

Kankakee County



2018 Community Health Needs Assessment





Hispanic Partnership of
Kankakee

Helen Wheeler Center for
Community Mental Health

Iroquois & Kankakee County
Regional Office of Education

Kankakee County Health
Department

Presence St Mary's Hospital

Riverside Medical Center

United Way of Kankakee
and Iroquois Counties

Acknowledgements

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

We are happy to present to you the 2018 Kankakee County Community Health Needs Assessment. This assessment is a vital process in the planning and promotion of health strategies, and care in our community by identifying the health priorities in our community.

This effort is the result of the MAPP (Mobilizing for Action through Planning and Partnership) process that is conducted every three years 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 in addition to the responsibilities of their regular duties. These groups are dedicated to helping make Kankakee County a healthier and better place to live. The Partnership contracted with the Illinois Public Health Institute to conduct key portions of the MAPP process.

This Community Health Needs Assessment will help guide the Partnership for a Healthy Community to identify and implement strategies to address strategic health priorities over the next three years. This report will help residents, community businesses, and leaders of Kankakee County by educating them of ways to improve health, prevent illness, and move towards health equity.

We are excited by the possibilities this report has for improving our health and wellness in Kankakee County. We look forward to continuing to work with community partners to address the health needs in Kankakee County.

Steering Committee for the
Partnership for a Healthy Community

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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. 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.

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 early 2017, the Partnership for a Healthy Community convened to conduct the third iteration of the MAPP process. 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, as defined by the 10 Essential Public Health Services. The MAPP process has six phases which include four assessments. The *Mobilizing and Organizing Partners to Achieve Health Equity* supplemental guide was used during this assessment process.

Community Health Status Assessment

The Community Health Status Assessment (CHSA) is one of four assessments conducted as a part of the MAPP process. During this assessment, information regarding demographics, health status, health behaviors, and social determinants in the community is gathered and analyzed. Data is collected from a variety of resources and analyzed comparing local, state, and national benchmarks when available. The CHSA was conducted

February 2017– March 2018.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) aims to gather community members' perceptions, thoughts, opinions, and concerns regarding quality of life in Kankakee County. This input provides valuable insight into the issues of importance to the community. The CTSA was conducted January 2018-April 2018.

Forces of Change Assessment

The Forces of Change Assessment (FOCA) aims to identify all the forces and associated opportunities and threats that can affect, either now or in the future, the local public health system. Forces may be social, economic, political, technological, environmental, scientific, legal, and/or ethical in nature.

Forces can be trends, factors, or events. The FOCA was conducted May 2017-July 2017.

Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) was conducted on September 29, 2017. The LPHSA is used to understand the overall strengths and weaknesses of the public health system based on the 10 Essential Public Health Services.

Prioritization of Strategic Issues

On April 25, 2018, 65 Kankakee County public health stakeholders participated in a planning session at Riverside Fitness Center to review key findings from the four MAPP assessments, identify cross-cutting themes and potential strategic issues, and prioritize a set of strategic issues. The meeting was facilitated by the Illinois Public Health Institute.

Attendees identified three strategic issues and areas of focus for Kankakee County:

- Access to Health
Focus Areas: Prevention and primary care, social determinants of health, & chronic disease
- Behavioral Health
Focus areas: Substance use, mental health, & trauma awareness and prevention
- Education and Employment
Focus areas: Job skills, employability, & career ladder

Access to Health

This strategic issue encompasses both access to care as well as chronic disease prevention. Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity. Chronic diseases are the most common, costly, and preventable of all health problems. Heart disease is the second cause of hospitalizations and leading cause of death in Kankakee County. Heart disease accounts for over 50% of deaths in Kankakee County. Four of these health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excess alcohol consumption— cause much of the illness, suffering, and early death related to chronic diseases and conditions. Findings from the assessments detail access issues to chronic disease resources.

Specific priority needs and populations identified in the assessment process include:

- Increase use of Primary Care providers already in the market for prevention and early detection of disease, reducing risk factors, managing conditions, and utilizing additional preventative care and screenings.
- Better data to define and prioritize chronic disease and access issues, identify populations most affected, and monitor progress
- Improving health literacy and navigation of insurance coverage
- Access to affordable, healthy foods
- Strategies that link community and clinical services to ensure that people with or at high risk of chronic diseases have access to the resources they need to prevent or manage these diseases
- Transportation to healthcare services and resources, especially in low-income and rural areas.

Figure 1.1. Summary of Key Findings Related to Access to Health

Issue	Target Populations
Access to food	
<p>A higher percent (17%) of household are receiving supplemental nutrition assistance program (SNAP) than in Illinois (13%) or the United States (13%). Among SNAP recipients, the highest percentage are black, of two or more races, and Hispanic/Latinos. There is a higher percentage of Kankakee County residents (14%) with food-insecurity than Illinois (12%) and the US (13%).</p>	<ul style="list-style-type: none"> • Races other than white • Hispanic/Latino population
Health Behaviors	
<p>Tobacco use among adults is much higher (26%) in Kankakee County than in Illinois (18%) and the US (18%). A higher percentage of adults (80%) in Kankakee County have inadequate fruit and vegetable consumption than in Illinois (76%) and the US (76%). Close to 30% of middle and high school students watch 3 or more hours of TV per day. Only around 7% of middle and high school students eat 3 or more servings of vegetables daily. The percentage of adults that are obese is higher in Kankakee County (30%) than Illinois (25%) and the US (25%). In 2016, the percent of children that were self-reported as obese was 11% for 8th grade, 15% for 10th grade, and 16% for 12th grade. Heart disease is the top cause of death. There is a greater percentage of non-Hispanic/ Latino black population and men that have heart disease.</p>	<ul style="list-style-type: none"> • Adults • Youth • Men • Non-Hispanic/ Latino Black population
Provider availability	
<p>Having a primary healthcare provider is important to receive routine health promotion and preventative care. The rate of healthcare providers per 100,000 Kankakee County residents (50) is much lower than the Illinois (82) and US rates (88).</p>	<ul style="list-style-type: none"> • Adults

Behavioral Health

Behavioral health is a term used to include both mental health, substance abuse disorders, and violence and safety among Kankakee County residents. Mental health disorders are among the most common causes of disability. Compared to Illinois, there are more suicides, more emergency room visits for mental health, and more days reported as mentally unhealthy among Kankakee County residents. Findings from the assessments detail access issues to behavioral health services, as well as resources.

Behavioral health issues impact population groups across income levels as well as racial and ethnic groups. Specific priority needs and populations identified in the assessment process include:

- Better data to define and prioritize behavioral health issues, identify populations most affected, and monitor progress
- Adequate funding for expansion of services, resources, and providers
- Equitable services throughout the county

Figure 1.2. Summary of Key Finds Related to Behavioral Health

Issue	Target Populations
Drug Overdose	
There has been a significant increase in drug overdose deaths in the past few years. The rate of drug overdose deaths has increased from 21 per 100,000 in 2014 to 32 per 100,000 in 2016. Drug overdose deaths are more common among men than women, and among whites than any other race. The average age of individual that dies from a drug overdose in Kankakee County is 41 years of age.	<ul style="list-style-type: none"> • White adults • Middle age adults • Men
Social Competence and Emotional Maturity	
The Early Development Instrument was used to determine Kindergarten readiness in 5 school districts within Kankakee County during the 2016-2017 school year. Results of this survey identified that children within Kankakee County were more vulnerable/at risk in the areas of social competence and emotional maturity. Through mapping the survey results, the Evergreen Acres and Hunter’s Run neighborhoods were identified as the most at risk.	<ul style="list-style-type: none"> • Children birth to six years of age • Evergreen Acres neighborhood • Hunter’s Run neighborhood
Suicide	
The suicide rate is higher in Kankakee County (13.6) than in Illinois or the United States. Men are 4 times as likely to commit suicide as women. The average age of an individual that committed suicide in Kankakee County in 2016 was 55 years of age.	<ul style="list-style-type: none"> • Men • Adults 50 years and older
Uninsured	
Having health insurance is a key factor in ensuring access to mental health care. Although Kankakee County has a lower percentage of residents without insurance (9%) than Illinois (10%) or the United States (13.5%), there are groups of individuals that are less likely to have insurance. Fifteen	<ul style="list-style-type: none"> • Men • Black adults • Adults of two or more races • Hispanic/Latino adults

<p>percent of Black adults and 30% of adults of two or more races living in Kankakee County are uninsured. Nearly one in every four individuals with Hispanic/Latino ethnicity are uninsured. Men are less likely to be insured than women.</p>	
<p>Violence and Safety</p>	
<p>According to the Illinois Youth Survey, nearly half (49%) of 8th grader, 38% of 10th grade, and 28% of 12th grade high school students experience bullying. The homicide rate in Kankakee County (7.1) is higher than Illinois (6.3) and the US (5.2). The Forces of Change survey identifies increasing crime rates and gun violence as a cross-cutting force in Kankakee County. Around 37% of responses reflected the issue of feeling safe in their neighborhood or in parts of the county, and the prevalence of crime in Kankakee County.</p>	<ul style="list-style-type: none"> • Youth • Adults
<p>Youth Substance Use</p>	
<p>The Illinois Youth Survey captures self-reported data on substance use among 8th, 10th, and 12th grade students throughout the Kankakee County school system. Alcohol and marijuana are the most common substances used among youth. Fourteen percent of 8th graders, 23% of 10th graders, and 37% of 12th graders self-report using alcohol in the past 30 days. Six percent of 8th graders, 13% of 10th graders, and 20% of 12th graders self-reported marijuana use in the past 30 days.</p>	<ul style="list-style-type: none"> • Youth

Education & Employment

Education is an important social determinant of health, because the rate of poverty is higher among those without a high school diploma or high school equivalency exam (GED). Individuals without a high school education are at a higher risk of developing certain chronic illnesses, such as diabetes. Unemployment can create financial instability, and, as a result can create barriers to accessing healthcare services, insurance, healthy foods, and other basic needs.

Unemployment threatens community health through increasing social and community breakdown. The unemployment rate for Kankakee County (6.2) is higher than the rates for Illinois (5.9) and the U.S. (5.2). The percent of the Kankakee County population living in poverty is 16%, while the percent for both Illinois (14%) and the US (15%) are lower. In Kankakee County, 41% of blacks, 35% of Native American/ Alaskan Natives, and 26% of all Hispanic/ Latino community members are living in poverty. More Kankakee County women are living in poverty (17%) than men (15%).

Poverty can create barriers to accessing health services, healthy food, and other necessities needed for good health status. It can also affect housing status, educational opportunities, an individual’s physical environment, and health behaviors. Additionally, social determinants of health often vary by geography, gender, sexual orientation, age, race, disability and ethnicity.

Specific priority needs and populations identified in the assessment process include:

- Better data to define and prioritize education and employment gaps, identify populations most affected, and monitor progress
- Increase youth educational opportunities in order to eliminate the social/economic root cause of poverty
- Expand workforce development opportunities to meet the educational qualifications of our community.
- Create workforce opportunities/ apprenticeship programs for entry-level positions.

Figure 1.3. Summary of Key Finding Related to Education & Employment

Issue	Target Populations
Education attainment	
<p>There is a higher percent of young adults (25 years and older) in Kankakee County without a high school diploma (12.3%) than in Illinois (12%). More men (13.9%) did not obtain high school diplomas than men (10.8%). In the center of Kankakee County, the city of Kankakee, and the southeast corner (Pembroke Township) less high school students graduate on time. Significantly less Kankakee County residents (18.8%) have obtained a bachelor’s degree than Illinois (32.3%) or US residents (29.8%).</p>	<ul style="list-style-type: none"> • Youth • Men • Residents in Kankakee City and Pembroke Township
Employment	
<p>The unemployment rate for Kankakee County (6.2) is higher than the rates for Illinois (5.9) and the U.S. (5.2). Thirty percent of Kankakee County residents that were surveyed identified the need for higher paying jobs, more jobs within the county, and the need to provide job skills to residents.</p>	<ul style="list-style-type: none"> • Adults • Labor workforce
Poverty	
<p>In Kankakee County, there are more older adults are living in poverty (42%) than in Illinois (35%). The median family income for Kankakee County, \$53,716, is significantly lower than the median income for Illinois (\$71,546) and the US (\$66, 011). More Kankakee County children (23%) and adults (16%) are living in poverty than in Illinois (20% children; 14% adults) and the US (22% children; 15% adults). In Kankakee County, 41% of blacks, 35% of Native American/ Alaskan Natives, and 26% of all Hispanic/ Latino community members are living in poverty. More Kankakee County women are living in poverty (17%) than men (15%). Residents in the southeast region of Kankakee County are most vulnerable, including residents of some parts of the city of Kankakee, Ganer Township, and Pembroke Township.</p>	<ul style="list-style-type: none"> • Older adults • Children, birth to 18 years of age • Women • Black population • Native American/ Alaskan Native population • Hispanic/ Latino population • Individuals in the southeast region of Kankakee County

Introduction

Demographic Profile of Kankakee County

Kankakee County is a small urban county in the northeast section of Illinois with a population of 112,221. The racial composition of Kankakee County has remained the same with 79.1% white and 15.2% black. The percent of the population this is Hispanic/ Latino has increased slightly from 8.9% to 10%.

The largest portion of residents are 5 to 17 years of age, the second highest portion is over the age of 65 years. A larger percentage of older Kankakee County residents (65 or older) are living in poverty than the percent in Illinois. The life expectancy is 80 years of age for women and 75 years of age for men living in Kankakee County.

