

# Kankakee County



## 2024 Community Health Needs Assessment



## Acknowledgements

To the Kankakee County residents and community partners in our public health system,

We are happy to present to you the 2024 Kankakee County Community Health Needs Assessment. Completion of this assessment is vital to the planning and promotion of coordinated health strategies and services that align with key strategic issues.

This triennial assessment is completed now using the MAPP 2.0 (Mobilizing for Action through Planning and Partnership) process that is conducted by the Partnership for a Healthy Community. Many individuals, agencies, and organizations that form the Partnership for a Healthy Community have been involved throughout this process. Those collaborators are dedicated to helping make Kankakee County a healthier and better place to live.

This Community Health Needs Assessment will help guide the Partnership for a Healthy Community to implement interventions and activities for the key health priorities over the next three years. This report will serve as a tool to educate residents, community organizations, businesses, and leaders of Kankakee County of ways to improve health, prevent illness, and move towards a healthier community.

We are excited by the possibilities this report has for improving the health and wellness for all those that work, live, and play in Kankakee County.

Steering Committee for the  
Partnership for a Healthy Community



## Table of Contents

Acknowledgements	(2)
Executive Summary	(4)
Collaborative Process and Assessment Methodology	(6)
Community Status Assessment	(7)
Community Context Assessment	(7)
Community Served and Demographics	(7)
Process and Methods Used	(10)
Summary of Community Input	(10)
Summary of Secondary Data	(15)
Data Limitations and Information Gaps	(16)
References	(27)
Appendix A: Definition & Terms	(28)
Appendix B: Community Demographics Data & Sources	(30)
Appendix C: Community Input Data & Sources	(33)
Appendix D: Secondary Data and Sources	(35)
Appendix E: Health Care Facilities and Community Resources	(45)

## Executive Summary

### Kankakee County Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) is a collaborative effort of the Partnership for a Healthy Community (Partnership). The purpose of the CHNA is to provide a community plan that is developed by and for the community. The assessment and planning process is required every three years for hospitals and every five years for local health departments. The Kankakee County Health Department has aligned its assessment process with the three- year hospital requirements to avoid a duplication of efforts.

### Kankakee County Partnership for a Healthy Community

The Community Health Needs Assessment (CHNA) is a collaborative effort of the Kankakee County Partnership for a Healthy Community. The purpose of the CHNA is to provide a community plan that is developed by and for the community. The assessment and planning process is required every three years for hospitals and every five years for local health departments. The Kankakee County Health Department has aligned its assessment process with the three-year hospital requirements to avoid a duplication of efforts.



Established in 2011 as an effort to meet the IRS guidelines for not-for-profit hospitals and the requirements of the Illinois Department of Public Health for local health department certification, a member steering committee guided the community through the MAPP Strategic Planning Framework. The first collaborative needs assessment was completed in 2012.

The second iteration of the MAPP process was completed in December 2015. The third round of the MAPP process began in January 2017, the fourth in late 2019 and this version, the fifth, began in late 2023.

The Steering Committee of the Kankakee Partnership meets regularly to provide oversight to the ongoing MAPP process and make recommendations. Action Teams were established around the identified priorities and have been implementing action plans and strategies to address those needs. The action teams are led by chairs and co-chairs from partner organizations. Most of the teams meet monthly or bi-monthly as needed.

Organizations on the Kankakee Partnership for a Healthy Community Steering Committee are listed below:

- AgeGuide
- Ascension St. Mary Hospital
- Helen Wheeler Center for Community Mental Health
- Iroquois-Kankakee Regional Office of Education
- Kankakee County Health Department

- Kankakee County Hispanic Partnership, Inc.
- Olivet Nazarene University
- Pledge for Life Partnership
- Project SUN
- Riverside Healthcare
- Twenty-first Judicial Circuit Family Violence Coordinating Council
- United Way of Kankakee & Iroquois Counties

The general membership consists of partners who are not involved directly with an Action Team but participate as appropriate for their organization. They contribute to the overall assessment process and some implementation strategies.

Many partners participated in developing this Community Health Needs Assessment, which are listed below:

Ascension St. Mary Hospital	Iroquois & Kankakee County Regional Office of Education
Bradley-Bourbonnais Community High School	Manteno Police Department
City of Kankakee	Maternity BMV Church, Bourbonnais
Community Foundation of Kankakee River Valley	Olivet Nazarene University
Easterseals	NAACP, Kankakee County Branch
Economic Alliance of Kankakee County	Pembroke Public Library District
Garden of Prayer Youth Center	Pledge for Life Partnership
Helen Wheeler Center for Mental Health	Project SUN
Kankakee Community College	Riverside Healthcare
Kankakee County Coalition Against Domestic Violence	Salvation Army
Kankakee County Health Department	Twenty-first Judicial Circuit Family Violence Coordinating Council
Kankakee County Hispanic Partnership, Inc.	United Way of Kankakee & Iroquois Counties
Kankakee High School District 111	Village of Manteno
Kankakee Valley Symphony	ITW Zip-Pak

## **The Partnership's Mission, Vision and Value Statements**

### Mission

We are committed to creating a healthy community through comprehensive assessments and the implementation of effective plans.

### Vision

Partnership for a Healthy Community, building a strong, healthy and safe Kankakee County

### Values

- We commit to collaborate with active engagement, commitment, and accountability of all partners.
- We commit to open communication, understanding, and respect for the needs and viewpoints of all partners.
- We commit to gathering comprehensive quality data in order to identify and prioritize community needs.
- We commit to sharing the findings of our assessment in order to inform and educate the community.
- We commit to creating and implementing realistic plans, measuring the impact, and communicating our results.

## **Collaborative Process and Assessment Methodology**

In late 2023, the Partnership for a Healthy Community convened to organize and conduct the fifth iteration of the MAPP process. Recognizing that a newer version of the MAPP process is now available, the decision was made to use MAPP 2.0 for this cycle. MAPP 2.0 is a community-driven, strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them. MAPP 2.0 builds upon its predecessor, emphasizing the importance of community engagement, data-driven assessments, and a focus on health equity. In comparison to the original framework, MAPP 2.0 is streamlined from six to three phases and from four to three new and revised assessment tools and includes new resources and activities.

### Metopio Contracted

To guide and implement our MAPP 2.0 process, the Partnership contracted Metopio who specializes in conducting CHNAs for community organizations like ours. ([www.Metopio.com](http://www.Metopio.com)). Metopio conducted the assessments, provided current and relevant data, and assisted with analysis and conclusion development.

### Community Partners Assessment

The Community Partners Assessment (CPA) is an assessment process that allows all the community partners involved in MAPP to critically look at 1) their own individual systems, processes, and capacities and 2) their collective capacity as a network/across all community partners to address health inequities.

### Community Status Assessment

The Community Status Assessment (CSA) is a quantitative assessment aimed at understanding the community's status. It helps communities move upstream and identify inequities beyond health behaviors and outcomes, including their association with social determinants of health and systems of power, privilege, and oppression.

### Community Context Assessment

The Community Context Assessment (CCA) is a qualitative data assessment tool aimed at harnessing the unique insights, expertise, and perspectives of individuals and communities directly impacted by social systems to improve the functioning and impact of those systems.

### **Prioritization of Strategic Issues**

On March 21, 2024, Kankakee County public health stakeholders participated in a planning session to review key findings from the MAPP 2.0 assessments, identify cross-cutting themes and potential strategic issues, and prioritize a set of strategic issues. The meeting was facilitated by Will Snyder, Metopio CEO. Following discussion and after reviewing feedback from attendees, three strategic issues and areas of focus for Kankakee County were identified:

- Chronic Disease  
Focus Areas: Heart disease, cancer, stroke, respiratory illnesses, and Alzheimer's disease.
- Behavioral Health  
Focus areas: Substance use, mental health, & trauma awareness and prevention
- Social Determinants of Health (SDOH)  
Focus areas: Food, housing, transportation, injuries and healthcare affordability

### **Next Steps and Conclusion**

Following approval of the CHNA, both hospitals and the Health Department will each complete an implementation strategy. The implementation strategy will focus on all or a subset of the significant needs, and will describe how the organization intends to respond to those prioritized needs for the next three years.

### **Community Served and Demographics**

#### **Community Served**

For the purpose of the 2024 CHNA, The Partnership has defined its community as Kankakee County. Kankakee County includes the city of Kankakee as well as surrounding suburban and rural communities. It resides

approximately 50 miles south of Chicago. Nearly all major industries are offered within the county's geography.

