

Will County Health
Department & Community
Health Center



Will County Community Health Needs Assessment And Plan

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(See website: www.unitedwaywillcounty.org).	

Executive Summary

The Will County Community Health Assessment and Plan is a tool developed by the community and for the community. The assessment and plan serves as a tool to be used for planning and program development by the many service agencies and organizations in the county to meet the growing needs of a growing community. It also serves the dual purpose of recertification for the Will County Health Department and Community Health Center.

The Assessment of Needs effort was led by the United Way of Will County with funding from the Chicago Trust Foundation. A full copy of the assessment can be found on the United Way website at www.unitedwaywillcounty.org. The process was overseen by a steering committee recruited from various venues in the county, including but not limited to the local colleges and universities, local hospitals, health department, businesses, service organizations and the faith community. A consultant was hired, O'Connor Research and Action, to direct the process. Focus groups, key informant interviews, community survey and data analysis were used in the process.

Upon completion of the Assessment of Needs, the Will County Health Department, led the effort in developing the plan. A subcommittee was recruited from the initial steering committee, to look at the areas of need related to health. Additional health indicators were reviewed and priorities were identified. Four priority areas were selected:

- **Access to Health Care** – issues related to residents having health insurance and primary care providers.
 - **Asthma** – issues relating to asthma management, hospitalizations and the impact of second hand smoke.
 - **Mental Health** – issues relating to hospitalizations for mental disorders and the development of a comprehensive and unified mental health system.
 - **Obesity** – issues relating to the number of residents in Will County that are obese, school-based nutrition education and residents' intake of fruits and vegetables.
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Purpose

The three core functions of public health are: assessment, policy development and assurance. The Community Health Needs Assessment and Plan is a tool to assist the health department in carrying out these functions. The IPLAN (*Illinois Project for Local Assessment of Need*) process is conducted every five years and is required for local health departments to become and continue as a certified health department by the state of Illinois. The Community Health Needs Assessment and Plan is intended to be used by the health department, local hospitals, community health centers, community groups and other organizations to assist in guiding the planning, policy making and provision of services to the residents of Will County. It will highlight priorities and strategies that can be used to improve the quality of life for people living and working in Will County.

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

1. **Identify** community health problems using data and community perception.
2. **Prioritize** health problems.
3. **Analyze** problems by identifying risk factors and direct/indirect contributing factors.
4. **Develop and Implement** a community health plan to address the health priorities, using measurable objectives.
5. **Identify** assets, barriers and community partners and stakeholders in the implementation of the plan.
6. **Define** an evaluation strategy to assure implementation and outcomes of the plan.
7. **Improve** the health and quality of life in Will County.

Organizational Capacity Assessment

The Will County Health Department began conducting an internal organizational capacity assessment in 2005. The purpose of the assessment was to identify areas of strengths and weaknesses and to develop a plan of action to address them. Two teams were identified to assist in this process. Team one consisted of the Executive Director, Assistant Director and the department's Division Directors. Team two was comprised of staff and managers representing each of the department's five divisions. The APEX-PH (Assessment Protocol for Excellence in Public Health) model was used to assess nine areas or indicators of the health department's capacity.

As a result of the internal assessment, the health department recognized the need to improve upon communications with staff, the Board of Health and the community; better use and dissemination of data; and personnel management.

An agency wide newsletter was instituted to relate information to staff about programs and services from each of the divisions and the agency overall. The minutes from the Board of Health are now available on the health department's website (www.willcountyhealth.org). An employee committee is being established to provide input on creating a positive work experience for its employees, improving staff morale, recruitment and retention, and identifying other areas of employee needs.

To enhance the Board of Health's awareness of the programs and services provided by the department, reports are presented by each division during the monthly meetings. In addressing better use and dissemination of data, a template for reporting data to the Board of Health is now being developed. A health status-epidemiology report will be developed for regularly reporting information about the status of the county's health and to provide information to the residents of Will County to encourage healthier lifestyle choices. These documents will be accessible on the health department's website.

Another area of improvement is in personnel management, particularly in recruitment and retention of qualified staff. The agency has begun to partner more with local colleges and universities in the use of interns and recruitment. A volunteer protocol is also being established. The employee committee will prove helpful in addressing this area.

COMMUNITY HEALTH NEEDS ASSESSMENT

Process

In 2004, the United Way of Will County received funding from the Chicago Community Trust to conduct a community needs assessment. Will County Health Department and the Continuum of Care Consortium were also in the planning process of conducting a needs assessment. In an effort to avoid duplication, the Executive Directors Forum of the Will County Community Service Council agreed to support the efforts of the United Way needs assessment process and have one community assessment for the county. United Way of Will County took the lead, with the Will County Health Department lending staff support to the effort. United Way hired a consultant, O'Connor Research and Action, to lead the needs assessment process. To guide the process, United Way recruited a steering committee comprised of the two local hospitals, colleges and universities, the health department, Will Grundy Medical Clinic, several service agencies, church leaders and local businesses. The assessment got underway with the first meeting in September 2004.

Focus groups were conducted between October 2004 and February 2005. Employees from major corporations, service provider organizations and members of special populations, participated in the focus groups. The special populations included additional focus group meetings with African Americans, the Hispanic community and faith-based leaders. A short survey was used in conjunction with the focus group as a means to gather quantitative data. The discussions from the focus groups were also used to help guide the development of the community survey questionnaire. Community leaders were interviewed to get their perceptions of the needs of the county. Those interviews comprised of elected officials, business leaders, and government officials.

The community survey was developed in May 2005. A direct marketing firm, FMP Direct Inc., was contracted to assist in the distribution of the survey. They randomly selected 5,000 residents to mail the survey. In July 2005, a postcard was sent to the participants to prepare them that they would be receiving the survey. The surveys were mailed in August of 2005. Four hundred sixty-six (466) valid surveys were returned, with a response rate of 9.3%. Traditionally African Americans and Hispanic populations have a lower return rate than the general population; therefore non - random surveys were distributed to Hispanic and African American populations in an effort to get better representation from these groups.

An additional source of data used to assess community needs was a provider survey. A survey was sent to service providers to determine the demand for their particular service. The survey asked providers to indicate if they had a waiting list and if so, how long the waiting list was. Data was also gathered from the Crisis

Line of Will County to identify the service need requests of people who called in for help.

Health Department staff worked with the consultant in conducting some of the focus groups, data collection and in identifying statistical indicators. This was done by reviewing the IPLAN data sets, Center for Economic Development Quality of Life Indicators, Work Force Development State of the Youth Report and data collected by the Will County Health Department Epidemiology Program. Additional data sources included the Census Bureau, U.S. Bureau of Labor Statistics, Illinois Department of Children and Family Services, and the Illinois State Board of Education. The statistical indicators were categorized in conjunction with the United Way of Will County funding categories; Children and Youth, Families, and Health and Well Being. An additional category of Mental Health and Substance Abuse was added to the statistical indicators list.

The following information on statistical indicators and community perceptions is taken from the United Way of Will County Community Needs Assessment. A full report can be found at www.unitedwaywillcounty.org.

Statistical Indicators

Will County Demographics

Will County is a fast growing county, in population as well as economic development. According to the U.S. Census Bureau, the population estimate for 2005 was 642,813. This is a 28% change from April 2000 to July 2005 (2005 population was 502,266). The State of Illinois had a 2.8% change in population during this same time period. Persons under five years old are 7.5%, of the population, which is consistent with the State at 7.0%. The percent of elderly over 65 is 8.1%.

The racial and ethnic breakdown for the county is:

84.2%	White/Caucasians
10.7%	Black/African American
0.3%	American Indian and Alaska Native
3.4%	Asian
0.1%	Native Hawaiian and Other Pacific Islander
12.8%	Reported as Hispanic or Latino origin
1.3%	Reported two or more races

Leading Causes of Death in Will County: 2004

(Source: IPLAN Data System, Illinois Department of Public Health)

- The leading cause of death is Malignant Neoplasm, with 884 deaths accounting for 27% of the deaths in Will County.
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- The second leading cause of death in Will County is Diseases of the Heart, also at 27% (880 deaths).
- The third leading cause of death is coronary heart disease, 20%.
- The fourth leading cause of death is lung cancer, 8% of all deaths.
- Next, cerebrovascular disease which accounts for 7% of deaths.
- Accidents, account for 5% of all deaths.
- Chronic lower respiratory disease, which accounts for 4% of deaths.

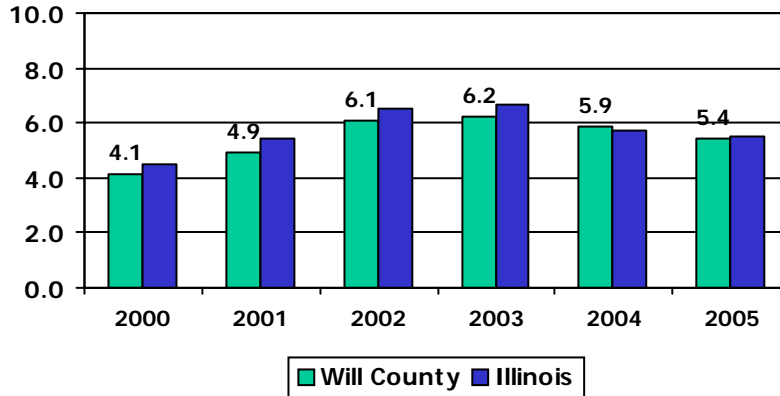
Children and Youth

- Immunization rates have increased, from 74% in 2001 to 83% in 2004. (Source: Will County Health Department and IPLAN (Illinois Project for Local Assessment).)
- However, infant mortality rates have crept up slightly, from 6.5 per 1,000 live births to 7.1 per 1,000 live births. (Source: IPLAN, Illinois Department of Public Health).
- The number of dropouts in Will County declined from 852 in 2001-2003, to 610 in 2003-2004. (Source: Illinois State Board of Education).
- Consistent with that finding, the number of high school graduates in Will County increased from 4,718 in the year 2001 to 5,363 graduates in 2002. (Source: Illinois State Board of Education).
- The teen birth percentage of all births has declined from 2.7 in 1999 to 1.8 in 2003. (Source: IPLAN Data System, Illinois Department of Public Health)

Families

- Abuse and Neglect reports rates increased from 17 per 1,000 in the year 2000 to 18.2 in 2002 in Will County. Reports are generated from the general public, physicians and teachers. A report is taken if there is an alleged child victim under the age of 18 and an alleged perpetrator and harm or risk of harm to the child. (Source: Illinois Department of Children and Family Services).
 - The rate of indicated reports shows a different trend, with 5.1 per 1,000 in the year 2000 and dropping to 4.3 in 2002 in Will County. Indicated reports means that investigation shows sufficient evidence that abuse or neglect did occur. (Source: Illinois Department of Children and Family Services).
 - From the year 2000 to 2002, the poverty rate of all ages increased from 5.3 to 6.2. (Source: U.S Census Bureau Estimates).
 - Unemployment rates increased between the year 2000 and 2003, from 4.1 to 5.9. As the following chart shows, the unemployment rate decreased in 2004. The Will County unemployment rate was lower than the state average in five of the last six years (Source: U.S. Bureau of Labor Statistics).
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Unemployment Rates in Will County



Will County has a lower unemployment rate than Illinois overall for five out of six years from 2000 to 2005. The year 2004 is the exception during these years. (Source: U.S. Bureau of Labor Statistics)

Health and Well Being

- The percentage of the Will County population on Medicaid is 6.3% and this has remained steadily from 1999 to 2001. The State of Illinois has about 12% of its population on Medicaid. (Source: IPLAN Data System, Illinois Department of Public Health).
- According to the respondents to the Community Survey, 90% of the population in Will County has health insurance. This remaining 10% who are uninsured projects out to 58,000 people without health insurance in Will County. (Source: Community Survey for the Needs Assessment).
- Most people with health insurance have a HMO or PPO. (Source: Community Survey for the Needs Assessment).
- About 4% indicate they are on Medicaid. (Source: Community Survey for the Needs Assessment).
- 11% indicate they have Medicare plus a supplement and 6% say they have only Medicare. (Source: Community Survey for the Needs Assessment).
- 55% of the survey respondents feel that they are in excellent or very good health. About 17% say that they are in fair or poor health. (Source: Community Survey for the Will County Needs Assessment).

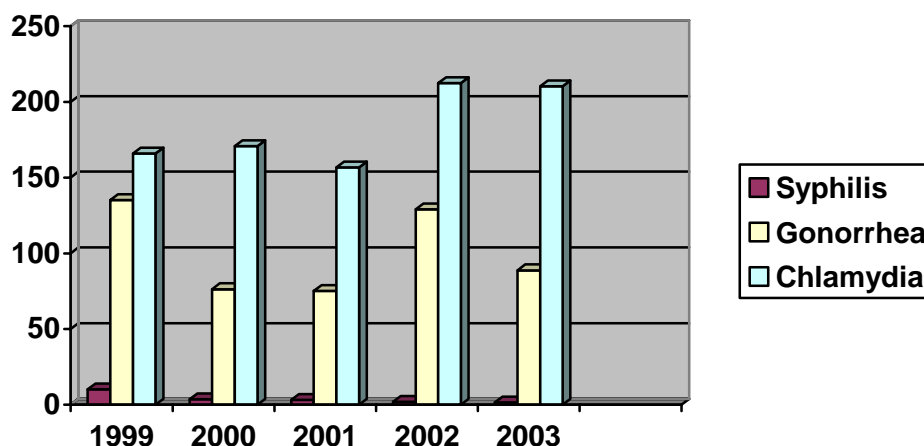
Infectious Diseases in Will County

(Source: Will County Health Department)

- The HIV Infection rate per 100,000 has fluctuated from 9.7 to 4.1 and then back up to 9.2, between the years of 1999 and 2003.
 - The AIDS Incident rate per 100,000 has declined from 6.2 to 3.5 between 1999 and 2003.
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- The incidence of gonorrhea has also declined, from a rate of 135.2 per 100,000 in 1999 to 75 per 100,000 in 2001. Since 2001, there has been an increase in the incident rates; 129 per 100,000 in 2002 and 88.8 per 100,000 on 2003.
- The early syphilis rate per 100,000 has shown a significant decrease in Will County from 10.1 in 1999 to 1.4 in 2003.
- Chlamydia increased from 1999 to the year 2000 but since has declined. From 2000 it declined from a rate of 170.8 to a rate of 156.7 in 2001. Since 2001, the rate continues to increase and remains one of the highest rates per 100,000. (210 per 100,000 in 2004).
- Tuberculosis has declined, from 4.8 in 1999 to 2.2 in 2001.

Infectious Diseases (Rates per 100,000).



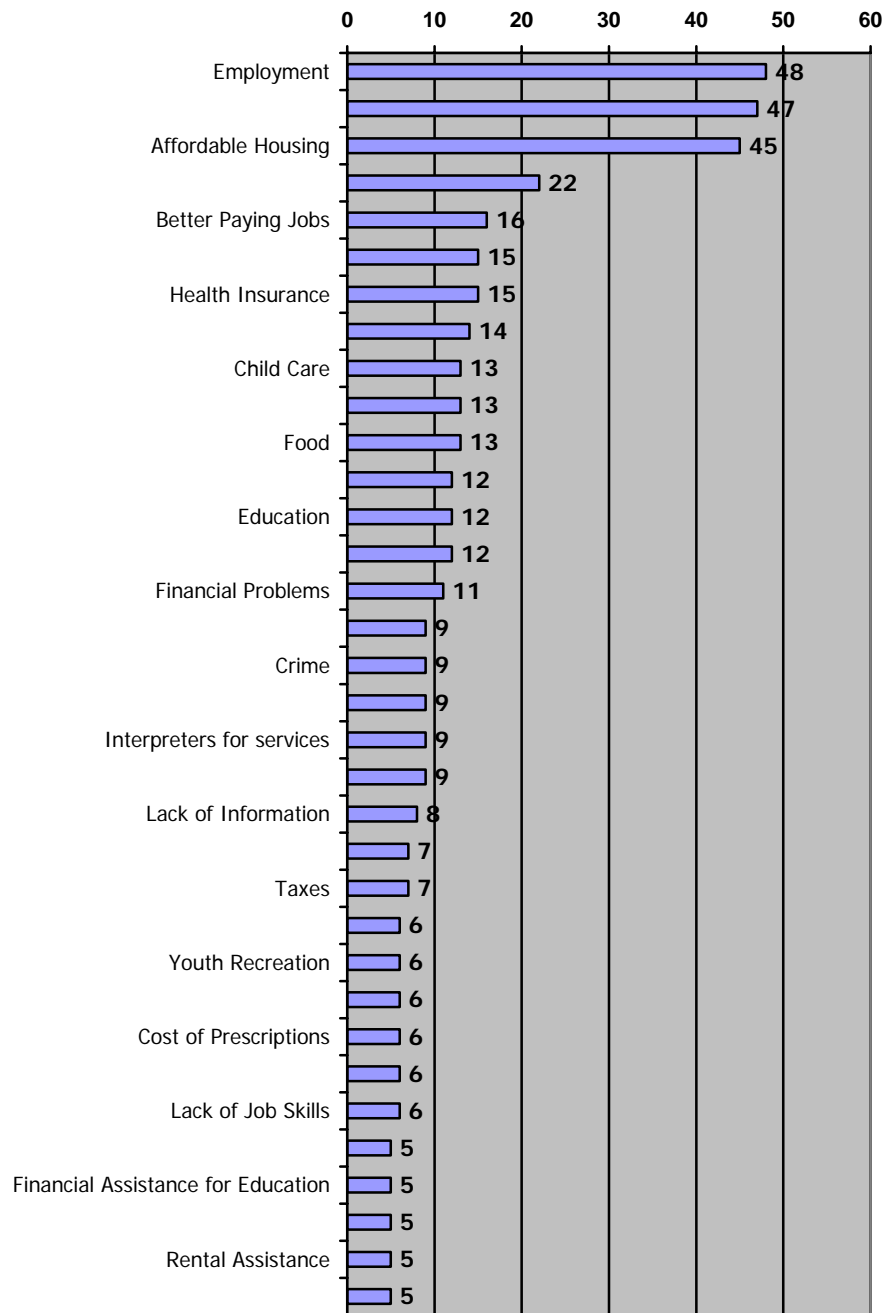
Community Perception

Focus Groups

Focus groups were conducted with a variety of service providers, employees of corporations, major donors and clients of service provider agencies, community leaders, African American, Hispanic and Faith-based communities. Two hundred and twenty (220) workers and residents participated in the focus groups, representing all sectors of the county. One of the questions participants were asked was to list up to four problems that they knew people were personally dealing with.

The three major needs identified are employment, transportation and affordable housing. The next major need personally known to people is health care. If health care was to be combined in one category with health insurance and medical costs, it would be ranked the third most serious need.

The following chart identifies the needs as ranked by the most number of mentions in the focus groups.

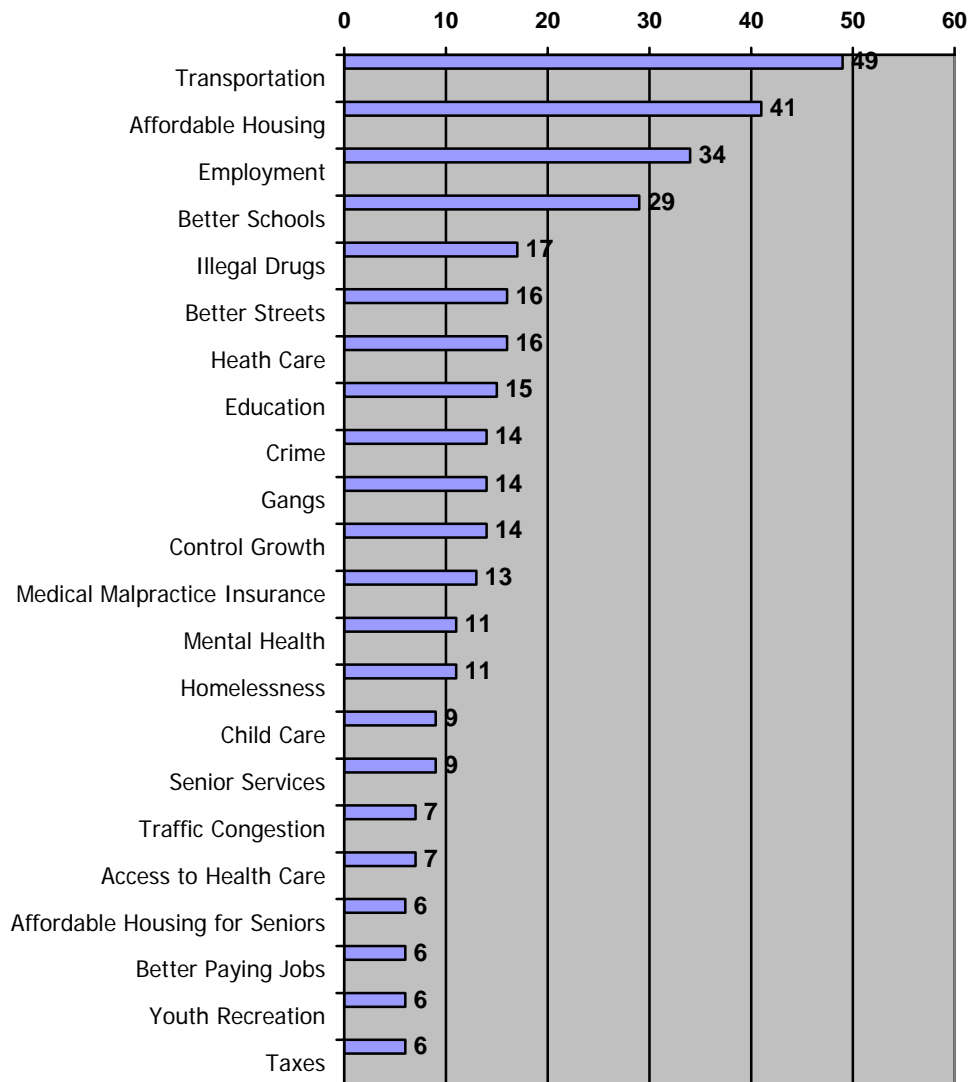


Focus Group Responses to Personally Known Needs

In addition to asking about needs personally known to them, participants were also asked to list the overall needs of Will County.

