Healthcare Foundation of Northern Lake County Community Needs Assessment May 2022

Prepared by: Leading Healthy Futures

HEALTHCARE FOUNDATION OF NORTHERN LAKE COUNTY COOMMUNITY NEEDS ASSESSMENT

Contents

I. Executive Summary

This community health needs assessment, prepared for the Healthcare Foundation of Northern Lake County (HFNLC) by Leading Healthy Futures (LHF), provides a comprehensive, mixed-methods examination of the health needs and issues within HFNLC's geographic catchment area. The purpose is to identify community needs that must be addressed to achieve HFNLC's vision of equitable healthcare access and optimal health for all residents of northern Lake County.

Defined as 14 ZIP Codes in northern Lake County, HFNLC's service area is home to more than 370,000 total residents. Of these, more than half identify as a person of color or as a racial or ethnic minority, and one-third speak a language other than English at home. Nine percent of all service area residents are uninsured, while 17 percent have Medicaid or other public insurance, and 28 percent have incomes below 200 percent of the Federal Poverty Level. These issues, as well as unemployment, poor educational attainment, lack of affordable housing, food insecurity, and transportation barriers, all pose challenges to resident health and wellbeing.

Disease burden is also high in the service area, particularly around diabetes, obesity, and asthma. Preventive health services such as visits to the dentist or doctor and cancer screenings are not consistently accessed, whether due to costs, transportation barriers, or fears about immigration status. Although there are safety net providers, much of the area is designated as a Medically Underserved Area, Medically Underserved Population, and/or a Primary Care Health Professional Shortage Area, indicating there remains a substantial amount of unmet need.

Furthermore, significant disparities in socioeconomic needs and disease burden exist across the service area. As a result of structural inequities, residents living in communities in the East, such as Waukegan, Zion, and North Chicago, have higher rates of poverty, unemployment, and poor educational attainment. They also face higher rates of adult and pediatric obesity, asthma, cigarette smoking, late entry into prenatal care, and diabetes mortality. Communities in the West and Central portion of the service area have generally better health and socioeconomic indicators, but fare somewhat worse on binge drinking, depression, and mammography rates, as well as access to transportation. And some populations, including immigrants, people with disabilities, and LGBTQI+ individuals, face unique access to care challenges regardless of where they live, including language, provider alignment, insurance eligibility, and transportation.

Based on feedback from community stakeholders, there are many opportunities for HFNLC, its grantees, and its partners throughout northern Lake County to improve access to and delivery of health-related services, increase health equity, and reduce health disparities. Recommendations from stakeholders included expanding community health worker programs, increasing provider diversity, focusing on cultural competency and trust within healthcare, growing the healthcare workforce pipeline, improving working conditions and pay in and outside of healthcare, addressing social determinants of health like transportation, and collaborating across organizations.

II. Introduction

A. Organizational Background

The Healthcare Foundation of Northern Lake County (HFNLC) is a nonprofit grantmaking organization that supports efforts to improve access to health services for underserved residents of northern Lake County, Illinois. Incorporated in June 2006, HFNLC was funded with the proceeds of the sale of two nonprofit institutions that had provided a range of compassionate and innovative healthcare services to Waukegan and surrounding communities: Saint Therese Medical Center and Victory Memorial Hospital.

Today, HFNLC seeks to improve the health status of uninsured, underinsured, and medically underserved residents. It is especially interested in addressing gaps in health services, increasing the capacity of effective organizations and programs, and fostering innovative solutions to persistent healthcare access problems. Its vision is one of equitable healthcare access and optimal health for all residents of northern Lake County.

B. Purpose

To better understand the need for health services in northern Lake County, HFNLC completes a comprehensive community health needs assessment every three years. This report was completed in May 2022 in partnership with Leading Healthy Futures. The report is made available to the public and to HFNLC's grantees and may be used for a variety of different purposes, such as increasing accessibility of health-related services, improving delivery of health-related services, and guiding resource allocation to reduce health disparities among community residents.

C. Methods

This needs assessment incorporates both quantitative and qualitative data. Quantitative data was collected using the most recently available data sets as of November 2021 from the American Community Survey (ACS); UDS Mapper; CDC Wonder, the Behavioral Risk Factor Surveillance System (BRFSS); the National Survey of Children's Health; Youth Risk Behavior Survey (YRBS); Policy Map; CDC PLACES; and other publicly available online sources.

At times, the best available data may be only available at the county or state levels rather than ZIP Code level. In these cases, a standard extrapolation methodology is used to estimate the percent of a population with a certain disease or condition in each ZIP Code. This methodology allows health data only available at the state or county level, for example, to be reliably extrapolated down to a smaller geography, such as ZIP Code, using data breakouts available by race and ethnicity or age. Data are compared to relevant benchmarks such as national and state averages. Data are also occasionally shown by municipality or census tract if that is the most current and relevant data available.

Qualitative data on community perceptions was gathered through three methodologies. First, a community survey for local community residents and partners was conducted from August through October 2021. This survey was available in both English and Spanish and could be completed online. It was distributed via the Live Well Lake County steering committee, HFNLC's grantee partners, and other key nonprofit organizations in the county. In total, 340 total survey responses were received, of which 203 (169 complete responses) were from residents of northern Lake County. Respondents came from all residential service area ZIP Codes (see page 6), as well as two

additional ZIP Codes in northern Lake County not in HFNLC's official catchment area.

It should be noted that the survey was a self-reported survey conducted by a self-selected convenience sample of individuals connected to or coming into contact with HFNLC and/or its grantees, not a controlled random sample of the entire service area population. As such, it is important to note that convenience samples are vulnerable to hidden and systemic biases, where the sample results may differ from the results that would be derived from the entire population. It is therefore unknown how responses in this convenience sample survey may differ from the whole service area population. Despite such limitations, the survey responses provide valuable insight into community members' perspectives and perceived needs.

As a second qualitative methodology, subject matter expert interviews were conducted in September and October 2021 with individuals recommended by HFNLC leadership as having knowledge of and perspectives on the health needs of the community. These experts included representatives from the Lake County Health Department, area hospitals, county leadership, and other funders and provided community insight and recommendations for HFNLC through these lenses. In total, Leading Healthy Futures conducted 11 individual or group phone interviews with 19 different individuals.

Finally, four virtual focus groups were held in October 2021 to gather insights from several key populations whose perspectives were vital to include. These groups included the African American Community Partnership Group (AACPG), to share perspectives from the Black/African American community; the Asociación Comunitaria Latina or Latino Community Association (ACL), to provide insights from the Latino community; the Lake County Center for Independent Living (LCCIL), to share perspectives on the needs of people with disabilities; and intake coordinators and other representatives from behavioral health organizations from the Behavioral Health Action Team (BHAT), to provide insight into the needs of people with mental health conditions. The groups also functioned as "member checking," allowing for further discussion regarding themes emerging from the survey and interviews. In total, 36 individuals participated in one of four focus groups facilitated by Leading Healthy Futures.

To share initial findings from this mixed-methods analysis and to synthesize and make meaning of this information, two large virtual town hall meetings were held in February 2022. HFNLC grantees, partners, and other community stakeholders were invited to attend either of two three-hour sessions to hear a presentation on the initial qualitative and quantitative findings, and to convene in small breakout groups with fellow nonprofit leaders to discuss reactions to the findings and brainstorm ideas and recommendations for addressing access barriers in northern Lake County. In total, 89 individuals participated in the breakout sessions, in addition to additional community partners, HFNLC board members, and staff who listened to portions of the town hall conversations.

Please note that this report uses the terms "Latino," "Hispanic/Latino" and "Hispanic" interchangeably. Most graphs that use American Community Survey data use the term Hispanic or Hispanic/Latino, consistent with terminology used by the U.S. Census Bureau, while most narrative uses Latino, which is more consistent with the terminology used by most community members. This report also uses the terms "Black," "Black/African American," and "African American" interchangeably.

D. Service Area Definition

HFNLC's geographic service area is defined in its bylaws based on the catchment area of the former Saint Therese Medical Center and Victory Memorial Hospital. It includes 14 ZIP Codes in Lake County, Illinois: 60002, 60020, 60030, 60031, 60046, 60064, 60073, 60079, 60083, 60085, 60086, 60087, 60088, and 60099. These are shown on the map that follows.

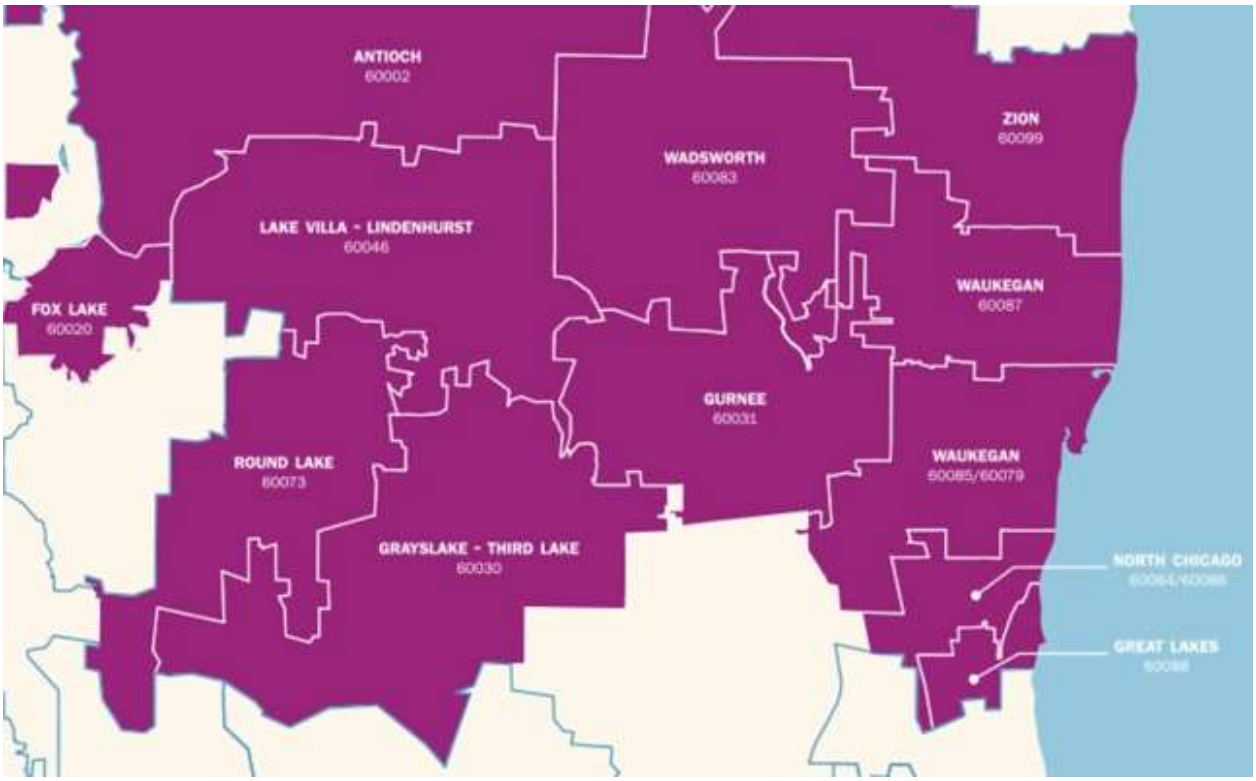

Figure 1: HFNLC service area ZIP Codes and municipalities.

Two of these ZIP Codes, 60079 and 60086, are P.O. box–only and do not have any demographic or health data associated with them. Thus, the other 12 ZIP Codes are the primary basis of the analysis in this assessment. For the community survey, responses were also considered to be part of the service area if they came from two additional ZIP Codes, 60041 and 60096, which are not officially part of HFNLC's service area but which are part of northern Lake County.

The ZIP Codes and their corresponding municipalities are listed on the table below.

ZIP Code	Municipality	ZIP Code	Municipality
60002	Antioch	60079	Waukegan (P.O. Box only)
60020	Fox Lake	60083	Wadsworth
60030	Grayslake	60085	Waukegan
60031	Gurnee	60086	North Chicago (P.O. Box only)
60046	Lake Villa, Lindenhurst	60087	Waukegan
60064	North Chicago	60088	Great Lakes
60073	Round Lake	60099	Zion

This service area population comprises 370,012 total residents in northern Lake County, which is approximately 53 percent of the total population of Lake County.

Given the meaningful variation in demographics and needs across HFNLC's large service area, three geographic regions have been defined for the purposes of this assessment. The 12 service area ZIP Codes that are not P.O. box–only have been grouped into the regions shown outlined on the map below: West, Central, and East.

The regions were defined based on normal community and demographic patterns. The East region contains some of the larger urban areas, such as Waukegan, North Chicago, and Zion, where more communities of color reside. The Central region contains some small to midsize communities, such as Gurnee and Grayslake, but also is home to large unincorporated and semirural areas. The West region has a mix of both characteristics, with some more urban communities such as Round Lake but also some more rural communities in Antioch and Fox Lake. Dividing the service area into regions allows for the overall service area and each of these three regions to be compared to each other, to Lake County as a whole, and to Illinois or the nation.

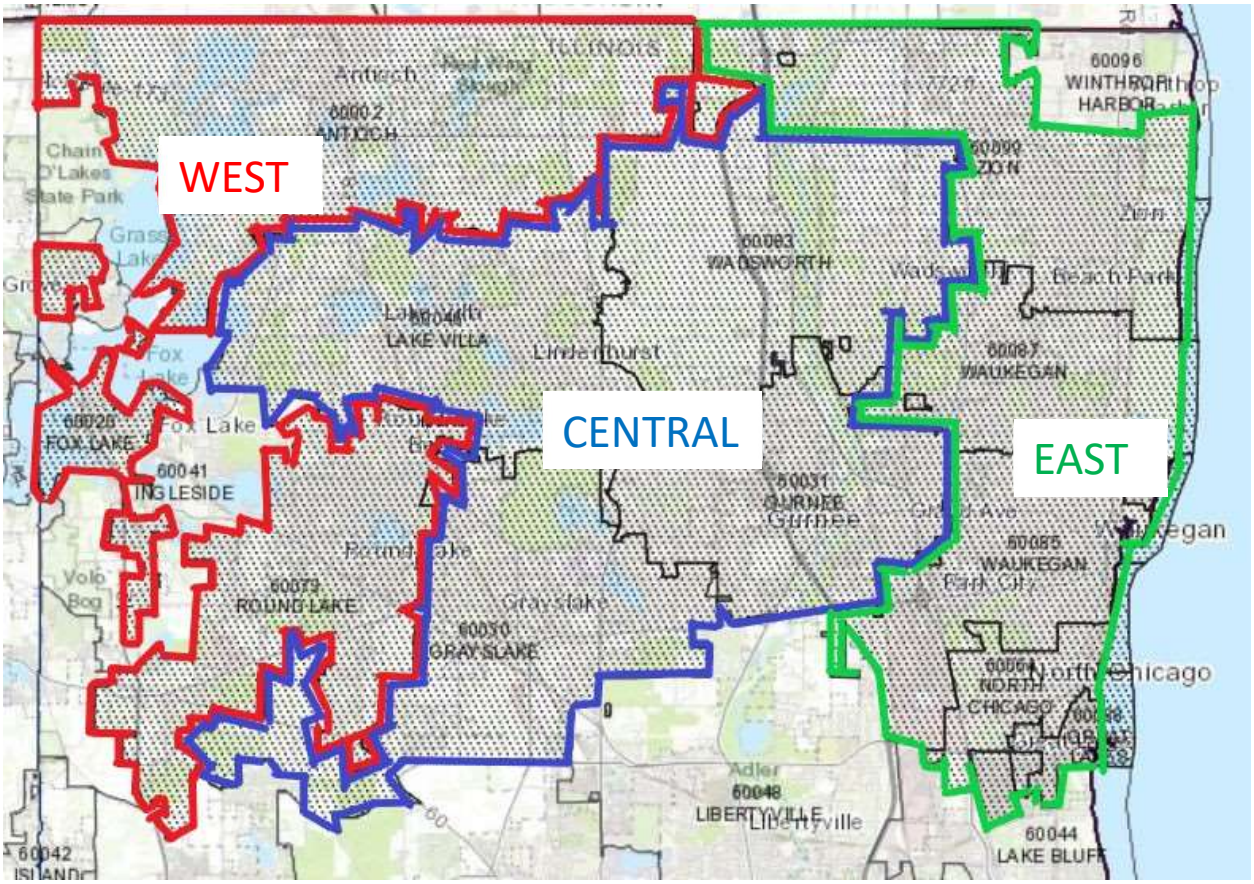

Figure 2: HFNLC service area with regions defined for this assessment outlined.

The regions, their ZIP Codes and municipalities, and the population of each region are listed below.

Region	ZIP Codes	Municipalities	Total Population
West	60002, 60020, 60073	Antioch, Fox Lake, Round Lake	96,072
Central	60083, 60031, 60030, 60046	Grayslake, Gurnee, Lake Villa, Lindenhurst, Wadsworth	118,360
East	60064, 60079*, 60085, 60086*, 60087, 60088, 60099	Great Lakes, North Chicago, Waukegan, Zion	155,580

E. How to Read this Report

This report is organized into three main sections following this introduction.

The first section, "Service Area Population," presents demographic and socioeconomic information for HFNLC's service area, including distinctions by its three regions and comparisons to Lake County as a whole and the state of Illinois. This demographic and socioeconomic information is organized around the five key areas of social determinants of health (SDOH) identified by Healthy People 2030. These five key determinants are:

1. Social and Community Context
2. Economic Stability
3. Education Access and Quality
4. Neighborhood and Built Environment
5. Health Care Access and Quality

Figure 3: Social Determinants of Health, per Healthy People 2030

This section takes a mixed-methods approach, presenting quantitative data related to these social determinants and incorporating findings from qualitative research methods (interviews, focus groups, and self-report survey) and secondary sources where appropriate. Qualitative findings are incorporated throughout to ensure inclusion of community perspectives and insight. However, it should be noted that these are not necessarily representative of the whole service area population.

The next section, "Health Indicators and Disparities," describes morbidity, mortality, and health disparities in the service area, including for diabetes, cardiovascular disease, cancer, prenatal and perinatal health, child health, behavioral health, and other health indicators, with comparisons to national and state averages. Where appropriate, additional qualitative findings and community perspectives are included here as well.

The third section, "Community Stakeholder Recommendations" shares the results of the two virtual community town hall conversations in which stakeholders and partners discussed initial assessment findings, shared reactions and perspectives, and brainstormed ideas for addressing access barriers. These ideas are summarized, with recommendations for HFNLC and other leaders in Lake County.

III. Service Area Population

A. Social and Community Context

Race and Ethnicity

Slightly more than half of all residents of the service area identifies as a person of color or as a racial or ethnic minority (51%). Nearly one-third (31%) identify as Hispanic/Latino, followed by 11 percent who identify as Black/African American, 5 percent who identify as Asian, and 3 percent who identify as another racial or ethnic minority or as multiracial.

This is more diverse than Lake County or Illinois as a whole, where more than 60 percent of residents identify as white non-Hispanic and fewer than 40 percent identify as a person of color or racial or ethnic minority.

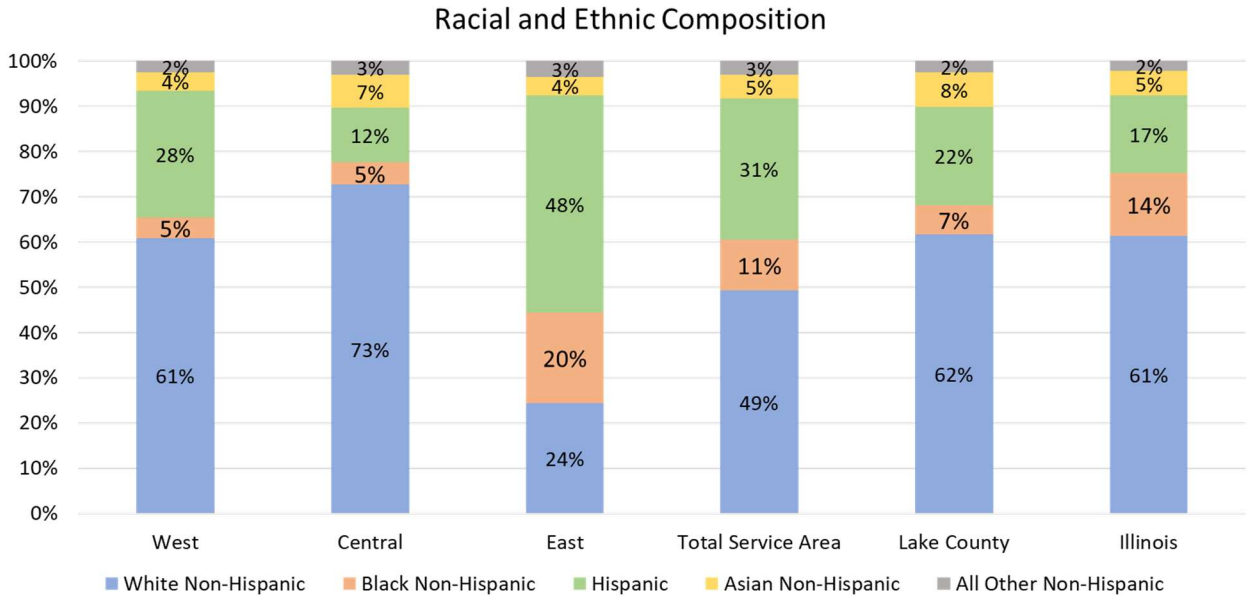

Figure 4: Racial and ethnic composition. Source: ACS 2015-2019 five-year estimates

Racial and ethnic composition varies meaningfully by region. The West region is the most similar to Lake County overall, with 61 percent of the population identifying as white non-Hispanic, 28 percent Hispanic/Latino, and 5 percent as Black/African American.

The Central region is the least racially and ethnically diverse region, with 73 percent of the population identifying as white non-Hispanic, and only 12 percent as Hispanic/Latino and 5 percent as Black/African American. This region is less diverse than either Lake County as a whole or the state of Illinois.

The East region, in contrast, is the most racially and ethnically diverse region. More than 75 percent of all residents identify as a racial or ethnic minority: nearly half (48%) identify as Hispanic/Latino and 20 percent identify as Black/African American. This is substantially more diverse than the other two regions, the overall service area, Lake County as a whole, or the state.

The adjacent maps show the population density of the Hispanic/Latino (top), Black/African American (middle), and Asian (bottom) communities across the service area ZIP Codes.

As can be seen, the Hispanic population is very densely concentrated in Zion, Waukegan, and North Chicago in the East, as well as the Round Lake area in the West. Many Central region communities also have meaningful Hispanic populations. Antioch and Fox Lake in the West have the smallest Hispanic populations.

The Black population is most densely concentrated in Zion and North Chicago, with some other pockets in the West and Central regions, such as Wadsworth, Waukegan, Gurnee, and Round Lake.

The Asian population, though much smaller than the other racial/ethnic groups, has some notable pockets in Gurnee, as well as other communities in the Central and West regions.

