

2024

Kane County Health Department **COMMUNITY HEALTH ASSESSMENT REPORT**



Contents

Executive Summary.....	3
Process and Methods (MAPP 2.0).....	5
Demographics	12
Social & Economic Determinants of Health	17
Prioritized Issues.....	25
Access to Care.....	26
Behavioral Health	33
Food Access.....	44
Housing.....	51
Non-Prioritized Issues.....	58
Chronic Disease	59
Maternal and Child Health	70
Health Behaviors.....	77
Community Partner Assessment Results	87
Conclusion	89
Appendices Summary	90

Executive Summary

Introduction

Kane County Health Department (KCHD) is excited to present the 2024 Community Health Assessment (CHA). The goal of the assessment is to create a shared understanding of the current health status and the factors influencing health in the community. The assessment was completed using the Mobilizing for Action through Planning and Partnership 2.0 (MAPP 2.0) framework to complete a community driven, collaborative process to improve community health and work towards health equity.

MAPP 2.0 is widely used by local health departments to conduct Community Health Assessments (CHA). This framework emphasizes community engagement, the development of partnerships, and the inclusion of groups that have historically been excluded from decision-making processes. MAPP 2.0 is a three-phase process that includes a Community Partner Assessment, Community Status Assessment, and Community Context Assessment. These quantitative and qualitative data collection tools help identify the community's strengths and needs, what issues to prioritize, and how to address them. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community. This assessment will serve as a foundation for developing strategies and initiatives that address identified health challenges, inform policy decisions, and guide the allocation of resources to areas of greatest need. By leveraging the findings from this CHA, community partners and stakeholders can collaborate to implement evidence-based solutions that promote health equity and improve overall health outcomes for all residents of Kane County.

The CHA ensures that KCHD meets requirements of certified local health departments in the state of Illinois every 5 years. Additionally, the CHA aligns with the standards set by the Public Health Accreditation Board and supports foundational public health functions for local health departments.

Kane County

Located 40 miles west of Chicago, Kane County is the fifth largest county by population in Illinois. Kane County is composed of five cities, 25 villages, and 16 townships within 520 square miles. The county is also divided into three planning areas: North, Central, and South Kane County.

Kane Health Counts

In 2011, The Kane County Health Department started a Collaborative Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process. This process aimed to identify health priorities in the community and strategies to address them. Since then, KCHD has joined forces with five local hospitals, Prime Healthcare (formerly Ascension) Mercy Medical Center, Ascension St. Joseph Hospital, Northwestern Medicine Delnor Hospital, Rush Copley Medical Center, and Advocate Sherman Hospital, along with the INC Mental Health Alliance and a number of community partners. This group comes together with a mutual interest in improving the health of Kane County residents. In 2014, this collaborative group was given the name Kane Health Counts. This comprehensive community health assessment process is conducted every three years to identify the top health priorities Kane County. The Kane Health Counts collaborative works

together to plan, implement, and evaluate strategies that are in alignment with the identified health priorities. Together, the group strives to make Kane County the healthiest county in Illinois.

Partners were actively engaged in the assessment process by meeting bimonthly to provide oversight and guidance. They played a critical role in assisting with outreach for primary data collection by recruiting participants and leveraging their networks to ensure diverse community representation. Their consistent involvement helped shape the direction of the assessment, ensuring that findings were reflective of community needs.

Kane Health Counts Executive Committee Leaders

Jeanne Ang, Community Outreach
Advocate Aurora Sherman Hospital

Maria Aurora Diaz, Regional Director, Community Health Integration
Prime Health (formerly Ascension) Mercy and Saint Joseph Hospital

Dalila Alegria, Executive Director
INC Mental Health Alliance

Renee Ellingson, Community Health Services
Northwestern Medicine Delnor Hospital

Mariana Martinez, Community Health Outreach Coordinator
Rush Copley Medical Center

Metopio

Metopio is a software and services company grounded in the philosophy that communities are connected through places and people. Metopio's visualization tools use data to reveal valuable, interconnected factors that influence outcomes in different locations. Leaders from KCHD worked with Metopio to guide the strategic direction of the Community Health Assessment (CHA), engage the CHA Steering Committee, various internal committees, and workgroups to ensure broad engagement of diverse perspectives across the county.

Process and Methods (MAPP 2.0)

Conducted between August 2023 and December 2024, the Community Health Assessment (CHA) uses the Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 framework. MAPP engages the entire local public health system, which ensures a thorough evaluation of the community's health through the three-phase process:

Phase I: Build the Community Health Improvement Foundation

This phase emphasizes activities that build trusted relationships and commitment among a variety of participants to lay the groundwork for the rest of the MAPP process. In this phase, members of the Steering Committee developed a shared vision to improve the health of the community.

"We seek to capture the lived experience and expertise of the community members of Kane County, particularly from those that experience structural inequities and to find solutions to health issues facing the community."

The Steering committee set out to collect and analyze data that are equitable, represent the status of the entire community, and reflect all sectors in the local public health system. Understanding how different populations are impacted by the social determinants of health will help inform strategic interventions to improve the health of those living in Kane County.

Phase II: Tell the Community Story

This phase draws on a broad range of sectors and partners to collect quantitative and qualitative data from primary and secondary sources. It uses both downstream and upstream indicators to offer insight into the community. The three assessments in this phase work to determine what inequities exist and why they exist.

- **Community Partner Assessment (CPA):** This survey engages stakeholders from various sectors to evaluate existing resources, capacities, and partnerships that can support public health efforts.
- **Community Status Assessment (CSA):** This assessment utilizes primary and secondary quantitative health data, including disease prevalence, demographics, healthcare access, and social determinants of health, to measure overall community health. It identifies inequities beyond health behaviors and outcomes.
- **Community Context Assessment (CCA):** Gathers qualitative insights from residents and key informants through focus groups and interviews to understand lived experiences, barriers to health, and the impact of policies and systems.

Phase III: Continuously Improve the Community

In the final phase of MAPP, a Community Health Improvement Plan (CHIP) is developed. It is a three-year plan that outlines the strategies to address the health priorities and improve the health of the community. The KCHD CHIP will be published in 2025.

Primary Data

Survey data are a valuable type of quantitative data that involve collecting information from a specific population through questionnaires. These data allow for the analysis of trends, attitudes, and opinions within the community. These data can be used to gather information on the prevalence of health issues, access to healthcare services, awareness of health resources, and community perceptions towards health-related matters. By analyzing survey data, community health professionals can identify priority areas for intervention and tailor health programs to address the specific needs of the community.

The Kane County Community Health Survey was conducted through both virtual and physical paper collection methods between October 2023 and February 2024. A total of 2,619 Kane County residents completed the survey, which was distributed through community partners, mailers, social media, and email. The survey was available in English and Spanish, with additional languages available upon request.

To ensure the survey was more representative of the population of Kane County, a weighting procedure was applied. A sample-balancing procedure was used giving each respondent a weight based on respondent-reported demographics within the survey compared to the overall proportion in Kane County. Respondent answers were weighted based on age, sex, and race/ethnicity.

Focus groups involve small gatherings of individuals who discuss specific topics under the guidance of a moderator. These qualitative data provide insights into the perceptions, preferences, and attitudes of participants regarding health issues and services. Focus group findings can be utilized to delve deeper into the underlying factors contributing to health disparities, community health beliefs, barriers to accessing care, and potential solutions from the community's perspective.

Ten focus groups were completed on the following topics:

- Food Access
- Housing
- Providers/Caregivers
- Adult Health (2)
- Maternal Child Health
- Senior Health (2)
- Behavioral Health – Providers
- Behavioral Health – Community Members

Interviews involve direct one-on-one conversations where the interviewer seeks in-depth information on the interviewee's views, experience, or knowledge on a specific subject. In the context of a CHA, interviews with community members, healthcare providers, and key stakeholders can provide valuable qualitative data on the community's health needs, challenges, and available resources. These insights can help in identifying gaps in healthcare services and understanding the unique needs of different population groups within the community.

Key informant interviews were conducted with 30 community leaders and 5 KCHD leaders to identify perspectives on top health issues, existing strategies to address the issues, barriers or challenges, and additional strategies needed to improve community health.

The **Community Partner Assessment (CPA)** gathers input from key community partners to understand the local health system's strengths, weaknesses, and resources. These assessments involve engaging with a broad range of stakeholders; including public health agencies, healthcare providers, community organizations, and other relevant groups to evaluate existing partnerships, identify gaps in services, and determine opportunities for collaboration. The goal is to create a comprehensive understanding of community assets and challenges, which can then inform the development of a strategic plan for improving community health outcomes. By including diverse partners, the assessment process fosters more inclusive and equitable decision-making. The CPA is used to identify current and future actions to address health inequity at individual systemic and structural levels.

Seventy-three community partners completed the CPA to assist in identifying the existing resources and gaps available in Kane County.

Secondary Data

Claims data provide information about patient hospitalizations and emergency visits in the community. It reflects the number of visits to Kane County medical facilities, regardless of patient residency, as well as the number of visits by Kane County residents, regardless of where they received care. These types of data offer valuable insight into the patterns of healthcare utilization, prevalent health conditions, and the demographic characteristics of individuals seeing healthcare services at emergency department, inpatient, and outpatient facilities. Analyzing claims data can help in identifying prevalent health issues, understanding healthcare access patterns, and targeting interventions to address specific health concerns within the community.

Kane County conducted an analysis of secondary data to inform the Community Health Status Assessment, which identifies priority community health and quality of life issues for the county. The secondary data used in this assessment were obtained and analyzed from Kane Health Atlas Dashboard at kanehealthatlas.org. This includes a comprehensive set of 270 health and quality of life indicators covering 10 topic areas. Indicator values for Kane County were compared to state and national level data to compare health topics and relative areas of need. Other considerations for health areas of need included trends over time, and disparities by age, gender, and race/ethnicity. The Atlas is accessible in 10 different languages, making it an inclusive resource for residents.

Secondary Data Sources

- U.S. Census Bureau: American Community Survey (ACS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Center for Disease Control and Protection (CDC) PLACES
- CDC National Vital Statistics System
- Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)
- Feeding America: Map the Meal Gap
- Health Resources & Services Administration (HRSA): Area Health Resources Files
- Illinois Department of Public Health (IDPH)

Triangulation

Health themes and strengths of Kane County were assessed following data collection. Analyzing the Community Partner Assessment, Community Status Assessment (quantitative data sources), and Community Context Assessment (qualitative data sources) into crosscutting themes develops a comprehensive and reliable understanding of community needs and assets. Data triangulation strengthens the validity of findings by cross-referencing different types of data and ensuring that conclusions are not based on a single perspective. If both quantitative data and qualitative data from focus groups report gaps in a certain area, the combined evidence strengthens the case for prioritizing that particular issue. Therefore, data triangulation ensures decisions are not solely on numerical data but also on the lived experiences of residents.

Prioritization

On May 20, 2024, 49 community leaders from diverse sectors along with community members convened to review the Community Health Assessment (CHA) results and collaboratively determine the priority health issues for the Community Health Improvement Plan (CHIP). The attendees are listed below.

Name	Organization
Adriana Lopez	Centro Comunitario de Desarrollo de las Familias
Angela Febles	Association for Individual Development
Anahi Silva	Centro de Desarrollo de Familias
Bob Tanner	Greater Family Health
Brittney Currer	Ascension Saint Joseph
Cherryl Strathman	Kane County Board Member
Christine Birns	University of Illinois Extension SNAP Education
Claire Dobbins	VNA
Claudia Serrano	Centro de Desarrollo de las Familias
Colleen Baliya	INC Mental Health Alliance
Crystal Beyer	Advocate Sherman Hospital
Dalila Alegria	INC Mental Health Alliance
Dana Pavlu	Ellie Mental Health of Aurora
Elizabeth Alleman	Kane County Health Department
Erika Garcia	Suicide Prevention Services/ Compañeros en Salud
Erik Ward	Family Counseling Service
Faith Nyong	Ascension Mercy Hospital
Glenda Love	AgeGuide
Hester Bury	Northern Illinois Food Bank
Jackie Forbes	Kane County Division of Transportation
Janeth Barba	Family Service Association of Greater Elgin
Janice F Guider	Equity in Health Advisors Network
Jeanne Ang	Advocate Health Care
Jeremy Jorgenson	Kane County Sheriff's Office
Jim Di Ciaula	CASA Kane County
JoAnne Marks	Gateway Foundation
Kathleen Wendt	Northern Illinois Food Bank
Kathryn Harrison	Senior Services Associates
Kim Peterson	Kane County Health Department
Latanya Hill	Kane County Court Services
Laura Barrett	Kane County Health Department
Liliana Olayo	COFI /Implementation Team SOC KCHD
Lisa Aust	Kane County Court Services
Maria Aurora Díaz	Ascension Illinois

Mariana Martinez	Rush Copley Medical Center
Matt Tansley	Kane County Division of Development
Mike Wilgosiewicz	Kane County Sherriff's Office
Michael Isaacson	Kane County Health Department
Monica Vasquez	Community Organizing and Family Issues
NaCasha Neal	Ascension Mercy Hospital
Nelly Paredes	Kane County Parent Council
Norma Grathoff	Family Development Center
Perry Maier	Open Door Health Center of Illinois
Renee Ellingson	Northwestern Medicine
Stephanie Dewinski	Suicide Prevention Services of America
Sophia Hamilton	Kane County Health Department
Uche Onwuta	Kane County Health Department
Wendy Gruber	Lazarus House
Zorayda Zapata	Kane County Parent Council

The session began with a presentation outlining the top health themes identified through both quantitative and qualitative data collection. These themes included access to care, health behaviors, food access, housing, behavioral health (mental health and substance use), maternal and child health, chronic disease, built environment, and socioeconomic factors.

Initial Prioritization Poll

Following the presentation, participants engaged in an initial polling exercise to prioritize six issues from the list. The prioritization was guided by two key criteria:

1. Significance to Public Health
 - a. Magnitude
 - b. Impact on under-resourced populations
2. Ability to Impact
 - a. Relevance to community members
 - b. Availability of resources and feasibility of solutions

Facilitated Group Discussion

After the preliminary poll, participants engaged in a facilitated discussion to further explore the implications of the identified health concerns. The discussion was structured around the following questions:

- Which health issues are community members most concerned about based on your experience?
- Do any of these health issues exacerbate existing disparities within the community?
- How might addressing one health issue indirectly improve other areas of concern?
- What existing resources within our community can be used to support initiatives to address these health issues?

Final Prioritization Poll

Following this discussion, participants completed a final poll to select the top four priority issues that would guide the development of the Community Health Improvement Plan (CHIP). This final selection enhances the credibility of findings, bridges gaps between statistical analysis and real-world experiences, and ultimately guides effective, equity-focused health improvement strategies. The following four health areas were approved as priority areas to address:

- Behavioral Health
- Access to Care
- Housing and Homelessness
- Food Access

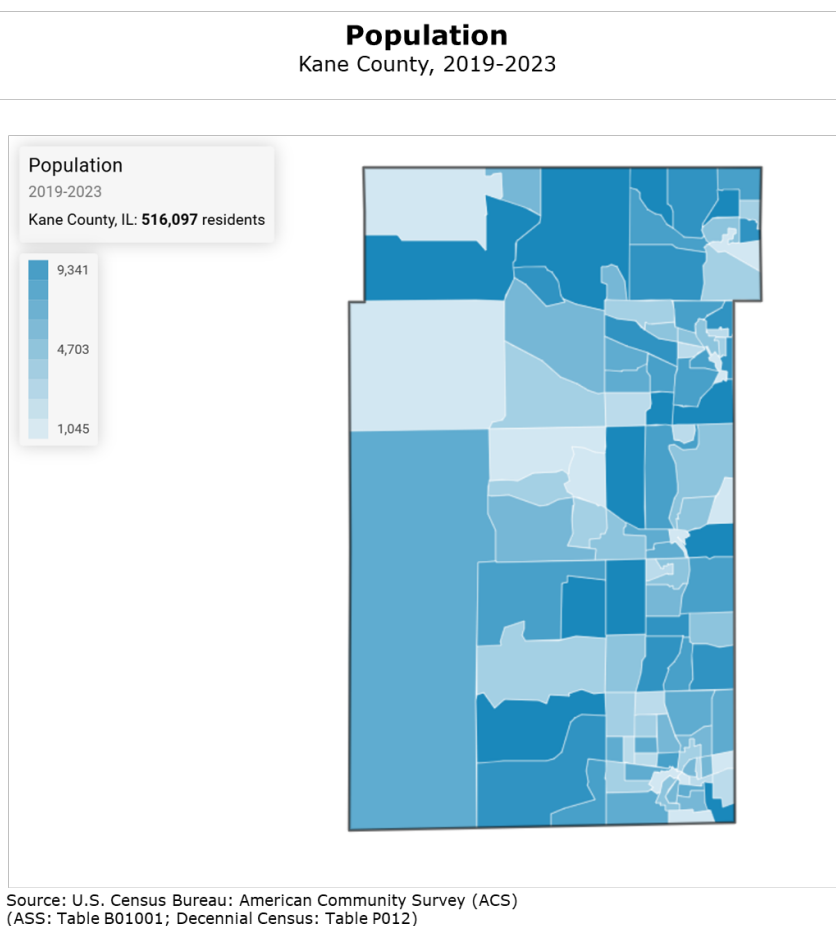
The results of this prioritization process will shape the strategic direction of the CHIP, fostering equity-driven initiatives and strengthening local partnerships to improve health outcomes across the community.

Demographics

The following section explores the demographic profile of Kane County and the three Health Planning Areas that fall within the county. The demographics of a community significantly impact its health profile. Different race/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts.

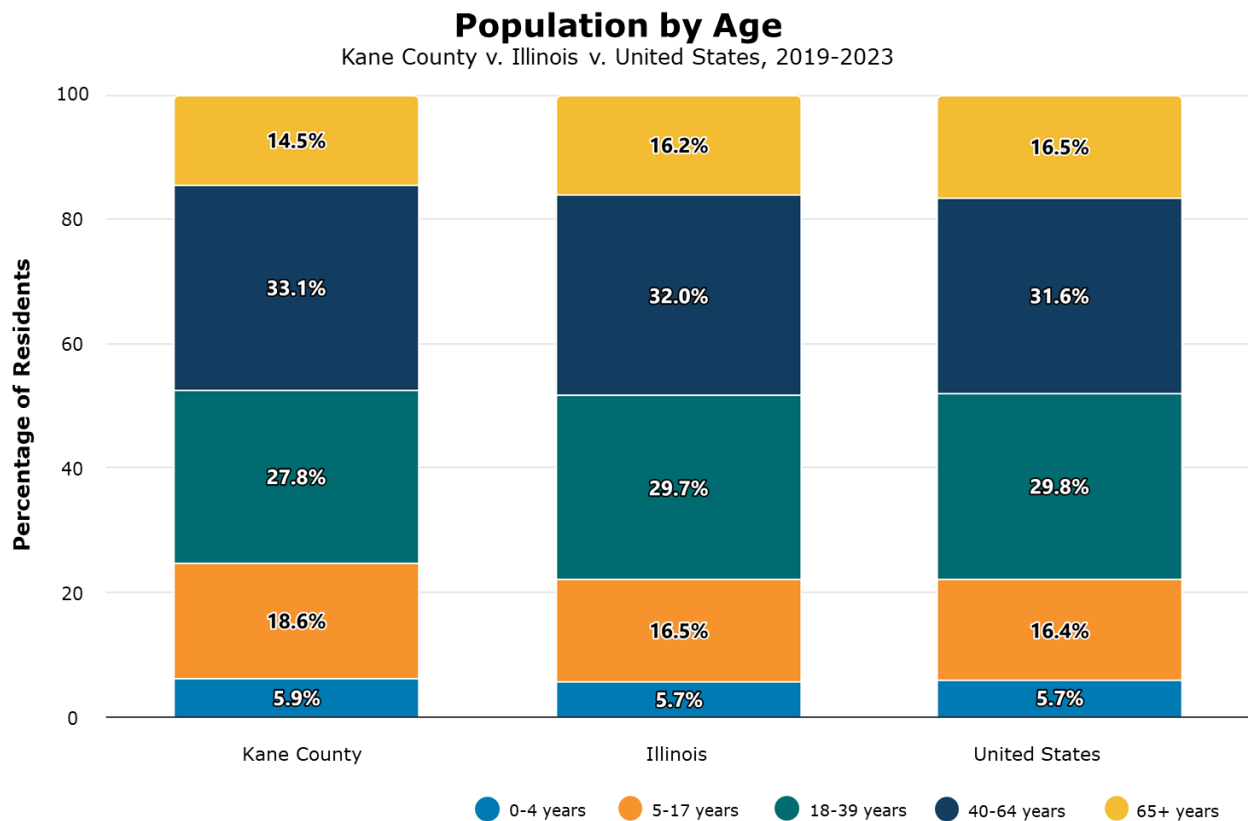
Population

The population distribution across various Census tracts in Kane County, Illinois reflects a significant diversity, with numbers ranging from about 1,000 to over 9,000 residents per tract from 2019 to 2023.



Age

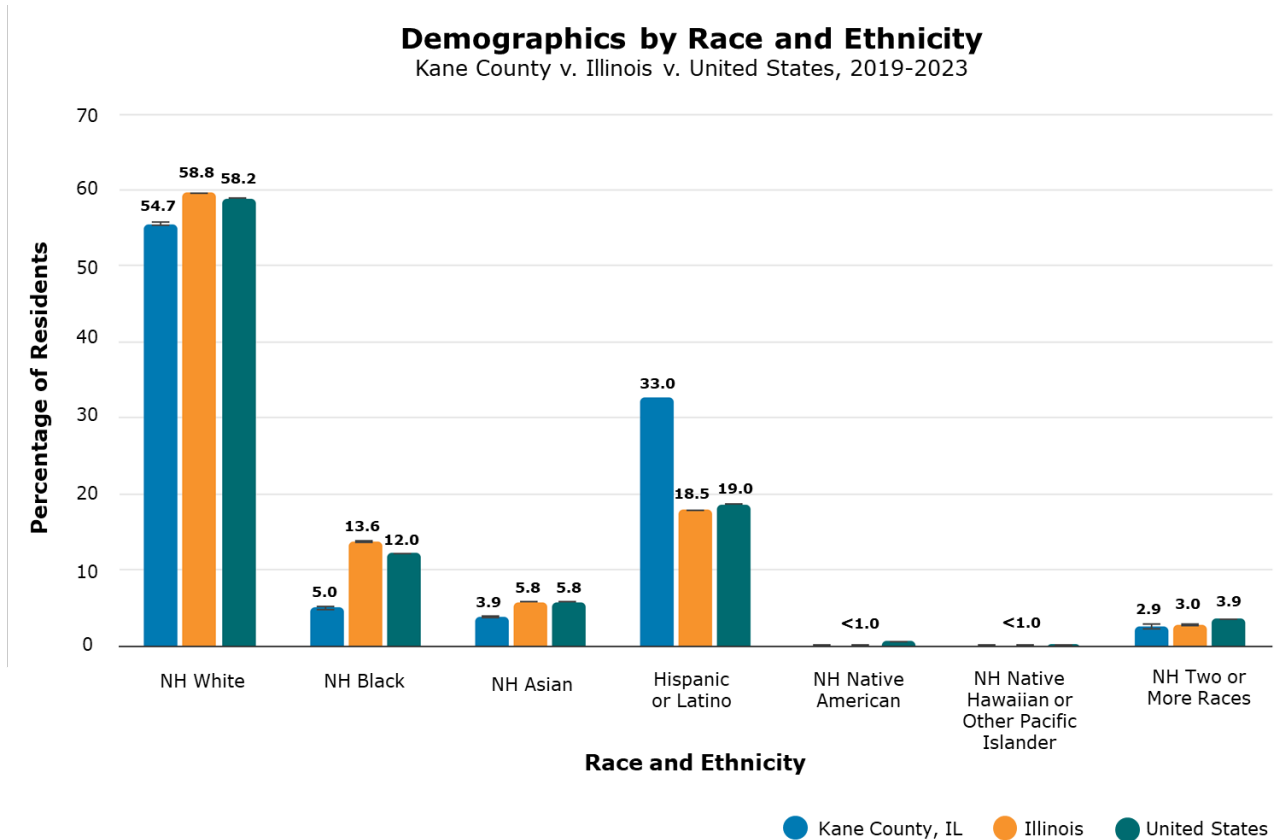
The chart below breaks the population of Kane County down by age group. Understanding the age distribution of a population helps us recognize how different age groups may experience health challenges. The average age of Kane County residents is slightly younger than state and national averages. The proportion of seniors (ages 65 and older) is slightly lower than both Illinois and the United States, at 15.0%. When compared to Illinois and the United States, Kane County has a smaller percentage of adults 18-39 years of age, and a slightly higher percentage of adults in their working years (40-64 years) and youth (5-17 years).



Source: U.S Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)

Race and Ethnicity

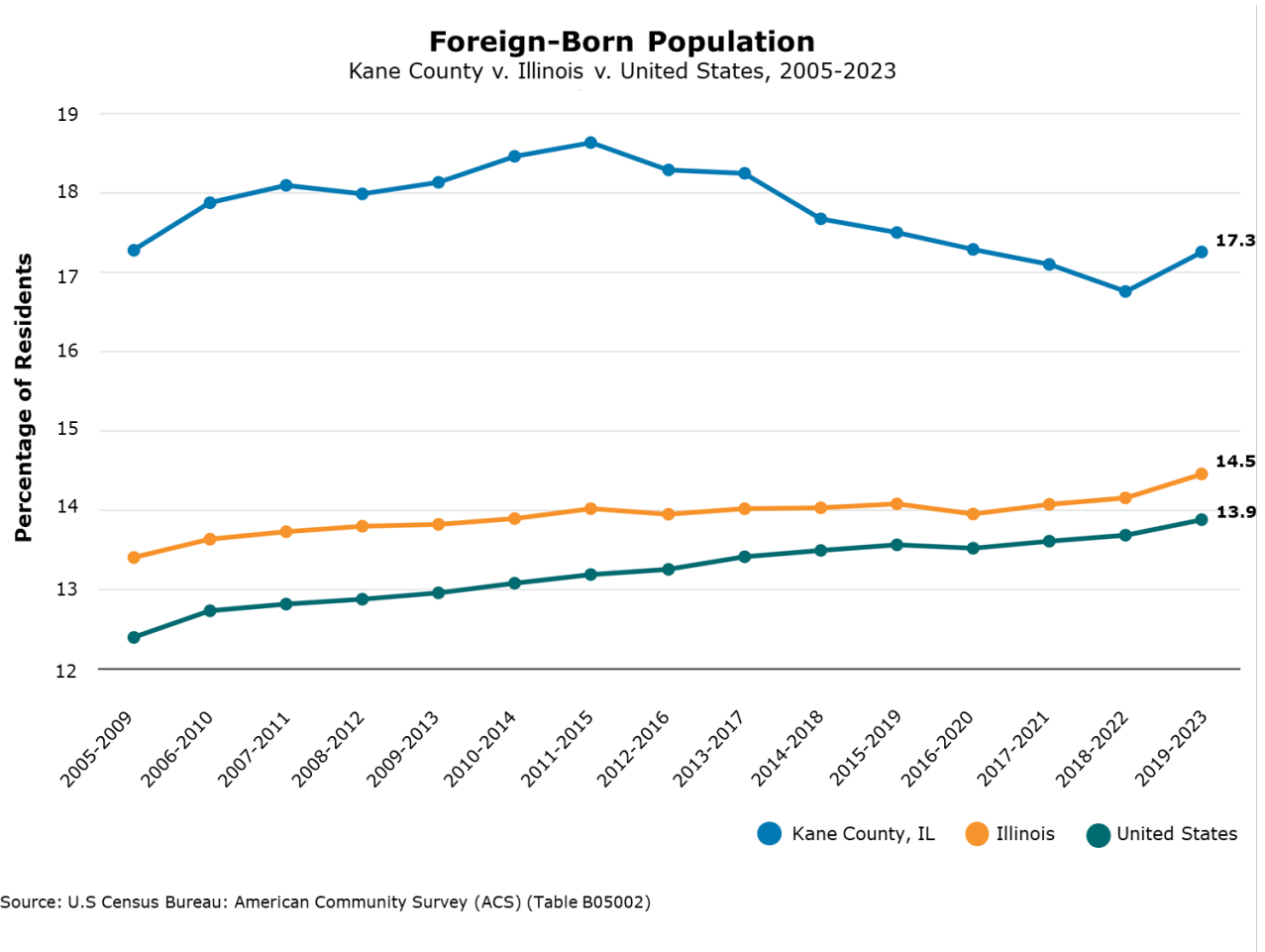
Breaking down race and ethnicity in Kane County reveals a significantly higher Hispanic or Latino population (33%) compared to Illinois (18.5%) and the U.S. (19%), while the Non-Hispanic White population (54.7%) is lower than both state (58.8%) and national averages (58.2%). The Non-Hispanic Black (5.0%) and Non-Hispanic Asian (3.9%) populations are smaller than in Illinois and the U.S., and multiracial individuals make up 2.9% of the county.



Source: U.S Census Bureau: American Community Survey (ACS) (ACS: Table B01001, U.S. Census Bureau: Decennial Census (2020 data only))

Foreign-Born

The following chart shows the proportion of foreign-born individuals in Kane County, Illinois, and the United States. In Kane County, the foreign-born population has increased from 2019-2023, reaching 17.3%. This suggests a growing diversity within the county, reflecting the impact of globalization and immigration trends on the local community.



Language Spoken

Language is an important factor to ensure linguistically competent care. Kane County has a higher percentage of residents with limited English proficiency (12.3%) compared to Illinois (9.1%) and the U.S. (8.7%). Spanish is the primary language in 23.1% of Kane County households, nearly double the state (12.9%) and national (13.3%) rates, highlighting a strong need for Spanish-language services. Meanwhile, Asian primary languages are spoken in 2.1% of households, lower than rates in both Illinois (3.6%) and the U.S. (4.0%).

Household Languages and Limited English-Speaking Proficiency, 2023			
Topic	Kane County	Illinois	United States
Limited English Proficiency¹	12.3 (±1.1)	9.1 (±0.2)	8.7 (±0.1)
% of Residents			
Spanish Primary Language²	23.1 (±1.1)	12.9 (±0.2)	13.3 (±0.1)
% of Households			
Asian Primary Language²	2.1 (±0.4)	3.6 (±0.1)	4.0 (±0.1)
% of Households			

¹ U.S. Census Bureau: American Community Survey (ACS) (Table C16002)

² U.S. Census Bureau: American Community Survey (ACS) (Table B16002)

Social & Economic Determinants of Health

This section explores the economic and social determinants of health of Kane County. Social determinants of health are the conditions in which people are born, grow, work, live, and age, and the broader social, economic, and political forces that influence daily life. Factors such as median household income, poverty rates, employment status affect access to healthcare, nutrition, and overall well-being. Education levels including high school graduation rates directly impact economic opportunities, which contributes to long term health outcomes.

