

FHN Community Health Needs Assessment 2016

November 28, 2016

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Introduction and Executive Summary

Process

FHN has conducted a Community Health Needs Assessment (CHNA), as required by Internal Revenue Code, section 501(r).

FHN is a non-profit health system comprised of a hospital, specialty clinics and a network of primary care clinics serving the greater Freeport region and northwestern Illinois. FHN has defined its community for the CHNA as Stephenson, JoDaviess, and Carroll Counties, Illinois, as the overwhelming majority of inpatients and emergency department patients draw from this area. Both primary and secondary data were collected to identify health needs within FHN's community.

Primary data was collected from a survey conducted with community leaders and stakeholders. FHN commissioned an in-depth survey of 36 of community members who represent the broad interests as well as the specific populations in Freeport and the surrounding area. The survey measured perspectives on a range of issues that affect the population's health and well-being, e.g., community resources, barriers to health care providers, and reasons for high rates of disease and mortality. FHN also conducted a survey of 150 members of the community who use local food pantries for support. This survey measured the perception of these members of the community on various aspects of access to healthcare, perceived quality of care and the knowledge of resources available to community members.

FHN also collected secondary data on a broad array of health indicators and demographic information. Secondary data was collected using databases created by other agencies or organizations. Types of data collected included demographic information, chronic disease and morbidity/mortality information, health status indicators and health behaviors, family planning and births, general community/environment information, and local, state and national benchmarks.

Summary Findings

Community health needs identified through primary and secondary data collection fall into four prominent categories. FHN initially prioritized these health needs. The requirement that the hospital conducts a Community Health Needs Assessment (CHNA) under the Patient Protection and Affordable Care Act (PPACA) asks hospitals to pay specific attention to health care concerns that affect vulnerable populations. The preliminary prioritized need list was then presented to FHN's Care Transitions Committee, who reached consensus by making adjustments to the initial prioritized list. The final list of prioritized health needs is noted below:

1. Health and Well Being
2. Chronic Disease Management
3. Barriers to Healthcare
4. Poverty/Economic Burden of Disease

1. Health and Well Being

The availability of preventive care resources, nutritional status, and one’s overall wellness significantly influence the health of the hospital community. The Care Transitions Committee (Committee) identified obesity as the primary health concern. Research shows that poor diet and inactivity greatly increase the risk for developing health conditions such as diabetes and obesity. Physical inactivity and diabetes rates within the hospital community are more severe than Illinois. Similarly, the Committee associated high mortality rates with lifestyle patterns, especially obesity and lack of exercise. The lack of education about nutrition and lifestyle was also identified as a barrier to health and well-being by the committee.

2. Chronic Disease Management

Chronic diseases and conditions – such as heart disease, stroke, cancer, type 2 diabetes, obesity and arthritis – are among the most common, costly, and preventable of all health problems. Half of all American adults have at least one chronic condition, and almost one of three have multiple chronic conditions. Transformation of health care, from a system that is essentially reactive – responding mainly when a person is sick – to one that is proactive and focused on keeping a person as healthy as possible is needed. FHN must take a systems approach to understanding and identifying the barriers faced by people with chronic illnesses, their social networks, clinical teams and healthcare payers. The Committee recognizes that FHN must partner with other community organizations and individuals to improve Chronic Disease Management in the community.

3. Barriers to Healthcare

Knowledge of how to navigate the healthcare system and perceptions of the healthcare system highly influence an individual’s ability and willingness to access care. Surveyed respondents noted that there is a general lack of knowledge about access points and how to use the healthcare system within the community. Several called for much more information about location, cost, and accepted insurance coverage. Additionally, some respondents noted that cultural competency is an issue for some health care providers within the community, as the FHN Memorial Hospital community is multicultural in nature, and is likely to become more so in the future. The ability to physically access health care represents a large barrier to care, especially for at- risk and vulnerable populations. The lack of affordable transportation, the long wait times to see a primary care provider, and the lack of convenient provider clinic hours were major barriers mentioned by respondents. All three counties in the hospital community are rural. Pretzel City Transit currently provides service to Freeport and Stephenson County. JoDavies County transit has a system in place that will take people to destinations in and outside of the county. Carroll County Transportation also serves its residence with a system for transporting in and out of the county. All of these systems require arrangements in advance and are point to point systems.

4. Poverty/Economic Burden of Disease

Poverty and uninsurance are large barriers to care within the FHN Memorial Hospital community. The poverty rate in Stephenson County is higher than Illinois, and unemployment within Illinois as a whole (the hospital community included) exceeds the national average. The committee identified poverty and under/unemployment as the most pressing health concerns within the hospital community. Under/uninsurance is also prominent within the hospital community. Inadequate health insurance coverage was cited by surveyed community members as preventing individuals from seeking preventive care and staying well.

Community Health Needs Assessment Background

Requirements

FHN has conducted a Community Health Needs Assessment (CHNA) for its hospital facility, specialty clinics and primary care clinics as required by Internal Revenue Code, section 501(r). The CHNA process is designed to assess health issues within the hospital community through collecting and analyzing primary and secondary data related to demographic information, health access, vulnerable populations, health status and disparity, and health behaviors of community residents. As required by the Patient Protection and Affordable Care Act (PPACA), the CHNA will include the following:

- A definition of the community served by the hospital facility
- How data was obtained, who was consulted/interviewed
- Demographics of the community
- Consulting with community representatives:
- Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- Information gaps that limit the hospital facility's ability to assess the community's health needs
- Prioritized list of community health needs
-

Previous Assessments

Previous assessments of health needs of Stephenson, JoDaviess, and Carroll Counties provided by FHN include:

- Stephenson County Health Department IPlan 2009 – 2014, Stephenson County Health Department, 2009
- Carroll County Community Overview, Health Systems Research on behalf of Stephenson County Health Department, 2013
- Workforce Development in Northwest Illinois, Workforce Development Commission, 2013

CHNA Approval

The CHNA was accepted and approved by the FHN Board of Directors on December 6, 2016.

Public Posting and Availability

The FHN 2016 Community Health Needs Assessment and Implementation Strategy is publicly posted on the FHN website. Hard copies are also available either through downloading through the website or through submitting written or electronic requests to Tim Mickel, Provider Relations Specialist, at TMickel@fhn.org, or at 1045 West Stephenson Lower Level Harlem Avenue, Freeport, IL 61032.

Methodology

Report Methodology

Information related to the highest priority health and demographic indicators is presented in the report document itself, with detailed supplemental secondary data and primary data transcripts available in the appendices.

Secondary Data Methodology

Secondary data was collected using databases created by other agencies or organizations. FHN collected secondary data for the assessment from a variety of sources and about a variety of different issues. Types of data collected included demographic information, chronic disease and morbidity/mortality information, health status indicators and health behaviors, family planning and births, general community/environment information, and local, state and national benchmarks. Due to the nature of secondary data available, data was collected on the level of zip code, city, or county for the defined hospital community. Most health indicator data was available on a county-level basis, while demographic information was available in greater detail on a city- or zip-level basis.

After data was collected, secondary data measures were compared to US and Illinois measures. Measures for Carroll, JoDaviess, and Stephenson Counties (or their corresponding zips) that were particularly different from Illinois or national measures were considered to be of priority.

Primary Data: Survey Methodology

FHN worked to conduct key informant surveys of 36 community stakeholders. Questions were asked about an array of community health indicators, assets, needs, and solution perspectives. Community stakeholders surveyed represented healthcare and social service providers, economic organizations and political community officials, the elderly/senior population, the low-income population, children, the working class and general population.

Responses to the questions were aggregated according to number of individuals giving the same response to a question. For example, “very high” importance was given to issues mentioned by the majority of community stakeholders, and “low” importance was given to responses given by a small number of community stakeholders.

In addition a survey was conducted of 150 disadvantaged individuals who use local community food pantries. The results were aggregated and used to help develop the four major categories of needs presented in this CHNA. In addition, the information was used to develop tactics and action to address the needs of this population in the community.

Information Gaps

Every attempt was made to collect relevant and recent primary and secondary data reflecting the health status and social determinants of health in the FHN community. Although financial and time constraints limited this assessment to the extent that they would limit any assessment of a community’s needs, no significant information gaps were identified.

Healthy People 2020 Explanation

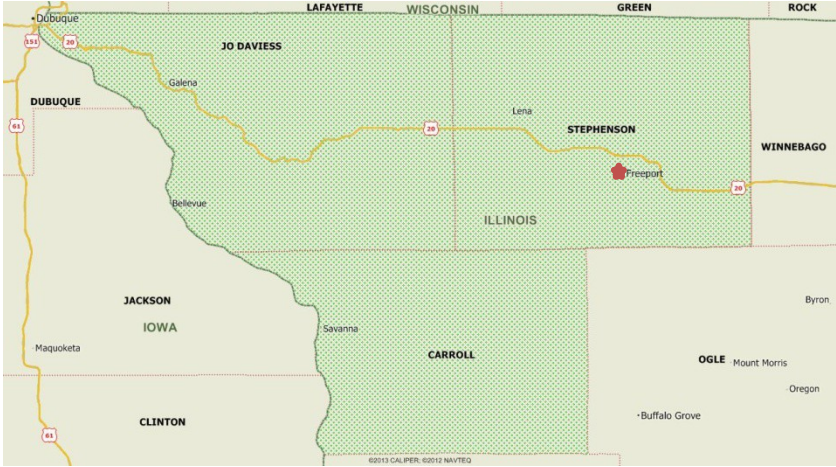
Healthy People 2020 objectives were also used in assessing the most important and relevant health needs for the hospital community. Healthy People is an initiative run by the U.S. Department of Health and Human Services that provides science-based, 10-year national objectives for improving the health of all Americans. Healthy People establishes benchmarks, typically at a 10% improvement over the national rate, and monitors progress over time in an effort to increase awareness of health issues and increasing the nation’s overall health. The areas focused on by Healthy People 2020 represent nation-wide areas of health need and the organization has also amassed information about evidence-based solutions for many of the issues.