Sixteen percent of the Kankakee County population are living in poverty, which remains the same as the last assessment period. The percent of children living in poverty has decreased slightly. Poverty is disproportionately high among blacks, Native Americans/ Alaskan Natives, individuals with mixed race, and those with Hispanic/ Latino ethnicity. Residents most socially vulnerable reside in parts of Kankakee City, Ganer Township, and Pembroke Township.

The unemployment rate has been declining since 2013, but remains higher than Illinois and the US. The percent of children eligible for free/reduced lunch has increased from 50.2% to 57%. Due, in part, to the passing of the Affordable Care Act and local agency efforts to enroll residents, the percent of Kankakee County without insurance is decreasing.

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 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:

- Helen Wheeler Center for Community Mental Health
- Kankakee County Health Department
- Kankakee County Hispanic Partnership
- Iroquois & Kankakee County Regional Office of Education
- Presence St. Mary's Hospital
- Riverside Medical Center
- 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:

American Family Insurance	Kankakee County Hispanic Partnership
American Lutheran Church	Kankakee First Church of the Nazarene
Aunt Martha's Health and Wellness	Kankakee School Health Centers
Bourbonnais Police Department	Kankakee Workforce Services
Bourbonnais Township Park District	Lorenzo Smith School
Catholic Charities, Diocese of Joliet	Manteno Police Department
CFC #15/Early Intervention	Morning Star Baptist Church
Child Network	NAACP, Kankakee County Branch
City of Kankakee / City Council	Olivet Nazarene University
Community Foundation of Kankakee River Valley	Options Center for Independent Living
Dr Martin Luther King Jr Memorial Foundation	Pembroke Community Consolidated School District #259
Early Intervention/Child and Family Connections #15	Pembroke Early Education Program
Garden of Prayer Youth Center	Pledge for Life Partnership
Grundy Livingston Kankakee Workforce Board	Presence Health
Hippocrates Medical Clinic	Presence Home Care
Hospice of Kankakee Valley	Presence St. Mary's Hospital
Indian Oaks Academy	River Valley Metro Mass Transit District
Iroquois-Kankakee Regional Office of Education	Riverside Health Care
Jerome Combs Detention Center	Riverside Medical Center
Jewel-Osco	Riverside, Behavioral Health Outpatient

Kankakee Area YMCA	State of Illinois
Kankakee City Fire Department	The Helen Wheeler Center for Community Mental Health
Kankakee City Police Department	Thresholds
Kankakee Community College	United Way of Kankakee and Iroquois County
Kankakee County Chamber of Commerce	Village of Manteno
Kankakee County Coalition Against Sexual Assault	YWCA Kankakee
Kankakee County Health Department	Zip-Pak

Mission, Vision and Value Statements

During Phase Two of the MAPP framework, the Kankakee Partnership for a Healthy Community reviewed the existing and reconfirmed the 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

Framework

In 2017, the Kankakee Partnership for a Healthy Community convened to conduct the third iteration of the MAPP process. 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 as defined by the 10 Essential Public Health Services. The MAPP process includes four assessments, as shown in the graphic to the right.

Figure 2.1. MAPP Process Framework



Community Health Status Assessment

The Community Health Status Assessment (CHSA) is one of four assessments conducted as a part of the MAPP process. During this assessment, information regarding demographics, health status, health behaviors and social determinants in the community is gathered and analyzed. Data is collected from a variety of resources and analyzed comparing local, state, and national benchmarks when available.

The CHSA provides a picture of our community by answering three questions:

1. Who are we and what do we bring to the table?
2. What are the strengths and risks in our community that contribute to health?
3. What is our health status?

The MAPP process recommends and identifies health indicators in the following eleven categories for conducting the CHSA:

- Behavioral Risk Factors
- Communicable Diseases
- Death, Illness and Injury
- Demographics
- Environmental Health

- Health Resource Availability
- Maternal and Child Health
- Quality of Life
- Sentinel Events
- Social and Mental Health
- Socioeconomics

In the winter of 2017, a student intern from Northern Illinois University collected and summarized data in the above categories. County level data from public and proprietary sources were used. The Steering Committee Team reviewed, edited, and provided data for the report. Additional partnering organizations provided staff and interns to assist in collecting additional data for the report.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) aims to gather community members' perceptions, thoughts, opinions, and concerns regarding quality of life in Kankakee County. This input provides valuable insight into the issues of importance to the community. This assessment engages the community by requesting their input on the following questions:

1. What is important to our community?
2. How is quality of life perceived in our community?
3. What are the assets in our community?

Community engagement is key to the success of any community-wide initiative, and provides residents with a sense of ownership and participation in their county. The Partnership for a Healthy Community conducted a community-wide survey among Kankakee County residents to answer the questions above.

The survey contained 58 questions on a variety of topics, including quality of life, health status, access to resources, social support, economic opportunity, health equity, and social issues. Residents were able to report on their perceptions of health and quality of life issues within their homes, community, and county. Most of the survey questions asked participants to rate issues on a Likert scale, however, some questions were open-ended, giving respondents opportunities to comment on their responses.

The CTSA survey was developed using Survey Monkey, and made available online in both English and Spanish. The survey was open to all Kankakee County residents and the collection period ran from January 30, 2010 to February 27, 2018. A total of 778 individuals initiated the survey during this collection period. Fifty-five of the respondents were disqualified immediately if they answered no to the first question "do you live in Kankakee County?" This resulted in 723 respondents that completed some or all of the survey (720 English and 3 Spanish surveys).

Upon completion of the survey collection period, analysis of the demographic data based on the 723 survey respondents determined that several groups of individuals were under-represented among the survey participants based on the racial and ethnic representation of the Kankakee County population as a whole. The

most significant under-represented populations included the following groups: Black and Hispanic/ Latino minority groups.

The CTSA Subcommittee attempted to further reach these populations through targeted outreach to the Hispanic/ Latino and Black populations. A Hispanic/ Latino community activist agreed to distribute paper copies of the survey in both Spanish and English to selected individuals that would geographically represent the Hispanic/ Latino populations within Kankakee County in the following areas: Manteno, Pembroke, Momence, and Kankakee city. Twenty surveys were completed through this targeted outreach method.

Additionally, The CTSA subcommittee reached out to the President of the Kankakee Area National Association for the Advancement of Colored People (NAACP) to see if survey sampling could be completed at a monthly membership meeting. The president agreed to add the survey as an agenda item at the April 12th, 2018 meeting. The CTSA subcommittee also took surveys to a Presence St. Mary's Fit N' Healthy exercise class on April 12th, 2018. Subcommittee members took paper copies of the survey in English to these two events and were able to have 16 surveys completed.

Questions addressing health equity were included in the survey to measure the effects of discrimination on health. Respondents were asked to identify perceptions of discrimination in Kankakee County. These questions were adapted from "Experiences of discrimination: Validity and reliability of a self-report measure for population health research on racism and health."

Forces of Change Assessment

The Forces of Change Assessment (FOCA) aims to identify all the forces and associated opportunities and threats that can affect, either now or in the future, the local public health system. Forces may be social, economic, political, technological, environmental, scientific, legal, and/or ethical in nature.

Forces can be trends, factors, or events.

- Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- Factors are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

During the FOCA, participants answer the following questions:

1. What is occurring or might occur that affects the health of our community or the local public health system?
2. What specific threats or opportunities are generated by these occurrences?

On June 9, 2017, the Partnership for a Healthy Community emailed and invited key stakeholders in the community to participate in a FOCA survey through Survey Monkey to help identify the forces of change

affecting Kankakee County's local public health system and the community. The survey included multiple choice questions and open-ended questions, with guided prompts, which was intended to help identify the different categories of forces of change. Although diverse community input was encouraged, an answer was not required for every question on the survey.

During the survey, the participants were first asked to list any social, economic, political, legal, technological, environmental, ethical, or scientific force that has recently occurred or may occur in the future (in the County, in Illinois, nationally or globally) and can affect the local public health system or community. Next, the participants were asked to choose the most impactful force, the second most impactful force, and the third most impactful force on the community from the forces they had listed previously. They were also asked to identify any threats or opportunities associated with the top three forces they selected. The participants were also asked a question about the health equity of all the forces they identified addressing if these forces will positively or negatively impact equal opportunity for health and access to care based on gender, race, socioeconomic status, etc.

The survey was open to anyone who lived or worked in Kankakee County. The survey link recipients had until June 30, 2017 to complete the survey, giving them a total of 21 days. Survey results were analyzed by the FOCA Subcommittee and used to determine the top identified forces.

Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) was conducted on September 29, 2017. The LPHSA is used to understand the overall strengths and weaknesses of the public health system based on the 10 Essential Public Health Services shown in Figure 2.2.

Conducting the Local Public Health System Assessment (LPHSA), answers the following questions:

1. What are the activities, competencies, and capacities of the local public health system?
2. How are the 10 Essential Public Health Services being provided to the community?

Figure 2.2. Essential Public Health Services



The National Public Health Performance Standards (NPHPS) Assessment is the instrument used to measure the performance of the local public health system – defined as the collective efforts of public, private, and voluntary entities, as well as individuals and informal associations that contribute to the public's health within a jurisdiction. Any organization or entity that contributes to the health or wellbeing of a community is considered part of the public health system. Ideally, a group that is broadly representative of these public health system partners participates in the assessment process. By sharing diverse perspectives, all participants gain a better understanding of each organization's contributions, the interconnectedness of activities, and how the public health system can be strengthened. The NPHPS does not focus specifically on the capacity or performance of any single agency or organization.

The instrument is framed around the 10 Essential Public Health Services (EPHS) that are utilized in the field to describe the scope of public health. The 10 EPHS support the three core functions of public health: assessment, policy development, and assurance. NPHPS results are intended to be used for quality improvement purposes for the public health system and to guide the development of the overall public health infrastructure.

The 2017 Kankakee County LPHSA included supplemental questions for each EPHS to identify how well the local public health system acknowledges and addresses health inequities. The LPHSA supplement is called “System Contributions to Assuring Health Equity,” from the National Association of County and City Health Officials (NACCHO) MAPP User’s Handbook.

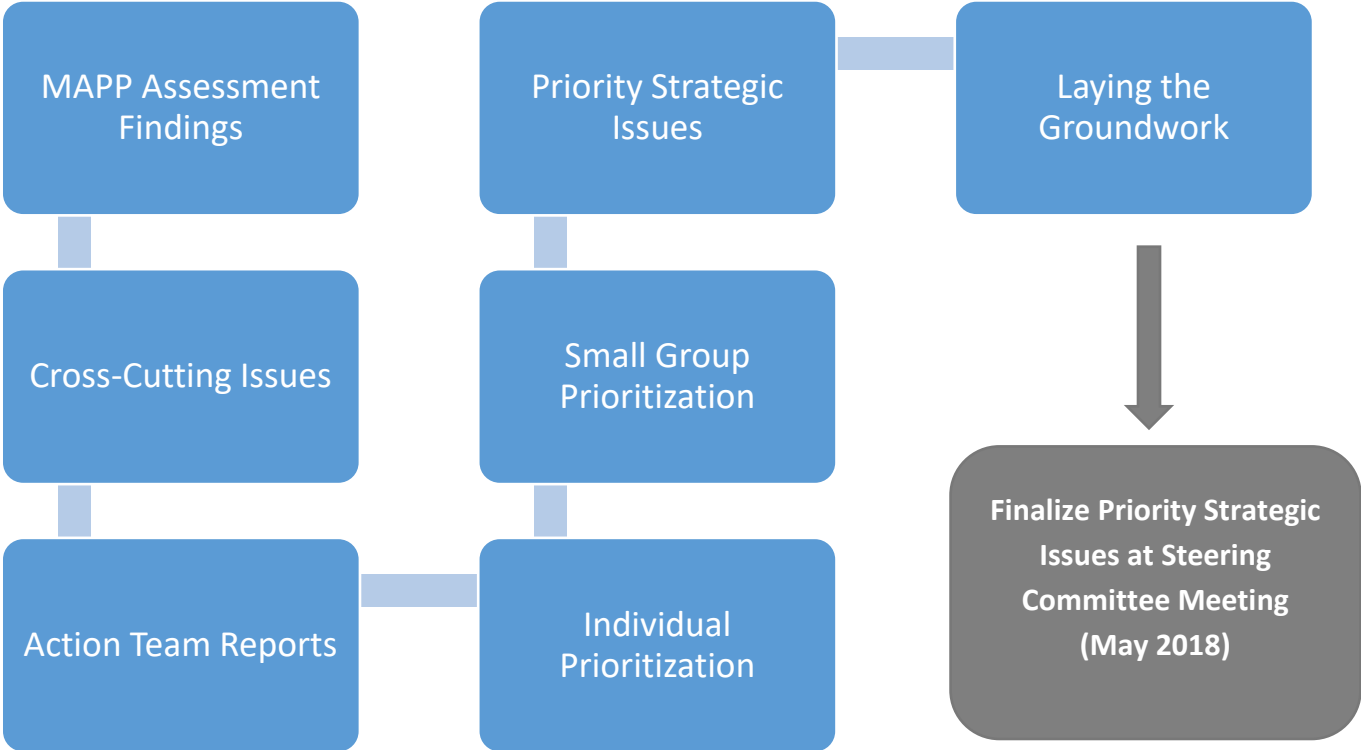
The event drew 65 public health system partners that included public and voluntary sectors. The composition of attendees reflected a diverse representation of partners.

Prioritization of Strategic Issues

On April 25, 2018, 47 Kankakee County public health stakeholders participated in a six hour meeting at Riverside Fitness Center to review key findings from the four MAPP assessments, identify cross-cutting themes and potential strategic issues, and prioritize a set of strategic issues. The meeting was facilitated by the Illinois Public Health Institute.