Socioeconomic Indicators			
Topic	Kane County	Illinois	United States
Median household income³	\$97,633 (±\$4,843)	\$80,306 (±\$635)	\$77,719 (±\$186)
Household income in the last 12 months (2023 inflation-adjusted dollars)			
Poverty rate⁴	8.2 (±1.4)	11.6 (±0.3)	12.5 (±0.1)
% of residents, 2023			
Below 200% of poverty level⁵	21.0 (±2.3)	25.8 (±0.5)	28.2 (±0.1)
% of residents, 2023			
High school graduation rate⁶	88.1 (±2.5)	90.6 (±0.5)	89.8 (±0.1)
% of residents, 2023			
Any higher education rate⁷	64.7 (±2.2)	65.3 (±0.4)	63.8 (±0.1)
% of residents, 2023			
Unemployment rate⁸	3.7 (±0.7)	4.72 (±0.16)	4.31 (±0.03)
% of residents 16 years and older, 2023			

³ U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

⁴ U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

⁵ U.S. Census Bureau: American Community Survey (ACS) (Table C17002)

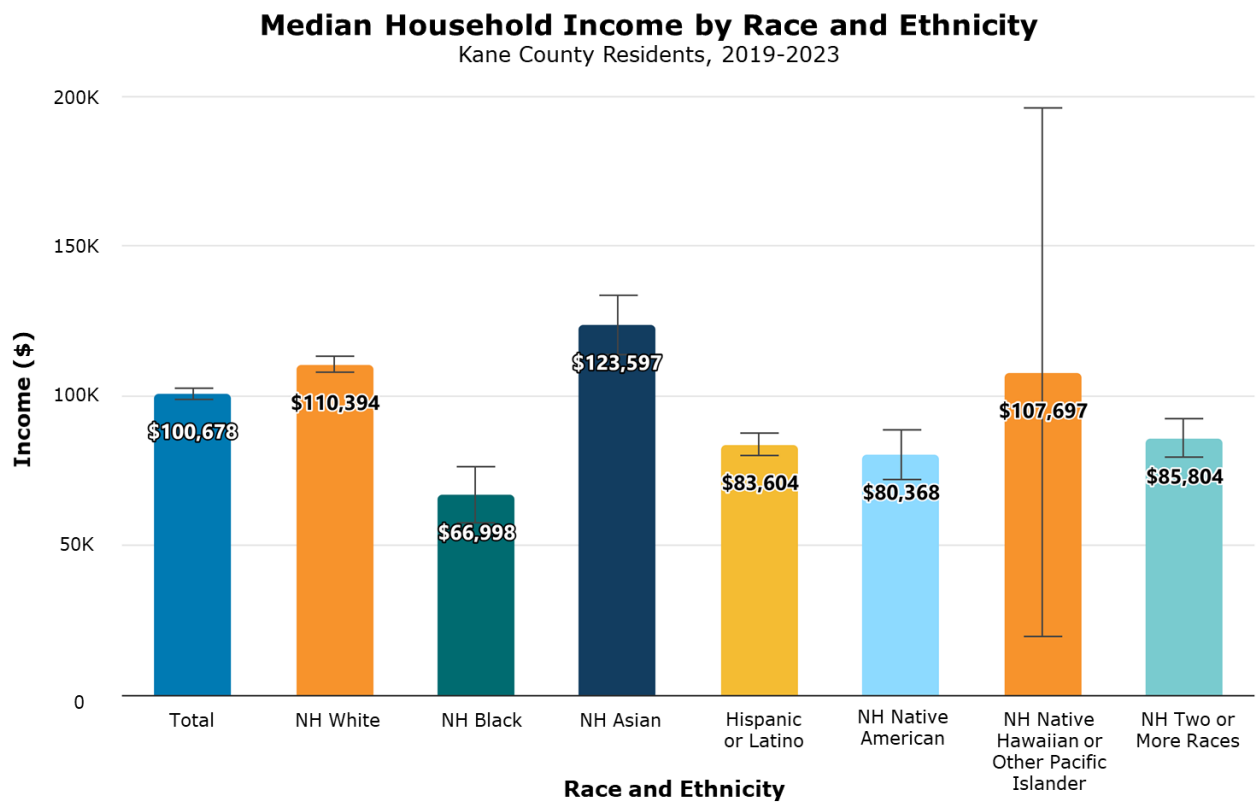
⁶ U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

⁷ U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

⁸ U.S. Census Bureau: American Community Survey (ACS) (Tables B23025, B23001, and C23002)

Median Household Income

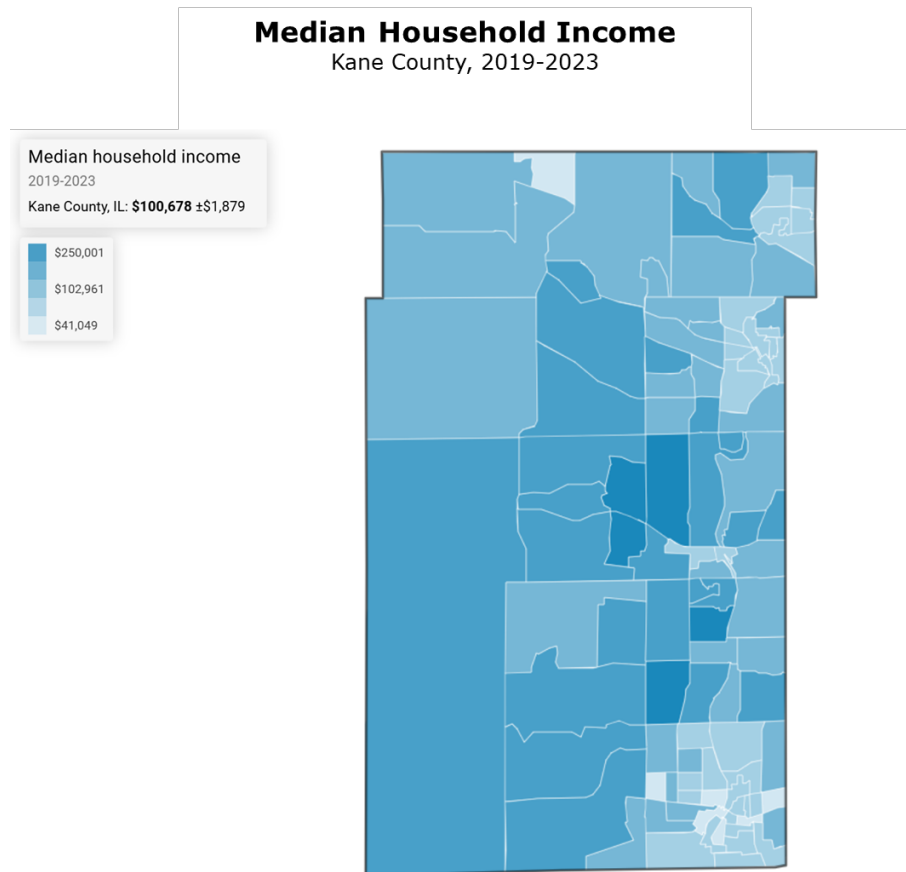
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Areas with higher median household incomes also have higher home values, and their residents enjoy more disposable income. The 4-year median household income for Kane County is \$100,678. Non-Hispanic White and Non-Hispanic Asian individuals in Kane County have the highest median incomes at approximately \$110,394 and \$123,597 respectively. Non-Hispanic Black individuals have a median income of \$66,998 and Hispanic or Latino populations at \$83,604, revealing household income gaps amongst the demographic groups.



Source: U.S Census Bureau: American Community Survey (ACS) (Table B19013)

Geographic Distribution of Median Household Income

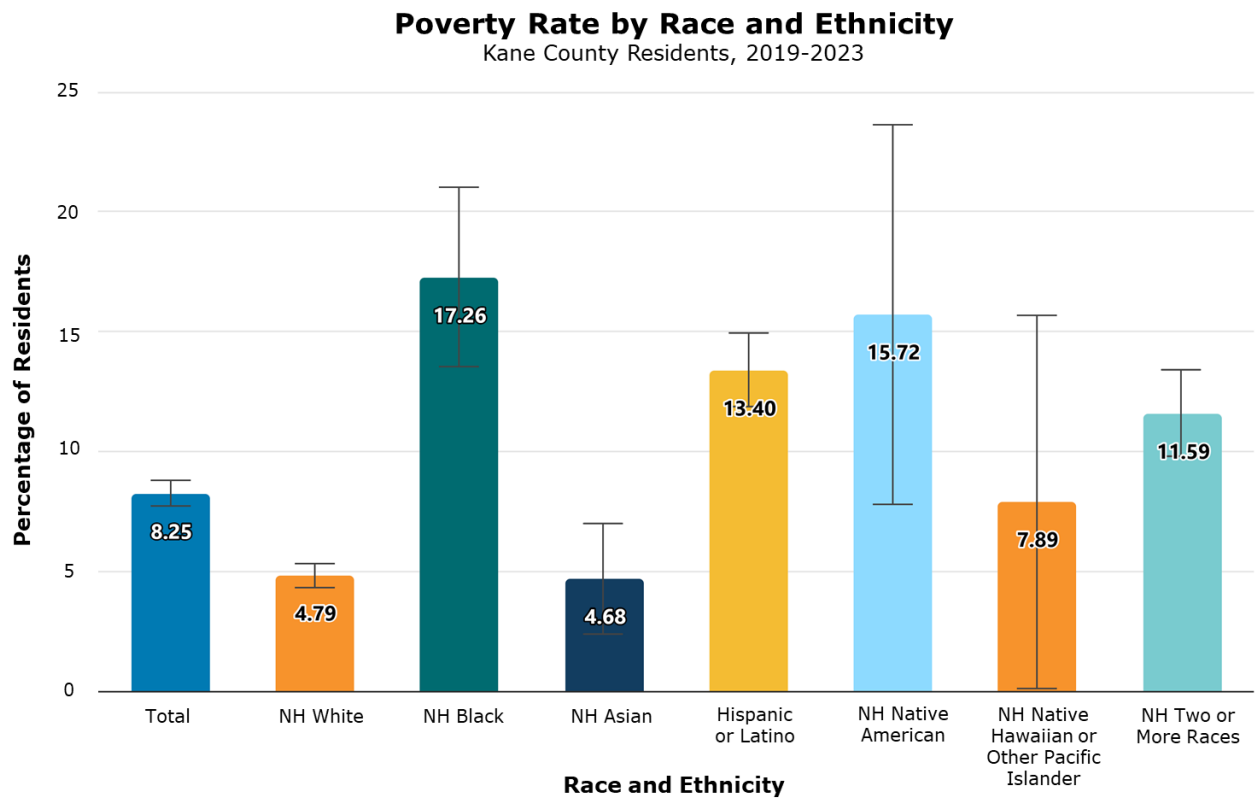
The map displays median household income by census tract, revealing economic variations across the county. Some areas report incomes as low as \$41,049 (Aurora, Census Tract 8536.02), while others reach as high as \$250,001 (Campton Hills, Census Tract 8524.07).



Source: U.S. Census Bureau: American Community Survey
(ACS) (Table B19013)

Poverty

Federal poverty thresholds are set every year by the U.S. Census Bureau and vary by size of family and ages of family members. The poverty rate specifically measures the percentage of people living below the poverty line, representing those facing the most severe financial hardship. The poverty rate for Kane County is 8.3%. The poverty rate is highest for Non-Hispanic Black individuals (17.3%), and over three times the rate of Non-Hispanic Asian (4.7%) and Non-Hispanic White individuals (4.8%).

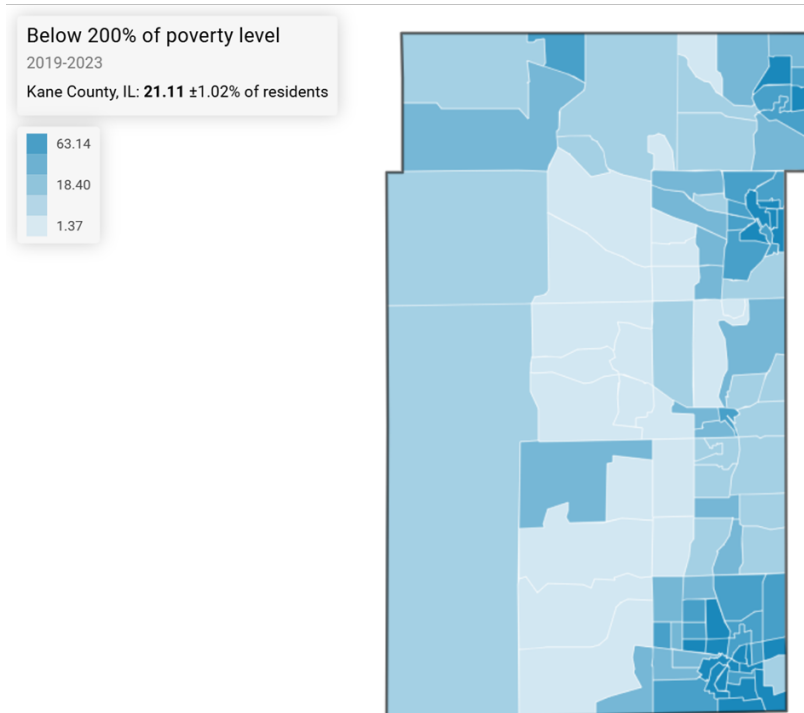


Source: U.S Census Bureau: American Community Survey (ACS) (Table B17001)

Geographic Distribution of Below 200% Poverty Level

Percentage of residents in Kane County living below 200% of the poverty level are highlighted below, capturing those who may not be officially classified as living in poverty, but still experience financial hardship. The distribution varies widely across the county, with some areas having as few as 1.4% (St. Charles, Census Tract 8522.04) of residents below this threshold, while others reach up to 63.1% (Aurora, Census Tract 8532) showcasing significant economic disparities.

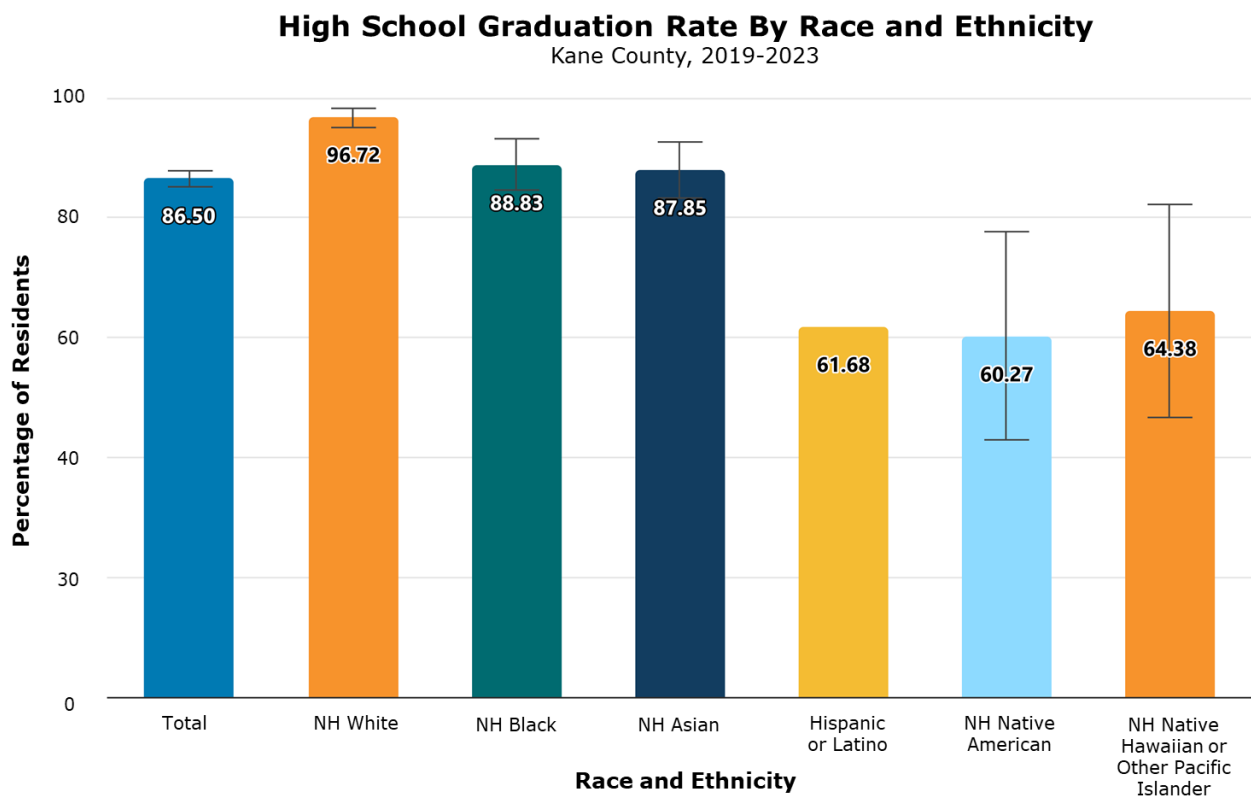
Below 200% of Federal Poverty Level Kane County, 2019-2023



Source: U.S. Census Bureau: American Community Survey (ACS)
(Table C17002)

High School Graduation Rate

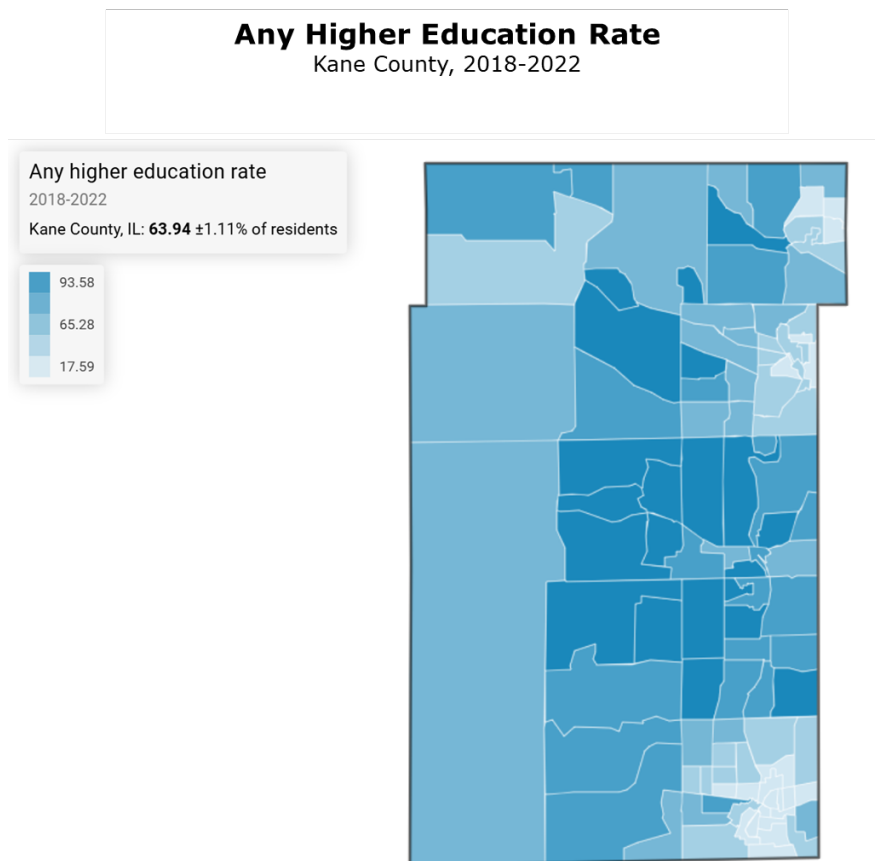
Graduating from high school is a significant achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an education system. The high school graduation rate in Kane County is 86.5%, which is slightly lower than both state and national averages. However, there are significant disparities among racial and ethnic groups, with Non-Hispanic White students having the highest rate at 96.7%, while Hispanic or Latino and Native American students have the lowest rates at 61.7% and 60.3%, respectively.



Source: U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

Any Higher Education

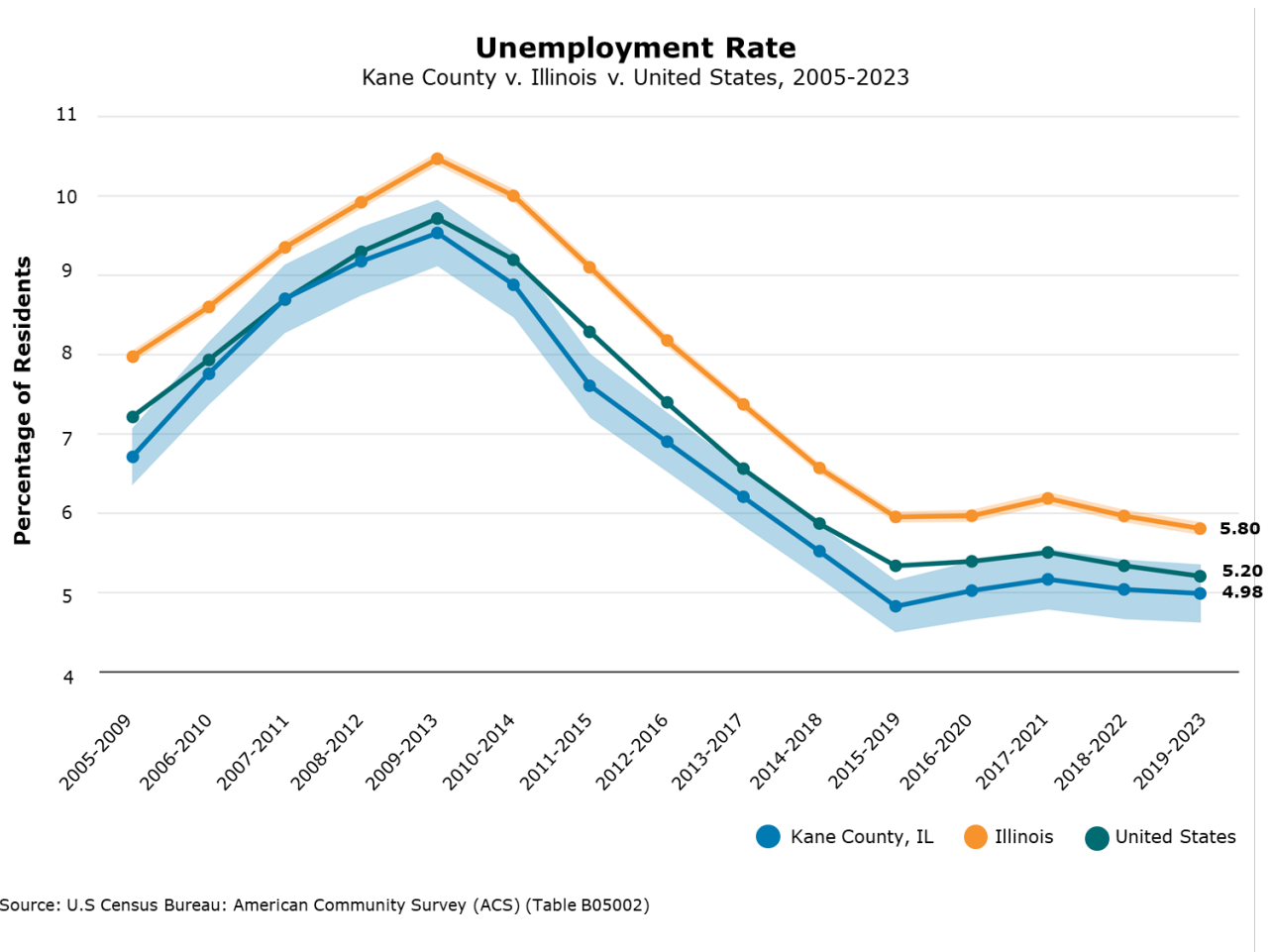
This map shows the percentage of residents aged 25 or older with any post-secondary education in various tracts within Kane County. The data reveal significant variation in educational attainment across different tracts, ranging from as low as 17.4 (Aurora, Census Tract 8536.01) to as high as 89.7 (Blackberry Township, Census Tract 8545.05). Having a bachelor's degree opens career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.



Source: U.S. Census Bureau: American Community Survey (ACS)
(Table B15002)

Unemployment Rate

Unemployment rates are an economic indicator that reflect the percentage of individuals in the labor force who are actively seeking but unable to find employment. It provides insight into the overall health of the job market and economy. The rate in Kane County, IL, has generally followed the trends observed in Illinois and the United States, though it has consistently remained below the state and national averages. From 2005 to 2023, the county's unemployment rate peaked at 9.5% during 2009-2013 but has since declined to 5% in 2019-2023.





PRIORITIZED ISSUES

Access to Care
Behavioral Health
Food Access
Housing

Access to Care

Access to healthcare is essential for maintaining and improving individual and community well-being. It ensures that people can receive preventive care, manage chronic conditions, and seek timely treatment, ultimately reducing the burden of disease and healthcare costs. Gaps in healthcare access can lead to worse health outcomes and financial strain for families. Addressing disparities in access across groups requires policies that make healthcare more affordable and accessible for everyone, especially those who have historically faced the most barriers. Factors such as vehicle availability, internet access, and regular healthcare visits also play a critical role in determining access to care. Limited transportation can make it difficult for individuals to reach medical appointments, particularly in areas with few public transit options. Internet access has become increasingly important for telehealth services, appointment scheduling, and accessing health information.

Access to Care Indicators			
Topic	Kane County	Illinois	United States
Public Health Insurance⁹	31.8 (±1.3)	35.6 (±0.3)	37.4 (±0.1)
% of residents, 2023			
Private Health Insurance¹⁰	71.1 (±1.8)	69.7 (±0.4)	67.0 (±0.1)
% of residents, 2023			
No health insurance¹¹	14.3 (±0.9)	12.3 (±0.6)	11.6 (±0.1)
% of adults, 2022			
Visited doctor for routine checkup¹¹	73.6 (±3.2)	74.5 (±1.4)	74.0 (±0.2)
% of adults, 2022			
Visited dentist¹¹	65.2 (±3.0)	63.0 (±1.5)	61.2 (±0.2)
% of adults, 2022			
No vehicle available¹²	4.3 (±0.8)	11.1 (±0.3)	8.4 (±0.1)
% of households, 2022			
Internet access¹³	95.5 (±1.1)	94.6 (±0.3)	94.8 (±0.1)
% of households, 2023			

⁹ U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)

¹⁰ U.S. Census Bureau: American Community Survey (ACS) (Tables S2703, S2701, and B27010)

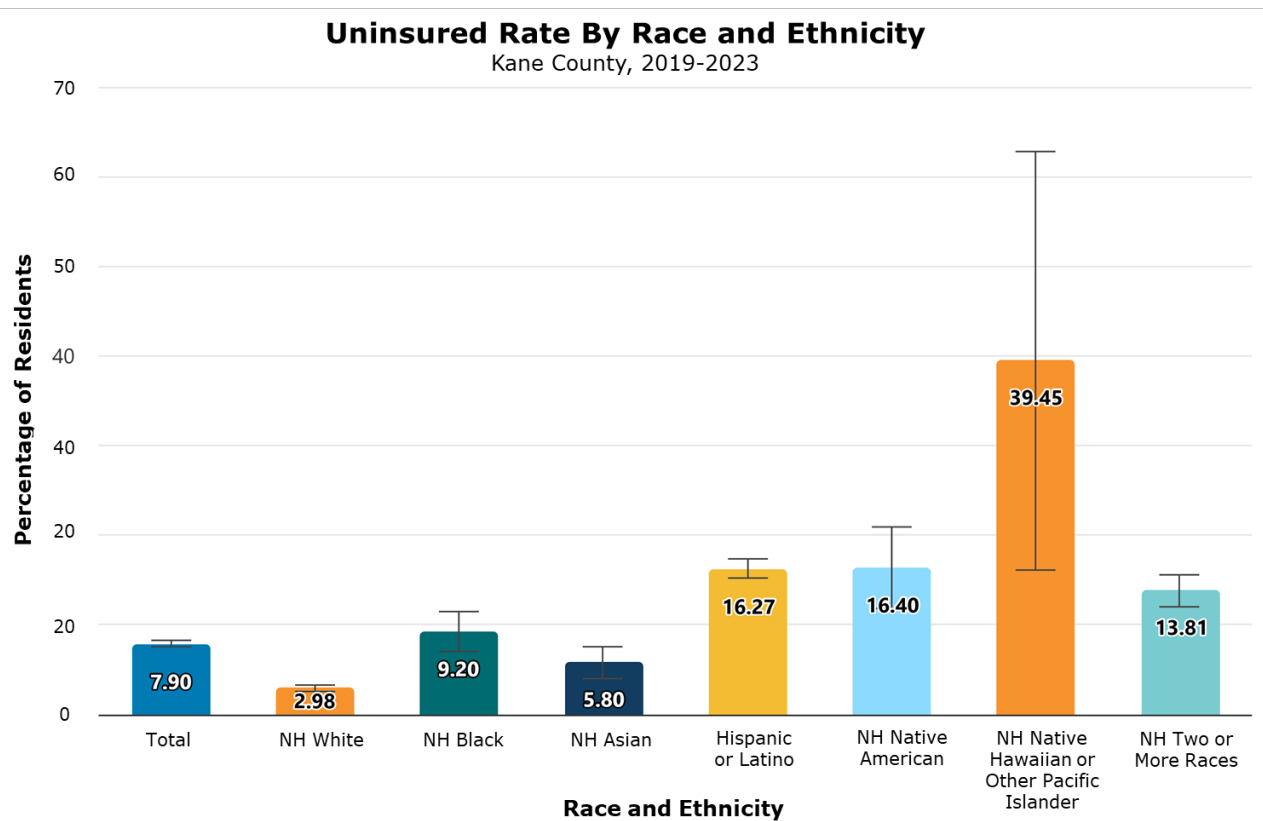
¹¹ Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

¹² U.S. Census Bureau: American Community Survey (ACS) (Table B25044)

¹³ U.S. Census Bureau: American Community Survey (ACS) (Table B25044)

Uninsured rate

Uninsured rates highlight significant variation across racial and ethnic groups. While Non-Hispanic White individuals have the lowest rate of being uninsured, individuals of other race/ethnic groups face notably higher rates, with Non-Hispanic Native Hawaiian or other Pacific Islander individuals experiencing up to 10 times higher rates than Non-Hispanic White individuals. Hispanic or Latino and Non-Hispanic Native American residents also experience disproportionately higher uninsured rates compared to Non-Hispanic White individuals. This can happen for many reasons, including jobs that don't offer health insurance, language barriers, immigration status, and the high costs of coverage.



Source: U.S. Census Bureau: American Community Survey (ACS) (Tables B27001, C27001)

Providers per Capita

Kane County has consistently reported lower numbers of primary care providers (PCP) per capita compared to both the state average and national figures. Lower availability of PCPs and dentists in Kane County may lead to longer wait times for appointments and reduced preventative care, which are crucial for maintaining overall health and wellness. It may also lead to higher rates of preventable emergency department visits. On the other hand, mental health provider availability in Kane County is slightly higher than the state average. For dental care, Kane County is aligned with national and state averages, suggesting that access to dentists is fairly stable.