Hospital and Community

FHN Memorial Hospital Description

FHN Memorial Hospital is a 100 licensed bed hospital located in Freeport, Illinois. The original location that later came to be renamed as FHN Memorial Hospital was opened in 1902. Through its extensive community involvement and well-developed system for monitoring quality of care, FHN strives to improve the health of its community and to provide superior, quality healthcare services.

Hospital Community



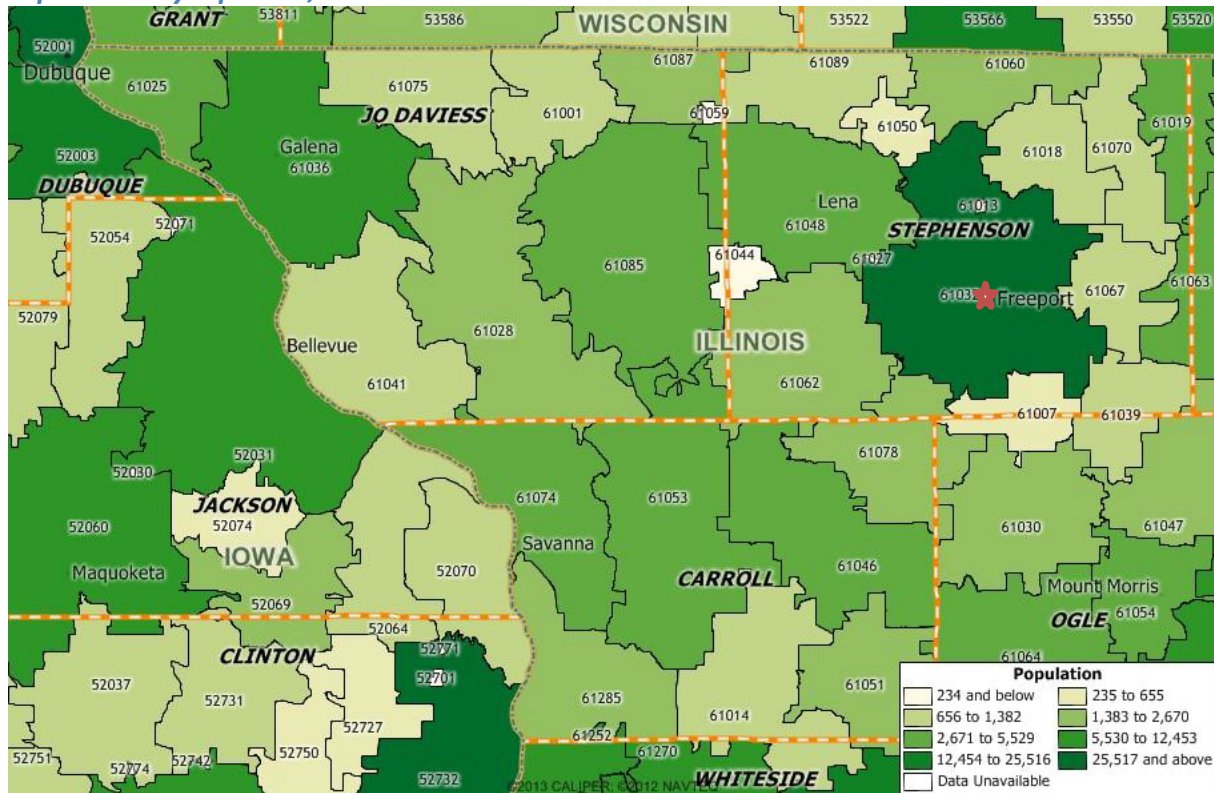
★ FHN Memorial Hospital

FHN Memorial Hospital defined its community for the purposes of the CHNA geographically as Stephenson, JoDaviess, and Carroll Counties. The community was defined based upon internal patient origin information by zip code for FHN’s emergency room visits and inpatient discharges. A clear majority of the patients drew from these three counties.

Community Profile

Population

Population by Zip Code, 2013



www.census.gov

★ FHN Memorial Hospital

Stephenson County is the most populous area of FHN’s defined community. Most of its population is clustered around the Freeport area.

Population Projections

	2000	2005	2010	2015	2020	2025	2030	% Change 2000 to 2030
Carroll	16,705	16,477	16,368	16,610	17,003	17,384	17,729	6%
Jo Daviess	22,324	23,906	25,472	26,721	27,932	28,943	29,574	32%
Stephenson	49,058	48,152	47,812	48,136	49,268	50,553	51,737	5%
Illinois	12,440,846	12,875,035	13,279,091	13,748,695	14,316,487	14,784,968	15,138,849	22%

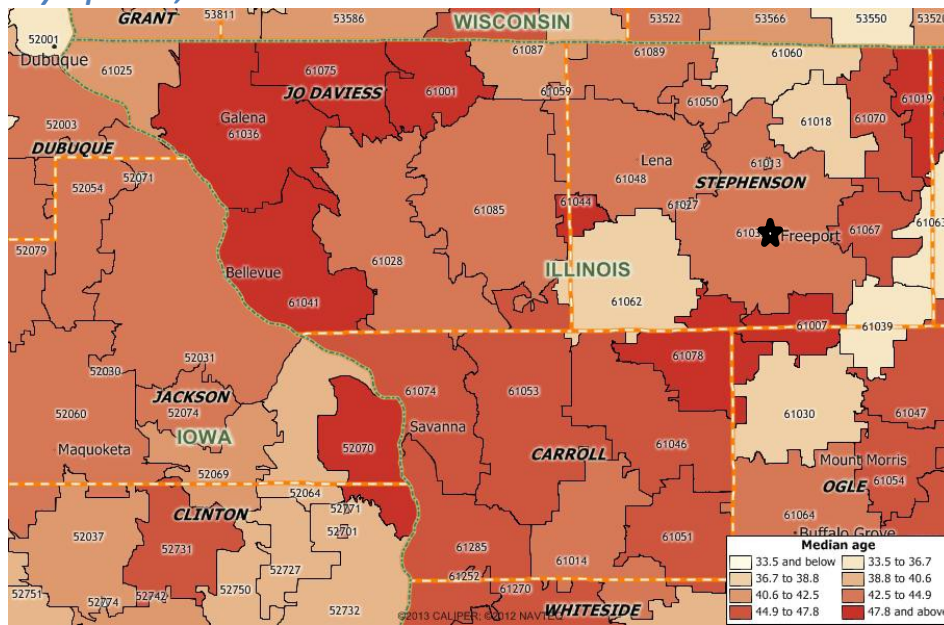
www.ildceo.net

Carroll and Stephenson County populations are likely to remain relatively steady, while the JoDaviess population is likely to increase significantly by 2030.

Community Profile

Age

Median Age by Zip Code, 2013



www.census.gov

★ FHN Memorial Hospital

The median age of people in the FHN community is varied, with some areas in the community as low as 35 and other areas as high as 48. This likely translates to a broad variety of health needs across the community, based on age population. As a comparison, the median age in Illinois is 36.6 years, and the national median age is 36.8 years.

Projected 65 and Older Population

	2000	2005	2010	2015	2020	2025	2030	% Change from 2000 to 2030
Carroll	3,216	3,247	3,415	3,732	4,176	4,671	5,093	58%
Jo Daviess	4,006	4,433	5,044	5,808	6,628	7,523	8,142	103%
Stephenson	8,041	8,390	9,048	10,089	11,525	13,154	14,366	79%
Illinois	1,502,550	1,550,281	1,658,029	1,889,689	2,201,461	2,567,497	2,883,470	92%

www.ildceo.net

As shown in the chart above, the 65 and over population in Stephenson, JoDaviess, and Carroll Counties is rapidly growing and will likely continue to increase in the coming years, similar to the overall aging rate in Illinois. In the case of JoDaviess and Stephenson Counties, in the next five years, this population segment is expected to increase by over 14 percent, while Carroll County’s senior population is expected to increase by over 11 percent. Because this population segment is expected to grow more rapidly than the overall population, this indicates that the vulnerable population of seniors in the FHN community will become a larger proportion of residents in the coming years. In this sense, health issues for seniors are likely to become more prominent in the future.

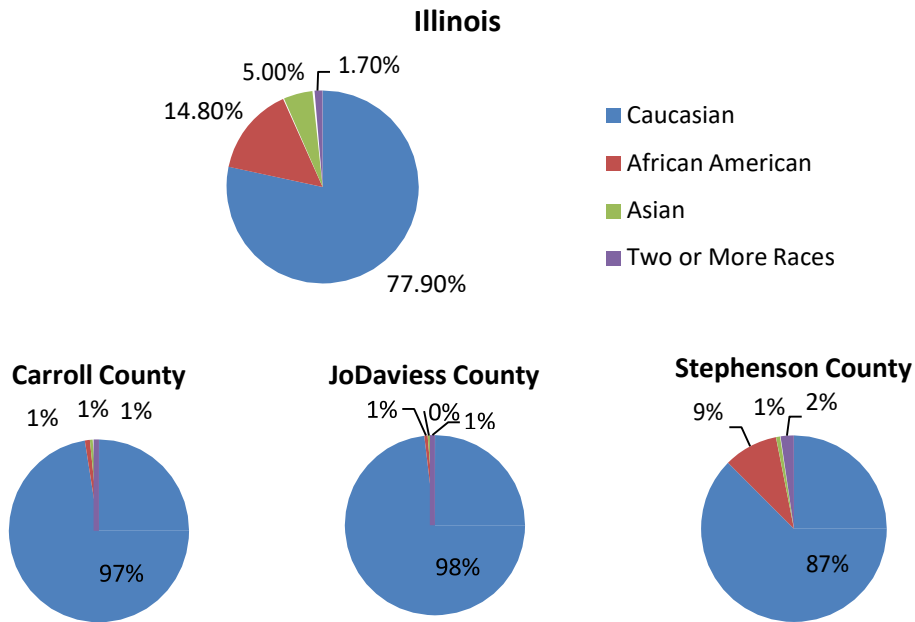
Projected 19 and Under Population

	2000	2005	2010	2015	2020	2025	2030	% Change from 2000 to 2030
Carroll	4,432	4,162	3,829	3,721	3,833	3,935	4,022	-9%
Jo Daviess	5,680	5,711	5,815	6,021	6,199	6,338	6,423	13%
Stephenson	13,697	12,851	12,169	11,987	12,390	12,885	13,305	-3%
Illinois	3,611,895	3,615,709	3,602,735	3,612,992	3,732,754	3,824,338	3,890,563	8%

When compared to the modest population increases projected in the 19 and under age group, the aging of the hospital community as well as Illinois is particularly pronounced. The population of community residents age 19 and younger is declining in both Carroll and Stephenson counties. In JoDaviess County and Illinois, the 19 and under population is projected to grow relatively little.

