
Assessing Barriers to Healthcare Access in Northern Lake County

Rob Paral and Associates

April, 2012

Executive Summary

The Healthcare Foundation of Northern Lake County (HFNLC) commissioned this report to develop information on barriers to healthcare access in northern Lake County. Selected findings of the report include the following:

Who Lacks Access to Care in Northern Lake County?

- 52,000 northern Lake County residents -- 13.9 percent of persons -- lack health insurance.
- Nearly 8 percent of non-Latino Whites, 12 percent of African Americans and 28 percent of Latinos are uninsured.

What Are Key Patterns of Medical Need?

- The major populations in northern Lake County use hospital-based care in strikingly different ways. More than two-thirds of hospital encounters involving African Americans and Latinos are through the emergency room, compared to 46 percent for White Non-Latinos.
 - The major populations also have different rates of disease and diagnosis. A fifth of inpatient admissions by Blacks and White Non-Latinos are related to childbirth. For Latinos, more than fifty percent of admissions are related to childbirth.
 - Different geographic areas of northern Lake County also have different patterns of medical need. The highest use of outpatient services is in the south and west portions of the HFNLC service area. The highest use of emergency room admissions is in the east of the service area.
 - Residents in North Chicago's zip 60064 and Waukegan zip 60085 are twice as likely as persons from other zip codes to use the emergency room. In fact, the sheer number of emergency room visits (which may involve multiple visits by any given individual) from North Chicago's zip code 60064 over a two-year period is comparable to half the population of that area. This high use of emergency services may reflect inadequate insurance coverage of non-emergency care and/or a lack of primary care.
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What Kind of Providers Are Available and How Are They Used?

- Among nonprofit and government primary care providers in Lake County, the publicly financed community health centers by far see the largest number of low-income and uninsured persons. In 2010 the centers saw about 46,000 patients for primary care, 5,200 for behavioral care and 1,600 for substance abuse treatment. About half of these persons are enrolled in the Medicaid program and about half are uninsured.
- Medicaid payments that are often delayed and may not cover the full costs of services have a dampening effect on private, for-profit providers' ability to serve Medicaid patients.
- Increasing numbers of residents appear to be getting some healthcare at clinics run by Wal-Mart, CVS Pharmacies and Walgreens.
- The county's principal non-profit, non-governmental, provider of primary care, HealthReach, serves a substantial population of about 4,100 uninsured persons.
- Regardless of whether doctors are in public, non-profit or private practice, parts of northern Lake County simply lack providers. The townships of Benton, Waukegan and Zion – home to a fifth of the county's population -- are "health professional shortage areas" according to the U.S. Department of Health and Human Services.

Key Issues Affecting Access

- Federal health reform may bring Medicaid coverage to as many as 21,000 uninsured persons in Lake County, while offering insurance subsidies to 45,000 uninsured persons. This expansion in eligibility raises questions of the county's capacity to provide care and assist the population in transferring into new care systems.

Recommendations to the Foundation

- The report concludes with recommendations to the HFNLC in the areas of assisting county residents, institutions and leaders with the coming expansion of Medicaid and by helping consumers understand their options for subsidized purchase of healthcare insurance. Other recommendations involve reducing high levels of emergency-room use, identifying needs specific to major populations such as Latinos and African Americans, and supporting opportunities to increase relationships and communication among health providers in the county.

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Introduction

Northern Lake County in Context

Located in the northeastern corner of Illinois, northern Lake County is home to more than 365,000 persons. The area is firmly situated within a metropolis of 8 million persons yet it maintains a distinct identity. The eastern portion of the region, near Lake Michigan, is urbanized and includes large municipalities such as Waukegan and Zion. The western portion of the area is marked by numerous freshwater lakes, with population centers in the Round Lake area and Antioch, the latter of which maintains a small-town, semi-rural orientation.

This part of Lake County is changing rapidly. The area grew by more than 12 percent in the last decade, and Latinos rose in number to become almost one of every three residents. Manufacturing jobs have declined and been replaced by a mix of service sector and white-collar workers. Until recently, housing growth has been strong in suburban and exurban settings.

Northern Lake County is facing many currents of dynamism and change, and among them is a large and growing number of residents who have either no health insurance at all or who have other barriers to healthcare access.

The Healthcare Foundation of Northern Lake County

The Healthcare Foundation of Northern Lake County is a charitable, philanthropic organization chartered in the State of Illinois with the proceeds stemming from the sale of non-profit hospitals. The Foundation's primary objective is increasing access to health care among the residents of northern Lake County, and it achieves this by supporting efforts of non-profit organizations and local governments.

The Purpose of This Report

The Foundation commissioned this report with the intent of establishing a baseline portrait of issues affecting access to health care in the county. Rob Paral and Associates (RPA) were hired to conduct interviews, focus groups and to review and analyze data on barriers to obtaining health care. This report presents the findings of that effort. Its contents do not necessarily reflect the views of the board of directors or staff of the Healthcare Foundation of Northern Lake County, but it is hoped that the information paints an accurate picture of the current state of access to health care in the county.

How This Report Was Prepared

The Foundation seeks to involve the community it serves in planning and implementing the programs it serves, so this report is based in part on information obtained from four community meetings and more than 25 interviews with community experts in 2011. The community meetings were organized in partnership with local organizations and leaders:

Community Meetings		
Location	Partner	Date
Round Lake Beach Cultural & Civic Center, Round Lake Beach	Mano a Mano Family Resource Center	August 31,
St. Stephen Lutheran Church, Antioch	Antioch Village Trustee Mary Dominiak	September 29,
Zion-Benton Public Library, Zion	Zion Township Trustee Cheri Ditzig and the Coalition for Healthy Communities	October 25
Park Place (senior center), Waukegan	Waukegan Township Supervisor Patricia Jones	December 5

The following persons were interviewed for this report:

Jeanne Ang, Director of Primary Care Services, Lake County Health Department, Waukegan, IL
 Janice Bennett, Executive Director, YWCA Lake County, Waukegan, IL
 Reginald Blount, Assistant Professor at Garrett-Evangelical Theological Seminary, Evanston, IL, Senior Pastor at African Methodist Episcopal Church, Waukegan, IL and Board Member, Healthcare Foundation of Northern Lake County
 Michelle Crombie, Vice President of Community Impact, United Way of Lake County, Gurnee, IL
 Mary C. Dominiak, Assistant Professor at Loyola University Chicago and Trustee, Village of Antioch, IL
 Carolina Duque, Executive Director, Mano a Mano Family Resource Center, Round Lake Park, IL
 Dale Galassie, Chairman, Illinois Health Facilities and Services Review Board, Springfield, IL
 Hon. Susan Garrett, State Senator, 29th District
 Tim Harrington, Board Member, Healthcare Foundation of Northern Lake County
 Jackie Kendall, Board Member, Healthcare Foundation of Northern Lake County
 Patrick Knott, Associate Dean for Clinical and External Affairs, Chairperson of the Physician Assistant Program, Rosalind Franklin University of Medicine and Science, North Chicago, IL
 Brenda Latz, Board Member, Zion Benton Childrens Services, Zion
 Kristi Long, President and CEO, United Way of Lake County, Gurnee, IL
 Christine Lopez, Director of Foundation Relations, Division of Institutional Advancement, Rosalind Franklin University of Medicine and Science, North Chicago, IL
 Rodrigo Manjarres, Board Member, Healthcare Foundation of Northern Lake County
 Thomas McAfee, President, Northwestern Lake Forest Hospital, Lake Forest
 Shaunta McGee, YWCA Lake County, Waukegan, IL
 Aurie Pennick, Executive Director and Treasurer, The Field Foundation of Illinois, Chicago, IL
 Karen McCormick, Emergency Department Director, Vista Health System
 Suzanne McWilliams, Board Member, Healthcare Foundation of Northern Lake County
 Irene T. Pierce, Executive Director, Lake County Health Department, Waukegan, IL
 Wendy Rheault, Board Member, Healthcare Foundation of Northern Lake County
 Kathy Ryg, President, Voices for Illinois Children, Chicago, IL
 Laura L. Schneider, Policy Analyst, Lake County Health Department, Waukegan, IL

Larry Stanley, Vice President, Marketing & Business Development, Vista Health System

Jane R. Stein, Executive Director, Lake County Medical Society, Lake County, IL

Judith Stoecker, Vice Dean, College of Health Professions, Rosalind Franklin University of Medicine and Science, North Chicago, IL

Jim Warren, Board Member, Zion Benton Childrens Services, Zion

James C. Zimmerman, Executive Director, HealthReach, Inc., Waukegan, IL

Sources of Data

The Lake County Health Department provided us with previously unpublished data on outpatient, inpatient and emergency room admissions of Lake County residents from the Illinois Survey of Hospital Discharges. Other information in this report is derived from the U.S. Census Bureau and the U.S. Centers for Disease Control and Prevention.

A Note on Geographic Definitions

The Healthcare Foundation of Northern Lake County defines its service to include fourteen zip codes. Some of the data in this report cannot be developed for precisely those zip codes, and so we use best-fit methods to approximate HFNLC's target area, as described [at the end of this report](#).

Who Lacks Access to Care in Northern Lake County?

Access to health *insurance* is basic to health *care*. Health insurance is a requisite for nearly all inpatient and outpatient treatment by hospitals and individual physicians. Information on northern Lake County residents without health insurance gives insight into who has the greatest health care access problems. Since not all health insurance programs provide the same access to health care, data on the *types* of health insurance available to residents are also key to knowing who has the greatest barriers to care.

Health Insurance Coverage

A substantial portion of northern Lake County residents do not have health insurance. Some 13.9 percent of northern Lake County residents did not have health insurance in the 2008-2009 period, representing more than 52,000 persons.¹

52,000 northern Lake County residents -- 13.9 percent -- lack health insurance.

