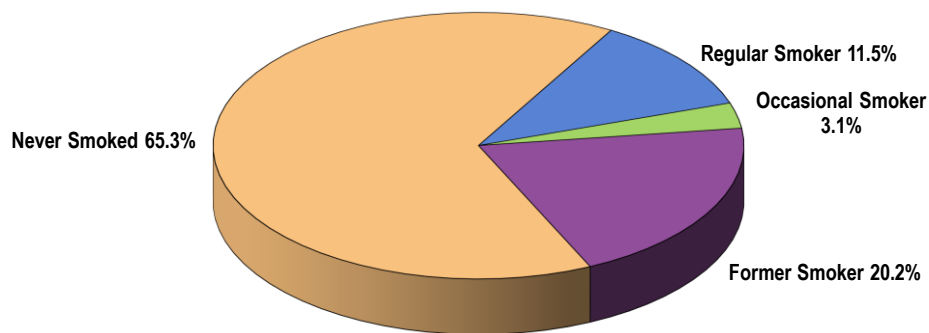
Regular Smoker 11.5%

Occasional Smoker 3.1%

Never Smoked 65.3%

Former Smoker 20.2%

Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: • Asked of all respondents.

- Similar to the regional results.
- Similar to statewide findings.
- Similar to national findings.
- Similar to the Healthy People 2020 target (12% or lower).

● TREND: Statistically unchanged over time.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower

EMH Service Area

EMH Service Area	MCHC Region	IL	US	2009	2012	2015
14.6%	12.6%	18.0%	14.9%	16.6%	12.1%	14.6%
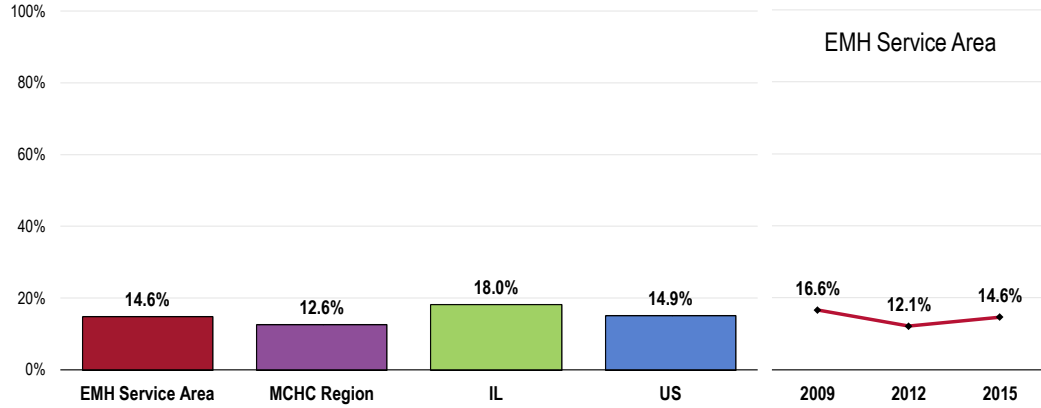
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]
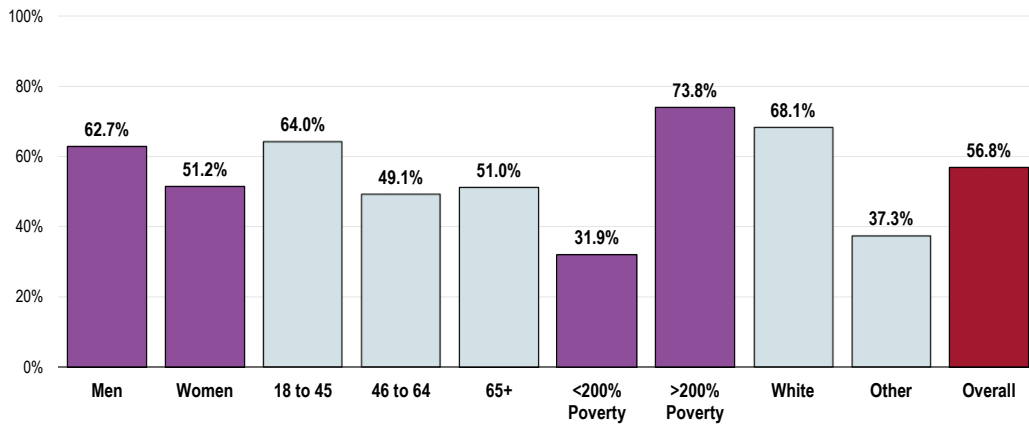● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]
Notes: ● Asked of all respondents.
● Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

● No significant difference in cigarette smoking prevalence was found within the demographic groups.

Current Smokers

(EMH Service Area, 2015)
Healthy People 2020 Target = 12.0% or Lower
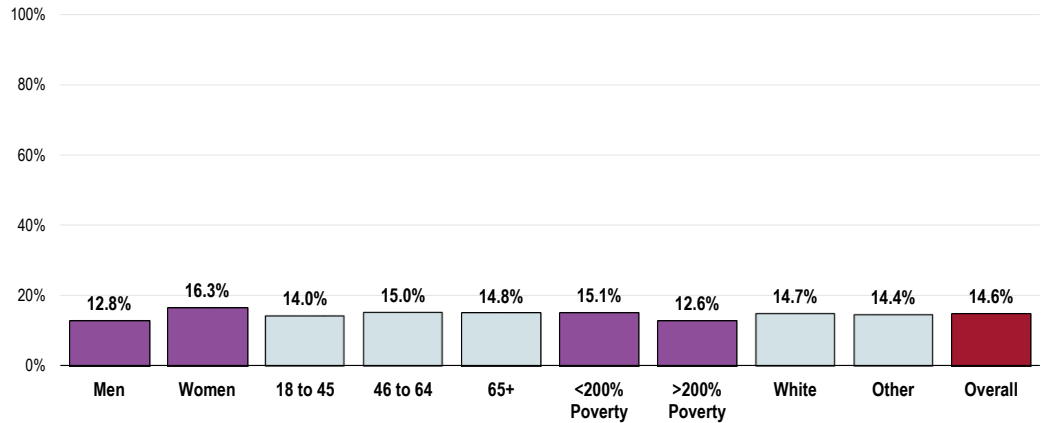
Men	Women	18 to 45	46 to 64	65+	<200% Poverty	>200% Poverty	White	Other	Overall
12.8%	16.3%	14.0%	15.0%	14.8%	15.1%	12.6%	14.7%	14.4%	14.6%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.
● Includes regular and occasion smokers (everyday and some days).

Environmental Tobacco Smoke

A total of 12.9% of Elmhurst Memorial Hospital Service Area adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Similar to the regional results.
- Similar to national findings.
- TREND: Marks a significant <u>decrease</u> since 2009.
- Note that 7.7% of Elmhurst Memorial Hospital Service Area non-smokers are exposed to cigarette smoke at home, similar to what is found nationally.
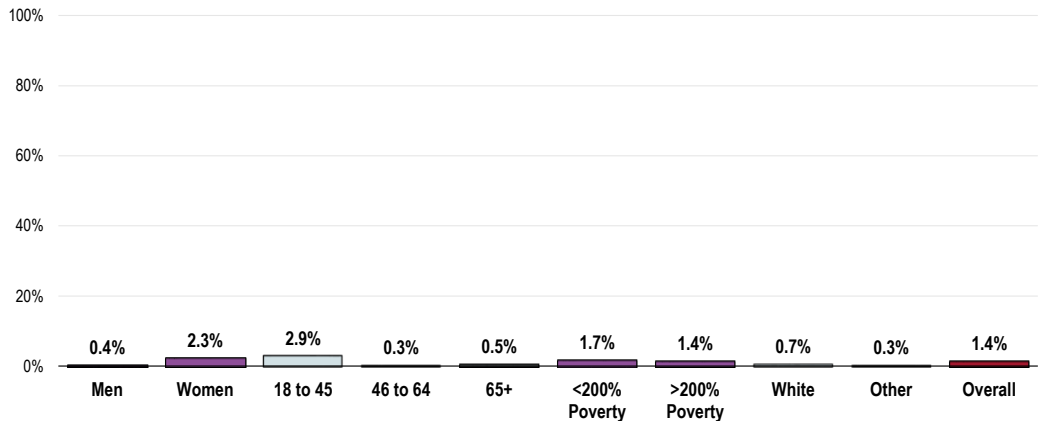
Member of Household Smokes at Home
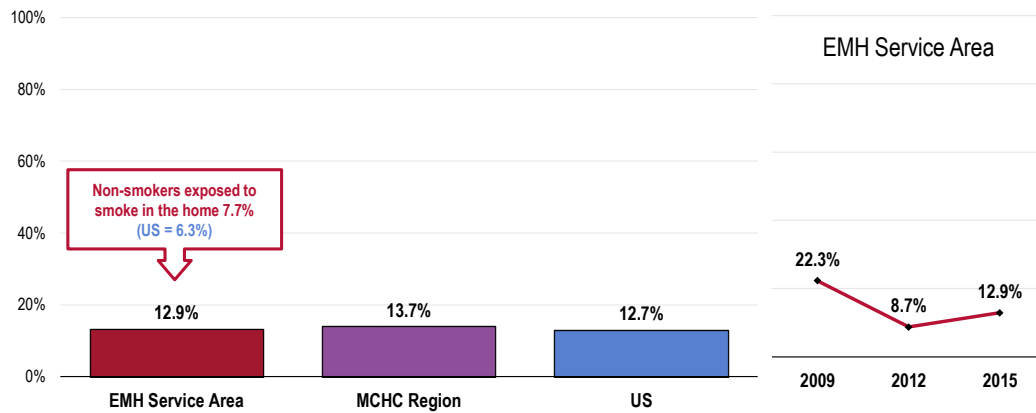
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]
      ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
      ● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- No significant difference was found among demographic groups.

Member of Household Smokes At Home
(EMH Service Area, 2015)

Bar chart values:
- Men: 11.9%
- Women: 13.8%
- 18 to 45: 10.1%
- 46 to 64: 12.4%
- 65+: 22.5%
- <200% Poverty: 11.9%
- >200% Poverty: 9.7%
- White: 11.9%
- Other: 14.5%
- Overall: 12.9%
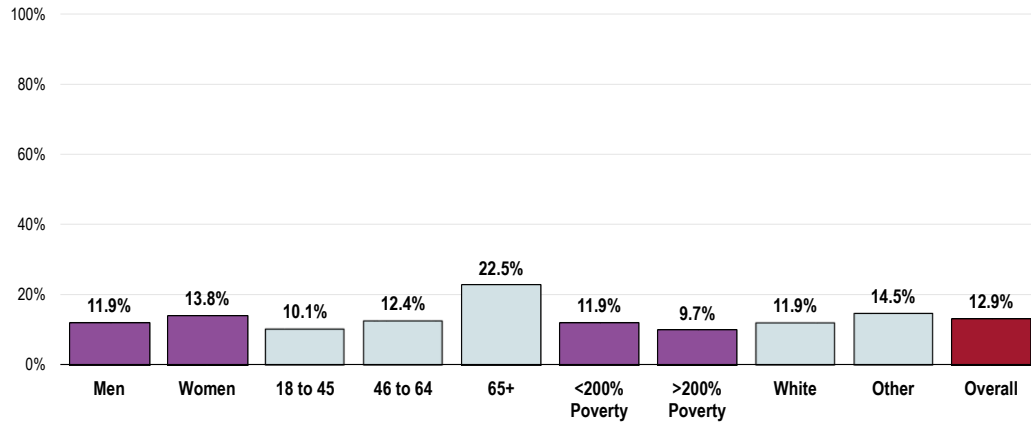
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.
● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 6.4% have someone who smokes cigarettes in the home.

- Statistically similar to the regional results.
- Statistically similar to national findings.
- TREND: Marks a statistically significant decrease over time.

Percentage of Households With Children In Which Someone Smokes in the Home
(Among Households With Children)

Chart values:
- EMH Service Area: 6.4%
- MCHC Region: 11.1%
- US: 9.7%

EMH Service Area trend:
- 2009: 27.6%
- 2012: 15.2%
- 2015: 6.4%

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects respondents with children 0 to 17 in the household.
● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 86.2% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Better than the regional results.
- Better than the national percentage.

Advised by a Healthcare
Professional in the Past Year to Quit Smoking
(Among Current Smokers)

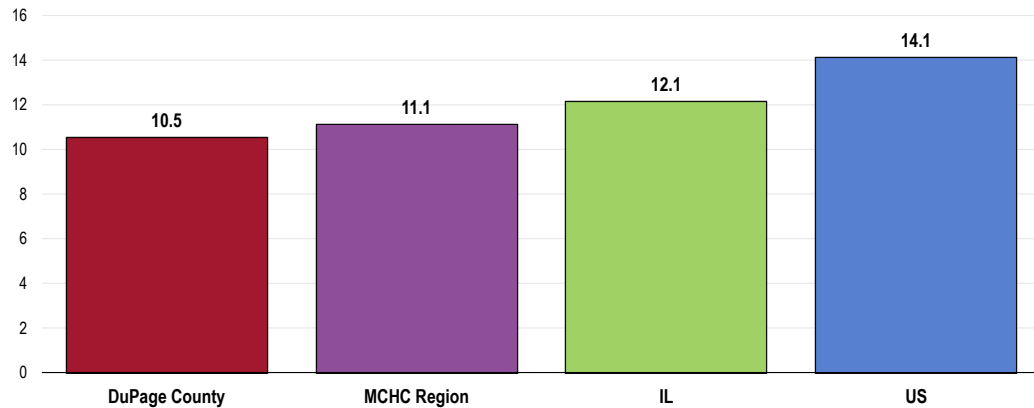|	EMH Service Area	MCHC Region	US
	86.2%	71.8%	67.8%
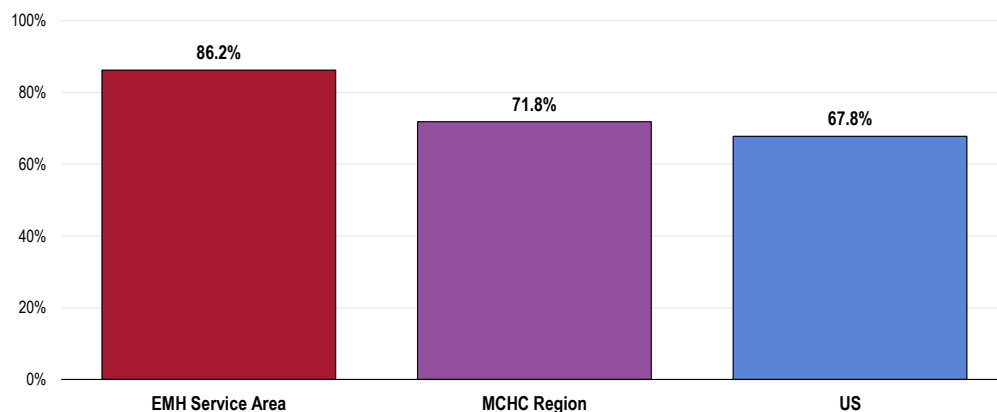
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all current smokers.