Community Profile

Race



www.ildceo.net

As seen above, the racial makeup of the hospital community is predominately Caucasian, and African American as a very distant second. All three counties have very small Asian population segments as well. The FHN community is significantly less racially diverse than the State of Illinois overall.

Projected African American Population

	2000	2005	2010	2015	2020	2025	2030	% Change from 2000 to 2030
Carroll	91	95	103	111	113	119	129	42%
Jo Daviess	44	58	73	84	97	115	130	195%
Stephenson	3,761	3,844	4,016	4,297	4,682	5,131	5,590	49%
Illinois	1,880,101	1,932,802	1,981,006	2,035,723	2,094,687	2,132,678	2,150,187	14%

www.ildceo.net

Stephenson County has the largest African American population in the FHN community. Relative to their current numbers, the African American population in the FHN community is growing rapidly.

Projected Asian Population

	2000	2005	2010	2015	2020	2025	2030	% Change from 2000 to 2030
Carroll	68	87	105	135	171	206	243	257%
Jo Daviess	36	40	44	45	48	49	48	33%
Stephenson	334	334	356	373	405	445	485	45%
Illinois	424,291	525,866	628,663	742,266	872,341	989,467	1,094,499	158%

www.ildceo.net

The Asian population in the FHN community is growing at a more rapid rate than overall population. This growth rate is particularly strong in Carroll County, where the Asian population is expected to grow by over 80 percent between 2013 and 2030.

Ethnicity

Projected Hispanic Population

	2000	2005	2010	2015	2020	2025	2030	% Change from 2000 to 2030
Carroll	340	367	407	444	485	526	561	65%
Jo Daviess	342	370	400	428	445	461	483	41%
Stephenson	747	826	912	998	1,095	1,202	1,301	74%
Illinois	1,532,791	1,709,072	1,877,681	2,041,127	2,206,816	2,380,472	2,562,430	67%

Note: Information does not include undocumented individuals

www.ildceo.net

At between 2 and 3 percent of the total population in the hospital community, the Hispanic population is small, relative to 15 percent in Illinois. However, this ethnic group is growing at a larger rate than overall population, and it will likely become more central to this community in the future.

Community Profile

Socioeconomic Status and Education

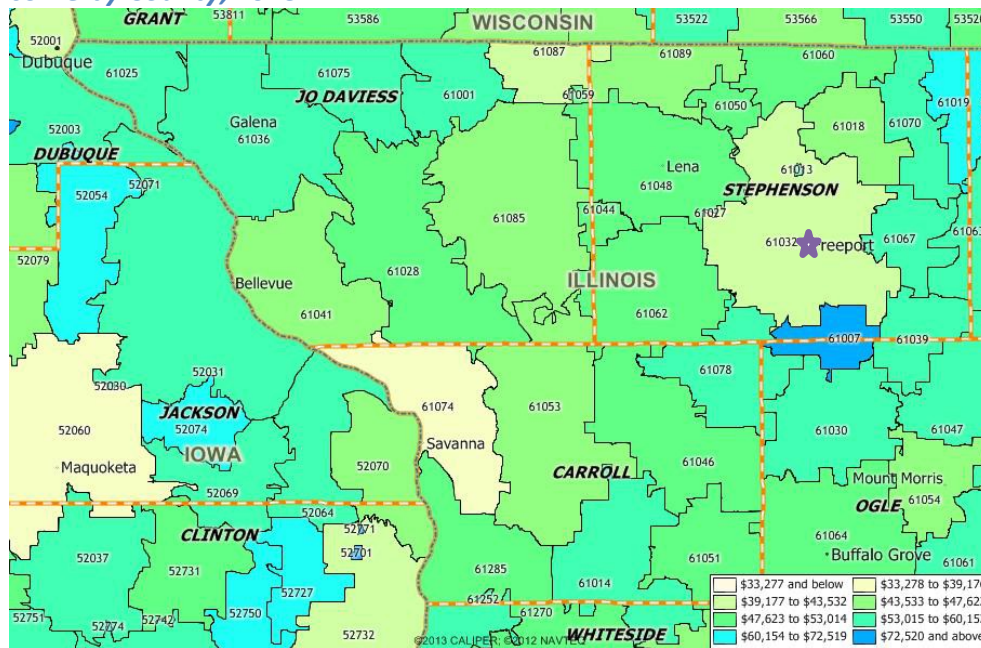
July 2016, August 2013 and 2012 Unemployment Rates

	2016 Unemployment Rate	2013 Unemployment Rate	2012 Unemployment Rate
Carroll	4.8%	7.8%	8.7%
Jo Daviess	4.4%	6.1%	6.9%
Stephenson	5.5%	9.1%	9.7%
Illinois	5.6%	9.2%	8.9%
US	5.1%	7.3%	8.1%

www.ides.illinois.gov

The FHN community as a whole suffers from challenges related to a poor economy and unemployment. As seen above, the Illinois unemployment rate in July of 2016 was significantly higher than the national average and had improved significantly over 2013. As of July, 2016 Carroll and JoDaviess Counties have unemployment rates lower than the national average. The July, 2016 rate in Stephenson County is worse than the national rate and parallels the overall rate in Illinois. As the most populous county in the area, Stephenson experiences the impact of a high unemployment rate in many ways, and one specifically is noted in mental and physical health. Some respondents identified poverty and under/unemployment as the most pressing health concerns within the hospital community.

Median Income by County, 2013



www.census.gov

★ FHN Memorial Hospital

As seen in the map above, Stephenson and Carroll Counties have significantly lower median household incomes than JoDaviess County and overall in the state of Illinois. Not surprisingly, the poverty level in Stephenson and Carroll Counties is significantly higher than that of JoDaviess County. The child poverty rate in Stephenson County is similar to the Illinois state average and is nearly double that of JoDaviess County.

Poverty Rates, Percent at or Below 100% of Federal Poverty Level (2011)

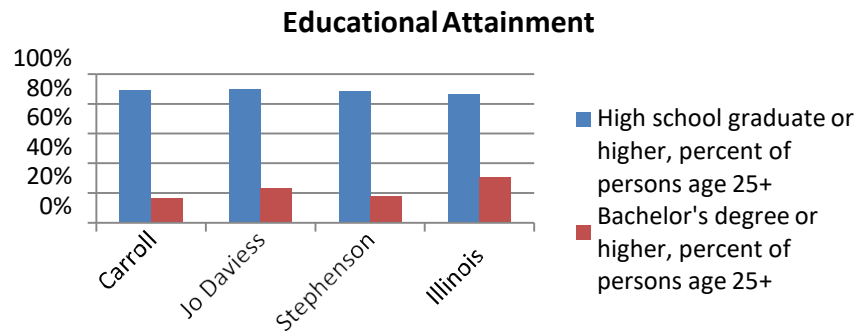
	Persons below poverty level, percent, 2007-2011*	Child Poverty Rate, 2009-2011**
Carroll	13.1%	Data Unavailable
Jo Daviess	8.5%	12.1%
Stephenson	14.7%	21.9%
Illinois	13.1%	19.6%

*www.census.gov

**Voices for Illinois Children

Education

Noted below, educational attainment in the FHN community is significantly lower than in Illinois, especially the rate of bachelor’s or higher education within the community.



U.S. Census Bureau, 2007-2011

Community Profile

Social Environment

Violent Crime Rate (2012)

	Violent Crime Rate per 100,000 Population
Carroll County	74
JoDaviess County	235
Stephenson County	191
Illinois	415

www.fbi.gov

The violent crime rate in JoDaviess County is the highest of the three counties in the FHN community at 235 crimes per 100,000 population, compared to Stephenson and Carroll Counties at 191 and 74, respectively. The entirety of the FHN community has a much lower violent crime rate than the rate in Illinois.

Rate of Child Abuse and Neglect (2011)

	Rate of Child Abuse and Neglect (Rate per 1,000)
Carroll County	5
JoDaviess County	11
Stephenson County	11
Illinois	8

Voices for Illinois Children

The rate of child abuse and neglect in Carroll County is lower than the rate in Illinois at 5 per 1,000 (compared to 8), while in JoDaviess and Stephenson Counties are higher than the state average, at 11 and 11, respectively.