Lack of health insurance affects different segments of Lake County society in various ways. Almost 8 percent of non-Latino Whites don't have health insurance, but about 12 percent of the African American population and almost 28 percent of Latinos are uninsured.

Health Insurance Coverage in Northern Lake County: 2008-2009			
	Total	No Health Insurance	No Health Insurance Percentage
White not Latino	206,141	15,634	7.6%
Latino	104,506	29,158	27.9%
Black not Latino	39,095	4,545	11.6%
Asian not Latino	16,902	1,726	10.2%
Other not Latino	10,086	1,173	11.6%
Total	376,730	52,236	13.9%
Source: Author's estimates, based on American Community Survey 2008-2009 Public Use Microdata Samples (PUMS) See Geographic Notes at end of report			

¹ Persons without health insurance did not have any type of insurance including Medicaid or Medicare.

Type of Health Insurance

The type of insurance a person has dictates the cost and availability of medical care. For example, the Medicaid program, offered by the state to low-income persons, has relatively few healthcare providers because of the low reimbursement amounts that the program pays doctors.

Some 81 percent of northern Lake County residents are covered by a private plan, but enrollment in different insurance types varies by race/ethnic groups. The importance of Medicaid to some groups is especially notable. Some 30 percent of insured African Americans and 36 percent of Latinos use Medicaid, compared to only 8 percent of non-Latino Whites.

Type of Health Insurance Used by Key Populations in Northern Lake County: 2008-2009							
	Pct with Medicaid	Pct with Medicare	Pct with VA	Pct with Private Insurance	Pct with Employer/Union Insurance	Pct with Direct Purchase Insurance	Pct with Tricare
White not Latino	8.2%	13.2%	2.5%	90.6%	78.9%	13.5%	4.1%
Latino	35.7%	5.7%	0.6%	62.6%	59.9%	3.4%	1.6%
Black not Latino	30.0%	9.7%	4.7%	66.7%	55.9%	9.6%	6.6%
Asian not Latino	9.9%	7.4%	0.2%	89.1%	80.5%	8.0%	3.9%
Other not Latino	44.8%	5.0%	0.4%	56.5%	50.6%	3.4%	3.9%
Total	17.7%	10.6%	2.1%	80.8%	71.5%	10.3%	3.7%
How to read this chart: For example: 8.2 percent of White non-Latinos had Medicaid coverage. Source: Author's estimates, based on American Community Survey 2008-2009 Public Use Microdata Samples (PUMS). See Geographic Notes at end of report. Note that "Tricare" serves active duty service members, National Guard and Reserve members, retirees, families and survivors. Note also that columns in this chart do not sum to 100% because a person may have more than one type of insurance.							

Discussion

Lack of adequate health insurance affects wide segments of Lake County but the data in this section demonstrate that some groups have disproportionate need. The low rates of insurance among particular groups are cause for concern. Latinos and African Americans are relatively young populations and as such they represent a disproportionate share of the future of Lake County. Having future taxpayers live without healthcare can only limit these persons' eventual productivity and contributions to Lake County society.

The data on types of health insurance highlight the fact that even when individuals are insured, not everyone has equal access to care. Almost 18 percent of insured Lake County residents are covered by Medicaid, yet that program has serious shortcomings in terms of offering sufficient numbers of doctors and caregivers in all major medical specialties. Medicaid and Medicare are

well-established types of government-funded insurance, yet the Administration and Congress have debated reducing funding for these programs. Thus the availability of even well-known types of medical insurance may be more tenuous than is often recognized. Persons with private insurance may face barriers to care due to co-payments and deductibles, especially when a household is hit with unemployment.

For the Healthcare Foundation of Northern Lake County, this information confirms the need to support access to healthcare, but raises the questions of where support is needed.

Communities with high percentages of their members without insurance may need to be a target. At the same time, some populations may have a low percent of persons without insurance, but the total number of uninsured persons may be significant.²

² For example, only 7.6 percent of White non-Latinos lack health insurance, the lowest rate of uninsurance in the county, but the number of White non-Latinos without insurance, 15,634, is high.

What Are Key Patterns of Medical Need?

Information on the medical services currently used by northern Lake County residents is important to understanding healthcare barriers. Statistics on diagnosis and whether treatment took place as an outpatient, an inpatient or in the emergency room give insight into geographic and social patterns of need. Statistics on the causes of death also contribute to understanding medical need.

Profile of Hospital Use

In the 2009-2010 period there were about 94,500 visits by northern Lake County residents for outpatient care, 87,000 visits for inpatient care, and 225,000 visits to emergency rooms. (Note that these data represent visits and not individuals; an individual may be seen at a hospital multiple times.)³

The average age and race/ethnicity of persons in these hospital encounters varies substantially. For example, children 0-14 years of age are 11 percent of outpatients and about 18 percent of inpatients, but almost thirty-three percent of emergency care. Seniors aged 65 years or more, on the other hand, are more than a fifth of inpatient and outpatient visits, but less than seven percent of emergency room visits.

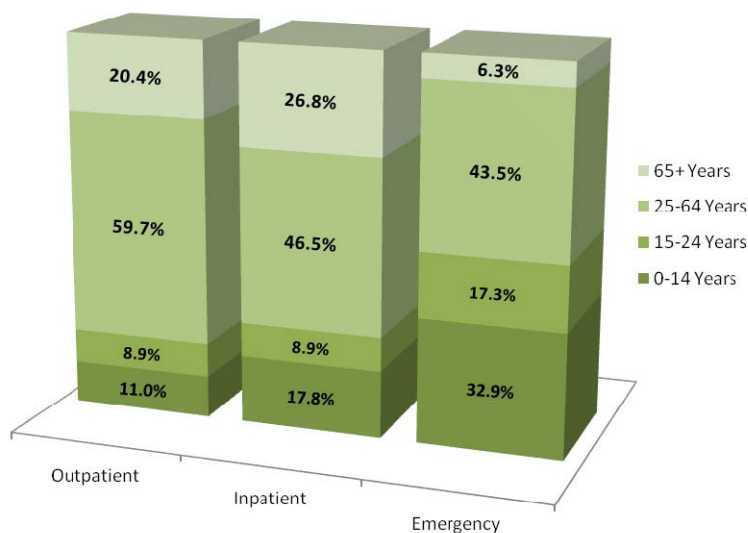
Hospital Services Used by Northern Lake County Residents: 2009-2010

	#	Pct. of Total
Total	406,333	100%
Outpatient	94,507	23.3%
Inpatient	86,631	21.3%
Emergency	225,195	55.4%

Source: Illinois Survey of Hospital Discharges
See Geographic Notes at end of report.

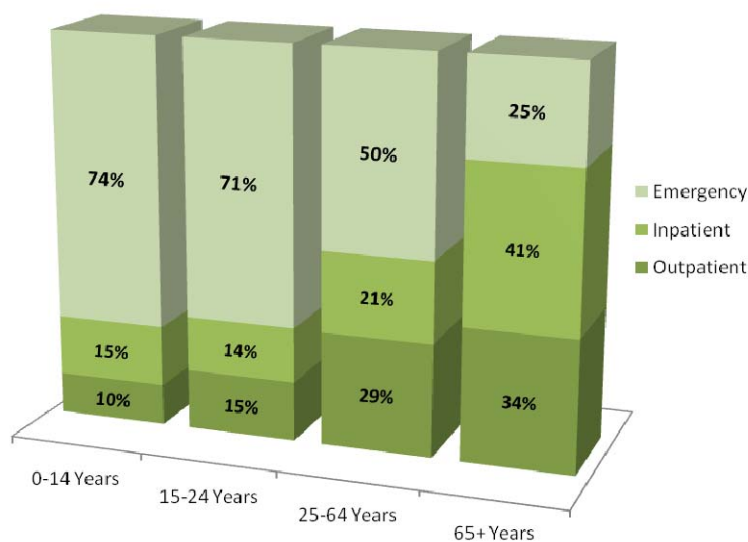
³ The Survey of Hospital Discharges referred to in the table on this and on subsequent pages is the basis of information on diagnoses and types of service (outpatient, inpatient or emergency) provided to residents. For this report we selected records of persons residing in the service area of the Foundation. These individuals may have received treatment at any hospital including locations outside of the Foundation's service area.

Hospital Visits by Type of Visit and Age: Northern Lake County 2009-2010



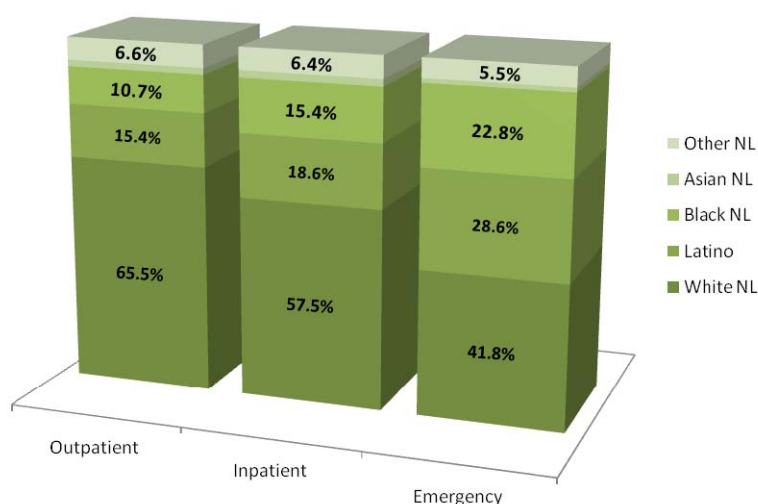
The type of hospital encounter within an age group provides still another perspective on hospital use. As may be seen below, emergency room-usage declines with age, relative to other types of visits, while inpatient and outpatient usage climbs. Some 74 percent of hospital visits among children 0-14 years are to the emergency room, while only 25 percent visits to the hospital by seniors aged 65 years or more are for emergency care.