### Demographic Data

Located in Illinois, Kankakee County has a population of 106,704 and is located in the northern eastern part of the state. Below are demographic data highlights for the community:

- 17.9 percent of the community members of Kankakee County are 65 or older, compared to 17.2 percent in Illinois
- 12.2 percent are Hispanic or Latino (any race) which is lower than 18.3 percent in Illinois
- 69.8 percent of community members are non-Hispanic white; 1.1 percent are Asian; 0.5 percent are American Indian or Alaska Native, and 14.8 percent are non-Hispanic Black or African American
- The total population increase from 2010 to 2020 was -5.24 percent which is greater than the state increase during this same time period of -0.14 percent
- The median household income is below the state median income (\$70,500 for Kankakee County; \$76,700 for Illinois)
- The percent of all ages of people below 200% of poverty level was significantly higher than the state (31.55 percent for Kankakee county; 26.52 percent for Illinois)
- The uninsured rate for Kankakee County is similar to the state (8 percent for of residents Kankakee County; 8 percent for resident of Illinois)

Demographic Highlights			
Population			
Indicator	Kankakee County	Illinois	Description
Percentage living in rural communities	28.4%	13.1%	N/A
Percentage below 18 years of age	22.6%	21.6%	N/A
Percentage 65 years of age and over	17.9%	17.2%	N/A
Percentage Asian	1.1%	6.3%	N/A
Percentage American Indian or Alaska Native	0.05%	0.06%	N/A
Percentage Hispanic	12.2%	18.3%	N/A



Percentage non-Hispanic Black	14.8%	14.1%	N/A
Percentage non-Hispanic White	69.8%	59.5%	N/A
<b>Social and Community Context</b>			
English proficiency	1%	4%	Proportion of community members who speak English “less than well”
Median household income	\$70,500	\$76,700	Income level at which half of households in a county earn more and half of households earn less
Percentage of families in poverty	20%	16%	Percentage of people under age 18 in poverty
Percentage of uninsured	8%	8%	Percentage of population under age 65 without health insurance
Percentage of educational attainment	90%	90%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Percentage of unemployment	5.3%	4.6%	Percentage of population ages 16 and older unemployed but seeking work

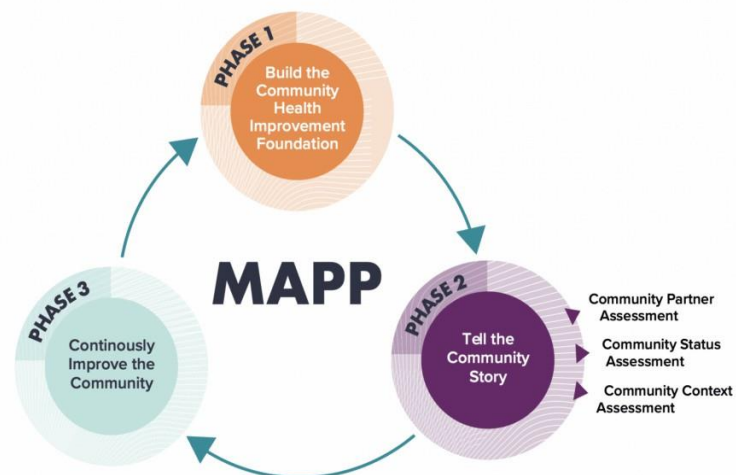
Source: County Health Rankings Health Data, 2024.

To view additional community demographic data, see Appendix B.

## Process and Methods Used

### Data Collection Methodology

The Partnership is committed to using national best practices in conducting the CHNA and relies on the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP is a community-driven, strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them. The Partnership for a Health Community used a modified MAPP 2.0 model for this iteration of the assessments completing three different assessments<sup>4</sup>:



1. Community Status Assessment (secondary data)
2. Community Partner Assessment (stakeholder or informant input)
3. Community Context Assessment (community input)

Upon completion of the collaborative data collection, a strategic session was held in March 2024 to review all findings looking for cross-cutting themes and determine the significant needs for the community.

### Summary of Community Input

Community input, also referred to as “primary data,” is an integral part of a community health needs assessment (CHNA) and is meant to reflect the voice of the community. This input is invaluable for efforts to accurately assess a community's health needs. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of 1) public health practice and research; 2) individuals who are medically underserved, low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input that provided perspectives on selecting and responding to top health issues facing the community. A summary of the process and results is outlined below.

## Community Survey

A survey was conducted by the Partnership for a Healthy Community to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes, health behaviors, social determinants of health, and clinical care for Kankakee County. Five hundred twenty-four individuals participated in the survey, held between November 2023 and February 2024. The data gathered and analyzed provides valuable insight into the issues of importance to the community. The survey contained 76 questions and was distributed to the community through resource sharing, marketing flyers, social media, website announcements and other channels. The CHNA steering committee met weekly during the period the survey was open to discuss responses received and what additional pushes were needed to reach different populations.

Community Survey
Key Summary Points
<ul style="list-style-type: none"><li>• Survey respondents said they were healthy when asked to rate their overall health on a scale from 1 being not healthy to 10 being very healthy (rating of 8 on 1-10 scale).</li><li>• Adult Mental health (59.9%), Adolescent mental health (48.4%) followed by obesity (39.1%) were the most important health related challenges in the community</li><li>• Eating healthy (39.1%), affordable housing (37.3%) and medication affordability (37.5%) were the most important community issues where survey respondents live.</li><li>• Social media usage among children and teens is considered a big problem (50.5%) followed stress among children and teens (36.9%)</li><li>• 46.4% of survey respondents have been told by a care provider they have high blood pressure followed by high cholesterol (36.8%)</li><li>• 61.7% of survey respondents reported eating 1-2 servings per day of fruits and vegetables; 56.0% said obtaining fresh fruits and vegetables is very easy.</li><li>• 71.5% of survey respondents reported participating in physical activities and exercises in the past month; 46.5% report time as the greatest barrier to getting exercise followed by disability (17.4%)</li><li>• 15.6% of respondents smoke cigarettes daily while 17% use e-cigarettes or vape every day; 38.5% report using marijuana during the past 30 days for either medical or non-medical reasons</li><li>• 18.6% of respondents feel somewhat worse in describing their mental health compared to before the COVID-19 pandemic; 26.2% needed mental health treatment or counseling in the past 12 months with 20.9% not able to get the help they needed due to affordability (27.8%) and not knowing where to go (27.8%)</li><li>• Most respondents feel safe in their neighborhood most of the time (56.3%)</li></ul>

Populations Represented	Common Themes
<ul style="list-style-type: none"> <li>● Households with someone with a disability</li> <li>● LGBTQI+</li> <li>● Low-income</li> <li>● Families</li> <li>● Older Adults</li> </ul>	<ul style="list-style-type: none"> <li>● Concerns over parenting was a common theme in the open comments as was substance use disorders and access to health care (all forms).</li> <li>● Misconceptions of equity and health equity were prevalent in open comments</li> <li>● The need for cultural competence of the LGBTQI+ community was expressed in open comments.</li> </ul>
Meaningful Quotes	
<ul style="list-style-type: none"> <li>● Every place I called in Kankakee County was not accepting new patients. I can't drive to Will County for care.</li> <li>● My 14-year-old granddaughter (in another town in a good neighborhood) is stressed about the way the world is going, wondering if she (as a black girl) has any future, wondering if the world will become unlivable in her lifetime. I think any intelligent young person thinks about these things.</li> <li>● Lack of hiking and biking trails, lack of quality eateries, lack of high- quality internet</li> <li>● Low percentage of parents with post-secondary education. In turn, this affects household economics and choices made. How can one incentivize adults to improve their educational status and thus reap the rewards?</li> <li>● As a queer person, I don't feel safe or trusting of the current health care options in the area.</li> <li>● Racism is prevalent but people won't admit it or learn more about what to do about it.</li> <li>● The curbs MUST be made wheelchair accessible on every corner.</li> <li>● Public use of marijuana is a huge issue. It smells like weed everywhere, anytime in the car driving. People have to just be high all the time, I don't know how they succeeded in life this way.</li> </ul>	

## Community Partner Assessment

A community partner (key stakeholder) assessment that included both a survey and forum was conducted by Metopio on behalf of the Partnership for a Healthy Community to understand the community’s perception of needs based on key stakeholder's experiences and feedback from clients/patients. Sixty-one key stakeholders participated in the survey, held in February thru March 2024. The data gathered and analyzed provides valuable insight into the issues of importance to the community, which were shared at a community forum on March 21, 2024, in which 46 key stakeholders participated. The survey contained 42 questions and was distributed to key community organizations within the Kankakee County local public health system via electronic invitation by the Kankakee County Health Department.

Key Stakeholder Survey	
Key Summary Points	
<ul style="list-style-type: none"> <li>• 56.3% of organizations work on improving mental and behavioral health followed by food access (39.6%) and healthcare access (33.4%)</li> <li>• Beyond demographic data collected (73.2%), organizations are collecting data about social determinants of health (56.1%)</li> <li>• 52% of organizations agree they have a good relationship with other organizations to help share information.</li> <li>• 85% noted social media as their communication application used most often</li> </ul>	
Populations Represented	Common Themes
<ul style="list-style-type: none"> <li>• Non-Profit Organizations</li> <li>• Social Service Providers</li> <li>• Schools/Education/College/University</li> <li>• Grassroots Community Organizations</li> <li>• Mental Health Provider</li> <li>• Faith-Based Organizations</li> <li>• Emergency Response</li> <li>• Healthcare including Public Health</li> <li>• Government Agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Organizations are looking to collaborate to avoid duplication as well as increase effectiveness and efficiency</li> <li>• Communication among organizations in the public health system is very important</li> <li>• There is a desire among organizations to create long-term, permanent social change</li> <li>• Organization reported they most focus on economic stability followed by education access and services.</li> <li>• The majority of the organization are collecting data, but are unsure if they can share within the local public health system.</li> <li>• The majority of organizations either conduct or participate in community needs assessments</li> </ul>

### Meaningful Quotes

- We would love to find ways to strengthen our relationships with providers and organizations to have more of them in our buildings.
- I would like to see the Kankakee County Health Department play a bigger role in mental and behavioral health challenges in our county. There is significant funding available that could fuel wonderful partnerships between schools, not for profit and for profit mental health providers.