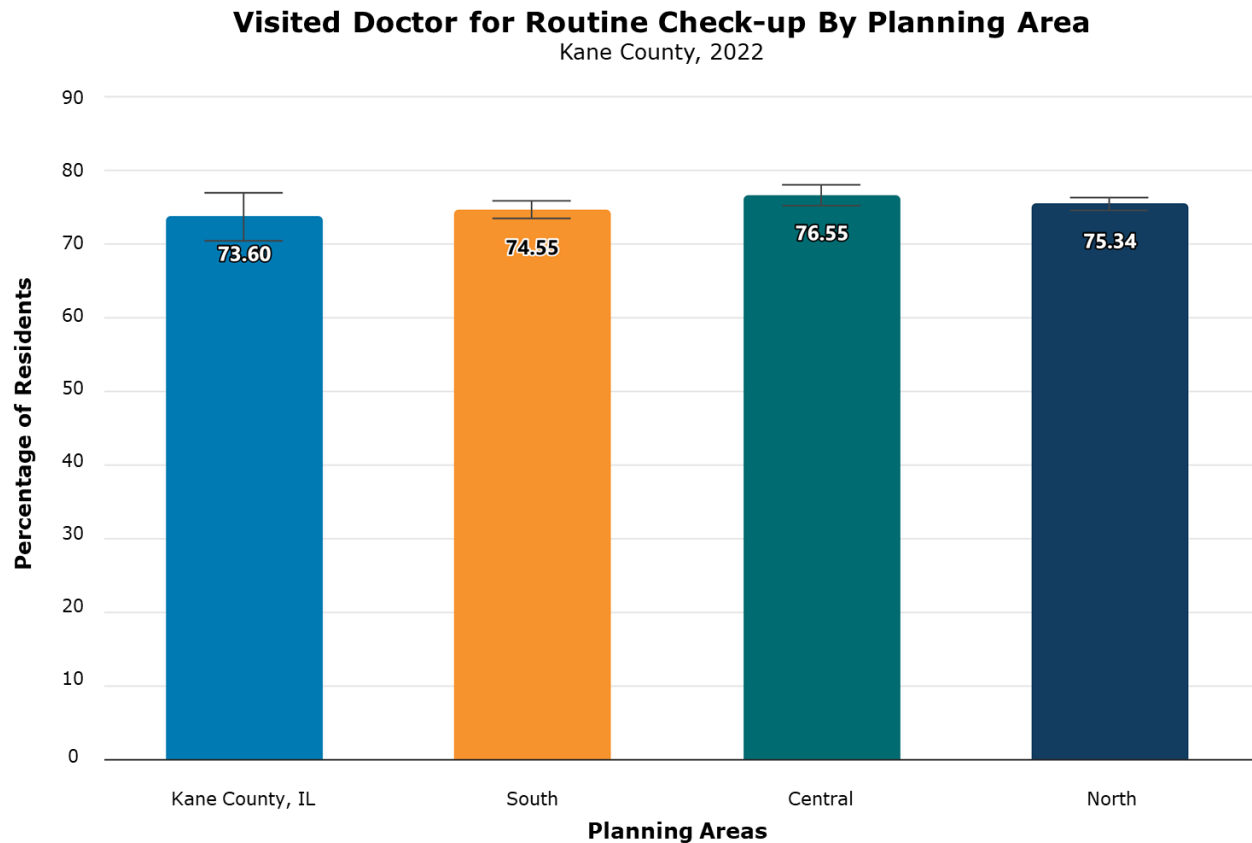
Providers per Capita			
Topic	Kane County	Illinois	United States
Primary Care Providers per capita¹⁴	42.9	88.8	89.6
Physicians per 100,000 residents, 2021			
Mental health providers per capita¹⁵	542.7	505.9	602.7
Providers per 100,000 residents, 2024			
Dentists per capita^{14,15}	106.3	112.5	105.2
Dentists per 100,000 residents, 2024			

¹⁴ Health Resources & Services Administration: Area Health Resources Files (County and State level data)

¹⁵ Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

Visited Doctor for Routine Check ups

Routine health check-ups are a critical aspect of maintaining personal and community health, as they often prevent diseases and detect health issues at an earlier, more treatable stage. Kane County is consistent with state and national averages, but it is still important to consider whether all communities can afford and easily access care. Within Kane County, the highest rate is in the central planning area.

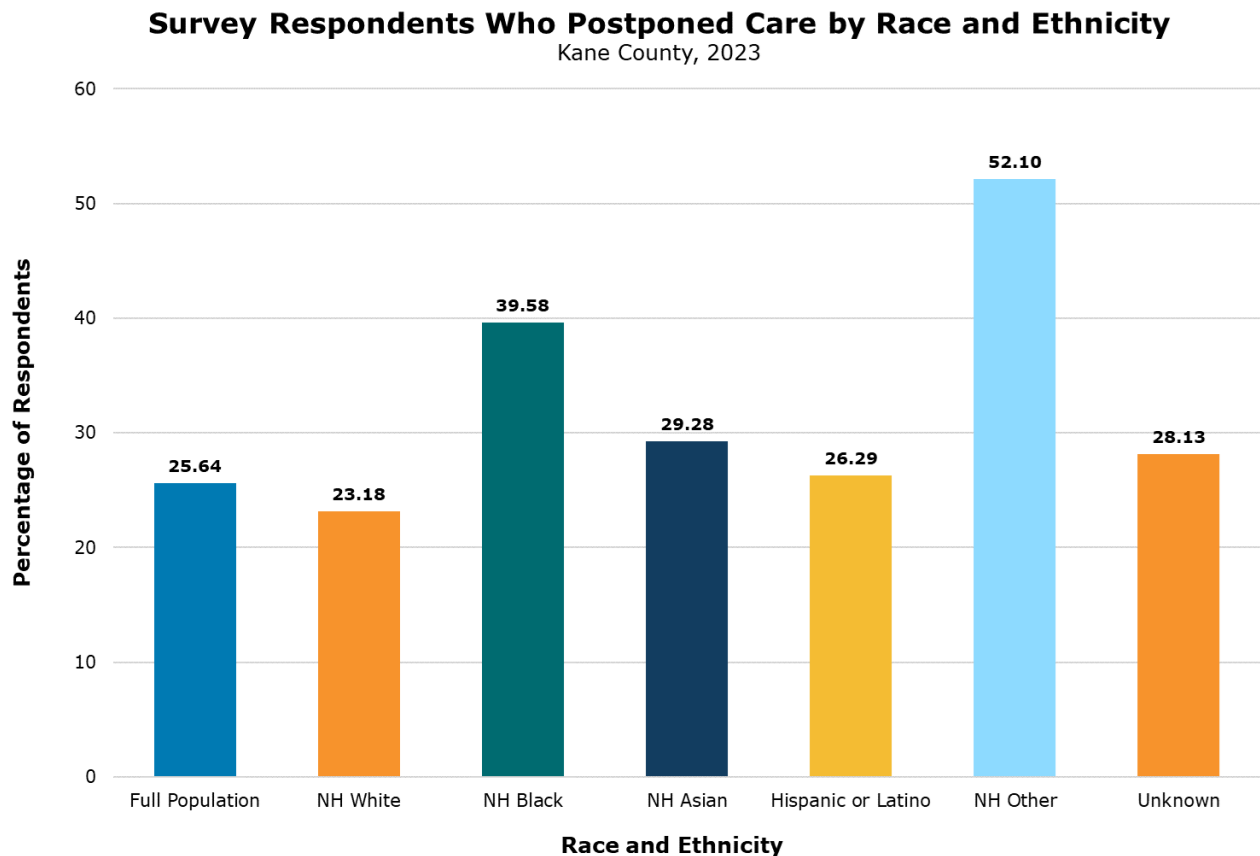


Source: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Survey Results

In the past 12 months, have you missed or postponed one or more medical or therapy (i.e. behavioral health counseling) appointments?

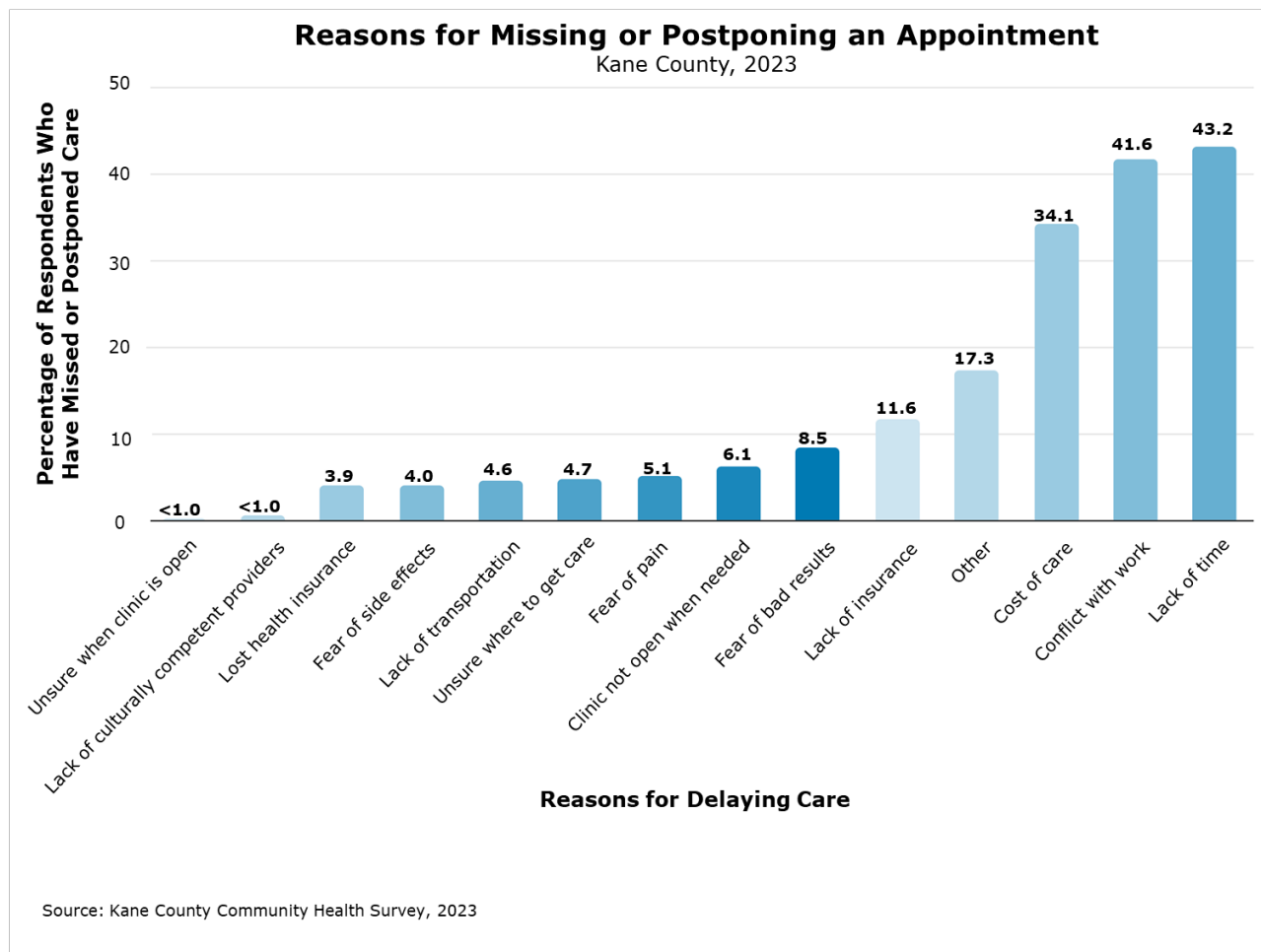
The survey data show that 25.6% of all survey respondents reported missing or postponing a medical or therapy appointment in the past 12 months. 52.1% of Non-Hispanic Other 39.6% of Non-Hispanic Black survey respondents reported missing or postponing one or more medical appointments. Non-Hispanic White respondents had the lowest rate of missing or postponing medical appointments at 23.2%.



Source: Kane County Community Health Survey, 2023

What are the reasons you missed or postponed appointments in the past 12 months?

Understanding why people miss or postpone their appointments is critical for improving healthcare access and outcomes. The top reasons identified were lack of time, work conflicts, and cost of care. This highlights systemic barriers that prevent individuals from seeking timely medical attention. Financial barriers can lead people to delay care until their condition worsens, increasing the likelihood of emergency room visits. Many individuals struggle to balance work responsibilities with medical appointments, particularly if they have jobs without paid time off. On the healthcare side, too many no-shows waste provider time, disrupt scheduling, and lead to lost revenue. Clinics can help by offering extended hours, flexible scheduling, reminders, and telehealth options to make it easier for patients to keep their appointments.



Community Context Assessment: Access to Care

Access to care emerged as a recurring concern among participants of the focus groups and key informant interviews conducted for the Community Context Assessment. Healthcare providers highlighted the significant barriers faced by underserved populations, including the uninsured, underinsured, and undocumented individuals, who often struggle to obtain essential services due to financial constraints, provider shortages, and lack of resources. These challenges are particularly pronounced among seniors and individuals in need of behavioral health services, as gaps in timely and adequate care persist. Participants emphasized that staffing shortages and the complex social needs of these populations, such as food security, housing, and transportation, further complicate access to care. Participants proposed several solutions, including expanding access to bilingual and culturally competent providers, increasing specialty care services, and improving care coordination among healthcare facilities to enhance continuity of care and reduce service redundancies. Overall, the focus group reinforced the need for a comprehensive, integrated approach to healthcare.

Community Input

“I think access to specialists for the population, regardless of whether insured or uninsured is a big, big challenge.”

“I think access to specialty care is huge. I mean, I'm fully insured. And I called for a colonoscopy. And it was almost a nine month wait. And, you know, I talk to my parents and colleagues, and they're not having any better luck with long waits for specialty care.”

“I think insurance red tape is a huge barrier. And that is a fight that I don't know anyone has in them or that it will actually ever change. I know specifically for myself and my husband, that was the constant issue, insurance doesn't cover me going away for treatment. So not only do I need to stop working, because I need an in-treatment program, but insurance doesn't cover it. And we were not in the financial position because of that addiction to, you know, out of our pockets have \$10,000 \$20,000 for an in-treatment program. So, I think there's a financial barrier of it for a lot of members.”

Behavioral Health

Behavioral health encompasses the relationship between an individual's actions and their overall well-being. This includes mental health and behavioral patterns such as substance use, stress management, and lifestyle choices. It involves addressing conditions like depression, anxiety, and PTSD, as well as preventing and treating substance use. Additionally, behavioral health focuses on interventions that promote healthier habits, such as improved sleep, nutrition, and coping strategies.

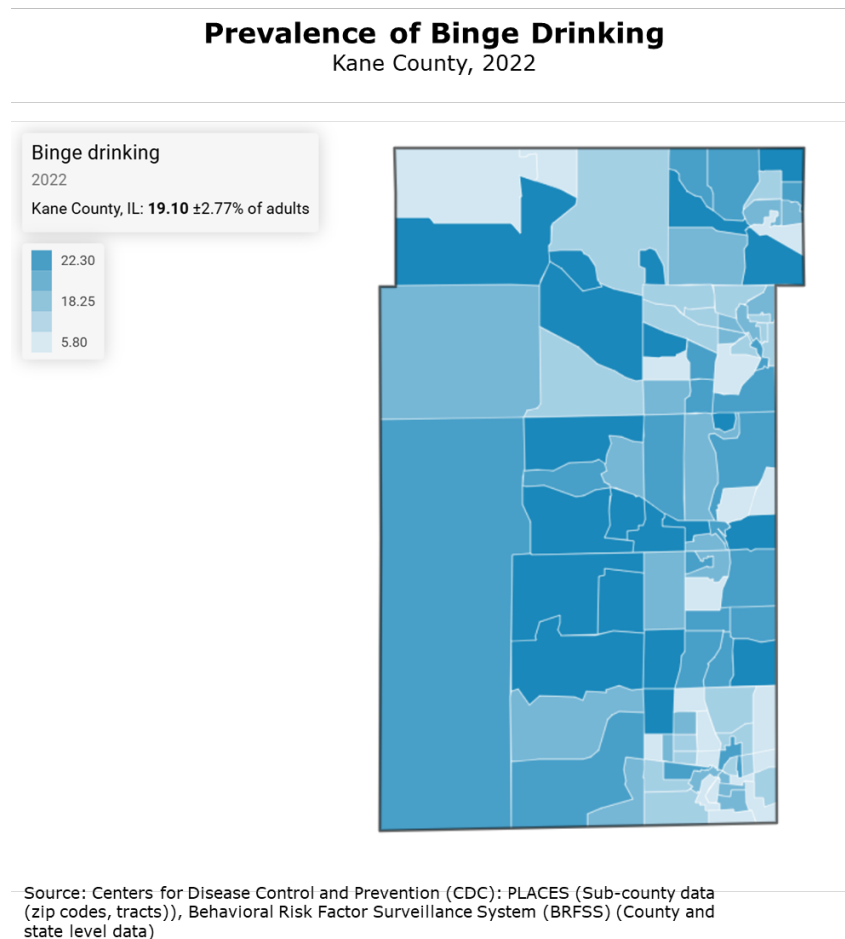
Behavioral Health Indicators			
Topic	Kane County	Illinois	United States
Binge drinking¹¹	19.1 (±2.8)	20.4 (±1.2)	18.6 (±0.2)
% of adults, 2022			
Depression¹¹	19.6 (±2.6)	19.4 (±1.1)	22.5 (±0.2)
% of adults, 2022			
Poor mental health days¹⁶	4.3 (±0.8)	4.2 (±0.3)	4.8 (±0.1)
% of adults, 14 or more days per month, 2021			

¹¹ Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

¹⁶ The University of Wisconsin Population Institute (2020 County Health Rankings & Roadmaps)

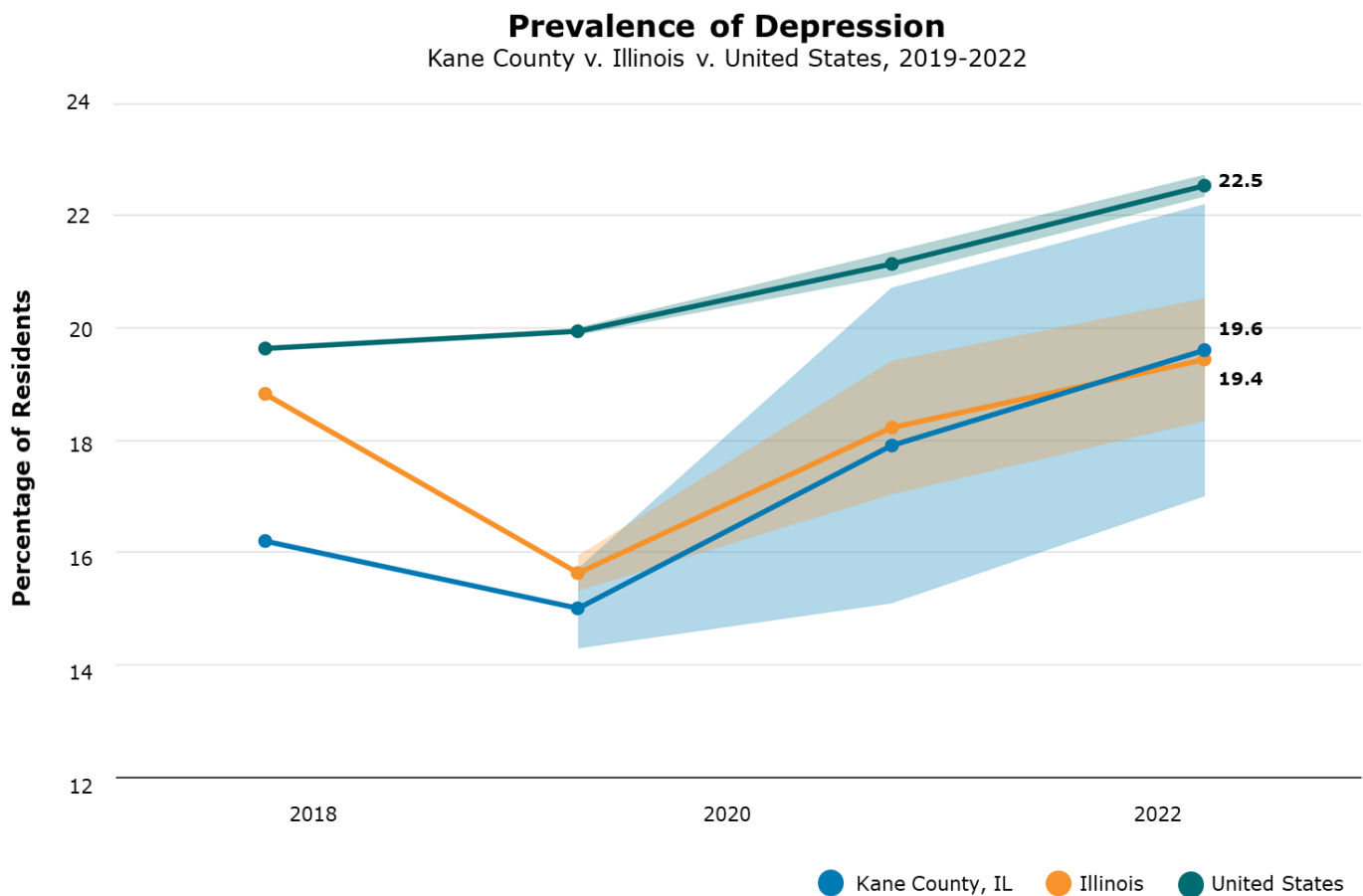
Binge Drinking

19.1% of adults 18 years and older in Kane County reported binge drinking, although this value may not reflect the true prevalence of binge drinking due to high likelihood of underreporting. Binge drinking rates range from 5.8% (Huntley, Census Tract 8507.1) to 22.3% (Pingree Grove, Census Tract 8507.1) in Kane County. The impact of binge drinking can lead to various health issues including liver disease, neurological damage, and an increased risk of accidents and injuries. Additionally, binge drinking can have negative social and economic impacts, affecting families and the community at large.



Prevalence of Depression

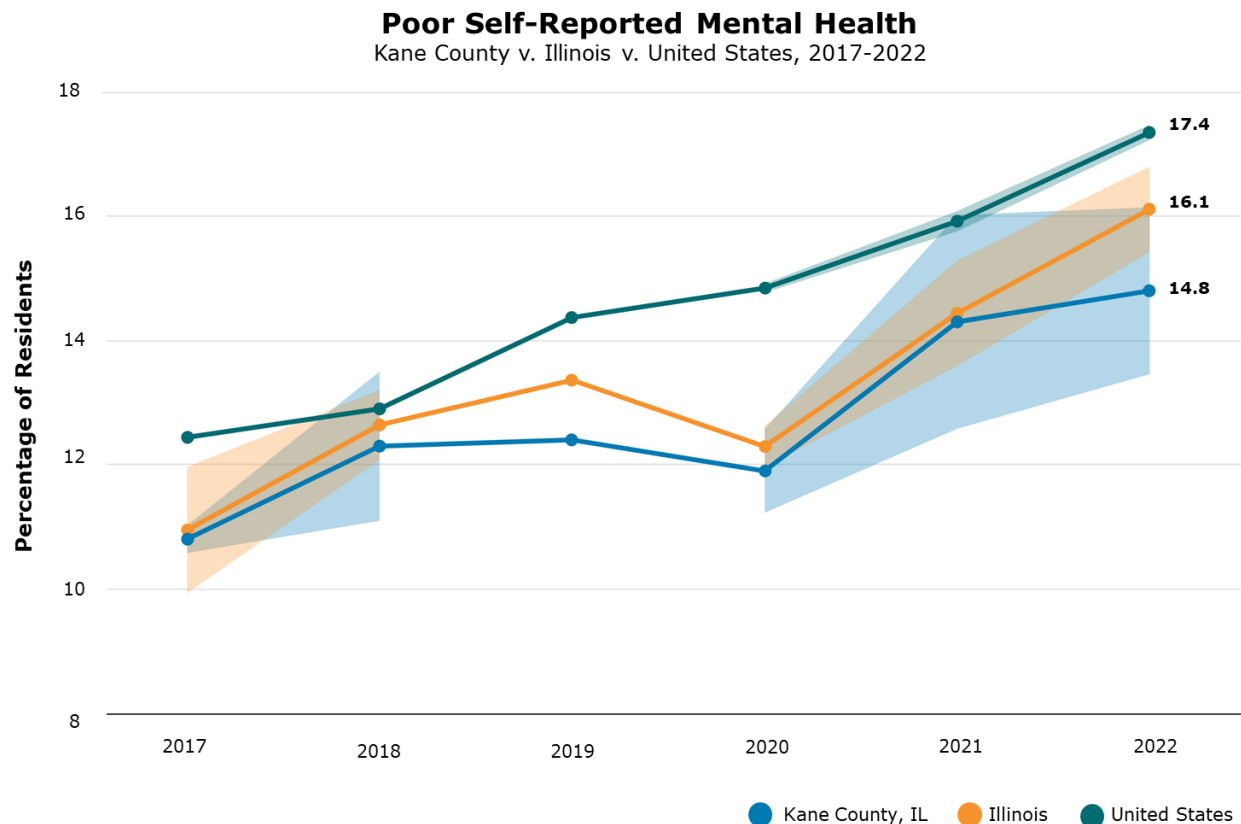
Kane County consistently has lower depression rates compared to the state of Illinois and the United States as a whole. However, all three regions experienced an increase in depression rates from 2019 to 2021, and Kane County had a slightly higher rate (19.6% vs 19.4%) than the state average.



Source: Center for Disease Control and Prevention (CDC): PLACES

Poor Self-Reported Mental Health Days

Poor mental health days can be defined as the percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good. The chart indicates that Kane County (14.8%) consistently reports lower levels of poor self-reported mental health compared to the state of Illinois (16.1%) and the United States (17.4%) as a whole. However, there is a noticeable increasing trend in all three areas from 2017 to 2021.



Source: Centers for Disease Control and Prevention (CDC): PLACES

Behavioral Health Emergency Department Visit Rate

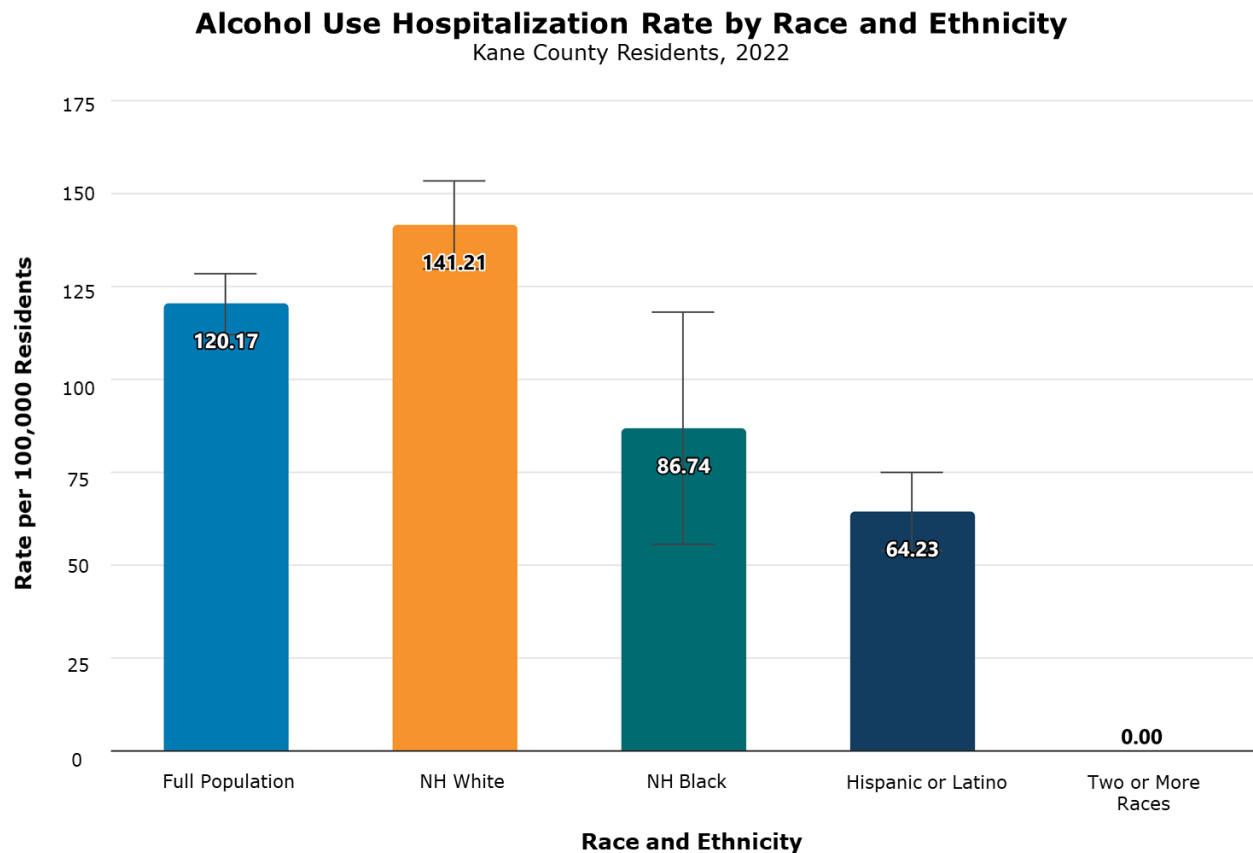
The behavioral health hospitalization rate in Kane County in 2022 highlights significant disparities across age, gender, and racial/ethnic groups. The overall hospitalization rate is 309 per 100,000 residents, with the highest rates among adults aged 40-64 years (409.8) and 18-39 years (392.2), indicating a greater burden of behavioral health issues in working-age populations. Males (380.92) have notably higher hospitalization rates than females (239.2), suggesting potential differences in mental health needs or healthcare access. Stark racial/ethnic disparities are evident, with Non-Hispanic Black residents experiencing the highest hospitalization rate (608.82), nearly six times the rate of Hispanic or Latino residents (104.9) and over eight times that of Non-Hispanic Asian residents (73.9).