When looking at the county-wide perspective, focus group participants still saw transportation, affordable housing and employment as the top needs. However, the county-wide perspective displays the need for better schools, streets and highways. Other comparison issues in Will County include concerns about population growth and medical malpractice. In fact, health care was mentioned as a serious need. The combination of health care and access to health care is the fifth most serious need according to the focus groups.

Other additional needs perceived at the county level are traffic congestion, homelessness, youth recreation and taxes. Also, crime and gangs move up higher on the list of needs when people look at the county perspective.

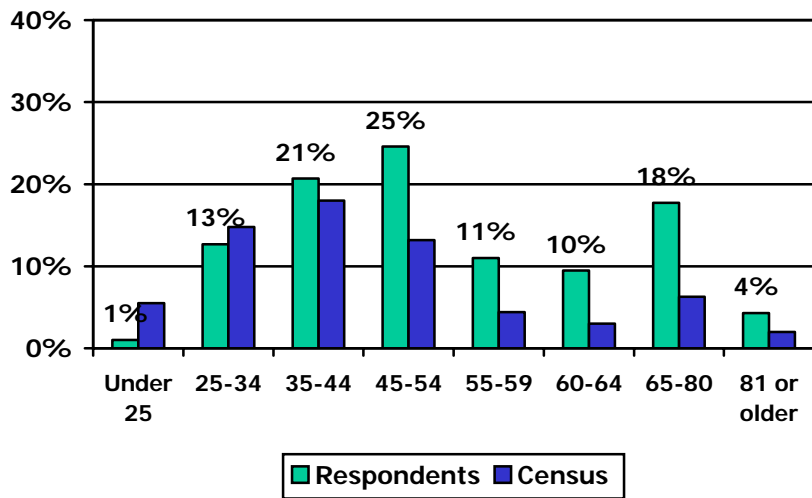


Focus Group Responses: Needs for Will County Overall by Number of Mentions

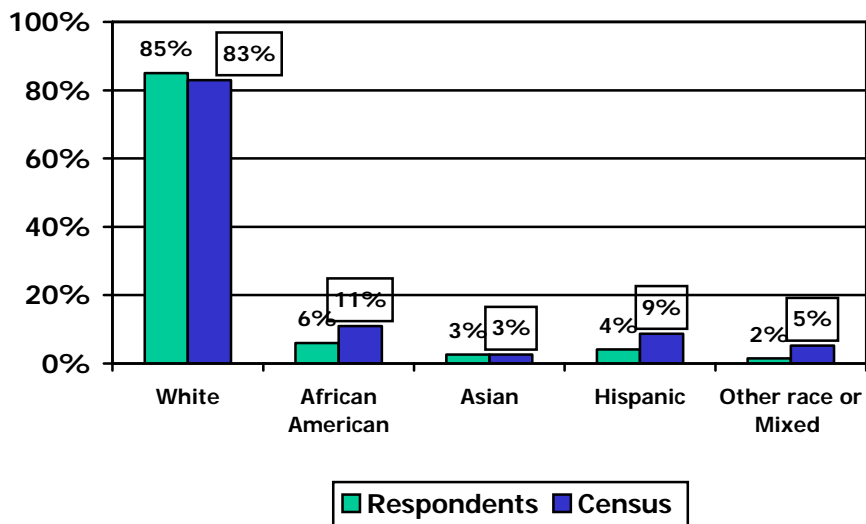
Community Survey

As a part of the assessment 5,000 surveys were sent to a random sample of Will County residents. Four hundred sixty-six (466) surveys were returned. Additional surveys were distributed in the African American and Hispanic communities. One percent of the respondents were under the age of 25, representing the fewest number of respondents. The age group most likely to respond were between the ages of 45-54 (25%) and ages 35-44 (21%). The racial breakdown of respondents of White and Asian respondents closely represented the demographics of the county. African American and Hispanics were underrepresented in the survey responses.

Age of Survey Respondents



Race of Survey Respondents



Based on the needs identified in the focus groups, survey respondents were asked to rank a list of needs by seriousness and to indicate whether or not they

personally knew someone with that problem. The responses in the survey differed from the findings found in the focus groups.

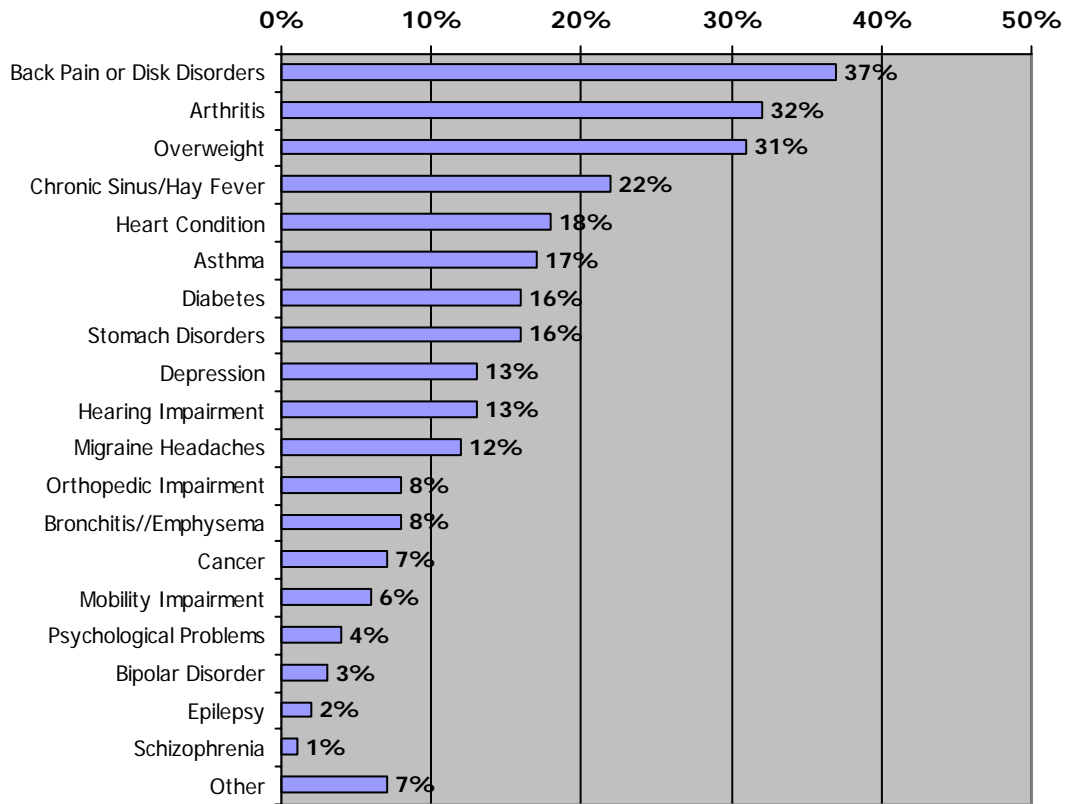
Traffic congestion, prescription cost and health insurance ranked in the top three serious needs. Malpractice insurance was also seen as a serious need. About a fourth of the respondents indicated lack of a good grocery store in their communities.

Note, the comparison of the perceived need to that of persons known by the respondents to have that problem or need; issues related to access to care were personally known needs, while other issues were more of a perception of need:

Need	Perceived as a Need	Personally Known as a Need
Cost of Prescriptions	73%	72%
Health Insurance	71%	63%
Medical Malpractice Insurance	56%	24%
Illegal Drugs	56%	28%
Youth Mental Health	38%	19%
Mental Health	37%	26%
Safety	37%	27%
Domestic Violence	35%	17%
Child Abuse	35%	11%
Homelessness	32%	11%
Lack of Good Grocery Stores	25%	32%
Dental Services	23%	25%

As part of the survey, people were asked to indicate whether they experienced any of the medical conditions listed. Back pains, arthritis, and being overweight are the top three medical conditions as reported by the respondents. Next, in order, are chronic sinusitis, hay fever and heart condition. Asthma and diabetes are also in the top seven medical conditions reported by the respondents.

Community Survey - Medical Conditions of Survey Respondents

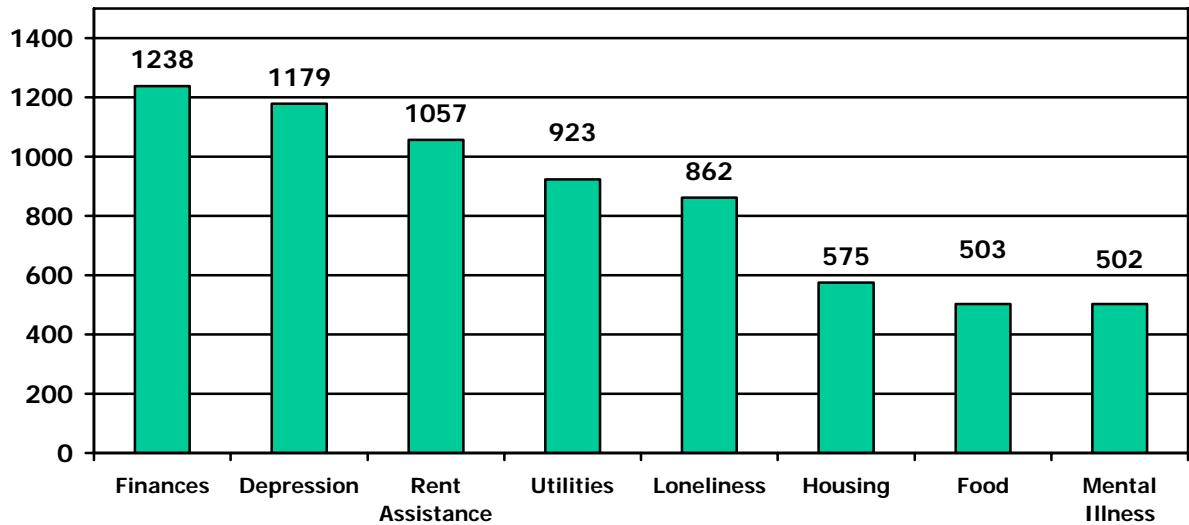


Service Provider Data

The Crisis Line of Will County call data was used to help identify areas of unmet need. Finances led the chart with the most number of calls (1,238) with depression ranking second (1,179) calls. Other calls related to finances and basic needs were rent assistance, utilities, housing and food. Loneliness and mental illness ranked in the top eight needs. Data was collected over a nine month period (January – September 2005).

These calls reflect risk factors, contributing factors and social determinants to many of the health priorities in the community health plan.

NUMBER OF CALLS TO THE CRISIS LINE, JANUARY-SEPTEMBER 2005



In addition to Crisis Line call data, service providers were asked to give information pertaining to their waiting lists, indicating demand for their services. This survey exposes areas of unmet needs. Areas related to housing and homelessness had significantly longer waiting lists with more people and longer waiting time.

Providers were also asked the reasons why they have to turn people away. Some of the reasons are listed as follows:

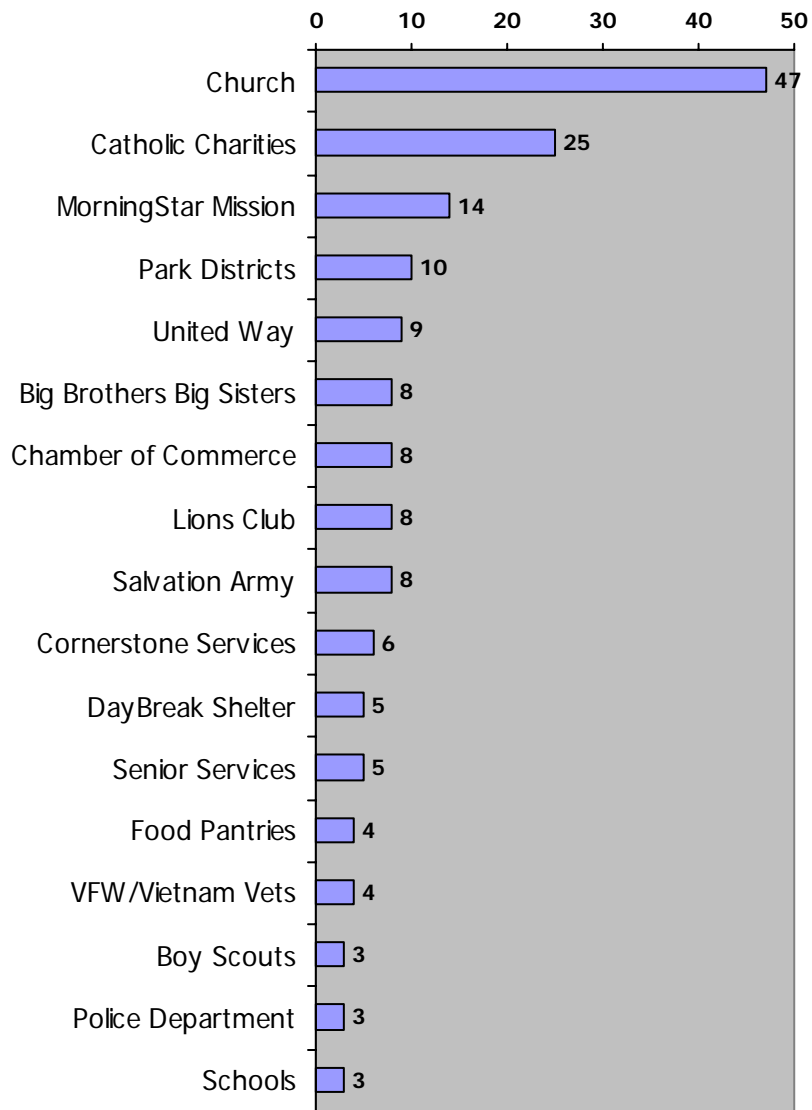
- “At capacity”.
- “Insufficient financial resources to meet need.”
- “Lack of capacity for uninsured persons”.
- “They have some form of state insurance or have household income above our guidelines”.
- Unavailability of additional funding to add residential rehabilitation beds”.

Organizational Assets in Will County

In the Community Survey we asked people to list four organizations in the community that were meeting the needs in Will County. We suggested that these could be large or small non-profit organizations, religious or governmental groups or informal clubs. Clearly, some organizations are better known and better positioned than others. There may be organizations doing good work that are less well known than others. So to a degree, the organizations mentioned are probably a mix of addressing the needs and visibility.

Churches are seen as one of the most important assets to the communities in Will County. While some of the other assets are nonprofit organizations,

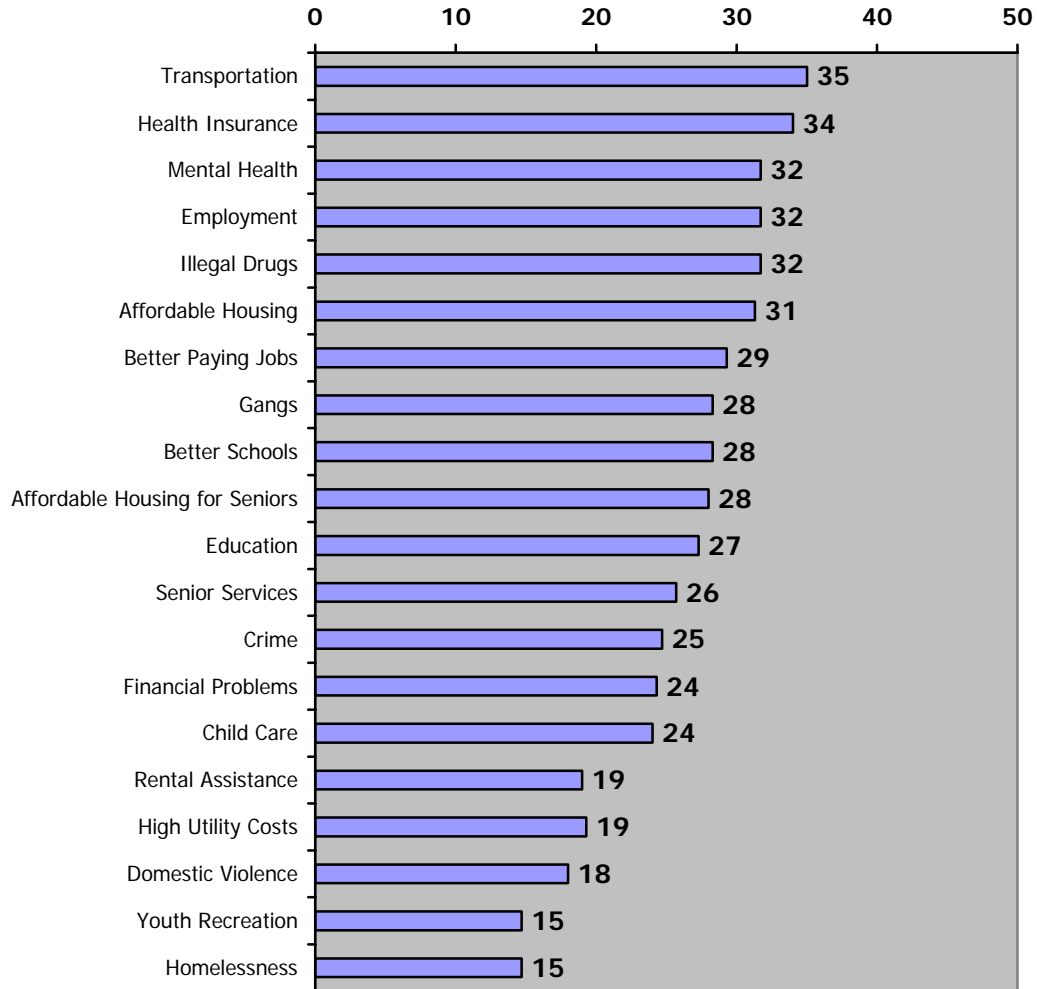
government entities such as Park Districts are also seen as assets for the community.



Prioritization of Needs

Priorities were identified based on a ranking process. All data sources were used in the ranking process; input from the focus groups, community survey results, Crisis Line data and statistical indicators of need. To be included in the priority list, the need had to be seen in at least three different data sources. The rankings were combined and averaged for each need. The results are shown on the next chart.

Community Needs Assessment – Prioritization of Most Serious Needs in Will County



COMMUNITY HEALTH PLAN

Purpose

The three core functions of public health are: assessment, policy development and assurance. The Community Health Needs Assessment and Plan is a tool to assist the health department in carrying out these functions. The IPLAN (*Illinois Project for Local Assessment of Need*) process is conducted every five years and is required for local health departments to become and continue as a certified health department by the state of Illinois. The Community Health Needs Assessment and Plan is intended to be used by the health department, local hospitals, community health centers, community groups and other organizations to assist in guiding the planning, policy making and provision of services to the residents of Will County. It will highlight priorities and strategies that can be used to improve the quality of life for people living and working in Will County.

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

1. **Identify** community health problems using data and community perception.
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4. **Develop and Implement** a community health plan to address the health priorities, using measurable objectives.
5. **Identify** assets, barriers and community partners and stakeholders in the implementation of the plan.
6. **Define** an evaluation strategy to assure implementation and outcomes of the plan.
7. **Improve** the health and quality of life in Will County.

Process

The Community Needs Assessment, final report was completed in April 2006. The assessment reflected the community's perception of needs in all areas pertaining to quality of life in Will County. To meet the requirements of the Illinois Department of Public Health, the Will County Health Department recruited a committee from the initial steering committee to further explore the health needs of the county

The Will County Community Health Plan Planning Committee (CHPPC) began meeting in September 2006 to develop the community health plan. The first step was to review the data and results of the community needs assessment. The committee requested additional health data to be added to the statistical indicators. Updated data from the IPLAN data system was needed as the initial

data collection began in 2005 and the committee wanted to look at the most current data.

The committee was asked to rank their top ten priorities and the medical conditions identified in the Community Needs Assessment. The lists were ranked according to the most number of mentions.

Some of the priorities identified in the community assessment were not defined health problems. A health department team reviewed the priority lists. Based on this priority list and the additional data collected, the health department team identified six health problems. These problems were presented to the planning committee along with the additional data. Using a nominal voting process, the committee was asked to identify three priorities for the health plan. Four priorities were selected: Access to Health Care, Asthma, Mental Health and Obesity.

PRIORITY - Access to Primary Health Care

<p>Health Problem In 2002, 9.8% of Will County residents reported having no health plan. 16% reported not having a personal doctor. (2002 Behavior Risk Factor Surveillance Survey).</p>	<p>Outcome Objective By 2012, decrease to 5%, the number of residents who report not having a health plan. (Baseline Data: 9.8% - 2002 Behavior Risk Factor Surveillance Survey) By 2012, decrease to 10%, the number of residents who report not having a primary care provider. (Baseline Data: 16% - 2002 Behavior Risk Factor Surveillance Survey)</p>
<p>Risk Factors Lack of primary health care due to lack of insurance.</p>	<p>Impact Objectives By December 31, 2012, increase total number of qualified residents (excluding Senior Care program) enrollment in State Medical Programs, by 10%. (Baseline Data: 60,592 enrolled as of 9/30/06 – Illinois Department of Health Care and Family Services).</p>

Contributing Factors:

- Lack of providers accepting Medicaid.
- Low paying jobs that do not provide insurance.
- Cost of care is too high (this includes doctor visits and prescription medication).
- College students' attitude and lack of knowledge regarding the need for insurance.
- Lack of knowledge and information about State Insurance programs and their eligibility criteria.

Proven Intervention Strategies:

Social marketing is one strategy to be used for the development of an educational and awareness campaign. Other strategies to be used include media, working with the medical providers to accept new Medicaid clients, collaboration with local hospitals, local clinics, health care providers and the Will County Community Health Center. Additional activities include outreach to colleges, churches, and the medical society. Collaboration with non-traditional entities will also be sought, particularly in conjunction with campaigns towards college students. These include pre-med, public health and health education clubs on college campuses, and working closer with the local colleges and universities on all levels.

Resources Available:

Key resources for addressing the issues in the access to care priority are the two local hospitals, Silver Cross and Provena St. Joseph Medical Center, Will County Health Department and Community Health Center, and Will/Grundy Medical Clinic. The University of St. Francis will be opening a Health and Wellness Center in January 2007. This will be another asset to the already rich resources in the county. Additional assets that have been underutilized in the past are the colleges and universities in Will County. Joliet Junior College, University of St. Francis, Lewis University and Governors State University, each provide assets and resources through utilization of interns, nursing school and public health students.

Another resource identified from the community surveys and focus groups were local churches and some social service organizations.

Barriers:

Funding and resources for a social marketing campaign and resources for implementation present a major barrier. Another major barrier is behavior change is difficult. Changing the attitudes and behavior of college students who feel young and invincible will not be an easy thing to do. The low and slow reimbursement of Medicaid makes it less appealing for providers to accept new patients.

