2012 PRC Community Health Needs Assessment

Elmhurst Memorial Hospital Service Area

Sponsored by
Elmhurst Memorial Hospital
In cooperation with the Metropolitan Chicago Healthcare Council
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INTRODUCTION
Project Overview

Project Goals

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

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

- **To improve residents’ health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents’ health.

- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

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

Methodology

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

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues.

Community Defined for This Assessment

The “community” defined for this project includes all residential ZIP Codes within the service area of Elmhurst Memorial Hospital (Elmhurst Memorial Hospital Service Area). These are outlined in the following chart:

Sample Approach & Design

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

The sample design used for this effort consisted of a random sample of 295 individuals age 18 and older in the Elmhurst Memorial Hospital Service Area. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).
Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 295 respondents is ±5.7% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 295 Respondents at the 95 Percent Level of Confidence

Note: ● The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response.
Examples: A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- If 50% of the sample of 295 respondents answered a certain question with a "yes," one could be certain with a 95 percent level of confidence that between 44.3% and 55.7% (50% ± 5.7%) of the total population would respond "yes" if asked this question.

Sample Characteristics

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

The following charts outline the characteristics of the Elmhurst Memorial Hospital Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]
Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2012 guidelines place the poverty threshold for a family of four at $23,050 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more the federal poverty level.

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

Key Informant Focus Group

As part of the community health assessment, one focus group was held on June 19, 2012. The focus group participants included a representative from public health; physicians, other health professionals, social service providers, and other community leaders.

A list of recommended participants for the focus group was provided by the sponsors. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the group was scheduled to insure a reasonable turnout.
Audio from the focus group session was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

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

### Public Health, Vital Statistics & Other Data

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

- Centers for Disease Control & Prevention
- GeoLytics Demographic Estimates & Projections
- National Center for Health Statistics
- Illinois Department of Public Health
- Illinois State Police
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Note that secondary data reflect county-level data for DuPage County.

### Benchmark Data

#### Regional MCHC Data

Because this survey was also conducted throughout the Metro Chicago area as part of a broader study facilitated by the Metropolitan Chicago Healthcare Council (MCHC), comparisons can also be made at the regional level. These regional data are referred to as the “MCHC Region” and include Cook, DuPage and Lake counties, Illinois.

#### Illinois Risk Factor Data

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

#### Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2011 PRC National Health Survey*, the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.
Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

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

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

Information Gaps

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

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

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

Areas of Opportunity for Community Health Improvement

The following “health priorities” represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

<table>
<thead>
<tr>
<th>Areas of Opportunity Identified Through This Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to Healthcare Services</strong></td>
</tr>
<tr>
<td>• Barriers to Accessing Healthcare</td>
</tr>
<tr>
<td>(focus group concern)</td>
</tr>
<tr>
<td>o Uninsured &amp; Underinsured</td>
</tr>
<tr>
<td>o Availability of specialists</td>
</tr>
<tr>
<td>(esp. for Medicaid)</td>
</tr>
<tr>
<td>o Medicaid Reimbursement Rates</td>
</tr>
<tr>
<td>o Lack of Transportation</td>
</tr>
<tr>
<td>o Language Barriers</td>
</tr>
<tr>
<td>• Specific Source of Care/Medical Homes</td>
</tr>
<tr>
<td>(focus group concern)</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
</tr>
<tr>
<td>• Prevalence of Cancer</td>
</tr>
<tr>
<td><strong>Chronic Kidney Disease</strong></td>
</tr>
<tr>
<td>• Kidney Disease Deaths</td>
</tr>
<tr>
<td><strong>Dementias, Including Alzheimer’s Disease</strong></td>
</tr>
<tr>
<td>• Alzheimer’s Disease Deaths</td>
</tr>
<tr>
<td><strong>Family Planning</strong></td>
</tr>
<tr>
<td>• Teen Births</td>
</tr>
<tr>
<td><strong>Mental Health &amp; Mental Disorders</strong></td>
</tr>
<tr>
<td>• Barriers to Treatment (focus group concern)</td>
</tr>
<tr>
<td>o Stigma</td>
</tr>
<tr>
<td>o Availability of Providers/</td>
</tr>
<tr>
<td>Treatment Options</td>
</tr>
<tr>
<td>o Cost</td>
</tr>
<tr>
<td>o Language Barriers</td>
</tr>
<tr>
<td>• Special Needs of Seniors &amp; Children</td>
</tr>
<tr>
<td>(focus group concern)</td>
</tr>
<tr>
<td>• Over-Medication (focus group concern)</td>
</tr>
<tr>
<td><strong>Respiratory Disease</strong></td>
</tr>
<tr>
<td>• Chronic Lower Respiratory Disease Deaths</td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
</tr>
<tr>
<td>• Prescription Misuse (focus group concern)</td>
</tr>
</tbody>
</table>
Top Community Health Concerns Among Community Key Informants

At the conclusion of the key informant focus group, participants were asked to write down what they individually perceive as the top five health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized and tallied to produce the top-ranked priorities as identified among key informants. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

1. **Mental Health**
   
   Mentioned resources available to address this issue: DuPage County Health Department; Hospitals; Psychiatrists; Social Workers; Behavioral Health Collaborative

2. **Access**
   
   Mentioned resources available to address this issue: DuPage Health Safety Net Plan; Hospitals; DuPage Coalition; Access DuPage; Federally Qualified Health Centers

3. **Obesity**
   
   Mentioned resources available to address this issue: FORWARD; Schools; Primary Care Providers

4. **Specialists**
   
   Mentioned resources available to address this issue: DuPage Health Coalition; Access DuPage

5. **Education**
   
   No resources were mentioned to address this issue.

Summary Tables: Comparisons With Benchmark Data

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

Reading the Summary Tables

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

- The columns to the right of the Elmhurst Memorial Hospital Service Area column provide comparisons between the county and any available regional, state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the Elmhurst Memorial Hospital Service Area compares favorably (✔), unfavorably (✘), or comparably (≈) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
<table>
<thead>
<tr>
<th>Access to Health Services</th>
<th>EMH Service Area</th>
<th>EMH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>16.4</td>
<td>vs. MCHC Region vs. IL vs. US vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>16.6 15.3 14.9 0.0</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year (Composite)</td>
<td>38.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>38.9 37.3</td>
<td></td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td>13.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>17.1 14.3</td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>12.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15.5 15.0</td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>13.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15.7 14.0</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td>12.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14.4 16.5</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td>8.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9.4 10.7</td>
<td></td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>7.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8.1 7.7</td>
<td></td>
</tr>
<tr>
<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td>79.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>75.7 76.3 95.0</td>
<td></td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>71.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>71.6 67.3</td>
<td></td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>88.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>90.9 87.0</td>
<td></td>
</tr>
<tr>
<td>% Rate Local Healthcare “Fair/Poor”</td>
<td>8.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15.5 15.3</td>
<td></td>
</tr>
</tbody>
</table>
## Cancer

<table>
<thead>
<tr>
<th>Metric</th>
<th>EMH Service Area</th>
<th>vs. MCHC Region</th>
<th>vs. IL</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td>162.3</td>
<td>☀</td>
<td>☀</td>
<td>☀</td>
<td>☁</td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td>4.1</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☀</td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>7.8</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☀</td>
</tr>
</tbody>
</table>

Better: ☀  Similar: ☁  Worse: ☁

## Chronic Kidney Disease

<table>
<thead>
<tr>
<th>Metric</th>
<th>EMH Service Area</th>
<th>vs. MCHC Region</th>
<th>vs. IL</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney Disease (Age-Adjusted Death Rate)</td>
<td>17.1</td>
<td>☀</td>
<td>☀</td>
<td>☁</td>
<td>☁</td>
</tr>
</tbody>
</table>

Better: ☀  Similar: ☁  Worse: ☁

## Diabetes

<table>
<thead>
<tr>
<th>Metric</th>
<th>EMH Service Area</th>
<th>vs. MCHC Region</th>
<th>vs. IL</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Mellitus (Age-Adjusted Death Rate)</td>
<td>11.5</td>
<td>☀</td>
<td>☀</td>
<td>☀</td>
<td>☁</td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>11.1</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
</tr>
</tbody>
</table>

Better: ☀  Similar: ☁  Worse: ☁

## Dementias, Including Alzheimer's Disease

<table>
<thead>
<tr>
<th>Metric</th>
<th>EMH Service Area</th>
<th>vs. MCHC Region</th>
<th>vs. IL</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer's Disease (Age-Adjusted Death Rate)</td>
<td>23.9</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
</tr>
</tbody>
</table>

Better: ☀  Similar: ☁  Worse: ☁
### Family Planning

<table>
<thead>
<tr>
<th>Metric</th>
<th>EMH Service Area</th>
<th>vs. MCHC Region</th>
<th>vs. IL</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Births to Unwed Mothers</td>
<td>23.4</td>
<td>41.6</td>
<td>38.0</td>
<td>40.4</td>
<td></td>
</tr>
<tr>
<td>% Births to Teenagers</td>
<td>4.3</td>
<td>9.7</td>
<td>9.9</td>
<td>10.3</td>
<td></td>
</tr>
</tbody>
</table>

### General Health Status

<table>
<thead>
<tr>
<th>Metric</th>
<th>EMH Service Area</th>
<th>vs. MCHC Region</th>
<th>vs. IL</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% “Fair/Poor” Physical Health</td>
<td>13.2</td>
<td>15.4</td>
<td>15.5</td>
<td>16.8</td>
<td></td>
</tr>
</tbody>
</table>

### Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Metric</th>
<th>EMH Service Area</th>
<th>vs. MCHC Region</th>
<th>vs. IL</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart (Age-Adjusted Death Rate)</td>
<td>151.6</td>
<td>188.3</td>
<td>189.3</td>
<td>185.8</td>
<td>152.7</td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td>36.9</td>
<td>39.7</td>
<td>41.8</td>
<td>40.6</td>
<td>33.8</td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>73.0</td>
<td>81.0</td>
<td></td>
<td>86.3</td>
<td></td>
</tr>
</tbody>
</table>

### HIV

<table>
<thead>
<tr>
<th>Metric</th>
<th>EMH Service Area</th>
<th>vs. MCHC Region</th>
<th>vs. IL</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS (Age-Adjusted Death Rate)</td>
<td>0.7</td>
<td>3.8</td>
<td>2.2</td>
<td>3.3</td>
<td>3.3</td>
</tr>
</tbody>
</table>
### Injury & Violence Prevention