Smoking Cessation Attempts

Three-fourths of regular smokers (75.4%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Better than the regional results.
- Better than the national percentage.
- Similar to the Healthy People 2020 target (80% or higher).

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking
(Among Everyday Smokers)
Healthy People 2020 Target = 80.0% or Higher
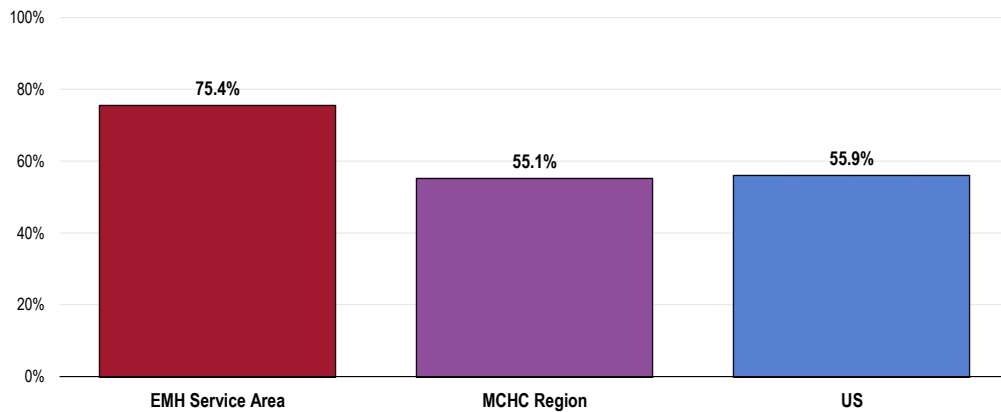
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-4.1]
Notes: ● Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

Cigars

A total of 3.4% of Elmhurst Memorial Hospital Service Area adults use cigars every day or on some days.

- Comparable to the MCHC Region.
- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- TREND: No statistically significant change since 2009.

Use of Cigars
Healthy People 2020 Target = 0.2% or Lower

EMH Service Area

			2009	2012	2015
EMH Service Area	MCHC Region	US			
3.4%	4.7%	4.1%	7.2%	2.2%	3.4%
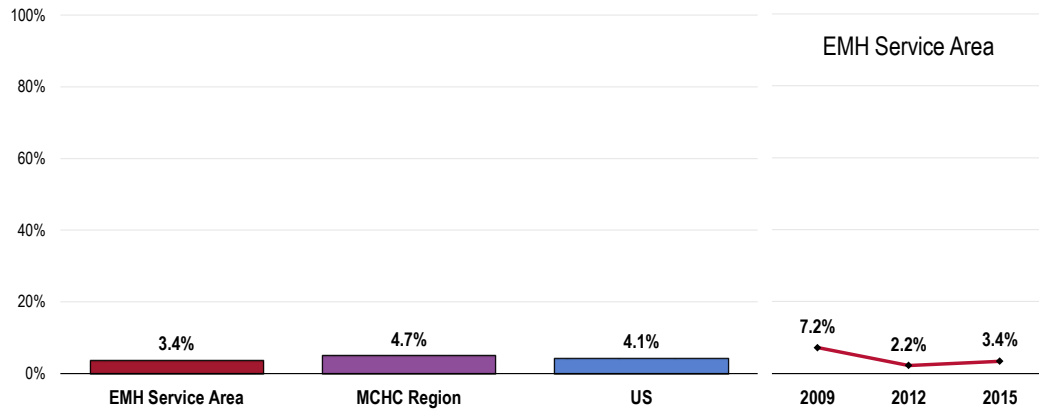
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 61]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.3]
Notes: ● Asked of all respondents.

Smokeless Tobacco

A total of 4.2% of area adults use smokeless tobacco every day or on some days.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

- Less favorable than the regional results.
- Similar to the state percentage.
- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- TREND: Marks a significant <u>increase</u> since 2009.

Use of Smokeless Tobacco
Healthy People 2020 Target = 0.3% or Lower

EMH Service Area

				2009	2012	2015
EMH Service Area	MCHC Region	IL	US			
4.2%	1.5%	2.6%	4.0%	0.4%	1.4%	4.2%
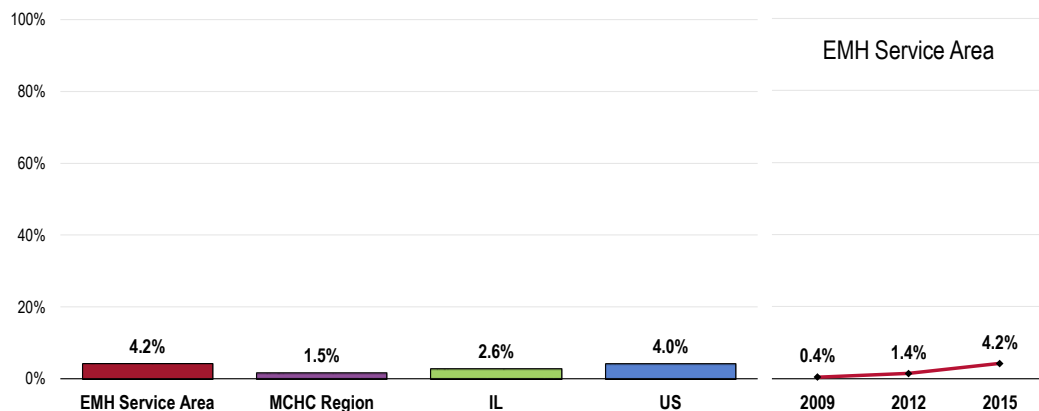
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]
Notes: ● Asked of all respondents.
● Smokeless tobacco includes chewing tobacco or snuff.

Key Informant Input: Tobacco Use

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

Perceptions of Tobacco Use
as a Problem in the Community
(Key Informants, 2015)
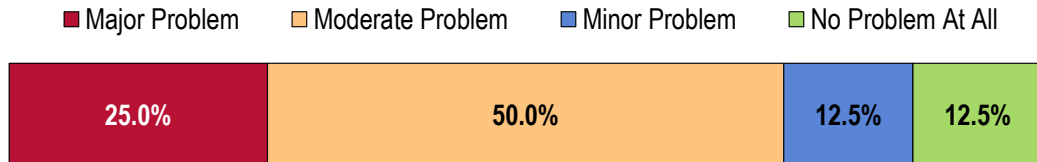
■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

25.0%	50.0%	12.5%	12.5%

Sources: ● 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Youth

> *Although tobacco use is down, too many teens start smoking each year. – Social Service Representative*
>
> *There has always been underage smoking, but the proliferation of e-cigarettes and vapor smoking has made tobacco seem less dangerous, although the addiction factor is just as strong, if not stronger. – Community/Business Leader*

Access to Health Services

Health Insurance Coverage

Type of Healthcare Coverage

A total of 69.5% of Elmhurst Memorial Hospital Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 19.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Healthcare Insurance Coverage
(Among Adults Age 18-64; EMH Service Area, 2015)
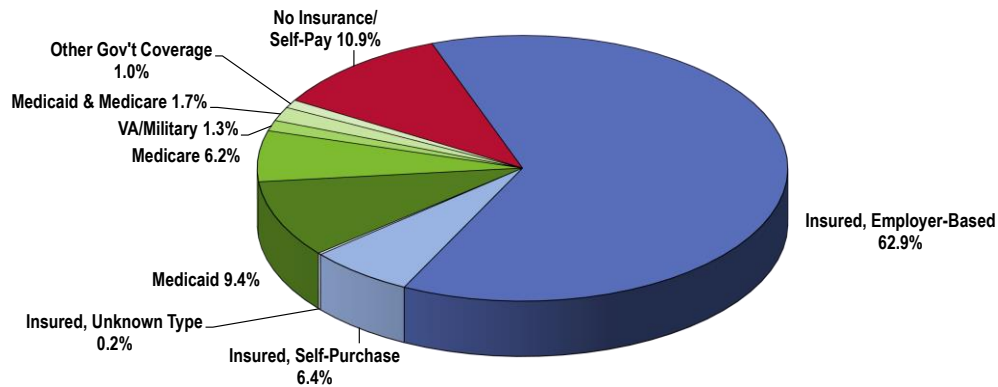
Pie chart labels: No Insurance/Self-Pay 10.9%; Other Gov't Coverage 1.0%; Medicaid & Medicare 1.7%; VA/Military 1.3%; Medicare 6.2%; Medicaid 9.4%; Insured, Unknown Type 0.2%; Insured, Self-Purchase 6.4%; Insured, Employer-Based 62.9%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 10.9% report having no insurance coverage for healthcare expenses.

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Similar to the regional results.
- Below the latest state benchmark (similar to the US); note, however, that state and national data predate the implementation of the health insurance marketplace.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- TREND: Denotes a significant improvement since 2012.

Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64)
Healthy People 2020 Target = 0.0% (Universal Coverage)

EMH Service Area

	EMH Service Area	MCHC Region	IL	US	2009	2012	2015
	10.9%	8.1%	19.4%	15.1%	14.3%	21.5%	10.9%
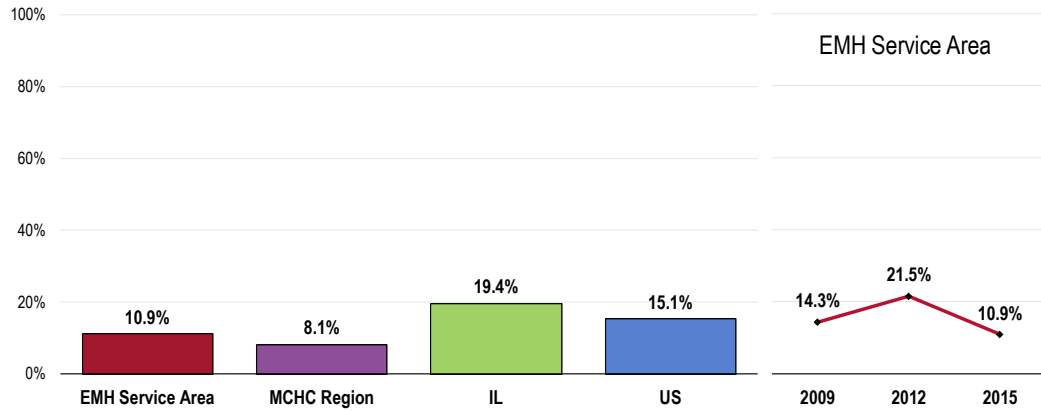
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]
Notes: ● Asked of all respondents under the age of 65.

The following population segments are more likely to be without healthcare insurance coverage:

● Women.
● Residents living at lower incomes.
● Other races.

Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64; EMH Service Area, 2015)
Healthy People 2020 Target = 0.0% (Universal Coverage)

Men	Women	18 to 45	46 to 64	<200% Poverty	>200% Poverty	White	Other	Overall
6.3%	15.2%	11.9%	9.9%	24.8%	4.2%	4.2%	20.6%	10.9%
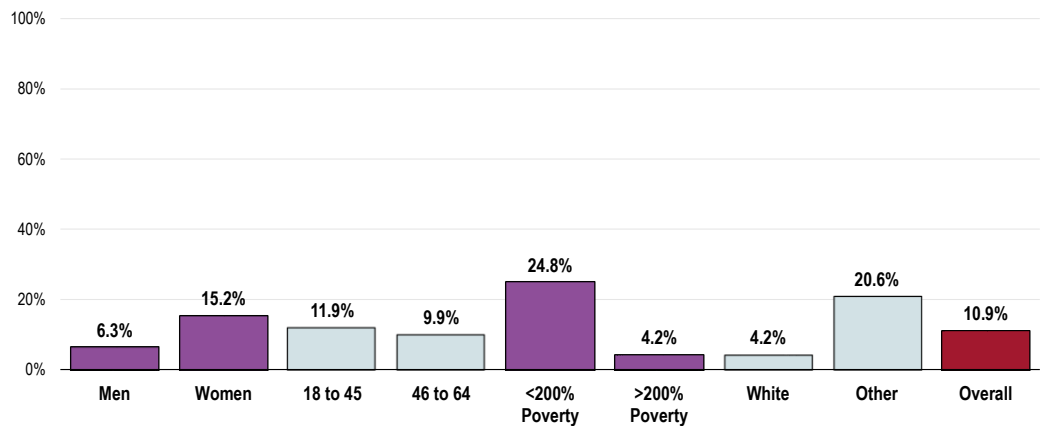
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]
Notes: ● Asked of all respondents under the age of 65.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Recent Lack of Coverage

Among currently insured adults in the Elmhurst Memorial Hospital Service Area, 7.4% report that they were without healthcare coverage at some point in the past year.

- Similar to the regional results.
- Similar to US findings.
- TREND: Similar to 2009 data but marking a significant <u>increase</u> since 2012.

Went Without Healthcare Insurance
Coverage At Some Point in the Past Year
(Among Insured Adults)

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 79]
　　　　 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Adults under age 65 (negative correlation with age).
- Other races.

Went Without Healthcare Insurance
Coverage At Some Point in the Past Year
(Among Insured Adults; EMH Service Area, 2015)

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
Notes: ● Asked of all insured respondents.
  ● "White" race category reflects non-Hispanic White respondents.
  ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

A total of 43.2% of Elmhurst Memorial Hospital Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

- Comparable to the regional results.
- Comparable to national findings.
- TREND: Statistically unchanged over time.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

EMH Service Area	MCHC Region	US	2009	2012	2015
43.2%	37.6%	39.9%	41.9%	39.6%	43.2%
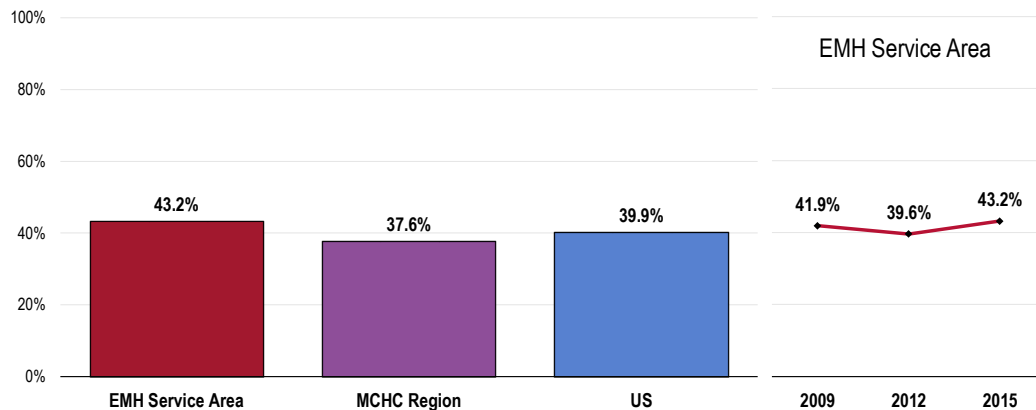
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups <u>more often</u> report difficulties accessing healthcare services:

- Women.
- Adults age 18 to 45.
- Lower-income residents.