Description of Health Problem:

Access to care is an issue of serious need and concern for Will County residents. Access to health care and issues surrounding it were a constant theme throughout the community needs assessment. Costs of prescriptions, health insurance and medical malpractice were ranked in the top ten serious needs in the county. In the focus group surveys, healthcare was ranked number four as a needed personally known by participants; health insurance was ranked number seven. Concerns and needs expressed by community leaders were very similar, healthcare-no insurance, poor payment for Medicaid, need for medical and health related services.

The data from Crisis Line of Will County indicated several calls for services in related areas of need (finances, assistance with rent, food and utilities). These calls demonstrate an inability of many of the residents to meet basic survival needs, indicating further the inability to afford health care or insurance.

The data reviewed from the 2002 Behavior Risk Factor Surveillance Survey showed that 9.8% of respondents reported having no health plan. This was an increase from 5.9% in 1997. 16% reported not having a personal doctor and

7.8% reported not going to the doctor when needed within the past twelve months (6.1% in 1997), because of cost. According to the IPLAN Data System, 6.3% of the population is enrolled in Medicaid (2001). This is consistent with the percentage for 2000. The ratio of Medicaid vendors to enrollees is 35.5 to 1 (2002). This has shown a steady increase from 32.3 to 1 and 30.6 to one in 2001 and 2000 respectively. This increase could be due to the growth of the county or the decrease in physicians accepting Medicaid or new Medicaid clients.

Corrective Action:

The Will County Community Health Plan will address the risk factor of lack of primary health care due to lack of insurance. This ties into the Healthy People 2010 goal of increasing the number of people with specific source of primary care to 95%. Addressing this issue will require a collaborative effort to inform and enroll residents who met the qualification into the existing State insurance programs. According to Healthy People 2010, the uninsured population is more likely to not have regular care.

An education and awareness campaign will be developed on the availability of programs and information of where enrollment can occur. This will increase people knowledge of the programs with the goals of enrolling them and increase the probability of them having a source of primary care.

Proposed Community Organizations:

The corrective action is seen as a collaborative community action. Silver Cross Hospital, Provena St. Joseph Medical Center, Will County Community Health Center and the Will Grundy Medical Clinic will be key organizations to enroll those medically and financially eligible for the programs. A workgroup will be established to address the marketing and awareness campaign and other collaborative efforts in the identified strategies. The workgroup should consist of representatives from each of the hospitals and community centers, local DHS office and private physician's offices. The Governing Council of the Will County Community Health Center will oversee the work of the workgroup.

Evaluation Plan:

The Workgroup will be responsible for planning and implementing the proposed strategies. An annual report of activity and progress shall be completed by the work group and submitted to the Community Health Plan Planning Committee (CHPPC). The CHPPC will meet at least once a year to review progress of the workgroup and to make necessary changes and recommendations. Will County Health Department, Epidemiology Program will provide the CHPPC with data on the outcome measures and impact objectives. The baseline data will be compared to results for the 2012 Behavior Risk Surveillance Survey.

PRIORITY - Asthma

<p>Health Problem:</p> <p>In 2004, the number of asthma hospitalizations was 896. The asthma hospitalization rate for 2004 was 17.8</p>	<p>Outcome Objective</p> <p>By 2012, reduce the number of asthma hospitalizations by 15%, (762 hospitalizations). (Baseline Data – Illinois Department of Public Health –EMS Data)</p>
<p>Risk Factors</p> <ul style="list-style-type: none"> • Unmanaged asthma condition • Undiagnosed asthma condition • Poor indoor air quality/poor environmental conditions • Exposure to second hand smoke • Lack of asthma action plans in schools. 	<p>Impact Objectives</p> <p>By 2012 increase the number of students who have asthma action plans on file in school. (Baseline data to be determined by the Will/Kankakee Asthma Network School Survey)</p> <p>By 2012, 25% of the Will County communities will pass ordinances to be smoke-free. (Baseline: 1 city has a smoke-free ordinance as of 12/06 – Smoke Free Illinois)</p>

Contributing Factors:

- Lack of awareness and education about asthma and asthma action plans in the schools and communities.
- Asthmatics not following medication treatment plans.
- Lack of patient knowledge (symptoms, asthma action plans, use of peak flow meters).
- Pollution / exposure to unclean environmental conditions.

Proven Intervention Strategies:

To address the health problem of asthma, several strategies will be used. The development of a speaker’s bureau to bring about education and awareness on the serious nature of asthma will be developed through the Will/Kankakee Asthma Network. The Network will collaborate with local primary care providers, school nurses and nursing students from the local colleges and university and the local hospitals to provide education to the schools and the community at large. In addition to a speaker’s bureau, a marketing campaign will also be developed using media and marketing as intervention tools. Collaboration and outreach with churches, grass roots organizations, and social service providers will be a key component in the intervention strategies.

Another strategy will be to work with the school districts by developing protocols for asthma friendly school and daycare programs.



Resources Available

The Illinois Department of Public Health has funded the Will County Health Department to establish a community collaborative to address the burden of asthma in Will and Kankakee counties. The Will/Kankakee Asthma Network will be the primary resource for addressing this health priority. Provena St. Joseph Medical Center, Silver Cross Hospital, Will County Health Department, local physician offices, and the Smoke Free Joliet Coalition each provide valuable resources in addressing the issue.

Smoke Free Joliet Coalition has been working with local councilmen to provide education on the dangers of secondhand smoke. They are gathering petitions for support in Joliet. The Coalition has also begun working with other local communities moving towards becoming smoke free. Silver Cross Hospital, Provena St. Joseph Medical Center and the Will County Health Department and Community Health Center have passed polices for smoke free work campuses.

University of St. Francis opened a Health and Wellness Center in January 2007. One of the components of their funding is to address the burden of asthma, working with two schools identified in the Joliet school district. This will provide a great resource for identifying ongoing problems and solutions of asthma in the school system. The Will/Kankakee Asthma Network will collaborate with the University of St. Francis Health and Wellness Center to develop and implement a pilot program for monitoring asthma in the schools.

Barriers:

Asthma is not seen as a serious health problem by many in the community. As with many of the priorities, awareness about local resources is a barrier to people getting the needed services. Behavior change is also a barrier that will have to be overcome. Many people utilize the emergency rooms for their primary care in the treatment of asthma; this will be a challenge to get people to change their behaviors when it comes to asthma management plans.

Data collection is another barrier to addressing the asthma burden. There is currently no surveillance system to measure asthma management outside of hospitalizations. Many asthmatics go unmanaged and are not hospitalized.

Another barrier to overcome is the lack of participation in educational events. Silver Cross Hospital offers a free bi-monthly asthma education program to the community that is generally not well attended. Many of the school districts do not have school nurses in each school. This poses a barrier to implementing school policies regarding asthma action plans. Parents and primary care providers cooperating in completing and submitting the plans to the school is also a challenge.

Description of Health Problem:

Asthma has quickly become a serious public health problem. The number of asthma hospitalizations in Will County has shown a steady increase since 2000 (753), with a spike in 2003 of 1,045 hospitalizations. Looking at the Behavior Risk Factor Surveillance Survey of 2002, 11.1% of the respondents had been told by their doctors that they had asthma. This percent reflects only the adult population. In the 2005 Will County Community Needs Assessment, asthma ranked the number 6th medical condition or problem experienced by the respondents or someone in their households.

The Will/Kankakee Asthma Network sent out a school survey to Will and Kankakee County schools in November 2006. The results are still being analyzed and baseline data will be provided. County specific data will be extrapolated to provide Will County baseline data. Two hundred fifty-six surveys were sent out to public and private schools. A total of 79 surveys were returned for a return rate of 31%. Of the returned surveys, the preliminary data indicates 2,947 students out of approximately 41,917 students (7%) have been diagnosed with asthma. Of the 2,947 students with asthma, 16.66% of them had asthma action plans on file with the school nurse. 71% of the schools do not require students to have an asthma action plan on file from their health care provider.

The 2006 Surgeon General's report has concluded that there is no safe level of exposure to secondhand smoke. There are approximately 2,200 workers employed in the two Casinos in Joliet that are exposed to secondhand smoke. In May of 2006, a poll was conducted of 400 registered voters in Joliet. The results showed that 74% of the voters surveyed feel that exposure to secondhand smoke is a serious health hazard.

Corrective Actions:

The two risk factors to be addressed in the asthma priority are asthma action plans in the schools and exposure to secondhand smoke. Promoting asthma action plans in schools through parent and school personnel training will also work towards correcting the problem of unmanaged asthma. This goal is in accordance with Healthy People 2010 objectives of reducing asthma related hospitalizations, reducing emergency room visits and increasing the number of people with asthma. By communities passing smoke free work place ordinances, second hand smoke exposure is reduced. This goal is in accordance with the Healthy People 2010 goal towards comprehensive laws on smoke free indoor air.

Proposed Community Organizations:

As with the other priorities, this will be a community effort. The Will/Kankakee Asthma Network will be responsible for the implementation of the plan. The Network is comprised of several community organizations, schools, and private physician offices. They will continue to work collaboratively with the Smoke Free Joliet

Coalition towards addressing the objective of reducing exposure to secondhand smoke. University of St. Francis Health and Wellness Center will also be a key partner in addressing this issue. Additional organizations to become involved with this priority include but are not limited to: Silver Cross Hospital, Provena St. Joseph Medical Center, Governor's State University, Joliet Jr. College, Lewis university, local churches, pharmacies, primary care providers and others.

Evaluation Plan:

The Will/Kankakee Asthma Network will be responsible for the planning and implementation process. An annual report will be provided to the CHPPC on the progress of the activities and outcomes. The 2006 school survey will be used as baseline data on school asthma action plans. Will/Kankakee Asthma Network will administer the survey every other year (2008 and 2010) to measure progress. The Smoke Free Joliet Coalition will continue to lead the effort of eliminating exposure to secondhand smoke in the workplace. The Will County Health Department epidemiologist will monitor and report the asthma hospitalizations in the county.

Priority - Mental Health

Health Problem: There were 4,693 hospitalizations for mental disorders in 2004.	Outcome Objective: By 2012, reduce the number of hospitalizations for mental disorders in Will County by 20% (Baseline Data: 4,693 hospitalizations in 2004 – IPLAN Data System).
Risk Factors: <ul style="list-style-type: none">• Waiting list for services• Homelessness• Substance abuse and alcoholism• Lack of funding for infrastructure• Depression	Impact Objective: By 2012, develop and implement a plan for a comprehensive unified mental health system, maximizing existing community-based services.

Contributing Factors:

- Lack of adequate funding for service operations.
- Lack of education for elected officials on the need to address the problem.
- Low reimbursement rates for providers.
- Unemployment.
- Population growth/migration of individuals from Chicago.
- Community resistance/lack of public awareness.
- Reluctance to seek treatment/stigma associated with addictions.

Proven Intervention Strategies:

One strategy to be used in addressing mental health in Will County is the implementation of Continuity of Care Agreements. This will help to identify and eliminate gaps and duplication of services. The Local Area Network (LAN) will coordinate a strategic planning process that is inclusive of consumers and service providers. Client empowerment and family focused services are also strategies to be used.

Resources Available

The county has multiple agencies providing mental health and addiction services. The Continuum of Care Consortia provides coordinated services for the homeless population. Emotional needs of the 0-5 population are being assessed by the AOK (All Our Kids) Network. They will be developing a plan to address the needs in this area. Will County Health Department, Stepping Stones Treatment Center, Provena St. Joseph Medical Center, Silver Cross Hospital are also

resources in the community. The Local Area Network is a resource often overlooked. This is a consortium of organizations and stakeholders addressing the area of mental health and the needs of clients and their families.

Barriers:

Infrastructure and funding are the primary barriers to addressing mental health issues in Will County. Another barrier is the potential closing of the Tinley Park Mental Health facility. Many services exist, however their funding limits the amount of services that can be provided. There are few providers to address youth issues, particularly the 0-5 age group. Another barrier is community perception about mental illness and substance abuse. Fear of being stigmatized will often impact a person's decision to seek or not seek treatment.

Description of Health Problem:

Mental health ranked the number three most serious need in Will County, according to community perception. In the focus groups, mental health was the number six need personally know to participants. In the community survey, 38% of the respondents considered youth mental health services as a need, 37% listed mental health and 32% listed homelessness as serious needs of Will County.

In looking at mental health in Will County, there are many aspects or subcategories that can be addressed. Individuals who are dually diagnosed with Mentally Illness/Substance Abuse (MISA) pose the greater risk for mental health hospitalizations. Treatment is often not sought due to fear of stigmatism. Reimbursement rates are low for providers and hospital based programs.

Hospitalizations for metal disorders in 2004 were 4,693. According to the Crisis Line call data (Jan – Sept 2005), depression was the second most calls received for services (1,179), loneliness was 5th with 862 calls and mental illness was 8th with 502 calls. Waiting list for services by some providers showed a waiting list of 268 for substance abuse treatment and 200 for homeless prevention.

Alcohol/Substance use is another aspect of mental health. According to the IPLAN Data System, in 2001 there were 149 hospitalizations for Alcohol Dependence Syndrome for ages 15-44. This was an increase from 91 hospitalizations in 2000.

Mental health services for children ages 0-5 has been an ongoing need in Will County. The Illinois State Board of Education (ISBE) has funded the All Our Kids (AOK) Network in Will County. They are conducting a needs assessment with the purpose of developing a plan to address this area.

Corrective Actions:

By developing a plan for a comprehensive, unified mental health system, several risk factors will be addressed. The problem of infrastructure will begin to be addressed by better utilizing existing services and with the continuity of care when clients move between providers. Continuity of care allows the other risk factors of homelessness, alcohol and substance abuse to be addressed as well. In developing a plan to address this area, service gaps will be identified and potentially addressed.

Proposed Community Organizations:

The Local Agency Network (LAN) is the proposed organization to take the lead in addressing mental health in Will County. They currently provide an established network of service providers addressing mental health issues in Will County. Other community partners that should participate in this effort include but are not limited to: all DMH (Department of Mental Health) funded programs, Will County Health Department Division of Mental Health, Stepping Stones Treatment Center, Continuum of Care Consortia, Silver Cross Hospital, Proven St. Joseph Medical Center, AOK Network, Child Care Resource and Referral Agency and elected officials.

Evaluation Plan:

The LAN is currently responsible for submitting progress reports to the Department of Mental Health and Developmental Disabilities. They will continue to provide these reports and submit copies to the Community Health Plan Planning Committee.

Priority - Obesity

<p>Health Problem:</p> <p>In 2004, 30% of the deaths in Will County were due to heart disease (IPLAN). 21% of Will County residents report being obese while 35.44% report being overweight (BFRSS 2002). Diabetes hospitalizations in 2004 were 972. This is an increase from 886 in 2003. (Will County Health Department).</p>	<p>Outcome Objective:</p> <p>By 2012, decrease the number of obese residents to 15% or less. (Baseline Data: 21% BRFSS 2002).</p>
<p>Risk Factors:</p> <ul style="list-style-type: none"> • Unhealthy diets (poor fruit and vegetable intake) • Sedentary lifestyles • Limited prevention education programs in the community • Few workplace programs 	<p>Impact Objectives:</p> <p>By 2012, decrease to less than 40%, the number of residents who report eating less than 3 servings of fruits and vegetables per day. (Baseline Data: 44.1% - 2002 Behavior Risk Factor Surveillance)</p> <p>By 2012, increase the number of schools that implement a school-based curriculum on proper nutrition and physical activity. (Baseline Data to be determined).</p>

Contributing Factors:

- Lack of parental knowledge and involvement/lack of motivation – busy lifestyle.
 - Funding.
 - Limited or no access to larger food chains with fresher fruits and vegetables choices.
 - Cultural attitudes about food preparation.
 - Unhealthy snacks in the vending machines.
 - Reduced physical activity programs in the schools.
 - Medical providers don't provide preventive care information.
 - No insurance reimbursement for prevention.
 - Fast pace work places/higher technology/ job security.
 - Unsafe and unclean walking areas.
 - Limited accessibility and affordable exercise.
-

Proven Intervention Strategies:

One strategy to be used in addressing obesity is to work with the schools Health and Wellness committees in researching, developing and implementing school based curriculum addressing nutrition and physical activity.

Better marketing of existing community resources for educational and physical activity programs is needed. A social marketing approach will be used to develop educational awareness materials and to developing positive messages. Worksite wellness programs will also be promoted as a strategy to address obesity. Collaborative efforts will be made with the universities and their nursing students to provide prevention and wellness messages. Additional community resources include corporations, grocery stores, restaurants and fast food places.

Resources Available

Both Provena St. Joseph Medical Center and Silver Cross Hospital have community wellness programs, providing education in the community. The universities have nursing programs with students providing a resource for education, screening and awareness programs. Many community agencies provide health education, including the Will County Health Department, WIC and Family Case Management components. The University of St. Francis Health and Wellness Center will provide an additional resource for providing preventive education. The University of Illinois Cooperative Extension program is another resource, particularly for addressing nutrition education for the low-income population.

The statewide effort for healthier lunches in the schools and the implementation of Health and Wellness committees in the schools should provide a better opportunity to working with the schools as partners.

Barriers:

There are many resources and opportunities for education; however these services are often fragmented. Currently there is no known group or organization coordinating community wide efforts in this area. Patient prevention education is limited by the primary care providers due to lack of reimbursement for prevention. They are also often pressed to get patients in and out.

School and community programs are often directed by funding. Once funding sources are depleted, the programs are usually forced to be discontinued.

Economic development will also be a barrier to communities without access to larger food chains within their neighborhoods. This has an impact on the ability to afford and make healthier food choices.

Description of Health Problem:

Obesity has become a growing problem in Will County. It is a major risk factor for many diseases including: high blood pressure, diabetes and heart disease. Heart disease mortality has remained somewhat constant over the years, attributing for 30% of all deaths in 2003 (IPLAN Data System). The number of hospitalizations for diabetes has increased over the years from 708 in 2000 to 972 in 2004. The Behavior Risk Surveillance Survey data shows that 21.4% of Will County residents reported being obese in 2004, while 35.4% reported being overweight.

In 2004, 44.1% of Will County residents reported eating less than three servings of fruits and vegetables a day. This is a slight increase from 43.8% in 1997. It is also interesting to note that the number of residents who eat more than 5 servings of fruits and vegetables a day decreased from 19.8% in 1997 to 16.6% in 2002.

In the Community Needs Assessment survey, when asked to indicate whether they or anyone in their household experienced any medical conditions, respondents reported the following:

- Overweight 31%
- Heart Condition 18%
- Diabetes 16%

Corrective Actions:

Promoting health and reducing chronic disease is a goal of Healthy People 2010. By addressing the risk factor of unhealthy diets, we will be addressing this goal. Education is the key component to addressing two of the risk factors identified in this plan. Many opportunities exist but need to be utilized more. For this to occur there has to be better marketing of existing community resources. This will require partnerships to be established with the school, parent and the community at large. By addressing parents and students, we will be addressing Healthy People 2010 objectives of reducing the number of adults who are obese and the number of children who are overweight and obese.

Another strategy to be used is to address better education in the school. By partnering with the Health and Wellness committees of the school, school based curriculum can be explored and identified in the county. This curriculum would extend past the classroom and into the homes.

Proposed Community Organizations:

Currently there is not a known entity addressing the issue of obesity in the county. Due to the fragmented services provided by various organizations in the county, a

task force needs to be established to first identify what services are being provided, where and to whom. Because obesity affects all ages, race and economic levels, this will be a community effort. The task force should include but not be limited to individuals from both hospitals, clinics, health department, schools, churches, local businesses, grocery stores and restaurant owners, colleges and universities.

Evaluation Plan:

A task force will be created to work on planning and implementation of this priority and its objectives. The task force will report back to the CHPPC to report its progress toward the goal and impact objectives. Will County Health Department, Epidemiology Program will track and report progress on the outcome objectives via data obtained from the Behavior Risk Factor Surveillance Data and the IPLAN Data System and local hospitalization data.

APPENDIX - A

Will County Community Health Plan - Planning Committee List

(CHPPC)

Mary DeGroot,
Will County Health Department
501 Ella Ave.
Joliet, IL 60433

Dick Dystrup, Trustee
Joliet Junior College
1215 Houbolt Rd
Joliet, IL 60431

Dr, Connie Edwards, PhD – Faculty
Governor's State University
College of Health Profession
Department of Nursing
University Parkway
University Park, IL 60466

Pam Heavens
Will Grundy Center for Independent
Living
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Michael Hennessy
United Way of Will County
54 N. Ottawa Street Suite 300
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Pat Hensley
Senior Services Center of Will County
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Lewis University
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Marie Lindsey
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Silver Cross Hospital
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Mary Maragos
University of St. Francis
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Martha McDermott
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Pete McLenighan
Stepping Stones
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Joliet, IL 60435

Alpesh Patel
Will County Health Department
501 Ella Ave.
Joliet, IL 60433

Ron Pullman
Will County Community Development
57 N. Ottawa Street
Joliet, IL 60432

Yolanda Shannon-Albert
Will County Community Health Center
1116 Neal St.
Joliet, IL 60433

Cathy Wells
3014 Glenwood Ave.
Joliet, IL 60435

James Zelko
Will County Health Department
501 Ella Ave.
Joliet, IL 60433

APPENDIX – B

Will County Community Health Plan – Workgroup Committees

Asthma

Kathy Brower - Will/Kankakee
Asthma Network
Tracy Eads – University of St.
Francis
Veronica Holder – Fairmont
School District
Charles Jones – Lewis
University
James Zelko – Will County
Health Department

Access to Care

Charles Jones – Lewis
University
Mary Maragos – University of
St. Francis
Martha McDermott – Provena
St. Joseph Medical Center
Peggy Rice – Lewis University
Yolanda Shannon-Albert – Will
County Health Department &
Community Health Center

Mental Health

Dick Dystrup – Joliet Junior
College
Joseph Troiani – Will County
Health Department &
Community Health Center,
Mental Health Division
Pete McLenighan – Stepping
Stones
Ron Pullman – Will County
Development

Obesity

Connie Edwards – Governor's
State University
Veronica Holder – Fairmont
School District
Marie Lindsey – University of
St. Francis, Health and
Wellness Center
Jackie Mansholt – Silver Cross
Hospital

APPENDIX – C – Community Survey

Community Survey for Will County

Thank you for taking a few minutes to fill out this Community Survey. The purpose of the survey is to assess the needs and strengths in Will County. Your responses will help identify the most urgent needs in our communities. This survey usually takes less than ten minutes to complete.

