

# Ascension Mercy

## TY23 Community Health Needs Assessment Kane County, Illinois

June 30, 2024



**Ascension**

The goal of this report is to offer a meaningful understanding of the most significant health needs across Kane County, with emphasis on identifying the barriers to health equity for all people, as well as to inform planning efforts to respond to those needs. Special attention has been given to the needs of individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

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The tax year 2023 Community Health Needs Assessment report was approved by the Ascension Mercy Board of Directors on June 14, 2024 (2023 tax year), and applies to the following three-year cycle July 2024 to June 2027. This report, as well as the previous report, can be found at our public website.

**We value the community's voice and welcome feedback on this report. Please visit our public website (<https://healthcare.ascension.org/chna>) to submit your comments.**

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## **Acknowledgements**

The tax year 2023 Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Kane County. Ascension Mercy is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to promote a healthier, more equitable place to live, work and play."

We would also like to thank you for reading this report, and your interest and commitment to improving the health and well-being of our community.

## Executive Summary

The goal of the tax year 2023 Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs across Kane County. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

### **Purpose of the CHNA**

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy (IS) every three years. The purpose of the CHNA is to understand the health needs and priorities, with emphasis on identifying the barriers to health equity, for all people who live and/or work in the communities served by the hospital, with the goal of responding to those needs through the development of an implementation strategy plan.

### **Community Served**

Although Ascension Mercy serves Aurora and surrounding areas, the hospital has defined Kane County as the community served as for the 2023 CHNA. The majority of the hospital primary service area (PSA) resides within Kane County as such this geography was selected as Ascension Mercy's community. Additionally, our partner's primary service and community health data is readily available at the county level.

### **Data Analysis Methodology**

The 2023 CHNA was conducted from August 2023 to May 2024, and utilized a modified Mobilizing for Action through Planning and Partnerships (MAPP) process, which incorporated data from both primary and secondary sources. Community input sources included information provided by groups/individuals, e.g., community members, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and populations who are more marginalized and to unmet health needs or gaps in services. Over 2,691 surveys were collected from those residing within Kane County as well as 73 community partners participated in the community partner assessment. Secondary data was compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

### **Community Needs**

Ascension Mercy, with contracted assistance from Metopio, analyzed secondary data indicators on Metopio's data platform that included hospital utilization data as well as secondary sources including, but not limited to, the American Community Survey, the Decennial Census, the Centers for Disease

Control, the Environmental Protection Agency, Housing and Urban Development, and the Illinois Department of Public Health as well as gathered community input through community surveys to identify the needs of Kane County. In collaboration with community partners, Ascension Mercy used a phased prioritization approach to determine the most crucial needs for community stakeholders to address. The significant needs are as follows:

- Access to Care
- Behavioral Health
- Social Determinants of Health
  - *Food Access & Insecurity; Built Environment & Housing; Ability to Thrive & Socioeconomic Factors*

## **Next Steps and Conclusion**

Following approval of the CHNA, Ascension Mercy will complete a prioritization matrix and develop an implementation strategy. The implementation strategy will focus on all or a subset of the significant needs, and will describe how the hospital intends to respond to those prioritized needs for the next three years.

Ascension Mercy hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Kane County. The hospital values the community's voice and welcomes feedback on this report; comments or questions can be submitted via Ascension's public website (<https://healthcare.ascension.org/chna>).

## About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk.

### Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. As of April 2024, the national health system operates 140 hospitals and 40 senior living facilities in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management, and contracting through Ascension's own group purchasing organization.

Ascension's Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform health care and express priorities when providing care and services, particularly to those most in need.

**Mission:** Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

For more information about Ascension, visit <https://www.ascension.org>.

### Ascension Illinois

Ascension Illinois is one of the largest health systems in the state of Illinois, with 150 sites of care, including 14 hospitals spanning the Chicagoland area. It provides inpatient, outpatient, and emergency care to more than 680,000 people in Illinois, including critical, advanced facilities, and specialized expertise not widely available. It is a strong economic driver and job creator as well, with thousands of jobs. But beyond this core commitment, Ascension Illinois provided over \$220 million in community benefit and care for persons living in poverty in fiscal year 2023.

### Ascension Mercy

As a Ministry of the Catholic Church, Ascension Mercy is a non-profit hospital that has been providing medical care to the Aurora and the Fox Valley community since 1911 following in the footsteps of founders, the Sisters of Mercy. Today, Ascension Mercy provides emergency as well as specialty care





including behavioral health, heart, cancer, stroke care, orthopedics and women's health including birthing center.

For more information about Ascension Mercy visit:

<https://healthcare.ascension.org/locations/illinois/ilchi/aurora-ascension-mercy>

## About the Community Health Needs Assessment

A community health needs assessment is essential for community building, health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools with the potential to be catalysts for immense community change.

### Purpose of the CHNA

A CHNA is defined as “a systematic process involving the community that identifies and analyzes community health needs and assets to plan and act upon priority community health needs.”<sup>1</sup> The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension Mercy’s commitment to offer programs designed to respond to the health needs of a community, with special attention to persons who are medically underserved and at risk for poorer health outcomes because of social factors that put them at increased risk.

### Advancing Health Equity

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.<sup>2</sup> Progress toward achieving health equity can be measured by reducing health disparities. Health disparities are particular health differences closely linked with economic, social, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced such obstacles to health based on their race or ethnicity; religion; socioeconomic status; gender identity; sexual orientation; age; cognitive, sensory, or physical disability; geographic location; or other characteristics historically linked to discrimination or exclusion.<sup>3</sup>

Focusing on the root causes that have perpetuated these differences contributes to the advancement of health equity. By identifying the conditions, practices, and policies that perpetuate differences in health outcomes, we can better respond to root causes when pursuing health equity.

Ascension acknowledges that health disparities in our communities go beyond individual health behaviors. Ascension’s Mission calls us to be “advocates for a compassionate and just society through our actions and words”; therefore, health equity is a matter of great importance to Ascension.

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<sup>1</sup> Catholic Health Association of the United States. (2022). *A guide for planning and reporting community benefit, 2022* (p.146).

<sup>2</sup> National Center for Chronic Disease Prevention and Health Promotion. (2023, January 4). *Advancing health equity in chronic disease prevention and management*. Center for Disease Control and Prevention (CDC). Retrieved October 11, 2023, from <https://www.cdc.gov/chronicdisease/healthequity/index.htm>

<sup>3</sup> Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*, 129(Suppl 2), 5-8. <https://doi.org/10.1177/00333549141291S203>

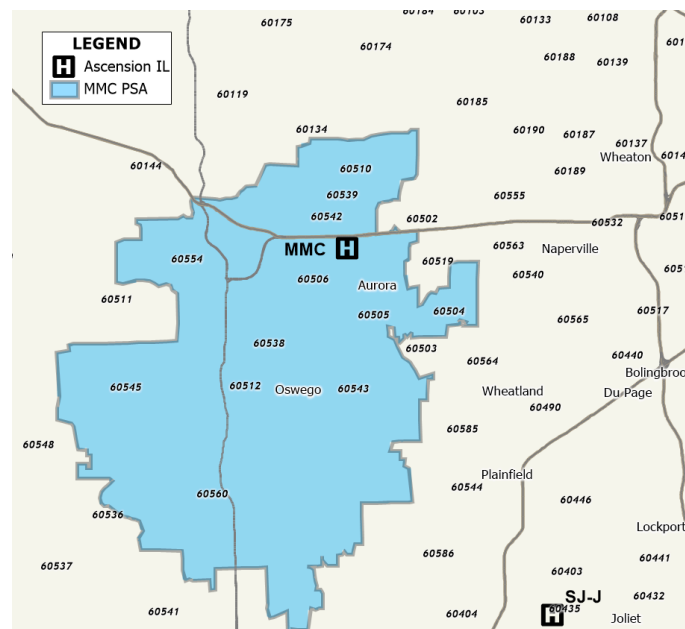
## **IRS 501(r)(3) and Form 990 Schedule H Compliance**

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) hospitals under the ACA are described in Code Section 501(r)(3), and include making both current and previous CHNA and implementation strategy reports widely available to the public. In accordance with this requirement, electronic versions of these reports can be accessed at <https://healthcare.ascension.org/CHNA>, and paper versions can be requested at Ascension Mercy's Administration Office.

## Community Served and Demographics

### Community Served

For the purpose of the 2023 CHNA, Ascension Mercy has defined its community as Kane County. Although Ascension Mercy serves Aurora and surrounding areas, the “community served” was defined as such because (a) most of our service area is in each county; (b) most of our assessment partners define their service area at the county level; and (c) most community health data is available at the county level.



Source: Maptitude (Internal Strategy), 2024. Map of Mercy Primary Service Area (PSA)

Kane County includes the cities of Elgin and Aurora as well as surrounding suburban and rural communities. Its largest cities are located along the Fox River. Nearly all major industries are offered within the county's geography.

### Demographic Data

Located in Illinois, Kane County has a population of 514,182 and is located in the northern eastern part of the state. Below are demographic data highlights for the community:

- 15.7 percent of the community members of Kane County are 65 or older, compared to 17.2 percent in Illinois
- 33.1 percent are Hispanic or Latino (any race) which is higher than 18.3 percent in Illinois
- 55.6 percent of community members are non-Hispanic white; 4.7 percent are Asian; 1.1 percent are American Indian or Alaska Native, and 5.3 percent are non-Hispanic Black or African American

- The median household income is higher than the state median income (\$93,500 for Kane County; \$76,700 for Illinois)
- The percent of families in poverty was significantly less than the state (11 percent for Kane county; 16 percent for Illinois)
- The uninsured rate for Kane County is similar to the state (9 percent for of residents Kane County; 8 percent for resident of Illinois)

Demographic Highlights			
Population			
Indicator	Kane County	Illinois	Description
Percentage living in rural communities	4%	13.1%	N/A
Percentage below 18 years of age	23.6%	21.6%	N/A
Percentage 65 years of age and over	15.7%	17.2%	N/A
Percentage Asian	14.7%	6.3%	N/A
Percentage American Indian or Alaska Native	1.1%	0.6%	N/A
Percentage Hispanic	33.1%	18.3%	N/A
Percentage non-Hispanic Black	5.3%	14.1%	N/A
Percentage non-Hispanic White	55.6%	59.5%	N/A
Social and Community Context			
English proficiency	5%	4%	Proportion of community members who speak English "less than well"
Median household income	\$93,50	\$76,700	Income level at which half of households in a county earn more and half of households earn less
Percentage of families in poverty	11%	16%	Percentage of people under age 18 in poverty
Percentage of uninsured	9%	8%	Percentage of population under age 65 without health insurance
Percentage of educational attainment	87%	90%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Percentage of unemployment	4.5%	4.6%	Percentage of population ages 16 and older unemployed but seeking work

Source: Source: County Health Rankings Health Data, 2024.

To view additional community demographic data, see Appendix B (page 40).

## Process and Methods Used

### Collaborators and/or Consultants

With the contracted assistance of Metopio, Ascension Mercy completed its tax year 2023 CHNA in collaboration with the Kane County Kane Health Counts collaborative. Ascension Mercy has partnered with the Kane Health Counts collaborative on four previous iterations of the CHNA process.