Behavioral Health Hospitalization Rates in Kane County, 2022	
Stratification	Kane County
Full Population	308.8 (±12.8)
By Race/Ethnicity¹⁷	
Non-Hispanic Black	608.8 (±79.8)
Non-Hispanic White	343.5 (±18.3)
Hispanic or Latino	104.9 (±13.1)
Asian	73.9 (±31.7)
By Age Group¹⁷	
0-4 years	0.00 (±0.0)
5-17 years	130.3 (±19.0)
18-39 years	392.2 (±27.3)
40-64 years	409.8 (±25.4)
65 years and older	249.8 (±29.9)
By Sex¹⁷	
Male	380.9 (±20.3)
Female	239.2 (±15.9)

¹⁷ Illinois Department of Public Health (IDPH): Illinois Department of Public Health (IDPH) (Calculated by Metopio) (Only in IL)

Alcohol Use Hospitalization Rate

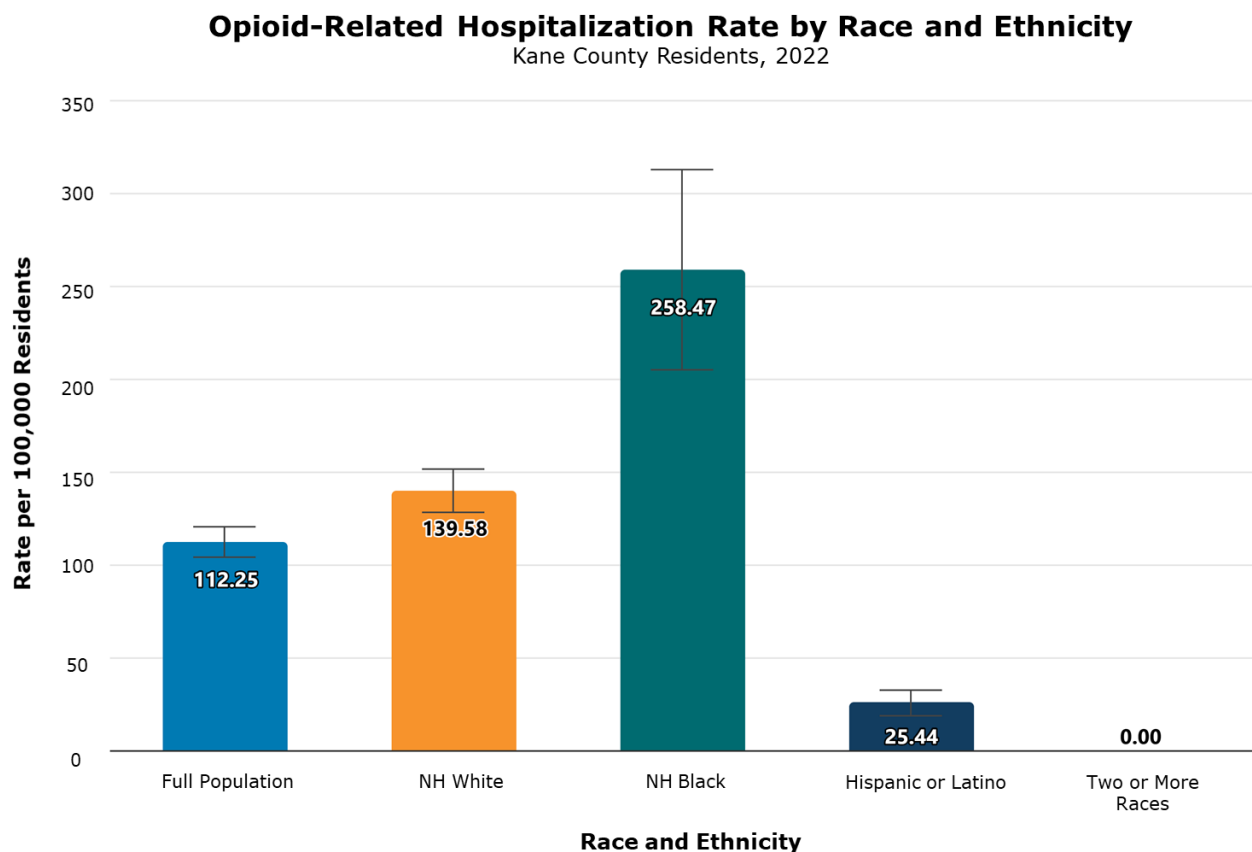
Alcohol use hospitalizations may be due to alcohol poisoning, liver disease, alcohol-induced pancreatitis, withdrawal symptoms, or injuries and conditions related to excessive alcohol consumption. Non-Hispanic Whites have the highest alcohol use hospitalization rate at approximately 141 hospitalizations per 100,000 residents, while Hispanic or Latino residents show the lowest rate at around 64 hospitalizations per 100,000 residents.



Source: Illinois Department of Public Health (IDPH)

Opioid-Related Hospitalization Rate

Opioid-related hospitalizations include opioid overdoses, withdrawal complications, infections (such as from injection drug use), and other opioid-related conditions, this rate reflects the impact of the opioid crisis in a community. Drawing attention to trends in opioid misuse, prescribing practices, and the effectiveness of harm reduction and treatment programs. The highest opioid-related hospitalization rate is observed in the Non-Hispanic Black population at approximately 258 hospitalizations per 100,000 residents, which is over two times greater the county opioid-related hospitalization rate.



Source: Illinois Department of Public Health (IDPH)

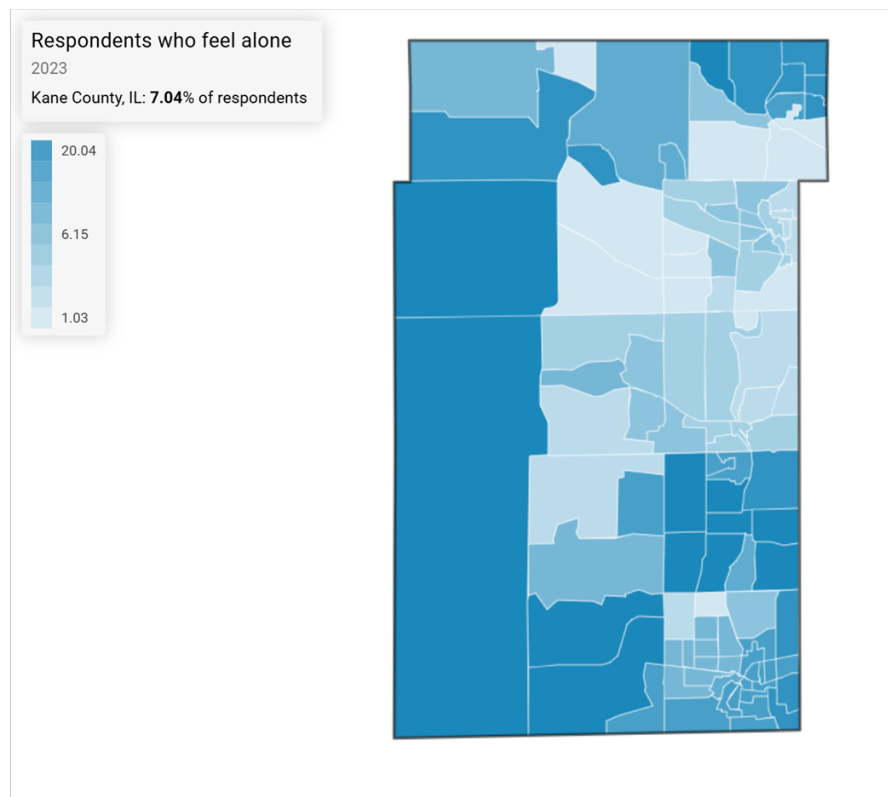
Survey Results

Respondents who feel alone “often” or “very often”

Loneliness serves as a key indicator of overall mental well-being, reflecting social connectedness and emotional health. These data highlight the percentage of respondents across various tracts in Kane County who reported feeling lonely often in 2023. Of all survey respondents, 7% of respondents reported feeling alone often or very often. The prevalence of loneliness varies significantly, ranging from just 1.03% (East Dundee, Tract 8504) to 20.04% (Sugar Grove, Tract 8545.0). These findings highlight the uneven distribution of social isolation within the county.

Survey Respondents Who Report Often Feeling Alone

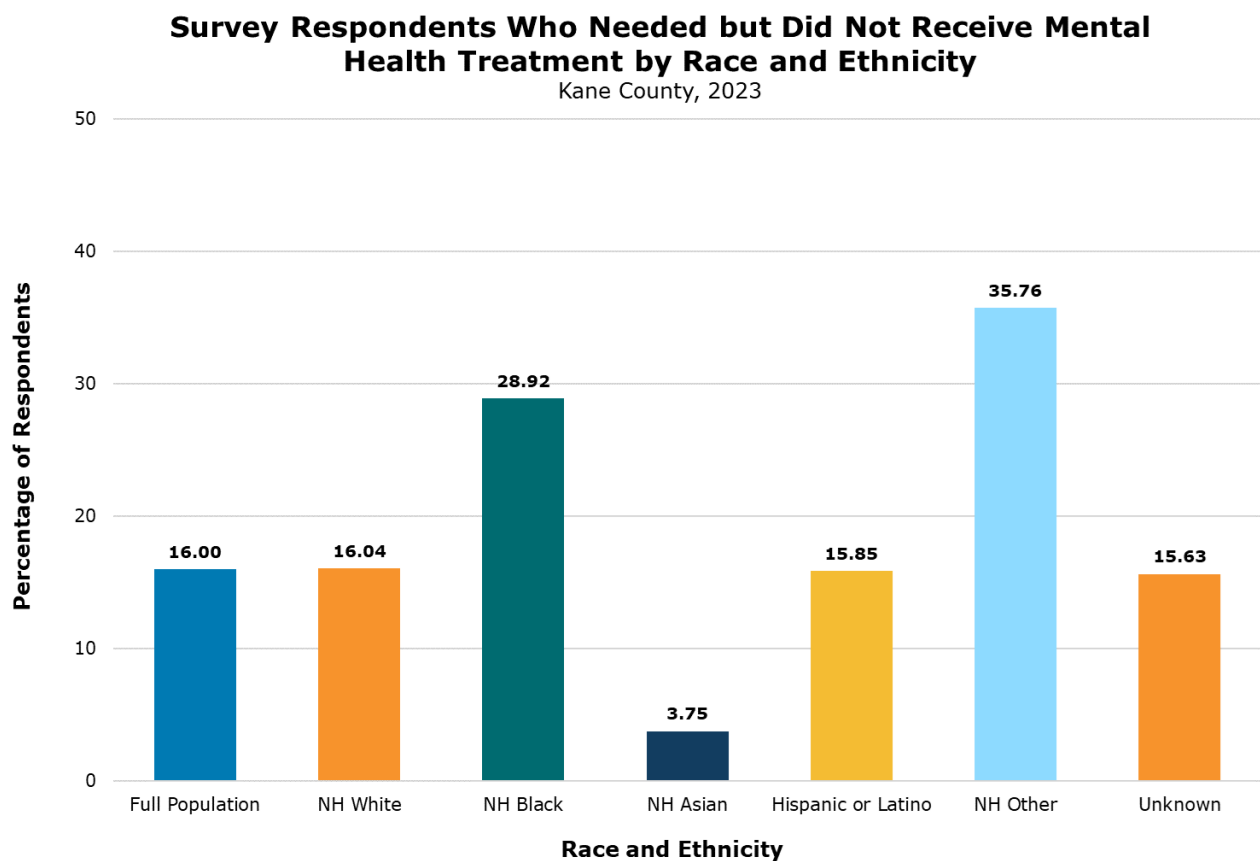
2023, Kane County: 7.04% of respondents



Source: Kane County Community Health Survey, 2023

During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?

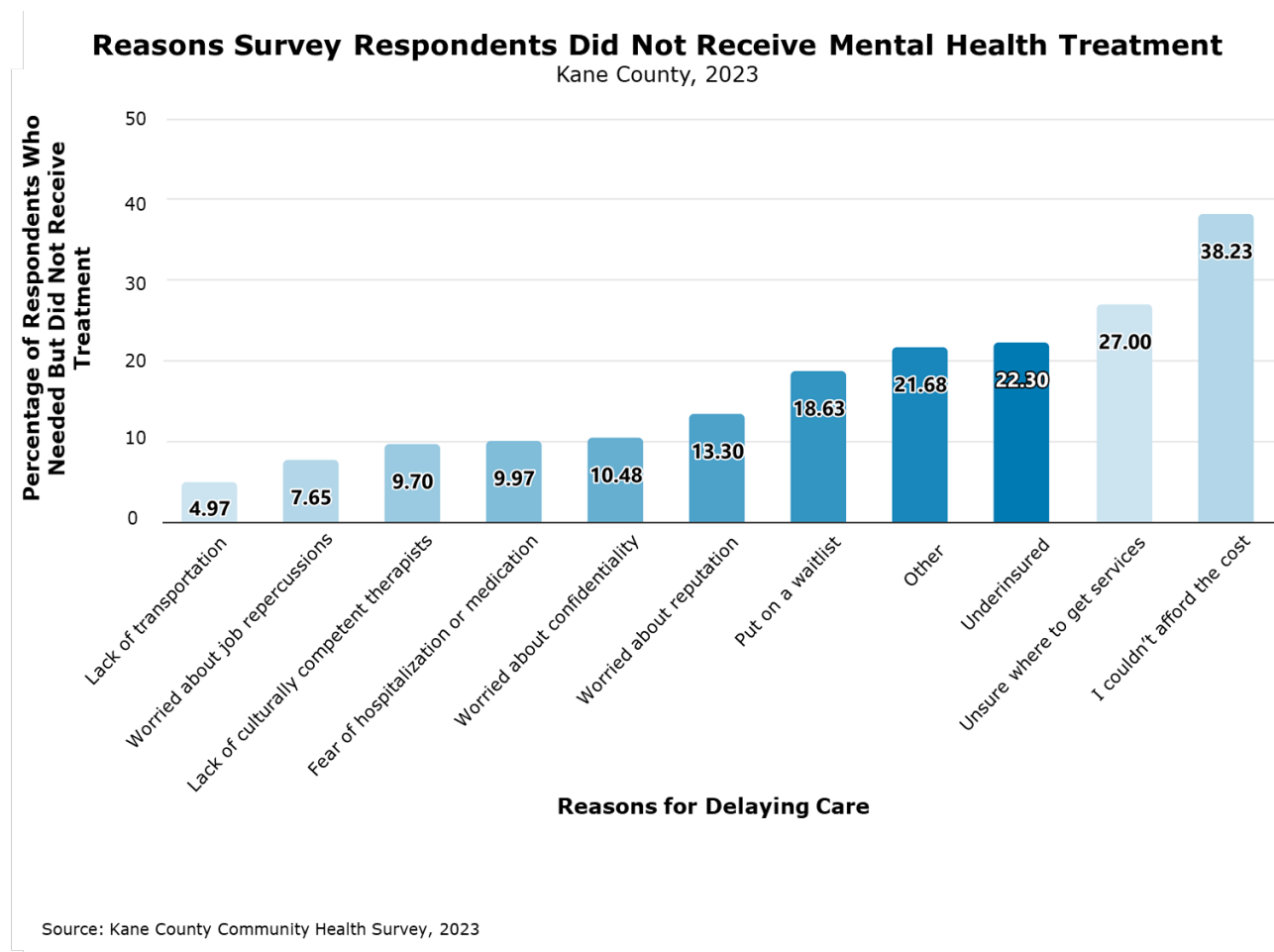
The survey data show that 16.0% of all respondents needed but did not receive mental health treatment in the past 12 months. The highest percentages of individuals who needed treatment was observed among those identifying as Non-Hispanic Other (35.8%), with Non-Hispanic Black respondents also reporting a notably high rate at 28.9%. In contrast, Non-Hispanic Asian respondents had the lowest rate at 3.8%. Access to mental health treatment is essential for overall well-being, as untreated mental health conditions can lead to severe consequences, including worsening symptoms, difficulty maintaining employment, strained relationships, and increased risk of substance use or suicide.



Source: Kane County Community Health Survey, 2023

If you didn't get treatment or counseling, what were the following reasons why you did not?

The most significant barrier preventing respondents from accessing mental health treatment was cost, with 38.2% citing financial constraints as the primary reason for not seeking care. Beyond affordability, a substantial portion (27.0%) expressed uncertainty about where to find appropriate services, highlighting a gap in awareness and accessibility. Being underinsured (22.3%) and waitlisted (18.6%) were also barriers to receiving necessary treatment. Other notable concerns included fears related to reputation (13.3%) and confidentiality (10.5%), suggesting that stigma and privacy concerns continue to play a role in deterring individuals from seeking help. Furthermore, 10% reported anxiety over potential hospitalization or medication, reflecting apprehension about the nature of treatment itself. More inclusive and representative mental health care services that address diverse backgrounds and experiences is needed, with 9.7% of respondents identifying a lack of culturally competent therapists as a reason for not receiving treatment.



Community Context Assessment: Behavioral Health

During focus groups and key informant interviews held for the Community Context Assessment, participants repeatedly emphasized the growing need for behavioral health resources, particularly regarding mental health, substance use, and addiction services. Participants highlighted significant barriers to care, including insurance limitations, financial constraints, and the stigma surrounding mental health and addiction, which prevent many individuals from seeking necessary treatment. Participants emphasized the need for consistent education and language around mental health in schools and communities to reduce stigma and improve awareness. Additionally, participants stressed the importance of outreach programs, specifically for individuals experiencing trauma, such as miscarriage or divorce, and suggested annual mass mail to inform the community about available resources. Overall, the discussion reinforced the urgent need to expand behavioral health services, enhance education, and strengthen outreach efforts to better meet the diverse needs of the community.

Community Input

"I think insurance and the cost of things is a huge, huge barrier that we have, and the stigma that is so attached to mental health and drug addiction."

"You know, when we were growing up, it was kind of boys don't cry. Girls are overly sensitive. Now we work with our teenage boys that you know, having an emotion is okay. Yes, you can be a strong, you know, male role model in your community. But if you're upset about something, it's okay to talk about that."

"There's limited providers, I often give patients a list, many of them don't take insurance at all, most of them aren't able to afford any type of therapy. I mean, if it's extreme, send them to the emergency room, which is not necessarily beneficial. I mean, it's a huge, there's a huge block there for the women to be able to get true mental health treatment."

Food Access

Food access refers to the ability of individuals and households to obtain enough nutritious food without compromising other basic needs such as housing or medication. It is influenced by economic, physical, and social factors that determine whether people can consistently acquire and prepare healthy meals. Economic access depends on financial resources, food prices, and support programs that help low-income households afford food. Physical access considers proximity to grocery stores, markets, and transportation options that enable people to reach food sources. Social access involves cultural norms, policies, and other societal factors that shape food availability and distribution. Ensuring equitable food access is essential for improving nutrition, reducing health disparities, and supporting overall community well-being.

Food Access Indicators			
Topic	Kane County	Illinois	United States
Food insecurity ¹⁸	10.2	12.0	13.3
% of residents, 2022			
Food stamps (SNAP) ¹⁹	8.3 (±1.1)	14.1 (±0.3)	12.2 (±0.1)
% of households, 2023			
Households in poverty not receiving food stamps (SNAP) ²⁰	67.1 (±7.0)	52.7 (±1.1)	59.4 (±0.3)
% of households below the poverty line, 2023			

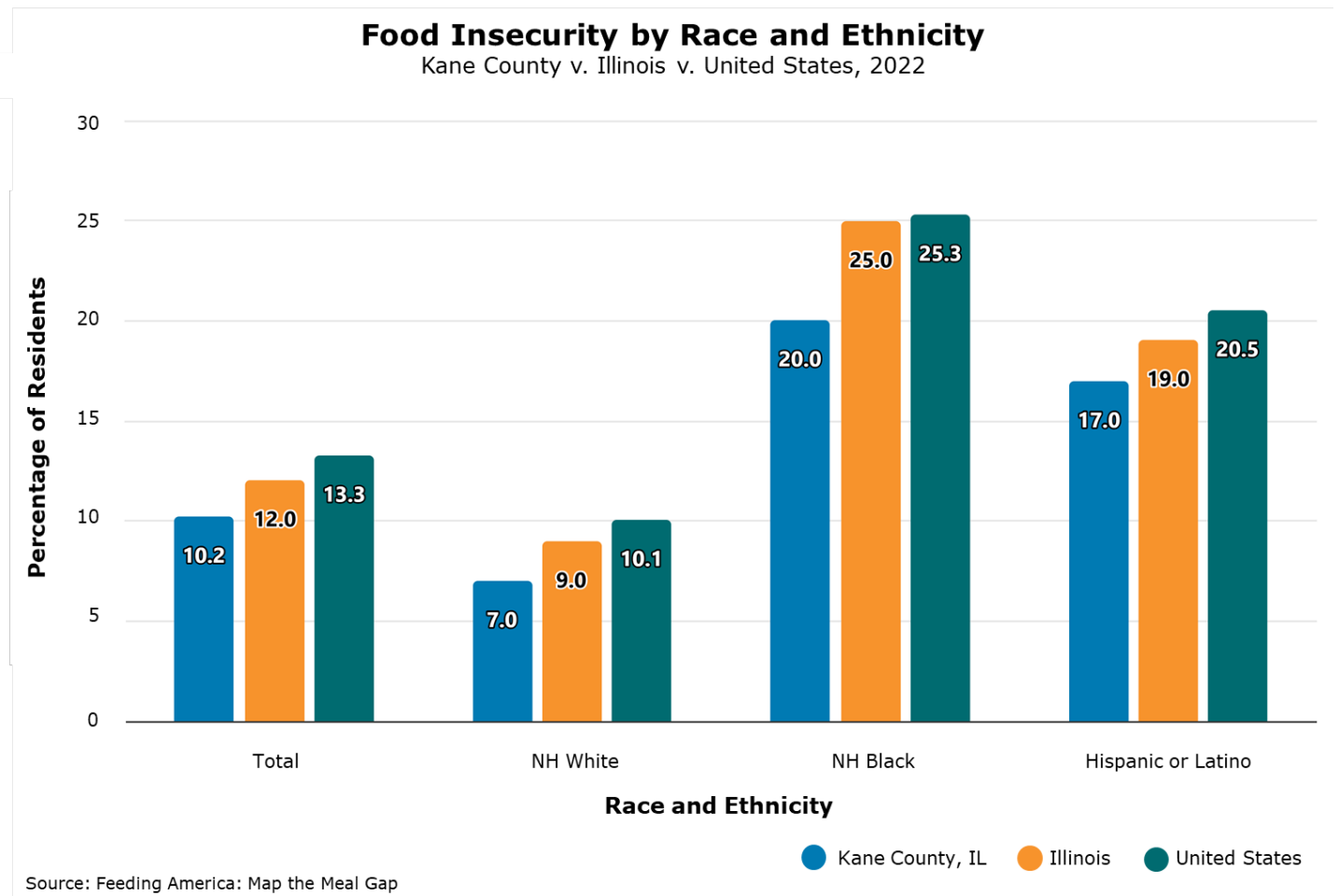
¹⁸ Feeding America: Map the Meal Gap

¹⁹ U.S. Census Bureau: American Community Survey (ACS) (Tables B22003, B22005, and S2201)

²⁰ U.S. Census Bureau: American Community Survey (ACS) (Table B22003)

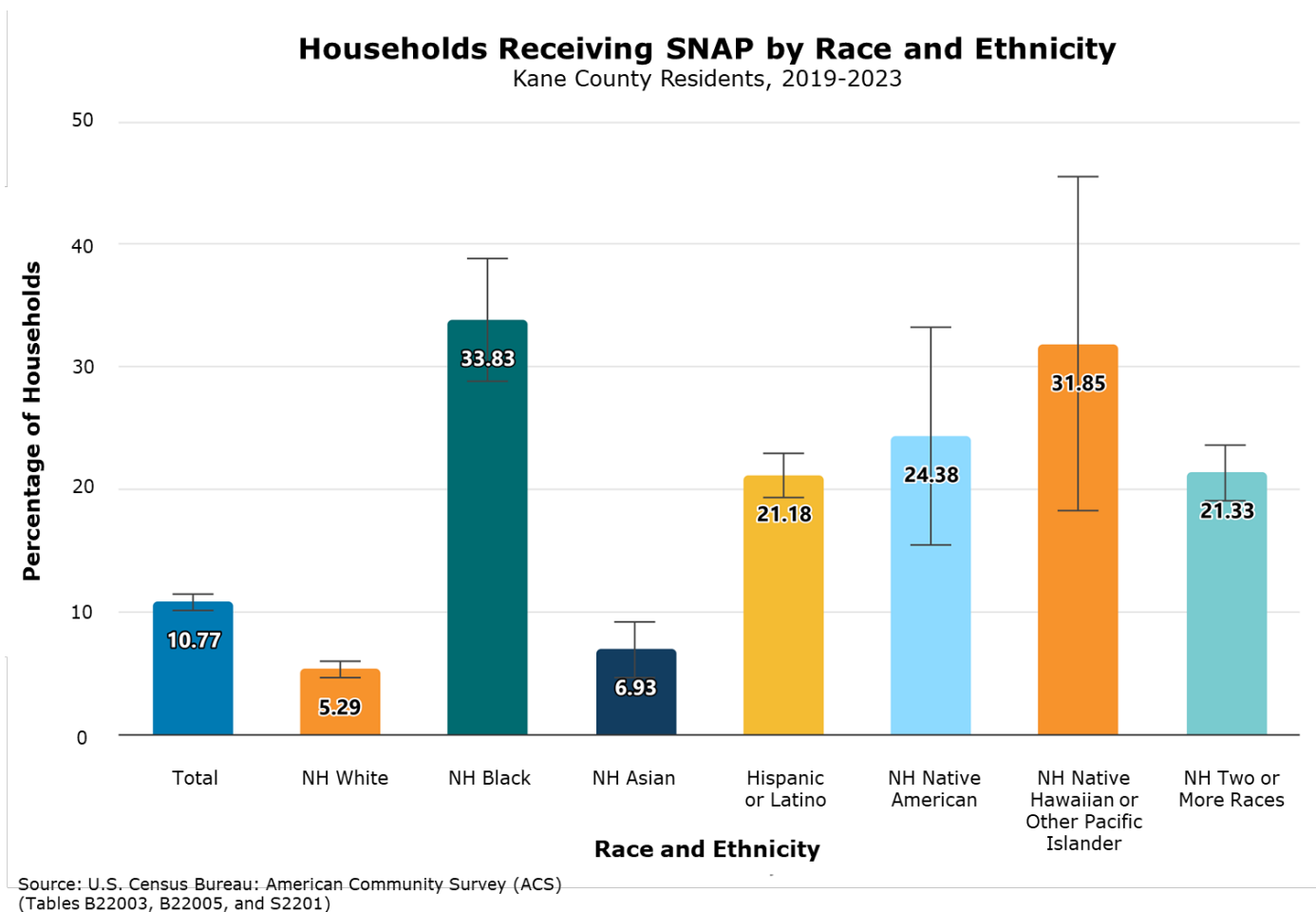
Food Insecurity Rate

Food insecurity is the household-level condition of limited or uncertain access to adequate food. In Kane County, the rates of food insecurity are higher among Non-Hispanic Black (20.0%) and Hispanic or Latino populations (17.0%) compared to the overall population (10.2%) and the Non-Hispanic White (7.0%) population. Rates are lower in Kane County than both state and national averages.



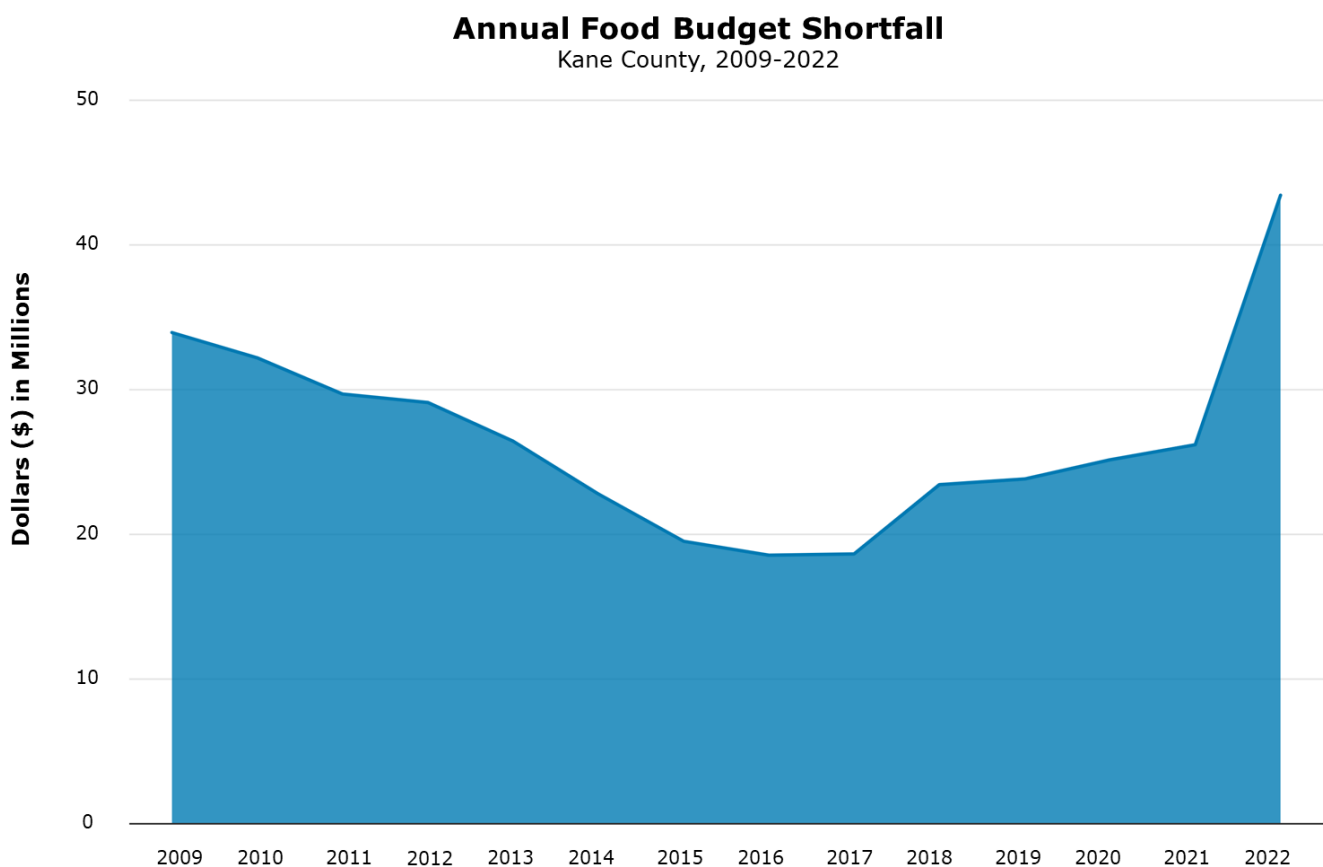
Households Receiving Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, is a federal program that helps low-income individuals and families afford food. It provides participants with monthly benefits loaded onto a card that can be used to purchase groceries. One in ten households receive SNAP benefits, but the participation in SNAP differs across racial and ethnic groups and highlights food access disparities within the county. Non-Hispanic Black and Non-Hispanic Native Hawaiian or Other Pacific Islander populations experience the highest rates of SNAP participation at 33.8% and 31.9%, respectively. Non-Hispanic Whites have the lowest participation rate at 5.3%.



Annual Food Budget Shortfall

The annual food budget shortfall refers to the extra money needed to help people who do not have enough food to buy what is needed for their household. The calculated amount is based on how much money food-insecure households are short on for groceries each week, adjusted for how long they have struggled with food insecurity. It estimates the amount of food assistance required to make sure no one in the community goes hungry. Kane County experienced a notable fluctuation in its annual food budget shortfall over the past decade, with an increase observed in recent years. From 2009 to 2016 the annual food budget shortfall decreased from \$33.9 million to \$18.5 million, suggesting improvements in food security or budget management. However, in 2017 the shortfall began to rise again, culminating in an increase to nearly \$43.4 million by 2022.