Subject matter expert interviews and focus groups touched on the community's racial and ethnic composition. Several conversations (4/15) noted that the Hispanic/Latino population in northern Lake County is growing due to a combination of immigration, people moving from elsewhere in the U.S., and birth rate. Another theme that emerged (4/15 conversations) was the way that the Black community is more spread out geographically and less concentrated, which some stakeholders felt has caused less visibility and cohesiveness and more isolation than Latino communities.

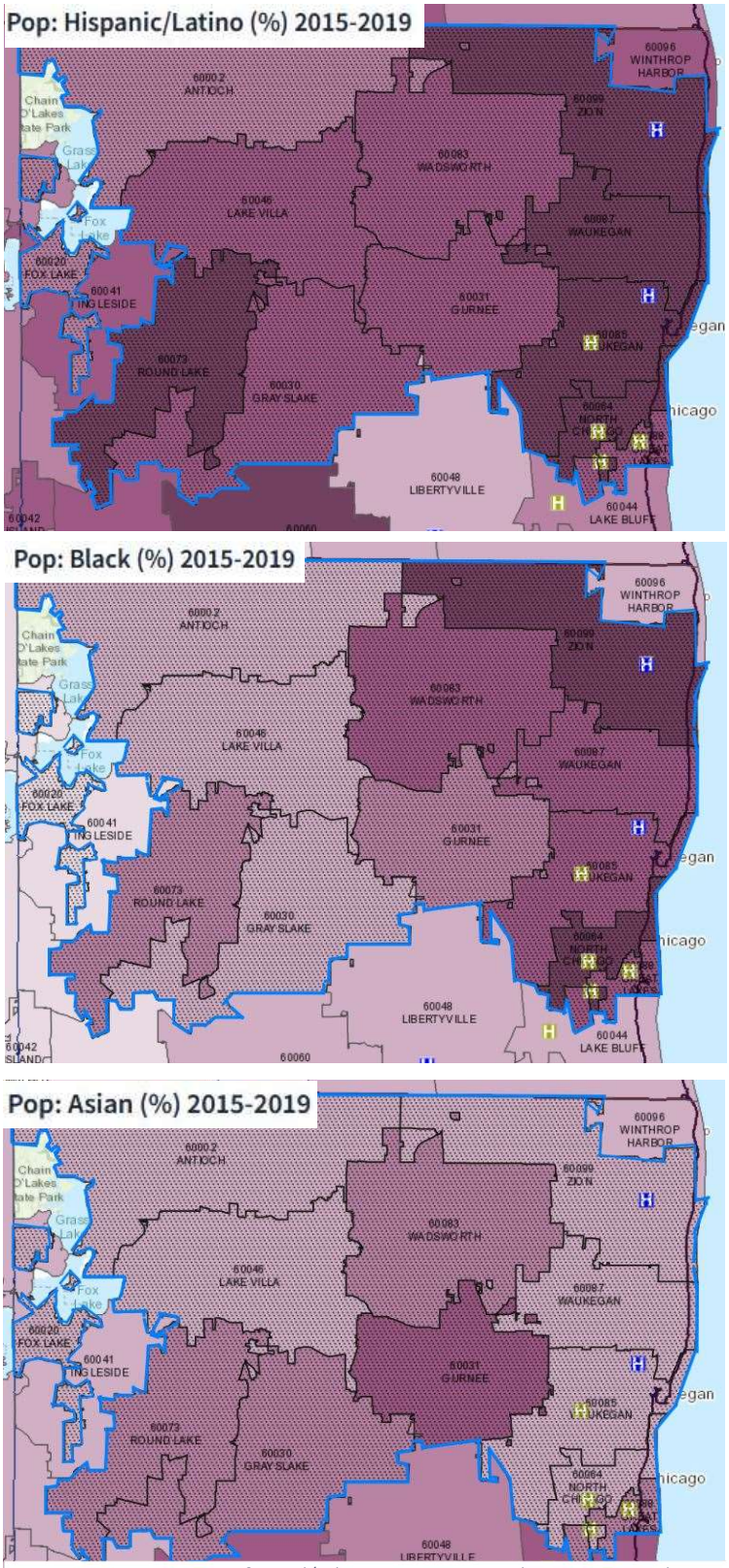

Figure 5: Concentration of racial/ethnic groups across the service area by ZIP Code. Darker purple denotes higher density of populations identifying as Hispanic/Latino (top), Black/African American (middle), and Asian (bottom). Source: UDS Mapper based on ACS 2014-2018 five-year estimates.

Age

The service area is a slightly younger population than Lake County as a whole or than Illinois. As shown on the graph below, children and youth aged 17 and younger make up 25 percent of the service area, compared to 24 percent in Lake County overall and 23 percent in Illinois. Adults age 65 and older make up only 11 percent of the service area, compared to 14 percent in Lake County and 15 percent in Illinois.

This younger population is largely driven by the East and West regions, where 26 and 27 percent of the population respectively is age 17 or younger, and only 9 and 12 percent respectively are adults over age 65. This is consistent with populations that are heavily Latino often being younger overall.

In contrast, the Central region more closely aligns with Lake County and Illinois as a whole. Children and youth make up 23 percent of the Central region, and older adults make up 14 percent of the region, both similar to Lake County and Illinois.

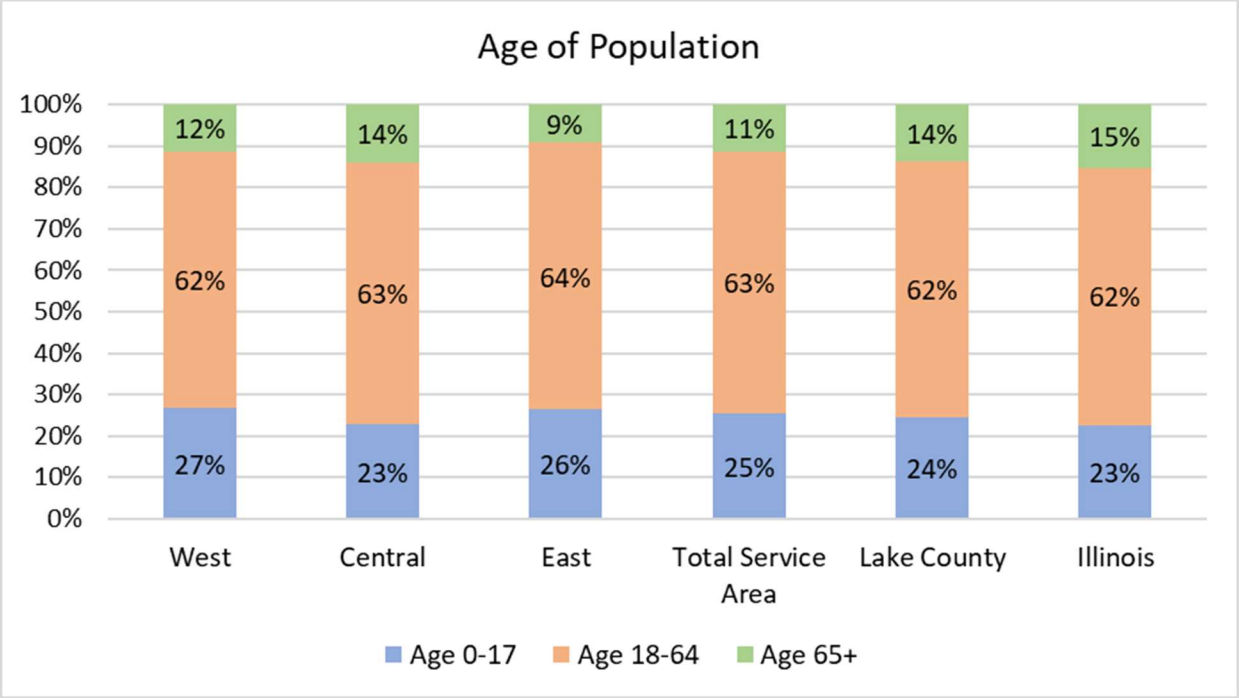

Figure 6: Age of population. Source: ACS 2015-2019 five-year estimates

Despite being a younger population overall, some qualitative findings suggest there is need for more services for older adults. Of the 15 interviews and focus groups conducted, three highlighted that the county is an aging population, and the needs of this population may be overlooked. Among community survey respondents, 59 percent (100/169) selected older adults as one of the top three groups in the community that needs more services available, while 15 percent (26/169) selected children or teens as a group that needs more services.

Gender Identity and Sexual Orientation

Nationally, the percent of adults who self-identify as lesbian, gay, bisexual, or transgender is now 7.1 percent, twice as high as it was a decade earlier.[1] According to Gallup's self-identified sexual orientation and gender identity survey, 1 percent of U.S. adults identify as lesbian, 1.5 percent as gay, 4 percent as bisexual, 0.7 percent as transgender, and 0.3 percent as another non-heterosexual identity such as queer.

Specific to the service area, data on gender identity and sexual orientation is more limited. The 2015–2019 ACS asks a single question on sex with two answer choices, male and female, and does not ask a sexual orientation question at all. Other local hospital and health department needs assessments have limited information on the gender identity and sexual orientation of residents.

Several interviews and focus groups (3/15) suggested that the LGBTQI+ population in northern Lake County have distinct unmet health and social needs. LGBTQI+ youth face bullying and mental health struggles and require support services. Adults and youth alike have limited access to queer-friendly or trans-affirming healthcare professionals, requiring many in this population to seek care elsewhere. Providers of all types, including medical providers and mental health professionals, need better training on how to serve the LGBTQI+ community and meet their specific needs.

Community survey respondents echoed this sentiment, with 17 percent (29/169) selecting individuals who identify as LGBTQI+ as one of the top three groups in the community that needs more services available.

[1] Jones, Jeffrey M. "LGBT Identification in US Ticks Up to 7.1%." Gallup, February 17, 2022. Accessed at https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx

Foreign-Born Residents

The percentage of the population that is foreign-born in the service area is comparable to Lake County, with 19 percent of both the service area and the whole county born outside of the U.S.

However, this masks significant regional variation. The East has by far the largest percentage, at 25 percent of all residents, who were not born in the U.S. This exceeds both the county and state. The other two regions have smaller proportions of the population who are foreign-born than in the county or state: 17 percent of the West region and 12 percent of Central region.

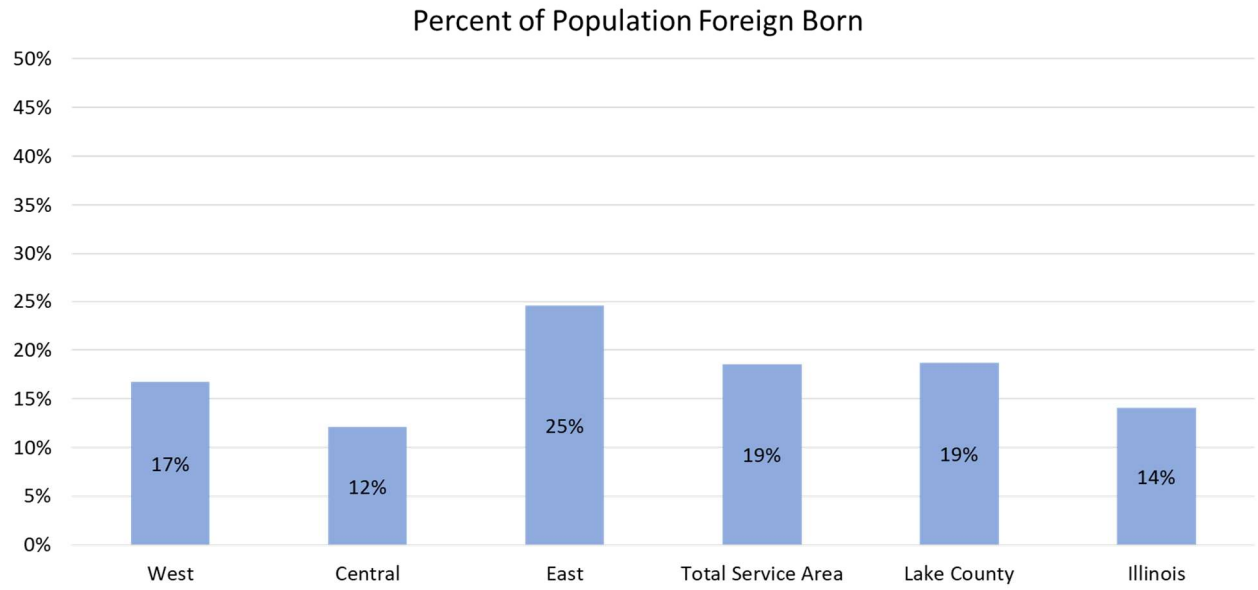

Figure 7: Percent of population foreign born. Source: ACS 2015-2019 five-year estimates

This aligns with the overall racial and ethnic composition of each region, with the region containing the highest proportion of Latino residents also having the highest proportion of foreign-born residents. However, it is important to note that the percent of the population that is foreign-born is much lower than the percent that identifies as Latino, consistent with the fact that many Latino residents are U.S.-born. Additionally, it is important to note that the foreign-born population is inclusive of many non-Hispanic immigrants from countries in Asia and elsewhere.

As shown on the following map, the predominant non-U.S. country of birth in much of the service area is Mexico, but Honduras, El Salvador, Belize, the Philippines, India, and Poland also feature heavily. Two qualitative conversations noted that the area expects to see continued immigration waves of migrants from Honduras, as well as possibly a new wave of Afghan refugee resettlement.

Immigration status can impact access to care in a variety of ways, from insurance status and eligibility to English literacy level and trust in health care providers and systems. Interview subjects and focus group participants spoke to these challenges, with two-thirds of conversations (10/15) discussing access barriers for new immigrants. Some of the barriers noted included difficulties undocumented individuals face finding and maintaining work, plus challenges they face accessing healthcare. Many brought up that fear of deportation for undocumented individuals and people in mixed immigration status households can keep them from accessing care; some noted that immigrant community members may delay seeking care for a very long time due to this fear, or even go “underground” for care or self-treat with traditional remedies.

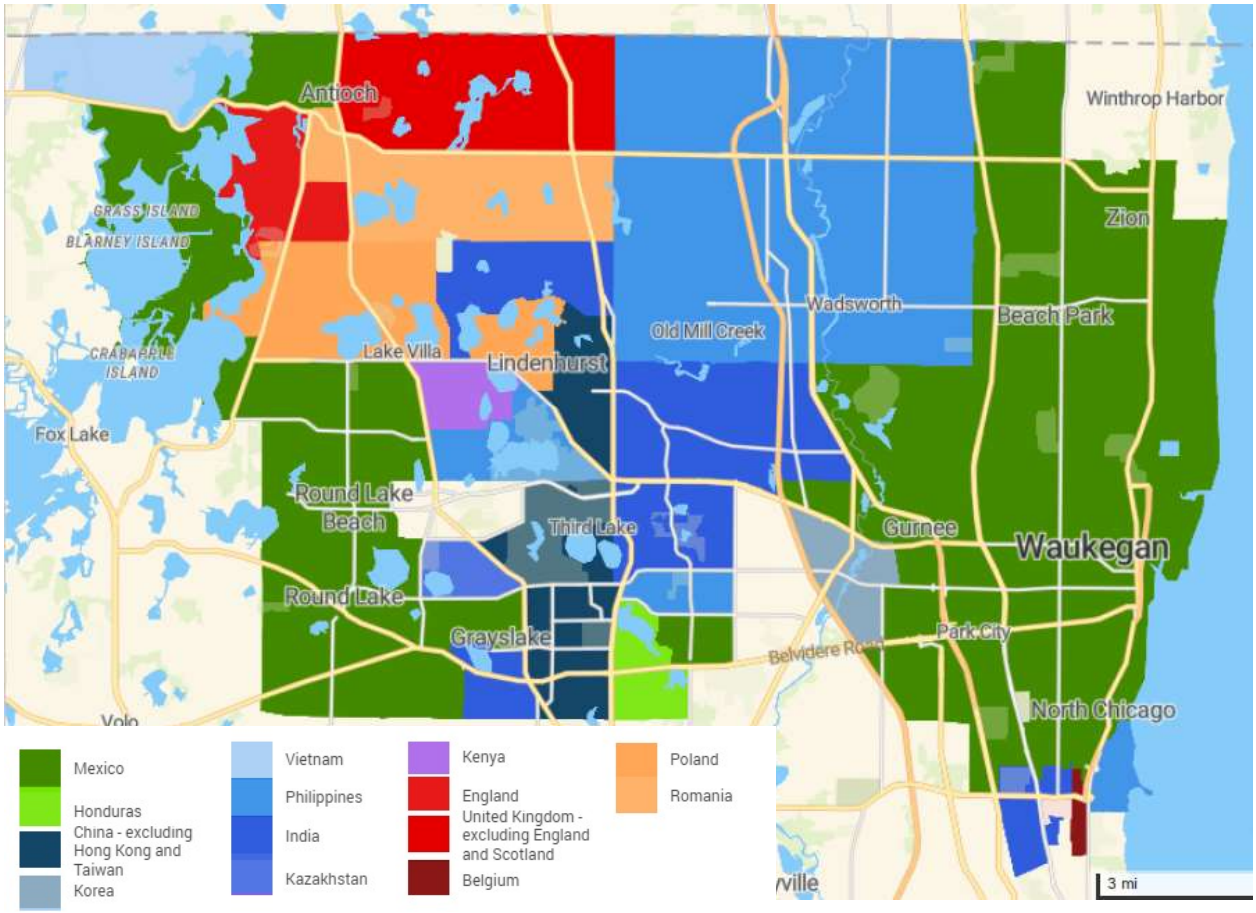

Figure 8: Predominant country of birth, not including US, by census tract. Blues represent Asia, purples represent Middle East and Africa, greens represent Latin America, and reds/oranges represent Europe. Predominant countries include Mexico, Honduras, Belize, El Salvador, Philippines, India, and Poland. Source: PolicyMap based on ACS 2014-2018 five-year estimates.

Among community survey respondents, 16 percent (27/174) selected "fears about immigration status" as one of the top three factors keeping people in the community from seeing a medical provider, and 12 percent selected fears about immigration status as a top factor keeping people from seeking mental health care. A full 30 percent of respondents (51/169) identified immigrants and refugees as one of the top three groups of people that need more services available in the community.

Language Spoken at Home

One-third (33%) of the service area population over age 5 speaks a language other than English at home, more than in Lake County overall (29%) or Illinois (23%). The East region has the highest proportion of residents who speak a non-English language at home (48%), followed by West (29%) and Central (18%). This pattern is consistent with the data on foreign-born residents.

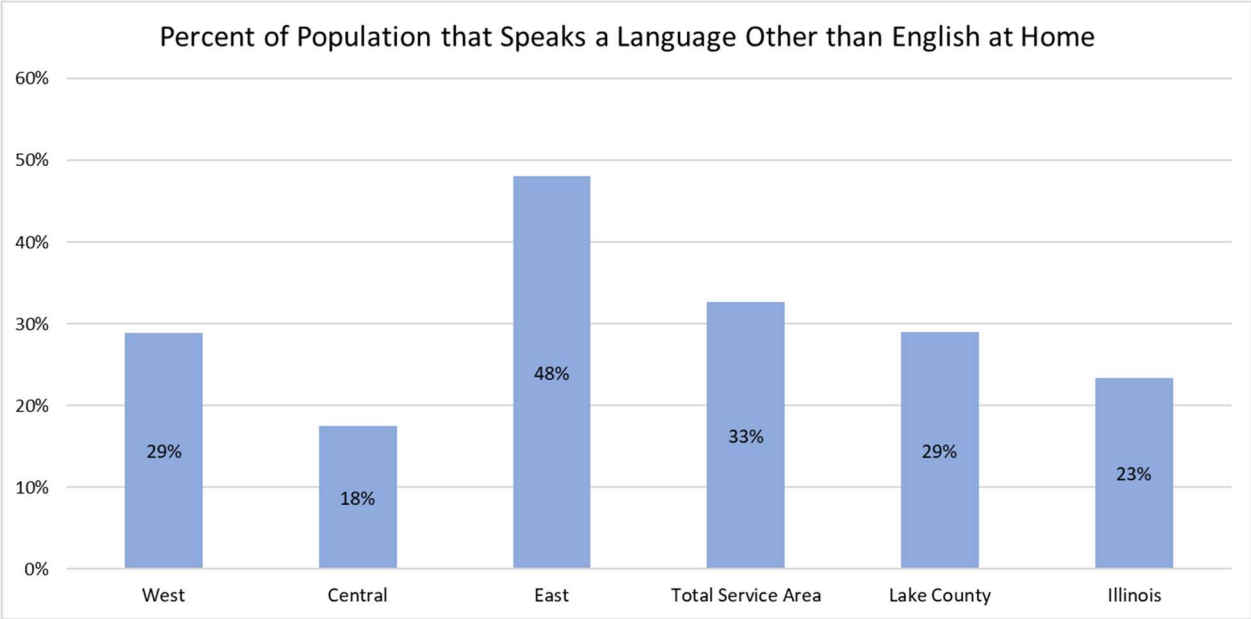

Figure 9: Percent of population age 5 and over that speaks a language other than English at home. Source: ACS 2015-2019 five-year estimates.

As shown in the graph on the following page, the most common non-English language spoken in the service area is Spanish, with Spanish speakers comprising 26 percent of all residents age 5 and older. Spanish is also the most common non-English language in all three regions, with 43 percent of residents age 5 and older in the East, 21 percent in the West, and 8 percent in the Central speaking Spanish at home. These rates fairly closely align with the percent of the population identifying as Latino, which suggests that the majority of those identifying as Latino may speak Spanish at home.

A number of other languages are spoken in the service area. In each of the West and Central regions, 5 percent of the population speak other European languages at home, and across all three regions, between 2 and 4 percent of the population speaks an Asian language at home. Some of the languages most commonly spoken beside English and Spanish include Polish, Russian, Tagalog, Korean, Chinese, and Urdu.

