

**Grundy County Health
Department
Community Health Needs
Assessment and Plan**



2021-2026

IPLAN

**Support provided through
Morris Hospital & Healthcare Centers**

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Introduction

Background and Purpose

There are ten essential services in public health, as well as three core functions. These include: assessment, policy development and assurance. A Community Health Needs Assessment is a necessary and vital activity for the development and enhancement of these essential services and core functions. The development of a Community Health Needs Assessment for Grundy County is the primary means to define and implement local level programs and plans that will address the specific health problems in the community. The assessment will be used as a catalyst to prioritize the health needs within Grundy County.

The Grundy County Community Health Needs Assessment and Plan is not a plan to be used solely by the Health Department or the local community hospital. It is a comprehensive community plan in which the County's unique needs are identified, analyzed and prioritized. Plans for implementation include various community organizations, utilizing a model of community assets rather than just acknowledging service gaps.

The purpose of the Community Needs Assessment and Plan is to:

- 1) Identify community health problems using data and community input.
- 2) Prioritize health problems.
- 3) Create a plan to address the priority health problems using measurable objectives.
- 4) Identify community stakeholders who should participate in the implementation of the plan.
- 5) Define a workable strategy to evaluate, implement and monitor outcomes.
- 6) Improve the health and quality of life of Grundy County.

The Grundy County Health Department and Morris Hospital & Healthcare Centers have been identified as community health leaders and are committed to serving and supporting the initiatives identified in the Plan.

Service Area

Established in 1841, Grundy County is situated 60 miles southwest of Chicago along Interstates 80 and 55. Grundy County measures approximately 430 square miles and is one of Illinois' most important commercial and agricultural counties. The Illinois River, along with other streams, gives Grundy County about 45 miles of waterways. Additionally, the Illinois and Michigan canal flows through the county seat of Morris, adjacent to the Illinois River.

Grundy County includes 15 cities/communities encompassing 12 ZIP Codes.

Grundy County Service Area

City	ZIP Code
Braceville	60407
Carbon Hill	60416
Channahon	60410
Coal City	60416
Diamond	60416
Dwight	60420
East Brooklyn	60474
Gardner	60424
Kinsman	60437
Mazon	60444
Minooka	60447
Morris	60450
Seneca	61360
South Wilmington	60474
Verona	60479

Project Oversight

The Community Health Needs Assessment process was a collaborative process with Grundy County Health Department and Morris Hospital & Healthcare Centers. The process was overseen by:

Michelle L. Prum
Public Health Administrator
Grundy County Health Department

John Roundtree
Manager, Strategic Planning
Morris Hospital & Healthcare Centers

Author

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, public health, clinics and community-based nonprofit organizations. Melissa Biel, DPA, RN conducted the Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, Med, and Denise Flanagan, BA. Biel Consulting, Inc. has extensive experience conducting Community Health Needs Assessments and working to develop, implement, and evaluate community benefit programs. www.bielconsulting.com

Community Engagement

Community input was obtained from public health professionals, community members and representatives from organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization / Community Represented
Ken Briley	Sheriff	Grundy County
Julianne Buck	Executive Director	Community Foundation of Grundy County
Dr. Kent A. Bugg, PhD	Superintendent	Coal City District #1
Missy Durkin	Executive Director	Greater Joliet Area YMCA
Mary Gill, RN	Physician Office Nurse	Morris Hospital and Healthcare Centers
Leigh Anne Hall, RD, CWC, CWWS, CWWPM	Wellness Manager	Morris Hospital and Healthcare Centers
Terri Jacob, MSN, RN, BHN-C	Nurse Navigator	Morris Hospital and Healthcare Centers
Darcy Jasien, MS, LCPC	Director of Behavioral Health	Grundy County Health Department
Kim Landers, RN, MS, NEA-BC	Vice President, Patient Care Services and Chief Nurse Executive	Morris Hospital and Healthcare Centers
Michael J. Leonard, CPRE	Executive Director	Channahon Park District
Diane Mangan, BSN, RN, CDE	Diabetes Nurse Educator	Morris Hospital Diabetes Education Center
Shawn Marconi, MBA	Executive Director	Will-Grundy Medical Clinic
Michelle L. Pruiam, MBA	Public Health Administrator	Grundy County Health Department
Amaal V.E. Tokars, PhD	Executive Director	Kendall County Health Department

Methods

Secondary Data Collection

Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, access to health care, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. When available, data sets are presented in the context of the state to help frame the scope of an issue as it relates to the broader community.

Sources of data include: the U.S. Census American Community Survey, Illinois Department of Public Health, County Health Rankings, Illinois Department of Employment Security, Illinois Youth Survey, and the National Cancer Institute, among others.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2020 objectives, where appropriate. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2020 objectives with service area data.

Primary Data Collection

Interviews were used to gather information and opinions from persons who represent the interests of the community served by the hospital. Interview participant comments are included in the CHNA report.

Interviews

Fourteen (14) interviews were completed from July through August 2019. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community. Input was obtained from the Grundy County Health Department.

The identified stakeholders were invited by email to participate in a phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the needs assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

Interview questions focused on the following topics:

- Major health issues in the community
- Socioeconomic, behavioral, or environmental factors that impact health in the community
- Those most affected by the significant needs
- Issues, challenges and barriers experienced in the community
- Potential resources to address the identified health needs, such as services, programs and/or community efforts

Community participants were also asked to provide additional comments to share with the Grundy County Health Department. Analysis of the primary data occurred through a process that compared and combined responses to identify themes. All responses to each question were examined together and concepts and themes were then summarized to reflect the respondents' experiences and opinions. The results of the primary data collection were reviewed in conjunction with the secondary data. Primary data findings were used to corroborate the secondary data-defined health needs, serving as a confirming data source.

Identification of Significant Health Needs

Review of Primary and Secondary Data

Significant health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators that were identified in the secondary data were measured against benchmark data; specifically, county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs, which performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The following significant health needs were determined:

- Access to health care
- Birth characteristics
- Chronic diseases
- Mental health
- Overweight and obesity
- Preventive practices (screenings and immunizations)
- Substance use and misuse

Priority Health Needs

The identified significant health needs were prioritized with input from the community through a survey.

Survey

Interviews with community stakeholders were used to gather input on the identified health needs. The level of importance we should place on addressing the issue was used as the criterion to prioritize the health needs. Each of the stakeholder interviewees was sent a link to an electronic survey (Survey Monkey). The stakeholders were asked to rank each identified health need. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Among the interviewees, mental health, substance use and misuse and access to health care were ranked as the top three priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs.

Significant Health Needs in Priority Order	Rank Order Score (Total Possible Score of 4)
Mental health	4.00
Substance use and misuse	4.00
Access to health care	3.83
Chronic diseases	3.73
Overweight and obesity	3.55
Preventive practices	3.55
Birth characteristics	3.10

Community Health Plan

As a result of the prioritization process, the Grundy County Public Health Department has selected the following health problems to address in the 2021-2026 health plan:

- Mental health and substance use
- Access to care
- Wellness and Preventative Practices

Objectives and strategies for intervention for each of these health needs are detailed in Attachment 2.

Community Demographics

Population

The population in Grundy County is 50,333. From 2012 to 2017, the population increased by 0.9%, which is a higher than the rate of increase in the state (0.2%).

Total Population and Change in Population, 2012-2017

	Total Population	Change in Population 2012-2017
Grundy County	50,333	0.9%
Illinois	12,854,526	0.2%

Source: U.S. Census Bureau, American Community Survey, 2008-2012 & 2013-2017, DP05. <http://factfinder.census.gov>

The population density of Grundy County is 119.9 persons per square mile.

Population Density

	Total Population	Square Miles	Persons Per Square Mile
Grundy County	50,333	419.9	119.9

Source: Square miles from Illinois Department of Public Health website; population from U.S. Census Bureau, American Community Survey, 2013-2017, DP05. <http://factfinder.census.gov>

Of the county population, 50% are male and 50% are female.

Population by Gender

	Grundy County	Illinois
Male	50.0%	49.1%
Female	50.0%	50.9%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05. <http://factfinder.census.gov>

In the county, 25.8% of the population is children, 0-17 years of age, and 13.1% of the population is seniors, ages 65 and older.

Population by Youth, Ages 0-17, and Seniors, Ages 65+

	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Grundy County	50,333	25.8%	13.1%
Illinois	12,854,526	23.0%	14.4%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05. <http://factfinder.census.gov>

Population by Age

The county has a higher percentage of children (ages 0-17) and adults (ages 35 to 54), and a smaller percentage of young adults (ages 18 to 34) and seniors (ages 55 and over) than does the state.

Population by Age

	Grundy County		Illinois	
	Number	Percent	Number	Percent
0 – 4	3,159	6.3%	785,560	6.1%
5 – 9	3,620	7.2%	815,494	6.3%
10 – 14	3,810	7.6%	843,048	6.6%
15 – 17	2,392	4.8%	514,895	4.0%
18 – 20	1,618	3.2%	520,000	4.0%
21 – 24	2,503	5.0%	709,450	5.5%
25 – 34	6,293	12.5%	1,782,100	13.9%
35 – 44	7,075	14.1%	1,661,674	12.9%
45 – 54	7,170	14.2%	1,739,014	13.5%
55 – 64	6,121	12.2%	1,635,359	12.7%
65 – 74	3,925	7.8%	1,045,472	8.1%
75 – 84	1,848	3.7%	549,583	4.3%
85+	799	1.6%	252,877	2.0%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05. <http://factfinder.census.gov>

Race/Ethnicity

The majority population in the county is White/Caucasian (87.1%). 9.4% of the population is Hispanic/Latino. The remaining racial/ethnic groups make up 3.5% of the population. The percentage of Whites in the county is higher than in the state (61.9%).

Population by Race and Ethnicity

	Grundy County	Illinois
White	87.1%	61.9%
Hispanic or Latino	9.4%	16.8%
Black or African American	1.3%	14.1%
Other or Multiple	1.4%	1.9%
Asian	0.7%	5.2%
American Indian / Alaska Native	0.0%	0.1%
Native Hawaiian / Pacific Islander	0.0%	0.0%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05. <http://factfinder.census.gov>

Language

In the county, English is the most frequently spoken language (91.9%). 6.6% of the population, 5 years and older, speaks Spanish in the home.