Experienced Difficulties or Delays of Some Kind
in Receiving Needed Healthcare in the Past Year
(EMH Service Area, 2015)
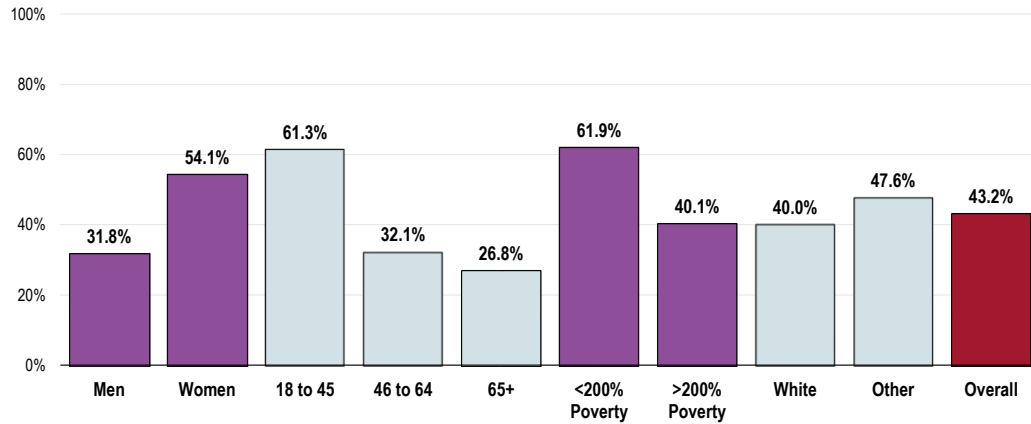
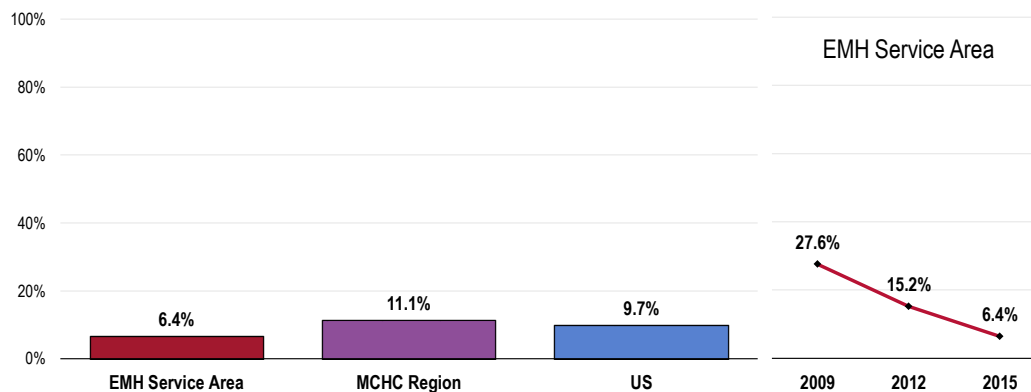Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: • Asked of all respondents.
• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
• "White" race category reflects non-Hispanic White respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

Of the tested barriers, inconvenient office hours impacted the greatest share of Elmhurst Memorial Hospital Service Area adults (24.1% say that inconvenient office hours prevented them from obtaining medical care in the past year).

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

- The proportion of service area adults impacted was statistically comparable to that found nationwide for each of the tested barriers, with the exception of **inconvenient office hours** (less favorable than the national percentage).

Barriers to Access Have
Prevented Medical Care in the Past Year
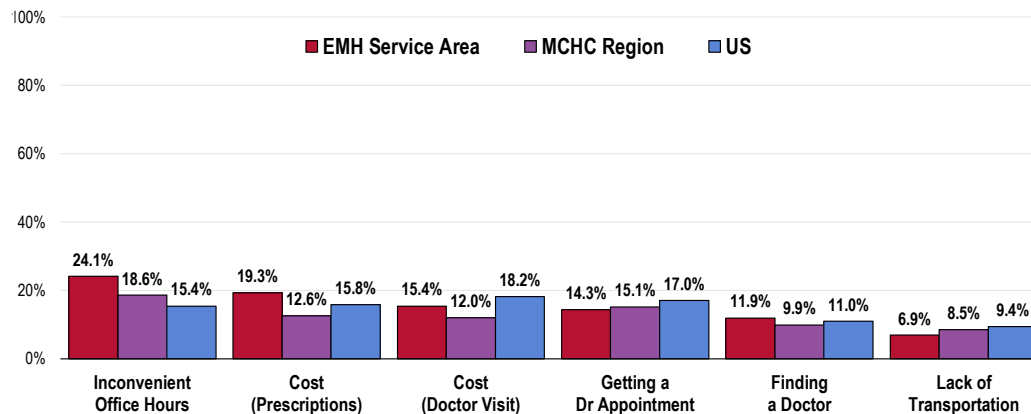
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Inconvenient Office Hours

**Among all Elmhurst Memorial Hospital Service Area adults, 24.1% report that inconvenient office hours prevented their medical care at least once in the past year.**

- Worse than the regional results.
- Worse than national findings.
- TREND: Similar to 2009 data but marking a significant <u>increase</u> since 2012.

Inconvenient Office Hours
Prevented a Physician Visit in the Past Year
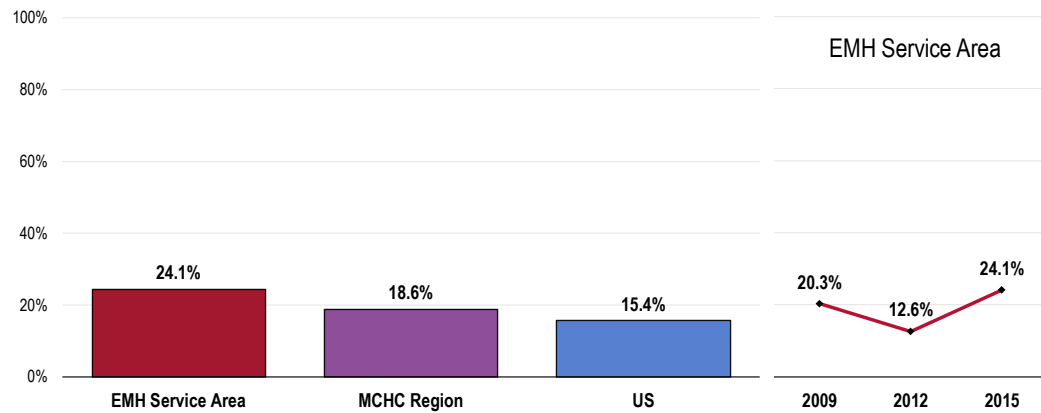
Cost of Doctor Visits

A total of 15.4% of service area respondents report that the cost of a physician visit prevented their medical care in the past year.

- Similar to the regional results.
- Similar to the US prevalence.
- TREND: Similar to 2009 findings but signifying a significant <u>increase</u> since 2012.

Cost Prevented a Physician Visit in the Past Year
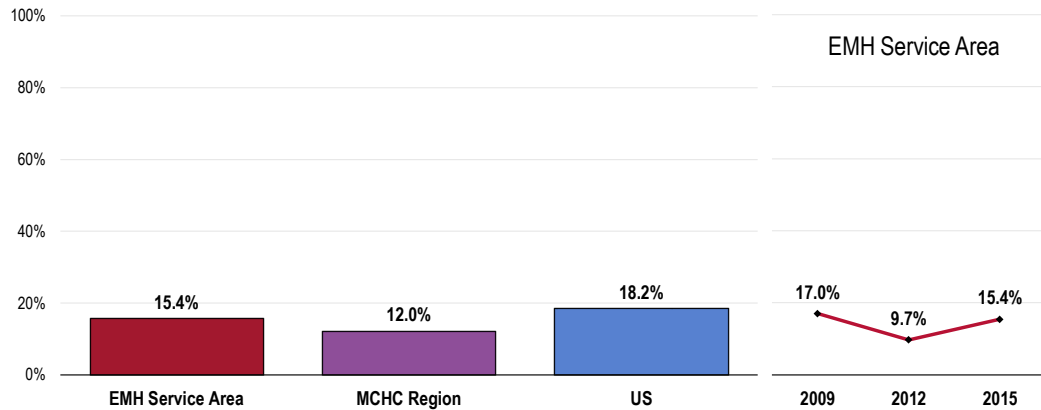
EMH Service Area

EMH Service Area 15.4%	MCHC Region 12.0%	US 18.2%	2009 17.0%	2012 9.7%	2015 15.4%

Cost of Prescription Medications

Among all Elmhurst Memorial Hospital Service Area adults, 19.3% report that cost prevented them from obtaining a prescription medication at some point in the past year.

- Worse than the regional results.
- Similar to national findings.
- TREND: Unchanged from 2009 data but marking a significant increase since 2012.

Cost Prevented a Prescription Medication in the Past Year

EMH Service Area

EMH Service Area 19.3%	MCHC Region 12.6%	US 15.8%	2009 20.1%	2012 11.7%	2015 19.3%

Obtaining a Medical Appointment

For 14.3% of service area adults, difficulty getting a medical appointment prevented their care in the past year.

- Similar to the regional results.
- Similar to national findings.
- TREND: Statistically unchanged over time.

Experienced Difficulty Getting
a Medical Appointment in the Past Year

EMH Service Area

EMH Service Area	MCHC Region	US	2009	2012	2015
14.3%	15.1%	17.0%	14.4%	11.7%	14.3%

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 8]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Lack of Transportation

Among all Elmhurst Memorial Hospital Service Area adults, 6.9% reported that lack of transportation prevented them from getting medical care in the past year.

- Comparable to the regional results.
- Comparable to national findings.
- TREND: Statistically unchanged over time.

Lack of Transportation Prevented Medical Care in the Past Year

EMH Service Area

				2009	2012	2015
EMH Service Area	MCHC Region	US				
6.9%	8.5%	9.4%		10.4%	5.7%	6.9%

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 10]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Finding a Physician

A total of 11.9% of survey respondents had difficulty finding a physician in the past year.

- Comparable to the regional results.
- Comparable to the US prevalence.
- TREND: Statistically unchanged over time.

Experienced Difficulty Finding a Doctor in the Past Year

EMH Service Area

				2009	2012	2015
EMH Service Area	MCHC Region	US				
11.9%	9.9%	11.0%		15.7%	8.2%	11.9%

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 7]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Prescriptions

Among all Elmhurst Memorial Hospital Service Area adults, 12.1% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Similar to the regional results.
- Statistically similar to national findings.
- TREND: Statistically unchanged since 2009.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
     ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Adults age 18 to 45.
- Those with lower incomes.
- Other reaces.

Skipped or Reduced Prescription Doses in
Order to Stretch Prescriptions and Save Money
(EMH Service Area, 2015)

Chart showing percentages by category:
- Men: 4.1%
- Women: 19.8%
- 18 to 45: 21.8%
- 46 to 64: 7.2%
- 65+: 2.2%
- <200% Poverty: 21.8%
- >200% Poverty: 6.7%
- White: 5.7%
- Other: 22.7%
- Overall: 12.1%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
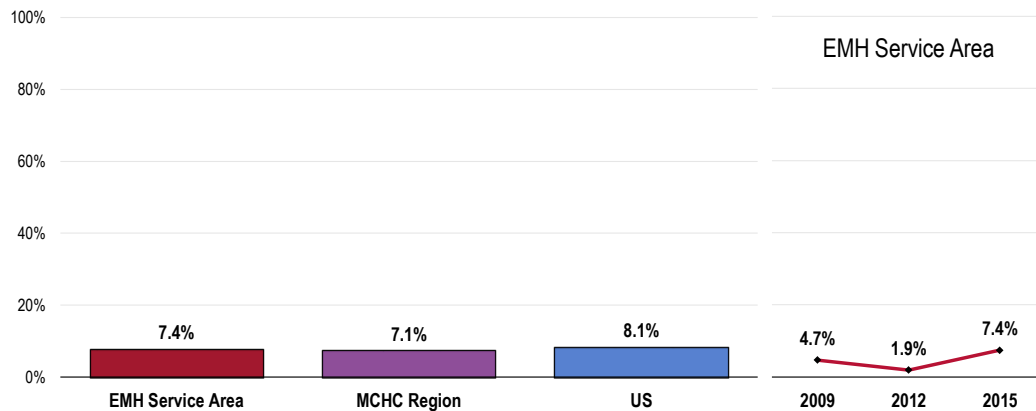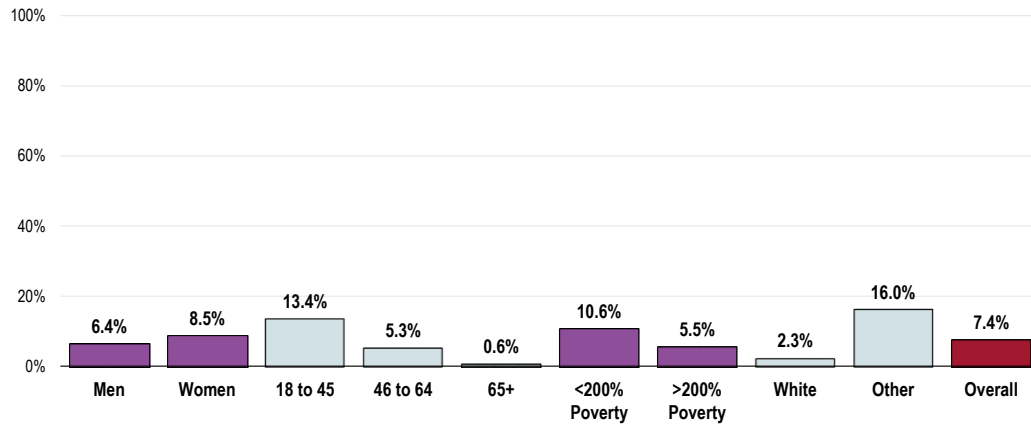Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

A total of 9.2% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

- Statistically similar to the regional results.
- Statistically similar to what is reported nationwide.
- TREND: Statistically unchanged over time.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Among Parents of Children 0-17)

Parents with trouble obtaining medical care for their child mainly reported barriers due to cost or lack of insurance coverage and long waits for an appointment.