In 2011, Kane County Health Department (KCHD) started a Collaborative Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process. This process aimed to identify health priorities in the community and strategies to address them.

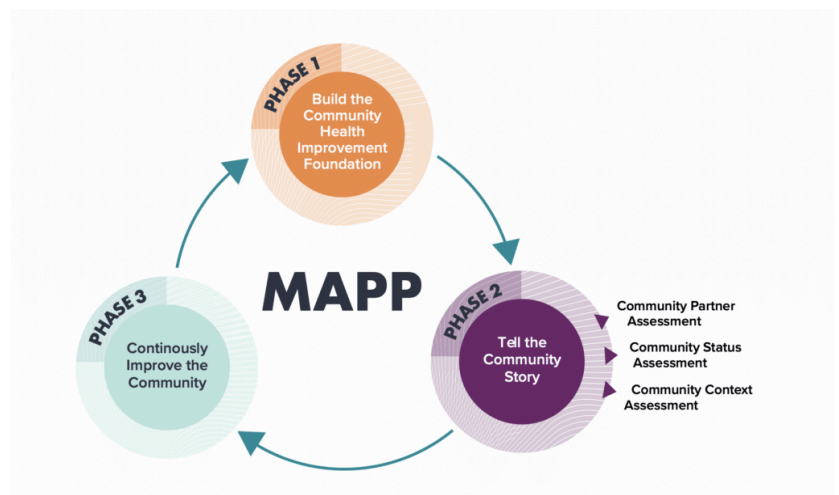
The CHNA steering committee for the collaborative consisted of the Kane County Health Department, Advocate Sherman Hospital, Northwestern Medicine Delnor Hospital, Rush-Copley Medical Center, INC Mental Health Alliance, Ascension Mercy and Ascension Saint Joseph.

This comprehensive community health assessment process is conducted every three years to identify the top health priorities in Kane County. The Kane Health Counts collaborative works together to plan, implement and evaluate strategies that are in alignment with the identified health priorities. Together, the group strives to make Kane County the healthiest county in Illinois.

### Data Collection Methodology

Ascension Mercy is committed to using national best practices in conducting the CHNA. In collaboration with various community partners, Ascension Mercy’s approach relies on the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP is a

community-driven, strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them. Kane Health Counts used a modified MAPP 2.0 model for this iteration of the assessments completing three different assessments<sup>4</sup>:



1. Community Status Assessment (secondary data)
2. Community Partner Assessment (stakeholder or informant input)
3. Community Context Assessment (community input)

<sup>4</sup> Image source MAPP 2.0 User Handbook, National Association of County and City Health Officials, 2023.

Upon completion of the collaborative data collection, a strategic session was held on May 20, 2024 to review all findings looking for cross-cutting themes and determine the significant needs for the community.

### Summary of Community Input

Community input, also referred to as “primary data,” is an integral part of a community health needs assessment (CHNA) and is meant to reflect the voice of the community. This input is invaluable for efforts to accurately assess a community's health needs. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of 1) public health practice and research; 2) individuals who are medically underserved, low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input that provided perspectives on selecting and responding to top health issues facing the community. A summary of the process and results is outlined below.

### Community Survey

A survey was conducted by the Kane Health Counts collaborative to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes, health behaviors, social determinants of health, and clinical care for Kane County. Two thousand six hundred ninety-one individuals participated in the survey, held between August 2023 and April 2024. The data gathered and analyzed provides valuable insight into the issues of importance to the community. The survey contained 85 questions and was distributed to the community through resource sharing, marketing flyers, social media, website announcements and other channels. The CHNA steering committee met weekly during the period the survey was open to discuss responses received and what additional pushes were needed to reach different populations.

Community Survey
Key Summary Points
<ul style="list-style-type: none"> <li>● Survey respondents said they were healthy when asked to rate their overall health on a scale from 1 being not healthy to 10 being very healthy (rating of 8 on 1-10 scale). Similarly, respondents rated their neighborhood as healthy (rating of 8 on 1-10 scale).</li> <li>● Adult Mental health (44.8%), Adolescent mental health (40.5%) followed by obesity (36.5%) were the most important health related challenges in the community</li> <li>● Social media usage among children and teens is considered a big problem (35%) followed stress among children and teens (20.7%)</li> <li>● 37.8% of survey respondents have been told by a care provider they have high blood pressure followed by high cholesterol (32.9%)</li> <li>● 48.7% of survey respondents reported eating 1-2 servings per day of fruits and vegetables; 7.3% said obtaining fresh fruits and vegetables is very difficult or somewhat difficult; 54.8% said fresh fruit and vegetables are too expensive where they shop</li> <li>● 9.6% of respondents said they often or sometimes worried their food would run out before they had money to buy more</li> <li>● 82.7% of survey respondents reported participating in physical activities and exercises in the past month; 33.5% report</li> </ul>

time as the greatest barrier to getting exercise followed by physical disability (23.2%)

- 7.7% of respondents smoke cigarettes daily while 15.5% use e-cigarettes or vape everyday; 40.0% report using marijuana during the past 30 days for either medical or non-medical reasons
- 11.9% of respondents had at least one drink most days in the past 30 days
- 13.5% of respondents have taken prescribed prescription pain medicine in past 12 months; 4.3% took more than prescribed
- 25.1% of respondents feel they lack companionship some of the time; 6.8% said often. Similarly, 24.9% reported sometimes feeling alone with 5.2% often feeling alone.
- 17.3% of respondents feel somewhat worse in describing their mental health compared to before the COVID-19 pandemic; 12.5% needed mental health treatment or counseling in the past 12 months with 20.9% not able to get the help they needed due to affordability (33.7%) and not knowing where to go (27.7%)
- Most respondents feel safe in their neighborhood all of the time (53.4%); 42.4% feel part of their neighborhood.
- 19.5% of respondents do not have sidewalks in their neighborhood; 41.9% disagree or strongly disagree that their neighborhood is easy to walk, roll or bike to public transit.
- 10.6% of respondents or their child have been exposed to a traumatic event or experience in the past year (i.e. domestic violence, abuse, neglect, incarceration) and of those that did 46.8% said they did not receive any support following the event or experience.
- 13.5% of respondents did not have enough money to pay their monthly bills in the past 12 months

Populations Represented	Common Themes
<ul style="list-style-type: none"> <li>● Households with someone with a disability</li> <li>● Persons with limited-English proficiency</li> <li>● LGBTQI+</li> <li>● Low-income</li> <li>● Families</li> <li>● Older Adults</li> </ul>	<ul style="list-style-type: none"> <li>● Timely access to health care services including primary, speciality, dental and mental was frequently mentioned in open comments</li> <li>● The need for more healthcare services in western part of county ( near I88 &amp; Route 47) due to community growth was frequently mentioned in open comments</li> <li>● Concerns over traffic, air pollution and increased warehouses was frequently mentioned in open comments</li> <li>● Concerns over social media and internet as primary source of information expressed in the open comments</li> <li>● Concerns over affordable housing, housing conditions, homelessness and the built environment (walkable communities, green spaces, bike lanes, etc.) was expressed in the open comments</li> </ul>
Meaningful Quotes	
<ul style="list-style-type: none"> <li>● Costs of medicine and treatments are terribly expensive even with insurance causing people to not do the right things for their health</li> <li>● The abundance of inaccurate information available on the internet and in social media which people use to guide their decisions can be considered a threat to the health of the community</li> <li>● The gap between affluent and poor is very large in this community, leading to food, health, employment and other disparities.</li> <li>● Neighborhood sidewalks and park paths need to be regularly cleared of low hanging tree branches and/or snow/ice to allow for easy walking all year around so that all citizens can enjoy the mental and physical health of walking.</li> <li>● We need more mental health resources in general, including professionals or advocates for our first responders who are responding to issues.</li> <li>● Not enough green infrastructure ordinances and developments to counteract air pollution from automobiles and heat island effects.</li> </ul>	

### Community Focus Groups

A series of focus groups were conducted by Kane Health Counts collaborative, with assistance from Metopio, in late 2023 into early 2024. Populations represented by participants included seniors/older adults as well as persons with mental health or substance use disorders.



Community Focus Groups	
<b>Key Summary Points</b>	
<ul style="list-style-type: none"> <li>• Turnover of providers creating unintended barriers for senior populations as well as those seeking help for substance use disorders or mental health.</li> <li>• There are language access barriers that exist which create greater health disparities.</li> </ul>	
Populations Represented	Common Themes
<ul style="list-style-type: none"> <li>• Seniors/Older Adults</li> <li>• Persons with mental health conditions or substance use disorders</li> <li>• Persons with limited English proficiency</li> </ul>	<ul style="list-style-type: none"> <li>• Increased services for substance use disorders and mental health conditions is needed</li> <li>• There are transportation barriers for seniors in the community.</li> <li>• Insurance coverage barriers exist for persons with Medicaid coverage, Medicare coverage and other commercial plans.</li> </ul>
<b>Meaningful Quotes</b>	
<ul style="list-style-type: none"> <li>• The services are great in the area, but unfortunately how do they get there? That's the main issue.</li> <li>• Consistency of practitioners in the mental health field, that's been a major problem.</li> <li>• (Insurance) red tape is a huge barrier for treatment.</li> </ul>	

### Key Stakeholder Interviews

A series of 30 one-on-one interviews were conducted by Kane Health Counts collaborative, with assistance from Metopio, to gather feedback from key stakeholders on the health needs and assets of the community. Fourteen representatives from a variety of organizations and agencies participated in the focus groups, held between March and April 2024.

Key Stakeholder Interviews	
<b>Key Summary Points</b>	
<ul style="list-style-type: none"> <li>• Stakeholders expressed the strength of community collaboration among services to better the community.</li> <li>• The community is also rich in diversity including community leadership.</li> <li>• Access to routine and speciality health care including mental health care and recovery programs a top concern of stakeholders</li> <li>• Access to fresh healthy foods as well as cultural factors and built environment contributing to unhealthy lifestyles including obesity in adults and children.</li> </ul>	
Sectors Represented	Common Themes
<ul style="list-style-type: none"> <li>• Emergency Response</li> <li>• Governmental Agencies</li> <li>• Healthcare including Public Health</li> <li>• Business Development Organizations</li> <li>• Schools/Education/College/University</li> <li>• Grassroots Community Organizations</li> <li>• Faith-Based Organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Greater assistance for senior populations to reduce technology and language barriers</li> <li>• Lack of fresh, healthy foods in many areas.</li> <li>• Importance of affordable housing particularly for seniors, working families or single parent households with children.</li> <li>• Due to COVID-19 pandemic, there continues to be workforce shortages and challenges.</li> </ul>
<b>Meaningful Quotes</b>	
<ul style="list-style-type: none"> <li>• There are still many that struggle with housing affordability, especially with the cost of rents right now in the community, and lack of housing supply, affordable housing supply.</li> <li>• Organizations are willing to lay it all out there to work together, that they're really more about the mission and the vision to support children and families rather than just their own. They know we're all better together.</li> <li>• Whether someone has an abundance of income or whether there is less than plentiful resources to secure food, you see a whole lot of poor food choices that have health ramifications.</li> </ul>	

### Community Partner Assessment

A community partner (key stakeholder) assessment survey was conducted by Metopio on behalf of the Kane Health Counts collaborative to understand the community’s perception of needs based on key stakeholder's experiences and feedback from clients/patients. Seventy-three key stakeholders participated in the survey, held in April 2024. The data gathered and analyzed provides valuable insight into the issues of importance to the community. The survey contained 91 questions and was distributed to key community organizations within the Kane County local public health system via electronic invitation by the Kane County Health Department.