Please tell us about your community.

1. What is the name of the city, town, village or unincorporated area where you live? _____

2. How do you rate the overall quality of life in the city, town or village where you live? Rate the quality of life from 1 to 10, with 10 being the highest and 1 being the lowest: ____.

3. Thinking about Will County overall, how do you rate the quality of life in Will County, on a scale of 1 to 10, with 10 being the highest possible quality of life? ____.

4. Do people in your neighborhood get together at least once a year?
1. Yes 2. No 3. Don't know

5. Do you belong to an organization or club in Will County that meets at least every two months?
1. Yes 2. No

6. Do you consider yourself a member of a religious congregation?
1. Yes 2. No

7. If something happened that affected your neighborhood for the worse, how likely is it that people in your neighborhood would organize and try to take some action to turn things around?
1. Very likely 2. Somewhat likely 3. Not very likely 4. Not at all likely

8. If you had a problem or need, who would you contact first for services that could help you?
Specify: _____.

9. Please list 1-4 organizations or groups that you think are doing a very good job of meeting the needs in Will County. These could be large or small nonprofit organizations, religious or governmental groups or informal clubs. Be as specific as possible.

1. _____.

2. _____.

3. _____.

4. _____.

Will County Needs: Look at the following list of needs and **circle the number between 1 and 5 that best expresses how serious you think each need is in Will County.**

- **1** means this need/problem is **not at all serious** for Will County.
- **5** means the need/problem is **very serious** for Will County.
- If you **don't know**, circle **D**.

Circle **Yes** in the "**Know someone?**" column if you know someone who has that problem you are rating. Circle **No** if you do not know someone with that problem or need for the problem you are rating.

Need / problem	Rating	Know Someone with this problem?	Need / problem	RATING	

1. Transportation										Yes	2. Affordable Housing											Yes No
3. Child Care										Yes	4. Lack of information on Social Services											Yes No
5. Employment										Yes	6. Affordable Housing for Seniors											Yes
7. Mental Health										Yes	8. Language Barrier											Yes No
9. Crime										Yes	10. Education											Yes No
11. Cost of Prescriptions										Yes	12. Homelessness											Yes
13. Child Abuse										Yes No	14. Safety/Security											Yes

15. Poverty																Yes
																No
17. Health Insurance																Yes
19. Problem with Alcohol																Yes
21. Better schools																Yes
23. Domestic Violence																Yes
25. Lack of Job Skills																Yes
27. Elder Abuse																Yes
16. Gangs																Yes
18. Medical Malpractice Insurance																Yes
20. Better Paying Jobs																Yes
22. Traffic Congestion																Yes
24. Better Streets and Highways																Yes
26. Youth Recreational Services																No
28. Sexual Assault																Yes

29. Youth Mental Health Services										Yes	30. Services for Seniors											Yes
31. Spanish Interpreters for Services										Yes	32. Problem with Illegal Drugs											Yes
33. Lack of a good grocery store										Yes	34. Overloaded Courts											Yes
35. Dental Services										Yes	36. Legal Assistance											Yes

43. Are there any other needs not mentioned that you think are serious needs in Will County? Write in the need and then rate that need below.

Background Information: For statistical purposes only. United Way of Will County will not share this information with any other organization.

1. Sex: 1. Male 2. Female

2. Age: 1. 24 yrs or younger 2. 25-34 3. 35-44
 4. 45-54 5. 55-59 6. 60-64
 7. 65-80 8. 81 and over

3. Education: 1. Less than High School 2. High School diploma/GED 3. some college

4. Associate degree 5. Four-year college degree 6. Post-graduate degree

4. How many years have you lived in Will County? _____ Years.

5. Your residential zip code: _____

6. Ethnicity/Race:
- | | |
|--|--|
| 1. <input type="checkbox"/> White, Non-Hispanic | 2. <input type="checkbox"/> Black/African-American |
| 3. <input type="checkbox"/> Asian/Pacific Islander | 4. <input type="checkbox"/> American Indian/Alaskan
Native American |
| 5. <input type="checkbox"/> Hispanic/Latino | 6. <input type="checkbox"/> Mixed or other |

7. Employment: 1. Full Time 2. Part Time 3. Retired 4. Unemployed
5. Self-employed

8. Are you a veteran? 1 Yes 2 No

9. Do you have health insurance that pays for all or part of your medical care?

1. Yes 2. No

10. If yes, what type of health insurance do you have?

- | | | |
|---|---|---|
| 1. <input type="checkbox"/> Major medical | 3. <input type="checkbox"/> Medicaid | 5. <input type="checkbox"/> Medicare, no supplement |
| 2. <input type="checkbox"/> HMO or PPO | 4. <input type="checkbox"/> Medical plus supplement | 6. <input type="checkbox"/> Other _____ |

11. Please check which box applies to your overall health status:

- | | |
|---------------------------------------|----------------------------------|
| 1. <input type="checkbox"/> Excellent | 4. <input type="checkbox"/> Fair |
| 2. <input type="checkbox"/> Very good | 5. <input type="checkbox"/> Poor |
| 3. <input type="checkbox"/> Good | |

12. How many adults and children are in your household? Adults _____
Children _____

13. Do you or anyone in your household presently have any of the following conditions?
(Check all that apply).

- | | |
|---|---|
| 1. <input type="checkbox"/> Arthritis or rheumatism | 11. <input type="checkbox"/> Chronic sinus or hay fever |
| 2. <input type="checkbox"/> Asthma | 12. <input type="checkbox"/> Deafness or other hearing impairment |
| 3. <input type="checkbox"/> Cancer | 13. <input type="checkbox"/> Blindness, visual impairment |
| 4. <input type="checkbox"/> Diabetes | 14. <input type="checkbox"/> Psychological problems |
| 5. <input type="checkbox"/> Depression | 15. <input type="checkbox"/> Orthopedic impairment |
| 6. <input type="checkbox"/> Back pain or disk disorders | 16. <input type="checkbox"/> Epilepsy |
| 7. <input type="checkbox"/> Bipolar disorder | 17. <input type="checkbox"/> Schizophrenia |
| 8. <input type="checkbox"/> Bronchitis or emphysema | 18. <input type="checkbox"/> Migraine headaches |
-

9. Digestive or stomach disorders
10. Overweight

19. Heart condition
20. Mobility impairment
21. Other: _____.

14. Your household income before taxes:

1. Less than \$25,000 2. \$25,000 to \$34,999
3. \$35,000 to \$49,999 4. \$50,000 to \$74,999
5. \$75,000 to \$99,999 6. \$100,000 or more

15. Do you have any other comments about the strengths and needs in Will County?

**Thank you for your time! If you have any questions about this survey please call
United Way of Will County, 815-723-2500.**

APPENDIX D – Service Providers Short Survey

**Community Assessment for United Way of Will
County: Short Survey Form for Focus Groups with
Service Providers**

1. The name of the community where you live.

_____.

2. Quality of Life in your community. Rate from 1 to 10, with 10 representing very high quality of life: ____.

3. Quality of Life in the Will County. Rate from 1 to 10, with 10 representing very high quality of life: ____.

4. Please list up to four needs or problems someone you know in Will County is dealing with (no names or description of their relationship to you, please). Can be clients of your programs. Focus would be on needs you uncover that are not related to your programs.

5. Serious needs in Will County: list up to four serious needs:

6. List up to four organizations or groups that are doing a good job of addressing the serious needs in Will County.

8. In the broad area of your mission what do you see as the most important statistical indicators that could be collected at the community level?

10. Do you have a waiting list for any of your key services?

11. How long is the waiting list?

12. Do you ever have to turn people away?

13. What are the main reasons you turn people away?

Demographic information (for analytical purposes only)

a. Your residential zip code _____

b. Gender: 1 Male 2 Female

c. Age: 1 24 yrs or younger
2 25-34 5 55-59
3 35-44 6 60-64
4 45-54 7 65 or older

e. Education:
1 High school or less 3 College graduate
2 Some college 4 Post-graduate
f. Ethnicity: 1 White 2 African-American
3 Asian 4 Hispanic/Latino
5 Other

14. **Services:** If you needed services for a problem, who would you contact to help you find the right organization to help you?

Thank you for your help and your time!

Appendix E – Will County Community Needs Assessment

Assessing the Needs and Assets in Will County: A Report on the Community Assessment

March 31, 2006

United Ways periodically conduct assessments of the communities they serve so that they can respond to changing needs. This Assessment was initiated by the United Way of Will County and this Assessment covers the entire County. We thank the Chicago Community Trust for generously funding this Assessment.

By understanding how needs are changing, United Way of Will County and many other organizations, public, private, and nonprofit can respond to new realities. The needs assessment will help to think through those priorities which can improve the quality of life for the people living in Will County.

While the primary focus of the Community Assessment is on the needs in Will County, every community has assets and strengths that can help address the needs. Assets can include organizations, formal and informal, large and small. Assets can include organizations not normally seen as part of social services, such as libraries and Park Districts. This report also examines these assets and strengths in Will County.

A comprehensive needs assessment requires gathering several kinds of data and information. This needs assessment made extensive use of focus groups, with 220 people participating. Further, a random community survey of 5000 Will County residents was conducted. Statistical indicators were identified to identify other needs. Another survey was sent to service providers to learn whether there are waiting lists and how long they are, as yet another way of identifying needs.

Those participating in the focus groups included a wide variety of Will County residents, including service providers, employees of corporations, major donors and the clients of service provider agencies. An extensive effort was made to reach out to Hispanics, Asian and African-American communities. In addition, interviews were conducted with community leaders. Finally, the

Community Assessment used data from people who call in to the Crisis Line of Will County, a 24 hour Help line, to provide another way of looking at the needs.

The Focus Groups

The first step in the needs assessment was to conduct focus groups with the idea that information from the focus groups would help guide the development of the Community Survey questionnaire. Using focus groups also allowed United Way of Will County to take advantage of the expertise of service providers and other experts on the needs in the community.

The focus groups began in October 2004. The focus groups were conducted by Robert O'Connor, consultant to the Community Assessment. In addition, focus groups were conducted with African-American moderators. The Hispanic focus groups were conducted by Spanish-speaking moderators. All focus groups used the same discussion guide, with one discussion guide translated into Spanish.

A wide variety of Will County residents participated in the Community Assessment focus groups. In all, 220 individuals participated in the focus groups, including:

- Employees of corporations in Will County.
- Service providers serving those persons needing health and human services.
- Service recipients.
- Community leaders.
- The Hispanic community.
- The African-American community.
- Faith-based organizations.

Findings from the Focus Groups

The first question asked the participants to name the community where they lived. Community was defined as larger than a neighborhood, such as a village or city. They were then asked to rate the quality of life in their community from 1 to 10, with 10 being the highest rating.

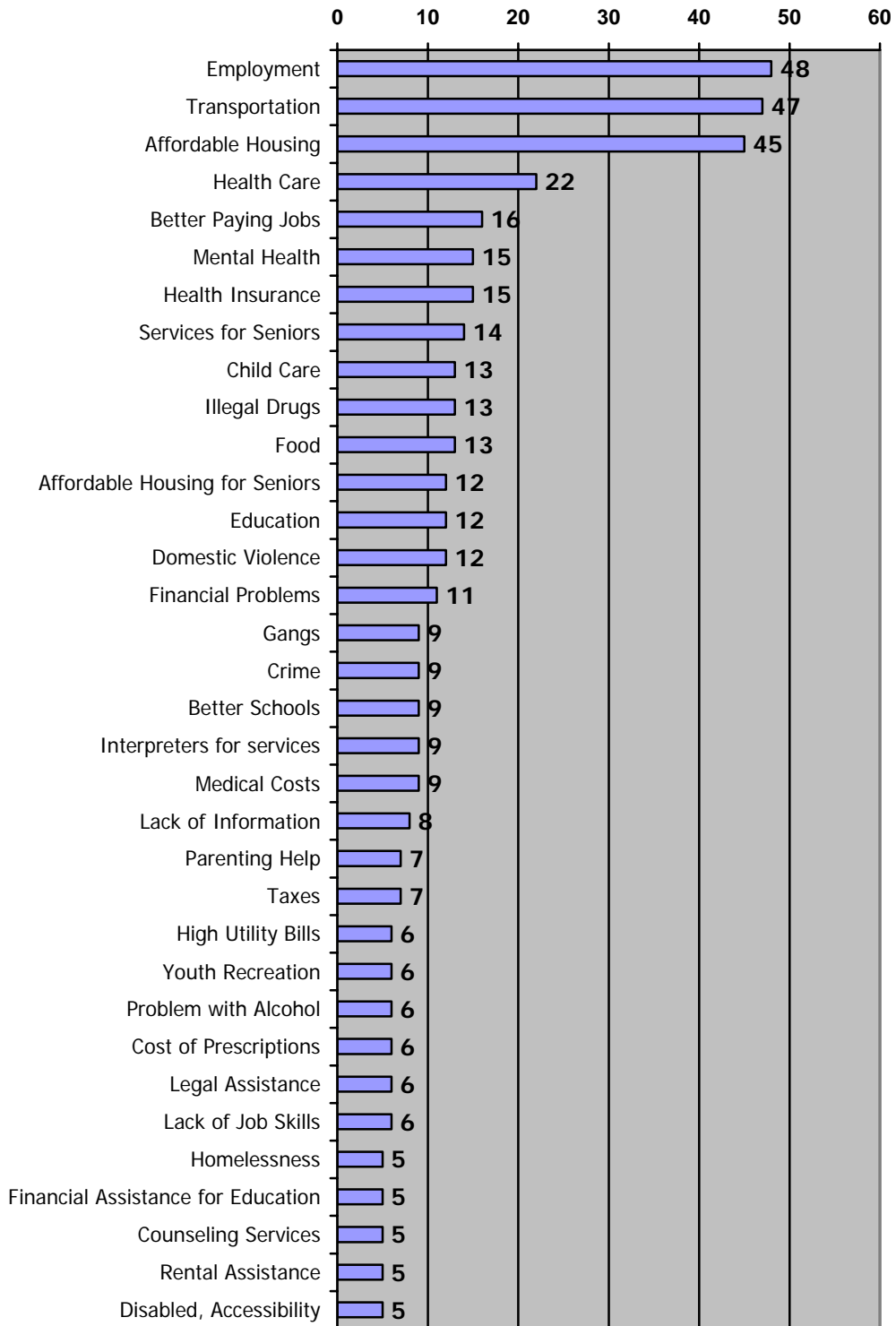
Personally Known Needs

It is difficult to ask people directly whether they themselves are experiencing any challenges or problems, particularly when the questions involve sensitive topics. To get around this problem, participants were asked to think of people they knew who lived in Will County who were dealing with significant needs or challenges. Then, they were asked to list up to four problems or challenges

they knew about personally. Chart 1 below shows the categorized responses to this open-ended question.



Chart 1: Personally Known Needs by Number of Mentions in the Focus Groups: the First 21 Needs



As we see in Chart 1, the three major needs are employment, transportation and affordable housing. The next major need known to people personally is health care with 22 mentions. However, if health care, health insurance and medical costs are combined in one category; health care receives 46 mentions, enough to be the third most serious need.

Along with employment, lack of better paying jobs are among the most serious needs, followed by mental health, child care, and problems with illegal drugs. Seniors are mentioned twice, for services for seniors and affordable housing for seniors.

Overall Needs of Will County

After thinking and talking about needs known personally, the participants were asked to talk about and list the overall needs in Will County. This is another perspective for looking at the needs and perhaps elicits thinking about more systemic issues in the County. The responses to this open-ended question are show in Chart 2 below.

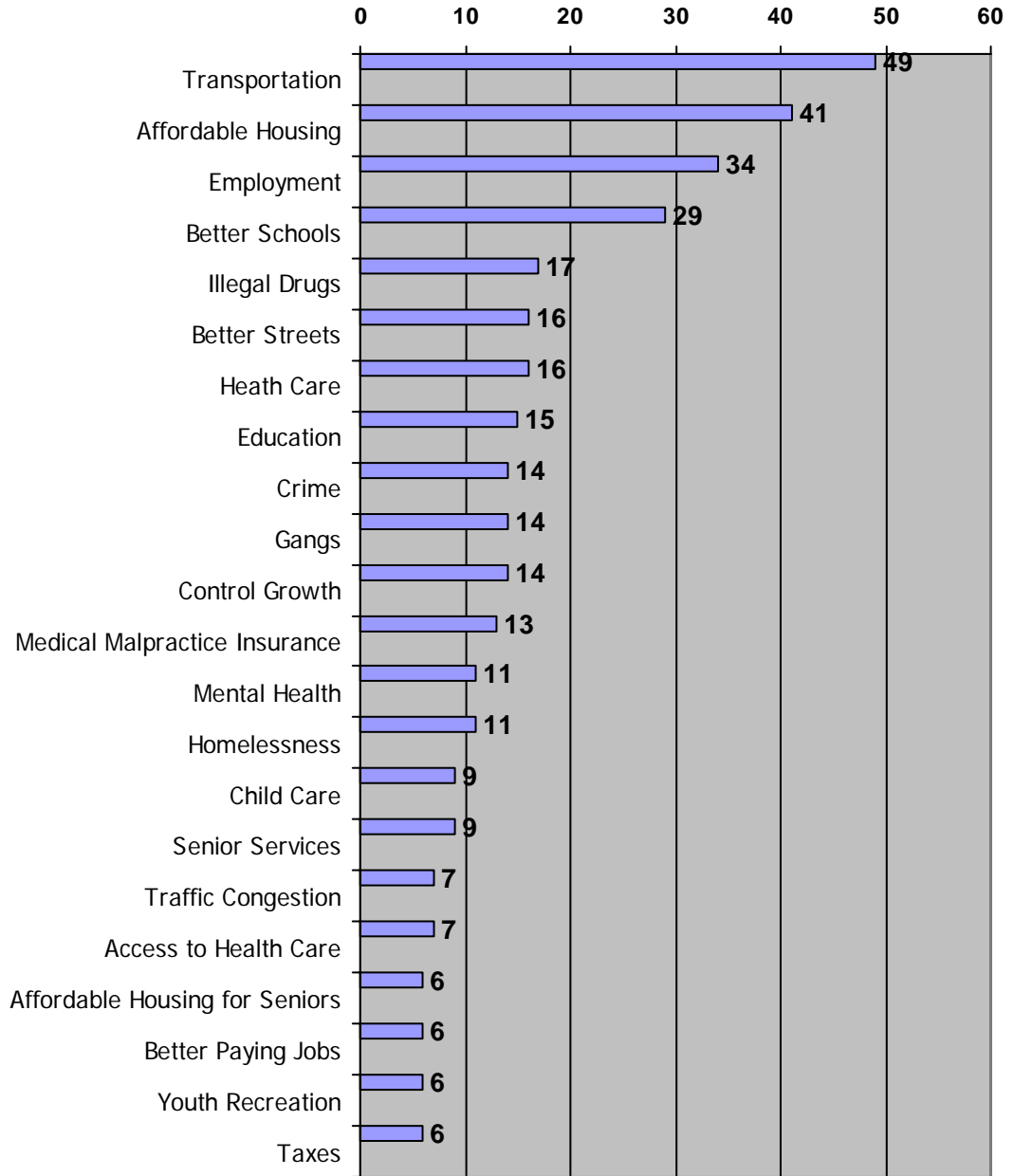


Chart 2: Needs for Will County Overall by Number of Mentions

When looking at the county-wide perspective, focus group participants still saw transportation, affordable housing and employment as the top needs. However, the county-wide perspective brings up the need for better schools and for better streets and highways. The topic of controlling growth also comes up when discussing the county-wide needs. Another issue that surfaces at the county level is medical malpractice insurance for physicians. Health care was the seventh most serious need mentioned. If health care is combined with access to health care, that combination is the fifth most serious need in Will County.

Other additional needs perceived at the county level are traffic congestion, homelessness, youth recreation and taxes. Also, crime and gangs move up higher on the list of needs when people look at the county perspective.

The Community Survey

The Community Survey questionnaire was developed May 2005. The questionnaire was developed with the experience with the focus groups in mind, choosing those questions that worked well in the focus group discussions. United Way of Will County staff, the Needs Assessment Advisory Committee and the consultant participated in the development of the questionnaire. To expedite the survey process, a direct marketing firm, FMP Direct Inc., was chosen to assist with the Community Survey. FMP Direct drew a random sample of 5000 Will County residents, designed and printed the materials and mailed the survey.

A postcard was sent July 29, 2005 to the random sample to let people know the questionnaire would be mailed to them. The first mailing of the questionnaire and a cover letter was sent to a random sample of Will County residents August 4. For those who did not respond initially, a second mailing with a cover letter and another questionnaire were sent to them August 11.

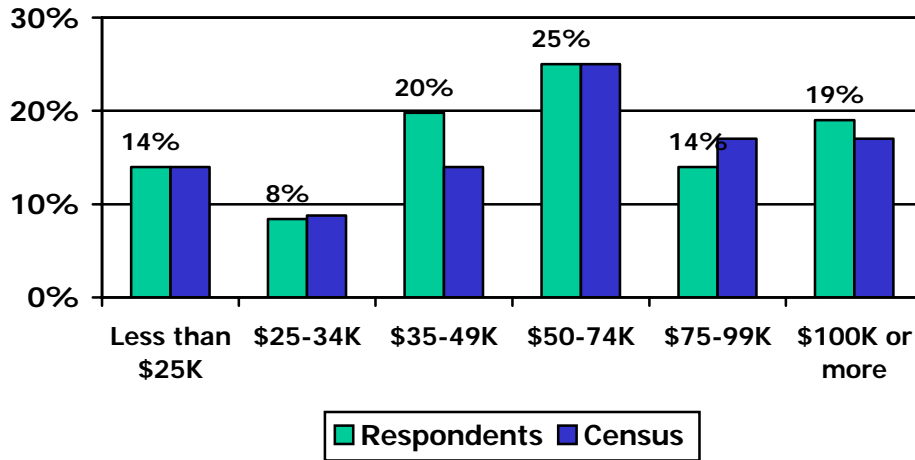
There were 466 valid surveys returned, yielding a response rate of 9.3%. Given these responses, the findings from this survey can be projected to the population in Will County plus or minus 4.5%. An additional 23 surveys were distributed and collected in an outreach effort to Hispanics. An additional outreach effort was made to deliver the survey to African Americans.