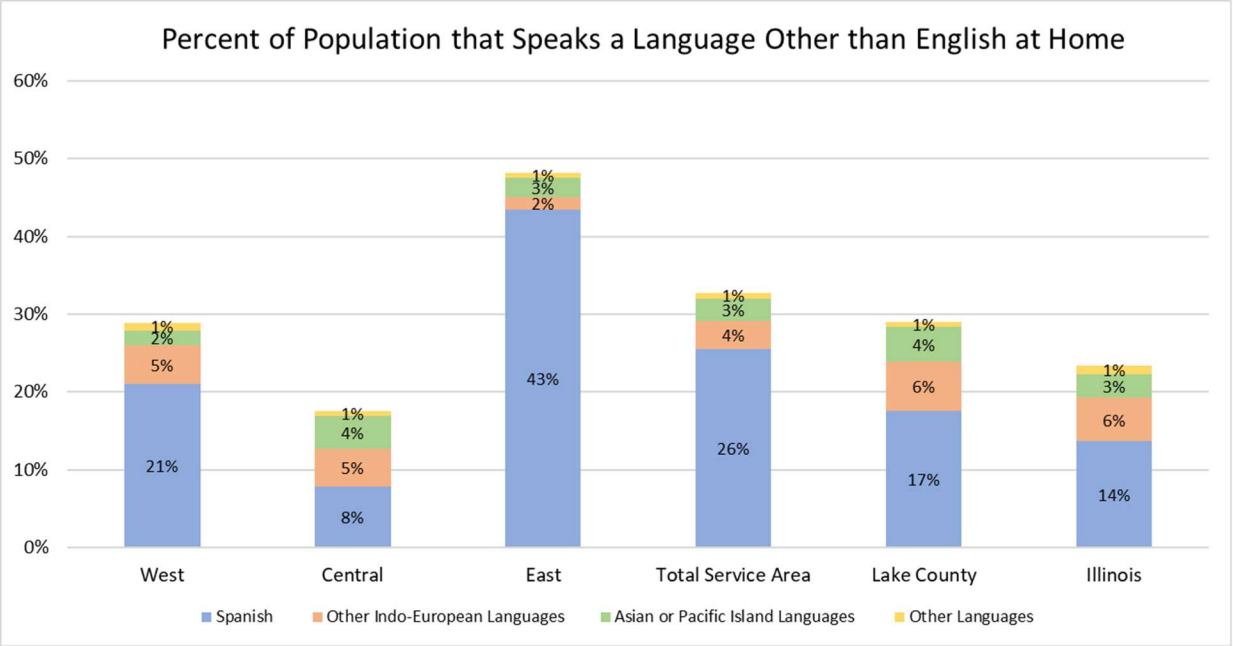

Figure 10: Percent of population age 5 and over that speaks a language other than English at home, by language spoken. Source: ACS 2015-2019 five-year estimates.

Language was a top barrier to care discussed in half (7/15) of the interviews and focus groups. Experts brought up the need for interpreters and bilingual providers throughout the service area, but noted that access to multilingual care is especially difficult in municipalities in the West region like Round Lake and Mundelein. These areas have many non-English speakers but fewer available services in other languages as compared to the East region, where there are more (but still not enough) bilingual services.

This sentiment was shared by community survey respondents. Nearly 9 percent (15/174) of survey respondents from the area said that language difference was one of the top three things that keep people in the community from seeing a medical provider and 10 percent (18/174) said it was one of the top three things keeping people from seeking mental health care. More than 21 percent (37/174) selected services in languages other than English as one of the top three types of health professionals or services needed in the community. Most specified Spanish as the languages most needed, with additional mentions of Korean, Urdu, Farsi, and Arabic.

B. Economic Stability

Income and Poverty

The overall service area is similar to the state of Illinois in terms of poverty rates, with 11 percent of the overall service area population living below 100 percent of the Federal Poverty Level (FPL), compared to 12 percent in the state. An additional 17 percent of service area residents have incomes above 100 percent FPL but below 200 percent FPL and are considered to be low-income; this is roughly the same as the state's 16 percent. Notably, the service area has much higher poverty and low-income rates than Lake County overall (8% and 13% respectively).

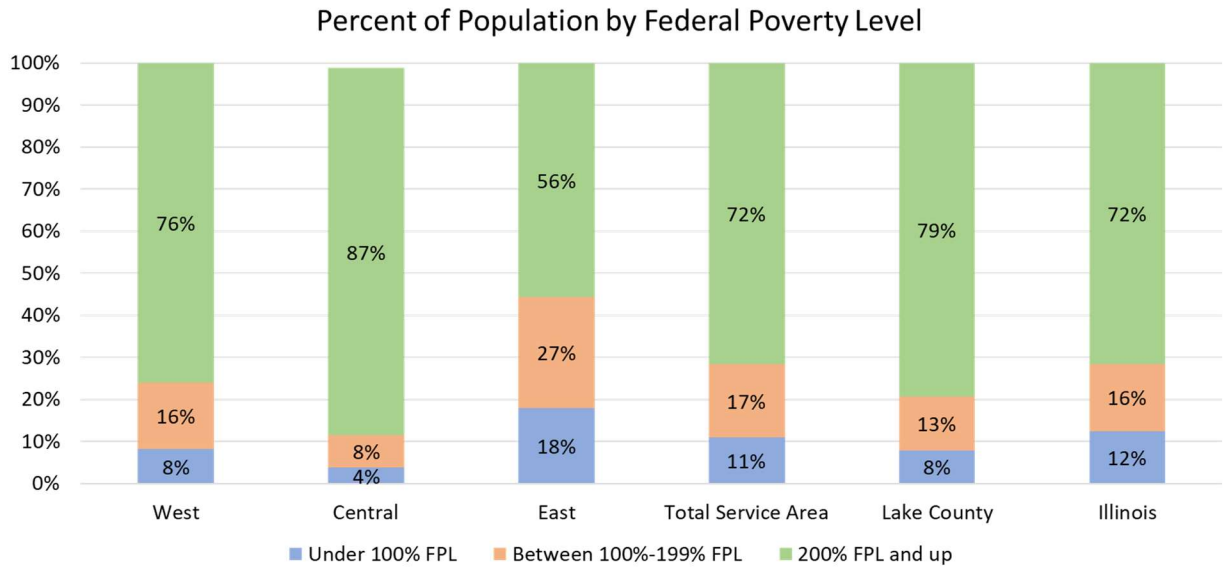

Figure 11: Percent of population by Federal Poverty Level. Source: ACS 2015-2019 five-year estimates.

Within the service area, income and poverty levels vary dramatically across the three regions. The East has by far the highest proportion of its population considered to be living in poverty, at 18 percent, which is more than twice as high as either other region or Lake County's overall poverty rate. The East also has a substantial percent of residents who would be considered low-income (27% in addition to those in poverty). Only 56 percent of residents in the East have household incomes above 200 percent of FPL, which is much smaller than the overall service area rate (72%) or Lake County rate (79%). This demonstrates the degree to which economic hardship is concentrated in the East region of northern Lake County.

In contrast, Central region residents are faring much better in terms of income. Just 4 percent of Central region residents have incomes below 100 percent of FPL, and another 8 percent have incomes between 100 and 200 percent of FPL. This is substantially better than the other regions, the county, or the state.

The West region is in between, with a poverty rate (8%) and percent of low-income residents (16%) that are more comparable to the state, county, and overall service area proportions.

The maps on the following page show the percentage of each ZIP Code that are considered low-income (top) or living in poverty (bottom), with particularly high concentrations of economic hardship in Waukegan and North Chicago.

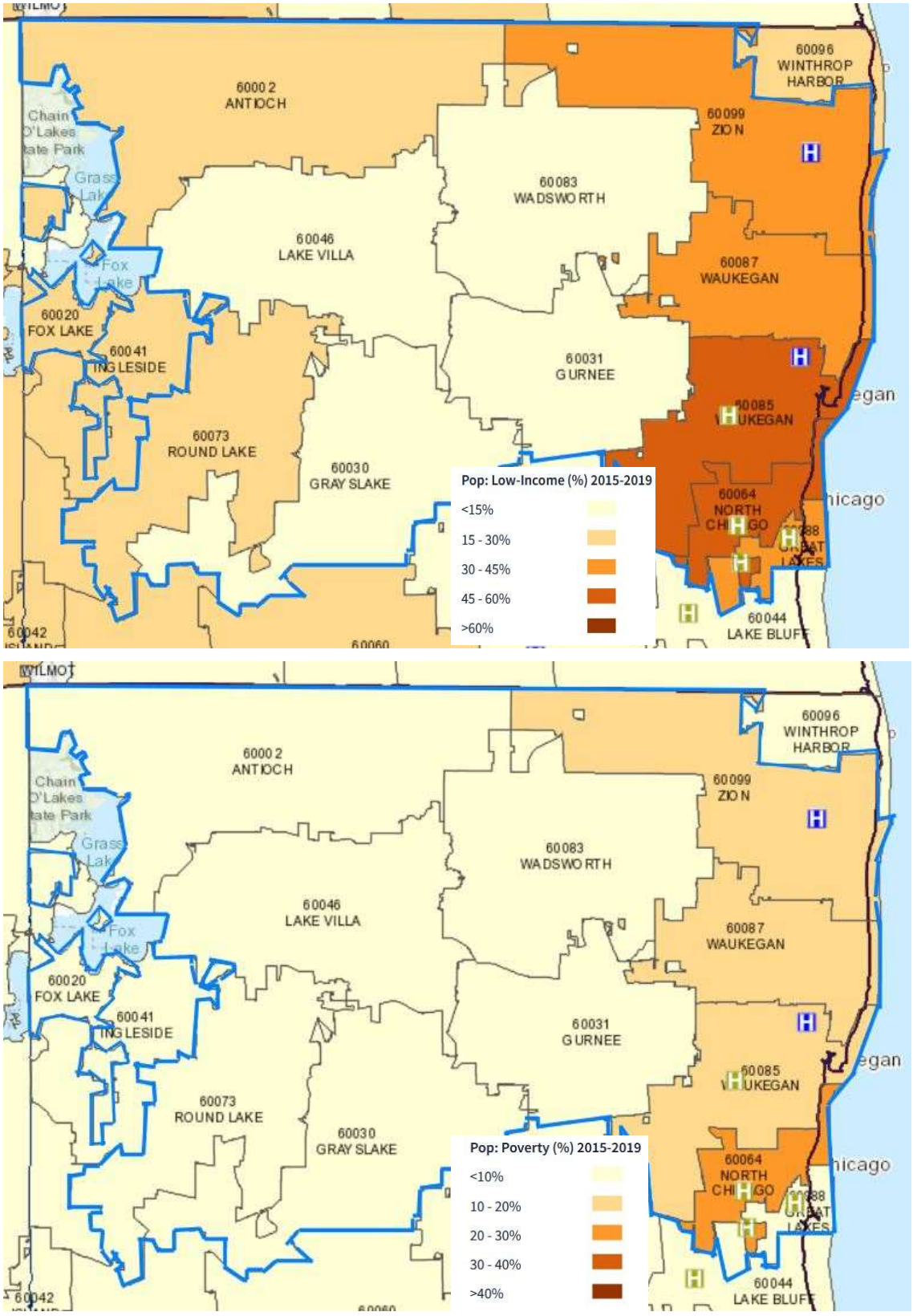

Figure 12: Concentration of economic hardship across the service area by ZIP Code. Darker orange indicates higher percent oof the population that is low income (top) or living in poverty (bottom). Source: UDS Mapper based on ACS 2015-2019 five year estimates.

Workforce and Unemployment

The unemployment rate of those over 16 is higher in the service area (7%) than the state (6%) or county (5%). As with other indicators, this varies substantially across the regions. Unemployment is the highest in the East region (8%) and lowest in the West (4%).

Interestingly, the Central region, despite having less poverty and higher educational attainment than either of the other regions (as described on page 24 in the following section), has higher unemployment (6%) than the West. This suggests that perhaps higher educational attainment does not always translate into higher employment rates, and that higher employment rates do not always translate into higher income levels. Access to employment may include other dimensions, such as distance, transportation, and having the right education and skillset.

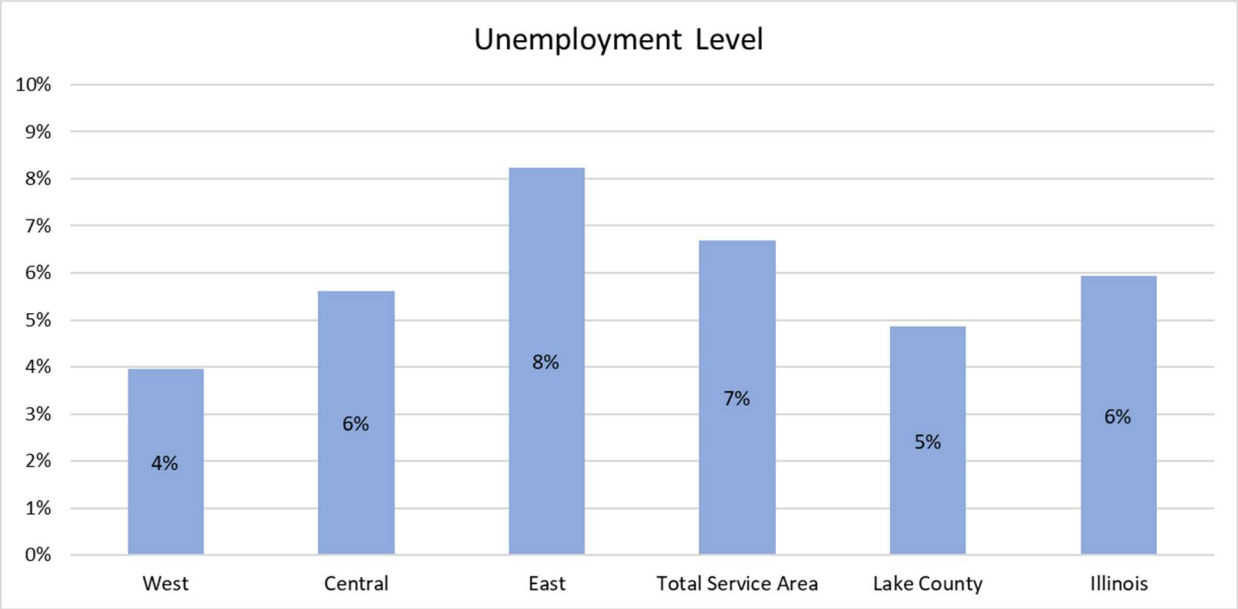

Figure 13: Unemployment of people aged 16 and older in labor force. Does not include those not in labor force such as students, stay-at-home parents, retired individuals, discouraged or seasonal workers, or those who cannot work due to disability. Source: ACS 2015-2019 five-year estimates.

Please note that these numbers consider just those in the labor force who are either working or actively looking for work. Individuals not in the labor force include students, stay-at-home parents or other unpaid caregivers, retired individuals, discouraged workers or seasonal workers not looking for work, those who cannot work due to disability or illness, or those who are incarcerated. ACS data for the total population, rather than just the labor force, shows unemployment rates of 5 percent for the service area, 4 percent for the West and Central regions, and 6 percent for the East. A focus group held with individuals with disabilities indicated that a number of barriers prevent people with disabilities from working or from working as much as they would like to, such as limited transportation, inadequate accommodations, and limited workforce protections, and thus they may not be reflected in the labor force.

Importantly, this data is from the 2015–2019 ACS five-year estimates and therefore predates the COVID-19 pandemic, which has caused a substantial increase in unemployment. Illinois unemployment rates were dramatically higher in 2020 and 2021 than in 2019, reaching as high as

17 percent in April 2020 and remaining above pre-pandemic levels through February 2022.[2] Furthermore, the pandemic worsened unemployment disparities that existed across racial and ethnic groups. According to *Crain's Chicago Business*, Black Illinoisans are less likely to be employed than similarly educated whites, and earn less as well. Racial employment gaps increased by the pandemic were wider in Illinois than elsewhere.[3]

Workforce challenges were a major theme among interview subjects and focus group participants. Six of the 15 conversations focused on the many vacancies and workforce shortages both within and outside of the healthcare sector and the barriers that prevent people from working, such as lack of childcare, especially in female-dominated industries. Two conversations noted many jobs do not offer a living wage, benefits, or any job security or even safety protections amid a global pandemic. Many low-income residents are forced to endure precarious work, wage exploitation, or other types of abuse in their jobs. Employment barriers also exist for undocumented individuals and people coming out of the criminal justice system.

Community member feedback also highlighted the way these work situations can directly impact healthcare access. Some qualitative conversations (2/15) noted that health clinic hours of operation affect accessibility for working people, as many individuals cannot take time off work for care or may be working two jobs. Others mentioned challenges getting time off work as a specific barrier to vaccination. Community survey respondents echoed this, as 20 percent (34/174) selected "cannot get time off work" as one of the top three things that keep people in the community from seeing a medical provider, and 12 percent (21/174) said not being able to get time off work was one of the top three things keeping people from seeking mental health care.

[2] Illinois Department of Employment Security Economic Information and Analysis Division. "Civilian Unemployment Rates for Illinois and the US, January 2020 to February 2020." March 24, 2022. Accessed at https://ides.illinois.gov/content/dam/soi/en/web/ides/labor_market_information/local_area_unemploymentstatisticslaus/table1.pdf

[3] Orphe Divounguy. "Illinois' big gap: Black workers worse off than peers." Crain's Chicago Business, February 21, 2022. Accessed at: https://www.chicagobusiness.com/orphe-divounguy-economy/illinois-big-gap-black-workers-worse-peers-orphe-divounguy

Food Access and Basic Needs

As a result of the economic hardship and systemic barriers within the service area, many residents struggle with access to food, living expenses, and other basic needs like utilities and medicine. Several qualitative conversations (4/15) specifically noted poverty and inability to access basic needs as a community challenge that has not improved or been sufficiently addressed. Many community members live in day-to-day financial crisis, trying to make ends meet.

Among community survey participants, 29 percent (54/188) said that in the last 12 months, they had had the experience of their income not covering their living expenses.

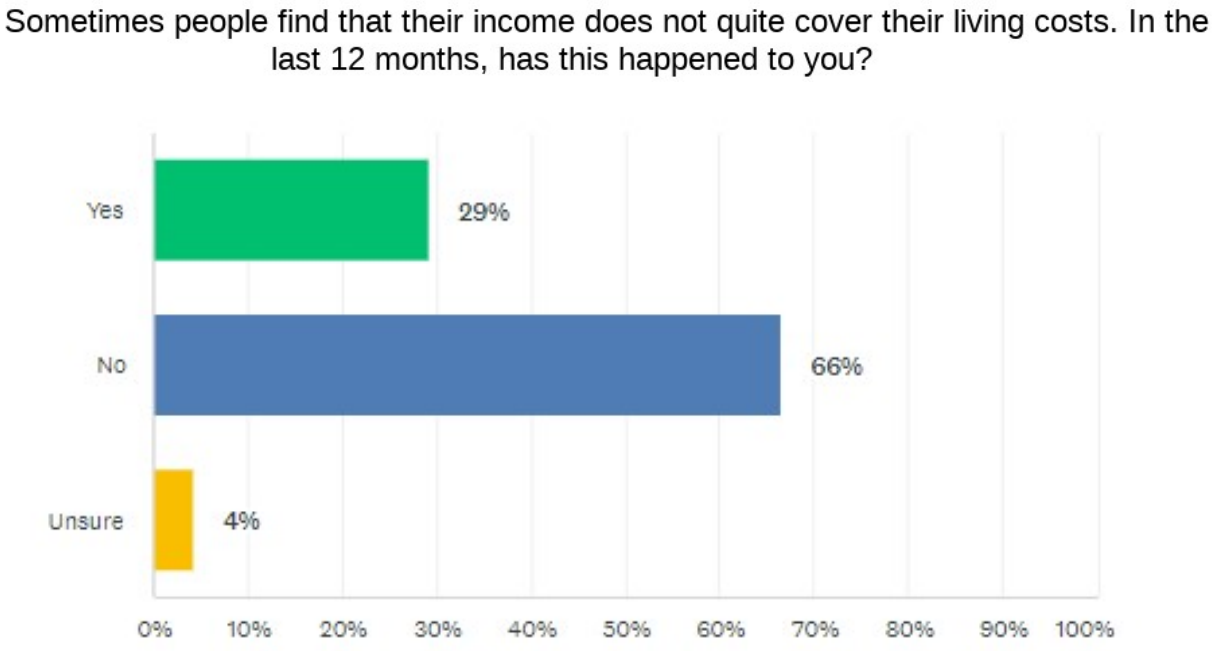

Figure 14: Community survey responses to the question "Sometimes people find that their income does not quite cover their living costs. In the last 12 months, has this happened to you?" N=185. Those who answered "I choose not to answer" not shown.

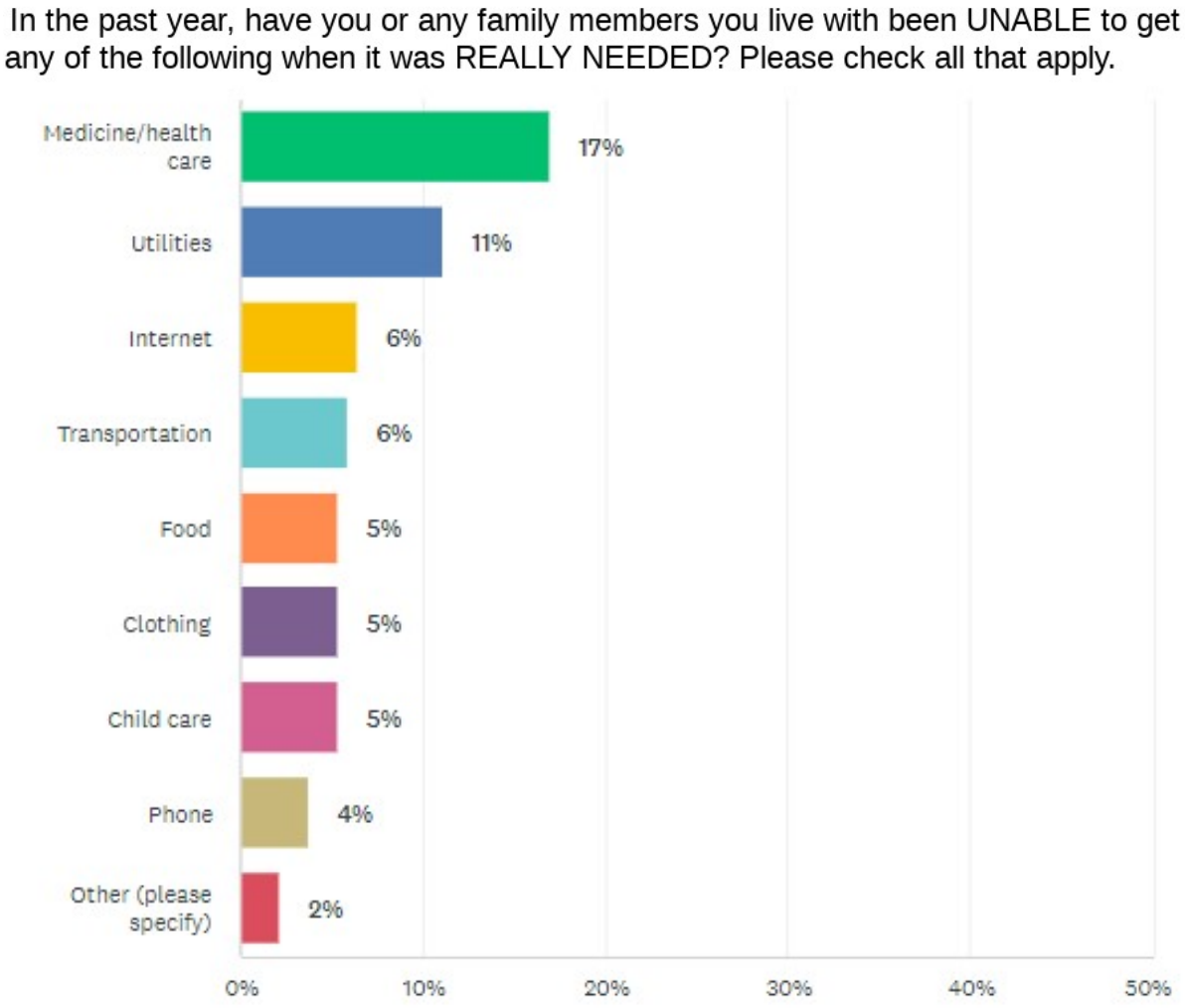

Figure 15: Community survey responses to question "In the past year, have you or any family members you live with been UNABLE to get any of the following when it was REALLY NEEDED? Please check all that apply." N=189. Those who answered "I choose not to respond" or "I have not had any difficulty" are not shown.