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

	Grundy County	Illinois
Population 5 years and older	47,174	12,068,966
English only	91.9%	77.2%
Speaks Spanish	6.6%	13.3%
Speaks other Indo-European language	1.1%	5.5%
Speaks Asian/Pacific Islander language	0.4%	2.9%
Speaks other language	0.1%	1.1%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP02. <http://factfinder.census.gov>

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings site ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. Illinois' 102 counties are ranked according to social and economic factors with 1 being the county with the best factors to 102 for the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Grundy County is ranked in the second quartile of all Illinois counties according to social and economic factors (28th of 102).

Social and Economic Factors Ranking

	County Ranking (out of 102)
Grundy	28

Source: County Health Rankings, 2019. www.countyhealthrankings.org

Poverty

The Census Bureau annually updates official poverty population statistics. For 2017, the Federal Poverty Level (FPL) was set at an annual income of \$12,488 for one person and \$24,858 for a family of four. The county poverty rate is 9.4%, and 22.5% of county residents are low-income (defined as earning less than 200% of the FPL).

Ratio of Income to Poverty Level, by Location (<100% FPL and <200% FPL)

	< 100% FPL	< 200% FPL
Grundy County	9.4%	22.5%
Illinois	13.5%	30.2%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, S1701. <http://factfinder.census.gov>

11.2% of county children, under age 18, are living in poverty, while 9.1% of county seniors are. Among female Heads of Household (HoH), with children under age 18, 30.1% are living in poverty.

Poverty Levels of Children, Seniors 65+, and Female Head of Household with Children

	Children Under 18 Years Old	Seniors, 65+	Female HoH with Children *
Grundy County	11.2%	9.1%	30.1%
Illinois	18.8%	8.8%	38.2%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, S1701 & *S1702. <http://factfinder.census.gov>

Unemployment

Grundy County had an unemployment rate (4.7%) higher than the state rate (4.3%).

Unemployment Rate, 2018

	Percent
Grundy County	4.7%
Illinois	4.3%

Source: Illinois Department of Employment Security, Historical Annual Average Data by County, 2018
http://www.ides.illinois.gov/LMI/Pages/Local_Area_Unemployment_Statistics.aspx

Free and Reduced Price Lunch Program

The number of students eligible for the free and reduced price lunch program is one indicator of the socioeconomic status. In Grundy County, almost one-quarter (24.3%) of the student population is eligible for the free or reduced-price lunch program, which is less than half the state rate (50.1%).

Children Eligible for Free and Reduced Lunch Program

	Percent
Grundy	24.3%
Illinois	50.1%

Source: National Center for Education Statistics, 2016-2017 <http://nces.ed.gov/ccd/elsi/tableGenerator.aspx>

Illinois children in 8th, 10th and 12th grades were asked how often they had gone hungry because there was not enough food in their home. In Grundy County and the state, 3% of surveyed students reported they always or most of the time went hungry due to a lack of food in the home.

Go Hungry Most of the Time or Always, 8th, 10th and 12th Grade Youth

	Grundy County	Illinois
8 th grade	3%	3%
10 th grade	3%	3%
12 th grade	3%	3%

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

Households and Household Income

In the county, there are 19,006 households and 20,566 housing units. Over the last five years, the population grew by 0.9%, the number of households grew at a rate of 5.7%, housing units grew at a rate of 3.2%, and vacant units decreased by 19.3%. Owner-occupied housing remained the same and renting increased 23.6%.

Households and Housing Units, and Percent Change, 2012-2017

	Grundy County			Illinois		
	2012	2017	% Change	2012	2017	% Change
Households	17,987	19,006	5.7%	4,774,275	4,818,452	0.9%
Housing units	19,919	20,566	3.2%	5,293,619	5,334,847	0.8%
Owner occupied	13,691	13,695	0.0%	3,248,521	3,185,142	(-2.0%)
Renter occupied	4,296	5,311	23.6%	1,525,754	1,633,310	7.0%
Vacant	1,932	1,560	(-19.3%)	519,344	516,395	(-0.6%)

Source: U.S. Census Bureau, American Community Survey, 2008-2012 & 2013-2017, DP04. <http://factfinder.census.gov>

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” Those who spend 50% or more are considered “severely cost burdened.” 26.4% of owner and renter-occupied households in the county spend 30% or more of their income on housing.

Households that Spend 30% or More of Income on Housing

	Percent
Grundy County	26.4%
Illinois	32.8%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates DP04. <http://factfinder.census.gov>

There are 19,006 households in the county, and the median household income for the county is \$71,598, which is higher than the state median of \$61,229.

Households and Median Household Income

	Number of Households	Median Household Income
Grundy County	19,006	\$71,598
Illinois	4,818,452	\$61,229

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP03. <http://factfinder.census.gov>

Households by Type

When households are examined by type, Grundy County has 33% of family households with children, under 18 years old. 5.6% of county households are female households with no husband present, and with children under 18 years old. 8.9% of Grundy County households are seniors living alone.

Households by Type

	Total Households	Family Households with Children under 18	Female Head of Household with Children under 18	Seniors, 65+, Living Alone
	Number	Percent	Percent	Percent
Grundy	19,006	33.0%	5.6%	8.9%
Illinois	4,818,452	28.3%	6.6%	10.9%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP02. <http://factfinder.census.gov>

Homelessness

For countywide homeless counts, Grundy County is part of the Will County Continuum of Care (CoC). Kendall County is also included in the homeless count.

The 2018 Point-In-Time count of homeless showed an increase in the number of homeless persons in the Will County CoC and a decrease in Illinois homeless counts. The percentage of the homeless population that were unsheltered increased in the Will County CoC, while decreasing in Illinois. In the Will County CoC, the percentage of homeless housed in transitional housing increased from 2017 to 2018 while decreasing in Illinois. The percentage of homeless persons found in Emergency Shelters or Safe Havens dropped slightly in the Will County CoC while rising in the state.

Homelessness, 2017-2018

	Unsheltered		Transitional Housing		Emergency Shelter Safe Haven		Total Number	
	2017	2018	2017	2018	2017	2018	2017	2018
Will County CoC (with Kendall & Grundy Co)	11.0%	12.6%	38.3%	38.4%	50.7%	49.0%	282	341
Illinois	20.9%	18.2%	39.9%	22.4%	39.2%	59.4%	10,798	10,643

Source: HUD Exchange Point-In-Time Estimates, 2017& 2018. <https://www.hudexchange.info/resource/5783/2018-ahar-part-1-pit-estimates-of-homelessness-in-the-us/>

In the Will County CoC, the number of chronically homeless fell by one, despite statewide growth in this subgroup. Additionally, the number of homeless veterans fell in the CoC and statewide. There were no unaccompanied minors (under 18 years of age) recorded in the Will County CoC. The number of young parents (those under 25) who are homeless with children increased in the CoC despite falling in number statewide.

Homeless Subgroups, 2017-2018

	Chronically Homeless		Veterans		Unaccompanied Minors (under 18)		Parenting Youth (under 25)	
	2017	2018	2017	2018	2017	2018	2017	2018
Will County CoC (incl. Kendall & Grundy Co)	24	23	18	16	0	0	2	6
Illinois	1,475	1,625	864	804	49	48	290	264

Source: HUD Exchange Point-In-Time Estimates, 2017& 2018. <https://www.hudexchange.info/resource/5783/2018-ahar-part-1-pit-estimates-of-homelessness-in-the-us/>

Educational Attainment

Of the population age 25 and over in the county, 93.3% are high school graduates or higher. Just under one-third (31.7%) of county adults, 25 years and older, have earned a college degree.

Educational Attainment (Age 25+)

	Grundy County	Illinois
Population, 25 years and older	33,231	8,666,079
Less than 9 th Grade	2.3%	5.2%
9 th to 12 th grade, no diploma	4.4%	6.3%
High School Graduate	34.4%	26.3%
Some College, no degree	27.3%	20.9%
Associate's Degree	9.1%	7.9%
Bachelor's Degree	14.9%	20.5%
Graduate/Professional Degree	7.7%	13.0%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP02. <http://factfinder.census.gov>

High School Graduation Rates

High school graduation rates are determined by the percent of ninth grade students in public schools who graduate in four years. The Healthy People 2020 objective is an 87% graduation rate. The Grundy County graduation rate (94%) exceeds the Healthy People 2020 objective.

High School Graduation Rates, 2017-2018

	Rate
Grundy	94%
Illinois	87%

Source: County Health Rankings and Roadmaps; National Center for Education Statistics, 2016-2017
http://www.countyhealthrankings.org/app/illinois/2019/measure/factors/2_1/data

Preschool Enrollment

63.9% of 3 and 4 year olds are enrolled in preschool in the county, which is higher than the state rate (55.1%).

Children, 3 and 4 Years of Age, Enrolled in Preschool

	Number	Enrolled	Percent
Grundy County	1,443	922	63.9%
Illinois	325,585	179,454	55.1%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, S1401. <http://factfinder.census.gov>

Crime and Safety

95% of Grundy County 10th graders reported feeling “very” or “sort of” safe in their neighborhoods, compared to 91% statewide.

Perception of Neighborhood Safety, 10th Grade Youth

	Grundy County	Illinois
Felt “very” or “sort of” safe	95%	91%

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

Bullying in Illinois schools declined from 8th grade through the 10th and 12th grades (the only grades queried). Grundy County youth reported higher rates of most types of bullying than did Illinois youth, with the exceptions of physical bullying (being hit, punched, kicked or pushed) and intense bullying (students who report having received all types of bullying).

Bullying Experiences at School, 10th & 12th Grade Youth, Averaged

	Grundy County	Illinois
Been called names	20.0%	19.0%
Someone threatened to hurt them	12.5%	12.0%
Been hit, punched, kicked or pushed	5.5%	6.5%
Been harassed or had rumors spread about them on the internet or via text messages	19.5%	17.0%
Ever been bullied in the past year (reported at least 1 type of bullying)	29.5%	27.0%
Intensely bullied in the past year (reported all types of bullying)	3.5%	4.0%

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

The Crime Index is comprised of ten crime categories and provides an indication of the extent serious crime occurs in a region or state. Five of the crime categories are crimes against persons, including: criminal homicide, rape, aggravated battery/aggravated assault, human trafficking commercial sex acts, and human trafficking involuntary servitude. The remaining five categories are crimes against property, including: robbery, burglary, theft, motor vehicle theft, and arson

Grundy County saw a large decline in the Crime Index from 2013-2016 (a 34.8% decrease), and has lower rates than the state.