To view additional community input data, see Appendix C.

## Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the population's health status at the state and county levels through surveys and surveillance systems. Secondary data for this report was compiled from various reputable and reliable sources.

Health indicators in the following categories were reviewed:

- Health outcomes
- Physical environment
- Clinical care
- Social determinants that impact health
- Disparities

A summary of the secondary data collected and analyzed through this assessment is outlined below. To reference the specific data points, please see Appendix D, page 35.

- Kankakee County has a negative change in population from 2010-2020 compared to growth across the United States and neutral growth in the state during this time period
- There are racial and ethnic inequities that exist for median household income, college graduation, insurance coverage, and food insecurity in Kankakee County.
- There is a higher percentage of single-parent households in Kankakee County than in the state and United States from 2015-2022.
- There is a higher rate of persons with disabilities in Kankakee County.
- More persons residing in Kankakee County have Medicaid coverage than the state and national percentages.
- There are fewer physicians per 100,000 population in Kankakee County than the state rate for the past 13 years. There are also less mental health providers per capita in the county.
- The social vulnerability index percentile is much higher in Kankakee County than the state and United States for the past 20 years with greater geographic disparity in the center part of the county.
- Fewer persons residing in Kankakee County have internet access compared to state and national rates since 2013.
- More adults residing in Kankakee County, specifically in the center part of the county, are reporting no exercise.
- There are higher rates of coronary heart disease in Kankakee County as well as persons diagnosed with diabetes and asthma than state and national rates.
- The non-Hispanic black population has the highest deaths (mortality rates) for heart disease, cancers, kidney disease, influenza, pneumonia and stroke.

- Males in Kankakee County have a higher lung and oral cancer diagnosis rate than the state rate.
- Females in Kankakee County have a higher invasive breast cancer diagnosis rate than the state rate.
- Infant mortality is higher in Kankakee County than in the state or country. Prenatal visits are lower in the county among all racial and ethnic populations.
- There is a higher drug overdose mortality rate in Kankakee County than the state or national rates.

To view the additional secondary data, see Appendix D.

### **Data Limitations and Information Gaps**

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Kankakee County. This constraint limits the ability to assess all the community's needs fully.

For this assessment, two types of limitations were identified:

- Some groups of individuals may not have been adequately represented through the community input process that might include persons who are experiencing homelessness, persons who speak other languages other than English and/or Spanish.
- Secondary data is limited in a number of ways, including timeliness, reach, and ability to fully reflect the health conditions of all populations within the community.

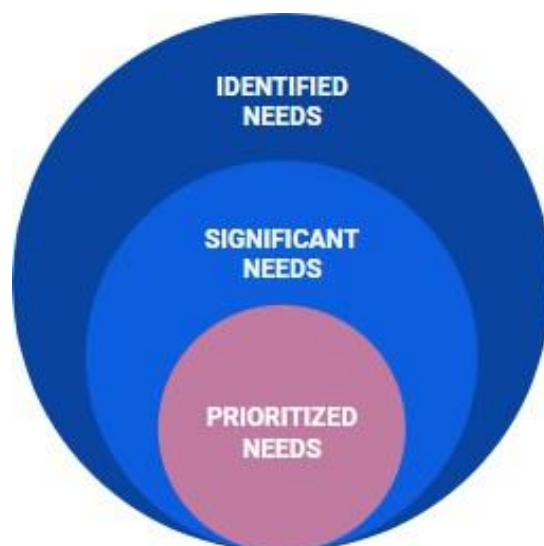
Despite the data limitations, there is confidence in the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple qualitative and quantitative methods, and engaged the hospital and participants from the community.



## Community Needs

With contracted assistance from Metopio, the Partnership for a Healthy Community, analyzed secondary data of over 75 indicators and gathered community input through surveys and partner forums to identify the needs in Kankakee County.

- First phase: Determine the broader set of **identified needs**.
- Second phase: Narrow identified needs to a set of **significant needs**.
- Third phase: Narrow the significant needs to a set of **prioritized needs** to be addressed in the implementation strategy plan.



### Identified Needs

The first phase was to determine the broader set of **identified needs**. The identified needs were categorized into health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to develop better measures and evidence-based interventions that respond to the determined condition.

### Significant Needs

In the second phase, identified needs were then narrowed to a set of “significant needs” determined most crucial for community stakeholders to address. The Partnership analyzed the data to determine which of the identified needs were most significant. Forty-six key community partner organizations within the Kankakee County local public health system gathered in-person on March 21, 2024 to review assessment data and determine the most pressing issues for the community. A modified Hanlon Method was used with participants to have table discussions on the following criteria: Seriousness and Impact; Consequences of Inaction; Magnitude and Inequity; Feasibility of Influencing; Trend. Following table discussions, participants voted on top needs.

Based on the synthesis and analysis of the data, the significant needs for the 2023 CHNA are as follows:

- Chronic Disease
- Behavioral Health
- Social Determinants of Health

To view healthcare facilities and community resources available to respond to the significant needs, please see Appendix E.

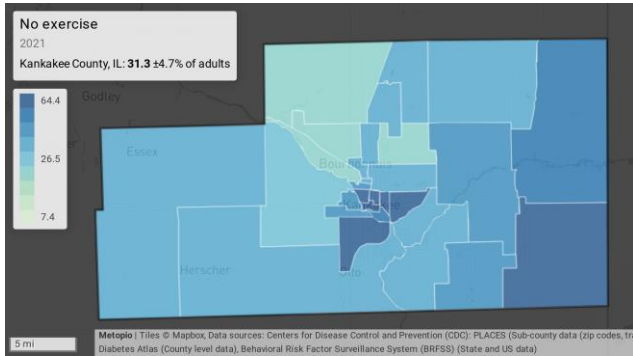
The following pages contain a description (including data highlights, community challenges and

perceptions, and local assets and resources) of each significant need.

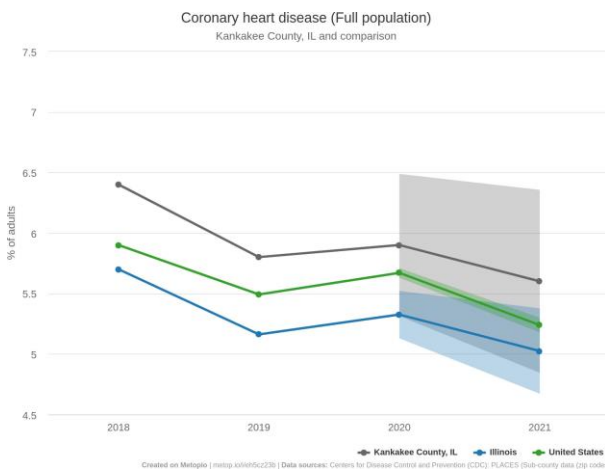
Chronic Disease	
Significance	Populations Most Impacted
<p>Chronic diseases are the leading cause of disability and death with noted racial and ethnic health disparities.</p> <p>The COVID-19 pandemic highlighted the importance of prevention and appropriate treatment for chronic conditions such as diabetes, heart disease, and chronic obstructive pulmonary disease (COPD) as well as access to healthy foods and medication. <sup>5</sup></p> <hr/> <p><sup>5</sup> Sources: Center for Disease Control and Prevention, About Chronic Diseases, 2021. Hacker, K.A. COVID-19 and Chronic Disease: The Impact Now and in the Future, 2021.</p>	<ul style="list-style-type: none"> <li>• Non-Hispanic Black, adults and adolescents</li> <li>• Persons residing in center communities of Kankakee County</li> </ul>
Community Input Highlights	
<ul style="list-style-type: none"> <li>• Obesity was third most noted health related challenge by community input respondents (39.1%)</li> <li>• 46.4% of survey respondents have been told by a care provider they have high blood pressure followed by high cholesterol (36.8%)</li> <li>• 61.7% of survey respondents reported eating 1-2 servings per day of fruits and vegetables; 56.0% said obtaining fresh fruits and vegetables is very easy</li> <li>• 71.5% of survey respondents reported participating in physical activities and exercises in the past month; 46.5% report time as the greatest barrier to getting exercise followed by disability (17.4%)</li> <li>• 15.6% of respondents smoke cigarettes daily while 17% use e-cigarettes or vape everyday; 38.5% report using marijuana during the past 30 days for either medical or non-medical reasons</li> </ul>	