Following the discussion of assessment findings and updates on previous Community Health Implementation Plan priorities, participants individually reflected on the top strategic issues by noting up to three top strategic issues for Kankakee County. Individual reflections were discussed in small groups to build a consensus around the top strategic issues using a set of defined prioritization criteria (Figure 2.3). Each small group came to consensus on the top three strategic issues.

Figure 2.3. Process for Prioritization of Strategic Issues



Next, each small group shared their recommendations and rationale for the top three strategic issues, followed by a facilitated discussion to further explore and define the potential priorities. This discussion yielded a consolidated list of the top three strategic issues. Thus, the following top priorities were identified:

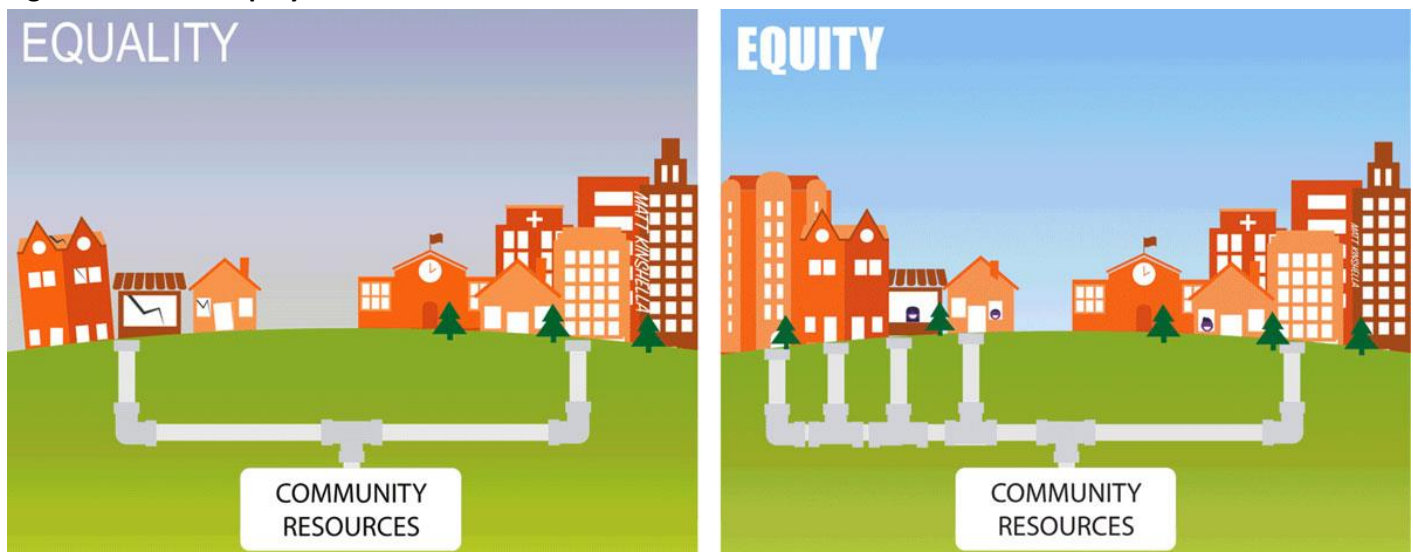
- Access to Health
- Behavioral Health
- Education and Employment

Goals and action plans will be developed or updated for each of these priority health issues. These action plans will be implemented and aligned to improve the local public health system, and ultimately the health and wellbeing of the Kankakee County community in alignment with our vision.

Health Equity

Healthy People 2020 defines health equity as the "attainment of the highest level of health for all people." To achieve health equity, avoidable health inequities and health disparities must be eliminated. This requires short and long term strategies addressing the root causes of health inequities and health disparities, specifically social determinants of health. The *Mobilizing and Organizing Partners to Achieve Health Equity* supplemental guide was used during this assessment process.

Figure 2.4. Health Equity



Source: Kinshella, Matt retrieved from <http://culturalorganizing.org/the-problem-with-that-equity-vs-equality-graphic/>

Key Findings of Strategic Issue: Access to Health

Overview

This strategic issue encompasses both access to care as well as chronic disease prevention. Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity.

Chronic diseases, such as heart disease, cancer, type 2 diabetes, stroke, and obesity, are the most common, costly, and preventable of all health problems. Heart disease is the second cause of hospitalizations and leading cause of death in Kankakee County. Heart disease accounts for over 50% of deaths in Kankakee County.

Many chronic diseases are linked to lifestyle choices, or health risk behaviors, which are unhealthy behaviors that can be changed. Four of these health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excess alcohol consumption—cause much of the illness, suffering, and early death related to chronic diseases and conditions. Eating nutritious foods, becoming more physically active, and avoiding tobacco can help avoid developing many of these diseases and conditions.

Specific priority needs and populations identified in the assessment process include:

Priority Needs	Target Populations
Increase access to primary health care to reduce and maintain chronic diseases such as diabetes, obesity, asthma and heart disease through prevention education, insurance enrollment and insurance education.	Men Black population Hispanic/ Latino population Adult & Youth
Increase access to prenatal care in low-income communities to reduce low birth weight.	Low income communities Women
Reduce barriers to health (social determinants of health) in Kankakee County including food insecurity, transportation in rural areas as well as health literacy.	Rural communities Low income communities
Reduce tobacco use among adults in Kankakee County.	Adults

Assessment Findings

The Forces of Change Assessment and Local Public Health System Assessment identified the lack of equitable and quality healthcare as a major concern in Kankakee County.

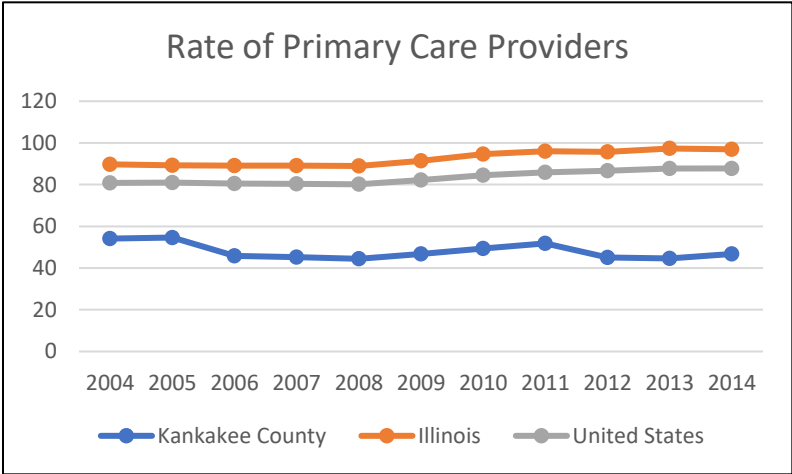
Opportunities pinpointed in these assessments include:

- Increase advocacy and funding for equitable healthcare
- Develop additional programs for uninsured and promote low cost clinic care
- Create an efficient medical system for people living in rural areas
- Enhance partnerships with agencies who serve vulnerable populations and consistently engage the voice of customers

The Community Health Status Assessment data identified numerous indicators that identified access to care as well as chronic disease as a major concern.

Provider Ratio

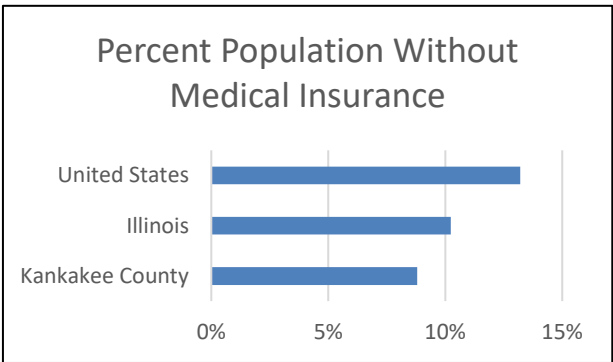
The ratio of population to primary care providers in Kankakee County is almost double the state and national ratios.



Source: US Department of Health & Human Services, 2015.

Uninsured

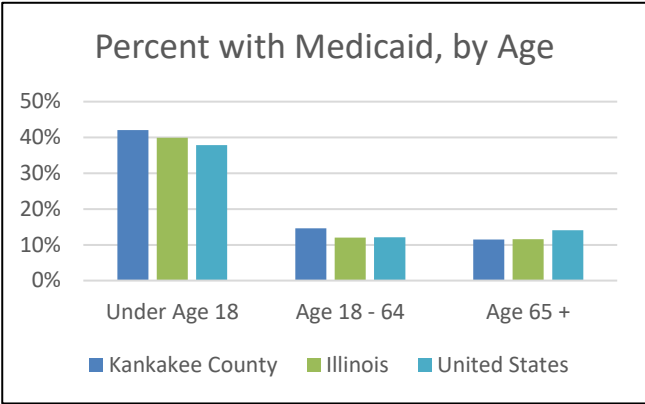
While largely due in part to the expansion of Medicaid in Illinois as well as the Affordable Care Act, the percent of uninsured population has decreased. However, having insurance does not all indicate access to health providers. Men are more likely to be uninsured than women. There are also disparities in insurance coverage among race and ethnicity. There are a higher percentage of adults and children receiving Medicaid in Kankakee County than in Illinois.



Percent Adults Uninsured by Race/ Ethnicity

RACE	PERCENTAGE
White	7%
Black	15%
Asian	8%
Native American/ Alaska Native	5%
Other race	30%
Hispanic/Latino	26%

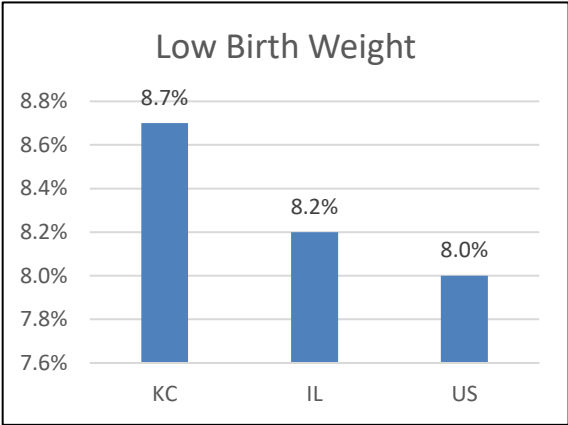
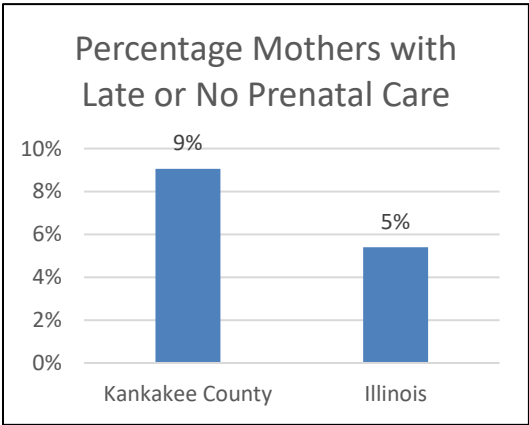
Source: US Census Bureau, Small Area Health Insurance Estimates, 2015



Source: US Census Bureau, 2011-2015.

Lack of Prenatal Care

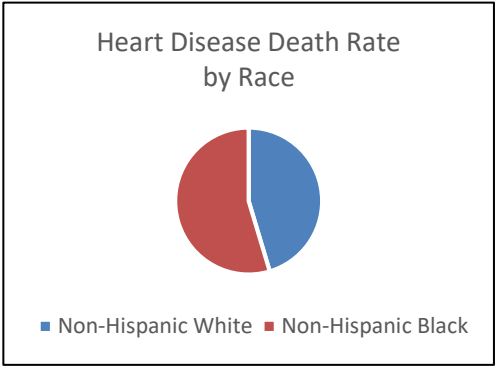
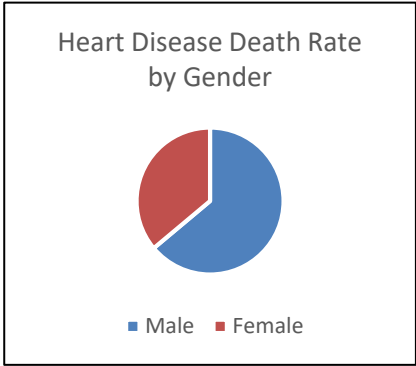
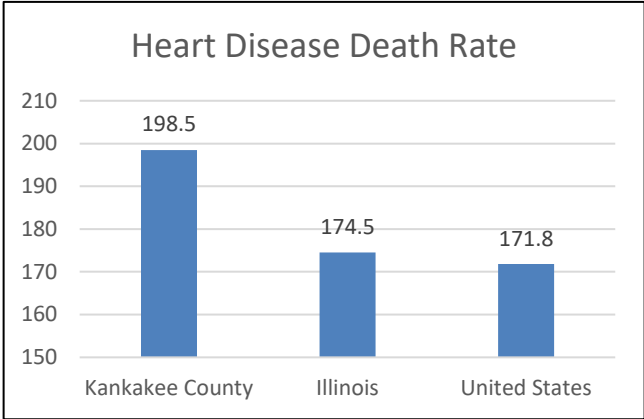
Eight percent of pregnant mothers are not receiving necessary pre-natal care compared to only 5 percent for Illinois. Low birth weight is higher for Kankakee County than United States and Illinois



Source: Centers for Disease Control and Prevention, National Vital Statistics System, 2007-2010.