Crime Index, Rate per 100,000 Persons, 2013-2016

	Grundy County	Illinois
2013 Crime Index	1,712.2	2,678.5
2014 Crime Index	1,437.8	2,393.2
2015 Crime Index	1,284.4	2,328.4
2016 Crime Index	1,115.8	2,406.9
Percent change	- 34.8%	- 10.1%

Source: Illinois State Police, Uniform Crime Reports, 2014 & 2016. <http://www.isp.state.il.us/crime/ucrhome.cfm>

The portion of the Total Crime Index that is crimes against persons is lower than crimes against property. Grundy County has a high percentage of crimes against property (94.2%) than crimes against persons (5.8%).

Crime, Rate per 100,000 Persons, 2016

	2016 Total Crime Index	Crimes Against Persons		Crimes Against Property	
		Rate	Percentage	Rate	Percentage
Grundy County	1,115.8	64.7	5.8%	1,051.1	94.2%
Illinois	2,406.9	286.7	11.9%	2,120.2	88.1%

Source: Illinois State Police, Uniform Crime Report, 2016. <http://www.isp.state.il.us/crime/cii2016.cfm>

A domestic offense is defined as any offense attempted or committed where a domestic relationship (defined as family or household members, persons who share or formerly shared a common dwelling, anyone related by blood, marriage or previous marriage, persons who have or have had a dating relationship, and persons with disabilities and their care givers or assistants) exists between the victim and offender. Reporting is not limited to the offenses of domestic battery, violation of order of protection, criminal sexual assault and other offenses generally associated with domestic violence, but includes all offenses. It does NOT include domestic disputes or disturbances when no offense occurred.

The rate of reported domestic offenses fell in Grundy County from 2015 to 2016, while rising in Illinois.

Domestic Offenses, Rate per 100,000 Persons, 2015-2016

	2015		2016	
	Number	Rate	Number	Rate
Grundy County	90	176.5	79	154.9
Illinois	106,978	820.6	118,160	911.0

Source: Illinois State Police, Uniform Crime Report, 2016. <http://www.isp.state.il.us/crime/cii2016.cfm>

When asked about dating violence and psychological abuse and control within dating relationships, 4.2% of Grundy County 10th graders who had begun to date reported having been a victim of dating violence in the previous 12 months. 11.8% of Grundy County 10th graders reported someone had put them down or attempted to control them within a dating relationship. These rates were higher than for the state.

Dating Violence, Among 10th Grade Youth Who Have Begun to Date

	Grundy County	Illinois
Have been slapped, kicked, punched, hit or threatened in a dating relationship in the past year	4.2%	4.0%
Someone has put them down or tried to control them in a dating relationship in the past year	11.8%	8.6%

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

Access to Health Care

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. In Grundy County, 5% of the total population is uninsured, which is lower than the state rate of 8.5%. Children and seniors are insured at higher rates than adults, ages 19-64.

Uninsured, by Age

	All Ages	0 to 18 Years	19 to 64 Years	65+ Years
Grundy	5.0%	2.4%	7.3%	0.0%
Illinois	8.5%	3.3%	12.3%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, S2701. <http://factfinder.census.gov>

Usual Source of Care

Residents who have health care coverage and a usual health care provider improve the continuity of care and decrease unnecessary ER visits. In Grundy County, 91.9% of the population has health care insurance and 81.2% have a usual source of care.

Source of Care

	Have Health Care Coverage	Usual Health Care Provider
Grundy	91.9%	81.2%
Illinois	88.1%	80.9%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014

<http://app.idph.state.il.us/brfss/default.asp>

Delayed Care

In Grundy County, 5.4% of residents could not obtain care due to cost, which was more than twice the statewide rate (2%). 21.6% of Grundy County residents had not been to the dentist in the past two years.

Delayed or Did Not Get Care in the Last 12 Months

	Could Not See Doctor Due to Cost	No Dental Visit in Past Two Years
Grundy	5.4%	21.6%
Illinois	2.0%	23.8%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014.

<http://app.idph.state.il.us/brfss/default.asp>

Access to Providers

Having sufficient availability of providers is essential for people to access preventive and primary care and obtain referrals to specialists. The ratios of population to providers indicate Grundy County has 3,150 residents per one primary care physician and 2,660 residents per one dentist. Grundy County has more mental health providers (psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists) than physicians or dentists, at a ratio of 860 persons to one mental health provider.

Ratio of Population to Providers

	Primary Care Physicians	Dentists	Mental Health Providers
Grundy	3,150:1	2,660:1	860:1
Illinois	1,230:1	1,310:1	480:1

Source: County Health Rankings, www.countyhealthrankings.org, Physician data from 2016, Dentist data from 2017, Mental Health provider data from 2018.

Community Input – Access to Health Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care:

- There is a shortage of primary care. Often times we see patients who have not had primary care or consistent wellness checks and consistent follow-up with primary care. They come to the ED or urgent care. If you have a patient plugged into primary care, the patients are monitored for screenings and preventive care and they are aware of transportation. But if they are not plugged in, they do not know about screenings and transportation and how to make that happen.
- Transportation is a barrier. We have internal transportation in the county, but it does not go outside of the county. We have two major cities with providers who are just outside the county borders, but our public transportation stays within the county, so that is challenging.
- We do a good job in Grundy with access and there is a free clinic, the Will-Grundy Medical Clinic. We have such few specialists, and it takes 6 to 8 weeks to get an appointment.
- Money is always a barrier. People on a fixed income can't afford multiple appointments to get their needs met or the deductibles and copays are high so they delay or put off care. Same for dental care.
- There are plenty of dentists, but people lack a payment source as many dentists don't provide any subsidized care.
- Grundy County lacks dental services for the Medicaid population.
- A lot of physicians are not seeing new patients.
- From the standpoint of someone who works, office hours are during regular working hours. Do I take a day off of work to go to the doctor? People don't want to do that.

- The county has seen an increase in our Medicaid population but we are not seeing an increase of Medicaid providers for dental care and behavioral health.
- We need pediatric specialists.
- There are health care providers in our community, but for poorer families that need to access Grundy County free services, they are a distance away. Work hours are also inconvenient. Medical services are only open during regular work hours, 8 am to 4 pm, and people who have hourly jobs can't get off work to access those services.
- Issues with access are having money to afford the programs and knowing where to get needed services.
- Some of the major issues include finding providers who accept Medicaid. And access issues include affordability of different health plans. Sometimes people have access to work-sponsored plans but even those can be unaffordable.
- The biggest challenge with Medicaid is getting providers to accept Medicaid. There is such a low reimbursement rate that providers don't want to participate. Once you get someone to sign up for Medicaid, and they have a Medicaid card, and no one accepts it, they are back at square one with no access to care.
- The challenges and barriers are related to health insurance and financial concerns for families. Insurance is too expensive.

Birth Characteristics

Births

In 2017, there were 593 births in Grundy County. The four-year trend indicates a decrease in births.

Births, 2014-2017

	Number of Births			
	2014	2015	2016	2017
Grundy County	614	607	604	593

Source: Illinois Department of Public Health, 2014-2017 <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics>

The majority of births in the county were to mothers who were Non-Hispanic White. Births to mothers of Hispanic ethnicity were 12.1% of the total, while 2.5% of births were to mothers who were Black/African American.

Births by Race/Ethnicity

	White	Black	Other	Hispanic Origin
Grundy	83.6%	2.5%	1.7%	12.1%
Illinois	54.4%	17.7%	6.8%	21.0%

Source: Illinois Department of Public Health, 2017. <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>

Prenatal Care

In Grundy County, 84.3% of pregnant women received adequate prenatal care. This meets the Healthy People 2020 objective of 77.6% of women receiving adequate prenatal care (entering care in the first trimester and receiving 80% or more of all recommended prenatal visits).

Births Where Mother Received Adequate Prenatal Care

	Births with Adequate Care	Births*	Percent
Grundy	495	587	84.3%
Illinois	108,132	141,349	76.5%

Source: Illinois Department of Public Health, 2017. <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>

*Where details of prenatal care are known

Teen Birth Rate

In Grundy County, 2.5% of births are to teens, ages up to 19 years old. This rate of teen births is lower than the state rate (4.8%).

Births to Teens (Under Age 18, and 18 to 19)

	Under 18 Years	18 to 19 Years	Total Births	Percent
Grundy	2	13	593	2.5%
Illinois	1,858	5,303	149,390	4.8%

Source: Illinois Department of Public Health, 2017. <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>

Low Birth Weight and Preterm Births

Low birth weight and preterm births (before 37 completed weeks of gestation) are negative birth indicators. Babies born at a low birth weight or born premature are at higher risk for disease, disability and possibly death. The Healthy People 2020 objective for low birth weight infants is 7.8% of live births. In Grundy County, 9.3% of births are low birth weight.

Low Birth Weight (Under 2,500 g)

	Low Weight Births	Total Births	Percent
Grundy	55	593	9.3%
Illinois	14,898	149,390	10.0%

Source: Illinois Department of Public Health, 2017. <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>

Grundy County has a premature birth rate (10.8%) that is higher than the state rate (10.4%) and meets the Healthy People 2020 objective for preterm births (11.4% of live births).

Preterm Births, <37 Weeks Gestation

	Preterm Births	Total Births	Percent
Grundy	64	593	10.8%
Illinois	15,548	149,390	10.4%

Source: Illinois Department of Public Health, 2017. <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>

Maternal Smoking

1.3% of women in Grundy County smoked during pregnancy. This is higher than the state rate (1.1%). The Healthy People 2020 objective is for smoking to be limited to 1.4% of pregnant women.

Births Where Mother Smoked During Pregnancy

	Births Where Mother Smoked	Births*	Rate Per 100 Births
Grundy	76	600	1.3%
Illinois	16,467	154,076	1.1%

Source: Illinois Department of Public Health, 2017. <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>

*Where mother's smoking status is known

Cesarean Section

In 2017, over one-third of births in Grundy County (33.6%) were by Cesarean Section. This rate exceeds the state rate of 31.1%.

Cesarean Section

	Cesarean Section	Total Births	Percent
Grundy	199	593	33.6%
Illinois	46,465	149,390	31.1%

Source: Illinois Department of Public Health, 2017. <http://dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics>

Infant Mortality

The Healthy People 2020 objective is 6.0 infant deaths per 1,000 live births. In Grundy County the infant death rate was 4.3 per 1,000 live births, which meets the objective and is better than the state rate of 6.2 deaths.