Key Stakeholder Survey	
Key Summary Points	
<ul style="list-style-type: none"> <li>• 56.8% of organizations focus a lot on social and community context followed by healthcare access and quality (52.6%)</li> <li>• 65.8% of organizations said mental and behavioral health is the top health topic their organization focuses on followed by family/maternal health (23.7%) and food access (23.7%)</li> <li>• 52.6% of organizations work to improve family well-being followed by education (47.4%)</li> <li>• Beyond demographic data collected (81.8%), organizations are collecting evaluation data (42.4%) and utilization data (39.4%)</li> <li>• 45.5% are not sure if their organization analyzes data with a health equity lens; 18.2% do not analyze data with a health equity lens</li> <li>• 58.6% of organizations agree they have a good relationship with other organizations to help share information.</li> <li>• 63.6% noted presentations as their communication application used most often followed by social media (57.6%)</li> <li>• 82.6% of organizations work with immigrants, refugees, asylum seekers and other populations who speak English as a second language. However, 22.2% of organizations do not have access to interpretation or translation services.</li> </ul>	
Sectors Represented	Common Themes
<ul style="list-style-type: none"> <li>• Non-Profit Organizations</li> <li>• Social Service Providers</li> <li>• Schools/Education/College/University</li> <li>• Grassroots Community Organizations</li> <li>• Mental Health Provider</li> <li>• Emergency Response</li> <li>• Healthcare Organizations</li> <li>• Government Agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Organizations are looking to collaborate to avoid duplication as well as increase effectiveness and efficiency</li> <li>• Communication among organizations in the public health system is very important</li> <li>• The majority of the organization are collecting data, but are unsure if they can share within the local public health system.</li> <li>• The majority of organizations either conduct or participate in community needs assessments</li> </ul>

To view additional community input data, see Appendix C (page 42).

### Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the population's health status at the state and county levels through surveys and surveillance systems. Secondary data for this report was compiled from various reputable and reliable sources.

Health indicators in the following categories were reviewed:

- Health outcomes
- Physical environment

- Clinical care
- Social determinants that impact health
- Disparities

A summary of the secondary data collected and analyzed through this assessment is outlined below. Overall, concentrated poor health and social status for those residing in Aurora, Elgin and Carpentersville underscores the need for targeted interventions and resources to address the well-being of residents.

- The areas with the highest populations with Medicaid coverage are densely populated near Aurora, Elgin and Carpentersville.
- There are significant disparities in uninsured rates among race and ethnicity in the county.
- Dental visits per population are low for those residing in Aurora, Elgin and Carpentersville.
- Kane County has lower depression rates compared to Illinois and the United States, but rate increases from 2019 thru 2021.
- Self reported poor mental health over a 30-day period was highest for those residing in Aurora, Elgin and Carpentersville.
- Areas along the western and eastern part of the county have higher rates of environmental burden index values, which indicate greater exposure to harmful environmental factors.
- Particulate matter (PM 2.5) concentration was consistently higher in Kane County from 2015-2023 compared to the state and United States. High levels of PM 2.5 can lead to respiratory and cardiovascular issues, especially in vulnerable populations.
- Walkability index varies in the county based on geographic location, but the overall walkability index for the county is similar to the state and national indexes.
- Key chronic disease measures for the county including percentage of adults with chronic kidney disease, chronic obstructive pulmonary disease (COPD), coronary heart disease, asthma diagnosed diabetes, diagnosed stroke and high blood pressure are consistent with measures for the state and the United States. However, great geographic disparities exist with highest prevalence in the northwest corner of the county near Hampshire with additional pockets of disparity near Aurora, Elgin and Carpentersville.
- More men have been diagnosed with diabetes in Kane County than women.
- Non-Hispanic White and Non-Hispanic Black populations have the greatest levels of disability in the county.
- The percent of foreign-born population in Kane County has consistently increased from 2018-2022 and is higher than state and national percentages. However, the percentage of households with limited-English proficiency has decreased significantly since 2010.
- The race-ethnicity diversity index in Kane County is most pronounced in the Aurora, Elgin and Carpentersville areas.
- The greatest percentages of seniors living alone is along the northern and eastern parts of the county.

- The percentage of households in poverty not receiving food assistance is greater in Kane County (58.06%) compared to the state (50.51%). Additionally, the percentage of residents with low food access is much higher in Kane County (59.36%) compared to the state (49.94%).
- Those with the highest percentage of food insecurity reside in Aurora, Elgin and Carpentersville.
- The percentage of adults with no exercise is greater in Kane County than state or national percentages.
- There is a need for greater screenings such as cholesterol, colonoscopy, mammography and pap smear in the Aurora, Elgin and Carpentersville communities.
- The percentage of owner occupied housing is higher in Kane County compared to Illinois and the United States, however, the percentage of crowded housing and eviction rates are also higher than state and national percentages. Hispanic or Latino, Native American and Pacific Islander/Native Hawaiian have the greatest percentages of crowded housing in the county.
- There is great geographic disparity for children's healthy development (child opportunity index), with very low scores in the Aurora, Elgin and Carpentersville areas.
- Life expectancy is lowest among the non-Hispanic black population in Kane County.
- Self-reported physical health and fair or poor health are highest for those residing in Aurora, Elgin and Carpentersville.
- Racial and ethnic disparities exist among higher education rates, college graduation rates and high school graduation rates in the county with Hispanic or Latino, Native American and Pacific Islander/Native Hawaiian with lowest rates.
- The Hispanic or Latino, Native American and Pacific Islander/Native Hawaiian have the highest rates of labor force participation in the county in comparison to other races and ethnicities.
- Greater rates of poverty and higher hardship indexes are prevalent in the Aurora, Elgin and Carpentersville areas.
- The non-Hispanic black population has the highest unemployment rate and lowest median income in the county.

To view the additional secondary data, see Appendix D (page 44).

### **Written Comments on Previous CHNA and Implementation Strategy**

Ascension Mercy's previous CHNA and implementation strategy was made available to the public and open for public comment via the website: <https://healthcare.ascension.org/chna>. The following is a summary of the comments that were received: No comments received.

### **Data Limitations and Information Gaps**

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Kane County. This constraint limits the ability to assess all the community's needs fully.

For this assessment, three types of limitations were identified:

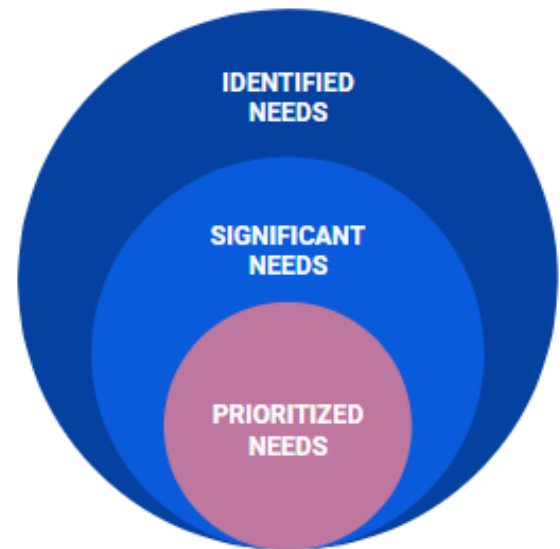
- Some groups of individuals may not have been adequately represented through the community input process that might include persons who are experiencing homelessness, persons who speak other languages other than English and/or Spanish.
- Secondary data is limited in a number of ways, including timeliness, reach, and ability to fully reflect the health conditions of all populations within the community.
- An acute community concern may significantly impact a hospital's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Ascension as an event or situation that may be severe and sudden in onset or newly affects a community. Such an event or situation may impact the ability to collect community input, may not be captured in secondary data, and/or can present in the middle of the three-year CHNA cycle. For the tax year 2023 CHNA, the following acute community concerns were identified:
  - No acute community concerns impacted ability to conduct CHNA

Despite the data limitations, Mercy is confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple qualitative and quantitative methods, and engaged the hospital and participants from the community.

## Community Needs

Ascension Mercy, with contracted assistance from Metopio and in collaboration with the Kane Health Counts, analyzed secondary data of over 75 indicators and gathered community input through surveys and partner forums to identify the needs in Kane County. In collaboration with community partners, Ascension Mercy used a phased prioritization approach to identify the needs.

- First phase: Determine the broader set of **identified needs**.
- Second phase: Narrow identified needs to a set of **significant needs**.
- Third phase: Narrow the significant needs to a set of **prioritized needs** to be addressed in the implementation strategy plan.



Following the completion of the CHNA assessment, Ascension Mercy will select all, or a subset, of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may respond to many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. The image above portrays the relationship between the needs categories.

### Identified Needs

The first phase was to determine the broader set of **identified needs**. Ascension has defined “identified needs” as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Kane County. The identified needs were categorized into health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to develop better measures and evidence-based interventions that respond to the determined condition.

### Significant Needs

In the second phase, identified needs were then narrowed to a set of “significant needs” determined most crucial for community stakeholders to address. In collaboration with various community partners, Ascension Mercy synthesized and analyzed the data to determine which of the identified needs were most significant. Ascension has defined **significant needs** as the identified needs deemed most significant to respond to based on established criteria and/or prioritization methods. Fifty community partners from the following organizations in the Kane County local public health system gathered in-person on May 20, 2024 to review assessment data and determine the most pressing issues for the

community.