EMH Service Area

- EMH Service Area: 9.2%
- MCHC Region: 3.6%
- US: 6.0%

- 2009: 10.7%
- 2012: 2.6%
- 2015: 9.2%

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 111-112]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited long waits for appointments.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey more often characterized *Access to Healthcare Services* as a "major problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community
(Key Informants, 2015)

■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

37.5%	12.5%	25.0%	25.0%
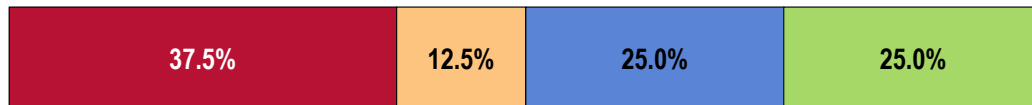
Sources: ●   2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Access to Care

> *People who are ineligible for ACA care (undocumented) need services. Access to DuPage is a critical lifeline for them. People who are in Medicaid managed care are often confused about how to use their benefits. People on high deductible ACA plans really can't afford to get care and are 'functionally uninsured.' – Social Service Representative*

System Issues

> *Understanding the transition of Medicaid to managed care plans, high deductible marketplace plans requiring a significant investment of out of pocket costs, and access to specialty health services, vision, dental, hearing, mental health/substance abuse for safety net (Medicaid, uninsured and underinsured populations). – Public Health Expert*

Nonclinical Factors

> *There is a growing awareness of the nonclinical factors that influence (positively or negatively) health status and health needs, housing, education/literacy levels, employment status, etc. We are working to address those through our work with IMPACT DuPage. – Public Health Expert*

Language/Cultural Barriers

> *Need for language access services due to the increasing number of persons with limited English proficiency in DuPage County. – Social Service Representative*

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") identified mental health care and specialty care as the most difficult to access in the community.

	Most Difficult to Access	Second–Most Difficult to Access	Third–Most Difficult to Access	Total Mentions
Mental Health Care	66.7%	33.3%	0.0%	3
Specialty Care	33.3%	0.0%	66.7%	3
Substance Abuse Treatment	0.0%	66.7%	0.0%	2
Dental Care	0.0%	0.0%	33.3%	1

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In DuPage County in 2012, there were 1,244 primary care physicians, translating to a rate of 134.1 primary care physicians per 100,000 population.

- Well above the physician-to-population ratio found in the MCHC Region.
- Well above the primary care ratio found statewide.
- Well above the ratio found nationally.
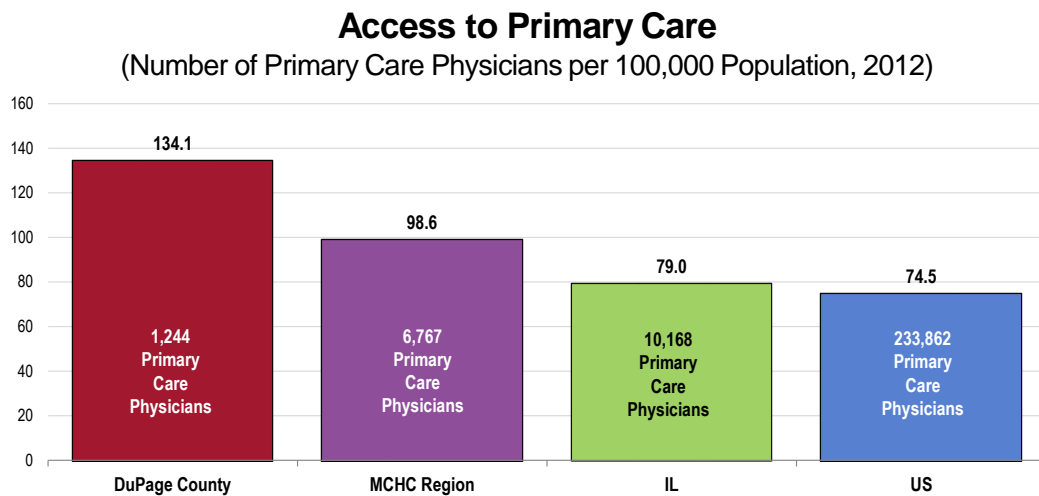
Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2012)

	DuPage County	MCHC Region	IL	US
Rate	134.1	98.6	79.0	74.5
Physicians	1,244 Primary Care Physicians	6,767 Primary Care Physicians	10,168 Primary Care Physicians	233,862 Primary Care Physicians

Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
- Retrieved August 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

● TREND: Access to primary care (in terms of the ratio of primary care physicians to population) has improved over the past decade in DuPage County, echoing the state and national trends.

Trends in Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population)
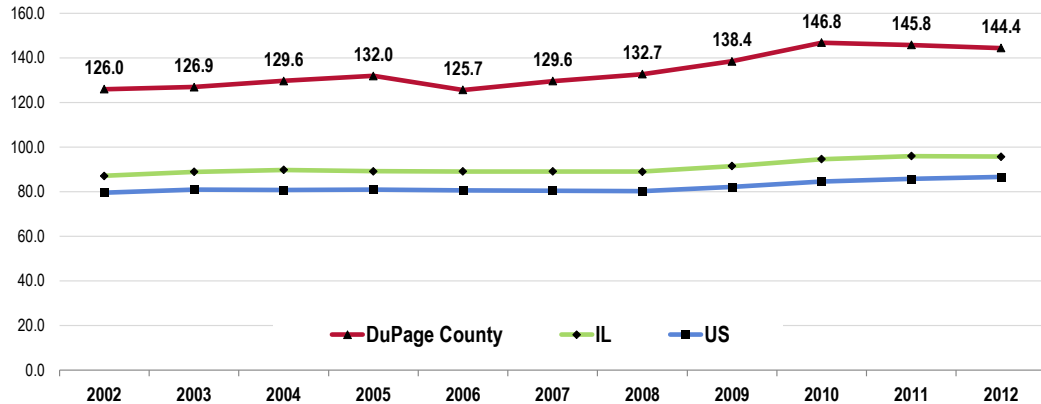
Year	DuPage County
2002	126.0
2003	126.9
2004	129.6
2005	132.0
2006	125.7
2007	129.6
2008	132.7
2009	138.4
2010	146.8
2011	145.8
2012	144.4

Sources: ● US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
● Retrieved August 2015 from Community Commons at http://www.chna.org.
Notes: ● This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
● These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Specific Source of Ongoing Care

A total of 76.6% of Elmhurst Memorial Hospital Service Area adults were determined to have a specific source of ongoing medical care.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

● Similar to the regional results.
● Similar to national findings.
● Fails to satisfy the Healthy People 2020 objective (95% or higher).
● TREND: Statistically unchanged over time.

Have a Specific Source of Ongoing Medical Care
Healthy People 2020 Target = 95.0% or Higher [All Ages]

	EMH Service Area	MCHC Region	US
	76.6%	73.9%	76.3%

EMH Service Area

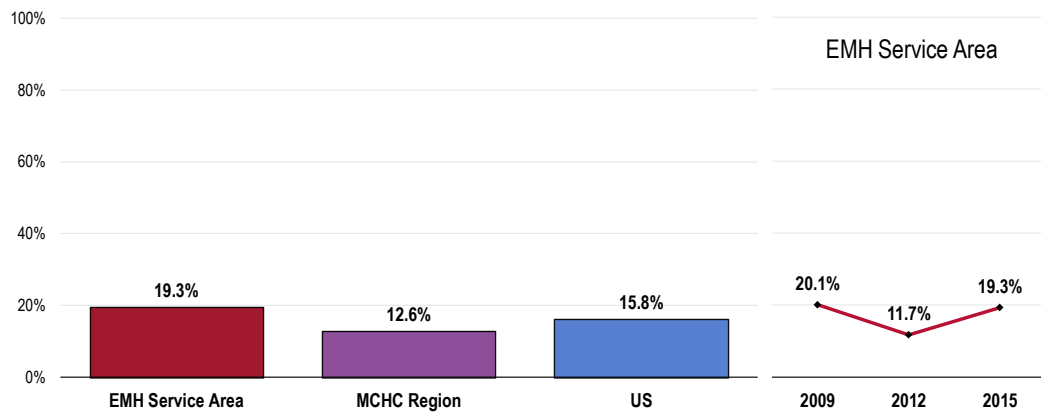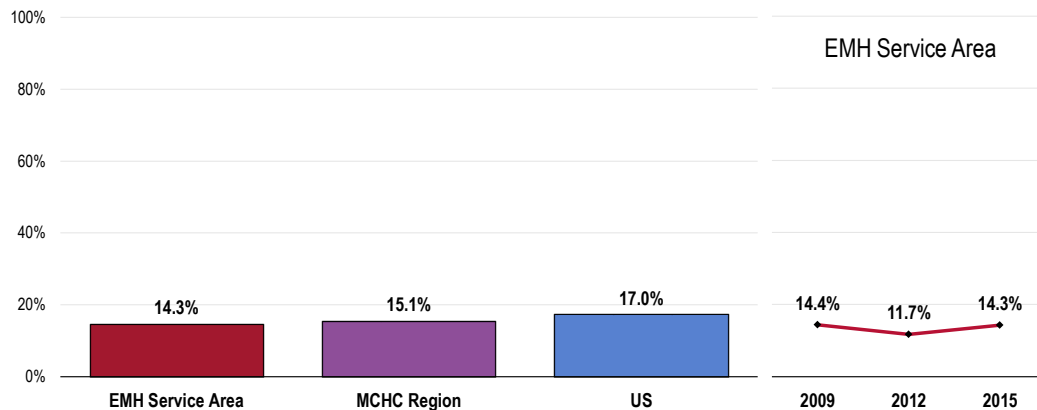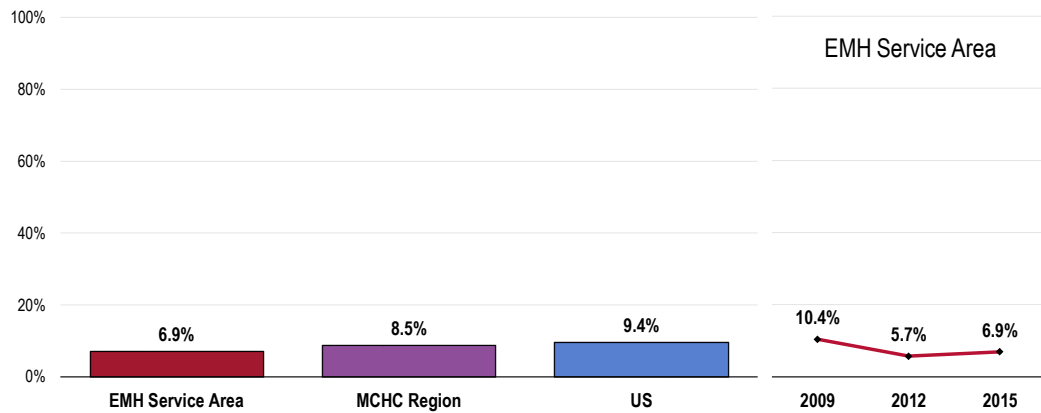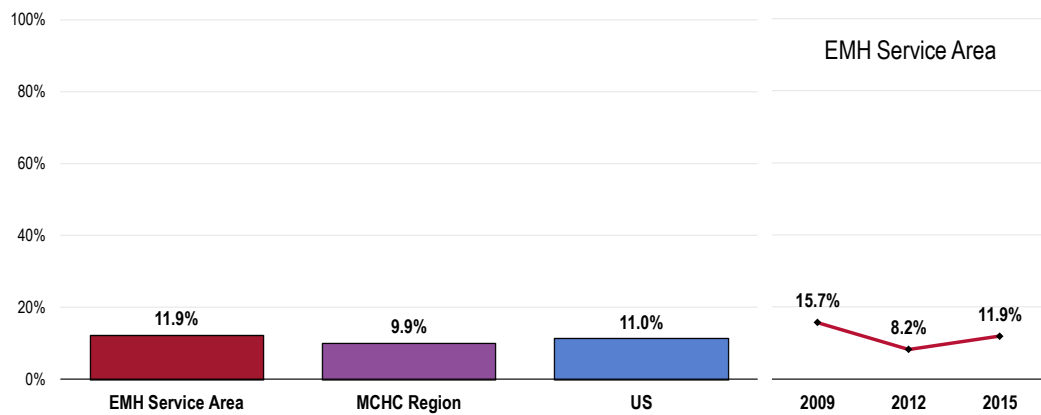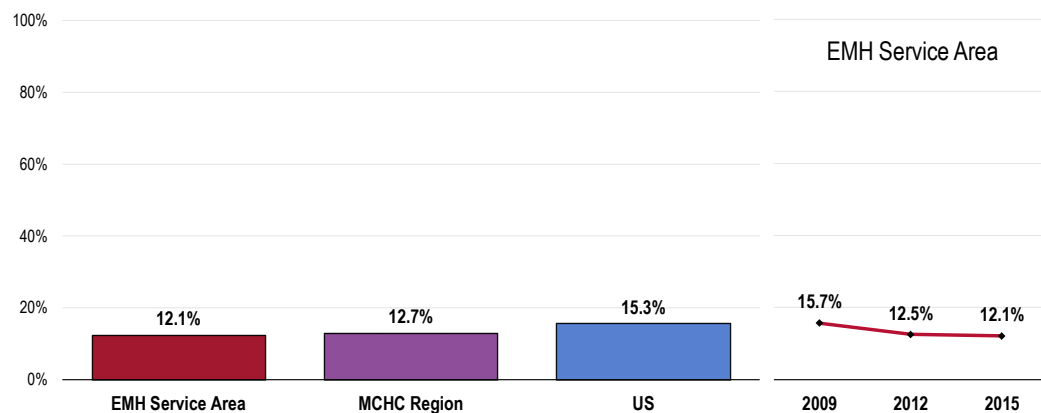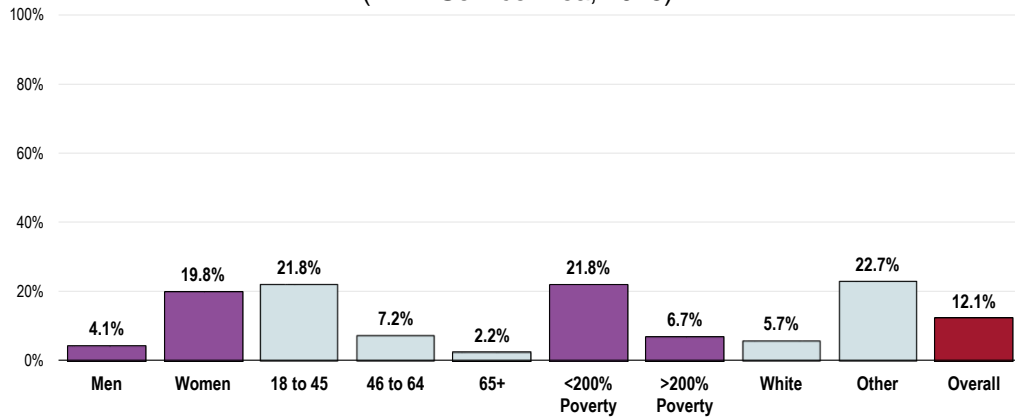| 2009	2012	2015
79.4%	80.4%	76.6%
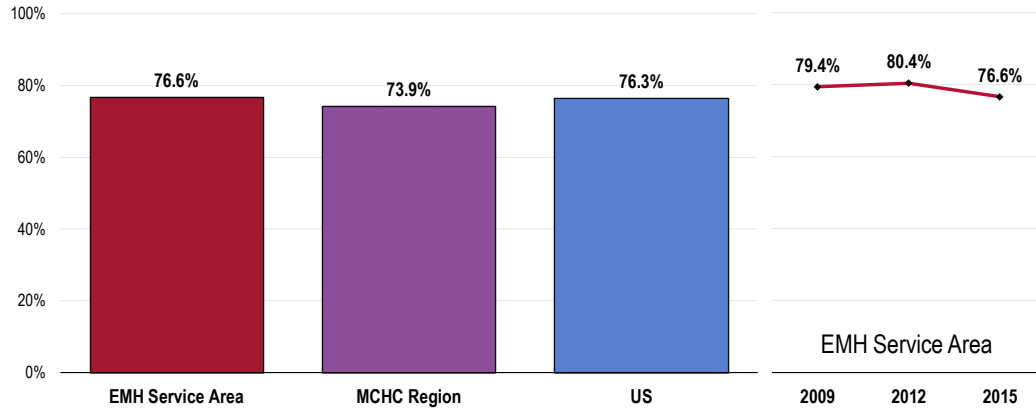
Sources:
● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
● Asked of all respondents.