All together, random and non-random surveys came to 42 usable surveys. The findings from the non-random outreach to Hispanics groups cannot be projected out to the general public or to the groups they represent, since they were not chosen randomly. However, the additional response provides much additional information on the needs of the Hispanic community in Will County.

Demographics of the Respondents to the Community Survey

The following charts below show how respondents to this survey compare with the demographics of Will County according to the Bureau of the Census:

CHART 3: HOUSEHOLD INCOME OF RESPONDENTS AND CENSUS FOR WILL COUNTY



The respondents' household income is fairly close to the Census Bureau's data for household income for Will County. In the income level of \$35,000 and \$49,999, responses to the survey are a bit higher than the Census numbers. To that extent, that income category is slightly over represented in the data.

Chart 4: Educational Attainment for Will County

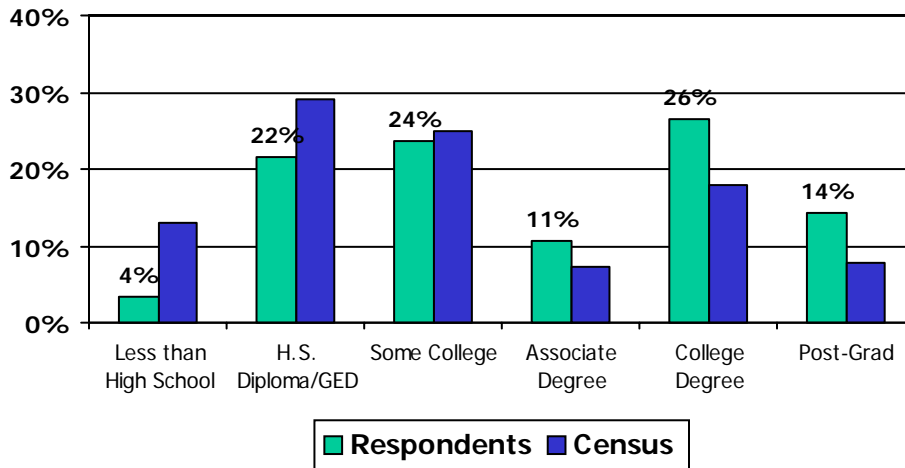


Chart 4 shows that those with only a high school education have a lower response rate so that they are somewhat underrepresented in the survey responses compared to their numbers in the Census. Those with associate degrees and college degrees responded strongly and therefore are overrepresented in the survey responses compared to the Census data. This may mean that those with less education may be less likely to have their voices heard in the Community Survey responses.

CHART 5: AGE OF RESPONDENTS IN WILL COUNTY

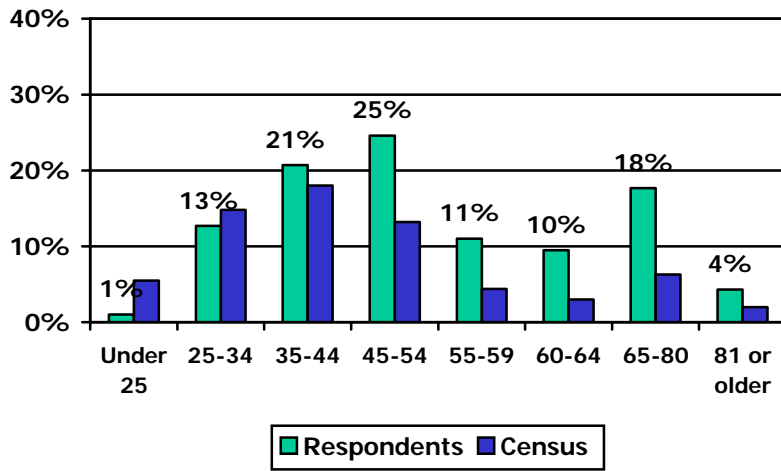
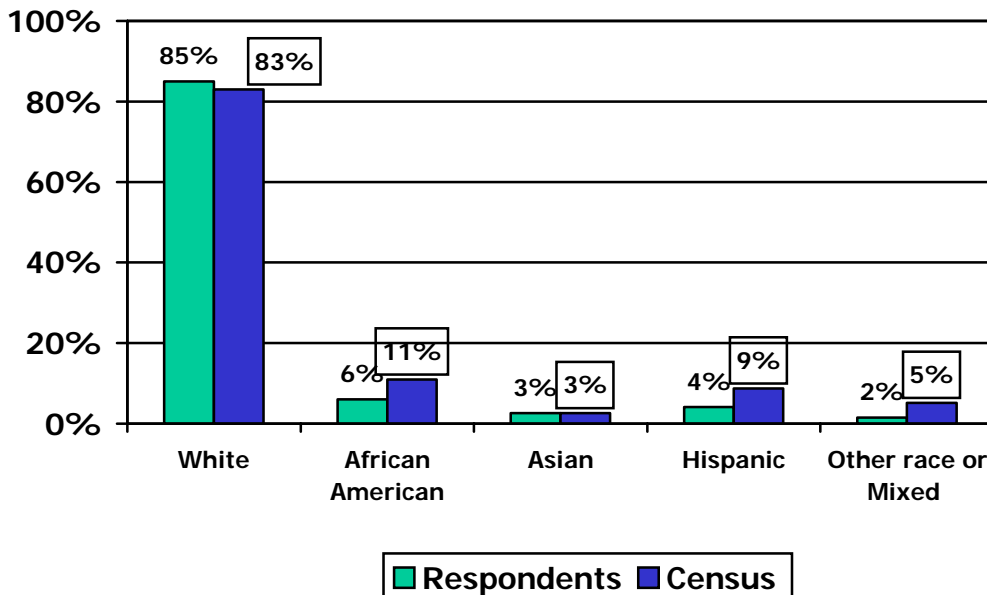


Chart 5 shows that people under 35 years of age experienced a lower response rate and therefore are slightly under represented in the survey results. Those people ages 45 or more were more likely to respond to the survey.

CHART 6: ETHNICITY IN WILL COUNTY



Comparing the demographics of the respondents against the Census data, it appears that Whites and Asians are very close to the Census numbers. Hispanics and African-Americans are underrepresented in the survey responses.

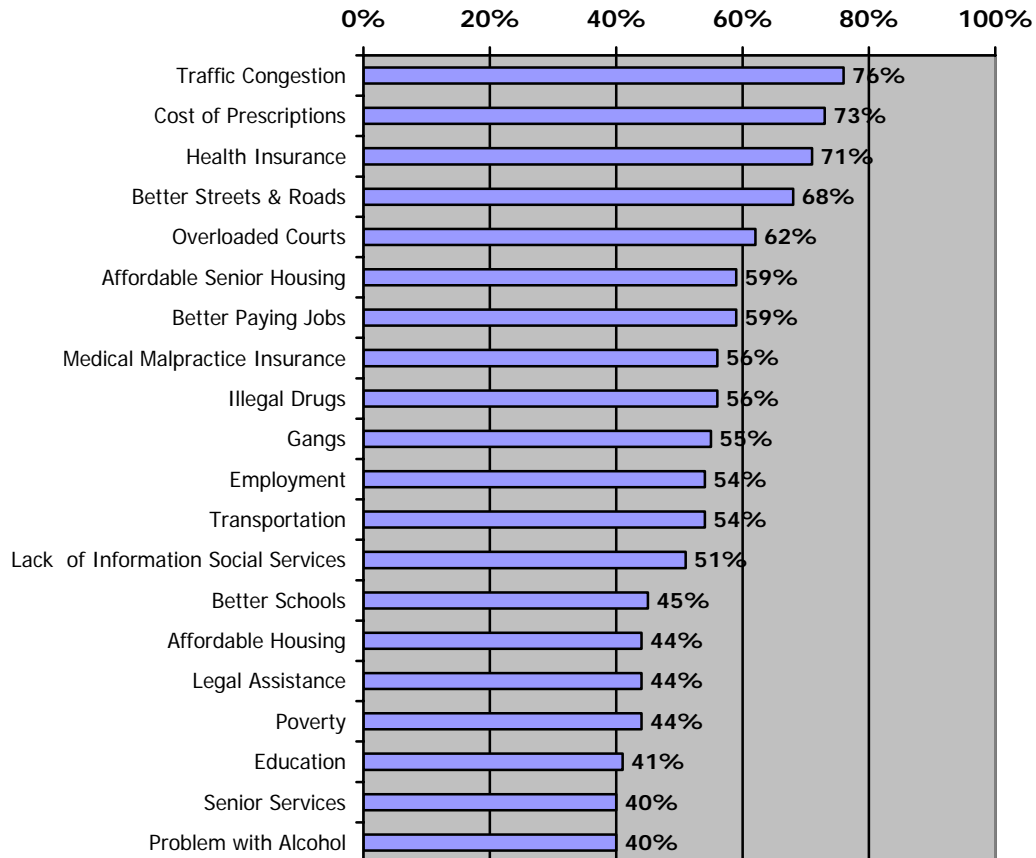
Summing up, the respondents to the Community Survey were:

- Similar in household income to the Census Bureau numbers.
- Somewhat more likely to have some college or a college degree compared to the Census numbers for Will County.
- More likely to be 45 to 60 years of age.
- Less likely to be African-American or Hispanic and more likely to be white. For example, Hispanics are 8.7% of the population but were 4% of the respondents. African-Americans are 10.5% of the population but were 6.1% of the responses.

Needs Identified by the Community Survey

The questionnaire sent to the randomly selected 5000 Will County residents asked questions in several categories. They were asked to rate the quality of life in their community, to respond to questions about assets in the community and to talk about the needs in Will County. The questionnaire presented respondents with a list of 42 needs, developed from the findings from the focus groups. For each need, respondents were asked to indicate how serious it was and to indicate whether they personally knew someone with that problem.

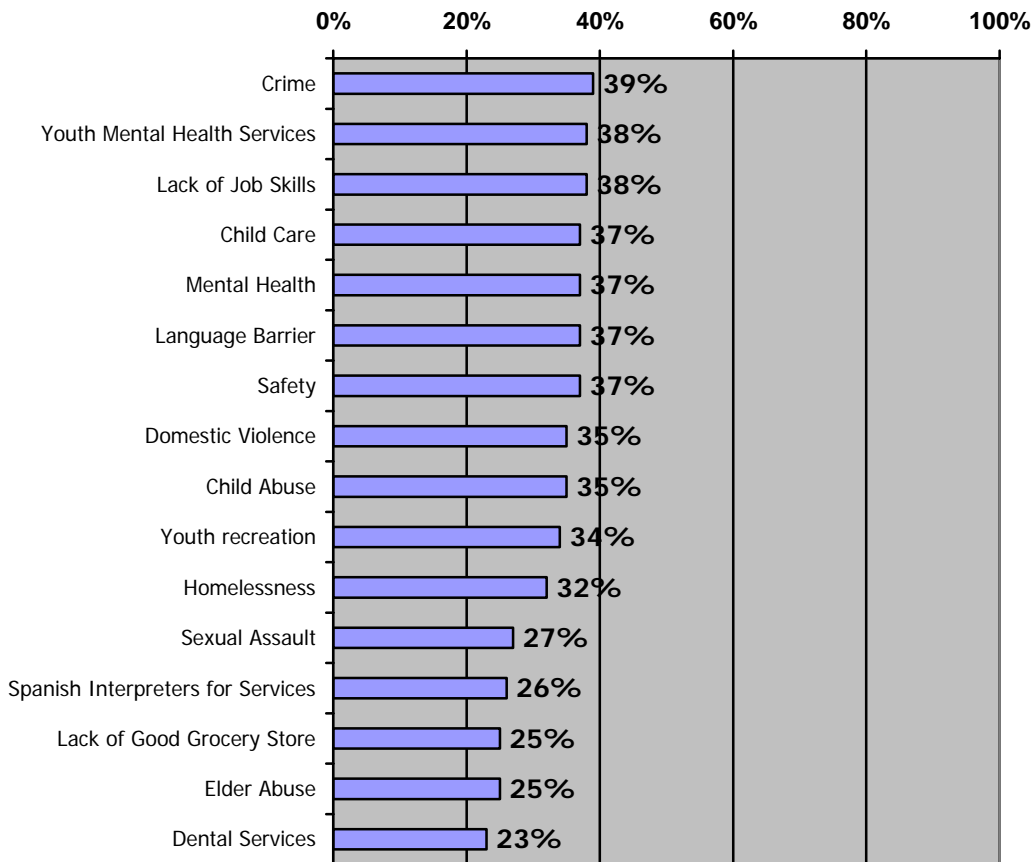
CHART 7: RESPONSES TO THE COMMUNITY SURVEY



The responses to the Community Survey differ from several of the findings we found in the focus groups. For example, traffic congestion leads the list, followed by the cost of medications and health insurance. Respondents rated health insurance as the third most important problem. It is somewhat unusual in a needs assessment to find that overloaded courts are a serious need. Similarly, medical malpractice insurance is seen as a significant need in Will County.

Employment and transportation are seen as serious needs by about half of the respondents, which is a difference from the findings in the focus groups. On the other hand, the concerns about illegal drugs are voiced in both the focus groups and in the Community Survey. It appears that better paying jobs are seen as a more important need than employment.

CHART 8: COMMUNITY SURVEY WILL COUNTY, CONTINUED

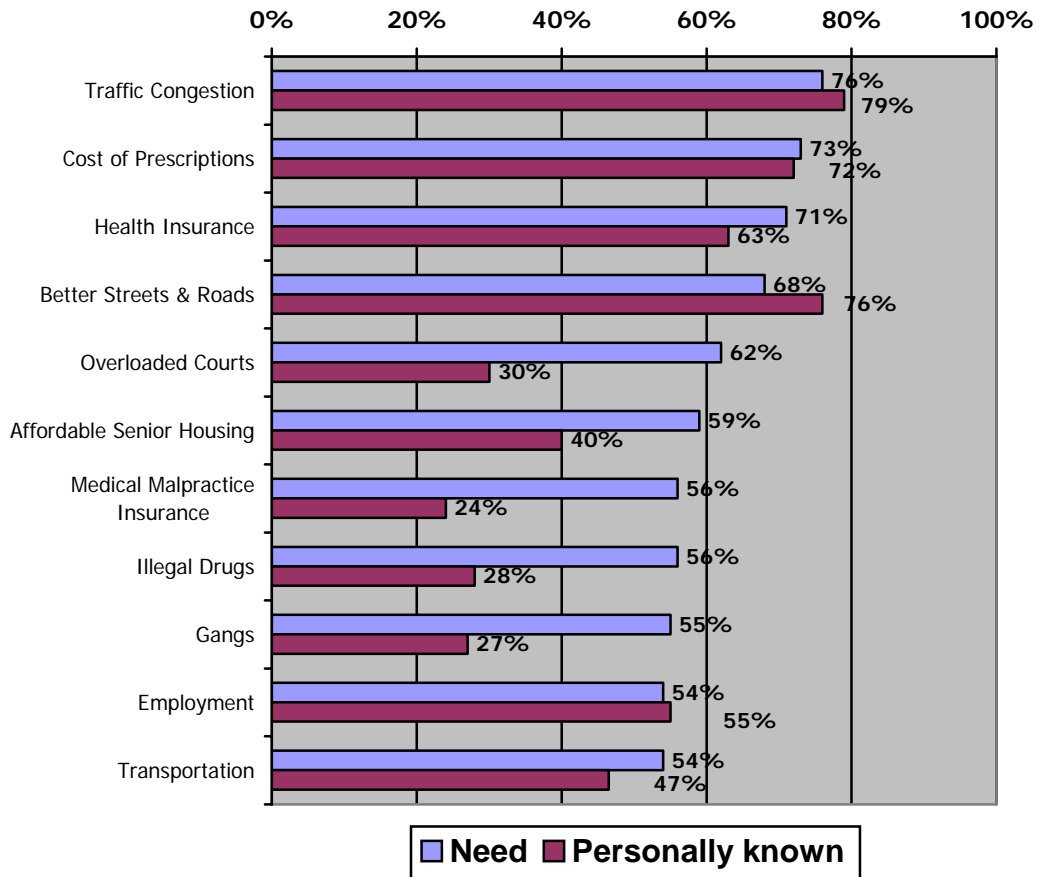


This chart continues the list of serious needs as seen by the respondents to the Community Survey. Mental health and mental health services appear on this chart. Child care, often mentioned in the focus groups, is fairly down in the list of needs. The growth of the Hispanic population is seen in the 37% who see the language barrier as a need and in the 26% who see the need for Spanish interpreters for key services.

Personal safety is seen as a need by 37%, not too far from the 39% who see crime as a serious need. Domestic violence is seen as a need by 35%.

About one fourth of the respondents indicated that there was a lack of a good grocery store. This is an indicator that points to a lack of amenities for those who live in areas without shopping opportunities.

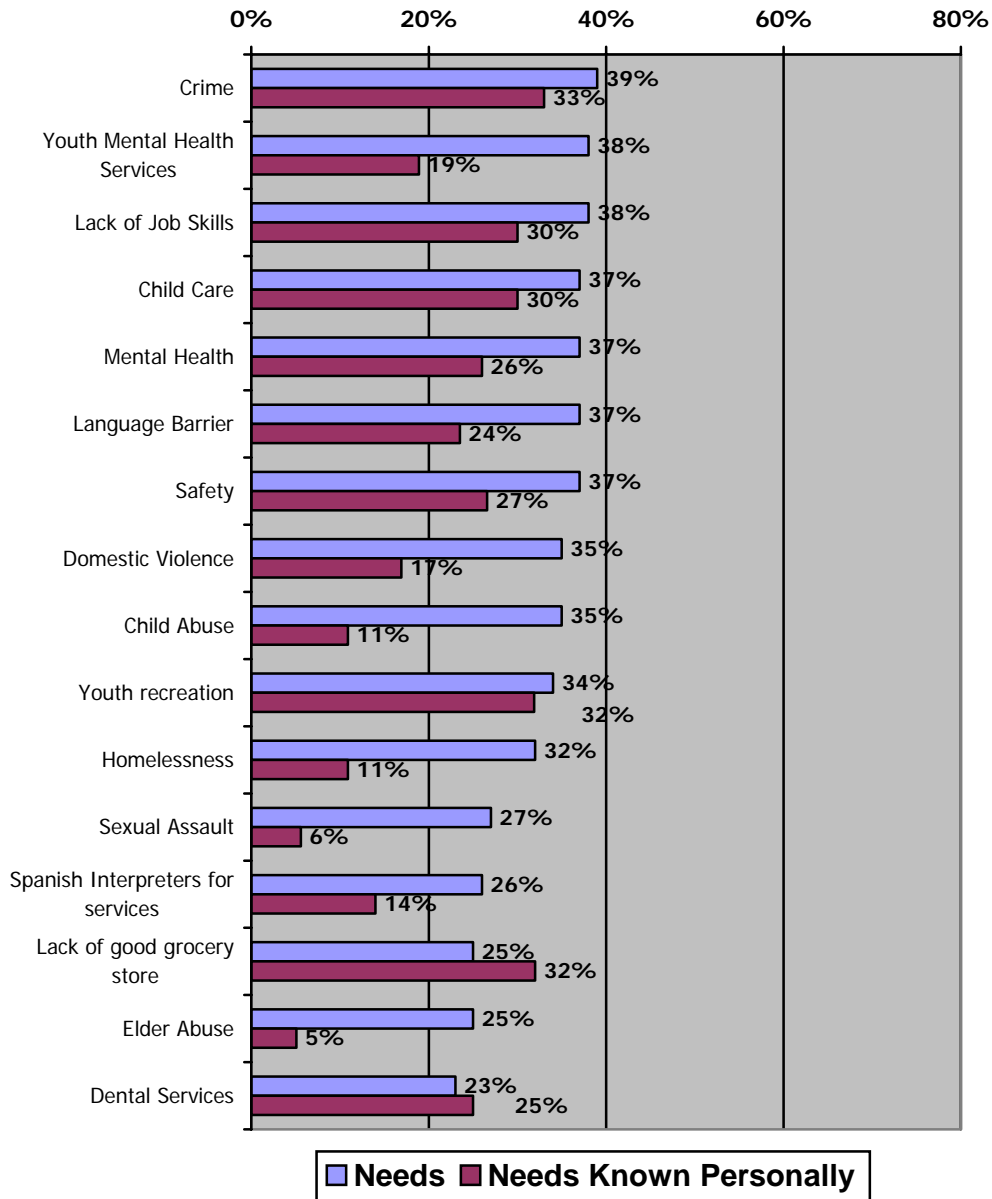
CHART 9: NEEDS KNOWN PERSONALLY BY SURVEY RESPONDENTS



The Community Survey asked people to indicate whether they knew someone who had experienced any of the needs listed in the questionnaire. This gives a sense as to whether people had personal knowledge of needs or whether they perceived a particular need as a result of other channels of information, such as newspapers and other media.

There are a number of needs, such as traffic congestion and lack of health insurance where people do know people dealing with that need. However, illegal drugs, gangs and medical malpractice insurance are clearly driven by other sources of information. For example, gangs are seen as a serious need, 55%, but only 27% know of someone affected by gang activity.

CHART 10: NEEDS KNOWN PERSONALLY BY SURVEY RESPONDENTS, PART 2

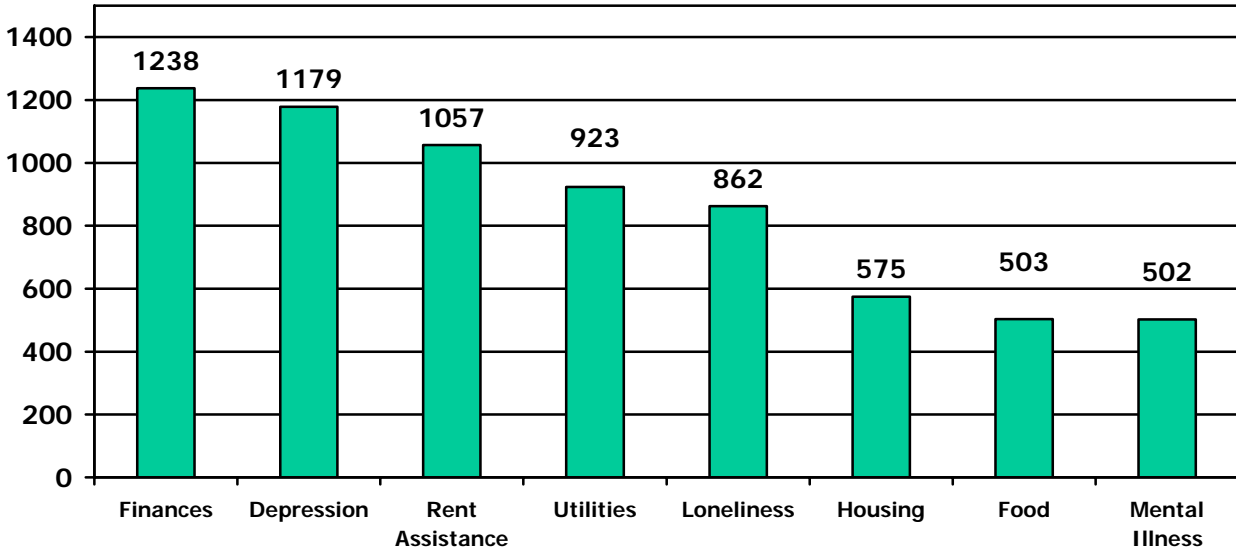


Looking at the lower rated needs, we see that for most of the needs, personally known needs are generally lag behind the rating of the needs. This may be because the sensitivity of some of the needs, such as domestic violence, sexual assault, child abuse and elder abuse.