<table>
<thead>
<tr>
<th>EMH Service Area</th>
<th>EMH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. MCHC Region</td>
</tr>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td>20.3</td>
</tr>
<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td>3.6</td>
</tr>
<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate)</td>
<td>3.3</td>
</tr>
<tr>
<td>Homicide (Age-Adjusted Death Rate)</td>
<td>1.6</td>
</tr>
<tr>
<td>% Victim of Violent Crime in Past 5 Years</td>
<td>2.5</td>
</tr>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td>8.3</td>
</tr>
</tbody>
</table>

### Maternal, Infant & Child Health

<table>
<thead>
<tr>
<th>EMH Service Area</th>
<th>EMH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. MCHC Region</td>
</tr>
<tr>
<td>% No Prenatal Care in First Trimester</td>
<td>13.1</td>
</tr>
<tr>
<td>% of Low Birthweight Births</td>
<td>7.4</td>
</tr>
<tr>
<td>Infant Death Rate</td>
<td>5.2</td>
</tr>
</tbody>
</table>
### Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th>Metric</th>
<th>EMH Service Area</th>
<th>vs. MCHC Region</th>
<th>vs. IL</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td>8.5</td>
<td>☀</td>
<td>☁</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Major Depression</td>
<td>8.4</td>
<td>☁</td>
<td>☁</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td>22.7</td>
<td>☁</td>
<td>☁</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td>7.5</td>
<td>☁</td>
<td>☀</td>
<td>☁</td>
<td>☁</td>
</tr>
</tbody>
</table>

### Nutrition & Weight Status

<table>
<thead>
<tr>
<th>Metric</th>
<th>EMH Service Area</th>
<th>vs. MCHC Region</th>
<th>vs. IL</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td>47.1</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td></td>
</tr>
<tr>
<td>% Overweight</td>
<td>61.1</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td></td>
</tr>
<tr>
<td>% Obese</td>
<td>28.2</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight</td>
<td>31.1</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese</td>
<td>16.2</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td></td>
</tr>
</tbody>
</table>

### Oral Health

<table>
<thead>
<tr>
<th>Metric</th>
<th>EMH Service Area</th>
<th>vs. MCHC Region</th>
<th>vs. IL</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>73.9</td>
<td>☁</td>
<td>☁</td>
<td>☀</td>
<td>☁</td>
</tr>
<tr>
<td>% Child [Age 2-17] Dental Visit in Past Year</td>
<td>81.1</td>
<td>☁</td>
<td>☁</td>
<td>☀</td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
<td>EMH Service Area</td>
<td>EMH Service Area vs. Benchmarks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------</td>
<td>-------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>17.7</td>
<td>vs. MCHC Region</td>
<td>vs. IL</td>
<td>vs. US</td>
<td>vs. HP2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td>🌧️</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17.8</td>
<td>25.7</td>
<td>28.7</td>
<td>32.6</td>
</tr>
<tr>
<td></td>
<td>better</td>
<td>similar</td>
<td>worse</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respiratory Diseases</th>
<th>EMH Service Area</th>
<th>EMH Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td>34.7</td>
<td>vs. MCHC Region</td>
</tr>
<tr>
<td></td>
<td></td>
<td>🌧️</td>
</tr>
<tr>
<td></td>
<td></td>
<td>31.5</td>
</tr>
<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate)</td>
<td>16.3</td>
<td>🌞</td>
</tr>
<tr>
<td>% [Adult] Currently Has Asthma</td>
<td>7.6</td>
<td>🌧️</td>
</tr>
<tr>
<td>% [Child 0-17] Currently Has Asthma</td>
<td>10.0</td>
<td>🌧️</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7.5</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>EMH Service Area</td>
<td>EMH Service Area vs. Benchmarks</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</td>
<td>6.3</td>
<td>vs. MCHC Region</td>
</tr>
<tr>
<td>% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)</td>
<td>18.3</td>
<td>🌧️</td>
</tr>
<tr>
<td>Drug-Induced Deaths (Age-Adjusted Death Rate)</td>
<td>7.8</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10.1</td>
</tr>
<tr>
<td></td>
<td>better</td>
<td>similar</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>EMH Service Area vs. Benchmarks</td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>---------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>vs. MCHC Region</td>
<td>vs. IL</td>
</tr>
<tr>
<td>% Current Smoker</td>
<td>13.8</td>
<td>15.0</td>
</tr>
<tr>
<td></td>
<td>☁️</td>
<td>☁️</td>
</tr>
<tr>
<td></td>
<td>better</td>
<td>similar</td>
</tr>
</tbody>
</table>
GENERAL HEALTH STATUS
Overall Health Status

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

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

Self-Reported Health Status

A total of 60.7% of Elmhurst Memorial Hospital Service Area adults rate their overall health as “excellent” or “very good.”

- Another 26.0% gave “good” ratings of their overall health.

However, 13.2% of Elmhurst Memorial Hospital Service Area adults believe that their overall health is “fair” or “poor.”

- Similar to regional findings.
- Similar to statewide findings.
- Similar to the national percentage.

Experience “Fair” or “Poor” Overall Health

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

Where sample sizes permit, community-level data are provided.
Adults more likely to report experiencing “fair” or “poor” overall health include:

- Women.
- Residents living at lower incomes.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

### Experience “Fair” or “Poor” Overall Health

(EMH Service Area, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Non-White</th>
<th>EMH Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience</td>
<td>8.9%</td>
<td>16.8%</td>
<td>9.2%</td>
<td>16.8%</td>
<td>14.0%</td>
<td>31.9%</td>
<td>7.8%</td>
<td>10.4%</td>
<td>18.8%</td>
<td>13.2%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

### Activity Limitations

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response</th>
<th>EMH Service Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you limited in any way in any activities because of physical, mental or emotional problems?</td>
<td>All respondents</td>
<td>Yes</td>
<td>19.0%</td>
<td>19.0%</td>
<td>17.0%</td>
</tr>
</tbody>
</table>

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

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

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

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

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: risk factors, which predispose individuals to mental illness; and protective factors, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

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

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)
Age-Adjusted Suicides

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Years</th>
<th>Expressed as:</th>
<th>DuPage County</th>
<th>MCHC Region</th>
<th>IL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicides</td>
<td>2007-2009</td>
<td>Age-adjusted deaths per 100,000 population</td>
<td>7.5</td>
<td>7.7</td>
<td>8.9</td>
<td>11.6</td>
</tr>
</tbody>
</table>

Mental Health Status

Self-Reported Mental Health Status

A total of 69.8% of Elmhurst Memorial Hospital Service Area adults rate their overall mental health as “excellent” or “very good.”

- Another 21.8% gave “good” ratings of their own mental health status.

Self-Reported Mental Health Status
(EMH Service Area, 2012)

- Excellent 34.4%
- Very Good 35.4%
- Good 21.8%
- Fair 5.7%
- Poor 2.8%

A total of 8.5% of Elmhurst Memorial Hospital Service Area adults, however, believe that their overall mental health is “fair” or “poor.”

- Lower (more favorable) than MCHC regional findings.
- Similar to the “fair/poor” response reported nationally.

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
Notes: Asked of all respondents.

“Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?”
Experience “Fair” or “Poor” Mental Health

No statistical difference to report when viewed by key demographic characteristics (i.e., the differences noted below are not statistically significant).

Experience “Fair” or “Poor” Mental Health
(EMH Service Area, 2012)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
Other Mental Health Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response:</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you please tell me if you have ever suffered from or been diagnosed with major depression diagnosed by a doctor?</td>
<td>All respondents</td>
<td>Yes</td>
<td>8.4%</td>
<td>8.6%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?</td>
<td>All respondents</td>
<td>Yes</td>
<td>22.7%</td>
<td>26.6%</td>
<td>26.5%</td>
</tr>
<tr>
<td>Thinking about the amount of stress in your life, would you say that most days are:</td>
<td>All respondents</td>
<td>Extremely stressful</td>
<td>3.9%</td>
<td>8.1%</td>
<td>4.3%</td>
</tr>
<tr>
<td>During the past 30 days, for about how many days have you felt you did NOT get enough rest or sleep?</td>
<td>All respondents</td>
<td>3+ Days</td>
<td>56.9%</td>
<td>61.6%</td>
<td>n/a</td>
</tr>
<tr>
<td>Have you ever sought help from a professional for a mental or emotional problem?</td>
<td>All respondents</td>
<td>Yes</td>
<td>24.1%</td>
<td>23.7%</td>
<td>24.4%</td>
</tr>
<tr>
<td>Does this child currently take medication for Attention-Deficit/ Hyperactivity Disorder or Attention-Deficit Disorder, also called ADHD or ADD?</td>
<td>Parents of children age 5-17</td>
<td>Yes</td>
<td>4.7%</td>
<td>4.6%</td>
<td>6.5%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 33; 121-124; 140)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Mental Health

Much conversation centered on mental health in the community, with these issues arising:

- Stigma
- Inadequate number of psychiatrists and treatment facility options
- Cost
- Language barriers
- Senior citizens and children
- Medication

During the focus group, issues surrounding mental health coverage arose several times. Participants believe that stigma can impact a resident’s willingness to access behavioral healthcare. For those residents with private insurance or monetary resources, finding an appropriate provider may prove troublesome because individuals do not know where to begin the process. It is very important to educate people about the points of access for behavioral healthcare.

“I think stigma can be a challenge. I think amongst my friends who are relatively savvy about mental health issues, knowing how to discern what practitioner would be appropriate to them can even be complicated and it can be difficult to navigate the road between what is appropriate for a primary care or primary healthy setting versus leading to the behavioral health realm and
often of course those two do not necessarily intersect very well together either.” — DuPage County Key Informant

Many participants feel that DuPage County suffers due to an **inadequate number of psychiatrists, counselors, and treatment facilities** available to address uninsured and Medicaid residents’ behavioral health needs. Adults experiencing a psychiatric crisis may spend up to 72 hours in a hospital emergency room due to a lack of available inpatient beds.

In general, Medicaid psychiatrists have five- or six-month waiting periods before initial appointments take place; furthermore, a public aid card does not guarantee a person local access. For any resident, the **cost** of mental health can become a barrier to treatment, as one participant explains:

“We’ve created, through our health insurance system, fairly price-inflexible perceptions about health, the idea that someone would invest $70 of their own resources toward a mental health consultation or $125 or whatever that number may be. That may in fact be a good value but people tend to be very reluctant to invest their own resources in their healthcare decision-making.” — DuPage County Key Informant

There is much concern about the abundance of **medication** and the fear of over-medicating occurring within the community. Residents expect a “prescription solution” and not a prescription to participate in therapy, as one participant describes:

“I think across all ages the prescribing patterns by providers of those populations are likely influenced by societal expectations for a quick fix or prescription or something tangible perhaps versus counseling, or just counseling or other behavioral or lifestyle changes that may influence their condition as well. So the expectations I think need to be balanced with the practices.” — DuPage County Key Informant

Focus group attendees express concern for non-English speaking residents and their inability to access behavioral healthcare services. These people include both Hispanic residents and refugees, facing the same access challenges as others, but with issues that are compounded by the **language barrier**.