## Secondary Data Highlights

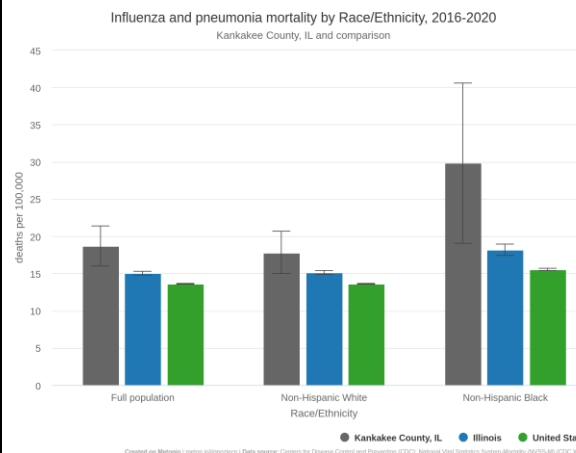
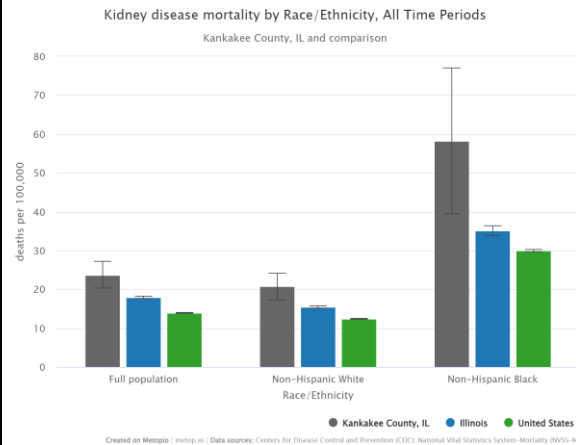
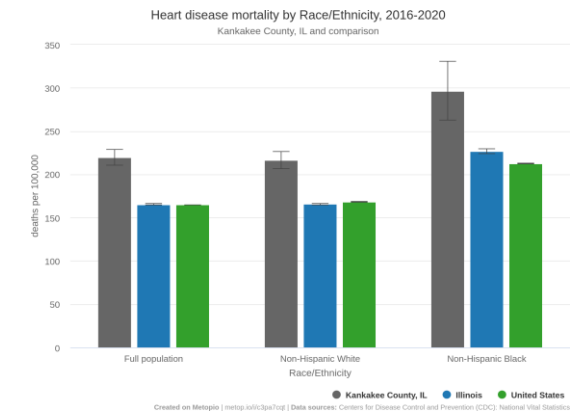
More adults residing in Kankakee County, specifically in the center part of the county, are reporting no exercise.

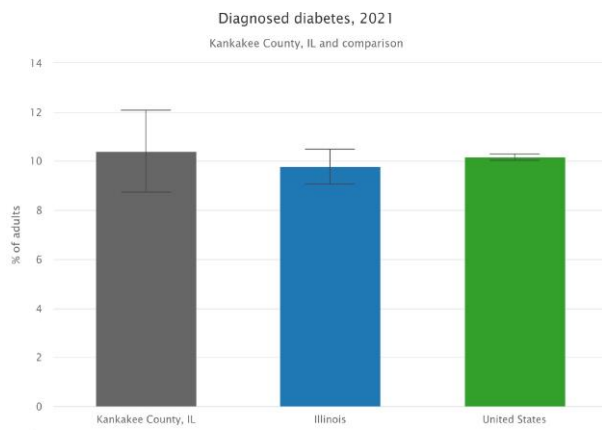


There are higher rates of coronary heart disease in Kankakee County as well as persons diagnosed with diabetes and asthma than state and national rates.

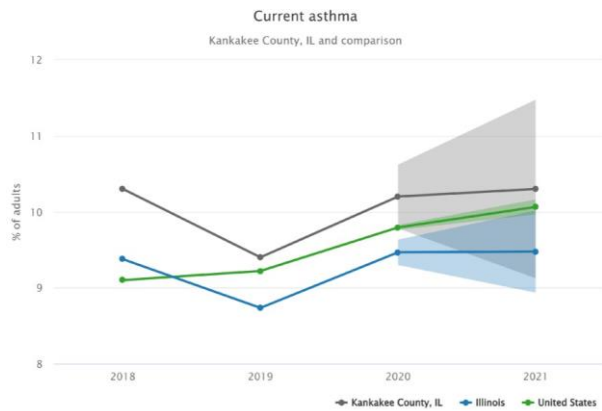


The non-Hispanic black population has the highest deaths (mortality rates) for heart disease, cancers, kidney disease, influenza, pneumonia and stroke.



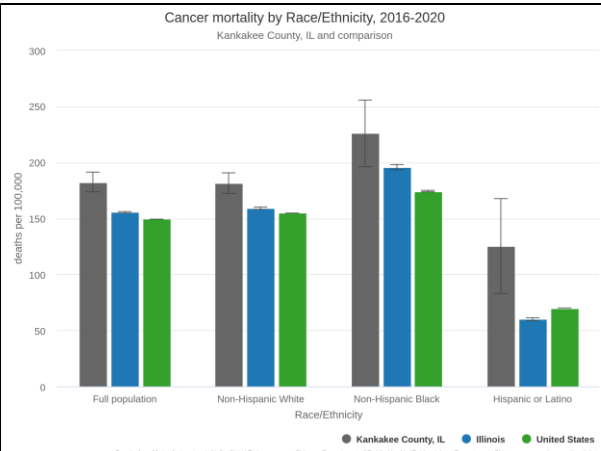


Created on Metaplot | metaplot.com/visualize | Data sources: Centers for Disease Control and Prevention (CDC) PLACES, Diabetes Atlas (County and state level data)  
 Diagnosed diabetes: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have diabetes, other than diabetes during pregnancy. Data for counties and states are age-adjusted. Data for 2018, tracts and smaller layers are raw.



Created on Metaplot | metaplot.com/visualize | Data sources: Centers for Disease Control and Prevention (CDC) PLACES (Sub-county data (zip codes, tracts), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)  
 Current asthma: Percent of adults (non-institutionalized population) who answer "yes" both to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question "Do you still have asthma?"

Sources: Center for Disease Control and Prevention (CDC) PLACES, 2021.



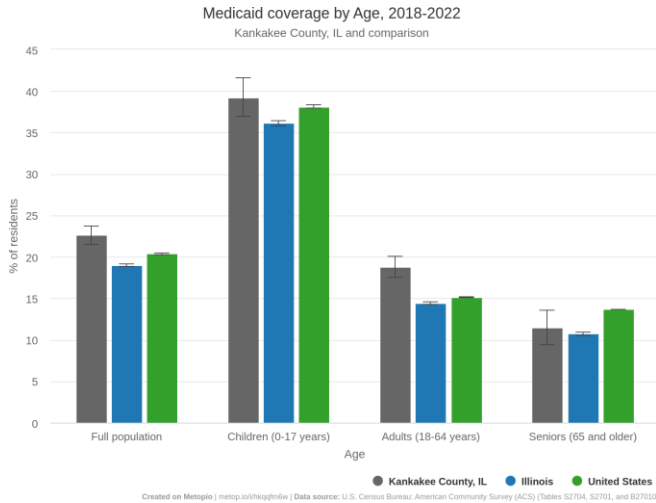
Created on Metaplot | metaplot.com/visualize | Data sources: Chicago Department of Public Health (Epidemiology Department, Chicago community area level data)

Sources: Center for Disease Control and Prevention (CDC) PLACES, 2021. Center for Disease Control and Prevention (CDC) National Vital Statistics, 2020. Chicago Department of Public Health, 2020.

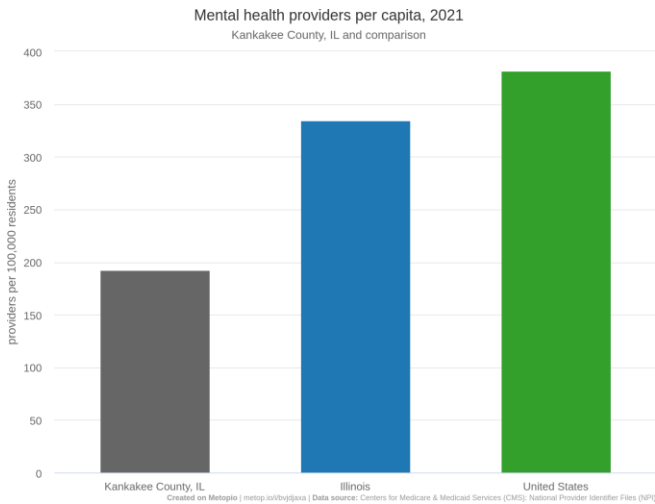
Behavioral Health	
Significance	Populations Most Impacted
<p>Behavioral health plays a critical role in the overall well-being of communities. Mental health includes emotional, psychological, and social well-being and it affects how we think, feel, and act.<sup>6</sup></p> <hr/> <p><sup>6</sup> Sources: World Health Organization, <i>Mental health: Strengthening our response, 2018</i>. Center for Disease Control and Prevention, <i>About Mental Health, 2021</i>.</p>	<ul style="list-style-type: none"> <li>• Persons without insurance coverage</li> <li>• Persons with Medicaid coverage</li> <li>• Low income community</li> <li>• Youth &amp; adults</li> <li>• Persons with a disability</li> </ul>
Community Input Highlights	
<ul style="list-style-type: none"> <li>• Adult Mental health (59.9%), Adolescent mental health (48.4%) were the most important health related challenges in the community to survey respondents</li> <li>• Social media usage among children and teens is considered a big problem (50.5%) followed stress among children and teens (36.9%) to survey respondents</li> <li>• 18.6% of respondents feel somewhat worse in describing their mental health compared to before the COVID-19 pandemic; 26.2% needed mental health treatment or counseling in the past 12 months with 20.9% not able to get the help they needed due to affordability (27.8%) and not knowing where to go (27.8%)</li> <li>• 56.3% of organizations that participated in the community partners assessment work on improving mental and behavioral health</li> </ul>	

## Secondary Data Highlights

More persons residing in Kankakee County have Medicaid coverage than the state and national percentages.