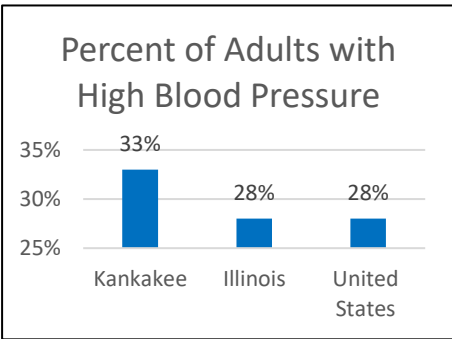
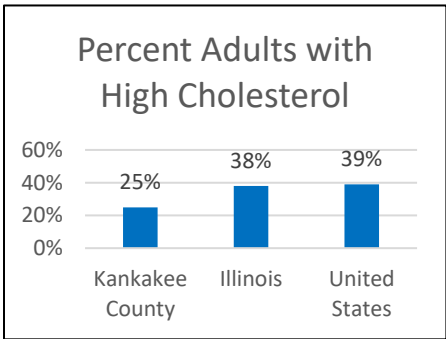
Heart Disease/High BP/High Cholesterol

Heart disease is the leading cause of death in Kankakee County. Heart disease is the second cause of hospitalization in Kankakee County. A higher percentage of men and non-Hispanic/ Latino and black populations die due to heart disease.



Source: Centers for Disease Control and Prevention, National Vital Statistics Systems, 2010-2014.

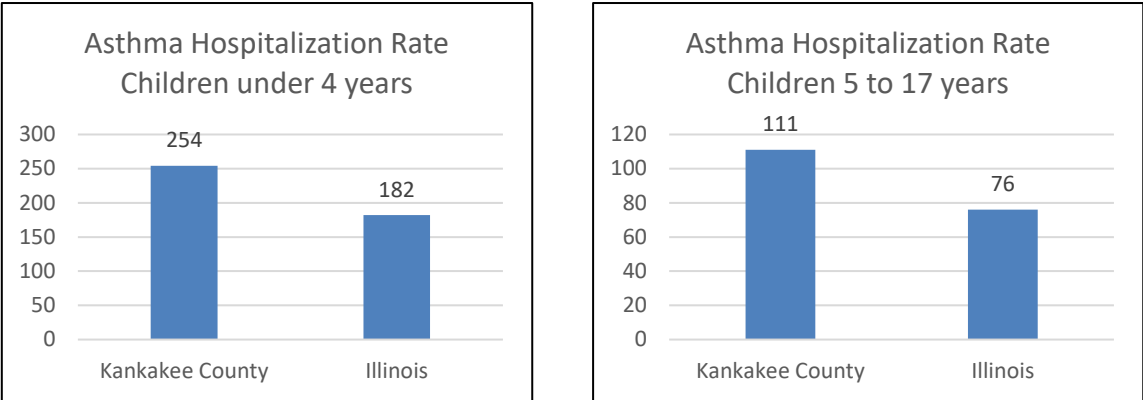
Greater percentage (self-reported) of adults with high blood pressure in Kankakee County than Illinois. Lower percentage (self-reported) of adults with high cholesterol in Kankakee County than Illinois.



Source: Behavioral Risk Factor Surveillance System, 2015.

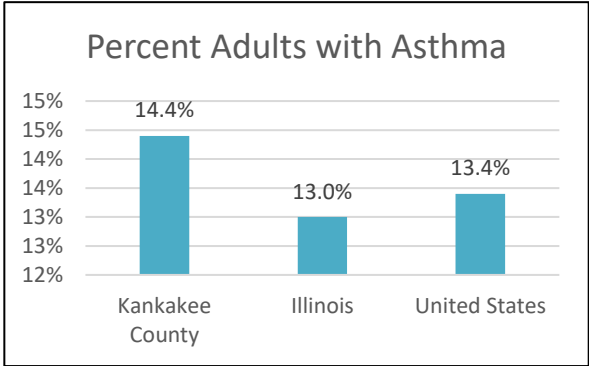
Asthma

Higher rate of hospitalization of youth for Asthma than in Illinois.



Source: IHA Comp Data 2017

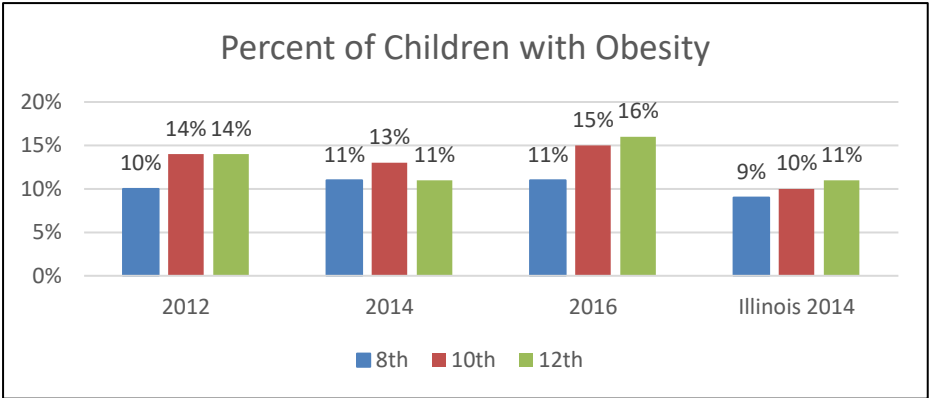
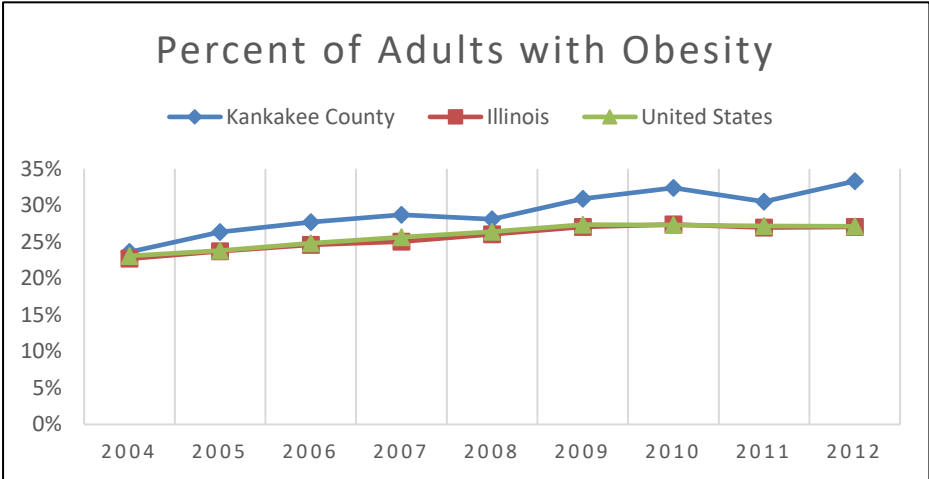
Slightly higher percentage of adults with asthma than Illinois and United States.



Source: Behavior Risk Surveillance System, 2011-2012.

Obesity

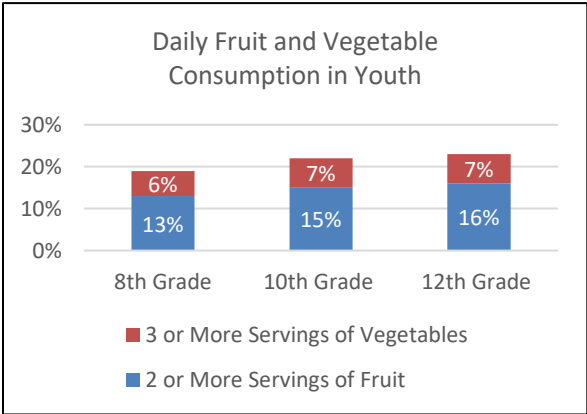
The percentage of obese adults in Kankakee County is higher than the HP2020 target as well Illinois and the nation. There is also a high percentage of youth with obesity.



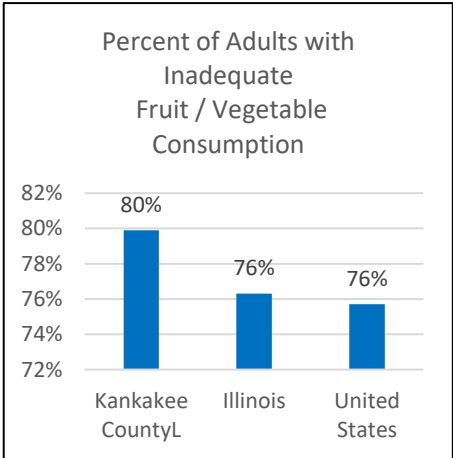
Source: Centers for Disease Control and Prevention, 2013; Illinois Youth Survey, 2012-2014.

Vegetable/Fruit Consumption

A lower percentage of youth and adults eating the recommended daily servings of fruits and vegetables.

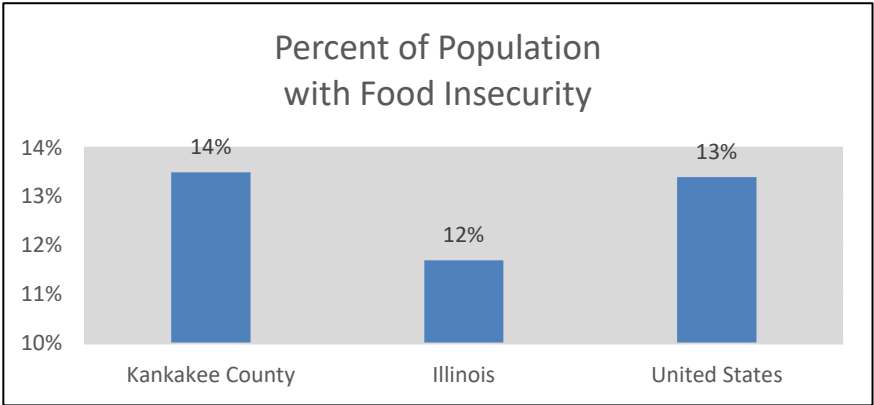


Sources: Illinois Youth Survey, 2016; Behavioral Risk Factor Surveillance Survey, 2015.



Food Access

The percentage of the population with food insecurity is slightly higher than Illinois and the nation.



Source: US Department of Agriculture, Economic Research Service, 2015.

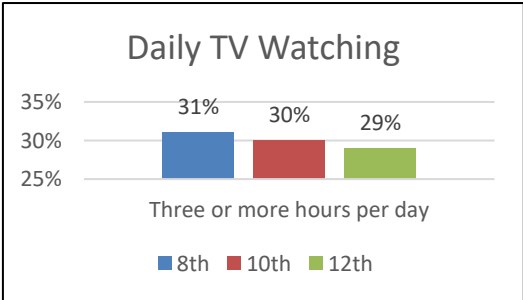
Smoking

The percentage of adults who smoke in Kankakee County is higher than the HP2020 target as well as Illinois and the nation. The percentage of youth that smoke in Kankakee County (self-reported) is lower than the HP2020 target as well as the nation, but higher than Illinois.

Leading Health Indicator	HP2020 Target	Kankakee County	Illinois	United States
Tobacco Use Adult cigarette smoking (age-adjusted, percent, 18+ years)	12%	26%	18%	18%
Tobacco Use Adolescent cigarette smoking in past 30 days (percent, grades 9–12)	16%	14%	10%	15.7%

Screen Time and Physical Inactivity

Thirty percent of youth (8th-12th grade) watch 3 or more hours of TV/screen time per day. Percentage of adults with without physical activity (self-reported) is about the same in Kankakee County (20.7%) as state (20.8%) and national (21.8%) percentages.



Source: Illinois Youth Survey, 2016.

Community Survey Findings

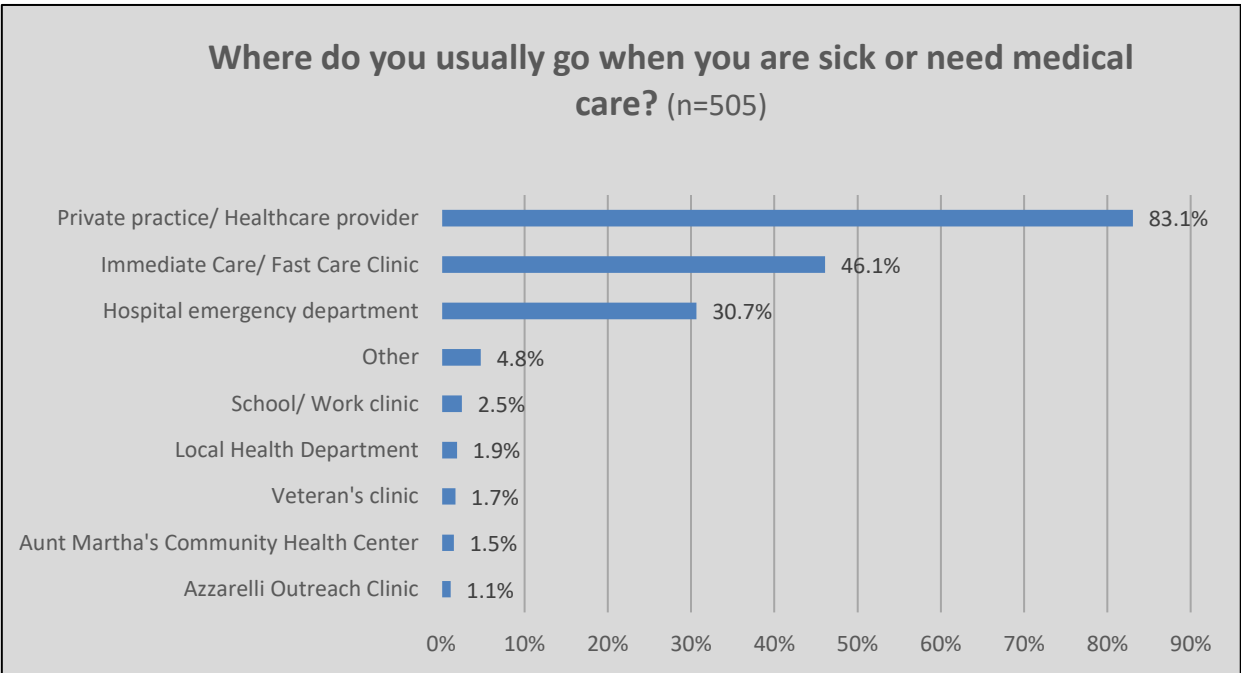
Lack of access to healthcare as well as high costs of healthcare were a top concern on the recent Community Themes and Strength Assessment survey. One-third rated the quality of the healthcare system in Kankakee County as fair or poor on the survey. Over 62% rated the quality of the healthcare system in Kankakee County as fair or poor on the targeted Hispanic/ Latino population survey.