In addition, participants agree that both **senior citizens and children** have unique mental healthcare needs and these populations are many times neglected.
DEATH, DISEASE & CHRONIC CONDITIONS
Leading Causes of Death

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for more than one-half of all deaths in DuPage County in 2009.

**Leading Causes of Death**
(DuPage County, 2009)

- Cancer 26.3%
- Heart Disease 22.6%
- Other 36.7%
- Stroke 5.4%
- CLRD 5.1%
- Alzheimer’s Dis. 3.9%
- Other 36.7%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
Data extracted September 2012.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). ▲ CLRD is chronic lower respiratory disease.
## Age-Adjusted Death Rates

<table>
<thead>
<tr>
<th>Cause</th>
<th>DuPage County</th>
<th>MCHC Region</th>
<th>Illinois</th>
<th>United States</th>
<th>Healthy People 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>162.3</td>
<td>179.3</td>
<td>183.9</td>
<td>175.6</td>
<td>160.6</td>
</tr>
<tr>
<td>Diseases of the Heart</td>
<td>151.6</td>
<td>188.3</td>
<td>189.3</td>
<td>185.8</td>
<td>152.7*</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>36.9</td>
<td>39.7</td>
<td>41.8</td>
<td>40.6</td>
<td>33.8</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>34.7</td>
<td>31.5</td>
<td>39.9</td>
<td>42.4</td>
<td>n/a</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>23.9</td>
<td>17.8</td>
<td>21.2</td>
<td>23.5</td>
<td>n/a</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>20.3</td>
<td>25.8</td>
<td>31.9</td>
<td>38.7</td>
<td>36.0</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>17.1</td>
<td>20.0</td>
<td>19.5</td>
<td>14.7</td>
<td>n/a</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>16.3</td>
<td>19.0</td>
<td>18.6</td>
<td>16.4</td>
<td>n/a</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>11.5</td>
<td>20.9</td>
<td>21.3</td>
<td>21.7</td>
<td>19.6*</td>
</tr>
<tr>
<td>Drug-Induced</td>
<td>7.8</td>
<td>10.1</td>
<td>10.5</td>
<td>12.6</td>
<td>11.3</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>7.5</td>
<td>7.7</td>
<td>8.9</td>
<td>11.6</td>
<td>10.2</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease</td>
<td>6.3</td>
<td>8.2</td>
<td>8.2</td>
<td>9.2</td>
<td>8.2</td>
</tr>
<tr>
<td>Motor Vehicle Crashes</td>
<td>3.6</td>
<td>6.4</td>
<td>9.3</td>
<td>13.0</td>
<td>12.4</td>
</tr>
<tr>
<td>Firearm-Related</td>
<td>3.3</td>
<td>9.2</td>
<td>8.1</td>
<td>10.2</td>
<td>9.2</td>
</tr>
<tr>
<td>Homicide/Legal Intervention</td>
<td>1.6</td>
<td>9.1</td>
<td>6.7</td>
<td>5.8</td>
<td>5.5</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>0.7</td>
<td>3.8</td>
<td>2.2</td>
<td>3.3</td>
<td>3.3</td>
</tr>
</tbody>
</table>

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2012.
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
- Local, state and national data are simple three-year averages.

**Note:**
- DuPage County MCHC Region Illinois United States Healthy People 2020

### Related Focus Group Findings: Chronic Disease

All participants agree that chronic disease conditions persist in the community, but also that many of these are preventable. Hospitals need to advocate for prevention and education because of the high costs of chronic disease. Focus group attendees agree that awareness, testing and screening are each critical components in combating chronic disease in the community, and believe that stand-alone preventive care is meaningless; the community must invest in a systemic approach to comprehensive care.

Focus group participants mentioned several chronic health conditions which persist in the community, including arthritis, heart disease, obesity, asthma, hypertension, anxiety and depression-related illnesses, substance abuse and diabetes.
Cardiovascular Disease

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

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Years</th>
<th>Expressed as:</th>
<th>DuPage County</th>
<th>MCHC Region</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease Deaths</td>
<td>2007-2009</td>
<td>Age-adjusted deaths per 100,000 population</td>
<td>151.6</td>
<td>188.3</td>
<td>189.3</td>
<td>185.8</td>
</tr>
<tr>
<td>Stroke Deaths</td>
<td>2007-2009</td>
<td>Age-adjusted deaths per 100,000 population</td>
<td>36.9</td>
<td>39.7</td>
<td>41.8</td>
<td>40.6</td>
</tr>
</tbody>
</table>
## Prevalence of Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response:</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a doctor, nurse or other health professional ever told you that you had a heart attack?</td>
<td>All respondents</td>
<td>Diagnosed With Heart Disease (calculated response): heart attack, angina, and/or coronary heart disease</td>
<td>5.9%</td>
<td>5.1%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Has a doctor, nurse or other health professional ever told you that you had angina?</td>
<td>All respondents</td>
<td>Yes</td>
<td>3.6%</td>
<td>3.2%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Has a doctor, nurse or other health professional ever told you that you had coronary disease?</td>
<td>All respondents</td>
<td>Yes</td>
<td>5.1%</td>
<td>5.3%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Has a doctor, nurse or other health professional ever told you that you had a stroke?</td>
<td>All respondents</td>
<td>Yes</td>
<td>3.6%</td>
<td>3.2%</td>
<td>2.7%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 151, 43)  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

## High Blood Pressure & Cholesterol

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response:</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been told by a doctor, nurse or other healthcare professional that you had high blood pressure?</td>
<td>All respondents</td>
<td>Yes</td>
<td>27.7%</td>
<td>33.0%</td>
<td>34.3%</td>
</tr>
<tr>
<td>About how long has it been since you had your blood pressure taken by a doctor, nurse or other health professional?</td>
<td>All respondents</td>
<td>Within the past 2 years</td>
<td>97.2%</td>
<td>94.8%</td>
<td>94.7%</td>
</tr>
<tr>
<td>Are you currently taking any action to control your high blood pressure, such as taking medication, changing your diet or exercising?</td>
<td>Respondents with high blood pressure</td>
<td>Yes</td>
<td>93.9%</td>
<td>92.9%</td>
<td>89.1%</td>
</tr>
<tr>
<td>Have you ever been told by a doctor, nurse or other healthcare professional that you had high blood cholesterol?</td>
<td>All respondents</td>
<td>Yes</td>
<td>29.3%</td>
<td>29.6%</td>
<td>31.4%</td>
</tr>
<tr>
<td>About how long has it been since you had your blood cholesterol checked?</td>
<td>All respondents</td>
<td>Within the past 5 years</td>
<td>93.2%</td>
<td>91.4%</td>
<td>90.7%</td>
</tr>
<tr>
<td>Are you currently taking any action to control your high blood cholesterol, such as taking medication, changing your diet or exercising?</td>
<td>Respondents with high blood cholesterol</td>
<td>Yes</td>
<td>73.0%</td>
<td>88.6%</td>
<td>89.1%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 50, 53, 52; 54; 56. 55)  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Total Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include: high blood pressure; high blood cholesterol; tobacco use; physical inactivity; poor nutrition; overweight/obesity; and diabetes.

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

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

A total of 73.0% of Elmhurst Memorial Hospital Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Better than MCHC regional findings.
- Better than national findings.

**Present One or More Cardiovascular Risks or Behaviors**

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMH Service Area</td>
<td>73.0%</td>
</tr>
<tr>
<td>MCHC Region</td>
<td>81.0%</td>
</tr>
<tr>
<td>United States</td>
<td>86.3%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

**RELATED ISSUE:**

See also *Nutrition & Overweight, Physical Activity & Fitness and Tobacco Use in the Modifiable Health Risk section of this report.*
Adults more likely to exhibit cardiovascular risk factors include:

- Adults aged 40+ (and especially seniors, those aged 65 and older).

### Present One or More Cardiovascular Risks or Behaviors

(EMH Service Area, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Non-White</th>
<th>EMH Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>75.8%</td>
<td>70.7%</td>
<td>53.0%</td>
<td>83.5%</td>
<td>92.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 154)

**Notes:**
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
Cancer

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

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

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

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

Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Years</th>
<th>Expressed as:</th>
<th>DuPage County</th>
<th>MCHC Region</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Deaths</td>
<td>2007-2009</td>
<td>Age-adjusted deaths per 100,000 population</td>
<td>162.3</td>
<td>179.3</td>
<td>183.9</td>
<td>175.6</td>
</tr>
</tbody>
</table>

Prevalence of Cancer

A total of 4.1% of surveyed Elmhurst Memorial Hospital Service Area adults report having been diagnosed with skin cancer.

- Comparable to the MCHC Region percentage.
- More favorable than the national average.

A total of 7.8% of respondents have been diagnosed with some type of (non-skin) cancer.

- Higher than the regional prevalence.
- Similar to the national prevalence.
Prevalence of Cancer
(EMH Service Area, 2012)

Sources:
● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 31; 30]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes:
● Asked of all respondents.

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

■ All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.

■ According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

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

Cancer Screenings

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

Screening levels in the community were measured in the PRC Community Health Survey relative to four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).
<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response:</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long has it been since you had your last Pap test?</td>
<td>Women age 21-65</td>
<td>Within the past 3 years</td>
<td>87.9%</td>
<td>85.9%</td>
<td>84.7%</td>
</tr>
<tr>
<td>How long has it been since your last mammogram?</td>
<td>Women age 50-74</td>
<td>Within the past 2 years</td>
<td>80.7%</td>
<td>77.6%</td>
<td>79.9%</td>
</tr>
<tr>
<td>How long has it been since your last PSA test?</td>
<td>Men age 50+</td>
<td>prostate cancer screening (calculated response): PSA or DRE within the past 2 years</td>
<td>79.8%</td>
<td>72.2%</td>
<td>70.5%</td>
</tr>
<tr>
<td>How long has it been since your last digital rectal exam?</td>
<td>Respondents age 50-75</td>
<td>colorectal cancer screening (calculated response): blood stool test in past year and/or lower endoscopy in past 10 years</td>
<td>62.4%</td>
<td>67.3%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 157, 156, 158, 161] ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

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

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

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

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

Risk factors for asthma currently being investigated include:

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

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

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

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]
### Age-Adjusted Respiratory Disease Deaths

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Years</th>
<th>Expressed as:</th>
<th>DuPage County</th>
<th>MCHC Region</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD) Deaths</td>
<td>2007-2009</td>
<td>Age-adjusted deaths per 100,000 population</td>
<td>34.7</td>
<td>31.5</td>
<td>39.9</td>
<td>42.4</td>
</tr>
<tr>
<td>Pneumonia/Influenza Deaths</td>
<td>2007-2009</td>
<td>Age-adjusted deaths per 100,000 population</td>
<td>16.3</td>
<td>19.0</td>
<td>18.6</td>
<td>16.4</td>
</tr>
</tbody>
</table>

### Asthma

#### Adults

A total of 7.6% of Elmhurst Memorial Hospital Service Area adults currently suffer from asthma.