Access to Care

MUA and HPSA Information

Stephenson County's Winslow Service Area and both Carroll and JoDaviess Counties include census tracts (MUAs 796 and 809, respectively) designated medically underserved areas (MUAs) by the Health Resources and Services Administration (HRSA). Additionally, the low income population of the North Freeport Service Area is considered to be a medically underserved population (MUP). This MUP applies to census tracts CT 0007.00, 0008.00, 0009.00, and 0012.00. The MUA or MUP designation is developed by HRSA and indicates that a combination of four components exists in the area or population, respectively:

- A low ratio of primary medical care physicians per 1,000 population
- A high infant mortality rate
- A high percentage of the population with incomes below the poverty level
- A high percentage of the population age 65 or over.

Carroll, JoDaviess, and Stephenson Counties have health professional shortage areas (HPSAs) for primary care providers, dental providers, and/or mental health providers. The HPSA designation is developed by HRSA, and indicates that an area or population either:

- Has a population to full-time-equivalent primary care physician ratio of at least 3,500:1
- Has a population to full-time equivalent primary care physician ratio of less than 3,500:1, but greater than 3,000:1 with unusually high needs for primary care services or insufficient capacity of existing primary care providers

HPSAs for primary care providers include:

- The entirety of Carroll County
- The low-income population of JoDaviess County
- The low-income population of Stephenson County

HPSAs for dental providers include:

- The low-income population of Carroll County
- The low-income population of Freeport

HPSAs for mental health providers include:

- The Whiteside/Lee catchment area of Carroll County
- Jo Daviess/Stephenson Catchment Area of JoDaviess and Stephenson Counties

Access to Care

Accessing Providers and Transportation

Preventable Hospitalizations (2010)

Discharge Rate for ACSCs per 1,000 Medicare Enrollees

	Rate
Carroll County	68.00
JoDaviess County	57.00
Stephenson County	67.00
Illinois	75.00

Medicare/Dartmouth Institute

Preventable hospitalizations due to ambulatory care sensitive conditions (ACSCs) in the FHN community are significantly lower than the rate in Illinois. Interestingly, though, as shown in the primary care physician to population ratio, there are significantly fewer primary care physicians per resident in Carroll, JoDaviess, and Stephenson Counties than in Illinois. In particular, Carroll County has less than half the number of primary care physicians per person than Illinois state average.

Primary Care Population to Physician Ratio (2012)

	Ratio
Carroll County	3,072:1
JoDaviess County	2,062:1
Stephenson County	1,908:1
Illinois	1,292:1

HRSA

As seen above, there is a significant gap in the community population to primary care providers in the FHN community. Respondents noted that accessing primary care providers was a considerable challenge in the area as related to practices that were not accepting any new patients and to low inventory of primary care providers within close proximity to their homes. Some described poor access to primary care providers and preventive medicine as a prevalent health concern within the community. Long wait times to see a primary care provider were noted, and some mentioned the lack of care coordination as contributing to difficulty in accessing care. Also, some noted that due to provider clinic hours, it is often difficult for adults who work during the day to access health care.

Respondents also noted that there is a general lack of knowledge about access points and how to use the healthcare system within the community. Several called for much more information about location, cost, and accepted insurance coverage.

Transportation in general within the community was also noted as a major obstacle to residents seeking medical care. A lack of affordable, convenient transportation was also recognized as a barrier within the hospital community. This affects vulnerable populations such as low income and seniors within the community more heavily. Respondents noted that public transportation in Freeport was particularly challenging due to the logistics and high cost to use the system.

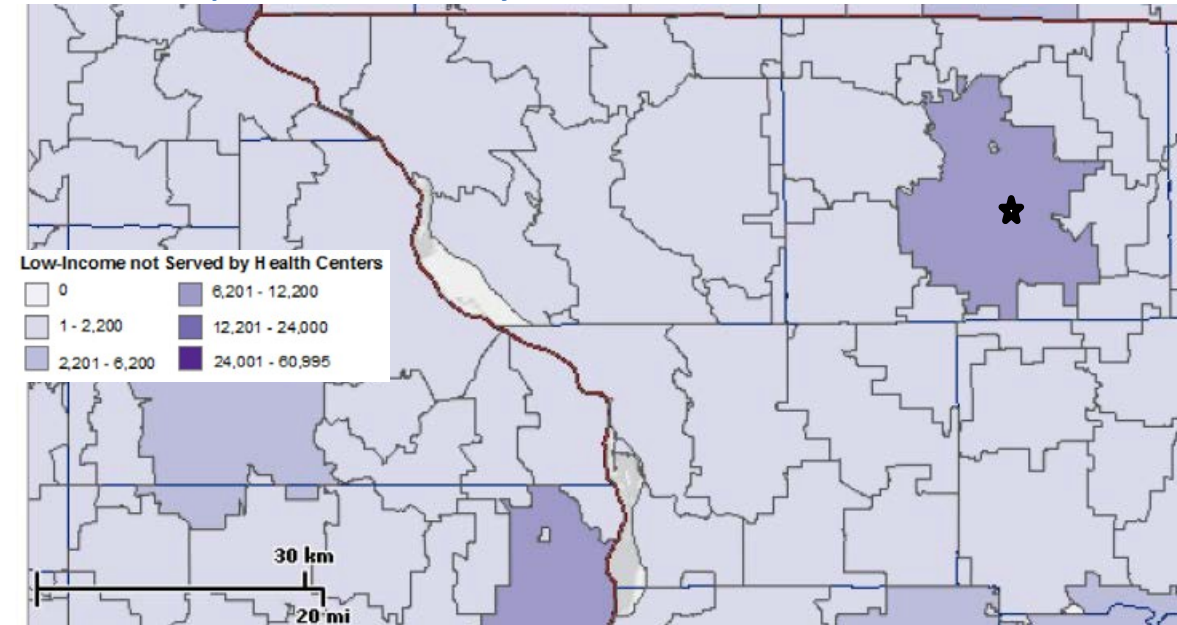
Overall, improving access to primary care providers is a major focus of Healthy People 2020. Healthy People 2020 objectives include increasing the number of practicing primary care providers, improving the proportion of people who have a consistent primary care provider, and decreasing emergency room wait time.

Access to Care

Access to Care for Low-Income Individuals and Families

As demonstrated in the map below, based on 2011 data, there are quite a few low-income individuals who are not currently served by Federally Qualified Health Centers (FQHCs) in the Freeport area. There is only one Rural Health Center, and there are no FQHCs or Health Center Program (HCP) Grantees in the FHN community. An HCP Grantee is an organization that receives grant funding under section 330 of the Public Health Service Act. The majority of HCP Grantees are funded to serve a general underserved community or population.

Low-Income Population Not Served by HCP Grantees, 2011



www.udsmapper.org

★ FHN Memorial Hospital

Overall, financial barriers to care are a major health concern within the FHN Memorial Hospital community. Respondents listed financial and health insurance barriers as the biggest issues in the hospital community. Inadequate health insurance coverage was cited as preventing individuals from seeking preventive care and staying well. The FHN Community Health Clinic offers many services to the underinsured, although this is not widely understood within the community and it is not a comprehensive primary care site. It was noted by some respondents that low-income families seek primary care in the Emergency Room at FHN once their condition reaches an unbearable point.

Health Outcomes, Behaviors, and Risk Factors

Community Need Index

The Community Need Index (CNI) indicates that cities in the FHN community experience considerable barriers to accessing health care. The CNI is a rating system that accounts for the underlying economic and structural barriers that affect access to health care, related to income, culture/language, education, insurance, and housing. A CNI score of 1 represents less community need, and a score of 5 represents the highest community need. In the FHN community, there are relatively high socio-economic barriers to health care in the cities of Savanna (61074) and Freeport (61032).

Carroll County Community Need Index

Zip Code	CNI Score
60153	2.95
61074	3.75
61285	2.95
61014	2.95
61051	2.15
61046	2.15
61078	2.15

JoDavie County Community Need Index

Zip Code	CNI Score
61025	2.15
61036	2.15
61041	1.35
61028	2.95
61085	2.15
61001	2.15
61087	2.15

Stephenson County Community Need Index

Zip Code	CNI Score
61089	2.95
61050	2.95
61048	2.15
61062	2.15
61027	2.15
61032	3.75
61039	2.15
61067	2.15
61018	2.15
61019	1.35
61060	2.15
61070	2.95

Courtesy Dignity Health, 2012

Health Outcomes, Behaviors, and Risk Factors

Mortality Indicators

Percent of Deaths by Cause in 2010

	Illinois	Carroll County	JoDaviess County	Stephenson County
Heart Disease	25%	25%	25%	21%
Cancer	25%	28%	23%	24%
Chronic Lower Respiratory Disease	5%	8%	4%	6%
Cerebrovascular Disease (Stroke)	5%	3%	9%	8%
Accidents	4%	6%	5%	3%
Alzheimer's Disease	3%	1%	6%	2%
Diabetes	3%	3%	1%	3%
Kidney Diseases (Nephritis, Nephrosis, etc.)	3%	2%	3%	2%
Flu and Pneumoni	2%	1%	2%	3%
Septicemia	2%	2%	2%	2%
Suicide	1%	0%	0%	1%
Liver Disease and Cirrhosis	1%	0%	1%	1%
Other	20%	21%	18%	24%

CDC Wonder

The leading causes of death in the FHN community include heart disease, cancer, chronic lower respiratory disease, cerebrovascular disease, accidents, and Alzheimer's disease. Death from stroke was higher in JoDaviess and Stephenson Counties than the state average, while chronic lower respiratory disease mortality was slightly higher in Carroll County than the state average. The other causes of death in the three counties do not differ significantly from the rate in Illinois.

Health Outcomes, Behaviors, and Risk Factors

Cancer

Although not mentioned in interviews, cancer was the leading cause of death in Carroll and Stephenson Counties in 2010, and the second leading cause of death in JoDaviess County.

Mammography Screening (2010)

	Percent
Carroll County	62%
JoDaviess County	76%
Stephenson County	62%
Healthy People 2020 Target	81%
United States	72%
Illinois	65%

Medicare/Dartmouth Institute

Mammography screening in Carroll and Stephenson Counties is slightly lower than the rate in Illinois, while JoDaviess County screening is significantly higher than the rate in Illinois.