Advocate Health Care	Family Service Association of Greater Elgin	Kane County Parent Council
Age Guide	Ellie Mental Health of Aurora	Kane County Sheriff's Office
AID Cares	Equity in Health Advisors Network	Lazarus House
Ascension Saint Joseph Elgin	Gateway Foundation	Open Door Health Center of Illinois
Ascension Mercy	Greater Family Health	Northern Illinois Food Bank
Aurora Family Counseling Service	INC Mental Health Alliance	Northwestern Medicine
CASA Kane County	Kane County Board	Rush Copley Medical Center
Centro de Desarrollo de Familias	Kane County Court Services	Senior Services Associates
Community Organizing and Family Issues	Kane County Division of Development	Suicide Prevention Services
Compañeros en Salud   Partners in Health	Kane County Health Department	University of Illinois Extension
Family Development Center	Kane County Division of Transportation	VNA Health Care

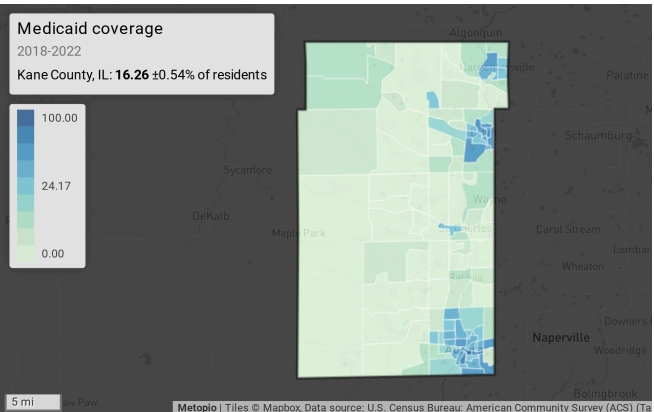
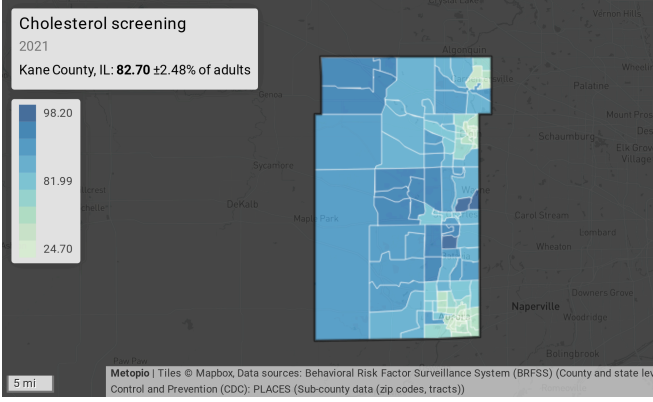
To identify the health priorities, a modified Hanlon Method was used. Attendees completed an initial ranking of the issues using the two categories of significance to public health and the ability to impact the issue. Next, participants had table discussions on the issues using the following criteria: Magnitude of the Issue, Impact of the Issue to under-resourced communities, Relevance to community members and Availability of resources and feasibility of local solutions. Following table discussions, a pairwise comparison poll was completed to identify the priorities. These were confirmed by a final poll following the meeting to allow participants additional time to consider the data.

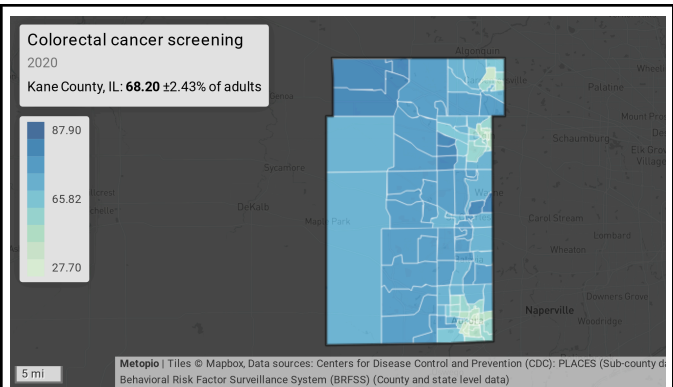
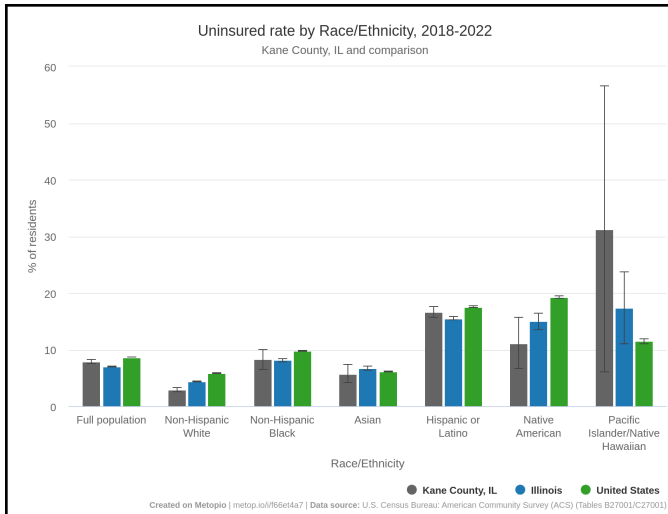
Based on the synthesis and analysis of the data, the significant needs for the 2023 CHNA are as follows:

- Access to Care
- Behavioral Health
- Social Determinants of Health
  - *Food Access & Insecurity; Built Environment & Housing; Ability to Thrive & Socioeconomic Factors*

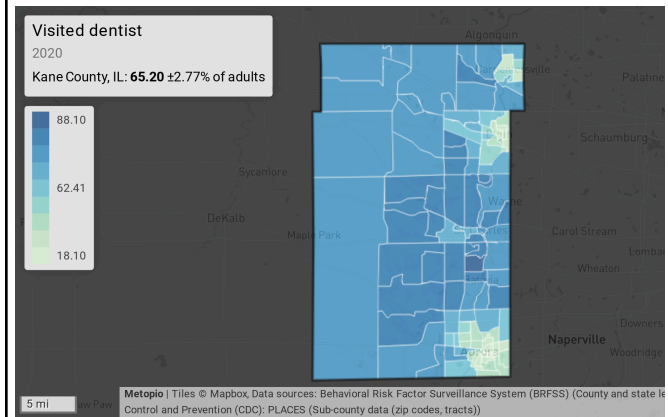
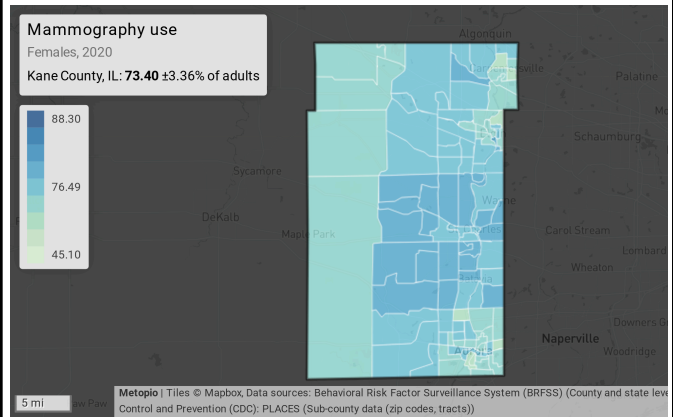
To view healthcare facilities and community resources available to respond to the significant needs, please see Appendix E (page 50). The following pages contain a description (including data highlights, community challenges and perceptions, and local assets and resources) of each significant need.



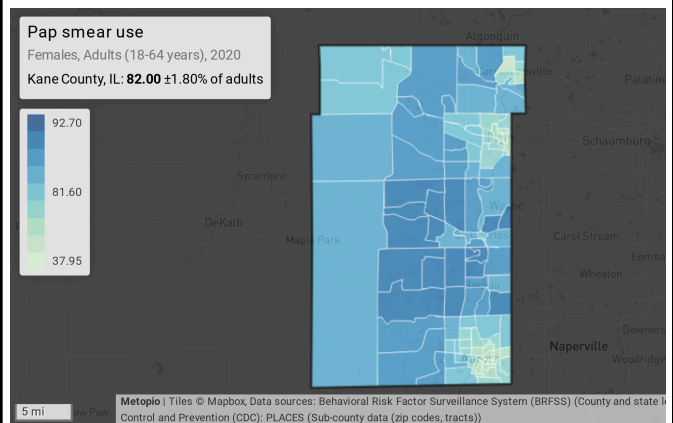
Access to Care	
Significance	Populations Most Impacted
<p>Limited access to healthcare providers can result in delayed or inadequate healthcare, affecting the overall health outcomes of community members. Access can be restricted by a lack of providers, poor geographic distribution of services, difficulty affording and signing up for health insurance, and the cost of services even after health insurance.</p>	<ul style="list-style-type: none"> <li>● Concentrated poor health and social status for those residing in Aurora, Elgin and Carpentersville underscores the need for targeted interventions and resources to address the well-being of residents</li> <li>● Persons without insurance coverage</li> <li>● Persons with Medicaid coverage</li> <li>● Persons with limited English proficiency</li> <li>● Non-Hispanic Black population</li> </ul>
Community Input Highlights	
<ul style="list-style-type: none"> <li>● 52.6% of organizations participating in the community partner survey said their organization focuses a lot of healthcare access</li> <li>● Key stakeholder interviewees said access to routine and speciality care is a top concern</li> <li>● Language barriers that increase access challenges were mentioned by both stakeholders and community input participants.</li> <li>● Timely access to health care services including primary, speciality, dental and mental was frequently mentioned in open comments on the community input survey</li> </ul>	
Secondary Data Highlights	
<p>The areas with the highest populations with Medicaid coverage are densely populated near Aurora, Elgin and Carpentersville.</p>	<p>There is a need for greater screenings such as cholesterol, colonoscopy, mammography and pap smear in the Aurora, Elgin and Carpentersville communities.</p>
 <p><b>Medicaid coverage</b> 2018-2022 Kane County, IL: <b>16.26 ±0.54%</b> of residents</p>	 <p><b>Cholesterol screening</b> 2021 Kane County, IL: <b>82.70 ±2.48%</b> of adults</p>
<p>There are significant disparities in uninsured rates among race and ethnicity in the county.</p>	



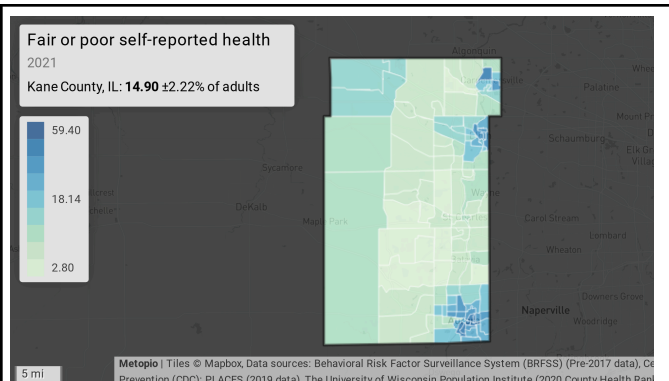
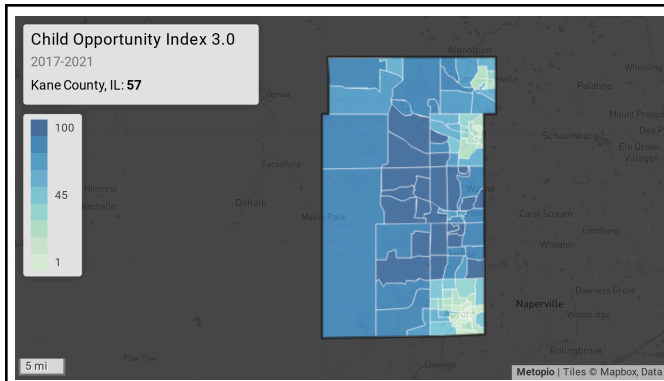
Dental visits per population are low for those residing in Aurora, Elgin and Carpentersville.



There is great geographic disparity for children’s healthy development (child opportunity index), with very low scores in the Aurora, Elgin and Carpentersville areas.