As for which basic needs and living expenses they have struggled with, in the community survey, medicine and healthcare was the most commonly selected basic need respondents had been unable to get, with 17 percent (32/189) selecting medicine or healthcare. This was followed by utilities (11% of 21/189), internet (6% or 12/189), transportation (6% or 11/189), food (5% or 10/189), clothing (5% or 10/189), and child care (5% or 10/189).

Although food was not the top need identified in the survey, it was one of the most commonly discussed community challenges among interview subjects and focus group participants (9/15 conversations). Participants mentioned that some food deserts in the area make it difficult to access to food and contribute to food insecurity. The service area also has an abundance of fast food restaurants or places to access unhealthy foods, and not nearly enough food stores with healthy foods, which makes it difficult for community members to access healthier options. It can also be hard to get to food pantries, especially for those in more rural areas like Antioch and Fox Lake, or those who have transportation barriers.

The map below illustrates some of the food deserts and areas of greatest food access needs. It shows census tracts where at least 33 percent of residents live more than 0.5 miles from the nearest supermarket or large grocery store ("low access") and at least 20 percent of residents live in poverty ("low income").

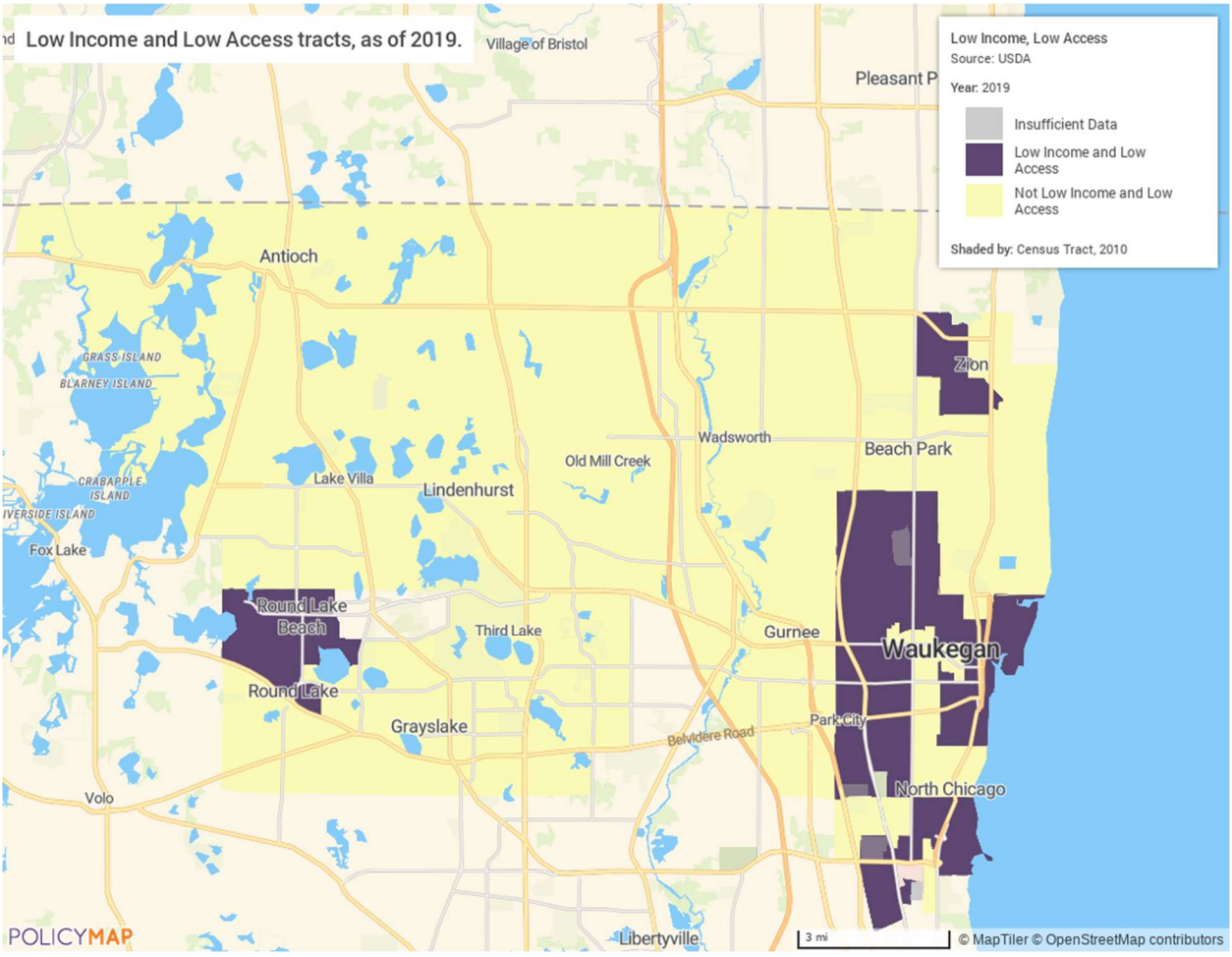

Figure 16: Low income and low food access census tracts in the service area. Source: PolicyMap using USDA data

C. Education Access and Quality

The service area has lower overall educational attainment compared to the county or state. Nearly 14 percent of individuals age 25 and older lack a high school education, and another 29 percent have a high school diploma or equivalent but no more. This stands in contrast to Lake County as a whole, where only 10 percent of individuals lack a high school education and 23 percent have only a high school diploma. While more than 41 percent of Lake County residents have a bachelor's degree or higher, barely 29 percent of service area residents have this level of education.

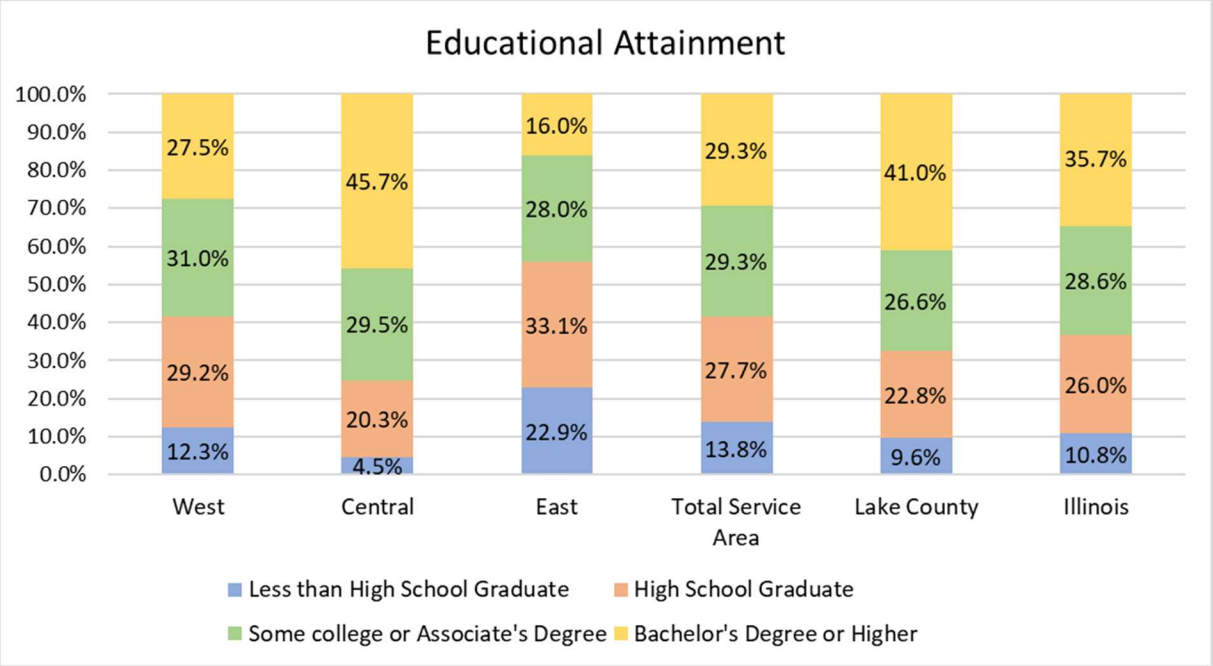

Figure 17: Population age 25 and older by level of educational attainment. Source: ACS 2015-2019 five-year estimates.

The East region has the lowest educational attainment, with only 16 percent of its residents over age 25 having a bachelor's degree or higher, and very large proportions (33% and 23% respectively) having either just a high school degree or less than a high school degree.

The Central region has the highest level of educational attainment, exceeding both the county and state in terms of proportion of adult residents over age 25 with bachelor's degrees and higher (46%) or some college or associates degrees (30%). The Central region also has by far the smallest proportions of adult residents 25 and older who have not graduated high school (4%).

The West is in between in terms of educational attainment. It has slightly less overall educational attainment than Lake County but more than the East. Interestingly, this region has the highest proportion of residents with some college or an associate's degree, perhaps suggesting strong access to or uptake of vocational school, technical programs, and community college.

Poor education systems and the need to improve education access and quality, starting from early childhood, was highlighted in interviews and focus groups (4/15). Several stakeholders indicated that kindergarten readiness in the county is inadequate, and that the current education system is leaving people behind. Poor education from a young age can negatively impact eventual attainment of higher education, which was also noted; two conversations highlighted the need to support students of color to enroll in and complete college and to then stay in Lake County with their newfound training and skills.

D. Neighborhood and Built Environment

Housing

Cost of housing can be a challenge in the service area. A high percent of the population is considered to be housing cost–burdened, meaning that their housing costs more than 30 percent of their income; 47 percent of all renters and 25 percent of all homeowners in the service area spend more than 30 percent of their income on housing. For both homeowners and renters, this is higher than both the county or the state.

The East has the highest housing cost burden, with half of renters and 26 percent of homeowners spending more than 30 percent of their income on housing. This is worse for both renters and homeowners than either the county or state.

The West and Central are similar to each other and much less housing cost–burdened than the East. Both regions are slightly better than the county or state for renters, but worse for homeowners.

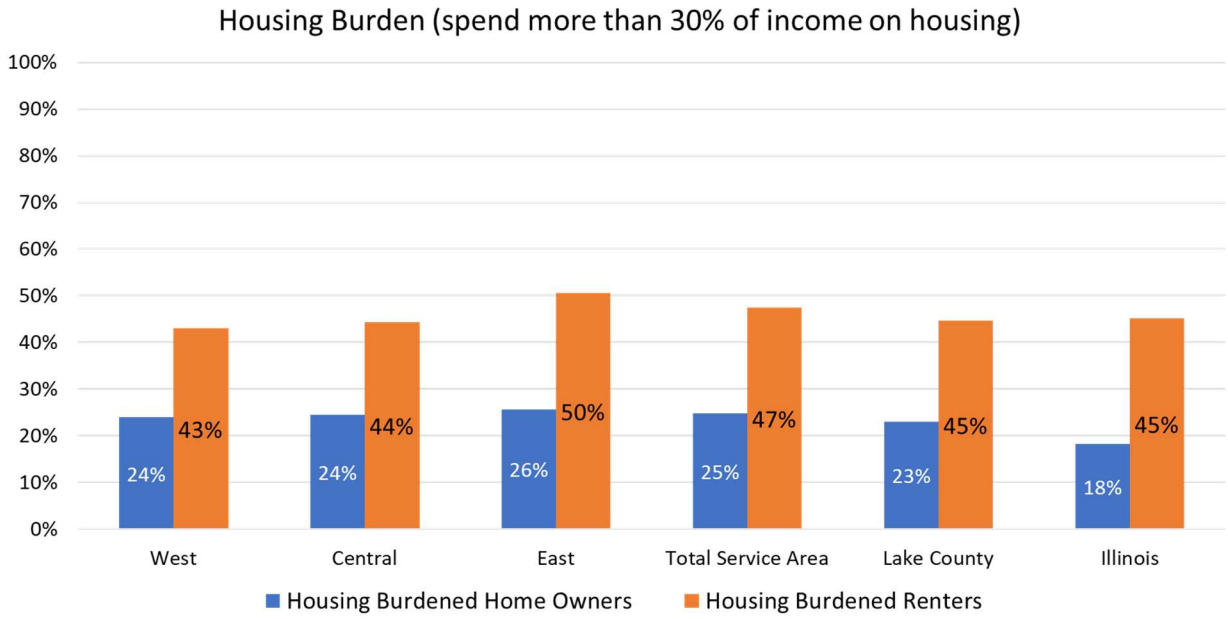

Figure 18: Percent of housing burdened homeowners (blue) and housing burdened renters (orange), or individuals who spend more than 30% of their income on housing. Source: ACS 2015-2019 five year estimates.

Housing was a concern among community survey respondents, with 15 percent (28/191) saying that in the past five years, they have been worried about losing their home or housing. Many interview subjects and focus group participants also recognized housing as an important social determinant of health. Lack of affordable housing was discussed in six of 15 qualitative conversations, with themes around rent cost burden and long wait-lists to access affordable housing. Several conversations highlighted other challenges with available housing in Lake County. Some existing housing stock is not safe, for example, and may still have lead paint or broken utilities. Housing has been a particular challenge during the pandemic, with less available housing stock, more demand, and more overcrowding when families stayed at home. Additional challenges exist for people with disabilities, for whom not all housing options are accessible and for whom wait-lists and complexities of applications for affordable housing or vouchers may be even more burdensome.

Transportation

Transportation can be a significant challenge in the service area. As seen on the map of public transit access below, most service area locations have either no transit access at all or are more than 0.5 miles (or 804 meters) from a transit stop (in many cases, far more), which makes it a challenge for service area residents to use transit to access work, school, basic needs, or healthcare. Commuter rail connects some portions of the service area north-south with Chicago, but there is little transit connecting the service area east-west.

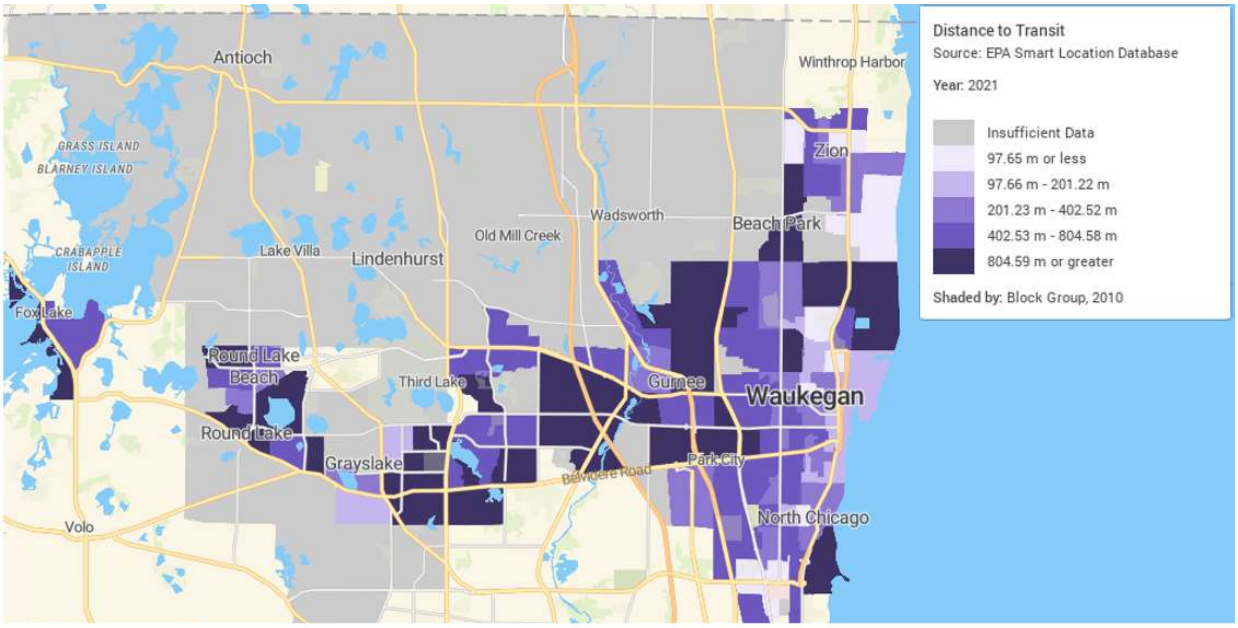

Figure 19: Distance to nearest public transit stop by census tract. Source: PolicyMap.

Figure 20: Metra commuter rail stops, connecting the service area north-south. Source: Regional Transportation Authority.

Transportation was the most commonly discussed community challenge in interviews and focus groups. Nearly all (13/15) conversations brought up lack of transportation as a barrier to accessing

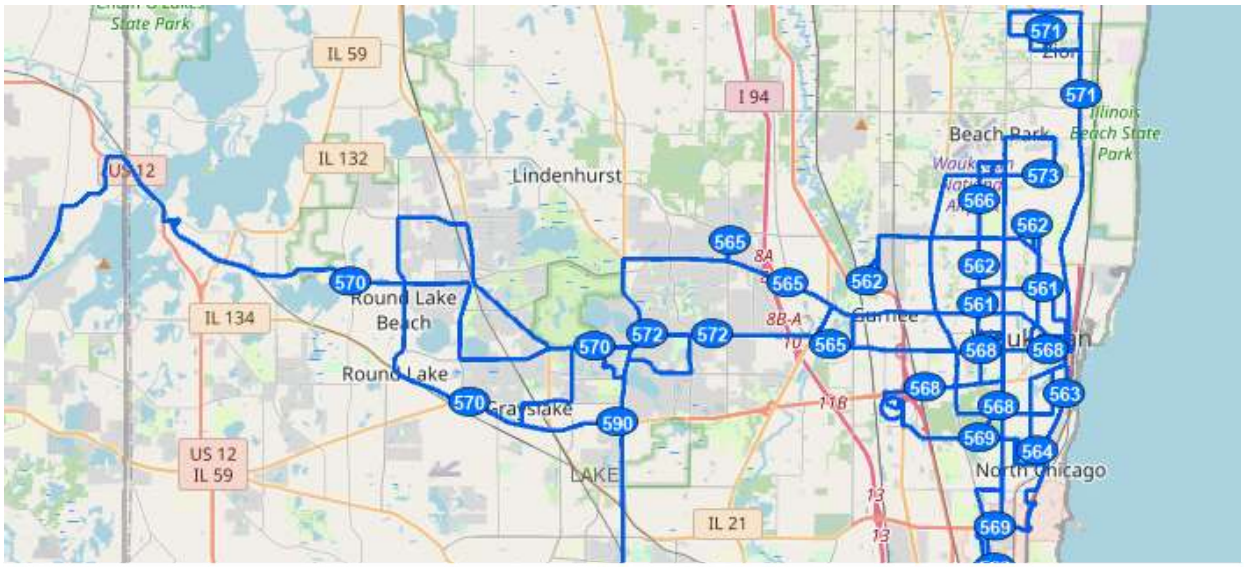

Figure 21: Pace suburban bus routes. Source: Pace.

work, food, and healthcare in northern Lake County. Stakeholders expressed concern that the area has limited public transit and paratransit, and that rideshares can be very expensive. Individuals without a personal vehicle are at a significant disadvantage in the service area, especially when it comes to traveling east-west, which is necessary for many to reach employment or healthcare.

The need for improved transportation was especially highlighted by stakeholders with disabilities. Some individuals with disabilities are unable to drive themselves, even if they have access to a vehicle, leaving them reliant on friends, family, public transportation, or rideshares. Many focus group participants shared personal experiences with the Pace paratransit system that make it very challenging to access work, school, and healthcare. Several noted that paratransit must be called hours or days in advance and may arrive on a different schedule than requested, causing them to arrive extremely early or late for medical appointments, university classes, or work shifts.

Community survey responses also indicated that transportation is a barrier. Six percent of respondents (11/189) said that transportation was something they or their family had been unable to access in the last year when it was really needed. In addition, 16 percent of respondents (27/174) selected lack of transportation as one of the top three things that keep people from seeing a doctor, and 6 percent (11/174) called it a top thing that keep people from seeing a mental health counselor.

This concern about transportation is consistent with other assessments conducted in Lake County, which have also found public transportation to be a challenge and a potential barrier to care. For example, in Live Well Lake County's Community Themes & Strengths Assessment, three of four focus groups highlighted public transit as an improvement opportunity in the county, including for those with disabilities. Transportation was also seen as a threat to healthcare access and improvement opportunity in the local public health system.[4]

[4] Live Well Lake County Steering Committee. Live Well Lake County Community Health Assessment 2016-2021. Lake County Health Department, August 2016. Accessed at https://www.lakecountyil.gov/DocumentCenter/View/14515/CHA-2016

E. Healthcare Access and Quality

Insurance Status

More than 90 percent of northern Lake County residents have some form of health insurance, but there remain approximately 9 percent who are uninsured. This is higher than the county or state, which have an uninsurance rate of 7 percent.

Meaningful differences in insurance rates can be seen across the service area which are largely consistent with income. The Central region, for example, has the largest proportion of the population with private insurance or Medicare at 84 percent, which is higher than the county or state. The Central region also has the lowest percent of residents with Medicaid (9%) or who are uninsured (6%) compared to either of the other regions, the county as a whole, or the state.

The East has the smallest proportion of residents with private insurance or Medicare, at only 63 percent, and by far the largest proportion on Medicaid at 24 percent. The East also has the largest uninsured rate at 12 percent, which is nearly double the county or state rates. Some of this high uninsured may be driven by people who are not eligible for certain insurance products due to their immigration status.

The West is in between the two other regions in terms of insurance status, with rates of Medicare/private insurance, Medicaid, and no insurance that closely align with Illinois rates.