Infant Mortality, 2013-2017 Averaged, Rate per 1,000 Live Births

	Infant Deaths	Live Births	Rate
Grundy	2.6	605.0	4.3
Illinois	967.0	55,479.6	6.2

Source: Illinois Department of Public Health, 2013-2017. <http://dph.illinois.gov/data-statistics/vital-statistics/infant-mortality-statistics/more-statistics>

Breastfeeding

Breastfeeding rates for Illinois indicate 80.3% of new mothers breastfed their newborns and 63.7% breastfed exclusively. The Healthy People objective 2020 goal is for 81.9% of infants to be breastfed.

In-Hospital Breastfeeding

	Any Breastfeeding	Exclusive Breastfeeding
Illinois	80.3%	63.7%

Source: U.S. Center for Disease Control (CDC)'s 2018 Breast Feeding Report Card <https://www.cdc.gov/breastfeeding/pdf/2018breastfeedingreportcard.pdf> among 2015 births

Community Input – Birth Characteristics

Stakeholder interviews identified the following issues, challenges and barriers related to birth characteristics:

- Teen pregnancy is a big factor.
- We've seen more opioid addicted babies in the last two years than ever before.

- We are seeing the impact of a lack of prenatal care and proper early childhood medical care in our 3-4-year olds. They are at risk or need special needs services from the school district. Unfortunately, the largest number of those are coming from low-income families. I think it is lack of access and awareness.
- We are most concerned about children yet to be born and the skyrocketing STI rates.

Leading Causes of Death

Age-Adjusted Death Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates.

In Grundy County, the age-adjusted death rate increased from 762.4 per 100,000 persons in 2016 to 811.6 per 100,000 persons in 2017. These rates exceed state death rates.

Age-Adjusted Deaths per 100,000 Persons, 2016 & 2017

	Deaths		Population		Crude Rate		Age-Adjusted Rate	
	2016	2017	2016	2017	2016	2017	2016	2017
Grundy	396	428	50,437	50,586	785.1	846.1	762.4	811.6
Illinois	107,020	109,721	12,801,539	12,802,023	836.0	857.1	724.3	724.2

Source: CDC National Center for Health Statistics, WONDER Online Database; <http://wonder.cdc.gov/>

Premature Death

Premature death is represented by the Years of Potential Life Lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost. A person who dies at age 65 contributes 10 years of life lost to the YPLL. The YPLL measure is presented as a rate per 100,000 persons.

When compared against all 102 counties in Illinois, Grundy County is in the top quartile, indicating a low premature death rate.

Premature Death Rates, per 100,000 Persons, 2015-2017

	Total Deaths	YPLL-75	County Ranking (out of 102)
Grundy	1,220	5,700	13
Illinois	323,613	6,600	N/A

Source: Deaths: Illinois Department of Public Health, Vital Statistics, 2015-2017. <http://www.dph.illinois.gov/data-statistics/vital-statistics/death-statistics> Source: YPLL-75 and Rankings: County Health Rankings, 2019. www.countyhealthrankings.org

Leading Causes of Death

The top three leading causes of death in Grundy County are cancer, heart disease and Chronic Lower Respiratory Disease (CLRD). Beginning in 2015, rates of death were provided by the IL Department of Health only for the ten causes of death listed below.

Grundy County exceeds the state rates of death for CLRD, diabetes and kidney disease, but has lower rates of the remaining seven listed causes of death than does the state.

Leading Causes of Death, Crude Rates, per 100,000 Persons, 2013-2017

	Grundy County	Illinois
Cancer	188.3	190.2
Diseases of the Heart	180.4	195.4
Chronic Lower Respiratory Disease	58.8	43.7
Unintentional Injuries	38.5	39.7
Stroke	37.0	43.8
Diabetes	33.0	21.8
Kidney Disease	19.5	18.4
Alzheimer's Disease	17.5	27.7
Influenza/Pneumonia	12.3	19.6
Septicemia	11.9	13.8

Source for Deaths: Illinois Department of Public Health, 2013-2017, <http://www.dph.illinois.gov/data-statistics/vital-statistics/death-statistics/more-statistics> Population Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05. <http://factfinder.census.gov>

Cancer Death Rates

Rates of death from the four listed cancers (lung, breast, prostate and colon/rectal cancers) in Grundy County exceeded the state rates.

Cancer Death Rates, per 100,000 Persons, Age-Adjusted, 2011-2015

	Grundy County	Illinois
Lung	51.1	46.3
Breast (females only)	22.5	22.4
Prostate (males only)	24.1	20.5
Colon and rectum	19.5	15.6

Source: National Cancer Institute, State Cancer Profiles, 2011-2015 <http://statecancerprofiles.cancer.gov/data-topics/mortality.html>

Acute and Chronic Disease

Chronic Diseases

23% of adults in Grundy County have been diagnosed with arthritis, which is lower than the state rate of 25.1%. Also among adults, 13.9% in Grundy County have been diagnosed with asthma, which is higher than the state rate of 9.1%. 8% Grundy County adults have been diagnosed with diabetes, which is lower than the state rate of 9%, while the rate of coronary heart disease in Grundy County (3.6%) matches the state rate.

Chronic Diseases among Adults

	Grundy County	Illinois
Adults diagnosed with arthritis	23.0%	25.1%
Adults diagnosed with asthma	13.9%	9.1%
Adults diagnosed with diabetes*	8%	9%
Adults diagnosed with coronary heart disease	3.6%	3.6%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014

<http://app.idph.state.il.us/brfss/default.asp>

*Source: Source: County Health Rankings, 2019, from CDC Behavioral Risk Factor Surveillance System for 2015.

www.countyhealthrankings.org

Grundy County had lower rates of ER visits for all listed causes than did Illinois, with the exceptions of ER visits for hypertension (38%) and heart disease (7.6%), which were higher than state rates for these chronic conditions.

ER Visits for Chronic Conditions, Federal Fiscal Year 2016

	Grundy County	Illinois
All ER visits for chronic conditions	9,522	2,155,200
All cancers	1.3%	1.5%
Alzheimer's	0.4%	0.5%
Asthma	4.1%	12.1%
Other COPD	4.3%	6.1%
Diabetes, Type II	15.7%	15.8%
Hypertension	38.0%	37.0%
Ischemic Heart Disease	7.6%	7.1%
Kidney Disease	2.4%	3.4%
Osteoarthritis	2.2%	4.1%
Osteoporosis	0.4%	0.7%
Stroke	0.8%	1.4%
Other, or unspecified	22.8%	10.3%

Source: Illinois Department of Public Health, IQuery Data Search, FFY 2016 <https://iquery.illinois.gov/DataQuery/Default.aspx>

In Grundy County, the highest rates of hospitalization were for hypertension, heart disease and diabetes, and the rates of hospitalization for Alzheimer's disease (2%), COPD (18.5%), heart disease, kidney disease (17.5%), osteoarthritis (15.2%) and stroke (7%) exceeded state rates of hospitalization for these chronic conditions.

Hospitalizations for Chronic Conditions, Federal Fiscal Year 2016

	Grundy County	Illinois
All hospitalizations for chronic conditions	5,060	1,172,492
All cancers	9.4%	9.4%
Alzheimer's	2.0%	1.7%
Asthma	8.0%	10.5%
Other COPD	18.5%	16.1%
Diabetes, Type II	22.1%	25.6%
Hypertension	57.5%	57.8%
Ischemic Heart Disease	25.7%	21.0%
Kidney Disease	17.5%	17.2%
Osteoarthritis	15.2%	13.9%
Osteoporosis	3.1%	3.1%
Stroke	7.0%	6.9%

Source: Illinois Department of Public Health, IQuery Data Search, FFY 2016 <https://iquery.illinois.gov/DataQuery/Default.aspx>

Asthma

In Grundy County, there were 386 ER visits as a result of asthma in 2016. Of these, 21.8% were for children, ages 1-17, and 77.5% of visits were for adults with asthma.

Asthma ER Visits, Federal Fiscal Year 2016

	Asthma ER Visits	Asthma ER Visits, Ages 1-17	Asthma ER Visits, Ages 18+
Grundy	386	21.8%	77.5%
Illinois	261,092	22.8%	76.7%

Source: Illinois Department of Public Health, IQuery Data Search, FFY 2016 <https://iquery.illinois.gov/DataQuery/Default.aspx>
Total does equal 100% due to suppressed data for some age groups.

Grundy County had 405 hospitalizations for asthma in 2016 and 11.9% of these hospitalizations were for children, ages 0-17, and 87.9% of hospitalizations for asthma were for adults.

Asthma Hospitalizations, Federal Fiscal Year 2016

	Hospitalizations for Asthma	Hospitalizations, Ages 1-17	Hospitalizations, Ages 18+
Grundy	405	11.9%	87.9%
Illinois	123,642	9.2%	90.5%

Source: Illinois Department of Public Health, IQuery Data Search, FFY 2016 <https://iquery.illinois.gov/DataQuery/Default.aspx>
Total does equal 100% due to suppressed data for some age groups.

Cancer

The cancer incidence rate is the number of cases based upon 100,000 people and is an annual rate averaged across five years. Grundy County has a higher overall cancer

incidence rate than the state rate (528.1 cases per 100,000 persons); it also has a higher incidence rate than the state for each individual cancer type listed.

Cancer Incidence Rates, Age-Adjusted, per 100,000 Persons, 2011-2015

	Grundy County	Illinois
All cancers	528.1	463.7
Prostate cancer	140.5	114.9
Breast cancer (females only)	150.1	131.7
Lung and bronchus cancer	85.0	66.0
Colorectal cancer	47.8	43.9
Leukemia	14.7	13.4
Esophagus	8.2	5.1

Source: National Cancer Institute, State Cancer Profiles, 2011-2015 <http://statecancerprofiles.cancer.gov/incidencerates/index.php>
 N/A = too few annual cases to ensure confidentiality and stability

HIV/AIDS

Grundy County has cumulative HIV/AIDS rates that are lower than state rates. No HIV or AIDS cases were diagnosed in Grundy County between January and September of 2018.

HIV/AIDS Cases, per 100,000 Persons, Cumulative through September 2018

	HIV Incidence			AIDS Cases		
	Diagnosed as of 9/2018	Cumulative Cases Since 2011	Cumulative Rate	Diagnosed as of 9/2018	Cumulative Cases Since 2011	Cumulative Rate
Grundy	0	8	2.1	0	5	1.3
Illinois	940	12,135	12.2	420	5,970	6.0

Source: Illinois Department of Public Health, HIV/AIDS Surveillance Update, September 2018 <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/hiv-surveillance>

Community Input – Chronic Diseases

Stakeholder interviews identified the following issues, challenges and barriers related to chronic diseases:

- There have been some discrepancies in screenings with breast cancer. Patients are sometimes confused as to what the current recommendations are
- We see a lot of lung disease even in non-smokers.
- I do not know if we are managing arthritis as much as we should be to prevent serious joint disorders and flexibility and mobility issues as we age.
- We have 3 active nuclear energy sites within 20 miles. It is a great source of jobs, but it also comes with its risks.
- Sometimes people develop a chronic disease because they wait too long to treat their conditions. We aren't trying to keep people healthy. I feel some people think as long

as they have medications, they are all set and they don't work on some of the behavioral issues that could help the disease.