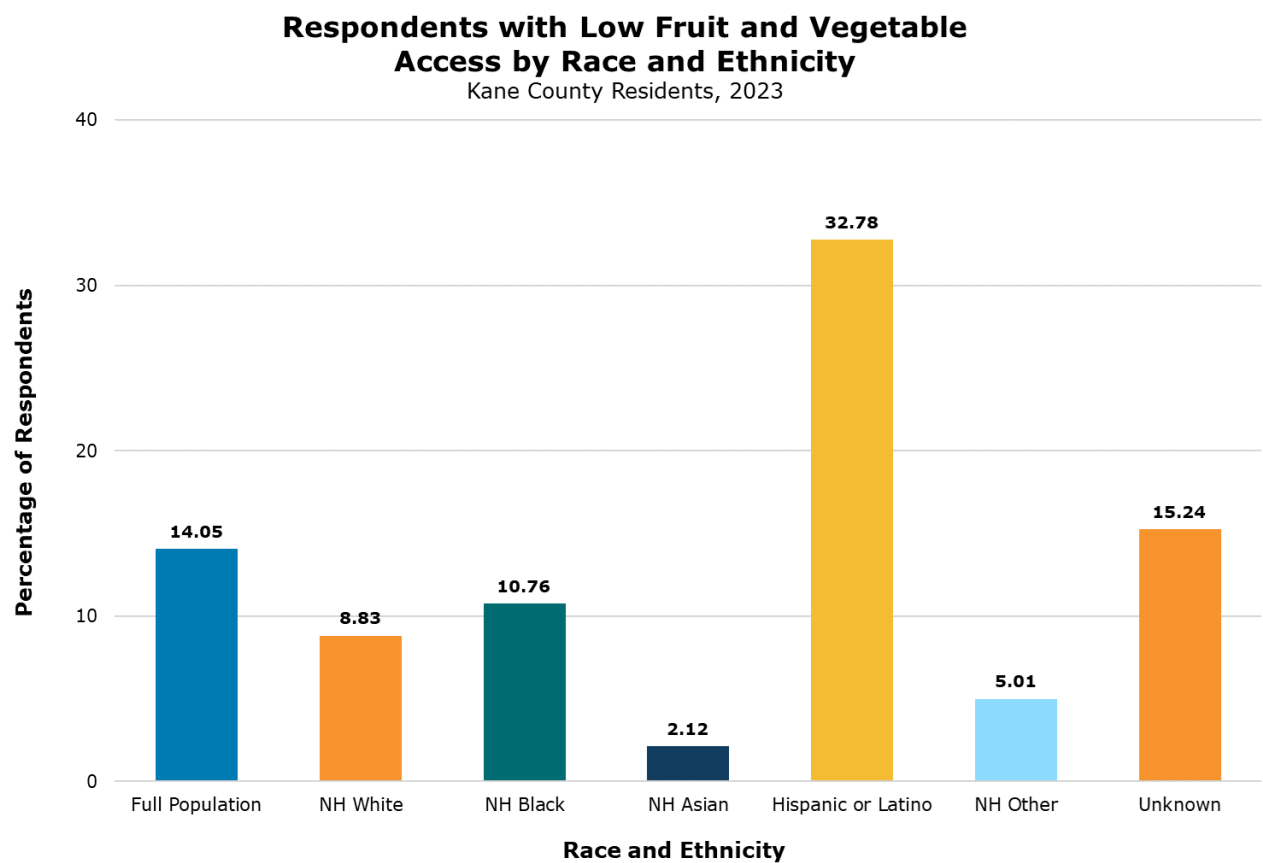


Source: Feeding America: Map the Meal Gap

Survey Results

Percentage of survey respondents who marked "somewhat difficult" or "very difficult" to obtaining fruits and vegetables

Access to fresh fruits and vegetables varies significantly across demographic groups, highlighting disparities in food availability. Around 14.0% of survey respondents reported low access to fruits and vegetables. Among Hispanic or Latino survey respondents, 32.8% reported that obtaining fruits or vegetables was somewhat or very difficult, the highest percentage among all groups. Non-Hispanic White (8.8%), Non-Hispanic Other (5.0%), and Non-Hispanic Asian (2.1%) individuals reported the lowest rates.



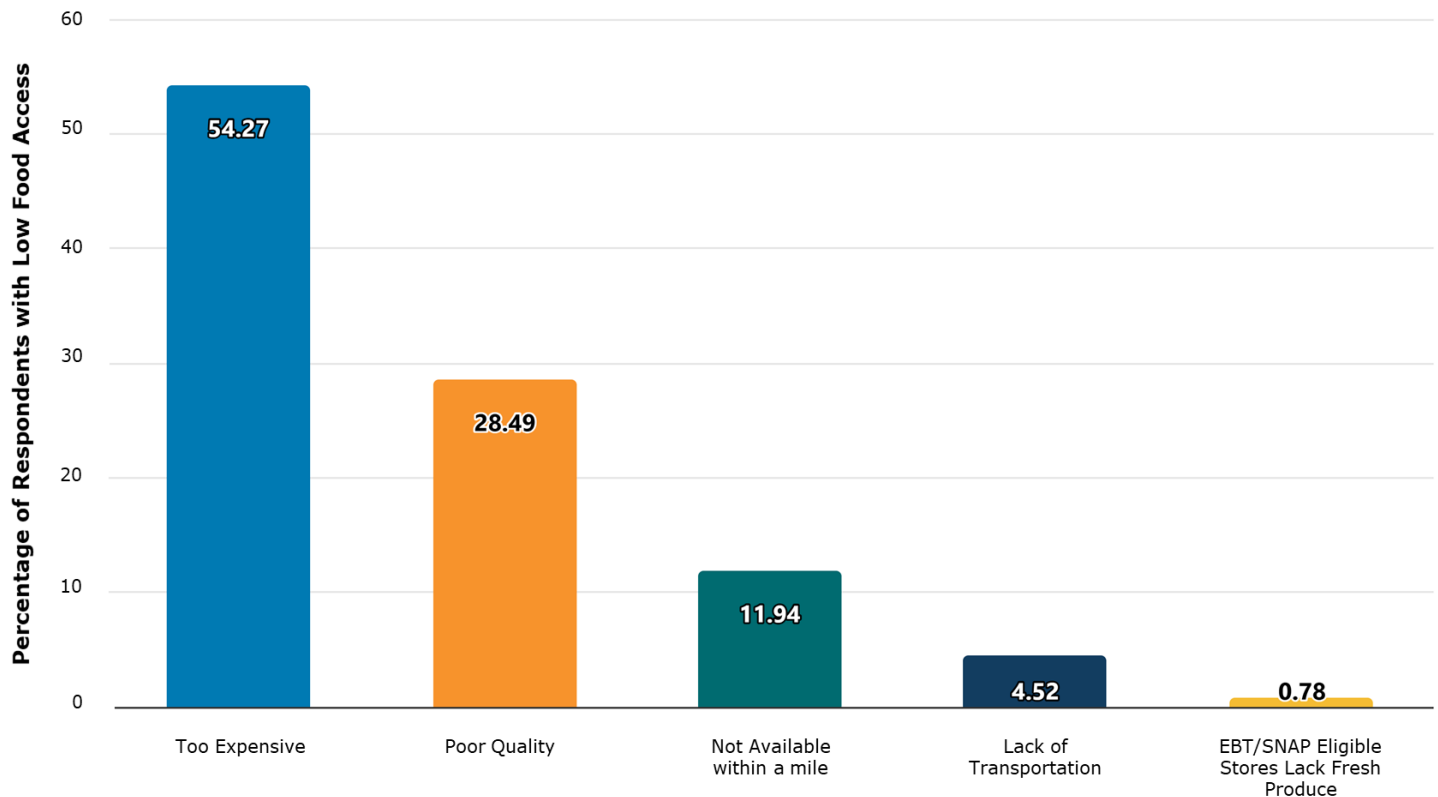
Source: Kane County Community Health Survey, 2023

What are the reasons it is difficult to get fresh fruits and vegetables?

Cost was the most significant challenge, with 54.3% of respondents stating that fresh produce was too expensive. Poor quality was the second most common issue, reported by 28.5% of respondents. Additionally, 11.9% of residents noted that fresh produce was not available within a mile of their location, while 4.5% cited a lack of transportation as a barrier.

Reasons it is Difficult to get Fresh Fruits and Vegetables

Kane County Residents, 2023



Source: Kane County Community Health Survey, 2023

Community Context Assessment: Food Access

Key challenges and initiatives related to food access in Kane County were emphasized in the focus groups and key informant interviews, underscoring the importance of nutrition, cultural mindfulness, and wraparound services in food distribution. Discussions illustrated the need for food banks and pantries to cater to diverse populations by providing culturally appropriate foods and expanding partnerships with local farms and service providers. Speakers also addressed the broader social and economic barriers to food security, including the struggles faced by immigrant communities, funding shortages, and the impact of inflation on food supply. Additionally, the assessment explored the intersection of food access and health, noting high rates of diabetes and hypertension in certain communities and the need for better access to fresh, healthy foods. Solutions discussed included strengthening language accessibility, increasing educational outreach, and integrating food assistance with other essential services like healthcare, legal aid, and job training. Overall, the findings reinforced the necessity of a collaborative, community-driven approach to addressing food insecurity and ensuring equitable access to nutritious food.

Community Input

“Whether it is because they're senior, or they're people that have disabilities, and there is such a lack of access for them to get quality, nutritious food that they need, that we're now at capacity for home delivery, we were not offering it anymore, we have a lot of volunteers that we rely on. And that's sometimes hard to get like consistent volunteers who can make all these deliveries from these different people who are kind of spread out.”

“The numbers keep increasing. Like, we're now at, like, over 1,000 people a week through all of our different locations that we serve. And it just continues to climb. I think with inflation, it's getting worse.”

“Since the pandemic, the community has seen increases in prices for foods, especially healthy foods. So, people tend to pay for what they can afford, which is the less healthy options.”

Housing

Housing insecurity and homelessness are significant public health concerns that affect individuals and families across communities. Housing insecurity includes a range of challenges, such as unstable or unaffordable housing, overcrowding, frequent moves, and the risk of eviction, while homelessness represents the most extreme form, leaving individuals without a safe or stable place to live. These conditions have profound and wide-ranging effects on health, increasing the risk of chronic illnesses, mental health disorders, substance use, and exposure to violence, infectious diseases, and extreme weather conditions. Without stable housing, individuals often struggle to access consistent medical care, maintain employment, and provide children with a stable education, therefore further perpetuating cycles of poverty and poor health. Addressing housing insecurity through affordable housing initiatives, supportive services, and policy interventions is essential to improving health outcomes and promoting long-term well-being for individuals and communities.

Housing Indicators			
Topic	Kane County	Illinois	United States
Crowded housing²¹	2.9 (±0.8)	2.4 (±0.2)	3.5 (±0.1)
% of occupied housing units, 2023			
Housing cost burden²²	29.5 (±2.3)	29.4 (±0.4)	31.7 (±0.1)
% of occupied housing units, 2023			
Severe housing cost burden²³	12.4 (±1.6)	13.9 (±0.3)	15.1 (±0.1)
% of occupied housing units, 2023			
Owner occupied²⁴	77.4 (±1.7)	67.4 (±0.3)	65.2 (±0.2)
% of occupied housing units, 2023			
Vacant²⁵	3.1 (±0.9)	7.3 (±0.3)	9.6 (±0.1)
% of housing units, 2023			

²¹ U.S. Census Bureau: American Community Survey (ACS) (Table B25014)

²² U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/B25091)

²³ U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/25091)

²⁴ U.S. Census Bureau: American Community Survey (ACS) (Table B25003)

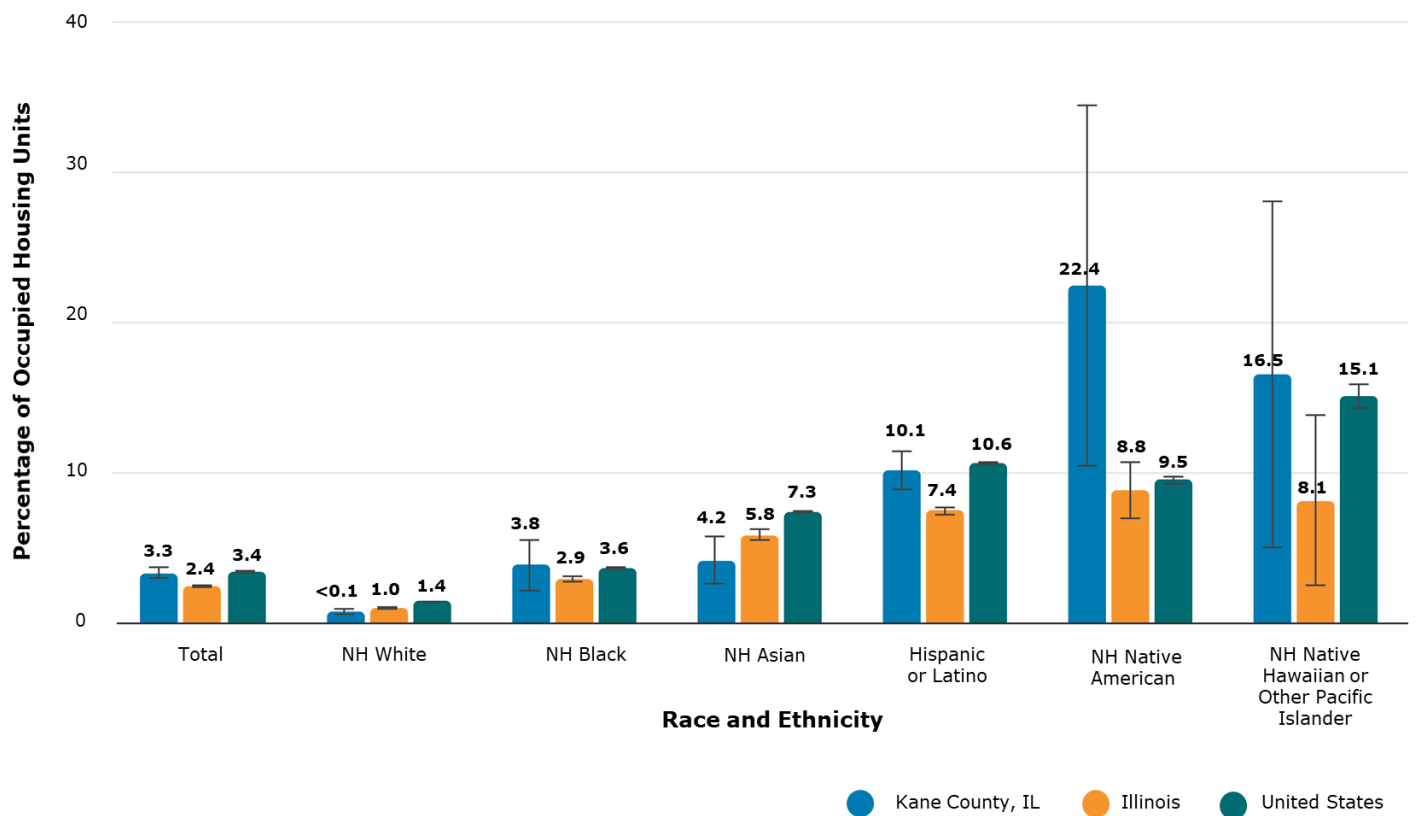
²⁵ U.S. Census Bureau: American Community Survey (ACS) (Table B25002)

Crowded Housing

Crowded housing occurs when there is more than one occupant per room, such as three individuals sharing a one-bedroom apartment. In Kane County, 3.4% of occupied housing units are classified as crowded, exceeding the state average of 2.5%. Of the total 183,196 Kane County households, 6,242 households experience crowded housing. However, certain racial and ethnic groups experience significantly higher rates of overcrowding compared to white individuals (0.8%), with Non-Hispanic Native American (22.1%), Non-Hispanic Native Hawaiian or Other Pacific Islander (14.8%), and Hispanic or Latino (10.4%) populations disproportionately affected. These figures highlight the uneven burden of overcrowding, indicating greater challenges in securing adequate housing among these groups. Overcrowding can lead to chronic stress, lack of privacy, and increased exposure to infectious diseases, all of which negatively impact physical and mental health.

Crowded Housing by Race and Ethnicity

Kane County v. Illinois v. United States, 2018-2022



Source: U.S. Census Bureau: American Community Survey (ACS) (Table B25014)

Housing Cost Burden

Housing cost burden refers to households spending more than 30% of their income on housing-related expenses, including rent, mortgage payments, and utility costs. The data reveal significant variations in housing cost burden across different tracts, ranging from as low as 7.5% (Kaneville, Tract 8545.06) to as high as 50.84% (Aurora, Tract 8532).

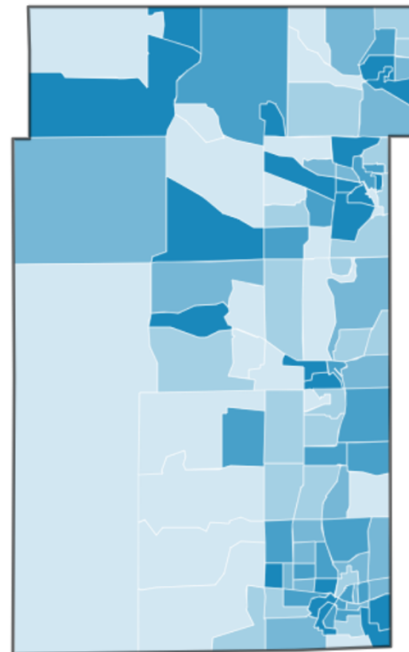
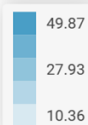
Housing Cost Burden

Kane County, 2019-2023

Housing cost burden

2018-2022

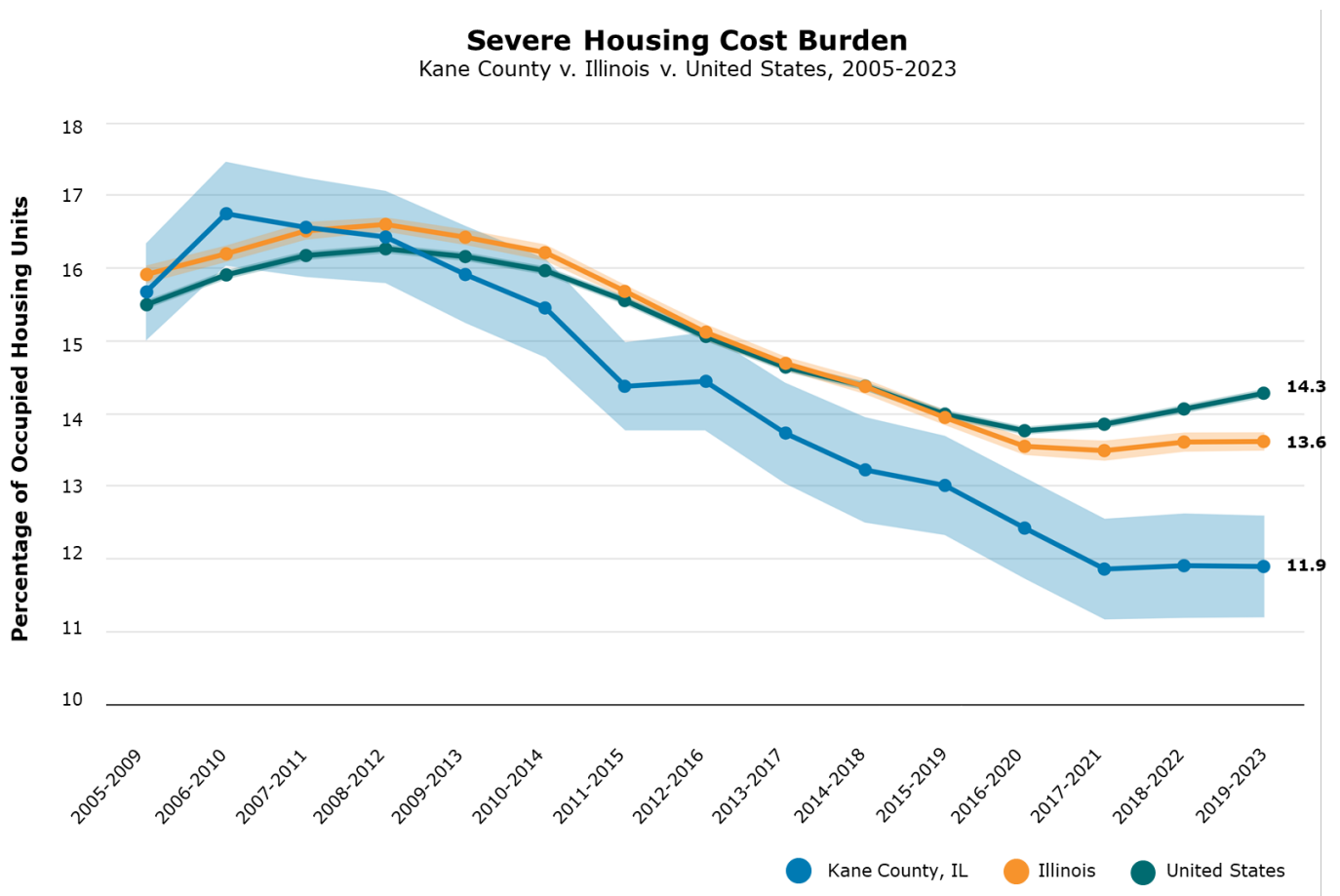
Kane County, IL: **28.53** \pm 1.12% of occupied housing units



Source: U.S. Census Bureau: American Community Survey (ACS)
(Tables B25070/B25091)

Severe Housing Cost Burden

Severe housing cost burden refers to households that spend more than 50% of their income on housing-related costs. This financial strain affects both homeowners and renters, limiting their ability to afford other essentials like food, healthcare, and transportation. Renters, in particular, often face additional financial stress due to rising rental prices and utility costs, while homeowners may struggle with mortgage payments, property taxes, and maintenance expenses. High housing costs can contribute to economic instability, displacement, and increased risk of homelessness. Kane County has a lower severe housing cost burden at 11.9% compared to both Illinois (13.6%) and national average (14.3%). In contrast, Illinois and the U.S. show slightly increasing trends over the last few years, whereas Kane County has remained stable.



Source: U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/B25091)

Owner Occupied

This map shows the percentage of owner-occupied housing units in various census tracts within Kane County, Illinois. Owner-occupied housing units may promote stability, financial security, and better mental health by reducing stress from frequent moves or eviction risks. Of the total housing units in Kane County, 75% are owner occupied. The data show a wide range of homeownership rates, with one area having 100% homeownership (Campton Hills, Tract 8524.06) and another having 26.6% owner-occupied homes (Aurora, Tract 8536.01).

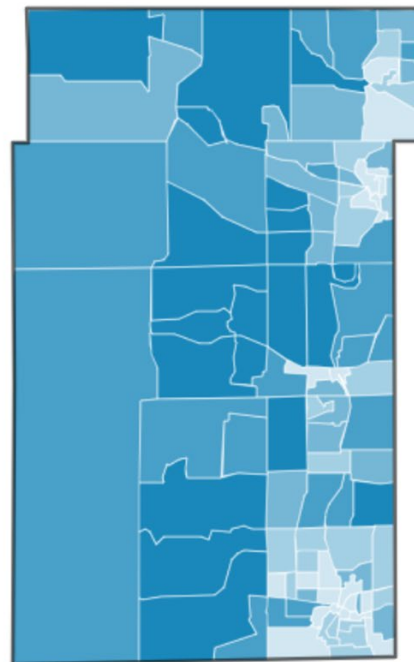
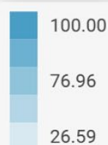
Owner Occupied Housing Units

Kane County, 2019-2023

Owner occupied

2019-2023

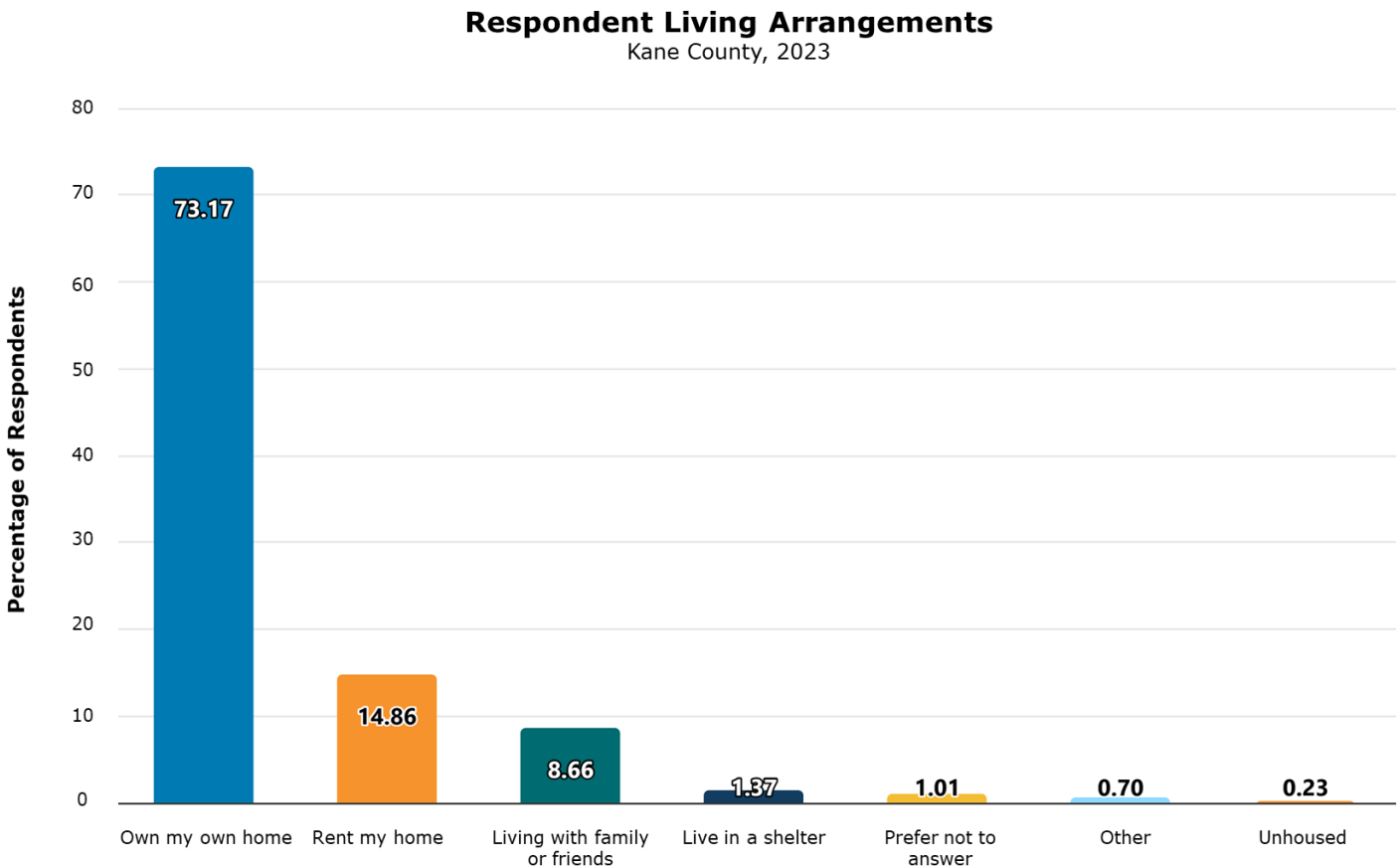
Kane County, IL: **75.74** $\pm 0.78\%$ of occupied housing units



Source: U.S. Census Bureau: American Community Survey (ACS)
(Table B25003)

Survey Results

The housing data from the 2023 Kane County Community Health Survey provide insight into resident living situations. A majority (73.2%) of respondents reported owning their home, while 14.86% indicated they were renting. Additionally, 8.7% were living with family or friends, highlighting potential housing instability for some residents. A smaller portion of respondents reported living in a shelter (1.4%), being unhoused (0.2%), or selecting "Other" (0.7%). These findings emphasize the varied housing circumstances within Kane County, with a portion of respondents facing challenges such as temporary or unstable living arrangements.



Source: Kane County Community Health Survey, 2023

Community Context Assessment: Housing

Barriers to stable housing, gaps in shelter capacity, and the need for stronger community partnerships were discovered as key concerns in the community context assessment on housing and homelessness. Participants discussed the challenges of outreach and data collection, particularly in reaching vulnerable and underserved populations in Aurora and Elgin. Key insights emphasized the role of shelters, hotels, and wraparound services in providing temporary housing and long-term support. Community organizations and partnerships, such as those with churches, food pantries, and mental health providers, play a crucial role in addressing housing needs. However, participants reported that affordable housing remains scarce, and shelters continue to face capacity limitations and resource constraints. The discussion also highlighted the importance of mental health services for individuals experiencing homelessness, with a focus on relationship-building, harm reduction approaches, and on-site healthcare access. While organizations work to provide housing-first solutions and case management support, particular challenges remain for undocumented individuals and those with complex health needs. These conversations underscored the urgent need for sustainable housing solutions and stronger support systems to improve stability and well-being for those facing housing insecurity.

Community Input:

“Something we’re seeing in the emergency room is also access to shelter. A lot of our homeless shelter resources are, are full. They have waitlists. So, you know, it’s an option we give to people, but we also have to let them know that it’s full.”

“Any kind of affordable housing is a challenge even with vouchers and things like that. Getting landlords to accept vouchers. What we’re seeing right now with housing is so tight in Kane County, across the board. So low end of the housing availability is just gone.”

“We just scooch everybody over, throw another little mat down if we needed to, but we would get everybody in. What we have found is, you know, again, just use simple math. If you’ve got 15 new people coming in a week, you need to move 15 more people out in housing.”



NON-PRIORITIZED ISSUES

Chronic Disease
Maternal and Child Health
Health Behaviors

Chronic Disease

Chronic diseases are long-term health conditions that persist for a year or more, often requiring ongoing medical care and lifestyle adjustments. Some of the most common chronic diseases include heart disease, diabetes, cancer, and pulmonary conditions, which can develop due to a combination of genetic predisposition, lifestyle factors, and environmental exposures. These conditions are a major contributor to increased healthcare costs, reduced quality and quantity of life, and disability. Chronic diseases not only impact physical health but can also lead to mental health challenges, financial burdens, and limitations in daily activities. Because they often require continuous management and treatment, improving prevention efforts, increasing access to early diagnosis, and supporting long-term care solutions are essential for reducing their impact on individuals and communities.