Cancer Incidence Rates by Site and County (2010)

	Male Rate per 100,000				Female Rate per 100,000			
	Carroll	JoDaviess	Stephenson	Illinois	Carroll	JoDaviess	Stephenson	Illinois
All Cancers Combined	531.4	473.5	455.8	566.6	421.2	391	369.9	440.3
Prostate	129.3	129.3	102.1	153.9	0	0	0	0
Breast, invasive	1.9	1.4	0.6	1.2	120	85.3	105.2	126.4
Lung & Bronchus	65.3	68.5	80.5	86.7	39.4	56.5	61.3	60.9
Colon & Rectum	63.7	45.3	41.8	59.1	52.1	46.8	40.4	43.4
All Other sites	59.8	57.5	44	52.4	49.9	53.3	31.9	52.1
Bladder	44.3	19.1	26	39.4	10.1	15.1	5.3	9.9
Non-Hodgkin's Lymphoma	24.6	27.6	22.7	24	14.9	12.6	10.7	16.4
Kidney	23.5	22	15.5	23	13.2	12.1	4.4	12.4
Melanomas, Skin	13.1	23.5	12.5	21.3	9.1	22.7	16.5	14.2
Oral Cavity & Pharynx	23.5	15.5	20.6	16.9	9.3	5	6.7	6.5
Leukemia	12.5	10.9	20.6	16.8	5.4	12.9	11.7	9.8
Pancreas	10.1	18.7	15.8	14.9	7.3	7.1	8.9	11.4
Stomach	8.9	4.2	10.3	10.3	4	0	2.4	5.3
Esophagus	10.1	7.7	12.5	9.2	0	1.9	1.3	2.1
Liver	8.7	2	4.7	9.1	4.6	2.1	2.1	2.9
Brain & Nervous System	6.3	5.4	5.6	7.6	13	1.9	5.6	5.8
Multiple Myeloma	7.8	7.6	6.8	7.5	3.6	1.8	3.5	4.8
Testis	9.3	0	4.5	5.6	0	0	0	0
Hodgkin's Lymphoma	1.9	4.1	2.3	3.3	10.2	3.8	3.8	2.7
Bone	1.9	2	3	1	0	0	1.1	0.8
Cervix	0	0	0	0	8.8	6.5	5.7	8.6
Corpus & Uterus	0	0	0	0	37.7	29.8	29	27.9
Ovary	0	0	0	0	8.7	10.8	11.8	12.7

ldph.state.il.us

The table above indicates that overall cancer incidence in the FHN community is slightly lower than the rate in Illinois. This holds true for most cancer types. Several exceptions to this trend include:

- Higher rate of colorectal cancers and skin melanomas in women in Carroll County than the state average
- Higher rate of oral cavity and pharynx cancers men in Carroll and Stephenson Counties than the state average
- Though small county population bias is likely an influencing factor, there appears to be a higher rate of brain/nervous system and Hodgkin's Lymphoma cancers in women in Carroll County than the state average

Healthy People 2020 objectives related to cancer include decreasing cancer mortality rates, including invasive colorectal and prostate cancers. Other key cancer objectives relate to increasing screening and cancer awareness through primary health care providers.

Health Outcomes, Behaviors, and Risk Factors

Obesity and General Wellness Behaviors

Adult Obesity (2010)

	Percent
Carroll County	30.5%
JoDaviess County	26.8%
Stephenson County	27.7%
Healthy People 2020 Target	15.0%
United States	35.7%
Illinois	28.2%

National Center for Chronic Disease Prevention and Health Promotion

The percent of obese adults in Carroll County is slightly higher than the Illinois rate, but lower than the national rate. Physical inactivity rates, however, are highest in JoDaviess County at 30.1%, followed by Stephenson and Carroll Counties at 28.9% and 26.8%, respectively. All three counties are less physically active than the state average, at 23.6%. This may be influenced by the larger proportion of the 65 and older population within the hospital community relative to the proportion of this population in Illinois.

Physical Inactivity (2010)

	Percent
Carroll County	26.8%
JoDaviess County	30.1%
Stephenson County	28.9%
United States	24.0%
Illinois	23.6%

National Center for Chronic Disease Prevention and Health Promotion

Diabetes (2010)

	Percent
Carroll County	11.3%
JoDaviess County	10.1%
Stephenson County	11.5%
United States	8.3%
Illinois	8.2%

www.cdc.gov

Diabetes is indicated by the other health issues in this category. Diabetes rates in the FHN community are significantly higher than the rate in Illinois.

Several respondents expressed that the most pressing health concern in the hospital community is obesity. Many respondents identified factors like poor nutrition, dietary choices, and limited exercise as behaviors affecting weight, leading to obesity. Some identified poverty and low levels of education as social determinants that clearly affect a community residents' ability to stay healthy with recommended levels of exercise and nutritious diet. Similarly, respondents associated high mortality rates with lifestyle patterns, especially obesity and lack of exercise.

A lack of education about healthy behaviors was also identified by respondents as a driver of health issues within the community. Respondents felt that lack of education about seeking preventive care is a major contributor to mortality rates within the community. Several mentioned that existing programming designed to improve this knowledge is not delivered in the most at-risk areas within the community.

Healthy People 2020 objectives are very robust in this category in particular. Specifically, the organization is promoting reducing obesity and diabetes rates, increasing the availability and access to healthy foods such as fresh fruits and vegetables, and increasing physical activity levels within the United States.

Health Outcomes, Behaviors, and Risk Factors

Heart Disease, Hypertension and Stroke

All Heart Disease Mortality per 100,000 over 35 years of age (2010)

	Rate per 100,000
Carroll County	353
JoDaviess County	310
Stephenson County	301
Illinois	362

www.cdc.gov

All Heart Disease Hospitalizations per 1,000 (2010)

	Rate per 1,000 Medicare Patients
Carroll County	68
JoDaviess County	45
Stephenson County	54
Illinois	61

www.cdc.gov

Heart disease and hypertension are prevalent in the State of Illinois. In 2010, heart disease was the leading cause of death in the State of Illinois and in JoDaviess County, and it was the second leading cause of death in Carroll and Stephenson Counties. All three counties had lower mortality rates than Illinois in 2010. Within the community, Carroll County had the highest heart disease mortality rate per 100,000 residents in 2010, likely due to its 65 and older population proportion. Carroll County had a larger rate of heart disease hospitalizations per 1,000 Medicare patients at 68 than Illinois at 61, followed by Stephenson County at 54 and JoDaviess County at 45.

Hypertension Mortality per 100,000 over 35 years of age (2010)

	Rate per 100,000
Carroll County	155
JoDaviess County	201
Stephenson County	230
Illinois	184

www.cdc.gov

Hypertension Hospitalizations per 1,000 (2010)

	Rate per 1,000 Medicare Patients
Carroll County	2.4
JoDaviess County	1.2
Stephenson County	2.5
Illinois	4.2

www.cdc.gov

Hypertension prevalence in the 35 and over population of Illinois is 28.3%, similar to the national rate of 27.6%. Within the FHN community, the mortality from hypertension is highest in Stephenson County at 230 per 100,000, followed closely by JoDaviess County at 201 and

more distantly by Carroll County at 155. The rates in Stephenson and JoDaviess Counties are higher than Illinois, at 184. Hospitalizations for hypertension, however, differ. In this case, Carroll and Stephenson Counties are much higher at 2.4 and 2.5 per 1,000 Medicare patients, with JoDaviess distantly following at 1.2. All three counties have significantly lower rates than Illinois at 4.2 per 1,000.

All Stroke Mortality per 100,000 over 35 years of age (2010)

	Rate per 100,000
Carroll County	90.3
JoDaviess County	91.2
Stephenson County	86.9
Illinois	78.6

www.cdc.gov

All Stroke Hospitalizations per 1,000 (2010)

	Rate per 1,000 Medicare Patients
Carroll County	12.1
JoDaviess County	11.3
Stephenson County	12.3
Illinois	12.2

www.cdc.gov

Stroke mortality is significantly higher across Carroll, JoDaviess, and Stephenson Counties at 90.3, 91.2, and 86.9, respectively, than the Illinois rate at 78.6. Hospitalizations per 1,000 Medicare patients are similar to the Illinois rate of 12.2 in Carroll (12.2) and Stephenson (12.3) Counties. The stroke hospitalization rate in JoDaviess County is lower, at 11.3 hospitalizations per 1,000 Medicare patients.

Some respondents identified health behavioral factors as affecting overall health and leading to chronic conditions such as high blood pressure and stroke. Similarly, respondents associated high mortality rates with lifestyle patterns, especially obesity and lack of exercise.

Healthy People 2020 objectives focus on reducing severity and decreasing instances of heart attack and stroke, particularly through increasing education and awareness of signs and symptoms of these conditions.

Health Outcomes, Behaviors, and Risk Factors

Births and STIs

Teen Birth Rate (2010)

	Rate per 1,000
Carroll County	32
JoDaviess County	24
Stephenson County	45
Illinois	38

National Center for Health Statistics

The teen birth rate within Stephenson County is significantly higher at 45 per 1,000 population ages 15 to 19 than the rate in Illinois at 38 per 1,000, while JoDaviess County is significantly lower than the state average at 24 per 1,000.

Low Birthweight, Percent of Babies Born Weighing Less Than 2,500 Grams (2010)

	Percent
Carroll County	8.2%
JoDaviess County	6.3%
Stephenson County	9.4%
Illinois	8.4%

National Center for Health Statistics

The percent of babies born weighing less than 2,500 grams was highest in Stephenson County at 9.4%, which exceeded the Illinois rate. The premature birth rate is higher than the state (11.4%) and national (12.2%) rates in Carroll and Stephenson Counties (both over 12.9%) and lower than the state and national rate in JoDaviess County (under 11.5%).