- If a person needs to be referred to a specialist, it is difficult to get into see the specialist.
- Grundy County has levels of pollution because it is a very industrial area, there are a lot of factories here.
- We have a huge diabetic population. But we are not making enough changes in behaviors.
- For persons with cancer or heart disease, we have very good general care in our area hospitals. But to receive other types of specialty care, they need to go into Chicago and that is a barrier for many people.
- Early detection is critical. The more we get people out and active and promote more proactive, preventive medicine, our health care costs will come down
- Diabetes, hypertension and hyperlipidemia occur in high rates in Grundy County. But people are unaware of their risk factors and unaware of preventive measures.
- If you are prediabetic, a lot of times the challenge is denial and not wanting to confront the situation
- There are plenty of organizations in our county that try to engage the public in a healthier lifestyle, but for a lot of people, it is difficult to change habits. Our marketing and retail and food and society makes it too appealing to live a sedentary and poor diet lifestyle. The salad at fast food restaurants are so much more expensive than the burger-fry combo.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. Illinois counties are ranked from 1 (most healthy) to 102 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. Grundy County is ranked 33 out of 102 counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 102)
Grundy	33

Source: County Health Rankings, 2019. www.countyhealthrankings.org

Health Status

Self-reported health status is a general measure of health-related quality of life in a population. When asked to rate their general health, 14% of Grundy County residents identified fair or poor health. Grundy County residents had 3.6 days of poor physical health and 3.4 days of poor mental health in the past 30 days. 44.2% of Grundy County residents limited their activities due to poor health.

Health Status Outcomes, 2016

	Grundy County	Illinois
Fair or Poor health	14%	17%
Poor physical health days in past 30 days	3.6	3.8
Poor mental health days in past 30 days	3.4	3.5
Activities limited due to health problem*	44.2%	40.1%

Source: Source: County Health Rankings, 2019, from CDC Behavioral Risk Factor Surveillance System for 2016.

www.countyhealthrankings.org

*Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014

<http://app.idph.state.il.us/brfss/default.asp>

Sexually Transmitted Infections

Grundy County saw an increase in the number of sexually transmitted diseases from 2015 to 2016. Grundy County STI rates are below state rates.

Reportable Sexually Transmitted Infection Rates, per 100,000 Persons, 2015-2016

	Chlamydia			Gonorrhea			Early Syphilis		
	2015	2016	2016 Rate	2015	2016	2016 Rate	2015	2016	2016 Rate
Grundy	81	90	178.8	7	12	23.8	1	2	4.0
Illinois	69,610	72,201	561.7	17,130	21,199	164.9	1,974	2,398	18.7

Source: Illinois Department of Public Health, Community Health Query (IQUERY), 2015, 2016.

<http://iquery.illinois.gov/DataQuery/Default.aspx> Rate determined using 2013-2017 ACS population data, so is an estimate.

Overweight and Obesity

In Grundy County, over a third of adults (36.6%) are overweight and close to one-third (31%) of those 20 years of age and older are obese. These percentages equal two-thirds (67.6%) of the adult population being overweight or obese.

Overweight and Obese Adults, 20+

	Grundy County	Illinois
Overweight*	36.6%	34.2%
Obese	31%	29%

Source: Source: County Health Rankings, 2019, from CDC Behavioral Risk Factor Surveillance System for 2015.

www.countyhealthrankings.org

*Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014

<http://app.idph.state.il.us/brfss/default.asp>

The Illinois Youth Survey asked 8th, 10th and 12th graders to categorize their weight according to Body Mass Index guidelines from the CDC. Youth self-identified as being underweight, a healthy weight, overweight or obese. In Grundy County 24% of 8th graders, and 26% of 10th and 12th graders identified as overweight or obese.

BMI (Body Mass Index) Category, Self-Identified, 8th, 10th, and 12th Grade Youth

	Grundy County	Illinois
Overweight/obese, 8 th grade	24%	25%
Overweight/obese, 10 th grade	26%	26%
Overweight/obese, 12 th grade	26%	26%

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

Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity:

- We have a problem with overweight patients. Everyone is in a hurry and fast food is the easiest thing to grab. People don't have time to plan a menu and shop. Everyone is so busy, and they want it done right now. Quick and easy. I don't think they think about what they are eating.
- I believe obesity is not as much of an issue in the school district as it was 4-5 years ago. This is related to education and the quality of food we provide in the cafeteria and people are more health conscious.
- Money could be a barrier to being active, but in public parks the trails are free. Walking is a free activity,
- With an EBT card you can still buy unhealthy food. We are out to solve hunger but not add to another problem like obesity with our food choices.
- There is not enough discussion of what obesity leads to. For the first time, I'm seeing doctors actually classify obesity as a chronic disease and treating it. The health care field needs to change even more and aggressively to treat obesity.

- How do we encourage people to take advantage of biking trails, and activities for families that are fun, to keep them engaged?
- Healthy food is expensive. It is hard when there are a lot of unhealthy choices that are very easy to buy inexpensively.

Nutrition

Increased access to fast food outlets in a community, limited access to healthy foods and inadequate consumption of fresh fruits and vegetables can increase rates of obesity, heart disease and diabetes. The Food Environment Index identifies and measures factors that contribute to a healthy food environment. Reported on a scale of 0 (worst) to 10 (best), Grundy County ranks in the first quartile, and is only slightly below the state’s rating of 8.7. In Grundy County, 5% of the population have limited access to healthy foods.

Food Environment

	Grundy County	Illinois
Food environment index	8.6	8.7
Limited access to healthy foods	5%	4%

Source: County Health Rankings, 2019; USDA Food Environment Atlas, 2015 & 2016. www.countyhealthrankings.org/

In Grundy County, 6% of 10th graders and 7% of 8th and 12th graders had eaten no fruit in the prior week.

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

	Grundy County	Illinois
Ate fruit 0 times, 8 th grade	7%	6%
Ate fruit 0 times, 10 th grade	6%	7%
Ate fruit 0 times, 12 th grade	7%	8%
Ate fruit 3+ times daily, 8 th grade	14%	24%
Ate fruit 3+ times daily, 10 th grade	16%	16%
Ate fruit 3+ times daily, 12 th grade	14%	14%

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

In Grundy County, 13% of 8th graders, 9% of 10th graders and 8% of 12 graders reported having eaten no vegetables in the prior 7 days.

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

	Grundy County	Illinois
Ate veggies 0 times, 8 th grade	13%	11%
Ate veggies 0 times, 10 th grade	9%	11%
Ate veggies 0 times, 12 th grade	8%	10%
Ate veggies 3+ times/day, 8 th grade	13%	18%

	Grundy County	Illinois
Ate veggies 3+ times/day, 10 th grade	15%	12%
Ate veggies 3+ times/day, 12 th grade	9%	13%

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

Physical Activity

A sedentary lifestyle can lead to overweight and obesity and is a contributing factor to many chronic diseases and disabilities. In Grundy County, 23% of adults reported engaging in no leisure time physical activities in the past 30 days.

No Leisure Time Physical Activity in the Past 30 Days, Adults 20+

	Grundy County	Illinois
No exercise, past 30 days	23%	22%

Source: Source: County Health Rankings, 2019, from CDC Behavioral Risk Factor Surveillance System for 2015. www.countyhealthrankings.org

Having adequate access to exercise opportunities is described as residing in a census block within a half mile of a park, or an urban census block within one mile of a recreational facility or a rural census block within three miles of a recreational facility. In Grundy County, 88% of the population has adequate access to exercise opportunities, which is lower than the state rate of 91%.

Adequate Access to Exercise Opportunities

	Grundy County	Illinois
Have adequate access	88%	91%

Source: Source: County Health Rankings, 2019, from ArcGIS Business Analyst under license for the University of Wisconsin, for 2010 and 2018. www.countyhealthrankings.org

10th and 12th graders were more likely to report having not been physically active for 60 minutes on any day in the previous week than were 8th graders. However, the amount of screen time spent on non-schoolwork-related activities dropped at the higher grade levels. Grundy County 8th graders were more likely to report having spent three or more hours on an average school day playing computer or video games, or using a computer for some task other than for schoolwork as compared to 8th graders in the state, but by 12th grade, county youth were less likely than Illinois 12th graders to have done so.

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

	Grundy County	Illinois
0 Days, 8 th grade	3%	8%
0 Days, 10 th grade	5%	10%
0 Days, 12 th grade	8%	12%

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

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

	Grundy County	Illinois
Watch 3+ hours, 8 th grade	19%	22%
Watch 3+ hours, 10 th grade	15%	19%
Watch 3+ hours, 12 th grade	17%	19%

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

Sedentary Activity, Video or Computer Game or Computer Usage Other than for Schoolwork, on Average School Day, 8th, 10th, and 12th Grade Youth

	Grundy County	Illinois
For 3+ hours, 8 th grade	59%	54%
For 3+ hours, 10 th grade	51%	51%
For 3+ hours, 12 th grade	43%	46%

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

Mental Health

Mental Health Status

Frequent mental distress is defined as 14 or more days of poor mental health in the past 30 days. In Grundy County, 10% of adults had frequent mental distress. 21.4% of Grundy County adults rated their mental health as 'Not Good' for 1 to 7 days in the past month. Mental health ratings of 'Not Good' for 8 to 30 days in the past month were reported by 13.4% of Grundy County adults. Mental or physical health issues limited the activities of 21% of Grundy County adults for 1 to 7 days out of the past 30 days. Activities were limited for 23.2% of Grundy County adults for 8 to 30 days of the past 30 days.

Mental Health Status in Past 30 Days, Adults

	Grundy County	Illinois
Frequent mental distress: 14 or more days of poor mental health *	10%	10%
Mental Health 'Not Good' 1-7 days in past 30	21.4%	24.4%
Mental Health 'Not Good' 8-30 days in past 30	13.4%	14.8%
1-7 days kept from doing usual activities by physical or mental health	21.0%	23.5%
8-30 days kept from doing usual activities by physical or mental health	23.2%	16.6%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014

<http://app.idph.state.il.us/brfss/default.asp>

*Source: Source: County Health Rankings, 2019, from CDC Behavioral Risk Factor Surveillance System for 2016.

www.countyhealthrankings.org

When asked about feelings of sadness and helplessness, 33% of Grundy County 10th graders identified these feelings as having interfered with their usual activities. 17% of Grundy County youth had seriously considered suicide.