Data from Calls to the Crisis Line of Will County

Another source of discerning the needs in Will County is to examine the number of type of calls made to the Crisis Line of Will County. These phone calls provide a behavioral measure of needs. When people call the Crisis Line, they are actively stating a need.

CHART 11: NUMBER OF CALLS TO THE CRISIS LINE, JANUARY-SEPTEMBER 2005



As the chart shows, problems with finances lead the list of calls to the Crisis Line. This need was also mentioned in the focus groups. Depression and loneliness were not often mentioned, yet those two needs account for a substantial number of calls to the Crisis Line. Beyond that, the need for rent assistance, help with paying utilities, need for housing and food assistance are the most often needs that come to the Crisis Line. Many of these needs reflect the lack of consistent and adequate income. A substantial number of callers also call the Crisis Line about family problems.

The calls to the Crisis Line show us the difficulties of individuals and families who live on the margin. The basics of rent assistance, paying utilities and needing food assistance are not always reflected in the focus groups and in the Community Survey respondent's view of the needs in Will County.

Community Leader Interviews

As part of the Assessment, we interviewed a diverse set of community leaders on the strengths and needs in Will County. Clearly, ten interviews cannot be analyzed as quantitative data. However, they can provide a sense of whether community leader see some of the same needs found through focus groups, the Community Survey and other data sources.

In this section we will focus on the needs seen by the community leaders. The strengths and assets will be covered in the assets section. These needs are sorted alphabetically, not by priority order.

Needs seen by the Community Leaders

- “Domestic violence.”
- “Growth is a big issue.”
- “Has a lot of urban crime, drugs.”
- “Health care—no health insurance.”
- “Housing is an issue.”
- “Level funding for schools.”
- “Level of unregulated development.”
- “Need more long range planning for the residents of Will County.”
- “Need to focus on infrastructure improvements.”
- “Not enough diversity of industry.’
- “One of the big issues is having more medical and health related services.”
- “Parks and recreation for youth is a little lean.”
- “Pockets of educational excellence and pockets of not so good education.”
- “Quality of schools is good, needs to be better.”
- “Separation of haves and have nots.”
- “Sizable population of lower income people with some English language issues. With education you need an amount of parental involvement.”
- “State poor in Medicaid payment.”
- “Transportation is an issue.”
- “With the growth of Will County needs are going to grow. People are going to experience difficulty.”
- “Youth, job retention, open space and the environment.”

Service Providers: Waiting Lists

Another piece of information was gathered through the help of service providers. Looking at waiting lists can give us a sense of the demand for services. A long waiting list suggests that there is a significant unmet need. When service providers have to turn people away that may also suggest an unmet need.

Program	Time on Waiting List	Number of People on List
Housing Services	Six months to a year	31
Mentoring	Over one year	76
Counseling	Three months	40

Homeless Prevention	One to two months	200
Permanent Housing	Years	113
Transitional Housing	Six months or longer	212
Counseling	Two to three months	5
Residential Services	Six months to two years	50
Development Disabilities	One year	34
Senior Nutrition	Six months	270
Case Management/Counseling	Two months	30
Substance Abuse Treatment	34 days	268
Residential Rehab	Two to four days	8
Community Reintegration	Three to six months	25
Medical Services	Six to eight weeks	51
Prevention Child Abuse/Neglect	Less than two weeks	4 families

There are several needs that stand out in terms of waiting lists by time and by the number of people. Housing Services, Permanent Housing, Homeless Prevention and Residential Services all relate to housing. In several instances there is a year's wait or more and the number of people waiting is substantial.

Mentoring has a waiting list of a year. Senior Nutrition has a waiting list of six months with 270 people on the waiting list.

Service Providers: Having to Turn People Away

These following reasons for having to turn persons away are listed in alphabetical order:

- “Applicant does not have good credit.” (Housing).
 - “At capacity.” (Housing).
 - “Client does not meet eligibility requirements for the States Community Care Program.” (Senior Services).
 - “Do not have volunteers or paid staff to run the programs in particular, areas of the county are underserved.” (Youth Development).
 - “Insufficient financial resources to meet needs.” (Counseling, Housing).
 - “Lack of capacity for uninsured persons.” (Substance Abuse).
 - “May have to turn people away because they don't speak English, and bilingual therapists are already booked.” (Counseling).
 - “More victims than we can provide advocacy services for.” (Abused Children).
 - “Need more adult volunteers from various geographic regions in the county.” (Youth Development).
 - “No openings in current programs.” (Disabilities).
 - “Not enough supportive housing units in Will County.” (Housing.)
 - “Not income eligible.” (Legal Assistance).
 - “Running out of funds or food.” (Utility and Food Assistance.)
-

- “The State limits the availability of service (Developmental Disabilities).”
- “They have some form of state insurance or have household income above our guidelines.” (Medical Services).
- “Unavailability of additional funding to add residential rehabilitation beds.” (Substance Abuse).
- “We are only able to see a Community Bereaved person for three sessions, as Medicare provides no funding for bereavement services.” (Hospice).

Service providers find themselves having to turn people away for a variety of reasons. Lack of staff, volunteers and funding are among the reasons. At the same time, the mission of the organization does affect the reasons why it has to turn people away.

Those organizations most often having to turn people away tend to be involved in providing housing services, youth development and counseling.

Indicators of Need

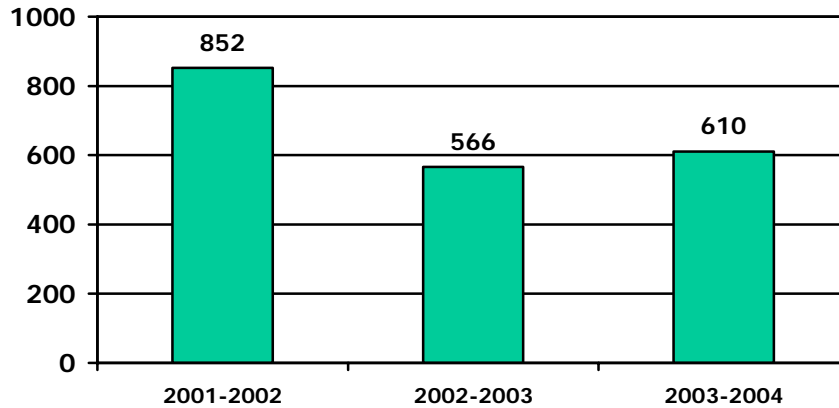
Another way of looking at needs is to examine the statistical indicators gathered by a variety of organizations, particularly local government, the state and the federal government. These indicators can help validate the findings from the focus groups, the Community Survey, and the service provider survey. Most of the indicators come from the Illinois Department of Public Health through the IPLAN Data System. According to the Illinois Department of Public Health, IPLAN is “a searchable database containing more than 100 health-related indicators at the state, county and community levels.”

Children and Youth

- Immunization rates have increased, from 74% in 2001 to 83% in 2004. (Source: Will County Health Department and IPLAN.)
 - However, infant mortality rates have crept up slightly, from 6.5 per 1,000 live births to 7.1 per 1,000 live births. (Source: IPLAN, Illinois Department of Public Health).
 - The number of dropouts in Will County declined from 852 in 2001-2003, to 610 in 2003-2004. (Source: Illinois State Board of Education).
 - Consistent with that finding, the number of high school graduates in Will County increased from 4,718 in the year 2001 to 5,363 graduates in 2002.
 - The teen birth percentage of all births has declined from 2.7 in 1999 to 1.8 in 2003. (Source: IPLAN Data System, Illinois Department of Public Health)
-

Chart 12: Trend in Number of High School Dropouts

Source: Illinois State Board of Education



Families

- Abuse and Neglect reports increased from 17 per 1,000 in the year 2000 to 18.2 in 2002 in Will County. Reports are generated from the general public, physicians and teachers. A report is taken if there is an alleged child victim under the age of 18 and an alleged perpetrator and harm or risk of harm to the child. (Source: Illinois Department of Children and Family Services).
 - The rate of indicated reports shows a different trend, with 5.1 per 1,000 in the year 2000 and dropping to 4.3 in 2002. Indicated reports means that investigation shows sufficient evidence that abuse or neglect did occur. (Source: Illinois Department of Children and Family Services).
 - From the year 2000 to 2002, the poverty rate of all ages increased from 5.3 to 6.2. (Source: U.S Census Bureau Estimates).
 - Unemployment rates increased between the year 2000 and 2003, from 4.1 to 5.9. As the chart below shows, the unemployment rate decreased in 2004. The Will County unemployment rate was lower than the state average in five of the last six years (Source: U.S. Bureau of Labor Statistics).
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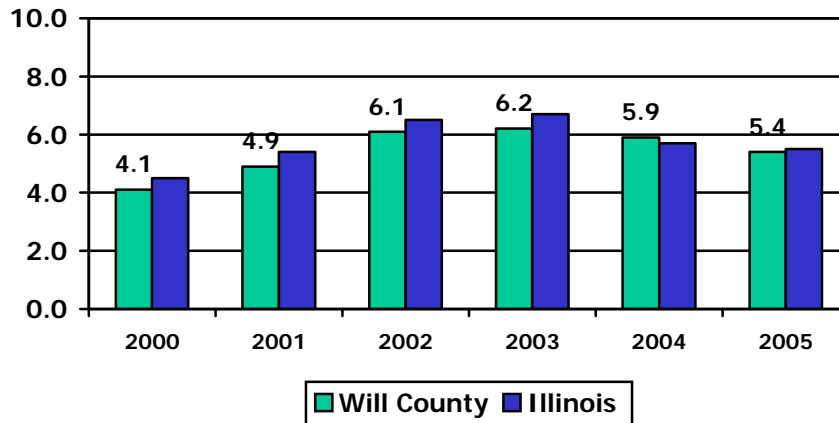


Chart 13: Unemployment Rates in Will County

Will County has a lower unemployment rate than Illinois overall for five out of six years from 2000 to 2005. The year 2004 is the exception during these years.

Health and Well Being

The Will County Health Department was a partner in the Will County Needs Assessment and Health Department staff participated in a wide variety of activities in the Needs Assessment.

- The percentage of the Will County population on Medicaid is 6.3% and this has remained steadily from 1999 to 2001. The State of Illinois has about 12% of its population on Medicaid. (Source: IPLAN Data System, Illinois Department of Public Health).
 - According to the respondents to the Community Survey, 90% of the population in Will County has health insurance. This remaining 10% who are uninsured projects out to 58,000 people without health insurance in Will County. (Source: Community Survey for the Needs Assessment).
 - Most people with health insurance have a HMO or PPO. (Source: Community Survey for the Needs Assessment).
 - About 4% say they are on Medicaid. (Source: Community Survey for the Needs Assessment).
 - 11% say they have Medicare plus a supplement and 6% say they have only Medicare. (Source: Community Survey for the Needs Assessment).
 - The survey respondents indicate that 55% of them feel that they are in excellent or very good health. About 17% say that they are in fair or poor health. (Source: Community Survey for the Will County Needs Assessment).
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Leading Causes of Death in Will County: 2001

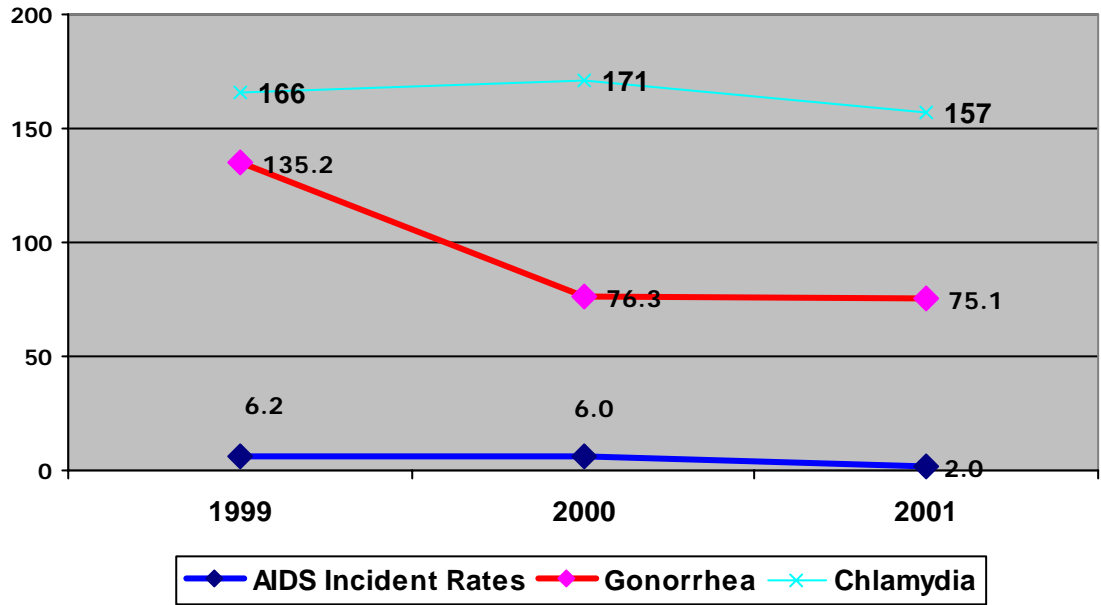
- The leading cause of death in Will County is diseases of the heart, accounting for 30% of deaths.
- The second leading cause of death in Will County is malignant neoplasms (cancer), 25% of deaths.
- The third leading cause of death is coronary heart disease, 23%.
- The fourth leading cause of death is lung cancer, 7% of all deaths.
- Next, cerebrovascular disease which accounts for 6% of deaths.
- Chronic lower respiratory disease, which accounts for 5% of deaths.
- Accidents, accounting for only 4% of all deaths.
(Source: IPLAN Data System, Illinois Department of Public Health).

These numbers have not significantly changed, except perhaps for coronary heart disease, which is down four percentage points and diseases of the heart, which are down three percentage points.

Infectious Diseases

- The HIV Infection rate per 100,000 has fluctuated from 9.7 to 4.1 and then back up to 9.2, between the years of 1999 and 2003.
 - The AIDS Incident rate per 100,000 has declined from 6.2 to 3.5 between 1999 and 2003.
 - The incidence of gonorrhea has also declined, from a rate of 135 per 100,000 to 135 to a rate of 75 between 1999 and 2001.
(Source: Will County Health Department).
 - The early syphilis rates per 100,000 have also declined, from 10.1 to 1.4 in Will County.
 - Chlamydia increased from 1999 to the year 2000 but since has declined. From 2000 it declined from a rate of 171 to a rate of 157. It remains the one of the highest rates per 100,000.
 - Tuberculosis has declined, from 4.8 in 1999 to 2.2 in 2001.
(Source: Will County Health Department).
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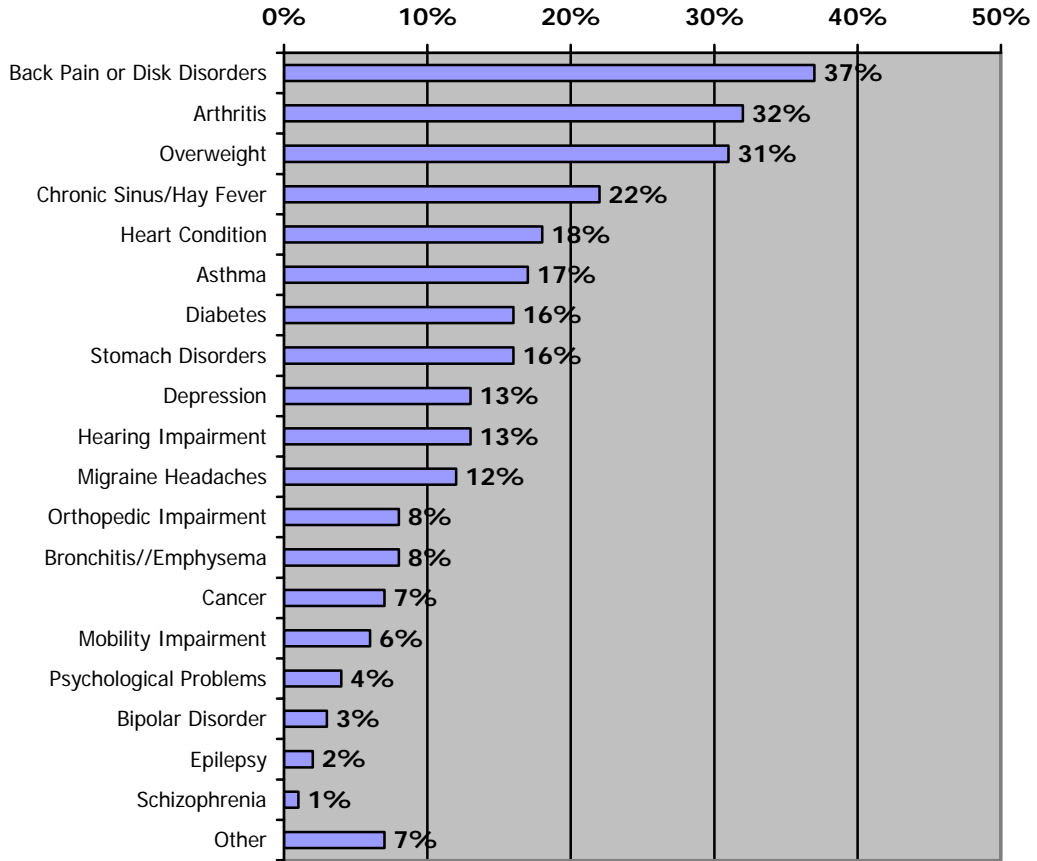
Chart 14: Infectious Diseases (Rates per 100,000).



Medical Conditions of Respondents to the Community Survey

As part of the survey, we asked people to indicate whether they experienced any of the medical conditions listed. The results are shown in Chart 15 below.

Chart 15: Medical Conditions of Survey Respondents



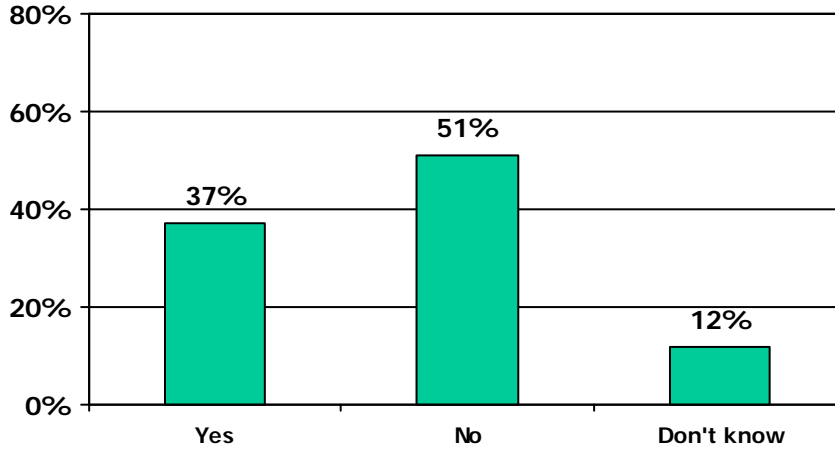
Back pains, arthritis, and being overweight are the top three medical conditions as reported by the respondents. Next in order are chronic sinus, hay fever and heart condition. Asthma and diabetes are also in the top seven medical conditions as seen by the respondents.

Strengths and Assets in Will County

There are a number of assets in every community and county. These assets may be formal organizations or more informal connections among the residents in Will County. The premise in this section is that how people interact with their neighbors and informal organizations represents an asset. We asked

people in the Community Survey to indicate whether they participated informally in their neighborhood and in their community.

Chart 16: Do people in your neighborhood get together at least once a



year?

Almost 40% of the people feel that their neighborhood does get together at least once a year, while about half say that their neighborhood does not get together. This may suggest a lack of social bonds that would enable the neighborhood to deal with local problems.



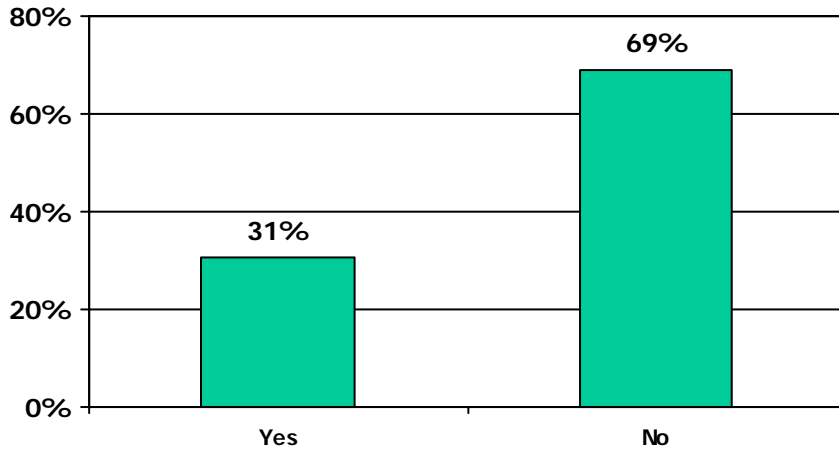
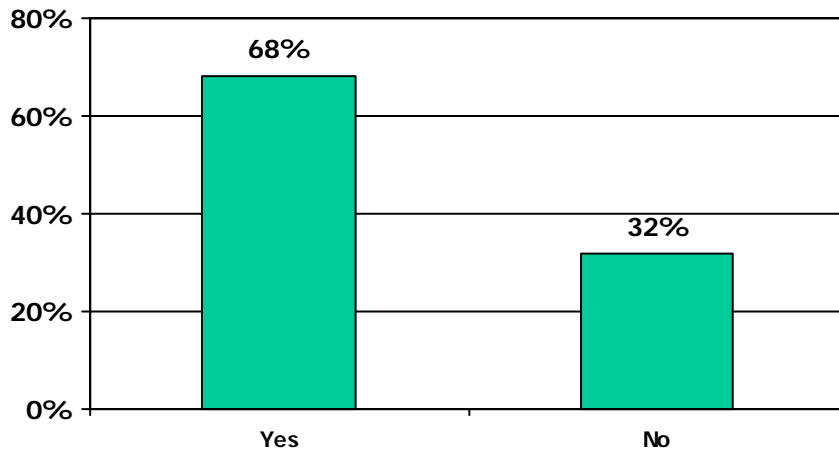


Chart 17: Do you belong to an organization or club in Will County that meets at least every two months?