Hospital Visits by Age and Type of Visit: Northern Lake County 2009-2010



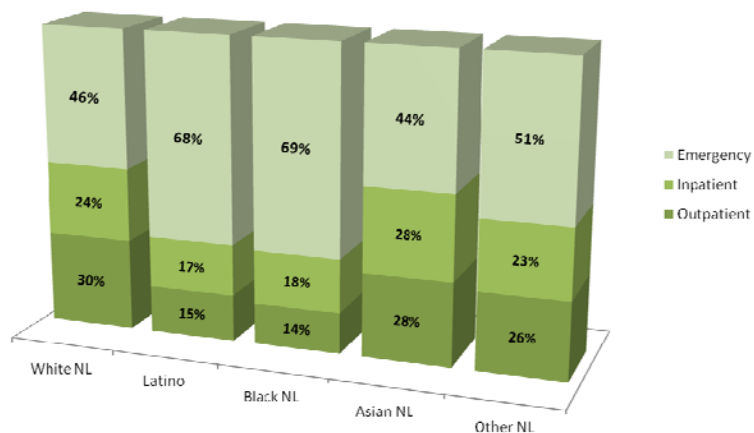
In terms of race/ethnic groups, White non-Latinos are a large majority of inpatient visitors (almost 58 percent) and almost two-thirds of outpatient visitors, but only 42 percent of emergency room visitors. Emergency room use, in contrast, is high relative to other types of hospital visits for Latinos and African Americans. Latinos, for example, are about 15 percent of outpatients but they are more than a quarter of emergency room visitors. For African Americans the difference between outpatient and emergency room use is more pronounced. Blacks are about 11 percent of outpatients but they are twice as likely to be emergency room visitors: 23 percent.

**Hospital Visits by Type of Visit and Race/Ethnicity:
Northern Lake County 2009-2010**



A look at the type of hospital encounter within each racial/ethnic group reveals that emergency room usage represents a majority of hospital visits for Latinos and African Americans (next page). At the same time, the rate of outpatient visits by Latinos and African Americans is less than half that of other populations.

**Hospital Visits by Race/Ethnicity and Type of Visit:
Northern Lake County 2009-2010**



Rates of Hospital Use

Another way to understand patterns of hospital use is by adjusting for population size. For example, in terms of visits per 1,000 persons, northern Lake County residents are more likely to visit the ER than to get inpatient or outpatient treatment. Visits to the ER represent 289 visits per 1,000 residents, while inpatient visits represent 111 visits per 1,000 residents.

Visits per 1,000 Persons			
	Inpatient	Emergency	Outpatient
Total	111	289	121
Asian NL	47	74	46
Black NL	155	597	118
Latino	73	293	66
White NL	119	225	148
"NL" = Non LatinoSource: Illinois Survey of Hospital Discharges: 2009-2010			

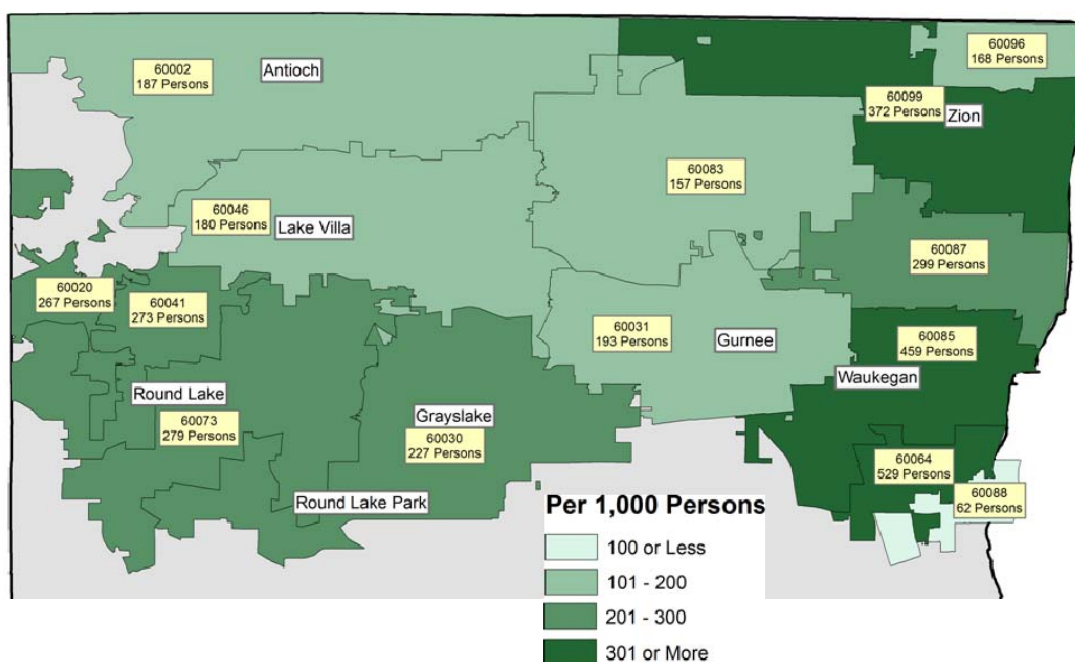
African Americans have the highest use of the ER, at 597 visits per 1,000 Blacks in the population. This is double the rate for the next highest group, Latinos. The ratio of African-American ER visits to outpatient visit is slightly more than 5:1. Among White non-Latinos, who are relatively more likely to use outpatient services, the comparable ratio is 1.5:1

Hospital Use across Geographies

Hospital use varies across different parts of Lake County. Emergency room visits, for example, exceed 300 visits per 1,000 persons in three zip codes in northeastern Lake County: 60064, 60085 and 60099. This rate of ER use is at least fifty percent higher than in several other zip codes.

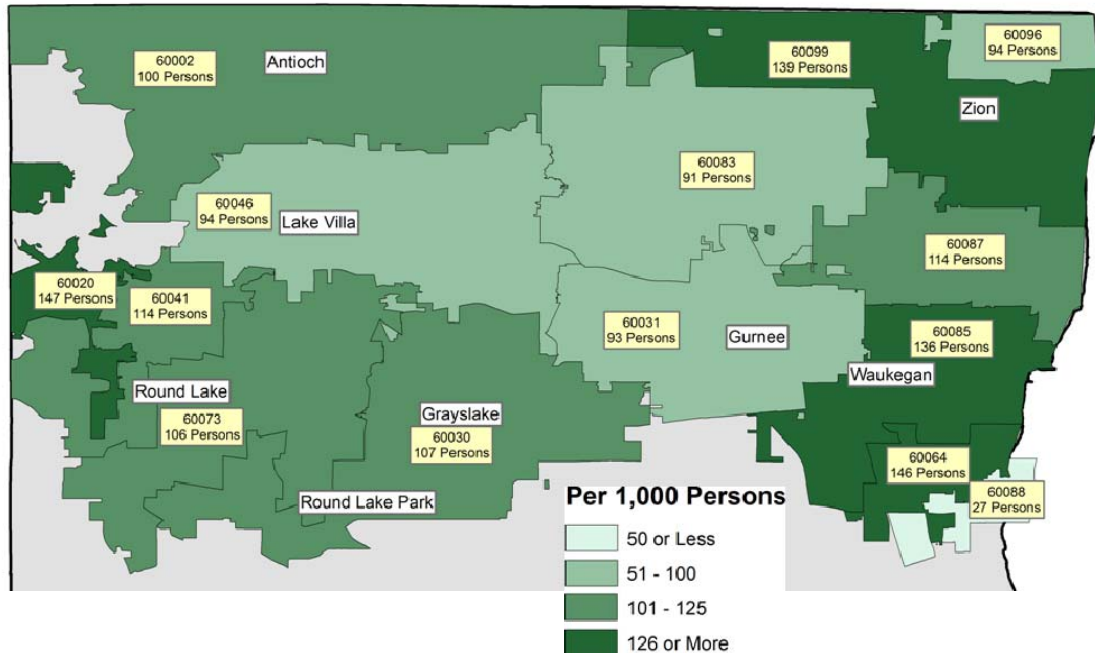
In zip code 60064 which includes North Chicago, emergency room visits average 529 visits per 1,000 persons. If each emergency room trip represented a different person (which it does not, because individuals may take multiple trips) more than half the North Chicago population would have gone to the emergency room.