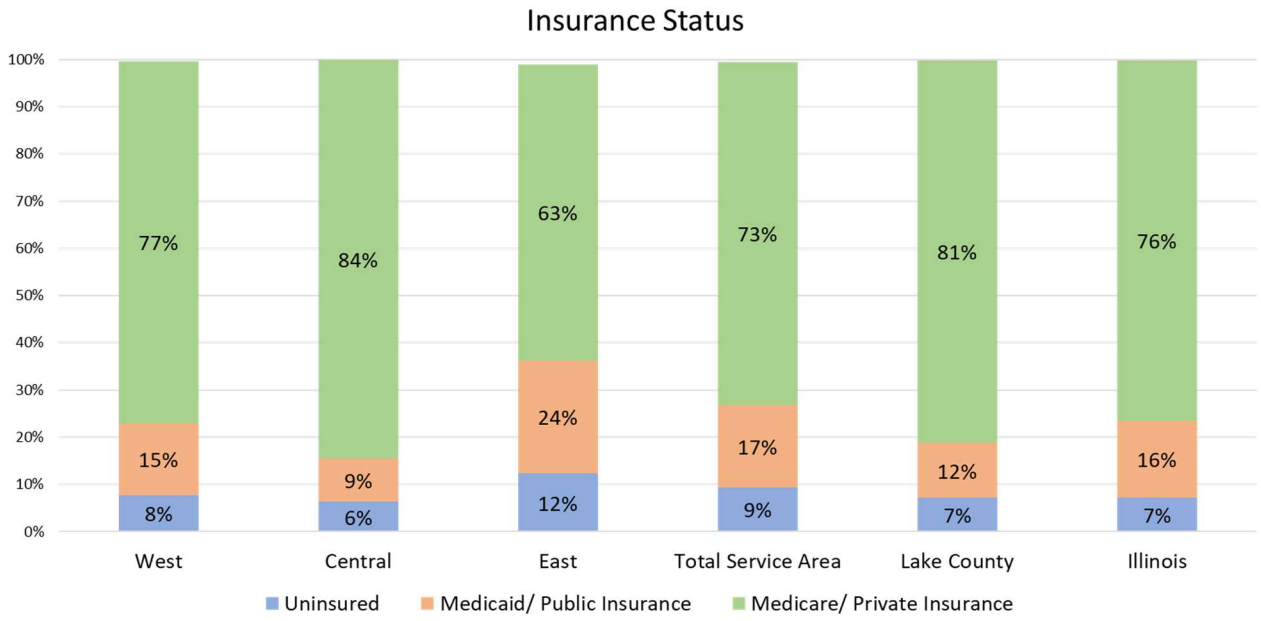

Figure 22: Population by insurance status. Source: UDS Mapper.

The maps on the following page show the percentage of each ZIP Code's population that have Medicaid or other public insurance (top) or that are uninsured (bottom).

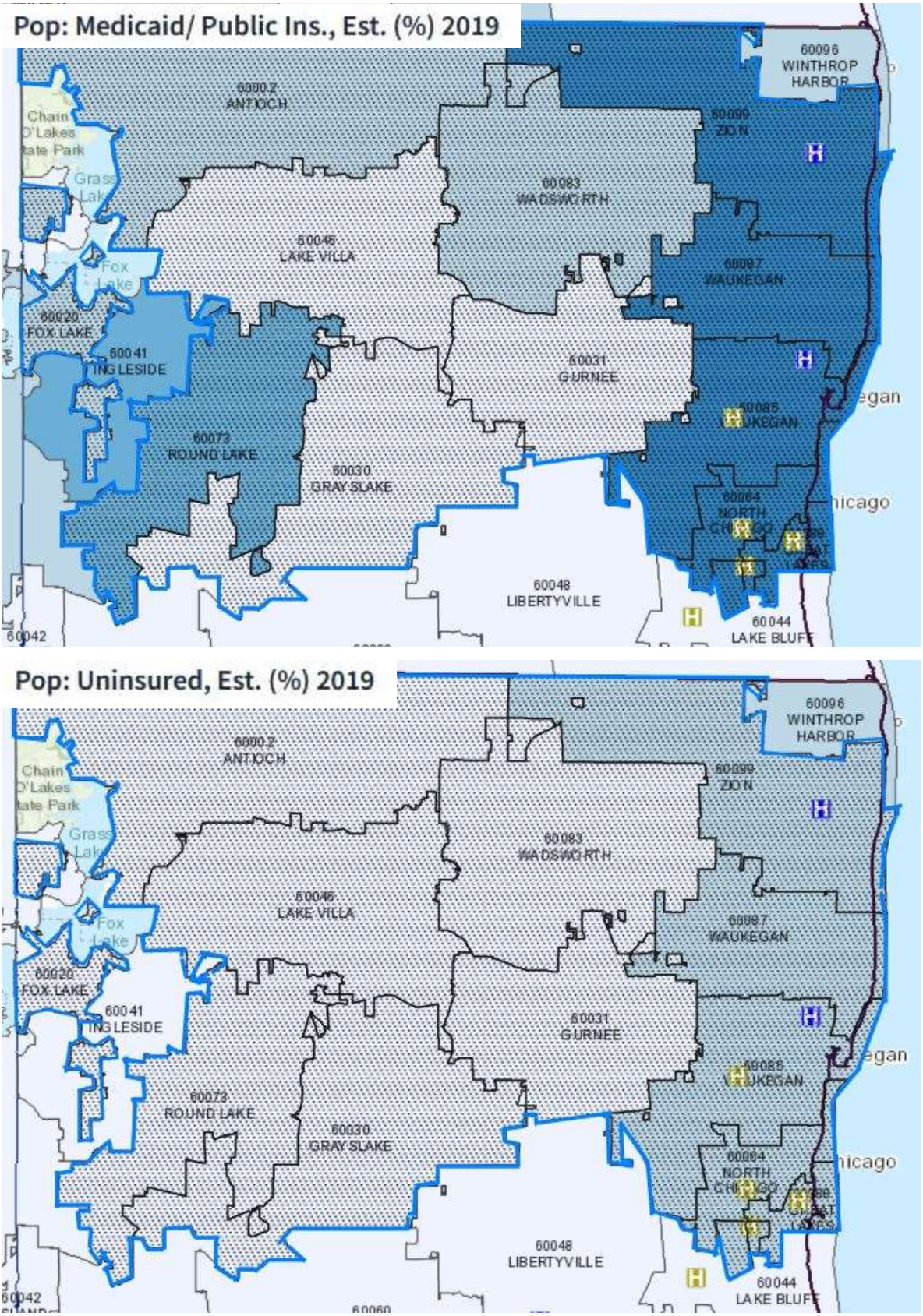

Figure 23: Percent of population with Medicaid (top) or who are uninsured (bottom) by ZIP Code. Darker blue indicates higher percent of the population that is has that insurance status. Source: UDS Mapper.

In qualitative conversations, interview subjects and focus group participants emphasized lack of insurance as a major challenge in the community, with most (9/15) conversations discussing this issue. Specific insurance challenges discussed included restrictions and limitations on who is eligible and what is covered, confusion about insurance eligibility that causes people to not apply, and the many people who are falling through cracks in eligibility or enrollment.

Even those who do have insurance face barriers to using it. Another emergent theme (in 6/15 conversations) was the high cost of insurance and high cost of care with insurance that service area residents face. This included high cost of prescription medications, high co-pays, high deductibles, and challenges residents face ensuring what they need is actually covered and will not result in a high bill. Furthermore, many people with insurance still do not know where to go to access care or how to use insurance, as insurance is more complex than it used to be (5/15 conversations).

Community survey respondents who had insurance also reported challenges using it. Although 39 percent (76/193) reported no problems with their insurance, 18 percent (35/193) reported that monthly payments or bills from visits are too expensive, 16 percent (30/193) reported that their plan does not cover services they need, such as dental or mental health care, and 16 percent (30/193) reported that their insurance is confusing or hard to understand how to use.

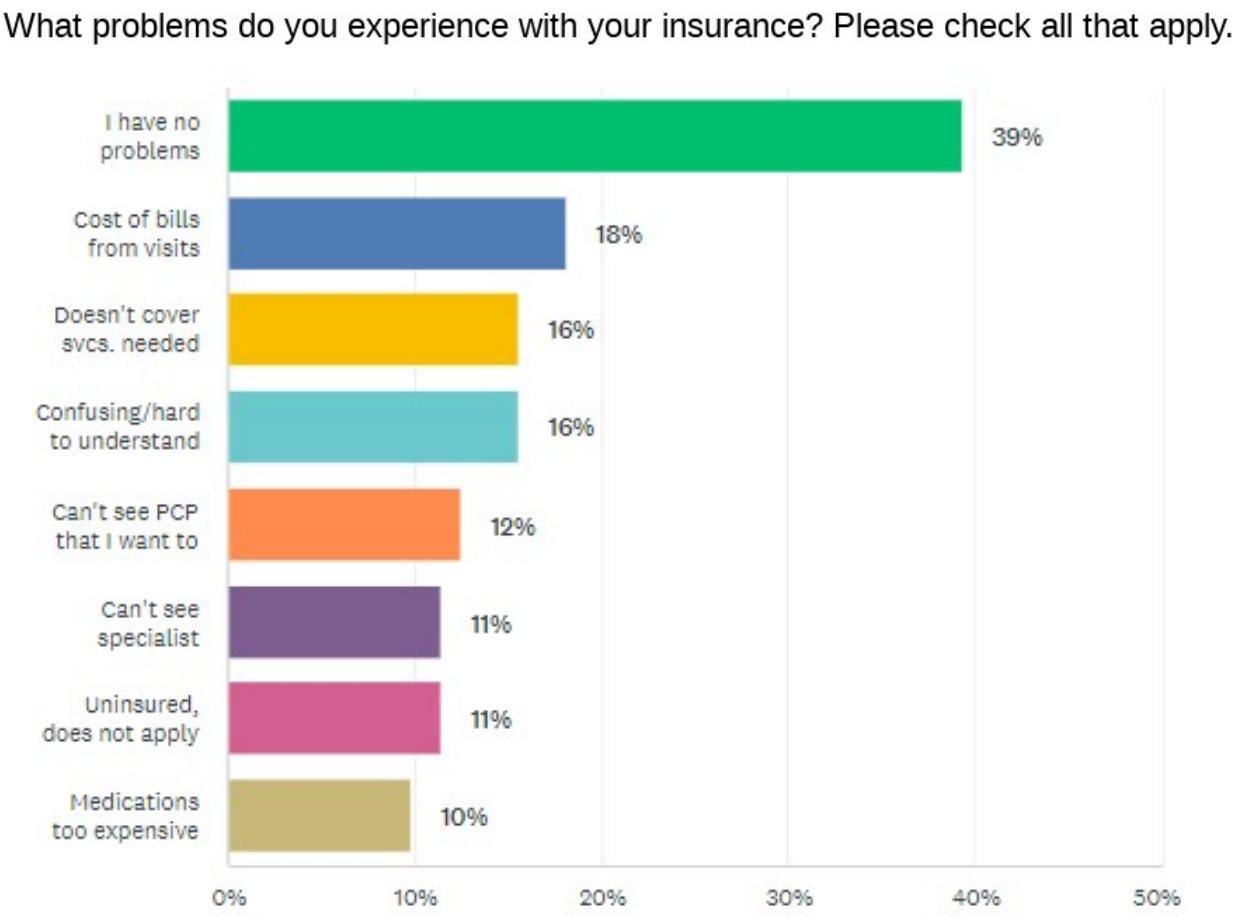

Figure 24: Community survey responses to the question "What problems do you experience with your insurance? Please check all that apply" N=193. Those who answered "I choose not to answer" not shown.

Community survey respondents considered cost and lack of health insurance by far the top reasons people in the community do not access care. As shown below, more than 64 percent (112/174) of respondents selected "costs are too much" as one of the top three reasons people in the community did not see a medical provider, and 52 percent (91/174) selected "lack of health insurance." Similarly, when ask about what keeps people in the community from seeking mental health care, nearly 51 percent (88/174) selected cost and 44 percent (77/174) selected lack of insurance (see chart on page 40).

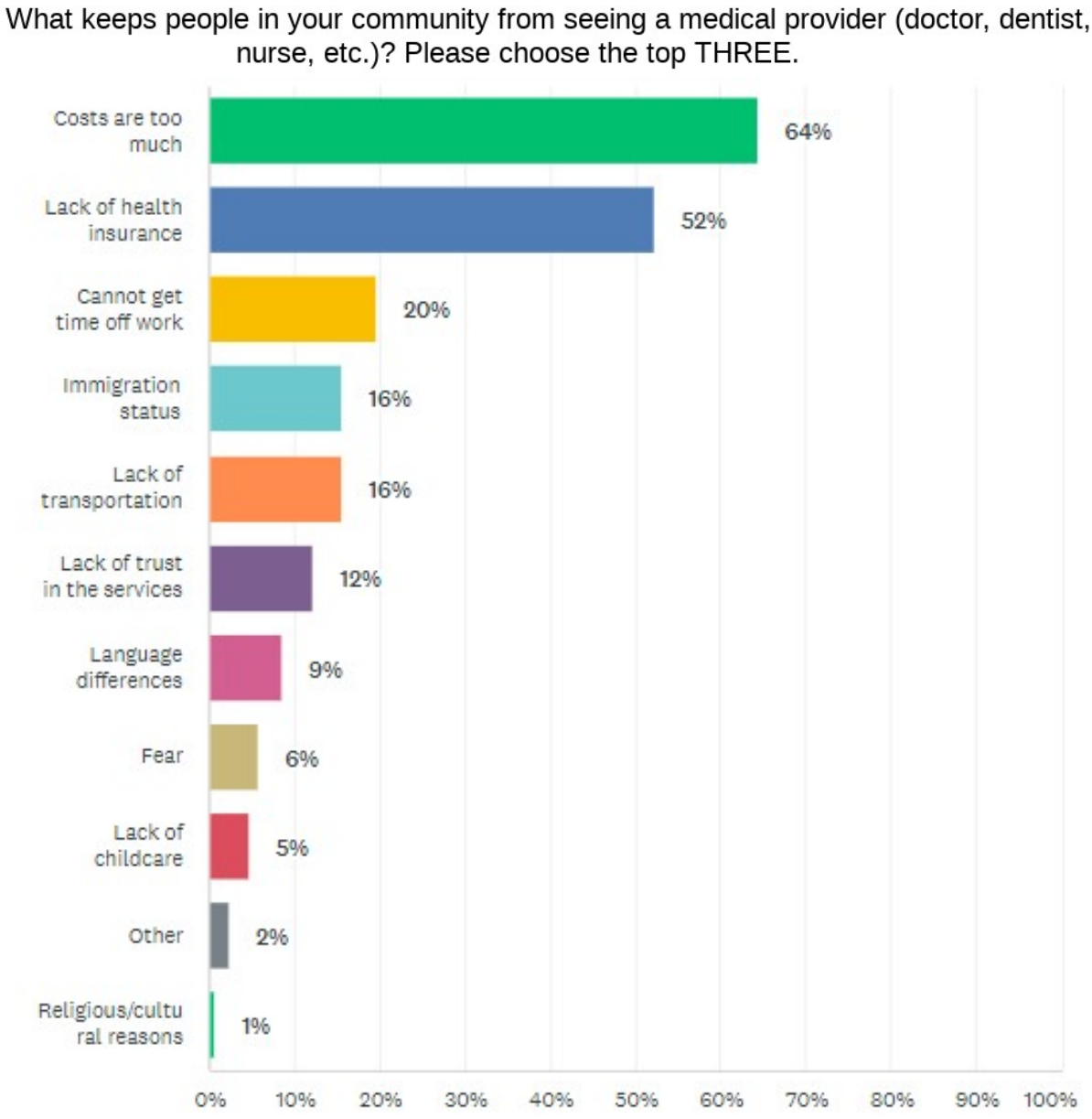

Figure 25: Community survey responses to question " What keeps people in your community from seeing a medical provider (doctor, dentist, nurse, etc.)? Please choose the top THREE." N=174. Those who answered "I don't know" not shown.

Access to Healthcare Services

There are several providers of safety net health services within service area. The map below shows the locations of Federally Qualified Health Centers (FQHC) sites and hospitals. Health centers serving the area include the Lake County Health Department and Community Health Center and Erie Family Health Centers. Hospitals include Vista Medical Center, and the Lovell Federal Health Center; the other major hospitals serving the area (Northwestern Lake Forest Hospital, Advocate Condell Medical Center, and Advocate Good Shepherd Hospital) are all just outside the service area. Some individuals also travel to hospitals in southern Wisconsin, such as Froedtert Kenosha Hospital, Froedtert Pleasant Prairie Hospital, and Aurora Medical Center Kenosha.

Hospital and health center sites are concentrated in the East region, as well as in Round Lake, where there are significant low-income and uninsured populations. Although there are some urgent care center locations, noticeable geographic gaps in service delivery locations exist in the Central region communities of Wadsworth and Lake Villa and the West region communities of Fox Lake and Antioch. Interviews and focus groups highlighted that the existing health systems are strong and well spread out, but that an additional hospital is needed in the northwest (7/15 conversations).

Despite this, communities in the East, as well as Round Lake in the West, continue to report significant unmet needs. The darkest green ZIP Codes below represent those where the largest proportion of low-income populations are currently being served by FQHCs, but even these have only 40 to 52 percent of their low-income residents who are served by a health center. This suggests that half the low-income residents of these ZIP Codes may lack a place to receive healthcare

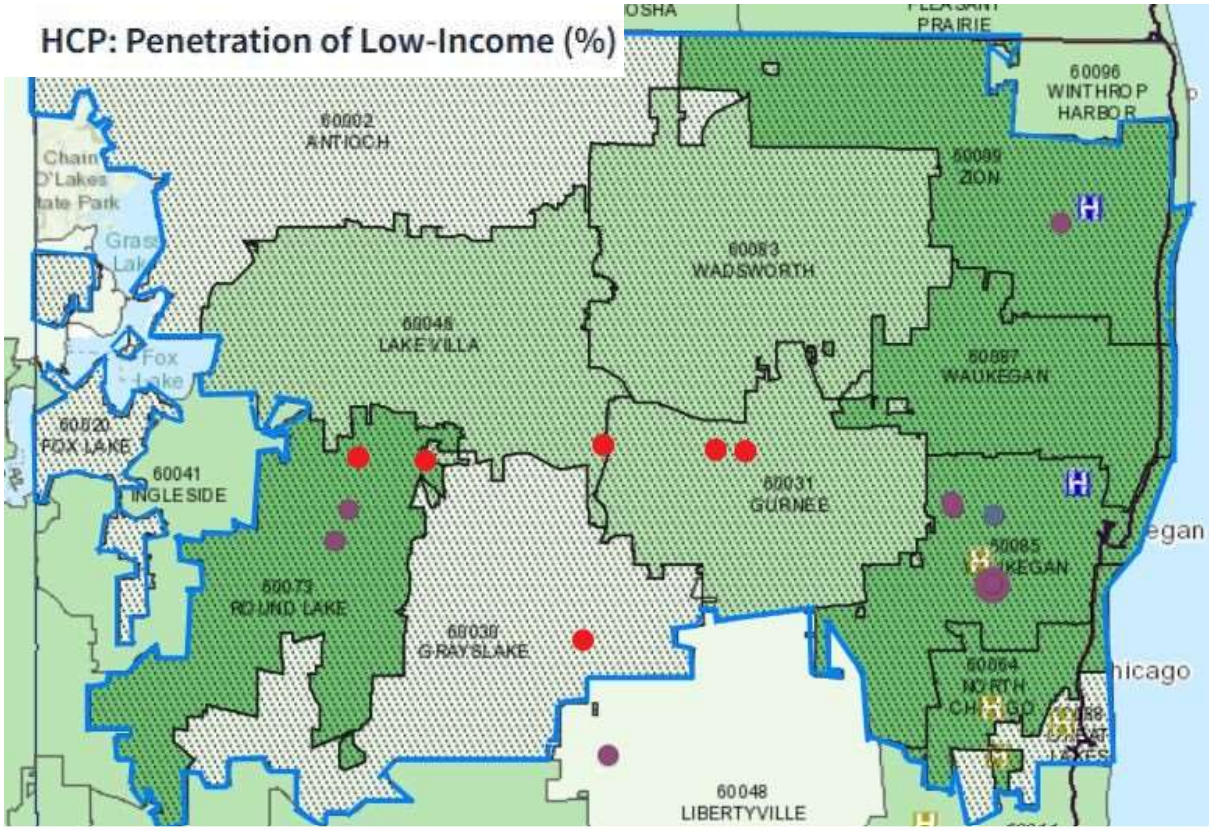

Figure 26: Percent of health center program "penetration" of low income population, with overlayed health center site locations (purple and grey dots), urgent care sites (red dots), and hospital site locations (blue H), by ZIP Code. Darker green indicates a higher percent of the low income population that is current served by Federally Qualified Health Centers. Source: UDS Mapper

services. Other ZIP Codes have even larger proportions of their low-income population who are unserved by health centers.

Portions of the service area are considered underserved according to a number of defined designations. As shown on the adjacent maps, the majority of the East region of the service area is designated as a Medically Underserved Area (MUA) and/or Medically Underserved Population (MUP). Portions of the service area are also considered Primary Care Health Professional Shortage Areas (HPSA), indicating that there are insufficient providers to meet the need.

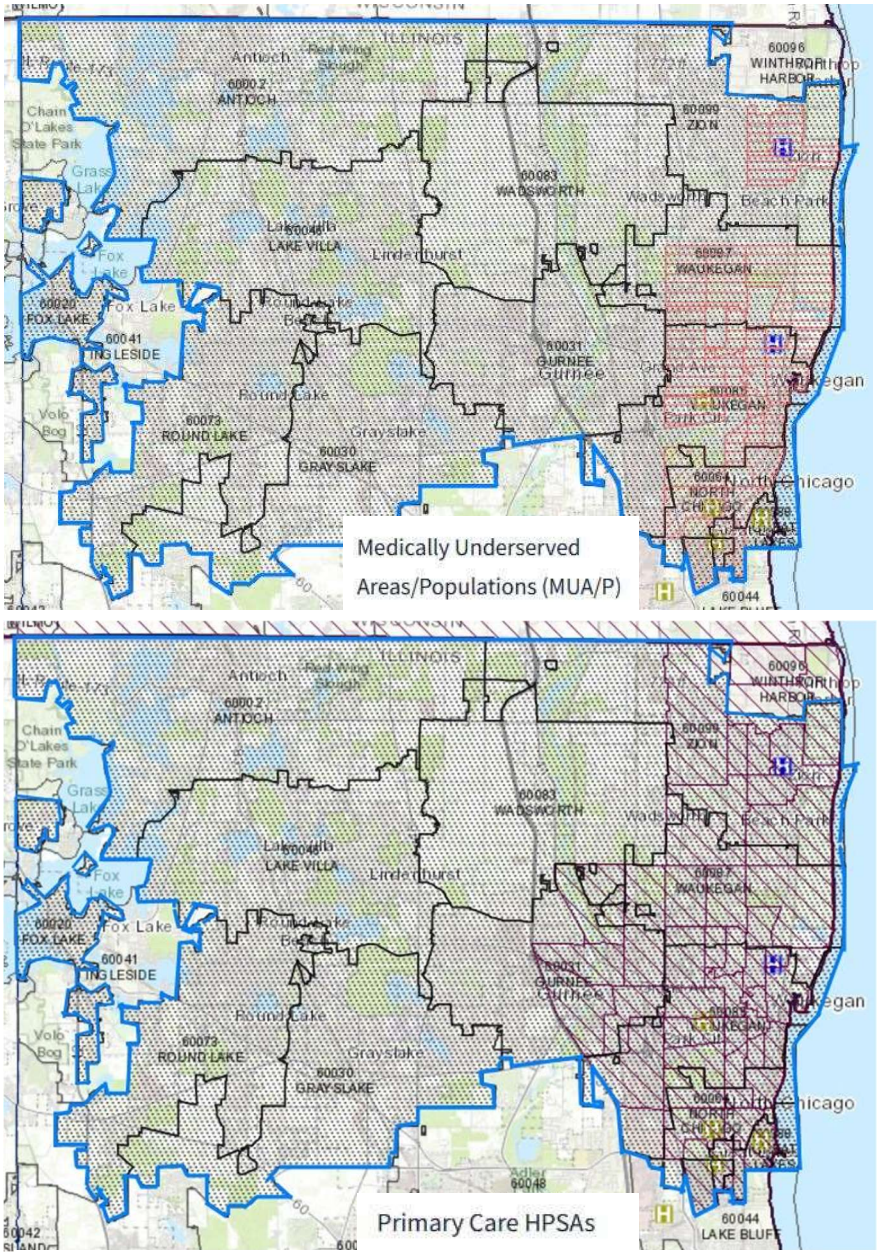

Figure 27: Locations designated as Medically Underserved Areas/Populations (top, crosshatched in red) or Primary Care Health Professional Shortage Areas (bottom, crosshatched in purple). Source: UDS Mapper.