- Men are <u>less likely</u> to have a specific source of care.
- Among adults age 18-64, 76.4% have a specific source for ongoing medical care, comparable to national findings.
    - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 81.0% have a specific source for care, similar to the percentage reported among seniors nationally.
    - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care
(EMH Service Area, 2015)
Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]

Men	Women	18 to 45	46 to 64	65+	<200% Poverty	>200% Poverty	White	Other	Overall
68.0%	84.8%	78.8%	73.6%	81.0%	74.8%	83.1%	80.2%	70.9%	76.6%

18-64 = 76.4%
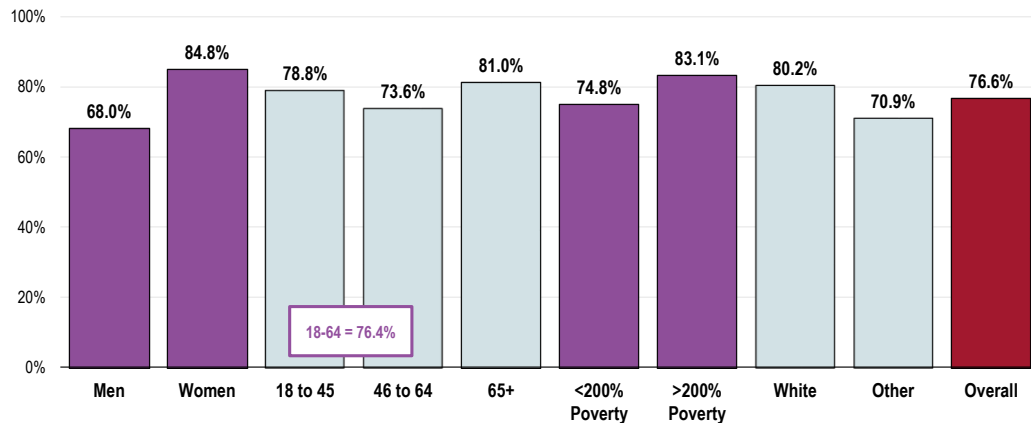
Sources:
● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-168]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 5.3, 5.4]

Notes:
● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.
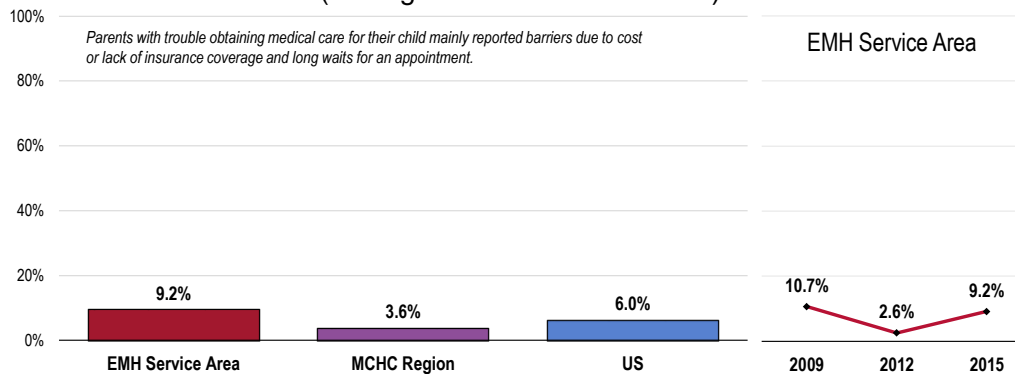
Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (68.4%) identified a particular doctor's office, followed by references to urgent-care centers (10.1%) and public or community health centers (7.2%).

Note that 5.5% of respondents rely on a hospital emergency room and 2.2% use some type of military/VA facility.

Particular Place Utilized for Medical Care
(EMH Service Area, 2015)
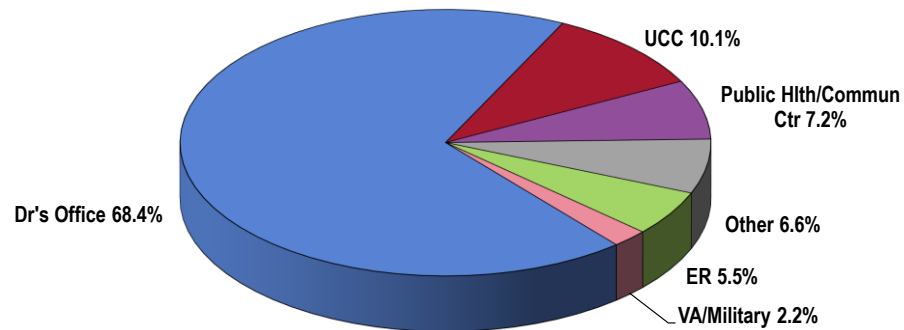
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
Notes: ● Asked of all respondents.

Utilization of Primary Care Services

Adults

Two-thirds of adults in the service area (66.5%) visited a physician for a routine checkup in the past year.

- Less favorable than the regional results.
- Identical to the state findings.
- Similar to national findings.
- TREND: Statistically unchanged over time.

Have Visited a Physician for a Checkup in the Past Year
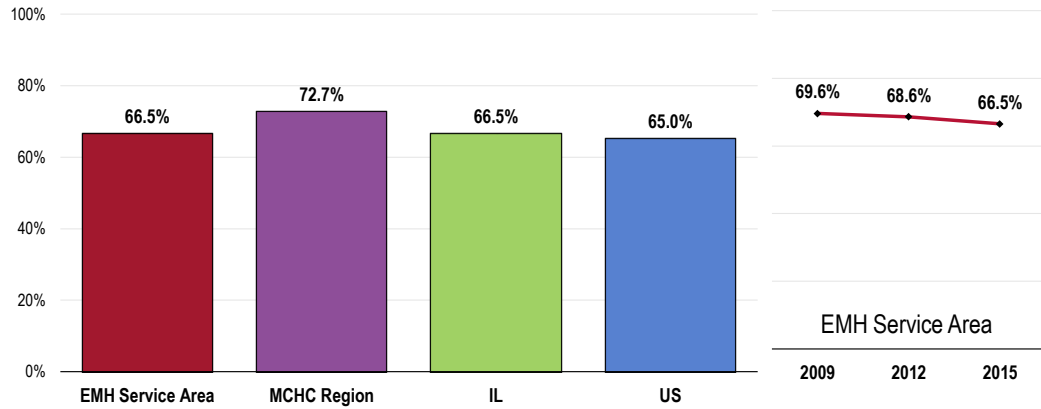
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Illinois. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Illinois data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

These adults are <u>less</u> likely to have seen a doctor for a routine checkup in the past year:

- Men.

- Adults younger than 65 (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year
(EMH Service Area, 2015)
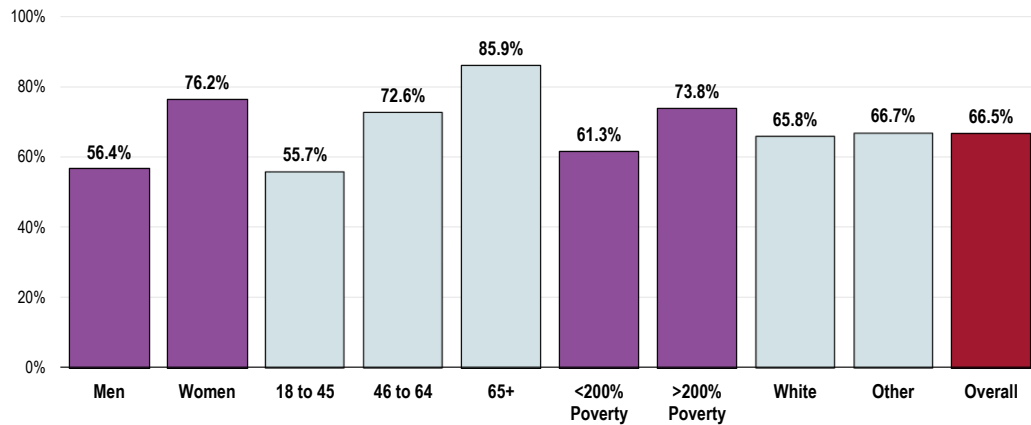
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]

Notes:
- Asked of all respondents.
- "White" race category reflects non-Hispanic White respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 91.3% report that their child has had a routine checkup in the past year.

- Similar to regional results.
- Higher than the national findings.
- TREND: Statistically similar to 2009 findings.

Child Has Visited a Physician
for a Routine Checkup in the Past Year
(Among Parents of Children 0-17)
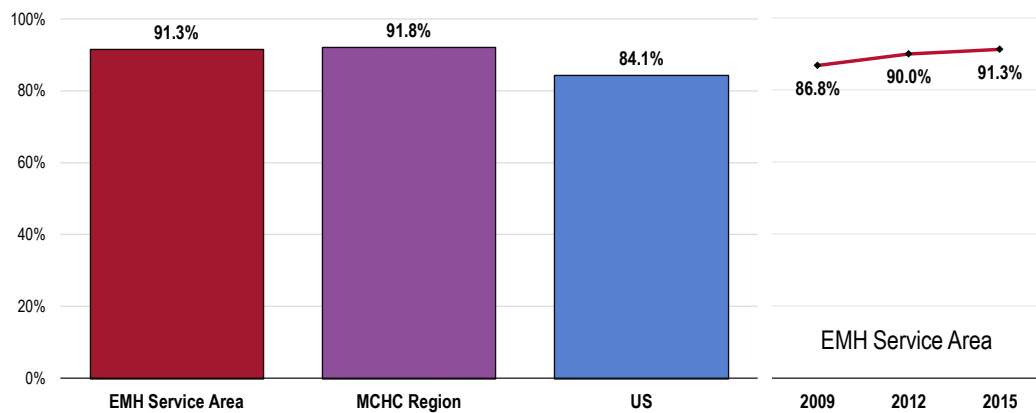
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
　　　　 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 8.2% of Elmhurst Memorial Hospital Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to the regional results.
- Comparable to national findings.
- TREND: Marks a significant increase since 2009.

Have Used a Hospital
Emergency Room More Than Once in the Past Year

Used the ER because:
- Emergency Situation = 71.3%
- Weekend/After Hours = 16.4%
- Access Issues = 6.0%

EMH Service Area

EMH Service Area	MCHC Region	US	2009	2012	2015
8.2%	7.5%	8.9%	3.2%	6.3%	8.2%
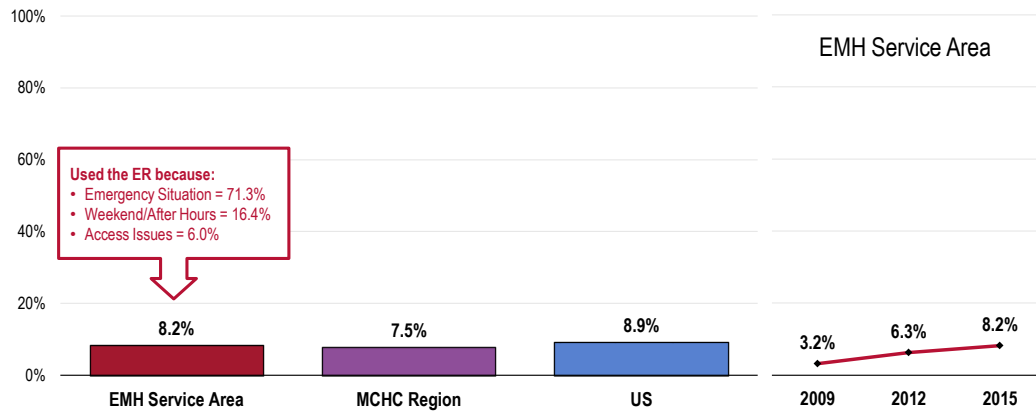
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
　　　　● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Of those using a hospital ER, 71.3% say this was due to an **emergency or life-threatening situation**, while 16.4% indicated that the visit was during **after-hours or on the weekend**. A total of 6.0% mentioned some type of **access issue**.

These population segments were more likely to have used the ER more than once for care in the past year:

- Women.
- Lower-income residents.
- Other races.

Have Used a Hospital Emergency Room
More Than Once in the Past Year
(EMH Service Area, 2015)

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

- Healthy People 2020 (www.healthypeople.gov)

Dental Care

Adults

A total of 69.4% of Elmhurst Memorial Hospital Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to the regional results.
- Similar to the statewide findings.
- Similar to the national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Statistically unchanged since 2009.