Emergency-Room Trips per 1,000 Persons by Zip Code: 2009 – 2010

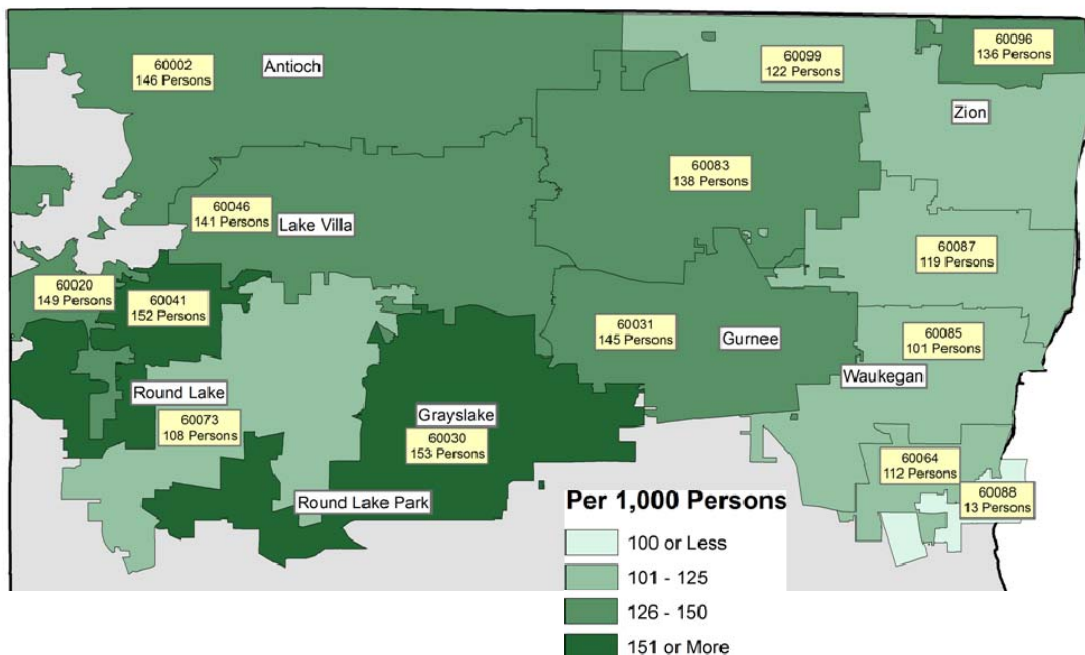


Patterns of inpatient visits resemble that of trips to the emergency room: the highest rates of inpatient visits are in the eastern portion of northern Lake County (and in the Fox Lake area out west). (See next page.) The highest rate of outpatient visits occurs in the Grayslake area (60030) and around Long Lake and Ingleside (60041).

Inpatient Hospital Visits per 1,000 Persons by Zip Code: 2009 – 2010



Outpatient Hospital Visits per 1,000 Persons by Zip Code: 2009 – 2010



Diagnosis Patterns

There are strikingly different patterns of diagnosis along age and race/ethnic lines in northern Lake County.⁴ As might be expected, the youngest county residents, those aged four or less years, are predominantly admitted as inpatients in connection with being newborns or neonates (85 percent). Persons aged 5-14 are most likely to be admitted on the basis of Mental Disease and Diagnosis (35 percent), and disease/diagnosis of the respiratory and digestive systems. Ages 15-24 and 25-44 are prime childbearing years, and well over 40 percent of admissions of these groups involve pregnancy and puerperium. Among persons aged 45 years and older, disease and diagnosis of the circulatory and respiratory system are most common.

Diagnostic Reasons for Inpatient Admissions in Lake County Hospitals, by Age: 2009-2010							
Major Diagnostic Category	Total	Under 5	5 to 14	15 to 24	25-44	45-64	65+
TOTAL Number	86,631	13,610	1,817	7,736	19,342	20,940	23,186
TOTAL Percent	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Not coded	0.7%	0.1%	0.4%	0.3%	0.5%	1.1%	1.0%
D&D of the Nervous System	5.2%	0.8%	6.1%	2.9%	4.0%	7.0%	7.9%
D&D of the Eye	0.2%	0.2%	0.6%	0.1%	0.1%	0.2%	0.2%
ENT D&D	1.1%	1.1%	3.5%	1.1%	0.8%	1.3%	1.2%
D&D of the Respiratory System	8.9%	6.4%	16.2%	2.7%	4.0%	10.7%	14.2%
D&D of the Circulatory System	11.8%	0.4%	1.5%	1.5%	5.1%	18.0%	22.6%
D&D of the Digestive System	8.4%	1.4%	12.1%	5.5%	7.5%	11.8%	11.0%
D&D of the Hepatobiliary System & Pancreas	2.8%	0.0%	0.9%	2.2%	3.2%	4.7%	2.7%
D&D of the Musculoskeletal System	7.6%	0.4%	5.6%	2.1%	4.7%	12.0%	12.4%
D&D of the Skin, Tissue, & Breast	2.4%	0.8%	2.6%	1.6%	2.1%	3.7%	2.7%
Endocrine, Nutritional, Metabolic D&D	3.4%	1.1%	4.1%	2.2%	3.1%	4.4%	4.4%
D&D of the Kidney & Urinary Tract	3.8%	0.7%	3.1%	1.6%	2.9%	4.5%	6.3%
D&D of the Male Reproductive System	0.3%	0.0%	0.2%	0.1%	0.1%	0.6%	0.6%
D&D of the Female Reproductive System	1.6%	0.1%	0.3%	0.8%	3.1%	2.6%	0.7%
Pregnancy Childbirth & Puerperium	14.2%	0.0%	1.0%	51.5%	42.9%	0.1%	0.0%
Newborn and other Neonates	13.3%	84.8%	0.0%	0.0%	0.0%	0.0%	0.0%
D&D of the Blood, Blood Forming Organs, and Immunological	1.3%	0.2%	1.9%	1.1%	1.6%	1.4%	1.6%
Lymphatic, Hematopoietic, and Other Malignancies	0.7%	0.1%	1.2%	1.0%	0.4%	1.1%	0.9%
Infectious and Parasitic Diseases	2.0%	1.0%	1.2%	0.9%	1.1%	2.5%	3.5%
Mental D&D	5.8%	0.0%	34.7%	17.3%	8.0%	5.7%	1.3%
Alcohol/Drug Use and Disorders	1.2%	0.0%	0.2%	1.1%	2.2%	2.4%	0.2%
Poisoning, Toxic Effects, Complications of Treatment	1.3%	0.2%	1.4%	2.1%	1.5%	1.8%	0.9%
Burns	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%
Rehab and After Care	1.7%	0.1%	0.8%	0.4%	0.7%	2.1%	3.6%
HIV Infections	0.1%	0.0%	0.2%	0.2%	0.1%	0.1%	0.1%
Multiple Significant Trauma	0.1%	0.0%	0.0%	0.0%	0.2%	0.2%	0.0%
Table includes only persons from northern Lake County; see Geographic Note at end of report. Source: Illinois Survey of Hospital Discharges: 2009-2010. Cells in red indicate top three reasons for admission by group.							

⁴ Diagnoses in this and the following table apply only to persons admitted to hospitals, and should not be construed to represent diagnosis or potential diagnosis patterns of the population at large.

The hospital inpatient data on race/ethnicity reveal different medical needs among major groups. Childbirth-related admissions events are about a fifth of admissions for White Non-Latinos and Blacks, but more than fifty percent for Latinos. The leading cause of admission for White Non-Latinos and Blacks involves the circulatory system, while for Latinos the leading cause is related to pregnancy. The Asian non-Latino population has a set of admissions somewhat similar to that of Latinos. Almost 46 percent of Asian inpatient admissions are pregnancy and newborn related.

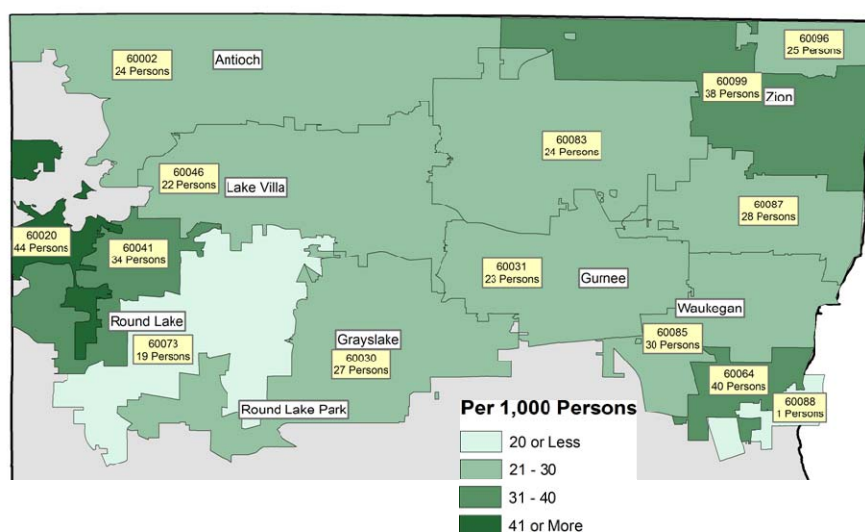
Diagnostic Reasons for Inpatient Admissions in Lake County Hospitals, by Race/Ethnicity: 2009-2010						
Major Diagnostic Category	Total	White NL	Latino	Black NL	Asian NL	Other NL
TOTAL Number	86,631	49,812	16,133	13,335	1,767	5,584
TOTAL Percent	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Not coded	0.7%	0.8%	0.4%	0.8%	0.9%	0.5%
D&D of the Nervous System	5.2%	5.9%	3.5%	5.7%	4.8%	3.1%
D&D of the Eye	0.2%	0.1%	0.2%	0.1%	0.1%	0.1%
ENT D&D	1.1%	1.1%	1.2%	1.4%	1.4%	0.9%
D&D of the Respiratory System	8.9%	9.8%	6.1%	10.6%	6.7%	5.0%
D&D of the Circulatory System	11.8%	13.8%	5.8%	14.3%	8.7%	6.1%
D&D of the Digestive System	8.4%	9.5%	7.1%	7.6%	6.0%	5.5%
D&D of the Hepatobiliary System & Pancreas	2.8%	2.8%	3.3%	2.2%	2.7%	2.2%
D&D of the Musculoskeletal System	7.6%	10.1%	3.4%	4.8%	4.3%	5.8%
D&D of the Skin, Tissue, & Breast	2.4%	2.8%	1.7%	2.2%	1.8%	1.5%
Endocrine, Nutritional, Metabolic D&D	3.4%	3.3%	2.9%	4.8%	2.5%	2.5%
D&D of the Kidney & Urinary Tract	3.8%	4.0%	3.1%	4.2%	4.0%	2.5%
D&D of the Male Reproductive System	0.3%	0.4%	0.2%	0.3%	0.2%	0.4%
D&D of the Female Reproductive System	1.6%	1.6%	1.3%	1.6%	1.1%	2.1%
Pregnancy Childbirth & Puerperium	14.2%	9.7%	26.6%	11.4%	23.5%	22.8%
Newborn and other Neonates	13.3%	9.0%	24.2%	9.7%	22.1%	26.3%
D&D of the Blood, Blood Forming Organs, and Immunological	1.3%	1.0%	0.9%	2.8%	1.4%	0.6%
Lymphatic, Hematopoietic, and Other Malignancies	0.7%	0.9%	0.5%	0.6%	0.6%	0.7%
Infectious and Parasitic Diseases	2.0%	2.4%	1.5%	1.8%	2.0%	1.3%
Mental D&D	5.8%	5.9%	3.7%	8.2%	2.2%	6.6%
Alcohol/Drug Use and Disorders	1.2%	1.5%	0.5%	1.2%	0.1%	1.4%
Poisoning, Toxic Effects, Complications of Treatment	1.3%	1.5%	0.8%	1.3%	1.0%	0.8%
Burns	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%
Rehab and After Care	1.7%	2.0%	0.8%	1.9%	1.8%	1.0%
HIV Infections	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%
Multiple Significant Trauma	0.1%	0.1%	0.0%	0.3%	0.1%	0.1%