- Similar to the MCHC regional findings.
- Similar to the statewide prevalence.
- Similar to the national prevalence.

#### Currently Have Asthma

![Currently Have Asthma Chart](chart.png)

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 162]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
Service area women are more likely to report suffering from asthma.

Currently Have Asthma
(EMH Service Area, 2012)

Children

Among area children under age 18, 10.0% currently have asthma.

- Similar to findings among children across the MCHC Region.
- Statistically similar to national findings.

Child Currently Has Asthma
(Among Parents of Children Age 0-17)
## Influenza & Pneumonia Vaccination

A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a **seasonal flu shot**?

During the past 12 months, have you had a **seasonal flu vaccine** that was sprayed in your nose? The seasonal flu vaccine sprayed in the nose is also called FluMist.

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the seasonal flu shot. Have you **ever had a pneumonia shot**?

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response:</th>
<th>EMH Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a <strong>seasonal flu shot</strong>?</td>
<td>Respondents age 65+</td>
<td>Senior Flu Vaccination (calculated response): Yes</td>
<td>77.4%</td>
</tr>
<tr>
<td>During the past 12 months, have you had a <strong>seasonal flu vaccine</strong> that was sprayed in your nose? The seasonal flu vaccine sprayed in the nose is also called FluMist.</td>
<td></td>
<td></td>
<td>65.0%</td>
</tr>
<tr>
<td>A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the seasonal flu shot. Have you <strong>ever had a pneumonia shot</strong>?</td>
<td>Respondents age 65+</td>
<td>Yes</td>
<td>65.2%</td>
</tr>
</tbody>
</table>

**Other Respiratory Disease Indicators**

Would you please tell me if you have ever suffered from or been diagnosed with **nasal or hay fever allergies**?

Would you please tell me if you have ever suffered from or been diagnosed with **sinusitis**?

Would you please tell me if you have ever suffered from or been diagnosed with **chronic lung disease**?

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response:</th>
<th>EMH Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you please tell me if you have ever suffered from or been diagnosed with <strong>nasal or hay fever allergies</strong>?</td>
<td>All respondents</td>
<td>Yes</td>
<td>22.2%</td>
</tr>
<tr>
<td>Would you please tell me if you have ever suffered from or been diagnosed with <strong>sinusitis</strong>?</td>
<td>All respondents</td>
<td>Yes</td>
<td>9.5%</td>
</tr>
<tr>
<td>Would you please tell me if you have ever suffered from or been diagnosed with <strong>chronic lung disease</strong>?</td>
<td>All respondents</td>
<td>Yes</td>
<td>10.1%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 170; 172]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

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

Healthy People 2020 (www.healthypeople.gov)
## Age-Adjusted Injury Deaths

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Years</th>
<th>Expressed as:</th>
<th>DuPage County</th>
<th>MCHC Region</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Injury Deaths</td>
<td>2007-2009</td>
<td>Age-adjusted deaths per 100,000 population</td>
<td>20.3</td>
<td>25.8</td>
<td>31.9</td>
<td>38.7</td>
</tr>
<tr>
<td>Motor Vehicle Crash Deaths</td>
<td>2007-2009</td>
<td>Age-adjusted deaths per 100,000 population</td>
<td>3.6</td>
<td>6.4</td>
<td>9.3</td>
<td>13.0</td>
</tr>
<tr>
<td>Motor Vehicle Crash Deaths (also included in Unintentional Injuries above)</td>
<td>2007-2009</td>
<td>Age-adjusted deaths per 100,000 population</td>
<td>3.3</td>
<td>9.2</td>
<td>8.1</td>
<td>10.2</td>
</tr>
<tr>
<td>Firearm-Related Deaths</td>
<td>2007-2009</td>
<td>Age-adjusted deaths per 100,000 population</td>
<td>3.3</td>
<td>9.2</td>
<td>8.1</td>
<td>10.2</td>
</tr>
<tr>
<td>Homicide</td>
<td>2007-2009</td>
<td>Age-adjusted deaths per 100,000 population</td>
<td>1.6</td>
<td>9.1</td>
<td>6.7</td>
<td>5.8</td>
</tr>
</tbody>
</table>

### Other Injury Indicators

**Question**

**Asked of:**

**Response:**

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you use seat belts when driving or riding in a car?</td>
</tr>
<tr>
<td>All respondents</td>
</tr>
<tr>
<td>“Always”</td>
</tr>
<tr>
<td>92.7% 88.7% 85.3%</td>
</tr>
<tr>
<td>Does your child (0-17) always wear a child restraint or seat belt when riding in a car?</td>
</tr>
<tr>
<td>Parents of children age 0-17</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>96.3% 94.4% 91.6%</td>
</tr>
<tr>
<td>In the past year, how often has this child worn a bicycle helmet when riding a bicycle?</td>
</tr>
<tr>
<td>Parents of children age 5-17</td>
</tr>
<tr>
<td>“Always”</td>
</tr>
<tr>
<td>18.5% 32.8% 35.3%</td>
</tr>
<tr>
<td>Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck or car?</td>
</tr>
<tr>
<td>All respondents</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>16.6% 12.4% 37.9%</td>
</tr>
<tr>
<td>Is your firearm kept unlocked and loaded?</td>
</tr>
<tr>
<td>Respondents with firearms</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>7.0% 13.3% 16.9%</td>
</tr>
</tbody>
</table>

### Other Violence Indicators

**Question**

**Asked of:**

**Response:**

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now I would like to ask, how safe from crime do you consider your neighborhood to be?</td>
</tr>
<tr>
<td>All Respondents</td>
</tr>
<tr>
<td>Extremely Safe   Quite Safe  Slightly Safe  Not At All Safe</td>
</tr>
<tr>
<td>31.0% 58.3% 9.3% 1.4%</td>
</tr>
<tr>
<td>Have you been the victim of a violent crime in your area in the past five years?</td>
</tr>
<tr>
<td>All respondents</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>2.5% 5.9% 1.6%</td>
</tr>
<tr>
<td>Has an intimate partner ever threatened you with physical violence?</td>
</tr>
<tr>
<td>All respondents</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>6.1% 10.6% 11.7%</td>
</tr>
<tr>
<td>Has an intimate partner ever hit, slapped, pushed, kicked or hurt you in any way?</td>
</tr>
<tr>
<td>All respondents</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>8.3% 12.1% 13.5%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 57; 141; 167; 62; 164-165]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Diabetes

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

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

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

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was $174 billion, which includes the costs of medical care, disability, and premature death.

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Years</th>
<th>Expressed as:</th>
<th>DuPage County</th>
<th>MCHC Region</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Deaths</td>
<td>2007-2009</td>
<td>Age-adjusted deaths per 100,000 population</td>
<td>11.5</td>
<td>20.9</td>
<td>21.3</td>
<td>21.7</td>
</tr>
</tbody>
</table>
Prevalence of Diabetes

A total of 11.1% of Elmhurst Memorial Hospital Service Area adults report having been diagnosed with diabetes.

- Similar to the MCHC regional percentage.
- Similar to the proportion statewide.
- Similar to the national proportion.

Prevalence of Diabetes

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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

A higher prevalence of diabetes is reported among adults age 40+ in the Elmhurst Memorial Hospital Service Area (note the positive correlation with age).

Prevalence of Diabetes

(EMH Service Area, 2012)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level, “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Excludes gestation diabetes (occurring only during pregnancy).
<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of</th>
<th>Response</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you now <strong>taking insulin or other medication</strong> for your diabetes?</td>
<td>Diabetic respondents</td>
<td>Yes</td>
<td>90.5%</td>
<td>82.7%</td>
<td>77.7%</td>
</tr>
<tr>
<td>About how many times in the past 12 months have you <strong>seen a doctor, nurse, or other health professional</strong> for your diabetes?</td>
<td>Diabetic respondents</td>
<td>1+ times</td>
<td>89.0%</td>
<td>92.3%</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 48-49]  
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Age-Adjusted Alzheimer’s Disease Deaths

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

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

– Healthy People 2020 (www.healthypeople.gov)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Years</th>
<th>Expressed as:</th>
<th>DuPage County</th>
<th>MCHC Region</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer’s Disease Deaths</td>
<td>2007-2009</td>
<td>Age-adjusted deaths per 100,000 population</td>
<td><strong>23.9</strong></td>
<td>17.8</td>
<td>21.2</td>
<td><strong>23.5</strong></td>
</tr>
</tbody>
</table>
Kidney Disease

Age-Adjusted Kidney Disease Deaths

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Years</th>
<th>Expressed as:</th>
<th>DuPage County</th>
<th>MCHC Region</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney Disease Deaths</td>
<td>2007-2009</td>
<td>Age-adjusted deaths</td>
<td>17.1</td>
<td>20.0</td>
<td>19.5</td>
<td>14.7</td>
</tr>
</tbody>
</table>
Sickle-Cell Anemia

Hemoglobinopathies include sickle cell disease and thalassemias. These are recessive genetic disorders. This means that the disease occurs when a person inherits an abnormal gene from both parents. If both parents carry a hemoglobinopathy gene, there is a 25 percent chance that their baby will be born with the disease.

Babies born in the United States are tested at birth for common forms of hemoglobinopathies. It is estimated that at least 2 million people in the United States carry one sickle cell gene. Hemoglobinopathies are more common in people of African, Southeast Asian, and Mediterranean descent. Increased public awareness of testing for hemoglobinopathy genes (or carrier status) may increase awareness of risks for carriers and their children, and affect health-related decisions.