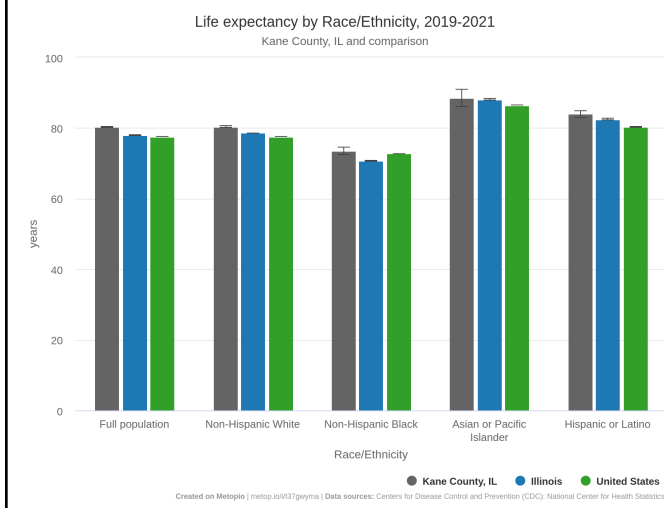


Self-reported fair or poor health are highest for those residing in Aurora, Elgin and Carpentersville.

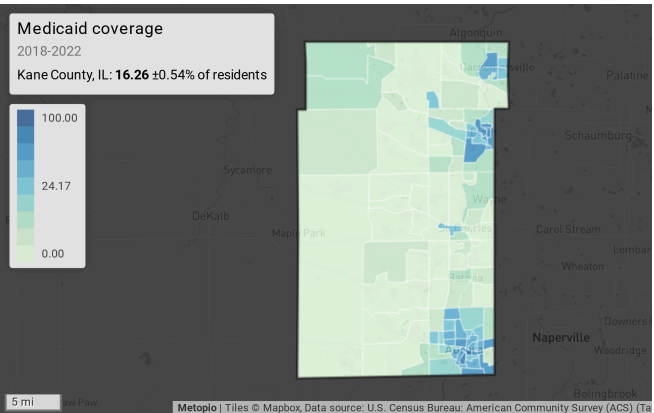


Life expectancy is lowest among the non-Hispanic black population in Kane County.

Sources: Center for Disease Control and Prevention (CDC) PLACES, 2020 & 2021. Center for Disease Control and Prevention (CDC) National Vital Statistics, 2020. Chicago Department of Public Health, 2020.

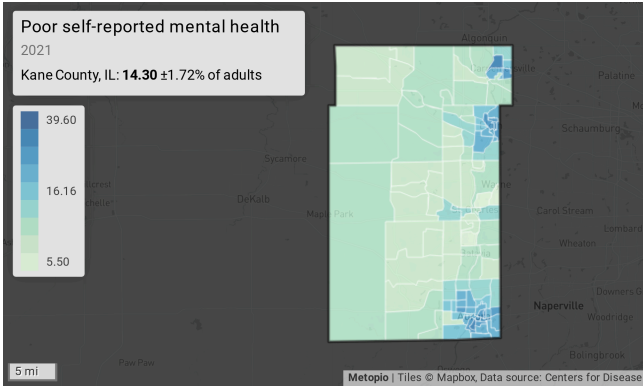


Sources: US Census Bureau American Community Survey, 2022. Center for Disease Control and Prevention (CDC) PLACES, 2020. Diversity Data Kids, 2021. Center for Disease Control and Prevention (CDC), 2021.

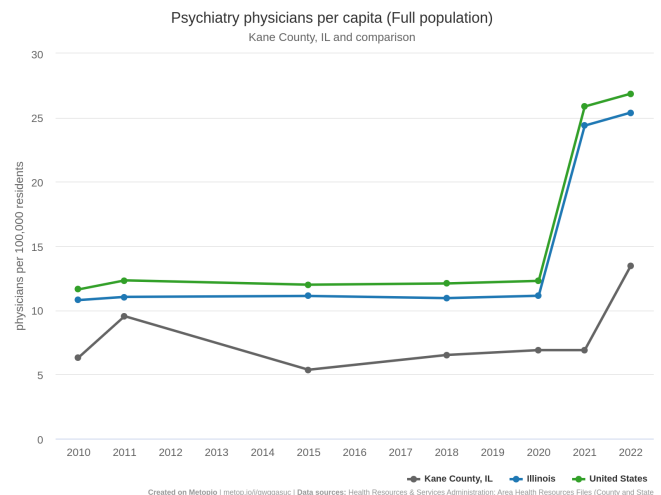
Behavioral Health	
Significance	Populations Most Impacted
<p>Mental health plays a critical role in the overall well-being of communities. Mental health includes emotional, psychological, and social well-being and it affects how we think, feel, and act.<sup>5</sup></p>	<ul style="list-style-type: none"> <li>● Persons without insurance coverage</li> <li>● Persons with Medicaid coverage</li> <li>● Low income community</li> <li>● Youth &amp; adults</li> <li>● Persons with limited English proficiency</li> </ul>
Community Input Highlights	
<ul style="list-style-type: none"> <li>● Adult mental health (44.8%) and adolescent mental health (40.5%) were the most important health related challenges in the community according to community survey respondents</li> <li>● Social media usage among children and teens is considered a big problem (35%) followed stress among children and teens (20.7%) according to community survey respondents</li> <li>● 25.1% of respondents feel they lack companionship some of the time; 6.8% said often. Similarly, 24.9% reported sometimes feeling alone with 5.2% often feeling alone for community survey respondents</li> <li>● 17.3% of respondents feel somewhat worse in describing their mental health compared to before the COVID-19 pandemic; 12.5% needed mental health treatment or counseling in the past 12 months with 20.9% not able to get the help they needed due to affordability (33.7%) and not knowing where to go (27.7%)</li> <li>● 40.0% report using marijuana during the past 30 days for either medical or non-medical reasons</li> <li>● 10.6% of respondents or their child have been exposed to a traumatic event or experience in the past year (i.e. domestic violence, abuse, neglect, incarceration) and of those that did 46.8% said they did not receive any support following the event or experience.</li> <li>● Turnover of providers as well as language access is creating unintended barriers for those seeking help for substance use disorders or mental health was top concern in community focus groups.</li> <li>● There are language access barriers that exist which create greater health disparities.</li> <li>● 65.8% of organizations that participated in the community partner survey said mental and behavioral health is the top health topic their organization focuses on</li> <li>● Access to routine and speciality health care including mental health care and recovery programs a top concern of stakeholders in interviews</li> </ul>	
Secondary Data Highlights	
<p>The variation of Medicaid coverage within the county indicates potential disparities in access to healthcare services and resources, including mental health, particularly for individuals with lower incomes.</p>	<p>There are less psychiatry physicians per capita (full population) in Kane County compared to state and national rates since 2010.</p>
 <p><b>Medicaid coverage</b> 2018-2022 Kane County, IL: 16.26 ± 0.54% of residents</p> <p>Legend: 100.00 (Dark Blue), 24.17 (Light Blue), 0.00 (Light Green)</p> <p>Map labels: Algonquin, Palatine, Schaumburg, DeKalb, DuPage, Cook, Naperville, Woodridge, Bolingbrook, Wheaton, Lombard, Carol Stream, Downers Grove, Naperville, Woodridge, Bolingbrook.</p> <p>Scale: 5 mi</p> <p>© Metopio   Tiles © Mapbox, Data source: U.S. Census Bureau: American Community Survey (ACS) (T)</p>	

<sup>5</sup> Sources: World Health Organization, *Mental health: Strengthening our response*, 2018. Center for Disease Control and Prevention, *About Mental Health*, 2021.

While self-reported poor mental health for Kane County has been lower than state and national averages since 2017, there are substantial geographical disparities that highlight the prevalence of poor mental health in specific areas.



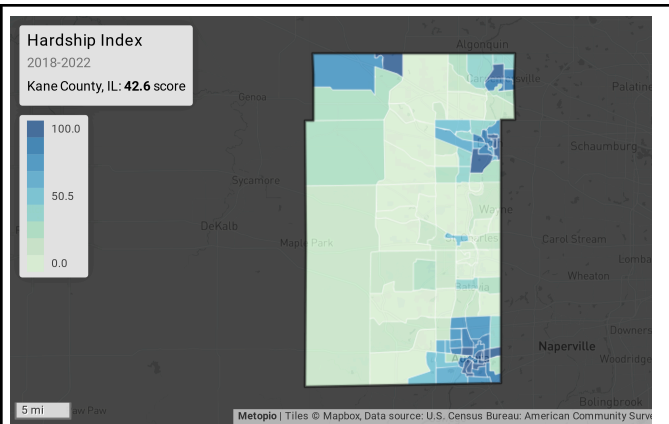
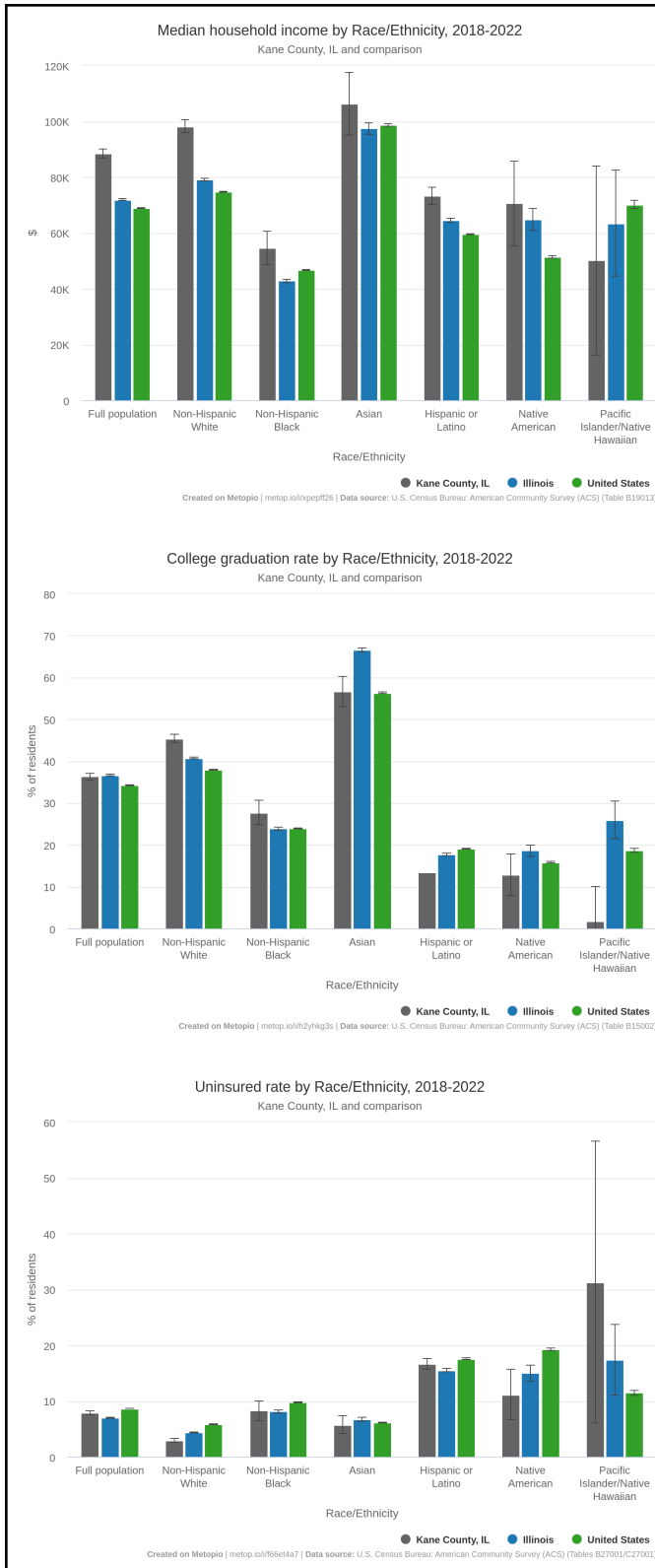
Sources: US Census Bureau American Community Survey, 2022.  
Centers for Disease Control and Prevention (CDC) PLACES, 2021.