Table includes only persons from northern Lake County; see Geographic Note at end of report. Source: Illinois Survey of Hospital Discharges: 2009-2010. Cells in red indicate top three reasons for admission by group.

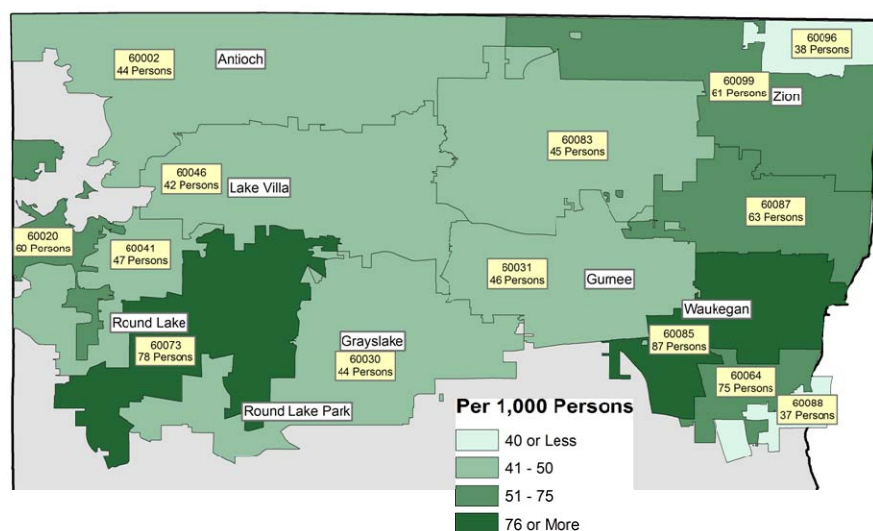
Diagnosis across Geographies

Below we display two types of diagnoses to illustrate how the needs for specific types of care can have different patterns. Zip codes with the highest rates of inpatient admission for circulatory disease or diagnosis, expressed as a number per 1,000 residents, are spread across northern Lake County. Neither Waukegan nor Round Lake is within these areas, Waukegan and Round Lake have the highest incidence of inpatient visits for pregnancy/childbirth reasons.

Inpatient Admissions for Circulatory Disease per 1,000 Persons by Zip Code: 2009 – 2010



Inpatient Admissions for Pregnancy/Childbirth per 1,000 Persons by Zip Code: 2009 – 2010



Causes of death

There were about 31,000 deaths in all of Lake County during the 2000-2007 period. By far the leading causes of death involved the circulatory system (34 percent) and neoplasms (26 percent). (Data on next page.⁵) White non-Latinos died of causes that closely match the overall total, which is to be expected given their predominance among the older population in the county. Latinos and African Americans, however, were at least four percentage points less likely than the overall population to die of neoplasms, Latinos were nine percentage points less likely to die of diseases of the circulatory system, and Latinos were 4 percentage points less likely to die of diseases of the respiratory system. On the other hand, Latinos were far more likely than the general population to die of causes related to the perinatal period.

Both Latinos and African Americans were more likely than the general population to die of external causes. For Latinos the leading external cause of morbidity was transport accidents, while for African Americans it was other external causes of accidental injury including falls, exposure to smoke or fire, and other reasons (these data are not displayed).

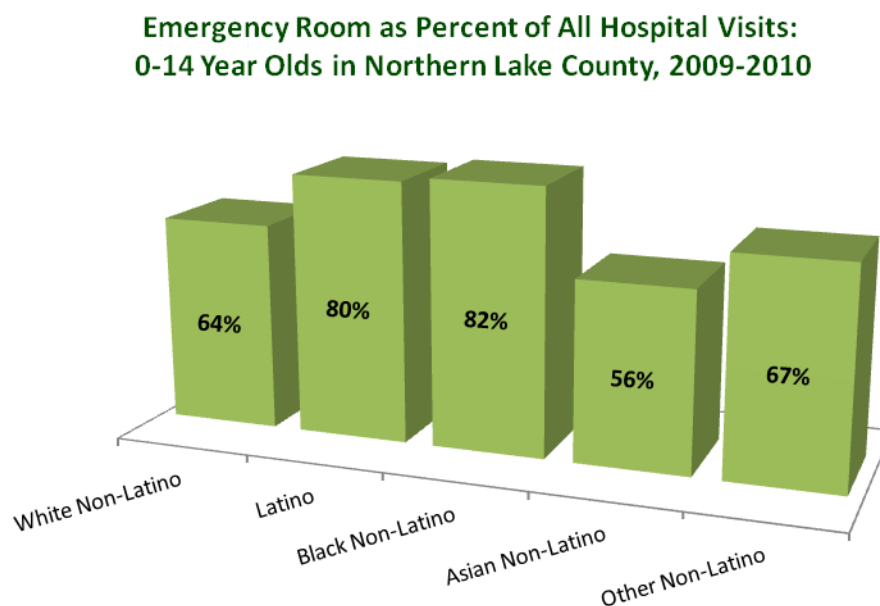
⁵ Percentages in this table are based on deaths, and should not be construed to represent rates of mortality in the overall population.

Cause of Death by Race/Ethnicity in Lake County: 2000-2007						
	Total	White NL	Latino	Black NL	Asian/ Pacific NL	Other/ Unknown NL
Total Deaths	30,796	27,050	1,104	2,097	414	131
Percent of All Deaths	100%	100%	100%	100%	100%	100%
Certain infectious and parasitic diseases	2%	2%	4%	3%	3%	n/a
Neoplasms	26%	27%	20%	22%	38%	27%
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	0%	0%	n/a	1%	n/a	n/a
Endocrine, nutritional and metabolic diseases	4%	4%	6%	6%	3%	
Mental and behavioral disorders	3%	3%	n/a	2%	n/a	n/a
Diseases of the nervous system	5%	6%	3%	3%	2%	n/a
Diseases of the circulatory system	34%	35%	25%	35%	29%	29%
Diseases of the respiratory system	9%	9%	5%	7%	5%	11%
Diseases of the digestive system	3%	3%	4%	3%	3%	n/a
Diseases of the skin and subcutaneous tissue	0%	0%	n/a	n/a	n/a	n/a
Diseases of the musculoskeletal system and connective tissue	1%	1%	n/a	1%	n/a	n/a
Diseases of the genitourinary system	3%	3%	2%	3%	3%	n/a
Certain conditions originating in the perinatal period	1%	0%	6%	2%	n/a	n/a
Congenital malformations, deformations and chromosomal abnormalities	1%	0%	4%	n/a	n/a	n/a
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1%	1%	2%	2%	n/a	n/a
External causes of morbidity and mortality	6%	6%	17%	11%	8%	n/a
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File						
Note: Some columns don't total to 100% due to data suppression						

Discussion

It may be safely said that visits to the emergency room should be the exception and not the rule in terms of how populations interact with the medical delivery system. In Lake County, however, large majorities of young persons and of Latinos and African Americans of all ages use the ER as their primary way of interacting with the hospital systems of the county.

Repeated use of the emergency room may be due to lack of insurance, to insufficient follow-up care that leads to re-admission, or to other factors. The tendency toward emergency room admissions among Latinos and African Americans does not appear to be a function of the relative youth of these groups. Even when looking specifically at 0-14 year olds across the major populations, Latinos and African Americans are substantially more likely than Whites to have the emergency room as their primary type of hospital visit.



Heavy use of the emergency room by Latinos and Blacks may result from having inadequate primary care. A lack of health insurance or possession of inadequate health insurance would be other likely causes of emergency trips to the hospital. For the Healthcare Foundation of Northern Lake County the implication of high emergency room use is whether these visits can be diminished by expanding access to primary care, by more health-related education, or through some other means.

The information in this section on major diseases and diagnoses of the population again highlights the diversity of Lake County populations, with strongly different patterns of medical need among Whites, Latinos and Blacks. The fact that more than half of Latino inpatient admissions are related to childbirth implies a need for prenatal care among Latinos.⁶ The data showing the high incidence of childbirth as an inpatient condition in the Waukegan and Round Lake areas gives an indication of where prenatal care is needed. For African Americans, the relatively high rate of admissions for respiratory and circulatory causes may imply a relatively greater need for public education related to smoking, asthma control and diet.