Chronic Diseases Indicators			
Topic	Kane County	Illinois	United States
Chronic kidney disease²⁶	2.7 (±0.3)	2.8 (±0.1)	2.9 (±0.0)
% of adults, 2021			
Chronic obstructive pulmonary disease¹¹	4.8 (±0.6)	5.4 (±0.3)	6.4 (±0.1)
% of adults, 2022			
Coronary heart disease¹¹	5.1 (±0.6)	5.4 (±0.3)	5.8 (±0.5)
% of adults, 2022			
Current asthma¹¹	9.1 (±1.0)	9.5 (±0.5)	10.4 (±0.1)
% of adults, 2022			
Diagnosed diabetes¹¹	10.0 (±1.4)	10.4 (±0.7)	10.8 (±0.1)
% of adults, 2022			
Diagnosed stroke¹¹	2.6 (±0.2)	2.9 (±0.1)	3.1 (±0.2)
% of adults, 2022			
Have ever had cancer¹¹	6.6 (±0.6)	6.5 (±0.3)	6.9 (±0.1)
% of adults, 2022			
High blood pressure¹¹	29.4 (±3.4)	29.1 (±1.4)	30.3 (±0.2)
% of adults, 2022			
Obesity²⁷	37.3 (±5.0)	34.4 (±1.9)	33.8 (±0.3)
% of adults, 2022			

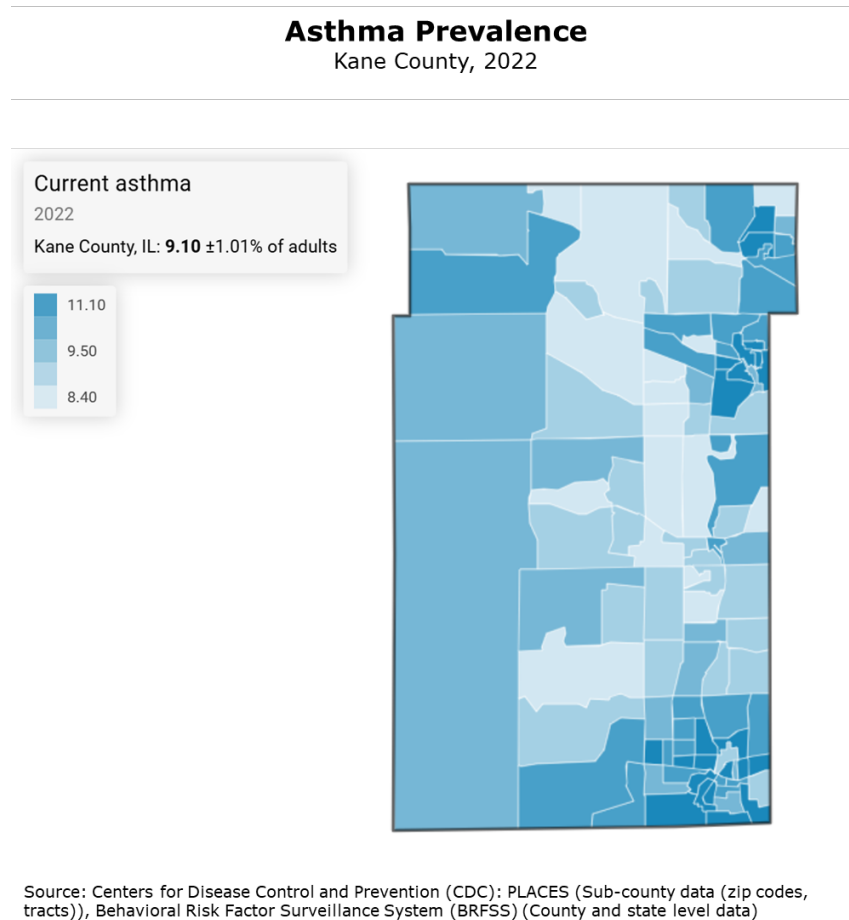
²⁶ Behavioral Risk Factor Surveillance System (BRFSS) (State level data), Razzaghi, Wang, et al. (MMWR Morb Mortal Wkly Rep 2020) (county-level estimates modeled based on BRFSS data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

¹¹Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

²⁷ Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

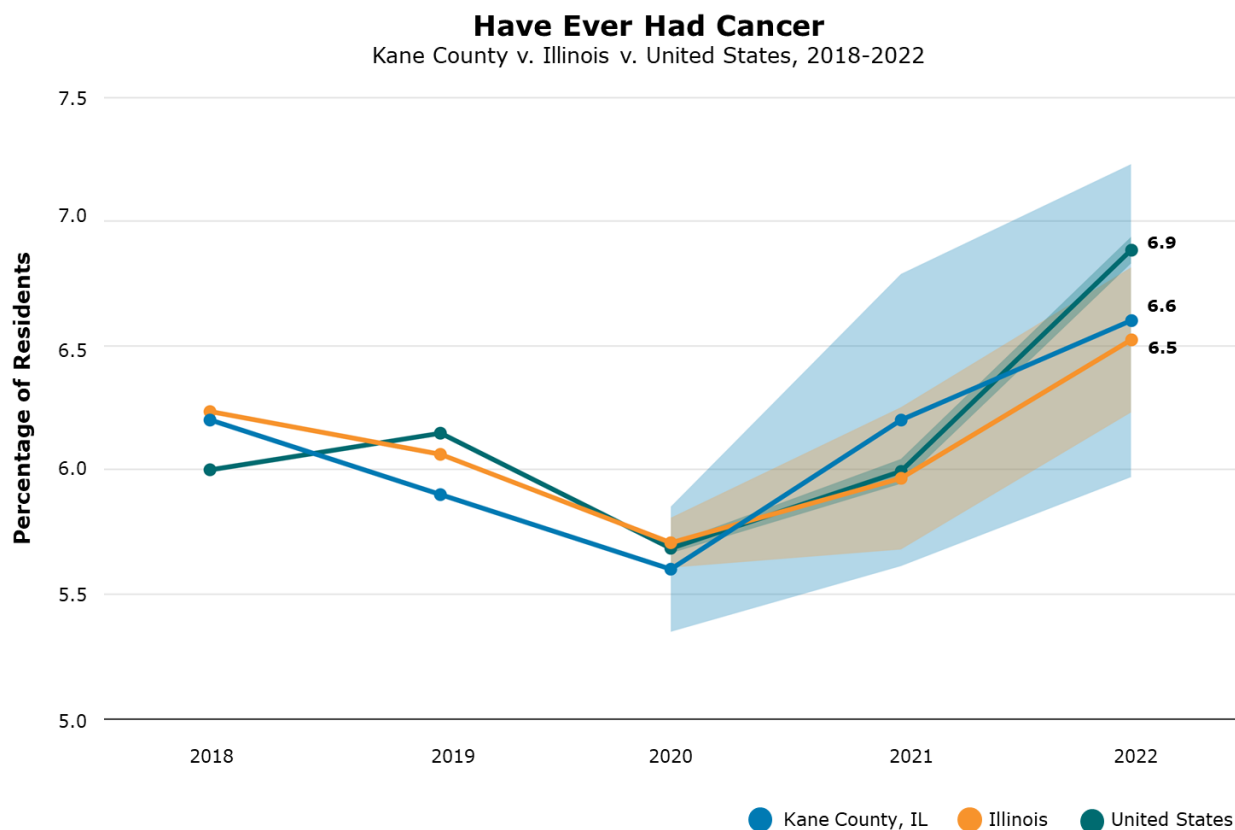
Asthma

Asthma is a chronic respiratory condition that causes inflammation and narrowing of the airways, leading to difficulty breathing, wheezing, and coughing. As of 2022, 9% of adults in Kane County currently have asthma. Asthma prevalence in Kane County ranges from 8.4% to 11.1%, with the highest rate recorded in Census Tract 8544.03 (Aurora) and the lowest in Tract 8507.11 (Plato Township) and Tract 8519.13 (Elgin). Overall, asthma rates in the county fall below both state and national averages, indicating a slightly lower burden of the condition in this area.



Cancer

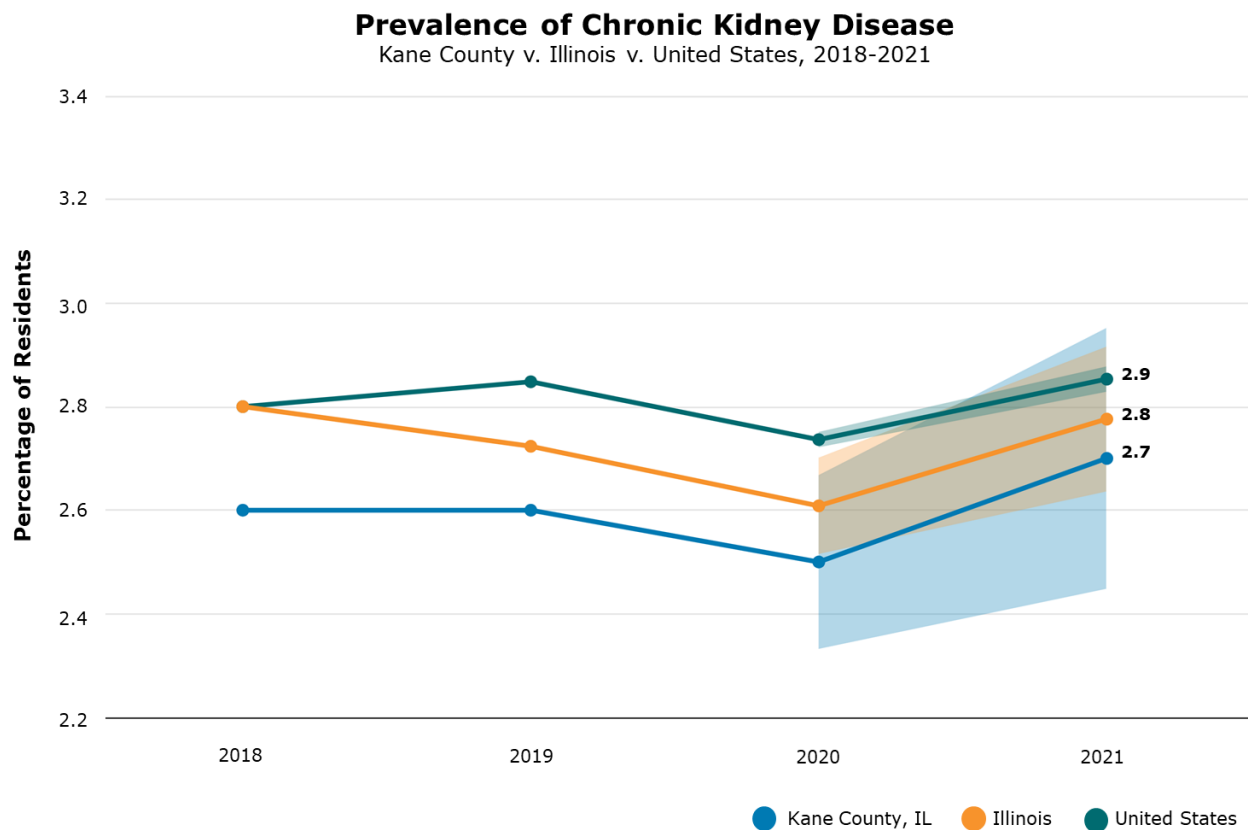
Cancer is a group of diseases characterized by uncontrolled cell growth, which can occur in virtually any tissue of the body. There are many types of cancer, including but not limited to breast cancer, lung cancer, prostate cancer, and colorectal cancer, each affecting different organs and requiring specialized treatment approaches. In Kane County, the cancer rate ranged from 5.6% to 6.6%, peaking at 6.6% in 2022. Similarly, Illinois experienced a trend with rates fluctuating between 5.7% and 6.5%, also peaking in 2022. On a national level, the cancer rate increased from 6.0% in 2018 to 6.9 in 2022, reflecting a general rise in cancer prevalence during this period.



Source: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Chronic Kidney Disease

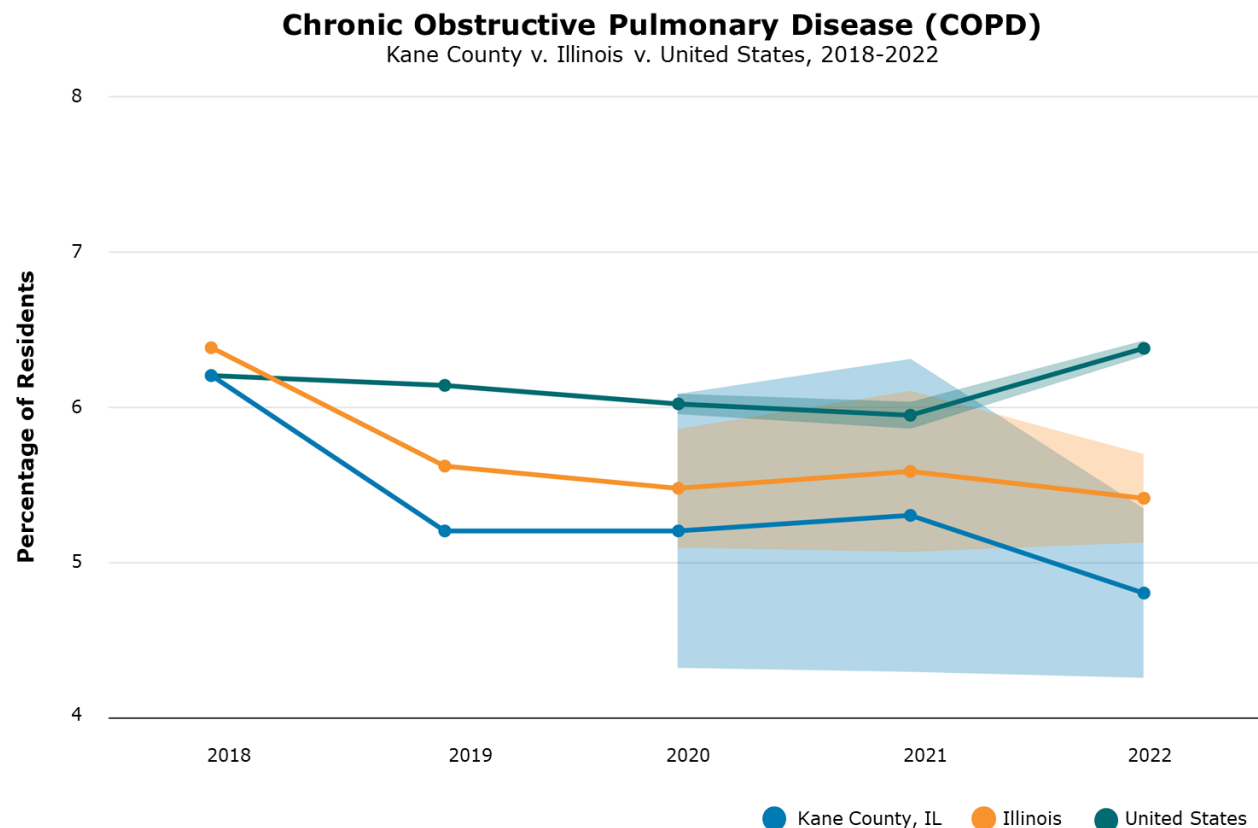
Chronic kidney disease is a long-term condition in which the kidneys gradually lose function, leading to waste buildup, fluid imbalances, and increased risk of other health complications. In Kane County, the prevalence of chronic kidney disease in Kane County has stayed mostly the same between 2018 and 2021, with a slight increase from 2.6% in 2018 to 2.7% in 2021. Similarly, statewide and national trends have remained consistent. In Illinois, the prevalence remained relatively unchanged, while the national rate increased marginally from 2.8% to 2.9% during the same period.



Source: Behavioral Risk Factor Surveillance System (BRFSS) (State level data), Razzaghi, Wang, et al. (MMWR Morb Mortal Wkly Rep 2020) (county-level estimates modeled based on BRFSS data), Centers for Disease Control and Prevention

Chronic Obstructive Pulmonary Disease

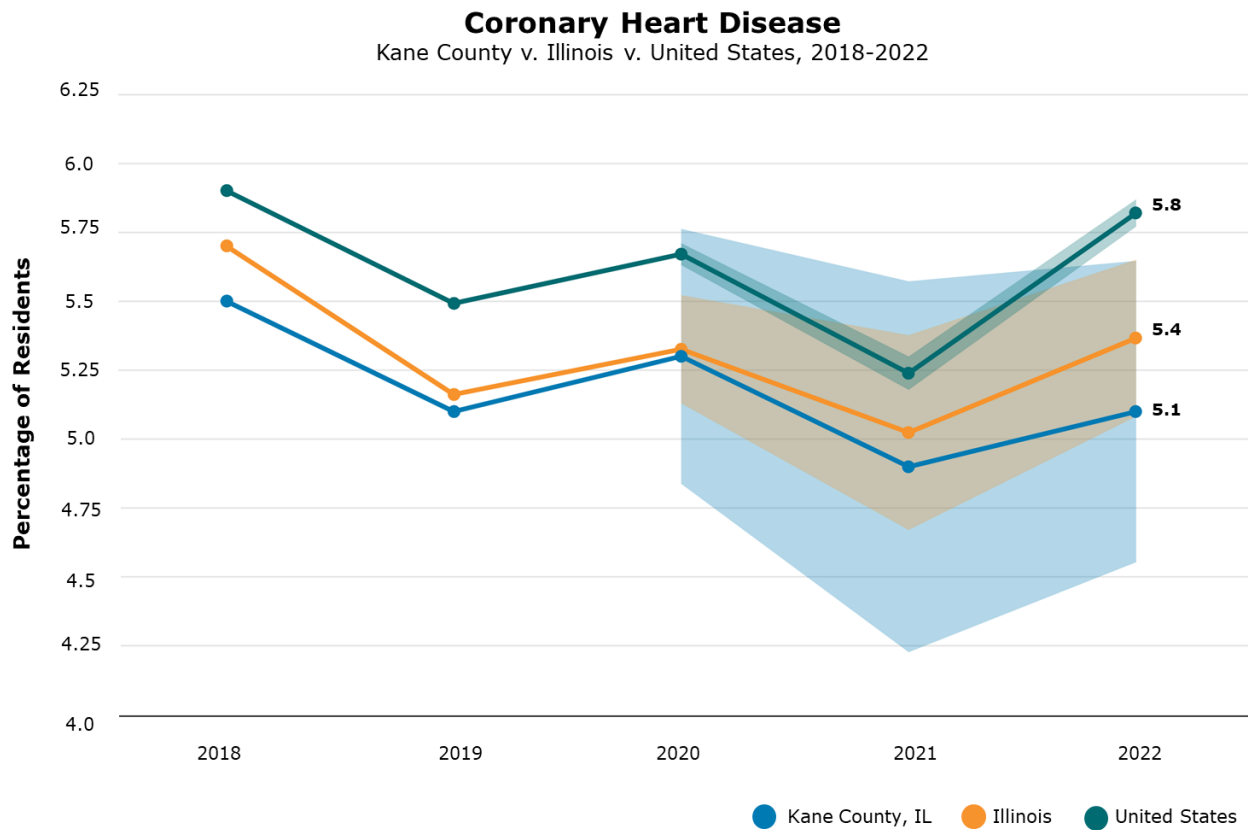
Chronic obstructive pulmonary disease (COPD) is a progressive lung disease that causes breathing difficulties due to airflow blockage and inflammation. The prevalence of chronic obstructive pulmonary disease in Kane County has declined over the past five years, remaining lower than both state and national measures. Between 2018 and 2022, COPD rates in Kane County dropped from 6.2% to 4.8%, a steeper decline than Illinois (6.4% to 5.4%) and the national average, which saw a slight increase to 6.4% in 2022.



Source: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Coronary Heart Disease

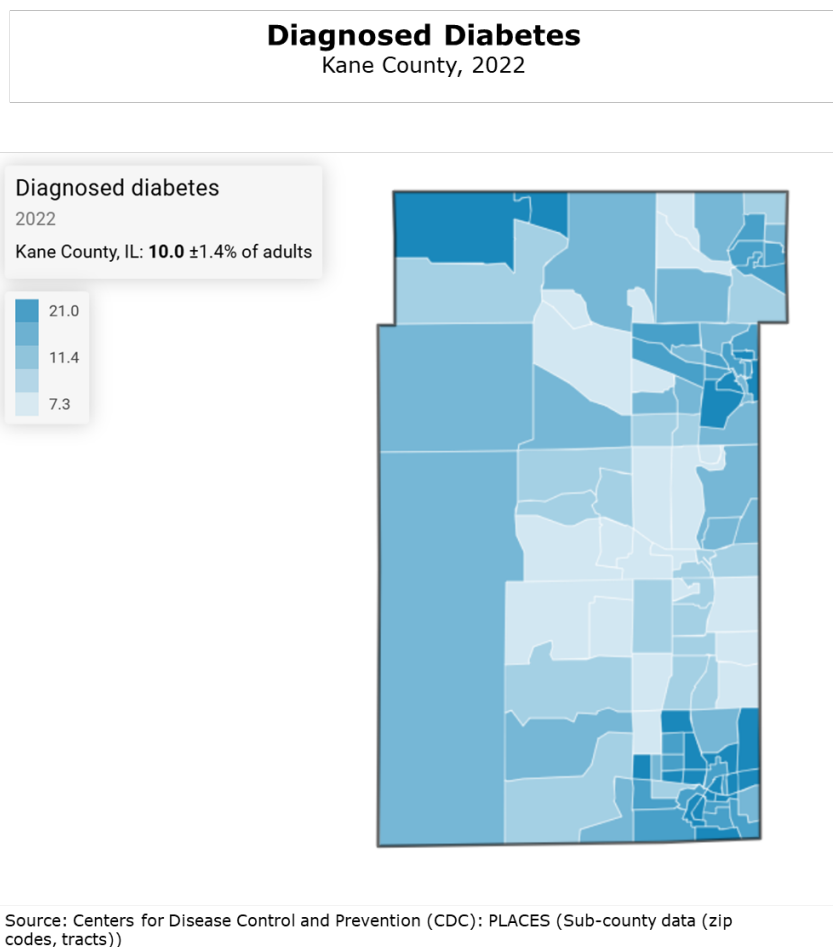
Coronary heart disease (CHD) occurs when the coronary arteries narrow due to plaque buildup, reducing blood flow to the heart and increasing the risk of heart attacks. The chart below illustrates trends in coronary heart disease prevalence among adults in Kane County, compared to Illinois and the United States from 2018 to 2022. All three areas experienced a decline from 2018 to 2021, with Kane County decreasing from 5.5% to 4.9%. However, in 2022, prevalence rates increased, rising to 5.1% in Kane County, 5.4% in Illinois, and 5.8% nationally. Despite this increase, Kane County consistently reported the lowest prevalence throughout the period.



Source: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

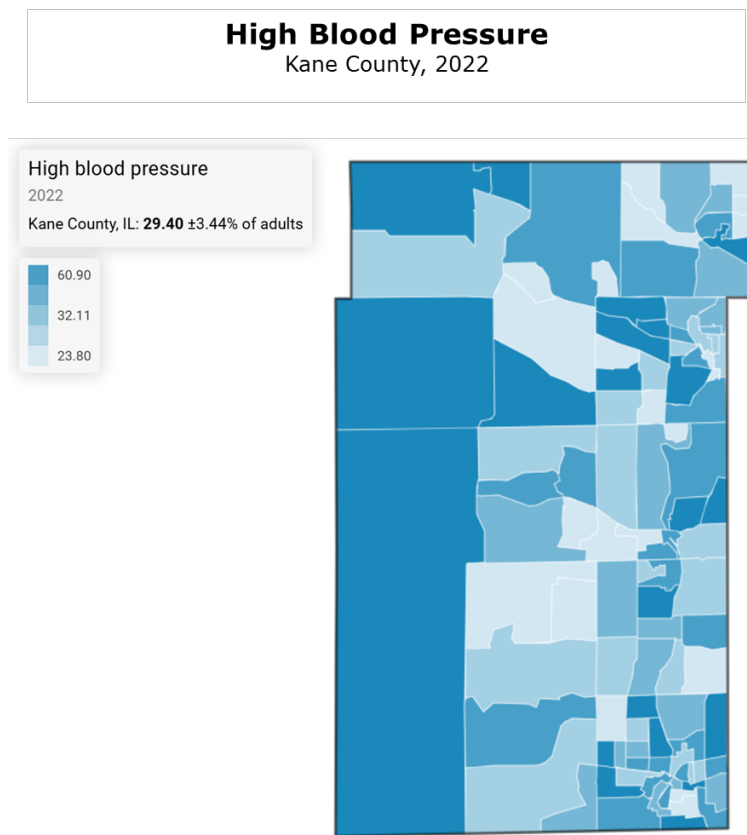
Diabetes

The map below displays diagnosed Type 1 and Type 2 diabetes by census tract in Kane County. Type 1 diabetes is an autoimmune condition in which the body's immune system attacks insulin-producing cells in the pancreas, requiring lifelong insulin management. Type 2 diabetes is when the body does not produce enough insulin or when the insulin produced cannot be used effectively, and is influenced by factors such as diet, physical activity, and access to healthcare. As of 2022, 10% of Kane County adults have received a Type 1 or Type 2 diabetes diagnosis. Diabetes prevalence in Kane County varies significantly across different tracts, ranging from 7.3% (Pingree Grove, Tract 8507.1) to 21.0% (Huntley, Tract 8507.04).



High Blood Pressure

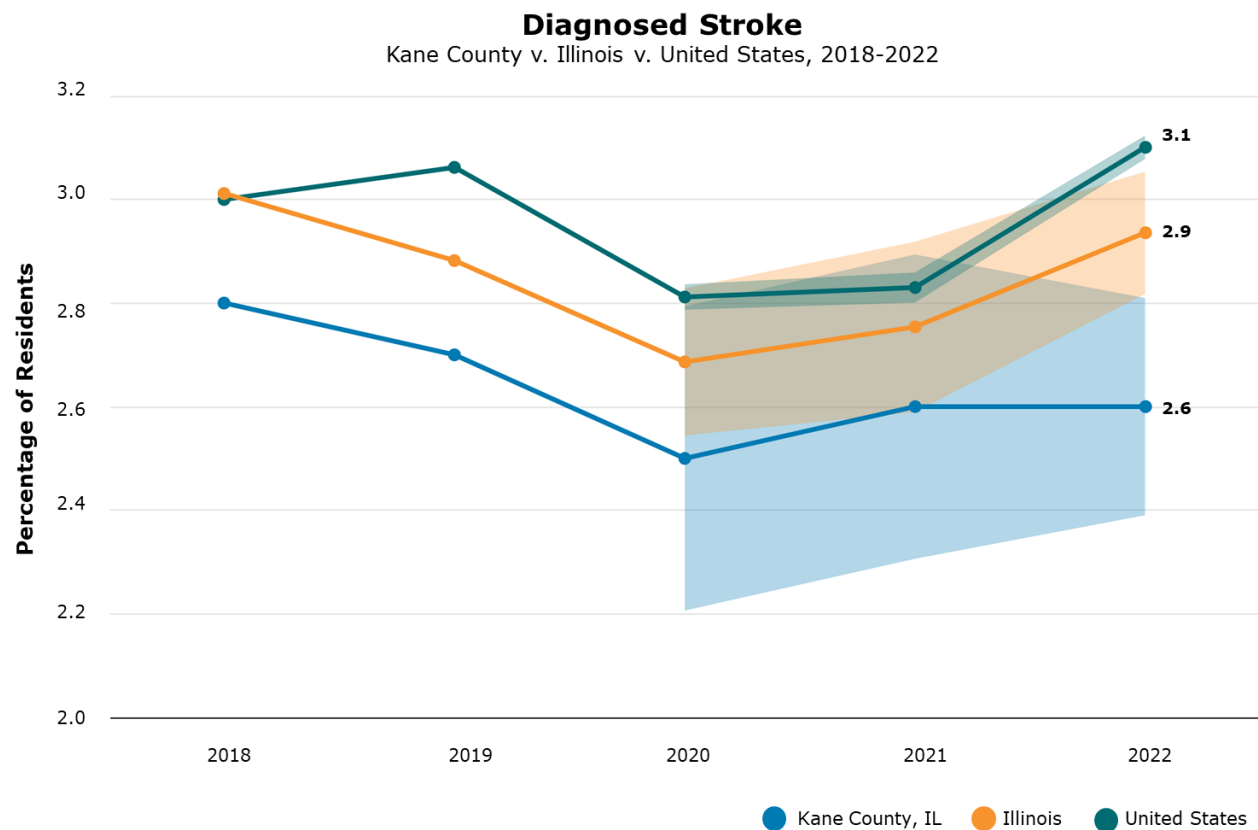
High blood pressure, also known as hypertension, is a common and serious health condition where the force of the blood against the walls of the arteries is consistently too high. It can lead to severe health problems like heart disease, stroke, and kidney damage if left untreated. In Kane County, high blood pressure is a widespread concern among adults, with nearly 30% of adults having high blood pressure. High blood pressure rates varying significantly across different census tracts. The highest prevalence of high blood pressure is 60.9% (Huntley, Tract 8507.04), while the lowest is 23.8% (Pingree Grove, Tract 8507.1).



Source: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Stroke

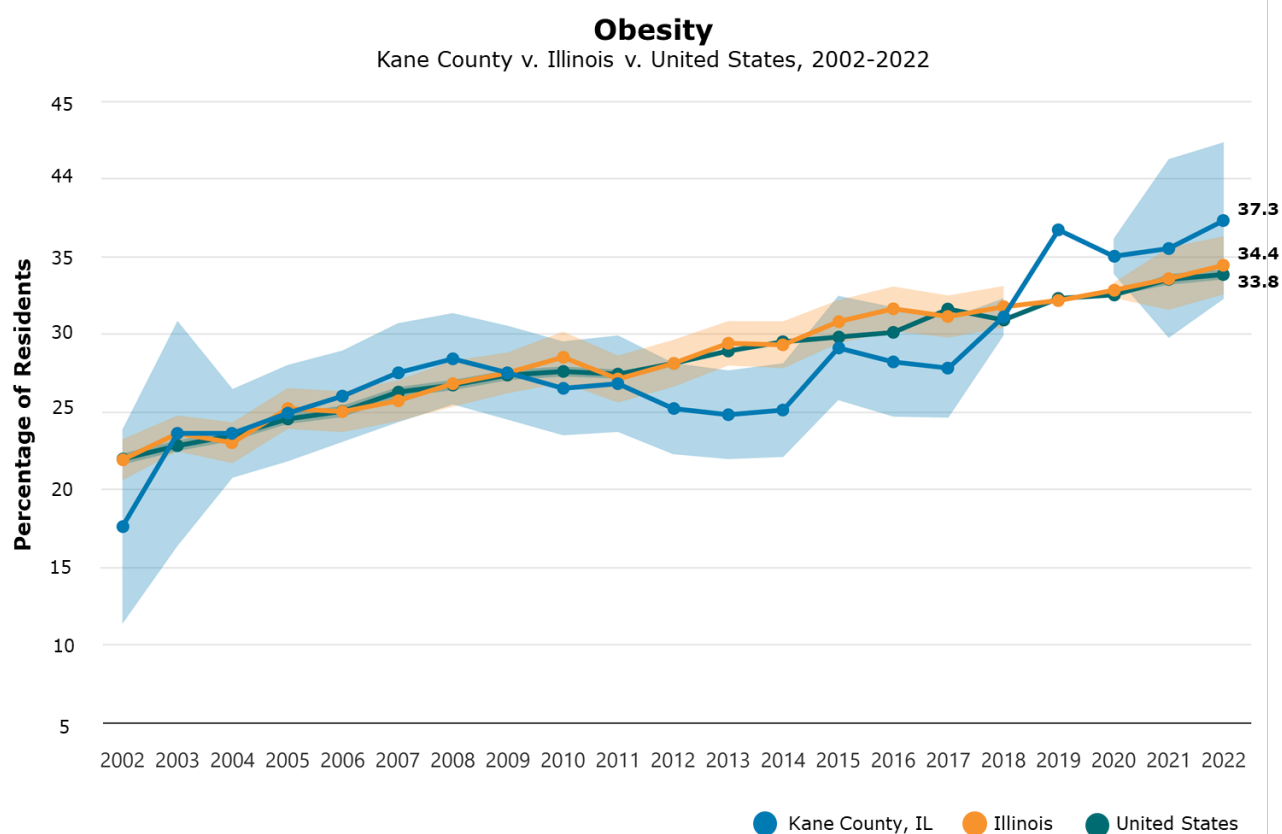
The stroke mortality rate for Kane County increased 35% from 2018 to 2022, from 36.8 stroke deaths per 100,000 to 49.8. A diagnosed stroke occurs when blood flow to the brain is blocked or a blood vessel in the brain bursts, leading to potential brain damage, disability, or death if not treated promptly. In Kane County, the diagnosed stroke rate declined from 2.8 in 2018 to 2.6 in 2022, while Illinois saw a slight decrease from 3.01 to 2.94. In contrast, the United States experienced a small increase from 3.0 to 3.1 over the same period. Overall, Kane County maintained a lower diagnosed stroke rate compared to both state and national averages.