Have Visited a Dentist or
Dental Clinic Within the Past Year
Healthy People 2020 Target = 49.0% or Higher
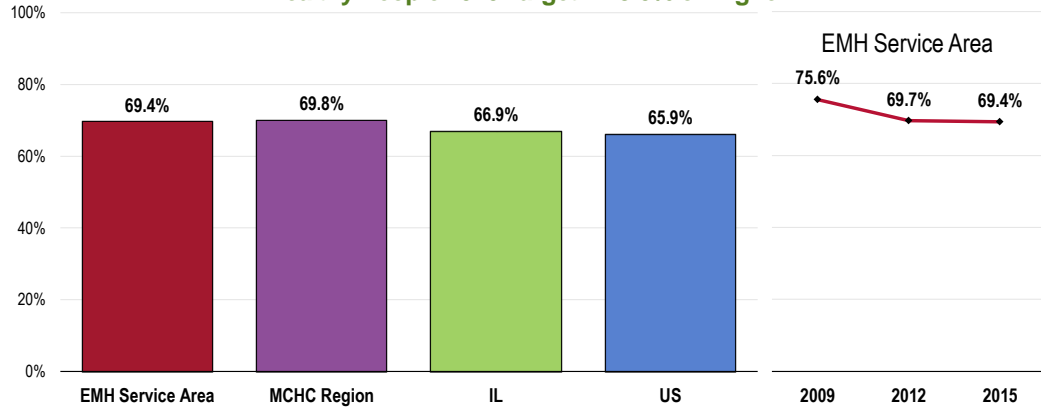
EMH Service Area: 69.4%, MCHC Region: 69.8%, IL: 66.9%, US: 65.9%

EMH Service Area trend — 2009: 75.6%, 2012: 69.7%, 2015: 69.4%

These service area residents are less likely to report recent dental care:

- Lower-income residents.
- Other races.
- As might be expected, persons without dental insurance report lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or
Dental Clinic Within the Past Year
(EMH Service Area, 2015)
Healthy People 2020 Target = 49.0% or Higher

Men: 67.7%, Women: 71.1%, 18 to 45: 71.8%, 46 to 64: 70.4%, 65+: 63.9%, <200% Poverty: 61.7%, >200% Poverty: 80.0%, White: 75.3%, Other: 62.4%, Dental Insurance: 74.9%, No Dental: 61.7%, Overall: 69.4%

Children

A total of 81.1% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Similar to the regional results.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Statistically unchanged over time.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Among Parents of Children Age 2-17)
Healthy People 2020 Target = 49.0% or Higher
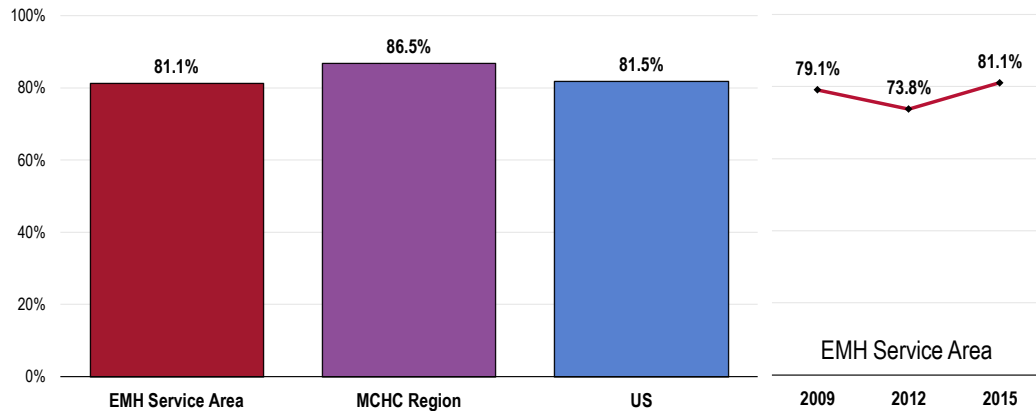
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
     ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
     ● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
Notes: ● Asked of all respondents with children age 2 through 17.

Dental Insurance

A total of 68.4% of Elmhurst Memorial Hospital Service Area adults have dental insurance that covers all or part of their dental care costs.

- Similar to the regional results.
- Similar to the national finding.
- TREND: Statistically unchanged over time.

Have Insurance Coverage That Pays
All or Part of Dental Care Costs

EMH Service Area

	EMH Service Area	MCHC Region	US	2009	2012	2015
	68.4%	71.9%	65.6%	69.3%	65.7%	68.4%

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
         ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
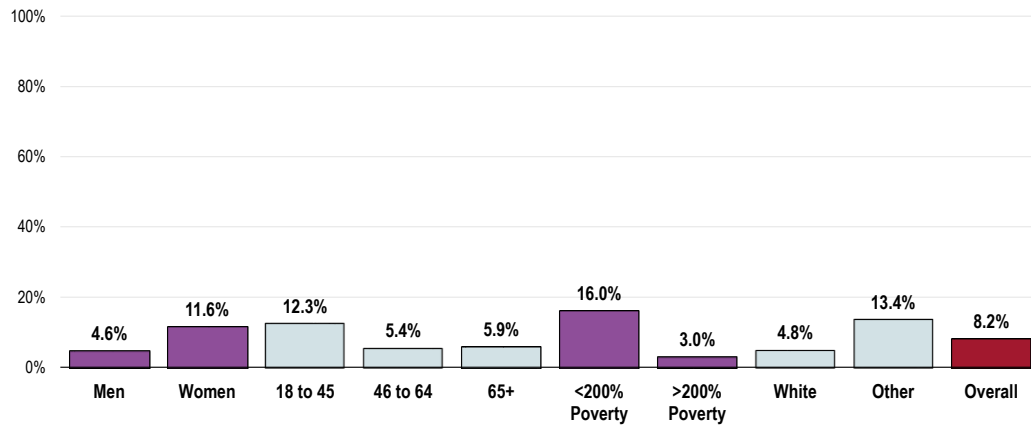Notes: ● Asked of all respondents.

Key Informant Input: Oral Health

Key informants taking part in an online survey more often characterized *Oral Health* as a "moderate problem" in the community.

Perceptions of Oral Health
as a Problem in the Community
(Key Informants, 2015)

■ Major Problem   ☐ Moderate Problem   ■ Minor Problem   ☐ No Problem At All

Major Problem	Moderate Problem	Minor Problem
28.6%	42.9%	28.6%

Sources: ● 2015 PRC Online Key Informant Survey.

TOP CONCERNS

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

Access to Care

Limited coverage under Medicaid for adult dental concerns and very few providers. For those with high deductibles, lack of access/care for adults/children. – Public Health Expert

Lack of access for those with limited financial means and/or those without insurance. – Social Service Representative

Vision Care

A total of 62.3% of residents had an eye exam in the past two years during which their pupils were dilated.

- Statistically comparable to the regional results.
- Statistically comparable to national findings.
- TREND: Similar to 2009 data but marking a significant increase since 2012.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

EMH Service Area
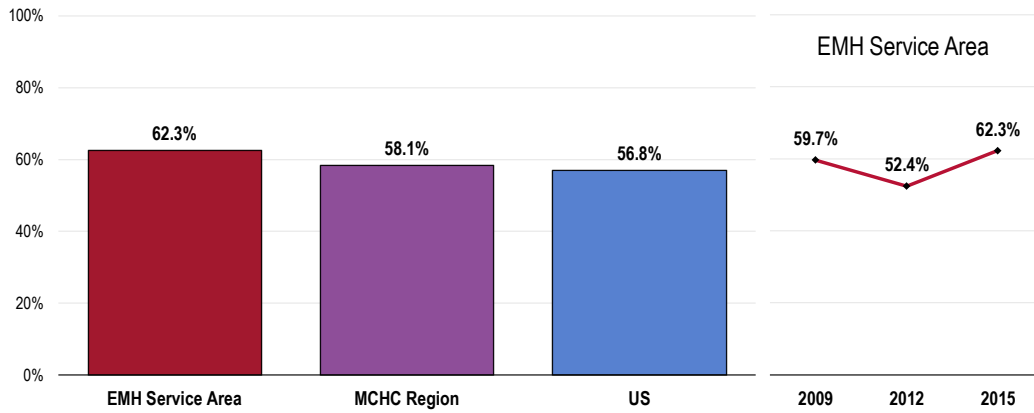
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Note the positive correlation with recent vision care and age in the service area.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
(EMH Service Area, 2015)
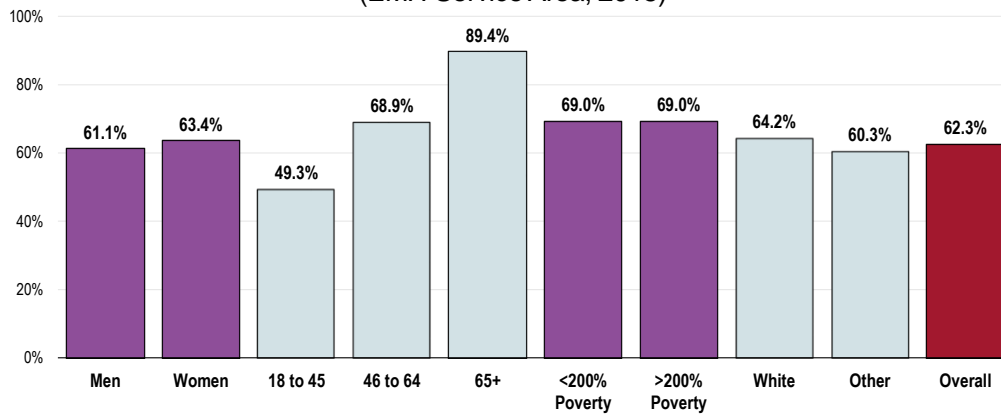
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Health Education & Outreach

Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 57.1% of Elmhurst Memorial Hospital Service Area adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 21.5%.

Other sources mentioned include books and magazines (5.1%).

- Just 1.6% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(EMH Service Area, 2015)

Internet 21.5%

Other 11.4%

Books/Magazines 5.1%

Uncertain 3.3%

Don't Receive Any 1.6%

Family Dr 57.1%
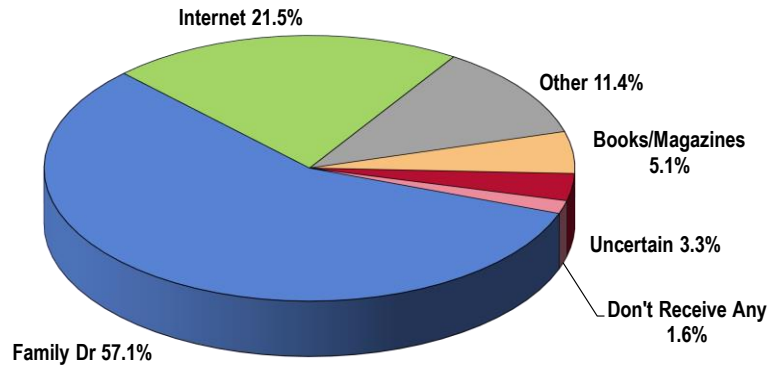
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 310]
Notes: ● Asked of all respondents.

Participation in Health Promotion Events

About Educational & Community-Based Programs

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

- Healthy People 2020 (www.healthypeople.gov)

A total of 20.0% of Elmhurst Memorial Hospital Service Area adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Similar to the regional results.
- Similar to the national prevalence.
- TREND: Statistically similar over time.
- Note that 61.4% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.

Participated in a Health Promotion Activity in the Past Year

EMH Service Area

61.4% of those participating report that this was sponsored by an employer.

EMH Service Area	MCHC Region	US	2009	2012	2015
20.0%	21.1%	23.8%	19.3%	15.7%	20.0%
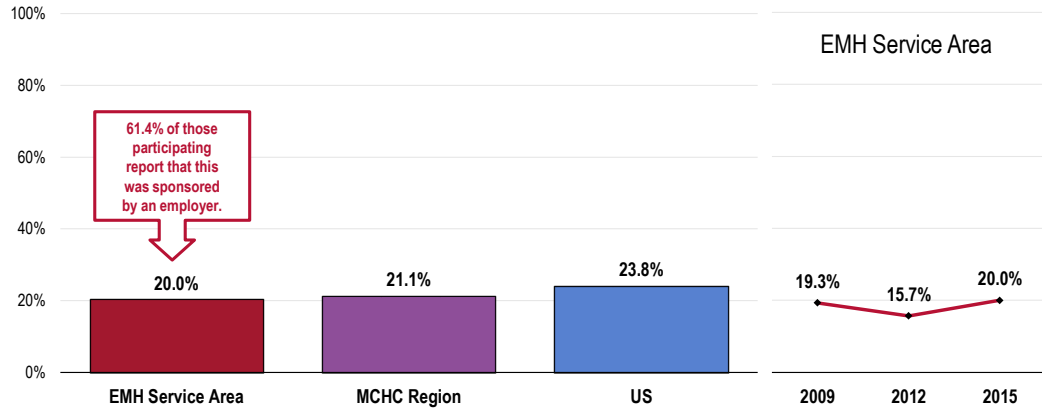
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 311-312]
　　　　● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Women and lower-income residents were <u>less</u> likely to report participating in a health promotion activity in the past year.