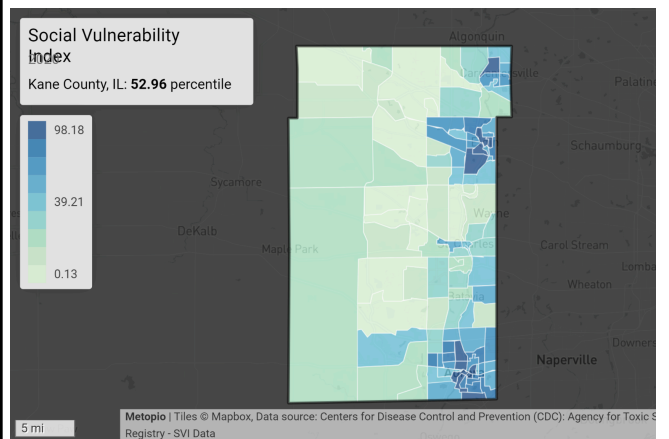
Source: Health Resources & Health Administration Area Health Resource Files, 2022.

Social Determinants of Health	
Significance	Populations Most Impacted
<p>Social and economic factors are important drivers of health outcomes. Addressing structural racism will advance health equity and reduce social determinants. Education is an important determinant of health because poverty, unemployment, and underemployment are highest among those with lower levels of educational attainment. Affordability and accessibility of food correlates social and structural determinants of health. Research indicates that communities with better access to healthy foods have healthier diets and lower rates of obesity.<sup>6</sup></p>	<ul style="list-style-type: none"> <li>● Low income community</li> <li>● Persons residing in center communities of Aurora, Elgin &amp; Carpetnersville</li> <li>● Children</li> <li>● Older Adults</li> </ul>
Community Input Highlights	
<p><b>Food Access &amp; Insecurity</b></p> <ul style="list-style-type: none"> <li>● 48.7% of community survey respondents reported only eating 1-2 servings per day of fruits and vegetables; 7.3% said obtaining fresh fruits and vegetables is very difficult or somewhat difficult; 54.8% said fresh fruit and vegetables are too expensive where they shop</li> <li>● 9.6% of community survey respondents said they often or sometimes worried their food would run out before they had money to buy more</li> <li>● Access to fresh healthy foods as well as cultural factors and built environment contributing to unhealthy lifestyles including obesity in adults and children were named in key stakeholder interviews</li> <li>● The lack of fresh, healthy foods in many areas was named in key stakeholder interviews</li> </ul> <p><b>Built Environment &amp; Housing</b></p> <ul style="list-style-type: none"> <li>● 19.5% of community survey respondents do not have sidewalks in their neighborhood; 41.9% disagree or strongly disagree that their neighborhood is easy to walk, roll or bike to public transit.</li> <li>● Concerns over affordable housing, housing conditions, homelessness and the built environment (walkable communities, green spaces, bike lanes, etc.) was expressed in the open comments on the community survey as well as concerns over traffic, air pollution and increased warehouses</li> <li>● The importance of affordable housing particularly for seniors, working families or single parent households with children was named in key stakeholder interviews</li> </ul> <p><b>Ability to Thrive &amp; Socioeconomic Factors</b></p> <ul style="list-style-type: none"> <li>● 13.5% of community survey respondents did not have enough money to pay their monthly bills in the past 12 months</li> <li>● Transportation barriers for seniors in the community were named in community focus groups</li> <li>● Greater assistance for senior populations to reduce technology and language barriers were named in key stakeholder interviews</li> <li>● Due to COVID-19 pandemic, there continues to be workforce shortages and challenges were named in key stakeholder interviews</li> <li>● 56.8% of organizations participating in the community partner survey focus the most on social and community context; 52.6% of organizations work to improve family well-being followed by education (47.4%)</li> </ul>	
Secondary Data Highlights	
<p>There are racial and ethnic inequities that exist for median household income, college graduation, insurance coverage, and food insecurity in Kane County.</p>	<p>The hardship index score, which is calculated on factors such as unemployment, age dependency, education, per capita income, crowded housing and poverty, shows greater hardship concentrated areas of the county as shown below:</p>

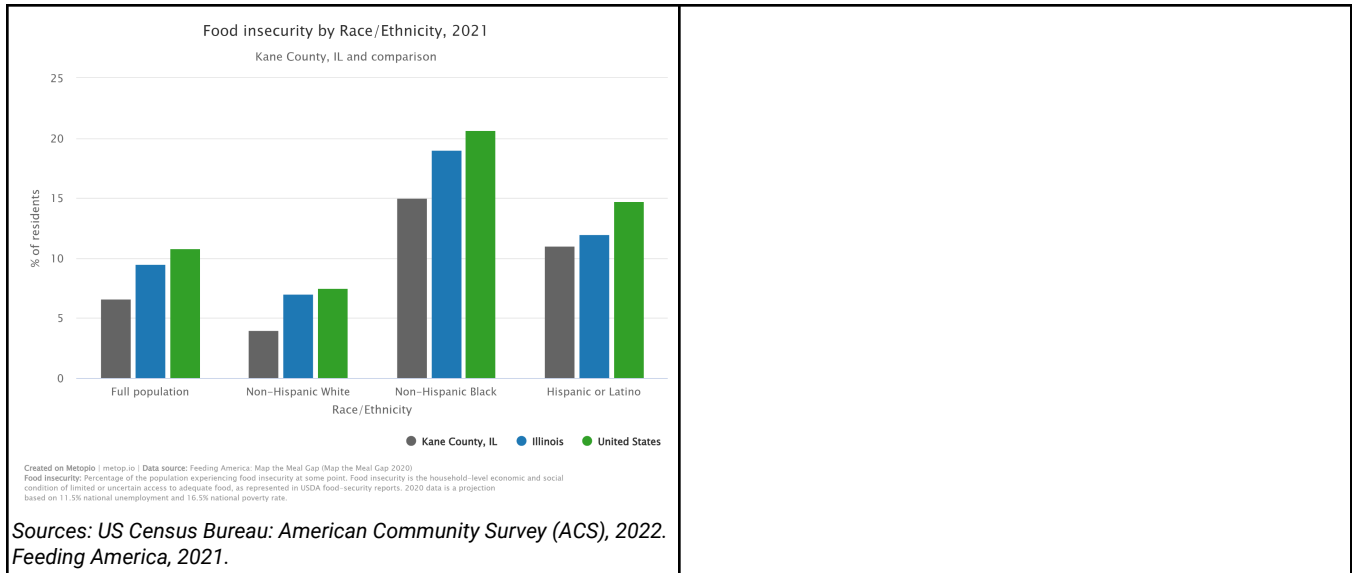
<sup>6</sup> Sources: US Census Bureau, Annual Social and Economic Supplement, 2021. Larson, et al, *Neighborhood environments: Disparities in access to healthy foods*, 2009.



Similarly, the social vulnerability index (SVI) shows the geographical disparity that exists within the county:



Sources: US Census Bureau: American Community Survey (ACS), 2022. Center for Disease Control and Prevention (CDC), 2020.





## **Next Steps**

In the third phase, which will take place following the completion of the community health needs assessment as outlined in this report, Ascension Mercy will narrow the significant needs to a set of prioritized needs. Ascension defines “prioritized needs” as the significant needs that the hospital has prioritized to respond to through the three-year CHNA implementation strategy. The implementation strategy will detail how Ascension Mercy will respond to the prioritized needs throughout the three-year CHNA cycle: July 2024 to June 2027. The implementation strategy will also describe why certain significant needs were not selected as prioritized needs to be addressed by the hospital.

## Summary of Impact of the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to respond to the prioritized needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Ascension Mercy's previous CHNA implementation strategy was completed in September 2021 and responded to the following priority health needs:

1. Behavioral Health (Mental Health & Substance Use)
2. Access to Health Services
3. Immunizations & Infectious Diseases
4. Exercise, Nutrition & Weight

Highlights from the **Ascension Mercy's** previous implementation strategy include:

- **Behavioral Health (Mental Health & Substance Use):** Established Crisis Stabilization Unit. Approximately 300 individuals were screened and referred for substance use disorder treatment.
- **Access to Health Services:** A total of 228 individuals were served through the Dispensary of Hope program and over 614 prescriptions were dispensed. A total of 100% of eligible individuals were provided with medication assistance.
- **Immunizations & Infectious Diseases:** Partnered with local churches, community organizations, social service agencies, local dignitaries and the local health department to provide immunization services for over 2,800 individuals. A total of 99 immunization clinics were held in underserved communities.
- **Exercise, Nutrition & Weight:** Partnered with Northern Illinois Food Bank and 20 elementary schools to offer food assistance programs in local communities. A total of 528 children and families were served; 415,140 pounds of food was distributed; and 345,950 meals were provided.

Written input received from the community and a report on the actions taken to respond to the significant health needs prioritized in the tax year 2020 CHNA implementation strategy can be found in Appendix F (page 52).

## Approval

To ensure Ascension Mercy's efforts meet the needs of the community and have a lasting and meaningful impact, the tax year 2023 CHNA was presented to the authorized governing body for approval and adoption on June 14, 2024. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the reports also demonstrates that the board is aware of the findings from the CHNA, endorses the health needs identified, and supports the strategies developed to respond to those needs.

## Conclusion

Ascension Mercy hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Kane County. This report will be used by internal stakeholders, nonprofit organizations, government agencies, and other Ascension Mercy community partners to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2023 CHNA will also be available to the broader community as a useful resource for further health improvement efforts.

As a Catholic health ministry, Mercy is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals but the communities it serves. With special attention to those who are underserved and marginalized, we are advocates for a compassionate and just society through our actions and words. Ascension Mercy is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit Ascension's public website (<https://healthcare.ascension.org/chna>) to submit any comments or questions.

## Appendices

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Appendix B: Community Demographic Data and Sources

Appendix C: Community Input Data and Sources

Appendix D: Secondary Data and Sources

Appendix E: Health Care Facilities and Community Resources

Appendix F: Evaluation of Impact From Previous CHNA Implementation Strategy

## **Appendix A: Definitions and Terms**

Catholic Health Association of United States (CHA) “is recognized nationally as a leader in community benefit planning and reporting.”<sup>7</sup> The definitions in Appendix A are from the CHA guide *Assessing and Addressing Community Needs, 2015 Edition II*, which can be found at [chausa.org](http://chausa.org).

### **Community Focus Groups**

Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations.

### **Community Forums**

Meetings that provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted toward priority populations. Community forums require a skilled facilitator.

### **Demographics**

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.

### **Key Stakeholder Interviews**

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone (including computer/video calls). In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials. Individuals with special knowledge or expertise in public health may include representatives from your state or local health department, faculty from schools of public health, and providers with a background in public health. Could also be referred to as Stakeholder Interviews.