Interview subjects and focus group participants noted the shortages of providers in a variety of health roles, including primary care (discussed in 3/15 conversations), oral health (4/15), nursing (4/15), and specialty services (4/15). Experts also highlighted the need for greater diversity among the health workforce and for providers from the community or who look like the community (4/15 conversations). It was also noted that not all of the limited services available are accessible to everyone, whether because not all providers accept Medicaid, serve all age groups, or accommodate people with disabilities. This was particularly true of dental services, where interview subjects and focus groups participants noted that there are not enough pediatric dentists, dental providers for individuals with Medicaid, and dental providers who accommodate wheelchairs and other needs of people with disabilities.

IV. Health Indicators and Disparities

As a result of these social determinants of health, the service area population experiences severe health disparities in numerous health indicators, including diabetes, cardiovascular disease, cancer, prenatal and perinatal health, pediatric health, behavioral health, and others. The following section details the population health status within the service area by examining the prevalence or rate of chronic disease and other health conditions within each region.

To more fully describe the substantial and disproportionate impact of these health issues on HFNLC's community, this section also compares each of the three service area regions to the state and nation on these indicators. Sources used include but are not limited to CDC Wonder, BRFSS, YRBS, UDS Mapper, and the National Survey of Children's Health. Please note that data sources may use different years or geographies (ZIP Code versus municipality). Wherever possible, the most recent and most geographically relevant data source is used. Additional information from other literature and secondary sources such as CDC PLACES, as well as qualitative findings from interviews, focus groups, and the self-report community survey are included where relevant.

When using quantitative data that is only available at a larger geographic level, such as county- or state-level data from BRFSS, this report uses a standard extrapolation methodology to extrapolate the indicator down to the service area or region level. Using this method, rates of disease by race and ethnicity or by age at the larger geographies (such as county or state) are applied to the race and ethnicity or the age of people living in smaller geographies (such as ZIP Code or region). This extrapolation provides the most accurate estimates of morbidity and mortality rates at smaller geographic levels when only county-level data is available. Because the extrapolation methodology uses data broken down by race and ethnicity to help produce these estimates, the resulting estimates take into consideration and reflect existing racial and ethnic disparities in health indicators.

In each of the tables that present this data, green highlights indicate the health indicator is better than both the state and national average, yellow highlights indicate health status is worse than one of the state or national averages, and red highlights indicate that health status is worse than both the state and national average.

Green	Better than both state and national average
Yellow	Between state and national average
Red	Worse than both state and national average

Figure 28: Color coding for health indicator and disparities tables

A. Diabetes & Cardiovascular Disease

Diabetes and cardiovascular disease are prevalent chronic conditions and among the leading causes of death and disability nationwide. In the service area, diabetes and cardiovascular indicators are mixed. For example, diabetes prevalence, at 10.5 percent, is lower than the state (11.1%) or nation (11.5%). However, diabetes mortality, at 23.15 per 100,000 residents, is worse than both the state (21.2 per 100,000) and nation (22.6 per 100,000). Two risk factors for diabetes and heart disease, adult obesity prevalence and adults without physical activity in the past month, are also elevated in the service area (33.4% and 27.6% respectively) compared to state and national averages.

	Total Service Area	West Region	Central Region	East Region	State Average	National Average
Diabetes & Cardiovascular Disease						
Diabetes prevalence	10.5%	10.4%	10.4%	10.8%	11.1%	11.5%
Diabetes mortality rate (per 100k)	23.15	21.09	19.93	26.87	21.2	22.6
Adult obesity prevalence	33.4%	33.9%	31.7%	35.0%	31.9%	32.4%
No physical activity in the past month	27.6%	26.6%	24.6%	30.6%	25.6%	26.3%
Adults who have been told they have high blood pressure	30.6%	31.6%	32.0%	29.4%	32.2%	32.3%
Adults who have not had blood cholesterol checked in past 5 years	12.7%	12.5%	12.4%	12.8%	12.3%	12.5%
Heart disease mortality rate (per 100k)	147.8	144.0	149.9	148.5	198.1	194.0

Figure 29: Select diabetes and cardiovascular indicators, estimated by service area and region. Sources: BRFSS, CDC Wonder.

For cardiovascular indicators, the service area fares better than the state or nation for both heart disease mortality (147.8 per 100,000) and adults who have been told they have high blood pressure (30.6%). However, the service area also has a higher rate of adults who have not had their cholesterol checked in the past five years (12.7%) than in the state (12.3%) or nation (12.5%).

These indicators vary across the service area's three regions. For several indicators — diabetes mortality, adult obesity prevalence, no physical activity in the last month, and adults without a blood cholesterol check in the past five years — the East region fares the least well, followed by the West region. The Central region is doing the best for these measures, and is better than or on par with the state or national average. The map in Figure 24 shows estimated obesity prevalence by census tract.

For both heart disease mortality and adults who have high blood pressure, the pattern is reversed. Although the service area is doing well overall, it is the Central region that is faring the least well. An estimated 32 percent of the region has high blood pressure, compared to only 29.4 percent in the East, and there are an estimated 149.9 heart disease deaths per 100,000 residents, compared to 144 in the West.

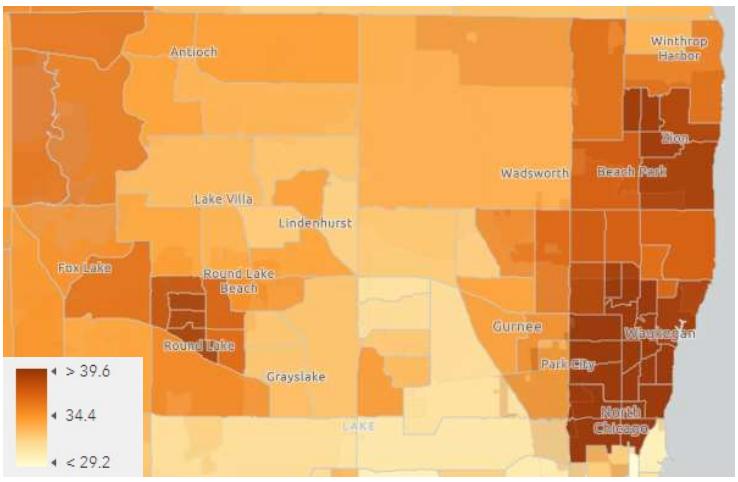

Figure 30: Obesity prevalence in the service area by census tract. Darker orange denotes higher percent of population that is obese. Source: CDC PLACES.

B. Cancer

Cancer indicators are variable in the service area. The service area fares worse than either or both of the state and national averages on all four preventive screening indicators listed below: women without Pap tests (cervical cancer screening) in the past three years, women without mammograms in the past two years, men without prostate-specific antigen (PSA) tests (prostate cancer screening) in the past two years, and adults without fecal occult blood tests (FOBT) in the past year. However, age-adjusted breast cancer and colorectal cancer mortality rates are better than the state or nation. This points to the complexity of the relationship between cancer screening and cancer mortality.

	Total Service Area	West Region	Central Region	East Region	State Average	National Average
Cancer						
Women who have not had a Pap test in the past three years	28.3%	27.6%	26.6%	30.3%	27.9%	22.3%
Women with no mammogram in the past two years	20.7%	21.8%	21.8%	18.6%	19.9%	21.7%
Men without a prostate specific antigen (PSA) test in the past two years	69.8%	68.7%	66.8%	73.5%	69.0%	68.2%
Adults with no fecal occult blood test (FOBT) within the past year	91.2%	91.9%	93.2%	88.7%	93.6%	91.0%
Breast cancer mortality rate (per 100k)	11.7	11.6	12.2	11.5	13.5	12.5
Colorectal cancer mortality (per 100k)	14.2	13.8	14.4	14.3	17.8	16.2

Figure 31: Select cancer indicators, estimated by service area and region. Sources: BRFSS, CDC Wonder.

There is also some variability across the regions. For the four access measures, some are worst in the East (cervical and prostate cancer screening) and others are worst in West or Central (breast or colon cancer screening). This may speak to the different dimensions of access, such as cost, distance, language, culture, and knowledge, which may make different screenings more accessible or acceptable to different populations. It also could point to the success of past interventions or community health efforts; for example, successful efforts over recent years to increase mammograms and colon cancer screening among people of color in municipalities in the East region may be starting to show up in improved screening rate data.

In the Central region, even though breast and colorectal cancer mortality rates are still lower overall than the state and nation, they are a bit elevated compared to the other regions. Screening measures for these two types of cancers are also a little worse. This could potentially point to transportation or access barriers, treatment barriers, need for greater health education and screening efforts, or other needs in the Central region.

C. Prenatal, Perinatal, and Pediatric Health

Prenatal and perinatal outcomes in the service area are generally better than the state or nation, with rates of low birthweight births, preterm births, and infant mortality that are better than the state or national averages in the overall service area as well as every region. Births to teenage mothers are comparable to the state average overall, but elevated in the East region.

	Total Service Area	West Region	Central Region	East Region	State Average	National Average
Prenatal, Perinatal, and Pediatric Health						
Low birth weight (<2500 grams) births	7.5%	6.7%	7.3%	8.0%	8.3%	8.2%
Percent of births that are preterm	10.7%	10.0%	10.3%	11.3%	11.7%	12.0%
Infant mortality rate per 1,000	3.08	2.88	2.50	3.12	6.55	5.67
Births to teenage mothers	3.9%	3.3%	2.9%	4.6%	4.0%	4.4%
Late entry into prenatal care (after first trimester)	24.1%	21.6%	20.9%	26.7%	20.7%	21.8%
Percent of children (10-17) who are obese	16.8%	16.2%	14.2%	18.8%	17.4%	16.2%
Percent of high school students with no physical activity in last week	12.8%	12.1%	10.5%	14.9%	12.3%	17.0%
Percent of high school students with no visit to a dentist in last year	25.0%	23.7%	21.0%	28.7%	23.8%	24.1%
Pediatric asthma prevalence	20.6%	20.2%	19.7%	21.5%	20.5%	21.8%

Figure 32: Select prenatal, perinatal, and pediatric indicators, estimated by service area and region. Sources: CDC Wonder, BRFSS, National Survey of Children's Health, Youth Risk Behavior Surveillance System.

For the access measure of late entry into prenatal care, the service area is not faring as well. Nearly one-quarter of all pregnant people in the service area enter prenatal care after the first trimester, which is especially driven by the even higher rate in the East (26.7%). The West and Central regions, while better than the East, still have rates of late entry into prenatal care that exceed the Illinois average. This suggests there may be barriers to accessing prenatal care throughout the service area. Prenatal health and greater access to prenatal care for high-risk pregnancies, postpartum support services, and services for new fathers was a theme among several stakeholders that emerged in interviews and focus groups (3/15).

For pediatric health, childhood obesity among children ages 10 to 17 is substantially higher in the East (18.8%) than in the Central region (14.2%), with the West in between (16.2%). This is the same overall pattern seen with adult obesity. Similarly, high school students with no physical activity in the last week (12.8%) is above the state average, also driven by the East (14.9%). Pediatric asthma prevalence and high school students with no visit to a dentist show the same pattern of being higher than the state average, driven by higher rates in the East region.

A number of interview subjects and focus groups highlighted the need for greater youth fitness and safe, fun exercise opportunities for parents and children (3/15). Others suggested there is a need to work on a variety of different youth health and wellness issues, from mental health to healthy cooking (3/15).

D. Behavioral Health

Behavioral health indicators are variable throughout the service area, as shown in the adjacent maps from CDC PLACES, which uses BRFSS data to extrapolate to the census tract level. For binge drinking (top map), many census tracts in the Central and West regions have the highest binge drinking rates, with prevalence rates of more than 22 percent in places like Antioch, Round Lake, and Lindenhurst. Communities in the East have lower binge drinking rates, consistent with binge drinking often being most common in non-Hispanic white populations.

Cigarette smoking (middle map) is most concentrated in areas in the East such as North Chicago, Waukegan, and Zion, as well as in the Round Lake area.

Depression prevalence (bottom map) is most elevated in the West region of the service area, in communities such as Antioch and Fox Lake. However, caution should be taken in interpreting these measures, as mental and behavioral health indicators tend to be widely underreported, especially in communities of color. Some differences in depression prevalence rate can be attributed to access to mental health care and care seeking behavior, stigma, or acceptability of accessing mental health care in different communities.

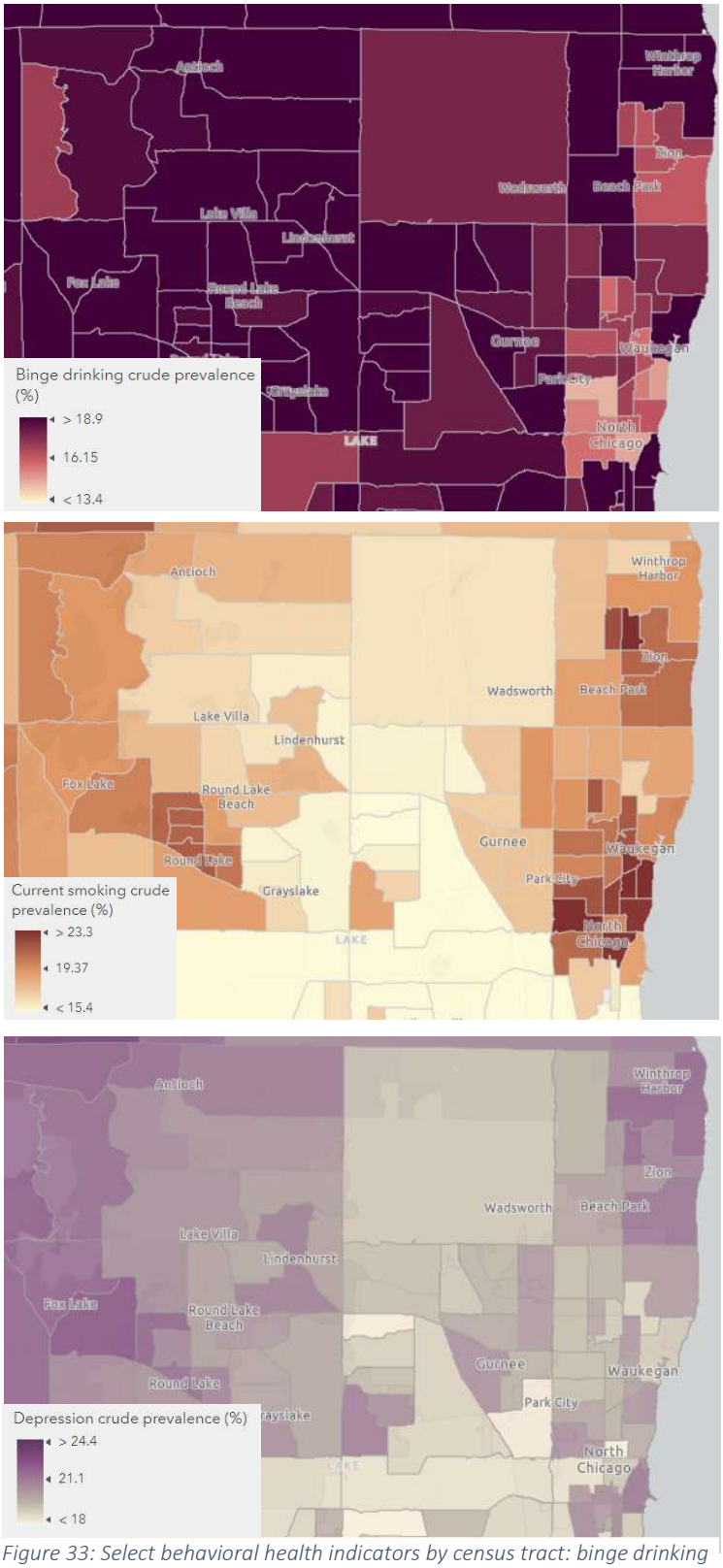

Figure 33: Select behavioral health indicators by census tract: binge drinking (top), cigarette smoking (middle), and ever told had a form of depression (bottom). Darker color denotes higher prevalence. Source: CDC PLACES, based on BRFSS 2018-2019.

Behavioral health needs were frequently mentioned by community survey respondents, subject matter experts, and focus group participants. Among survey respondents, mental health counseling was the top type of health professional or service community members wanted to see more of (33% or 58/174), with some also wanting to see more psychiatric care (16% or 28/174) and drug or alcohol counseling (10% or 18/174).

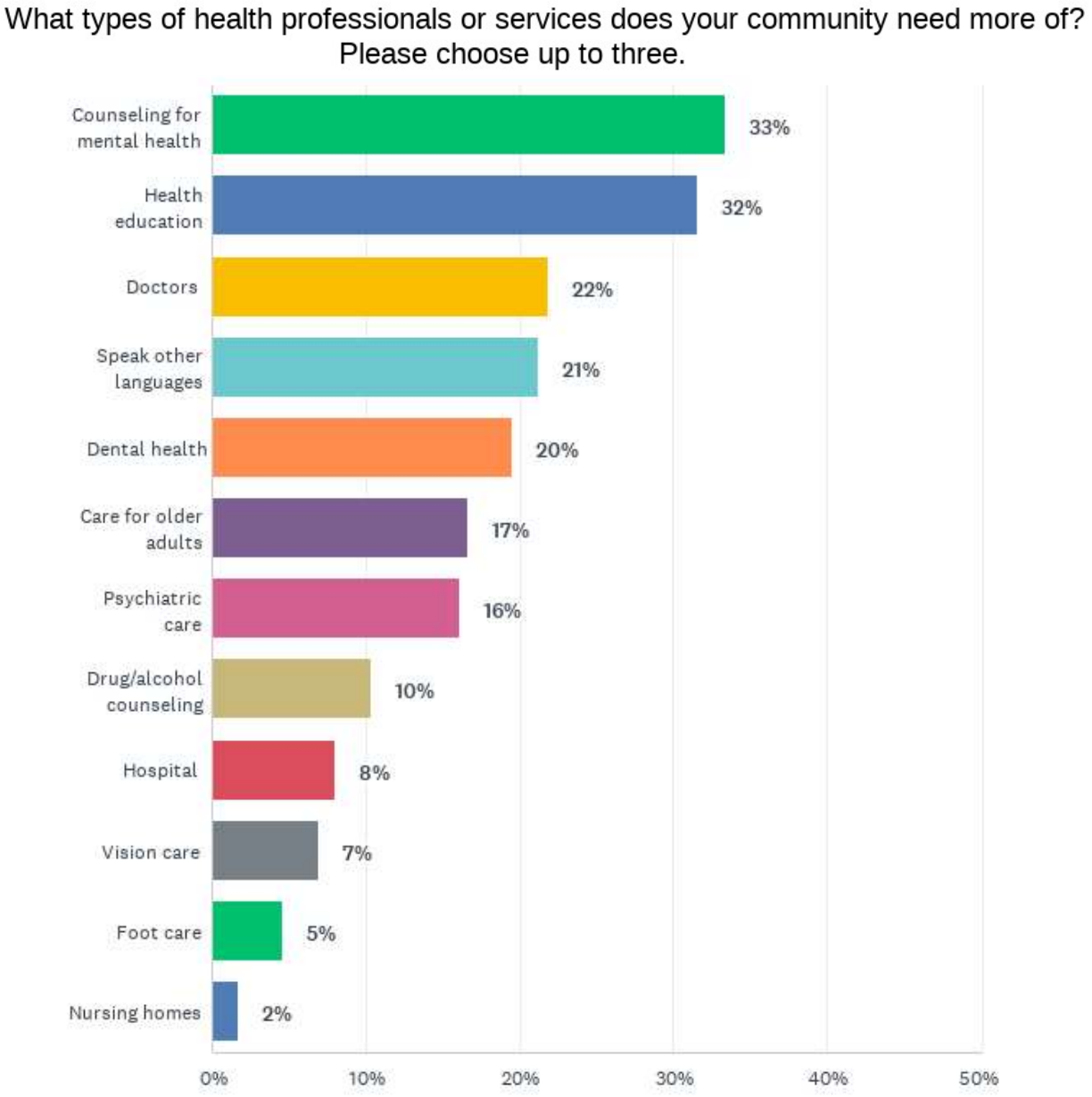

Figure 34: Community survey responses to question "What types of health professionals or services does your community need more of?" N=174. Those who answered "I don't know" not shown.

After cost and lack of insurance, the top barriers respondents reported keeping community members from seeing a mental health counselor were stigma or fear of judgement (29% or 50/174) and "don't know how to access" (23% or 40/174). Several open-ended comments spoke to access barriers to mental health services, including "lack of providers," "not enough bilingual and bicultural professionals," "difficult to find therapy with state insurance plans," and "length of time to wait for appointment."