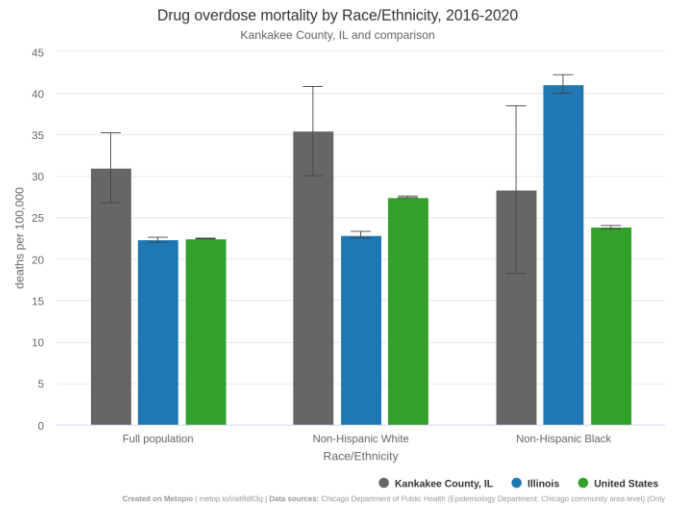


There are less physicians per 100,000 population in Kankakee County than the state rate for the past 13 years. There are also less mental health providers per capita in the county.



Source: US Census Bureau American Community Survey, 2022. Centers for Medicare & Medicaid Services (CMS), 2021.

There is a higher drug overdose mortality rate in Kankakee County than the state or national rates.

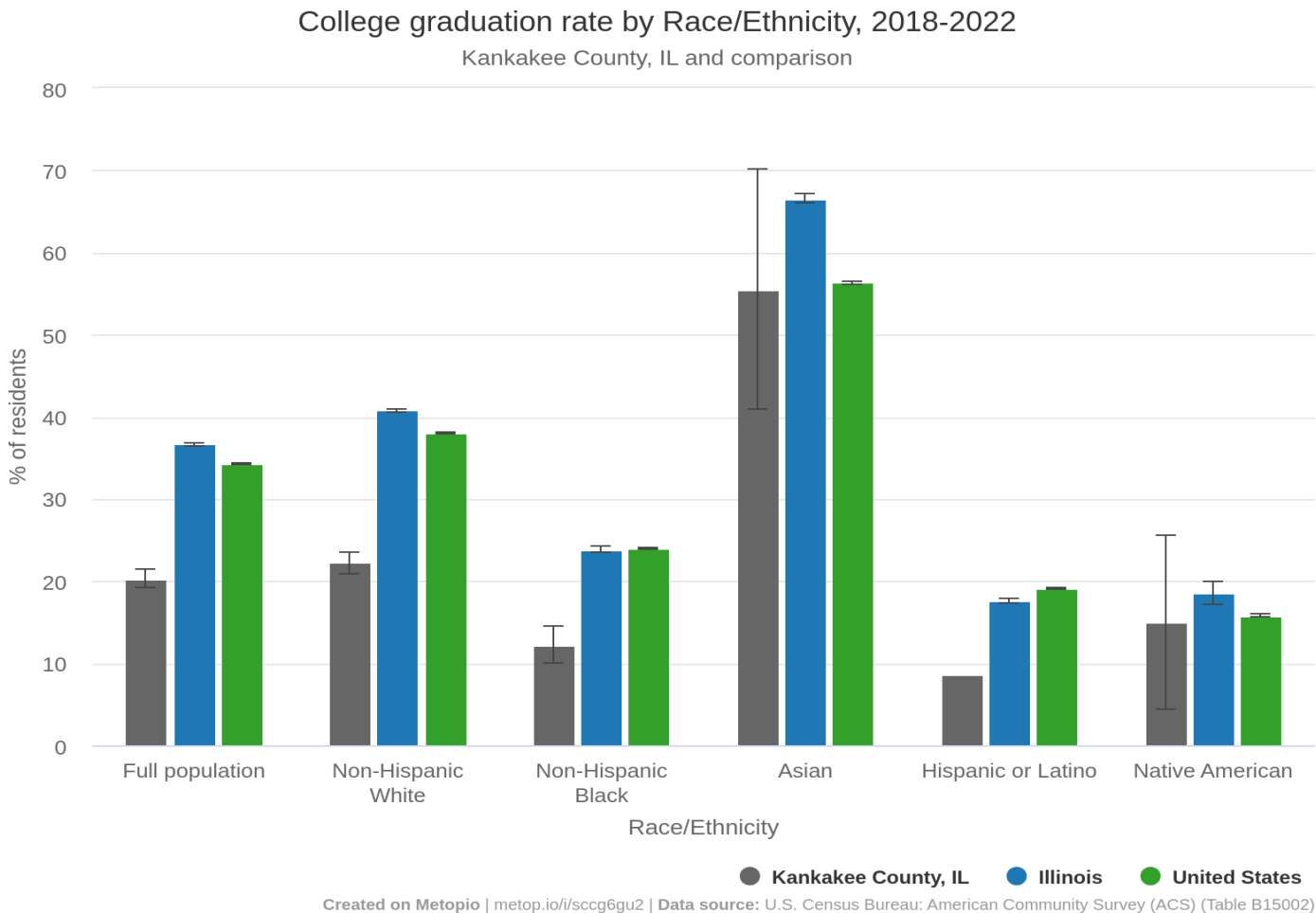
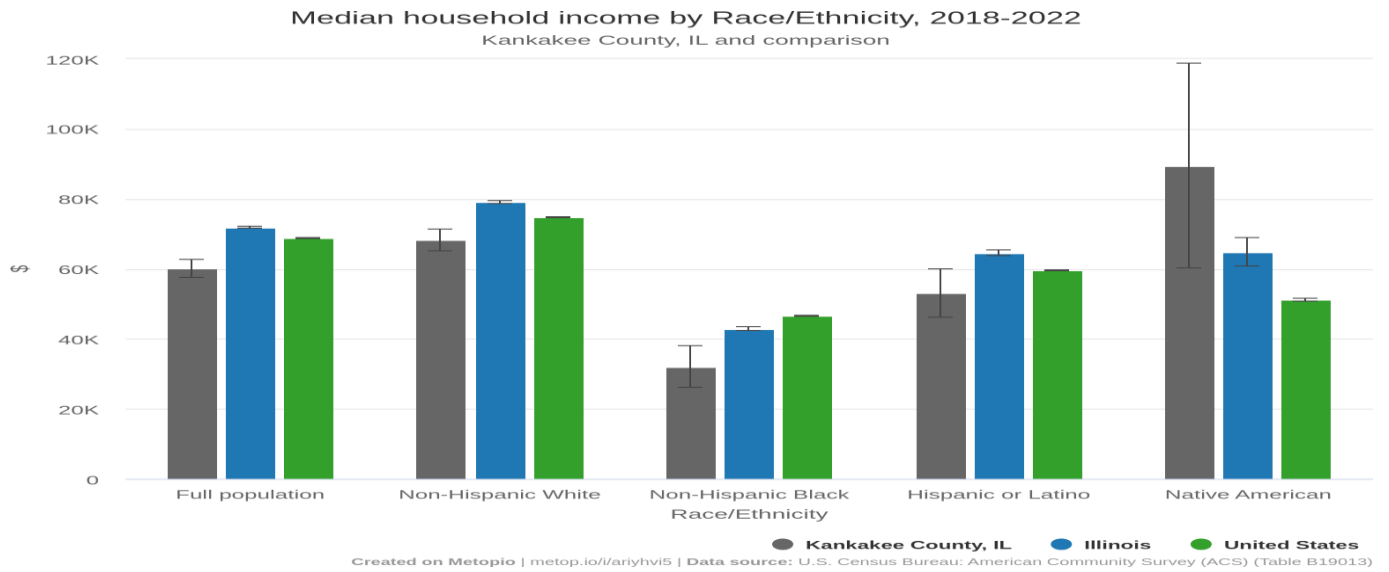


Source: Chicago Department of Public Health, 2020.