Respondents addressed in the open comments their concerns with the high cost of healthcare in the area, the lack of transportation for those living in rural areas needing care, healthcare for older adults as well as acceptance of health insurance locally, both state and private insurance.

Thirty percent of survey respondent said they go to the emergency department when they are in need of health care, which could correlate with a lack of access to primary health care. In the targeted survey of Black population, 62.5% said they go to the emergency department when they are sick or in need care. Forty-percent of the targeted survey of Hispanic/ Latino population also said they go to emergency department when they are sick or in need of care.

Additionally, 2.2% said they would visit the emergency department for their or their families’ prenatal care. In the targeted survey of Black populations, 7.7% said they would visit the emergency department for their or their families’ prenatal care. Twenty-nine percent of the targeted survey of Hispanic/ Latino population said they visit the emergency department for their or their families’ prenatal care.

Inadequate access to obstetric services was mentioned in the comments overall barriers to care in navigating the state insurance (Medicaid) and getting timely appointments with private insurance.



Source: Kankakee County Community Themes and Strengths Assessment, 2018.

Key Findings of Strategic Issue: Behavioral Health

Overview

Behavioral health is a term used to include both mental health and substance abuse disorders. Mental health is defined as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively, and is able to make a contribution to their community. 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
- Protective factors, which protect them from developing mental disorders

Mental health disorders are among the most common causes of disability. Compared to Illinois, there are more suicides, more emergency room visits for mental health, and more days reported as mentally unhealthy among Kankakee County residents.

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. 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.

Findings from the assessments detail access issues to behavioral health services, as well as resources. Behavioral health issues impact population groups across income levels, as well as racial and ethnic groups.

Specific priority needs and populations identified in the assessment process include:

Priority Needs	Target Populations
Increased coordination and access to mental health services to reduce number of days mentally unhealthy, suicide rate and depression in youth.	Youth Men
Increase education, coordination and access for substance abuse disorder to reduce number of overdoses, illegal drug use for adults and youth as well as prescription use.	Men White Population
Increased crime prevention and trainings to address increased youth bullying as well as crime related to substance abuse disorder and mental health.	Youth Low income population

Assessment Findings

The Forces of Change Assessment and Local Public Health System Assessment identified behavioral health as a major concern in Kankakee County. Opportunities pinpointed in these assessments include:

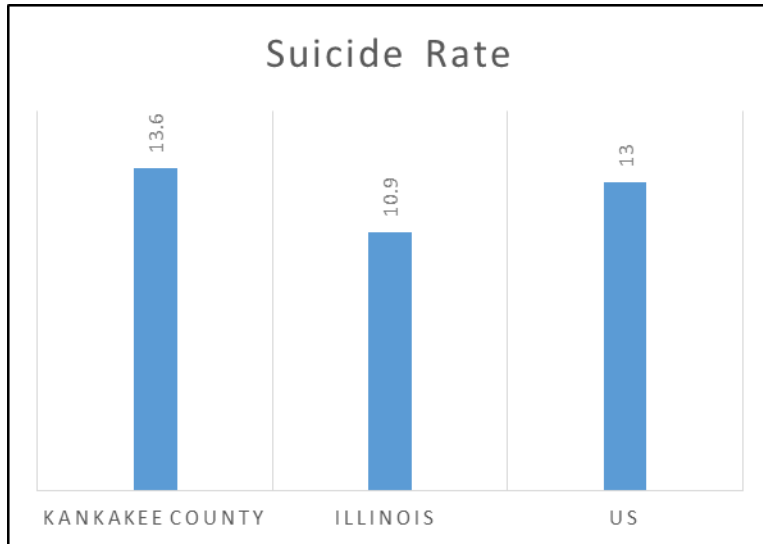
- Increase education and prevention efforts to decrease substance abuse trends and stigma around behavioral health

- Increase coordination of care between social service agencies, law enforcement, education and healthcare agencies
- Advocacy for increased funding and reimbursements for services
- Collection of more data to target prevention and intervention strategies

The Community Health Status Assessment data identified numerous indicators that identified behavioral health as a major concern.

Suicide

Kankakee County is above the CDC Healthy People 2020 target of suicides (age-adjusted per population 100,000) at 13.3 compared to 10.9 in Illinois and 10.3 as the HP2020 target. It is also slightly higher than nation, which is 13.0.



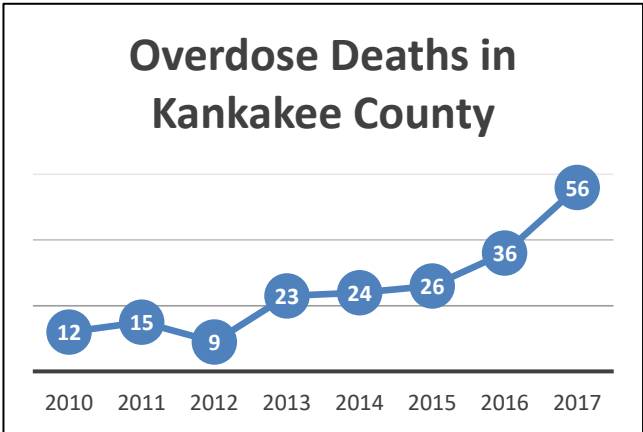
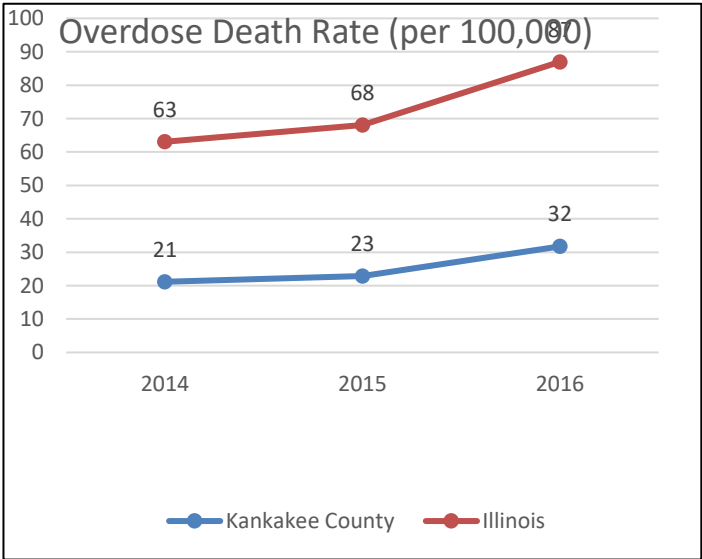
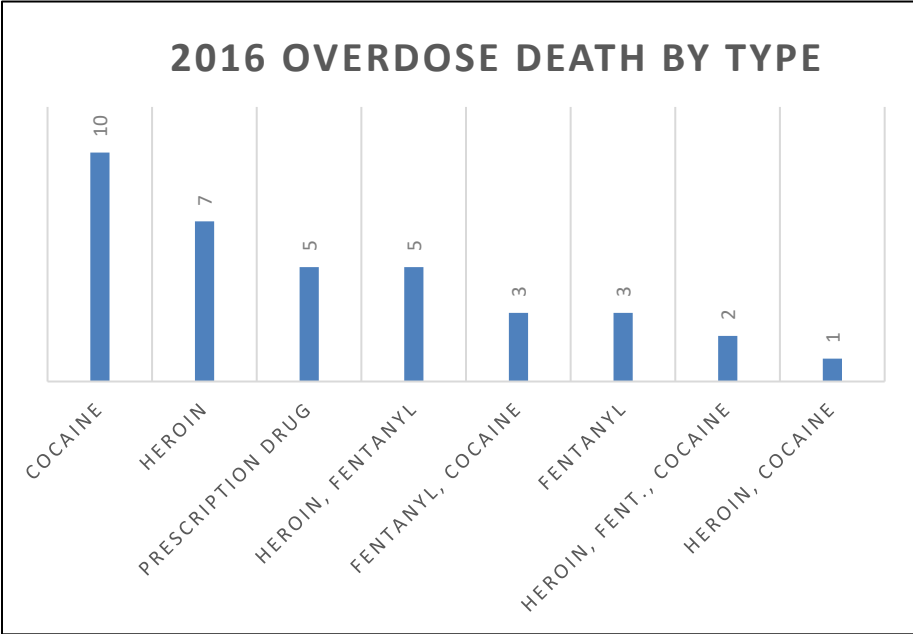
Source: IDPH, CDC, Kankakee County Coroner's Office, 2014-2017.



In Kankakee County, males are 4 times as likely to commit suicide as females

Overdoses

The overdose death rate is lower than Illinois but on the increase in Kankakee County. A higher percentage of men and whites are overdosing with the average age of an overdose at 41-years of age. Heroin/Fentanyl saw the largest increase of overdose substances. Fentanyl as well as Fentanyl/Cocaine also grew in Kankakee County.



Source: Kankakee County Coroner's Office, 2010- 2017.

Mental Health Provider

The mental health provider ratio has improved, but is it still higher than the state and nation.

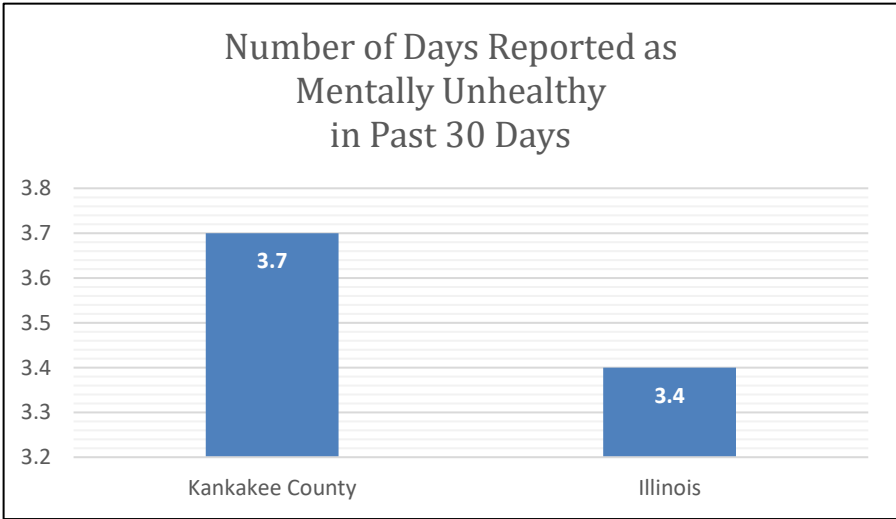


Source: National Plan and Provider Enumeration System, 2016.

The rate of Emergency Department visits in Kankakee County for a mental health issue is higher than the state rate. This correlates with a high provider shortage ratio. This indicator is the rate of ER visits (per 100) for a mental health condition. The rate of ER visits for Kankakee County (1.1) is higher than Illinois (0.7). Additionally, the third leading cause of hospitalization in the county is for a mental health need.

Mentally Unhealthy Days

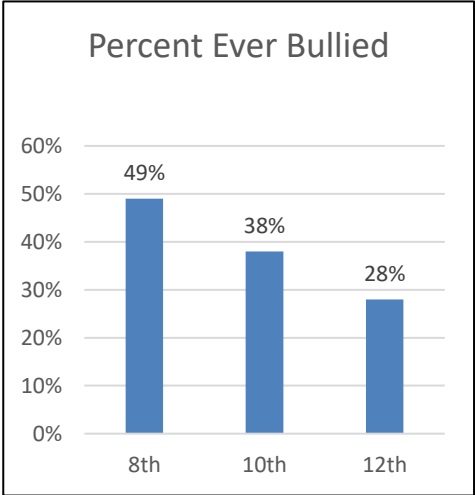
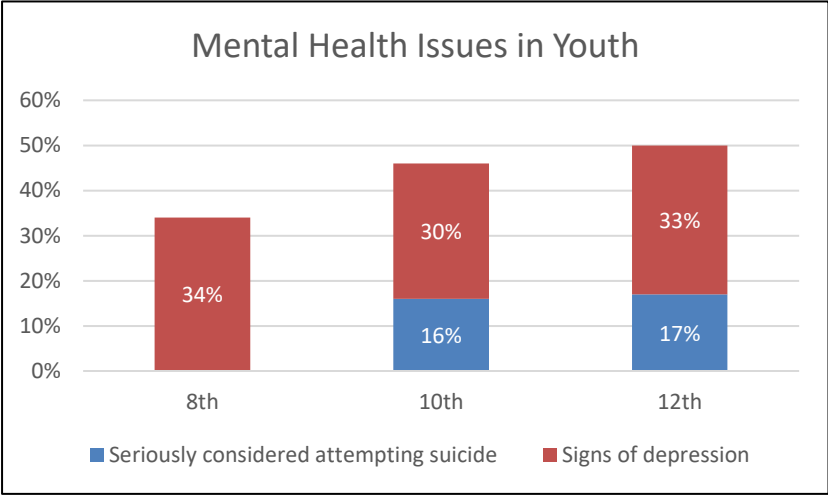
The self-reported number of mentally unhealthy days in a 30-day period is higher for Kankakee County than Illinois.