Mental Health Indicators, 10th Grade Youth

	Grundy County	Illinois
Felt so sad or helpless almost every day for two weeks or more in a row, that they stopped doing some usual activities	33%	35%
Seriously considered attempting suicide	17%	16%

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

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health:

- We lack counselors and psychologists and as a result, primary care doctors are managing mental health issues.
- There is plenty of private pay but a lack of Medicaid providers. The Health Department is a primary provider of mental health care and there are challenges with availability of appointments and psychiatric care is only one day a week. There is a 6-8-week

waitlist for services. We are seeing county support, we have treatment alternatives, like drug court, diversion court, mental health court, but there is not an emphasis placed on treatment.

- Suicides are an issue in our county. I often wonder how many could be prevented with additional services.
- There is quite a stigma with mental health in our small community and that is a very big challenge.
- The biggest issue we deal with is mental health and the obstacles that poorer families face in reaching the necessary services.
- We use a telehealth service for acute care, but for chronic care, medical management and/or counseling services, if you don't have money or insurance, it is very difficult to get services. And there are no mental health hospital beds. We have to go out of county for hospitalizations.
- In our area, it is very difficult for someone to get into see a practitioner. Some places only take insurance, so people are very limited in where they can go and what kind of services they can get.
- It is so hard to fit another thing into your day and if you are already struggling with mental health issues, it makes it very difficult.
- There are very few places where we can send people for mental health care. It is very difficult to get into see someone. If we could get people taken care of, we might be able to address other problems like drugs.
- We have an increasing number of our students in need of mental health care. The barriers are not enough providers for mental health care and many insurance plans do not cover enough mental health care for our kids.
- Mental health needs to be included and mandated for all insurances to cover. Mental health is just as important as physical issues.
- There is a significant shortage of providers in the county and the number of mental health beds, I'm not sure they even have any. There is no facility to my knowledge. Also, there are a significant number of ED visits related to mental health issues. They don't have beds to treat it, they don't have the office visits to treat it, they are ending up in the ED to treat it. People are traveling to other counties like Kane, Kendall or Cook for care.
- We have rising suicide and drug overdose rates. Suicide rates are rising in the area. We have inadequate psychiatric services, we have someone here only once a week, so there are long waiting lists. Suicides have been increasing from 2013 to 2017, on average 3% per year. Our population is also aging, so that brings with it a host of mental health issues.
- We've seen a significant increase in suicide with teens and adults in our community. It is happening among younger children.

- Mental health and addiction struggles overlap. When we do surveillance on mental health, the number one issue with youth is anxiety, the number one issue with adults is depression and the number one with elders is social isolation or loneliness.

Substance Use and Misuse

Smoking

Smoking continues to be a leading cause of preventable death in the United States. The smoking rate in Grundy County is 15%. The Healthy People 2020 objective for smoking is 12%.

Smoking Prevalence among Adults, 2016

	Grundy County	Illinois
Current Smoker	15%	16%

Source: County Health Rankings, 2019, from CDC Behavioral Risk Factor Surveillance System for 2016.

www.countyhealthrankings.org

In Grundy County, the rate of ER visits due to nicotine dependence is 55.5 per 1,000 persons. The hospitalization rate for nicotine dependence in Grundy County is 21.7 per 1,000 persons. These rates exceed state rates.

ER Visits & Hospitalizations Due to Nicotine Dependence, Crude Rate per 1,000 Persons

	Grundy County	Illinois
ER Visits	55.5	39.4
Hospitalizations	21.7	15.5

Source: Illinois Department of Public Health, IQuery Data Search, FFY 2016 <https://iquery.illinois.gov/DataQuery/Default.aspx>;

Source for population: U.S. Census Bureau, American Community Survey, 2008-2012 & 2013-2017, DP05.

<http://factfinder.census.gov>

Alcohol Use

Binge drinking is measured as consuming a certain amount of alcohol in a designated period of time. For males, this is five or more drinks per occasion and for females, four or more drinks per occasion. The rate of binge drinking in Grundy County (23%) exceeds the state rate of 21%. The Healthy People 2020 objective is 24.4% for binge drinking, and Grundy County and Illinois meet this objective.

Adult Binge Drinking

	Grundy County	Illinois
At risk for binge drinking	23%	21%

Source: County Health Rankings, 2019, from CDC Behavioral Risk Factor Surveillance System for 2016.

www.countyhealthrankings.org

Alcohol impairs driving ability, and plays a role in one-third of all driving fatalities in Illinois. 47% of driving fatalities in Grundy County involved alcohol.

Driving Deaths with Alcohol Involvement

	Grundy County	Illinois
Percent of driving deaths with alcohol involvement	47%	33%

Source: County Health Rankings, 2019, from the Fatality Analysis Report System (FARS) for 2013-2017.

www.countyhealthrankings.org

Visits to the ER or hospitalizations related to alcohol may be due to use, abuse, dependence, alcoholic liver disease, or complications of pregnancy due to alcohol. These factors led to 5.8 emergency room visits per 1,000 persons in Grundy County. Hospitalizations due to alcohol occurred at a rate of 5.9 per 1,000 persons in Grundy County.

ER Visits and Hospitalizations Due to Alcohol, Crude Rate, per 1,000 Persons

	Grundy County	Illinois
ER Visits	5.8	7.8
Hospitalizations	5.9	6.4

Source: Illinois Department of Public Health, IQuery Data Search, FFY 2016 <https://iquery.illinois.gov/DataQuery/Default.aspx>
 Source for population: U.S. Census Bureau, American Community Survey, 2008-2012 & 2013-2017, DP05.
<http://factfinder.census.gov>

Drug Use

Drug poisoning resulted in an ER visit rate of 65.6 per 100,000 persons in Grundy County. There were 29.8 ER visits for cocaine and 147.0 ER visits per 100,000 persons due to opioid use.

ER Visits Due to Drugs, Crude Rate, per 100,000 Persons

	Grundy County	Illinois
Drug Poisoning	65.6	60.5
Cocaine	29.8	96.9
Marijuana	107.3	211.9
Opioids	147.0	168.5

Source: Illinois Department of Public Health, IQuery Data Search, FFY 2016 <https://iquery.illinois.gov/DataQuery/Default.aspx>.
 Source for population: U.S. Census Bureau, American Community Survey, 2008-2012 & 2013-2017, DP05.
<http://factfinder.census.gov>

Hospitalizations due to drug poisoning occurred at a rate of 31.8 per 100,000 persons in Grundy County. There were 81.5 hospitalizations per 100,000 for cocaine and 325.8 hospitalizations per 100,000 persons due to opioid use.

Hospitalizations Due to Drugs, Crude Rate, per 100,000 Persons

	Grundy County	Illinois
Drug Poisoning	31.8	32.1
Cocaine	81.5	185.0
Marijuana	226.5	315.7
Opioids	325.8	301.7

Source: Illinois Department of Public Health, IQuery Data Search, FFY 2016 <https://iquery.illinois.gov/DataQuery/Default.aspx>.
 Source for population: U.S. Census Bureau, American Community Survey, 2008-2012 & 2013-2017, DP05.
<http://factfinder.census.gov>

Youth Alcohol, Tobacco, and Drug Use

Among 10th graders in Grundy County, 47% drank alcohol in the past year and 28% drank alcohol in the past 30 days. 4% of Grundy County 10th graders smoked a cigarette in the past year and 29% used a tobacco or vaping product, other than cigarettes, in the past year. 18% of Grundy County 10th graders smoked marijuana in the past year.

Use of Alcohol/Tobacco/Drugs, 10th Grade Youth

	Grundy County	Illinois
Drank alcohol in the past year	47%	40%
Drank alcohol, past 30 days	28%	23%
Binge drank, past 2 weeks	10%	10%
Smoked a cigarette, past year	4%	5%
Smoked a cigarette, past 30 days	2%	2%
Used any tobacco or vaping product other than cigarettes, past year	29%	20%
Used any tobacco or vaping product including cigarettes, past 30 days	24%	21%
Smoked marijuana, past year	18%	20%
Smoked marijuana, past 30 days	12%	14%

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

10th graders surveyed in Grundy County identified alcohol, tobacco, marijuana and prescription drugs as easy to obtain. Alcohol was available to 56% of 10th graders. Marijuana was available to 45% of 10th graders in Grundy County. Cigarettes were available to 33% of Grundy County 10th graders and unprescribed prescription drugs were available to 29%.

Ease of Obtaining Alcohol/Tobacco/Drugs, 10th Grade Youth

	Grundy County	Illinois
Very easy and sort of easy to obtain alcohol	56%	49%
Very easy and sort of easy to obtain marijuana	45%	46%
Very easy and sort of easy to obtain cigarettes	33%	32%
Very easy and sort of easy to obtain prescription drugs	29%	31%

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

13% of Grundy County 10th graders indicated they had ridden in a car driven by someone under the influence. 80% of Grundy County 10th graders had been spoken to by a parent or guardian in the past year, regarding not driving drunk or riding in a car with drunk drivers.

Drinking/Drugs and Driving, Past 12 Months, 10th Grade Youth

	Grundy County	Illinois
Ridden in car driven by someone, including yourself, who was “high” or had been using alcohol or drugs	13%	16%
Driven a car when using alcohol	4%	4%
Driven a car when using marijuana	6%	6%
Been talked to by parents about not drinking and driving, or riding with a drunk driver	80%	75%

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

Community Input – Substance Use and Misuse

Stakeholder interviews identified the following issues, challenges and barriers related to substance use and misuse:

- I see a lot of vaping and tobacco use in the community, and a lot of prescription drug abuse.
- When people die by overdose and we don’t always talk about it. There is a lack of awareness and communication and people think it doesn’t happen here, but it does, all the time. There have been some successes with interagency sharing of resources and education, that is encouraging, but barriers still remain. One success we’ve had recently is providing mental health first aid training to the schools.
- We have four overdoses a week. Heroin, alcohol and a mix of ecstasy cocaine and prescription Xanax or Ativan. Heroin is a big issue with drug trafficking. Sex trafficking is also an issue with the Highway 80 and 55 intersection.
- Vaping is a problem with young kids, especially high school kids. The biggest issue with vaping is high school kids thinking it is safer than cigarette smoking. It is a trend kids are going through.
- The biggest thing we deal with are drug overdoses – mainly heroin, fentanyl and prescription drugs.
- There have been several fatalities this year that we contribute to alcohol and driving. outpatient care, or some medicated treatment. Narcan all police agencies carry this.
- Alcohol continues to be an issue and heroin is an issue in the school district. Getting kids appropriate care when we have a student who has an issue is always a challenge. We have to go outside of the community.
- We’ve had a situation with a couple of students who have overdosed at home on heroin, and it becomes a school issue because they are our kids.
- In IL, we are making pot legal. I’m not so sure making it mainstream is a good idea.
- We need more education about vaping because I don’t believe we know the seriousness of it.
- We do not have enough health providers and hospital beds.
- Drug overdose rates have increased an average of 47% per year in Grundy County. In IL, it was 12%, so it is rising here a lot faster than other areas. We have one person

in the Health Department who is dedicated to substance use. We only offer outpatient services. We do not have a higher level of care like inpatient or residential and we do not have any kind of medication assisted treatment. It is a funding issue. We don't have staff or facilities.