Morbidity data displayed here likely reflect the different age structure of the major populations in Lake County. White non-Latinos are relatively more likely to die of circulatory problems and neoplasms which are generally associated with age. The relatively young Latino population again is identified with childbirth as a leading medical event, in this case as a cause of death. This again implies a need for investment in prenatal care among Latinos. The high rates of death due to external causes for both Latinos and African Americans call for investigation into the need for more workplace safety, poverty reduction (which should reduce exposure to violence) and community safety.

⁶ For example, about 77 percent of Latina mothers giving birth in Lake County in 2006 had prenatal care in their first trimester. For non-Latina women, the rate was 85 percent. (Source: [National Center for Health Statistics](#))

What Kind of Providers Are Available and How Are They Used?

To complement the previous discussions of healthcare access (insurance coverage) and healthcare needs (diagnosis and mode of treatment), this section discusses the types of health care providers available to residents of northern Lake County.

For-Profit Providers

The business model of private-practice doctors is changing significantly. Fewer physicians choose to operate as independent practitioners due in large part to the increasing cost and complexity of managing an independent practice. The trend is for primary care physicians to join practices that are affiliated with hospitals. Relatively few private-practice physicians accept large numbers of Medicaid patients and not many can accept patients without any insurance. Our interviews and focus groups with community members revealed a trend of getting healthcare at clinics run by Wal-Mart, CVS Pharmacies and Walgreens. These clinics are typically staffed by nurse practitioners. The Lake County Health Department reports that there are nine in-store pharmacy clinics in the county (e.g., Walgreens and CVS) and three retail stores with clinics (e.g., Target and Wal-Mart).⁷ The type of care offered is limited, but on the other hand the clinics are low-cost and can have ample hours of operation, such as Sundays.

Lake County physicians and nurses are not evenly distributed across the county. The U.S. Department of Health and Human Services has designated the northeastern Lake County townships of Benton, Waukegan and Zion as health professional shortage areas. These are defined as having shortages of primary medical care, dental or mental health providers.

⁷ Lake County Health Department/Community Health Center 2011: *Lake County Community MAPP Assessments Mobilizing for Action through Planning and Partnerships: Community Themes and Strengths Assessment* (draft report) <http://www.lakecountyil.gov/Health>



Not-for-Profit Providers

HealthReach is a non-profit, free healthcare clinic operating two sites in Lake County, one in Waukegan and the other in Mundelein. The organization also runs a pharmacy in Libertyville.

HealthReach accepts any Lake County resident below 150 percent of the poverty level who can prove that they are both uninsured and ineligible for Medicaid. The clinic asks for a donation for visits and charges co-pays for pharmaceuticals. Specialty medical care available through HealthReach includes cardiology, orthopedics and ophthalmology. In 2010, HealthReach provided primary care, dental, pharmacy and/or case management services to about 4,100 persons.

Zion Benton Children Services is a not-for-profit organization operating out of a former elementary school in Zion, Illinois. It provides full preventive dental services to school children aged 4-18 in the Benton and Zion townships, and served 1,900 young persons in a recent year.

Rosalind Franklin University Health System is affiliated with a medical school in North Chicago. The Scholl Foot and Ankle Clinic provided podiatric services on a sliding fee scale to about 200 persons in 2010, and the university sends students to 23 community sites to provide podiatric care. The system also provides some reproductive and behavioral care to Medicaid patients at a Vernon Hills facility, and sends some clinical psychology students to provide care at HealthReach (the latter activity being funded by the Healthcare Foundation of Northern Lake County).

In 2011 the Rosalind Franklin University Health System took over the operation of a Care Coach that had previously been run by Lake Forest Hospital. This is a mobile vehicle staffed by a nurse

that visits communities in the county and provided prevention and wellness care. One person interviewed for this report noted that the Care Coach is a de facto medical home for persons without health insurance.

Government-Operated Health Centers

The Lake County Health Department operates six community health centers with funding from federal, state and local county governments, which pay about two-thirds of costs. The remaining source of income comes from patient fees and Medicaid charges. These clinics are located in Waukegan, North Chicago, Round Lake Beach, Zion and Highland Park. The county also operates an outpatient clinic for ambulatory mental health and behavioral health patients. In 2010 the county's clinics saw about 46,000 patients for primary care, 5,200 for behavioral care and 1,600 for substance abuse treatment. About half of the persons seen at the community health centers are enrolled in the Medicaid program.

The Community Health Centers of Lake County serve all Lake County residents regardless of insurance coverage. For the uninsured, fees are assessed on a sliding scale ranging from ten dollars per visit for persons below the federal poverty level and at a range up to one hundred percent of costs for persons between 100 and 200 percent of the poverty level. Costs of pharmaceutical prescriptions include a dispensing fee and drug cost depending on the type of medicine. Diagnostic testing such as x-rays require small co-payments from the patient.

Although it is difficult to assess how many northern Lake County residents need medical services, but do not access them through the County's Community Health Centers, some approximate conclusions may be made about the level of unmet need. As previously discussed, there are approximately 52,000 uninsured persons in northern Lake County alone. The Community Health Centers provide medical services to all persons who seek care: 46,000 persons countywide, annually. Roughly half (23,000) of these patients are not in the Medicaid program, but presumably uninsured. With 52,000 uninsured persons in northern Lake County, and roughly 23,000 uninsured patients receiving care countywide, many uninsured northern Lake County residents are apparently not seeking medical care through the Community Health Centers. The difficulty assessing unmet medical need is complicated because some uninsured patients receive medical services through the private sector and not all uninsured patients require care in a given year.

Discussion

The various providers of healthcare in Lake County are all undergoing shifts in who they deliver service to and how. The number of private practitioners who accept uninsured patients is understandably small. In independent practices, doctors may accept a certain number of patients who cannot pay their full bill, but fewer and fewer doctors are self-employed in their

own practices. It would seem less likely that they can continue to accept non-paying clients on an ad-hoc basis if they are employed in a practice affiliated with a hospital.

We were unable to obtain data on how many doctors in Lake County accept Medicaid, but anecdotal evidence from our interviews suggest that declining numbers of physicians can run a profitable business with the low payment levels of Medicaid, with delayed payments, and with the bureaucratic procedures of the program. As a board member of Zion Benton Childrens Services put it, “If you only took Medicaid, you would be out of business.” The agency noted that a dental filling costs one hundred dollars but Medicaid pays only thirty.

The lack of medical specialists accepting Medicaid is especially serious. A participant in the Round Lake Beach community meeting told of traveling to Milwaukee to bring her child to an ophthalmologist. Discussants within the Antioch, Round Lake and Zion community meetings all noted difficulties in finding medical specialists in their respective areas, regardless of the doctors participation in Medicaid.

The community health centers of the health department have their own challenges in light of the federal Affordable Care Act (“ACA” - discussed below) and current economic reality. County government budgets are under stress and tax collections have declined. On the other hand, the ACA, which envisions increasing the numbers of persons eligible for Medicaid, could potentially add as many as 21,000 new persons to the list of those eligible for services at the community health center (discussed later in this report).

Each of these sectors within the primary healthcare delivery system of Lake County is thus undergoing change, with much of the new landscape still to be determined. For the Healthcare Foundation of Northern Lake County, this may present a need to map out this process in greater detail to better understand where the county may be in five years. Part of this could include a need to facilitate communication among the sectors and related groups such as patient advocates and other types of medical providers.

Key Issues Affecting Access

In the pages below we address key contextual issues affecting access to healthcare in northern Lake County. Federal healthcare reform has direct relevance to reducing barriers in the county, but trends in poverty, population diversity, transportation and health industry change should also be taken into consideration when assessing access.

Healthcare Reform

The Affordable Care Act (ACA) became federal law on March 23, 2010. The Act contains many provisions including new restrictions on insurance companies' ability to deny coverage for pre-existing conditions, a requirement that most individuals obtain some form of coverage, and other significant changes.

At this writing in the Spring of 2012 the U.S. Supreme Court has taken up the constitutionality of the ACA. By June of 2012 the Court will decide to uphold or strike down specific provisions of the law or the entire act. This makes it hard to predict the landscape of government-supported healthcare in the near future. Given that at least some provisions of the law may be upheld, it is worthwhile to discuss the impact of major aspects of the law on northern Lake County.

Of particular interest to the Healthcare Foundation of Northern Lake County, given its interest in addressing barriers to healthcare access affecting lower-income populations, are ACA provisions directed at low and moderate-income persons who are uninsured. For persons with incomes up to about 138 percent of the poverty level, The Affordable Care Act will deliver coverage by granting these individuals eligibility for Medicaid.⁸ (The ACA actually sets Medicaid eligibility at 133 percent of poverty, but ignores up to five percent of a person's income, making the practical cut-off point 138 percent of the poverty level.)

For persons above 138 percent but below 400 percent of poverty, the ACA will offer subsidies for the purchase of health insurance coverage. As seen in the table below, these changes may bring Medicaid coverage to as many as 15,500 uninsured persons in Lake County, while offering insurance subsidies to 28,000 uninsured persons.⁹

⁸ This is a significant expansion because most persons currently eligible for Medicaid in Illinois have income no higher than the poverty level and certain categories of persons such as nondisabled, childless adults cannot get Medicaid unless their incomes are far below the poverty level.

⁹ Most undocumented immigrants will continue to be ineligible for Medicaid.