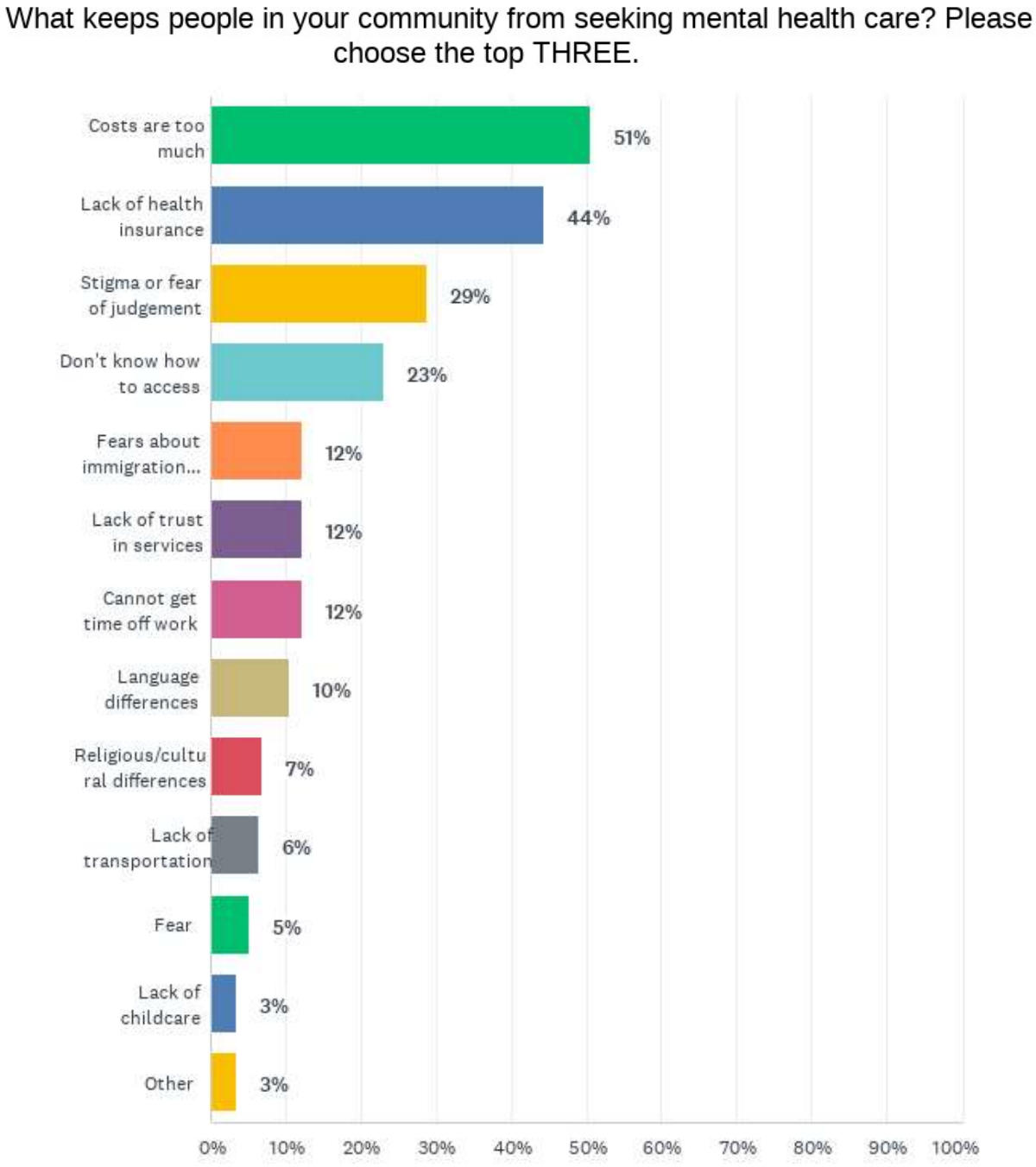

Figure 35: Community survey responses to question " What keeps people in your community from seeking mental health care?" N=174. Those who answered "I don't know" not shown.

Similar thoughts were expressed in focus groups and interviews about the access barriers to mental health care. The behavioral health workforce shortage was a pervasive theme (7/15 conversations), with many experts noting the insufficient number of behavioral health professionals of color, psychiatrists, and providers who accept Medicaid or sliding fee payments for behavioral health services in northern Lake County. Systemic barriers make this challenging to address; there is a nationwide shortage of psychiatrists and of behavioral health providers who are bilingual or bicultural. Illinois is particularly hard-hit, with fewer behavioral health care professionals per capita than other states and faster increases in the workforce shortage compared to neighboring states.[5] Poor reimbursement rates compound the problem and make it difficult for safety net providers to hire those limited providers that are available and meet the community need.

Indeed, long wait-lists for behavioral health services was another theme in interviews and focus groups (7/15), in part because of this lack of sufficient behavioral health providers. Although outpatient counseling services for mental health and substance use disorder services in safety net settings was the major concern raised in these conversations, some stakeholders also highlighted other types of service needs, including the need for supportive housing and residential service needs for people with serious mental illness (3/15) and the need for more crisis care, inpatient care, or intensive outpatient care (3/15).

COVID-19–related mental health needs were another theme among interview subjects and focus group participants. Nearly half (7/15) of conversations noted that there have been increasing mental health needs during the pandemic, including depression, suicide, and domestic violence. Stakeholders also noted a number of other behavioral health concerns, including youth mental health and wellness needs (3/15), smoking and vaping (3/15), and alcohol and substance use disorders (2/15).

One bright note highlighted in interviews and focus groups was the way that telehealth and telepsychiatry in particular has been beneficial in improving access to mental health services. Many conversations (6/15) discussed the way telehealth has improved access to care for a variety of people with transportation, mobility, linguistic, or other barriers. Experts spoke of telehealth as a particularly effective delivery method for mental health services, since counseling requires repeated, regular appointments and many community members may prefer the comfort, privacy, and reduced stigma of receiving care at home.

[5] Behavioral Health + Economics Network. Addressing Illinois' Behavioral Health Workforce Shortages. 2019. Accessed at https://www.bhecon.org/wp-content/uploads/2019/06/IL-Workforce-Fact-Sheet.pdf

E. Other Health Indicators

Current adult asthma prevalence is high in the service area, at 10 percent, compared to the state (8.5%) or nation (9.6%). This is especially driven by the East region, with an estimated adult asthma prevalence of 11 percent. As shown on the map below, asthma rates are especially elevated in municipalities like North Chicago and Zion.

	Total Service Area	West Region	Central Region	East Region	State Average	National Average
Other Health Indicators						
Adult current asthma prevalence	10.0%	9.4%	8.9%	11.0%	8.5%	9.6%
Percent of adults (18+ years old) that could not see a doctor in the past year due to cost	11.8%	11.4%	10.3%	13.3%	10.3%	9.8%
Percent of adults without a visit to a dentist or dental clinic in the past year for any reason	31.9%	31.2%	30.7%	33.5%	31.6%	33.3%

Figure 36: Select other indicators, estimated by service area and region. Source: BRFSS

The percent of adults who could not see a doctor in the past year due to costs is higher in the service area (11.8%) compared to the state (10.3%) or nation (9.8%), with the East region as high as 13.3 percent. As discussed earlier and noted in qualitative methods, cost of co-pays, deductibles, coinsurance, and other costs associated with healthcare usage can be access barriers even for people who have health insurance.

For oral health care access, the service area has a slightly higher percent of adults without a visit to the dentist or dental clinic in the past year (31.9%) than the state (31.6%) or nation (33.3%). This is largely driven again by the East region, where an estimated 33.5 percent of adults have not had a visit to the dentist in the past year. The adjacent census tract map from CDC PLACES demonstrates the degree to which communities in the East like Waukegan and North Chicago have drastically lower rates of dental visits than communities in the Central and West regions.

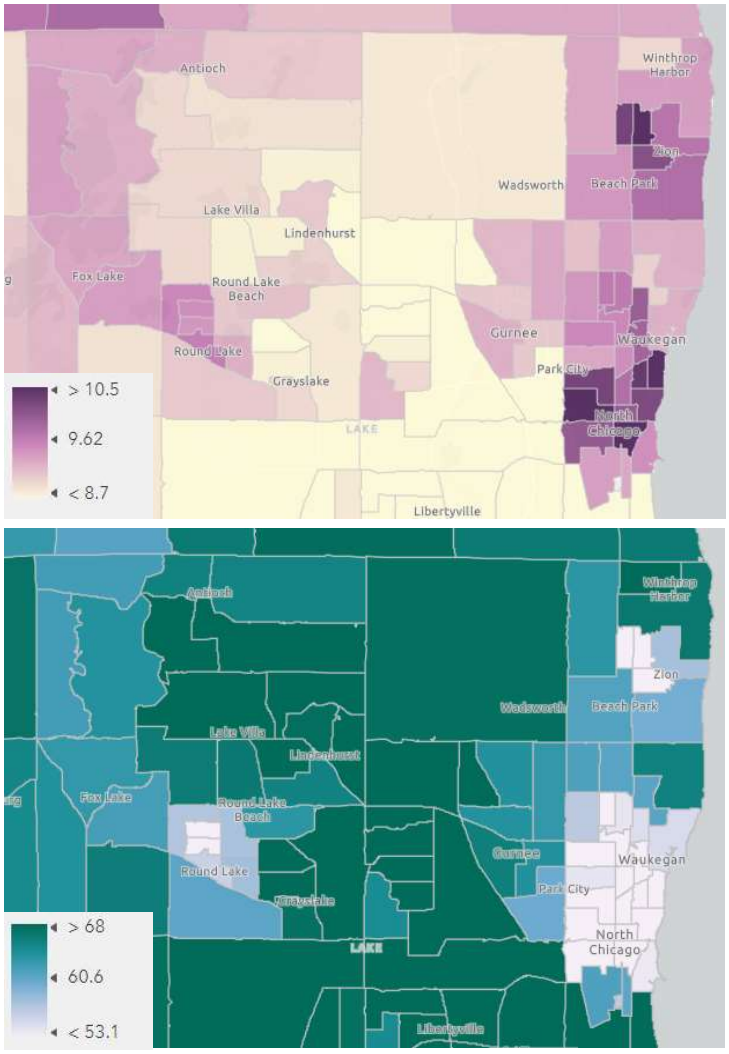

Figure 37: Select other indicators by census tract: adult asthma prevalence (top) and dental visit prevalence (bottom). Darker color denotes higher prevalence. Source: CDC PLACES, based on BRFSS 2018-2019.

V. Community Stakeholder Recommendations

HFNLC held two virtual town hall meetings on February 17, 2022 and February 22, 2022 to share initial findings from this assessment and gather feedback from grantees, partners, and other community stakeholders. Facilitated by Leading Healthy Futures, these meetings served as a form of "member checking," in which those with community knowledge could react to findings and help draw conclusions.

During the town hall meetings, stakeholders convened in breakout groups to brainstorm ideas for addressing access barriers in northern Lake County. A word cloud visualization of those recommendations and ideas is shown below, and the major overarching themes that emerged are summarized on the following pages. A detailed list of all stakeholder recommendations can be found in Appendix E.

Figure 38: Word cloud of common terms from town hall recommendations for improving access to health in northern Lake County.

Access to Care

Several groups made recommendations for ways to increasing access to primary care. Mobile health services were suggested as a way to *"bring these services to people in these communities,"* as were expanding hours of operations to increase overall access.

Community Health Workers

The community health worker (CHW) model was seen as worthy of expansion, to improve navigation, outreach, and education. Recommendations included offering standardized career paths and training for community members to become CHWs, creating a CHW network, increasing availability of Spanish-speaking CHWs, and taking a unified approach to CHW program funding.

Cultural Competency and Racial Equity

Many recommendations centered on addressing racial inequities in care. Some were specific, such as making culturally sensitive health education available and providing access via telehealth to providers who speak the same languages. Other recommendations were broader, such as advocacy to fix the immigration and health care systems. Still others were more exploratory; one group noted that *"we have data on disparities and still the disparities continue so digging in deeper is important"* while another recommended *"listen to most-impacted people and communities."*

Diversity of Providers

Increasing provider diversity was viewed as an important way to achieve greater trust, cultural competency, and equity. One group explicitly wondered *"if there may be a correlation between trust in healthcare providers and shortage of diversity in providers/professionals."* Several groups suggested working toward increased bilingual and bicultural providers and others that reflect the identities of the community members, including social workers, clinicians, and other professionals.

Healthcare/Insurance Navigation

A number of concrete suggestions were brainstormed to address complexities around healthcare and insurance navigation. Specific ideas included extending the Medicaid eligibility cutoff, not requiring annual Medicaid renewal, a concerted effort to enroll people in insurance, and increasing the number of providers who accept certain plans. Health literacy education was also seen as valuable, with suggestions like offering education on the difference between premiums and co-pays and offering *"Know Your Rights presentations so that community members know that they can access the health systems."* Some groups made broader suggestions, like universal healthcare.

Healthcare Workforce Pipeline

Many groups recommended addressing diversity in the healthcare workforce by improving the healthcare workforce pipeline. Several envisioned programs to increase awareness of opportunities to work in healthcare, whether among younger children, college students, or adults from underserved communities. One group suggested that the *"biggest impact on health equity would be to set up a pipeline of BIPOC healthcare workers, specifically mental health."* Another group posed the question, *"What are the opportunities and do students know the opportunities here in Lake County? Are we supporting young people? Can we foster their interest in healthcare locally? Many times, people FROM underserved areas return to these areas to provide care."*

Organization Collaboration

Stakeholders recommended greater collaboration and system coordination to decrease duplication and leverage organizational strengths. Several noted that this goes beyond technology solutions

and should include fostering "*human-centered collaboration between social service providers and health care providers"* and establishing *"deeper connections that help fill in the gaps you may not be aware of."* Other ideas included creating a centralized hub with multiple services, supporting smaller nonprofits with "boots on the ground" experience, and taking more collaborative approaches to assessment.

Social Determinants of Health

Recognizing the broader root causes of inequities, many groups felt that addressing social determinants of health was crucial. Groups suggested focusing on housing, food, and other core needs, as well as *"leveling the playing field across income, insurance, language, and education."*

Technology/Telehealth

Stakeholders recognized that *"telehealth is not a magic bullet"* and provided several ideas for addressing the limitations of telehealth. These included addressing the digital divide by partnering with public libraries, offering technology training, perhaps led by CHWs, and improving reimbursement rates for telehealth.

Transportation

Transportation needs was a pervasive theme that emerged from this assessment's qualitative methods, and stakeholders concurred with the need to address transportation. Several groups shared ideas for *"managing the transportation shortfalls in the community*" including to provide transportation to and from healthcare appointments, especially in the West region, and *"expand eligibility of Ride Lake County to not just be disabled and 60 years and older."*

Trust in Healthcare System

Establishing trust was a common recommendation. Several groups suggested ways to build trust in the healthcare system, especially for historically disadvantaged communities, including decreasing administrative questions that deter undocumented people from seeking help and collaborating and creating partnerships with trusted voices that already exist within communities.

Workforce and Healthcare Workforce

Stakeholders also recommended addressing a number of workforce challenges plaguing Lake County, including but not limited to challenges for the healthcare and nonprofit workforce, such as burnout and turnover. The most common recommendation was to increase pay and have more livable wages so that people can afford to live in Lake County; this applied to those working in social services, healthcare, and in the broader community. One group recommended *"building up healthcare workforce around healthy jobs (i.e., stable, secure employment that provides benefits and a living wage),"* while another notes that *"we can't succeed without the workforce we need."*

Youth

Youth were viewed as an important population, with many unmet needs. Suggestions included working with school districts and families to provide health services, addressing social needs and anxieties among young people, and investing in career opportunities and job readiness programs.

Other

Stakeholders shared other recommendations, including investing in childcare, providing at-home community services, addressing vaccine hesitancy, and advocating for policy changes at the state and federal level.

VI. Conclusion

HFNLC continues to fulfill its mission of improving the health status of uninsured, underinsured, and medically underserved residents in its geographic catchment area. This area remains one with high socioeconomic and health needs, including lack of insurance, poverty, unemployment, poor educational attainment, lack of affordable housing, food insecurity, and transportation barriers.

Residents of HFNLC's service area also contend with lower rates of accessing cancer screenings such as Pap tests and mammograms, cholesterol screenings, timely prenatal care, and primary care visits than many other communities. Residents also face higher disease burden and mortality from diabetes, pediatric and adult obesity, asthma, and behavioral health conditions. In addition, due to structural inequities, many residents, including people of color, immigrants, people with disabilities, LGBTQI+ individuals, and older adults, face additional access barriers around language, insurance, cost, transportation, and provider availability.

HFNLC has the opportunity to listen to its stakeholders and partners in how best to achieve its vision of equitable healthcare access and optimal health for all residents of northern Lake County. Stakeholder recommendations emerging from this assessment include:

- growing the healthcare workforce pipeline and increasing provider diversity;
- focusing on cultural competency, racial equity, and trust within healthcare;
- expanding community health worker programs;
- improving working conditions and pay in and outside of healthcare;
- addressing social determinants of health like transportation that affect access to care;
- improving access to mobile services and telehealth;
- and increasing collaboration across the community.

HFNLC can leverage its strengths, including strong connections within the nonprofit sector and a greater emphasis on social determinants of health and root causes of health inequity, to be a leader in funding innovative programs, capacity-building, and other work that addresses access to care.

VII. Appendices

Appendix A: Summary of Top Focus Group Themes

Community challenges/gaps

Transportation barriers, lack of transportation, hard to get to work or to healthcare, limited public transit, rideshare is expensive, limited paratransit
Need to work on youth health, wellness, mental health at younger ages; get youth involved in mental health, health education, cooking, etc.
211 exists but not everyone knows of it; need greater referrals, coordination, lists of programs and what others are doing

Barriers to care

Lack of access to insurance, insurance barriers/restrictions/limitations, confusion about insurance eligibility, people falling through cracks
Barriers for new immigrants, difficult for undocumented to get work, difficulty to access healthcare, fear, wait a long time, go underground
Telehealth, digital divide challenges, lack of high speed internet, need access for seniors, people lack skills to use online resources, families not be equipped for remote
High cost of insurance/care, high cost of prescription medications, high co-pays or deductibles, challenging to ensure what you need is covered
Language, cultural competency as a barrier to care, need for interpreters and bilingual providers, access to multilingual is hard in Round Lake, Mundelein

Health service delivery

Need for patient navigation/support/case management, challenging to know how to get tests or services, people don't know where to go, health advocacy needs
Need alternative medicine options, people want places for alternative/natural/holistic health, yoga and mindfulness, music therapy, etc.

Workforce challenges

Need for providers that look/act/speak like me, need for providers from the community, need diversity (race, gender) in health professions
Need more programs to build health care workforce from local community, pipelines from community, stop unpaid internships, get immigrant health professionals retrained
Need to expose kids to employment opportunities in health care, career training at earlier ages to pursue jobs in health career, get involved in health workforce

Appendix B: Summary of All Qualitative Themes

Emergent Themes from HFNLC Needs Assessment Qualitative Methods
Conducted by LHF September - October 2021

Emergent Themes	# of Convos
Community assets/strengths	
Collaborative community, collaborations across systems/orgs, culture of helping out, everyone works together, funders working together, hospitals working together (EHRs)	**9**
Decent parks, forest preserves, walking trails, outdoor areas (but not everywhere), investments in walking and biking, people get outside	5
People are discussing root causes, underlying causes, social determinants, institutional/structural racism, racial justice/equity, shifting power to communities, etc.	4
Health dept is a great strength, coordination between health dept and HFNLC is a strength	4
Mobile services - Rosalind Franklin care coach, provides both care and education, culturally competent, bring services to the community	4
Strong programs that support new immigrants and encourage their civic engagement (MaM)	3
More people have insurance than used to, ACA has expanded access to care	3
Wages are increasing, higher wage jobs as next best thing to universal basic income, can get higher paying jobs in warehouses than in healthcare	3
Mental health providers in the community are great, people have prioritized mental health, people are increasingly aware of mental health	2
Community challenges/gaps	
Transportation barriers, lack of transportation, hard to get to work or to healthcare, limited public transit, rideshare is expensive, limited paratransit	**13**
Food insecurity, some food deserts, access to food, a lot of fast food/unhealthy foods, not enough healthy food stores, hard to get to food pantries	**9**
211 exists but not everyone knows of it; need greater referrals, coordination, lists of programs and what others are doing	**8**
Lack of affordable housing, rent burden, existing housing is not safe (lead), housing needs during pandemic, wait lists for affordable housing, housing for people w/ disabilities	6
Vaccine challenges: hesitancy, especially in immigrant/Latinx community; people who cannot take time off to get vaccinated; people who won't get vaccinated	6
Need to provide greater health education on prevention, wellness, lifestyle, exercise, chronic disease self management, cooking, etc.	5
Poor education systems, need to improve education, kindergarten readiness is not enough, education system leaving people behind, need to change school funding	4
Poverty, hasn't improved, gap between rich and poor, pockets of poverty, basic needs, people are living in crisis day-to-day without opportunity	4
Need to work on youth health, wellness, mental health at younger ages; get youth involved in mental health, health education, cooking, etc.	3
Homelessness, no year round shelter for men, no shelter in Western LC, need a shelter with coordinated services, some services limited not available to unstably housed	3
Pregnancy, prenatal health, high risk pregnancy, prenatal mental health, early childhood home visiting as important, new dads' health	3
Community violence, crime, trauma, guns, safety; physical safety (sidewalks, etc.) as barrier to health	3
Smoking, vaping are still problems, Tobacco 21 has been a big push in Lake County	3
Lack of supportive housing options for people with BH/SUD needs, being discharged from hospital, not enough residential SMI services or SMI-level care	3
Need to invest in safe, health fun and exercise - zumba, bowling, roller skating, things for seniors and kids especially, parent-child fitness	3
Environmentally-friendly/motivated community, but very car dependent, poor water quality, lead levels, asthma	2
Lack of access to routine check ups, ongoing care, high rates of unaddressed chronic conditions during COVID and before	2
Need nonprofit and elected office leadership pathways for next generation, people of color, Hispanic population	2
Need for more support for people caring for family members, personal assistants for people with disabilities, day programing for people with disabilities	2
Drugs, substance use disorders, overdoses, alcohol are a large community problem, major need for services	2
COVID	
Increasing mental health needs; pandemic-related mental health needs; increased DV, depression, suicide during COVID	**7**
Political situation, divisions in the country, divisions around COVID behaviors, community is divided/polarized	6
COVID brought new energy to solve problems, AAPCG, ACL, galvanized communities, brought out partnerships, solidarity, etc.	6
COVID communications and response in LC has been good, quick, vaccine effort strong, appreciate county leadership response	4
Economic challenges during COVID, small businesses hurting, people leaving jobs or jobs left them, economic fallout not fully known	2

N = 15 "conversations" (11 individual or group interviews with a total of 19 individuals; four focus groups with 36 total participants)

Emergent Themes from HFNLC Needs Assessment Qualitative Methods
Conducted by LHF September - October 2021