Source: Behavioral Risk Factor Surveillance System, 2015.

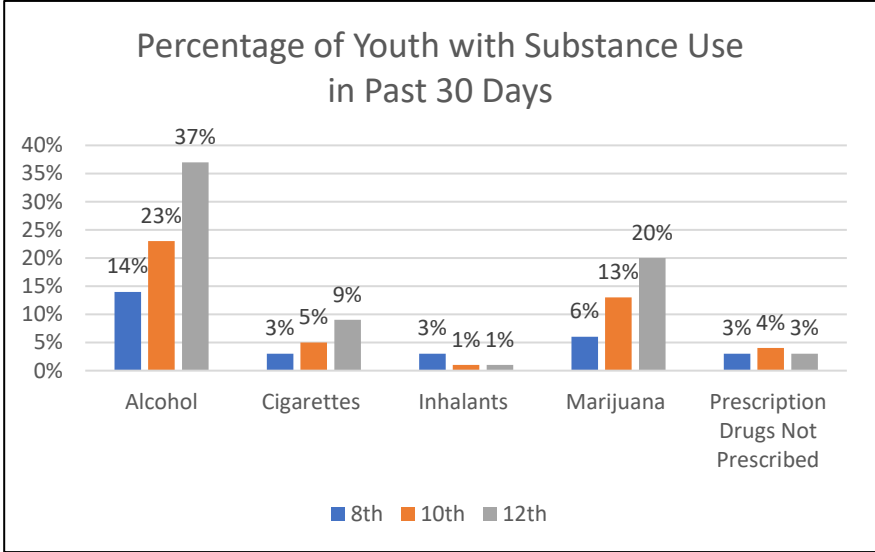
Youth

Fifty percent of youth in 8th report being bullied. Seventeen percent of 12th report seriously considering suicide in the last 12 months. Thirty percent of youth report signs of depression (8th, 10th & 12th grades).



Source: Illinois Youth Survey, 2016.

Among youth, alcohol is the most common substance used. Second is marijuana.



Source: Illinois Youth Survey, 2016.

Community Survey Findings

Mental health and substance abuse issues were a top concern on the recent Community Themes and Strength Assessment survey.

The top health issue that was residents identified experiencing at home was depression and anxiety followed by other mental health issues. Youth violence, bullying and gangs were the top community/neighborhood concern. The top health concern for the county was illegal drug abuse.

In the open comments, many respondents referenced the lack of community resources available to residents including the lack of mental health services. The need for increased prevention and treatment of substance abuse disorders was also commonly mentioned.

Violence was a concern for certain parts of the county. On the targeted Black survey sample, violence in the home was the top health concern with mental health issues ranking second.

Figure 3.1 Top Health Issues: Non-targeted resident survey

At Home	In their Neighborhood or Community	In Kankakee County
1. Depression/ Anxiety	1. Youth violence, bullying/ gangs	1. Illegal Drug Abuse
2. Other mental health issues	2. Underage Drinking	2. Domestic abuse
3. Dementia/ Alzheimer's disease	3. Illegal Drug Abuse	3. Dementia/ Alzheimer's disease
4. Excessive drinking/ Alcohol abuse	4. Excessive Drinking/ Alcohol Abuse	4. Other Mental Health issues
5. Youth violence, bullying/ Gangs	5. Depression/ Anxiety	5. Sexually transmitted infections (STIs)

Source: Kankakee County Community Themes and Strengths Assessment, 2018.

Key Findings of Strategic Issue: Education and Employment

Overview

Education is an important social determinant of health, because the rate of poverty is higher among those without a high school diploma or GED. In addition, without a high school education individuals are at a higher risk of developing certain chronic illnesses, such as diabetes. Unemployment can create financial instability, and, as a result can create barriers to accessing healthcare services, insurance, healthy foods, and other basic needs.

A lack of jobs threatens community health through increasing social and community breakdown. The unemployment rate for Kankakee County (6.2) is higher than the rates for Illinois (5.9) and the U.S. (5.2). The percent of the Kankakee County population living in poverty is 16%, while the percent for both Illinois (14%) and the US (15%) are lower. In Kankakee County, 41% of blacks, 35% of Native American/ Alaskan Natives, and 26% of all Hispanics/ Latinos are living in poverty. More Kankakee County women are living in poverty (17%) than men (15%).

Poverty can create barriers to accessing health services, healthy food, and other necessities needed for good health status. It can also affect housing status, educational opportunities, an individual’s physical environment, and health behaviors. Additionally, social determinants of health often vary by geography, gender, sexual orientation, age, race, disability and ethnicity.

Specific priority needs and populations identified in the assessment process include:

Priority Needs	Target Populations
Improve graduation rates in areas of disparity in Kankakee County. Increase early intervention efforts to increase school retention and graduation rates. Increase school-based job trainings to increase linkages to employment for students in Kankakee County.	Youth Kankakee City Pembroke Township Men
Increase coordination and case management to assist individuals with housing, food, and other social determinants of health in Kankakee County.	Kankakee City Pembroke Township Black Population Native American/Alaskan Native Population Multiple Race Population Hispanic/ Latino Population

Assessment Findings

The Forces of Change Assessment and Local Public Health System Assessment identified the lack of quality job opportunities and qualified workforce as a major concern in Kankakee County. Opportunities pinpointed in these assessments include:

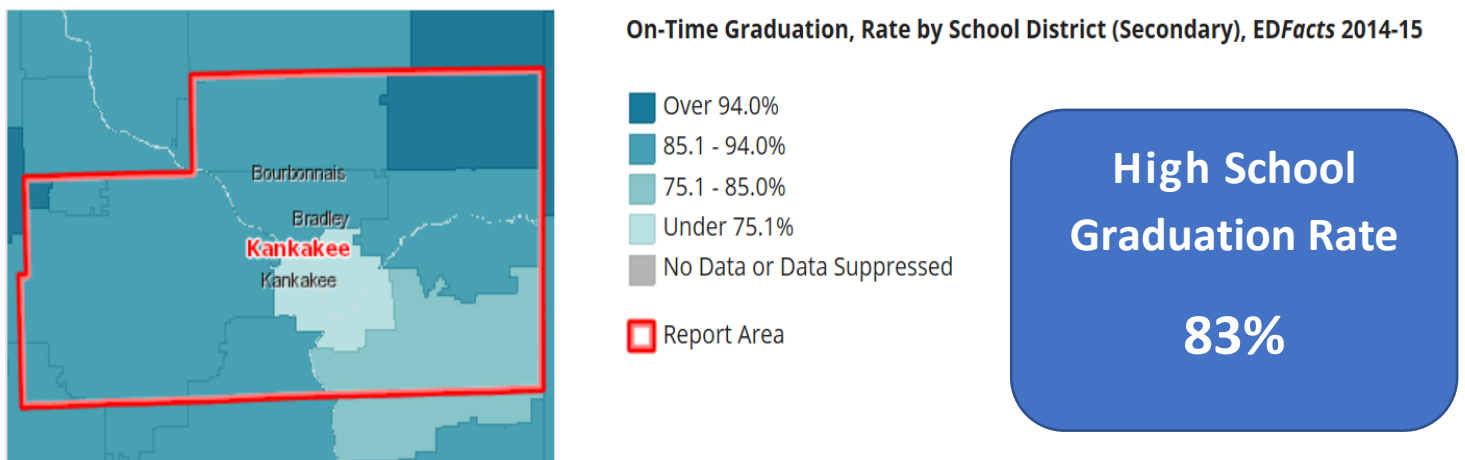
- Focus on utilizing resources and advantages of the County to attract high paying employers
- Offer educational opportunities and increase availability of jobs in order to eliminate the social/economic root cause of crimes
- Provide additional technology and training for the underserved and rural communities
- Expand the local public health system school to employment pipeline

The Community Health Status Assessment data identified numerous indicators that identified social deterrents of health as health concern.

Education

The high school graduation rate in Kankakee County is 83% which is lower than the HP2020 target and United States, but the same as Illinois. There are great disparities within graduation rates within the county.

Overall, there is a higher percent of the Kankakee population that has not received a high school diploma (12.3%) than in Illinois (12%), but lower than the US (13.3%). More Men (13.9%) did not obtain high school diplomas than feMen (10.8%). The associated map indicates areas in the center (Kankakee City) and southeast corner (Pembroke Township) where less high school students graduate on time.

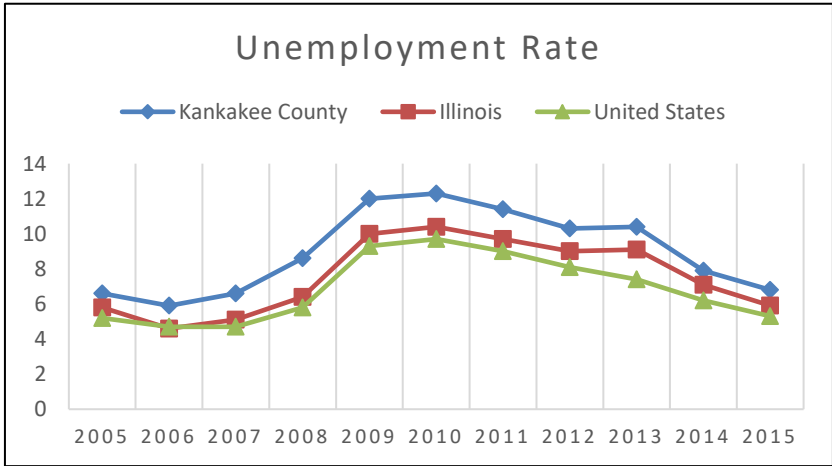


Source: US Census Bureau, American Community Survey, 2011-2015.

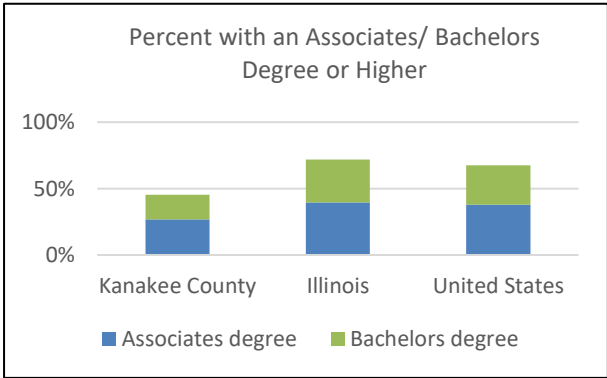
Additionally, significantly less Kankakee County residents (18.8%) have obtained a bachelor's degree than Illinois (32.3%) or US residents (29.8%). Almost three fourths of all of all 4th graders in Kankakee County scored *not proficient* or worse in reading.

Unemployment Rates

Unemployment in the county has trended downward, but is still higher than in Illinois overall.



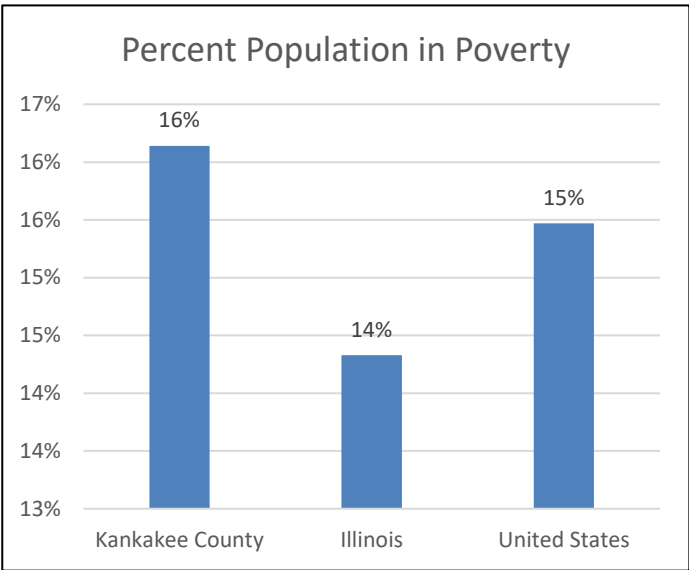
Source: US Bureau of Labor Statistics, 2017.



Sources: US Census Bureau, American Community Survey, 2011-2015.

Poverty

Sixteen percent of the county is living in poverty, which has increased since the last assessment. Twenty-three percent of Kankakee County children are living in poverty compared to Illinois at 20% and the United States at 22%. Poverty is disproportionately high among Black, Native American/Alaskan Native, individuals with mixed race populations and those with Hispanic/Latino ethnicity.