Premature Birth Rate, Percent of Babies Born at Less Than 37 Weeks Gestation (2010)

	Percent
Carroll County	Over 12.9%
JoDaviess County	Under 11.5%
Stephenson County	Over 12.9%
Healthy People 2020 Target	11.4%
Illinois	12.2%

March of Dimes

Sexually Transmitted Infections (2010)

	Chlamydia Rate per 100,000
Carroll County	169
JoDaviess County	93
Stephenson County	423
United States	405
Illinois	473

National Center for Hepatitis, HIV, STD, and TB Prevention

The rate of sexually transmitted infections within the FHN community is lower than the Illinois rate. Stephenson County has the highest rate at 423 infections per 100,000, followed distantly by Carroll County at 169 and JoDaviess County at 93.

Lack of prenatal care and the teen birth rate were not raised as a significant health concern and in fact, were not mentioned by more than one respondent. Preventive care was identified as an area of need within the community.

Healthy People 2020 goals related to this category include addressing maternal health risks, reducing the rate of miscarriages and infant deaths, reducing the rate of maternal mortality, reducing low and very low birth weights, and increasing prenatal care.

Health Outcomes, Behaviors, and Risk Factors

Smoking and Alcohol Abuse

Smoking (2011)

	Percent
JoDaviess County	15%
Stephenson County	20%
Healthy People 2020 Target	12%
United States	19%
Illinois	19%

BRFSS

The smoking rate in Stephenson County at 20% is slightly above the rate in Illinois and national rate at 19%. Both Stephenson and JoDaviess County rates exceed the Healthy People 2020 goal of 12%.

Excessive Drinking (2011)

	Percent
Stephenson County	20%
United States	16%
Illinois	20%

BRFSS

Excessive drinking rates do not differ in Stephenson County relative to the Illinois rate, however it exceeds the national rate.

Community Health Resource Review

There are many different providers and medical resources available within the FHN community, even though they may not be sufficient to meet community needs or be numerous enough to meet industry benchmarks.

FHN Memorial Hospital is the only facility within the community available to address inpatient care needs. FHN offers financial discounts or financial assistance to uninsured, underinsured and economically disadvantaged patients.

There are 25 outpatient facilities for adults located within the FHN community, all of which offer medical care regardless of ability to pay, financial assistance to those in financial need, or discounts to uninsured patients. Of these, 13 facilities offer primary care services, and 17 offer outpatient specialty services.

Within the FHN community, there are three behavioral health facilities and three children's outpatient primary care facilities, two of which offer primary care, and two of which offer specialty care. All of these offer care regardless of ability to pay, discounts for uninsured patients and financial assistance to those in need.

Prioritized Health Needs

Health needs were considered and prioritized by FHN, and the following order of priority of needs in the community was determined:

<i>1. Health and Well Being</i>
<i>2. Chronic Disease Management</i>
<i>3. Barriers to Healthcare</i>
<i>4. Poverty/Economic Burden of Disease</i>

Appendix: Care Transitions Steering Committee – FHN CHNA Steering Committee

Jennifer Aurand, Director Behavioral Health

Nicole Dennison, Assistant VP Revenue Cycle

Robert Geller, M.D. President of the Medical Staff

Mark Kendall, Assistant VP Practice Operations

Kathy Martinez, VP Nursing Services/Chief Nursing Officer

Tim Mickel, Provider Relations Specialist

Cheryl Rife, Director Clinical Quality

Jennifer Schierer, Clinical Nurse Leader

Colleen Stukenberg, Director of Resource Management

Appendix: Community Stakeholder Survey List

Organization	Name
Stephenson County Health Department	Craig Beintema
Freeport Area Church Cooperative	Dean Wright
United Way of Northwest Illinois	Tiffany Nieman
Boys & Girls Club of Freeport & Stephenson County	James Rhyne
Senior Resource Center	Sue Lambert
Salvation Army - Freeport	John & Jennifer Wilson
Freeport Township	Patrick Sellers
Crossroads Community Church	Tom Schlessman
Freeport Housing Authority	Larry Williams
Freeport Community Foundation	Dan Schmitt
Voices (domestic violence)	Sue Swanson
Family Counseling Center (FHN)	Jennifer Aurand
Contact of Northern Illinois	
FHN	Mike Perry, M.D. CEO
FHN	Mike Clark, CFO
Highland Community College	Tim Hood, President
Freeport School District 145	Chris Shockey
City of Freeport, Mayor's Office	Jim Gitz
Stephenson County Sheriff	David Snyders
Carroll County Sheriff	C. Jeffrey Doran
JoDaviess County Sheriff	Kevin W. Turner
Galena Chamber of Commerce	Kathy Oberbroeckling
Savanna Chamber of Commerce	
Mt Carroll Chamber of Commerce	www.mount-carroll.comchamber.html
Freeport Area Chamber of Commerce	Tiffany King
Eastland Community Unit School District 308	Mark Hansen, Superintendent
Stockton Community Unit School District 206	David Gilliland, Superintendent
Dakota Community Unit School District 201	Bob Prusator
Carroll County Health Department	Dawn Holland
Freeport Police Department	Todd Barkalow
Orangeville CUSD #203	Douglas DeSchepper
Lena-Winslow School District #202	Tom Chiles
Galena Unit School District #120	Greg Herbst
West Carroll District #314	Craig Mathews
Pearl City School District #200	Tim Thill
Pecatonica CUSC #321	William Faller
Forrestville Valley CUSD #221	Sheri Smith

Appendix: Community Health Resources

The following resource was identified within the FHN community to address inpatient care needs:

Facility Name	City	County	Type of Services	Financial Assistance Available
FHN Memorial Hospital	Freeport	Stephenson	Full-Service Hospital	FHN Assisted Care Program provides financial assistance to those who are uninsured or under insured who also meet geographic, income and financial requirements (based on family size), as well as a six month residency requirement. Eligibility includes gross income and assets at 300% or below the federal poverty line. Additionally, FHN provides a discount of 20% to all uninsured patients.

The following resources were identified within the FHN community to address outpatient care needs for adults:

Facility Name	City	County	Type of Services	Financial Assistance Available
FHN FastCare	Freeport	Stephenson	Primary Care	Treatment regardless of ability to pay.
FHN Leonard C. Ferguson Cancer Center	Freeport	Stephenson	Oncology, Radiation, Hematology	Charity care assistance to those who meet financial terms.
FHN Specialty Care	Freeport	Stephenson	Specialty Care: Ophthalmology, OB/GYN, Neurology, Pulmonology, Nurse Midwifery	Uninsured IL residents receive discounted care. Medically necessary treatment regardless of ability to pay.
FHN Specialty Care	Freeport	Stephenson	Specialty Care: Otolaryngology, Audiology, Cardiology, Gastroenterology, Nephrology, Center for Wound Healing, Podiatry, Surgery, Urology	
FHN Family Health Care Center-Burchard Hills	Freeport	Stephenson	Primary Care; Acupuncture, Chiropractic, Orthopedics, Pediatrics, Allergy, Internal Medicine, Med Peds, Occ Hlth, Rheumatology	
FHN Family Health Care Center-Highlandview	Freeport	Stephenson	Primary Care	
FHN Community Healthcare Center	Freeport	Stephenson	NP Services	Uninsured and Medicaid patients
FHN Family Dental Care	Freeport	Stephenson	Dentistry	
FHN Hospice	Freeport	Stephenson	Hospice and Palliative Care	
Monroe Clinic Hospice	Freeport	Stephenson	Hospice Care	
Hospice Care of America	Freeport	Stephenson	Hospice Care	
FHN Family Healthcare Center-Lena	Freeport	Stephenson	Primary Care, Cardiology, Urology	
FHN Family Healthcare Center-Orangeville	Freeport	Stephenson	Primary Care	
Monroe Clinic-Freeport	Freeport	Stephenson	Primary and Specialty Care: Cardiology, Endocrinology, Diabetes management, Pediatrics, Behavioral Health, Psychiatry, Neurology, Family Practice, Otolaryngology, Nephrology, Orthopedics	Monroe Clinic offers a 15% discount for prompt payment (within 30 days) and an additional discount on charges by 10 percent for patients without health insurance. There is a charity care application on the website but unclear information on what this application offers.

Monroe Clinic-Freeport Eye Clinic	Freeport	Stephenson	Specialty Care: Ophthalmology and Optometry; Eye Glass and Contacts, cataract surgery, retinal concerns	
Monroe Clinic-Highland Women's Care Center	Freeport	Stephenson	Specialty Care: Fertility, menstrual, urinary disorders, general women's health; Acupuncture, Massage, Digital mammography	
Monroe Clinic-Lena	Freeport	Stephenson	Primary Care	
Monroe Home Care Services		Stephenson, JoDaviess	Skilled Nursing care in the Home	
Monroe Hospice Care		Stephenson, JoDaviess	Hospice and Palliative Care	
FHN Family Healthcare Center - Stockton	Stockton	JoDaviess	Primary Care; Weight Loss Services	
FHN Family Healthcare Center - Warren	Warren	JoDaviess	Primary Care	
JoDaviess County Health Department Home Health Care Services		JoDaviess	Occupational Therapy, Physical Therapy, Skilled Nursing, medical Social Work	There are no age or financial restrictions on services for Home Health Care-just have to be homebound
FHN Family Healthcare Center-Mount Carroll	Mount Carroll	Carroll	Primary and Specialty Care: Internal Medicine, Rheumatology; Wound Care	
FHN Family Healthcare Center-Lanark	Lenark	Carroll	Primary Care	
FHN Family Healthcare Center-Savanna	Savanna	Carroll	Primary and Specialty Care: Cardiology	

The following resources were identified within the FHN community to address outpatient care needs for children:

Facility Name	City	County	Type of Services	Financial Assistance Available
FHN Family Health Care Center-Burchard Hills	Freeport	Stephenson	Primary Care; Acupuncture, Chiropractic, Wound Care	
Monroe Clinic-Lena	Freeport	Stephenson	Family Practice	
Stephenson County Health Department	Freeport	Stephenson	Dentistry - Pediatric; Cleanings, exams, digital x-rays, fillings, extractions, crowns, dentures	Accept Medicaid and all private insurance
Monroe Clinic-Freeport	Freeport	Stephenson	Primary and Specialty Care	Monroe Clinic offers a 15% discount for prompt payment (within 30 days) and an additional discount on charges by 10 percent for patients without health insurance. There is a charity care application on the website but unclear information on what this application offers.