### **Medically Underserved Populations**

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a

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<sup>7</sup> Catholic Health Association of the United States. (2015). *Assessing & Addressing Community Health Needs, 2015 Edition II*.

hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

**Surveys**

Used to collect information from community members, stakeholders, providers, and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced-choice and open-ended questions.

## Appendix B: Community Demographic Data and Sources

The tables below provide further information on the community’s demographics. The descriptions of the data’s importance are largely drawn from the County Health Rankings & Roadmaps website.

### Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Kane County	Illinois
Total	514,182	12,582,032
Male	50.2%	49.5%
Female	49.8%	50.5%

Source: County Health Rankings Health Data, 2024.

### Population by Race and Ethnicity

Why it is important: The racial and ethnic composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or ethnicity	Kane County	Illinois
Asian	4.7%	6.3%
Non-Hispanic Black / African American	5.3%	14.1%
Hispanic / Latino	33.1%	18.3%
American Indian or Alaska Native	1.1%	0.6%
Non-Hispanic White	55.6%	59.5%

Source: County Health Rankings Health Data, 2024.

### Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare, and child care. A population with more youths will have greater education and childcare needs, while an older population may have greater healthcare needs.

Age	Kane County	Illinois
Below 18 Years of Age	23.6%	21.6%
Ages 65+	15.7%	17.2%



Source: County Health Rankings Health Data, 2024.

### Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods, and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health as well.

Income	Kane County	Illinois	U.S.
Median household income	\$93,500	\$76,700	\$74,800
Children in Poverty	11%	16%	16%

Source: County Health Rankings Health Data, 2024.

### Education

Why is it important: There is a strong relationship between health, lifespan, and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment), and social support helps create opportunities for healthier choices.

Income	Kane County	Illinois	U.S.
High School Completion	87%	90%	89%
Some College	67%	71%	68%

Source: County Health Rankings Health Data, 2024.

### Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Income	Kane County	Illinois	U.S.
Uninsured (all populations)	11%	8%	10%
Uninsured Children	4%	3%	5%

Source: County Health Rankings Health Data, 2024.

## **Appendix C: Community Input Data and Sources**

### **Community survey**

Conducted primarily electronically via Qualtrics (hard copies were also available and completed by the community), the community survey was available in English and Spanish. The survey comprised of 85 questions that included questions such as:

1. On a scale of 1-10 with 1 being not healthy and 10 being very healthy, how would you rate your overall health?
2. On a scale of 1-10 with 1 being not healthy and 10 being very healthy, how would you rate the overall health of people in your neighborhood?
3. Thinking about where you live (zip code, neighborhood), what do you believe are the most important health related challenges in your community?
4. Thinking about where you live (zip code, neighborhood, town) what are the most important community issues?
5. How big of a problem do you feel the following issues are for children and teens in your neighborhood?

Community partners were integral in efforts to circulate the survey to obtain the goal of 2,000 responses. Key community partners that assisted with this process included the Kane County Health Department, healthcare partners and other steering committee members from the Kane Health Counts collaborative, listed on page 14.

### **Community focus groups**

The following are a sample of questions discussed with participants of the community focus groups conducted in Kane County:

1. What is one word you would use to describe your community?
2. What are the strengths of your community?
3. What are the weaknesses or challenges of your community?
4. What would you like to see changed in your community?
5. What are the greatest struggles that people in your community are experiencing?

The focus groups were held virtually for the Kane County Senior and Behavioral Health groups.

### **Key stakeholder interviews**

Ascension Saint Joseph in collaboration with Kane Health Counts engaged 30 key community informants to participate in the key stakeholder interviews. We thank the following individuals for their willingness to volunteer their time and knowledge to this effort:

Conducted virtually, the key stakeholder interviews loosely followed the following set of questions:

1. What are the biggest strengths in the community?

2. What are the biggest challenges in the community?
3. Do you have any recommendations on how we can improve the community?
4. What are the biggest health challenges and issues individuals face in the community?

**Key stakeholder survey**

Ascension Mercy and Kane Health Counts reached out to agencies in the community with an invitation to participate in the key stakeholder surveys. Through this process, seventy-three surveys were collected from over 38 different organizations including other city/county governments, schools/educational institutions, non-profit organizations, grassroots organizations and mental health providers.

Conducted electronically via Qualtrics, the key stakeholder survey was comprised of 40 questions such as:

1. How much does your organization focus on each of these topics? Economic Stability, Education Access and Services, Healthcare Access and Quality, Neighborhood and Built Environment, Social and Community Context
2. Which of the following health topics does your organization work on? Selection of 16 topics such as chronic disease, family/maternal health, HIV/STD prevention, health equity, etc.
3. Does your organization conduct assessments (e.g. of basic needs, community health, neighborhood)?
4. Does your organization analyze data with a health equity lens or health equity in mind?
5. What communications work does your organization use most often?

## Appendix D: Secondary Data and Sources

The tables below are based on data vetted, compiled, and made available on the County Health Rankings and Roadmaps (CHRR) website (<https://www.countyhealthrankings.org/>). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data annually and shares it with the public. The data below is from the 2024 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis.

Additional data in this CHNA report was generated from data platform, Metopio (metop.io) which includes secondary data sources including, but not limited to, the American Community Survey, the Decennial Census, the Centers for Disease Control, Feeding America, the Environmental Protection Agency, Housing and Urban Development, Centers for Medicare and Medicaid, state and county (public) health departments.

### How to Read These Charts

**Why they are important:** Explains why we monitor and track these measures in a community and how it relates to health. The descriptions for “why they are important” are largely drawn from the CHRR website.

**County vs. state:** Describes how the county’s most recent data for the health issue compares to the state average.

**Trends:** CHRR provides a calculation for some measures to explain if a measure is worsening or improving.

- Red: The measure is worsening in this county.
- Green: The measure is improving in this county.
- Empty: There is no data trend to share, or the measure has remained the same.

**United States (U.S.):** Describes how the county’s most recent data for the health issue compares to the U.S.

**Description:** Explains what the indicator measures, how it is measured, and who is included in the measure.

**N/A:** Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

## Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of members within a community.

Indicators	Trend	Kane County	Illinois	U.S.	Description
<b>Length of Life</b>					
Premature death		5,700	7,500	8,000	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life expectancy		80.3	78.0	77.6	How long the average person is expected to live
Infant mortality		5	6	6	Number of all infant deaths (within one year) per 1,000 live births
<b>Physical Health</b>					
Poor or fair health		15%	14%	14%	Percentage of adults reporting fair or poor health
Poor physical health Days		3.4	3.2	3.2	Average number of physically unhealthy days reported in the past 30 days (age-adjusted)
Frequent physical distress		10%	10%	10%	Percentage of adults with 14 or more days of poor physical health per month
Low birth weight		7%	8%	8%	Percentage of babies born too small (less than 2,500 grams)
<b>Mental Health</b>					
Poor mental health days		4.3	4.2	4.8	Average number of mentally unhealthy days reported in the past 30 days
Frequent mental distress		14%	14%	15%	Percentage of adults reporting 14 or more days of poor mental health per month
Suicide		9	11	14	Number of deaths due to suicide per 100,000
<b>Morbidity</b>					
Diabetes prevalence		10%	10%	10%	Percentage of adults ages 20 and above with diagnosed diabetes
Injury Deaths		50	74	80	Number of deaths due to injury per 100,000 population.
<b>Communicable Disease</b>					
HIV prevalence		82	333	382	Number of people ages 13 years and over with a diagnosis of HIV per 100,000
Sexually transmitted infections		387.9	566.9	495.5	Number of newly diagnosed chlamydia cases per 100,000

Source: County Health Rankings Health Data, 2024.

## Social and Economic Factors

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress, and more.

Indicator	Trend	Kane County	Illinois	U.S.	Description
<b>Economic Stability</b>					
Median household income		\$93,500	\$76,700	\$74,800	The income where half of households in a county earn more and half of households earn less
Unemployment		4.5%	4.6%	3.7%	Percentage of population ages 16 and older unemployed but seeking work
Childhood poverty		11%	16%	16%	Percentage of people under age 18 in poverty
<b>Educational Attainment</b>					
High school completion		87%	90%	89%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Some college		67%	71%	68%	Percentage of adults ages 25-44 with some post-secondary education
<b>Social/Community</b>					
Children in single-parent homes		19%	25%	25%	Percentage of children who live in a household headed by a single parent
Social associations		7.6	9.7	9.1	Number of membership associations per 10,000 population
Disconnected youth		6%	7%	7%	Percentage of teens and young adults ages 16-19 who are neither working nor in school
Homicides		3	9	6	Number of deaths due to homicide per 100,000 population.
<b>Access to Healthy Foods</b>					
Food environment index		9.1	8.4	7.7	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best)
Food insecurity		7%	10%	10%	Percentage of the population who lack adequate access to food
Limited access to healthy foods		4%	5%	6%	Percentage of the population who are low-income and do not live close to a grocery store

Source: County Health Rankings Health Data, 2024.

## Physical Environment

Why they are important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing, and transportation to work or school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Indicator	Trend	Kane County	Illinois	U.S.	Description
<b>Physical Environment</b>					
Severe housing cost burden		12%	14%	14%	Percentage of households that spend 50 percent or more of their household income on housing

Severe housing problems		15%	16%	17%	Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities
Air pollution: particulate matter		8.8	8.8	7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Home ownership		75%	67%	65%	Percentage of occupied housing units that are owned

Source: County Health Rankings Health Data, 2024.

## Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicator	Trend	Kane County	Illinois	U.S.	Description
<b>Healthcare Access</b>					
Uninsured		9%	8%	10%	Percentage of population under age 65 without health insurance
Uninsured adults		11%	10%	12%	Percentage of adults under age 65 without health insurance
Uninsured children		4%	3%	3%	Percentage of children under age 19 without health insurance
Primary care physicians		2,500:1	1,260:1	1,330:1	Ratio of the population to primary care physicians
Mental healthcare providers		270:1	320:1	320:1	Ratio of the population to mental healthcare providers
<b>Hospital Utilization</b>					
Preventable hospital stays		2,896	3,327	2,681	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees
<b>Preventive Healthcare</b>					
Flu vaccinations		53%	43%	43%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination
Mammography screenings		43%	49%	46%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening

Source: County Health Rankings Health Data, 2024.

## Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Indicator	Trend	Kane County	Illinois	U.S.	Description
<b>Healthy Lifestyle</b>					
Adult obesity		36%	34%	34%	Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2
Physical inactivity		28%	26%	23%	Percentage of adults ages 20 and over reporting no leisure-time physical activity
Access to exercise opportunities		93%	91%	84%	Percentage of population with adequate access to locations for physical activity
Insufficient sleep		30%	32%	33%	Percentage of adults who report fewer than seven hours of sleep on average
Motor vehicle crash deaths		6	9	12	Number of motor vehicle crash deaths per 100,000 population
Teen births		14	15	17	Number of births per 1,000 female population ages 15-19
<b>Substance Misuse</b>					
Adult smoking		13%	13%	13%	Percentage of adults who are current smokers
Excessive drinking		18%	18%	18%	Percentage of adults reporting binge or heavy alcohol drinking
Alcohol-impaired driving deaths		25%	28%	26%	Alcohol-impaired driving deaths
Drug overdose deaths		18	27	27	Number of drug poisoning deaths per 100,000 population.
<b>Sexual Health</b>					
Sexually transmitted infections		387.9	566.7	495.5	Number of newly diagnosed chlamydia cases per 100,000 population

Source: County Health Rankings Health Data, 2024.