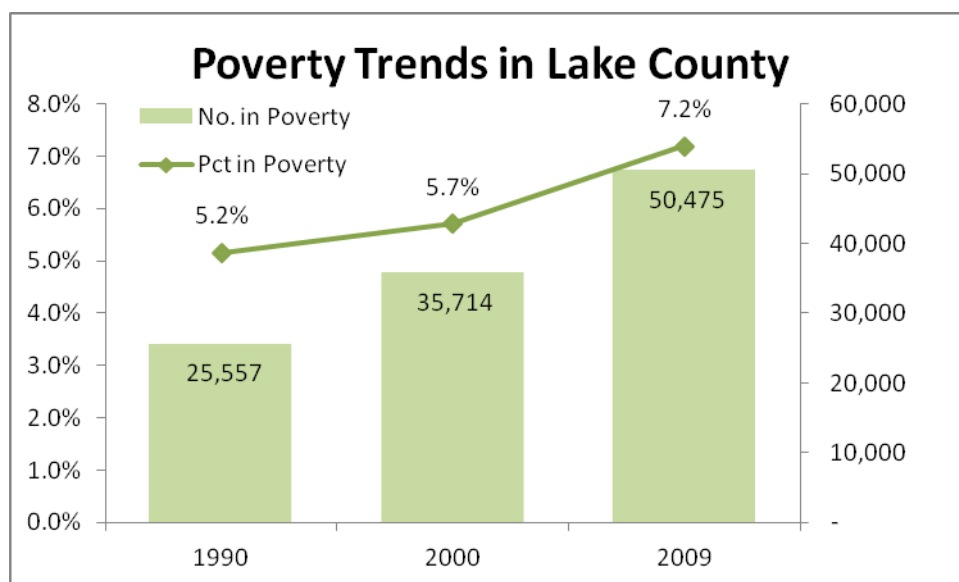
Impact of the Federal Healthcare Reform Law on the Uninsured Population in Northern Lake County		
Total Uninsured	52,236	
138% or Less of Poverty	15,686	← Likely to gain Medicaid coverage; may place pressure on community health centers
139%-400% of Poverty	28,097	← Likely eligible for subsidies to purchase insurance
401% or More of Poverty	8,453	
Source: 2008-2009 American Community Survey		

Those persons below 138 percent of poverty will need to seek a physician or medical practice that accepts Medicaid. Given the fact that relatively few private-practice physicians accept Medicaid, and that the county's community health clinics may be close to their capacity, the question arises of how the county develops capacity to serve the expanded Medicaid population.

Both of the key populations will potentially have great need for information with which to make their healthcare access choices. Those at or below 138 percent of poverty will need to understand enrollment procedures for Medicaid and will probably benefit from information on what type of doctors or medical practices may be most convenient for them. The population between 138 and 400 percent of poverty will likely benefit from learning how to navigate the insurance exchange where they will purchase coverage, how to obtain their subsidy, and how to complete other steps in the process of getting coverage.

Poverty Trends

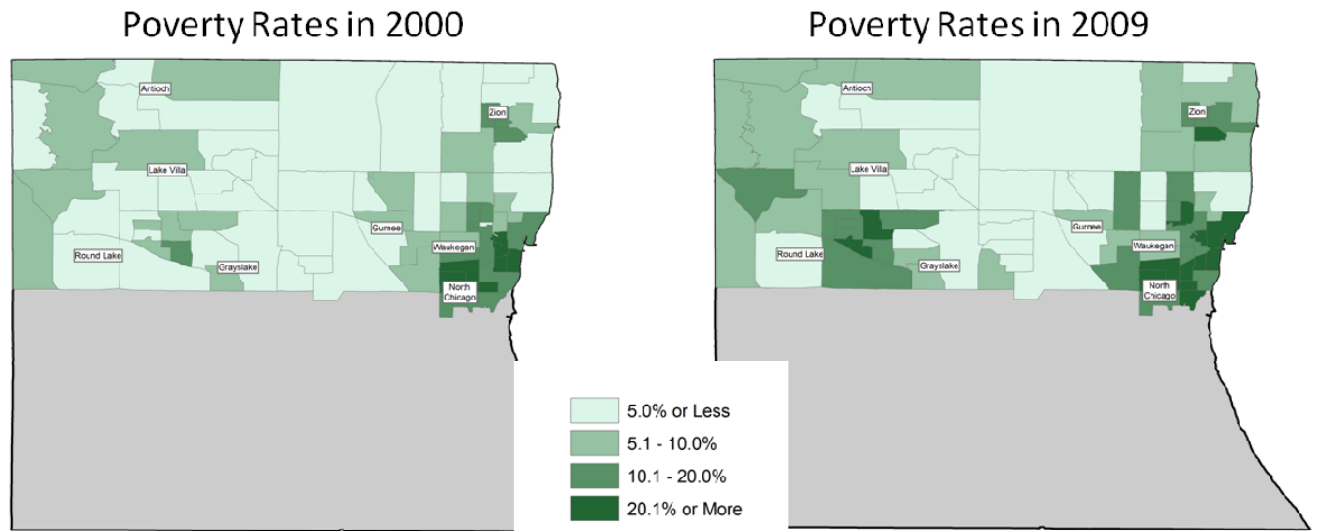
Lake County is undergoing important economic changes including rising unemployment, homes in foreclosure due to the housing crisis, and restructuring in many industries including manufacturing, services and government jobs. While many indicators exist to assess the directions of the county, the poverty rate is a useful proxy to measure whether more or less residents are in serious economic need.



Poverty has long been relevant in the context of health care access. Persons below the poverty level may have access to state-sponsored health insurance or Medicaid in Illinois if they are less than 19 years of age, are the low-income parent of a minor, or are disabled. These government-sponsored plans, however, have de facto limits on the numbers and types of doctors that patients may see. Adults who are poor but who are neither disabled nor parents of minor children are generally not eligible for Medicaid; this eligibility will change, however, under federal health reform.

Persons in poverty experience high unemployment. This, in turn, limits their likelihood of having employer-sponsored care. When these persons do have a job, their employer often doesn't offer them health insurance. Diet and lifestyles of low-income persons are also linked to poor health outcomes. Low-income persons often do not have internet access in their home, and lack information on health.

Thus it is instructive to point out the increase in poverty in Lake County over recent decades. The number of poor persons has doubled since 1990, from 26,000 to 50,000, and the rate of poverty has climbed from 5.2 to 7.2 percent. Geographically, poverty has spread.



Increasing Diversity

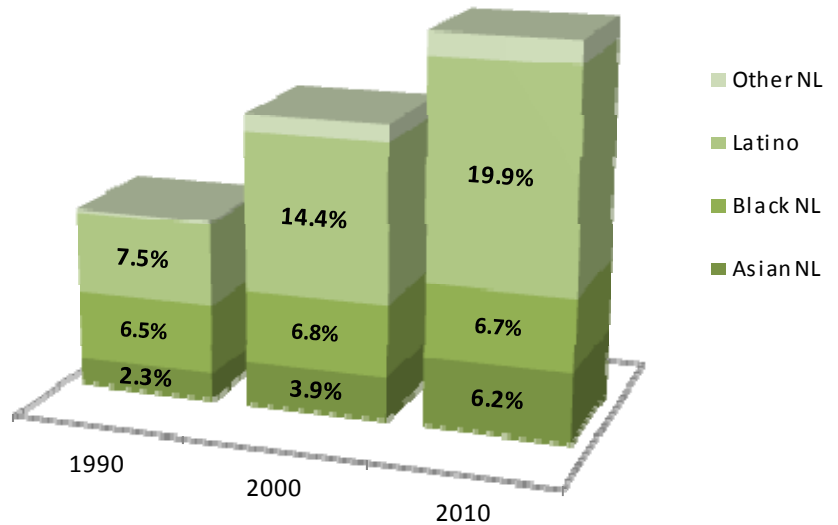
African Americans and Latinos are key populations in need in Lake County. The 47,000 African Americans in the county have a high poverty rate of more than 18 percent and often reside in disadvantaged geographic areas marked by characteristics including high crime, high unemployment, insufficient social services and even insufficient access to nutritious food (i.e., “food deserts”). About 13 percent of African Americans in Lake County lack health insurance.

While the African American percentage of Lake County has remained stable over the last decade, the overall number of Blacks rose by about 3,000 persons over the last decade.

The Latino population in Lake County has risen dramatically over the past decades. There were 39,000 Latinos in Lake in 1990 but 93,000 in 2010. A large portion of Latino adults are immigrants and many are not U.S. citizens. Of the Latino noncitizens, a substantial percentage does not have legal permanent residence in the U.S. This means they are generally ineligible for non-emergency medical services funded by Medicaid. Overall, some 31 percent of Latinos in Lake County do not have insurance.

Immigrants in Lake County number about 126,000 persons and represent 18 percent of the county population. A large portion of the foreign-born population consists of persons from Latin America, and many of these persons do not have legal residence. But immigrants face unique barriers to health care regardless of their immigration status. They may not be able to communicate with a medical provider in English, and the provider may have insufficient staff and procedures to interpret or translate for patients. Participants in our community meeting in Round Lake Beach noted having to wait extra time to receive care if they did not speak English.

Non-White Share of Lake County Population



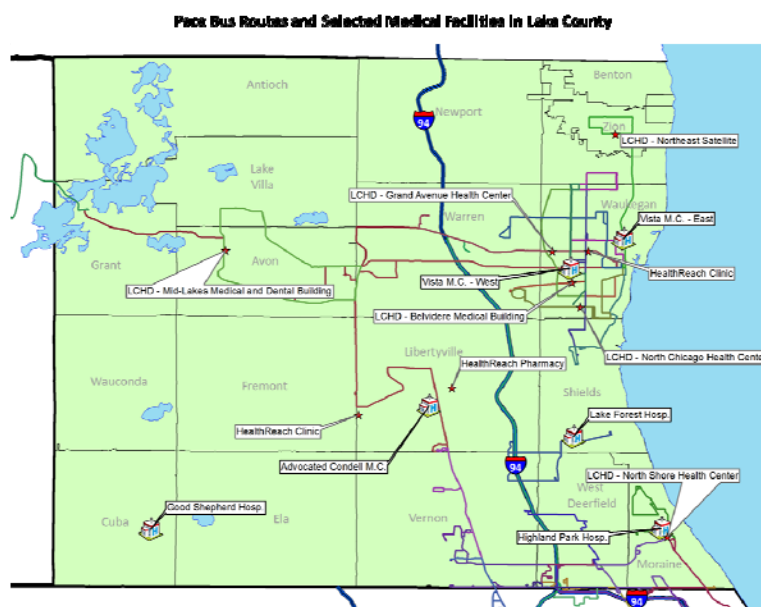
The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services provides some information related to populations of particular concern in Lake County. HRSA designates census tracts as “medically underserved areas/populations” if these areas have too few primary care providers, high infant mortality, high poverty and/or high elderly population.¹⁰ In Lake County, these areas are all in the eastern portion of the county.