Social Determinants of Health	
Significance	Populations Most Impacted
<p>Social and economic factors are important drivers of health outcomes. Addressing structural racism will advance health equity and reduce social determinants. Education is an important determinant of health because poverty, unemployment, and underemployment are highest among those with lower levels of educational attainment.</p> <p>Affordability and accessibility of food correlates social and structural determinants of health. Research indicates that communities with better access to healthy foods have healthier diets and lower rates of obesity.<sup>7</sup></p> <hr/> <p><sup>7</sup> Sources: US Census Bureau, <i>Annual Social and Economic Supplement, 2021</i>. Larson, et al, <i>Neighborhood environments: Disparities in access to healthy foods, 2009</i>.</p>	<ul style="list-style-type: none"> <li>• Low-income community</li> <li>• Persons residing in center communities of Kankakee County</li> </ul>
Community Input Highlights	
<ul style="list-style-type: none"> <li>• Eating healthy (39.1%), affordable housing (37.3%) and medication affordability (37.5%) were the most important community issues where survey respondents live.</li> <li>• Beyond demographic data collected (73.2%), organizations are collecting data about social determinants of health (56.1%)</li> <li>• 56.3% of organizations work on improving mental and behavioral health followed by food access (39.6%) and healthcare access (33.4%)</li> <li>• Organization reported they most focus on economic stability followed by education access and services.</li> </ul>	

## Secondary Data Highlights

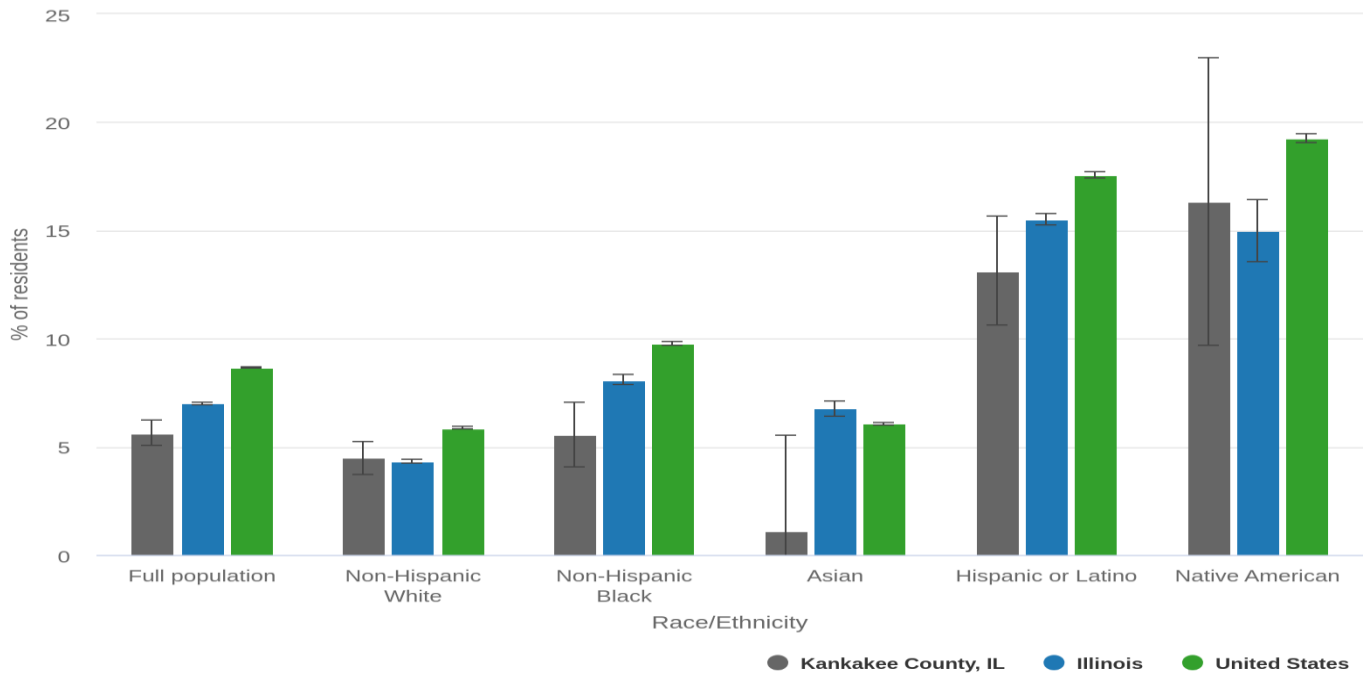
There are racial and ethnic inequities that exist for median household income, college graduation, insurance coverage, and food insecurity in Kankakee County.





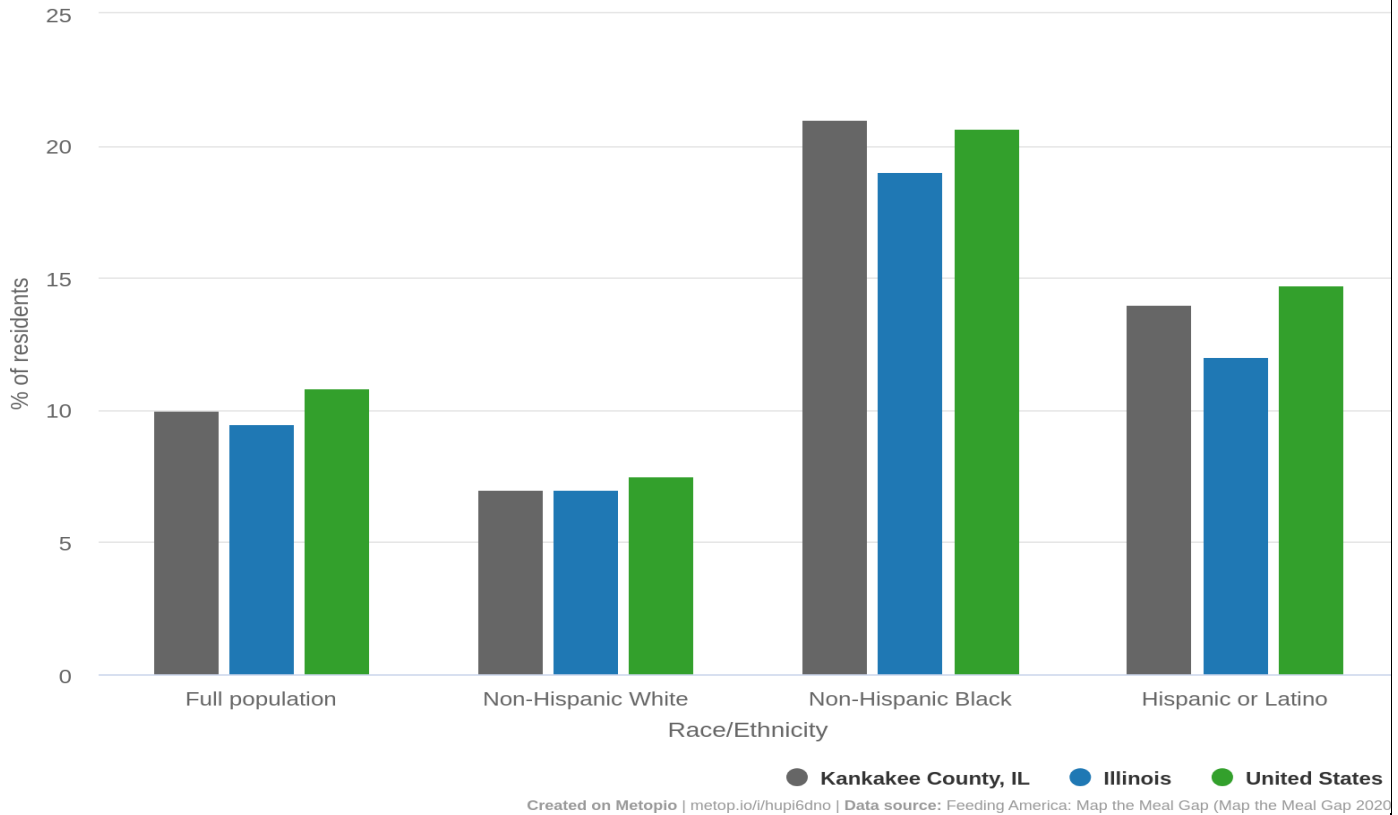
### Uninsured rate by Race/Ethnicity, 2018-2022