## Disparities

Why they are important: Differences in access to opportunities that affect health can create differences between groups of people in the community. A focus on equity is important to improve health for everyone in the community.

Indicator	Population	Measure
<b>Health Disparities</b>		
Premature death: Years of potential life lost before age 75 per 100,000 population (age-adjusted)	<b>Overall</b>	5,700 per 100,000
	Non-Hispanic Black / African American	12,600 per 100,000
	Hispanic / Latino	5,400 per 100,000
	Non-Hispanic White	5,400 per 100,000
Low birthweight: Percentage of live births with low birthweight (< 2,500 grams)	<b>Overall</b>	7%
	Non-Hispanic Black / African American	13%



	Hispanic / Latino	7%
	Non-Hispanic two or more races	9%
	Non-Hispanic Asian	10%
	Non-Hispanic White	6%

Source: County Health Rankings Health Data, 2024.

## Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Mercy has cataloged resources available in Kane County that respond to the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed under each significant need heading are not intended to be exhaustive.

### Access to Care

Organization	Phone	Website
<b>Ascension Medical Group Illinois - Primary Care Aurora</b>	630.2296708	healthcare.ascension.org
<b>Aunt Martha's Health and Wellness Aurora Community Health Center</b>	877.692.8686	auntmarthas.org
<b>Community Health Partnership of Illinois-Aurora</b>	312.795.0000	chpofil.org
<b>Open Door Health Center of Illinois Open Door Aurora</b>	630.264.1819	odhcil.org
<b>Rush Copley Medical Center</b>	630.978.6200	rushcopley.com
<b>VNA Health Center</b>	630.593.7985	VNAhealth.com

### Behavioral Health

Organization	Phone	Website
<b>Ascension Mercy Behavioral Medicine</b>	844.569.5200	healthcare.ascension.org
<b>Ascension Mercy Crisis Stabilization Unit</b>	844.569.5200	healthcare.ascension.org
<b>Breaking Free Inc.</b>	630.897.1003	breakingfreeinc.org
<b>Ellie Mental Health Aurora</b>	630.394.1379	elliementalhealth.com
<b>Gateway Foundation Aurora</b>	630.283.8985	gatewayfoundation.org
<b>NAMI KDK (Kane-south, DeKalb, Kendall)</b>	info@namikdk.org	namikdk.org
<b>INC Mental Health Alliance Aurora</b>	630.892.5456	incmha.org

**Social Determinants of Health**

<b>Organization</b>	<b>Phone</b>	<b>Website</b>
<b>Aurora Interfaith Food Pantry</b>	630.897.2127	aurorafoodpantry.org
<b>Marie Wilkinson Food Pantry</b>	630.897.5431	mariewilkinsonfoodpantry.org
<b>Northern Illinois Food Bank (West Suburban Center)</b>	630.443.6910	solvehungertoday.org
<b>Ride in Kane</b>	630.762.2600	rideinkane@co.kane.il.us
<b>Mutual Ground</b>	630.897.0084	mutualground.org
<b>Hesed House</b>	630.897.2156	hesedhouse.org

## Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy

Ascension Mercy’s previous CHNA Implementation Strategy was completed in September 2021 and responded to the following priority health needs:

1. Behavioral Health (Mental Health & Substance Use)
2. Access to Health Services
3. Immunizations & Infectious Diseases
4. Exercise, Nutrition & Weight

The table below describes the actions taken during the fiscal 2022-2024 CHNA implementation strategy cycle to respond to each priority need.

Note: At the time of the report publication, the third year of the cycle will not be complete. The hospital will accommodate for that variable; results from the last year of this cycle will be reported and attached to the 2023 IRS Form 990/Schedule H.

### Behavioral Health (Behavioral Health & Substance Use)

Action(s) taken	Status of action(s)	Results
<b>Crisis Stabilization Unit</b> Provide access to substance use disorder services for Mercy community residents.	Completed	<ul style="list-style-type: none"> <li>● <b>Process measures:</b> <ul style="list-style-type: none"> <li>○ <b>Total Number of Patients Served:</b> 293</li> </ul> </li> </ul>
<b>Mental Health First Aid (MHFA) Trainings</b> Continue offering Mental Health First Aid (MHFA) training for Mercy community residents.	Completed	<ul style="list-style-type: none"> <li>● <b>Process measures:</b> <ul style="list-style-type: none"> <li>○ <b>Total Individuals Served:</b> <ul style="list-style-type: none"> <li>■ MHFA: 55</li> </ul> </li> <li>○ <b>Total Number of Virtual Trainings:</b> <ul style="list-style-type: none"> <li>■ MHFA: 10</li> </ul> </li> </ul> </li> <li>● <b>Outcome Measures:</b> <ul style="list-style-type: none"> <li>○ 100% of participants reported increased knowledge of signs, symptoms and risk factors of mental illnesses and addictions.</li> <li>○ 100% of participants reported improvement in mental health literacy and anti-stigma levels following the training</li> </ul> </li> <li>● <b>Comments:</b> <i>MHFA Program sunsetted FY23</i></li> </ul>

### Access to Health Services

Action(s) taken	Status of action(s)	Results
<b>Diabetes Prevention Program</b> Continue offering Diabetes Prevention Program education to Mercy community residents at risk for Type 2 diabetes or with pre-diabetes.	Completed	<ul style="list-style-type: none"> <li>● <b>Process Measure:</b> <ul style="list-style-type: none"> <li>○ <b>Total Number of Individuals Served:</b> 13</li> </ul> </li> <li>● <b>Outcome Measure:</b> <ul style="list-style-type: none"> <li>○ <b>Total Number of Participants with 5-7% Weight Loss:</b> 10 (77%)</li> <li>○ <b>Percent of Participants Who Completed 150 Minutes of Weekly Exercise:</b> 78%</li> </ul> </li> <li>● <b>Comments:</b> <i>Program sunsetted FY23.</i></li> </ul>
<b>Dispensary of Hope</b> Continue offering the Dispensary of Hope program to Mercy community residents in need of medication assistance.	Completed	<ul style="list-style-type: none"> <li>● <b>Process Measure:</b> <ul style="list-style-type: none"> <li>○ <b>Total Number of Individuals Served:</b> 228</li> <li>○ <b>Total Number of Prescriptions Filled:</b> 614</li> <li>○ <b>Total Number of Individuals Provided with Medication Assistance:</b> 228</li> </ul> </li> </ul>
<b>Public Health Insurance Assistance Enrollment</b> Continue to provide assistance for individuals identified as potentially eligible for public health insurance coverage by facilitating their application for government-sponsored healthcare coverage.	Completed	<ul style="list-style-type: none"> <li>● <b>Process Measure:</b> <ul style="list-style-type: none"> <li>○ <b>Total Number of Individuals Referred:</b> 2,046</li> <li>○ <b>Total Number of Individuals Engaged &amp; Educated:</b> 242</li> </ul> </li> </ul>

### Immunization & Infectious Diseases

Action(s) taken	Status of action(s)	Results
<b>Vax Support Services</b> Establish support for partnerships, programs, events, projects and initiatives that address immunizations and infectious disease within Mercy community.	Completed	<ul style="list-style-type: none"> <li>● <b>Process measures:</b> <ul style="list-style-type: none"> <li>○ <b>Total Individuals Served:</b> 1,512</li> <li>○ <b>Total Number of Vaccine Clinics Staffed:</b> 38 out of 48 (80%)</li> </ul> </li> </ul>

Offer access to immunization services for Mercy community residents.		
<b>Flu Fighter Program</b>  Establish support for partnerships, programs, events, projects and initiatives that address immunizations and infectious disease within Mercy community.  Offer access to immunization services for Mercy community residents.	<b>Completed</b>	<ul style="list-style-type: none"> <li>● <b>Process measures:</b> <ul style="list-style-type: none"> <li>○ <b>Total Number of Individuals Served:</b> 1,300</li> <li>○ <b>Total Number of Vaccination Clinics Offered:</b> 61</li> </ul> </li> </ul>

### Nutrition, Exercise & Weight

Action(s) taken	Status of action(s)	Results
<b>School BackPack Program</b> Increase opportunities for community members in the Mercy community to access Nutrition, Exercise & Weight resources.  Establish support for partnerships, programs, events, projects and initiatives that address Nutrition, Exercise & Weight resources.	<b>Completed</b>	<ul style="list-style-type: none"> <li>● <b>Process measures:</b> <ul style="list-style-type: none"> <li>○ <b>Total Number of Children Served:</b> 528</li> <li>○ <b>Total Pounds of Food Provided:</b> 415,140</li> <li>○ <b>Total Meals Provided:</b> 345,950</li> <li>○ <b>Total Backpacks Provided:</b> 21,189</li> <li>○ <b>Total Schools Partnerships:</b> 20</li> </ul> </li> </ul>
<b>Aurora Farmers Markets</b> Increase opportunities for community members in the Mercy community to access Nutrition, Exercise & Weight resources.  Establish support for partnerships, programs, events, projects and initiatives that address Nutrition, Exercise & Weight resources.	<b>Completed</b>	<ul style="list-style-type: none"> <li>● <b>Process measures:</b> <ul style="list-style-type: none"> <li>○ <b>Total Number of Individuals Served:</b> 363</li> <li>○ <b>Total Link Card Users Served:</b> 363</li> <li>○ <b>Total Number LINK-SNAP Benefits Spent:</b> \$7,260</li> <li>○ <b>Total Number of NEW (Nutrition, Education, Weight) Toolkits Provided:</b> 363</li> </ul> </li> </ul>
<b>Blessing Box Micropantry</b> Increase opportunities for community members in the Mercy residents to access Nutrition, Exercise & Weight resources.	<b>Completed</b>	<ul style="list-style-type: none"> <li>● <b>Process measures:</b> <ul style="list-style-type: none"> <li>○ <b>Total Pounds of Food Provided:</b> 6,396</li> <li>○ <b>Total Meals Provided:</b> 5,328</li> <li>○ <b>Total Food Drives:</b> 4</li> </ul> </li> </ul>

<p><b>Access Fox Fitness Program</b> Establish Access Fox Fitness program eligibility and promote programs throughout the community.</p>	<p><b>Completed</b></p>	<p>● <b>Process measures:</b></p> <ul style="list-style-type: none"> <li>○ <b>Total Number of Individuals Served:</b> 929</li> <li>○ <b>Percent of Participants Who Complete 150 Minutes of Weekly Exercise:</b> 73%</li> </ul>
<p><b>Meals on Wheels</b> Establish support for partnerships, programs, events, projects and initiatives that address Nutrition, Exercise &amp; Weight resources.</p>	<p><b>Completed</b></p>	<p>● <b>Process measures:</b></p> <ul style="list-style-type: none"> <li>○ <b>Total Meals Provided:</b> 1,878</li> </ul>