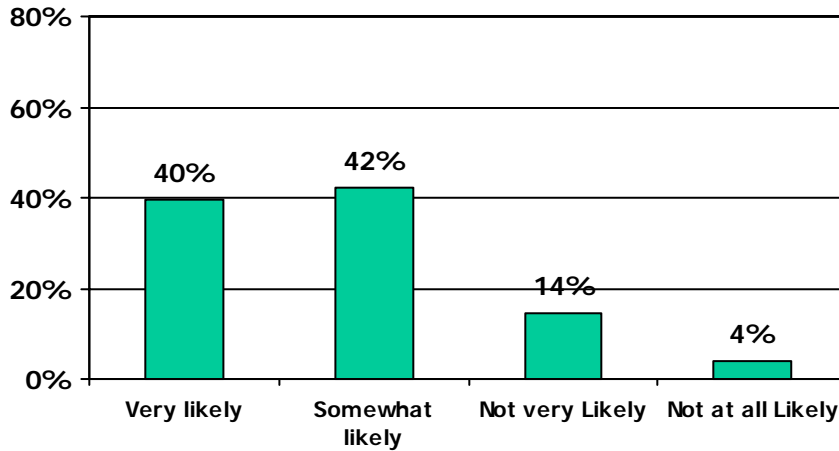
Since so much of community activity revolves around organizations, not having a connection with some sort of organization may again make it difficult for people to voice their views or take action to improve their situation. It appears about a third of the population are active in formal or informal organizations and clubs.

Chart 18: Do you consider yourself a member of a religious congregation?



While only about a third of Will County residents are involved with other organizations, religious institutions draw 68% of Will County residents. It is clear that religious organizations reach more people than any other organizations. This has some implications for how social service organizations might reach people in the community.

Chart 19: If something happened that affected your neighborhood for the worse, how likely is it that people in your neighborhood would organize and take some action to turn things around?

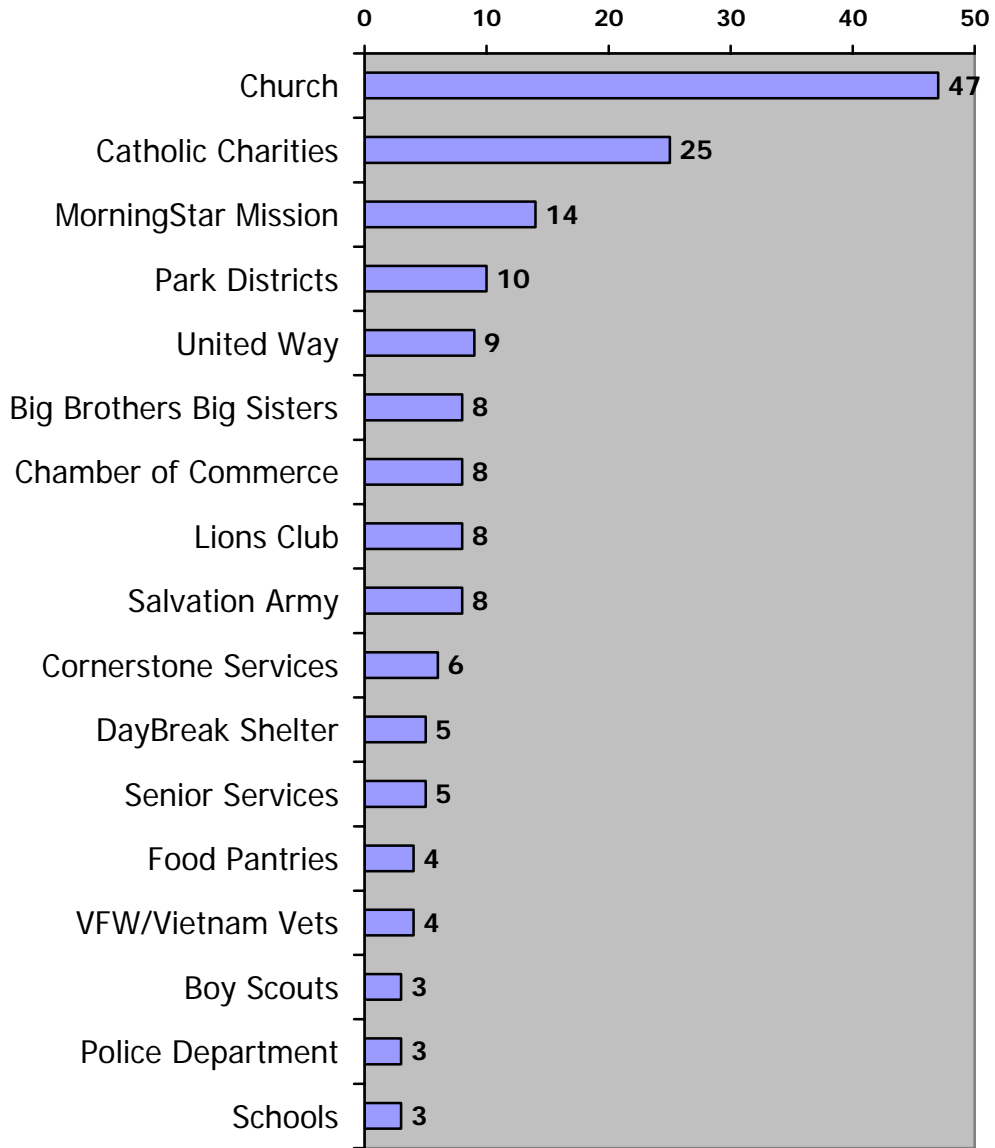


Forty percent of Will County resident feel that their neighborhood could organize and take action, while another 42% feel that scenario is somewhat likely. Eighteen percent are not as confident.

Organizational Assets in Will County

In the Community Survey we asked people to list four organizations in the community that were meeting the needs in Will County. We suggested that these could be large or small non-profit organizations, religious or governmental groups or informal clubs. Clearly, some organizations are better known and better positioned than others. There may be organizations doing good work that are less well known than others. So to a degree, the organizations mentioned are probably a mix of addressing the needs and visibility. With those caveats, the list of organizations appears below in Chart 20.

Chart 20: Organizational Assets in Will County



Churches are seen as one of the most important assets to the communities in Rock County. While some of the other assets are nonprofit organizations, government entities such as Park Districts are also seen as assets for the community. It is a little surprising that schools do not appear as one of the major assets.

Community Leaders and the Strengths of Will County

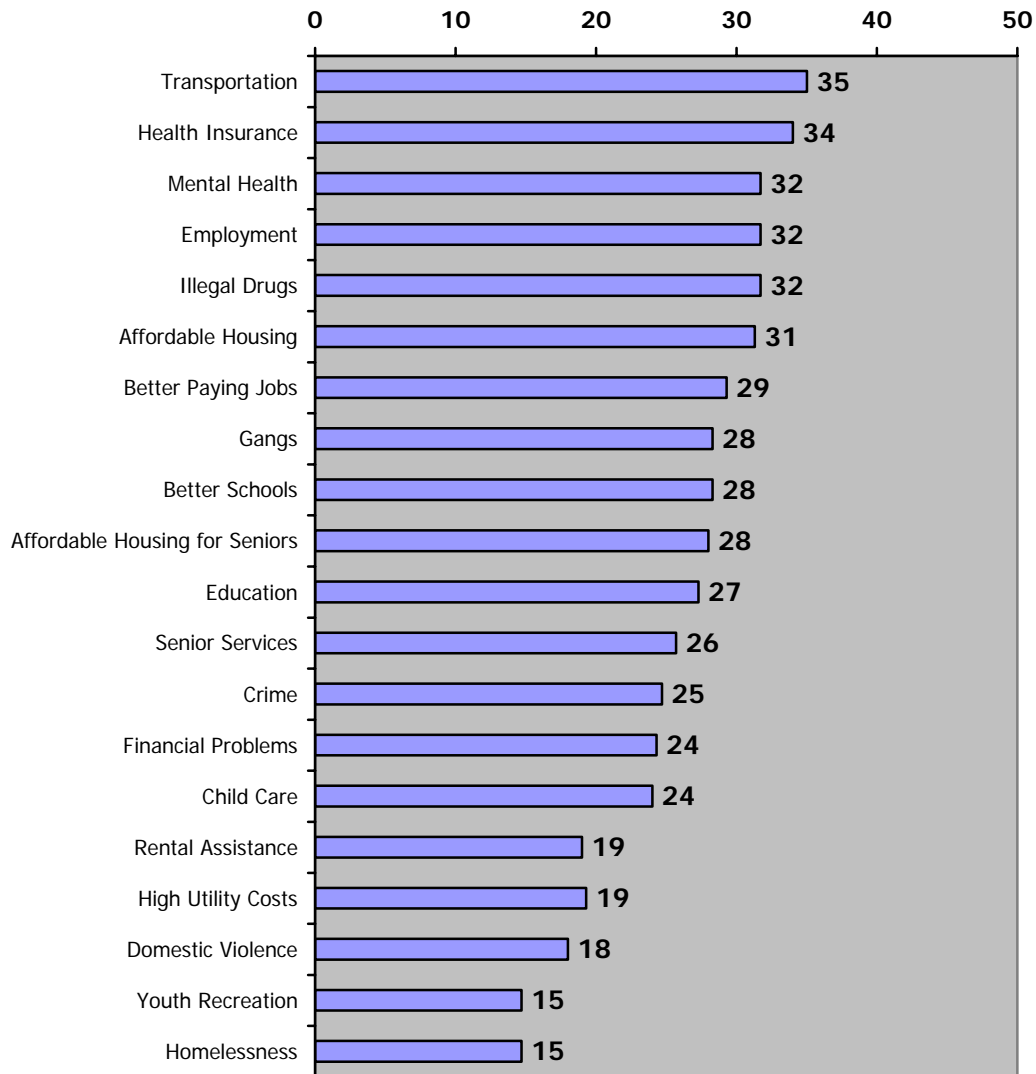
In the interviews with Community Leaders, we also asked them what where the assets and strengths in Will County. The list follows in alphabetical order, not in order of priority:

- “Big strength is the economic development, going very fast.”
 - “Blessed with comparative wealth.”
 - “Blessed with diversity.”
 - “Community Health Department.”
 - “Generous donors in Will County.”
 - “Good affordable housing.”
 - “Good planning for business.”
 - “Good political leaders.”
 - “Growing, dynamic community.”
 - “Growth is an asset, one of the fastest growing in Illinois.”
 - “Have major distribution centers.”
 - “Hospitals, Universities, social service agencies.”
 - “Inflow of business.”
 - “Location, proximity to City of Chicago, via highways and railroads.”
 - “Long sense of community with deep roots.”
 - “Park District is doing well.”
 - “Quality of schools.”
 - “Reasonably priced housing.”
 - “The Riverboats.”
 - “Transportation, the train is going down to Manhattan.”
 - “Two major highways.”
 - “Waterway system.”
-

Prioritization of the Most Serious Needs in Will County

Using all the data sources from the needs assessment research, we ranked the needs for each data source. The data sources included the input from the focus groups, the Community Survey results, the Crisis Line of Will County data and the indicators of need. For a need to be in the priority list, that need had to be seen in at least three different data sources. All the rankings were combined and averaged for each need. The results are shown in Chart 21 below.

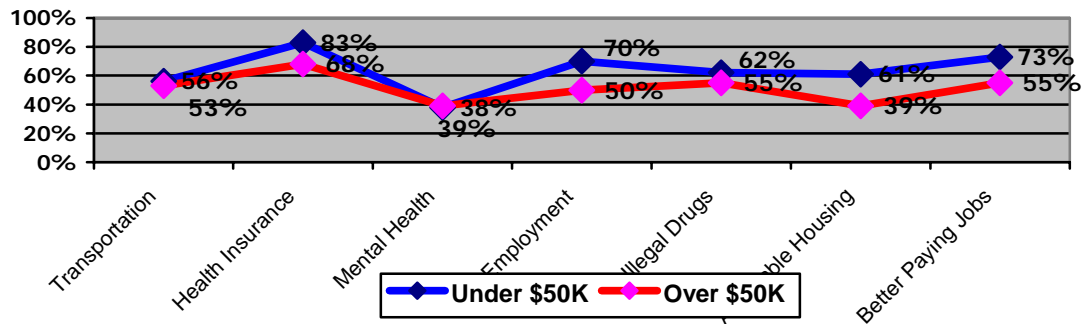
Chart 21: Prioritization of Serious Needs in Will County



Perceptions of Needs by Income: Alternative Needs Assessments

When a needs assessment is conducted, the reality is there are many perceptions of needs based on income and ethnicity. In fact, there are several needs assessments within the overall assessment. Perceptions may vary by ethnicity and income. Below Chart 22 shows an example of how people in different situations perceive the needs in Will County. Those with household incomes under \$50,000 are compared with those who have incomes of \$50,000 and higher.

Chart 22: Needs as Seen by Household Income: Under and Over \$50,000



Household income does influence how people see the needs in Will County. Those with household incomes lower than \$50,000 are more likely to see health insurance, employment, better paying jobs and affordable housing as serious needs, compared to those with households with incomes over \$50,000.

At the same time there is common ground for several of the needs. Transportation, mental health, and problems with illegal drugs are rated the same for both of these income groups.

The Hispanic Population's View of the Needs in Will County

There were a number of Hispanics who responded to the random Community Survey. However, not enough responded to provide enough data on how Hispanics see the needs in Will County. To remedy this situation, outreach efforts were made to provide a place where Hispanics could fill out the survey in an institution they trusted. We found that:

Both those Hispanics who responded to the random survey and those Hispanics who completed the survey as part of an outreach effort agree that serious needs are:

- Cost of prescriptions.
- Health Insurance.
- Crime.
- Legal Assistance.
- Spanish Interpreters for services.
- Child abuse.
- Lack of Job Skills.
- Youth recreational services.

Chart 23: The Hispanic Population Views of Serious Needs Compared to All Respondents.

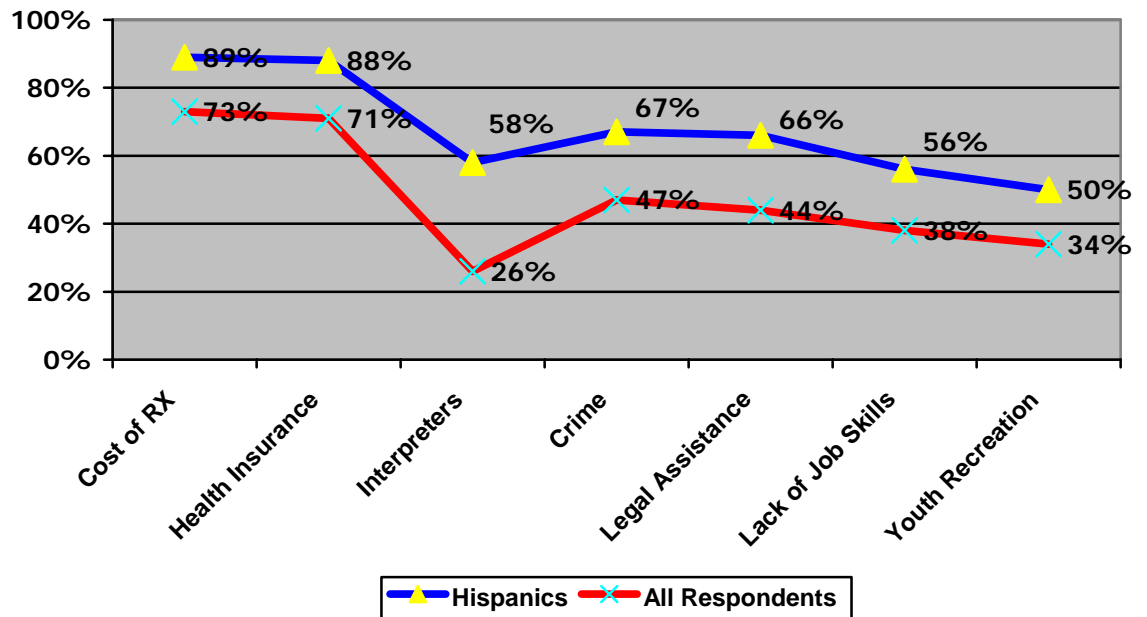
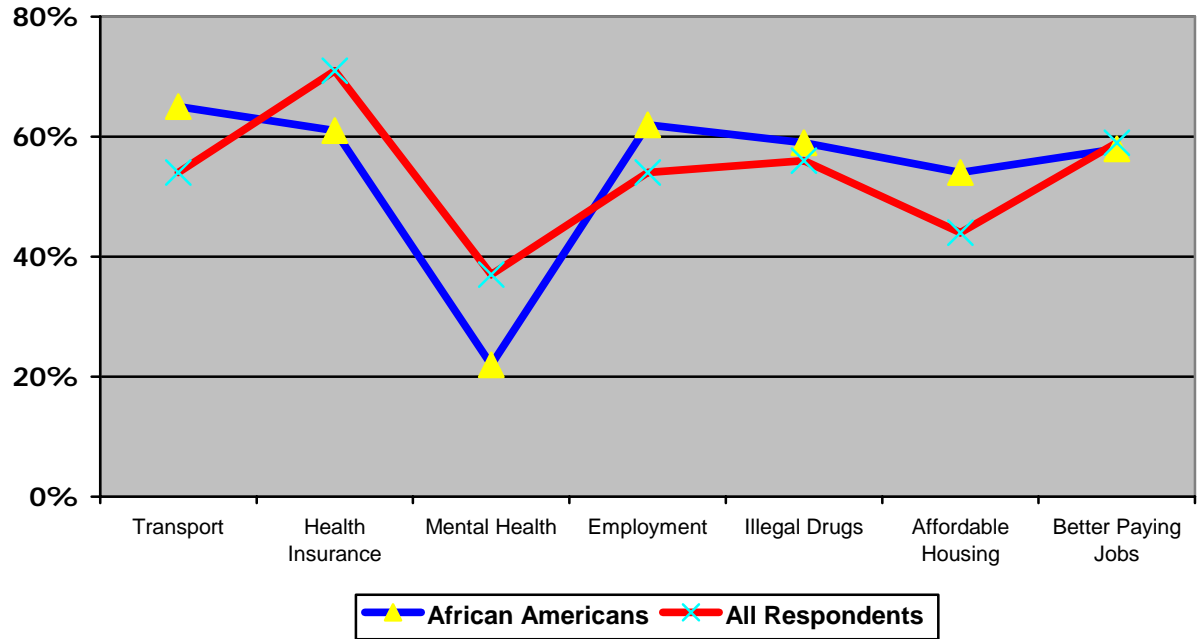


Chart 24: African-Americans and the Top Seven Needs

African-Americans responded more often to the Community Survey than Hispanics, but the numbers are still relatively small, with 28 respondents. Therefore, these findings below are somewhat qualitative. However, there are some clear patterns in the data. As the chart above shows, African Americans are more likely than all respondents to rate highly the following needs:

- Employment.
- Problem with illegal drugs.
- Affordable housing.
- Transportation.

In addition to what is shown on the graph, there are other needs that were more important to African-Americans that were not seen as important by all survey respondents.

- Homelessness is seen as a serious need by 32% of all survey respondents, while 65% of African-Americans are more likely to see homelessness as a serious need.
- Youth recreational services were seen as a serious need by 34% by all respondents, while 64% of African-Americans saw youth recreational activities as a serious need.

- The language barrier is seen as a serious need by 37% of all survey respondents, while 65% of African-Americans see it as a serious need.
- Poverty is seen as a serious need by 44% of all survey respondents, while 66% of African-Americans see it as a serious need.
- Legal assistance is seen as a serious need by 44% of all respondents, but 65% of African-Americans see legal assistance as a serious need.
- Spanish interpreters for key services are seen as a serious need by 26% of all survey respondents, while 47% of African-Americans see Spanish interpreters as a serious need.
- Education is seen as a serious need by 41% of all survey respondents, while 60% of African-Americans see education as a serious need.
- Safety is seen as a serious need by 37% of all respondents, while 55% of African-Americans see safety as a serious need.
- Domestic violence is seen as a problem or need 35% of all respondents, while 53% of African-Americans see domestic violence as a serious problem.