Kankakee County, IL and comparison



### Food insecurity by Race/Ethnicity, 2021

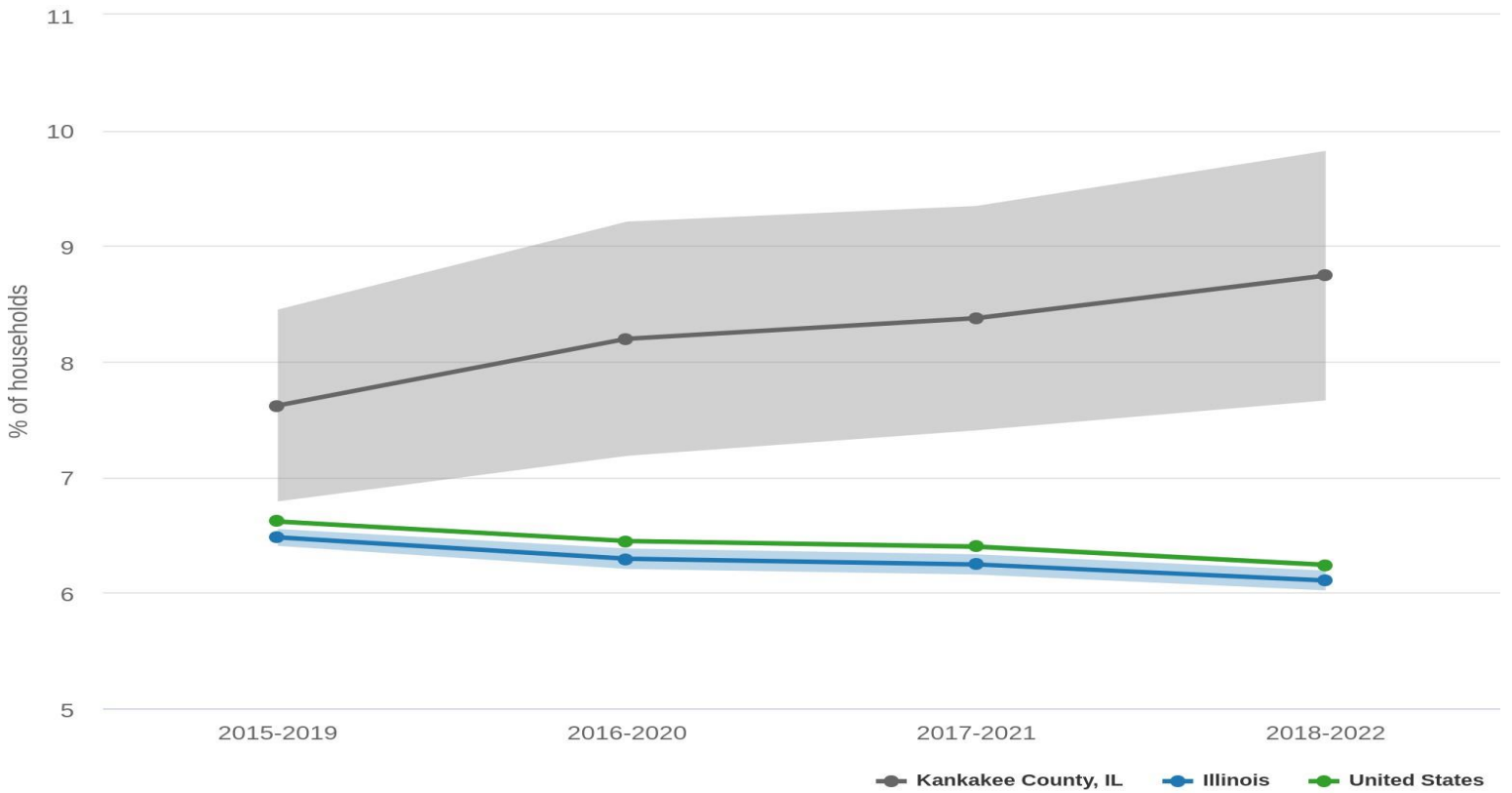
Kankakee County, IL and comparison



Sources: US Census Bureau: American Community Survey (ACS), 2022. Feeding America, 2021.

## Single-parent households (Full population)

Kankakee County, IL and comparison



Created on Metopio | metop.io/i/ye5atnx7 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B11012)

The social vulnerability index percentile is much higher in Kankakee County than the state and United States for the past 20 years with greater geographic disparity in the center part of the county.

There is a higher percentage of single-parent households in Kankakee County than in the state and

United States from 2015-2022.

Sources: US Census Bureau: American Community Survey (ACS), 2022. Center for Disease Control and Prevention (CDC), 2020.

## **Appendices**

### **Table of Contents**

Appendix A: Definitions and Terms

Appendix B: Community Demographic Data and

Appendix C: Community Input Data and Sources

Appendix D: Secondary Data and Sources

Appendix E: Health Care Facilities and Community Resources

## **Appendix A: Definitions and Terms**

The definitions in Appendix A are from the CHA guide *Assessing and Addressing Community Needs, 2015 Edition II*, which can be found at [chausa.org](http://chausa.org).

### **Community Focus Groups**

Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations.

### **Community Forums**

Meetings that provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted toward priority populations. Community forums require a skilled facilitator.

### **Demographics**

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.

### **Key Stakeholder Interviews**

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone (including computer/video calls). In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials. Individuals with special knowledge or expertise in public health may include representatives from your state or local health department, faculty from schools of public health, and providers with a background in public health. Could also be referred to as Stakeholder Interviews.

### **Medically Underserved Populations**

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

## **Surveys**

Used to collect information from community members, stakeholders, providers, and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced-choice and open-ended questions.

## Appendix B: Community Demographic Data and Sources

The tables below provide further information on the community’s demographics. The descriptions of the data’s importance are largely drawn from the County Health Rankings & Roadmaps website.

### Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Kankakee County	Illinois
Total	106,074	12,582,032
Male	49.5%	49.5%
Female	50.5%	50.5%

Source: County Health Rankings Health Data, 2024.

### Population by Race and Ethnicity

Why it is important: The racial and ethnic composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or ethnicity	Kankakee County	Illinois
Asian	1.1%	6.3%
Non-Hispanic Black / African American	14.8%	14.1%
Hispanic / Latino	12.2%	18.3%
American Indian or Alaska Native	0.5%	0.6%
Non-Hispanic White	69.8%	59.5%

Source: County Health Rankings Health Data, 2024.

### Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare, and child care. A population with more youths will have greater education and childcare needs, while an older population may have greater healthcare needs.

Age	Kankakee County	Illinois
Below 18 Years of Age	22.6%	21.6%
Ages 65+	17.9%	17.2%

Source: County Health Rankings Health Data, 2024.

## Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods, and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health as well.

Income	Kankakee County	Illinois	U.S.
Median household income	\$70,500	\$76,700	\$74,800
Children in Poverty	20%	16%	16%

Source: County Health Rankings Health Data, 2024.

## Education

Why is it important: There is a strong relationship between health, lifespan, and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment), and social support helps create opportunities for healthier choices.

Income	Kankakee County	Illinois	U.S.
High School Completion	90%	90%	89%
Some College	59%	71%	68%

Source: County Health Rankings Health Data, 2024.

## Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

<b>Income</b>	<b>Kankakee County</b>	<b>Illinois</b>	<b>U.S.</b>
Uninsured (all populations)	8%	8%	10%
Uninsured Children	4%	3%	5%

*Source: County Health Rankings Health Data, 2024.*



## Appendix C: Community Input Data and Sources

### Community survey

Conducted primarily electronically via Qualtrics (hard copies were also available and completed by the community), the community survey was available in English and Spanish. The survey comprised of 75 questions that included questions such as:

1. On a scale of 1-10 with 1 being not healthy and 10 being very healthy, how would you rate your overall health?
2. On a scale of 1-10 with 1 being not healthy and 10 being very healthy, how would you rate the overall health of people in your neighborhood?
3. Thinking about where you live (zip code, neighborhood), what do you believe are the most important health related challenges in your community?
4. Thinking about where you live (zip code, neighborhood, town) what are the most important community issues?
5. How big of a problem do you feel the following issues are for children and teens in your neighborhood?

Community partners were integral in efforts to circulate the survey to obtain the goal of 600 responses. Key community partners that assisted with this process included the Kankakee County Health Department, Riverside Healthcare and other steering committee members from the Partnership for a Health Community.

### Key stakeholder survey

The Partnership for a Healthy Community reached out to more than 120 organizations and agencies in the community with an invitation to participate in the key stakeholder surveys. Through this process, sixty-one completed surveys were collected from over 16 different types of organizations including the health department, other city/county government, schools/educational institutions, non-profit organizations, grassroots organizations, mental health providers, and faith-based organizations.

Conducted electronically via Qualtrics, the key stakeholder survey was comprised of 42 questions such as:

1. How much does your organization focus on each of these topics? Economic Stability, Education Access and Services, Healthcare Access and Quality, Neighborhood and Built Environment, Social and Community Context
2. Which of the following health topics does your organization work on? Selection of 16 topics such as chronic disease, family/maternal health, HIV/STD prevention, health equity, etc.
3. Does your organization conduct assessments (e.g. of basic needs, community health, neighborhood)?
4. Does your organization analyze data with a health equity lens or health equity in mind?
5. What communications work does your organization use most often?

## Key stakeholder forum

Following the key stakeholder survey, the Partnership for a Health Community invited community partners to the key stakeholder forum to review survey findings and provide feedback on next steps from results. Forty-six individuals participated that day from the following organizations:

AgeGuide	Homeless Task Force
Ascension Saint Mary	I-KAN ROE
BESD 53	Kankakee County Health Department
Birth to Five IL	Kankakee County Chamber
Bishop McNamara High School	Kankakee Community College
Catholic Charities	Kankakee School District 111
City of Kankakee	Momence CUSD1
College Church	Olivet Nazarene University
Community Foundation	Project SUN
Community Health Partnership	Riverside Healthcare
Cornerstone Services	St. Anne Schools
Economic Alliance	Thresholds of Kankakee
Fortitude Community Outreach	YMCA of Kankakee
Harbor House	YWCA of Kankakee

Conducted in-person, the key stakeholder reflected on these questions upon reviewing survey data:

1. What impact is our work having on communities experiencing inequities? Is it changing conditions? Is it increasing collective impact? If yes, what is working well? If not, where can we improve?
2. For this next community health improvement cycle, what process and outcome impacts do we want to see in the short, medium, and long term?