– Healthy People 2020 (www.healthypeople.gov)

Prevalence of Sickle-Cell Anemia

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you please tell me if you have ever suffered from or been diagnosed with sickle-cell anemia?</td>
<td>All respondents</td>
<td>Yes</td>
<td>0.6%</td>
<td>0.6%</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Sources:  ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

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

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

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

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

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

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

Healthy People 2020 (www.healthypeople.gov)

### Chronic Pain Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you please tell me if you have ever suffered from or been diagnosed with arthritis or rheumatism?</td>
<td>Respondents age 50+</td>
<td>Yes</td>
<td>41.9%</td>
<td>37.3%</td>
<td>35.4%</td>
</tr>
<tr>
<td>Would you please tell me if you have ever suffered from or been diagnosed with osteoporosis?</td>
<td>Respondents age 50+</td>
<td>Yes</td>
<td>9.7%</td>
<td>10.3%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Would you please tell me if you have ever suffered from or been diagnosed with sciatica or chronic back pain?</td>
<td>All respondents</td>
<td>Yes</td>
<td>18.4%</td>
<td>16.0%</td>
<td>21.5%</td>
</tr>
<tr>
<td>Would you please tell me if you have ever suffered from or been diagnosed with migraines or severe headaches?</td>
<td>All respondents</td>
<td>Yes</td>
<td>11.6%</td>
<td>13.2%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Would you please tell me if you have ever suffered from or been diagnosed with chronic neck pain?</td>
<td>All respondents</td>
<td>Yes</td>
<td>9.2%</td>
<td>8.5%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 168-169; 29; 36-37] ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Vision & Hearing

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person’s later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

– Healthy People 2020 (www.healthypeople.gov)

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation’s population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

– Healthy People 2020 (www.healthypeople.gov)

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response:</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you please tell me if you have ever suffered from or been diagnosed with blindness or trouble seeing, even when wearing glasses?</td>
<td>All respondents</td>
<td>Yes</td>
<td>5.1%</td>
<td>7.6%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Would you please tell me if you have ever suffered from or been diagnosed with deafness or trouble hearing?</td>
<td>All respondents</td>
<td>Yes</td>
<td>5.5%</td>
<td>5.8%</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 26–27)
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

RELATED ISSUE: See also Vision Care in the Access to Health Services section of this report.
## Risk for Sexually Transmitted Infections

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the past 12 months, with how many people have you had sexual intercourse?</td>
<td>Unmarried respondents age 18-64</td>
<td>3+</td>
<td>5.5%</td>
<td>10.6%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Was a condom used the last time you had sexual intercourse?</td>
<td>Unmarried respondents age 18-64</td>
<td>Yes</td>
<td>49.0%</td>
<td>45.7%</td>
<td>18.9%</td>
</tr>
<tr>
<td>Have you been tested for HIV in the past year?</td>
<td>Respondents age 18-44</td>
<td>Yes</td>
<td>27.7%</td>
<td>26.6%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Have you ever been vaccinated for hepatitis B?</td>
<td>All respondents</td>
<td>Yes</td>
<td>37.2%</td>
<td>37.5%</td>
<td>38.4%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-105, 82]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
BIRTHS
Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

Between 2007 and 2009, 13.1% of all DuPage County births did not receive prenatal care in the first trimester of pregnancy.

- More favorable than the MCHC Region findings.
- More favorable than the Illinois proportion.
- Satisfies the Healthy People 2020 target (22.1% or lower).

### Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2007-2009)

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 22.1% or Lower</td>
<td>20.1%</td>
</tr>
</tbody>
</table>

DuPage County: 13.1%
MCHC Region: 20.1%
Illinois: 19.1%

Sources: ● Illinois Department of Public Health.

Note: ● Numbers are a percentage of all live births within each population.
Birth Outcomes, Risk & Family Planning

Infant Mortality

Between 2007 and 2009, there was an annual average of 5.2 infant deaths per 1,000 live births.

- Lower than the MCHC regional rate.
- Lower than the Illinois rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.

**Infant Mortality Rate**

(2007–2009 Annual Average Infant Deaths per 1,000 Live Births)

<table>
<thead>
<tr>
<th></th>
<th>DuPage County</th>
<th>MCHC Region</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality Rate</td>
<td>5.2</td>
<td>6.8</td>
<td>6.7</td>
<td>6.5</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2012.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Births to Teen Mothers

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)
A total of 4.3% of 2007-2009 DuPage County births were to teenage mothers.

- Much better than the regional proportion.
- Much better than the Illinois proportion.
- Much better than the national proportion.

**Births to Teen Mothers (Under Age 20)**
(Percentage of Live Births, 2007-2009)

According to the CDC, an unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviors during pregnancy that are associated with adverse effects. For example, women with an unintended pregnancy may delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups, such as teens, are at a higher risk.

Because it is impossible to measure the true incidence of unintended pregnancy in the US, the following indicator looks at births occurring among unmarried mothers as a proxy measure for pregnancies that are not intended (knowing that this is not always the case).

**Other Indicators**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Date Years</th>
<th>Expressed as:</th>
<th>DuPage County</th>
<th>MCHC Region</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-Weight Births</td>
<td>2007-2009</td>
<td>Percent of all live births</td>
<td>7.4%</td>
<td>8.8%</td>
<td>8.4%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Births to Unwed Mothers</td>
<td>2007-2009</td>
<td>Percent of all live births</td>
<td>23.4%</td>
<td>41.6%</td>
<td>38.0%</td>
<td>40.4%</td>
</tr>
</tbody>
</table>

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.
MODIFIABLE HEALTH RISKS
Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.


### Leading Causes of Death

<table>
<thead>
<tr>
<th>Causes of Death</th>
<th>Underlying Risk Factors</th>
<th>Actual Causes of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>Tobacco use</td>
<td>Obesity</td>
</tr>
<tr>
<td></td>
<td>Elevated serum cholesterol</td>
<td>Diabetes</td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
<td>Sedentary lifestyle</td>
</tr>
<tr>
<td>Cancer</td>
<td>Tobacco use</td>
<td>Alcohol</td>
</tr>
<tr>
<td></td>
<td>Improper diet</td>
<td>Occupational/environmental exposures</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>High blood pressure</td>
<td>Elevated serum cholesterol</td>
</tr>
<tr>
<td></td>
<td>Tobacco use</td>
<td></td>
</tr>
<tr>
<td>Accidental injuries</td>
<td>Safety belt noncompliance</td>
<td>Occupational hazards</td>
</tr>
<tr>
<td></td>
<td>Alcohol/substance abuse</td>
<td>Stress/fatigue</td>
</tr>
<tr>
<td></td>
<td>Reckless driving</td>
<td></td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>Tobacco use</td>
<td>Occupational/environmental exposures</td>
</tr>
</tbody>
</table>


While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

### Factors Contributing to Premature Deaths in the United States

- **Tobacco**: 18%
- **Diet/Inactivity**: 17%
- **Alcohol**: 4%
- **Infectious Disease**: 3%
- **Toxic Agents**: 2%
- **Motor Vehicle**: 2%
- **Firearms**: 1%
- **Sexual Behavior**: 1%
- **Illicit Drugs**: 1%
- **Other**: 52%

Sources:
Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person’s diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people’s—particularly children’s—food choices.

- Healthy People 2020 (www.healthypeople.gov)
Daily Recommendation of Fruits/Vegetables

A total of 47.1% of Elmhurst Memorial Hospital Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- Similar to the MCHC Region prevalence.
- Similar to national findings.

### Consume Five or More Servings of Fruits/Vegetables Per Day

<table>
<thead>
<tr>
<th></th>
<th>EMH Service Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>47.1%</td>
<td>44.4%</td>
<td>48.8%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

Statistically similar by key demographic characteristics.

### Consume Five or More Servings of Fruits/Vegetables Per Day

(EMH Service Area, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Non-White</th>
<th>EMH Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>44.4%</td>
<td>49.2%</td>
<td>52.5%</td>
<td>45.8%</td>
<td>37.7%</td>
<td>43.9%</td>
<td>48.3%</td>
<td>48.0%</td>
<td>44.8%</td>
<td>47.1%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- For this issue, respondents were asked to recall their food intake on the previous day.
Other Nutrition Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response:</th>
<th>EMHSvc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford?</td>
<td>All respondents</td>
<td>Very Difficult</td>
<td>2.2%</td>
<td>3.9%</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Somewhat Difficult</td>
<td>10.5%</td>
<td>14.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not Too Difficult</td>
<td>28.6%</td>
<td>25.1%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not At All Difficult</td>
<td>58.7%</td>
<td>56.4%</td>
<td></td>
</tr>
<tr>
<td>During the past 12 months, has a doctor asked you about or given you advice regarding diet and nutrition?</td>
<td>All respondents</td>
<td>Yes</td>
<td>41.4%</td>
<td>44.4%</td>
<td>41.9%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 109; 18]  
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Related Focus Group Findings: Nutrition

Many focus group participants discussed nutrition, with primary themes including:

- Cost
- Convenient option
- Nutritional education

Participants believe that residents of DuPage County have many opportunities to purchase healthy foods, but that cost can be prohibitive for some low-income residents. Other community members choose fast food and convenience stores out of habit, and eating out represents a convenient option for busy families.

Focus group attendees believe food choices have improved in the past few years. Today, the Northern Illinois Food bank offers nutrition education classes and a mobile truck which provides healthier options than in previous years due to pressure from local agencies:

"I've seen Northern Illinois Food Bank, for example, be pushed to make some of the choices they make available to their food banks healthier. One of the schools actually refused to let the food bank in to their area with their mobile trucks until they got a healthier mix of food choices." — DuPage County Key Informant

In addition, schools are placing more importance on healthy food choices and healthy snacks, and local school lunches continue to improve.
Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors positively associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors negatively associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

– Healthy People 2020 (www.healthypeople.gov)
Leisure-Time Physical Activity

A total of 17.7% of Elmhurst Memorial Hospital Service Area adults report no leisure-time physical activity in the past month.

- Nearly identical to the regional prevalence.
- More favorable than statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).

Lack of leisure-time physical activity in the area is higher among:

- Adults aged 40 and older (note the positive correlation with age).
- Residents living in lower income households.

Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
Other Physical Activity Indicators

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.