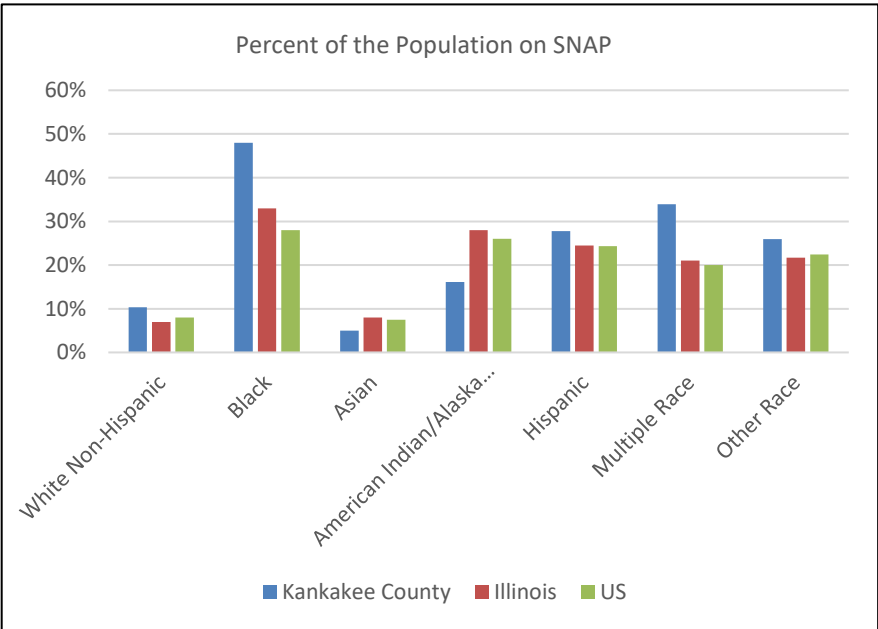
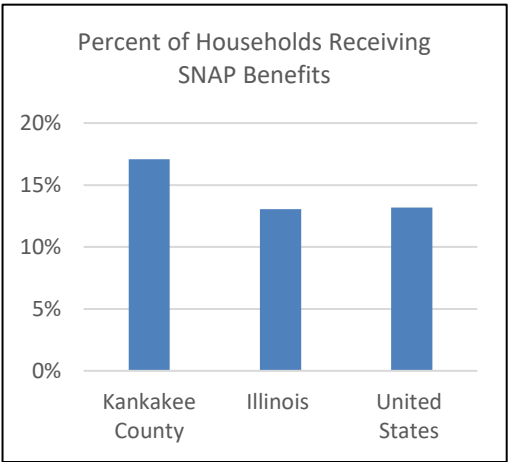


Percent in Poverty by Race/ Ethnicity

Black	41%
Native American/ Alaska Native	35%
Multiple Race	27%
White	11%
Asian	7%
Hispanic/ Latino	27%

Sources: US Census Bureau, American Community Survey. 2011-2015.

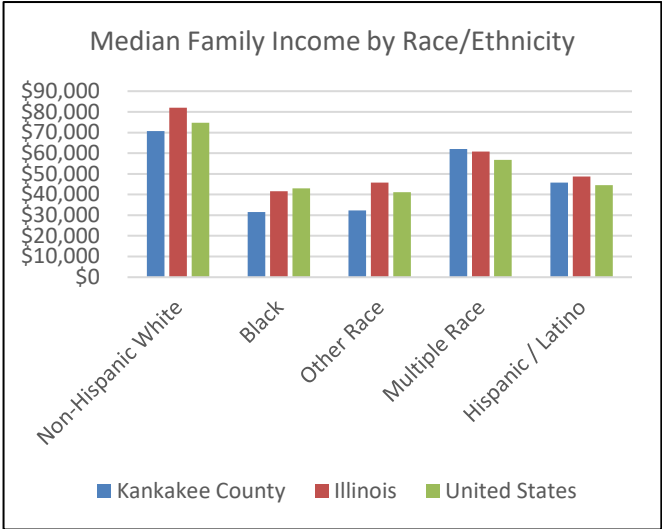
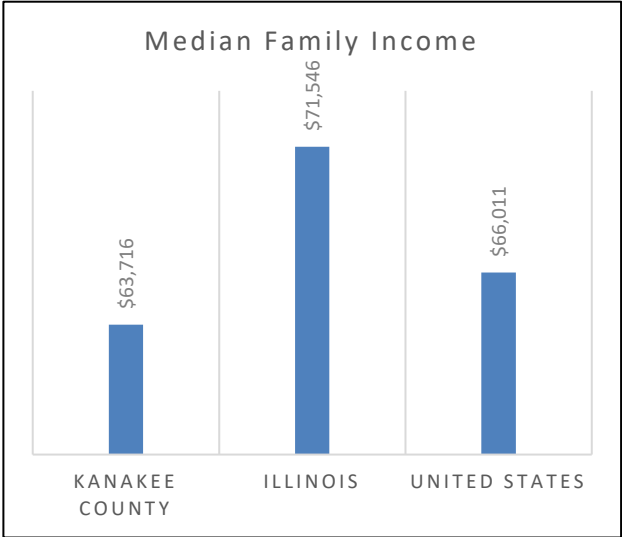
More Kankakee County residents receive Supplemental Nutritional Assistance Program (SNAP) benefits (17%) than in Illinois & US (both 13%). Almost half (48%) of blacks in Kankakee County receive SNAP benefits, 28% of Hispanics/ Latinos receive SNAP benefits. In comparison to Illinois and the US, a higher percentage of non-Hispanic/ Latino whites, blacks, Hispanics/ Latinos, and those of multiple or other races receive SNAP benefits.



Source: US Census Bureau, American Community Survey, 2011-2015.

Income

The median family income is \$63,716, which is lower than Illinois (\$71,546) & slightly lower than US (\$66,011)



Source: US Census Bureau, American Community Survey, 2011-2015.

Community Survey Findings

Lack of sufficient jobs as well as low-wage jobs were a top concern on the recent Community Themes and Strength Assessment survey. Inequalities in schools depending on location within the county were noted in resident comments.

Nearly 14% of respondents identified low-wage jobs as a significant issue that impacts the quality of life in the county. Many reported on low paying jobs that do not offer benefits or support their family. Respondents identified the need for more businesses and manufacturing companies in the county for residents to have access to local jobs. Several reported there are not enough skilled workers to obtain and keep jobs.

Being able to find good jobs and live in a healthy economy was the second most important social issue on the survey behind living in a safe neighborhood. It was the top social issue for Black and Hispanic/ Latino populations on the targeted sample survey.

Figure 3.2 Top Social Issues: Non-targeted resident survey

In their Home	In their Neighborhood or Community	In Kankakee County
1. Access to interpreter services*	1. Access to interpreter services*	1. Live in a safe neighborhood
2. Being able to find good jobs and live in a healthy economy	2. Being able to find good jobs and live in a healthy economy	2. Being able to find good jobs and live in a healthy economy
3. Participate in arts, culture, and community events	3. Find importance in racial/ethnic diversity	3. Youth practice healthy behaviors
4. Those with disabilities have access to services	4. Pay for healthcare	4. Pay for healthcare
5. Live in affordable housing	5. Youth practice healthy behaviors	5. Adults practice healthy behaviors

Source: Kankakee County Community Themes and Strengths Assessment, 2018.

References

Reference	Website Link
American Community Survey	https://www.census.gov/programs-surveys/acs/
Behavior Risk Factor Surveillance System, 2006-2012.	https://www.cdc.gov/brfss/index.html
Center for Disease Control and Prevention	https://www.cdc.gov/
Illinois Department of Public Health, I Query	https://iquery.illinois.gov/iquery/
Illinois Youth Survey	https://iys.cprd.illinois.edu/
Kankakee County Community Health Status Assessment 2018	http://www.kankakeehealth.org/administration/
Kankakee County Community Themes and Strengths Assessment 2018	http://www.kankakeehealth.org/administration/
Kankakee County Forces of Change Assessment 2017	http://www.kankakeehealth.org/administration/
Kankakee County Local Public Health Assessment 2017	http://www.kankakeehealth.org/administration/
US Bureau of Labor Statistics	https://www.bls.gov/
US Census Bureau	https://www.census.gov/
US Department of Agriculture , Economic Research Service	https://www.ers.usda.gov/
US Department of Health & Human Services	https://www.hhs.gov/

Appendix A

Community Health Status Assessment Executive Summary

Healthy People 2020 Leading Health Indicators

Kankakee County is meeting the Healthy People 2020 targets in 3 of the 10 leading health indicators that are identified in this Community Health Status Assessment (CHSA). These include persons under 65 years of age that have insurance, preterm births, and cigarette smoking among youth.

Demographic Characteristics

Kankakee County is a small urban county in the northeast section of Illinois. There has been a slight decrease in population growth within Kankakee County from 2010 to 2015. The largest portion of residents are 5 to 17 years of age, the second highest portion is over the age of 65 years. The racial composition of Kankakee County has remained the same since the last CHSA, with 79.1% white and 15.2% black. The percent of the population that is Hispanic/ Latino has increased slightly from 8.9% to 10%. A larger percentage of older Kankakee County residents (65 or older) are living in poverty than the percent in Illinois.

Socioeconomic Characteristics

Sixteen percent of the Kankakee County population are living in poverty, which remains the same as the last CHSA. The percent of children living in poverty has decreased slightly. Poverty is disproportionately high among blacks, Native Americans/ Alaskan Natives, individuals with mixed race, and those with Hispanic/ Latino ethnicity. The unemployment rate has been declining since 2013, but remains higher than Illinois and the US. Low income individuals are linked to services, including Medicaid, Supplemental Nutritional Assistance Program (SNAP), and free/reduced lunch for children. The percent of children eligible for free/reduced lunch has increased from 50.2% to 57%. Due, in part, to the passing of the Affordable Care Act and local agency efforts to enroll residents, the percent of Kankakee County without insurance is decreasing.

Health Resource Availability

There is a deficiency of healthcare providers in Kankakee County, including primary care and dental providers. There are two hospitals within Kankakee County, with a total bed capacity of 500. Ambulatory care sensitive discharge rates are a measure of illnesses that could have been prevented through primary care prevention. Although decreasing, this rate continues to be higher than Illinois and the US. The top two discharge diagnoses among the Kankakee County hospitals are heart disease and mental disorders.

Quality of Life

Despite an existing bus system within Kankakee County, a very low percent of the population uses public transportation to commute to work. More Kankakee County households own a car than in Illinois or the US. There is a low percent of the population that have food insecurity and low food access, but about 30% of the population have low access to healthy food. The life expectancy is 80 years of age for women and 75 years of age for men living in Kankakee County. Residents most socially vulnerable reside in parts of Kankakee City, Ganeer Township, and Pembroke Township.

Behavioral Risk Factors

A low percentage of Kankakee County adults are engaging in adequate healthy behaviors, such as eating fruits and vegetables, physical activity, and getting appropriate health screenings. A little over one in every four Kankakee County residents currently smoke, but over 80% have attempted to quit in the past year. Among youth living in Kankakee County, alcohol use is the most common substance used, marijuana is the second most common substance.

Environmental Health

The air quality has steadily decreased since 2010, but remains substantially better than Illinois and the US. There have been no recent violations in water sampling from the Kankakee River, which is the water supply for most municipalities within Kankakee County. The percent of children with elevated lead levels ($\geq 5\mu\text{g}/\text{dL}$) is lower than Illinois, and has remained steady for the past 3 years.

Social and Mental Health

Although the ratio of mental health providers to residents has improved, there is still a gap in needed mental health providers within Kankakee County. Compared to Illinois, there are more suicides, more emergency room visits for mental health, and more days reported as mentally unhealthy among Kankakee County residents. However, there is a lower percent of the residents that report a lack of social/emotional support. According to the Illinois Youth Survey, bullying and signs of depression were reported by a high percentage of youth living in Kankakee County. Early Development Instrument data indicate higher vulnerabilities in social competence and emotional maturity across all neighborhoods that were assessed in the 2016-2017 school year.

Maternal and Child Health

The infant mortality rate has decreased slightly, but consistently remains higher than the Illinois rate. Nine percent of pregnant mothers are not receiving adequate prenatal care. The percent of teen births in Kankakee County have decreased, but still remains higher than the Illinois percent.

Death, Illness, and Injury

Heart disease remains the number one cause of death in Kankakee County, with a disproportionate amount of men and non-Hispanic blacks dying from heart disease each year. Cancer remains the second highest cause of death within Kankakee County; prostate, lung, and colorectal cancer rates are higher in Kankakee County than in Illinois. The drug overdose death rate has steadily increased; heroin, cocaine, and prescription drugs were the most common type of drug overdose deaths in 2015 and 2016. The percent of adults with obesity has increased to 33% of the population, and remains higher than the percent in Illinois and the US. The percent of 10th and 12th grade students that self-report obesity on the Illinois Youth survey has increased.

Infectious Disease

The rate of syphilis has been increasing in Kankakee County since 2011. The rate of chlamydia has decreased, but the rate of gonorrhea has increased among Kankakee County residents. The rate of new HIV cases has

stayed relatively the same, and remains lower than the Illinois rate. Each year there have been 2 to 3 cases of active tuberculosis (TB) infection among Kankakee County residents since 2012.

Sentinel Events

Sentinel indicators are presented for health conditions considered preventable or controllable with regular primary care. There is a higher rate of children hospitalized for asthma in Kankakee County than in Illinois. There is a lower rate of in situ breast and cervical cancer in Kankakee County than Illinois and the US.

Appendix B

Community Themes and Strengths Assessment Executive Summary

A community survey open to all Kankakee County residents was conducted from January 30, 2018 to February 27, 2018. As a result, 723 responses were elicited from the community, answering questions on their perceptions of their quality of life, social issues, health issues, and access to health care.

The majority of respondents in this survey are white, non-Hispanic women over the age 35 years of age, and are not a representative sample of Kankakee County as a whole. Responses were recorded from every zip code in Kankakee County except Union Hill (60969) and Hopkins Park (60944). The majority of respondents have lived in Kankakee County longer than 16 years.

The majority of respondents perceive life in Kankakee County “good” or “fair” for overall quality of life, “very good” or “good” for quality of environment, and “very good” or “good” for quality of healthcare. The majority of respondents perceive Kankakee County as a “fair” or “good” place to raise children, grow old, and view Kankakee County as a safe community. Comments related to quality of life indicate social concerns related to safety and crime, education, and access to healthcare.

Most respondents rate that they have enough money to pay for needed items (e.g. food, clothing, housing, and medicine), have people they can get help from when needed, and have a sense of responsibility to help improve the health of their community. Respondents rated low to having a sense of community pride and there being enough jobs in Kankakee County.