Source: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Obesity

Obesity is a medical condition characterized by excess body fat that can increase the risk of developing various health problems. It is commonly measured using the body mass index (BMI), with a BMI of 30 kg/m² or higher classified as obese. Obesity rates in Kane County, Illinois, have seen a notable increase over the past two decades, rising from 17.6% in 2002 to 37.3% in 2022. This upward trend is consistent with broader patterns observed across Illinois and the United States, where obesity rates have steadily climbed. In Illinois, the obesity rate grew from 21.9% in 2002 to 34.4% in 2022, while the national rate rose from 22.0% to 33.8% during the same period.



Source: Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

Community Context Assessment: Chronic Diseases

Focus group and key informant interviews emphasized the need for stronger health education efforts to help residents navigate the complex healthcare system and improve access to preventative care to improve chronic disease outcomes. While the community has many health resources, disparities persist due to barriers like provider bias, lack of outreach, and difficulty understanding healthcare processes. Chronic conditions such as kidney disease were highlighted, with dialysis centers seen as indicators of broader health inequities. Participants stressed the importance of early education on health screenings, preventative measures, and healthy eating habits to reduce chronic disease risks. Expanding health literacy programs, such as community workshops and Q&A sessions on insurance, nutrition, and screenings, was proposed as a way to empower individuals in making informed health decisions. Additionally, faith communities and neighborhood networks were recognized as critical in providing peer support, sharing resources, and guiding individuals through healthcare challenges. By fostering a culture of shared knowledge and support, residents can help one another overcome systemic barriers and improve health outcomes across the county.

Community Input

“I believe that addressing wellness in the community will improve access to foods as well as improve physical activity in the community and reduce chronic diseases. Because ultimately, lack of access to healthy foods leads to, and also lack of physical activity will ultimately lead to obesity, which causes, leads to chronic diseases.”

“There was a community-wide effort, all aspects of the county and city came together to address the issue. You know, this includes healthcare organizations, schools, grocery stores, everything. And so, this was kind of embedded into the culture of the community, which ultimately reduces obesity and chronic diseases and leads to health and wellness.”

“I still think we still have some opportunities to work more closely with families on diabetes education. Many programs are just giving them a folder, expecting the individual with new diabetes to go to a class, maybe understand what they say. Maybe they don't. Read the folder. Maybe they will. Maybe they won't. I think sometimes you just need to do a little bit more hand-holding and be more individually and interactive with individuals to try meet them where they're at to get them to that next step. I think that also goes for high blood pressure, cardiovascular diseases.”

Maternal and Child Health

Maternal and Child Health (MCH) focuses on enhancing the well-being of mothers, infants, and children before, during, and after pregnancy. It encompasses a wide range of factors including prenatal care, birth outcomes, infant mortality, and early childhood development, all of which are influenced by healthcare access, social determinants of health, and environmental conditions. Poor MCH outcomes, such as preterm births and low birth weight, can lead to long-term health challenges and increased healthcare costs. Investing in maternal and child health not only aims to prevent deaths but also fosters long-term health benefits, as early interventions can have lasting positive effects throughout an individual's life.

Maternal and Child Health Indicators			
Topic	Kane County	Illinois	United States
Low birth weight²⁸	8.1	8.6	8.6
% of live births, 2022			
Births to women without partners present²⁹	28.1 (±10.9)	26.1 (±2.6)	24.4 (±0.5)
% of live births, 2022			
Teen birth rate²⁸	10.5	11.3	13.6
Births per 1,000 women aged 15-19 years, 2022			
Childcare center ratio³⁰	22	16	11
Children / care center enrollment, 2023			
Preterm births²⁸	11.0	10.5	10.4
% of live births, 2022			

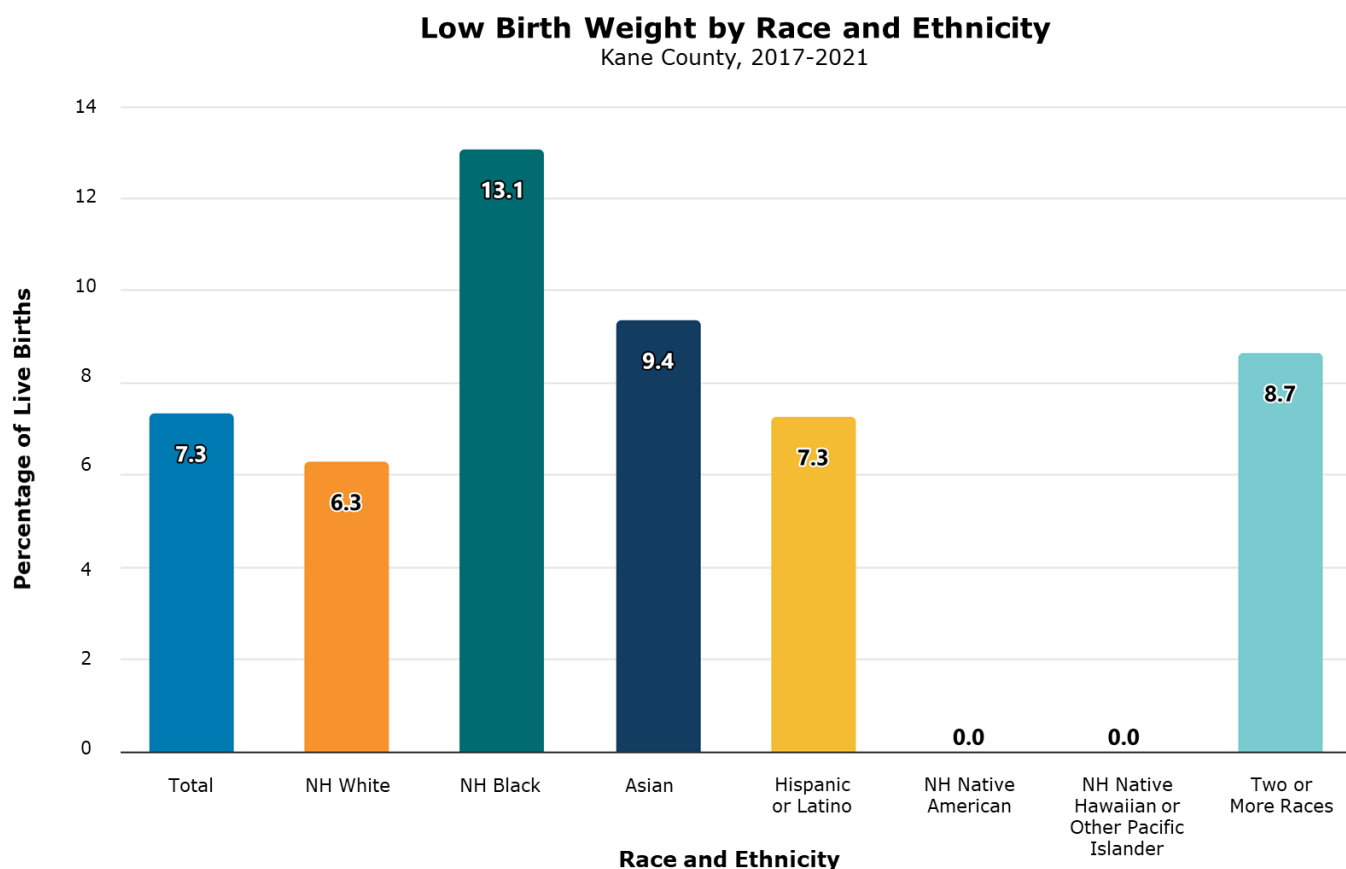
²⁸ Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (Via CDC Wonder), Health Resources & Services Administration: Maternal and Child Health Bureau

²⁹ U.S. Census Bureau: American Community Survey (ACS) (Table B13004)

³⁰ Department of Homeland Security (DHS): HIFLD Open Data (Child care center dataset)

Low Birth Weight Rate

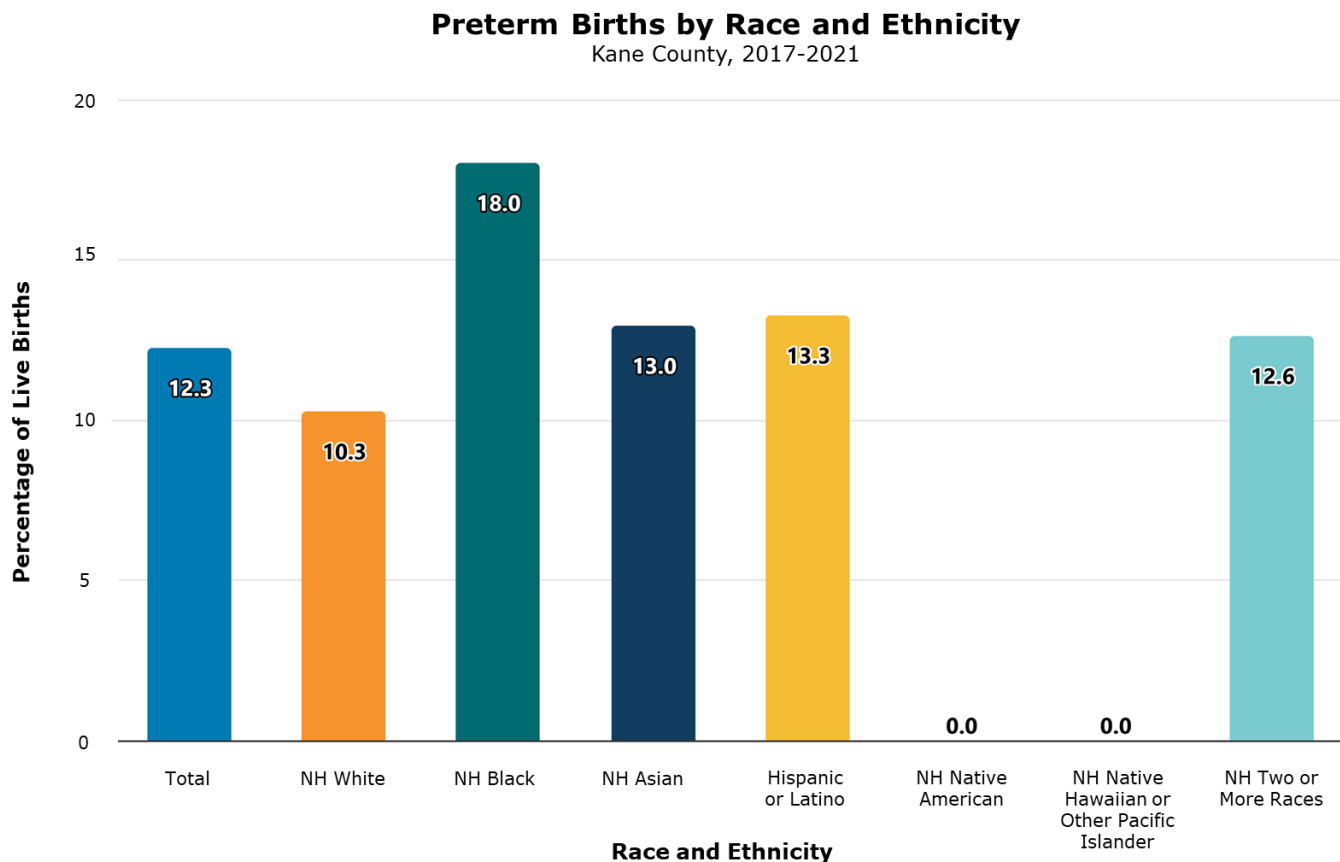
Low birth weight refers to infants born weighing less than 2,500 grams (~5.5 pounds), regardless of gestational age. The data highlight variations in low birth weight across different racial and ethnic groups. From 2017-2021, 7.6% of live births to Kane County mothers were classified as low birth weight. However, disparities exist, with Non-Hispanic Black infants (13.1%) experiencing the highest rates, followed by Non-Hispanic Asian (9.4%) and Non-Hispanic Two or More Races (9.4%) infants. In contrast, Non-Hispanic White infants (6.3%) and Hispanic or Latino infants (7.3%) had lower rates.



Source: Center for Disease Control and Prevention (CDC): National Vital Statistics System-Nativity (NVSS-N)

Preterm Births

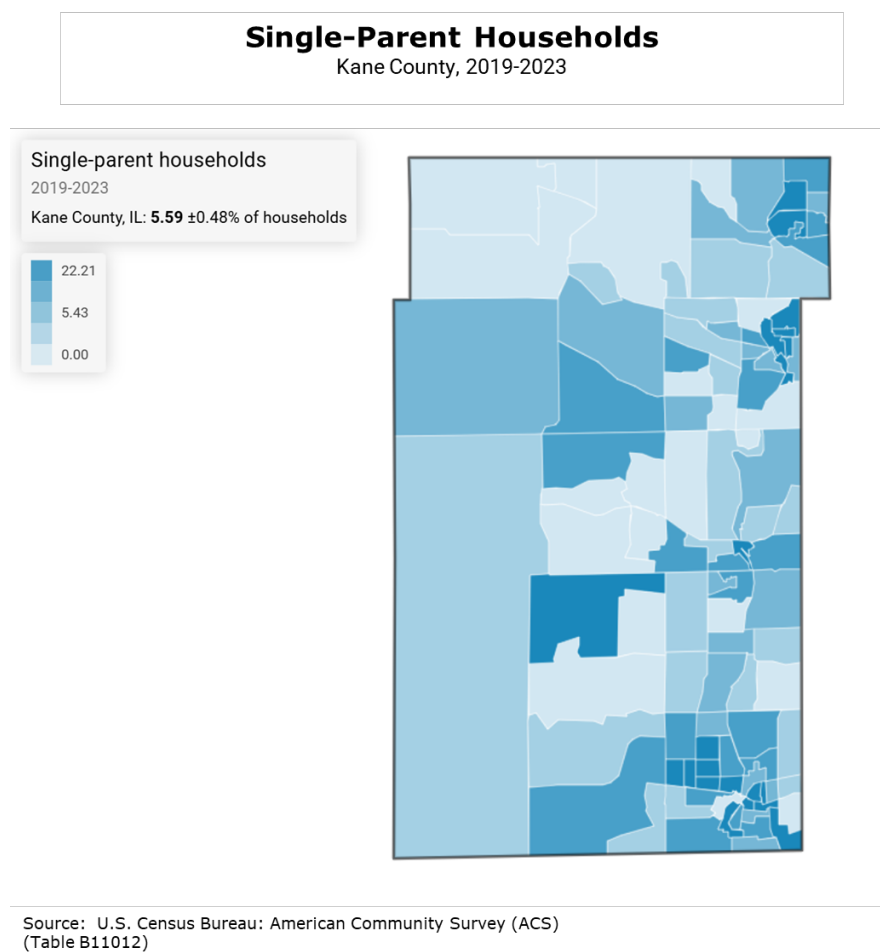
Preterm births are births that occur before 37 weeks gestation. The overall rate was 12.3% (2017-2021), with significant racial disparities. Non-Hispanic Black infants (18.0%) had the highest preterm birth rate, while Non-Hispanic Asian (13.0%), Hispanic or Latino (13.3%), and Non-Hispanic Asian (13.0%) births also showed elevated rates. In contrast, Non-Hispanic White (10.3%) and Non-Hispanic Two or More Races (12.6%) had lower rates.



Source: Center for Disease Control and Prevention (CDC): National Vital Statistics System-Nativity (NVSS-N)

Single-Parent Households

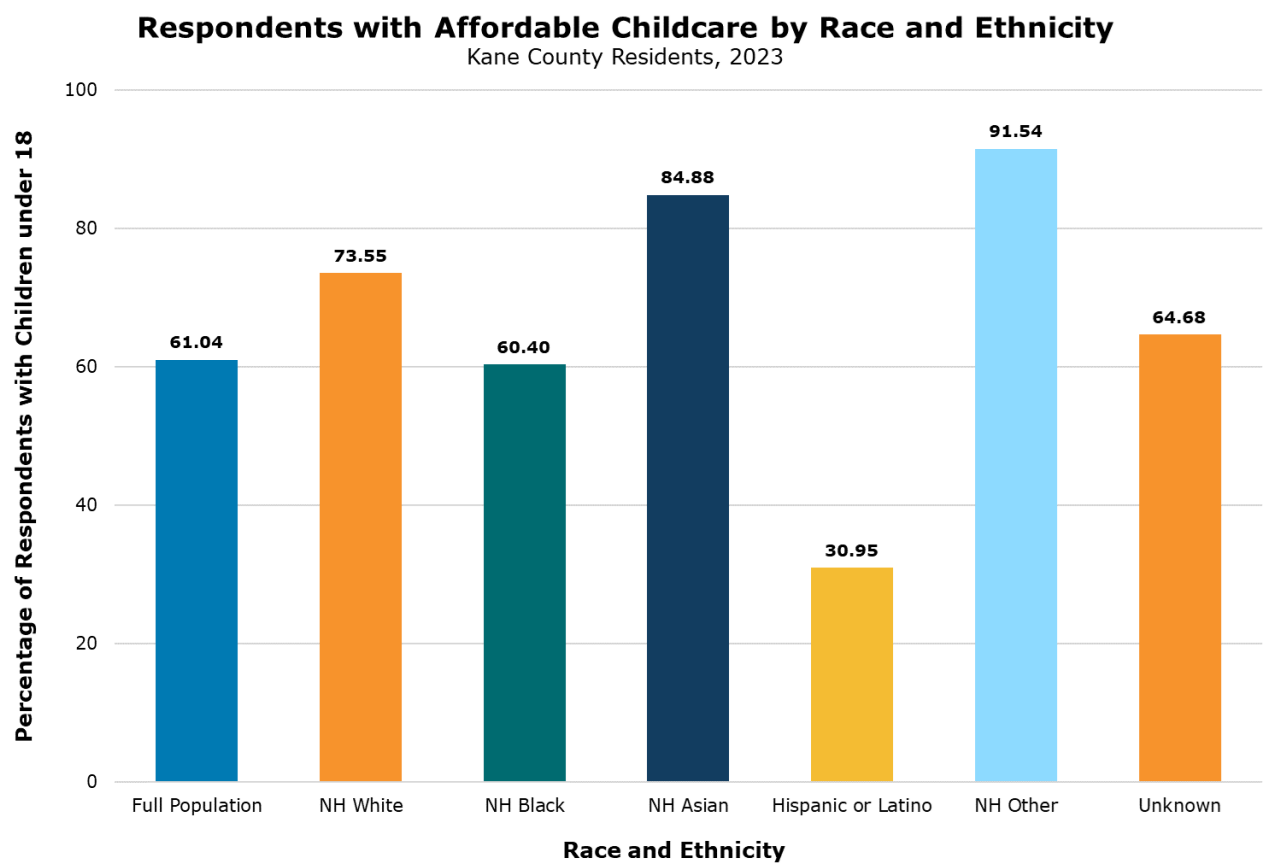
Single-parent households are defined as households with children that are headed by a single parent, with no partner present. As of 2023, 5.6% of all households in Kane County are single-parent households. The percentage of single-parent households varies significantly across different tracts within the county, ranging from 0% (Hampshire, Tract 8507.06) in some areas to over 22% (Elgin, Tract 8513.02) in others. This variation reflects the diverse family structures within the community and highlights potential differences in needs and available resources across the county. The prevalence of single-parent households can have a profound impact on community dynamics, shaping school policies, social services, and local support systems to better address the challenges and opportunities these families face.



Survey results

In the past year, did you have access to affordable and quality childcare?

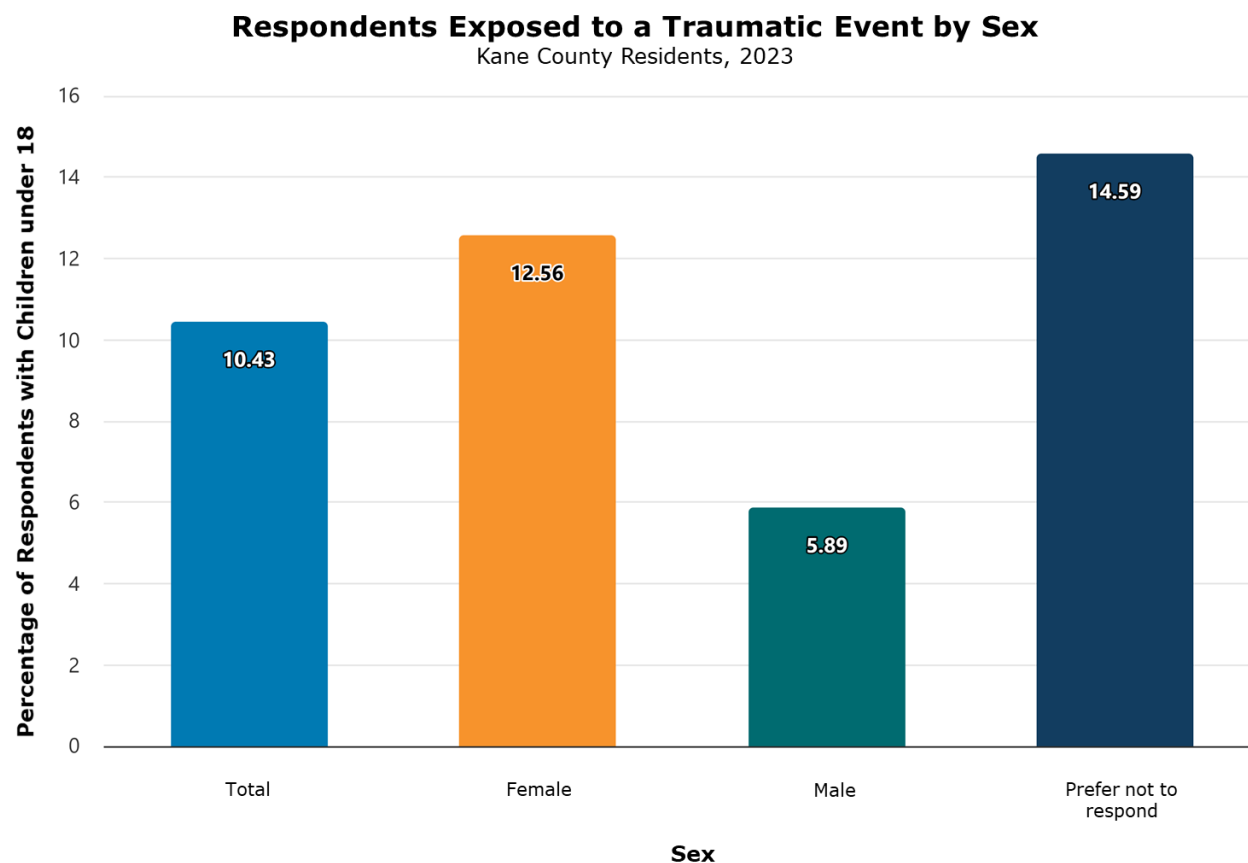
Access to affordable, high-quality child care is essential for supporting working families, promoting early childhood development, and fostering economic stability. However, access to such care varies significantly across demographic groups in Kane County. Around 3 in 5 (61.0%) survey respondents with children under 18 years reported having access to affordable childcare. According to survey data, 91.5% of Non-Hispanic Other respondents and 84.9% of Non-Hispanic Asian respondents having affordable and quality child care, compared to only 31.0% of Hispanic or Latino respondents.



Source: Kane County Community Health Survey, 2023

During the past year have you or your child been exposed to a traumatic event or lived through a traumatic experience? (i.e., domestic violence, abuse, neglect or a member of the household being in prison)

Female parent respondents reported two times the exposure to a traumatic event compared to male parent respondents, 12.6%, and 6.0% respectively. Those who prefer not to respond their gender identity have the highest exposure rate at 14.59%. This suggests that women and those who prefer not to disclose their gender identity may face unique vulnerabilities or be more likely to report these experiences.



Source: Kane County Community Health Survey, 2023

Community Context Assessment: Maternal and Child Health

Exploring the experiences of raising children in Kane County emphasized the county's strengths and challenges in providing adequate maternal and child healthcare. Participants spoke about barriers to prenatal care, including transportation issues, fear of stigma, and difficulties in accessing services for immigrant families. The conversation also touched on the growing childcare crisis, with long waitlists, a lack of qualified professionals, and limited options for working parents. Mental health concerns, particularly the rising rates of postpartum depression and anxiety during the pandemic, were another major topic, with speakers noting the shortage of affordable therapy and behavioral health providers. Additionally, the group discussed how food insecurity affects pregnant and parenting individuals, as well as disparities in early childhood education due to a lack of resources and increasing teacher burnout. Many participants expressed concerns about the long-term impact of these issues and emphasized the need for more community partnerships, policy changes, and investments in affordable healthcare, childcare, and early education to better support families across the county. Some of the strengths mentioned are the county's diversity, family-centered atmosphere, and strong support networks.

Community Input

"As a new mom, it was really scary for me. And midwives were always accessible, which sometimes isn't possible, especially if your doctor is seeing multiple patients a day and they're hard to get a hold of, and the midwives were always there for my questions and very accessible."

"Having providers that are bilingual is even more of a huge need in our community. And I think it's all tied into feeling isolated, disconnected. It's scary to, you know, actually go to the doctor because you're pregnant, but you want to at the same time."

"I think that we have a lot of community supports, like a lot of programs and supportive opportunities to connect new families with and especially in maternal health. I feel like there's a challenge, sometimes to connect to those supports and to feel safe to connect, are they something that I can trust?"

Health Behaviors

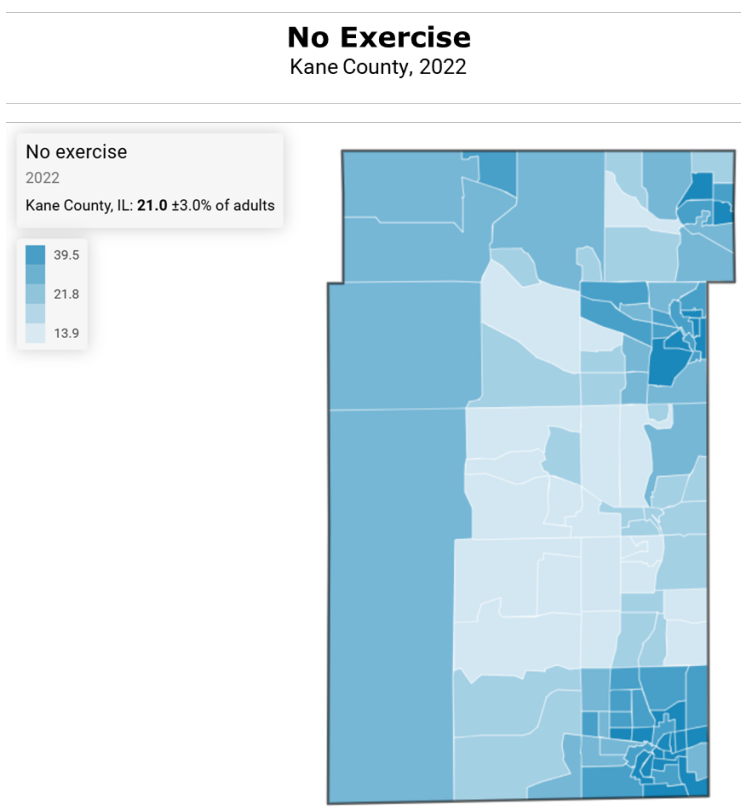
Health behaviors are practices that can enhance or impair the health of community members. Health behaviors of a community are shaped by the choices available in the places that people live, learn, work and play. They are influenced by a number of areas including genetics, environment, access, cultural factors, mental and physical ability. Both health promoting and harmful behaviors directly impact the risk of chronic disease, infection, and overall quality of life. Public health efforts often focus on fostering healthier choices through education and community programs. However, achieving lasting change also requires policy and systemic reforms that ensure all community members have access to the social and economic conditions needed to support their health and well-being.