<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response:</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you are at work, which of the following best describes what you do?</td>
<td>Employed respondents</td>
<td>Sitting or standing</td>
<td>65.0%</td>
<td>66.4%</td>
<td>63.2%</td>
</tr>
<tr>
<td>Now, thinking about when you are not working, how many days per week or per month do you do:</td>
<td>All respondents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...vigorous activities for at least 20 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing and heart rate?</td>
<td>All respondents</td>
<td>Meets Physical Activity Recommendations (calculated response): vigorous physical activity (3+ times per week for 20+ minutes) or moderate physical activity (5+ times per week for 30+ minutes)</td>
<td>46.1%</td>
<td>50.3%</td>
<td>42.7%</td>
</tr>
<tr>
<td>...moderate activities for at least 30 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?</td>
<td>All respondents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the past 12 months, has a doctor asked you about or given you advice regarding physical activity or exercise?</td>
<td>All respondents</td>
<td>Yes</td>
<td>48.0%</td>
<td>49.9%</td>
<td>47.8%</td>
</tr>
<tr>
<td>How difficult is it for you to access safe and affordable places to get physical activity or exercise, such as at a park, gym, YMCA, or recreation center?</td>
<td>All respondents</td>
<td>Very Difficult</td>
<td>7.5%</td>
<td>5.6%</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Somewhat Difficult</td>
<td>7.2%</td>
<td>11.2%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not Too Difficult</td>
<td>23.2%</td>
<td>22.6%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not At All Difficult</td>
<td>62.1%</td>
<td>60.5%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 110; 181; 19; 114]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
### Children’s Screen Time

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response:</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>On an average school day, how many hours or minutes does this child spend watching TV?</td>
<td>Parents of children age 5-17</td>
<td>Total Screen Time (calculated response): 3+ hours per day of TV and other screen time combined</td>
<td>58.9%</td>
<td>48.2%</td>
<td>43.4%</td>
</tr>
<tr>
<td>Including video games and computer or Internet, how many hours or minutes of screen time does this child use for entertainment on an average school day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 187)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

### Related Focus Group Findings: Physical Activity

Discussion about physical activity in the community centered on the following:

- Sedentary lifestyles
- Television and video game screen time
- Education

Participants consider many residents to live very sedentary lifestyles, and attendees expressed concern about community residents’ inactivity. Adults do not set good examples for their children, and focus group members doubt there exists a willingness to change. One participant describes her frustrations:

> “We’re a district that doesn’t even have buses so there are ample opportunities for kids to get to school, whether it’s biking or walking, although we’re a little limited with some sidewalks and stuff but even in communities where there are lots of sidewalks and stuff parents drive them. On the sunniest day there’ll be lines of cars out there and when you talk about behaviors that could be modified, it’s the parents’ behavior.” — DuPage County Key Informant

Many indoor gyms and walking trails exist throughout DuPage County, but community members do not utilize them regularly. While in more isolated parts of the county some participants agree that fear may limit residents’ ability to be outside, when compared to the City of Chicago, these areas are limited. Cost and transportation do act as barriers for low income residents as well.

Attendees also believe that children spend more time in front of television or video games than ever before, and more structured after-school activities are needed. In addition, agencies must educate parents about the importance of physical activity and easy ways their families can participate. One participant explains how walking school buses can be implemented into any community:

> “We just got the Safe Routes to School grant for the state through Winfield and there are ways to do that with walking school buses where you have parent volunteers or older kid volunteers and it’s just you walk along and you pick another kid up and you just -- or biking. I mean there’s ways around that so you have somebody looking out for them and I just think that we’re not as creative about finding those ways.” — DuPage County Key Informant
Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals’ knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [(weight (pounds)/height squared (inches²))] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI of ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI of ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².


<table>
<thead>
<tr>
<th>Classification of Overweight and Obesity by BMI</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>


Obesity

Adults

A total of 28.2% of Elmhurst Memorial Hospital Service Area adults are obese.

- Similar to the obesity prevalence across the MCHC Region.
- Similar to Illinois findings.
- Similar to US findings.
- Similar to the Healthy People 2020 target (30.6% or lower).
Prevalence of Obesity
(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.6% or Lower

EMH Service Area: 28.2%
MCHC Region: 34.1%
Illinois: 28.7%
United States: 28.5%

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Prevalence of Obesity
(Percent of Obese Adults; BMI of 30.0 or Higher; EMH Service Area, 2012)

Healthy People 2020 Target = 30.6% or Lower

Men: 30.0%
Women: 26.7%
18 to 39: 26.2%
40 to 64: 28.8%
65+: 32.9%
Low Income: 34.6%
Mid/High Income: 24.8%
White: 26.6%
Non-White: 31.7%
EMH Svc Area: 28.2%

Notes:
- Based on reported heights and weights, asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Children

A total of 16.2% of service area children age 5 to 17 are obese (≥95th percentile).

- Comparable to the regional percentage.
- Comparable to the national percentage.
- Comparable to the Healthy People 2020 target (14.6% or lower for children age 2-19).
Child Obesity Prevalence
(Percent of Children 5-17 Who Are Obese; Body Mass Index in the 95th Percentile or Higher)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 193]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Other Body Weight Indicators (Adults)

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now I would like to ask, about how much do you weigh without shoes?</td>
<td>All respondents</td>
<td>Healthy Weight (BMI 18.5-24.9)</td>
<td>37.8%</td>
<td>34.1%</td>
<td>31.7%</td>
</tr>
<tr>
<td>About how tall are you without shoes?</td>
<td>All respondents</td>
<td>Overweight/Obese (BMI 25.0+)</td>
<td>61.1%</td>
<td>64.3%</td>
<td>66.9%</td>
</tr>
<tr>
<td>Weight and height are used to calculate a Body Mass Index (BMI) for each respondent.</td>
<td>All respondents</td>
<td>Obese (BMI 30.0+)</td>
<td>28.2%</td>
<td>29.0%</td>
<td>28.5%</td>
</tr>
<tr>
<td>How would you describe your own personal weight?</td>
<td>All respondents</td>
<td>&quot;About The Right Weight&quot;</td>
<td>45.4%</td>
<td>39.8%</td>
<td></td>
</tr>
<tr>
<td>During the past 12 months, has a doctor asked you about or given you advice about your weight?</td>
<td>All respondents</td>
<td>Yes</td>
<td>28.3%</td>
<td>28.4%</td>
<td>25.7%</td>
</tr>
<tr>
<td></td>
<td>Overweight respondents</td>
<td>Yes</td>
<td>41.9%</td>
<td>38.4%</td>
<td>30.9%</td>
</tr>
<tr>
<td></td>
<td>Obese respondents</td>
<td>Yes</td>
<td>53.1%</td>
<td>52.6%</td>
<td>47.4%</td>
</tr>
<tr>
<td>Are you currently trying to lose weight by both exercising and eating fewer calories or less fat?</td>
<td>Overweight respondents</td>
<td>Yes</td>
<td>46.7%</td>
<td>47.2%</td>
<td>38.6%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 189; 119; 118; 191-192; 190]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include: teenage pregnancy; human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS); other sexually transmitted diseases (STDs); domestic violence; child abuse; motor vehicle crashes; physical fights; crime; homicide; and suicide.

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America’s youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flashpoint in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community’s perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers’ understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

— Healthy People 2020 (www.healthypeople.gov)

RELATED ISSUE:
See also Stress in the Mental Health & Mental Disorders section of this report.

### Age-Adjusted Cirrhosis/Liver Disease Deaths & Drug-Related Deaths

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Years</th>
<th>Expressed as:</th>
<th>DuPage County</th>
<th>MCHC Region</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cirrhosis/Liver Disease Deaths</td>
<td>2007-2009</td>
<td>Age-adjusted deaths per 100,000 population</td>
<td>6.3</td>
<td>8.2</td>
<td>8.2</td>
<td>9.2</td>
</tr>
<tr>
<td>Drug-Induced Deaths</td>
<td>2007-2009</td>
<td>Age-adjusted deaths per 100,000 population</td>
<td>7.8</td>
<td>10.1</td>
<td>10.5</td>
<td>12.6</td>
</tr>
</tbody>
</table>
High-Risk Alcohol Use

A total of 18.3% of Elmhurst Memorial Hospital Service Area adults are binge drinkers.

- Similar to regional findings.
- Similar to Illinois findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).

### Binge Drinkers

Healthy People 2020 Target = 24.3% or Lower

<table>
<thead>
<tr>
<th></th>
<th>EMH Service Area</th>
<th>MCHC Region</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge Drinkers (%)</td>
<td>18.3%</td>
<td>19.8%</td>
<td>17.8%</td>
<td>16.7%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 200]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- Men, young adults and mid- to upper-income residents.
## Other Substance Abuse Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response:</th>
<th>EMH Sv Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?</td>
<td>All respondents</td>
<td>Current Drinker: any alcohol in past 30 days</td>
<td>63.9%</td>
<td>61.3%</td>
<td>58.8%</td>
</tr>
<tr>
<td>On the day(s) when you drank, about how many drinks did you have on the average?</td>
<td>All respondents</td>
<td>Chronic Drinker (calculated response): 60+ drinks of alcohol in past 30 days</td>
<td>3.8%</td>
<td>4.4%</td>
<td>5.6%</td>
</tr>
<tr>
<td>During the past 30 days, how many times have you <strong>driven</strong> when you’ve had perhaps too much to drink?</td>
<td>All respondents</td>
<td>Drinking &amp; Driving: 1+ times in past 30 days</td>
<td>1.0%</td>
<td>2.1%</td>
<td>3.5%</td>
</tr>
<tr>
<td>During the past 30 days, how many times have you <strong>ridden</strong> with someone who had perhaps too much to drink?</td>
<td>All respondents</td>
<td>Driven or Ridden (calculated response): drove drunk or rode with drunk driver 1+ times in past 30 days</td>
<td>3.4%</td>
<td>5.8%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Would you please tell me if you have ever suffered from or been diagnosed with <strong>liver disease</strong>?</td>
<td>All respondents</td>
<td>Yes</td>
<td>0.5%</td>
<td>1.6%</td>
<td>n/a</td>
</tr>
<tr>
<td>During the past 30 days, have you used an <strong>illegal drug or taken a prescription drug that was not prescribed to you</strong>?</td>
<td>All respondents</td>
<td>Yes</td>
<td>1.2%</td>
<td>3.7%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Have you ever <strong>sought professional help</strong> for an alcohol or drug-related problem?</td>
<td>All respondents</td>
<td>Yes</td>
<td>1.9%</td>
<td>3.6%</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 198-199, 75, 201, 58, 77-78)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
The focus group participants are concerned with substance abuse in the community, with predominant themes including:

- Prevalence of drug use
- Prescription drug abuse
- Education

A number of focus group participants express concern with the prevalence of substance abuse in the community, especially alcohol, marijuana, prescription drugs, opiates, synthetic drugs and aerosols. Substance abuse crosses all spectrums of society but co-occurs regularly with the mentally ill populations. Marijuana use is a serious concern and attendees agree that the number of middle school users is higher than ever; however, participants expressed the most concern for prescription drug misuse. A participant explains how prescription drugs have become the new “gateway” drug:

“We’re seeing that gateway changing a little bit, when you look at the old literature it was smoking, marijuana -- and now we’re seeing the opiates that are in medicine cabinets and prescription drugs, especially valium are tending to be the gateway drugs that we’re seeing now.” — DuPage County Key Informant

Focus group members worry about the abundance of prescription drug abuse due to easy access and the normalization of medicating.

“It seems like there’s almost a sense of normalizing of a lot of medications that were once reserved for sort of exceptional circumstances are now sort of first line therapy. So now when someone is having a difficult time sleeping instead of addressing sleep hygiene it may be very easy for them to just be prescribed a medication but the long-term consequences of those actions can be profound, not just for the person who’s taking it but for the family who then learns that that’s the appropriate way to respond to whatever it is that ails you, or that it’s no big deal if he takes Xanax. So then just in terms of a perception you have the sense that either taking on-label or off-label it’s just not that big a deal.” — DuPage County Key Informant

Attendees believe that all members of the community need regular substance abuse education.
Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US $193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964.