## Appendix D: Secondary Data and Sources

The tables below are based on data vetted, compiled, and made available on the County Health Rankings and Roadmaps (CHRR) website (<https://www.countyhealthrankings.org/>). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data annually and shares it with the public. The data below is from the 2024 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis.

Additional data in this CHNA report was generated from data platform, Metopio (metop.io) which includes secondary data sources including, but not limited to, the American Community Survey, the Decennial Census, the Centers for Disease Control, Feeding America, the Environmental Protection Agency, Housing and Urban Development, Centers for Medicare and Medicaid, state and county (public) health departments.

In the Trend column, a yellow shade indicates that Kankakee County is worse than the state and national numbers. A red shading would indicate that Kankakee County is significantly worse than the state and national numbers.

## Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of members within a community.

Indicators	Trend	Kankakee County	Illinois	U.S.	Description
<b>Length of Life</b>					
Premature death		9,600	7,500	8,000	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life expectancy		75.4	78.0	77.6	How long the average person is expected to live
Infant mortality		8	6	6	Number of all infant deaths (within one year) per 1,000 live births
<b>Physical Health</b>					
Poor or fair health		17%	14%	14%	Percentage of adults reporting fair or poor health
Poor physical health Days		3.8	3.2	3.2	Average number of physically unhealthy days reported in the past 30 days (age-adjusted)
Frequent physical distress		12%	10%	10%	Percentage of adults with 14 or more days of poor physical health per month
Low birth weight		9%	8%	8%	Percentage of babies born too small (less than 2,500 grams)
<b>Mental Health</b>					
Poor mental health days		4.9	4.2	4.8	Average number of mentally unhealthy days reported in the past 30 days
Frequent mental distress		16%	14%	15%	Percentage of adults reporting 14 or more days of poor mental health per month
Suicide		12	11	14	Number of deaths due to suicide per 100,000
<b>Morbidity</b>					
Diabetes prevalence		10%	10%	10%	Percentage of adults ages 20 and above with diagnosed diabetes

Injury Deaths		89	74	80	Number of deaths due to injury per 100,000 population.
<b>Communicable Disease</b>					
HIV prevalence		165	333	382	Number of people ages 13 years and over with a diagnosis of HIV per 100,000
Sexually transmitted infections		595.7	566.9	495.5	Number of newly diagnosed chlamydia cases per 100,000

*Source: County Health Rankings Health Data, 2024.*

## Social and Economic Factors

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress, and more.

Indicator	Trend	Kankakee County	Illinois	U.S.	Description
<b>Economic Stability</b>					
Median household income		\$70,500	\$76,700	\$74,800	The income where half of households in a county earn more and half of households earn less
Unemployment		5.3%	4.6%	3.7%	Percentage of population ages 16 and older unemployed but seeking work
Childhood poverty		20%	16%	16%	Percentage of people under age 18 in poverty
<b>Educational Attainment</b>					
High school completion		90%	90%	89%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Some college		59%	71%	68%	Percentage of adults ages 25-44 with some post-secondary education
<b>Social/Community</b>					
Children in single-parent homes		36%	25%	25%	Percentage of children who live in a household headed by a single parent
Social associations		10.4	9.7	9.1	Number of membership associations per 10,000 population
Disconnected youth		8%	7%	7%	Percentage of teens and young adults ages 16-19 who are neither working nor in school
Homicides		8	9	6	Number of deaths due to homicide per 100,000 population.

Access to Healthy Foods					
Food environment index		8.1	8.4	7.7	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best)
Food insecurity		10%	10%	10%	Percentage of the population who lack adequate access to food
Limited access to healthy foods		6%	5%	6%	Percentage of the population who are low-income and do not live close to a grocery store

Source: County Health Rankings Health Data, 2024.

## Physical Environment

Why they are important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing, and transportation to work or school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Indicator	Trend	Kankakee County	Illinois	U.S.	Description
<b>Physical Environment</b>					
Severe housing cost burden		14%	14%	14%	Percentage of households that spend 50 percent or more of their household income on housing
Severe housing problems		15%	16%	17%	Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities
Air pollution: particulate matter		9.6	8.8	7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Home ownership		68%	67%	65%	Percentage of occupied housing units that are owned

Source: County Health Rankings Health Data, 2024.



## Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicator	Trend	Kankakee County	Illinois	U.S.	Description
<b>Healthcare Access</b>					
Uninsured		8%	8%	10%	Percentage of population under age 65 without health insurance
Uninsured adults		10%	10%	12%	Percentage of adults under age 65 without health insurance
Uninsured children		4%	3%	3%	Percentage of children under age 19 without health insurance
Primary care physicians		2,880:1	1,260:1	1,330:1	Ratio of the population to primary care physicians
Mental healthcare providers		510:1	320:1	320:1	Ratio of the population to mental healthcare providers
<b>Hospital Utilization</b>					
Preventable hospital stays		3,660	3,327	2,681	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees
<b>Preventive Healthcare</b>					
Flu vaccinations		47%	43%	43%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination
Mammography screenings		48%	49%	46%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening

Source: County Health Rankings Health Data, 2024.

## Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Indicator	Trend	Kankakee County	Illinois	U.S.	Description
<b>Healthy Lifestyle</b>					
Adult obesity		38%	34%	34%	Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m <sup>2</sup>
Physical inactivity		31%	26%	23%	Percentage of adults ages 20 and over reporting no leisure-time physical activity
Access to exercise opportunities		81%	91%	84%	Percentage of population with adequate access to locations for physical activity
Insufficient sleep		34%	32%	33%	Percentage of adults who report fewer than seven hours of sleep on average
Motor vehicle crash deaths		16	9	12	Number of motor vehicle crash deaths per 100,000 population
Teen births		17	15	17	Number of births per 1,000 female population ages 15-19
<b>Substance Misuse</b>					
Adult smoking		18%	13%	13%	Percentage of adults who are current smokers
Excessive drinking		17%	18%	18%	Percentage of adults reporting binge or heavy alcohol drinking
Alcohol-impaired driving deaths		36%	28%	26%	Alcohol-impaired driving deaths
Drug overdose deaths		34	27	27	Number of drug poisoning deaths per 100,000 population.

Sexual Health					
Sexually transmitted infections		595.7	566.7	495.5	Number of newly diagnosed chlamydia cases per 100,000 population

Source: County Health Rankings Health Data, 2024.

## Disparities

Why they are important: Differences in access to opportunities that affect health can create differences between groups of people in the community. A focus on equity is important to improve health for everyone in the community.

Indicator	Population	Measure
<b>Health Disparities</b>		
Premature death: Years of potential life lost before age 75 per 100,000 population (age-adjusted)	<b>Overall</b>	9,600 per 100,000
	Non-Hispanic Black / African American	18,600 per 100,000
	Hispanic / Latino	8,300 per 100,000
	Non-Hispanic White	8,000 per 100,000
Low birthweight: Percentage of live births with low birthweight (< 2,500 grams)	<b>Overall</b>	9%
	Non-Hispanic Black / African American	16%
	Hispanic / Latino	7%
	Non-Hispanic two or more races	13%
	Non-Hispanic White	7%

Source: County Health Rankings Health Data, 2024.

## Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, the Partnership has cataloged resources available in Kankakee County that respond to the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem. The resources listed under each significant need heading are not intended to be exhaustive.

### Chronic Disease

Organization	Phone	Website
Kankakee County Health Department	815.802.9400	Kankakeehealth.org
Ascension Saint Mary	815.937.2400	healthcare.ascension.org
Lisieux Pastoral Outreach Center	815.939.2913	n/a
Aunt Martha's	877.692.8686	auntmarthas.org
Hippocrates Medical Clinic	815.216.2446	hmckankakee.wixsite.com/hmckankakee
Riverside Healthcare	815.933.1671	www.riversidehealthcare.org

### Mental Health

Organization	Phone	Website
Helen Wheeler Center	815.939.3543	NA
Ascension Illinois Behavioral Health	855.383.2224	healthccare.ascension.org
Ascension Saint Mary Substance Abuse	815.937.8985	healthccare.ascension.org
Thresholds	815.935.8886	thresholds.org
Cornerstone	815.573.5361	Cornerstoneservices.org
Kankakee County Health Department	815.802.9400	Kankakeehealth.org
Riverside Healthcare	844-442-2551	www.riversidehealthcare.org

## Social Determinants of Health

Organization	Phone	Website
Kan I Help	815.939.1611	kanihelp.org
United Way 211	211	Unitedwayillinois.org/211-2/
KCCSI	815.933.7883	KCCSI-CAP.ORG
Northern Illinois Food Bank	815.846.1041	solvehungertoday.org
Acom, inc.	815.304.4990	acom.networkforgood.com
Salvation Army of Kankakee County	815-933-8421	<a href="https://www.salvationarmyusa.org/usn/about/">https://www.salvationarmyusa.org/usn/about/</a>
Catholic Charities	815.933.7791	Catholiccharities.net
AgeGuide Northeastern Illinois	888.742.2850	Ageguide.org