Participated in a Health Promotion Activity in the Past Year
(EMH Service Area, 2015)

Men	Women	18 to 45	46 to 64	65+	<200% Poverty	>200% Poverty	White	Other	Overall
24.9%	15.3%	20.0%	22.9%	16.6%	4.7%	31.2%	23.2%	15.0%	20.0%
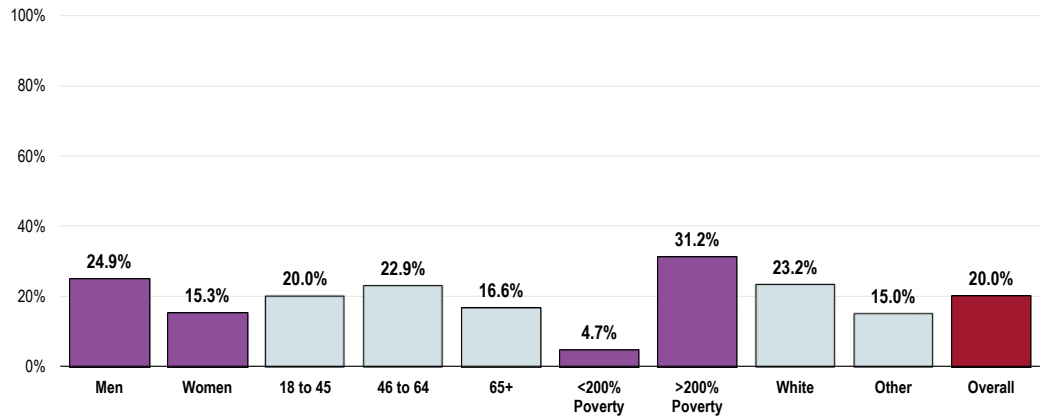
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]
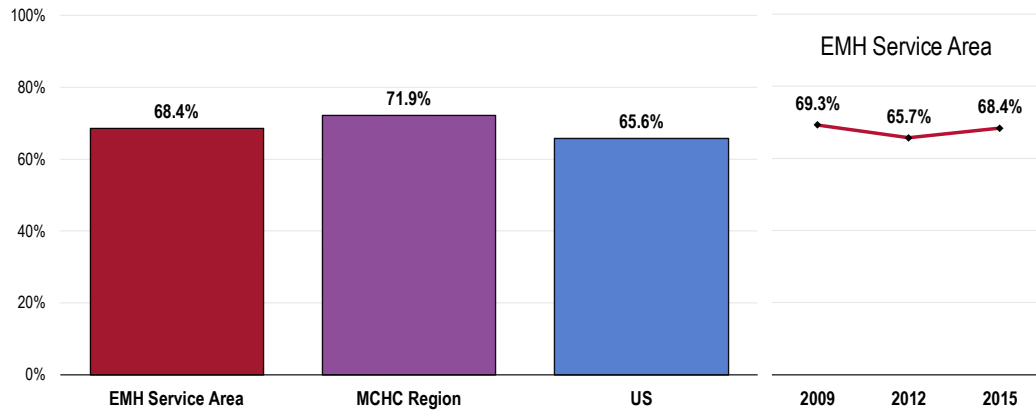Notes: ● Asked of all respondents.
　　　　● "White" race category reflects non-Hispanic White respondents.
　　　　● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Local Resources

Perceptions of Local Healthcare Services

More than one-half of Elmhurst Memorial Hospital Service Area adults (54.2%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 31.4% gave "good" ratings.

Rating of Overall Healthcare
Services Available in the Community
(EMH Service Area, 2015)
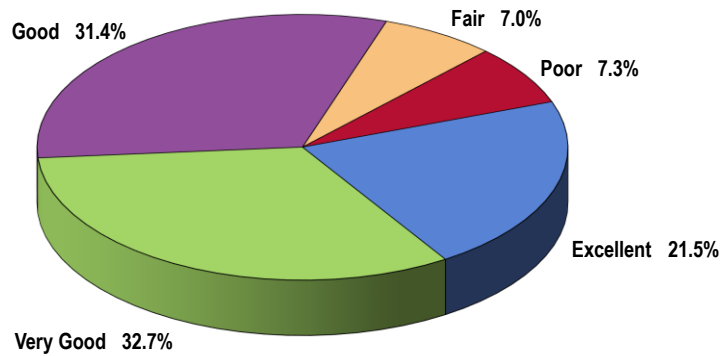
Good   31.4%
Fair   7.0%
Poor   7.3%
Excellent   21.5%
Very Good   32.7%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 6]
Notes: ● Asked of all respondents.

However, 14.3% of residents characterize local healthcare services as "fair" or "poor."

- Similar to regional results.
- Similar to the national finding.
- TREND: Similar to 2009 but marking a statistically significant <u>increase</u> since 2012.

Perceive Local Healthcare Services as "Fair/Poor"

EMH Service Area

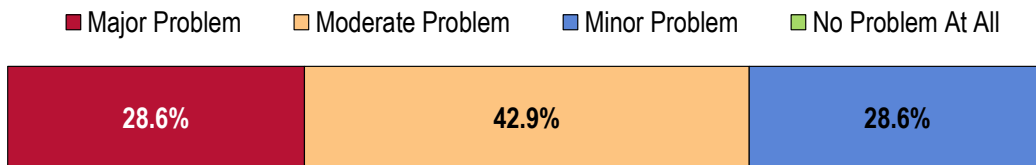|						
EMH Service Area 14.3%	MCHC Region 13.5%	US 16.5%	2009 15.2%	2012 8.5%	2015 14.3%
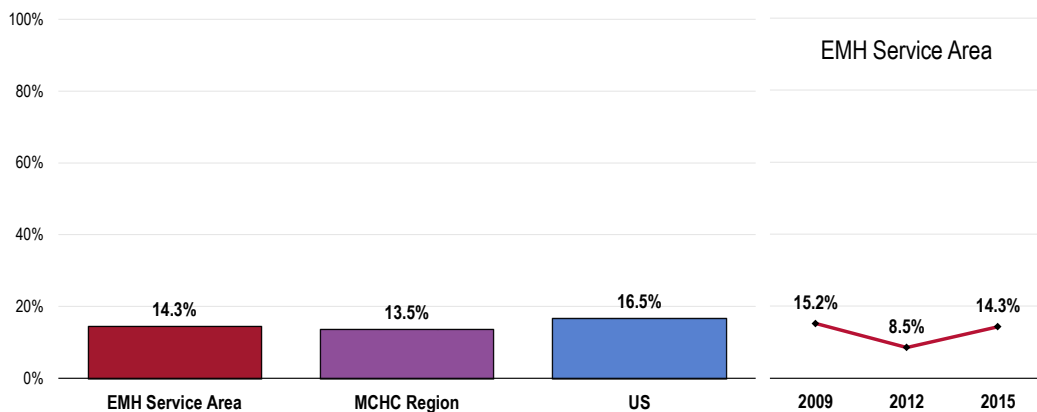
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc.   [Item 6]
          ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

The following residents are more critical of local healthcare services:

- Residents with lower incomes.
- Other races.

Perceive Local Healthcare Services as "Fair/Poor"
(EMH Service Area, 2015)
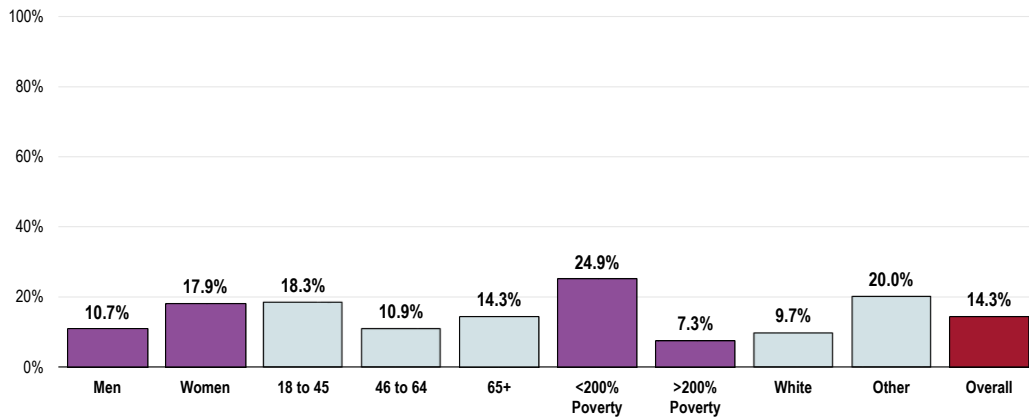
Category	Value
Men	10.7%
Women	17.9%
18 to 45	18.3%
46 to 64	10.9%
65+	14.3%
<200% Poverty	24.9%
>200% Poverty	7.3%
White	9.7%
Other	20.0%
Overall	14.3%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.
● "White" race category reflects non-Hispanic White respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "<200% Poverty" is defined as households earning up to twice the poverty threshold and includes those living with defined poverty status; ">200% Poverty" includes households with incomes at 200% or more of the federal poverty level.

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map provides an illustration of hospitals and Federally Qualified Health Centers (FQHCs) within DuPage County as of 2014.

Hospitals and Federally Qualified Health Centers, POS June 2014
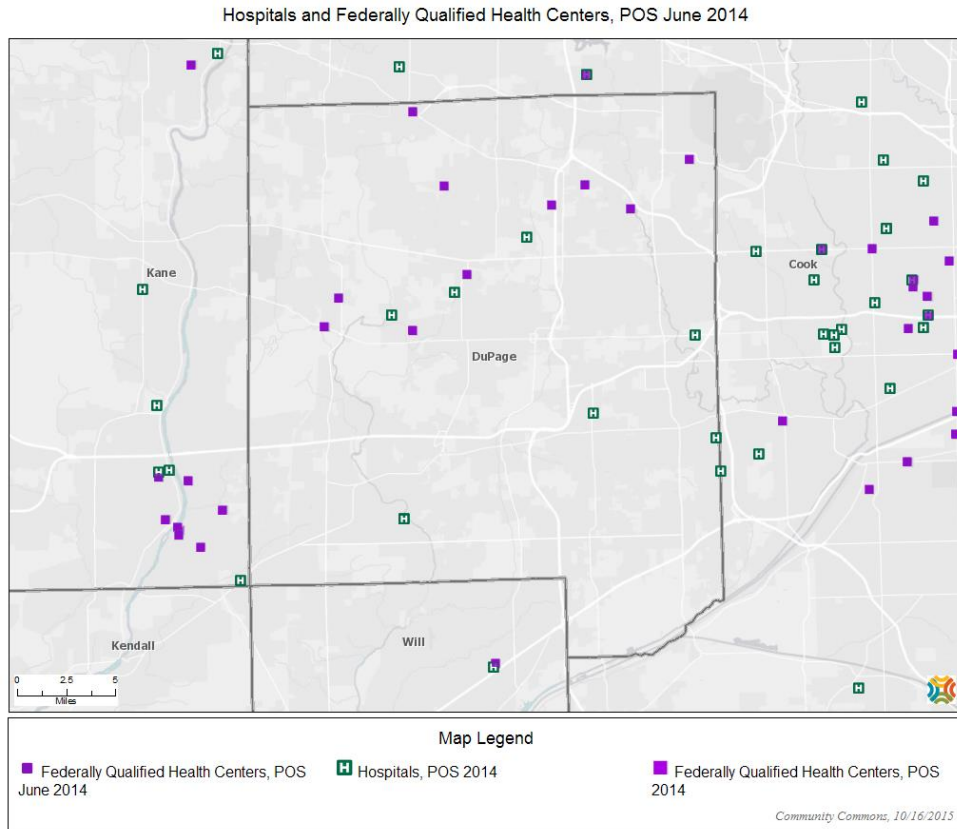
Health Professional Shortage Areas (HPSAs)

Note the areas in the following map designated by the US Department of Health and Human Services as a health professional shortage area (HPSA).

A "health professional shortage area" (HPSA) is defined as having a shortage of primary medical care, dental or mental health professionals.

Population Living in a HPSA, Percent, HRSA HPSA Database March 2015

Map Legend

Primary Care HPSA Components, Type and Degree of Shortage by Tract / County, HRSA HPSA Database March 2015

- Population Group; Over 20.0 FTE Needed
- Population Group; 1.1 - 20.0 FTE Needed
- Population Group; Under 1.1 FTE Needed
- Geographic Area; Over 20.0 FTE Needed
- Geographic Area; 1.1 - 20.0 FTE Needed
- Geographic Area; Under 1.1 FTE Needed

Community Commons, 10/16/2015

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

Access Community Health Network
DuPage County Health Department
DuPage Health Coalition – Access DuPage
Engage DuPage
Federally Qualified Health Centers
Health Department
Safety Net Mental Health Services

Cancer

CDH Cancer Center
DCHD Breast and Cervical Cancer Programs
Edward–Elmhurst Healthcare
Northwestern Medicine Delnor Hospital
Rush University Medical Center
University of Chicago Medical Center

Dementias, Including Alzheimer's Disease

Alden Courts of Waterford
Metropolitan Family Services
Nursing Homes
Senior Services through DuPage County
Silverado Naperville
Spring Meadows Naperville
Sunrise of Naperville

Diabetes

Addison Park District Centennial Fitness Center
Alexian Brothers Hospital
Diabetes Educators
DuPage County Health Department
DuPage PADS
Edward–Elmhurst Hospital
Elmhurst Memorial Hospital
FQHCs
Hospital Based Classes
Loyola Center for Health
Primary Care Providers
Rush University Medical Center

University of Chicago Medical Center

Family Planning

Anchor Health Services
Family Planning Curriculums Taught in Churches
FQHCs
General Practitioners
Planned Parenthood
Primary Care Providers
Regional Office of Education
Teen Parent Connection

Heart Disease & Stroke

Edward–Elmhurst Hospital
Hospitals
Loyola Center for Health
Physicians
Rush Medical Center
Specialists
University of Chicago Medical Center

Immunization & Infectious Diseases

Area FQHCs
Health Department
In-store Clinics
Pharmacists
Primary Care Physicians

Injury & Violence

Domestic Violence Protocol from State Attorneys
DuPage County Psychological Services
Family Shelter Service
Hospitals
Police Department
Signage on Highways about Texting and Driving

Mental Health

360 Youth Services
Adventist Institute for Behavioral Medicine
Alexian Brothers Behavioral Health Hospital
DuPage County Health Department
DuPage County Behavioral Health Treatment
Edward Hospital
Edward–Elmhurst Hospital
Engage DuPage Program that Facilitates Linkage
Hospitals
Linden Oaks
Mental Health First Aid
Metropolitan Family Health

NAMI

Primary Care Physicians

Rosecrance

Safety Net Nonprofit Providers

Samaritan Interfaith

School Nurses, Deans and Social Workers

Social Work Officers in Police Departments

Nutrition, Physical Activity & Weight

Addison Park District

Centennial Park Indoor Fitness Facility

Center for Health and DuPage County Health Department

Chicago Park District

Community Hunger Network and People's Research Center

Edward–Elmhurst Hospital

Efforts to Strengthen Prairie Path

FORWARD Coalition

Library with Programs

LifeTime Fitness

Local Farmers Markets

Municipal Strategies to Develop Support Health

Parks with Walking Paths

Schools

Weight Watchers

YMCA

Oral Health

DuPage County Health Department Clinic

DuPage Dental Care Connections

Free Dental Clinic

Midwest University Dental Clinic

Ready, Set Smile Program

Smile Squad

Sexually Transmitted Diseases

Planned Parenthood, Oak Park

Primary Care Physicians

Robert Crown Center, Hinsdale

Schools

Substance Abuse

Alcoholics Anonymous

Alexian Brothers

Behavioral Health Treatment Collaborative

Edward–Elmhurst Hospital, Elmhurst

Health Department

Hospitals

Linden Oaks

Nonprofit Safety Net Resources

Police Department
Project Connect
Rosecrance
School Advisors
Serenity House

Tobacco Use

American Lung Association
Edward–Elmhurst Hospital, Elmhurst
Edward–Elmhurst Hospital, Naperville

Appendix

Evaluation of Past Activities

Detailed in the remainder of this document are the FY14-FY16 community benefit efforts for Linden Oaks Hospital (LOH), Edward Hospital (EH), and Elmhurst Memorial Hospital (EMH). Since they have historically served different communities, EH/LOH and EMH conducted separate CHNA's for their respective service areas. In FY 2013, each organization participated in a 3-year CHNA facilitated by the Metropolitan Chicago Healthcare Council (MCHC) on behalf of its member hospitals.