Tobacco use causes:
- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

A total of 13.8% of Elmhurst Memorial Hospital Service Area adults currently smoke cigarettes, either regularly (10.2% every day) or occasionally (3.6% on some days).

Cigarette Smoking Prevalence
(EMH Service Area, 2012)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
Notes: ● Asked of all respondents.
● Similar to MCHC Region findings.
● Similar to statewide findings.
● Similar to national findings.
● Similar to the Healthy People 2020 target (12% or lower).

**Current Smokers**

No statistical difference to note when viewed by key demographic characteristics.

**Current Smokers** (EMH Service Area, 2012)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 194]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

---

**EMH Service Area**

- Men: 12.9%
- Women: 14.5%
- 18 to 39: 9.9%
- 40 to 64: 17.5%
- 65+: 13.3%
- Low Income: 16.6%
- Mid/High Income: 13.6%
- White: 15.6%
- Non-White: 11.1%
- EMH Svc Area: 13.8%

**MCHC Region**

- Men: 14.5%
- Women: 14.5%
- 18 to 39: 17.5%
- 40 to 64: 9.9%
- 65+: 13.3%
- Low Income: 15.6%
- Mid/High Income: 13.6%
- White: 11.1%
- Non-White: 13.8%

**Illinois**

- Men: 12.9%
- Women: 9.9%
- 18 to 39: 17.5%
- 40 to 64: 13.3%
- 65+: 16.6%
- Low Income: 11.9%
- Mid/High Income: 16.9%
- White: 11.5%
- Non-White: 11.1%

**United States**

- Men: 9.9%
- Women: 11.1%
- 18 to 39: 13.8%
- 40 to 64: 15.0%
- 65+: 16.6%
- Low Income: 10.2%
- Mid/High Income: 11.5%
- White: 11.1%
- Non-White: 11.1%

Sources:
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).
### Other Tobacco Use Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?</td>
<td>Regular smokers</td>
<td>Yes</td>
<td>56.4%</td>
<td>57.5%</td>
<td>56.2%</td>
</tr>
<tr>
<td>In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking?</td>
<td>Regular and occasional smokers</td>
<td>Yes</td>
<td>89.2%</td>
<td>71.1%</td>
<td>63.7%</td>
</tr>
<tr>
<td>In the past 30 days, has anyone (including yourself) smoked cigarettes, cigars or pipes anywhere in your home an average of 4 or more days per week?</td>
<td>All respondents</td>
<td>Yes</td>
<td>15.5%</td>
<td>15.9%</td>
<td>13.6%</td>
</tr>
<tr>
<td></td>
<td>Non-smokers</td>
<td>Yes</td>
<td>8.2%</td>
<td>9.0%</td>
<td>5.7%</td>
</tr>
<tr>
<td></td>
<td>Parents of children age 0-17</td>
<td>Yes</td>
<td>18.6%</td>
<td>13.8%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Do you smoke cigars?</td>
<td>All respondents</td>
<td>Yes</td>
<td>3.3%</td>
<td>4.5%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Do you use chewing tobacco, snuff or snus?</td>
<td>All respondents</td>
<td>Yes</td>
<td>0.9%</td>
<td>1.8%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 67-69; 196-197; 71; 70)  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

### Related Focus Group Findings: Tobacco

Many focus group participants are concerned with tobacco use in the community. The main issues included:

- Use among adolescents
- Cigarette tax

Focus group participants agree that cigarette smoking is not a concern for the majority of their community, but attendees worry about the number of youth who begin smoking as teenagers. Participants hope that an increase in cigarette tax may deter some teens from smoking. As one participant describes:

> “We’re actually hoping with the increase of the cigarette tax, that’s the biggest variable in terms of getting youth to stop smoking, extra buck.” — DuPage County Key Informant
ACCESS TO HEALTH SERVICES
Health Insurance Coverage

Type of Healthcare Coverage

A total of 71.3% of Elmhurst Memorial Hospital Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 12.3% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults 18-64; EMH Service Area, 2012)

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Lack of Health Insurance Coverage

Among adults under 65, 16.4% report having no insurance coverage for healthcare expenses.

- Similar to the regional findings.
- Similar to the state figure.
- Similar to national findings.
- The Healthy People 2020 target is universal coverage (0% uninsured).
The following residents are more likely to be without healthcare insurance coverage:

- Young adults and residents living at lower incomes (note the 35.5% uninsured prevalence among low-income adults).
Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

A total of 38.5% of Elmhurst Memorial Hospital Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Similar to regional findings.
- Similar to national findings.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Adults under the age of 40.
- Lower-income residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(EMH Service Area, 2012)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 206]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Represented the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year. 

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Healthcare Access

Of the tested barriers, cost of a doctor visit and inconvenient office hours impacted the greatest shares of Elmhurst Memorial Hospital Service Area adults (over 13% say that these barriers prevented them from seeing a physician in the past year).

- The proportion of Elmhurst Memorial Hospital Service Area adults impacted was statistically comparable to that found regionally and nationwide for each of the tested barriers.

Barriers to Access Have Prevented Medical Care in the Past Year

<table>
<thead>
<tr>
<th>100%</th>
<th>80%</th>
<th>60%</th>
<th>40%</th>
<th>20%</th>
<th>0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost (Doctor Visit)</td>
<td>Inconvenient Office Hours</td>
<td>Getting a Dr Appointment</td>
<td>Cost (Prescriptions)</td>
<td>Finding a Doctor</td>
<td>Lack of Transportation</td>
</tr>
<tr>
<td>11.8%</td>
<td>15.7%</td>
<td>14.0%</td>
<td>13.7%</td>
<td>17.7%</td>
<td>12.3%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 7-12)  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.

Other Healthcare Access Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have other supplemental health insurance in addition to your Medicare coverage?</td>
<td>Medicare recipients</td>
<td>Yes</td>
<td>83.6%</td>
<td>69.7%</td>
<td>93.9%</td>
</tr>
<tr>
<td>Does your health coverage pay at least part of the cost of your prescription medicines?</td>
<td>Insured respondents</td>
<td>Yes</td>
<td>96.3%</td>
<td>93.4%</td>
<td># # %</td>
</tr>
<tr>
<td>During the past 12 months, was there a time when you did not have any health coverage?</td>
<td>Insured respondents</td>
<td>Yes</td>
<td>1.9%</td>
<td>6.6%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Was there a time in the past 12 months when you skipped doses or took smaller doses in order to make your prescription last longer?</td>
<td>All respondents</td>
<td>Yes</td>
<td>14.6%</td>
<td>14.9%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Was there a time in the past 12 months when you needed medical care for this child but could not get it?</td>
<td>Parents of children age 0-17</td>
<td>Yes</td>
<td>2.2%</td>
<td>3.3%</td>
<td>1.9%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 92-94; 13;134)  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Related Focus Group Findings: Access to Healthcare

Many focus group participants are concerned with access to healthcare; discussion centered on these primary themes:

- **Barriers to accessing healthcare**
  - Uninsured and underinsured
  - Specialists
  - Medicaid reimbursement rates
  - Transportation
  - Language

- **Medical home**

Focus group participants agree that residents encounter several **barriers** when trying to **access healthcare services** in the community, believing that many residents are **underinsured or uninsured** which creates additional barriers to accessing healthcare. The underinsured population includes the working poor, those individuals who may qualify for employer insurance but the deductibles are too high or the monthly employee cost is too much, so they elect to go without.

There are three federally qualified health centers (FQHCs) in DuPage County which operate on sliding fee schedules to provide services to uninsured residents who meet income criteria. The FQHCs offer many primary care services, but may have some limitations regarding specialty care. An attendee describes the dilemma:

> “The cost can still be prohibitive for some patients although not all, and again, the challenge in that setting is that they’re not necessarily very well-connected to all of the other kind of healthcare needs that person might have. So they might be able to be treated for their diabetes in that environment, which is great but at the point at which they need to see a specialist they may run out of options pretty quickly.” — DuPage County Key Informant

Participants have concern for Medicaid patients who need access to **specialists**, as many times these patients must wait months before a specialty appointment becomes available and many residents will need to travel to the University of Chicago.

> “There are month-long waits, very difficult to get through to, hard to even if they tell you to come back or to call. Then they wait for two more months to get another appointment. You have really sick people that need care and you can’t get them what they need.” — DuPage County Key Informant

In addition to accessing healthcare through the FQHCs, uninsured residents residing in DuPage County may qualify for Access DuPage, which provides services to uninsured residents and works to eliminate healthcare disparities. One participant explains the program:

> “It’s really a clinic-without-walls program, although there are clinics that are incorporated within the network. Our goal is absolutely to provide as near to comprehensive as we can access to care but certainly from the perspective of many of those patients it is not seamless and there is a lot of
variety about their experience of care depending on where they are assigned for primary care.” — DuPage County Key Informant

For residents who qualify for Medicaid or public aid, finding a provider to accept that insurance can be difficult. Participants agree that the number of physicians who accept Medicaid has decreased in recent years due to the low reimbursement rate and lengthy waiting periods before reimbursement. Many physicians will have trouble keeping the doors open if they accept a large number of Medicaid or Medicare patients. One group participant explains:

“While most doors remain open to Medicaid recipients, it is a much more begrudging open door than it once was, and people are increasingly frustrated.” — DuPage County Key Informant

Participants also spoke about the ways in which limited transportation options hinder healthcare access. If a resident does not have access to a vehicle, the PACE bus system is the only option, and PACE bus routes have limited hours of operation and routes. Transportation within municipalities is comprehensive, but issues arise trying to get across to another town, as one participant describes:

“You can get to the border of the town but you can’t get to the next one. It’s like okay, ‘We’ll just drop you here.’” — DuPage County Key Informant

Attendees also have concern about the barriers which language- and hearing-impaired residents face when accessing healthcare services. Interpretive services are available; however, they may not always be utilized for a variety of reasons, as one participant explains:

“You’re supposed to use interpreters, but again, it depends upon where they are, and if you have to have a last-minute appointment of some sort they’re not available, and that makes it difficult.” — DuPage County Key Informant

Focus group participants believe that having a medical home is critical to maintaining overall health, but attendees agree that many residents do not have a medical home and even if they go to the same doctor’s office, they may see a different provider each time.

“You go into a clinic, you see somebody different every time you’re in there. Used to be you had a single provider who would recognize unusual symptoms or signs. I don’t think many people see the same doctor over and over again.” — DuPage County Key Informant

Furthermore, participants worry that residents have less time with their doctor during appointments than ever before due to productivity pressures. This limited amount of time means critical information may not be relayed from patient to physician and vice versa.
Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or detect a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

A total of 79.8% of Elmhurst Memorial Hospital Service Area adults were determined to have a specific source of ongoing medical care (a “medical home”).