- We are experiencing 4-6 week waits for assessments for mental health and substance use. If someone wants to quit using and they have to wait 6 weeks, they won't make it.
- With the changes in legislation, people are concerned marijuana will be legal.
- Alcohol is available anytime, anywhere. It is still the legal drug of choice. Pot will be legal in IL soon. There are a lot of people who are self-medicating. In drug court, we discover people were using and addicted because they were trying to self-medicate to deal with mental health issues.
- When people go to mental health court, it is usually very positive. I hear reports of success stories, where perhaps for the first time, people get the support they needed. Because of the severity and oversight of the court, it has forced them to participate in their own treatment. Others get treatment and graduate and their willpower lessens, and they get back into it.

Preventive Practices

Immunization of Children

Rates of compliance with childhood immunizations upon entry into Kindergarten in Illinois for the 2017-2018 school year were above the national medians for 2-dose MMR (94.3%), state-required dosages for DTaP (95.1%) and 2-dose varicella (93.8%).

Immunization Rates of Illinois Children Entering Kindergarten, 2015-2016 & 2017-2018

	Immunization Rate		
	MMR (2 doses)	DTaP (4 doses)	Varicella (2 doses)
2015-2016 School Year	94.9%	95.0%	95.5%
2017-2018 School Year	95.2%	95.3%	94.8%

Source: Center for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, October 12, 2018.

<https://www.cdc.gov/mmwr/volumes/67/wr/mm6740a3.htm> and October 7, 2016

<https://www.cdc.gov/mmwr/volumes/65/wr/mm6539a3.htm>

Colorectal Cancer Screening

Occult blood tests, sigmoidoscopy and colonoscopy screen for colorectal cancer. In Grundy County, 27.8% of adults, age 50 and over, had been screened for colorectal cancer through a home blood stool test, and 75.1% had been screened with a sigmoidoscopy or colonoscopy. The Healthy People 2020 objective colorectal cancer screening is 70.5%.

Colorectal Screening

	Grundy County	Illinois
Colorectal screening (ages 50+) home blood stool test	27.8%	N/A
Colorectal screening (ages 50+) colonoscopy/Sigmoidoscopy	75.1%	65.0%

Source: Illinois Department of Public Health, *Illinois Behavioral Risk Factor Surveillance System*, 2010-2014

<http://app.idph.state.il.us/brfss/default.asp>

Flu and Pneumonia Vaccines

In Grundy County, 23.9% of adults obtained a flu shot. This rate does not meet the Healthy People 2020 objective for 70% of the population to have a flu shot vaccination. Pneumonia vaccines are recommended for seniors. 23.1% of Grundy County residents have received a pneumonia vaccine.

Flu and Pneumonia Vaccines, Adults

	Grundy County	Illinois
Flu shot in last 12 months	23.9%	38.5%
Pneumonia vaccine	23.1%	29.2%

Source: Illinois Department of Public Health, *Illinois Behavioral Risk Factor Surveillance System*, 2010-2014

<http://app.idph.state.il.us/brfss/default.asp>

Women's Health Screening

Mammograms and clinical breast exams are used for detection of breast abnormalities and cancer. In Grundy County, 87.1% of women have had a clinical breast exam. Among Grundy County women, 40 years and over, 84.4% have received a mammogram. The mammogram rate exceeds the Healthy People 2020 objective of 81.1% of women to receive a mammogram.

Pap smears screen for cervical cancer. Among adult women in Grundy County, 95.7% have received a Pap smear. This exceeds the Healthy People 2020 objective for Pap smears of 93%.

Mammogram, Breast Exam and Pap Smear

	Grundy County	Illinois
Clinical breast exam	87.1%	86.7%
Mammogram (ages 40+)	84.4%	92.2%
Pap smear	95.7%	89.2%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014

<http://app.idph.state.il.us/brfss/default.asp>

Prostate Cancer Screening

Digital rectal exams and PSA blood tests are used to screen for prostate cancer among men, ages 40 and above. Grundy County had insufficient respondents to provide reliable data, but the state rate was 54.2% of men, 40 years of age and older, receiving a prostate screening PSA test.

Prostate Screening

	Grundy County	Illinois
Prostate screening PSA test (ages 40+)	No data	54.2%

Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, 2010-2014

<http://app.idph.state.il.us/brfss/default.asp>

Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices:

- We have many clinics that promote screenings.
- Our county is lacking a prevention specialist. Outreach and education exist, but they are underfunded and there is a lack of coordinated efforts throughout the county.
- We see a fair amount of accidents involving distracted driving, due to texting, and we do checkpoints and have community awareness events.
- There are a lot of opportunities for vaccinations, wellness baby care and annual flu and free vaccines

- A lot of people don't see the value of preventive care. We are not educating people about the benefits of prevention starting at an early age.
- One of the issues we deal with are people who do not believe in immunizations. People are opting out, which is concerning.
- People don't get physicals or routine labs because their insurance does not cover them and by the time they need to get something done, it is at a point where it is very serious.
- In Grundy County and elsewhere, it is just not something people focus on. There is also a lack of access and we do not have a culture of prevention.
- We don't have enough staff to go out and educate people.
- We have to be able to talk about lifestyle changes the same way we do for cardiac patients.

Attachment 1. Benchmark Comparisons

Where data were available, Grundy County's health and social indicators were compared to the Healthy People 2020 objectives. The **bolded items** are Healthy People 2020 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	County Data	Healthy People 2020 Objectives
High school graduation rate	94%	87%
Child health insurance rate	97.6%	100%
Adult health insurance rate	92.7%	100%
Unable to obtain medical care	5.4%	4.2%
Colon/rectum cancer death	19.5 per 100,000	14.5 per 100,000
Lung cancer death	51.1 per 100,000	45.5 per 100,000
Female breast cancer death	22.5 per 100,000	20.7 per 100,000
Prostate cancer death	24.1 per 100,000	21.8 per 100,000
Adequate prenatal care	84.3%	77.6%
Low birth weight infants	9.3% of live births	7.8% of live births
Infant death rate	4.3 per 1,000 live births	6.0 per 1,000 live births
Adult obese, age 20+	36.6%	30.5%
Teens obese	8% -11%	16.1%
Adults engaging in binge drinking	23%	24.2%
Cigarette smoking by adults	15%	12%
Pap smears, 21-65-year-olds, screened in the past 3 years	95.7%	93%
Mammograms, ages 50-74, screened in the past 2 years	84.4% of women, ages 40+	81.1%
Annual adult influenza vaccination	23.9%	70%

Attachment 2. Community Health Plan

The purpose of the community health plan is to increase prevention and improve the health of Grundy County residents through a commitment of public health resources. The health plan was developed with input from the Board of Health and the Public Health Management Team through a review of the community health needs data and prioritization of needs by the community. The following criteria were used to determine the health needs to be addressed:

- **Organizational Capacity:** There is capacity to address the issue.
- **Existing Infrastructure:** There are programs, systems, staff and support resources in place to address the issue.
- **Established Relationships:** There are established relationships with community partners to address the issue.
- **Ongoing Investment:** Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.
- **Focus Area:** Has acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.

Based on these criteria the following health needs were selected for the 2021-2026 health plan: Mental health and substance use, Wellness and Preventative Practices, and Access to care.

Priority 1: Mental Health/Substance Abuse

Populations disproportionately affected by mental health and substance abuse are teens and young adults, the homeless, uninsured and underinsured, seniors and families with children. Risk factors include a family history of mental illness and/or substance abuse, stress, abuse and neglect, traumatic experiences, head injury and some chronic diseases.

Bullying experiences at schools (10th and 12th grade) as reported averages were higher in Grundy than IL for “Been called names,” “Someone threatened to hurt them,” “Been harassed or had rumors spread about them on the internet or via text messages,” “Even been bullied in the past year.” Bullying can be an indicator of poor family, social, or emotional environments for the bully, and can be an indication of more risky behaviors in adulthood including abuse of alcohol or other drugs, criminal activity or other more severe abuse. Those who are bullied can experience depression, anxiety, increased health complaints – all of which can carry into adulthood.

Healthy People 2030 emphasizes that schools can follow trauma-informed practices, provide counseling and mental health interventions and take steps to prevent bullying.

21.4% of adults in Grundy County had poor mental health status 1-7 days in the past month and 13.4% had poor mental health for 8-30 days in the past month. When asked about feelings of sadness and helplessness, one-third of 10th graders (33%) from Grundy County identified these feelings. 17% of youth had seriously considered suicide, which is higher than the state rate of 16%.

Opioid use continues to grow in concern for all of the United States, including Grundy County. Hospitalization rates (325.8) related to opioid in Grundy is higher than Illinois (301.7).

Outcome Objectives

- By 2026, decrease the percentage of “Ever been bullied in the past year” from 29.5% to 20% (average 10th and 12th grade), as reported in the IL Youth Survey.
- By 2026, decrease the percentage of adults who have poor mental health status from 13.4% to 10%, as reported on the Illinois Behavioral Risk Factor Survey.
- By 2026, decrease the percentage of youth who had seriously considered suicide from 17% to 10%, as reported by the IL Youth Survey.
- By 2026, decrease the rate of persons hospitalized due to opioids from 325.8/100,000 persons to 300/100,000, as reported by IDPH.

Impact Objectives

- By 2026, reduce frequency of bullying among youth to address mental wellness among youth, so that they may not carry the burden into adulthood which may present itself as mental health and/or substance abuse behaviors or criminal activity.
- By 2026, participate in crisis care services in cooperation with emerging #988 efforts.
- By 2026, increase the number of child and adolescent therapists at the Grundy County by 2.0 FTE.
- By 2026, expand harm reductions strategies, such as Narcan training/distribution, test strips, and medication assistance treatment.