Chart 25: African-Americans and Hispanics: Needs in Common Compared to All Respondents

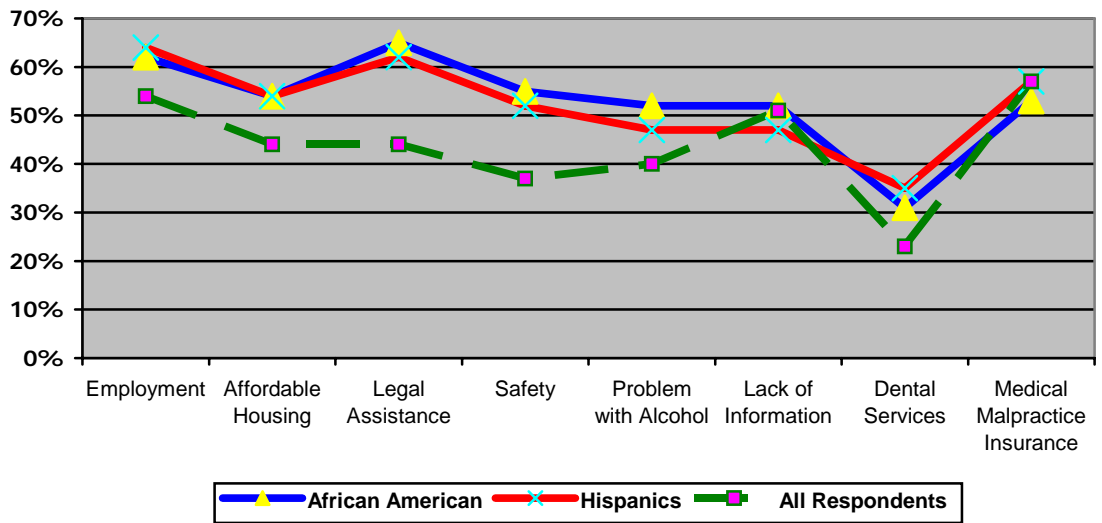
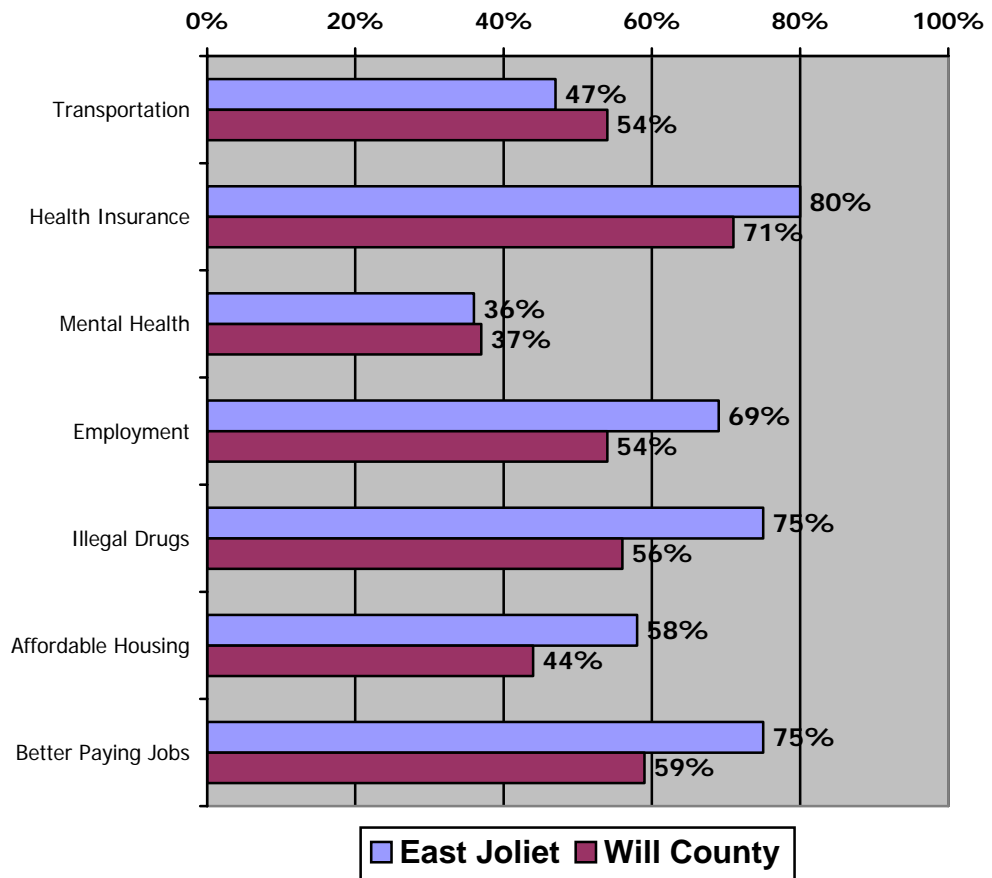


Chart 25 shows those needs that have similar ratings by both African-Americans and Hispanics. The lower green line shows the pattern for all respondents. Clearly, there are some different views of the importance of needs in Will County.

The chart shows that employment, affordable housing, legal assistance, safety and problems with alcohol are seen as by Hispanics and African-Americans as more urgent needs than the ratings of all respondents.

The analysis, as shown by the charts, demonstrates the importance of looking at several assessments of needs, by income and ethnicity. Using zip codes, it is possible to see how needs vary by geography. The charts that follow show examples of how needs can be charted by zip code. Smaller towns may not have enough respondents from their areas to provide accurate data. The criterion for using the data from a particular zip code would be no less than 20 respondents.

Chart 26: Breaking Down the Needs by Zip Code: East Joliet and Will County



Residents in East Joliet compared to Will County overall are more likely to see the lack of health insurance, employment, illegal drugs, better paying jobs and affordable housing as serious needs. However, those living in East Joliet are slightly less likely to see transportation as a serious need. This chart combines two different zip codes to pick up the respondents in East Joliet.

Chart 27: Breaking Down the Needs by Zip Code: West Joliet 60435 and Will County

Those living in West Joliet see health insurance as a serious need. Other needs that differentiate West Joliet from Will County overall is that section of West Joliet is more likely to rate illegal drugs and better paying jobs as serious needs, compared to Will County overall.

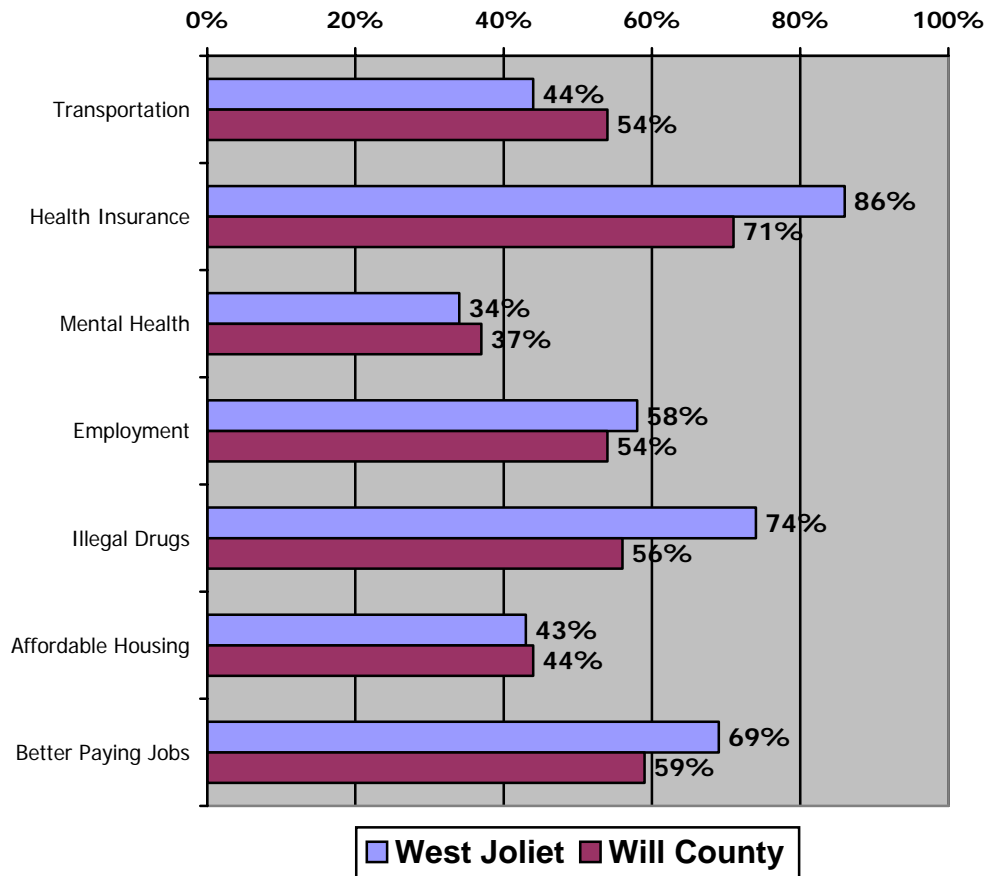
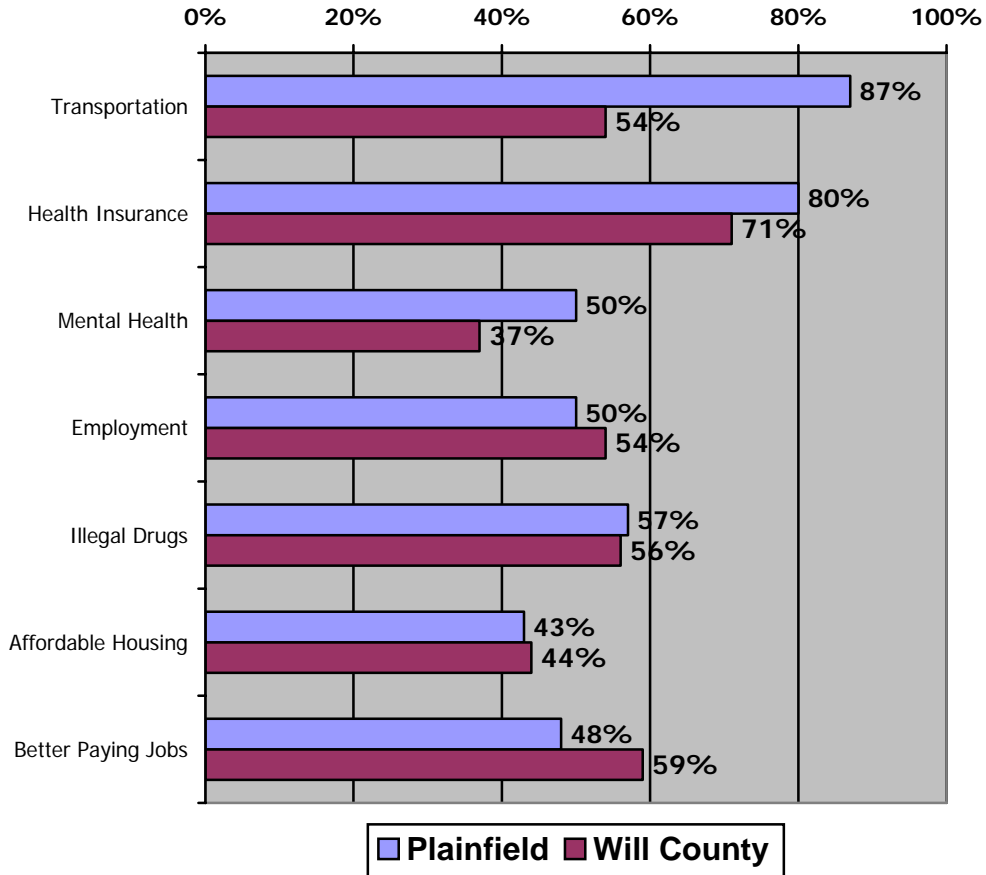
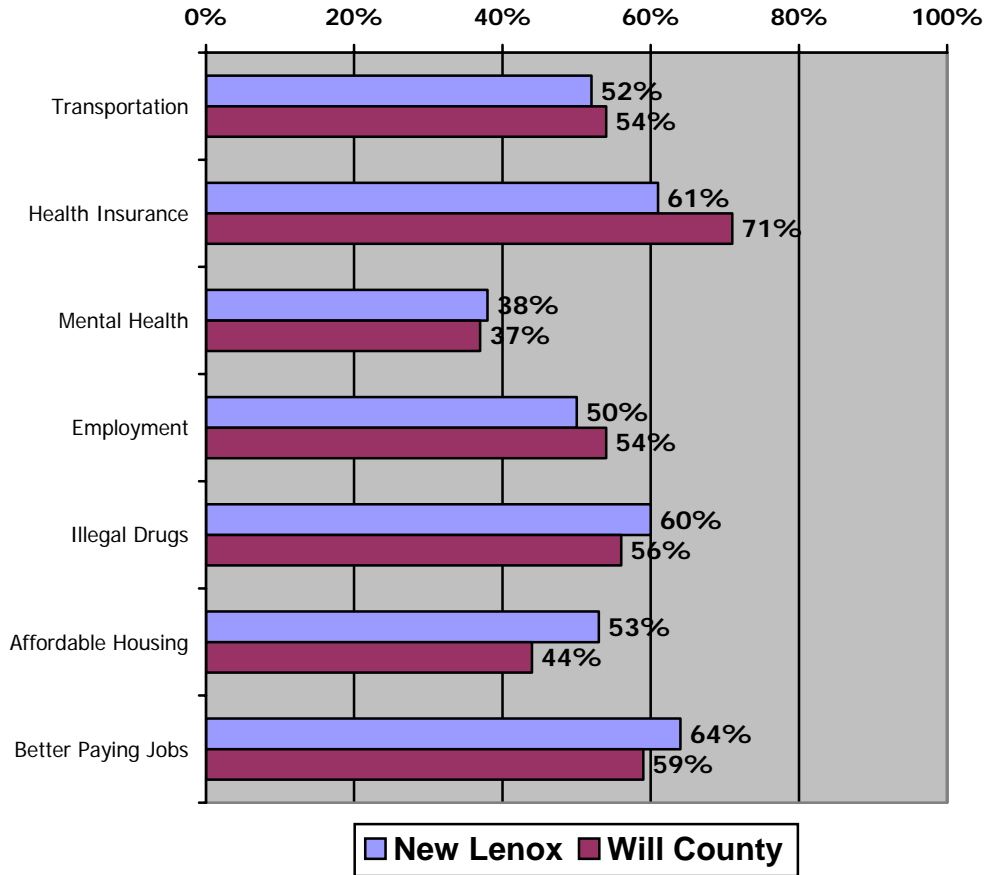


Chart 28: Breaking Down the Needs by Zip Code: Plainfield 50544 and Will County



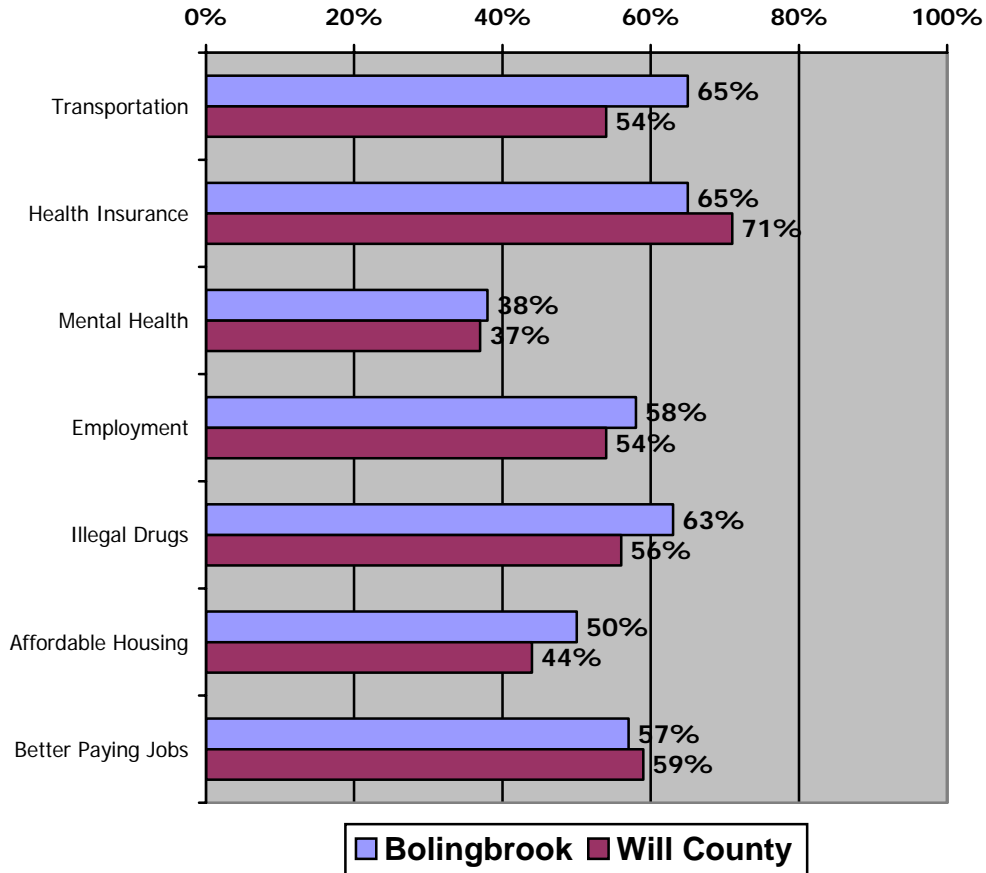
Given the congestion through Plainfield, perhaps it is not surprising that those living there are more likely to see transportation as a more serious need. There also seems to be a tendency to see mental health services as a serious need, as compared to Will County overall. Otherwise, Plainfield is similar in its rating of the needs in Will County.

Chart 29: Breaking down the Needs by Zip Code: New Lenox 50451 and Will County



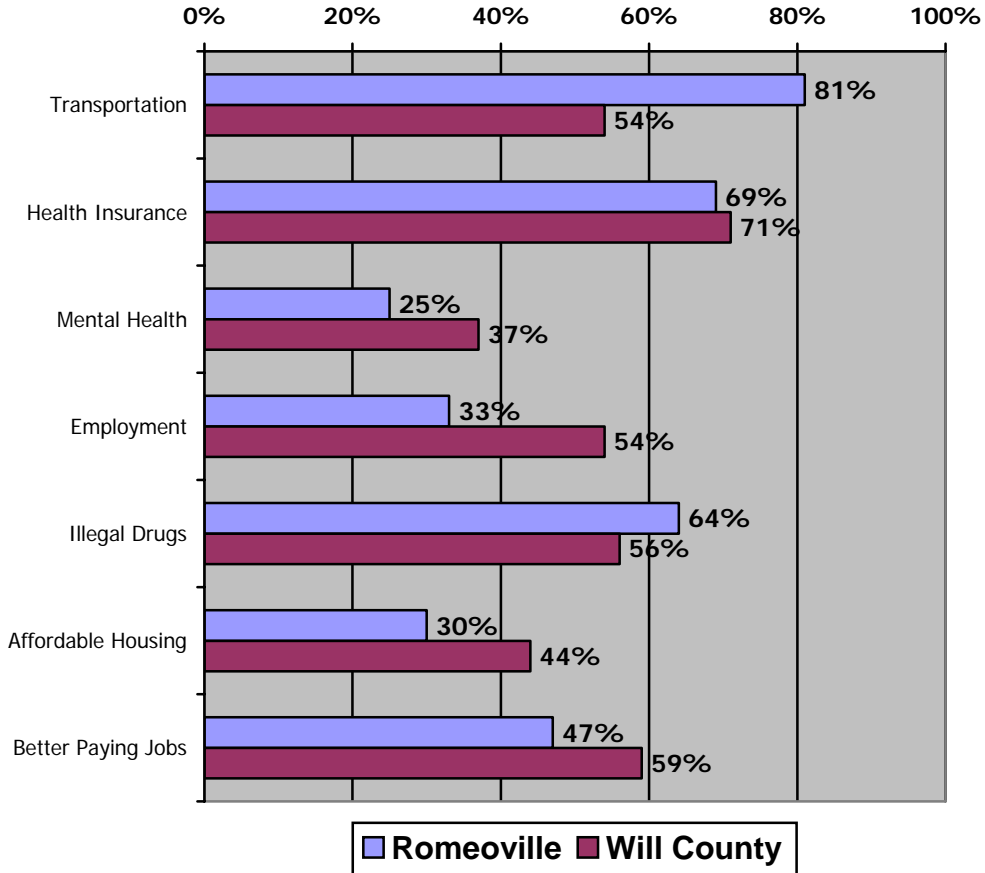
New Lenox is more likely than other Will County residents overall to see affordable housing and health insurance as a serious need. Otherwise, the New Lenox residents see the same serious needs as does all of Will County.

Chart 30: Breaking down the Needs by Zip Code: Bolingbrook 60440 and Will County



Residents in Bolingbrook are more likely to see transportation as a more serious need than does Will County as a whole. They are also more likely to see affordable housing as a problem or need. There is a slightly more concern with problems with illegal drugs than is true for Will County overall.

Chart 31: Breaking down the Needs by Zip Code: Romeoville 60446 and Will County



Romeoville residents are more likely to rate transportation and illegal drugs as serious needs, compared to Will County overall. Employment and better paying jobs do not seem to be a problem in Romeoville, compared to Will County overall.

Key Findings and Recommendations

1. Transportation was among the most serious needs identified in Will County. The basic issue is that most public transportation is in the larger cities in Will County. Moving from one city to another via public transportation is very difficult. To change this would require cooperation between cities and towns in Will County. This may require a new coalition to look at transportation between the cities in Will County. Some of the interest in transportation may reflect the fact that the number one need in the Community Survey is traffic congestion. Not far behind traffic congestion is a similar need, better streets and roads.
 2. The lack of health insurance is another of the most serious needs. Without health insurance, it is difficult to access health care. From the Community Survey, we know that 9.7% do not have health insurance. Projected to the population of Will County, this comes to 59,500 people without health insurance. Efforts to explore how best Will County can provide health care to the uninsured would lift the quality of life in Will County. Related to these health care issues is the cost of prescriptions, which was the second most important need in the Community Survey.
 3. Mental health services are not perceived as meeting the needs in Will County, particularly for young people in Will County. Depression is one of the major reasons people call the Crisis Line.
 4. Employment was a consistent need across the focus groups. Will County's unemployment rate was lower than the state's, but in 2004 the employment rate was slightly higher in Will County compared to the state.
 5. Within the needs assessment, there are several alternative needs assessments. Hispanics and African-Americans have different views of which needs are the most serious. A focus on lower-income neighborhoods may make a major difference in the overall quality of life in Will County. Continuing to reach out to the Hispanic population will be important.
 6. A particular important step would be to examine the number of classes of English as a second language (ESL) and to make sure there are enough resources to help Hispanics learn English. Conversely, there could be more efforts to understand the culture of Hispanics even as they adjust to American ways.
 7. The next serious need is the use of illegal drugs. African-Americans are most likely to see illegal drugs as a serious problem.
 8. Affordable housing is a difficult concept to pin down, as the level of household income influences what is seen as affordable. At the lower incomes, the Crisis
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Line data indicate that calls asking for help with rental assistance and paying the utilities are among the most frequent requests.

9. Wanting better paying jobs is the next highly ranked need. This requires economic development that brings in a wide variety of businesses. The economic engine is critical in bringing jobs with higher wages. It might be important to avoid competition with the cities within Will County.
10. Gangs were ranked as the next most serious need. In the Community Survey, gangs ranked as the 10th most serious need.
11. While the needs are listed separately, Will County may want to focus on categories like the working poor and the barriers they face, including transportation, child care, lack of health insurance and affordable housing.

Robert O'Connor
March 31, 2006