Demographics and geography	
Rural communities face barriers - Antioch, Fox Lake - homelessness, food insecurity, transportation, few clinic sites; Black people in West feel isolated	6
Communities in the east have the highest needs - North Chicago, Waukegan, Zion	5
Racial/ethnic disparities/inequities, Black and brown communities have highest needs, structural barriers for people of color	4
Black community has less visibility/organizion/support than Latinx, few nonprofit orgs for Black community, Black community is spread out	4
Round Lake also has a lot of needs	4
Growing Latinx population - some immigrants, some local growth, increasing support and visibility compared to Black	4
LGBTQ - poor access to queer-friendly/trans affirming providers; struggles/bullying for LGBTQ youth; need better training for providers service LGBTQ	3
Aging population, needs of older adults often overlooked	3
Service providers concentrated in eastern part of the county - Medicaid office, homeless service providers, Living Rooms, etc.	2
Immigration waves - Afghan refugee resettlment as an upcoming need, migrants from Honduras, etc.	2
Barriers to care	
Barriers for new immigrants, difficult for undocumented to get work, difficulty to access healthcare, fear, wait a long time, go underground	**10**
Lack of access to insurance, insurance barriers/restrictions/limitations, confusion about insurance eligibility, people falling through cracks	**9**
Language, cultural competency as a barrier to care, need for interpreters and bilingual providers, access to multilingual is hard in round lake, mundelein	**7**
Wait lists for BH services, for appts at health department; not enough funding going into BH access at health department; no shows and challenges related to long wait lists	**7**
Fear and lack of trust among Latinx/immigrant groups and Black (historic mistrust of gov't), fear of doctors (white coat anxiety), era of mistrust	6
High cost of insurance/care, high cost of prescription medications, high co-pays or deductibles, challenging to ensure what you need is covered	6
Even people with insurance don't know where to go, can't access care, don't know how to use insurance, insurance is more complex than it used to be	5
Telehealth, digital divide challenges, lack of high speed internet, need access for seniors, people lack skills to use online resources, families not be equipped for remote	5
Hours of operation affect accessibility, people can't take time off work for care, time off work if working two jobs	2
Child care access as barrier to care	2
Health service delivery	
Strong health systems, well spread out with good access, some good hospitals, hospitals use same EHRs, could use additional hospital in NW area	**7**
Shift to telehealth has improved access, decreased travel, benefited people w/ MH needs or linguistic needs or disabilities, people like telepsych	6
Need education on immediate care vs urgent care vs emergency room vs CVS/point of care, a lot of ED usage	6
Need to bring services to people - public housing, faith communities, schools, libraries, outpatient, hub and spoke telehealth; use tech to reach communities	5
Community health workers as an asset, help educate and link to services, need to have more places, need to have in the Black community	5
Need alternative medicine options, people want places for alternative/natural/holistic health, yoga and mindfulness, music therapy, etc.	4
Need for patient navigation/support/case management, challenging to know how to get tests or services, people don't know where to go, health advocacy needs	4
Need another BH hospital/hospital wing; not enough BH inpatient care; not enough IOP care; not enough crisis care	3
Need to integrate mental health into primary care, normalize, decrease stigma, whole health approach, mental health within health programs	3
Need single point of care, one stop shop, co-located primary and specialty, reduce burden and driving around, do it all under one roof	2
Trauma informed care becoming the norm, need to promote trauma-informed approaches	2
Strong FQHCs, well spread out, good providers and access points and clinic locations	2

N = 15 "conversations" (11 individual or group interviews with a total of 19 individuals; four focus groups with 36 total participants)

Workforce challenges	
Lack of BH, BH workforce shortages, psychiatry especially, MH providers of color and who accept Medicaid/sliding fee	**7**
Need more programs to build health care workforce from local community, pipelines from community, stop unpaid internships, get immigrant health professionals retrained	6
Lots of vacancies, workforce shortages, labor force is below pre-COVID, barriers like child care prevent people from working esp. in female-dominated industries	6
Need to expose kids to employment opportunities in health care, career training at earlier ages to pursue jobs in health career, get involved in health workforce	5
Not enough specialists in LC, people can't afford specialty care, haven't solved specialty care access for low income	4
Need for providers that look/act/speak like me, need for providers from the community, need diversity (race, gender) in health professions	4
Nursing shortage, aging nursees leaving, nurses leaving due to COVID, huge demand for nurses and MAs	4
Dentistry, pediatric dentistry gaps, specialty dental, very few dental providers for low income families, ppl w/ disabilities, limitations on dental services for Medicaid	4
Primary care shortage, limited and aging primary care providers, not enough doctors who take Medicaid	3
Need to encourage college enrollment, completion, and staying in Lake County with their skills for students of color	2
Many jobs do not offer living wage, wage exploitation or abuse, precarious work, work with no protections, can't get vaccinated without time off	2
People coming out of criminal justice system are not able to find work, county could better help people coming out of jails find work	2

HFNLC strengths	
HFNLC funds innovative programs, capacity, training, unique support, leadership development, fund in a range of areas, fund model/replicable programs	5
HFNLC is well connected, integrated, has the pulse of the community, part of Live Well Lake County, great connector of nonprofits and nonprofits	5
HFNLC's shift towards social determinants/health equity is good; should shift towards prevention, move upstream; should write a white paper about this	4

Recommendations for HFNLC	
Should do research/assessment together, not separately; coordinate data efforts; desire to share data w/ HFNLC, help people understand extent of LC needs	3
HFNLC should go deep, not just wide - build infrastructure/capacity for longer term, greater trust-based philanthropy, broader sustainable change, systems-based work	3
HFNLC should engage with grassroots groups, communities of color, figure out how to help them (fiscal agent?)	2
More collaboration between/across grantees, fewer silos and more nimbleness	2
Not enough awareness of HFNLC, HFNLC could do a better job introducing self/working with elected officials, commissions, townships, governments	2

Appendix C: Summary of Town Hall Recommendations

The table below shows recommendations for improving access to care suggested by the 17 breakout groups from the two virtual town halls held in February 2022, organized thematically. Recommendations are presented verbatim, in community stakeholders' own words.

Theme	Suggestions/Recommendations from Town Hall Breakout Groups
Access to Care	• Access to primary care/primary care can provide access/conduit to other specialties • Health care system that is part of larger neighborhood. • Mobile health – increased hours of existing programs to increase access and more similar services. Potential services that would be wanted or needed: primary care physicians and pediatricians (to avoid misusing the ED as a last resort in care), prenatal care, dental care • Mobile resource vans to distribute info and services • There are just some services that don't exist in certain areas and we need to figure out how to bring these services to people in these communities.
Community Health Workers	• Community Health Worker model needs expansion. Currently, localized geographically based on the agencies and organizations that do it. How do we incorporate social determinants of health with this effort? There may be opportunity for unifying efforts (both funding and implementation). Could potentially offer more comprehensive screening processes. • In the city, there is training of community residents as a career path to become a Community Health Worker. • Putting emphasis on creating a network of community health workers to connect with the community and refer to services. • Building more bridges with CHW • Training for CHW standardized • Career development with CHW • We need more community health workers to outreach and educate communities; if possible bilingual because of large proportion of Spanish speakers. People feel more comfortable receiving information in their own language, even if they understand English. they can provide information, support, connection in the community (schools, churches, etc.) to address community concerns and help get people into earlier diagnosis/treatment

Theme	Suggestions/Recommendations from Town Hall Breakout Groups
Cultural Competency and Racial Equity	• A lens of race/ethnicity first to address equity is necessary. We have data on disparities and still the disparities continue so digging in deeper is important. • Making resources readily available to the community and that it is culturally sensitive. • Provide culturally sensitive services to the community. • Addressing cultural, racial and ethnic challenges • Listen to most-impacted people and communities. • How are we defining health equity? • Language (volunteer vs I need your help - helper). The way we communicate and connect. • There are a lot of challenges for residents whose primary language is not English or Spanish. Translation lines are available, but sometimes feel less personal and don't seem to work as well. Telehealth may help residents access care with someone who is qualified and speaks their language even if the provider is outside of the community. • Needs to be real systems change because issues pre-COVID. Black and brown communities need representation in the healthcare system in order to be included and represented. • Connecting Ideas 1, 3, 4, and 6. Improving cultural competence within organizations and being aware of other organizations that represent a community that a client can be referred to. • Addressing policies that put up barriers to access (i.e., undocumented individuals), that encourage health assessment collaboration, etc. • Undocumented people don't have access and so many don't feel comfortable accessing-focus on advocacy to fix the immigration and health system. • More resources, including health care education, promotion in Spanish and other languages and distribute them more effectively
Diversity of Providers	• Wondering if there may be a correlation between trust in healthcare providers and shortage of diversity in providers/professionals. • Bilingual social workers and bilingual professionals overall. • Getting more clinicians that are part of the community and speak the language of the clients • Increase providers in targeted communities and the providers are reflecting the identities of the community members. These do not need to be traditional healthcare services. It could be support groups run by the community for example. Another example, the library has drop in hours for a social worker.

Theme	Suggestions/Recommendations from Town Hall Breakout Groups
Healthcare/ Insurance Navigation	• Benefits are difficult to obtain and there is a lack of knowledge of benefits available and of maximizing the use of benefits (in IL specifically) • Illinois Medicaid – should not need to renew annually. • Increase education efforts of benefits available. • FQHCs, which are supposed to be accessible primarily to those uninsured or under-insured and of low income, are not as affordable and accessible as may be perceived. Sliding fee scales do not work for all, making it too expensive for many to afford and also long waiting lists. Need greater workforce or options for more affordable and accessible health services. • Know Your Rights Presentations so that community members know that they can access the health systems (also knowing how hospitals should treat you and how they should provide services instead of turn you away) • Interventions should not only be focused on how we train community member to gain access but how we change health care systems and train professionals to make systems and processes more accessible. • Support in health care navigation and education of where to access services. • Health insurance issues – what happens when PHE flexibility is removed? Ensuring folks stay covered. • Concerted effort to enroll people in ACA – re-dedicated effort to help keep people enrolled or stay enrolled. Medicaid redetermination Whose job is it going to be to help with that issue? Will individual groups be responsible? How many people lost touch with people they served during COVID? • Increase the number of providers that take multiple types of payment. • Universal Health Care, will alleviate the competition and complexity for the user • Extend Medicaid eligibility level, we have people who are just above cutoff and are not able to get insurance and cannot afford it • Health Literacy: Difference premium, co-pay, out of packet max. • Sliding scale doesn't always guarantee access to healthcare • Divide Medicare and Private insurance individuals.
Improving Healthcare Workforce Pipeline	• Improving pipeline to healthcare workforce. Lack of diversity (linguistic and ethnic/cultural) / Exposing younger children to healthcare and other professions. • Biggest impact on health equity would be to set up a pipeline of BIPOC Healthcare workers, specifically mental health • Career pathway for community members to build the workforce • Patient centered approach- ex medical school student understanding • Program to help more people from underserved communities become aware of opportunities to become educated in and work in the health care field • Address the lack or healthcare providers and limited resources for care – it's challenging to recruit healthcare providers into Lake County. Conversations looking at ways to develop future healthcare professionals and leaders here in Lake County. What are the opportunities and do students know the opportunities here in Lake County? Are we supporting young people? Can we foster their interest in healthcare locally? Many times, people FROM underserved areas return to these areas to provide care.

Theme	Suggestions/Recommendations from Town Hall Breakout Groups
Organization Collaboration	• How do we more effectively foster human centered collaboration between social service providers and health care providers? Solutions that are being talked about seem to be focusing on technology/app solutions, but where we see significant positive outcomes are where actual human caseworkers and advocates are involved. We think it is important not to assume technology solutions are a panacea. • Investing in system coordination to not duplicate services and to leverage organizations strengths this includes health assessments and the sharing of information. • Collaboration amongst agencies • Leadership making the decisions should be more involved with "boots on the ground" experience • Community education and engagement: Resource network expansion and improvement. Combat negative experiences with positive. • Community collaboration across community agencies. Deeper connections that help fill in the gaps you may not be aware of. • Collaborated efforts by clinical leaders and funders for needs assessments. • Collaboration as a whole, among agencies. Need to expand or collaborate? • Community alignment services • Create a centralized hub with multiple health services. We would like to see more services and more types of services available in underserved areas. Access and decreasing barriers – community-based models of care. Really making services accessible where they live, work, learn, and play. It has to be more than just information. Sending people all over the place for care isn't helpful. • Place a lot more emphasis on community based, smaller nonprofit organizations who are providing services in the community. We can provide more efficient, appropriate translation (for example) than larger organizations, but we are competing for the same resources. Help these organizations get boots on the ground. The only way we can really know and see our community's needs is to be IN our communities. • Have resources collocate in locations to serve community areas. • Identify sector leaders to work together. • Multiple surveys conducted at the same time make it difficult to engage constantly with community members and can become tedious work. • Community is worn out of all of the surveys.
Social Determinants of Health	• Leveling the playing field across income, insurance, language, and education • Increasing education levels • Ensuring core needs are met – housing, food, etc. • Housing is healthcare – focus on housing. • Finding stabilizing pieces, housing hunger, etc. and working on those issues first • Addressing social determinants of health • Food pantries but people can't access healthcare comes to food. Fight transportation issues. Meet them where they are. Provide basic needs.

Theme	Suggestions/Recommendations from Town Hall Breakout Groups
Technology/ Telehealth	• Addressing the limitations of telehealth • Telehealth is not a magic bullet. Access issues within a solution that addresses access. Address digital divide. Can check out hotspots from the Waukegan Public Library • Telehealth can help with access, though reimbursement rates for telehealth from insurance have been cut, which discourages the use of that. Telehealth improves attendance rates as compared to in-person. • Internet and technology access, and technology training can help people use telehealth services. CHWs can help train with using the technology as well.
Transportation	• Access to transportation • Managing the transportation shortfalls in the community. • Transportation • Transportation • Lack of Transportation to appts especially in the West region. • Transport to and from appointments. • Expand eligibility of Ride Lake County to not just be disabled and 60 yrs and older • Ride assistance. Uber problems. • Improved transportation – if you don't have a car, it's very hard to get around, especially on the west side of the county.
Trust in Healthcare System	• Create a trusting environment and relationship with the community. • Mistrust from the community needs to be addressed. • Simpler ways to get help. Just a ZIP Code and name. (no SS question, deters undocumented people from seeking services). Establishing trust. • Collaborating and creating partnerships to leverage services and trust that already exist within communities. • Creating trust in the community around healthcare including residents seeing themselves in the staff. • Groups have the trust and are on the ground and the health system should be creating that same trust and data.

Theme	Suggestions/Recommendations from Town Hall Breakout Groups
Workforce and Healthcare Workforce	• Need more livable wages for LC workforce. / Current workforce individuals (including those on this call or working in our organizations) also fall into some of the data points presented because many do not have competent salaries for the cost of living in LC. • Continue founding health care health workers and services. • Building capacity to address health needs of underserved • Human service workforce issues – burnout, turnover, etc. • Healthcare professionals are also burnt out. This leads to lack of workforce. Shortages. Less people a clinic, healthcare setting can take on. Less care. • Affordable workforce housing could be a potential support for addressing workforce shortages in social services in Lake County. • Building up healthcare workforce around healthy jobs (i.e., stable, secure employment that provides benefits and a living wage) • Employees job market -talent going to the highest paying job leaving CBOs & non-for-profit org. without personnel • Having more medical providers and community health centers, as they have been operating at capacity including More providers BIPOC • Workforce has decreased overall • Fair pay/incentivize PCP • Income stability: Workforce assistance – turnover, burnout, and shortages all around. • Workforce is not being supported and we can't succeed without the workforce we need. To get the services you need you have to be privileged – take off work; if you are homeless; etc. what does accessibility mean? • Address the lack of healthcare available in certain areas. There is no quick solution. It's hard to entice healthcare providers to come to areas of higher need. Especially mental healthcare providers, which are difficult to access even for those who have insurance. For example, there are very few dentists and oral surgeons available who accept a medical card, so people have to travel to UIC to have a tooth extracted.
Youth	• We need holistic support for young people as they move into adulthood both medical and psychological resources working hand and hand. • Work with schools/districts throughout the community to provide health services to students and their families. / Meet people where they are. • Social anxiety among young people. Impact workforce, job readiness, etc. • Investing in our youth. Educating them about career opportunities. Getting them involved and letting them know about resources available. • Not an accurate depiction of needs for children and younger adults. Not just in behavioral health but also other services needed.

Theme	Suggestions/Recommendations from Town Hall Breakout Groups
Other	• Increasing capacity for childcare in the community. Investing on making the childcare workforce more equitable in terms of sex, race, and wages for employees. • Policy changes at the state/federal level • At home services for community assistance. Not just health services. • Policy advocacy – state level assistance versus federal. Federal programs typically don't apply to immigrants. • Improving communications-local workshops to show that we are listen • Create welcoming environments. Are you welcoming and respected? Seen and heard? • Increase the number of mental health first aid-not the right goals even if our intentions are good. • Address vaccine hesitancy – People sticking to what they believe and not considering changing their minds. How do we break down this barrier?

Appendix D: List of Interview Participants

HFNLC would like to thank all the individuals who participated in interviews in September and October 2021 as part of this assessment.

Jeanne Ang
Director of Community Health
Advocate Aurora Health

Frank Baiocchi
Executive Director
Hunter Family Foundation

Kevin Considine
President & CEO
Lake County Partners

Maureen Cull
Network Nurse
Antioch Area Healthcare Accessibility Alliance (AAHAA)

Sandy Hart
Chair
Lake County Board

Mary Jouppi
President
NAMI Lake County Illinois

Seth Kidder
Manager, Community Services
Northwestern Medicine Lake Forest Hospital

Anne King
Program Director, External Affairs
Northwestern Medicine Lake Forest Hospital

Kristal Larson
Clerk
Avon Township

Colleen Lennon
Executive Director
Antioch Area Healthcare Accessibility Alliance (AAHAA)

Jefferson McMillan-Wilhoit
Director, Health Informatics and Technology
Lake County Health Department and Community Health Center

Maggie Morales
Executive Director
The Lake County Community Foundation

Mark Pfister
Executive Director
Lake County Health Department and Community Health Center

Wendy Rheault
President & CEO
Rosalind Franklin University of Medicine and Science

Cheri Richardson
Executive Director
Gorter Family Foundation

Tim Sashko
President
Lake County Board of Health

Donny Schmit
Mayor
Fox Lake

Evan Westerfield
Managing Director
Steans Family Foundation

Anna Yankelev
Interim Strategic Planning & Partnerships Manager
Lake County Health Department and Community Health Center

Appendix E: List of Focus Groups Held

HFNLC would like to thank all the organizers of and participants in the four focus groups.

African American Community Partnership Group (AACPG)
October 19, 2021

Jennyfer Cordova
Kalif Crutcher
Ashley Cullen-Williams
Gale Graves
Mary Harris-Reese
Kandance Jackson
Stella Jones
Wonder Jones
Angela Walker
Demetrius Willis

Behavioral Health Action Team (BHAT) Intake Coordinators
October 25, 2021

Nina Becker
Natalie Castillo
Linda Folan
Nadia Foster
Gregorio Resendiz
Nancy Sawle-Knobloch
Eevon Swilley

Lake County Center for Independent Living (LCCIL)
October 26, 2021

Valerie Forte
Heather Hogan
Michael Kallison
Jim Klem
Pamela Kohl
Kristin Paus
Jennifer Ray
Sherri Waala

Asociación Comunitaria Latina (ACL)
October 28, 2021

Juan Carlos Arenas
Norma Fudge
Maria-Elena Jonas
Myra Gaytan-Morales
Sam Martinez
Elvis Muñoz
Yadira Neri
Edna Pompilus
Cary Rositas-Sheftel
Jesus Ruiz
Rosalia Tenorio
Megan McKenna Mejia (translation)

Appendix F: List of Participants in Town Hall Breakout Groups

HFNLC would like to thank all the participants in the February 2022 town hall breakout groups who contributed their perspectives. Please note that this list does not include HFNLC staff, board members, or others who did not participate in breakout groups.

Name	Organization
Marcela Cobian	A Safe Place Lake County
Carlos Argueta	A Safe Place Lake County
Jason Lenzi	A Safe Place Lake County
Jeanne Ang	Advocate Aurora Health
Gayle Nelson	Alliance for Human Services
Colleen Lennon	Antioch Area Healthcare Alliance
Maureen Cull	Antioch Area Healthcare Alliance
Joni Geer Sell	Antioch Area Healthcare Alliance
Sara Block	Ascend Justice
Elvis Tillett	Boys & Girls Club of Lake County
Jazmin Jones	Boys & Girls Clubs of Lake County
Megan McKenna	Boys & Girls Clubs of Lake County
Mirja Spooner Haffner	Brushwood Center at Ryerson Woods
Catherine Game	Brushwood Center at Ryerson Woods
Nancy Bulzoni	Cancer Wellness Center
Dimitra Tasiouras	Circle of Service Foundation
Pat Yuzawa	Circle of Service Foundation
Josh McGowan	Circle of Service Foundation
Alethea Gray-Bates	Community Youth Network
Christine Lopez	Consultant, Higher education/ROE Foundation/CLC Foundation
Gail Weil	CYN Counseling Center
Tegen Deimel	CYN Counseling Center
Jennifer Flatley	CYN Counseling Center
Jackie Lynn	ElderCARE Lake County
Licelot Ramirez	ElderCARE Lake County
Paris Thomas	Equal Hope
Jiana Calixto	Equal Hope
Annet Miranda	Erie Family Health Centers
Karina Alvarez Espinoza	Erie Family Health Centers
Kathy Waligora	EverThrive Illinois
Chi Chi Okwu	EvertThrive Illinois
Nancy Sawle-Knobloch	Family Service of Lake County
Ashley Ice	Family Service of Lake County
Joel Williams	Habitat for Humanity Lake County
Maga McElroy	HFNLC Board Member
Carmen Patlan	Highwood Public Library

Name	Organization
Maria Elena Jonas	Hispanic American Community Education and Services (HACES)
Lesley Tenorio	Hispanic American Community Education and Services (HACES)
Alicia Garcia	Hispanic American Community Education and Services (HACES)
Cindy Camacho	Julian Grace Foundation
Nan Buckardt	Lake County Forest Preserve
Megan Franck	Lake County Health Department
Anna Yankelev	Lake County Health Department
Edna Pompilus	Lake County Health Department
Jon Ashworth	Lake County Health Department
Jefferson McMillian-Wilhoit	Lake County Health Department
Astrid Martinez	Mano a Mano Family Resource Center
Diana Gutierrez	Mano a Mano Family Resource Center
Dulce Ortiz	Mano a Mano Family Resource Center
Wendy Warden	Mano a Mano Family Resource Center
Anna Laubach	McCormick Foundation
Emma Zisook	Medline Industries
Andrew Nogar	Mercy Housing
Edgar Flagg	Mercy Housing
Elizabeth Dunn	Mercy Housing Lakefront
Bruce Johnson	Nicasa Behavioral Health Services
Sindy Guerra	Nicasa Behavioral Health Services
Vicki Tello	Nicasa Behavioral Health Services
Sharon Peddicord	Nicasa Bridge House
Billy Coleman	North Chicago Think Tank
Mary Roberson	Northern Illinois Recovery Community Organization
Hania Fushcetto	NorthShore Highland Park Hospital
Jess Archibald	Northwestern Medicine
Mayra Trujillo	Rosalind Franklin University Health Clinics
Lupe Rodriguez	Rosalind Franklin University Health Clinics
Jeffrey Damaschke	Rosalind Franklin University of Medicine and Science
Shella Blue	Rosalind Franklin University of Medicine and Science
Mallory Bejster	Rush University College of Nursing
Julia Wold	The Grainger Foundation
Emily Weber	The Lake County Community Foundation
Gulfishan Hamid	Thresholds
Quinton Snodgrass	United Way of Lake County
Anani Moi	University Center of Lake County
Joseph Malual	University of Illinois Extension
Dale Kehr	University of Illinois Extension

Name	Organization
Gale Graves	Waukegan Public Library
Jennyfer Cordova	Waukegan Public Library
Manny Hernandez	Waukegan Public Library
David Scheffler	Willow House
Lauren Raney	Willow House
Janelle Moravek	Youth and Family Counseling
Mike Bates	Youth and Family Counseling
Karen Rios	Youth Conservation Corps
Fred Williams	Youth Conservation Corps
Jennifer Yonan	Youth Conservation Corps
Andrea Whitsitt	YWCA Metropolitan Chicago
Lourdes Lonergan	YWCA Metropolitan Chicago
Betzy Berganza	YWCA Metropolitan Chicago
Katrina Volkers	Zacharias Sexual Abuse Center