The following resources were identified within the FHN community to address mental health needs:

Facility Name	City	County	Type of Services	Financial Assistance Available
FHN Family Counseling Center	Freeport	Stephenson	Mental health: Psychiatric care, Psychological assessment; Mental health assessment and therapeutic care, therapy, case management/community support	

FHN Family Counseling Center	Galena	JoDavieess	Psychiatry and Psychology; Therapy Services	
Sinnissippi Center	Mount Carroll	Carroll	Substance abuse treatment, individual and family crisis management, family counseling, psychiatric care and medication management--adolescent and adult care	Fees at Sinnissippi Centers are set on a sliding scale and are based on family size and income. Medicare, Medicaid, KidCare and private insurance are also accepted

Appendix: Selected Demographic Indicators

Population by Age

Carroll County

	2000	2005	2010	2015	2020	2025	2030
0-4	927	905	869	938	992	981	940
5-9	1,082	905	891	859	931	987	970
10-14	1,234	1,112	948	956	933	1,012	1,080
15-19	1,189	1,240	1,121	968	977	955	1,032
20-24	719	915	1,011	969	846	883	914
25-29	862	712	936	1,062	1,032	907	934
30-34	898	796	655	886	1,019	991	867
35-39	1,221	906	810	684	918	1,049	1,018
40-44	1,268	1,215	914	827	713	944	1,074
45-49	1,211	1,272	1,232	951	872	766	999
50-54	1,085	1,202	1,273	1,250	980	903	801
55-59	965	1,072	1,194	1,281	1,266	1,000	920
60-64	828	978	1,099	1,247	1,348	1,335	1,087
65-69	879	777	923	1,050	1,196	1,289	1,266
70-74	787	769	686	825	948	1,083	1,167
75-79	668	628	626	567	697	810	936
80-84	464	503	481	494	452	562	660
85+	418	570	699	796	883	927	1,064

JoDavies County

	2000	2005	2010	2015	2020	2025	2030
0-4	1,248	1,293	1,338	1,429	1,455	1,458	1,460
5-9	1,411	1,490	1,533	1,553	1,645	1,674	1,659
10-14	1,517	1,449	1,530	1,568	1,590	1,676	1,693
15-19	1,504	1,479	1,414	1,471	1,509	1,530	1,611
20-24	992	1,394	1,369	1,182	1,235	1,289	1,318
25-29	1,126	1,004	1,426	1,389	1,197	1,234	1,244
30-34	1,245	1,354	1,241	1,638	1,602	1,410	1,428
35-39	1,570	1,429	1,538	1,411	1,808	1,764	1,558
40-44	1,718	1,644	1,509	1,606	1,486	1,872	1,810
45-49	1,665	1,903	1,834	1,678	1,774	1,657	2,028
50-54	1,616	1,765	2,002	1,929	1,778	1,862	1,738
55-59	1,415	1,699	1,849	2,078	2,014	1,855	1,918
60-64	1,291	1,570	1,845	1,981	2,211	2,139	1,967
65-69	1,107	1,319	1,585	1,847	1,988	2,193	2,111
70-74	1,037	998	1,199	1,445	1,693	1,822	2,004
75-79	837	877	852	1,026	1,249	1,470	1,584
80-84	566	641	683	664	813	1,000	1,184
85+	459	598	725	826	885	1,038	1,259

Stephenson County

	2000	2005	2010	2015	2020	2025	2030
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0-4	2,978	2,841	2,776	2,904	3,073	3,072	3,019
5-9	3,460	3,134	3,078	3,088	3,308	3,544	3,576
10-14	3,699	3,404	3,101	3,053	3,079	3,298	3,520
15-19	3,560	3,472	3,214	2,942	2,930	2,971	3,190
20-24	2,386	2,739	2,776	2,635	2,490	2,566	2,699
25-29	2,697	2,058	2,498	2,582	2,507	2,378	2,438
30-34	3,124	2,802	2,237	2,732	2,885	2,855	2,754
35-39	3,767	3,108	2,826	2,299	2,831	2,995	2,963
40-44	3,920	3,581	2,965	2,717	2,228	2,768	2,929
45-49	3,518	3,766	3,456	2,865	2,635	2,155	2,683
50-54	3,057	3,371	3,644	3,373	2,829	2,610	2,153
55-59	2,587	2,933	3,260	3,553	3,309	2,767	2,537
60-64	2,264	2,553	2,933	3,304	3,639	3,420	2,910
65-69	1,980	2,089	2,376	2,763	3,141	3,449	3,228
70-74	1,962	1,711	1,836	2,117	2,501	2,857	3,146
75-79	1,764	1,737	1,569	1,723	2,020	2,393	2,744
80-84	1,143	1,350	1,358	1,249	1,395	1,649	1,970
85+	1,192	1,503	1,909	2,237	2,468	2,806	3,278

Projected 2015 Population by Age Group

	Carroll County	JoDavies County	Stephenson County	Illinois
0-4	5.6%	5.3%	6.0%	6.8%
5-9	5.2%	5.8%	6.4%	6.6%
10-14	5.8%	5.9%	6.3%	6.5%
15-19	5.8%	5.5%	6.1%	6.4%
20-24	5.8%	4.4%	5.5%	7.0%
25-29	6.4%	5.2%	5.4%	7.3%
30-34	5.3%	6.1%	5.7%	7.1%
35-39	4.1%	5.3%	4.8%	6.6%
40-44	5.0%	6.0%	5.6%	6.4%
45-49	5.7%	6.3%	6.0%	6.5%
50-54	7.5%	7.2%	7.0%	6.9%
55-59	7.7%	7.8%	7.4%	6.6%
60-64	7.5%	7.4%	6.9%	5.6%
65-69	6.3%	6.9%	5.7%	4.5%
70-74	5.0%	5.4%	4.4%	3.2%
75-79	3.4%	3.8%	3.6%	2.3%
80-84	3.0%	2.5%	2.6%	1.7%
85+	4.8%	3.1%	4.6%	2.2%

Selected Population Groups

Projected 18 and Under Population

	2000	2005	2010	2015	2020	2025	2030	% Change from 2000 to 2030
Carroll	4,432	4,162	3,829	3,721	3,833	3,935	4,022	-9%

Jo Daviess	5,680	5,711	5,815	6,021	6,199	6,338	6,423	13%
Stephenson	13,697	12,851	12,169	11,987	12,390	12,885	13,305	-3%
Illinois	3,611,895	3,615,709	3,602,735	3,612,992	3,732,754	3,824,338	3,890,563	8%

Projected 65 and Older Population

	2000	2005	2010	2015	2020	2025	2030	% Change from 2000 to 2030
Carroll	3,216	3,247	3,415	3,732	4,176	4,671	5,093	58%
Jo Daviess	4,006	4,433	5,044	5,808	6,628	7,523	8,142	103%
Stephenson	8,041	8,390	9,048	10,089	11,525	13,154	14,366	79%
Illinois	1,502,550	1,550,281	1,658,029	1,889,689	2,201,461	2,567,497	2,883,470	92%

Projected Asian Population

	2000	2005	2010	2015	2020	2025	2030	% Change from 2000 to 2030
Carroll	68	87	105	135	171	206	243	257%
Jo Daviess	36	40	44	45	48	49	48	33%
Stephenson	334	334	356	373	405	445	485	45%
Illinois	424,291	525,866	628,663	742,266	872,341	989,467	1,094,499	158%

Projected African American Population

	2000	2005	2010	2015	2020	2025	2030	% Change from 2000 to 2030
Carroll	91	95	103	111	113	119	129	42%
Jo Daviess	44	58	73	84	97	115	130	195%
Stephenson	3,761	3,844	4,016	4,297	4,682	5,131	5,590	49%
Illinois	1,880,101	1,932,802	1,981,006	2,035,723	2,094,687	2,132,678	2,150,187	14%

Projected Hispanic Population

	2000	2005	2010	2015	2020	2025	2030	% Change from 2000 to 2030
Carroll	340	367	407	444	485	526	561	65%
Jo Daviess	342	370	400	428	445	461	483	41%
Stephenson	747	826	912	998	1,095	1,202	1,301	74%
Illinois	1,532,791	1,709,072	1,877,681	2,041,127	2,206,816	2,380,472	2,562,430	67%

Carroll County

	2000	2005	2010	2015	2020	2025	2030
Males	8,258	8,121	8,043	8,156	8,314	8,469	8,602
Females	8,447	8,356	8,325	8,454	8,689	8,915	9,127

JoDavie County

	2000	2005	2010	2015	2020	2025	2030
Males	11,192	11,964	12,702	13,292	13,854	14,307	14,569
Females	11,132	11,942	12,770	13,429	14,078	14,636	15,005

Stephenson County

	2000	2005	2010	2015	2020	2025	2030
Males	23,650	23,087	22,787	22,836	23,275	23,738	24,141
Females	25,408	25,065	25,025	25,300	25,993	26,815	27,596