Source: U.S. Health Resources and Services Administration

Transportation

Participants in our community meetings made many comments on the lack of public transportation in Lake County. The public bus system for the county is managed by the regional Pace system. There are multiple bus routes in Lake County, but these are concentrated in the eastern and southeastern portions of the county. Northwestern Lake County has one or two Pace bus lines running approximately west to east. Participants in the Antioch community meeting noted that the closest hospital to Antioch, Illinois, is a 40-minute drive. Southwestern Lake County (an area of 120 square miles)



¹⁰ <http://bhpr.hrsa.gov/shortage/>

has no public bus service. Four Metra commuter rail lines cross the county, but they are oriented toward movement into and out of Chicago. Finally, most hospitals and county health centers are located in the eastern portion of the county, making it hard for persons from the population centers near, for example, Antioch or Round Lake, to travel to get care.

Industry Transformation

The healthcare industry is undergoing a period of reform, and earlier we discussed trends related to private-practice doctors, non-profit providers and county-funded community health centers. The hospital sector, however, is experiencing its own major shifts in Lake County. Over the past decade two non-profit hospitals have been purchased by a for-profit hospital system and two others have been either bought by or merged into a university-related system. At the same time, the various hospital systems have opened new outpatient facilities in locations such as Grayslake.

For persons without health insurance or with Medicaid only and who are in need of primary care, it is hard to assess the impact of the shifting hospital scene. None of the shifts appear to have increased access to primary care for such persons.

Discussion

This section of the report discusses a mix of trends and aspects of Lake County that affect access to health care. Looking across the range of issues in this section – health care reform, poverty, diversifying populations, etc. -- it is apparent that these forces are unlikely to slow down or diminish their impact in the near future. The Affordable Care Act could be changed by court order or legislative amendment but it has set in motion awareness of how badly new systems of insurance are needed. If implemented as envisioned, the Act will dramatically increase demand for health services and for help with navigating the new system of insurance subsidies.

The evolution of Lake County, its residents and its systems of healthcare will present the Healthcare Foundation of Northern Lake County with continuing and even accelerating needs to define when and where an issue should be considered key to improving access. It raises the possibility of intervention being needed in systems that at first seem removed from the access question, e.g., a more effective countywide transportation system, or immigrant legalization that confers eligibility for healthcare. It also presents the challenge of deciding on the scope of investment – broad and regional vs. targeted and narrowly defined, -- and on priority, as reflected in different needs seen across the diverse geographies, populations and health statuses in Lake County.

Recommendations to the Foundation

Based on the foregoing information in this report, the following section suggests a number of directions that HFNLC may wish to pursue in its effort to increase access to care. These items aren't meant to suggest that the foundation isn't already involved in comparable efforts. Rather, the ideas should be reflected against the foundation's current activities to potentially identify areas for new or additional investment.

Be Prepared to Respond to the Affordable Care Act if It Is Upheld

Pending the U.S. Supreme Court's decision on the constitutionality of the Affordable Care Act, the ramifications of any upheld provisions should be a priority for the HFNLC because the Act has potentially far-reaching effects on both individuals and healthcare institutions that form the backbone of healthcare delivery. The Act represents one of the most significant forms of social welfare legislation in recent decades, but our interviews found that many key players in the health and human service system do not understand its potential effects.

Educate the public. Support public education efforts to explain the meaning and effect of the new law. Uninsured persons potentially eligible for Medicaid will benefit from information on how to navigate program application rules. Individuals will need access to information on the new health insurance exchanges. Misinformation and misunderstanding could slow implementation.

Assist the Lake County Community Health Centers to adapt. The expanded Medicaid population could potentially overwhelm the capacity of the Community Health Centers, assuming that the number of private-sector providers who accept Medicaid remains low. This calls for rethinking the way that the Centers deliver care, e.g., by new construction, expanded use of existing facilities (e.g., open on weekends), or cost saving via technology (e.g., record storage and retrieval, on-line appointments, etc.). Indeed, some of these areas are being pursued by the county in funding applications to the federal government and to HFNLC. These steps call for out-of-the box thinking that could be supported by making experts and information available to the system.

Consider ways to leverage or re-think the contributions made by all healthcare providers. A precedent for collaboration among health care providers was the blue ribbon commission hosted by state senator Susan Garrett in the early 2000s. This brought together representatives of the Community Health Centers, hospitals, HealthReach, and the medical society. One of the major recommendations of Senator Garrett's commission was coordination of specialized care across the major providers.

Find Ways to Redirect Patients away from the Emergency Room

Too many persons use the emergency room in Lake County, and for Latinos and Blacks, the emergency room is by far their most common way of obtaining hospital-based care. There is a fiscal impact on townships and municipalities that pay heavy amounts for increasing numbers of ambulance runs. But more importantly, patients entering the emergency room may be, in effect, using it as an alternative to primary care for which they have no access. The result is costly for the hospital and taxpayer and inefficient for the patient.

Investigate emergency room use further, to determine the diagnoses related to these trips.

Support projects that divert patients toward regular, non-emergency care. These can include disease maintenance projects that work with asthma patients, for example, to get earlier and more cost-efficient care.

Work with local governments and hospitals. Townships and municipalities paying for high emergency vehicle trips should have an incentive to work in partnership with other healthcare providers to find ways to lower emergency room use.

Align Investments with Community Needs

Identify interventions that recognize key needs across communities. Data on hospital use show Latinos overwhelmingly using childbirth-related services, while African Americans have diagnoses related to respiratory and circulatory disease and diagnosis. This pattern argues for a need among the Latino community for increased access to pre- and post-natal education and services. Among the African-American community, more access to education and intervention on topics such as smoking cessation, asthma management and dietary change appear warranted. Addressing the needs of these particular communities is supported by the fact of their size, high rates of uninsurance, and tendency to be covered by plans that provide limited services (e.g., Medicaid).

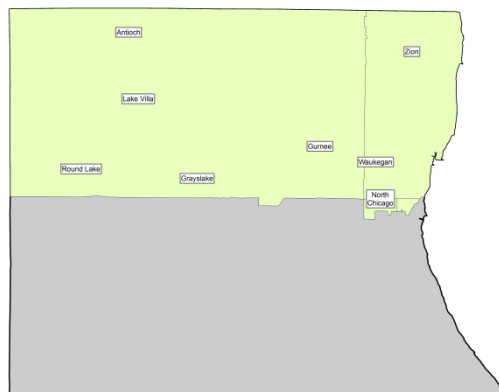
Invest in efforts to understand special-needs populations. The elderly, persons with disabilities, persons with alcohol or substance abuse, and other groups have their own challenges to getting appropriate care, and the Foundation should investigate and prioritize their needs. Funding of prevention efforts could be targeted to younger populations, for example. The Foundation should also consider support for expansion of healthcare services to geographically underserved areas such as the northwestern portion of the county.

Provide a Bridge Between Organizations, Leaders and Activists

The HFNLC has an excellent record in identifying opportunities to fund increased healthcare access, but it is worth noting that our interviews in the county heard a significant number of comments to the effect that providers and other organizations see a need for more opportunities to be convened. At times these comments suggested that HFNLC could initiate more meetings among providers, but in other conversations the message was simply that the providers would benefit from more opportunities to interact with one another. In light of this the HFNLC should consider what steps would be required to bring providers together more often, with the goal of developing more links, relationships and shared ideas.

Geographic Note

The Healthcare Foundation of Northern Lake County has a service area defined by fourteen zip codes. Some of the data in this report cannot be developed for precisely those zip codes, and so we used a “best-fit” method, as described below, depending on the source of data.

Table	Geographic Area
Table: Health Insurance Coverage in Northern Lake County: 2008-2009	<p>Tabulated PUMS data for PUMAs 03302 and 03303 plus a synthetic estimate, based on race/ethnicity, of census tracts 8631 and 8632.01 in North Chicago.</p> 
Table: Type of Health Insurance Used by Key Populations in Northern Lake County: 2008-2009	Tabulated PUMS data for PUMAs 03302 and 03303
Tables and Charts on Hospital Utilization Data	Fourteen zip codes in northern Lake County, conforming to zips served by HFNLC
Other Charts in the Report	Certain data tables are only available at the countywide level.
Table: Impact of the Federal Healthcare Reform Law on the Uninsured Population of Lake County	Initial tabulation based on PUMS data for PUMAs 03302 and 03303; a minor adjustment was made to tabulated estimates in order to include the population of two census tracts in North Chicago that fall in HFNLC's service area.

About Rob Paral and Associates

Rob Paral and Associates conduct applied research to assist philanthropic, advocacy and human service organizations in understanding the populations they serve. We use quantitative and qualitative analytical, survey and other tools, and strive to present findings in accessible format. Our clients include national, regional and local organizations, and our publications, reports and presentations number in the thousands. More information on our work is available at <http://www.robparal.com>