Intervention Strategies

- In Grundy County, there are very few providers that offer mental health and/or substance use services, and the Health Department is the only Community Mental Health Center and Level I substance use treatment for those persons covered by Medicaid.

- Morris Hospital & Healthcare Centers has expanding behavioral health capacity with Integrated Care. The Health Department will continue to partner with hospital leadership and providers.
- Will-Grundy Medical clinic offers psychiatric medication, in the absence of therapeutic intervention, for stable clients.
- There are no inpatient services for mental health/substance use available in Grundy County.

To address mental health and substance use, Grundy County Health Department will:

- Provide the following services
 - Individual Counseling (age 7 and up)
 - Group Therapy
 - Psychiatric and Psychotropic Medication
 - Crisis Stabilization
 - Substance Use Disorder
 - DUI Services
 - Treatment Alternative Court Services (Drug Court & Mental Health Court)
- Build capacity among current staff to offer EMDR therapy and other evidence-based interventions related to trauma and crisis.
- Building capacity among current staff to include additional licensed social workers so as to be more accessible to older adults, as Medicare covers mental health services offered by social workers but not counselors.
- Partner with the Morris YMCA to provide wellness programs related to stress,
- Partner with schools to offer individual therapy on school grounds during school hours. This relieves youth of depending upon their parents to follow through on appointments, and provides therapists more efficient access to many students in a safe, comfortable setting.
- Partner with the Will-Grundy chapter of NAMI to offer free, evidence-based support and resources for persons living with a mental health diagnosis and those who love them. Such resources may include Family-to-Family, Support Groups, and WRAP (Wellness Recovery Action Plan) sessions for persons in recovery.
- Expand services to include Crisis Care, which may include utilizing services provided by a #988 provider, partnerships with local law enforcement agencies and other first responders or expanding the capacity of staff to be prepared for more crisis services at the time of the crisis.
- Be involved with the Grundy County Behavioral Health Alliance, which is a network of local organizations gathered together to discuss the issues surrounding behavioral health.
- Utilize the Grundy County Health Department Board of Health for guidance on policies and procedures, strategic planning and budget oversight.

- Collaborate with the judicial system in Grundy County for Drug Court and Mental Health Court.
- Remain accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) to increase standards of care and practices.
- Participate in external programmatic, administrative and fiscal audits including, but not limited to: Medicaid, County auditors, CARF, Drug, Substance Use Prevention and Recovery (SUPR) and other entities as appropriate.

Community Resources

- Behavioral Health Alliance
- Community Foundation of Grundy County
- Grundy County Coroner
- Grundy County Health Department Board of Health
- Illinois Department of Human Services (IDHS)
- Illinois Department of Public Health (IDPH)
- Morris Hospital & Healthcare Centers
- Schools
- State's Attorney Office
- Substance Abuse and Mental health Service Administration (SAMHSA)
- YMCA, Morris
- Other organizations within the county that support mental health and substance use services

Estimated Funding needed for Implementation

Funding for mental health is presently optimistic. Medicaid reimbursement rates are substantially increasing for mental health and substance use services, many near or above 50%, including psychiatry. Local restricted (grant) funding is available for behavioral health needs, especially as it relates to children and mental health. Each of these reasons result in fewer county dollars needed to sustain or grow the program. In 2018, total revenue for behavioral health services totaled \$313,002 (\$142,610 of which was provided by Grundy County); \$495,717 in 2019 (\$241,305 by County); \$446,110 in 2020 (\$98,574 by County); and \$512,216 in 2021 (\$121,292 by County).

Partnering with the Morris Hospital & Healthcare Centers is an opportunity that may be possible depending on the funding from the hospital and collaboration between the organization as well as other partners in the county. A strategic plan will include a comprehensive business plan and operational plan to include Advanced Practice Nurses in addition to Psychiatrists and the development of a system that can be duplicated throughout the county.

Priority 2: Wellness and Preventative Practices

Health education and preventive practices reduce death and disability and improves health. These services prevent and detect illnesses and diseases—from flu to cancer—in earlier, more treatable stages, significantly reducing the risk of illness, disability, early death, and medical care costs for individuals and the community. Populations who tend to not obtain needed preventive care and health education are the uninsured and underinsured, non-English speakers and persons with low literacy, persons who lack transportation and seniors. Risk factors include low-socioeconomic status and low education levels.

The top three leading causes of death in Grundy County are cancer, heart disease and Chronic Lower Respiratory Disease (CLRD). Grundy County exceeds the state rates of death for CLRD, diabetes and kidney disease. Crude rates, per 100,000 persons, is 188.3 for cancer, 180.4 for heart disease, 58.8 for CLRD, 33.0 for diabetes and 19.5 for kidney disease.

Of Grundy County adults 20 years and older, 36.6% are overweight (compared to 34.2% of State) and 31% are obese (compared to the state 29%). Increased access to fast food outlets in a community, limited access to healthy foods and inadequate consumption of fresh fruits and vegetables can increase rates of obesity, heart disease and diabetes. The Food Environment Index identifies and measures factors that contribute to a healthy food environment. Reported on a scale of 0 (worst) to 10 (best), Grundy County ranks in the first quartile, and is only slightly below the state's rating of 8.7. Youth are reporting a failure to consume any fruits or vegetables in the prior week, and 23% of Grundy adults reported not engaging in any leisure time activities in the prior week.

Outcome Objective

- By 2026, increase the percentage of 12th graders who report eating fruit 3+ times daily from 14% to 18% and report eating vegetables 3+ times daily from 9% to 12%.
- By 2026, decrease the percentage of adults who report no physical activity from 23% to 20%.

Impact Objectives

- By 2026, increase Grundy County residents' awareness of the ways to access healthy fruits and vegetables.
- By 2021, increase Grundy County residents' awareness of the positive correlation between increased activity and increased healthy.

Intervention Strategies

To address Prevention and Education needs, Grundy County Health Department will:

- Participate in health education and wellness events throughout the county.
- Promote via social media a “Wellness and Prevention” campaign, focusing on various aspects of physical wellness, exercise and healthy diets.
- Participate in community activities by attending and providing prevention information on relevant health topics (i.e. cancer, diabetes, obesity, etc.).
- Partner with healthy-focused agencies in Grundy (i.e. Morris Hospital & Healthcare Centers, YMCA, etc) to offer programming to residents and families which promote healthy lifestyles, such as nutrition courses, blood sugar level checks, etc.
- Partner with other local providers related to alternative healthy living, such as yoga, Tai Chi – emphasizing benefits to residents of all ages.
- Maintain garden boxes to offer space for gardening, healthy living and leisure for staff and residents.
- Provide Wellness and Prevention health information during appointments with clients.
- Continue to provide WIC services in Grundy County and incorporate a Wellness and Prevention component.
- Continue to provide educational opportunities including, but not limited to:
 - Food Service Sanitation Managers Certification Course
 - Nutrition
 - CPR, First Aid and AED
- Utilize the Grundy County Health Department Board of Health for guidance on policies and procedures, strategic planning and budget oversight.

Community Resources

- Morris Hospital & Healthcare Centers
- Behavioral Health Alliance
- Community Foundation of Grundy County
- Grundy County Chamber of Commerce
- Grundy County Coroner
- Grundy County Health Department Board of Health
- Grundy County Interagency Council (GCIC)
- Grundy County Partnership for Children
- Grundy County Senior Network
- Illinois Department of Human Services (IDHS)
- Illinois Department of Public Health (IDPH)
- Schools
- YMCA

Estimated Funding needed for Implementation

The Health Department will utilize existing staff and leverage community partnerships to promote Wellness and Prevention Practices. Additional funding will be needed to participate in health education and wellness events as well as provide education materials.

Priority 3: Access to Care

Having sufficient availability of providers is essential for people to access preventive and primary care, and when needed, obtain referrals to appropriate specialty care. Residents who have a usual source of care and access to a health care provider improve the continuity of care and decrease unnecessary ER visits. Populations who are most affected by lack of access to health care are those who lack insurance and have high deductible plans, non-English speakers, immigrants, teens and young adults, and persons who lack transportation. Risk factors include low-socioeconomic status, the unemployed, women head of household with children, and lack of available primary care and specialty care providers.

Having sufficient availability of providers is essential for people to access preventive and primary care, and when needed, referrals to appropriate specialty care. The ratios of population to providers indicate that Grundy County has 3,150 residents per one primary care physician and 2,660 residents per one dentist. These ratios of population to one provider indicate that Grundy County has higher ratios (fewer providers) than the state.

Outcome Objective

- By 2026, decrease the percentage of adults in Grundy County who delayed medical care due to cost from 5.4% to 5.0%.
- By 2026, decrease the percentage of adults in Grundy County who did not have a dental appointment in the previous two years from 21.6% to 20.0%.

Impact Objective

- By 2026, increase Grundy County residents' ability to access health and dental care.

Intervention Strategies

To address Access to Care, Grundy County Health Department will:

- Continue to credential with private insurance companies.
- Work with local partners and area agencies to provide services that are not easily accessible in this area to Grundy County residents.

- Work with public transportation providers (i.e. Grundy Transit System (GTS)) to provide reliable transportation to and from appointments for those in need.
- Collaborate with Morris Hospital & Healthcare Centers and their transportation component to address transportation barriers in county and health department services.
- Begin to develop resources to offer health care services at various locations throughout Grundy County.
- Partner with local medical professionals to provide their services at primary care clinics.
- Seek out resources to provide better access to dental care in Grundy County (i.e. Smile Illinois, Will County Dental Van).
- Partner with local schools to educate administrators on the need for access to dental care; in turn reaching students and parents in the district.
- Utilize the Grundy County Health Department Board of Health for guidance on policies and procedures, strategic planning and budget oversight.

Community Resources

- Community Foundation
- Grundy County Transit System
- Grundy County Health Department Board of Health
- Illinois Department of Human Services (IDHS)
- Illinois Department of Public Health (IDPH)
- Morris Hospital & Healthcare Centers
- Schools
- Will County Mobile Dental Van
- YMCA
- Other organizations within the county that support access to care

Estimated Funding needed for Implementation

The Grundy County Health Department will continue to provide access to the services that are currently funded. Partner agencies will fund the programs they currently offer. Additional grant funded and/or tax dollars are needed to provide additional services and to allow for a transportation budget.