Respondents identified areas in which they have experienced any type of discrimination in Kankakee County. The top three areas in which respondents experienced discrimination are at work (35.7%), on the street/ in a public setting (32.3%), and getting hired/ getting a job (25%). Additional perceptions of discrimination that were shared through comments are racial discrimination, discrimination against women, and discrimination within the school setting.

Respondents identified social issues of important concern for community residents. Access to interpreter services was identified as the most important social concern for residents in their home and in their neighborhood or community. These results may be less valid since respondents were not given the option of “not applicable,” even if interpreter services were not needed in their home or neighborhood/ community. Other top social issues of concern for respondents were living in a safe neighborhood, being able to find good jobs and living in a healthy economy, and the ability to participate in arts, culture, and community events. Respondents comments related to this issue include safety, high healthcare costs, and lack of diversity within Kankakee County.

Respondents identified significant health concerns including depression/ anxiety, other mental health issues, and dementia/Alzheimer’s disease for residents in their home. Most respondents identify youth violence, underage drinking, and illegal drug use as the most significant health issues within their neighborhood or community. The majority of respondents commented on the lack of resources, violence, and bullying as additional health concerns.

The survey captured valuable data on where community members obtain their health information and services within the Kankakee County health system. Most respondents receive health information from a variety of sources, including the internet, their healthcare provider, the newspaper (in print or online), and family. Most respondents visit their private practice healthcare provider for routine health care or sick care (83.1%), mental health services (85.7% of those seeking services), dental services (96.7%), and prenatal (pregnancy) services (96.8% of those seeking services). Many respondents (77.4%) also visit immediate care/ fast care clinics and hospital emergency rooms when they are sick or need medical care. A significant portion of respondent's comments included seeking a variety of healthcare services outside of Kankakee County.

There was a significant lack of representation among the African Americans and Hispanic Community members among the survey sample. A Hispanic community activist reached out and obtained 20 surveys from Hispanic community members across several areas in Kankakee County. The overall themes identified from this targeted sample include low quality of life for growing old in Kankakee County, lack of jobs, high costs of healthcare, and low access to adequate healthcare. This targeted sample also identifies a higher rate of experiencing discrimination than the larger sample. Significant social concerns for this group include being able to find good jobs and practicing healthy behaviors among adults. Significant health concerns for this group include underage drinking and dementia/ Alzheimer's disease.

A targeted sample among African Americans at several local events on April 12, 2018, which resulted in 16 surveys completed. Quality of life related to the environment and the healthcare system are rated low among this targeted sample. Overall, this group rated experiencing discrimination as higher than the larger sample, and rated experiencing discrimination on the street/ public setting and getting services at a restaurant or store as significantly higher than other settings. The most significant social concerns for this targeted sample is being able to find good jobs. Violence and other mental health issues are the most significant health concerns among these respondents. Access to healthcare among this targeted sample is similar to the larger sample.

The following themes were identified by survey respondents as perceived issues that need to be addressed in Kankakee County:

- Discrimination
- Healthcare: High cost and lack of access
- High rates of crime, violence, and bullying
- Jobs: Lack of jobs and low-wage jobs
- Lack of diversity
- Mental illness and substance abuse

Appendix C

Forces of Change Assessment
Executive Summary

The Forces of Change Assessment (FOCA) survey elicited broad community input to identify forces of change impacting the local public health system in Kankakee County. Community members reported on current trends, events, and factors that may have implications on the local public health system and quality of life for Kankakee County residents. The Forces of Change Assessment participants also addressed threats and opportunities posed by each of the three major forces they identified.

An analysis of the forces reported by community members through the FOCA survey identified these seven forces that came up more frequently than others in the responses of the top three most impactful forces that were identified by the participants.

- Health coverage concerns (force that was most commonly identified by the participants)
- Lack of jobs/ high unemployment rate in Kankakee County
- Local and state fiscal challenges
- Substance abuse
- Increasing crime rate and gun violence
- Mental health
- Increasing use of technology

Although most of these forces are external influences and cannot be avoided, the survey participants identified many opportunities for each force, which can potentially create positive changes in Kankakee County regarding the issues at hand. Below are some of the notable opportunities that were mentioned for the main forces identified above.

Forces of Change	Opportunities
Changes to health insurance	Increase opportunities to contact legislators and provide more voter education.
	Develop additional programs for uninsured and find a way to provide low cost clinic care including primary care.
Lack of Jobs/ unemployment in Kankakee County	Focus on utilizing resources and advantages of the County to attract high paying jobs and increase opportunities for young college grads from the community.
	Investigate how other communities have flourished.
Local and state fiscal challenges	Find alternative funding sources for community programs other than the government

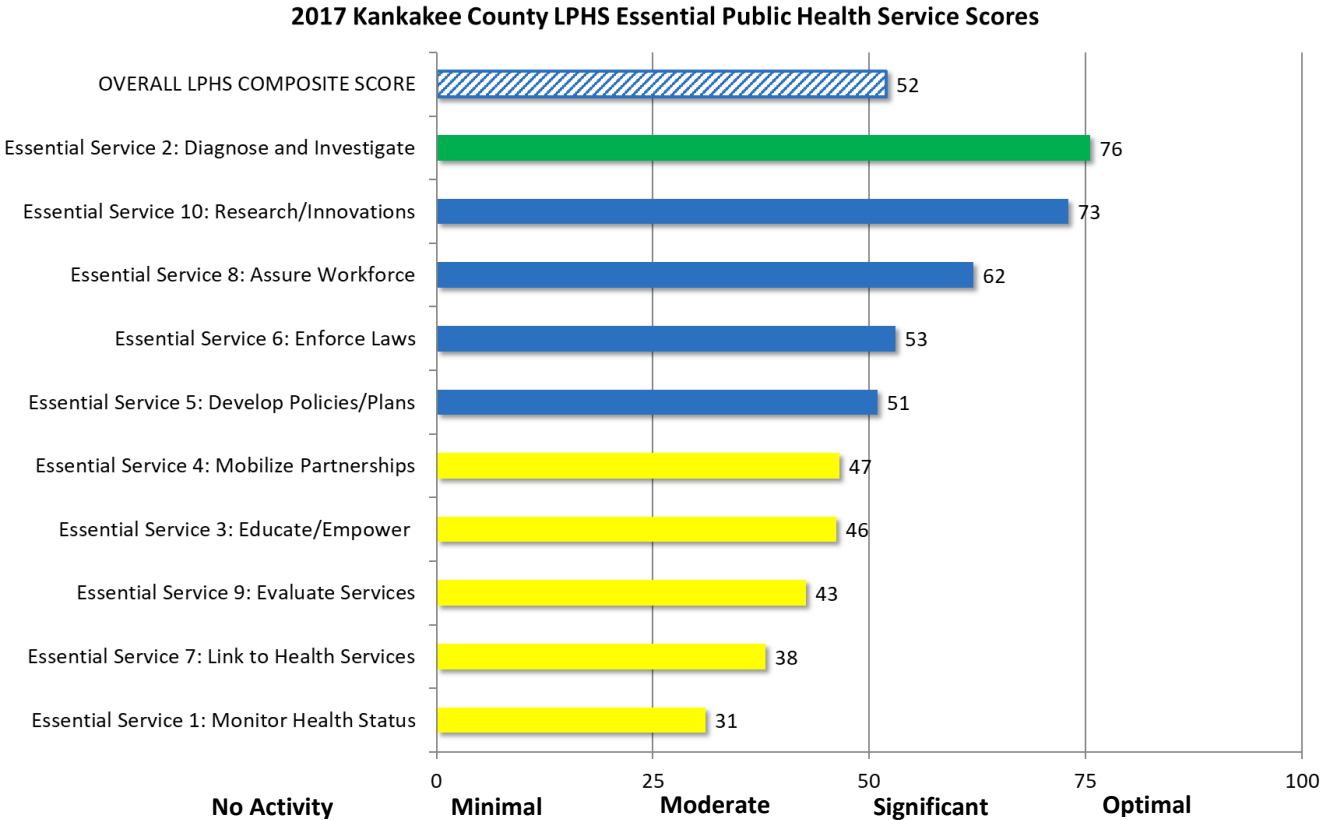
	Increase collaboration among community leaders and organizations and manage available resources.
Substance abuse	Create more rehabilitation services free to those suffering from addictions.
	Collaborate on prevention strategies for youth.
Increasing crime rate and gun violence	Increase opportunities for County's youth to work in public services jobs that help teach empathy, self-reliance, and self worth.
	Offer educational opportunities and increase availability of jobs in order to eliminate the social/economic root cause of crimes.
	Create neighborhood watch groups, create partnerships and strengthen relationships with law enforcement.
Mental health	Increase opportunities for more affordable treatments prior to entering the criminal justice system.
	Increase outreach and expansion of mental health services.
	Increase collaboration of local hospitals to find mental health solutions at a community level.
Increasing use of technology	Create an efficient medical system for people living in rural areas that cannot travel far to see a provider.
	Provide additional technology for the underserved community.

The FOCA and the other three MAPP assessments are key resources in identifying and prioritizing health issues in Kankakee County. The issues identified through FOCA, as well as the opportunities stemming from them, will inform future strategic planning in Kankakee County to improve the health and overall quality of life of Kankakee County residents.

Appendix D

Local Public Health System Assessment
Executive Summary

The average scores by Essential Public Health Service (EPHS) from the September 29, 2017 Kankakee County Local Public Health System Assessment (LPHSA) are pictured below. The highest score was EPHS 2, Diagnose and investigate health problems and health hazards in the community. The lowest score was EPHS 1, Monitor health status to identify community health problems. The overall system performance composite score was 52 (significant).¹



Throughout the discussions regarding how well Kankakee County addresses the 10 EPHSs, a number of cross-cutting themes emerged in the dialogue across groups. The themes arose as strategic areas to address for improved functioning, capacity, and effectiveness of the local public health system (LPHS) in Kankakee County. These themes are detailed on pages 7 and 8.

¹ The Health Equity Measures were not incorporated into the 2017 EPHS composite scores. Please see page 16 for further explanation.



Strengths

- **Partnerships:** LPHS organizations foster a culture of working together and have a strong desire to solve problems through collaboration. The partnerships in the LPHS span across sectors and include a wide variety of organizations: businesses, higher education institutions, hospitals, government agencies, community-based organizations, health and social services providers, emergency and law enforcement agencies, schools, and laboratories, among many others.
- **Emergency Preparedness:** The LPHS is well-prepared to deal with health hazards and health emergencies. Many partners work together to conduct surveillance, develop emergency plans, and participate in emergency exercises.
- **Data:** The LPHS collects and analyzes population health data to drive decision-making. Health data are becoming increasingly more accessible to LPHS organizations and community members.
- **Assessment:** The LPHS conducts Community Health Assessments (CHAs) on a regular basis. The CHA identifies health needs, raises awareness about health disparities, and stimulates discussion of health issues.
- **Workforce:** The LPHS has a prepared and compliance workforce. LPHS personnel partake in workforce development opportunities and LPHS organizations are improving the school to employment pipeline.

Weaknesses

- **Communication:** LPHS organizations do not share research and data efficiently due to organizational silos and incompatible technology. The LPHS needs to improve outreach to specific demographics and marginalized populations, and to the general public. There is no central calendar for scheduling community meetings.
- **Health Equity:** The LPHS needs to improve awareness and acknowledgement of health inequities in the community. The LPHS lacks adequate data on health disparities and does not address special populations in the all-hazard plan. The LPHS needs to enhance partnerships with agencies who serve vulnerable populations and consistently engage the voice of customers, particularly marginalized communities, in LPHS activities.
- **Participation:** The LPHS needs to address the barriers to community member participation in problem-solving, planning, decision making, and leadership development. More involvement is needed from the business community, elected officials, neighborhood associations, media, smaller communities, customers, marginalized populations, and grassroots organizations.

- **Data:** Finding and accessing data can be challenging for some organizations and community members. The CHA data are not always easy to understand and are not user-friendly for laypersons. In addition, the LPHS is not using evaluation results effectively to make decisions and allocate resources.
- **Assessment:** There are gaps in identifying the needs of populations that do not access formal healthcare channels because they cannot afford care. In regard to community health assessments, the assessment process starts off strong each cycle but loses momentum over the 3-year period between assessments.
- **Awareness:** The general public lacks awareness about policy development and review; health inequities; and the local health department's role in the community. Some providers lack awareness of reportable disease requirements and personal health services/social services available in the LPHS.

Opportunities

- **Awareness:** The LPHS can improve community and LPHS awareness of population health data; research findings; community events; emergency communication plans; funding opportunities; community planning efforts; workforce development resources; and community service directories (e.g. 211).
- **Communication:** The LPHS should improve communication with community members by utilizing new technology (e.g. social media), publicizing meetings, and making materials understandable for community members. Communication between LPHS organizations could improve by formalizing communication plans, increasing interoperability of electronic systems, and sharing key stakeholder and leadership contact information.
- **Participation:** The LPHS can improve participation rates of community members and organizations by holding more neighborhood meetings, implementing monthly community council meetings, and offering alternative days and times to meet. More diverse community involvement is needed in assessment, community health improvement planning, policy development, and emergency drills.
- **Data:** LPHS organizations should use registry data and evaluation data to its fullest potential. A centralized repository would improve access to data. The LPHS can expand its data sources to include qualitative data from community health workers and data collected in atypical service settings (e.g. the county fair). The LPHS also has an opportunity to make this CHA more user friendly to community members and other new partners.
- **Resources:** The LPHS should identify ways to sustain good programs in the face of funding deficits. The LPHS can tap into existing resources such as the local universities, 211 and KAN-I-HELP, and workforce development opportunities.