Health Behavior Indicators			
Topic	Kane County	Illinois	United States
No exercise¹¹	21.0 (±3.0)	21.5 (±1.3)	23.7 (±0.2)
% of adults, 2022			
Colorectal cancer screening¹¹	55.6 (±4.4)	55.4 (±1.9)	58.9 (±0.3)
% of adults, 2022			
Mammography use¹¹	73.0 (±6.2)	73.0 (±2.7)	75.7 (±0.5)
% of female adults, 2022			
Pap smear use¹¹	82.0 (±1.8)	81.0 (±0.9)	82.3 (±0.2)
% of female adults, 2020			
Cigarette smoking rate¹¹	12.1 (±1.4)	13.5 (±0.7)	14.6 (±0.1)
% of adults, 2022			

¹¹ Centers for Disease Control and Prevention (CDC): PLACES (Sub-County data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

No Exercise

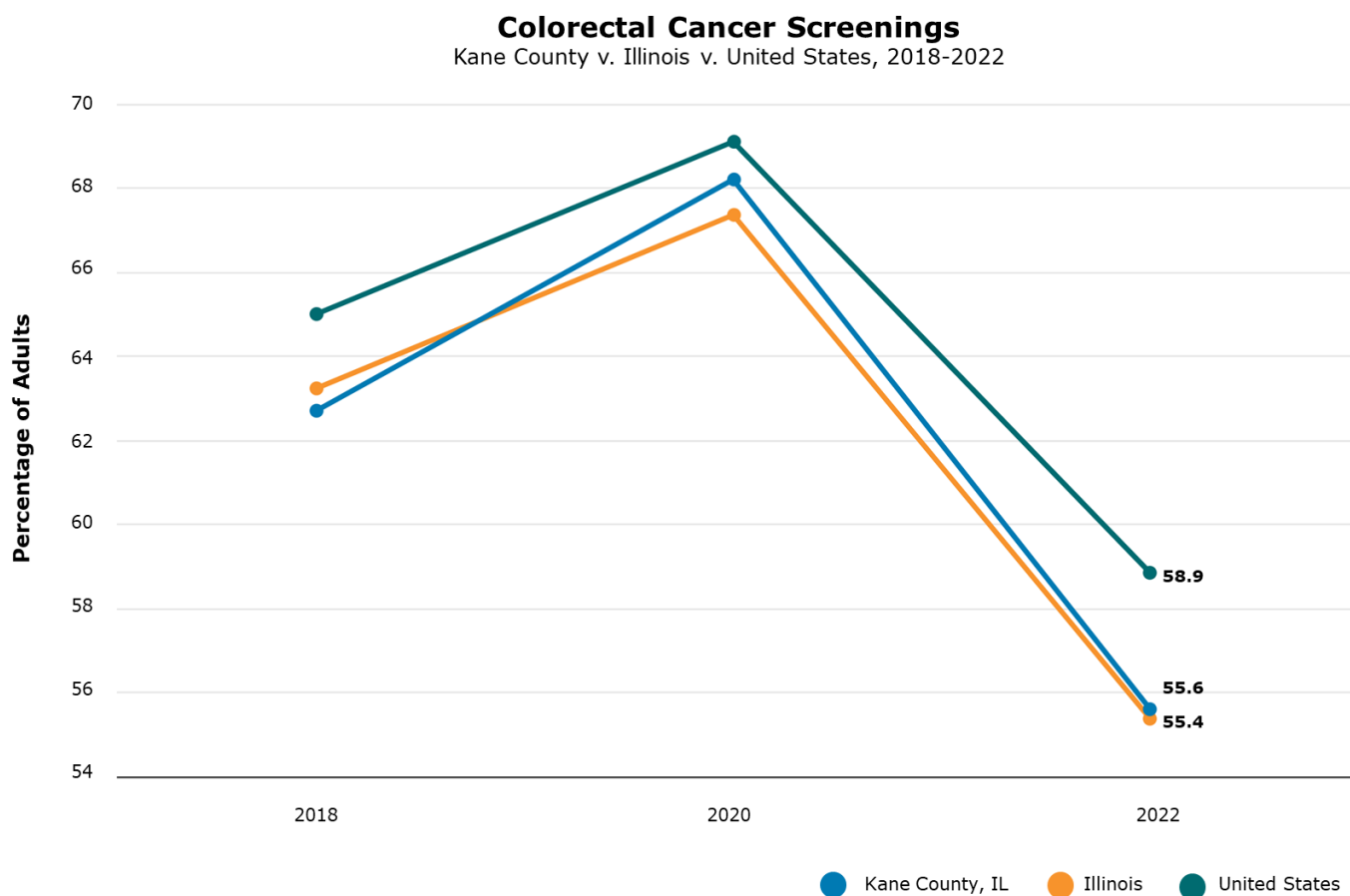
Regular physical activity is a key preventive health measure, offering protection against numerous chronic diseases. However, access to exercise opportunities is not equitable; factors such as time constraints, childcare responsibilities, and access to knowledge or resources can create barriers, making exercise more accessible to some populations than others. This is evident in Kane County, where 21.0 % of adults report not engaging in exercise. Additionally, adults in Kane County reporting no exercise ranges from as low as 13.9% (Pingree Grove/Elgin, Tract 8507.11) to as high as 39.5% (Aurora, Tract 8534.02).



Source: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data prior to 2019)

Colorectal Cancer Screening

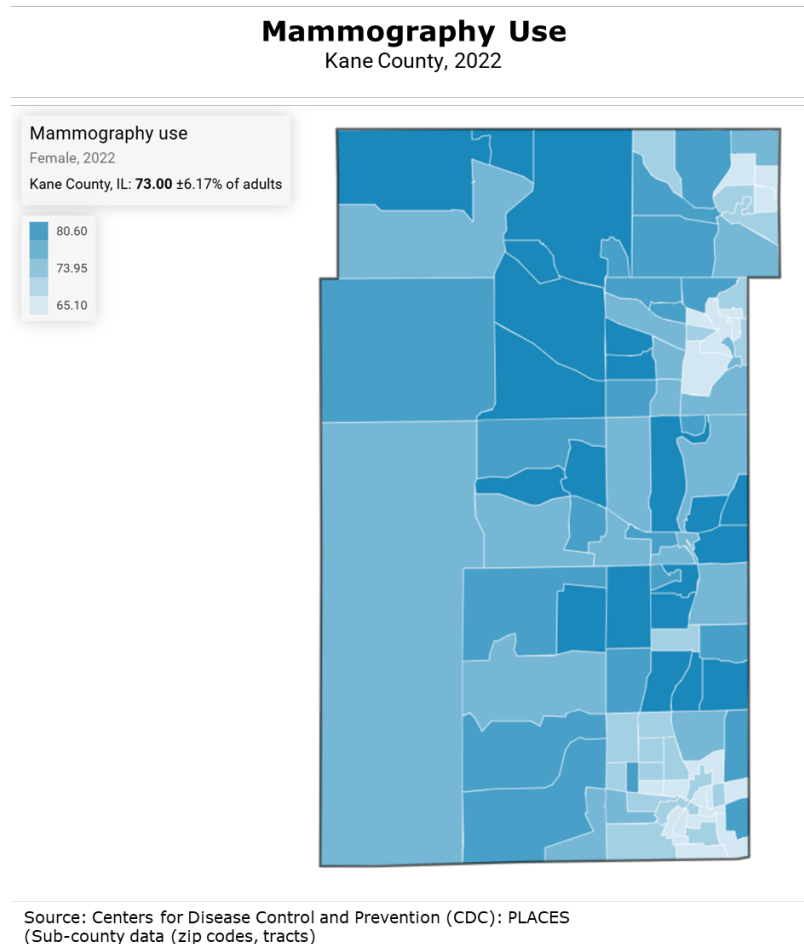
Colorectal cancer screening rates among eligible adults have shown fluctuating trends across Kane County, Illinois, and the United States. Kane County, which closely mirrored Illinois averages, saw an increase in colorectal screening rates from 62.7% in 2018 to 68.2% in 2020, surpassing the state average slightly. However, 2022 marked a significant decline, with the county's screening rate dropping to 55.6%, a figure still closely aligned with the state (55.4%), but below the national average (58.8%).



Source: Center for Disease Control and Prevention (CDC): PLACES

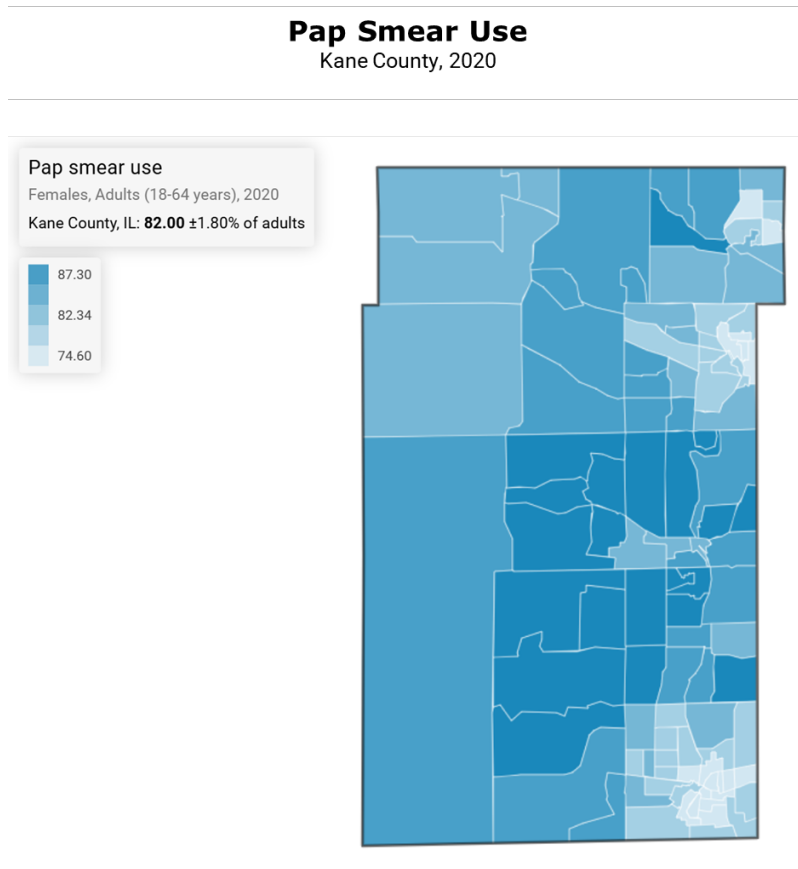
Mammography

Mammograms are critical for early detection of breast cancer, allowing for timely treatment, and have significant influence on breast cancer survivability. This map illustrates the percentage of female residents aged 50–74 in various tracts of Kane County, IL, who reported having a mammogram within the past two years. Mammography rates in these areas range from 65.1% (Aurora, Tract 8542) to 80.6% (Hampshire, Tract 8507.06), highlighting variations in screening utilization across the county.



Pap Smear

Pap smears are essential for early detection of cervical cancer and precancerous changes, allowing for timely treatment and prevention. This map shows the percentage of adult females aged 21-65 who have had a Pap smear within the previous 3 years in various tracts within Kane County, IL. The data reveal a generally high utilization of Pap smears across the tracts (82.0%), with percentages ranging from 74.6% to 87.3%. Pap smear use in Kane County indicates a positive trend in proactive cervical cancer detection and prevention within the community.

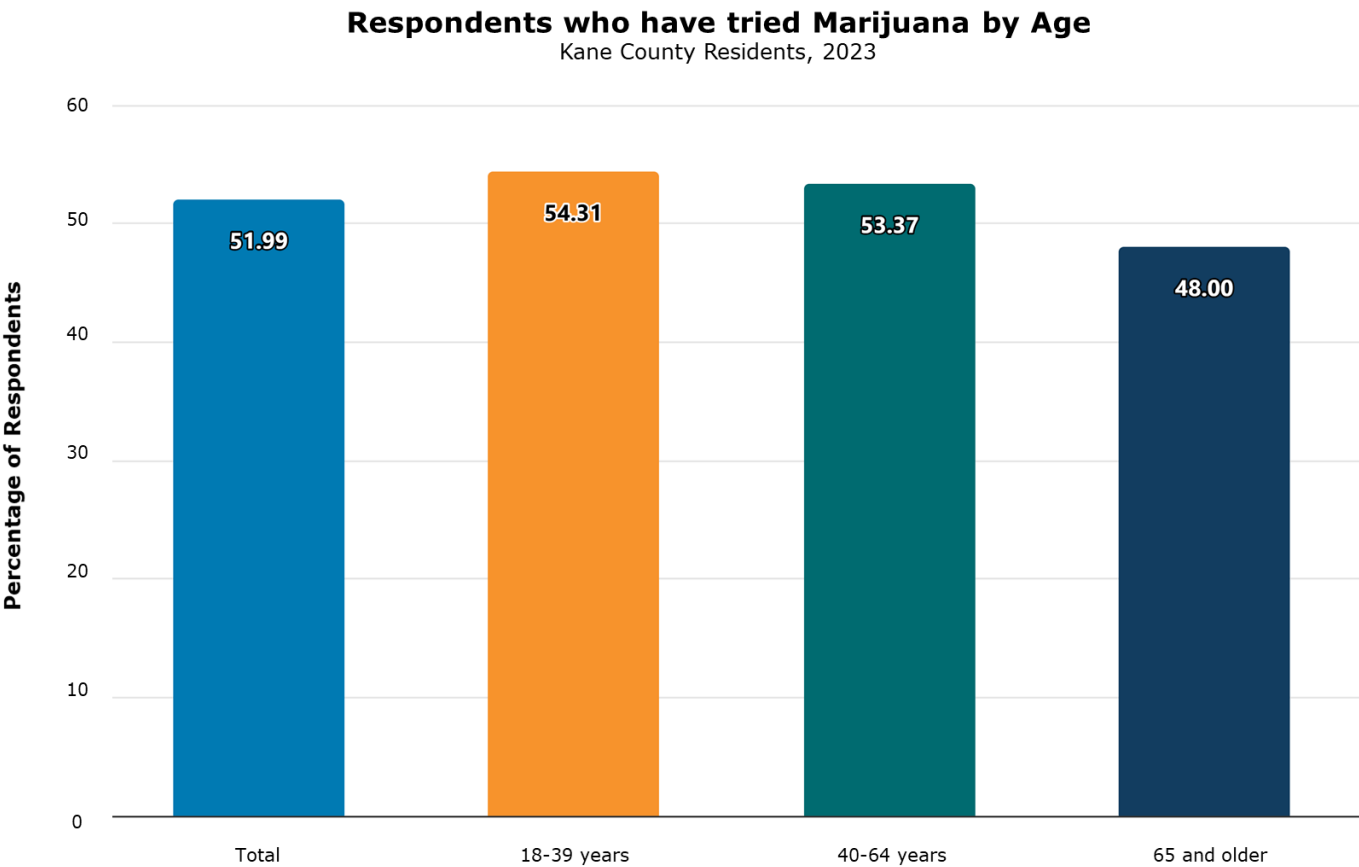


Source: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

Survey results

Have you ever tried marijuana or cannabis?

The following data show that 52.0% of the total survey respondents have tried marijuana. The highest percentage is among respondents aged 18-39 years at 54.3%, while the lowest is among those aged 65 and older at 48.0%.



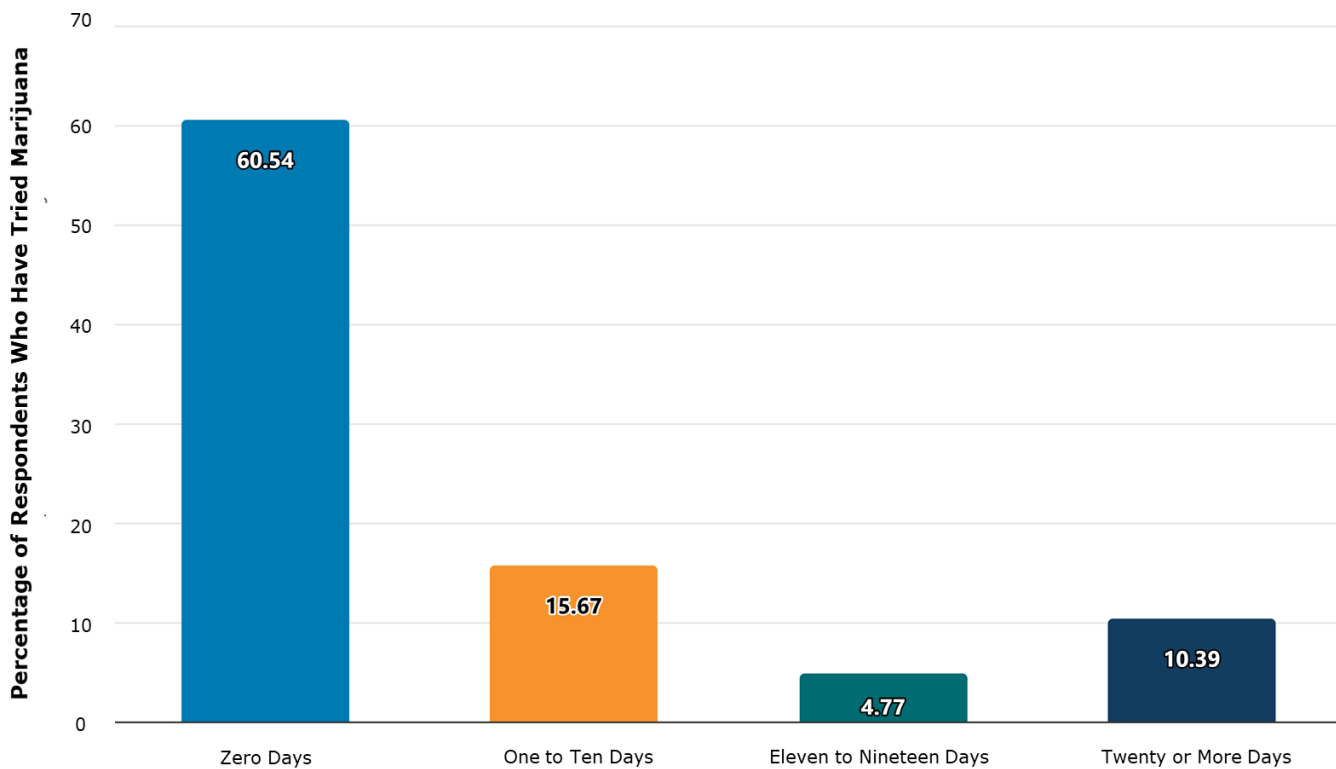
Source: Kane County Community Health Survey, 2023

How many days did you use marijuana or cannabis?

In Kane County a majority of respondents who have ever tried marijuana reported not using marijuana in the past month (60.5%), indicating that most residents do not engage in regular cannabis consumption. Approximately 15.7% of respondents used marijuana occasionally, between one and ten days in the past month, which may reflect social or recreational use. In contrast, 10.4% of respondents reported frequent use, consuming marijuana twenty or more days per month, which could indicate medical use, habitual consumption, or potential dependency.

Numbers of Days Respondents Used Marijuana in the Last Month

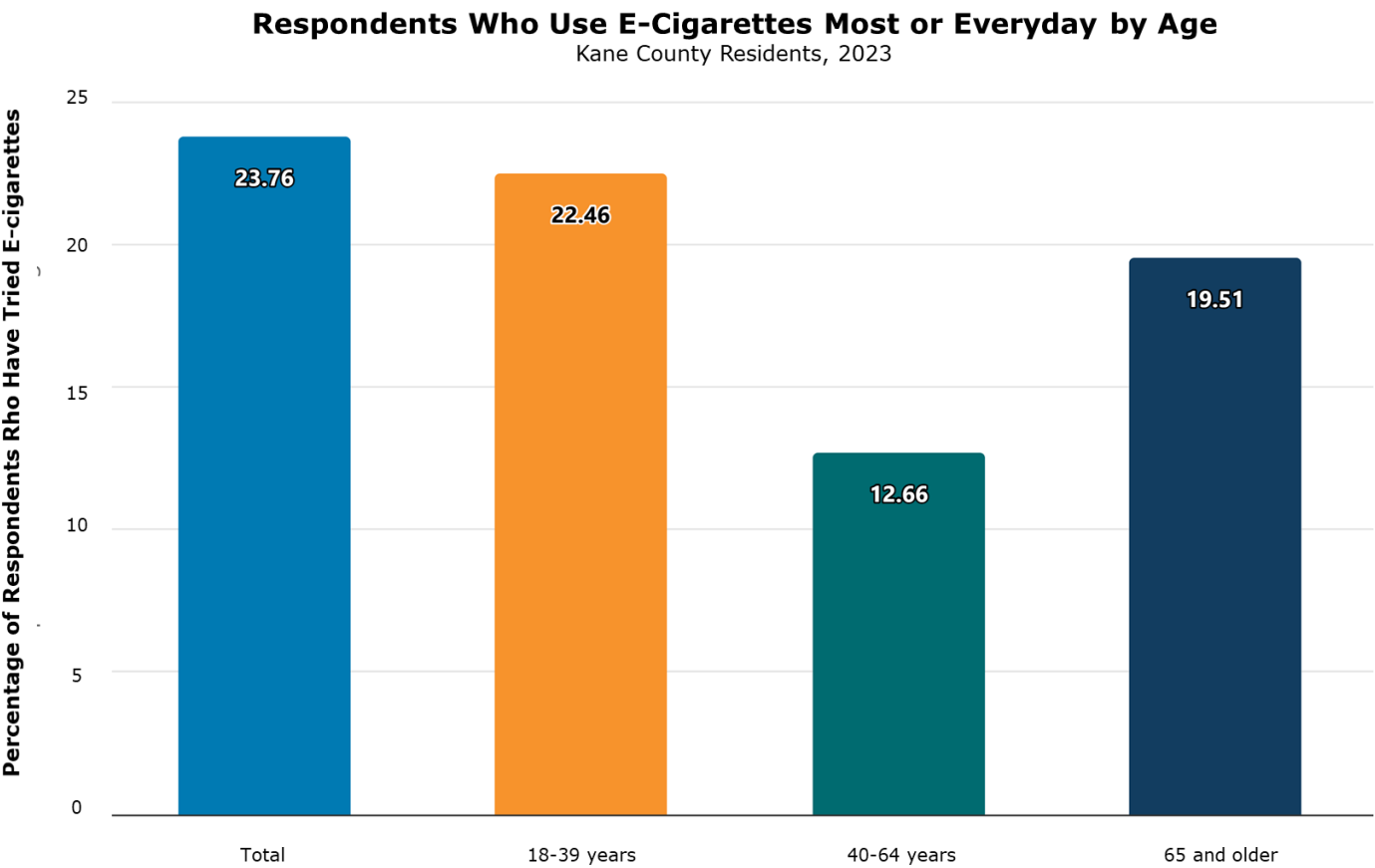
Kane County Residents, 2023



Source: Kane County Community Health Survey, 2023

Ages of Respondents Who Use E-cigarettes Most or Every Day

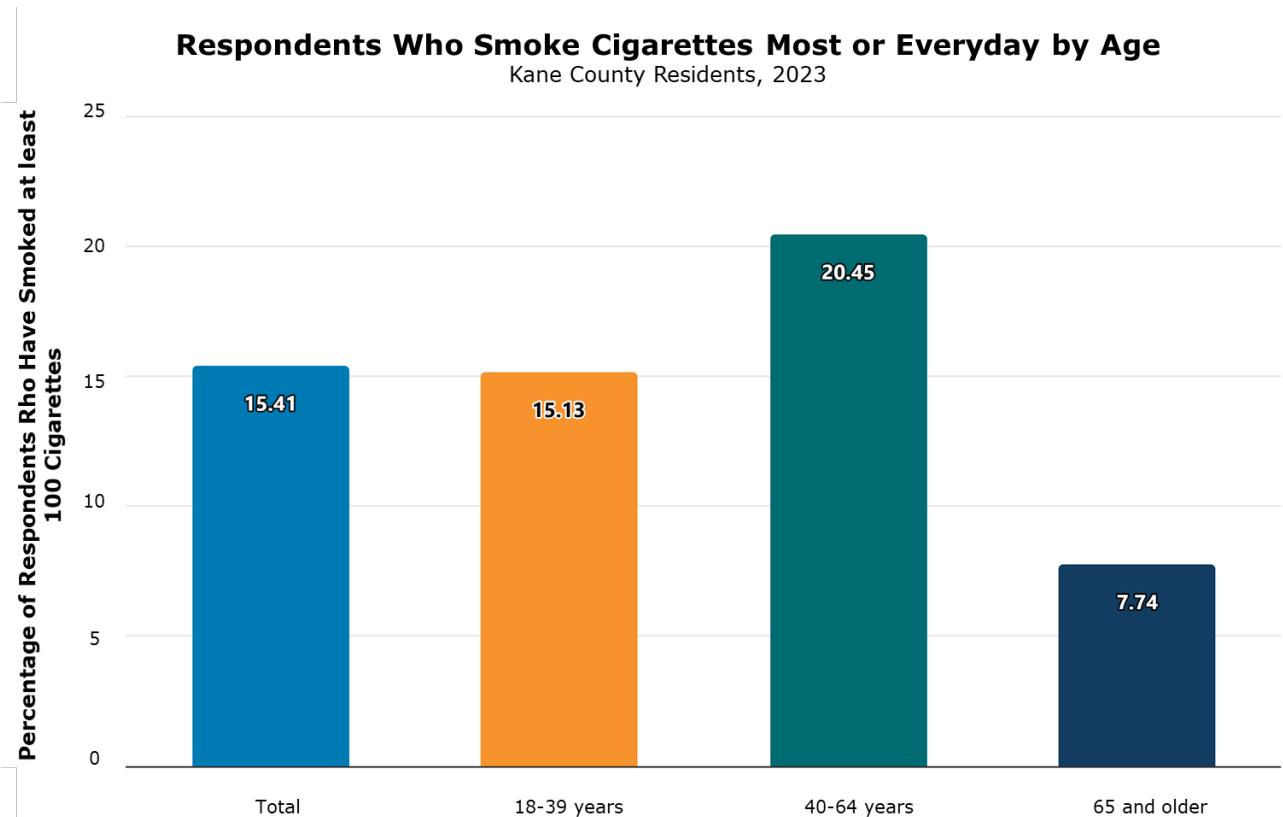
E-cigarette and traditional cigarette usage in Kane County vary significantly by age group, reflecting shifting smoking trends across generations. The highest usage of e-cigarettes is among those aged 18-39 years at 22.5%, suggesting that younger adults are more likely to engage in vaping, potentially due to targeted marketing, perceived reduced harm, or use as a smoking cessation tool. In contrast, e-cigarette use declines among older age groups, with only 12.7% of adults aged 40-64 years reporting usage, indicating that vaping is less prevalent among middle-aged populations.



Source: Kane County Community Health Survey, 2023

Ages of Respondents Who use Traditional Cigarettes Most or Every Day

Conversely, traditional cigarette smoking follows an opposing pattern to e-cigarette use. The highest prevalence is among individuals aged 40-64 years (20.5%), highlighting that older adults continue to smoke at higher rates, possibly due to long-term tobacco use habits formed before vaping became widespread. The lowest prevalence of traditional cigarette use is among adults 65 and older (7.7%), which may be attributed to health concerns, smoking cessation efforts, or lower tobacco dependence in this demographic.



Source: Kane County Community Health Survey, 2023

Community Context Assessment: Health Behaviors

Insights on health behaviors from focus groups and key informant interviews highlight the interconnectedness of social, economic, and environmental factors. Access to recreational spaces like trails, sidewalks, and parks encourages physical activity, but lack of investments in schools, libraries, and outdoor areas limits these opportunities, particularly in underserved communities. Basic needs such as food, housing, and financial stability take priority over health behaviors like parenting and exercise, making it difficult for individuals facing these challenges to prioritize their well-being. Additionally, the COVID-19 pandemic disrupted preventative care, leading to missed screenings and delayed diagnoses of serious health conditions. Confusion and mistrust surrounding vaccine information further exacerbated health risks, contributing to increased vaccine hesitancy in the community. These insights underscore the importance of addressing social determinants of health to improve overall community health outcomes.

Community Input

“If you're hungry and having all these other challenges, you're worried about getting the basic things done, therefore, the other stuff just is off the rails.”

“We had this terrible crisis, and then people don't get preventive care for three years. And now all of a sudden, the message is so much easier, you know, for people to say I need to schedule that, and my pap smear and etc. Yeah. On the flip side, vaccine preventable diseases for example I think took a big step backward.”

“After the pandemic they're getting mammograms, and they have, you know, stage three breast cancer and not stage one, or, you know, colorectal cancer at 40, instead of, you know, being able to catch that earlier, lots and lots of impact in that preventive care world.”

Community Partner Assessment Results

A total of 73 community partners were surveyed, providing valuable insights into their capacity for impact and potential areas for collaboration. These partners represented a diverse range of sectors, including healthcare, education, non-profit organizations, mental health providers, faith-based organizations, governmental agencies, and homeless shelters.

Primary reasons for joining the partnership were to deliver programs more effectively and efficiently, avoid duplicated efforts, access or provide services, and build networks, friendships, and resource-sharing opportunities. Notably, more than half of the organizations reported having strong experience in communications, organizing, and coalition-building, which will be crucial in driving successful community initiatives.

Identified Assets:

- 89.2% of organizations have an advisory board of either community members, stakeholders, or others impacted by the organization.
- 82.6% of organizations work with immigrants, refugees, asylum seekers, and other populations who speak English as a second language.
- 65.8% of organizations surveyed address mental and behavioral health.
- 58.6% of organizations reported they have good relationships with other organizations in order to facilitate information sharing.
- 44.4% of organizations provide services specifically for people with disabilities.
- 42.4% of organizations perform performance evaluations to inform quality improvement initiatives.
- 28.3% of organizations provide services specifically for the LGBTQIA+ community.

Valuable assets within local organizations were highlighted through our community partner assessment, demonstrating a strong foundation for collaboration and addressing diverse community needs. Many organizations focus on mental and behavioral health, with a significant emphasis on supporting immigrants, refugees, asylum seekers, and English as a second language populations. Several organizations also provide specialized services for the LGBTQIA+ community and people with disabilities, reflecting a commitment to inclusivity and accessibility.

There is a strong culture of collaboration, with organizations reporting solid relationships that facilitate information sharing and coordination. Many organizations engage in performance evaluations to guide continuous improvement, ensuring quality service delivery. Additionally, most organizations have advisory boards made up of community members and stakeholders, fostering community-driven decision-making and responsiveness to local needs. To view more community assets and resources in over 50 different categories, please visit

<https://kanehealth.com/Pages/Resources.aspx>.

Areas for Consideration:

- 37.9% of organizations reported policy and advocacy work is not something they engage in.
- 3.4% of organizations surveyed have skills in asset mapping.
- 9.1% of organizations engage in community driven planning.
- 6.1% of organizations execute campaigns.

A significant portion of organizations do not engage in policy and advocacy work, which could limit their ability to address upstream factors contributing to health disparities. There is also a gap in skills related to asset mapping and community-driven planning, with a small percentage of organizations currently utilizing these strategies. Additionally, few organizations execute campaigns or facilitate voter outreach and education, highlighting an opportunity to increase civic engagement and promote broader community involvement.

While many organizations collect survey data, the limited use of focus groups suggests a need to incorporate more qualitative data to better capture the nuanced needs and experiences of the community. Encouraging more active civic participation and empowering historically underrepresented groups in the planning process could help align initiatives with community interests and ensure more inclusive, effective strategies.

Conclusion

Completion of this Community Health Assessment (CHA) represents a critical step in understanding the health needs, assets, and challenges facing Kane County. Through data collection, analysis, and community engagement, this report provides a comprehensive overview of the factors influencing health outcomes in the region. Findings from the CHA not only highlight key priority areas but also underscore the importance of collaboration across sectors to drive meaningful change.

Completion of the CHA was a collaborative effort that integrated the Community Health Needs Assessment (CHNA) process of the five hospitals in Kane County, the local mental health alliance and other community organizations. As a part of the Kane Health Counts Collaborative, the Kane County Health Department partnered with Metopio to conduct this 2024 CHA.

Focus for the next phase of this process will be on developing and implementing the Community Health Improvement Plan (CHIP), which will outline actionable strategies to address the prioritized issues. By leveraging the strengths of community partners, the CHIP will serve as a roadmap for improving access to care, behavioral health, housing, and food access in Kane County. Sustained engagement with community members, organizations, and stakeholders will be essential to ensure that the CHIP remains responsive to evolving needs.

This report helps KCHD meet requirements of certified local health departments in the state of Illinois to complete a community health needs assessment every five years (77 IL Admin Code 600.210) and is part of the essential services of local public health departments based on standards outlined by the Public Health Accreditation Board.

Appendices Summary

A. Community Status Assessment

Survey questions

B. Community Context Assessment

Focus group and key informant interview guides

C. Community Partner Assessment

Community Partner Assessment survey questions and participants