- Statistically similar to regional findings.
- Statistically similar to national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).

Have a Specific Source of Ongoing Medical Care

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMH Service Area</td>
<td>79.8%</td>
</tr>
<tr>
<td>MCHC Region</td>
<td>75.7%</td>
</tr>
<tr>
<td>United States</td>
<td>76.3%</td>
</tr>
</tbody>
</table>

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 203)  
2011 PRC National Health Survey, Professional Research Consultants, Inc.  

Notes: Asked of all respondents.

Having a specific source of ongoing care includes having a doctor’s office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is also known as a “medical home.”

A hospital emergency room is not considered a source of ongoing care in this instance.
When viewed by demographic characteristics, lower income residents are less likely to have a specific source of care.

### Have a Specific Source of Ongoing Medical Care
(EMH Service Area, 2012)

![Graph showing percentage of people with a specific source of ongoing medical care by demographic characteristics](image)

<table>
<thead>
<tr>
<th>Category</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>78.4%</td>
<td>71.2%</td>
<td>71.6%</td>
</tr>
<tr>
<td>Women</td>
<td>81.0%</td>
<td>71.2%</td>
<td>67.3%</td>
</tr>
<tr>
<td>18 to 64</td>
<td>79.7%</td>
<td>77.7%</td>
<td>71.6%</td>
</tr>
<tr>
<td>65+</td>
<td>78.1%</td>
<td>71.0%</td>
<td>67.3%</td>
</tr>
<tr>
<td>Low Income</td>
<td>67.8%</td>
<td>71.2%</td>
<td>71.6%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>85.8%</td>
<td>88.4%</td>
<td>90.9%</td>
</tr>
<tr>
<td>White</td>
<td>82.4%</td>
<td>88.4%</td>
<td>90.9%</td>
</tr>
<tr>
<td>Non-White</td>
<td>75.6%</td>
<td>77.7%</td>
<td>71.6%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 203-205]

**Notes:**
- Asked of all respondents
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

### Other Primary Care Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response:</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you visited a doctor for a routine medical exam in the past year?</td>
<td>All respondents</td>
<td>Yes</td>
<td>71.2%</td>
<td>71.6%</td>
<td>67.3%</td>
</tr>
<tr>
<td>Has your child visited a doctor for a routine checkup or general physical exam in the past year?</td>
<td>Parents of children age 0-17</td>
<td>Yes</td>
<td>88.4%</td>
<td>90.9%</td>
<td>87.0%</td>
</tr>
<tr>
<td>In the past 12 months, how many times have you gone to a hospital emergency room about your own health (including ER visits that resulted in admission)?</td>
<td>All respondents</td>
<td>2+ times</td>
<td>8.6%</td>
<td>7.9%</td>
<td>6.5%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 17, 136, 23]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

– Healthy People 2020 (www.healthypeople.gov)
Recent Dental Care

Adults

More than 7 in 10 Elmhurst Memorial Hospital Service Area adults (73.9%) have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to MCHC regional findings.
- Similar to statewide findings.
- Better than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher

<table>
<thead>
<tr>
<th></th>
<th>EMH Service Area</th>
<th>MCHC Region</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>73.9%</td>
<td>68.8%</td>
<td>69.7%</td>
<td>66.9%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Unfavorably low among residents in the lower income segment.

Have Visited a Dentist or Dental Clinic Within the Past Year

(EMH Service Area, 2012)

Healthy People 2020 Target = 49.0% or Higher

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Non-White</th>
<th>EMH Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>71.8%</td>
<td>75.6%</td>
<td>73.1%</td>
<td>73.1%</td>
<td>80.9%</td>
<td>53.4%</td>
<td>83.0%</td>
<td>73.8%</td>
<td>73.6%</td>
<td>73.9%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]

Notes: ● Asked of all respondents.
● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. ”Mid/High Income”, includes households with incomes at 200% or more of the federal poverty level.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
Most (81.1%) Elmhurst Memorial Hospital Service Area parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Similar to findings across the region.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

**Child Has Visited a Dentist or Dental Clinic Within the Past Year**  
(Parents of Children 2-17)

![Graph: Healthy People 2020 Target = 49.0% or Higher](image)

- **EMH Service Area**: 81.1%
- **MCHC Region**: 84.5%
- **United States**: 79.2%

**Other Oral Health Indicators**

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you currently have any <strong>dental insurance coverage</strong> that pays for at least part of your dental care?</td>
<td>All respondents</td>
<td>Yes</td>
<td>66.8%</td>
<td>65.2%</td>
<td>60.8%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.  

Notes:  
- Asked of all respondents with children age 2-17 at home.
Related Focus Group Findings: Oral Health

Many focus group participants discussed oral health in the community. The main issues discussed include:

- Barriers to accessing dental treatment (uninsured)
- Dental Connections

Focus group participants believe that a person’s oral health is directly related to their overall health and that it is critical to get regular dental care. Respondents agree that preventative dentistry is important to an individual’s long-term oral health; however, many families cannot access dental treatment if they do not have private insurance.

The local health department provides referrals to Dental Connections which operates with volunteer dentists and hygienists (though due to high demand, these dentists mainly work on emergency dental care and not preventative cleanings).
Vision Care

Eye Exams

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response:</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had an <strong>eye exam</strong> during which your eyes were dilated in the past two years?</td>
<td>All respondents</td>
<td>Yes</td>
<td>53.2%</td>
<td>58.8%</td>
<td>57.5%</td>
</tr>
</tbody>
</table>

Sources:  
● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]  
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

RELATED ISSUE:  
See also **Vision & Hearing** in the **Deaths & Disease** section of this report.
HEALTH EDUCATION & OUTREACH
Healthcare Information Sources

Family physicians and the Internet are residents’ primary sources of healthcare information.

- 45.5% of Elmhurst Memorial Hospital Service Area adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 28.6%.
  - Other sources mentioned include friends and relatives (4.9%), hospital publications (4.6%), and books or magazines (3.0%).
- Just 0.7% of survey respondents say that they do not receive any healthcare information.

### Primary Source of Healthcare Information
(EMH Service Area, 2012)

<table>
<thead>
<tr>
<th>Source</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Doctor</td>
<td>45.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet</td>
<td>28.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends/Relatives</td>
<td>4.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Publications</td>
<td>4.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books/Magazines</td>
<td>3.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t Receive Any</td>
<td>0.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>12.7%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Participation in Health Promotion Activities

<table>
<thead>
<tr>
<th>Question</th>
<th>Asked of:</th>
<th>Response:</th>
<th>EMH Svc Area</th>
<th>MCHC Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past year, have you participated in any organized health promotion activities, such as health fairs, health screenings or seminars, either through your work, hospital or community organization?</td>
<td>All respondents</td>
<td>Yes</td>
<td>16.2%</td>
<td>20.2%</td>
<td>22.2%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 127]
Notes: ● Asked of all respondents.
Perceptions of Local Healthcare Services

Nearly two-thirds of Elmhurst Memorial Hospital Service Area adults (65.8%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 25.4% gave “good” ratings.

However, 8.7% of residents characterize local healthcare services as “fair” or “poor.”

- More favorable than the regional findings.
- More favorable than that reported nationally.

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Adults aged 40 to 64 and low income residents are more critical of local healthcare services.

Perceive Local Healthcare Services as “Fair/Poor”
(EMH Service Area, 2012)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents
● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
Other Issues

Related Focus Group Findings: Collaboration

Participants spent time discussing the high levels of collaboration occurring in the community between non-profit organizations, schools, healthcare providers and hospitals, with conversation centered around:

- Culture of collaboration
- Volunteerism

Many of the focus group respondents consider a culture of collaboration to exist within DuPage County. Several focus group participants feel there is excellent collaboration happening in the community between businesses, schools, organizations and healthcare facilities. Access DuPage and FORWARD represent two very successful collaborative efforts. In addition, focus group attendees agree that hospitals can really drive collaborative efforts and act as catalysts in getting coordinated efforts off the ground, but feel that hospital systems need to work together to accomplish this type of ideal.

Other focus group participants feel that a history of collaboration has paved the way for future coordination, but that the current financial climate creates some strain on organizations, illustrating how important collaboration is for organizations. One participant describes:

“One of the things that we've been fairly successful at in this county is in building collaborative collaborations, and it's not a natural act for organizations to collaborate. But we've been at it awhile and had a number of successes, to the point where when you start dealing with big issues, and these are big issues, you simply can't do it as individual organizations; you have to -- because no one organization has the resources it takes to really bend the curve on these things.” — DuPage County Key Informant

Another participant expands on the significance (aside from monetary value) which collaborations bring to social service agencies within the community:

“Collaboration is not just those dollars that come but also the knowledge or the skills or the relationships, other forms of leverage that can help small, non-profit organizations be able to do something they otherwise would not be able to do whether it’s graphic design assistance from the health department or you know, I reached out to a hospital and I said, 'I want to know which vendor you guys are buying your medical supplies ... can you use your relationship to get us better pricing so that we can make our money go further?’. And that cost them nothing and they were happy to do it and would be happy to do it again but it allows us to get a lot further than we would do without those partnerships.” — DuPage County Key Informant

Agencies within DuPage County work hard to ensure they do not duplicate efforts, and try to provide comprehensive services for the residents. One participant explained their methods:

“You collect the people you need around you, get out of each other's way and start moving, and then report back, you know, and I think that the report-back piece is key.” — DuPage County Key Informant
Participants also believe the level of **volunteerism** is high within their community and agencies do a good job of making volunteer opportunities easy and accessible to community members.

**Related Focus Group Findings: Specialists**

Many focus group participants discussed medical specialties available in the community. The main discussion centered on:

- Additional specialists
- Specialty care for uninsured

Most focus group participants believe that DuPage County needs **additional specialists**, including rheumatologists, dermatologists, psychiatrists, gastroenterologists, neurologists and ear, nose and throat physicians.

Access DuPage helps connect **uninsured persons with local specialists**, generally at no charge. Hospitals provide a large amount of charity care for these people through a collaborative effort with Access DuPage. However, if a resident cannot get charity care from a local hospital, that person then travels to the University of Chicago where they may experience a lengthy wait. A participant explains the issue for Medicaid patients:

> “The Medicaid population of DuPage County has gone from 60,000 to 140,000 in six years. And what’s true in the country is also true in DuPage and that is they have reasonably good access to primary care; specialty care is in my opinion a real hard nut to crack. It’s probably easier for us to get an uninsured patient under Access DuPage -- access to specialty care than to have a Medicaid patient get access to specialty care.” — DuPage County Key Informant