Some of the many efforts around EH/LOH and EMH community benefit planning are outlined below:

EH/LOH: Community Health Priorities

The FY 2014–FY 2016 key strategic priorities were:

- Access to Health Services
- Mental Health & Mental Disorders
- Obesity

For each priority category, the Community Benefit Steering Committee identified specific goals, objectives and initiatives, along with measures of success.

EH/LOH: Community Health Initiatives

EH/LOH deployed numerous initiatives to achieve the goals defined by the Community Benefit Steering Committee. Highlights of achievements are summarized below:

Access to Healthcare Services

Medicaid Application Initiative

EEH has partnered with Chamberlin Edmonds to provide its uninsured and underinsured patients with insurance coverage through various Medicaid programs. The service is offered to patients receiving care as an inpatient, in the emergency department, and in various outpatient departments. The service is tailored to guide the patient through a complex application process for applicable federal, state, and community benefit programs.

Access to Physician Care

Edward routinely monitors the needs of the community and formally conducts an annual physician network assessment aimed to identify care gaps and ensure appropriate care within our community. Edward's physician philosophy is centered on the idea there is a direct link between the health of our community and the strength of our primary care network. Beyond financial assistance, Edward has addressed the need for improved access to healthcare services through physician recruitment and ambulatory service expansion.

During FY 2015, Edward opened two new retail clinics and added numerous primary care physicians and midlevel providers. Retail clinics are located in high traffic grocery stores (Jewel Osco) staffed by board-certified nurse practitioners who partner with our primary care providers to ensure continuity of care.

"Sara is TOP NOTCH – My son is autistic, communication is sometimes difficult. Sara made the best of advising us of his illness. She prescribed care/medication all while keeping in mind his current medications."

"I took my 2 daughters in because they needed to be seen sooner than their pediatrician could get them in…my youngest has always refused and resisted all nurses, doctors, dentists…we saw Mary, SHE WAS PHENOMENAL. Not only did she get my difficult girl to cooperate but she had the entire family involved and playing. We found her bedside manner and her expertise to be top notch."

These clinics are a more cost-effective approach to receiving care when compared to costs of an emergency department or immediate care visit. The retail clinics have proven to provide excellent patient care as highlighted in the two patient stories outlined above.

Mental Health and Mental Disorders

Behavioral Health – Primary Care Integration

It is estimated that 18% of adults have a mental condition but only half receive treatment. Linden Oaks Behavioral Health Integration (LOH BHI) was established to increase collaboration with primary care physicians around behavioral health care. By imbedding behavioral health professionals in primary care practices, BHI provides early detection of significant behavioral health concerns, access to timely and appropriate mental health care, and improves the patient experience while enhancing compliance. LOH BHI currently has clinicians imbedded within four practices of the EEH system, with future growth projected.

Addiction Awareness and Recovery 5K

LOH continued its involvement in The Addiction Awareness and Recovery 5K event. The events originated to draw attention to addiction in the community and celebrate those in treatment and recovery. The event coincides with National Recovery Month, which supports efforts for substance abuse prevention, treatment and recovery. During FY 2015, LOH partnered with the JUST (Justice-Understanding-Service-Teaching) of DuPage and West Suburban Fellowship Club to hold the Addiction Awareness and Recovery 5K. The success of the event has led LOH to consider additional partnerships in order to expand its reach within the community.

Professional Training

LOH facilitated numerous trainings for professionals within and beyond its community on current information in mental health. The trainings were conducted in both online and in person forums. Attendees learned relevant treatment techniques and approaches to enhance mental health care in the community. In FY 2015, 12 seminars were conducted at LOH which resulted in the training of over 500 professionals. Further, LOH launched a web-based educational platform in which professionals within the community were able to receive

education on best practice treatment. This program expanded education to providers unable to attend traditional styles of training.

Mental Health First Aid Program

Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addiction challenge, or is in crisis. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a five-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders. Additionally, during FY 2015 LOH successfully trained over 260 officers in the Naperville Police Department.

The Candlelight Vigil

The Candlelight Vigil is co-sponsored every year with ANAD (National Association of Anorexia Nervosa and Associated Disorders) in order to promote awareness of eating disorders and to provide hope and encouragement to those suffering from these disorders. The first vigil in 2004 had 40 participants. In 2015, over 500 people attended the event, which was held at the healing garden at LOH.

Obesity

ProActive Kids

Throughout the years, Edward has been an active partner with ProActive Kids (PAK). PAK is a community effort to address the childhood obesity epidemic. In partnership with Edward Hospital, PAK is offered free to children aged 8-14 who fall into the 85th percentile for BMI (Body Mass Index). Over an eight week period, PAK aims to teach children and their loved ones creative ways to encourage healthy living and improve health through exercise, nutrition and lifestyle coaching. The program inspires children to learn new exercise, lose weight, eat right and be more confident. On average, children who complete the eight-week program see a decrease in their weight, a decrease in BMI by 0.5 point, 1.57 percent body fat reduction, a 2.96 pound decrease in fat mass, a 1.53 pound increase in fat-free mass and an increase in social indicators such as body image and self-esteem. In addition, PAK and Edward Hospital are active coalition partners in FORWARD (Fighting Obesity, Reaching Healthy Weight Among Residents of DuPage), a DuPage County leadership collaborative whose goal is to improve the health and wellbeing of children and families in DuPage County.

Healthy Driven Challenge

This past January, EEH launched a new community initiative aimed to encourage individuals to focus on their health and wellness. The online-based platform includes information and a variety of tools and activities to encourage the community to take charge of their health. The focus of the site is to share information in order to easily and efficiently educate individuals in

need. Below are a few highlights of site offerings:

- Healthy Driven blogs
- Find a Doctor features
- HealthAware screenings (free, five-minute tests to determine a person's risk for disease or disorders)
- Live Chat with behavioral health representatives

One activity offered to community members is the online fitness challenge, which features motivational nudges in three areas: emotional, nutritional, physical. Further, the Healthy Driven initiatives include relevant health and wellness information, connect community members to healthy living resources including educational programs, fitness opportunities and risk assessments. EEH believes strongly in helping patients easily connect with our physicians and services, and to remain motivated to be as healthy as possible.

Edward Medical Group Weight Loss Clinic

In October of 2014, Edward Medical Group (EMG) opened its first weight loss clinic. The clinic offers a multidisciplinary approach that includes medical monitoring, guidance on nutrition and exercise as well as psychological counseling regarding food and addiction. Since implementation, the program has seen over 750 patients and has documented improvement in patient health outcomes. The program continues to grow and provide support for those struggling with weight loss.

EMH Community Health Priorities

Based on the findings of the CHNA, the Elmhurst Memorial Community Benefit Steering Committee prioritized the following areas of focus:

- Access to healthcare services
- Cancer
- Mental Health
- Obesity
- Heart Disease & Stroke

For each priority category, the Community Benefit Steering Committee identified specific goals, objectives and initiatives, along with measures of success.

EMH: Community Health Outcomes

Similar to EH/LOH, Elmhurst Memorial deployed numerous tactics to achieve the goals defined by the Community Benefit Steering Committee. Highlights are summarized below:

Access to Healthcare Services

Access to Physician Care

Similar to Edward, Elmhurst Memorial believes community health is enhanced by a strong primary care network. Since the Edward-Elmhurst merger in July 2013, Elmhurst Memorial has been focused on developing its physician network in order to address the health priorities

outlined in Table 12. During FY 2015, Elmhurst Memorial continued to increase access for its community by expanding its primary care provider base, adding employed and affiliated primary care providers and opening two retail clinics. In line with the findings of the Physician Network Development Plan, the Hospital will continue to address the needs of the community through additional primary care physicians and by addressing specialty gaps.

Cancer

Elmhurst Memorial offers various community education programs related to cancer topics, including: prevention and wellness, screening, and symptom and treatment management. Examples of such programs are below:

- Cancer patient/family support groups and educational programs for caregivers
- Community events with provision of education materials on cancer prevention for men and women
- Community educational events to promote cancer prevention and early detection (e.g. screening guidelines and appropriate testing) for breast cancer, colon cancer, lung cancer)
- Partnership with the American Cancer Society (ACS), to provide training and resources for cancer patients and their families (transportation services, Wig Boutique, "Look Good Feel Better" program)

Mental Health

Aware Programs

Elmhurst Memorial's Behavioral Health Services, in conjunction with Linden Oaks, a subsidiary of Edward-Elmhurst Health, continued to offer tools on its website to proactively assist community members in gauging their risk for depression, anxiety and addiction. Known as Depression Aware, Anxiety Aware and Addiction Aware, these online questionnaires help to identify those who are at risk and connect them to resources through a help line staffed 24-hours a day, seven days a week by Linden Oaks counselors. High risk patients have the opportunity to receive a free, in-person one-on-one assessment.

In FY 2015, approximately 415 community members (all Linden Oaks sites combined) completed free online questionnaires and 65 individuals completed follow up assessments with a licensed behavioral health counselor. Since we started these programs, more users are taking the surveys that help identify potential risk for mental disease.

Community Education

Elmhurst Memorial Healthcare offers numerous education programs for the community to support positive mental health, including:

- In FY 2015, Dr. Ghassan Aldurra, the Medical Director for the Adolescent Behavioral Health Services and Medical Consultative Services Program at EEH, gave two major lecture events on mental health.

- Hospital representatives also participated in the Hinsdale High School fair where we provided information on different mental health topics, like mental health and substance abuse. The hospital provides free mental health assessments to the community.
- From July 2014 to June 2015, 1,543 Mental Health and Chemical Dependency free assessments were conducted in the emergency department, seven days a week.
- Various education materials on stress and wellness are also provided in the EMH Library and the community resource centers in Addison and Lombard.

Obesity

Obesity is a growing problem in DuPage County. Preventing and reducing obesity has the potential to greatly improve public health. In addition to medical care, public education and resources are required. EEH is actively engaged in offering resources to the community we serve.

Online Healthy Driven Challenge

In January of 2015, Edward's online platform of healthy lifestyle challenges was extended to Elmhurst community members and employees. The purpose of the challenges is to inspire and engage people to make healthy decisions about their life style. The Nutritional Challenge encourages participants to eat well to prevent obesity and diabetes.

Diabetes Aware was launched for the early detection of diabetes. From July 1st of 2014 to the end of June 2015, 898 people system employees as well as external individuals completed the diabetes on line challenge system-wide.

In February 2015 Elmhurst Hospital opened a Bariatric and Weight Management Center to provide comprehensive, multidisciplinary care for weight management that includes non-surgical and surgical options. The Center is located in the Elmhurst Memorial Center for Health and offers medical weight loss services as well as a surgical program as well as weight loss seminars and a Bariatric Support Group for community members.

Additional ways Elmhurst Memorial addresses the obesity epidemic include:

- Collaboration with the DuPage County FORWARD initiative, a project to educate the community about healthy eating
- Partnership with ProActive Kids in fighting Childhood Obesity: the eight-week fitness program is offered in Addison, and it is for children aged eight to twelve. This program is free for participants and funded in partnership with the DuPage County ProActive Kids.
- Community education on healthy eating and healthy beverage consumption and risks associated with overweight and obesity including lectures like "Weight Loss Strategies", "Rethink your Drink". Lunch and Learn programs including: "Make Yourself a Priority" and Healthy Cooking demonstrations are offered in the hospital cafeteria for community members and hospital employees.

- BMI and blood pressure measurements are provided at community health fairs
- Cholesterol screening for lipids and community fitness classes, including Tai Chi, Yoga, Pilates are offered at the Lombard Health Center and/or Elmhurst Memorial Hospital

Heart Disease & Stroke

Aware Programs

As part of a mission to improve the health and well-being of the community, Elmhurst Memorial launched two new on-line screening tools for the early detection of heart disease and stroke. The health assessments were launched to the community in January 2014. HeartAware and StrokeAware are part of the HealthAware wellness and early detection tools that have been offered at Edward Hospital and have been very successful in helping community members improve their health. These online tools offer the opportunity to be proactive by taking short assessments on a variety of health topics. Following the assessments, the tools provide immediate feedback about the respondent's health as well as action steps for those who are identified at risk. By participating in either of the free five-minute heart or stroke health assessments, participants have the opportunity to qualify for a free peripheral vascular screening, free Ankle-Brachial Index test and reduced-cost heart scan.

Stroke and Vascular Ultrasound Mailing

Stroke is the leading cause of disability in the United States. With that in mind, Elmhurst Memorial set out to provide education on vascular disease to aid in prevention by developing a monthly mailing to patients aged 40-80 who are at risk for arterial vascular disease. This mailing is sent to approximately 1,000 people a month and encourages them to call for a free stroke and vascular ultrasound screening.

Additional Programs

- Screening programs provided to the community, including screenings such as: glucose, blood pressure and BMI
- Community education programs and materials on heart health, diabetes, stroke awareness and healthy eating
- In order to improve the quality outcomes for our community and to prevent readmissions to the hospital, two new clinics were opened in FY 2015: Heart Failure Clinic and Afib/COPD/Pneumonia Clinics. The clinics provide services at the hospital, five days a week.

EEH Community-Wide Benefit Planning

Recognizing that it cannot meet all of its community needs independently, all three hospitals actively participate in community-wide community benefit planning with other organizations. In particular, EEH participates in two distinct community benefit planning forums in Will and

DuPage Counties involving area hospitals and other health providers and resource organizations. EEH provides financial, operational and leadership support, engaging heavily in community health planning efforts throughout the year. Collaboration around community benefit planning primarily occurs through the following groups:

- **Mobilizing for Action through Planning and Partnerships** (MAPP) is a community-driven strategic planning process for improving community health. MAPP is an interactive process intended to improve the efficiency, effectiveness, and ultimately the performance of local health systems. Public health leaders in the community facilitate the collaborative, thus providing a framework aimed at to prioritizing public health issues and identifying resources to address them. Edward financially sponsors the collaborative and actively participates in MAPP Executive Committee as well as various action teams.

- **Impact DuPage** is committed to creating a common understanding of community needs, gaps, and priorities that will advance the well-being of the DuPage County community. Impact DuPage engages existing stakeholder networks in a coordinated approach to ongoing community needs assessment, resulting in data-driven solutions to address county priorities, align resources, and improve population level outcomes. Elmhurst Memorial Hospital participates in the Impact DuPage Steering Committee and in the Dashboard Committee, which has been supporting the development of the web-based Impact DuPage dashboard (launched in February 2015). Dashboard data, along with other sources, comprise the Community Health Status Assessment.