Miscellaneous Demographic Indicator Data, 2012

Indicator	Carroll County	Jo Davie County	Stephenson County	Illinois
Population, 2012 estimate	15,011	22,549	46,959	12,875,255
Population, 2010 (April 1) estimates base	15,388	22,677	47,711	12,830,632
Population, percent change, April 1, 2010 to July 1, 2012	-2.4%	-0.6%	-1.60%	0.3%
Population, 2010	15,387	22,678	47,711	12,830,632
Persons under 5 years, percent, 2012	4.5%	5.1%	5.80%	6.3%
Persons under 18 years, percent, 2012	19.7%	20.2%	22.20%	23.8%
Persons 65 years and over, percent, 2012	22.5%	22.7%	19.60%	13.2%
Female persons, percent, 2012	50.0%	49.7%	51.60%	50.9%
White alone, percent, 2012	97.10%	97.90%	87.30%	77.9%
African American alone, percent, 2012	0.90%	0.60%	9.40%	14.8%
American Indian and Alaska Native alone, percent, 2012	0.40%	0.20%	0.20%	0.6%
Asian alone, percent, 2012	0.50%	0.40%	0.70%	5.0%
Native Hawaiian and Other Pacific Islander alone, percent, 2012	Z	Z	Z	0.1%
Two or More Races, percent, 2012	1.10%	0.90%	2.40%	1.7%
Hispanic or Latino, percent, 2012	3.20%	3.10%	3.10%	16.3%
White alone, not Hispanic or Latino, percent, 2012	94.30%	95.00%	84.70%	63.0%
Living in same house 1 year & over, percent, 2007-2011	88.4%	90.0%	87.20%	86.7%
Foreign born persons, percent, 2007-2011	2.1%	3.1%	2.50%	13.7%
Language other than English spoken at home, percent age 5+, 2007-2011	3.6%	4.0%	3.90%	22.0%
High school graduate or higher, percent of persons age 25+, 2007-2011	89.1%	89.9%	88.70%	86.6%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	16.2%	23.3%	17.80%	30.7%
Veterans, 2007-2011	1,470	2,296	4,384	770,388
Mean travel time to work (minutes), workers age 16+, 2007-2011	24.4	21.5	20.2	28.1
Housing units, 2011	8,445	13,626	22,033	5,297,318
Homeownership rate, 2007-2011	76.1%	78.4%	71.80%	68.7%
Housing units in multi-unit structures, percent, 2007-2011	11.8%	9.3%	19.20%	32.9%

Median value of owner-occupied housing units, 2007-2011	\$102,500	\$142,200	\$104,500	\$198,500
Households, 2007-2011	6,893	9,862	19,515	4,773,002
Persons per household, 2007-2011	2.2	2.28	2.41	2.62
Per capita money income in the past 12 months (2011 dollars), 2007-2011	\$26,196	\$28,659	\$23,413	\$29,376
Median household income, 2007-2011	\$45,433	\$52,487	\$43,410	\$56,576
Persons below poverty level, percent, 2007-2011	13.1%	8.5%	14.70%	13.1%
Private nonfarm establishments, 2011	411	727	1,096	312,437
Private nonfarm employment, 2011	3,474	7,049	15,088	5,038,462
Private nonfarm employment, percent change, 2010-2011	2.4%	0.8%	0.70%	1.2%
Nonemployer establishments, 2011	1,068	2,005	2,928	920,076
Total number of firms, 2007	1,669	2,655	3,662	1,123,817
Black-owned firms, percent, 2007	F	S	2.30%	9.5%
American Indian- and Alaska Native-owned firms, percent, 2007	S	F	F	0.5%
Asian-owned firms, percent, 2007	F	F	S	5.3%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	F	F	0.1%
Hispanic-owned firms, percent, 2007	F	F	1.10%	5.0%
Women-owned firms, percent, 2007	S	23.0%	S	30.5%
Manufacturers' shipments, 2007 (\$1000)	320,789	419,517	905,092	257,760,713
Merchant wholesaler sales, 2007 (\$1000)	301,803	120,531	D	231,082,768
Retail sales, 2007 (\$1000)	88,717	310,735	480,551	165,450,520
Retail sales per capita, 2007	\$5,593	\$14,017	\$10,285	\$12,947
Accommodation and food services sales, 2007 (\$1000)	12,957	81,271	44,798	25,469,026
Building permits, 2012	15	45	24	13,797
Land area in square miles, 2010	444.81	601.09	564.52	55,518.93
Persons per square mile, 2010	34.6	37.7	84.5	231.1
FIPS Code	15	85	177	17
Metropolitan or Micropolitan Statistical Area	None	None	Freeport, IL Micro Area	

Appendix: Selected Health Indicators

Miscellaneous Health Indicator Data, 2012

Indicator	Carroll County	Jo Daviess County	Stephenson County	Illinois
Mortality	84	5	58	
Premature death	8295	4621	7325	6604
Morbidity	11	7	36	
Poor or fair health	0.08	0.09	0.09	0.15
Poor physical health days	2.2	2.7	2.5	3.4
Poor mental health days	2.1	2.5	1.8	3.3
Low birthweight	0.082	0.063	0.094	0.084
Health Factors	59	10	61	
Health Behaviors	35	10	76	
Adult smoking		0.15	0.2	0.19
Adult obesity	0.27	0.29	0.3	0.27
Physical inactivity	0.33	0.25	0.29	0.25
Excessive drinking			0.2	0.2
Motor vehicle crash death rate	27	15	14	10
Sexually transmitted infections	169	93	423	473
Teen birth rate	32	24	45	38
Clinical Care	62	11	22	
Uninsured	0.14	0.14	0.13	0.16
Primary care physicians	3,072:1	2,062:1	1,908:1	1,292:1
Dentists	5,194:1	2,538:1	1,941:1	1,630:1
Preventable hospital stays	68	57	67	75
Diabetic screening	0.89	0.93	0.92	0.84
Mammography screening	0.62	0.76	0.62	0.65
Social & Economic Factors	67	14	73	
High school graduation	0.87	0.87	0.83	0.82
Some college	0.55	0.62	0.61	0.66
Unemployment	0.098	0.078	0.103	0.098
Children in poverty	0.24	0.16	0.24	0.21
Inadequate social support	0.18		0.15	0.21
Children in single-parent households	0.36	0.27	0.37	0.31
Violent crime rate	74	235	191	486
Physical Environment	69	16	5	
Daily fine particulate matter	11.6	11.4	11.6	12.3
Drinking water safety	0.05	0	0	0.03
Access to recreational facilities	0	0	17	10
Limited access to healthy foods	0.04	0.05	0.03	0.04
Fast food restaurants	0.5	0.26	0.45	0.5

Appendix: MUA and HPSA Information

MUA Information

Name	ID	Type	Score	Designation Date
Carroll County				
Carroll County	796	MUA	60.8	11/1/1978
JoDaviess County				
Jo Daviess County	809	MUA	61.7	11/1/1978
Stephenson County				
Winslow Service Area	918	MUA	58.4	5/18/1994
Low Inc - North Freeport Service Area	7485	MUP	57.3	7/11/2005
CT 0007.00				
CT 0008.00				
CT 0009.00				
CT 0012.00				

HPSA: Primary Care Providers

HPSA Name	ID	Type	FTE	# Short	Score
Carroll County					
Carroll	117015	Single County	3	1/2/1900	13
JoDaviess County					
Low Income - JoDaviess County	11799917Q8	Population Group	0	2	15
Jo Daviess		Single County			
Stephenson County					
Low Income - Stephenson County	117999173Y	Population Group	3	2	9
Stephenson		Single County			

HPSA: Dental Providers

HPSA Name	ID	Type	FTE	# Short	Score
Carroll County					
Low Income - Carroll County	6.18E+09	Population Group	0	1/1/1900	11
Carroll		Single County			
JoDaviess County					
Stephenson County					
Low Income - Freeport	6.18E+09	Population Group	0	3	13
C.T. 0007.00		Census Tract			
C.T. 0008.00		Census Tract			
C.T. 0009.00		Census Tract			
C.T. 0010.00		Census Tract			
C.T. 0011.00		Census Tract			
C.T. 0012.00		Census Tract			
C.T. 0013.00		Census Tract			

HPSA: Mental Health Providers

HPSA Name	ID	Type	FTE	# Short	Score
Carroll County					
Whiteside/Lee-Catchment Area 1-03-03	7179991752	Geographical Area	2	3	16
Carroll	Single County				
JoDaviess County					
Jo Daviess/Stephenson Catchment Area 01-01-01	7179991755	Geographical Area	2	0	13
Jo Daviess	Single County				
Stephenson County					
Jo Daviess/Stephenson Catchment Area 01-01-01	7179991755	Geographical Area	2	0	13
Stephenson	Single County				

Appendix: Source List

American Community Survey
Behavioral Risk Factor Surveillance System Centers
for Disease Control and Prevention
Centers for Disease Control - Environmental Protection Agency Collaboration
Community Need Index, Dignity Health County
Health Rankings
Federal Bureau of Investigation Geolytics
Health Indicators Warehouse
Health Resources and Services Administration: HPSA/MUA Healthy People
2020
Illinois Department of Public Health Illinois
National Health File
Kaiser Family Foundation Kids
Count
National Assessment of Adult Literacy
National Center for Chronic Disease Prevention and Health Promotion National
Center for Education Statistics
National Center for Health Statistics (CDC)
National Center for Hepatitis, HIV, STD and TB Prevention Small Area
Health Insurance Estimates
U.S. Census Bureau
U.S. Bureau of Labor Statistics
United States Department of Agriculture
Wide-ranging Online Data for Epidemiologic Research (CDC)
Youth Behavioral Risk Factor Surveillance System